

DYNAMIC HAND THERAPY  
Initial Evaluation

Name: Paul Dulberg Date: 12/6/11

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

Diagnosis: (R) 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. Ulmar nerve transected - 4-5 years ago; D/D C7-7

Occupation: Graphic Designer Hand Dominance (R) 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 when 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/T3; Hypersensitivity noted in forearm

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

Edema: No sig edema noted today

Strength: Limitations noted in (R) Grasp; 3 pt pick

Flexibility: Intrinsic/Extrinsic: Tight extrinsics and intrinsic

Function/ADL's: Prior level of function: (D) E RUF

Current level of function: Difficulty hammering, writing, mousing (work involves typing)  
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: 4/4

FDS RF 4+5 = pain

Patient name: Paul Dubung

Assessment/Therapist impression: Pt presents 2 per, Rom deficits, strength deficits;  
Tripal 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. Maximize functional use of RVE during all ADL's.

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

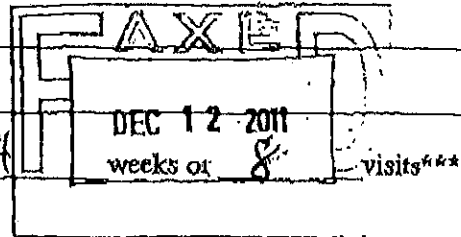
Manual Techniques STM, scar control, edema, MPR

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

Splinting \_\_\_\_\_

Other \_\_\_\_\_

\*\*\*Frequency 2 times/week for 4



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.

Mrs. Shannon Motant  
Therapist Signature date

[Signature] 12/12/11  
Physician Signature date

\*PLEASE FAX BACK AT 847-587-3346

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

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

Diagnosis: Ⓡ 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 9-4/10 for approximately one day; Nodule at scar site elicits nerve pain.

Function/ADL's: Unable to identify; Mouse on computer has slightly improved

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

OBJECTIVE:

Wound/Scar: Scar hypersensitivity w/ scar

See flow sheet for: \* Cont Wartenberg's sign SF

Edema: \_\_\_\_\_

Sensation: 6-6.5 (Deep pressure sensation) ulnar hand, Diminished protective sensation over forearm

ROM: 1<sup>st</sup> elbow extension, pron/sup, wrist ext and abd noted

Strength: 1<sup>st</sup> & 2<sup>nd</sup> grip x 12<sup>th</sup> since pre-surgical, decreased pinch noted since initial visit

Treatment summary to date: Focus of ca has been scar control, desensitization, shaking, 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 this occurs 100% of the time. This is decreasing his strength and overall strength

Goals: STG's met:  yes  no Rom/pain (goal) LG's met:  yes  no

- 1. TBA
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

Patient: Paul Dulberg

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

other: \_\_\_\_\_

PLAN:

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

Exercise: intervention - this issue seems to be caused by one specific  
problem that is not being improved in therapy - this

Splinting: SF FDS appears to be affecting his ulnar nerve

Other: 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: \_\_\_\_\_

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

PLEASE FAX BACK TO: 847-587-3346

