



Workers' Compensation Board

Commission des accidents du travail

200 Front Street West
Toronto ON
M5V 3J1

97 MAR 27 AM 11:22

Physician's Progress Report Form 26



Section 51 (R.S.O. 1990) of the Workers' Compensation Act authorizes you to release this information to the WCB. Please respond to all questions in black ink or type and return the original to the WCB.

Patient's name PAUL TAYLOR Claim No. [REDACTED]

Date of examination on which report is based March 19, 1997 When will patient be seen again? March 27, 1997

1. Current symptoms and physical findings
Pain with sitting greater than 20 min.

2. Diagnosis Low back strain

3. Investigations ordered/results since last report
None

4. Describe current or proposed treatment program including physiotherapy/chiropractic/medications, etc.
Continued physiotherapy

5. Referral to specialist: Name of specialist(s) (please print) [REDACTED] Date(s) of appointment [REDACTED]

6. Referral to a regional evaluation centre for a multi-disciplinary assessment? no yes If yes, date of appointment

7. Any significant factors delaying recovery? no yes If yes, please describe
Attempts to return to work on March 10. Initially did reasonably well but, increased pain after long drive on March 17.

8. Improvement expected? no yes If yes, please describe and give approximate date
Expect attempt at return to work 10-14 days

9. Complete recovery expected? no yes If yes, approximate date
1-2 months

10. List any medical restrictions that should be observed should the patient return to work activities now
Unable to sit more than 20 min.

11. If you anticipate permanent restrictions, specify:
[REDACTED]

12. Are there medical restrictions which prevent the patient from operating a motor vehicle? Can't sit more than 20 min yes no Health No. [REDACTED] Version Code [REDACTED]

13. Can the patient use public transport? yes no WCB Provider Billing No. 324082-50

Physician's name (please print) L. Sauls Signature [Signature] Your own Invoice No. [REDACTED] Service date 22/03/97 Fee code M643
Address 205-2300 Eglinton Ave W. Telephone 905-820-8144 Date 22/3/97
Mississauga, ON