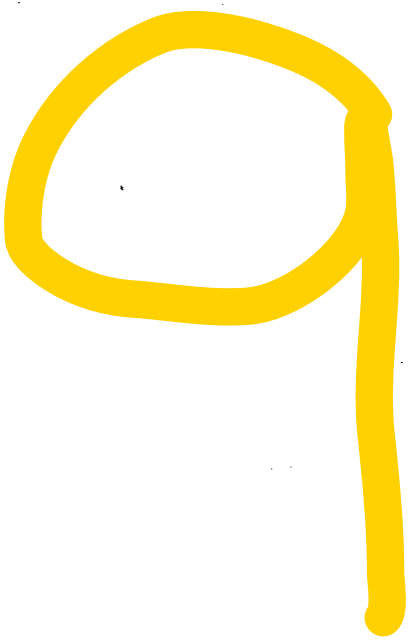


Hand Surgery Associates, S.C.
515 West Algonquin Road, Suite 120
Arlington Heights, IL 60005
TEL: 847/956-0099 * FAX: 847/956-0433

Patient name: Paul Dulberg
SS #: 323 76 4001

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

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

CHART NOTES

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

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

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

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

NEXT VISIT: PRN.

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

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

Patient name: Paul Dulberg | Date of Birth: 03/19/70
SS #: 323 76 4001 | Chart #: 19877

3/18/2004 **SCOTT D. SAGERMAN, M.D.** -CONTINUED-

CHART NOTES

function is intact.

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

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

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

NEXT VISIT: Three weeks.

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

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

CHART NOTES

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

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

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

NEXT VISIT: One month.

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

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

Patient name: Paul Dulberg | Date of Birth: 03/19/70
SS #: 323 76 4001 | Chart #: 19877

1/19/2004 **JOHN R. RUDER, M.D.** -CONTINUED-

CHART NOTES

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

NEXT VISIT: Dr. Sagerman will call.

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

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

SURGERY NOTE

DATE OF SURGERY: 3/10/04

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

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

CHART NOTES

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

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

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

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

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

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

CHART NOTES

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

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

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

Patient name: Paul Dulberg | Date of Birth: 03/19/70
SS #: 323 76 4001 | Chart #: 19877

1/15/2004 **SCOTT D. SAGERMAN, M.D.**

CHART NOTES

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

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

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

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

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

NEXT VISIT: After second opinion.

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

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

CHART NOTES

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

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

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

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

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

Patient name: Paul Dulberg | Date of Birth: 03/19/70
SS #: 323 76 4001 | Chart #: 19877

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

CHART NOTES

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

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

NEXT VISIT: Four weeks.

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

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

CHART NOTES

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

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

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

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

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

NEXT VISIT: One month.

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

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

Patient name: Paul Dulberg | Date of Birth: 03/19/70
SS #: 323 76 4001 | Chart #: 19877

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

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

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

10/30/2003 SCOTT D. SAGERMAN, M.D.
CHART NOTES
The patient was in the office today for evaluation of left arm. He is doing well. No problems reported after surgery. His pain is controlled.

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

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

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

NEXT VISIT: One week.

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

11/06/2003 SCOTT D. SAGERMAN, M.D.
CHART NOTES
The patient was in the office today for evaluation of left elbow. He is doing well. His pain is controlled. His symptoms have improved. He still reports scar tenderness and weakness which is expected.

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

HAND SURGERY ASSOCIATES, S.C.

SPECIALISTS IN THE SHOULDER, ELBOW, WRIST AND HAND

MICHAEL I. VENDER, M.D.
JOHN R. RUDER, M.D.
SCOTT D. SAGERMAN, M.D.
PRASANT ATLURI, M.D.

DONNA J. KERSTING, MBA
EXECUTIVE DIRECTOR

September 16, 2003

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

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

Dear Dr. Grobman:

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

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

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

IMPRESSION: Left cubital tunnel syndrome.

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

Thank you for the opportunity to participate in his care.

Sincerely,

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

515 W. ALGONQUIN RD, STE 120
ARLINGTON HEIGHTS, IL 60005
TEL: 847-956-0099
FAX: 847-956-0433

565 LAKEVIEW PKWY, STE 140
VERNON HILLS, IL 60061
TEL: 847-247-5100
FAX: 847-956-0433

222 N. LASALLE, STE 260
CHICAGO, IL 60601
TEL: 312-214-2222
FAX: 312-223-1075

www.hsasc.com

NORTHWEST COMMUNITY HOSPITAL
ARLINGTON HEIGHTS, ILLINOIS

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

DSC OPERATIVE REPORT

DATE OF OPERATION: 03/10/2004

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

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

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

SURGEON: Scott D. Sagerman, MD

ASSISTANT: John R. Ruder, MD

ANESTHESIA: General.

COMPLICATIONS: None.

TOURNIQUET TIME: 1 hour and 10 minutes.

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

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

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

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

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

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

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

Scott D. Sagerman, MD

OPERATIVE REPORT

Preoperative Diagnosis:
Left cubital tunnel syndrome.

Postoperative Diagnosis:
Same.

Operation Performed:
Left cubital tunnel release.

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

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

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

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

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

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

Scott Sagerman, M.D.

SS/jmt
D: 10/28/2003
T: 10/29/2003 14:52:37

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

NORTHWEST COMMUNITY HOSPITAL
ARLINGTON HEIGHTS, ILLINOIS

MLS: 55235
DD: Tue Mar 09 20:02:00 2004 CST
DT: Wed Mar 10 02:12:39 2004 EST
JN: 27318

PREOPERATIVE HISTORY AND PHYSICAL

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

DATE OF BIRTH: 03/19/70

DATE OF SURGERY: 03/10/04

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

PAST MEDICAL HISTORY: Negative.

MEDICATIONS: Naproxen.

ALLERGIES: None.

HABITS: Smoking history is positive.

FAMILY HISTORY: Noncontributory.

PHYSICAL EXAMINATION:
VITAL SIGNS: Stable.
LUNGS: Clear.
HEART: Rate is regular.
EXTREMITIES: The left elbow shows healed surgical scar across the cubital tunnel. Range of motion is satisfactory. Circulation and sensation are intact distally. There is ulnar nerve subluxation at the cubital tunnel and paresthesias with flexion and extension of the elbow. Circulation and sensation are intact distally.

X-rays of the left elbow are negative.

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

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

Scott D. Sagerman, MD

Lateral Epicondylitis (Tennis Elbow) (726.32)
Current Plans
| Treatment options explained
| Patient provided with referral for Occupational Therapy
| Intermediate Joint (Wrist / Elbow) Injection / Aspiration (20605)
| PROCEDURE / INJECTION

PROCEDURE: STEROID INJECTION

SITE: left elbow

Treatment options were reviewed. Explained risks, benefits, expectations, and possible side effects of steroid injection. The patient elected to proceed.

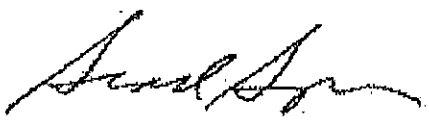
A Betadine and/or alcohol prep was performed. Precautions following the injection were explained. The patient tolerated the procedure well. Following the procedure there were no complaints. The patient was instructed to contact the office if any adverse reactions were noted.
| 1% Lidocaine HCl Injection, USP (J3490) (3 Units)
| Dexamethasone Sodium Phosphate Injection, USP (4mg/mL) (J1100)
| Follow up in 6 weeks
| Return to Work Date: _7-8-13_____

Work status discussed with patient and written statement was provided.

[x] Unrestricted [ ] Restricted Therapy: [ ] Yes [ ] No

[ ] Keep wound clean & dry [ ] No overhead use [ ] No lifting / pushing / pulling
[ ] No use of affected hand / arm [ ] Limited overhead use
[ ] Limited lifting / pushing / pulling _____#
[ ] Wear Splint / Sling / Cast [ ] No forceful gripping [ ] No gym / sports
[ ] Sedentary [ ] Limited forceful gripping

[ ] Other:



Signed electronically by Scott D Sagerman, MD (7/12/2013 10:59 AM)

Procedures

Intermediate Joint (Wrist / Elbow) Injection / Aspiration (20605) Performed: 07/08/2013 (Ordered)
1% Lidocaine HCl Injection, USP (J3490) (3 Units) Performed: 07/08/2013 (Ordered)
Dexamethasone Sodium Phosphate Injection, USP (4mg/mL) (J1100) Performed: 07/08/2013 (Ordered)

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: Dulberg, Paul

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

DIAGNOSIS: Lateral Epicondylitis

THERAPY: ORDER/EOR _____ 1-2 VISITS 1-2 TIMES/WEEK 6 WEEKS FREQUENCY CODE _____

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

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

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

SPECIAL THERAPY INSTRUCTIONS

NIRSCHL
Protocol

WORK READINESS

SIGNATURE: _____ DATE: 2/8/13

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

APR-22-2013 MON 02:16 PM P. 002

DYNAMIC HAND THERAPY

Re-Evaluation of Progress, Goals and Plan of Cure

4-29-13

Patient: Paul Dulberg Physician: Dr. Sagerman Date: 4-22-13

Diagnosis: ① Lateral Epicondylitis Date of Injury: 11/12

Surgical Hx: Date _____ Procedure _____ Start of Care: _____

Number of visits to date: _____

SUBJECTIVE:

Pain: 2 /10 at rest / best 3-4 /10 with activity / at worst "Spikes up to 6/10

Details: Only using splint now "after I hurt it", Pain spikes 2 quick supination movements

Function/ADL's:

Improvements: Opening plastic chip bags, Sling pain 2 most activities, lifting ½ gallon

Continued difficulties: Opening a yogurt, opening tight containers, resealing bags making bread, lifting full pots & pans

OBJECTIVE:

Wound/Scar: N/A

See flow sheet for:

☐ Edema: NT

☐ Sensation: NT

☑ ROM: T'd elbow ✓ d supination

☑ Strength: ③ grip T'd 16#, ① 3pt T'd 2#, ① 2pt T'd 3#, ① lat pinch T'd 8#

Treatment summary to date: Pt has been performing home exercises & using splint as needed for pain for past 4 wks. Pt has shown continuing improvements in strength & functional activities.

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

Revised functional goals:

1. D/C OT: & H.E.P.
2. _____
3. _____

APR-22-2013 MON 02:16 PM P. 003

Patient: Paul Dulberg Date: 4-22-13

Assessment/therapist impression: Pt has shown improvements in all areas while continuing to HEP & feels he is ready for discharge at this time

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

☐ other: D/C O.T.

PLAN:

Modalities:

Exercise:

Splinting:

Other:

Rehabilitation Potential: ☐ excellent ☒ good ☐ fair ☐ guarded ☐ other

Frequency/Duration: 0 times/week for 0 weeks or 0 additional visits

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

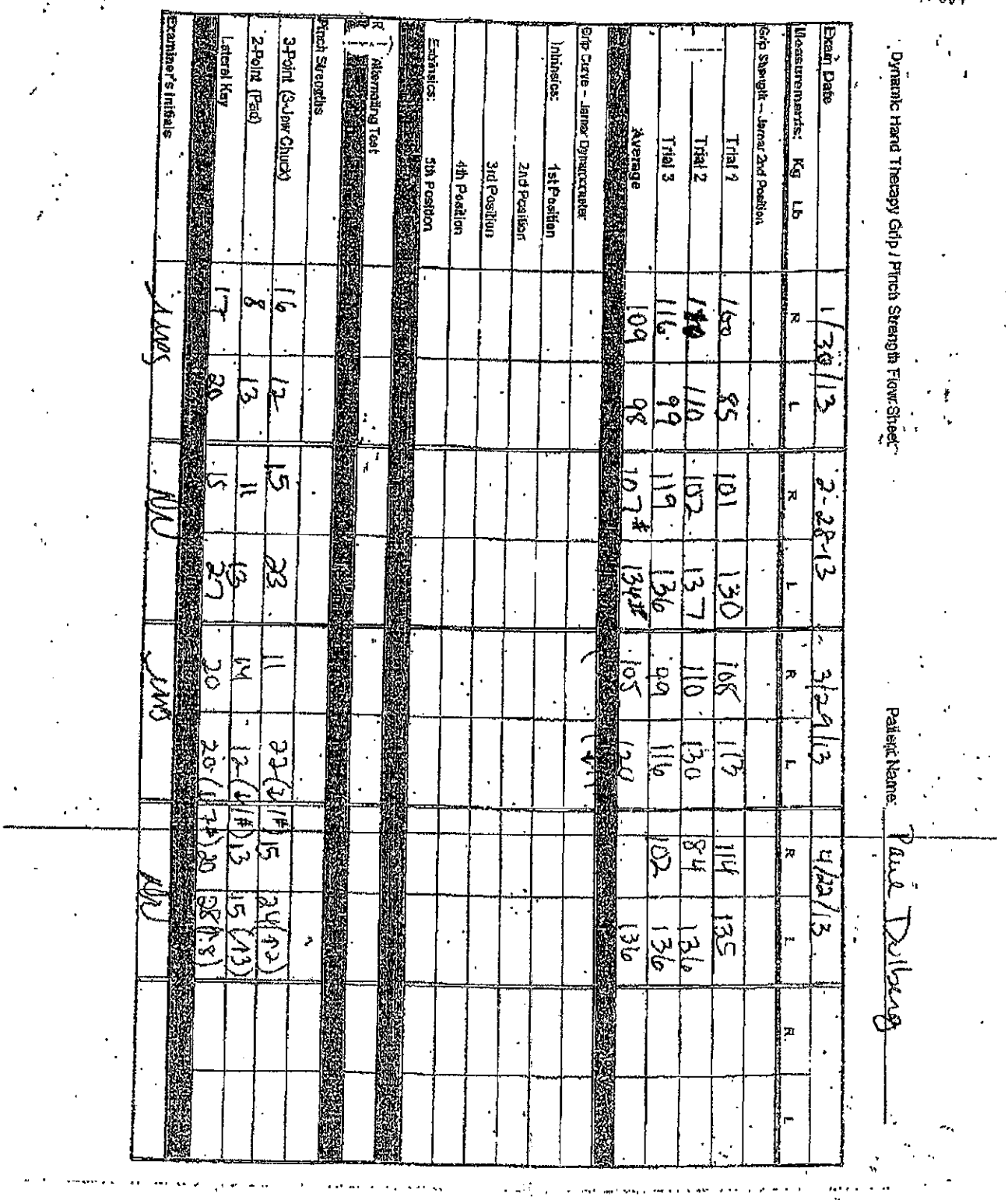
Additional requests/concerns:

Therapist Signature

Physician's Signature 4/23/13
date

Fax this page back to 847-587-3346

APR-22-2013 MON 02:16 PM P. 004



Dynamic Hand Therapy Grip / Pinch Strength Flow Sheet

Patient Name: Paul Dulberg

Exam Date			1/30/13		2-28-13		3/29/13		4/22/13	
Measurements: Kg Lb		R	L	R	L	R	L	R	L	R	L
Grip Strength – Jamar 2nd Position											
Trial 1		160	85	101	130	108	113	114	135		
Trial 2		114	110	102	137	110	130	84	136		
Trial 3		116	99	119	136	99	116	102	136		
Average		109	98	107#	134#	105	120		136		
Grip Curve – Jamar Dynamometer											
Intrinsics: 1st Position											
2nd Position											
3rd Position											
4th Position											
Extrinsics: 5th Position											
R Alternating Test L											
Pinch Strengths											
3-Point (3-Jaw Chuck)		14	12	15	23	11	22(21#)	15	24(19)		
2-Point (Pad)		8	13	11	13	14	12(11#)	13	15(13)		
Lateral Key		17	20	15	20	20	20(17#)	20	28(18)		
Examiner's Initials		AMS		ADU		AMS		ADU			

APR-22-2013 MON 02:17 PM P. 005

Dynamic Hand Therapy -- Active E... ...pf Motion Patient Name: ... Paul Dulberg

Exam Date	2/12/12	1/30/13	2/28/13	3/29/13	4/26/13				
Shoulder									
Flexion									
Extension									
Abduction									
External Rotation									
Internal Rotation									
Elbow & Forearm									
Flexion	100	20-135	48	151	155				
Extension	14	20-8	0	0	-8				
Pronation	65	70	70	75	75+				
Supination	70	75	75	75	80				
Wrist									
Flexion	45	70+	75	75	75				
Extension	60	70+	70	75	70				
Radial Deviation	25	25	30	30	25				
Ulnar Deviation	25	35	30	35	30+				
Thumb									
MCP Extension/Flexion									
PIP Extension/Flexion									
Radial Abduction									
Palmar Abduction									
Opposition									
Index Finger									
MCP Extension/Flexion									
PIP Extension/Flexion									
DIP Extension/Flexion									
TAM									
Long Finger									
MCP Extension/Flexion									
PIP Extension/Flexion									
DIP Extension/Flexion									
TAM									
Ring Finger									
MCP Extension/Flexion									
PIP Extension/Flexion									
DIP Extension/Flexion									
TAM									
Small Finger									
MCP Extension/Flexion									
PIP Extension/Flexion									
DIP Extension/Flexion									
TAM									
Therapist Initials	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]				

FAXED 8/29/13 CH

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

Patient: Paul Dulberg Physician: Dr. Sagerman Date: 8/22/13
Diagnosis: (L) Lateral Epicondylitis Date of Injury: 11/12
Surgical Hx: Date 7/8/13 Procedure Cortisone Injection (L) elbow Start of Care: 7/23/13
~~Number of visits to date:~~

SUBJECTIVE:
(C) Pain: ø /10 at rest / best 2-3 /10 with activity / ~~at rest~~ 5-6/10 c̄ heavy grasp.
Details: Pain improved from 3-4/10 c̄ activity ; 5-6/10 @ worst unchanged

Function/ADL's:
~~Improvements: Bringing hand to mouth (no wrist extension during forearm...)~~
Continued difficulties: Straight arm lifting of objects

OBJECTIVE:
Wound/Scar: ø
See flow sheet for:
☐ Edema: No sig. edema noted
☐ Sensation:
☑ ROM: Slight improvements noted in ✓/ʃ, sup in LUE
☑ Strength: (L) 3pt ; 2pt pinch improved ; (B) grasp decreased (R > L)
Treatment summary to date: Focus of tx has been STM, stretching, Deep tissue massage, and modalities (MHP; US)

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

Revised functional goals:

1. TBA ψ pt RTDr
2.
3.

Patient: Paul Dulberg Date: 8/22/13

Assessment/therapist impression: Pt has made some improvements, but has also regressed in grip bilaterally — he reports "hurts, weak, tight today" We will continue to perform OT per MD order.

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

☐ other: _____

PLAN:

Modalities: Cont OT per MD order

Exercise: _____

Splinting: _____

Other: _____

Rehabilitation Potential: ☐ excellent ☐ good ☑ fair ☐ guarded ☐ other _____

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

I have reviewed this plan of care and 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: Add HEP

Date

Therapist Signature

The above notes have been reviewed.
*Physician's Signature previous RX. date
*new RX will be provided if appropriate

8/29/13

Fax this page back to 847-587-3346

Dynamic Hand Therapy Grip / Pinch Strength Flow Sheet

Patient Name: Paul Dulberg

Exam Date		1/30/13		2-28-13		3/29/13		4/22/13		7/23/13	
Measurements: Kg Lb		R	L	R	L	R	L	R	L	R	L
Grip Strength – Jamar 2nd Position											
Trial 1		150	85	101	130	108	113	114	135	119	130
Trial 2		110	99	102	137	110	130	84	136	109	126
Trial 3		116	98	119	136	99	116	102	136	125	135
Average		109	94	107#	134#	105	121	100	136	118	134
Grip Curve – Jamar Dynamometer											
Initiation:	1st Position										
	2nd Position										
	3rd Position										
	4th Position										
Extinction:	5th Position										
Alternating Test											
Pinch Strength											
3-Point (3-Jaw Chuck)		14	12	23	11	22(#)	15	24(12)	82		
2-Point (Pad)		8	13	15	11	14	12(#)13	15(13)	16		
Lateral Key		17	20	23	20	20/18	20	18(18)	25		
Examiner's Initials		MW	MW	MW	MW	MW	MW	MW	MW	MW	MW

Dynamic Hand Therapy Grip / Pinch Strength Flow Sheet

Patient Name: Paul Dulberg

Exam Date	8/22/13									
Measurements: Kg Lb	R	L	R	L	R	L	R	L	R	L
Grip Strength -- Jamar 2nd Position										
Trial 1	100	130								
Trial 2	100	126								
Trial 3	96	130								
Average	99	129								
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)	22	19(44)								
2-Point (Pad)	17	16(41)								
Lateral Key	26	26(=)								
Examiner's Initials	MVS									

08/26/2013 MON 8:54 AM [TX/RX NO 6851] 0005

Dynamic Hand Therapy – Active Range of Motion Patient Name: Paul Dulberg

Exam Date	(R) 12/12/12	(L) 11/20/13	(L) 12/28/13	(L) 3/29/13	(L) 4/27/13	(L) 7/23/13	(L) 8/20/13
Shoulder							
Flexion							
Extension							
Abduction							
External Rotation							
Internal Rotation							
Elbow & Forearm							
Flexion	105	20°-135	148°	151	155	148	149
Extension	11°	20-8	0	0	-8	-6	-4
Pronation	65	75	70	75	75+	75+	75+
Supination	70	75	75	75	80	75	75+
Wrist							
Flexion	45	70+	75	75	75	75	
Extension	65	70+	70	75	70	70	
Radial Deviation	25	35	30	30	85	25	
Ulnar Deviation	25	35	30	35	30+	35	
Thumb							
MCP Extension/Flexion							
PIP Extension/Flexion							
Radial Abduction							
Palmar Abduction							
Opposition							
Index Finger							
MCP Extension/Flexion							
PIP Extension/Flexion							
DIP Extension/Flexion							
TAM							
Long Finger							
MCP Extension/Flexion							
PIP Extension/Flexion							
DIP Extension/Flexion							
TAM							
Ring Finger							
MCP Extension/Flexion							
PIP Extension/Flexion							
DIP Extension/Flexion							
TAM							
Small Finger							
MCP Extension/Flexion							
PIP Extension/Flexion							
DIP Extension/Flexion							
TAM							
Therapist Initials	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

08/26/2013 MON 8:54 AM [TX/RX NO 8851] 0007

DATE OF SERVICE	CPT	DESCRIPTION	CHARGE	INSURANCE PAID	PATIENT PAID	ADJUSTMENT	INSURANCE BALANCE	PATIENT BALANCE	TOTAL BALANCE
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	0.00	0.00	187.00	187.00
07-23-13	97140	Manual Therapy Techniques	75.00	0.00	0.00	0.00	0.00	75.00	75.00
07-23-13	97035	Ultrasound	59.00	0.00	0.00	0.00	0.00	59.00	59.00
Total			321.00	0.00	0.00	0.00	0.00	321.00	321.00
07-29-13	97140	Manual Therapy Techn [2]	150.00	0.00	0.00	0.00	0.00	150.00	150.00
07-29-13	97110	Therapeutic Exercise	86.00	0.00	0.00	0.00	0.00	86.00	86.00
07-29-13	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
08-01-13	97035	Ultrasound	59.00	0.00	0.00	0.00	0.00	59.00	59.00
08-01-13	97140	Manual Therapy Techniques	75.00	0.00	0.00	0.00	0.00	75.00	75.00
08-01-13	97110	Therapeutic Exercise	86.00	0.00	0.00	0.00	0.00	86.00	86.00
Total			220.00	0.00	0.00	0.00	0.00	220.00	220.00
08-05-13	97140	Manual Therapy Techn [2]	150.00	0.00	0.00	0.00	0.00	150.00	150.00
08-05-13	97110	Therapeutic Exercise	86.00	0.00	0.00	0.00	0.00	86.00	86.00
08-05-13	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
08-09-13	97110	Therapeutic Exercise [2]	172.00	0.00	0.00	0.00	0.00	172.00	172.00
08-09-13	97140	Manual Therapy Techniques	75.00	0.00	0.00	0.00	0.00	75.00	75.00
08-09-13	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
08-16-13	97140	Manual Therapy Techn [2]	150.00	0.00	0.00	0.00	0.00	150.00	150.00
08-16-13	97110	Therapeutic Exercise	86.00	0.00	0.00	0.00	0.00	86.00	86.00
08-16-13	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
08-19-13	97110	Therapeutic Exercise	86.00	0.00	0.00	0.00	0.00	86.00	86.00
08-19-13	97140	Manual Therapy Techniques	75.00	0.00	0.00	0.00	0.00	75.00	75.00
08-19-13	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
08-22-13	97110	Therapeutic Exercise [3]	258.00	0.00	0.00	0.00	0.00	258.00	258.00
08-22-13	97140	Manual Therapy Techniques	75.00	0.00	0.00	0.00	0.00	75.00	75.00
Total			333.00	0.00	0.00	0.00	0.00	333.00	333.00
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

321
295
220
295
306
295
220
333
445
2730

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

MICHAEL I. VENDER, M.D.
SCOTT D. SAGERMAN, M.D.
PRASANT ATLURI, M.D.
LIAM J. BIAFORA, M.D.
MICHAEL V. BIRMAN, M.D.
JAY K. BALARAM, M.D.

DONNA J. KERSTING, MBA
EXECUTIVE DIRECTOR

ARLINGTON HEIGHTS
15 W. ALGONQUIN RD.
ARLINGTON HEIGHTS, IL 60005
TEL: 847-956-0099
FAX: 847-956-0433

ASIP
ELVIDERE
OLINGBROOK
HICAGO - DOWNTOWN
HICAGO - 6 CORNERS
OUNTRYSIDE
LMHURST
ERNON HILLS

ww.hsasc.com

CURRICULUM VITAE

SCOTT DAVID SAGERMAN, M.D.

EDUCATION:

FELLOWSHIP: Division of Hand Surgery
Department of Orthopaedic Surgery
State University of New York Health
Science Center
550 Harrison Street
Syracuse, N.Y. 13202
August 1992 - July 1993

RESIDENCY: Emory University Affiliated Hospitals
Department of Orthopaedic Surgery
69 Butler Street S.E.
Atlanta, GA 30303
July 1988 - June 1992

INTERNSHIP: Emory University Affiliated Hospitals
Department of Surgery
69 Butler Street S.E.
Atlanta, GA 30303
July 1987 - June 1988

MEDICAL SCHOOL: Northwestern University Medical School
303 E. Chicago Avenue
Chicago, IL 60611
July 1983 - June 1987
Doctor of Medicine, 1987

UNDERGRADUATE: Northwestern University
633 Clark Street
Evanston, IL 60201
July 1981 - June 1983
Bachelor of Science, 1985

BOARD CERTIFICATION:

National Board of Medical Examiners, Parts I, II, and III, 1988.

American Board of Orthopaedic Surgeons - Board Certified, 1995. Recertified through 2015.

Certificate for Added Qualifications in Surgery of the Hand, American Board of Orthopaedic Surgery 1996. Recertified through 2015.

American Board of Independent Medical Examiners, Certified Independent Medical Examiner (CIME), 2012

SOCIETY MEMBERSHIPS:

American Society for Surgery of the Hand
American Association for Hand Surgery
Chicago Society for Surgery of the Hand
Board of Directors 2006-2013
Secretary 2006-2007
Vice President 2008-2009
President 2010-2012
American Academy of Orthopaedic Surgeons
Illinois State Medical Society

COMMITTEE MEMBERSHIPS/ APPOINTMENTS:

Lurie Children's Hospital of Chicago
Chicago, IL

- Foundation Board Member
  2010 - Present

Alexian Brothers Medical Center

- Department Chairman, Hand/Microvascular Surgery - 2000-2006
- Section Chief, Hand/Microvascular Surgery - 2000-Present

LICENSURE:

Illinois - 1993 (036-086000)
"Certified with the Drug Enforcement Administration"
Illinois State Controlled Substance

EMPLOYMENT:

Hand Surgery Associates, S.C., Arlington Heights, IL 60005
August, 1993 - present

Research Assistant - Department of Orthopaedic Surgery
Children's Memorial Hospital, Chicago, IL
August 1986 - June 1987

Research Assistant - Division of Ambulatory Pediatrics
Children's Memorial Hospital, Chicago, IL
July 1982 - June 1985

ACADEMIC APPOINTMENT:

Northwestern University Medical School Department of Orthopaedic Surgery - Instructor of Clinical Orthopaedic Surgery: 1993-2000

HOSPITAL AFFILIATIONS:

Advocate - Condell Medical Center
Libertyville, IL 60048

Alexian Brothers Medical Center
Elk Grove Village, IL 60007

Elmhurst Memorial Hospital
Elmhurst, IL 60126

MetroSouth Medical Center
Blue Island, IL 60406-2428

Northwest Community Hospital
Arlington Heights, IL 60005

Northwestern - Lake Forest Hospital
Lake Forest, IL 60045

St. Alexius Medical Center
Hoffman Estates, IL 60194

PUBLICATIONS:

Short W., Sagerman S., TFCC Repair: Radial-Sided Tear In: Chow J ed. Advanced Arthroscopy 2000: 219-224.

Sagerman S., Palmer A., Short W., Triangular Fibrocartilage Complex Injury and Repair In: Watson K., Weinzweig J., ed. The Wrist. Lippincott Williams & Wilkins. 2001: 607-613.

Sagerman S., Vender M.I., Infections. In: Kasdan Morton L. ed. Occupational Medicine: State of the Art Reviews. Vol. 13 No. 3, Philadelphia: Hanley & Belfus, 1998.

Sagerman S., Vender M.I. Distal Radioulnar Joint. In: Kasdan, Morton L., Jebson, P. ed. Hand Secrets. Philadelphia: Hanley & Belfus, Inc. 1998; 107-112.

Vender M.I., Sagerman S. Compression Neuropathies. In: Kasdan, Morton L., Jebson, P. ed. Hand Secrets. Philadelphia: Hanley & Belfus, Inc., 1998; 133-138.

Sagerman S., Truppa KL. Diagnosis and Management of Occupational Disorders of the Shoulder. In: Kasdan, Morton L., ed. Occupational Hand & Upper Extremity Injuries & Diseases. 2nd ed. Philadelphia: Hanley & Belfus, Inc., 277-285, 1998.

Pomerance, J., Sagerman, S. "Replantation and Revascularization in a Community Based Microsurgical Practice". Alexian Medical Review, Vol. 13, No. 1: Fall 1997.

Pomerance, J., Truppa, K., Bilos, Z.J., Vender M.I., Ruder, J.R., Sagerman, S.D., "Replantation and Revascularization of the Digits in a Community Microsurgical Practice". Journal of Reconstructive Microsurgery, Vol. 13, No. 3: 163-170, April 1997.

Sagerman S., Palmer A.K., "Wrist Arthrodesis Using A Dynamic Compression Plate". J. Hand Surgery (Br.), 21B: 4: 437-441, 1996

Sagerman S., Short W., "Arthroscopic Repair of Radial-Sided Triangular Fibrocartilage Complex Tears". J. Arthroscopic and Related Surgery, Vol.12, No.3: 339-342, June 1996.

Sagerman S., Zogby R., Palmer A., Werner F., Fortino M., "Relative Articular Inclination of the Distal Radioulnar Joint - A Radiographic Study". J. Hand Surgery, 20A:597-601, 1995.

PUBLICATIONS (Cont):

Sagerman S., Hauck R., Palmer A., "Lunate Morphology - Can It Be Predicted With Routine X-Rays?" J. Hand Surgery, 20A:38-41, January, 1995.

Sagerman S., Lourie G., "Eikenella Osteomyelitis in a Chronic Nail Biter: A Case Report". J. Hand Surgery, 20A:71-73, January, 1995.

Seiler J., Sagerman S., Geller R., Fleming L., "Venomous Snakebite - Current Concepts of Treatment". Orthopedics, 17(8): 707-714 August 1994.

Sagerman S., Rooks M., Ensor C., "Carpal Tunnel Syndrome: An Alternative Method of Conservative Treatment". Submitted.

Sagerman S., Seiler J., Fleming L., Lockerman E., "Silicone Rubber Distal Ulnar Replacement Arthroplasty". J. Hand Surgery (Br.), 17B:689-93, December 1992.

Christoffel K., Marcus D., Sagerman S., Bennett S., "Adolescent Suicide and Suicide Attempts - A Population Study". Ped Emer Care 4(1):32-40, March 1988.

Tanz R., Christoffel K., Sagerman S., "Are Toy Guns Too Dangerous?". Pediatrics. 75(2):265-268, February 1985.

Christoffel K., Tanz R., Sagerman S, Hahn Y, "Childhood Injuries Caused by Non-powder Firearms". Am J Diseases of Children. 138:577-561, June 1984.

PRESENTATIONS:

Sagerman, S., "Wrist Arthroscopy". Presented at Northwest Community Hospital - October, 1995

Sagerman, S., "Management Issues in Upper Extremity Disorders Among Workers". Presented at Alexian Brothers Medical Center Conference Center - June, 1995.

Sagerman, S., "Wrist Fractures". Presented at Alexian Brothers Medical Center Conference Center, National Association of Orthopaedic Nurses - April, 1995

PRESENTATIONS (Cont):

Sagerman, S., "Management Issues in Upper Extremity Disorders Among Workers". Presented at Alexian Brothers Medical Center Conference Center - November, 1994.

Sagerman, S., Short, W., "Arthroscopic Repair of Radial-Sided TFCC Tears: A Follow-Up Study". Presented at American Society for Surgery of the Hand, Annual Meeting, Cincinnati, OH - October, 1994.

Sagerman, S., "Management Issues In Upper Extremity Disorders Among Workers". Presented at Alexian Brothers Medical Center Conference Center - October, 1994.

Sagerman S., "Wrist Arthrodesis Using Dynamic Compression Plating". Presented at the Mid America Orthopaedic Association Annual Meeting, Bermuda - April, 1994.

Sagerman S., Palmer A., "Wrist Arthrodesis Using Dynamic Compression Plating". Presented at the Chicago Society for Surgery of the Hand, Quarterly Meeting, Chicago, IL - January, 1994.

Hauck R., Sagerman S., Palmer A., "Lunate Morphology - Can it be Predicted With Routine X-rays?". Presented at the American Association for Hand Surgery, Cancun, Mexico - November, 1993.

Sagerman S., "Wrist Arthrodesis Using Dynamic Compression plating". Presented at S.U.N.Y. Health Science Center, department of Orthopaedic Surgery, Alumni Day, Syracuse, NY - June, 1993.

Sagerman S., "Management of Extremity Snakebite Wounds". Presented at S.U.N.Y. Health Science Center Department of Orthopaedic Surgery Grand Rounds, Syracuse, NY - March, 1993.

Sagerman S., "Flexor Tendon Injury and Repair". Presented at S.U.N.Y. Health Science Center, Department of Orthopaedic Surgery Grand Rounds, Syracuse, NY - November, 1992.

Sagerman S., "Management of Extremity Snakebite Wounds". Presented at Emory University, Department of Orthopaedic Surgery Grand Rounds, Atlanta, GA - March, 1992.

Sagerman S., Roberson R., "Total Hip Arthroplasty Using the Mecron Ring". Presented at Southern Orthopaedic Association Residents Conference, Atlanta, GA - November, 1991.

PRESENTATIONS (Cont):

Sagerman S., Fleming L., "Long-Term Results of Distal Ulna Replacement Arthroplasty". Presented at American Orthopaedic Association Residents' Conference, Kansas City, MO April, 1991.

Sagerman S., Fleming L.,"Long-Term Results of Distal Ulna Replacement Arthroplasty". Presented at Southern Orthopaedic Association Residents' & Fellows' Conference, Washington, D.C. 1989.

Hajek M., Conway J., Sagerman S., Carroll N., Dias L., "A Scientific Classification of Legg-Calve-Perthes Disease". Presented at Northwestern University of Orthopaedic Surgery Resident-Alumni Thesis Day, Chicago, IL - 1987.

EXHIBITS:

Sagerman S., Truppa K., Bohan Ruff S., "Fasciotomy for Acute Compartment Syndrome in the Upper Extremity: A Follow-up Study". Poster exhibit, Annual Meeting American Association for Hand Surgery, Boca Raton, Florida, 1997

Sagerman S., Roberson R., "Total Hip Arthroplasty Using the Mecron Ring". Poster exhibit at the Annual Meeting of the American Academy of Orthopaedic Surgeons, Washington D.C. - February, 1992.

Sagerman S., Seiler J., Fleming L., "Long Term Results of Distal Ulna Replacement Arthroplasty". Poster exhibit, Annual Meeting of the American Society for Surgery of the Hand, Orlando, Florida October 1991.

Sagerman S., Ensor C., Rooks M., "Treatment of Carpal Tunnel Syndrome with a Full Tendon Gliding Hand Therapy Protocol". Poster exhibit, Annual Meeting of the American Society for Surgery of the Hand, Orlando, Florida - October, 1991.

Sagerman S., Roberson R., "Periacetabular Bone Loss with Early Loosening of the Mecron Threaded Ring". Poster exhibit, American Academy of Orthopaedic Surgeons Annual Meeting, Anaheim, CA - March, 1991.

INSTRUCTOR:

Lab Instructor - "The Wrist: Arthroscopic and Open Techniques". Wrist Arthroscopy 2004. Co-sponsored by the American Society for Surgery of the Hand and the American Academy of Orthopaedic Surgeons, held at Orthopaedic Learning Center, Rosemont, IL - August 7-8, 2004.

Lab Instructor - "Common Hand and Wrist Problems". Presented by American Academy of Orthopaedic Surgeons, Rosemont, IL - October 1998

Lab instructor - "Open and Arthroscopic Shoulder Surgery: Advanced Anterior and Posterior techniques". Presented by American Academy of Orthopaedic Surgeons, Rosemont, IL - May 1998.

"The Masters Experience" in Arthroscopic Surgery of the Wrist, Elbow & Carpal Tunnel. Presented by the Arthroscopy Association of North America, Rosemont, IL - November, 1996.

A Comprehensive Approach to Challenging Wrist Problems
American Society of Hand Therapists
Chicago, IL - April 28-30, 1995

Problem Based Learning
Northwestern University Medical School, Chicago, IL
1995, 1996, 1998

3M Endoscopic Carpal Tunnel Release Course
Syracuse, NY - May, 1993.

Cardiopulmonary Resuscitation
Northwestern University Medical School, Chicago, IL
July, 1984 - July, 1985.

03/2013

History & Physical Report #1

Paul Dulberg
7/8/2013 10:39 AM
Location: VH Office
Patient #: 80330
DOB: 3/19/1970
Undefined / Language: English / Race: Undefined
Male

History of Present Illness (Kim E Brandon, RT; 7/8/2013 10:44 AM)

The patient is a 43 year old male who presents for an evaluation of elbow pain. The pain is located in the left elbow. The onset of the elbow pain has been gradual and has been occurring for months. The course has been worsening. There are no relieving factors. Previous evaluations / treatments include : occupational therapy.

Allergies (Kim E Brandon, RT; 7/8/2013 10:40 AM)
No Known Drug Allergies. 07/08/2013

Family History (Kim E Brandon, RT; 7/8/2013 3:34 PM)
Cancer
Diabetes Mellitus

Social History (Kim E Brandon, RT; 7/8/2013 3:34 PM)
Hand Dominance. Right Handed.
Current Occupation. not working
Alcohol use. 07/08/2013: does not drink alcoholic beverages
Diabetic Diet. 07/08/2013: no
Illicit drug use. 07/08/2013: no
Tobacco use. 07/08/2013: Current every day smoker: 0.5 pack per day; Smoker for 20 years

Medication History (Kim E Brandon, RT; 7/8/2013 10:40 AM)
Naproxen DR (Oral) Specific dose unknown - Active.

Other Problems (Kim E Brandon, RT; 7/8/2013 3:34 PM)
Chronic or past head / neck disorders
Depression
Head Injury
Neurological disorder
Pneumonia

Review of Systems (Kim E Brandon, RT; 7/8/2013 3:34 PM)
General: Present- Chronic pain. Not Present- Fatigue, Fever, Night Sweats, Rapid weight loss or gain and Varicose veins / leg swelling.
HEENT: Not Present- Headache, Blindness / vision problems, Wears glasses/contact lenses, Hearing Loss, Ringing in the Ears and Dentures.
Respiratory: Not Present- Chronic Cough, Home oxygen use, Shortness of breath while resting, Shortness of breath from exertion and Wheezing.
Breast: Not Present- Breast Mass.
Cardiovascular: Not Present- Difficulty Breathing Lying Down, Leg cramps from exertion, Palpitations and Swollen ankles.
Gastrointestinal: Not Present- Abdominal Pain, Constipation, Diarrhea, Frequent nausea / vomiting, Heartburn and Stomach ulcers.
Male Genitourinary: Not Present- Blood in Urine, Bladder control problems, Chronic or past urinary disorders, Painful Urination and Recurrent bladder / kidney infections.
Musculoskeletal: Not Present- Back Pain, Fractures, Joint Pain, Joint Swelling and Muscle Cramps.
Neurological: Present- Numbness or tingling and Weakness In Extremities. Not Present- Blackout spells, Dizziness and Memory lapses.
Hematology: Not Present- Abnormal Bleeding, Easy Bruising and Excessive bleeding.

Vitals (Kim E Brandon, RT; 7/8/2013 10:42 AM)
7/8/2013 10:42 AM
Weight: 165 lb **Height:** 69 in
Body Surface Area: 1.91 m² **Body Mass Index:** 24.37 kg/m²

Physical Exam (Scott D Sagerman, MD; 7/8/2013 10:52 AM)
The physical exam findings are as follows:
Note: Left elbow slight tenderness over the lateral epicondyle. Skin intact. Range of motion full. Slight pain with resisted wrist extension.

Assessment & Plan (Kim E Brandon, RT; 7/8/2013 3:35 PM)

HISTORY & PHYSICAL

PATIENT: Dulberg, Paul **AGE:** 41 years old **EXAM DATE:** 12/02/11

CHIEF COMPLAINT: Right forearm pain.

HPI: Patient is a 41-year-old male who is right-hand dominant. He was referred by Dr. Karen Levin, MD, neurology, for evaluation of an injury he sustained to his right medial forearm in June of 2011. He apparently was using a chain saw when he accidentally struck the volar medial aspect of his right forearm in roughly the mid forearm range with a chain saw. He had a large open wound down to muscle. He was seen in the emergency department where the wound is here it at the muscle was sewn together and the skin was closed. He followed up with his primary care provider. He has noted persistent pain which he describes as intermittent and shooting in character radiating from the laceration site. He occasionally has intermittent numbness and tingling in the ring and small finger. He reports grip weakness and no endurance with wrist flexion and gripping. He has not had therapy to date. He did have an EMG/NCS performed by Dr.Levin in August of 2011. Per the patient the study was normal. I do not have that study available at this moment. He currently is not working but is a graphic designer by training. He reports using a computer mouse for 20 minutes causes significant forearm pain.

MEDICATION: Patient has no current medications.
ALLERGIES: nkda
REFERRAL SOURCE: Not Referred By

ILLNESSES: Arthritis
OPERATIONS: Ulnar Nerve Transportation: Active
SOCIAL HISTORY: Alcohol - Denies
Marital Status: Single
Smoking: current every day smoker
FAMILY HISTORY: Diabetes
OCCUPATION: Graphic Designer

ROS:

1. Head and Neck: System reported as normal by patient.
2. Heart: System reported as normal by patient.
3. Lungs: System reported as normal by patient.
4. GI: System reported as normal by patient.
5. GU: System reported as normal by patient.
6. Neuro: As per HPI.
7. Musculoskeletal: As per HPI.
8. Abdomen: System reported as normal by patient.
9. Heme/Lymph: System reported as normal by patient.
10. Other:

PHYSICAL EXAM:

Vitals: **No data for Vitals.**
Appearance: No distress, good color on room air. Alert and cooperative.
Skin: Bilateral upper extremities: no open wounds or skin changes.
Neuro: Bilateral upper extremities: Median, radial and ulnar nerves are motor and sensory intact. Light touch intact all digits, no weakness or wasting.
Vascular: Bilateral upper extremities: palpable radial pulses and brisk capillary refill.
Focused Exam: Examination of his right upper extremity reveals his elbow has normal painless range of motion. No focal tenderness to palpation. Collateral ligaments are stable. His forearm compartments are soft. He has a well-healed transverse laceration on the volar medial mid forearm level. There is no erythema, drainage, or fluctuance at the level of the laceration. There is no tenderness to palpation at the laceration site. There is some apparent muscle incongruity. Distally his hand demonstrates no atrophy. He has 5 out of 5 intrinsic strength. 5 out of 5 APB strength. He can make a full fist with full extension of all digits. He does not demonstrate a clawed posture. He has a negative Froment sign. He has a positive Wartenberg sign. Wrist flexion and extension is 5 out of 5 strength. He has a palpable FCU

and ECU tendons at the level of the wrist. They have appropriate tension.

IMAGING: None today.

ASSESSMENT:

DIAGNOSIS: 906.1-LATE EFFECT OPEN WND EXTREM

PROCEDURES: 99203-NEW Detailed, Low Complexity

PLAN:

Plan: I reviewed findings, treatment options, and recommendations with the patient concerning the forearm complaints he has. I would like to see the official report of the EMG/NCS. We will obtain this report. There is no evidence of a complete injury to his ulnar nerve on physical exam. His complaints are likely muscular in origin. He may have some superficial sensory complaints as well. I do not think he needs any surgical intervention at this time. I did recommend and provided him with a prescription for occupational therapy to work on strengthening and conditioning of the forearm muscles. They can also perform some pain control modalities. I would like to see him back in 4-6 weeks' time to see if therapy is of some assistance to him. I will contact him by phone if his EMG is significantly abnormal. Otherwise we will discuss it at the next followup visit. Patient was in agreement with the plan.

Prescription: No data for Prescription

Work Status: Not applicable.

Marcus G. Talerico, MD

Marcus G. Talerico, M.D.

Referred by: Dr. Karen Levin
Primary Care Physician: Dr. Sek
Other: n/a

Fax Created - Dated [illegible] AM - Referring Physician MC [illegible]

Addendum - Dated 06/21/12 [illegible]

06/21/12 -- Patient clarified that this injury occurred on the above mentioned date but that he was not holding on to the chainsaw. Instead, he was helping his neighbor by holding a branch and the neighbor was the one cutting the branch with the chainsaw. vv

Fax Created - Dated Jun 21 2012 9:52AM

PATIENT: Dulberg, Paul R **AGE:** 41 years old **EXAM DATE:** 01/06/12
HOME: 4646 Aden Court PID: 1002454
Mchenry, IL 60051

CHIEF COMPLAINT: Right forearm pain.

Nurse's Notes: Patient doesn't feel occupation therapy is helping. He complaints of pain/soreness and loss of strength. MT

Referred by: Not Referred By

HPI: Patient is a 41-year-old male who is right-hand dominant. He was referred by Dr. Karen Levin, MD, neurology, for evaluation of an injury he sustained to his right medial forearm in June of 2011. He apparently was using a chain saw when he accidentally struck the volar medial aspect of his right forearm in roughly the mid forearm range with a chain saw. He had a large open wound down to muscle. He was seen in the emergency department where the wound was debrided and the muscle was sewn together and the skin was closed. He followed up with his primary care provider. He has noted persistent pain which he describes as intermittent and shooting in character radiating from the laceration site. He occasionally has intermittent numbness and tingling in the ring and small finger. He reports grip weakness and no endurance with wrist flexion and gripping. He has not had therapy to date. He did have an EMG/NCS performed by Dr.Levin in August of 2011. Per the patient the study was normal.
I saw the patient a proximally one month ago recommended a course of occupational therapy. He has attended one or 2 sessions thus far. I also obtained and the EMG nerve conduction study to review. The patient reports no improvement in symptoms. He thinks that therapy is not helpful. He feels he is getting weaker. He feels burning in the forearm region. He also asked me about disability paperwork.

MEDICAL HISTORY:	Arthritis
MEDICATION:	naproxen (Dosage: 375 mg Tablet, Delayed Release (E.C.) SIG: Take 1 tablet Oral twice a day Oral Dispense: 90 Refills: 2)
ALLERGIES:	nkda
SOCIAL HISTORY	Alcohol - Denies Marital Status: Single Smoking: current every day smoker

PHYSICAL EXAM:

Appearance:	No distress. Alert and cooperative.
Skin:	Bilateral upper extremities: no open wounds or skin changes. Well-healed laceration in the mid forearm region right side ulnar aspect. No evidence of infection.
Neuro:	Bilateral upper extremities: light touch intact all digits, no weakness or wasting.
Focused Exam:	Elbow with full and painless motion in the right side. Forearm compartments are soft there is no obvious deformity. He has preserved wrist flexion and extension strength. He can make a full fist and has full extension of all digits. He has no intrinsic or thenar atrophy. He has 5/5 APB and intrinsic strength. He has a negative Froment sign. He does have a positive Wartenberg sign. FDP to the small finger is 5/5.

IMAGING: None today.

DIAGNOSIS: 906.1-LATE EFFECT OPEN WND EXTREM
PROCEDURES: 99213-ESTABLISHED Expanded, Low Complexity

ASSESSMENT & PLAN:

Plan: I reviewed findings, treatment options, and recommendations with the patient concerning the forearm complaints he has. I reviewed the EMG/NCS which is a normal study. There is no evidence of ulnar nerve injury. Given the location of his injury this is the only significant problem I can imagine from this wound. There is no evidence of any nerve or tendon injury. He may have some residual soreness and some superficial sensory abnormalities but this should improve over time. Our recommendation is simply continued therapy. No need for surgical intervention that I can foresee. Unfortunately do not have anything further to offer the patient at this time. I would be happy to see him back in the future on an as needed basis.

Work Status: Not applicable.

Marcus G. Talerico, M.D.

Referred by: Dr. Karen Levin
Other: Hans Mast(Attorney)

[redacted]

MEDICAL HISTORY

Initial Symptoms Onset: (Immediate) Gradual Date of Injury 6/28/2011

44 Year old (R)/L/A handed F/(M)

Patient @ 5 month old of Laceration @ chain saw 2½ inch hole in forearm & it was sutured @ the ER. Pt was no bone or major nerve damage. Patient have due to shooting pains up & down arm & sleep disturbance. Also interfering with work. DR LEVIN Thinks nerve damage or tendon.

40% of forearm arm damage @ initial date of injury

Current Symptoms

Location: Right FOREARM / ULNAR SIDE Left (–)

Pain: Mild Moderate Severe 2/3 @ rest @ night 7/8. | Mild Moderate Severe

Intermittent Continuous | Intermittent Continuous

Sleep disturbance | Sleep disturbance

Sensory: Th I M R S Tingling | Sensory: Th I M R S

Intermittent Continuous | Intermittent Continuous

Numbness Tingling Paresthesias | Numbness Tingling Paresthesias

Other: Swelling (–) | Swelling

Stiffness | Stiffness

Triggering (–) | Triggering

Crepitus (–) | Crepitus

Cold intolerance (–) | Cold intolerance

Color Change (–) | Color Change

Mass (–) | Mass

(Neurology Karen Levin)

(R) volar medial forearm

EMG (–) 8/11 was

Previous similar symptoms/injury: (No) Yes

Treatment to date:

Tetanus: 6-28-2011 Therapy:

Current Medications: Antibiotics NSAIDs Pain Medication

Name/Route/Frequency NAPROXIN for NECK 5 degenerative disc in neck.

Steroids Injections (No) Yes

Splint/cast: (No) Yes

Previous Surgery: No (Yes) ULNAR NERVE TRANSPOSITION (left arm)

- intermittent shooting pain
- N/T intermittent ring + small

Previous tests and results

EMG/NCV: No/Yes DR. LEVIN | Arthrogram: (No)/Yes

MRI: (No)/Yes | Bone Scan: (No)/Yes

X-Ray: No/(Yes) 6/28/11 | CAT scan: (No)/Yes

- grip weakness
- Ø endurance
- Ø therapy

Height 5'10" Weight 165 BMI OT

Occupation/Hobbies: Graphic designer

Referred By DR. LEVIN Age 41

Date 12/21/11

Examined in the presence of (KD) Name: DOLBERG, PAUL

(+) neuroma
(–) Froment's

HAND SURGERY ASSOCIATES SC
37400 EAGLE WAY
CHICAGO, IL 60678-1374

ADDRESS SERVICE REQUESTED

IF PAYING BY MASTERCARD, OR VISA, FILL OUT BELOW.	
CHECK CARD USING FOR PAYMENT	
☐ MASTERCARD	☐ VISA
CARD NUMBER	VERIFICATION #
CARDHOLDER NAME	EXP. DATE
SIGNATURE	AMOUNT

SA11 1003 0004274 220004274

[redacted] ADDRESSEE [redacted]

>08428 2116426 001 092096
PAUL DULBERG
4606 HAYDEN
MCHENRY, IL 60050

[redacted] REMIT TO [redacted]

HAND SURGERY ASSOCIATES SC
37400 EAGLE WAY
CHICAGO IL 60678-1374

Page	Statement Date	Due Date	Office Phone Number	Account #	Patient Balance	Show Amount Paid Here $
1	08/10/12	08/25/12	(847) 956-0099	80330	Continued	

☐ Please check box and use reverse side to indicate address or insurance changes

STATEMENT

RETURN THIS PORTION WITH PAYMENT

Date	ICPT & Reason	Explanation of Activity	Charges & Debits	Insurance Pending	Payments & Credits	Patient Amount
Patient: Paul Dulberg						
		Balance Forward	116.00			
		---- Balance Forward Total				116.00
Provider: Sagerman, Scott D						
Voucher: 751730						
06/28/12	RECEIPT 124	Self Pay Credit Card Pa			-20.00	
07/30/12	RECEIPT 126	Self Pay Credit Card Pa			-20.00	
		---- Visit Total				-40.00
Voucher: 767730						
05/14/12	99212	Office Outpt Est 10 Min	90.00			
		---- Visit Total				90.00
Voucher: 841480						
06/06/12	99214	Office Outpt Est 25 Min	171.00			
		---- Visit Total				171.00
Voucher: 887630						
07/09/12	64718	Neurp&/Trpos Ur Nrv Elb	3318.00			
07/09/12	64708	Neurp Major Prph Nrv Ar	3353.00			
		---- Visit Total				6671.00
Provider: Biafora, Sam J						
Voucher: 818900						
05/17/12	99213	Office Outpt Est15 Min	116.00			
		---- Visit Total				116.00
Voucher: 887640						
07/09/12	64718	Neurp&/Trpos Ur Nrv Elb	829.00			
07/09/12	64708	Neurp Major Prph Nrv Ar	838.00			

HAND SURGERY ASSOCIATES SC
37400 EAGLE WAY
CHICAGO, IL 60678-1374

Account Number: 80330
Office Phone Number: (847)956-0099

Your prompt payment is greatly appreciated.

Ins. Pending: 0.00
Patient Balance: Continued

08428 2116426 016856 016856 00001/00002 920966912

92096S11028

HAND SURGERY ASSOCIATES SC
37400 EAGLE WAY
CHICAGO, IL 60678-1374

IF PAYING BY MASTERCARD, OR VISA, FILL OUT BELOW.	
CHECK CARD USING FOR PAYMENT	
☐ MASTERCARD ☐ VISA	
CARD NUMBER	VERIFICATION #
CARDHOLDER NAME	EXP. DATE
SIGNATURE	AMOUNT

SA11 1003 0004274 220004274

[redacted] ADDRESSEE [redacted]

PAUL DULBERG

[redacted] REMIT TO [redacted]

HAND SURGERY ASSOCIATES SC
37400 EAGLE WAY
CHICAGO IL 60678-1374

Page	Statement Date	Due Date	Office Phone Number	Account #	Patient Balance	Show Amount Paid Here $
2	08/10/12	08/25/12	(847) 956-0099	80330	8791.00	

☐ Please check box and use reverse side to indicate address or Insurance changes

STATEMENT

RETURN THIS PORTION WITH PAYMENT

Date	ICPT & Reason	Explanation of Activity	Charges & Debits	Insurance Pending	Payments & Credits	Patient Amount
		---- Visit Total				1667.00

HAND SURGERY ASSOCIATES SC
37400 EAGLE WAY
CHICAGO, IL 60678-1374

Your prompt payment is greatly appreciated.

Account Number:	80330
Office Phone Number:	(847)956-0099
Ins. Pending:	0.00
Patient Balance:	8791.00

08428 2116426 016857 016857 00002/00002

92096S11028

Account Summary
Hand Surgery Associates SC

Account: 80330

Paul Dulberg
4606 Hayden Ct
McHenry, IL 60051

Home: 847 497-4250
Work:
Cell:

	Current	31-60	61-90	Over 90	Balance
Self:	0.00	0.00	0.00	9384.00	9384.00
Insur:	0.00	0.00	0.00	0.00	0.00
Collect:	0.00	0.00	0.00	0.00	0.00
				Unassigned:	0.00
				Total Balance:	9384.00

Account Type: LITIGATI Stmt? Y Dun? Y Last Stmt: 08/08/2014 9384.00 Last Pmt: 04/18/2014 20.00

Patient: 80330 Paul Dulberg DOB: 03/19/1970 Sex: M 1st Service: 02/27/2012 Last Service: 10/11/2013
Self Pay Insurance Cert: Grp: Sub:Paul Dulberg

Voucher	Service Date	Original Bill Date	Patient No. & Name / Payor	Location	Actual Provider	Pract	Charges	Pmts & Adjs	Net Due	Age
841480	06/06/2012	07/11/2012	80330 Paul Dulberg Self-Pay	HSAAH	SDS	HSASC	171.00	118.00	53.00	762
06/06/2012	Proc: 99214	Office Outpt Est 25 Min			Diag: 354.2		Units: 1	Charge:	171.00	
10/31/2013	Ref: receipt # 16612 v	Self Pay Credit Card Payment				18.00				
11/19/2013	Ref: Receipt #16722	Self Pay Credit Card Payment				20.00				
12/31/2013	Ref: receipt #16865	Self Pay Credit Card Payment				20.00				
01/29/2014	Ref: receipt #15978	Self Pay Credit Card Payment				20.00				
02/27/2014	Ref: Receipt #16144	Self Pay Credit Card Payment				20.00				
04/18/2014	Ref: Receipt #15597	Self Pay Credit Card Payment				20.00				
887630	07/09/2012	08/10/2012	80330 Paul Dulberg Self-Pay	NWCH	SDS	HSASC	6671.00	0.00	6671.00	732
07/09/2012	Proc: 64718	Neurp&/Trpos Ur Nrv Elbw			Diag: 354.2		Units: 1	Charge:	3318.00	
07/09/2012	Proc: 64708	Neurp Major Prph Nrv Arm/Leg Oth/Thn Spe			Diag: 955.2		Units: 1	Charge:	3353.00	
887640	07/09/2012	08/10/2012	80330 Paul Dulberg Self-Pay	NWCH	SJB	HSASC	1667.00	0.00	1667.00	732
07/09/2012	Proc: 64718A	Neurp&/Trpos Ur Nrv Elbw			Diag: 354.2		Units: 1	Charge:	829.00	
07/09/2012	Proc: 64708A	Neurp Major Prph Nrv Arm/Leg Oth/Thn Spe			Diag: 955.2		Units: 1	Charge:	838.00	
919100	08/27/2012	09/13/2012	80330 Paul Dulberg Self-Pay	HSAVH	SDS	HSASC	50.00	0.00	50.00	698
08/27/2012	Proc: 99024	Po F-Up Vst Related To Original Px			Diag: 354.2		Units: 1	Charge:	0.00	
08/27/2012	Proc: 91	Protector Heel Or Elbow Each			Diag: 354.2		Units: 1	Charge:	50.00	
1020590	10/22/2012	12/07/2012	80330 Paul Dulberg Self-Pay	HSAVH	SDS	HSASC	116.00	0.00	116.00	613
10/22/2012	Proc: 99213	Office Outpt Est15 Min			Diag: 354.2		Units: 1	Charge:	116.00	
1025240	12/03/2012	01/10/2013	80330 Paul Dulberg Self-Pay	HSAVH	SDS	HSASC	282.00	0.00	282.00	579
12/03/2012	Proc: 99213	Office Outpt Est15 Min			Diag: 726.32		Units: 1	Charge:	116.00	
12/03/2012	Proc: 73080	Radex Elbw Compl Minimum 3 Views			Diag: 726.32		Units: 1	Charge:	166.00	
1076080	01/14/2013	02/08/2013	80330 Paul Dulberg Self-Pay	HSAVH	SDS	HSASC	90.00	0.00	90.00	550
01/14/2013	Proc: 99212	Office Outpt Est 10 Min			Diag: 354.2		Units: 1	Charge:	90.00	
1208470	03/25/2013	04/10/2013	80330 Paul Dulberg Self-Pay	HSAVH	SDS	HSASC	90.00	0.00	90.00	489
03/25/2013	Proc: 99212	Office Outpt Est 10 Min			Diag: 354.2		Units: 1	Charge:	90.00	
1345580	07/08/2013	08/09/2013	80330 Paul Dulberg Self-Pay	HSAVH	SDS	HSASC	275.00	0.00	275.00	368
07/08/2013	Proc: 99213	Office Outpt Est15 Min			Diag: 719.42		Units: 1	Charge:	116.00	
07/08/2013	Proc: 20605	Arthrocnts Aspir&/Njx Intrm Jt/Bursa			Diag: 726.32		Units: 1	Charge:	159.00	
1400320	08/26/2013	09/11/2013	80330 Paul Dulberg Self-Pay	HSAVH	SDS	HSASC	90.00	0.00	90.00	335
08/26/2013	Proc: 99212	Office Outpt Est 10 Min			Diag: 719.42		Units: 1	Charge:	90.00	

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

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

DONNA J. KERSTING, MBA
EXECUTIVE DIRECTOR

ARLINGTON HEIGHTS
515 W. ALGONQUIN RD.
ARLINGTON HEIGHTS, IL 60005
TEL: 847-956-0099
FAX: 847-956-0433

ALSIP
4000 W. 123TH STREET
ALSIP, IL 60803

BOLINGBROOK
301 S. BOLINGBROOK DR.
BOLINGBROOK, IL 60440

CHICAGO
600 W. ADAMS ST.
CHICAGO, IL 60661

COUNTRYSIDE
6333 S. WILLOW SPRINGS RD.
COUNTRYSIDE, IL 60525

ELMHURST
360 W. BUTTERFIELD RD., STE. 150
ELMHURST, IL 60126

GLENVIEW
2150 PFINGSTEN RD., STE. 2200
GLENVIEW, IL 60026

OAK LAWN
9311 W. 95TH STREET
OAK LAWN, IL 60453

VERNON HILLS
555 CORPORATE WOODS PKWY.
VERNON HILLS, IL 60061

www.hsasc.com

February 29, 2012

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

RE: PAUL DULBERG
OV: 02/27/2012

Dear Dr. Sek:

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

PAST MEDICAL HISTORY: Remarkable for arthritis and cervical disc disease

MEDICATIONS: Naproxen, Tramadol, Cyclobenzoprine, Flexetine.

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

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

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

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

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

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

February 29, 2012
Re: Paul Dulberg
Page Two

Occupational therapy reports were reviewed.

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

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

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

Sincerely,

Scott D. Sagerman, M.D.

SDS/sld
Cc: Karen Levin, MD

HAND SURGERY ASSOCIATES, S.C.
SPECIALISTS IN THE SHOULDER, ELBOW WRIST AND HAND

MICHAEL I. VENDER, MD. PRASANT ATLURI, M.D.
SCOTT D. SAGERMAN, M.D. SAM J. BIAFORA, M.D.
MICHAEL V. BIRMAN, M.D.

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

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

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

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

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

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

NEXT VISIT: Six weeks or PRN.

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

PHONE: 847-956-0099 FAX: 847-956-0433
515 W. ALGONQUIN ROAD, SUITE 120 ARLINGTON HEIGHTS, IL 60005
ALSIP BOLINGBROOK CHICAGO COUNTRYSIDE
EMHURST GLENVIEW OAKLAWN VERNON HILLS

WWW.HSASC.COM

HAND SURGERY ASSOCIATES, S.C.
SPECIALISTS IN THE SHOULDER, ELBOW WRIST AND HAND

MICHAEL I. VENDER, MD. PRASANT ATLURI, M.D.
SCOTT D. SAGERMAN, M.D. SAM J. BIAFORA, M.D.
MICHAEL V. BIRMAN, M.D.

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

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

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

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

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

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

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

PHONE: 847-956-0099 FAX: 847-956-0433
515 W. ALGONQUIN ROAD, SUITE 120 ARLINGTON HEIGHTS, IL 60005
ALSIP BOLINGBROOK CHICAGO COUNTRYSIDE
EMHURST GLENVIEW OAKLAWN VERNON HILLS

WWW.HSASC.COM

HAND SURGERY ASSOCIATES, S.C.
SPECIALISTS IN THE SHOULDER, ELBOW WRIST AND HAND

MICHAEL I. VENDER, MD. PRASANT ATLURI, M.D.
SCOTT D. SAGERMAN, M.D. SAM J. BIAFORA, M.D.
MICHAEL V. BIRMAN, M.D.

Dr. Biafora

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

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

PAST MEDICAL HISTORY: Arthritis, migraine headaches.

PAST SURGICAL HISTORY: Ulnar nerve decompression at the elbow with anterior transposition.

MEDICATIONS: Neurontin, Naproxen, Flexitine, Tramadol, Cyclobenzoprine.

ALLERGIES: No known drug allergies.

SOCIAL HISTORY: He smokes one pack of cigarettes per day.

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

PHONE: 847-956-0099 FAX: 847-956-0433
515 W. ALGONQUIN ROAD, SUITE 120 ARLINGTON HEIGHTS, IL 60005
ALSIP BOLINGBROOK CHICAGO COUNTRYSIDE
EMHURST GLENVIEW OAKLAWN VERNON HILLS

WWW.HSASC.COM

HAND SURGERY ASSOCIATES, S.C.
SPECIALISTS IN THE SHOULDER, ELBOW WRIST AND HAND

MICHAEL I. VENDER, MD. PRASANT ATLURI, M.D.
SCOTT D. SAGERMAN, M.D. SAM J. BIAFORA, M.D.
MICHAEL V. BIRMAN, M.D.

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

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

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

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

NEXT VISIT: Four weeks.

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

PHONE: 847-956-0099 FAX: 847-956-0433
515 W. ALGONQUIN ROAD, SUITE 120 ARLINGTON HEIGHTS, IL 60005
ALSIP BOLINGBROOK CHICAGO COUNTRYSIDE
EMHURST GLENVIEW OAKLAWN VERNON HILLS

WWW.HSASC.COM

HAND SURGERY ASSOCIATES, S.C.
SPECIALISTS IN THE SHOULDER, ELBOW WRIST AND HAND

MICHAEL I. VENDER, MD. PRASANT ATLURI, M.D.
SCOTT D. SAGERMAN, M.D. SAM J. BIAFORA, M.D.
MICHAEL V. BIRMAN, M.D.

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

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

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

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

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

NEXT VISIT: After surgery.

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

PHONE: 847-956-0099 FAX: 847-956-0433
515 W. ALGONQUIN ROAD, SUITE 120 ARLINGTON HEIGHTS, IL 60005
ALSIP BOLINGBROOK CHICAGO COUNTRYSIDE
EMHURST GLENVIEW OAKLAWN VERNON HILLS

WWW.HSASC.COM

HAND SURGERY ASSOCIATES, S.C.
SPECIALISTS IN THE SHOULDER, ELBOW WRIST AND HAND

MICHAEL I. VENDER, MD. PRASANT ATLURI, M.D.
SCOTT D. SAGERMAN, M.D. SAM J. BIAFORA, M.D.
MICHAEL V. BIRMAN, M.D.

Patient ID:	80330
Patient Name:	PAUL DULBERG
Date of Birth:	03/19/1970
Date of Service:	07/11/2012

CHART NOTE:
The patient was in the office today for evaluation of the right arm. He is doing Ok. No problems after surgery. His pain is controlled.

PHYSICAL EXAMINATION: The right elbow and forearm incisions are clean. Sutures are in place. Minimal swelling. No drainage. No sign of infection. Circulation and sensation are intact distally.

TREATMENT PLAN: Operative findings were reviewed. Dressing was reapplied. Infection precautions were explained. Activity restrictions were given.

A therapy referral was provided for range-of-motion exercises and edema control measures. A padded elbow sleeve was applied for protection.

Follow up in two weeks for suture removal.

NEXT VISIT: Clinical 7/23/2012. Dr. Sagerman in Vernon Hills office 7/30/2012.

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

PHONE: 847-956-0099 FAX: 847-956-0433
515 W. ALGONQUIN ROAD, SUITE 120 ARLINGTON HEIGHTS, IL 60005
ALSIP BOLINGBROOK CHICAGO COUNTRYSIDE
ELMHURST GLENVIEW OAKLAWN VERNON HILLS

WWW.HSASC.COM

HAND SURGERY ASSOCIATES, S.C.
SPECIALISTS IN THE SHOULDER, ELBOW WRIST AND HAND

MICHAEL I. VENDER, MD. PRASANT ATLURI, M.D.
SCOTT D. SAGERMAN, M.D. SAM J. BIAFORA, M.D.
MICHAEL V. BIRMAN, M.D.

Patient ID: 80330
Patient Name: PAUL DULBERG
Date of Birth: 03/19/1970
Date of Service: 07/23/2012

CLINIC NOTE:
The patient was seen for a clinic visit today for evaluation of right forearm/elbow.

The patient states he is doing Ok.

All dressings are removed, and Steri-strips are applied.

NEXT VISIT: 7/30/2012 with Dr. Sagerman in the Vernon Hills office.

ACTIVITY/WORK STATUS: Off work.
Clinic Staff/all

PHONE: 847-956-0099 FAX: 847-956-0433
515 W. ALGONQUIN ROAD, SUITE 120 ARLINGTON HEIGHTS, IL 60005
ALSIP BOLINGBROOK CHICAGO COUNTRYSIDE
EMHURST GLENVIEW OAKLAWN VERNON HILLS

WWW.HSASC.COM

HAND SURGERY ASSOCIATES, S.C.
SPECIALISTS IN THE SHOULDER, ELBOW WRIST AND HAND

MICHAEL I. VENDER, MD. PRASANT ATLURI, M.D.
SCOTT D. SAGERMAN, M.D. SAM J. BIAFORA, M.D.
MICHAEL V. BIRMAN, M.D.

Patient ID:	80330
Patient Name:	PAUL DULBERG
Date of Birth:	03/19/1970
Date of Service:	07/30/2012

CHART NOTE:
The patient was in the office today for evaluation of the right forearm/elbow. He is doing well. His arm feels better. His hand function has increased, and he feels that his symptoms have improved since the surgery was performed.

PHYSICAL EXAMINATION: The right elbow and forearm incisions are healed. Scarring is stable. There is mild diffuse swelling adjacent to the forearm scar but no erythema, warmth or tenderness. Wrist, elbow and finger motion are satisfactory. Sensation is intact in all distributions. He indicates improved independent finger flexion in comparison to the preoperative function.

TREATMENT PLAN: I reviewed the operative findings. He will continue supervised therapy and home exercises, including light strengthening and scar management. A forearm sleeve will be prescribed for edema control.

Activity restrictions were reviewed. Follow up in one month.

NEXT VISIT: One month.

ACTIVITY/WORK STATUS: Restricted. Limited forceful gripping. No lifting/pushing/pulling.
Scott D. Sagerman, MD./all

PHONE: 847-956-8099 FAX: 847-956-0433
515 W. ALGONQUIN ROAD, SUITE 120 ARLINGTON HEIGHTS, IL 60005
ALSIP BOLINGBROOK CHICAGO COUNTRYSIDE
EMHURST GLENVIEW OAKLAWN VERNON HILLS

WWW.HSASC.COM

HAND SURGERY ASSOCIATES, S.C.
SPECIALISTS IN THE SHOULDER, ELBOW WRIST AND HAND

MICHAEL I. VENDER, MD. PRASANT ATLURI, M.D.
SCOTT D. SAGERMAN, M.D. SAM J. BIAFORA, M.D.
MICHAEL V. BIRMAN, M.D.

Patient ID: 80330
Patient Name: PAUL DULBERG
Date of Birth: 03/19/1970
Date of Service: 08/27/2012

CHART NOTE:
The patient was in the office today for evaluation of the right elbow. He is doing ok. His elbow is sore. He is participating in therapy. His progress is satisfactory. His grip strength has increased. His hand function has improved.

PHYSICAL EXAMINATION: The right elbow and forearm scars are stable. There is mild tenderness over the forearm scar at the ulnar aspect. There is no sign of infection. Elbow and wrist motion are unrestricted. There is no ulnar nerve subluxation. Intrinsic strength is increased. Sensation is intact in all distributions.

TREATMENT PLAN: The therapy progress report from August 21 2012 was reviewed. Additional therapy was prescribed, including scar management and strengthening. Continued improvement is expected over time.

He may advance activities as tolerated in conjunction with therapy. Follow-up six weeks. Work status is limited forceful gripping and no lifting/pushing/pulling.

NEXT VISIT: Six weeks.

ACTIVITY/WORK STATUS: Restricted. Limited forceful gripping and no lifting/pushing/pulling.
Scott D. Sagerman, MD./sld

PHONE: 847-956-0099 FAX: 847-956-0433
515 W. ALGONQUIN ROAD, SUITE 120 ARLINGTON HEIGHTS, IL 60005
ALSIP BOLINGBROOK CHICAGO COUNTRYSIDE
EMHURST GLENVIEW OAKLAWN VERNON HILLS

WWW.HSASC.COM

HAND SURGERY ASSOCIATES, S.C.
SPECIALISTS IN THE SHOULDER, ELBOW WRIST AND HAND

MICHAEL I. VENDER, MD. PRASANT ATLURI, M.D.
SCOTT D. SAGERMAN, M.D. SAM J. BIAFORA, M.D.
MICHAEL V. BIRMAN, M.D.

Patient ID: 80330
Patient Name: PAUL DULBERG
Date of Birth: 03/19/1970
Date of Service: 10/22/2012

CHART NOTE:
The patient was in the office today for evaluation of the right arm. He is feeling better. His function has improved. He had additional therapy with gains in his strength. The sensation in his fingers has improved. He is pleased that he can now grasp objects better than he did before surgery. He still has some difficulty with certain activities involving gripping and pinching small objects.

PHYSICAL EXAMINATION: The right elbow and forearm scars are stable and nontender. There is no sensitivity at the cubital tunnel. There is no ulnar nerve subluxation. He still has tenderness at the dorsal aspect of the forearm scar but less pain with gripping activities. His maximum grip strength was 112 pounds, according to the most recent therapy measurement.

TREATMENT PLAN: The patient will continue home exercises as previously directed by the therapist. He may advance activities with use of his right arm as tolerated. Continued improvement in strength is expected over time.

We discussed his work activities. He is currently unemployed and plans to pursue disability.

NEXT VISIT: Six weeks.

ACTIVITY/WORK STATUS: Restricted. Limited forceful gripping. Limited lifting/pushing/pulling.
Scott D. Sagerman, MD./all

PHONE: 847-956-0099 FAX: 847-956-0433
515 W. ALGONQUIN ROAD, SUITE 120 ARLINGTON HEIGHTS, IL 60005
ALSIP BOLINGBROOK CHICAGO COUNTRYSIDE
EMHURST GLENVIEW OAKLAWN VERNON HILLS

WWW.HSASC.COM

HAND SURGERY ASSOCIATES, S.C.
SPECIALISTS IN THE SHOULDER, ELBOW WRIST AND HAND

MICHAEL I. VENDER, MD. PRASANT ATLURI, M.D.
SCOTT D. SAGERMAN, M.D. SAM J. BIAFORA, M.D.
MICHAEL V. BIRMAN, M.D.

Patient ID: 80330
Patient Name: PAUL DULBERG
Date of Birth: 03/19/1970
Date of Service: 12/03/2012

CHART NOTE:
The patient was in the office today for evaluation of his right hand. He still has some weakness in his pinch strength and difficulty grasping objects. He is performing home exercises.

He also reports a recent onset of left elbow symptoms with no preceding trauma.

PHYSICAL EXAMINATION: Examination of the right elbow and forearm scars are stable with no tenderness or sensitivity. Finger motion is normal. There is slight weakness in key pinch. Sensation is intact in all distributions.

The left elbow shows tenderness at the lateral epicondyle. Range of motion is guarded. There is pain at the end range of extension and pain is reproduced with resisted wrist extension. There is no effusion or bursitis. The posteromedial scar is stable. There is no joint crepitus.

X-RAY EXAMINATION: Multiple views of the left elbow today are negative.

IMPRESSION: Left lateral epicondylitis.

TREATMENT PLAN: I explained the diagnosis and treatment options. The etiology of the condition was discussed. A therapy referral is given for epicondylitis protocol. Activity modifications were explained. He will continue home exercises for the right hand for strengthening.

Follow-up 4-6 weeks. Work status is limited forceful gripping; limited lifting/pushing/pulling.

NEXT VISIT: 4-6 weeks.

ACTIVITY/WORK STATUS: Restricted. Limited forceful gripping; limited lifting/pushing/pulling.
Scott D. Sagerman, MD./sld

PHONE: 847-956-0099 FAX: 847-956-0433
515 W. ALGONQUIN ROAD, SUITE 120 ARLINGTON HEIGHTS, IL 60005
ALSIP BOLINGBROOK CHICAGO COUNTRYSIDE
ELMHURST GLENVIEW OAKLAWN VERNON HILLS

WWW.HSASC.COM

HAND SURGERY ASSOCIATES, S.C.
SPECIALISTS IN THE SHOULDER, ELBOW WRIST AND HAND

MICHAEL I. VENDER, MD. PRASANT ATLURI, M.D.
SCOTT D. SAGERMAN, M.D. SAM J. BIAFORA, M.D.
MICHAEL V. BIRMAN, M.D.

Patient ID:	80330
Patient Name:	PAUL DULBERG
Date of Birth:	03/19/1970
Date of Service:	01/14/2013

CHART NOTE:
The patient was in the office today for evaluation of the left arm. He is doing ok. He is participating in therapy. His symptoms have improved.

PHYSICAL EXAMINATION: Examination of the left elbow shows tenderness at the lateral epicondyle which is improved. Range of motion is improved. There is slight pain with resisted wrist extension. There is no crepitus. The skin is intact.

TREATMENT PLAN: He will continue therapy and home exercises for epicondylitis protocol. Activity modifications reviewed. A counterforce forearm brace may also be tried in conjunction with the therapy program.

Follow-up one month. Work status is limited forceful gripping; limited lifting/pushing/pulling.

NEXT VISIT: One month.

ACTIVITY/WORK STATUS: Restricted. Limited forceful gripping; limited lifting/pushing/pulling.
Scott D. Sagerman, MD./sld

PHONE: 847-956-0099 FAX: 847-956-0433
515 W. ALGONQUIN ROAD, SUITE 120 ARLINGTON HEIGHTS, IL 60005
ALSIP BOLINGBROOK CHICAGO COUNTRYSIDE
EMHURST GLENVIEW OAKLAWN VERNON HILLS

WWW.HSASC.COM

HAND SURGERY ASSOCIATES, S.C.
SPECIALISTS IN THE SHOULDER, ELBOW WRIST AND HAND

MICHAEL I. VENDER, MD.
SCOTT D. SAGERMAN, M.D.
MICHAEL V. BIRMAN, M.D.
PRASANT ATLURI, M.D.
SAM J. BIAFORA, M.D.
AJAY K. BALARAM, M.D.

Patient ID: 80330
Patient Name: PAUL DULBERG
Date of Birth: 03/19/1970
Date of Service: 03/25/2013

CHART NOTE:
The patient was in the office today for evaluation of left elbow. He is doing well. His elbow feels better following therapy.

He has intermittent soreness in his right forearm area.

PHYSICAL EXAMINATION: The left elbow shows minimal tenderness at the lateral epicondyle. The skin is intact. Range of motion is full. There is slight pain with resisted wrist extension. There is no weakness.

The right forearm scar is stable. There is mild sensitivity at the most ulnar aspect.

TREATMENT PLAN: He will continue therapy and home exercises for the left elbow epicondylitis protocol. Continued improvement is expected over time. It does not appear that any invasive treatment is needed.

For the right forearm scar, a padded elbow sleeve was provided for protection.

He may return for follow up on an as-needed basis if symptoms worsen.

NEXT VISIT: PRN.

ACTIVITY/WORK STATUS: Restricted. Limited forceful gripping. Limited lifting/pushing/pulling.
Scott D. Sagerman, MD./all

PHONE: 847-956-0099 FAX: 847-956-0433
515 W. ALGONQUIN ROAD, SUITE 120 ARLINGTON HEIGHTS, IL 60005
ALSIP BOLINGBROOK CHICAGO COUNTRYSIDE
EMHURST GLENVIEW OAKLAWN VERNON HILLS

WWW.HSASC.COM

History & Physical Report #2

Paul Dulberg
8/26/2013 10:57 AM
Location: VH Office
Patient #: 80330
DOB: 3/19/1970
Undefined / Language: English / Race: Undefined
Male

History of Present Illness (Scott D Sagerman, MD; 8/29/2013 5:01 PM)
The patient is a 43 year old male presenting for a follow up visit. The patient is improving (Still complains of intermittent right forearm muscle cramping).

Physical Exam (Scott D Sagerman, MD; 8/26/2013 11:15 AM)
The physical exam findings are as follows:
Note: left elbow shows the tenderness in the lateral condyle region. Skin is intact. Range of motion full. No pain with resisted wrist extension. No joint crepitus.
right forearm scar is stable with no focal tenderness or sensitivity. He describes intermittent muscle spasms with the discomfort despite medication.

Assessment & Plan (Scott D Sagerman, MD; 8/29/2013 5:00 PM)
Lateral Epicondylitis (Tennis Elbow) (726.32)
Story: Left
Current Plans
| Treatment options explained
| Therapy notes reviewed / discussed with patient
| Patient instructed to continue home exercise program. When morning stiffness has resolved, then home exercises may be discontinued.
| Activity restrictions discussed
| Follow up as needed
| Return to Work Date: _08/26/13_____

Work status discussed with patient and written statement was provided.

[xx] Unrestricted [ ] Restricted Therapy: [ ] Yes [ ] No

[ ] Keep wound clean & dry [ ] No overhead use [ ] No lifting / pushing / pulling
[ ] No use of affected hand / arm [ ] Limited overhead use
[ ] Limited lifting / pushing / pulling _____#
[ ] Wear Splint / Sling / Cast [ ] No forceful gripping [ ] No gym / sports
[ ] Sedentary [ ] Limited forceful gripping

[ ] Other:

PAIN IN JOINT, FOREARM / ELBOW (719.43)
Story: right
Current Plans
| Referral to Neurology, Dr Kathleen Kujawa

Note: the patient's neurologist suspects possible dystonia. Referral suggested for evaluation and medical treatment. Discussed with Dr. Levin.

Signed electronically by Scott D Sagerman, MD (8/29/2013 5:01 PM)