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

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

Diagnosis: (R) Forearm laceration of ulnar flexor Date of Injury: 10/28/11

Surgical Hx: Date 10/28/11 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 carbatrax, EDS of SF, nerve pain is elicited 10/10 - lasts a few minutes, then 3-4/10 for approximately one day; Nodule act

Function/ADL's:

Improvements: Scar site elicits nerve pain. Unable to identify; Moving on computer has slightly improved

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

OBJECTIVE:

Wound/Scar: Least hypersensitivity w/ scar

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

☐ Edema: _____

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

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

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

Treatment summary to date: Focus of Rx has been scar control, desensitization, stretching, splint; hold, TGE/Isolated EDS, Composite stretching

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

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

Revised functional goals: Rom/pain equal (grasp)

1. TBA

2.

3.

Patient: Paul Dulberg

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

☐ other: _____

PLAN:

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

Exercise: intervention - His 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 fired.

Frequency/Duration: Need 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: _____

Therapist Signature

Physician's Signature date 2/8/12

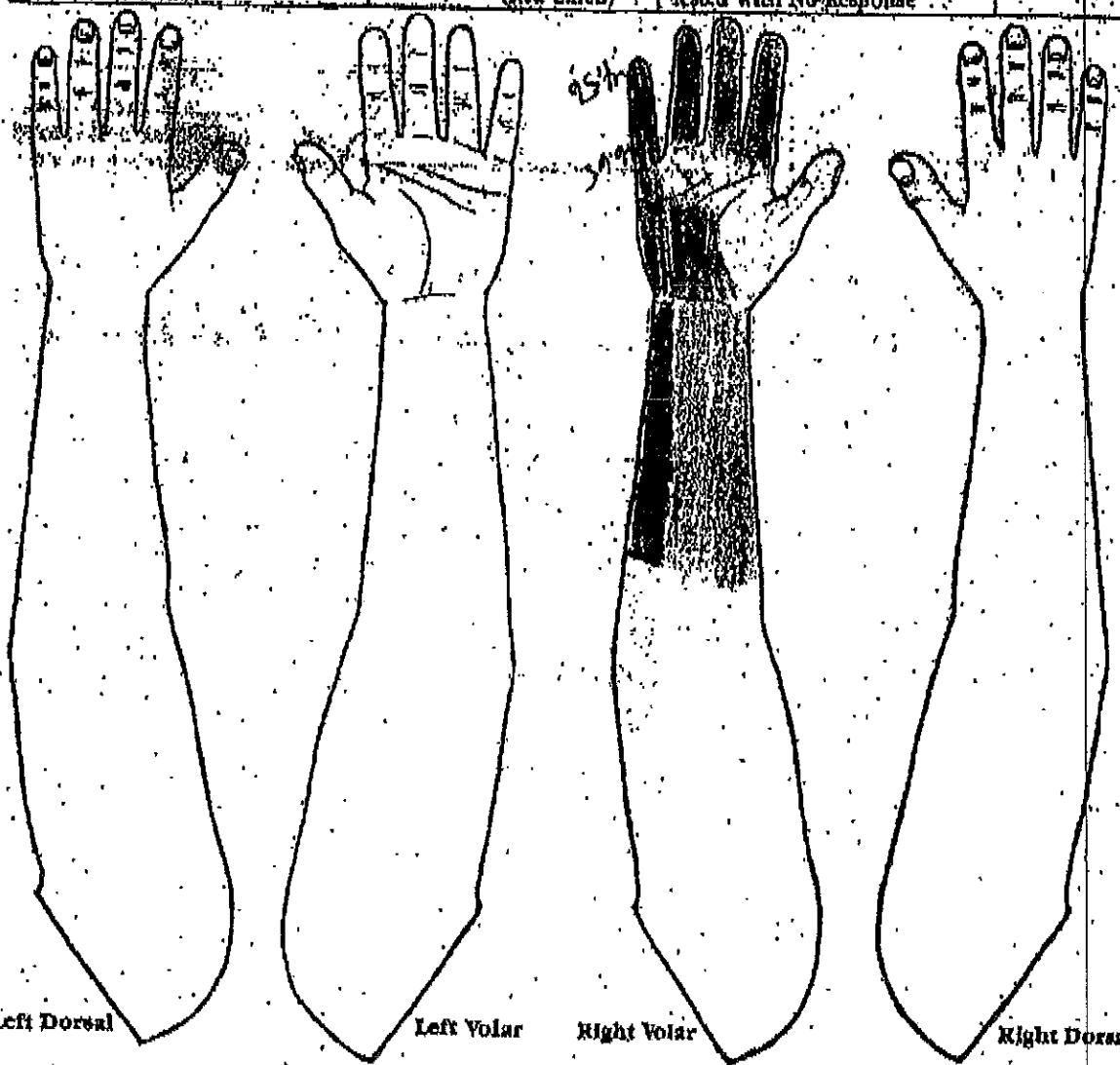
PLEASE FAX BACK TO: 847-587-3346

FAXED
FEB - 9 2012

Semmes-Weinstein Monofilament Sensory Testing Results

Date: 2/6/12 Patient: Paige Dulberg

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



Left Dorsal Left Volar Right Volar Right Dorsal

Tested by: [illegible]

Revised November 1987

Dynamic Hand Therapy – Active Range of Motion **Patient Name:** [redacted] Dillberg

	(L)	(R)	(R)	(B)					
Exam Date	12/6/11	1-5-12	2/6/12						
Shoulder									
Flexion									
Extension									
Abduction									
External Rotation									
Internal Rotation									
Elbow & Forearm									
Flexion 140	134	140	140						
Extension 0	-3	-15	5						
Pronation 75	65	65	70						
Supination 75+	65	85	75+						
Wrist									
Flexion 80	75+	80	80						
Extension 75+	55	60	65						
Radial Deviation 25	20+	15	15						
Ulnar Deviation 35	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	[illegible]	[illegible]	[illegible]						

Dynamic Hand Therapy Edema Flow Sheet

Patient Name: Paul DeMeng

	Date	Date		Date		Date		Date		Date		Date	
	1/5/12	1/5/12											
Circumferences (cm)	Control L R	Involved L R	Diff.	Involved L R	Diff.	Involved L R	Diff.	Involved L R	Diff.	Involved L R	Diff.	Involved L R	Diff.
wrist flexion crease	16.7	16.7	=										
mid-metacarpals	23.1	23.1	=										
metacarpals	20.8	21.5	+.7										
Thumb													
MP													
P1	7.4	7.7	+.3										
IP													
P2													
Index Finger													
P1	7.3	7.1	-.2										
PIP													
P2													
DIP													
P3													
Middle Finger													
P1	6.8	6.8	=										
PIP													
P2													
DIP													
P3													
Ring Finger													
P1	6.5	6.6	+.1										
PIP													
P2													
DIP													
P3													
Small Finger													
P1	6.0	6.1	+.1										
PIP													
P2													
DIP													
P3													
Volumetric (ml)													
Trial 1													
Trial 2													
Trial 3													
Average													
Therapists Initials	AW	AW											

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

Patient: Paul Wallberg Physician: Dr. [illegible] Date: 1-5-12

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

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

Number of visits to date: ______

SUBJECTIVE:

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

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

Function/ADL's:
Improvements: No functional improvements due to ↑ in tremors

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

OBJECTIVE:

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

See flow sheet for:

☑ Edema: Moderate edema across MCP jts

☐ Sensation: TBA next visit due to time constraints

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

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

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

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

Goals: STG's met: ☑ yes (1) (2) ☑ no (3) ↑ pronation 5° LTG's met: ☐ yes ☐ no

Revised functional goals: 4wks

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

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

3. Pt to report pain <3/10 at best to enable him to use (R) UE to assist in ADL's

Patient: Paul Dubberly

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

☐ other: Scar mobil, STM, RCOM elbow, wrist, digits

PLAN:

Modalities: MHP, U.S. - PRN

Exercise: AROM elbow, wrist, digits, isometric 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:

Therapist Signature

Physician's Signature date 1/6/12

PLEASE FAX BACK TO: 847-587-3346

FAXED
JAN 6 2012

Dynamic Hand Therapy -- Active Range of Motion

Patient Name: Sue Dillberg

	(L)	(R)	(R)						
Exam Date	12/6/11	1-5-12							
Shoulder									
Flexion									
Extension									
Abduction									
External Rotation									
Internal Rotation									
Elbow & Forearm									
Flexion 140	134	140							
Extension 0	-3	-15							
Pronation 75	65	65							
Supination 75+	65	R5							
Wrist									
Flexion 80	75+	80							
Extension 75+	55	60							
Radial Deviation 25	20+	15							
Ulnar Deviation 45	30+	25							
Thumb									
MCP Extension/Flexion									
PIP Extension/Flexion									
Radial Abduction									
Palmar Abduction									
Opposition									
Index Finger									
MCP Extension/Flexion									
PIP Extension/Flexion									
DIP Extension/Flexion									
TAM									
Long Finger									
MCP Extension/Flexion									
PIP Extension/Flexion									
DIP Extension/Flexion									
TAM									
Ring Finger									
MCP Extension/Flexion									
PIP Extension/Flexion									
DIP Extension/Flexion									
TAM									
Small Finger									
MCP Extension/Flexion									
PIP Extension/Flexion									
DIP Extension/Flexion									
TAM									
Therapist Initials	MS	MS	MS						

Dynamic Hand Therapy Edema Flow Sheet

Patient Name: Paul DeBerg

	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	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													
Therapists Initials	MW	MW											

Dynamic Hand Therapy Grip/Pinch Strength Flow Sheet

Patient Name: Paul Dilberg

Exam Date	12/6/11	12/6/11	1/5/12		1/6/12	1/5/12				
Measurements: Kg Lb	R	L	R	L	R	L	R	L	R	L
Grip strength-Jamar 2nd position										
Trial 1	126	135			121	141				
Trial 2	92	145			118	142				
Trial 3	110	146			138	141				
Average:	109				126#	141#				
Grip Curve-Jamar Dynamometer					1'217#					
Intrinsics 1st position					892					
2nd position										
3rd position										
4th position										
Extrinsics 5th position										
Rapid Alternation Test										
Pinch Strength					pinch-o-meter broken					
3-pt (3-jaw chuck)	26	29	previous Ulnar nerve transposition left wrist							
2-pt (pad)	20	18								
Lateral Key	28	26								
Examiners Initials	MPS	MPS			MW	MW				

DYNAMIC HAND THERAPY
Initial Evaluation

Name: Paul Dulberg Date: 12/6/11

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

Diagnosis: (R) Forearm laceration of wrist flexor

Mechanism of Injury/Hx of current complaint: Chainsaw to forearm – Neighbor using chainsaw. Turned around and cut patient's arm

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

PMH &/or Hx relevant to injury: WE ulnar nerve transposition 4-5 years ago; DJD C_{3-7}

Occupation: Graphic Design Hand Dominance (R) L

Precautions: ______

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

Details: Pain ↑'d @ night - wakes him @ night, ↑'d ē 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 ; 3pt pinch

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

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

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

dynamic HAND THERAPY
CARE & EDUCATION

MAKE CHECKS PAYABLE TO:

Dynamic Hand Therapy - Fox Lake
498 South Route 12 Suite C
Fox Lake, IL. 600201908
(847) 587-3301

STATEMENT

STATEMENT PERIOD	BALANCE DUE
10-07-13	24604.00

NOTE: THIS IS A LINE ITEM STATEMENT AND WILL SHOW ALL ACTIVITY FOR EACH DATE OF SERVICE IN THIS STATEMENT PERIOD

Paul Dulberg
4606 Hayden Court
Mchenry, IL. 60050

Account# 0042000185

Re: Paul Dulberg
Account# 0042000185
Payment Due: 24604.00
Due Date: 11-07-13

PATIENT MESSAGE: PLEASE CONTACT OUR OFFICE WITH THE STATUS OF YOUR CASE AT 815-399-1975. THANK YOU.

=====> call our office with questions

Make Checks Payable to: Dynamic Hand Therapy - Fox Lake

DATE OF SERVICE	CPT	DESCRIPTION	CHARGE	INSURANCE PAID	PATIENT PAID	ADJUST	INSURANCE BALANCE	PATIENT BALANCE	TOTAL BALANCE
12-06-11	97003	Occupational Therapy Eval	187.00	0.00	0.00	0.00	0.00	187.00	187.00
Payment	PCC	CREDIT CARD			-70.00			-70.00	-70.00
Total			**187.00**	**0.00**	**-70.00**	**0.00**	**0.00**	**117.00**	**117.00**
12-08-11	97110	Therapeutic Exercise [2]	172.00	0.00	0.00	0.00	0.00	172.00	172.00
12-08-11	97140	Manual Therapy Techniques	75.00	0.00	0.00	0.00	0.00	75.00	75.00
12-08-11	97035	Ultrasound	59.00	0.00	0.00	0.00	0.00	59.00	59.00
12-08-11	97010	Hot/Cold pack	54.00	0.00	0.00	0.00	0.00	54.00	54.00
Total			**360.00**	**0.00**	**0.00**	**0.00**	**0.00**	**360.00**	**360.00**
12-12-11	97110	Therapeutic Exercise	86.00	0.00	0.00	0.00	0.00	86.00	86.00
12-12-11	97140	Manual Therapy Techniques	75.00	0.00	0.00	0.00	0.00	75.00	75.00
12-12-11	97035	Ultrasound	59.00	0.00	0.00	0.00	0.00	59.00	59.00

COMMENTS

TOTAL ACCOUNT BALANCE: 24604.00
INSURANCE PENDING: 0.00
PATIENT BALANCE: 24604.00<-- Amt. Due

DATE OF SERVICE	CPT	DESCRIPTION	CHARGE	INSURANCE PAID	PATIENT PAID	ADJUST	INSURANCE BALANCE	PATIENT BALANCE	TOTAL BALANCE
12-12-11	97010	Hot/Cold pack	54.00	0.00	0.00	0.00	0.00	54.00	54.00
Total			**274.00**	**0.00**	**0.00**	**0.00**	**0.00**	**274.00**	**274.00**
12-14-11	97110	Therapeutic Exercise	86.00	0.00	0.00	0.00	0.00	86.00	86.00
12-14-11	97140	Manual Therapy Techniques	75.00	0.00	0.00	0.00	0.00	75.00	75.00
12-14-11	97035	Ultrasound	59.00	0.00	0.00	0.00	0.00	59.00	59.00
12-14-11	97010	Hot/Cold pack	54.00	0.00	0.00	0.00	0.00	54.00	54.00
12-14-11	97014	E-Stim Unattended	54.00	0.00	0.00	0.00	0.00	54.00	54.00
Total			**328.00**	**0.00**	**0.00**	**0.00**	**0.00**	**328.00**	**328.00**
12-15-11	97110	Therapeutic Exercise	86.00	0.00	0.00	0.00	0.00	86.00	86.00
12-15-11	97140	Manual Therapy Techniques	75.00	0.00	0.00	0.00	0.00	75.00	75.00
12-15-11	97035	Ultrasound	59.00	0.00	0.00	0.00	0.00	59.00	59.00
12-15-11	97010	Hot/Cold pack	54.00	0.00	0.00	0.00	0.00	54.00	54.00
Total			**274.00**	**0.00**	**0.00**	**0.00**	**0.00**	**274.00**	**274.00**
12-19-11	97110	Therapeutic Exercise [2]	172.00	0.00	0.00	0.00	0.00	172.00	172.00
12-19-11	97140	Manual Therapy Techniques	75.00	0.00	0.00	0.00	0.00	75.00	75.00
12-19-11	97035	Ultrasound	59.00	0.00	0.00	0.00	0.00	59.00	59.00
12-19-11	97010	Hot/Cold pack	54.00	0.00	0.00	0.00	0.00	54.00	54.00
Total			**360.00**	**0.00**	**0.00**	**0.00**	**0.00**	**360.00**	**360.00**
12-20-11	97110	Therapeutic Exercise [2]	172.00	0.00	0.00	0.00	0.00	172.00	172.00
12-20-11	97140	Manual Therapy Techniques	75.00	0.00	0.00	0.00	0.00	75.00	75.00
12-20-11	97035	Ultrasound	59.00	0.00	0.00	0.00	0.00	59.00	59.00
12-20-11	97010	Hot/Cold pack	54.00	0.00	0.00	0.00	0.00	54.00	54.00
Total			**360.00**	**0.00**	**0.00**	**0.00**	**0.00**	**360.00**	**360.00**
12-23-11	97110	Therapeutic Exercise [2]	172.00	0.00	0.00	0.00	0.00	172.00	172.00
12-23-11	97140	Manual Therapy Techniques	75.00	0.00	0.00	0.00	0.00	75.00	75.00
12-23-11	97035	Ultrasound	59.00	0.00	0.00	0.00	0.00	59.00	59.00
12-23-11	97010	Hot/Cold pack	54.00	0.00	0.00	0.00	0.00	54.00	54.00
Total			**360.00**	**0.00**	**0.00**	**0.00**	**0.00**	**360.00**	**360.00**
12-27-11	97110	Therapeutic Exercise [2]	172.00	0.00	0.00	0.00	0.00	172.00	172.00
12-27-11	97140	Manual Therapy Techniques	75.00	0.00	0.00	0.00	0.00	75.00	75.00
12-27-11	97035	Ultrasound	59.00	0.00	0.00	0.00	0.00	59.00	59.00
12-27-11	97010	Hot/Cold pack	54.00	0.00	0.00	0.00	0.00	54.00	54.00
Total			**360.00**	**0.00**	**0.00**	**0.00**	**0.00**	**360.00**	**360.00**
12-29-11	97110	Therapeutic Exercise	86.00	0.00	0.00	0.00	0.00	86.00	86.00
12-29-11	97140	Manual Therapy Techniques	75.00	0.00	0.00	0.00	0.00	75.00	75.00
12-29-11	97035	Ultrasound	59.00	0.00	0.00	0.00	0.00	59.00	59.00
12-29-11	97010	Hot/Cold pack	54.00	0.00	0.00	0.00	0.00	54.00	54.00
Total			**274.00**	**0.00**	**0.00**	**0.00**	**0.00**	**274.00**	**274.00**

DATE OF SERVICE	CPT	DESCRIPTION	CHARGE	INSURANCE PAID	PATIENT PAID	ADJUST	INSURANCE BALANCE	PATIENT BALANCE	TOTAL BALANCE
01-03-12	97110	Therapeutic Exercise	86.00	0.00	0.00	0.00	0.00	86.00	86.00
01-03-12	97140	Manual Therapy Techniques	75.00	0.00	0.00	0.00	0.00	75.00	75.00
01-03-12	97035	Ultrasound	59.00	0.00	0.00	0.00	0.00	59.00	59.00
Total			**220.00**	**0.00**	**0.00**	**0.00**	**0.00**	**220.00**	**220.00**
01-05-12	97110	Therapeutic Exercise [3]	258.00	0.00	0.00	0.00	0.00	258.00	258.00
01-05-12	97035	Ultrasound	59.00	0.00	0.00	0.00	0.00	59.00	59.00
Total			**317.00**	**0.00**	**0.00**	**0.00**	**0.00**	**317.00**	**317.00**
01-09-12	97110	Therapeutic Exercise [2]	172.00	0.00	0.00	0.00	0.00	172.00	172.00
01-09-12	97140	Manual Therapy Techniques	75.00	0.00	0.00	0.00	0.00	75.00	75.00
01-09-12	97035	Ultrasound	59.00	0.00	0.00	0.00	0.00	59.00	59.00
01-09-12	97010	Hot/Cold pack	54.00	0.00	0.00	0.00	0.00	54.00	54.00
Total			**360.00**	**0.00**	**0.00**	**0.00**	**0.00**	**360.00**	**360.00**
01-11-12	97110	Therapeutic Exercise [2]	172.00	0.00	0.00	0.00	0.00	172.00	172.00
01-11-12	97140	Manual Therapy Techn [2]	150.00	0.00	0.00	0.00	0.00	150.00	150.00
01-11-12	97035	Ultrasound	59.00	0.00	0.00	0.00	0.00	59.00	59.00
01-11-12	97010	Hot/Cold pack	54.00	0.00	0.00	0.00	0.00	54.00	54.00
01-11-12	97110	Therapeutic Exercise [2]	172.00	0.00	0.00	-172.00	0.00	0.00	0.00
01-11-12	97140	Manual Therapy Techn [2]	150.00	0.00	0.00	-150.00	0.00	0.00	0.00
01-11-12	97035	Ultrasound	59.00	0.00	0.00	-59.00	0.00	0.00	0.00
01-11-12	97010	Hot/Cold pack	54.00	0.00	0.00	-54.00	0.00	0.00	0.00
Total			**870.00**	**0.00**	**0.00**	**-435.00**	**0.00**	**435.00**	**435.00**
01-16-12	97110	Therapeutic Exercise [2]	172.00	0.00	0.00	0.00	0.00	172.00	172.00
01-16-12	97140	Manual Therapy Techniques	75.00	0.00	0.00	0.00	0.00	75.00	75.00
01-16-12	97035	Ultrasound	59.00	0.00	0.00	0.00	0.00	59.00	59.00
01-16-12	97010	Hot/Cold pack	54.00	0.00	0.00	0.00	0.00	54.00	54.00
Total			**360.00**	**0.00**	**0.00**	**0.00**	**0.00**	**360.00**	**360.00**
01-18-12	97110	Therapeutic Exercise	86.00	0.00	0.00	0.00	0.00	86.00	86.00
01-18-12	97140	Manual Therapy Techniques	75.00	0.00	0.00	0.00	0.00	75.00	75.00
01-18-12	97035	Ultrasound	59.00	0.00	0.00	0.00	0.00	59.00	59.00
01-18-12	97010	Hot/Cold pack	54.00	0.00	0.00	0.00	0.00	54.00	54.00
Total			**274.00**	**0.00**	**0.00**	**0.00**	**0.00**	**274.00**	**274.00**
01-23-12	97110	Therapeutic Exercise [2]	172.00	0.00	0.00	0.00	0.00	172.00	172.00
01-23-12	97140	Manual Therapy Techniques	75.00	0.00	0.00	0.00	0.00	75.00	75.00
01-23-12	97035	Ultrasound	59.00	0.00	0.00	0.00	0.00	59.00	59.00
01-23-12	97010	Hot/Cold pack	54.00	0.00	0.00	0.00	0.00	54.00	54.00
Total			**360.00**	**0.00**	**0.00**	**0.00**	**0.00**	**360.00**	**360.00**
01-25-12	97110	Therapeutic Exercise [2]	172.00	0.00	0.00	0.00	0.00	172.00	172.00
01-25-12	97140	Manual Therapy Techniques	75.00	0.00	0.00	0.00	0.00	75.00	75.00

DATE OF SERVICE	CPT	DESCRIPTION	CHARGE	INSURANCE PAID	PATIENT PAID	ADJUST	INSURANCE BALANCE	PATIENT BALANCE	TOTAL BALANCE
01-25-12	97035	Ultrasound	59.00	0.00	0.00	0.00	0.00	59.00	59.00
01-25-12	97010	Hot/Cold pack	54.00	0.00	0.00	0.00	0.00	54.00	54.00
Total			**360.00**	**0.00**	**0.00**	**0.00**	**0.00**	**360.00**	**360.00**
01-30-12	97110	Therapeutic Exercise	86.00	0.00	0.00	0.00	0.00	86.00	86.00
01-30-12	97140	Manual Therapy Techniques	75.00	0.00	0.00	0.00	0.00	75.00	75.00
01-30-12	97035	Ultrasound	59.00	0.00	0.00	0.00	0.00	59.00	59.00
01-30-12	97010	Hot/Cold pack	54.00	0.00	0.00	0.00	0.00	54.00	54.00
Total			**274.00**	**0.00**	**0.00**	**0.00**	**0.00**	**274.00**	**274.00**
02-01-12	97110	Therapeutic Exercise	86.00	0.00	0.00	0.00	0.00	86.00	86.00
02-01-12	97140	Manual Therapy Techniques	75.00	0.00	0.00	0.00	0.00	75.00	75.00
02-01-12	97035	Ultrasound	59.00	0.00	0.00	0.00	0.00	59.00	59.00
02-01-12	97010	Hot/Cold pack	54.00	0.00	0.00	0.00	0.00	54.00	54.00
Total			**274.00**	**0.00**	**0.00**	**0.00**	**0.00**	**274.00**	**274.00**
02-06-12	97110	Therapeutic Exercise [3]	258.00	0.00	0.00	0.00	0.00	258.00	258.00
02-06-12	97112	Neuromuscular Re-education	87.00	0.00	0.00	0.00	0.00	87.00	87.00
Total			**345.00**	**0.00**	**0.00**	**0.00**	**0.00**	**345.00**	**345.00**
04-03-12	97003	Occupational Therapy Eval	187.00	0.00	0.00	0.00	0.00	187.00	187.00
04-03-12	97110	Therapeutic Exercise	86.00	0.00	0.00	0.00	0.00	86.00	86.00
04-03-12	97140	Manual Therapy Techniques	75.00	0.00	0.00	0.00	0.00	75.00	75.00
04-03-12	97035	Ultrasound	59.00	0.00	0.00	0.00	0.00	59.00	59.00
Total			**407.00**	**0.00**	**0.00**	**0.00**	**0.00**	**407.00**	**407.00**
04-05-12	97110	Therapeutic Exercise [2]	172.00	0.00	0.00	0.00	0.00	172.00	172.00
04-05-12	97140	Manual Therapy Techn [2]	150.00	0.00	0.00	0.00	0.00	150.00	150.00
04-05-12	97035	Ultrasound	59.00	0.00	0.00	0.00	0.00	59.00	59.00
04-05-12	97010	Hot/Cold pack	54.00	0.00	0.00	0.00	0.00	54.00	54.00
Total			**435.00**	**0.00**	**0.00**	**0.00**	**0.00**	**435.00**	**435.00**
04-10-12	97110	Therapeutic Exercise [2]	172.00	0.00	0.00	0.00	0.00	172.00	172.00
04-10-12	97140	Manual Therapy Techniques	75.00	0.00	0.00	0.00	0.00	75.00	75.00
04-10-12	97010	Hot/Cold pack	54.00	0.00	0.00	0.00	0.00	54.00	54.00
Total			**301.00**	**0.00**	**0.00**	**0.00**	**0.00**	**301.00**	**301.00**
04-12-12	97110	Therapeutic Exercise [2]	172.00	0.00	0.00	0.00	0.00	172.00	172.00
04-12-12	97035	Ultrasound	59.00	0.00	0.00	0.00	0.00	59.00	59.00
04-12-12	97010	Hot/Cold pack	54.00	0.00	0.00	0.00	0.00	54.00	54.00
Total			**285.00**	**0.00**	**0.00**	**0.00**	**0.00**	**285.00**	**285.00**
04-16-12	97110	Therapeutic Exercise [2]	172.00	0.00	0.00	0.00	0.00	172.00	172.00
04-16-12	97140	Manual Therapy Techniques	75.00	0.00	0.00	0.00	0.00	75.00	75.00
04-16-12	97035	Ultrasound	59.00	0.00	0.00	0.00	0.00	59.00	59.00
04-16-12	97010	Hot/Cold pack	54.00	0.00	0.00	0.00	0.00	54.00	54.00

DATE OF SERVICE	CPT	DESCRIPTION	CHARGE	INSURANCE PAID	PATIENT PAID	ADJUST	INSURANCE BALANCE	PATIENT BALANCE	TOTAL BALANCE
Total			**360.00**	**0.00**	**0.00**	**0.00**	**0.00**	**360.00**	**360.00**
04-18-12	97110	Therapeutic Exercise	86.00	0.00	0.00	0.00	0.00	86.00	86.00
04-18-12	97140	Manual Therapy Techniques	75.00	0.00	0.00	0.00	0.00	75.00	75.00
04-18-12	97035	Ultrasound	59.00	0.00	0.00	0.00	0.00	59.00	59.00
04-18-12	97010	Hot/Cold pack	54.00	0.00	0.00	0.00	0.00	54.00	54.00
Total			**274.00**	**0.00**	**0.00**	**0.00**	**0.00**	**274.00**	**274.00**
04-26-12	97110	Therapeutic Exercise [2]	172.00	0.00	0.00	0.00	0.00	172.00	172.00
04-26-12	97140	Manual Therapy Techniques	75.00	0.00	0.00	0.00	0.00	75.00	75.00
04-26-12	97035	Ultrasound	59.00	0.00	0.00	0.00	0.00	59.00	59.00
04-26-12	97010	Hot/Cold pack	54.00	0.00	0.00	0.00	0.00	54.00	54.00
Total			**360.00**	**0.00**	**0.00**	**0.00**	**0.00**	**360.00**	**360.00**
04-27-12	97110	Therapeutic Exercise	86.00	0.00	0.00	0.00	0.00	86.00	86.00
04-27-12	97140	Manual Therapy Techniques	75.00	0.00	0.00	0.00	0.00	75.00	75.00
04-27-12	97035	Ultrasound	59.00	0.00	0.00	0.00	0.00	59.00	59.00
04-27-12	97010	Hot/Cold pack	54.00	0.00	0.00	0.00	0.00	54.00	54.00
Total			**274.00**	**0.00**	**0.00**	**0.00**	**0.00**	**274.00**	**274.00**
05-02-12	97110	Therapeutic Exercise [2]	172.00	0.00	0.00	0.00	0.00	172.00	172.00
05-02-12	97140	Manual Therapy Techniques	75.00	0.00	0.00	0.00	0.00	75.00	75.00
05-02-12	97035	Ultrasound	59.00	0.00	0.00	0.00	0.00	59.00	59.00
05-02-12	97010	Hot/Cold pack	54.00	0.00	0.00	0.00	0.00	54.00	54.00
Total			**360.00**	**0.00**	**0.00**	**0.00**	**0.00**	**360.00**	**360.00**
05-04-12	97110	Therapeutic Exercise	86.00	0.00	0.00	0.00	0.00	86.00	86.00
05-04-12	97140	Manual Therapy Techniques	75.00	0.00	0.00	0.00	0.00	75.00	75.00
05-04-12	97035	Ultrasound	59.00	0.00	0.00	0.00	0.00	59.00	59.00
05-04-12	97010	Hot/Cold pack	54.00	0.00	0.00	0.00	0.00	54.00	54.00
Total			**274.00**	**0.00**	**0.00**	**0.00**	**0.00**	**274.00**	**274.00**
05-07-12	97110	Therapeutic Exercise [2]	172.00	0.00	0.00	0.00	0.00	172.00	172.00
05-07-12	97140	Manual Therapy Techniques	75.00	0.00	0.00	0.00	0.00	75.00	75.00
05-07-12	97035	Ultrasound	59.00	0.00	0.00	0.00	0.00	59.00	59.00
05-07-12	97010	Hot/Cold pack	54.00	0.00	0.00	0.00	0.00	54.00	54.00
Total			**360.00**	**0.00**	**0.00**	**0.00**	**0.00**	**360.00**	**360.00**
05-10-12	97110	Therapeutic Exercise [3]	258.00	0.00	0.00	0.00	0.00	258.00	258.00
05-10-12	97010	Hot/Cold pack	54.00	0.00	0.00	0.00	0.00	54.00	54.00
Total			**312.00**	**0.00**	**0.00**	**0.00**	**0.00**	**312.00**	**312.00**
05-15-12	97110	Therapeutic Exercise [2]	172.00	0.00	0.00	0.00	0.00	172.00	172.00
05-15-12	97140	Manual Therapy Techniques	75.00	0.00	0.00	0.00	0.00	75.00	75.00
05-15-12	97035	Ultrasound	59.00	0.00	0.00	0.00	0.00	59.00	59.00
05-15-12	97010	Hot/Cold pack	54.00	0.00	0.00	0.00	0.00	54.00	54.00

DATE OF SERVICE	CPT	DESCRIPTION	CHARGE	INSURANCE PAID	PATIENT PAID	ADJUST	INSURANCE BALANCE	PATIENT BALANCE	TOTAL BALANCE
Total			**360.00**	**0.00**	**0.00**	**0.00**	**0.00**	**360.00**	**360.00**
05-17-12	97035	Ultrasound	59.00	0.00	0.00	0.00	0.00	59.00	59.00
05-17-12	97010	Hot/Cold pack	54.00	0.00	0.00	0.00	0.00	54.00	54.00
Total			**113.00**	**0.00**	**0.00**	**0.00**	**0.00**	**113.00**	**113.00**
05-24-12	97110	Therapeutic Exercise	86.00	0.00	0.00	0.00	0.00	86.00	86.00
05-24-12	97140	Manual Therapy Techniques	75.00	0.00	0.00	0.00	0.00	75.00	75.00
05-24-12	97035	Ultrasound	59.00	0.00	0.00	0.00	0.00	59.00	59.00
05-24-12	97010	Hot/Cold pack	54.00	0.00	0.00	0.00	0.00	54.00	54.00
Total			**274.00**	**0.00**	**0.00**	**0.00**	**0.00**	**274.00**	**274.00**
05-25-12	97110	Therapeutic Exercise	86.00	0.00	0.00	0.00	0.00	86.00	86.00
05-25-12	97140	Manual Therapy Techniques	75.00	0.00	0.00	0.00	0.00	75.00	75.00
05-25-12	97035	Ultrasound	59.00	0.00	0.00	0.00	0.00	59.00	59.00
05-25-12	97010	Hot/Cold pack	54.00	0.00	0.00	0.00	0.00	54.00	54.00
Total			**274.00**	**0.00**	**0.00**	**0.00**	**0.00**	**274.00**	**274.00**
05-31-12	97110	Therapeutic Exercise	86.00	0.00	0.00	0.00	0.00	86.00	86.00
05-31-12	97140	Manual Therapy Techniques	75.00	0.00	0.00	0.00	0.00	75.00	75.00
05-31-12	97035	Ultrasound	59.00	0.00	0.00	0.00	0.00	59.00	59.00
05-31-12	97010	Hot/Cold pack	54.00	0.00	0.00	0.00	0.00	54.00	54.00
Total			**274.00**	**0.00**	**0.00**	**0.00**	**0.00**	**274.00**	**274.00**
06-04-12	97110	Therapeutic Exercise [2]	172.00	0.00	0.00	0.00	0.00	172.00	172.00
06-04-12	97140	Manual Therapy Techniques	75.00	0.00	0.00	0.00	0.00	75.00	75.00
06-04-12	97035	Ultrasound	59.00	0.00	0.00	0.00	0.00	59.00	59.00
06-04-12	97010	Hot/Cold pack	54.00	0.00	0.00	0.00	0.00	54.00	54.00
Total			**360.00**	**0.00**	**0.00**	**0.00**	**0.00**	**360.00**	**360.00**
07-16-12	97003	Occupational Therapy Eval	187.00	0.00	0.00	0.00	0.00	187.00	187.00
07-16-12	97110	Therapeutic Exercise	86.00	0.00	0.00	0.00	0.00	86.00	86.00
07-16-12	97014	E-Stim Unattended	54.00	0.00	0.00	0.00	0.00	54.00	54.00
Total			**327.00**	**0.00**	**0.00**	**0.00**	**0.00**	**327.00**	**327.00**
07-19-12	97110	Therapeutic Exercise [2]	172.00	0.00	0.00	0.00	0.00	172.00	172.00
07-19-12	97140	Manual Therapy Techniques	75.00	0.00	0.00	0.00	0.00	75.00	75.00
07-19-12	97010	Hot/Cold pack	54.00	0.00	0.00	0.00	0.00	54.00	54.00
Total			**301.00**	**0.00**	**0.00**	**0.00**	**0.00**	**301.00**	**301.00**
07-23-12	97110	Therapeutic Exercise [2]	172.00	0.00	0.00	0.00	0.00	172.00	172.00
07-23-12	97140	Manual Therapy Techniques	75.00	0.00	0.00	0.00	0.00	75.00	75.00
07-23-12	97010	Hot/Cold pack	54.00	0.00	0.00	0.00	0.00	54.00	54.00
Total			**301.00**	**0.00**	**0.00**	**0.00**	**0.00**	**301.00**	**301.00**
07-26-12	97110	Therapeutic Exercise	86.00	0.00	0.00	0.00	0.00	86.00	86.00
07-26-12	97140	Manual Therapy Techniques	75.00	0.00	0.00	0.00	0.00	75.00	75.00

DATE OF SERVICE	CPT	DESCRIPTION	CHARGE	INSURANCE PAID	PATIENT PAID	ADJUST	INSURANCE BALANCE	PATIENT BALANCE	TOTAL BALANCE
07-26-12	97035	Ultrasound	59.00	0.00	0.00	0.00	0.00	59.00	59.00
07-26-12	97010	Hot/Cold pack	54.00	0.00	0.00	0.00	0.00	54.00	54.00
Total			**274.00**	**0.00**	**0.00**	**0.00**	**0.00**	**274.00**	**274.00**
07-30-12	97110	Therapeutic Exercise [2]	172.00	0.00	0.00	0.00	0.00	172.00	172.00
07-30-12	97140	Manual Therapy Techniques	75.00	0.00	0.00	0.00	0.00	75.00	75.00
07-30-12	97010	Hot/Cold pack	54.00	0.00	0.00	0.00	0.00	54.00	54.00
Total			**301.00**	**0.00**	**0.00**	**0.00**	**0.00**	**301.00**	**301.00**
08-02-12	97110	Therapeutic Exercise	86.00	0.00	0.00	0.00	0.00	86.00	86.00
08-02-12	97140	Manual Therapy Techniques	75.00	0.00	0.00	0.00	0.00	75.00	75.00
08-02-12	97035	Ultrasound	59.00	0.00	0.00	0.00	0.00	59.00	59.00
Total			**220.00**	**0.00**	**0.00**	**0.00**	**0.00**	**220.00**	**220.00**
08-06-12	97110	Therapeutic Exercise	86.00	0.00	0.00	0.00	0.00	86.00	86.00
08-06-12	97140	Manual Therapy Techniques	75.00	0.00	0.00	0.00	0.00	75.00	75.00
08-06-12	97035	Ultrasound	59.00	0.00	0.00	0.00	0.00	59.00	59.00
08-06-12	97010	Hot/Cold pack	54.00	0.00	0.00	0.00	0.00	54.00	54.00
Total			**274.00**	**0.00**	**0.00**	**0.00**	**0.00**	**274.00**	**274.00**
08-09-12	97110	Therapeutic Exercise	86.00	0.00	0.00	0.00	0.00	86.00	86.00
08-09-12	97140	Manual Therapy Techniques	75.00	0.00	0.00	0.00	0.00	75.00	75.00
08-09-12	97035	Ultrasound	59.00	0.00	0.00	0.00	0.00	59.00	59.00
08-09-12	97010	Hot/Cold pack	54.00	0.00	0.00	0.00	0.00	54.00	54.00
Total			**274.00**	**0.00**	**0.00**	**0.00**	**0.00**	**274.00**	**274.00**
08-16-12	97110	Therapeutic Exercise	86.00	0.00	0.00	0.00	0.00	86.00	86.00
08-16-12	97140	Manual Therapy Techniques	75.00	0.00	0.00	0.00	0.00	75.00	75.00
08-16-12	97035	Ultrasound	59.00	0.00	0.00	0.00	0.00	59.00	59.00
08-16-12	97010	Hot/Cold pack	54.00	0.00	0.00	0.00	0.00	54.00	54.00
Total			**274.00**	**0.00**	**0.00**	**0.00**	**0.00**	**274.00**	**274.00**
08-20-12	97110	Therapeutic Exercise [2]	172.00	0.00	0.00	0.00	0.00	172.00	172.00
08-20-12	97140	Manual Therapy Techniques	75.00	0.00	0.00	0.00	0.00	75.00	75.00
Total			**247.00**	**0.00**	**0.00**	**0.00**	**0.00**	**247.00**	**247.00**
08-23-12	97110	Therapeutic Exercise [4]	344.00	0.00	0.00	0.00	0.00	344.00	344.00
Total			**344.00**	**0.00**	**0.00**	**0.00**	**0.00**	**344.00**	**344.00**
08-28-12	97110	Therapeutic Exercise	86.00	0.00	0.00	0.00	0.00	86.00	86.00
08-28-12	97140	Manual Therapy Techniques	75.00	0.00	0.00	0.00	0.00	75.00	75.00
08-28-12	97035	Ultrasound	59.00	0.00	0.00	0.00	0.00	59.00	59.00
08-28-12	97010	Hot/Cold pack	54.00	0.00	0.00	0.00	0.00	54.00	54.00
Total			**274.00**	**0.00**	**0.00**	**0.00**	**0.00**	**274.00**	**274.00**
08-30-12	97110	Therapeutic Exercise	86.00	0.00	0.00	0.00	0.00	86.00	86.00
08-30-12	97140	Manual Therapy Techniques	75.00	0.00	0.00	0.00	0.00	75.00	75.00

DATE OF SERVICE	CPT	DESCRIPTION	CHARGE	INSURANCE PAID	PATIENT PAID	ADJUST.	INSURANCE BALANCE	PATIENT BALANCE	TOTAL BALANCE
08-30-12	97010	Hot/Cold pack	54.00	0.00	0.00	0.00	0.00	54.00	54.00
Total			**215.00**	**0.00**	**0.00**	**0.00**	**0.00**	**215.00**	**215.00**
09-11-12	97110	Therapeutic Exercise [2]	172.00	0.00	0.00	0.00	0.00	172.00	172.00
09-11-12	97140	Manual Therapy Techniques	75.00	0.00	0.00	0.00	0.00	75.00	75.00
09-11-12	97010	Hot/Cold pack	54.00	0.00	0.00	0.00	0.00	54.00	54.00
Total			**301.00**	**0.00**	**0.00**	**0.00**	**0.00**	**301.00**	**301.00**
09-13-12	97110	Therapeutic Exercise	86.00	0.00	0.00	0.00	0.00	86.00	86.00
09-13-12	97140	Manual Therapy Techniques	75.00	0.00	0.00	0.00	0.00	75.00	75.00
09-13-12	97035	Ultrasound	59.00	0.00	0.00	0.00	0.00	59.00	59.00
09-13-12	97010	Hot/Cold pack	54.00	0.00	0.00	0.00	0.00	54.00	54.00
Total			**274.00**	**0.00**	**0.00**	**0.00**	**0.00**	**274.00**	**274.00**
09-18-12	97110	Therapeutic Exercise	86.00	0.00	0.00	0.00	0.00	86.00	86.00
09-18-12	97140	Manual Therapy Techniques	75.00	0.00	0.00	0.00	0.00	75.00	75.00
09-18-12	97035	Ultrasound	59.00	0.00	0.00	0.00	0.00	59.00	59.00
09-18-12	97010	Hot/Cold pack	54.00	0.00	0.00	0.00	0.00	54.00	54.00
Total			**274.00**	**0.00**	**0.00**	**0.00**	**0.00**	**274.00**	**274.00**
09-20-12	97110	Therapeutic Exercise [2]	172.00	0.00	0.00	0.00	0.00	172.00	172.00
09-20-12	97140	Manual Therapy Techniques	75.00	0.00	0.00	0.00	0.00	75.00	75.00
09-20-12	97035	Ultrasound	59.00	0.00	0.00	0.00	0.00	59.00	59.00
Total			**306.00**	**0.00**	**0.00**	**0.00**	**0.00**	**306.00**	**306.00**
09-21-12	97110	Therapeutic Exercise	86.00	0.00	0.00	0.00	0.00	86.00	86.00
09-21-12	97140	Manual Therapy Techniques	75.00	0.00	0.00	0.00	0.00	75.00	75.00
09-21-12	97035	Ultrasound	59.00	0.00	0.00	0.00	0.00	59.00	59.00
09-21-12	97010	Hot/Cold pack	54.00	0.00	0.00	0.00	0.00	54.00	54.00
Total			**274.00**	**0.00**	**0.00**	**0.00**	**0.00**	**274.00**	**274.00**
09-25-12	97110	Therapeutic Exercise	86.00	0.00	0.00	0.00	0.00	86.00	86.00
09-25-12	97140	Manual Therapy Techniques	75.00	0.00	0.00	0.00	0.00	75.00	75.00
09-25-12	97035	Ultrasound	59.00	0.00	0.00	0.00	0.00	59.00	59.00
09-25-12	97010	Hot/Cold pack	54.00	0.00	0.00	0.00	0.00	54.00	54.00
Total			**274.00**	**0.00**	**0.00**	**0.00**	**0.00**	**274.00**	**274.00**
09-27-12	97110	Therapeutic Exercise	86.00	0.00	0.00	0.00	0.00	86.00	86.00
09-27-12	97140	Manual Therapy Techniques	75.00	0.00	0.00	0.00	0.00	75.00	75.00
09-27-12	97035	Ultrasound	59.00	0.00	0.00	0.00	0.00	59.00	59.00
09-27-12	97010	Hot/Cold pack	54.00	0.00	0.00	0.00	0.00	54.00	54.00
Total			**274.00**	**0.00**	**0.00**	**0.00**	**0.00**	**274.00**	**274.00**
09-28-12	97110	Therapeutic Exercise	86.00	0.00	0.00	0.00	0.00	86.00	86.00
09-28-12	97140	Manual Therapy Techniques	75.00	0.00	0.00	0.00	0.00	75.00	75.00
09-28-12	97035	Ultrasound	59.00	0.00	0.00	0.00	0.00	59.00	59.00

DATE OF SERVICE	CPT	DESCRIPTION	CHARGE	INSURANCE PAID	PATIENT PAID	ADJUST	INSURANCE BALANCE	PATIENT BALANCE	TOTAL BALANCE
09-28-12	97010	Hot/Cold pack	54.00	0.00	0.00	0.00	0.00	54.00	54.00
Total			**274.00**	**0.00**	**0.00**	**0.00**	**0.00**	**274.00**	**274.00**
10-02-12	97110	Therapeutic Exercise	86.00	0.00	0.00	0.00	0.00	86.00	86.00
10-02-12	97140	Manual Therapy Techniques	75.00	0.00	0.00	0.00	0.00	75.00	75.00
10-02-12	97035	Ultrasound	59.00	0.00	0.00	0.00	0.00	59.00	59.00
10-02-12	97010	Hot/Cold pack	54.00	0.00	0.00	0.00	0.00	54.00	54.00
Total			**274.00**	**0.00**	**0.00**	**0.00**	**0.00**	**274.00**	**274.00**
10-04-12	97110	Therapeutic Exercise	86.00	0.00	0.00	0.00	0.00	86.00	86.00
10-04-12	97140	Manual Therapy Techniques	75.00	0.00	0.00	0.00	0.00	75.00	75.00
10-04-12	97035	Ultrasound	59.00	0.00	0.00	0.00	0.00	59.00	59.00
10-04-12	97010	Hot/Cold pack	54.00	0.00	0.00	0.00	0.00	54.00	54.00
Total			**274.00**	**0.00**	**0.00**	**0.00**	**0.00**	**274.00**	**274.00**
10-05-12	97110	Therapeutic Exercise [2]	172.00	0.00	0.00	0.00	0.00	172.00	172.00
10-05-12	97140	Manual Therapy Techniques	75.00	0.00	0.00	0.00	0.00	75.00	75.00
10-05-12	97035	Ultrasound	59.00	0.00	0.00	0.00	0.00	59.00	59.00
Total			**306.00**	**0.00**	**0.00**	**0.00**	**0.00**	**306.00**	**306.00**
10-09-12	97110	Therapeutic Exercise [2]	172.00	0.00	0.00	0.00	0.00	172.00	172.00
10-09-12	97140	Manual Therapy Techniques	75.00	0.00	0.00	0.00	0.00	75.00	75.00
10-09-12	97035	Ultrasound	59.00	0.00	0.00	0.00	0.00	59.00	59.00
10-09-12	97010	Hot/Cold pack	54.00	0.00	0.00	0.00	0.00	54.00	54.00
Total			**360.00**	**0.00**	**0.00**	**0.00**	**0.00**	**360.00**	**360.00**
10-11-12	97110	Therapeutic Exercise	86.00	0.00	0.00	0.00	0.00	86.00	86.00
10-11-12	97140	Manual Therapy Techniques	75.00	0.00	0.00	0.00	0.00	75.00	75.00
10-11-12	97035	Ultrasound	59.00	0.00	0.00	0.00	0.00	59.00	59.00
10-11-12	97010	Hot/Cold pack	54.00	0.00	0.00	0.00	0.00	54.00	54.00
Total			**274.00**	**0.00**	**0.00**	**0.00**	**0.00**	**274.00**	**274.00**
10-12-12	97110	Therapeutic Exercise	86.00	0.00	0.00	0.00	0.00	86.00	86.00
10-12-12	97140	Manual Therapy Techniques	75.00	0.00	0.00	0.00	0.00	75.00	75.00
10-12-12	97035	Ultrasound	59.00	0.00	0.00	0.00	0.00	59.00	59.00
10-12-12	97010	Hot/Cold pack	54.00	0.00	0.00	0.00	0.00	54.00	54.00
Total			**274.00**	**0.00**	**0.00**	**0.00**	**0.00**	**274.00**	**274.00**
10-16-12	97110	Therapeutic Exercise	86.00	0.00	0.00	0.00	0.00	86.00	86.00
10-16-12	97140	Manual Therapy Techniques	75.00	0.00	0.00	0.00	0.00	75.00	75.00
10-16-12	97010	Hot/Cold pack	54.00	0.00	0.00	0.00	0.00	54.00	54.00
10-16-12	97035	Ultrasound	59.00	0.00	0.00	0.00	0.00	59.00	59.00
Total			**274.00**	**0.00**	**0.00**	**0.00**	**0.00**	**274.00**	**274.00**
10-18-12	97110	Therapeutic Exercise [2]	172.00	0.00	0.00	0.00	0.00	172.00	172.00
10-18-12	97140	Manual Therapy Techniques	75.00	0.00	0.00	0.00	0.00	75.00	75.00

DATE OF SERVICE	CPT	DESCRIPTION	CHARGE	INSURANCE PAID	PATIENT PAID	ADJUST	INSURANCE BALANCE	PATIENT BALANCE	TOTAL BALANCE
10-18-12	97035	Ultrasound	59.00	0.00	0.00	0.00	0.00	59.00	59.00
Total			**306.00**	**0.00**	**0.00**	**0.00**	**0.00**	**306.00**	**306.00**
10-19-12	97110	Therapeutic Exercise [4]	344.00	0.00	0.00	0.00	0.00	344.00	344.00
10-19-12	97140	Manual Therapy Techniques	75.00	0.00	0.00	0.00	0.00	75.00	75.00
10-19-12	97035	Ultrasound	59.00	0.00	0.00	0.00	0.00	59.00	59.00
Total			**478.00**	**0.00**	**0.00**	**0.00**	**0.00**	**478.00**	**478.00**
12-12-12	97003	Occupational Therapy Eval	187.00	0.00	0.00	-117.00	0.00	187.00	187.00
Payment	PCC	CREDIT CARD			-70.00			-70.00	-70.00
12-12-12	99070	Biofreeze Rollon 3oz	14.00	0.00	0.00	-14.00	0.00	14.00	14.00
Total			**201.00**	**0.00**	**-70.00**	**-131.00**	**0.00**	**0.00**	**0.00**
12-21-12	97110	Therapeutic Exercise	86.00	0.00	0.00	-16.00	0.00	86.00	86.00
Payment	PCC	CREDIT CARD			-14.00			-14.00	-14.00
Payment	PCC	CREDIT CARD			-56.00			-56.00	-56.00
12-21-12	97140	Manual Therapy Techniques	75.00	0.00	0.00	-75.00	0.00	75.00	75.00
12-21-12	97035	Ultrasound	59.00	0.00	0.00	-59.00	0.00	59.00	59.00
12-21-12	97010	Hot/Cold pack	54.00	0.00	0.00	-54.00	0.00	54.00	54.00
Total			**274.00**	**0.00**	**-70.00**	**-204.00**	**0.00**	**0.00**	**0.00**
12-28-12	97140	Manual Therapy Techn [2]	150.00	0.00	0.00	-80.00	0.00	150.00	150.00
Payment	PCC	CREDIT CARD			-70.00			-70.00	-70.00
12-28-12	97035	Ultrasound	59.00	0.00	0.00	-59.00	0.00	59.00	59.00
12-28-12	97010	Hot/Cold pack	54.00	0.00	0.00	-54.00	0.00	54.00	54.00
Total			**263.00**	**0.00**	**-70.00**	**-193.00**	**0.00**	**0.00**	**0.00**
12-31-12	97140	Manual Therapy Techniques	75.00	0.00	0.00	-5.00	0.00	75.00	75.00
Payment	PCC	CREDIT CARD			-14.00			-14.00	-14.00
Payment	PCC	CREDIT CARD			-56.00			-56.00	-56.00
12-31-12	97035	Ultrasound	59.00	0.00	0.00	-59.00	0.00	59.00	59.00
Total			**134.00**	**0.00**	**-70.00**	**-64.00**	**0.00**	**0.00**	**0.00**
01-04-13	97140	Manual Therapy Techn [2]	150.00	0.00	0.00	0.00	0.00	150.00	150.00
Payment	PCC	CREDIT CARD			-14.00			-14.00	-14.00
Payment	PCC	CREDIT CARD			-70.00			-70.00	-70.00
Payment	PCC	CREDIT CARD			-66.00			-66.00	-66.00
01-04-13	97110	Therapeutic Exercise	86.00	0.00	0.00	0.00	0.00	86.00	86.00
Payment	PCC	CREDIT CARD			-4.00			-4.00	-4.00
Payment	PCC	CREDIT CARD			-70.00			-70.00	-70.00
Payment	PCC	CREDIT CARD			-12.00			-12.00	-12.00
01-04-13	97035	Ultrasound	59.00	0.00	0.00	0.00	0.00	59.00	59.00
Payment	PCC	CREDIT CARD			-58.00			-58.00	-58.00
Payment	PCC	CREDIT CARD			-1.00			-1.00	-1.00

DATE OF SERVICE	CPT	DESCRIPTION	CHARGE	INSURANCE PAID	PATIENT PAID	ADJUST	INSURANCE BALANCE	PATIENT BALANCE	TOTAL BALANCE
Total			**295.00**	**0.00**	**-295.00**	**0.00**	**0.00**	**0.00**	**0.00**
01-11-13	97140	Manual Therapy Techn [2]	150.00	0.00	0.00	0.00	0.00	150.00	150.00
Payment	PCC	CREDIT CARD			-69.00			-69.00	-69.00
Payment	PCC	CREDIT CARD			-81.00			-81.00	-81.00
01-11-13	97110	Therapeutic Exercise	86.00	0.00	0.00	0.00	0.00	86.00	86.00
Payment	PCC	CREDIT CARD			-59.00			-59.00	-59.00
Payment	PCC	CREDIT CARD			-27.00			-27.00	-27.00
01-11-13	97035	Ultrasound	59.00	0.00	0.00	0.00	0.00	59.00	59.00
Payment	PCC	CREDIT CARD			-43.00			-43.00	-43.00
Payment	PCC	CREDIT CARD			-16.00			-16.00	-16.00
Total			**295.00**	**0.00**	**-295.00**	**0.00**	**0.00**	**0.00**	**0.00**
01-30-13	97110	Therapeutic Exercise [3]	258.00	0.00	0.00	0.00	0.00	258.00	258.00
Payment	PCC	CREDIT CARD			-54.00			-54.00	-54.00
Payment	PCC	CREDIT CARD			-70.00			-70.00	-70.00
Payment	PCC	CREDIT CARD			-70.00			-70.00	-70.00
Payment	PCC	CREDIT CARD			-64.00			-64.00	-64.00
01-30-13	97035	Ultrasound	59.00	0.00	0.00	0.00	0.00	59.00	59.00
Payment	PCC	CREDIT CARD			-6.00			-6.00	-6.00
Payment	PCC	CREDIT CARD			-53.00			-53.00	-53.00
01-30-13	A4466	BandIT Forearm Splint	49.00	0.00	0.00	0.00	0.00	49.00	49.00
Payment	PCC	CREDIT CARD			-17.00			-17.00	-17.00
Payment	PCC	CREDIT CARD			-32.00			-32.00	-32.00
Total			**366.00**	**0.00**	**-366.00**	**0.00**	**0.00**	**0.00**	**0.00**
02-05-13	L3808	WHFO, Rigid w/o joints	445.00	0.00	0.00	-375.00	0.00	445.00	445.00
Payment	PCC	CREDIT CARD			-38.00			-38.00	-38.00
Payment	PCC	CREDIT CARD			-32.00			-32.00	-32.00
Total			**445.00**	**0.00**	**-70.00**	**-375.00**	**0.00**	**0.00**	**0.00**
02-08-13	97110	Therapeutic Exercise	86.00	0.00	0.00	-16.00	0.00	86.00	86.00
Payment	PCC	CREDIT CARD			-38.00			-38.00	-38.00
Payment	PCC	CREDIT CARD			-32.00			-32.00	-32.00
02-08-13	97140	Manual Therapy Techniques	75.00	0.00	0.00	-75.00	0.00	75.00	75.00
02-08-13	97035	Ultrasound	59.00	0.00	0.00	-59.00	0.00	59.00	59.00
Total			**220.00**	**0.00**	**-70.00**	**-150.00**	**0.00**	**0.00**	**0.00**
02-14-13	97110	Therapeutic Exercise	86.00	0.00	0.00	-16.00	0.00	86.00	86.00
Payment	PCC	CREDIT CARD			-38.00			-38.00	-38.00
02-14-13	97140	Manual Therapy Techniques	75.00	0.00	0.00	-75.00	0.00	75.00	75.00
02-14-13	97035	Ultrasound	59.00	0.00	0.00	-59.00	0.00	59.00	59.00
Total			**220.00**	**0.00**	**-38.00**	**-150.00**	**0.00**	**32.00**	**32.00**

DATE OF SERVICE	CPT	DESCRIPTION	CHARGE	INSURANCE PAID	PATIENT PAID	ADJUST	INSURANCE BALANCE	PATIENT BALANCE	TOTAL BALANCE
02-15-13	97110	Therapeutic Exercise	86.00	0.00	0.00	-16.00	0.00	86.00	86.00
02-15-13	97140	Manual Therapy Techniques	75.00	0.00	0.00	-75.00	0.00	75.00	75.00
02-15-13	97035	Ultrasound	59.00	0.00	0.00	-59.00	0.00	59.00	59.00
Total			**220.00**	**0.00**	**0.00**	**-150.00**	**0.00**	**70.00**	**70.00**
02-19-13	97110	Therapeutic Exercise	86.00	0.00	0.00	-16.00	0.00	86.00	86.00
02-19-13	97140	Manual Therapy Techniques	75.00	0.00	0.00	-75.00	0.00	75.00	75.00
02-19-13	97035	Ultrasound	59.00	0.00	0.00	-59.00	0.00	59.00	59.00
Total			**220.00**	**0.00**	**0.00**	**-150.00**	**0.00**	**70.00**	**70.00**
02-25-13	97110	Therapeutic Exercise [2]	172.00	0.00	0.00	0.00	0.00	172.00	172.00
02-25-13	97140	Manual Therapy Techniques	75.00	0.00	0.00	0.00	0.00	75.00	75.00
02-25-13	97035	Ultrasound	59.00	0.00	0.00	0.00	0.00	59.00	59.00
Total			**306.00**	**0.00**	**0.00**	**0.00**	**0.00**	**306.00**	**306.00**
02-28-13	97110	Therapeutic Exercise [2]	172.00	0.00	0.00	0.00	0.00	172.00	172.00
02-28-13	97140	Manual Therapy Techniques	75.00	0.00	0.00	0.00	0.00	75.00	75.00
02-28-13	97035	Ultrasound	59.00	0.00	0.00	0.00	0.00	59.00	59.00
Total			**306.00**	**0.00**	**0.00**	**0.00**	**0.00**	**306.00**	**306.00**
03-07-13	97110	Therapeutic Exercise	86.00	0.00	0.00	0.00	0.00	86.00	86.00
03-07-13	97140	Manual Therapy Techniques	75.00	0.00	0.00	0.00	0.00	75.00	75.00
03-07-13	97035	Ultrasound	59.00	0.00	0.00	0.00	0.00	59.00	59.00
Total			**220.00**	**0.00**	**0.00**	**0.00**	**0.00**	**220.00**	**220.00**
03-08-13	97110	Therapeutic Exercise	86.00	0.00	0.00	0.00	0.00	86.00	86.00
03-08-13	97140	Manual Therapy Techniques	75.00	0.00	0.00	0.00	0.00	75.00	75.00
03-08-13	97035	Ultrasound	59.00	0.00	0.00	0.00	0.00	59.00	59.00
Total			**220.00**	**0.00**	**0.00**	**0.00**	**0.00**	**220.00**	**220.00**
03-12-13	97140	Manual Therapy Techn [2]	150.00	0.00	0.00	0.00	0.00	150.00	150.00
03-12-13	97110	Therapeutic Exercise	86.00	0.00	0.00	0.00	0.00	86.00	86.00
03-12-13	97035	Ultrasound	59.00	0.00	0.00	0.00	0.00	59.00	59.00
Total			**295.00**	**0.00**	**0.00**	**0.00**	**0.00**	**295.00**	**295.00**
03-14-13	97110	Therapeutic Exercise [2]	172.00	0.00	0.00	0.00	0.00	172.00	172.00
03-14-13	97140	Manual Therapy Techniques	75.00	0.00	0.00	0.00	0.00	75.00	75.00
03-14-13	97035	Ultrasound	59.00	0.00	0.00	0.00	0.00	59.00	59.00
Total			**306.00**	**0.00**	**0.00**	**0.00**	**0.00**	**306.00**	**306.00**
03-19-13	97110	Therapeutic Exercise	86.00	0.00	0.00	0.00	0.00	86.00	86.00
03-19-13	97140	Manual Therapy Techniques	75.00	0.00	0.00	0.00	0.00	75.00	75.00
03-19-13	97035	Ultrasound	59.00	0.00	0.00	0.00	0.00	59.00	59.00
Total			**220.00**	**0.00**	**0.00**	**0.00**	**0.00**	**220.00**	**220.00**
03-22-13	97110	Therapeutic Exercise [2]	172.00	0.00	0.00	0.00	0.00	172.00	172.00
03-22-13	97140	Manual Therapy Techniques	75.00	0.00	0.00	0.00	0.00	75.00	75.00

DATE OF SERVICE	CPT	DESCRIPTION	CHARGE	INSURANCE PAID	PATIENT PAID	ADJUST	INSURANCE BALANCE	PATIENT BALANCE	TOTAL BALANCE
03-22-13	97035	Ultrasound	59.00	0.00	0.00	0.00	0.00	59.00	59.00
Total			**306.00**	**0.00**	**0.00**	**0.00**	**0.00**	**306.00**	**306.00**
03-29-13	97110	Therapeutic Exercise [3]	258.00	0.00	0.00	0.00	0.00	258.00	258.00
03-29-13	97035	Ultrasound	59.00	0.00	0.00	0.00	0.00	59.00	59.00
Total			**317.00**	**0.00**	**0.00**	**0.00**	**0.00**	**317.00**	**317.00**
04-22-13	97110	Therapeutic Exercise [2]	172.00	0.00	0.00	0.00	0.00	172.00	172.00
04-22-13	97140	Manual Therapy Techniques	75.00	0.00	0.00	0.00	0.00	75.00	75.00
04-22-13	97035	Ultrasound	59.00	0.00	0.00	0.00	0.00	59.00	59.00
Total			**306.00**	**0.00**	**0.00**	**0.00**	**0.00**	**306.00**	**306.00**
07-23-13	97003	Occupational Therapy Eval	187.00	0.00	0.00	-117.00	0.00	187.00	187.00
07-23-13	97140	Manual Therapy Techniques	75.00	0.00	0.00	-75.00	0.00	75.00	75.00
07-23-13	97035	Ultrasound	59.00	0.00	0.00	-59.00	0.00	59.00	59.00
Total			**321.00**	**0.00**	**0.00**	**-251.00**	**0.00**	**70.00**	**70.00**
07-29-13	97140	Manual Therapy Techn [2]	150.00	0.00	0.00	-80.00	0.00	150.00	150.00
07-29-13	97110	Therapeutic Exercise	86.00	0.00	0.00	-86.00	0.00	86.00	86.00
07-29-13	97035	Ultrasound	59.00	0.00	0.00	-59.00	0.00	59.00	59.00
Total			**295.00**	**0.00**	**0.00**	**-225.00**	**0.00**	**70.00**	**70.00**
08-01-13	97035	Ultrasound	59.00	0.00	0.00	-59.00	0.00	59.00	59.00
08-01-13	97140	Manual Therapy Techniques	75.00	0.00	0.00	-75.00	0.00	75.00	75.00
08-01-13	97110	Therapeutic Exercise	86.00	0.00	0.00	-16.00	0.00	86.00	86.00
Total			**220.00**	**0.00**	**0.00**	**-150.00**	**0.00**	**70.00**	**70.00**
08-05-13	97140	Manual Therapy Techn [2]	150.00	0.00	0.00	-80.00	0.00	150.00	150.00
08-05-13	97110	Therapeutic Exercise	86.00	0.00	0.00	-86.00	0.00	86.00	86.00
08-05-13	97035	Ultrasound	59.00	0.00	0.00	-59.00	0.00	59.00	59.00
Total			**295.00**	**0.00**	**0.00**	**-225.00**	**0.00**	**70.00**	**70.00**
08-09-13	97110	Therapeutic Exercise [2]	172.00	0.00	0.00	-102.00	0.00	172.00	172.00
08-09-13	97140	Manual Therapy Techniques	75.00	0.00	0.00	-75.00	0.00	75.00	75.00
08-09-13	97035	Ultrasound	59.00	0.00	0.00	-59.00	0.00	59.00	59.00
Total			**306.00**	**0.00**	**0.00**	**-236.00**	**0.00**	**70.00**	**70.00**
08-16-13	97140	Manual Therapy Techn [2]	150.00	0.00	0.00	-80.00	0.00	150.00	150.00
08-16-13	97110	Therapeutic Exercise	86.00	0.00	0.00	-86.00	0.00	86.00	86.00
08-16-13	97035	Ultrasound	59.00	0.00	0.00	-59.00	0.00	59.00	59.00
Total			**295.00**	**0.00**	**0.00**	**-225.00**	**0.00**	**70.00**	**70.00**
08-19-13	97110	Therapeutic Exercise	86.00	0.00	0.00	-16.00	0.00	86.00	86.00
08-19-13	97140	Manual Therapy Techniques	75.00	0.00	0.00	-75.00	0.00	75.00	75.00
08-19-13	97035	Ultrasound	59.00	0.00	0.00	-59.00	0.00	59.00	59.00
Total			**220.00**	**0.00**	**0.00**	**-150.00**	**0.00**	**70.00**	**70.00**
08-22-13	97110	Therapeutic Exercise [3]	258.00	0.00	0.00	-188.00	0.00	258.00	258.00

DATE OF SERVICE	CPT	DESCRIPTION	CHARGE	INSURANCE PAID	PATIENT PAID	ADJUST	INSURANCE BALANCE	PATIENT BALANCE	TOTAL BALANCE
08-22-13	97140	Manual Therapy Techniques	75.00	0.00	0.00	-75.00	0.00	75.00	75.00
Total			**333.00**	**0.00**	**0.00**	**-263.00**	**0.00**	**70.00**	**70.00**
10-02-13	L3808	WHFO, Rigid w/o joints	445.00	0.00	0.00	-375.00	0.00	445.00	445.00
Total			**445.00**	**0.00**	**0.00**	**-375.00**	**0.00**	**70.00**	**70.00**
		Grand total	**30,190.00**		**-1,484.00**	**-4,102.00**	**0.00**	**24,604.00**	**24,604.00**

dynamic
Hand & Physical Therapy

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

CERTIFICATION

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

Judith Sokniewicz

Signed by: _____ Date _____

498 South Route 12, Suite C :: Fox Lake, IL 60020 :: 847.587.3301 *tel* :: 847.587.3346 *fax*
3900 Washington Street, Suite B :: Gurnee, IL 60031 :: 847.336.2616 *tel* :: 847.336.2476 *fax*

MidAmerica
Hand to Shoulder Clinic

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

OAKBROOK TERRACE
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

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

Name of the Patient: Paul Dulberg

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

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

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

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

Evaluation and Treatment

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

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

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

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

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

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

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

Marcus G. Talerico, MD

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

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

PATIENT NAME: Paul Duchesney

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

DIAGNOSIS: Ulnar nerve injury CODE _____

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

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

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

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

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

TO: _____

SPLINTING INSTRUCTIONS

SPECIAL THERAPY INSTRUCTIONS

WOUND CARE
- _____ WHIRLPOOL

FREQUENCY _____
- _____ DRESSING CHANGES

TYPE _____
FREQ _____

WORK READINESS

SIGNATURE: _____ DATE: 4/2/12

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

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 Duberg

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

DIAGNOSIS: Carpal tunnel release / neurolysis CODE _____

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

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

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

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

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

TO: _____

SPLINTING INSTRUCTIONS

prefab
wrist
thumb

SPECIAL THERAPY INSTRUCTIONS

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

WORK READINESS

SIGNATURE: _____ DATE: 7/11/12

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

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

PATIENT NAME: Paul Duchesne

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

DIAGNOSIS: _____ CODE _____

THERAPY: ORDER FOR _____ 1-2 VISITS ___2___ TIMES/WEEK ___4___ WEEKS FREQUENCY

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

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

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

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

TO: _____

SPLINTING INSTRUCTIONS

foam
sleeve for
compression

SPECIAL THERAPY INSTRUCTIONS

WOUND CARE
- ____ WHIRLPOOL
- FREQUENCY ____
- ____ DRESSING CHANGES
- TYPE _____
- FREQ _____

WORK READINESS

SIGNATURE: _____ DATE: 7/

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

DYNAMIC HAND THERAPY

Initial Evaluation

Name: Paul Dulberg Date: 12/6/11

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

Diagnosis: (R) Forearm laceration of ulnar 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; DJD C3-7

Occupation: Graphic Design Hand Dominance (R) L

Precautions: _____

SUBJECTIVE:

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

Details: Pain 4/d at night - wakes him at night, 4/d c activity; Pain occurs where scar seems adhered to ulnar boarder of ulna

OBJECTIVE:

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

See flow sheet for:

☐ Sensation: TBA; Hypersensitivity noted in forearm

☑ Range of Motion Limitations noted in (R) elbow, forearm, & wrist

☐ Edema No sig edema noted today

☑ Strength Limitations noted in (R) Grasp & 3pt pinch

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

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

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

Turning door handle, pouring coffee, manipulating small objects, bearing weight through palm

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

FDS RF 4+/5 c pain

Patient name: Paul Dulberg

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

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

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

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

PLAN:
Modalities US, CP, US

Manual Techniques STM, scar control, edema, 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

FAXED DEC 12 2011

Additional requests/concerns:

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

Therapist Signature date

Physician Signature 12/12/11 date

*PLEASE FAX BACK AT 847-587-3346

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

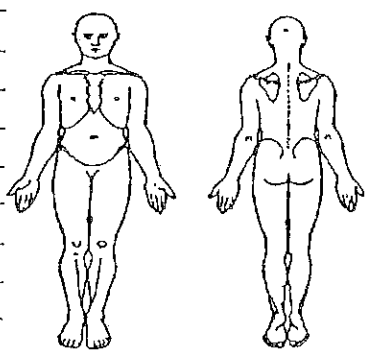
Discipline: _____ Tx Time In: 3:30 Units: (1)

Tx Time Out: 4:30 Total Time Based Time: _____

Date: 12 / 06 / 11 # Visits Prior To Today: 0 of _____ Total Treatment Time: _____

Treatment codes: Evaluation (OT)

SOAP: See Evaluation / Rx. Form sheet.



R 0 PAIN SCALE 10 N

THERAPIST / CREDENTIALS

LICENSE NO.

10693
12-08-11 04:14pm

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

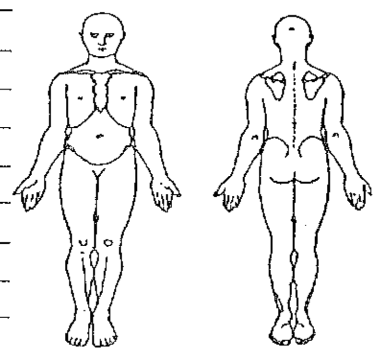
Discipline: OT Tx Time In: 5³⁰ Units: 5

Tx Time Out: 6⁴⁰ 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 flow sheet. No adverse effects to US noted - did not tolerate heat well, however. Initiated pulsed US to scar, f/u c̄ STM, scar mob, stretching, gentle strengthening.
A: Tolerated fair. Sig nerve pain noted. Proximal tightness and muscle spasms noted.
P: Cont stretching, nerve gliding, STM, US.



0 PAIN SCALE 10

[illegible 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: 900 Units: 4

Tx Time Out: 10⁰¹ Total Time Based Time: _____

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

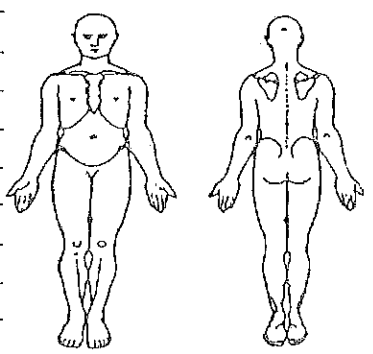
Treatment codes: 97035, 97010, 97140, 97110

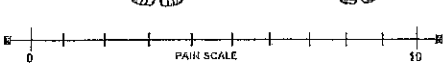
SOAP: S: "Saturday I used my arm alot, so it hurt. My muscles were in spasm after I saw you."

O: Cont per Rx plan sheet. Pt believes difficulty in tolerating splint is due to maintaining an unbendable 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; Cont stretching, Scar control.





THERAPIST / CREDENTIALS

LICENSE NO

TREATMENT ENCOUNTER NOTE

atient 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: 9

Tx Time Out: 1045 Total Time Based Time: _____

Date: 12 / 14 / 11 # Visits Prior To Today: 2 of 8 Total Treatment Time: _____

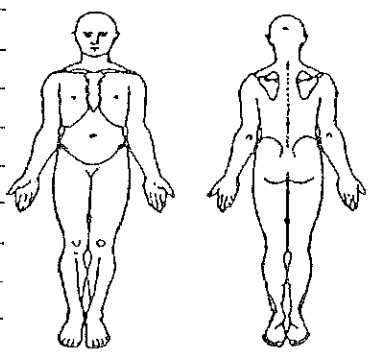
Treatment codes: 97010, 97014, 97035, 97140, 97110

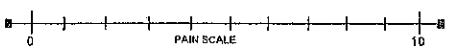
SOAP: S: "I have pain today. My neck/back pain and pain in my arm kept me up last night." "It feels like a live wire today"

O: Cont. per Rx plan of tx. No adverse effects to tx noted. Applied TENS to ulnar nerve distribution to attempt to improve nerve pain. Performed stretching, TGE, ROM.

A: Tolerated Rx tx. Cont ulnar nerve pain/hypersensitivity noted.

P: Cont to upgrade Rx as tolerated.





Unsigned

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

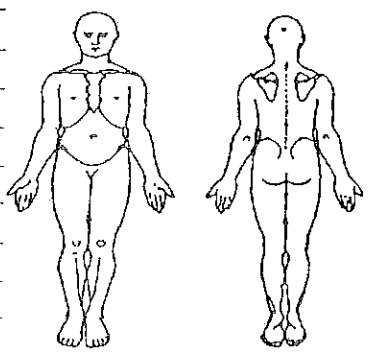
Discipline: CT Tx Time In: 1:00 Units: 4

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 Flow sheet. No adverse effects to US or unloaded. Did not apply TENS today as he reports that he did not like the feeling of it. R4D small muscle spasms occurring in SE - may indicate emerging nerve irritation
A: Tolerating Rx fair. S/S nerve hypersensitivity noted.
P: Cont to upgrade Rx per POC



0 PAIN SCALE 10

THERAPIST / CREDENTIALS

LICENSE NO.

TREATMENT ENCOUNTER NOTE

Patient Information

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

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

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

Appointment Detail

Discipline: OT Tx Time In: 230 Units: 5

Tx Time Out: 340 Total Time Based Time: ______

Date: 12 / 19 / 11 # Visits Prior To Today: 2 of 8 Total Treatment Time: ______

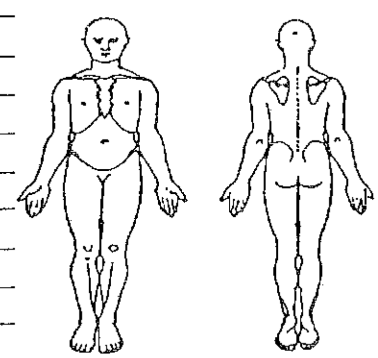
Treatment codes: 97010, 97035, 97140, ②97110

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

O: Cont per Rx flow sheet. No adverse effects to US or MHP noted. Cont hypersensitivity noted ū ulnar aspect of scar. Initiated soft putty for gentle strengthening

A: Cont minimal hypersensitivity noted, good tol of soft putty noted

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



0 PAIN SCALE 10

[signature]

THERAPIST / CREDENTIALS

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: 135 Units: 5

Tx Time Out: 235 Total Time Based Time: ______

Date: 12 / 20 / 11 # Visits Prior To Today: 2 of 8 Total Treatment Time: ______

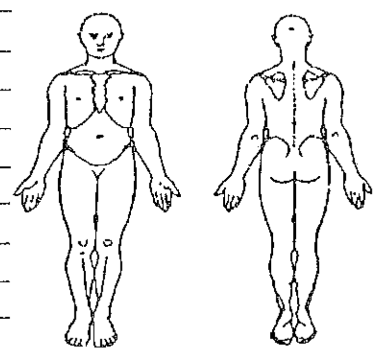
Treatment codes: 97035, 97010, 97140, ② 97110

SOAP: S: "No new c/o since yesterday. Pain ↑'d after Ex, but back to baseline this morning."

O: Small nodule noted along ulnar aspect of forearm. Cont per Rx flow sheet. No adverse effects to MH/Pt/US noted. Initiated 1# wrist curls x - Tol well.

A: Good tol of stacking, wrist curls, c̄ power web.

P: Cont to upgrade per pt tolerance.



0 PAIN SCALE 10

[signature]
THERAPIST / CREDENTIALS

10693
12-23-11 10:02am

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: 12[00] Total Time Based Time: ______

Date: 12 / 23 / 11 # Visits Prior To Today: 2 of 8 Total Treatment Time: ______

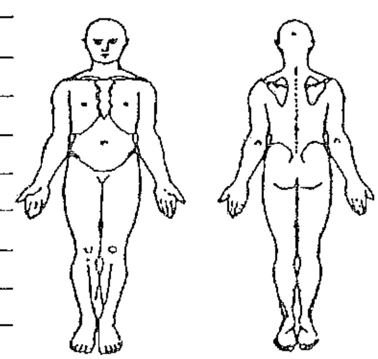
Treatment codes: (1)97010 (1)97035 (1)97140 (1)97110

SOAP: S: Pt reported to had significant pain & soreness after using putty but that he was fine after using the [illegible] [illegible] wait

O: MHP x 15min prior to pulsed U.S. → [illegible] effect. STM, scar mob done, [illegible] stretches. AROM [illegible] strengthening as per Rx. Added ulnar nerve glides

A: Tol well c̄ min c/o. Some reports of ulnar forearm & hand tingling during U.S. & after exercise but resolved c̄ [illegible] of arm

P: Cont c̄ P.O.C.



0 PAIN SCALE 10

[illegible signature] OTR
THERAPIST / CREDENTIALS

10693
12-27-11 01:56pm

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

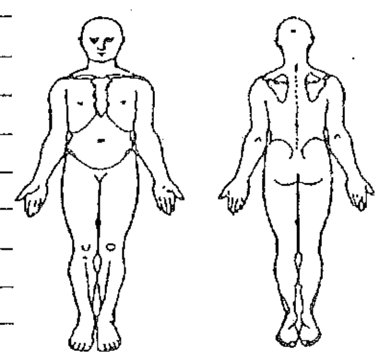
Discipline: OT | Tx Time In: 330 | Units: 5

Tx Time Out: 445 | Total Time Based Time: ______

Date: 12 / 27 / 11 | # Visits Prior To Today: 7 of 8 | Total Treatment Time: ______

Treatment codes: ② 97110, 97010, 97035 97140

SOAP: S: "I feel OK, then as the day progresses, the nerve pain progresses in my arm into my armpit and effects into my [illegible] and ..."
O: Cont per Rx flow sheet. No adverse effects to MHP or US noted. Cont nerve pain noted - especially along ulnar nerve into armpit.
A: Tolerated Rx fair. Pt is continuing to demonstrate nerve pain/hypersensitivity.
P: Cont to upgrade Rx per pt tol.



0 PAIN SCALE 10

THERAPIST / CREDENTIALS

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

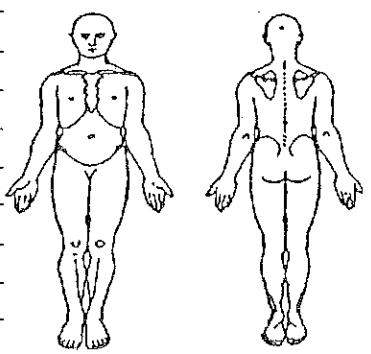
Discipline: OT Tx Time In: 130 Units: 4

Tx Time Out: 230 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. He reports that "stabbing" & aching kind accompanied the pain.
O: MHP x 10 min = 4 layers pain & pulsed U.S. to dorsal Pt reporting burning pain = STM over radial tunnel & performed pulsed U.S. to dorsal forearm. Cont c ROM, STM, pain, AROM & strengthening as per Rx Dx. Performed wrist curls in neutral position & 1 lb.
A: Pt well c mod c/o. Had burning pain in biceps & axilla p Tx. Pt states that it goes away shortly p therapy
P: Cont c POC.



0 PAIN SCALE 10

THERAPIST / CREDENTIALS

10693
01-03-12 09:34am

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

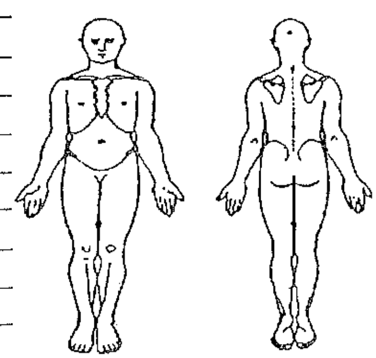
Discipline: OT Tx Time In: 10:30 Units: 3

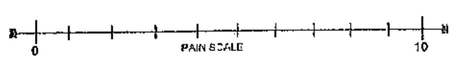
Tx Time Out: 11:20 Total Time Based Time: ______

Date: 01 / 03 / 12 # Visits Prior To Today: 8 of 8 Total Treatment Time: ______

Treatment codes: (1) 97035 (1) 97140 (1) 97110 (1) 97010 N/C

SOAP: S: "I have a job interview today so I can't be shaking today"
O: MHP x10 min c̄ ~~[illegible]~~ effects prior to pulsed U.S. 50% .75 w/cm² to scar ant. & dor. wrist, STM, Prom of wrist & digits, intrinsic stretches, Arom, intrinsic exercises, wrist curls without resistance today in order to prevent exacerbation of tremors.
A: Tol well c̄ min c/o. No exacerbation of tremors c̄ exercise today
P: Cont c̄ P.O.C. Cont wrist curls c̄ 1# wts next visit





[signature] OT/L
THERAPIST / CREDENTIALS

DYNAMIC HAND THERAPY

Re-Evaluation of Progress, Goals and Plan of Care

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

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: 10-6-11

Number of visits to date: _____

SUBJECTIVE:

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

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

Function/ADL's:

Improvements: No functional improvements due to ↑ in tension

Continued difficulties: writing, using mouse, pouring coffee, manipulating small objects, bearing 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: TBE next visit due to stim constraints

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

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

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

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

Goals: STG's met: ☑ yes ☐ no (1) (2) LTG's met: ☐ yes ☐ no (3) ↑ pronation 5°

Revised functional goals: 4 wks

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

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

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

Patient: Paul Dulberg

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

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

PLAN:

Modalities: MHP, U.S. - PRN

Exercise: AROM elbow, wrist, digits, isometric 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: _____

_____

_____ OTL
Therapist Signature

_____
Physician's Signature date

PLEASE FAX BACK TO: 847-587-3346

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

	(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 75t	65	85							
Wrist									
Flexion 80	75t	80							
Extension 75t	55	60							
Radial Deviation 25	20t	15							
Ulnar Deviation 45	30t	25							
Thumb									
MCP Extension/Flexion									
PIP Extension/Flexion									
Radial Abduction									
Palmar Abduction									
Opposition									
Index Finger									
MCP Extension/Flexion									
PIP Extension/Flexion									
DIP Extension/Flexion									
TAM									
Long Finger									
MCP Extension/Flexion									
PIP Extension/Flexion									
DIP Extension/Flexion									
TAM									
Ring Finger									
MCP Extension/Flexion									
PIP Extension/Flexion									
DIP Extension/Flexion									
TAM									
Small Finger									
MCP Extension/Flexion									
PIP Extension/Flexion									
DIP Extension/Flexion									
TAM									
Therapist Initials	LWS	LWS	DW						

Dynamic Hand Therapy Edema Flow Sheet

Patient Name: Paul Duffney

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

Dynamic Hand Therapy Grip/Pinch Strength Flow Sheet

Patient Name: Paul Dalberg

Exam Date	12/6/11	12/6/11	1/5/12		1/8/12	1/8/12				
Measurements: Kg Lb	R	L	R	L	R	L	R	L	R	L
Grip strength-Jamar 2nd position										
Trial 1	126	135			121	141				
Trial 2	92	145			118	142				
Trial 3	110	146			138	141				
Average:	109				126#	141#				
Grip Curve-Jamar Dynamometer					1'd 17#					
Intrinsics 1st position					89#					
2nd position										
3rd position										
4th position										
Extrinsics 5th position										
Rapid Alternation Test										
Pinch Strength					Pinch-o-meter broken					
3-pt (3-jaw chuck)	26	29	previous Uhrniak transposition left wrist							
2-pt (pad)	20	18								
Lateral Key	28	26								
Examiners Initials	MPS	MPS			MD	MD				

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: 10 30 Units: 4

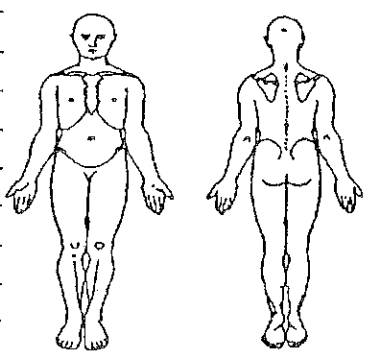
Tx Time Out: 11 30 Total Time Based Time: _____

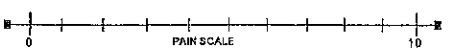
Date: 01 / 05 / 12 # Visits Prior To Today: 9 of 16 Total Treatment Time: _____

Treatment codes: (1) 97035 (3) 97110

SOAP:

See Re-evaluation & flow sheets





THERAPIST / CREDENTIALS

LICENSE NO.

TREATMENT ENCOUNTER NOTE

Patient Information

Account #: 0042000185 | Co - Pay: ______ | OR | Co - Insurance: ______

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

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

Appointment Detail

Discipline: OT | Tx Time In: 11:00 | Units: 5

Tx Time Out: 12:05 | Total Time Based Time: ______

Date: 01 / 09 / 12 | # Visits Prior To Today: 11 of 24 | Total Treatment Time: ______

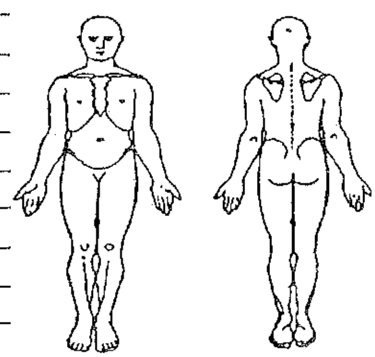
Treatment codes: (1)97010 (1)97035 (1)97140 (2)97110

SOAP: S: Pt new c/o. Reports MD says his EMG is normal despite his symptoms

O: MHP x 10min followed by pulsed U.S. to rt x 8min c no adverse effects. Scar mob, STM forearm & hand. PROM: wrist, forearm & digits including intrinsic stretches. AROM, wrist curls c 1# wts, digital adductor exercises. FMC - BB's. See flow log.

A: Pt well c c/o thumb cramping c BB transfer activity

P: Cont c P.O.C.



0 — PAIN SCALE — 10

[illegible] OTL
THERAPIST / CREDENTIALS

10693
01-11-12 11:03am

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: 10[05] Units: 5

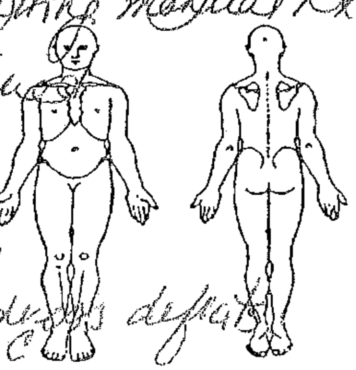
Tx Time Out: 11[20] Total Time Based Time: ______

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 tingles c̄ prolonged use of the hand, especially when I try to hold something between my thumb & small finger - like a computer mouse."

O: The chart & most recent OT eval dated 1/5/12 were reviewed & today's gross assessment of ROM & strength consistent c̄ 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 flow 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 continued Sx following Rx.



A: Pt presents c̄ moderate scar tissue along ulnar aspect of forearm c̄ reports of neurological Sx c̄ functional use of hand. Would benefit from cont'd therapy to address deficits.

P: Cont. therapy along c̄ therapist POC until return to OT.

0 PAIN SCALE 10

[illegible signature]

THERAPIST/CREDENTIALS

10693
01-16-12 07:45am

TREATMENT ENCOUNTER NOTE

Patient Information

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

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

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

Appointment Detail

Discipline: OT Tx Time In: 1100 Units: 5

Tx Time Out: 1135 Total Time Based Time: _____

Date: 01 / 16 / 12 # Visits Prior To Today: 12 of 24 Total Treatment Time: _____

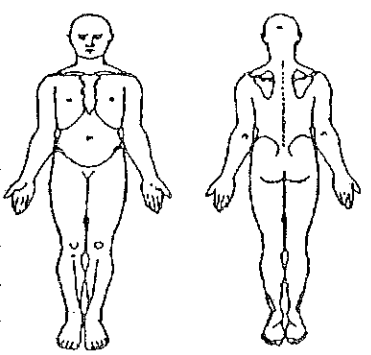
Treatment codes: (2)97110, 97140, 97035, 97010

SOAP: S: "The shooting pain is dull, better after using the mpg

O: Cont per Rx flow sheet. No adverse effects to OS or MHP noted.
pt is "shooting pain" has decreased with deep tissue massage

A: Tempering move pain relief + deep tissue massage. Rx ended c 2 MHP

P: Cont to upgrade per ot tol. Strengthening as tol.
P.F repeated values c pre + post MHP



0 PAIN SCALE 10

Ann Ramanathan

THERAPIST / CREDENTIALS

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

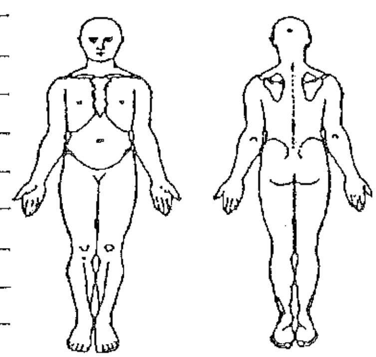
Tx Time Out: 12:00 | Total Time Based Time: ____

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 sign my name."
O: Cont per ex. flow sheet. No adverse effects to US/ultrasound. pt. continues to demonstrate hypersensitivity of ulnar nerve. Pt reports that nerve hypersensitivity ↑'d after very basic activity of signing his name.
A: Cont hypersensitivity/pain in ulnar nerve.
P: Cont to upgrade per pt tol.



0 — PAIN SCALE — 10

[illegible signature]
THERAPIST / CREDENTIALS

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

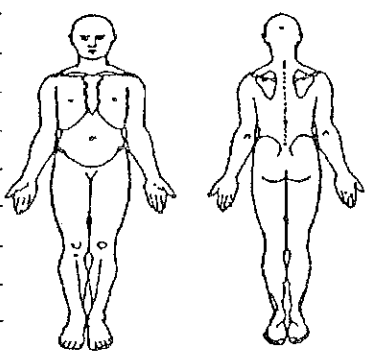
Discipline: OT Tx Time In: 2:30 Units: 5

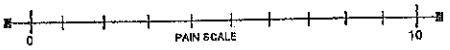
Tx Time Out: 3:45 Total Time Based Time: _____

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 MHp noted. Cont nerve hypersensitivity - Sensory modality 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.





THERAPIST / CREDENTIALS

LICENSE NO.

TREATMENT ENCOUNTER NOTE

Patient Information

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

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

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

Appointment Detail

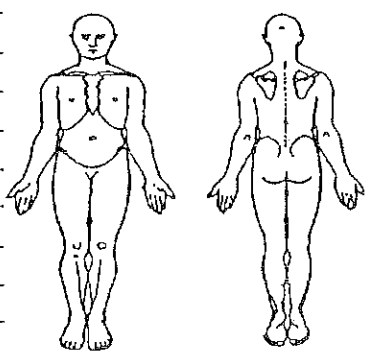
Discipline: OT Tx Time In: 2:30 Units: 5

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: "My arm is feeling a little better but still has shooting pains"
O. Cont per Ex Flow Sheet. No adverse effects to US or US noted
Pt continues to demonstrate decr impairments/limitations and pain along ulnar nerve. Pt palpable nodule appears to elicit nerve pain. Fatigue noted after Ex.
A: Tolerated Ex fair - nerve pain ↓/↑ fatigue after Ex.
P. Attempt to upgrade - but limited per pt tolerance.



PAIN SCALE 0 10

Shannon Moran
THERAPIST / CREDENTIALS

LICENSE NO

10693
01-30-12 01:37pm

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: 01 / 30 / 12 # Visits Prior To Today: 16 of 24 Total Treatment Time: _____

NMT, TE, US, MHP

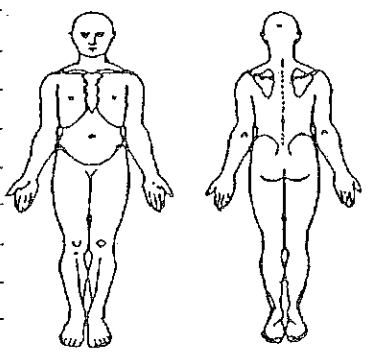
Treatment codes: 97140, 97110, 97035, 97010

SOAP: S: "My nerve feels very aggravated."

O: Cont per POC flow sheet. No adverse effects to MHP or US noted. Pt continues to demonstrate hypersensitivity in his ulnar aspect of fla in his area of most ulnar aspect of scar. Nerve symptoms appear to worsen c isolated activation of EDS in SF.

A: Tolerated Tx fair but isolation of EDS (extensor) to SF seems to aggravate his nerve symptoms

P: Cont - monitor EDS' response to isolated active ROM



0 PAIN SCALE 10

THERAPIST / CREDENTIALS

LICENSE NO

10693
02-01-12 07:34am

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

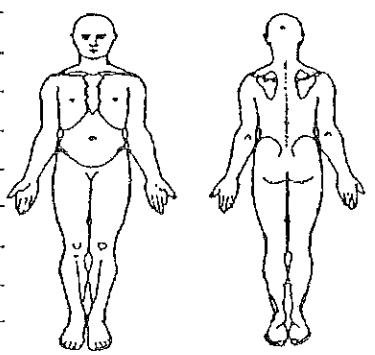
Discipline: OT Tx Time In: 830 Units: 4

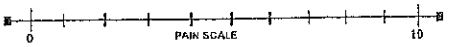
Tx Time Out: 930 Total Time Based Time: _____

Date: 02 / 01 / 12 # Visits Prior To Today: 16 of 24 Total Treatment Time: _____

Treatment codes: 97010, 97035, 97140, 97110

SOAP: S: "My fingers bending set off the pain in migraine"
O: Cont per Rx from Sheet. No adverse effects to MHP/US noted. Isolated FDS to SF only, consistently sets off nerve pain along ulnar nerve.
A: Ulnar nerve appears to be affected by SF FDS contraction
P: Cont to upgrade per pt tol.





THERAPIST / CREDENTIALS

LICENSE NO

DYNAMIC HAND THERAPY

Re-Evaluation of Progress, Goals and Plan of Care

Patient: Paul Wellberg Physician: Dr. Zelnick Date: 1-5-12

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

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

Number of visits to date: ____________

SUBJECTIVE:

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

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

Function/ADL's:

Improvements: No functional improvements due to ↑ in tremors

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

OBJECTIVE:

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

See flow sheet for:

☑ Edema: Moderate edema across MCP jts

☐ Sensation: TBA next visit due to time constraints

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

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

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

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

Goals: STG's met: ☑ yes (1) (2) ☑ no (3) ↑ pronation 5° LTG's met: ☐ yes ☐ no

Revised functional goals: 4wks

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

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

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: Scar mobs, STM, ROM 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:

Therapist Signature

Physician's Signature

date 1/6/12

PLEASE FAX BACK TO: 847-587-3346

FAXED
JAN 6 2012

DYNAMIC HAND THERAPY

Re-Evaluation of Progress, Goals and Plan of Care

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

Diagnosis: (R) Forearm laceration of ulnar flexor Date of Injury: 6/28/11

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

Number of visits to date: _____

SUBJECTIVE:

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

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

Function/ADL's:

Improvements: Unable to identify; 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 d scar

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

☐ Edema: _____

☑ Sensation: WNL (Deep pressure sensation) ulnar hand, Diminished protective sensation volar forearm

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

☑ Strength: 3/d grasp x 12# since previous eval, decreased pain in hand since initial visit

Treatment summary to date: Focus of Rx has been scar control, desensitization, stretching, splint, heat, TGE/isolated FDS, Composite stretching

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

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

Revised functional goals: Rom/pain goal (grasp)

1. TBA

2.

3.

Patient: Paul Dulberg

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

☐ other: _____

PLAN:

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

Exercise: intervention - this issue seems to be caused by one specific

problem that is not being improved in therapy - His

Splinting: SF FDS appears to be effecting his u/ner nerve

Other: every time it is fired.

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: _____

Therapist Signature

Physician's Signature 2/8/12

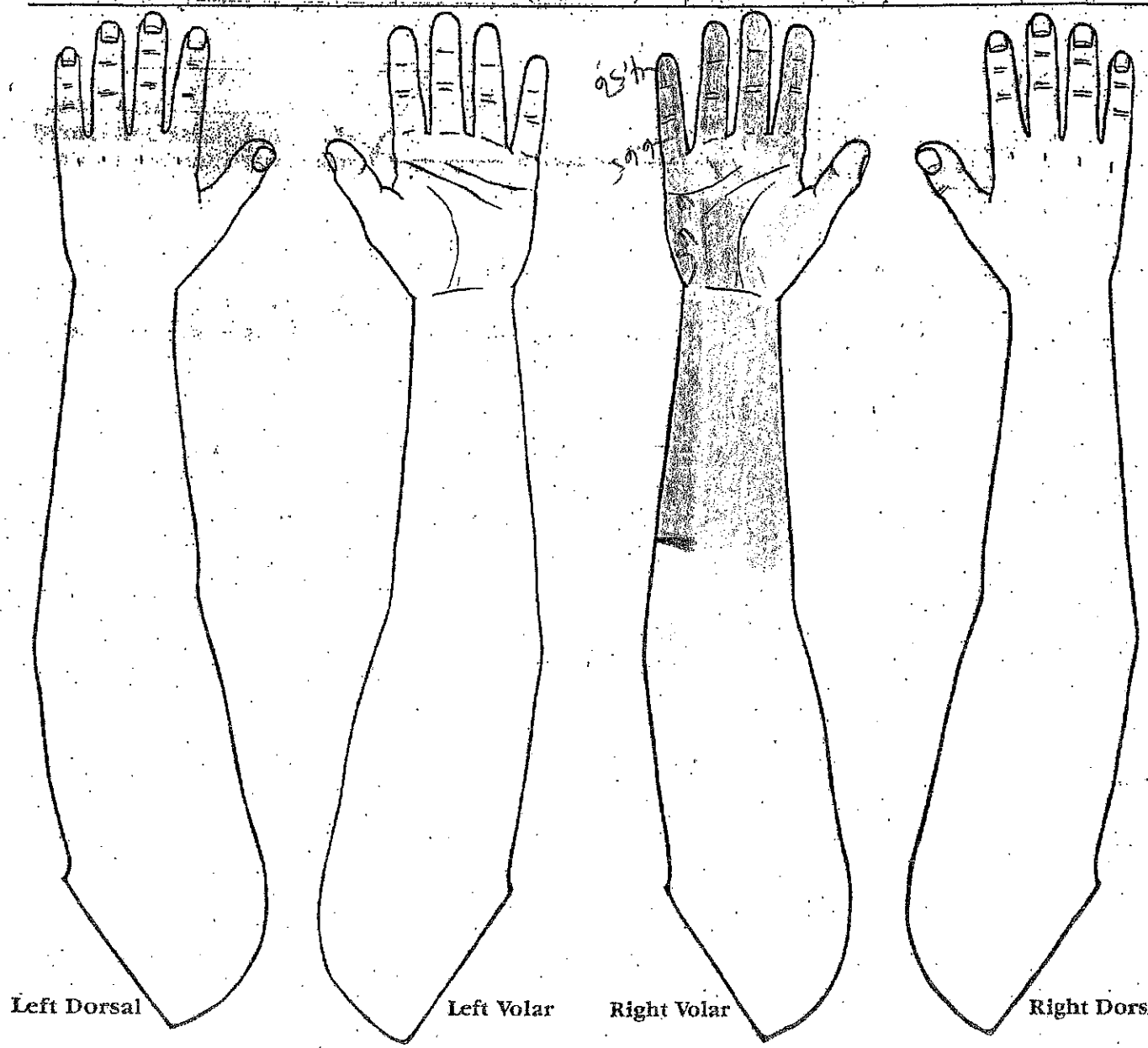
date

PLEASE FAX BACK TO: 847-587-3346

Semmes-Weinstein Monofilament Sensory Testing Results

Date 2/16/12 Patient: Paul Dulberg

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



Left Dorsal Left Volar Right Volar Right Dorsal

Tested by: Lisa Shannahan

Revised November 198[illegible]

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

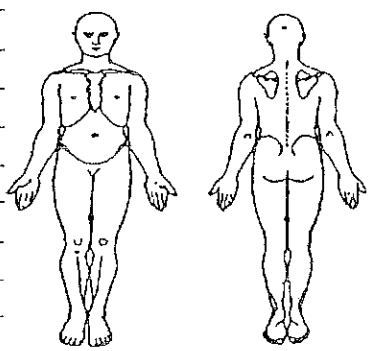
Discipline: OT Tx Time In: 9 00 Units: 4

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: 97004(NC), ~~97145~~ 97110(3), 97112

SOAP: See re-eval / Re flowsheet. Pt to be placed on hold until he sees MD again.



THERAPIST / CREDENTIALS

LICENSE NO.

DYNAMIC HAND THERAPY

Re-Evaluation of Progress, Goals and Plan of Care

Patient: Paul Dullberg Physician: Dr 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, nodule in scar also causes pain, pain c opposition also

Function/ADL's:

Improvements: N/A

Continued difficulties: Holding a cup or can, using mouse, maintaining fist

OBJECTIVE:

Wound/Scar: c/o hypersensitivity

See flow sheet for:

☑ Edema: ↓'d today - overall

☐ Sensation: Pt reports numbness over scar & ulnar forearm

☑ ROM: Pro/Sup ↑'d 5° each, wrist ✓ ↑'d 5°, SF at 20° abduction (unable to adduct)

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

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

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

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

Revised functional goals:

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

Patient: Paul Dudberg

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

☐ other: Scar massage RPOM

PLAN:

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

Exercise: AROM wrist & digits, strengthening via free wts, putty, BTE as tolerated

Splinting: _____

Other: _____

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

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

Additional requests/concerns: _____

Therapist Signature

Physician's Signature date 4/5/12

PLEASE FAX BACK TO: 847-587-3346

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: 500 Units: _____

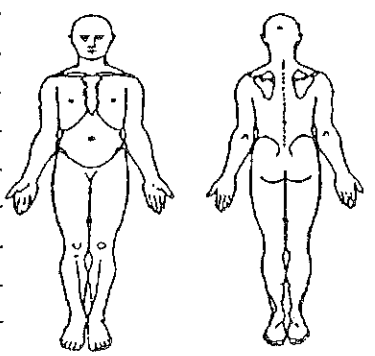
Tx Time Out: _____ Total Time Based Time: _____

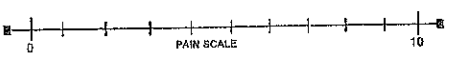
Date: 04 / 03 / 12 # Visits Prior To Today: 19 of 24 Total Treatment Time: _____

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	F008	Traction Mechanical	
A003	OT Eval	1	B001	Manual Therapy	1	H003	Custom WHFO Static	
A004	OT Re Eval		C001	Theraputic Activities		H006	Custom WHO Static	
F003	HP/CP		C002	Neuromuscular Re-Ed		H005	Custom WHFO Dynamic	
F004	Estim Unattend		C003	Therapeutic Exercise	1	H018	Custom HFO Static	

Additional Treatment Codes: _____

SOAP: See written Eval & flowsheet





THERAPIST / CREDENTIALS

LICENSE NO. _____

TREATMENT ENCOUNTER NOTE

Patient Information

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

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

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

Appointment Detail

Discipline: OT Tx Time In: 2^30 Units: 6

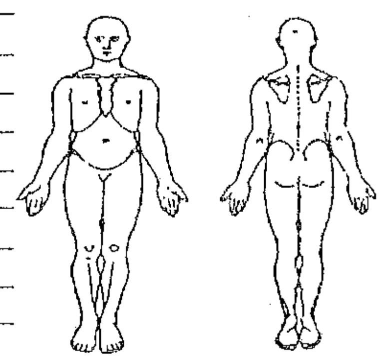
Tx Time Out: 4^00 Total Time Based Time: ______

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	Theraputic Activities		H006	Custom WHO Static	
F003	HP/CP	1	C002	Neuromuscular Re-Ed		H005	Custom WHFO Dynamic	
F004	Estim Unattend		C003	Therapeutic Exercise	2	H018	Custom HFO Static	

Additional Treatment Codes: ______

SOAP: S: Pt new c/o Tol last visit c̄ 0 adverse effect
O: MHP x10 min followed by 50% U.S. & 3Mhz to ↑ tissue pliability. Scar mob, STM of forearm & hand, flexors wrist & digits. Strengthening of intrinsics as per Rx log. BTE wt up & rub through x1. ~Tol #162, 332 & 202, 601.
A: Tol well c̄ min c/o.
P: Cont c̄ P.O.C.



0 PAIN SCALE 10

[illegible signature]
THERAPIST / CREDENTIALS

LICENSE NO. ______

10693
04-10-12 01:40pm

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: 300 Units: 4

Tx Time Out: 400 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	Theraputic Activities		H006	Custom WHO Static	
F003	HP/CP	1	C002	Neuromuscular Re-Ed		H005	Custom WHFO Dynamic	
F004	Estim Unattend		C003	Therapeutic Exercise	2	H018	Custom HFO Static	

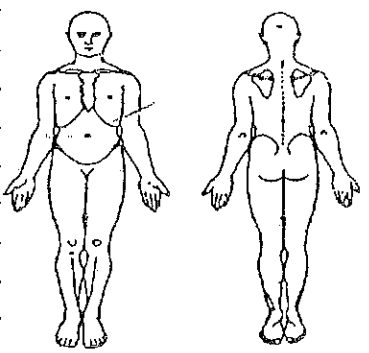
Additional Treatment Codes:

SOAP: S: "I cooked Mon morning and I found that I had trouble holding the plate. It was too heavy. My fingers are tingling now."

O: Cont per Rx Plan Sheet. No adverse effects to HEP noted. STM, stretching f/v to strengthening and ROM.

A: Pain decreased after Rx

P: Cont to upgrade per Rx Plan Sheet; Focus on strengthening



0 PAIN SCALE 10

THERAPIST / CREDENTIALS

LICENSE NO. _____

10725
04-12-12 10:22am

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

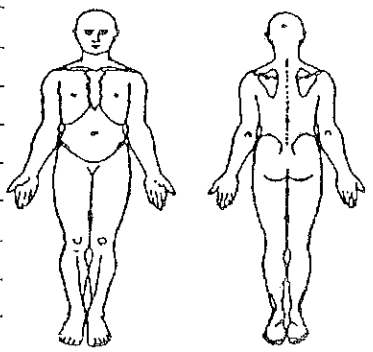
Additional Treatment Codes: _____

SOAP: S: "My arm was sore after our last therapy"

O: Cont per Rx flow sheet. No adverse effects to HEP or ROM noted. Focused on stretching and strengthening. Pt was unable to stretch long flexors.

A: Tol Rx fair. Needs continued log strengthening

P: Cont. Upgrade as tol and per pain tolerance.



0 PAIN SCALE 10

THERAPIST / CREDENTIALS

LICENSE NO. _____

10693
04-16-12 10:15am

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: 10 30 Units: 5

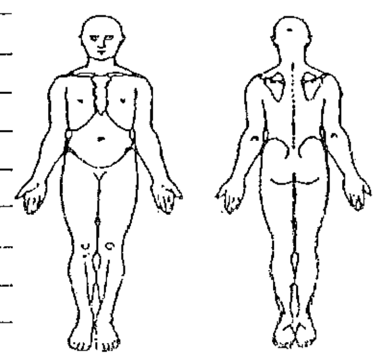
Tx Time Out: 1140 Total Time Based Time: ______

Date: 04 / 16 / 12 # Visits Prior To Today: 24 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 Traning	
A002	PT Re Eval		G001	Ultrasound	1	F008	Traction Mechanical	
A003	OT Eval		B001	Manual Therapy	1	H003	Custom WHFO Static	
A004	OT Re Eval		C001	Theraputic Activities		H006	Custom WHO Static	
F003 1	HP/CP		C002	Neuromuscular Re-Ed		H005	Custom WHFO Dynamic	
F004	Estim Unattend		C003	Therapeutic Exercise	2	H018	Custom HFO Static	

Additional Treatment Codes:

SOAP: S: Pt reports ↑'d soreness that began ½ hour prior to Tx today. Pt does also report he hasn't had any "tingles" for past 2 days.
O: MHP x10 min to ↑ soft tissue extensibility prior to US 50% 8W/cm² to forearm, arm mold, STM of forearm, intrinsic stretches, long flex stretches. Cont c strengthening as per Rx log.
A: Tol well c min c/o of ↑'d pain p Tx; pt c/o overall feeling of weakness / fatigue
P: Cont c POC



0 PAIN SCALE 10

[signature] OTR/L
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: 930   Units: 4

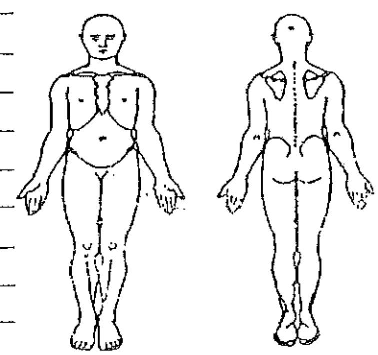
Tx Time Out: 1030   Total Time Based Time: ____

Date: 04 / 18 / 12   # Visits Prior To Today: 25 of 24   Total Treatment Time: ____

RT Code	Description	Units	RT Code	Description	Units	RT Code	Description	Units
A001	PT Eval		F010	Vasopneumatic Device		C005	Gait Training	
A002	PT Re Eval		G001	Ultrasound	1	F008	Traction Mechanical	
A003	OT Eval		B001	Manual Therapy	1	H003	Custom WHFO Static	
A004	OT Re Eval		C001	Theraputic Activities		H006	Custom WHO Static	
F003	HE/CP	1	C002	Neuromuscular Re-Ed		H005	Custom WHFO Dynamic	
F004	Estim Unattend		C003	Therapeutic Exercise	1	H018	Custom HFO Static	

Additional Treatment Codes: ____

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



PAIN SCALE 0 – 10

[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: 245 Units: 5

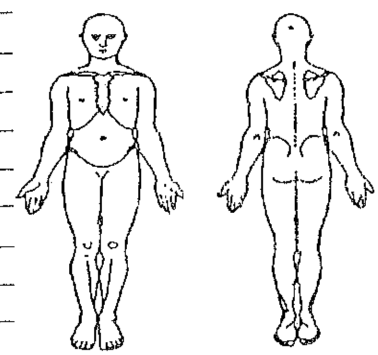
Tx Time Out: 330 Total Time Based Time: ______

Date: 04 / 26 / 12 # Visits Prior To Today: 26 of 24 Total Treatment Time: ______

RT Code	Description	Units	RT Code	Description	Units	RT Code	Description	Units
A001	PT Eval		F010	Vasopneumatic Device		C005	Gait Training	
A002	PT Re Eval		G001	Ultrasound	1	F006	Traction Mechanical	
A003	OT Eval		B001	Manual Therapy	1	H003	Custom WHFO Static	
A004	OT Re Eval		C001	Theraputic Activities		H006	Custom WHO Static	
F003 1	HP/CP		C002	Neuromuscular Re-Ed		H005	Custom WHFO Dynamic	
F004	Estim Unattend		C003	Therapeutic Exercise	2	H018	Custom HFO Static	

Additional Treatment Codes: ______

SOAP: S: "I hurt my arm yesterday by holding out my iPad so someone could look at it." As result arm I hurt all night and had needed a pain pill in order to sleep. Minimal pain today prior to Tx.
O: MHP followed by pulsed US 50% .8W/cm² x 8 min. Scar mob, stretch forearm. PROM of wrist & digits. Cont. strengthening ex as per flow sheet.
A: Tol well c min c/o. "I have muscle pain; I really worked my arm today." No c/o nerve pain during exercises today.
P: Cont c POC.



0 PAIN SCALE 10

[signature] OT/L
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: 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	Theraputic Activities		H006	Custom WHO Static	
F003	HB/CP	1	C002	Neuromuscular Re-Ed		H005	Custom WHFO Dynamic	
F004	Estim Unattend		C003	Therapeutic Exercise	1	H018	Custom HFO Static	

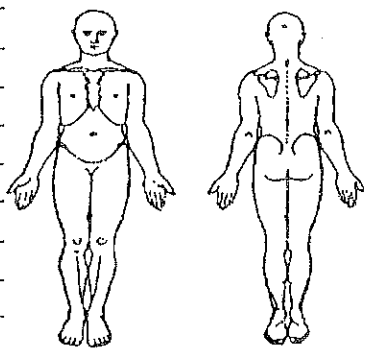
Additional Treatment Codes:

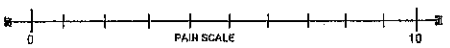
SOAP: S: "I have a little less pain today."

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

A: Tolerated Rx fair. Improved overall pain noted

P: Continue to upgrade per pt tolerance.





THERAPIST / CREDENTIALS

LICENSE NO. _____

10693
05-02-12 08:59am

TREATMENT ENCOUNTER NOTE

Patient Information

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

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

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

Appointment Detail

Discipline: OT Tx Time In: 12:00 Units: 5

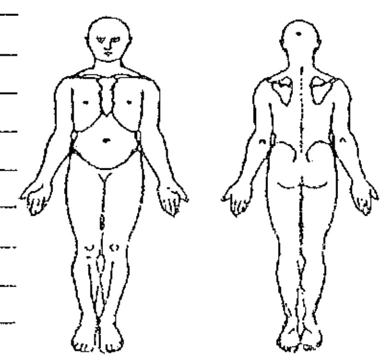
Tx Time Out: 1:00 Total Time Based Time: ______

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 Mechanical	
A003	OT Eval		B001	Manual Therapy	1	H003	Custom WHFO Static	
A004	OT Re Eval		C001	Theraputic Activities		H006	Custom WHO Static	
F003	HP/CP	1	C002	Neuromuscular Re-Ed		H005	Custom WHFO Dynamic	
F004	Estim Unattend		C003	Therapeutic Exercise	2	H018	Custom HFO Static	

Additional Treatment Codes:

SOAP: S: "I am feeling stronger. But I still get that nerve pain."
O: Cont per Rx flow sheet. No adverse effect to HP or US noted. Applied US/HP + 1/4 ? stm, stretching c strengthening
A: Tolerated Rx well today. Strength / tolerance of ex appears to be improving, but ulnar nerve pain continues to be set off by SF motion
P: Continue. Upgrade strength per tolerance. Re-eval next visit.



0 PAIN SCALE 10

THERAPIST / CREDENTIALS

LICENSE NO. ______

DYNAMIC HAND THERAP

Re-Evaluation of Progress, Goals and Plan of Care

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

Diagnosis: (R) Forearm laceration of ulnar flexor Date of Injury: 6/28/11

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

Number of visits to date: _____

SUBJECTIVE:

Pain: 0 /10 at rest / best 10 /10 with activity / at worst

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

Function/ADL's:
Improvements: Able to grip objects better; Very little functional improvements

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

OBJECTIVE:

Wound/Scar: _____

See flow sheet for:

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

☐ Sensation: 6.65 Dorsal RF/SF, Volar Ulnar forarm; 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 ↑'d

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

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

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

Revised functional goals: (x4 weeks)

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

2. (↑) (R) 3 pt pinch ~~#'s~~ x 3# to (↑) his ability to perform cooking activities

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

Patient: Paul Dulberg

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

☐ other: _____

PLAN:

Modalities: UHP, US

Exercise: AROM, 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: _____

Therapist Signature

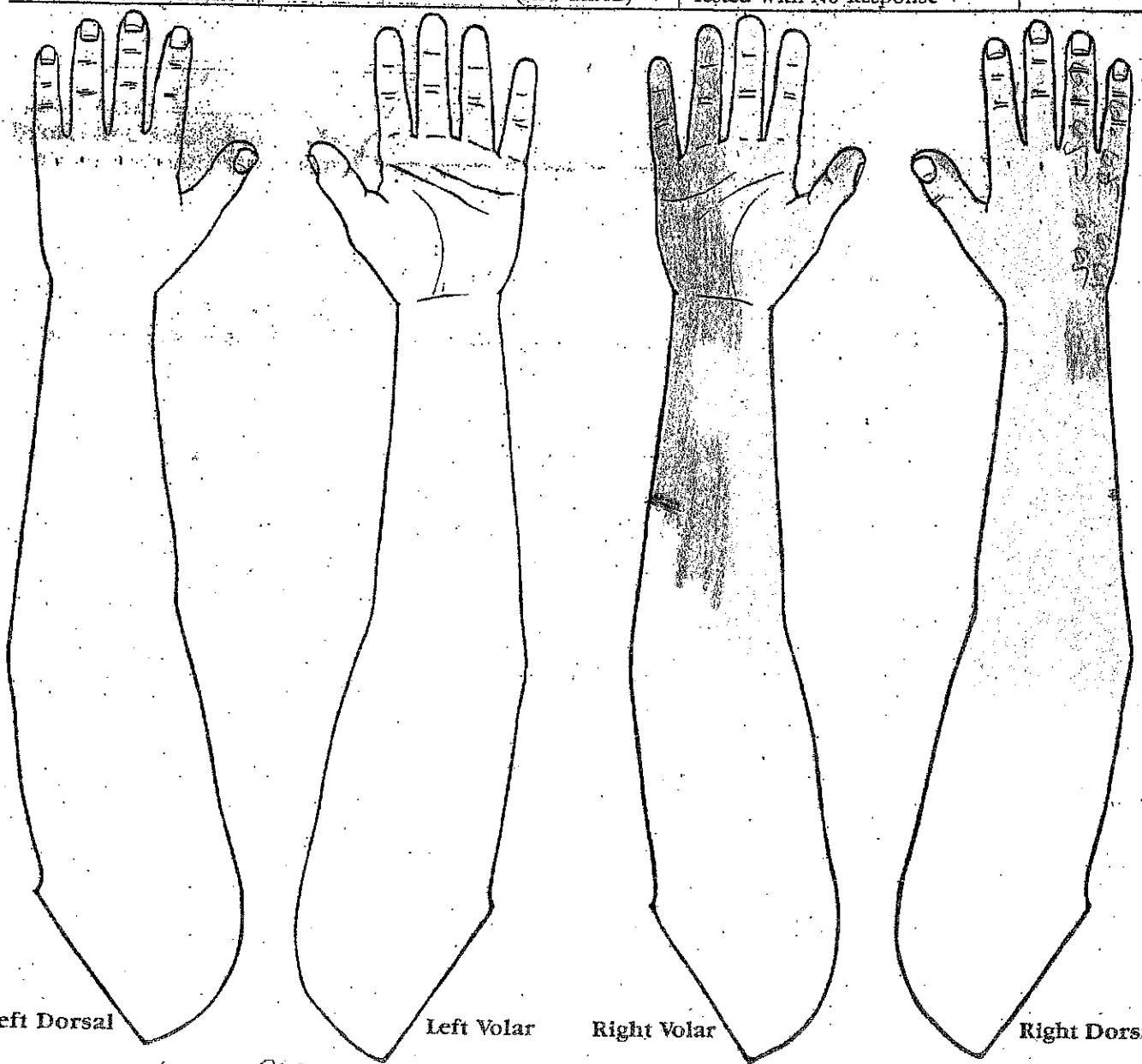
Physician's Signature date

PLEASE FAX BACK TO: 847-587-3346

Semmes-Weinstein Monofilament Sensory Testing Results

Date 5/4/12 Patient: Paul Dalberg

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



Left Dorsal Left Volar Right Volar Right Dorsal

Tested by: [signature]

Revised November 198[illegible]

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: 1045 Units: 4

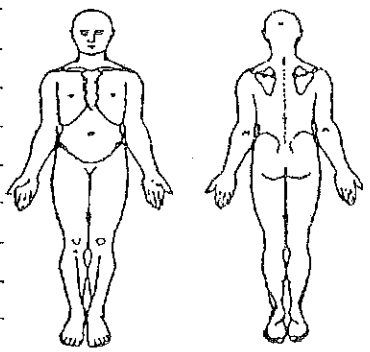
Tx Time Out: 1130 Total Time Based Time: _____

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		G005	Gait Training	
A002	PT Re Eval	NC	G001	Ultrasound	NC	F008	Traction Mechanical	
A003	OT Eval		B001	Manual Therapy	4	H003	Custom WHFO Static	
A004	OT Re Eval		C001	Theraputic Activities		H006	Custom WHO Static	
F003	HP/CP	1	C002	Neuromuscular Re-Ed		H005	Custom WHFO Dynamic	
F004	Estim Unattend		C003	Therapeutic Exercise	1	H018	Custom HFO Static	

Additional Treatment Codes: _____

SOAP: See Re-Eval / Rx flow sheet.



Mary Shannahan

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: 930 Units: 5

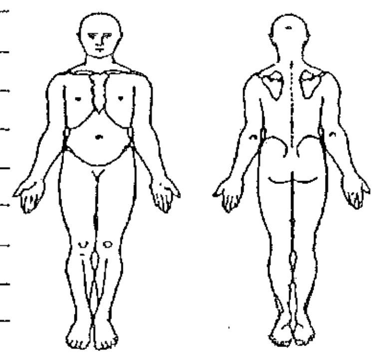
Tx Time Out: 1040 Total Time Based Time: ______

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

RT Code	Description	Units	RT Code	Description	Units	RT Code	Description	Units
A001	PT Eval		F010	Vasopneumatic Device		C005	Gait Training	
A002	PT Re Eval		G001	Ultrasound	1	F008	Traction Mechanical	
A003	OT Eval		B001	Manual Therapy	1	H003	Custom WHFO Static	
A004	OT Re Eval		C001	Theraputic Activities		H006	Custom WHO Static	
F003	HP/CP	1	C002	Neuromuscular Re-Ed		H005	Custom WHFO Dynamic	
F004	Estim Unattend		C003	Therapeutic Exercise	2	H018	Custom HFO Static	

Additional Treatment Codes: ______

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



0 PAIN SCALE 10

[illegible]

THERAPIST / CREDENTIALS

LICENSE NO. ______

TREATMENT ENCOUNTER NOTE

Patient Information

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

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

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

Appointment Detail

Discipline: OT Tx Time In: 2:30 Units: 4

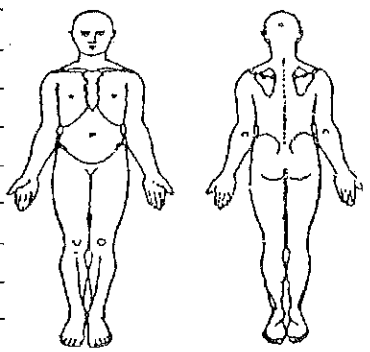
Tx Time Out: 3:30 Total Time Based Time: _____

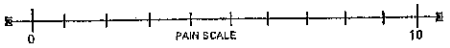
Date: 05 / 10 / 12 # Visits Prior To Today: 31 of 32 Total Treatment Time: _____

RT Code	Description	Units	RT Code	Description	Units	RT Code	Description	Units
A001	PT Eval		F010	Vasopneumatic Device		C005	Gait Training	
A002	PT Re Eval		G001	Ultrasound		F008	Traction Mechanical	
A003	OT Eval		B001	Manual Therapy		H003	Custom WHFO Static	
A004	OT Re Eval		C001	Theraputic Activities		H006	Custom WHO Static	
F003	HP/CP	1	C002	Neuromuscular Re-Ed		H005	Custom WHFO Dynamic	
F004	Estim Unattend		C003	Therapeutic Exercise	3	H018	Custom HFO Static	

Additional Treatment Codes: _____

SOAP: S: "My hand is still feeling very weak and it hurts when I use it"
O: Cont per Rx flow sheet. No adverse effects to HEP noted. Pt is reporting increased pain to dorsum - especially after isolated FDS and any gross 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.





Therapist / Credentials

THERAPIST / CREDENTIALS

LICENSE NO. _____

TREATMENT ENCOUNTER NOTE

Patient Information

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

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

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

Appointment Detail

Discipline: OT Tx Time In: 11:00 Units: 5

Tx Time Out: 12:45 Total Time Based Time: _____

Date: 05 / 15 / 12 # Visits Prior To Today: 32 of 32 Total Treatment Time: _____

RT Code	Description	Units	RT Code	Description	Units	RT Code	Description	Units
A001	PT Eval		F010	Vasopneumatic Device		C005	Gait Training	
A002	PT Re Eval		G001	Ultrasound	1	F008	Traction Mechanical	
A003	OT Eval		B001	Manual Therapy	1	H003	Custom WHFO Static	
A004	~~OT~~ Re Eval		C001	Theraputic Activities	1	H006	Custom WHO Static	
F003	HP/CP	1	C002	Neuromuscular Re-Ed		H005	Custom WHFO Dynamic	
F004	Estim Unattend		C003	Therapeutic Exercise	2	H018	Custom HFO Static	

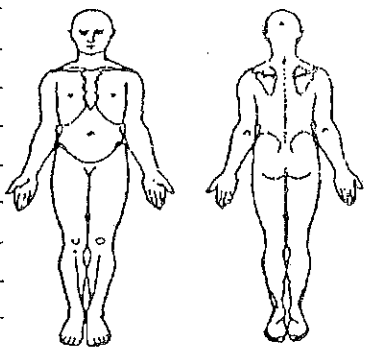
Additional Treatment Codes: _____

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

O: Cont per Pt flow sheet. No edema, effects to UHP or US noted. Focus of Rx on modalities, stretching, and strengthening. Pt reports cont weakness & during chores - ie. cooking, cleaning, lifting.

A: Cont weakness/pain reported

P: Continue to upgrade ROM, strength.



0 PAIN SCALE 10

THERAPIST / CREDENTIALS

LICENSE NO. _____

TREATMENT ENCOUNTER NOTE

Patient Information

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

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

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

Appointment Detail

Discipline: OT Tx Time In: 12:30 Units: 2

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

Date: 05 / 17 / 12 # Visits Prior To Today: 33 of 32 Total Treatment Time: _____

RT Code	Description	Units	RT Code	Description	Units	RT Code	Description	Units
A001	PT Eval		F010	Vasopneumatic Device		C005	Gait Training	
A002	PT Re Eval		G001	Ultrasound	1	F008	Traction Mechanical	
A003	OT Eval		B001	Manual Therapy		H003	Custom WHFO Static	
A004	OT Re Eval		C001	Theraputic Activities		H006	Custom WHO Static	
F003	HP/CP	1	C002	Neuromuscular Re-Ed		H005	Custom WHFO Dynamic	
F004	Estim Unattend		C003	Therapeutic Exercise		H018	Custom HFO Static	

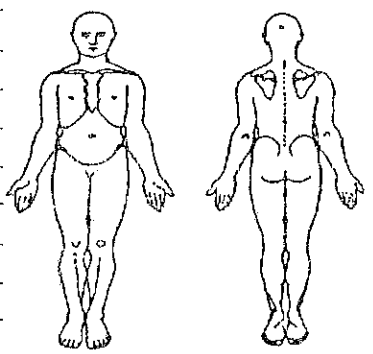
Additional Treatment Codes: _____

SOAP: S: 0

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

A: Tolerated exercise. Cont plan / treatment noted

P: Continue



0 PAIN SCALE 10

THERAPIST / CREDENTIALS

LICENSE NO. _____

TREATMENT ENCOUNTER NOTE

Patient Information

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

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

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

Appointment Detail

Discipline: OT Tx Time In: 11:30 Units: 4

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

Date: 05 / 24 / 12 # Visits Prior To Today: 34 of 32 Total Treatment Time: _____

RT Code	Description	Units	RT Code	Description	Units	RT Code	Description	Units
A001	PT Eval		F010	Vasopneumatic Device		C005	Gait Training	
A002	PT Re Eval		G001	Ultrasound	1	F008	Traction Mechanical	
A003	OT Eval		B001	Manual Therapy	1	H003	Custom WHFO Static	
A004	OT Re Eval		C001	Theraputic Activities		H005	Custom WHO Static	
F003	HP/CP	1	C002	Neuromuscular Re-Ed		H006	Custom WHFO Dynamic	
F004	Estim Unattend		C003	Therapeutic Exercise	1	H018	Custom HFO Static	

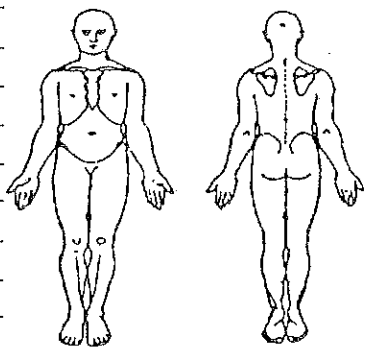
Additional Treatment Codes:

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

O: Cont per Rx for check. 2 small red blisters noted in ulnar distribution along forearm - No sign of infection. He believes he burned his F/A on the grill. No adverse effects to US/HP or US noted. Heat not applied to blister.

A: Treated Rx this pt is sensory loss caused burn to his forearm.

P: Continue to upgrade. Monitor burns



0 PAIN SCALE 10

Mary Shannon Rotunno

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: 900 Units: 4

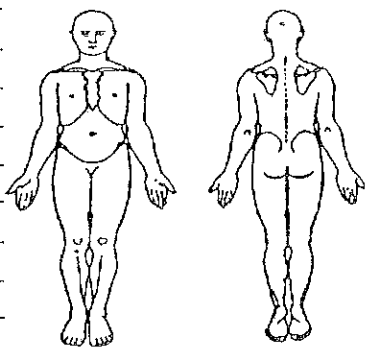
Tx Time Out: 1050 Total Time Based Time: _____

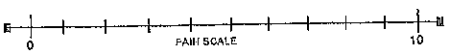
Date: 05 / 25 / 12 # Visits Prior To Today: 35 of 32 Total Treatment Time: _____

RT Code	Description	Units	RT Code	Description	Units	RT Code	Description	Units
A001	PT Eval		F010	Vasopneumatic Device		C005	Gait Training	
A002	PT Re Eval		G001	Ultrasound	1	F008	Traction Mechanical	
A003	OT Eval		B001	Manual Therapy	1	H003	Custom WHFO Static	
A004	OT Re Eval		C001	Theraputic Activities		H006	Custom WHO Static	
F003	HP/CP	1	C002	Neuromuscular Re-Ed		H005	Custom WHFO Dynamic	
F004	Estim Unattend		C003	Therapeutic Exercise	1	H018	Custom HFO Static	

Additional Treatment Codes: _____

SOAP: S: "His nerve gets very aggravated."
O. Cont per Px for heat. No adverse effects to US or US noted.
Presents c cont nerve pain — especially aggravated by rotating FDS to SF or any repetitive grasp.
A: Tolerated Px. Pain Cont nerve pain / weakness.
P: Cont. to upgrade per pt tol. Attempt to (?) strength.





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: 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		C005	Gait Training	
A002	PT Re Eval		G001	Ultrasound	1	F008	Traction Mechanical	
A003	OT Eval		B001	Manual Therapy	1	H003	Custom WHFO Static	
A004	OT Re Eval		C001	Theraputic Activities		H006	Custom WHO Static	
F003	HP/CP	1	C002	Neuromuscular Re-Ed		H005	Custom WHFO Dynamic	
F004	Estim Unattend		C003	Therapeutic Exercise	1	H016	Custom HFO Static	

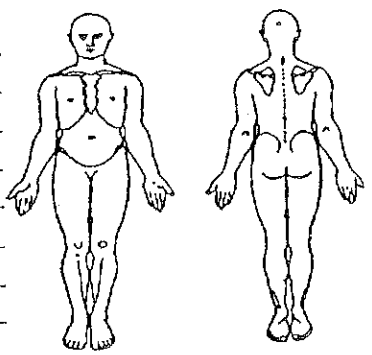
Additional Treatment Codes: _____

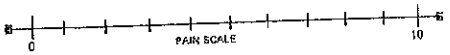
SOAP: S: "The medicine does not seem to be helping me."

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

A: Tolerated Rx fair. Cont nerve pain noted

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





M P Shanahan OTR/L

THERAPIST / CREDENTIALS

LICENSE NO. _____

Dynamic Hand Therapy Grip / Pinch Strength Flow Sheet

Patient Name: Paul Dalberg

Exam Date	5/4/12		6-4-12							
Measurements: Kg Lb	R	L	R	L	R	L	R	L	R	L
Grip Strength – Jamar 2nd Position										
Trial 1	104	155	107	149						
Trial 2	109	154	94	134						
Trial 3	110	150	91	146						
Average	107	153	97#	143						
			44kg	65kg						
Grip Curve – Jamar Dynamometer										
Intrinsics: 1st Position										
2nd Position										
3rd Position										
4th Position										
Extrinsics: 5th Position										
Rapid Alternating Test										
Pinch Strengths										
3-Point (3-Jaw Chuck)	16	20	24	24						
2-Point (Pad)	12	18	16	19						
Lateral Key	24	26	24	27						
Examiner's Initials	[illegible]		[illegible]							

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 & nerve Date of Injury: 6-28-11

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

Number of visits to date: _____

SUBJECTIVE:

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

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

Function/ADL's:

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

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

OBJECTIVE:

Wound/Scar: _____

See flow sheet for:

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

☐ Sensation: TBA

☑ ROM: ↑'d wrist ✓, ↑'d elbow ✓

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

Treatment summary to date: Heat, U.S., scar massage, STM, PROM, strengthening via putty, WTs, BTE program.

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

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

Revised functional goals:

1. Pt to return to MD for surgical evaluation

2. _____

3. _____

Patient: Paul Dulberg

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

☐ other: _____

PLAN:

Modalities: _____

Exercise: _____

_____

Splinting: _____

Other: _____

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

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

Additional requests/concerns: _____

_____

Therapist Signature

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

PLEASE FAX BACK TO: 847-587-3346

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: _____

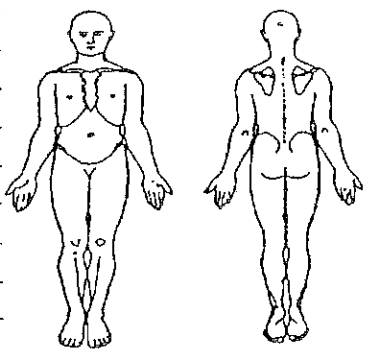
Date: 06 / 04 / 12 # Visits Prior To Today: 37 of 32 Total Treatment Time: _____

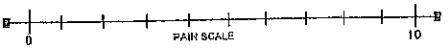
RT Code	Description	Units	RT Code	Description	Units	RT Code	Description	Units
A001	PT Eval		F010	Vasopneumatic Device		C005	Gait Training	
A002	PT Re Eval		G001	Ultrasound	1	F008	Traction Mechanical	
A003	OT Eval		B001	Manual Therapy	1	H003	Custom WHFO Static	
A004	OT Re Eval		C001	Theraputic Activities		H006	Custom WHO Static	
F003	HP/CP	1	C002	Neuromuscular Re-Ed		H005	Custom WHFO Dynamic	
F004	Estim Unattend		C003	Therapeutic Exercise	2	H018	Custom HFO Static	

Additional Treatment Codes: _____

SOAP: _____

See Re-eval & flow sheets





THERAPIST / CREDENTIALS

LICENSE NO. _____

DYNAMIC HAND THERAPY
Initial Evaluation

Name: Paul Dullberg Date: 7-16-12

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

Diagnosis: Ulnar nerve injury

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

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

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

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

Precautions: _____

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

Details: Pt taking Norco & gabapentin for pain

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

See flow sheet for:
☐ Sensation: Pt reports tingling & burning ulnar forearm into RF & SF

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

☑ Edema Moderate edema in forearm, wrist & digits

☐ Strength NT

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

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

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

Other Relevant Findings: _____

Patient name: Paul Dulberg

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

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

Functional Goals:

Short term 4 wks.

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

Long term

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

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

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

PLAN:

Modalities Ultrasound, HVPC, U.S., cryo – PRN

Manual Techniques STM, edema L, scar mob, PROM

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

Splinting _____

Other _____

Frequency 2 times / week for 4 weeks or 8 visits

Additional requests/concerns: _____

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

Therapist Signature OTR/L 7-16-12 date

D. S. Sagerman MD 7/17/12
Physician Signature date

TREATMENT ENCOUNTER NOTE

Patient Information

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

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

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

Appointment Detail

Discipline: OT Tx Time In: 1:30 Units: 3

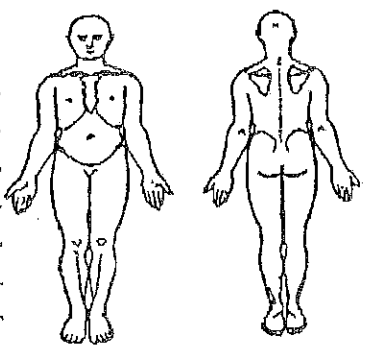
Tx Time Out: 2:45 Total Time Based Time: _____

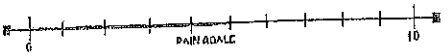
Date: 07 / 16 / 12 # Visits Prior To Today: 38 of 69 Total Treatment Time: _____

RT Code	Description	Units	RT Code	Description	Units	RT Code	Description	Units
A001	PT Eval		E010	Vasopneumatic Device		C005	Gait Training	
A002	PT Re Eval		G001	Ultrasound		F000	Traction Mechanical	
A003	OT Eval	1	B001	Manual Therapy		H003	Custom WHFO Static	
A004	OT Re Eval		C001	Therapuetic Activities		H006	Custom WHO Static	
F003	HP/CP		C002	Neuromuscular Re-Ed		H005	Custom WHFO Dynamic	
F004	Eadm Unattend	1	C003	Therapeutic Exercise	1	H018	Custom HFO Static	

Additional Treatment Codes: _____

SOAP: Re-submitted Eval & flow sheet





THERAPIST / CREDENTIALS

LICENSE NO. _____

Dynamic Hand Therapy -- Active Ra. 'f Motion Patient Name: _ ve Dülberg

Post-op

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

Dynamic Hand Therapy Edema Flow Sheet

Patient Name: Paul [illegible]

Post op

	Date 1/5/12	Date 1/5/12		Date 4/3/12		Date 5/4/12		Date 6/4/12		Date 7-16-12		Date	
Circumferences (cm)	Control (L) R	Involved L (R)	Diff.	Involved L (R)	Diff.	Involved L (R)	Diff.	Involved L (R)	Diff.	Involved L (R)	Diff.	Involved L R	Diff.
wrist flexion crease	16.7	16.7	=	17.0		16.8		16.5	↓.3	17.0	↑.5		
mid-metacarpals	23.1	23.1	↑.7	22.5		22.5		22.0	↓.5	22.9	↑.9		
metacarpals	20.8	21.5 ~~[illegible]~~		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				
IP										8.0	↑.8		
P2										7.6			
Index Finger													
P1	7.3	7.1	↓.2	7.1		7.3		7.1	↓.2				
PIP										7.7	↑.6		
P2										7.1			
DIP													
P3													
Middle Finger													
P1	6.8	6.8	=	6.7		7.1		6.8	↓.3				
PIP										7.1	↑.3		
P2										6.8			
DIP													
P3													
Ring Finger													
P1	6.5	6.6	↑.1	6.5		6.7		6.5	↓.2				
PIP										6.7	↑.2		
P2										6.7			
DIP													
P3													
Small Finger													
P1	6.0	6.1	↑.1	5.9		6.3		5.9	↓.4				
PIP										6.2	↑.3		
P2										6.0			
DIP													
P3													
Volumetric (ml)													
Trial 1 4" prox													
Trial 2 Elbow Crease								30.3		31.5	↑1.2		
Trial 3 4" distal								27.0		27.1	↑.1		
Average								27.5		28.1	↑.6		
Therapists Initials	NW	DW		DW		mp		NW		DW			

Dynamic Hand Therapy Grip/Pinch Strength Flow Sheet

Patient Name: Paul Dulberg

Exam Date	12/6/11	12/6/11	1/5/12		1/5/12	1/5/12	2/6/12	2/6/12	4-3-12	4-3-12
Measurements: Kg Lb	R	L	R	L	R	L	R	L	R	L
Grip strength-jamar 2nd position										
Trial 1	126	135			121	141	118	135	110	147
Trial 2	92	145			118	142	105	140	110	137
Trial 3	110	146			138	141	118	139	120*	140
Average:	109				126#	141#	114	138	113#	141#
Grip Curve-Jamar Dynamometer					↑2 17#		(112# from last month)	(134)	(80%)	
Intrinsics 1st position					89%					
2nd position										
3rd position										
4th position							90	105		
Extrinsics 5th position							80	100		
Rapid Alternation Test										
Pinch Strength					Pinch-o-meter broken					
3-pt (3-jaw chuck)	26	29	previous Ulnar nerve transposition left wrist/hand				16	22	9*	20
2-pt (pad)	20	18					12	18	10*	15
Lateral Key	28	26					22	26	22	26
Examiners Initials	MPS	MPS			DW	DW	MPS	MPS	DW	DW

* pain in groin

TREATMENT ENCOUNTER NOTE

Patient Information

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

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

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

Appointment Detail

Discipline: OT Tx Time In: 2:30 Units: 4

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

Date: 07 / 19 / 12 # Visits Prior To Today: 39 of 40 Total Treatment Time: _____

RT Code	Description	Units	RT Code	Description	Units	RT Code	Description	Units
A001	PT Eval		F010	Vasopneumatic Device		C005	Gait Training	
A002	PT Re Eval		G001	Ultrasound		F008	Traction Mechanical	
A003	OT Eval		B001	Manual Therapy	1	H003	Custom WHFO Static	
A004	OT Re Eval		C001	Theraputic Activities		H006	Custom WHO Static	
F003	HP/CP	1	C002	Neuromuscular Re-Ed		H005	Custom WHFO Dynamic	
F004	Estim Unattend		C003	Therapeutic Exercise	2	H018	Custom HFO Static	

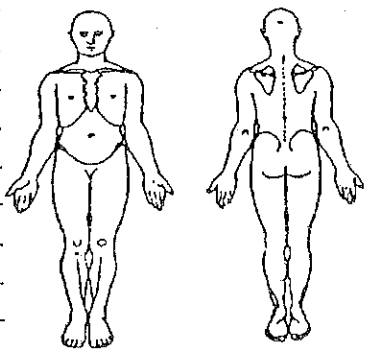
Additional Treatment Codes:

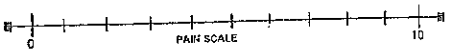
SOAP: S: "My Elbow is still sudden and sore. But I can move my SF better.

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

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

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





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: ________ Units: ________

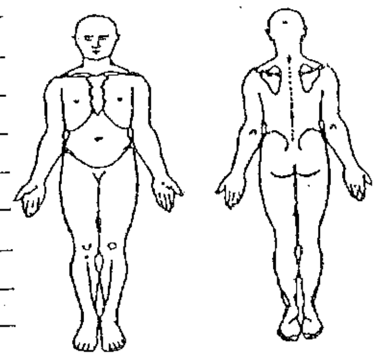
Tx Time Out: ________ Total Time Based Time: ________

Date: 07 / 23 / 12 # Visits Prior To Today: 40 of 40 Total Treatment Time: ________

RT Code	Description	Units	RT Code	Description	Units	RT Code	Description	Units
A001	PT Eval		F010	Vasopneumatic Device		C005	Gait Training	
A002	PT Re Eval		G001	Ultrasound		F008	Traction Mechanical	
A003	OT Eval		B001	Manual Therapy	1	H003	Custom WHFO Static	
A004	OT Re Eval		C001	Theraputic Activities		H006	Custom WHO Static	
F003	HP/CP	1	C002	Neuromuscular Re-Ed		H005	Custom WHFO Dynamic	
F004	Estim Unattend		C003	Therapeutic Exercise	2	H018	Custom HFO Static	

Additional Treatment Codes: ________

SOAP: S: Pt now c̄ 10 [illegible] reports of significant Δ's since last visit
O: MHP x 10 min prior to STM c̄ edema mob to hand & forearm, AROM of elbow forearm wrist & hand. Functional activities included AC app [illegible] & BB transfers. PROM of elbow & forearm as tol.
A: Tol well c̄ min C/O. Imp flexibility of UE & ↓ing edema noted.
P: Cont c̄ P.O.C.



0 PAIN SCALE 10

THERAPIST / CREDENTIALS: [signature] OTR/L

LICENSE NO. ________

TREATMENT ENCOUNTER NOTE

11

Patient Information

Account #: 0042000185 | Co - Pay: ______ | OR | Co - Insurance: ______

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

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

Appointment Detail

Discipline: OT

Tx Time In: 5^30^

Tx Time Out: 6^30^

Units: 4

Total Time Based Time: ______

Date: 07 / 26 / 12

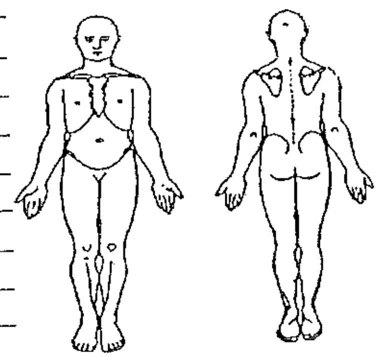
Visits Prior To Today: 41 of 40

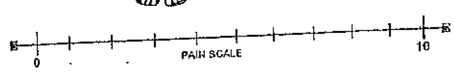
Total Treatment Time: ______

RT Code	Description	Units	RT Code	Description	Units	RT Code	Description	Units
A001	PT Eval		F010	Vasopneumatic Device		C005	Gait Training	
A002	PT Re Eval		G001	Ultrasound	1	F008	Traction Mechanical	
A003	OT Eval		B001	Manual Therapy	1	H003	Custom WHFO Static	
A004	OT Re Eval		C001	Theraputic Activities		H006	Custom WHO Static	
F003	HP/CP	1	C002	Neuromuscular Re-Ed		H005	Custom WHFO Dynamic	
F004	Estim Unattend		C003	Therapeutic Exercise	1	H018	Custom HFO Static	

Additional Treatment Codes:

SOAP: S: Pt notes that he is better able to grip large jars ē (R) hand now.
O: MHP x 10 min followed by pulsed U.S. to forearm scar (20% 1.0W/cm²) ē no adverse effects. Scar mob, STM of forearm, AROM & PROM of elbow & wrist. Functional activity - magnet pulls.
A: Tol well ē min c/o. Occasional "shooting" pains in forearm ē AROM of elbow.
P: Cont ē POC.





[signature] OTR/L
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: 4

Tx Time Out: 200 Total Time Based Time: _____

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

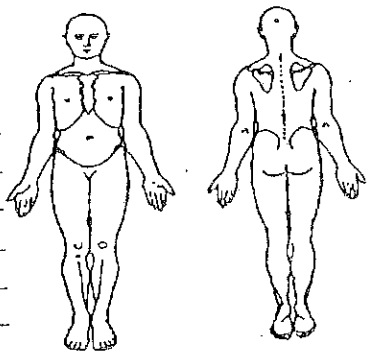
RT Code	Description	Units
A001	PT Eval	
A002	PT Re Eval	
A003	OT Eval	
A004	OT Re Eval	
F003	HP/CP	
F004	Estim Unattend	

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

RT Code	Description	Units
C005	Gait Training	
F008	Traction Mechanical	
H003	Custom WHFO Static	
H008	Custom WHC Static	
H005	Custom WHFO Dynamic	
H018	Custom HFO Static	

Additional Treatment Codes: _____

SOAP: S: "I saw the MD, He said I need compression on my elbow. O: Cont. Per Rx flow sheet. Pt reports the same spot in his forearm has a sharp pain. But he reports improved ability to pick up a glass or coffee pot. Cont scar control, STM, Attention, placed had, Intrinsic exs, Isolated FDS. Instructed pt to (1) overall nerve excursion. A: Sharp pain remains in forearm, but Ability to perform isolated FDS and ROM have improved. Improved overall ROM held since Sx. IF Isolated FDS is decreased per pt report. P: Continue to upgrade, per pt tol. MD ordered compression sleeve - applied Tubegrip



PAIN SCALE 0 10

THERAPIST / CREDENTIALS

LICENSE NO. _____

10693
08-02-12 10:22am

TREATMENT ENCOUNTER NOTE

Patient Information

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

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

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

Appointment Detail

Discipline: OT Tx Time In: 2 00 Units: 4

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

Date: 08 / 02 / 12 # Visits Prior To Today: 43 of 40 Total Treatment Time: _____

RT Code	Description	Units	RT Code	Description	Units	RT Code	Description	Units
A001	PT Eval		F010	Vasopneumatic Device		C005	Gait Training	
A002	PT Re Eval		G001	Ultrasound	1	F008	Traction Mechanical	
A003	OT Eval		B001	Manual Therapy	1	H003	Custom WHFO Static	
A004	OT Re Eval		C001	Theraputic Activities		H006	Custom WHO Static	
F003	HP/CP	NC	C002	Neuromuscular Re-Ed		H005	Custom WHFO Dynamic	
F004	Estim Unattend		C003	Therapeutic Exercise	2	H018	Custom HFO Static	

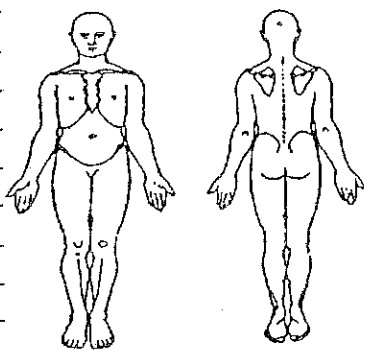
Additional Treatment Codes: _____

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

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

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

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



PAIN SCALE 0 10

THERAPIST / CREDENTIALS

LICENSE NO. _____