

ALPINE ORTHOPAEDIC MEDICAL GROUP, INC.

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333 EAST ALPINE AVENUE
 295 McNARY CIRCLE

STOCKTON, CALIFORNIA 95204
MANTECA, CALIFORNIA 95336

PHONE (209) 948-3333
PHONE (209) 239-9333

FOR

Tom Bond

DATE

1/1/00

ADDRESS

Rx
Dym membership
W&C
X 3mo.

Label

Refill 1 2 3 4 PRN NR

dx left knee OA.
Edward L. Cahill

M.D.

J.V.R./AR2058926
V.C.L./AL2724284

P.B.S./AS6276542
G.W.W./BW0161670

E.L.C./AC9396828
G.T.M./AM2223460

R.H.W./AW3277818
S.E.E./BE2729070

000002

ALPINE ORTHOPAEDIC

PR-2

DATE PRINTED:

07/25/00

Patient: BEARD, TOM G.

Account: WC123764

PRIMARY PHYSICIAN'S PROGRESS REPORT PR-2

- Periodic Report
- Change in Work Status
- Change in patient's condition
- Need consultation referral
- Need surgery/hospitalization
- Change in Treatment
- Info requested by
- Discharged
- Other:

PATIENT
 Account: WC123764
 TOM G. BEARD
 2937 TOYON DRIVE #2
 SS#: 558-76-6159
 CLAIMS ADMINISTRATOR
 BRAGG AND ASSOC.
 P.O. BOX 1406
 Employer: S.J. CTY MOSQUITO CONTROL

Doctor: 8
 SEX: M
 STOCKTON

D.O.B.: 09/24/49
 CA 95203
 PHONE: (209) 941-4816

Claim #: 6938950005
 ROSEVILLE

DOI: 05-25-95
 CA 95678

DIAGNOSIS

1. SPRAIN/STRAIN MED MENISCUS/CARTILAG 836.0
2. 715.96
3. 274.9

WORK STATUS This patient has been instructed to:

- Remain off work until
- Return to Modified Work on limitations and instructions:
- Return to Full Duty on restrictions.

with the following
 with no limitations or

CONTINUE WITH: Modified Work Full Duty

 DATE OF EXAM: 7-24-00 PART OF BODY: LEFT KNEE
 #####

Patient returns for evaluation of his knees, particularly the left knee. His knee sometimes acts up. He took a day of sick leave the Friday after his last office visit, and then was better by Monday. He missed about 5 days of work in the past 3 months.

On exam we had difficulty weighing him today. We thought he might weigh 339 lb. The patient did not think he had gained weight, but this represents a 46 lb increase from his last visit. His weight will be repeated at his next visit. Medial joint line tenderness was present bilaterally. It was difficult to assess effusion, due to the size of his legs. No crepitus was noted with range of motion, no ligamentous laxity identified.

ASSESSMENT: Left knee medial compartment osteoarthritis status post arthroscopic partial meniscectomy. Osteoarthritis of right knee, which is not yet a work compensation problem, but he is now filing a claim for this.

The patient's gym membership will be renewed for an additional 3 months.

000008

Patient: BEARD, TOM G.

Account: WC123764

He will continue use of Celebrex as an anti-inflammatory. Lateral heel wedges were given for both shoes to take pressure off the medial aspect of his knee. We will see how he does with this when he returns in 3 months.
E.L. Cahill, M.D./jaq

Eduard L. Cahill

"I have not violated Labor Code Section 139.3 and the contents of the report and bill are true and correct to the best of my knowledge. This statement is made under penalty or perjury."

Date this day of JUL 25 2000
at San Joaquin County, California.

000009

ALPINE ORTHOPAEDIC

PR-2

DATE PRINTED:

04/11/00

Patient: BEARD, TOM G.

Account: WC123764

PRIMARY PHYSICIAN'S PROGRESS REPORT PR-2

- Periodic Report
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- Change in Treatment
- Info requested by
- Discharged
- Other:

PATIENT

Account: WC123764

Doctor: 8

D.O.B.: 09/24/49

TOM G. BEARD

SEX: M

CA 95203

2937 TOYON DRIVE #2

STOCKTON

PHONE: (209) 941-4816

SS#: 558-76-6159

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Claim #: 6938950005

DOI: 05-25-95

BRAGG AND ASSOC.

ROSEVILLE

CA 95678

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DATE OF EXAM: 4/10/00 PART OF BODY: LEFT KNEE
#####

The patient returns today for reevaluation. He has had some increase in pain over the weekend. He did not do anything to bring it on. He just woke up Saturday morning. Presumably this is related to increased activities of work and flareup of his osteoarthritis. He is status post (several years) left knee arthroscopic partial medial meniscectomy.

The patient and I talked about his weight situation as he has not been too serious about trying to get under 300 lbs. and lose additional weight from that point onward. On examination today, the patient's weight is 293 lbs. with his clothes on His knee evaluation reveals some bilateral medial compartment osteoarthritis. There is medial joint line tenderness. No effusion

000011

Patient: BEARD, TOM G.

is identified. Minimal crepitus is noted of the left knee.

- ASSESSMENT:
1. Osteoarthritis of both knees.
 2. Status post left knee arthroscopic partial medial meniscectomy.

PLAN: The patient has already missed a half of his work day. We will have him remain off of work today due to his increased complaints of bilateral knee pain until tomorrow, at which time he will return to his regular job duties. The patient will continue with his gym program. I have recommended a six month gym membership so he may continue with his exercise program in an attempt to promote weight loss.

EDWARD L. CAHILL, M.D./sh

Edward L. Cahill

"I have not violated Labor Code Section 139.3 and the contents of the report and bill are true and correct to the best of my knowledge. This statement is made under penalty or perjury."

Date this day of 4/11/00
at San Joaquin County, California.

ALPINE ORTHOPAEDIC

PR-2

DATE PRINTED:

12/13/99

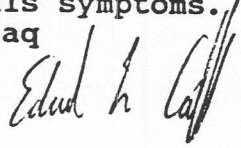
Page 2

Patient: BEARD, TOM G.

Account: WC123764

less pain and can function better at work. I gave him a note to keep him off work from 12-6-99 through 12-14-99. I plan to reevaluate him in one month's time. Celebrex may be taken up to twice a day for a period of time to better control his symptoms.

E.L. Cahill, M.D./jaq



"I have not violated Labor Code Section 139.3 and the contents of the report and bill are true and correct to the best of my knowledge. This statement is made under penalty or perjury."

Date this day of 12-13-99
at San Joaquin County, California.

000017

DEC - 8 1999

FGS	YES	NO
RTW	YES	DATE
	NO	
WORK	YES	NO

pt states his
 knee is "acting up" Right knee.
 other knee.

stopped Celebrex / got to take it for a week
 since left knee has (concluded)

○ - to a small percentage of (R) knee defect

(R) knee medial t line pr

- 1) off work since Med
- 2) Celebra bid
- ATD i m

ALPINE ORTHOPAEDIC

PR-2

DATE PRINTED:

09/06/99

Patient: BEARD, TOM G.

Account: WC123764

PRIMARY PHYSICIAN'S PROGRESS REPORT PR-2

- Periodic Report
- Change in Work Status
- Change in patient's condition
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- Discharged
- Other:

PATIENT

Account: WC123764

Doctor: 8

TOM G. BEARD

SEX: M

D.O.B.: 09/24/49

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CONTINUE WITH: Modified Work Full Duty

#####

DATE OF EXAM: 09-13-99 PART OF BODY: LEFT KNEE

#####

S: The patient returns for reevaluation. He has not been seen for four months. He continues to have increasing pain in the right knee; this is the nonoperated knee. It started with some activity yesterday walking and started having medial knee pain. He has a tendency to limp for a period of time. He describes having had an earlier surgery on the right knee at age 18; he had a bone protruding over the medial proximal tibia. Most likely this was an osteochondroma which was excised.

O: No pain with hip range of motion of either hip with external rotation of 30 dg, internal rotation of 10 dg bilaterally; no crepitus noted. Right knee tenderness was noted; not localized to the joint line, but appeared to be central. Patellofemoral grind test was negative bilaterally and neurocirculatory status remains intact to both lower extremities.

A: Osteoarthritis of both knees, excess weight, status post left knee arthroscopic partial medial meniscectomy.

P: The patient has taken Motrin over-the-counter; he is told to stop

ORTHOPAEDIC

PR-2

DATE PRINTED:

09/06/99

Page 2

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this since he is currently taking Celebrex. Tylenol may be utilized for episodes of flare-up of pain. Lab studies will be obtained to monitor renal, hepatic or hematologic toxicity to medication. Reevaluation in a month to discuss results of the lab work. E. L. Cahill, M.D./va

ADDENDUM: I have also given him a slip for another health club membership. He has apparently had some difficulty having this authorized.
E. L. Cahill, M.D./va

"I have not violated Labor Code Section 139.3 and the contents of the report and bill are true and correct to the best of my knowledge. This statement is made under penalty or perjury."

Date this day of SEP 16 1999
at San Joaquin County, California.

000024

PROGRESS NOTE

BEARD, TOM

WC123764

February 24, 1999

Patient returns for follow-up. He has been having some medial left knee pain. He is not sure if he has lost any weight, although he has been trying to. On examination, he has some diffuse medial knee pain. 0-125 degree range of motion was possible. No crepitus with range of motion of the knee. No effusion today.

ASSESSMENT: Status post left knee arthroscopic partial medial and lateral meniscectomies. Osteoarthritis both knees. Obesity. History of gout.

PLAN: Weight is encouraged. His weight today was 325 lb. Continue exercising and walking on dirt or grass and use a bicycle. Abdominal exercises are also encouraged. Return to office in three months. Vicodin has been refilled.

I have not violated Labor Code 1393 and the contents of the report and bill are true and correct to the best of my knowledge. This statement is made under penalty of perjury. Dated this 1st day of March, 1999 at San Joaquin County, California.

EDWARD L. CAHILL, M.D./alr

cc: Bragg & Associates

MAR 31 1999

& S	<input type="checkbox"/> YES	<input type="checkbox"/> NO
RTW	<input type="checkbox"/> YES	DATE _____
	<input type="checkbox"/> NO	
MODIFIED WORK	<input type="checkbox"/> YES	<input type="checkbox"/> NO
WORK LIMITATIONS:		

atly

*Both knees are hurting -
left work today -
Toby Nopur on O.C.C.*

*wt = 286
39 # of loss.*

(D)

*1) Celebryx 200mg T
wt loss keep it up.
Remember for health*

000034

PROGRESS NOTE

BEARD, TOM

WC123764

11 16 98

The patient returns to the office today for followup. It has been several months since he was last seen. He did not have his lab work done after his last visit; however, he also stopped taking the Naprosyn about two months ago. He apparently got the flu and ran out of medications and never called for a refill. He has complaints of aching of the left knee which tends to be worse with cold weather.

On examination, weight was 330 lb; he was initially standing improperly on the scale and that makes his last weight questionable (283 lb). The patient does not think he has gained 47 lb in the past two months; however, this is an area of concern, and the patient does have a scale at home, but apparently it has been broken. The left knee range of motion has not changed from 0 to 125 degrees; no calf/thigh tenderness. No crepitus, no effusion, mild medial joint line tenderness was noted.

- ASSESSMENT:**
- 1) Status post left knee medial lateral meniscectomy.
 - 2) Right knee status post probable medial meniscectomy.
 - 3) Osteoarthritis of both knees.
 - 4) Obesity.
 - 5) Gout.

PLANS: Weight loss is encouraged; gout diet will be continued. He is not using the Naprosyn at this time and will allow him to remain off of it. Reevaluation in three months for followup. He is still unable to obtain a health spa membership.

I have not violated Labor Code Section 139.3 and the contents of the report and bill are true and correct to the best of my knowledge. This statement is made under penalty of perjury. Dated this 18th day of November, 1998, at San Joaquin County, California.

EDWARD L. CAHILL, M.D.

ELC:va

t 11 18 98

cc Comp
Disability Desk

FEB 24 1999

WT=321

Ⓟ

P & S	<input type="checkbox"/> YES	<input type="checkbox"/> NO
R T W	<input type="checkbox"/> YES	DATE _____
	<input type="checkbox"/> NO	
MODIFIED WORK	<input type="checkbox"/> YES	<input type="checkbox"/> NO
WORK LIMITATIONS:		

000035

PROGRESS NOTE
BEARD, TOM
WC123764
09 21 98

The patient continues to have problems with his left knee. Pain is primarily medial. He is favoring his right knee more than the left. He is now taking Naprosyn 1-2 times per week. He saw Dr. Buckingham recently for his earlier diagnosis of gout and had stopped eating red meat. On physical examination, he was noted to have medial knee pain bilaterally. There is no crepitus of either knee, no effusion. Knee range of motion was 0 to 125 degrees bilaterally. No calf or thigh tenderness noted. Weight is 283½ lb.

- ASSESSMENT:
- 1) Status post left knee medial and lateral meniscectomies.
 - 2) Prior right knee medial surgery possible medial meniscectomy.
 - 3) Early osteoarthritis of both knees.
 - 4) Obesity.
 - 5) Gout.

- PLANS
- 1) Naprosyn on a bid basis as this will provide a greater degree of effectiveness than is present.
 - 2) Continue on diet for gout. *→ nt / rns.*
 - 3) Reevaluation in a few months.
 - 4) Lab data will be obtained in order to rule out any potential for renal, hepatic or hematologic toxicity.

I have not violated Labor Code Section 139.3 and the contents of the report and bill are true and correct to the best of my knowledge. This statement is made under penalty of perjury. Dated this 23rd day of September, 1998, at San Joaquin County, California.

EDWARD L. CAHILL, M.D.
ELC:va
t 09 23 98
cc Comp

NOV 16 1998

*S - Ran out of Naprosyn 2 wks ago
very much
flu had made him sick
c/o acting.*

P & S	<input type="checkbox"/> YES	<input type="checkbox"/> NO
RTW	<input type="checkbox"/> YES	DATE _____
	<input type="checkbox"/> NO	
MODIFIED WORK	<input type="checkbox"/> YES	<input type="checkbox"/> NO
WORK LIMITATIONS:		

0 - ut = (U)

originally he had been steady
WT = 330

000036

SEP 2 1998

P & S	<input type="checkbox"/> YES	<input type="checkbox"/> NO
RTW	<input type="checkbox"/> YES	DATE _____
	<input type="checkbox"/> NO	
MODIFIED WORK	<input type="checkbox"/> YES	<input type="checkbox"/> NO
WORK LIMITATIONS:		

⚡ Favoring Right there, so it hurts more in

Fighting with White Cong - who say they pay but
the

Only thing - Mupman 1-2/1k,

Saw Dr Buckingham - / Stop red meat /
wt = 23k.

0 -
medil knee on bike
No cepter
No e/gun

(D)

a - 1)

P) Center and
(D)

JUN - 1 1983

S. Both these are hunting men
Dai his my work
B.H. Kuro

APR 83	LIVES	LINO
RT 21	LIVES	DATE
NO		
MODIFIED WORK	LIVES	LINO
WORK LIMITATIONS:		

1986 he weighed 185⁺
lost 7#s
after 86 was
and @ more - it got
painful,

O

0-120
No lugh

(D)

a - 1) 20A
 2) 30A
 P -) cut low
 2)

PROGRESS NOTE

BEARD, TOM

WC123764

05 04 98

The patient returns to the office. We reviewed the results of his laboratory work which revealed an elevated uric acid level. He is seeing his family physician who has placed him on a diet, decreasing consumption of red meat.

The patient has had two blood workups done a year and apparently this has not been seen before.

He taking Naprosyn once a day. He has been using Vicodin, but this has not been working recently.

Apparently he has been depressed recently due to several family members having passed away.

The patient had been using his health spa membership, but the insurance company refused to authorize further use of the health spa. The patient has noted over the past several years that when he uses the health spa, he does not have much trouble with his left knee. When he is not able to use the health spa and workout, then he has more difficulty with his knee.

The patient is requesting physical therapy today as an alternative to the health spa itself.

On physical examination, left knee range of motion is from 0-120°. There is no effusion, no crepitus, and no ligamentous laxity. Mild medial joint line tenderness is noted with very slight lateral joint line tenderness.

Assessment: Status post partial medial and lateral meniscectomies of the left knee.

Plan: I have recommended the use of the health spa for use of the exercise equipment to help control his weight and improve his overall left leg strength.

Darvocet has been prescribed as an analgesic agent; as an alternative to the use of Vicodin. He is to return to the office in one month's time for reevaluation. A home exercise program will be encouraged. I have elected not to obtain physical therapy in the hope that we will be able to obtain approval for his health spa membership.

I have not violated Labor Code Section 139.3 and the contents of the report and bill are true and correct to the best of my knowledge. This statement is made under penalty of perjury. Dated this 5th day of May, 1998, at San Joaquin County, California.

EDWARD L. CAHILL, M.D

ELC/sh

cc: Comp Carrier (2)

000041