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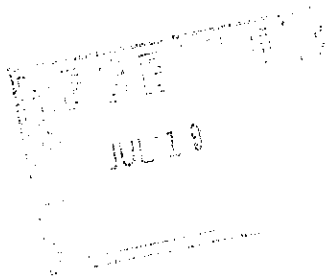
July 17, 2012

Fox Lake Dynamic Hand Therapy
MEDICAL RECORDS/PATIENT BILLING
498 S. US Highway 12
Suite C
Fox Lake, IL 60020



Re: Patient: Paul Dulberg
Date of Birth: 03/19/1970
Date of Service: 06/28/2011 to present

Dear Sir or Madam:

Please be advised that the above-captioned person is represented by the LAW OFFICES OF THOMAS J. POPOVICH, P.C. We respectfully request the following information:

- Complete copy of the patient's file with your facility, including correspondence, doctor/nurse notes and therapy records from 06/28/11 to present; and
- Itemized bills for services rendered.

Attached please find a HIPAA authorization signed by our client/your patient permitting the release of the foregoing documents being requested.

Please direct these documents back to my attention by mailing the information to the address listed above. Thank you for your prompt attention to this request.

LAW OFFICES OF THOMAS J. POPOVICH, P.C.

Very truly yours,

Alarie Dullum

Alarie Dullum,
Paralegal

†Also Licensed in Wisconsin

Waukegan Office
210 North Martin Luther
King Jr. Avenue
Waukegan, IL 60085

HIPAA AUTHORIZATION FORM

PATIENT NAME: Paul Dulberg

DATE OF BIRTH: 3/19/70

DATE OF SERVICE: 6/28/11- Present

PURSUANT TO 735 ILCS 5/8-2001, 735 ILCS 5/8-2003 OF THE ILLINOIS COMPILED STATUTES AND HIPAA,. I HEREBY AUTHORIZE USE OR DISCLOSURE OF PROTECTED HEALTH INFORMATION ABOUT ME AS DESCRIBED BELOW.

1. The following specific person or class of persons or facility is authorized to make the requested use or disclosure:

Medical Provider: Fox Lake Dynamic Hand Therapy

2. The **Law Offices of Thomas J. Popovich, P.C.,** may receive disclosure of protected health information about me.

3. The specific information that should be disclosed is: a copy of my entire hospital record and/or information in connection with the hospitalization/treatment date(s). I fully understand that my entire hospital record may contain mental health and developmental disabilities, alcohol and/or drug abuse, and/or Acquired Immune Deficiency Syndrome (AIDS)/HIV tests results and/or information. The medical records and/or healthcare information authorization to be disclosed hereunder are privileged and confidential and may be disclosed only on my authorization, except as required by law. I understand that information disclosed pursuant to this authorization may be re-disclosed by health information or medical records. I may inspect and arrange for photocopies of the records/healthcare information that are to be disclosed.

4. I understand that the information used or disclosed may be subject to re-disclosure by the person or class of persons or facility receiving it, and would then no longer be protected by federal privacy regulations.

5. I may revoke this authorization by notifying law offices of Thomas Popovich in writing of my desire to revoke it. However, I understand that any action already taken in reliance of this authorization cannot be reversed, and my revocation will not affect those actions. I understand that the medical provider to whom this authorization is furnished may not condition its treatment of me on whether or not I sign the authorization.

6. **THIS AUTHORIZATION EXPIRES ONE YEAR FROM THE DATE OF MY SIGNATURE.**

7. This information for which I am authorizing disclosure will be used for the purpose of my legal action being handled by my attorneys, Law Offices of Thomas J. Popovich, P.C.

X Paul Dulberg
SIGNATURE OF PATIENT OR LEGAL REPRESENTATIVE — 7/12/12 Date

If signed by legal representative, relationship to patient: _____

Maria Dullum
Signature of witness — 7-12-12 Date

dynamic
Hand & Physical Therapy

Michelle P. Shamash, OTR/L, CHT
Clinic Director/Owner
Certified Hand Therapist
www.dynamichandPT.com

CERTIFICATION

I, Judith Sokniewicz certify that the copies that are enclosed are all of the records that you requested for ***Paul Dulberg.***

Judith Sokniewicz

Signed by: _____ Date _____

498 South Route 12, Suite C :: Fox Lake, IL 60020 :: 847.587.3301 tel :: 847.587.33[illegible] fax
3900 Washington Street, Suite B :: Gurnee, IL 60031 :: 847.336.2616 tel :: 847.336.26[illegible] fax

DYNAMIC HAND THERAPY

Re-Evaluation of Progress, Goals and Plan of Care

Patient: Paul Dulberg Physician: Dr Telesco Date: 2/6/12

Diagnosis: (R) Forearm laceration of ulnar 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; Massaging on computer has slightly improved.

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

OBJECTIVE:

Wound/Scar: Cont hypersensitivity & scar

See flow sheet for: of Cont Wartenberg's Strain SF

☐ Edema:

☑ Sensation: L-LeS (Deep pressure sensation) WNL hand, Diminished protective sensation ulnar forearm

☑ ROM: 1st d elbow extension, pro/sup, wrist ext and UD noted

☑ Strength: 1d grasp x 12d since previous eval, decreased pinch noted since initial visit

Treatment summary to date: Forearm of Rx has been scar control, desensitization, stretching, place; hold, TGE/isolated FDS, Composite strengthening

Assessment/therapist impression: Pt presents c very specific issues - Upon isolating FDS to SF only, a strong neurological reaction is elicited along ulnar nerve that occurs 100% of the time. This is decreasing in the progress and overall strength

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

Revised functional goals: Rom/pain goal (grasp)

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 some specific problem that is not likely 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: _____

MMcNamara OTR/L — 2/8/12

Therapist Signature **Physician's Signature** **date**

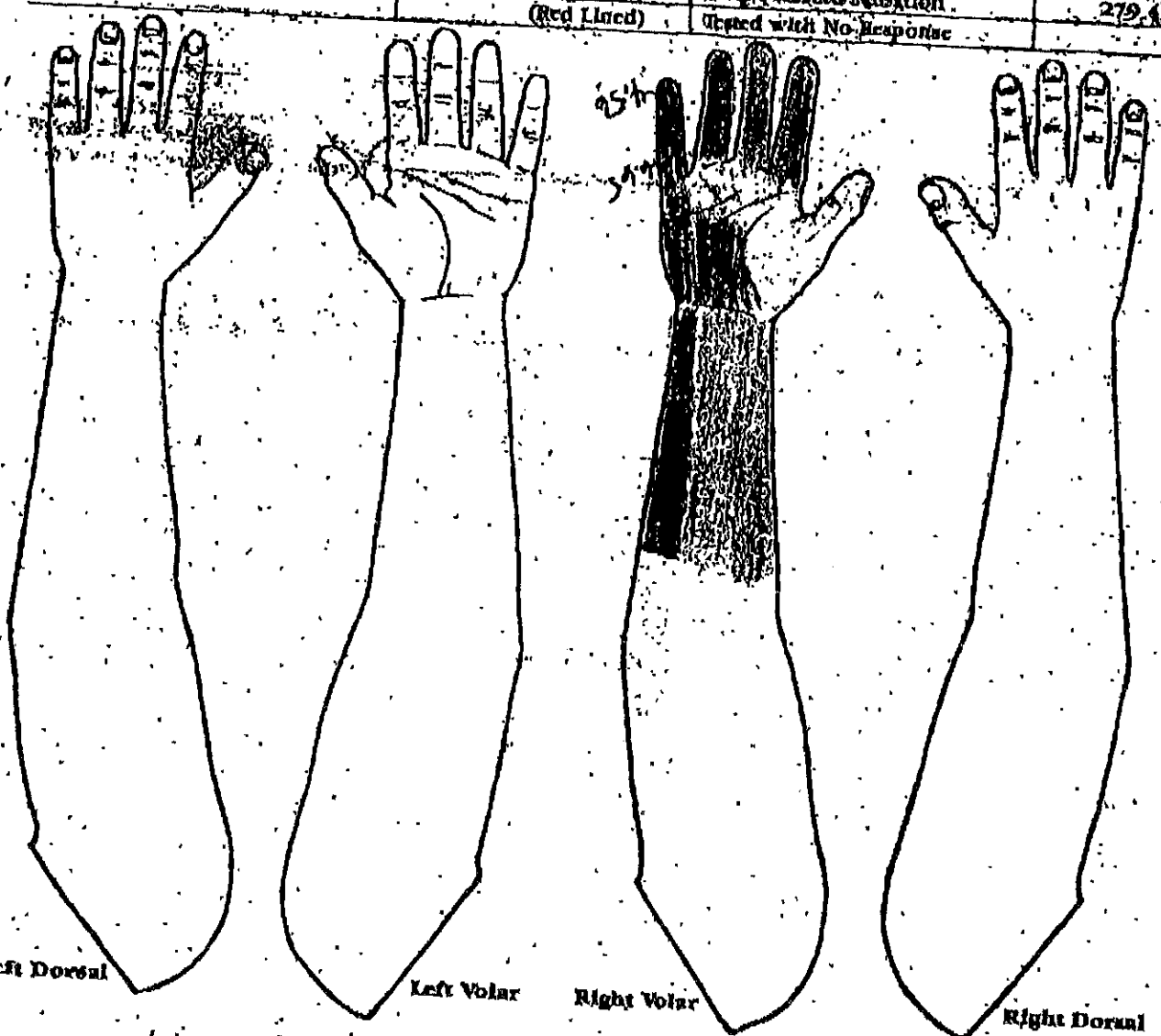
PLEASE FAX BACK TO: 847-587-3346

FAXED
FEB - 9 2012

Semmes-Weinstein Monofilament Sensory Testing Results

Date: 2/14/12 Patient: Paul Dolberg

Comments	Filament	Interpretation	Force (gms)
	1.65 - 2.83 (Green)	Normal	.008 - .08
	3.22 - 3.61 (Blue)	Diminished Light Touch	.172 - .217
	3.84 - 4.31 (Purple)	Diminished Protective Sensation	.445 - 2.35
	4.56 (Red)	Loss of Protective Sensation	4.19
	6.65 (Red)	Deep Pressure Sensation	279.4
	(Red Lined)	Tested with No Response	



Tested by: [signature]

Revised November 1987

Dynamic Hand Therapy -- Active Range of Motion **Patient Name:** Wendy Dulberg

Exam Date	(L) 12/9/11	(R) 1-5-12	(R) 2/6/12					
Shoulder								
Flexion								
Extension								
Abduction								
External Rotation								
Internal Rotation								
Elbow & Forearm								
Flexion 146	134	140	146					
Extension 0	-3	-15	5					
Pronation 75	65	65	70					
Supination 75t	65	85	75t					
Wrist								
Flexion 80	75t	80	80					
Extension 75t	56	60	65					
Radial Deviation 25	20t	15	15					
Ulnar Deviation 45	30t	25	35					
Thumb								
MCP Extension/Flexion								
PIP Extension/Flexion								
Radial Abduction								
Palmar Abduction								
Opposition								
Index Finger								
MCP Extension/Flexion								
PIP Extension/Flexion								
DIP Extension/Flexion								
TAM								
Long Finger								
MCP Extension/Flexion								
PIP Extension/Flexion								
DIP Extension/Flexion								
TAM								
Ring Finger								
MCP Extension/Flexion								
PIP Extension/Flexion								
DIP Extension/Flexion								
TAM								
Small Finger								
MCP Extension/Flexion								
PIP Extension/Flexion								
DIP Extension/Flexion								
TAM								
Therapist Initials	MW	MW	MW					

Dynamic Hand Therapy Edema Flow Sheet

Patient Name: Paul Mullaney

	Date	Date			Date			Date			Date		
Circumferences (cm)	Control (L/R)	Involved (L/R)	Diff.	Involved L R	Diff.	Involved L R	Diff.	Involved L R	Diff.	Involved L R	Diff.	Involved L R	Diff.
wrist flexion crease	16.7	16.7	=										
mid-metacarpals	23.1	23	=										
metacarpals	20.8	23.5	2.7										
Thumb													
MP													
P1	7.4	7.7	0.3										
IP													
P2													
Index Finger													
P1	7.3	7.1	0.2										
PIP													
P2													
DIP													
P3													
Middle Finger													
P1	6.8	6.8	=										
PIP													
P2													
DIP													
P3													
Ring Finger													
P1	6.5	6.0	0.5										
PIP													
P2													
DIP													
P3													
Small Finger													
P1	6.0	6.1	0.1										
PIP													
P2													
DIP													
P3													
Volumetric (ml)													
Trial 1													
Trial 2													
Trial 3													
Average													
Therapists Initials	MM	MM											

DYNAMIC HAND THERAPY

Re-Evaluation of Progress, Goals and Plan of Care

Patient: Paul Wullberg Physician: Dr. Falcucci Date: 1-5-12

Diagnosis: (R) Forearm laceration of wrist flexors Date of Injury: 6-28-11

Surgical Hx: Date 6-28-11 Procedure Sutured in ER Start of Care: 10-6-11

Number of visits to date: ______

SUBJECTIVE:

Pain: 4-5 /10 at rest / best 9 /10 with activity / at worst

Details: Spikes of pain up to 9/10 that lasts only a few seconds

Function/ADL's:

Improvements: No functional improvements due to ↑ in tremors

Continued difficulties: writing, using mouse, pouring coffee, manipulating small objects, bearing wt through palm

OBJECTIVE:

Wound/Scar: Minimal hypertrophy with a lump increasing in size on ulnar side

See flow sheet for:

☑ Edema: Moderate edema across MCP jts

☐ Sensation: TBA next visit due to time constraints

☑ ROM: Elbow / ↑'d 6°, wrist / ↑'d 5° wrist / ↑'d 5°

☑ Strength: (R) grip ↑'d 17# (R) = 89% of (L)

Treatment summary to date: MHP, US, scar mobs, STM, PROM elbow, wrist & digits AROM of same, intrinsic exercises, forearm strengthening

Assessment/therapist impression: Pt shows improvements in AROM but functional improvement limited due to ↑ in tremors

Goals: STG's met: ☑ yes ①② ☑ no ③ ↑ pronation 5° LTG's met: ☐ yes ☐ no

Revised functional goals: 4 wks

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

2. ↑ (R) grip another 5# to improve ability to hold onto coffee mug or open jars

3. Pt to report pain ≤ 3/10 at best to enable him to use (R) UE to assist in ADLs

Patient: Paul Dulberg

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

☐ other: Scar massage, STM, Rt arm elbow, wrist, digits

PLAN:

Modalities: MHP, U.S. - PRN

Exercise: Rt arm elbow, wrist, digits, intrinsic exercises, functional grips & pinch, strengthening as tolerated

Splinting:

Other:

Frequency/Duration: 2-3 times/week for 4 weeks or 8-12 additional visits

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

Additional requests/concerns:

Therapist Signature

Physician's Signature date 1/6/12

PLEASE FAX BACK TO: 847-587-3346

FAXED
JAN 6 2012

Dynamic Hand Therapy – Active Range of Motion **Patient Name:** Sue Dillberg

Exam Date	(L) 12/6/11	(R) 1-5-12						
Shoulder								
Flexion								
Extension								
Abduction								
External Rotation								
Internal Rotation								
Elbow & Forearm								
Flexion 146	134	140						
Extension 0	-3	-15						
Pronation 75	65	65						
Supination 75+	65	85						
Wrist								
Flexion 80	75+	80						
Extension 75+	55	60						
Radial Deviation 25	20+	15						
Ulnar Deviation 45	30+	25						
Thumb								
MCP Extension/Flexion								
PIP Extension/Flexion								
Radial Abduction								
Palmar Abduction								
Opposition								
Index Finger								
MCP Extension/Flexion								
PIP Extension/Flexion								
DIP Extension/Flexion								
TAM								
Long Finger								
MCP Extension/Flexion								
PIP Extension/Flexion								
DIP Extension/Flexion								
TAM								
Ring Finger								
MCP Extension/Flexion								
PIP Extension/Flexion								
DIP Extension/Flexion								
TAM								
Small Finger								
MCP Extension/Flexion								
PIP Extension/Flexion								
DIP Extension/Flexion								
TAM								
Therapist Initials	LWS	LWS	DW					

Dynamic Hand Therapy Edema Flow Sheet

Patient Name: Paul Dellaria

	Date	Date		Date		Date		Date		Date		Date	
	1/5/12	1/5/12											
Circumferences (cm)	Control L R	Involved L R	Diff.	Involved L R	Diff.	Involved L R	Diff.	Involved L R	Diff.	Involved L R	Diff.	Involved L R	Diff.
wrist flexion crease	16.7	16.7	=										
mid-metacarpals	23.1	23.1	=										
metacarpals	20.8	21.5	0.7										
Thumb													
MP													
P1	7.4	7.7	0.3										
IP													
P2													
Index Finger													
P1	7.3	7.1	0.2										
PIP													
P2													
DIP													
P3													
Middle Finger													
P1	6.8	6.8	=										
PIP													
P2													
DIP													
P3													
Ring Finger													
P1	6.5	6.6	0.1										
PIP													
P2													
DIP													
P3													
Small Finger													
P1	6.0	6.1	0.1										
PIP													
P2													
DIP													
P3													
Volumetric (ml)													
Trial 1													
Trial 2													
Trial 3													
Average													
Therapists Initials													

Dynamic Hand Therapy Grip/Pinch Strength Flow Sheet

Patient Name: Paul Dalberg

Exam Date	12/6/11	12/6/11	1/5/12		1/5/12	1/5/12				
Measurements: Kg Lb	R	L	R	L	R	L	R	L	R	L
Grip strength-Jamar 2nd position										
Trial 1	126	135			121	141				
Trial 2	92	145			118	142				
Trial 3	110	146			138	141				
Average:	109				126#	141#				
Grip Curve-Jamar Dynamometer					1'd 17#					
Intrinsics 1st position					89#					
2nd position										
3rd position										
4th position										
Extrinsics 5th position										
Rapid Alternation Test										
Pinch Strength					Pinch-o-meter					
3-pt (3-jaw chuck)	26	29	previous thumb transposition left untouched							
2-pt (pad)	20	18								
Lateral Key	28	26								
Examiners Initials	MPS	MPS			MW	MW				

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 at night - wakes him at night, ↑'d c activity; pain occurs where scar seems adhered to ulnar border of ulna

OBJECTIVE:

Wound/Scar: Healed well; mild hypertrophy noted; mild adherence to musculature 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 & 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 Dulbergs

Assessment/Therapist impression: Pt presents 2 pain, 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. (I) (R) wrist extension x 5-8" to (I) pt's ability to bear weight through palm.
2. (I) (R) grasp x 3-5# to (I) pt's ability to open containers
3. (I) (R) pro x 5° to (I) 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 US, CP, US

Manual Techniques STM, scar control, adhesion, MFR

Therapeutic Exercise/Activities Stretching, scar mob, TGE, Nerve gliding, gentle strengthening as tolerated, isolated ROM, 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 – Active Range of Motion **Patient Name:** Dane Dilberg

	(L)	(R)						
Exam Date		12/6/11						
Shoulder								
Flexion								
Extension								
Abduction								
External Rotation								
Internal Rotation								
Elbow & Forearm								
Flexion	146	134						
Extension	0	-3						
Pronation	75	65						
Supination	75+	65						
Wrist								
Flexion	80	75+						
Extension	75+	55						
Radial Deviation	25	20+						
Ulnar Deviation	45	30+						
Thumb								
MCP Extension/Flexion								
PIP Extension/Flexion								
Radial Abduction								
Palmar Abduction								
Opposition								
Index Finger								
MCP Extension/Flexion								
PIP Extension/Flexion								
DIP Extension/Flexion								
TAM								
Long Finger								
MCP Extension/Flexion								
PIP Extension/Flexion								
DIP Extension/Flexion								
TAM								
Ring Finger								
MCP Extension/Flexion								
PIP Extension/Flexion								
DIP Extension/Flexion								
TAM								
Small Finger								
MCP Extension/Flexion								
PIP Extension/Flexion								
DIP Extension/Flexion								
TAM								
Therapist Initials	MPS	MPS						

Dynamic Hand Therapy Grip/Pinch Strength Flow Sheet

Patient Name: Laurie Dellberg

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

MidAmerica Hand to Shoulder Clinic

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

OAKBROOK TERRACE
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F 630.317.7088

LOCKPORT
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Lockport, IL 60441
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F 815.838.8804

PALOS HILLS
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Palos Hills, IL 60465
P 708.237.7200
F 708.237.7201

LIBERTYVILLE
755 South Milwaukee Ave, Suite 250
Libertyville, IL 60048
P 847.247.0547
F 847.247.0540

SCHAUMBURG
1990 East Algonquin Rd. Suite 200
Schaumburg, IL 60173
P 847.303.5790
F 847.303.5795

Therapy Prescription

(X) Hand Therapy **( ) Physical Therapy**

Name of the Patient: Paul Dulberg

DOB: 03/19/1970 Telephone: (847)497-4250

Diagnosis: R forearm laceration with wrist flexor weakness, fatigue. No restrictions

Special Instructions/Precautions: Strengthening and conditioning, pain control modalities

Frequency & Duration: 1-2 times per week x 4 weeks

Evaluation and Treatment

Exercises
(X) AROM
( ) PROM
(X) Strengthening
( ) Manual Therapy

Splints
( ) Static
( ) Dynamic
( ) Dorsal
( ) Hand based
( ) Wrist/Forearm based
( ) Volar
Specific Joint position required:
- ( ) Wrist
- ( ) MP
- ( ) PIP
- ( ) DIP
- ( ) Thumb CMC
- ( ) MCP
- ( ) IP

Protocols
( ) Flexor Tendon Repair
( ) Extensor Tendon Repair
( ) Carpal Tunnel Syndrome
( ) Trigger Finger
( ) Epicondylitis

Modalities
(X) At therapist's discretion
( ) Ultrasound
( ) Iontophoresis
( ) High Volt Pulsed Current
( ) NMES
( ) TENS
( ) Heat/Cold Pack
( ) Whirlpool
( ) Fluidotherapy
( ) Parrafin

Miscellaneous
(X) Home Exercise Program
( ) ADL's
( ) CPM for home use
( ) FCE
( ) Work Conditioning
( ) Work Hardening
(X) Per Therapist's discretion

Scar/Edema
( ) Edema Control
( ) Scar Control/Massage/Remodeling
(X) Desensitization
( ) Wound Care
( ) Soft Tissue Mobilization
( ) Sterile Dressing Changes
(X) Pain Reduction
( ) Jobst Compression Garment

Physician's Signature: Date: 12/02/11

Marcus G. Talerico, MD

Scheduled for: Tuesday December 6,2011 at 3:30pm at: Dynamic Hand Therapy/ Fox Lake

DYNAMIC HAND THERAPY
Initial Evaluation

Name: Paul Dullberg Date: 7-16-12

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

Diagnosis: Ulnar nerve injury

Mechanism of Injury/Hx of current complaint: (R) forearm laceration @ chain saw

Surgical Hx: Date 7-9-12 Procedure Cubital tunnel Release / Neurolysis
Date _____ Procedure _____

PMH &/or Hx relevant to injury: DJD C-3-7, (L)UE ulnar nerve transposition 4-5yrs ago

Occupation: Graphic Design / Printing Company Hand Dominance (R) L

Precautions: _____

SUBJECTIVE:
Pain: 1-2 / 10 at rest / best 7-8 /10 with activity / at worst

Details: Rt taking Norco & gabapentin for pain

OBJECTIVE:
Wound/Scar: Stitches in place, no drainage, no signs or symptoms of infection

See flow sheet for:
☐ Sensation: Rt post splinting & burning ulnar forearm into RF & SF

☑ Range of Motion Rt elbow, forearm, wrist & digits

☐ Edema Moderate edema in forearm, wrist & digits

☐ Strength NT

Flexibility: *Intrinsics/Extrinsics:* Tightness noted in both

Function/ADL's: Prior level of function: Pre-injury pt was (I) in ADL's

Current level of function: Difficulty opening containers such as medicine bottles, using tools, lifting & pouring liquids, gripping & pulling, using utensils

Other Relevant Findings: _____

Patient name: Paul Dulberg

Assessment/Therapist impression: Hx presents c mod. edema & pain, ↓'d elbow, wrist & forearm AROM, ↓'d functional use of (R) dominant, U.E.

Skilled Therapy needed in order to: Manage pain, edema, ↑ AROM, ↑ functional grip & pinch, ↑ functional UE use

Functional Goals:

Short term 4 wks

1. ↓ edema in forearm & at wrist crease by .2-.3cm & ↑ functional AROM
2. Pt to report pain of 5/10 or less c use of (R) UE for ADLs
3. Pt to ↑ active elbow ROM 5-10°, to improve ability to reach items in cupboards & closets

Long term

1. Maximize functional use of (R) UE for return to (I) in ADLs

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

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

PLAN:

Modalities: Moist heat, HVPC, U.S., Cryo – PRN

Manual Techniques: STM edema & scar mob., PROM

Therapeutic Exercise/Activities: AROM of elbow, forearm, wrist & digits, functional grasp & pinch activities, desensitization as needed

Splinting _____

Other _____

Frequency 2 times / week for 4 weeks or 8 visits

Additional requests/concerns: _____

I certify the need for these services furnished under this care plan date aforementioned above. The above plan is herein established and will be reviewed every 30 days.

K Ulbrandt OTR/L 7-16-12

Therapist Signature date

D. S. Sagerman MD 7/17/12

Physician Signature date

Dynamic Hand Therapy Edema Flow Sheet

Patient Name: Paul Rudberg

Post op

	Date	Date		Date		Date		Date		Date		Date	
	1/5/12	1/5/12		4/3/12		5/4/12		6/4/12		7/16-12			
Circumferences (cm)	Control (L) R	Involved L (R)	Diff.	Involved L (R)	Diff.	Involved L (R)	Diff.	Involved L (R)	Diff.	Involved L (R)	Diff.	Involved L R	Diff.
wrist flexion crease	16.7	16.7	=	17.0		16.8		16.5	↓.3	17.0	↑.5		
mid-metacarpals	23.1	23.1	=	22.5		22.5		22.8	↓.5	22.9	↑.9		
metacarpals	20.8	~~21.5~~		21.2		21.5		21.1	↓.4	21.0	↓.1		
Thumb													
MP													
P1	7.4	7.7	↑.3	7.2		7.4		7.2	↓.2	8.0	↑.8		
IP										7.6			
P2													
Index Finger													
P1	7.3	7.1	↓.2	7.1		7.3		7.1	↓.2	7.7	↑.6		
PIP										7.1			
P2													
DIP													
P3													
Middle Finger													
P1	6.8	6.8	=	6.7		~~7.1~~		6.8	↓.3	7.1	↑.3		
PIP										6.8			
P2													
DIP													
P3													
Ring Finger													
P1	6.5	6.6	↑.1	6.5		6.7		6.5	↓.2	6.7	↑.2		
PIP										6.7			
P2													
DIP													
P3													
Small Finger													
P1	6.0	6.1	↑.1	5.9		6.3		5.9	↓.4	6.2	↑.3		
PIP										6.0			
P2													
DIP													
P3													
Volumetric (ml)													
Trial 1 4" prox													
Trial 2 Ethan Cover								30.3		31.5	↑1.2		
Trial 3 4" distal								27.0		27.1	↑.1		
Average								27.5		28.1	↑.6		
Therapists Initials	NW	NW		NW		NW		NW		NW			

Dynamic Hand Therapy -- Active Ra[illegible] i Motion **Patient Name:** [illegible] Dülberg

Post-op

	(L)	(R)	(R)	(R)	(R)	(R)	(R)		
Exam Date		12/6/11	1-5-12	2/6/12	4-3-12	5/3/12	6/4/12	7-16-12	
Shoulder									
Flexion									
Extension									
Abduction									
External Rotation									
Internal Rotation									
Elbow & Forearm									
Flexion	146	134	140	140	137	137	142	135	
Extension	0	-3	-15	5	5	5	5	30	
Pronation	75	65	65	70	75	70	75	70+	
Supination	75+	65	85	75+	80	75	75	70	
Wrist									
Flexion	80	75+	80	80	85	78	80	75	
Extension	75+	55	60	65	60	65	70	65	
Radial Deviation	25	20+	15	15	30	15	20	20	
Ulnar Deviation	45	30+	25	35	40	40	30+	30	
Thumb					WNL		WNL		
MCP Extension/Flexion									
PIP Extension/Flexion									
Radial Abduction									
Palmar Abduction									
Opposition									
Index Finger									
MCP Extension/Flexion									
PIP Extension/Flexion									85
DIP Extension/Flexion									90+
TAM									90
Long Finger									
MCP Extension/Flexion									
PIP Extension/Flexion									85
DIP Extension/Flexion									95+
TAM									65
Ring Finger									
MCP Extension/Flexion									
PIP Extension/Flexion									80
DIP Extension/Flexion									95+
TAM									75
Small Finger									
MCP Extension/Flexion				+20° abduction					
PIP Extension/Flexion									75
DIP Extension/Flexion									85+
TAM									65
Therapist initials		MPS	MPS	NW	NW	NW	MPS	NW	NW

DYNAMIC HAND THERAPY

Re-Evaluation of Progress, Goals and Plan of Care

Patient: Paul Dullberg Physician: Dr. Sagerman Date: 6-4-12

Diagnosis: (R) forearm laceration of ulnar flexors & nerve Date of Injury: 6-28-11

Surgical Hx: Date _____ Procedure _____ Start of Care: 12-6-11

Number of visits to date: _____

SUBJECTIVE:

Pain: 2 /10 at rest / best 10 /10 with activity / at worst

Details: 10/10 for a few seconds @ a time

Function/ADL's:

Improvements: Pt reports no improvements, grip is ↓'ing

Continued difficulties: Opening lids on jars/containers, holding a plate in supination, raking causes 10/10 pain for 10 min.

OBJECTIVE:

Wound/Scar: _____

See flow sheet for:

☑ Edema: ↓'d .2-.5cm throughout hand & wrist

☐ Sensation: TBA

☑ ROM: ↑'d wrist ✓, ↑'d elbow ✓

☑ Strength: Grip ↓'d 10#, 3pt pinch ↑'d 8#, 2pt. pinch ↑4#

Treatment summary to date: Heat, U.S., Scar mob, STM, PROM, strengthening via putty, wts, BTE program.

Assessment/therapist impression: In spite of strengthening activities pts grip cont. to ↓ & his pain has not improved. Recommend pt return to MD for surgical evaluation

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

Revised functional goals:

1. Pt to return to MD for surgical evaluation
2. _____
3. _____

Patient: Paul Dullberg

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

☐ other: _____

PLAN:

Modalities: _____

Exercise: _____

_____

Splinting: _____

Other: _____

Frequency/Duration: TBD times/week for TBD weeks or TBD 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

R. D Sagerman 1500 6/6/12
Physician's Signature date

PLEASE FAX BACK TO: 847-587-3346

Dynamic Hand Therapy Grip / Pinch Strength Flow Sheet

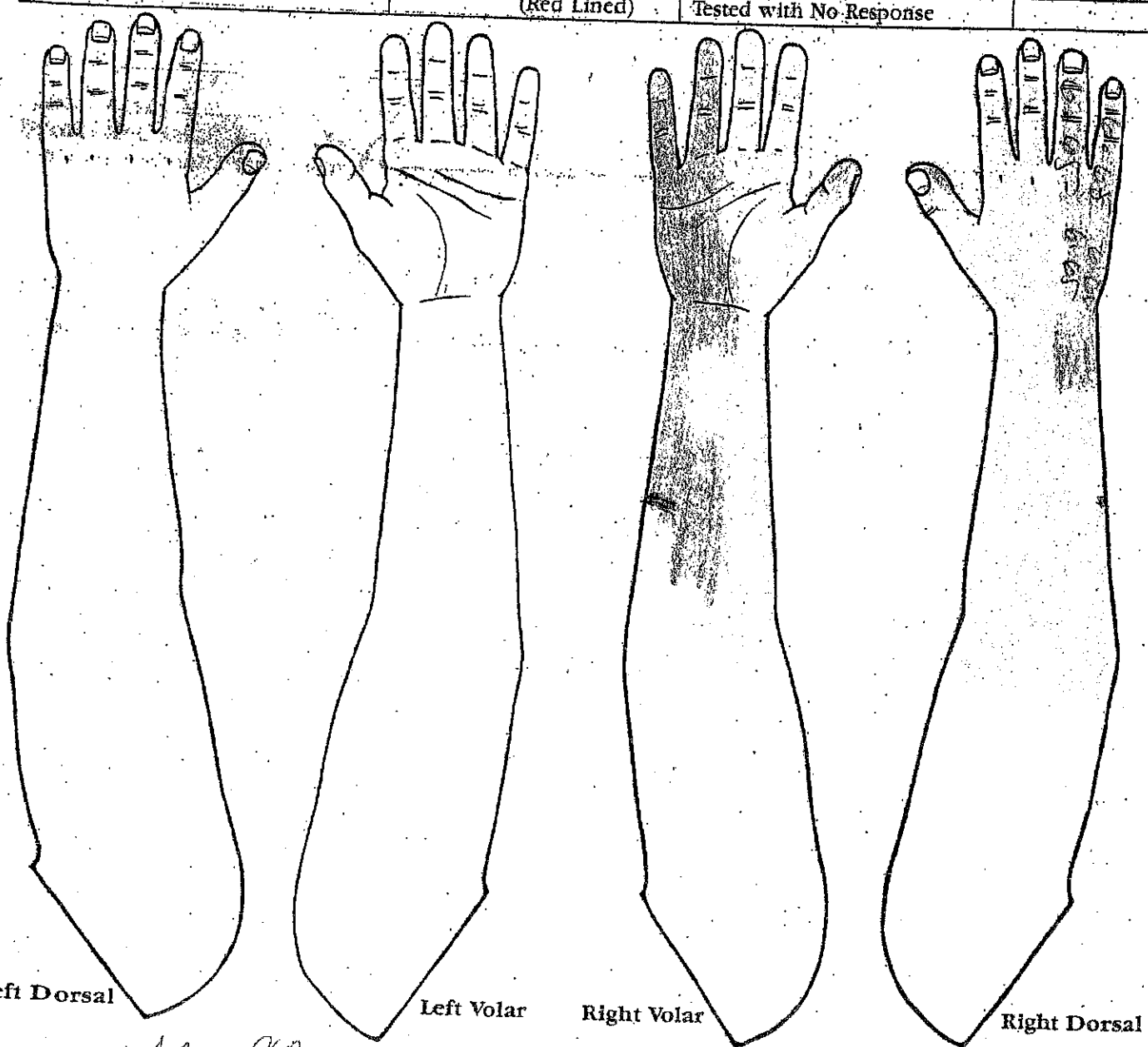
Patient Name: Paul Dalberg

Exam Date	5/4/12		6-4-12							
Measurements: Kg Lb	R	L	R	L	R	L	R	L	R	L
Grip Strength – Jamar 2nd Position										
Trial 1	104	155	107	149						
Trial 2	109	154	94	134						
Trial 3	110	150	91	146						
Average	107	153	97#	143						
Grip Curve – Jamar Dynamometer										
Intrinsics: 1st Position										
2nd Position										
3rd Position										
4th Position										
Extrinsics: 5th Position										
Rapid Alternating Test										
Pinch Strengths										
3-Point (3-Jaw Chuck)	16	20	24	24						
2-Point (Pad)	12	18	16	19						
Lateral Key	24	26	24	27						
Examiner's Initials	[illegible]		[illegible]							

Semmes-Weinstein Monofilament Sensory Testing Results

Date 5/4/12 Patient: Paul Dahlberg

Comments	Filament	Interpretation	Force (gms)
	1.65 - 2.83 (Green)	Normal	.008 - .08
	3.22 - 3.61 (Blue)	Diminished Light Touch	.172 - .217
	3.84 - 4.31 (Purple)	Diminished Protective Sensation	.445 - 2.35
	4.56 (Red)	Loss of Protective Sensation	4.19
	6.65 (Red)	Deep Pressure Sensation	279.4
	(Red Lined)	Tested with No Response	



Left Dorsal Left Volar Right Volar Right Dorsal

Tested by: [signature]

Revised November 198[illegible]

Dynamic Hand Therapy Grip/Pinch Strength Flow Sheet

Patient Name: Paul Dulberg

Exam Date	12/6/11	12/6/11	~~1/5/12~~		1/5/12	1/5/12	2/6/12	2/6/12	4-3-12	4-3-12
Measurements: Kg Lb	R	L	R	L	R	L	R	L	R	L
Grip strength-jamar 2nd position										
Trial 1	126	135			121	141	118	135	110	147
Trial 2	92	145			118	142	105	140	110	137
Trial 3	110	146			138	141	118	139	120*	146
Average:	109				126#	141#	114	138	113#	141#
Grip Curve-Jamar Dynamometer					↑2 17# 89%		(↓12# from last month)	(↓3#)	(80%)	
Intrinsics 1st position										
2nd position										
3rd position										
4th position							90	105		
Extrinsics 5th position							80	100		
Rapid Alternation Test										
Pinch Strength					Pinch-o-meter broken					
3-pt (3-jaw chuck)	26	29	previous Ulnar nerve transposition left wrist/hand				16	22	9*	20
2-pt (pad)	20	18					12	18	10*	15
Lateral Key	28	26					22	26	22	26
Examiners Initials	MPS	MPS			DW	DW	MPS	MPS	DW	DW

* pain in groin

DYNAMIC HAND THERAP

Re-Evaluation of Progress, Goals and Plan of Care

Patient: Paul Dulberg Physician: Dr Sagerman Date: 5/4/12

Diagnosis: (R) Forearm laceration of ulnar 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: 0 /10 at rest / best 10 /10 with activity / at worst

Details: Sig ↑'d pain after raking his yard yesterday; Pain still occurs c actuation of SF FDS

Function/ADL's:

Improvements: Able to grip objects better; Very little functional improvement

Continued difficulties: Opening lids on jars/containers, holding a plate in sup (full supination) hand; Raking causes 10/10 pain after 10 min.

OBJECTIVE:

Wound/Scar: _____

See flow sheet for:

☑ Edema: ↑'d in hand/digits - Fluctuates c activity and weather

☐ Sensation: 6.65 Dorsal RF/SF, Volar Ulnar forearm; 4.31/3.61 Volar Ulnar palm, wrist and SF/RF

☑ ROM: Increased wrist ext c UD; Decreased wrist ✓/RD

☑ Strength: Grasp strength has decreased ↓6#; 3pt/2pt pinches are ↑

Treatment summary to date: Focus of Rx has been strengthening, ROM, nerve gliding, scar control

Assessment/therapist impression: Sig sensory deficits noted - 6.65 dorsal RF/SF/ha His edema is ↑'d today, ROM has ↑'d in ext/UD

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

Revised functional goals: (x4 weeks)

1. (↑) (R) Grasp x 5-8# to (↑) his ability to open jars

2. (↑) (R) 3 pt pinch ~~lbs~~ x 3# to (↑) his ability to perform Cooking activities

3. (↓) pain to 8/10 at worst to (↑) ability to rake

Patient: Paul Dulberg

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

☐ other: _____

PLAN:

Modalities: MHP, US

Exercise: AROM, STM, stretching, Isolated FDC, TrE, nerve gliding; strengthening, functional activities

Splinting: _____

Other: _____

Frequency/Duration: 2 times/week for 4 weeks or 8 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

PLEASE FAX BACK TO: 847-587-3346

Dynamic Hand Therapy -- Wrist and Hand Edema Flow Sheet

Patient Name: Karen Worthan

Circumferences (cm)	Date 3-28-12 Control L (R)	Date 3-28-12 Involved L (R)	Diff	Date 4/30/12 Involved L (R)		Date 5/31/12 Involved L (R)		Date Involved L R		Date Involved L R	
Wrist Flexion Crease	16.2	15.9		15.8		15.2					
Hand											
Mid-Metacarpals	20.3	20.3		19.8		(19.4)					
Metacarpals	18.6	18.6		18.10		18.6					
Thumb											
MP											
P1	6.1	6.3		6.2		6.2					
IP											
P2											
Index Finger											
P1	6.3	6.5		6.3		6.2					
PIP											
P2											
DIP											
P3											
Middle Finger											
P1	6.1	6.3		6.2		6.4					
PIP											
P2											
DIP											
P3											
Ring Finger											
P1	5.8	5.9		5.9		5.8					
PIP											
P2											
DIP											
P3											
Small Finger											
P1	5.3	5.5		5.3		5.2					
PIP											
P2											
DIP											
P3											

Volumetric Measurements (ml)	R L	Diff	R L	Diff	R L	Diff	R L	Diff	R L	Diff
Trial 1	:		:		:		:		:	
Trial 2	:		:		:		:		:	
Trial 3	:		:		:		:		:	
Average	:		:		:		:		:	
Examiner's Initials	NW	NW	MP		MP					

DYNAMIC HAND THERAPY

Re-Evaluation of Progress, Goals and Plan of Care

Patient: Paul Dulberg Physician: Dr Sagerman Date: 4-3-12

Diagnosis: (R) forearm laceration of ulnar nerve 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: 0 /10 at rest / best 10 /10 with activity / at worst

Details: pain 10/10 upon contraction of FDS of SF, middle finger also causes pain, pain c opposition Dalsa

Function/ADL's:

Improvements: N/A

Continued difficulties: Holding a cup/can, using mouse, maintaining grip

OBJECTIVE:

Wound/Scar: c/d hypersensitivity

See flow sheet for:

☑ Edema: ↓'d today - overall

☐ Sensation: Pt reports numbness over scar & ulnar forearm

☑ ROM: Rx 1 Sup ↑'d 5° each, Wrist ↓ ↑'d 5°, SF at 20° abduction (unable to adduct)

☑ Strength: (R) grip = 113# (L) = 141# (R) 3pt pinch = 9# (L) = 20#

Treatment summary to date: Pt has not been seen for Tx since 2-6-12

Assessment/therapist impression: Pt presents c significant weakness of extrinsics, (R) grip = 80% of (L) grip, pain is inhibiting functional use of hand

Goals: STG's met: ☐ yes ☐ no N/A LTG's met: ☐ yes ☐ no

Revised functional goals:

1. Pt to report pain of 5/10 or less c gripping & pinching to ↑ ability to open containers
2. ↑ 3pt pinch by 2-3# to improve ability to open bottles & use computer mouse
3. ↑ (R) grip 2-5# to improve functional grip of tools etc...

Patient: Paul Dudberg

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

☐ other: Scar massage prn

PLAN:

Modalities: Heat, U.S., E-Stim - PRN

Exercise: ROM, AAROM & AROM, strengthening via free wts, putty, BTE as tolerated

Splinting:

Other:

Frequency/Duration: 2 times/week for 4 weeks or 8 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 4/5/12

PLEASE FAX BACK TO: 847-587-3346

DYNAMIC HAND THERAPY

Re-Evaluation of Progress, Goals and Plan of Care

Patient: Paul Dulberg Physician: Dr Telerico Date: 2/16/12

Diagnosis: (R) Forearm laceration of ulnar 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; Moving 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: Cont hypersensitivity @ scar

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

☐ Edema: _____

☑ Sensation: L-E-S (Deep pressure sensation) ulnar hand, Diminished protective sensation ulnar forearm

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

☑ Strength: 3/d grasp x 12# Same previous eval, decreased pinch noted Same initial visit

Treatment summary to date: Forearm of Rt has been scar control, desensitization, stretching - flexor held, TGE/HEP added FDS, Composite stretching

Assessment/therapist impression: Pt presents c 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 progress and overall strength

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

Revised functional goals: Rom/pain goal (grasp)

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 - His

Splinting: SF FDS appears to be affecting his u/nar nerve

Other: every time it is fired.

Hand OT - RTMD

*****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 2/8/12

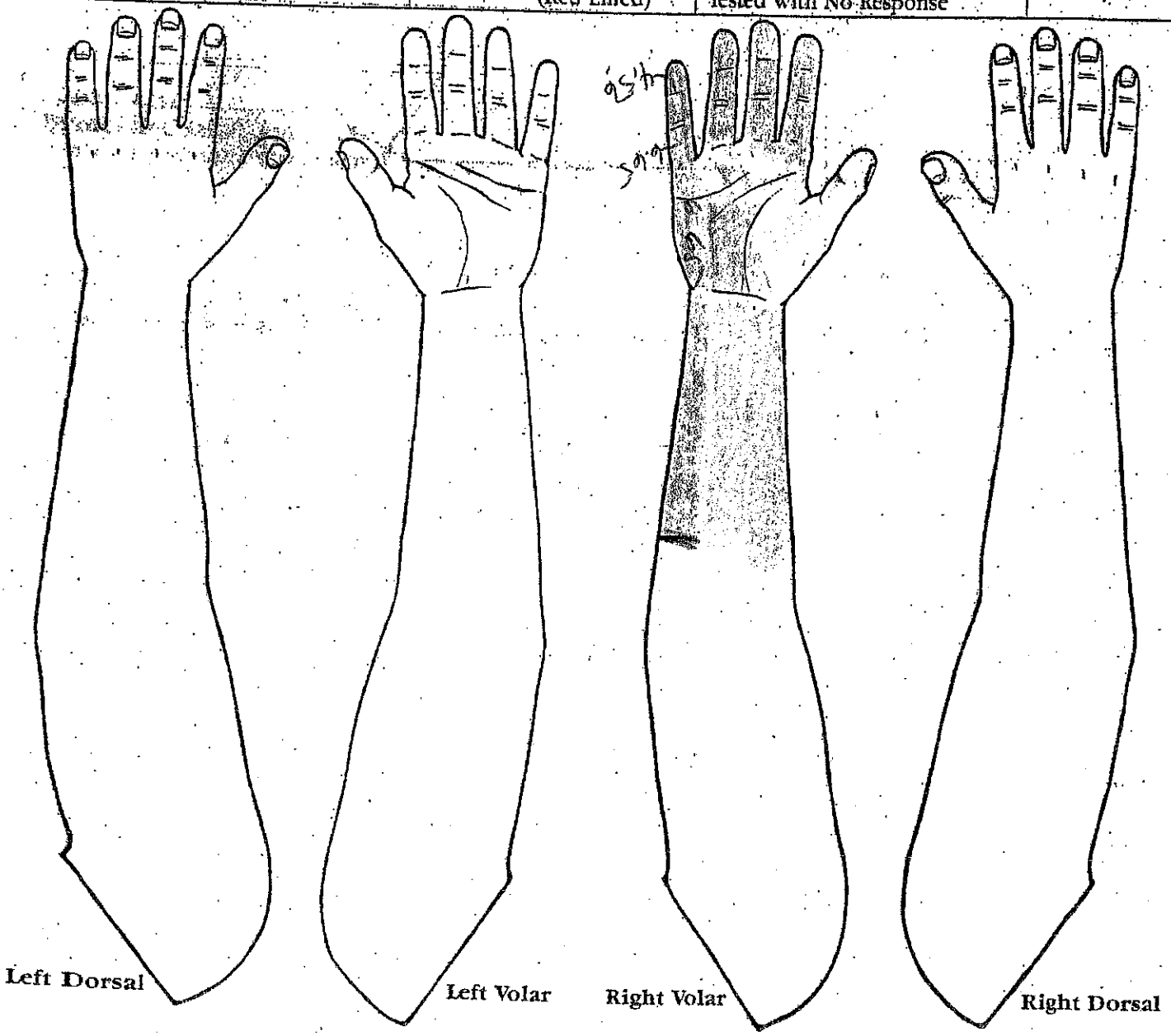
date

PLEASE FAX BACK TO: 847-587-3346

Semmes-Weinstein Monofilament Sensory Testing Results

Date 2/16/12 Patient: Paul Dulberg

Comments	Filament	Interpretation	Force (gms)
	1.65 - 2.83 (Green)	Normal	.008 - .08
	3.22 - 3.61 (Blue)	Diminished Light Touch	.172 - .217
	3.84 - 4.31 (Purple)	Diminished Protective Sensation	.445 - 2.35
	4.56 (Red)	Loss of Protective Sensation	4.19
	6.65 (Red)	Deep Pressure Sensation	279.4
	(Red Lined)	Tested with No Response	



Left Dorsal Left Volar Right Volar Right Dorsal

Tested by: [illegible]

DYNAMIC HAND THERAPY

Re-Evaluation of Progress, Goals and Plan of Care

Patient: Paul Dullberg Physician: Dr Talmed Date: 1-5-12

Diagnosis: (R) Forearm laceration & wrist flexor Date of Injury: 6-28-11

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

Number of visits to date: _____

SUBJECTIVE:

Pain: 4-5 /10 at rest / best 9 /10 with activity / at worst

Details: Spikes of pain up to 9/10 that last only a few seconds

Function/ADL's:

Improvements: No functional improvements due to ↑ in tremors

Continued difficulties: writing, using mouse, pouring coffee, manipulating small objects, wearing wt through palm

OBJECTIVE:

Wound/Scar: Minimal hypertrophy with a bump increasing in size on ulnar side

See flow sheet for:

☑ Edema: Moderate edema across MCP jts

☐ Sensation: TBA next visit due to tremor constraints

☑ ROM: Elbow ✓ ↑'d 6°, Wrist ✓ ↑'d 5° wrist I ↑'d 5°

☑ Strength: (R) grip ↑'d 17# (R) = 59% of (L)

Treatment summary to date: MHP, US, scar massage, STM, ROM elbow, wrist & digits, AROM of arm, intrinsic exercises, forearm strengthening

Assessment/therapist impression: Pt shows improvements in AROM but functional improvement limited due to ↑ in tremors

Goals: STG's met: ☑ yes ☑ no (1) (2) LTG's met: ☐ yes ☐ no

Revised functional goals: 4 wks (3) ↑ pronation 5°

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

2. ↑ (R) grip another 5# to improve ability to hold cnts coffee mug or open jars

3. Pt to report pain ≤ 3/10 at best to enable him to use (R) UE to assist in ADLs

Patient: Paul Dulberg

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

☐ other: Scar mob, STM, PROM elbow, wrist, digits

PLAN:

Modalities: MHP, U.S. - PRN

Exercise: AROM elbow, wrist, digits, intrinsic exercises, functional grip & pinch, strengthening as tolerated

Splinting: _____

Other: _____

Frequency/Duration:** 2-3 times/week for 4 weeks or 8-12 additional visits

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

Additional requests/concerns: _____

_____

_____ OT/L
Therapist Signature

_____
Physician's Signature date

PLEASE FAX BACK TO: 847-587-3346

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 chainsa
Turned around and cut patient's arm

Surgical Hx: Date 6/28/11 Procedure Sutured in ER
Date _____ Procedure _____

PMH &/or Hx relevant to injury: WF Ulnar nerve 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 overnight - wakes him at night, ↑'d c activity; Pain occurs where sca
seems adhered to Ulnar boarder of Ulna

OBJECTIVE:

Wound/Scar: Healed well; mild hypertrophy noted; mild adherence to muscu
not

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; 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/m
Turning door handle, pouring coffee, manipulating small objects, bearing weight through pal

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

Patient name: Paul Dull' ng

Assessment/Therapist impression: Pt presents c pain, 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. (T) (R) wrist extension x 5-5° to (T) pt's ability to bear weight through palm.
2. (T) (R) grasp x 3-5# to (T) pt's ability to open containers
3. (T) (R) pro x 5° to (T) 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 MHP, CP, US

Manual Techniques STM, scar control, ~~ADAPT~~, MFR

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

Splinting _____

Other _____

Frequency 2 times / week for 4 weeks or 8 visits

Additional requests/concerns: _____

I certify the need for these services furnished under this care plan date aforementioned above. The above plan is herein established and will be reviewed every 30 days.

Therapist Signature date

Physician Signature date

*PLEASE FAX BACK AT 847-587-3346

08-02-12 10:22am

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 00 Units: 4

Tx Time Out: 3 00 Total Time Based Time: _____

Date: 08 / 02 / 12 # Visits Prior To Today: 43 of 40 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	1	H003	Custom WHFO Static	
A004	OT Re Eval		C001	Theraputic Activities		H006	Custom WHO Static	
F003	HP/CP	TNE	C002	Neuromuscular Re-Ed		H005	Custom WHFO Dynamic	
F004	Estim Unattend		C003	Therapeutic Exercise	2	H018	Custom HFO Static	

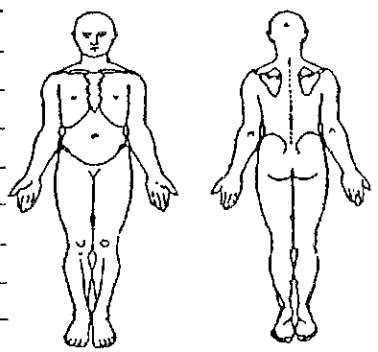
Additional Treatment Codes: _____

SOAP: S: " My arm feels very swollen around the area of my scar."

O: Presents w a region of edema at level of distal scar — No sign of infection noted, but scar tissue seems to have developed in this area. Cont per Ex flow sheet. Applied US to scar tissue 1 8m prn to STM.

A: Scar tissue is forming in synovial region. Improved "strength" reported by patient while grasping object.

P: Continue to upgrade per pt tolerance. US to scar tissue prn to STM / Stretching.



PAIN SCALE 0 10

THERAPIST / CREDENTIALS

LICENSE NO. _____

07-30-12 01:01pm

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: 1:00 Units: 4

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

Date: 07 / 30 / 12 # Visits Prior To Today: 42 of 40 Total Treatment Time: _____

RT Code	Description	Units
A001	PT Eval	
A002	PT Re Eval	
A003	OT Eval	
A004	OT Re Eval	
F003	HP/CP	1
F004	Estim Unattend	

RT Code	Description	Units
F010	Vasopneumatic Device	
G001	Ultrasound	
B001	Manual Therapy	1
C001	Theraputic Activities	
C002	Neuromuscular Re-Ed	
C003	Therapeutic Exercise	2

RT Code	Description	Units
C005	Gait Training	
F008	Traction Mechanical	
H003	Custom WHFO Static	
H006	Custom WHO Static	
H005	Custom WHFO Dynamic	
H018	Custom HFO Static	

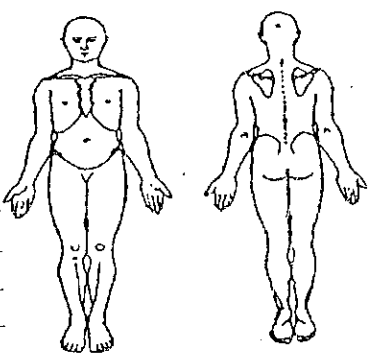
Additional Treatment Codes: _____

SOAP: S: "I saw the MD, He said I need compression on my elbow.

O: Cont. per Rx flow sheet. Pt reports the same spot in his forearm, has a sharp pain. But he reports improved ability to pick up a glass or coffee pot. Cont scar control, STM, A/ROM, place & had, Intrinsic exs, isolated FDS. Intruted pulleys to (1) overall nerve excursion.

A: Sharp pain remains in forearm, but Ability to perform isolated FDS and ROM have improved. Improved overall ROM noted since Sx. IF isolated FDS is decreased per pt report.

P: Continue to upgrade, per pt tol. MD ordered compression sleeve — applied Tubegrip



0 PAIN SCALE 10

THERAPIST / CREDENTIALS

LICENSE NO. _____

TREATMENT ENCOUNTER NOTE

11

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: 4

Tx Time Out: 6:30 Total Time Based Time: _____

Date: 07 / 26 / 12 # Visits Prior To Today: 41 of 40 Total Treatment Time: _____

RT Code	Description	Units
A001	PT Eval	
A002	PT Re Eval	
A003	OT Eval	
A004	OT Re Eval	
F003	HP/CP	1
F004	Estim Unattend	

RT Code	Description	Units
F010	Vasopneumatic Device	
G001	Ultrasound	1
B001	Manual Therapy	1
C001	Theraputic Activities	
C002	Neuromuscular Re-Ed	
C003	Therapeutic Exercise	1

RT Code	Description	Units
C005	Gait Training	
F006	Traction Mechanical	
H003	Custom WHFO Static	
H006	Custom WHO Static	
H005	Custom WHFO Dynamic	
H018	Custom HFO Static	

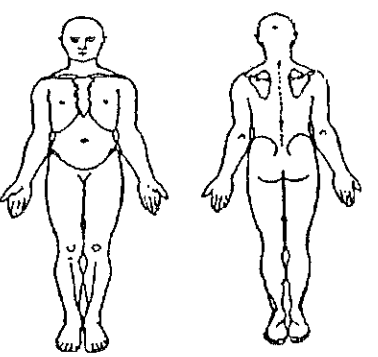
Additional Treatment Codes:

SOAP S: Pt notes that he is better able to grip large jars c (R) hand now.

O: MHP x 10 min followed by pulsed U.S. to forearm scar (20%, 1 W/cm²) c adherent effects. Scar massage, STM of forearm, AROM & PROM of elbow & wrist functional activity - manual pulls.

A: Tol well c min c/o. Occasional "shooting" pain in forearm c AROM g elbow.

P: Cont c P.O.C.



0 PAIN SCALE 10

OTR/L

THERAPIST / CREDENTIALS

LICENSE NO. _____

10693

07-23-12 02:46pm

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: ______ Units: ______

Tx Time Out: ______ Total Time Based Time: ______

Date: 07 / 23 / 12 # Visits Prior To Today: 40 of 40 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	

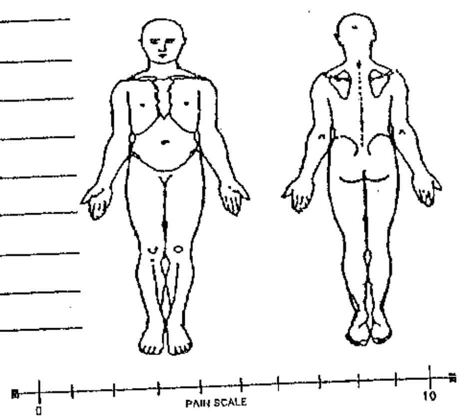
Additional Treatment Codes:

SOAP: S: Pt [illegible] c/o [illegible] reports of significant Δ's since last visit

O: MHP x 10 min prior to STMC edema mob to hand & dorsum, AROM of elbow forearm wrist & hand. Functional activities included AC cup toss & BB transfers. PROM of elbow & forearm as tol.

A: Tol well c min c/o. Improving flexibility of UE & decreased edema noted

P: Cont c P.O.C.



[illegible] OTR/L

THERAPIST / CREDENTIALS

LICENSE NO. ______

10693
07-19-12 11:43am

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: 07 / 19 / 12 # Visits Prior To Today: 39 of 40 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		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	HP/CP	1	C002	Neuromuscular Re-Ed		H005	Custom WHFO Dynamic	
F004	Estim Unattend		C003	Therapeutic Exercise	2	H018	Custom HFO Static	

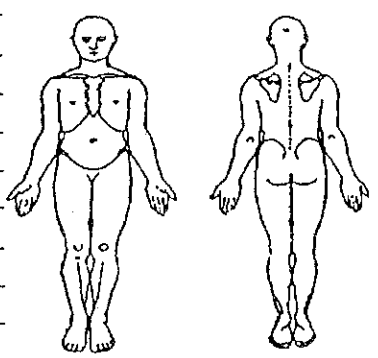
Additional Treatment Codes: _____

SOAP: S: "My Elbow is still swollen and sore. But I can move my SF better"

O: Continue per Rx flow sheet. No adverse effects to UHP noted. Edema remaining in elbow/f/a and hand. Pt presents ↑ improved ability to manipulate and isolate SF/RF motion.

A: Tolerated Rx well - continued edema noted, but improved RF and SF motion noted.

P. Continue to upgrade per pt tol. Continue isolated tendon gliding



0 PAIN SCALE 10

THERAPIST / CREDENTIALS

LICENSE NO. _____

10691
07-16-12 10:18am

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: 1:30 Units: 3

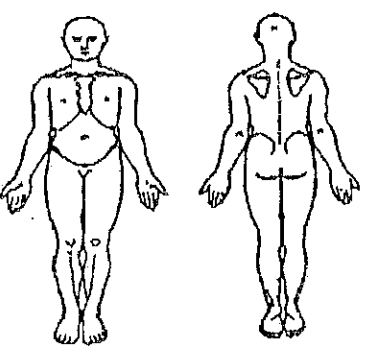
Tx Time Out: 2:45 Total Time Based Time: _____

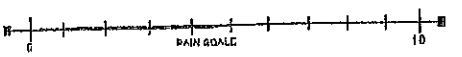
Date: 07 / 16 / 12 # Visits Prior To Today: 38 of 69 Total Treatment Time: _____

RT Code	Description	Units	RT Code	Description	Units	RT Code	Description	Units
A001	PT Eval		E010	Vasopneumatic Device		G003	Gait Training	
A002	PT Re Eval		G001	Ultrasound		F000	Traction Mechanical	
A003	OT Eval	1	B001	Manual Therapy		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: Soc initial Eval & flow sheets





THERAPIST / CREDENTIALS

LICENSE NO.

10693
06-04-12 11:07am

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: 100 Units: 5

Tx Time Out: 215 Total Time Based Time: _____

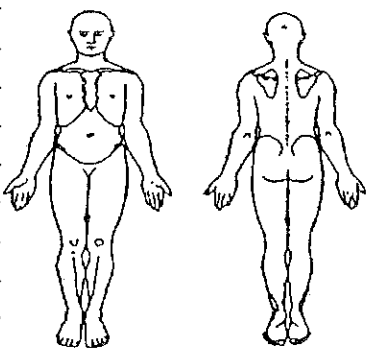
Date: 06 / 04 / 12 # Visits Prior To Today: 37 of 32 Total Treatment Time: _____

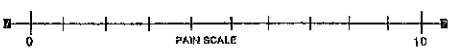
RT Code	Description	Units	RT Code	Description	Units	RT Code	Description	Units
A001	PT Eval		F010	Vasopneumatic Device		C005	Gait Training	
A002	PT Re Eval		G001	Ultrasound	1	F008	Traction Mechanical	
A003	OT Eval		B001	Manual Therapy	1	H003	Custom WHFO Static	
A004	OT Re Eval		C001	Theraputic Activities		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: _____

See Re-eval & flow sheets





THERAPIST / CREDENTIALS

LICENSE NO. _____

10693
05-31-12 02:12pm

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: 05 / 31 / 12 # Visits Prior To Today: 36 of 32 Total Treatment Time: _____

RT Code	Description	Units	RT Code	Description	Units	RT Code	Description	Units
A001	PT Eval		F010	Vasopneumatic Device		G005	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	HP/CP	1	C002	Neuromuscular Re-Ed		H005	Custom WHFO Dynamic	
F004	Estim Unattend		C003	Therapeutic Exercise	1	H018	Custom HFO Static	

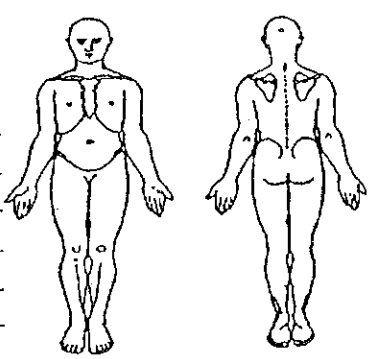
Additional Treatment Codes: _____

SOAP: S: "The medicine does not seem to be helping me."

O: Cont per Rx flow sheet. Pt was provided new meds for nerve pain and reports that he is not feeling better at this point

A: Tolerated Rx fair. Cont nerve pain noted

P: Continue - upgrade per tol. Re-eval progress next visit



0 PAIN SCALE 10

MF Shanahan PT

THERAPIST / CREDENTIALS

LICENSE NO. _____

10693
05-25-12 08:18am

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

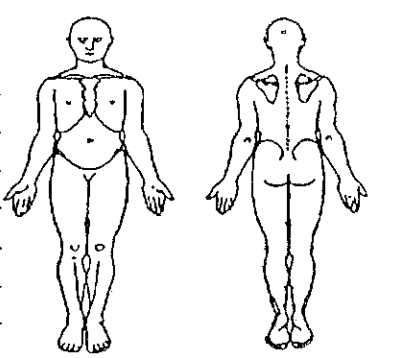
Tx Time Out: 1000 Total Time Based Time: _____

Date: 05 / 25 / 12 # Visits Prior To Today: 35 of 32 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	1	H003	Custom WHFO Static	
A004	OT Re Eval		C001	Theraputic Activities		H008	Custom WHO Static	
F003	HP/CP	1	C002	Neuromuscular Re-Ed		H005	Custom WHFO Dynamic	
F004	Estim Unattend		C003	Therapeutic Exercise	1	H016	Custom HFO Static	

Additional Treatment Codes: _____

SOAP: S: "My nerve gets very aggravated."
O. Cont pe, Rx & re-treat. No adverse effects to MHP or US noted.
Presents c cont nerve pain — especially aggravated
by lifting, FDS to SF or any repetitive grasp.
A: Tolerated Rx. Pain Cont nerve pain / weakness.
P: Cont. to upgrade per pt tol. Attempt to D/C splint.



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: 11:30 Units: 4

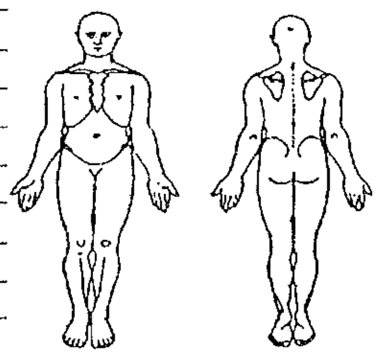
Tx Time Out: 12:30 Total Time Based Time: ______

Date: 05 / 24 / 12 # Visits Prior To Today: 34 of 32 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	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	1	H018	Custom HFO Static	

Additional Treatment Codes: ______

SOAP: S: "I got a mark on my arm - looks like a burn but I never felt it"
O: Cont per Rx flow sheet. 2 small red blisters noted in ulnar distribution along forearm - No sign of infection. He believes he burned his F/A on the grill.
No adverse effects to MHP or US noted. Heat not applied to blister
A: Tolerated Rx fair. pt's sensory loss caused him to burn his forearm.
P: Continue to upgrade. Monitor burns



0 PAIN SCALE 10

[signature]
THERAPIST / CREDENTIALS

LICENSE NO. ______

10693
05-17-12 11:35am

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: 12:30 Units: 2

Tx Time Out: 1:00 Total Time Based Time: _____

Date: 05 / 17 / 12 # Visits Prior To Today: 33 of 32 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		H003	Custom WHFO Static	
A004	OT Re Eval		C001	Theraputic Activities		H006	Custom WHO Static	
F003	HB/CP	1	C002	Neuromuscular Re-Ed		H005	Custom WHFO Dynamic	
F004	Estim Unattend		C003	Therapeutic Exercise		H018	Custom HFO Static	

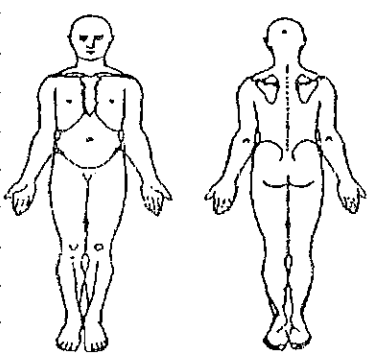
Additional Treatment Codes: _____

SOAP: S: Ø

O Daily modalities performed on this date due to scheduling issues. No adverse effects reported to modalities.

A: Tolerated exam. Cont pain/weakness noted

P: Continue



0 PAIN SCALE 10

THERAPIST / CREDENTIALS

LICENSE NO. _____

10693
05-15-12 10:22am

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: 12:45 Total Time Based Time: _____

Date: 05 / 15 / 12 # Visits Prior To Today: 32 of 32 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	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	

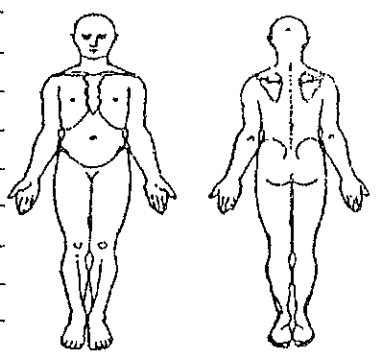
Additional Treatment Codes: _____

SOAP: S: "My arm is still weak when I try to use it."

O: Cont per flow sheet. No adverse effects to HHP or US noted. Focus of Rx on modalities / stretching, and strengthening. Pt reports cont weakness + decreased ROM during daily activities - ie. cooking, cleaning, lifting.

A: Cont weakness / pain reported

P: Continue to provide ROM, strength.



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: 4

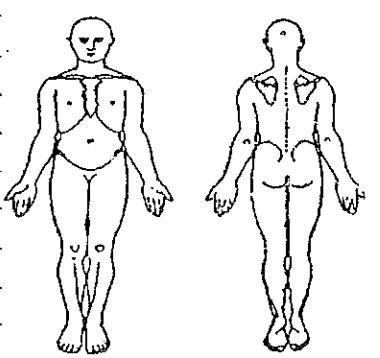
Tx Time Out: 3:30 Total Time Based Time: _____

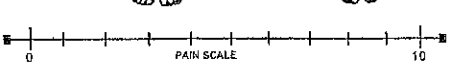
Date: 05 / 10 / 12 # Visits Prior To Today: 31 of 32 Total Treatment Time: _____

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		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	3	H018	Custom HFO Static	

Additional Treatment Codes:

SOAP: S: "My hand is still feeling very weak And it hurts when I use it"
O: Cont per Rx flow sheet. No adverse effects to MTP noted. Pt is reporting increased pain today - especially after isolated FDS and arm/grip activities. Unable to upgrade program due to pain.
A: Tolerated Rx fair. Cont pain/weakness.
P: Cont to upgrade per pt tolerance to strengthening more aggressively.





MTP Therapeutics
THERAPIST / CREDENTIALS

LICENSE NO. _____

10693
05-07-12 08:06am

TREATMENT ENCOUNTER NOTE

Patient Information

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

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

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

Appointment Detail

Discipline: OT Tx Time In: 930 Units: 5

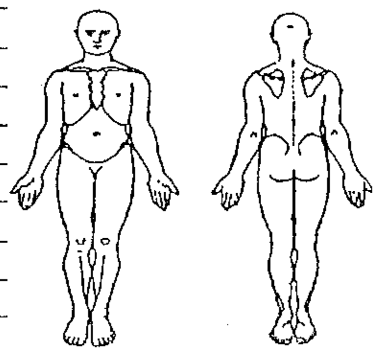
Tx Time Out: 1040 Total Time Based Time: ____

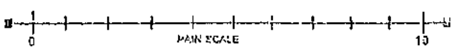
Date: 05 / 07 / 12 # Visits Prior To Today: 30 of 51 Total Treatment Time: ____

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	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: "My hand is very swollen today. My neck is sore today."
O: Cont per flow sheet. No adverse effects to US or ultrasound. Pt presents c̄ sig pain/stiffness in RUE. Reporting neck pain today as well.
A: Tolerated Rx fair but sig neck pain noted.
P: Cont to upgrade strengthening.





THERAPIST / CREDENTIALS [signature]

LICENSE NO. ____

10693
05-04-12 07:49am

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: 10⁶⁰ Units: 4

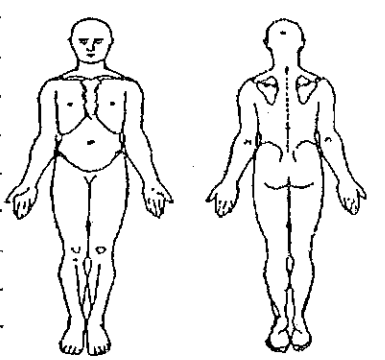
Tx Time Out: 1130 Total Time Based Time: _____

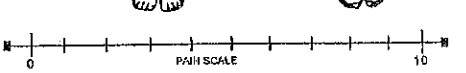
Date: 05 / 04 / 12 # Visits Prior To Today: 29 of 51 Total Treatment Time: _____

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	NC	G001	Ultrasound	1/2 (1)	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	(1)	H018	Custom HFO Static	

Additional Treatment Codes: _____

SOAP: See Re-eval / Rx flow sheet





THERAPIST / CREDENTIALS

LICENSE NO. _____

10693
05-02-12 08:59am

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: 12:00

Tx Time Out: 1:00

Units: 5

Total Time Based Time: ______

Date: 05 / 02 / 12

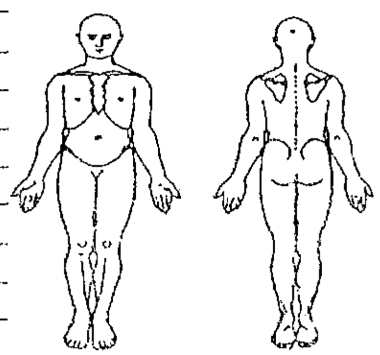
Visits Prior To Today: 28 of 24

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	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 am feeling stronger. But I still get that nerve pain"
O: Cont per Rx flow sheet. No adverse effect to HP or US noted. Applied US/HP, f/u ? stm, stretching & strengthening
A: Tolerated Rx well today. Strength/tolerance of Rx appears to be improving, but ulnar nerve pain continues to be set off by ST motion.
P: Continue. Upgrade strength per tolerance. Re-eval next visit.



0 PAIN SCALE 10

[signature]
THERAPIST / CREDENTIALS

LICENSE NO. ______

10693
04-27-12 07:52am

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: 9:00 Units: 4

Tx Time Out: 10:00 Total Time Based Time: _____

Date: 04 / 27 / 12 # Visits Prior To Today: 27 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		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	HP/CP		C002	Neuromuscular Re-Ed		H005	Custom WHFO Dynamic	
F004	Estim Unattend		C003	Therapeutic Exercise	1	H018	Custom HFO Static	

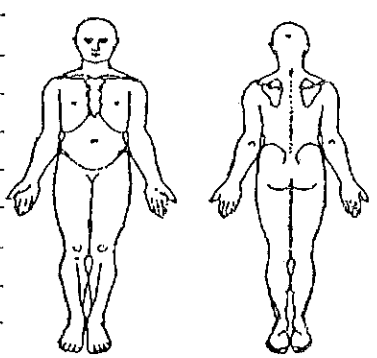
Additional Treatment Codes:

SOAP: S: "I have a little less pain today."

O: Cont per Rx flowsheet. No adverse effects to MHP or US noted. MHP, US, Elec Rx per flowsheet. Resumed Bfly today.

A: Tolerated Rx fair. Improved overall pain noted

P: Continue to upgrade per pt 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: 215 Units: 5

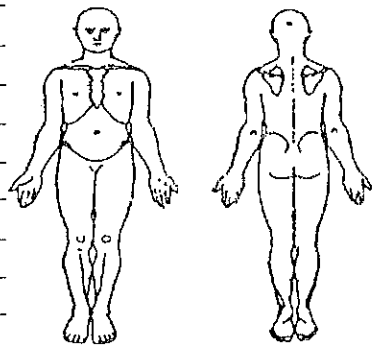
Tx Time Out: 330 Total Time Based Time: ______

Date: 04 / 26 / 12 # Visits Prior To Today: 26 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	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: "I hurt my arm yesterday by holding out my iPad so someone could look at it." Pt reports arm hurt all night and he needed a pain pill in order to sleep. Minimal pain today prior to Tx.
O: MHP followed by pulsed US 50% .8w/cm² to arm. Scar mob, stretching forearm, PROM of wrist & digits. Cont. strengthening as per Rx log.
A: Tol well c̄ mild c/o "a little muscle pain; I really worked my arm today." No c/o nerve pain with exercises today.
P: Cont c̄ POC.



0 PAIN SCALE 10

[illegible] OTR/L
THERAPIST / CREDENTIALS

LICENSE NO. ______

10693
04-18-12 07:45am

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: 930 Units: 4

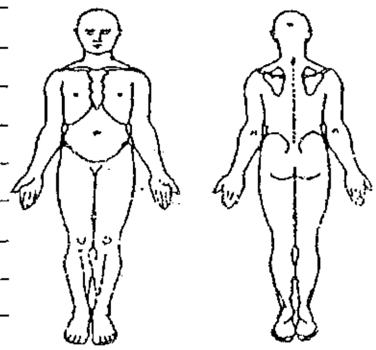
Tx Time Out: 1030 Total Time Based Time: ____

Date: 04 / 18 / 12 # Visits Prior To Today: 25 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	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	1	H018	Custom HFO Static	

Additional Treatment Codes: ____

SOAP: S: Cont c/o "soreness" since previous visit
O: Cont per Rx flow sheet. No adverse effects to MHP or US noted. Performed modalities f/u c STM, scar mob, stretching, place/hold, isolated FDS, intrinsic exs, functional activities, strengthening 3#
A: Tolerated Rx fair. Significant pain reported c isolated FDS to RF. No BTE due to pain [illegible]
P: Attempt to ↑ strength / ROM



0 PAIN SCALE 10

[signature]

THERAPIST / CREDENTIALS

LICENSE NO. ____

Hand Surgery Associates, S.C.
Hand • Shoulder • Elbow • Wrist
TEL: 847-956-0099 FAX: 847-956-0433
515 W. Algonquin Rd., Arlington Heights, IL 60005
ALSIP, BOLINGBROOK, CHICAGO, COUNTRYSIDE, ELMHURST, GLENVIEW, OAK LAWN, VERNON HILLS

PATIENT NAME: Paul Duerig

DOI: _____ DOS: _____ [ ] MUST BE SEEN TODAY [ ] UPDATED ORDERS [✓] CAN BE RESCHEDULED 7/16

DIAGNOSIS: Cubital tunnel release / neurolysis CODE _____

THERAPY: ORDER FOR _____ 1-2 VISITS 2 TIMES/WEEK 4 WEEKS FREQUENCY

SITE OF THERAPY ORDERED: SHOULDER _____ UPPER ARM _____ ELBOW _____ WRIST _____ HAND _____ **PLEASE INDICATE R OR L**

ACUTE HAND THERAPY
- ✓ EVALUATE
- ✓ TREATMENT
- _____ AROM
- _____ PROM/STRETCHING
- _____ STRENGTHENING
- _____ BTE
- ✓ EDEMA CONTROL
- ✓ SCAR MGMT/MOBILIZATION
- _____ DESENSITIZATION
- ✓ HOME PROGRAM
- _____ PREVENTION

MODALITIES
- _____ ULTRASOUND/PHONOPHORESIS
- _____ ELECTRICAL STIM _____
- _____ FLUIDOTHERAPY
- _____ PARAFFIN
- _____ IONTOPHORESIS _____ DEXAMETHASONE
- _____ COLD/HOT PACKS
- _____ BIOFEEDBACK

SPLINTING: __STATIC __DYNAMIC
__ SERIAL STATIC
__ HAND BASED THUMB CMC
SPLINTS ALTERNATIVES

TO: _____

SPLINTING INSTRUCTIONS

Protocol
Elbow
None

SPECIAL THERAPY INSTRUCTIONS

WOUND CARE
- _____ WHIRLPOOL
- FREQUENCY _____
- ✓ DRESSING CHANGES
- TYPE daily
- FREQ _____

WORK READINESS

SIGNATURE: _____ DATE: 7/11/12

MICHAEL I. VENDER, M.D. SCOTT D. SAGERMAN, M.D. PRASANT ATLURI, M.D. SAM J. BIAFORA, M.D. MICHAEL V. BIRMAN, M.D.
SIGNATURE OF M.D. CONSTITUTES MEDICAL NECESSITY

Hand Surgery Associates, SC.
Hand • Shoulder • Elbow • Wrist
TEL: 847-956-0099 FAX: 847-956-0433
515 W. Algonquin Rd., Arlington Heights, IL 60005
ALSIP, BOLINGBROOK, CHICAGO, COUNTRYSIDE, ELMHURST, GLENVIEW, OAK LAWN, VERNON HILLS

PATIENT NAME: Paul Duchey

DOI:_____ DOS:_____ [ ] MUST BE SEEN TODAY [✓] UPDATED ORDERS [ ] CAN BE RESCHEDULED

DIAGNOSIS: _____ CODE _____

THERAPY: ORDER FOR _____ 1-2 VISITS 2 TIMES/WEEK 4 WEEKS FREQUENCY

SITE OF THERAPY ORDERED: SHOULDER _____ UPPER ARM _____ ELBOW ✓ WRIST ✓ HAND ✓ **PLEASE INDICATE R OR L**

ACUTE HAND THERAPY
- ___ EVALUATE
- ✓ TREATMENT
- ✓ AROM
- ✓ PROM/STRETCHING
- ✓ STRENGTHENING light
- ___ BTE
- ✓ EDEMA CONTROL
- ✓ SCAR MGMT/MOBILIZATION
- ___ DESENSITIZATION
- ✓ HOME PROGRAM
- PREVENTION

MODALITIES PRN
- ___ ULTRASOUND/PHONOPHORESIS
- ___ ELECTRICAL STIM ___
- ___ FLUIDOTHERAPY
- ___ PARAFFIN
- ___ IONTOPHORESIS ___ DEXAMETHASONE
- ___ COLD/HOT PACKS
- ___ BIOFEEDBACK

SPLINTING: __STATIC __DYNAMIC
__ SERIAL STATIC
__ HAND BASED THUMB CMC
SPLINTS ALTERNATIVES

TO: _____

SPLINTING INSTRUCTIONS

foam sleeve for compression

SPECIAL THERAPY INSTRUCTIONS

WOUND CARE
- ___ WHIRLPOOL

FREQUENCY ___
- ___ DRESSING CHANGES

TYPE _____
FREQ _____

WORK READINESS

SIGNATURE: _____ DATE: 7/

MICHAEL I. VENDER, M.D. SCOTT D. SAGERMAN, M.D. PRASANT ATLURI, M.D. SAM J. BIAFORA, M.D. MICHAEL V. BIRMAN, M.D.
SIGNATURE OF M.D. CONSTITUTES MEDICAL NECESSITY

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PATIENT NAME: Paul Dulberg

DOI:_____ DOS:_____ [ ] MUST BE SEEN TODAY [ ] UPDATED ORDERS [✓] CAN BE RESCHEDULED

DIAGNOSIS: Ulnar nerve injury CODE _____

THERAPY: ORDER FOR _____ 1-2 VISITS 2-3 TIMES/WEEK 4 WEEKS FREQUENCY

SITE OF THERAPY ORDERED: SHOULDER _____ UPPER ARM _____ ELBOW _____ WRIST _____ HAND ✓ PLEASE INDICATE (R) OR L

ACUTE HAND THERAPY
- _____ EVALUATE
- ✓ TREATMENT
  - _____ AROM
  - ✓ PROM/STRETCHING
  - _____ STRENGTHENING
  - _____ BTE
  - ✓ EDEMA CONTROL
  - _____ SCAR MGMT/MOBILIZATION
  - _____ DESENSITIZATION
  - ✓ HOME PROGRAM
  - PREVENTION

MODALITIES PRN
- _____ ULTRASOUND/PHONOPHORESIS
- _____ ELECTRICAL STIM _____
- _____ FLUIDOTHERAPY
- _____ PARAFFIN
- _____ IONTOPHORESIS _____ DEXAMETHASONE
- ✓ COLD/HOT PACKS
- _____ BIOFEEDBACK

SPLINTING INSTRUCTIONS

SPLINTING: _STATIC _DYNAMIC
_ SERIAL STATIC
_ HAND BASED THUMB CMC
SPLINTS ALTERNATIVES

TO: _____

SPECIAL THERAPY INSTRUCTIONS

WOUND CARE
- _____ WHIRLPOOL

FREQUENCY _____
- _____ DRESSING CHANGES

TYPE _____
FREQ _____

WORK READINESS

SIGNATURE: [signature] DATE: 4/2/12

MICHAEL I. VENDER, M.D. SCOTT D. SAGERMAN, M.D. PRASANT ATLURI, M.D. SAM J. BIAFORA, M.D. MICHAEL V. BIRMAN, M.D.
SIGNATURE OF M.D. CONSTITUTES MEDICAL NECESSITY