State Of California
Division of Workers' Compensation

Additional pages attached ☐

PRIMARY TREATING PHYSICIAN'S PROGRESS REPORT (PR - 2)

☒ Periodic Report (required 45 days after last report) ☐ Change in treatment plan ☐ Release from care
☐ Change in work status. ☐ Need for referral or consultation. ☐ Response to request for information
☐ Change in patient's condition. ☐ Need for surgery or hospitalization. ☒ Request for authorization ☐ Other:

Patient: SANTILLAN, MARIA SEX: FEMALE DOI: CT 01/01/2012-04/08/2014 DOB: 03/26/1967
Occupation: SS#: 620-20-3894
Claims Administrator: YORK CLAIMS SERVICES Claim# TWCS-3293 Employer: PREMIER STAFFING
Case Status: Accepted/Denied/Delayed/Pending Current Work Status: TTD/TPD/FD/P&S Chart #:

SUBJECTIVE COMPLAINTS:	PAIN Last visit	PAIN today	Radiation	
☒ Headache	0 1 2 3 4 5 6 7 8 9 10	0 1 2 3 4 5 6 7 8 9 10		
☒ Neck Pain	0 1 2 3 4 5 6 7 8 9 10	0 1 2 3 4 5 6 7 8 9 10	[ ] no	[ ] yes
☒ Mid/Upper back pain	0 1 2 3 4 5 6 7 8 9 10	0 1 2 3 4 5 6 7 8 9 10	[ ] no	[ ] yes
☒ Lower back pain	0 1 2 3 4 5 6 7 8 9 10	0 1 2 3 4 5 6 7 8 9 10	[ ] no	[ ] yes
☐ R Shoulder/ Arm pain	0 1 2 3 4 5 6 7 8 9 10	0 1 2 3 4 5 6 7 8 9 10	[ ] no	
☐ L Shoulder/ Arm pain	0 1 2 3 4 5 6 7 8 9 10	0 1 2 3 4 5 6 7 8 9 10	[ ] no	
☐ R Elbow/Forearm pain	0 1 2 3 4 5 6 7 8 9 10	0 1 2 3 4 5 6 7 8 9 10	[ ] no	[ ] yes
☐ L Elbow/Forearm pain	0 1 2 3 4 5 6 7 8 9 10	0 1 2 3 4 5 6 7 8 9 10	[ ] no	[ ] yes
☐ R Wrist/Hand pain/numb	0 1 2 3 4 5 6 7 8 9 10	0 1 2 3 4 5 6 7 8 9 10	[ ] no	[ ] yes
☐ L Wrist/Hand pain/numb	0 1 2 3 4 5 6 7 8 9 10	0 1 2 3 4 5 6 7 8 9 10	[ ] no	[ ] yes
☐ R Hip/Thigh pain	0 1 2 3 4 5 6 7 8 9 10	0 1 2 3 4 5 6 7 8 9 10	[ ] no	
☐ L Hip/Thigh pain	0 1 2 3 4 5 6 7 8 9 10	0 1 2 3 4 5 6 7 8 9 10	[ ] no	Dermatomes
☐ R Knee pain	0 1 2 3 4 5 6 7 8 9 10	0 1 2 3 4 5 6 7 8 9 10	[ ] no	
☒ L Knee pain	0 1 2 3 4 5 6 7 8 9 10	0 1 2 3 4 5 6 7 8 9 10	[ ] no	[ ] R. [ ] L. [ ] B.
☐ R Lower Leg pain	0 1 2 3 4 5 6 7 8 9 10	0 1 2 3 4 5 6 7 8 9 10	[ ] no	C3 C4 C5 C6 C7 C8
☐ L Lower Leg pain	0 1 2 3 4 5 6 7 8 9 10	0 1 2 3 4 5 6 7 8 9 10	[ ] no	
☐ R Ankle/Foot pain	0 1 2 3 4 5 6 7 8 9 10	0 1 2 3 4 5 6 7 8 9 10	[ ] no	[ ] R. [ ] L. [ ] B.
☐ L Ankle/Foot pain	0 1 2 3 4 5 6 7 8 9 10	0 1 2 3 4 5 6 7 8 9 10	[ ] no	L1 L2 L3 L4 L5 S1
☐ Other _____	0 1 2 3 4 5 6 7 8 9 10	0 1 2 3 4 5 6 7 8 9 10	[ ] no	

Objective findings: (Include significant physical examination, laboratory, imaging or other diagnostic findings)

	TENDER Last visit	TENDER today	SPASM Last visit	SPASM Today	ROM				
☒ Neck	0 1 2 3 4	0 1 2 3 4	0 1 1+ 2 3 4	0 1 1+ 2 3 4	[ ] full [ ] restr.	+ Cervical Compr.	[ ]	[redacted]	
☒ Mid/Upper	0 1 2 3 4	0 1 2 3 4	0 1 1+ 2 3 4	0 1 1+ 2 3 4	[ ] full [ ] restr.	+ Cervical distr.	[ ]	[redacted]	
☒ Lower back	0 1 2 3 4	0 1 2 3 4	0 1 1+ 2 3 4	0 1 1+ 2 3 4	[ ] full [ ] restr.	+SLR	[ ] R	[ ] L	[ ] B
☐ R Shoulder/ Arm	0 1 2 3 4	0 1 2 3 4	0 1 1+ 2 3 4	0 1 1+ 2 3 4	[ ] full [ ] restr.	+ Heel Walking (L5)	[ ] R	[ ] L	[ ] B
☐ L Shoulder/ Arm	0 1 2 3 4	0 1 2 3 4	0 1 1+ 2 3 4	0 1 1+ 2 3 4	[ ] full [ ] restr.	+ Toe Walking (S1)	[ ] R	[ ] L	[ ] B
☐ R Elbow/Forearm	0 1 2 3 4	0 1 2 3 4	0 1 1+ 2 3 4	0 1 1+ 2 3 4	[ ] full [ ] restr.	+ Impingement	[ ] R	[ ] L	[ ] B
☐ L Elbow/Forearm	0 1 2 3 4	0 1 2 3 4	0 1 1+ 2 3 4	0 1 1+ 2 3 4	[ ] full [ ] restr.	+ Supraspinatus	[ ] R	[ ] L	[ ] B
☐ R Wrist/Hand	0 1 2 3 4	0 1 2 3 4	0 1 1+ 2 3 4	0 1 1+ 2 3 4	[ ] full [ ] restr.	+ Codman's Drop	[ ] R	[ ] L	[ ] B
☐ L Wrist/Hand	0 1 2 3 4	0 1 2 3 4	0 1 1+ 2 3 4	0 1 1+ 2 3 4	[ ] full [ ] restr.	+ Cozen's	[ ] R	[ ] L	[ ] B
☐ R Hip/Thigh	0 1 2 3 4	0 1 2 3 4	0 1 1+ 2 3 4	0 1 1+ 2 3 4	[ ] full [ ] restr.	+ Mill's	[ ] R	[ ] L	[ ] B
☐ L Hip/Thigh	0 1 2 3 4	0 1 2 3 4	0 1 1+ 2 3 4	0 1 1+ 2 3 4	[ ] full [ ] restr.	+ Tinel's Sign	[ ] R	[ ] L	[ ] B
☐ R Knee	0 1 2 3 4	0 1 2 3 4	0 1 1+ 2 3 4	0 1 1+ 2 3 4	[ ] full [ ] restr.	+ Phalen's (CTS	[ ] R	[ ] L	[ ] B
☒ L Knee	0 1 2 3 4	0 1 2 3 4	0 1 1+ 2 3 4	0 1 1+ 2 3 4	[ ] full [ ] restr.	+ Finkelstein's	[ ] R	[ ] L	[ ] B
☐ R Lower Leg	0 1 2 3 4	0 1 2 3 4	0 1 1+ 2 3 4	0 1 1+ 2 3 4	[ ] full [ ] restr.	+ Anterior Drawer	[ ] R	[ ] L	[ ] B
☐ L Lower Leg	0 1 2 3 4	0 1 2 3 4	0 1 1+ 2 3 4	0 1 1+ 2 3 4	[ ] full [ ] restr.	+ Posterior Drawer	[ ] R	[ ] L	[ ] B
☐ R Ankle/Foot	0 1 2 3 4	0 1 2 3 4	0 1 1+ 2 3 4	0 1 1+ 2 3 4	[ ] full [ ] restr.	+ McMurray	[ ] R	[ ] L	[ ] B
☐ L Ankle/Foot	0 1 2 3 4	0 1 2 3 4	0 1 1+ 2 3 4	0 1 1+ 2 3 4	[ ] full [ ] restr.	+ Valgus (MCL)	[ ] R	[ ] L	[ ] B
						+ Varus (LCL)	[ ] R	[ ] L	[ ] B

Wound:	Neurological	[ ] No Δ		
	Motor	[ ] N/L		
	Sensory	[ ] N/L		
	Reflexes	[ ] N/L		
	Trigger points	C/S	T/S	L/S

Patient Name: SANTILLAN, MARIA

Diagnoses:

1. HEADACHES
2. CERVICAL MUSCULOLIGAMENTOUS STR/SPR
3. THORACIC MUSCULOLIGAMENTOUS STR/SPR
4. LUMBOSACRAL MUSCULOLIGAMENTOUS STR/SPR WITH RADICULITIS
5. LUMBOSACRAL DISC PROTRSUIONS , PER MRI DATED 4/15/15
6. LEFT KNEE STR/SPR, DEGENERATIVE JOINT DISEASE , PER MRI DATED 12/15/14
7. STATUS POST LEFT KNEE ARTHROSCOPY AND PARTIAL SYNOVECTOMY 09/25/2015
9.
10.
11.
12.
13.
14.
15.
16.

[ ] Pt stated that he/she was able to stand for ____mins at the last visit, but now he/she is able to stand for _____mins.

[ ] Pt is now able to do more house chores.

[ ] Pt stated that he/she was able to drive for ____mins at the last visit, but now he/she is able to drive for ____mins.

[✓] Pt reports using less pain meds with (PT) Chiro Acu ECSWT

Functional Improvements:

[✓] Decreased pain
Meds (PT) Chiro Acu ECSWT

[✓] Decreased tenderness
Meds (PT) Chiro Acu ECSWT

[ ] Decreased spasm
Meds PT Chiro Acu ECSWT

[✓] Increased ROM %
10 20 30 40 50 60 70 80 90 100
Meds (PT) Chiro Acu ECSWT

[✓] Improved Self Care %
10 20 30 40 50 60 70 80 90 100
Meds (PT) Chiro Acu ECSWT

[ ] Increased Strength (grade)
0 1 2 3 4 5 of 5
PT Chiro Acu ECSWT

[✓] Improved ADL'S %
10 20 30 40 50 60 70 80 90 100
Meds (PT) Chiro Acu ECSWT

[ ] Pt stated that he/she was able to lift ____lbs at the last visit, but now he/she is able to lift _____lbs.

[ ] Pt stated that he/she was able to walk ____blocks at around the last visit, but now he/she is able to walk _____blocks without pain.

TREATMENT PLAN

Therapies:

☐ Continue conservative therapy per:		☐Start	☐Cont.	☐Duration:		-	weeks
☐ Chiropractic:		☐Start	☐Cont.	☐Duration:		-	weeks
☑ Physical Therapy:	4/5 Glenn	☐Start	☐Cont.	☐Duration:	2 X 6		weeks
☐ Physiotherapy:		☐Start	☐Cont.	☑Duration:		-	weeks
☐ Acupuncture:		☐Start	☐Cont.	☐Duration:		-	weeks
☐ ESWT:		☐Start	☐Cont.	☐Duration:		-	weeks
☐ Total # PT/ACU/CHIRO to date:							

Diagnostic Studies:

☐ MRI: ☐ MRA:
☐ EMG/NCV: ☐ CT Scan:
☐ X-Ray: ☐ Ultrasound:
☐ UA Toxicology: ☐ MRA:
☐ Labs: ☐ Other:

Medications

☐ See Rx Forms: ☐ Per pain management specialist ☒ No medications ordered at this time
☐ Other:

DME:

☐ Brace:	☐ Rent	Duration:	☐ Purchase
☐ Soft cervical collar:	☐ Rent	Duration:	☐ Purchase
☐ IF Unit:	☐ Rent	Duration:	☐ Purchase
☐ Traction:	☐ Rent	Duration:	☐ Purchase
☐ Other:			

Specialty Consults:

☐ Orthopedic: ☐ Neurosurgery:
☐ Pain Management: ☐ Psychiatric:
☐ General Surgery: ☐ Podiatry:
☐ Ophthalmology: ☐ Neurology:
☐ FCE: ☐ CMAP Testing:
☐ Surgery Authorization: ☐ Other:

Injection:

☐ Cortisone Injection: ☐ Trigger Point Injection: ☐ Steroid Injection: ☐ Other:
Injected body part(s): Injection mixture:
☐ Consent signed ☐ Tolerated well / no complications ☐ Post-op care given
☐ Complications / notes:
Medical Records Requested: OTHER:

Patient Name: SANTILLAN, MARIA

Work Status:

This patient has continued to remain on temporary total disability/off work until SEP 29 2016.

☐ Return to modified work on _____ with the following limitations or restrictions_ ☐ see attached

☐ Return to full duty on _____ with no limitations or restrictions

☒ Follow up in 2/3/4 weeks SEP 29 2016 P&S in _____weeks ☒ Patient approaching MMI from conservative perspective ☐ FCE

COMMENTS:

(P) authorization for_____

(P) consultation with_____

(P) F/U with pain mgt

☐This visit was performed with aid of an interpreter ☐Transportation ☐See attached for Surgical Rationale.

Treating Physician:

I declare under the penalty of perjury that this report is true and correct to the best of my knowledge, and that I have not violated Labor Code Section 139.3.

Signature: _____ Cal. Lic. # A101034 Executed at: County of Los Angeles

Name: VLAD GENDELMAN, M.D. Specialty: Orthopedic Surgery Date of Exam: 09/01/2016

Address: 6200 WILSHIRE BLVD # 910 LOS ANGELES C.A. 90048 Phone: (323)933-3434 Fax: (323)954-8666

State Of California
Division of Workers' Compensation

Additional pages attached ☐

PRIMARY TREATING PHYSICIAN'S PROGRESS REPORT (PR - 2)

☒ Periodic Report (required 45 days after last report) ☐ Change in treatment plan ☐ Release from care
☐ Change in work status. ☐ Need for referral or consultation. ☐ Response to request for information
☐ Change in patient's condition. ☐ Need for surgery or hospitalization. ☒ Request for authorization ☐ Other:
cc:

Patient: SANTILLAN, MARIA SEX: FEMALE DOI: CT 01/01/2012-04/08/2014 DOB: 03/26/1967
Occupation: SS#: 620-20-3894
Claims Administrator: YORK CLAIMS SERVICES Claim# TWCS-3293 Employer: PREMIER STAFFING
Case Status: Accepted/Denied/Delayed/Pending Current Work Status: TTD/TPD/FD/P&S Chart #:

SUBJECTIVE COMPLAINTS:	PAIN Last visit	PAIN today	Radiation	
☑ Headache	0 1 2 3 4 5 (6) 7 8 9 10	0 1 2 3 4 5 6 7 (8) 9 10		
☑ Neck Pain	0 1 2 3 4 5 6 (7) 8 9 10	0 1 2 3 4 5 6 (7) 8 9 10	[ ] no	[ ] yes
☑ Mid/Upper back pain	0 1 2 3 4 (5) 6 7 8 9 10	0 1 2 3 (4) 5 6 7 8 9 10	[ ] no	[ ] yes
☑ Lower back pain	0 1 2 3 4 5 6 7 (8) 9 10	0 1 2 3 4 5 6 (7) 8 9 10	[ ] no	[ ] yes
☐ R Shoulder/ Arm pain	0 1 2 3 4 5 6 7 8 9 10	0 1 2 3 4 5 6 7 8 9 10	[ ] no	
☐ L Shoulder/ Arm pain	0 1 2 3 4 5 6 7 8 9 10	0 1 2 3 4 5 6 7 8 9 10	[ ] no	[ ] yes
☐ R Elbow/Forearm pain	0 1 2 3 4 5 6 7 8 9 10	0 1 2 3 4 5 6 7 8 9 10	[ ] no	[ ] yes
☐ L Elbow/Forearm pain	0 1 2 3 4 5 6 7 8 9 10	0 1 2 3 4 5 6 7 8 9 10	[ ] no	[ ] yes
☐ R Wrist/Hand pain/numb	0 1 2 3 4 5 6 7 8 9 10	0 1 2 3 4 5 6 7 8 9 10	[ ] no	[ ] yes
☐ L Wrist/Hand pain/numb	0 1 2 3 4 5 6 7 8 9 10	0 1 2 3 4 5 6 7 8 9 10	[ ] no	[ ] yes
☐ R Hip/Thigh pain	0 1 2 3 4 5 6 7 8 9 10	0 1 2 3 4 5 6 7 8 9 10	[ ] no	
☐ L Hip/Thigh pain	0 1 2 3 4 5 6 7 8 9 10	0 1 2 3 4 5 6 7 8 9 10	[ ] no	Dermatomes
☐ R Knee pain	0 1 2 3 4 5 6 7 8 9 10	0 1 2 3 4 5 6 7 8 9 10	[ ] no	
☑ L Knee pain	0 1 2 3 4 5 6 (7) 8 9 10	0 1 2 3 4 (5) 6 7 8 9 10	[ ] no	[ ] R. [ ] L. [ ] B.
☐ R Lower Leg pain	0 1 2 3 4 5 6 7 8 9 10	0 1 2 3 4 5 6 7 8 9 10	[ ] no	C3 C4 C5 C6 C7 C8
☐ L Lower Leg pain	0 1 2 3 4 5 6 7 8 9 10	0 1 2 3 4 5 6 7 8 9 10	[ ] no	
☐ R Ankle/Foot pain	0 1 2 3 4 5 6 7 8 9 10	0 1 2 3 4 5 6 7 8 9 10	[ ] no	[ ] R. [ ] L. [ ] B.
☐ L Ankle/Foot pain	0 1 2 3 4 5 6 7 8 9 10	0 1 2 3 4 5 6 7 8 9 10	[ ] no	L1 L2 L3 L4 L5 S1
☐ Other _____	0 1 2 3 4 5 6 7 8 9 10	0 1 2 3 4 5 6 7 8 9 10	[ ] no	

Objective findings: (Include significant physical examination, laboratory, imaging or other diagnostic findings)

	TENDER Last visit	TENDER today	SPASM Last visit	SPASM Today	ROM				
☑ Neck	0 1 (2) 3 4	0 1 (2) 3 4	0 1 1+ (2) 3 4	0 1 1+ (2) 3 4	[ ] full [ ] restr.	+ Cervical Compr.	[ ]	[redacted]	
☑ Mid/Upper	0 1 (2) 3 4	0 1 (2) 3 4	0 1 1+ (2) 3 4	0 1 1+ (2) 3 4	[ ] full [ ] restr.	+ Cervical distr.	[ ]	[redacted]	
☑ Lower back	0 1 (2) 3 4	0 1 (2) 3 4	0 1 1+ (2) 3 4	0 1 1+ (2) 3 4	[ ] full [ ] restr.	+SLR	[ ] R	[ ] L	[ ] B
☐ R Shoulder/ Arm	0 1 2 3 4	0 1 2 3 4	0 1 1+ 2 3 4	0 1 1+ 2 3 4	[ ] full [ ] restr.	+ Heel Walking (L5)	[ ] R	[ ] L	[ ] B
☐ L Shoulder/ Arm	0 1 2 3 4	0 1 2 3 4	0 1 1+ 2 3 4	0 1 1+ 2 3 4	[ ] full [ ] restr.	+ Toe Walking (S1)	[ ] R	[ ] L	[ ] B
☐ R Elbow/Forearm	0 1 2 3 4	0 1 2 3 4	0 1 1+ 2 3 4	0 1 1+ 2 3 4	[ ] full [ ] restr.	+ Impingement	[ ] R	[ ] L	[ ] B
☐ L Elbow/Forearm	0 1 2 3 4	0 1 2 3 4	0 1 1+ 2 3 4	0 1 1+ 2 3 4	[ ] full [ ] restr.	+ Supraspinatus	[ ] R	[ ] L	[ ] B
☐ R Wrist/Hand	0 1 2 3 4	0 1 2 3 4	0 1 1+ 2 3 4	0 1 1+ 2 3 4	[ ] full [ ] restr.	+ Codman's Drop	[ ] R	[ ] L	[ ] B
☐ L Wrist/Hand	0 1 2 3 4	0 1 2 3 4	0 1 1+ 2 3 4	0 1 1+ 2 3 4	[ ] full [ ] restr.	+ Cozen's	[ ] R	[ ] L	[ ] B
☐ R Hip/Thigh	0 1 2 3 4	0 1 2 3 4	0 1 1+ 2 3 4	0 1 1+ 2 3 4	[ ] full [ ] restr.	+ Mill's	[ ] R	[ ] L	[ ] B
☐ L Hip/Thigh	0 1 2 3 4	0 1 2 3 4	0 1 1+ 2 3 4	0 1 1+ 2 3 4	[ ] full [ ] restr.	+ Tinel's Sign	[ ] R	[ ] L	[ ] B
☐ R Knee	0 1 2 3 4	0 1 2 3 4	0 1 1+ 2 3 4	0 1 1+ 2 3 4	[ ] full [ ] restr.	+ Phalen's (CTS	[ ] R	[ ] L	[ ] B
☑ L Knee	0 1 (2) 3 4	0 1 (2) 3 4	0 1 1+ 2 3 4	0 1 1+ 2 3 4	[ ] full [ ] restr.	+ Finkelstein's	[ ] R	[ ] L	[ ] B
☐ R Lower Leg	0 1 2 3 4	0 1 2 3 4	0 1 1+ 2 3 4	0 1 1+ 2 3 4	[ ] full [ ] restr.	+ Anterior Drawer	[ ] R	[ ] L	[ ] B
☐ L Lower Leg	0 1 2 3 4	0 1 2 3 4	0 1 1+ 2 3 4	0 1 1+ 2 3 4	[ ] full [ ] restr.	+ Posterior Drawer	[ ] R	[ ] L	[ ] B
☐ R Ankle/Foot	0 1 2 3 4	0 1 2 3 4	0 1 1+ 2 3 4	0 1 1+ 2 3 4	[ ] full [ ] restr.	+ McMurray	[ ] R	[ ] L	[ ] B
☐ L Ankle/Foot	0 1 2 3 4	0 1 2 3 4	0 1 1+ 2 3 4	0 1 1+ 2 3 4	[ ] full [ ] restr.	+ Valgus (MCL)	[ ] R	[ ] L	[ ] B
						+ Varus (LCL)	[ ] R	[ ] L	[ ] B

Wound:

☑	Neurological	[ ] No A	
☑	Motor	[ ] N/L	
☑	Sensory	[ ] N/L	
☑	Reflexes	[ ] N/L	
☑	Trigger points	C/S	T/S L/S

Patient Name: SANTILLAN, MARIA
Diagnoses:

1. HEADACHES
2. CERVICAL MUSCULOLIGAMENTOUS STR/SPR
3. THORACIC MUSCULOLIGAMENTOUS STR/SPR
4. LUMBOSACRAL MUSCULOLIGAMENTOUS STR/SPR WITH RADICULITIS
5. LUMBOSACRAL DISC PROTRSUIONS, PER MRI DATED 4/15/15
6. LEFT KNEE STR/SPR, DEGENERATIVE JOINT DISEASE, PER MRI DATED 12/15/14
7. STATUS POST LEFT KNEE ARTHROSCOPY AND PARTIAL SYNOVECTOMY 09/25/2015
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16.

[ ] Pt stated that he/she was able to stand for ___mins at the last visit, but now he/she is able to stand for ____mins.
[ ] Pt is now able to do more house chores.
[ ] Pt stated that he/she was able to drive for ___mins at the last visit, but now he/she is able to drive for ____mins.
[X] Pt reports using less pain meds with
(PT) Chiro Acu ECSWT

Functional Improvements:

[X] Decreased pain
Meds PT Chiro Acu ECSWT
[X] Decreased tenderness
Meds PT Chiro Acu ECSWT
[ ] Decreased spasm
Meds PT Chiro Acu ECSWT
[X] Increased ROM %
10 20 30 40 50 60 70 80 90 100
Meds PT Chiro Acu ECSWT
[X] Improved Self Care %
10 20 30 40 50 60 70 80 90 100
Meds PT Chiro Acu ECSWT
[ ] Increased Strength (grade)
0 1 2 3 4 5 of 5
PT Chiro Acu ECSWT
[X] Improved ADL'S %
10 20 30 40 50 60 70 80 90 100
Meds PT Chiro Acu ECSWT
[ ] Pt stated that he/she was able to lift ___lbs at the last visit, but now he/she is able to lift ____lbs.
[ ] Pt stated that he/she was able to walk ___blocks at around the last visit, but now he/she is able to walk ____blocks without pain.

TREATMENT PLAN

Therapies:

- [ ] Continue conservative therapy per: _____
- [ ] Chiropractic: _____ ☐Start ☐Cont. ☐Duration: ____ : ____ weeks
- [X] Physical Therapy: 6/5 Otsuka ☐Start ☐Cont. ☐Duration: ____ : ____ weeks
- [ ] Physiotherapy: _____ ☐Start ☐Cont. ☐Duration: ____ : ____ weeks
- [ ] Acupuncture: _____ ☐Start ☐Cont. ☐Duration: 2 x 6 weeks
- [ ] ESWT: _____ ☐Start ☐Cont. ☐Duration: ____ : ____ weeks
- [ ] Total # PT/ACU/CHIRO to date: _____ ☐Start ☐Cont. ☐Duration: ____ : ____ weeks

Diagnostic Studies:

- [ ] MRI: _____
- [ ] EMG/NCV: _____
- [ ] X-Ray: _____
- [ ] UA Toxicology: _____
- [ ] Labs: _____
- [ ] MRA: _____
- [ ] CT Scan: _____
- [ ] Ultrasound: _____
- [ ] MRA: _____
- [ ] Other: _____

Medications

- [ ] See Rx Forms: _____
- [ ] Other: _____
- [ ] Per pain management specialist
- [X] No medications ordered at this time

DME:

- [ ] Brace: _____
- [ ] Soft cervical collar: _____ ☐Rent ☐Purchase Duration: _____
- [ ] IF Unit: _____ ☐Rent ☐Purchase Duration: _____
- [ ] Traction: _____ ☐Rent ☐Purchase Duration: _____
- [ ] Other: _____ ☐Rent ☐Purchase Duration: _____

Specialty Consults:

- [ ] Orthopedic: _____
- [ ] Pain Management: _____
- [ ] General Surgery: _____
- [ ] Ophthalmology: _____
- [ ] FCE: _____
- [ ] Surgery Authorization: _____
- [ ] Neurosurgery: _____
- [ ] Psychiatric: _____
- [ ] Podiatry: _____
- [ ] Neurology: _____
- [ ] CMAP Testing: _____
- [ ] Other: _____

Injection:

- [ ] Cortisone Injection: _____ ☐Trigger Point Injection: _____ ☐Steroid Injection: _____ ☐Other: _____
- Injected body part(s): _____ Injection mixture: _____
- [ ] Consent signed ☐Tolerated well / no complications ☐Post-op care given
- [ ] Complications / notes: _____
- Medical Records Requested: _____ OTHER: _____

Patient Name: SANTILLAN, MARIA

Work Status:

This patient has continued to remain on temporary total disability/off work until SEP 29 2016
☐ Return to modified work on _____ with the following limitations or restrictions_ ☐ see attached
☐ Return to full duty on _____ with no limitations or restrictions
☑ Follow up in 2/3/4 weeks SEP 29 2016 P&S in _____weeks ☐ Patient approaching MMI from conservative perspective ☐ FCE

COMMENTS:
(P) authorization for_____

(P) consultation with_____

(P) F/U with pain mgt

☐This visit was performed with aid of an Interpreter ☐Transportation ☐See attached for Surgical Rationale.

Treating Physician:
I declare under the penalty of perjury that this report is true and correct to the best of my knowledge, and that I have not violated Labor Code Section 139.3.

Signature: _____ Cal. Lic. # A101034

Name: VLAD GENDELMAN, M.D. Specialty: Orthopedic Surgery
Address: 6200 WILSHIRE BLVD # 910 LOS ANGELES C.A. 90048 Phone: (323)933-3434

Executed at: County of Los Angeles
Date of Exam: 09/01/2016
Fax: (323)954-8668