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PAUL R. CICERO JOHN W. FRANCE RONALD A. BARCH CHARLES P. ALEXANDER

CHANTEL R. BIELSKIS Andrew T. Sairth

September 4, 2012

TRL: (815) 226-7700 FAX: (815) 226-1701

Rec'd 11.01.12

Release of Information/Medical Records Custodian c/o MidAmerica Hand to Shoulder Clinic 1419 Peterson Road Libertyville, IL 60048

Re:

Paul Dulberg v. Carolyn McGuire and Bill McGuire McHenry County Case No. 12 LA 178 Records of: Paul Dulberg (B/D: 3/19/70)

Dear Medical Records Custodian:

Enclosed with this letter is a Subpoena for Deposition, a HIPAA Records Release Authorization and a check in the amount of \$20.00, the legal witness fee.

Please be advised that your appearance on the date indicated is not necessary. You may comply with the subpoena by mailing legible copies of all medical records, medical statements for services and medical reports of Paul Dulberg for the dates requested in the subpoena, in your possession or subject to your control.

Please note that we represent Carolyn McGuire and Bill McGuire in this case and not your patient. Since we do not represent the patient, we cannot discuss the substance of your care or the pending lawsuit with you outside the presence of your patient's attorney. If you have questions about how to comply with the subpoena, you may call my secretary, but neither she nor I can talk to you about any aspect of the lawsuit or the patient's medical treatment. Thank you in advance for your professional cooperation.

Very truly yours,

Cicero, France, Barch & Alexander, P.C.

RONALD A. BARCH

RB:mj/subltr.records çnçiş.

cc:

Attorney Hans A. Mast

HISTORY & PHYSICAL

PATIENT: Dulberg, Paul

AGE: 41 years old

EXAM DATE: 12/02/11

CHIEF COMPLAINT: Right forearm pain.

HPI:

Patient is a 41-year-old male who is right-hand dominant. He was referred by Dr. Karen Levin, MD, neurology, for evaluation of an injury he sustained to his right medial forearm in June of 2011. He apparently was using a chain saw when he accidentally struck the volar medial aspect of his right forearm in roughly the mid forearm range with a chain saw. He had a large open wound down to muscle. He was seen in the emergency department where the wound is here it at the muscle was sewn together and the skin was closed. He followed up with his primary care provider. He has noted persistent pain which he describes as intermittent and shooting in character radiating from the laceration site. He occasionally has intermittent numbness and tingling in the ring and small finger. He reports grip weakness and no endurance with wrist flexion and gripping. He has not had therapy to date. He did have an EMG/NCS performed by Dr.Levin in August of 2011. Per the patient the study was normal. I do not have that study available at this moment. He currently is not working but is a graphic designer by training. He reports using a computer mouse for 20 minutes causes significant forearm pain.

MEDICATION:

Patient has no current medications.

ALLERGIES:

nkda

REFERRAL SOURCE: Not Referred By

ILLNESSES:

Arthritis

OPERATIONS:

Ulnar Nerve Transportation: Active

SOCIAL HISTORY:

Alcohol - Denies Marital Status: Single

Smoking: current every day smoker

FAMILY HISTORY:

Diabetes

OCCUPATION:

Graphic Designer

ROS:

1. Head and Neck:

System reported as normal by patient, System reported as normal by patient.

2. Heart: 3. Lungs:

System reported as normal by patient. System reported as normal by patient,

4. GI; 5. GU:

System reported as normal by patient.

6. Neuro:

As per HPI.

7. Musculoskeletal:

As per HPI.

8. Abdomen:

System reported as normal by patient.

9. Heme/Lymph:

System reported as normal by patient.

10. Other;

PHYSICAL EXAM:

Vitals:

No data for Vitals.

Appearance:

No distress, good color on room air. Alert and cooperative. Bilateral upper extremities: no open wounds or skin changes.

Skin: Neuro:

Bilateral upper extremities: Median, radial and ulnar nerves are motor and sensory intact.

Light touch intact all digits, no weakness or wasting.

Vascular:

Bilateral upper extremities: palpable radial pulses and brisk capillary refill.

Focused Exam:

Examination of his right upper extremity reveals his elbow has normal painless range of motion. No focal tenderness to palpation. Collateral ligaments are stable. His forearm compartments are soft. He has a well-healed transverse laceration on the volar medial mid forearm level. There is no erythema, drainage, or fluctuance at the level of the laceration. There is no tenderness to palpation at the laceration site. There is some apparent muscle incongruity. Distally his hand demonstrates no atrophy. He has 5 out of 5 intrinsic strength. 5 out of 5 APB strength. He can make a full fist with full extension of all digits. He does not

demonstrate a clawed posture. He has a negative Froment sign. He has a positive Wartenberg sign. Wrist flexion and extension is 5 out of 5 strength. He has a palpable FCU Nov. 8. 2012 1:25 PM Report Date: November 07, 2012 Patient: Dulberg, Paul R DOC 113 P. 3/20

and ECU tendons at the level of the wrist. They have appropriate tension.

<u>IMAGING:</u>

None today.

ASSESSMENT:

DIAGNOSIS: PROCEDURES:

906.1-LATE EFFECT OPEN WND EXTREM 99203-NEW Detailed, Low Complexity

PLAN:

Plan:

I reviewed findings, treatment options, and recommendations with the patient concerning the forearm complaints he has. I would like to see the official report of the EMG/NCS. We will obtain this report. There is no evidence of a complete injury to his ulnar nerve on physical exam. His complaints are likely muscular in origin. He may have some superficial sensory complaints as well. I do not think he needs any surgical intervention at this time. I did recommend and provided him with a prescription for occupational therapy to work on strengthening and conditioning of the forearm muscles. They can also perform some pain control modalities. I would like to see him back in 4-6 weeks' time to see if therapy is of some assistance to him. I will contact him by phone if his EMG is significantly abnormal. Otherwise we will discuss it at the next followup visit. Patient was in agreement with the plan.

Prescription:

No data for Prescription

Work Status;

Not applicable.

J. Talema, Mo

Marcus G. Talerico, M.D.

Referred by: Dr. Karen Levin Primary Care Physician: Dr. Sek

Other: n/a

FOR CHARLES BEING TO BE SUBJECT OF THE STATE OF THE STATE

06/21/12 -- Patient clarified that this injury occurred on the above mentioned date but that he was not holding on to the chainsaw. Instead, he was helping his neighbor by holding a branch and the neighbor was the one cutting the branch with the chainsaw. vv

Fax Created - Dated Jun 21 2012 9:52AM

NOV. D. ZUIZ IIZDYW Report Date: November 07, 2012 Patient: Dulberg, Paul R DOUND. 1113

PATIENT: Duiberg, Paul R

AGE: 41 vears old

EXAM DATE: D1/06/12

HOME: 4646 Aden Court

PID: 1002454

Mchenry, IL 60051

CHIEF COMPLAINT: Right forearm pain.

Nurse's Notes: Patient doesn't feel occupation therapy is helping. He complaints of pain/soreness and loss of

strength, MT

Referred by: Not Referred By

Patient is a 41-year-old male who is right-hand dominant. He was referred by Dr. Karen Levin, MD. HPI: neurology, for evaluation of an injury he sustained to his right medial forearm in June of 2011. He apparently was using a chain saw when he accidentally struck the volar medial aspect of his right forearm in roughly the mid forearm range with a chain saw. He had a large open wound down to muscle. He was seen in the emergency department where the wound was debrided and the muscle was sewn together and the skin was closed. He followed up with his primary care provider. He has noted persistent pain which he describes as intermittent and shooting in character radiating from the laceration site. He occasionally has intermittent numbness and tingling in the ring and small finger. He reports grip weakness and no endurance with wrist flexion and gripping. He has not had therapy to date. He did have an EMG/NCS performed by Dr. Levin in August of 2011. Per the patient the study was normal. I saw the patient a proximally one month ago recommended a course of occupational therapy. He has attended one or 2 sessions thus far. I also obtained and the EMG nerve conduction study to review. The

weaker. He feels burning in the forearm region. He also asked me about disability paperwork.

patient reports no improvement in symptoms. He thinks that therapy is not helpful. He feels he is getting

MEDICAL HISTORY: Arthritis

MEDICATION:

naproxen (Dosage: 375 mg Tablet, Delayed Release (E.C.) SIG: Take 1 tablet Oral twice

a day Oral Dispense: 90 Refills: 2)

ALLERGIES:

nkda

SOCIAL HISTORY

Alcohol - Denies

Marital Status: Single

Smoking: current every day smoker

PHYSICAL EXAM:

Appearance:

No distress. Alert and cooperative.

Skin:

Bilateral upper extremities; no open wounds or skin changes. Well-healed laceration in the

mid forearm region right side ulnar aspect. No evidence of infection.

Neuro:

Bilateral upper extremities: light touch intact all digits, no weakness or wasting.

Focused Exam:

Elbow with full and painless motion in the right side. Forearm compartments are softlithere is no obvious deformity. He has preserved wrist flexion and extension strength. He carl make a full fist and has full extension of all digits, He has no intrinsic or thenar atrophy. He has 5/5 APB and intrinsic strength. He has a negative Froment sign. He does have a positive

Wartenberg sign, FDP to the small finger is 5/5.

IMAGING:

None today.

DIAGNOSIS:

906,1-LATE EFFECT OPEN WND EXTREM

PROCEDURES:

99213-ESTABLISHED Expanded, Low Complexity

ASSESSMENT & PLAN:

Plan:

I reviewed findings, treatment options, and recommendations with the patient concerning the forearm complaints he has. I reviewed the EMG/NCS which is a normal study. There is no evidence of ulnar nerve injury. Given the location of his injury this is the only significant problem I can imagine from this wound. There is no evidence of any nerve or tendon injury. He may have some residual soreness and some superficial sensory abnormalities but this should improve over time. Our recommendation is simply continued therapy. No need for surgical intervention that I can foresee. Unfortunately do not have anything further to offer the patient at this time. I would be happy to see him back in the future on an as needed

basis.

Work Status:

Not applicable.

Marin XI. Talemo, Mo

Marcus G. Talerico, M.D.

Referred by: Dr. Karen Levin Other: Hans Mast(Attorney)

MEDICAL HISTORY

| Initial Symptoms Onset: (Immediate) Gradual Date of Injury 6/28/2011 (I) Year old (B)/L/A handed F/M:) Patient to 5 worth old obtoeration to choir some or hole on fore own to it was substantial the ER. It was no bone or hole or forever damage. I there due to thooking pairs up to down own to sleep distorbance bloo in terfering with work. LOR of from damage tribial dake of warmy. Current Symptoms |
|---|
| Current Symptoms Location: Right FOREARM ULNARSIN Left Pain: Mild Moderate Severe Intermittent Continuous Steep disturbance Sensory: Th IMROT (NGLICA) Wight Sensory: Th IMROT (NGLICA) Intermittent Continuous Numbuss Tingling Paresthesias Numbuss Tingling Paresthesias Numbuss Tingling Paresthesias |
| Other: Swelling Stillness Triggering Crepitus Cold intolerance Color Change Mass Mass Swelling Stillness Triggering Crepitus Cold intolerance Color Change Mass |
| Treatment to date: Tetahus: |
| Current Medications: Antibiotics NSAIDs Pain Medication Name/Route/Frequency NAPROXIN for NECK 5 degree of the charge in neck. Steroids Injections (No) Yes |
| Splint/cast: No Yes Studies pane |
| Previous Surgery: No (85) WENDE NERWE TRANS POSITION Coff our metatet |
| Previous tests and results EMG/NCVEN/Yes DL.LLVIN Arthrogram Po/Yes MREDIO/Yes Bone Scan: Co/Yes X-Ray Seyes 6 28 11 CAT scan: Co/Yes Height 5/10 Weight 165 BMI |
| Occupation/Hobbies: Grophic desirer |
| Examined in the presence of Name: Date 12 21 11 Name: DOLBERG PAUL From ents |
| |

P. 002

DYNAMIC HAND THERAPY Re-Evaluation of Progress, Goals and Plan of Care

| Patient: Paul Dulbang Physician: Dr Telerico Dato: | 2/6/12 |
|---|--|
| Diagnosis: (K) Tolann according of injury: 1/2 | • |
| Surgical Hx: Date 14 28 11 Procedure Statuted in ER Start of Care: | 12/6/11 |
| Number of visits to date; | • |
| SUBJECTIVE: Paln: 2 /10 at rest / best 10 /10 with activity / at worst (See Gelow) | |
| Dotalls: Very specific upon contracting FDS of SE never pour is elicited | 10/10-lasts |
| Dotails: Very specific upon contractiona, Fis of ST nerve pro ca elicited a lew menutes, them 3-4/10 for approximable, one dae improvements: Unable to use table Mousing on Campaign has stagetly inf | of Nodule at |
| Continued difficulties: Holding cup/can in his hand, maintaining a fist; bt | eports that |
| he is using his Reve very little to avoid aggregating the name | |
| Wound/Scar: Cant happensein intruiting a scan See flow sheet for: of Cont Wartenberrey's grain SF | <u>. </u> |
| G Edema: | |
| & Sonsation: Lectos (Deep pressur sensation) ulnerhand, Diminished protective so | water ulea |
| FROM: 11 d ellowextension, pro/svp, and ext and UD noted | foreara. |
| W Strength: I'd graup x 12th Strik previous eval, decreased punish roled si | ple soffiel ve; |
| Treatment summery to date: Italian of la has been Scan control, deservet and | to staking |
| place: hold, TGE/10 laked FDS, Composite stretching | - 0, |
| Assessment/therapist impression: Pt Mesents Tvens Specific 1850es - U | pon Isolahing |
| EDS to SE andy a strong neurological gartion is objected alo | squilnan, rowe |
| EDS to SF and a Strong neurological rection is placed at a Gods: STG's met: The Detur 106% of the time. This is decreased functional goals: Grapp) Revised functional goals: goal (grapp) | easing his ette |
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| Patient: Paul Dulper |
|--|
| Skilled therapy needed for: progression of exercise continued need for manual therapy |
| O other: |
| PLAN: |
| Modelities: Pt to be placed on hald until he seeks further medical |
| Exercise: Intervention - this Issue seems to be coursed by one specific |
| problem that is not being imprived in freapy - this |
| splinting: SF FDS appears to be affecting his ulner nerve |
| Other: were time it is fixed |
| ***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 to herein established and will be reviewed every 30 days. Additional requests/concerns: |
| |
| Therapist Signature Therapist Signature Therapist Signature Therapist Signature Therapist Signature |
| PLEASE FAX BACK TO: 847-587-3346 |
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| FAXED |
| FEB - 9 2012) |
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Sommes-Weinstein Monofilament Sensory Testing Results

| Par 2/10/12 | Patient: Paul D | Ulbera | | , |
|--|----------------------|---------------------------------|------------|------------|
| Comments | Filament | Interpretation | Force (gm | (III). |
| | 1.65 - 2.85 (Green) | Normal | °908 + Ö | |
| | 3.22 3.61 (Blue) | Diminished Eight Touch | 1722 | 117 |
| | 3:84 - 4:91 (Purple) | Diminished Projective Sensation | 445 - 2.3 | - |
| - | 4.56 (Red) | Loas of Projective Sensation | i.i | |
| | 0.65 (Red) | Deep Pressure Sensation | 279,4 | |
| The state of the s | (Red Lined) | Tested with No Response | | |
| Left Dorsal | Left Volar Right | Folar Polar | Right Dora | ni. |
| Tested by:Shan | wash others | | | |

Dynamic Hand Therapy -- Active Ren ---- If Motion Exam Date 12/9/1 1-5-12 2/6/2 Shoulder Flexion Extension Abduction External Rotation Internal Rotation Elbow & Forearm Flexion Extension क् Pronation Suplnation Wrist . **** 75+ 55-Flexion <u> හට</u> ලට RÜ. Extension Redial Deviation Ulnar Deviation 306 Thumb MCP Extension/Flexion PIP Extension/Flexion Redial Abduction Palmar Abduction Opposition index Finger MCP Extension/Flexion P)P Extension/Flexion DIP Extension/Flexion TAM Long Finger MCP Extension/Flexion PIP Extension/Flexion DIP Extension/Flexion TAM Ring Finger MCP Extension/Flexion PIP Extension/Flexion DIP Extension/Plexion TAM Small Finger MCP Extension/Flexion PIP Extension/Flexion DIP Extension/Flexion

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| Dynamic Hand Therapy | Edema Flow | Sheet | | | | Patient Name | | POW RINDING | , | | | • • | |
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DYNAMIC HAND THERAPY

| Re-Evaluation of Progress, Goals and Plan of Care |
|--|
| Petient: Paul Dulberg Physiolog: D. Jalones Date: 1-5-12 |
| Diagnosis; R) Forman Incantin q west flown Date of Injury: 6-28-11 |
| Surgical Hx: Date 6-28-11 Procedure Suttend on ER Start of Care: 12-6-11 |
| Number of visits to date: |
| SUBJECTIVE: Pain: 4-5 /10 at rest / best / 2 /10 with activity / at worst |
| Dorails: Softe of prin up to 9/10 that lasts only a few arende |
| . H31707763DA 101./@ |
| Emprovements: Ao Junitard Signal Sugar day to Tin Sunday Continued difficulties: Writing, who may represent the principal different continued difficulties: writing whiteng |
| Amall depends, Itaning wt through polon OBJECTIVE: Wound Scar: Minimal hypothyphy with a lump in creasing in sign on what See flow wheat for: |
| See flow sheet for: |
| D'Bilaina: Moderato adama genos net yto |
| D Sensation: TBA much visit due & time construents |
| ROM: Ellow / Td6° word / Td 5° wrist / 7d 5° |
| 1 Strength: Bgrip 1 d 17# (B)= 89% g (L) |
| Treatment summary to date: Mith US and mult 57m Park allow that a digital |
| Many from youtiness exercises, forecan stangellaning |
| Assessment/therapist impression: At About dingrowenents in war But |
| functional improvement limited due to 1 in tomor |
| Goals; STG's met: Dyes D no LTG's met; D yes D no |
| Revised Amenonal goals; Amha |
| (Cond.) 1 (Biperovattin 5-8° & 1 pts abolity & pour cyfler |
| 2. 1 Blogge another 5th to emprese abolity to hald onto cype may |
| or gan gers |
| 3 lit to agast pain + 3/10 at best to enable him & usa (B) |
| UE to assist in Adis |

| Patient: Loud Dulberg | |
|--|---|
| Skilled therapy needed for: Il progression of exercise Ocontinued need for manual therapy | |
| O other: Son mult- 5Tm, Poon cellow, what digts | |
| PLAN: | |
| Modelities: MHP, U.S ARN | : |
| Brorder: Alson allow unit digita intimair gravestary | |
| Junctional ging & perch, strongthoning as Islanding | |
| Splinting: | |
| Other: | <u> </u> |
| *** Frequency/Duration: 7-3 times/week for 4 weeks or 8-12 additional vis I have reviewed this plan of care and recertify a continuing need for services from the date of this updated plan of care is herein established and will be reviewed every 90 days. | |
| Additional requests/concerns: | ٠. |
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| Alberta / Lical | |
| Therapist Signature Physician's Signature date PLEASE FAX BACK TO: 847-587-3346 | |



DIP Extension/Flexion

Therapist initials (W)

Dynamic Hand Therapy -- Active Rar -- of Motion ilit. Exam Date 12/6/11 1-5-12 8houlder Flexion Extension Abduction External Rotation internal Rotation Elbow & Forearm Flexion 146 140 Extension Pronation (a) Supination 85 W<u>rist</u> <u> 30</u> Flexion Extension 60 Radial Deviation ãŏ¢ 15 Ulnar Deviation 30F Thumb MCP Extension/Flexion PIP Extension/Flexion Radial Abduction Palmar Abduction Opposition Index Finger MCP Extension/Flexion PIP Extension/Flexion DIP Extension/Flexion TAM Long Finger MCP Extension/Flexion PIP Extension/Flexion DIP Extension/Flexion TĂM Ring Finger MCP Extension/Flexion PIP Extension/Flexion DIP Extension/Plexion TAM Small Finger MCP Extension/Flexion PIP Extension/Flexion

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| Patient Name: | Date | | Involved L. R. | | | - 11 | | | | | | 2000年 | | | | | | - | | | | | | | a. m. | | | | 16 10 10 10 10 | ř | | | | | | | - | | | |
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| . Sheef | Date | . У | Involved (CR) | 10.7 | 221 | 4 | | | ŗŗ | | | | ٠.٠ د | ļ. | | | | 5.6 | | | | | | e. | | | | | | 6.1 | - | | | | | | | | _ | 3 |
| Edema Flow | Date | 185/12 | Control | | 1.50 | \$ 30 S | | , | 7.4 | | | | 43 | , | | | | 2.9 | | • | | 5 | | となった | ٠٠ <u>٠</u> | | | | | 0.5 | , | - | _ | | | ĺ | 1 | | | NOT ! |
| Dynamic Hand Therapy Edema Flow Sheet | | | Cucumierences (cm) | 8 | mid-metacamais | meterements : | [| MP | Ä | ď | | Index Finger | r O | did . | ସାପ | 69 | Middle Flager | | did · | 22 | | P3·. | Ring Finger | T. | 979 | P2 | dio | P3 | Small Finger | T | chd | 22 | OPO. | . P3 | ric (mi) | Trial 1 | Trial 2 | Trial 3 | Average | Therapists Initials |

| | Dynamio Hand Tiferapy Grip/Pinch Strength Flow Sh | inch Strength | Flow Sheet | 7 | | Patient Name: Palot Del Dese | fank. | pd by | \$ | | | |
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| | Grip strength-jamar 2nd position | , | | | | | | | | | | |
| | | 126 | 135 | | <u> </u> | 121 | 141 | | | | | |
| (1 | Trial 2 | 76 | 145 | | | <i>3</i> 11 | 142 | | , | | | |
| | Trial 3 | 110 | 91/1 | | | 361 | <u>I</u> | | | | | |
| | Average: | 108 | | | | * 901 | #[h] · | | | | | |
| | Grip Curve-Jamar Dynamotheter | | | | $\overline{\ \ }$ | #11 P.b | | , | , | | | |
| | Intrinsics 1st position | | | | | 388 | , | | | | | |
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| i zuk | Pinch Strength | | | | | times of males | 1380 | | Congression or The The The The | | | |
| | 3-pt (3-jaw chuck) | . સહ | 291 | عمس) هم | ÷ 65 | A STANKE | 1 | | 企 15***4 | | | |
| , | 2-pt (pad) | 20 | 18 | | | | | | THE STATE OF | | <u> </u> | |
| | Lateral Key | 28 | 950 | 27 | | , | * | | , | ı | ******* | |
| • | Examiners Indials | 711165 | 1200 | 5 | | 3 | <i>S</i> | | A GARAGE | | ered - | |
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MR 84:50 HT S105-60-MAL

| Nο. | 3113 | ۲. | 17/20 |
|-----|------|----|-------|
| | | | |

P. 002

DYNAMIC HAND THERAPY Initial Evaluation

| Name: Paul Dulborg Date: 121 | 6/11 |
|---|---------------------|
| Physician: Date of injury/onset: | 6/28/11 |
| Diagnosis: (R) Fore samplace ration of aust flexor | |
| and a second control of the control | bor using chainsaw |
| Tured around and cut patients arm | |
| Surgical Hx: Date 6/28/11 Procedure Subved in ER Procedure Frocedure | |
| PMH & for Hix relevant to injury: UF Ulran name franciscosistic 4-5 years as | DD C3-7 |
| Occupation: Graphic Jessey | Hand Dominance |
| Precautions: | Æ) L |
| SUBJECTIVE: Pain: 102 / 10 at rest / best / / 10 with activity / at worst | |
| Objective: Seems adhered to vi | nas boardor of Ulra |
| Wound/Scar: Healed well; mild hispertrophy noted; mild ad | herence to musuale |
| See flow sheet for: Sensation: TOA + Hypersensthuly noted in foream. | hole |
| Kange of Motion Constations roled in Bellow, fream & | nast |
| Federma No sig cdema noted to day | |
| Strength Limbations noted in @Grasp 3 pt pince | |
| Plexibility: Intrinsics/Exercisics: Tight extenses and intrinsics | |
| unction/ADL's: Prior level of function: (I) & RUF | , , |
| | involves topings/me |
| erning door handle, pouring roffee, manipulating small object, be | ania, weight lings |
| Other Relevant Findings: (1) Warlenberg's Sign , ADM: 3/5, ODM: 3 | S FDS-SEY |
| FOSRF 4H/5 & pain | |

P. 003

| Patient name: Jane Dubungs |
|--|
| Assessment/Therapist impression: 16 presents 2 par Rom deficity, showeth reflects, |
| Tight extraoris, significant defrists desiring functional activities) Numberer, they |
| reported - must be assersed more specifically. |
| Skilled Therapy needed in order to: Toursey Revy unyelone pain. |
| Functional Goals; Short term (XY weeks) 1. (D(B) unit extension x 5-8" to (D) pt 15 abolity to been weight through palan. 2. (B) (B) grang x 3-5" to (B) pt 15 abolity to open containing |
| 3. OB ero x 50 to B pt 15 abolity to pour coffee. |
| Long term 1. Maximy for chanal Use of RUE duringall ADUS. |
| Goals discussed with patient? Syes 🛘 no Patient informed of diagnosis/prognosis? Gyes 🗘 no |
| Rehabilitation potential: Dexcellent Decod Defair Ognarded Other |
| PLAN: Modulities MHP, CP, US |
| Manual Techniques Styn, Scan control, eddals, util |
| Therapeutic Exercise/Activities Stretching, scar meb, TGE, Neme gending, ognothe strengthenes as tolerated, isolated FDS, desensitization |
| Splinting |
| Other |
| ***Frequency 2 times/week for weeks on & visits*** |
| Additional requests/concerns: |
| |
| certify the need for these services furnished under this care plan date aforementioned above. The above plan is verein established and will be reviewed every 30 days. |
| My hamasheraut Male 12/2/11 |
| herapist Signature date Physician Signature date |
| *PLEASE FAX BACK AT 847-587-3346 |

| Dynamic Hand Therapy | Active Rai | nge of Motic | 'n | Patient Na | me: 🔁 | me Du | Ų, | ورمه | , |
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| (L) | (R.) | • , | | | | | | 212 | |
| Exam Date | 12/0/11 | | | 1 | 100000000000000000000000000000000000000 | 7 | | | |
| Shoulder | | | 12 st | | | | 1 | 77. | |
| Flexion | | | | | | <u> </u> | † _ | | |
| Extension Abduction | | | | | ····· | " | | | , |
| External Rotation | | | | | - | | - | | |
| Internal Rotation | | | | · · · · · · · · · · · · · · · · · · · | | - [| | · | _ : |
| | <u> </u> | | | | | - | ┿ | : | ┼ |
| Elbow & Forearm | | | | of F | 7 | | - | | |
| Flexion 144 | 134 | · | | | | | ╀ | | |
| Extension D | -3 | | | | <u> </u> | | -} | | |
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| Suplnation 754 | 1-62 | | | | | | | | |
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| Wrist | | | | | , 200 | | 1 | | 1 1748 9 |
| Flexion %0 | 75t 55 | <u> </u> | | <u> </u> | | <u> </u> | \Box | | |
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| Ulnar Deviation (K | 301 | <u> </u> | | | | | | | |
| | | | <u> </u> | | <u> </u> | | - | | |
| Thumb | | | | A CONTRACTOR OF THE CONTRACTOR | 33 <u>— 14 4 50</u> | | 1 | <u></u> | 4-17-7-14-Viet |
| MCP Extension/Flexion | 1 | , | | | | - | | | |
| PIP Extension/Flexion | | | | | | | | | |
| Redial Abduction | | | | | | <u> </u> | | | |
| Palmar Abduction Opposition | · | <u> </u> | | | · · · · · · · · · · · · · · · · · · · | | ļ, | , | |
| CAPOCATION | | | | | | | — | | - |
| Index Finger | | | Sey | | 100 mm | | | er og serie | |
| MCP Extension/Flexion | 1 | | | | | | | | |
| PIP Extension/Flexion | | | | | | | | | ļ <u>-</u> |
| DIP Extension/Flexion | | | | *** | | | ╂─┈ | | |
| TAM | | | | | | | ļ | | |
| | | | | | | | | | |
| Long Finger | | | | | | | | 10 10 10 10 10 10 10 10 10 10 10 10 10 1 | |
| MCP Extension/Flexion | <u></u> | | | | | | | 1 | |
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| Ring Finger | بعدية المساوية | Adam Barily Block | | | A second | | | | |
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| PIP Extension/Flexion | , | | | | A11 | | _ | | |
| DIP Extension/Plexion | | *********** | | | | | <u> </u> | | |
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| Small Finger | Maria Maria Ma | | | | San Fall Street Holl Street Street | | | | The state of the s |
| Small Finger | | | | | The state of the s | 1444 | | | , and the same of |
| MCP Extension/Flexion PIP Extension/Flexion | <u></u> | - | | <u> </u> | | , | | | |
| DIP Extension/Flexion | | | | | | | | | |
| TAM | γ | | * ************************************ | | | | | | |
| Therapist initials _ (W) | LINS | | | | | | ,` | | 14.7 |
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| Patient Name: face Day beng | | -1 | | | | | _ | | -ul | | | | | | , | | | | , | *** | |
| Patient Warm | | × | | | | | | | | | | | , <u>, , , , , , , , , , , , , , , , , , </u> | | - 14 - 14 - 14 - 14 - 14 - 14 - 14 - 14 | | , the s | - 11. | ** **** | | , |
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| Plow Sheet | 11/6/11 | ,] | | 135 | 541 | ٩ <u>٩</u> ٢١ | ·17 | | | | | , | | | · | | | 791 | ű. | 36 | |
| Trich Strength | 12/6/1 | " 0% | ; | <u> १</u> न्द्र। | 76 | 110 | and a little | | | | | | 7-44-7 | | | | | 36 | 20 | 38 | 2000 |
| Oynamic Hand Therapy Grip/Pinch Strength Flow Si | Exam Date | Measurements: Kg Lb | Grip strength-jamer 2nd position | Triai 1 | Trial 2 | Trial 3 | Average; | Grip Curve-Jamar Dynamometer | Intrinsics 1st position | ייי ו | 3rd position | 4th position | Extrinsics of position | 183101 | Racid Alternation Test | | Pinch Strength | 3-yt (3-jaw chuck) | 2-at (pag) | <u></u> | Examiners tritials |
| 8 | <u> </u> | | <u> </u> | | <u> </u> | <u> </u> | <u>L.</u> | 1 0 | <u>. </u> | <u> </u> | | | , | TALK SEA | | 18 (18 m.) | Lange. | l '. | L | , | <u>. m</u> j. |



Anton J. Fakhouri, MD, FACS, FICS
Gary A. Kronen, MD
Paul E. Papierski, MD
Taruna Madhav Crawford, MD
Marcus G. Talerico, MD
Jeremy T. Bell, PA-C
Gregory Crovetti, MD
James Moravek, MD
Beverlee Brisbin, MD
Thomas M. Hunt, OPA-C, MBA

FAX

| Date: 8-11-12 | Pages: (Inches) |
|----------------------------------|-----------------|
| To: Thomas I Papovich | |
| Company Name: The Law Offices of | AT 3 |
| Phone Number: 515-344-3797 | V |

From Samantha MCDermott CMP Phone Num

Regarding: Paul Dulheren

Company: Midthernica Hand to Shoulder

Comments:

Please call if you h

Samowhere McDermott GMB

This transmission and all accompanying documents are intended only for the use of the individual or entity to which it is addressed it is addressed and may contain information that is privileged, confidential and exempt from disclosure under applicable law. If the reader of this message is not the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited. If you have received this communication in error, please notify us immediately by telephone, and return the original message to us at the below address: via the U.S postal service. Thank You.

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Ph (855) 469-4263 | Fx (855) 469-4263

1990 E Algonquin Road. Suite 200 Schaumburg. IL 60173 Ph (855) 469-4263 J Fx (855) 469-4263 HandToShoulderClinic.com

1419 Peterson Road **Libertyville, IL** 60048 Ph(Fx (855) 4MY-HAND or (855) 469-426



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Marcus G. Talerico, MD
Gregory E. Crovetti, MD
Jeremy T. Bell, PA-C
Thomas M. Hunt, OPA-C, MBA

August 11, 2012

The Law Offices of Thomas J. Popovich P.C. 3416 W. Elm Street McHenry, Illinois 60050

Dear Mr. Thomas J. Popovich

We have enclosed the Medical Records per your request for the following patient:

Name:

Paul Dulberg

Date of Birth:

03/19/1970

We received your check # AA8523895 for \$20.00 and thank you for your prompt payment. If you have any question or concerns I ask that you please contact me.

Regards,

MidAmerica Orthopaedics

Samantha McDermott, CMA 1419 Peterson Road Libertyville, IL 60048 (Located in Butterfield Square Mall) Tel: 847,247.0547 Fax: 847.247.0540



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

3416 W. ELM STREET

McHenry, Illinois 60050

TELEPHONE: 815.344.3797

FACSIMILE: 815.344.5280

THOMAS J. POPOVICH HANS A. MAST JOHN A. KORNAK[†] DIANA M. REITER

www.popovichlaw.com

MARK J. VOGO JAMES P. TUTAJ ROBERT J. LUMBER THERESA M. FREEMAN

June 11, 2012

MidAmerica Hand to Shoulder Clinic Dr. Talerico MEDICAL RECORDS/PATIENT BILLING 755 S. Milwaukee Avenue Suite 250 Libertyville, IL 60048

Re:

Patient:

Paul Dulberg

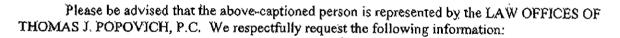
Date of Birth:

03/19/1970

Date of Service:

06/28/2011 to present.

Dear Sir or Madam:



- 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.

Laio Dellum

Very truly yours,

Alarie Dullum, Paralegal

> <u>Waukegan Office</u> 210 North Martin Luther King Jr. Avenue Waukegan, IL 60085

'Also Licensed in Wisconsin

10:18123442580

18472470540

1. 7. O MARKET

HIPAA AUTHORIZATION FORM PATIENT NAME: Paul Dulberg DATE OF BIRTH: 3/19/70 DATE OF SERVICE: 4/28/11- PUSENT. 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. The following specific person or class of persons or facility is authorized to make the 1 requested use or disclosure: MidAmerica Hand to Shoulder Clinic Medical Provider: The Law Offices of Thomas J. Popovich, P.C., may receive disclosure of protected health information about me. 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). Ifully 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. 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. I may revoke this authorization by notifying [w office of man. 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, б. THIS AUTHORIZATION EXPIRES ONE YEAR FROM THE DATE OF MY SIGNATURE. This information for which I am authorizing disclosure will be used for the purpose of my

SIGNATURE OF PATIENT OF LEGAL REPRESENTATIVE

If signed by legal representative, relationship to patient;

legal action being handled by my attorneys, Law Offices of Thomas J. Popovich, P.C.

Date

Therapy Prescription

(X) Hand Therapy

() Physical Therapy

| 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) ARDM () Flexor Tendon Repair (X) Home Exercise Program (Y) Flower (Y) Flower Program (Y) Flower Progr | Name of the Patient: Pa | ul Dulberg | |
|--|--|--|--|
| Special Instructions/Precautions: Frequency & Duration: 1-2 times per week x 4 weeks Evaluation and Treatment Exercises (X) AROM () Flexor Tendon Repair () ADL's (X) Strengthening () Extensor Tendon Repair () ADL's () Strengthening () Carpal Tunnel Syndrome () FCE () Epicondylitis () Static () Dynamic () Dorsal () Hand based () Wrist/Forearm based () Wrist/Forearm based () Wist/Forearm | DOB: 03/19/1970 | Telephone: (847)497-4250 | |
| Frequency & Duration: 1-2 times per week x 4 weeks Evaluation and Treatment Exercises (X) AROM () PROM () Extensor Tendon Repair () Carpal Tunnel Syndrome () Manual Therapy () Epicondylitis () Epicondylitis () Uwrist/Forearm based () Wrist/Forearm based () Wrist | Diagnosis: R forearm la | aceration with wrist flexor weakness, fatigue. No re | strictions |
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| Scheduled for: Tuesday December 6,2011 at 3:30pm at: Dynamic Hand Therapy/ Fox Lake | · · · · · · · · · · · · · · · · · · · | Marine H. Talemo, A | |

Report Date: June 15, 2012 Patient: Dulberg, Paul R DOS:

HISTORY & PHYSICAL

PATIENT: Dulberg, Paul AGE: 41 years old EXAM DATE: 12/02/11

CHIEF COMPLAINT: Right forearm pain.

HPI: Patient is a 41-year-old male who is right-hand dominant. He was referred by Dr. Karen

Levin, MD, neurology, for evaluation of an injury he sustained to his right medial forearm in June of 2011. He apparently was using a chain saw when he accidentally struck the volar medial aspect of his right forearm in roughly the mid forearm range with a chain saw. He had a large open wound down to muscle. He was seen in the emergency department where the wound is here it at the muscle was sewn together and the skin was closed. He followed up with his primary care provider. He has noted persistent pain which he describes as intermittent and shooting in character radiating from the laceration site. He occasionally has intermittent numbness and tingling in the ring and small finger. He reports grip weakness and no endurance with wrist flexion and gripping. He has not had therapy to date. He did have an EMG/NCS performed by Dr.Levin in August of 2011. Per the patient the study was normal. I do not have that study available at this moment. He currently is not working but is a graphic designer by training. He reports using a

computer mouse for 20 minutes causes significant forearm pain.

MEDICATION: Patient has no current medications.

ALLERGIES: nkda

REFERRAL SOURCE: Not Referred By

ILLNESSES: Arthritis

OPERATIONS: Ulnar Nerve Transportation: Active

SOCIAL HISTORY: Alcohol - Denies

Marital Status: Single

Smoking: current every day smoker

FAMILY HISTORY; Diabetes

OCCUPATION: Graphic Designer

ROS:

1. Head and Neck; System reported as normal by patient.

Heart: System reported as normal by patient.
 Lungs: System reported as normal by patient.

4. Gl: System reported as normal by patient.

5. GU: System reported as normal by patient.

6. Neuro: As per HPI. 7. Musculoskeletal: As per HPI.

8. Abdomen: System reported as normal by patient.9. Heme/Lymph: System reported as normal by patient,

10. Other:

PHYSICAL EXAM:

Vitals: No data for Vitals.

Appearance: No distress, good color on room air. Alert and cooperative. Skin: Bilateral upper extremities; no open wounds or skin changes.

Neuro: Bilateral upper extremities: Median, radial and ulnar nerves are motor and sensory intact.

Light touch intact all digits, no weakness or wasting.

Vascular: Bilateral upper extremities: palpable radial pulses and brisk capillary refill.

Focused Exam: Examination of his right upper extremity reveals his elbow has normal painless range of motion. No focal tenderness to palpation. Collateral ligaments are stable. His forearm compartments are soft. He has a well-healed transverse laceration on the volar medial mid

compartments are soft. He has a well-healed transverse laceration on the volar medial mid forearm level. There is no erythema, drainage, or fluctuance at the level of the laceration. There is no tenderness to palpation at the laceration site. There is some apparent muscle

Report Date: June 15, 2012 Patient: Dulberg, Paul R DOS:

incongruity. Distally his hand demonstrates no atrophy, He has 5 out of 5 intrinsic strength. 5 out of 5 APB strength. He can make a full fist with full extension of all digits, He does not demonstrate a clawed posture. He has a negative Froment sign. He has a positive Wartenberg sign. Wrist flexion and extension is 5 out of 5 strength. He has a palpable FCU and ECU tendons at the level of the wrist. They have appropriate tension.

IMAGING:

None today.

ASSESSMENT:

DIAGNOSIS: PROCEDURES: 906.1-LATE EFFECT OPEN WND EXTREM 99203-NEW Detailed, Low Complexity

PLAN:

Plan:

I reviewed findings, treatment options, and recommendations with the patient concerning the forearm complaints he has. I would like to see the official report of the EMG/NCS. We will obtain this report. There is no evidence of a complete injury to his ulnar nerve on physical exam. His complaints are likely muscular in origin. He may have some superficial sensory complaints as well. I do not think he needs any surgical intervention at this time. I did recommend and provided him with a prescription for occupational therapy to work on strengthening and conditioning of the forearm muscles. They can also perform some pain control modalities. I would like to see him back in 4-6 weeks' time to see if therapy is of some assistance to him. I will contact him by phone if his EMG is significantly abnormal. Otherwise we will discuss it at the next followup visit. Patient was in agreement with the plan.

Prescription:

No data for Prescription

Work Status:

Not applicable.

X. Talemo, Mo

Marcus G. Talerico, M.D.

Referred by: Dr. Karen Levin Primary Care Physician: Dr. Sek

Other: n/a

Fax Created Dated 12/5/2011 913:03 AM Referring Physician MC

Report Date: June 15, 2012 Patient; Dulberg, Paul R DOS:

PATIENT: Dulberg, Paul R

AGE: 41 years old

EXAM DATE: 01/06/12

HOME: 4646 Aden Court

Mchenry, IL 60051

PID: 1002454

CHIEF COMPLAINT: Right forearm pain.

Patient doesn't feel occupation therapy is helping. He complaints of pain/soreness and loss of Nurse's Notes:

strength, MT

Referred by: Not Referred By

Patient is a 41-year-old male who is right-hand dominant. He was referred by Dr. Karen Levin, MD, HPI: neurology, for evaluation of an injury he sustained to his right medial forearm in June of 2011. He apparently was using a chain saw when he accidentally struck the volar medial aspect of his right forearm in roughly the mid forearm range with a chain saw. He had a large open wound down to muscle. He was seen in the emergency department where the wound was debrided and the muscle was sewn together and the skin was closed. He followed up with his primary care provider. He has noted persistent pain which he describes as intermittent and shooting in character radiating from the laceration site. He occasionally has intermittent numbness and tingling in the ring and small finger. He reports grip weakness and no endurance with wrist flexion and gripping. He has not had therapy to date. He did have an EMG/NCS performed by Dr.Levin in August of 2011. Per the patient the study was normal. I saw the patient a proximally one month ago recommended a course of occupational therapy. He has attended one or 2 sessions thus far. I also obtained and the EMG nerve conduction study to review. The patient reports no improvement in symptoms. He thinks that therapy is not helpful. He feels he is getting weaker. He feels burning in the forearm region. He also asked me about disability paperwork.

MEDICAL HISTORY: Arthritis

MEDICATION:

naproxen (Dosage: 375 mg Tablet, Delayed Release (E.C.) SIG: Take 1 tablet Oral twice

a day Oral Dispense: 90 Refills: 2)

ALLERGIES:

nkda

SOCIAL HISTORY

Alcohol - Denies

Marital Status: Single

Smoking: current every day smoker

PHYSICAL EXAM:

Appearance:

Skin:

No distress. Alert and cooperative,

Bilateral upper extremities: no open wounds or skin changes. Well-healed laceration in the

mid forearm region right side ulnar aspect. No evidence of infection.

Neuro:

Bilateral upper extremities: light touch intact all digits, no weakness or wasting.

Focused Exam:

Elbow with full and painless motion in the right side. Forearm compartments are soft there is no obvious deformity. He has preserved wrist flexion and extension strength. He can make a full fist and has full extension of all digits. He has no intrinsic or thenar atrophy. He has 5/5 APB and intrinsic strength. He has a negative Froment sign. He does have a positive

Wartenberg sign, FDP to the small finger is 5/5.

IMAGING:

None today.

DIAGNOSIS:

906.1-LATE EFFECT OPEN WND EXTREM

PROCEDURES:

99213-ESTABLISHED Expanded, Low Complexity

ASSESSMENT & PLAN:

Plan:

I reviewed findings, treatment options, and recommendations with the patient concerning the forearm complaints he has. I reviewed the EMG/NCS which is a normal study. There is no evidence of ulnar nerve injury. Given the location of his injury this is the only significant problem I can imagine from this wound. There is no evidence of any nerve or tendon injury. He may have some residual soreness and some superficial sensory abnormalities but this should improve over time. Our recommendation is simply continued therapy. No need for surgical intervention that I can foresee. Unfortunately do not have anything further to offer

Report Date: June 15,:2012 Patient: Dulberg, Paul R DOS:

the patient at this time. I would be happy to see him back in the future on an as needed basis.

Work Status:

Not applicable.

Marcus G, Talerico, M.D.

Referred by: Dr. Karen Levin Other: Hans Mast(Attorney)

Fax Created Dated 1/9/2012 3 25 12 PM Fax Created Dated 1/10/2012 3 13 28 PM

MEDICAL HISTORY

| Initial Symptoms Onser: (thimediate) Gradual Date of Injury 6/28/2011 41 Year old RIL/A handed F/M:) Prient to 5 nouse of block of Locarolion to choir som 2/2 inche Note to fore own to it was Extered to the ER. Pt was no born or Note to fore own to it was Extered to the ER. Pt was no born or negar nerve dange. The extreme due to thooking points up to one of a sum to sleep distorbance these in terfering with work. One of freeder danger to think worked danger or tender. |
|---|
| Location: Right FEREARM ULNARSIDE Pain: Mild Moderate Severe Intermittent Continuous Ocep distrutance Sensory: Th I MRS Time Line 9 Intermittent Continuous Numbness Tingling Paresthesias Left Mild Moderate Severe Intermittent Continuous Sleep distrutance Sensory: Th I MRS Intermittent Continuous Numbness Tingling Paresthesias |
| Stillness Triggering Crepitus Cold intolerance Color Change Mass Previous similar symptoms/injury No Yes |
| Treatment to date: Tetanus: 6-28-20() Therapy: Current Medications: Antibiotics NSAIDs Pain Medication Name/Route/Frequency NAPROXIN for NECK 5 degenders in neck. |
| Steroids Injections (No) Yes |
| Previous Surgery: No (ES) ULNAR NARIA TRAILA POS 1 MON (aft own) in her of that Previous tests and results EMG/NCVORYES DR. LA. VIN Arthrogram SPO/Yes MR. Cholyes None Scan: Storyes CAT scan: Toyes CAT scan: Toyes |
| Height 5/10" Weight 165 BMI Occupation/Hobbies: Grosphic desar. Referred By DR. USUIN. Examined in the presence of Date 12 21 1 Name: DV RGO ON |

Associated Neurology, S.C.

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

NEUROPHYSIOLOGY REPORT

Name; Dulberg, Paul

Test No.: 11-0802

Date of Exam: 10 Aug 11

| Motor | NETVE COR | gostion; |
|-------|-----------|----------|
| | | |

| Nerve and Site . | Latency | Amplitude | Segment | Latency Difference | Distance | Conduction Velocity |
|---|----------------------------|------------------------------|--|-----------------------|------------|------------------------|
| Bledian R Wrist Blow | 3.9 mas 8.8 mas | 9.1 mV 6.1 mV | Wrist-Elbow | 4.9 mas | 2.55 mm | . \$2 m/s |
| Ulnarik What Below elbow Above elbow | 2.9 mm 6,2 mm 7,7 mm | 10:7 mV 10:1 mV 9:5 mV | Wrist-Below elbow Below cibow-Above elbow | 3.3 mie 1.5 mai | 1 80 keest | 55 xx/e 67 xx/a |

R-Wave Studies:

| Nerve | • | M-Landincy | F-Latency |
|----------|-----|---------------------|-----------|
| Medius R | - 1 | 3,8 mm [*] | 30.9 me |
| Ulpar.R | | 2.9 to . | . 27.3 ms |

Sensory Nerve Conduction:

| Nerve and Site | Owner Latency | Penk Latency | Amplitude | Segment | Latency Difference | Distance | Conduction Velocity |
|--|------------------|-----------------|-----------|-------------------------------|-----------------------|----------|------------------------|
| Median R Digit II (index fing Ulnut, R | 2.3 mm | 2.9 ms | 22 μν | Wrist-Digit II (index linger) | 2.3 ms | 130 mm | . 37 m/s |
| Digit V (little fing | 2.0 ma | 2.6 100 | 28 μν | Wrist-Digit V (little finger) | 2,0 max | 110 mm | \$5 m/s |

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

Conclusions: No electrophysiologic evidence of diffuse neuropathy.

Karen F. Levin, M.D.

1900 HOLLISTER DRIVE, GUITE 250, LIBERTYVILLE, IL 60048
PHONE (847) 149-0051 • FAX (847) 549-0404

DYNAMIC HAND THERAPY Re-Evaluation of Progress, Goals and Plan of Care

| Patient Paul Dulbarg Physician: Dx telesico Dato: 2/10/12 |
|--|
| Diagnosis: (1) Fream Calenation of west flavor Date of Injury: 6/28/11 |
| Surgical Hx: Dato 10/28/11 Procedure Stationed in Est. Start of Care: 12/6/11 |
| Number of visite to date; |
| SUBJECTIVE: Pain: 2 /10 at reat / best 10 /10 with activity / at worst (Sea Colon) |
| Dotalls: Very specific upon contractina FIS of SF have prin in elicited 10/10-bots Runcelou/ADL's: a ken minutes, then J-4/10 for approximately one day; Nodele at improvements: Utrable to identify; blanking on canagades has slightly improved. |
| Continued difficulties: Holding cup/can in his hand, maintaining a fist; It reports that |
| he is using his Rut very little to avoid aggreenting the name 'OBJECTIVE: Wound/Scor- Cent happensein saturity a) scan See flow shoot for: of Cont Wartenbergs: Stajn SF |
| |
| G Edema: |
| Sonsation: le-leS (Deep pressure sensation) ulreshand, Diminished protective semanting from |
| to row in and Unnoted |
| to Strongth: I'd group x 12th Since previous aval, decreased pinch roled since initial visit |
| Troutment summery to date: Frees of la bas been sean sean sentent, desent rate, stocking |
| place: hold, TGE/Isalated FDS, Composite stretching |
| Assessment/therapist impression: It presents T vens specific 1550es - Upon Isplating. |
| FDS to SF only a strong neurologues reaction is elicited along whan name |
| FDC to SF anly a Strong neurologued reaction is elicited along whan name Goals: STG's met: Wyes Octurs 108% of the time. This is decreasing his other Rom/perf (grasp) Revised Ametional goals: great (grasp) |
| Revised functional goals: One |
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| Y The state of the |

| Patients Paul Oulberg |
|--|
| Skilled therapy needed for: I progression of exercise I continued need for manual therapy |
| ∃ other: |
| PLAN: |
| Modalities: It to be placed on hald until he seems further medical |
| Exercise: Intervention - this ISSUE Seems to be caused by some specialis |
| problem front is not being improved in the sping this |
| splinning: SF FDS appears to be affecting his ulner nerve |
| Other weny time it is fixed |
| ***Frequency/Duration: times/week for weeks or additional visits*** |
| I have reviewed this plan of care and receptly 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: |
| |
| Mychanachorung / Wel 2/8/12 |
| Therapist Signature date |
| PLEASE FAX BACK TO: 847-587-3346 |
| |



Semmes-Weinstein Monofilament Sensory Testing Results

| nr Bluliz | Parlent: Paul T | Dollara | , |
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| omments | Filament | lawspression. | Force (gms) |
| | 1.65 , 2.83 (Green) | Morinal | .000 , .08 |
| | | Diminished Eight Touch | ,172 - ,217 |
| 1,5 | 9.84 - 4.34 (Purple) | Diminished Regrective Sensulon | .445 - 2.35 |
| The state of the s | 4,56 (Red) | Louis of Propagative Sequention | 4:19 |
| | 6.65 (Red) | Deep Pressure Sensation. Utsted with No Besponse | 279.4 |
| | (Red Lined) | Tened with No Response | |
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LEB-08-5015 MED 03:58 bM

DYNAMIC HAND THERAPY Re-Evaluation of Progress, Goals and Plan of Care

| Re-Evaluation of Frogress, Gouls and Flan of Care |
|---|
| Patient: Paul Dulborg Physician: On February Dato: 1-5-12 |
| Diagnosis: (C) Francis Decaration of week flows pate of injury: 6-28-11 |
| Surgical Hx; Date 6-21-1/ Procedure Suttined son ER Start of Care; 10-6-1/ |
| Number of visits to date: |
| SUBJECTIVE: Pain: 45/10 at rost / best 9/10 with notivity / at worst |
| Doralls: Spaties of prince up to 9/10 that lasts only a few seconds |
| Improvements: Ab fountained ingenerante down to Tim down to Continued difficulties: Watery warmy powers powers coffee manipulations |
| Continued difficulties: watery using merica, powers cuffee manipulating |
| Amult objects, Dearing with a bump in causing in stip on whice |
| See flow sheet for: |
| 10 Boloma: Modernto adones across nepyto |
| D Sensation: That must used due to time sonstraints |
| ROM: Ellion / Td6° word / Td5° wright / 7:45° |
| Strength: (B) quys 1 d 1)# (B)= 89% g (L) |
| Treatment summary to date: Mith, US, oran much. Som, Paron allow, which digita |
| Man of some, internal exercises, forem strengthaning |
| Assessment therapist impression: Rt about dingrantements in from but |
| functional isopposement limited due to 1 in tomos |
| Goals: STG's men by yes Dao. LTG's met. D yes D no |
| Tay by Jones Power (MACO) |
| (Soot) 1 (B) promition 5-8° to 1 più alulity to pour cygar |
| 2. I Byp another 5# & smarre while to hald onto copies many |
| Or appen garo |
| 3. Et to aport prin 43/10 at best to enable him to use (2) |
| WE basset in Adis |

| Pat | ione: Paul Dulberg |
|--|---|
| Skilled therapy needed for: Il progression of exer | cise Decontinued need for manual therapy |
| 1) other Scan make STM PROV | riellow wrest diget |
| PLAN: | |
| Modalities: MHP U.S FRN | |
| Exercise: Alan allow, what digits | untressie genera |
| Junctional gigo I perior to stran | getbaning as toloratas |
| Splinting: | |
| Other: | |
| ***Frequency/Duration: 2-3 times/week fo | u 4 weeks or 8-12 additional visits*** |
| I have reviewed this plan of cars and recertify a continuing ne updated plan of care is herein established and will be reviewed | ed for survices from the date of this updated plan of care; the above it every 30 days. |
| Additional requests/concerns: | |
| , | |
| Alleranola out | Therales |
| Therapist Signature | Physiologie Signature date |
| PLEASE FAX BACK TO: 847-587-3346 | 1/4/12 |



Dynamic Hand Therapy -- Active Rar -- of Motion

Patient Name: _ we Sulkerg

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| | 12/6/11 | | | ACCEPTAGE OF | | · | | - |
| Exam Date | 14/0// | 1-5-12 | ** ii. = 1. (| | | | | |
| Shoulder | <u> </u> | | | | | | | |
| Flexion | <u> </u> | | | ļ | | <u>.</u> | | |
| Extension | | ļ | · · | V.50) | · · · · · · · · · · · · · · · · · · · | ļ | ļ | |
| Abduction | | | | <u> </u> | | <u> </u> | <u> </u> | ļ |
| External Rotation | ļ <u>.</u> | <u> </u> | · | <u> </u> | ļ | <u> </u> | | |
| Internal Rotation | | | | } | <u> </u> | ↓ | | |
| | | Carriero | | | | <u> </u> | | e |
| Elbow & Forearm | | , | | Ĩ , · | | : | , , , , , , , , , , , , , , , , , , , | Ţ |
| Flexion /4 | 134 | 140 | | | | , | | |
| Extension | -3 | ~15 | | <u> </u> | | 1 | | |
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吆 Patient Name: Parke De Dera n, 年[七] ৵ 16/12/11/11/12 22 $\overline{\mathcal{Z}}$ 7 960 \$ 11 P 3 OC. مستناديه Dynamic Hand Therapy Grip/Pinch Strength Flow Sheet \bar{z} ત્રુ 55 135 \$ \$\$ 17 (2) 2 ₹<u></u> 07 2 36 Grip Curredamar Dynamometer Ghp strangth-jamer 2nd position 5th position :-Rapid Atternation Test Average; 1st position 2nd position 3rd position 4th position Trial 2 Trial 3 Measurements: Kg Triei 1 3-pt (3-jaw chuck) Examiners initials Pinch Strength Lateral Key (pad) (dr. Z Exam Date Intrinsics

900 'd

JAN-05-2012 THU 02:46 PM

DYNAMIC HAND THERAPY Initial Evaluation

| Name: Paril Dulkerg | Date; | 12/6/11 |
|---|--------------------------------|--|
| Physician: Di Talanica | Date of injury/ons | set: 6/28/1/ |
| Diagnosis: (Foreamplaces at un of and flexor | | |
| Mechanism of Injury/Hx of current complaint: Chasmson) + | o toearm - N | Leighbor vario chainsan |
| Timed around and but patients arm | , | |
| Surgical Hx; Date 6 28 11 Procedure Suhwad in El | re . | |
| PMH &/or Hx relevant to injury: WF. Ulvan name, Hanny | eosahi 4 Siyea | wage; DID C3,7 |
| Occupation: Guaphie, Jenen | <u> </u> | Hand Dominance |
| Precautions: | | |
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| Details: Pala 14 Dunget-who him a right, 1 OBJECTIVE: Wound/Scar: Healed wall; hild hypertrophy | Mens adhered . groted; mild | Pain accurs bibera scan to ulner boarder of ulna althorouse to numeral |
| See flow sheet for: Sensation: The https://www.hulynated | in foream. | ho Ge |
| Thange of Motion Unitation noted in Bell | ion, Freaun | , i what |
| DEdons No sig Edema noted to day. | | |
| Strength Limbations noted to Change | p = 3 pt pun | · · · · · · · · · · · · · · · · · · · |
| Texibility: Intrinsics/Entrinsics: Tight exchanges | | · · |
| Runction/ADL's: Prior level of function: D = RUE | | , , |
| Durent level of function: Difficulty hammoning, with | å monsmy (v | world involves topings/me |
| irning door handle, pouring coffee, manipulat | | b beaning weight thing, |
| Other Relevant Findings: (1) Warkenberg 5 Sign 1 | | |
| FOSRF 4H5 & pain | | |

| Patient name: Raul Whings |
|---|
| Assessment Therapist impression: It presents 2 per, Ram defilt, strangentefluts, |
| Tight extensis, supreficient deficite during functional actuation; Numberer Stonger |
| reported - point be assessed more specifically. |
| Skilled Therapy needed to order to: Innover them, impleme pain |
| Functional Goals: Thorsterm (x4 weeks) (B) built externa x 5-8" to (5) pt 15 a talety to bear warget through palon. |
| . 6 @ grane x 3-5 4 to 6 pt 15 abouting to open containers |
| . @ B pro x 50 to Dipt's abouting to posses roffee. |
| Maximy for charal use of RUE duringall ADUS. |
| chabilitation potential: O excellent IV good O fair Oguarded Other |
| LAN: lodalities <u>uffe</u> , ce, us |
| Canval Techniques STVA, Scan Cantrol, editals, upix |
| herapeutic Exercise/Activities Shetching, Scarmob, TGE, Neme oxiding, |
| gentle strengthens as tolerated, isolated FDS, decenstication |
| olioting |
| ther |
| Iditional requests/concerns: |
| ertify the need for these services furnished under this care plan date aforementioned above. The above plan is rein established and will be reviewed every 30 days. |
| moghamonhoraut Male 12/2/11 |
| eraphs Signature date Physician Signature date |

*PLEASE FAX BACK AT 847-587-3346

| Dynamic Hand Therapy | - Active Rar | nge of Moti | on | Patient N | ame: | ane Du | ilberg | | | | | |
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| DIP Extension/Flexion | | | | | | | | | | | | |
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OĽ. Patient Name: Pair C. Dul beng 00. نائج Ø, Prestigate ! idelli lidelli Bynamic Hand Therapy Grip/Pinch Strength Flow Sheel بھر کے 145 ઝુ 135 CC 355 8 20 2 œ 5th position: **学版** Gip Cure Jamar Dynamometer Gip stengthian a 2nd position Rapid Alternation Test Average: 1st position 2nd position 3rd postion 4th position Trial 1 Trial 2 Trial 3 Measurements: Kg 3-st (3-jaw chuck) Examiners Initials Pinch Strength Lateral Key 2-pt (pad) Exam Date Intrinsics A Secure of the first standing of the second

P. 005

DEC-15-5011 WON 10:41 YM



LIABILITY/PERSONAL INJURY INFORMATION FORM

| Please fill out this form only if you have a liability/personal injury claim. |
|--|
| Patient Name: Part Oviberg Date of Birth: 31970 Date of Injury: |
| Liability/Personal Injury Insurance Carriers Address: 4000 Tailgate Rd. Suite O Elain II 190123 |
| Liability/Personal Injury Insurance Carriers Address: U000 Tailgate Rd. Suite D Elgin Il L00123 Claims Adjuster: TOM Malatia Phone #: 841.587.3077 0x#: |
| If you have retained an attorney for this injury, please provide the following information: |
| Attorney Name: Hans mast Phone #: 815.344.3797 Fex #: |
| Attorney Address: |
| |
| Signature: Date: |
| Printed Name: Date: |

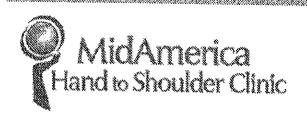


Fax

| To: | Hans Mast | From: | Tish | |
|----------|---|------------------|-----------------|--|
| Fax | 8153445280 | Pages | 6 (Including Co | over Letter) |
| Phone: | | Dates | 3/26/2012 | |
| | *************************************** | Phone; | 847-720-7114 | |
| Res | Paul Dulberg | Faxt | 847-720-7344 | |
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| ■ Comme | n ts ; | | | State and the state of the stat |

Attached please find a ledger for the amount due for injury sustained by Mr. Paul Duiberg.

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To:

Hans Mast

Fax:

18153445280

From:

Marcus G. Talerico, M.D.

Date:

10 January, 2012 3:13 PM

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Pages: 3

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Suite 200 Schaumburg, IL 60173 P 847.303,5790

F 847.247.0540

F 847.303.5795

SCHAUMBURG

PATIENT: Dulberg, Paul R

HOME: 4646 Aden Court Michenry, IL 60051

AGE: 41 years old

EXAM DATE: 01/06/12

PID: 1002454

CHIEF COMPLAINT: Right forearm pain.

Nurse's Notes:

Patient doesn't feel occupation therapy is helping. He complaints of pain/soreness and loss of strength, MT

Referred by:

HPI:

Not Referred By

Patient is a 41-year-old male who is right-hand dominant. He was referred by Dr. Karen Levin, MD, neurology, for evaluation of an injury he sustained to his right medial forearm in June of 2011. He apparently was using a chain saw when he accidentally struck the volar medial aspect of his right forearm in roughly the mid forearm range with a chain saw. He had a large open wound down to muscle. He was seen in the emergency department where the wound was debrided and the muscle was sewn together and the skin was closed. He followed up with his primary care provider. He has noted persistent pain which he describes as intermittent and shooting in character radiating from the laceration site. He occasionally has intermittent numbness and tingling in the ring and small finger. He reports grip weakness and no endurance with wrist flexion and gripping. He has not had therapy to date. He did have an EMG/NCS performed by Dr.Levin in August of 2011. Per the patient the study was normal. I saw the patient a proximally one month ago recommended a course of occupational therapy. He has attended one or 2 sessions thus far. I also obtained and the EMG nerve conduction study to review. The patient reports no improvement in symptoms. He thinks that therapy is not helpful. He feels he is getting weaker. He feels burning in the forearm region. He also asked me about disability paperwork.

MEDICAL HISTORY:

Arthritis

MEDICATION:

naproxen (Dosage: 375 mg Tablet, Delayed Release (E.C.) SIG: Take 1 tablet Oral twice

a day Oral Dispense: 90 Refills: 2)

ALLERGIES:

nkda

SOCIAL HISTORY

Alcohol - Denies Marital Status: Single

Smoking: current every day smoker

PHYSICAL EXAM:

Appearance:

No distress. Alert and cooperative.

Skin:

Neuro:

Bilateral upper extremities: no open wounds or skin changes. Well-healed laceration in the

mid forearm region right side ulnar aspect. No evidence of infection.

Focused Exam:

Bilateral upper extremities: light touch intact all digits, no weakness or wasting. Elbow with full and painless motion in the right side. Forearm compartments are soft there is no obvious deformity. He has preserved wrist flexion and extension strength. He can make a full fist and has full extension of all digits. He has no intrinsic or thenar atrophy. He has 5/5 APB and intrinsic strength. He has a negative Froment sign. He does have a positive

Wartenberg sign. FDP to the small finger is 5/5.

IMAGING:

None today.

Report Date: January 10, 2012 Patient: Dulberg, Paul R DOS: 01/06/12

DIAGNOSIS:

906.1-LATE EFFECT OPEN WND EXTREM

PROCEDURES:

99213-ESTABLISHED Expanded, Low Complexity

ASSESSMENT & PLAN:

Plan:

I reviewed findings, treatment options, and recommendations with the patient concerning the forearm complaints he has. I reviewed the EMG/NCS which is a normal study. There is no evidence of ulnar nerve injury. Given the location of his injury this is the only significant problem I can imagine from this wound. There is no evidence of any nerve or tendon injury. He may have some residual soreness and some superficial sensory abnormalities but this should improve over time. Our recommendation is simply continued therapy. No need for surgical intervention that I can foresee. Unfortunately do not have anything further to offer the patient at this time. I would be happy to see him back in the future on an as needed basis.

Work Status:

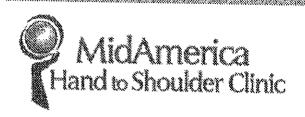
Not applicable.

Marcus G. Talerico, M.D.

Referred by: Dr. Karen Levin

Other: Tom Malatia(adjuster) and Hans Mast(Attorney).

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

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To:

Mr. Hons Mast

Fax:

18153445280

From:

Paul Papierski, MD

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21 June, 2012 9:50 AM

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

HISTORY & PHYSICAL

PATIENT: Dulberg, Paul

AGE: 41 years old

EXAM DATE: 12/02/11

CHIEF COMPLAINT: Right forearm pain.

HPI:

Patient is a 41-year-old male who is right-hand dominant. He was referred by Dr. Karen Levin, MD, neurology, for evaluation of an injury he sustained to his right medial forearm in June of 2011. He apparently was using a chain saw when he accidentally struck the volar medial aspect of his right forearm in roughly the mid forearm range with a chain saw. He had a large open wound down to muscle. He was seen in the emergency department where the wound is here it at the muscle was sewn together and the skin was closed. He followed up with his primary care provider. He has noted persistent pain which he describes as intermittent and shooting in character radiating from the laceration site. He occasionally has intermittent numbness and tingling in the ring and small finger. He reports grip weakness and no endurance with wrist flexion and gripping. He has not had therapy to date. He did have an EMG/NCS performed by Dr.Levin in August of 2011. Per the patient the study was normal. I do not have that study available at this moment. He currently is not working but is a graphic designer by training. He reports using a computer mouse for 20 minutes causes significant forearm pain.

MEDICATION:

Patient has no current medications.

ALLERGIES:

nkda

REFERRAL SOURCE: Not Referred By

ILLNESSES:

OPERATIONS: SOCIAL HISTORY:

Ulnar Nerve Transportation: Active

Alcohol - Denies

Marital Status: Single

Smoking: current every day smoker

FAMILY HISTORY:

OCCUPATION:

Diabetes

Graphic Designer

ROS:

1. Head and Neck:

System reported as normal by patient.

2. Heart: 3. Lungs:

System reported as normal by patient. System reported as normal by patient.

4. GI: 5. GU:

System reported as normal by patient. System reported as normal by patient.

6. Neuro: Musculoskeletal: As per HPI. As per HPI.

Abdomen:

System reported as normal by patient. System reported as normal by patient.

9. Heme/Lymph: 10. Other:

Report Date: June 21, 2012 Patient: Dulberg, Paul R DOS: 12/02/11

PHYSICAL EXAM:

Vitals:

No data for Vitals.

Appearance: Skin:

No distress, good color on room air. Alert and cooperative. Bilateral upper extremities: no open wounds or skin changes.

Neuro:

Bllateral upper extremities: Median, radial and ulnar nerves are motor and sensory intact.

Light touch intact all digits, no weakness or wasting.

Vascular:

Bilateral upper extremities: palpable radial pulses and brisk capillary refill.

Focused Exam:

Examination of his right upper extremity reveals his elbow has normal painless range of motion. No focal tenderness to palpation. Collateral ligaments are stable. His forearm compartments are soft. He has a well-healed transverse laceration on the volar medial mid forearm level. There is no erythema, drainage, or fluctuance at the level of the laceration. There is no tenderness to palpation at the laceration site. There is some apparent muscle incongruity. Distally his hand demonstrates no atrophy. He has 5 out of 5 intrinsic strength. 5 out of 5 APB strength. He can make a full fist with full extension of all digits. He does not demonstrate a clawed posture. He has a negative Froment sign. He has a positive Wartenberg sign. Wrist flexion and extension is 5 out of 5 strength. He has a palpable FCU

and ECU tendons at the level of the wrist. They have appropriate tension.

IMAGING:

None today.

ASSESSMENT:

DIAGNOSIS: PROCEDURES:

906.1-LATE EFFECT OPEN WND EXTREM 99203-NEW Detailed, Low Complexity

PLAN;

Plan:

I reviewed findings, treatment options, and recommendations with the patient concerning the forearm complaints he has. I would like to see the official report of the EMG/NCS. We will obtain this report. There is no evidence of a complete injury to his ulnar nerve on physical exam. His complaints are likely muscular in origin. He may have some superficial sensory complaints as well. I do not think he needs any surgical intervention at this time. I did recommend and provided him with a prescription for occupational therapy to work on strengthening and conditioning of the forearm muscles. They can also perform some pain control modalities. I would like to see him back in 4-6 weeks' time to see if therapy is of some assistance to him. I will contact him by phone if his EMG is significantly abnormal. Otherwise we will discuss it at the next followup visit. Patient was in agreement with the plan.

Prescription:

No data for Prescription

Talema, Mo

Work Status:

Not applicable.

Marcus G. Talerico, M.D.

Referred by: Dr. Karen Levin Primary Care Physician: Dr. Sek

Other: n/a

Fax Created + Dated 12/5/2011 9:13 (0 AM-Referring Physician MC

06/21/12 -- Patient clarified that this injury occurred on the above mentioned date but that he was not holding on to the chainsaw. Instead, he was helping his neighbor by holding a branch and the neighbor was the one cutting the branch with the chainsaw. vv