

DOCTOR'S FIRST REPORT OF OCCUPATIONAL INJURY OR ILLNESS

Within 5 days of your initial examination, for every occupational injury or illness, send two copies of this report to the employer's workers' compensation insurance carrier or the insured employer. Failure to file a timely doctor's report may result in assessment of a civil penalty. In the case of diagnosed or suspected pesticide poisoning, send a copy of the report to Division of Labor Statistics and Research, P.O. Box 420603, San Francisco, CA 94142-0603, and notify your local health officer by telephone within 24 hours.

1. INSURER NAME AND ADDRESS THE HARTFORD INSURANCE PO BOX 14475 LEXINGTON KY 40512				PLEASE DO NOT USE THIS COLUMN	
2. EMPLOYER NAME TRIACE BICYCLE				Case No.	
3. Address No. and Street 52 SOUTH EAST J STREET SUITE 6		City Zip BENTONVILLE AZ 72712		Industry	
4. Nature of business (e.g., food manufacturing, building construction, retailer of women's clothes.)				County	
5. PATIENT NAME (first name, middle initial, last name) ALAN EGER			6. Sex <input checked="" type="radio"/> Male <input type="radio"/> Female		7. Date of Birth Mo. Day Yr. 04/18/1962
8. Address No. and Street 1423 HOLGATE DR		City Zip ANAHEIM 92802		9. Telephone number (714) 343-0003	
10. Occupation (Specific job title) RESEARCH & DEVELOPMENT			11. Social Security Number 548-41-4004		Disease
12. Injured at: JOB EVENT		No. and Street City CHINA		County Hospitalization	
13. Date and hour of injury or onset of illness CT 03/01/11 – 02/01/15		Hour a.m. p.m.		14. Date last worked Mo. Day Yr.	
15. Date and hour of first examination or treatment 04/23/15		Hour a.m. p.m.		16. Have you (or your office) previously treated patient? Yes <input checked="" type="radio"/> No	

Patient please complete this portion, if able to do so. Otherwise, doctor please complete immediately, inability or failure of a patient to complete this portion shall not affect his/her rights to workers' compensation under the California Labor Code.

17. DESCRIBE HOW THE ACCIDENT OR EXPOSURE HAPPENED. (Give specific object, machinery or chemical. Use reverse side if more space is required.)
Patient states, on 04/18/2014 while he was working/riding for Triace in China at a Ride Event on top of mountain in Phjiang China. He won that event and was asked to have pictures at the finish line. At that time, around 11am, a bike fan jumped on his foot with a special shoe made for bike cleats/pedals and broke the #5 bone in his left foot He went back to the hotel where he fell down trying to walk to the bed and found his foot turn black. Since he could not speak any Chinese and could not get any help and had no one to take him to the hospital. Around 5am he finally called the Sales person from Triace, and with this Sales Person help he arrived to the Pujiang hospital around 8am and had an Xray that showed his left foot broken. He was then transferred to ER in Shanghai Hospital where he was confirmed his broken foot and had it casted. Patient got a flight back to USA 2 days later being immobile in bed and on crutches with foot elevated.

18. SUBJECTIVE COMPLAINTS (Describe fully. Use reverse side if more space is required.)

Patient complains of his left foot that has always been hurting painfully and swollen since the accident in Apr/2014. Also c/o right foot pain , but Left>Right side VAS 6-8/10 . The pain is localized with dull, aching in character , limit with standing and walking more than 5 mins . Pain decreased by Rest, Naproxen 500mg and Ibuprofen 800mg X 3/day VAS 4-6/10
Complaints 2: Both knee pain for 2years. Constant daily pain. Vas 7-8/10 pain, generalized. Dull , aching in character. L knee does give out on rare occasion, but no locking of the knees. Some swelling.
Complaints 3: Lower back pain for 1 year . Constant daily pain VAS 5-7/10 The pain is localized with dull , aching in character. Pain is increasing with bending the back , walking, and standing . Pain is decreased by Rest and Medications
Complaints 4: Left-Clavicle pain from 2006, constant daily pain VAS 4-6/10 The pain is associated with radiating to left upper extremities with numbness and tingling and dull , aching in character
Complaints 5: Depress > 50%, since lay off. Acute stress disoreder

19. OBJECTIVE FINDINGS (Use reverse side if more space is required.)

A. Physical examination:

Surgical History : Left Clavicle @2006 with pins and crew

Previous Accidents: Left Foot broken@ 04/2014

Current Medications: naproxen 500mg, Ibuprofen 800mg

Allergies: ASPIRIN – SOB

Vital Signs: Systolic/Diastolic(mmHg):129/80 Pulse(beats/ min):50 Resp Rate(breaths/min):18 Temp(F):98.6 Height: 6ft1in Weight:153 lbs

NAD, A X O x 3

Cervical exam – WNL

Upper extremities - surgery of Left clavicle. Hard to lift left shoulder past 160 degree, otherwise normal exam

LS examination:

ROM 50/60 flexion, extension 25/30, other rom normal

TTP and spasm at paraspinal muscle, facets joints from L3-s1 region

Neg ortho test

Knee examination:

ROM normal

TTP generalized, no edema,

Neg lachman, mcmurray and stress test

Ankle exam

No obvious deformities, but left foot ttp along lateral foot.

20. **DIAGNOSIS** (if occupational illness specify etiologic agent and duration of exposure.) Chemical or toxic compounds involved? Yes No

ICD-9 Code:

- 1. Knee joint pain 719.46
- 2. Foot/ Ankle pain joint 719.47
- 3. Lumbar S/S 847.2
- 4. M&M 729.1
- 5. Depression 311.00
- 6. Clavicle pain
- 7. Acute Stress disorder

21. Are your findings and diagnosis consistent with patient's account of injury or onset of illness? Yes No If "no", please explain.

22. Is there any other current condition that will impede or delay patient's recovery? Yes No If "yes", please explain.

23. **TREATMENT RENDERED** (Use reverse side if more space is required.)

- 1. Discussed with patient and answered all question
- 2. Naproxen 550 mg – 1TAB PO BID PRN pain #60
- 3. Cyclobenzaprin 7.5 mg 1Tab PO TID PRN Spasm #60
- 4. Omeprazole 20mg 1Tab PO BID PRN Stomach upset #60
- 5. RFA PT 2 times /week for 4weeks & MRI L/S, Bilateral -Knee & Left- Foot
- 6. Consider RFA Psych

24. If further treatment required, specify treatment plan/estimated duration.

25. If hospitalized as inpatient, give hospital name and location Date admitted Mo. Day Yr. Estimated stay

26. **WORK STATUS** -- Is patient able to perform usual work? Yes No Specify restrictions
If "no", date when patient can return to: Until further notice

Centers of Rehabilitation Pain Medicine

Doctor's Signature _____

CA License Number A106695 / A86192

Doctor Name and Degree (please type) Hao Thai MD / Albert Lai MD

IRS Number 27-3495179

Address 12800 Garden Grove Blvd. #A Garden Grove CA 92843

Telephone Number 714-204-0671

Any person who makes or causes to be made any knowingly false or fraudulent material statement or material representation for the purpose of obtaining or denying workers' compensation benefits or payments is guilty of a felony.