

**Concentra Medical Centers (NJ)**

2 City Hall Plaza Ste 302 Rahway, NJ 07065  
Phone: (732) 381-3636 Fax: (732) 381-5977

Service Date: 08/30/2023

Referral Queue ID: 480530479

**Patient Referral****Patient Information:**

<b>Patient:</b>	Dickson, William R.	<b>Home Phone:</b>	(732) 388-2214
<b>SSN:</b>	XXX-XX-0950	<b>Work Phone:</b>	Ext:
<b>Address:</b>	1230 cellar ave Apt 21	<b>DOI:</b>	08/30/2023
	CLARK, NJ 07066	<b>DOB:</b>	11/28/1957
		<b>Cell Phone:</b>	(732) 374-2948

**Employer Contact:**

<b>Employer Location:</b>	City of Rahway-Admin Non D	<b>Contact:</b>	Michelle Dalesandris
<b>Address:</b>	1 City Hall Plz,	<b>Role:</b>	Primary Contact
	Rahway, NJ 070655022	<b>Phone:</b>	(732) 827-2177 Ext.:
<b>Auth. by:</b>		<b>Fax:</b>	

**Program:****Billing Information:**

<b>Carrier:</b>	D&H Alternative Risk Solutions	<b>Billing:</b>	D&H Alternative Risk Solutions
<b>Address:</b>	PO Box 68	<b>Address:</b>	PO Box 68
	Newton, NJ 078600068		Newton, NJ 078600068
<b>Phone:</b>	(973) 940-1851	<b>Claim #:</b>	
<b>Fax:</b>	(908) 684-9911		
<b>Notes:</b>	Alt name, Dietz & Hammer		

Kwilkinson@risk solutions. com

**\*\*NOTE TO THE ABOVE FACILITY OR PHYSICIAN:**

Please send a copy of all reports on this patient to the payer and the center.

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Home Phone:(732) 388-2214  
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DOB: 11/28/1957

Ext:  
Cell Phone:(732) 374-2948

**Therapy Referral Information:**

Referral Status: Pending Auth

**REFERRAL PRESCRIPTION**

Provider Type: Physical Therapist

**Requested**

Total Treatments: 6  
Treatments per Week: 3  
Treatment Duration: 2 Weeks

Request Comments:  
Auto Generated

**Additional Notes**

Auto Create - Physical Therapy Referral

Date: 08/30/2023

Referring Provider: Lucknie Ovince, PA

\*\*\* Provider Signature on File \*\*\*

Number of Visits to Date: 0

**Authorized**

Total Treatments:  
Treatments per Week:  
Treatment Duration:  
Authorization Comments:

Auth Number:  
Effective Date:  
Expiration Date:  
Units Authorized:

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Please send a copy of all reports on this patient to the payer and the center.

Service Date: 08/30/2023

Case Date: 08/30/2023

Claim Number:

## Work Activity Status Report

Patient: William Dickson Last 4 Digits of SSN: xxx-xx-0950 Date of Birth: 11/28/1957  
Address: 1230 cellar ave Apt 21 CLARK NJ 07066 Employer Location: City of Rahway-Admin Non Contact: Michelle Dalesandris  
Home: +17323882214 Address: 1 City Hall Plz Rahway, NJ 07065-5022 Role: Primary Contact  
Work: Authorized by: Phone: +17328272177 Fax: 0-0-0000

### THIS VISIT

Visit Type: Medical Initial  
Treating Clinician: Lucknie Ovince, PA-C

Time In: 10:00:00 AM

Time Out: 11:51:16 AM

#### Diagnoses:

Strain of neck muscle, initial encounter (S16.1XXA)  
Thoracic myofascial strain (S29.019A)  
Contusion of elbow, left (S50.02XA)  
Contusion of rib on left side (S20.212A)  
Strain of left shoulder (S46.912A)

#### Medications:

- ☐ Dispensed prescription medication  
☐ Dispensed over-the-counter medication  
☐ Medication(s) prescribed  
☐ Over-the-counter medications at Non-Prescription strength were recommended

### PATIENT STATUS

**Employer Notice:** The prescribed activity recommendations are suggested guidelines to assist in the patient's treatment and rehabilitation. Your employee has been informed that the activity prescription is expected to be followed at work and away from work.

#### Treatment Status:

Returning for follow-up: 2 days

#### Work Status:

Return to modified work/activity today  
Patient may work their entire shift

#### Activity Prescription:

Key: **Occasionally** = up to 3 hrs/day; **Frequently** = up to 6 hrs/day; **Constantly** = up to 8 hours or greater per day

May lift up to 5 lbs constantly  
May push/pull up to 5 lbs constantly  
May bend occasionally  
May not drive company vehicle due to functional limitations - can't get into cab  
Unable to use power/impact/vibratory tool with left upper extremity

Based on the Department of Labor definitions

### NEXT VISIT(S)

#### Visit Date and Time:

09/01/2023 09:30 AM

#### Visit Type:

Medical	Therapy	Specialist
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

#### Clinician:

Provider Locum

**Patient Notice:** It is essential to your recovery that you keep your scheduled appointments, but should you need to reschedule or cancel, please contact the clinic. Thank you for your cooperation.



7269 Rahway  
2 City Hall Plaza, Rahway Public Library, Suite 30  
Rahway, NJ, 07065  
(732) 381-3636

Patient: William R. Dickson DOB: 11/28/1957  
MRN: 255230650

Encounter Date: 08/30/2023

#### Discussion/Summary

Patient fell and landed on his left side. Denies any head injury  
X-ray of the cervical , thoracic, Left shoulder and chest X-ray wnl  
Perform and cold pack given today  
Currently on oxycodone for left knee pain . Continue oxycodone as prescribe by treating provider  
Start PT for left shoulder ,  
Patient to follow up in 2 days  
Advised to go to the ED if he start experiencing worsening ribs pain  
Chaperone was declined

A direct, interactive exchange with the patient occurred, regarding: case complexity, testing and treatment options  
failure to progress as anticipated potential barriers to recovery potential side effects of medication(s)

The risk/possibility of re-injury was discussed and the patient was instructed on ways to avoid re-injury including  
restrictions and job modifications.

The Risk and capacity of the patient's current work status, as well as the functional activities related to their job,  
and final work status.

Call to the employer to discuss work status, prognosis, and diagnosis.

A comprehensive discussion was held with the patient to review the diagnosis and overall treatment plan and  
objectives. The patient verbally acknowledged their understanding of all items discussed, and was afforded an  
opportunity to get clarification and/or ask additional questions regarding the proposed treatment(s). Patient was  
instructed to keep their scheduled appointments for follow-up and/or return to Concentra.

#### Assessment

1. Strain of neck muscle, initial encounter (S16.1XXA)

Patient: William R. Dickson

Encounter Date: 08/30/2023 9:03AM

MRN: 255230650

2. Thoracic myofascial strain (S29.019A)
3. Contusion of elbow, left (S50.02XA)
4. Contusion of rib on left side (S20.212A)
5. Strain of left shoulder (S46.912A)

#### Plan

1. Physical Therapy Referral Physical Therapy See Referral Comment! Done: 30Aug2023  
Ordered;For: Strain of left shoulder; Ordered By: Ovincy, Lucknie Performed: Due: 13Sep2023  
Laterality 1 : Left  
Body Part 1 : Shoulder(s)  
PT Necessary : PT is medically necessary to address objective impairment/functional loss and to expedite return to full activity  
Frequency : 3 x week  
Duration : 2 weeks  
Therapy Order : Evaluate and Treat
2. X-Ray, Left elbow; complete, minimum of 3 views; Done: 30Aug2023 11:39AM  
Performed:RAMSOFT; Due:06Sep2023;Ordered; For:Contusion of elbow, left; Ordered By:Ovincy, Lucknie;
3. X-Ray, Left shoulder; complete, minimum of 2 views; Done: 30Aug2023 11:43AM  
Performed:RAMSOFT; Due:06Sep2023;Ordered; For:Contusion of elbow, left; Ordered By:Ovincy, Lucknie;
4. X-Ray, ribs, left, incl posteroanterior chest, min of 3 views; Done: 30Aug2023 09:55AM  
Performed:RAMSOFT; Due:06Sep2023;Ordered; For:Contusion of elbow, left; Ordered By:Ovincy, Lucknie;
5. X-Ray, spine, cervical; 2 or 3 views; Done: 30Aug2023 11:40AM  
Performed:RAMSOFT; Due:06Sep2023;Ordered; For:Strain of neck muscle, initial encounter; Ordered By:Ovincy, Lucknie;
6. X-Ray, spine; thoracic, 3 views; Done: 30Aug2023 11:41AM  
Performed:RAMSOFT; Due:06Sep2023;Ordered; For:Thoracic myofascial strain; Ordered By:Ovincy, Lucknie;

NO MEDICATIONS WERE PRESCRIBED OR DISPENSED FOR THIS ENCOUNTER.

#### Activity Status and Restrictions

##### Treatment Status:

Returning for follow-up: 2 days

##### Activity Status

Return to modified work/activity today.

##### Work Duration

Patient may work their entire shift.

**Restrictions: KEY - Occasionally = up to 3 hrs/day, Frequently = up to 6 hrs/day, Constantly = up to 8 hours or greater per day**

May lift up to 5 lbs constantly

May push/pull up to 5 lbs constantly

May bend occasionally

May not drive company vehicle due to functional limitations - can't get into cab

Unable to use power/impact/vibratory tool with left upper extremity.

#### Reason For Visit

**Chief Complaint:** The patient presents today with left shoulder,elbow,neck pain,wrist after slip out and fell from truck. Self reported.

Workers Compensation - Patients Occupation: public department.

Chaperone was offered: Patient declined the presence of a chaperone

## Occupational History

### Occupational History

Occupational history was provided by the patient.

Type of job / Job title: public department

Major job functions: public department

Length of time at this job: 25 year(s).

Average daily work hours: 8. Average weekly work hours: 40.

Recent overtime: No

## History of Present Illness

### Acute Musculoskeletal:

**Acute Musculoskeletal Injury History:** injured today.

This is the result of a fall (Patient fell and landed on his left side. Denies any head injury).

Occurred while at work.

Complaint of neck pain. Symptoms are unchanged. The pain is located in the left posterior neck. The symptoms occur frequently. He described his pain as sharp in nature. Associated symptoms include decreased neck range of motion, neck stiffness and neck tenderness. Relieving Factors: not treated in any way.

Complaint of shoulder pain. Symptoms are unchanged. Pain is located in the left anterior shoulder. The symptoms occur constantly. William Dickson describes his pain as sharp in nature. The severity of the pain is moderate. Associated symptoms include decreased range of motion, instability and stiffness. Exacerbating factors include shoulder movement, shoulder rotation, arm elevation, overhead use and lifting. Relieving Factors: not treated in any way.

Complaint of chest wall/thorax pain. Symptoms are located in the left anterior chest, in the left lateral chest and in the left posterior chest. There is no radiation. The symptoms occur frequently. The patient describes the pain as sharp. The severity of the pain is moderate. **Exacerbating factors:** direct pressure, but not exacerbated by normal breathing and not exacerbated by deep breathing. Relieving Factors: not treated in any way.

Complaint of elbow pain. The elbow pain is improving. Symptoms are located in the left elbow. The symptoms occur intermittently. The patient describes the pain as dull. Exacerbating factors include direct pressure, gripping and lifting. Relieving Factors: not treated in any way.

Complaint of back pain. Symptoms are unchanged.

There is bilateral mid back pain. The symptoms occur frequently. He describes his pain as sharp in nature. The severity of the pain is moderate. Associated symptoms include back stiffness. Exacerbating factors include bending, lifting and standing. Relieving Factors: not treated in any way.

## Past Medical History

- History of Diabetes mellitus type II (E11.9)
- History of Hypertension (I10)

## Surgical History

- History of No pertinent past surgical history (Z78.9)

## Family History

- Family history of Medical history non-contributory

## Social History

- Never a smoker
- No alcohol use
- No drug use

### Current Meds

- Gabapentin CAPS
- Glimepiride TABS
- Losartan Potassium TABS
- Metoprolol Succinate ER TB24
- Plavix TABS

### Review of Systems

**Constitutional:** no fever.

**Eyes:** no eye pain.

**Cardiovascular:** no chest pain.

**Respiratory:** no shortness of breath.

**Gastrointestinal:** no abdominal pain.

**Musculoskeletal:** joint pain, muscle pain, neck pain, joint stiffness and night pain.

**Integumentary:** no rashes.

**Neurological:** no headache.

**Psychiatric:** no anxiety.

**Hematologic and Lymphatic:** doesn't bleed easily.

### Vitals

	Recorded: 30Aug2023 10:34AM
Systolic	155
Diastolic	92
BP Cuff Size	Large - Adult
Heart Rate	65
Respiration	15
Height	6 ft 3 in
Weight	235 lb
BMI Calculated	29.37 kg/m2
BSA Calculated	2.35

Abnormal vital signs were discussed with the patient.

Abnormal vital signs were repeated.

### Physical Exam

**Constitutional:** well appearing and well nourished. in no acute distress.

**Head/Face:** Normocephalic and atraumatic.

**Eyes:** conjunctiva and lids with no swelling, erythema or discharge. Pupils are equal, round, and reactive to light and cornea clear. Extraocular movements intact.

**ENT:** No erythema or edema of the external ears or nose.

**Pulmonary:** no increased work of breathing or signs of respiratory distress. all lung fields clear to auscultation bilaterally.

**Cardiovascular:** normal rate and rhythm, normal S1 and S2, without gallops or rubs. no murmur. Extremities are warm with no edema.

**Abdomen:** soft, non-distended, no masses, and no tenderness.

**Musculoskeletal:** Normal gait. No tenderness or swelling of extremities. Range of motion is within normal limits. Normal muscle strength and tone.

**Left Shoulder:** Appearance is normal. Tenderness in the anterior shoulder, in the lateral shoulder, in the

Patient: William R. Dickson

Encounter Date: 08/30/2023 9:03AM

MRN: 255230650

**superior shoulder and in the posterior shoulder. Limited range of motion in all planes with pain. Motor strength is normal on the left side. Flexion is 3/5 on the left side. Extension is 3/5 on the left side. Abduction is 3/5 on the left side. Adduction is 3/5 on the left side.**

Neurologic: Bilateral deep tendon reflexes are 2/4. Sensation is intact to light touch in all dermatomes. The muscles display no weakness. Vascular: The pulses are 2+/2+ bilaterally and capillary refill time is normal bilaterally. Rotator Cuff Test(s): **positive painful arc and positive Apley's scratch test.**

**Left Upper Arm:** Appearance is normal. There is no tenderness. **Restricted range of motion with pain.**

Neurologic: Sensation is intact to light touch in all dermatomes tested. The muscles tested display no weakness. No muscle atrophy is present. Vascular: The pulses are 2+/2+ bilaterally and capillary refill time is normal bilaterally.

**Left Elbow:** Appears with **ecchymosis**. Appearance is normal. Mild abrasion present. Full range of motion without pain. Motor strength is normal bilaterally. Motor tone is normal. Neurologic: Bilateral deep tendon reflexes are 2/4. Sensation is intact to light touch in all dermatomes. The muscles display no weakness. Vascular: The pulses are 2+/2+ bilaterally and capillary refill time is normal bilaterally.

Left chest examination revealed **tenderness located on the lateral chest, on the posterior chest. Left ribs: point tenderness over the eighth rib, over the ninth rib and over the tenth rib .**

**Cervical Spine:** Cervical Spine: Appearance is normal. No Tenderness. Palpation reveals **bilateral muscle spasms**. Full range of motion. Extension: **painful**.

**Thoracic Spine:** Appearance is normal. Tenderness in the **left paraspinal and in the left rhomboid muscle**. Palpates normal. Palpation reveals **left-sided muscle spasms**. Full range of motion. Left side bending **painful**. Left rotation **painful**. Extension **painless**. Motor strength normal.

**Lumbosacral Spine:** with normal lordosis, no tenderness and full ROM. Straight leg raises negative bilaterally.

**Skin:** Normal without rashes or lesions. Normal turgor.

**Neurologic:** cranial nerves grossly intact. upper and lower extremity reflexes symmetric bilaterally. Gait evaluation demonstrated a normal gait, full weight bearing, no ataxia, no shuffling.

**Psychiatric:** . oriented to person, place, and time. mood and affect are appropriate.

### Radiology

Cervical , thoracic , shoulder and chest X-ray

X-Ray Interpretation: No significant radiologic findings.

This is a preliminary radiology interpretation. The images were sent to a radiologist for final interpretation.

Preliminary radiology results were discussed with the patient.

### Signatures

Electronically signed by : Lucknie Ovincy, PA-C; Aug 30 2023 11:49AM EST - Author

Electronically signed by : Lucknie Ovincy, PA-C; Aug 30 2023 11:50AM EST - Author

Electronically signed by : Che Liu, M.D.; Aug 30 2023 3:32PM EST - Review