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Disclosure:

No financial relationship

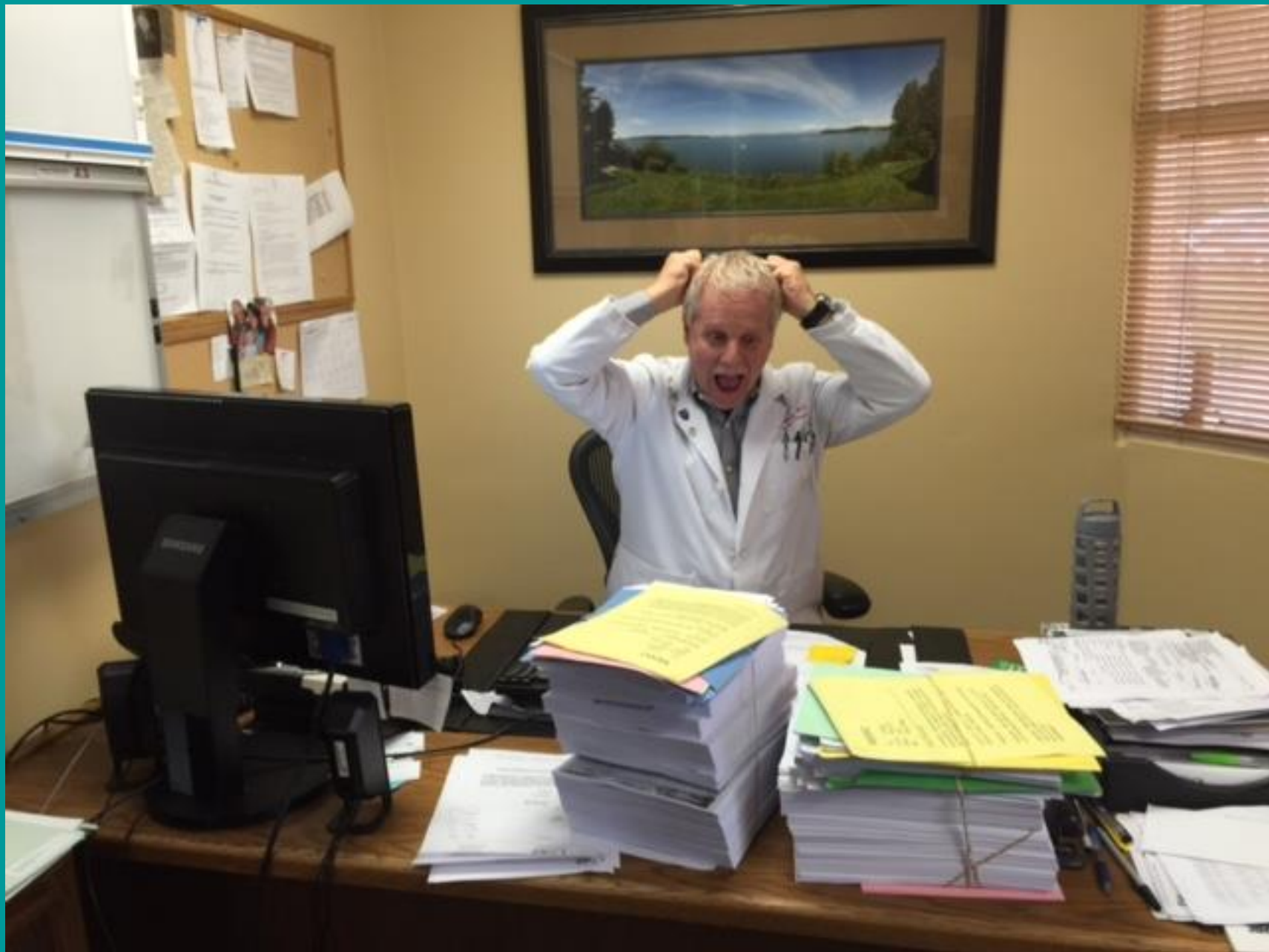
Apportionment
In the most Common
Orthopaedic Conditions

What this is NOT

A Rating Course

**Legal Discussion (later in
course)**





40 y/o Male worked in warehouse lifting up to 100lb through out the day. Began having right shoulder pain, increasing over the past 3 months.

Became worse and was sent to clinic. MRI showed a rotator cuff tear and significant A/C joint arthritis. Course of PT, injection, surgery and post op PT. Ended up with 30% decrease in

ROM and went back to work in a lighter capacity. History is important for 8 years of fast pitch softball as a pitcher.

20 y/o Bus boy throwing a box of old lettuce out and fell. Felt left shoulder pop out. Had a prior left shoulder dislocation at age 16, treated with a sling. Had stabilization and ended up with 10% decrease in ROM.

45 y/o Bus boy throwing a box of old lettuce out and fell. Felt left shoulder pop out. Had a prior left shoulder dislocation at age 26, treated with sling. Had stabilization and ended up with 10% decrease in ROM.

50 y/o Golf course employee for 1 year, while lifting railroad tie and felt a pop in his back. Has pain in back and left leg. Sent to clinic. Had PT MRI with a 6mm disc positive EMG.

50 y/o Golf course employee lifting railroad tie and felt a pop in his back. Has pain in back and left leg. Sent to clinic. Had PT MRI with a 6 mm disc positive EMG. Had a prior work comp injury with occasional leg and back pain, closed in '05 and returned to full duties.



31 y/o Secretary with a 10 year history of insulin dependent diabetes. Complained of numbness and tingling in the thumb, index and long finger. Bracing and PT gave little relief. Elected to have open CTR. After post op PT she had some residual symptoms. Attempted to return to work but symptoms reoccurred and she was unable to return to work.

52 y/o male appraiser with long history of insulin dependent diabetes. Has had problems with ulcers on the left foot. After inspecting a house in the morning he found a small pebble in his right shoe and an ulcer in the evening when he took his shoe off. Sent to clinic. Required several debridements, and ended up with a second ray resection.



45 y/o Male service director at Chevy dealership stepped off the curb and had immediate pain in left hip. To the ED with x-rays showing collapse of the femoral head. History reveals long and current history of alcohol use. Required a total hip, and eventually returned to work with special accommodations of a high rise seat.

47 y/o Female file clerk who banged her knee on a open file drawer. Reported the injury, sent to clinic. X-ray showed 1 mm medial joint narrowing and some patella spurs. After not improving with PT she got an MRI, with tears of medial and lateral meniscus. Received an injection with 3 weeks of relief, but with return of pain had right knee surgery. Had degenerative tears of medial and lateral, and IV chondromalacia over 70% of medial femoral condyle. Was able to return to full duties after 6 weeks of therapy.



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39 y/o Warehouse worker after 10 years of picking orders for Stater Brothers began having ache in the right hip. Physical exam showed marked decrease ROM of right hip, x-rays showed loss of joint space. With PT and a hip injection he was eventually able to return to picking orders, but required the use of a sit down fork lift.

78 y/o Female file clerk for past 16 years. At end of the day was having bilateral hip pain. Exam in the clinic showed a 5 ft 2 inch, 246 lb patient with decreased hip ROM bilateral and walking with a PUW. Eventually had both hips replaced, but was unable to return to work.

Labor Code

- **4663** **Other factors**
- **4664** **Prior awards**

