The Law Offices of Thomas J. Popovich P.C.

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Thomas J. Popovich
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Diana M. Reiter

Mark J. Vogg
James P. Tutaj
Robert J. Lumber
Theresa M. Freeman

July 17, 2012

Fox Lake Dynamic Hand Therapy
MEDICAL RECORDS/PATIENT BILLING
498 S. US Highway 12
Suite C
Fox Lake, IL 60020

Re:	Patient:	Paul Dulberg
	Date of Birth:	03/19/1970
	Date of Service:	06/28/2011 to present

Dear Sir or Madam:

Please be advised that the above-captioned person is represented by the LAW OFFICES OF THOMAS J. POPOVICH, P.C. We respectfully request the following information:

- Complete copy of the patient's file with your facility, including correspondence, doctor/nurse notes and therapy records from 06/28/11 to present; and
- Itemized bills for services rendered.

Attached please find a HIPAA authorization signed by our client/your patient permitting the release of the foregoing documents being requested.

Please direct these documents back to my attention by mailing the information to the address listed above. Thank you for your prompt attention to this request.

LAW OFFICES OF THOMAS J. POPOVICH, P.C.

Very truly yours,

Alarie Dullum,
Paralegal

†*Also Licensed in Wisconsin*

Waukegan Office
210 North Martin Luther
King Jr. Avenue
Waukegan, IL 60085

HIPAA AUTHORIZATION FORM

PATIENT NAME: Paul Dulberg

DATE OF BIRTH: 3/19/70

DATE OF SERVICE: 6/28/11- Present

PURSUANT TO 735 ILCS 5/8-2001, 735 ILCS 5/8-2003 OF THE ILLINOIS COMPILED STATUTES AND HIPAA, I HEREBY AUTHORIZE USE OR DISCLOSURE OF PROTECTED HEALTH INFORMATION ABOUT ME AS DESCRIBED BELOW.

1. The following specific person or class of persons or facility is authorized to make the requested use or disclosure:

Medical Provider: Fox Lake Dynamic Hand Therapy

2. The **Law Offices of Thomas J. Popovich, P.C.,** may receive disclosure of protected health information about me.

3. The specific information that should be disclosed is: a copy of my entire hospital record and/or information in connection with the hospitalization/treatment date(s). I fully understand that my entire hospital record may contain mental health and developmental disabilities, alcohol and/or drug abuse, and/or Acquired Immune Deficiency Syndrome (AIDS)/HIV tests results and/or information. The medical records and/or healthcare information authorization to be disclosed hereunder are privileged and confidential and may be disclosed only on my authorization, except as required by law. I understand that information disclosed pursuant to this authorization may be re-disclosed by health information or medical records. I may inspect and arrange for photocopies of the records/healthcare information that are to be disclosed.

4. I understand that the information used or disclosed may be subject to re-disclosure by the person or class of persons or facility receiving it, and would then no longer be protected by federal privacy regulations.

5. I may revoke this authorization by notifying law offices of Thomas Popovich in writing of my desire to revoke it. However, I understand that any action already taken in reliance of this authorization cannot be reversed, and my revocation will not affect those actions. I understand that the medical provider to whom this authorization is furnished may not condition its treatment of me on whether or not I sign the authorization.

6. **THIS AUTHORIZATION EXPIRES ONE YEAR FROM THE DATE OF MY SIGNATURE.**

7. This information for which I am authorizing disclosure will be used for the purpose of my legal action being handled by my attorneys, Law Offices of Thomas J. Popovich, P.C.

X Paul Dulberg
SIGNATURE OF PATIENT OR LEGAL REPRESENTATIVE

7/4/12
Date

If signed by legal representative, relationship to patient: _____

Maria Dulum
Signature of witness

7-12-12
Date

dynamic
Hand & Physical Therapy

Michelle P. Shamash, OTR/L, CHT
Clinic Director/Owner
Certified Hand Therapist

www.dynamichandPT.com

CERTIFICATION

I, Judith Sokniewicz certify that the copies that are enclosed are all of the records that you requested for ***Paul Dulberg.***

Judith Sokniewicz

Signed by: _____ Date _____

498 South Route 12, Suite C :: Fox Lake, IL 60020 :: 847.587.3301 *tel* :: 847.587.3346 *fax*
3900 Washington Street, Suite B :: Gurnee, IL 60031 :: 847.336.2616 *tel* :: 847.336.2676 *fax*

Hand Surgery Associates, SC.
Hand • Shoulder • Elbow • Wrist
TEL: 847-956-0099 FAX: 847-956-0433
515 W. Algonquin Rd., Arlington Heights, IL 60005
ALSIP, BOLINGBROOK, CHICAGO, COUNTRYSIDE, ELMHURST, GLENVIEW, OAK LAWN, VERNON HILLS

PATIENT NAME: Paul Duberg

DOI:_____ DOS:_____ [ ] MUST BE SEEN TODAY [ ] UPDATED ORDERS [✓] CAN BE RESCHEDULED 7/16

DIAGNOSIS: Carpal tunnel release / neurolysis CODE _____

THERAPY: ORDER FOR _____ 1-2 VISITS 2 TIMES/WEEK 4 WEEKS FREQUENCY

SITE OF THERAPY ORDERED: SHOULDER _____ UPPER ARM _____ ELBOW _____ WRIST _____ HAND _____ PLEASE INDICATE R OR L

ACUTE HAND THERAPY
- _____ EVALUATE
- ✓ TREATMENT
- _____ AROM
- _____ PROM/STRETCHING
- _____ STRENGTHENING
- _____ BTE
- ✓ EDEMA CONTROL
- ✓ SCAR MGMT/MOBILIZATION
- _____ DESENSITIZATION
- ✓ HOME PROGRAM
- _____ PREVENTION

MODALITIES
- _____ ULTRASOUND/PHONOPHORESIS
- _____ ELECTRICAL STIM _____
- _____ FLUIDOTHERAPY
- _____ PARAFFIN
- _____ IONTOPHORESIS _____ DEXAMETHASONE
- _____ COLD/HOT PACKS
- _____ BIOFEEDBACK

SPLINTING: __STATIC __DYNAMIC
__ SERIAL STATIC
__ HAND BASED THUMB CMC
SPLINTS ALTERNATIVES

TO: _____

SPLINTING INSTRUCTIONS

Radial
Wrist
Thumb

SPECIAL THERAPY INSTRUCTIONS

WOUND CARE
- _____ WHIRLPOOL
- FREQUENCY _____
- _____ DRESSING CHANGES
- TYPE daily
- FREQ _____

WORK READINESS

SIGNATURE: _____ DATE: 7/11/12

MICHAEL I. VENDER, M.D. SCOTT D. SAGERMAN, M.D. PRASANT ATLURI, M.D. SAM J. BIAFORA, M.D. MICHAEL V. BIRMAN, M.D.
SIGNATURE OF M.D. CONSTITUTES MEDICAL NECESSITY

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ALSIP, BOLINGBROOK, CHICAGO, COUNTRYSIDE, ELMHURST, GLENVIEW, OAK LAWN, VERNON HILLS

PATIENT NAME: Paul Duchesney

DOI:_____ DOS:_____ [ ] MUST BE SEEN TODAY [✓] UPDATED ORDERS [ ] CAN BE RESCHEDULED

DIAGNOSIS: _____ CODE _____

THERAPY: ORDER FOR _____ 1-2 VISITS 2 TIMES/WEEK 4 WEEKS FREQUENCY

SITE OF THERAPY ORDERED: SHOULDER _____ UPPER ARM _____ ELBOW ✓ WRIST ✓ HAND ✓ PLEASE INDICATE R OR L

ACUTE HAND THERAPY
- _____ EVALUATE
- ✓ TREATMENT
- ✓ AROM
- ✓ PROM/STRETCHING
- ✓ STRENGTHENING light
- _____ BTE
- ✓ EDEMA CONTROL
- ✓ SCAR MGMT/MOBILIZATION
- _____ DESENSITIZATION
- ✓ HOME PROGRAM
- PREVENTION

MODALITIES PRN
- _____ ULTRASOUND/PHONOPHORESIS
- _____ ELECTRICAL STIM _____
- _____ FLUIDOTHERAPY
- _____ PARAFFIN
- _____ IONTOPHORESIS _____ DEXAMETHASONE
- _____ COLD/HOT PACKS
- _____ BIOFEEDBACK

SPLINTING: __STATIC __DYNAMIC
__ SERIAL STATIC
__ HAND BASED THUMB CMC
SPLINTS ALTERNATIVES

TO: _____

SPLINTING INSTRUCTIONS

foam sleeve for compression

SPECIAL THERAPY INSTRUCTIONS

WOUND CARE
_____ WHIRLPOOL
FREQUENCY _____
_____ DRESSING CHANGES
TYPE _____
FREQ _____

WORK READINESS

SIGNATURE: _____ DATE: 7/

MICHAEL I. VENDER, M.D. SCOTT D. SAGERMAN, M.D. PRASANT ATLURI, M.D. SAM J. BIAFORA, M.D. MICHAEL V. BIRMAN, M.D.
SIGNATURE OF M.D. CONSTITUTES MEDICAL NECESSITY

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PATIENT NAME: Paul Dulberg

DOI:_____ DOS:_____ [ ] MUST BE SEEN TODAY [ ] UPDATED ORDERS [✓] CAN BE RESCHEDULED

DIAGNOSIS: Ulnar nerve injury CODE _____

THERAPY: ORDER FOR _____ 1-2 VISITS 1-2 TIMES/WEEK 4 WEEKS FREQUENCY

SITE OF THERAPY ORDERED: SHOULDER _____ UPPER ARM _____ ELBOW _____ WRIST _____ HAND ✓ **PLEASE INDICATE R OR L** (L)

ACUTE HAND THERAPY
- _____ EVALUATE
- ✓ TREATMENT
- _____ AROM
- _____ PROM/STRETCHING
- ✓ STRENGTHENING
- _____ BTE
- _____ EDEMA CONTROL
- ✓ SCAR MGMT/MOBILIZATION
- _____ DESENSITIZATION
- ✓ HOME PROGRAM
- PREVENTION

MODALITIES PRN
- _____ ULTRASOUND/PHONOPHORESIS
- _____ ELECTRICAL STIM _____
- _____ FLUIDOTHERAPY
- _____ PARAFFIN
- _____ IONTOPHORESIS _____ DEXAMETHASONE
- ✓ COLD/HOT PACKS
- _____ BIOFEEDBACK

SPLINTING: __STATIC __DYNAMIC
__ SERIAL STATIC
__ HAND BASED THUMB CMC
SPLINTS ALTERNATIVES

TO: _____

SPLINTING INSTRUCTIONS

SPECIAL THERAPY INSTRUCTIONS

WOUND CARE
- _____ WHIRLPOOL
- FREQUENCY _____
- _____ DRESSING CHANGES
- TYPE _____
- FREQ _____

WORK READINESS

SIGNATURE: _____ DATE: 4/2/12

MICHAEL I. VENDER, M.D. SCOTT D. SAGERMAN, M.D. PRASANT ATLURI, M.D. SAM J. BIAFORA, M.D. MICHAEL V. BIRMAN, M.D.
SIGNATURE OF M.D. CONSTITUTES MEDICAL NECESSITY

MidAmerica
Hand to Shoulder Clinic

Anton J. Fakhc MD, FACS, FICS
Gary A. Kronen, MD
Paul E. Papierski, MD
Taruna Madhav Crawford, MD
Marcus G. Talerico, MD
Jeremy T. Bell, PA-C
Thomas M. Hunt, OPA-C MBA

OAKBROOK TERRACE
1 TransAm Plaza Drive,
Suite 460
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P 630.317.7007
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LOCKPORT
16610 W. 159th St
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F 815.838.8804

PALOS HILLS
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Palos Hills, IL 60465
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F 708.237.7201

LIBERTYVILLE
755 South Milwaukee Ave,
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Libertyville, IL 60048
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F 847.247.0540

SCHAUMBURG
1990 East Algonquin Rd.
Suite 200
Schaumburg, IL 60173
P 847.303.5790
F 847.303.5795

Therapy Prescription

(X) Hand Therapy **( ) Physical Therapy**

Name of the Patient: Paul Dulberg

DOB: 03/19/1970 Telephone: (847)497-4250

Diagnosis: R forearm laceration with wrist flexor weakness, fatigue. No restrictions

Special Instructions/Precautions: Strengthening and conditioning, pain control modalities

Frequency & Duration: 1-2 times per week x 4 weeks

Evaluation and Treatment

Exercises
(X) AROM
( ) PROM
(X) Strengthening
( ) Manual Therapy

Splints
( ) Static
( ) Dynamic
( ) Dorsal
( ) Hand based
( ) Wrist/Forearm based
( ) Volar
Specific Joint position required:
( ) Wrist
( ) MP
( ) PIP
( ) DIP
( ) Thumb CMC
( ) MCP
( ) IP

Protocols
( ) Flexor Tendon Repair
( ) Extensor Tendon Repair
( ) Carpal Tunnel Syndrome
( ) Trigger Finger
( ) Epicondylitis

Modalities
(X) At therapist's discretion
( ) Ultrasound
( ) Iontophoresis
( ) High Volt Pulsed Current
( ) NMES
( ) TENS
( ) Heat/Cold Pack
( ) Whirlpool
( ) Fluidotherapy
( ) Parrafin

Miscellaneous
(X) Home Exercise Program
( ) ADL's
( ) CPM for home use
( ) FCE
( ) Work Conditioning
( ) Work Hardening
(X) Per Therapist's discretion

Scar/Edema
( ) Edema Control
( ) Scar Control/Massage/Remodeling
(X) Desensitization
( ) Wound Care
( ) Soft Tissue Mobilization
( ) Sterile Dressing Changes
(X) Pain Reduction
( ) Jobst Compression Garment

Physician's Signature: Date: 12/02/11

Marcus G. Talerico, MD

Scheduled for: Tuesday December 6,2011 at 3:30pm at: Dynamic Hand Therapy/ Fox Lake

DYNAMIC HAND THERAPY
Initial Evaluation

Name: Paul Wulberg Date: 7-16-12

Physician: Dr. Sagerman Date of injury/onset: 6-28-11

Diagnosis: Ulnar nerve injury

Mechanism of Injury/Hx of current complaint: (R) forearm laceration c chain saw

Surgical Hx: Date 7-9-12 Procedure Cubital tunnel Release / Neurolysis
Date _____ Procedure _____

PMH &/or Hx relevant to injury: DJD C-3-7, (L) UE Ulnar nerve transposition 4-5 yrs ago

Occupation: Graphic Design / Printing / Carpentry Hand Dominance (R) L

Precautions: _____

SUBJECTIVE:
Pain: 1-2 / 10 at rest / best 7-8 /10 with activity / at worst

Details: Pt taking Norco & gabapentin for pain

OBJECTIVE:
Wound/Scar: Stitches in place, no drainage, no signs or symptoms of infection

See flow sheet for:
☐ Sensation: Hypoesthesia/tingling & burning ulnar forearm, hand RF < SF

☑ Range of Motion Wd elbow, forearm, wrist & digits

☐ Edema Moderate edema in forearm, wrist & digits

☐ Strength NT

Flexibility: *Intrinsics/Extrinsics:* Tightness noted in both

Function/ADL's: Prior level of function: Pre-injury pt was (I) in ADL's

Current level of function: Difficulty opening containers such as medicine bottles, using tools, lifting & pouring liquids, gripping & pulling using utensils

Other Relevant Findings: _____

Patient name: Paul Dulberg

Assessment/Therapist impression: Pt presents c mod. edema & pain, ↓'d elbow, wrist & forearm AROM, ↓'d functional use of (R) dominant, U.E.

Skilled Therapy needed in order to: Manage pain, edema, ↑ AROM, ↑ functional grip & pinch, ↑ functional UE use

Functional Goals:

Short term 4 wks

1. ↓ edema in forearm & at wrist crease by .2-.3cm & ↑ functional AROM
2. Pt to report pain of 5/10 or less c use of (R) UE for ADLs
3. Pt to ↑ active elbow ROM by 5-10° to improve ability to reach items in kitchen & closets

Long term

1. Maximize function of (R) UE for return to PLOF in ADLs

Goals discussed with patient? ☑ yes ☐ no Patient informed of diagnosis/prognosis? ☑ yes ☐ no

Rehabilitation potential: ☐ excellent ☑ good – ☐ fair ☐ guarded Other _____

PLAN:

Modalities: Moist heat, HVPC, U.S., Cryo – PRN

Manual Techniques: STM, edema L, scar mob, PROM

Therapeutic Exercise/Activities: AROM of elbow, forearm, wrist & digits, functional grasp & pinch activities, desensitization as needed

Splinting _____

Other _____

Frequency 2 times / week for 4 weeks or 8 visits

Additional requests/concerns: _____

I certify the need for these services furnished under this care plan date aforementioned above. The above plan is herein established and will be reviewed every 30 days.

OTR/L 7-16-12
Therapist Signature date

D. S. Sagerman MD 7/17/12
Physician Signature date

Dynamic Hand Therapy Edema Flow Sheet

Patient Name: Paul Dubberg

post op

	Date	Date		Date		Date		Date		Date		Date	
	12/5/12	1/5/12		4/3/12		5/4/12		6/4/12		7/6-12			
Circumferences (cm)	Control L R	Involved L R	Diff.	Involved L R	Diff.	Involved L R	Diff.	Involved L R	Diff.	Involved L R	Diff.	Involved L R	Diff.
wrist flexion crease	16.7	16.7	=	17.0		16.8		16.5	↓.3	(17.0)	↑.5		
mid-metacarpals	23.1	23.1	=	22.5		22.5		22.0	↓.5	22.9	↑.9		
metacarpals	20.8	21.5 ~~22.6~~	↑.7	21.2		21.5		21.1	↓.4	21.0	↓.1		
Thumb													
MP													
P1	7.4	7.7	↑.3	7.2		7.4		7.2	↓.2	8.0	↑.8		
IP										7.6			
P2													
Index Finger													
P1	7.3	7.1	↓.2	7.1		7.3		7.1	↓.2	7.7	↑.6		
PIP										7.1			
P2													
DIP													
P3													
Middle Finger													
P1	6.8	6.8	=	6.7		7.1		6.8	↓.3	7.1	↑.3		
PIP										6.8			
P2													
DIP													
P3													
Ring Finger													
P1	6.5	6.6	↑.1	6.5		6.7		6.5	↓.2	6.7	↑.2		
PIP										6.7			
P2													
DIP													
P3													
Small Finger													
P1	6.0	6.1	↑.1	5.9		6.3		5.9	↓.4	6.2	↑.3		
PIP										6.0			
P2													
DIP													
P3													
Volumetric (ml)													
Trial 1 4" prox								30.3		31.5	↑1.2		
Trial 2 Ellbow Crease								27.0		27.1	↑.1		
Trial 3 4" distal								27.5		28.1	↑.6		
Average													
Therapists Initials	NW	NW		NW		NW		NW		NW			

Dynamic Hand Therapy -- Active Ra. / Motion **Patient Name:** _ Dilberg

Post-op

	(L)	(R)	(R)	(R)	(R)	(R)	(R)		
Exam Date		12/6/11	1-5-12	2/6/12	4-3-12	5/3/12	6/4/12	7-16-12	
Shoulder									
Flexion									
Extension									
Abduction									
External Rotation									
Internal Rotation									
Elbow & Forearm									
Flexion	146	134	140	146	137	137	142	135	
Extension	0	-3	-15	5	5	5	5	30	
Pronation	75	65	65	70	75	70	75	70+	
Supination	75+	65	85	75+	80	75	75	70	
Wrist									
Flexion	80	75+	80	80	85	78	80	75	
Extension	75+	55	60	65	60	65	70+	65	
Radial Deviation	25	20+	15	15	30	15	20	20	
Ulnar Deviation	45	30+	25	35	40	40	30+	30	
Thumb					WNL		WNL		
MCP Extension/Flexion									
PIP Extension/Flexion									
Radial Abduction									
Palmar Abduction									
Opposition									
Index Finger									
MCP Extension/Flexion									85
PIP Extension/Flexion									90+
DIP Extension/Flexion									90
TAM									
Long Finger									
MCP Extension/Flexion									85
PIP Extension/Flexion									95+
DIP Extension/Flexion									65
TAM									
Ring Finger									
MCP Extension/Flexion									80
PIP Extension/Flexion									95+
DIP Extension/Flexion									75
TAM									
Small Finger									
MCP Extension/Flexion				+20° abduction	→				75
PIP Extension/Flexion									85+
DIP Extension/Flexion									65
TAM									
Therapist initials		LMS	LMS	NW	NW	NW	NW	NW	NW

DYNAMIC HAND THERAPY

Re-Evaluation of Progress, Goals and Plan of Care

Patient: Paul Dullberg Physician: Dr. Segerman Date: 6-4-12

Diagnosis: (R) forearm laceration of ulnar flexors & ECU Date of Injury: 6-28-11

Surgical Hx: Date _____ Procedure _____ Start of Care: 12-6-11

Number of visits to date: _____

SUBJECTIVE:

Pain: 2 /10 at rest / best 10 /10 with activity / at worst

Details: 10/10 for a few seconds @ a time

Function/ADL's:

Improvements: Pt reports no improvements, grip is ↓'ing

Continued difficulties: Opening lids on jars/containers, holding a plate in supination, making cuisses 10/10 pain & throw.

OBJECTIVE:

Wound/Scar: _____

See flow sheet for:

☑ Edema: ↓'d .2-.5cm throughout hand & wrist

☐ Sensation: TBA

☑ ROM: ↑'d wrist ✓, ↑'d elbow ✓

☑ Strength: Grip ↓'d 10#, 3pt pinch ↑'d 8#, 2pt. pinch ↑4#

Treatment summary to date: Heat, U.S., scar massage, STM, PROM, strengthening via putty, wts, BTE program.

Assessment/therapist impression: In spite of strengthening activities pt's grip cont. to ↓ & his pain has not improved. Recommend pt return to MD for surgical evaluation

Goals: STG's met: ☐ yes ☑ no LTG's met: ☐ yes ☑ no

Revised functional goals:

1. Pt to return to MD for surgical evaluation

2. _____

3. _____

Patient: Paul Dullberg

Skilled therapy needed for: ☐ progression of exercise ☐ continued need for manual therapy

☐ other: _____

PLAN:

Modalities: _____

Exercise: _____

_____

Splinting: _____

Other: _____

Frequency/Duration: TBD times/week for TBD weeks or TBD additional visits

I have reviewed this plan of care and recertify a continuing need for services from the date of this updated plan of care; the above updated plan of care is herein established and will be reviewed every 30 days.

Additional requests/concerns: _____

_____

Therapist Signature

R. J Segerman 1500 6/6/12
Physician's Signature date

PLEASE FAX BACK TO: 847-587-3346

Dynamic Hand Therapy Grip / Pinch Strength Flow Sheet

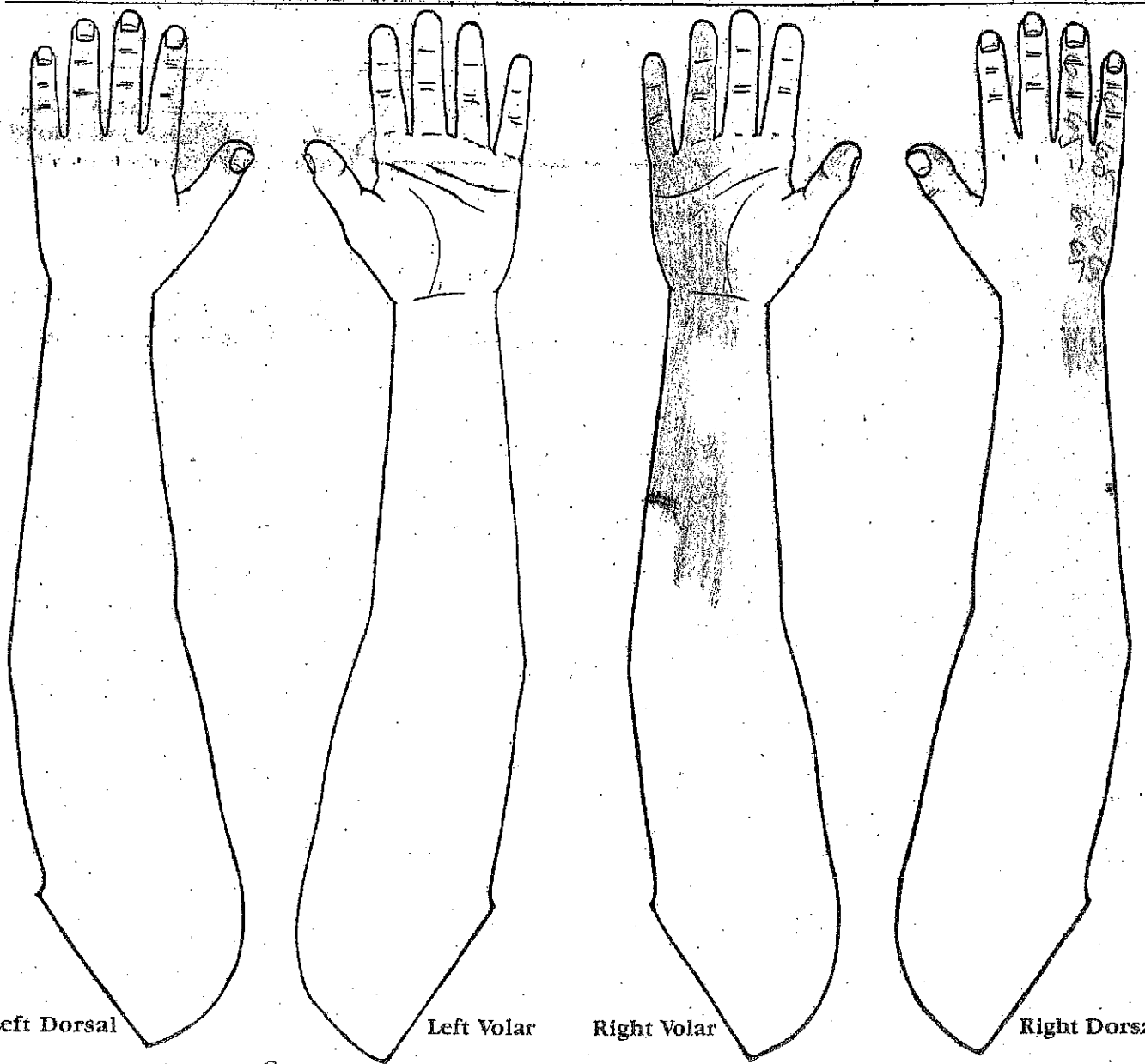
Patient Name: Paul Dulberg

Exam Date	5/14/12		6-4-12							
Measurements: Kg Lb	R	L	R	L	R	L	R	L	R	L
Grip Strength – Jamar 2nd Position										
Trial 1	104	155	107	149						
Trial 2	109	154	94	134						
Trial 3	110	150	91	146						
Average	107	153	97#	143						
Grip Curve – Jamar Dynamometer										
Intrinsics: 1st Position										
2nd Position										
3rd Position										
4th Position										
Extrinsics: 5th Position										
Rapid Alternating Test										
Pinch Strengths										
3-Point (3-Jaw Chuck)	16	20	24	24						
2-Point (Pad)	12	18	16	19						
Lateral Key	24	26	24	27						
Examiner's Initials	[illegible]		[illegible]							

Semmes-Weinstein Monofilament Sensory Testing Results

Date 5/4/12 Patient: Paul Dulberg

Comments	Filament	Interpretation	Force (gms)
	1.65 - 2.83 (Green)	Normal	.008 - .08
	3.22 - 3.61 (Blue)	Diminished Light Touch	.172 - .217
	3.84 - 4.31 (Purple)	Diminished Protective Sensation	.445 - 2.35
	4.56 (Red)	Loss of Protective Sensation	4.19
	6.65 (Red)	Deep Pressure Sensation	279.4
	(Red Lined)	Tested with No Response	



Left Dorsal Left Volar Right Volar Right Dorsal

Tested by: [signature]

Revised November 198[illegible]

Dynamic Hand Therapy Grip/Pinch Strength Flow Sheet

Patient Name: Paul Dufberg

Exam Date	12/6/11	12/6/11	1/5/12		1/5/12	1/5/12	2/6/12	2/6/12	4-3-12	4-3-12
Measurements: Kg Lb	R	L	R	L	R	L	R	L	R	L
Grip strength-jamar 2nd position										
Trial 1	126	135			121	141	118	135	110	147
Trial 2	92	145			118	142	105	140	110	137
Trial 3	110	146			138	141	118	139	120*	146
Average:	109				126#	141#	114	138	113#	141#
Grip Curve-Jamar Dynamometer					↑ 2 17#		(112# from last month)	(↓3#)	(80%)	
Intrinsics 1st position					89%					
2nd position										
3rd position										
4th position							90	105		
Extrinsics 5th position							80	100		
Rapid Alternation Test										
Pinch Strength					Pinch-o-meter broken					
3-pt (3-jaw chuck)	26	29	previous Ulnar nerve transposition left wrist				16	22	9*	20
2-pt (pad)	20	18					12	18	10*	15
Lateral Key	28	26					22	26	22	26
Examiners Initials	MPS	MPS			DW	DW	MPS	MPS	DW	DW

* pain in forearm

DYNAMIC HAND THERAP

Re-Evaluation of Progress, Goals and Plan of Care

Patient: Paul Dulberg Physician: Dr Sugerman Date: 5/4/12

Diagnosis: (R) Forearm laceration of ulnar flexor Date of Injury: 6/28/11

Surgical Hx: Date 6/28/11 Procedure Sutured in ER Start of Care: 12/6/11

Number of visits to date: _____

SUBJECTIVE:

Pain: 0 /10 at rest / best 10 /10 with activity / at worst

Details: Sig ↑'d pain after raking his yard yesterday; Pain still occurs ☐ actuation of SF PDS

Function/ADL's:

Improvements: Able to grip objects better; Very little functional improvement

Continued difficulties: Opening lids on jars / containers, holding a plate in supine (full supination) hand; Raking causes 10/10 pain after 10 min.

OBJECTIVE:

Wound/Scar: _____

See flow sheet for:

☑ Edema: ↑'d in hand/digits - Fluctuates ☐ activity and weather

☐ Sensation: 6.65 Dorsal RF/SF, Volar Ulnar forearm; 4.31/3.61 Volar Ulnar palm, ant and SF/RF.

☑ ROM: Increased wrist ext ☐ UD; Decreased wrist ✓/RD

☑ Strength: Grasp strength has decreased ↓ 6#; 3pt/2pt pinches are ↑'d

Treatment summary to date: Focus of Rx has been strengthening, ROM, nerve gliding, scar control

Assessment/therapist impression: Sig sensory deficits noted - 6.65 dorsal RF/SF/Ha. His edema is ↑'d today, ROM has ↑'d in ext/UD

Goals: STG's met: ☐ yes ☑ no LTG's met: ☐ yes ☑ no

Revised functional goals: (x4 weeks)

1. (↑) (R) Grasp x 5-8# to (↑) his ability to open jars

2. (↑) (R) 3 pt pinch ~~lbs~~ x 3# to (↑) his ability to perform cooking activities

3. (↓) Pain to 8/10 at worst to (↑) ability to rake

Patient: Paul Dulberg

Skilled therapy needed for: ☑ progression of exercise ☑ continued need for manual therapy

☐ other: _____

PLAN:

Modalities: UHP, US

Exercise: AROM, STM, stretching, isolated FDC, TCE, nerve gliding; strengthening, functional activities

Splinting: _____

Other: _____

Frequency/Duration: 2 times/week for 4 weeks or 8 additional visits

I have reviewed this plan of care and recertify a continuing need for services from the date of this updated plan of care; the above updated plan of care is herein established and will be reviewed every 30 days.

Additional requests/concerns: _____

_____

UMP Shamanhorst

Therapist Signature

_____

Physician's Signature date

PLEASE FAX BACK TO: 847-587-3346

Dynamic Hand Therapy -- Wrist and Hand Edema Flow Sheet

Patient Name: Karen Worthen

	Date	Date		Date		Date		Date		Date	
	3-28-12	3-28-12		4/30/12		5/31/12					
Circumferences (cm)	Control L (R)	Involved L (R)	Diff	Involved L R		Involved L R		Involved L R		Involved L R	
Wrist Flexion Crease	16.2	15.9		15.8		15.7					
Hand											
Mid-Metacarpals	20.3	20.3		19.8		(19.4)					
Metacarpals	18.6	18.6		18.10		18.6					
Thumb											
MP											
P1	6.1	6.3		6.2		6.2					
IP											
P2											
Index Finger											
P1	6.3	6.5		6.3		6.2					
PIP											
P2											
DIP											
P3											
Middle Finger											
P1	6.1	6.3		6.2		6.1					
PIP											
P2											
DIP											
P3											
Ring Finger											
P1	5.8	5.9		5.9		5.8					
PIP											
P2											
DIP											
P3											
Small Finger											
P1	5.3	5.3		5.3		5.2					
PIP											
P2											
DIP											
P3											

Volumetric Measurements (ml)		R L	Diff	R L	Diff	R L	Diff	R L	Diff	R L	Diff
Trial 1		:		:		:		:		:	
Trial 2		:		:		:		:		:	
Trial 3		:		:		:		:		:	
Average		:		:		:		:		:	
Examiner's Initials	MW	MW		MW		MW					

DYNAMIC HAND THERAPY

Re-Evaluation of Progress, Goals and Plan of Care

Patient: Paul Dulberg Physician: Dr Sagerman Date: 4-3-12

Diagnosis: (R) forearm laceration of ulnar flexor Date of Injury: 6-28-11

Surgical Hx: Date 6/28/11 Procedure sutured in ER Start of Care: 12-6-11

Number of visits to date: _____

SUBJECTIVE:

Pain: 0 /10 at rest / best 10 /10 with activity / at worst

Details: pain 10/10 upon contraction of FDS of SF, middle finger also causes pain, pain c opposition added

Function/ADL's:

Improvements: N/A

Continued difficulties: Holding a cup/can, using mouse, maintaining heat

OBJECTIVE:

Wound/Scar: c/d/i hypersensitivity

See flow sheet for:

☐ Edema: ↓'d today - overall

☐ Sensation: Pt reports numbness over scar & ulnar forearm

☑ ROM: Rt/Lt sup ↑'d 5° each, limit √ ↑'d 5°, SF at 20° abduction (ulnar & radial)

☑ Strength: (R) grip = 113# (L) = 141# (R) 3pt pinch = 9# (L) = 20#

Treatment summary to date: Pt has not been seen for Tx since 2-6-12

Assessment/therapist impression: Pt presents c significant weakness of intrinsics, (R) grip = 80% of (L) grip, pain is inhibiting functional use of hand

Goals: STG's met: ☐ yes ☐ no NA LTG's met: ☐ yes ☐ no

Revised functional goals:

1. Pt to report pain of 5/10 or less c gripping & pinching to ↑ ability to open containers
2. ↑ 3pt pinch by 2-3# to improve ability to open bottles & use computer mouse
3. ↑ (R) grip 2-5# to improve functional grasp of tools etc...

Patient: Paul Dullberg

Skilled therapy needed for: ☑ progression of exercise ☑ continued need for manual therapy

☐ other: Scar massage prom

PLAN:

Modalities: Heat, U.S., E-Stim - PRN

Exercise: Arom wrist & digits, strengthening via free wts, putty, BTE as tolerated

Splinting: _____

Other: _____

Frequency/Duration: 2 times/week for 4 weeks or 8 additional visits

I have reviewed this plan of care and recertify a continuing need for services from the date of this updated plan of care; the above updated plan of care is herein established and will be reviewed every 30 days.

Additional requests/concerns: _____

Therapist Signature

D. A. Sagerman BOC 4/5/12
Physician's Signature date

PLEASE FAX BACK TO: 847-587-3346

DYNAMIC HAND THERAPY

Re-Evaluation of Progress, Goals and Plan of Care

Patient: Paul Dulberg Physician: Dr Telerico Date: 2/6/12

Diagnosis: (R) Forearm laceration of ulnar flexor Date of Injury: 6/28/11

Surgical Hx: Date 6/28/11 Procedure Sutured in ER Start of Care: 12/6/11

Number of visits to date: _____

SUBJECTIVE:

Pain: 2 /10 at rest / best 10 /10 with activity / at worst (see below)

Details: Very specific- upon contracting FDS of SF, nerve pain is elicited 10/10 - lasts a few minutes, then 3-4/10 for approximately one day; Nodule at scar site elicits nerve pain.

Function/ADL's:

Improvements: Unable to identify; Mousing on computer has slightly improved

Continued difficulties: Holding cup/can in his hand, maintaining a fist; Pt reports that he is using his RUE very little to avoid aggravating the nerve

OBJECTIVE:

Wound/Scar: Cent hypersensitivity @ scar

See flow sheet for: * Cont Wartenberg's strain SF

☐ Edema: _____

☑ Sensation: L.t.S (Deep pressure sensation) ulnar hand, Diminished protective sensation ulnar forearm

☑ ROM: 1st d. elbow extension, pro/sup, wrist ext and UD noted

☑ Strength: 3/d grasp x 12# Sonic prehension, decreased pinch noted Since initial visit

Treatment summary to date: Focus of Rx has been scar control, desensitization, stretching, pressure, heat, TGE/modified FDS, Composite strengthening

Assessment/therapist impression: Pt presents c very specific issues - Upon isolating FDS to SF only, a strong neurological reaction is elicited along ulnar nerve. This occurs 100% of the time. This is decreasing in progress and overall strength

Goals: STG's met: ☑ yes ☑ no LTG's met: ☐ yes ☐ no

Revised functional goals: Rom/pain goal (grasp)

1. TBA

2.

3.

Patient: Paul Dulberg

Skilled therapy needed for: ☐ progression of exercise ☐ continued need for manual therapy

☐ other: _____

PLAN:

Modalities: Pt to be placed on hold until he seeks further medical

Exercise: intervention - this issue seems to be caused by one specific

problem that is not being improved in therapy - His

Splinting: SF FDS appears to be affecting his u/nar nerve

Other: every time it is fired.

Hold OT - RTMD

Frequency/Duration:_____ times/week for _____ weeks or _____ additional visits

I have reviewed this plan of care and recertify a continuing need for services from the date of this updated plan of care; the above updated plan of care is herein established and will be reviewed every 30 days.

Additional requests/concerns: _____

Therapist Signature

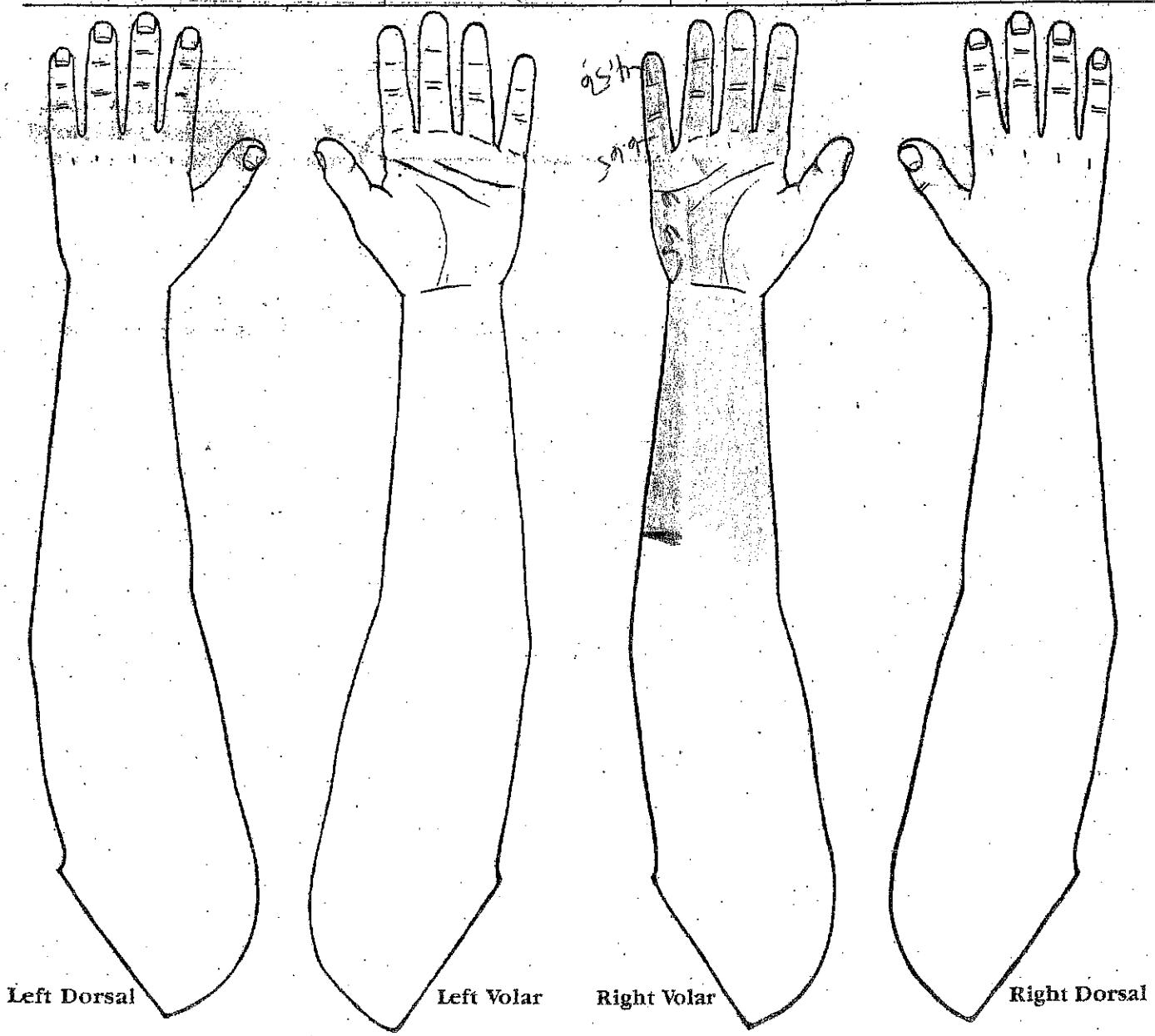
Physician's Signature date 2/8/12

PLEASE FAX BACK TO: 847-587-3346

Semmes-Weinstein Monofilament Sensory Testing Results

Date 2/16/12 Patient: Paul Dulberg

Comments	Filament	Interpretation	Force (gms)
	1.65 - 2.83 (Green)	Normal	.008 - .08
	3.22 - 3.61 (Blue)	Diminished Light Touch	.172 - .217
	3.84 - 4.31 (Purple)	Diminished Protective Sensation	.445 - 2.35
	4.56 (Red)	Loss of Protective Sensation	4.19
	6.65 (Red)	Deep Pressure Sensation	279.4
	(Red Lined)	Tested with No Response	



Left Dorsal Left Volar Right Volar Right Dorsal

Tested by: [illegible]

Revised November 198[illegible]

DYNAMIC HAND THERAPY

Re-Evaluation of Progress, Goals and Plan of Care

Patient: Paul Wellberg Physician: Dr Tolbert Date: 1-5-12

Diagnosis: (R) Forearm laceration of wrist flexor Date of Injury: 6-28-11

Surgical Hx: Date 6-28-11 Procedure Sutured in ER Start of Care: 12-6-11

Number of visits to date: _____

SUBJECTIVE:

Pain: 4-5 /10 at rest / best 9 /10 with activity / at worst

Details: Spikes of pain up to 9/10 that lasts only a few seconds

Function/ADL's:

Improvements: No functional improvements due to ↑ in tremors

Continued difficulties: Writing, using mouse, pouring coffee, manipulating small objects, bearing wt through palm

OBJECTIVE:

Wound/Scar: Minimal hypertrophy with a bump increasing in size on ulnar side

See flow sheet for:

☑ Edema: Moderate edema across MCP's

☐ Sensation: TBA next visit due to tremors continuing

☑ ROM: Elbow ✓ ↑'d 6°, Wrist ✓ ↑'d 5° wrist I ↑'d 5°

☑ Strength: (R) grip ↑'d 17# (R) = 89% of (L)

Treatment summary to date: MHP, US, scar mob, STM, ROM elbow, wrist & digits, AROM of wrist, intrinsic exercises, forearm strengthening

Assessment/therapist impression: Pt shows improvements in AROM but functional improvement limited due to ↑ in tremors

Goals: STG's met: ☑ yes (1) (2) ☑ no (3) ↑ pronation 5° LTG's met: ☐ yes ☐ no

Revised functional goals: 4 wks

1. (Cont.) ↑ (R) pronation 5-8° to ↑ pt's ability to pour coffee

2. ↑ (R) grip another 5# to improve ability to hold onto cups mug or open jars

3. Pt to report pain ≤ 3/10 at best to enable him to use (R) UE to assist in ADLs

Patient: Paul Dulberg

Skilled therapy needed for: ☒ progression of exercise ☒ continued need for manual therapy

☐ other: Scar mob, STM, ROM elbow, wrist, digits

PLAN:

Modalities: MHP, U.S. - PRN

Exercise: AROM elbow, wrist, digits, intrinsic exercises, functional grip & pinch, strengthening as tolerated

Splinting: _____

Other: _____

Frequency/Duration: 2-3 times/week for 4 weeks or 8-12 additional visits

I have reviewed this plan of care and recertify a continuing need for services from the date of this updated plan of care; the above updated plan of care is herein established and will be reviewed every 30 days.

Additional requests/concerns: _____

_____

OT/L
Therapist Signature

Physician's Signature date

PLEASE FAX BACK TO: 847-587-3346

DYNAMIC HAND THERAPY
Initial Evaluation

Name: Paul Dulberg Date: 12/6/11

Physician: Dr. Talerico Date of injury/onset: 6/28/11

Diagnosis: (R) Forearm laceration of ant. flexor

Mechanism of Injury/Hx of current complaint: Chainsaw to forearm – Neighbor using chainsaw Turned around and cut patient's arm

Surgical Hx: Date 6/28/11 Procedure Sutured in ER
Date _____ Procedure _____

PMH &/or Hx relevant to injury: WF Ulnar nerve transposition 4-5 years ago; DJD C3-7

Occupation: Graphic Design Hand Dominance (R) L

Precautions: _____

SUBJECTIVE:
Pain: 1-2 /10 at rest / best 8 /10 with activity / at worst

Details: Pain R/D overnight - wakes him at night, R/D c activity; Pain occurs where scar seems adhered to ulnar boarder of ulna

OBJECTIVE:
Wound/Scar: Healed well; mild hypertrophy noted; mild adherence to musculo hole

See flow sheet for:
☐ Sensation: TBA; Hypersensitivity noted in forearm

☑ Range of Motion Limitations noted in (R) elbow, forearm, & wrist

☐ Edema No sig edema noted today

☑ Strength Limitations noted in (R) Grasp & 3pt pinch

Flexibility: *Intrinsics/Extrinsics:* Tight extrinsics and intrinsics

Function/ADL's: Prior level of function: (I) c RUE

Current level of function: Difficulty hammering, writing, mousing (work involves typing/mo Turning door handle, pouring coffee, manipulating small objects, bearing weight through palm

Other Relevant Findings: (+) Wartenberg's sign; ADM: 3/5, ODM: 3/5; FDS-SF: 4/5 FDS RF 4+/5 c pain

Patient name: Paul Dul' ng

Assessment/Therapist impression: Pt presents c pain, Rom deficits, strength deficits, Tight extensics, significant deficits during functional activities; Numbness/tingling reported - must be assessed more specifically.

Skilled Therapy needed in order to: Improve Rom, improve pain

Functional Goals:

Short term (x4 weeks)

1. (T) (R) wrist extension x 5-5° to (T) pt's ability to bear weight through palm.
2. (T) (R) grasp x 3-5# to (T) pt's ability to open containers
3. (T) (R) pro x 5° to (T) pt's ability to pour coffee.

Long term

1. Maximize functional use of RUE during all ADLs.

Goals discussed with patient? ☑ yes ☐ no Patient informed of diagnosis/prognosis? ☑ yes ☐ no

Rehabilitation potential: ☐ excellent ☑ good ☐ fair ☐ guarded Other _____

PLAN:

Modalities UHP, CP, US

Manual Techniques STM, scar control, ~~edema~~, MFR

Therapeutic Exercise/Activities Stretching, scar mob, TGE, Nerve glides, gentle strengthening as tolerated, isolated FDS, desensitization

Splinting _____

Other _____

Frequency 2 times / week for 4 weeks or 8 visits

Additional requests/concerns: _____

I certify the need for these services furnished under this care plan date aforementioned above. The above plan is herein established and will be reviewed every 30 days.

Therapist Signature date

Physician Signature date

*PLEASE FAX BACK AT 847-587-3346

TREATMENT ENCOUNTER NOTE

Patient Information

Account #: 0042000185 Co - Pay: _____ OR Co - Insurance: _____

Name: Dulberg, Paul Injury #: 001 Dx: 88100 Open wound of forearm, w/out

Payor Code: 00001 Payor Name: Patient Responsibility Financial Class: SELF

Appointment Detail

Discipline: OT Tx Time In: 2 00 Units: 4

Tx Time Out: 3 00 Total Time Based Time: _____

Date: 08 / 02 / 12 # Visits Prior To Today: 43 of 40 Total Treatment Time: _____

RT Code	Description	Units	RT Code	Description	Units	RT Code	Description	Units
A001	PT Eval		F010	Vasopneumatic Device		C005	Gait Training	
A002	PT Re Eval		G001	Ultrasound	1	F008	Traction Mechanical	
A003	OT Eval		B001	Manual Therapy	1	H003	Custom WHFO Static	
A004	OT Re Eval		C001	Theraputic Activities		H006	Custom WHO Static	
F003	HP/CP	NO	C002	Neuromuscular Re-Ed		H005	Custom WHFO Dynamic	
F004	Estim Unattend		C003	Therapeutic Exercise	2	H018	Custom HFO Static	

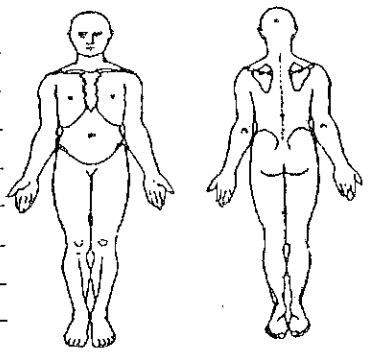
Additional Treatment Codes: _____

SOAP: S: " My arm feels very swollen around the area of my scar."

O: Presents w/ a region of edema at level of distal scar — No sign of infection noted, but scar tissue seems to have developed in this area. Cont per Ex Rx sheet. Applied US to scar tissue 1 8m pm to 8m.

A: Scar tissue is forming in synovial region. Improved "strength" reported by patient while grasping objects.

P: Continue to upgrade Ex's tolerance. US to scar tissue prn to 8m / stretching.



PAIN SCALE 0 10

THERAPIST / CREDENTIALS

LICENSE NO. _____

TREATMENT ENCOUNTER NOTE

Patient Information

Account #: 0042000185 Co - Pay: _____ OR Co - Insurance: _____

Name: Dulberg, Paul Injury #: 001 Dx: 88100 Open wound of forearm, w/out

Payor Code: 00001 Payor Name: Patient Responsibility Financial Class: SELF

Appointment Detail

Discipline: OT Tx Time In: 100 Units: 4

Tx Time Out: 200 Total Time Based Time: _____

Date: 07 / 30 / 12 # Visits Prior To Today: 42 of 40 Total Treatment Time: _____

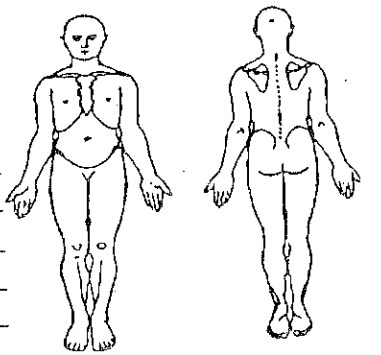
RT Code	Description	Units
A001	PT Eval	
A002	PT Re Eval	
A003	OT Eval	
A004	OT Re Eval	
F003	HP/CP	1
F004	Estim Unattend	

RT Code	Description	Units
F010	Vasopneumatic Device	
G001	Ultrasound	
B001	Manual Therapy	1
C001	Theraputic Activities	
C002	Neuromuscular Re-Ed	
C003	Therapeutic Exercise	2

RT Code	Description	Units
C005	Gait Training	
F008	Traction Mechanical	
H003	Custom WHFO Static	
H006	Custom WHO Static	
H005	Custom WHFO Dynamic	
H018	Custom HFO Static	

Additional Treatment Codes: _____

SOAP: S: "I saw the MD. He said I need compression on my elbow. O: Cont. Per Rx Flow Sheet. Pt reports the same spot in his forearm has a sharp pain. But he reports improved ability to pick up a glass or coffee pot. Cont scar control, STM, AROM, place & had, Intrinsic exs, Isolated FDS. Instructed pt/dtr to ↑ overall nerve excursion. A: Sharp pain remains in forearm, but ability to perform isolated FDS and ROM have improved. Improved overall ROM noted since Sx. IF Isolated FDS is decreased per pt report. P. Continue to upgrade, per pt tol. MD ordered compression sleeve — applied Tubegrip



0 PAIN SCALE 10

THERAPIST / CREDENTIALS

LICENSE NO. _____

TREATMENT ENCOUNTER NOTE

11

Patient Information

Account #: 0042000185 Co - Pay: _____ OR Co - Insurance: _____

Name: Dulberg, Paul Injury #: 001 Dx: 88100 Open wound of forearm, w/out

Payor Code: 00001 Payor Name: Patient Responsibility Financial Class: SELF

Appointment Detail

Discipline: OT Tx Time In: 5:30 Units: 4

Tx Time Out: 6:30 Total Time Based Time: _____

Date: 07 / 26 / 12 # Visits Prior To Today: 41 of 40 Total Treatment Time: _____

RT Code	Description	Units	RT Code	Description	Units	RT Code	Description	Units
A001	PT Eval		E010	Vasopneumatic Device		C005	Gait Training	
A002	PT Re Eval		G001	Ultrasound	1	F008	Traction Mechanical	
A003	OT Eval		B001	Manual Therapy	1	H003	Custom WHFO Static	
A004	OT Re Eval		C001	Theraputic Activities		H006	Custom WHO Static	
F003	HP/CP	1	C002	Neuromuscular Re-Ed		H005	Custom WHFO Dynamic	
F004	Estim Unattend		C003	Therapeutic Exercise	1	H018	Custom HFO Static	

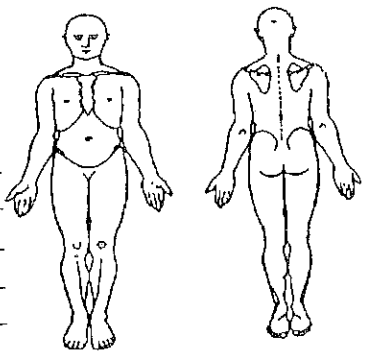
Additional Treatment Codes: _____

SOAP S: Pt notes that he is better able to grip large jars c (R) hand now.

O: MHP x 10 min followed by pulsed U.S. to forearm 20% (.2W/cm²) c adverse effects. Scar massage, STM of forearm, AROM & PROM of elbow & wrist. Functional activity - manual pulls.

A: Pt well c min "C/B" occasional "sticking" pains in forearm c AROM & elbow.

P: Cont c P.O.C.



0 PAIN SCALE 10

OTR/L

THERAPIST / CREDENTIALS

LICENSE NO. _____

TREATMENT ENCOUNTER NOTE

Patient Information

Account #: 0042000185 Co - Pay: _____ OR Co - Insurance: _____

Name: Dulberg, Paul Injury #: 001 Dx: 88100 Open wound of forearm, w/out

Payor Code: 00001 Payor Name: Patient Responsibility Financial Class: SELF

Appointment Detail

Discipline: OT Tx Time In: _____ Units: _____

Tx Time Out: _____ Total Time Based Time: _____

Date: 07 / 23 / 12 # Visits Prior To Today: 40 of 40 Total Treatment Time: _____

RT Code	Description	Units	RT Code	Description	Units	RT Code	Description	Units
A001	PT Eval		F010	Vasopneumatic Device		G005	Gait Training	
A002	PT Re Eval		G001	Ultrasound		F008	Traction Mechanical	
A003	OT Eval		B001	Manual Therapy	1	H003	Custom WHFO Static	
A004	OT Re Eval		C001	Theraputic Activities		H006	Custom WHO Static	
F003	HR/CP	1	C002	Neuromuscular Re-Ed		H005	Custom WHFO Dynamic	
F004	Estim Unattend		C003	Therapeutic Exercise	2	H018	Custom HFO Static	

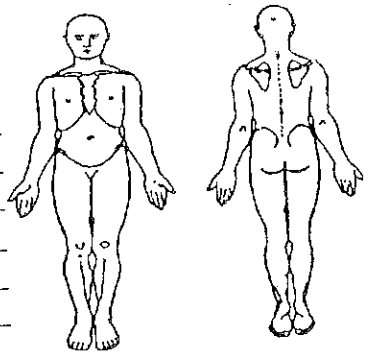
Additional Treatment Codes: _____

SOAP: S: Pt reports c/o a spots of significant discomfort since last visit

O: MHP x 10 min prior to STM edema mgt of hand & forearm, AROM of elbow forearm wrist & hand. Functional activities included ADL pegs Theraband & BB transfers. PROM of elbow & forearm as tol

A: Pt able to perform c/o. Trng flex mobility & UE strengthening edema mgt

P: Cont c P.O.C.



PAIN SCALE 0 10

THERAPIST / CREDENTIALS

LICENSE NO. _____

TREATMENT ENCOUNTER NOTE

Patient Information

Account #: 0042000185 Co - Pay: _____ OR Co - Insurance: _____

Name: Dulberg, Paul Injury #: 001 Dx: 88100 Open wound of forearm, w/out

Payor Code: 00001 Payor Name: Patient Responsibility Financial Class: SELF

Appointment Detail

Discipline: OT Tx Time In: 2:30 Units: 4

Tx Time Out: 3:30 Total Time Based Time: _____

Date: 07 / 19 / 12 # Visits Prior To Today: 39 of 40 Total Treatment Time: _____

RT Code	Description	Units	RT Code	Description	Units	RT Code	Description	Units
A001	PT Eval		F010	Vasopneumatic Device		C005	Gait Training	
A002	PT Re Eval		G001	Ultrasound		F008	Traction Mechanical	
A003	OT Eval		B001	Manual Therapy	1	H003	Custom WHFO Static	
A004	OT Re Eval		C001	Theraputic Activities		H006	Custom WHO Static	
F003	HP/CP	1	C002	Neuromuscular Re-Ed		H005	Custom WHFO Dynamic	
F004	Estim Unattend		C003	Therapeutic Exercise	2	H018	Custom HFO Static	

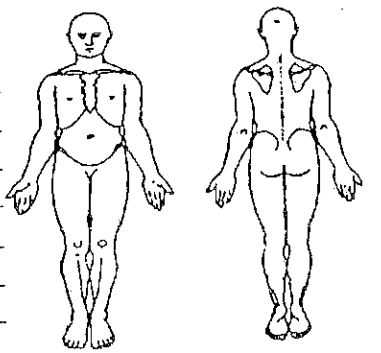
Additional Treatment Codes:

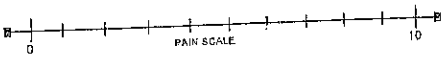
SOAP: S: "My elbow is still swollen and sore. But I can move my SF better."

O: Continue per POC sheet. No adverse effects to tx noted. Edema remaining in elbow/f/a and hand. Pt presents w improved ability to manipulate and isolate SF/RF motion.

A: Tolerated Rx for - continued edema noted, but improved RF and SF motion noted.

P: Continue to upgrade per pt tol. Continue isolated tendon gliding.





Meghan Andrews

THERAPIST / CREDENTIALS

LICENSE NO. _____

TREATMENT ENCOUNTER NOTE

Patient Information

Account #: 0042000185 Co - Pay: _____ OR Co - Insurance: _____

Name: Dulberg, Paul Injury #: 001 Dx: 88100 Open wound of forearm, w/out

Payor Code: D0001 Payor Name: Patient Responsibility Financial Class: SELF

Appointment Detail

Discipline: OT Tx Time In: 1:30 Units: 3

Tx Time Out: 2:45 Total Time Based Time: _____

Date: 07 / 16 / 12 # Visits Prior To Today: 38 of 69 Total Treatment Time: _____

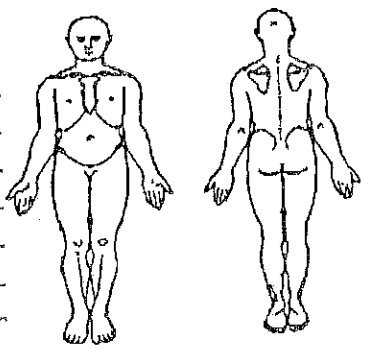
RT Code	Description	Units
A001	PT Eval	
A002	PT Re Eval	
A003	OT Eval	1
A004	OT Re Eval	
F005	HP/CP	
F004	Estim Unattend	1

RT Code	Description	Units
F010	Vasopneumatic Device	
G001	Ultrasound	
B001	Manual Therapy	
C001	Theraputic Activities	
C002	Neuromuscular Re-Ed	
C003	Therapeutic Exercise	1

RT Code	Description	Units
C009	Gait Training	
F000	Traction Mechanical	
H003	Custom WHFO Static	
H008	Custom WHO Static	
H006	Custom WHFO Dynamic	
H018	Custom HFO Static	

Additional Treatment Codes: _____

SOAP: So limited Eval & [illegible] Sheets



R 0 PAIN SCALE 10 R

[signature] OTR/L

THERAPIST / CREDENTIALS

LICENSE NO. _____

TREATMENT ENCOUNTER NOTE

Patient Information

Account #: 0042000185 Co - Pay: _____ OR Co - Insurance: _____

Name: Dulberg, Paul Injury #: 001 Dx: 88100 Open wound of forearm, w/out

Payor Code: 00001 Payor Name: Patient Responsibility Financial Class: SELF

Appointment Detail

Discipline: OT Tx Time In: 1100 Units: 5

Tx Time Out: 215 Total Time Based Time: _____

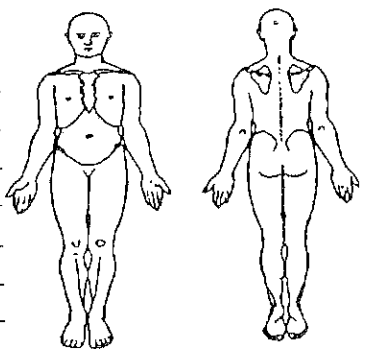
Date: 06 / 04 / 12 # Visits Prior To Today: 37 of 32 Total Treatment Time: _____

RT Code	Description	Units	RT Code	Description	Units	RT Code	Description	Units
A001	PT Eval		F010	Vasopneumatic Device		C005	Gait Training	
A002	PT Re Eval		G001	Ultrasound	1	F008	Traction Mechanical	
A003	OT Eval		B001	Manual Therapy	1	H003	Custom WHFO Static	
A004	OT Re Eval		C001	Theraputic Activities		H006	Custom WHO Static	
F003	HP/CP	1	C002	Neuromuscular Re-Ed		H005	Custom WHFO Dynamic	
F004	Estim Unattend		C003	Therapeutic Exercise	2	H018	Custom HFO Static	

Additional Treatment Codes: _____

SOAP: _____

See Re-eval for goals/objects



0 PAIN SCALE 10

THERAPIST / CREDENTIALS

LICENSE NO. _____

TREATMENT ENCOUNTER NOTE

Patient Information

Account #: 0042000185 Co - Pay: _____ OR Co - Insurance: _____

Name: Dulberg, Paul Injury #: 001 Dx: 88100 Open wound of forearm, w/out

Payor Code: 00001 Payor Name: Patient Responsibility Financial Class: SELF

Appointment Detail

Discipline: OT Tx Time In: 3:00 Units: 4

Tx Time Out: 4:00 Total Time Based Time: _____

Date: 05 / 31 / 12 # Visits Prior To Today: 36 of 32 Total Treatment Time: _____

RT Code	Description	Units
A001	PT Eval	
A002	PT Re Eval	
A003	OT Eval	
A004	OT Re Eval	
F003	HP/CP	1
F004	Estim Unattend	

RT Code	Description	Units
F010	Vasopneumatic Device	
G001	Ultrasound	1
B001	Manual Therapy	1
C001	Theraputic Activities	
C002	Neuromuscular Re-Ed	
C003	Therapeutic Exercise	1

RT Code	Description	Units
C005	Gait Training	
F008	Traction Mechanical	
H003	Custom WHFO Static	
H006	Custom WHO Static	
H005	Custom WHFO Dynamic	
H018	Custom HFO Static	

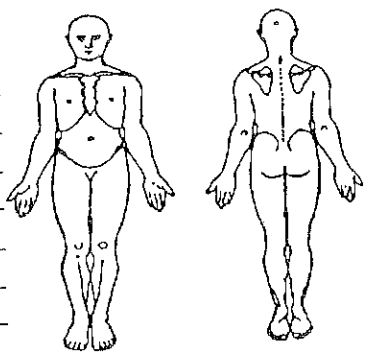
Additional Treatment Codes: _____

SOAP: S: "The medicine does not seem to be helping me."

O: Cont per Rx Flow Sheet. Pt was provided new meds for nerve pain and reports that he is not feeling better at this point

A: Tolerated Rx fair. Cont nerve pain mgt

P: Continue - upgrade per tol. Re-eval progress next visit



0 PAIN SCALE 10

THERAPIST / CREDENTIALS

LICENSE NO. _____

TREATMENT ENCOUNTER NOTE

Patient Information

Account #: 0042000185 Co - Pay: _____ OR Co - Insurance: _____

Name: Dulberg, Paul Injury #: 001 Dx: 88100 Open wound of forearm, w/out

Payor Code: 00001 Payor Name: Patient Responsibility Financial Class: SELF

Appointment Detail

Discipline: OT Tx Time In: 900 Units: 4

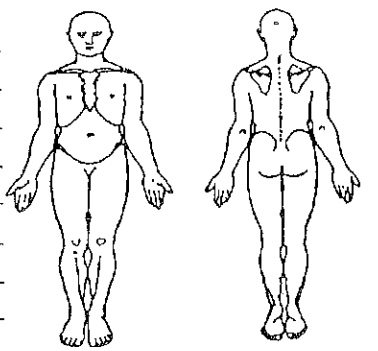
Tx Time Out: 1000 Total Time Based Time: _____

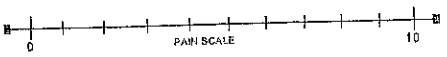
Date: 05 / 25 / 12 # Visits Prior To Today: 35 of 32 Total Treatment Time: _____

RT Code	Description	Units	RT Code	Description	Units	RT Code	Description	Units
A001	PT Eval		FD10	Vasopneumatic Device		C005	Gait Training	
A002	PT Re Eval		G001	Ultrasound	1	F008	Traction Mechanical	
A003	OT Eval		B001	Manual Therapy	1	H003	Custom WHFO Static	
A004	OT Re Eval		C001	Theraputic Activities		H006	Custom WHO Static	
F003	HP/CP	1	C002	Neuromuscular Re-Ed		H005	Custom WHFO Dynamic	
F004	Estim Unattend		C003	Therapeutic Exercise	1	H018	Custom HFO Static	

Additional Treatment Codes: _____

SOAP: S: "My nerve gets very aggravated."
O: Cont pain for 3 wks. No adverse effects to MHP or US noted.
Presents > cont nerve pain — esp with aggravated by holding PDS to SE or any repetitive grasp.
A: Tolerated Rx. Pain: Cont nerve pain / weakness.
P: Cont. to upgrade per pt tol. Attempt to (?) strength.





OT/Therapist

THERAPIST / CREDENTIALS

LICENSE NO. _____

TREATMENT ENCOUNTER NOTE

Patient Information

Account #: 0042000185 Co - Pay: _____ OR Co - Insurance: _____

Name: Dulberg, Paul Injury #: 001 Dx: 88100 Open wound of forearm, w/out

Payor Code: 00001 Payor Name: Patient Responsibility Financial Class: SELF

Appointment Detail

Discipline: OT Tx Time In: 11:30 Units: 4

Tx Time Out: 12:30 Total Time Based Time: _____

Date: 05 / 24 / 12 # Visits Prior To Today: 34 of 32 Total Treatment Time: _____

RT Code	Description	Units	RT Code	Description	Units	RT Code	Description	Units
A001	PT Eval		F010	Vasopneumatic Device		C005	Gait Training	
A002	PT Re Eval		G001	Ultrasound	1	F008	Traction Mechanical	
A003	OT Eval		B001	Manual Therapy	1	H003	Custom WHFO Static	
A004	OT Re Eval		C001	Theraputic Activities		H006	Custom WHO Static	
F003	HP/CP	1	C002	Neuromuscular Re-Ed		H005	Custom WHFO Dynamic	
F004	Estim Unattend		C003	Therapeutic Exercise	1	H018	Custom HFO Static	

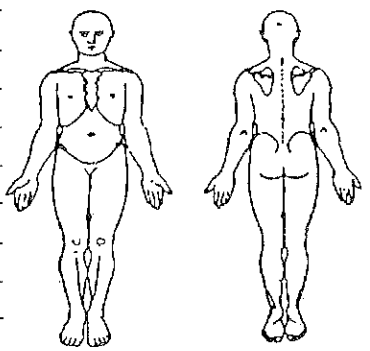
Additional Treatment Codes: _____

SOAP: S: "I got a mark on my arm - looks like a burn but I never felt it"

O: Cont per Ex for stretch. 2 small red blisters noted in ulnar distribution — also fresh — No sign of infection. He believes he burned his F/A on the grill. No adverse effects to ISTP or US noted. Heat not applied to blisters.

A: Tolerated Rx well. pt is sensory loss caused burn to burn his forearm.

P: Continue to upgrade. Monitor burns



0 PAIN SCALE 10

Therapist Signature

THERAPIST / CREDENTIALS

LICENSE NO. _____

TREATMENT ENCOUNTER NOTE

Patient Information

Account #: 0042000185 Co - Pay: _____ OR Co - Insurance: _____

Name: Dulberg, Paul Injury #: 001 Dx: 88100 Open wound of forearm, w/out

Payor Code: 00001 Payor Name: Patient Responsibility Financial Class: SELF

Appointment Detail

Discipline: OT Tx Time In: 12:30 Units: 2

Tx Time Out: 1:00 Total Time Based Time: _____

Date: 05 / 17 / 12 # Visits Prior To Today: 33 of 32 Total Treatment Time: _____

RT Code	Description	Units	RT Code	Description	Units	RT Code	Description	Units
A001	PT Eval		F010	Vasopneumatic Device		G005	Gait Training	
A002	PT Re Eval		G001	Ultrasound	1	F008	Traction Mechanical	
A003	OT Eval		B001	Manual Therapy		H003	Custom WHFO Static	
A004	OT Re Eval		C001	Theraputic Activities		H006	Custom WHO Static	
F003	HB/CP	1	C002	Neuromuscular Re-Ed		H005	Custom WHFO Dynamic	
F004	Estim Unattend		C003	Therapeutic Exercise		H018	Custom HFO Static	

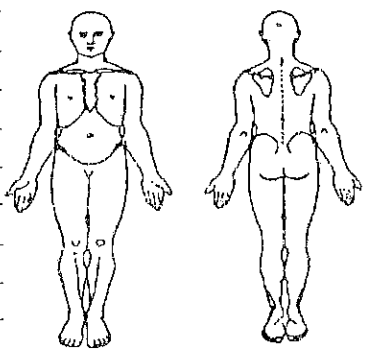
Additional Treatment Codes: _____

SOAP: S: 0

O: Cont. modalities performed on this date due to scheduling issues. No adverse effects reported to modalities.

A: Tolerated extn. Cont plan / sustainers noted

P: Continue.



0 PAIN SCALE 10

Angela Hammerberg, OTR

THERAPIST / CREDENTIALS

LICENSE NO. _____

TREATMENT ENCOUNTER NOTE

Patient Information

Account #: 0042000185 Co - Pay: ______ OR Co - Insurance: ______

Name: Dulberg, Paul Injury #: 001 Dx: 88100 Open wound of forearm, w/out

Payor Code: 00001 Payor Name: Patient Responsibility Financial Class: SELF

Appointment Detail

Discipline: OT Tx Time In: 11:00 Units: 5

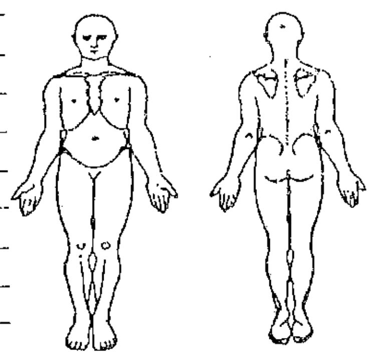
Tx Time Out: 12:45 Total Time Based Time: ______

Date: 05 / 15 / 12 # Visits Prior To Today: 32 of 32 Total Treatment Time: ______

RT Code	Description	Units	RT Code	Description	Units	RT Code	Description	Units
A001	PT Eval		F010	Vasopneumatic Device		C005	Gait Training	
A002	PT Re Eval		G001	Ultrasound	1	F008	Traction Mechanical	
A003	OT Eval		B001	Manual Therapy	1	H003	Custom WHFO Static	
A004	OT Re Eval		C001	Theraputic Activities		H006	Custom WHO Static	
F003	HP/CP	1	C002	Neuromuscular Re-Ed		H006	Custom WHFO Dynamic	
F004	Estim Unattend		C003	Therapeutic Exercise	2	H018	Custom HFO Static	

Additional Treatment Codes: ______

SOAP: S: "My arm is still weak when I try to use it."
O: Cont per flow sheet. No adverse effects to MHP or US noted. Focus of Rx on modalities, stretching, and strengthening. He reports cont weakness c̄ daily chores - ie. cooking, cleaning, lifting.
A: Cont weakness/pain reported
P: Continue to upgrade ROM, strength.



PAIN SCALE 0 10

THERAPIST / CREDENTIALS

LICENSE NO. ______

TREATMENT ENCOUNTER NOTE

Patient Information

Account #: 0042000185 Co - Pay: _____ OR Co - Insurance: _____

Name: Dulberg, Paul Injury #: 001 Dx: 88100 Open wound of forearm, w/out

Payor Code: 00001 Payor Name: Patient Responsibility Financial Class: SELF

Appointment Detail

Discipline: OT Tx Time In: 2:30 Units: 4

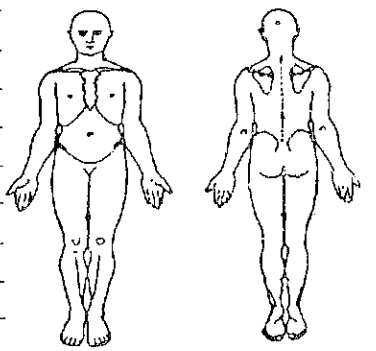
Tx Time Out: 3:30 Total Time Based Time: _____

Date: 05 / 10 / 12 # Visits Prior To Today: 31 of 32 Total Treatment Time: _____

RT Code	Description	Units	RT Code	Description	Units	RT Code	Description	Units
A001	PT Eval		F010	Vasopneumatic Device		C005	Gait Training	
A002	PT Re Eval		G001	Ultrasound		F008	Traction Mechanical	
A003	OT Eval		B001	Manual Therapy		H003	Custom WHFO Static	
A004	OT Re Eval		C001	Theraputic Activities		H006	Custom WHO Static	
F003	HP/CP	1	C002	Neuromuscular Re-Ed		H005	Custom WHFO Dynamic	
F004	Estim Unattend		C003	Therapeutic Exercise	3	H018	Custom HFO Static	

Additional Treatment Codes:

SOAP: S: "My hand is still feeling very weak and it hurts when I use it"
C: Cont per Rx flow sheet. No adverse effects to HEP noted
Pt is reporting increased pain today - especially after isolated TFX and any grip activities. Unable to upgrade program due to pain.
A: Tolerated Ex fair. Cont pain/weakness.
P: Cont to upgrade per pt tolerance to strengthening more aggressively.



0 PAIN SCALE 10

Ann Shanahan

THERAPIST / CREDENTIALS

LICENSE NO. _____

TREATMENT ENCOUNTER NOTE

Patient Information

Account #: 0042000185 Co - Pay: ______ OR Co - Insurance: ______

Name: Dulberg, Paul Injury #: 001 Dx: 88100 Open wound of forearm, w/out

Payor Code: 00001 Payor Name: Patient Responsibility Financial Class: SELF

Appointment Detail

Discipline: OT Tx Time In: 930 Units: 5

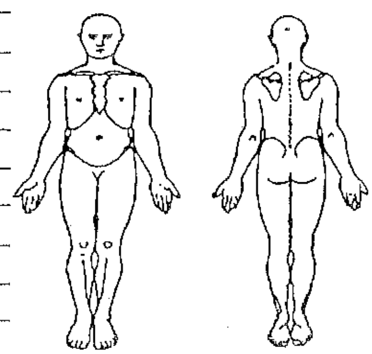
Tx Time Out: 1046 Total Time Based Time: ______

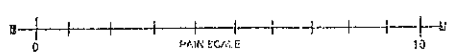
Date: 05 / 07 / 12 # Visits Prior To Today: 30 of 51 Total Treatment Time: ______

RT Code	Description	Units	RT Code	Description	Units	RT Code	Description	Units
A001	PT Eval		F010	Vasopneumatic Device		C005	Gait Training	
A002	PT Re Eval		G001	Ultrasound	1	F008	Traction Mechanical	
A003	OT Eval		B001	Manual Therapy	1	H003	Custom WHFO Static	
A004	OT Re Eval		C001	Theraputic Activities		H006	Custom WHO Static	
F003	HP/CP	1	C002	Neuromuscular Re-Ed		H005	Custom WHFO Dynamic	
F004	Estim Unattend		C003	Therapeutic Exercise	2	H018	Custom HFO Static	

Additional Treatment Codes: ______

SOAP: S: "My hand is very swollen today. My neck is sore today."
O: Cont per flow sheet. No adverse effects to US or noted. Pt presents c sig pain/stiffness in RUE. Reporting neck pain today as well.
A: Tolerated Rx fair but sig neck pain noted.
P: Cont to upgrade strengthening.





______
THERAPIST / CREDENTIALS

LICENSE NO. ______

TREATMENT ENCOUNTER NOTE

Patient Information

Account #: 0042000185 Co - Pay: _____ OR Co - Insurance: _____

Name: Dulberg, Paul Injury #: 001 Dx: 88100 Open wound of forearm, w/out

Payor Code: 00001 Payor Name: Patient Responsibility Financial Class: SELF

Appointment Detail

Discipline: OT Tx Time In: 1060 Units: 4

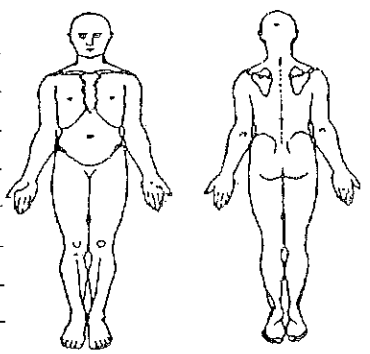
Tx Time Out: 1130 Total Time Based Time: _____

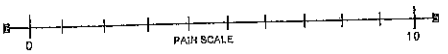
Date: 05 / 04 / 12 # Visits Prior To Today: 29 of 51 Total Treatment Time: _____

RT Code	Description	Units	RT Code	Description	Units	RT Code	Description	Units
A001	PT Eval		F010	Vasopneumatic Device		C005	Gait Training	
A002	PT Re Eval	NC	G001	Ultrasound	AC (1)	F008	Traction Mechanical	
A003	OT Eval		B001	Manual Therapy		H003	Custom WHFO Static	
A004	OT Re Eval		C001	Theraputic Activities		H006	Custom WHO Static	
F003	HP/CP	(1)	C002	Neuromuscular Re-Ed		H005	Custom WHFO Dynamic	
F004	Estim Unattend		C003	Therapeutic Exercise	(1)	H018	Custom HFO Static	

Additional Treatment Codes: _____

SOAP: See Re-eval / Rx flow sheet





MS Occupational Therapist

THERAPIST / CREDENTIALS

LICENSE NO. _____

TREATMENT ENCOUNTER NOTE

Patient Information

Account #: 0042000185 Co - Pay: ______ OR Co - Insurance: ______

Name: Dulberg, Paul Injury #: 001 Dx: 88100 Open wound of forearm, w/out

Payor Code: 00001 Payor Name: Patient Responsibility Financial Class: SELF

Appointment Detail

Discipline: OT Tx Time In: 12:00 Units: 5

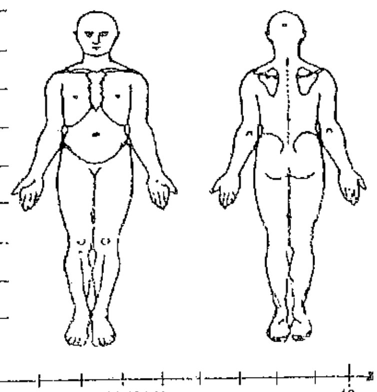
Tx Time Out: 1:00 Total Time Based Time: ______

Date: 05 / 02 / 12 # Visits Prior To Today: 28 of 24 Total Treatment Time: ______

RT Code	Description	Units	RT Code	Description	Units	RT Code	Description	Units
A001	PT Eval		F010	Vasopneumatic Device		C005	Gait Training	
A002	PT Re Eval		G001	Ultrasound	1	F008	Traction Mechanical	
A003	OT Eval		B001	Manual Therapy	1	H003	Custom WHFO Static	
A004	OT Re Eval		C001	Theraputic Activities		H006	Custom WHO Static	
F003	HP/CP	1	C002	Neuromuscular Re-Ed		H005	Custom WHFO Dynamic	
F004	Estim Unattend		C003	Therapeutic Exercise	2	H018	Custom HFO Static	

Additional Treatment Codes:

SOAP: S: "I am feeling stronger. But I still get that nerve pain"
O: Cont per Rx flow sheet. No adverse effect to HP or US noted. Applied US/HP, [illegible] stim, stretching & strengthening
A: Tolerated Rx well today. Strength/tolerance of ex appears to be improving, but ulnar nerve pain continues to be set off by SF motion
P: Continue. Upgrade strength per tolerance. Re-eval next visit



0 PAIN SCALE 10

[illegible signature]
THERAPIST / CREDENTIALS

LICENSE NO. ______

TREATMENT ENCOUNTER NOTE

Patient Information

Account #: 0042000185 Co - Pay: ______ OR Co - Insurance: ______

Name: Dulberg, Paul Injury #: 001 Dx: 88100 Open wound of forearm, w/out

Payor Code: 00001 Payor Name: Patient Responsibility Financial Class: SELF

Appointment Detail

Discipline: OT Tx Time In: 9:00 Units: 4

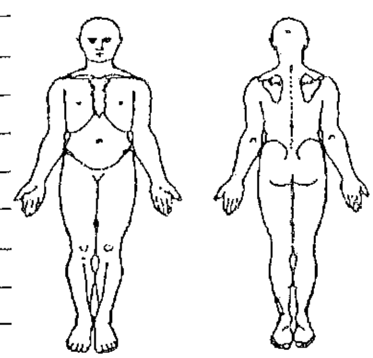
Tx Time Out: 10:00 Total Time Based Time: ______

Date: 04 / 27 / 12 # Visits Prior To Today: 27 of 24 Total Treatment Time: ______

RT Code	Description	Units	RT Code	Description	Units	RT Code	Description	Units
A001	PT Eval		F010	Vasopneumatic Device		C005	Gait Training	
A002	PT Re Eval		G001	Ultrasound	1	F008	Traction Mechanical	
A003	OT Eval		B001	Manual Therapy	1	H003	Custom WHFO Static	
A004	OT Re Eval		C001	Theraputic Activities		H006	Custom WHO Static	
F003	HP/CP	1	C002	Neuromuscular Re-Ed		H005	Custom WHFO Dynamic	
F004	Estim Unattend		C003	Therapeutic Exercise	1	H018	Custom HFO Static	

Additional Treatment Codes: ______

SOAP: S: "I have a little less pain today."
O: Cont on Rx flow sheet. No adverse effects to MHP or US noted.
MHP, US E/U c Rx per flow sheet. Resumed BTE
today.
A: Tolerated Rx fair. Improved overall pain noted
P: Continue to upgrade per pt tolerance.



THERAPIST / CREDENTIALS

LICENSE NO. ______

TREATMENT ENCOUNTER NOTE

Patient Information

Account #: 0042000185 Co - Pay: ______ OR Co - Insurance: ______

Name: Dulberg, Paul Injury #: 001 Dx: 88100 Open wound of forearm, w/out

Payor Code: 00001 Payor Name: Patient Responsibility Financial Class: SELF

Appointment Detail

Discipline: OT Tx Time In: 215 Units: 5

Tx Time Out: 330 Total Time Based Time: ______

Date: 04 / 26 / 12 # Visits Prior To Today: 26 of 24 Total Treatment Time: ______

RT Code	Description	Units	RT Code	Description	Units	RT Code	Description	Units
A001	PT Eval		F010	Vasopneumatic Device		C005	Gait Training	
A002	PT Re Eval		G001	Ultrasound	1	F008	Traction Mechanical	
A003	OT Eval		B001	Manual Therapy	1	H003	Custom WHFO Static	
A004	OT Re Eval		C001	Theraputic Activities		H006	Custom WHO Static	
F003 1	HP/CP		C002	Neuromuscular Re-Ed		H005	Custom WHFO Dynamic	
F004	Estim Unattend		C003	Therapeutic Exercise	2	H018	Custom HFO Static	

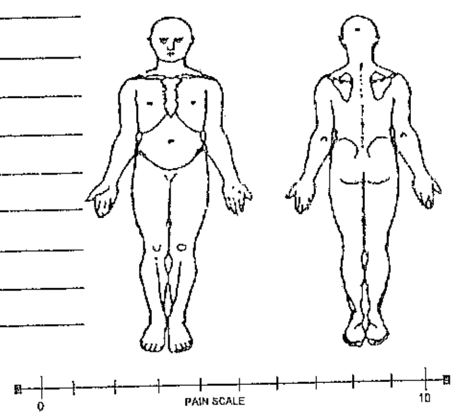
Additional Treatment Codes: ______

SOAP: S: "I hurt my arm yesterday by holding out my iPad [illegible] [illegible] [illegible] at [illegible]" [illegible] arm hurt all night and he needed a pain pill in order to sleep." Minimal pain today prior to Tx.

O: MHP followed by pulsed US 50% .8w/cm² to arm. Scar mob, [illegible] forearm, PROM of wrist & digits. Cont. strengthening as per Rx log.

A: Tol well c̄ min c/o. "I have muscle pain; I really worked my arm today." No c/o neck pain p̄ exercises today.

P: Cont c̄ POC.



[illegible] OTR/L

THERAPIST / CREDENTIALS

LICENSE NO. ______

10693
04-18-12 07:45am

TREATMENT ENCOUNTER NOTE

Patient Information

Account #: 0042000185 Co - Pay: ______ OR Co - Insurance: ______

Name: Dulberg, Paul Injury #: 001 Dx: 88100 Open wound of forearm, w/out

Payor Code: 00001 Payor Name: Patient Responsibility Financial Class: SELF

Appointment Detail

Discipline: OT Tx Time In: 930 Units: 4

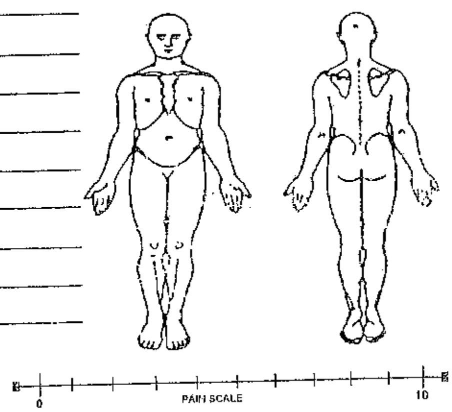
Tx Time Out: 1030 Total Time Based Time: ______

Date: 04 / 18 / 12 # Visits Prior To Today: 25 of 24 Total Treatment Time: ______

RT Code	Description	Units	RT Code	Description	Units	RT Code	Description	Units
A001	PT Eval		F010	Vasopneumatic Device		C005	Gait Training	
A002	PT Re Eval		G001	Ultrasound	1	F008	Traction Mechanical	
A003	OT Eval		B001	Manual Therapy	1	H003	Custom WHFO Static	
A004	OT Re Eval		C001	Theraputic Activities		H006	Custom WHO Static	
F003	HP/CP	1	C002	Neuromuscular Re-Ed		H005	Custom WHFO Dynamic	
F004	Estim Unattend		C003	Therapeutic Exercise	1	H018	Custom HFO Static	

Additional Treatment Codes:

SOAP: S: Cont c/o "soreness" since previous visit
O: Cont per Rx flow sheet. No adverse effects to MHP or US noted. Performed modalities f/u c̄ STM, scar mob, stretching, place c̄ hold, Isolated FDS, Intrinsic exs, Functional activities, strengthening c̄ 3#
A: Tolerated tx fair. Significant pain reported c̄ Isolated FDS to SF. No BTE due to pain [illegible]
P: Attempt to ↑ strength / ROM



THERAPIST / CREDENTIALS

LICENSE NO. ______

10693
04-16-12 10:15am

TREATMENT ENCOUNTER NOTE

Patient Information

Account #: 0042000185 Co - Pay: ______ OR Co - Insurance: ______

Name: Dulberg, Paul Injury #: 001 Dx: 88100 Open wound of forearm, w/out

Payor Code: 00001 Payor Name: Patient Responsibility Financial Class: SELF

Appointment Detail

Discipline: OT Tx Time In: 10 30 Units: 5

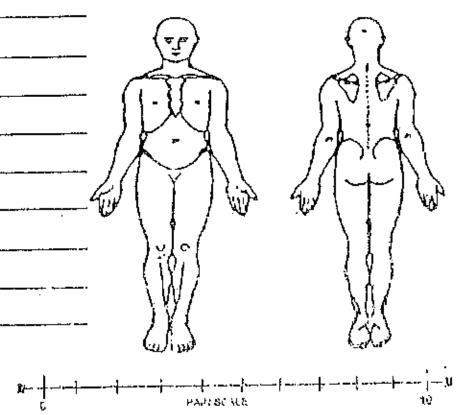
Tx Time Out: 11 40 Total Time Based Time: ______

Date: 04 / 16 / 12 # Visits Prior To Today: 24 of 24 Total Treatment Time: ______

RT Code	Description	Units	RT Code	Description	Units	RT Code	Description	Units
A001	PT Eval		F010	Vasopneumatic Device		C005	Gait Training	
A002	PT Re Eval		G001	Ultrasound	/	F006	Traction Mechanical	
A003	OT Eval		B001	Manual Therapy	/	H003	Custom WHFO Static	
A004	OT Re Eval		C001	Theraputic Activities		H006	Custom WHO Static	
F003	HP/CP	1	C002	Neuromuscular Re-Ed		H005	Custom WHFO Dynamic	
F004	Estim Unattend		C003	Therapeutic Exercise	2	H018	Custom HFO Static	

Additional Treatment Codes: ______

SOAP: S: Pt reports ↑'d soreness that began ½ hour prior to Tx today. Pt does also report he hasn't had any "tingles" for past 2 days
O: MHP x 10 min to ↑ soft tissue extensibility prior to US 50% 8W/cm² to scar, arm cradle, STM of forearm, intrinsic stretches, long fl stretches. Cont c̄ strengthening as per Rx log.
A: Tol well c̄ min c/o of ↑'d pain p̄ Tx, pt c/o overall feeling of weakness / fatigue
P: Cont c̄ POC.



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THERAPIST / CREDENTIALS

LICENSE NO. ______

TREATMENT ENCOUNTER NOTE

8

Patient Information

Account #: 0042000185 Co - Pay: _____ OR Co - Insurance: _____

Name: Dulberg, Paul Injury #: 001 Dx: 88100 Open wound of forearm, w/out

Payor Code: 00001 Payor Name: Patient Responsibility Financial Class: SELF

Appointment Detail

Discipline: OT Tx Time In: 130 Units: 4

Tx Time Out: 230 Total Time Based Time: _____

Date: 04 / 12 / 12 # Visits Prior To Today: 21 of 24 Total Treatment Time: _____

RT Code	Description	Units	RT Code	Description	Units	RT Code	Description	Units
A001	PT Eval		F010	Vasopneumatic Device		C005	Gait Training	
A002	PT Re Eval		G001	Ultrasound	1	F008	Traction Mechanical	
A003	OT Eval		B001	Manual Therapy	1	H003	Custom WHFO Static	
A004	OT Re Eval		C001	Theraputic Activities		H006	Custom WHO Static	
F003	HP/CP	1	C002	Neuromuscular Re-Ed		H005	Custom WHFO Dynamic	
F004	Estim Unattend		C003	Therapeutic Exercise	2	H018	Custom HFO Static	

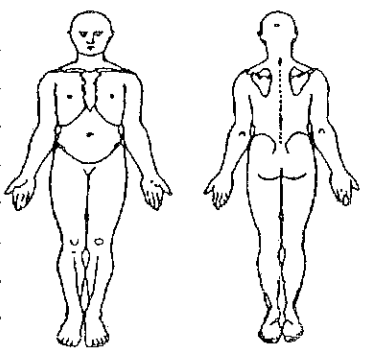
Additional Treatment Codes: _____

SOAP: S: "My arm was sore after my last therapy"

O: Cont per Rx flow sheet. No adverse effects to HEP or WC noted. Focused on stretching and strengthening. Pt can independently stretch bicep flexors

A: Tol Rx fair. Neuro was progressed by strengthening

P: Cont. Upgrade as tol and per nerve tolerance.



0 PAIN SCALE 10

THERAPIST / CREDENTIALS

LICENSE NO. _____

10693
04-10-12 01:40pm

TREATMENT ENCOUNTER NOTE

Patient Information

Account #: 0042000185 Co - Pay: _____ OR Co - Insurance: _____

Name: Dulberg, Paul Injury #: 001 Dx: 88100 Open wound of forearm, w/out

Payor Code: 00001 Payor Name: Patient Responsibility Financial Class: SELF

Appointment Detail

Discipline: OT Tx Time In: 3:00 Units: 4

Tx Time Out: 4:00 Total Time Based Time: _____

Date: 04 / 10 / 12 # Visits Prior To Today: 20 of 24 Total Treatment Time: _____

RT Code	Description	Units	RT Code	Description	Units	RT Code	Description	Units
A001	PT Eval		F010	Vasopneumatic Device		C005	Gait Training	
A002	PT Re Eval		G001	Ultrasound		F008	Traction Mechanical	
A003	OT Eval		B001	Manual Therapy	1	H003	Custom WHFO Static	
A004	OT Re Eval		C001	Theraputic Activities		H006	Custom WHO Static	
F003	HP/CP	1	C002	Neuromuscular Re-Ed		H005	Custom WHFO Dynamic	
F004	Estim Unattend		C003	Therapeutic Exercise	2	H018	Custom HFO Static	

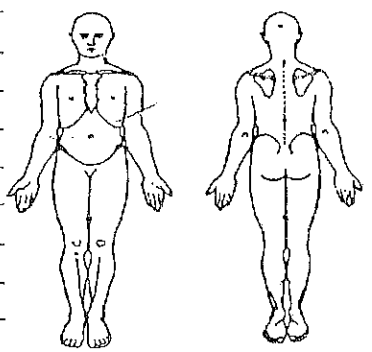
Additional Treatment Codes: _____

SOAP: S: "I cocked my arm wrong and I found that I had trouble holding the plate. It was too heavy. My fingers are tingling now."

O: Cont. per Rx flow sheet. No adverse effects to tx noted. STM, stretching f/v ↑ strengthening and activity.

A: Pain occurred after Rx

P: Cont to upgrade per Rx flow sheet; Focus on strengthening



PAIN SCALE 0 10

THERAPIST / CREDENTIALS

LICENSE NO. _____

TREATMENT ENCOUNTER NOTE

Patient Information

Account #: 0042000185 Co - Pay: ______ OR Co - Insurance: ______

Name: Dulberg, Paul Injury #: 001 Dx: 88100 Open wound of forearm, w/out

Payor Code: 00001 Payor Name: Patient Responsibility Financial Class: SELF

Appointment Detail

Discipline: OT Tx Time In: 2:30 Units: 6

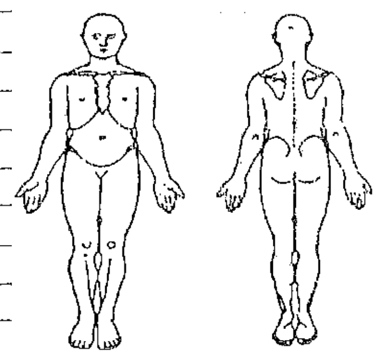
Tx Time Out: 4:00 Total Time Based Time: ______

Date: 04 / 05 / 12 # Visits Prior To Today: 20 of 24 Total Treatment Time: ______

RT Code	Description	Units	RT Code	Description	Units	RT Code	Description	Units
A001	PT Eval		F010	Vasopneumatic Device		C005	Gait Training	
A002	PT Re Eval		G001	Ultrasound	1	F008	Traction Mechanical	
A003	OT Eval		B001	Manual Therapy	2	H003	Custom WHFO Static	
A004	OT Re Eval		C001	Theraputic Activities		H006	Custom WHO Static	
F003	HP/CP	1	C002	Neuromuscular Re-Ed		H005	Custom WHFO Dynamic	
F004	Estim Unattend		C003	Therapeutic Exercise	2	H018	Custom HFO Static	

Additional Treatment Codes: ______

SOAP: S: Pt now c/o Pt last visit c̄ 0 adverse effect
O: MHP x 10 min followed by 50% U.S. & Tens to ↑ tissue pliability. Scar mobil. STM of forearm & hand, flexors wrist & digits. Strengthening of intrinsics as per Pro log. BPE set up & rub through x1. - Tol # 160, 32 & 202, 601.
A: Tol well c̄ min c/o.
P: Cont c̄ P.O.C.



0 PAIN SCALE 10

THERAPIST / CREDENTIALS [signature] OTR/L

LICENSE NO. ______

TREATMENT ENCOUNTER NOTE

Patient Information

Account #: 0042000185 Co - Pay: _____ OR Co - Insurance: _____

Name: Dulberg, Paul Injury #: 001 Dx: 88100 Open wound of forearm, w/out

Payor Code: 00001 Payor Name: Patient Responsibility Financial Class: SELF

Appointment Detail

Discipline: OT Tx Time In: 500 Units: _____

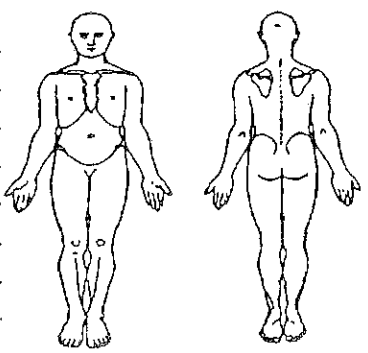
Tx Time Out: _____ Total Time Based Time: _____

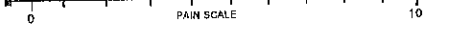
Date: 04 / 03 / 12 # Visits Prior To Today: 19 of 24 Total Treatment Time: _____

RT Code	Description	Units	RT Code	Description	Units	RT Code	Description	Units
A001	PT Eval		F01D	Vasopneumatic Device		C005	Gait Training	
A002	PT Re Eval		G001	Ultrasound	1	F008	Traction Mechanical	
A003	OT Eval		B001	Manual Therapy	1	H003	Custom WHFO Static	
A004	OT Re Eval		C001	Theraputic Activities		H006	Custom WHO Static	
F003	HP/CP		C002	Neuromuscular Re-Ed		H005	Custom WHFO Dynamic	
F004	Estim Unattend		C003	Therapeutic Exercise	1	H018	Custom HFO Static	

Additional Treatment Codes: _____

SOAP: See initial Eval & flowsheet





THERAPIST / CREDENTIALS

LICENSE NO. _____

TREATMENT ENCOUNTER NOTE

Patient Information

Account #: 0042000185 Co - Pay: _____ OR Co - Insurance: _____

Name: Dulberg, Paul Injury #: 001 Dx: 88100 Open wound of forearm, w/out

Payor Code: 00001 Payor Name: Patient Responsibility Financial Class: SELF

Appointment Detail

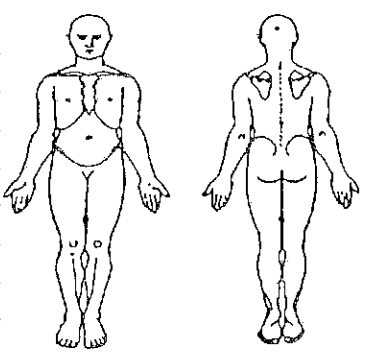
Discipline: OT Tx Time In: 9:05 Units: 4

Tx Time Out: 10:07 Total Time Based Time: _____

Date: 02 / 06 / 12 # Visits Prior To Today: 17 of 24 Total Treatment Time: _____

Treatment codes: 97004(NC), ~~97140~~ 97110(3), 97112

SOAP: See re-eval / Rx flowsheet. Pt to be placed on hold until he sees MD again.



0 PAIN SCALE 10

THERAPIST / CREDENTIALS

LICENSE NO.

TREATMENT ENCOUNTER NOTE

Patient Information

Account #: 0042000185 Co - Pay: _____ OR Co - Insurance: _____

Name: Dulberg, Paul Injury #: 001 Dx: 88100 Open wound of forearm, w/out

Payor Code: 00001 Payor Name: Patient Responsibility Financial Class: SELF

Appointment Detail

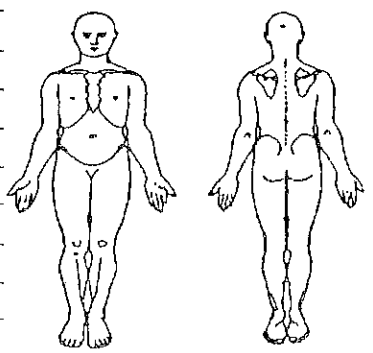
Discipline: OT Tx Time In: 830 Units: 4

Tx Time Out: 930 Total Time Based Time: _____

Date: 02 / 01 / 12 # Visits Prior To Today: 16 of 24 Total Treatment Time: _____

Treatment codes: 97010, 97035, 97140, 97110

SOAP: S: "My fingers bending sets off the pain in my arm"
O: Cont per Ex from Thurs. No adverse effects to MHP/US noted. Isolated FDS to SF only consistently sets off nerve pain along ulnar nerve.
A: Ulnar nerve appears to be affected by SF FDS contraction
P: Cont to upgrade per pt tol



THERAPIST / CREDENTIALS

LICENSE NO

TREATMENT ENCOUNTER NOTE

Patient Information

Account #: 0042000185 Co - Pay: _____ OR Co - Insurance: _____

Name: Dulberg, Paul Injury #: 001 Dx: 88100 Open wound of forearm, w/out

Payor Code: 00001 Payor Name: Patient Responsibility Financial Class: SELF

Appointment Detail

Discipline: OT Tx Time In: 2:30 Units: 4

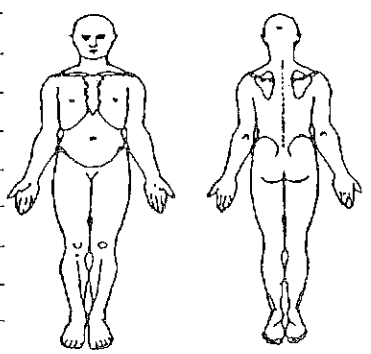
Tx Time Out: 3:30 Total Time Based Time: _____

Date: 01 / 30 / 12 # Visits Prior To Today: 16 of 24 Total Treatment Time: _____

NT, TE, US, MHP

Treatment codes: 97140, 97110, 97035, 97010

SOAP: S: "My nerve feels very aggravated."
O: Cont per RK flow sheet. No adverse effects to US noted.
Pt continues to demonstrate hypersensitivity in his ulnar aspect of fla- in area of most ulnar aspect of scar. Nerve symptoms appear to worsen c isolated activation of EDS in SF.
A: Tolerated Rx fair, but isolation of EDS (actively) to SF seems to aggravate his nerve symptoms
P: Cont - monitor EDS' response to isolated active ROM



0 PAIN SCALE 10

THERAPIST / CREDENTIALS

LICENSE NO

TREATMENT ENCOUNTER NOTE

Patient Information

Account #: 0042000185 Co - Pay: ______ OR Co - Insurance: ______

Name: Dulberg, Paul Injury #: 001 Dx: 88100 Open wound of forearm, w/out

Payor Code: 00001 Payor Name: Patient Responsibility Financial Class: SELF

Appointment Detail

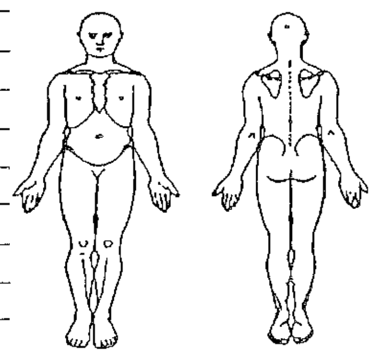
Discipline: OT Tx Time In: 230 Units: 5

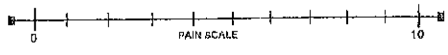
Tx Time Out: 330 Total Time Based Time: ______

Date: 01 / 25 / 12 # Visits Prior To Today: 15 of 24 Total Treatment Time: ______

Treatment codes: 97035, 97010, 97140, 97110

SOAP: S: "My arm is feeling a little better, but still has shooting pains"
O: Cont per Ex Flow Sheet. No adverse effects to HHP or US noted.
Pt continues to demonstrate nerve hypersensitivity
and pain along ulnar nerve. Palpable nodule appears
to elicit nerve pain. Fatigue noted after ex.
A: Tolerated ex fair – nerve pain f/u ī fatigue after ex.
P: Attempt to upgrade – but only per pt tolerance.





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THERAPIST / CREDENTIALS

LICENSE NO

TREATMENT ENCOUNTER NOTE

Patient Information

Account #: 0042000185 Co - Pay: _____ OR Co - Insurance: _____

Name: Dulberg, Paul Injury #: 001 Dx: 88100 Open wound of forearm, w/out

Payor Code: 00001 Payor Name: Patient Responsibility Financial Class: SELF

Appointment Detail

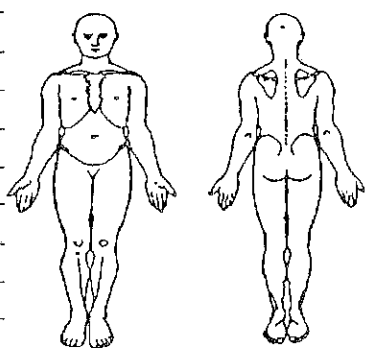
Discipline: OT Tx Time In: 2:30 Units: 5

Tx Time Out: 3:45 Total Time Based Time: _____

Date: 01 / 23 / 12 # Visits Prior To Today: 12 of 24 Total Treatment Time: _____

Treatment codes: 97140, 97110(2), 97035, 97010

SOAP: S: "My arm feels very weak like it just doesn't work."
O Cont per Rx flow sheet. No adverse effects to US or MHp noted. Cont nerve hypersensitivity - Strace nodule noted where nerve symptoms originate.
A: Tolerated Rx tx. Increased nerve aggravation noted after Rx.
P: Cont to upgrade per pt tol. Monitor nerve symptoms.



THERAPIST / CREDENTIALS

LICENSE NO.

TREATMENT ENCOUNTER NOTE

Patient Information

Account #: 0042000185 Co - Pay: _____ OR Co - Insurance: _____

Name: Dulberg, Paul Injury #: 001 Dx: 88100 Open wound of forearm, w/out

Payor Code: 00001 Payor Name: Patient Responsibility Financial Class: SELF

Appointment Detail

Discipline: OT Tx Time In: 11:00 Units: 4

Tx Time Out: 12:00 Total Time Based Time: _____

Date: 01 / 18 / 12 # Visits Prior To Today: 12 of 24 Total Treatment Time: _____

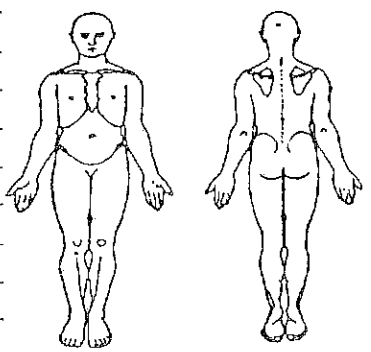
Treatment codes: 97035, 97010, 97140, 97110

SOAP: S: "My arm flared back up yesterday. It happened after I tried to pick up a pen and say my name."

O: Cont per Dr. Plan sheet. No adverse effects to wound noted. Pt. continues to demonstrate impairments of ulnar nerve. Pt reports that nerve hypersensitivity 7/8 after using basic ability of signing his name.

A: Cont hypersensitivity / pain in ulnar nerve.

P: Cont to upgrade per Dr's Pt



0 PAIN SCALE 10

THERAPIST / CREDENTIALS

TREATMENT ENCOUNTER NOTE

Patient Information

Account #: 0042000185 Co - Pay: _____ OR Co - Insurance: _____

Name: Dulberg, Paul Injury #: 001 Dx: 88100 Open wound of forearm, w/out

Payor Code: 00001 Payor Name: Patient Responsibility Financial Class: SELF

Appointment Detail

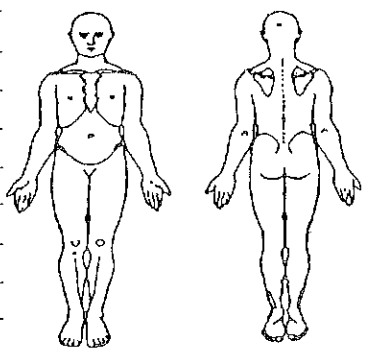
Discipline: OT Tx Time In: 1100 Units: 5

Tx Time Out: 1215 Total Time Based Time: _____

Date: 01 / 16 / 12 # Visits Prior To Today: 12 of 24 Total Treatment Time: _____

Treatment codes: (2)97110, 97140, 97035, 97010

SOAP: S: "The shooting pain is felt better after my therapy"
O: Cont per Ex flow sheet. No adverse effects to US or HHP noted.
pt's "shooting pain" has decreased with deep tissue massage
A: Tingling/nerve pain relief + deep tissue massage. Rx ended 2 2 HHP
P: Cont to upgrade per ot tol. Strengthening as tol.
pt reported relief ? pre ; post HHP



PAIN SCALE 0 10

Lisa Shannon OTR/L

THERAPIST / CREDENTIALS

10693
01-11-12 11:03am

TREATMENT ENCOUNTER NOTE

Patient Information

Account #: 0042000185　　Co - Pay: ________　　OR　　Co - Insurance: ________

Name: Dulberg, Paul　　Injury #: 002　　Dx: 88100 Open wound of forearm, w/out

Payor Code: 00001　　Payor Name: Patient Responsibility　　Financial Class: SELF

Appointment Detail

Discipline: PT　　Tx Time In: 10[05]　　Units: 5

Tx Time Out: 11[20]　　Total Time Based Time: ________

Date: 01 / 11 / 12　　# Visits Prior To Today: 0 of 1　　Total Treatment Time: ________

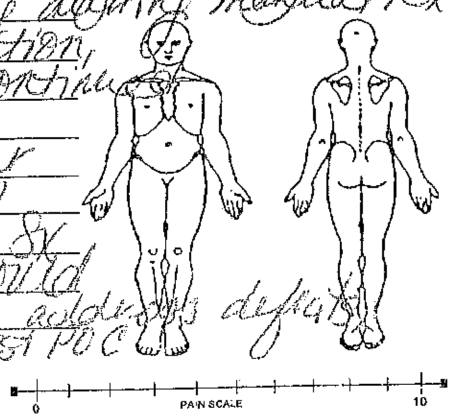
Treatment codes: 97010 (1), 97140 (2), 97110 (2), 97035 (1)

SOAP: S: The pt reports moderate soreness in the forearm following the last OT session "due to the "deep massage she did around the scar." He states the nerve pain however, did lessen significantly following the deep massage. He does report occasionally still "sets off the fingers c̄ prolonged use of the hand, especially when I try to hold something between my thumb & small finger like a computer mouse."

O: The chart & most recent OT eval dated 1/5/12 were reviewed & today's gross assessment of ROM & strength consistent w/ findings of this report. Also palpation revealed moderate scar tissue present @ injury site & along ulnar border of forearm. Palpation also created complaints of tingling & burning into ulnar distribution of hand. Rx was performed today per flow sheet following reviewed & agreed plan of care of primary therapist. Pt reported tingling & burning during manual Rx today along ulnar distribution, however denied prolonged or continued Sx following Rx.

A: Pt presents c̄ moderate scar tissue along ulnar aspect of forearm c̄ reports of neurological Sx c̄ functional use of hand. Would benefit from cont therapy to address deficits.

P: Cont therapy along 1° therapist POC until return to OT.



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THERAPIST / CREDENTIALS

10693
01-09-12 09:43am

TREATMENT ENCOUNTER NOTE

Patient Information

Account #: 0042000185 Co - Pay: ______ OR Co - Insurance: ______

Name: Dulberg, Paul Injury #: 001 Dx: 88100 Open wound of forearm, w/out

Payor Code: 00001 Payor Name: Patient Responsibility Financial Class: SELF

Appointment Detail

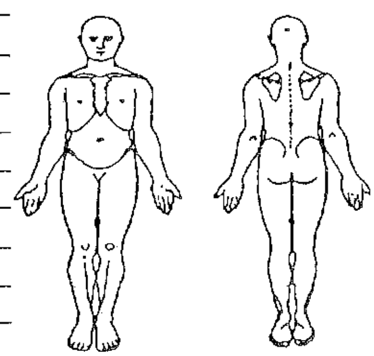
Discipline: OT Tx Time In: 11^00 Units: 5

Tx Time Out: 12^05 Total Time Based Time: ______

Date: 01 / 09 / 12 # Visits Prior To Today: 11 of 24 Total Treatment Time: ______

Treatment codes: (1)97010 (1)97035 (1)97140 (2)97110

SOAP: S: ∅ new c/o. Reports MD says his EMG is normal despite his symptoms
O: MHP x 10 min followed by pulsed U.S. x 8 min x forearm c̄ ∅ adverse effects. Scar mobilization, STM forearm & hand flexors and extensors. Forearm & digits including intrinsic stretches. AROM, wrist curls c̄ 1# wt, digital adductor exercises FMC-BB's. See Rx log
A: Tol well c̄ c/o thumb cramping c̄ BB transfer activity
P: Cont c̄ P.O.C.



0 PAIN SCALE 10

[illegible] OTL
THERAPIST / CREDENTIALS

TREATMENT ENCOUNTER NOTE

Patient Information

Account #: 0042000185 Co - Pay: _____ OR Co - Insurance: _____

Name: Dulberg, Paul Injury #: 001 Dx: 88100 Open wound of forearm, w/out

Payor Code: 00001 Payor Name: Patient Responsibility Financial Class: SELF

Appointment Detail

Discipline: OT Tx Time In: 10:30 Units: 4

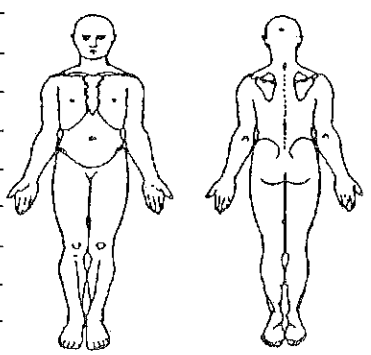
Tx Time Out: 11:30 Total Time Based Time: _____

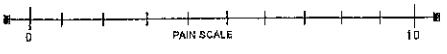
Date: 01 / 05 / 12 # Visits Prior To Today: 9 of 16 Total Treatment Time: _____

Treatment codes: (1) 97035 (3) 97110

SOAP:

See Re-evaluation 1 for short





THERAPIST / CREDENTIALS

LICENSE NO. _____

10693
01-03-12 09:34am

TREATMENT ENCOUNTER NOTE

Patient Information

Account #: 0042000185 Co - Pay: ______ OR Co - Insurance: ______

Name: Dulberg, Paul Injury #: 001 Dx: 88100 Open wound of forearm, w/out

Payor Code: 00001 Payor Name: Patient Responsibility Financial Class: SELF

Appointment Detail

Discipline: OT Tx Time In: 10³⁰ Units: 3

Tx Time Out: 11²⁰ Total Time Based Time: ______

Date: 01 / 03 / 12 # Visits Prior To Today: 8 of 8 Total Treatment Time: ______

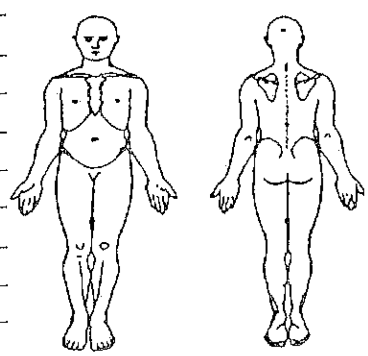
Treatment codes: (1)97035 (1)97140 (1)97110 (1)97010 N/C

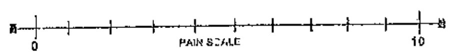
SOAP: S: "I have a job interview today so I can't be shaking today"

O: MHP x10 min c̄ Oatmeal effects prior to pulsed US 50% .75 W/cm² to scar prox & dist mid, STM, PROM of wrist & digits, intrinsic stretches, AROM, intrinsic exercises & wrist curls without resistance today in order to prevent exacerbation of tremors.

A: Tol well c̄ min c/o. No exacerbation of tremors c̄ exercise today

P: Cont c̄ P.O.C., cont wrist curls c̄ 1# wts next visit





[signature] OT/L

THERAPIST / CREDENTIALS

TREATMENT ENCOUNTER NOTE

Patient Information

Account #: 0042000185 Co - Pay: _____ OR Co - Insurance: _____

Name: Dulberg, Paul Injury #: 001 Dx: 88100 Open wound of forearm, w/out

Payor Code: 00001 Payor Name: Patient Responsibility Financial Class: SELF

Appointment Detail

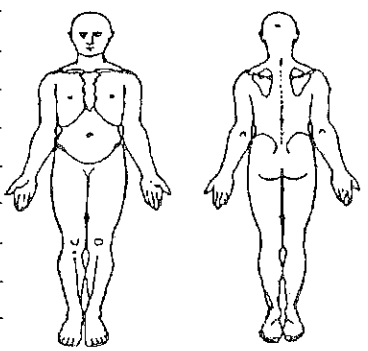
Discipline: OT Tx Time In: 130 Units: 4

Tx Time Out: 230 Total Time Based Time: _____

Date: 12 / 29 / 11 # Visits Prior To Today: 7 of 8 Total Treatment Time: _____

Treatment codes: (1)97010(1)97035 (1)97140 (1)97110

SOAP: S: Pt reports he had to take a pain pill in order to sleep at night after last Tx session. No reports that "shocking" & numb feel accompanied the pain.
O: MHP x 10 min x 4 fingers pain & pulsed U.S. to area Pt reporting burning pain & STM over radial tunnel RO performed pulsed U.S. to dorsal forearm. Cont c deep stroke, STM, effleurage, AROM & strengthening as per Rx Org. Instructed pt to rest arm in neutral position to ↓ pain.
A: Tol well c mod c/o. Had burning pain in forearm & axilla p Tx but pt states that it goes away shortly p therapy
P: Cont c POC.



0 PAIN SCALE 10

K Mierzwicki OT/L
THERAPIST / CREDENTIALS

TREATMENT ENCOUNTER NOTE

Patient Information

Account #: 0042000185 Co - Pay: ______ OR Co - Insurance: ______

Name: Dulberg, Paul Injury #: 001 Dx: 88100 Open wound of forearm, w/out

Payor Code: 00001 Payor Name: Patient Responsibility Financial Class: SELF

Appointment Detail

Discipline: OT Tx Time In: 3³⁰ Units: 5

Tx Time Out: 445 Total Time Based Time: ______

Date: 12 / 27 / 11 # Visits Prior To Today: 7 of 8 Total Treatment Time: ______

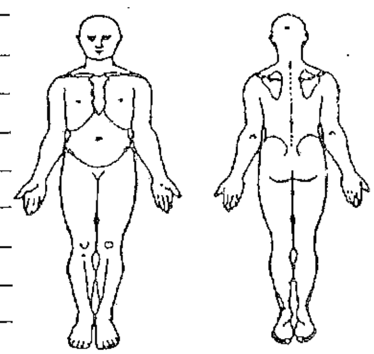
Treatment codes: (2) 97110, 97010, 97035 97140

SOAP: S: "I feel OK, then as the day progresses, the nerve pain progressively increases into my armpit and [illegible] with my ST/PT and [illegible]

O: Cont per Pt flowsheet. No adverse effects to UHP or US noted. Cont nerve pain noted - especially along ulnar nerve into armpit.

A: Tolerated tx fair. Pt is continuing to demonstrate nerve pain/hypersensitivity.

P: Cont to upgrade tx per pt tol.



0 PAIN SCALE 10

THERAPIST / CREDENTIALS

10693
12-23-11 10:02am

TREATMENT ENCOUNTER NOTE

Patient Information

Account #: 0042000185 Co - Pay: ______ OR Co - Insurance: ______

Name: Dulberg, Paul Injury #: 001 Dx: 88100 Open wound of forearm, w/out

Payor Code: 00001 Payor Name: Patient Responsibility Financial Class: SELF

Appointment Detail

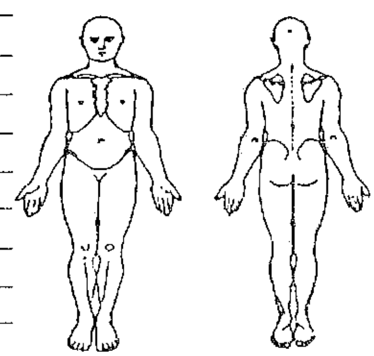
Discipline: OT Tx Time In: 1100 Units: 4

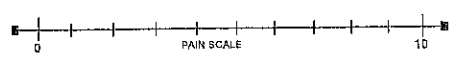
Tx Time Out: 12⁰⁰ Total Time Based Time: ______

Date: 12 / 23 / 11 # Visits Prior To Today: 2 of 8 Total Treatment Time: ______

Treatment codes: (1) 97010 (1) 97035 (1) 97140 (1) 97110

SOAP: S: Pt reported he had significant pain & soreness after using putty but that he was fine after using the pivot wall last visit
O: MHP x 15min prior to pulsed U.S. ē edema effect. STM, scar mob, long v-1 stretches. AROM ē strengthening as per Rx log. Added ulnar nerve glides
A: Tol well ē min c/o. Some reports of ulnar forearm & hand tingling during U.S. & after exercise but resolved ē ↑ positioning of arm
P: Cont ē P.O.C.





[signature] OTR
THERAPIST / CREDENTIALS

10693
12-20-11 12:00pm

TREATMENT ENCOUNTER NOTE

Patient Information

Account #: 0042000185 Co - Pay: _____ OR Co - Insurance: _____

Name: Dulberg, Paul Injury #: 001 Dx: 88100 Open wound of forearm, w/out

Payor Code: 00001 Payor Name: Patient Responsibility Financial Class: SELF

Appointment Detail

Discipline: OT Tx Time In: 1235 Units: 5

Tx Time Out: 235 Total Time Based Time: _____

Date: 12 / 20 / 11 # Visits Prior To Today: 2 of 8 Total Treatment Time: _____

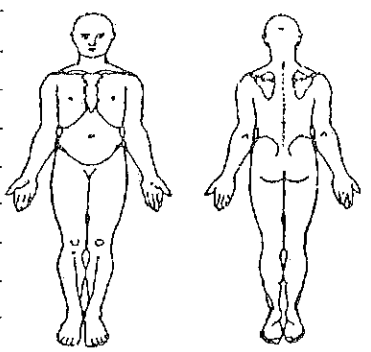
Treatment codes: 97035, 97010, 97140, ⓧ 97110

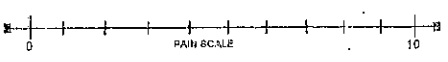
SOAP: S: "No new c/o since yesterday. Pain 7/10 after Rx, but back to baseline this morning."

O: Small nodule noted along thenar aspect of forearm. Cont per RA flow sheet. No adverse effects to MHP or US noted. Tinetted 1# wrist curls - Tol well.

A: Good Tol of Stretching, wrist curls, & power web.

P: Cont to upgrade per pt tolerance.





THERAPIST / CREDENTIALS

10693
12-19-11 12:51pm

TREATMENT ENCOUNTER NOTE

Patient Information

Account #: 0042000185 Co - Pay: _____ OR Co - Insurance: _____

Name: Dulberg, Paul Injury #: 001 Dx: 88100 Open wound of forearm, w/out

Payor Code: 00001 Payor Name: Patient Responsibility Financial Class: SELF

Appointment Detail

Discipline: OT Tx Time In: 230 Units: 5

Tx Time Out: 340 Total Time Based Time: _____

Date: 12 / 19 / 11 # Visits Prior To Today: 2 of 8 Total Treatment Time: _____

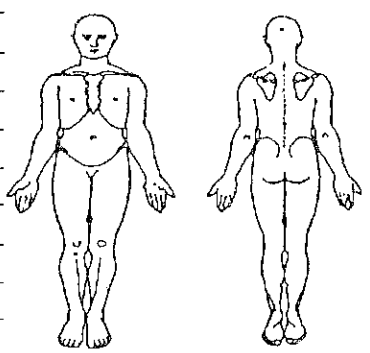
Treatment codes: 97010, 97035, 97140, (2)97110

SOAP: S: "It feels good to use the putty. It feels like I am using my muscles."

O: Cont per Rx from Sheet. No adverse effects to US & HHP noted. Cont hypersensitivity noted on ulnar aspect of scar. Instructed soft putty for gentle strengthening

A: Cont w/ nerve hypersensitivity noted, good tol of soft putty

P: Cont - gentle strengthening, stretching, scar massage



0 PAIN SCALE 10

THERAPIST / CREDENTIALS

TREATMENT ENCOUNTER NOTE

Patient Information

Account #: 0042000185 Co - Pay: ______ OR Co - Insurance: ______

Name: Dulberg, Paul Injury #: 001 Dx: 88100 Open wound of forearm, w/out

Payor Code: 00001 Payor Name: Patient Responsibility Financial Class: SELF

Appointment Detail

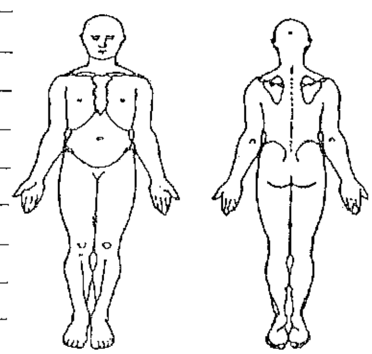
Discipline: OT Tx Time In: 1^00 Units: 4

Tx Time Out: 2^00 Total Time Based Time: ______

Date: 12 / 15 / 11 # Visits Prior To Today: 2 of 8 Total Treatment Time: ______

Treatment codes: 97035, 97010, 97140, 97110

SOAP: S: "I was sore after therapy in my shoulder."
O: Cont per Rx flow sheet. No adverse effects to US or MHP noted. Did not apply TENS today as he reports that he did not like the feeling of it. R/O small muscle spasms occurring in SF - may indicate emerging nerve function
A: Tolerating Rx fair. Sig nerve regeneration/function noted.
P: Cont to upgrade Rx per pt tol



0 PAIN SCALE 10

[illegible]
THERAPIST / CREDENTIALS

LICENSE NO.

10693
12-14-11 07:55am

TREATMENT ENCOUNTER NOTE

atient Information

Account #: 0042000185 Co - Pay: _____ OR Co - Insurance: _____

Name: Dulberg, Paul Injury #: 001 Dx: 88100 Open wound of forearm, w/out

Payor Code: 00001 Payor Name: Patient Responsibility Financial Class: SELF

Appointment Detail

Discipline: OT Tx Time In: 930 Units: 5

Tx Time Out: 1045 Total Time Based Time: _____

Date: 12 / 14 / 11 # Visits Prior To Today: 2 of 8 Total Treatment Time: _____

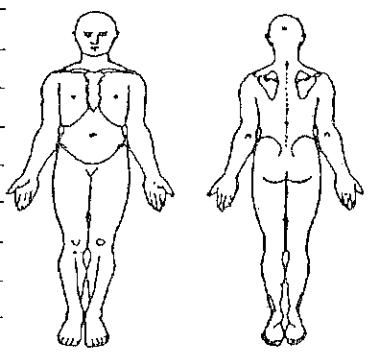
Treatment codes: 97010, 97014, 97035, 97140, 97110

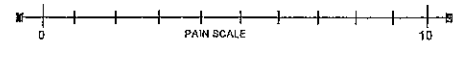
SOAP: S: "I have pain today. My neck/back pain and pain in my arm kept me up last night." "It feels like a live wire today"

O: Cont. Pen Rx Flow sheet. No adverse effects to splint noted - applied TENS to ulnar nerve distribution to attempt to unload nerve pain. Performed stretching TGE, ROM.

A: Tolerated Rx fair Cont ulnar nerve pain/hypersensitivity noted

P: Cont to upgrade Rx as tolerated.





Occupational Therapy
THERAPIST / CREDENTIALS

LICENSE NO.

TREATMENT ENCOUNTER NOTE

Patient Information

Account #: 0042000185 Co - Pay: _____ OR Co - Insurance: _____

Name: Dulberg, Paul Injury #: 001 Dx: 88100 Open wound of forearm, w/out

Payor Code: 00001 Payor Name: Patient Responsibility Financial Class: SELF

Appointment Detail

Discipline: OT Tx Time In: 900 Units: 4

Tx Time Out: 10⁰⁰ Total Time Based Time: _____

Date: 12 / 12 / 11 # Visits Prior To Today: 0 of 8 Total Treatment Time: _____

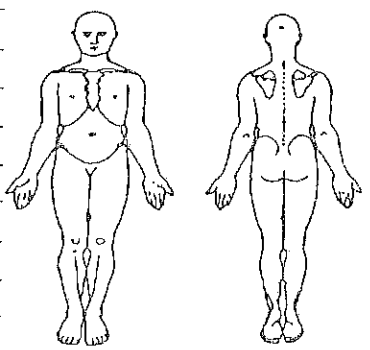
Treatment codes: 97035, 97010, 97140, 97110

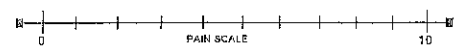
SOAP: S: "Saturday I used my arm alot so it hurt. My muscles were in spasm after I saw you."

O: Cont per Rx flow sheet. Pt believes diathermy is tolerating well in order to maintain an unbearable UE. Less aggressive stretching performed today. CP applied and caused muscle spasms post Rx. Removed.

A: Tolerated Rx fair. Muscle spasms improved today - but set off by CP.

P: No ice; Cont stretching, scar control.





THERAPIST / CREDENTIALS

LICENSE NO

TREATMENT ENCOUNTER NOTE

Patient Information

Account #: 0042000185 Co - Pay: ____ OR Co - Insurance: ____

Name: Dulberg, Paul Injury #: 001 Dx: 88100 Open wound of forearm, w/out

Payor Code: 00001 Payor Name: Patient Responsibility Financial Class: SELF

Appointment Detail

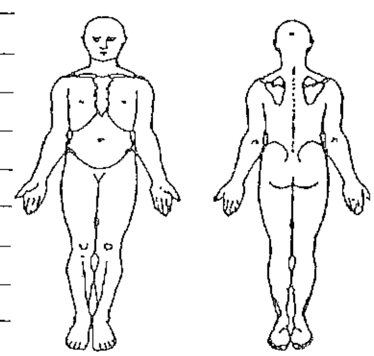
Discipline: OT Tx Time In: 5 30 Units: 5

Tx Time Out: 6 40 Total Time Based Time: ____

Date: 12 / 08 / 11 # Visits Prior To Today: 0 of 8 Total Treatment Time: ____

Treatment codes: 97035, 97010, 97140, (2) 97110

SOAP: S: "My hand and forearm are very sore and weak."
O: Cont per Rx from sheet. No adverse effects to US noted - did not tolerate heat well, however. Initiated pulsed US to scar, f/u c̄ STM, scar mob, stretching, gentle tendon glides.
A: Tolerated fair. Sig nerve pain noted. Proximal tightness and muscle spasms noted.
P: Cont stretching, nerve gliding, STM, US.



0 PAIN SCALE 10

THERAPIST / CREDENTIALS

LICENSE NO

TREATMENT ENCOUNTER NOTE

Patient Information

Account #: 0042000185 Co - Pay: _____ OR Co - Insurance: _____

Name: Dulberg, Paul Injury #: 001 Dx: _____

Payor Code: _____ Payor Name: _____ Financial Class: _____

Appointment Detail

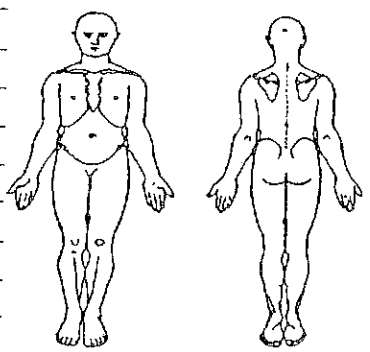
Discipline: _____ Tx Time In: 330 Units: (1)

Tx Time Out: 430 Total Time Based Time: _____

Date: 12 / 06 / 11 # Visits Prior To Today: 0 of _____ Total Treatment Time: _____

Treatment codes: Evaluation (OT)

SOAP: See Evaluation / Rx from sheet.



0 PAIN SCALE 10

THERAPIST / CREDENTIALS

LICENSE NO.