

CONTINUATION

NAME

Dulberg, Paul

ADDRESS

1125/12 SOS 5111/12 faxed to Attny Popovich, Attn -
 Alarue (cf)

NAME

Dulberg, Paul

ADDRESS

DATE

2-13-12 here for results MRI @.

I do not know why pt has continued symptoms
not sure why when he bends his
little finger things get worse & pain
on entire arm

I suggested getting a 3rd opinion @

Dr. Scott Sagerman

10 min spent @ pt

5-14-12 Per release records forwarded to Thomas
Popovich PC / Trans Med, 3416 W Elm Street
McHenry IL 60050 (OK)

5-16-12 here for Tel. I spoke @ Dr. Sagerman
& he believed best pt on neuropathic
pain med,

Mr. Dulberg doesn't think the strength is
improving. He also can't see the
pain is that local. It only lasts
a few seconds.

Doing PT anything of smaller caliber
bursts the pain on right @ the scan site
wearing wrist splint @ night sleep
will add Gabapentin for the
300mg QHS for 1 week then BI D

call 2 wks or sooner if side
effects

6-11-12 PC from pt - he did some gardening
work 2d ago and now his SXS are ting. Per
KFL - ↑ gabapentin to 600mg bid. PT notified
mom

6-11-12 PC from pt - he is still noticing freq.
twinges of pain / discomfort from the nerve. He
uses the med. Per KFL - ↑ to 600mg 1 1/2 bid
and call off in 2 wks if needed. Melon
PT notified.

Dulberg 007562

Theresa Verma LAMM-H SCA (OK)

NAME

Dulberg, Paul

ADDRESS

8-10-11 here for NCV's → normal.

DATE

this is branch nerve injury
main median & ulnar nerves are ok
likely will improve somewhat
of next several months
to see hand surgeon as well

1-30-12 here because his therapist asked that
he be re-evaluated. still getting numbness
& tingling & burning in spots down the
ulnar side of arm & hand.
if he bends his little finger in it
aggravates the pain & sets it off all day.
He is feeling for disability for disc disease
& wanted to make sure this isn't
related to that

Exam: ↓ strength ^{err} ~~extra~~ (R) 4th digit abduction
in

normal ad duction

c flexion of 5th digit ↑ pain in arm
scar is raised? bump on end.

Imp will v MRI forearm to R/O neuroma
R/O disruption of tendon or nerve
Ful p - MRI. 15 min spent o pt

Dulberg 007563

DATE: 7.28.2011

ASSOCIATED NEUROLOGY, S.C.

NAME Dulberg, Paul ☒ M ☐ F ☐ R ☐ L HANDED

MENTAL STATUS

☐ R CRANIAL NERVES ☐ L☐ SMELL☐ VISION☐ ACUITY☐ FIELDS☐ FUNDUS

OPTIC DISC

VESSELS

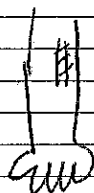
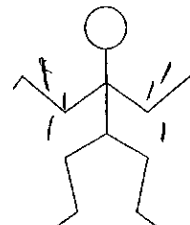
FOVEA

☐ LIDS☐ OCULAR MOVEMENT☐ CONVERGENCE☐ NYSTAGMUS☐ PUPILS☐ SIZE / SHAPE☐ LIGHT☐ CONSENSUAL☐ AFFERENT PUPIL☐ CORNEAL REFLEX☐ FACIAL SENSATION☐ PIN☐ LIGHT TOUCH☐ MUSC. OF MASTIC.☐ FACIAL MUSCLES☐ UPPER☐ LOWER☐ TASTE☐ AUDITORY ACUITY☐ SOFT PALATE☐ GAG☐ STERNOMASTOID☐ TRAPEZIUS☐ TONGUE☐ R COORDINATION ☐ L☐ FNF☐ HKS

RAPID ALTERNATING MOVEMENTS

☐ TONGUE☐ HANDS☐ FINGERS☐ FOOT

EXPLANATORY NOTES

☐ R REFLEXES ☐ L☐ HOFFMAN☐ TROMNER☐ PM☐ GRASP☐ SUCK☐ SNOUT☐ GLABELLAR☐ JAW☐ R GAIT ☐ L☐ SPONTANEOUS☐ ON TOES☐ ON HEELS☐ ARM SWING☐ BASE☐ TANDEM☐ POSTURE☐ STABILITY☐ ROMBERG☐ TANDEM ROMBERG

GENERAL

☐ CAROTID PULSE☐ CAROTID BRUIT☐ PERIPHERAL PULSE☐ TINEL☐ PHALEN☐ NECK ROM☐ ROM AT WAIST☐ STRAIGHT LEG RAISING☐ PARASPINAL TENDERNESS☐ CARDIAC MURMUR☐ KERNIG☐ BRUDZINSKI☐ L'HERMITTES

BP

HR

SITTING

SUPINE

STANDING

104/68

Dulberg 007564

16

HEALTH QUESTIONNAIRE

ASSOCIATED NEUROLOGY, S.C

Patient's Name:

Seelberg, Paul

Date:

7/28/11

Handedness: ☒ Right ☐ Left

REASON FOR VISIT

Chin saw to Right Forearm

AGE:

41

MEDICAL HISTORY

If you have had any of the following symptoms or diseases, please check (✓) and indicate at what age.

☒ Headaches	☐ Frequent Nosebleeds	☐ Bowel Polyps	☐ Crohn's/Colitis	☐ Tuberculosis
☐ Dizzy or ☐ Fainting Spells	☐ Sinus Pain ☐ Sore Throat	Stools: ☐ Bloody ☐ Black ☐ Pale	☐ Hemorrhoids	☐ Herpes ☐ AIDS (HIV)
☐ Decreased Hearing	☐ Teeth/Gum Pain/Bleeding	☐ Urine infections (frequent)	☐ Contact w/Blood or Body Fluids	☐ Blood Transfusions
☐ Ringing in Ear	☐ Chronic Cough	Urination: ☐ Overnight > twice	☐ Sexual Problems	
☐ Falling Vision ☐ Eye Pain	☐ Hay Fever/Allergies	☐ Painful ☐ Bloody ☐ No Control	Males: ☐ Prostate ☐ PSA Test	
☐ Double or ☐ Blurred Vision	☐ Pneumonia/Pleurisy	☐ D ☐ e in Force/Flow	Females: Please complete rest.	
☐ Hoarseness	☐ Bronchitis/Emphysema	☐ Kidney	Menstrual Flow:	
☐ Difficulty Swallowing	☐ Asthma/Wheezing	☐ Venereal Disease/Genital Warts	Age Started _____	
☐ Convulsions/Seizures	☐ Shortness of Breath:	☐ Urethral Discharge	☐ Reg. ☐ Irreg. ☐ Pain/Cramps	
☐ Stroke ☐ Head Injury	☐ On Exertion ☐ Lying Flat	☐ Anemia ☐ Bruise Easily	Days of Flow _____	
☐ Tremor/Hands Shaking	☐ Chest Pain or Tightness	☐ Cancer (Type) _____	Length of Cycle _____ Days	
☒ Muscle Weakness	☐ High Blood Pressure	☐ Diabetes ☐ Excessive Thirst	1st Date of Last Period _____	
☒ Numbness/Tingling Sensations	☐ Heart Murmur	☐ Thyroid Disease	Number of:	
☐ Back Pain	☐ Irregular Pulse ☐ Palpitations	☐ Arthritis/Rheumatism	_____ Pregnancies _____ Abortions	
☐ Foot Pain ☐ Cold Numb Feet	☐ High Cholesterol/Fat	☐ Bone Fracture/Joint Injury	_____ Miscarriages _____ Live Births	
☐ Difficulty Sleeping	☐ Swollen Ankles ☐ Blood Clots	☐ Gout ☐ Osteoporosis	☐ Pain/Bleeding During Sex	
☐ Memory Loss ☐ Phobias	☐ Calf Pain When Walking	☐ Rashes ☐ Hives	Birth Control Method _____	
☐ Difficulty Walking	☐ Varicose Veins/Phlebitis	☐ Eczema ☐ Psoriasis	If B.C. Pill, Name _____	
☐ Difficulty Speaking	☐ Loss of Appetite (recent)	☐ Nervousness ☐ Depression	☐ Infertility History	
☐ Imbalance	☐ Indigestion/Heartburn	☐ Moodiness ☐ Excessive Stress	☐ Flushing/Menopause	
☒ Neck Pain ☐ Facial Pain	☐ Persistent Nausea/Vomiting	☐ Mental Illness	Date of Last PAP Test _____	
☐ Meningitis/Encephalitis	☐ Peptic Ulcer/Abdominal Pain	☐ Chicken Pox ☐ Polio ☐ Mumps	☐ Normal ☐ Abnormal	
☐ Weight Loss or ☐ Gain	☐ Gall Bladder Trouble	☐ Measles ☐ German Measles	Date of Last Mammogram _____	
☐ Unusual Fatigue/Loss of Energy	☐ Jaundice/Hepatitis	☐ Lyme Disease	☐ Normal ☐ Abnormal	
☐ Frequent Ear Infections	☐ Change in Bowel Habits	☐ Rheumatic Fever ☐ Scarlet Fever		
☐ Glaucoma ☐ Cataracts	☒ Diarrhea ☒ Constipation			

HOSPITAL ADMISSIONS

Indicate the year of hospitalization and the reason. Do not include normal pregnancies.

YEAR	ILLNESS OR OPERATION	YEAR	ILLNESS OR OPERATION	YEAR	ILLNESS OR OPERATION
	Left Arm After Nerve Trans				

MEDICATIONS

List all that you take include those you buy without a prescription.

Naproxin

DRUG ALLERGIES

None

FAMILY HISTORY

If any blood relative has suffered any of the following, please check below and indicate which relative.

☐ Epilepsy (Seizures)	☐ Glaucoma	☐ Anemia	☐ High Blood Pressure
☐ Migraine Headaches	☐ Diabetes	☐ Bleeds Easily	☐ High Cholesterol
☐ Stroke	☐ Thyroid Goiter	☐ Clotting Disorder	☐ Alcoholism
☐ Other Neurologic Disease	☐ Hay Fever	☐ Arthritis	☐ Genetic Disease
☐ Mental Illness	☐ Asthma	☐ Heart Disease	☐ Cancer (Type) _____

HABITS

Cigarettes: 1 Packs/Day for 20 YearsAlcohol: 10 Drinks/WeekCoffee: 2 Cups/DayRegular Exercise: ☐ Yes ☒ No

Quit Smoking: _____ Years Ago

Street Drugs: NoneTESTS/EXAMS
(Year of Last One)
 Cholesterol _____
 Rectal _____
 T.B. Test _____

 Sugar _____
 Chest X-Ray _____
 Eye Exam _____

 Other Blood Tests _____
 Cardiogram _____
 Dental Exam _____

 Have you had any of these tests done?
 If so, please check and indicate year.

☐ Angiogram _____
☐ CT Scan of Head _____
☐ CT Scan of Neck _____
☐ CT Scan of Lower Back _____

☐ MRI Scan of Head _____
☐ MRI Scan of Neck _____
☐ MRI Scan of Lower Back _____
☐ Neck X-Rays _____

☐ Lumbar Puncture (Spinal Tap) _____
☐ EEG (Brain Wave) _____
☐ EMG _____
☐ Myelogram 007565



ASSOCIATED NEUROLOGY, S.C.

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

July 28, 2011

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

RE: Paul Dulberg

Dear Mr. Mast,

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

Sincerely,

Karen Levin, MD
(mdm)

Karen F. Levin, M.D.

KFL/klm

TELEPHONE: (847) 549-0055

DEA # BL3912652
NPI #1811930811

KAREN F. LEVIN, MD

1900 HOLLISTER DR., SUITE 250

LIBERTYVILLE, IL 60048

Name Paul Dulberg Date 5-16-12

Address _____

Rx

Neurontin 300 mg
dls #60 (sixty)
T pa BID

☐ Label

Refill - 0 - 1 - 2 - 3 - 4 - PRN

☒ May Substitute [Signature], M.D.

☐ May Not Substitute _____, M.D.

ASSOCIATED NEUROLOGY, S.C.

Mitchell S. Grobman, M.D.

Karen F. Levin, M.D.

Phone (847) 549-0055

1900 Hollister Drive, Suite 250, Libertyville, IL 60048

Fax (847) 549-0404

Round lake
(847) 546-3600

Patient Name: Paul Dulberg

D.O.B.: 3/19/70

SS#

Phone #: Home: (847) 497-4250

Work:

Send additional copy of report to: 729-5

Diagnosis

slp trauma R/o neuroma or nerve or

☐

MRI

☐ Brain

☐ With Contrast

☐ C-Spine

☐ Without Contrast

☐ T-Spine

☐ anesthesiology administer sedation is medically necessary because of

☐ LS-Spine

☐

MRA

☐ Intracranial

☒ MRI upper ext. (R) non joint C & S good

☐ Extracranial

☐

Ultrasound

☐

X-Ray

☐

CT

☐

With Contrast

☐

Without Contrast

☐

Echo

☐

TEE

☐

24 Hour Holter

☐

Tilt Table

To be read by Dr.

☐

EEG

may sedate using

gram(s) chloral hydrate if necessary

☐

Other

☐

Labs

☐ carbamazepine

☐ phenytoin

☐ phenobarbital

☐ valproic acid

☐ gabapentin

☐ lupus anticoagulant

☐ protein C

☐ protein S

☐ antithrombin III

☐ CBC w/plts

☐ folate

☐ activated protein C resistance

☐ thyroid profile

☐ TSH

☐ anticardiolipin antibody

☐ hepatic profile

☐ PTT

☐ sedimentation rate

☐ basic metabolic profile

☐ B12

☐ ANA with reflex testing

☐ glycohemoglobin

☐ RPR

☐ comprehensive metabolic profile

☐ immunofixation

☐ homocysteine

☐ Acetylcholine receptor antibodies

☐
☐

☐ Mitchell S. Grobman, M.D.

☒ Karen F. Levin, M.D.

Date

1-30-12 Dulberg 007568

NEUROPHYSIOLOGY REPORT

Name: Dulberg, Paul

Test No.: 12-0305

Date of Exam: 13 Mar 12

Consulting Doctor: Scott Sagerman, M.D.

Motor Nerve Conduction:

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

F-Wave Studies:

Nerve	M-Latency	F-Latency
Median.R	3.9 ms	29.6 ms
Ulnar.R	3.3 ms	28.7 ms

Sensory Nerve Conduction:

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

Needle EMG Examination:

Muscle	Spontaneous and Volitional Activity					
	Fibs	+Waves	Fasc's	Poly	Amp	Dur
Flexor carpi radialis.R	None	None	None	None	Normal	Normal
Flexor carpi ulnaris.R	None	None	None	None	Normal	Normal
Extensor indicis proprius.R	None	None	None	None	Normal	Normal
1st dorsal interosseous.R	None	None	None	None	Normal	Normal
Abductor digiti minimi (manus).R	None	None	None	None	Normal	Normal
Abductor pollicis brevis.R	None	None	None	None	Normal	Normal

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

EMG: No denervation potentials are seen.

Conclusions: No electrophysiologic evidence of focal or diffuse peripheral neuropathy.


Karen F. Levin, M.D.



PATIENT: DULBERG, PAUL
MRN: 1585839

PHYSICIAN: LEVIN, MD, KAREN
EXAM: MR FOREARM W/ AND
W/O 73220
DOS: 02/03/2012

DOB: 03/19/1970

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

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

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

Contrast: 15 cc of gadolinium was infused.

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

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

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

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

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

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

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

www.openadvancedmri.com

If there are any questions about this fax or you are not the intended recipient. Please call 1-888-674-4674.

Dulberg 007570



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

Page 2 of 2

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

Thomas A. Predey, MD

Electronically Signed By: THOMAS A. PREDEY MD

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

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

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

www.openadvancedmri.com

If there are any questions about this fax or you are not the intended recipient. Please call 1-888-674-4674
Dulberg 007571

NEUROPHYSIOLOGY REPORT

Name: Dulberg, Paul

Test No.: 11-0802

Date of Exam: 10 Aug 11

Motor Nerve Conduction:

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

F-Wave Studies:

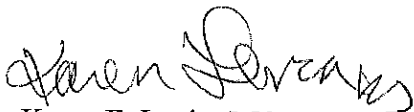
Nerve	M-Latency	F-Latency
Median.R	3.8 ms	30.9 ms
Ulnar.R	2.9 ms	27.3 ms

Sensory Nerve Conduction:

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

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

Conclusions: No electrophysiologic evidence of diffuse neuropathy.


Karen F. Levin, M.D.

NAME

Dulberg, Paul

ADDRESS

8-10-11

here for NCV's → normal.

DATE

This is brachial nerve injury
main median & ulnar nerves are ok
Likely will improve somewhat
of next several months
To see hand surgeon as well

1-30-12 here because his therapist asked that
he be re-evaluated. still getting numbness
& tingling & burning in spots down the
ulnar side of arm & hand.
if he bends his little finger it
aggravates the pain & sets it off all day.
He is feeling for disability for disc disease.
& wanted to make sure this isn't
related to that.

Exam: ↓ strength ⁱⁿ ~~extensor~~ (R) 4th digit abductor

Normal ad ductor

c flexor of 5th digit ↑ pain in arm
scar is raised ? bump on end.

Imp will ✓ MRI forearm to R/O neuroma
R/O disruption of tendon or nerve
Full p MRI. 15 min spent o ph

CONTINUATION

NAME

Dulberg, Paul

ADDRESS

2-13-12 here for results MKT @.

DATE

I do not know why pt has continued symptoms
not sure why when he bends his
little fingers things get worse & pain
in entire arm

I suggested getting a 3rd opinion @

Dr. Scott Sagerman

10 min consult @ pt

5-14-12 Per release records forwarded to Thomas
Popovich PC / Hans Malet, 3110 W Elm Street
McHenry IL 60050 (AK)

5-16-12 Here for FCL. I spoke @ Dr. Sagerman
@ he reviewed hist pt on neuropathic
pain med.

Mr. Dulberg doesn't think the strength is
improving. He also isn't sure the
pain is that local. It only lasts
a few seconds.

Doing PT anything of smaller caliber
bursts the pain on right @ the scar site
wearing wrist splint @ night seems
will add Gabapentin for the

300mg QHS for 1 week then B/D

call 2 wks or sooner if side
effects

6/1/12 PC from pt - he did some gardening
work 2d ago and now his SXS are ting. Per
RFL - ↑ gabapentin to 600mg bid. PT notified
MDM

6/11/12 PC from pt - he is still noticing freq.
twinges of pain / discomfort from the nerve. He
wishes the pain. Per RFL - ↑ to 600mg 1 1/2 bid
and call @ 2 wks if needed. MDM
PT notified.

Dulberg 001574

DATE: 7.28.2011

ASSOCIATED NEUROLOGY, S.C.

NAME

Dulberg, Paul

M ☒ F ☐R ☐ L ☐ HANDED

MENTAL STATUS

☐ R

CRANIAL NERVES

☐ L☐ SMELL☐ VISION☐ ACUITY☐ FIELDS☐ FUNDUS

OPTIC DISC

VESSELS

FOVEA

☐ LIDS☐ OCULAR MOVEMENT☐ CONVERGENCE☐ NYSTAGMUS☐ PUPILS☐ SIZE / SHAPE☐ LIGHT☐ CONSENSUAL☐ AFFERENT PUPIL☐ CORNEAL REFLEX☐ FACIAL SENSATION☐ PIN☐ LIGHT TOUCH☐ MUSC. OF MASTIC.☐ FACIAL MUSCLES☐ UPPER☐ LOWER☐ TASTE☐ AUDITORY ACUITY☐ SOFT PALATE☐ GAG☐ STERNOMASTOID☐ TRAPEZIUS☐ TONGUE☐ R

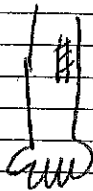
COORDINATION

☐ L☐ FNF☐ HKS

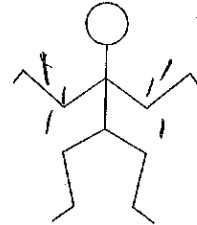
RAPID ALTERNATING MOVEMENTS

☐ TONGUE☐ HANDS☐ FINGERS☐ FOOT

EXPLANATORY NOTES

☐ R

REFLEXES

☐ L☐ HOFFMAN☐ TROMNER☐ PM☐ GRASP☐ SUCK☐ SNOUT☐ GLABELLAR☐ JAW☐ R

GAIT

☐ L☐ SPONTANEOUS☐ ON TOES☐ ON HEELS☐ ARM SWING☐ BASE☐ TANDEM☐ POSTURE☐ STABILITY☐ ROMBERG☐ TANDEM ROMBERG

GENERAL

☐ CAROTID PULSE☐ CAROTID BRUIT☐ PERIPHERAL PULSE☐ TINEL☐ PHALEN☐ NECK ROM☐ ROM AT WAIST☐ STRAIGHT LEG RAISING☐ PARASPINAL TENDERNESS☐ CARDIAC MURMUR☐ KERNIG☐ BRUDZINSKI☐ L'HERMITTESSitting
SUPINE

STANDING

BP

104/68

HR

Dulberg 007575

16

HEALTH QUESTIONNAIRE

ASSOCIATED NEUROLOGY, S.C.

Patient's Name:

Seulberg, Paul

Date:

7/28/11

Handedness: ☒ Right ☐ Left

REASON FOR VISIT

Chainsaw TO Right FOREARM

AGE:

41

MEDICAL HISTORY

If you have had any of the following symptoms or diseases, please check (✓) and indicate at what age.

☒ Headaches	☐ Frequent Nosebleeds	☐ Bowel Polyps	☐ Crohn's/Colitis	☐ Tuberculosis
☐ Dizzy or ☐ Fainting Spells	☐ Sinus Pain ☐ Sore Throat	Stools: ☐ Bloody ☐ Black ☐ Pale	☐ Herpes	☐ AIDS (HIV)
☐ Decreased Hearing	☐ Teeth/Gum Pain/Bleeding	☐ Hemorrhoids ☐ Hernia	☐ Contact w/Blood or Body Fluids	☐ Blood Transfusions
☐ Ringing In Ear	☐ Chronic Cough	☐ Urine Infections (frequent)	☐ Sexual Problems	
☐ Failing Vision ☐ Eye Pain	☐ Hay Fever/Allergies	Urination: ☐ Overnight > twice		
☐ Double or ☐ Blurred Vision	☐ Pneumonia/Pleurisy	☐ Painful ☐ Bloody ☐ No Control		
☐ Hoarseness	☐ Bronchitis/Emphysema	☐ D e in Force/Flow		
☐ Difficulty Swallowing	☐ Asthma/Wheezing	☐ Kidn _{ies}		
☐ Convulsions/Seizures	☐ Shortness of Breath:	☐ Venereal Disease/Genital Warts		
☐ Stroke ☐ Head Injury	☐ On Exertion ☐ Lying Flat	☐ Urethral Discharge		
☐ Tremor/Hands Shaking	☐ Chest Pain or Tightness	☐ Anemia ☐ Bruise Easily		
☒ Muscle Weakness	☐ High Blood Pressure	☐ Cancer (Type) _____		
☒ Numbness/Tingling Sensations	☐ Heart Murmur	☐ Diabetes ☐ Excessive Thirst		
☐ Back Pain	☐ Irregular Pulse ☐ Palpitations	☐ Thyroid Disease		
☐ Foot Pain ☐ Cold Numb Feet	☐ High Cholesterol/Fat	☐ Arthritis/Rheumatism		
☐ Difficulty Sleeping	☐ Swollen Ankles ☐ Blood Clots	☐ Bone Fracture/Joint Injury		
☐ Memory Loss ☐ Phobias	☐ Calf Pain When Walking	☐ Gout ☐ Osteoporosis		
☐ Difficulty Walking	☐ Varicose Veins/Phlebitis	☐ Rashes ☐ Hives		
☐ Difficulty Speaking	☐ Loss of Appetite (recent)	☐ Eczema ☐ Psoriasis		
☐ Imbalance	☐ Indigestion/Heartburn	☐ Nervousness ☐ Depression		
☒ Neck Pain ☐ Facial Pain	☐ Persistent Nausea/Vomiting	☐ Moodiness ☐ Excessive Stress		
☐ Meningitis/Encephalitis	☐ Peptic Ulcer/Abdominal Pain	☐ Mental Illness		
☐ Weight Loss or ☐ Gain	☐ Gall Bladder Trouble	☐ Chicken Pox ☐ Polio ☐ Mumps		
☐ Unusual Fatigue/Loss of Energy	☐ Jaundice/Hepatitis	☐ Measles ☐ German Measles		
☐ Frequent Ear Infections	☐ Change in Bowel Habits	☐ Lyme Disease		
☐ Glaucoma ☐ Cataracts	☒ Diarrhea ☒ Constipation	☐ Rheumatic Fever ☐ Scarlet Fever		

Males: ☐ Prostate ☐ PSA Test

Females: Please complete rest.

Menstrual Flow:

Age Started _____

☐ Reg. ☐ Irreg. ☐ Pain/Cramps

Days of Flow _____

Length of Cycle _____ Days

1st Date of Last Period _____

Number of:

_____ Pregnancies _____ Abortions

_____ Miscarriages _____ Live Births

☐ Pain/Bleeding During Sex

Birth Control Method _____

If B.C. Pill, Name _____

☐ Infertility History☐ Flushing/Menopause

Date of Last PAP Test _____

☐ Normal ☐ Abnormal

Date of Last Mammogram _____

☐ Normal ☐ Abnormal

HOSPITAL ADMISSIONS

Indicate the year of hospitalization and the reason. Do not include normal pregnancies.

YEAR	ILLNESS OR OPERATION	YEAR	ILLNESS OR OPERATION	YEAR	ILLNESS OR OPERATION
	Left Arm After NERVE TRANS				

MEDICATIONS

List all that you take include those you buy without a prescription.

Naproxin

DRUG ALLERGIES

None

FAMILY HISTORY

If any blood relative has suffered any of the following, please check below and indicate which relative.

☐ Epilepsy (Seizures)	☐ Glaucoma	☐ Anemia	☐ High Blood Pressure
☐ Migraine Headaches	☐ Diabetes	☐ Bleeds Easily	☐ High Cholesterol
☐ Stroke	☐ Thyroid Goiter	☐ Clotting Disorder	☐ Alcoholism
☐ Other Neurologic Disease	☐ Hay Fever	☐ Arthritis	☐ Genetic Disease
☐ Mental Illness	☐ Asthma	☐ Heart Disease	☐ Cancer (Type) _____

HABITS

Cigarettes: 1 Packs/Day for 20 YearsAlcohol: 4 Drinks/Week Coffee: 2 Cups/DayRegular Exercise: ☐ Yes ☒ No

Quit Smoking: _____ Years Ago

Street Drugs: NoneTESTS/EXAMS
(Year of Last One)

Cholesterol _____	Sugar _____	Other Blood Tests _____
Rectal _____	Chest X-Ray _____	Cardiogram _____
T.B. Test _____	Eye Exam _____	Dental Exam _____

Have you had any of these tests done? If so, please check and indicate year.

☐ Angiogram _____	☐ MRI Scan of Head _____	☐ Lumbar Puncture (Spinal Tap) _____
☐ CT Scan of Head _____	☐ MRI Scan of Neck _____	☐ EEG (Brain Wave) _____
☐ CT Scan of Neck _____	☐ MRI Scan of Lower Back _____	☐ EMG _____
☐ CT Scan of Lower Back _____	☐ Neck X-Rays _____	☐ Myelogram _____

Dulberg 007576

Roundlake

(847) 546-3600

Patient Name: Paul Dulberg

D.O.B.: 3/19/70

SS#

Phone #: Home: (847) 497-4250

Work:

Send additional copy of report to: 729-5

Diagnosis s/p trauma R/o neuroma or nerve or

☐ MRI

☐ Brain

☐ With Contrast

☐ C-Spine

☐ Without Contrast

☐ T-Spine

☐ LS-Spine

☐ anesthesiology administer sedation is medically necessary because of

tendon disruption

☐ MRA

☐ Intracranial

☐ Extracranial

☒ MRI upper ext. (R) non joint C5 good

☐ Ultrasound

☐ X-Ray

☐ CT

☐ With Contrast

☐ Without Contrast

☐ Echo ☐ TEE ☐ 24 Hour Holter ☐ Tilt Table To be read by Dr.

☐ EEG may sedate using _____ gram(s) chloral hydrate if necessary ☐ Other

☐ Labs

☐ carbamazepine

☐ phenytoin

☐ phenobarbital

☐ valproic acid

☐ gabapentin

☐ lupus anticoagulant

☐ protein C

☐ protein S

☐ antithrombin III

☐ CBC w/plts

☐ folate

☐ activated protein C resistance

☐ thyroid profile

☐ TSH

☐ anticardiolipin antibody

☐ hepatic profile

☐ PTT

☐ sedimentation rate

☐ basic metabolic profile

☐ B12

☐ ANA with reflex testing

☐ glycohemoglobin

☐ RPR

☐ comprehensive metabolic profile

☐ immunofixation

☐ homocysteine

☐ Acetylcholine receptor antibodies

☐

☐

☐

☐ Mitchell S. Grobman, M.D.

Karen F. Levin, M.D.

Date

1-30-12
Dulberg 007577

NEUROPHYSIOLOGY REPORT

Name: Dulberg, Paul

Test No.: 11-0802

Date of Exam: 10 Aug 11

Motor Nerve Conduction:

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

F-Wave Studies:

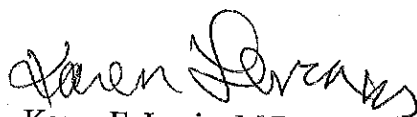
Nerve	M-Latency	F-Latency
Median.R	3.8 ms	30.9 ms
Ulnar.R	2.9 ms	27.3 ms

Sensory Nerve Conduction:

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

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

Conclusions: No electrophysiologic evidence of diffuse neuropathy.


Karen F. Levin, M.D.

15

B1117900323

CICERO, FRANCE, BARCH & ALEXANDER, P.C.

A Professional Corporation

Attorneys at Law

6323 EAST RIVERSIDE BOULEVARD

ROCKFORD, ILLINOIS 61114

PAUL R. CICERO

JOHN W. FRANCE

RONALD A. BARCH

CHARLES P. ALEXANDER

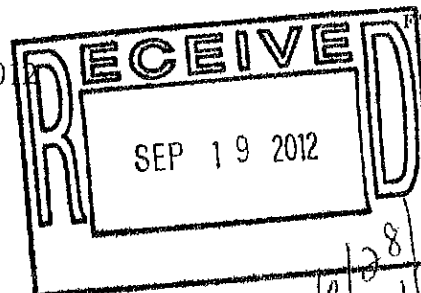
CHANTEL R. BIELSKIS

ANDREW T. SMITH

TEL: (815) 226-7700

FAX: (815) 226-7701

REC'D SEP 6 September 4, 2012



Release of Information/Medical Records Custodian
c/o Centegra Northern Illinois Medical Center
4201 Medical Center Drive
McHenry, IL 60050

Re: Paul Dulberg v. Carolyn McGuire and Bill McGuire
McHenry County Case No. 12 LA 178
Records of: Paul Dulberg (B/D: 3/19/70)

Dear Medical Records Custodian:

Enclosed with this letter is a Subpoena for Deposition, a HIPAA Records Release Authorization and a check in the amount of \$20.00, the legal witness fee.

Please be advised that your appearance on the date indicated is not necessary. You may comply with the subpoena by mailing legible copies of all medical records, medical statements for services and medical reports of Paul Dulberg for the dates requested in the subpoena, in your possession or subject to your control.

Please note that we represent Carolyn McGuire and Bill McGuire in this case and not your patient. Since we do not represent the patient, we cannot discuss the substance of your care or the pending lawsuit with you outside the presence of your patient's attorney. If you have questions about how to comply with the subpoena, you may call my secretary, but neither she nor I can talk to you about any aspect of the lawsuit or the patient's medical treatment. Thank you in advance for your professional cooperation.

Very truly yours,

Cicero, France, Barch & Alexander, P.C.

RONALD A. BARCH

RB:mj/subltr.records

encls.

cc: Attorney Hans A. Mast

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SEP 14 2012

COPY-RITE

MRV

Dulberg 007579

F/C:SI P/T:EDB

DULBERG, PAUL R 11179-00323 06/28/11 06/28/11 1
 APIWAT W FORD
 PAUL R DULBERG 601067 PAUL DULBERG/ACCIDENT
 4606 HAYDEN CT
 MCHENRY IL 60051-7918 99999 999999999 09/14/12

	CODE	DESCRIPTION	QTY	
	***250	PHARMACY		
06/28	000196	CEFADROXIL MONOH 500MG, CAPSUL	1	19.00
06/28	002870	HYDROCODONE-AC 10-325MG, TABLE	1	7.50
06/28	000630	BUPIVACAINE HCL 0. 0.25%, 30 M	1	26.50
		AREA TOTAL ***		53.00
	***258	PHARMACY IV SOLUTIONS		
06/28	012251	SODIUM CHLORIDE 0.9% 1000ML IRRIG	2	184.00
		AREA TOTAL ***		184.00
	***272	STERILE SUPPLIES		
06/28	012458	TRAY LACERATION	1	125.00
		AREA TOTAL ***		125.00
	***320	RADIOLOGY		
06/28	010135	FOREARM XR	1	225.00
		AREA TOTAL ***		225.00
	***450	EMERGENCY DEPARTMENT		
06/28	012004	REPAIR SIMPLE 12.5 CM	1	271.25
06/28	019283	ED LEVEL III	1	310.00
		AREA TOTAL ***		581.25
	***636	QUANTIFIED DRUGS		
06/28	003507	DIPHThERIA-PERTUSSIS-TE, .5 ML	1	155.50
		AREA TOTAL ***		155.50

TOTAL CHARGES 1,323.75

TOTAL PAYMENTS/ADJUSTMENTS 0.00

1,323.75

0.00

1,323.75

Northern Illinois Medical Center TAX ID# 362338884
4201 Medical Center Dr
McHenry, IL 60050
(815) 338-2544

F/C:SI P/T:EDB

DULBERG, PAUL R 11179-00323 06/28/11 06/28/11 1
APIWAT W FORD
PAUL R DULBERG 601067 PAUL DULBERG/ACCIDENT
4606 HAYDEN CT
MCHENRY IL 60051-7918 99999 999999999 09/14/12

CODE	DESCRIPTION	QTY
250	PHARMACY	53.00
258	PHARMACY IV SOLUTIONS	184.00
272	STERILE SUPPLIES	125.00
320	RADIOLOGY	225.00
450	EMERGENCY DEPARTMENT	581.25
636	QUANTIFIED DRUGS	155.50
TOTAL CHARGES		1,323.75
TOTAL PAYMENTS/ADJUSTMENTS		0.00

1,323.75

0.00

1,323.75

Dulberg 007581

F/C:SI P/T:EDB

DULBERG, PAUL R 11179-00323 06/28/11 06/28/11 1
 APIWAT W FORD
 PAUL R DULBERG 601067 PAUL DULBERG/ACCIDENT
 4606 HAYDEN CT
 MCHENRY IL 60051-7918 99999 999999999 09/14/12

CODE	DESCRIPTION	QTY
	Total Charges:	
250	PHARMACY	53.00
258	PHARMACY IV SOLUTIONS	184.00
272	STERILE SUPPLIES	125.00
320	RADIOLOGY	225.00
450	EMERGENCY DEPARTMENT	581.25
636	QUANTIFIED DRUGS	155.50

Insurance Benefits	601067	
	COB. 1	
Total Charges	1,323.75	
Non-Covered Chgs	0.00	
Deductibles/Co-Ins	0.00	Patient
COB/Plan Amt Due	1,323.75	0.00
Payments	0.00	0.00
Adjs/Refunds	0.00	0.00
Balance Transfers	1,323.75CR	1,323.75
Balance Due	0.00	1,323.75
Third Party Excess	0.00	
Account Balance	1,323.75	

1,323.75
 0.00
 1,323.75

State of Illinois)
) SS
County of McHenry)

CERTIFICATION

The affiants, being duly sworn, do hereby state and certify that

1. Vicki Wheaton is employed by Centegra Health System, as Director of the Health Information Services.
2. Vicki Wheaton, as part of her employment duties in Medical Records Department, is authorized by the hospital to certify and/or testify concerning the hospital's medical record-keeping procedures, including customary practices and the completeness, accuracy, and/or authenticity of any original or copy of a hospital medical record.
3. The documents enclosed are medical records made in the regular course of the business of Centegra Health System and that it was in the regular course of such business to make such records, at the time of the act, transaction, occurrence, or event, or within a reasonable time thereafter.
4. With the exception of any documents excluded pursuant to court order, the documents enclosed are any and all records within our possession responsive to the subpoena under which the documents are being released.

Subscribed to and sworn before me this
13 day of January, 2010.

Susan Henn
Notary

Vicki Wheaton, RHIT
Vicki Wheaton, RHIT
Director, HIS
Centegra Health System



ACCOUNT NO.		ADMISSION DATE/TIME		BY	STATION ROOM		ACC	SERVICE	TYPE	AT	AS	UNIT NO./MEDICAL RECORD NO
B11179-00323		06/28/11 0246pm		MXC	EDB -			EMD	EDB	1	1	B0000109381
SEX	PO	MS	BIRTHDATE	DOC SEC NO	CLERK	AD	OD	PHUW	FIN CLASS			
M		S	03/19/70 41Y	323-76-4001		N			I LIAB-MVA/M			
PATIENT NAME AND ADDRESS						PATIENT EMPLOYER						
DULBERG, PAUL R 4606 HAYDEN CT (847) 497-4250 CELL# MCHENRY IL 60051-7918 *MCHENRY CNTY, IL						SHARP PRINTING 4606 HAYDEN CT (847) 497-4250 SELF EMP MCHENRY IL 60050						
PREVIOUS NAME						GUARANTOR EMPLOYER						
DULBERG, PAUL R 4606 HAYDEN CT (847) 497-4250 SELF MCHENRY IL 60051-7918 CELL#						SHARP PRINTING 4606 HAYDEN CT (847) 497-4250 SELF EMP MCHENRY IL 60050						
DOC SEC NO 323-76-4001 PHI CONTACT: Y						RELATIVE 1 EMPLOYER						
EMERGENCY CONTACT / RELATIVE 1 DULBERG, HERBERT 4606 HAYDEN CT (847) 497-4250 *FATHER MCHENRY IL 60051-7918 PHI CONTACT: Y												
DOC SEC NO						PATIENT ALTERNATE ADDRESS						
EMERGENCY CONTACT 2 DULBERG, BARBARA 4606 HAYDEN CT (847) 497-4250 *MOTHER MCHENRY IL 60051-7918 PHI CONTACT: Y												
INSURANCE 1						INSURANCE 2						
PAUL DULBERG/ACCIDENT 1 601067 4606 HAYDEN CT JOHNSBURG IL 60051 DOB: 03/19/70 ACCIDENT DULBERG, PAUL R 99999 999999999 (847) 497-4250						DOB:						
INSURANCE 3						INSURANCE 4						
DOB:						DOB:						
DIAGNOSIS/COMPLAINT						ATTENDING PHYSICIAN				PRIMARY CARE PHYSICIAN		
ER						FORD, APIWAT W				SEK, FRANK		
COMMENT						ADMITTING PHYSICIAN				ADDITIONAL PHYSICIAN		
						FORD, APIWAT W						

PRINCIPAL DIAGNOSIS

COMPLICATIONS AND COMORBIDITIES

PRINCIPAL PROCEDURE & DATE

OTHER PROCEDURES & DATE

STN: ERA

I CERTIFY THAT THE NARRATIVE DESCRIPTIONS OF THE PRINCIPAL AND SECONDARY DIAGNOSES & THE MAJOR PROCEDURES PERFORMED ARE ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE

SIGNATURE _____ MD DATE _____

Dulberg 007584

RESTRICTIONS / RELEASE FORM



Northern Illinois Medical Center
Emergency Department
4201 Medical Center Drive
McHenry, Illinois 60050
(815) 344-5000



Memorial Medical Center
3701 Doty Rd.
Woodstock, Illinois 60098
(815) 334-3900

PATIENT NAME

Paul Dulberg

DATE

6/28/2011

PHYSICIAN SIGNATURE

[Signature]



1117900323
 DULBERG, PAUL R
 M 41Y 03/19/1970
 06/28/2011 B 0000109381

☐ May return to ☐ work ☐ school ☐ gym without restriction.

☒ May not return to ☒ work ☐ school ☐ gym for 2 day(s).

☐ May return to school with the following restrictions:

☐ Gym/Sports restrictions are _____ for _____ day(s).

☐ Must take prescription medication for _____ day(s).

☐ May return to work with the following restrictions:

☐ No lifting greater than _____ lbs. for _____ day(s).

☐ Machinery/Driving restriction while on medication that can cause drowsiness.

☐ No continuous ☐ standing ☐ sitting for _____ day(s).

☐ Must keep _____ elevated for _____ day(s).

☐ Sedentary work only for _____ day(s).

☐ Must use crutches for _____ day(s).

☐ No overhead work for _____ day(s).

☐ No bending or twisting for _____ day(s).

☐ Must wear immobilizer for _____ day(s).

☐ No climbing on ladder or stairs for _____ day(s).

☐ Other _____

☐ See your physician in _____ days for reevaluation.

☐ LIMITED WORK WITH
☐ NO WORK WITH

☐ Right	☐ Left
☐ Hand	☐ Hand
☐ Arm	☐ Arm
☐ Foot	☐ Foot
☐ Leg	☐ Leg

For _____ Days

All patients are referred to their personal physicians or a doctor on the staff of this hospital. Release from restriction must be obtained from that doctor and not the Emergency Department.

I (or responsible person) have/has received and understand(s) the instructions to follow as noted above.

Patient signature (or responsible person):

Paul Dulberg

PRINTED BY: MRV0127

DATE 09/14/2012

EMCARE, INC

ED 102 NIMC/MC

MEDICAL RECORDS COPY

Dulberg 007585

Centegra Northern Illinois Medical Center
4201 Medical Center Drive
McHenry, IL 60050
(815) 344-5000

Patient: PAUL DULBERG, Med. Rec. #: B0000109381, Visit #:
B1117900323, Date: 06/28/2011 Time: 17:02

Home Care Instructions

IMPORTANT: We examined and treated you today on an emergency basis only. This was not a substitute for, or an effort to provide, complete medical care. In most cases, you must let your doctor check you again. Tell your doctor about any new or lasting problems. We cannot recognize and treat all injuries or illnesses in one Emergency Department visit. If you had special tests, such as EKG's or X-rays, we will review them again within 24 hours. We will call you if there are any new suggestions. You were treated today by: Ford, Apiwat W..

After your visit to our Emergency Department, you may receive a survey in the mail. We want to be sure we have given you very good care and we ask that you please fill out the survey and return it in the mail.

After you leave, please follow the instructions below.

This Information is About Your Follow Up Care

Call as soon as possible to make an appointment to see your doctor in 10 days for suture removal. You can reach your doctor by calling their clinic phone number.

Please return to the Emergency Department in 10 days for suture removal if you would prefer to have the sutures removed in the ER. We do recommend that you follow-up with your Primary Care Physician but you can return to the ER for removal of your stitches if you choose..

This Information is About Your Illness and Diagnosis

WOUND CARE (with stitches)

Your wound was closed with stitches. These are small threads that keep the skin closed to help it heal. You have 3 internal and 11 external stitches. These should be removed in 10 days.

At home, please follow these instructions:

- Wash your hands before touching the dressing or wound.
- Keep the wound clean and dry.
- After 2 days, wash the wound gently with warm water and soap. Pat it dry.
- Put a light dressing on it if it rubs or there is drainage.

Call your doctor if:

- you have redness, pain, or swelling in the area of your stitches.
- your wound drains pus.
- your stitches come out before your wound is healed.
- you have any new or bothersome symptoms.

This is Information About Your New Medications - Start taking as prescribed.

HYDROCODONE and ACETAMINOPHEN (Vicodin, Vicodin ES, Lortab, Lortab elixir, ZamiJet, Norco, Zydona, Anexsia, Anolor, Bancap HC)

Take this medicine by mouth with food in the following dose: one 10mg/325mg tablet every 4 to 6 hours if needed for pain. Do not take more than as directed per day (24 hours).

This is a mixture of medicines (hydrocodone and acetaminophen) used to relieve moderate to severe pain. This medicine may be used for other reasons, as prescribed by your doctor.

Side effects may include:

- sleepiness or dizziness
- upset stomach, nausea or vomiting
- constipation

Other side effects may occur, but are not as common. Allergy would show up as: rash or itching, facial or throat swelling, wheezing or shortness of breath. This medicine can be habit forming if used for a long period of time.

Follow these instructions:

- Never take more of this medicine than prescribed. Too much acetaminophen in your body can cause liver damage.
- Read the labels of non-prescription medicines before taking them. Many contain acetaminophen. To avoid an overdose, do not take any other medicines that contain acetaminophen.
- Talk to your doctor or pharmacist before taking medicines for sleep, colds or allergies. Severe drowsiness may occur.
- Do not share this medicine with others as this medicine is a controlled-substance. Sharing this medicine with others is against the law.
- To avoid constipation while taking this medicine:
 - Drink plenty of liquids. Try to drink 8 to 10 eight-ounce glasses of water or juice each day.
 - Include extra fiber in your diet.
 - Exercise daily.
- Watch for signs of dependence:
 - feeling that you "cannot live without this medicine".
 - you need more of this medicine than before to get the same relief.
- Do not drink alcohol, drive or operate machinery until you know how this medicine affects you.
- Store this medicine away from heat, moisture or direct light.
- If you are taking this on a regular schedule and you miss a dose, take it as soon as possible. If it is almost time for your next dose, skip the missed dose and return to your regular schedule. Do not double the doses.
- Talk with your doctor before taking any other medicines (including vitamins and herbs) as you may require additional monitoring.

Call your doctor if you have:

- any sign of dependence or allergy.
- increased pain not helped by the pain medicine.
- slow, weak breathing.
- seizures.
- slow or irregular heart beat.
- a yellow-color to your skin or eyes, or dark urine.
- stomach pain.
- unusual or extreme tiredness.
- any new or severe symptoms.

CEFADROXIL (Duricef)

Take this medicine until gone in the following dose: 500 mg by mouth 2 times a day for 5 days.

Centegra Northern Illinois Medical Center
4201 Medical Center Drive
McHenry, IL 60050
(815) 344-5000

Cefadroxil is an antibiotic used to treat infections caused by bacteria. Antibiotics kill bacteria or prevent them from growing inside your body. This medicine may be used for other reasons, as prescribed by your doctor.

Side effects may include:

- diarrhea
- upset stomach, nausea or vomiting
- headache

Other side effects may occur, but are not as common. An upset stomach is not a sign of allergy. Allergy would show up as rash or itching, facial or throat swelling, wheezing or shortness of breath.

Follow these instructions:

- Space your medicine doses evenly throughout the day. This medicine works best if there is a constant amount in your blood.
- Take this medicine with food to avoid an upset stomach.
- Swallow the capsule and tablet form of this medicine whole with a full 8-ounce glass of water.
- For diabetics, this medicine can cause false test results when testing your urine for sugar. Talk with your doctor if you have questions.
- Store the tablet or capsule form of this medicine away from heat, moisture or direct light.
- Store the liquid form of this medicine in the refrigerator. Shake the liquid well before each use.
- If you miss a dose, take it as soon as possible. If it is almost time for your next dose, skip the missed dose. Do not double the doses.
- Talk with your doctor before taking any other medicines (including vitamins and herbs) as you may require additional monitoring.

Call your doctor if you have:

- any sign of allergy.
- no improvement after you've taken all the medicine.
- a seizure.
- any sign of a new infection (fever, general aches, chills, or unusual tiredness or weakness).
- ongoing nausea, vomiting or stomach pain.
- white patches in your mouth.
- women: itching in or change in discharge from your vagina.
- inflammation (pain and swelling) in your intestine during treatment or up to weeks after you've finished this medicine:
 - ongoing diarrhea
 - stomach pain or cramping
 - blood or mucus in your bowel movements
- any new or bothersome symptoms.

SMOKING CESSATION

Smoking is the nation's leading preventable cause of death. It significantly increases the risk of coronary heart disease, stroke and cancer. In fact, more than half of all smoking related deaths in America each year are from heart disease, stroke, or other cardiovascular diseases. The good news is, that one year after quitting, the risk of heart disease is cut in half. After five to fifteen smoke-free years, the risk is that of a person who never smoked!

If you or someone you love is interested in quitting, consider joining our "Freedom From Smoking" classes for adults. Centegra Health System and the McHenry County Department of Health have partnered together to bring you an effective program that will help you quit smoking. Call 877-CENTEGRA, (877-236-8347) for more information regarding this program. To speak with a counselor immediately, call the Illinois Tobacco line at 1-866-QUIT-YES.

PAIN MANAGEMENT AFTER DISCHARGE:

A person may feel less pain just by being in familiar surroundings. Here are some frequently asked questions about your pain management:

- What can I do to help my pain management? A person's level of relaxation and their environment can affect their pain. If you are tired, over stimulated (too many visitors) are anxious about your diagnosis, or a past experience with a hospitalization, your pain perception may be impacted and your tolerance decreased. Ask questions, and inform us about any problems or concerns that you may have, re: pain. Partner with your health team for your best pain management.
- What if the medication is not working? Tell your health-care provider; physician, home health nurse, etc. You may need a different dose or type of medication.
- What if I feel I'm not getting enough pain control? Talk to your physician or home health nurse about it. Together you may be able to develop a plan to prevent or ease your pain. Depending on the cause of your pain, your health-care provider may suggest exercise, use of heat/cold, massage, repositioning, immobilization of the affected part, or distraction such as music or rest.
- There are other methods of pain management. Let your health-care provider assist you in finding the best one for you.

Weight management is one step to help maintain a healthy lifestyle. For certain medical problems, such as congestive heart failure, weight should be monitored daily.

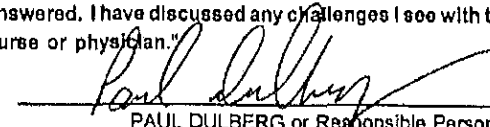
YOU ARE THE MOST IMPORTANT FACTOR IN YOUR RECOVERY.

Follow the above instructions carefully. Take your medicines as prescribed. Most important, see a doctor again as discussed.

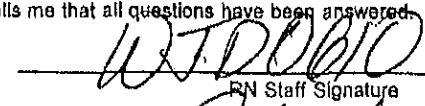
If you have problems that we have not discussed, or your problem changes or gets worse, call or visit your doctor right away. If you cannot reach your doctor, return to the Emergency Department immediately.

Centegra Health System is very concerned about your safety and well being. As part of our efforts to always provide very good care, any medications you received during this visit were reconciled with medication you are currently taking. This reconciliation was based on the information you or your representative provided regarding your current medications and allergies.

"I have received this information and my questions have been answered. I have discussed any challenges I see with this plan with the nurse or physician."


PAUL DULBERG or Responsible Person

PAUL DULBERG or Responsible Person has received this information and tells me that all questions have been answered.


RN Staff Signature

Centegra Northern Illinois Medical Center
4201 Medical Center Drive
McHenry, IL 60050
(815) 344-5000

PAUL DULBERG was discharged on 06/28/2011 at 17:06 from the hospital. The following is a summary of the discharge instructions given to PAUL before discharge:

This Information Is About Your Follow Up Care

Call as soon as possible to make an appointment to see your doctor in 10 days for suture removal. You can reach your doctor by calling their clinic phone number.

Please return to the Emergency Department in 10 days for suture removal if you would prefer to have the sutures removed in the ER. We do recommend that you follow-up with your Primary Care Physician but you can return to the ER for removal of your stitches if you choose..

This Information Is About Your Illness and Diagnosis

WOUND CARE (with stitches)

This is Information About Your New Medications - Start taking as prescribed.

HYDROCODONE and ACETAMINOPHEN (Vicodin, Vicodin ES, Lortab, Lortab elixir, Zamicet, Norco, Zydone, Anexsia, Anolor, Bancap HC)

one 10mg/325mg tablet every 4 to 6 hours if needed for pain. Do not take more than as directed per day (24 hours).

CEFADROXIL (Duricef)

500 mg by mouth 2 times a day for 5 days.

1. How are you and/or your family doing today?
2. Is your pain/or symptoms better today?
3. Did you understand your discharge instructions?
4. Are you following up with a Doctor?

Centegra Northern Illinois Medical Center
4201 Medical Center Drive
McHenry, IL 60050
(815) 344-5000

5. Comments:

Signature of nurse making phone call; _____
Date: _____ Time: _____

FORM GOES TO MEDICAL RECORDS

☒ CH - M ☐ CH - W

☐ Other (Specify) _____



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GENERAL CONSENT AND ACKNOWLEDGMENT

Account Number/Effective Date: _____

CONSENT FOR MEDICAL TREATMENT

I have come to Centegra Health System (CHS) for medical treatment and consent to the customary examinations, tests, and procedures performed on patients in my condition. I understand and consent that independent professionals (such as my attending physician, on-call physicians, emergency medicine physicians, radiologists, anesthesiologists, pathologists, surgeons, obstetricians, consultants, nurse practitioners, physician assistants, certified registered nurse anesthetists and other specialists) may participate in my care as deemed necessary.

I agree to follow the Patient Rights & Responsibilities of CHS and to participate with independent professionals and CHS personnel in my care and treatment.

I understand the practice of Medicine is not an exact science and, therefore, no guarantees have been made regarding the likelihood of success or outcomes of any diagnosis, treatment, test, surgery or examination performed at CHS.

I understand this General Consent and Acknowledgement will remain in effect for this episode of care and will be provided to those areas of CHS where I receive care.

I understand the language in this Consent guides and controls all other forms and consents I may sign during my treatment with Centegra Health System and any inconsistencies shall be interpreted consistent with terms of this document.

PATIENT ACKNOWLEDGMENT OF INDEPENDENT PHYSICIANS

Initials _____

I acknowledge the independent professional(s) who provide services to me at CHS are not employees or agents of CHS, but are independent medical practitioners who have been permitted to use its facilities for the care and treatment of their patients. They include but are not limited to, my attending physician, on-call physicians, emergency medicine physicians, radiologists, anesthesiologists, pathologists, surgeons, obstetricians, consultants, nurse practitioners, physician assistants, certified registered nurse anesthetists and other specialists. My decision to seek care is not based upon any representation or advertisement of the independent professionals and I understand they are not employees or agents of CHS. CHS bills do not include physician, surgeon, or other independent professional services and I understand I will receive a separate bill directly from the independent professional. I have read and understand the above terms and confirm I am the patient or am authorized to sign on the patient's behalf.

PATIENT ACKNOWLEDGMENT OF INDEPENDENT SERVICES

Initials _____

During the course of my hospital stay, my physician may determine I require care at another medical facility, or I may request care at an alternate facility. I acknowledge that all transportation services provided in connection with my transfer to another facility are provided by an independent third party and I will receive a separate bill directly from the service provider for which I may be responsible.

USE AND DISCLOSURE OF HEALTH INFORMATION

Unless I request otherwise, CHS will provide my room location or telephone number to visitors and callers.

I understand CHS will use and disclose my health information for the purposes of treatment, payment, and health care operations, as permitted by law as described in the CHS Notice of Privacy Practices. Certain information can be used without obtaining my consent. I fully understand that the use or disclosure of my health information may include history, diagnosis and /or diagnostic treatment of mental health/ developmental disabilities conditions, alcohol or drug abuse and Acquired Immune Deficiency Syndrome (AIDS/ HIV).

I understand that if I refuse to allow disclosure of my health information to process my insurance claim, I may be financially responsible for all costs incurred by me for treatment. I agree to release and hold harmless CHS, its agents, and employees from any liability that may arise from the use or disclosure of my health information.

PICTURES/IMAGES

Initials _____

I understand photographs, videotapes or other images may be taken to document my care. These images may be kept by CHS and/or by the independent professional involved in my care. I understand I have the right to view or obtain copies of these materials which are in possession of CHS upon written request. It is my responsibility to confirm if such photographs, videotapes or other images have been taken. I understand images identifying me will only be released as allowable under law or with my written authorization.

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DATE 09/14/2012
GENERAL CONSENT AND ACKNOWLEDGMENT
Page 1 of 2

ADC10000-00 01/07 01/08 10/08 04/08
3CNTG





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Verbal

RELEASE FROM LIABILITY FOR VALUABLES

I understand my belongings are my responsibility and I have been advised to send any items of value home. I release CHS from any liability for the loss, damage to, or theft of any of my belongings. Safes or lockers are available at the hospital facilities and may be used to store valuables.

PATIENT PRE-CERTIFICATION RESPONSIBILITY

I understand I am responsible for the notification to my insurance company to obtain authorization before service is rendered. I further understand that if I do not pre-certify I may incur a reduction or loss of paid benefits to the hospital for which I will be liable.

ASSIGNMENT OF BENEFITS/ AGREEMENT FOR PAYMENT

I hereby authorize payment to be made directly to CHS and to the independent professional(s) for all insurance benefits otherwise payable to me. I understand I am financially responsible to CHS and independent professionals for all charges incurred. Patient "out-of-pocket" amounts will be requested prior to or upon discharge. In the event of default or non-payment, CHS shall be entitled to the right of recovery of all collection expenses, including court costs and reasonable attorney's fees for the purpose of securing payment. It is further agreed that any credit balance may be applied on any other account owed CHS by the guarantor/responsible party, or any open account for his/her dependent family.

PATIENT INFORMATION OFFERED

• Patient Rights/Responsibilities	Yes	<u>Declined</u>	If No, Explain: _____
• Advance Directive Information	Yes	<u>Declined</u>	If No, Explain: _____
• Notice of Privacy Practices	Yes	<u>Declined</u>	If No, Explain: _____
• Patient Billing Information	Yes	<u>Declined</u>	If No, Explain: _____

PATIENT CERTIFICATION

By signing this General Consent and Acknowledgement Form, I acknowledge I have read and understand the information contained in this form and accept its terms. I also acknowledge I have received a copy of this form for my records.

INPATIENTS ONLY:

TRICARE (Military) Insurance PATIENTS ☐ Yes, I have received TRICARE "Important Message"

Verbal Per [Signature]
Patient/ Authorized Person
[Signature]
Witness

Relationship

Date *6/28/11*

I, _____, have interpreted/translated the above form to the patient. The patient has informed me he/she fully understands and agrees to the terms set out in this consent form.

Interpreter/Translator (Please Print Name)

Language

Interpretation/Translation Provider (Company name or Relationship to Patient)

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GENERAL CONSENT AND ACKNOWLEDGMENT
Page 2 of 2

Northern Illinois Medical Center NIMC Radiology
Patient Name: DULBERG, PAUL R
Account Number: B1117900323

Northern Illinois Medical Center

06/28/2011 10135 RIGHT FOREARM 2139703
HISTORY: Chain saw versus forearm, forearm laceration.

IMPRESSION: Right forearm films demonstrate no fracture or
radiopaque foreign body. There is deep soft tissue
laceration along the ventral surface of the mid
forearm.

FINDINGS: This exam consists of two views of the right forearm
which demonstrate deep laceration on the ventral
aspect of the mid forearm as best visualized on the
lateral view. No fracture or radiopaque foreign body
is identified.

cc: Apiwat W. Ford, D.O.
Donald R Kennard, M.D.
Frank Sek, M.D.

Electronically Authenticated
Donald R Kennard, M.D. 06/28/2011 18:18
815-759-4683

D 06/28/2011
T 06/28/2011 5:19 P / LBA
Northern Illinois Medical Center NIMC Radiology

PRINTED BY: MRV0127
DATE 09/14/2012

CentegraHealthSystem

Centegra Hospital - McHenry



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 0000109381

EMERGENCY ADMISSION ASSESSMENT

TIME TRIAGED: 1450
 TIME TO TREATMENT AREA: 1955
 ED BED# 18
 EXPRESS BED# 18
 EST: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
 Primary Physician: Sek
 Height: 5'9" Weight: 165# GCS: 15 RTS: 12 BP: 133 P 75 R 16 T 97.4 SPO₂ 97
 Brought by: ☐ Self ☐ Relative ☐ Police ☒ Friend ☐ Other
 Ambulance: 123
 Mode of Arrival: ☒ LWC ☐ Stretcher ☐ Carried ☐ Walked
 Treatment PTA: ☐ Ice ☐ Elevate ☐ O₂ ☐ IV ☐ Med:
 Patient Band applied ☒ Hand Off Communication Band applied ☐ Security watch
 Time of Injury: 9-10
 Room air ☐ O₂ Pain Level: 9-10

Chief complaint/reason for visit: States chainsaw vs Rt arm
15 min ago @ home, also feeling lightheaded

CURRENT MEDS ☒ Denies		Triage RN <u>7/14/12</u>		REACTION
		ALLERGIES ☒ NKA <u>none</u>		
		Medications: <u>4703</u>		
		Food:		
		Other: ☐ Latex ☐ Dye		

Meds reviewed by: _____ Residence: ☐ Private ☒ Family ☐ Alone ☐ Nursing home ☐ Group home
 Language barrier: ☐ Yes Interpreter Name/ATT Number: _____ ☐ Other: _____
 Do you feel safe at home? ☒ Yes ☐ No Is there anyone in your life that threatens, intimidates or harms you in any way? ☐ Yes ☒ No
 Crisis/Social Worker ☐ Notified: _____ ☐ Here: _____ ☐ DNR Resources called: _____ Time: _____

Past Medical History	Yes	Yes	Yes	Yes	Yes
☐ Autoimmune	☐ Dementia/ Alzheimer's	☐ Headaches/ migraines	☐ Pressure Ulcer	☐ Infectious diseases	
☐ Asthma	☐ Endocrine	☐ Head inj past 3 months	☐ Recent exposure	☐ MRSA	
☐ Back problems	☐ GI problems	☐ Hypertension	☐ Reproductive problems	☐ VRE	
☐ Blood disorders	☐ GU Problems	☐ MusculoSkeletal problems	☐ Respiratory problems	☐ Chicken Pox	
☐ Cancer	☐ Glaucoma	☐ Neuro problems	☐ Seizures	☐ Measles	
☐ Cardiovascular	☐ HEENT problems	☐ PsychoSocial problems	☐ Skin problems	☐ Shingles	
☐ CHF	☐ Heart murmur		☐ Vision problems	☐ Strep Throat	
LMP: _____	☐ Normal ☐ Abnormal			☐ Other: _____	
☐ Pregnant	☐ No ☐ Unsure	Grava _____ Para _____ Ab _____	FHT _____		
Expanded/surgical history: <u>Lt arm surg</u>					
Implanted medical device: ☐ Pacemaker ☐ IV access ☐ Eye ☐ Knee ☐ Hip ☐ AICD ☐ Other: _____					

TB History	☐ None Ever had a positive TB test? ☐ Yes ☒ No ☐ Self-history of TB ☐ Family history of TB ☐ Cough ☐ Fever ☐ Bloody sputum ☐ Weight loss ☐ Night sweats ☐ Loss of appetite ☐ Fatigue ☐ Recent international travel ☐ Denies signs & symptoms
Vaccine	☐ Flu ☐ Tetanus ☐ N/A ☒ Up to date ☐ >5 years ☐ Unsure ☐ Pediatric immunization ☐ Up to date ☐ No ☐ Unsure





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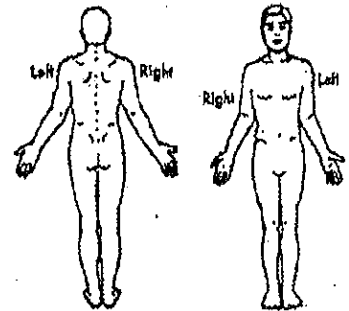
ADMISSION ASSESSMENT

Do you currently have pain? ☒ Yes 9-10 (1-10) ☐ No If yes, is it ☐ Chronic ☐ New Onset
Type of pain: ☐ Burning ☐ Dull Pressure ☐ Cramping ☐ Heavy ☐ Sharp ☐ Achy
☐ Other: _____
Pain Scale used: ☐ Wong Baker ☐ FLACC ☐ Numeric

ALCOHOL INTAKE: ☒ Never ☐ Occasionally ☐ DAILY
Type: _____ Amount: _____ Last Drink: _____
STREET/REC DRUGS: ☒ Never ☐ Occasionally ☐ DAILY
Type: _____ Amount: _____ Last Used: _____
TOBACCO HISTORY: ☐ Never ☐ Occasionally ☒ DAILY
Type: 1 PK 10 Amount: _____ Date Quit: _____

Mark drawing with number:

1. Abrasion
2. Amputation
3. Avulsion
4. Bleeding
5. Burn
6. Bruise
7. Deformity
8. Fracture
9. GSW
10. Hematoma
11. Laceration
12. Pain
13. Stab wound
14. Foreign body
15. Pressure ulcer
16. Leg ulcer



Neurological ☐ NA
LOC ☐ Yes ☐ No
☒ Conscious ☐ Unconscious
☒ Alert ☒ Oriented X 3
☐ Crying ☐ Lethargic ☐ MAE
☐ Slurred speech
☐ Irritable
☐ Combative
Pupils ☐ NA ☒ PERL R L PEDAL Present: ☒
Reactive ☐ ☐
Sluggish ☐ ☐
Fixed ☐ ☐
Nonreactive ☐ ☐
Pupil size
AVPU ☐ A ☐ V ☐ P ☐ U
GCS: _____

FALL RISK ASSESSMENT

☐ Medically unsafe to be independently mobile
☐ Unaware or forgetful of physical limitations
☐ Recent history of falls

ANY POSITIVE ANSWER INDICATES ENHANCED FALL RISK ☐ No risks noted

Cardiac/Circulatory: ☐ NA
☒ Pink ☐ Warm ☐ Dry ☐ Cool
☐ Hot ☐ Flushed ☐ Diaphoretic
☐ Dusky ☐ Ashen ☐ Jaundice
☐ Pale ☐ Clammy ☐ Cyanotic
RADIAL PULSES R L
Present ☒ ☒
Absent ☐ ☐
PEDAL Present: ☒
Absent ☐ ☐
Cap Refill ☐ <2 Sec ☐ >2 Sec
Ankle edema ☐ Yes ☒ No
Monitor: _____

Respiratory ☒ NA
☐ Distress ☐ None ☐ Mild
☐ Moderate ☐ Severe
☐ Stridor ☐ Nasal Flaring
☐ Retractions
☐ Productive cough: _____
☐ Unproductive cough

Lung Sounds ☐ NA R L
Clear ☒ ☒
Rales ☐ ☐
Wheezing ☐ ☐
Rhonchi ☐ ☐
Diminished ☐ ☐
Absent ☐ ☐

EENT: ☐ NA ☒ Denies
VISUAL ACUITY ☐ NA

L: _____ R: _____
☐ Correction ☐ No Correction

Ear Drainage: ☐ Yes ☐ No
Describe:
Epistaxis: ☐ NA R L
Controlled ☐ ☐
Uncontrolled ☐ ☐
THROAT:
☐ Diff. swallowing
☐ Diff. speaking
☐ Drooling

GI/Abdominal: ☐ NA ☐ Denies
☒ Soft ☐ Distended ☐ Firm
☒ Nontender ☐ Tender
Bowel sounds: ☐ Present ☐ Absent
☐ Hypoactive ☐ Hyperactive
Last BM: _____
☐ Diarrhea x _____ ☒ Denies
☐ Vomiting x _____ ☒ Denies
☐ Nausea ☐ Yes ☒ No
Last oral intake: _____
Comments: _____

Genito-Urinary: ☐ NA ☒ Denies
URINARY ☐ NA
☐ Frequency ☐ Pain
☐ Hematuria ☐ Incontinent
☐ Unable to void ☐ CUD
VAGINAL/PENILE ☐ NA
☐ Discharge ☐ Bleeding
Character: _____
Amount: _____

1455 Pt accompanied to ED by co-worker for laceration by chainsaw to (R) forearm. Pt out to Xray (1505). Pt placed in ERT (1518). Dr Ford att (1522). Pt medicated as ordered. Wound irrigated and cleaned. Dr Ford for suturing (1713). DC instructions to pt. All questions addressed. Pt verbalized understanding.

Associate Signature/Initials: WSP

Associate Signature/Initials: _____



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ADMISSION ASSESSMENT

Lab	MD/DO Order Time MD/DO Initials	Lab	MD/DO Order Time MD/DO Initial	Lab	MD/DO Order Time MD/DO Initial	Medical Imaging	MD/DO Order Time MD/DO Initial
☐ ABG		☐ PTT		☐ wound culture		☐ T Spine	
☐ Amylase		☐ RSV		☐		☐ LS Spine	
☐ Blood Culture		☐ Salicylate				☐ Ultrasound-	
☐ BMP		☐ Sputum culture				☐ CT Scan-Brain	
☐ BNP		☐ Strep				☐ CT Scan-C Spine	
☐ CBC w/diff		☐ Trichomonas				☐ CT Scan-Chest	
☐ CMPL		☐ Troponin ☐ POC		Other/Miscellaneous		☐ CT Scan-Chest PE	
☐ D. Dimer		☐ Tylenol		☐ O ₂		☐ CT Scan-Abd/Pelvis	
☐ Digoxin Level		☐ Type & screen		☐ EKG Time Acquired		☐ MRI	
☐ ETOH		☐ Type & cross		Time Read		☐ FAST Scan	
☐ GC/Chlamydia		of units		☐ EKG Time Acquired		☐ ED Preg Ltd US	
☐ Hepatic Panel		☐ UA		Time Read		☐ ED Preg follow up US	
☐ HCG Qualitative		☐ UA/Reflex culture		Medical Imaging		☐ ED Pelvis Ltd US	
☐ HCG Quantitative		☐ Urine Culture		☐ Chest PA/Lat		☐ ED Abd Aorta US	
☐ Influenza Screen		☐ Urine Drug Screen		☐ Chest Port		☐ ED Doppler pelvis	
☐ Lipase		☐ Urine HCG		☐ C-Spine		☐ ED Venous Duplex Ext	
☐ MRSA		☐ Pos ☐ Neg ☐ POC		☐ X-Table		☐ ED Trauma trans echo	
☐ PT		☐ Urine Dip ☐ POC		☐ Pelvis		☐ ED Trauma abd ltd	
☐ Wet prep							

MD/DO Order Time & Initials	ORB	Start Time	Stop Time	IV Solution & Amount	Warm Y/N	Additives	Site	Cath Size	Rate	Amt Infused	Initials

Pt Height: 5'09" Pt Weight: 116.5 Allergies: NKDA

MD/DO Order Time & Initials	ORB	Time Given	Stop Time	Pain Scale	Medication/Order	Dosage	Route	Site	Initials	Time	Effects	Pain Scale	Initials

☐ Td 0.5mL ☐ Tdap 0.5mL ☐ TT 0.5mL Time: Site: RN: Lot# Exp Mfr ☐ VIS Given
☐ Nursing Assessment and Medication Reconciliation Reviewed
☐ Vitals Reviewed

Tech: Initials: Tech: Initials:
 RN: Initials: Physician: Initials:
 RN: Initials: Physician: Initials:



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EMERGENCY ADMISSION ASSESSMENT

Time	Blood pressure	Pulse	Resp	Temp	SpO2	O2	GCS E/V/M	Monitor	Intake	Output
							/ /			
							/ /			
							/ /			
							/ /			
							/ /			
							/ /			
							/ /			
Orthostatic Lying:		Sitting:		Standing:						

Treatments/Procedures:

☐ O₂ Therapy: _____ ☐ Intubated _____ ☐ Respiratory treatment: _____ Neb Tx: _____ ☐ Cont Pulse Ox _____
☐ Chest tube: _____ ☐ Time Out: _____ ☐ Eye irrigation: _____ ☐ Ear irrigation: _____
☐ NG tube # _____ @ _____ Character: _____ ☐ Gastric lavage: _____
☐ Lumbar puncture: _____ ☐ Time Out: _____ ☐ See neuro assessment sheet
☐ Pelvic exam: _____ Straight Cath/CUD @ _____ ☐ Bladder scan Amount: _____
 Blood Glucose value: _____ Time: _____ By: _____ ☐ Continuous Cardiac Monitoring
 Normal Values Age 60 or more (80-99 mg/dl), 13-60 yr. (75-99), 1 mo.-13 yr. (60-99) Critical Value less than 40 or more than 400
 Normal Value: Age newborn to 1d (40-60 mg/dl) 1d-1 Mo. (50-99) Critical Value less than 40 or more than 200

☐ Wound Care _____ ☐ Dressing: _____ ☐ Ortho Care: _____ ☐ Crutches _____
☒ Irrigation: 1 liter NS ☐ Antibiotic _____ ☐ Ice Time: _____ ☐ Cast _____ ☐ Patient's own crutches _____
☐ Soak: _____ ☐ Adaptic _____ ☐ Elevate Time: _____ ☐ Sling _____ ☐ Crutch walking instr/fret demo _____
☒ Antiseptic Wash _____ ☐ 4X4 _____ ☐ Splint: _____ ☐ Tubi Grip _____ ☐ Valcro Splint: _____
☐ Other: _____ ☐ Kling _____ ☐ Knee immobilizer: _____ ☐ Posterior mold: _____
☐ Tube gauze _____ ☐ Shoulder immobilizer _____ ☐ Location: _____
☐ Steristrip _____ ☐ Ace Wrap _____ ☐ Width: _____
 Isolation Type: _____ ☐ Burn dressing _____ ☐ SMV's after immobilization _____ ☐ Length: _____

DISPOSITION: ☒ Home ☐ Jail ☐ Nursing home/ECC

☐ Other facility: _____ ☐ Expired ☐ AMA

Mode: ☐ W/C ☒ Walk ☐ Carry ☐ Ambulance: _____

☐ Other: _____

LEFT WITH: ☐ Self ☐ Family ☒ Friend ☐ Police

☒ Discharge Instructions given-expresses understanding

☒ Discharge Pain Level: 4 (0-10) GCS: 15 RTS: _____

☒ Discharge by: W. DOBIC @ 1713

Discharge Vital Signs: _____

Discharge Summary: _____

RN: _____

Tech: _____

☐ Inpatient ☐ Observation ☐ Surgical

☐ Mode: _____ Time: _____ Accompanied by: _____

☐ ER hold from _____ to _____

☐ To unit/room # _____

☐ No old chart ☐ Old chart in ED ☐ Chart to floor

☐ Discharge Pain Level: _____ (0-10)

GCS: _____ RTS: _____

Skin Integrity Intact ☐ Yes ☐ No (see documentation)

EMERGENCY ADMISSION ASSESSMENT
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DATE 09/14/2012

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06

CentegraHealthSystem

EMERGENCY PHYSICIAN RECORD

Upper Extremity Injury (4)

DATE: 6/28/11 TIME: 1457 ☐ on arrival
 ROOM: 18 EMS Arrival
 EMS treatments ordered
 HISTORIAN: patient spouse paramedics
 HX / EXAM LIMITED BY:

HPI

chief complaint: Injury to: right / left
 hand wrist forearm elbow arm
 shoulder collar-bone area

duration / occurred: just prior to arrival
 today
 yesterday _____ days ago

where: home school
 neighbor's park
 work street

severity of pain: mild moderate severe
 worse / persistent since
 pain intermittent / lasting

context: fall blow incised crushed burn

associated symptoms: tingling / numbness distally

ROS

suspected FB (skin lac) trouble breathing / chest pain
 loss feeling / power arms / legs loss of bladder function
 headache / neck pain recent fever / illness
 double vision / hearing loss other injuries
 nausea / vomiting ☐ all systems neg except as marked

SOCIAL HX

smoker + drug use / abuse
 recent ETOH + lives alone
 lives at home + lives in nursing home

FAMILY HX

negative

PAST HX

negative R / L HANDED prior injury
 diabetes Type 1 Type 2 diet / oral / insulin
 HTN heart disease DEGENERATIVE DISC
 Meds- none / see nurses note
 Allergies- NKDA / see nurses note

☒ Nursing Assessment Reviewed ☒ Vitals Reviewed ☐ Tetanus Immun. UTD

PHYSICAL EXAM

GENERAL APPEARANCE c-collar (PTA / In ED) / backboard
 no acute distress mild / moderate / severe distress
 alert anxious

EXTREMITIES

HAND

see diagram
 tenderness soft-tissue / bony
 swelling / ecchymosis
 deformity

WRIST

see diagram
 tenderness soft-tissue / bony
 tenderness in anatomical snuff box
 wrist pain on axial thumb load
 swelling / ecchymosis
 limited ROM
 deformity

FOREARM / ELBOW

nml inspection
 non-tender
 nml ROM*

ARM / SHOULDER

nml inspection
 non-tender
 nml ROM*

see diagram

tenderness soft-tissue / bony

swelling / ecchymosis

limited ROM

deformity

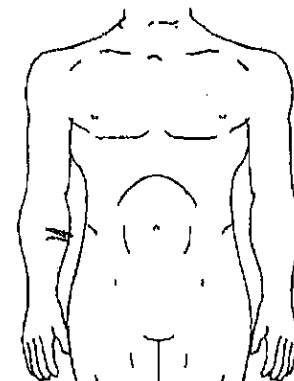
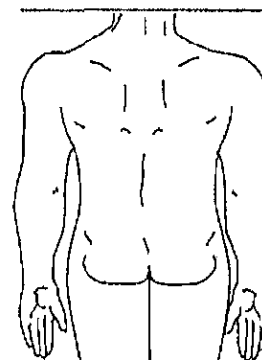
see diagram

tenderness soft-tissue / bony

swelling / ecchymosis

limited ROM

deformity



T=Tenderness P/T=Point Tenderness S=Swelling E=Ecchymosis B=Burn C=Contusion
 L=Laceration A=Abrasion M=Muscle spasm PW=Puncture Wound
 (R=without H=mild mod=moderate N=severe)
 Example: Tiv = Tenderness on palpation (severe)

NEURO / VASC / TENDON

sensation intact

motor intact

no vascular

compromise

tendon function

normal

sensory / motor deficit

pallor / cool skin / abnml cap refill

pulse deficit radial ulnar

deficit in tendon function

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SKIN _____ diaphoretic / cool / cyanotic _____
warm, dry _____

HEAD / ENT _____ tenderness _____
nml inspection _____ swelling / ecchymosis _____
pharynx nml _____

NECK / BACK _____ tenderness _____
nml inspection _____ swelling / ecchymosis _____
non-tender _____

RESPIRATORY _____ tenderness _____
chest non-tender _____ swelling / ecchymosis / abrasions _____
breath snds nml _____ crepitus / subcutaneous emphysema _____
decreased breath sounds _____
wheezes / rales / rhonchi _____
tachycardia / bradycardia _____

CVS _____ heart sounds nml _____

GI (ABDOMEN) _____ tenderness / guarding _____
non-tender _____
no organomegaly _____
nml bowel snds* _____

PROCEDURES

Wound Description / Repair
length 8cm location FOREARM BELLY
linear _____ irregular _____ flap _____ stellate _____
superficial _____ *subcut _____ muscle _____ through-and-through _____
contused tissue _____ lip laceration _____
clean _____ contaminated _____ minimally _____ moderately / *heavily _____
with _____

distal NVT: neuro & vascular status intact no tendon injury
anesthesia: local LET / tetracaine / adrenaline / cocaine 15 mL
marcaine 0.25% 0.5% lidoc 1% 2% epi / bicarb digital / metacarpal block
moderate sedation required; see attached 23d template
prep: SURCLENS TOILET
Betadine / scrub _____
irrigated / washed w/ saline 1L MAR debrided _____
minimal / mod. / *extensive _____ minimal / *mod. / *extensive _____
wound explored _____ undermined _____
foreign material removed _____ minimal / mod. / *extensive _____
partially completely _____ wound margins revised _____
minimal / mod. / *extensive _____ multiple flaps aligned _____
no foreign body identified _____

repair: Wound closed with: wound adhesive / start-strips _____
SKIN- # 11 4-0 nylon / Crolex staples _____
interrupted _____ running _____ simple _____ mattress (h/v) _____
*SUBCUT- # 3 4-0 vicryl / chronic _____
interrupted _____ running _____ simple _____ mattress (h/v) _____
OTHER- # _____ -0 material _____
interrupted _____ running _____ simple _____ mattress (h/v) _____
*may indicate intermediate repair *may indicate complex repair

splint Vekro OCL / Ortho-glass / Plaster Aluminum-foam _____
Valar Thumb spica Ulnar Wrist Sugar-Tong Cock-up Collar _____
applied by ED Physician / Orthopedist / Tech _____
examined post splint application NV intact alignment good _____
deformity reduced no compartment syndrome _____

sling _____
nursemaid's elbow reduced with supination _____
foreign body removed with forceps with incision _____
closed reduction finger traps traction _____

Underline indicates organ system
* equivalent or minimum required for organ system exam

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XRAYs ☐ Interp. by me ☐ Reviewed by me ☐ Discd w/ radiologist

R / L hand wrist forearm elbow humerus shoulder
☒ normal / NAD ☐ DJO _____
☒ no fracture ☐ dislocation _____
☒ nml alignment ☐ soft-tissue swelling _____
☐ no foreign body ☐ positive anterior fat-pad sign _____
☐ positive posterior fat-pad sign _____
☐ foreign body _____
☐ fracture non-displaced ☐ displaced _____
☐ transverse ☐ oblique ☐ comminuted ☐ angulated _____
☐ impacted ☐ torus _____

Other study: _____
☐ See separate report

PROGRESS
Time _____ unchanged _____ improved _____ re-examined _____

Initial fracture care provided: follow-up on _____
Rx given _____
referred to / discussed with Dr. _____
will see patient in: ED / hospital / office in _____ days

CLINICAL IMPRESSION Fall Alleged Assault

Contusion ☒ R / L shoulder forearm wrist
Hematoma _____ arm elbow hand
Sprain / Strain _____
Dislocation _____
Laceration _____
Fracture R / L radius distal / shaft / proximal
ulna distal / shaft / proximal / ulnar styloid
humerus distal / shaft / proximal / supracondylar
Colles fracture stabilized / restorative

DISPOSITION- ☐ transferred ☒ home ☐ admitted ☐ expired
Time _____
AMA _____
CONDITION- ☐ good ☒ fair ☐ poor ☐ critical ☒ improved
☐ stable ☐ unchanged

ATTENDING NOTE:
Resident / PA / NP's history reviewed, patient interviewed and examined.
Briefly, pertinent HPI is: _____
My personal exam of patient reveals: _____
Assessment and plan reviewed with resident / midlevel. Lab and ancillary studies show: _____
I confirm the diagnosis of: _____
Care plan reviewed. Patient will need: _____
Please see resident / midlevel note for details.

RESIDENT / PA / NP SIGNATURE
Ante 7025
Physician Signature RTI # turned care over at _____
Physician Signature RTI # assumed care at _____
☐ Template Complete ☐ Additional T-Shoot

ACCOUNT NO. B11179-00323		ADMISSION DATE/TIME 06/28/11 0246PM		BY MXC	STATION ROOM EDB	ACC	SERVICE EDB	TYPE EDB	AT 1	AS 1	UNIT NO/MEDICAL RECORD NO B0000109381
SEX M	PO 3	MS S	BIRTHDATE 03/19/70 41Y	BOG BLC NO 323-76-4001	CLEPROY N	AD N	DD	INJURY AT WORK	FIN CLASS L LIAB-MVA/M		
PATIENT NAME AND ADDRESS DULBERG, PAUL R 4606 HAYDEN CT (847) 497-4250 CELL# MCHENRY IL 60051-7918 *MCHENRY CNTY, IL						PATIENT EMPLOYER SHARP PRINTING 4606 HAYDEN CT (847) 497-4250 SELF EMP MCHENRY IL 60050					
PREVIOUS NAME DULBERG, PAUL R 4606 HAYDEN CT (847) 497-4250 SELF MCHENRY IL 60051-7918 CELL#						GUARANTOR EMPLOYER SHARP PRINTING 4606 HAYDEN CT (847) 497-4250 SELF EMP MCHENRY IL 60050					
SOC SEC NO 323-76-4001 PHI CONTACT: Y						RELATIVE 1 EMPLOYER					
EMERGENCY CONTACT / RELATIVE 1 DULBERG, HERBERT 4606 HAYDEN CT (847) 497-4250 *FATHER MCHENRY IL 60051-7918 PHI CONTACT: Y						PATIENT ALTERNATE ADDRESS					
EMERGENCY CONTACT 2 DULBERG, BARBARA 4606 HAYDEN CT (847) 497-4250 *MOTHER MCHENRY IL 60051-7918 PHI CONTACT: Y						INSURANCE 1 PAUL DULBERG/ACCIDENT 1 601067 4606 HAYDEN CT JOHNSBURG IL 60051 DOB: 03/19/70 ACCIDENT DULBERG, PAUL R 99999 999999999 (847) 497-4250					
INSURANCE 2						INSURANCE 3 DOB:					
INSURANCE 3 DOB:						INSURANCE 4 DOB:					
DIAGNOSIS/COMPLAINT TR						ATTENDING PHYSICIAN FORD, APIWAT W			PRIMARY CARE PHYSICIAN SEK, FRANK		
COMMENT						ADMITTING PHYSICIAN FORD, APIWAT W			ADDITIONAL PHYSICIAN		

STN: ERA

PRINCIPAL DIAGNOSIS

COMPLICATIONS AND COMORBIDITIES

PRINCIPAL PROCEDURE & DATE

OTHER PROCEDURES & DATE

I CERTIFY THAT THE NARRATIVE DESCRIPTIONS OF THE PRINCIPAL AND SECONDARY DIAGNOSES & THE MAJOR PROCEDURES PERFORMED ARE ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE

SIGNATURE _____ M D DATE _____

Dulberg 007599

Northern Illinois Medical Center NIMC Radiology
Patient Name: DULBERG, PAUL R
Account Number: B1117900323

Northern Illinois Medical Center

06/28/2011 10135 RIGHT FOREARM 2139703
HISTORY: Chain saw versus forearm, forearm laceration.

IMPRESSION: Right forearm films demonstrate no fracture or
radiopaque foreign body. There is deep soft tissue
laceration along the ventral surface of the mid
forearm.

FINDINGS: This exam consists of two views of the right forearm
which demonstrate deep laceration on the ventral
aspect of the mid forearm as best visualized on the
lateral view. No fracture or radiopaque foreign body
is identified.

cc: Apiwat W. Ford, D.O.
Donald R Kennard, M.D.
Frank Sek, M.D.

Electronically Authenticated
Donald R Kennard, M.D. 06/28/2011 18:18
815-759-4683

D 06/28/2011
T 06/28/2011 5:19 P / LBA
Northern Illinois Medical Center NIMC Radiology

PRINTED BY: SJS0422
DATE 12/08/2011

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EMERGENCY ADMISSION ASSESSMENT

TIME TRIAGED: <u>1450</u>	BROUGHT BY:	MODE OF ARRIVAL	TREATMENT PTA	☒ Patient Band applied
TIME TO TREATMENT AREA: <u>1455</u>	☐ Self ☐ Relative	☒ SWC	☐ Ice ☐ Elevate	☐ Hand Off Communication
ED BED# <u>18</u>	☐ Police ☒ Friend	☐ Stretcher	☐ O2	☐ Band applied
EXPRESS BED#	☐ Other	☐ Carried	☐ IV	☐ Security watch
ESI: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5	Ambulance:	☐ Walked	☐ Mod:	
Primary Physician: <u>Sek</u>				
Height: <u>5'9"</u> Weight: <u>165#</u> GCS: <u>15</u> RTS: <u>12</u> BP: <u>123</u> P <u>75</u> R <u>14</u> T <u>97.4</u> SPO ₂ <u>97</u> Time of Injury: <u>9-10</u>				☐ Room air ☐ O ₂ Pain Level: <u>9-10</u>

Chief complaint/reason for visit: States chainsaw vs Rt arm
15 min ago @ home, also feeling lightheaded

Triage RN		REACTION
CURRENT MEDS ☒ Denies	ALLERGIES ☒ NKA	
	Medications: <u>7/14/11</u> <u>4703</u>	
	Food:	
	Other: ☐ Latex ☐ Dye	

Meds reviewed by: _____ Residence: ☐ Private ☒ Family ☐ Alone ☐ Nursing home ☐ Group home
 Language barrier ☐ Yes Interpreter Name/ATT Number: _____ Other: _____
 Do you feel safe at home? ☒ Yes ☐ No Is there anyone in your life that threatens, intimidates or harms you in any way? ☐ Yes ☒ No
 Crisis/Social Worker ☐ Notified: _____ ☐ Here: _____ ☐ DNR Resources called: _____ Time: _____

Past Medical History ☐ None	Yes	Yes	Yes	Yes	Yes
	☐ Autoimmune ☐ Asthma ☐ Back problems ☐ Blood disorders ☐ Cancer ☐ Cardiovascular ☐ CHF ☐ LMP: _____ ☐ Pregnant ☐ Expanded/surgical history: <u>Lt arm surg</u>	☐ Dementia/ Alzheimer's ☐ Endocrine ☐ GI problems ☐ GU Problems ☐ Glaucoma ☐ HEENT problems ☐ Heart murmur ☐ Normal ☐ Abnormal ☐ No ☐ Unsure	☐ Headaches/ migraines ☐ Head inj past 3 months ☐ Hypertension ☐ MusculoSkeletal problems ☐ Neuro problems ☐ PsychoSocial problems ☐ Grava _____ Para _____ Ab _____ FHT _____	☐ Pressure Ulcer ☐ Recent exposure ☐ Reproductive problems ☐ Respiratory problems ☐ Seizures ☐ Skin problems ☐ Vision problems	☐ Infectious diseases ☐ MRSA ☐ VRE ☐ Chicken Pox ☐ Measles ☐ Shingles ☐ Strep Throat ☐ Other: _____
Implanted medical device: ☐ Pacemaker ☐ IV access ☐ Eye ☐ Knee ☐ Hip ☐ AICD ☐ Other: _____					
TB History	☐ None Ever had a positive TB test? ☐ Yes ☒ No ☐ Self-history of TB ☐ Family history of TB ☐ Cough ☐ Fever ☐ Bloody sputum ☐ Weight loss ☐ Night sweats ☐ Loss of appetite ☐ Fatigue ☐ Recent international travel ☐ Denies signs & symptoms				
Vaccine	☐ Flu ☐ Tetanus ☐ N/A ☒ Up to date ☐ >5 years ☐ Unsure Pediatric immunization ☐ Up to date ☐ No ☐ Unsure				





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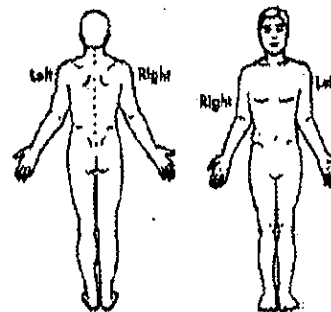
ADMISSION ASSESSMENT

Do you currently have pain? ☒ Yes 9-10 (1-10) ☐ No If yes, is it ☐ Chronic ☐ New Onset
Type of pain: ☐ Burning ☐ Dull Pressure ☐ Cramping ☐ Heavy ☐ Sharp ☐ Achy
☐ Other: _____
Pain Scale used: ☐ Wong Baker ☐ FLACC ☐ Numeric

ALCOHOL INTAKE: ☒ Never ☐ Occasionally ☐ DAILY
Type: _____ Amount: _____ Last Drink: _____
STREET/REC DRUGS: ☒ Never ☐ Occasionally ☐ DAILY
Type: _____ Amount: _____ Last Used: _____
TOBACCO HISTORY: ☐ Never ☐ Occasionally ☒ DAILY
Type: 1 PK/D Amount: _____ Date Quit: _____

Mark drawing with number:

1. Abrasion
2. Amputation
3. Avulsion
4. Bleeding
5. Burn
6. Bruise
7. Deformity
8. Fracture
9. GSW
10. Hematoma
11. Laceration
12. Pain
13. Stab wound
14. Foreign body
15. Pressure ulcer
16. Leg ulcer



Neurological ☐ NA LOC ☐ Yes ☐ No ☒ Conscious ☐ Unconscious ☒ Alert ☒ Oriented X <u>3</u> ☐ Crying ☐ Lethargic ☐ MAE ☐ Slurred speech ☐ Irritable ☐ Combative Pupils ☐ NA ☒ PERL R L Reactive ☐ ☐ Sluggish ☐ ☐ Fixed ☐ ☐ Nonreactive ☐ ☐ Pupil size _____ AVPU ☐ A ☐ V ☐ P ☐ U GCS: _____ FALL RISK ASSESSMENT ☐ Medically unsafe to be independently mobile ☐ Unaware or forgetful of physical limitations ☐ Recent history of falls ANY POSITIVE ANSWER INDICATES ENHANCED FALL RISK ☐ No risks noted	Cardiac/Circulatory: ☐ NA ☐ Pink ☒ Warm ☐ Dry ☐ Cool ☐ Hot ☐ Flushed ☐ Diaphoretic ☐ Dusky ☐ Ashen ☐ Jaundice ☐ Pale ☐ Clammy ☐ Cyanotic RADIAL PULSES R L Present ☒ ☒ Absent ☐ ☐ PEDAL Present: ☒ ☒ Absent ☐ ☐ Cap Refill ☐ ☒ >2 Sec Ankle edema ☐ Yes ☒ No Monitor: _____ Respiratory ☒ NA ☐ Distress ☐ None ☐ Mild ☐ Moderate ☐ Severe ☐ Stridor ☐ Nasal Flaring ☐ Retractions ☐ Productive cough: _____ ☐ Unproductive cough	Lung Sounds ☐ NA R L Clear ☒ ☒ Rales ☐ ☐ Wheezing ☐ ☐ Rhonchi ☐ ☐ Diminished ☐ ☐ Absent ☐ ☐ EENT: ☐ NA ☒ Denies VISUAL ACUITY ☐ NA L: _____ R: _____ ☐ Correction ☐ No Correction Ear Drainage: ☐ Yes ☐ No Describe: _____ Epistaxis: ☐ NA R L Controlled ☐ ☐ Uncontrolled ☐ ☐ THROAT: ☐ Diff. swallowing ☐ Diff. speaking ☐ Drooling	GI/Abdominal: ☐ NA ☐ Denies ☒ Soft ☐ Distended ☐ Firm ☒ Nontender ☐ Tender Bowel sounds: ☐ Present ☐ Absent ☐ Hypoactive ☐ Hyperactive Last BM: _____ ☐ Diarrhea x _____ ☐ Denies ☐ Vomiting x _____ ☐ Denies ☐ Nausea ☐ Yes ☒ No Last oral intake: _____ Comments: _____ Genito-Urinary: ☐ NA ☒ Denies URINARY ☐ NA ☐ Frequency ☐ Pain ☐ Hematuria ☐ Incontinent ☐ Unable to void ☐ CUD VAGINAL/PENILE ☐ NA ☐ Discharge ☐ Bleeding Character: _____ Amount: _____

1455 Pt accompanied to ED by co-worker for laceration of forearm by chainsaw to (R) forearm. Pt out to Xray (1505). Pt placed in ER #18. Dr Ford at 1532. Pt medicated as ordered. Wound irrigated and cleaned. Dr Ford for sutures. (1713) Dr instructions to pt. All questions addressed. Pt verbalized understanding.

Associate Signature/Initials: WSP/abm

Associate Signature/Initials: _____

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Lab	MD/DO Order Time MD/DO Initials	Lab	MD/DO Order Time MD/DO Initials	Lab	MD/DO Order Time MD/DO Initials	Medical Imaging	MD/DO Order Time MD/DO Initials
☐ ABG		☐ PTT		☐ wound culture		☐ T Spine	
☐ Amylase		☐ RSV		☐		☐ LS Spine	
☐ Blood Culture		☐ Salicylate				☐ Ultrasound-	
☐ BMP		☐ Sputum culture				☐ CT Scan-Brain	
☐ BNP		☐ Strep				☐ CT Scan-C Spine	
☐ CBC w/diff		☐ Trichomonas				☐ CT Scan-Chest	
☐ CMPL		☐ Troponin ☐ POC		Other/Miscellaneous		☐ CT Scan-Chest PE	
☐ D. Dimer		☐ Tylenol		☐ O ₂		☐ CT Scan-Abd/Pelvis	
☐ Digoxin Level		☐ Type & screen		☐ EKG Time Acquired		☐ MRI	
☐ ETOH		☐ Type & cross		Time Read		☐ FAST Scan	
☐ GC/Chlamydia		☐ of units		☐ EKG Time Acquired		☐ ED Preg Ltd US	
☐ Hepatic Panel		☐ UA		Time Read		☐ ED Preg follow up US	
☐ HCG Qualitative		☐ UA/Reflex culture		Medical Imaging		☐ ED Pelvis Ltd US	
☐ HCG Quantitative		☐ Urine Culture		☐ Chest PA/Lat		☐ ED Abd Aorta US	
☐ Influenza Screen		☐ Urine Drug Screen		☐ Chest Port		☐ ED Doppler pelvis	
☐ Lipase		☐ Urine HCG		☐ C-Spine		☐ ED Venous Duplex Ext	
☐ MRSA		☐ Pos ☐ Neg ☐ POC		☐ X-Table		☐ ED Trauma trans echo	
☐ PT		☐ Urine Dip ☐ POC		☐ Pelvis		☐ ED Trauma abd Ltd	
		☐ Wet prep					

MD/DO Order Time & Initials	ORB	Start Time	Stop Time	IV Solution & Amount	Warm Y/N	Additives	Site	Cath Size	Rate	Amt Infused	Initials

Pt Height: 5'09" Pt Weight: 116.5 Allergies: NKDA

MD/DO Order Time & Initials	ORB	Time Given	Stop Time	Pain Scale	Medication/Order	Dosage	Route	Site	Initials	Time	Effects	Pain Scale	Initials
<u>MD/DO</u>		<u>1502</u>		<u>10</u>	<u>NORCO 10/50</u>	<u>10/50</u>	<u>PO</u>		<u>MD/DO</u>		<u>position</u>	<u>4</u>	<u>MD/DO</u>
		<u>1502</u>			<u>ADAMIRAL 500/100</u>	<u>500/100</u>	<u>PO</u>		<u>MD/DO</u>				<u>MD/DO</u>
					<u>EXPERICINE 0.25%</u>	<u>0.25%</u>	<u>PR</u>	<u>PR</u>	<u>MD/DO</u>				<u>MD/DO</u>

☐ Td 0.5mL ☐ Tdap 0.5mL ☐ TT 0.5mL Time: _____ Site: _____ RN: _____ Lot# _____ Exp _____ Mfr _____ ☐ VIS Given
☐ Nursing Assessment and Medication Reconciliation Reviewed
☐ Vitals Reviewed _____

Tech: _____ Initials: _____ Tech: Autford Initials: Aut
 RN: MD/DO Initials: MD/DO Physician: _____ Initials: _____
 RN: MD/DO Initials: MD/DO Physician: _____ Initials: _____

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Time	Blood pressure	Pulse	Resp	Temp	SpO2	O2	GCS E/V/M	Monitor	Intake	Output
							/ / \			
							/ / \			
							/ / \			
							/ / \			
							/ / \			
							/ / \			
							/ / \			
Orthostatic Lying: _____ Sitting: _____ Standing: _____										

☐ O₂ Therapy: _____ ☐ Intubated _____ ☐ Respiratory treatment: _____ Neb Tx: _____ ☐ Cont Pulse Ox _____
☐ Chest tube: _____ ☐ Time Out: _____ ☐ Eye irrigation: _____ ☐ Ear irrigation: _____
☐ NG tube # _____ @ _____ Character: _____ ☐ Gastric lavage: _____
☐ Lumbar puncture: _____ ☐ Time Out: _____ ☐ See neuro assessment sheet
☐ Pelvic exam: _____ Straight Cath/CUD @ _____ ☐ Bladder scan Amount: _____
 Blood Glucose value: _____ By: _____ ☐ Continuous Cardiac Monitoring
 Normal Values Age 60 or more (80-99 mg/dl), 13-60 yr. (75-99), 1 mo.-13 yr. (60-99) Critical Value less than 40 or more than 400
 Normal Value: Age newborn to 1d (40-60 mg/dl) 1d-1 Mo. (50-99) Critical Value less than 40 or more than 200

☐ Wound Care: _____	☐ Dressing: _____	☐ Ortho Care: _____	☐ Crutches
☒ Irrigation: <u>1 Liter</u> <u>NS</u>	☐ Antibiotic	☐ Ice Time: _____	☐ Patient's own crutches
☐ Soak: _____	☐ Adaptic	☐ Elevate Time: _____	☐ Crutch walking Instr/ret demo
☒ Antiseptic Wash	☐ 4X4	☐ Splint: _____	☐ Velcro Splint: _____
☐ Other: _____	☐ Kling	☐ Knee immobilizer: _____	☐ Posterior mold: _____
	☐ Tube gauze	☐ Shoulder immobilizer	☐ Location: _____
	☐ Steristrip	☐ Ace Wrap	☐ Width: _____
Isolation Type: _____	☐ Burn dressing	☐ SMV's after immobilization	☐ Length: _____

DISPOSITION: ☒ Home ☐ Jail ☐ Nursing home/ECC
☐ Other facility: _____ ☐ Expired ☐ AMA
 Mode: ☒ W/C ☒ Walk ☐ Carry ☐ Ambulance: _____
☐ Other: _____
 LEFT WITH: ☐ Self ☐ Family ☒ Friend ☐ Police
☒ Discharge Instructions given-expresses understanding
☐ Discharge Pain Level: _____ (0-10) GCS: _____ RTS: _____
☒ Discharge by: W. D. B. 10/10/05

☐ Inpatient ☐ Observation ☐ Surgical
☐ Mode: _____ Time: _____ Accompanied by: _____
☐ ER hold from _____ to _____
☐ To unit/room # _____
☐ No old chart ☐ Old chart in ED ☐ Chart to floor
☐ Discharge Pain Level: _____ (0-10)
GCS: _____ RTS: _____

Skin Integrity Intact ☐ Yes ☐ No (see documentation)

Discharge Vital Signs:

Discharge Summary

RN: W. J. Smith Initials: WJS
Tech: Rebecca R. Davis Initials: RRD

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06

Centegra HealthSystem
EMERGENCY PHYSICIAN RECORD
Upper Extremity Injury (4)

DATE: 6/28/11 TIME: 1457 ☐ on arrival
ROOM: 18 EMS Arrival
EMS treatments ordered
HISTORIAN: patient spouse paramedics
HX / EXAM LIMITED BY:

HPI

chief complaint: Injury to: right / left
hand wrist forearm elbow arm
shoulder collar-bone area

duration / occurred:
just prior to arrival
today
yesterday _____ days ago

where:
home school
neighbor's park
work street

severity of pain:
mild moderate severe worse / persistent since
pain intermittent / lasting

context: fall blow incised crushed burn

associated symptoms: tingling / numbness distally

ROS

suspected FB (skin lac) trouble breathing / chest pain
loss feeling / power arms / legs loss of bladder function
headache / neck pain recent fever / illness
double vision / hearing loss other injuries
nausea / vomiting ☐ all systems neg except as marked

SOCIAL HX smoker + drug use / abuse
recent ETOH lives alone
lives at home lives in nursing home

FAMILY HX negative

PAST HX negative R / L HANDED prior injury
diabetes Type 1 Type 2 diet / oral / insulin
HTN heart disease DB - 6/28/11
Meds- (none) see nurses note
Allergies- NKDA see nurses note

☒ Nursing Assessment Reviewed ☒ Vitals Reviewed ☐ Tetanus Immun. UTD

PHYSICAL EXAM

GENERAL APPEARANCE c-collar (PTA / in ED) / backboard
no acute distress mild/moderate/severe distress
alert anxious

EXTREMITIES**HAND**

see diagram
tenderness soft-tissue / bony
swelling / ecchymosis
deformity

WRIST

see diagram
tenderness soft-tissue / bony
tenderness in anatomical snuff box
wrist pain on axial thumb load
swelling / ecchymosis
limited ROM
deformity

FOREARM / ELBOW

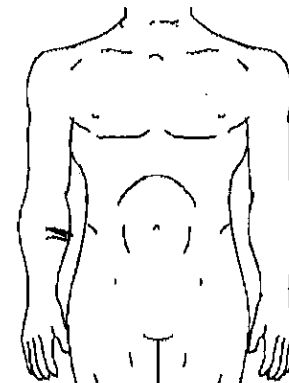
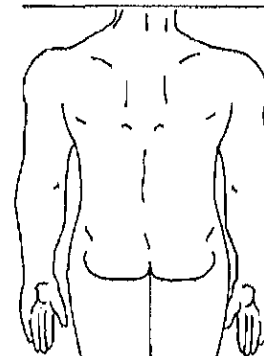
nm inspection
non-tender
nm ROM*

ARM / SHOULDER

nm inspection
non-tender
nm ROM*

SCALP LACERATION
RT FOR BARM BELL

☒ see diagram
tenderness soft-tissue / bony
swelling / ecchymosis
limited ROM
deformity +
see diagram
tenderness soft-tissue / bony
swelling / ecchymosis
limited ROM
deformity



T=Tenderness PT=Point Tenderness S=Swelling E=Ecchymosis B=Burn C=Contusion
L=Laceration A=Abrasion M=Muscle spasm PW=Puncture Wound
(D=without M=mild mod=moderate sv=severe)
Example: Tsv = Tenderness on palpation (severe)

NEURO / VASC / TENDON

sensation intact sensory / motor deficit
motor intact
no vascular compromise
tendon function normal
pallor / cool skin / abnml cap refill
pulse deficit radial ulnar
deficit in tendon function





B1117900323
DULBERG, PAUL R
M 41Y 03/19/1970
06/28/2011
0000109381

SKIN _____ diaphoretic / cool / cyanotic _____
warm, dry _____

HEAD / ENT _____
tenderness _____
swelling / ecchymosis _____
nml inspection _____
pharynx nml _____

NECK / BACK _____
tenderness _____
swelling / ecchymosis _____
nml inspection _____
non-tender _____

RESPIRATORY _____
tenderness _____
swelling / ecchymosis / abrasions _____
crepitus / subcutaneous emphysema _____
decreased breath sounds _____
wheezes / rales / rhonchi _____
tachycardia / bradycardia _____
chest non-tender _____
breath snds nml _____

CVS _____
heart sounds nml _____

GI (ABDOMEN) _____
tenderness / guarding _____
non-tender _____
no organomegaly _____
nml bowel snds* _____

PROCEDURES

Wound Description / Repair
length 8cm location RIGHT ARM BELLY
linear _____ irregular _____ flap _____ stellate _____
superficial _____ *subcut _____ muscle _____ through-and-through _____
contused tissue _____ lip laceration _____
clean _____ contaminated _____ minimally / moderately / *heavily _____
with _____

distal NVT: neuro & vascular status intact no tendon injury
anesthesia: local LET / tetracaine / adrenaline / cocaine 15 ml
marcaine 0.25% 0.5% lidoc 1% 2% epi / bicarb digital / metacarpal block
moderate sedation required: see attached 23d template
prep: SURGICENS TOILET
Betadine / scrub _____
irrigated / washed w/ saline 1L MAC debrided _____
minimal / mod. / *extensive _____
wound explored _____ undermined _____
foreign material removed _____ minimal / mod. / *extensive _____
partially completely _____ *wound margins revised _____
minimal / mod. / *extensive _____ multiple flaps aligned _____
no foreign body identified

repair: Wound closed with: wound adhesive / steri-strips _____
SKIN- # 1 4-0 nylon / 6/0 prolene / staples _____
interrupted _____ running _____ simple mattress (h/v) _____
*SUBCUT- # 3 4-0 vicryl / chromic _____
interrupted _____ running _____ simple mattress (h/v) _____
OTHER- # _____ -0 material _____
interrupted _____ running _____ simple mattress (h/v) _____
*may indicate intermediate repair may indicate complex repair

splint Vekro OCL / Ortho-glass / Plaster Aluminum-foam _____
Volar Thumb spica Ulnar Wrist Sugar-Tong Cock-up Colles
applied by ED Physician / Orthopedist / Tech _____
examined post splint application NV intact alignment good
deformity reduced no compartment syndrome

slng _____
nursemaid's elbow reduced with supination _____
foreign body removed with forceps with incision _____
closed reduction finger traps traction _____

XRAYS ☐ Interp. by me ☐ Reviewed by me ☐ Discard w/ radiologist
R / L hand wrist forearm elbow humerus shoulder
normal / NAD ☒ DJD _____
no fracture _____
nml alignment _____
no foreign body _____
dislocation _____
soft-tissue swelling _____
positive anterior fat-pad sign _____
positive posterior fat-pad sign _____
foreign body _____
fracture non-displaced displaced _____
transverse oblique comminuted angulated _____
impacted torus _____

Other study: _____
☐ See separate report

PROGRESS

Time _____ unchanged improved re-examined

initial fracture care provided: follow-up on _____
Rx given _____
referred to / discussed with Dr. _____
will see patient in: ED / hospital / office in _____ days

CLINICAL IMPRESSION

Fall Alleged Assault

Contusion R / L shoulder forearm wrist
Hematoma arm elbow hand
Sprain / Strain _____
Dislocation _____
Laceration _____
Fracture R / L radius distal / shaft / proximal
ulna distal / shaft / proximal / ulnar styloid
humerus distal / shaft / proximal / supracondylar
Colles fracture stabilized / restorative

DISPOSITION- ☐ transferred ☒ home ☐ admitted ☐ expired
Time _____
CONDITION- ☐ good ☒ fair ☐ poor ☐ critical ☒ improved
☐ stable ☐ unchanged

RESIDENT / PA / NP SIGNATURE

ATTENDING NOTE:

Resident / PA / NP's history reviewed, patient interviewed and examined.
Briefly, pertinent HPI is: _____
My personal exam of patient reveals: _____
Assessment and plan reviewed with resident / midlevel, Lab and ancillary studies show: _____
I confirm the diagnosis of: _____
Care plan reviewed. Patient will need: _____
Please see resident / midlevel note for details.

Paul Dulberg 7025
Physician Signature RTI # turned care over at

Physician Signature RTI # assumed care at

☐ Template Complete ☐ Additional T-Sheet

Underline indicates organ system

* equivalent or minimum required for organ system exam

PRINTED BY: SJS0422

RESTRICTIONS / RELEASE FORM



Northern Illinois Medical Center
Emergency Department
4201 Medical Center Drive
McHenry, Illinois 60050
(815) 344-5000



Memorial Medical Center
3701 Doty Rd.
Woodstock, Illinois 60098
(815) 334-3900

PATIENT NAME

Paul Dulberg

DATE

12/28/2011

PHYSICIAN SIGNATURE

[Signature]



1117900323
 CULBERG, PAUL R
 M 41Y 03/18/1970
 08/28/2011 B 0000109361

☐ May return to ☐ work ☐ school ☐ gym without restriction.

☒ May not return to ☒ work ☐ school ☐ gym for 2 day(s).

☐ May return to school with the following restrictions:

☐ Gym/Sports restrictions are _____ for _____ day(s).

☐ Must take prescription medication for _____ day(s).

☐ May return to work with the following restrictions:

☐ No lifting greater than _____ lbs. for _____ day(s).

☐ Machinery/Driving restriction while on medication that can cause drowsiness.

☐ No continuous ☐ standing ☐ sitting for _____ day(s).

☐ Must keep _____ elevated for _____ day(s).

☐ Sedentary work only for _____ day(s).

☐ Must use crutches for _____ day(s).

☐ No overhead work for _____ day(s).

☐ No bending or twisting for _____ day(s).

☐ Must wear immobilizer for _____ day(s).

☐ No climbing on ladder or stairs for _____ day(s).

☐ Other _____

☐ LIMITED WORK WITH

☐ NO WORK WITH

☐ Right

☐ Left

☐ Hand

☐ Hand

☐ Arm

☐ Arm

☐ Foot

☐ Foot

☐ Leg

☐ Leg

For _____ Days

☐ See your physician in _____ days for reevaluation.

All patients are referred to their personal physicians or a doctor on the staff of this hospital. Release from restriction must be obtained from that doctor and not the Emergency Department.

I (or responsible person) have/has received and understand(s) the instructions to follow as noted above.

Patient signature (or responsible person):

Paul Dulberg

PRINTED BY: SJS0422

DATE 12/08/2011

EMCARE, INC

ED 102 NIMC/MMC

MEDICAL RECORDS COPY

Dulberg 007607

Centegra Northern Illinois Medical Center
4201 Medical Center Drive
McHenry, IL 60050
(815) 344-6000

Patient: PAUL DULBERG, Med. Rec. #: B0000109381, Visit #:
B1117900323, Date: 06/28/2011 Time: 17:02

Home Care Instructions

IMPORTANT: We examined and treated you today on an emergency basis only. This was not a substitute for, or an effort to provide, complete medical care. In most cases, you must let your doctor check you again. Tell your doctor about any new or lasting problems. We cannot recognize and treat all injuries or illnesses in one Emergency Department visit. If you had special tests, such as EKG's or X-rays, we will review them again within 24 hours. We will call you if there are any new suggestions. You were treated today by: Ford, Apiwat W..

After your visit to our Emergency Department, you may receive a survey in the mail. We want to be sure we have given you very good care and we ask that you please fill out the survey and return it in the mail.

After you leave, please follow the instructions below.

This Information Is About Your Follow Up Care

Call as soon as possible to make an appointment to see your doctor in 10 days for suture removal. You can reach your doctor by calling their clinic phone number.

Please return to the Emergency Department in 10 days for suture removal if you would prefer to have the sutures removed in the ER. We do recommend that you follow-up with your Primary Care Physician but you can return to the ER for removal of your stitches if you choose..

This Information Is About Your Illness and Diagnosis

WOUND CARE (with stitches)

Your wound was closed with stitches. These are small threads that keep the skin closed to help it heal. You have 3 internal and 11 external stitches. These should be removed in 10 days.

At home, please follow these instructions:

- Wash your hands before touching the dressing or wound.
- Keep the wound clean and dry.
- After 2 days, wash the wound gently with warm water and soap. Pat it dry.
- Put a light dressing on it if it rubs or there is drainage.

Call your doctor if:

- you have redness, pain, or swelling in the area of your stitches.
- your wound drains pus.
- your stitches come out before your wound is healed.
- you have any new or bothersome symptoms.

This is Information About Your New Medications - Start taking as prescribed.

HYDROCODONE and ACETAMINOPHEN (Vicodin, Vicodin ES, Lortab, Lortab elixir, Zamacet, Norco, Zydane, Anexsia, Anolor, Bancap HC)

Take this medicine by mouth with food in the following dose: one 10mg/325mg tablet every 4 to 6 hours if needed for pain. Do not take more than as directed per day (24 hours).

This is a mixture of medicines (hydrocodone and acetaminophen) used to relieve moderate to severe pain. This medicine may be used for other reasons, as prescribed by your doctor.

Side effects may include:

- sleepiness or dizziness
- upset stomach, nausea or vomiting
- constipation

Other side effects may occur, but are not as common. Allergy would show up as: rash or itching, facial or throat swelling, wheezing or shortness of breath. This medicine can be habit forming if used for a long period of time.

Follow these instructions:

- Never take more of this medicine than prescribed. Too much acetaminophen in your body can cause liver damage.
- Read the labels of non-prescription medicines before taking them. Many contain acetaminophen. To avoid an overdose, do not take any other medicines that contain acetaminophen.
- Talk to your doctor or pharmacist before taking medicines for sleep, colds or allergies. Severe drowsiness may occur.
- Do not share this medicine with others as this medicine is a controlled-substance. Sharing this medicine with others is against the law.
- To avoid constipation while taking this medicine:
 - Drink plenty of liquids. Try to drink 8 to 10 eight-ounce glasses of water or juice each day.
 - Include extra fiber in your diet.
 - Exercise daily.
- Watch for signs of dependence:
 - feeling that you "cannot live without this medicine".
 - you need more of this medicine than before to get the same relief.
- Do not drink alcohol, drive or operate machinery until you know how this medicine affects you.
- Store this medicine away from heat, moisture or direct light.
- If you are taking this on a regular schedule and you miss a dose, take it as soon as possible. If it is almost time for your next dose, skip the missed dose and return to your regular schedule. Do not double the doses.
- Talk with your doctor before taking any other medicines (including vitamins and herbs) as you may require additional monitoring.

Call your doctor if you have:

- any sign of dependence or allergy.
- increased pain not helped by the pain medicine.
- slow, weak breathing.
- seizures.
- slow or irregular heart beat.
- a yellow-color to your skin or eyes, or dark urine.
- stomach pain.
- unusual or extreme tiredness.
- any new or severe symptoms.

CEFADROXIL (Duricef)

Take this medicine until gone in the following dose: 500 mg by mouth 2 times a day for 5 days.

Centegra Northern Illinois Medical Center
4201 Medical Center Drive
McHenry, IL 60050
(815) 344-5000

Cefadroxil is an antibiotic used to treat infections caused by bacteria. Antibiotics kill bacteria or prevent them from growing inside your body. This medicine may be used for other reasons, as prescribed by your doctor.

Side effects may include:

- diarrhea
- upset stomach, nausea or vomiting
- headache

Other side effects may occur, but are not as common. An upset stomach is not a sign of allergy. Allergy would show up as rash or itching, facial or throat swelling, wheezing or shortness of breath.

Follow these instructions:

- Space your medicine doses evenly throughout the day. This medicine works best if there is a constant amount in your blood.
- Take this medicine with food to avoid an upset stomach.
- Swallow the capsule and tablet form of this medicine whole with a full 8-ounce glass of water.
- For diabetics, this medicine can cause false test results when testing your urine for sugar. Talk with your doctor if you have questions.
- Store the tablet or capsule form of this medicine away from heat, moisture or direct light.
- Store the liquid form of this medicine in the refrigerator. Shake the liquid well before each use.
- If you miss a dose, take it as soon as possible. If it is almost time for your next dose, skip the missed dose. Do not double the doses.
- Talk with your doctor before taking any other medicines (including vitamins and herbs) as you may require additional monitoring.

Call your doctor if you have:

- any sign of allergy.
- no improvement after you've taken all the medicine.
- a seizure.
- any sign of a new infection (fever, general aches, chills, or unusual tiredness or weakness).
- ongoing nausea, vomiting or stomach pain.
- white patches in your mouth.
- women: itching in or change in discharge from your vagina.
- inflammation (pain and swelling) in your intestine during treatment or up to weeks after you've finished this medicine:
 - ongoing diarrhea
 - stomach pain or cramping
 - blood or mucus in your bowel movements
- any new or bothersome symptoms.

SMOKING CESSATION

Smoking is the nation's leading preventable cause of death. It significantly increases the risk of coronary heart disease, stroke and cancer. In fact, more than half of all smoking related deaths in America each year are from heart disease, stroke, or other cardiovascular diseases. The good news is, that one year after quitting, the risk of heart disease is cut in half. After five to fifteen smoke-free years, the risk is that of a person who never smoked!

If you or someone you love is interested in quitting, consider joining our "Freedom From Smoking" classes for adults. Centegra Health System and the McHenry County Department of Health have partnered together to bring you an effective program that will help you quit smoking. Call 877-CENTEGRA, (877-236-8347) for more information regarding this program. To speak with a counselor immediately, call the Illinois Tobacco line at 1-866-QUIT-YES.

PAIN MANAGEMENT AFTER DISCHARGE:

A person may feel less pain just by being in familiar surroundings. Here are some frequently asked questions about your pain management:

- What can I do to help my pain management? A person's level of relaxation and their environment can affect their pain. If you are tired, overstimulated (too many visitors) are anxious about your diagnosis, or a past experience with a hospitalization, your pain perception may be impacted and your tolerance decreased. Ask questions, and inform us about any problems or concerns that you may have, re: pain. Partner with your health team for your best pain management.
- What if the medication is not working? Tell your health-care provider; physician, home health nurse, etc. You may need a different dose or type of medication.
- What if I feel I'm not getting enough pain control? Talk to your physician or home health nurse about it. Together you may be able to develop a plan to prevent or ease your pain. Depending on the cause of your pain, your health-care provider may suggest exercise, use of heat/cold, massage, repositioning, immobilization of the affected part, or distraction such as music or rest.
- There are other methods of pain management. Let your health-care provider assist you in finding the best one for you.

Weight management is one step to help maintain a healthy lifestyle. For certain medical problems, such as congestive heart failure, weight should be monitored daily.

YOU ARE THE MOST IMPORTANT FACTOR IN YOUR RECOVERY.

Follow the above instructions carefully. Take your medicines as prescribed. Most important, see a doctor again as discussed.

If you have problems that we have not discussed, or your problem changes or gets worse, call or visit your doctor right away. If you cannot reach your doctor, return to the Emergency Department immediately.

Centegra Health System is very concerned about your safety and well being. As part of our efforts to always provide very good care, any medications you received during this visit were reconciled with medication you are currently taking. This reconciliation was based on the information you or your representative provided regarding your current medications and allergies.

"I have received this information and my questions have been answered. I have discussed any challenges I see with this plan with the nurse or physician."

PAUL DULBERG or Responsible Person

PAUL DULBERG or Responsible Person has received this information and tells me that all questions have been answered.

RN Staff Signature

Centegra Northern Illinois Medical Center
4201 Medical Center Drive
McHenry, IL 60050
(815) 344-5000

PAUL DULBERG was discharged on 06/28/2011 at 17:06 from the hospital. The following is a summary of the discharge instructions given to PAUL before discharge:

This Information Is About Your Follow Up Care

Call as soon as possible to make an appointment to see your doctor in 10 days for suture removal. You can reach your doctor by calling their clinic phone number.

Please return to the Emergency Department in 10 days for suture removal if you would prefer to have the sutures removed in the ER. We do recommend that you follow-up with your Primary Care Physician but you can return to the ER for removal of your stitches if you choose..

This Information Is About Your Illness and Diagnosis

WOUND CARE (with stitches)

This is Information About Your New Medications - Start taking as prescribed.

HYDROCODONE and ACETAMINOPHEN (Vicodin, Vicodin ES, Lortab, Lortab elixir, Zamilcet, Norco, Zydone, Anexsia, Anolor, Bancap HC)
one 10mg/325mg tablet every 4 to 6 hours if needed for pain. Do not take more than as directed per day (24 hours).

CEFADROXIL (Duricef)

500 mg by mouth 2 times a day for 5 days.

1. How are you and/or your family doing today?
2. Is your pain/or symptoms better today?
3. Did you understand your discharge instructions?
4. Are you following up with a Doctor?

Centegra Northern Illinois Medical Center
4201 Medical Center Drive
McHenry, IL 60050
(815) 344-5000

5. Comments:

Signature of nurse making phone call; _____

Date: _____ Time: _____

FORM GOES TO MEDICAL RECORDS



1117900326
WELTER, KAITLYN D
F 10Y 11/28/2000
08/28/2011 B 0000297787

[Signature]
Initials

RELEASE FROM LIABILITY FOR VALUABLES

I understand my belongings are my responsibility and I have been advised to send any items of value home. I release CHS from any liability for the loss, damage to, or theft of any of my belongings. Safes or lockers are available at the hospital facilities and may be used to store valuables.

PATIENT PRE-CERTIFICATION RESPONSIBILITY

I understand I am responsible for the notification to my insurance company to obtain authorization before service is rendered. I further understand that if I do not pre-certify I may incur a reduction or loss of paid benefits to the hospital for which I will be liable.

ASSIGNMENT OF BENEFITS/ AGREEMENT FOR PAYMENT

I hereby authorize payment to be made directly to CHS and to the independent professional(s) for all insurance benefits otherwise payable to me. I understand I am financially responsible to CHS and independent professionals for all charges incurred. Patient "out-of-pocket" amounts will be requested prior to or upon discharge. In the event of default or non-payment, CHS shall be entitled to the right of recovery of all collection expenses, including court costs and reasonable attorney's fees for the purpose of securing payment. It is further agreed that any credit balance may be applied on any other account owed CHS by the guarantor/responsible party, or any open account for his/her dependent family.

PATIENT INFORMATION OFFERED

• Patient Rights/Responsibilities	Yes	<u>Declined</u>	If No, Explain: _____
• Advance Directive Information	Yes	<u>Declined</u>	If No, Explain: _____
• Notice of Privacy Practices	Yes	<u>Declined</u>	If No, Explain: _____
• Patient Billing Information	Yes	<u>Declined</u>	If No, Explain: _____

PATIENT CERTIFICATION

By signing this General Consent and Acknowledgement Form, I acknowledge I have read and understand the information contained in this form and accept its terms. I also acknowledge I have received a copy of this form for my records.

INPATIENTS ONLY:

TRICARE (Military) Insurance PATIENTS ☐ Yes, I have received TRICARE "Important Message"

Amanda J. Welter
Patient/ Authorized Person

Mother
Relationship

6/28/11
Date

[Signature]
Witness

I, _____, have interpreted/translated the above form to the patient. The patient has informed me he/she fully understands and agrees to the terms set out in this consent form.

Interpreter/Translator (Please Print Name)

Language

Interpretation/Translation Provider (Company name or Relationship to Patient)

PRINTED BY: SJS0422

GENERAL CONSENT AND ACKNOWLEDGMENT

Page 2 of 2



1117900326
WELTER, KAITLYN D
F 10Y 11/28/2000
06/28/2011 B 0000287787

Centegra Health System

☒ CH - M ☐ CH - W
☐ Other (Specify) _____

GENERAL CONSENT AND ACKNOWLEDGMENT

Account Number/Effective Date: _____

CONSENT FOR MEDICAL TREATMENT

I have come to Centegra Health System (CHS) for medical treatment and consent to the customary examinations, tests, and procedures performed on patients in my condition. I understand and consent that independent professionals (such as my attending physician, on-call physicians, emergency medicine physicians, radiologists, anesthesiologists, pathologists, surgeons, obstetricians, consultants, nurse practitioners, physician assistants, certified registered nurse anesthetists and other specialists) may participate in my care as deemed necessary.

I agree to follow the Patient Rights & Responsibilities of CHS and to participate with independent professionals and CHS personnel in my care and treatment.

I understand the practice of Medicine is not an exact science and, therefore, no guarantees have been made regarding the likelihood of success or outcomes of any diagnosis, treatment, test, surgery or examination performed at CHS.

I understand this General Consent and Acknowledgement will remain in effect for this episode of care and will be provided to those areas of CHS where I receive care.

I understand the language in this Consent guides and controls all other forms and consents I may sign during my treatment with Centegra Health System and any inconsistencies shall be interpreted consistent with terms of this document.

Initials

PATIENT ACKNOWLEDGMENT OF INDEPENDENT PHYSICIANS

I acknowledge the Independent professional(s) who provide services to me at CHS are not employees or agents of CHS, but are Independent medical practitioners who have been permitted to use its facilities for the care and treatment of their patients. They include but are not limited to, my attending physician, on-call physicians, emergency medicine physicians, radiologists, anesthesiologists, pathologists, surgeons, obstetricians, consultants, nurse practitioners, physician assistants, certified registered nurse anesthetists and other specialists. My decision to seek care is not based upon any representation or advertisement of the independent professionals and I understand they are not employees or agents of CHS. CHS bills do not include physician, surgeon, or other Independent professional services and I understand I will receive a separate bill directly from the Independent professional. I have read and understand the above terms and confirm I am the patient or am authorized to sign on the patient's behalf.

Initials

PATIENT ACKNOWLEDGMENT OF INDEPENDENT SERVICES

During the course of my hospital stay, my physician may determine I require care at another medical facility, or I may request care at an alternate facility. I acknowledge that all transportation services provided in connection with my transfer to another facility are provided by an independent third party and I will receive a separate bill directly from the service provider for which I may be responsible.

USE AND DISCLOSURE OF HEALTH INFORMATION

Unless I request otherwise, CHS will provide my room location or telephone number to visitors and callers.

I understand CHS will use and disclose my health information for the purposes of treatment, payment, and health care operations, as permitted by law as described in the CHS Notice of Privacy Practices. Certain information can be used without obtaining my consent. I fully understand that the use or disclosure of my health information may include history, diagnosis and /or diagnostic treatment of mental health/ developmental disabilities conditions, alcohol or drug abuse and Acquired Immune Deficiency Syndrome (AIDS/ HIV).

I understand that if I refuse to allow disclosure of my health information to process my insurance claim, I may be financially responsible for all costs incurred by me for treatment. I agree to release and hold harmless CHS, its agents, and employees from any liability that may arise from the use or disclosure of my health information.

Initials

PICTURES/IMAGES

I understand photographs, videotapes or other images may be taken to document my care. These images may be kept by CHS and/or by the independent professional involved in my care. I understand I have the right to view or obtain copies of these materials which are in possession of CHS upon written request. It is my responsibility to confirm if such photographs, videotapes or other images have been taken. I understand images identifying me will only be released as allowable under law or with my written authorization.

PRINTED BY: SJS0422

DATE 12/08/2011

GENERAL CONSENT AND ACKNOWLEDGMENT

Page 1 of 2

ADC10000-00 01/07 01/08 10/08 04/09
3CNTG



☒ CH - M ☐ CH - W

☐ Other (Specify) _____



1117900323
DULBERG, PAUL R
M 41Y 03/19/1970
08/28/2011 6 0000109381

GENERAL CONSENT AND ACKNOWLEDGMENT

Account Number/Effective Date: _____

CONSENT FOR MEDICAL TREATMENT

I have come to Centegra Health System (CHS) for medical treatment and consent to the customary examinations, tests, and procedures performed on patients in my condition. I understand and consent that independent professionals (such as my attending physician, on-call physicians, emergency medicine physicians, radiologists, anesthesiologists, pathologists, surgeons, obstetricians, consultants, nurse practitioners, physician assistants, certified registered nurse anesthetists and other specialists) may participate in my care as deemed necessary.

I agree to follow the Patient Rights & Responsibilities of CHS and to participate with independent professionals and CHS personnel in my care and treatment.

I understand the practice of Medicine is not an exact science and, therefore, no guarantees have been made regarding the likelihood of success or outcomes of any diagnosis, treatment, test, surgery or examination performed at CHS.

I understand this General Consent and Acknowledgement will remain in effect for this episode of care and will be provided to those areas of CHS where I receive care.

I understand the language in this Consent guides and controls all other forms and consents I may sign during my treatment with Centegra Health System and any inconsistencies shall be interpreted consistent with terms of this document.

PATIENT ACKNOWLEDGMENT OF INDEPENDENT PHYSICIANS

I acknowledge the independent professional(s) who provide services to me at CHS are not employees or agents of CHS, but are independent medical practitioners who have been permitted to use its facilities for the care and treatment of their patients. They include but are not limited to, my attending physician, on-call physicians, emergency medicine physicians, radiologists, anesthesiologists, pathologists, surgeons, obstetricians, consultants, nurse practitioners, physician assistants, certified registered nurse anesthetists and other specialists. My decision to seek care is not based upon any representation or advertisement of the independent professionals and I understand they are not employees or agents of CHS. CHS bills do not include physician, surgeon, or other independent professional services and I understand I will receive a separate bill directly from the independent professional. I have read and understand the above terms and confirm I am the patient or am authorized to sign on the patient's behalf.

PATIENT ACKNOWLEDGMENT OF INDEPENDENT SERVICES

During the course of my hospital stay, my physician may determine I require care at another medical facility, or I may request care at an alternate facility. I acknowledge that all transportation services provided in connection with my transfer to another facility are provided by an independent third party and I will receive a separate bill directly from the service provider for which I may be responsible.

USE AND DISCLOSURE OF HEALTH INFORMATION

Unless I request otherwise, CHS will provide my room location or telephone number to visitors and callers.

I understand CHS will use and disclose my health information for the purposes of treatment, payment, and health care operations, as permitted by law as described in the CHS Notice of Privacy Practices. Certain information can be used without obtaining my consent. I fully understand that the use or disclosure of my health information may include history, diagnosis and/or diagnostic treatment of mental health/ developmental disabilities conditions, alcohol or drug abuse and Acquired Immune Deficiency Syndrome (AIDS/ HIV).

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PRINTED BY: SJS0422

DATE 12/08/2011

GENERAL CONSENT AND ACKNOWLEDGMENT

Page 1 of 2

ADC10000-00 01/07 01/08 10/08 04/09

3CNTG





1117900323
DULBERG, PAUL R
M 41Y 03/19/1970
06/28/2011 B 0000109381

Verbal
Initials

RELEASE FROM LIABILITY FOR VALUABLES

I understand my belongings are my responsibility and I have been advised to send any items of value home. I release CHS from any liability for the loss, damage to, or theft of any of my belongings. Safes or lockers are available at the hospital facilities and may be used to store valuables.

PATIENT PRE-CERTIFICATION RESPONSIBILITY

I understand I am responsible for the notification to my insurance company to obtain authorization before service is rendered. I further understand that if I do not pre-certify I may incur a reduction or loss of paid benefits to the hospital for which I will be liable.

ASSIGNMENT OF BENEFITS/ AGREEMENT FOR PAYMENT

I hereby authorize payment to be made directly to CHS and to the Independent professional(s) for all insurance benefits otherwise payable to me. I understand I am financially responsible to CHS and independent professionals for all charges incurred. Patient "out-of-pocket" amounts will be requested prior to or upon discharge. In the event of default or non-payment, CHS shall be entitled to the right of recovery of all collection expenses, including court costs and reasonable attorney's fees for the purpose of securing payment. It is further agreed that any credit balance may be applied on any other account owed CHS by the guarantor/responsible party, or any open account for his/her dependent family.

PATIENT INFORMATION OFFERED

• Patient Rights/Responsibilities	Yes	<u>Declined</u>	If No, Explain: _____
• Advance Directive Information	Yes	<u>Declined</u>	If No, Explain: _____
• Notice of Privacy Practices	Yes	<u>Declined</u>	If No, Explain: _____
• Patient Billing Information	Yes	<u>Declined</u>	If No, Explain: _____

PATIENT CERTIFICATION

By signing this General Consent and Acknowledgement Form, I acknowledge I have read and understand the information contained in this form and accept its terms. I also acknowledge I have received a copy of this form for my records.

INPATIENTS ONLY:

TRICARE (Military) Insurance PATIENTS _____ Yes, I have received TRICARE "Important Message"

Verbal Per Dr

Patient/ Authorized Person Relationship
B. B. B. B. B.

Witness

6/28/11

Date

I, _____, have interpreted/translated the above form to the patient. The patient has informed me he/she fully understands and agrees to the terms set out in this consent form.

Interpreter/Translator (Please Print Name)	Language	Interpretation/Translation Provider (Company name or Relationship to Patient)

PRINTED BY: SJS0422
GENERAL CONSENT AND ACKNOWLEDGMENT
Page 2 of 2



ASSOCIATED NEUROLOGY, S.C.

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

July 28, 2011

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

RE: Paul Dulberg

Dear Mr. Mast,

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

Sincerely,

Karen Levin, MD
(mdm)

Karen F. Levin, M.D.

KFL/klm



ASSOCIATED NEUROLOGY, S.C.

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

July 28, 2011

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

RE: Paul Dulberg

Dear Mr. Mast,

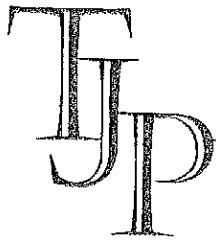
Mr. Dulberg was previously seen by my associate, Dr. Mitchell Grobman, in 2002 for left ulnar neuropathy, and had surgery and essentially became asymptomatic by 2007 and who had never had difficulty in his right arm. Approximately a month prior to the evaluation, he had been holding a branch for a neighbor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

Sincerely,

Karen Levin, MD
(mdm)

Karen F. Levin, M.D.

KFL/klm



The Law Offices of Thomas J. Popovich P.C.

3416 W. ELM STREET
McHENRY, ILLINOIS 60050
TELEPHONE: 815.344.3797
FACSIMILE: 815.344.5280
www.popovichlaw.com

THOMAS J. POPOVICH
HANS A. MAST
JOHN A. KORNAK[†]
DIANA M. REITER

MARK J. VOGG
JAMES P. TUTAJ
ROBERT J. LUMBER
THERESA M. FREEMAN

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,
Paralegal

[†]Also Licensed in Wisconsin

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.

Paul Dulberg
SIGNATURE OF PATIENT OR LEGAL REPRESENTATIVE

7/14/12
Date

If signed by legal representative, relationship to patient: _____

Mauro Dullem
Signature of witness

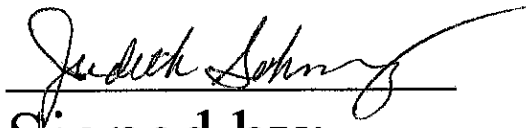
7-12-12
Date



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.***


Signed by:

Date

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 Dulberg

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

DIAGNOSIS: Cubital tunnel release / neuropathy 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 INSTRUCTIONS

prone
pron
supine

SPLINTING: _____ STATIC _____ DYNAMIC

- ☐ SERIAL STATIC
- ☐ HAND BASED THUMB CMC
- ☐ SPLINTS ALTERNATIVES

SPECIAL THERAPY INSTRUCTIONS

WOUND CARE

- ☐ WHIRLPOOL
- ☒ FREQUENCY _____
- ☐ DRESSING CHANGES
- ☐ TYPE daily
- ☐ FREQ _____

SIGNATURE: _____

WORK READINESS

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 Dulberg

DOI: _____ DOS: _____ [] MUST BE SEEN TODAY [x] 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

MODALITIES PNW

SPLINTING INSTRUCTIONS

- ☒ EVALUATE
- ☒ TREATMENT
- ☒ AROM
- ☒ PROM/STRETCHING
- ☒ STRENGTHENING light
- ☒ BTE
- ☒ EDEMA CONTROL
- ☒ SCAR MGMT/MOBILIZATION
- ☒ DESENSITIZATION
- ☒ HOME PROGRAM
- ☒ PREVENTION

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

friction
sluice for
compression

- SPLINTING:** ☐ STATIC ☐ DYNAMIC
☐ SERIAL STATIC
☐ HAND BASED THUMB CMC
☐ SPLINTS ALTERNATIVES

SPECIAL THERAPY INSTRUCTIONS

WOUND CARE

- ☐ WHIRLPOOL
- FREQUENCY _____
- ☐ DRESSING CHANGES
- TYPE _____
- FREQ _____
- SIGNATURE: _____

TO: _____

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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ALSIP, BOLINGBROOK, CHICAGO, COUNTRYSIDE, ELMHURST, GLENVIEW, OAK LAWN, VERNON HILLS

PATIENT NAME:

Paul Dulberg

DOI:

DOS:

[] MUST BE SEEN TODAY [] UPDATED ORDERS [x] CAN BE RESCHEDULED

DIAGNOSIS:

ulnar nerve injury

CODE

THERAPY:

ORDER FOR

1-2 VISITS

7-2 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 INSTRUCTIONS

SPLINTING: STATIC DYNAMIC

SERIAL STATIC

HAND BASED THUMB CMC

SPLINTS ALTERNATIVES

SPECIAL THERAPY INSTRUCTIONS

WOUND CARE

WHIRLPOOL

FREQUENCY

DRESSING CHANGES

TYPE

FREQ

SIGNATURE:

WORK READINESS

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



Anton J. Fakho 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 1 TransAm Plaza Drive, Suite 460 Oakbrook Terrace, IL 60181 P 630.317.7007 F 630.317.7088	LOCKPORT 16610 W. 159th St Suite 103 Lockport, IL 60441 P 708.237.7200 F 815.838.8804	PALOS HILLS 10330 S. Roberts Road 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

☒ 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

- ☒ AROM
- ☐ PROM
- ☒ 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

- ☒ At therapist's discretion
- ☐ Ultrasound
- ☐ Iontophoresis
- ☐ High Volt Pulsed Current
- ☐ NMES
- ☐ TENS
- ☐ Heat/Cold Pack
- ☐ Whirlpool
- ☐ Fluidotherapy
- ☐ Paraffin

Miscellaneous

- ☒ Home Exercise Program
- ☐ ADL's
- ☐ CPM for home use
- ☐ FCE
- ☐ Work Conditioning
- ☐ Work Hardening
- ☒ Per Therapist's discretion

Scar/Edema

- ☐ Edema Control
- ☐ Scar Control/Massage/Remodeling
- ☒ Desensitization
- ☐ Wound Care
- ☐ Soft Tissue Mobilization
- ☐ Sterile Dressing Changes
- ☒ 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 Dulberg 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: DD C-3-7, CUE ulnar nerve transection 4.5 yrs ago

Occupation: Graphic Design / Printing / Carpentry 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 reports tingling & burning ulnar forearm into RF & SF

☒ Range of Motion: Full elbow, forearm, wrist & digits

☒ Edema: Moderate edema in forearm, wrist & digits

☐ Strength: NT

Flexibility: Intrinsic/Extrinsic: Tightness noted in both

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

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

Other Relevant Findings: _____

Patient name: Paul Dulberg

Assessment/Therapist impression: Pt presents w/ mod. edema & pain, w/ d. elbow, wrist & forearm ARM, w/ d. functional use of R, dominant, U.P.

Skilled Therapy needed in order to: Manage pain, edema, & ARM, & functional grasp & pinch, & functional UE use

Functional Goals:

Short term 4 wks

1. edema in forearm & at wrist cease by 2-3 cm & ↑ functional forearm
2. Pt to report pain of 5/10 or less w/ use of R UE for ADLs
3. Pt to ↑ active elbow / by 5-10° to improve ability to reach items in refrigerator & closets

Long term

1. Maximize function of R UE for return to work in ADLs

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

Rehabilitation potential: ☐ excellent ☒ good - ☐ fair ☐ guarded Other _____

PLAN:

Modalities Wrist band, HUPC, U.S., cryo - PRN

Manual Techniques Swi edema & arm motion, PROM

Therapeutic Exercise/Activities ARM & elbow forearm, wrist & digits, functional grasp & pinch activities, demonstration 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.

[Signature] OTR/C 7-16-12
Therapist Signature date

[Signature] Dr. S. Sagerman 1802 7/12/12
Physician Signature date

Dynamic Hand Therapy Edema Flow Sheet

Patient Name: *Paul Dulberg*

Post op

	Date	Date		Date		Date		Date		Date		Date	
	1/5/12	1/5/12		4/3/12		5/4/12		6/4/12		7/6/12			
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	↑.7	22.5		22.5		22.8	↓.5	22.9	↑.9		
metacarpals	20.8	21.5	↓.7	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		7.4		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								30.3		31.5	↑1.2		
Trial 2 5" prox								27.0		27.1	↑.1		
Trial 3 4" distal								27.5		28.1	↑.6		
Average													
Therapists Initials	<i>NW</i>	<i>NW</i>		<i>NW</i>		<i>NW</i>		<i>NW</i>		<i>NW</i>			

Dulberg 007627

	(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	146	137	137	142
Extension	0	-3	-15	5	5	5	30
Pronation	75	65	65	70	75	70	75
Supination	75+	65	85	75+	80	75	75
Wrist							
Flexion	80	75+	80	80	85	78	80
Extension	75+	55	60	65	60	65	70+
Radial Deviation	25	20+	15	15	30	15	20
Ulnar Deviation	15	30+	25	35	20	40	30+
Thumb					WNL	WNL	
MCP Extension/Flexion							
PIP Extension/Flexion							
Radial Abduction							
Palmar Abduction							
Opposition							
Index Finger							
MCP Extension/Flexion							85
PIP Extension/Flexion							90+
DIP Extension/Flexion							50
TAM							
Long Finger							
MCP Extension/Flexion							85
PIP Extension/Flexion							95+
DIP Extension/Flexion							65
TAM							
Ring Finger							
MCP Extension/Flexion							80
PIP Extension/Flexion							95+
DIP Extension/Flexion							75
TAM							
Small Finger							
MCP Extension/Flexion							75
PIP Extension/Flexion							85+
DIP Extension/Flexion							65
TAM							
Therapist initials	mps	mps	WJ	WJ	WJ	WJ	WJ

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

Patient: Paul Dulberg Physician: Dr. Segerman Date: 6-4-12
Diagnosis: (R) forearm laceration of ulnar flexors & extensors 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, gyp is still on

Continued difficulties: opening lids on jars / containers, holding a plate in supination, making causes 10/10 pain p/w arm.

OBJECTIVE:

Wound/Scar: _____

See flow sheet for:

☒ Edema: 1/2 - 5cm throughout hand & wrist

☐ Sensation: TBA

☒ ROM: 1/2 wrist /, 1/2 elbow ✓

☒ Strength: 1/2 10#, 3pt pinch 1/2 8#, 2pt pinch 1/4#

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

Assessment/therapist impression: In spite of strengthening activities pts gyp 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. _____

JUN-04-2012 MON 04:16 PM

P. 003

Patient: Paul DulbergSkilled 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: _____

[Signature]
Therapist Signature*R. J. 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: Paula Dulberg

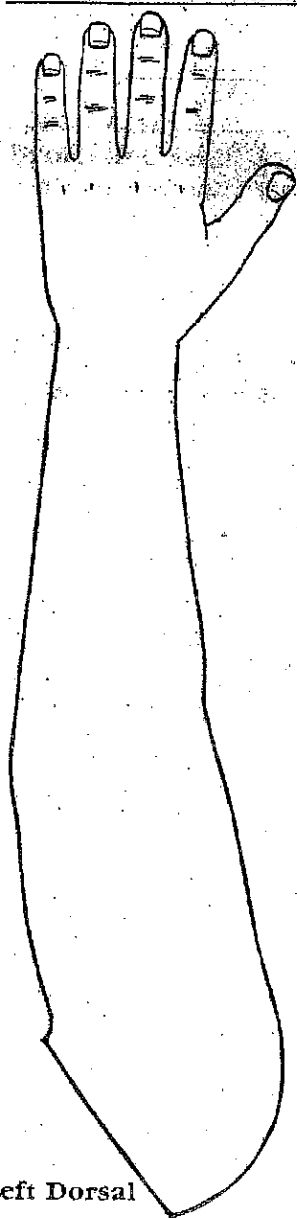
Exam Date	5/4/12		6-4-12							
Measurements: Kg Lb	R	L	R	L	R	L	R	L	R	L
Grip Strength – Jamar 2nd Position										
Trial 1	104	155	107	144						
Trial 2	109	154	94	134						
Trial 3	110	150	91	146						
Average	107	153	97 [#]	143						
Grip Curve – Jamar Dynamometer										
Intrinsics: 1st Position										
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	[Signature]		[Signature]							

Semmes-Weinstein Monofilament Sensory Testing Results

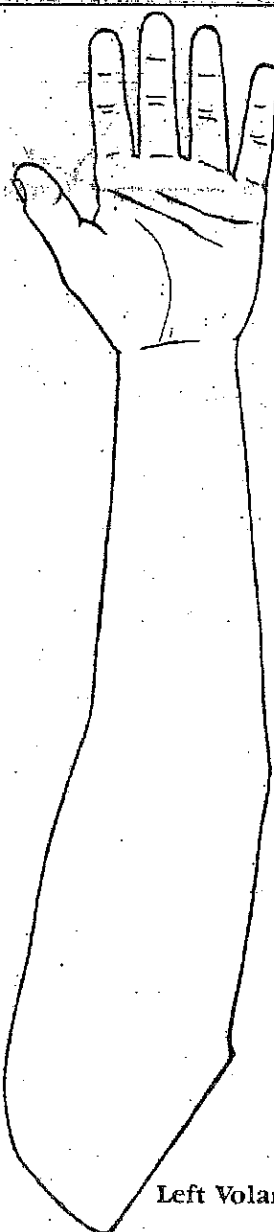
Date 5/4/12

Patient: Pam Dulberg

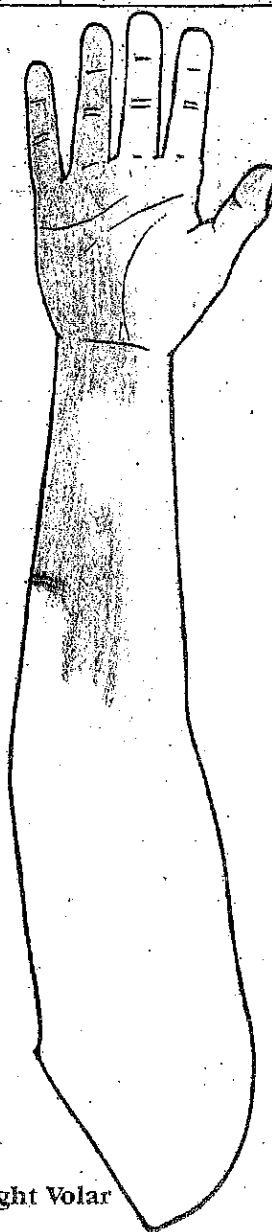
Comments	Filament	Interpretation	Force (gms)
	1.65 - 2.83 (Green)	Normal	.008 - .08
	3.22 - 3.61 (Blue)	Diminished Light Touch	.172 - .217
	3.84 - 4.31 (Purple)	Diminished Protective Sensation	.445 - 2.35
	4.56 (Red)	Loss of Protective Sensation	4.19
	6.65 (Red)	Deep Pressure Sensation	279.4
	(Red Lined)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



Left Dorsal



Left Volar



Right Volar



Right Dorsal

Tested by: W. B. Haman

Dynamic Hand Therapy Grip/Pinch Strength Flow Sheet

Patient Name: Paul Dulberg

Dulberg 007633

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	165	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					↑ 12 17#		(112# from 16 months)	(133#)	(80%)	
Intrinsics 1st position										
2nd position										
3rd position										
4th position							90	105		
Extrinsics 5th position							80	100		
Rapid Alternation Test										
Pinch Strength										
3-pt (3-jaw chuck)	26	29					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			nu	nu	mps	mps	nu	nu

previous
ulnar nerve
transposition
left weakness

Pinch-o-meter
broken

* pain in
forearm

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

Patient: Pam 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 w/ activation of SFDS

Function/ADL's:

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

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

OBJECTIVE:

Wound/Scar: _____

See flow sheet for:

- ☒ Edema: ↑d in hand/digits - Fluctuates w/ 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: UD; Decreased wrist ✓/RD
- ☒ Strength: Grasp strength has decreased ↓6#; 3pt/2pt pinches are ↑8

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/ln. This 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. ① (R) Grasp x 5-8# to ① his ability to open jars
2. ① (R) 3 pt pinch ~~8#~~ x 3# to ① his ability to perform cooking activities
3. ① Pain to 8/10 at worst to ① ability to rake

Patient: Paul Dulberg

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

☐ other: _____

PLAN:

Modalities: MHP, VS

Exercise: APRM, STM, stretching, Isolated FDC, TGE, 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: _____

[Signature]
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 Wootton

	Date	Date		Date		Date		Date		Date
Circumferences (cm)	3-28-12	3-28-12		4/30/12		5/31/12				
	Control L/R	Involved L/R	Diff	Involved L/R		Involved L/R		Involved L/R		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		18.1		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)										
Trial 1										
Trial 2										
Trial 3										
Average										
Examiner's Initials	AW	AW		AW		AW				

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

Patient: Paul Dulberg Physician: R. Sagerman Date: 4-3-12
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: Pain 10/10 upon contraction of FDS of SF, module in scar also
causes pain, pain to opposition also

Function/ADL's:

Improvements: N/A

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

post

OBJECTIVE:

Wound/Scar: no hyperaerativity

See flow sheet for:

☒ Edema: ↓d today - overall

☐ Sensation: Pt reports numbness over scar & ulnar forearm

☒ ROM: Rn / Sup ↑d 5° each, wrist √ ↑d 5°, SF at 20° abduction (unabk
adduct)

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

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

Assessment/therapist impression: Pt presents a significant weakness
of intrinsic, (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:

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

APR-03-2012 TUE 07:10 PM

P. 003

Patient: Paul DulbergSkilled therapy needed for: ☒ progression of exercise ☐ continued need for manual therapy☐ other: Scar surgery from

PLAN:

Modalities: Heat U.S. E-Stim - PRNExercise: Arm wrist & digits strengthening via free weights, putty, BTE as tolerated

Splinting: _____

Other: _____

Frequency/Duration: 2 times/week for 4 weeks or 0 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: _____

Alfreda J. O'Neil
Therapist SignatureD. J. Sageman / Doc 4/5/12
Physician's Signature date

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: 2/6/12
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; Numb at
Function/ADL's: Scar site elicits nerve pain.
Improvements: Unable to identify; Mousing 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 w/ scar
See flow sheet for: * Cont Wartenberg's sign SF

- ☐ Edema: _____
- ☒ Sensation: 6.6/5 (Deep pressure sensation) ulnar hand, Diminished protective sensation ulnar forearm
- ☒ ROM: 7'd elbow extension, pro/sup, wrist ext and U/D noted
- ☒ Strength: 3'd grasp x 12th since previous eval, decreased pinch noted since initial visit
- Treatment summary to date: Focus of Rx has been scar control, desensitization, stretching, place: held, TGE/10/10 FDS, composite stretching

Assessment/therapist impression: Pt presents 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
Rom/pain goal (grasp)

Revised functional goals:

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: _____

M. Shanahan
Therapist Signature

[Signature]
Physician's Signature

2/8/12
date

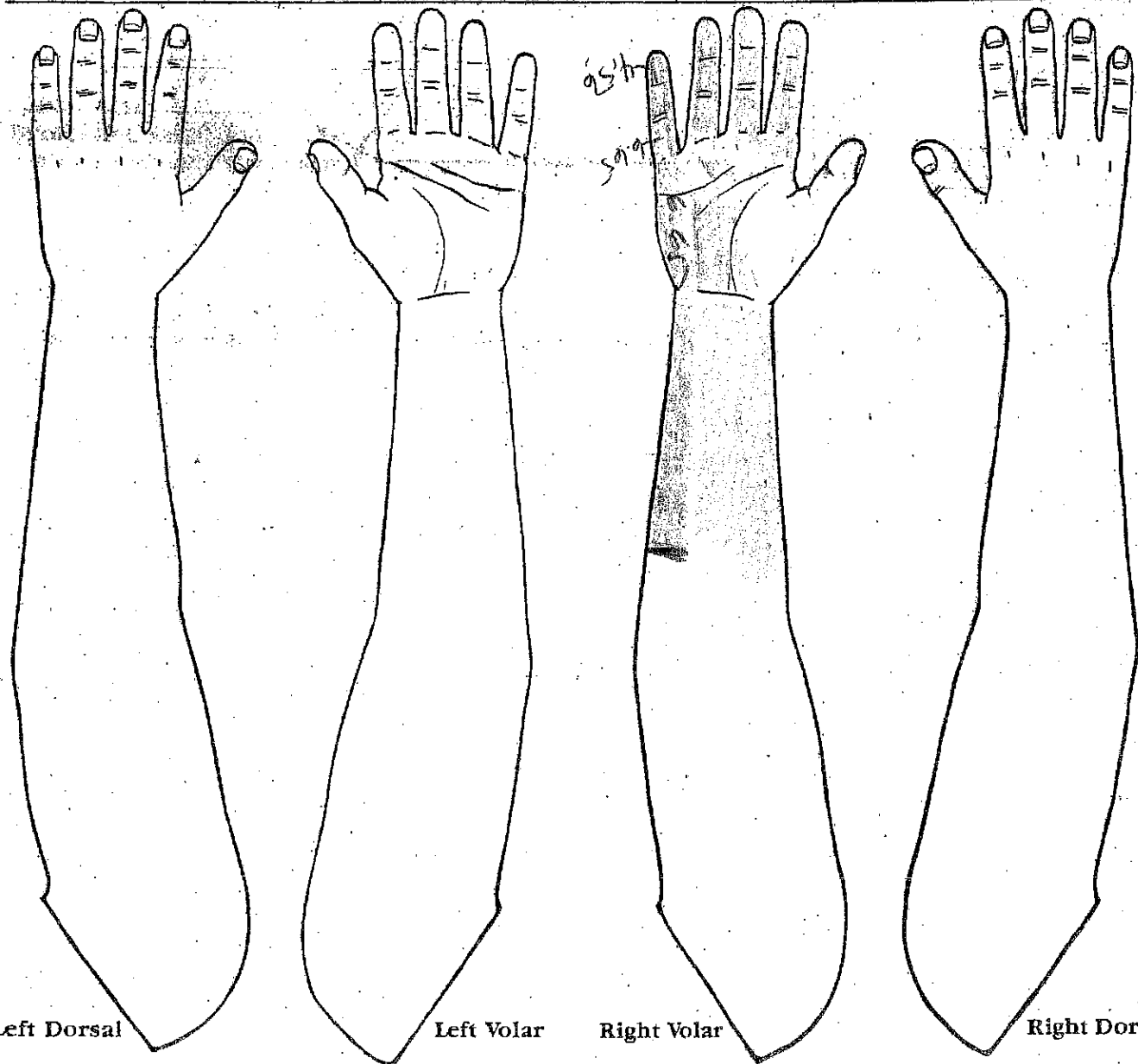
PLEASE FAX BACK TO: 847-587-3346

Semmes-Weinstein Monofilament Sensory Testing Results

Date 2/6/12

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: Mr. Shamam M. M. M.

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

Patient: Paul Dulberg Physician: Dr. Talmace Date: 1-5-12
Diagnosis: (R) Trauma 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: 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 tension

Continued difficulties: writing, using mouse, pouring coffee, manipulating small objects, drawing 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 joints

☐ Sensation: TBt next visit due to sensor constraints

☒ ROM: Elbow ✓ Td 6°, Wrist ✓ Td 5° wrist ↓ Td 5°

☒ Strength: (R) grip Td 17# (R) = 89% of (L)

Treatment summary to date: MHP, US, scar mdr, STM, Pwrn abnd, wrist d digit, Arcm of arm, intrinsic exercises, forearm strengthening

Assessment/therapist impression: Rt shows improvements in Arcm but functional improvement limited due to ↑ in tension

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

Revised functional goals: 4 wks

1. (Cont.) ↑ (R) pronator 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. Rt to report pain < 3/10 at rest 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: Scap mmt, STM, PRM 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: _____

[Signature]
Therapist Signature

Physician's Signature

date

PLEASE FAX BACK TO: 847-587-3346

DYNAMIC HAND THERAPY
Initial Evaluation

Name: Paule 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: WE Ulnar nerve transposition 4-5 years ago; DDD C3-7

Occupation: Graphic Designer Hand Dominance
(R) L

Precautions: _____

SUBJECTIVE:

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

Details: Pain 1st night - wakes him a night, 1st activity; Pain occurs where 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: TBA; 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: (I) & RVE

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: 4/5

FDS RF 4+5 & pain

Patient name: Rene Dul'ny

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. (L) wrist extension x 5-8° to (L) pt's ability to bear weight through palm.
2. (L) grasp x 3-5# to (L) pt's ability to open containers
3. (L) pro x 5° to (L) pt's ability to pour coffee.

Long term

1. Maximizing functional use of RUE 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 MHP, CP, US

Manual Techniques STM, scar control, eddars, 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.

Mrs. Hannah Motant
Therapist Signature

date

Physician Signature

date

*PLEASE FAX BACK AT 847-587-3346

Dulberg 007645

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		FD10	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	Therapeutic Activities		H008	Custom WHO Static	
F003	HF/CP	1	C002	Neuromuscular Re-Ed		H006	Custom WHFO Dynamic	
F004	Eestim Unattend		C003	Therapeutic Exercise	2	H018	Custom HFO Static	

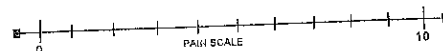
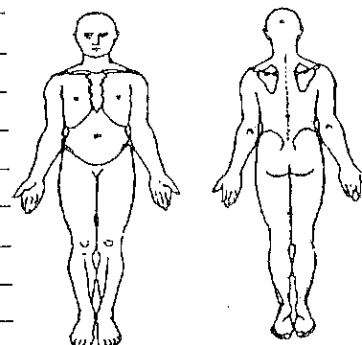
Additional Treatment Codes:

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

O: Presents a region of edema at level of distal scar - No signs of infection noted, but scar tissue seems to have developed in this area. Cont per Custom Sheet. Applied US to Scar tissue 8m prior to STM.

A: Scar tissue has formed in surgical region. Improved "strength" reported by patient while grasping objects.

P: Continue to upgrade per pt tolerance. US to Scar tissue prior to STM / stretching.



[Signature]
 THERAPIST / CREDENTIALS

LICENSE NO. _____

Dulberg 007646

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

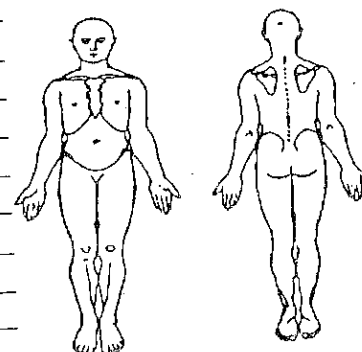
Total Treatment Time: _____

RT Code	Description	Units	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	Therapeutic Activities		H008	Custom WHO Static	
F003	HP/CP	①	C002	Neuromuscular Re-Ed	②	H005	Custom WHFO Dynamic	
F004	Estim Unattend		C003	Therapeutic Exercise		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. scan control, STM, A/Anch, place Phad, intrinsic exs, isolated FDS. Initiated pulling to ① overall nerve excursion.
 A: Sharp pain remains in forearm, but ability to perform isolated FDS and Rem 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 Tubigrip



[Signature]
 THERAPIST / CREDENTIALS

LICENSE NO. _____

Dulberg 007647

TREATMENT ENCOUNTER NOTE

Patient Information

Account #: 0042000185

Co - Pay: _____

OR Co - Insurance: _____

Name: Dulberg, Paul

Injury #: 001

Dx: 88100 Open wound of forearm, w/out

Payor Code: 00001

Payor Name: Patient Responsibility

Financial Class: SELF

Appointment Detail

Discipline: OT

Tx Time In: 5:30

Units: 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	RT Code	Description	Units	RT Code	Description	Units
A001	PT Eval		F010	Vasopneumatic Device	1	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	Therapeutic Activities		H006	Custom WHO Static	
F003	HP/CP	1	C002	Neuromuscular Re-Ed		H005	Custom WHFO Dynamic	
F004	Session Unattend		C003	Therapeutic Exercise	1	H018	Custom HFO Static	

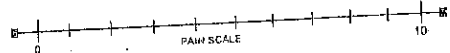
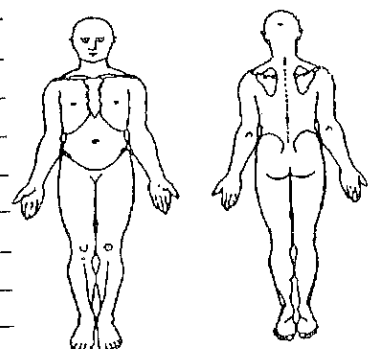
Additional Treatment Codes:

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

O: MTP x 10 min. Tapped by pulsed V.S. to forearm. Scan (20% $1.0W/cm^2$) to address effects. Scan mth, STM of forearm, Arm & Hand of elbow & wrist. Functional activity - magnet pulls.

A: Did well 2 min CTR. Occasional "shooting" pains in forearm & Arm & elbow.

P: Cont'd E.P.O.C.



Alfonso Ortiz
THERAPIST / CREDENTIALS

LICENSE NO. _____

Dulberg 007648

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

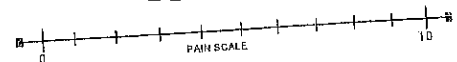
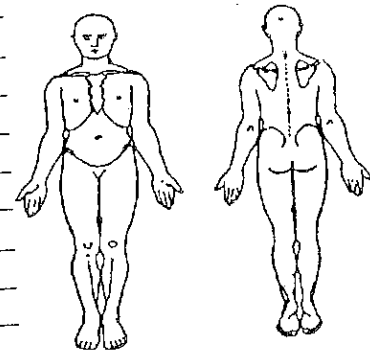
Visits Prior To Today: 40 of 40

Total Treatment Time: _____

RT Code	Description	Units	RT Code	Description	Units	RT Code	Description	Units
A001	PT Eval		F010	Vasopneumatic Device		C005	Salt 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	Therapeutic Activities		H006	Custom WHO Static	
F003	HR/CP	1	C002	Neuromuscular Re-Ed	2	H005	Custom WHFO Dynamic	
F004	Estim Unattend		C003	Therapeutic Exercise		H018	Custom HFO Static	

Additional Treatment Codes: _____

SOAP: S: Yr now c/o reports of significant decrease
last visit
O: mtr x 10 min prior to some edema mtr of hand & down,
Arm of elbow forearm wrist & hand. Functional activities
included P/C app the & BB transfers. P/C of arm
& forearm as w/
A: Tel call 2 min c/o. Tmg y/lax ability of UE & Ling
edema noted
P: cont c.p.o.c.



[Signature]
THERAPIST / CREDENTIALS

LICENSE NO. _____

Dulberg 007649

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

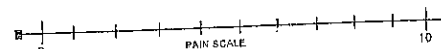
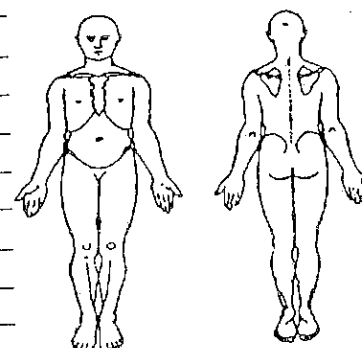
Visits Prior To Today: 39 of 40

Total Treatment Time: _____

RT Code	Description	Units	RT Code	Description	Units	RT Code	Description	Units
A001	PT Eval		F010	Vasopneumatic Device		CD05	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	Therapeutic Activities		H006	Custom WHO Static	
F003	HP/CP	1	C002	Neuromuscular Re-Ed		H005	Custom WHFO Dynamic	
F004	Estim Unattend		C003	Therapeutic Exercise	2	H016	Custom HFO Static	

Additional Treatment Codes:

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

O: Continue per Rafter sheet. No adverse effects to
WHP held. Edema remaining in elbow/fla and
hand. Pt presents improved ability to manipulate and
isolate SF/RF motion.A: Tolerated Rx fair - continued edema noted, but improved
RF and SF motion noted.P: Continue to upgrade per pt tol. Continue isolated tendon
gliding.

Murshamandrotum
THERAPIST / CREDENTIALS

LICENSE NO. _____

Dulberg 007650

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

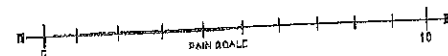
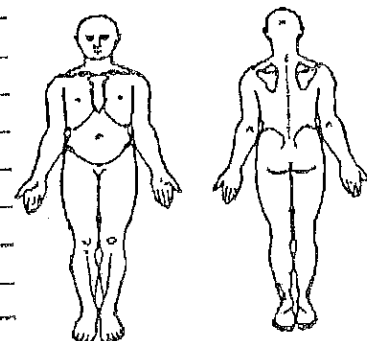
Visits Prior To Today: 38 of 69

Total Treatment Time: _____

RT Code	Description	Units	RT Code	Description	Units	RT Code	Description	Units
A001	PT Eval		P010	Vasopneumatic Device		G003	Gait Training	
A002	PT Re Eval		G001	Ultrasound		F000	Traction Mechanism	
A003	OT Eval	1	B001	Manual Therapy		H003	Custom WHFO Saddle	
A004	OT Re Eval		C001	Therapeutic Activities		H008	Custom WHO Stetle	
P003	HP/CP		C002	Neuromuscular Re-Ed		H000	Custom WHFO Dynamic	
P004	Endm Unattend	1	C003	Therapeutic Exercise	1	H018	Custom HFO Stetle	

Additional Treatment Codes: _____

SOAP: _____

See limited Eval & follow up

[Signature]
 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

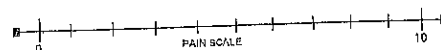
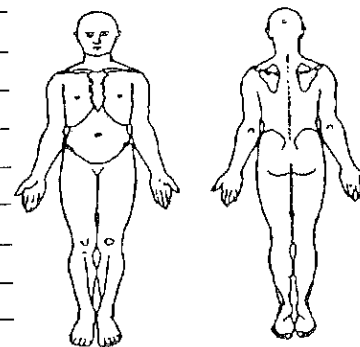
Discipline: OT Tx Time In: 1⁰⁰ Units: 5
 Tx Time Out: 2¹⁵ Total Time Based Time: _____
 Date: 06 / 04 / 12 # Visits Prior To Today: 37 of 32 Total Treatment Time: _____

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	Therapeutic 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



[Signature]
 THERAPIST / CREDENTIALS

LICENSE NO. _____

Dulberg 007652

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

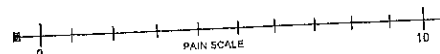
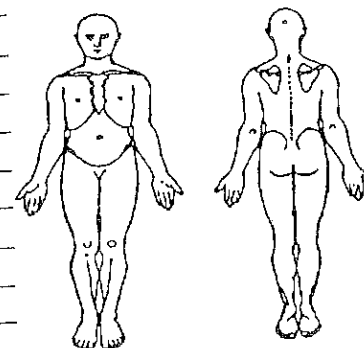
Visits Prior To Today: 36 of 32

Total Treatment Time: _____

RT Code	Description	Units	RT Code	Description	Units	RT Code	Description	Units
A001	PT Eval		F010	Vasopneumatic Device	1	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	Therapeutic Activities		H006	Custom WHO Static	
F003	HR/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. It 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 med.
 P: Continue - upgrade per tal. Re-eval progress next visit.



M. P. Shanahan
 THERAPIST / CREDENTIALS

LICENSE NO. _____

Dulberg 007653

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

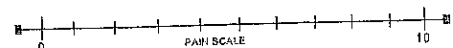
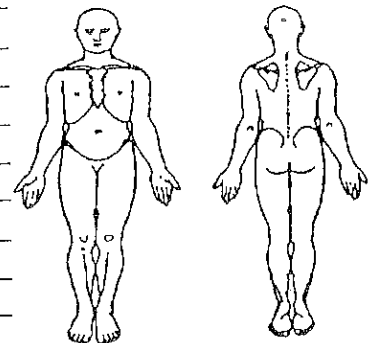
Appointment Detail

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		FD10	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	Therapeutic Activities		H006	Custom WHO Static	
F003	HP/CP		C002	Neuromuscular Re-Ed		H005	Custom WHFO Dynamic	
F004	Estim Unattend		C003	Therapeutic Exercise		H018	Custom HFO Static	

Additional Treatment Codes:

SOAP: S: "His nerve gets very aggravated."
 O: Cont pain rx for wrist. no adverse effects to ulnar or US noted.
 presents 2 cont nerve pain - especially aggravated
 by isolating PDS to SE or any repetitive grasp.
 A: Tolerated Rx Pain: Cont nerve pain / weakness.
 P: Cont. to upgrade per pt tol. Attempt to (P) strength.



[Signature]
 THERAPIST / CREDENTIALS

LICENSE NO. _____

Dulberg 007654

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	Therapeutic Activities		H006	Custom WHO Static	
F003	HP/CP	1	C002	Neuromuscular Re-Ed		H008	Custom WHFO Dynamic	
F004	Estim Unattend		C003	Therapeutic Exercise	1	H018	Custom HFO Static	

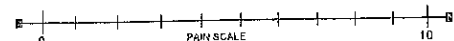
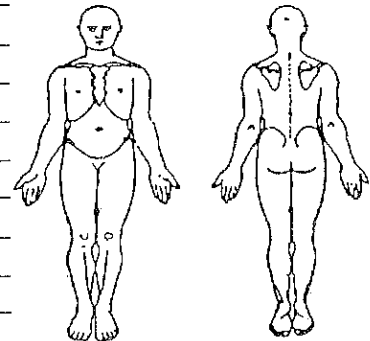
Additional Treatment Codes:

SOAP: S: "I got a mark on my arm - looks like a burn but I never felt it"

O: Cont per Rx from street. 2 small red blisters noted in plantar distribution - along forearm - No sign of infection. He believes he burned his F/A on the grill.

A: Tolerated Rx for this sensory loss caused him to burn his forearm. Heat not applied to blisters.

P: Continue to upgrade. Monitor burns



Kimberly K. Norton
 THERAPIST / CREDENTIALS

LICENSE NO. _____

Dulberg 007655

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	Therapeutic Activities		H006	Custom WHO Static	
F003	HB/CP	1	C002	Neuromuscular Re-Ed		H008	Custom WHFO Dynamic	
F004	Estim Unattend		C003	Therapeutic Exercise		H018	Custom HFO Static	

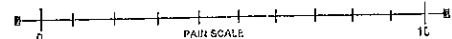
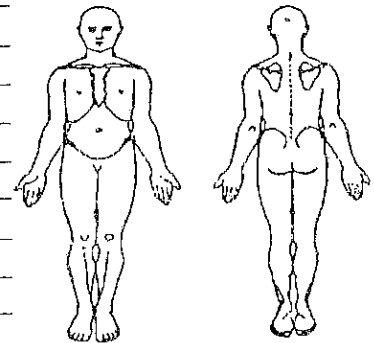
Additional Treatment Codes: _____

SOAP: S: 0

C: Only modalities performed on this date due to scheduling issues. No adverse effects reported to modalities.

A: Tolerated exercise. Cont pain/weakness noted

P: Continue



THERAPIST / CREDENTIALS

LICENSE NO. _____

Dulberg 007656

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

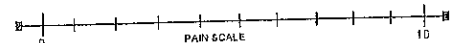
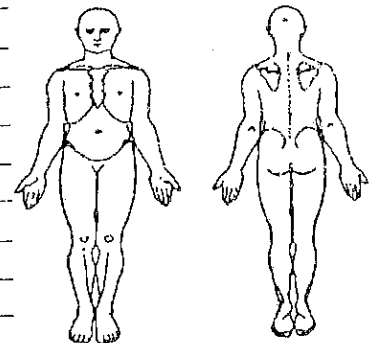
Visits Prior To Today: 32 of 32

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	Therapeutic Activities		H006	Custom WHO Static	
F003	HP/CP	1	C002	Neuromuscular Re-Ed		H006	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'des for 1hr sheet. No adverse effects to MTP or US.
 Noted: Focus of Rx on modalities, stretching, and strengthening. He reports cont weakness =
 activities - ie. cooking, cleaning, lifting.
 A: Cont weakness/pain reported
 P: Continue to improve ROM, strength.



THERAPIST / CREDENTIALS

LICENSE NO. _____

Dulberg 007657

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

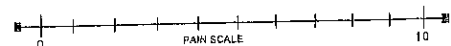
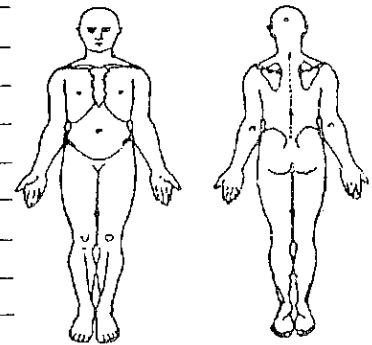
Appointment Detail

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	Therapeutic Activities		H006	Custom WHO Static	
F003	HP/CP	1	C002	Neuromuscular Re-Ed		H005	Custom WHFO Dynamic	
F004	Estlm Unattend		C003	Therapeutic Exercise	3	H018	Custom HFO Static	

Additional Treatment Codes:

SOAP: S: "My hands start 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 pump 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.



Mrs. [Signature]

THERAPIST / CREDENTIALS

LICENSE NO. _____

Dulberg 007658

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: 1046

Total Time Based Time: _____

Date: 05 / 07 / 12

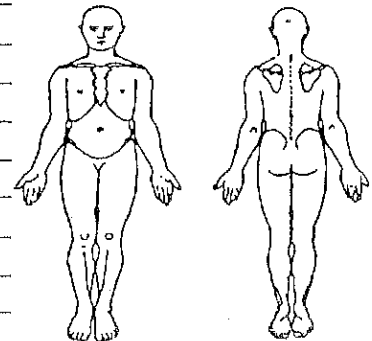
Visits Prior To Today: 30 of 51

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	F008	Traction Mechanical	
A003	OT Eval		B001	Manual Therapy	1	H003	Custom WHFO Static	
A004	OT Re Eval		C001	Therapeutic Activities		H006	Custom WHO Static	
F003	HP/CP	1	C002	Neuromuscular Re-Ed		H005	Custom WHFO Dynamic	
F004	Estim Unattended		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: Count per for from sheet. No adverse effects to 125 or 1440 noted.
 It presents a very pain/stiffness in the neck. Reporting neck pain today as well.
 A: Tolerated pain but very neck pain noted.
 P: Went to upgrade strengthening



0 10 PAIN SCALE

THERAPIST / CREDENTIALS

LICENSE NO. _____

Dulberg 007659

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

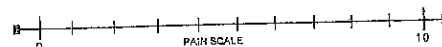
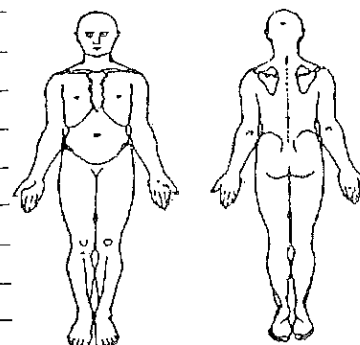
Appointment Detail

Discipline: OT Tx Time In: 10⁰⁰ 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	<u>NC</u>	G001	Ultrasound	<u>16</u>	F006	Traction Mechanical	
A003	OT Eval		B001	Manual Therapy		H003	Custom WHFO Static	
A004	OT Re Eval		C001	Therapeutic Activities		H006	Custom WHO Static	
F003	HP/CP	<u>1</u>	C002	Neuromuscular Re-Ed		H005	Custom WHFO Dynamic	
F004	Estim Unattend		C003	Therapeutic Exercise	<u>1</u>	H018	Custom HFO Static	

Additional Treatment Codes: _____

SOAP: See Re-exam / Rx flow sheet



[Signature]
THERAPIST / CREDENTIALS

LICENSE NO. _____

Dulberg 007660

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

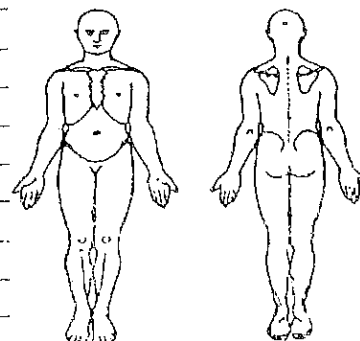
Appointment Detail

Discipline: OT Tx Time In: 12:00 Units: 5
Tx Time Out: 1:00 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 Mechanics I	
A003	OT Eval		B001	Manual Therapy	1	H003	Custom WHFO Static	
A004	OT Re Eval		C001	Therapeutic Activities		H006	Custom WHO Static	
F003	APICP	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 Plan sheet. Handover effect to LHS ports noted
Applied US/USHP. Flv i stim, stretching & strengthening
A: Tolerated tx well today. Strength / tolerance of ex
appears to be improving, but ulnar nerve pain continues
to be set off by SP motion.
P: Continue. Upgrade strength per tolerance. Re-eval
next visit.



0 10 PAIN SCALE

[Signature]
THERAPIST / CREDENTIALS

LICENSE NO. _____

Dulberg 007661

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

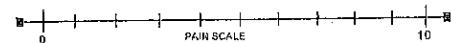
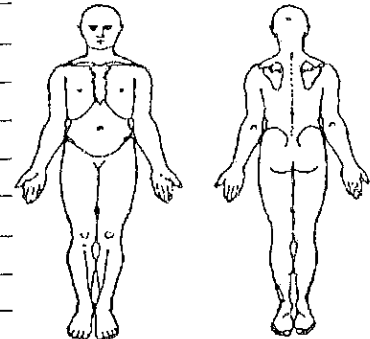
Appointment Detail

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	1	F008	Traction Mechanical	
A003	OT Eval		B001	Manual Therapy	1	H003	Custom WHFO Static	
A004	OT Re Eval		C001	Therapeutic Activities		H006	Custom WHO Static	
F003	HPCP	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 have a little less pain today"
 O: Cont per Rx flow sheet. No adverse effects to MTP or US noted.
 MTP, US, Elec Rx per flow sheet. Resumed Bte
 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

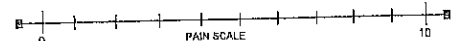
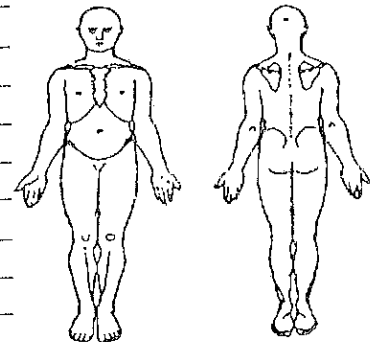
Appointment Detail

Discipline: OT Tx Time In: 2:15 Units: 5
Tx Time Out: 3:30 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	Therapeutic Activities		H005	Custom WHO Static	
F003	HP/PP		CD02	Neuromuscular Re-Ed		H005	Custom WHFO Dynamic	
F004	Estim Unattend		CD03	Therapeutic Exercise	2	H018	Custom HFO Static	

Additional Treatment Codes:

SOAP: S: "I hurt my arm yesterday by holding out my iPad
on a tripod. Could not get it off. It hurts arm I hurt
all night and to needed a pain pill in order to
sleep. I'm in pain today pain & Tx
D: MHO yesterday by pulled left side, sw/cont & arm.
Saw mtr, some x-ray, from glenohumeral joint
Cont. strengthening & as per Rx by
A: I will be in c/o. "I have muscle pain, I
really worked my arm today." To c/o neck pain
& exercise today
P: Cont & P.O.C.



Wendy J. Dulberg
THERAPIST / CREDENTIALS

LICENSE NO. _____

Dulberg 007663

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

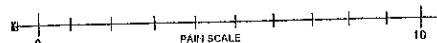
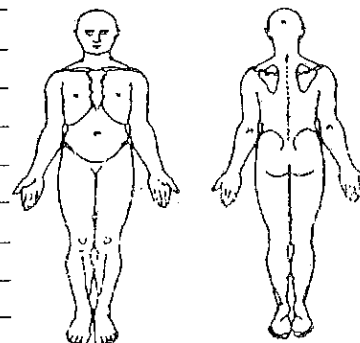
Appointment Detail

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		H003	Custom WHFO Static	
A004	OT Re Eval		C001	Therapeutic Activities		H006	Custom WHO Static	
F003	CP/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 R/L "Soreness" since previous visit
O: Cont per Rx Plan Sheet. No adverse effects to UTP
or us noted. Performed modalities: Fluor. STM, Scan
mob, stretching, place hold, isolated FDS, intrinsic exs,
functional activities, strengthening 3x
A: Tolerated Rx fair. Significant pain reported in isolated
FDS to RF. No BTE due to pain & ex
P: Attempt to @ strength / Rem



[Handwritten signature]

THERAPIST / CREDENTIALS

LICENSE NO. _____

Dulberg 007664

TREATMENT ENCOUNTER NOTE

8

Patient Information

Account #: 0042000185 Co - Pay: _____ OR Co - Insurance: _____
 Name: Dulberg, Paul Injury #: 001 Dx: 88100 Open wound of forearm, w/out
 Payor Code: 00001 Payor Name: Patient Responsibility Financial Class: SELF

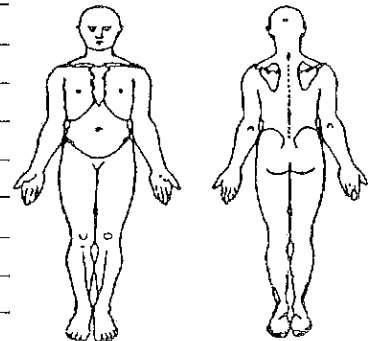
Appointment Detail

Discipline: OT Tx Time In: 130 Units: 4
 Tx Time Out: 230 Total Time Based Time: _____
 Date: 04 / 12 / 12 # Visits Prior To Today: 21 of 24 Total Treatment Time: _____

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

Additional Treatment Codes:

SOAP: S: "Max arm was sore after my last therapy"
O: Cont per Rx plan sheet. No adverse effects to LTP or
U's noted. Focused on stretching and strengthening
Passive motion to shoulder long flexors.
A: Tol Rx plan. Nerve was aggravated by strengthening
P: Cont. Upgrade as tol and per nerve tolerance.



0 10 PAIN SCALE

THERAPIST / CREDENTIALS

LICENSE NO. _____

Dulberg 007666

TREATMENT ENCOUNTER NOTE

Patient Information

Account #: 0042000185 Co - Pay: _____ OR Co - Insurance: _____
Name: Dulberg, Paul Injury #: 001 Dx: 88100 Open wound of forearm, w/out
Payor Code: 00001 Payor Name: Patient Responsibility Financial Class: SELF

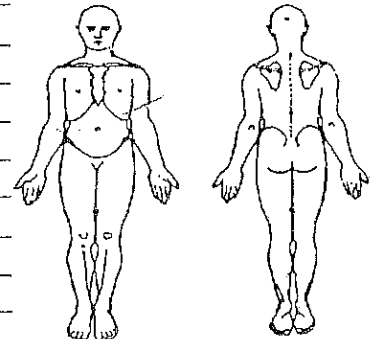
Appointment Detail

Discipline: OT Tx Time In: 3:00 Units: 4
Tx Time Out: 4:00 Total Time Based Time: _____
Date: 04 / 10 / 12 # Visits Prior To Today: 20 of 24 Total Treatment Time: _____

RT Code	Description	Units	RT Code	Description	Units	RT Code	Description	Units
A001	PT Eval		F010	Vasopneumatic Device		C005	Gait Training	
A002	PT Re Eval		G001	Ultrasound		F008	Traction Mechanical	
A003	OT Eval		B001	Manual Therapy	1	H003	Custom WHFO Static	
A004	OT Re Eval		C001	Therapeutic Activities		H006	Custom WHO Static	
F003	HP/CP	1	C002	Neuromuscular Re-Ed		H008	Custom WHFO Dynamic	
F004	Estim Unattend		C003	Therapeutic Exercise	2	H018	Custom HFO Static	

Additional Treatment Codes:

SOAP: S: "I cooked hummingbird and I found that I had trouble holding the plate. It was too heavy. My fingers are tingling now."
O: Cont per Rx flow sheet. No adverse effects to MTP noted. Str, stretching flx & strengthening and pull.
A: Pain occurred after Rx
P: Cont to upgrade per Rx flow sheet; Focus on strengthening



[Signature]
THERAPIST / CREDENTIALS

LICENSE NO. _____

Dulberg 007667

TREATMENT ENCOUNTER NOTE

Patient Information

Account #: 0042000185 Co - Pay: _____ OR Co - Insurance: _____
 Name: Dulberg, Paul Injury #: 001 Dx: 88100 Open wound of forearm, w/out
 Payor Code: 00001 Payor Name: Patient Responsibility Financial Class: SELF

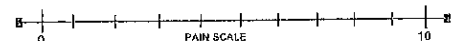
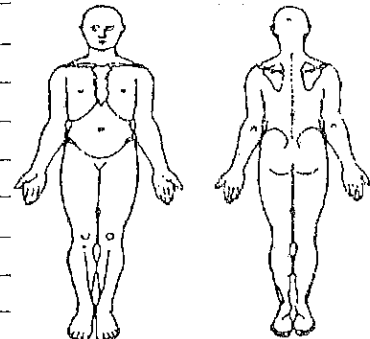
Appointment Detail

Discipline: OT Tx Time In: 2:30 Units: 6
 Tx Time Out: 4:00 Total Time Based Time: _____
 Date: 04 / 05 / 12 # Visits Prior To Today: 20 of 24 Total Treatment Time: _____

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

Additional Treatment Codes:

SOAP: S: 1/2 new C/D. 1st visit visit 2 addressed affect
 O: MHP xrd min followed by 50% U.S. & then
 to 1 hour physical. Scar small. smg of forearm
 & hand, forearm wrist & digits. Strengthening
 of intrinsic as per Rx log. BPE not up & rub
 through x1. - Jol # 160, 32 & 202, 601.
 A: 1st visit E-mail C/A.
 P: Gnt E.P.O.C.



 THERAPIST / CREDENTIALS

LICENSE NO. _____

Dulberg 007668

TREATMENT ENCOUNTER NOTE

Patient Information

Account #: 0042000185 Co - Pay: _____ OR Co - Insurance: _____
 Name: Dulberg, Paul Injury #: 001 Dx: 88100 Open wound of forearm, w/out
 Payor Code: 00001 Payor Name: Patient Responsibility Financial Class: SELF

Appointment Detail

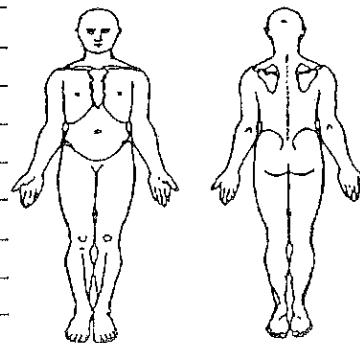
Discipline: OT Tx Time In: 5:00 Units: _____
 Tx Time Out: _____ Total Time Based Time: _____
 Date: 04 / 03 / 12 # Visits Prior To Today: 19 of 24 Total Treatment Time: _____

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

Additional Treatment Codes: _____

SOAP: _____

See critical Eval & flowcharts



[Signature]
 THERAPIST / CREDENTIALS

LICENSE NO. _____

Dulberg 007669

TREATMENT ENCOUNTER NOTE

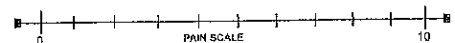
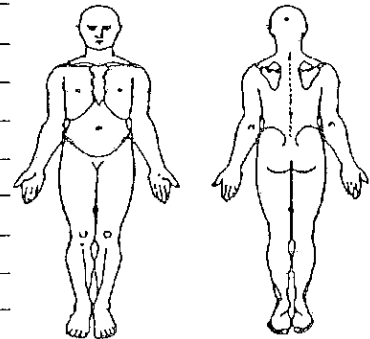
Patient Information

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

Treatment codes: 97.004(NC), ~~97.110~~ 97.110(3), 97.112
 SOAP: See re-assessment of hand/wrist. Pt to be placed on hold until
he sees MD again.



W. Shumaker
 THERAPIST / CREDENTIALS

Dulberg 007670

TREATMENT ENCOUNTER NOTE

Patient Information

Account #: 0042000185 Co - Pay: _____ OR Co - Insurance: _____
 Name: Dulberg, Paul Injury #: 001 Dx: 88100 Open wound of forearm, w/out
 Payor Code: 00001 Payor Name: Patient Responsibility Financial Class: SELF

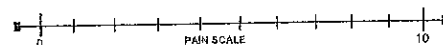
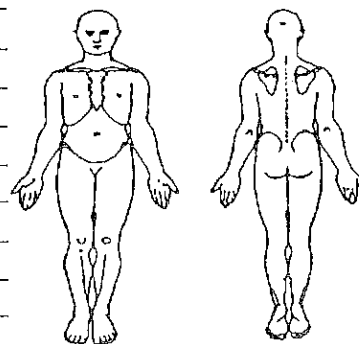
Appointment Detail

Discipline: OT Tx Time In: 2³⁰ Units: 4
 Tx Time Out: 3³⁰ Total Time Based Time: _____
 Date: 01 / 30 / 12 # Visits Prior To Today: 16 of 24 Total Treatment Time: _____

MT, TE, VS, JCH

Treatment codes: 97140, 97110, 97035, 97010

SOAP: S: "Max nerve feels very aggravated."
 C: Cont per Rk flow sheet. No adverse effects to ulnar US notes.
 Pt continues to demonstrate hypersensitivity in his ulnar aspect of
 flail in area of most ulnar aspect of scar. Nerve symptoms
 appear to worsen. Isolated activation of FDS in SE.
 A: Tolerated Tx fairly but Isolation of FDS (activation) to SE seems
 to aggravate his nerve symptoms.
 P: Cont - monitor FDS' response to isolated active Pm.



[Signature]
 THERAPIST / CREDENTIALS

Dulberg 007672

TREATMENT ENCOUNTER NOTE

Patient Information

Account #: 0042000185

Co - Pay: _____

OR

Co - Insurance: _____

Name: Dulberg, Paul

Injury #: 001

Dx:

88100 Open wound of forearm, w/out

Payor Code: 00001

Payor Name: Patient Responsibility

Financial Class: SELF

Appointment Detail

Discipline: OT

Tx Time In: 2:30

Units: 5

Tx Time Out: 3:30

Total Time Based Time: _____

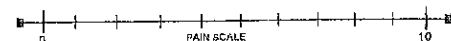
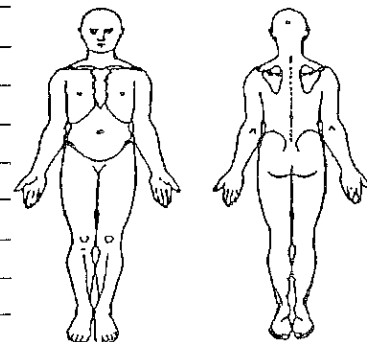
Date: 01 / 25 / 12

Visits Prior To Today: 15 of 24

Total Treatment Time: _____

Treatment codes: 97035, 97010, 97140, 97110

SOAP: S: "leg arm is feeling a little better, but still has shooting pains"
 O: Cont per Ex from Sheet. No adverse effects to UHP or US noted
 Pt continues to demonstrate "knee hypersensitivity"
 and pain along trans nerve. Palpable nodule appears
 to elicit nerve pain. Fatigue noted after ex.
 A: Tolerated ex fair - nerve pain flt fatigue after ex.
 P: Attempt to upgrade - but only per pt tolerance.



Upphamarotas
 THERAPIST / CREDENTIALS

LICENSE NO

Dulberg 007673

TREATMENT ENCOUNTER NOTE

Patient Information

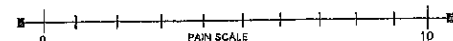
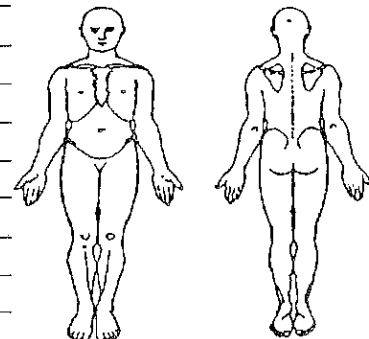
Account #: 0042000185 Co - Pay: _____ OR Co - Insurance: _____
 Name: Dulberg, Paul Injury #: 001 Dx: 88100 Open wound of forearm, w/out
 Payor Code: 00001 Payor Name: Patient Responsibility Financial Class: SELF

Appointment Detail

Discipline: OT Tx Time In: 2:30 Units: 5
 Tx Time Out: 3:45 Total Time Based Time: _____
 Date: 01 / 23 / 12 # Visits Prior To Today: 12 of 24 Total Treatment Time: _____

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

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



Mr. Shamash
 THERAPIST / CREDENTIALS

LICENSE NO.

Dulberg 007674

TREATMENT ENCOUNTER NOTE

Patient Information

Account #: 0042000185 Co - Pay: _____ OR Co - Insurance: _____
 Name: Dulberg, Paul Injury #: 001 Dx: 88100 Open wound of forearm, w/out
 Payor Code: 00001 Payor Name: Patient Responsibility Financial Class: SELF

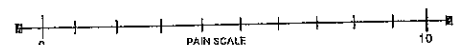
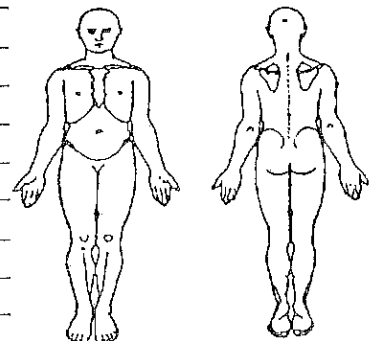
Appointment Detail

Discipline: OT Tx Time In: 11:00 Units: 4
 Tx Time Out: 12:00 Total Time Based Time: _____
 Date: 01 / 18 / 12 # Visits Prior To Today: 12 of 24 Total Treatment Time: _____

97035, 97010, 97140, 97110
 ↓ ↓ ↓ ↓

Treatment codes:

SOAP: S: "My arm flared back up yesterday. It happened after I tried to pick up a pen and say my name"
 O: Cont per Rx Plan, sheet. No adverse effects to US/ultrasound.
 pt. continues to demonstrate hypersensitivity of ulnar nerve.
 P reports that nerve hypersensitivity 7d after using basic activity of signing his name.
 k: Cont hypersensitivity/pain in ulnar nerve.
 P: Cont to upgrade per pt tel



M. J. Dulberg
 THERAPIST / CREDENTIALS

Dulberg 007675

TREATMENT ENCOUNTER NOTE

Patient Information

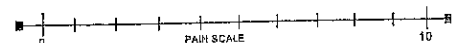
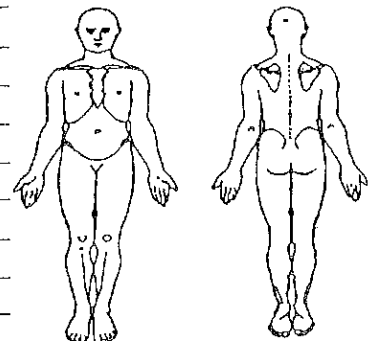
Account #: 0042000185 Co - Pay: _____ OR Co - Insurance: _____
 Name: Dulberg, Paul Injury #: 001 Dx: 88100 Open wound of forearm, w/out
 Payor Code: 00001 Payor Name: Patient Responsibility Financial Class: SELF

Appointment Detail

Discipline: OT Tx Time In: 1100 Units: 5
 Tx Time Out: 1215 Total Time Based Time: _____
 Date: 01 / 16 / 12 # Visits Prior To Today: 12 of 24 Total Treatment Time: _____

Treatment codes: 297110, 97140, 97035, 97010

SOAP: S: "The shooting pain is felt better after my therapy"
 O: Cont per Rx flow sheet. No adverse effects to US or MTP noted.
 pt's "shooting pain" has decreased with deep tissue massage.
 A: Improving nerve pain noted in deep tissue massage. Rx ended at 21
 P: Cont to upgrade per pt's. Strengthening as tol. MTP
 "pt reported relief in pre & post MTP"



W. Shamarat
 THERAPIST / CREDENTIALS

Dulberg 007676

TREATMENT ENCOUNTER NOTE

Patient Information

Account #: 0042000185

Co - Pay: _____

OR

Co - Insurance: _____

Name: Dulberg, Paul

Injury #: 002

Dx:

88100 Open wound of forearm, w/out

Payor Code: 00001

Payor Name: Patient Responsibility

Financial Class: SELF

Appointment Detail

Discipline: PT

Tx Time In: 10⁰⁰

Units: 5

Tx Time Out: 11²⁰

Total Time Based Time: _____

Date: 01 / 11 / 12

Visits Prior To Today: 0 of 1

Total Treatment Time: _____

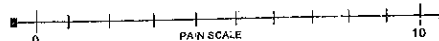
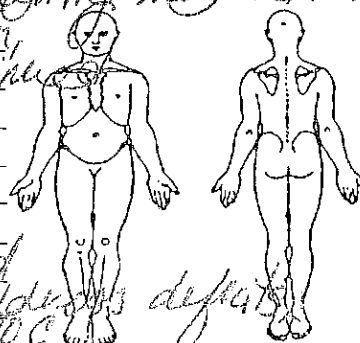
Treatment codes: 97010 ①, 97140 ②, 97110 ②, 97035 ①

SOAP: S: The pt reports moderate soreness in the forearm following the last OT session (due to the "deep massage" she did around the scar.) He states the nerve pain however, did lessen significantly following the deep massage. He does report occasionally still "getting the fingers & prolonged use of the hand, especially when I try to hold something like a computer mouse."

O: The chart & most recent OT eval dated 11/5/12 were reviewed & today's gross assessment of ROM & strength consistent w/ findings of this report. Also palpation revealed moderate scar tissue present @ injury site & along ulnar border of forearm. Palpation also created complaints of tingling & burning into ulnar distribution of hand. Rx was performed today per floor sheet. Following reviewed & agreed plan of care of primary therapist. Pt reported tingling & burning during manual Rx today along ulnar distribution, however, denied prolonged or continuous following Rx.

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

P: Cont. therapy along 1st therapist POC with referral to OT.



TREATMENT ENCOUNTER NOTE

Patient Information

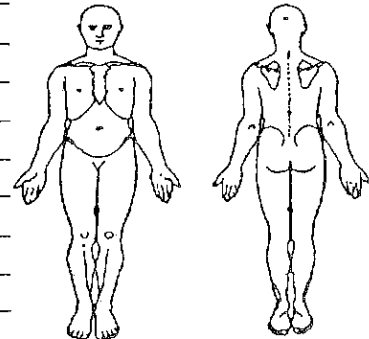
Account #: 0042000185 Co - Pay: _____ OR Co - Insurance: _____
 Name: Dulberg, Paul Injury #: 001 Dx: 88100 Open wound of forearm, w/out
 Payor Code: 00001 Payor Name: Patient Responsibility Financial Class: SELF

Appointment Detail

Discipline: OT Tx Time In: 11⁰⁰ Units: 5
 Tx Time Out: 12⁰⁵ Total Time Based Time: _____
 Date: 01 / 09 / 12 # Visits Prior To Today: 11 of 24 Total Treatment Time: _____

Treatment codes: ①97010 ①97035 ①97140 ②97110

SOAP: S: Yb new cl. Reports MD says his ECG is normal despite his symptoms
 O: MAPX machine followed by about U.S. in side x femur
 z: GAD-67 effects. Scar still some forearm & hand
 P: arm used. Hand and fingers including intrinsic
 muscles. Arm, wrist units & 1st uln. distal adduction
 exercises. ECG - BB's. See Rx log
 A: 'JL well' z cl. thumb cramping & BB transfer activity
 P: Gnt & P.O.C.



W. Dulberg
 THERAPIST / CREDENTIALS

Dulberg 007678

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

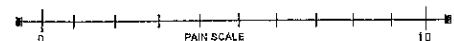
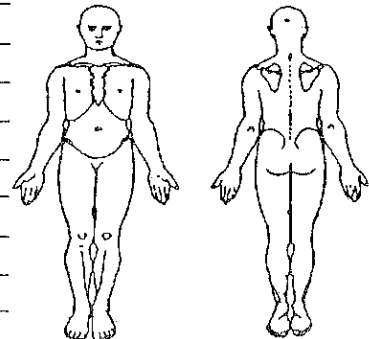
Appointment Detail

Discipline: OT Tx Time In: 10³⁰ Units: 4
Tx Time Out: 11³⁰ Total Time Based Time: _____
Date: 01 / 05 / 12 # Visits Prior To Today: 9 of 16 Total Treatment Time: _____

Treatment codes: ① 97035 ③ 97110

SOAP: _____

See Re-evaluation & plan sheet



Alfonso D.R.L.
THERAPIST / CREDENTIALS

Dulberg 007679

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: 10³⁰

Units: 3

Tx Time Out: 11²⁰

Total Time Based Time: _____

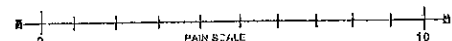
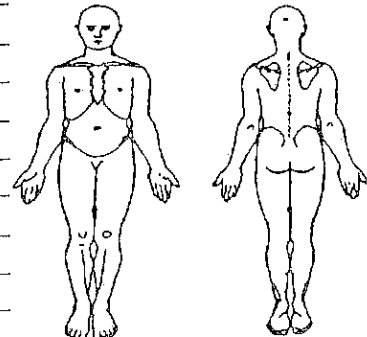
Date: 01 / 03 / 12

Visits Prior To Today: 8 of 8

Total Treatment Time: _____

Treatment codes: ①97035 ①97140 ①97110 ①97010 N/C

SOAP: S: "I have a job interview today so I can't be shaking today"
 O: MHP x 10 min - addressed upper limb prior to pulsed U.S. of
 50% .75 ul/cm² to scar prior to deep work, STM from
 of wrist & digits, ulnar nerve stretches, Anom. intrinsic exercises
 of wrist curls without resistance today in order to prevent
 exacerbation of tremor.
 A: Did well in min ch. to exacerbation of tremor
 to exercise today
 P: cont to P.O.C., cont wrist curls to 1# w/ next visit



[Signature] OT/L
 THE RAPIST / CREDENTIALS

Dulberg 007680

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: 4

Tx Time Out: 2:30

Total Time Based Time: _____

Date: 12 / 29 / 11

Visits Prior To Today: 7 of 8

Total Treatment Time: _____

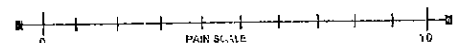
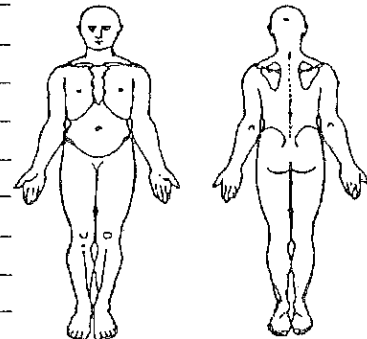
Treatment codes: (1)97010 (1)97035 (1)97140 (1)97110

SOAP: S: Pt reports he had to take a pain pill in order to sleep at night after last Tx session. No reports that "catching" of arm and hand accompanied the pain.

O: MHP x 10 min = 4 layers pain to pulsed U.S. to arm. Pt reporting burning pain = STM over radial tunnel. No performed pulsed U.S. to dorsal forearm. Cont E. Arm and strengthening as per Rx log. Performed wrist curls in neutral position to 4 times.

A: Got well = used c/c. Had burning pain in axilla & axilla to Tx but pt states that it goes away shortly to therapy.

P: Cont E. P.O.R.



[Signature]
 THERAPIST / CREDENTIALS

Dulberg 007681

TREATMENT ENCOUNTER NOTE

Patient Information

Account #: 0042000185

Co - Pay: _____

OR

Co - Insurance: _____

Name: Dulberg, Paul

Injury #: 001

Dx:

88100 Open wound of forearm, w/out

Payor Code: 00001

Payor Name: Patient Responsibility

Financial Class: SELF

Appointment Detail

Discipline: OT

Tx Time In: 3:30

Units: 5

Tx Time Out: 4:45

Total Time Based Time: _____

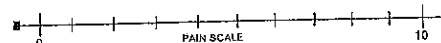
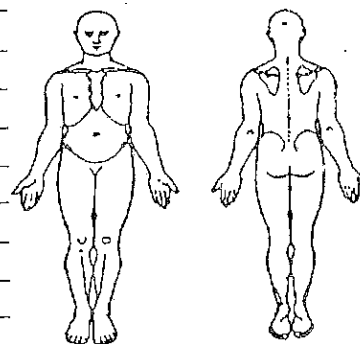
Date: 12 / 27 / 11

Visits Prior To Today: 7 of 8

Total Treatment Time: _____

Treatment codes: 97110, 97010, 97035, 97140

SOAP: S: "I feel OK, then as the day progresses, the nerve pain progresses up my arm and into my chest and neck."
 O: Cont for Rx Hand Scket. No adverse effects to UHF or US noted. Cont nerve pain noted - especially along inner nerve into arm pit.
 A: Tolerated Rx fair. Pt is continuing to demonstrate nerve pain/hypersensitivity.
 P: Cont to upgrade Rx per pt tol.



TREATMENT ENCOUNTER NOTE

Patient Information

Account #: 0042000185 Co - Pay: _____ OR Co - Insurance: _____
 Name: Dulberg, Paul Injury #: 001 Dx: 88100 Open wound of forearm, w/out
 Payor Code: 00001 Payor Name: Patient Responsibility Financial Class: SELF

Appointment Detail

Discipline: OT Tx Time In: 1100 Units: 4
 Tx Time Out: 1200 Total Time Based Time: _____
 Date: 12 / 23 / 11 # Visits Prior To Today: 2 of 8 Total Treatment Time: _____

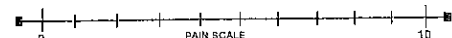
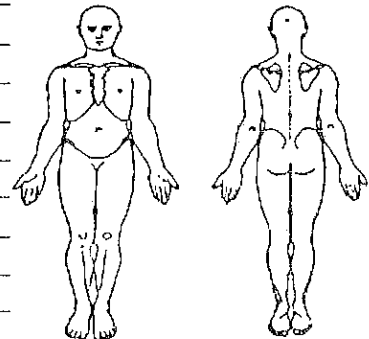
Treatment codes: 097010 097035 097140 097110

SOAP: S: Pt reported to have significant pain & awareness after
using bulky cast that he was fine after using the
new cast last visit

O: MTP x 15 min pain to pulsed U.S. - Goodward effects
STM, scar mob, done V-1 stretches. Arm C's
strengthening as per Rx log. Added ulnar nerve
glides

A: Yell well & min C/O. Some reports of ulnar forearm
chondral impingement during U.S. & after exercise that
resolved & improvement of arm

P: Cont & P.O.C.



[Signature]
 THERAPIST / CREDENTIALS

Dulberg 007683

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:

125

Units: 5

Tx Time Out:

235

Total Time Based Time: _____

Date: 12 / 20 / 11

Visits Prior To Today: 2 of 8

Total Treatment Time: _____

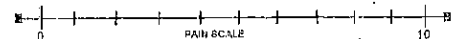
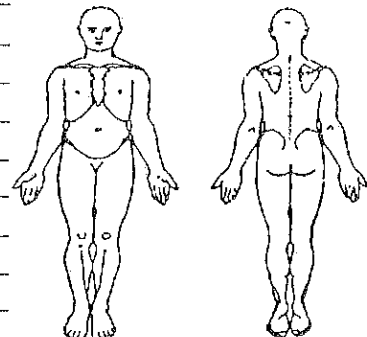
Treatment codes: 97035, 97010, 97140, @ 97110

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

O: Small nodule noted along ulnar aspect of forearm. Cont per Rx from sheet. No adverse effects to UHPercUS noted. Tinted 1# wrist curls - Tol well.

A: Good Tol of stretching, wrist curls, & power web.

P: Cont to upgrade per pt tolerance.



[Signature]
THERAPIST / CREDENTIALS

Dulberg 007684

TREATMENT ENCOUNTER NOTE

Patient Information

Account #: 0042000185

Co - Pay: _____

OR

Co - Insurance: _____

Name: Dulberg, Paul

Injury #: 001

Dx:

88100 Open wound of forearm, w/out

Payor Code: 00001

Payor Name: Patient Responsibility

Financial Class: SELF

Appointment Detail

Discipline: OT

Tx Time In: 2:30

Units: 5

Tx Time Out: 3:40

Total Time Based Time: _____

Date: 12 / 19 / 11

Visits Prior To Today: 2 of 8

Total Treatment Time: _____

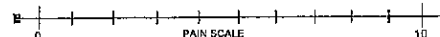
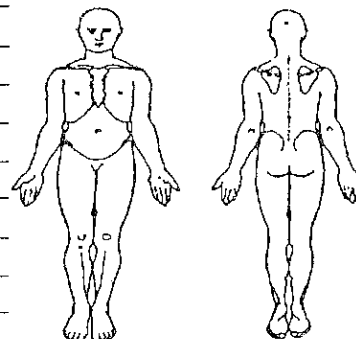
Treatment codes: 97010, 97035, 97140, @97110

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

O: Cont per Rx from sheet. No adverse effects to US or MTP noted. Cont hypersensitivity noted on ulnar aspect of ear. Initiated soft putty for gentle strengthening.

A: Cont no new hypersensitivity noted, good tol of soft putty.

P: Cont - gentle strengthening, stretching, scar massage.



THERAPIST / CREDENTIALS

Dulberg 007685

TREATMENT ENCOUNTER NOTE

Patient Information

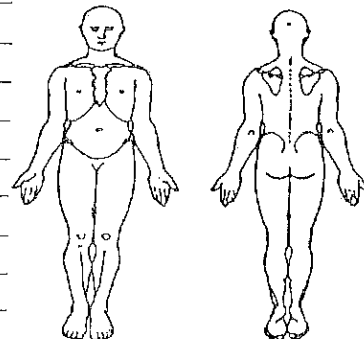
Account #: 0042000185 Co - Pay: _____ OR Co - Insurance: _____
Name: Dulberg, Paul Injury #: 001 Dx: 88100 Open wound of forearm, w/out
Payor Code: 00001 Payor Name: Patient Responsibility Financial Class: SELF

Appointment Detail

Discipline: CT Tx Time In: 1:00 Units: 4
Tx Time Out: 2:00 Total Time Based Time: _____
Date: 12 / 15 / 11 # Visits Prior To Today: 2 of 8 Total Treatment Time: _____

Treatment codes: 97035, 97010, 97140, 97110

SOAP: S: "I was sore after therapy in my shoulder."
O: Cont per Rx sheet. No adverse effects to US or ultrasound.
Did not apply TENS today as he reports that he did
not like the feeling of it. R/O small muscle spasms
occurring in SE - may indicate emerging nerve function.
A: Taking Rx for pain. Sig nerve hypersensitivity noted.
P: Cont to upgrade Rx per pt req.



Paul Dulberg
THERAPIST (L) IDENTICALS

LICENSE NO.

0 10
PAIN SCALE

Dulberg 007686

TREATMENT ENCOUNTER NOTE

Patient Information

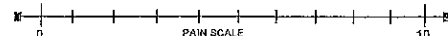
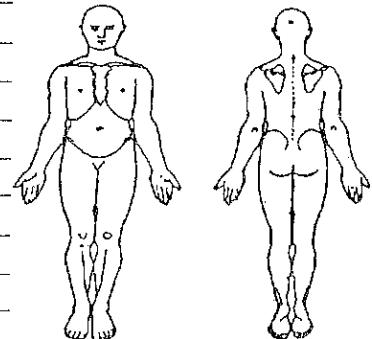
Account #: 0042000185 Co - Pay: _____ OR Co - Insurance: _____
 Name: Dulberg, Paul Injury #: 001 Dx: 88100 Open wound of forearm, w/out
 Payor Code: 00001 Payor Name: Patient Responsibility Financial Class: SELF

Appointment Detail

Discipline: OT Tx Time In: 930 Units: 5
 Tx Time Out: 1045 Total Time Based Time: _____
 Date: 12 / 14 / 11 # Visits Prior To Today: 2 of 8 Total Treatment Time: _____

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

SOAP: S: "I have pain today. My neck/back pain and pain in my arm kept me up last night." "It feels like a live wire today"
 O: Cont. per Rx Plan Sheet. No adverse effects to HTF noted - applied TENS to whole back distribution to attempt to improve nerve pain. Performed stretching, TGE, Rom.
 A: Tolerated Rx Plan - Cont. when nerve pain/hyperextension noted.
 P: Cont. to upgrade Rx as tolerated.



[Signature]
 THERAPIST / CREDENTIALS

LICENSE NO.

Dulberg 007687

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

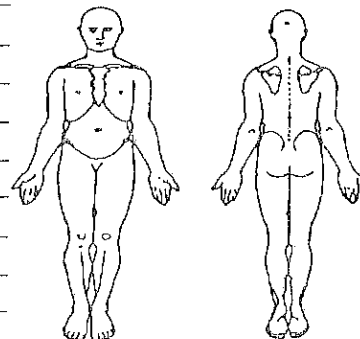
Treatment codes: 97035, 97010, 97140, 97110

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

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

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

P: No ice; can't stretch; scar control.



0 10
PAIN SCALE

MP Graman, MPT
THERAPIST / CREDENTIALS

Dulberg 007688

TREATMENT ENCOUNTER NOTE

Patient Information

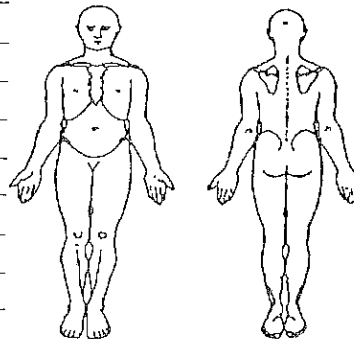
Account #: 0042000185 Co - Pay: _____ OR Co - Insurance: _____
Name: Dulberg, Paul Injury #: 001 Dx: 88100 Open wound of forearm, w/out
Payor Code: 00001 Payor Name: Patient Responsibility Financial Class: SELF

Appointment Detail

Discipline: OT Tx Time In: 5:30 Units: 5
Tx Time Out: 6:40 Total Time Based Time: _____
Date: 12 / 08 / 11 # Visits Prior To Today: 0 of 8 Total Treatment Time: _____

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

SOAP: S: "My hand and forearm are very sore and weak."
O: Cont per Rx from sheet. No adverse effects to us noted - did not
tolerate heat well, however. Initiated pulsed US to scar,
flu i STM, scar m/b, stretching, gentle strengthening.
A: Tolerated fair. No new pain noted. Proximal tightness
and muscle spasms noted.
P: Cont stretching, nerve gliding, STM, US.



Chapman, Robert
THERAPIST / CREDENTIALS

LICENSE NO.

0 10 PAIN SCALE

Dulberg 007689

TREATMENT ENCOUNTER NOTE

Patient Information

Account #: 0042000185

Co - Pay: _____

OR

Co - Insurance: _____

Name: Dulberg, Paul

Injury #: 001

Dx: _____

Payor Code: _____

Payor Name: _____

Financial Class: _____

Appointment Detail

Discipline: _____

Tx Time In: 330

Units: ①

Tx Time Out: 430

Total Time Based Time: _____

Date: 12 / 06 / 11

Visits Prior To Today: 0 of _____

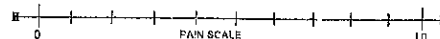
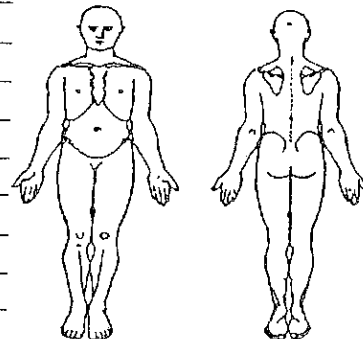
Total Treatment Time: _____

Treatment codes: _____

Evaluation (OT)

SOAP: _____

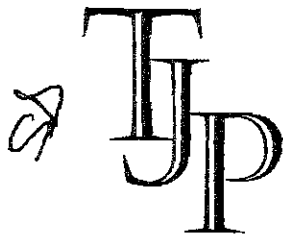
See Examination / Rx from sheet.



THERAPIST / CREDENTIALS

LICENSE NO.

Dulberg 007690



The Law Offices of Thomas J. Popovich P.C.

19877

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7/11/12

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MARK J. VOGG
JAMES P. TUTAJ
ROBERT J. LUMBER
THERESA M. FREEMAN

June 11, 2012

Hand Surgery Associates, S.C.
Dr Sagerman/Dr. Biafora
MEDICAL RECORDS/PATIENT BILLING
515 W. Arlington Heights Road
Suite 120
Arlington Heights, IL 60005

Re: Patient:
Date of Birth:
Date of Service:

Paul Dulberg
03/19/1970
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,

Bills CC.
Midwest ROI
Field Rep.
Date 7/19/12

Alarie Dullum
Alarie Dullum,
Paralegal

20

WAUKEGAN OFFICE
210 NORTH MARTIN LUTHER
KING JR. AVENUE
WAUKEGAN, IL 60085

Hand Surgery Associates, S.C.
515 West Algonquin Road, Suite 120
Arlington Heights, IL 60005
TEL: 847/956-0099 * FAX: 847/956-0433

Patient name: Paul Dulberg
SS #: 323 76 4001

Date of Birth: 03/19/70
Chart #: 19877

5/06/2004 SCOTT D. SAGERMAN, M.D.

CHART NOTES

The patient was in the office today for evaluation of left elbow. He is doing well. His arm is feeling much better. The strength in his hand has improved dramatically. He is very pleased with the results of his surgery. He does not report any paresthesias in his hand.

PHYSICAL EXAMINATION: The left elbow scar is stable. Range of motion is full. Sensation around the scar is decreased as expected. This should improve with time. Intrinsic strength is 5/5. Pulp-to-palm distance is 0. Sensation is intact in all distributions.

TREATMENT PLAN: He will continue home exercises as directed by the therapist. He may resume use of his left hand for activities as tolerated. He was cautioned to limit heavy lifting activities if any symptoms arise.

He did not wish to schedule a follow-up appointment. He was invited to return back to the office at his discretion if any further problems or concerns arise. Follow-up PRN. Work status is no restriction.

NEXT VISIT: PRN.

ACTIVITY/WORK STATUS: Unrestricted.
Scott D. Sagerman, M.D./sld

Hand Surgery Associates, S.C.
515 West Algonquin Road, Suite 120
Arlington Heights, IL 60005
TEL: 847/956-0099 * FAX: 847/956-0433

Patient name: Paul Dulberg
SS #: 323 76 4001

Date of Birth: 03/19/70
Chart #: 19877

3/18/2004 SCOTT D. SAGERMAN, M.D.

-CONTINUED-

CHART NOTES

function is intact.

TREATMENT PLAN: I reviewed the operative findings. The patient's questions were answered. The need for activity restriction was explained.

He was given a therapy referral for fabrication of an elbow extension-block splint and instruction in protected range of motion exercises.

The sutures will be removed next week, and he will begin scar management after that. Follow up is three weeks. Work status is no use, wear splint.

NEXT VISIT: Three weeks.

ACTIVITY/WORK STATUS: Restricted. No use of affected hand/arm. Keep wound clean and dry. Wear splint.

Scott D. Sagerman, M.D./jkl

4/08/2004 SCOTT D. SAGERMAN, M.D.

CHART NOTES

The patient was in the office today for evaluation of left elbow. He is doing well. His symptoms have improved. His pain is decreased. Sensation has improved. He is participating in therapy. His progress is satisfactory.

PHYSICAL EXAMINATION: The left elbow scarring is stable. Range of motion is satisfactory. There is no nerve subluxation. He reports diminished sensation surrounding the surgical scar which is expected. Sensation is intact distally. Finger motion is satisfactory.

TREATMENT PLAN: He will continue postoperative therapy including scar management and gradual strengthening exercises. I reviewed the need for temporary activity restriction and protection of the left arm. He was given a padded elbow sleeve for protection of the surgical scar. The sensation surrounding the scar should improve gradually over time. Follow-up one month. Work status is no forceful, no heavy.

NEXT VISIT: One month.

ACTIVITY/WORK STATUS: Restricted. No forceful gripping/strenuous use. No heavy lifting.

Scott D. Sagerman, M.D./sld

Hand Surgery Associates, S.C.
515 West Algonquin Road, Suite 120
Arlington Heights, IL 60005
TEL: 847/956-0099 * FAX: 847/956-0433

Patient name: Paul Dulberg
SS #: 323 76 4001

Date of Birth: 03/19/70
Chart #: 19877

1/19/2004 JOHN R. RUDER, M.D.

-CONTINUED-

CHART NOTES

with Dr. Sagerman who will be contacting the patient to schedule the surgery.

NEXT VISIT: Dr. Sagerman will call.

ACTIVITY/WORK STATUS: Unrestricted.
John R. Ruder, M.D./sld

3/10/2004 SCOTT D. SAGERMAN, M.D.

SURGERY NOTE

DATE OF SURGERY: 3/10/04

SURGERY: REVISION, LEFT ULNAR NEUROLYSIS AND ANTERIOR TRANSPOSITION.
Scott D. Sagerman, M.D./sld

3/15/2004 JOHN R. RUDER, M.D.

CHART NOTES

The patient was in the office today for evaluation of left elbow.

PHYSICAL EXAMINATION: Wound is unremarkable. There is no hematoma. No sign of infection.

The dressing is changed. The posterior splint is replaced. He will return to see Dr. Sagerman later this week.

NEXT VISIT: 3/18/2004 with Dr. Sagerman.

ACTIVITY/WORK STATUS: Off work.
John R. Ruder, M.D./all

3/18/2004 SCOTT D. SAGERMAN, M.D.

CHART NOTES

The patient was in the office today for evaluation of left arm. He is doing well. His pain is controlled. No other problems reported after surgery. His preoperative symptoms have improved.

PHYSICAL EXAMINATION: On exam, the left elbow incision is clean. Sutures are in place. No sign of infection or hematoma. There is minimal swelling as expected. Circulation and sensation are intact distally. Ulnar nerve

Hand Surgery Associates, S.C.
515 West Algonquin Road, Suite 120
Arlington Heights, IL 60005
TEL: 847/956-0099 * FAX: 847/956-0433

Patient name: Paul Dulberg
SS #: 323 76 4001

Date of Birth: 03/19/70
Chart #: 19877

1/15/2004

SCOTT D. SAGERMAN, M.D.

CHART NOTES

The patient was in the office today for evaluation of left elbow. He is doing okay. Overall, his ulnar nerve symptoms have improved. He still has intermittent medial elbow pain and paresthesias associated with movement of his elbow. He is concerned about the persistent snapping of the ulnar nerve.

PHYSICAL EXAMINATION: Left elbow scar is stable. The ulnar nerve is nontender. There is no Tinel's sign. Range of motion is full. Sensation is intact distally. Intrinsic strength is normal. There is marked left ulnar nerve subluxation at the cubital tunnel.

TREATMENT PLAN: I reviewed the clinical findings. The patient's questions were answered. Treatment options were discussed.

Additional surgery may be indicated to address the ulnar nerve instability. Options would include ulnar nerve transposition or medial epicondylectomy. The timing of additional surgery would be elective, and I believe observation is appropriate at this time.

I asked the patient to obtain a second opinion regarding additional surgery. Follow up for second opinion with HSA M.D. Work status is no restriction.

NEXT VISIT: After second opinion.

ACTIVITY/WORK STATUS: Unrestricted.
Scott D. Sagerman, M.D./jkl

1/19/2004

JOHN R. RUDER, M.D.

CHART NOTES

The patient was in the office today for evaluation of left elbow. The history is as given by Dr. Sagerman.

PHYSICAL EXAMINATION: On examination, his symptoms are reproduced with elbow flexion and extension with subluxation of the ulnar nerve.

The soft tissues are soft. I don't think that there would be a problem with proceeding with a second surgery at this point.

Because his symptoms are present both at rest, though aggravated with flexion extension, it may be that an epicondylectomy would not be enough. I would favor a submuscular transposition and have reviewed reasonable expectations of outcome of such a surgery with Mr. Dulberg as well as potential risks and complications. He believes that he would proceed and I have discussed this

Hand Surgery Associates, S.C.
515 West Algonquin Road, Suite 120
Arlington Heights, IL 60005
TEL: 847/956-0099 * FAX: 847/956-0433

Patient name: Paul Dulberg
SS #: 323 76 4001

Date of Birth: 03/19/70
Chart #: 19877

11/06/2003 SCOTT D. SAGERMAN, M.D.

-CONTINUED-

CHART NOTES

stable. Range of motion is satisfactory. Sensation is intact distally.

TREATMENT PLAN: He will continue therapy for range-of-motion exercises, scar management and strengthening. I reviewed the need for activity restriction. He will use a padded elbow sleeve for protection.

NEXT VISIT: Four weeks.

ACTIVITY/WORK STATUS: Restricted. No forceful gripping/strenuous use. No heavy lifting. Wear splint.
Scott D. Sagerman, M.D./all

12/04/2003 SCOTT D. SAGERMAN, M.D.

CHART NOTES

The patient was in the office today for evaluation of left elbow. He is doing well. His symptoms have improved. He reports some residual paresthesias, which is expected.

PHYSICAL EXAMINATION: Left elbow scar is stable. Range of motion is full. There is slight ulnar nerve subluxation at the cubital tunnel. Sensation is intact in all distributions. The patient reports that his grip strength has improved.

TREATMENT PLAN: He will continue postoperative therapy for range of motion exercises and gradual strengthening. Continued improvement is expected over time.

I briefly explained the option for ulnar nerve transposition, if the nerve subluxation causes persistent symptoms. For now, his symptoms will be observed.

Follow up is one month. Work status is no restriction.

NEXT VISIT: One month.

ACTIVITY/WORK STATUS: Unrestricted.
Scott D. Sagerman, M.D./jkl

Hand Surgery Associates, S.C.
515 West Algonquin Road, Suite 120
Arlington Heights, IL 60005
TEL: 847/956-0099 * FAX: 847/956-0433

Patient name: Paul Dulberg
SS #: 323 76 4001

Date of Birth: 03/19/70
Chart #: 19877

9/11/2003 SCOTT D. SAGERMAN, M.D.
CORRESPONDENCE
(Ref) MITCHELL S. GROBMAN, M.D.

10/28/2003 SCOTT D. SAGERMAN, M.D.
SURGERY NOTE
DATE OF SURGERY: 10/28/03

SURGERY: LEFT CUBITAL TUNNEL RELEASE.
Scott D. Sagerman, M.D./all

10/30/2003 SCOTT D. SAGERMAN, M.D.
CHART NOTES

The patient was in the office today for evaluation of left arm. He is doing well. No problems reported after surgery. His pain is controlled.

PHYSICAL EXAMINATION: The left elbow incision is clean. Sutures are in place. No sign of infection or hematoma. Elbow motion is satisfactory. Circulation is intact distally.

TREATMENT PLAN: I reviewed the operative findings. The patient's questions were answered. The expectation for gradual improvement and ulnar nerve symptoms was discussed.

A therapy referral was provided for range-of-motion exercise and scar management. Infection precautions were reviewed. Follow up in one week for suture removal.

NEXT VISIT: One week.

ACTIVITY/WORK STATUS: Restricted. No use of affected hand/arm. Keep wound clean and dry.
Scott D. Sagerman, M.D./all

11/06/2003 SCOTT D. SAGERMAN, M.D.
CHART NOTES

The patient was in the office today for evaluation of left elbow. He is doing well. His pain is controlled. His symptoms have improved. He still reports scar tenderness and weakness which is expected.

PHYSICAL EXAMINATION: The left elbow incision is healed. The scar is

HAND SURGERY ASSOCIATES, S.C.

SPECIALISTS IN THE SHOULDER, ELBOW, WRIST AND HAND

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JOHN R. RUDER, M.D.
SCOTT D. SAGERMAN, M.D.
PRASANT ATLURI, M.D.

DONNA J. KERSTING, MBA
EXECUTIVE DIRECTOR

September 16, 2003

Mitchell Grobman, M.D.
1900 Hollister Drive
Suite 280
Libertyville, IL 60048

RE: Paul Dulberg
O/V: 9/11/03

Dear Dr. Grobman:

I had the opportunity to examine your patient, Paul Dulberg, concerning his left arm. He reports persistent numbness and tingling in the ulnar nerve distribution of the left hand following a motor vehicle accident which occurred in March, 2002. He has had conservative treatment including injections, medications and therapy. A nerve conduction study from May, 2002 and repeat study in December, 2002 showed evidence of ulnar neuropathy at the elbow.

PHYSICAL EXAMINATION: Examination in the left arm shows positive Tinel sign at the cubital tunnel with local sensitivity. Range of motion is full. Sensation is diminished in the ulnar nerve distribution. There is slight weakness of the intrinsic muscles and positive Froment's sign. There is no visible atrophy. Circulation is normal distally.

X-RAY EXAMINATION: X-rays of the left elbow are negative.

IMPRESSION: Left cubital tunnel syndrome.

TREATMENT PLAN: I explained the diagnosis and treatment options. Surgery is indicated on an elective basis for cubital tunnel release. The patient requested to proceed with surgery. This may be scheduled at his convenience.

Thank you for the opportunity to participate in his care.

Sincerely,



Scott D. Sagerman, M.D.
SDS/cia

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FAX: 312-223-1075

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Dulberg 007698

**NORTHWEST COMMUNITY HOSPITAL
ARLINGTON HEIGHTS, ILLINOIS**

MLS: 55233
DD: Wed Mar 10 12:03:00 2004 CST
DT: Wed Mar 10 18:23:44 2004 EST
JN: 27810

DSC OPERATIVE REPORT

DATE OF OPERATION: 03/10/2004

PREOPERATIVE DIAGNOSIS: Recurrent left ulnar neuritis at the cubital tunnel with ulnar nerve subluxation.

POSTOPERATIVE DIAGNOSIS: Recurrent left ulnar neuritis at the cubital tunnel with ulnar nerve subluxation.

PROCEDURE: Revision of left ulnar neurolysis at the cubital tunnel with anterior transposition.

SURGEON: Scott D. Sagerman, MD

ASSISTANT: John R. Ruder, MD

ANESTHESIA: General.

COMPLICATIONS: None.

TOURNIQUET TIME: 1 hour and 10 minutes.

OPERATIVE FINDINGS: The patient developed symptomatic ulnar nerve subluxation at the cubital tunnel with recurrent ulnar neuritis following previous cubital tunnel release surgery. Exploration revealed marked instability of the ulnar nerve which easily subluxated anterior to the medial epicondyle with elbow flexion. Scar formation was present surrounding the ulnar nerve within the cubital tunnel.

TECHNIQUE: Consent was signed by the patient, and he was taken to the operating room. General anesthesia was given. The left arm was prepped and draped sterilely. A sterile tourniquet was applied to the upper arm and inflated following exsanguination of the limb.

DULBERG, PAUL R
000034432104
0001307925
Room#:
Scott D. Sagerman, MD
DSC OPERATIVE REPORT
cc: Scott D. Sagerman MD, John R. Ruder, MD
DICTATOR COPY for Scott D. Sagerman, MD

DSC OPERATIVE REPORT, continued

The previous longitudinal scar over the cubital tunnel was incised at the posteromedial aspect of the elbow, and the incision was extended proximally and distally in longitudinal fashion for additional exposure. Under loupe magnification, the subcutaneous tissue was dissected. The branches of the medial antebrachial cutaneous nerve were identified, dissected, and retracted safely. The skin flaps were elevated, and the ulnar nerve was exposed.

Neurolysis was performed to mobilize the ulnar nerve from surrounding scar tissue. The release was carried proximally and to the upper arm. The medial intermuscular septum was excised. The arcade of Struthers were absent. The release was then carried distally into the flexor/pronator musculature. The aponeurosis was divided to mobilize the ulnar nerve. The articular branch had to be divided to allow adequate mobility of the ulnar nerve for anterior transposition. Small horizontal vessels were ligated and divided, preserving the longitudinal blood supply to the ulnar nerve.

The ulnar nerve was then transposed to the medial epicondyle, assuring a straight line course of the nerve. There was no kinking of the nerve either proximally or distally. The transposition was then stabilized using submuscular flap. The flexor/pronator muscle fascia was incised to create a Z-plasty, permitting lengthening of the muscle fascia. The muscle fibers were then divided, with ligation of perforating vessels. The ulnar nerve was placed in the submuscular position, maintaining a thin layer of muscle fibers deep to the nerve. The fascia was then reapproximated in a lengthened position using 3-0 Vicryl sutures, maintaining the ulnar nerve in the transposed position without excessive tension on the nerve. The elbow was taken through a range of motion, and the nerve showed excellent gliding with no visible angulation of the nerve.

The field was irrigated with antibiotic solution. One free end of a cutaneous nerve branch was identified. This was placed deep to the medial arm fascia which was sutured with Vicryl, to prevent symptomatic neuroma formation.

The subcutaneous tissue was reapproximated with buried 5-0 Vicryl sutures, and the skin edges were reapproximated with 5-0 nylon sutures. A sterile bulky gauze dressing was applied followed by posterior plaster splint to maintain the elbow in a flexed position. The patient was awoken, extubated, and transported to the recovery room in stable condition. He tolerated the procedure well. There were no complications.

Scott D. Sagerman, MD

DULBERG, PAUL R

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Room #:

Scott D. Sagerman, MD

DSC OPERATIVE REPORT

Scott D. Sagerman MD, John R. Ruder, MD

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Page 2 of 2

OPERATIVE REPORT

Preoperative Diagnosis:
Left cubital tunnel syndrome.

Postoperative Diagnosis:
Same.

Operation Performed:
Left cubital tunnel release.

Surgeon: Scott Sagerman, M.D.
Anesthesia: General.
Complications: None.
Tourniquet Time: 38 minutes.

OPERATIVE FINDINGS: The left ulnar nerve showed obvious constriction at the distal aspect of the cubital tunnel beneath the cubital tunnel ligaments. The ligament was thickened with several bands of deep layers over the area of nerve compression. The floor of the cubital tunnel was clear. The ulnar nerve did subluxate slightly over the medial epicondyle at end range of flexion. There was no arcade of Struthers.

PROCEDURE: Consent was signed by the patient, taken to the operating room, general anesthesia was administered. The left arm was prepped and draped sterily. A tourniquet was inflated on the upper arm following exsanguination of the limb. A longitudinal incision was made over the cubital tunnel at the posteromedial aspect of the left elbow. Under loupe magnification the subcutaneous tissues were dissected, superficial veins were ligated with bipolar cautery. Branches of the medial interbrachial cutaneous nerve were identified. These were dissected and gently retracted safely using a vessel loop. The fascia was incised proximal to the cubital tunnel to expose the ulnar nerve. The nerve was dissected distally by dividing the cubital tunnel ligament, until the nerve entered the flexor/pronator fascia of the proximal forearm. The fascia was incised distally and motor branches of the ulnar nerve were seen with normal perineural fat at this level. Proximally, the nerve was dissected by dividing the arm fascia for a distance of 10 cm proximal to the epicondyle.

The ulnar nerve was inspected, adhesions around the nerve were divided with gentle blunt dissection. The nerve was noted to be constricted at the distal aspect of the cubital tunnel. Following neurolysis, tendon gliding was found to be satisfactory with elbow motion. No other areas of nerve compression were seen.

The field was irrigated with antibiotic solution. The vessel loop was removed. The subcutaneous tissues were reapproximated with 5-0 Vicryl undyed buried sutures. The skin edges were reapproximated with 5-0 and 6-0 nylon sutures. A sterile bulky compressive dressing was applied. The tourniquet was deflated, circulation returned to the left hand with normal capillary refill. The patient was

OPERATIVE REPORT

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10/28/2003 Disch:
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DULBERG, PAUL
Scott Sagerman, M.D.

LAKE FOREST HOSPITAL

awoken and transported to the recovery room in stable condition. The patient tolerated the procedure well, there were no complications.

Scott Sagerman, M.D.

SS/jmt

D: 10/28/2003

T: 10/29/2003 14:52:37

cc: Scott Sagerman, M.D., <Dictator>
Mitchell Grobman, M.D.

OPERATIVE REPORT

Dictating Physician Copy

Page 2 of 2

592883

DULBERG, PAUL

Scott Sagerman, M.D.

LAKE FOREST HOSPITAL

27

**NORTHWEST COMMUNITY HOSPITAL
ARLINGTON HEIGHTS, ILLINOIS**

MLS: 55235

DD: Tue Mar 09 20:02:00 2004 CST

DT: Wed Mar 10 02:12:39 2004 EST

JN: 27318

PREOPERATIVE HISTORY AND PHYSICAL

DATE OF ADMISSION: 03/10/2004 12:00 AM EST

DATE OF BIRTH: 03/19/70

DATE OF SURGERY: 03/10/04

HISTORY OF PRESENT ILLNESS: The patient is a 33-year-old male who reports symptoms of left medial elbow pain and intermittent paresthesias due to ulnar neuritis decubitus tunnel. Previously he underwent decubital tunnel release surgery in October of 2003 which resulted in some improvement in his symptoms, however, due to persistent symptoms he is now being admitted for additional surgery.

PAST MEDICAL HISTORY: Negative.

MEDICATIONS: Naproxen.

ALLERGIES: None.

HABITS: Smoking history is positive.

FAMILY HISTORY: Noncontributory.

PHYSICAL EXAMINATION:

VITAL SIGNS: Stable.

LUNGS: Clear.

HEART: Rate is regular.

EXTREMITIES: The left elbow shows healed surgical scar across the cubital tunnel. Range of motion is satisfactory. Circulation and sensation are intact distally. There is ulnar nerve subluxation at the cubital tunnel and paresthesias with flexion and extension of the elbow. Circulation and sensation are intact distally.

DULBERG, PAUL R

000034432104

0001307925

Room#:

Scott D. Sagerman, MD

PREOPERATIVE HISTORY AND PHYSICAL

cc: Scott D. Sagerman MD

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Page 1 of 2

PREOPERATIVE HISTORY AND PHYSICAL, continued

X-rays of the left elbow are negative.

IMPRESSION: Left ulnar neuritis at the cubital tunnel with nerve subluxation.

TREATMENT PLAN: Repeat neurolysis left ulnar nerve with anterior transposition. Surgery scheduled under general anesthesia in Day Surgery. The patient understands the risks, benefits and possible complications of surgery and requests to proceed.

Scott D. Sagerman, MD

DULBERG, PAUL R

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Room #:

Scott D. Sagerman, MD

PREOPERATIVE HISTORY AND PHYSICAL

Scott D. Sagerman MD

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Page 2 of 2

Hand Surgery Associates, S.C.
 Hand • Shoulder • Elbow • Wrist

MICHAEL I. VENDER, M.D.
 SCOTT D. SAGERMAN, M.D.
 PRASANTATLURI, M.D.
 SAM J. BIAFORA, M.D.
 MICHAEL V. BIRMAN, M.D.

DONNA J. KERSTING, MBA
 EXECUTIVE DIRECTOR

February 29, 2012

FRANK SEK, M.D.
 4606 W. ELM STREET
 MC HENRY, IL 60050

RE: PAUL DULBERG
 OV: 02/27/2012

Dear Dr. Sek:

On February 27, 2012, I evaluated your patient, Mr. Paul Dulberg, concerning his right arm. He sustained a laceration of his forearm from a chainsaw accident on June 28, 2011. He developed symptoms of numbness in the small finger with weakness. He was treated with therapy. He had an EMG test and MRI scan.

PAST MEDICAL HISTORY: Remarkable for arthritis and cervical disc disease

MEDICATIONS: Naproxen, Tramadol, Cyclobenzoprine, Flexetine.

PHYSICAL EXAMINATION: The right forearm shows a 7 cm. transverse scar at the ulnar aspect of the mid forearm. There is local tenderness and sensitivity to percussion with a positive Tinel sign and paresthesias radiating into the small finger. There is also sensitivity at the cubital tunnel region. Wrist and elbow motion are unrestricted. There is no visible atrophy. He is unable to adduct the small finger. Flexion strength is grossly normal. Sensation is decreased to light touch in the small finger only with inconsistent two point discrimination.

X-RAY EXAMINATION: Outside films of the right forearm from June 20, 2011 were reviewed. There is no fracture or foreign body.

MRI films of the right forearm from February 3, 2012 were reviewed. No abnormality is seen.

A nerve conduction study by Dr. Levin from August 10, 2011 shows no evidence of diffuse neuropathy.

sparsely nerve damage

IMPRESSION: Right forearm laceration with probable partial ulnar nerve injury.

TREATMENT PLAN: I explained the diagnosis. For further evaluation, the patient was referred for additional electrodiagnostic testing including an EMG.

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 603 W. ADAMS ST.
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 6335 S. VILLOW SPRINGS RD.
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 ELMHURST, IL 60123

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 GLENVIEW, IL 60025

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 OAK LAWN, IL 60452

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February 29, 2012
Re: Paul Dulberg
Page Two

Occupational therapy reports were reviewed.

I explained the potential indication for surgery for nerve exploration, pending review of the electrical study.

He will follow-up after the EMG. Work status is no restriction.

If you have any further questions regarding Mr. Paul Dulberg, please feel free to contact me.

Sincerely,



Scott D. Sagerman, M.D.

SDS/sld

Cc: Karen Levin, MD

HAND SURGERY ASSOCIATES, S.C.

SPECIALISTS IN THE SHOULDER, ELBOW, WRIST AND HAND

MICHAEL I. VENDER, MD.

PRASANT ATLURI, M.D.

SCOTT D. SAGERMAN, M.D.

SAM J. BIAFORA, M.D.

MICHAEL V. BIRMAN, M.D.

Patient ID: 80330
Patient Name: PAUL DULBERG
Date of Birth: 03/19/1970
Date of Service: 04/02/2012

CHART NOTE:

The patient was in the office today for evaluation of the right hand. He reports no change in his symptoms.

He had an EMG test by Dr. Levin, and the report from March 13, 2012 shows no evidence for neuropathy. The EMG portion showed no denervation, and ulnar nerve conduction was within normal limits.

PHYSICAL EXAMINATION: The right forearm scar is stable and nontender. There is sensitivity to percussion with a positive Tinel sign at the ulnar aspect of the scar. Adduction of the small finger remains limited consistent with a positive Wartenberg's sign.

TREATMENT PLAN: I explained the findings of the EMG test. Treatment options were given. He does not wish to pursue any surgery at this time.

A therapy referral was given for strengthening exercises and scar management.

NEXT VISIT: Six weeks or PRN.

ACTIVITY/WORK STATUS: Unrestricted.
Scott D. Sagerman, MD./all

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PRASANT ATLURI, M.D.

SCOTT D. SAGERMAN, M.D.

SAM J. BIAFORA, M.D.

MICHAEL V. BIRMAN, M.D.

Patient ID: 80330
Patient Name: PAUL DULBERG
Date of Birth: 03/19/1970
Date of Service: 05/14/2012

CHART NOTE:

The patient was in the office today for evaluation of the right arm. He reports persistent pain with use of his arm, especially gripping activities. He has had additional therapy which has been beneficial. He reports no change in his symptoms of numbness which is not bothersome. However, his function is limited due to his pain symptoms.

PHYSICAL EXAMINATION: The right forearm scar is tender at the ulnar aspect with a positive Tinel sign and local sensitivity. Composite finger flexion is full. There is no triggering or locking, there is no clawing. Wartenberg sign is positive. Intrinsic strength is slightly weak.

TREATMENT PLAN: I reviewed the diagnosis and treatment options. The possible surgical indication for ulnar nerve neurolysis was discussed. Before deciding on surgery, the patient will contact Dr. Levin for discussion of medication to address his nerve-related pain symptoms.

He will also see Dr. Biafora for a second opinion regarding possible surgical intervention.

NEXT VISIT: 5/17/2012 with Dr. Biafora.

ACTIVITY/WORK STATUS: Unrestricted.
Scott D. Sagerman, MD./all

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SCOTT D. SAGERMAN, M.D.

SAM J. BIAFORA, M.D.

MICHAEL V. BIRMAN, M.D.

Patient ID: 80330
Patient Name: PAUL DULBERG
Date of Birth: 03/19/1970
Date of Service: 05/17/2012

**CHART NOTE:**

The patient was seen in the office today for evaluation of the right upper extremity. Mr. Dulberg is a patient of Dr. Sagerman's who presents today for a second opinion, referred by Dr. Sagerman. Briefly, Mr. Dulberg is a 41 year old, right hand dominant male who on June 28, 2011 sustained a chain saw injury to the right forearm. The patient states that he was told he had a partial nerve injury in the emergency room. Today, he reports some weakness in his right hand. He reports numbness in his right small and ring fingers at rest with occasional tingling. He also reports occasional shooting, burning type pain which radiates both proximally and distally from the area of the injury in the proximal forearm. This occurs several times a day at rest and more predictably with use. He denies any previous injuries. He has undergone electrodiagnostic tests in the recent past. He was recently seen by Dr. Levin a few days ago and has been taking Neurontin over the past couple of days. The patient is currently applying for disability, secondary to his injury as he states that he is unable to perform his previous work activities. 

PAST MEDICAL HISTORY: Arthritis, migraine headaches.**PAST SURGICAL HISTORY:** Ulnar nerve decompression at the elbow with anterior transposition.**MEDICATIONS:** Neurontin, Naproxen, Flexitine, Tramadol, Cyclobenzoprine.**ALLERGIES:** No known drug allergies.**SOCIAL HISTORY:** He smokes one pack of cigarettes per day.

PHYSICAL EXAM: Examination of the right upper extremity – elbow motion is from 0 to 140 degrees with full forearm rotation which is painless. There is a positive Tinel at the cubital tunnel through to approximately several centimeters distal to this. There is a transverse swelling and a healed scar, several millimeters in length in the proximal third of the forearm on the ulnar side. There is a positive Tinel over the scar at the most volar radial aspect of the scar. There is also significant tenderness at the scar to deep palpation on its most ulnar and distal border near the ulna. The Tinel over the most volar and radial aspect of the scar radiates into the ulnar digits. Moving two point discrimination in the small finger is 6-7 mm. There appears to be good strength to first dorsal 

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SPECIALISTS IN THE SHOULDER, ELBOW WRIST AND HAND

MICHAEL I. VENDER, MD.

PRASANT ATTURI, M.D.

SCOTT D. SAGERMAN, M.D.

SAM J. BIAFORA, M.D.

MICHAEL V. BIRMAN, M.D.

Patient ID: 80330
Patient Name: PAUL DULBERG
Date of Birth: 03/19/1970
Date of Service: 05/17/2012

Interosseous testing. Negative Froment's sign. Positive Wartenberg's. Full digital motion. He has good strength to DIP flexion of the small and ring fingers. There is pain at the scar on its most dorsal and ulnar border with resisted DIP flexion of the small finger. FCU function also appears to be intact, also eliciting pain at the scar. Electrodiagnostic studies dated March 13, 2012 has been reviewed.

ASSESSMENT: Approximately one year status post right forearm laceration with likely partial ulnar nerve injury, with ulnar nerve neuritis. *

PLAN: The nature of the patient's condition has been explained in detail. All of his questions were answered. The patient may benefit from an ulnar nerve exploration with neurolysis. I would recommend this also include a cubital tunnel decompression with possible anterior transposition. He understands that this will not likely improve the motor deficits in his hand, however, it may improve he pain to his forearm. An ulnar nerve repair of a partial laceration is unlikely at this point. He also has a separate and distinct tenderness in the most dorsal ulnar aspect of the wound. He may require exploration of this portion of the scar as well. The patient would like some time to think about this. He will continue to be treated with the Neurotin under the neurologist. He will follow-up with Dr. Sagerman in four weeks.

NEXT VISIT: Four weeks.

ACTIVITY/WORK STATUS: Unrestricted.
Sam J. Biafora, MD/sld

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PRASANT ATLURI, M.D.

SCOTT D. SAGERMAN, M.D.

SAM J. BIAFORA, M.D.

MICHAEL V. BIRMAN, M.D.

Patient ID: 80330
Patient Name: PAUL DULBERG
Date of Birth: 03/19/1970
Date of Service: 06/06/2012

CHART NOTE:

The patient was in the office today for evaluation of the right elbow. He reports no change in his symptoms despite medication. He has side effects from the medication which interfere with functioning. He would like to proceed with surgery which was discussed with Dr. Biafora previously. He had additional therapy, but this was discontinued due to lack of progress.

PHYSICAL EXAMINATION: Examination of the right elbow and forearm is unchanged. A positive Tinel sign is present at the cubital tunnel without ulnar nerve subluxation. The forearm scar is stable with tenderness and sensitivity to percussion. He indicates pain with gripping activities localized to the forearm region and resulting in increased numbness in his ring and small fingers with weakness of his grip.

TREATMENT PLAN: I reviewed the diagnosis and treatment options. The surgical indication was discussed. Informed consent was obtained for the procedure. He understands the risks, benefits and possible complications of surgery as well as the expected outcome. The prognosis is guarded in terms of symptom improvement. However, he feels that any improvement in symptoms would be beneficial in terms of his arm functioning.

He was advised to contact the neurologist to report his symptoms associated with the use of Neurontin medication. Medical clearance will be obtained from his primary care physician before surgery is scheduled.

NEXT VISIT: After surgery.

ACTIVITY/WORK STATUS: Unrestricted.
Scott D. Sagerman, MD./all

PHONE: 847-956-0099 FAX: 847-956-0433

515 W. ALGONQUIN ROAD, SUITE 120 ARLINGTON HEIGHTS, IL 60005

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Northwest Comm Hosp 7/10/2012 2:28:19 PM PAGE 2/004 Fax Server

NORTHWEST COMMUNITY HOSPITAL
ARLINGTON HEIGHTS, ILLINOIS

MLS: 55223

DD: Mon Jul 09 17:36:30 2012 EST

DT: Tue Jul 10 02:03:22 2012 EST

JN: 51418590

DSC OPERATIVE REPORT

DATE OF OPERATION: 07/09/2012

PREOPERATIVE DIAGNOSES:

1. Right cubital tunnel syndrome.
2. Right ulnar nerve injury at the forearm.

POSTOPERATIVE DIAGNOSES:

1. Right cubital tunnel syndrome.
2. Right ulnar nerve injury at the forearm.

PROCEDURES:

1. Right cubital tunnel release.
2. Right ulnar neurolysis at the forearm.

SURGEON: Scott Sagerman, MD.

ASSISTANT: Sam Biafora, MD.

ANESTHESIA: Regional block.

COMPLICATIONS: None.

TOURNIQUET TIME: 1 hour.

FINDINGS: The right cubital tunnel showed thickening of the cubital tunnel ligament with scarring of the ulnar nerve to the floor of the cubital tunnel and local constriction. The nerve also appeared constricted at the flexor pronator aponeurosis at the distal aspect of the cubital tunnel. Also, a thick arcade of Struthers was present proximal to the cubital tunnel, though the ulnar nerve was not visibly constricted at this level.

The right forearm, the site of the previous chainsaw laceration revealed extension to the subcutaneous tissue and fascia overlying the flexor carpi ulnaris muscle. A piece of retained absorbable suture material was present. The muscle fibers were intact. The ulnar nerve was intact beneath the muscle belly. There was no visible scarring around the ulnar nerve at this level.

DESCRIPTION OF PROCEDURE: Informed consent was obtained from the patient. Prophylactic IV antibiotic was given. He received medical clearance from his primary care physician. Regional block anesthetic was administered by the

DULBERG, PAUL

071265382

0001307925

Room#:

Scott D Sagerman, MD

DSC OPERATIVE REPORT Page 1 of 2

cc: Sam Biafora, MD

Northwest Comm Hosp 7/10/2012 2:28:19 PM PAGE 3/004 Fax Server

DSC OPERATIVE REPORT, continued

NORTHWEST COMMUNITY HOSPITAL
ARLINGTON HEIGHTS, ILLINOIS

anesthesiologist in the right upper extremity. The right arm was prepped and draped sterilely. A sterile tourniquet was applied to the right upper arm, and it was elevated following exsanguination of the limb.

A longitudinal incision was made over the posteromedial aspect of the right elbow centered at the cubital tunnel. Under loupe magnification, the subcutaneous tissue was dissected. Superficial veins were ligated with bipolar cautery. A branch of the medial antebrachial cutaneous nerve was identified. This was gently retracted safely and protected. The fascia was incised proximal to the cubital tunnel, and the ulnar nerve was visualized. The cubital tunnel ligament was divided and completely released. The flexor pronator aponeurosis was also incised and released, and the nerve was dissected distally into the musculature where motor branches were identified. The release was then carried proximally, and the arcade of Struthers was divided and completely released. The ulnar nerve was inspected. The nerve was mobilized from adhesions with gentle blunt dissection. Nerve gliding was checked and found to be satisfactory. The ulnar nerve was stable at the cubital tunnel. The field was irrigated with antibiotic solution. The subcutaneous tissue was reapproximated with buried Vicryl sutures, and the skin edges were reapproximated with nylon sutures.

Attention was then directed to the forearm scar. A longitudinal incision was made over the ulnar aspect of the mid forearm centered at the site of the scar. Under loupe magnification, the subcutaneous tissue was dissected. The fascia was visualized. Superficial vein was ligated with bipolar cautery. The dermis was elevated off of the scarred fascia with blunt dissection. The retained suture material was removed. The muscle fibers were visualized and found to be in continuity. The ulnar nerve was exposed in the interval between the flexor digitorum and flexor carpi ulnaris muscle bellies. The nerve was dissected proximal and distal from the region of the laceration. The nerve was completely intact at this level with no visible scarring or adhesions. The field was irrigated with antibiotic solution. The subcutaneous tissue was reapproximated with buried Vicryl sutures, and the skin edges were reapproximated with nylon sutures.

A sterile bulky gauze dressing was applied. The tourniquet was deflated. Circulation returned to the right arm with normal capillary refill distally. The patient was transported to recovery in stable condition. He tolerated the procedure well. There were no complications. An arm sling was applied for protection.

DULBERG, PAUL

071265382

0001307925

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Scott D Sagerman, MD

DSC OPERATIVE REPORT Page 2 of 2

cc: Sam Biafora, MD

Northwest Comm Hosp 7/10/2012 2:26:18 PM PAGE 4/004 Fax Server

DULBERG, PAUL.

071265382

0001307925

Room#:

Scott D Sagerman, MD

DSC OPERATIVE REPORT Page 2 of 2

cc: Sam Bisfora, MD

Authenticated and Edited by Scott Sagerman MD On 7/10/12 11:58:39 AM

HAND SURGERY ASSOCIATES, S.C.

SPECIALISTS IN THE SHOULDER, ELBOW WRIST AND HAND

MICHAEL I. VENDER, MD.

PRASANT ATLURI, M.D.

SCOTT D. SAGERMAN, M.D.

SAM J. BIAFORA, M.D.

MICHAEL V. BIRMAN, M.D.

Patient ID: 80330
Patient Name: PAUL DULBERG
Date of Birth: 03/19/1970
Date of Service: 07/11/2012

CHART NOTE:

The patient was in the office today for evaluation of the right arm. He is doing Ok. No problems after surgery. His pain is controlled.

PHYSICAL EXAMINATION: The right elbow and forearm incisions are clean. Sutures are in place. Minimal swelling. No drainage. No sign of infection. Circulation and sensation are intact distally.

TREATMENT PLAN: Operative findings were reviewed. Dressing was reapplied. Infection precautions were explained. Activity restrictions were given.

A therapy referral was provided for range-of-motion exercises and edema control measures. A padded elbow sleeve was applied for protection.

Follow up in two weeks for suture removal.

NEXT VISIT: Clinical 7/23/2012. Dr. Sagerman in Vernon Hills office 7/30/2012.

ACTIVITY/WORK STATUS: Off work.

Scott D. Sagerman, MD./all

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SCOTT D. SAGERMAN, M.D. SAM J. BIAFORA, M.D.
MICHAEL V. BIRMAN, M.D.

Patient ID: 80330
Patient Name: PAUL DULBERG
Date of Birth: 03/19/1970
Date of Service: 07/23/2012

CLINIC NOTE:

The patient was seen for a clinic visit today for evaluation of right forearm/elbow.

The patient states he is doing Ok.

All dressings are removed, and Steri-strips are applied.

NEXT VISIT: 7/30/2012 with Dr. Sagerman in the Vernon Hills office.

ACTIVITY/WORK STATUS: Off work.

Clinic Staff/ali

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MICHAEL V. BIRMAN, M.D.

Patient ID: 80330
Patient Name: PAUL DULBERG
Date of Birth: 03/19/1970
Date of Service: 07/30/2012

CHART NOTE:

The patient was in the office today for evaluation of the right forearm/elbow. He is doing well. His arm feels better. His hand function has increased, and he feels that his symptoms have improved since the surgery was performed.

PHYSICAL EXAMINATION: The right elbow and forearm incisions are healed. Scarring is stable. There is mild diffuse swelling adjacent to the forearm scar but no erythema, warmth or tenderness. Wrist, elbow and finger motion are satisfactory. Sensation is intact in all distributions. He indicates improved independent finger flexion in comparison to the preoperative function.

TREATMENT PLAN: I reviewed the operative findings. He will continue supervised therapy and home exercises, including light strengthening and scar management. A forearm sleeve will be prescribed for edema control.

Activity restrictions were reviewed. Follow up in one month.

NEXT VISIT: One month.

ACTIVITY/WORK STATUS: Restricted. Limited forceful gripping. No lifting/pushing/pulling.
Scott D. Sagerman, MD./all

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MICHAEL V. BIRMAN, M.D.

Patient ID: 80330
Patient Name: PAUL DULBERG
Date of Birth: 03/19/1970
Date of Service: 08/27/2012

CHART NOTE:

The patient was in the office today for evaluation of the right elbow. He is doing ok. His elbow is sore. He is participating in therapy. His progress is satisfactory. His grip strength has increased. His hand function has improved. ✓

PHYSICAL EXAMINATION: The right elbow and forearm scars are stable. There is mild tenderness over the forearm scar at the ulnar aspect. There is no sign of infection. Elbow and wrist motion are unrestricted. There is no ulnar nerve subluxation. Intrinsic strength is increased. Sensation is intact in all distributions.

TREATMENT PLAN: The therapy progress report from August 21 2012 was reviewed. Additional therapy was prescribed, including scar management and strengthening. Continued improvement is expected over time.

He may advance activities as tolerated in conjunction with therapy. Follow-up six weeks. Work status is limited forceful gripping and no lifting/pushing/pulling.

NEXT VISIT: Six weeks.

ACTIVITY/WORK STATUS: Restricted. Limited forceful gripping and no lifting/pushing/pulling.
Scott D. Sagerman, MD./sid

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SCOTT D. SAGERMAN, M.D.

SAM J. BIAFORA, M.D.

MICHAEL V. BIRMAN, M.D.

Patient ID: 80330
Patient Name: PAUL DULBERG
Date of Birth: 03/19/1970
Date of Service: 10/22/2012

CHART NOTE:

The patient was in the office today for evaluation of the right arm. He is feeling better. His function has improved. He had additional therapy with gains in his strength. The sensation in his fingers has improved. He is pleased that he can now grasp objects better than he did before surgery. He still has some difficulty with certain activities involving gripping and pinching small objects. *

PHYSICAL EXAMINATION: The right elbow and forearm scars are stable and nontender. There is no sensitivity at the cubital tunnel. There is no ulnar nerve subluxation. He still has tenderness at the dorsal aspect of the forearm scar but less pain with gripping activities. His maximum grip strength was 112 pounds, according to the most recent therapy measurement.

TREATMENT PLAN: The patient will continue home exercises as previously directed by the therapist. He may advance activities with use of his right arm as tolerated. Continued improvement in strength is expected over time.

We discussed his work activities. He is currently unemployed and plans to pursue disability.

NEXT VISIT: Six weeks.

ACTIVITY/WORK STATUS: Restricted. Limited forceful gripping. Limited lifting/pushing/pulling.
Scott D. Sagerman, MD./all

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SAM J. BIAFORA, M.D.

MICHAEL V. BIRMAN, M.D.

Patient ID: 80330
Patient Name: PAUL DULBERG
Date of Birth: 03/19/1970
Date of Service: 12/03/2012

CHART NOTE:

The patient was in the office today for evaluation of his right hand. He still has some weakness in his pinch strength and difficulty grasping objects. He is performing home exercises.

He also reports a recent onset of left elbow symptoms with no preceding trauma.

PHYSICAL EXAMINATION: Examination of the right elbow and forearm scars are stable with no tenderness or sensitivity. Finger motion is normal. There is slight weakness in key pinch. Sensation is intact in all distributions.

The left elbow shows tenderness at the lateral epicondyle. Range of motion is guarded. There is pain at the end range of extension and pain is reproduced with resisted wrist extension. There is no effusion or bursitis. The posteromedial scar is stable. There is no joint crepitus.

X-RAY EXAMINATION: Multiple views of the left elbow today are negative.

IMPRESSION: Left lateral epicondylitis.

TREATMENT PLAN: I explained the diagnosis and treatment options. The etiology of the condition was discussed. A therapy referral is given for epicondylitis protocol. Activity modifications were explained. He will continue home exercises for the right hand for strengthening.

Follow-up 4-6 weeks. Work status is limited forceful gripping; limited lifting/pushing/pulling.

NEXT VISIT: 4-6 weeks.

ACTIVITY/WORK STATUS: Restricted. Limited forceful gripping; limited lifting/pushing/pulling.
Scott D. Sagerman, MD./sld

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SCOTT D. SAGERMAN, M.D.

SAM J. BIAFORA, M.D.

MICHAEL V. BIRMAN, M.D.

Patient ID: 80330
Patient Name: PAUL DULBERG
Date of Birth: 03/19/1970
Date of Service: 01/14/2013

CHART NOTE:

The patient was in the office today for evaluation of the left arm. He is doing ok. He is participating in therapy. His symptoms have improved.

PHYSICAL EXAMINATION: Examination of the left elbow shows tenderness at the lateral epicondyle which is improved. Range of motion is improved. There is slight pain with resisted wrist extension. There is no crepitus. The skin is intact.

TREATMENT PLAN: He will continue therapy and home exercises for epicondylitis protocol. Activity modifications reviewed. A counterforce forearm brace may also be tried in conjunction with the therapy program.

Follow-up one month. Work status is limited forceful gripping; limited lifting/pushing/pulling.

NEXT VISIT: One month.

ACTIVITY/WORK STATUS: Restricted. Limited forceful gripping; limited lifting/pushing/pulling.
Scott D. Sagerman, MD./sld

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SAM J. BIAFORA, M.D.

AJAY K. BALARAM, M.D.

Patient ID: 80330
Patient Name: PAUL DULBERG
Date of Birth: 03/19/1970
Date of Service: 03/25/2013

CHART NOTE:

The patient was in the office today for evaluation of left elbow. He is doing well. His elbow feels better following therapy.

He has intermittent soreness in his right forearm area.

PHYSICAL EXAMINATION: The left elbow shows minimal tenderness at the lateral epicondyle. The skin is intact. Range of motion is full. There is slight pain with resisted wrist extension. There is no weakness.

The right forearm scar is stable. There is mild sensitivity at the most ulnar aspect.

TREATMENT PLAN: He will continue therapy and home exercises for the left elbow epicondylitis protocol. Continued improvement is expected over time. It does not appear that any invasive treatment is needed.

For the right forearm scar, a padded elbow sleeve was provided for protection.

He may return for follow up on an as-needed basis if symptoms worsen.

NEXT VISIT: PRN.

ACTIVITY/WORK STATUS: Restricted. Limited forceful gripping. Limited lifting/pushing/pulling.
Scott D. Sagerman, MD./all

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History & Physical Report #1

Paul Dulberg

7/8/2013 10:39 AM

Location: VH Office

Patient #: 80330

DOB: 3/19/1970

Undefined / Language: English / Race: Undefined

Male

History of Present Illness (Kim E Brandon, RT; 7/8/2013 10:44 AM)

The patient is a 43 year old male who presents for an evaluation of elbow pain. The pain is located in the left elbow. The onset of the elbow pain has been gradual and has been occurring for months. The course has been worsening. There are no relieving factors. Previous evaluations / treatments include : occupational therapy.

Allergies (Kim E Brandon, RT; 7/8/2013 10:40 AM)

No Known Drug Allergies. 07/08/2013

Family History (Kim E Brandon, RT; 7/8/2013 3:34 PM)

Cancer

Diabetes Mellitus

Social History (Kim E Brandon, RT; 7/8/2013 3:34 PM)

Hand Dominance. Right Handed.

Current Occupation. not working

Alcohol use. 07/08/2013: does not drink alcoholic beverages

Diabetic Diet. 07/08/2013: no

Illicit drug use. 07/08/2013: no

Tobacco use. 07/08/2013: Current every day smoker: 0.5 pack per day; Smoker for 20 years

Medication History (Kim E Brandon, RT; 7/8/2013 10:40 AM)

Naproxen DR (Oral) Specific dose unknown - Active.

Other Problems (Kim E Brandon, RT; 7/8/2013 3:34 PM)

Chronic or past head / neck disorders

Depression

Head Injury

Neurological disorder

Pneumonia

Review of Systems (Kim E Brandon, RT; 7/8/2013 3:34 PM)

General: Present- Chronic pain. Not Present- Fatigue, Fever, Night Sweats, Rapid weight loss or gain and Varicose veins / leg swelling.

HEENT: Not Present- Headache, Blindness / vision problems, Wears glasses/contact lenses, Hearing Loss, Ringing in the Ears and Dentures.

Respiratory: Not Present- Chronic Cough, Home oxygen use, Shortness of breath while resting, Shortness of breath from exertion and Wheezing.

Breast: Not Present- Breast Mass.

Cardiovascular: Not Present- Difficulty Breathing Lying Down, Leg cramps from exertion, Palpitations and Swollen ankles.

Gastrointestinal: Not Present- Abdominal Pain, Constipation, Diarrhea, Frequent nausea / vomiting, Heartburn and Stomach ulcers.

Male Genitourinary: Not Present- Blood in Urine, Bladder control problems, Chronic or past urinary disorders, Painful Urination and Recurrent bladder / kidney infections.

Musculoskeletal: Not Present- Back Pain, Fractures, Joint Pain, Joint Swelling and Muscle Cramps.

Neurological: Present- Numbness or tingling and Weakness In Extremities. Not Present- Blackout spells, Dizziness and Memory lapses.

Hematology: Not Present- Abnormal Bleeding, Easy Bruising and Excessive bleeding.

Vitals (Kim E Brandon, RT; 7/8/2013 10:42 AM)

7/8/2013 10:42 AM

Weight: 165 lb **Height:** 69 in

Body Surface Area: 1.91 m² **Body Mass Index:** 24.37 kg/m²

Physical Exam (Scott D Sagerman, MD; 7/8/2013 10:52 AM)

The physical exam findings are as follows:

Note: Left elbow slight tenderness over the lateral epicondyle. Skin intact. Range of motion full. Slight pain with resisted wrist extension.

Assessment & Plan (Kim E Brandon, RT; 7/8/2013 3:35 PM)

Lateral Epicondylitis (Tennis Elbow) (726.32)

Current Plans

- | Treatment options explained
- | Patient provided with referral for Occupational Therapy
- | Intermediate Joint (Wrist / Elbow) Injection / Aspiration (20605)
- | PROCEDURE / INJECTION

PROCEDURE: STEROID INJECTION

SITE: left elbow

Treatment options were reviewed. Explained risks, benefits, expectations, and possible side effects of steroid injection. The patient elected to proceed.

A Betadine and/or alcohol prep was performed. Precautions following the injection were explained. The patient tolerated the procedure well. Following the procedure there were no complaints. The patient was instructed to contact the office if any adverse reactions were noted.

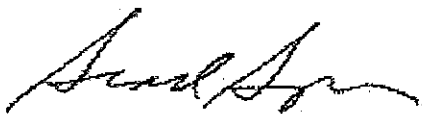
- | 1% Lidocaine HCl Injection, USP (J3490) (3 Units)
- | Dexamethasone Sodium Phosphate Injection, USP (4mg/mL) (J1100)
- | Follow up in 6 weeks
- | Return to Work Date: 7-8-13

Work status discussed with patient and written statement was provided.

☒ Unrestricted ☐ Restricted Therapy: ☐ Yes ☐ No

- ☐ Keep wound clean & dry ☐ No overhead use ☐ No lifting / pushing / pulling
- ☐ No use of affected hand / arm ☐ Limited overhead use
- ☐ Limited lifting / pushing / pulling #
- ☐ Wear Splint / Sling / Cast ☐ No forceful gripping ☐ No gym / sports
- ☐ Sedentary ☐ Limited forceful gripping

☐ Other:



Signed electronically by Scott D Sagerman, MD (7/12/2013 10:59 AM)

Procedures

Intermediate Joint (Wrist / Elbow) Injection / Aspiration (20605) Performed: 07/08/2013 (Ordered)

1% Lidocaine HCl Injection, USP (J3490) (3 Units) Performed: 07/08/2013 (Ordered)

Dexamethasone Sodium Phosphate Injection, USP (4mg/mL) (J1100) Performed: 07/08/2013 (Ordered)

History & Physical Report #2**Paul Dulberg**

8/26/2013 10:57 AM

Location: VH Office

Patient #: 80330

DOB: 3/19/1970

Undefined / Language: English / Race: Undefined

Male

History of Present Illness (Scott D Sagerman, MD; 8/29/2013 5:01 PM)

The patient is a 43 year old male presenting for a follow up visit. The patient is improving (Still complains of intermittent right forearm muscle cramping).

Physical Exam (Scott D Sagerman, MD; 8/26/2013 11:15 AM)

The physical exam findings are as follows:

Note: left elbow shows the tenderness in the lateral condyle region. Skin is intact. Range of motion full. No pain with resisted wrist extension. No joint crepitus.
right forearm scar is stable with no focal tenderness or sensitivity. He describes intermittent muscle spasms with the discomfort despite medication.

Assessment & Plan (Scott D Sagerman, MD; 8/29/2013 5:00 PM)

Lateral Epicondylitis (Tennis Elbow) (726.32)

Story: Left

Current Plans

- ☐ Treatment options explained
- ☐ Therapy notes reviewed / discussed with patient
- ☐ Patient instructed to continue home exercise program. When morning stiffness has resolved, then home exercises may be discontinued.
- ☐ Activity restrictions discussed
- ☐ Follow up as needed
- ☐ Return to Work Date: 08/26/13

Work status discussed with patient and written statement was provided.

[xx] Unrestricted [] Restricted Therapy: [] Yes [] No

- ☐ Keep wound clean & dry [] No overhead use [] No lifting / pushing / pulling
- ☐ No use of affected hand / arm [] Limited overhead use
- ☐ Limited lifting / pushing / pulling #
- ☐ Wear Splint / Sling / Cast [] No forceful gripping [] No gym / sports
- ☐ Sedentary [] Limited forceful gripping

[] Other:

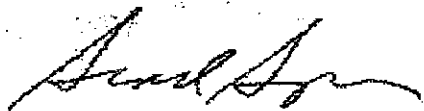
PAIN IN JOINT, FOREARM / ELBOW (719.43)

Story: right

Current Plans

Referral to Neurology, Dr Kathleen Kujawa

Note: the patient's neurologist suspects possible dystonia. Referral suggested for evaluation and medical treatment. Discussed with Dr. Levin.



Signed electronically by Scott D Sagerman, MD (8/29/2013 5:01 PM)

From: CAMRI of Round Lake 8475463600 8475463633 To: LEVIN KAREN Page: 2/3 Date: 2/5/2012 11:44:25 AM



PATIENT: DULBERG, PAUL
MRN: 1585839

PHYSICIAN: LEVIN, MD, KAREN
EXAM: MR FOREARM W/ AND
W/O T3226
DOB: 03/19/1970
DOS: 02/03/2012

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

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

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

Contrast: 15 cc of gadolinium was infused.

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

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

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

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

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

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

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

www.openadvancedmri.com

If there are any questions about this fax or you are not the intended recipient. Please call 1-888-674-4674.

From: OAMRI of Round Lake 8475463600-8475463633

To: LEVIN KAREN

Page: 3/3

Date: 2/3/2012 11:44:25 AM



DULBERG, PAUL
MR FOREARM W/ AND W/O T3220
02/03/2012

Page 2 of 2

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

Thomas A. Predey, MD

Electronically Signed By: THOMAS A. PREDEY MD

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

Dr. Ian Fisher (847) 414-5035, Dr. Jay Korach (847) 691-7673

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

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 ASSOCIATED NEUROLOGY, S.C.

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

July 28, 2011

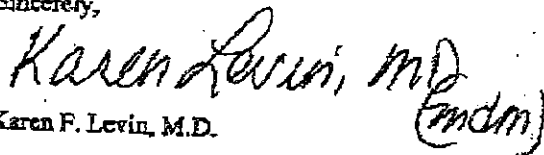
Mr. Hans Mast
3416 W. Elm Street
McHenry, IL 60050

RE: Paul Dulberg

Dear Mr. Mast,

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

Sincerely,


(mdm)

Karen F. Levin, M.D.

KFL/kdm

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P. 4

8475490404

ASSOC#NEUROLOGY 10:14AM 2012 77 27 FEB

08/28/2013 08:51 FAX 18479560433
AUG-28-2013 MON 09:28 AM

Hand Surgery Associates

0003/0007

P. 002

FAXED

8/29/13UH

DYNAMIC HAND THERAPY

Re-Evaluation of Progress, Goals and Plan of Care

Patient: Paul Dulberg Physician: Dr. Saggaman Date: 8/22/13
 Diagnosis: ① Lateral Epicondylitis Date of Injury: 11/12
 Surgical Fix. Date: 7/13 Procedure: Cortisone Injection ① elbow Start of Care: 7/23/13

Number of visits to date: _____

SUBJECTIVE:

① Pain: 0 /10 at rest / best 2-3 /10 with activity / 5-6 /10 2 hand grasp

Details: Pain improved from 3-4/10 to 2-3/10 with activity; 5-6/10 almost unchanged

Function/ADL's:

Improvements: Bringing hand to mouth for eating, drinking, grooming

Continued difficulties: Strength on lifting of objects

OBJECTIVE:Wound/Scar: 0

See flow sheet for:

☐ Edema: No edema noted

☐ Sensation: _____

☒ ROM: Slight improvements noted in V/H, sup. in LUE

☒ Strength: ① 3pt? 2pt pinch improved; ② grasp decreased (② > ①)

Treatment summary to date: Focus of care has been STAP, stretches, myofascial massage, and modalities (ultrasonic US)

Goals: STG's met ☐ yes ☒ no LTO's met ☐ yes ☒ no

Revised functional goals:

1. TBA of pt RTOE

2.

3.

08/28/2013 MON 8:54 AM [TX/RX NO 6851] @ 0003

08/26/2013 08:51 FAX 18479560433
AUG-26-2013 MON 09:26 AM

Hand Surgery Associates

0004/0007

P. 003

Patient: Paul Dulberg Date: 8/22/13

Assessment/therapist impression: He has made some improvements, but has also regressed
in grip strength - he reports "having a weak hand today" he will continue to
perform OT per MD order.

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

☐ other: _____

PLAN:

Modalities: Cont OT per MD order

Exercise: _____

Splinting: _____

Other: _____

Rehabilitation Potential: ☐ excellent ☐ good ☐ fair ☐ guarded ☐ other _____

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

I have reviewed this plan of care and recognize 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 request/concerns: None HEP

W. S. Harnath
Therapist Signature

Paul Dulberg 8/29/13
The above notes have been reviewed.
Physician's Signature: _____ date: _____
Fax will be provided if appropriate

Fax this page back to 847-587-3346

08/26/2013 MON 8:54 AM [TX/RX NO 8851] 0004

PATIENT NAME: Paul Dillbeck

Dynamic Hand Therapy Grip / Punch Strength Flow Sheet

[illegible]

P. 064

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Hand SURVEY 455018285

08/26/2013 08:55 FAX 18479558433
AUG-26-2013 MON 09:26 AM

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Dulberg 007731

08/26/2013 08:51 FAX 18479560433
AUG-26-2013 MON 09:28 AM

Hand Surgery Associates

0004/0007

7.003

Patient: Paul Dulberg Date: 8/22/13Assessment/therapist impression: He has made some improvements, but has also regressedin gross bilateral dexterity - he reports "having a weak day today" - we will continue to
perform OT per MD order.Skilled therapy needed for: ☐ progression of exercise ☐ continued need for manual therapy☐ other: _____

PLAN:

Modalities: Cont OT per MD order

Exercise: _____

Splinting: _____

Other: _____

Rehabilitation Potential: ☐ excellent ☐ good ☒ fair ☐ guarded ☐ other _____

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

I have reviewed this plan of care and certify 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: Needs HEPTherapist Signature: W. S. Haman

The above notes have been reviewed.

Physician's Signature: Paul Dulberg

date

New RX will be provided if appropriate

Fax this page back to 847-587-3346

08/26/2013 MON 8:54 AM [TX/RX NO 8851] 0004

08/26/2013 08:51 FAX 18479560433
AUG-26-2013 MON 09:26 AM

Hand Surgery Associates

0005/0007

P.004

Dynamic Hand Therapy Grip / Pinch Strength (New Sheet)

Patient Name: *Paul Dulberg*

Exam Date	8/22/13											
Measurements: Kg Lb	R	L	R	L	R	L	R	L	R	L	R	L
Grip Strength -- Junior 2nd Position												
Total 1	100	130										
Total 2	100	126										
Total 3	96	130										
Average	99	129										
Grip Circum - Larger Diameter												
Architect:												
1st Position												
2nd Position												
3rd Position												
4th Position												
Exercises:												
5th Position												
Agar Alternating Test												
Pinch Strengths												
3-Point (3-Jaw Clench)	22	19 (44)										
2-Point (Pinch)	17	16 (41)										
1-Point Key	26	26 (61)										
Examiner's Initials	<i>JMS</i>											

08/26/2013 MON 8:54 AM TX/RX NO 68511 0005

08/26/2013 08:51 FAX 18479560433
AUG-26-2013 MON 09:26 AM

Hand Surgery Associates

0006/0067

P. 005

Dynamic Hand Therapy Grip / Pinch Strength Flow Sheet

Patient Name: Paul Dulberg

Exam Date	1-30-13	2-28-13	3-29-13	4-02-13	7-23-13
Measurements: Kg, Lb	R L	R L	R L	R L	R L
Grip Strength - Jamar 2nd Position					
Trial 1	150	85	101	130	108
Trial 2	140	110	102	137	110
Trial 3	116	99	119	136	99
Average	109	98	107.4	134.5	105
1st Position					
2nd Position					
3rd Position					
4th Position					
5th Position					
Pinch Strength					
3-Point (3-Jaw Chuck)	16	12	15	23	11
2-Point (2-Jaw)	8	13	11	13	14
Lateral Key	17	20	15	27	20
Examiner's Initials	JMS	NLU	JMS	NLU	JMS

08/26/2013 MON 8:54 AM ITX/RX NO 68511 0006

06/26/2013 06:52 FAX 18479560433
AUG-26-2013 MON 09:27 AM

Hand Surgery Associates

0007/0007

P. 006

Dynamic Hand Therapy - Active F - - of Motion

Patient Name: Paul Dulberg

Exam Date	12/21/12	1/30/13	2/28/13	3/29/13	4/20/13	5/03/13	8/22/13
Shoulder							
Flexion							
Extension							
Abduction							
External Rotation							
Internal Rotation							
Elbow & Forearm							
Flexion	105	20F/35	148	151	155	148	149
Extension	111	30-8	0	0	-8	-6	-4
Pronation	65	70	70	75	75+	75	75
Supination	70	75	75	75	80	75	75
Wrist							
Flexion	65	70+	75	75	75	35	down
Extension	105	70+	70	75	70	30	
Radial Deviation	70	35	30	20	25	25	
Ulnar Deviation	25	35	30	35	30+	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	LMMS	LMMS	LMMS	LMMS	LMMS	LMMS	LMMS

08/26/2013 MON 8:54 AM ITX/RX NO 68511 0007

Hand Surgery Associates, SC. Hand • Shoulder • Elbow • Wrist

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FAX: 847-956-0433

515 W. Algonquin Rd., Arlington Heights, IL 60005

ALSP, BOLINGBROOK, CHICAGO, COUNTRYSIDE, ELMHURST, GLENVIEW, OAK LAWN, VERNON HILLS

PATIENT NAME: Dulberg, Paul

DOB: _____

DOS: _____

[] MUST BE SEEN TODAY [] UPDATED ORDERS [] CAN BE RESCHEDULED

DIAGNOSIS: Latent Epicondylitis

CODE _____

THERAPY: ORSELEGR1-2 VISITS 1-2 TIMES/WEEK 6 WEEKS FREQUENCY

SITE OF THERAPY ORDERED: SHOULDER _____

UPPER ARM _____

ELBOW _____

WRIST _____

HAND _____

PLEASE INDICATE R OR L (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☐ FLUID THERAPY☐ PARAFFIN☐ IONTOPHORESIS _____ DEXAMETHASONE☒ COLD/HOT PACKS☐ BIOFEEDBACK**SPLINTING INSTRUCTIONS****SPLINTING:**☐ STATIC ☐ DYNAMIC☐ SERIAL STATIC☐ HAND BASED THUMB CMC☐ SPLINTS ALTERNATIVES**SPECIAL THERAPY INSTRUCTIONS**NIRSKILLProsthetic**WORK READINESS****WOUND CARE**☐ WHIRLPOOL

FREQUENCY _____

DRESSING CHANGES

TYPE _____

FREQ _____

SIGNATURE: _____

MICHAEL I. VENDER, M.D. SCOTT D. SAGERMAN, M.D. PRASANT ATLURI, M.D. SAN J. BIRFOA, M.D. MICHAEL V. BIRMAN, M.D.
SIGNATURE OF M.D. CONSTITUTES MEDICAL NECESSITYDATE: 7/8/13

Mar 13 2012 11:00AM ASSOC#NEUROLOGY

8475490404

P. 1

Associated Neurology, S.C.

MITCHELL S. GROBMAN, MD.
KAREN F. LEVIN, MD.**NEUROPHYSIOLOGY REPORT**

Name: Dulberg, Paul

Test No.: 12-0305

Date of Exam: 13-Mar-12

Consulting Doctor: Scott Sagerman, M.D.

Motor Nerve Conduction:

Nerve and Site	Latency	Amplitude	Segment	Latency Difference	Distance	Conduction Velocity
Median R						
Wrist	3.9 ms	5.4 mV				
Elbow	8.3 ms	3.1 mV	Wrist-Elbow	4.4 ms	240 mm	55 m/s
Ulnar R						
Wrist	3.0 ms	12.3 mV				
Below elbow	6.7 ms	11.4 mV	Wrist-Below elbow	3.7 ms	220 mm	59 m/s
Above elbow	8.4 ms	11.3 mV	Below elbow-Above elbow	1.7 ms	100 mm	59 m/s

F-Wave Studies:

Nerve	MF-Latency	F-Latency
Median R	3.9 ms	29.6 ms
Ulnar R	3.3 ms	28.7 ms

Sensory Nerve Conduction:

Nerve and Site	Onset Latency	Peak Latency	Amplitude	Segment	Latency Difference	Distance	Conduction Velocity
Median R							
Digit II (index finger)	2.4 ms	3.2 ms	23 µV	Wrist-Digit II (index finger)	2.4 ms	130 mm	53 m/s
Ulnar R							
Digit V (little finger)	2.0 ms	2.7 ms	28 µV	Wrist-Digit V (little finger)	2.0 ms	110 mm	55 m/s

Needle EMG Examination:

Muscle	Spontaneous and Volitional Activity					
	Fibr	+Waves	Fascic	Poly	Atrop	Dir
Flexor carpi radialis R	None	None	None	None	Normal	Normal
Flexor carpi ulnaris R	None	None	None	None	Normal	Normal
Extensor indicis proprius R	None	None	None	None	Normal	Normal
1st dorsal interosseus R	None	None	None	None	Normal	Normal
Abductor digiti minimi (musculus) R	None	None	None	None	Normal	Normal
Abductor pollicis brevis R	None	None	None	None	Normal	Normal

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

EMG: No denervation potentials are seen.

Conclusions: No electrophysiologic evidence of focal or diffuse peripheral neuropathy.

Karen F. Levin
Karen F. Levin, M.D.

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PHONE (847) 349-0053 • FAX (847) 349-0404

Associated Neurology, S.C.MITCHELL S. GROBMAN, M.D.
KAREN F. LEVIN, M.D.**NEUROPHYSIOLOGY REPORT**

Name: Dulberg, Paul

Test No.: 11-0802

Date of Exam: 10 Aug 11

Motor Nerve Conduction:

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

F-Wave Studies:

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

Sensory Nerve Conduction:

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

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

Conclusions: No electrophysiologic evidence of diffuse neuropathy.

Karen F. Levin
Karen F. Levin, M.D.

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P-3

8475490404

FEB 27 2012 10:14 AM ASSOC#NEUROLOGY

APR-22-2013 MON 02:18 PM

P.002

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

Patient: Paul Dulberg Physician: D. Sogerman Date: 4-22-13
 Diagnosis: ① Lateral Epicondylitis Date of Injury: 11/12
 Surgical Hx: Date _____ Procedure _____ Start of Care: _____
 Number of visits to date: _____

SUBJECTIVE:

Pain: 2 /10 at rest / best 3-4 /10 with activity / at worst 5 spikes up to 6/10

Details: Only using splint now "after I hurt it", Pain spikes & quick supination movements

Function/ADL's:

Improvements: Opening potato chip bags, Ping pain & most activities, lifting 1/2 gallon

Continued difficulties: opening a yogurt, opening tight containers, resealing bags
making bread, lifting full pots & pans

OBJECTIVE:

Wound/Scar: N/A

See flow sheet for:

☐ Edema: NT

☐ Sensation: NT

☒ ROM: ↑ d elbow ✓ d supination

☒ Strength: ③ grip ↑ d 16#, ② 3pt ↑ d 2#, ② 2pt ↑ d 3#, ② lat pinch ↑ d 8#

Treatment summary to date: Pt has been performing home exercises & using splint
as needed for pain for past 4 wks. Pt has shown continuing
improvements in strength & functional activities.

Goals: STG's met: E yes ☐ no LXG's met: E yes ☐ no

Revised functional goals:

1. D/LC O.T. & H.E.P.

2. _____

3. _____

APR-22-2013 MON 02:18 PM

P. 003

Patient: Paul Dulberg Date: 4-22-13

Assessment/therapist impression: It has shown improvements in all areas
While continuing to keep & feels he is ready for discharge
at this time

Skilled therapy needed for: ☐ progression of exercise ☐ continued need for manual therapy☐ other: D/C O.T.

PLAN:

Modalities: _____

Exercise: _____

Splinting: _____

Other: WRehabilitation Potential: ☐ excellent ☒ good ☐ fair ☐ guarded ☐ other _____***Frequency/Duration: 2 times/week for 2 weeks or 0 additional visits***

I have reviewed this plan of care and certify 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: _____

Monica DTR/L
Therapist Signature

Argin 4/23/13
Physician's Signature date

Fax this page back to 847-587-3346

P. 004

Dynamic Hand Therapy Grip / Pinch Strength Flow Sheet

Patient Name: Paul Dulberg

Exam Date	1/30/13		2-28-13		3/29/13		4/22/13			
Measurements: Kg Lb	R	L	R	L	R	L	R	L	R	L
Grip Strength - Jamar 2nd Position										
Trial 1	160	85	101	130	108	103	114	135		
Trial 2	110	110	102	137	110	130	84	136		
Trial 3	116	99	119	136	99	116	102	136		
Average	109	98	107#	134#	105	120		136		
Grip Curve - Jamar Dynamometer										
Intrinsic: 1st Position										
2nd Position										
3rd Position										
4th Position										
Extrinsic: 5th Position										
R Alternating Test										
L Alternating Test										
Pinch Strengths										
3-Point (3-Jaw Chuck)	16	12	15	23	11	27 (21#)	15	24 (12)		
2-Point (Pad)	8	13	11	13	14	12 (41#)	13	15 (13)		
Lateral Key	17	20	15	27	20	20 (17#)	20	28 (18)		
Examiner's Initials	JMS		NN		JMS		NN			

APR-22-2013 MON 02:16 PM

10/14/2013 02:58 pm

Paul Dulberg DOB 03/19/1970

Dulberg 007741

35/41

APR-22-2013 MON 02:17 PM

P. 005

Dynamic Hand Therapy -- Active E... of Motion

Patient Name: Paul Dulberg

Exam Date	2/2/12	1/30/13	2/28/13	3/29/13	4/10/13
Shoulder					
Flexion					
Extension					
Abduction					
External Rotation					
Internal Rotation					
Elbow & Forearm					
Flexion	120	20-135	48	151	155
Extension	14	20-8	0	0	-8
Pronation	65	70	70	75	75+
Supination	70	75	75	75	80
Wrist					
Flexion	45	70+	75	75	75
Extension	105	70+	70	75	70
Radial Deviation	25	35	30	30	25
Ulnar Deviation	25	35	30	35	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	AMS	AMS	AD	AMS	AD



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Palos Hills, IL 60465
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F 847.247.0540

SCHAUMBURG
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Ste. 200
Schaumburg, IL 60173
P 847.303.5790
F 847.303.5795

HISTORY & PHYSICAL

PATIENT: Dulberg, Paul **AGE:** 41 years old **EXAM DATE:** 12/02/11

CHIEF COMPLAINT: Right forearm pain.

HPI: Patient is a 41-year-old male who is right-hand dominant. He was referred by Dr. Karen Levin, MD, neurology, for evaluation of an injury he sustained to his right medial forearm in June of 2011. He apparently was using a chain saw when he accidentally struck the volar medial aspect of his right forearm in roughly the mid forearm range with a chain saw. He had a large open wound down to muscle. He was seen in the emergency department where the wound is here it at the muscle was sewn together and the skin was closed. He followed up with his primary care provider. He has noted persistent pain which he describes as intermittent and shooting in character radiating from the laceration site. He occasionally has intermittent numbness and tingling in the ring and small finger. He reports grip weakness and no endurance with wrist flexion and gripping. He has not had therapy to date. He did have an EMG/NCS performed by Dr. Levin in August of 2011. Per the patient the study was normal. I do not have that study available at this moment. He currently is not working but is a graphic designer by training. He reports using a computer mouse for 20 minutes causes significant forearm pain.

MEDICATION: Patient has no current medications.
ALLERGIES: nkda
REFERRAL SOURCE: Not Referred By

ILLNESSES: Arthritis
OPERATIONS: Ulnar Nerve Transportation: Active
SOCIAL HISTORY: Alcohol - Denies
Marital Status: Single
Smoking: current every day smoker
FAMILY HISTORY: Diabetes
OCCUPATION: Graphic Designer

ROS:

1. Head and Neck: System reported as normal by patient.
2. Heart: System reported as normal by patient.
3. Lungs: System reported as normal by patient.
4. GI: System reported as normal by patient.
5. GU: System reported as normal by patient.
6. Neuro: As per HPI.
7. Musculoskeletal: As per HPI.
8. Abdomen: System reported as normal by patient.
9. Heme/Lymph: System reported as normal by patient.
10. Other:

PHYSICAL EXAM:

Report Date: June 21, 2012 Patient: Dulberg, Paul R DOS: 12/02/11

Vitals:

No data for Vitals.

Appearance:

No distress, good color on room air. Alert and cooperative.

Skin:

Bilateral upper extremities: no open wounds or skin changes.

Neuro:

Bilateral upper extremities: Median, radial and ulnar nerves are motor and sensory intact. Light touch intact all digits, no weakness or wasting.

Vascular:

Bilateral upper extremities: palpable radial pulses and brisk capillary refill.

Focused Exam:

Examination of his right upper extremity reveals his elbow has normal painless range of motion. No focal tenderness to palpation. Collateral ligaments are stable. His forearm compartments are soft. He has a well-healed transverse laceration on the volar medial mid forearm level. There is no erythema, drainage, or fluctuance at the level of the laceration. There is no tenderness to palpation at the laceration site. There is some apparent muscle incongruity. Distally his hand demonstrates no atrophy. He has 5 out of 5 intrinsic strength. 5 out of 5 APB strength. He can make a full fist with full extension of all digits. He does not demonstrate a clawed posture. He has a negative Froment sign. He has a positive Wartenberg sign. Wrist flexion and extension is 5 out of 5 strength. He has a palpable FCU and ECU tendons at the level of the wrist. They have appropriate tension.

None today.

IMAGING:**ASSESSMENT:****DIAGNOSIS:****PROCEDURES:**

906.1-LATE EFFECT OPEN WND EXTREM

99203-NEW Detailed, Low Complexity

PLAN:**Plan:**

I reviewed findings, treatment options, and recommendations with the patient concerning the forearm complaints he has. I would like to see the official report of the EMG/NCS. We will obtain this report. There is no evidence of a complete injury to his ulnar nerve on physical exam. His complaints are likely muscular in origin. He may have some superficial sensory complaints as well. I do not think he needs any surgical intervention at this time. I did recommend and provided him with a prescription for occupational therapy to work on strengthening and conditioning of the forearm muscles. They can also perform some pain control modalities. I would like to see him back in 4-6 weeks' time to see if therapy is of some assistance to him. I will contact him by phone if his EMG is significantly abnormal. Otherwise we will discuss it at the next followup visit. Patient was in agreement with the plan.

Prescription:

No data for Prescription

Work Status:

Not applicable.



Marcus G. Talerico, M.D.

Referred by: Dr. Karen Levin

Primary Care Physician: Dr. Sek

Other: n/a

Fax Created - Dated: 12/5/2011 10:03 AM Referred Physician: MC



OAKBROOK TERRACE 1 TransAm Plaza Drive, Ste. 460 Oakbrook Terrace, IL 60181 P 630.317.7007 F 630.317.7088	LOCKPORT 16610 W. 159th St. Ste. 103 Lockport, IL 60441 P 708.237.7200 F 708.237.7201	PALOS HEIGHTS 10330 S. Roberts Road Palos Hills, IL 60465 P 708.237.7200 F 708.237.7201	LIBERTYVILLE 1419 Peterson Road Libertyville, IL 60048 P 847.247.0547 F 847.247.0540	SCHAUMBURG 1990 East Algonquin Rd. Ste. 200 Schaumburg, IL 60173 P 847.303.5790 F 847.303.5795

PATIENT: Dulberg, Paul R **AGE:** 41 years old **EXAM DATE:** 01/06/12
HOME: 4648 Aden Court
 Mchenry, IL 60051 **PID:** 1002454

CHIEF COMPLAINT: Right forearm pain.

Nurse's Notes: Patient doesn't feel occupation therapy is helping. He complaints of pain/soreness and loss of strength. MT

Referred by: Not Referred By

HPI: Patient is a 41-year-old male who is right-hand dominant. He was referred by Dr. Karen Levin, MD, neurology, for evaluation of an injury he sustained to his right medial forearm in June of 2011. He apparently was using a chain saw when he accidentally struck the volar medial aspect of his right forearm in roughly the mid forearm range with a chain saw. He had a large open wound down to muscle. He was seen in the emergency department where the wound was debrided and the muscle was sewn together and the skin was closed. He followed up with his primary care provider. He has noted persistent pain which he describes as intermittent and shooting in character radiating from the laceration site. He occasionally has intermittent numbness and tingling in the ring and small finger. He reports grip weakness and no endurance with wrist flexion and gripping. He has not had therapy to date. He did have an EMG/NCS performed by Dr. Levin in August of 2011. Per the patient the study was normal. I saw the patient a proximally one month ago recommended a course of occupational therapy. He has attended one or 2 sessions thus far. I also obtained and the EMG nerve conduction study to review. The patient reports no improvement in symptoms. He thinks that therapy is not helpful. He feels he is getting weaker. He feels burning in the forearm region. He also asked me about disability paperwork.

MEDICAL HISTORY: Arthritis

MEDICATION: naproxen (Dosage: 375 mg Tablet, Delayed Release (E.C.) SIG: Take 1 tablet Oral twice a day Oral Dispense: 90 Refills: 2)

ALLERGIES: nkda

SOCIAL HISTORY Alcohol - Denies
 Marital Status: Single
 Smoking: current every day smoker

PHYSICAL EXAM:

Appearance: No distress. Alert and cooperative.
Skin: Bilateral upper extremities: no open wounds or skin changes. Well-healed laceration in the mid forearm region right side ulnar aspect. No evidence of infection.
Neuro: Bilateral upper extremities: light touch intact all digits, no weakness or wasting.
Focused Exam: Elbow with full and painless motion in the right side. Forearm compartments are soft there is no obvious deformity. He has preserved wrist flexion and extension strength. He can make a full fist and has full extension of all digits. He has no intrinsic or thenar atrophy. He has 5/5 APB and intrinsic strength. He has a negative Froment sign. He does have a positive Wartenberg sign. FDP to the small finger is 5/5.

IMAGING: None today.

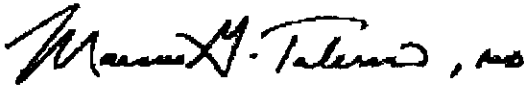
Report Date: June 21, 2012 **Patient:** Dulberg, Paul R **DOS:** 01/06/12

DIAGNOSIS: 906.1-LATE EFFECT OPEN WND EXTREM
PROCEDURES: 99213-ESTABLISHED Expanded, Low Complexity

ASSESSMENT & PLAN:

Plan: I reviewed findings, treatment options, and recommendations with the patient concerning the forearm complaints he has. I reviewed the EMG/NCS which is a normal study. There is no evidence of ulnar nerve injury. Given the location of his injury this is the only significant problem I can imagine from this wound. There is no evidence of any nerve or tendon injury. He may have some residual soreness and some superficial sensory abnormalities but this should improve over time. Our recommendation is simply continued therapy. No need for surgical intervention that I can foresee. Unfortunately do not have anything further to offer the patient at this time. I would be happy to see him back in the future on an as needed basis.

Work Status: Not applicable.



Marcus G. Talerico, M.D.

Referred by: Dr. Karen Levin
Other: Hans Mast(Attorney)

Fax Created: Dated: 6/26/2012 3:25 PM

Fax Created: Dated: 6/26/2012 3:13 PM

History & Physical Report #1

Paul Dulberg

7/8/2013 10:39 AM

Location: VH Office

Patient #: 80330

DOB: 3/19/1970

Undefined / Language: English / Race: Undefined

Male

History of Present Illness (Kim E Brandon, RT; 7/8/2013 10:44 AM)

The patient is a 43 year old male who presents for an evaluation of elbow pain. The pain is located in the left elbow. The onset of the elbow pain has been gradual and has been occurring for months. The course has been worsening. There are no relieving factors. Previous evaluations / treatments include : occupational therapy.

Allergies (Kim E Brandon, RT; 7/8/2013 10:40 AM)

No Known Drug Allergies. 07/08/2013

Family History (Kim E Brandon, RT; 7/8/2013 3:34 PM)

Cancer

Diabetes Mellitus

Social History (Kim E Brandon, RT; 7/8/2013 3:34 PM)

Hand Dominance. Right Handed.

Current Occupation. not working

Alcohol use. 07/08/2013: does not drink alcoholic beverages

Diabetic Diet. 07/08/2013: no

Illicit drug use. 07/08/2013: no

Tobacco use. 07/08/2013: Current every day smoker: 0.5 pack per day; Smoker for 20 years

Medication History (Kim E Brandon, RT; 7/8/2013 10:40 AM)

Naproxen DR (Oral) Specific dose unknown - Active.

Other Problems (Kim E Brandon, RT; 7/8/2013 3:34 PM)

Chronic or past head / neck disorders

Depression

Head Injury

Neurological disorder

Pneumonia

Review of Systems (Kim E Brandon, RT; 7/8/2013 3:34 PM)

General: Present- Chronic pain. Not Present- Fatigue, Fever, Night Sweats, Rapid weight loss or gain and Varicose veins / leg swelling.

HEENT: Not Present- Headache, Blindness / vision problems, Wears glasses/contact lenses, Hearing Loss, Ringing in the Ears and Dentures.

Respiratory: Not Present- Chronic Cough, Home oxygen use, Shortness of breath while resting, Shortness of breath from exertion and Wheezing.

Breast: Not Present- Breast Mass.

Cardiovascular: Not Present- Difficulty Breathing Lying Down, Leg cramps from exertion, Palpitations and Swollen ankles.

Gastrointestinal: Not Present- Abdominal Pain, Constipation, Diarrhea, Frequent nausea / vomiting, Heartburn and Stomach ulcers.

Male Genitourinary: Not Present- Blood in Urine, Bladder control problems, Chronic or past urinary disorders, Painful Urination and Recurrent bladder / kidney infections.

Musculoskeletal: Not Present- Back Pain, Fractures, Joint Pain, Joint Swelling and Muscle Cramps.

Neurological: Present- Numbness or tingling and Weakness In Extremities. Not Present- Blackout spells, Dizziness and Memory lapses.

Hematology: Not Present- Abnormal Bleeding, Easy Bruising and Excessive bleeding.

Vitals (Kim E Brandon, RT; 7/8/2013 10:42 AM)

7/8/2013 10:42 AM

Weight: 165 lb **Height:** 69 in

Body Surface Area: 1.91 m² **Body Mass Index:** 24.37 kg/m²

Physical Exam (Scott D. Sagerman, MD; 7/8/2013 10:52 AM)

The physical exam findings are as follows:

Note: Left elbow slight tenderness over the lateral epicondyle. Skin intact. Range of motion full. Slight pain with resisted wrist extension.

Assessment & Plan (Kim E Brandon, RT; 7/8/2013 3:35 PM)

Lateral Epicondylitis (Tennis Elbow) (726.32)

Current Plans

- | Treatment options explained
- | Patient provided with referral for Occupational Therapy
- | Intermediate Joint (Wrist / Elbow) Injection / Aspiration (20605)
- | PROCEDURE / INJECTION

PROCEDURE: STEROID INJECTION

SITE: left elbow

Treatment options were reviewed. Explained risks, benefits, expectations, and possible side effects of steroid injection. The patient elected to proceed.

A Betadine and/or alcohol prep was performed. Precautions following the injection were explained. The patient tolerated the procedure well. Following the procedure there were no complaints. The patient was instructed to contact the office if any adverse reactions were noted.

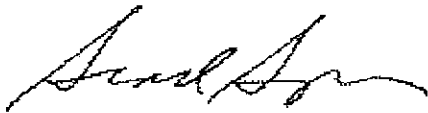
- | 1% Lidocaine HCl Injection, USP (J3490) (3 Units)
- | Dexamethasone Sodium Phosphate Injection, USP (4mg/mL) (J1100)
- | Follow up in 6 weeks
- | Return to Work Date: 7-8-13

Work status discussed with patient and written statement was provided.

[x] Unrestricted [] Restricted Therapy: [] Yes [] No

- [] Keep wound clean & dry [] No overhead use [] No lifting / pushing / pulling
- [] No use of affected hand / arm [] Limited overhead use
- [] Limited lifting / pushing / pulling #
- [] Wear Splint / Sling / Cast [] No forceful gripping [] No gym / sports
- [] Sedentary [] Limited forceful gripping

[] Other:



Signed electronically by Scott D Sagerman, MD (7/12/2013 10:59 AM)

Procedures

Intermediate Joint (Wrist / Elbow) Injection / Aspiration (20605) Performed: 07/08/2013 (Ordered)

1% Lidocaine HCl Injection, USP (J3490) (3 Units) Performed: 07/08/2013 (Ordered)

Dexamethasone Sodium Phosphate Injection, USP (4mg/mL) (J1100) Performed: 07/08/2013 (Ordered)

History & Physical Report #2

Paul Dulberg

8/26/2013 10:57 AM

Location: VH Office

Patient #: 80330

DOB: 3/19/1970

Undefined / Language: English / Race: Undefined

Male

History of Present Illness (Scott D Sagerman, MD; 8/29/2013 5:01 PM)

The patient is a 43 year old male presenting for a follow up visit. The patient is improving (Still complains of intermittent right forearm muscle cramping).

Physical Exam (Scott D Sagerman, MD; 8/26/2013 11:15 AM)

The physical exam findings are as follows:

Note: left elbow shows the tenderness in the lateral condyle region. Skin is intact. Range of motion full. No pain with resisted wrist extension. No joint crepitus.

right forearm scar is stable with no focal tenderness or sensitivity. He describes intermittent muscle spasms with the discomfort despite medication.

Assessment & Plan (Scott D Sagerman, MD; 8/29/2013 5:00 PM)

Lateral Epicondylitis (Tennis Elbow) (726.32)

Story: Left

Current Plans

- | Treatment options explained
- | Therapy notes reviewed / discussed with patient
- | Patient instructed to continue home exercise program. When morning stiffness has resolved, then home exercises may be discontinued.
- | Activity restrictions discussed
- | Follow up as needed
- | Return to Work Date: 08/26/13

Work status discussed with patient and written statement was provided.

[☒] Unrestricted [] Restricted Therapy: [] Yes [] No

- [] Keep wound clean & dry [] No overhead use [] No lifting / pushing / pulling
- [] No use of affected hand / arm [] Limited overhead use
- [] Limited lifting / pushing / pulling #
- [] Wear Splint / Sling / Cast [] No forceful gripping [] No gym / sports
- [] Sedentary [] Limited forceful gripping

[] Other:

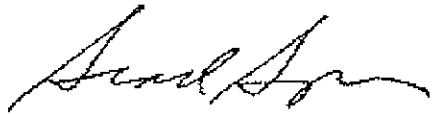
PAIN IN JOINT, FOREARM / ELBOW (719.43)

Story: right

Current Plans

- | Referral to Neurology, Dr Kathleen Kujawa

Note: the patient's neurologist suspects possible dystonia. Referral suggested for evaluation and medical treatment. Discussed with Dr. Levin.



Signed electronically by Scott D Sagerman, MD (8/29/2013 5:01 PM)

Encounters

Encounter 2 Date 08/26/2013

Diagnosis Lateral Epicondylitis (Tennis Elbow) (726.32), PAIN IN JOINT, FOREARM / ELBOW (719.43)

Encounter 1 Date 07/08/2013

Diagnosis Lateral Epicondylitis (Tennis Elbow) (726.32)

Hand Surgery Associates, SC
Dr. Sagerman/Dr. Biafora

HAND SURGERY ASSOCIATES SC
37400 EAGLE WAY
CHICAGO, IL 60678-1374

ADDRESS SERVICE REQUESTED

SA11 1003 0004274 220004274

ADDRESSEE

>08428 2116426 001 092096
PAUL DULBERG
4606 HAYDEN
MCHENRY, IL 60050

IF PAYING BY MASTERCARD, OR VISA, FILL OUT BELOW.	
CHECK CARD USING FOR PAYMENT	
☒ MASTERCARD	☐ VISA
CARD NUMBER	VERIFICATION #
CARDHOLDER NAME	EXP. DATE
SIGNATURE	AMOUNT

REMIT TO

HAND SURGERY ASSOCIATES SC
37400 EAGLE WAY
CHICAGO IL 60678-1374



Page	Statement Date	Due Date	Office Phone Number	Account #	Patient Balance	Show Amount Paid Here \$
1	08/10/12	08/25/12	(847) 956-0099	80330	Continued	

Please check box and use reverse side to indicate address or Insurance changes

STATEMENT

RETURN THIS PORTION WITH PAYMENT

Date	ICPT & Reason	Explanation of Activity	Charges & Debits	Insurance Pending	Payments & Credits	Patient Amount
Patient: Paul Dulberg						
		Balance Forward	116.00			
		---- Balance Forward Total				116.00
Provider: Sagerman, Scott D						
Voucher: 751730						
06/28/12	RECEIPT 124	Self Pay Credit Card Pa				
07/30/12	RECEIPT 126	Self Pay Credit Card Pa			-20.00	
		---- Visit Total			-20.00	-40.00
Voucher: 767730						
05/14/12	99212	Office Outpt Est 10 Min	90.00			
		---- Visit Total				90.00
Voucher: 841480						
06/06/12	99214	Office Outpt Est 25 Min	171.00			
		---- Visit Total				171.00
Voucher: 887630						
07/09/12	64718	Neurp&/Trpos Ur Nrv Elb	3318.00			
07/09/12	64708	Neurp Major Prph Nrv Ar	3353.00			
		---- Visit Total				6671.00
Provider: Biafora, Sam J						
Voucher: 818900						
05/17/12	99213	Office Outpt Est 15 Min	116.00			
		---- Visit Total				116.00
Voucher: 887640						
07/09/12	64718	Neurp&/Trpos Ur Nrv Elb	829.00			
07/09/12	64708	Neurp Major Prph Nrv Ar	838.00			

HAND SURGERY ASSOCIATES SC
37400 EAGLE WAY
CHICAGO, IL 60678-1374

Account Number: 80330
Office Phone Number: (847) 956-0099

Your prompt payment is greatly appreciated.

Ins. Pending: 0.00
Patient Balance: Dulberg 007752 Continued

HAND SURGERY ASSOCIATES SC
37400 EAGLE WAY
CHICAGO, IL 60678-1374

CHECK CARD USING FOR PAYMENT	
☒ MASTERCARD	☐ VISA
CARD NUMBER	VERIFICATION #
CARDHOLDER NAME	EXP. DATE
SIGNATURE	AMOUNT

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ADDRESSEE

REMIT TO

PAUL DULBERG

HAND SURGERY ASSOCIATES SC
37400 EAGLE WAY
CHICAGO IL 60678-1374



Page	Statement Date	Due Date	Office Phone Number	Account #	Patient Balance	Show Amount Paid Here \$
2	08/10/12	08/25/12	(847) 956-0099	80330	8791.00	

☐ Please check box and use reverse side to indicate address or insurance changes

STATEMENT

RETURN THIS PORTION WITH PAYME

Date	ICPT & Reason	Explanation of Activity	Charges & Debits	Insurance Pending	Payments & Credits	Patient Amount
		---- Visit Total				1667.0

HAND SURGERY ASSOCIATES SC
37400 EAGLE WAY
CHICAGO, IL 60678-1374

Account Number: 80330
Office Phone Number: (847) 956-0099

Your prompt payment is greatly appreciated.

Ins. Pending: 0.00
Patient Balance: Dulberg 007753 8791.00

HAND SURGERY ASSOCIATES SC
37400 EAGLE WAY
CHICAGO, IL 60678-1374

ADDRESS SERVICE REQUESTED

FR11 1003 0004274 220004274

ADDRESSEE

REMIT TO

>18325 2287195 001 092096

PAUL DULBERG
4606 HAYDEN
MCHENRY, IL 60050

HAND SURGERY ASSOCIATES SC
37400 EAGLE WAY
CHICAGO IL 60678-1374



IF PAYING BY MASTERCARD, OR VISA, FILL OUT BELOW.	
CHECK CARD USING FOR PAYMENT	
☐ MASTERCARD	☒ VISA
CARD NUMBER	VERIFICATION #
CARDHOLDER NAME	EXP. DATE
SIGNATURE	AMOUNT

Page	Statement Date	Due Date	Office Phone Number	Account #	Patient Balance	Show Amount Paid Here \$
1	01/10/13	01/25/13	(847) 956-0099	80330	9159.00	

☐ Please check box and use reverse side to indicate address or insurance changes

STATEMENT RETURN THIS PORTION WITH PAYME

Date	ICPT & Reason	Explanation of Activity	Charges & Debits	Insurance Pending	Payments & Credits	Patient Amount
Patient: Paul Dulberg						
		Balance Forward	8765.00			
		---- Balance Forward Total				8765.0
Provider: Associates, S.C., Hand Surgery						
Voucher: 1059220						
11/16/12	751	STATE OF ILLINOIS MEDIC				
11/14/12	CK #AA88881	Self Pay Check Payment	20.00		-20.00	0.0
		---- Visit Total				
Provider: Sagerman, Scott D						
Voucher: 767730						
11/30/12	Receipt #13	Self Pay Credit Card Pa			-4.00	-4.00
		---- Visit Total				
Voucher: 1020590						
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		---- Visit Total				
Voucher: 1025240						
12/03/12	99213	Office Outpt Est15 Min	116.00			
12/03/12	73080	Radex Elbw Compl Minimu	166.00			
		---- Visit Total				282.00

HAND SURGERY ASSOCIATES SC
37400 EAGLE WAY
CHICAGO, IL 60678-1374

Account Number: 80330
Office Phone Number: (847) 956-0099

Your account is past due. Please remit
payment upon receipt of this
statement.

Ins. Pending: Dulberg 007754 0.00
Patient Balance: 9159.00

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920966912

Northwest Community Hospital

TYPE OF BILL	DATE OF BILL	DATE OF PREV. BILL	NORTHWEST COMMUNITY HOSPITAL 800 W CENTRAL ARLINGTON HTS, IL 847 618-4747		60005-2349	HOSP. NO.
CYCLE	07/13/12		FEE #	362340313	BIRTH-DATE	03/19/70
PATIENT NAME			PATIENT NUMBER	SEX	AGE	ADMISSION DATE
DULBERG, PAUL			71265382	M	42	07/09/12
GUARANTOR NAME			INSURANCE COMPANY NAME		GROUP NUMBER	POLICY NUMBER
PAUL R DULBERG AND 4606 HAYDEN COURT ADDRESS MCHEMRY IL 60051			1 SELF PAY			00000
			SAGERMAN, SCOTT D MD			

PLEASE RETURN THIS PORTION WITH YOUR PAYMENT.

AMOUNT OF PAYMENT

\$

DATE OF SERVICE	DESCRIPTION OF HOSPITAL SERVICES	SERVICE CODE	TOTAL CHARGES	EST. COVERAGE INS. CO. NO. 1	EST. COVERAGE INS. CO. NO. 2	EST. COVERAGE INS. CO. NO. 3	EST. COVERAGE INS. CO. NO. 4	PATIENT AMOUNT
DETAIL OF CURRENT CHARGES, PAYMENTS AND ADJUSTMENTS								
07/09	001 NEUROLYSIS		1559.00					1559.00
07/09	001 ULNAR NERVE REPAIR		3817.00					3817.00
07/09	001 BLOCK, SUPRACLAVICULAR		479.00					479.00
07/09	001 US ECHO GUIDE FOR BIC		511.00					511.00
BALANCE FORWARD			0.00					
SUMMARY OF CURRENT CHARGES								
	OPERATING ROOM		5855.00					5855.00
	IMAGING/I-RAY		511.00					511.00
SUB-TOTAL OF CURR. CHARGES			6366.00					6366.00
THIS IS THE ONLY ITEMIZED BILL YOU WILL RECEIVE. PLEASE RETAIN FOR YOUR RECORDS. WE ARE BILLING THE INSURANCE THAT IS LISTED ABOVE. IF SELF PAY IS LISTED, AND YOU DO HAVE INSURANCE, PLEASE CALL 847-618-4747.								

PATIENT NUMBER	71265382	PLEASE REFER TO PATIENT NUMBER ON ALL INQUIRIES AND CORRESPONDENCE.	53 ADDITIONAL PATIENT BILLING MAY BE NECESSARY FOR ANY CHARGES NOT POSTED WHEN THIS BILL WAS PREPARED, OR IF INSURANCE CARRIERS DO NOT PAY ANY PART OF THE AMOUNTS SHOWN UNDER ESTIMATED INSURANCE COVERAGE.	PAY THIS AMOUNT	6366.00

NORTHWEST COMMUNITY HOSPITAL
ARLINGTON HTS, IL

IWC DAY SURGERY CENTER		NORTHWEST COMMUNITY HOSP		71265382		U01	
175 W KIRCHOFF		PO BOX 95865		0001307925		0831	
ARLINGTON HT IL 600052349		CHICAGO		IL 6069		363540436 070912 070912	
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PATIENT NAME		DULBERG, PAUL		PATIENT ADDRESS		4606 HAYDEN COURT	
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Northwest Suburban Anesthesiologist, Ltd

Do not send mail to below address. For USPS use only.
P. O. Box 1259, Dept. 92667

Oaks, PA 19456



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at www.patientaccounts.net

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Pay online at www.patientaccounts.net and use
Access Code: FP897

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Payment Due Date 08/13/2012	SHOW AMOUNT \$ PAID HERE	



95156-1225

PAUL DULBERG
4606 HAYDEN CT
MCHENRY IL 60051-7918

Northwest Suburban Anesthesiologist Ltd
8163 Solutions Center
Chicago IL 60677-8001



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Due Date: 08/13/2012

Date	Description					Case #	Insurance Balance	Patient Balance
07/09/2012	Anesthesiology Services by Dr. S. SINGH for Dr. S. Sagerman CPT Code: 64718 Billed To Patient					13180035		\$1,365.00
ACCOUNT CONDITIONS	CURRENT	30 DAYS	60 DAYS	90 DAYS	120 DAYS			
	\$1,365.00	\$0.00	\$0.00	\$0.00	\$0.00			
IMPORTANT MESSAGE ABOUT YOUR ACCOUNT						Total Balance		\$1,365.00
This is a bill for services not included on your Hospital bill. Please call our office with questions concerning your bill. If payment has been made please disregard this bill. Thank you.						Insurance Pending		\$0.00
						Amount You Owe		\$1,365.00

Make Checks Payable To: Northwest Suburban Anesthesiologist Ltd
Call 1-800-709-2715

For Billing Questions Call
1-800-709-2715 (En Español 1-888-850-1446)
Mon - Fri 8:00AM to 7:30PM ET



95156-1225

MEDICAL EXPENSE REPORT

PAUL DULBERG

DATE OF ACCIDENT: JUNE 28, 2011

DATE OF REPORT: MAY 20, 2013

MEDICAL EXPENSES

Paul Dulberg

Date of Accident: June 28, 2011

Date of Report: May 20, 2013

Moraine Emergency Physicians

PO Box 8759

Philadelphia, PA 19101-8759

800-355-2470 - Acct. MNI711179003233

06/28/11 \$1,346.00 \$1,346.00

Northern Illinois Medical Center

4201 Medical Center Drive

McHenry, IL 60050-8409

815-344-5000 - Acct. 11179-00323

06/28/11 \$1,323.75 \$1,323.75

McHenry Radiologists Imaging Associates

PO Box 220

McHenry, IL 60051-0220

815-759-0800 - Acct. 235130-QMRIG

06/28/11 \$50.00 \$50.00

Dr. Frank W. Sek

4606 W. Elm Street

McHenry, IL 60050

815-385-0164

07/01/11 \$80.00

07/08/11 80.00

01/14/12 80.00

02/13/12 80.00

03/13/13 100.00

04/24/13 90.00

08/06/12 80.00

Total \$590.00

Associated Neurology SC

Attn: Dr. Levin

1900 Hollister Drive

Suite 250

Libertyville, IL 60048

847-549-0055 - Chart # 18062

07/28/11	\$225.00	
08/10/11	930.00	
01/30/12	105.00	
02/13/12	75.00	
03/13/12	1,415.00	
05/16/12	75.00	
02/04/13	<u>115.00</u>	
Total		\$2,940.00

MidAmerica Hand to Shoulder Clinic

Dr. Talerico

75 Remittance Drive

Suite 6035

Chicago, IL 60675

708-237-7200 - Acct. 1002454

12/02/11	\$230.00	
01/06/12	<u>160.00</u>	
Total		\$390.00

Dynamic Hand Therapy & Rehab

498 S US Highway 12

Suite C

Fox Lake, IL 60020

847-587-3301 - Acct. 0042000185

12/06/11 thru 03/12/13	\$26,005.00	\$26,005.00

Open Advanced MRI of Round Lake

Medchex

PO Box 502

Katohah, NY 10536

866-959-1100 - Acct. 265065

02/03/12	\$3,390.00	\$3,390.00

Hand Surgery Associates, SC

Dr. Sagerman/Dr. Biafora

515 W. Algonquin Road

Arlington Heights, IL 60005

847-956-0099 - Acct. 80330

04/02/12	\$116.00	
05/14/12	90.00	
05/17/12	116.00	
06/06/12	171.00	
07/09/12	8,338.00	
10/22/12	116.00	

12/03/12	282.00	
01/14/13	<u>90.00</u>	
Total		\$9,319.00

Northwest Community Hospital
 25709 Network Place
 Chicago, IL 60673
 847-618-4747 - Acct. 71265382

07/09/12	\$6,366.00	\$6,366.00

Northwest Suburban Anesthesiologist, Ltd
 8163 Solutions Center
 Chicago, IL 60677-8001
 800-709-2715 - Acct. 71265382

07/09/12	\$1,365.00	\$1,365.00

Walgreens
 3925 W. Elm Street
 McHenry, IL 60050
 815-363-0722

06/28/11	\$48.68	\$48.68

Walmart Pharmacy
 3801 Running Brook Farms Blvd.
 Johnsburg, IL 60051

05/16/12	\$25.79	
06/11/12	126.08	
07/09/12	16.11	
07/19/12	21.15	
08/02/12	126.08	
10/02/12	126.08	
11/16/12	126.78	
12/28/12	126.54	
02/09/13	<u>126.68</u>	
Total		\$821.29

TOTAL EXPENSES:	\$53,954.72

Misc Expenses

Medical Supplies	\$19.61	
Total Misc. Expenses		\$19.61

TOTAL ALL EXPENSES	<u>\$53,974.33</u>



Hand to Shoulder Associates

Formerly Hand Surgery Associates, S.C.

Hand ♦ Shoulder ♦ Elbow ♦ Wrist

MICHAEL I. VENDER, M.D.
COTT D. SAGERMAN, M.D.
RASANTATLURI, M.D.
AM J. BIAFORA, M.D.
MICHAEL V. BIRMAN, M.D.
JAY K. BALARAM, M.D.

ONNA J. KERSTING, MBA
EXECUTIVE DIRECTOR

CURRICULUM VITAE

SCOTT DAVID SAGERMAN, M.D.

EDUCATION:

FELLOWSHIP:

Division of Hand Surgery
Department of Orthopaedic Surgery
State University of New York Health
Science Center
550 Harrison Street
Syracuse, N.Y. 13202
August 1992 - July 1993

RESIDENCY:

Emory University Affiliated Hospitals
Department of Orthopaedic Surgery
69 Butler Street S.E.
Atlanta, GA 30303
July 1988 - June 1992

INTERNSHIP:

Emory University Affiliated Hospitals
Department of Surgery
69 Butler Street S.E.
Atlanta, GA 30303
July 1987 - June 1988

MEDICAL SCHOOL:

Northwestern University Medical School
303 E. Chicago Avenue
Chicago, IL 60611
July 1983 - June 1987
Doctor of Medicine, 1987

UNDERGRADUATE:

Northwestern University
633 Clark Street
Evanston, IL 60201
July 1981 - June 1983
Bachelor of Science, 1985

RLINGTON HEIGHTS
15 W. ALGONQUIN RD.
RLINGTON HEIGHTS, IL 60005
EL: 847-956-0099
AX: 847-956-0433

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ww.hsasc.com

BOARD CERTIFICATION: National Board of Medical Examiners, Parts I, II, and III, 1988.

American Board of Orthopaedic Surgeons - Board Certified, 1995. Recertified through 2015.

Certificate for Added Qualifications in Surgery of the Hand, American Board of Orthopaedic Surgery 1996. Recertified through 2015.

American Board of Independent Medical Examiners, Certified Independent Medical Examiner (CIME), 2012

SOCIETY MEMBERSHIPS: American Society for Surgery of the Hand
American Association for Hand Surgery
Chicago Society for Surgery of the Hand
Board of Directors 2006-2013
Secretary 2006-2007
Vice President 2008-2009
President 2010-2012
American Academy of Orthopaedic Surgeons
Illinois State Medical Society

COMMITTEE MEMBERSHIPS/
APPOINTMENTS:

Lurie Children's Hospital of Chicago
Chicago, IL

- Foundation Board Member
2010 - Present

Alexian Brothers Medical Center

- Department Chairman, Hand/Microvascular Surgery -
2000-2006
- Section Chief, Hand/Microvascular Surgery -
2000-Present

LICENSURE: Illinois - 1993 (036-086000)
"Certified with the Drug Enforcement
Administration"
Illinois State Controlled Substance

EMPLOYMENT:

Hand Surgery Associates, S.C., Arlington Heights, IL 60005
August, 1993 - present

Research Assistant - Department of Orthopaedic Surgery
Children's Memorial Hospital, Chicago, IL
August 1986 - June 1987

Research Assistant - Division of Ambulatory Pediatrics
Children's Memorial Hospital, Chicago, IL
July 1982 - June 1985

ACADEMIC APPOINTMENT:

Northwestern University Medical School Department of Orthopaedic
Surgery - Instructor of Clinical Orthopaedic Surgery: 1993-2000

HOSPITAL AFFILIATIONS:

Advocate - Condell Medical Center
Libertyville, IL 60048

Alexian Brothers Medical Center
Elk Grove Village, IL 60007

Elmhurst Memorial Hospital
Elmhurst, IL 60126

MetroSouth Medical Center
Blue Island, IL 60406-2428

Northwest Community Hospital
Arlington Heights, IL 60005

Northwestern - Lake Forest Hospital
Lake Forest, IL 60045

St. Alexius Medical Center
Hoffman Estates, IL 60194

PUBLICATIONS:

Short W., Sagerman S., TFCC Repair: Radial-Sided Tear In: Chow J ed. Advanced Arthroscopy 2000: 219-224.

Sagerman S., Palmer A., Short W., Triangular Fibrocartilage Complex Injury and Repair In: Watson K., Weinzweig J., ed. The Wrist. Lippincott Williams & Wilkins. 2001: 607-613.

Sagerman S., Vender M.I., Infections. In: Kasdan Morton L. ed. Occupational Medicine: State of the Art Reviews. Vol. 13 No. 3, Philadelphia: Hanley & Belfus, 1998.

Sagerman S., Vender M.I. Distal Radioulnar Joint. In: Kasdan, Morton L., Jebson, P. ed. Hand Secrets. Philadelphia: Hanley & Belfus, Inc. 1998; 107-112.

Vender M.I., Sagerman S. Compression Neuropathies. In: Kasdan, Morton L., Jebson, P. ed. Hand Secrets. Philadelphia: Hanley & Belfus, Inc., 1998; 133-138.

Sagerman S., Truppa KL. Diagnosis and Management of Occupational Disorders of the Shoulder. In: Kasdan, Morton L., ed. Occupational Hand & Upper Extremity Injuries & Diseases. 2nd ed. Philadelphia: Hanley & Belfus, Inc., 277-285, 1998.

Pomerance, J., Sagerman, S. "Replantation and Revascularization in a Community Based Microsurgical Practice". Alexian Medical Review, Vol. 13, No. 1: Fall 1997.

Pomerance, J., Truppa, K., Bilos, Z.J., Vender M.I., Ruder, J.R., Sagerman, S.D., "Replantation and Revascularization of the Digits in a Community Microsurgical Practice". Journal of Reconstructive Microsurgery, Vol. 13, No. 3: 163-170, April 1997.

Sagerman S., Palmer A.K., "Wrist Arthrodesis Using A Dynamic Compression Plate". J. Hand Surgery (Br.), 21B: 4: 437-441, 1996

Sagerman S., Short W., "Arthroscopic Repair of Radial-Sided Triangular Fibrocartilage Complex Tears". J. Arthroscopic and Related Surgery, Vol.12, No.3: 339-342, June 1996.

Sagerman S., Zogby R., Palmer A., Werner F., Fortino M., "Relative Articular Inclination of the Distal Radioulnar Joint - A Radiographic Study". J. Hand Surgery, 20A:597-601, 1995.

PUBLICATIONS (Cont):

Sagerman S., Hauck R., Palmer A., "Lunate Morphology - Can It Be Predicted With Routine X-Rays?" J. Hand Surgery, 20A:38-41, January, 1995.

Sagerman S., Lourie G., "Eikenella Osteomyelitis in a Chronic Nail Biter: A Case Report". J. Hand Surgery, 20A:71-73, January, 1995.

Seiler J., Sagerman S., Geller R., Fleming L., "Venomous Snakebite - Current Concepts of Treatment". Orthopedics, 17(8): 707-714 August 1994.

Sagerman S., Rooks M., Ensor C., "Carpal Tunnel Syndrome: An Alternative Method of Conservative Treatment". Submitted.

Sagerman S., Seiler J., Fleming L., Lockerman E., "Silicone Rubber Distal Ulnar Replacement Arthroplasty". J. Hand Surgery (Br.), 17B:689-93, December 1992.

Christoffel K., Marcus D., Sagerman S., Bennett S., "Adolescent Suicide and Suicide Attempts - A Population Study". Ped Emer Care 4(1):32-40, March 1988.

Tanz R., Christoffel K., Sagerman S., "Are Toy Guns Too Dangerous?". Pediatrics. 75(2):265-268, February 1985.

Christoffel K., Tanz R., Sagerman S., Hahn Y., "Childhood Injuries Caused by Non-powder Firearms". Am J Diseases of Children. 138:577-561, June 1984.

PRESENTATIONS:

Sagerman, S., "Wrist Arthroscopy". Presented at Northwest Community Hospital - October, 1995

Sagerman, S., "Management Issues in Upper Extremity Disorders Among Workers". Presented at Alexian Brothers Medical Center Conference Center - June, 1995.

Sagerman, S., "Wrist Fractures". Presented at Alexian Brothers Medical Center Conference Center, National Association of Orthopaedic Nurses - April, 1995

PRESENTATIONS (Cont):

Sagerman, S., "Management Issues in Upper Extremity Disorders Among Workers". Presented at Alexian Brothers Medical Center Conference Center - November, 1994.

Sagerman, S., Short, W., "Arthroscopic Repair of Radial-Sided TFCC Tears: A Follow-Up Study". Presented at American Society for Surgery of the Hand, Annual Meeting, Cincinnati, OH - October, 1994.

Sagerman, S., "Management Issues In Upper Extremity Disorders Among Workers". Presented at Alexian Brothers Medical Center Conference Center - October, 1994.

Sagerman S., "Wrist Arthrodesis Using Dynamic Compression Plating". Presented at the Mid America Orthopaedic Association Annual Meeting, Bermuda - April, 1994.

Sagerman S., Palmer A., "Wrist Arthrodesis Using Dynamic Compression Plating". Presented at the Chicago Society for Surgery of the Hand, Quarterly Meeting, Chicago, IL - January, 1994.

Hauck R., Sagerman S., Palmer A., "Lunate Morphology - Can it be Predicted With Routine X-rays?". Presented at the American Association for Hand Surgery, Cancun, Mexico - November, 1993.

Sagerman S., "Wrist Arthrodesis Using Dynamic Compression plating". Presented at S.U.N.Y. Health Science Center, department of Orthopaedic Surgery, Alumni Day, Syracuse, NY - June, 1993.

Sagerman S., "Management of Extremity Snakebite Wounds". Presented at S.U.N.Y. Health Science Center Department of Orthopaedic Surgery Grand Rounds, Syracuse, NY - March, 1993.

Sagerman S., "Flexor Tendon Injury and Repair". Presented at S.U.N.Y. Health Science Center, Department of Orthopaedic Surgery Grand Rounds, Syracuse, NY - November, 1992.

Sagerman S., "Management of Extremity Snakebite Wounds". Presented at Emory University, Department of Orthopaedic Surgery Grand Rounds, Atlanta, GA - March, 1992.

Sagerman S., Roberson R., "Total Hip Arthroplasty Using the Mecron Ring". Presented at Southern Orthopaedic Association Residents Conference, Atlanta, GA - November, 1991.

PRESENTATIONS (Cont):

Sagerman S., Fleming L., "Long-Term Results of Distal Ulna Replacement Arthroplasty". Presented at American Orthopaedic Association Residents' Conference, Kansas City, MO April, 1991.

Sagerman S., Fleming L., "Long-Term Results of Distal Ulna Replacement Arthroplasty". Presented at Southern Orthopaedic Association Residents' & Fellows' Conference, Washington, D.C. 1989.

Hajek M., Conway J., Sagerman S., Carroll N., Dias L., "A Scientific Classification of Legg-Calve-Perthes Disease". Presented at Northwestern University of Orthopaedic Surgery Resident-Alumni Thesis Day, Chicago, IL - 1987.

EXHIBITS:

Sagerman S., Truppa K., Bohan Ruff S., "Fasciotomy for Acute Compartment Syndrome in the Upper Extremity: A Follow-up Study". Poster exhibit, Annual Meeting American Association for Hand Surgery, Boca Raton, Florida, 1997

Sagerman S., Roberson R., "Total Hip Arthroplasty Using the Mecron Ring". Poster exhibit at the Annual Meeting of the American Academy of Orthopaedic Surgeons, Washington D.C. - February, 1992.

Sagerman S., Seiler J., Fleming L., "Long Term Results of Distal Ulna Replacement Arthroplasty". Poster exhibit, Annual Meeting of the American Society for Surgery of the Hand, Orlando, Florida October 1991.

Sagerman S., Ensor C., Rooks M., "Treatment of Carpal Tunnel Syndrome with a Full Tendon Gliding Hand Therapy Protocol". Poster exhibit, Annual Meeting of the American Society for Surgery of the Hand, Orlando, Florida - October, 1991.

Sagerman S., Roberson R., "Periacetabular Bone Loss with Early Loosening of the Mecron Threaded Ring". Poster exhibit, American Academy of Orthopaedic Surgeons Annual Meeting, Anaheim, CA - March, 1991.

INSTRUCTOR:

Lab Instructor - "The Wrist: Arthroscopic and Open Techniques".
Wrist Arthroscopy 2004. Co-sponsored by the American Society for
Surgery of the Hand and the American Academy of Orthopaedic Surgeons,
held at Orthopaedic Learning Center, Rosemont, IL - August 7-8, 2004.

Lab Instructor - "Common Hand and Wrist Problems". Presented by
American Academy of Orthopaedic Surgeons, Rosemont, IL - October 1998

Lab instructor - "Open and Arthroscopic Shoulder Surgery: Advanced
Anterior and Posterior techniques". Presented by American Academy of
Orthopaedic Surgeons, Rosemont, IL - May 1998.

"The Masters Experience" in Arthroscopic Surgery of the Wrist,
Elbow & Carpal Tunnel. Presented by the Arthroscopy Association of
North America, Rosemont, IL - November, 1996.

A Comprehensive Approach to Challenging Wrist Problems
American Society of Hand Therapists
Chicago, IL - April 28-30, 1995

Problem Based Learning
Northwestern University Medical School, Chicago, IL
1995, 1996, 1998

3M Endoscopic Carpal Tunnel Release Course
Syracuse, NY - May, 1993.

Cardiopulmonary Resuscitation
Northwestern University Medical School, Chicago, IL
July, 1984 - July, 1985.

03/2013

CICERO, FRANCE, BARCH & ALEXANDER, P.C.

A Professional Corporation
Attorneys at Law
6825 EAST RIVERSIDE BOULEVARD
ROCKFORD, ILLINOIS 61114

PAUL R. CICERO
JOHN W. FRANCE
RONALD A. BARCH
CHARLES P. ALEXANDER
CHANTEL R. BIELSKIS
ANDREW T. SMITH

September 4, 2012

TEL: (815) 226-7700
FAX: (815) 226-7701

Release of Information/Medical Records Custodian
c/o MidAmerica Hand to Shoulder Clinic
1419 Peterson Road
Libertyville, IL 60048

Re: *Paul Dulberg v. Carolyn McGuire and Bill McGuire*
McHenry County Case No. 12 LA 178
Records of: Paul Dulberg (B/D: 3/19/70)

Dear Medical Records Custodian:

Enclosed with this letter is a Subpoena for Deposition, a HIPAA Records Release Authorization and a check in the amount of \$20.00, the legal witness fee.

Please be advised that your appearance on the date indicated is not necessary. You may comply with the subpoena by mailing legible copies of all medical records, medical statements for services and medical reports of Paul Dulberg for the dates requested in the subpoena, in your possession or subject to your control.

Please note that we represent Carolyn McGuire and Bill McGuire in this case and not your patient. Since we do not represent the patient, we cannot discuss the substance of your care or the pending lawsuit with you outside the presence of your patient's attorney. If you have questions about how to comply with the subpoena, you may call my secretary, but neither she nor I can talk to you about any aspect of the lawsuit or the patient's medical treatment. Thank you in advance for your professional cooperation.

Very truly yours,

Cicero, France, Barch & Alexander, P.C.


RONALD A. BARCH

RB:mj/sublr.records
enclg.

cc: Attorney Hans A. Mast

19pgs

Rec'd 11.01.12

CRIS

708 237
7331

HISTORY & PHYSICAL**PATIENT:** Dulberg, Paul **AGE:** 41 years old **EXAM DATE:** 12/02/11**CHIEF COMPLAINT:** Right forearm pain.

HPI: Patient is a 41-year-old male who is right-hand dominant. He was referred by Dr. Karen Levin, MD, neurology, for evaluation of an injury he sustained to his right medial forearm in June of 2011. He apparently was using a chain saw when he accidentally struck the volar medial aspect of his right forearm in roughly the mid forearm range with a chain saw. He had a large open wound down to muscle. He was seen in the emergency department where the wound is here it at the muscle was sewn together and the skin was closed. He followed up with his primary care provider. He has noted persistent pain which he describes as intermittent and shooting in character radiating from the laceration site. He occasionally has intermittent numbness and tingling in the ring and small finger. He reports grip weakness and no endurance with wrist flexion and gripping. He has not had therapy to date. He did have an EMG/NCS performed by Dr. Levin in August of 2011. Per the patient the study was normal. I do not have that study available at this moment. He currently is not working but is a graphic designer by training. He reports using a computer mouse for 20 minutes causes significant forearm pain.

MEDICATION: Patient has no current medications.
ALLERGIES: nkda
REFERRAL SOURCE: Not Referred By

ILLNESSES: Arthritis
OPERATIONS: Ulnar Nerve Transportation: Active
SOCIAL HISTORY: Alcohol - Denies
 Marital Status: Single
 Smoking: current every day smoker
FAMILY HISTORY: Diabetes
OCCUPATION: Graphic Designer

ROS:

1. Head and Neck: System reported as normal by patient.
2. Heart: System reported as normal by patient.
3. Lungs: System reported as normal by patient.
4. GI: System reported as normal by patient.
5. GU: System reported as normal by patient.
6. Neuro: As per HPI.
7. Musculoskeletal: As per HPI.
8. Abdomen: System reported as normal by patient.
9. Heme/Lymph: System reported as normal by patient.
10. Other:

PHYSICAL EXAM:**Vitals:** No data for Vitals.

Appearance: No distress, good color on room air. Alert and cooperative.
Skin: Bilateral upper extremities: no open wounds or skin changes.
Neuro: Bilateral upper extremities: Median, radial and ulnar nerves are motor and sensory intact. Light touch intact all digits, no weakness or wasting.
Vascular: Bilateral upper extremities: palpable radial pulses and brisk capillary refill.
Focused Exam: Examination of his right upper extremity reveals his elbow has normal painless range of motion. No focal tenderness to palpation. Collateral ligaments are stable. His forearm compartments are soft. He has a well-healed transverse laceration on the volar medial mid forearm level. There is no erythema, drainage, or fluctuance at the level of the laceration. There is no tenderness to palpation at the laceration site. There is some apparent muscle incongruity. Distally his hand demonstrates no atrophy. He has 5 out of 5 intrinsic strength. 5 out of 5 APB strength. He can make a full fist with full extension of all digits. He does not demonstrate a clawed posture. He has a negative Froment sign. He has a positive Wartenberg sign. Wrist flexion and extension is 5 out of 5 strength. He has a palpable FCU

IMAGING: and ECU tendons at the level of the wrist. They have appropriate tension.
None today.

ASSESSMENT:

DIAGNOSIS: 906.1-LATE EFFECT OPEN WND EXTREM
PROCEDURES: 99203-NEW Detailed, Low Complexity

PLAN:

Plan: I reviewed findings, treatment options, and recommendations with the patient concerning the forearm complaints he has. I would like to see the official report of the EMG/NCS. We will obtain this report. There is no evidence of a complete injury to his ulnar nerve on physical exam. His complaints are likely muscular in origin. He may have some superficial sensory complaints as well. I do not think he needs any surgical intervention at this time. I did recommend and provided him with a prescription for occupational therapy to work on strengthening and conditioning of the forearm muscles. They can also perform some pain control modalities. I would like to see him back in 4-6 weeks' time to see if therapy is of some assistance to him. I will contact him by phone if his EMG is significantly abnormal. Otherwise we will discuss it at the next followup visit. Patient was in agreement with the plan.

Prescription: No data for Prescription
Work Status: Not applicable.

Marcus G. Talerico, MD

Marcus G. Talerico, M.D.

Referred by: Dr. Karen Levin
Primary Care Physician: Dr. Sek
Other: n/a

Fax Created - Dated Jun 21 2012 9:52AM

Added to file for 06/21/12

06/21/12 -- Patient clarified that this injury occurred on the above mentioned date but that he was not holding on to the chainsaw. Instead, he was helping his neighbor by holding a branch and the neighbor was the one cutting the branch with the chainsaw. vv

Fax Created - Dated Jun 21 2012 9:52AM

PATIENT: Dulberg, Paul R AGE: 41 years old EXAM DATE: 01/06/12

HOME: 4646 Aden Court
Mchenry, IL 60051

PID: 1002454

CHIEF COMPLAINT: Right forearm pain.**Nurse's Notes:** Patient doesn't feel occupation therapy is helping. He complains of pain/soreness and loss of strength. MT**Referred by:** Not Referred By**HPI:** Patient is a 41-year-old male who is right-hand dominant. He was referred by Dr. Karen Levin, MD, neurology, for evaluation of an injury he sustained to his right medial forearm in June of 2011. He apparently was using a chain saw when he accidentally struck the volar medial aspect of his right forearm in roughly the mid forearm range with a chain saw. He had a large open wound down to muscle. He was seen in the emergency department where the wound was debrided and the muscle was sewn together and the skin was closed. He followed up with his primary care provider. He has noted persistent pain which he describes as intermittent and shooting in character radiating from the laceration site. He occasionally has intermittent numbness and tingling in the ring and small finger. He reports grip weakness and no endurance with wrist flexion and gripping. He has not had therapy to date. He did have an EMG/NCS performed by Dr. Levin in August of 2011. Per the patient the study was normal. I saw the patient a proximally one month ago recommended a course of occupational therapy. He has attended one or 2 sessions thus far. I also obtained and the EMG nerve conduction study to review. The patient reports no improvement in symptoms. He thinks that therapy is not helpful. He feels he is getting weaker. He feels burning in the forearm region. He also asked me about disability paperwork.**MEDICAL HISTORY:** Arthritis**MEDICATION:** naproxen (Dosage: 375 mg Tablet, Delayed Release (E.C.) SIG: Take 1 tablet Oral twice a day Oral Dispense: 90 Refills: 2)**ALLERGIES:** nkda**SOCIAL HISTORY** Alcohol - Denies

Marital Status: Single

Smoking: current every day smoker

PHYSICAL EXAM:**Appearance:** No distress. Alert and cooperative.**Skin:** Bilateral upper extremities: no open wounds or skin changes. Well-healed laceration in the mid forearm region right side ulnar aspect. No evidence of infection.**Neuro:** Bilateral upper extremities: light touch intact all digits, no weakness or wasting.**Focused Exam:** Elbow with full and painless motion in the right side. Forearm compartments are soft there is no obvious deformity. He has preserved wrist flexion and extension strength. He can make a full fist and has full extension of all digits. He has no intrinsic or thenar atrophy. He has 5/5 APB and intrinsic strength. He has a negative Froment sign. He does have a positive Wartenberg sign. FDP to the small finger is 5/5.**IMAGING:** None today.**DIAGNOSIS:** 906.1-LATE EFFECT OPEN WND EXTREM**PROCEDURES:** 99213-ESTABLISHED Expanded, Low Complexity**ASSESSMENT & PLAN:****Plan:** I reviewed findings, treatment options, and recommendations with the patient concerning the forearm complaints he has. I reviewed the EMG/NCS which is a normal study. There is no evidence of ulnar nerve injury. Given the location of his injury this is the only significant problem I can imagine from this wound. There is no evidence of any nerve or tendon injury. He may have some residual soreness and some superficial sensory abnormalities but this should improve over time. Our recommendation is simply continued therapy. No need for surgical intervention that I can foresee. Unfortunately do not have anything further to offer the patient at this time. I would be happy to see him back in the future on an as needed basis.**Work Status:** Not applicable.

MEDICAL HISTORYInitial Symptoms Onset: Immediate Gradual Date of Injury 6/28/201141 Year old R/L/A handed F/M

Patient @ 5 month old of Location @ chain saw 2 1/2 inch hole in forearm & it was sutured @ the E.R. Pt was no bone or major nerve damage. Patient here due to shaking pains up & down arm & sleep disturbance also interfering with work. DR LEVIN thinks nerve damage or tendon.

40% of forearm damage @ initial date of injury

Current SymptomsLocation: Right FOREARM/ULNAR SIDEPain: Mild/Moderate/Severe 2/3 @ rest @Intermittent/ContinuousSleep disturbanceSensory: Th IMRS 7/8Intermittent/ContinuousNumbness/Tingling/ParesthesiasOther: SwellingStiffnessTriggeringCrepitusCold intoleranceColor ChangeMass

Left

Mild/Moderate/SevereIntermittent/ContinuousSleep disturbanceSensory: Th IMRSIntermittent/ContinuousNumbness/Tingling/ParesthesiasSwellingStiffnessTriggeringCrepitusCold intoleranceColor ChangeMassNeurologyKaren Levin(R) volar
medial
forearmPrevious similar symptoms/injury: No YesTreatment to date:Tetanus: 6-28-2011

Therapy:

Current Medications: Antibiotics NSAIDs Pain Medication

Name/Route/Frequency NAPROXIN for NECK 5 degenerative disc in neck.Steroids Injections: No YesSplint/cast: No YesPrevious Surgery: No YesPrevious tests and resultsEMG/NCV: Yes DR. LEVINMRI: No YesX-Ray: Yes 6/28/11Arthrogram: No YesBone Scan: No YesCAT scan: No YesHeight 5'10"Weight 165

BMI

Occupation/Hobbies: Graphic designerReferred By DR. LEVINAge 41Date 12/21/11Examined in the presence of (R)

Name:

DOLBERG, PAUL

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

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

Diagnosis: ② Flexor Laceration of wrist/Flavor 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; Nodules at Scar site elicits nerve pain.

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

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

OBJECTIVE:

Wound/Scar: Cont hypersensitivity w/ Scar

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

☐ Edema: _____

☒ Sensation: 1-4/5 (Deep pressure sensation) ulnar hand; Diminished protective sensation over forearm.

☒ ROM: ↑ d. elbow extension, pron/sup, wrist ext and WD noted

☒ Strength: ↓ d. grasp x 12th since pre-injury; decreased pinch noted since initial visit.

Treatment summary to date: Focus of tx has been Scar control, desensitization, stretching, place hold, TGE/Isolated FDS, Composite stretching

Assessment/therapist impression: Pt presents 8 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

Revised functional goals: Rem/pain (grasp) equal

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: Hand OT - RTMD
_____ times/week for _____ weeks or _____ additional visits***

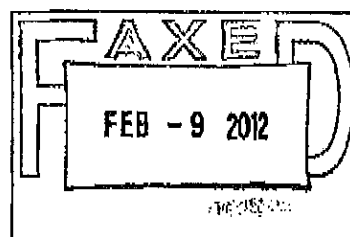
I have reviewed this plan of care and recertify a continuing need for services from the date of this updated plan of care; the above updated plan of care is herein established and will be reviewed every 30 days.

Additional requests/concerns: _____

W. Shanahan
Therapist Signature

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

PLEASE FAX BACK TO: 847-587-3346



Semmes-Weinstein Monofilament Sensory Testing Results

Date: 2/6/12

Patient: Paule Dulberg

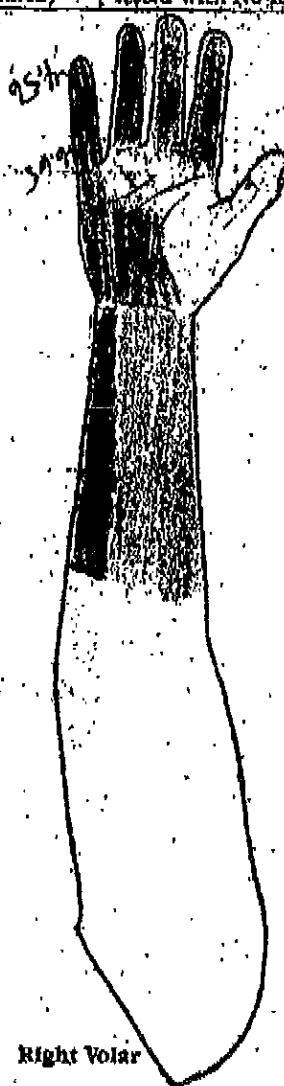
Comments	Filament	Interpretation	Force (gms)
	1.65 - 2.85 (Green)	Normal	308 - 308
	3.22 - 3.61 (Blue)	Diminished Light Touch	172 - 217
	3.64 - 4.34 (Purple)	Diminished Protective Sensation	445 - 235
	4.56 (Red)	Loss of Protective Sensation	419
	6.65 (Red)	Deep Pressure Sensation	279.4
	(Red Lined)	Tested with No Response	



Left Dorsal



Left Volar



Right Volar



Right Dorsal

Tested by: Umaprakashan

Dynamic Hand Therapy -- Active Range of Motion

Patient Name: W. Dulberg

	(L)	(R)	(R)	(R)
Exam Date	12/6/11	1-5-12	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	75+	65	85	75+
Wrist				
Flexion	30	75+	30	30
Extension	25+	55	60	65
Radial Deviation	25	20+	15	15
Ulnar Deviation	15	30+	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	WVS	WVS	WVS	

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P.006

Dynamic Hand Therapy Edema Flow Sheet

Patient Name:

Paul Dulberg

	Date	Date	Date	Date	Date	Date	Date	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
wrist flexion crease	11.5	11.7	=									
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	<i>ADW</i>	<i>ADW</i>										

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

Patient: Paul Dulberg Physician: D. Talmed Date: 1-5-12

Diagnosis: (R) Trauma 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: 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 T in tendon

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's

☐ Sensation: TBt intact wrist due to tendon constraints

☒ ROM: Elbow / Td 6°, Wrist / Td 5° wrist / Td 5°

☒ Strength: Rgrip Td 17# (R) = 89% of (L)

Treatment summary to date: MTP, US, open ankle, STM, pronator albow, wrist & digit
Arms of arm, intrinsic exercises, forearm strengthening

Assessment/therapist impression: Pt shows improvements in ARM but functional improvement limited due to T in tendon

Goals: ETG's met: ☒ yes ☒ no LTG's met: ☐ yes ☐ no
① T pronator 5°

Revised functional goals: 4 weeks

1. (Cont.) T (R) pronator 5-8° to T pt's ability to pour coffee

2. T Rgrip another 5# to improve ability to hold onto coffee mug on open jaw

3. Pt to report pain < 3/10 at best to enable him to use (R) UE to assist in ADL's

Patient: Paul Dulberg

Skilled therapy needed for: ☒ Progression of exercise ☐ Continued need for manual therapy

☐ other: Scm anti-STM, Pcom elbow, wrist, digits

PLAN:

Modalities: MHP, U.S. - PRN

Exercise: AROM elbow, wrist, digits, intrinsic exercises,
functional grasp & 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 90 days.

Additional requests/concerns: _____

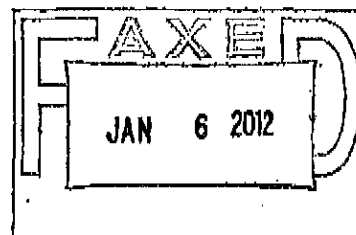
[Signature]
Therapist Signature

[Signature]
Physician's Signature

date

PLEASE FAX BACK TO: 847-587-3346

1/6/12



Dynamic Hand Therapy -- Active Range of Motion

Patient Name: Paul Dillberg

	(L)	(R)	(R)
Exam Date	12/6/11	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	15	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	MP	MP	MP

JAN-05-2012 THU 02:45 PM

Dynamic Hand Therapy Edema Flow Sheet

Patient Name: *Paul Redberg*

	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	11.7	11.7	=										
mid-metacarpals	23.1	23.1	=										
metacarpals	20.8	23.5	42.6										
Thumb													
MP													
P1	7.4	7.7	1.3										
IP													
P2													
Index Finger													
P1	7.3	7.1	1.2										
PIP													
P2													
DIP													
P3													
Middle Finger													
P1	6.8	6.8	=										
PIP													
P2													
DIP													
P3													
Ring Finger													
P1	6.5	6.6	1.1										
PIP													
P2													
DIP													
P3													
Small Finger													
P1	6.0	6.1	1.1										
PIP													
P2													
DIP													
P3													
Volumetric (ml)													
Trial 1													
Trial 2													
Trial 3													
Average													
Therapists Initials	<i>DR</i>	<i>DR</i>											

Dynamic Hand Therapy Grip/Pinch Strength Flow Sheet

Patient Name: Paul D. Duberg

Exam Date	12/6/11	12/6/11	1/5/12	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					121#	141#				
Intrinsics 1st position					89%					
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	WPS	WPS								

DYNAMIC HAND THERAPY
Initial Evaluation

Name: Paul Dulberg Date: 12/6/11
Physician: Dr. Telezio Date of injury/onset: 6/28/11
Diagnosis: Ⓡ 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 Ulnar nerve transposition - 4-5 years ago, DDD C3-7
Occupation: Graphic Design Hand Dominance Ⓡ L
Precautions: _____

SUBJECTIVE:

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

Details: Pain 4-6 days post - wakes him at night, 1st activity; Pain occurs where 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: TBA; Hypersensitivity noted in forearm

☒ Range of Motion Limitations noted in Ⓡ Elbow, forearm, & wrist

☐ Edema No sig edema noted to day

☒ Strength Limitations noted in Ⓡ Grasp; 3 pt pinch

Flexibility: Intrinsic/Extrinsic: Tight extensors and intrinsic

Function/ADL's: Prior level of function: Ⓡ E RVE

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

Other Relevant Findings: Ⓡ Wartenberg's Sign; ADM: 3/5, ODM: 3/5; FDS-SF: 4/4
FDS RF 4+5 & pain

Patient name: Raul Dulberg

Assessment/Therapist impression: Pt presents 2 pr, 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 (4 weeks)

1. Ⓢ wrist extension x 5-8" to Ⓢ pt's ability to bear weight through palm.
2. Ⓢ grasp x 3-5" to Ⓢ pt's ability to open containers
3. Ⓢ pro x 5" to Ⓢ 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 MTP, CP, US

Manual Techniques STM, scar central, eddars, 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 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.

[Signature]
Therapist Signature

date

[Signature]
Physician Signature

date

12/2/11

*PLEASE FAX BACK AT 847-587-3346

Dynamic Hand Therapy -- Active Range of Motion

Patient Name: Paul Dulberg

Exam Date	12/10/11								
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	15	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	JWS	JWS							

Dynamic Hand Therapy Grip/Pinch Strength Flow Sheet

Patient Name: Paula Delberg

Exam Date	12/6/11	12/6/11									
Measurements: Kg Lb	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	WPS	WPS									

previous ulnar nerve transposition left wrist



MidAmerica Hand to Shoulder Clinic

Anton J. Fakhouri, MD, FACS, FICS
Gary A. Kronen, MD
Paul E. Papierski, MD
Taruna Madhav Crawford, MD
Marcus G. Talerico, MD
Jeremy T. Bell, PA-C
Gregory Crovetti, MD
James Moravsek, MD
Beverlee Brisbin, MD
Thomas M. Hunt, OPA-C, MBA

FAX

Date: 8-11-12

Pages: (Incl...)

To: Thomas J. Papovich

Company Name: The Law Offices of The

Phone Number: 815-344-3797

Regarding: Paul Duhery

From: Samantha McDermott CMA Phone Num

Company: MidAmerica Hand to Shoulder Clinic Fa

Do
folder

Comments:

Please call if you h

Samantha McDermott CMA

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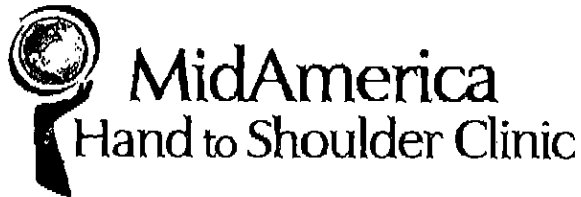
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Libertyville, IL 60048
Ph/Fx (855) 4MY-HAND or (855) 469-4263



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

August 11, 2012

The Law Offices of Thomas J. Popovich P.C.
3416 W. Elm Street
McHenry, Illinois 60050

Dear Mr. Thomas J. Popovich

We have enclosed the Medical Records per your request for the following patient:

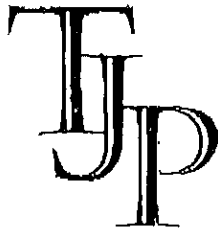
Name: **Paul Dulberg**
Date of Birth: **03/19/1970**

We received your check # AA8523895 for \$20.00 and thank you for your prompt payment. If you have any question or concerns I ask that you please contact me.

Regards,

MidAmerica Orthopaedics

Samantha McDermott, CMA
1419 Peterson Road
Libertyville, IL 60048
(Located in Butterfield Square Mall)
Tel: 847.247.0547 Fax: 847.247.0540



The Law Offices of Thomas J. Popovich P.C.

3416 W. ELM STREET
McHENRY, ILLINOIS 60050
TELEPHONE: 815.344.3797
FACSIMILE: 815.344.5280
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THOMAS J. POPOVICH
HANS A. MAST
JOHN A. KORNAK
DIANA M. REITER

MARK J. VOGG
JAMES P. TUTAJ
ROBERT J. LUMBER
THERESA M. FREEMAN

June 11, 2012

MidAmerica Hand to Shoulder Clinic
Dr. Talerico
MEDICAL RECORDS/PATIENT BILLING
755 S. Milwaukee Avenue
Suite 250
Libertyville, IL 60048

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.

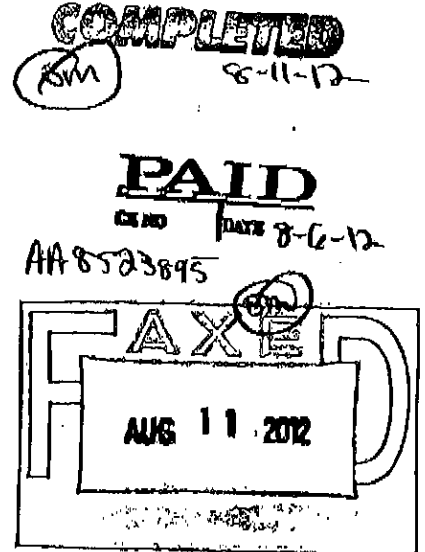
LAW OFFICES OF THOMAS J. POPOVICH, P.C.

Very truly yours,

Alarie Dullum,
Paralegal

WAUKEGAN OFFICE
210 NORTH MARTIN LUTHER
KING JR. AVENUE
WAUKEGAN, IL 60085
Dulberg 007795

Also Licensed in Wisconsin



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: MidAmerica Hand to Shoulder Clinic
Dr. Talerico

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

6/3/12
Date

If signed by legal representative, relationship to patient: _____

Mavis Dullem
Signature of witness

6-3-12
Date

Therapy Prescription

☒ 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

- ☒ AROM
- ☐ PROM
- ☒ 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

- ☒ At therapist's discretion
- ☐ Ultrasound
- ☐ Iontophoresis
- ☐ High Volt Pulsed Current
- ☐ NMES
- ☐ TENS
- ☐ Heat/Cold Pack
- ☐ Whirlpool
- ☐ Fluidotherapy
- ☐ Paraffin

Miscellaneous

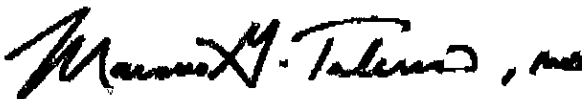
- ☒ Home Exercise Program
- ☐ ADL's
- ☐ CPM for home use
- ☐ FCE
- ☐ Work Conditioning
- ☐ Work Hardening
- ☒ Per Therapist's discretion

Scar/Edema

- ☐ Edema Control
- ☐ Scar Control/Massage/Remodeling
- ☒ Desensitization
- ☐ Wound Care
- ☐ Soft Tissue Mobilization
- ☐ Sterile Dressing Changes
- ☒ Pain Reduction
- ☐ Jobst Compression Garment

Physician's Signature:

Date: 12/02/11



Scheduled for:

Tuesday December 6, 2011 at 3:30pm

at:

Dynamic Hand Therapy/ Fox Lake

HISTORY & PHYSICAL

PATIENT: Dulberg, Paul AGE: 41 years old EXAM DATE: 12/02/11

CHIEF COMPLAINT: Right forearm pain.

HPI: Patient is a 41-year-old male who is right-hand dominant. He was referred by Dr. Karen Levin, MD, neurology, for evaluation of an injury he sustained to his right medial forearm in June of 2011. He apparently was using a chain saw when he accidentally struck the volar medial aspect of his right forearm in roughly the mid forearm range with a chain saw. He had a large open wound down to muscle. He was seen in the emergency department where the wound is here it at the muscle was sewn together and the skin was closed. He followed up with his primary care provider. He has noted persistent pain which he describes as intermittent and shooting in character radiating from the laceration site. He occasionally has intermittent numbness and tingling in the ring and small finger. He reports grip weakness and no endurance with wrist flexion and gripping. He has not had therapy to date. He did have an EMG/NCS performed by Dr. Levin in August of 2011. Per the patient the study was normal. I do not have that study available at this moment. He currently is not working but is a graphic designer by training. He reports using a computer mouse for 20 minutes causes significant forearm pain.

MEDICATION: Patient has no current medications.

ALLERGIES: nkda

REFERRAL SOURCE: Not Referred By

ILLNESSES: Arthritis

OPERATIONS: Ulnar Nerve Transportation: Active

SOCIAL HISTORY: Alcohol - Denies

Marital Status: Single

Smoking: current every day smoker

FAMILY HISTORY: Diabetes

OCCUPATION: Graphic Designer

ROS:

1. Head and Neck: System reported as normal by patient.
2. Heart: System reported as normal by patient.
3. Lungs: System reported as normal by patient.
4. GI: System reported as normal by patient.
5. GU: System reported as normal by patient.
6. Neuro: As per HPI.
7. Musculoskeletal: As per HPI.
8. Abdomen: System reported as normal by patient.
9. Heme/Lymph: System reported as normal by patient.
10. Other:

PHYSICAL EXAM:

Vitals: No data for Vitals.

Appearance: No distress, good color on room air. Alert and cooperative.

Skin: Bilateral upper extremities; no open wounds or skin changes.

Neuro: Bilateral upper extremities: Median, radial and ulnar nerves are motor and sensory intact. Light touch intact all digits, no weakness or wasting.

Vascular: Bilateral upper extremities: palpable radial pulses and brisk capillary refill.

Focused Exam: Examination of his right upper extremity reveals his elbow has normal painless range of motion. No focal tenderness to palpation. Collateral ligaments are stable. His forearm compartments are soft. He has a well-healed transverse laceration on the volar medial mid forearm level. There is no erythema, drainage, or fluctuance at the level of the laceration. There is no tenderness to palpation at the laceration site. There is some apparent muscle

Report Date: June 15, 2012 Patient: Dulberg, Paul R DOS:

Incongruity. Distally his hand demonstrates no atrophy. He has 5 out of 5 intrinsic strength. 5 out of 5 APB strength. He can make a full fist with full extension of all digits. He does not demonstrate a clawed posture. He has a negative Froment sign. He has a positive Wartenberg sign. Wrist flexion and extension is 5 out of 5 strength. He has a palpable FCU and ECU tendons at the level of the wrist. They have appropriate tension. None today.

IMAGING:

ASSESSMENT:

DIAGNOSIS:

906.1-LATE EFFECT OPEN WND EXTREM

PROCEDURES:

99203-NEW Detailed, Low Complexity

PLAN:

Plan:

I reviewed findings, treatment options, and recommendations with the patient concerning the forearm complaints he has. I would like to see the official report of the EMG/NCS. We will obtain this report. There is no evidence of a complete injury to his ulnar nerve on physical exam. His complaints are likely muscular in origin. He may have some superficial sensory complaints as well. I do not think he needs any surgical intervention at this time. I did recommend and provided him with a prescription for occupational therapy to work on strengthening and conditioning of the forearm muscles. They can also perform some pain control modalities. I would like to see him back in 4-6 weeks' time to see if therapy is of some assistance to him. I will contact him by phone if his EMG is significantly abnormal. Otherwise we will discuss it at the next followup visit. Patient was in agreement with the plan.

Prescription:

No data for Prescription

Work Status:

Not applicable.



Marcus G. Talerico, M.D.

Referred by: Dr. Karen Levin

Primary Care Physician: Dr. Sek

Other: n/a

Fax Created - Dated: 12/5/2011 9:03 AM - Referring Physician.MC

PATIENT: Dulberg, Paul R AGE: 41 years old EXAM DATE: 01/06/12
HOME: 4648 Aden Court
Mchenry, IL 60051

PID: 1002454

CHIEF COMPLAINT: Right forearm pain.

Nurse's Notes: Patient doesn't feel occupation therapy is helping. He complaints of pain/soreness and loss of strength. MT

Referred by: Not Referred By

HPI: Patient is a 41-year-old male who is right-hand dominant. He was referred by Dr. Karen Levin, MD, neurology, for evaluation of an injury he sustained to his right medial forearm in June of 2011. He apparently was using a chain saw when he accidentally struck the volar medial aspect of his right forearm in roughly the mid forearm range with a chain saw. He had a large open wound down to muscle. He was seen in the emergency department where the wound was debrided and the muscle was sewn together and the skin was closed. He followed up with his primary care provider. He has noted persistent pain which he describes as intermittent and shooting in character radiating from the laceration site. He occasionally has intermittent numbness and tingling in the ring and small finger. He reports grip weakness and no endurance with wrist flexion and gripping. He has not had therapy to date. He did have an EMG/NCS performed by Dr. Levin in August of 2011. Per the patient the study was normal. I saw the patient a proximally one month ago recommended a course of occupational therapy. He has attended one or 2 sessions thus far. I also obtained and the EMG nerve conduction study to review. The patient reports no improvement in symptoms. He thinks that therapy is not helpful. He feels he is getting weaker. He feels burning in the forearm region. He also asked me about disability paperwork.

MEDICAL HISTORY: Arthritis

MEDICATION: naproxen (Dosage: 375 mg Tablet, Delayed Release (E.C.) SIG: Take 1 tablet Oral twice a day Oral Dispense: 90 Refills: 2)

ALLERGIES: nkda

SOCIAL HISTORY Alcohol - Denies

Marital Status: Single

Smoking: current every day smoker

PHYSICAL EXAM:

Appearance: No distress. Alert and cooperative.

Skin: Bilateral upper extremities: no open wounds or skin changes. Well-healed laceration in the mid forearm region right side ulnar aspect. No evidence of infection.

Neuro: Bilateral upper extremities: light touch intact all digits, no weakness or wasting.

Focused Exam: Elbow with full and painless motion in the right side. Forearm compartments are soft there is no obvious deformity. He has preserved wrist flexion and extension strength. He can make a full fist and has full extension of all digits. He has no intrinsic or thenar atrophy. He has 5/5 APB and intrinsic strength. He has a negative Froment sign. He does have a positive Wartenberg sign. FDP to the small finger is 5/5.

IMAGING: None today.

DIAGNOSIS: 906.1-LATE EFFECT OPEN WND EXTREM

PROCEDURES: 99213-ESTABLISHED Expanded, Low Complexity

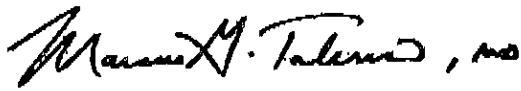
ASSESSMENT & PLAN:

Plan: I reviewed findings, treatment options, and recommendations with the patient concerning the forearm complaints he has. I reviewed the EMG/NCS which is a normal study. There is no evidence of ulnar nerve injury. Given the location of his injury this is the only significant problem I can imagine from this wound. There is no evidence of any nerve or tendon injury. He may have some residual soreness and some superficial sensory abnormalities but this should improve over time. Our recommendation is simply continued therapy. No need for surgical intervention that I can foresee. Unfortunately do not have anything further to offer

Report Date: June 15, 2012 **Patient:** Dulberg, Paul R **DOS:**

the patient at this time. I would be happy to see him back in the future on an as needed basis.

Work Status: Not applicable.



Marcus G. Talerico, M.D.

Referred by: Dr. Karen Levin
Other: Hans Mast(Attorney)

Fax Created: Dated: 1/9/2012 3:25:12 PM

Fax Created: Dated: 1/10/2012 3:13:28 PM

MEDICAL HISTORY

Initial Symptoms Onset: Immediate Gradual Date of Injury 6/28/2011

41 Year old R/L/A handed F/M:
 Patient is 5'10" tall. Laceration on forearm saw 2 1/2 inch hole in forearm & it was sutured @ the ER. Pt was in bone or major nerve damage. Patient here due to shooting pains up & down arm & sleep disturbance also interfering with work.
 LOA of forearm damage @ initial date of injury. DR LEVIN thinks nerve damage or tendon.

Current Symptoms

Location: Right FOREARM/ULNAR SIDE
 Pain: Mild Moderate Severe 2/3 @ rest @
Intermittent Continuous
Sleep disturbance
 Sensory: Th 1 M R S Tingling night
Intermittent Continuous 7/8
Numbness Tingling Paresthesias
 Other: Swelling
Stiffness
Triggering
Crepitus
Cold intolerance
Color Change
Mass

Left: Mild Moderate Severe
Intermittent Continuous
Sleep disturbance
 Sensory: Th 1 M R S
Intermittent Continuous
Numbness Tingling Paresthesias
Swelling
Stiffness
Triggering
Crepitus
Cold intolerance
Color Change
Mass

(Neurology
Karen Levin)

(R) ulnar
radial
forearm

Previous similar symptoms/injury: No Yes

F Sub/was
8/11

Treatment to date:

Tetanus: 6-28-2011 Therapy:

Current Medications: Antibiotics NSAIDs Pain Medication
 Name/Route/Frequency NAPROXIN for NECK 5 degenerative discs in neck.

Steroids Injections: No Yes

Splint/cast: No Yes

Previous Surgery: No Yes ULNAR NERVE TRANSPOSITION left arm

Previous tests and results

EMG/NCV: Yes DR LEVIN
 MRI: No Yes
 X-Ray: Yes 6/28/11

Arthrogram: No Yes
 Bone Scan: No Yes
 CAT scan: No Yes

Height 5'10" Weight 165 BMI

Occupation/Hobbies: Graphic designer

Referred By DR. LEVIN

Examined in the presence of (R)

Age 41
 Date 12/21/11
 Name: DOLBERG PAUL

+ intermittent
shooting pain

- N/T
intermittent
ring + small

- grip weakness
depression

- & therapy

(+) antenatal
of forearm

Associated Neurology, S.C.MITCHELL S. GROBMAN, M.D.
KAREN F. LEVIN, M.D.**NEUROPHYSIOLOGY REPORT**

Name: Dulberg, Paul

Test No.: 11-0802

Date of Exam: 10 Aug 11

Motor Nerve Conduction:

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

F-Wave Studies:

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

Sensory Nerve Conduction:

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

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

Conclusions: No electrophysiologic evidence of diffuse neuropathy.

Karen F. Levin
Karen F. Levin, M.D.

Paul Dulberg
1/6/12

1900 HOLLISTER DRIVE, SUITE 250, LIBERTYVILLE, IL 60048
PHONE (847) 349-0051 • FAX (847) 349-0404

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

Patient: Paul Dulberg Physician: Dr. Telesio Date: 2/6/12
 Diagnosis: ② Flexor 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: Unable to identify; raising computer has slightly improved.
 Improvements: _____

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: Cent. hyperaesthesia w/ scar
 See flow sheet for: of Cent. Wartenberg's sign SF

☐ Edema: _____

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

☒ ROM: 1st d elbow extension, pron/sup, wrist ext and abd noted

☒ Strength: 1st d grasp x 12th since previous eval, decreased pinch held since initial visit

Treatment summary to date: Focus of tx 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

Goals: STG's met: ☒ yes ☒ no LTG's met: ☐ yes ☐ no
 Rom/pain (grasp) This occurs 100% of the time. This is decreasing his strength
 Revised functional goals: qual

- TBA
-
-

Patient: Paul DulbergSkilled therapy needed for: ☐ progression of exercise ☐ continued need for manual therapy☐ other: _____

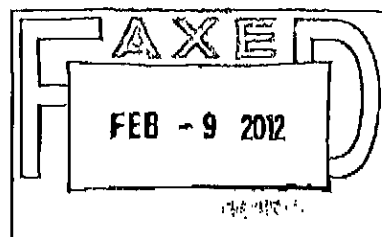
PLAN:

Modalities: PT to be placed on hold until he seeks further medicalExercise: intervention - this issue seems to be caused by one specific
problem that is not being improved in therapy - thisSplinting: SF FDS appears to be affecting his ulnar nerveOther: 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: _____

W. Shanahan *[Signature]* 2/8/12
 Therapist Signature Physician's Signature date

PLEASE FAX BACK TO: 847-587-3346



Semmes-Weinstein Monofilament Sensory Testing Results

Date: 2/16/12Patient: Paul Dulberg

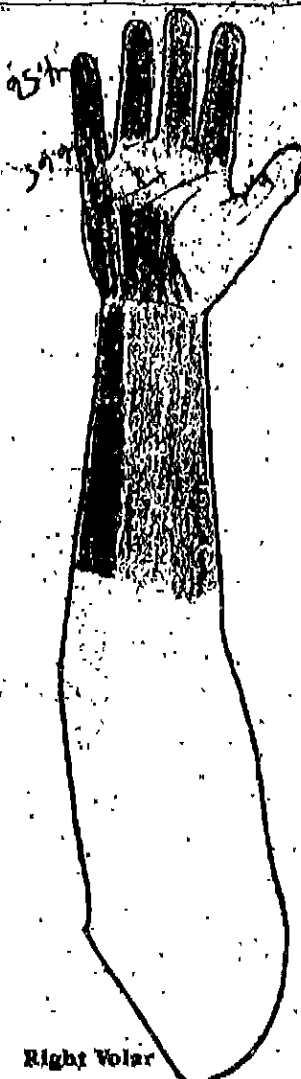
Comments	Filament	Interpretation	Force (gms)
	1.65 - 2.83 (Green)	Normal	988 - 998
	3.27 - 3.61 (Blue)	Diminished Light Touch	172 - 217
	3.84 - 4.31 (Purple)	Diminished Protective Sensation	445 - 725
	4.56 (Red)	Loss of Protective Sensation	4.19
	6.65 (Red)	Deep Pressure Sensation	279.6
	(Red Lined)	Tested with No Response	



Left Dorsal



Left Volar



Right Volar



Right Dorsal

Tested by: Marie Shamashat

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Revised November 1987

Dynamic Hand Therapy -- Active Range of Motion

Patient Name:

Dulberg

	(L)	(R)	(R)	(R)				
Exam Date	12/6/11	1-5-12	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	75	65	85	75				
Wrist								
Flexion	80	75	80	80				
Extension	25	55	60	65				
Radial Deviation	25	20	15	15				
Ulnar Deviation	15	30	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	MD	MD	MD					

Dynamic Hand Therapy Edema Flow Sheet

Patient Name: Paul DeMora

	Date	Date	Date	Date	Date	Date	Date	Date	Date
	1/5/12	1/5/12	1/5/12	1/5/12	1/5/12	1/5/12	1/5/12	1/5/12	1/5/12
Circumferences (cm)	Control (L/R)	Involved (R)	Diff.	Involved L/R	Diff.	Involved L/R	Diff.	Involved L/R	Diff.
wrist flexion crease	16.7	16.7	=						
mid-metacarpals	20.1	22.1	2.0						
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	6.6	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									
Therapist Initials	MDJ	MDJ							

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

Patient: Paul Dulberg Physician: D. Tubrid Date: 1-5-12
 Diagnosis: (R) Trauma laceration of wrist flexor 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 last only a few seconds

Function/ADL's:

Improvements: No functional improvements due to ↑ in tension

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 joints

☐ Sensation: IBT next visit due to time constraints

☒ ROM: Elbow / Td 6°, Wrist / Td 5° wrist / Td 5°

☒ Strength: Rgrip Td 17# (R) = 89% of (L)

Treatment summary to date: Mitt, US, over malle, SPM, pron/ulnar, wrist & digits

Arm of range, intrinsic exercises, forearm strengthening

Assessment/therapist impression: Rt shows improvements in Arm but functional improvement limited due to ↑ in tension

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

Revised functional goals: 4 wk

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

2. ↑ Rgrip another 5# to improve ability to hold onto coffee mug on open jaw

3. Rt to report pain < 3/10 at best to enable him to use (R) UE to assist in ADL's

Patient: Paul DulbergSkilled therapy needed for: ☒ progression of exercise ☐ continued need for manual therapy☐ other: Scm mult, STM, ROM elbow, wrist, digits

PLAN:

Modalities: MHP, U.S. - P2NExercise: A20m 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

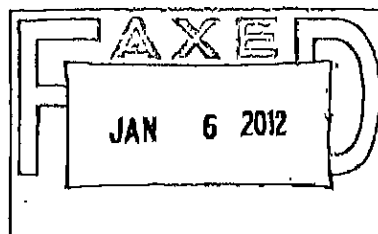
I have reviewed this plan of care and recertify a continuing need for services from the date of this updated plan of care; the above updated plan of care is herein established and will be reviewed every 30 days.

Additional requests/concerns: _____

[Signature]
Therapist Signature[Signature]
Physician's Signature

date

PLEASE FAX BACK TO: 847-587-3346

1/11/12

Dynamic Hand Therapy -- Active Range of Motion

Patient Name:

Dulberg

Exam Data	(L)	(R)	(R)
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	35	55	60
Radial Deviation	25	20	15
Ulnar Deviation	15	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	<u>MP</u>	<u>MP</u>	<u>MP</u>

Dynamic Hand Therapy Edema Flow Sheet

Patient Name: Paul Duthing

	Date	Date		Date		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.	Involved L/R
wrist flexion crease	11.5	11.5	=											
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	NDW	NDW												

JAN-05-2012 THU 02:45 PM

P.005

Dynamic Hand Therapy Grip/Pinch Strength Flow Sheet

Patient Name: Paula Delberg

Exam Date	12/6/11	12/6/11	1/5/12	1/5/12	1/5/12	7/5/12				
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					↑ 17#					
Intrinsics 1st position					89%					
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	WPS	WPS								

previous dynamometer broken
transposed left and right

DYNAMIC HAND THERAPY Initial Evaluation

Name: Paule Dulberg Date: 12/6/11

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

Diagnosis: Ⓡ 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. Ulnar nerve transposition - 4-5 years ago; DDD C3,7

Occupation: Graphic Designer Hand Dominance Ⓡ 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 where 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: TBR; Hypersensitivity noted in forearm

☐ Range of Motion Limitations noted in Ⓡ Elbow, forearm, & wrist

☐ Edema No sig edema noted today

☒ Strength Limitations noted in Ⓡ Grasp; 3 pt pick

Flexibility: Intrinsic/Extrinsic: Tight extrinsics and intrinsic

Function/ADL's: Prior level of function: Ⓡ E RUE

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

Turning door handle, pouring coffee, manipulating small objects, bearing weight thru
palms

Other Relevant Findings: Ⓡ Wartenberg's Sign; ADM: 3/5, ODM: 3/5; FDS-SF: 4/5

FDS RF 4 1/5 = pain

Patient name: Raul Dulberg

Assessment/Therapist impression: pt presents 2 prs, Rom deficits, strength deficits;
Tight extensors, significant deficits during functional activities; Numbness/tingling
reported - cannot be assessed more specifically.

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

Functional Goals:

Short term (x4 weeks)

1. (1) (R) wrist extension x 5-8" to (1) pt's ability to bear weight through palm.
2. (1) (R) grasp x 3-5# to (1) pt's ability to open containers
3. (1) (R) pro x 5" to (1) pt's ability to pour coffee.

Long term

1. Maximizing 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:

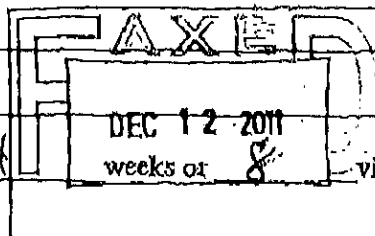
Modalities MTP, CP, USManual Techniques STM, scar control, eddars, MPR

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.

W. Chaman-Motant
 Therapist Signature date

[Signature] 12/12/11
 Physician Signature date

*PLEASE FAX BACK AT 847-587-3346

Dynamic Hand Therapy - Active Range of Motion

Patient Name:

Paul Dulberg

Exam Date	12/6/11								
Shoulder									
Flexion									
Extension									
Abduction									
External Rotation									
Internal Rotation									
Elbow & Forearm									
Flexion	144	134							
Extension	0	-3							
Pronation	35	65							
Supination	75+	65							
Wrist									
Flexion	30	75+							
Extension	75+	56							
Radial Deviation	25	20+							
Ulnar Deviation	15	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	JMS	JMS							

DEC-12-2011 MON 10:47 AM

P.005

Dynamic Hand Therapy Grip/Pinch Strength Flow Sheet

Patient Name: Paul Delberg

Exam Date	12/6/11	12/6/11								
Measurements: Kg Lb	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	previous ulnar nerve transposition left wrist							
2-pt (pad)	20	18								
Lateral Key	28	26								
Examiners Initials	WPS	WPS								



MidAmerica Hand to Shoulder Clinic

LIABILITY/PERSONAL INJURY INFORMATION FORM

Please fill out this form only if you have a liability/personal injury claim.

Patient Name: Paul Dulberg Date of Birth: 3-19-70 Date of Injury: _____

Liability/Personal Injury Insurance Carrier: Auto home owners Claim #: 13-2779-11

Liability/Personal Injury Insurance Carriers Address: 6000 Tailgate Rd Suite D Elgin IL 60123

Claims Adjuster: Tom Malatia Phone #: 847-587-3077 x #: _____

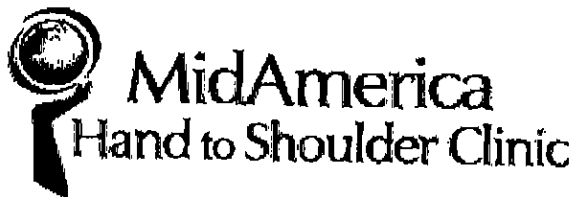
If you have retained an attorney for this injury, please provide the following information:

Attorney Name: Hans mast Phone #: 815-344-3797 Fax #: _____

Attorney Address: _____

Signature: _____ Date: _____

Printed Name: _____ Date: _____



Fax

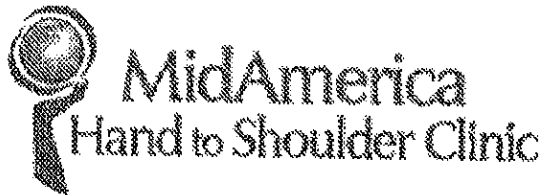
To: Hans Mast	From: Tish
Fax: 8153445280	Pages: 6 (Including Cover Letter)
Phone:	Date: 3/26/2012
	Phone: 847-720-7114
Re: Paul Dulberg	Fax: 847-720-7344

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■ **Comments:**

Attached please find a ledger for the amount due for injury sustained by Mr. Paul Dulberg.

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Marcus G. Talerico, MD
Jeremy T. Bell, PA-C
Thomas M. Hunt, OPA-C, MBA

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To: Hans Mast

Fax: 01102012151314.1002454

From: Marcus G. Talerico, M.D.

Date: 10 January, 2012 3:13 PM

Re:

Pages: 3

CC:

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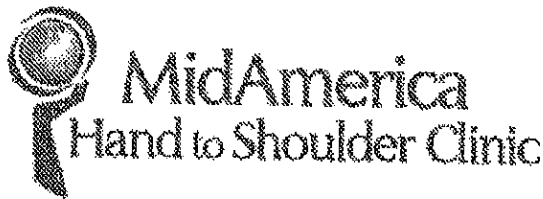
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UserCompany = MidAmerica Hand to Shoulder Clinic

UserFaxNumber = (847)247-0540

UserName = Marcus G. Talerico, M.D.

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PATIENT: Dulberg, Paul R **AGE:** 41 years old **EXAM DATE:** 01/06/12
HOME: 4646 Aden Court
 Mchenry, IL 60051

PID: 1002454

CHIEF COMPLAINT: Right forearm pain.

Nurse's Notes: Patient doesn't feel occupation therapy is helping. He complaints of pain/soreness and loss of strength. MT

Referred by: Not Referred By

HPI: Patient is a 41-year-old male who is right-hand dominant. He was referred by Dr. Karen Levin, MD, neurology, for evaluation of an injury he sustained to his right medial forearm in June of 2011. He apparently was using a chain saw when he accidentally struck the volar medial aspect of his right forearm in roughly the mid forearm range with a chain saw. He had a large open wound down to muscle. He was seen in the emergency department where the wound was debrided and the muscle was sewn together and the skin was closed. He followed up with his primary care provider. He has noted persistent pain which he describes as intermittent and shooting in character radiating from the laceration site. He occasionally has intermittent numbness and tingling in the ring and small finger. He reports grip weakness and no endurance with wrist flexion and gripping. He has not had therapy to date. He did have an EMG/NCS performed by Dr. Levin in August of 2011. Per the patient the study was normal. I saw the patient a proximally one month ago recommended a course of occupational therapy. He has attended one or 2 sessions thus far. I also obtained and the EMG nerve conduction study to review. The patient reports no improvement in symptoms. He thinks that therapy is not helpful. He feels he is getting weaker. He feels burning in the forearm region. He also asked me about disability paperwork.

MEDICAL HISTORY: Arthritis

MEDICATION: naproxen (Dosage: 375 mg Tablet, Delayed Release (E.C.) SIG: Take 1 tablet Oral twice a day Oral Dispense: 90 Refills: 2)

ALLERGIES: nkds

SOCIAL HISTORY Alcohol - Denies
 Marital Status: Single
 Smoking: current every day smoker

PHYSICAL EXAM:

Appearance: No distress. Alert and cooperative.
Skin: Bilateral upper extremities: no open wounds or skin changes. Well-healed laceration in the mid forearm region right side ulnar aspect. No evidence of infection.
Neuro: Bilateral upper extremities: light touch intact all digits, no weakness or wasting.
Focused Exam: Elbow with full and painless motion in the right side. Forearm compartments are soft there is no obvious deformity. He has preserved wrist flexion and extension strength. He can make a full fist and has full extension of all digits. He has no intrinsic or thenar atrophy. He has 5/5 APB and intrinsic strength. He has a negative Froment sign. He does have a positive Wartenberg sign. FDP to the small finger is 5/5.

IMAGING: None today.

Report Date: January 10, 2012 Patient: Dulberg, Paul R DOS: 01/06/12

DIAGNOSIS: 906.1-LATE EFFECT OPEN WND EXTREM
PROCEDURES: 99213-ESTABLISHED Expanded, Low Complexity

ASSESSMENT & PLAN:

Plan: I reviewed findings, treatment options, and recommendations with the patient concerning the forearm complaints he has. I reviewed the EMG/NCS which is a normal study. There is no evidence of ulnar nerve injury. Given the location of his injury this is the only significant problem I can imagine from this wound. There is no evidence of any nerve or tendon injury. He may have some residual soreness and some superficial sensory abnormalities but this should improve over time. Our recommendation is simply continued therapy. No need for surgical intervention that I can foresee. Unfortunately do not have anything further to offer the patient at this time. I would be happy to see him back in the future on an as needed basis.

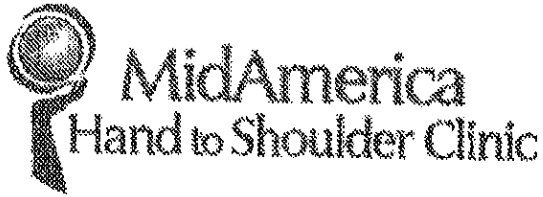
Work Status: Not applicable.



Marcus G. Talerico, M.D.

Referred by: Dr. Karen Levin
Other: Tom Malatia(adjuster) and Hans Mast(Attorney)

Fax Created - Dated 1/9/2012 3:25:12 PM



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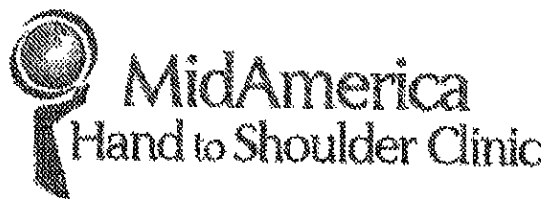
To: Mr. Hona Mast Fax: 18153445280
From: Paul Papierski, MD Date: 21 June, 2012 9:50 AM
Re: Pages: 3
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UserCompany = MidAmerica Hand to Shoulder Clinic
UserFaxNumber = (847)247-0540
UserName = Paul Papierski, MD

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HISTORY & PHYSICAL

PATIENT: Dulberg, Paul **AGE:** 41 years old **EXAM DATE:** 12/02/11

CHIEF COMPLAINT: Right forearm pain.

HPI: Patient is a 41-year-old male who is right-hand dominant. He was referred by Dr. Karen Levin, MD, neurology, for evaluation of an injury he sustained to his right medial forearm in June of 2011. He apparently was using a chain saw when he accidentally struck the volar medial aspect of his right forearm in roughly the mid forearm range with a chain saw. He had a large open wound down to muscle. He was seen in the emergency department where the wound is here it at the muscle was sewn together and the skin was closed. He followed up with his primary care provider. He has noted persistent pain which he describes as intermittent and shooting in character radiating from the laceration site. He occasionally has intermittent numbness and tingling in the ring and small finger. He reports grip weakness and no endurance with wrist flexion and gripping. He has not had therapy to date. He did have an EMG/NCS performed by Dr. Levin in August of 2011. Per the patient the study was normal. I do not have that study available at this moment. He currently is not working but is a graphic designer by training. He reports using a computer mouse for 20 minutes causes significant forearm pain.

MEDICATION: Patient has no current medications.

ALLERGIES: nkda

REFERRAL SOURCE: Not Referred By

ILLNESSES: Arthritis

OPERATIONS: Ulnar Nerve Transportation: Active

SOCIAL HISTORY: Alcohol - Denies

Marital Status: Single

Smoking: current every day smoker

FAMILY HISTORY: Diabetes

OCCUPATION: Graphic Designer

ROS:

1. Head and Neck: System reported as normal by patient.
2. Heart: System reported as normal by patient.
3. Lungs: System reported as normal by patient.
4. GI: System reported as normal by patient.
5. GU: System reported as normal by patient.
6. Neuro: As per HPI.
7. Musculoskeletal: As per HPI.
8. Abdomen: System reported as normal by patient.
9. Heme/Lymph: System reported as normal by patient.
10. Other:

Report Date: June 21, 2012 Patient: Dulberg, Paul R DOS: 12/02/11

PHYSICAL EXAM:

Vitals: No data for Vitals.
Appearance: No distress, good color on room air. Alert and cooperative.
Skin: Bilateral upper extremities: no open wounds or skin changes.
Neuro: Bilateral upper extremities: Median, radial and ulnar nerves are motor and sensory intact. Light touch intact all digits, no weakness or wasting.
Vascular: Bilateral upper extremities: palpable radial pulses and brisk capillary refill.
Focused Exam: Examination of his right upper extremity reveals his elbow has normal painless range of motion. No focal tenderness to palpation. Collateral ligaments are stable. His forearm compartments are soft. He has a well-healed transverse laceration on the volar medial mid forearm level. There is no erythema, drainage, or fluctuance at the level of the laceration. There is no tenderness to palpation at the laceration site. There is some apparent muscle incongruity. Distally his hand demonstrates no atrophy. He has 5 out of 5 intrinsic strength. 5 out of 5 APB strength. He can make a full fist with full extension of all digits. He does not demonstrate a clawed posture. He has a negative Froment sign. He has a positive Wartenberg sign. Wrist flexion and extension is 5 out of 5 strength. He has a palpable FCU and ECU tendons at the level of the wrist. They have appropriate tension.
IMAGING: None today.

ASSESSMENT:

DIAGNOSIS: 906.1-LATE EFFECT OPEN WND EXTREM
PROCEDURES: 99203-NEW Detailed, Low Complexity

PLAN:

Plan: I reviewed findings, treatment options, and recommendations with the patient concerning the forearm complaints he has. I would like to see the official report of the EMG/NCS. We will obtain this report. There is no evidence of a complete injury to his ulnar nerve on physical exam. His complaints are likely muscular in origin. He may have some superficial sensory complaints as well. I do not think he needs any surgical intervention at this time. I did recommend and provided him with a prescription for occupational therapy to work on strengthening and conditioning of the forearm muscles. They can also perform some pain control modalities. I would like to see him back in 4-6 weeks' time to see if therapy is of some assistance to him. I will contact him by phone if his EMG is significantly abnormal. Otherwise we will discuss it at the next followup visit. Patient was in agreement with the plan.

Prescription: No data for Prescription
Work Status: Not applicable.



Marcus G. Talerico, M.D.

Referred by: Dr. Karen Levin
Primary Care Physician: Dr. Sek
Other: n/a

Fax Created: Dated 12/6/2011 9:13:03 AM-Referring Physician MC

Addendum: Dated 06/21/12

06/21/12 -- Patient clarified that this injury occurred on the above mentioned date but that he was not holding on to the chainsaw. Instead, he was helping his neighbor by holding a branch and the neighbor was the one cutting the branch with the chainsaw. vv

From: OAMRI of Round Lake 8475463600 8475463633

To: medchex

Page: 2/3

Date: 2/7/2012 12:21:50 PM



PATIENT: DULBERG, PAUL
MRN: 1585839

PHYSICIAN: LEVIN, MD, KAREN
EXAM: MR FOREARM W/ AND
W/O 73220

DOB: 03/19/1970

DOS: 02/03/2012

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

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

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

Contrast: 15 cc of gadolinium was infused.

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

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

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

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

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

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

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

www.openadvancedmri.com

From: OAMRI of Round Lake 8475463600 8475463633

To: medchex

Page: 3/3

Date: 2/7/2012 12:21:50 PM



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

Page 2 of 2

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

A handwritten signature in cursive script, appearing to read "Thomas A. Predey, MD".

Electronically Signed By: THOMAS A. PREDEY MD

To the referring or consulting physician: If you would like to discuss this case in more detail or have any questions, please feel free to contact the author of this report:
Dr. Ian Fisher (847) 414-5055, Dr. Jay Korach (847) 691-7673

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

www.openadvancedmri.com

If there are any questions about this fax or you are not the intended recipient. Please call 1-888-674-4674. Dulberg 007827

02/03/2012 09:54 18475463633

OPEN ADVANCED MRI

PAGE 02/04



PATIENT AGREEMENT

This Diagnostic Services Agreement (the "Agreement") is entered into on January 31, 2012 by and between Global Financial Credit, LLC d/b/a MedChex (hereinafter "MedChex") and Paul Dulberg (hereinafter the "Patient"). This Agreement relates to certain medical procedures that will be provided to Patient at Open Advanced MRI of Round Lake, LLC. (hereafter the "Facility").

WHEREAS MedChex is a business that provides funding for certain medical procedure(s) for Patients that do not have health insurance but need medical care at this Facility as a result of injuries Patient sustained related to Patient's personal injury claim;

WHEREAS Patient agrees that Patient does not have medical insurance or any other means to pay for the procedure(s) that Patient is seeking from the Facility;

WHEREAS the Patient understands that if Patient has medical insurance Patient must submit appropriate documentation to the Facility and not sign this Agreement;

WHEREAS the Patient has been told that the Facility would not provide the procedure(s) without payment at the time of services and Patient is aware that Patient has the right to pursue other facilities or other means of payment;

WHEREAS the Patient would not otherwise be able to receive the needed medical procedure(s) without MedChex providing financing for the procedure(s);

NOW THEREFORE it is agreed that Patient will receive services from the Facility which shall be financed by MedChex. It is further agreed and acknowledged that through this Agreement MedChex will maintain a lien against Patient for the billed rate of the procedure(s) received in the amount specified in the document titled "Patient Agreement Addendum", which shall be attached hereto and signed by the Patient. Patient acknowledges and agrees that MedChex billed rate for the procedure(s) was disclosed to Patient on the Patient Agreement Addendum and that this billed rate represents MedChex standard rates and such rates may be more or less than the amount that the

Facility customarily charges. Patient agrees to pay MedChex in the full lien amount representing MedChex billed rate(s) at the time that Patient's legal claim is resolved. Patient further agrees that Patient's obligation to pay MedChex is absolute and that it is Patient's responsibility to repay such lien.

Patient agrees by and through this Agreement to hereby irrevocably instruct Patient's attorney or any subsequent attorney(s) or tortfeasor's insurance carriers related to Patient's legal claim, that upon the Settlement and Distribution of Proceeds in connection with Patient's legal claim(s), that Patient's attorney protect and satisfy MedChex's lien before releasing any funds to Patient. Patient and MedChex agree that should there be a dispute in the amount owed to MedChex, Patient's attorney or tortfeasor's insurance carrier is required to hold funds pending the resolution of the dispute. Patient agrees to instruct the Party distributing funds that if the attorney-client relationship is severed, the attorney must provide MedChex with applicable tortfeasor's insurance and/or updated attorney information in order for MedChex to protect its lien. Patient agrees that if a payment is issued to Patient related to Patient's legal claim that the attorney representing Patient will be directed to deposit the check into the attorney's trust account and pay MedChex lien in full before releasing any funds to Patient.

Patient and MedChex further agree that if a dispute of any kind arises related to the procedures funded by MedChex, either MedChex or Patient may elect to have that dispute resolved by binding arbitration under the auspices of the American Arbitration Association ("AAA") such that an enforceable resolution would be determined by one or more neutral arbitrators in lieu of civil court. Patient and MedChex consent that any arbitration would occur on an individual basis using the substantive laws of the state of New York and Patient agrees that class arbitrations and class action lawsuits are not permitted. In the event that a dispute arises, it is agreed that all of the reasonable expenses associated with pursuing arbitration for the prevailing party will be reimbursed by the other party.*

Patient: Paul Dulberg

Date

Global Financial Credit, LLC: Wensley McKenney

Date

*In order to initiate an arbitration either party must notify the other party in writing by certified mail (the "Demand"), which must: (a) briefly explain the dispute, (b) list the name, address and phone number of the both Parties, (c) specify the amount of money involved, (d) state the preferred hearing locale, and (e) state where you want to resolve the dispute. Party submitting Demand must send two copies of the demand to the AAA at 1633 Broadway, 10F, New York, NY 10019, Phone (888) 387-9430, along with the appropriate administrative fee/deposit.

02/03/2012 09:54 18475463633

OPEN ADVANCED MRI

PAGE 03/04

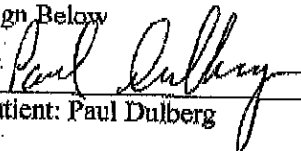
Patient Agreement Addendum**Approved and Completed Services and Rates for Patient
Consolidated Billing Statement**

The patient to receive procedure(s) at Open Advanced MRI of Round Lake, LLC on 2/3/2012 (date). Please sign to indicate you have received, or will receive on the above date, the services below, and that you agree to the billing rates and total costs as indicated.

CPT Code	Procedure Name	Procedure Date	MedChex Billable Cost
73220	MRI FOREARM WITH & WITHOUT CONTRAST	2/3/2012	\$3390.00

Total due for all services performed on all dates of service: \$3390.00

Sign Below


Patient: Paul Dulberg2-3-12
Date

Global Financial Credit, LLC: Wensley McKenney

1/31/2012
Date

From: OAMRI of Round Lake 8475463600 8475463633

To: medchex

Page: 2/3

Date: 2/7/2012 12:21:50 PM



PATIENT: DULBERG, PAUL
MRN: 1585839

PHYSICIAN: LEVIN, MD, KAREN
EXAM: MR FOREARM W/ AND
W/O 73220
DOS: 02/03/2012

DOB: 03/19/1970

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

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

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

Contrast: 15 cc of gadolinium was infused.

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

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

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

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

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

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DULBERG, PAUL
MR FOREARM W/ AND W/O 73220
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Page 2 of 2

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Dulberg 007831

02/03/2012 09:54 18475463633

OPEN ADVANCED MRI

PAGE 02/04



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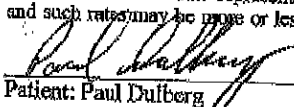
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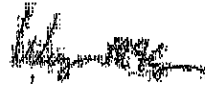
Facility customarily charges. Patient agrees to pay MedChex in the full lien amount representing MedChex billed rate(s) at the time that Patient's legal claim is resolved. Patient further agrees that Patient's obligation to pay MedChex is absolute and that it is Patient's responsibility to repay such lien.

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Patient: Paul Dulberg

2-3-12
Date


Global Financial Credit, LLC: Wensley McKenney

1/31/2012
Date

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02/03/2012 09:54 18475463633

OPEN ADVANCED MRI

PAGE 03/04

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CPT Code	Procedure Name	Procedure Date	MedChex Billable Cost
73220	MRI FOREARM WITH & WITHOUT CONTRAST	2/3/2012	\$3390.00

Total due for all services performed on all dates of service: \$3390.00

Sign Below

Patient: Paul Dulberg

Date

2-3-12

Global Financial Credit, LLC: Wensley McKenney

1/31/2012

Date

07/09/2012

12:02



NORTHWEST COMMUNITY HOSPITAL / DAY SURGERY CENTER

PATIENT FACE SHEET

PATIENT NUMBER 71265382	ADM. DATE 07/09/12	ADM. TIME 12:02	NRS ST	ROOM/BD	FCL S	TP/SVC G / DSC	REG BY RBAGG	CLN CD DSC	MEDICAL RECORD NO. 0001307925	
PATIENT NAME AND ADDRESS DULBERG, PAUL R 4606 HAYDEN COURT MCHENRY, IL 60051-			SS. NUMBER XXX-XX-XXXX		AGE 42	DATE OF BIRTH 03/19/1970	SEX M	RACE 1	M/S S	PATIENT STATUS OA
PHONE 847/497-4250			RELIGION NOP		ENTRY CD					
CASE MGR			COMPLAINT/DX RIGHT ULNAR NEURITIS							
			NCMG(Y)/Elec Ord(Q):							

NONE 7777 WINN ROAD SPRING GROVE, IL 60081- WORK PHONE 888/999-9999			PRIMARY DULBERG, BARB HOME PHONE 847/497-4250 WORK PHONE / - EXT RELATIONSHIP ADULT CHIL		
DULBERG, PAUL 4606 HAYDEN COURT MCHENRY, IL 60051- HOME PHONE 847/497-4250			SECONDARY HOME PHONE / - WORK PHONE / - EXT RELATIONSHIP		

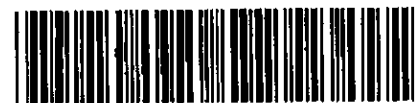
Ins 1: S99 SELFPAID Pol #: 00000 Type: DULBERG 4606 HAYDEN COURT MCHENRY, IL 60050- Sub1: DULBERG, PAUL	Phn #: 847/497-4250 Grp #: 00000 SELF	COB: 1 Vfy: Y
Ins 2: Pol #: Type: Sub2:	Phn #: / - Grp #:	COB: Vfy:
Ins 3: Pol #: Type: Sub3:	Phn #: / - Grp #:	COB: Vfy:

ATTENDING PHYSICIAN: 009628 SAGERMAN, SCOTT D MD	ORH
PHYSICIAN GROUP: 628 HAND SURGERY ASSOC S.C.	
ADMITTING PHYSICIAN: 009628 SAGERMAN, SCOTT D MD	ORH
REF/FAMILY PHYSICIAN:	/ -
PRIMARY CARE PHYSICIAN:	/ -
LAST EPISODE ACTIVITY DATE: 06/11/12	

ITEM # E38130 FORM # 005.315-03/02-1-ET

Outpatient Coding Summary

Patient Name DULBERG, PAUL R		Sex Male	Birth Date 03/19/1970	Age 42	MR Number 0001307925	Account Number 71265382
Admit Date 07/09/12 12:02 PM	Discharge Date 07/09/12 12:02 PM	LOS 1	Financial Class Self Pay		Disposition	
Attending Physician SAGERMAN, SCOTT D MD		Coder Litty Vincent			Patient Type O/P Day Surgery Center (DSC)	
Reason for visit						
3542 Lesion of ulnar nerve						
Secondary Diagnosis						
8652 Injury to ulnar nerve E9289 Unspecified environmental and accidental causes						
Procedures				Provider		Date
0449 Peripheral nerve/ganglion decompression/lysis of adhesions				SAGERMAN, SCOTT D MD		07/09/12
CPT Procedures and Modifiers				Provider		Date
64718 -RT Neuroplasty and/or transposition; ulnar nerve at elb				SAGERMAN, SCOTT D MD		07/09/12
APC	CPT	APC Text	APC Weight	APC Pct	APC Reimb	CMS Reimb
00220	64718	00220 Level I Nerve Procedures	18.88	1.00	1344.01	1075.21
APC Total Reimbursement 1344.01			APC Total Weight 18.88		Total CMS Reimbursement 1075.21	
Bill Type 131	Claim Type Single day proc		Claim Disposition No edits on claim		Condition Code None of the above	



Outpatient Coding Summary

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Admit Date 07/09/12 12:02 PM	Discharge Date 07/09/12 12:02 PM	LOS 1	Financial Class Self Pay		Disposition	
Attending Physician SAGERMAN, SCOTT D MD		Coder Litty Vincent			Patient Type O/P Day Surgery Center (DSC)	
Reason for visit:						
3642 Lesion of ulnar nerve						
Secondary Diagnosis:						
9552 Injury to ulnar nerve E9289 Unspecified environmental and accidental causes						
Procedures:				Provider:	Date:	
0449 Peripheral nerve/ganglion decompression/lysis of adhesion				SAGERMAN, SCOTT D MD	07/09/12	
CPT Procedures and Modifiers:				Provider:	Date:	
64718 -RT Neuroplasty and/or transposition; ulnar nerve at elb				SAGERMAN, SCOTT D MD	07/09/12	
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Bill Type 131	Claim Type Single day proc		Claim Disposition No edits on claim		Condition Code None of the above	



AUTHORIZATION FOR PERIPHERAL NERVE BLOCK PLACEMENT

A peripheral nerve block has been chosen by both your surgeon and anesthesiologist as a way to manage your pain after surgery. The following information outlines the type of block that has been indicated for your procedure. Your anesthesiologist, who is specially trained in performing this procedure, and is an independent practitioner and not an employee of Northwest Community Healthcare, will be placing the nerve block.

Though peripheral nerve blocks have a good safety record, all the listed blocks below have possible adverse effects of incomplete block, infection, bleeding, hematoma formation, adverse drug reaction, local anesthetic systemic toxicity, damage to nerve and/or surrounding structures. The duration of block may vary between patients and some motor and sensory deficits may last longer than expected.

Right

Brachial Plexus block

This is performed to reduce post operative pain in the upper extremity. Possible specific adverse effects include but are not limited to dryness or numbness of the throat/facial region, hoarseness of the voice, redness of the eye, drooping of the eye lid, shortness of breath and rarely collapsed lung.

Femoral, Sciatic, Popliteal nerve block(s)

This is performed to reduce post operative pain in the lower extremity. This block(s) will reduce your sensation and muscle strength in your leg. You will be required to have a leg splint on at all times when standing or walking until full feeling and muscle strength has returned, otherwise a potential injury due to fall may occur.

Lumbar Plexus block

This is performed to reduce post operative pain in the hip and lower extremity. Possible specific adverse effects include but are not limited to hematoma of the retroperitoneal space, spread of local Anesthetic to epidural/subarachnoid space, hypotension, possible injury due to fall.

Transversus Abdominis Plane Block (TAP block)

This is performed to reduce post operative pain in the abdominal area. Possible adverse effects include inadvertent needle puncture of the peritoneal space or abdominal viscera, bowel hematoma.

Other regional nerve blocks: _____

With your signature, you have acknowledged that you have been informed of risks and benefits as well as expected outcomes for the post operative nerve block chosen for you. You are also confirming that you have read and fully understand the content of this authorization.

Patient Signature

Paul Dulberg

Date and Time

2/9/12 12:01

Witness Signature

[Signature]

Date and Time

2/9/12 12:00

DULBERG, PAUL R
71265382 M 42 07/09/12
DOB 03/19/1970 0001307925
SAGERMAN, SCOTT D MD



Northwest Community Hospital
Arlington Heights, IL 60005



14675CONS N

**AUTHORIZATION FOR PERIPHERAL NERVE
BLOCK PLACEMENT**

1. I hereby authorize

S Sagerman

M.D. and whomever he may designate as physician, assistants, to administer such medical treatment, including blood transfusions, as he deems necessary and/or to perform upon Paul Dulberg the following procedure:

Right ulnar nerve decompression and
transposition, neurolysis at forearm

(State Nature of Procedure(s) to be Performed)

and if any unforeseen condition arises in the course of the procedure calling, in his judgment, for procedures in addition to, or different from, those now contemplated, I further request and authorize him to do whatever he deems advisable.

2. My physician has explained the nature and purpose of the procedure, or blood transfusion, possible alternative methods of treatment, the risks involved, and the possibility of complications. I acknowledge that no guarantee or assurance has been made as to the results that may be obtained.

3. I consent to the administration of anesthesia and/or sedation to be applied by or under the direction of a qualified physician, and to the use of such anesthetics as he may deem advisable, and that the risks and benefits of anesthesia have been explained to me, with the exception of:

(A Blank Space or the Word "None" Indicates No Exceptions)

4. I consent to the disposal by authorities of Northwest Community Hospital of any tissues or parts which may be removed.

5. I consent to and authorize the photographing or televising of such operations and/or procedures, including appropriate portions of my body for medical, scientific or educational purposes, provided my identity is not revealed by the picture or by descriptive text accompanying them.

6. I consent to and authorize students in the health care professions and appropriate non-medical persons to be present during the above procedure.

7. The above physician, the anesthesiologist, if applicable, their assistants, and their physician groups are not employees or agents of the hospital, but are independent practitioners.

8. I certify that I have read and fully understand the entire contents of this authorization in proof of which I affix my signature below.

(WITNESS)

(SIGNATURE OF PATIENT)

NOTE: If patient is a Minor or Incompetent to give consent, complete the following:

(WITNESS)

(SIGNATURE OF PERSON AUTHORIZED TO CONSENT FOR PATIENT)

(WITNESS)

(RELATION TO PATIENT)

(DATE/TIME)

DULBERG, PAUL R
71265382 M 42 07/09/12
DOB 03/19/1970 0001307925
SAGERMAN, SCOTT D MD

NCH Item # 1143 (front)

Northwest Community Hospital
Northwest Community Day Surgery Center
Arlington Heights, IL 60005



24601CONS N

AUTHORIZATION FOR SURGICAL TREATMENT OR
DIAGNOSTIC OR MINOR PROCEDURES

Form No. 001.011-03/10-1-SD

1. Por medio de este documento autorizo al Doctor _____

y a quien él señale como médico, y asistentes, para que administren tratamiento médico, lo cual incluye transfusiones de sangre, si lo estima necesario, y /o practicar en _____ el siguiente procedimiento:
(Indique nombre del paciente)

(Indique la naturaleza del procedimiento o procedimientos a ser practicado(s))

y, si surgiera alguna situación imprevista en el transcurso del procedimiento mencionado, yo pido y también le autorizo para que, a su criterio, aplique otros procedimientos que no hayan sido aquí considerados; y que proceda con lo que estime aconsejable.

2. Mi médico me ha explicado la naturaleza y el propósito del procedimiento, o transfusión de sangre, los métodos alternativos posibles del tratamiento, los riesgos que implica y la posibilidad de complicaciones. Declaro que ni garantía ni seguridad ha sido expresada acerca de los resultados que puedan ser obtenidos.

3. Consiento en que la administración de anestesia y/o sedación sea aplicada por o bajo la supervisión de un médico calificado, y que el uso de tales anestésicos será según el lo estime aconsejable, con la excepción de:

(Un espacio en blanco o la palabra "ninguna" indica que no hay excepciones)

4. Consiento en que las autoridades de Northwest Community Hospital dispongan de los tejidos o partes que hayan sido removidos.

5. Consiento y autorizo la toma de fotografías y las grabaciones televisivas de tales operaciones y/o procedimientos, lo cual incluye porciones apropiadas de mi cuerpo con fines médicos, científicos o educacionales, siempre que mi identidad no sea revelada en las fotografías o en el texto que acompaña a éstas.

6. Consiento y autorizo que estudiantes de la profesión del cuidado de la salud, así como personal no-médico calificado, puedan estar presentes durante el procedimiento arriba mencionado.

7. El médico arriba mencionado, el anestesiólogo, si es aplicable, sus asistentes y su grupo médico no son empleados ni agentes del hospital, pero son personal médico independiente.

8. Certifico que he leído y que comprendo completamente todo el contenido de esta autorización y, como prueba estampo mi firma aquí.

(TESTIGO)

(FIRMA DEL PACIENTE)

Si el paciente es menor de edad o está incapacitado para dar su consentimiento, complete la siguiente información:

(TESTIGO)

(FIRMA DE LA PERSONA AUTORIZADA PARA DAR CONSENTIMIENTO POR EL PACIENTE)

(TESTIGO)

(RELACION CON EL PACIENTE)

(FECHA/HORA)

DULBERG, PAUL R
71265382 M 42 07/09/12
DOB 03/19/1970 0001307925
SAGERMAN, SCOTT D MD



Northwest Community Hospital
Northwest Community Day Surgery Center
Arlington Heights, IL 60005

AUTORIZACIÓN PARA PROCEDIMIENTOS E
DIAGNÓSTICO, TERAPÉUTICOS Ó QUIRÚRGICOS
AUTHORIZATION FOR SURGICAL TREATMENT OR
DIAGNOSTIC OR MINOR PROCEDURES (SPANISH)

Form No. 001.011-03/10-1-SD

DAY SURGERY CENTER PATIENTS

I received the Day Surgery Center brochure by mail outlining my Patient Rights and Advance Directive options.



I have received a copy of the Patient Rights and Responsibilities.

SHARING CONSENT

- To comply with the Federal Privacy rules, we request that a spokesperson be identified by the patient to be the primary contact to receive updates about the patient's condition. An alternate spokesperson(s) may be selected in case the primary spokesperson is not available. It is a requirement that both primary and alternate spokespersons have the patient's permission to receive protected health information as it relates to his/her care.
- Information requests via the telephone will be given only to an identified spokesperson on this written document.

Physician may share information about my procedure with the following individuals:

Name Barb Relationship mom (Cell Phone Number) _____

Name _____ Relationship _____ (Cell Phone Number) _____

☐ **Do not share routine information regarding my procedure**

Responsible adult that will drive me home: _____

☐ Same as above

☐ My driver plans to stay in the immediate area (waiting room)- Pager number 42

☐ My driver will pick me up when ready: _____
Name and phone number for driver

☐ Adult who will stay with me at home for 24 hours: _____

Notes: _____

Patient/Guardian Signature: Paul Dulberg Date: _____

Block
DULBERG, PAUL R
71265382 M 42 07/09/12
DOB 03/19/1970 0001307925
SAGERMAN, SCOTT D MD



Northwest Community Hospital
Northwest Community Day Surgery Center
Arlington Heights, IL 60005



14629CONS

SHARING PATIENT INFORMATION FORM

NCH Item # 57533

Form # 001.170-09/11-1-SD

UNIVERSAL CONSENT

LANGUAGE SERVICES ☒ (please initial)

I understand that I have the right to a free interpreter.

☒ English Speaking - No Interpreter Necessary.☐ I accept the interpreting services provided by the hospital.

Language

Requested: _____

Name of

Interpreter: _____

☐ I refuse the interpreting services.☐ I request a friend or family member to interpret.

Refusal Signature: _____

☐ Form read to patient by: _____CONSENT FOR TREATMENT ☒ (please initial)

I hereby consent to the administration and performance of all tests and treatments by members of the medical staff and personnel at Northwest Community Hospital, Northwest Community Day Surgery Center, and/or Northwest Community Medical Group ("NCH") which in the judgment of the physicians may be considered necessary or advisable for the diagnosis or treatment for the condition for which I am presenting myself. I understand that the practice of medicine and surgery is not an exact science and acknowledge that no guarantees have been made to me. I authorize NCH to request and receive information, including my medical record, from my treating physician(s) or agents.

DISCLOSURE STATEMENT ☒ (please initial)

My care will be managed by physicians who are not employed by or acting as agents of NCH but have privileges at these facilities. My physician may decide to call in consultants who are also not employed by or agents of NCH and who practice in other specialties to provide care to me. To provide specialized services such as emergency medicine, radiology, radiation oncology, pathology and anesthesiology, NCH has entered into agreements with independent physician groups. The members of these groups are not employees or agents of NCH. My care may be managed by allied health professionals such as nurse anesthetists, physician assistants, advanced practice nurses and nurse midwives who are not employees or agents of NCH. I understand that NCH does not exercise any control or authority over any physician's professional or allied health professional's judgment, diagnosis or treatment decisions. I understand that my treating physicians may not participate in the same insurance plans as NCH, and that I will receive a separate bill for these physician services.

RELEASE OF RESPONSIBILITY FOR VALUABLES ☒ (please initial)

I acknowledge that NCH **WILL NOT** be liable for any loss or theft of any personal property of mine, other than that which is deposited in the hospital safe, whether such loss or theft is caused by any patient, visitor, guest, agent or employee of NCH. I hereby release and exonerate NCH from any loss or theft of my personal property.

DULBERG, PAUL R
71265382 M 42 07/09/12
DOB 03/19/1970 0001307925
SAGERMAN, SCOTT D MD



Northwest Community Hospital
Northwest Community Day Surgery Center
Northwest Community Medical Group



24605CONSN

UNIVERSAL CONSENT

ASSIGNMENT OF INSURANCE BENEFITS AND RELEASE OF RECORDS (please initial)

I currently maintain insurance coverage which will reimburse the charges from NCH, my treating physicians, and any ambulance transport for medical care provided to me. In consideration of those services, I hereby assign, transfer and convey to NCH, my treating physicians, and any ambulance providers all of my rights, title and interest in my medical insurance for medical expense reimbursement, including, but not limited to adding dependent eligibility, and to have a policy continued or issued in accordance with the terms and benefits under any insurance policy continued or issued.

I hereby authorize the NCH and any physician or other healthcare provider who may treat me to release, for the purpose of billing and collecting, any and all pertinent information contained in my medical records, including HIV, to one another and/or their billing agents, and third party payors responsible for payment of patient charges including but not limited to insurance companies, health benefit plans, employers involved in approval of benefit claims, government agencies or intermediaries representing any of the above.

PAYMENT GUARANTEE (please initial)

I hereby assume full responsibility for and agree to pay all costs, charges and expenses incurred by me for the medical care provided by NCH and/or my treating physicians, whether as an inpatient or outpatient, unless I qualify for financial assistance or charity care. If my medical insurance coverage is not sufficient to satisfy such costs, charges and expenses in full, or I do not follow guidelines of my insurer and the resulting balance is not covered by the Assignment of Insurance Benefits, I will be fully responsible for payment of the balance.

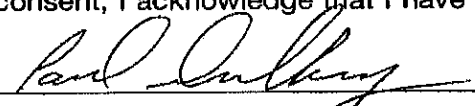
RECEIPT OF NOTICE OF PRIVACY PRACTICES (please initial)

I acknowledge that I have received NCH's Notice of Privacy Practices. I understand that the notice describes the uses and disclosures of my protected health information by NCH and informs me of my rights with respect to my protected health information. For more information, please contact the Patient Advocate Office at 847.618.4390.

RECEIPT OF CHARITY CARE/FINANCIAL ASSISTANCE BROCHURE (please initial)

I acknowledge that I have received the NCH Charity Care/Financial Assistance brochure. For more information, please contact a Financial Counselor at 847.618.4542.

Upon signing this consent, I acknowledge that I have read and understand the foregoing and accept its terms.

Patient Signature Date 7/9/12

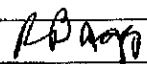
If Patient under 18 years Parent or Guardian Signature _____

Date _____

If Patient unable to sign-Legal Representative _____

Relationship to Patient and reason Patient unable to sign _____

Date of Service _____

NCH Employee Witness Signature 

Date _____

NCH Item # 24839 (backer)

DULBERG, PAUL R
71265382 M 42 07/09/12
DOB 03/19/1970 0001307925
SAGERMAN, SCOTT D MD



Form # 001.002-05/11-1-SD

UNIVERSAL CONSENT

LANGUAGE SERVICES P.R. (please initial)

I understand that I have the right to a free interpreter.

☒ English Speaking - No Interpreter Necessary.☐ I accept the interpreting services provided by the hospital.

Language

Requested: _____

Name of

Interpreter: _____

☐ I refuse the interpreting services.☐ I request a friend or family member to interpret.

Refusal Signature: _____

☐ Form read to patient by: _____CONSENT FOR TREATMENT P.R. (please initial)

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DISCLOSURE STATEMENT P.R. (please initial)

My care will be managed by physicians who are not employed by or acting as agents of NCH but have privileges at these facilities. My physician may decide to call in consultants who are also not employed by or agents of NCH and who practice in other specialties to provide care to me. To provide specialized services such as emergency medicine, radiology, radiation oncology, pathology and anesthesiology, NCH has entered into agreements with independent physician groups. The members of these groups are not employees or agents of NCH. My care may be managed by allied health professionals such as nurse anesthetists, physician assistants, advanced practice nurses and nurse midwives who are not employees or agents of NCH. I understand that NCH does not exercise any control or authority over any physician's professional or allied health professional's judgment, diagnosis or treatment decisions. I understand that my treating physicians may not participate in the same insurance plans as NCH, and that I will receive a separate bill for these physician services.

RELEASE OF RESPONSIBILITY FOR VALUABLES P.R. (please initial)

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DULBERG, PAUL R
71265382 M 42 07/09/12
DOB 03/19/1970 0001307925
SAGERMAN, SCOTT D MD



Northwest Community Hospital
Northwest Community Day Surgery Center
Northwest Community Medical Group



24605CONSN

UNIVERSAL CONSENT

ASSIGNMENT OF INSURANCE BENEFITS AND RELEASE OF RECORDS P.R. (please initial)

I currently maintain insurance coverage which will reimburse the charges from NCH, my treating physicians, and any ambulance transport for medical care provided to me. In consideration of those services, I hereby assign, transfer and convey to NCH, my treating physicians, and any ambulance providers all of my rights, title and interest in my medical insurance for medical expense reimbursement, including, but not limited to adding dependent eligibility, and to have a policy continued or issued in accordance with the terms and benefits under any insurance policy continued or issued.

I hereby authorize the NCH and any physician or other healthcare provider who may treat me to release, for the purpose of billing and collecting, any and all pertinent information contained in my medical records, including HIV, to one another and/or their billing agents, and third party payors responsible for payment of patient charges including but not limited to insurance companies, health benefit plans, employers involved in approval of benefit claims, government agencies or intermediaries representing any of the above.

PAYMENT GUARANTEE P.R. (please initial)

I hereby assume full responsibility for and agree to pay all costs, charges and expenses incurred by me for the medical care provided by NCH and/or my treating physicians, whether as an inpatient or outpatient, unless I qualify for financial assistance or charity care. If my medical insurance coverage is not sufficient to satisfy such costs, charges and expenses in full, or I do not follow guidelines of my insurer and the resulting balance is not covered by the Assignment of Insurance Benefits, I will be fully responsible for payment of the balance.

RECEIPT OF NOTICE OF PRIVACY PRACTICES P.R. (please initial)

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Upon signing this consent, I acknowledge that I have read and understand the foregoing and accept its terms.

Patient Signature Paul DulbergDate 7/9/12

If Patient under 18 years Parent or Guardian Signature _____

Date _____

If Patient unable to sign-Legal Representative _____

Relationship to Patient and reason Patient unable to sign _____

Date of Service _____

NCH Employee Witness Signature P. P. [Signature]

Date _____

DAY SURGERY CENTER PATIENTS

I received the Day Surgery Center brochure by mail outlining my Patient Rights and Advance Directive options.



I have received a copy of the Patient Rights and Responsibilities.

SHARING CONSENT

- To comply with the Federal Privacy rules, we request that a spokesperson be identified by the patient to be the primary contact to receive updates about the patient's condition. An alternate spokesperson(s) may be selected in case the primary spokesperson is not available. It is a requirement that both primary and alternate spokespersons have the patient's permission to receive protected health information as it relates to his/her care.
- Information requests via the telephone will be given only to an identified spokesperson on this written document.

Physician may share information about my procedure with the following individuals:

Name Barb Relationship mom (Cell Phone Number) _____

Name _____ Relationship _____ (Cell Phone Number) _____

☐ **Do not share routine information regarding my procedure**

Responsible adult that will drive me home: _____

☐ Same as above

☐ My driver plans to stay in the immediate area (waiting room)- Pager number 42

☐ My driver will pick me up when ready: _____
Name and phone number for driver

☐ Adult who will stay with me at home for 24 hours: _____

Notes: _____

Patient/Guardian Signature: X Paul Dulberg Date: _____

Block
DULBERG, PAUL R
71265382 M 42 07/09/12
DOB 03/19/1970 0001307925
SAGERMAN, SCOTT D MD



Northwest Community Hospital
Northwest Community Day Surgery Center
Arlington Heights, IL 60005



2-
SHARING PATIENT INFORMATION FORM

Key Points to observe after hospital discharge:

- 1) Begin to take your oral pain medication when you start to have feeling in your operative limb. This will provide more effective pain relief than if you wait until the block wears off completely.
- 2) Start taking your home medications as directed by your family physician or surgeon.
- 3) You may notice a slight temperature difference between your "blocked" limb versus your other limbs. This is not unusual and is a normal occurrence for this type of anesthesia.

Upper Limb (Arm)

- 1) The nerve block will wear off in about 6 - 24 hours. Until then, your arm and shoulder area will be numb and weak. DO NOT lift or carry objects.
- 2) Limit your activities until full feeling and strength have returned to avoid injury due to altered sensation.
- 3) If given an arm sling, wear sling until you have feeling and muscle strength to control your arm or your surgeon tells you to remove it. This also is to prevent injury.

Lower Limb (Leg)

- 1) The nerve block will wear off in about 6 - 24 hours. Until then, your leg will be numb and weak. DO NOT try to bear weight on your leg or you might fall! When given a brace, wear it at all times that you are up and about, until your surgeon tells you otherwise.
- 2) Limit your activities until full feeling and muscle strength have returned to avoid injury due to altered sensation.
- 3) Use assistive devices such as crutches or a walker as ordered by your physician.

If you have redness or swelling at the injection site, metallic taste in your mouth, facial numbness or tingling, slurred speech, restlessness, or any question that is of concern please call the 847.618.7200 immediately and ask to talk to an anesthesiologist.

Paul Dulberg
Patient/Patient Rep Signature

[Signature] 7/9/12
Nurse Signature Date and Time 546

DULBERG, PAUL R
71265382 M 42 07/09/12
DOB 03/19/1970 0001307925
SAGERMAN, SCOTT D MD



Northwest Community Hospital
Arlington Heights, IL 60005



Regional Anesthesia/ Single Block Injection
Discharge Instruction Sheet

NCH Item # 56906

Original - Chart

Photocopy - Patient

Form # 005.789-12/11-1-PS

You are urged to carefully follow these instructions. Following anesthesia you may experience lightheadedness, dizziness, and sleepiness.

YOU MUST HAVE A RESPONSIBLE ADULT TO TAKE YOU HOME AND STAY WITH YOU FOR THE FIRST 24 HOURS.

ACTIVITY:

- ☒ The first 24 hours after surgery/procedure
☒ NO operating of power/heavy equipment.
☒ NO driving a motor vehicle.
☒ NO activities that require judgment decisions.
☒ NO work or school.
☒ REST at home. Limited activity as tolerated. No heavy lifting.
☒ No weight bearing. ☐ Weight bearing as tolerated with crutches/walker/surgical shoe as discussed.
☒ Keep operative site elevated. (R) arm ☐ May shower on _____
☐ Fall prevention discussed. ☐ May return to work on _____

DIET:

- ☐ Clear liquids for 24 hours, then advance to soft diet then regular diet.
☒ Resume normal diet ☒ as tolerated ☐ after _____
☒ Do not drink alcoholic beverages including beer or wine for 24 hours.

MEDICATIONS:

Pain medication containing codeine or other narcotics may produce some loss of judgment and/or coordination. If you are taking such medication, please adhere to the following instructions:

- ☒ Do not drive a motor vehicle; operate power tools or machinery while taking this medication.
☒ Do not drink alcoholic beverages (including beer and wine) while taking pain medication.
☒ Medication reconciliation sheet discussed and given to patient.

IMPORTANT: Call your physician promptly for the following:

- ☒ Signs of infection at operative area(s) and/or IV site: fever >101 or chills, pus or foul smelling drainage, redness or swelling at site, severe pain.
☒ Any abnormal bleeding ☒ Heart palpitations ☒ New or unusual pain
☒ Persistent nausea and vomiting ☒ Rash
☒ If your extremity looks pale or blue, becomes swollen, or you feel a change in sensation.

If you are unable to contact your physician/surgeon and feel that your symptoms require a physician's attention, call or go directly to the nearest emergency department or call 911.

GYNECOLOGY / UROLOGY

- ☐ Avoid sexual intercourse as instructed by your physician for _____
☐ No tampons, no douching, and no tub baths or swimming as instructed by your physician for _____
☐ You may expect some vaginal bleeding, some abdominal cramping, and lower back pain.
☒ If unable to urinate within 6-8 hours after discharge, go to the Emergency Room.

FOLLOW UP:

- ☒ Call for an appointment to see Dr. SAGERMAN in/on 7/12
☐ With Dr. _____ as follows _____

Call 911 or go directly to the nearest emergency department for the following:

- difficulty breathing • chest pain • inability to remain alert.

ADDITIONAL INSTRUCTIONS

keep dressing dry, elevate (R) arm, chng x24

I have received and understand the above instructions:

Patient Signature _____ Nurse Signature MF RN Date 7/9/12
Guardian/Adult with Patient Signature Paul Dulberg Date 7/9/12

DULBERG, PAUL R
71265382 M 42 07/09/12
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SAGERMAN, SCOTT D MD



Northwest Community Hospital
Northwest Community Day Surgery Center
Arlington Heights, IL 60005



14010DISR

PATIENT DISCHARGE INSTRUCTIONS

for Diagnostic, Therapeutic or Surgical Procedures

Form # 005,044-04/11-2-PS

NCH Item # 27008

White Copy - Chart

Yellow Copy - Patient

DATE: _____ TIME: _____

HISTORY AND PHYSICAL:

This patient was examined, and "no change" has occurred in the patient's condition since the history and physical was completed.

Physician Signature _____ M.D. / D.O.

Interval Changes:

Physician Signature _____ M.D. / D.O.

DULBERG, PAUL R
71265382 M 42 07/09/12
DOB 03/19/1970 0001307925
SAGERMAN, SCOTT D MD



Northwest Community Hospital
Northwest Community Day Surgery Center
Arlington Heights, IL 60005



10037HP

HISTORY AND PHYSICAL UPDATE NOTE

NCH Item # 48027

Form # 005,739-01/12-1-SD

NORTHWEST COMMUNITY HOSPITAL
ARLINGTON HEIGHTS, ILLINOIS

MLS: 95331

DD: Mon Jul 09 11:20:41 2012 EST

DT: Mon Jul 09 11:35:47 2012 EST

JN: 51400438

PREOPERATIVE HISTORY AND PHYSICAL

DATE OF ADMISSION: 07/09/2012 12:00 AM

CHIEF COMPLAINT/DETAILS OF PRESENT ILLNESS: The patient is a 42-year-old male being admitted for elective surgery for right ulnar nerve injury.

PAST MEDICAL HISTORY: Negative.

PAST SURGICAL HISTORY: left ulnar nerve decompression - SS

FAMILY HISTORY: n/c - SS

ALLERGIES: None.

MEDICATIONS : Naproxen, tramadol and fluoxetine

SOCIAL HISTORY: Smoking history positive.

REVIEW OF SYSTEMS: Negative.

PHYSICAL EXAMINATION:

HEART AND LUNGS: Normal.

EXTREMITIES: The right elbow shows positive Tinel signs at the cubital tunnel with satisfactory range of motion. Scar is noted at the ulnar aspect of the midforearm from prior chainsaw accident with local sensitivity and tenderness. He indicates numbness in his ring and small fingers with gripping activities.

DIAGNOSTIC DATA : X-rays of the right forearm from June 20, 2011, are negative. The MRI of the right forearm from February of 2012 was unremarkable.

IMPRESSION: Right ulnar neuritis at the cubital tunnel and partial ulnar nerve injury right forearm.

PLAN: Right ulnar nerve decompression, possible transposition and neurolysis at the forearm. The surgery is scheduled under regional block anesthetic in day surgery. The patient understands the risks and benefits of surgery and the chance of complications, and he requests to proceed.

DULBERG, PAUL

071265382

0001307925

Room#:

Scott D Sagerman, MD

PREOPERATIVE HISTORY AND PHYSICAL Page 1 of 2

cc:

SS - Sagerman MD, Scott Tue Jul 31 12:24:16 CDT 2012

SS - Sagerman MD, Scott Fri Aug 24 13:15:32 CDT 2012

PREOPERATIVE HISTORY AND PHYSICAL, continued

NORTHWEST COMMUNITY HOSPITAL
ARLINGTON HEIGHTS, ILLINOIS

DULBERG, PAUL

071265382

0001307925

Room#:

Scott D Sagerman, MD

PREOPERATIVE HISTORY AND PHYSICAL Page 2 of 2

cc:

Authenticated by Scott Sagerman MD On 07/10/2012 11:58:23 AM

NORTHWEST COMMUNITY HOSPITAL
ARLINGTON HEIGHTS, ILLINOIS

MLS: 95331

DD: Mon Jul 09 11:20:41 2012 EST

DT: Mon Jul 09 11:35:47 2012 EST

JN: 51400438

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PAST SURGICAL HISTORY:

FAMILY HISTORY:

ALLERGIES: None.

MEDICATIONS : Naproxen, tramadol and fluoxetine

SOCIAL HISTORY: Smoking history positive.

REVIEW OF SYSTEMS: Negative.

PHYSICAL EXAMINATION:

HEART AND LUNGS: Normal.

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DULBERG, PAUL

071265382

0001307925

Room#:

Scott D Sagerman, MD

PREOPERATIVE HISTORY AND PHYSICAL Page 1 of 2

cc:

PREOPERATIVE HISTORY AND PHYSICAL, continued

NORTHWEST COMMUNITY HOSPITAL
ARLINGTON HEIGHTS, ILLINOIS

DULBERG, PAUL

071265382

0001307925

Room#:

Scott D Sagerman, MD

PREOPERATIVE HISTORY AND PHYSICAL Page 2 of 2

cc:

Authenticated by Scott Sagerman MD On 07/10/2012 11:58:23 AM

DATE: 7/9/12 TIME: _____

EXPECTED PATIENT OUTCOMES

Patient/significant other verbalizes understanding of planned procedure.
☒ Surgical consent signed
☒ Compliance with verbal or written instructions
☒ States in own words understanding of pre-procedure teaching

*Patient demonstrates or verbalizes an acceptable level of coping with anxiety.
☐ States in own words anxiety level
☐ States in own words coping needs
☐ Demeanor appropriate to situation
 *(one or more of above)

Patient exhibits evidence of being prepared for the procedure in a safe and supportive environment.
☐ Complies with activity restrictions
☐ Ready for procedure

IMMEDIATE PRE-PROCEDURE PATIENT ASSESSMENT

CHART REVIEW

☒ ID bracelet on ☐ ALLERGIES allergies
☐ allergy bracelet on

☐ Old Records ☐ Consent completed NO
☐ H&P complete ☐ Advanced directives NO

Scaled Weight: 76.1 kg Height 5'9" Last menses N/A
 Vital Signs: T 98.1 ☐ oral ☐ axillary ☐ tympanic ☒ temporal
 P 66 Resp 18 BP 102/63 SaO₂ 100%
 NPO since 1700 7/8/12 Last Void 1220

Underline Test Ordered Check Box & Initial Results On Chart

☐ Basic Metabolic ☐ Pregnancy Test
☐ CBC / with Diff ☐ Blood Glucose allergies
☐ Comp. Metabolic ☐ U/A
☐ Micro Rhogam ☐ Urine Culture
☐ PT/PTT ☐ CXR
☐ Coagulation Profile ☐ EKG
☐ HIV ☐ Other

Check For Following and/or Remove: Impairments:
 Present Removed
☐ make up/nail polish ☐
☐ jewelry/piercing/ring ☐
☐ dentures/partials ☐
☐ glasses/contact lenses ☐
☐ wig ☐
☐ hearing aid (right/left) ☐
☐ other _____
 Given to _____

Abnormal Labs	Anes. notified	M.D. notified	Comments	Init.

☒ Surgical side/site verified with patient/family/guardian.
 Surgical site location right hand RN Initials AS

Blood Orders: Directed donor blood available _____
☐ Type and screen _____ Autologous blood available _____
☐ Type and crossmatch _____ Number of units ordered _____

IV: Time: 138 Solution: SA Gauge: 20G
 Site: left hand Rate: 120 By: AS

Nurses Notes: 7/9/12 - 1310 - R. Biagio
all OK w/ no
anxiety

Preps: ☐ enema ☐ foley catheter ☐ other _____
☐ anti-embolism stockings ☐ SCD (☐ OR aware)
☐ Hair clipped: time _____ location _____ by _____
☐ Skin Prep: time _____ location _____ by _____
 Type _____

Instructions: ☒ Stay in bed, on cart or in chair ☐ side rails up
☐ crutch / cane walking ☐ deep breathing, coughing, leg exercises
☐ PCA ☐ Incentive Spirometry ☐ pain scale ☐ CPM
☐ Other _____

Outpatients: ☐ NA
☐ Confirm ride home, Name mom
 Phone # if not present _____
☐ Confirm adult supervision at home, Name mom
 Signature: AS RN

1000 #5

Initials	Signature	Date

Northwest Community Hospital
 Northwest Community Day Surgery Center
 Arlington Heights, IL 60005



PRE-PROCEDURE PLAN OF CARE

DULBERG, PAUL R
 71265382 M 42 07/09/12
 DOB 03/19/1970 0001307925
 SAGERMAN, SCOTT D MD

NCH Item:

Form No. 005.015-12/09-1-SD

Teaching Audience ☒ Patient ☐ Family/Significant Other ☒ Phone Interview ☐ In Person

Purpose: To educate the patient in preparation for their procedure.

Expected Outcomes

I	The patient will verbalize the planned procedure.
II	The patient will arrive on day of surgery safely prepared for procedure and anesthesia.
III	The patient will be aware that discharge instructions will be given to them and their family or significant other upon discharge.

Individual Needs Assessment

Patient	Family/Significant Other
☐ Language ☐ Vision ☐ Hearing ☒ Physical Limitations ☐ Cognitive ☐ None	☐ Language ☐ Vision ☐ Hearing ☐ Physical Limitations ☐ Cognitive ☒ None
☐ Comment _____	
Readiness to learn is evidenced by: ☐ Asking questions ☐ Verbalization of treatment plan ☐ Focusing attention	
Patient preference for learning: ☐ Demonstration ☐ Printed material ☒ Verbal Instruction/discussion ☐ Return demonstration ☐ Video (if available) ☐ Other _____	

Teaching Plan and Material

	Discussed	Provided		Discussed	Provided
DSC Brochure	☐	☐	Pre Operative Instructions	☐	☐
Pre Operative Booklet	☐	☐	Pain Management	☐	☐
Advance Directives	☐	☐	Herbal/Dietary Supplement	☐	☐
☐ Carelink			Peripheral Nerve Block	☐	☐
☐ Complete on ADM			Crutch Walking	☐	☐
☒ Not Interested			Smoking Cessation	☐	☐
☐ Other _____					

RN Signature: *Chivalan* Date/Time: 6/26/12

DULBERG, PAUL R
 71265382 M 42 07/09/12
 DOB 03/19/1970 0001307925
 SAGERMAN, SCOTT D MD



NCH Item # 64479

Northwest Community Hospital
 Northwest Community Day Surgery Center
 Arlington Heights, IL 60005



15416PIOP

PRE-SURGICAL TEACHING
 NEEDS ASSESSMENT

Form # 005.867-08/10-1-SD

Northwest Community Hospital

800 W. Central Rd.

Arlington Heights, IL, 60005

☐ 847.618.7258 ☐ 847.618.7255

Entrance # 2

North Elevator to 2nd Floor

Date of Procedure _____

On _____ between 2:00-7:00PM

Call 847.618.7244 for arrival time

Northwest Community Day Surgery Center

675 W. Kirchoff Rd.

Arlington Heights, IL, 60005

847.618.7080

Entrance # 3

Monday

Date of Procedure	7/9	7/9	
Time of Procedure	1:30	2:00	
Time of Arrival	1:30	12:00	

☒ Beginning at midnight prior to surgery, do not eat or drink anything, including water, candy, mints, or gum.☒ No solid food after midnight before surgery.☐ Clear liquids until _____ and then nothing by mouth after that time.☒ Continue to take all of your routine medications up until the night before surgery. Check with your physician regarding taking any blood thinning medications like Aspirin, NSAIDS (Motrin®, Advil®, Aleve®), Coumadin®, Plavix®, or Herbal supplements/Vitamins.☒ If not allergic, you may take the following acceptable pain medications (e.g. Tylenol®, Acetaminophen, Vicodin®, etc.)☒ On the day of surgery, take the following inhalers and/or medications with a small sip of water: _____☒ No alcoholic beverages and no smoking 24 hours before and after surgery.☒ Bathe/shower day of surgery. Leave off makeup, contact lenses, nail/toe polish, and all jewelry including wedding bands/body piercings. Wear loose, comfortable clothes. Leave all valuables at home.☒ Bring on the day of surgery if applicable:

- ☒ Photo ID & Insurance Card ☐ Medications/inhalers ☐ Glasses with Case
☐ Crutches/Walker ☐ CPAP machine ☐ Hearing Aids ☐ Physician Orders
☐ Toiletries, robe, and slippers if desired ☐ Laboratory/X-ray results/ECG
☐ Advance Directives/Living Will/ Power of Attorney for Healthcare
☐ Other: _____

☒ Report any signs of illness/infection/respiratory symptoms to your surgeon. You may need to reschedule your surgery.☒ Name of responsible adult to drive you home after the procedure Paula☒ Name of responsible adult to stay with you overnight after your procedure Paula

Patient/Significant Other Signature _____ Date _____

RN Signature Charalana Saff Date/Time 6/26/12☒ Phone Interview

DULBERG, PAUL R
 71265382 M 42 07/09/12
 DOB 03/19/1970 0001307925
 SAGERMAN, SCOTT D MD



Northwest Community Hospital
 Arlington Heights, IL 60005



PRE-OPERATIVE INSTRUCTIONS

NCH Item # 26675

White Copy (Chart) Yellow (Patient)

Form # 005.033-08/10-2-SD

DATE: 7/9/12	SURGEON: Sagerman, Scott	ALLERGIES: NKA	NOTES: DS #7
DIAGNOSIS PER SURGEON: Right ulnar Neuroma			14:02-14:14
TIME: 14:30	15:00	16:00	17:00
ANESTHETIC AGENTS O ₂ (L/M) _____ N ₂ O (L/M) _____ PROPOFOL (mcg/kg/min) _____ KETOROLAC _____ VERSED _____ FENTANYL _____ MONITOR _____ ☐ EKG ☐ PULSE OX / SpO ₂ _____ ☐ FIO ₂ _____ ☐ CAPNOGRAPH / ETCO ₂ _____ ☐ PC STETH _____ ☐ TEMP _____ ☐ BIS _____ ☐ TOURNIQUET _____ ☐ NERVE STIM _____ PREOPERATIVE: WT: 76.5 HT: 5'9" B/P: 100/63 P: 66 AIRWAY: 1 PHYSICAL STATUS: 2 SUPPORTIVE DIAGNOSIS: Sagerman 030 PREOP. MEDS _____ ☐ PATIENT ASSESSMENT CHART _____ ☐ ANESTH. MACHINE SAFETY CHECK _____ ☐ NASAL CANNULA _____			
FOOTNOTES NUMBER _____ POSITION: _____ I.V. SITE: _____ FLUIDS: _____ (C) va _____ 800 _____ TECHNIQUE: ☐ GA ☐ MAC ☐ REGIONAL (TYPE: Suprachondral block) OPERATION: Right ulnar nerve Neuroma Neuroma at forearm			
Anesthesiologist PRINT NAME: Sagerman, Scott		SIGNATURE: [Signature]	

INDUCTION

- ☐ MASK INDYN
☐ PREOXYGEN
☐ DENITROGENATION
☐ RAPID SEQUENCE
☐ CRICOID PRESS.
☐ MASK POS. PRESSURE VENT

INTUBATION

- ☐ DIRECT LARYNGOSCOPY
☐ MAC MILLER, NIS NO.
☐ GRADE 3-4 ARYTENOIDS
☐ EPIGLOTTIS / PALATE
☐ ENDOTRACHEAL TUBE
☐ ORAL ☐ NASAL ☐ CUFF
☐ AIR LEAKS AT _____ cmH₂O
☐ BILAT BREATH SOUNDS
☐ AT _____ cm
☐ SOCA ☐ OTHER: _____
☐ EYECARE: LAMBLURE, TAPE, OPTIGARD
☐ PRESSURE POINTS CHECKED & PADDED

MONITORS

- TYPE LOCATION
☐ A-LINE
☐ CVP
☐ S-GAZ
☐ TEE
☐ OTHER

POST-OP PAIN BLOCK

- ☐ EPIDURAL
☐ OTHER

ANESTHESIA STARTED

OPERATION STARTED

OPERATION ENDED

ANESTHESIA ENDED

FLUID TOTALS

CRYSTALLOID: 900
 BLOOD: _____
 COLLOID: _____
 EBL: _____
 URINE: _____
 OTHER: _____

EXTUBATION

- ☐ FOLLOWS COMMANDS
☐ SWALLOW
☐ SUSTAINED TET. PRES. IT (50 Hz)
☐ PHARYNX SUCTIONED
☐ SPON RESPIRATIONS, RATE _____
☐ ETCO₂ _____
☐ REVERSAL _____ mg(+)
☐ NALOXONE _____ mg
☐ HEAD LIFT > 5 SEC.
☐ PATENT TO PACU WITH ANESTHESIA MD
☐ REPORT GIVEN TO PACU RN

STATUS PACU:

- ☐ AWARE ☐ STABLE
☐ OROUSY ☐ UNSTABLE
☐ SOMNOLENT ☐ INTUBATED
☐ UNARMASABLE ☐ VENTILATED
☐ NASAL O₂ 3 L/M
☐ MASK O₂ _____ %
☐ T-PIECE O₂ _____ %
 TEMP: 96.4
 SPO₂: 95 R: 16
 P: 67 B/P: 96/47

DULBERG, PAUL R

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21502ANE

ANESTHESIA RECORD

Form # 005.095 - 05/04 - 2 - S&D

NOTES

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SAGERMAN, SCOTT D MD



ANESTHESIA PRE-OPERATIVE HEALTH HISTORY ASSESSMENT & PHYSICAL EXAM

DULBERG, PAUL R
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NCH Item # 32132

Northwest Community Hospital
Northwest Community Day Surgery Center
Arlington Heights, IL 60005



4 1 5 0 1 A N E

ANESTHESIA PRE-OPERATIVE HEALTH
HISTORY ASSESSMENT AND PHYSICAL EXAM

Form # 002.018-02/11-1-SD

Please Print:

Patient's full name: Paul Dulberg Date: 6/26/12
 first middle initial last
 Age: 42 Sex: ☒ Male ☐ Female Stated height: 5'9" Stated weight: 165 BMI: 24.4
 Home phone: () Work phone: ()
 Primary care physician: Dr. Sochi Phone #: BMI - DOS - 2918
 Specialist: Phone #:
 ALLERGIES: ☒ None ☐ Yes (Include food & latex, list; if yes, describe reaction).

PRE-OPERATIVE HEALTH HISTORY

MEDICAL / HEALTH HISTORY given by Patient obtained by LA ☐ In person ☒ Phone

	NO	YES		NO	YES		NO	YES
1. Heart attack/disease	☒	☐	14. Tuberculosis	☒	☐	28. Cancer	☒	☐
2. Chest pain/pressure	☒	☐	15. Cold in last 2 weeks	☒	☐	29. Blood Clots/disorders	☒	☐
3. Irregular heart beat/palpitations	☒	☐	16. Acid reflux/hlatal hernia	☒	☐	30. Bruises easily	☒	☐
4. Mitral Valve Prolapse	☒	☐	17. Hepatitis/jaundice	☒	☐	31. Arthritis <u>DJD neck</u>	☒	☐
5. High Blood Pressure	☒	☐	18. Liver disease/cirrhosis	☒	☐	32. Neck/back pain	☒	☐
6. Pacemaker/AICD	☒	☐	19. Kidney disease/dialysis	☒	☐	33. Glaucoma	☒	☐
7. Shortness of breath	☒	☐	20. Peripheral vascular/arterial disease	☒	☐	34. Infectious Disease (C-Diff, HIV, MRSA, VRE)	☒	☐
8. Able to climb 1 flight of stairs	☒	☐	21. Stroke	☒	☐	35. Malignant Hyperthermia	☒	☐
9. Able to walk 2 city blocks	☒	☐	22. Seizures	☒	☐	Self Family	☒	☐
10. Asthma/wheezing	☒	☐	23. Motion Sickness	☒	☐	36. Any Anesthesia complications	☒	☐
11. COPD (emphysema/bronchitis)	☒	☐	24. Parkinson's disease	☒	☐	Self Family	☒	☐
12. Other lung Disease	☒	☐	25. Multiple Sclerosis	☒	☐	37. Other Illness/Injury	☒	☐
13. Sleep Apnea	☒	☐	26. Diabetes	☒	☐			
			27. Thyroid	☒	☐			

Comments: (37) June 2011, was involved in a chainsaw accident involving the right arm.

Previous surgery and previous anesthesia: ☐ None

SURGERY TYPE	DATE OF SURGERY	TYPE OF ANESTHESIA	ANESTHESIA PROBLEMS
<u>(2) Left Volar Nerve Transposition 10 yrs ago. Gen.</u>			<u>None</u>
2.			
3.			
4.			
5.			
6.			
7.			

Aspirin; NSAIDS (Motrin/Advil), Coumadin, Plavix, Other blood thinners? ☒ No ☐ Yes Last taken: naproxen - last Friday
 Steroid use in the last 6 months? ☒ No ☐ Yes
 Do you smoke? ☐ No ☒ Yes # packs/day? 7 per # years smoked: 20 yrs Date quit?
 Do you drink alcoholic beverages? ☒ No ☐ Yes How much every day/week?
 Do you use recreational drugs? ☒ No ☐ Yes How much every day/week?
 Females: could you be pregnant? ☐ No ☐ Yes Date of last menstrual period:
 Did you donate blood for surgery? ☐ No ☐ Yes Number of units
 Patient/Guardian Signature: Paul Dulberg Date: 7/9/12
 Admitting RN Signature: ABO Date: 7/9/12

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PRE-OPERATIVE HEALTH HISTORY

PHYSICAL EXAM:

PAT Vitals: T _____ P _____ RR _____ BP _____ SAO2 _____

Airway

DENTAL WORK:

Loose Caps

Partials

Dentures

ASSESSMENT:

	Female	Male
☐ Underweight	<19	<20
☐ Acceptable	19-25	20-25
☐ Overweight	25-30	25-30
☐ Obese	30-40	30-40
☐ Morbidly Obese	>40	>40

ASA CLASS: I II III IV V E

PREOPERATIVE ORDERS:

☒ NPO past midnight

MEDICATIONS

☒ IV: LR (W cc TRP)☐ Reglan 10mg po OCOR☒ Pepcid 20mg po OCOR☒ Vallium 5 mg po OCOR☐ Versed _____ mg po OCOR☐ Home med:

TEST

REASON/DX

☐ ECG☐ CXR☐ CBC☐ Metabolic Panel, Basic☐ Metabolic Panel, Comprehensive☐ Hepatic Function Panel☐ Coagulation Profile☐ PT☐ PTT☐ Pregnancy Test serum/urine☐ Other

PLAN:

☒ Physician reviewed health history☒ Risks discussed☐ Patient accepts anesthesia plan☐ Anesthesia options discussed☐ Common complications discussed

Physician Signature: _____

Date: _____ Time: _____

Day of surgery, Patient seen
and record reviewed.

Physician Signature: _____

Date: 7/9/12 Time: 1400

DULBERG, PAUL R

71265382 M 42 07/09/12

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Northwest Community Hospital

Northwest Community Day surgery Center

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ANESTHESIA ASSESSMENT & PHYSICAL EXAM

COMPLETED BY ANESTHESIOLOGIST ONLY

ANESTHESIA ASSESSMENT & PHYSICAL EXAM

MEDICATIONS (Daily, Over the Counter, Herbal, Vitamins, Dietary Supplements)[illegible]**ADDITIONAL COMMENTS**[illegible]

Post Anesthesia Evaluation Note for Outpatients

- ☒ Blood Pressure and pulse returned to baseline
- ☒ Cardiovascular function/hydration status stable
- ☒ Respiratory function stable; airway patent; O₂ saturation returned to baseline

- ☐ Temperature returned to baseline
- ☐ Mental status recovered; patient participates in evaluation
- ☐ Nausea and vomiting control satisfactory
- ☐ Pain control satisfactory

Post Anesthesia Evaluation Note for Inpatients

Cardiopulmonary status returned to baseline;

Level of consciousness returned to baseline:

Complications occurring during post-anesthesia recovery:

Mental status recovered; patient participates in evaluation:

Anesthetic follow-up care and/or observations:

☐ yes	☐ no	(explain below)
☐ yes	☐ no	(explain below)
☐ yes	☐ no	(explain below)
☐ yes	☐ no	(explain below)
☐ yes	☐ no	(explain below)

Notes:

Physician Signature

Date 9/9/06 Time _____

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SAGERMAN, SCOTT D MD

ANESTHESIA ASSESSMENT

Date: <u>7-9-12</u> Room Number: <u>1</u> Allergies: <u>None</u>		Position Verified: ☒	☒
Report received from <u>L. BURNS</u> at <u>1318</u>		Correct Patient: ☒	☒
Check Identity: ☒ Band ☒ Consent Anxiety Level: ☒ Mild ☐ Moderate ☐ Severe		Agreement Procedure ☒	☒
		Correct Site / Side ☒	☒
		Correct Implants ☐	☒
		Antibiotics Given ☐	☒
TYPE OF BLOCK: ☒ Right ☐ Left ☒ Single ☐ Continuous ☐ Interscalene ☒ Supraclavicular ☐ Infraclavicular ☐ Axillary ☐ Femoral ☐ Sciatic ☐ Lumbar plexus ☐ Popliteal ☐ tap ☐ Other _____			
PLANNED SURGICAL PROCEDURE: <u>Right Ulnar Nerve Decompression and Transposition, Neurolysis at Forearm</u>			
PROCEDURAL TEAM (name, title, relief time)		Initials	
Anesthesiologist: <u>S. SINGH MD</u>		<u>SS</u>	
Nurse: <u>M. ZIEGLER RN</u>		<u>MZ</u>	
Nurse:			
PATIENT MAINTAINED IN A SAFE AND SUPPORTIVE ENVIRONMENT ☒ Proper body alignment for self and procedure maintained ☒ Provide quiet environment ☒ Explain procedure and reassure patient ☒ Skin integrity maintained ☒ Siderails elevated ☒ Patient is free from extraneous objects			

PATIENT POSITION:

☒ Supine ☐ Right/Left Lateral ☐ Prone ☐ Sitting ☒ Other

SKIN PREPARATION:

☐ Betadine ☒ Chloraprep ☐ Other _____

O₂ per Nasal Cannula at 3 L/min

EQUIPMENT

☒ Stimuplex ☒ Ultrasound ☐ Other

VITAL SIGNS:

VITAL SIGNS:										MEDICATIONS			PATIENT RESPONSE
TIME	B/P	HR	Rhythm	O ₂ SAT%	RESPIRATORY		LOC	COLOR	TYPE	DOSE	ROUTE		
					RATE	DEPTH							
1320	102/63	66	—	100%	18	R	A	2	—	—	—	C	
1330	116/69	54	NSR	99%	16	R	A	2	VERSED	2mg	IV	C	
1402	117/67	52	NSR	96	16	R	A	2	FENTANYL	50mcg	IV	C	
1411	103/62	50	NSR	96	14	R	S	2	—	—	—	C	
1421	103/50	46	NSR	98	12	R	S	2	—	—	—	C	
1431	110/58	48	NSR	98	13	R	S	2	—	—	—	C	
1441	112/56	46	NSR	99	14	R	S	2	—	—	—	C	

KEY: Color:

2=Pink

1=Changes in skin condition

(pale, jaundice, flushed)

0=Cyanotic, Dusky, Extreme pallor

NARRATIVE:

padded a both blankets. Mother updated - not present in lobby - update given to nurse. All patients in room
 sleeping, easily arousable. Mom updated in lobby m/s. Dr. Vagstad on duty to assist
 Time Patient 2:00 Procedure Procedure 1/11
 pub to OR m/s

Time Patient in room 1318 Procedure start 1402 Procedure end 1414

DRESSINGS: ☐ Bandaid ☐ Tegaderm
☒ None ☐ Other _____

Time Patient Transferred to: 1448
OR room 7 Condition

Report given to V. Martini by

ANESTHESIOLOGIST'S SIGNATURE

ANESTHESIOLOGIST'S SIGNATURE		RN Initials		Signature	
<i>[Signature]</i>					

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1 1 5 1 0 A N E

REGIONAL BLOCK PROCEDURE

PRE AND POST PROCEDURE ASSESSMENT/PLAN OF CARE

Form # 005.811-04/11-2-PS

Do you have known Sleep Apnea?☐ Yes (complete section A only) ☒ No (complete sections B only)**A. Diagnosed Sleep Apnea**

1. Do you have a CPAP machine? ☐ Yes ☐ No
2. Do you know your pressure settings? ☐ Yes ☐ No
3. Who supplies your equipment? _____
4. How many hours/night do you wear your CPAP? _____

Patients with a CPAP machine should bring the unit for use during hospital stay.

B. Screening:

- Do you snore? ☐ Yes ☒ No
- Are you excessively tired during the day? ☐ Yes ☒ No
- Have you been told you stop breathing during sleep? ☐ Yes ☒ No
- Do you have a history of hypertension? ☐ Yes ☒ No
- Do you wake during the night feeling breathless? ☐ Yes ☒ No

Comments: _____

To be completed by NCH Staff

C. Results

Calculation of BMI = 24.4

A positive screening for sleep disordered breathing is one or more of the following:

1. A "YES" response in section A
2. A "YES" response to 3 or more of the screening questions
3. BMI > 35 and "YES" response to one additional screening question

PLEASE CIRCLE THE FINAL RESULT:

Negative

Positive

Results of this screening are not diagnostic. Formal evaluation is required for diagnosis.

Notify physician of positive screening or history of sleep apnea.

RN Signature: Chantal Ann Date: 6/26/12

☐ See Preoperative Health History Assessment and Exam for additional orders/comments.

Reviewing Physician Signature: Buh Date: 6/26/12

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Northwest Community Hospital
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Arlington Heights, IL 60005



OBSTRUCTIVE SLEEP APNEA SCREENING

NCH Item # 53718

Form # 005.761-08/09-1-PS

Allergies: <u>NKA</u>		Date: <u>07-09-12</u>	
Pre-Operative RN confirms ☒ ID Band w/2 identifiers ☒ Procedural Consent ☒ Site Marked/ ☐ NA ☒ Preanesthesia assessment ☒ NPO Status ☒ H & P ☐ DNR ☒ NA ☐ Diagnostic test results; ☒ NA ☐ Type/Screen ☒ NA ☐ Blood available _____ units; ☒ NA ☒ Equipment/Implant avail; ☐ NA ☐ Isolation ☒ NA ☒ Pre-op antibiotic ordered ☐ NA ☐ VTE Prophylaxis order ☒ NA Level of Consciousness: ☒ Responsive ☐ Non Responsive Anxiety Level: ☒ Mild ☐ Moderate ☐ Severe Skin Condition: ☒ Intact ☐ Other _____ Report From <u>M. Ziegler RN 1840</u> Transferred to OR per ☐ Cart ☒ Bed ☐ Chair ☐ Ambulated ☐ Carried By _____		Pre-Induction RN/Anesthesia discuss ☒ Confirm patient identity, and signed consent ☒ Allergies ☐ Latex Precautions ☒ NA ☒ Difficult airway/Aspiration risk/Preparation confirmed RN Confirm VTE prophylaxis ☒ NA ☐ SCD/Ted Hose/PlexiPulse Left/Right Knee/Thigh ☒ Medication given RN/Scrub Confirm ☒ Chemical Indicators Verified	
Pre-Incision Team reviews: ☒ Team Introductions ☒ Allergies ☒ Anticipated blood loss ☐ NA Blood products available _____ units ☒ Plan of Care discussed ☐ Imaging Displayed ☒ NA ☒ Skin prep dry per manufacturer's guideline Other _____		Time Out #1 at 1502 Correct Patient ☒ Yes Correct Procedure ☒ Yes Correct Site ☒ Yes Site/Side Marked ☒ Yes ☐ NA Implants available ☒ Yes ☐ NA Position verified ☒ Yes Antibiotic given ☒ Yes ☐ NA Redose ordered ☐ Yes ☐ NA Time Out #2 at _____ ☐ Yes ☐ Yes ☐ Yes ☐ Yes ☐ NA ☐ Yes ☐ NA ☐ Yes ☐ Yes ☐ NA ☐ Yes ☐ NA	
Preoperative diagnosis: <u>RIGHT ULNAR NEURITIS AT THE CUBITAL TUNNEL AND DISTAL ULNAR NERVE ENTRAPMENT</u> Operative Procedure 1: <u>RIGHT ULNAR NERVE RELEASE WITH NEUROLYSIS AT ELBOW</u> Start _____ Stop _____ Operative Procedure 2: ☐ NA Start _____ Stop _____ Post operative diagnosis: ☐ Same as preoperative			

OR Number <u>7</u>	Anesthesia (Circle) General ☐ Local ☒ MAC <u>BLACK</u> Consed ☐	☒ Scheduled ☐ Add-On ☐ Emergency	Acuity # <u>3</u> ASA# <u>2</u>
OR In <u>1443</u>	Case Start <u>1504</u>	Family Notified	Family Notified
OR Out <u>1613</u>	Case Stop <u>1608</u>	Family Notified	Family Notified

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OPERATING ROOM RECORD
AND PLAN OF CARE

PAGE 1 OF 3

Form # 005.017-12/11-2-SD

		Date: _____						
		Initial		Initial	In	Out	In	Out
Surgeon 1	<u>DR. S. Sagerman MD</u>			Circulator 1	<u>S. MARTINI RN</u>			
Surgeon 2	<u>DR. B. A. FOCA MD</u>			Circulator 2	<u>R. BELTON RN</u>			
Assistant				Circulator relief				
Assistant				Scrub 1	<u>V. LAWRY RN</u>			
Anesthesiologist 1	<u>DR. SINGH</u>			Scrub 2				
Anesthesiologist 2				Scrub relief				
Perfusionist/Cell Saver				Other				
Other				Other				

Surgical Position: ☒ Supine ☐ Prone ☐ Jackknife ☐ Sitting ☐ Lithotomy ☐ Lateral ☐ Right ☐ Left

☒ Arm Secured on Armboard ☐ Arm at Secured Side ☐ Fluoroscopy ☐ Fluoriscan ☐ X-Ray
☒ Right ☒ Left ☐ Right ☐ Left ☐ Patient shielded location _____

Check all those that apply

☐ Andrews Frame ☐ Arthroscopy leg holder Left/Right ☐ Axillary Roll Left/Right ☐ Beach chair positioner _____ ☐ Bean Bag ☐ Elbow Pads Left/Right ☐ Fracture Table ☐ Hand table ☐ Head butler ☐ Head support _____ ☐ Heel Pads Left/Right	☐ Jackson Table ☐ Kidney Rest ☐ Lateral Arm Holder Left/Right ☐ Lateral positioner _____ ☐ Mayfield Head Holder ☐ Montreal Positioner ☐ Pillows ☐ Positioning Rolls ☐ Sandbags ☐ Shoulder Holder Left/Right ☐ Type _____ ☐ Spreader bars	☐ Stirrups (Circle) ☐ Padded Fins ☐ Candycane ☐ Wilson Frame Warming/Cooling Interventions Forced Air Warming ☐ Upper ☐ Lower Setting _____ ☐ Blanketrol Setting _____ ☒ Warm Blankets

Comments: _____

Skin Preparation ☒ CHG ☐ Betadine: _____ 10% _____ 5% ☐ Chloroprep ☐ Duraprep ☐ Other: _____

Hair Removal: ☐ None ☒ Clipper by: DR. S. Sagerman MD

By: AB

Item Locations		ESU No. _____ Type _____	
BP Cuff ☐	Anterior Posterior	ESU No. _____ Type _____	
Safety Strap =		Bipolar _____	
ESU Pad ☐		Coag _____	
Monitor Leads ☐		☐ Standard ☐ Spray	
Tourniquet +		Cut _____	
Pulse Oximeter -		☐ Blend ☐ Pure	
Prep //			
Reddened R			
Bruise B			
Decubiti D			

Tourniquet ☒ Padded Cuff Applied By: DR. S. Sagerman MD

8801 Inflated @ 150 Deflated @ 160 Pressure 250

_____ Inflated @ _____ Deflated @ _____ Pressure _____

_____ Inflated @ _____ Deflated @ _____ Pressure _____

Additional equipment: _____ Type _____ Unit No. _____

Laser Protocol Followed, Joules _____ Laser Type _____ Time _____

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OPERATING ROOM RECORD
 AND PLAN OF CARE
 PAGE 2 OF 3

Form # 005.017-12/11-2-SD

Medications	Dose	Route	Time	Administered By	Verified: Initials
Irrigation Type		Amount	Warmed		
1000 mL 98% NaCl WITH			Y or NO		
50,000 BACITRACIN			Y or No		
Scrub Relief Meds Verified: Initials					
Blood Products Given ☒ No ☐ Yes (See Transfusion record)			Pathology (See Tissue Record) ☒ NA		
Cultures			Implant (See Implant Record) ☒ NA		
A			Drains		
B			Drains		
C			Urinary Catheter: Type _____ Size _____ By _____		
D			Amount _____ Color _____ Source _____ Time _____		
			☐ Indwelling ☐ Voided prior to OR ☐ Discontinued at _____		
Initial Count By: <u>SM VL</u>	First By: <u>SM VL</u>	Relief By: _____		Final By: <u>SM VL</u>	
SPONGE: ☒ Completed ☐ NA	Correct: ☒ Y ☐ N ☐ NA	Correct: ☐ Y ☐ N ☐ NA		Correct: ☒ Y ☐ N ☐ NA	
ITEM: ☒ Completed ☐ NA	Correct: ☒ Y ☐ N ☐ NA	Correct: ☐ Y ☐ N ☐ NA		Correct: ☒ Y ☐ N ☐ NA	
INSTRUMENT: ☐ Completed ☐ NA	Correct: ☐ Y ☐ N ☒ NA	Correct: ☐ Y ☐ N ☐ NA		Correct: ☐ Y ☐ N ☒ NA	
☐ UNRESOLVED COUNT X-RAY TAKEN ☐ YES ☐ NO SURGEON NOTIFIED ☐ YES RESULTS: _____ PER: _____					
DRESSING ☐ NONE ☒ SOFT ☐ PRESSURE ☐ CAST ☐ SPLINT ☐ IMMOBILIZER ☐ BINDER LOCATION: <u>RT ARM</u>					
PACKING: ☐ NONE ☐ LOCATION <u>SLING</u> ☐ TYPE _____					

Post-Procedure Team review:

☒ Procedure(s) Confirmed ☒ Wound Class confirmed II III IV ☐ NA
☐ Specimen(s) identified and labeled Number of Specimens _____ ☐ NA

Outcomes: ☒ Patient maintained in a safe and supportive environment

☒ Aseptic technique maintained

☒ Skin integrity maintained

☒ Body alignment maintained

☐ Concerns for recovery discussed

Transferred to: ACUTE

Report Given to: E. BAAWENBERG by DR. Singh

Notes _____

☐ See additional progress note ☐ NA

RN Signature(s): A. Martin

Date: 07/09/12

DULBERG, PAUL R
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 SAGERMAN, SCOTT D MD



Northwest Community Hospital
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OPERATING ROOM RECORD
 AND PLAN OF CARE
 PAGE 3 OF 3

Form # 005.017-12/11-2-SD

NCH Item # 25901

White - Chart

Yellow - Journal

NORTHWEST COMMUNITY HOSPITAL
ARLINGTON HEIGHTS, ILLINOIS

MLS: 55223
DD: Mon Jul 09 17:36:30 2012 EST
DT: Tue Jul 10 02:03:22 2012 EST
JN: 51418590

DSC OPERATIVE REPORT

DATE OF OPERATION: 07/09/2012

PREOPERATIVE DIAGNOSES:

1. Right cubital tunnel syndrome.
2. Right ulnar nerve injury at the forearm.

POSTOPERATIVE DIAGNOSES:

1. Right cubital tunnel syndrome.
2. Right ulnar nerve injury at the forearm.

PROCEDURES:

1. Right cubital tunnel release.
2. Right ulnar neurolysis at the forearm.

SURGEON: Scott Sagerman, MD.

ASSISTANT: Sam Biafora, MD.

ANESTHESIA: Regional block.

COMPLICATIONS: None.

TOURNIQUET TIME: 1 hour.

FINDINGS: The right cubital tunnel showed thickening of the cubital tunnel ligament with scarring of the ulnar nerve to the floor of the cubital tunnel and local constriction. The nerve also appeared constricted at the flexor pronator aponeurosis at the distal aspect of the cubital tunnel. Also, a thick arcade of Struthers was present proximal to the cubital tunnel, though the ulnar nerve was not visibly constricted at this level.

The right forearm, the site of the previous chainsaw laceration revealed extension to the subcutaneous tissue and fascia overlying the flexor carpi ulnaris muscle. A piece of retained absorbable suture material was present. The muscle fibers were intact. The ulnar nerve was intact beneath the muscle belly. There was no visible scarring around the ulnar nerve at this level.

DESCRIPTION OF PROCEDURE: Informed consent was obtained from the patient. Prophylactic IV antibiotic was given. He received medical clearance from his primary care physician. Regional block anesthetic was administered by the

DULBERG, PAUL
071265382
0001307925
Room#:
Scott D Sagerman, MD
DSC OPERATIVE REPORT Page 1 of 2
cc: Sam Biafora, MD

DSC OPERATIVE REPORT, continued

NORTHWEST COMMUNITY HOSPITAL
ARLINGTON HEIGHTS, ILLINOIS

anesthesiologist in the right upper extremity. The right arm was prepped and draped sterilely. A sterile tourniquet was applied to the right upper arm, and it was elevated following exsanguination of the limb.

A longitudinal incision was made over the posteromedial aspect of the right elbow centered at the cubital tunnel. Under loupe magnification, the subcutaneous tissue was dissected. Superficial veins were ligated with bipolar cautery. A branch of the medial antebrachial cutaneous nerve was identified. This was gently retracted safely and protected. The fascia was incised proximal to the cubital tunnel, and the ulnar nerve was visualized. The cubital tunnel ligament was divided and completely released. The flexor pronator aponeurosis was also incised and released, and the nerve was dissected distally into the musculature where motor branches were identified. The release was then carried proximally, and the arcade of Struthers was divided and completely released. The ulnar nerve was inspected. The nerve was mobilized from adhesions with gentle blunt dissection. Nerve gliding was checked and found to be satisfactory. The ulnar nerve was stable at the cubital tunnel. The field was irrigated with antibiotic solution. The subcutaneous tissue was reapproximated with buried Vicryl sutures, and the skin edges were reapproximated with nylon sutures.

Attention was then directed to the forearm scar. A longitudinal incision was made over the ulnar aspect of the mid forearm centered at the site of the scar. Under loupe magnification, the subcutaneous tissue was dissected. The fascia was visualized. Superficial vein was ligated with bipolar cautery. The dermis was elevated off of the scarred fascia with blunt dissection. The retained suture material was removed. The muscle fibers were visualized and found to be in continuity. The ulnar nerve was exposed in the interval between the flexor digitorum and flexor carpi ulnaris muscle bellies. The nerve was dissected proximal and distal from the region of the laceration. The nerve was completely intact at this level with no visible scarring or adhesions. The field was irrigated with antibiotic solution. The subcutaneous tissue was reapproximated with buried Vicryl sutures, and the skin edges were reapproximated with nylon sutures.

A sterile bulky gauze dressing was applied. The tourniquet was deflated. Circulation returned to the right arm with normal capillary refill distally. The patient was transported to recovery in stable condition. He tolerated the procedure well. There were no complications. An arm sling was applied for protection.

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cc: Sam Biafora, MD

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Room#:

Scott D Sagerman, MD

DSC OPERATIVE REPORT Page 2 of 2

cc: Sam Biafora, MD

Authenticated and Edited by Scott Sagerman MD On 7/10/12 11:58:39 AM

Check or fill in appropriate areas/blanks. Write NA if not appropriate.

TO BE COMPLETED BY DISCHARGE RN

Date of surgery 7/9/12 Phone Number 817-447-4250 Alternate number _____ Admitted to _____

☒ Verify phone number(s) and permission: to call patient and/or or leave message, representative Mom - Barb

Procedure right ulnar nerve decompression + transposition + neurectomy

Anesthesiologist/Radiologist Black Singh

At time of Discharge
☐ Nausea/vomiting
☐ Able to urinate
☐ Other _____

Block time 1400

Anesthesia(circle one) General ☒ MAC ☐ Spinal ☐ Epidural ☐ Conscious Sedation ☐ Local ☐ Regional ☐ Nerve Block ☐ Single Continuous

Attempt to Call

1st 7/10/12 1640 Spoke with ☒ Patient ☐ Patient representative as identified above
☐ Left Message ☐ Unable to Contact

2nd _____ _____ Spoke with ☐ Patient ☐ Patient representative as identified above
☐ Left Message ☐ Unable to Contact

4th Day _____ _____ Spoke with ☐ Patient ☐ Patient representative as identified above
☐ Left Message ☐ Unable to Contact

(CPNB) Date _____ Time _____

PATIENT OUTCOMES

Pain Scale 0-None 1-3.Minimal 4-7 Moderate 8-10 Severe

Pain level at 3

IV/Surgical Site condition WNL ☒ Yes ☐ No NA

Tolerating Diet ☒ Yes ☐ No NA

Urinating as usual ☒ Yes ☐ No NA

Minimal bleeding ☒ Yes ☐ No NA

Taking prescription meds as directed ☒ Yes ☐ No NA

Questions or concerns regarding Post-Operative Care and Activity _____

Instructions/Narrative
Static block worked great.
Dan + wear off until this AM

Physician notified of any issues Yes No ☒ NA

Who notified/Action taken _____

Perineural Local Anesthetic

Alternate pain relief ☐ po meds ☐ IV meds

Site redness or swelling noted Yes No

☐ Site covered/dressing

Any unusual symptoms/problems Yes No

Date _____ Comment _____

Date _____ ☐ No Change

Comment _____

We would appreciate feedback on your surgical experience. If you receive a survey in the mail, we hope that you will take a moment to complete it.

Any comments/suggestions: _____

Reminded/Advised to contact Physician: _____

☒ Any problems ☒ Follow-up appt: 7-11-12

RN Signature [Signature] Date 7-10-12

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 SAGERMAN, SCOTT D MD



Northwest Community Hospital
 Northwest Community Day Surgery Center
 Arlington Heights, IL 60005



PATIENT POST-OPERATIVE
 PHONE ASSESSMENT

Form # 005.021-03/12-1-SD

DATE / TIME	POST-OPERATIVE OUTCOME OF PROCEDURE NOTE	DATE / TIME	PRE-OPERATIVE ORDERS:
7/9 2012	SURGEON: <i>Sagerman</i>		
	ASSISTANT: <i>Biapra</i>		
		7/9/12 (1615)	
	PREOPERATIVE DIAGNOSIS: <i>Right cubital tunnel syndrome, ulnar nerve injury forearm</i>		☒ STATUS OUTPATIENT:
			DISPOSITION: (select one)
			☒ Discharge when criteria met with Post-Op Instructions
			☐ To Phase III Recovery for _____ hours
			Discharge when criteria met with Post-Op Instructions
	POSTOPERATIVE DIAGNOSIS: <i>same</i>		Discharge Instructions:
			Diet: <i>Regular</i>
			Medications:
	PROCEDURE PERFORMED: <i>Right cubital tunnel release, humeral ulnar nerve forearm</i>		DOCUMENT ON MEDICATION RECONCILIATION FORM
			Incision Care: <i>Keep dry</i>
	FINDING / COMPLICATIONS: <i>N/A</i>		Activity: <i>Wound (P) arm slings x 24°</i>
	<i>(none)</i>		Follow-up: <i>Office 7/12/12</i>
	SPECIMENS REMOVED: <i>none</i>		Other:
			Disposition/condition on discharge: <i>stable</i>
	ESTIMATED BLOOD LOSS: <i>none</i>		
	Physician Signature: <i>[Signature]</i>		Physician Signature: <i>[Signature]</i>

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NCH ITEM # 5365

Northwest Community Hospital
Northwest Community Day Surgery Center
Arlington-Heights, IL 60005



OUTPATIENT PHYSICIAN POST OPERATIVE
ORDERS / DISCHARGE NOTE

Form # 002.011-02/09-1-PS

Directions: Check boxes to indicate a choice and select all those that apply.

ALLERGIES: Penicillin

GENERAL MEDICAL ORDERS

☐ Bypass Phase I Recovery

OXYGEN THERAPY:

- ☒ Nasal Cannula at 2 liters per minute ☐ Wean to room air as tolerated ☐ High humidity face tent FIO2
- ☐ Pulse Oximetry: Wean patient to lower FIO2 of % as long as SPO2 is greater than for 15min
- ☐ Continue Oxygen overnight per at liters.
- ☐ Ventilator: TV FIO2 % Rate: PS: PEEP:
- ☐ Other

PAIN MANAGEMENT:

Nurses: Give the analgesic medication(s) below in the order specified until the patient's pain score is an acceptable level to the pt.

Treatment Order

- 1 2 3 4 ☐ Fentanyl mcg IV every minutes PRN up to a total of mcg.
- 1 2 3 4 ☐ Morphine 1 mg IV every 5 minutes PRN pain up to total of 6 mg.
- 1 2 3 4 ☒ Hydromorphone (Dilaudid) 0.2 mg IV every 5 minutes PRN pain up to 6 mg.
- 1 2 3 4 ☐ Meperidine (Demerol) 25 mg IV every 5 minutes PRN pain up to a total 125 mg.
- 1 2 3 4 ☐ Other
- ☒ Acetaminophen (Ofirmev) 1000 mg IV x 1 PRN pain; Infuse over 15 minutes IVPB
- ☐ Ketorolac (Toradol) mg IV x 1 dose
- ☐ Hydrocodone/Acetaminophen (Norco) 5/325mg po x 1 PRN pain

ANTIEMETICS:

Treatment Order

- 1 2 3 4 ☒ Ondansetron (Zofran) 4 mg IV x 1 PRN nausea
- 1 2 3 4 ☒ Metoclopramide (Reglan) 10 mg IV x 1 PRN nausea
- 1 2 3 4 ☒ Prochlorperazine (Compazine) 10 mg IV x 1 PRN nausea
- 1 2 3 4 ☐ Ondansetron (Zofran) ODT 8 mg place on the tongue x 1 PRN nausea
- 1 2 3 4 ☐ Dexamethasone (Decadron) 10mg IV x 1 PRN for nausea
- ☐ Other

OTHER MEDICATIONS:

- ☒ Meperidine 12.5 mg IV x 1 time as needed for shivering
- ☐

IV FLUIDS:

- ☒ LR ☐ D5LR ☐ NS ☐ Other Infuse at ml/hour
- ☐ Give ml bolus x1 for SBP lower than .
- ☐ Give ml bolus x 1 for low urine output less than .

STAT LABORATORY:

- ☐ CBC (Without Diff) ☐ Metabolic Panel, Basic ☐ ABG ☐ POC blood glucose ☐ Cardiac Markers
- ☐ Other

RADIOLOGY:

- ☐ PA Chest X-Ray Reason: ☐ Other

CARDIAC DIAGNOSTICS:

- ☐ 12 Lead ECG Reason: ☐ Central Telemetry ☐ Other

GENERAL MEDICAL ORDERS:

- ☐ Warming blanket for temperature less than .
- ☐ Discharge to inpatient unit when PACU discharge criteria are met.
- ☐ Discharge to: ☒ Phase II ☐ Home when discharge criteria are met.
- ☒ Provide Perineural Nerve Block discharge instructions sheet.
- ☐ Provide Obstructive Sleep Apnea Discharge Instructions.
- ☐ Other

Physician Signature: [Signature]Date: 7/9/12Time: 15:02

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Northwest Community Hospital
Northwest Community Hospital Day Surgery Center
Arlington Heights, IL 60005



104070RD

POST ANESTHESIA CARE
PREPRINTED ORDERS

Form # 003.107-02/12-1-E

NCH Item # E34391

Peripheral Nerve Block (PNB) Procedure Note

Allergies: None KnownReason for Block: ☒ Primary Anesthesia Type☐ Post-op Pain Management ☒ Surgeon RequestBlock start time 1430 Block end time 1444

Blocks performed: Left Right Single Continuous

☐ Interscalene	☐	☐	☐	☐
☒ Supraclavicular	☐	☒	☒	☐
☐ Infraclavicular	☐	☐	☐	☐
☐ Axillary	☐	☐	☐	☐
☐ Lumbar Plexus	☐	☐	☐	☐
☐ Sciatic	☐	☐	☐	☐
☐ Femoral	☐	☐	☐	☐
☐ Popliteal	☐	☐	☐	☐
☐ tap	☐	☐	☐	☐
☐ Other	☐	☐	☐	☐

Ultrasound guided: ☒ Yes ☐ No

Position:

☒ Supine ☐ Lateral Left ☐ Right ☐
☒ Prone ☐ Other

Prep:

☒ Chloro-prep ☐ OtherSkin infiltration 1% Lidocaine 1 mls

Needle type:

Nerve Response @:

☐ Touhy Gauge _____ mA
☐ Stimuplex Gauge _____ mA
☒ Other Arrow 21 gauge

Catheter (if applicable):

☐ Stimucath ☐ Perifix ☐ OtherTest dose: 1.5% Lidocaine with Epinephrine 5 mls☐ Yes ☐ No

Secured on the skin @ _____ cm

Medication(s): With Epinephrine Volume (ml):

☒ Bupivacaine <u>0.5</u> %	☐ Yes	☐ No	<u>32</u>
☐ Ropivacaine _____ %	☐ Yes	☐ No	
☐ Mepivacaine _____ %	☐ Yes	☐ No	
☐ Xylocaine _____ %	☐ Yes	☐ No	
☐ Clonidine _____ mcg			
☐ Other			

Narrative: After negative aspiration, medications injected in 5ml increments.

Complications: ☒ No ☐ Yes (please explain)

Note: _____

CPNB Administration Orders Post-Operatively

Pump continuous Peripheral Nerve Block

Fill with _____ ml of _____ %

☐ Bupivacaine
☐ Ropivacaine
☐ Mepivacaine
☐ Other

Rate _____ ml/h

Bolus _____ ml

Interval _____ min

Initiated @ _____ (time)

1. Nursing to instruct patient on use of the pain pump.
2. Place post block peripheral caution sign at patient bed.
3. If lightheadedness, oversedation, tinnitus, metallic taste in the mouth or circumoral numbness occurs, stop the infusion and notify anesthesiologist immediately.
4. If redness, swelling, fever, purulent drainage occurs at the catheter site, immediately notify anesthesiologist on call.
5. Maintain integrity of dressing. Reinforce if needed. If leakage occurs at the catheter site, reinforce with gauze and tape.
6. For breakthrough pain, call primary anesthesiologist, if not available, notify on-call anesthesiologist.
7. For pump discontinuation consult surgeon.
8. Adjuvant pain meds: _____

Anesthesiologist Signature

Date

Time

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SAGERMAN, SCOTT D MD

Northwest Community Hospital
Arlington Heights, IL 60005Procedural Note/Orders for Continuous Peripheral
Nerve Block Infusion (CPNB)

☒ Day Surgery
Fax: 847.618.7088

☐ Main OR
Fax: 847.618.7259

☐ Labor & Delivery
Fax: 847.618.8409

Admission Status: ☐ Inpatient ☒ Outpatient

Patient Name: DULBERG, PAUL

DOB: 3/19/70

Medicare: ☐ yes ☒ no

Surgeon: Scott Sagerman, M.D.

Doctor responsible for H&P: _____

Reason / Dx for Surgery: Right Elbow Neuritis

Surgery Date: 7/9/12

Allergies: None

DIRECTIONS: Check boxes indicate a choice. Select those that apply.

TESTING:

- ☐ Basic Metabolic
☐ CBC / with Diff
☐ Comprehensive Metabolic
☐ Micro Rhogam
☐ Potassium
☐ PT
☐ PTT
☐ Other: _____

Reason/Dx

- ☐ Pregnancy - Serum
☐ Pregnancy - Urine
☐ Type & Crps
☐ Type & Screen
☐ U/A
☐ U/A (with reflex)
☐ EKG
☐ CXR

Reason/Dx

X _____ units

- DIET:** ☐ NPO after midnight
☐ Per anesthesia order / guidelines.
☐ Other: _____

PATIENT EDUCATION PRE-OP:

- ☐ Continuous Peripheral Nerve Block
☐ Epidural
☐ POA Pump
☐ Single Injection Block

TREATMENTS:

- ☐ Surgical Site Hair Removal
☐ Incentive Spirometry - Instruct Pre op
☐ Enema ☐ Fleets ☐ Other: _____

VTE PROPHYLAXIS - Mechanical:

- ☐ Graduated Compression Stockings (TEDS)
☐ Intermittent Pneumatic Compression
☐ Knee
☐ Knee (SCD)
☐ Thigh
☐ Thigh (SCD)
☐ Foot (Plexipulse)

MEDICATIONS: Antibiotic - order on page 2

- ☐ IV (Non-anesthesia patients): _____
☐ Other: _____

Patient on Dialysis ☐ Yes ☐ No

Sealed Weight: _____

CONSENT:

Obtain Procedural Consent for: Right ulnar Nerve decompression & transportation / Neuropathy at forearm

Procedure including Risks, Benefits, Common Complications and Alternatives have been discussed with patient / guardian.

Physician Signature: Scott Sagerman

Date: 6/29/12 Time: _____

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SAGERMAN, SCOTT D MD

NGH Item # 1



304270RD

PRE-SURGICAL TESTING / PRE-OPERATIVE ORDERS

Form# 003.121-02/12-1-SD

Patient name: Dulberg, Paul

Initial and repeat dose and times per "Perioperative Prophylactic Antibiotic Policy"

☐ MD aware of PCN allergy - ok to give antibiotics as ordered below

Nature of Operation	Preoperative Antibiotic Regimen IVPB X 1 dose OCOR	Alternative Regimen for pt with Beta lactam allergy IVPB X 1 dose OCOR
Colon Surgery - adult pt	☐ cefoxitin 1 gm for pt < 80 kg 2 gm for pt ≥ 80 kg ☐ ampicillin / sulbactam 3 gm ☐ cefazolin 1 gm for pt < 80 kg 2 gm for pt ≥ 80 kg AND metronidazole 500 mg	☐ clindamycin 900 mg AND gentamicin 1.5 mg / kg ☐ clindamycin 900 mg AND ciprofloxacin 400 mg ☐ clindamycin 900 mg AND levofloxacin 500 mg ☐ clindamycin 900 mg AND aztreonam 2 gm ☐ metronidazole 500 mg AND gentamicin 1.5 mg / kg ☐ metronidazole 500 mg AND ciprofloxacin 400 mg ☐ metronidazole 500 mg AND levofloxacin 500 mg
Hysterectomy - adult pt	☐ cefazolin 1 gm for pt < 80 kg 2 gm for pt ≥ 80 kg ☐ cefoxitin 1 gm for pt < 80 kg 2 gm for pt ≥ 80 kg ☐ ampicillin / sulbactam 3 gm	☐ clindamycin 900 mg AND gentamicin 1.5 mg / kg ☐ clindamycin 900 mg AND ciprofloxacin 400 mg ☐ clindamycin 900 mg AND levofloxacin 500 mg ☐ metronidazole 500 mg AND gentamicin 1.5 mg / kg ☐ metronidazole 500 mg AND ciprofloxacin 400 mg ☐ metronidazole 500 mg AND levofloxacin 500 mg For hysterectomy WITH colon procedure ☐ clindamycin 900 mg AND aztreonam 2 gm.
CABG - adult pt Cardiac - adult pt Vascular - adult pt Orthopedic - adult pt Hip arthroplasty Knee arthroplasty	☐ cefazolin 1 gm for pt < 80 kg 2 gm for pt ≥ 80 kg ☐ vancomycin (MRSA risk) 1 gm for pt < 80 kg 1.5 gm for pt ≥ 80 kg	☐ vancomycin 1 gm for pt < 80 kg 1.5 gm for pt ≥ 80 kg ☐ clindamycin 900 mg
Other Procedures adult pt For procedures not listed above, consult published guidelines for current procedure - specific antibiotic recommendations	Common Regimens: ☒ cefazolin 1 gm for pt < 80 kg 2 gm for pt ≥ 80 kg ☐ vancomycin (MRSA risk) 1 gm for pt < 80 kg 1.5 gm for pt ≥ 80 kg	Common Regimens: ☐ vancomycin 1 gm for pt < 80 kg 1.5 gm for pt ≥ 80 kg ☐ clindamycin 900 mg
Pediatric Procedures consult published guidelines for current procedure - specific antibiotic recommendations	Common Regimens: ☐ cefazolin 25 mg / kg* for pt < 40 kg 1 gm for pt 40 - 80 kg 2 gm for pt ≥ 80 kg *dose rounded to the nearest 50 mg ☐ cefoxitin 30 mg / kg* for pt < 30 kg 1 gm for pt 30 - 80 kg 2 gm for pt ≥ 80 kg *dose rounded to the nearest 50 mg	Common Regimens: ☐ clindamycin 10 mg / kg* for pt < 80 kg *dose rounded to the nearest 50 mg 900 mg for pt ≥ 80 kg ☐ vancomycin 20 mg / kg* for pt < 50 kg *dose rounded to the nearest 50 mg 1 gm for pt 50 - 80 kg 1.5 gm for pt ≥ 80 kg

Other antibiotic(s) _____

Physician signature: Paul DulbergDate: 6/29/12 Time: _____

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 Northwest Community Day Surgery Center
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SAGERMAN, SCOTT D MD

NCH Item

PRE-SURGICAL TESTING / PRE-OPERATIVE ORDERS

Form# 003.121-02/12-1-SD

DATE: _____

PR: _____

QRS _____

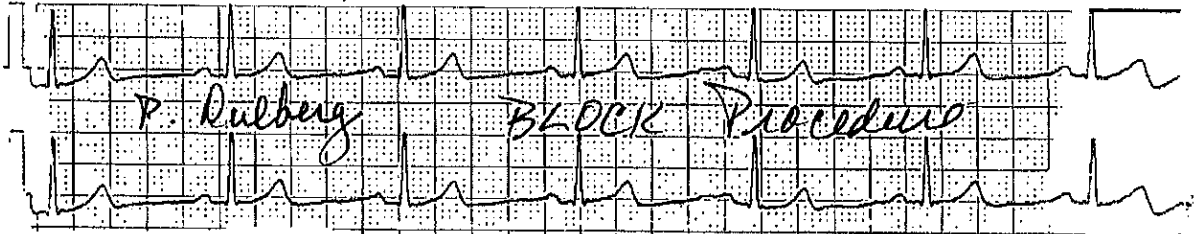
QT _____

R-R _____

RATE _____

INTERPRETATION _____

HR (ECG): [----] BPM Resp (ECG II): --- RPM



SIGNATURE

DULBERG, PAUL R

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SAGERMAN, SCOTT D MD

mmHg Interval: 5 min ET: --- min SpO2: 99 % Temp: _____

(Post 3rd report on this line)

QRS _____

QT _____

R-R _____

RATE _____

INTERPRETATION _____

SIGNATURE _____

PR: _____

QRS _____

QT _____

R-R _____

RATE _____

INTERPRETATION _____

(Post 2nd report on this line)

SIGNATURE _____

PR: _____

QRS _____

QT _____

R-R _____

RATE _____

INTERPRETATION _____

(Post 1st report on this line)

SIGNATURE _____

Northwest Community Hospital
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ELECTROCARDIOGRAM TRACINGS

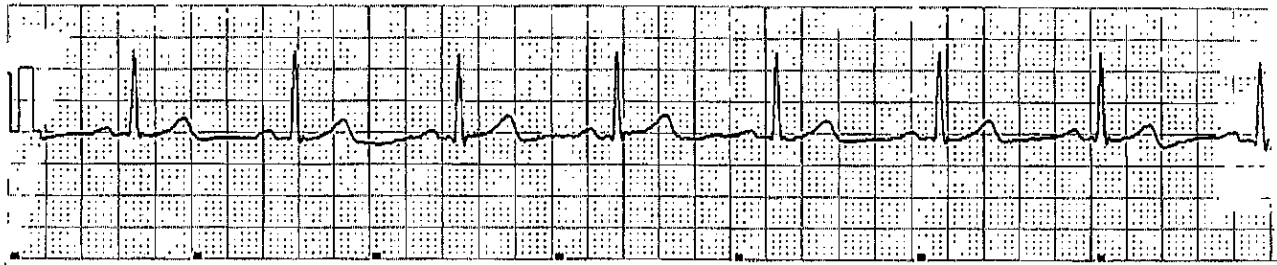
PROCEDURE										LEGEND										
(1) minor nerve release with neurolysis at forearm.										L = LOW A = ART. X = HEART RATE M = MED. V = LINE O = RESPIRATIONS H = HIGH / = PRESENT [= BLOOD PRESS. / = NOT APPLICABLE A = ADMISSION BC = BLOOD CLOTS D = DISCHARGE B = BILE * = SEE NURSES NOTES SS = SEROSANGUINOUS G = GRAVITY CL = CLOUDY FB = FRANK BLOOD C = CLEAR Y = YELLOW I = INTERMITTENT BL = BLOODY										
ALLERGIES: NKDA MEDICAL HISTORY: SMOKER SURGEON: SAGERMAN ANESTHESIOLOGIST: SEINGT ANESTHESIA (CIRCLE ONE): GENERAL REGIONAL MAC SPINAL EPIDURAL LOCAL																				
AIRWAY		A	D	RT Method	FIO ₂	ON	OFF	REFLEXES	Time	LUNG SND	A	D	BED Position	Time	DRESSING	A	PH I	D	PH II	D
NONE		✓	—	NASAL CANNULA	3L	✓	50	COUGH	1637	BILAT CLEAR	✓	—	FLAT		SITE: RUE	✓	✓	✓	✓	✓
ORAL / NASAL				MASK				SWALLOW		COLOR	A	D	HOB ↑ 30°	1645	DRY/INTACT	✓	✓	✓	✓	
CHIN / JAW SUPP				FACE TENT				LIFT HEAD		PINK	✓	—	HOB ↑ 45°		REINFORCED / CHANGED	✓	✓	✓	✓	
ENDOTRACHEAL				T-PIECE				ENCOURAGED TO COUGH / DEEP BREATHE q 10		PALE					EXTREMITY ELEVATED	✓	✓	✓	✓	
ORAL / NASAL cm @ LIP										JAUNDICED					ICE					
TIME OUT										DUSKY										
VENTILATOR										EQUIPMENT										
Time	FIO ₂	Rate	Tidal Vol	PEEP	Press. Supp.	FDLEY	Size / Mode	Dmg Characteristics	A	PH I	D	PH II	D	SCD'S / TEDS	A	PH I	D	PH II	D	
						NG POSITION								ELECTRIC COOL						
						NG POSITION								PLEXIPULSE						
						J-P / HEMOVAC								SLING / IMMOB	SITE					
						CONSTAVAC								TRACTION	SITE					
						CHEST TUBE								OTHER	SITE					
RESTRAINTS										OTHER										
TIME ON										TIME OFF										
PAR SCORE II										PATIENT OUTCOMES										
(2) Minimal does not require drug change (1) Moderate up to two drug changes (0) Severe more than three drug changes										POST-PROCEDURE PATIENT WILL EXHIBIT PATENT AIRWAY AND GAS EXCHANGE PATIENT WILL DEMONSTRATE REFLEXES & LEVEL OF CONSCIOUSNESS APPROP FOR PROCEDURE PATIENT WILL EXHIBIT STABLE HEMODYNAMIC PARAMETERS PATIENT WILL EXHIBIT FLUID BALANCE WITHIN NORMAL LIMITS FOR SELF AND PROCEDURE PATIENT MAINTAINS BODY TEMPERATURE WITHIN PARAMETERS FOR SELF AND PROCEDURE PATIENT COMMUNICATES THAT DISCOMFORT IS MINIMAL OR TOLERABLE PATIENT/SO COMMUNICATES UNDERSTANDING OF POST PROCEDURE CARE VERBALIZES UNDERSTANDING OF INSTRUCTIONS RETURN DEMONSTRATION OF CARE IF APPROPRIATE DISCHARGE INSTRUCTIONS SIGNED										
NAUSEA / VOMITING (2) Minimal / absence of N & V (1) N & V controlled by meds (0) Uncontrolled N & V										EXTREMITY CIRC. CHK. TEMPERATURE: RUE, LUE, RLE, LLE COLOR: RUE, LUE, RLE, LLE PULSE: RUE, LUE, RLE, LLE CAPILL. REFILL: RUE, LUE, RLE, LLE SENSATION: RUE, LUE, RLE, LLE MOBILITY: RUE, LUE, RLE, LLE										
PAIN (2) 0-2 No Pain / Mild (1) 3-6 Discomforting / Distressing (0) 7-10 Horrible / Excruciating										PAR SCORE I CONSCIOUSNESS: (2) AWAKE, FOLLOWS COMMANDS; (1) SLEEPY, ARDUSABLE; (0) NOT RESPONDING ASLEEP CIRCULATION: (2) B.P. ± 20mm OF PREANESTHETIC LEVEL; (1) ± 20-50mm OF PREANESTHETIC LEVEL; (0) ± 50mm OF PREANESTHETIC LEVEL RESPIRATION: (2) COUGH / DEEP BREATH / CHRY; (1) DYSPNEA / SHALLOW / AIRWAY; (0) APNEA / MECHANICAL VENTILATION PAIN: (2) 0-2 NO PAIN / MILD; (1) 3-6 DISCOMFORTING / DISTRESSING; (0) 7-10 HORRIBLE / EXCRUCIATING O ₂ SATURATION: (2) MAINTAINS O ₂ SAT > 92% ON ROOM AIR; (1) NEEDS O ₂ INHALATION TO MAINTAIN O ₂ SAT > 90%; (0) O ₂ SAT < 90% EVEN WITH O ₂ SUPPLEMENTATION ACTIVITY: (2) 4 EXTREMITIES OR AS PRE-OP; (1) 2 EXTREMITIES; (0) NO MOVEMENT OF EXTREMITIES Temperature must be within 2° of preop temperature										
AMBULATION (2) Steady gait, no dizziness or motor performance level (1) Ambulate with assistance (0) Unable to Ambulate										PHASE II TOTAL: 67										
INTAKE OR IV / BLOOD: 900 ORAL: 200 IV: 100 BLOOD: 200 TOTAL: 1400										OUTPUT OR / URINE / EBL: 0 URINE / VOIDED: 0 DRAINS: 0 EMESIS: 0 TOTAL: 0										
PAR SCORE I NAUSEA / VOMITING (2) Minimal / absence of N & V (1) N & V controlled by meds (0) Uncontrolled N & V										DATE: 7/9/12										
INIT. SIGNATURE: [Signature] PHASE I: 5 PHASE II: 15 TRANSFERRED TO: [Signature] TRANSFERRED BY: [Signature]										PHASE I TOTAL: 10 PHASE II TOTAL: 14										
NORTHWEST COMMUNITY HOSPITAL NORTHWEST COMMUNITY DAY SURGERY CENTER ARLINGTON HEIGHTS, IL 60005										40619GRP										

POSTANESTHESIA FLOWSHEET

DULBERG, PAUL R
 71265382 M 42 07/09/12
 DOB 03/19/1970 0001307925
 SAGERMAN, SCOTT D MD



01-1-S & D



TIME	15	30	45	60	75	90	105	120	135	150	165	180	195	210	225	240	255	270	285	300
PATIENT TEMP	96.4	96.5	96.6	96.7	96.8	96.9	97.0	97.1	97.2	97.3	97.4	97.5	97.6	97.7	97.8	97.9	98.0	98.1	98.2	98.3
WARMING METHOD	W1	W2	W3	W4	W5	W6	W7	W8	W9	W10	W11	W12	W13	W14	W15	W16	W17	W18	W19	W20
RHYTHM STRIP	SR	SR	SR	SR	SR	SR	SR	SR	SR	SR	SR	SR	SR	SR	SR	SR	SR	SR	SR	SR
PULSE OXIMETRY	98	99	99	99	98	98	98	98	98	98	98	98	98	98	98	98	98	98	98	98

TIME	15	30	45	60	75	90	105	120	135	150	165	180	195	210	225	240	255	270	285	300
SpO2	98	99	99	99	98	98	98	98	98	98	98	98	98	98	98	98	98	98	98	98
RR	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18
HR	60	60	60	60	60	60	60	60	60	60	60	60	60	60	60	60	60	60	60	60
BP	110/70	110/70	110/70	110/70	110/70	110/70	110/70	110/70	110/70	110/70	110/70	110/70	110/70	110/70	110/70	110/70	110/70	110/70	110/70	110/70
Temp	96.4	96.5	96.6	96.7	96.8	96.9	97.0	97.1	97.2	97.3	97.4	97.5	97.6	97.7	97.8	97.9	98.0	98.1	98.2	98.3
SpO2	98	99	99	99	98	98	98	98	98	98	98	98	98	98	98	98	98	98	98	98
RR	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18
HR	60	60	60	60	60	60	60	60	60	60	60	60	60	60	60	60	60	60	60	60
BP	110/70	110/70	110/70	110/70	110/70	110/70	110/70	110/70	110/70	110/70	110/70	110/70	110/70	110/70	110/70	110/70	110/70	110/70	110/70	110/70
Temp	96.4	96.5	96.6	96.7	96.8	96.9	97.0	97.1	97.2	97.3	97.4	97.5	97.6	97.7	97.8	97.9	98.0	98.1	98.2	98.3

Init.	SIGNATURE	Init.	SIGNATURE
PP	[Signature]	PP	[Signature]

DULBERG, PAUL R
 71265382 M 42 07/09/12
 DOB 03/19/1970 0001307925
 SAGERMAN, SCOTT D MD



DATE
 7/9/12

Northwest Community Hospital
 Northwest Community Day Surgery Center
 Arlington Heights, IL 60005

POSTANESTHESIA FLOWSHEET
 PLAN OF CARE 2

TIME	MEDICATIONS	DOSE	RTE	LOCATION OF PAIN	PAIN SCALE	INITIALS OF NURSE	TIME	IV SOLN / IVPB MEDS	IV SITE PATENT	A	PHI D	PHI D	INIT
A				Rt	0/10	ALB	A	LR (L)	LA	1000			EW
							1653	LR #2	LH	1000			
☐ Updated Patient Family Representative													
TIME	EPIDURAL	DOSE	RTE	AMT A	AMT D	INITIALS OF NURSE	Character of pain						
☐ Insertion Site Clean & Dry ☐ No Aspirate from Catheter													
PCA		DOSE	CONT.	LOCKOUT	4 HOUR LOCKOUT	IV CATH D/C'd AND INTACT		A-LINE		GOOD WAVE		A	D
PT TEACHING w/ RETURN DEMO OF PCA BUTTON		AMOUNT USED		PA CATH		GOOD WAVE		A		D			
TIME	NURSE'S NOTES												
A	VS stable, Report from Dr. Senger, Pt. sleepy, 97% SpO2 1637 Opened eyes to name, returns to sleep immediately. VSS O2 on 1652 Pain/denies, + nausea denies. VSS. O2 off. 1708 Dr. Sagerman in to see pt. Questions addressed. 1711 Up in chair. VSS. To phase II #15 in stable cond. 1715 Received in phase 2, VSS tolerating clear liquids Family @ side. 1750 Discharge instructions reviewed with patient and mother verbalized understanding. 1812 Discharge home escorted to car without difficulty.												
Init.	SIGNATURE		Init.										
	[Signature]												
DATE				09/11/12									

DULBERG, PAUL R
 71265382 M 42 07/09/12
 DOB 03/19/1970 0001307925
 SAGERMAN, SCOTT D MD

Northwest Community Hospital
 Northwest Community Day Surgery Center
 Arlington Heights, IL 60005

POSTANESTHESIA FLOWSHEET PLAN OF CARE 3

[illegible]

PATIENT ID
MED REC NO:
ADMITTED:
PHYSICIAN:
DX: DULBERG, PAUL R
71265382 M 42 07/09/12
DOB 03/19/1970 0001307925
SAGERMAN, SCOTT D MD

Northwest Community Hospital
Northwest Community Day Surgery Center
Arlington Heights, IL 60005

DSC MEDICATION ADMINISTRATION RECORD

Form # 005.850-04/10-1-SD



Medication Reconcile Record

DULBERG, PAUL R.

NCH-A - DSC

MD: Sagerman, Scott D., MD

Acct: 71265382

MRN: 0001307925

Discharge Date:

Requested Date: 07/09/2012 16:33

Page 1 of 1

Allergy History

Allergen	Onset Date	Primary Reaction	Severity
No Known Allergies			

Patient Medication Reconciliation

Medication	Dose	Route	Freq	Last Taken	Next Dose Due	Start Date	Stop Date
Neurontin Oral Generic: gabapentin	900 mg Tablet	Oral	2 times per day	07/08/2012			

Norco Oral Generic: hydrocodone-acetaminophen	7.5-352 mg	Oral	Every 6 hours as needed				
Comment: for severe pain							

cyclobenzaprine 10 mg Tab Generic:	1 Tablet	Oral	As Needed	06/08/2012			

naproxen Oral Generic: naproxen	500 mg Tablet	Oral	2 times per day	07/06/2012			

tramadol 50 mg Tab Generic:	1 Tablet	Oral	As Needed	06/16/2012			
Comment: not for months							

DULBERG, PAUL R

71265382 M 42 07/09/12

DOB 03/19/1970 0001307925

SAGERMAN, SCOTT D MD



To the best of our knowledge, this is a list of the medications you are taking as of this date. Questions regarding these medications should be directed to the prescribing physician.

Nurse Signature: _____

Date: _____

7/9/12

Patient Signature: _____

Date: _____

7/9/12

This report indicates medications to be taken/given following discharge. Do not take any additional medications unless you check with your Physician. Please take this report with you when you visit your Physician and other Healthcare Providers.

Dulberg 007885

DULBERG, PAUL R.

Opt Out:

NCH-A - DSC

Discharge Med Reconciliation Orders

From: 07/08/2012 12:49

To: 07/09/2012 12:49

Rm-Bed:

Adm It: 07/09/2012 12:02

Age: 42 yr

Gender: M

MD: Sagerman, Scott D., MD

DOB: 03/19/1970

Acct: 71265382

MRN: 0001307925

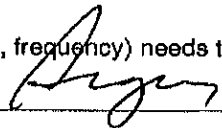
Requested: 07/09/2012 12:49 (LB57)

Page 2 of 2

Signatures:

Any medication changes (ie, dose, route, frequency) needs to be written in the New Medication Order Section.

Physician:



Date:

7/9/12

Time:

1430

Physician:

Date:

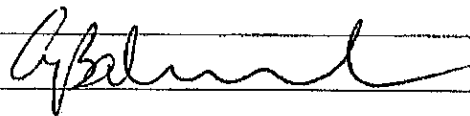
Time:

Physician:

Date:

Time:

Nurse:



Date:

7/9/12

Time:

1630

Nurse:

Date:

Time:

DULBERG, PAUL R.

NCH-A - DSC

Page 2 of 2

DULBERG, PAUL R
71265382 M 42 07/09/12
DOB 03/19/1970 0001307925
SAGERMAN, SCOTT D MD



FORM: 1100042

DULBERG, PAUL R.

Opt Out:

NCH-A

nch_hhsadmhx

Rm-Bed:

Admit Dt: 07/09/2012 12:02

Age: 42 yr

Gender: M MD: Sagerman, Scott D., MD

DOB: 03/19/1970

Acct: 71265382

MRN: 0001307925

Requested: 07/11/2012 22:01

Page 1 of 4

Admission History Assessment

Observables				
Template: Admission History				
Category: Arrival Date/Time				
Observable Name	Observation	Chart Time	Perform Time	Confirm Time
Arrival Date/Time	07/09/2012 12:14	07/09/2012 12:48 BURNS, LYNDA, RN	07/09/2012 12:46 BURNS, LYNDA, RN	
Category: Tobacco Use				
Observable Name	Observation	Chart Time	Perform Time	Confirm Time
Have you smoked within the last 30 days?	yes	06/26/2012 12:00 MANALANSAN, LORENA, RN	06/26/2012 11:59 MANALANSAN, LORENA, RN	06/26/2012 11:59 MANALANSAN, LORENA, RN
Smoking status	current every day smoker	06/26/2012 12:00 MANALANSAN, LORENA, RN	06/26/2012 11:59 MANALANSAN, LORENA, RN	06/26/2012 11:59 MANALANSAN, LORENA, RN
Category: Advance Directives				
Observable Name	Observation	Chart Time	Perform Time	Confirm Time
Advance directives	no	06/26/2012 12:00 MANALANSAN, LORENA, RN	06/26/2012 11:59 MANALANSAN, LORENA, RN	06/26/2012 11:59 MANALANSAN, LORENA, RN

Medication Detail

Description	Dose	Route	Freq/Rate	Form	Strength
Active - Unknown					
Neurontin Oral (gabapentin Oral)	900 mg	Oral	2 times per day	Tablet	
PRN: No					
AKA:					
Indication:					
Type:					
Info Source:					
Spec Instr:					
Comments:					
Entered: 06/26/2012 11:43 Manalansan, Lorena , RN					
Confirmed: 07/09/2012 16:32 Balawender, Edyta , RN					
Modified: 07/09/2012 16:32 Balawender, Edyta , RN					

DULBERG, PAUL R.

Acct: 71265382

DOB: 03/19/1970

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Rm-Bed:

MRN: 0001307925

nch_hhsadmhx

Permanent

DULBERG, PAUL R.

Opt Out:

NGH-A

nch_hhsadmhx

Rm-Bed:

Admit Dt: 07/09/2012 12:02

Age: 42 yr

Gender: M

MD: Sagerman, Scott D., MD

DOB: 03/19/1970

Acct: 71265382

MRN: 0001307925

Requested: 07/11/2012 22:01

Page 2 of 4

Medication Detail (continued)

Description	Dose	Route	Freq/ Rate	Form	Strength
Active - Unknown					
Norco Oral (hydrocodone- acetaminophen Oral) PRN: No AKA: Indication: Type: Info Source: Spec Instr: for severe pain Comments: Entered: 07/09/2012 16:33 Balawender, Edyta , RN Confirmed: 07/09/2012 16:33 Balawender, Edyta , RN Modified: 07/09/2012 16:33 Balawender, Edyta , RN	7.5-352 mg	Oral	Every 6 hours as needed		
cyclobenzaprine 10 mg Tab (cyclobenzaprine 10 mg Tab) PRN: Yes AKA: Indication: Type: Info Source: Spec Instr: Comments: Entered: 06/26/2012 11:45 Manalansan, Lorena , RN Confirmed: 07/09/2012 16:32 Balawender, Edyta , RN Modified: 07/09/2012 16:32 Balawender, Edyta , RN	1	Oral	As Needed	Tablet	10 mg
naproxen Oral (naproxen Oral) PRN: No AKA: Indication: Type: Info Source: Spec Instr: Comments: Entered: 06/26/2012 11:42 Manalansan, Lorena , RN Confirmed: 07/09/2012 16:32 Balawender, Edyta , RN Modified: 07/09/2012 16:32 Balawender, Edyta , RN	500 mg	Oral	2 times per day	Tablet	
tramadol 50 mg Tab (tramadol 50 mg Tab) PRN: No AKA: Indication: Type: Info Source: Spec Instr: not for months Comments: Entered: 06/26/2012 11:45 Manalansan, Lorena , RN Confirmed: 07/09/2012 16:32 Balawender, Edyta , RN Modified: 07/09/2012 16:32 Balawender, Edyta , RN	1	Oral	As Needed	Tablet	50 mg

DULBERG, PAUL R.

Acct: 71265382

DOB: 03/19/1970

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Rm-Bed:

MRN: 0001307925

nch_hhsadmhx

Permanent

DULBERG, PAUL R.

Opt Out:

NCH-A

nch_hhsadmhx

Rm-Bed:

Admit Dt: 07/09/2012 12:02

Age: 42 yr

Gender: M

MD: Sagerman, Scott D., MD

DOB: 03/19/1970

Acct: 71265382

MRN: 0001307925

Requested: 07/11/2012 22:01

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Medication Detail (continued)

Description	Dose	Route	Freq/Rate	Form	Strength
Discontinued - Unknown					
hydrocodone- acetaminophen 10- 650 mg Tab (hydrocodone- acetaminophen 10- 650 mg Tab) PRN: No AKA: Indication: Type: Info Source: Spec Instr: not for months Comments: Entered: 06/26/2012 11:47 Manalansan, Lorena , RN Confirmed: 07/09/2012 16:32 Balawender, Edyta , RN Modified: 07/09/2012 16:32 Balawender, Edyta , RN	0.5-1 Tablet	Oral	As Needed	Tablet	10-650 mg
Inactive- ERROR - Unknown					
Bayer Aspirin Oral (aspirin Oral) PRN: No AKA: Indication: Type: Info Source: Spec Instr: Comments: Entered: 06/26/2012 11:49 Manalansan, Lorena , RN Confirmed: 07/09/2012 12:46 Burns, Lynda , RN Modified: 07/09/2012 12:46 Burns, Lynda , RN		Oral	As Needed	Tablet	250 mg

Problem Detail

Description (Snomed code)	Chronicity	Additional Info
Active - Medical		
Neuritis (84299009) (Right)[1] ICD: 729.2 Problem Priority: Problem Onset: Current Occurrence: Comment: right ulna Entered: 06/26/2012 11:59 Manalansan, Lorena , RN Last Confirmed: 07/09/2012 12:46 Burns, Lynda , RN Last Modified: 07/09/2012 12:46 Burns, Lynda , RN		

Allergy Detail

Allergen	Reaction	Severity	Sensitivity Type

DULBERG, PAUL R.

Acct: 71265382

DOB: 03/19/1970

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Rm-Bed:

MRN: 0001307925

nch_hhsadmhx

Permanent

DULBERG, PAUL R.

Opt Out:

NGH-A

nch_hhsadmhx

Rm-Bed:

Admit Dt: 07/09/2012 12:02

Age: 42 yr

Gender: M

MD: Sagerman, Scott D., MD

DOB: 03/19/1970

Acct: 71265382

MRN: 0001307925

Requested: 07/11/2012 22:01

Page 4 of 4

Allergy Detail (continued)

Allergen	Reaction	Severity	Sensitivity Type
Active			
[NS] No Known Allergies			
Onset Date:			
Reported By:			
Rel. to Patient:			
Comments:			
Entered: 07/09/2012 12:44 Burns, Lynda , RN			
Confirmed: 07/09/2012 00:00 Staffid, Auto			
Verified: 07/09/2012 00:00 Staffid, Auto			

NO DATA FOUND FOR MODULE: 5. Immunization Details

DULBERG, PAUL R.

Rm-Bed:

Acct: 71265382

MRN: 0001307925

DOB: 03/19/1970

nch_hhsadmhx

Page 4 of 4

Permanent

CURRENT LIVING SITUATION / SUPPORT SERVICES

Occupation

- ☐ Lives Alone
☐ Home Health Agency
☐ Foster Care
☐ Other

- ☐ With Spouse / S.O.
☐ Assisted
☐ Hospice

- ☒ With Family _____
☐ Retirement Comm.
☐ Nursing Home

Facility:Cultural/Religious Practices ☒ None

List:

Primary Language Spoken:

Support System

Recent Stressors (Major Loss/Changes) ☐ None

List:

FUNCTIONAL SCREEN				FALL RISK ASSESSMENT (Check All That Apply)		CHECK IF PRESENT ON ADMISSION EQUIPMENT/PROSTHESES USED (Check All That Apply)			
FUNCTIONAL LEVEL PRIOR TO ILLNESS		FUNCTIONAL LEVEL ON ADMISSION		IS THERAPY APPROPRIATE?		Y = Yes N = No I = Independent A = Assisted D = Dependent U = Unknown			
						Previous Fall (in past 6 months)			
						Mobility Problem			Cane
						Confusion			Walker
						Incontinent			Crutches
						Hearing / Visual Impairment			Wheelchair
						Meds That Put Patient at Risk of Falling			Dentures Full U L
						Communication Barrier			Partial U L
						CNS Impairment			Glasses
						None of Above			Contact Lenses
						Swallowing (ST)	PRESSURE ULCER RISK ASSESMENT		Artificial Eye R L
						Communication (CT)	Braden Scale tool attached		Hearing Aid R L
☐ Therapy not appropriate upcoming surgery is within: 24 hours						Braden Scale Score	OTHER: NONE		

NUTRITION SCREEN Circle numbers that apply to patient; total the points.

	Points		Points
Dx. of malnutrition	5	Nausea/vomiting/diarrhea > 3 days	2
Inadequate po intake/dehydration	3	Difficulty chewing/swallowing	3
Surgical patient > 65 yrs. old	2	Decubitis ulcer/non-healing wound	5
Appears emaciated/morbidly obese	4	Trauma/sepsis	3
Special diet/diet schedule _____	1	Unintentional 10 lb. gain/loss in 1 month	3
Pregnant/lactating (non-OB admission)	3		
Braden scale $\leq$ 12	5	Total Points	

Risk Level: Low (1-4) / Moderate (5-7) / High > 7

Risk total 5 or greater must be referred by documentation on physician orders for order to NFS.

RN Signature

Date _____

Northwest Community Hospital
Northwest Community Day Surgery Center
Arlington Heights, IL 60005



DULBERG, PAUL R
71265382 M 42 07/09/12
DOB 03/19/1970 0001307925
SAGERMAN, SCOTT D MD

NURSING ADMISSION ASSESSMENT

SKIN:Color pink Temp warm☐ Rash ☐ Pressure Wound☐ Patient denies problems☐ Other Blood blister right**NEURO:** ring finger, & 1st finger☒ Awake / Alert / Oriented☐ Other pt c/o headaches☐ Pupils / Perla _____☐ Patient Denies Problems**RESPIRATORY:**Lung Sounds: Right: ☒ Clear Other _____Left: ☒ Clear Other _____☐ Cough ☐ Dyspnea ☐ Wheezing☒ Patient denies problems☐ Other smoker**GYNE / GU**☒ Patient denies problems☐ Other _____**PAIN ASSESSMENT:**

0-10 Faces

6-10 Numeric

Other _____

Circle the pain scale used for Pain Intensity and Patient's Pain Goals:

U - Unable to Respond UW - Unwilling to Respond

Time	Pain Location*	Pain Quality*	Pain Intensity* (scale)	Behavior Indicating Pain*	Aggravating Factors	Alleviating Factors	Intervention* (Medications (see Mar) and non-medication)	Patient's Pain Goal*	Initials
1230	RUE	Sharp	2/10					2-4 10	OK

ANTICIPATED DISCHARGE NEEDS (Check All That Apply):☒ Home EMOM ☐ Sub Acute ☐ Home Health Agency ☐ Respite Care☐ Rehab ☐ Hospice ☐ NHP ☐ Other _____RN Signature [Signature] Date 7/9/12

DULBERG, PAUL R
71265382 M 42 07/09/12
DOB 03/19/1970 0001307925
SAGERMAN, SCOTT D MD

Northwest Community Hospital
Northwest Community Day Surgery Center
Arlington Heights, IL 60005

NURSING ADMISSION ASSESSMENT