DYNAMIC HAND THERAPY
Initial Evaluation

Name: Paul Dulberg Date: 12/6/11

Physician: Dr. Talerico 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: L/E Ulnar nerve transposition 4-5 years ago; DJD C3-7

Occupation: Graphic Design Hand Dominance (R) L

Precautions:

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

Details: Pain ↑'d @ night - wakes him @ night, ↑'d c activities; pain occurs where scar seems adhered to ulnar border of ulna

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

See flow sheet for:
☐ Sensation: TBA; Hypersensitivity noted in forearm
☑ Range of Motion Limitations noted in (R) elbow, forearm, c wrist
☐ Edema No sig edema noted today
☑ Strength Limitations noted in (R) Grasp c 3pt pinch

Flexibility: *Intrinsics/Extrinsics:* Tight extrinsics and intrinsics

Function/ADL's: Prior level of function: (I) c RUE

Current level of function: Difficulty hammering, writing, mousing (work involves typing/mo... Turning door handle, pouring coffee, manipulating small objects, bearing weight through palm

Other Relevant Findings: (+) Wartenberg's Sign; ADM: 3/5, ODM: 3/5; FDS-SF 4/... FDS RF 4+/5 c pain

Patient name: Paul Dulberg

Assessment/Therapist impression: Pt presents 2 per, ROM deficits, strength deficits, Tight extensors, significant deficits during functional activities; Numbness/tingling reported - must be assessed more specifically.

Skilled Therapy needed in order to: Improve ROM, improve pain

Functional Goals:
Short term (x4 weeks)
1. (A) (R) wrist extension x 5-8" to (A) pt's ability to bear weight through palm.
2. (A) (R) grasp x 3-5# to (A) pt's ability to open containers
3. (A) (R) pro x 5° to (A) pt's ability to pour coffee.

Long term
1. Maximize functional use of RUE during all ADLs.

Goals discussed with patient? ☑ yes ☐ no Patient informed of diagnosis/prognosis? ☑ yes ☐ no

Rehabilitation potential: ☐ excellent ☑ good ☐ fair ☐ guarded Other

PLAN:
Modalities Ultr, CP, US

Manual Techniques STM, scar control, edema, MFR

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

Splinting

Other

Frequency 2 times / week for 4 weeks or 8 visits

FAXED DEC 12 2011

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.

Therapist Signature date

Physician Signature 12/12/11 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: (R) Forearm laceration of wrist flexor Date of Injury: 6/28/11

Surgical Hx: Date 6/28/11 Procedure Sutured in ER Start of Care: 12/6/11

Number of visits to date: ______

SUBJECTIVE:

Pain: 2 /10 at rest / best 10 /10 with activity / at worst (See below)

Details: Very specific - upon contracting FDS of SF, nerve pain is elicited 10/10 - lasts a few minutes, then 3-4/10 for approximately one day; Nodule at scar site elicits nerve pain.

Function/ADL's:

Improvements: Unable to identify; Massage on scar/scar 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: Cont hypersensitivity @ scar

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

☐ Edema: ______

☑ Sensation: (+) LOS (Deep pressure sensation) ulnar hand, Diminished protective sensation ulnar forearm

☑ ROM: ↑'d elbow extension, pro/sup, wrist ext and UD noted

☑ Strength: ↓'d grasp x 12# since previous eval, decreased pinch noted since initial visit

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

Assessment/therapist impression: Pt presents c̄ 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 ROM progress and overall strength

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

Rom/pain goal (grasp)

Revised functional goals:

1. TBA

2. ______

3. ______

Patient: Paul Dudberg

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 some specific

problem that is not being improved in therapy - this

Splinting: SF FDS appears to be effecting his ulnar nerve

Other: every time it is fired.

Hold OT - RTWD

Frequency/Duration: _____ times/week for _____ weeks or _____ additional visits

I have reviewed this plan of care and recertify a continuing need for services from the date of this updated plan of care; the above updated plan of care is herein established and will be reviewed every 30 days.

Additional requests/concerns: _____

Therapist Signature

Physician's Signature date 2/8/12

PLEASE FAX BACK TO: 847-587-3346

FAXED
FEB - 9 2012