

EXHIBIT C

DELAWARE WORKERS' COMPENSATION
PHYSICIAN'S REPORT OF WORKER'S COMPENSATION INJURY
A COPY OF THIS REPORT MUST BE SENT TO THE INJURED WORKER, EMPLOYER AND THE INSURER

REPORT TYPE

WORKER'S NAME: Adrienne Panto Initial

☒ Progress ☐ Closing

DOB 01/09/1975

Date of Injury 01/09/1975

Body Part(s)

EXAM DATE 02/26/2026

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

Medications

Rise PT

Hrs. per day patient can work: 8+ 9 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/Postional 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:

Squatting:

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

Alex M

Physician Signature:

Physician Name: Alexandre Mikhail PA-C Certified Provider: ☒ YES

Date: 03/26/2026

Next Appointment: 05/14/2026

☐ NO "References the Healthcare Practice Guidelines adopted pursuant to the 19 Del.C. §2322(A)"