EXHIBIT C

MR #

A COPY OF THIS REPORT MUST BE SENT TO THE INJURED WORKER, EMPLOYER AND THE INSURER

DELAWARE WORKERS' COMPENSATION
PHYSICIAN'S REPORT OF WORKER'S COMPENSATION INJURY

REPORT TYPE: __Initial _X_Progress __Closing

WORKER'S NAME: Adrienne Ponzo

DOB

Date of Injury: 01/09/1975

Body Part(s):

EXAM DATE: 03/26/2026

Physician's Phone/Fax: (302) 731-2888/(302) 355-4434

Employer Name
Employer Phone/Fax
Insurer Name
Insurer Claim No.
Insurer Phone/Fax

INITIAL VISIT ONLY
Injured worker's description of accident/injury:

WORK RELATED MEDICAL DIAGNOSIS (ES): Muscle spasm of back(M62.830)

TREATMENT PLAN:
Diagnostic Tests
Procedures
Therapy: Rise PT
Medications

Hrs. per day patient can work: _8+ _8 _6 _4 _2 X 0

D.O.T Classification of Work

__Sedentary: Exerting up to 10 lbs. of force occasionally and/or a negligible amount of force frequently to lift, carry, push, pull or otherwise move objects, including the human body. Sedentary work involves sitting most of the time but may involve walking or standing for brief periods of time.

__Light: Exerting up to 20 lbs. of force occasionally and/or up to 10 lbs. of force frequently and/or negligible amount of force constantly to move objects. Physical Demand requirements are in excess of those for Sedentary Work.

__Medium: Exerting 20 to 50 lbs. of force occasionally and/or 10 to 25 lbs. of force frequently and/or greater than negligible up to 10 lbs. of force constantly to move objects. Physical Demand requirements are in excess of those for Light Work.

__Heavy: Exerting 50 to 100 lbs. of force occasionally and/or 25 to 50 lbs. of force frequently and/or 10 to 20 lbs of force constantly to move objects. Physical Demand requirements are in excess of those for Medium Work.

__Very Heavy: Exerting in excess of 100 lbs. of force occasionally and/or in excess of 50 lbs. of force frequently and/or in excess of 20 lbs. of force constantly to move objects. Physical Demand requirements are in excess of those for Heavy Work.

Definitions:
Occasionally: activity or condition exists up to 1/3 of the time
Frequently: activity or condition exists from 1/3 to 2/3 of the time
Constantly: activity or condition exists from 2/3 or more of the time

Work Postures/Positional tolerances: Comment **as appropriate** in the space provided regarding the patient's abilities/limitations for the following Postures/Positions. (e.g. Sitting: No more than 30 minutes continuously)

Sitting:
Standing:
Walking:
Driving:
Bending:
Turn/Twist:
Kneeling:
Squating:
Crawling:
Climbing:
Repeated arm motions:
Repetitive use of wrist/hands:
Reaching up above shoulder:
Foot controls:

Comments: NO WORK 03/26/2026 to 05/14/2026 Until Next Office Visit

Above safe work capacities are: __temporary __permanent __anticipate full duty release

Return to work modified duty start date:

RELEASE TO FULL DUTY WITH NO RESTRICTIONS: __YES (Start Date____) __NO

Physician Signature:

Date: 03/26/2026 Next Appointment: 05/14/2026

Physician Name: Alexandre Mikhail PA-C Certified Provider: X YES __NO "References the Healthcare Practice Guidelines adopted pursuant to the 19 Del.C. §2322(A)"