

FOR MD USE ONLY P/ AOE/COE/ D/ IME / -----

29. REVIEW OF SYSTEMS

30. PHYSICAL EXAMINATION- **Call out full neuro, upper or lower spine!**

General Inspection: Hygiene, Mood, Appearance

Self Report Ht and Weight:

BP:

HR

31. Neurological Exam:

Mental Status

Cranial Nerves

Motor

Sensory

Reflexes

Coordination

Gait- cane, crutch

32. Upper Extremity: Range of Motion and Stability (degrees)

Neck forward flexion	50	
Neck extension	60	
	RIGHT	LEFT
Lateral flexion	45	45
Lateral rotation	45	45
Shoulder Abduction	170	170
Shoulder Extension	30	30
Shoulder Int Rotation	60	60
Shoulder Ext Rotation	80	80
Elbow flexion	135	135
Elbow extension	180	180
Forearm pronation	75	75
Forearm supination	85	85
Wrist flexion	70	70
Wrist extension	65	65
Wrist radial deviation:	20	20
Wrist ulnar deviation:	40	40
Thumb abduction:	NL	NL
Thumb flexion	NL	NL
Thumb extension	NL	NL
Can make a full fist	NL	NL

33. Lower Back Evaluation: Range of Motion

	RIGHT	LEFT
Forward flexion of torso	80	
Extension of torso	25	
Lateral flexion	20	20
Lateral rotation	20	20
Hip flexion	110	110
External rotation	50	50
Internal rotation	35	35
Hip Abduction	50	50
Hip Adduction	30	30
Knee flexion	130	130
Knee extension	180	180
Ankle flexion	50	50
Ankle extension	15	15

Hoovers? SLR?

34. Musculoskeletal Exam: Upper ROM, Palpation, Deformity
Neck, shoulder, elbow, wrist, fingers
Tinels, Phalens, Finklesteins's, Lhermittes, Adsons

35. Musculoskeletal Exam: Lower Back: ROM, Palpation, Deformity
Thoracic, Lumbar
SLR, hips, knees, ankles, feet; Hoover's?

36. Circumferential measurements: **Left**

Above elbow

Below elbow

Wrist

Jamar grip:

Jamar pinch:

Above knee

Below knee

Ankle

37. Circumferential measurements: **Right**

Above elbow

Below elbow

Wrist

Jamar grip:

Jamar pinch:

Above knee

Below knee

Ankle

38. Medical Record Review- <u>CONFIRM MD FIRST REPORT!! Any conflicting info from adjuster?</u>
39. Neurophysiological Testing: Tests done, results, conclusions
40. Impression: Diagnosis
41. Summary in Brief: <u>What happened where and when, then what treatment and present complaints and treatment.</u> Don't forget to tease out plateauing, rapid relapse, additive arduous tasks
42. Causation- if not AOE then go to objective only factors of disability and then RTW. <u>What tasks at work make sense that it is work related?</u>
43. Temporary Total Disability- Address time worker was OOW? Who arranged- MD, DC or company restricted him. Mention. If P and S then TTD is over. What OOW justified? Was no light duty available? If not at work then discuss if mod duty was available then what?
44. Permanent and Stationary Status- comment on subjective and objective problems.
45. Objective Factors of Disability- mention Jamar readings and effort as well as measurements and testing results. <u>Still mention if NOT P and S!!!</u>

46. Subjective: Occasional- 25%, Intermittent 50%, Frequent 75%, Constant 100%.
Minimal - annoyance, no handicap, **slight** - tolerable, some handicap, **moderate** - tolerable, marked handicap, **severe** precludes activity. **ONLY IF P AND S**

*Pursuant to 8 Cal Code Regs Section 9795(b)&(c), this report is submitted as an ML102 Basic Medical Legal Evaluation.
 *This report is submitted as an ML103 Complex Medical-Legal Evaluation pursuant to 8 Cal. Code Regs., Section 9795(b) and (c), with justification factors fff time >/2, rr >/2, res>/ 2, >/4 of 1,2,3; 6/ 1,2,3; causation, apptmt, tox exp, psych (within the context of subdivision (b). Review of records was---, and report---.
 *Pursuant to 8 Cal Code Regs Section 9795(b)&(c), this report is submitted as an ML104 extraordinary evaluation. Medical causation has been considered. The extraordinary nature Time with the patient was___. Review of records and report prep was.

47. Permanent Disability- **because of subjective, objective or what? If can work, then use subjectives if poss!**
 Back/Spine- lifting(loss of x percent of preinjury cap), work (bending, stooping, lifting, pushing pulling and climbing or other activities. Semisedentary- loss of 50% of sitting work and 50% of standing work. Sedentary – can do work predom in a sitting position. Do they need a work preclusion for walking, standing, sitting, climbing, running/jumping, kneeling/squatting. UE- grasping(forceful, repetitive forceful, repetitive, slight to mod pain, torquing, keyboard, splints, repetitive flexion/extension, lifting, pushing/pulling, work above shoulder level
 Shoulder: work at or above, repetitive work, overhead, elbow
 Other – dust and fumes, sign dust and fumes, outdoor work, etc.

48. Apportionment- Consider rapid relapse- evidence of ongoing issues - or worsening or easier to have pain.

49. Future Medical Care- **Comment on whether previous treatment was necessary!! Comment on fut med as if no flare ups will be caused by anything else. Ie will not be doing work that caused injury - if P and S. If not then describe exact treatment needed.**

50. Return to Work/ Vocational Rehab: If can work then no VC!, If can't then give VC-
Only go to below if NOT P AND S or WAITING FOR RECORDS- lifting need to be consistent with disability
 Unrestricted: Activity allowable at a normal frequency. Frequently: Allowable for 2/3 of the day, 6/8 hours.
 Occasionally: Allowable for 1/3 of the day, 2/8 hours. Rarely: Activity allowable for up to two times a day. Never: Not allowed

	Unrestricted	Frequently	Occasionally	Rarely	Never
Walking					
Sitting					
Standing					
Cane Required?					
Climbing					
Balancing					
Stooping					
Kneeling					
Crouching					
Crawling					
Reaching					
Handling					
Fingering					
Gripping					
Lifting		10	15	20	50
Dusts and Fumes					