

5

=====
Date: 04-04-13
Time: 14:19:19

ASSOCIATED NEUROLOGY SC
Patient History (Applied View)

Page: 1

Chart #18062
DULBERG, PAUL
4606 HAYDEN COURT

SSN#
DOB 03-19-70

ASSOCIATED NEUROLOGY SC
1900 HOLLISTER DRIVE
SUITE 250

From 07/01/11
To 04/04/13
MCHENRY, IL 60051-7918
Home-(847) 497-4250
Office-(815

LIBERTYVILLE, IL 60048-5249
Practice-(847) 549-0055

Procedure Description

T	Date	Code	Prov	Chg	Amount	R	IB	Balance	Fam.Bal	Ins.Bal	Carr
	Check #				Pay/Cr						PaySrc

=====

INITIAL OFFICE EVALUATION

C	07-28-11	99203	KFL	225.00	N NN	0.00	0.00	0.00			
P	07-28-11	PPCASH	KFL	-135.00	N						PATNT
P	08-10-11	PPCREDITCD	KFL	-90.00	N						PATNT

MOTOR NCS WITH F WAVE

C	08-10-11	95903	KFL	540.00	N NN	540.00	540.00	0.00			
---	----------	-------	-----	--------	------	--------	--------	------	--	--	--

SENSORY NCS

C	08-10-11	95904	KFL	390.00	N NN	390.00	390.00	0.00			
---	----------	-------	-----	--------	------	--------	--------	------	--	--	--

RETURN OFFICE EVALUATION

C	01-30-12	99213	KFL	105.00	N NN	0.00	0.00	0.00			
P	01-30-12	PPCREDITCD	KFL	-105.00	N						PATNT

RETURN OFFICE EVALUATION

C	02-13-12	99212	KFL	75.00	N NN	0.00	0.00	0.00			
P	02-13-12	PPCREDITCD	KFL	-75.00	N						PATNT

EMG COMPLETE 5+MUSCLES 3+NERVES 4+SPINAL

C	03-13-12	95886	KFL	485.00	N NN	485.00	485.00	0.00			
---	----------	-------	-----	--------	------	--------	--------	------	--	--	--

MOTOR NCS WITH F WAVE

C	03-13-12	95903	KFL	540.00	N NN	540.00	540.00	0.00			
---	----------	-------	-----	--------	------	--------	--------	------	--	--	--

SENSORY NCS

C	03-13-12	95904	KFL	390.00	N NN	390.00	390.00	0.00			
---	----------	-------	-----	--------	------	--------	--------	------	--	--	--

COPY OF MEDICAL RECORDS/ FORM FEE

C	05-04-12	99080	KFL	33.17	N NN	0.00	0.00	0.00			
P	05-04-12	OPMEDLEG	KFL	-33.17	N						PATNT

1817

RETURN OFFICE EVALUATION

C	05-16-12	99212	KFL	75.00	N NN	75.00	75.00	0.00			
---	----------	-------	-----	-------	------	-------	-------	------	--	--	--

COPY OF MEDICAL RECORDS/ FORM FEE

C	07-26-12	99080	KFL	67.86	N NN	0.00	0.00	0.00			
P	07-26-12	OPMEDLEG	KFL	-67.86	N						PATNT

1812

COPY OF MEDICAL RECORDS/ FORM FEE

C	07-31-12	99080	KFL	20.00	N NN	0.00	0.00	0.00			
P	07-31-12	OPMEDLEG	KFL	-20.00	N						PATNT

AA8476013

SUBPOENA FEE

C	09-12-12	99075 17	KFL	38.37	N NN	0.00	0.00	0.00			
---	----------	----------	-----	-------	------	------	------	------	--	--	--

Chart #18062	SSN#	ASSOCIATED NEUROLOGY SC
DULBERG, PAUL	DOB 03-19-70	1900 HOLLISTER DRIVE
4606 HAYDEN COURT		SUITE 250
	From 07/01/11	
MCHENRY, IL 60051-7918	To 04/04/13	LIBERTYVILLE, IL 60048-5249
Home-(847) 497-4250	Office-(815	Practice-(847) 549-0055

T	Date	Code	Prov	Chg	Amount	R	IB	Balance	Fam.Bal	Ins.Bal	Carr
	Check #				Pay/Cr						PaySrc

P	09-12-12	OPMEDLEG	KFL		-20.00	N					PATNT
	1935										
P	09-12-12	OPMEDLEG	KFL		-18.37	N					PATNT
	1955										

SUBPOENA FEE											
C	11-21-12	99075 17	KFL		67.86	N	NN	0.00	0.00	0.00	
P	11-21-12	OPMEDLEG	KFL		-67.86	N					PATNT
	00668054										

RETURN OFFICE EVALUATION											
C	02-04-13	99213	KFL		115.00	N	NN	0.00	0.00	0.00	
P	02-04-13	PPCREDITCD	KFL		-115.00	N					PATNT

	Charges	Receipts	Debits	Credits	Balance
Patient:	3167.26	-747.26	0.00	0.00	2420.00
Insurance:	0.00	0.00	0.00	0.00	0.00
TOTALS:	<u>3167.26</u>	<u>-747.26</u>	0.00	0.00	<u>2420.00</u>
	<i>TOTAL</i>	<i>pd</i>			<i>owed</i>

031037 038300

002704L

ASSOCIATED NEUROLOGY SC
1900 HOLLISTER DRIVE
SUITE 250
LIBERTYVILLE, IL 60048-5249
RETURN SERVICE REQUESTED

IF PAYING BY CREDIT CARD, FILL OUT BELOW.			
CHECK CARD USING FOR PAYMENT			
 ☐ MASTERCARD	 ☐ VISA	 ☐ DISCOVER	☐
CARD NUMBER		AMOUNT	
SIGNATURE		EXP. DATE	
STATEMENT DATE	PAY THIS AMOUNT	ACCT. #	
08/31/13	2420.00	19316	
SHOW AMOUNT PAID HERE			\$

ADDRESSEE:

REMIT TO:

PAUL DULBERG
4606 HAYDEN COURT
MCHENRY, IL 60051-7918

ASSOCIATED NEUROLOGY SC
1900 HOLLISTER DRIVE
SUITE 250
LIBERTYVILLE, IL 60048-5249



☐ Please check box if above address is incorrect or insurance information has changed, and indicate change(s) on reverse side.

STATEMENT

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

DATE	PATIENT	DESCRIPTION	CHARGES PAYMENTS ADJUSTMENTS	INSURANCE/ ADJUSTMENTS PAID	PATIENT PAID	PATIENT BALANCE DUE
081011	PAUL	MOTOR NCS WITH F WAVE	540.00	0.00	0.00	540.00
081011	PAUL	SENSORY NCS	390.00	0.00	0.00	390.00
031312	PAUL	EMG COMPLETE 5+MUSCLES 3+NERVE	485.00	0.00	0.00	485.00
031312	PAUL	MOTOR NCS WITH F WAVE	540.00	0.00	0.00	540.00
031312	PAUL	SENSORY NCS	390.00	0.00	0.00	390.00
051612	PAUL	RETURN OFFICE EVALUATION	75.00	0.00	0.00	75.00
081413	PAUL	RETURN OFFICE EVALUATION	75.00	0.00	75.00	0.00
081413	PAUL	PATIENT PAYMENT	-75.00			

ACCOUNT NUMBER: 19316

FOR QUESTIONS, PLEASE CALL PATIENT ACCOUNTS:
(847) 549-0055

ITEMS MARKED WITH AN ASTERISK <*> HAVE BEEN BILLED TO YOUR INSURANCE

AGING	CURRENT BALANCE	OVER 30	OVER 60	OVER 90	OVER 120	TOTAL
INSURANCE	0.00	0.00	0.00	0.00	0.00	0.00
PATIENT	0.00	0.00	0.00	0.00	2420.00	2420.00
MAKE CHECKS PAYABLE TO: ASSOCIATED NEUROLOGY SC					PATIENT BALANCE	2420.00



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

DATE: 7-28-2011

ASSOCIATED NEUROLOGY, S.C.

NAME

Dulberg, Paul

M F

R L HANDED

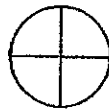
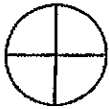
MENTAL STATUS

☐ 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

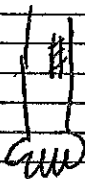
☐ L

- ☐ FNF
- ☐ HKS

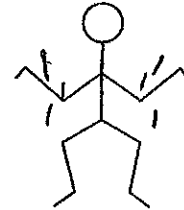
RAPID ALTERNATING MOVEMENTS

- ☐ 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

	Sitting	
	SUPINE	STANDING
BP	109/68	
HR	72	
	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	☐ Herpes	☐ AIDS (HIV)
☐ Decreased Hearing	☐ Teeth/Gum Pain/Bleeding	☐ Hemorrhoids	☐ Hernia	☐ Contact w/Blood or Body Fluids
☐ Ringing in Ear	☐ Chronic Cough	☐ Urine Infections (frequent)		☐ Blood Transfusions
☐ Falling Vision ☐ Eye Pain	☐ Hay Fever/Allergies	Urination: ☐ Overnight > twice		☐ Sexual Problems
☐ Double or ☐ Blurred Vision	☐ Pneumonia/Pleurisy	☐ Painful ☐ Bloody ☐ No Control		Males: ☐ Prostate ☐ PSA Test
☐ Hoarseness	☐ Bronchitis/Emphysema	☐ D e in Force/Flow		Females: Please complete rest.
☐ Difficulty Swallowing	☐ Asthma/Wheezing	☐ Kidn: ies		Menstrual Flow:
☐ Convulsions/Seizures	☐ Shortness of Breath:	☐ Venereal Disease/Genital Warts		Age Started _____
☐ Stroke ☐ Head Injury	☐ On Exertion ☐ Lying Flat	☐ Urethral Discharge		☐ Reg. ☐ Irreg. ☐ Pain/Cramps
☐ Tremor/Hands Shaking	☐ Chest Pain or Tightness	☐ Anemia ☐ Bruise Easily		Days of Flow _____
☒ Muscle Weakness	☐ High Blood Pressure	☐ Cancer (Type) _____		Length of Cycle _____ Days
☒ Numbness/Tingling Sensations	☐ Heart Murmur	☐ Diabetes ☐ Excessive Thirst		1st Date of Last Period _____
☐ Back Pain	☐ Irregular Pulse ☐ Palpitations	☐ Thyroid Disease		Number of:
☐ Foot Pain ☐ Cold Numb Feet	☐ High Cholesterol/Fat	☐ Arthritis/Rheumatism		_____ Pregnancies _____ Abortions
☐ Difficulty Sleeping	☐ Swollen Ankles ☐ Blood Clots	☐ Bone Fracture/Joint Injury		_____ Miscarriages _____ Live Births
☐ Memory Loss ☐ Phobias	☐ Calf Pain When Walking	☐ Gout ☐ Osteoporosis		☐ Pain/Bleeding During Sex
☐ Difficulty Walking	☐ Varicose Veins/Phlebitis	☐ Rashes ☐ Hives		Birth Control Method _____
☐ Difficulty Speaking	☐ Loss of Appetite (recent)	☐ Eczema ☐ Psoriasis		If B.C. Pill, Name _____
☐ Imbalance	☐ Indigestion/Heartburn	☐ Nervousness ☐ Depression		☐ Infertility History
☒ Neck Pain ☐ Facial Pain	☐ Persistent Nausea/Vomiting	☐ Moodiness ☐ Excessive Stress		☐ Flushing/Menopause
☐ Meningitis/Encephalitis	☐ Peptic Ulcer/Abdominal Pain	☐ Mental Illness		Date of Last PAP Test _____
☐ Weight Loss or ☐ Gain	☐ Gall Bladder Trouble	☐ Chicken Pox ☐ Polio ☐ Mumps		☐ Normal ☐ Abnormal
☐ Unusual Fatigue/Loss of Energy	☐ Jaundice/Hepatitis	☐ Measles ☐ German Measles		Date of Last Mammogram _____
☐ Frequent Ear Infections	☐ Change in Bowel Habits	☐ Lyme Disease		☐ Normal ☐ Abnormal
☐ Glaucoma ☐ Cataracts	☒ Diarrhea ☒ Constipation	☐ Rheumatic Fever ☐ Scarlet Fever		

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 ALVER 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/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 _____

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	235 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.

1900 HOLLISTER DRIVE, SUITE 250, LIBERTYVILLE, IL 60048
PHONE (847) 349-0055 • FAX (847) 349-0404

p. 3

8475490404

HSSOC#NEURDL05Y

Feb 27 2012 10:14AM

DEEP PAIN	TEMP.	VIBRATION	JOINT	SUP. TOUCH	DBL SM. STM.	2-POINT	STEREOGNOSIS	GRAPHESTHESIA	☐ R	SENSATION		☐ L	DEEP PAIN	TEMP.	VIBRATION	JOINT	SUP. TOUCH	DBL SM. STM.	2-POINT	STEREOGNOSIS	GRAPHESTHESIA	
										HEAD												
										UPPER EXTREMITIES												
										THORAX												
										ABDOMEN												
										LOWER EXTREMITIES												
										SADDLE GENITALIA												

Ventral axial line of arm

Ventral axial line of leg

INSP.	BULK	STRENGTH	TOE	☐ R	MUSCLES		☐ L	INSP.	BULK	STRENGTH	TOE
					STERNOCLEIDOMASTOID						
					TRAPEZIUS						
					DELTOID						
					SUPRASPINATUS						
					INFRASPINATUS						
					LATISSIMUS DORSI						
					PECTORALIS MAJOR						
					BICEPS BRACHII						
					TRICEPS BRACHII						
					WRIST EXTENSORS						
					WRIST FLEXORS						
					APB						
					FDI						
					OTHER INTRINSICS OF HAND						
					PSOAS MAJOR						
					QUADRICEPS FEMORIS						
					GLUTEUS MAXIMUS						
					ADDUCTOR MAGNUS						
					HAMSTRINGS						
					GASTROCNEMIUS						
					TIBIALIS ANTERIOR						
					TIBIALIS POSTERIOR						
					PERONEI						
					EXTENSOR HALLUCIS						

☐ PRONATOR DRIFT
☐ HOOVER

 INSP. FOR HYPERKINESIA/BRADYKINESIA

likely brach sensory neuropathy
 with v emb. also may need to see
 hand surgeon

NAME

Dulberg, Paul

ADDRESS

DATE

8-10-11 here for NCV's → normal.

this is branch nerve injury
main median & ulnar nerves are ok.
Slightly 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 these things
& wanted to make sure this isn't
related to this

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

normal ad duction

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

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

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

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

slp trauma R/O neuroma or nerve or

☐

MRI

☐ Brain

☐ With Contrast

tendon disruption

☐ C-Spine

☐ Without Contrast

☐ T-Spine

☐ anesthesiology administer sedation is medically necessary because of

☐ LS-Spine

☐

MRA

☐ Intracranial

MR I 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.

KR
☒ Karen F. Levin, M.D.

Date

1-30-12

Red ed mdr

CONTINUATION

NAME

Dulberg, Paul

ADDRESS

DATE

9-13-12 here for results MRI @.

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 appt @ pt

5-14-12 Per release records forwarded to Thomas Popovich PC / Hans Malet, 3410 W Elm Street
McHenry IL 60059 (AK)

5-16-12 here for FCL. 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 at that level. It only lasts a few seconds.

Doing PT anywhere of smaller caliber worsens the pain on right @ the scar site wearing wrist splint @ night even will add Gabapentin for the 300mg QHS for 1 week then BI 10

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 - 1 gabapentin to 600mg bid. PT notified

6-11-12 PC from pt - he is still noticing freq. twinges of pain / discomfort from the nerve lesion he uses the arm. Per KFL - 1 to 600mg 1/2 bid and call @ 2 wks if needed. — Melan

Initials: [illegible] [illegible] [illegible] [illegible] [illegible]

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Associated Neurology, S.C.

#80330

MITCHELL S. GROBMAN, M.D.
KAREN F. LEVIN, M.D.**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	K-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	21 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 Activity	Volitional Activity
Flexor carpi radialis R	None	Normal
Flexor carpi ulnaris R	None	Normal
Extensor indicis proprius R	None	Normal
1st dorsal interosseus R	None	Normal
Abductor digiti minimi (muscle) R	None	Normal
Abductor pollicis brevis R	None	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.

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NAME

Bulberg, Paul

ADDRESS

1125/12 SOS 5112 faxed to Attny Popovich, attn-
alarine (cy)

DATE

11/2/12 Per subpoena records forwarded to Green
Francis Barch + Alex Apple, 6323 E Riverside
Blvd, Rockford IL 61101 (cy)11/21/12 Per release, records forwarded to County
Legal Services 325 Maple Avenue, Joliet IL 60503 (cy)1/23/13 PC from pt - he has been getting episodes
that are becoming more frequent. Recently
pt states he gets an "overwhelming" flash that
comes over him - confused, hard to breathe -
responsive during, & never any LOC, and
not sure if it is just a panic attack.
PT not sure where to go w/ this. Will discuss
w/ MSQ (on call)1/23/13 per MSQ & make appt - KRI. PT
notified appt. made. mcm2-4-13 here for FU. He had been on Fluoxetine &
appt. stopped it for 2 weeks & glove
spells got better. None since each
on med.(B) arm had surgery - Dr Sagerman to
remove scar tissue. Feeling a lot
better since then but strength hasn't
come back. also when he uses hand
the burning comes back.

now has (C) "tennis elbow".

also now getting headache 6-7/year for
many years. frequency slightly worse. Intensity
same (D) photo (E) bone (F) SS(G) head injury in his twenties - assaulted in back of
head. (H) LOC then mother (I) MIAuses hydrocodone. Never been on Tylenol. Lasts entire
day when he gets them.
also gets occasional HAs in