

CONTINUATION

NAME

Sulberg, Paul

ADDRESS

7/25/12 SOS 5/16/12 failed to Attny Popovich, Attn -
Alarue (es)

NAME

Dulberg, Paul

ADDRESS

DATE

2-13-12 here for results MRI @.

I do not know why pt has continued symptoms not sure why when he bends his little finger things get worse & pain in entire arm

I suggested getting a 3rd opinion @

Dr. Scott Sagerman

10 min spent @ pt

5-14-12 Per release records forwarded to Thomas Popovich PC, Hans Maier, 3416 W Elm Street, McHenry IL 60050 (AK)

5-16-12 here for Tel. I spoke @ Dr. Sagerman & he believed best pt on neuropathic pain med.

Mr. Dulberg doesn't think the strength is improving. He also can't see the pain is that local. It only lasts a few seconds.

Doing PT anything of smaller caliber surges the pain on right @ the scar site wearing wrist splint @ night sleep will add Gabapentin for the 300mg QHS for 1 week then BI D

call 2 wks or sooner if side effects

6-1-12 PC from pt - he did some gardening work 2d ago and now his SXS are ting. Per KFL - ↑ gabapentin to 600mg bid. PT notified mem.

6-1-12 PC from pt - he is still noticing freq. twinges of pain / discomfort from the nerve. he uses the mem. Per KFL - ↑ to 600mg 1 1/2 bid and call eff. in 2 wks if needed. mem. PT notified.

Theresa Verma Lattin to SCA box

NAME

Dulberg, Paul

ADDRESS

8-10-11

DATE

here for NCV's → normal.

this is branch nerve injury
main median & ulnar nerves are ok
likely will improve somewhat
if next several months
to see hand surgeon as well

1-30-12 here because his therapist asked that
he be re-evaluated. still getting numbness
& tingling & burning in spots down the
ulnar side of arm & hand.
if he bends his little finger in it
aggravates the pain & sets it off all day.
He is feeling for disability for disc discs
& wanted to make sure this isn't
related to that

Exam: ↓ strength ^{err} ~~entire~~ (R) 4th digit abductor
in =

normal ad duction

c flexion of 5th digit ↑ pain in arm
scar is raised ? bump on end.

Imp will v MRI forearm to R/O neuroma
R/O disruption of tendon or nerve
Full p MRI. 15 min spent o pt

DATE: 7.28.2011

ASSOCIATED NEUROLOGY, S.C.

NAME Dulberg, Paul ☒ M ☐ F☐ R ☐ L HANDED

MENTAL STATUS

☐ R CRANIAL NERVES ☐ L☐ SMELL☐ VISION☐ ACUITY☐ FIELDS☐ FUNDUS

OPTIC DISC

VESSELS

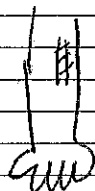
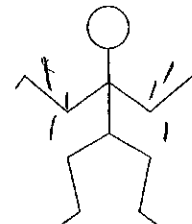
FOVEA

☐ LIDS☐ OCULAR MOVEMENT☐ CONVERGENCE☐ NYSTAGMUS☐ PUPILS☐ SIZE / SHAPE☐ LIGHT☐ CONSENSUAL☐ AFFERENT PUPIL☐ CORNEAL REFLEX☐ FACIAL SENSATION☐ PIN☐ LIGHT TOUCH☐ MUSC. OF MASTIC.☐ FACIAL MUSCLES☐ UPPER☐ LOWER☐ TASTE☐ AUDITORY ACUITY☐ SOFT PALATE☐ GAG☐ STERNOMASTOID☐ TRAPEZIUS☐ TONGUE☐ R COORDINATION ☐ L☐ FNF☐ HKS

RAPID ALTERNATING MOVEMENTS

☐ TONGUE☐ HANDS☐ FINGERS☐ FOOT

EXPLANATORY NOTES

☐ R REFLEXES ☐ L☐ HOFFMAN☐ TROMNER☐ PM☐ GRASP☐ SUCK☐ SNOUT☐ GLABELLAR☐ JAW☐ R GAIT ☐ L☐ SPONTANEOUS☐ ON TOES☐ ON HEELS☐ ARM SWING☐ BASE☐ TANDEM☐ POSTURE☐ STABILITY☐ ROMBERG☐ TANDEM ROMBERG

GENERAL

☐ CAROTID PULSE☐ CAROTID BRUIT☐ PERIPHERAL PULSE☐ TINEL☐ PHALEN☐ NECK ROM☐ ROM AT WAIST☐ STRAIGHT LEG RAISING☐ PARASPINAL TENDERNESS☐ CARDIAC MURMUR☐ KERNIG☐ BRUDZINSKI☐ L'HERMITTES

BP

HR

SITTING

SUPINE

STANDING

104/68

72

16

HEALTH QUESTIONNAIRE

ASSOCIATED NEUROLOGY, S.C

Patient's Name:

Seulberg, Paul

Date:

7/28/11

Handedness: ☒ Right ☐ Left

REASON FOR VISIT

Chin saw to Right Forearm

AGE:

41

MEDICAL HISTORY

If you have had any of the following symptoms or diseases, please check (✓) and indicate at what age.

<input checked="" type="checkbox"/> Headaches	<input type="checkbox"/> Frequent Nosebleeds	<input type="checkbox"/> Bowel Polyps	<input type="checkbox"/> Crohn's/Colitis	<input type="checkbox"/> Tuberculosis
<input type="checkbox"/> Dizzy or <input type="checkbox"/> Fainting Spells	<input type="checkbox"/> Sinus Pain <input type="checkbox"/> Sore Throat	Stools: <input type="checkbox"/> Bloody <input type="checkbox"/> Black <input type="checkbox"/> Pale	<input type="checkbox"/> Herpes	<input type="checkbox"/> AIDS (HIV)
<input type="checkbox"/> Decreased Hearing	<input type="checkbox"/> Teeth/Gum Pain/Bleeding	<input type="checkbox"/> Hemorrhoids <input type="checkbox"/> Hernia	<input type="checkbox"/> Contact w/Blood or Body Fluids	<input type="checkbox"/> Blood Transfusions
<input type="checkbox"/> Ringing in Ear	<input type="checkbox"/> Chronic Cough	<input type="checkbox"/> Urine Infections (frequent)	<input type="checkbox"/> Sexual Problems	
<input type="checkbox"/> Falling Vision <input type="checkbox"/> Eye Pain	<input type="checkbox"/> Hay Fever/Allergies	Urination: <input type="checkbox"/> Overnight > twice		
<input type="checkbox"/> Double or <input type="checkbox"/> Blurred Vision	<input type="checkbox"/> Pneumonia/Pleurisy	<input type="checkbox"/> Painful <input type="checkbox"/> Bloody <input type="checkbox"/> No Control	Males: <input type="checkbox"/> Prostate <input type="checkbox"/> PSA Test	
<input type="checkbox"/> Hoarseness	<input type="checkbox"/> Bronchitis/Emphysema	<input type="checkbox"/> D <input type="checkbox"/> e in Force/Flow	Females: Please complete rest.	
<input type="checkbox"/> Difficulty Swallowing	<input type="checkbox"/> Asthma/Wheezing	<input type="checkbox"/> Kidney	Menstrual Flow:	
<input type="checkbox"/> Convulsions/Seizures	<input type="checkbox"/> Shortness of Breath:	<input type="checkbox"/> Venereal Disease/Genital Warts	Age Started _____	
<input type="checkbox"/> Stroke <input type="checkbox"/> Head Injury	<input type="checkbox"/> On Exertion <input type="checkbox"/> Lying Flat	<input type="checkbox"/> Urethral Discharge	<input type="checkbox"/> Reg. <input type="checkbox"/> Irreg. <input type="checkbox"/> Pain/Cramps	
<input type="checkbox"/> Tremor/Hands Shaking	<input type="checkbox"/> Chest Pain or Tightness	<input type="checkbox"/> Anemia <input type="checkbox"/> Bruise Easily	Days of Flow _____	
<input checked="" type="checkbox"/> Muscle Weakness	<input type="checkbox"/> High Blood Pressure	<input type="checkbox"/> Cancer (Type) _____	Length of Cycle _____ Days	
<input checked="" type="checkbox"/> Numbness/Tingling Sensations	<input type="checkbox"/> Heart Murmur	<input type="checkbox"/> Diabetes <input type="checkbox"/> Excessive Thirst	1st Date of Last Period _____	
<input type="checkbox"/> Back Pain	<input type="checkbox"/> Irregular Pulse <input type="checkbox"/> Palpitations	<input type="checkbox"/> Thyroid Disease	Number of:	
<input type="checkbox"/> Foot Pain <input type="checkbox"/> Cold Numb Feet	<input type="checkbox"/> High Cholesterol/Fat	<input type="checkbox"/> Arthritis/Rheumatism	_____ Pregnancies _____ Abortions	
<input type="checkbox"/> Difficulty Sleeping	<input type="checkbox"/> Swollen Ankles <input type="checkbox"/> Blood Clots	<input type="checkbox"/> Bone Fracture/Joint Injury	_____ Miscarriages _____ Live Births	
<input type="checkbox"/> Memory Loss <input type="checkbox"/> Phobias	<input type="checkbox"/> Calf Pain When Walking	<input type="checkbox"/> Gout <input type="checkbox"/> Osteoporosis	<input type="checkbox"/> Pain/Bleeding During Sex	
<input type="checkbox"/> Difficulty Walking	<input type="checkbox"/> Varicose Veins/Phlebitis	<input type="checkbox"/> Rashes <input type="checkbox"/> Hives	Birth Control Method _____	
<input type="checkbox"/> Difficulty Speaking	<input type="checkbox"/> Loss of Appetite (recent)	<input type="checkbox"/> Eczema <input type="checkbox"/> Psoriasis	If B.C. Pill, Name _____	
<input type="checkbox"/> Imbalance	<input type="checkbox"/> Indigestion/Heartburn	<input type="checkbox"/> Nervousness <input type="checkbox"/> Depression	<input type="checkbox"/> Infertility History	
<input checked="" type="checkbox"/> Neck Pain <input type="checkbox"/> Facial Pain	<input type="checkbox"/> Persistent Nausea/Vomiting	<input type="checkbox"/> Moodiness <input type="checkbox"/> Excessive Stress	<input type="checkbox"/> Flushing/Menopause	
<input type="checkbox"/> Meningitis/Encephalitis	<input type="checkbox"/> Peptic Ulcer/Abdominal Pain	<input type="checkbox"/> Mental Illness	Date of Last PAP Test _____	
<input type="checkbox"/> Weight Loss or <input type="checkbox"/> Gain	<input type="checkbox"/> Gall Bladder Trouble	<input type="checkbox"/> Chicken Pox <input type="checkbox"/> Polio <input type="checkbox"/> Mumps	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	
<input type="checkbox"/> Unusual Fatigue/Loss of Energy	<input type="checkbox"/> Jaundice/Hepatitis	<input type="checkbox"/> Measles <input type="checkbox"/> German Measles	Date of Last Mammogram _____	
<input type="checkbox"/> Frequent Ear Infections	<input type="checkbox"/> Change in Bowel Habits	<input type="checkbox"/> Lyme Disease	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	
<input type="checkbox"/> Glaucoma <input type="checkbox"/> Cataracts	<input checked="" type="checkbox"/> Diarrhea <input checked="" type="checkbox"/> Constipation	<input type="checkbox"/> Rheumatic Fever <input type="checkbox"/> Scarlet Fever		

HOSPITAL ADMISSIONS

Indicate the year of hospitalization and the reason. Do not include normal pregnancies.

YEAR	ILLNESS OR OPERATION	YEAR	ILLNESS OR OPERATION	YEAR	ILLNESS OR OPERATION
	Left Arm After Nerve Trans				

MEDICATIONS

List all that you take include those you buy without a prescription.

Naproxin

DRUG ALLERGIES

None

FAMILY HISTORY

If any blood relative has suffered any of the following, please check below and indicate which relative.

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Epilepsy (Seizures) | <input type="checkbox"/> Glaucoma | <input type="checkbox"/> Anemia | <input type="checkbox"/> High Blood Pressure |
| <input type="checkbox"/> Migraine Headaches | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Bleeds Easily | <input type="checkbox"/> High Cholesterol |
| <input type="checkbox"/> Stroke | <input type="checkbox"/> Thyroid Goiter | <input type="checkbox"/> Clotting Disorder | <input type="checkbox"/> Alcoholism |
| <input type="checkbox"/> Other Neurologic Disease | <input type="checkbox"/> Hay Fever | <input type="checkbox"/> Arthritis | <input type="checkbox"/> Genetic Disease |
| <input type="checkbox"/> Mental Illness | <input type="checkbox"/> Asthma | <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Cancer (Type) _____ |

HABITS

Cigarettes: 1 Packs/Day for 20 YearsAlcohol: 1/2 Drinks/WeekCoffee: 2 Cups/DayRegular Exercise: ☐ Yes ☒ No

Quit Smoking: _____ Years Ago

Street Drugs: NoneTESTS/EXAMS
(Year of Last One)
 Cholesterol _____
 Rectal _____
 T.B. Test _____

 Sugar _____
 Chest X-Ray _____
 Eye Exam _____

 Other Blood Tests _____
 Cardiogram _____
 Dental Exam _____

 Have you had any of these tests done?
 If so, please check and indicate year.

☐ Angiogram _____
☐ CT Scan of Head _____
☐ CT Scan of Neck _____
☐ CT Scan of Lower Back _____

☐ MRI Scan of Head _____
☐ MRI Scan of Neck _____
☐ MRI Scan of Lower Back _____
☐ Neck X-Rays _____

☐ Lumbar Puncture (Spinal Tap) _____
☐ EEG (Brain Wave) _____
☐ EMG _____
☐ Myelogram _____



ASSOCIATED NEUROLOGY, S.C.

MITCHELL S. GROBMAN, M.D.
KAREN F. LEVIN, M.D.

July 28, 2011

Mr. Hans Mast
3416 W. Elm Street
McHenry, IL 60050

RE: Paul Dulberg

Dear Mr. Mast,

Mr. Dulberg was previously seen by my associate, Dr. Mitchell Grobman, in 2002 for left ulnar neuropathy, and had surgery and essentially became asymptomatic by 2007 and who had never had difficulty in his right arm. Approximately a month prior to the evaluation, he had been holding a branch for a neighbor when the chainsaw came up and cut his right forearm. He was taken to Northern Illinois Medical Center where they put in inner stitches in the muscle and outer stitches. He originally had very significant pain, but as the pain was getting better, he started noticing that he had numbness in his fifth digit in the inner aspect of his forearm. He had not been dropping things. It was mostly just a tingling and a numb feeling. He denies ever having any right-sided symptoms or right-sided injuries. His examination was significant for a healing scar in the right forearm and for decreased light touch, pinprick, and temperature sensation in the ulnar distribution of the right arm. His strength was normal. Given the distribution, it was felt that this was a branch neuropathy to the sensory nerves. I did have him undergo nerve conductions to make sure that the median and ulnar nerves were all without involvement and they were. I recommended that he see a hand surgeon as well just to be certain that there were no other treatment options for him; however, most likely this was just a sensory branch neuropathy that may improve or may result in permanent numbness in the distribution that he was showing numbness. Mr. Dulberg should followup if any additional symptoms develop or if he wished to try any neuropathic pain treatment if it became painful and not just numb.

Sincerely,

Karen Levin, MD
(mdm)

Karen F. Levin, M.D.

KFL/klm

TELEPHONE: (847) 549-0055

DEA # BL3912652
NPI #1811930811

KAREN F. LEVIN, MD

1900 HOLLISTER DR., SUITE 250

LIBERTYVILLE, IL 60048

Name Paul Dullberg Date 5-16-12

Address _____

Rx

Neurontin 300 mg
dis #60 (sixty)
T pa BID

☐ Label

Refill - 0 - 1 - 2 - 3 - 4 - PRN

☒ May Substitute [Signature], M.D.

☐ May Not Substitute _____, M.D.

ASSOCIATED NEUROLOGY, S.C.

Mitchell S. Grobman, M.D.

Karen F. Levin, M.D.

Phone (847) 549-0055

1900 Hollister Drive, Suite 250, Libertyville, IL 60048

Fax (847) 549-0404

Round lake
(847) 546-3600

Patient Name: Paul Dulberg

D.O.B.: 3/19/70

SS#

Phone #: Home: (847) 497-4250

Work:

Send additional copy of report to: 729-5

Diagnosis slp trauma R/o neuroma or nerve or

☐ MRI ☐ Brain

☐ With Contrast

☐ C-Spine

☐ Without Contrast

☐ T-Spine

☐ anesthesiology administer sedation is medically necessary because of

☐ LS-Spine

☐ MRA ☐ Intracranial

☐ Extracranial

☒ MRI upper ext. (R) non joint C & S good

☐ Ultrasound

☐ X-Ray

☐ CT

☐ With Contrast

☐ Without Contrast

☐ Echo ☐ TEE ☐ 24 Hour Holter ☐ Tilt Table To be read by Dr.

☐ EEG may sedate using _____ gram(s) chloral hydrate if necessary ☐ Other

☐ Labs

☐ carbamazepine

☐ phenytoin

☐ phenobarbital

☐ valproic acid

☐ gabapentin

☐ lupus anticoagulant

☐ protein C

☐ protein S

☐ antithrombin III

☐ CBC w/plts

☐ folate

☐ activated protein C resistance

☐ thyroid profile

☐ TSH

☐ anticardiolipin antibody

☐ hepatic profile

☐ PTT

☐ sedimentation rate

☐ basic metabolic profile

☐ B12

☐ ANA with reflex testing

☐ glycohemoglobin

☐ RPR

☐ comprehensive metabolic profile

☐ immunofixation

☐ homocysteine

☐ Acetylcholine receptor antibodies

☐ Mitchell S. Grobman, M.D.

☒ Karen F. Levin, M.D.

Date

1-30-12

Paul Dulberg

NEUROPHYSIOLOGY REPORT

Name: Dulberg, Paul

Test No.: 12-0305

Date of Exam: 13 Mar 12

Consulting Doctor: Scott Sagerman, M.D.

Motor Nerve Conduction:

Nerve and Site	Latency	Amplitude	Segment	Latency Difference	Distance	Conduction Velocity
Median.R						
Wrist	3.9 ms	5.4 mV				
Elbow	8.3 ms	3.1 mV	Wrist-Elbow	4.4 ms	240 mm	55 m/s
Ulnar.R						
Wrist	3.0 ms	12.2 mV				
Below elbow	6.7 ms	11.4 mV	Wrist-Below elbow	3.7 ms	220 mm	59 m/s
Above elbow	8.4 ms	11.3 mV	Below elbow-Above elbow	1.7 ms	100 mm	59 m/s

F-Wave Studies:

Nerve	M-Latency	F-Latency
Median.R	3.9 ms	29.6 ms
Ulnar.R	3.3 ms	28.7 ms

Sensory Nerve Conduction:

Nerve and Site	Onset Latency	Peak Latency	Amplitude	Segment	Latency Difference	Distance	Conduction Velocity
Median.R							
Digit II (index finger)	2.4 ms	3.2 ms	22 μ V	Wrist-Digit II (index finger)	2.4 ms	130 mm	53 m/s
Ulnar.R							
Digit V (little finger)	2.0 ms	2.7 ms	28 μ V	Wrist-Digit V (little finger)	2.0 ms	110 mm	55 m/s

Needle EMG Examination:

Muscle	Spontaneous and Volitional Activity					
	Fibs	+Waves	Fasc's	Poly	Amp	Dur
Flexor carpi radialis.R	None	None	None	None	Normal	Normal
Flexor carpi ulnaris.R	None	None	None	None	Normal	Normal
Extensor indicis proprius.R	None	None	None	None	Normal	Normal
1st dorsal interosseous.R	None	None	None	None	Normal	Normal
Abductor digiti minimi (manus).R	None	None	None	None	Normal	Normal
Abductor pollicis brevis.R	None	None	None	None	Normal	Normal

Interpretation: NCV: Motor: Right median and ulnar motor responses are within normal limits.
F-wave: Right median and ulnar f-waves are within normal limits. Sensory: Right median and ulnar responses are within normal limits.

EMG: No denervation potentials are seen.

Conclusions: No electrophysiologic evidence of focal or diffuse peripheral neuropathy.



Karen F. Levin, M.D.



PATIENT: DULBERG, PAUL
MRN: 1585839

PHYSICIAN: LEVIN, MD, KAREN
EXAM: MR FOREARM W/ AND
W/O 73220
DOS: 02/03/2012

DOB: 03/19/1970

EXAMINATION: MRI examination of the right forearm without and with intravenous contrast infusion..

CLINICAL HISTORY: History of right forearm trauma with a chainsaw. Possible neuroma, nerve impingement or injury in the forearm. Possible tendon disruption. It appears that the patient had some difficulty holding still during image acquisition. There is motion artifact on this examination. Weakness in the fourth and fifth fingers. Pain in the forearm and hand.

TECHNIQUE: Multiplanar T1 and T2-weighted spin-echo pulse sequences and STIR sequence. Post-infusion multiplanar T1-weighted sequences were performed. A skin marker was taped to the point of maximal symptoms.

Contrast: 15 cc of gadolinium was infused.

FINDINGS: There is no bone abnormality seen. The bone marrow signal characteristics are normal.

There is no cystic or solid mass appreciated. The visualized muscles have normal signal characteristics.

There is no abnormal soft tissue infiltration or induration. Specifically, in the area of the skin marker which is marking the point of maximal symptoms, there is no soft tissue abnormality appreciated.

There is no abnormality identified along the course of the ulnar nerve in the forearm.

IMPRESSION: There is no forearm abnormality appreciated. This does not exclude the possibility of an ulnar nerve impingement or injury but there is no gross mass or abnormal infiltration along the expected course of the ulnar nerve. No obvious tendon or muscle abnormality appreciated at this time.

Thank you for referring your patient to Open Advanced MRI. If you have any questions, Dr. Levin, please feel free to contact me at my direct line which is: 630.885.2100.

720 Rollins Road Round Lake Beach, IL 60073 Phone: 847-546-3600 Fax: 847-546-3633

www.openadvancedmri.com

If there are any questions about this fax or you are not the intended recipient. Please call 1-888-674-4674.



DULBERG, PAUL
MR FOREARM W/ AND W/O 73220
02/03/2012

Page 2 of 2

Thank you for referring your patient to Open Advanced MRI of Round Lake.

Thomas A. Predey, MD

Electronically Signed By: THOMAS A. PREDEY MD

To the referring or consulting physician: If you would like to discuss this case in more detail or have any questions, please feel free to contact the author of this report:

Dr. Ian Fisher (847) 414-5055, Dr. Jay Korach (847) 691-7673

720 Rollins Road Round Lake Beach, IL 60073 Phone: 847-546-3600 Fax: 847-546-3633

www.openadvancedmri.com

If there are any questions about this fax or you are not the intended recipient. Please call 1-888-674-4674.

NEUROPHYSIOLOGY REPORT

Name: Dulberg, Paul

Test No.: 11-0802

Date of Exam: 10 Aug 11

Motor Nerve Conduction:

Nerve and Site	Latency	Amplitude	Segment	Latency Difference	Distance	Conduction Velocity
Median.R						
Wrist	3.9 ms	9.1 mV				
Elbow	8.8 ms	6.1 mV	Wrist-Elbow	4.9 ms	255 mm	52 m/s
Ulnar.R						
Wrist	2.9 ms	10.7 mV				
Below elbow	6.2 ms	10.1 mV	Wrist-Below elbow	3.3 ms	180 mm	55 m/s
Above elbow	7.7 ms	9.5 mV	Below elbow-Above elbow	1.5 ms	100 mm	67 m/s

F-Wave Studies:

Nerve	M-Latency	F-Latency
Median.R	3.8 ms	30.9 ms
Ulnar.R	2.9 ms	27.3 ms

Sensory Nerve Conduction:

Nerve and Site	Onset Latency	Peak Latency	Amplitude	Segment	Latency Difference	Distance	Conduction Velocity
Median.R							
Digit II (index fing	2.3 ms	2.9 ms	22 μ V	Wrist-Digit II (index finger)	2.3 ms	130 mm	57 m/s
Ulnar.R							
Digit V (little fing	2.0 ms	2.6 ms	28 μ V	Wrist-Digit V (little finger)	2.0 ms	110 mm	55 m/s

Interpretation: NCV: Motor: Right median and ulnar motor responses are within normal limits. F-wave: Right median and ulnar f-waves are within normal limits. Sensory: Right median and ulnar responses are within normal limits.

Conclusions: No electrophysiologic evidence of diffuse neuropathy.


Karen F. Levin, M.D.

NAME

Dulberg, Paul

ADDRESS

8-10-11 here for NCV's → normal.

DATE

This is brachial nerve injury
main median & ulnar nerves are ok
Likely will improve somewhat
if next several months

To see hand surgeon as well

1-30-12 here because his therapist asked that
he be re-evaluated. still getting numbness
& tingling & burning in spots down the
ulnar side of arm & hand.
if he bends his little finger it
aggravates the pain & sets it off all day.
He is feeling for disability for disc disease.
& wanted to make sure this isn't
related to that

Exam: ↓ strength ⁱⁿ ~~extensor~~ (R) 4th digit abductor

Normal ad ductor

c flexion of 5th digit ↑ pain in arm
scar is raised ? bump on end.

Imp well ✓ MRI forearm to R/O neuroma
R/O disruption of tendon or nerve
Full p MRI. 15 min spent o pt

CONTINUATION

NAME

Dulberg, Paul

ADDRESS

DATE

9-13-12 here for results MRI @.

I do not know why pt has continued symptoms
not sure why when he bends his
little fingers things get worse & pain
in entire arm

I suggested getting a 3rd opinion @

Dr. Scott Sagerman
10 min consult @ pt

5/14/12 Per release records forwarded to Thomas
Popovich PC / Hans Malet, 3110 W Elm Street
McHenry IL 60050 (AK)

5-16-12 here for FCL. I spoke @ Dr. Sagerman
@ he reviewed hist pt on neuropathic
pain med.

Mr. Dulberg doesn't think the strength is
improving. He also isn't sure the
pain is that local. It only lasts
a few seconds.

Doing PT anything of smaller caliber
during the pain on right @ the scar site
wearing wrist splint @ night sleep
will add Gabapentin for the
300mg QHS for 1 week then B/D
call 2 wks or sooner if side
effects

6/1/12 PC from pt - he did some gardening
work 2d ago and now his SXS are tingling. Per
RFL - 1 gabapentin to 600mg bid. PT notified
6/1/12 PC from pt - he is still noticing freq.
twinges of pain / discomfort from the neck when
he uses the arm. Per RFL - 1 to 600mg 1 1/2 bid
and call @ 2 wks if needed. — Melvin
PT notified.

DATE: 7.28.2011

ASSOCIATED NEUROLOGY, S.C.

NAME

MENTAL STATUS

☒ M ☒ F☒ R ☐ L HANDED☐ R

CRANIAL NERVES

☐ L☐ SMELL☐ VISION☐ ACUITY☐ FIELDS☐ FUNDUS

OPTIC DISC

VESSELS

FOVEA

☐ LIDS☐ OCULAR MOVEMENT☐ CONVERGENCE☐ NYSTAGMUS☐ PUPILS☐ SIZE / SHAPE☐ LIGHT☐ CONSENSUAL☐ AFFERENT PUPIL☐ CORNEAL REFLEX☐ FACIAL SENSATION☐ PIN☐ LIGHT TOUCH☐ MUSC. OF MASTIC.☐ FACIAL MUSCLES☐ UPPER☐ LOWER☐ TASTE☐ AUDITORY ACUITY☐ SOFT PALATE☐ GAG☐ STERNOMASTOID☐ TRAPEZIUS☐ TONGUE☐ R

COORDINATION

☐ L☐ FNF☐ HKS

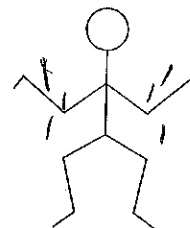
RAPID ALTERNATING MOVEMENTS

☐ TONGUE☐ HANDS☐ FINGERS☐ FOOT

EXPLANATORY NOTES

☐ R

REFLEXES

☐ L☐ HOFFMAN☐ TROMNER☐ PM☐ GRASP☐ SUCK☐ SNOUT☐ GLABELLAR☐ JAW☐ R

GAIT

☐ L☐ SPONTANEOUS☐ ON TOES☐ ON HEELS☐ ARM SWING☐ BASE☐ TANDEM☐ POSTURE☐ STABILITY☐ ROMBERG☐ TANDEM ROMBERG

GENERAL

☐ CAROTID PULSE☐ CAROTID BRUIT☐ PERIPHERAL PULSE☐ TINEL☐ PHALEN☐ NECK ROM☐ ROM AT WAIST☐ STRAIGHT LEG RAISING☐ PARASPINAL TENDERNESS☐ CARDIAC MURMUR☐ KERNIG☐ BRUDZINSKI☐ L'HERMITTES

BP

HR

SITTING
SUPINE

104/68

72

16

STANDING

HEALTH QUESTIONNAIRE

ASSOCIATED NEUROLOGY, S.C.

Patient's Name:

Seulberg, Paul

Date:

7/28/11

Handedness:

☒ Right ☐ Left

REASON FOR VISIT

Chainsaw TO Right FOREARM

AGE:

41

MEDICAL HISTORY

If you have had any of the following symptoms or diseases, please check (✓) and indicate at what age.

<input checked="" type="checkbox"/> Headaches	<input type="checkbox"/> Frequent Nosebleeds	<input type="checkbox"/> Bowel Polyps	<input type="checkbox"/> Crohn's/Colitis	<input type="checkbox"/> Tuberculosis
<input type="checkbox"/> Dizzy or <input type="checkbox"/> Fainting Spells	<input type="checkbox"/> Sinus Pain <input type="checkbox"/> Sore Throat	Stools: <input type="checkbox"/> Bloody <input type="checkbox"/> Black <input type="checkbox"/> Pale	<input type="checkbox"/> Herpes <input type="checkbox"/> AIDS (HIV)	
<input type="checkbox"/> Decreased Hearing	<input type="checkbox"/> Teeth/Gum Pain/Bleeding	<input type="checkbox"/> Hemorrhoids <input type="checkbox"/> Hernia	<input type="checkbox"/> Contact w/Blood or Body Fluids	
<input type="checkbox"/> Ringing In Ear	<input type="checkbox"/> Chronic Cough	<input type="checkbox"/> Urine Infections (frequent)	<input type="checkbox"/> Blood Transfusions	
<input type="checkbox"/> Failing Vision <input type="checkbox"/> Eye Pain	<input type="checkbox"/> Hay Fever/Allergies	Urination: <input type="checkbox"/> Overnight > twice	<input type="checkbox"/> Sexual Problems	
<input type="checkbox"/> Double or <input type="checkbox"/> Blurred Vision	<input type="checkbox"/> Pneumonia/Pleurisy	<input type="checkbox"/> Painful <input type="checkbox"/> Bloody <input type="checkbox"/> No Control	Males: <input type="checkbox"/> Prostate <input type="checkbox"/> PSA Test	
<input type="checkbox"/> Hoarseness	<input type="checkbox"/> Bronchitis/Emphysema	<input type="checkbox"/> D e in Force/Flow	Females: Please complete rest.	
<input type="checkbox"/> Difficulty Swallowing	<input type="checkbox"/> Asthma/Wheezing	<input type="checkbox"/> Kidn 10s	Menstrual Flow:	
<input type="checkbox"/> Convulsions/Seizures	<input type="checkbox"/> Shortness of Breath:	<input type="checkbox"/> Venereal Disease/Genital Warts	Age Started _____	
<input type="checkbox"/> Stroke <input type="checkbox"/> Head Injury	<input type="checkbox"/> On Exertion <input type="checkbox"/> Lying Flat	<input type="checkbox"/> Urethral Discharge	<input type="checkbox"/> Reg. <input type="checkbox"/> Irreg. <input type="checkbox"/> Pain/Cramps	
<input type="checkbox"/> Tremor/Hands Shaking	<input type="checkbox"/> Chest Pain or Tightness	<input type="checkbox"/> Anemia <input type="checkbox"/> Bruise Easily	Days of Flow _____	
<input checked="" type="checkbox"/> Muscle Weakness	<input type="checkbox"/> High Blood Pressure	<input type="checkbox"/> Cancer (Type) _____	Length of Cycle _____ Days	
<input checked="" type="checkbox"/> Numbness/Tingling Sensations	<input type="checkbox"/> Heart Murmur	<input type="checkbox"/> Diabetes <input type="checkbox"/> Excessive Thirst	1st Date of Last Period _____	
<input type="checkbox"/> Back Pain	<input type="checkbox"/> Irregular Pulse <input type="checkbox"/> Palpitations	<input type="checkbox"/> Thyroid Disease	Number of:	
<input type="checkbox"/> Foot Pain <input type="checkbox"/> Cold Numb Feet	<input type="checkbox"/> High Cholesterol/Fat	<input type="checkbox"/> Arthritis/Rheumatism	____ Pregnancies ____ Abortions	
<input type="checkbox"/> Difficulty Sleeping	<input type="checkbox"/> Swollen Ankles <input type="checkbox"/> Blood Clots	<input type="checkbox"/> Bone Fracture/Joint Injury	____ Miscarriages ____ Live Births	
<input type="checkbox"/> Memory Loss <input type="checkbox"/> Phobias	<input type="checkbox"/> Calf Pain When Walking	<input type="checkbox"/> Gout <input type="checkbox"/> Osteoporosis	<input type="checkbox"/> Pain/Bleeding During Sex	
<input type="checkbox"/> Difficulty Walking	<input type="checkbox"/> Varicose Veins/Phlebitis	<input type="checkbox"/> Rashes <input type="checkbox"/> Hives	Birth Control Method _____	
<input type="checkbox"/> Difficulty Speaking	<input type="checkbox"/> Loss of Appetite (recent)	<input type="checkbox"/> Eczema <input type="checkbox"/> Psoriasis	If B.C. Pill, Name _____	
<input type="checkbox"/> Imbalance	<input type="checkbox"/> Indigestion/Heartburn	<input type="checkbox"/> Nervousness <input type="checkbox"/> Depression	<input type="checkbox"/> Infertility History	
<input checked="" type="checkbox"/> Neck Pain <input type="checkbox"/> Facial Pain	<input type="checkbox"/> Persistent Nausea/Vomiting	<input type="checkbox"/> Moodiness <input type="checkbox"/> Excessive Stress	<input type="checkbox"/> Flushing/Menopause	
<input type="checkbox"/> Meningitis/Encephalitis	<input type="checkbox"/> Peptic Ulcer/Abdominal Pain	<input type="checkbox"/> Mental Illness	Date of Last PAP Test _____	
<input type="checkbox"/> Weight Loss or <input type="checkbox"/> Gain	<input type="checkbox"/> Gall Bladder Trouble	<input type="checkbox"/> Chicken Pox <input type="checkbox"/> Polio <input type="checkbox"/> Mumps	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	
<input type="checkbox"/> Unusual Fatigue/Loss of Energy	<input type="checkbox"/> Jaundice/Hepatitis	<input type="checkbox"/> Measles <input type="checkbox"/> German Measles	Date of Last Mammogram _____	
<input type="checkbox"/> Frequent Ear Infections	<input type="checkbox"/> Change in Bowel Habits	<input type="checkbox"/> Lyme Disease	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	
<input type="checkbox"/> Glaucoma <input type="checkbox"/> Cataracts	<input checked="" type="checkbox"/> Diarrhea <input checked="" type="checkbox"/> Constipation	<input type="checkbox"/> Rheumatic Fever <input type="checkbox"/> Scarlet Fever		

HOSPITAL ADMISSIONS

Indicate the year of hospitalization and the reason. Do not include normal pregnancies.

YEAR	ILLNESS OR OPERATION	YEAR	ILLNESS OR OPERATION	YEAR	ILLNESS OR OPERATION
	Left Arm After NERVE TRANS				

MEDICATIONS

List all that you take include those you buy without a prescription.

Naproxin

DRUG ALLERGIES

None

FAMILY HISTORY

If any blood relative has suffered any of the following, please check below and indicate which relative.

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Epilepsy (Seizures) | <input type="checkbox"/> Glaucoma | <input type="checkbox"/> Anemia | <input type="checkbox"/> High Blood Pressure |
| <input type="checkbox"/> Migraine Headaches | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Bleeds Easily | <input type="checkbox"/> High Cholesterol |
| <input type="checkbox"/> Stroke | <input type="checkbox"/> Thyroid Goiter | <input type="checkbox"/> Clotting Disorder | <input type="checkbox"/> Alcoholism |
| <input type="checkbox"/> Other Neurologic Disease | <input type="checkbox"/> Hay Fever | <input type="checkbox"/> Arthritis | <input type="checkbox"/> Genetic Disease |
| <input type="checkbox"/> Mental Illness | <input type="checkbox"/> Asthma | <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Cancer (Type) _____ |

HABITS

Cigarettes: 1 Packs/Day for 20 YearsAlcohol: 4 Drinks/Week Coffee: 2 Cups/DayRegular Exercise: ☐ Yes ☒ No

Quit Smoking: _____ Years Ago

Street Drugs: NoneTESTS/EXAMS
(Year of Last One)
 Cholesterol _____
 Rectal _____
 T.B. Test _____

 Sugar _____
 Chest X-Ray _____
 Eye Exam _____

 Other Blood Tests _____
 Cardiogram _____
 Dental Exam _____

 Have you had any of these tests done?
 If so, please check and indicate year.

☐ Angiogram _____
☐ CT Scan of Head _____
☐ CT Scan of Neck _____
☐ CT Scan of Lower Back _____

☐ MRI Scan of Head _____
☐ MRI Scan of Neck _____
☐ MRI Scan of Lower Back _____
☐ Neck X-Rays _____

☐ Lumbar Puncture (Spinal Tap) _____
☐ EEG (Brain Wave) _____
☐ EMG _____
☐ Myelogram _____

ASSOCIATED NEUROLOGY, S.C.

Mitchell S. Grobman, M.D.

Karen F. Levin, M.D.

1900 Hollister Drive, Suite 250, Libertyville, IL 60048

Phone (847) 549-0055

Fax (847) 549-0404

Roundlake

Patient Name:

Paul Dulberg

(847) 546-3600

D.O.B.:

3/19/70

SS#

Phone #: Home:

(847) 497-4250

Work:

Send additional copy of report to:

729-5

Diagnosis

slp trauma R/o neuroma or nerve or

☐ MRI

☐ Brain

☐ With Contrast

☐ C-Spine

☐ Without Contrast

☐ T-Spine

☐ anesthesiology administer sedation is medically necessary because of

☐ LS-Spine

☐ MRA

☐ Intracranial

MR I upper ext. (R) non joint C & S good

☐ Extracranial

☐ Ultrasound

☐ X-Ray

☐ CT

☐ With Contrast

☐ Without Contrast

☐ Echo

☐ TEE

☐ 24 Hour Holter

☐ Tilt Table

To be read by Dr.

☐ EEG

may sedate using

gram(s) chloral hydrate if necessary

☐ Other

☐ Labs

☐ carbamazepine

☐ phenytoin

☐ phenobarbital

☐ valproic acid

☐ gabapentin

☐ lupus anticoagulant

☐ protein C

☐ protein S

☐ antithrombin III

☐ CBC w/plts

☐ folate

☐ activated protein C resistance

☐ thyroid profile

☐ TSH

☐ anticardiolipin antibody

☐ hepatic profile

☐ PTT

☐ sedimentation rate

☐ basic metabolic profile

☐ B12

☐ ANA with reflex testing

☐ glycohemoglobin

☐ RPR

☐ comprehensive metabolic profile

☐ immunofixation

☐ homocysteine

☐ Acetylcholine receptor antibodies

☐

☐

☐

☐ Mitchell S. Grobman, M.D.

[Signature]
☒ Karen F. Levin, M.D.

Date

1-30-12

[Signature]

NEUROPHYSIOLOGY REPORT

Name: Dulberg, Paul

Test No.: 11-0802

Date of Exam: 10 Aug 11

Motor Nerve Conduction:

Nerve and Site	Latency	Amplitude	Segment	Latency Difference	Distance	Conduction Velocity
Median.R						
Wrist	3.9 ms	9.1 mV				
Elbow	8.8 ms	6.1 mV	Wrist-Elbow	4.9 ms	255 mm	52 m/s
Ulnar.R						
Wrist	2.9 ms	10.7 mV				
Below elbow	6.2 ms	10.1 mV	Wrist-Below elbow	3.3 ms	180 mm	55 m/s
Above elbow	7.7 ms	9.5 mV	Below elbow-Above elbow	1.5 ms	100 mm	67 m/s

F-Wave Studies:

Nerve	M-Latency	F-Latency
Median.R	3.8 ms	30.9 ms
Ulnar.R	2.9 ms	27.3 ms

Sensory Nerve Conduction:

Nerve and Site	Onset Latency	Peak Latency	Amplitude	Segment	Latency Difference	Distance	Conduction Velocity
Median.R							
Digit II (index fing	2.3 ms	2.9 ms	22 μ V	Wrist-Digit II (index finger)	2.3 ms	130 mm	57 m/s
Ulnar.R							
Digit V (little fing	2.0 ms	2.6 ms	28 μ V	Wrist-Digit V (little finger)	2.0 ms	110 mm	55 m/s

Interpretation: NCV: Motor: Right median and ulnar motor responses are within normal limits. F-wave: Right median and ulnar f-waves are within normal limits. Sensory: Right median and ulnar responses are within normal limits.

Conclusions: No electrophysiologic evidence of diffuse neuropathy.


Karen F. Levin, M.D.