July 28, 2011

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

RE: Paul Dulberg

Dear Mr. Mast,

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

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(Evin, Mi) (mdm) Karen F. Levin, M.D.

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Levis, Mi) (mdn) Karen F. Levin, M.D.

MEDICAL HISTORY

Initial Symptoms Onset: Immediate Gradual Date of Injury 6 28 2011 Year old R/L/A handed F/M:	-2/2
Patient to 5 month of Loceration to chain son hole a fore own to it was situred to the ER. Pt was us it	opper or
down to the distribution blook to the work	the same
hole a fore own to it was stronged the due to shooking of down own to sleep distorbance hlow a terfering with 40% of from DR LEVIN Thinks never danger or ten Current Symptoms	dar.
Location: Right FOREAGM ULNACSIN Left Mild Moderate Severe Intermittent Continuous Scept disturbance Sensory: The IMMS Tracking Land Sensory: The IMMS Intermittent Continuous Sleep disturbance Sensory: The IMMS Intermittent Continuous Intermittent Continuous Intermittent Continuous Intermittent Continuous Intermittent Continuous	Mozy
Stiffness Triggering Crepitus Cold intolerance Color Change Mass) volar Grean
Previous similar symptoms/injury: No. Yes	No (2) 0)
Treatment to date: Tetanus: 6-28-2011 Therapy:	
Current Medications: Antibiotics NSAIDs Pain Medication Name/Route/Frequency NAPROXIN for NECK 5 dependentials disc	is neck.
Steroids Injections No Yes	, who mittent
Splint/cast: No Yes	Shading pains
Previous Surgery: No (YES) WENDE NEWE TRANSPOSITION COST OUT	- N/T
Previous tests and results EMG/NCVORT/Yes IV.LLVIN Arthrograms No/Yes Arthrograms No/Yes	(ing + small
X-Ray Wes (6 28 11 CAI scan: COYes	grap weakness
Height 5/0 Weight 165 BMI	& to and when the
Occupation/Hobbies: Grophic desder	r many
Examined in the presence of (R) Age 11 Date 12 11 Name: DOLBERG PAUL	F) rententing
` `	(~)\ [~] \"

KAREN FAITH LEVIN, M.D.

Dulberg

CURRICULUM VITAE

Business Address:

Associated Neurology, S.C.

1900 Hollister Drive

Suite 250

Libertyville, IL 60048

Date of Birth:

August 25, 1964

EXPERIENCE

Neurologist, Associated Neurology, S.C., July 1994 - present.

Instructor, Department of Neurology, Northwestern University McGaw Medical Center, July 1993 - June 1994.

Disability Examiner, Neurology, Veterans Administration Lakeside Hospital, July 1992 - July 1994.

EDUCATION

Fellowship - Neurophysiology/Epilepsy, Northwestern University McGaw Medical Center, Chicago, Illinois, 1993 - 1994.

Chief Resident, Neurology - Northwestern University McGaw Medical Center, Chicago, Illinois, 1992-1993.

Residency - Department of Neurology, Northwestern University McGaw Medical Center, Chicago, Illinois, 1990 - 1993.

Internship - Department of Medicine, St. Joseph Hospital, Chicago, Illinois, 1989 - 1990.

Doctor of Medicine, Northwestern University Medical School, Chicago, Illinois, 1989.

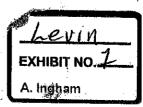
Undergraduate, Northwestern University, Evanston, Illinois, 1982 - 1985.

BOARD CERTIFICATION

Board Certified in Neurology, American Board of Psychiatry and Neurology, 1998. Board Re-Certified in Neurology, American Board of Psychiatry and Neurology, 2008

LICENSURE

Illinois #: 036-084202



KAREN F. LEVIN, M.D. PAGE - 2

PROFESSIONAL SOCIETIES

American Medical Association Illinois State Medical Society Lake County Medical Society American Academy of Neurology

HONORS

Alpha Lambda Delta Honor Society Phi Eta Sigma Honor Society Phi Beta Kappa Honor Society

COMMITTEE APPOINTMENTS

Village of Skokie Board of Health, Commissioner, 1988 - 1992.

Ethics Committee, Condell Memorial Center, 1994 - 1998, Chairman 1996 - 1998.

Patient's Rights Committee, Condell Memorial Center, 1996 - 1998.

Patient Care Committee, Condell Memorial Center, 1996 - 1998.

Department of Medicine, Condell Medical Center, Vice Chairman, 1998-2000.

Credentials Committee, Condell Medical Center, 1998-2000.

American Stroke Association, Operation Stroke Committee,

Clinical Coordinator, Condell Medical Center, 2002-2006.

HOSPITAL AFFILIATIONS

Advocate Condell Medical Center

PUBLICATIONS

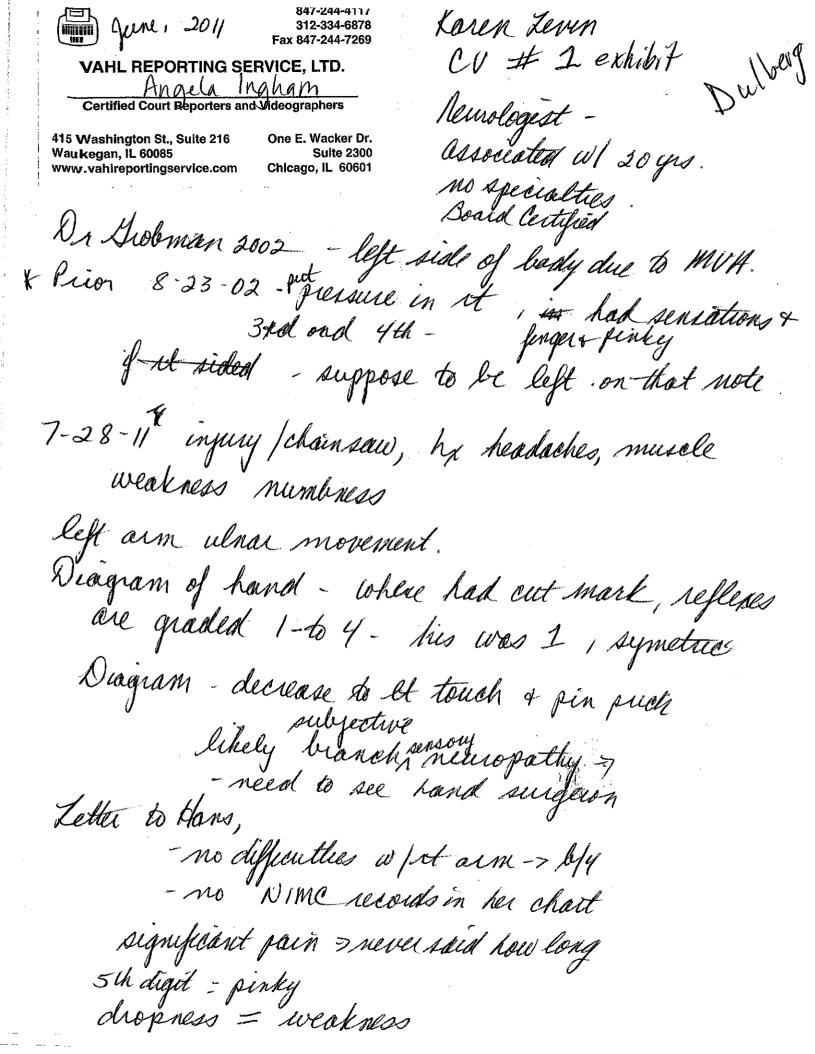
EMG Localization of Seventh Nerve Synkinetic Pathways, Abstract: <u>Muscle & Nerve</u>, September 1994, Presentation: American Association of Electrodiagnostic Medicine, October 1994.

Factors Influencing Patient's Perception of Pain During Neurodiagnostic Testing (EMGNCS), Abstract: Muscle & Nerve, September 1994, Presentation: American Association of Electrodiagnostic Medicine, October 1994.

INVITED LECTURES

Epilepsy and Woman - Lake Forest Medical Hospital-03/1997 and 11/1997 New Advances in Migraine - American Academy of Family Practice Annual Meeting, 1997.

January 2013



Mostly tengling & numb jeering New conduction = Emg 8-10-11 Evag-Onerwe conduction. - showed that news were all condu Tonly hard new conduction. only looks at big newes not the new endings -not test to differentiate nerve endings 8-10-11 - see hand surgeon. to make sure there was anothing else to be done Hand surgeon - Oce 2, 11 Mid america no evid of lerico 7 C/o's ar musclax no surgery 2-29-12 Du Lagerman-hand surgeon Or Leck sent to Lagueman scar, tenderness & sensaturity & ley elbow partial ulnar nerve injury. Ind Eng. 3-13-12 came back to Levin - normal, both paits done. 5-16-12 spoke to Sagerman, wants nueropathic pain medicine allo spoke to Sageman in 2013 -& he wanted

New sympton of contractors - hand cramping up.

Levin 1st saw in 8,2013

T said been having since accord.

2-4-13 croft 5-16-12 8-14-13

> 7-28-11 8-10-11 1-30-12 2-13-12 3-13-12 5-16-12 7-26-12

> > 9-12-19

7-31-12

July 28. 2011, handwritten notes - skeet of diagram a her letter - letter put together 8-10-11 - note likely he would improve over the several months, most bleon 6 mons + a year. clos of new & two pain in letter may result in permanent numbress cutting a nerve can eause numbress Pain getting better noticed numbress of tingling No 40's of pain on 7-28, 4 8-10 1-30-12 - therapist asked him to be re-evaluated PT-not her recommendation Would defects hand specialist re: PT Di has therapy notes from Dynamic Therapy Re-evaluation, numbress + tingling if bent little finger made pain worse wanted to see if slise disease was due so to aim. She did not help w/ disability

The Neck pain - also on dealth questionance of 2003 C8 cervical but Eng was normal

Burning 40's - in july a august tengling - lut it is all lumped logether same area of where he c/o. not eplanable ne: pinky Exam - decreased strength in moving little finger -> subjective 5th digit flered 7 poin in arm Sulyettere. Don't know why? recomended MRI of fore arm. scar raised, could be a nuroma MRI - no nueromas, normal tendens 2-13-12 suggestled get 3 id opinion w/ Sagerman On Leven did not know why To getting 3-13-12 back for Emg 5-4-12 records released to Popouret 5-16-12 Lagumon wanted pain therapy. Haben pentent - for works en neue stops jumping of news. well tolerated Clo's strength had, pain still there. IT brings paul

call W/m Jurens. 6-1-12 spoke to Melessa, clinician, increased meds, due to gardening The 6-11-12 phone increased to los my x2 perda Pain w/ use of the arm -> De has no explanation records to social security. 7-16-12 1-23-13 pe phone call - assistant overwhelning flash, hard to breath, no LOC, not seen if panie attack De not in town. Associate said make To eame in - C/o on meds, stopped it Surgery w/ Sagermen - Seeling better, when uses hand gets burning, has hydrorodone Span - normal, recon o has medicine - sur ha's no cornection to aim injury

Sagermon 7 surgery hager De has no notes re-procide defer to sagermon left tennis albow - 2002 accedent pain behind ellow. condition can come back continued repetition of or use of elbow can bring it back. 5-39-13 migraine not part of his hypery to in this case restart medicine gabapenten DIReccomend seople stop this medicine 8-14-13 - last visit at her office buring, contraction whole arm Ou sconfusión strength is bad alk why having. Scar tissue these hand at a see spells - first time she heard of got on Habapent De and confined. refle the ofo Day strength no atrophy reflexes were equal

9-25-13 Til said De Kugawa > Til getting botax for his distonia if have cont contractions so people got botox It not someone she would recommend for bestox 9-30-13 - On Lujaura would manage his care. Thursle care of Du Keyaura Opinion > 6.28-11 - accid - branch new

b. 28-11 - accid - branch newe disturbance caused sensory changes in hand & forearm Could result in permanent condition Could reare - medication the De would feel be appropriate hoso of use of it aim or hand - no just numbress & ting 17 should be able to use his aim & hand.

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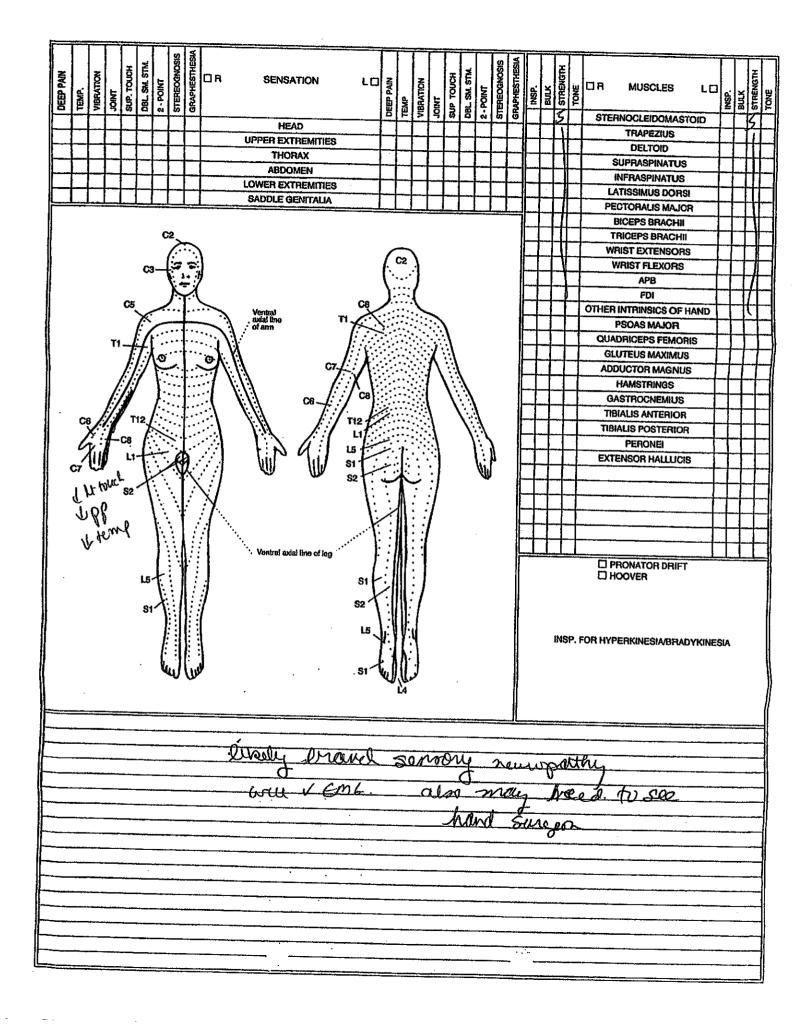
Karen F. Levin, M.D.

KFL/klm

(ui, MI) (mdm)

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CONTINUATION NAME Dulberg. Paul 8-10-11 Drone Nev's sormal. Dranch modian & Whan news itsely were improve somewhat Several rand suxur 1-30-12 here excause has thingsest arked that he ex re-evaluated. still getting number of fingling & burning in spots dian the peravate the pain & sets He is feling for disability & wanted to make do related to the orders (R) Joseph horned ad ductur A pour in ann goon is trouved i bump on end Emp wel VMPT foregum to Ro neurona Ro diruptor of tender or news FU D MRI. 15 MIN BRING ITEM 07-0576231/8290



ASS. CHATED NEUROLOGY, S.C. Mitchell S. Grobman, M.D. Karen F. Levin, M.D. Phone (847) 549-0055 1900 Hollister Drive, Suite 250, Libertyville, IL 60048, Fax (847) 549-0404 **Patient Name:** D.O.B.: SS# Phone #: Home: Work: Send additional copy of report to: 29.5 Diagnosis neuroma or new MRI Brain With Contrast C-Spine ☐ T-Spine anesthesiology administer sedation is medically LS-Spine necessary because of ☐ MIRA Intracraniai ■ Extracranial Ultrasound ☐ X-Ray \Box cr With Contrast Without Contrast TEE 24 Hour Holter Tilt Table To be read by Dr. EEG may sedate using gram(s) chloral hydrate if necessary Other Labs carbamazepine phenytoin phenobarbital valproic acid gabapentin lupus anticoagulant protein C protein S antithrombin III CBC w/plts folate activated protein C resistance thyroid profile TSH anticardiolipin antibody hepatic profile PTT sedimentation rate basic metabolic profile □ B12 ANA with reflex testing glycohemoglobin RPR comprehensive metabolic profile immunofixation homocysteine Acetylcholine receptor antibodies Mitchell S. Grobman, M.D. Karen F. Levin, M.D. Date

DAT	E7.28.2011	ASSOCIA	TED NEUROLOGY, S.C.			
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MEN	ITAL STATUS			<u> </u>	☐ ☐ HANDED	
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`	A las	MEAL IH Q	UESTIONNAIRE		ASSOCIATED NEUROLOGY, S.
Patient's Name:	ullero,	Paul	Dáis	7/28/11	. /
REASON FOR VISIT	01		Date:	1100111	Handedness: X Bight □ L
	Chris	<u> </u>	Right FOR	EARN	AGE: 4/
MEDICAL HISTORY					The state of the s
☐ Headaches	If you have had a	any of the following sy	mptoms or diseases, pl	ease check (/) and	Indicate at what are
☐ Dizzy or ☐ Fainting Spells			₩ BOWEL POLYPS	□ Crohn's/Colitis	☐ Tuberculosis
☐ Decreased Hearing	Tooth/Gur	□ Sore Throat n Pain/Bleeding	Stools: Bloody	☐ Black ☐ Pale	☐ Herpes ☐ AIDS (HIV)
☐ filinging in Ear	☐ Chronic Co	n rain/Bieeoing	☐ Hemorrholds (☐ Contact w/Blood or Body Fluids
☐ Failing Vision ☐ Eye Pain	☐ Hay Fever		☐ Urine Infections	(frequent)	☐ Blood Transfusions
☐ Double or ☐ Blurred Vision	☐ Pneumonia	e/Plantiev	Urination: De	might > twice	☐ Sexual Problems
☐ Hoarseness	☐ Bronchiffs/		□ Pamiui □ Bi □ D ein	oody [] No Control	Males: Prostate PSA Test
☐ Difficulty Swallowing	☐ Asthma/Wi	heezing		Force/Flow	Females: Please complete rest.
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☐ Tremor/Hands Shaking	☐ Chest Pain	or Tightness	☐ Anemia ☐ Bru	ige foo Eosto	☐ Reg. ☐ Irreg. ☐ Pain/Cramps
Muscle Weakness	☐ High Blood		☐ Cancer (Type)	ise casily	Days of Flow
Numbness/Tingling Sensations Back Pain			☐ Diabetes ☐ Ex	Cessive Thiret	Length of Cycle Days
☐ Foot Pain ☐ Cold Numb Feel	☐ Irregular Po	ilse 🛘 Palpitations	☐ Thyrold Disease		1st Date of Last Period
Difficulty Sleeping			☐ Arthritis/Rheuma		Number of:
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☐ Difficulty Walking	☐ Calf Pain W	/hen Walking	☐ Gout ☐ Osteop	orosis	Miscarriages Live Births
☐ Difficulty Speaking	☐ Varicose Ve		🗆 Rashes 🗀 Hivo		☐ Pain/Bleeding During Sex
☐ Imbalance	☐ Loss of App	Detile (recent)	☐ Eczema ☐ Psc		Birth Control Method
☑ Neck Pain ☐ Facial Pain	☐ Indigestion/	neanoum ∖ausea∕Vomiting	☐ Nervousness ☐		If B.C. Pill, Name
☐ Meningitis/Encephalitis	Pentic Dice	r/Abdominal Pain	☐ Moodiness ☐ E	xcessive Stress	☐ Infertility History
☐ Weight Loss or ☐ Gain	☐ Gall Blattde	r Trouble	☐ Mental Illness		☐ Flushing/Menopause
Unusual Fatigue/Loss of Energy	/ Daundice/He		Chicken Pox	Polio Mumps	Date of Last PAP Test
☐ Frequent Ear Infections	☐ Change in E	Bowel Habits	☐ Measles ☐ Ger	man Measles	☐ Normal ☐ Abnormal
☐ Glaucoma ☐ Cataracts	Ð-Diarrhea ⊲Ð	Constinution	☐ Lyme Disease ☐ Rheumatic Fever		Date of Last Mammogram
HOSPITAL ADMISSIONS	Indicate the year o	of hospitalization and ti	ne reason. Do not includ	Li Scarlet Fever	☐ Normal ☐ Abnormal
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you take Include those					DRUG ALLERGIES
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FAMILY HISTORY	lf <u>any blood relative</u>	has suffered any of th	e following, please che	ck below and in the	
	☐ Glaucoma	☐ Anemia	Fil Wigh Diggs Diggs	ck below and indic	ate which relative.
☐ Migraine Headaches	□ Diabetes	☐ Bleeds Easily	☐ High Blood Pressur ☐ High Cholesterol	e	
☐ Stroke ☐ Other Neurologic Disease	☐ Thyroid Goiter	Clotting Disorder	☐ Alcoholism		and the second s
☐ Mental Illness	☐ Hay Fever ☐ Asthma	☐ Arthritis	☐ Genetic Disease	ļ.	
CI	□ Astrima Packs/Day for 2 Ye	☐ Heart Disease	Cancer (Type)		
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TESTS/EXAMS Choleste	orol				
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ave you had any of Anglo	dram	771 s.4m s.	Dans of the		Exam
LICE SC	an of Head	£1 MDL (Scan of Head Scan of Neck		bar Puncture (Spinal Tap)
(2) (1) (1) (1) (2) (2) (2) (3) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	an or Neck	CI MOL 6	Scan of Lower Back	UEEG	6 (Brain Wave)
LICT Sc	an of Lower Back		X-Hays	LIEMU	lonram

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 Elbow Ulnar.R	3.9 ms 8.8 ms	9.1 mV 6.1 mV	Wrist-Elbow	4.9 ms	255 mm	· 52 m/s
Wrist Below elbow Above elbow	2.9 ms 6.2 ms 7.7 ms	10.7 mV 10.1 mV 9.5 mV	Wrist-Below elbow Below elbow-Above elbow	3.3 ms 1.5 ms	180 mm 100 mm	55 m/s 67 m/s

F-Wave Studies:

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

Sensory Nerve Conduction:

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

CONTINUATION 8-14-13 Decidado Dince cont reflesses sure why he is now howing dystonia Sagerman. Since De Hunks Galapant to stop "coed turkey" would need tapening Qureoks mossoch 9.25.13 Pt called Saw Dr. Kugawa

CONTINUATION 2-4-13 Jam normal Imp: Omgraine use Mexal wing (#2) Relpano (H2) which one works best. @ parasherras continue Catapenter goong BIT, how to present mdn Will 8-14-13 here for Fy. read been doing well be he self st. Folking the Collapenter He has been nothing spells of tingling & Driving across seam area then notices contraction in some area self stopped storys a plu second dila Other Jemes ne Hunks He said Dr. Sagerman total Dun in pash fessew Deft. that there was a let of score now soup he god speeds like this sence enjury only Touch now howers it sevens tems a day

CONTINUATION coning con kised Weller make appti 2-4-13 here for Fu. He had been on aprilly stopped it for had surery cen Oslov" When burness comes lock. now has O "tenns ellow also now getting wardache Mary years. O horo Obent many y Frequency slightly Deono Bose in ans twenties then upes hydrocodone Never Iren on Juplans. Lasts entire. when he gets them. als gets oclarunal HALS in

MEDICAL HISTORY

Initial Symptoms Onser: (Immediate) Gradual Date of Injury 6/28/2011 H Year old B/L/A handed F/M? Patriort to 5 would old of Locarolion to chair som 2/2 inche hole to fore own to it was Evitored to the ER. Pt was no bone or major nerve damage. Futient neve due to shooking pairs up to down own to sleep disturbance toldo attenfering with work. LO 2 of arm damage to triball dake of injury. Current Symptoms
Location: Right FEREADM ULDAES De Left Pain: Mild Moderare Severe Intermitteme Continuous Sicep disturbance Sensory: Th IMRIT INCLUS Might Sensory: Th IMRIT INCLUS Sensory: Th IMRIS
Other: Swelling Cold intolerance Color Change Mass Previous Symilar symptoms (Spinsor) Other: Swelling Paresthesias Numbness Tingling Paresthesias Swelling Stillness Triggering Crepitus Cold intolerance Color Change Mass Previous symplor symptoms (Spinsor) Mass
Treatment to date: Tetanus: 6-78-201 Therapy: Current Medications: Antibiotics NSAIDs Pain Medication
Name/Route/Frequency NAPROXIN for NECK 5 degenerative discs in mack. Steroids Injections (No.) Yes
Splint/cast No Yes
Previous surgery: No (Es ULNAR NYRUE TRAILE POSITION (of own) wherethet Previous tests and results
EMG/NCVON/Yes DR. LA. VIN Arthrogram Po/Yes Bone Scan: Wolfes X-Ray (1907) Lo Z8 11 CAT scan: Wolfes CAT scan: Wolfes
Height 5/0" Weight 165 BMI Occupation/Hobbies: Groupling desirance
OT - 9 theren

Associated Neurology,

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 Candas stop Nerve and Stop	Latency	эр ында	S¢gment	Latency	Distance	Conduction
Middian R	·			Difference		Velocity
Wrist Elbow	3.9 ms 8.8 ms	9.1 m/V 6.1 m/V	Wrist-Elbow	4.9 ms	2.55 mm	. 45
Olner R Wrist	2.9 mm	10:7 mV		1,3 (0)3	משת ככב	′ 52 m/a
Below albow Above albow	6,2 mu 7,7 mu	10.1 mV 9.5 mV	Wrist-Below elbow Below elbow-Above elbow	3.3 mm 1.5 mm	180 mag	55 m/c 67 m/s
R-Wave Studies:	<i>^</i>	,	•	•	,	
Norve Median R Ulgar R	M-Latenc 3.8 ma 2.9 ms	y F-Laten 30.9 27.3	Tide!			

Nerve and Site	Ologeca	Penk Latency	Amplitude.	Segment	Latency	Distance	Conduction Velocity
Median R Digit II (index fing Ulnur R	2.3 mi	2.9 ma	, 22 μγ	Wrist-Digit II (index finger)	2,3 ms	130 mm	. 57 m/s
Digit V (little fing	2.0 1201	2.6 voe	28 μV	Wrist-Digit V (little finger)	2,0 _{'1786}	110 man	55 m/a

Interpretation: NCV: Motor: Right median and ulner 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, SUITE 250, LIBERTY VILLE, IL 60048 PHONE (847) 149-0051 • FAX (847) 549-0404

CONTINUATION
NAME DULLEY, FAUL
105/12 505 5Well Layed to Allow ADDIVED Attack
1105/12 SUS 5/10/12 fayed to allay Popovich atto-
(C)

CONTINUATION Dulberg, Paul here for results MRIO. I do not know why pt has continued symptoms flungs get wrise I suggested getting a 3th Junior c DI Soft Sagermen 10 min spent & pt. pough PC Hans male 3416 W Elm Street mottennil 600 Sorce There for Fel. I so he i Dr. Sagerman 5-16-12 Row mod. Mr. Dullers doland there the strength wo improving the also would some the pour, we that from the order. It only court few seconds. Doing PT anything of smalles were Doing the part on right other soon sit wearing will papent enjure hers Will add Copapentin for the 300 mg QHS for I week them BID all 2 Wes or sizner of sole effolds PC from pt - he did some guidouring 2d ago and now his sxs are Ting-1 1 gabapentin to 600 mg bid- Pt noti tilis DC from pt- he is still noticing fres.
Winger of pay I decompain from the nedwerlenger will have been the perfect from the nedwerlenger of all the first of needed. Included Man ILLEIZ VERMAK LATION TO SCA TEM 07-0576231

CONTINUATION Dulberg, Paul ADDRESS 8-10-11 April Novis -2 normal. his es branch new enging main modian & whan news are no Elbery, were empresse, somewhat Several hand sugger as well 1-20-12 here vecause his thingsest a he le re-evaluated. still gette A fingling & lowning en spots dian the What side of land & hand what the aggravates the pain & sets it of all 20 numbres Mall den He is feline for disability for dise direct related to the . I strenth extens (R) fronth digit abducti normal ad ductur c Glexier of 5th digit of pair in ann geon is thoused i bump on end. Emp wel v MPT Grean to Ro neuroma Ro diruptor of tenden or nerve Fel: p"MRJ. 15 Min Spent O ITEM 07-0576231,

ATE: 7.28.2011	AS	SSOCIATED NEUROLOGY, S.C.			
AME Dulberg	Paul	WE	[I HANDED	
IENT AL STATUS				1 LI HANDLO	
R CRANIAL NERVES	LП	EXPLANATORY NOTES	□R	REFLEXES	
☐ SMELL					
□ VISION			·	, \	
☐ ACUITY				V. / /	^
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(
[] FUNDUS			——) (
OPTIC DISC				☐ HOFFMAN	
VESSELS	<u> </u>			☐ TROMNER	
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☐ NYSTAGMUS			□ JAW		
☐ PUPILS					
☐ SIZE / SHAPE			—— □ R	GAIT	
☐ LIGHT				SPONTANEO	ous
[] CONSENSUAL				ON TOES	
☐ AFFERENT PUPIL				ON HEELS	
☐ CORNEAL REFLEX	ļ ·			ARM SWING	
☐ FACIAL SENSATION				□ BASE	
□PIN		41		☐ TANDEM	
☐ LIGHT TOUCH		H	☐ POSTURE		
☐ MUSC. OF MASTIC.	ļ\-		☐ STABILITY		
☐ FACIAL MUSCLES			DROMBERG		
□ UPPER	4	W	TANDEM ROM	BERG	
□ LOWER					
☐ TASTE				GENERAL	
				CAROTID PUL	LSE
☐ AUDITORY ACUITY				☐ CAROTID BRI	
☐ SOFT PALATE				☐ PERIPHERAL	PULSE
☐ GAG				☐ TINEL	
☐ STERNOMASTOID				☐ PHALEN	
☐ TRAPEZIUS	<u> </u>			☐ NECK ROM	
☐ TONGUE				☐ ROM AT WAIS	
				STRAIGHT LE	
R COORDINATION	LO			☐ PARASPINAL	TENDERNES
□ FNF			☐ CARDIAC MUR	MUR	
□нкѕ			☐ KERNIG		
RAPID ALTERNATING MOVEMENTS			☐ BRUDZINSKI		
☐ TONGUE			D L'HERMITTES	51 Hin	G
□HANDS				SUPINE	STAND
☐ FINGERS			ВР	104/68	
□ FOOT	1				1

	1 /200	HEALTH	QUESTIONNAIRE	,	ASSOCIATED NEUROLOGY,
Patient's Name:	Sullerg	, Paul	Date;	1/28/11	Handedness: A Bight [
REASON FOR V	Usil Chain	Saw To	Right FORE	ARM	11/1
	,		- J IONE		AGE: 4/
MEDICAL HIST	ORY If <u>you</u> have ha	d any of the following	symptoms or diseases, pleas	an absolutely	
Headaches		nt Nosebleeds	□ Royal Polyno □	Se cneck (/) and	Indicate at what age.
☐ Dizzy or ☐ Fainting		ain 🛘 Sore Throat	☐ Bowel Polyps ☐ Stools: ☐ Bloody ☐	Cronn's/Colitis	☐ Tuberculosis
☐ Decreased Hearing		Sum Pain/Bleeding	Stools: ☐ Bloody ☐ ☐ Hemorrholds ☐	I Black Pale	☐ Herpes ☐ AIDS (HIV)
☐ Ringing in Ear	☐ Chronic		☐ Urine Infections (fi		☐ Contact w/Blood or Body Fluid
☐ Falling Vision ☐ Eye	Pain 🗀 Hay Fe	ver/Allergies			☐ Blood Transfusions
☐ Double or ☐ Blurred		onia/Pleurisy	Urination: Overni	gnt > tWice	☐ Sexual Problems
☐ Hoarseness		tis/Emphysema	☐ Painful ☐ Bloo ☐ D e in Fo		Males: Prostate PSA Tes
☐ Difficulty Swallowing	☐ Asthma		C'LIC I	rce/Flow	Females: Please complete resi
☐ Convulsions/Seizures	Li Orior uro	ss of Breath:	□ Kidn i nes □ Venereal Disease/	(O - 11 1111 -	Menstrual Flow:
Stroke Head Inju	ry □ On t	Exertion Lying Flat	☐ Urethral Discharge	Genital Warts	Age Started
☐ Tremor/Hands Shakir	19 ☐ Chest F	ain or Tightness			☐ Reg. ☐ Irreg. ☐ Pain/Cramp
Muscle Weakness	☐ High Bio	ood Pressure	☐ Anemia ☐ Bruise		Days of Flow
Numbness/Tingling S	ensations 🔲 Heart M		☐ Cancer (Type)		Length of Cycle Days
☐ Back Pain	☐ Irregula	Pulse Palpitations	☐ Diabetes ☐ Exce	essive Thirst	1st Date of Last Period
☐ Foot Pain ☐ Cold N	umb Feet 🔲 High Ch	olesterol/Fat	☐ Thyrold Disease		Number of:
☐ Difficulty Sleeping	☐ Swollen	Ankles ☐ Blood Clots	☐ Arthritis/Rheumatis		Pregnancies Abortion
☐ Memory Loss ☐ Pho		n When Walking	THE PROPERTY OF THE PROPERTY O		
☐ Difficulty Walking		Veins/Phiebitis	☐ Gout ☐ Osteopo		Miscarriages Live Birti
☐ Difficulty Speaking		Appetite (recent)	☐ Rashes ☐ Hives		☐ Pain/Bleeding During Sex
☐ Imbalance	☐ Indigesti	on/Heartburn	☐ Eczema ☐ Psoria		Birth Control Method
☑ Neck Pain ☐ Facial	Pain 🔲 Persiste	nt Nausea/Vomiting	☐ Nervousness ☐ [If B.C. Pill, Name
☐ Meningitis/Encephaliti	s 🔲 Peptic U	cer/Abdominal Pain	☐ Moodiness ☐ Exe		☐ Infertility History
☐ Weight Loss or ☐ G	ain ☐ Gall Blad	der Trouble			☐ Flushing/Menopause
Unusual Fatigue/Loss	of Energy		☐ Chicken Pox ☐ P	Olio L Mumps	Date of Last PAP Test
☐ Frequent Ear Infection	s 🗆 Change	in Bowel Habits	□ Measles □ Germ □ Lyme Disease	an Measles	☐ Normal ☐ Abnormal
☐ Glaucoma ☐ Catara	cts D Diarrhea	 Constipation 		ma	Date of Last Mammogram
HOSPITAL ADMISS	SIONS Indicate the year		☐ Rheumatic Fever	□ Scarlet I-ever	☐ Normal ☐ Abnormal
YEAR ILLNES		YEAR ILL	VESS OR OPERATION	normal pregnan	
Alwer F	NERVE TRANS		ALGO ON OF LITATION	YEAR	ILLNESS OR OPERATION
7,720	JUERUE / RANS	 			
MEDICATIONS	· · · · · · · · · · · · · · · · · · ·				
List all that	roxin			<u> </u>	
you take					DRUG ALLERGIES
include those					Mone
you buy without a					1000
prescription.					
FAMILY HISTOF	Y If any blood role	ative transfer			
☐ Epilepsy (Seizures)	** <u>===</u>	uve has suffered any o	of the following, please check	k below and indi	cate which relative.
☐ Migraine Headache	L. Glaucoma	∐ Anemia	☐ High Blood Pressure	1	•
Stroke	s □ Diabetes □ Thyroid Gol	☐ Bleeds Easily	☐ High Cholesterol		
Other Neurologic Di	sease	ter ☐ Clotting Disord ☐ Arthritis			 -
☐ Mental Illness	☐ Asthma	□ Heart Disease	☐ Genetic Disease		
Cigare	ttes: _/_ Packs/Day for <u>/</u>		Cancer (Type)		
	moking:Years Ago		中 Drinks/Week Coffee: 2 rugs: <i>Jowを</i>	Cups/Day R	legular Exercise: ☐ Yes 邑 No
TESTS/EXAMS	Cholesterol				
(Year of Last One)	Rectal		gar	Other	Blood Tests
(July of East Offe)	T.B. Test		est X-Ray	Cardi	ogram
Have you had any of			Exam	Denta	al Exam
these tests done?	☐ Anglogram	DN	IRI Scan of Head		mbar Puncture (Spinal Tap)
If so, please check	☐ CT Scan of Head ☐ CT Scan of Neck	LIN	IRI Scan of Neck	ПЕБ	G (Brain Wave)
and indicate year.	CT Scan of Lower Back	U	IRI Scan of Lower Back		G
	Daci	·	leck X-Rays	[™ Max	ologram

July 28, 2011

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

RE: Paul Dulberg

Dear Mr. Mast,

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

Sincerely,

Evin, MD (mdm) Karen F. Levin, M.D.

KAREN F. LEVIN, MD

1900 HOLLISTER DR., SUITE 250	,
	LIBERTYVILLE, IL 6004
Name_ Paul Bullere	Date_5/6-/2
Address	Date () /8 / 2
D	
R Nouronkin	300 mg
Nouronten des # 60	1/
T pa Bl	0
□ Label	
Refill - 0 - 1 - 2 - 3 - 4 - PRN	
May Substitute Al	
May Not Substitute	, M.D.

ASS - CIATED NEUROLOGY, S.C Mitchell S. Grobman, M.D. Karen F. Levin, M.D. Phone (847) 549-0055 1900 Hollister Drive, Suite 250, Libertyville, IL 60048, Fax (847) 549-0404 Patient Name: D.O.B.: SS# Phone #: Home: Work: Send additional copy of report to: lo neuroma or ner Diagnosis MRI Brain With Contrast C-Spine Without Contrast T-Spine anesthesiology administer sedation is medically LS-Spine necessary because of ☐ MRA Intracranial Extracranial Ultrasound X-Ray CT With Contrast Without Contrast TEE 24 Hour Holter Tilt Table To be read by Dr.__ EEG may sedate using gram(s) chloral hydrate if necessary Other Labs __ carbamazepine phenytoin _ phenobarbitai ___ valproic acid gabapentin lupus anticoagulant protein C protein S antithrombin III CBC w/plts folate activated protein C resistance thyroid profile TSH anticardiolipin antibody hepatic profile PTT sedimentation rate basic metabolic profile B12 ANA with reflex testing glycohemoglobin RPR comprehensive metabolic profile immunofixation homocysteine Acetylcholine receptor antibodies Mitchell S. Grobman, M.D. Karen F. Levin, M.D. Date

Associated Neurology, S.C.

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

NEUROPHYSIOLOGY REPORT

Name: Dulberg, Paul

Test No.: 12-0305

Date of Exam: 13 Mar 12

Consulting Doctor: Scott Sagerman, M.D.

Motor N	erve Conduc	tion:
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Nerve and Site	Latency	Amplitude	Segment	Latency	Distance	Conduction
Median R Wrist	3.9 ms	54		Difference		Velocity
Elbow Ulnar.R	8.3 ms	5.4 mV 3.1 mV	Wrist-Elbow	4.4 ms	240 mm	55 m/s
Wrist Below elbow Above elbow	3.0 ms 6.7 ms 8.4 ms	12.2 mV 11.4 mV 11.3 mV	Wrist-Below elbow Below elbow-Above elbow	3.7 ms 1.7 ms	220 mm 100 mm	59 m/s 59 m/s
TO XXI						

F-Wave Studies:

Nerve Median.R Ulnar.R	M-Latency 3.9 ms 3.3 ms	F-Latency 29.6 ms
	5.5 ms	$28.7 \mathrm{ms}$

Sensory Nerve Conduction:

Nerve and Site Median.R	Onset Latency	Peak Latency	Amplitude	Segment	Latency Difference	Distance	Conduction Velocity
Digit II (index finger) Ulnar.R Digit V (little 5:	2.4 ms	3.2 ms	22 μν	Wrist-Digit II (index finger)	2.4 ms	130 mm	53 m/s
Digit V (little finger)	2.0 ms	2.7 ms	28 μV	Wrist-Digit V (little finger)	2.0 ms	110 mm	55 m/s

Needle EMG Examination: Muscle Flexor carpi radialis.R Flexor carpi ulnaris.R Extensor indicis proprius.R Ist dorsal interosseous.R Abductor digiti minimi (manus).R Abductor pollicis brevis.R	Spontaneous and Volitional Activity Fibs +Waves Fase's Poly Amp Dur None None None None None None None None
	None None None Normal Normal

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

EMG: No denervation potentials are seen.

Conclusions:

No electrophysiologic evidence of focal or diffuse peripheral neuropathy.



PATIENT: DULBERG, PAUL

MRN:

DOB:

1585839

03/19/1970

PHYSICIAN: LEVIN, MD, KAREN

EXAM: MR FOREARM W/ AND

W/O 73220

DOS: 02/03/2012

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

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

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

Contrast: 15 cc of gadolinium was infused.

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

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

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

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

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

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

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



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

Page 2 of 2

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

Physical And Angles, and Electronically Signed By: THOMAS A. PREDEY MD

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

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

NEUROPHYSIOLOGY REPORT

Name: Dulberg, Paul

Test No.: 11-0802

Date of Exam: 10 Aug 11

Motor 1	<u> Verve</u> (onduction:
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Nerve and Site	Latency	Amplitude	Segment	Latency Difference	Distance	Conduction Velocity
Median.R Wrist Elbow Ulnar.R	3.9 ms 8.8 ms	9.1 mV 6.1 mV	Wrist-Elbow	4.9 ms	255 mm	52 m/s
Wrist Below elbow Above elbow	2.9 ms 6.2 ms 7.7 ms	10.7 mV 10.1 mV 9.5 mV	Wrist-Below elbow Below elbow-Above elbow	3.3 ms 1.5 ms	180 mm 100 mm	55 m/s 67 m/s

F-Wave Studies:

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

Sensory Nerve Conduction:

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

CONTINUATION Dulberg, Paul 8-10-11 Orere for Nov's - normal. This is branch new enguy man modian & whan news are no Elbrely, were emprise, somewhat Several To See hand suger as well 1-30-12 here breame has therapist asked that
he be re-evaluated. ptill getting numbers
of tryling & brunne is sport dian the
Whom side of barding hard
If he bends has little finger is it
aggravates the pain of sets it of all day He is feline for disability for dise direct Dein: Istenth grown (B) fronth digit abduetor normal ad ductur c blever of 5th digit & paur is ann gear is thoused ? bump on end. Emp wel v MPI Grean To Rto neuroma Ro diruptor of tenden or nerve Fly p MRJ. 15 Min Spent o pl ITEM 07-0576231/8290 will add copapenting all 2 wes or

ded some guidowing now his sxs

TEM 07-0576237/82

					,
DATE: 7 - 28 - 2011	ASSOCIATI	ED NEUROLOGY, S.C.	•		
NAME DILLOVE D	200				
MENTAL STATUS	met	M F	· · · · · · · · · · · · · · · · · · ·	R L HANDED	
					,
☐R CRANIAL NERVES L	EXPLA	NATORY NOTES			
☐ SMELL			□R	REFLEXES	· . L[
☐ VISION				\bigcirc	
☐ ACUITY				1.1.	$\dot{\sim}$
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			_	\(\frac{1}{2}\).	•
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☐ FACIAL SENSATION ☐ PIN			- .	☐ TANDEM	•
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□ UPPER	w		TANDEM ROM	MBERG	
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R COORDINATION L				☐ PARASPINAL T	ENDERNESS
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RAPID ALTERNATING MOVEMENTS			□ BRUDZINSKI		
☐ TONGUE		A. (1)	☐ L'HERMITTES	Sitting)
☐ HANDS				SUPINE	STANDING
☐ FINGERS			ВР	104/68	<u> </u>
□ FOOT			HR	72	

		HEALTH Q	UESTIONNAIRE		ASSOCIATED NEUROLOGY, S.
Patient's Name:	unerg, 1	aul	Date:	1128/11	
REASON FOR VISIT	Chainsan) To	0 >	grn	Handedness: ABight L
					AGE. //
MEDICAL HISTORY	If <u>you</u> have had any o	f the following sy	mptoms or diseases, pleas	a chook (() and	
Effeadaches	Frequent Noseb	leeds	☐ Bowel Polyps ☐	Crobolo/College	
☐ Dizzy or ☐ Fainting Spells	🗌 Sinus Pain 🔲	Sore Throat	Stools: Bloody	Black II Dala	☐ Tuberculosis
☐ Decreased Hearing	☐ Teeth/Gum Pair	n/Bleeding	☐ Hemorrholds ☐ I	Hemia	☐ Herpes ☐ AIDS (HIV)
☐ Ringing in Ear	☐ Chronic Cough		☐ Urine Infections (fr		☐ Contact w/Blood or Body Fluids
☐ Falling Vision ☐ Eye Pain	☐ Hay Fever/Aller		Urination: 🔲 Overnig	oquonity oht > twice	☐ Blood Transfusions
☐ Double or ☐ Blurred Vision	☐ Pneumonia/Plet		☐ Painful ☐ Bloo		☐ Sexual Problems
Hoarseness	☐ Bronchitis/Emph			rce/Flow	Males: ☐ Prostate ☐ PSA Test
☐ Difficulty Swallowing ☐ Convulsions/Seizures	☐ Asthma/Wheezi		☐ Kidn∈ nes		Females: Please complete rest.
☐ Stroke ☐ Head Injury	☐ Shortness of Bre		☐ Venereal Disease/	Genital Warts	Menstrual Flow;
☐ Tremor/Hands Shaking	☐ On Exertion	☐ Lying Flat	Urethral Discharge		Age Started
Muscle Weakness	☐ Chest Pain or Ti		🗆 Anemia 🗀 Bruise	Easily	☐ Reg. ☐ Irreg. ☐ Pain/Cramps
Numbness/Tingling Sensations	☐ High Blood Pres	sure	☐ Cancer (Type)		Days of Flow
Back Pain			☐ Diabetes ☐ Exce	ssive Thirst	Length of Cycle Days
☐ Foot Pain ☐ Cold Numb Feet	☐ Irregular Pulse	☐ Palpitations	☐ Thyrold Disease		1st Date of Last Period
Difficulty Sleeping			☐ Arthritis/Rheumatis		Number of:
☐ Memory Loss ☐ Phobias	☐ Swollen Ankles		☐ Bone Fracture/Join		Pregnancies Abortions
☐ Difficulty Walking	☐ Calf Pain When \		☐ Gout ☐ Osteopor	osis	Miscarriages Live Births
☐ Difficulty Speaking	☐ Varicose Veins/F		☐ Rashes ☐ Hives		☐ Pain/Bleeding During Sex
□Imbalance	☐ Loss of Appetite☐ Indigestion/Heart		☐ Eczema ☐ Psoria		Birth Control Method
☑ Neck Pain ☐ Facial Pain	☐ Persistent Nause		☐ Nervousness ☐ □		If B.C. Pill, Name
☐ Meningitis/Encephalitis	Peptic Ulcer/Abd		☐ Moodiness ☐ Exc		☐ Infertility History
☐ Weight Loss or ☐ Gain	☐ Gall Bladder Trou		☐ Mental Iliness		☐ Flushing/Menopause
☐ Unusual Fatigue/Loss of Energy	☐ Jaundice/Hepatiti		☐ Chicken Pox ☐ Po		Date of Last PAP Test
☐ Frequent Ear Infections	☐ Change in Bowel		☐ Measles ☐ Germa		☐ Normal ☐ Abnormal
☐ Glaucoma ☐ Cataracts	Ð Dlarrhea ⊕ Cor		☐ Lyme Disease	-	Date of Last Mammogram
HOSPITAL ADMISSIONS			☐ Rheumatic Fever [☐ Scarlet Fever	☐ Normal ☐ Abnormal
YEAR ILLNESS OR OF	ERATION YEAR	B ILLNE	SS OR OPERATION		
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MEDICATIONS					
List all that Noproxi	ر				
you take		·	-		DRUG ALLERGIES
include those			<u></u>		Mone
you buy without a					70070
prescription.					
FAMILY HISTORY	if any blood relative has	cuffored			
☐ Epilepsy (Seizures)	- sart brook relative has	surrerea any of t	he following, please check	below and indic	ate which relative.
☐ Migraine Headaches		Anemia	☐ High Blood Pressure	1	
☐ Stroke		Bleeds Easily	☐ High Cholesterol	-	
Other Neurologic Disease		Clotting Disorder Arthritis	☐ Alcoholism		
☐ Mental Illness		Heart Disease	☐ Genetic Disease ☐ Cancer (Type)	1.	
HABITS Cigarettes: _/_	Packs/Day for 20 Years		Drinks/Week Coffee: 2		
Quit Smoking:	Years Ago	Street Drug	s: None		egular Exercise: ☐ Yes 弖No
TESTS/EXAMS Choleste	erol	Sugar		Other	Blood Tooto
rear of Last One) Rectal_		Chest	X-Ray	Cardio	Blood Tests
T.B. Tes	t		kam	Dante	ogram
ave you had any of Anglo	gram	ПМел			
lese tests done?	an of Head	□ MBI	Scan of Head Scan of Neck		bar Puncture (Spinal Tap)
GO, Please Check	an of Neck	€IMRI	Scan of Lower Back		G (Brain Wave)
□ CT Sc	an of Lower Back		X-Rays		a

ASS CIATED NEUROLOGY, S.C. Mitchell S. Grobman, M.D. Karen F. Levin, M.D. Phone (847) 549-0055 1900 Hollister Drive, Suite 250, Libertyville, IL 60048, **Patient Name:** D.O.B.: SS# Phone #: Home: Work: Send additional copy of report to: neuroma or new or Diagnosis MRI Brain With Contrast C-Spine Without Contrast T-Spine anesthesiology administer sedation is medically LS-Spine necessary because of MRA Intracranial Extracranial Ultrasound X-Ray CT With Contrast Without Contrast Echo TEE 24 Hour Holter Tilt Table To be read by Dr. EEG may sedate using gram(s) chloral hydrate if necessary Other Labs _ carbamazepine phenytoin phenobarbital valproic acid gabapentin lupus anticoagulant ___ protein C protein S antithrombin III CBC w/pits folate activated protein C resistance thyroid profile TSH anticardiolipin antibody hepatic profile PTT sedimentation rate basic metabolic profile B12 ANA with reflex testing glycohemoglobin **RPR** comprehensive metabolic profile immunofixation homocysteine Acetylcholine receptor antibodies

Mitchell S. Grobman, M.D.

Karen F. Levin, M.D.

Date

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

F-Wave Studies:

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

Sensory Nerve Conduction:

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

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

<u>Conclusions:</u> No electrophysiologic evidence of diffuse neuropathy.

CONTINUATION Dulberg, Paul 8-10-11 Orace por Nev's - normal. This is branch new engury main modian & Whan news a Subjectly, well imprise, gov. wes an ne to See hand suger do we 1-30-12 here because has therapist orbed that he le re-evaluated. still getting number of trusches & bots diesen the Ulnan side of land of hand with finance of he lends has little finance of aggravates the pain & pers it offall is orbed that 20 numbrer He is feline for disability for dise direct for dure dura releated to the Dun: Istunth entire (B) frath digit abductor normal ad ductur c flexer of 5th digit of paur is any geon is thoused I bump on end Somp well v MPT foregum to Ro neuroma Roderuptur of tenden or nerve FU P MRJ. 15 MM SPENT O 1. ITEM 07-0576231/8290

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	□ SMELL							\bigcirc	. •
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	OCALI MOVEMENT	<u> </u>		· · · · · · · · · · · · · · · · · · ·			SNOUT		
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	☐ TONGUE	-	····					SUPTNE	
	☐ HANDS	<u> </u>			····· <u>·</u>			104/68	STANDING
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A VVIII A MARKANIA M							HR	16	

HEALTH QUESTIONNAIRE ASSOCIATED NEUROLOGY, S.C. Handedness: 12 Bight □ Left **REASON FOR VISIT MEDICAL HISTORY** If you have had any of the following symptoms or diseases, please check (/) and indicate at what age. Headaches ☐ Frequent Nosebleeds ☐ Bowel Polyps ☐ Crohn's/Colitis ☐ Tuberculosis ☐ Dizzy or ☐ Fainting Spells ☐ Sinus Pain ☐ Sore Throat Stools: Bloody Black Pale ☐ Herpes ☐ AIDS (HIV) ☐ Decreased Hearing ☐ Teeth/Gum Pain/Bleeding ☐ Hemorrhoids ☐ Hemia ☐ Contact w/Blood or Body Fluids ☐ Ringing in Ear ☐ Chronic Cough ☐ Urine Infections (frequent) ☐ Blood Transfusions ☐ Failing Vision ☐ Eve Pain ☐ Hay Fever/Allergies Urination: Overnight > twice Sexual Problems ☐ Double or ☐ Blurred Vision ☐ Pneumonia/Pleurisy ☐ Painful ☐ Bloody ☐ No Control Males: ☐ Prostate ☐ PSA Test ☐ Hoarse ness ☐ Bronchitis/Emphysema $\alpha \square$ e in Force/Flow Females: Please complete rest. ☐ Difficulty Swallowing ☐ Asthma/Wheezing ☐ Kidn∈ Menstrual Flow: ☐ Convutsions/Seizures Shortness of Breath: ☐ Venereal Disease/Genital Warts Age Started ☐ Stroke ☐ Head Injury ☐ On Exertion ☐ Lying Flat ☐ Urethral Discharge ☐ Reg. ☐ Irreg. ☐ Pain/Cramps ☐ Tremor/Hands Shaking ☐ Chest Pain or Tightness ☐ Anemia ☐ Bruise Easily Muscle Weakness Days of Flow ____ ☐ High Blood Pressure Cancer (Type) _____ ☑ Numbness/Tingling Sensations Length of Cycle _____ Days ☐ Heart Murmur ☐ Diabetes ☐ Excessive Thirst 1st Date of Last Period ☐ Back Pain ☐ Irregular Pulse ☐ Palpitations ☐ Thyroid Disease ☐ Foot Pain ☐ Cold Numb Feet Number of: ☐ High Cholesterol/Fat ☐ Arthritis/Rheumatism ☐ Difficulty Sleeping ____ Pregnancies ____ Abortions ☐ Swollen Ankles ☐ Blood Clots ☐ Bone Fracture/Joint Injury ☐ Memory Loss ☐ Phobias Calf Pain When Walking ___ Miscarriages ____ Live Births ☐ Gout ☐ Osteoporosis ☐ Difficulty Walking ☐ Varicose Veins/Phlebitis ☐ Pain/Bleeding During Sex ☐ Rashes ☐ Hives ☐ Difficulty Speaking Birth Control Method _____ ☐ Loss of Appetite (recent) ☐ Eczema ☐ Psoriasis ☐ Imbalance ☐ Indigestion/Heartburn If B.C. Pill, Name ☐ Nervousness ☐ Depression ☐ Persistent Nausea/Vomiting ☐ Moodiness ☐ Excessive Stress ☐ Infertility History ☐ Peptic Ulcer/Abdominal Pain ☐ Flushing/Menopause ☐ Mental Iliness ☐ Weight Loss or ☐ Gain ☐ Gall Bladder Trouble ☐ Chicken Pox ☐ Polio ☐ Mumps Date of Last PAP Test ☐ Unusua I Fatigue/Loss of Energy ☐ Jaundice/Hepatitis ☐ Measles ☐ German Measles ☐ Normal ☐ Abnormal ☐ Frequent Ear Infections ☐ Change in Bowel Habits ☐ Lyme Disease Date of Last Mammogram ☐ Glaucoma ☐ Cataracts ☑ Diarrhea ☑ Constipation ☐ Rheumatic Fever ☐ Scarlet Fever ☐ Normal □ Abnormal HOSPITAL ADMISSIONS Indicate the year of hospitalization and the reason. Do not include normal pregnancies. ILLNESS OR OPERATION YEAR ILLNESS OR OPERATION YEAR ILLNESS OR OPERATION MEDICATIONS NaproxiN DRUG ALLERGIES List all that you take include those vou burv without a prescription. FAMILY HISTORY If any blood relative has suffered any of the following, please check below and indicate which relative. ☐ Epilepsy (Seizures) ☐ Glaucoma ☐ Anemia ☐ High Blood Pressure ☐ Migraine Headaches ☐ Diabetes ☐ Bleeds Easily ☐ High Cholesterol ☐ Stroke ☐ Thyroid Goiter □ Clotting Disorder ☐ Alcoholism ☐ Other Neurologic Disease ☐ Hay Fever ☐ Arthritis ☐ Genetic Disease ☐ Mental Iliness ☐ Asthma ☐ Heart Disease ☐ Cancer (Type) Cigarettes: / Packs/Day for # Years Alcohol: Drinks/Week Coffee: 2 Cups/Day Regular Exercise: ☐ Yes 점No **HABITS** Street Drugs: NovE Quit Smoking: __ Years Ago Cholesterol TESTS/EXAMS Sugar_ Other Blood Tests Rectal Chest X-Ray Year of Last One) Cardiogram _____ T.B. Test ___ Eye Exam _____ Dental Exam Have you had any of Angiogram _____ MRI Scan of Head _____ ☐ Lumbar Puncture (Spinal Tap)____ these tests done? CT Scan of Head _____ ☐ MRI Scan of Neck ___ ☐ EEG (Brain Wave) _____ If so, please check . ☐ CT Scan of Neck __ ☐ MRI Scan of Lower Back _____ □EMG and indicate year. CT Scan of Lower Back _____ □ Neck X-Rays ___ ☐ Myelogram ___

MITCHELL S. GROBMAN, M.D. Karen F. Levin, M.D.

July 28, 2011

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

RE: Paul Dulberg

Dear Mr. Mast.

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

Sincerely,

(Evin, M) Karen F. Levin, M.D.

KFL/klm

ASS DIATED NEUROLOGY, S.C Mitchell S. Grobman, M.D. Karen F. Levin, M.D. Phone (847) 549-0055 1900 Hollister Drive, Suite 250, Libertyville, IL 60048, **Patient Name:** D.O.B.: SS# Phone #: Home: Work: Send additional copy of report to: o neuroma or nervo trauma Diagnosis MRI Brain With Contrast C-Spine Without Contrast T-Spine anesthesiology administer sedation is medically LS-Spine necessary because of MRA Intracranial Extracranial Ultrasound X-Ray With Contrast Without Contrast Echo TEE 24 Hour Holter Tilt Table To be read by Dr. EEG may sedate using gram(s) chloral hydrate if necessary Other Labs carbamazepine phenytoin phenobarbital valproic acid gabapentin lupus anticoagulant protein C protein S antithrombin III CBC w/plts folate activated protein C resistance thyroid profile TSH anticardiolipin antibody hepatic profile PTT sedimentation rate basic metabolic profile B12 ANA with reflex testing glycohemoglobin RPR comprehensive metabolic profile

Mitchell S. Grobman, M.D.

immunofixation

Karen F. Levin, M.D.

homocysteine

1-30-12

Acetylcholine receptor antibodies

Date

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
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Nerve	M-Latency	F-Latency
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Nerve and Site	Onset Latency	Peak Latency	Amplitude	Segment	Latency Difference	Distance	Conduction Velocity
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Conclusions: No electrophysiologic evidence of diffuse neuropathy.