

CICERO, FRANCE, BARCH & ALEXANDER, P.C.

A Professional Corporation
Attorneys at Law
6323 EAST RIVERSIDE BOULEVARD
ROCKFORD, ILLINOIS 61114

PAUL R. CICERO
JOHN W. FRANCE
RONALD A. BARCH
CHARLES P. ALEXANDER
CHANTEL R. BIELSKIS
ANDREW T. SMITH

September 4, 2012

TEL: (815) 226-7700
FAX: (815) 226-7701

Rec'd 11.01.12

CRIS

708 237

7331

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/sublr:records
encls.

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.
2. Heart: System reported as normal by patient.
3. Lungs: System reported as normal by patient.
4. GI: 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 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

IMAGING:

and ECU tendons at the level of the wrist. They have appropriate tension.
None today.

ASSESSMENT:

DIAGNOSIS:

906.1-LATE EFFECT OPEN WND EXTREM

PROCEDURES:

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.

Marcus G. Talerico, MD

Marcus G. Talerico, M.D.

Referred by: Dr. Karen Levin

Primary Care Physician: Dr. Sek

Other: n/a

Fax Created - Dated 12/20/2012 9:52AM

Added to file for 12/20/2012 9:52AM

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

PATIENT: Dulberg, Paul R **AGE:** 41 years old **EXAM DATE:** 01/06/12
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

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 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: 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 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.

MEDICAL HISTORY

Initial Symptoms Onset: Immediate Gradual Date of Injury 6/28/2011

41 Year old R/L/A handed F/M

Patient 5 month old of Location @ chair saw 2 1/2 inch
hole in forearm & it was sutured @ the ER. Pt was no bone or
major nerve damage. Patient never due to shaking pains up &
down arm & sleep disturbance also interfering with work.
DR LEVIN thinks nerve damage or tendon.
40% of forearm changes @ initial date of injury

Current Symptoms

Location: Right FOREARM/ULNAR SIDE

Pain: Mild Moderate Severe

Intermittent Continuous

Sleep disturbance

Sensory: Th IMRS

Intermittent Continuous

Numbness Tingling Paresthesias

Other: Swelling

Stiffness

Triggering

Crepitus

Cold intolerance

Color Change

Mass

Left

Mild Moderate Severe

Intermittent Continuous

Sleep disturbance

Sensory: Th IMRS

Intermittent Continuous

Numbness Tingling Paresthesias

Swelling

Stiffness

Triggering

Crepitus

Cold intolerance

Color Change

Mass

(Numbness
Karen Levin)

(R) ulnar
medial
forearm

Previous similar symptoms/injury: No Yes

Treatment to date:

Tetanus: 6-28-2011

Therapy:

Current Medications: Antibiotics NSAIDs Pain Medication

Name/Route/Frequency NAPROXIN for NECK 5 degenerative disc in neck.

Steroids Injections: No Yes

Splint/cast: No Yes

Previous Surgery: No Yes

ULNAR NERVE TRANSPOSITION left arm

Previous tests and results

EMG/NCV: Yes DR. LEVIN

MRI: No Yes

X-Ray: Yes 6/28/11

Arthrogram: No Yes

Bone Scan: No Yes

CAT scan: No Yes

Height 5'10"

Weight 165

BMI

Occupation/Hobbies: Graphic designer

Referred By DR. LEVIN

Age 41

Date 12/21/11

Examined in the presence of (K)

Name:

DOLBERG, PAUL

(+) numbness
(-) from injury

- intermittent
shooting pain

- N/T
intermittent
ring + small

- grip weakness
endurance

- therapy

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

Patient: Paul Dulberg Physician: Dr. Telerica Date: 2/6/12

Diagnosis: ② Flexor Laceration of wrist/forearm 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; Numbness at

Function/ADL's: Scar site elicits nerve pain.
Improvements: Unable to drink; Moving on computer has slightly improved.

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

OBJECTIVE:

Wound/Scar: Cent hypersensitivity w/ scar

See flow sheet for: * Cent Wartenberg's sign SF

☐ Edema: _____

☒ Sensation: 1+1.5 (Deep pressure sensation) ulnar hand; Diminished protective sensation over forearm.

☒ ROM: ↑ d. elbow extension, pron/sup, wrist ext and WD noted

☒ Strength: ↓ d. grasp x 12th since removal; decreased pinch noted since initial visit.

Treatment summary to date: Focus of Rx has been scar control, desensitization, shaking, place hold, TGE/isolated FDS, composite stretching

Assessment/therapist impression: Pt presents r 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 his strength

Goals: STG's met: ☒ yes ☒ no LTG's met: ☐ yes ☐ no
Rom/pain (group) equal progress and overall strength

Revised functional goals:

1. TBA
2. _____
3. _____

FEB-08-2012 WED 03:29 PM

P. 003

Patient: Paul DulbergSkilled therapy needed for: ☐ progression of exercise ☐ continued need for manual therapy☐ other: _____

PLAN:

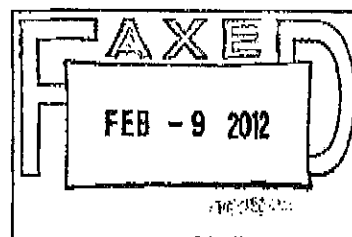
Modalities: PT to be placed on hold until he seeks further medicalExercise: intervention - this issue seems to be caused by one specific
problem that is not being improved in therapy - thisSplinting: SF FDS appears to be affecting his ulnar nerveOther: every time it is fixed.***Frequency/Duration: Hand OT - RTMD
_____ 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: _____

M. Shanahan
Therapist Signature[Signature] 2/8/12
Physician's Signature date

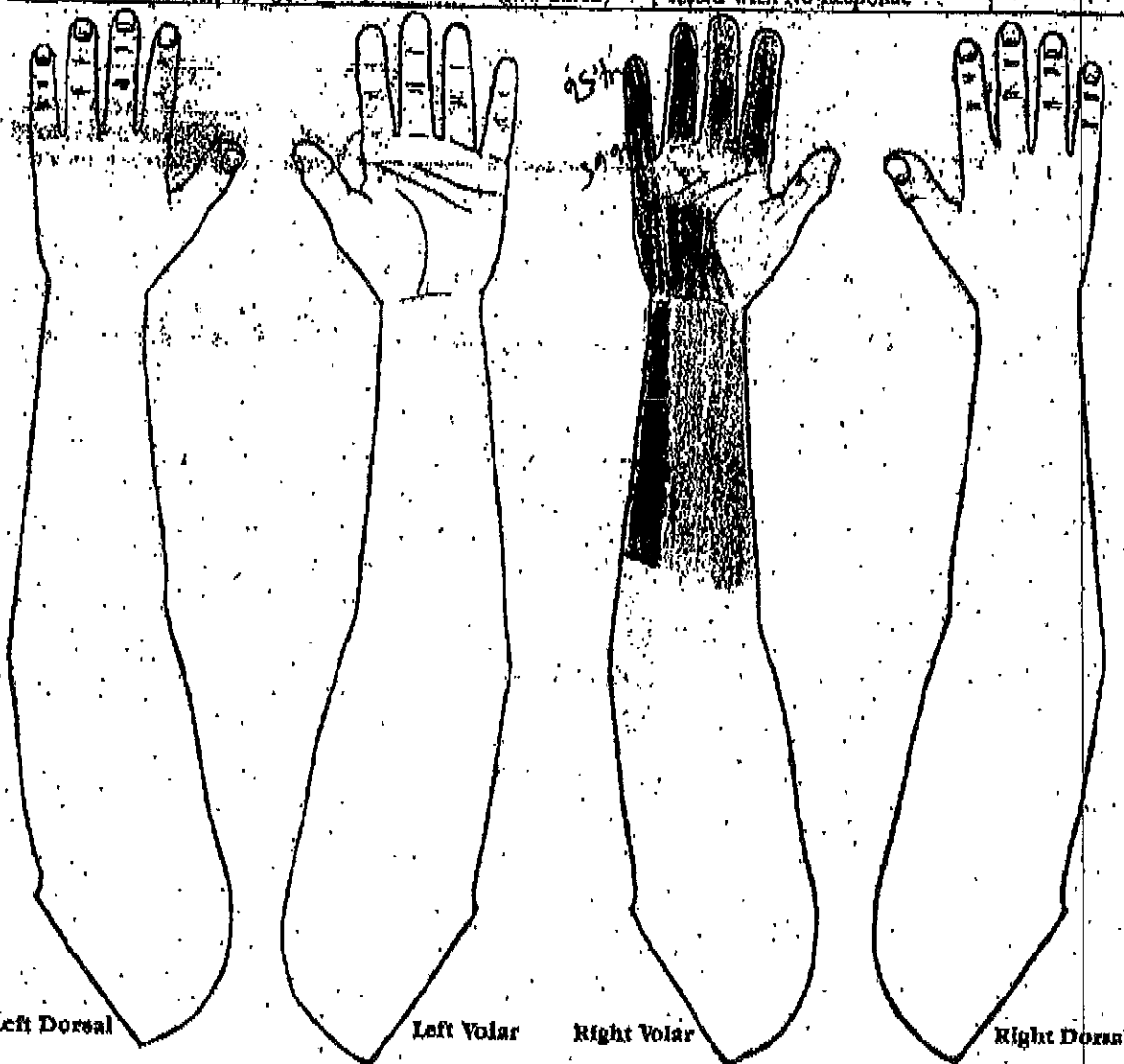
PLEASE FAX BACK TO: 847-587-3346



Semmes-Weinstein Monofilament Sensory Testing Results

Date: 2/6/12 Patient: Paige Dulberg

| Comments | Filament | Interpretation | Force (gms) |
|----------|----------------------|---------------------------------|-------------|
| | 1.65 - 2.85 (Green) | Normal | 308 - 308 |
| | 3.22 - 3.61 (Blue) | Diminished Light Touch | 172 - 217 |
| | 3.84 - 4.31 (Purple) | Diminished Protective Sensation | 445 - 235 |
| | 4.56 (Red) | Loss of Protective Sensation | 419 |
| | 6.65 (Red) | Deep Pressure Sensation | 270.4 |
| | (Red Lined) | Tested with No Response | |



Tested by: Marjorie Shamanski

Dynamic Hand Therapy -- Active Range of Motion

Patient Name: Dee Dillberg

| | (L) | (R) | (R) | (R) |
|----------------------------|---------|--------|--------|-----|
| Exam Date | 12/6/11 | 1-5-12 | 2/6/12 | |
| Shoulder | | | | |
| Flexion | | | | |
| Extension | | | | |
| Abduction | | | | |
| External Rotation | | | | |
| Internal Rotation | | | | |
| Elbow & Forearm | | | | |
| Flexion | 144 | 134 | 140 | 146 |
| Extension | 0 | -3 | -15 | 9 |
| Pronation | 75 | 65 | 65 | 70 |
| Supination | 75+ | 65 | 85 | 75+ |
| Wrist | | | | |
| Flexion | 30 | 75+ | 30 | 30 |
| Extension | 25+ | 55 | 60 | 65 |
| Radial Deviation | 25 | 20+ | 15 | 15 |
| Ulnar Deviation | 15 | 30+ | 25 | 35 |
| 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 | | | | |
| TAM | | | | |
| Ring Finger | | | | |
| MCP Extension/Flexion | | | | |
| PIP Extension/Flexion | | | | |
| DIP Extension/Flexion | | | | |
| TAM | | | | |
| Small Finger | | | | |
| MCP Extension/Flexion | | | | |
| PIP Extension/Flexion | | | | |
| DIP Extension/Flexion | | | | |
| TAM | | | | |
| Therapist Initials | WVS | WVS | WVS | |

Dynamic Hand Therapy Edema Flow Sheet

Patient Name: *Paul D. King*

| | Date | Date | Date | Date | Date | Date | Date | Date | Date |
|----------------------|--------------|--------------|-------|---------------|-------|---------------|-------|---------------|-------|
| | 1/5/12 | 1/5/12 | | | | | | | |
| Circumferences (cm) | Control L.R. | Involved (R) | Diff. | Involved L.R. | Diff. | Involved L.R. | Diff. | Involved L.R. | Diff. |
| wrist flexion crease | 16.7 | 16.7 | = | | | | | | |
| mid-metacarpals | 23.1 | 23.1 | = | | | | | | |
| metacarpals | 20.8 | 21.5 | 0.7 | | | | | | |
| Thumb | | | | | | | | | |
| MP | | | | | | | | | |
| P1 | 7.4 | 7.3 | 0.1 | | | | | | |
| IP | | | | | | | | | |
| P2 | | | | | | | | | |
| Index Finger | | | | | | | | | |
| P1 | 7.3 | 7.1 | 0.2 | | | | | | |
| PIP | | | | | | | | | |
| P2 | | | | | | | | | |
| DIP | | | | | | | | | |
| P3 | | | | | | | | | |
| Middle Finger | | | | | | | | | |
| P1 | 6.8 | 6.8 | = | | | | | | |
| PIP | | | | | | | | | |
| P2 | | | | | | | | | |
| DIP | | | | | | | | | |
| P3 | | | | | | | | | |
| Ring Finger | | | | | | | | | |
| P1 | 6.5 | 6.0 | 0.5 | | | | | | |
| PIP | | | | | | | | | |
| P2 | | | | | | | | | |
| DIP | | | | | | | | | |
| P3 | | | | | | | | | |
| Small Finger | | | | | | | | | |
| P1 | 6.0 | 6.1 | 0.1 | | | | | | |
| PIP | | | | | | | | | |
| P2 | | | | | | | | | |
| DIF | | | | | | | | | |
| P3 | | | | | | | | | |
| Volumetric (ml) | | | | | | | | | |
| Trial 1 | | | | | | | | | |
| Trial 2 | | | | | | | | | |
| Trial 3 | | | | | | | | | |
| Average | | | | | | | | | |
| Therapists initials | KWJ | DDJ | | | | | | | |

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

Patient: Paul Dullberg Physician: D. Tabrizi Date: 1-5-12

Diagnosis: (R) Traumatic 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 T in tendon

Continued difficulties: writing, using mouse, pouring coffee, manipulating small objects, wearing 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 joints

☐ Sensation: TBt intact wrist due to tendon constraints

☒ ROM: Elbow / Td 6°, Wrist / Td 5° wrist / Td 5°

☒ Strength: Rgrip Td 17# (R) = 89% of (L)

Treatment summary to date: MTP, US, scar mdr, STM, forearm abrad, wrist d digit, Aram of arm, intrinsic exercises, forearm strengthening

Assessment/therapist impression: Pt shows improvements in Aram but functional improvement limited due to T in tendon

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

Revised functional goals: 4 wks T pronator 5°

1. (Cont.) T (R) pronator 5-8° to T pt's ability to pour coffee

2. T Rgrip another 5# to improve ability to hold onto coffee mug on open jars

3. Pt to report pain < 3/10 at best to enable him to use (R) UE to assist in ADL's

Patient: Paul Mulberry

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

☐ other: Scm anti-STM, Pcom elbow, wrist, digits

PLAN:

Modalities: MHC, U.S., -PRN

Exercise: AROM elbow, wrist, digits, intrinsic exercises,
functional grasp & 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 hereby established and will be reviewed every 90 days.

Additional requests/concerns: _____

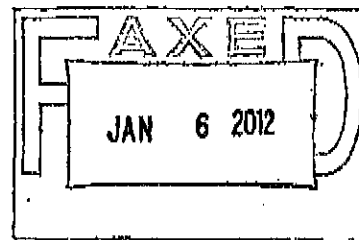
[Signature]
Therapist Signature

[Signature]
Physician's Signature

date

PLEASE FAX BACK TO: 847-587-3346

1/6/12



Dynamic Hand Therapy -- Active Range of Motion

Patient Name:

Paul Dillberg

| | (L) | (R) | (R) |
|----------------------------|---------|--------|-----|
| Exam Date | 12/6/11 | 1-5-12 | |
| Shoulder | | | |
| Flexion | | | |
| Extension | | | |
| Abduction | | | |
| External Rotation | | | |
| Internal Rotation | | | |
| Elbow & Forearm | | | |
| Flexion | 146 | 134 | 140 |
| Extension | 0 | -3 | -15 |
| Pronation | 75 | 65 | 65 |
| Supination | 75+ | 65 | 85 |
| Wrist | | | |
| Flexion | 80 | 75+ | 80 |
| Extension | 75+ | 55 | 60 |
| Radial Deviation | 25 | 20+ | 15 |
| Ulnar Deviation | 15 | 30+ | 25 |
| 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 | | | |
| TAM | | | |
| Ring Finger | | | |
| MCP Extension/Flexion | | | |
| PIP Extension/Flexion | | | |
| DIP Extension/Flexion | | | |
| TAM | | | |
| Small Finger | | | |
| MCP Extension/Flexion | | | |
| PIP Extension/Flexion | | | |
| DIP Extension/Flexion | | | |
| TAM | | | |
| Therapist Initials | MP | MP | NW |

JAN-05-2012 THU 02:45 PM

P. 005

Dynamic Hand Therapy Edema Flow Sheet

Patient Name: *Paul Williams*

| | Date | Date | Date | Date | Date | Date | Date | Date | Date |
|---------------------|-------------|--------------|-------|--------------|-------|--------------|-------|--------------|-------|
| Circumferences (cm) | 1/5/12 | 1/5/12 | | | | | | | |
| wrist flexor crease | Control L/R | Involved L/R | Diff. | Involved L/R | Diff. | Involved L/R | Diff. | Involved L/R | Diff. |
| metacarpals | 16.7 | 16.7 | = | | | | | | |
| metacarpals | 23.1 | 23.1 | = | | | | | | |
| metacarpals | 20.8 | 20.8 | = | | | | | | |
| Thumb | | | | | | | | | |
| MP | | | | | | | | | |
| P1 | 7.4 | 7.3 | 0.1 | | | | | | |
| IP | | | | | | | | | |
| P2 | | | | | | | | | |
| Index Finger | | | | | | | | | |
| P1 | 7.3 | 7.1 | 0.2 | | | | | | |
| PIP | | | | | | | | | |
| P2 | | | | | | | | | |
| DIP | | | | | | | | | |
| P3 | | | | | | | | | |
| Middle Finger | | | | | | | | | |
| P1 | 6.8 | 6.8 | = | | | | | | |
| PIP | | | | | | | | | |
| P2 | | | | | | | | | |
| DIP | | | | | | | | | |
| P3 | | | | | | | | | |
| Ring Finger | | | | | | | | | |
| P1 | 6.5 | 6.6 | 0.1 | | | | | | |
| PIP | | | | | | | | | |
| P2 | | | | | | | | | |
| DIP | | | | | | | | | |
| P3 | | | | | | | | | |
| Small Finger | | | | | | | | | |
| P1 | 6.0 | 6.1 | 0.1 | | | | | | |
| PIP | | | | | | | | | |
| P2 | | | | | | | | | |
| DIP | | | | | | | | | |
| P3 | | | | | | | | | |
| Volumetric (ml) | | | | | | | | | |
| Trial 1 | | | | | | | | | |
| Trial 2 | | | | | | | | | |
| Trial 3 | | | | | | | | | |
| Average | | | | | | | | | |
| Therapist Initials | WJ | AW | | | | | | | |

Dynamic Hand Therapy Grip/Pinch Strength Flow Sheet

Patient Name: Lawrence Delberg

| Exam Date | 12/6/11 | 12/6/11 | 1/5/12 | 1/5/12 | 1/5/12 | 1/5/12 | 1/5/12 | 1/5/12 | 1/5/12 |
|----------------------------------|---------|---------|--------|--------|--------|--------|--------|--------|--------|
| Measurements: Kg Lb | R | L | R | L | R | L | R | L | R |
| Grip strength-Jamar 2nd position | | | | | | | | | |
| Trial 1 | 126 | 135 | | | 121 | 141 | | | |
| Trial 2 | 92 | 145 | | | 118 | 142 | | | |
| Trial 3 | 110 | 146 | | | 138 | 141 | | | |
| Average: | 109 | | | | 126# | 141# | | | |
| Grip Curve-Jamar Dynamometer | | | | | ↑ 17# | | | | |
| Intrinsic 1st position | | | | | 89% | | | | |
| 2nd position | | | | | | | | | |
| 3rd position | | | | | | | | | |
| 4th position | | | | | | | | | |
| Extrinsic 5th position | | | | | | | | | |
| Rapid Alternation Test | | | | | | | | | |
| Pinch Strength | | | | | | | | | |
| 3-pt (3-jaw chuck) | 26 | 29 | | | | | | | |
| 2-pt (pad) | 20 | 18 | | | | | | | |
| Lateral Key | 28 | 26 | | | | | | | |
| Examiners Initials | JWS | JWS | | | | | | | |

1

DYNAMIC HAND THERAPY
Initial Evaluation

Name: Paul Dulberg Date: 12/6/11

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

Diagnosis: Ⓡ Forearm laceration of wrist/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 transection - 4-5 years ago, D/D C3-7

Occupation: Graphic Design Hand Dominance
Ⓡ L

Precautions: _____

SUBJECTIVE:

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

Details: Pain 4-6 weeks - wakes him at night, 1st & 2nd activity; Pain occurs where scar
Seems adhered to ulnar border of ulna

OBJECTIVE:

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

See flow sheet for:

☐ Sensation: TBA; Hypersensitivity noted in forearm

☒ Range of Motion: Limitations noted in Ⓡ Elbow, forearm, & wrist

☐ Edema: No sig edema noted to day

☒ Strength: Limitations noted in Ⓡ Grasp; 3 pt pinch

Flexibility: Intrinsic/Extrinsic: Tight extrinsics and intrinsic

Function/ADL's: Prior level of function: Ⓡ E RVE

Current level of function: Difficulty hammering, writing, ironing (work involves typing/mc
Turning door handle, pouring coffee, manipulating small objects, bearing weight, ^{pull}

Other Relevant Findings: Ⓡ Wartenberg's sign; ADM: 3/5, ODM: 3/5; FDS-SF 4/5
FDS RF 4 1/5 & pain

Patient name: Raul Durbin

Assessment/Therapist impression: Pt presents 2 pr- , Rom deficits, strength deficits, Tight extensors, 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. Ⓟ Ⓢ wrist extension x 5-8" to Ⓟ pt's ability to bear weight through palm.
2. Ⓟ Ⓢ grasp x 3-5" to Ⓟ pt's ability to open containers
3. Ⓟ Ⓢ pro x 5" to Ⓟ 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 MTP, CP, US

Manual Techniques STM, scar central, eddars, MPR

Therapeutic Exercise/Activities stretching, scar mob, TGE, Nerve gliding, 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.

W. S. Hamantherant
Therapist Signature

date

M. A. L.
Physician Signature

date

12/2/11

*PLEASE FAX BACK AT 847-587-3346

Dynamic Hand Therapy -- Active Range of Motion

Patient Name: Paul Dillberg

| Exam Date | 12/6/11 | | | | | | | | |
|----------------------------|---------|-----|--|--|--|--|--|--|--|
| Shoulder | | | | | | | | | |
| Flexion | | | | | | | | | |
| Extension | | | | | | | | | |
| Abduction | | | | | | | | | |
| External Rotation | | | | | | | | | |
| Internal Rotation | | | | | | | | | |
| Elbow & Forearm | | | | | | | | | |
| Flexion | 146 | 134 | | | | | | | |
| Extension | 0 | -3 | | | | | | | |
| Pronation | 75 | 65 | | | | | | | |
| Supination | 75+ | 65 | | | | | | | |
| Wrist | | | | | | | | | |
| Flexion | 80 | 75+ | | | | | | | |
| Extension | 75+ | 56 | | | | | | | |
| Radial Deviation | 25 | 20+ | | | | | | | |
| Ulnar Deviation | 45 | 30+ | | | | | | | |
| 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 | | | | | | | | | |
| TAM | | | | | | | | | |
| Ring Finger | | | | | | | | | |
| MCP Extension/Flexion | | | | | | | | | |
| PIP Extension/Flexion | | | | | | | | | |
| DIP Extension/Flexion | | | | | | | | | |
| TAM | | | | | | | | | |
| Small Finger | | | | | | | | | |
| MCP Extension/Flexion | | | | | | | | | |
| PIP Extension/Flexion | | | | | | | | | |
| DIP Extension/Flexion | | | | | | | | | |
| TAM | | | | | | | | | |
| Therapist Initials | WVS | WVS | | | | | | | |

Dynamic Hand Therapy Grip/Pinch Strength Flow Sheet

Patient Name: Paula Delberg

| Exam Date | 12/6/11 | | 12/6/11 | | | | | | | | | | | | | | | |
|----------------------------------|---------|-----|---------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Measurements: Kg Lb | R | L | R | L | R | L | R | L | R | L | R | L | R | L | R | L | R | L |
| Grip strength-jamar 2nd position | | | | | | | | | | | | | | | | | | |
| Trial 1 | 126 | 135 | | | | | | | | | | | | | | | | |
| Trial 2 | 92 | 145 | | | | | | | | | | | | | | | | |
| Trial 3 | 110 | 146 | | | | | | | | | | | | | | | | |
| Average: | | | | | | | | | | | | | | | | | | |
| Grip Curve-Jamar Dynamometer | | | | | | | | | | | | | | | | | | |
| Intrinsics 1st position | | | | | | | | | | | | | | | | | | |
| 2nd position | | | | | | | | | | | | | | | | | | |
| 3rd position | | | | | | | | | | | | | | | | | | |
| 4th position | | | | | | | | | | | | | | | | | | |
| Extrinsics 5th position | | | | | | | | | | | | | | | | | | |
| Rapid Alternation Test | | | | | | | | | | | | | | | | | | |
| Pinch Strength | | | | | | | | | | | | | | | | | | |
| 3-pt (3-jaw chuck) | 26 | 29 | | | | | | | | | | | | | | | | |
| 2-pt (pad) | 20 | 18 | | | | | | | | | | | | | | | | |
| Lateral Key | 28 | 26 | | | | | | | | | | | | | | | | |
| Examiners Initials | WPS | WPS | | | | | | | | | | | | | | | | |

pinch
3-jaw
2-pt
lateral key



MidAmerica Hand to Shoulder Clinic

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 Moravsek, MD
Beverlee Brisbin, MD
Thomas M. Hunt, OPA-C, MBA

FAX

Date: 8-11-12

Pages: (Incl...)

To: Thomas J. Papovich

Company Name: The Law Offices of The

Phone Number: 815-344-3797

Regarding: Paul Duhery

From: Samantha McDermott CMA Phone Num

Company: MidAmerica Hand to Shoulder Clinic Fa

*Do
Folder*

Comments:

Please call if you h

Samantha McDermott CMA

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.

10330 S. Roberts Road
Palos Hills, IL 60465
Ph (708) 237-7200 | Ex (708) 237-7201

1 TransAm Plaza Drive, Suite 460
Oakbrook Terrace, IL 60181
Ph (855) 469-4263 | Ex (855) 469-4263

HandToShoulderClinic.com

19065 Hickory Creek Drive, Suite 210
Mokena, IL 60448
Ph (708) 237-7200 | Ex (708) 237-7201

1990 E. Algonquin Road, Suite 200
Schaumburg, IL 60173
Ph (855) 469-4263 | Ex (855) 469-4263

1419 Peterson Road
Libertyville, IL 60048
Ph/Fx (855) 4MY-HAND or (855) 469-4263



Anton J. Fakhouri, MD, FACS, FICS
Gary A. Kronen, MD
Paul E. Papierski, MD
Taruna Madhav Crawford, MD
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:

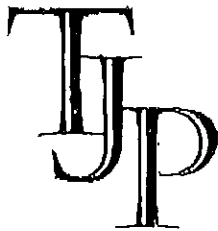
Name: **Paul Dulberg**
Date of Birth: **03/19/1970**

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
www.popovichlaw.com

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

MARK J. VOGG
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:

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

WAUKEGAN OFFICE
210 NORTH MARTIN LUTHER
KING JR. AVENUE
WAUKEGAN, IL 60085

COMPLETED
8-11-12

PAID
DATE 8-6-12
AA 8523895
FAXED
AUG 11 2012

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: MidAmerica Hand to Shoulder Clinic
Dr. Talerico

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

6/3/12
Date

If signed by legal representative, relationship to patient: _____

Mario Dulum
Signature of witness

6-3-12
Date

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
- ☐ () Paraffin

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



Scheduled for:

Tuesday December 6, 2011 at 3:30pm

at:

Dynamic Hand Therapy/ Fox Lake

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.
2. Heart: System reported as normal by patient.
3. Lungs: System reported as normal by patient.
4. GI: 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 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:

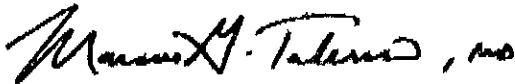
DIAGNOSIS: 906.1-LATE EFFECT OPEN WND EXTREM

PROCEDURES: 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.



Marcus G. Talerico, M.D.

Referred by: Dr. Karen Levin
Primary Care Physician: Dr. Sek
Other: n/a

Fax Created - Dated: 12/5/2011 9:13:03 AM - Referring Physician.MC

PATIENT: Dulberg, Paul R AGE: 41 years old EXAM DATE: 01/06/12
HOME: 4648 Aden Court
Mchenry, IL 60051

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: Not Referred By

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 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: 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 3:13:26 PM |
|--|

MEDICAL HISTORY

Initial Symptoms Onset: Immediate Gradual Date of Injury 6/28/2011

41 Year old R/L/A handed F/M:
 Patient @ 5 month old of Location @ chain saw 2 1/2 inch
 hole in forearm & it was sutured @ the ER. It was no bone or
 major nerve damage. Patient here due to shooting pains up &
 down arm & sleep disturbance also interfering with work.
 DR LEVIN thinks nerve damage or tendon.
 40% of arm damage @ initial date of injury

Current Symptoms

Location: Right FOREARM/ULNAR SIDE
 Pain: Mild/Moderate/Severe 2/3 @ rest @
Intermittent/Continuous
Sleep disturbance
 Sensory: Th 1 M R S Tingling night
Intermittent/Continuous 7/8
 Numbness/Tingling/Paresthesias
 Other: Swelling
Stiffness
Triggering
Creptus
Cold intolerance
Color Change
Mass

Left: Mild/Moderate/Severe
Intermittent/Continuous
Sleep disturbance
 Sensory: Th 1 M R S
Intermittent/Continuous
 Numbness/Tingling/Paresthesias
 Swelling
 Stiffness
 Triggering
 Creptus
 Cold intolerance
 Color Change
 Mass

(Neurology
 Karen Levin)

(R) ulnar
 medial
 forearm

Previous similar symptoms/injury: No Yes

F Sub/was @
 8/11

Treatment to date:

Tetanus: 6-28-2011

Therapy:

Current Medications: Antibiotics NSAIDs Pain Medication
 Name/Route/Frequency NAPROXIN for NECK 5 degenerative discs in neck.

Steroids Injections No Yes

Splint/cast: No Yes

Previous Surgery: No Yes ULNAR NERVE TRANSPOSITION left arm

Previous tests and results

EMG/NCV: Yes DR. LEVIN

MRI: No Yes

X-Ray: Yes 6/28/11

Arthrogram: No Yes

Bone Scan: No Yes

CAT scan: No Yes

Height 5'10" Weight 165

BMI

OT

Occupation/Hobbies: Graphic designer

Referred By DR. LEVIN

Age 41

Date 12/21/11

Examined in the presence of (R)

Name:

DOLBERG, PAUL

(+) antenatal
 of forearm

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 Nerve Conduction:

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

R-Wave Studies:

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

Sensory Nerve Conduction:

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

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

Conclusions: No electrophysiologic evidence of diffuse neuropathy.

Karen F. Levin
Karen F. Levin, M.D.

[Signature]
1/6/12

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

Patient: Paul Dulberg Physician: Dr. Telezio Date: 2/6/12
 Diagnosis: ② Flexion 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: 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: Unable to identify; handling computer has slightly improved.
 Improvements: _____

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. hyperaesthesia w/ scar
 See flow sheet for: * Cent. Wartenberg's sign SF

☐ Edema: _____

☒ Sensation: Le. 5 (Deep pressure sensation) ulnar hand, Diminished protective sensation from forearm

☒ ROM: 1st d elbow extension, pron/sup, wrist ext and abd noted

☒ Strength: 1st d grasp x 12th since previous eval, decreased pinch held state initial visit

Treatment summary to date: Focus of tx has been Scar control, desensitization, stretching, place hold, TGE/Isolated FDS, Composite stretching

Assessment/therapist impression: Pt presents 7 very specific issues - Upon isolating FDS to SF only, a strong neurological reaction is elicited along ulnar nerve

Goals: STG's met: ☒ yes ☒ no LTG's met: ☐ yes ☐ no This occurs 100% of the time. This is decreasing his strength
 Revised functional goals: qual

1. TBA
2. _____
3. _____

Patient: Paul DuldbergSkilled therapy needed for: ☐ progression of exercise ☐ continued need for manual therapy☐ other: _____

PLAN:

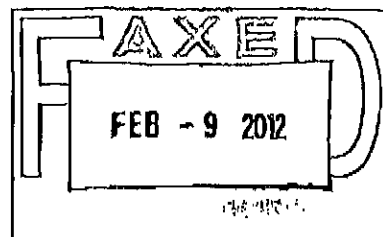
Modalities: PT to be placed on hold until he seeks further medicalExercise: intervention - this issue seems to be caused by one specific
problem that is not being improved in therapy - thisSplinting: SF FDS appears to be affecting his ulnar nerveOther: every time it is fixed.***Frequency/Duration: Hold OT - RTMD
_____ 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 Mrs. Hannah M. OrnerPhysician's Signature [Signature]date 2/8/12

PLEASE FAX BACK TO: 847-587-3346



Semmes-Weinstein Monofilament Sensory Testing Results

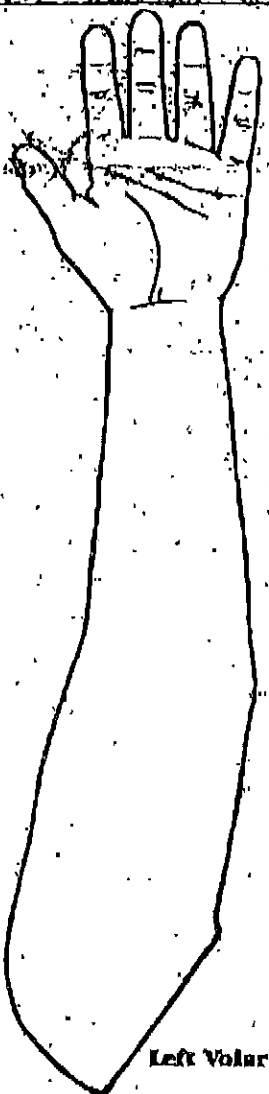
Date: 2/16/12

Patient: Paul D. Dillberg

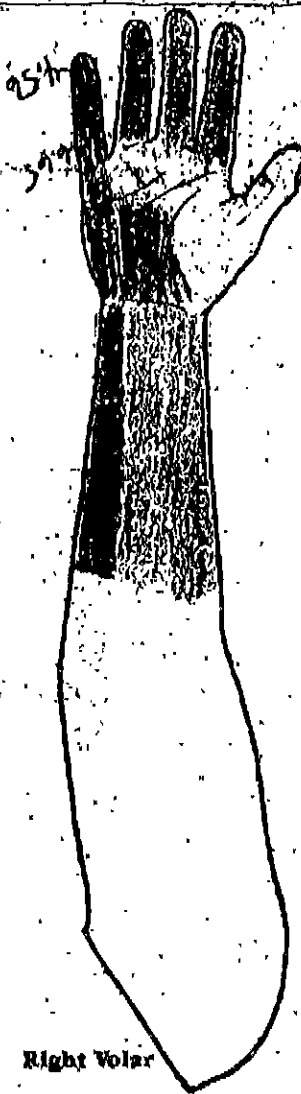
| Comments | Filament | Interpretation | Force (gms) |
|----------|----------------------|---------------------------------|-------------|
| | 1.65 - 2.83 (Green) | Normal | 988 - 1000 |
| | 3.27 - 3.61 (Blue) | Diminished Light Touch | 172 - 217 |
| | 3.84 - 4.31 (Purple) | Diminished Protective Sensation | 445 - 725 |
| | 4.56 (Red) | Loss of Protective Sensation | 4.19 |
| | 6.65 (Red) | Deep Pressure Sensation | 279.4 |
| | (Red Lined) | Unaided with No Response | |



Left Dorsal



Left Volar



Right Volar



Right Dorsal

Tested by:

Nurse Shamara Atkins

Copyright 1987 by North Coast Medical. All rights reserved. Reproduction permissible for professional purposes. Not for resale.

Revised November 1987

Dynamic Hand Therapy -- Active Range of Motion

Patient Name:

W. Dillberg

| Exam Date | (L) | (R) | (R) | (R) |
|-----------------------|-----|-----|-----|-----|
| Shoulder | | | | |
| Flexion | | | | |
| Extension | | | | |
| Abduction | | | | |
| External Rotation | | | | |
| Internal Rotation | | | | |
| Elbow & Forearm | | | | |
| Flexion | 146 | 134 | 140 | 146 |
| Extension | 0 | -3 | -15 | 5 |
| Pronation | 75 | 65 | 65 | 70 |
| Supination | 75 | 65 | 85 | 75 |
| Wrist | | | | |
| Flexion | 80 | 75 | 80 | 80 |
| Extension | 25 | 55 | 60 | 65 |
| Radial Deviation | 25 | 20 | 15 | 15 |
| Ulnar Deviation | 15 | 30 | 25 | 35 |
| 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 | | | | |
| TAM | | | | |
| Ring Finger | | | | |
| MCP Extension/Flexion | | | | |
| PIP Extension/Flexion | | | | |
| DIP Extension/Flexion | | | | |
| TAM | | | | |
| Small Finger | | | | |
| MCP Extension/Flexion | | | | |
| PIP Extension/Flexion | | | | |
| DIP Extension/Flexion | | | | |
| TAM | | | | |
| Therapist Initials | WDS | WDS | WDS | |

Dynamic Hand Therapy Edema Flow Sheet

Patient Name: Paul Robinson

| | Date | Date | Date | Date | Date | Date | Date | Date | Date |
|----------------------|---------------|--------------|--------|--------------|--------|--------------|--------|--------------|--------|
| Circumferences (cm) | 175/12 | 175/12 | 175/12 | 175/12 | 175/12 | 175/12 | 175/12 | 175/12 | 175/12 |
| wrist flexion crease | Control (L/R) | Involved (R) | Diff. | Involved L/R | Diff. | Involved L/R | Diff. | Involved L/R | Diff. |
| mid metacarpals | 11.0 | 11.0 | 0.0 | 11.0 | 11.0 | 0.0 | 11.0 | 11.0 | 0.0 |
| metacarpals | 20.8 | 21.5 | 0.7 | 20.8 | 21.5 | 0.7 | 20.8 | 21.5 | 0.7 |
| Thumb | | | | | | | | | |
| MP | | | | | | | | | |
| P1 | 7.4 | 7.7 | 0.3 | | | | | | |
| IP | | | | | | | | | |
| P2 | | | | | | | | | |
| Index Finger | | | | | | | | | |
| P1 | 7.3 | 7.1 | 0.2 | | | | | | |
| PIP | | | | | | | | | |
| P2 | | | | | | | | | |
| DIP | | | | | | | | | |
| P3 | | | | | | | | | |
| Middle Finger | | | | | | | | | |
| P1 | 6.8 | 6.8 | 0.0 | | | | | | |
| PIP | | | | | | | | | |
| P2 | | | | | | | | | |
| DIP | | | | | | | | | |
| P3 | | | | | | | | | |
| Ring Finger | | | | | | | | | |
| P1 | 6.5 | 6.0 | 0.5 | | | | | | |
| PIP | | | | | | | | | |
| P2 | | | | | | | | | |
| DIP | | | | | | | | | |
| P3 | | | | | | | | | |
| Small Finger | | | | | | | | | |
| P1 | 6.0 | 6.1 | 0.1 | | | | | | |
| PIP | | | | | | | | | |
| P2 | | | | | | | | | |
| DIP | | | | | | | | | |
| P3 | | | | | | | | | |
| Volumetric (ml) | | | | | | | | | |
| Trial 1 | | | | | | | | | |
| Trial 2 | | | | | | | | | |
| Trial 3 | | | | | | | | | |
| Average | | | | | | | | | |
| Therapist's initials | MAJ | OW | | | | | | | |

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

Patient: Paul Dullberg Physician: Dr. Zulma Date: 1-5-12
 Diagnosis: (R) Trauma laceration of wrist flexor Date of Injury: 6-28-11
 Surgical Hx: Date 6-28-11 Procedure Sutured in ER Start of Care: 10-6-11
 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 tension

Continued difficulties: writing, using mouse, pouring coffee, manipulating small objects, wearing 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 joints

☐ Sensation: IBT most visit due to tight constraints

☒ ROM: Elbow / Td 6°, Wrist / Td 5° wrist / Td 5°

☒ Strength: Rgrip Td 17# (R) = 89% of (L)

Treatment summary to date: Mitt, US, over malle. spr, pron. elbow, wrist & digits

Arm of range, intrinsic exercises, forearm strengthening

Assessment/therapist impression: Rt shows improvements in Arm but functional improvement limited due to ↑ in tension

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

Revised functional goals: 4 weeks

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

2. ↑ Rgrip another 5# to improve ability to hold onto coffee mug w/ open grip

3. Rt to report pain < 3/10 at best to enable him to use (R) UE to assist in ADL's

Patient: Paul MulberrySkilled therapy needed for: ☒ progression of exercise ☐ continued need for manual therapy☐ other: Scm mlt, STM, ROM elbow, wrist, digit

PLAN:

Modalities: MHP, U.S. - PRNExercise: ARM elbow, wrist, digit, 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: _____

[Signature]

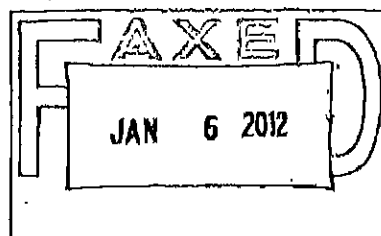
Therapist Signature

[Signature]

Physician's Signature

date

PLEASE FAX BACK TO: 847-587-3346

1/4/12

Dynamic Hand Therapy -- Active Range of Motion

Patient Name:

Julie Dillberg

| | (L) | (R) | (R) |
|----------------------------|------------|------------|------------|
| Exam Date | 12/6/11 | 1-5-12 | |
| Shoulder | | | |
| Flexion | | | |
| Extension | | | |
| Abduction | | | |
| External Rotation | | | |
| Internal Rotation | | | |
| Elbow & Forearm | | | |
| Flexion | 146 | 134 | 140 |
| Extension | 0 | -3 | -15 |
| Pronation | 75 | 65 | 65 |
| Supination | 75 | 65 | 85 |
| Wrist | | | |
| Flexion | 80 | 75 | 80 |
| Extension | 35 | 55 | 60 |
| Radial Deviation | 25 | 20 | 15 |
| Ulnar Deviation | 15 | 30 | 25 |
| 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 | | | |
| TAM | | | |
| Ring Finger | | | |
| MCP Extension/Flexion | | | |
| PIP Extension/Flexion | | | |
| DIP Extension/Flexion | | | |
| TAM | | | |
| Small Finger | | | |
| MCP Extension/Flexion | | | |
| PIP Extension/Flexion | | | |
| DIP Extension/Flexion | | | |
| TAM | | | |
| Therapist Initials | <u>WMS</u> | <u>WMS</u> | <u>WMS</u> |

Dynamic Hand Therapy Edema Flow Sheet

Patient Name: *Paul Mullberg*

| | Date | Date | Date | Date | Date | Date | Date | Date | Date |
|----------------------|-----------|-----------|--------|----------|--------|----------|--------|----------|--------|
| | 1/5/12 | 1/5/12 | 1/5/12 | 1/5/12 | 1/5/12 | 1/5/12 | 1/5/12 | 1/5/12 | 1/5/12 |
| Circumferences (cm) | Control | Involved | Diff | Involved | Diff | Involved | Diff | Involved | Diff |
| wrist flexion crease | 16.7 | 16.7 | = | | | | | | |
| mid-metacarpals | 20.1 | 23.1 | 3.0 | | | | | | |
| metacarpals | 20.8 | 23.5 | 2.7 | | | | | | |
| Thumb | | | | | | | | | |
| PIP | | | | | | | | | |
| P1 | 17.4 | 7.7 | 9.7 | | | | | | |
| IP | | | | | | | | | |
| P2 | | | | | | | | | |
| Index Finger | | | | | | | | | |
| P1 | 7.3 | 3.1 | 4.2 | | | | | | |
| PIP | | | | | | | | | |
| P2 | | | | | | | | | |
| DIP | | | | | | | | | |
| P3 | | | | | | | | | |
| Middle Finger | | | | | | | | | |
| P1 | 6.8 | 6.8 | = | | | | | | |
| PIP | | | | | | | | | |
| P2 | | | | | | | | | |
| DIP | | | | | | | | | |
| P3 | | | | | | | | | |
| Ring Finger | | | | | | | | | |
| P1 | 6.5 | 6.6 | 0.1 | | | | | | |
| PIP | | | | | | | | | |
| P2 | | | | | | | | | |
| DIP | | | | | | | | | |
| P3 | | | | | | | | | |
| Small Finger | | | | | | | | | |
| P1 | 6.0 | 6.1 | 0.1 | | | | | | |
| PIP | | | | | | | | | |
| P2 | | | | | | | | | |
| DIP | | | | | | | | | |
| P3 | | | | | | | | | |
| Volumetric (ml) | | | | | | | | | |
| Trial 1 | | | | | | | | | |
| Trial 2 | | | | | | | | | |
| Trial 3 | | | | | | | | | |
| Average | | | | | | | | | |
| Therapists Initials | <i>MM</i> | <i>MM</i> | | | | | | | |

Dynamic Hand Therapy Grip/Pinch Strength Flow Sheet

Patient Name:

Pauli Dabong

[illegible]

DYNAMIC HAND THERAPY Initial Evaluation

Name: Paule Dulberg Date: 12/6/11

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

Diagnosis: Ⓡ Forearm laceration of wrist 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 transection - 4-5 years ago; DDD C3,4

Occupation: Graphic Designer Hand Dominance Ⓡ L

Precautions: _____

SUBJECTIVE:

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

Details: Pain 9-10 at night - wakes him at night, no activity; Pain occurs where scar
Seems adhered to ulnar border of ulna

OBJECTIVE:

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

See flow sheet for:

☐ Sensation: T2-T4; Hypersensitivity noted in forearm

☐ Range of Motion Limitations noted in Ⓡ Elbow, forearm, & wrist

☐ Edema No sig edema noted today

☒ Strength Limitations noted in Ⓡ Grasp; 3 pt pick

Flexibility: Intrinsics/Extrinsics: Tight extrinsics and intrinsics

Function/ADL's: Prior level of function: Ⓡ E RUF

Current level of function: Difficulty hammering, writing, mousing (work involves typing/mc

Turning door handle, pouring coffee, manipulating small objects, bearing weight thru palm

Other Relevant Findings: Ⓡ Wartenberg's sign; ADM: 3/5, ODM: 3/5; FDS-SF: 4/5

FDS RF 4 1/5 & pain

Patient name: Paul Duhung

Assessment/Therapist impression: pt presents 2 per, Rom deficits, strength deficits;
Tight extensors, 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. (R) wrist extension x 5-8° to (R) pt's ability to bear weight through palm.
2. (R) grasp x 3-5# to (R) pt's ability to open containers
3. (R) pro x 5° to (R) pt's ability to pour coffee.

Long term

1. Maximizing 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 MTP, CP, USManual Techniques STM, scar control, eddass, MPR

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

Splinting _____

Other _____

***Frequency 2 times / week for 4 FAXED
DEC 12 2011
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.

W. S. Haman-Motant
 Therapist Signature date

[Signature] 12/12/11
 Physician Signature date

*PLEASE FAX BACK AT 847-587-3346

Dynamic Hand Therapy - Active Range of Motion

Patient Name:

Paul Dillberg

(L)

(R)

| | | | | | | | | | |
|----------------------------|---------|-----|--|--|--|--|--|--|--|
| Exam Date | 12/6/11 | | | | | | | | |
| Shoulder | | | | | | | | | |
| Flexion | | | | | | | | | |
| Extension | | | | | | | | | |
| Abduction | | | | | | | | | |
| External Rotation | | | | | | | | | |
| Internal Rotation | | | | | | | | | |
| Elbow & Forearm | | | | | | | | | |
| Flexion | 146 | 134 | | | | | | | |
| Extension | 0 | -3 | | | | | | | |
| Pronation | 35 | 65 | | | | | | | |
| Supination | 75+ | 65 | | | | | | | |
| Wrist | | | | | | | | | |
| Flexion | 30 | 75+ | | | | | | | |
| Extension | 75+ | 56 | | | | | | | |
| Radial Deviation | 25 | 20+ | | | | | | | |
| Ulnar Deviation | 15 | 30+ | | | | | | | |
| 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 | | | | | | | | | |
| TAM | | | | | | | | | |
| Ring Finger | | | | | | | | | |
| MCP Extension/Flexion | | | | | | | | | |
| PIP Extension/Flexion | | | | | | | | | |
| DIP Extension/Flexion | | | | | | | | | |
| TAM | | | | | | | | | |
| Small Finger | | | | | | | | | |
| MCP Extension/Flexion | | | | | | | | | |
| PIP Extension/Flexion | | | | | | | | | |
| DIP Extension/Flexion | | | | | | | | | |
| TAM | | | | | | | | | |
| Therapist Initials | JMS | JMS | | | | | | | |

Dynamic Hand Therapy Grip/Pinch Strength Flow Sheet

Patient Name: Laurie Delberg

| Exam Date | 12/6/11 | 12/6/11 | | | | | | | | | | | | | | | | | | |
|----------------------------------|---------|---------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Measurements: Kg Lb | R | L | | | | | | | | | | | | | | | | | | |
| Grip strength-jamar 2nd position | | | | | | | | | | | | | | | | | | | | |
| Trial 1 | 126 | 135 | | | | | | | | | | | | | | | | | | |
| Trial 2 | 92 | 145 | | | | | | | | | | | | | | | | | | |
| Trial 3 | 110 | 146 | | | | | | | | | | | | | | | | | | |
| Average: | | | | | | | | | | | | | | | | | | | | |
| Grip Curve-Jamar Dynamometer | | | | | | | | | | | | | | | | | | | | |
| Intrinsics 1st position | | | | | | | | | | | | | | | | | | | | |
| 2nd position | | | | | | | | | | | | | | | | | | | | |
| 3rd position | | | | | | | | | | | | | | | | | | | | |
| 4th position | | | | | | | | | | | | | | | | | | | | |
| Extrinsics 5th position | | | | | | | | | | | | | | | | | | | | |
| Rapid Alternation Test | | | | | | | | | | | | | | | | | | | | |
| Pinch Strength | | | | | | | | | | | | | | | | | | | | |
| 3-pt (3-jaw chuck) | 26 | 29 | | | | | | | | | | | | | | | | | | |
| 2-pt (pad) | 20 | 18 | | | | | | | | | | | | | | | | | | |
| Lateral Key | 28 | 26 | | | | | | | | | | | | | | | | | | |
| Examiners Initials | WPS | WPS | | | | | | | | | | | | | | | | | | |

proximal
ulnar wrist
hand/wrist
ulnar wrist



MidAmerica Hand to Shoulder Clinic

LIABILITY/PERSONAL INJURY INFORMATION FORM

Please fill out this form only if you have a liability/personal injury claim.

Patient Name: Paul Nulberg Date of Birth: 3-19-70 Date of Injury: _____

Liability/Personal Injury Insurance Carrier: Auto home owners Claim #: 13-2779-11

Liability/Personal Injury Insurance Carriers Address: 6000 Tailgate Rd Suite D Elgin IL 60123

Claims Adjuster: Tom Malatia Phone #: 847-587-3077 α #: _____

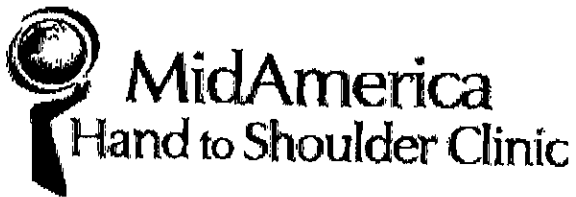
If you have retained an attorney for this injury, please provide the following information:

Attorney Name: Hans mast Phone #: 815-344-3797 Fax #: _____

Attorney Address: _____

Signature: _____ Date: _____

Printed Name: _____ Date: _____



Fax

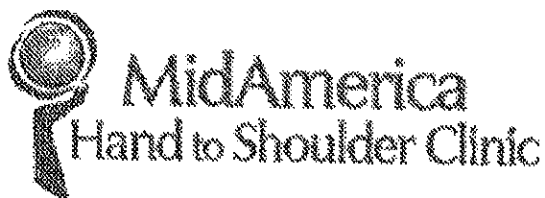
| | | | |
|--------|--------------|--------|----------------------------|
| To: | Hans Mast | From: | Tish |
| Fax: | 8153445280 | Pages: | 6 (Including Cover Letter) |
| Phone: | | Date: | 3/26/2012 |
| | | Phone: | 847-720-7114 |
| Re: | Paul Dulberg | Fax: | 847-720-7344 |

☐ Urgent ☐ For Review ☐ Please Comment ☐ Please Reply ☐ Please Recycle

■ Comments:

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

THIS TRANSMISSION IS INTENDED ONLY FOR THE USE OF THE INDIVIDUAL OR ENTITY TO WHICH IT IS ADDRESSED, AND MAY CONTAIN INFORMATION THAT IS PRIVILEGED, CONFIDENTIAL AND EXEMPT FROM DISCLOSURE UNDER APPLICABLE LAW. IF YOU ARE THE READER OF THIS MESSAGE AND NOT THE INTENDED RECIPIENT, OR THE EMPLOYEE OF AGENT RESPONSIBLE FOR DELIVERING THE MESSAGE TO 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 ABOVE ADDRESS VIA THE U.S. POSTAL SERVICE. THANK YOU



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
Thomas M. Hunt, OPA-C, MBA

facsimile transmittal

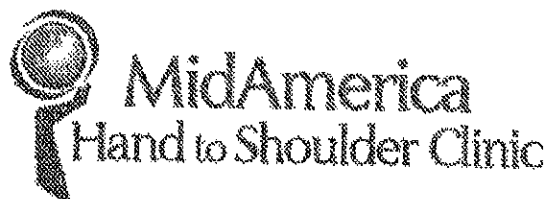
To: Hans Mast Fax: 18153445280
From: Marcus G. Talerico, M.D. Date: 10 January, 2012 3:13 PM
Re: Pages: 3
CC:

☐ Urgent ☒ For Review ☐ Please Comment ☐ Please Reply ☐ Please Recycle

Notes:

FaxBanner =
FaxComments =
FaxCompany = Hans Mast-Attorney
FaxDate = 10 January, 2012 3:13 PM
FaxFiles = 01102012151314.1002454
FaxName = Hans Mast
FaxNumber = 18153445280
FaxPages = 3
FaxSubject =
FaxTime = 3:13:27 PM
FaxUserData =
UserCompany = MidAmerica Hand to Shoulder Clinic
UserFaxNumber = (847)247-0540
UserName = Marcus G. Talerico, M.D.

Do folder



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
Thomas M. Hunt, OPA-C MBA

| | | | | |
|--|---|--|--|---|
| OAKBROOK TERRACE 1 TransAm Plaza Drive, Suite 460 Oakbrook Terrace, IL 60181 P 630.317.7007 F 630.317.7088 | LOCKPORT 16610 W. 159th St Suite 103 Lockport, IL 60441 P 708.237.7200 F 815.838.8804 | PALOS HILLS 10330 S. Roberts Road Palos Hills, IL 60465 P 708.237.7200 F 708.237.7201 | LIBERTYVILLE 755 South Milwaukee Ave, Suite 250 Libertyville, IL 60048 P 847.247.0547 F 847.247.0540 | SCHAUMBURG 1990 East Algonquin Rd. Suite 200 Schaumburg, IL 60173 P 847.303.5790 F 847.303.5795 |
|--|---|--|--|---|

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.

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

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 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: 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.

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.

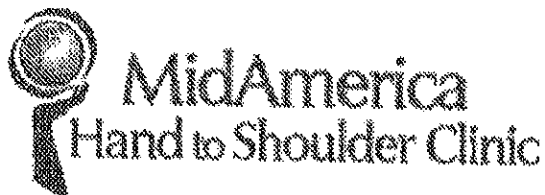
Work Status: Not applicable.



Marcus G. Talerico, M.D.

Referred by: Dr. Karen Levin
Other: Tom Malatia(adjuster) and Hans Mast(Attorney)

Fax Created - Dated 1/9/2012 3:25:12 PM



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
Thomas M. Hunt, OPA-C, MBA

facsimile transmittal

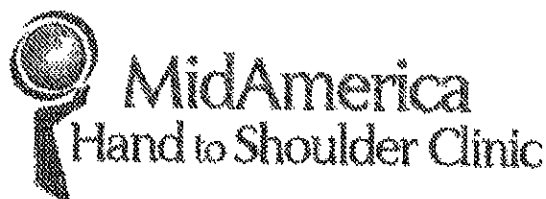
To: Mr. Hons Mast Fax: 18153445280
From: Paul Papierski, MD Date: 21 June, 2012 9:50 AM
Re: Pages: 3
CC:

☐ Urgent ☒ For Review ☐ Please Comment ☐ Please Reply ☐ Please Recycle

Notes:

FaxBanner =
FaxComments =
FaxCompany =
FaxDate = 21 June, 2012 9:50 AM
FaxFiles = 06212012095137.1002454
FaxName = Mr. Hons Mast
FaxNumber = 18153445280
FaxPages = 3
FaxSubject =
FaxTime = 9:50:58 AM
FaxUserData =
UserCompany = MidAmerica Hand to Shoulder Clinic
UserFaxNumber = (847)247-0540
UserName = Paul Papierski, MD

Do Records
folder



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

| | | | | |
|--|---|--|---|---|
| OAKBROOK TERRACE 1 TransAm Plaza Drive, Suite 400 Oakbrook Terrace, IL 60181 P 630.317.7007 F 630.317.7088 | LOCKPORT 16610 W. 159th St Suite 103 Lockport, IL 60441 P 708.237.7200 F 815.838.8804 | PALOS HILLS 10330 S. Roberts Road Palos Hills, IL 60465 P 708.237.7200 F 708.237.7201 | LIBERTYVILLE 1419 Peterson Road Libertyville, IL 60048 P 847.247.0547 F 847.247.0540 | SCHAUMBURG 1990 East Algonquin Rd. Suite 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: 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. |
| 2. Heart: | System reported as normal by patient. |
| 3. Lungs: | System reported as normal by patient. |
| 4. GI: | 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: | |

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

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 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.

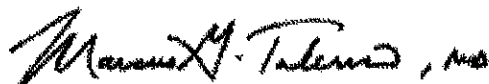
ASSESSMENT:

DIAGNOSIS: 906.1-LATE EFFECT OPEN WND EXTREM
PROCEDURES: 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.



Marcus G. Talerico, M.D.

Referred by: Dr. Karen Levin
Primary Care Physician: Dr. Sek
Other: n/a

Fax Created - Dated 12/5/2011 9:13:03 AM - Referring Physician: MC

Addendum - Dated 06/21/12

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