

Additional pages attached ☒

State of California  
Division of Workers' Compensation

**SECONDARY TREATING PHYSICIAN'S PROGRESS REPORT (PR-2)**

Check the box(es) which indicate why you are submitting a report at this time. If the patient is "Permanent and Stationary" (i.e., has reached maximum medical improvement), do not use this form. You may use DWC Forms PR-3 or IMC 81556.  
Required; 45 days, Change in condition, Request for authorization

**Patient:**

|                |                             |               |             |        |                |     |       |
|----------------|-----------------------------|---------------|-------------|--------|----------------|-----|-------|
| Last           | Cordero Rojas               | First         | Alfredo     | Middle |                | Sex | M     |
| Address        | 758 Rose Ave Apt 110        | City          | Long Beach  | State  | CA             | Zip | 90813 |
| Date of Injury | CT: 06/08/2017 - 01/14/2025 | Date of Birth | 06/03/1970  |        |                |     |       |
| Occupation     | Unknown                     | SS #          | 999-99-9999 | Phone  | (562) 328-9592 |     |       |

**Claims Administrator:**

|           |                          |                 |                |
|-----------|--------------------------|-----------------|----------------|
| Name      | Farmers Insurance - MAIN | Claim Number    | 7008656982-1   |
| Address   | PO BOX 108843            | City            | Oklahoma City  |
|           |                          | State           | OK             |
| Phone     | (866) 967-5256           | Zip             | 73101          |
|           |                          | Fax             | (866) 846-3114 |
| Employer: | Taco Surf Inc            | Employer Phone: | (562) 592-2290 |

The information below must be provided. You may use this form or you may substitute or append a narrative report.

**Present Complaints**

**Head - not specified**

The patient experiences headaches.

**Back - Cervical Spine**

Pain in the neck. Patient reports their average pain last week in the neck was 6-7 out of 10 with 10 being the worst.

Patient reports their pain today in the neck is 3 out of 10 with 10 being the worst. The pain is described as dull, achy and occurs frequent. The pain is made worse with bending, and twisting.

**Back - Lumbar Spine**

Pain in the low back. Patient reports their average pain last week in the low back was 5 to 7 out of 10 with 10 being the worst. Patient reports their pain today in the low back is 6 out of 10 with 10 being the worst. The pain is described as, achy and occurs frequent. The pain is made worse with walking and bending. Associated symptoms include numbness.

The pain radiates to right buttock.

**Abdomen - including internal organs and groin**

The patient experiences GERD.

**Knee Patella (Left)**

Pain in the left knee. Patient reports their average pain last week in the left knee was 3 to 4 out of 10 with 10 being the worst. Patient reports their pain today in the left knee is 3 out of 10 with 10 being the worst. The pain is described as dull, achy and occurs intermittent-frequent. The pain is made worse with walking.

**Knee Patella (Right)**

Pain in the right knee. Patient reports their average pain last week in the right knee was 5 to 6 out of 10 with 10 being the worst. Patient reports their pain today in the right knee is 4 out of 10 with 10 being the worst. The pain is described as dull, achy and occurs frequent. The pain is made worse with walking.

**Ankle malleolus (Left)**

Pain in the left ankle. Patient reports their average pain last week in the left ankle was 2 to 3 out of 10 with 10 being the worst. Patient reports their pain today in the left ankle is 1 out of 10 with 10 being the worst. The pain is described as dull, achy and occurs intermittent. The pain is made worse with standing, and walking.

**Ankle malleolus (Right)**

Pain in the right ankle. Patient reports their average pain last week in the right ankle was 3 to 5 out of 10 with 10 being the worst. Patient reports their pain today in the right ankle is 5 out of 10 with 10 being the worst. The pain is described as dull, achy and occurs intermittent. The pain is made worse with standing, and walking. Associated symptoms include tingling, numbness in the foot and joint swelling in the ankle. The pain radiates to bottom of foot.

Nervous system - Stress

The patient has stress due to his work conditions.

**Motor Myotome**

Deltoid, Biceps Left result: 5

Deltoid, Biceps Right result: 5

Wrist Extensors, Biceps Right result: 5

Wrist Extensors, Biceps Right result: 5

Wrist Flexors, Tricep, Finger Extensors Left result: 5

Wrist Flexors, Tricep, Finger Extensors Right result: 5

Finger Flexors, Hand intrinsics Left result: 5

Finger Flexors, Hand intrinsics Right result: 5

Hand Intrinsics Left result: 5

Hand Intrinsics Right result: 5

Hip Adductors Left result: 5

Hip Adductors Right result: 5

Hip Flexors Left result: 5

Hip Flexors Right result: 5

Quadriceps Left result: 5

Quadriceps Right result: 5

Extensor Hallucis Longus Left result: 5

Extensor Hallucis Longus Right result: 5

Ankle Plantar Flexors Left result: 5

Ankle Plantar Flexors Right result: 5

**Sensory Dermatome**

Anterolateral Shoulder and Arm result: Normal

Lateral Forearm, Lateral Hand, 1st, 2nd, 3rd Digits result: Normal

Middle Finger result: Normal

Medial Forearm and Hand, 4th and 5th Digits result: Within Normal Limits

Medial Forearm Result: Normal

Mid Hip and Anterior Upper Thigh result: Normal

Hip and Groin result: Within Normal Limits

Mid Hip and Upper Thigh result: Normal

Lower Hip and Mid-Lower Anterior Thigh result: Normal

Posterior Leg, Lateral Foot result: Normal

### **Objective Findings**

**Cervical:** There is no bruising, swelling, atrophy, or lesion present at the cervical spine.

**Lumbar:** There is no bruising, swelling, atrophy, or lesion present at the lumbar spine.

**Knee:** There is no bruising, swelling, atrophy, or lesion present at the knees.

**Ankle:** There is no bruising, swelling, atrophy, or lesion present at the ankles.

**Gastrointestinal:** No tenderness, rebound, or guarding. No masses are palpable.

#### **Cervical:**

- Shoulder Depression causes pain on the right

#### **Lumbar:**

- Right Sitting Straight Leg Raise is negative
- Left Sitting Straight Leg Raise is negative

#### **Knee:**

- McMurray's causes pain on the right
- Patellar Compression causes pain on the left

#### **Ankle:**

- Anterior Drawer is negative

#### **Cervical:** Left Cervical

Palpation reveals tenderness in the C5 spinous process [Mild], C6 spinous process [Mild], C7 spinous processes [Mild].

#### Right Cervical

Palpation reveals tenderness in the C5 spinous process [Mild], C6 spinous process [Mild], C7 spinous processes [Mild], C5 - Facets [Mild], C6 - Facets [Mild], C7 - Facets [Mild].

**Lumbar: Left Lumbar**

Palpation reveals tenderness in the L2 spinous processes [Moderate], L3 spinous processes [Moderate], L4 spinous processes [Moderate], L5 spinous processes [Moderate].

**Right Lumbar**

Palpation reveals tenderness in the L2 spinous processes [Moderate], L3 spinous processes [Moderate], L4 spinous processes [Moderate], L5 spinous processes [Moderate], lumbar paravertebral muscles .

**Knee: Left Knee**

Palpation reveals tenderness in the inferior border of patella .

**Right Knee**

Palpation reveals tenderness in the medial border of patella .

**Ankle: Right Ankle**

Palpation reveals tenderness in the medial ankle .

**Cervical:**

- Extension: Unidirectional: 48 degrees / Normal Rating: 60
- Flexion: Unidirectional: 40 degrees (with pain) / Normal Rating: 50
- Left Lateral Bending: Unidirectional: 38 degrees (with pain) / Normal Rating: 45
- Left Rotation: Unidirectional: 70 degrees / Normal Rating: 80
- Right Lateral Bending: Unidirectional: 35 degrees (with pain) / Normal Rating: 45
- Right Rotation: Unidirectional: 65 degrees (with pain) / Normal Rating: 80

**Lumbar:**

- Extension: Unidirectional: 20 degrees (with pain) / Normal Rating: 30
- Flexion: Unidirectional: 65 degrees (with pain) / Normal Rating: 90
- Left Lateral Bending: Unidirectional: 20 degrees (with pain) / Normal Rating: 25
- Right Lateral Bending: Unidirectional: 16 degrees (with pain) / Normal Rating: 25

**Knee:**

- Extension: Right: 0 degrees, Left: 0 degrees / Normal Rating: 0
- Flexion: Right: 130 degrees (with pain), Left: 135 degrees (with pain) / Normal Rating: 140

**Ankle:**

- Eversion: Right: 20 degrees, Left: 20 degrees / Normal Rating: 20
- Extension: Right: 15 degrees, Left: 15 degrees / Normal Rating: 20
- Flexion: Right: 40 degrees (with pain), Left: 40 degrees / Normal Rating: 40
- Inversion: Right: 20 degrees, Left: 25 degrees / Normal Rating: 30

**General**

**Apperance:**Obese

BMI: 0

**Diagnoses**

- Cervicalgia (M54.2)
- Strain of muscle, fascia and tendon at neck level, subsequent encounter (S16.1XXD)
- Strain of muscle, fascia and tendon of lower back, subsequent encounter (S39.012D)
- Lumbago with sciatica, right side (M54.41)
- Patellar tendinitis, left knee (M76.52)
- Pain in right knee (M25.561)
- Plantar fascial fibromatosis (M72.2)
- Pain in left ankle (M25.572)
- Pain in right ankle (M25.571)

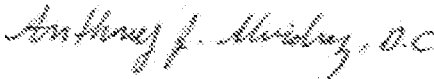
**Treatment Rendered**

| Diagnosis  | Procedure Requested                         | Other Info |
|--|---|------------|
| M54.41, M76.52, M25.572, M25.571, M54.2, M25.561 | Chiropractic Treatment 2-3 x week x 8 weeks |            |
| M76.52   | RTC 4-6 weeks                               |            |

Patient has completed 24 chiropractic therapies with great benefit. Discharge. Defer to PTP.

**Work Status:** This patient is:  
As per PTP

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

|  |   |                         |
|--|---|-------------------------|
| Signature:                               |  | Cal. Lic. #DC33473      |
| Executed at:                             | Long Beach, CA  | Date: 08/04/2025        |
| Name:                                    | Alvidrez, Anthony, DC   | Specialty: Chiropractic |
| Address:                                 | 1145 E. San Antonio Dr. Ste.B, Long Beach, CA 90807-2379                            | Phone: (562) 984-5505   |
| Next report due no later than 09/18/2025 |   |                         |

**DWC Form PR-2 (Rev. 06/05) (Use additional pages, if necessary)**