Transaction ID

3348719

Submitted Date

2011-05-21

Processed Claim Number



Workers' Compensation Board Alberta

P.O. BOX 2415 **EDMONTON AB** T5J 2S5 Fax: (780) 427-5863

1-800-661-1993

CHIROPRACTOR'S FIRST REPORT

WCB Claim Number

Date of Accident 2011-05-14

Worker's Address 4816-53st

Worker Last Name Harms

Athabasca Alberta T9S1K6

Time Loss?

Does the worker have an Alberta PHN?

Worker First Name

Joseph

Worker Middle Name

Worker Date of Birth 1972-01-30

17935-4590

Clinic Reference Number

Personal Health Number

Worker's Telephone Number Area Code Number 675-5157 780

Worker Job Title/Occupation

Driller

Employer/Employer Address Chandos

6720-104 Street Edmonton Alberta N.O.C. Code 8232

Employer's Telephone Number Area Code Number Extension

Who rendered first treatment?

Dr. Kurt Deutscher

Type of Facility Your Clinic

Date of First Treatment 2011-05-20

Treatment Provider K J DEUTSCHER

Clinic/Clinic Address KURT DEUTSCHER PROF CORP 1 4907 51 STREET ATHABASCA AB T9S1E7

Billing Number B2B90701

Treatment Provider's Telephone Number Number Area Code

780 675-4030

Report Completion Date 2011-05-20

Date of Examination 2011-05-20

Describe worker's work related injury (how and where) While trying to maneuver a sheet of plywood in strong winds, he was violently twisted and developed immediate lower back pain. No previous history. Patient has seen Dr. Michael Smith in Athabasca was given Tylenol. Patient was quite upset with just Tylenol, because has been self-medicating with alcohol because of the pain being so bad.

Worker's Complaints (Nature and Site of Symptoms)

Severe lower back pain but some left leg symptoms including tingling in the lower leg and left foot. Expresses thunderbolt type pain from his back to his head.





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Has the worker had a similar problem previously?

Objective Findings

Range of motion of lumbar spine is decreased in all ranges. In flexion by 30%; in extension by 80%; and left lateral flexion by 80% in right lateral flexion by 30%. Truncal rotation is reduced by 50% all related to pain in the L5S1 region. Muscle spasm and vertebral pain between L4 and S1. Reflexes normal. Foot strength normal. Balance below normal. Straight leg raise test on the right 55° with leg pain; straight leg raise test on the left 58° with pain and left hip.

Diagnosis

Lumbar disc tear

Diagnostic Codes

722.1 - Displacement of thor. or lumb. IV disc without myelopathy

Part of Body

BACK, INCLUDING SPINE, SPINAL CORD, UNS

Nature of Injury

TRAUMATIC INJURIES AND DISORDERS, UNS

Side of Body

X-Rays Yes	X-Ray Date 2011-05-17	
X-Ray Type AP/lateral lumbar spine	X-Ray Facility Athabasca Hospital	

X-Ray Interpretation

Not available at this moment. Sill review on Tuesday, May 24 and report if outside of normal.

Specific Critical Job Requirements

Lift greater than 50 pounds

frequent bending

Status

Unable to lift greater than 20 pounds from waist height, and frequent bending not advised, nor sitting for prolonged periods

Treatment Plan

Spinal manual therapy with lumbar bracing icing and avoidance of aggravating posture such as sitting

Frequency and Duration

Daily for one week then decreasing

Any complicating factors affecting recovery?

Yes - Full extent of the lumbar disc tear will not be known for a few days, and the use of alcohol may be a

complicator

Surgery

No

Actual or Estimated Date of Surgery

Evidence of relevant pre-existing conditions?

Treatment Complete

Employment Status at Discharge





If yes, choose: Temporary	If temporary, how long? 4 to 6 weeks	
Is the injury preventing the worker from performing date of accident work? Yes		Estimated Date of Return to Date of Accident Work 2011-07-07
Was the worker working at time of first exam? Yes - Alternate Duties		If not working, does the worker have a job to return to?
Is modified or alternate work available? Yes		Can modified or alternate work be performed? Yes - Light
Job Requirements Heavy		Job requirements confirmed by: None

Any other relevant comments or observations?

Dependent upon improvement over the next few days, an MRI might be advisable as a plan. I will let you know. Should that requirement occur. Patient has resorted to using alcohol as a painkiller, and has been advised otherwise. However, this may result in discontinuation of treatment.



