

State Fund Claim:  
Department of Labor and Industries  
PO Box 44291 Olympia WA 98504-4291  
Fax to claim file: 360-902-4567



Self-insured Claims: Contact the Self Insured Employer (SIE)/Third Party Administrator (TPA)  
For a list of SIE/TPAs, go to [www.lni.wa.gov/SelfInsured](http://www.lni.wa.gov/SelfInsured)

## Activity Prescription Form (APF)

Billing Code: 1073M (Guidance on back)

**Reminder:** Send chart notes and reports to L&I or SIE/TPA as required. Complete this form only when there are changes in medical status or capacities, or change in release for work status.

Worker's Name	Patient ID: 502-19-8955	Visit Date: 7/7/22	Claim Number: <u>BH85390</u>		
Healthcare Provider's Name (please print): <u>JENKIN, FLOR ELIA</u>	Date of Injury: 7/6/22	Diagnosis: <u>SACRUM Sprain (S33-6XXA)</u>			
<input type="checkbox"/> Worker is released to the job of injury (JOI) without restrictions (related to the work injury) as of (date): <u>7/6/22</u> <input checked="" type="checkbox"/> Selected, skip to Plans section below!					
<input checked="" type="checkbox"/> Worker may perform modified duty, if available, from (date): <u>7/6/22</u> to <u>7/22/22</u> (*estimated date) <input checked="" type="checkbox"/> Modified to modified duty, may work more than normal schedule					
<input type="checkbox"/> Worker may work limited hours: _____ hours/day from (date): <u>1</u> to <u>1</u> (*estimated date)					
<input type="checkbox"/> Worker is working modified duty or limited hours					
<input type="checkbox"/> Worker not released to any work from (date): <u>1</u> to <u>1</u> (*estimated date)					
<input type="checkbox"/> Poor prognosis for return to work at the job of injury at any date					
How long do the worker's current capacities apply (estimate)? <input type="checkbox"/> 1-10 days <input type="checkbox"/> 11-20 days <input type="checkbox"/> 21-30 days <input type="checkbox"/> 30+ days <input type="checkbox"/> permanent					
Capacities apply all day, every day of the week, at home as well as at work.					
Worker can: (Related to work injury) A blank space = Not restricted	Never	Seldom 1-10% 0-1 hour	Occasional 11-33% 1-3 hours	Frequent 34-66% 3-8 hours	Constant 67-100% (Not restricted)
Sit	<i>light duty around the clock</i>				
Stand / Walk	<i>stand / walk</i>				
Perform work from ladder	<i>avoid major or strenuous physical activity with low back load</i>				
Climb ladder	<i>1 avoid major or strenuous physical activity with low back load</i>				
Climb stairs	<i>2 avoid lifting, pushing, pulling over 20 pounds</i>				
Twist	<i>3 avoid lifting, pushing, pulling over 20 pounds</i>				
Bend / Stoop	<i>4 physical activity limited to gentle, slow, low back load</i>				
Squat / Kneel					
Crawl					
Reach Left, Right, Both					
Work above shoulders L, R, B	<i>carry light items from</i>				
Keyboard L, R, B					
Wrist (flexion/extension) L, R, B					
Grasp (forceful) L, R, B					
Fine manipulation L, R, B					
Operate foot controls L, R, B					
Vibratory tasks: high impact L, R, B					
Vibratory tasks: low impact L, R, B					
Lifting / Pushing	Never	Seldom	Occas	Frequent	Constant
Example	50 lbs	20 lbs	10 lbs	0 lbs	0 lbs
Lift L, R, B	lbs	lbs	lbs	lbs	lbs
Carry L, R, B	lbs	lbs	lbs	lbs	lbs
Push / Pull L, R, B	lbs	lbs	lbs	lbs	lbs
Worker progress: <input type="checkbox"/> As expected / better than expected <input type="checkbox"/> Slower than expected (address in chart notes)	<input type="checkbox"/> Next scheduled visit in _____ days _____ weeks or Date: _____				
Current rehab: <input type="checkbox"/> PT <input type="checkbox"/> OT <input type="checkbox"/> Home exercise <input type="checkbox"/> Other (e.g. Activity Coaching) _____	<input type="checkbox"/> Treatment concluded, Max. Medical Improvement (MMI) Any permanent partial impairment? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Possibly If you are qualified, please rate impairment for your patient <input type="checkbox"/> Will rate <input type="checkbox"/> Will refer <input type="checkbox"/> Request IME				
Surgeon: <input type="checkbox"/> Not indicated <input type="checkbox"/> Possible <input type="checkbox"/> Planned Date: <u>7/7/22</u> <input type="checkbox"/> Completed Date: <u>7/7/22</u>	<input type="checkbox"/> Care transferred to: _____ <input type="checkbox"/> Consultation needed with: _____ <input type="checkbox"/> Study pending: _____				
<input checked="" type="checkbox"/> Copy of APF given to worker Signature: _____	<input type="checkbox"/> Discussed three key messages on back of form with patient <i>Please see notes</i>				
<input checked="" type="checkbox"/> Doctor <input type="checkbox"/> ARNP <input type="checkbox"/> PNP <u>7/7/2022</u>	Date <u>7/7/2022</u> Phone <u>(360) 221 6900</u>				

(MR # 60010179633) DOB: 06/19/1990

Encounter Date: 07/12/2022

**MRN: 60010179633**

Amita Dhatrika V, MD

Progress Notes 

Encounter Date: 7/12/2022

Physician

Signed

Specialty: Occupational  
Medicine

KADLEC CLINIC OCCUPATIONAL MEDICINE  
 KENNEWICK  
 510 N COLORADO ST STE A  
 KENNEWICK WA 99336-5600  
 Phone: 509-942-6020  
 Fax: 509-567-6002

**Name:** [REDACTED]**Date of Injury:** 07/06/2022**DOB:** 6/19/1990**Claim #:** BH85390**Date of Visit:** 7/12/2022**Claim Manager:****Medical Record:** 60010179633**Primary Care Physician:** David C Livingston, DO**NEW PATIENT****OCCUPATIONAL INFORMATION**

Employer: Select Rehab

IW Job Title: physical therapist

Work Type: heavy manual worker

Work status: full-time

Duration of employment with current employer: almost 2 years

**DIAGNOSES**

ICD-10-CM ICD-9-CM

1. Strain of lumbar region, initial encounter	S39.012A	847.2
2. Bowel and bladder incontinence	R32 R15.9	788.30 787.60

**Follow Up Plan**

1. Sacrococcygeal pain along with bowel and bladder incontinence intermittently, with history of prior rectocele diagnosed at the age of 19.
2. Recommended ED evaluation with regards to the above red flags in the presence of low back pain.

**CHIEF COM PLAIN**

(MR # 60010179633) Printed by [15055855] at 7/13/2022 10:33 AM

Page 1 of 5

[REDACTED] (MR # 60010179633) DOB: 06/19/1990

Encounter Date: 07/12/2022

**Chief Complaint:**

Patient presents with:

- Workman's Comp  
*Right coccyx*

**HISTORY OF PRESENTING ILLNESS****Injured body part:** sacral and lower back pain. Urinary and bowel incontinence.**Primary complaint:** sacral pain and lower back pain**Hand dominance:** Right

[REDACTED] is a 32 y.o. female who presents with work related injury 07/06/2022. Patient stated that she works as a physical therapist at select rehab. The patient stated that she was diagnosed with rectocele at the age of 19 years. The patient stated that she was at work on the day of injury she was transferring a patient from her wheelchair. She stated that the right foot was unable to pivot and after the transfer she felt pain and discomfort in the sacrococcygeal region. The patient stated that she went to the urgent care and she was placed on light duty. When seen at Kadlec occupational medicine, the patient stated that the pain has improved but still has discomfort in the sacrococcygeal region. She stated pain of about 3/10 intense, radiates to the posterior right thigh, right hip, and behind the right leg. She stated that her main problem is now with urinary and bowel incontinence. She stated that she was diagnosed with rectocele at the age of 19 years, and she has noticed that she has prolapse and she has to push the contents back into the anal region. She has also noticed urinary urgency. The patient stated that she is having difficulty passing gas sometimes when she is passing urine. She stated that she needs to hold her pelvic region for support at the time of defecating or urinating and the fear of prolapse. The patient stated that there is a spot on the sacral region where she feels it is very cold and numb.

**Occupational History:**

Patient stated that she is a physical therapist and works for select rehabilitation.

**REVIEW OF SYSTEMS**

The following systems were reviewed. Check HPI for additional details.

**Review of Systems**

Constitutional: Negative.

HENT: Negative.

Respiratory: Negative.

Cardiovascular: Negative.

Gastrointestinal: Negative for blood in stool, nausea and vomiting.

Genitourinary: Positive for urgency.

Musculoskeletal: Positive for back pain.

Neurological: Positive for sensory change.

Psychiatric/Behavioral: Negative.

**ALLERGIES**

No Known Allergies

**PAST FAMILY MEDICAL SOCIAL HISTORY**

Patient's medications, allergies, past medical, surgical, social and family histories were reviewed and updated as appropriate.

**Medications:** Not pertinent to LNI injury

[REDACTED] (MR # 60010179633) DOB: 06/19/1990

Encounter Date: 07/12/2022

**Medical:** Not pertinent to LNI injury**Surgical:** Not pertinent to LNI injury**Family:** Not considered germane to LNI claim.**Social:** Not pertinent to LNI injury**PHYSICAL EXAM****VITAL SIGNS:** BP 112/80 | Pulse 78 | Resp 16 | Ht 1.651 m (5' 5") | Wt 73.9 kg (163 lb) | SpO<sub>2</sub> 96% | BMI 27.12 kg/m<sup>2</sup>**Physical Exam****Constitutional:**

Appearance: Normal appearance.

**HENT:**

Right Ear: Tympanic membrane normal.

Left Ear: Tympanic membrane normal.

**Eyes:**

Extraocular Movements: Extraocular movements intact.

Conjunctiva/sclera: Conjunctivae normal.

Pupils: Pupils are equal, round, and reactive to light.

**Cardiovascular:**

Rate and Rhythm: Normal rate and regular rhythm.

Pulses: Normal pulses.

Heart sounds: Normal heart sounds.

**Pulmonary:**

Effort: Pulmonary effort is normal.

Breath sounds: Normal breath sounds.

**Abdominal:**

Palpations: Abdomen is soft.

**Genitourinary:****Comments: The patient declined the need for a chaperone to be present during the examination.****Perianal examination-****Inspection-no external hemorrhoids visible. No visible rectocele.****Palpation-mildly decreased sphincter tone.****Vulvar examination-****Inspection-no visible urethrocele/vaginal prolapse seen.****Musculoskeletal:****Comments: Back****Inspection-no bruise, erythema****Palpation-right sacral tenderness to palpation present****Range of motion-decreased extension, flexion.****SLR positive right side.****5 x 5 muscle strength and tone x4 extremities.****Gait normal.****Neurological:**

General: No focal deficit present.

Mental Status: She is alert.

(MR # 60010179633) DOB: 06/19/1990

Encounter Date: 07/12/2022

**New Orders:**

No orders of the defined types were placed in this encounter.

**Procedures****LABS/ RADIOLOGY/ CONSULTS**

chart notes reviewed

**DIAGNOSIS****1. Strain of lumbar region, initial encounter**

2. Bowel and bladder incontinence

ICD-10-CM ICD-9-CM

S39.012A 847.2

R32 788.30

R15.9 787.60

**PATIENT PROGRESS & REHABILITATION****General Progress:** Progress towards functional goals is gradual**APF:** May not return to work**Restrictions include:** As per ED evaluation.**ASSESSMENT:**

The patient is a 32-year-old female with sacral pain with numbness and temperature change in the sacral region, with urinary incontinence with heaviness and aggravation of bowel incontinence and rectocele.

**PLAN:**

1. Sacrococcygeal pain along with bowel and bladder incontinence intermittently, with history of prior rectocele diagnosed at the age of 19.
2. Recommended ED evaluation with regards to the above red flags in the presence of low back pain.

**RESTRICTIONS TO RECOVERY****Duration of work restrictions:** temporary**Anticipated return to full duty:** unknown at this time**Pre-existing or concurrent conditions that may delay recovery:** have not been identified**Need for return-to-work assistance?** Undecided**COMMUNICATIONS AND FORMS:**

- APF completed

**CONTACT****Name/ Position/ Phone number:** Susan Jenks No phone number listed.

Employer/supervisor is not notified of the injured worker. Discussed injury including date of injury, diagnosis, work restrictions, availability of modified duty and treatment plan.

Length of call: 0 minutes.

**PATIENT PRINTED INSTRUCTIONS**

No notes on file

No follow-ups on file.

[REDACTED] (MR # 60010179633) DOB: 06/19/1990

Encounter Date: 07/12/2022

**Time Based:** Visit was 45 minutes, with over 50% of the time spent counseling the patient regarding work disposition, diagnosis, work relatedness, education, coordination of care, and treatment options for the above diagnosis.

Portions of this report were transcribed using voice recognition software. Every effort was made to ensure accuracy; however, inadvertent wrong-word "sound-alike" substitutions may have occurred due to the inherent limitations of voice recognition software.

Electronically signed by: Amita V Dhatrika, MD, 7/12/2022 5:12 PM PDT

Electronically Signed by Amita Dhatrika V, MD on 07/12/22 1722

Office Visit on 7/12/2022

Note shared with patient

#### **Additional Documentation**

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Vitals: BP 112/80  
Pulse 78  
Resp 16  
Ht 1.651 m (5' 5")  
Wt 73.9 kg (163 lb)  
SpO2 96%  
BMI 27.12 kg/m<sup>2</sup>  
BSA 1.84 m<sup>2</sup>  
Pain Sc 3 (Loc: Buttocks)

Flowsheets: Vitals,  
ED qSOFA Calculation,  
Anthropometrics,  
Vital Signs

#### **Linked Episodes**

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right coccyx Noted 7/6/2022

#### **Orders Placed**

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None

#### **Medication Changes** As of 7/12/2022 9:40 AM

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None

#### **Visit Diagnoses**

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Primary: **Strain of lumbar region, initial encounter S39.012A**  
Bowel and bladder incontinence R32, R15.9

## State Fund Claim:

Department of Labor and Industries  
PO Box 44291 Olympia WA 98504-4291  
Fax to claim file: 360-902-4567

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## Activity Prescription Form (APF)

Billing Code: 1073M (Guidance on back)

**Reminder:** Send chart notes and reports to L&I or SIE/TPA as required. Complete this form only when there are changes in medical status or capacities, or change in release for work status.

<b>General Info</b>	Worker Name: _____	Patient ID: _____	Visit Date: <u>7/12/22</u>	Claim Number: <u>DH85390</u>		
	Healthcare Provider's Name (please print): <b>Amita Dhatnka MD MSPT</b>	Date of injury: <u>7/6/22</u>	Diagnosis: Low Back Strain Ventral Insufficiency, Bell's Incontinence			
<b>Required: Work status</b>	Worker is released to the job of injury (JOI) without restrictions (related to the work injury) as of (date): <u>7/6/22</u> (If selected, skip to "Plans" section below)					
	Worker may perform modified duty, if available, from (date): <u>7/6/22</u> to <u>7/12/22</u> (*estimated date)					
	<input type="checkbox"/> If released to modified duty, may work more than normal schedule Worker may work limited hours: _____ hours/day from (date): <u>7/6/22</u> to <u>7/12/22</u> (*estimated date)					
	Worker is working modified duty or limited hours _____					
	Worker not released to any work from (date): <u>7/6/22</u> to <u>7/12/22</u> (*estimated date)					
Poor prognosis for return to work at the job of injury at any date						
How long do the worker's current capacities apply (estimate)? 1-10 days    11-20 days    21-30 days    30+ days permanent						
Capacities apply all day, every day of the week, at home as well as at work.						
<b>Required: Estimate what the worker can do at work and at home unless released to JOI</b>	Worker can (Related to work injury) A blank space = Not restricted	Never	Seldom 1-10% 0-1 hour	Occasional 11-33% 1-3 hours	Frequent 34-66% 3-8 hours	Constant 67-100% (Not calculated)
	Sit					
	Stand / Walk					
	Perform work from ladder					
	Climb ladder					
	Climb stairs					
	Twist					
	Bend / Stoop					
	Squat / Kneel					
	Crawl					
	Reach Left, Right, Both					
	Work above shoulders L, R, B					
	Keyboard L, R, B					
	Wrist (flexion/extension) L, R, B					
	Grasp (forceful) L, R, B					
	Fine manipulation L, R, B					
	Operate tool controls L, R, B					
	Vibratory tasks, high impact L, R, B					
Vibratory tasks, low impact L, R, B						
Lifting / Pushing	Never	Seldom	Occas	Frequent	Constant	
Example	50 lbs	20 lbs	10 lbs	0 lbs	0 lbs	
Lift	L, R, B	lbs	lbs	lbs	lbs	
Carry	L, R, B	lbs	lbs	lbs	lbs	
Push / Pull	L, R, B	lbs	lbs	lbs	lbs	
Worker progress:	As expected / better than expected					
Slower than expected (address in chart notes)						
Current rehab:	PT	OT	Home exercise			
Other (e.g. Activity Counseling)						
Surgery:	Not indicated	Possible				
Planned	Date: _____					
Completed	Date: _____					
Copy of APF given to worker	Discussed three key messages on back of form with patient					
Red Sign	07/12/2022 (509) 942-6020					
Signature: _____ Doctor ARNP PA-C	Phone: _____					

(MR # 60010179633) DOB: 06/19/1990

Encounter Date: 07/12/2022

**Progress Notes by Amita Dhatrika V, MD at 07/12/22 0920**

Author: Amita Dhatrika V, MD      Service: —  
Filed: 07/12/22 1722      Status: Signed  
Editor: Amita Dhatrika V, MD (Physician)

Author Type: Physician



KADLEC CLINIC OCCUPATIONAL MEDICINE  
KENNEWICK  
510 N COLORADO ST STE A  
KENNEWICK WA 99336-5600  
Phone: 509-942-6020  
Fax: 509-567-6002

Name: [REDACTED]  
DOB: 6/19/1990  
Date of Visit: 7/12/2022  
Medical Record: 60010179633

Date of Injury: 07/06/2022  
Claim #: BH85390  
Claim Manager:  
Primary Care Physician: David C Livingston, DO

**NEW PATIENT****OCCUPATIONAL INFORMATION**

Employer: Select Rehab  
IW Job Title: physical therapist  
Work Type: heavy manual worker  
Work status: full-time  
Duration of employment with current employer: almost 2 years

**DIAGNOSIS**

	ICD-10	ICD-9-CM
CM		
1. Strain of lumbar region, initial encounter	S39.012A	847.2
2. Bowel and bladder incontinence	R32	788.30
	R15.9	787.60

**Follow Up Plan**

1. Sacrococcygeal pain along with bowel and bladder incontinence intermittently, with history of prior rectocele diagnosed at the age of 19.
2. Recommended ED evaluation with regards to the above red flags in the presence of low back pain.

**CHIEF COMPLAINT**

(MR # 60010179633) DOB: 06/19/1990 Encounter Date: 07/12/2022

**Chief Complaint**

Patient presents with:

- Workman's Comp  
*Right coccyx*

**HISTORY OF PRESENTING ILLNESS****Injured body part:** sacral and lower back pain. Urinary and bowel incontinence.**Primary complaint:** sacral pain and lower back pain**Hand dominance:** Right

[REDACTED] is a 32 y.o. female who presents with work related injury 07/06/2022. Patient stated that she works as a physical therapist at select rehab. The patient stated that she was diagnosed with rectocele at the age of 19 years. The patient stated that she was at work on the day of injury she was transferring a patient from her wheelchair. She stated that the right foot was unable to pivot and after the transfer she felt pain and discomfort in the sacrococcygeal region. The patient stated that she went to the urgent care and she was placed on light duty.

When seen at Kadlec occupational medicine, the patient stated that the pain has improved but still has discomfort in the sacrococcygeal region. She stated pain of about 3/10 intense, radiates to the posterior right thigh, right hip, and behind the right leg. She stated that her main problem is now with urinary and bowel incontinence. She stated that she was diagnosed with rectocele at the age of 19 years, and she has noticed that she has prolapse and she has to push the contents back into the anal region. She has also noticed urinary urgency. The patient stated that she is having difficulty passing gas sometimes when she is passing urine. She stated that she needs to hold her pelvic region for support at the time of defecating or urinating and the fear of prolapse. The patient stated that there is a spot on the sacral region where she feels it is very cold and numb.

**Occupational History:**

Patient stated that she is a physical therapist and works for select rehabilitation.

**REVIEW OF SYSTEMS**

The following systems were reviewed. Check HPI for additional details.

**Review of Systems****Constitutional:** Negative.**HENT:** Negative.**Respiratory:** Negative.**Cardiovascular:** Negative.**Gastrointestinal:** Negative for blood in stool, nausea and vomiting.**Genitourinary:** Positive for urgency.**Musculoskeletal:** Positive for back pain.**Neurological:** Positive for sensory change.**Psychiatric/Behavioral:** Negative.**ALLERGIES**

No Known Allergies

**PAST FAMILY MEDICAL SOCIAL HISTORY**

(MR # 60010179633) DOB: 06/19/1990 Encounter Date: 07/12/2022

Patient's medications, allergies, past medical, surgical, social and family histories were reviewed and updated as appropriate.

**Medications:** Not pertinent to LNI injury

**Medical:** Not pertinent to LNI injury

**Surgical:** Not pertinent to LNI injury

**Family:** Not considered germaine to LNI claim.

**Social:** Not pertinent to LNI injury

#### **PHYSICAL EXAM**

**VITAL SIGNS:** BP 112/80 | Pulse 78 | Resp 16 | Ht 1.651 m (5' 5") | Wt 73.9 kg (163 lb) | SpO2 96% | BMI 27.12 kg/m<sup>2</sup>

#### **Physical Exam**

##### Constitutional:

Appearance: Normal appearance.

##### HENT:

Right Ear: Tympanic membrane normal.

Left Ear: Tympanic membrane normal.

##### Eyes:

Extraocular Movements: Extraocular movements intact.

Conjunctiva/sclera: Conjunctivae normal.

Pupils: Pupils are equal, round, and reactive to light.

##### Cardiovascular:

Rate and Rhythm: Normal rate and regular rhythm.

Pulses: Normal pulses.

Heart sounds: Normal heart sounds.

##### Pulmonary:

Effort: Pulmonary effort is normal.

Breath sounds: Normal breath sounds.

##### Abdominal:

Palpations: Abdomen is soft.

##### Genitourinary:

Comments: The patient declined the need for a chaperone to be present during the examination.

##### Perianal examination-

**Inspection-no external hemorrhoids visible. No visible rectocele.**

**Palpation-mildly decreased sphincter tone.**

##### Vulvar examination-

**Inspection-no visible urethrocele/vaginal prolapse seen.**

##### Musculoskeletal:

Comments: Back

**Inspection-no bruise, erythema**

**Palpation-right sacral tenderness to palpation present**

**Range of motion-decreased extension, flexion.**

**SLR positive right side.**

**5 x 5 muscle strength and tone x4 extremities.**

**Gait normal.**

Neurological:

(MR # 60010179633) DOB: 06/19/1990

Encounter Date: 07/12/2022

General: No focal deficit present.  
Mental Status: She is alert.

**New Orders:**

No orders of the defined types were placed in this encounter.

**Procedures****LABS/RADIOLOGY/CONSULTS**

chart notes reviewed

**DIAGNOSIS**

	ICD-10	ICD-9-CM
1. Strain of lumbar region, initial encounter	S39.012A	847.2
2. Bowel and bladder incontinence	R32	788.30
	R15.9	787.60

**PATIENT PROGRESS & REHABILITATION****General Progress:** Progress towards functional goals is gradual**APF:** May not return to work**Restrictions include:** As per ED evaluation.**ASSESSMENT:**

The patient is a 32-year-old female with sacral pain with numbness and temperature change in the sacral region, with urinary incontinence with heaviness and aggravation of bowel incontinence and rectocele.

**PLAN:**

1. Sacrococcygeal pain along with bowel and bladder incontinence intermittently, with history of prior rectocele diagnosed at the age of 19.
2. Recommended ED evaluation with regards to the above red flags in the presence of low back pain.

**RESTRICTIONS TO RECOVERY****Duration of work restrictions:** temporary**Anticipated return to full duty:** unknown at this time**Pre-existing or concurrent conditions that may delay recovery:** have not been identified**Need for return-to-work assistance?** Undecided**COMMUNICATIONS AND FORMS:**

- APF completed

**CONTACT****Name/Position/Phone number:** Susan Jenks No phone number listed.

[REDACTED] (MR # 60010179633) DOB: 06/19/1990

Encounter Date: 07/12/2022

Employer/supervisor is not notified of the injured worker. Discussed injury including date of injury, diagnosis, work restrictions, availability of modified duty and treatment plan.  
Length of call: 0 minutes.

**PATIENT PRINTED INSTRUCTIONS**

No notes on file  
No follow-ups on file.

**Time Based:** Visit was 45 minutes, with over 50% of the time spent counseling the patient regarding work disposition, diagnosis, work relatedness, education, coordination of care, and treatment options for the above diagnosis.

Portions of this report were transcribed using voice recognition software. Every effort was made to ensure accuracy; however, inadvertent wrong-word "sound-alike" substitutions may have occurred due to the inherent limitations of voice recognition software.

Electronically signed by: Amita V Dhatrika, MD, 7/12/2022 5:12 PM PDT

08/18/22 15:24:20 Fax Server

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LNU TAC114 Nuvodia

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DOCUMENT ID: [REDACTED]

Richland, WA 99352

KRMCMR-1

**Finalized**

**PATIENT:** [REDACTED]  
**EXAM DATE:** Jul 12, 2022, 10:20 PM  
**REFERRING:** SHAW, TYLER J PAC  
 821 SWIFT BLVD  
 RICHLAND, WA 98352

**INSURANCE POLICY #:** BH85390  
**PATIENT PHONE:** [REDACTED]  
**PATIENT CLASS:** Emergency

[REDACTED] Radiology Diagnostic Medical Center

MRI LUMBAR SPINE WITHOUT CONTRAST; MRI SACRUM WITHOUT CONTRAST

**MRN:**  
60010179633  
**ACCESSION:**  
28658281PHS

**CLINICAL INFORMATION:**  
 Low back pain, cauda equina syndrome suspected; Low back injury and numbness around anus and incontinence

**DOB:**  
Jun 19, 1990  
**AGE:**  
32  
**DICTATED BY:**  
HILTON, JACE DANIEL  
D.O.  
**FINALIZED DATE:**  
Jul 12, 2022, 10:39 PM

**COMPARISON:**  
None

**PROCEDURE:**  
 MRI Lumbar Spine: Sagittal T2, axial T2, sagittal T1, axial T1, sagittal STIR.

MRI Sacrum: Sagittal T1, axial oblique T1 and STIR, and coronal oblique T1 and STIR images were performed through the sacrum.

**FINDINGS:**

MRI Lumbar Spine:  
 Alignment: Normal.

Vertebrae and vertebral marrow signal: Normal.

Conus and imaged portions of the caudal cord: Conus medullaris is normal in signal caliber terminating L1. The nerve roots of the cauda equina are normal.

Lumbar disc levels: Intervertebral disc space heights are maintained.

T12-L1: No spinal canal or neural foraminal stenosis.

L1-2: No spinal canal or neural foraminal stenosis.

L2-3: No spinal canal or neural foraminal stenosis.

L3-4: No spinal canal or neural foraminal stenosis.

L4-5: Mild disc bulge and mild facet degenerative changes without significant spinal canal stenosis. No significant neural foraminal stenosis.

L5-S1: No significant spinal canal or neural foraminal stenosis.

Paraspinal musculature and paravertebral soft tissues: Normal.

**MRI Sacrum:**

Marrow signal: Trace bilateral subchondral marrow edema at the inferior sacroiliac joints which is best visualized on the coronal STIR images.

08/18/22 15:24:43 Fax Server

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LNUITAC114 Nuvodia

Page 200

normal.

Sacral central canal and neural foramina: Normal.

Soft tissues: Normal.

**IMPRESSION:**

1. No significant spinal canal or neural foraminal stenosis within the lumbar spine or sacrum.
2. Mild degenerative changes involving of the bilateral sacroiliac joints.

Final Report Signed by: Jace Hilton, D.O.

Inland Imaging, PS

Sign Date/Time: 07/12/2022 10:39 PM PDT

08/18/22 21:51:17 Fax Server

→

LNU1AC114 Nuvodia

Page 050



[REDACTED]

Richland, WA 99352

KRMCMR-1

**Finalized**

PATIENT: [REDACTED]  
 EXAM DATE: Jul 12, 2022, 10:20 PM  
 REFERRING: SHAW, TYLER J PAC  
 821 SWIFT BLVD  
 RICHLAND, WA 98352

INSURANCE  
 POLICY #: BH85390  
 PATIENT PHONE: [REDACTED]  
 PATIENT CLASS: Emergency

**Kadlec Regional Medical Center**

MRI LUMBAR SPINE WITHOUT CONTRAST; MRI SACRUM WITHOUT CONTRAST

CLINICAL INFORMATION:  
 Low back pain, cauda equina syndrome suspected; Low back injury and numbness around anus and incontinence

COMPARISON:  
 None

PROCEDURE:  
 MRI Lumbar Spine: Sagittal T2, axial T2, sagittal T1, axial T1, sagittal STIR.

MRI Sacrum: Sagittal T1, axial oblique T1 and STIR, and coronal oblique T1 and STIR images were performed through the sacrum.

FINDINGS:  
 MRI Lumbar Spine:  
 Alignment: Normal.

Vertebrae and vertebral marrow signal: Normal.

Conus and imaged portions of the caudal cord: Conus medullaris is normal in signal caliber terminating L1. The nerve roots of the cauda equina are normal.

Lumbar disc levels: Intervertebral disc space heights are maintained.

T12-L1: No spinal canal or neural foraminal stenosis.

L1-2: No spinal canal or neural foraminal stenosis.

L2-3: No spinal canal or neural foraminal stenosis.

L3-4: No spinal canal or neural foraminal stenosis.

L4-5: Mild disc bulge and mild facet degenerative changes without significant spinal canal stenosis. No significant neural foraminal stenosis.

L5-S1: No significant spinal canal or neural foraminal stenosis.

Paraspinal musculature and paravertebral soft tissues: Normal.

**MRI Sacrum:**  
 Marrow signal: Trace bilateral subchondral marrow edema at the inferior sacroiliac joints which is best visualized on the coronal STIR images.

MRN:  
 60010179633  
 ACCESSION:  
 28658281PHS  
 DOB:  
 Jun 19, 1990  
 AGE:  
 32  
 DICTATED BY:  
 HILTON, JACE DANIEL  
 D.O.  
 FINALIZED DATE:  
 Jul 12, 2022, 10:39 PM

08/18/22 21:51:41 Fax Server

->

LNITAC114 Nuvodia

Page 051

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Sacral central canal and neural foramina: Normal.

Soft tissues: Normal.

**IMPRESSION:**

1. No significant spinal canal or neural foraminal stenosis within the lumbar spine or sacrum.
2. Mild degenerative changes involving of the bilateral sacroiliac joints.

Final Report Signed by: Jace Hilton, D.O.

Inland Imaging, PS

Sign Date/Time: 07/12/2022 10:39 PM PDT

(MR # 60010179633) DOB: 06/19/1990

Encounter Date: 07/15/2022

**MRN: 60010179633**

Amita Dhatrika V, MD

Progress Notes 

Encounter Date: 7/15/2022

Physician

Signed

Specialty: Occupational  
Medicine

KADLEC CLINIC OCCUPATIONAL MEDICINE

KENNEWICK

510 N COLORADO ST STE A

KENNEWICK WA 99336-5600

Phone: 509-942-6020

Fax: 509-567-6002

**Name:** [REDACTED]**Date of Injury:** 07/06/2022**DOB:** 6/19/1990**Claim #:** BH85390**Date of Visit:** 7/15/2022**Claim Manager:****Medical Record:** 60010179633**Primary Care Physician:** David C Livingston, DO**FOLLOW UP PATIENT****OCCUPATIONAL INFORMATION**

Employer: Select Rehab

IW Job Title: physical therapist

Work Type: heavy manual worker

Work status: full-time

Duration of employment with current employer: almost 2 years

**DIAGNOSES**

		ICD-10-CM	ICD-9-CM	
1.	Strain of lumbar region, subsequent encounter	S39.012D	V58.89	Ambulatory Referral to Kadlec Neurosurgery and Orthopedic Spine (Multi-Location)  847.2 CANCELED: Ambulatory Referral to Kadlec Neurosurgery and Orthopedic Spine (Multi-Location)
2.	Bowel and bladder incontinence	R32 R15.9	788.30 787.60	AMB Referral to General Surgery Ambulatory Referral to Kadlec Neurosurgery and Orthopedic Spine (Multi-Location) Ambulatory referral to Urology CANCELED: Ambulatory referral to Urology

(MR # 60010179633) DOB: 06/19/1990

Encounter Date: 07/15/2022

CANCELED: AMB Referral to General  
Surgery  
CANCELED: Ambulatory Referral to  
Kadlec Neurosurgery and Orthopedic  
Spine (Multi-Location)

3. Sacroiliac strain, subsequent encounter S39.012D V58.89  
846.9

### Follow Up Plan

1. Tylenol/ibuprofen as directed for pain control.
  2. Imaging-  
MRI of sacrum and lumbar spine have been discussed with the patient today.
  3. Consults-  
General surgery-Re: Back pain with history of rectocele, with new onset prolapse, with urinary and bowel incontinence  
Urology-Re: Urinary incontinence with back pain/injury  
Orthopedic spine neurosurgery regarding-back pain with urinary and bowel incontinence.  
Follow-up recommendations at subsequent visits.
  4. Physical therapy-held until about consult recommendations have been obtained.
  5. APF has been provided to the patient.
  6. Follow-up with Kadlec occupational medicine in 2 weeks.
  7. ED for any emergency worsening symptoms.
  8. The patient has expressed understanding of her current clinical condition and has no further questions for me.

**CHIEF COMPLAINT**

### Child Complaint

#### Patient presentation

- Workman's Comp  
*Right coccyx*

## HISTORY OF PRESENTING ILLNESS

**Injured body part:** sacral and lower back pain. Urinary and bowel incontinence.

**Primary complaint:** sacral pain and lower back pain

**Hand dominance:** Right

[REDACTED] is a 32 y.o. female who presents with work related injury 07/06/2022.

When seen at Kadlec occupational medicine, the patient stated that the pain has improved but still has discomfort in the sacrococcygeal region. She stated pain of about 3/10 intense, radiates to the posterior right thigh, right hip, and behind the right leg. She stated that her main problem is now with urinary and bowel incontinence. She stated that she was diagnosed with rectocele at the age of 19 years, and she has noticed that she has prolapse and she has to push the

(MR # 60010179633) Printed by [15058081] at 7/15/2022 4:22 PM

[REDACTED] (MR # 60010179633) DOB: 06/19/1990

Encounter Date: 07/15/2022

contents back into the anal region. She has also noticed urinary urgency. The patient stated that she is having difficulty passing gas sometimes when she is passing urine. She stated that she needs to hold her pelvic region for support at the time of defecating or urinating and the fear of prolapse. The patient stated that there is a spot on the sacral region where she feels it is very cold and numb.

The patient also stated that she has difficulty sitting or squatting. Patient is nervous about lifting weights. The patient has been provided with an APF today to reflect restrictions.

**Occupational History:**

Patient stated that she is a physical therapist and works for select rehabilitation.

Patient stated that she works as a physical therapist at select rehab. The patient stated that she was diagnosed with rectocele at the age of 19 years. The patient stated that she was at work on the day of injury she was transferring a patient from her wheelchair. She stated that the right foot was unable to pivot and after the transfer she felt pain and discomfort in the sacrococcygeal region. The patient stated that she went to the urgent care and she was placed on light duty.

**REVIEW OF SYSTEMS**

The following systems were reviewed. Check HPI for additional details.

**Review of Systems**

**Constitutional:** Negative.

**HENT:** Negative.

**Respiratory:** Negative.

**Cardiovascular:** Negative.

**Gastrointestinal:** Negative for blood in stool, nausea and vomiting.

**Genitourinary:** Positive for urgency.

**Musculoskeletal:** Positive for back pain.

**Neurological:** Positive for sensory change.

**Psychiatric/Behavioral:** Negative.

**ALLERGIES**

No Known Allergies

**PAST FAMILY MEDICAL/SOCIAL HISTORY**

Patient's medications, allergies, past medical, surgical, social and family histories were reviewed and updated as appropriate.

**Medications:** Not pertinent to LNI injury

**Medical:** Not pertinent to LNI injury

**Surgical:** Not pertinent to LNI injury

**Family:** Not considered germane to LNI claim.

**Social:** Not pertinent to LNI injury

**PHYSICAL EXAM**

**VITAL SIGNS:** BP 126/74 | Pulse 81 | Resp 16 | Ht 1.651 m (5' 5") | Wt 73 kg (161 lb) | SpO2 97% | BMI 26.79 kg/m<sup>2</sup>

**Physical Exam****Constitutional:**

Appearance: Normal appearance.

**Abdominal:**

Palpations: Abdomen is soft.

**Genitourinary:**

Comments: The patient declined the need for a chaperone to be present during the

[REDACTED] (MR # 60010179633) DOB: 06/19/1990

Encounter Date: 07/15/2022

**examination.****Perianal examination-****Inspection-no external hemorrhoids visible. No visible rectocele.****Palpation-mildly decreased sphincter tone.****Vulvar examination-****Inspection-no visible urethrocele/vaginal prolapse seen.****Musculoskeletal:**

Comments: Back

**Inspection-no bruise, erythema****Palpation-right sacral tenderness to palpation present****Range of motion-decreased extension, flexion.****SLR positive right side.****5 x 5 muscle strength and tone x4 extremities.****Gait normal.****Neurological:**

General: No focal deficit present.

Mental Status: She is alert.

**New Orders:**

Orders Placed This Encounter

## Procedures

- AMB Referral to General Surgery
- Ambulatory Referral to Kadlec Neurosurgery and Orthopedic Spine (Multi-Location)
- Ambulatory referral to Urology

## Procedures

## LABS/ RADIOLOGY/ CONSULTS

chart notes reviewed

I have reviewed ED notes from 07/12/2022.

**MRI LUMBAR SPINE WITHOUT CONTRAST; MRI SACRUM WITHOUT CONTRAST**

## FINDINGS:

**MRI Lumbar Spine:**

Alignment: Normal.

Vertebrae and vertebral marrow signal: Normal.

Conus and imaged portions of the caudal cord: Conus medullaris is normal in signal caliber terminating L1. The nerve roots of the cauda equina are normal.

Lumbar disc levels: Intervertebral disc space heights are maintained.

T12-L1: No spinal canal or neural foraminal stenosis.

L1-2: No spinal canal or neural foraminal stenosis.

L2-3: No spinal canal or neural foraminal stenosis.

L3-4: No spinal canal or neural foraminal stenosis.

L4-5: Mild disc bulge and mild facet degenerative changes without significant spinal canal stenosis. No significant neural foraminal

[REDACTED] (MR # 60010179633) DOB: 06/19/1990

**stenosis.**

L5-S1: No significant spinal canal or neural foraminal stenosis.

Paraspinal musculature and paravertebral soft tissues: Normal.

**MRI Sacrum:**

Marrow signal: Trace bilateral subchondral marrow edema at the inferior sacroiliac joints which is best visualized on the coronal STIR images.

Sacroiliac joints: Trace subchondral marrow edema as above. Otherwise normal.

Sacral central canal and neural foramina: Normal.

Soft tissues: Normal.

**Impression**

1. No significant spinal canal or neural foraminal stenosis within the lumbar spine or sacrum.

2. Mild degenerative changes involving of the bilateral sacroiliac joints.

Final Report Signed by: Jace Hilton, D.O.

Inland Imaging, PS

Sign Date/Time: 07/12/2022 10:39 PM PDT

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I have also discussed the other findings on the MRI with the patient as below:

Marrow signal: Trace bilateral subchondral marrow edema at the inferior sacroiliac joints which is best visualized on the coronal STIR images.

L4-5: Mild disc bulge and mild facet degenerative changes without significant spinal canal stenosis. No significant neural foraminal stenosis.

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**DIAGNOSIS**

		ICD-10-CM	ICD-9-CM
1.	<b>Strain of lumbar region, subsequent encounter</b>	S39.012D	V58.89 847.2
2.	Bowel and bladder incontinence	R32	788.30
3.	Sacroiliac strain, subsequent encounter	R15.9	787.60
		S39.012D	V58.89 846.9

**PATIENT PROGRESS & REHABILITATION**

**General Progress:** Progress towards functional goals is gradual

**APF:** May not return to work

**Restrictions include:** As per ED evaluation.

**ASSESSMENT:**

The patient is a 32-year-old female with sacral pain with numbness and temperature change in the sacral region, with urinary incontinence with heaviness and aggravation of bowel incontinence and rectocele.

**PLAN:**

[REDACTED] (MR # 60010179633) Printed by [15058081] at 7/15/2022 4:22 PM

[REDACTED] (MR # 60010179633) DOB: 06/19/1990

Encounter Date: 07/15/2022

1. Tylenol/ibuprofen as directed for pain control.
2. Imaging-

MRI of sacrum and lumbar spine have been discussed with the patient today.

3. Consults-

General surgery-Re: Back pain with history of rectocele, with new onset prolapse, with urinary and bowel incontinence

Urology-Re: Urinary incontinence with back pain/injury

Orthopedic spine neurosurgery regarding-back pain with urinary and bowel incontinence.

Follow-up recommendations at subsequent visits.

4. Physical therapy-held until about consult recommendations have been obtained.
5. APF has been provided to the patient.
6. Follow-up with Kadlec occupational medicine in 2 weeks.
7. ED for any emergency worsening symptoms.
8. The patient has expressed understanding of her current clinical condition and has no further questions for me.

#### RESTRICTIONS TO RECOVERY

**Duration of work restrictions:** temporary

**Anticipated return to full duty:** unknown at this time

**Pre-existing or concurrent conditions that may delay recovery:** have not been identified

**Need for return-to-work assistance?** Undecided

#### COMMUNICATIONS AND FORMS:

- APF completed

#### CONTACT

**Name/Position/Phone number:** Susan Jenks No phone number listed.

Employer/supervisor is not notified of the injured worker. Discussed injury including date of injury, diagnosis, work restrictions, availability of modified duty and treatment plan.

Length of call: 0 minutes.

#### PATIENT PRINTED INSTRUCTIONS

No notes on file

Return in about 2 weeks (around 7/29/2022).

**Time Based:** Visit was 45 minutes, with over 50% of the time spent counseling the patient regarding work disposition, diagnosis, work relatedness, education, coordination of care, and treatment options for the above diagnosis.

Portions of this report were transcribed using voice recognition software. Every effort was made to ensure accuracy; however, inadvertent wrong-word "sound-alike" substitutions may have occurred due to the inherent limitations of voice recognition software.

Electronically signed by: Amita V Dhatrika, MD, 7/15/2022 12:57 PM PDT

[REDACTED] (MR # 60010179633) DOB: 06/19/1990

Encounter Date: 07/15/2022

Electronically Signed by Amita Dhatrika V, MD on 07/15/22 1308

Office Visit on 7/15/2022

Note shared with patient

#### **Additional Documentation**

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Vitals: BP 126/74  
Pulse 81  
Resp 16  
Ht 1.651 m (5' 5")  
Wt 73 kg (161 lb)  
SpO2 97%  
BMI 26.79 kg/m<sup>2</sup>  
BSA 1.83 m<sup>2</sup>  
Pain Sc 3 (Loc: Buttocks)

Flowsheets: Vitals,  
ED qSOFA Calculation,  
Anthropometrics,  
Vital Signs

#### **Linked Episodes**

---

right coccyx Noted 7/6/2022

#### **Orders Placed**

---

AMB Referral to General Surgery Pending Review  
Ambulatory Referral to Kadlec Neurosurgery and Orthopedic Spine (Multi-Location) Pending Review  
Ambulatory referral to Urology Pending Review

#### **Medication Changes As of 7/15/2022 12:11 PM**

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None

#### **Visit Diagnoses**

---

Primary: **Strain of lumbar region, subsequent encounter S39.012D**  
Bowel and bladder incontinence R32, R15.9  
Sacroiliac strain, subsequent encounter S39.012D

(MR # 60010179633) DOB: 06/19/1990

Encounter Date: 07/15/2022

**MRN: 60010179633**

Amita Dhatrika V, MD

Progress Notes 

Encounter Date: 7/15/2022

Physician

Signed

Specialty: Occupational  
Medicine

KADLEC CLINIC OCCUPATIONAL MEDICINE

KENNEWICK

510 N COLORADO ST STE A

KENNEWICK WA 99336-5600

Phone: 509-942-6020

Fax: 509-567-6002

**Name:** [REDACTED]**Date of Injury:** 07/06/2022**DOB:** 6/19/1990**Claim #:** BH85390**Date of Visit:** 7/15/2022**Claim Manager:****Medical Record:** 60010179633**Primary Care Physician:** David C Livingston, DO**FOLLOW UP PATIENT****OCCUPATIONAL INFORMATION**

Employer: Select Rehab

IW Job Title: physical therapist

Work Type: heavy manual worker

Work status: full-time

Duration of employment with current employer: almost 2 years

**DIAGNOSES**

		ICD-10-CM	ICD-9-CM	
1.	Strain of lumbar region, subsequent encounter	S39.012D	V58.89	Ambulatory Referral to Kadlec Neurosurgery and Orthopedic Spine (Multi-Location)  847.2 CANCELED: Ambulatory Referral to Kadlec Neurosurgery and Orthopedic Spine (Multi-Location)
2.	Bowel and bladder incontinence	R32 R15.9	788.30 787.60	AMB Referral to General Surgery Ambulatory Referral to Kadlec Neurosurgery and Orthopedic Spine (Multi-Location) Ambulatory referral to Urology CANCELED: Ambulatory referral to Urology

[REDACTED] (MR # 60010179633) DOB: 06/19/1990

Encounter Date: 07/15/2022

CANCELED: AMB Referral to General

Surgery

CANCELED: Ambulatory Referral to  
Kadlec Neurosurgery and Orthopedic  
Spine (Multi-Location)

3. Sacroiliac strain, subsequent encounter S39.012D V58.89  
846.9

**Follow Up Plan**

1. Tylenol/ibuprofen as directed for pain control.

2. Imaging-

MRI of sacrum and lumbar spine have been discussed with the patient today.

3. Consults-

General surgery-Re: Back pain with history of rectocele, with new onset prolapse, with urinary and bowel incontinence

Urology-Re: Urinary incontinence with back pain/injury

Orthopedic spine neurosurgery regarding-back pain with urinary and bowel incontinence.

Follow-up recommendations at subsequent visits.

4. Physical therapy-held until about consult recommendations have been obtained.

5. APF has been provided to the patient.

6. Follow-up with Kadlec occupational medicine in 2 weeks.

7. ED for any emergency worsening symptoms.

8. The patient has expressed understanding of her current clinical condition and has no further questions for me.

**CHIEF COM PLAIN**

Chief Complaint

Patient presents with

- Workman's Comp

*Right coccyx*

**HISTORY OF PRESENTING ILLNESS**

**Injured body part:** sacral and lower back pain. Urinary and bowel incontinence.

**Primary complaint:** sacral pain and lower back pain

**Hand dominance:** Right

[REDACTED] is a 32 y.o. female who presents with work related injury 07/06/2022.

When seen at Kadlec occupational medicine, the patient stated that the pain has improved but still has discomfort in the sacrococcygeal region. She stated pain of about 3/10 intense, radiates to the posterior right thigh, right hip, and behind the right leg. She stated that her main problem is now with urinary and bowel incontinence. She stated that she was diagnosed with rectocele at the age of 19 years, and she has noticed that she has prolapse and she has to push the

[REDACTED] (MR # 60010179633) DOB: 06/19/1990

Encounter Date: 07/15/2022

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The patient also stated that she has difficulty sitting or squatting. Patient is nervous about lifting weights. The patient has been provided with an APF today to reflect restrictions.

**Occupational History:**

Patient stated that she is a physical therapist and works for select rehabilitation.

Patient stated that she works as a physical therapist at select rehab. The patient stated that she was diagnosed with rectocele at the age of 19 years. The patient stated that she was at work on the day of injury she was transferring a patient from her wheelchair. She stated that the right foot was unable to pivot and after the transfer she felt pain and discomfort in the sacrococcygeal region. The patient stated that she went to the urgent care and she was placed on light duty.

**REVIEW OF SYSTEMS**

The following systems were reviewed. Check HPI for additional details.

**Review of Systems**

**Constitutional:** Negative.

**HENT:** Negative.

**Respiratory:** Negative.

**Cardiovascular:** Negative.

**Gastrointestinal:** Negative for blood in stool, nausea and vomiting.

**Genitourinary:** Positive for urgency.

**Musculoskeletal:** Positive for back pain.

**Neurological:** Positive for sensory change.

**Psychiatric/Behavioral:** Negative.

**ALLERGIES**

No Known Allergies

**PAST FAMILY MEDICAL/SOCIAL HISTORY**

Patient's medications, allergies, past medical, surgical, social and family histories were reviewed and updated as appropriate.

**Medications:** Not pertinent to LNI injury

**Medical:** Not pertinent to LNI injury

**Surgical:** Not pertinent to LNI injury

**Family:** Not considered germane to LNI claim.

**Social:** Not pertinent to LNI injury

**PHYSICAL EXAM**

**VITAL SIGNS:** BP 126/74 | Pulse 81 | Resp 16 | Ht 1.651 m (5' 5") | Wt 73 kg (161 lb) | SpO2 97% | BMI 26.79 kg/m<sup>2</sup>

**Physical Exam****Constitutional:**

Appearance: Normal appearance.

**Abdominal:**

Palpations: Abdomen is soft.

**Genitourinary:**

Comments: The patient declined the need for a chaperone to be present during the

[REDACTED] (MR # 60010179633) DOB: 06/19/1990

Encounter Date: 07/15/2022

**examination.****Perianal examination-****Inspection-no external hemorrhoids visible. No visible rectocele.****Palpation-mildly decreased sphincter tone.****Vulvar examination-****Inspection-no visible urethrocele/vaginal prolapse seen.****Musculoskeletal:**

Comments: Back

**Inspection-no bruise, erythema****Palpation-right sacral tenderness to palpation present****Range of motion-decreased extension, flexion.****SLR positive right side.****5 x 5 muscle strength and tone x4 extremities.****Gait normal.****Neurological:**

General: No focal deficit present.

Mental Status: She is alert.

**New Orders:**

Orders Placed This Encounter

## Procedures

- AMB Referral to General Surgery
- Ambulatory Referral to Kadlec Neurosurgery and Orthopedic Spine (Multi-Location)
- Ambulatory referral to Urology

## Procedures

## LABS/ RADIOLOGY/ CONSULTS

chart notes reviewed

I have reviewed ED notes from 07/12/2022.

**MRI LUMBAR SPINE WITHOUT CONTRAST; MRI SACRUM WITHOUT CONTRAST**

## FINDINGS:

**MRI Lumbar Spine:**

Alignment: Normal.

Vertebrae and vertebral marrow signal: Normal.

Conus and imaged portions of the caudal cord: Conus medullaris is normal in signal caliber terminating L1. The nerve roots of the cauda equina are normal.

Lumbar disc levels: Intervertebral disc space heights are maintained.

T12-L1: No spinal canal or neural foraminal stenosis.

L1-2: No spinal canal or neural foraminal stenosis.

L2-3: No spinal canal or neural foraminal stenosis.

L3-4: No spinal canal or neural foraminal stenosis.

L4-5: Mild disc bulge and mild facet degenerative changes without significant spinal canal stenosis. No significant neural foraminal

[REDACTED] (MR # 60010179633) DOB: 06/19/1990

Encounter Date: 07/15/2022

**stenosis.**

L5-S1: No significant spinal canal or neural foraminal stenosis.

Paraspinal musculature and paravertebral soft tissues: Normal.

**MRI Sacrum:**

Marrow signal: Trace bilateral subchondral marrow edema at the inferior sacroiliac joints which is best visualized on the coronal STIR images.

Sacroiliac joints: Trace subchondral marrow edema as above. Otherwise normal.

Sacral central canal and neural foramina: Normal.

Soft tissues: Normal.

**Impression**

1. No significant spinal canal or neural foraminal stenosis within the lumbar spine or sacrum.

2. Mild degenerative changes involving of the bilateral sacroiliac joints.

Final Report Signed by: Jace Hilton, D.O.

Inland Imaging, PS

Sign Date/Time: 07/12/2022 10:39 PM PDT

I have also discussed the other findings on the MRI with the patient as below:

Marrow signal: Trace bilateral subchondral marrow edema at the inferior sacroiliac joints which is best visualized on the coronal STIR images.

L4-5: Mild disc bulge and mild facet degenerative changes without significant spinal canal stenosis. No significant neural foraminal stenosis.

**DIAGNOSIS**

		ICD-10-CM	ICD-9-CM
1. Strain of lumbar region, subsequent encounter		S39.012D	V58.89 847.2
2. Bowel and bladder incontinence		R32	788.30
3. Sacroiliac strain, subsequent encounter		R15.9	787.60
		S39.012D	V58.89 846.9

**PATIENT PROGRESS & REHABILITATION****General Progress:** Progress towards functional goals is gradual**APF:** May not return to work**Restrictions include:** As per ED evaluation.**ASSESSMENT:**

The patient is a 32-year-old female with sacral pain with numbness and temperature change in the sacral region, with urinary incontinence with heaviness and aggravation of bowel incontinence and rectocele.

**PLAN:**

[REDACTED] (MR # 60010179633) Printed by [15058081] at 7/15/2022 4:20 PM

Page 5 of 7

[REDACTED] (MR # 60010179633) DOB: 06/19/1990

Encounter Date: 07/15/2022

1. Tylenol/ibuprofen as directed for pain control.
2. Imaging-

MRI of sacrum and lumbar spine have been discussed with the patient today.

3. Consults-

General surgery-Re: Back pain with history of rectocele, with new onset prolapse, with urinary and bowel incontinence

Urology-Re: Urinary incontinence with back pain/injury

Orthopedic spine neurosurgery regarding-back pain with urinary and bowel incontinence.

Follow-up recommendations at subsequent visits.

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5. APF has been provided to the patient.
6. Follow-up with Kadlec occupational medicine in 2 weeks.
7. ED for any emergency worsening symptoms.
8. The patient has expressed understanding of her current clinical condition and has no further questions for me.

#### RESTRICTIONS TO RECOVERY

**Duration of work restrictions:** temporary

**Anticipated return to full duty:** unknown at this time

**Pre-existing or concurrent conditions that may delay recovery:** have not been identified

**Need for return-to-work assistance?** Undecided

#### COMMUNICATIONS AND FORMS:

- APF completed

#### CONTACT

**Name/Position/Phone number:** Susan Jenks No phone number listed.

Employer/supervisor is not notified of the injured worker. Discussed injury including date of injury, diagnosis, work restrictions, availability of modified duty and treatment plan.

Length of call: 0 minutes.

#### PATIENT PRINTED INSTRUCTIONS

No notes on file

Return in about 2 weeks (around 7/29/2022).

**Time Based:** Visit was 45 minutes, with over 50% of the time spent counseling the patient regarding work disposition, diagnosis, work relatedness, education, coordination of care, and treatment options for the above diagnosis.

Portions of this report were transcribed using voice recognition software. Every effort was made to ensure accuracy; however, inadvertent wrong-word "sound-alike" substitutions may have occurred due to the inherent limitations of voice recognition software.

Electronically signed by: Amita V Dhatrika, MD, 7/15/2022 12:57 PM PDT

[REDACTED] (MR # 60010179633) DOB: 06/19/1990

Encounter Date: 07/15/2022

Electronically Signed by Amita Dhatrika V, MD on 07/15/22 1308

Office Visit on 7/15/2022

Note shared with patient

#### **Additional Documentation**

---

Vitals: BP 126/74  
Pulse 81  
Resp 16  
Ht 1.651 m (5' 5")  
Wt 73 kg (161 lb)  
SpO2 97%  
BMI 26.79 kg/m<sup>2</sup>  
BSA 1.83 m<sup>2</sup>  
Pain Sc 3 (Loc: Buttocks)

Flowsheets: Vitals,  
ED qSOFA Calculation,  
Anthropometrics,  
Vital Signs

#### **Linked Episodes**

---

right coccyx Noted 7/6/2022

#### **Orders Placed**

---

AMB Referral to General Surgery Pending Review  
Ambulatory Referral to Kadlec Neurosurgery and Orthopedic Spine (Multi-Location) Pending Review  
Ambulatory referral to Urology Pending Review

#### **Medication Changes As of 7/15/2022 12:11 PM**

---

None

#### **Visit Diagnoses**

---

Primary: **Strain of lumbar region, subsequent encounter S39.012D**  
Bowel and bladder incontinence R32, R15.9  
Sacroiliac strain, subsequent encounter S39.012D

**State Fund Claim:**  
Department of Labor and Industries  
PO Box 44281 Olympia WA 98504-4291  
Fax to claim file: 360-902-4557

**Self-Insured Claims:** Contact the Self Insured Employer  
(SIE)/Third Party Administrator (TPA)  
For a list of SIE/TPAs, go to [www.lni.wa.gov/SelfInsured](http://www.lni.wa.gov/SelfInsured)



## Activity Prescription Form (APF)

Billing Code: 1073M (Guidance on back)

**Reminder:** Send chart notes and reports to L&I or SIE/TPA as required. Complete this form only when there are changes in medical status or capacities, or change in release for work status.

<b>General Info</b> Worker's Name: [REDACTED]      Patient ID: [REDACTED] Healthcare Provider's Name (please print): Amita Dhatrika MD MSPH	<b>Required: Work status</b> Worker is released to the job of injury (JOI) without restrictions (related to the work injury) as of (date): <u>07/15/22</u> If selected, skip to 'Plans' section below. Worker may perform modified duty, if available, from (date): <u>/ /</u> to <u>/ /</u> (*estimated date) <input type="checkbox"/> If released to modified duty, may work more than normal schedule Worker may work limited hours: <u>  </u> hours/day from (date): <u>/ /</u> to <u>/ /</u> (*estimated date) Worker is working modified duty or limited hours	<b>Visit Date:</b> <u>07/06/22</u> <b>Claim Number:</b> BH85390 <b>Date of Injury:</b> <u>07/06/22</u> <b>Diagnosis:</b> <u>539.012D, R32, R15.9, S39.012A</u>	<b>Required: Measurable Objective Finding(s)</b> (also referred to as Objective Medical Findings) (e.g., positive x-ray, swelling, muscle atrophy, decreased range of motion) <u>Decreased anal sphincter tone.</u>																																																																																																																																																						
<b>Required: Estimate what the worker can do at work and at home unless released to JOI</b> How long do the worker's current capacities apply (estimate)? <u>1-10 days</u> <u>11-20 days</u> <u>21-30 days</u> <u>30+ days</u> <u>permanent</u> Capacities apply all day, every day of the week, at home as well as at work.		<b>Other Restrictions / Instructions:</b> <u>* Pts do not sit at ground level.</u>																																																																																																																																																							
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Copy of APF given to worker Signature: <u>[Signature]</u> Doctor ARNP PA-C		Discussed three key messages on back of form with patient Date: <u>07/15/2022</u> Phone: <u>(360) 942-6020</u> Index: APF																																																																																																																																																							

## Progress Notes by Amita Dhatrika V, MD at 07/15/22 1120

Author: Amita Dhatrika V, MD

Service: —

Author Type: Physician

Filed: 07/15/22 1308

Status: Signed

Editor: Amita Dhatrika V, MD (Physician)



KADLEC CLINIC OCCUPATIONAL MEDICINE

KENNEWICK

510 N COLORADO ST STE A

KENNEWICK WA 99336-5600

Phone: 509-942-6020

Fax: 509-567-6002

**Name:** [REDACTED]**Date of Injury:** 07/06/2022**DOB:** 6/19/1990**Claim #:** BH85390**Date of Visit:** 7/15/2022**Claim Manager:****Medical Record:** 60010179633**Primary Care Physician:** David C Livingston, DO

### FOLLOW UP PATIENT

#### OCCUPATIONAL INFORMATION

Employer: Select Rehab

IW Job Title: physical therapist

Work Type: heavy manual worker

Work status: full-time

Duration of employment with current employer: almost 2 years

#### DIAGNOSIS

ICD-10      ICD-9-CM  
CM

1.	Strain of lumbar region, subsequent encounter	S39.012D	V58.89	Ambulatory Referral to Kadlec Neurosurgery and Orthopedic Spine (Multi-Location)  847.2 CANCELED: Ambulatory Referral to Kadlec Neurosurgery and Orthopedic Spine (Multi-Location)
2.	Bowel and bladder incontinence	R32	788.30	AMB Referral to General Surgery Ambulatory Referral to Kadlec Neurosurgery and Orthopedic Spine (Multi-Location) Ambulatory referral to Urology CANCELED: Ambulatory referral to Urology
		R15.9	787.60	

CANCELED: AMB Referral to General Surgery  
 CANCELED: Ambulatory Referral to Kadlec Neurosurgery and Orthopedic Spine (Multi-Location)

3. Sacroiliac strain, subsequent encounter \$39.012D V58.89  
 846.9

### Follow Up Plan

1. Tylenol/ibuprofen as directed for pain control.
2. Imaging-

MRI of sacrum and lumbar spine have been discussed with the patient today.

3. Consults-

General surgery-Re: Back pain with history of rectocele, with new onset prolapse, with urinary and bowel incontinence

Urology-Re: Urinary incontinence with back pain/injury

Orthopedic spine neurosurgery regarding-back pain with urinary and bowel incontinence.

Follow-up recommendations at subsequent visits.

4. Physical therapy-held until about consult recommendations have been obtained.
5. APF has been provided to the patient.
6. Follow-up with Kadlec occupational medicine in 2 weeks.
7. ED for any emergency worsening symptoms.
8. The patient has expressed understanding of her current clinical condition and has no further questions for me.

### CHIEF COMPLAINT

Chief Complaint:

Patient presents with:

- Workman's Comp  
*Right coccyx*

### HISTORY OF PRESENTING ILLNESS

**Injured body part:** sacral and lower back pain. Urinary and bowel incontinence.

**Primary complaint:** sacral pain and lower back pain

**Hand dominance:** Right

[REDACTED] is a 32 y.o. female who presents with work related injury 07/06/2022.

When seen at Kadlec occupational medicine, the patient stated that the pain has improved but still has discomfort in the sacrococcygeal region. She stated pain of about 3/10 intense, radiates to the posterior right thigh, right hip, and behind the right leg. She stated that her main problem is now with

urinary and bowel incontinence. She stated that she was diagnosed with rectocele at the age of 19 years, and she has noticed that she has prolapse and she has to push the contents back into the anal region. She has also noticed urinary urgency. The patient stated that she is having difficulty passing gas sometimes when she is passing urine. She stated that she needs to hold her pelvic region for support at the time of defecating or urinating and the fear of prolapse. The patient stated that there is a spot on the sacral region where she feels it is very cold and numb.

The patient also stated that she has difficulty sitting or squatting. Patient is nervous about lifting weights. The patient has been provided with an APF today to reflect restrictions.

#### **Occupational History:**

Patient stated that she is a physical therapist and works for select rehabilitation.

Patient stated that she works as a physical therapist at select rehab. The patient stated that she was diagnosed with rectocele at the age of 19 years. The patient stated that she was at work on the day of injury she was transferring a patient from her wheelchair. She stated that the right foot was unable to pivot and after the transfer she felt pain and discomfort in the sacrococcygeal region. The patient stated that she went to the urgent care and she was placed on light duty.

#### **REVIEW OF SYSTEMS**

The following systems were reviewed. Check HPI for additional details.

##### **Review of Systems**

**Constitutional:** Negative.

**HENT:** Negative.

**Respiratory:** Negative.

**Cardiovascular:** Negative.

**Gastrointestinal:** Negative for blood in stool, nausea and vomiting.

**Genitourinary:** Positive for urgency.

**Musculoskeletal:** Positive for back pain.

**Neurological:** Positive for sensory change.

**Psychiatric/Behavioral:** Negative.

#### **ALLERGIES**

No Known Allergies

#### **PAST FAMILY MEDICAL SOCIAL HISTORY**

Patient's medications, allergies, past medical, surgical, social and family histories were reviewed and updated as appropriate.

**Medications:** Not pertinent to LNI injury

**Medical:** Not pertinent to LNI injury

**Surgical:** Not pertinent to LNI injury

**Family:** Not considered germaine to LNI claim.

**Social:** Not pertinent to LNI injury

#### **PHYSICAL EXAM**

**VITAL SIGNS:** BP 126/74 | Pulse 81 | Resp 16 | Ht 1.651 m (5' 5") | Wt 73 kg (161 lb) | SpO2 97% | BMI 26.79 kg/m<sup>2</sup>

#### **Physical Exam**

##### **Constitutional:**

Appearance: Normal appearance.

**Abdominal:**

Palpations: Abdomen is soft.

**Genitourinary:**

Comments: The patient declined the need for a chaperone to be present during the examination.

**Perianal examination-**

**Inspection-no external hemorrhoids visible. No visible rectocele.**

**Palpation-mildly decreased sphincter tone.**

**Vulvar examination-**

**Inspection-no visible urethrocele/vaginal prolapse seen.**

**Musculoskeletal:**

Comments: Back

**Inspection-no bruise, erythema**

**Palpation-right sacral tenderness to palpation present**

**Range of motion-decreased extension, flexion.**

**SLR positive right side.**

**5 x 5 muscle strength and tone x4 extremities.**

**Gait normal.**

**Neurological:**

General: No focal deficit present.

Mental Status: She is alert.

**New Orders:**

Orders Placed This Encounter

**Procedures**

- AMB Referral to General Surgery
- Ambulatory Referral to Kadlec Neurosurgery and Orthopedic Spine (Multi-Location)
- Ambulatory referral to Urology

**Procedures****LABS/RADIOLOGY/CONSULTS**

chart notes reviewed

I have reviewed ED notes from 07/12/2022.

**MRI LUMBAR SPINE WITHOUT CONTRAST; MRI SACRUM WITHOUT CONTRAST****FINDINGS:****MRI Lumbar Spine:**

Alignment: Normal.

Vertebrae and vertebral marrow signal: Normal.

Conus and imaged portions of the caudal cord: Conus medullaris is normal in signal caliber terminating L1. The nerve roots of the cauda equina are normal.

Lumbar disc levels: Intervertebral disc space heights are maintained.

T12-L1: No spinal canal or neural foraminal stenosis.

L1-2: No spinal canal or neural foraminal stenosis.

L2-3: No spinal canal or neural foraminal stenosis.

L3-4: No spinal canal or neural foraminal stenosis.

**L4-5: Mild disc bulge and mild facet degenerative changes without significant spinal canal stenosis. No significant neural foraminal stenosis.**

L5-S1: No significant spinal canal or neural foraminal stenosis.

Paraspinal musculature and paravertebral soft tissues: Normal.

#### **MRI Sacrum:**

Marrow signal: Trace bilateral subchondral marrow edema at the inferior sacroiliac joints which is best visualized on the coronal STIR images.

Sacroiliac joints: Trace subchondral marrow edema as above. Otherwise normal.

Sacral central canal and neural foramina: Normal.

Soft tissues: Normal.

#### **Impression**

1. No significant spinal canal or neural foraminal stenosis within the lumbar spine or sacrum.
2. Mild degenerative changes involving of the bilateral sacroiliac joints.

Final Report Signed by: Jace Hilton, D.O.

Inland Imaging, PS

Sign Date/Time: 07/12/2022 10:39 PM PDT

#### **I have also discussed the other findings on the MRI with the patient as below:**

Marrow signal: Trace bilateral subchondral marrow edema at the inferior sacroiliac joints which is best visualized on the coronal STIR images.

**L4-5: Mild disc bulge and mild facet degenerative changes without significant spinal canal stenosis. No significant neural foraminal stenosis.**

#### **DIAGNOSIS**

	ICD-10-CM	ICD-9-CM
1. Strain of lumbar region, subsequent encounter	S39.012D V58.89 847.2	
2. Bowel and bladder incontinence	R32 788.30	
3. Sacroiliac strain, subsequent encounter	R15.9 787.60	
	S39.012D V58.89	

846.9

**PATIENT PROGRESS & REHABILITATION****General Progress:** Progress towards functional goals is gradual**APF:** May not return to work**Restrictions include:** As per ED evaluation.**ASSESSMENT:**

The patient is a 32-year-old female with sacral pain with numbness and temperature change in the sacral region, with urinary incontinence with heaviness and aggravation of bowel incontinence and rectocele.

**PLAN:**

1. Tylenol/ibuprofen as directed for pain control.
2. Imaging-

MRI of sacrum and lumbar spine have been discussed with the patient today.

3. Consults-

General surgery-Re: Back pain with history of rectocele, with new onset prolapse, with urinary and bowel incontinence

Urology-Re: Urinary incontinence with back pain/injury

Orthopedic spine neurosurgery regarding-back pain with urinary and bowel incontinence.

Follow-up recommendations at subsequent visits.

4. Physical therapy-held until about consult recommendations have been obtained.
5. APF has been provided to the patient.
6. Follow-up with Kadlec occupational medicine in 2 weeks.
7. ED for any emergency worsening symptoms.
8. The patient has expressed understanding of her current clinical condition and has no further questions for me.

**RESTRICTIONS TO RECOVERY****Duration of work restrictions:** temporary**Anticipated return to full duty:** unknown at this time**Pre-existing or concurrent conditions that may delay recovery:** have not been identified**Need for return-to-work assistance?** Undecided**COMMUNICATIONS AND FORMS:**

- APF completed

**CONTACT****Name/Position/Phone number:** Susan Jenks No phone number listed.

Employer/supervisor is not notified of the injured worker. Discussed injury including date of injury, diagnosis, work restrictions, availability of modified duty and treatment plan.

Length of call: 0 minutes.

**PATIENT PRINTED INSTRUCTIONS**

No notes on file

At LNI: 7/29/2022 1:15:01 PM [Pacific Daylight Time]

Return in about 2 weeks (around 7/29/2022).

**Time Based:** Visit was 45 minutes, with over 50% of the time spent counseling the patient regarding work disposition, diagnosis, work relatedness, education, coordination of care, and treatment options for the above diagnosis.

Portions of this report were transcribed using voice recognition software. Every effort was made to ensure accuracy; however, inadvertent wrong-word "sound-alike" substitutions may have occurred due to the inherent limitations of voice recognition software.

Electronically signed by: Amita V Dhatrika, MD, 7/15/2022 12:57 PM PDT

**State Fund Claim:**  
Department of Labor and Industries  
PO Box 44291 Olympia WA 98504-4291  
Fax to claim file 360-902-4567



**Self-Insured Claims:** Contact the Self Insured Employer (SIE)/Third Party Administrator (TPA). For a list of SIE/TPAs, go to [www.lni.wa.gov/SelfInsured](http://www.lni.wa.gov/SelfInsured)

**General Info:**  
Worker's Name: \_\_\_\_\_ Patient ID: \_\_\_\_\_  
Healthcare Provider's Name (please print): \_\_\_\_\_  
Amita Dhatrika MD MSPH

**Required:** Worker is released to the job of injury (JOI) without restrictions (related to the work injury) as of (date): 7/29/22 (if selected, skip to 'Plans' section below)

Worker may perform modified duty, if available, from (date): 7/29/22 to 8/12/22 (estimated date)

If released to modified duty, may work more than normal schedule

Worker may work limited hours: \_\_\_\_\_ hours/day from (date): 7/29/22 to 8/12/22 (estimated date)

Worker is working modified duty or limited hours: \_\_\_\_\_

Worker not released to any work from (date): 07/29/2022 to 08/12/2022 (estimated date)

Poor prognosis for return to work at the job of injury at any date

How long do the worker's current capacities apply (estimate)?

1-10 days    11-20 days    21-30 days    30+ days    permanent

*(Capacities apply all day every day of the week, at home as well as at work.)*

**Required:** Estimate what the worker can do at work and at home unless released to JOI

Worker can: (Related to work injury) A blank space = Not restricted	Never	Seldom 1-10% 0-1 hour	Occasional 11-33% 1-5 hours	Frequent 34-66% 3-5 hours	Constant 67-100% More than 5 hours (restricted)
Sit:					
Stand / Walk					
Perform work from ladder	X				
Climb ladder	X				
Climb stairs					
Twist:			X		
Bend / Stoop	X				
Squat / Knee:	X				
Crawl	X				
Reach Left, Right, Both	D	X			
Work above shoulders L, R, B					
Keyboard L, R, B					
Wrist: (Flexion/extension) L, R, B					
Grasp (urcu)	L, R, B				
Fire manipulation L, R, B					
Operate foot controls L, R, B					
Vibratory tasks, high impact L, R, B	X				
Vibratory tasks, low impact L, R, B	X				

**Required:** Estimate what the worker can do at work and at home unless released to JOI

Lifting / Pushing

Never    Seldom    Occas    Frequent    Constant

Example    50 lbs    20 lbs    10 lbs    0 lbs    0 lbs

Push L, R, B    0 lbs    lbs    lbs    lbs    lbs

Carry L, R, B    0 lbs    lbs    lbs    lbs    lbs

Push/Pull L, R, B    0 lbs    lbs    lbs    lbs    lbs

Worker progress: As expected / better than expected

Slower than expected (address in chart notes)

**Required:** Estimate what the worker can do at work and at home unless released to JOI

PT    OT    Home exercise

Other (e.g. Activity Coaching): \_\_\_\_\_

Surgery Not indicated Possible

Planned Date: 7/7

Completed Date: 7/7

**Reg:**  
**Sign:**

Copy of APF given to worker

Discussed three key messages on back of form with patient

Signature: \_\_\_\_\_ Doctor: ARNP PA-C

F242-385-000 Activity Prescription Form (APF) 10-2018

## Activity Prescription Form (APF)

Billing Code: 1073M (Guidance on back)

**Reminder:** Send chart notes and reports to L&I or SIE/TPA as required. Complete this form only when there are changes in medical status or capacities, or change in release for work status.

Visit Date: 7/29/22 Claim Number: BH85390

Date of Injury: 07/06/22 Diagnosis: S37.012 D R32, A15.9, S39.012A

Required: Measurable Objective Finding(s) (also referred to as Objective Medical Findings) (e.g., positive x-ray, swelling, muscle atrophy, decreased range of motion)

Other Restrictions / Instructions:  
A PIs do not sit at ground level.

Employer Notified of Capacities? Yes No

Modified duty available? Yes No

Date of contact: 07/29/2022

Name of contact: Susan Jenkins

Notes: 509 783 - 4561

Select Rehab

Note to Claim Manager:

L&I

May need assistance returning to work

New diagnosis:

Opioids prescribed for: Acute pain or Chronic pain

Next scheduled visit: \_\_\_\_\_ days \_\_\_\_\_ weeks or Date: \_\_\_\_\_

Treatment concluded, Max. Medical Improvement (MMI)

Any permanent partial impairment? Yes No Possibly

If you are qualified, please rate impairment for your patient:

Will rate Will refer Request IME

Care transferred to:

Consultation needed with:

Study pending:

Date: 07/29/2022 Phone: (509) 942 - 6020

Index: APF

(MR # 60010179633) DOB: 06/19/1990

Encounter Date: 07/29/2022

**Progress Notes by Amita Dhatrika V, MD at 07/29/22 1040**

Author: Amita Dhatrika V, MD      Service: —  
Filed: 07/29/22 1120      Status: Signed  
Editor: Amita Dhatrika V, MD (Physician)

Author Type: Physician



KADLEC CLINIC OCCUPATIONAL MEDICINE  
KENNEWICK  
510 N COLORADO ST STE A  
KENNEWICK WA 99336-5600  
Phone: 509-942-6020  
Fax: 509-567-6002

Name: [REDACTED]  
DOB: 6/19/1990  
Date of Visit: 7/29/2022  
Medical Record: 60010179633

Date of Injury: 07/06/2022  
Claim #: BH85390  
Claim Manager:  
Primary Care Physician: David C Livingston, DO

**FOLLOW UP PATIENT****OCCUPATIONAL INFORMATION**

Employer: Select Rehab  
IW Job Title: physical therapist  
Work Type: heavy manual worker  
Work status: full-time  
Duration of employment with current employer: almost 2 years

**DIAGNOSIS**

		ICD-10	ICD-9
		CM	CM
1.	Strain of lumbar region, initial encounter	S39.012 A	847.2
2.	Bowel and bladder incontinence	R32 R15.9	788.30 787.60
3.	Sacroiliac strain, subsequent encounter	S39.012 D	V58.89 846.9

**Follow Up Plan**

(MR # 60010179633) DOB: 06/19/1990

Encounter Date: 07/29/2022

1. May consider ice/heat self applications as directed. Tylenol/ibuprofen as directed for pain control.
2. Imaging-  
MRI of sacrum and lumbar spine have been discussed with the patient today.
3. Consults-  
General surgery-Re: Back pain with history of rectocele, with new onset prolapse, with urinary and bowel incontinence.  
Urology-Re: Urinary incontinence with back pain/injury  
Orthopedic spine neurosurgery regarding-back pain with urinary and bowel incontinence. I have reviewed orthopedic spine surgery notes today.  
Follow-up recommendations at subsequent visits.
4. Physical therapy-held until urology and general surgery consult recommendations have been obtained.
5. APF has been provided to the patient. RTW disposition is pending neurology and general surgery consults.
6. Follow-up with Kadlec occupational medicine in 2 weeks.
7. ED for any emergency worsening symptoms.
8. The patient has expressed understanding of her current clinical condition and has no further questions for me.

#### CHIEF COMPLAINT

##### Chief Complaint

PAINFUL DISCOMFORT WITH

- Workman's Comp  
*Right coccyx*

#### HISTORY OF PRESENTING ILLNESS

**Injured body part:** sacral and lower back pain. Urinary and bowel incontinence.

**Primary complaint:** sacral pain and lower back pain

**Hand dominance:** Right

[REDACTED] is a 32 y.o. female who presents with work related injury 07/06/2022.

When seen at Kadlec occupational medicine, the patient stated that the pain has improved but still has discomfort in the sacrococcygeal region. She stated pain of about 1-5/10 intense, radiates to the posterior right thigh, right hip, and behind the right leg. She stated that she has an occasional cold patch feeling over the sacrococcygeal region. She stated that her main problem is now with urinary and bowel incontinence. She stated that she was diagnosed with rectocele at the age of 19 years, and she has noticed that she has prolapse and she has to push the contents back into the anal region. She has also noticed urinary urgency. The patient stated that she is having difficulty passing gas sometimes when she is passing urine. She stated that she needs to hold her pelvic region for support at the time of defecating or urinating and the fear of prolapse.

The patient also stated that she has difficulty bending at her knees because sitting on the floor, and squatting with respect to rectal prolapse. Patient is nervous about lifting weights.

(MR # 60010179633) DOB: 06/19/1990

Encounter Date: 07/29/2022

**Occupational History:**

Patient stated that she is a physical therapist and works for select rehabilitation.

Patient stated that she works as a physical therapist at select rehab. The patient stated that she was diagnosed with rectocele at the age of 19 years. The patient stated that she was at work on the day of injury she was transferring a patient from her wheelchair. She stated that the right foot was unable to pivot and after the transfer she felt pain and discomfort in the sacrococcygeal region. The patient stated that she went to the urgent care and she was placed on light duty.

**REVIEW OF SYSTEMS**

The following systems were reviewed. Check HPI for additional details.

**Review of Systems**

**Constitutional:** Negative.

**HENT:** Negative.

**Respiratory:** Negative.

**Cardiovascular:** Negative.

**Gastrointestinal:** Negative for blood in stool, nausea and vomiting.

**Genitourinary:** Positive for urgency.

**Musculoskeletal:** Positive for back pain.

**Neurological:** Positive for sensory change.

**Psychiatric/Behavioral:** Negative.

**ALLERGIES**

No Known Allergies

**PAST FAMILY MEDICAL SOCIAL HISTORY**

Patient's medications, allergies, past medical, surgical, social and family histories were reviewed and updated as appropriate.

**Medications:** Not pertinent to LNI injury

**Medical:** Not pertinent to LNI injury

**Surgical:** Not pertinent to LNI injury

**Family:** Not considered germaine to LNI claim.

**Social:** Not pertinent to LNI injury

**PHYSICAL EXAM**

**VITAL SIGNS:** BP 110/64 | Pulse 85 | Resp 16 | Ht 1.651 m (5' 5") | Wt 73.5 kg (162 lb) | LMP 07/26/2022 | SpO2 98% | BMI 26.96 kg/m<sup>2</sup>

**Physical Exam****Constitutional:**

Appearance: Normal appearance.

**Abdominal:**

Palpations: Abdomen is soft.

**Genitourinary:**

Comments: The patient declined the need for a GU examination today as everything is the same as the last visit.

**Musculoskeletal:**

Comments: Back

**Inspection-no bruise, erythema**

(MR # 60010179633) DOB: 06/19/1990

Encounter Date: 07/29/2022

**Palpation-right sacral tenderness to palpation present****Range of motion-decreased extension, flexion.****SLR positive right side.****5 x 5 muscle strength and tone x4 extremities.****Gait normal.****Neurological:**

General: No focal deficit present.

Mental Status: She is alert.

**New Orders:**

No orders of the defined types were placed in this encounter.

**Procedures****LABS/RADIOLOGY/CONSULTS**

chart notes reviewed

I have reviewed ED notes from 07/12/2022.

KADLEC NEUROSCIENCE CENTER ORTHOPEDIC SPINE

**1. Strain of lumbar region, initial encounter**

[REDACTED] presents to be seen today in the clinic and her imaging from July 12, 2022 is reviewed with her today as well as normal spinal anatomy. Her imaging shows mild disc bulge at L4-5 with mild facet degenerative changes without significant central canal narrowing or foraminal narrowing and trace bilateral subchondral marrow edema at the inferior sacroiliac joints which is best visualized on the coronal STIR images.

We have discussed different treatment options, ranging from:

1. Conservative treatments - physical therapy, massage therapy, chiropractic adjustments, medication, ice/heat therapy
2. Interventional pain management - epidural steroid injection, neurofrequency ablations
3. Surgical intervention - last resort

At this point, we would like to try and exhaust conservative measures to help with her symptoms. The patient will talk to her attending provider about referring her to physical therapy.

We did also discuss a referral to Dr. Motaghi for evaluation and treatment of SI joint injections. At this time the patient would like to hold off on this and try more conservative measures first.

Patient is encouraged to continue to increase her current activity level reminding patient, however, of her activity restrictions and proper body mechanics to avoid any exacerbation of symptoms. Ice and/or heat therapy as indicated.

Barring any changes, we will follow up with the patient on a PRN basis for any concerns. All questions and concerns with regards to the patient's condition were discussed and answered and patient verbalized understanding and has agreed with treatment plan.

(MR # 60010179633) DOB: 06/19/1990

Encounter Date: 07/29/2022

Signed by Ingrid E Erickson, PA-C on 7/29/22 at 8:58 AM

**MRI LUMBAR SPINE WITHOUT CONTRAST; MRI SACRUM WITHOUT CONTRAST****FINDINGS:****MRI Lumbar Spine:**

Alignment: Normal.

Vertebrae and vertebral marrow signal: Normal.

Conus and imaged portions of the caudal cord: Conus medullaris is normal in signal caliber terminating L1. The nerve roots of the cauda equina are normal.

Lumbar disc levels: Intervertebral disc space heights are maintained.

T12-L1: No spinal canal or neural foraminal stenosis.

L1-2: No spinal canal or neural foraminal stenosis.

L2-3: No spinal canal or neural foraminal stenosis.

L3-4: No spinal canal or neural foraminal stenosis.

**L4-5: Mild disc bulge and mild facet degenerative changes without significant spinal canal stenosis. No significant neural foraminal stenosis.**

L5-S1: No significant spinal canal or neural foraminal stenosis.

Paraspinal musculature and paravertebral soft tissues: Normal.

**MRI Sacrum:**

Marrow signal: Trace bilateral subchondral marrow edema at the inferior sacroiliac joints which is best visualized on the coronal STIR images.

Sacroiliac joints: Trace subchondral marrow edema as above. Otherwise normal.

Sacral central canal and neural foramina: Normal.

Soft tissues: Normal.

**Impression**

1. No significant spinal canal or neural foraminal stenosis within the lumbar spine or sacrum.
2. Mild degenerative changes involving of the bilateral sacroiliac joints.

Final Report Signed by: Jace Hilton, D.O.

Inland Imaging, PS

Sign Date/Time: 07/12/2022 10:39 PM PDT

I have also discussed the other findings on the MRI with the patient as below:

(MR # 60010179633) DOB: 06/19/1990

Encounter Date: 07/29/2022

Marrow signal: Trace bilateral subchondral marrow edema at the inferior sacroiliac joints which is best visualized on the coronal STIR images. L4-5: Mild disc bulge and mild facet degenerative changes without significant spinal canal stenosis. No significant neural foraminal stenosis.

**DIAGNOSIS**

	ICD-10	ICD-9
	CM	CM
1. Strain of lumbar region, initial encounter	S39.012	847.2
	A	
2. Bowel and bladder incontinence	R32	788.30
	R15.9	787.60
3. Sacroiliac strain, subsequent encounter	S39.012	V58.89
	D	
		846.9

**PATIENT PROGRESS & REHABILITATION****General Progress:** Progress towards functional goals is gradual**APF:** May not return to work**Restrictions include:** As per ED evaluation.**ASSESSMENT:**

The patient is a 32-year-old female with sacral pain with numbness and temperature change in the sacral region, with urinary incontinence with heaviness and aggravation of bowel incontinence and rectocele.

**PLAN:**

1. May consider ice/heat self applications as directed. Tylenol/ibuprofen as directed for pain control.
2. Imaging-

MRI of sacrum and lumbar spine have been discussed with the patient today.

## 3. Consults-

General surgery-Re: Back pain with history of rectocele, with new onset prolapse, with urinary and bowel incontinence.

Urology-Re: Urinary incontinence with back pain/injury

Orthopedic spine neurosurgery regarding-back pain with urinary and bowel incontinence. I have reviewed orthopedic spine surgery notes today.

Follow-up recommendations at subsequent visits.

4. Physical therapy-held until urology and general surgery consult recommendations have been obtained.

5. APF has been provided to the patient.

6. Follow-up with Kadlec occupational medicine in 2 weeks.

7. ED for any emergency worsening symptoms.

(MR # 60010179633) DOB: 06/19/1990 Encounter Date: 07/29/2022

8. The patient has expressed understanding of her current clinical condition and has no further questions for me.

**RESTRICTIONS TO RECOVERY****Duration of work restrictions:** temporary**Anticipated return to full duty:** unknown at this time**Pre-existing or concurrent conditions that may delay recovery:** have not been identified**Need for return-to-work assistance?** Undecided**COMMUNICATIONS AND FORMS:**

- APF completed

**CONTACT****Name/Position/Phone number:** Susan Jenks No phone number listed.

Employer/supervisor is not notified of the injured worker. Discussed injury including date of injury, diagnosis, work restrictions, availability of modified duty and treatment plan.

Length of call: 0 minutes.

**PATIENT PRINTED INSTRUCTIONS**

No notes on file

No follow-ups on file.

**Time Based:** Visit was 45 minutes, with over 50% of the time spent counseling the patient regarding work disposition, diagnosis, work relatedness, education, coordination of care, and treatment options for the above diagnosis.

Portions of this report were transcribed using voice recognition software. Every effort was made to ensure accuracy; however, inadvertent wrong-word "sound-alike" substitutions may have occurred due to the inherent limitations of voice recognition software.

Electronically signed by: Amita V Dhatrika, MD, 7/29/2022 11:19 AM PDT

## State Fund Claim:

Department of Labor and Industries  
PO Box 44291 Olympia WA 98504-4291  
Fax to claim file: 360-902-4567

**Sel-Insured Claims:** Contact the Self Insured Employer (SIE)/Third Party Administrator (TPA)  
For a list of SIE/TPAs, go to [www.lni.wa.gov/SelfInsured](http://www.lni.wa.gov/SelfInsured)



## Activity Prescription Form (APF)

Billing Code: 1073M (Guidance on back)

**Reminder:** Send chart notes and reports to L&I or SIE/TPA as required. Complete this form only when there are changes in medical status or capacities, or change in release for work status.

<b>General info</b>	Worker's Name: [REDACTED]	Patient ID: [REDACTED]	Visit Date: 8/15/22	Claim Number: BH85390
	Healthcare Provider's Name (please print): Amita Dhatika MD MSPH	Date of Injury: 07/06/22	Diagnosis: S39.012D, R32, R15.9 S39.012A	
<b>Required: Work status</b>	Worker is released to the job of injury (JOI) without restrictions (related to the work injury) as of (date): (If selected, skip to "Plans" section below)			
	Worker may perform modified duty, if available, from (date): _____ to _____ (estimated date) <input type="checkbox"/> If released to modified duty, may work more than normal schedule			
	Worker may work limited hours: 4 hours/day from (date): light duty; 08/15/2022 to 08/29/2022 (estimated date) desk job.			
	Worker is working modified duty or limited hours.			
	Worker not released to any work from (date): _____ to _____ (estimated date)			
	Poor prognosis for return to work at the job of injury at any date.			
	How long do the worker's current capacities apply (estimate)? 1-10 days    11-20 days    21-30 days    30+ days    permanent			
	Capacities apply all day, every day of the week, at home as well as at work.			
	Worker can: (Related to work injury) A blank space = Not restricted			
	Never	Seldom 1-10% 0-1 hour	Occasional 11-33% 1-3 hours	Frequent 34-66% 3-6 hours
	Sit			
	<input checked="" type="checkbox"/>			
	Stand / Walk			
	<input checked="" type="checkbox"/>			
	Perform work from ladder			
	<input checked="" type="checkbox"/>			
	Climb ladder			
	<input checked="" type="checkbox"/>			
	Climb stairs			
	<input checked="" type="checkbox"/>			
	Twist			
	<input checked="" type="checkbox"/>			
	Bend / Stoop			
	<input checked="" type="checkbox"/>			
	Squat / Knee			
	<input checked="" type="checkbox"/>			
	Crawl			
	<input checked="" type="checkbox"/>			
	Reach Left, Right, Both			
	<input checked="" type="checkbox"/>			
	Work above shoulders L, R, B			
	<input checked="" type="checkbox"/>			
	Keyboard L, R, B			
	<input checked="" type="checkbox"/>			
	Wrist (flexion/extension) L, R, B			
	<input checked="" type="checkbox"/>			
	Grasp (forceful) L, R, B			
	<input checked="" type="checkbox"/>			
	Fine manipulation L, R, B			
	<input checked="" type="checkbox"/>			
	Operate foot controls L, R, B			
	<input checked="" type="checkbox"/>			
	Vibratory tasks: high impact L, R, B			
	<input checked="" type="checkbox"/>			
	Vibratory tasks: low impact L, R, B			
	<input checked="" type="checkbox"/>			
	Lifting / Pushing			
	Never	Seldom	Occas.	Frequent
	Example 50 lbs 20 lbs 10 lbs 5 lbs 2 lbs			
	Lift L, R, B lbs	lbs	0-3 lbs	lbs
	Carry L, R, B lbs 10-5 lbs lbs lbs			
	Push / Pull L, R, B lbs	lbs	10-5 lbs	lbs
	Worker progress: As expected / better than expected			
	Slower than expected (address in chart notes)			
	Current rehab: PT OT Home exercise			
	Other (e.g. Activity Coaching)			
	Surgery: Not Indicated Possible			
	Gen Surg App: 08/18 Planned Date: / / Completed Date: / /			
	Urology 11/09			
	Copy of APF given to worker			
	Discussed three key messages on back of form with patient			
	Signature: [Signature] Doctor ARNP PA-C			
	Date: 08/15/2022 Phone: 509-962-6020			
	Index: APF			

**Progress Notes by Amita Dhatrika V, MD at 08/15/22 1320**

Author: Amita Dhatrika V, MD

Service: —

Author Type: Physician

Filed: 08/15/22 1421

Status: Signed

Editor: Amita Dhatrika V, MD (Physician)



KADLEC CLINIC OCCUPATIONAL MEDICINE  
 KENNEWICK  
 510 N COLORADO ST STE A  
 KENNEWICK WA 99336-5600  
 Phone: 509-942-6020  
 Fax: 509-567-6002

**Name:** [REDACTED]**Date of Injury:** 07/06/2022**DOB:** 6/19/1990**Claim #:** BH85390**Date of Visit:** 8/15/2022**Claim Manager:****Medical Record:** 60010179633**Primary Care Physician:** David C Livingston, DO**FOLLOW UP PATIENT****OCCUPATIONAL INFORMATION**

Employer: Select Rehab

IW Job Title: physical therapist

Work Type: heavy manual worker

Work status: full-time

Duration of employment with current employer: almost 2 years

**DIAGNOSIS**

		ICD-10	CDS	
		CM	CM	
1.	Sacroiliac strain, initial encounter	S39.012 A	846.9	Ambulatory Referral to Kadlec Physical Therapy
2.	Strain of lumbar region, initial encounter	S39.012 A	847.2	Ambulatory Referral to Kadlec Physical Therapy
3.	Urinary and bowel incontinence	R32 R15.9	788.30 787.60	

**Follow Up Plan**

1. May consider ice/heat self applications as directed. Tylenol/ibuprofen as directed for pain control.

**2. Imaging-**

MRI of sacrum and lumbar spine have been discussed with the patient today.

**3. Consults-**

General surgery-Re: Back pain with history of rectocele, with new onset prolapse, with urinary and bowel incontinence. The patient stated that she has an appointment on 08/18/2022.

Urology-Re: Urinary incontinence with back pain/injury. The patient stated that she has an appointment on 09/01/2022.

Orthopedic spine neurosurgery regarding-back pain with urinary and bowel incontinence. I have reviewed orthopedic spine surgery notes.

Follow-up recommendations at subsequent visits.

**4. Physical therapy-** regarding-back pain. Follow-up recommendations at subsequent visits.

**5. APF** has been provided to the patient. RTW disposition is pending neurology and general surgery consults.

**6. Follow-up with Kadlec occupational medicine in 2 weeks.**

**7. ED for any emergency worsening symptoms.**

**8. The patient has expressed understanding of her current clinical condition and has no further questions for me.**

**CHIEF COMPLAINT**

Chief Complaint

Patient presents with

- Workman's Comp  
*Right coccyx*

**HISTORY OF PRESENTING ILLNESS**

**Injured body part:** sacral and lower back pain. Urinary and bowel incontinence.

**Primary complaint:** sacral pain and lower back pain

**Hand dominance:** Right

[REDACTED] is a 32 y.o. female who presents with work related injury 07/06/2022.

When seen at Kadlec occupational medicine, the patient stated that the pain has improved but still has discomfort in the sacrococcygeal region. She stated pain of about 1/10 intense, radiates to the posterior right thigh, right hip, and behind the right leg. She stated that she has an occasional cold patch feeling over the sacrococcygeal region. She stated that her main problem is now with urinary and bowel incontinence with prolapse. The patient stated that she has prolapse and she has to push the contents back into the anal region. She has also noticed urinary urgency. The patient stated that she is having difficulty passing gas sometimes when she is passing urine. She stated that she needs to hold her pelvic region for support at the time of defecating or urinating and the fear of prolapse.

The patient also stated that she has difficulty bending at her knees because sitting on the floor, and squatting with respect to rectal prolapse. Patient is nervous about lifting weights.

**Occupational History:**

Patient stated that she is a physical therapist and works for select rehabilitation.

Patient stated that she works as a physical therapist at select rehab. The patient stated that she was diagnosed with rectocele at the age of 19 years. The patient stated that she was at work on the day of

injury she was transferring a patient from her wheelchair. She stated that the right foot was unable to pivot and after the transfer she felt pain and discomfort in the sacrococcygeal region. The patient stated that she went to the urgent care and she was placed on light duty.

#### **REVIEW OF SYSTEMS**

The following systems were reviewed. Check HPI for additional details.

##### **Review of Systems**

Constitutional: Negative.

HENT: Negative.

Respiratory: Negative.

Cardiovascular: Negative.

Gastrointestinal: Negative for blood in stool, nausea and vomiting.

Genitourinary: Positive for urgency.

Musculoskeletal: Positive for back pain.

Neurological: Positive for sensory change.

Psychiatric/Behavioral: Negative.

#### **ALLERGIES**

No Known Allergies

#### **PAST FAMILY MEDICAL SOCIAL HISTORY**

Patient's medications, allergies, past medical, surgical, social and family histories were reviewed and updated as appropriate.

**Medications:** Not pertinent to LNI injury

**Medical:** Not pertinent to LNI injury

**Surgical:** Not pertinent to LNI injury

**Family:** Not considered germaine to LNI claim.

**Social:** Not pertinent to LNI injury

#### **PHYSICAL EXAM**

**VITAL SIGNS:** BP 115/70 | Pulse 89 | Temp 36.8 °C (98.2 °F) | Resp 16 | Ht 1.651 m (5' 5") | Wt 73.5 kg (162 lb) | LMP 07/26/2022 | SpO2 98% | BMI 26.96 kg/m<sup>2</sup>

#### **Physical Exam**

##### **Constitutional:**

Appearance: Normal appearance.

##### **Abdominal:**

Palpations: Abdomen is soft.

##### **Genitourinary:**

Comments: The patient declined the need for a GU examination today as everything is the same as the last visit.

##### **Musculoskeletal:**

Comments: Back

**Inspection-no bruise, erythema**

**Palpation-right sacral tenderness to palpation present**

**Range of motion-decreased extension, flexion.**

**SLR positive right side.**

**5 x 5 muscle strength and tone x4 extremities.**

**Gait normal.**

**Neurological:**

General: No focal deficit present.

Mental Status: She is alert.

**New Orders:**

Orders Placed This Encounter

Procedures

- Ambulatory Referral to Kadlec Physical Therapy

Procedures

**LABS/RADIOLOGY/CONSULTS**

chart notes reviewed

I have reviewed ED notes from 07/12/2022.

KADLEC NEUROSCIENCE CENTER ORTHOPEDIC SPINE

**1. Strain of lumbar region, initial encounter**

[REDACTED] presents to be seen today in the clinic and her imaging from July 12, 2022 is reviewed with her today as well as normal spinal anatomy. Her imaging shows mild disc bulge at L4-5 with mild facet degenerative changes without significant central canal narrowing or foraminal narrowing and trace bilateral subchondral marrow edema at the inferior sacroiliac joints which is best visualized on the coronal STIR images.

We have discussed different treatment options, ranging from:

1. Conservative treatments - physical therapy, massage therapy, chiropractic adjustments, medication, ice/heat therapy
2. Interventional pain management - epidural steroid injection, neurofrequency ablations
3. Surgical intervention - last resort

At this point, we would like to try and exhaust conservative measures to help with her symptoms. The patient will talk to her attending provider about referring her to physical therapy.

We did also discuss a referral to Dr. Motaghi for evaluation and treatment of SI joint injections. At this time the patient would like to hold off on this and try more conservative measures first.

Patient is encouraged to continue to increase her current activity level reminding patient, however, of her activity restrictions and proper body mechanics to avoid any exacerbation of symptoms. Ice and/or heat therapy as indicated.

Barring any changes, we will follow up with the patient on a PRN basis for any concerns. All questions and concerns with regards to the patient's condition were discussed and answered and patient verbalized understanding and has agreed with treatment plan.

Signed by Ingrid E Erickson, PA-C on 7/29/22 at 8:58 AM

---

**MRI LUMBAR SPINE WITHOUT CONTRAST; MRI SACRUM WITHOUT CONTRAST****FINDINGS:****MRI Lumbar Spine:**

Alignment: Normal.

Vertebrae and vertebral marrow signal: Normal.

Conus and imaged portions of the caudal cord: Conus medullaris is normal in signal caliber terminating L1. The nerve roots of the cauda equina are normal.

Lumbar disc levels: Intervertebral disc space heights are maintained.

T12-L1: No spinal canal or neural foraminal stenosis.

L1-2: No spinal canal or neural foraminal stenosis.

L2-3: No spinal canal or neural foraminal stenosis.

L3-4: No spinal canal or neural foraminal stenosis.

**L4-5: Mild disc bulge and mild facet degenerative changes without significant spinal canal stenosis. No significant neural foraminal stenosis.**

L5-S1: No significant spinal canal or neural foraminal stenosis.

Paraspinal musculature and paravertebral soft tissues: Normal.

**MRI Sacrum:**

Marrow signal: **Trace bilateral subchondral marrow edema at the inferior sacroiliac joints which is best visualized on the coronal STIR images.**

Sacroiliac joints: Trace subchondral marrow edema as above. Otherwise normal.

Sacral central canal and neural foramina: Normal.

Soft tissues: Normal.

**Impression**

1. No significant spinal canal or neural foraminal stenosis within the lumbar spine or sacrum.
2. Mild degenerative changes involving of the bilateral sacroiliac joints.

Final Report Signed by: Jace Hilton, D.O.

Inland Imaging, PS

Sign Date/Time: 07/12/2022 10:39 PM PDT

---

I have also discussed the other findings on the MRI with the patient as below:

Marrow signal: **Trace bilateral subchondral marrow edema at the inferior sacroiliac joints which is best visualized on the coronal STIR images.**

L4-5: Mild disc bulge and mild facet degenerative changes without significant spinal canal stenosis. No significant neural foraminal stenosis.

## DIAGNOSIS

	ICD-10	ICD-9
	CM	CM
1. Sacroiliac strain, initial encounter	<b>S39.012</b>	<b>846.9</b>
	A	
2. Strain of lumbar region, initial encounter	S39.012	847.2
	A	
3. Urinary and bowel incontinence	R32	788.30
	R15.9	787.60

## PATIENT PROGRESS & REHABILITATION

**General Progress:** Progress towards functional goals is gradual

**APF:** May return to work with restrictions

**Restrictions include:** As per APF.

## ASSESSMENT:

The patient is a 32-year-old female with sacral pain with numbness and temperature change in the sacral region, with urinary incontinence with heaviness and aggravation of bowel incontinence and rectocele.

## PLAN:

1. May consider ice/heat self applications as directed. Tylenol/ibuprofen as directed for pain control.
2. Imaging-

MRI of sacrum and lumbar spine have been discussed with the patient today.

### 3. Consults-

General surgery-Re: Back pain with history of rectocele, with new onset prolapse, with urinary and bowel incontinence. The patient stated that she has an appointment on 08/18/2022.

Urology-Re: Urinary incontinence with back pain/injury. The patient stated that she has an appointment on 09/01/2022.

Orthopedic spine neurosurgery regarding-back pain with urinary and bowel incontinence. I have reviewed orthopedic spine surgery notes.

Follow-up recommendations at subsequent visits.

4. Physical therapy- regarding-back pain.Follow-up recommendations at subsequent visits.
5. APF has been provided to the patient. RTW disposition is pending neurology and general surgery consults.
6. Follow-up with Kadlec occupational medicine in 2 weeks.
7. ED for any emergency worsening symptoms.
8. The patient has expressed understanding of her current clinical condition and has no further questions for me.

**RESTRICTIONS TO RECOVERY**

**Duration of work restrictions:** temporary

**Anticipated return to full duty:** unknown at this time

**Pre-existing or concurrent conditions that may delay recovery:** have not been identified

**Need for return-to-work assistance?** Undecided

**COMMUNICATIONS AND FORMS:**

- APF completed

**CONTACT**

**Name/Position/Phone number:** Susan Jenks 509-783-4561

Employer/supervisor is not notified of the injured worker. Discussed injury including date of injury, diagnosis, work restrictions, availability of modified duty and treatment plan.

Length of call: 0 minutes.

**PATIENT PRINTED INSTRUCTIONS**

No notes on file

Return in about 2 weeks (around 8/29/2022).

**Time Based:** Visit was 45 minutes, with over 50% of the time spent counseling the patient regarding work disposition, diagnosis, work relatedness, education, coordination of care, and treatment options for the above diagnosis.

Portions of this report were transcribed using voice recognition software. Every effort was made to ensure accuracy; however, inadvertent wrong-word "sound-alike" substitutions may have occurred due to the inherent limitations of voice recognition software.

Electronically signed by: Amita V Dhatrika, MD, 8/15/2022 2:15 PM PDT

<p><b>State Fund Claim:</b>          Department of Labor and Industries          PO Box 44291 Olympia WA 98504-4291          Fax to claim file: 360-902-4667</p> <p><b>Self-Insured Claims:</b> Contact the Self-Insured Program          (SIE) Third Party Administrator (TPA)          For a list of SIE/TPAs, go to <a href="http://www.dol.wa.gov/claiminfo">www.dol.wa.gov/claiminfo</a></p>		<h3 style="text-align: center;">Activity Prescription Form (APF)</h3> <p style="text-align: center;">Billing Code: 1073M (Ambulatory Care Only)</p>																																																																																																																									
<p><b>Reminder:</b> An estimate or goal and regular review of all therapy is required. Complete this form every 4 weeks unless changes in medical status or capabilities or change in outcome for your patient.</p>																																																																																																																											
<p><b>General Info:</b></p> <p>Worker Name: [REDACTED] Patient ID: [REDACTED]</p> <p>Healthcare Provider's Name (please print):  <b>Amita Dharika MD MSP1</b></p> <p>Worker is released to the job of injury (JOO) without restrictions (related to the work injury) as of (date)  <input checked="" type="checkbox"/> (If selected, skip to "Plans" section below)</p>		<p>Visit Date: <b>08/29/2022</b> Doctor Signature: <b>[Signature]</b></p> <p>Date of injury: <b>07/05/22</b> Other docs: <b>RWJH-BP-A</b></p> <p>Other docs: <b>10/17/22 P-A</b></p>																																																																																																																									
<p><b>Required: Work status:</b></p> <p>Worker may perform modified duty, if available, from (date) <b>08/29/2022</b> to <b>09/12/2022</b> (estimated date)</p> <p><input type="checkbox"/> If released to modified duty, may work more than one hour a day</p> <p>Worker may work limited hours _____ beginning from (date) _____ to _____ (Estimated date)</p> <p>Worker is working modified duty or limited hours _____</p>		<p><b>Rotated by:</b> Measurable Objective Finding(s)  <i>(also referred to as Objective Medical Findings)</i>          (e.g., positive x-ray, swelling, muscle spasm, decreased range of motion)  <b>5/15/22 - VTR</b></p>																																																																																																																									
<p>Worker not released to any work duties (date): <b>1/1/2023</b> (Estimated date)</p> <p>Poor prognosis for return to work at the job of injury at any rate</p>		<p><b>Other Restrictions / Instructions:</b>  <b>* A PIC do not sit at ground level.</b></p>																																																																																																																									
<p><b>How long do the worker's current capacities apply (estimate)?</b></p> <p>1-10 days    11-20 days    21-30 days    30+ days    permanent</p> <p><b>Capacities apply all day, every day of the week, at home as well as at work</b></p>																																																																																																																											
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<p><b>Required: Plans</b></p> <p>Current rehab: PT OT Home exercise          Other (e.g. Acuity Coaching) _____</p> <p>Surgery Not indicated Possible</p> <p>Urology Appl. Planned Date: <b>09/01/2022</b>          Completed Date: <b>09/01/2022</b></p>																																																																																																																											
<p><b>Copy of APF given to worker</b></p> <p>Signature: _____ Date: <b>08/29/2022</b> Phone: <b>(809) 941-6020</b></p> <p>Doctor: ARNP PA-C</p>		<p>Discussed three key messages on back of form with patient</p> <p>Next scheduled visit in _____ day, <b>2 weeks</b> or Date: <b>09/12/2022</b></p> <p>Treatment concluded, Mx. Medical Improvement (MI)          Any permanent partial impairment? Yes No Possibly          If you are qualified, obtain rate impairment for your patient          Will rate Will inform Request IME</p> <p>Care transferred to _____          Consultation needed with _____          Study pending _____</p>																																																																																																																									
<p><b>Reg: Sign</b></p> <p>F242-385-F00 Activity Prescription Form (APF) 10-2018</p> <p>Index: APF</p>																																																																																																																											

## Progress Notes by Amita Dhatrika V, MD at 08/29/22 1320

Author: Amita Dhatrika V, MD Service: —  
 Filed: 08/29/22 1400 Status: Signed  
 Editor: Amita Dhatrika V, MD (Physician)

Author Type: Physician



KADLEC CLINIC OCCUPATIONAL MEDICINE  
 KENNEWICK  
 510 N COLORADO ST STE A  
 KENNEWICK WA 99336-5600  
 Phone: 509-942-6020  
 Fax: 509-567-6002

**Name:** [REDACTED]  
**DOB:** 6/19/1990  
**Date of Visit:** 8/29/2022  
**Medical Record:** 60010179633

**Date of Injury:** 07/06/2022  
**Claim #:** BH85390  
**Claim Manager:**  
**Primary Care Physician:** David C Livingston, DO

### FOLLOW UP PATIENT

#### OCCUPATIONAL INFORMATION

**Employer:** Select Rehab  
**IW Job Title:** physical therapist  
**Work Type:** heavy manual worker  
**Work status:** full-time  
**Duration of employment with current employer:** almost 2 years

#### DIAGNOSIS

		ICD-10	CPT	
		CM	CM	
1.	<b>Strain of lumbar region, initial encounter</b>	S39.012	847.2	
		A		
2.	Urinary and bowel incontinence	R32	788.30	
		R15.9	787.60	
3.	Sacroiliac strain, initial encounter	S39.012	846.9	
		A		

#### Follow Up Plan

1. May consider ice/heat self applications as directed. Tylenol/ibuprofen as directed for pain control.

2. Imaging-

MRI of sacrum and lumbar spine have been discussed with the patient today.

3. Consults-

General surgery-Re: Back pain with history of rectocele, with new onset prolapse, with urinary and bowel incontinence. I have reviewed general surgery consult notes as held on 08/18/2022. Urology-Re: Urinary incontinence with back pain/injury. The patient stated that she has an appointment on 09/01/2022.

Orthopedic spine neurosurgery regarding-back pain with urinary and bowel incontinence. I have reviewed orthopedic spine surgery notes.

Follow-up recommendations at subsequent visits.

4. Physical therapy- regarding-back pain.Follow-up recommendations at subsequent visits.

5. APF has been provided to the patient. The patient's care to be transferred to orthopedic spine surgery for lumbar sacral pain with the cold spot in her right sacral region.

6. Follow-up with Kadlec occupational medicine in 2 weeks.

7. ED for any emergency worsening symptoms.

8. The patient has expressed understanding of her current clinical condition and has no further questions for me.

#### CHIEF COMPLAINT

##### Chief Complaint

Patient presents with

- Workman's Comp  
*Right coccyx*

#### HISTORY OF PRESENTING ILLNESS

**Injured body part:** sacral and lower back pain. Urinary and bowel incontinence.

**Primary complaint:** sacral pain and lower back pain

**Hand dominance:** Right

[REDACTED] is a 32 y.o. female who presents with work related injury 07/06/2022.

When seen at Kadlec occupational medicine, the patient stated that the pain has improved but still has discomfort in the sacrococcygeal region. She stated pain of about 2/10 intense, radiates to the posterior right thigh, right hip, and behind the right leg. She stated that she has an occasional cold patch feeling over the sacrococcygeal region. The patient stated that she has prolapse and she has to push the contents back into the anal region. She has also noticed urinary urgency. The patient stated that she is having difficulty passing gas sometimes when she is passing urine. She stated that she needs to hold her pelvic region for support at the time of defecating or urinating and the fear of prolapse. The patient also stated that she has difficulty bending at her knees because sitting on the floor, and squatting with respect to rectal prolapse. Patient is nervous about lifting weights.

Patient stated that she went for her general surgery consult where she was offered surgical and nonsurgical options to include biofeedback therapy. The patient stated that at present she does not wish to pursue biofeedback and the surgical option. The patient stated that she has a urology

appointment on 09/01/2022. She stated that she has a physical therapy appointment tomorrow for initial evaluation.

The patient stated that she is willing to try decreased restrictions with weight limit being increased to 20 pounds.

#### **Occupational History:**

Patient stated that she is a physical therapist and works for select rehabilitation.

Patient stated that she works as a physical therapist at select rehab. The patient stated that she was diagnosed with rectocele at the age of 19 years. The patient stated that she was at work on the day of injury she was transferring a patient from her wheelchair. She stated that the right foot was unable to pivot and after the transfer she felt pain and discomfort in the sacrococcygeal region. The patient stated that she went to the urgent care and she was placed on light duty.

#### **REVIEW OF SYSTEMS**

The following systems were reviewed. Check HPI for additional details.

##### **Review of Systems**

**Constitutional:** Negative.

**HENT:** Negative.

**Respiratory:** Negative.

**Cardiovascular:** Negative.

**Gastrointestinal:** Negative for blood in stool, nausea and vomiting.

**Genitourinary:** Positive for urgency.

**Musculoskeletal:** Positive for back pain.

**Neurological:** Positive for sensory change.

**Psychiatric/Behavioral:** Negative.

#### **ALLERGIES**

No Known Allergies

#### **PAST FAMILY MEDICAL SOCIAL HISTORY**

Patient's medications, allergies, past medical, surgical, social and family histories were reviewed and updated as appropriate.

**Medications:** Not pertinent to LNI injury

**Medical:** Not pertinent to LNI injury

**Surgical:** Not pertinent to LNI injury

**Family:** Not considered germaine to LNI claim.

**Social:** Not pertinent to LNI injury

#### **PHYSICAL EXAM**

**VITAL SIGNS:** BP 118/70 | Pulse 86 | Resp 16 | Ht 1.651 m (5' 5") | Wt 72.1 kg (159 lb) | LMP 08/18/2022 (Exact Date) | SpO2 97% | BMI 26.46 kg/m<sup>2</sup>

#### **Physical Exam**

##### **Constitutional:**

Appearance: Normal appearance.

##### **Abdominal:**

Palpations: Abdomen is soft.

##### **Genitourinary:**

**Comments: The patient declined the need for a GU examination today as everything is the same as the last visit.**

**Musculoskeletal:**

Comments: Back

**Palpation-right sacral tenderness to palpation present**

**Range of motion-decreased extension, flexion, and bilateral extension.**

**SLR positive right side.**

**5 x 5 muscle strength and tone x4 extremities.**

**Gait normal.**

**Neurological:**

General: No focal deficit present.

Mental Status: She is alert.

**New Orders:**

No orders of the defined types were placed in this encounter.

**Procedures**

**LABS/RADIOLOGY/CONSULTS**

chart notes reviewed

I have reviewed ED notes from 07/12/2022.

**Colorectal Surgery History & Physical**

**ASSESSMENT & PLAN**

This is a 32-year-old lady who presented with full-thickness rectal prolapse. Incomplete defecation, rectocele and a mild perineal descent. On exam she was found to have an internal intussusception on Valsalva. Could not reproduce the prolapse as the patient could not portion off in the left lateral position but will do it in a squatting or after having a bowel movement sitting on the toilet. Patient expressed that she wishes to have children in the next year or 2. I recommended that she starts her treatment with biofeedback physical therapy and then when she is ready to have surgery then recommended surgery would be a tension-free ventral rectopexy. Procedure options, risks, benefits and alternatives reviewed with patient who express(es) understanding. Any and all questions were answered to their satisfaction.

Signed by Luay D Alabouni, MD on 8/18/22 at 4:36 PM

KADLEC NEUROSCIENCE CENTER ORTHOPEDIC SPINE

**1. Strain of lumbar region, initial encounter**

[REDACTED] presents to be seen today in the clinic and her imaging from July 12, 2022 is reviewed with her today as well as normal spinal anatomy. Her imaging shows mild disc bulge at L4-5 with mild facet degenerative changes without significant central canal narrowing or foraminal narrowing and trace bilateral subchondral marrow edema at the inferior sacroiliac joints which is best visualized on the coronal STIR images.

We have discussed different treatment options, ranging from:

1. Conservative treatments - physical therapy, massage therapy, chiropractic adjustments, medication, ice/heat therapy
2. Interventional pain management - epidural steroid injection, neurofrequency ablations
3. Surgical intervention - last resort

At this point, we would like to try and exhaust conservative measures to help with her symptoms. The patient will talk to her attending provider about referring her to physical therapy.

We did also discuss a referral to Dr. Motaghi for evaluation and treatment of SI joint injections. At this time the patient would like to hold off on this and try more conservative measures first.

Patient is encouraged to continue to increase her current activity level reminding patient, however, of her activity restrictions and proper body mechanics to avoid any exacerbation of symptoms. Ice and/or heat therapy as indicated.

Barring any changes, we will follow up with the patient on a PRN basis for any concerns. All questions and concerns with regards to the patient's condition were discussed and answered and patient verbalized understanding and has agreed with treatment plan.

Signed by Ingrid E Erickson, PA-C on 7/29/22 at 8:58 AM

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**MRI LUMBAR SPINE WITHOUT CONTRAST; MRI SACRUM WITHOUT CONTRAST**

FINDINGS:

**MRI Lumbar Spine:**

Alignment: Normal.

Vertebrae and vertebral marrow signal: Normal.

Conus and imaged portions of the caudal cord: Conus medullaris is normal in signal caliber terminating L1. The nerve roots of the cauda equina are normal.

Lumbar disc levels: Intervertebral disc space heights are maintained.

T12-L1: No spinal canal or neural foraminal stenosis.

L1-2: No spinal canal or neural foraminal stenosis.

L2-3: No spinal canal or neural foraminal stenosis.

L3-4: No spinal canal or neural foraminal stenosis.

L4-5: **Mild disc bulge and mild facet degenerative changes without significant spinal canal stenosis. No significant neural foraminal stenosis.**

L5-S1: No significant spinal canal or neural foraminal stenosis.

Paraspinal musculature and paravertebral soft tissues: Normal.

**MRI Sacrum:**

Marrow signal: Trace bilateral subchondral marrow edema at the inferior sacroiliac joints which is best visualized on the coronal STIR images.

Sacroiliac joints: Trace subchondral marrow edema as above. Otherwise normal.

Sacral central canal and neural foramina: Normal.

Soft tissues: Normal.

**Impression**

1. No significant spinal canal or neural foraminal stenosis within the lumbar spine or sacrum.
2. Mild degenerative changes involving of the bilateral sacroiliac joints.

Final Report Signed by: Jace Hilton, D.O.

Inland Imaging, PS

Sign Date/Time: 07/12/2022 10:39 PM PDT

---

**I have also discussed the other findings on the MRI with the patient as below:**

Marrow signal: Trace bilateral subchondral marrow edema at the inferior sacroiliac joints which is best visualized on the coronal STIR images.

T4-5: Mild disc bulge and mild facet degenerative changes without significant spinal canal stenosis. No significant neural foraminal stenosis.

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**DIAGNOSIS**

	ICD-10	ICD-9
	CN	CN
1. Strain of lumbar region, initial encounter	S39.012	847.2
	A	
2. Urinary and bowel incontinence	R32	788.30
	R15.9	787.60
3. Sacroiliac strain, initial encounter	S39.012	846.9
	A	

**PATIENT PROGRESS & REHABILITATION**

**General Progress:** Progress towards functional goals is gradual

**APF:** May return to work with restrictions

**Restrictions include:** As per APF.

**ASSESSMENT:**

The patient is a 32-year-old female with sacral pain with numbness and temperature change in the sacral region, with urinary incontinence with heaviness and aggravation of bowel incontinence and rectocele.

**PLAN:**

1. May consider ice/heat self applications as directed. Tylenol/ibuprofen as directed for pain control.

2. Imaging-

MRI of sacrum and lumbar spine have been discussed with the patient today.

3. Consults-

General surgery-Re: Back pain with history of rectocele, with new onset prolapse, with urinary and bowel incontinence. I have reviewed general surgery consult notes as held on 08/18/2022.

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6. Follow-up with Kadlec occupational medicine in 2 weeks.

7. ED for any emergency worsening symptoms.

8. The patient has expressed understanding of her current clinical condition and has no further questions for me.

**RESTRICTIONS TO RECOVERY**

**Duration of work restrictions:** temporary

**Anticipated return to full duty:** unknown at this time

**Pre-existing or concurrent conditions that may delay recovery:** have not been identified

**Need for return-to-work assistance?** Undecided

**COMMUNICATIONS AND FORMS:**

- APF completed

**CONTACT**

**Name/Position/Phone number:** Susan Jenks 509-783-4561

Employer/supervisor is not notified of the injured worker. Discussed injury including date of injury, diagnosis, work restrictions, availability of modified duty and treatment plan.

Length of call: 0 minutes.

**PATIENT PRINTED INSTRUCTIONS**

No notes on file

Return in about 2 weeks (around 9/12/2022).

**Time Based:** Visit was 45 minutes, with over 50% of the time spent counseling the patient regarding work disposition, diagnosis, work relatedness, education, coordination of care, and treatment options for the above diagnosis.

9/6/2022 6:31 PM FROM: PSJH\_RFAX3 TO: +13609024567 P. 9  
[REDACTED] (MR # 60010179633) DOB: 06/19/1990 Encounter Date: 08/29/2022

Portions of this report were transcribed using voice recognition software. Every effort was made to ensure accuracy; however, inadvertent wrong-word "sound-alike" substitutions may have occurred due to the inherent limitations of voice recognition software.

Electronically signed by: Amita V Dhatrika, MD, 8/29/2022 2:00 PM PDT

11/07/2022 MON 14:58 FAX

019/021

[REDACTED] (MRN: 60010179633) DOB: 6/19/1990

## PT - low back - 8/22 8/30/2022

Active  
Plan ID: 284044  
Effective from: 8/30/2022 Effective to: 11/28/2022

### Participants

as of 11/7/2022

Name	Type	Comments	Contact Info
Amita Dhatrika V, MD	Referring Provider		509-942-6020
Electronically signed by Amita Dhatrika V, MD at 9/1/2022 1943 PDT			
Anderson D McGillard, PT	Physical Therapist		

## PT - low back - 8/22 8/30/2022

Plan ID: 284044

Effective from: 8/30/2022 Effective to: 11/28/2022

### Participants as of 9/1/2022

Name	Type	Comments	Contact Info
Amita Dhatrika V, MD	Referring Provider		509-942-6020
Anderson D McGillard, PT	Physical Therapist		

### PT Plan of Care

KADLEC CLINIC THERAPY PT SPAULDING  
1351 FOWLER ST  
RICHLAND WA 99352-4714  
Phone: 509-942-2574  
Fax: 509-942-2575

### Physical Therapy – Plan of Care

Date: 8/30/2022

Patient Name: [REDACTED]

Date of Birth: 6/19/1990

Medical Record #: 60010179633

#### Encounter Diagnoses

Code	Name	Primary?
S30.012A	Strain of lumbar region, initial encounter	Yes

Date of Onset: 8/30/2022 Start of Care Date: 8/30/2022

Requested # of Visits: 12 visits 1x/week

Certification From: 8/30/2022 Certification To: 11/28/2022

11/07/2022 MON 14:58 FAX

020/021

[REDACTED] (MRN: 60010179633) DOB: 6/19/1990

**Clinical Impression:** Patient is 32 y.o. female presenting to physical therapy with diagnosis of lumbar strain. Pt demonstrates signs and symptoms consistent with primarily coccyx and SI joint pain with significant pelvic floor involvement. Pt demonstrates difficulty with pelvic floor contraction and stabilizations which is likely contributing to her symptoms. Her primary goal is to improve core stabilization strength to be able to lift 50 lbs required for return to work. Treatment to focus on lumbopelvic stabilization and recommend follow up with pelvic floor therapist.

**Goals:**

**Patient Reported Outcome Goals**

Oswestry Disability Index Goal: <10/50

**OP PT Goals**

OP PT Goals: Goal 1, Goal 2, Goal 3

Goal 1: Strength 5/5

Goal 2: Pt to be able to lift 50 lbs without pain

**Treatment Plan/Interventions**

**PT Evaluation**

97110 - Therapeutic Exercise

97112 - Neuromuscular Reeducation

97118 - Gait Training

97530 - Therapeutic Activities

97140 - Manual Therapy

Electronically signed by: ANDERSON D. MCGILLIARD, PT, 8/30/2022 4:14 PM PDT

Physician Signature indicates certification of the need for the services according to this plan of treatment for a patient under medical care.

Certification Dates: 8/30/2022 to 11/28/2022

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11/07/2022 MON 14:59 FAX

021/021

[REDACTED] (MRN: 60010179633) DOB: 6/19/1990

### Media

From this encounter

Document on 9/1/2022 1943: PT - low back - 8/22 8/30/2022

Document on 8/30/2022 1614 by Anderson D McGillard, PT: PT - low back - 8/22 8/30/2022 Type: Patient-Facing

Document on 8/30/2022 1614 by Anderson D McGillard, PT: PT - low back - 8/22 8/30/2022

### Participant Communication History

Amita Dhatrika V, MD

No communication history

[REDACTED] (MRN: 60010179633) DOB: 6/19/1990

## PT - low back - 8/22 8/30/2022

Active  
Plan ID: 284044  
Effective from: 8/30/2022 Effective to: 11/28/2022

### Participants

as of 11/7/2022

Name	Type	Comments	Contact Info
Amita Dhatrika V, MD	Referring Provider		509-942-6020
Electronically signed by Amita Dhatrika V, MD at 9/1/2022 1943 PDT			
Anderson D McGilliard, PT	Physical Therapist		

## PT - low back - 8/22 8/30/2022

Plan ID: 284044

Effective from: 8/30/2022 Effective to: 11/28/2022

### Participants as of 9/1/2022

Name	Type	Comments	Contact Info
Amita Dhatrika V, MD	Referring Provider		509-942-6020
Anderson D McGilliard, PT	Physical Therapist		

### PT Plan of Care

KADLEC CLINIC THERAPY PT SPAULDING  
1351 FOWLER ST  
RICHLAND WA 99352-4714  
Phone: 509-942-2574  
Fax: 509-942-2575

### Physical Therapy – Plan of Care

Date: 8/30/2022

Patient Name: [REDACTED]

Date of Birth: 6/19/1990

Medical Record #: 60010179633

#### Encounter Diagnoses

Code	Name	Primary?
• S39.012A	Strain of lumbar region, Initial encounter	Yes

Date of Onset: 8/30/2022 Start of Care Date: 8/30/2022

Requested # of Visits: 12 visits 1x/week

Certification From: 8/30/2022 Certification To: 11/28/2022

[REDACTED] (MRN: 60010179633) DOB: 6/19/1990

**Clinical Impression:** Patients is 32 y.o. female presenting to physical therapy with diagnosis of lumbar strain. Pt demonstrates signs and symptoms consistent with primarily coccyx and SI joint pain with significant pelvic floor involvement. Pt demonstrates difficulty with pelvic floor contraction and stabilizations which is likely contributing to her symptoms. Her primary goal is to improve core stabilization strength to be able to lift 50 lbs required for return to work. Treatment to focus on lumbopelvic stabilization and recommend follow up with pelvic floor therapist.

**Goals:**

Patient Reported Outcome Goals  
Oswestry Disability Index Goal: <10/50

OP PT Goals

OP PT Goals: Goal 1, Goal 2, Goal 3

Goal 1: Strength 5/5

Goal 2: Pt to be able to lift 50 lbs without pain

**Treatment Plan/Interventions**

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97116 - Gait Training

97530 - Therapeutic Activities

97140 - Manual Therapy

Electronically signed by: ANDERSON D. MCGILLIARD, PT, 8/30/2022 4:14 PM PDT

Physician Signature indicates certification of the need for the services according to this plan of treatment for a patient under medical care.

Certification Dates: 8/30/2022 to 11/28/2022

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Document on 8/30/2022 1614 by Anderson D McGilliard, PT; PT - low back - 8/22 8/30/2022

## Participant Communication History

**Amita Dhatrika V, MD**

No communication history

(MRN: 60010179633) DOB: 6/19/1990

## PT - low back - 8/22 8/30/2022

Active  
Plan ID: 284044  
Effective from: 8/30/2022 Effective to: 11/28/2022

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as of 11/7/2022

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Electronically signed by Amita Dhatrika V, MD at 9/1/2022 1943 PDT			
Anderson D McGilliard, PT	Physical Therapist		

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Plan ID: 284044

Effective from: 8/30/2022 Effective to: 11/28/2022

### Participants as of 9/1/2022

Name	Type	Comments	Contact Info
Amita Dhatrika V, MD	Referring Provider		509-942-6020
Anderson D McGilliard, PT	Physical Therapist		

### PT Plan of Care

KADLEC CLINIC THERAPY PT SPAULDING  
1361 FOWLER ST  
RICHLAND WA 99352-4714  
Phone: 509-942-2574  
Fax: 509-942-2575

### Physical Therapy – Plan of Care

Date: 8/30/2022

Patient Name: [REDACTED]

Date of Birth: 6/19/1990

Medical Record #: 60010179633

### Encounter Diagnoses

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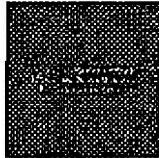
Document on 8/30/2022 1614 by Anderson D McGilliard, PT: PT - low back - 8/22 8/30/2022

## Participant Communication History

Amita Dhatrika V, MD

No communication history

B1t85390

**Tri-Cities Urology LLC****Patient:** [REDACTED]**DOB:** 06/19/1990**Sex:** F**Provider:** Dr. David Vance**Visit:** 09/01/2022 12:15PM**Chart:** REKA000001**Office:** Tri-Cities Urology**Address:** 948 Stevens Drive Suite A, Richland, WA, 99352**Primary Payer ID:** WALAI**Secondary Payer ID:****Chief Complaint:** Mixed Urinary Incontinence**History of Present Illness:**

This patient is a 32-year-old female that was referred to me through occupational therapy as she experienced an on-the-job injury while lifting a patient. She is a physical therapist. After her injury she developed rectal prolapse as well as incontinence when attempting to pass gas. She has the sensation of needing to void even though her bladder is empty she denies urinary urgency or frequency. She has no nocturia. She denies any other urgency type symptoms. She does have very mild stress incontinence but only occasionally. She has a history of a rectocele but this has not been surgically managed. She has been evaluated by a colorectal surgeon due to the rectal prolapse and they are going to follow this conservatively for the time being.

**Review of Systems:**

[REDACTED] refers no complaints in her review of systems other than that mentioned in her history of present illness.

**URINARY:** no polyuria, no nocturia, no urgency, no burning or pain on urination, no hematuria, no urinary infections, no urolithiasis, no incontinence, no dribbling.

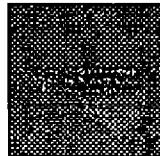
**URINARY:** incontinence

**MUSCULOSKELETAL:** no muscle or joint pains, no stiffness, no arthritis, no gout, no backache, no swelling, no redness, no pain, no tenderness, no limitation of motion.

**MUSCULOSKELETAL:** muscle pain, joint pain.

**Medications & Allergies:**

Current Medication & Dosage	Dispense	SIG	PRN?	Indication
CLINDAMYCIN PH 1% SOLUTION	60.000	0	No	
DAPSONE 5% GEL	60.000	0	No	
BUPROPION HCL ER (XL) 300 MG TB24	90.000	0 Oral	No	
APRI TAB	84.000	0 Oral Tablet	No	
METHYLPHENIDATE HCL ER (LA) 20 MG C METHYLPHENIDATE HCL ER (LA) 20 MG C P24	30.000	0 Capsule 24 Hour Sustained Release	No	
SPRINTEC 28 TAB 2B DAY	28.000	0 Oral Tablet	No	

**Tri-Cities Urology LLC**

Patient: [REDACTED]  
 Provider: Dr. David Vance  
 Office: Tri-Cities Urology  
 Primary Payer ID: WALAI

DOB: 06/19/1990 Sex: F  
 Visit: 09/01/2022 12:15PM Chart: REKA000001  
 Address: 948 Stevens Drive Suite A, Richland, WA, 99352  
 Secondary Payer ID:

Allergy	Reaction
No Known Drug Allergies (NKDA)	

**Med / Fam / Social History:****Medical History**

Past Medical History includes: Rectocele

Past Surgical History: Tonsillectomy

Primary Care Physician: None Family History None

**Social History**

Marital Status: Single

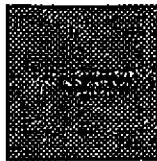
Occupation: Physical therapy

Caffeine: daily less than 2 servings, none

**Physical Exam:****System Vitals**

	09/01/22
Smoking Status	Never smoker
Pulse	77 bpm
Oxygen Saturation	99.00 %
Weight	155.00 lbs
PVR	58 mL
Pain	1/10

**Custom Vitals**

**Tri-Cities Urology LLC**

**Patient:** [REDACTED]  
**Provider:** Dr. David Vance  
**Office:** Tri-Cities Urology  
**Primary Payer ID:** WALAI

**DOB:** 06/19/1990      **Sex:** F  
**Visit:** 09/01/2022 12:15PM      **Chart:** REKA000001  
**Address:** 948 Stevens Drive Suite A, Richland, WA, 99352  
**Secondary Payer ID:**

	09/01/22
Height	65.00 in
BMI	25.79 kg/m <sup>2</sup>

**GENERAL:** AAOx3, NAD, normal level of consciousness, good personal hygiene

**HEENT:** no gross deformity, sclerae anicteric, EOMI, normal conjunctivae, PERRLA, no sinus tenderness, no boggy nasal mucosa, no erythema of throat, no exudate of throat, no lesions of throat, no enlargement of tonsils, TM clear

**SKIN:** no lesions, no rash

**NECK:**

Supple. No lymphadenopathy/tenderness (-) thyromegaly

**CARDIOVASCULAR:** RRR, no JVP, no carotid bruits, no murmurs, rubs or gallops, S1 S2 present, no S3, no S4

**LUNGS:** CTAB, no adventitious sounds **EXTREMITIES:** no varicose veins, no edema, no abnormal movements, no tremor, no rigidity, normal alignment, normal gait

**Assessment:**

Type	Code	Description
ICD-10-CM Condition	N39.46	Mixed Incontinence

**Problems:**

Description	ICD.Ver.	ICD Dx Code	Snomed	Status	Diagnosed
Mixed urinary incontinence	10	N39.48	413343005	active	July 25, 2022, midnight

**Plan:**

SG: 1.005

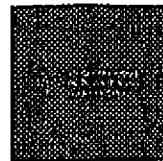
pH: 8

Leu: neg

Nit: Neg

Pro: Neg

Glu: Norm

**Tri-Cities Urology LLC****Patient:** [REDACTED]**Provider:** Dr. David Vance**Office:** Tri-Cities Urology**Primary Payer ID:** WALAI**DOB:** 06/19/1990**Sex:** F**Visit:** 09/01/2022 12:15PM**Chart:** REKA000001**Address:** 948 Stevens Drive Suite A, Richland, WA, 99352**Secondary Payer ID:**

Ket: Neg

UBG: Norm

BIL: Neg

BLD: Neg.

I discussed with the patient at this time I believe her symptoms will be transient we will plan to see her back in a couple months we did discuss the role of anticholinergics should this become necessary or if she has worsening of her incontinence.

Type	Code	Modifiers	Quantity	Description
CPT	99204		1.00 UN	OFFICE Q/P NEW MOD 45-59 MIN

**Female Urology & Sexual Health Questionnaire:**

Do you now or have you had any recent problems related to the following:

How often do you experience leakage: 2 - A few times a month

How much urine do you lose each time: 1 - Drops

Do you experience leaking with coughing, laughing, movement: Yes

Do you experience leaking with urgency? (can't get to toilet in time?): No

Do you wear pads due to leaking: No

**Overactive Bladder Symptoms**

Do you experience urgency to urinate: No

Excessive frequency: Yes

How frequently do you need to urinate?

Daytime: 6

Nighttime: 1

What is your average fluid intake per day (1 glass is 8oz/1cup): 4 glasses per day

How many cups of caffeinated beverages per day: 1 cups per day

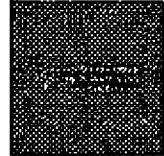
Do you experience pain with urination: No

**Sexual Health:**

Do you experience vaginal dryness: No

Do you experience pain with intercourse: No

**Pelvic Organ Prolapse symptoms:**



**Tri-Cities Urology LLC**

Patient: [REDACTED]

DOB: 06/19/1990

Sex: F

Provider: Dr. David Vance

Visit: 09/01/2022 12:15PM

Chart: REKA000001

Office: Tri-Cities Urology

Address: 948 Stevens Drive Suite A, Richland, WA, 99352

Primary Payer ID: WALAI

Secondary Payer ID:

---

Do you experience pressure in your lower abdomen: No

Do you experience a heaviness or dullness in the pelvis: Yes

Do you have a sensation of incomplete emptying of your bladder: Yes

Do you have to push on a vaginal bulge to start or complete urination: No

Do you feel or see a bulge in your vaginal area: No

Do you ever have to push on your vagina or around your rectum to have or complete a bowel movement: Yes

State Fund Claim:  
Department of Labor and Industries  
PO Box 44291 Olympia WA 98504-4291  
Fax to claim file: 360-902-4567



**Self-Insured Claims:** Contact the Self Insured Employer (SIE)/Third Party Administrator ("PA")  
For a list of SIE/TPAs, go to [www.lni.wa.gov/SelfInsured](http://www.lni.wa.gov/SelfInsured)

Worker's Name: [REDACTED] Patient ID:

General Info

Healthcare Provider's Name (please spell)  
Amita Dhatrika MD MPH

Worker is released in the job of injury (JOI) without restrictions (related to the work in injury) as of (date): 07/06/22 (estimated date)

Worker may perform modified duty, if available, from (date): 07/06/22 (estimated date)  
If released to modified duty, may work more than normal schedule

Worker may work limited hours 4 hours/day from (date): 09/12/2022 (estimated date)

Worker is working modified duty or limited hours

Worker not released to any work from (date): / / to / / (estimated date)

Poor prognosis for return to work at the job of injury at any date

How long do the worker's current capacities apply (estimate)?

1-10 days    11-20 days    21-30 days    30+ days permanent

Capacity each day, every day of the week, at home as well as at work.

Worker can't (related to work injury)	Never	Seldom	Ocasional	Frequent	Constant
Activity: Not restricted		0-10%	11-30%	31-60%	61-100% (Not restricted)
Stand / Walk					✓
Push / Pull	X				✓
Climb ladder	X				✓
Climb stairs					✓
Lift: 10 lbs					✓
Lift: 20 lbs					✓
Bend: 30deg					✓
Stret: Kneel					✓
Draw					✓
Reach: Left, Right, Both					✓
Arm above shoulders L, R, B					✓
Keyboards L, R, B					✓
Flex (flexion/extension) L, R, B					✓
Grasp (force) L, R, B					✓
Fire manipulation L, R, B					✓
Overuse foot controls L, R, B					✓
Impact tasks L, R, B					✓
Overuse task low impact L, R, B					✓

Lifting / Pushing	Never	Seldom	Ocas.	Frequent	Constant
Exercise	50 lbs	20 lbs	10 lbs	0 lbs	0 lbs
L, R, B	lbs	lbs	0-10 lbs	lbs	lbs
L, R, B	lbs	lbs	0-10 lbs	lbs	lbs
L, R, B	lbs	lbs	0-10 lbs	lbs	lbs

Worker progress: As expected / better than expected

Slower than expected (address in chart notes)

Current rehab:  PT  OT  Home exercise

Other (e.g., Activity coaching)

Surgery: Not indicated Possible

Planned Date: 7/17/22

Completed Date: 7/17/22

Copy of APF given to worker

Signature:

Doctor ARNP PA-C

Discussed three key messages on back of form with patient

Date: 09/12/2022

Date: 09/12/2022

Phone: (509) 942-6020

## Activity Prescription Form (APF)

Billing Code: 1073M (Guidance on back)

**Reminder:** Send chart notes and reports to L&I or SIE/TPA as required. Complete this form only when there are changes in medical status or capacities, or change in release for work status.

Visit Date: 9/12/22

Date of Injury: 07/06/22

Claim Number: EH185390

Diagnosis: S39-012D, R32, L15-9, S39-012A

**Required: Measurable Objective Finding(s)**  
(also referred to as Objective Medical Findings)  
(e.g. positive x-ray, swelling, muscle atrophy, decreased range of motion)

Decreased ROM L spine

Other Restrictions / Instructions:

\* Pts do not sit on ground level.

Employer Notified of Capacities? Yes No

Modified duty available? Yes No

Date of contact: 09/12/2022

Name of contact: Susan Jenkins

Notes: 509-783-4561 (carol)

Select Rehab:

Kim Daly 509 206-953-9141

Note to Claim Manager: Gina L&I

May need assistance returning to work

New diagnosis:

Opioids prescribed for: Acute pain or Chronic pain

Next scheduled visit in: days weeks or Date: 7/17/22

Treatment concluded, Max. Medical Improvement (MMI)

Any permanent partial impairment? Yes No Possibly

If you are qualified, please rate impairment for your patient

Will rate Will refer Request IME

Care transferred to: Apex Spine Orthopedics

Constitution needed with:

Study pending:

**Progress Notes by Amita Dhatrika V, MD at 09/29/22 0920**

Author: Amita Dhatrika V, MD

Service: —

Author Type: Physician

Filed: 09/29/22 1023

Status: Signed

Editor: Amita Dhatrika V, MD (Physician)



KADLEC CLINIC OCCUPATIONAL MEDICINE

KENNEWICK

510 N COLORADO ST STE A

KENNEWICK WA 99336-5600

Phone: 509-942-6020

Fax: 509-567-6002

**Name:** [REDACTED]**Date of Injury:** 07/06/2022**DOB:** 6/19/1990**Claim #:** BH85390**Date of Visit:** 9/29/2022**Claim Manager:****Medical Record:** 60010179633**Primary Care Physician:** David C Livingston, DO**FOLLOW UP PATIENT****OCCUPATIONAL INFORMATION**

Employer: Select Rehab

IW Job Title: physical therapist

Work Type: heavy manual worker

Work status: full-time

Duration of employment with current employer: almost 2 years

**DIAGNOSIS**

		ICD-10	CPT	
		CM	CM	
1.	Sacroiliac strain, initial encounter	S39.012 A	846.9	Ambulatory referral to Orthopedic Surgery
2.	Strain of lumbar region, initial encounter	S39.012 A	847.2	Ambulatory referral to Orthopedic Surgery
3.	Urinary and bowel incontinence	R32 R15.9	788.30 787.60	Ambulatory referral to Orthopedic Surgery

**Follow Up Plan**

1. May consider ice/heat self applications as directed. Tylenol/ibuprofen as directed for pain control. The patient stated that she is feeling much better and would like to be released to regular duty without any restrictions for modified hours that is 4 hours/day 5 days a week. The patient stated that she has lifted 40 pounds and will be able to do so at her job as well.
2. Imaging-  
MRI of sacrum and lumbar spine have been discussed with the patient.
3. Consults-  
General surgery-Re: Back pain with history of rectocele, with new onset prolapse, with urinary and bowel incontinence. I have reviewed general surgery consult notes as held on 08/18/2022.  
Urology-Re: Urinary incontinence with back pain/injury. I have reviewed urology notes as held on 09/01/2022.  
Orthopedic spine neurosurgery regarding-back pain with urinary and bowel incontinence. I have reviewed orthopedic spine surgery notes.  
The patient's care has been transferred to BFOA for further management, rehabilitation, and return to work recommendations.
4. Physical therapy- regarding-back pain. I have reviewed physical therapy Daily treatment note as held on 09/21/2022.
5. APF has been provided to the patient.
6. Follow-up with Kadlec occupational medicine prn.
7. ED for any emergency worsening symptoms.
8. The patient has expressed understanding of her current clinical condition and has no further questions for me.

#### CHIEF COMPLAINT

Chief Complaint:

Patient presents with:

- Drug Screen

*Right coccyx*

#### HISTORY OF PRESENTING ILLNESS

**Injured body part:** sacral and lower back pain. Urinary and bowel incontinence.

**Primary complaint:** sacral pain and lower back pain

**Hand dominance:** Right

[REDACTED] is a 32 y.o. female who presents with work related injury 07/06/2022.

When seen at Kadlec occupational medicine, the patient stated that the pain has improved but still has discomfort in the sacrococcygeal region. She stated pain of about 2/10 intense, radiates to the posterior right thigh, right hip, and behind the right leg. She stated that she has an occasional cold patch feeling over the sacrococcygeal region.

The patient stated that she has prolapse and she has to push the contents back into the anal region. She has also noticed urinary urgency. The patient stated that she is having difficulty passing gas sometimes when she is passing urine. She stated that she needs to hold her pelvic region for support at the time of defecating or urinating and the fear of prolapse.

The patient stated that she is feeling much better and would like to be released to regular duty without any restrictions for modified hours that is 4 hours/day 5 days a week. The patient stated that she has lifted 40 pounds and will be able to do so at her job as well.

**Occupational History:**

Patient stated that she is a physical therapist and works for select rehabilitation.

Patient stated that she works as a physical therapist at select rehab. The patient stated that she was diagnosed with rectocele at the age of 19 years. The patient stated that she was at work on the day of injury she was transferring a patient from her wheelchair. She stated that the right foot was unable to pivot and after the transfer she felt pain and discomfort in the sacrococcygeal region. The patient stated that she went to the urgent care and she was placed on light duty.

**REVIEW OF SYSTEMS**

The following systems were reviewed. Check HPI for additional details.

**Review of Systems**

**Constitutional:** Negative.

**HENT:** Negative.

**Respiratory:** Negative.

**Cardiovascular:** Negative.

**Gastrointestinal:** Negative for blood in stool, nausea and vomiting.

**Genitourinary:** Positive for urgency.

**Musculoskeletal:** Positive for back pain.

**Neurological:** Positive for sensory change.

**Psychiatric/Behavioral:** Negative.

**ALLERGIES**

No Known Allergies

**PAST FAMILY MEDICAL SOCIAL HISTORY**

Patient's medications, allergies, past medical, surgical, social and family histories were reviewed and updated as appropriate.

**Medications:** Not pertinent to LNI injury

**Medical:** Not pertinent to LNI injury

**Surgical:** Not pertinent to LNI injury

**Family:** Not considered germaine to LNI claim.

**Social:** Not pertinent to LNI injury

**PHYSICAL EXAM**

**VITAL SIGNS:** BP 110/72 | Pulse 72 | Resp 16 | Wt 72.6 kg (160 lb) | LMP 09/15/2022 (Within Days) | SpO<sub>2</sub> 99% | BMI 26.63 kg/m<sup>2</sup>

**Physical Exam****Constitutional:**

Appearance: Normal appearance.

**Abdominal:**

Palpations: Abdomen is soft.

**Genitourinary:**

Comments: The patient declined the need for a GU examination today as everything is the same as the last visit.

**Musculoskeletal:****Comments: Back****Palpation-right sacral tenderness to palpation present****Range of motion-decreased extension, and right lateral extension.****SLR positive right side.****5 x 5 muscle strength and tone x4 extremities.****Gait normal.****Neurological:**

General: No focal deficit present.

Mental Status: She is alert.

**New Orders:**

Orders Placed This Encounter

Procedures

- Ambulatory referral to Orthopedic Surgery

**Procedures****LABS/RADIOLOGY/CONSULTS**

chart notes reviewed

I have reviewed ED notes from 07/12/2022.

---

**Physical Therapy Daily Treatment Note Date: 9/21/2022****Assessment/Plan**

Next Visit Information: A: Continued examination today revealed poor force closure of bilat SI joint, (+) ASLR, and poor gluteal recruitment patterns with tendency to compensation with hamstring recruitment. Pt reporting relief of coccyx/SI pain with lumbar extension, gentle PF exercise, and MRF over R ischiococcygeus. Pt demo'ing dysfunctional abdominal recruitment patterns and posturing, impacting tension of coccyx. Patient able to relieve sacral and coccyx symptoms with diaphragmatic breathing, 360 breathing, and focus on PF/TrA contraction vs. oblique dominance. Modifications made to current HEP to encouraged correct abdominal recruitment patterns, enhance gluteal recruitment, and promote improved rib cage mobility during breathing.

P: f/u re: HEP (diaphragmatic breathing, 360 breathing, HEP modifications - supine march and glute bridge, postural observation). Continue to encourage exercise progression with focus on TrA and gluteal recruitment. Continue manual PF release techniques.

**Goals:**

OP PT Goals

Goal 1: Strength 5/5

Goal 1 Status: In progress

Goal 2: Pt to be able to lift 50 lbs without pain

Goal 2 Status: In progrss

Electronically signed by: CASSIE L. MCCOOK, PT, 9/21/2022 9:13 AM PDT

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**Urology history and physical-09/01/2022.**

Diagnosis mixed urinary incontinence

Plan of care-no plan of care recorded.

Dr. David Vance

---

**Colorectal Surgery History & Physical****ASSESSMENT & PLAN**

This is a 32-year-old lady who presented with full-thickness rectal prolapse. Incomplete defecation, rectocele and a mild perineal descent. On exam she was found to have an internal intussusception on Valsalva. Could not reproduce the prolapse as the patient could not portion of in the left lateral position but will do it in a squatting or after having a bowel movement sitting on the toilet. Patient expressed that she wishes to have children in the next year or 2. I recommended that she starts her treatment with biofeedback physical therapy and then when she is ready to have surgery then recommended surgery would be a tension-free ventral rectopexy. Procedure options, risks, benefits and alternatives reviewed with patient who express(es) understanding. Any and all questions were answered to their satisfaction.

Signed by Luay D Ailabouni, MD on 8/18/22 at 4:36 PM

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KAOLOC NEUROSCIENCE CENTER ORTHOPEDIC SPINE

**1. Strain of lumbar region, initial encounter**

[REDACTED] presents to be seen today in the clinic and her imaging from July 12, 2022 is reviewed with her today as well as normal spinal anatomy. Her imaging shows mild disc bulge at L4-5 with mild facet degenerative changes without significant central canal narrowing or foraminal narrowing and trace bilateral subchondral marrow edema at the inferior sacroiliac joints which is best visualized on the coronal STIR images.

We have discussed different treatment options, ranging from:

1. Conservative treatments - physical therapy, massage therapy, chiropractic adjustments, medication, ice/heat therapy
2. Interventional pain management - epidural steroid injection, neurofrequency ablations
3. Surgical intervention - last resort

At this point, we would like to try and exhaust conservative measures to help with her symptoms. The patient will talk to her attending provider about referring her to physical therapy.

We did also discuss a referral to Dr. Motaghi for evaluation and treatment of SI joint injections. At this time the patient would like to hold off on this and try more conservative measures first.

Patient is encouraged to continue to increase her current activity level reminding patient, however, of her activity restrictions and proper body mechanics to avoid any exacerbation of symptoms. Ice and/or heat therapy as indicated.

Barring any changes, we will follow up with the patient on a PRN basis for any concerns. All questions and concerns with regards to the patient's condition were discussed and answered and patient verbalized understanding and has agreed with treatment plan.

Signed by Ingrid E Erickson, PA-C on 7/29/22 at 8:58 AM

---

**MRI LUMBAR SPINE WITHOUT CONTRAST; MRI SACRUM WITHOUT CONTRAST**

**FINDINGS:**

**MRI Lumbar Spine:**

Alignment: Normal.

Vertebrae and vertebral marrow signal: Normal.

Conus and imaged portions of the caudal cord: Conus medullaris is normal in signal caliber terminating L1. The nerve roots of the cauda equina are normal.

Lumbar disc levels: Intervertebral disc space heights are maintained.

T12-L1: No spinal canal or neural foraminal stenosis.

L1-2: No spinal canal or neural foraminal stenosis.

L2-3: No spinal canal or neural foraminal stenosis.

L3-4: No spinal canal or neural foraminal stenosis.

L4-5: **Mild disc bulge and mild facet degenerative changes without significant spinal canal stenosis. No significant neural foraminal stenosis.**

L5-S1: No significant spinal canal or neural foraminal stenosis.

Paraspinal musculature and paravertebral soft tissues: Normal.

**MRI Sacrum:**

Marrow signal: **Trace bilateral subchondral marrow edema at the inferior sacroiliac joints which is best visualized on the coronal STIR images.**

Sacroiliac joints: Trace subchondral marrow edema as above. Otherwise normal.

Sacral central canal and neural foramina: Normal.

Soft tissues: Normal.

**Impression**

1. No significant spinal canal or neural foraminal stenosis within the lumbar spine or sacrum.
2. Mild degenerative changes involving of the bilateral sacroiliac joints.

Final Report Signed by: Jace Hilton, D.O.  
Inland Imaging, PS  
Sign Date/Time: 07/12/2022 10:39 PM PDT

I have also discussed the other findings on the MRI with the patient as below:  
**Marrow signal:** Trace bilateral subchondral marrow edema at the inferior sacroiliac joints which is best visualized on the coronal STIR images.  
**L4-5:** Mild disc bulge and mild facet degenerative changes without significant spinal canal stenosis. No significant neural foraminal stenosis.

## DIAGNOSIS

	ICD-10	ICD-9
	CM	CM
1. Sacroiliac strain, initial encounter	S39.012	846.9
	A	
2. Strain of lumbar region, initial encounter	S39.012	847.2
	A	
3. Urinary and bowel incontinence	R32	788.30
	R15.9	787.60

## PATIENT PROGRESS & REHABILITATION

**General Progress:** Progress towards functional goals is gradual

**APF:** May return to work with restrictions

**Restrictions include:** As per APF.

## ASSESSMENT:

The patient is a 32-year-old female with sacral pain with numbness and temperature change in the sacral region, with urinary incontinence with heaviness and aggravation of bowel incontinence and rectocele.

## PLAN:

1. May consider ice/heat self applications as directed. Tylenol/ibuprofen as directed for pain control. The patient stated that she is feeling much better and would like to be released to regular duty without any restrictions for modified hours that is 4 hours/day 5 days a week. The patient stated that she has lifted 40 pounds and will be able to do so at her job as well.

2. Imaging-

MRI of sacrum and lumbar spine have been discussed with the patient.

3. Consults-

General surgery-Re: Back pain with history of rectocele, with new onset prolapse, with urinary and bowel incontinence. I have reviewed general surgery consult notes as held on 08/18/2022.

Urology-Re: Urinary incontinence with back pain/injury. I have reviewed urology notes as held on 09/01/2022.

Orthopedic spine neurosurgery regarding-back pain with urinary and bowel incontinence. I have reviewed orthopedic spine surgery notes.

The patient's care has been transferred to BFOA for further management, rehabilitation, and return to work recommendations.

4. Physical therapy- regarding-back pain. I have reviewed physical therapy Daily treatment note as held on 09/21/2022.

5. APF has been provided to the patient.

6. Follow-up with Kadlec occupational medicine prn.

7. ED for any emergency worsening symptoms.

8. The patient has expressed understanding of her current clinical condition and has no further questions for me.

#### RESTRICTIONS TO RECOVERY

**Duration of work restrictions:** temporary

**Anticipated return to full duty:** unknown at this time

**Pre-existing or concurrent conditions that may delay recovery:** have not been identified

**Need for return-to-work assistance?** Undecided

#### COMMUNICATIONS AND FORMS:

- APF completed

#### CONTACT

**Name/Position/Phone number:** Mr. Josh at HR 877-987-3430

Employer/supervisor is not notified of the injured worker. Discussed injury including date of injury, diagnosis, work restrictions, availability of modified duty and treatment plan.

Length of call: 3 minutes.

Call attempted-call the above number and I was told that they do not have Mr. Josh at this location.

#### PATIENT PRINTED INSTRUCTIONS

No notes on file

Return if symptoms worsen or fail to improve.

**Time Based:** Visit was 45 minutes, with over 50% of the time spent counseling the patient regarding work disposition, diagnosis, work relatedness, education, coordination of care, and treatment options for the above diagnosis.

Portions of this report were transcribed using voice recognition software. Every effort was made to ensure accuracy; however, inadvertent wrong-word "sound-alike" substitutions may have occurred due to the inherent limitations of voice recognition software.

Electronically signed by: Amita V Dhatrika, MD, 9/29/2022 10:23 AM PDT

11/07/2022 MON 14:55 FAX

004/021

[REDACTED] (MR # 60010179633) D... Admission Date: 10/10/2022, Discharge Date: 10/10/2022

## Progress Notes by Cassie L McCook, PT at 10/10/22 1500

Author: Cassie L McCook, PT Service: —

Author Type: Physical Therapist

Filed: 10/10/22 1610 Status: Signed

Editor: Cassie L McCook, PT (Physical Therapist)

**KADLEC MEDICAL CENTER OUTPATIENT PHYSICAL THERAPY**

1266 LEE BLVD

RICHLAND WA 99352-4231

Phone: 509-942-2660

Fax: 509-942-2836

### Physical Therapy Daily Treatment Note

Date: 10/10/2022

#### Patient Information

Patient Name: [REDACTED]

Date of Birth: 07/10/1990 Age: 32 y.o.

Medical Record #: 60010179633

#### Encounter Diagnoses

Code Name

Primary

?

Yes

- S39.012A Strain of lumbar region, initial encounter
- S39.012A Sacroiliac strain, initial encounter

Date of Onset: 8/30/2022 Start of Care Date: 8/30/2022

Certification From: 8/30/2022 Certification To: 11/28/2022

Referring Provider: Amrita Dhatrika V, MD

#### Tests/Measures

#### Pain Assessment:

Location: c/o lumbar stiffness today, did not rate pain

#### Pain/Comfort

Presence Of Pain: complains of pain/discomfort

#### Today's Treatment

Start Time: 1500 Stop time: 1650

Duration: 50 minutes

Timed Treatment Codes: 50 minutes

# of PT Visits to Date: 7

#### Subjective

Subjective Report: S: Pt continues to work on her HEP, reports improved tolerance of SLS exercises. Pt noticing improved breathing patterns, improved transverse abdominus

11/07/2022 MON 14:55 FAX

005/021

[REDACTED] (MR # 60010179633) D... Admission Date: 10/10/2022, Discharge Date: 10/10/2022

contraction, and decreased SI pain. Patient lumbar spine stiff today after doing multiple hours of floor sitting

**Objective**

**INTERVENTION**

**Patient/Caregiver Education**

Learner: Patient

Readiness: Eager

Method: Explanation

Response: Verbalizes Understanding

Comment: PT POC

**Therapy Interventions**

HEP: HEP from evaluating PT, diaphragmatic breathing, 360 breathing, supine march, glute bridge (single and double), postural observation, standing TB resisted hip ABD/extension, single leg side step downs, single leg stand-ups

PT Interventions: Intervention #6

PT INTERVENTION 3: NMRE: review re: correct breathing pattern for improved pressure management for optimal abdominal and pelvic muscle function to restore normal coccyx motion, avoidance of rib gripping, postural observation

PT INTERVENTION 6: NMRE: - gluteal/posterior PFM motor control - single leg side step downs, single leg stand-ups/asymmetrical stand-ups

PT MANUAL THERAPY 1: Patient prone - external MFR release techniques to R iliococcygeus, fascial decompression over R sacrotuberous ligament

PT MANUAL THERAPY 2: Patient in quadruped - fascial decompression to lumbar and thoracic paraspinals, coordinated with rib cage breathing and gentle cat/cow

**Assessment/Plan**

Next Visit Information: A: Pt responding well to HEP for improved pain management. External PF release and fascial decompression along lumbar/thoracic paraspinals helped relieve posterior R SI pain, performed in conjunction with movement. P: f/u re: HEP. Continue to encourage exercise progression with focus on TrA and gluteal recruitment. Continue manual PF release techniques with primary PT. Fascial decompression over posterior rib/thoracic paraspinals to encourage improved rib cage mobility with breathing

**Goals:**

OP PT Goals

Goal 1: Strength 5/5

Goal 1 Status: In progress

Goal 2: Pt to be able to lift 50 lbs without pain

Goal 2 Status: In progress

Electronically signed by: CASSIE L. MCCOOK, PT, 10/10/2022 4:08 PM PDT

Patient Name: [REDACTED] DOB: 6/19/1990/Medical Record #: 60010179633

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11/7/2022 3:47:00 PM PAGE 5/020 Fax Server

11/07/2022 MON 14:55 FAX

006/021

[REDACTED] (MR # 60010179633) D... Admission Date: 10/10/2022, Discharge Date: 10/10/2022

## Chart Review Routing History

No routing history on file.

ATLNI:11/08/2022 11:30:22 AM [Pacific Standard Time]

(MR # 60010179633) D... Admission Date: 10/10/2022, Discharge Date: 10/10/2022

## Progress Notes by Cassie L McCook, PT at 10/10/22 1500

Author: Cassie L McCook, PT Service: —

Author Type: Physical Therapist

Filed: 10/10/22 1610 Status: Signed

Editor: Cassie L McCook, PT (Physical Therapist)

### KADLEC MEDICAL CENTER OUTPATIENT PHYSICAL THERAPY

1268 LEE BLVD

RICHLAND WA 99352-4231

Phone: 509-942-2660

Fax: 509-942-2836

### Physical Therapy Daily Treatment Note

Date: 10/10/2022

#### Patient Information

Patient Name: [REDACTED]

Date of Birth: 6/19/1990 Age: 32 y.o.

Medical Record #: 60010179633

#### Encounter Diagnoses

Code	Name	Primary ?
• S39.012A	Strain of lumbar region, initial encounter	
• S39.012A	Sacroiliac strain, initial encounter	Yes

Date of Onset: 8/30/2022 Start of Care Date: 8/30/2022

Certification From: 8/30/2022 Certification To: 11/28/2022

Referring Provider: Amita Dhatrika V, MD

#### Tests/Measures

##### Pain Assessment:

Location: c/o lumbar stiffness today, did not rate pain

Pain/Comfort

Presence Of Pain: complains of pain/discomfort

#### Today's Treatment

Start Time: 1500 Stop time: 1550

Duration: 50 minutes

Timed Treatment Codes: 50 minutes

# of PT Visits to Date: 7

#### Subjective

Subjective Report: S: Pt continues to work on her HEP, reports improved tolerance of SLS exercises. Pt noticing improved breathing patterns, improved transverse abdominus

(MR # 60010179633) D... Admission Date: 10/10/2022, Discharge Date: 10/10/2022

contraction, and decreased SI pain. Patient lumbar spine stiff today after doing multiple hours of floor sitting

### Objective

### INTERVENTION

Patient/Caregiver Education

Learner: Patient

Readiness: Eager

Method: Explanation

Response: Verbalizes Understanding

Comment: PT POC

### Therapy Interventions

HEP: HEP from evaluating PT, diaphragmatic breathing, 360 breathing, supine march, glute bridge (single and double), postural observation, standing TB resisted hip ABD/extension, single leg side step downs, single leg stand-ups

PT Interventions: Intervention #6

PT INTERVENTION 3: NMRE: review re: correct breathing pattern for improved pressure management for optimal abdominal and pelvis muscle function to restore normal coccyx motion, avoidance of rib gripping, postural observation

PT INTERVENTION 6: NMRE: - gluteal/posterior PFM motor control - single leg side step downs, single leg stand-ups/asymmetrical stand-ups

PT MANUAL THERAPY 1: Patient prone - external MFR release techniques to R Ischliococcygeus, fascial decompression over R sacrotuberous ligament

PT MANUAL THERAPY 2: Patient in quadruped - fascial decompression to lumbar and thoracic paraspinals, coordinated with rib cage breathing and gentle cat/cow

### Assessment/Plan

Next Visit Information: A: Pt responding well to HEP for improved pain management. External PF release and fascial decompression along lumbar/thoracic paraspinals helped relieve posterior R SI pain, performed in confunction with movement. P: f/u re: HEP. Continue to encourage exercise progression with focus on TrA and gluteal recruitment. Continue manual PF release techniques with primary PT. Fascial decompression over posterior rib/thoracic paraspinals to encourage improved rib cage mobility with breathing

### Goals:

OP PT Goals

Goal 1: Strength 5/5

Goal 1 Status: In progress

Goal 2: Pt to be able to lift 50 lbs without pain

Goal 2 Status: In progrss

Electronically signed by: CASSIE L. MCCOOK, PT, 10/10/2022 4:09 PM PDT

Patient Name: [REDACTED] DOB: 6/19/1990/Medical Record #: 60010179633

[REDACTED] (MR # 60010179633) D... Admission Date: 10/10/2022, Discharge Date: 10/10/2022

## Chart Review Routing History

No routing history on file.

11/07/2022 MON 14:55 FAX

007/021

[REDACTED] (MR # 60010179633) D... Admission Date: 10/18/2022, Discharge Date: 10/18/2022

## Progress Notes by Cassie L McCook, PT at 10/18/22 1400

Author: Cassie L McCook, PT Service: —

Author Type: Physical Therapist

Filed: 10/18/22 1520 Status: Signed

Editor: Cassie L McCook, PT (Physical Therapist)

KADLEC MEDICAL CENTER OUTPATIENT PHYSICAL THERAPY

1268 LEE BLVD

RICHLAND WA 99352-4231

Phone: 509-942-2660

Fax: 509-942-2836

### Physical Therapy Daily Treatment Note

Date: 10/18/2022

#### Patient Information

Patient Name: [REDACTED]

Date of Birth: 8/18/1980 Age: 32 y.o.

Medical Record #: 60010179633

#### Encounter Diagnoses

Code Name

Primary

?

Yes

• S39.012A Strain of lumbar region, initial encounter

• S39.012A Sacroiliac strain, initial encounter

Date of Onset: 8/30/2022 Start of Care Date: 8/30/2022

Certification From: 8/30/2022 Certification To: 11/28/2022

Referring Provider: Amrita Dhatrika V, MD

#### Tests/Measures

##### Pain Assessment:

Location: R SI: Avg: 1/0, Worst: 3/10 (typically daily)

##### Pain/Comfort

Presence Of Pain: complains of pain/discomfort

#### Today's Treatment

Start Time: 1400 Stop time: 1450

Duration: 50 minutes

Timed Treatment Codes: 50 minutes

# of PT Visits to Date: 8

#### Subjective

11/07/2022 MON 14:55 FAX

008/021

Redmann, Kaylee (MR # 60010179633) D... Admission Date: 10/18/2022, Discharge Date: 10/18/2022

**Subjective Report:** S: Pt continues to work on her HEP, reports improved tolerance of SLS exercises. Pt noting improved breathing patterns, improved transverse abdominus contraction, and decreased SI pain. Patient hoping to return to work this week.

**Objective**  
**INTERVENTION**

**Patient/Caregiver Education**

Learner: Patient

Readiness: Eager

Method: Explanation

Response: Verbalizes Understanding

Comment: PT POC

**Therapy Interventions**

HEP: HEP from evaluating PT, diaphragmatic breathing, 360 breathing, supine march, glute bridge (single and double), postural observation, standing TB resisted hip ABD/extension, single leg side step downs, single leg stand-ups

PT INTERVENTION 3: NMRE: review re: HEP and correct breathing pattern for improved pressure management for optimal abdominal and pelvis muscle function to restore normal coccyx motion, avoidance of rib gripping, postural observation. Addition of side lunging and progression of supine marching to supine 90/90 marching

PT MANUAL THERAPY 1: Patient prone - external MFR release techniques to R ischiococcygeus, fascial decompression over R sacrotuberous ligament \*\*not performed today

PT MANUAL THERAPY 2: Patient in sidelying and quadruped - fascial decompression to lumbar and thoracic paraspinals, coordinated with rib cage breathing and gentle cat/cow

**Assessment/Plan**

Next Visit Information: A: Pt responding well to HEP for improved pain management. Fascial decompression along lumbar/thoracic paraspinals helped relieve posterior R SI pain, performed in conjunction with movement. P: f/u re: HEP. Continue to encourage exercise progression with focus on TrA and gluteal recruitment. Continue manual PF release techniques with primary PT. Fascial decompression over posterior rib/thoracic paraspinals to encourage improved rib cage mobility with breathing. f/u re: addition of supine 90/90 march and side lunge

**Goals:**

OP PT Goals

Goal 1: Strength 5/5

Goal 1 Status: In progress

Goal 2: Pt to be able to lift 50 lbs without pain

Goal 2 Status: In progress

Electronically signed by: CASSIE L. MCCOOK, PT, 10/18/2022 3:18 PM PDT

Patient Name: [REDACTED] /DOB: 6/10/1990/Medical Record #: 60010179633

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[REDACTED] (MR # 60010179633) D... Admission Date: 10/18/2022, Discharge Date: 10/18/2022

## Chart Review Routing History

No routing history on file.

ATLNI:147522 11:36:22 AM [Pacific Standard Time]

(MR # 60010179633) D... Admission Date: 10/18/2022, Discharge Date: 10/18/2022

## Progress Notes by Cassie L McCook, PT at 10/18/22 1400

Author: Cassie L McCook, PT Service: —

Author Type: Physical Therapist

Filed: 10/18/22 1520 Status: Signed

Editor: Cassie L McCook, PT (Physical Therapist)

### KADLEC MEDICAL CENTER OUTPATIENT PHYSICAL THERAPY

1268 LEE BLVD

RICHLAND WA 99352-4231

Phone: 509-942-2660

Fax: 509-942-2836

### Physical Therapy Daily Treatment Note

Date: 10/18/2022

#### Patient Information

Patient Name: [REDACTED]

Date of Birth: 6/19/1990 Age: 32 y.o.

Medical Record #: 60010179633

#### Encounter Diagnoses

Code	Name	Primary
?		?
S39.012A	Strain of lumbar region, initial encounter	Yes
S39.012A	Sacroiliac strain, initial encounter	

Date of Onset: 8/30/2022 Start of Care Date: 8/30/2022

Certification From: 8/30/2022 Certification To: 11/26/2022

Referring Provider: Amita Dhatrika V, MD

#### Tests/Measures

##### Pain Assessment:

Location: R SI: Avg: 1/0. Worst: 3/10 (typically daily)

Pain/Comfort

Presence Of Pain: complains of pain/discomfort

#### Today's Treatment

Start Time: 1400 Stop time: 1450

Duration: 50 minutes

Timed Treatment Codes: 50 minutes

# of PT Visits to Date: 8

#### Subjective

(MR # 60010179633) D... Admission Date: 10/18/2022, Discharge Date: 10/18/2022

**Subjective Report:** S: Pt continues to work on her HEP, reports improved tolerance of SLS exercises. Pt noticing improved breathing patterns, improved transverse abdominus contraction, and decreased SI pain. Patient hoping to return to work this week.

**Objective  
INTERVENTION**

**Patient/Caregiver Education**

Learner: Patient

Readiness: Eager

Method: Explanation

Response: Verbalizes Understanding

Comment: PT POC

**Therapy Interventions**

HEP: HEP from evaluating PT, diaphragmatic breathing, 360 breathing, supine march, glute bridge (single and double), postural observation, standing TB resisted hip ABD/extension, single leg side step downs, single leg stand-ups

PT INTERVENTION 3: NMRE: review re: HEP and correct breathing pattern for improved pressure management for optimal abdominal and pelvis muscle function to restore normal coccyx motion, avoidance of rib gripping, postural observation. Addition of side lunging and progression of supine marching to supine 90/90 marching

PT MANUAL THERAPY 1: Patient prone - external MFR release techniques to R ischiococcygeus, fascial decompression over R sacrotuberous ligament \*\*not performed today

PT MANUAL THERAPY 2: Patient in sidelying and quadruped - fascial decompression to lumbar and thoracic paraspinals, coordinated with rib cage breathing and gentle cat/cow

**Assessment/Plan**

Next Visit Information: A: Pt responding well to HEP for improved pain management. Fascial decompression along lumbar/thoracic paraspinals helped relieve posterior R SI pain, performed in confunction with movement. P: f/u re: HEP. Continue to encourage exercise progression with focus on TrA and gluteal recruitment. Continue manual PF release techniques with primary PT. Fascial decompression over posterior rib/thoracic paraspinals to encourage improved rib cage mobility with breathing. f/u re: addition of supine 90/90 march and side lunge

**Goals:**

OP PT Goals

Goal 1: Strength 5/5

Goal 1 Status: In progress

Goal 2: Pt to be able to lift 50 lbs without pain

Goal 2 Status: In progress

Electronically signed by: CASSIE L. MCCOOK, PT, 10/18/2022 3:18 PM PDT

Patient Name: [REDACTED] /DOB: 6/19/1990/Medical Record #: 60010179633

[REDACTED] (MR # 60010179633) D... Admission Date: 10/18/2022, Discharge Date: 10/18/2022

## Chart Review Routing History

No routing history on file.

**State Fund Claim:**Department of Labor and Industries  
PO Box 44291 Olympia WA 98504-4291**Self-Insured Claims:** Contact the Self Insured Employer (SIE)/Third Party Administrator(TPA)  
For a list of SIE/TPAs, go to [www.lni.wa.gov/SelfInsured](http://www.lni.wa.gov/SelfInsured)**Activity Prescription Form (APF)**

Billing Code: 1073 M (Guidance on back)

**Reminder:** Send chart notes and reports to L&I or SIE/TPA as required. Complete this form only when there are changes in medical status or capacities, or change in release for work status.

<b>General info</b>	Worker's Name: <b>[REDACTED]</b>	Patient ID: <b>483554</b>	Visit Date: <b>10/19/2022</b>	Claim Number: <b>BH85390</b>		
<b>Required: Work status</b>	Healthcare Provider's Name (please print): <b>STEPHEN DECHTER</b> <input checked="" type="checkbox"/> Worker is released to the job of injury (JOI) without restrictions (related to the work injury) as of date <b>10/19/2022</b> <i>(if selected, skip to "Plans" section below)</i>					
	<input type="checkbox"/> Worker may perform modified duty, if available, from (date): <b>/ /</b> to <b>/ /</b> (estimated date) <input type="checkbox"/> If released to modified duty, may work more than normal schedule					
	<input type="checkbox"/> Worker may work limited hours: 0 hours/day from (date): <b>/ /</b> to <b>/ /</b> (estimated date)					
	<input type="checkbox"/> Worker is working modified duty or limited hours					
	<input type="checkbox"/> Worker not released to any work from (date): <b>/ /</b> to <b>/ /</b> (estimated date)					
	<input type="checkbox"/> Poor prognosis for return to work at the job of injury at any date					
<b>Required: Estimate what the worker can do at work and at home unless released to JOI</b>	How long do the worker's current capacities apply (estimate)? <input type="checkbox"/> 1-10 days <input type="checkbox"/> 11-20 days <input type="checkbox"/> 21-30 days <input type="checkbox"/> 30+ days <input type="checkbox"/> permanent <i>Capacities apply all day, every day of the week, at home as well as at work</i>					
	Worker can: (Related to work/injury) A blank space = Not restricted	Never	Seldom 1-10% 0-1 hour	Occasional 11-33% 1-3 hour	Frequent 34-66% 3-6 hour	Constant 67-100% (Not restricted)
	Sit					
	Stand / Walk					
	Perform work from ladder					
	Climb ladder					
	Climb stairs					
	Twist					
	Bend / Stoop					
	Squat / Kneel					
	Crawl					
	Reach					
	Work above shoulders					
	Keyboard					
	Wrist (flexion/extension)					
	Grasp (forceful)					
	Fine manipulation					
	Operate foot controls					
	Vibratory tasks; high impact					
	Vibratory tasks; low impact					
Lifting / Pushing:	Never	Seldom	Occasional	Frequent	Constant	
Example	<b>L</b>	<b>50 lbs</b>	<b>20 lbs</b>	<b>10 lbs</b>	<b>0 lbs</b>	
Lift						
Carry						
Push / Pull						
<b>Required: Plans</b>	Worker Progress: <input checked="" type="checkbox"/> As expected / better than expected <input type="checkbox"/> Slower than expected (address in chart notes)			<input checked="" type="checkbox"/> Next scheduled visit in: <b>  </b> days PRN weeks or Date <b>  /  /  </b> <input type="checkbox"/> Treatment concluded. Max. Medical Improvement (MMI) <input type="checkbox"/> Any permanent partial impairment <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Possibly <input type="checkbox"/> If you are qualified, please rate impairment for your patient <input type="checkbox"/> Will rate <input type="checkbox"/> Will refer <input type="checkbox"/> Request IME <input type="checkbox"/> Care transferred to: _____ <input type="checkbox"/> Consultation needed with: _____ <input checked="" type="checkbox"/> Study pending: MRI Sacrum		
<b>Req: Sign</b>	<input type="checkbox"/> Copy of APF given to worker Signature: <b>Stephen M Dechter, D.O.</b> <input type="checkbox"/> Doctor <input type="checkbox"/> ARNP <input type="checkbox"/> PA-C			<input checked="" type="checkbox"/> Discussed three key messages on back of form with patient <b>10/19/2022</b> Date <b>509-586-2828</b> Phone		

11/07/2022 MON 14:56 FAX

010/021

[REDACTED] (MR # 60010179633) D... Admission Date: 10/28/2022, Discharge Date: 10/28/2022

## Progress Notes by Cassie L McCook, PT at 10/28/22 0830

Author: Cassie L McCook, PT Service: —

Author Type: Physical Therapist

Filed: 10/28/22 1037 Status: Signed

Editor: Cassie L McCook, PT (Physical Therapist)

**KADLEC MEDICAL CENTER OUTPATIENT PHYSICAL THERAPY**

1268 LEE BLVD

RICHLAND WA 99362-4231

Phone: 509-942-2660

Fax: 509-942-2836

### Physical Therapy Daily Treatment Note

**Date:** 10/28/2022

#### Patient Information

Patient Name: [REDACTED]

Date of Birth: 6/19/1990 Age: 32 y.o.

Medical Record #: 60010179633

#### Encounter Diagnoses

Code	Name	Primary
?	S39.012A Strain of lumbar region, initial encounter	?
Yes	S39.012A Sacroiliac strain, initial encounter	

**Date of Onset:** 8/30/2022 **Start of Care Date:** 8/30/2022**Certification From:** 8/30/2022 **Certification To:** 11/28/2022**Referring Provider:** Amita Dhatrika V, MD

#### Tests/Measures

##### Pain Assessment:

Location: R SI: Typical 0/10. Worst 1/10

##### Pain/Comfort

Presence Of Pain: complains of pain/discomfort

#### Today's Treatment

Start Time: 0830 Stop time: 0914

Duration: 44 minutes

Timed Treatment Codes: 44 minutes

# of PT Visits to Date: 9

#### Subjective

WA LNI FX02

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11/07/2022 MON 14:56 FAX

011/021

(MR # 60010179633) D... Admission Date: 10/28/2022, Discharge Date: 10/28/2022

**Subjective Report:** S: Pt has returned to work, working 25 hours this past week, with good tolerance. Pt has started carrying a stool with her for sitting tasks vs. floor sitting/side sitting/deep squat. Pt having R sided thoracic pain, feel like it is pain at a certain rib level.

**Objective  
INTERVENTION**

**Patient/Caregiver Education**

Learner: Patient

Readiness: Eager

Method: Explanation

Response: Verbalizes Understanding

Comment: PT POC

**Therapy Interventions**

HEP: HEP from evaluating PT, diaphragmatic breathing, 90° breathing, supine march 90/90, glute bridge (single and double), postural observation, standing TB resisted hip ABD/extension, single leg side step downs, single leg stand-ups, side lunge (advance: skater jumps), deep squat +cat/cow+stand up

PT INTERVENTION 3: NMRE: review re: HEP and correct breathing pattern for improved pressure management for optimal abdominal and pelvis muscle function to restore normal coccyx motion, avoidance of rib gripping, postural observation. Addition of deep squat (supported on stool), cat/cow, rise from deep squat

PT MANUAL THERAPY 1: Patient prone - external MFR release techniques to R ischiococcygeus, fascial decompression over R sacrotuberous ligament \*\*not performed today

PT MANUAL THERAPY 2: Patient in sidelying and quadruped - fascial decompression to lumbar and thoracic paraspinals, coordinated with rib cage breathing and gentle cat/cow. R rib mobilization with deep breathing ribs 6-10.

**Assessment/Plan**

Next Visit Information: A: Pt responding well to HEP for improved pain management. Pt able to advance exercise well without increase of pain. P: f/u re: HEP. Continue to encourage exercise progression with focus on TrA and gluteal recruitment. Continue manual PF release techniques with primary PT. Fascial decompression over posterior rib/thoracic paraspinals to encourage improved rib cage mobility with breathing. f/u re: addition of supine 90/90 march, side lunge (advance skater jumps), deep squat + cat/cow. Continue internal release techniques, as needed (inquire next session).

**Goals:**

OP PT Goals

Goal 1: Strength 5/5

Goal 1 Status: In progress

Goal 2: Pt to be able to lift 50 lbs without pain

Goal 2 Status: In progress

Electronically signed by: CASSIE L. MCCOOK, PT, 10/28/2022 10:36 AM PDT

Patient Name: [REDACTED] / DOB: 6/19/1990 Medical Record #: 60010179633

11-08-22 FX1 C27115:47  
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11/07/2022 MON 14:57 FAX

012/021

[REDACTED] (MR # 60010179633) D... Admission Date: 10/28/2022, Discharge Date: 10/28/2022

## Chart Review Routing History

No routing history on file.

ATLNI: 11/08/2022 11:58:22 AM [Pacific Standard Time]

(MR # 60010179633) D... Admission Date: 10/28/2022, Discharge Date: 10/28/2022

## Progress Notes by Cassie L McCook, PT at 10/28/22 0830

Author: Cassie L McCook, PT Service: —

Author Type: Physical Therapist

Filed: 10/28/22 1037 Status: Signed

Editor: Cassie L McCook, PT (Physical Therapist)

**KADLEC MEDICAL CENTER OUTPATIENT PHYSICAL THERAPY**

1288 LEE BLVD

RICHLAND WA 99352-4231

Phone: 509-942-2660

Fax: 509-942-2836

### Physical Therapy Daily Treatment Note

Date: 10/28/2022

#### Patient Information

Patient Name: [REDACTED]

Date of Birth: 6/19/1990 Age: 32 y.o.

Medical Record #: 60010179633

#### Encounter Diagnoses

Code	Name	Primary
?		?
S39.012A	Strain of lumbar region, initial encounter	Yes
S39.012A	Sacroiliac strain, initial encounter	

Date of Onset: 8/30/2022 Start of Care Date: 8/30/2022

Certification From: 8/30/2022 Certification To: 11/28/2022

Referring Provider: Amita Dhatrika V, MD

#### Tests/Measures

##### Pain Assessment:

Location: R SI; Typical 0/10. Worst 1/10

Pain/Comfort

Presence Of Pain: complains of pain/discomfort

#### Today's Treatment

Start Time: 0830 Stop time: 0914

Duration: 44 minutes

Timed Treatment Codes: 44 minutes

# of PT Visits to Date: 9

#### Subjective

(MR # 60010179633) D... Admission Date: 10/28/2022, Discharge Date: 10/28/2022

**Subjective Report:** S: Pt has returned to work, working 25 hours this past week, with good tolerance. Pt has started carrying a stool with her for sitting tasks vs. floor sitting/side sitting/deep squat. Pt having R sided thoracic pain, feel like it is pain at a certain rib level.

**Objective  
INTERVENTION**

**Patient/Caregiver Education**

Learner: Patient

Readiness: Eager

Method: Explanation

Response: Verbalizes Understanding

Comment: PT POC

**Therapy Interventions**

HEP: HEP from evaluating PT, diaphragmatic breathing, 360 breathing, supine march 90/90, glute bridge (single and double), postural observation, standing TB resisted hip ABD/extension, single leg side step downs, single leg stand-ups, side lunge (advance: skater jumps), deep squat +cat/cow+stand up

PT INTERVENTION 3: NMRE: review re: HEP and correct breathing pattern for improved pressure management for optimal abdominal and pelvis muscle function to restore normal coccyx motion, avoidance of rib gripping, postural observation. Addition of deep squat (supported on stool), cat/cow, rise from deep squat

PT MANUAL THERAPY 1: Patient prone - external MFR release techniques to R ischiococcygeus, fascial decompression over R sacrotuberous ligament \*\*not performed today

PT MANUAL THERAPY 2: Patient in sidelying and quadruped - fascial decompression to lumbar and thoracic paraspinals, coordinated with rib cage breathing and gentle cat/cow. R rib mobilization with deep breathing ribs 6-10.

**Assessment/Plan**

Next Visit Information: A: Pt responding well to HEP for improved pain management. Pt able to advance exercise well without increase of pain. P: f/u re: HEP. Continue to encourage exercise progression with focus on TrA and gluteal recruitment. Continue manual PF release techniques with primary PT. Fascial decompression over posterior rib/thoracic paraspinals to encourage improved rib cage mobility with breathing. f/u re: addition of supine 90/90 march, side lunge (advance skater jumps), deep squat + cat/cow. Continue internal release techniques, as needed (inquire next session).

**Goals:**

**OP PT Goals**

Goal 1: Strength 5/5

Goal 1 Status: In progress

Goal 2: Pt to be able to lift 50 lbs without pain

Goal 2 Status: In progress

Electronically signed by: CASSIE L. MCCOOK, PT, 10/28/2022 10:36 AM PDT

**Patient Name:** [REDACTED] /DOB: 6/19/1990/Medical Record #: 60010179633

[REDACTED] (MR # 60010179633) D... Admission Date: 10/28/2022, Discharge Date: 10/28/2022

## Chart Review Routing History

No routing history on file.

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013/021

[REDACTED] (MR # 60010179633) D... Admission Date: 11/03/2022, Discharge Date: 11/03/2022

## Progress Notes by Cassie L McCook, PT at 11/03/22 0730

Author: Cassie L McCook, PT Service: —

Author Type: Physical Therapist

Filed: 11/03/22 1119 Status: Signed

Editor: Cassie L McCook, PT (Physical Therapist)

KADLEC MEDICAL CENTER OUTPATIENT PHYSICAL THERAPY

1208 LEE BLVD

RICHLAND WA 99362-4231

Phone: 509-942-2660

Fax: 509-942-2630

### Physical Therapy Daily Treatment Note

Date: 11/3/2022

#### Patient Information

Patient Name: [REDACTED]

Date of Birth: 6/19/1990

Age: 32 y.o.

Medical Record #: 60010179633

Primary?

Yes

#### Encounter Diagnoses

Code Name

- S39.012A Strain of lumbar region, initial encounter
- S39.012A Sacroiliac strain, initial encounter

Date of Onset: 8/30/2022 Start of Care Date: 8/30/2022

Certification From: 8/30/2022 Certification To: 11/28/2022

Referring Provider: Amita Dhatrika V, MD

#### Tests/Measures

##### Pain Assessment:

Location: R SI: Typical 0/10. Worst 1/10

##### Pain/Comfort

Presence Of Pain: complains of pain/discomfort

#### Today's Treatment

Start Time: 0733 Stop time: 0814

Duration: 41 minutes

Timed Treatment Codes: 41 minutes

# of PT Visits to Date: 10

#### Subjective

Subjective Report: S: Pt continues to tolerate work activities well. She continues to have mild R SI pain. Pt feeling improved gluteal activation during resisted exercise/daily activity. Pt having some anterior upper rib pain, at sternal junction.

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[REDACTED] (MR # 60010179633) D... Admission Date: 11/03/2022, Discharge Date: 11/03/2022

**Objective  
INTERVENTION**

**Patient/Caregiver Education**

Learner: Patient

Readiness: Eager

Method: Explanation

Response: Verbalizes Understanding

Comment: PT POC

**Therapy Interventions**

**HEP:** HEP from evaluating PT, diaphragmatic breathing, 360 breathing, supine march 90/90, glute bridge (single and double), postural observation, standing TB resisted hip ABD/extension, single leg side step downs, single leg stand-ups, side lunge (advance: skater jumps), deep squat +cat/cow+stand up

**PT INTERVENTION 3:** NMRE: review re: HEP and correct breathing pattern for improved pressure management for optimal abdominal and pelvis muscle function to restore normal coccyx motion, avoidance of rib gripping, postural observation. Review of deep squat (supported on stool), cat/cow, rise from deep squat

**PT MANUAL THERAPY 1:** Patient L sidelying - external MFR release techniques to R ischiococcygeus, R sacrotuberous ligament, gluteus maximus origin. Pt supine - skin rolling along respiratory diaphragm

**PT MANUAL THERAPY 2:** Patient in sidelying and quadruped - fascial decompression to lumbar and thoracic paraspinals, coordinated with rib cage breathing and gentle cat/cow. R rib mobilization with deep breathing ribs 6-10.

**Assessment/Plan**

Next Visit Information: A: Pt responding well to HEP for improved pain management. Pt able to advance exercise well without increase of pain. P: f/u re: HEP. Continue to encourage exercise progression with focus on TrA and gluteal recruitment. Continue manual PF release techniques with primary PT. Fascial decompression over posterior rib/thoraco paraspinals to encourage improved rib cage mobility with breathing. f/u re: addition of supine 90/90 march, side lunge (advance skater jumps), deep squat + cat/cow. Continue internal release techniques, as needed (inquire next session).

**Goals:**

OP PT Goals

Goal 1: Strength 5/6

Goal 1 Status: In progress

Goal 2: Pt to be able to lift 50 lbs without pain

Goal 2 Status: In progress

Electronically signed by: CASSIE L. MCCOOK, PT, 11/3/2022 11:17 AM PDT

Patient Name: [REDACTED] DOB: 6/10/1990 Medical Record #: 60010179633

**Chart Review Routing History**

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[REDACTED] (MR # 60010179633) D... Admission Date: 11/03/2022, Discharge Date: 11/03/2022

No routing history on file.

ATLNI:11/8/2022 10:27:30 AM [Pacific Standard Time]  
ATLNI:11/7/2022 11:46:22 AM [Pacific Standard Time]

(MR # 60010179633) D... Admission Date: 11/03/2022, Discharge Date: 11/03/2022

## Progress Notes by Cassie L McCook, PT at 11/03/22 0730

Author: Cassie L McCook, PT Service: —

Author Type: Physical Therapist

Filed: 11/03/22 1119 Status: Signed

Editor: Cassie L McCook, PT (Physical Therapist)

**KADLEC MEDICAL CENTER OUTPATIENT PHYSICAL THERAPY**

1268 LEE BLVD

RICHLAND WA 99352-4231

Phone: 509-942-2660

Fax: 509-942-2836

### Physical Therapy Daily Treatment Note

Date: 11/3/2022

#### Patient Information

Patient Name: [REDACTED]

Date of Birth: 6/19/1990 Age: 32 y.o.

Medical Record #: 60010179633

#### Encounter Diagnoses

Code	Name	Primary?
• S39.012A	Strain of lumbar region, initial encounter	Yes
• S39.012A	Sacroiliac strain, initial encounter	

Date of Onset: 8/30/2022 Start of Care Date: 8/30/2022

Certification From: 8/30/2022 Certification To: 11/28/2022

Referring Provider: Amita Dhatrika V, MD

#### Tests/Measures

##### Pain Assessment:

Location: R SI: Typical 0/10. Worst 1/10

Pain/Comfort

Presence Of Pain: complains of pain/discomfort

#### Today's Treatment

Start Time: 0733 Stop time: 0814

Duration: 41 minutes

Timed Treatment Codes: 41 minutes

# of PT Visits to Date: 10

#### Subjective

Subjective Report: S: Pt continues to tolerate work activities well. She continues to have mild R SI pain. Pt feeling improved gluteal activation during resisted exercise/daily activity. Pt having some anterior upper rib pain, at sternal junction.

(MR # 60010179633) D... Admission Date: 11/03/2022, Discharge Date: 11/03/2022

**Objective**  
**INTERVENTION**

Patient/Caregiver Education

Learner: Patient

Readiness: Eager

Method: Explanation

Response: Verbalizes Understanding

Comment: PT POC

**Therapy Interventions**

HEP: HEP from evaluating PT, diaphragmatic breathing, 360 breathing, supine march 90/90, glute bridge (single and double), postural observation, standing TB resisted hip ABD/extension, single leg side step downs, single leg stand-ups, side lunge (advance: skater jumps), deep squat +cat/cow+stand up

PT INTERVENTION 3: NMRE: review re: HEP and correct breathing pattern for improved pressure management for optimal abdominal and pelvis muscle function to restore normal coccyx motion, avoidance of rib gripping, postural observation. Review of deep squat (supported on stool), cat/cow, rise from deep squat

PT MANUAL THERAPY 1: Patient L sidelying - external MFR release techniques to R ischiococcygeus, R sacrotuberous ligament, gluteus maximus origin. Pt supine - skin rolling along respiratory diaphragm

PT MANUAL THERAPY 2: Patient in sidelying and quadruped - fascial decompression to lumbar and thoracic paraspinals, coordinated with rib cage breathing and gentle cat/cow. R rib mobilization with deep breathing ribs 6-10.

**Assessment/Plan**

Next Visit Information: A: Pt responding well to HEP for improved pain management. Pt able to advance exercise well without increase of pain. P: f/u re: HEP. Continue to encourage exercise progression with focus on TrA and gluteal recruitment. Continue manual PF release techniques with primary PT. Fascial decompression over posterior rib/thoracic paraspinals to encourage improved rib cage mobility with breathing. f/u re: addition of supine 90/90 march, side lunge (advance skater jumps), deep squat + cat/cow. Continue internal release techniques, as needed (inquire next session).

**Goals:**

OP PT Goals

Goal 1: Strength 5/5

Goal 1 Status: In progress

Goal 2: Pt to be able to lift 50 lbs without pain

Goal 2 Status: In progress

Electronically signed by: CASSIE L. MCCOOK, PT, 11/3/2022 11:17 AM PDT

Patient Name: [REDACTED] /DOB: 6/19/1990/Medical Record #: 60010179633

**Chart Review Routing History**

[REDACTED] (MR # 60010179633) D... Admission Date: 11/03/2022, Discharge Date: 11/03/2022

No routing history on file.

11/07/2022 MON 14:57 FAX

2016/021

[REDACTED] (MR # 60010179633) DOB: 06/19/1990

Admission Date: 11/07/2022

## Progress Notes by Cassie L McCook, PT at 11/07/22 0830

Author: Cassie L McCook, PT Service: —

Author Type: Physical Therapist

Filed: 11/07/22 0942 Status: Signed

Editor: Cassie L McCook, PT (Physical Therapist)

KADLEC MEDICAL CENTER OUTPATIENT PHYSICAL THERAPY

1268 LEE BLVD

RICHLAND WA 99362-4231

Phone: 509-942-2660

Fax: 509-942-2636

### Physical Therapy Daily Treatment Note

Date: 11/7/2022

#### Patient Information

Patient Name: [REDACTED]

Date of Birth: 06/19/1990 Age: 32 y.o.

Medical Record #: 60010179633

#### Encounter Diagnoses

Code Name

Primary?

Yes

• S30.012A Strain of lumbar region, initial encounter

• S30.012A Sacroiliac strain, initial encounter

Date of Onset: 8/30/2022 Start of Care Date: 8/30/2022

Certification From: 8/30/2022 Certification To: 11/26/2022

Referring Provider: Amita Dhatrika V, MD

#### Tests/Measures

##### Pain Assessment:

Location: Pain at injury site 0/10. c/o mild bilat superior SI joint pain

Pain/Comfort

Presence Of Pain: denies pain/discomfort

#### Today's Treatment

Start Time: 0830 Stop time: 0917

Duration: 47 minutes

Timed Treatment Codes: 47 minutes

# of PT Visits to Date: 11

#### Subjective

Subjective Report: S: Pt continues to tolerate work activities well ~ 25 hours/week; plans to have full 30 hour work week this week.. She continues to have mild R SI pain after work

11/07/2022 MON 14:58 FAX

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[REDACTED] (MR # 60010179633) DOB: 06/19/1990

Admission Date: 11/07/2022

activities, but no pain over the weekend. Pt continues to report compliance with HEP. Pt was able to start MT last week, reports improved symptoms after massage.

#### Objective

#### INTERVENTION

##### Patient/Caregiver Education

Learner: Patient

Readiness: Eager

Method: Explanation

Response: Verbalizes Understanding

Comment: PT POC

#### Therapy Interventions

HEP: HEP from evaluating PT, diaphragmatic breathing, 360 breathing, supine march 90/90, glute bridge (single and double), postural observation, standing TB resisted hip ABD/extension, single leg side step downs, single leg stand-ups, side lunge (advance: skater jumps), deep squat +cat/cow+stand up

PT INTERVENTION 3: NMRE: supine lumbar rotation, quadruped cat/cow, child's pose push backs (performed concurrently with manual techniques, cues for breathing, muscle coordination)

PT MANUAL THERAPY 1: Patient L sidelying - external MFR release techniques to R ischiococcygeus, R sacrotuberous ligament, gluteus maximus origin. Pt supine - skin rolling and fascial decompression along respiratory diaphragm

PT MANUAL THERAPY 2: Patient L sidelying and quadruped - fascial decompression to lumbar and thoracic paraspinals, coordinated with rib cage breathing and gentle cat/cow. R rib mobilization with deep breathing ribs 8-10.

#### Assessment/Plan

Next Visit Information: A: Pt responding well to HEP for improved pain management. Pt able to advance exercise well without increase of pain. P: f/u re: HEP. Continue to encourage exercise progression with focus on TrA and gluteal recruitment. Continue manual PF release techniques with primary PT. Fascial decompression over posterior rib/thoracic paraspinals to encourage improved rib cage mobility with breathing. f/u re: addition of supine 90/90 march, side lunge (advance skater jumps), deep squat + cat/cow. Continue internal release techniques, as needed (inquire upcoming session).

#### Goals:

##### OP PT Goals

Goal 1: Strength 5/6

Goal 1 Status: In progress

Goal 2: Pt to be able to lift 50 lbs without pain

Goal 2 Status: In progress

Electronically signed by: CASSIE L. MCCOOK, PT, 11/7/2022 9:39 AM PST

Patient Name: [REDACTED] DOB: 6/19/1990/Medical Record #: 60010179633

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11/07/2022 MON 14:58 FAX

[REDACTED] (MR # 60010179633) DOB: 06/19/1990

018/021

Admission Date: 11/07/2022

## Chart Review Routing History

No routing history on file.

ATLNI: 11/08/2022 11:26:22 AM [Pacific Standard Time]

[REDACTED] (MR # 60010179633) D... Admission Date: 11/07/2022, Discharge Date: 11/07/2022

MRN: 60010179633

Cassie L McCook, PT

Physical Therapist

Specialty: Physical Therapy

Progress Notes

Signed

Date of Service: 11/07/22 0830

Creation Time: 11/07/22 0939

**KADLEC MEDICAL CENTER OUTPATIENT PHYSICAL THERAPY**

1268 LEE BLVD

RICHLAND WA 99352-4231

Phone: 509-942-2660

Fax: 509-942-2836

**Physical Therapy Daily Treatment Note**

**Date:** 11/7/2022

**Patient Information**

Patient Name: [REDACTED]

Date of Birth: 6/19/1990 Age: 32 y.o.

Medical Record #: 60010179633

**Encounter Diagnoses**

Code Name

- S39.012A Strain of lumbar region, initial encounter
- S39.012A Sacroiliac strain, initial encounter

Primary?

Yes

**Date of Onset:** 8/30/2022 **Start of Care Date:** 8/30/2022

**Certification From:** 8/30/2022 **Certification To:** 11/28/2022

Referring Provider: Amita Dhatrika V, MD

**Tests/Measures**

**Pain Assessment:**

Location: Pain at injury site 0/10. c/o mild bilat superior SI joint pain

Pain/Comfort

Presence Of Pain: denies pain/discomfort

**Today's Treatment**

Start Time: 0830 Stop time: 0917

Duration: 47 minutes

Timed Treatment Codes: 47 minutes

# of PT Visits to Date: 11

**Subjective**

Subjective Report: S: Pt continues to tolerate work activities well ~ 25 hours/week; plans to have full 30 hour work week this week.. She continues to have mild R SI pain after work activities, but no pain over the weekend. Pt continues to report compliance with HEP. Pt was able to start MT last week, reports improved symptoms after massage.

**Objective**

**INTERVENTION**

(MR # 60010179633) D... Admission Date: 11/07/2022, Discharge Date: 11/07/2022

#### Patient/Caregiver Education

Learner: Patient

Readiness: Eager

Method: Explanation

Response: Verbalizes Understanding

Comment: PT POC

#### Therapy Interventions

HEP: HEP from evaluating PT, diaphragmatic breathing, 360 breathing, supine march 90/90, glute bridge (single and double), postural observation, standing TB resisted hip ABD/extension, single leg side step downs, single leg stand-ups, side lunge (advance: skater jumps), deep squat +cat/cow+stand up

PT INTERVENTION 3: NMRE: supine lumbar rotation, quadruped cat/cow, child's pose push backs (performed concurrently with manual techniques, cues for breathing, muscle coordination)

PT MANUAL THERAPY 1: Patient L sidelying - external MFR release techniques to R ischiococcygeus, R sacrotuberous ligament, gluteus maximus origin. Pt supine - skin rolling and fascial decompression along respiratory diaphragm

PT MANUAL THERAPY 2: Patient in sidelying and quadruped - fascial decompression to lumbar and thoracic paraspinals, coordinated with rib cage breathing and gentle cat/cow. R rib mobilization with deep breathing ribs 6-10.

#### Assessment/Plan

Next Visit Information: A: Pt responding well to HEP for improved pain management. Pt able to advance exercise well without increase of pain. P: f/u re: HEP. Continue to encourage exercise progression with focus on TrA and gluteal recruitment. Continue manual PF release techniques with primary PT. Fascial decompression over posterior rib/thoracic paraspinals to encourage improved rib cage mobility with breathing. f/u re: addition of supine 90/90 march, side lunge (advance skater jumps), deep squat + cat/cow. Continue internal release techniques, as needed (inquire upcoming session).

#### Goals:

OP PT Goals

Goal 1: Strength 5/5

Goal 1 Status: In progress

Goal 2: Pt to be able to lift 50 lbs without pain

Goal 2 Status: In progress

Electronically signed by: CASSIE L. MCCOOK, PT, 11/7/2022 9:39 AM PST

Patient Name: [REDACTED] b/DOB: 6/19/1990/Medical Record #: 60010179633

Electronically Signed by Cassie L McCook, PT on 11/07/22 0942

PT F/U on 11/7/2022 Note shared with patient

#### Additional Documentation

Flowsheets: Pain Assessment, PT Visit Summary, OP PT Therapeutic Exercise, Patient Education, PT OP Goals, Time Calculation, Readmission Risk

[REDACTED] (MR # 60010179633) D... Admission Date: 11/07/2022, Discharge Date: 11/07/2022

## Linked Episodes

PT - low back - 8/22 Noted 8/30/2022

### Orders Placed

None

### Medication Changes

As of 11/8/2022 12:24 AM

None

## Visit Diagnoses

Primary: Strain of lumbar region, initial encounter S39.012A

Sacroiliac strain, initial encounter S39.012A

(MR # 60010179633) DOB: 06/19/1990

Admission Date: 11/07/2022

## Progress Notes by Cassie L McCook, PT at 11/07/22 0830

Author: Cassie L McCook, PT Service: —

Author Type: Physical Therapist

Filed: 11/07/22 0942 Status: Signed

Editor: Cassie L McCook, PT (Physical Therapist)

**KADLEC MEDICAL CENTER OUTPATIENT PHYSICAL THERAPY**

1268 LEE BLVD

RICHLAND WA 99352-4231

Phone: 509-942-2660

Fax: 509-942-2836

### Physical Therapy Daily Treatment Note

Date: 11/7/2022

#### Patient Information

Patient Name: [REDACTED]

Date of Birth: 6/19/1990 Age: 32 y.o.

Medical Record #: 60010179633

#### Encounter Diagnoses

Code	Name	Primary?
• S39.012A	Strain of lumbar region, initial encounter	Yes
• S39.012A	Sacroiliac strain, initial encounter	

Date of Onset: 8/30/2022 Start of Care Date: 8/30/2022

Certification From: 8/30/2022 Certification To: 11/28/2022

Referring Provider: Amita Dhatrika V, MD

#### Tests/Measures

##### Pain Assessment:

Location: Pain at injury site 0/10. c/o mild bilat superior SI joint pain

Pain/Comfort

Presence Of Pain: denies pain/discomfort

#### Today's Treatment

Start Time: 0830 Stop time: 0917

Duration: 47 minutes

Timed Treatment Codes: 47 minutes

# of PT Visits to Date: 11

#### Subjective

Subjective Report: S: Pt continues to tolerate work activities well ~ 25 hours/week; plans to have full 30 hour work week this week.. She continues to have mild R SI pain after work

(MR # 60010179633) DOB: 06/19/1990

Admission Date: 11/07/2022

activities, but no pain over the weekend. Pt continues to report compliance with HEP. Pt was able to start MT last week, reports improved symptoms after massage.

**Objective**  
**INTERVENTION**

Patient/Caregiver Education

Learner: Patient

Readiness: Eager

Method: Explanation

Response: Verbalizes Understanding

Comment: PT POC

**Therapy Interventions**

HEP: HEP from evaluating PT, diaphragmatic breathing, 360 breathing, supine march 90/90, glute bridge (single and double), postural observation, standing TB resisted hip ABD/extension, single leg side step downs, single leg stand-ups, side lunge (advance: skater jumps), deep squat +cat/cow+stand up

PT INTERVENTION 3: NMRE: supine lumbar rotation, quadruped cat/cow, child's pose push backs (performed concurrently with manual techniques, cues for breathing, muscle coordination)

PT MANUAL THERAPY 1: Patient L sidelying - external MFR release techniques to R ischiococcygeus, R sacrotuberous ligament, gluteus maximus origin. Pt supine - skin rolling and fascial decompression along respiratory diaphragm

PT MANUAL THERAPY 2: Patient in sidelying and quadruped - fascial decompression to lumbar and thoracic paraspinals, coordinated with rib cage breathing and gentle cat/cow. R rib mobilization with deep breathing ribs 6-10.

**Assessment/Plan**

Next Visit Information: A: Pt responding well to HEP for improved pain management. Pt able to advance exercise well without increase of pain. P: f/u re: HEP. Continue to encourage exercise progression with focus on TrA and gluteal recruitment. Continue manual PF release techniques with primary PT. Fascial decompression over posterior rib/thoracic paraspinals to encourage improved rib cage mobility with breathing. f/u re: addition of supine 90/90 march, side lunge (advance skater jumps), deep squat + cat/cow. Continue internal release techniques, as needed (inquire upcoming session).

**Goals:**

OP PT Goals

Goal 1: Strength 5/5

Goal 1 Status: In progress

Goal 2: Pt to be able to lift 50 lbs without pain

Goal 2 Status: In progress

Electronically signed by: CASSIE L. MCCOOK, PT, 11/7/2022 9:39 AM PST

Patient Name: [REDACTED] DOB: 6/19/1990/Medical Record #: 60010179633

[REDACTED] (MR # 60010179633) DOB: 06/19/1990

Admission Date: 11/07/2022

## Chart Review Routing History

No routing history on file.

(MR # 60010179633) DOB: 06/19/1990

Admission Date: 11/07/2022

## Progress Notes by Cassie L McCook, PT at 11/07/22 0830

Author: Cassie L McCook, PT Service: —

Author Type: Physical Therapist

Filed: 11/07/22 0942 Status: Signed

Editor: Cassie L McCook, PT (Physical Therapist)

### KADLEC MEDICAL CENTER OUTPATIENT PHYSICAL THERAPY

1268 LEE BLVD

RICHLAND WA 99352-4231

Phone: 509-942-2660

Fax: 509-942-2836

### Physical Therapy Daily Treatment Note

Date: 11/7/2022

#### Patient Information

Patient Name: [REDACTED]

Date of Birth: 6/19/1990 Age: 32 y.o.

Medical Record #: 60010179633

#### Encounter Diagnoses

Code Name

Primary?

Yes

- S39.012A Strain of lumbar region, initial encounter
- S39.012A Sacroiliac strain, initial encounter

Date of Onset: 8/30/2022 Start of Care Date: 8/30/2022

Certification From: 8/30/2022 Certification To: 11/28/2022

Referring Provider: Amita Dhatrika V, MD

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(MR # 60010179633) DOB: 06/19/1990

Admission Date: 11/07/2022

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### **Objective INTERVENTION**

#### Patient/Caregiver Education

Learner: Patient

Readiness: Eager

Method: Explanation

Response: Verbalizes Understanding

Comment: PT POC

#### Therapy Interventions

HEP: HEP from evaluating PT, diaphragmatic breathing, 360 breathing, supine march 90/90, glute bridge (single and double), postural observation, standing TB resisted hip ABD/extension, single leg side step downs, single leg stand-ups, side lunge (advance: skater jumps), deep squat +cat/cow+stand up

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### **Assessment/Plan**

Next Visit Information: A: Pt responding well to HEP for improved pain management. Pt able to advance exercise well without increase of pain. P: f/u re: HEP. Continue to encourage exercise progression with focus on TrA and gluteal recruitment. Continue manual PF release techniques with primary PT. Fascial decompression over posterior rib/thoracic paraspinals to encourage improved rib cage mobility with breathing. f/u re: addition of supine 90/90 march, side lunge (advance skater jumps), deep squat + cat/cow. Continue internal release techniques, as needed (inquire upcoming session).

### **Goals:**

OP PT Goals

Goal 1: Strength 5/5

Goal 1 Status: In progress

Goal 2: Pt to be able to lift 50 lbs without pain

Goal 2 Status: In progress

Electronically signed by: CASSIE L. MCCOOK, PT, 11/7/2022 9:39 AM PST

Patient Name: [REDACTED] /DOB: 6/19/1990/Medical Record #: 60010179633

Admission Date: 11/07/2022

[REDACTED] (MR # 60010179633) DOB: 06/19/1990

## Chart Review Routing History

No routing history on file.



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 Physical/Occupational Therapy: 15 W 10th Ave Kennewick 509-582-6335  
 Physical Therapy Satellite @ Goods: 151 N Ely St Kennewick 509-582-6335

Reprinted from Electronic Medical Record - Created on 12/16/22 12:54:47

Patient: [REDACTED] MR No.: 483554 DOB: 06/19/1990

12/16/2022

Referring Dr: DHATRIKA, AMITA - Kadlec Clinic Occupational M  
 Pri. Care Dr: LABOR, INDUSTRIES -

[REDACTED] is a 32 year old Female

**CHIEF COMPLAINT:** left knee DOI: 07/06/2022

Problem: unstable feeling with turning, aching, stiff grinding

Type of Pain: dull

Cause/Duration: athletic, don't attempt, household chores resolves within one hour

Makes pain better: rest

Makes pain worse: squatting

Activity limitations: athletics, squatting to low shelves

Radiating pain: denies

Caused by fall: no

Pain Level Today: 1

Overall Status: staying the same

**HISTORY OF PRESENT ILLNESS:**

Patient is here for a follow-up. She presents today with a new issue. She reports bilateral left greater than right knee pain. She reports about 10 years ago she was diagnosed with a discoid meniscus. She underwent surgery at the Mayo Clinic on the left knee. This seems to make her pain worse. She has been through numerous rounds of physical therapy. She is a physical therapist herself has not had significant resolution of her pain. Pain is mostly in the left knee inferior lateral to the patella. Deep and achy. Worse with range of motion activity. Better with rest. Nonradicular. No recent trauma. No recent falls. No weakness. Otherwise denies any fevers, chills, night sweats, chest pain, shortness of breath, bowel or bladder incontinence.

**PRIOR CONSERVATIVE CARE:** PT, activity modification

**PRIOR INTERVENTIONAL TREATMENT:** denies

**PRIOR PAIN MEDICATIONS:** Ibuprofen

**PRIOR BACK OR NECK SURGERIES:** denies

**PAIN SCORES:** PEG=14

**INFECTION HISTORY:** patient denies any infection history

**VACCINATION HISTORY:** tetanus/T-Dap, flu, hepatitis B

**CHRONIC ILLNESS:**

Affirmed : asthma/bronch

Denied : diabetes 1, diabetes 2, peripheral artery disease, osteoarthritis, anemia, hypertension/HBP, CABG/

/ Patient: [REDACTED] MRNO: 483554 DOB: 06/19/1990 - Continued heart bypass, rheumatoid arthritis, blood transfusion, heart disease, pacemaker/defibr, pulmonary embolus, cancer, myocardial infarction, emphysema, COPD, blood clots/DVT, reflux/ulcer, cardiac stents, sleep apnea, seizures, heart arrhythmia, ulcerative colitis

#### REVIEW OF SYSTEMS:

Affirmed : joint pain,joint stiffness,instability, corrective lenses,eye pain,excessive thirst  
 Denied : numbness/tingling, shortness of breath, nausea, skin changes, unusual bleeding, incontinence, unexpected weight change, chest pain

#### DRUG USE:

Current : none  
 Denied : cocaine,methamphetamines,IV drugs,marijuana

#### ANESTHESIA COMPLICATIONS:

yes, difficulty waking up

#### FAMILY HISTORY:

FAMMEMB,Cancer  
 FAMMEMB,Heart Attack  
 FAMMEMB,Hypertension  
 FAMMEMB,Psoriasis  
 FAMMEMB,Asthma  
 FAMMEMB,Stroke

Employer : Select Rehab

OCCUPATION : Physical Therapist

DOMINANT HAND : right

ALCOHOL USE : yes, 4 drinks per week

TOBACCO USE : denies cigarettes, denies snuff, denies e-cigarettes

ADVANCE DIRECTIVE : no      Surrogate decision maker:  
 Copy provided : no

SKILLED NURSING FACILITY: no

Surgeries : left discoid meniscus resection 2013  
 other:left knee

PHARMACY : Fred Meyer Richland      9433236

#### MEDICATIONS:

No Meds

#### ALLERGIES:

No Known Drug Allergies

#### DIAGNOSTIC IMAGING:

X-ray bilateral knees December 16, 2022: Grossly normal bilateral knee x-rays. No acute fracture.

VITAL SIGNS: Weight=160.0 lbs. Height=64in. BMI=27

#### PHYSICAL EXAM:

GEN: WDN NAD

Patient [REDACTED] MRNO: 483554 DOB: 06/19/1990 - Continued

NCAT

EOMI

COR: RRR, no edema

RESP: Breathing unlabored, no accessory muscle contraction

ABD: NTTT, no masses

INT: Intact, no rash

MSK: Normal gait. There is some palpable tenderness just inferior lateral to the patella, anterior to the fibular head. No palpable deformity is notable. Bilateral knee range of motion with some crepitance in flexion and extension but range of motion appears normal. Negative varus and valgus stress test. Negative Lachmans bilateral. Murrays is negative on the right. Murrays is positive on the left for pain and discomfort in the lateral aspect of the knee joint line. No audible pop or click is notable with McMurrays.

NEURO: Strength grossly 5/5, reflexes 2/4 and symmetric, SILT

PSYCH: AO X 3. Mood and affect congruent. Good insight and judgment

#### **DIAGNOSES:**

1. Pain in right knee : M25.561
2. Pain in left knee : M25.562
3. Discoid meniscus : Q68.6

#### **ASSESSMENT/PLAN:**

Patient is here for a follow-up. She presents today with a new issue. She reports bilateral left greater than right knee pain. She reports about 10 years ago she was diagnosed with a discoid meniscus. She underwent surgery at the Mayo Clinic on the left knee. She also apparently previously had Synvisc to her left knee about 10 years prior. This seems to make her pain worse. She has been through numerous rounds of physical therapy. She is a physical therapist herself has not had significant resolution of her pain. Pain is mostly in the left knee interior lateral to the patella. Deep and achy. Worse with range of motion activity. Better with rest. Nonradicular.

x-ray of her bilateral knees grossly normal today. At this point in time given her history of discoid meniscus will request bilateral knee MRIs. This will help guide further interventional and surgical treatment options. Follow-up with me for imaging review.

The risks, benefits, side effects of all procedures and medications were discussed thoroughly with the patient today. The patient was advised to follow a home exercise program after injections if indicated. All questions were answered.

This note was dictated using electronic Dragon software and there may be typographical errors.

~

12/16/2022 12:54:39

STEPHEN M. DECHTER, DO

Electronically signed by Dr. Stephen Dechter, DO 12/16/2022 12:54:49



STATE OF WASHINGTON  
**DEPARTMENT OF LABOR AND INDUSTRIES**  
 PO BOX 44291, OLYMPIA, WASHINGTON 98504-4291

November 30, 2022

DECHTER STEPHEN M DO  
 BENTON FRANKLIN ORTHOPEDIC  
 8200 W GAGE BLVD  
 KENNEWICK WA 99336-8113

CLAIM NUMBER BH85390  
 INJURY DATE 07/06/2022  
 CLAIMANT [REDACTED]  
 DATE OF BIRTH 06/19/1990  
 INDEX: SMED

Dear Provider:

Request for information: CURRENT MEDICAL STATUS

Thank you for seeing [REDACTED]. I need your response to the following question(s) to authorize continued benefits.

Accepted condition(s): low back strain and sacroiliac joint sprain

What was the date of this worker's last visit with you? 12/08/22

What medical conditions are you treating that are related to this claim? Please include the ICD-10 code and narrative description of the diagnosis.

Strain muscle, fascia, tendon low back      S39.012A

What were the objective findings at the last visit?

MRI showed slight edema in bone lower sacrum which could potentially be artifactual in origin.

What is the curative treatment plan?

Plan: CT Scan to determine an insufficiency fx.  
Also plans for CSI to this location. PT.

Goals: improved strength, decreased px & reduced inflammation.

Estimated length of treatment:

Pending CT & CSI



STATE OF WASHINGTON  
DEPARTMENT OF LABOR AND INDUSTRIES  
PO BOX 44291, OLYMPIA, WASHINGTON 98504-4291

November 30, 2022

CLAIM NUMBER BH85390  
INJURY DATE 07/06/2022  
CLAIMANT [REDACTED]

DATE OF BIRTH 06/19/1990  
INDEX: SMED

Prognosis:

guarded.

1/20/23

Sincerely,

Kelsey Ross  
Claim Manager, Unit M  
PHONE: (360) 902-4803  
FAX: (360) 902-4567

X

ORIG: PROVIDER - DECHTER STEPHEN M DO  
CC: WORKER - [REDACTED]  
EMPLOYER - SELECT REHABILITATION LLC

ATLNI: 127/2023 2:28:46 PM [Pacific Standard Time]

235001100100930200000000



**FAXED**  
39123

STATE OF WASHINGTON  
DEPARTMENT OF LABOR AND INDUSTRIES  
PO BOX 44291, OLYMPIA, WASHINGTON 98504-4291

January 19, 2023

DECHTER STEPHEN M DO  
BENTON FRANKLIN ORTHOPEDIC  
8200 W GAGE BLVD  
KENNEWICK WA 99336-8113

CLAIM NUMBER BH85390  
INJURY DATE 07/06/2022  
CLAIMANT [REDACTED]  
DATE OF BIRTH 06/19/1990  
INDEX: SMED

Dear Provider:

Request for information: CURRENT MEDICAL STATUS

Thank you for seeing [REDACTED]. I need your response to the following question(s) to authorize continued benefits.

Has this worker reached maximum medical improvement?

- Yes, and there is no impairment due to this work injury.
- Yes, I am qualified to rate and will complete a rating exam.
- Yes, an Independent Medical Exam is needed for rating.
- Yes, but I can arrange for the provider below to do the rating.

Name of provider: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

No. Further curative treatment is needed, to include:

MRI L&R Knees to determine next step. Injections for px R&L knees.  
Anticipated measurable improvements: improved function & decrease pain.

What was the date of this worker's last visit with you? 12/16/22

What medical conditions are you treating that are related to this claim? Please include the ICD-10 code and narrative description of the diagnosis.

Discord meniscus Q68.1

Pain B knees (additional imaging for more accurate dx needed) m25.5b1, m25.5b2

What were the objective findings at the last visit?

Palpatory tenderness to inferior lateral patella, anterior to fibular head. B) knee ROM w/crepitance, inflex & extend.



STATE OF WASHINGTON  
 DEPARTMENT OF LABOR AND INDUSTRIES  
 PO BOX 44291, OLYMPIA, WASHINGTON 98504-4291

January 19, 2023

CLAIM NUMBER BH85390  
 INJURY DATE 07/06/2022  
 CLAIMANT [REDACTED]

DATE OF BIRTH 06/19/1990  
 INDEX: SMED

Positive McMurrays LT.

What is the curative treatment plan?

Plan:

(B) knee MRI, Injections to the knees based on MRI findings w/ possible referral for surgery.

Consult:

Improved Bilateral knee function w/ decreased symptoms.

Estimated length of treatment:

TBD by MRI findings

Prognosis:

guarded

Have you discussed return to work with the worker?

Yes, released to job of injury without restrictions on 12/16/22

Yes, released to modified duty on:   /  /  

Describe modifications: \_\_\_\_\_

More information is needed:

I need a job analysis to review.

I need a Functional Capacities Exam (FCE) and I am requesting authorization for a referral.

No, the patient is not medically able to return to work at this time. Describe the medical contraindications preventing your patient from returning to work?



STATE OF WASHINGTON  
DEPARTMENT OF LABOR AND INDUSTRIES  
PO BOX 44291, OLYMPIA, WASHINGTON 98504-4291

January 19, 2023

CLAIM NUMBER BH85390  
INJURY DATE 07/06/2022  
CLAIMANT [REDACTED]

DATE OF BIRTH 06/19/1990  
INDEX: SMED

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No, but plan to discuss return to work at next appointment.

I will re-evaluate this patient again on: 1/1 Pending MRI'S

X

Signature of Provider

2/7/23

Date

Sincerely,

Kelsey Ross  
Claim Manager, Unit M  
PHONE: (360) 902-4803  
FAX: (360) 902-4567

ORIG: PROVIDER - DECHTER STEPHEN M DO  
CC: WORKER - [REDACTED]  
EMPLOYER - SELECT REHABILITATION LLC



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 Physical Occupational Therapy: 16 W 10th Ave, Kennewick  
 Office: 509.586.3828 PT: 509.582.6335

\*\*\*\*\*  
 Reprinted from Electronic Medical Record - Created on 03/10/23 07:12:36  
 Patient: [REDACTED] MR No.: 483554 DOB: 06/19/1990  
 \*\*\*\*\*

03/09/2023

Referring Dr: DHATRIKA, AMITA - Kadlec Clinic Occupational M  
 Pri. Care Dr: LABOR, INDUSTRIES -

[REDACTED] is a 32 year old Female

**CHIEF COMPLAINT:** right sacroiliac joint DOI: 07/06/2022

Problem: no concerns listed

Type of Pain: dull

Cause/Duration: after lifting, pain at

Makes pain better: exercise

Makes pain worse: heavy lifting

Activity limitations: heavy lifting with pivoting

Radiating pain: denies

Caused by fall: no

Pain Level Today: 1

Overall Status: getting better

#### HISTORY OF PRESENT ILLNESS:

CLAIM NUMBER: BH85390; DOI: 07/06/2022

Patient is here for a follow-up. At her last visit, it was recommended that she have a sacrococcyx ligament CSI. This has not happened yet. She continues to complain of constant low back pain. She is still in physical therapy and notes that, when aggravated, her exacerbated pain normalizes quicker. She reports her baseline level of pain is at 0-1 out of 10 however if she is perhaps transferring a patient with a 2 person assist this can flare up to a 5 out of 10. It does flareup to the same intensity as it did previously it just resolves quicker. She is here today to discuss the benefit of a CSI as previously ordered. She also never obtained a CT scan of the lumbar spine either. Otherwise denies any fevers, chills, night sweats, chest pain, shortness of breath, bowel or bladder incontinence. She is here to discuss the injection.

PRIOR CONSERVATIVE CARE: PT, activity modification

PRIOR INTERVENTIONAL TREATMENT: denies

PRIOR PAIN MEDICATIONS: Ibuprofen

PRIOR BACK OR NECK SURGERIES: denies

PAIN SCORES: PEG=2

INFECTION HISTORY: patient denies any infection history

VACCINATION HISTORY: tetanus/T-Dap, flu, hepatitis B

Patient: [REDACTED] MRNO: 483554 DOB: 06/19/1990 - Continued

#### CHRONIC ILLNESS:

Affirmed : asthma/bronch

Denied : diabetes 1, diabetes 2, peripheral artery disease, osteoarthritis, anemia, hypertension/HBP, CABG/heart bypass, rheumatoid arthritis, blood transfusion, heart disease, pacemaker/defibr, pulmonary embolus, cancer, myocardial infarction, emphysema, COPD, blood clots/DVT, reflux/ulcer, cardiac stents, sleep apnea, seizures, heart arryth., ulcerative colitis

#### REVIEW OF SYSTEMS:

Affirmed : none

Denied : numbness/tingling, shortness of breath, nausea, skin changes, unusual bleeding, incontinence, unexpected weight change, chest pain

#### DRUG USE:

Current : none

Denied : cocaine,methamphetamines,IV drugs,marijuana

#### ANESTHESIA COMPLICATIONS:

yes, difficulty waking up

#### FAMILY HISTORY:

FAMMEMB,Cancer

FAMMEMB,Heart Attack

FAMMEMB,Hypertension

FAMMEMB,Psoriasis

FAMMEMB,Asthma

FAMMEMB,Stroke

Employer : Select Rehab

OCCUPATION : Physical Therapist

DOMINANT HAND : right

ALCOHOL USE : yes, 4 drinks per week

TOBACCO USE : denies cigarettes, denies snuff, denies e-cigarettes

ADVANCE DIRECTIVE : no Surrogate decision maker:

Copy provided : no

SKILLED NURSING FACILITY: no

Surgeries : left discoid meniscus resection 2013

other:left knee

PHARMACY : Fred Meyer Richland 9433236

#### MEDICATIONS:

No Meds

#### ALLERGIES:

No Known Drug Allergies

#### DIAGNOSTIC IMAGING:

MR sacrum 10/28/22: On the sagittal images, there is a slight focus of increased signal intensity at approximately the fifth sacral segment at the beginning of the coccyx. It is difficult to determine whether this is

Patient [REDACTED] MRNO: 483554 DOB: 06/19/1990 - Continued  
 bone marrow edema or artifact. It is not consistently identified. There is no evidence for cortical discontinuity that is readily seen on these images. The SI joints appear unremarkable. **IMPRESSION:** Slight amount of edema in the bone of the lower sacrum which potentially could be artifactual in origin.

MR lumbar spine 7/12/22: No significant spinal canal or neural foraminal stenosis within the lumbar spine or sacrum. Mild degenerative changes involving of the bilateral sacroiliac joints.

**VITAL SIGNS:** Weight=160.0 lbs. Height=64in. BMI=27

**PHYSICAL EXAM:**

GEN: WDN NAD

RESP: Breathing unlabored, no accessory muscle contraction

MSK: Normal gait. There is no significant pain along the SI joint border on the right. TTP along inferior along the right lateral sacral border and proximal coccyx. Lumbar spine range of motion appears full.

NEURO: Strength grossly 5/5, reflexes 2/4 and symmetric, SILT

PSYCH: AO X 3. Mood and affect congruent. Good insight and judgment

**DIAGNOSIS:**

1. Strain of muscle, fascia and tendon of lower back, initial encounter : S39.012A

**ASSESSMENT/PLAN:**

CLAIM NUMBER: BH85390; DOI: 07/06/2022

She reported a work-related injury in July 2022. Works as a physical therapist and was assisting with a heavy patient when she felt sudden onset sharp/achy low back pain just inferior to her just inferior to her right SI joint along her sacrum and coccyx. Today she states her pain is the same, but has felt like she has "gained strength" with physical therapy. Her last PT session was in November, before Thanksgiving. MRI completed on 10/28/22 reviewed. This was reviewed independently and with pt to their satisfaction. MRI showed slight amount of edema in the bone of the lower sacrum which potentially could be artifactual in origin.

At this point in time, I recommend a CT scan of her sacrum to rule out insufficiency fracture. Not sure why this was not taken care of previously as I recommended it before but will place order again today. We discussed the sacrococcyx ligament CSI and she would like to proceed. This has already been ordered and approved by L and I and will be scheduled as soon as possible. She is hoping to have this done on a Tuesday morning perhaps around 730 or so she can go to work afterwards. I did discuss the possible complications of this procedure however I think the benefit of this procedure would be that there would be diagnostic purposes as well. This could also give her long-term pain relief if she has steroid effect.

She is back to work full duty without restriction.

The risks, benefits, side effects of all procedures and medications were discussed thoroughly with the patient today. The patient was advised to follow a home exercise program after injections if indicated. All questions were answered.

This note was dictated using electronic Dragon software and there may be typographical errors.

~

03/10/2023 07:11:48

STEPHEN M. DECHTER, DO

Patient: [REDACTED] MRNO: 483554 DOB: 06/19/1990 - Continued  
Electronically signed by Dr. Stephen Dechter, DO 03/10/2023 07:12:38



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\*\*\*\*\*  
 Reprinted from Electronic Medical Record - Created on 03/30/23 09:58:29

Patient: [REDACTED] MR No.: 483554 DOB: 06/19/1990

\*\*\*\*\*  
 03/30/2023

PATIENT NAME: [REDACTED]

DATE OF BIRTH: 06/19/1990

CLAIM NUMBER: BH85390

DOI: 07/06/2022

PROCEDURE NOTE: Sacrococcygeal ligament steroid injection with Fluoroscopy

ATTENDING PHYSICIAN: Stephen Dechter, DO

PRE PROCEDURE DIAGNOSIS: Lumbosacral sprain/strain, low back pain

POST PROCEDURE DIAGNOSIS: Same

ANESTHESIA: 5cc of 1 % lidocaine

HISTORY AND INDICATIONS: The patient presents with a history as above. A recent exam confirmed the diagnosis. This is hopefully both a diagnostic and therapeutic injection

CONSENT FOR PROCEDURE: Signed informed consent was obtained, and the risks, benefits, and alternatives were discussed with the patient to include but not limited to infection, bleeding, pain at the site of injection, minimal effectiveness of the procedure, permanent nerve damage, weakness and numbness in the extremity, worsening pain, and CSF spinal leak, post-spinal headache, bowel, bladder, sexual dysfunction, paralysis, spread of the medication, respiratory dysfunction, swallowing and speech difficulty and even death. The patient agreed to proceed with the procedure.

DESCRIPTION OF THE PROCEDURE: Prior to the procedure start, a time-out was performed, verifying the correct patient, correct procedure, correct laterality, allergy verification, and consent. The patient was placed in a prone position with pressure points padded. Patient was prepped and draped in the usual sterile fashion. Using fluoroscopic AP and lateral views the sacrococcygeal ligament was identified. Then a quincke needle was inserted and reached the depth and into the sacrococcygeal ligament. After negative aspiration, administration of 1 mL of omnipaque 240 contrast was injected, which visualized appropriate spread without any intravascular spread. After negative aspiration a solution containing the combination of the following medications: Marcaine 0.25% 2 cc and dexamethasone 10 mg was injected. The needle was then removed.

Bleeding was nil. The site was covered with a dry sterile dressing. The patient was brought back into the recovery area where a repeat set of vital signs was within normal limits. The patient tolerated the procedure well. There were no complications noted.

ESTIMATED BLOOD LOSS: None

SPECIMENS SUBMITTED TO PATHOLOGY: None

COMPLICATIONS: There were no immediate complications noted.

Patient: [REDACTED] MRNO: 483554 DOB: 06/19/1990 - Continued

INSTRUCTIONS FOLLOWING THE PROCEDURE:

- 1) The patient was told to continue all pre-procedure medications.
- 2) Ice the area injected three times a day for the next three days.
- 3) The patient was told to call the office if problems arise.
- 4) If the patient develops any signs of infection including fever, erythema, swelling at the site of the injection or has incontinence, worsening pain, or numbness the patient is to call the office and report to the Emergency Room as soon as possible.
- 5) All red flags and symptoms were explained to the patient and they appeared to understand the risks involved with the procedure. All questions were answered to the patient's satisfaction.

FOLLOW UP: 2 weeks

Electronically signed by Dr. Stephen Dechter, DO 03/30/2023 09:58:31



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 Office: 509.586.3828 PT: 509.582.6335

\*\*\*\*\*  
 Reprinted from Electronic Medical Record - Created on 03/30/23 09:58:29

Patient: [REDACTED] MR No.: 483554 DOB: 06/19/1990

\*\*\*\*\*  
 03/30/2023

PATIENT NAME: [REDACTED]

DATE OF BIRTH: 06/19/1990

CLAIM NUMBER: BH85390

DOI: 07/06/2022

PROCEDURE NOTE: Sacrococcygeal ligament steroid injection with Fluoroscopy

ATTENDING PHYSICIAN: Stephen Dechter, DO

PRE PROCEDURE DIAGNOSIS: Lumbosacral sprain/strain, low back pain

POST PROCEDURE DIAGNOSIS: Same

ANESTHESIA: 5cc of 1 % lidocaine

HISTORY AND INDICATIONS: The patient presents with a history as above. A recent exam confirmed the diagnosis. This is hopefully both a diagnostic and therapeutic injection

CONSENT FOR PROCEDURE: Signed informed consent was obtained, and the risks, benefits, and alternatives were discussed with the patient to include but not limited to infection, bleeding, pain at the site of injection, minimal effectiveness of the procedure, permanent nerve damage, weakness and numbness in the extremity, worsening pain, and CSF spinal leak, post-spinal headache, bowel, bladder, sexual dysfunction, paralysis, spread of the medication, respiratory dysfunction, swallowing and speech difficulty and even death. The patient agreed to proceed with the procedure.

DESCRIPTION OF THE PROCEDURE: Prior to the procedure start, a time-out was performed, verifying the correct patient, correct procedure, correct laterality, allergy verification, and consent. The patient was placed in a prone position with pressure points padded. Patient was prepped and draped in the usual sterile fashion. Using fluoroscopic AP and lateral views the sacrococcygeal ligament was identified. Then a quincke needle was inserted and reached the depth and into the sacrococcygeal ligament. After negative aspiration, administration of 1 mL of omnipaque 240 contrast was injected, which visualized appropriate spread without any intravascular spread. After negative aspiration a solution containing the combination of the following medications: Marcaine 0.25% 2 cc and dexamethasone 10 mg was injected. The needle was then removed.

Bleeding was nil. The site was covered with a dry sterile dressing. The patient was brought back into the recovery area where a repeat set of vital signs was within normal limits. The patient tolerated the procedure well. There were no complications noted.

ESTIMATED BLOOD LOSS: None

SPECIMENS SUBMITTED TO PATHOLOGY: None

COMPLICATIONS: There were no immediate complications noted.

Patient: [REDACTED] MRNO: 483554 DOB: 06/19/1990 - Continued

INSTRUCTIONS FOLLOWING THE PROCEDURE:

- 1) The patient was told to continue all pre-procedure medications.
- 2) Ice the area injected three times a day for the next three days.
- 3) The patient was told to call the office if problems arise.
- 4) If the patient develops any signs of infection including fever, erythema, swelling at the site of the injection or has incontinence, worsening pain, or numbness the patient is to call the office and report to the Emergency Room as soon as possible.
- 5) All red flags and symptoms were explained to the patient and they appeared to understand the risks involved with the procedure. All questions were answered to the patient's satisfaction.

FOLLOW UP: 2 weeks

Electronically signed by Dr. Stephen Dechter, DO 03/30/2023 09:58:31



**HIGH DESERT**  
SURGERY CENTER

521 N YOUNG STREET, SUITE 100

KENNEWICK, WA 99336

P# 509736.2770, F# 509736.2771

BH 85390

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 Reprinted from Electronic Medical Record - Created on 03/30/23 10:13:56  
 Patient: [REDACTED] MR No.: 25419 DOB: 06/19/1990  
 \*\*\*\*\*  
 03/30/2023  
 PATIENT NAME: [REDACTED]  
 DATE OF BIRTH: 06/19/1990

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CLAIM NUMBER: BH85390

DOI: 07/06/2022

PROCEDURE NOTE: Sacrococcygeal ligament steroid injection with Fluoroscopy

ATTENDING PHYSICIAN: Stephen Dechter, DO

PRE PROCEDURE DIAGNOSIS: Lumbosacral sprain/strain, low back pain

POST PROCEDURE DIAGNOSIS: Same

ANESTHESIA: 5cc of 1 % lidocaine

HISTORY AND INDICATIONS: The patient presents with a history as above. A recent exam confirmed the diagnosis. This is hopefully both a diagnostic and therapeutic injection

CONSENT FOR PROCEDURE: Signed informed consent was obtained, and the risks, benefits, and alternatives were discussed with the patient to include but not limited to infection, bleeding, pain at the site of injection, minimal effectiveness of the procedure, permanent nerve damage, weakness and numbness in the extremity, worsening pain, and CSF spinal leak, post-spinal headache, bowel, bladder, sexual dysfunction, paralysis, spread of the medication, respiratory dysfunction, swallowing and speech difficulty and even death. The patient agreed to proceed with the procedure.

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Bleeding was nil. The site was covered with a dry sterile dressing. The patient was brought back into the recovery area where a repeat set of vital signs was within normal limits. The patient tolerated the procedure well. There were no complications noted.

ESTIMATED BLOOD LOSS: None

SPECIMENS SUBMITTED TO PATHOLOGY: None

BH85390

Patient [REDACTED] MRNO: 25419 DOB: 06/19/1990 - Continued  
COMPLICATIONS: There were no immediate complications noted.

INSTRUCTIONS FOLLOWING THE PROCEDURE:

- 1) The patient was told to continue all pre-procedure medications.
- 2) Ice the area injected three times a day for the next three days.
- 3) The patient was told to call the office if problems arise.
- 4) If the patient develops any signs of infection including fever, erythema, swelling at the site of the injection or has incontinence, worsening pain, or numbness the patient is to call the office and report to the Emergency Room as soon as possible.
- 5) All red flags and symptoms were explained to the patient and they appeared to understand the risks involved with the procedure. All questions were answered to the patient's satisfaction.

FOLLOW UP: 2 weeks



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 Office: 509.596.2828 PT: 509.582.6336

\*\*\*\*\*  
 Reprinted from Electronic Medical Record - Created on 04/17/23 07:12:55

Patient: [REDACTED] MR No.: 483554 DOB: 06/19/1990

04/14/2023

Referring Dr: DHATRIKA, AMITA - Kadlec Clinic Occupational M  
 Pri. Care Dr: LABOR, INDUSTRIES -

[REDACTED] is a 32 year old Female

**CHIEF COMPLAINT:** low back/coccyx

Problem:

Type of Pain:

Cause/Duration:

Makes pain better: rest

Makes pain worse: lift with a step

Activity limitations: no limitations reported

Radiating pain: denies

Caused by fall:

Pain Level Today: 0

Overall Status: getting better

**HISTORY OF PRESENT ILLNESS:**

CLAIM NUMBER: BH85390; DOI: 07/06/2022

Patient is here for a follow-up. She is now status post sacrococcygeal ligament CSI on 03/30/23, reports 50% pain relief. She does note that she worked after the CSI injection where she felt that she further irritated the area. But since the incident, she has been having gradual improvement of her symptoms, able to lift heavier weights. At her last visit, it was recommended CT of the sacrum, but due to time conflict with work she wasn't able to get it done. This has not happened yet. Otherwise denies any fevers, chills, night sweats, chest pain, shortness of breath, bowel or bladder incontinence.

PRIOR CONSERVATIVE CARE: PT, activity modification

PRIOR INTERVENTIONAL TREATMENT: denies

PRIOR PAIN MEDICATIONS: Ibuprofen

PRIOR BACK OR NECK SURGERIES: denies

PAIN SCORES: PEG=1

INFECTION HISTORY: patient denies any infection history

VACCINATION HISTORY: patient denies any vaccination history

CHRONIC ILLNESS:

Patient: [REDACTED] MRNO: 483554 DOB: 06/19/1990 - Continued

Affirmed : asthma/bronch

Denied : diabetes 1, diabetes 2, peripheral artery disease, osteoarthritis, anemia, hypertension/HBP, CABG/heart bypass, rheumatoid arthritis, blood transfusion, heart disease, pacemaker/defibr, pulmonary embolus, cancer, myocardial infarction, emphysema, COPD, blood clots/DVT, reflux/ulcer, cardiac stents, sleep apnea, seizures, heart arrhy., ulcerative colitis

#### REVIEW OF SYSTEMS:

Affirmed : none

Denied : numbness/tingling, shortness of breath, nausea, skin changes, unusual bleeding, incontinence, unexpected weight change, chest pain

#### DRUG USE:

Current : none

Denied : cocaine,methamphetamines,IV drugs,marijuana

#### ANESTHESIA COMPLICATIONS:

yes, difficulty waking up

#### FAMILY HISTORY:

FAMMEMB,Cancer

FAMMEMB,Heart Attack

FAMMEMB,Hypertension

FAMMEMB,Psoriasis

FAMMEMB,Asthma

FAMMEMB,Stroke

Employer : Select Rehab

OCCUPATION : Physical Therapist

ALCOHOL USE : yes, 4 drinks per week

TOBACCO USE : denies cigarettes, denies snuff, denies e-cigarettes

ADVANCE DIRECTIVE : no Surrogate decision maker:

Copy provided : no

SKILLED NURSING FACILITY: no

Surgeries : left discoid meniscus resection 2013

PHARMACY : Fred Meyer Richland 9433236

#### MEDICATIONS:

No Meds

#### ALLERGIES:

No Known Drug Allergies

#### DIAGNOSTIC IMAGING:

MR sacrum 10/28/22: On the sagittal images, there is a slight focus of increased signal intensity at approximately the fifth sacral segment at the beginning of the coccyx. It is difficult to determine whether this is bone marrow edema or artifact. It is not consistently identified. There is no evidence for cortical discontinuity that is readily seen on these images. The SI joints appear unremarkable. IMPRESSION: Slight amount of edema in the bone of the lower sacrum which potentially could be artifactual in origin.

MR lumbar spine 7/12/22: No significant spinal canal or neural foraminal stenosis within the lumbar spine or

Patient: [REDACTED] MRNO: 483554 DOB: 06/19/1990 - Continued sacrum. Mild degenerative changes involving of the bilateral sacroiliac joints.

VITAL SIGNS: Weight=157.0 lbs. Height=65in. BMI=26

**PHYSICAL EXAM:**

GEN: WDW NAD

RESP: Breathing unlabored, no accessory muscle contraction

MSK: Normal gait. There is no significant pain along the SI joint border on the right. Left On Left dysfunction of sacrum. Compression of the Left ASIS at medial and inferior angle reproduces the pain at the right ILA. Lumbar spine range of motion appears full.

NEURO: Strength grossly 5/5, reflexes 2/4 and symmetric, SILT

PSYCH: AO X 3. Mood and affect congruent. Good insight and judgment

**DIAGNOSIS:**

1. Strain of muscle, fascia and tendon of lower back, initial encounter : S39.012A

**ASSESSMENT/PLAN:**

CLAIM NUMBER: BH85390; DOI: 07/06/2022

She reported a work-related injury in July 2022. Works as a physical therapist and was assisting with a heavy patient when she felt sudden onset sharp/achy low back pain just inferior to her just inferior to her right SI joint along her sacrum and coccyx. Today she states her pain is the same, but has felt like she has "gained strength" with physical therapy. Her last PT session was in November, before Thanksgiving. MRI completed on 10/28/22 showed slight amount of edema in the bone of the lower sacrum which potentially could be artifactual in origin.

She is now status post sacrococcygeal ligament CSI on 03/30/23, reports 50% pain relief. She does note that she worked after the CSI injection where she felt that she further irritated the area. But since the incident, she has been having gradual improvement of her symptoms, able to lift heavier weights. Today the physical exams consisting on pressing on ASIS flared up the plain in her right ILA.

At this time, I will send a CT scan of her sacrum to Kadlec. Follow up once CT of the sacrum is obtained.

She is back to work full duty without restriction.

The risks, benefits, side effects of all procedures and medications were discussed thoroughly with the patient today. The patient was advised to follow a home exercise program after injections if indicated. All questions were answered.

This note was dictated using electronic Dragon software and there may be typographical errors.

~

04/17/2023 07:12:36

STEPHEN M. DECHTER, DO

Electronically signed by Dr. Stephen Dechter, DO 04/17/2023 07:12:57



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04/14/2023

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Caused by fall:

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Patient: [REDACTED] MRNO: 483554 DOB: 06/19/1990 - Continued

Affirmed : asthma/bronch

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#### REVIEW OF SYSTEMS:

Affirmed : none

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#### DRUG USE:

Current : none

Denied : cocaine,methamphetamines,IV drugs,marijuana

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FAMMEMB,Heart Attack

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FAMMEMB,Psoriasis

FAMMEMB,Asthma

FAMMEMB,Stroke

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Copy provided : no

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