March 2, 2005

Carl R. Johns Jr.
1200 N. Water St.
Burnet, Tx. 78611

To Whom It May Concern:

On April 10, 2003 I received a back injury at work. This injury disabled the use of my left leg. I had excruciating pain in my lower back, across my left hip, and into my left calf muscle. I was unable to stand up straight, and had no feeling or resistance in my left foot. My workman's comp doctor referred me to an orthopedic specialist. This specialist evaluated me with a CAT scan and ordered me to see a pain management specialist. This specialist gave me a series of epidural injections. After a series of four injections, including, lumbar facet injections, I still continued to have severe pain and was unable to walk, sit, lie down, or stand straight. After the facet injections failed, the orthopedic specialist referred me to have a myelogram. After this test, he recommended a posterior lateral instrumentation fusion at my L5-S1 vertebras. After receiving this information, workman's comp wanted a second opinion from a workman's comp doctor. This doctor stated my condition was compatible with release to work with sedentary to light duty level. Unsatisfied with these findings and still unable to walk, sit or sleep, I sought a third opinion from a neurosurgeon. This neurosurgeon recommended L4-5 disc herniation removal and decompression of the L5 nerve root. At this time, I was unsure of such an invasive procedure. However, I was averaging 2-3 hours of sleep per night, could not drive for more than 20 minutes at a time, and unable to eat very much due to pressure on my spine. I had lost approximately 40 lbs. It was recommended that I lift no more than 5 lbs, not bend at the waist, not stand, walk, sit, or lie for more than 30 minutes at a time. Still not willing to have back surgery, with only an 85% recovery rate, I sought other treatments. I followed up on a referral from my church to meet a massage therapist. It was in this condition that I met Margo Siekerka.
After my first visit with Ms. Siekerka, my pain had lessened dramatically. I was able to stand up straight. I regained feeling in my left foot. At this time, I returned to the neurosurgeon letting him know that my symptoms had decreased and that surgery was not an option. After a few more sessions with Ms. Siekerka, I was able to return to work with a full release.

Carl R. Johns Jr.

State of Texas County of Travis
This instrument was acknowledged
before me on the 17th of March 2005
By Carl R. Johns Jr.

Notary Public

Daniel Demeson
My Commission Expires
January 25, 2007

# CHURCHILL®
Evaluation Centers

**Administrative Office**
1521 N. Cooper St.
Suite 890
Arlington, Texas 76011
(817) 861-4600
Fax (817) 861-4690

**Austin Center**
3000 South IH-35
Suite 330
Austin, Texas 78704
(512) 804-0055
Fax (512) 804-0066

**Dallas Center**
8500 N. Stemmons Frwy.
Suite 6077
Dallas, Texas 75247
(214) 678-0500
Fax (214) 678-0600

**El Paso Center**
1201 E. Schuster Ave.
Suite 5-C
El Paso, Texas 79902
(915) 544-6800
Fax (915) 544-6832

**Fort Worth Center**
14805 Trinity Blvd.
Fort Worth, Texas 76155
(817) 318-1700
Fax (817) 318-1708

**Houston North Center**
505 N. Sam Houston Pkwy. East
Suite 200
Houston, Texas 77060
(281) 447-8700
Fax (281) 447-8796

**Houston South Center**
2626 South Loop West
Suite 430
Houston, Texas 77054
(713) 776-9000
Fax (713) 776-3999

**Lewisville Center**
250 S. Stemmons Frwy.
Suite 300
Lewisville, Texas 75067
(972) 420-4242
Fax (972) 420-4201

**Pearland Center**
6302 Broadway
Suite 210
Pearland, Texas 77581
(281) 997-7990
Fax (281) 997-7797

**San Antonio Center**
5372 Fredericksburg Rd.
Suite 250
San Antonio, Texas 78229
(210) 615-0500
Fax (210) 615-0502

**South Texas Center**
2323 N. Ed Carey Dr.
Suite 4
Harlingen, Texas 78550
(956) 423-9400
Fax (956) 423-4424

*Committed To Excellence*
*In Medical Evaluations*

April 23, 2004

***Report of Medical Evaluation***

Texas Workers' Compensation Commission
Austin Field Office
4616 W Howard Lane Ste 130
Austin, TX 78728

RE:

| | |
|---|---|
| Examinee: | Carl Johns |
| Social Security #: | 460-89-0901 |
| TWCC #: | X2-671274 |
| Claim #: | 478CBC5J4405 |
| Date of Injury: | 04/10/03 |
| Employer: | Universal Health Services |

Dear Texas Workers' Compensation Commission:

Thank you for referring Carl Johns, a 32 year old male who was injured on April 10, 2003. While restraining a patient, he was thrown up against a wall, and injured his low back.

The examinee was evaluated at the Churchill Evaluation Center on April 23, 2004. After completion of a comprehensive evaluation, the examinee was assigned a 10% Whole Person Impairment. This impairment has been calculated according to the *Guides to the Evaluation of Permanent Impairment*, Fourth Edition, published by the American Medical Association.

A request has been made to determine the date of Maximum Medical Improvement (MMI). According to the accepted medical standards, that date has been determined as April 23, 2004. The TWCC Guidelines indicate that MMI is "the earliest date after which, based on reasonable medical probability, further material recovery from or lasting improvement to an injury can no longer reasonably be anticipated."

I have enclosed a detailed report that shows how the impairment calculation was derived and the following is a summary of these findings.

Range of Motion of the lumbar spine was measured utilizing computerized dual inclinometers and the measurement details are included in this report. It should be noted that the AMA Guides prefer that an evaluator utilize the DRE injury model as opposed to the ROM model. This has been done, therefore, no impairment is awarded for range of motion deficit in the lumbar spine.

Upon review of the medical records and physical examination, the examinee shows clinical evidence of a lumbosacral injury with the presence of left L5/S1 radiculopathy. Based on Table 72, DRE Category III, page 110, he is assigned a whole person impairment of 10% due to this condition.

Based on the medical records, it cannot be determined whether these conditions were present before or after the date of injury. It is the role of the Evaluating Physician to assess the examinee's impairment and loss of physical function at the date of the evaluation. Determination of impairments that the examinee may have had prior to the date of the injury must be accomplished administratively or judicially.

In summary, Mr. Johns is assigned a **Whole Person Impairment of 10%** based on the *Guides to the Evaluation of Permanent Impairment*, Fourth Edition, by the American Medical Association. The date of **Maximum Medical Improvement is April 23, 2004.**

If Churchill can be of additional service to you in this matter, please feel free to contact our office.

Thank You Very Much,

Richard P. L. Neel, MD
RN/ml
Dictated But Not Proofread

cc: Carl Johns
1200 North Water Street
Burnet, TX 78611

Gordon Marshall, M.D.
12007 Technology Blvd. Ste 225
Austin, TX 78727

Vita King
Travelers
PO Box 42927
Houston, TX 77242

# Supplemental Information on Carl Johns

## Review of Medical History

## Physical Examination

## Impairment Rating Calculation and Detail

## Testing and Measurements

# REVIEW OF MEDICAL HISTORY & PHYSICAL EXAM

**Examinee's Name: Carl Johns** **Date: April 23, 2004**

I. **Current Symptoms & Limitations:** Mr. Johns complained of constant low back pain which he described as a dull burning type sensation. He rates his usual pain as a 6 on a scale of 1 to 10 with 10 being the most severe pain. The symptoms are usually worse in the morning and decreases to 4 out of 10 during the remainder of the day. He states he has constant radiating pain down his left leg to his toes. The symptoms are worse with prolonged standing and lying down and also worse with lifting and twisting. The symptoms are better sitting in a leaning forward position and with other position changes or rather frequent position changes and also better with meds.

II. **History of Present Illness:**

A. **Description of Job:** Mr. Johns worked for Universal Health Services as mental health technician approximately eight years.

B. **Date and Description of Injury:** 4/10/03 Mr. Johns was attempting to restrain a examinee. The examinee pushed away from the wall with his legs causing him to fall backwards in a twisting type motion.

C. **Previous Related Injuries:** None.

D. **Review of Records:**

On 4/22/03, CT scan of the LS spine was accomplished. Impression: Bilateral L5 spondylosis with grade I spondylolisthesis which results in at least moderate stenosis of both of the neural foramina. Central and left paracentral L4-5 disc herniation, annular bulge in combination with facet arthropathy results in relative circumferential narrowing of the central and partial effacement of the lateral recesses. Otherwise multilevel DDD without radiographically significant stenosis of the central canal or neural foramina. Metallic BB in the soft tissue structures of the posterior back at the level of L3-4.

5/1/03 Mr. Johns was evaluated by Dr. Gordon Marshall. Dr. Marshall's impression was spondylolisthesis of L5-S1 grade I. HNP L4-5. Foreign body lumbar spine. He recommended lumbar ESIs.

5/2/03 Mr. Johns was evaluated by Dr. Joshi. Impression: Lumbar discopathy with internal disc derangement, axial as well as radicular pain. He recommended ESIs.

6/2/03 The first ESI by Dr. Joshi was accomplished.

7/7/03 The second ESI was accomplished by Dr. Joshi.

7/28/03 The third ESI was given by Dr. Joshi.

9/10/03 Left L3-4, L4-5 and L5-S1 lumbar facet injection was given by Dr. Joshi.

11/4/03 Lumbar myelogram was accomplished. Impression: Moderate circumferential central canal stenosis at L4-5 with associated medial deviation of the descending nerve root sleeves at the level of the disc space. Grade I anterior subluxation L5 relative to S1 with 2mm of movement while standing between maximum hip flexion and extension. The post myelogram CT showed L5 pars interarticularis break bilaterally with grade I spondylolisthesis. Bilateral L5-S1 left more than right foraminal narrowing with near complete effacement of fat around intraforaminal left L5 nerve and partial effacement of fat around intraforaminal right L5 nerve. Circumferential canal stenosis L4-5 with suspected herniation of disc material superimposed on disc bulge extending inferiorly to the level of the lateral recess touching descending left L5 nerve without significant mass effect. No other significant canal or foraminal narrowing detected. Right collecting system probable renal stone 3mm in diameter without hydronephrosis.

11/6/03 Follow up note from Dr. Marshall recommending posterior lateral instrumentation fusion at L5-S1.

11/12/03 RME was accomplished by Dr. Aaron Combs. Diagnosis: Lumbalgia spondylosis L5-S1 spondylolisthesis. He stated his condition was compatible with release to work with sedentary to light duty level.

1/12/04 Mr. Johns had a neurosurgical consultation with Dr. Ronald Manikam. Dr. Manikam's impression was lumbar HNP L4-5 with left L5 nerve root compression and unstable spondylolisthesis L5-S1. He recommended L4-5 disc herniation removal and decompression L5 nerve root, left side.

2/19/04 Follow up note from Dr. Marshall stating Mr. Johns states his pain has decreased and he wished to postpone surgery. He was referred to Dr. Haro for pain management.

3/25/04 Mr. Johns was evaluated by Dr. J. Lowell Haro. Impression: Chronic intractable pain low back with minor left L5 radicular component which was improving, but still with significant pain. Recommendation was for fusion on the left L3-S1. He started aqua therapy. Protocol including local anesthetic injections in the medial branch of the nerves and possibly radiofrequency neurolysis of the medial branch nerves to the facets.

**E. Current Medications and Treatment:** Hydrocodone, Skelaxin, Vioxx.

**III. Past Medical History:**

**A. History of Major Illnesses:** None.

**B. Family and Social History:** Married with 2 children. He denies tobacco use. He drinks 2-3 drinks of alcohol per week. NKDA.

C. **Surgeries:** Vasectomy 1 ½ years ago.

IV. **Vitals and Other Information:** H: 5'10". W: 210. BP: 116/66. P: 72. Right side dominant.

V. **Physical Examination:**

A. **General Exam:** The examinee is alert, pleasant and cooperative with the exam.

B. **Musculoskeletal Exam:** Examination of the back reveals tenderness to palpation of the paraspinal muscles in the LS region. There is no spasm noted. He has mild limited flexion, extension, rotation and lateral bending of the spine. Motor strength is 5/5 of the major muscle groups of the bilateral lower extremities, with the exception of decreased dorsiflexion on the left. There is notable atrophy of the lateral left calf which measures 41cm compared to 42cm on the right.

C. **Neurological Exam:** The examinee has a normal gait, heel to toe, and toe walking. He is unable to heel walk on the left. DTRs are 2+ and symmetrical. SLRs are negative in the seated position. Sensation is intact to light touch and pinprick, except for left L5 dermatome.

VI. **Summary and Comments on MMI:** Mr. Johns has significant low back pathology with radiculopathy. He is certainly a surgical candidate at this time; however, he does not currently desire surgery. Therefore, I consider him at MMI as of today's date 4/23/04. Should he become more symptomatic or proceed with surgery, I will be glad to re-examine him. Mr. Johns will required chronic pain medical management.

**Diagnosis:** HNP with L5 radiculopathy and spondylolisthesis L5-S1.

**Specific Disorder/Neurological Deficit:** Upon review of the medical records and physical examination, the examinee shows clinical evidence a lumbosacral injury with the presence of left L5/S1 radiculopathy. Based on Table 72, DRE Category III, page 110, he is assigned a whole person impairment of 10% due to this condition.

**Date of MMI:**

VII. **Plan:** Mr. Johns will have range of motion tested on his lumbar spine.

**Thank you very much,**

**Richard Neel, MD**
**Dictated But Not Proofread**
**RN/cb**

## ARCON AIRS - Impairment Rating Report: 4/23/04

Evaluated using the 4th Edition of the AMA Guidelines

Whole Person Impairment Value = 10%

| *Impairment Summary* | Impairment % |
|---|---|
| Location of Impairment | Add Locations |
| Whole Person | 10 |
| Spine | 10 |
| Lumbosacral Region | 10 |

AIRS Impairment Calculation Summary

### Spine Impairment

**Lumbosacral Region: 10% - (combine multiple impairments)**

*DRE: 10% - (combine multiple impairments)*

Lumbosacral Spine Impairment, Class III: Radiculopathy yielding a 10% impairment.

**Spine: 10% - (combine multiple impairments)**

*Lumbosacral Region: 10%*

### Whole Person Impairment

**Whole Person: 10% - (combine multiple impairments)**

*Spine: 10%*

AIRS Impairment Detail

| *Other Scheduled Impairments* | | | |
|---|---|---|---|
| Location | Description of Impairment | Impairment % | Reference |
| Lumbosacral Region | Lumbosacral Spine Impairment<br>Class III Radiculopathy | 10 | P.110, T.72 |

## ARCON ROM - Spinal ROM Inclinometer Report:

The patient was tested in our facility using the ARCON ROM computerized dual inclinometer system. This system is designed to quantify an individual's spinal range of motion (ROM) in the cervical, thoracic and/or lumbar regions, and to compare these ROM values to recognized population norms.

| *Individual Test Results* | | Range of Motion | | NORMATIVE DATA† | |
|---|---|---|---|---|---|
| Joint/Axis Tested | DATE | ROM Value | Valid‡ | Population Norm | Percent of Norm |
| Lumbar Flexion | 04/23/04 | 26 deg | Yes | 60 deg | 43 % |
| Lumbar Extension | 04/23/04 | 6 deg | Yes | 25 deg | 24 % |
| Lumbar Lateral Flexion - Left | 04/23/04 | 23 deg | Yes | 25 deg | 92 % |
| Lumbar Lateral Flexion - Right | 04/23/04 | 24 deg | Yes | 25 deg | 96 % |
| Straight Leg Raise Right | 04/23/04 | 99 deg | Yes | n/a | n/a |
| Straight Leg Raise Left | 04/23/04 | 71 deg | Yes | n/a | n/a |

("n/a" indicates results that are not available or applicable for the listed task)

‡ From "Guides to the Evaluation of Permanent Impairment", Fourth Edition, American Medical Association.

† The AMA "Guides" validity criterion is three consecutive measurements within ±5° or ±10% of median value.

Employee - You are required to report your injury to your employer within 30 days if your employer has workers' compensation insurance. You have the right to free assistance from the Texas Workers' Compensation Commission and may be entitled to certain medical and income benefits. For further information call your local Commission field office or 1(800)-252-7031.

Trabajador - Es necesario que usted reporte su lesión a su empleador dentro de 30 días a partir del día en que se lesionó, si su empleador tiene seguro de compensación para trabajadores. la Comisión Tejana de Compensación para Trabajadores le ofrece asistencia gratuita, también puede que usted tenga derecho a ciertos beneficios médicos y monetarios. Para mayor información llame a la oficina local de la Comisión 1-800-252-7031.

# TWCC-69 – REPORT OF MEDICAL EVALUATION

TWCC#: X2-671274

## PART I – EMPLOYMENT INFORMATION

| | | |
|---|---|---|
| 1. Workers' Compensation Insurance Carrier: Travelers | 4. Injured Employee's Name (Last, First, MI): Johns, Carl | 9. Certifying Doctor's Name and Licensure: Richard Neel, MD |
| 2. Employer's Name: Universal Health Services | 5. Date of Injury: 4/10/03 / 6. Social Security Number: 460-89-0901 | 10. Certifying Doctor's License Number and Jurisdiction: MD G3639 |
| 3. Employer's Address: 367 South Gulph Road | 7. Employee's Phone#: 512-715-9793 | 11. Certifying Doctor's Phone & Fax#s: (PH) (512) 804-0055 (FAX) (512) 804-0066 |
| City: King of Prussa / State: PA / Zip: 19406 | 8. Employee's Address: 1200 North Water Street | 12. Certifying Doctor's Address: 3000 South IH-35, Suite 330 |
| | City: Burnet / State: TX / Zip: 78611 | City: Austin / State: TX / Zip: 78704 |

## PART II – DOCTOR'S ROLE AND CERTIFICATION

**13. Indicate which role you are serving in the claim in performing this evaluation. Only a doctor serving in one of the following roles is authorized to evaluate MMI/impairment and file this report (Commission Rule 130.1 governs such authorization):**

☐ Treating Doctor ☐ Doctor Selected by Treating Doctor acting in place of the Treating Doctor ☒ Designated Doctor Selected by the Commission

☐ Carrier-Selected RME Doctor approved by the Commission to evaluate MMI and/or permanent impairment after a Designated Doctor examination.

NOTE – If you are not authorized by Rule 130.1 to file this report, you will not be paid for this report or the MMI/impairment examination.

14. I HEREBY CERTIFY THAT THIS REPORT OF MEDICAL EVALUATION is complete and accurate and complies with the Texas Workers' Compensation Act and applicable rules, and I understand that making a misrepresentation about a workers' compensation claim is a crime that can result in fines and/or imprisonment.

Signature of Certifying Doctor: Richard L. Neel, MD Date of Certification: 4/23/04

## PART III – MEDICAL STATUS INFORMATION

| 15. Date of Exam | 16. Diagnosis (ICD-9 Codes) 1) | 2) | 3) | 4) |
|---|---|---|---|---|
| 4/23/04 | 756.12 | | | |

**17. Indicate whether the employee has reached Clinical or Statutory MMI based upon the following definitions:**

**Clinical Maximum Medical Improvement (Clinical MMI)** is the earliest date after which, based upon reasonable medical probability, further material recovery from or lasting improvement to an injury can no longer reasonably be anticipated.

**Statutory MMI** is the later of: (1) the end of the 104th week after the date that temporary income benefits (TIBs) began to accrue; or (2) the date to which MMI was extended by the commission through operation of Texas Labor Code §408.104.

a) ☒ Yes, I certify that the employee reached ☐ STATUTORY / ☒ CLINICAL **(mark one)** MMI on 4/23/04 **(may not be a prospective date)** and have included documentation relating to this certification in **the attached narrative.** **OR**

b) ☐ No, I certify that the employee has NOT reached MMI but is expected to reach MMI on or about _____ The reason the employee has not reached MMI is documented in **the attached narrative.**

NOTE – The fact that an employee reaches either Clinical MMI or Statutory MMI does not signify that the employee is no longer entitled to medical benefits.

## PART IV – PERMANENT IMPAIRMENT

**18. If the employee has reached MMI, indicate whether the employee has permanent impairment as a result of the compensable injury.**

"Impairment" means any anatomic or functional abnormality or loss existing after MMI that results from a compensable injury and is reasonably presumed to be permanent. The finding that impairment exists must be made based upon objective clinical or laboratory findings meaning a medical finding of impairment resulting from a compensable injury, based upon competent objective medical evidence that is independently confirmable by a doctor, including a designated doctor, without reliance on the subjective symptoms perceived by the employee.

a) ☐ I certify that the employee does not have any permanent impairment as a result of the compensable injury. **OR**

b) ☒ I certify that the employee has permanent impairment as a result of the compensable injury. The amount of permanent impairment is 10 %, which was determined in accordance with the requirements of the Texas Workers' Compensation Act and Commission Rules. **The attached narrative** provides documentation involved in the calculation of the impairment rating assigned using the following edition of the Guides to the Evaluation of Permanent Impairment published by the American Medical Association (AMA):

☐ third edition, second printing, February 1989. **OR**

☒ fourth edition, 1st, 2nd, 3rd, or 4th printing, including corrections and changes issued by the AMA prior to May 16, 2000.

## PART V – TREATING DOCTOR'S AGREEMENT OR DISAGREEMENT WITH ANOTHER DOCTOR'S CERTIFICATION

| | |
|---|---|
| 19. Treating Doctor's Name and Degree: Gordon Marshall, MD | 22. ☒ I AGREE / ☐ I DISAGREE with the certifying doctor's certification of MMI. |
| 20. Treating Doctor's License Number and Jurisdiction: K8326 TX | 23. ☐ I AGREE / ☐ I DISAGREE with the certifying doctor's finding of no impairment. OR ☒ I AGREE / ☐ I DISAGREE with the impairment rating assigned by the certifying doctor. |
| 21. Treating Doctor's Phone & Fax #s: (Ph) 512-396-2800 (Fax) 512-441-6388 | |

24. I understand that making a misrepresentation about a workers' compensation claim is a crime that can result in fines and/or imprisonment.

Signature of Treating Doctor: [signature] Date: 5/21/04

Employee – You are required to report your injury to your employer within 30 days if your employer has workers' compensation insurance. You have the right to file a complaint with the Texas Workers' Compensation Commission and may be entitled to certain medical and income benefits. For further information call your local Commission field office or 1(800)-252-7031.

Trabajador – Es necesario que usted reporte su lesión a su empleador dentro de 30 días a partir de la fecha en que se lesionó, si su empleador tiene seguro de compensación para trabajadores. La Comisión Texana de Compensación para Trabajadores le ofrece asistencia gratuita, también puede que usted tenga derecho a ciertos beneficios médicos y monetarios. Para mayor información llame a la oficina local de la Comisión 1-800-252-7031.

# TEXAS WORKERS' COMPENSATION WORK STATUS REPORT

**PART I: GENERAL INFORMATION**

| | | | |
|---|---|---|---|
| 1. Injured Employee's Name: Carl Johns | 5. Doctor's Name and Degree: GORDON P. MARSHALL, M.D. | (for transmission purposes only) | Date Being Sent |
| 2. Date of Injury | 3. Social Security Number: Apr-09-090 | 6. Clinic/Facility Name: Greater Austin Orthopaedics | 9. Employer's Name |
| 4. Employee's Description of Injury/Accident | 7. Clinic/Facility/Doctor Phone & Fax: (Ph) 512-401-8400 (Fax) 512-401-6910 | | 10. Employer's Fax # or Email Address (if known) |
| | 8. Clinic/Facility/Doctor Address (street address): 12007 Technology Blvd. Suite 225 | | 11. Insurance Carrier |
| | City: Austin State: TX Zip: 78727 | | 12. Carrier's Fax # or Email Address (if known) |

**PART II: WORK STATUS INFORMATION** (FULLY COMPLETE ONE INCLUDING ESTIMATE DATES AND DESCRIPTION IN 13(c) AS APPLICABLE)

13. The injured employee's medical condition resulting from the workers' compensation injury:

☒ (a) will allow the employee to return to work as of 6/24/04 (date) without restrictions.

☐ (b) will allow the employee to return to work as of _____ (date) with the restrictions identified in PART III, which are expected to last through _____ (date).

☐ (c) has prevented and still prevents the employee from returning to work as of _____ (date) and is expected to continue through _____ (date). The following describes how this injury prevents the employee from returning to work:

**PART III: ACTIVITY RESTRICTIONS*** (ONLY COMPLETE IF BOX 13(b) IS CHECKED)

**14. POSTURE RESTRICTIONS (if any):**

| Max Hours per day: | 0 | 2 | 4 | 6 | 8 | Other |
|---|---|---|---|---|---|---|
| Standing | ☐ | ☐ | ☐ | ☐ | ☐ | ____ |
| Sitting | ☐ | ☐ | ☐ | ☐ | ☐ | ____ |
| Kneeling/Squatting | ☐ | ☐ | ☐ | ☐ | ☐ | ____ |
| Bending/Stooping | ☐ | ☐ | ☐ | ☐ | ☐ | ____ |
| Pushing/Pulling | ☐ | ☐ | ☐ | ☐ | ☐ | ____ |
| Twisting | ☐ | ☐ | ☐ | ☐ | ☐ | ____ |
| Other: _____ | ☐ | ☐ | ☐ | ☐ | ☐ | ____ |

**15. RESTRICTIONS SPECIFIC TO (if applicable):**

☐ L Hand/Wrist ☐ R Hand/Wrist
☐ L Arm ☐ R Arm ☐ Neck
☐ L Leg ☐ R Leg ☐ Back
☐ L Foot/Ankle ☐ R Foot/Ankle
☐ Other: _____

**17. MOTION RESTRICTIONS (if any):**

| Max Hours per day: | 0 | 2 | 4 | 6 | 8 | Other |
|---|---|---|---|---|---|---|
| Walking | ☐ | ☐ | ☐ | ☐ | ☐ | ____ |
| Climbing stairs/ladders | ☐ | ☐ | ☐ | ☐ | ☐ | ____ |
| Grasping/Squeezing | ☐ | ☐ | ☐ | ☐ | ☐ | ____ |
| Wrist flexion/extension | ☐ | ☐ | ☐ | ☐ | ☐ | ____ |
| Reaching | ☐ | ☐ | ☐ | ☐ | ☐ | ____ |
| Overhead Reaching | ☐ | ☐ | ☐ | ☐ | ☐ | ____ |
| Keyboarding | ☐ | ☐ | ☐ | ☐ | ☐ | ____ |
| Other: _____ | ☐ | ☐ | ☐ | ☐ | ☐ | ____ |

**18. LIFT/CARRY RESTRICTIONS (if any):**

☐ May not lift/carry objects more than ____ lbs.
for more than ____ hours per day
☐ May not perform any lifting/carrying
☐ Other: _____

**19. MISC. RESTRICTIONS (if any):**

☐ Max hours per day of work: _____
☐ Sit/Stretch breaks of _____ per _____
☐ Must wear splint/cast at work
☐ Must use crutches at all times
☐ No driving/operating heavy equipment
☐ Can only drive automatic transmission
☐ No work / ☐ ____ hours/day work:
☐ in extreme hot/cold environments
☐ at heights or on scaffolding
☐ Must keep _____;
☐ Elevated ☐ Clean & Dry
☐ No skin contact with: _____
☐ Dressing changes necessary at work
☒ No Running

**16. OTHER RESTRICTIONS (if any):**

full duty - 0 restrictions

**20. MEDICATION RESTRICTIONS (if any):**

☐ Must take prescription medication(s)
☐ Advised to take over-the-counter meds
☐ Medication may make drowsy (possible Safety/driving issues)

* These restrictions are based on the doctor's best understanding of the employee's essential job functions. If a particular restriction does not apply, it should be disregarded. If modified duty that meets these restrictions is not available, the patient should be considered to be off work. Note – these restrictions should be followed outside of work as well as at work.

**PART IV: TREATMENT/FOLLOW-UP APPOINTMENT INFORMATION**

**21. Work Injury Diagnosis Information:**

**22. Expected Follow-up Services Include:**

☐ Evaluation by the treating doctor on _____ (date) at ____ : ____ am/pm
☐ Referral to/Consult with _____ on _____ (date) at ____ : ____ am/pm
☐ Physical medicine __ X per week for __ weeks starting on _____ (date) at ____ : ____ am/pm
☐ Special studies (list): _____ on _____ (date) at ____ : ____ am/pm
☐ None. This is the last scheduled visit for this problem. At this time, no further medical care is anticipated.

| Date / Time of Visit: 6/24/04 Discharge Time | EMPLOYEE'S SIGNATURE | DOCTOR'S SIGNATURE | Visit Type: ☐ Initial ☐ Follow-up | Role of Doctor: ☐ Treating doctor ☐ Designated doctor ☐ Referral doctor ☐ Carrier-selected RME ☐ Consulting doctor ☐ TWCC-selected RME ☐ Other doctor |
|---|---|---|---|---|

TWCC 73 Rev. 06/00) Rule 129.5 TEXAS WORKERS' COMPENSATION COMMISSION