10693
04-16-12 10:15am

TREATMENT ENCOUNTER NOTE

Patient Information

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

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

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

Appointment Detail

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

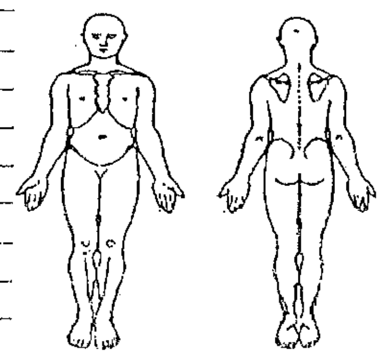
Tx Time Out: 11 40 Total Time Based Time: ______

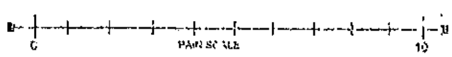
Date: 04 / 16 / 12 # Visits Prior To Today: 24 of 24 Total Treatment Time: ______

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

Additional Treatment Codes: ______

SOAP: S: Pt reports ↑'d soreness that began ½ hour prior to Tx today. Pt does also report to haven't had any "tingles" for past 2 days.
O: MHP x10 min to ↑ soft tissue extensibility prior to US 50%, 8w/cm² to scar, arm cradle, [illegible] of forearm, intrinsic stretches, long [illegible] stretches. Cont c strengthening as per Rx log.
A: Tol well c min c/o of ↑'d pain p Tx, pt c/o overall feeling of weakness / fatigue.
P: Cont c POC.





THERAPIST / CREDENTIALS

LICENSE NO. ______

10725
04-12-12 10:22am
8

TREATMENT ENCOUNTER NOTE

Patient Information

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

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

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

Appointment Detail

Discipline: OT Tx Time In: 130 Units: 4

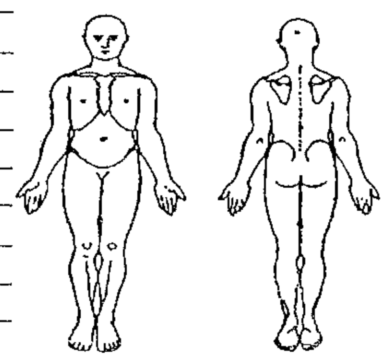
Tx Time Out: 230 Total Time Based Time: ______

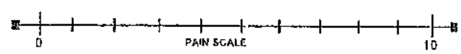
Date: 04 / 12 / 12 # Visits Prior To Today: 21 of 24 Total Treatment Time: ______

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

Additional Treatment Codes: ______

SOAP: S: "My arm was sore after my last therapy."
O: Cont per Rx flow sheet. No adverse effects to HP or US noted. Focused on stretching and strengthening [illegible] to stretch long flexors.
A: tol Rx fair. Nerve was aggravated by strengthening
P: Cont. Upgrade as tol and per nerve tolerance.





THERAPIST / CREDENTIALS

LICENSE NO. ______

TREATMENT ENCOUNTER NOTE

Patient Information

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

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

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

Appointment Detail

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

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

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

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

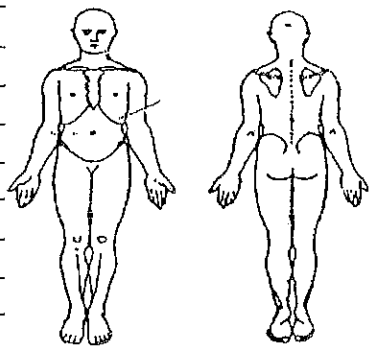
Additional Treatment Codes:

SOAP: S: "I cooked Thanksgiving and I found that I had trouble holding the plate. It was too heavy. My fingers are tingling now."

O: Cont per Rx flow sheet. No adverse effects to HHP noted. STM, stretching f/u to strengthening and pain.

A: Pain decreased after Rx

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



PAIN SCALE 0 10

THERAPIST / CREDENTIALS

LICENSE NO. _____

10693
04-05-12 11:50am

TREATMENT ENCOUNTER NOTE

Patient Information

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

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

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

Appointment Detail

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

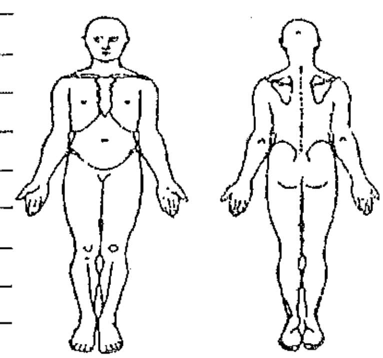
Tx Time Out: 4^00   Total Time Based Time: ______

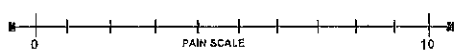
Date: 04 / 05 / 12   # Visits Prior To Today: 20 of 24   Total Treatment Time: ______

RT Code	Description	Units	RT Code	Description	Units	RT Code	Description	Units
A001	PT Eval		F010	Vasopneumatic Device		C005	Gait Training	
A002	PT Re Eval		G001	Ultrasound	1	F008	Traction Mechanical	
A003	OT Eval		B001	Manual Therapy	2	H003	Custom WHFO Static	
A004	OT Re Eval		C001	Theraputic Activities		H006	Custom WHO Static	
F003	HP/CP	1	C002	Neuromuscular Re-Ed		H005	Custom WHFO Dynamic	
F004	Estim Unattend		C003	Therapeutic Exercise	2	H016	Custom HFO Static	

Additional Treatment Codes:

SOAP: S: Pt reports new C/O, tol last visit c̄ 0 adverse effect
O: MHP x10 min followed by 50% U.S. & Tens to ↑ tissue pliability. Scar mobil, STM of forearm & hand, flexors wrist & digits. Strengthening of intrinsics as per Rx log. BTE set up & run through x1. - Tool # 162, 302 & 202, 601.
A: Tol well c̄ min C/O.
P: Cont c̄ P.O.C.





THERAPIST / CREDENTIALS [signature] OTR/L

LICENSE NO. ______

TREATMENT ENCOUNTER NOTE

Patient Information

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

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

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

Appointment Detail

Discipline: OT Tx Time In: 500 Units: _____

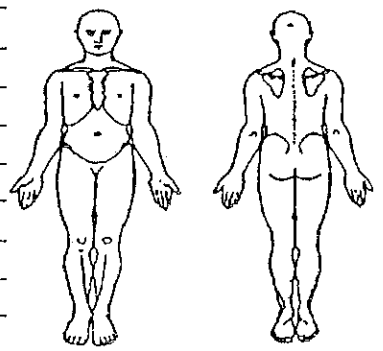
Tx Time Out: _____ Total Time Based Time: _____

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

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

Additional Treatment Codes: _____

SOAP: See initial Eval & flowsheets



0 PAIN SCALE 10

THERAPIST / CREDENTIALS

LICENSE NO. _____

10693
02-06-12 07:58am

TREATMENT ENCOUNTER NOTE

Patient Information

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

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

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

Appointment Detail

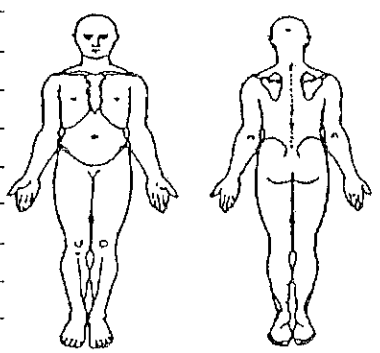
Discipline: OT Tx Time In: 900 Units: 4

Tx Time Out: 1000 Total Time Based Time: _____

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

Treatment codes: 97004(NC), ~~97145~~ 97110(3), 97112

SOAP: Re-assess / Rx flowsheet. Pt to be placed on hold until he sees MD again.



0 PAIN SCALE 10

THERAPIST / CREDENTIALS

LICENSE NO.

TREATMENT ENCOUNTER NOTE

Patient Information

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

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

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

Appointment Detail

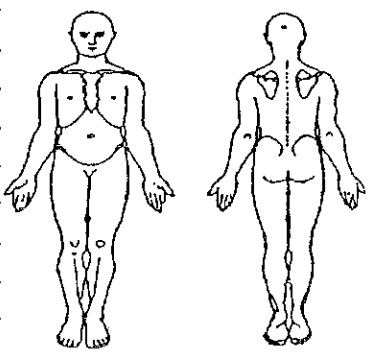
Discipline: OT Tx Time In: 830 Units: 4

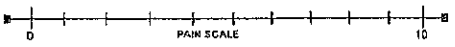
Tx Time Out: 930 Total Time Based Time: _____

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

Treatment codes: 97010, 97035, 97140, 97110

SOAP: S: "Hot fomen bending sets off the pain in migraine"
O: Cont per Rx from Shaw. No adverse effects to MHP/US noted. Isolated FDS to SF only consistently sets off nerve pain along Ulnar nerve.
A: Ulnar nerve appears to be affected by SF FDS contraction
P: Cont to upgrade per pt tol.





THERAPIST / CREDENTIALS

LICENSE NO

TREATMENT ENCOUNTER NOTE

Patient Information

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

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

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

Appointment Detail

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

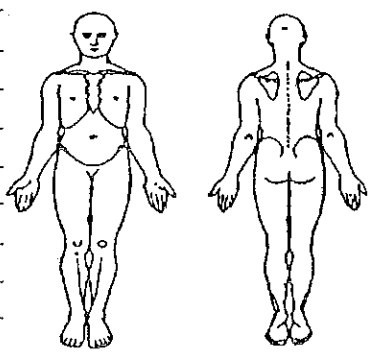
Tx Time Out: 3:30 Total Time Based Time: _____

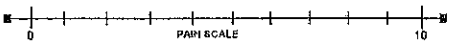
Date: 01 / 30 / 12 # Visits Prior To Today: 16 of 24 Total Treatment Time: _____

MT, TE, US, Mfp

Treatment codes: 97140, 97110, 97035, 97010

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





THERAPIST / CREDENTIALS

LICENSE NO

TREATMENT ENCOUNTER NOTE

Patient Information

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

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

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

Appointment Detail

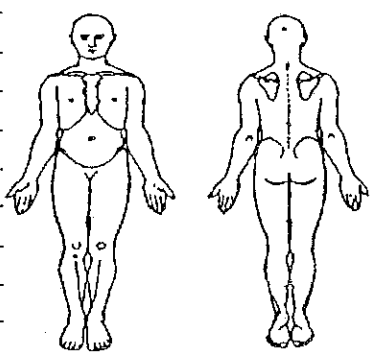
Discipline: OT Tx Time In: 2pm Units: 5

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

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

Treatment codes: 97035, 97010, 97140, 97110

SOAP: S: "My arm is feeling a little better, but still has sharp pains"
O: Cont per Ex flow sheet. No adverse effects to UHP or US noted
PL continues to demonstrate decr hypersensitivity and pain along ulnar nerve. Palpable nodule appears to elicit nerve pain. Fatigue noted after Ex.
A: Tolerated Ex fair – nerve pain flu't fatigue after Ex.
P: Attempt to upgrade – but limited per pt tolerance.



0 PAIN SCALE 10

THERAPIST / CREDENTIALS

LICENSE NO

TREATMENT ENCOUNTER NOTE

Patient Information

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

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

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

Appointment Detail

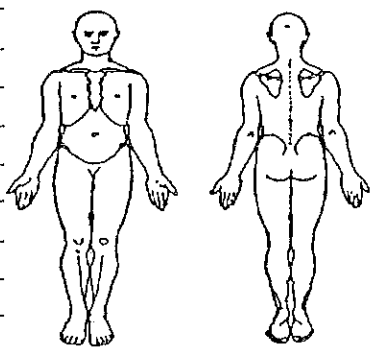
Discipline: OT Tx Time In: 2:30 Units: 5

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

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

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

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



THERAPIST / CREDENTIALS

LICENSE NO.

TREATMENT ENCOUNTER NOTE

Patient Information

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

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

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

Appointment Detail

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

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

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

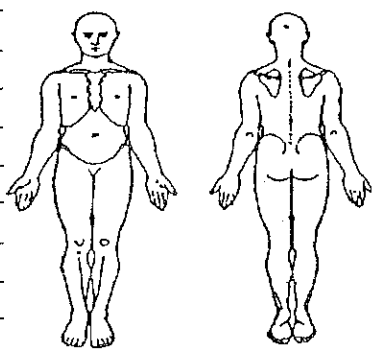
Treatment codes: 97035, 97010, 97140, 97110

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

O: Cont per Ex Flow Sheet. No adverse effects to US/estim noted. Pt. continues to demonstrate hypersensitivity of ulnar nerve. Pt reports that nerve hypersensitivity 7/8 affects ease/ability of saying his name.

A: Cont hypersensitivity/pain in ulnar nerve.

P: Cont to upgrade per pt tol



0 PAIN SCALE 10

THERAPIST / CREDENTIALS

TREATMENT ENCOUNTER NOTE

Patient Information

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

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

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

Appointment Detail

Discipline: OT Tx Time In: 1100 Units: 5

Tx Time Out: 1215 Total Time Based Time: _____

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

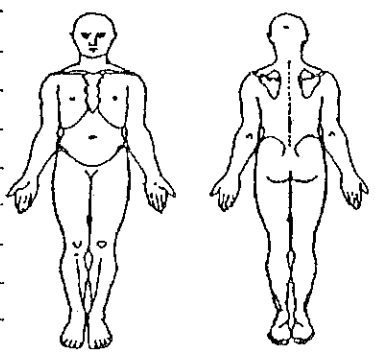
Treatment codes: (2)97110, 97140, 97035, 97010

SOAP: S: "The shooting pain is left better after my therapy

O: Cont per Rx flow sheet. No adverse effects to OS or UHP noted.
pt is "shooting pain" has decreased with deep tissue massage

A: Impinging nerve pain relief with deep tissue massage. Rx ended @ 2 units

P: Cont to upgrade per ot tol. Strengthening as tol.
pt reported relief pre & post UHP



0 PAIN SCALE 10

THERAPIST / CREDENTIALS

TREATMENT ENCOUNTER NOTE

Patient Information

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

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

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

Appointment Detail

Discipline: PT Tx Time In: 10[00] Units: 5

Tx Time Out: 1120 Total Time Based Time: _____

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

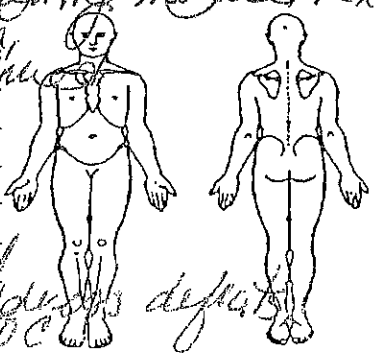
Treatment codes: 97010 (1), 97140 (2), 97110 (2), 97035 (1)

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

O: The chart & most recent OT eval dated 11/5/10 were reviewed & today's gross assessment of ROM & strength consistent w/ findings of this report. Also palpation revealed moderate scar tissue present @ injury site & along ulnar border of forearm. Palpation also created complaints of tingling & burning into ulnar distribution of hand. RX was performed today per HEP sheet following reviewed & agreed plan of care w/ primary therapist. Pt reported tingling & burning during manual RX today along ulnar distribution, however, denied prolonged or continued SX following RX.

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

P: Cont. therapy along w/ HEP as per POC with return to ot.



0 PAIN SCALE 10

Leslie Agnew

THERAPIST CREDENTIALS

TREATMENT ENCOUNTER NOTE

Patient Information

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

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

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

Appointment Detail

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

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

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

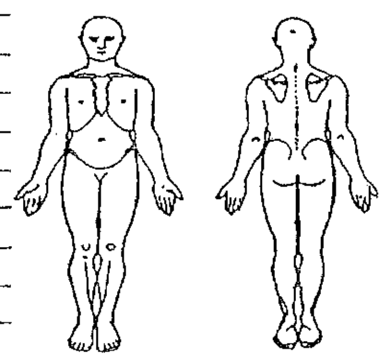
Treatment codes: (1)97010 (1)97035 (1)97140 (2)97110

SOAP: S: Ø new c/o. Reports MD says his EMG is normal despite his symptoms.

O: MHP x 10 min followed by pulsed U.S. to volar forearm ē Ø adverse effects. Scar mob, soft tissue forearm & hand. PROM of wrist, forearm & digits including intrinsic stretches. AROM, wrist curls ē 1# wts, digital abd/adduction exercises [illegible] EMC - BB's. See Rx log.

A: Tol well ē c/o thumb cramping ē BB transfer activity

P: Cont ē P.O.C.



0 PAIN SCALE 10

THERAPIST / CREDENTIALS

TREATMENT ENCOUNTER NOTE

Patient Information

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

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

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

Appointment Detail

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

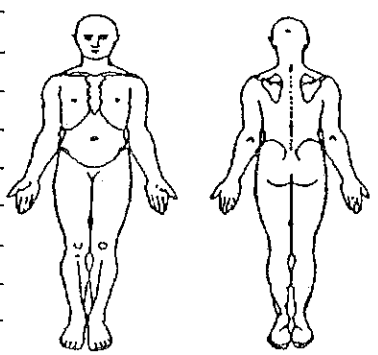
Tx Time Out: 11 30 Total Time Based Time: _____

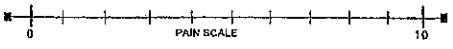
Date: 01 / 05 / 12 # Visits Prior To Today: 9 of 16 Total Treatment Time: _____

Treatment codes: (1) 97035 (3) 97110

SOAP:

See Re-evaluation & flow sheet





THERAPIST / CREDENTIALS

LICENSE NO.

TREATMENT ENCOUNTER NOTE

Patient Information

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

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

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

Appointment Detail

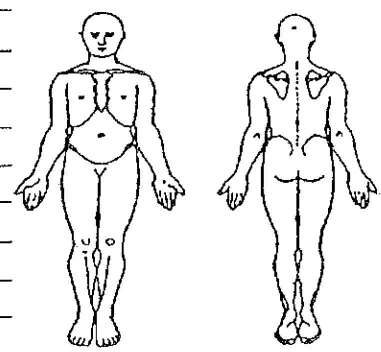
Discipline: OT Tx Time In: 10[30] Units: 3

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

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

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

SOAP: S: "I have a job interview today so I can't be shaking today"
O: MHP x10 min c̄ thermal effects prior to pulsed U.S.
50% .75 w/cm² to scar min x 8 min, STM, PROM
of wrist & digits, intrinsic stretches, AROM, intrinsic exercises,
wrist curls without resistance today in order to prevent
exacerbation of tremors.
A: Tol well c̄ min c/o. No exacerbation of tremors
c̄ exercise today
P: Cont c̄ P.O.C., cont wrist curls c̄ 1# wts next visit



0 PAIN SCALE 10

[signature] OT/L
THERAPIST / CREDENTIALS

TREATMENT ENCOUNTER NOTE

Patient Information

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

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

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

Appointment Detail

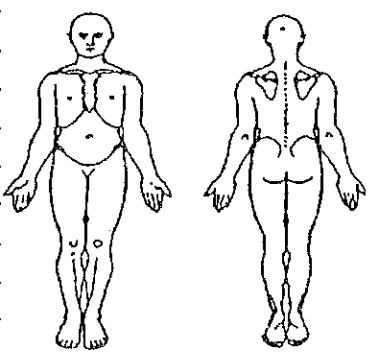
Discipline: OT Tx Time In: 130 Units: 4

Tx Time Out: 230 Total Time Based Time: _____

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

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

SOAP: S: Pt reports he had to take a pain pill in order to sleep at night after last Tx session. He reports that "shocking" & aching kind accompanied the pain.
O: MHP x 10 min c 4 layers pain & pulsed U.S. to area. Pt reporting burning pain c STM over radial tunnel. Performed pulsed U.S. to dorsal forearm. Cont c scar mob, STM, AROM, AAROM & strengthening as per Rx Org. Performed wrist curls in neutral position & 1 lb.
A: Tol well c good c/o. Had burning pain in forearm & axilla to Tx but pt states that it goes away shortly c stopping
P: Cont c POC.



0 PAIN SCALE 10

KMenowski OT/L
THERAPIST / CREDENTIALS

TREATMENT ENCOUNTER NOTE

Patient Information

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

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

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

Appointment Detail

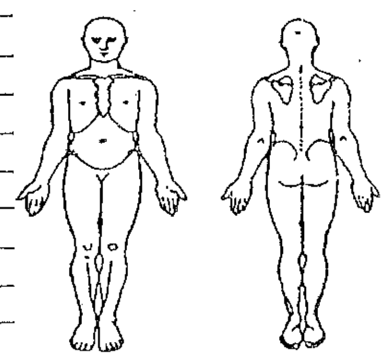
Discipline: OT Tx Time In: 3^30 Units: 5

Tx Time Out: 445 Total Time Based Time: ______

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

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

SOAP: S: "I feel OK, then as the day progresses, the nerve pain progresses up my arm into my armpit and shoots into my [illegible] and [illegible]"
O: Cont per Rx flowsheet. No adverse effects to MHP or US noted. Cont nerve pain noted - especially along ulnar nerve into armpit.
A: Tolerated Rx fair. Pt is continuing to demonstrate nerve pain / hypersensitivity.
P: Cont to upgrade Rx per pt tol.



0 PAIN SCALE 10

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THERAPIST / CREDENTIALS

10693
12-23-11 10:02am

TREATMENT ENCOUNTER NOTE

Patient Information

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

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

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

Appointment Detail

Discipline: OT Tx Time In: 1100 Units: 4

Tx Time Out: 1200 Total Time Based Time: ______

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

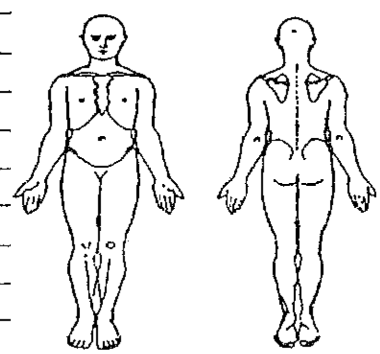
Treatment codes: (1) 97010 (1) 97035 (1) 97140 (1) 97110

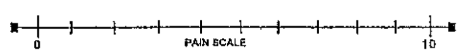
SOAP: S: Pt reported he had significant pain & soreness after using putty last time he was fine after using the [illegible] last visit

O: MHP x 15min prior to pulsed U.S. ↑ [illegible] effect STM, scar mob, long [illegible] stretches. AROM [illegible] strengthening as per Rx log. Added ulnar nerve glides

A: Tol well c min c/o. Some reports of ulnar forearm & hand tingling during U.S. & after exercise but resolved c repositioning of arm

P: Cont c P.O.C.





[signature] TR
THERAPIST / CREDENTIALS

TREATMENT ENCOUNTER NOTE

Patient Information

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

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

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

Appointment Detail

Discipline: OT Tx Time In: 1:25 Units: 5

Tx Time Out: 2:35 Total Time Based Time: _____

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

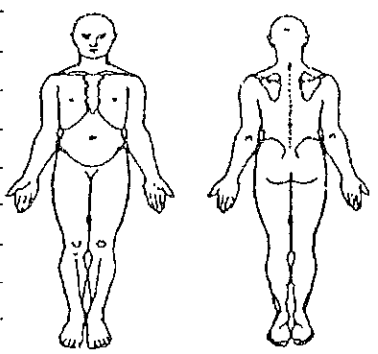
Treatment codes: 97035, 97010, 97140, ② 97110

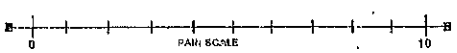
SOAP: S: "No new c/o since yesterday. Pain 7/10 after Ex, but back to baseline this morning."

O: Small nodule noted along ulnar aspect of forearm. Cont per Rx flow sheet. No adverse effects to HEP c/s noted. Tolerated 1# wrist curls - Tol well.

A: Good tol of strengthening, wrist curls, & power web.

P: Cont to upgrade per pt tolerance.





THERAPIST / CREDENTIALS

TREATMENT ENCOUNTER NOTE

Patient Information

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

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

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

Appointment Detail

Discipline: OT Tx Time In: 230 Units: 5

Tx Time Out: 340 Total Time Based Time: _____

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

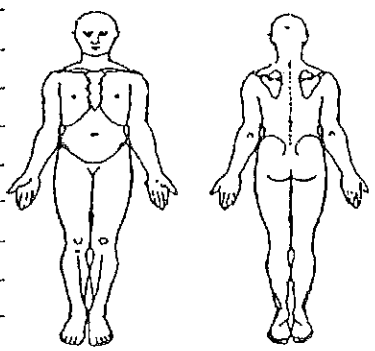
Treatment codes: 97010, 97035, 97140, 2×97110

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

O: Cont per Rx from Shock. No adverse effects to US or MHP noted. Cont hypersensitivity noted c ulnar aspect of ear. Instructed soft putty for gentle strengthening.

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

P: Cont – gentle strengthening, stretching, scar work.



0 PAIN SCALE 10

Occupational Therapist

THERAPIST / CREDENTIALS

10693
12-15-11 10:55am

TREATMENT ENCOUNTER NOTE

Patient Information

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

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

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

Appointment Detail

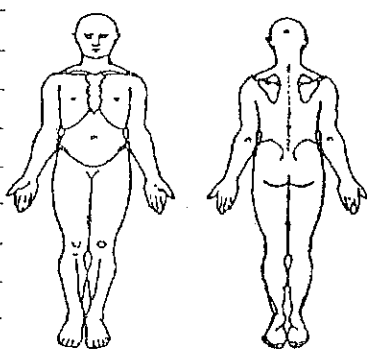
Discipline: CT Tx Time In: 1:00 Units: 4

Tx Time Out: 2:00 Total Time Based Time: _____

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

Treatment codes: 97035, 97010, 97140, 97110

SOAP: S: "I was sore after therapy in my shoulder."
O: Cont per Rx plan/goal. NRadiant effects to US or unloaded. Did not apply TENS today as he reports that he did not like the feeling of it. R/O small muscle spasms occurring in SE - may indicate emerging nerve fascia
A: Tolerating Rx fair. S/S nerve hyperresponsiveness ongoing.
P: Cont to upgrade Rx per pt tol



PAIN SCALE 0 10

THERAPIST / CREDENTIALS

LICENSE NO.

TREATMENT ENCOUNTER NOTE

atient Information

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

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

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

Appointment Detail

Discipline: OT Tx Time In: 930 Units: 9

Tx Time Out: 1045 Total Time Based Time: _____

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

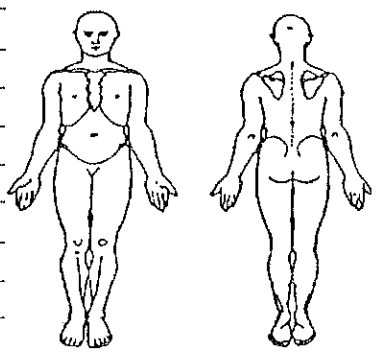
Treatment codes: 97010, 97014, 97035, 97140, 97110

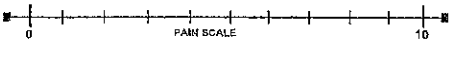
SOAP: S: "I have pain today. My neck/back pain and pain in my arm kept me up last night." "It feels like a knife is stabbing me" today

O: Cont. per Rx Flow Sheet. No adverse effects to Rx noted. Applied TENS to ulnar nerve distribution to attempt to decrease nerve pain. Performed stretching TGE, ROM.

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

P: Cont to upgrade Rx as tolerated.





THERAPIST / CREDENTIALS

LICENSE NO.

TREATMENT ENCOUNTER NOTE

Patient Information

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

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

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

Appointment Detail

Discipline: OT Tx Time In: 900 Units: 4

Tx Time Out: 1000 Total Time Based Time: _____

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

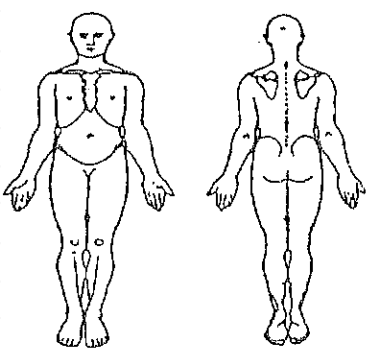
Treatment codes: 97035, 97010, 97140, 97110

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

O: Cont per ex flow sheet. Pt believes difficulty in tolerating WHP is due to maintaining an immobile UE. Less aggressive stretching performed today. CP applied and caused muscle spasms post Rx. Removed.

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

P: No ice; Cont stretching, scar control.



0 PAIN SCALE 10

THERAPIST / CREDENTIALS

LICENSE NO

TREATMENT ENCOUNTER NOTE

Patient Information

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

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

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

Appointment Detail

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

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

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

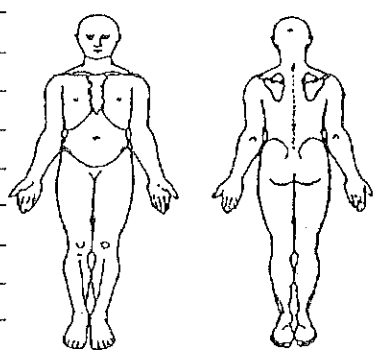
Treatment codes: 97035, 97010, 97140 (2) 97110

SOAP: S: "My hand and forearm are very sore and weak"

O: Cont per Rx from sheet. No adverse effects to us noted - did not tolerate heat well, however. Initiated pulsed us to scar, E/u t STM, scar mob, stretching, gentle tenodesis.

A: Tolerated fair. Stg nerve pain noted. Postional tightness and muscle spasms noted.

P: Cont stretching, nerve gliding, STM, US.



PAIN SCALE 0 10

Occupational therapist

THERAPIST / CREDENTIALS

LICENSE NO

TREATMENT ENCOUNTER NOTE

Patient Information

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

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

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

Appointment Detail

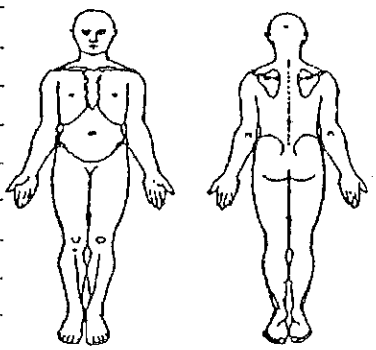
Discipline: _____ Tx Time In: 3:30 Units: (1)

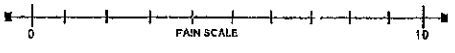
Tx Time Out: 4:30 Total Time Based Time: _____

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

Treatment codes: Evaluation (OT)

SOAP: See Evaluation / Rx from sheet.





THERAPIST / CREDENTIALS

LICENSE NO.