

Referral Queue ID: 480535620

Patient Referral

Patient Information:

Patient:	Phillips, Inka I.	Home Phone:	(908) 512-1238
SSN:	XXX-XX-4300	Work Phone:	Ext:
Address:	543 W Front Street Apt. 1 PLAINFIELD, NJ 07060	DOI:	10/18/2023
		DOB:	10/21/1969
		Cell Phone:	(908) 512-1238

Employer Contact:

Employer Location:	Plainfield Board of Education	Contact:	Wendy Hardy
Address:	1200 Myrtle Ave Plainfield, NJ 070631139	Role:	Additional Contact
Auth. by:		Phone:	(908) 731-4323
		Ext.:	
		Fax:	

Program:

Billing Information:

Carrier:	D&H Alternative Risk Solutions	Billing:	D&H Alternative Risk Solutions
Address:	PO Box 68 Newton, NJ 078600068	Address:	PO Box 68 Newton, NJ 078600068
Phone:	(973) 940-1851	Claim #:	
Fax:	(908) 684-9911		
Notes:	Alt name, Dietz & Hammer		

****NOTE TO THE ABOVE FACILITY OR PHYSICIAN:**

Please send a copy of all reports on this patient to the payer and the center.

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			Cell Phone: (908) 512-1238

Therapy Referral Information:

Referral Status: Pending Referral Dept

REFERRAL PRESCRIPTION

Provider Type: Physical Therapist

Requested

Total Treatments:	6	Request Comments:
Treatments per Week:	3	Auto Generated
Treatment Duration:	2 Weeks	

Additional Notes

Auto Create - Physical Therapy Referral

Date: 10/18/2023

Referring Provider:

*** Provider Signature on File ***

Number of Visits to Date: 0

Authorized

Total Treatments:	Auth Number:
Treatments per Week:	Effective Date:
Treatment Duration:	Expiration Date:
Authorization Comments:	Units Authorized:

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Transcription

Patient: Phillips, Inka I. Service ID #: 486680828
Soc. Sec. #: XXXXX4300 Referral Q ID:
Date of Birth: 10/21/1969 Age: Injury Date: 10/18/2023 Service Date: 10/18/2023
Service Location: CMC - NNJ South Plainfield Employer: Plainfield Board of Education
Claim Number: Dictated By: Anthony Tarasenko, MD
Diagnosis: S63.502A UNSPECIFIED SPRAIN OF LEFT WRIST, INITIAL ENCOUNTER-S63.502A

Notes:

Reason For Visit

Chief Complaint: The patient presents today with PT was holding the door for a student when she lost her balance and fell resulting her injuring her right ankle and left hand. she has swelling on foot and hand.
Workers Compensation - Patients Occupation: TEACHER.
Chaperone was offered: Patient declined the presence of a chaperone

Medical History

No significant past medical history.

FAMILY HISTORY:

The patients family history has been obtained and carefully reviewed. It has been determined that the patients family history is noncontributory to the current injury.

Surgical History

History of No pertinent past surgical history (Z78.9)

Allergies

No Known Drug Allergies

Occupational History

Occupational History

Occupational history was provided by the patient.

Type of job / Job title: teacher

Major job functions: assisting students and staff

Length of time at this job: 15 year(s).

Average daily work hours: 8. Average weekly work hours: 40.

Workdays: Monday, Tuesday, Wednesday, Thursday and Friday.

Recent overtime: No

History of Present Illness

Acute Musculoskeletal:

Acute Musculoskeletal Injury History: injured today.

This is the result of a fall and fall onto outstretched arm.

Occurred while at work, WHILE HOLDING THE DOOR SLIP AND FELL ON HER OUTSTRETCHED

LEFT HAND AND LANDED ON HER RIGHT ANKLE WITH IMMEDIATE SWELLG WITH PAIN NOT AVBLE TO

WALK ON HER OWN POWER ,NEEDED A WHEEL CHAIR TO COME OUT OFFICE, PAIN LEVEL OF 6.

Complaint of wrist pain.

Documented By: Anthony Tarasenko, MD

Documented On: 10/18/2023 2:32 PM

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Notes:

Complaint of ankle pain.

Review of Systems

Constitutional: Reviewed and found to be negative.
Eyes: Reviewed and found to be negative.
Cardiovascular: Reviewed and found to be negative.
Respiratory: Reviewed and found to be negative.
Gastrointestinal: Reviewed and found to be negative.
Genitourinary: no missed menstrual period.
Musculoskeletal: joint pain, muscle pain, joint swelling, limping and night pain.
Integumentary: Reviewed and found to be negative.
Neurological: Reviewed and found to be negative.
Psychiatric: Reviewed and found to be negative.
Hematologic and Lymphatic: Reviewed and found to be negative.

Vitals

Vital Signs

Recorded: 18Oct2023 01:05PM
Temperature: 98.1 F, Oral
Systolic: 120
Diastolic: 80
BP Cuff Size: Regular - Adult
Heart Rate: 103
Respiration: 15
Height: 5 ft 6 in
Weight: 160 lb
BMI Calculated: 25.82 kg/m2
BSA Calculated: 1.82

Vital signs were reviewed and found to be unremarkable.

Physical Exam

Constitutional: well appearing and well nourished.
Head/Face: Normocephalic and atraumatic.
Eyes: conjunctiva and lids with no swelling, erythema or discharge. Pupils are equal,
round, and reactive to light and cornea clear. Normal optic discs and normal retina.
Extraocular movements intact.
ENT: No erythema or edema of the external ears or nose. Tympanic membranes translucent with normal light reflex. Canals patent without erythema.
Hearing is

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Notes:

grossly normal. nasal mucosa and turbinates are normal without edema or erythema. No nasal discharge. Lips, teeth and gums are normal. Oropharynx with no erythema, edema, exudate or lesions.

Neck: The neck is supple and symmetric with midline trachea and no masses. Breasts: breast exam was declined.

Pulmonary: no increased work of breathing or signs of respiratory distress.

Cardiovascular: normal rate and rhythm, normal S1 and S2, without gallops or rubs.

Abdomen: soft, non-distended, and no tenderness.

Genitourinary: pelvic exam was declined.

Lymphatic: no lymphadenopathy.

Musculoskeletal: Normal gait. No tenderness or swelling of extremities.

Range of motion is within normal limits. Normal muscle strength and tone.

Shoulder: Appearance normal. No deformity. No tenderness. Full range of motion.

Strength normal. No signs of impingement.

Upper Arm: Appearance normal. No deformity. No tenderness. Full range of motion.

Strength normal.

Elbow: Appearance normal. No deformity. No tenderness. Full range of motion.

Strength normal.

Forearm: Appearance normal. No deformity. No tenderness. Full range of motion.

Strength normal.

Left Wrist: Appears with swelling. Skin trauma noted. DIFFUE TENDERNSS ON PALPATION NOT ABLE TO CLOSE HAND/FIST.

Hip: Appearance normal. No deformity. No tenderness. Full range of motion.

Strength normal.

Thigh: Appearance normal. No deformity. No tenderness. Full range of motion.

Strength normal.

Lower Leg: Appearance normal. No deformity. No tenderness. Full range of motion.

Strength normal.

Right Ankle: no warmth, no masses and no defect in the Achilles tendon Appears with swelling, swelling laterally and swelling medially. Skin trauma DIFFUSE TENDERNESS

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Notes:

ON PALPATION DECREASED RANGE OF MOTION. No crepitus on palpation Limited range of motion in all planes with pain. Dorsiflexion: with pain with pain. Plantar flexion: with pain with pain. Inversion: with pain with pain. Eversion: with pain with pain. Foot and ankle strength was normal on the left side. Plantar flexion is 3/5 on the right side. Dorsiflexion is 3/5 on the right side. Inversion is 3/5 on the right side. Ankle eversion is 3/5 on the right side. Great toe MTP flexion is 3/5 on the right side. Great toe MTP extension is 3/5 on the right side. Great toe IP flexion is 3/5 on the right side. Great toe IP extension is 3/5 on the right side. Toes 2-5 flexion is 3/5 on the right side. Toes 2-5 extension is 3/5 on the right side. Chest: Chest is normal in appearance. Cervical Spine: with normal lordosis, no tenderness and full range of motion. Thoracic Spine: without kyphosis, no tenderness, full range of motion. Lumbosacral Spine: with normal lordosis, no tenderness and full ROM. Straight leg raises negative bilaterally. Skin: Normal without rashes or lesions. Normal turgor. Neurologic: No interosseous weakness present. cranial nerves grossly intact. normal mental status. upper and lower extremity reflexes symmetric bilaterally. sensation intact to light touch. normal finger to nose and negative Romberg. Gait evaluation demonstrated a normal gait, full weight bearing, no ataxia, no shuffling. Psychiatric: . Judgment and insight are normal. oriented to person, place, and time. speech is appropriate in content and delivery. Recent and remote memory is intact. mood and affect are appropriate. PRESENTS WITH LEFT WRIST SPRAIN AND RIGHT ANKLE SWELLING DUE TO SLIP AND FALL WHILE HOLDING THE DOOR PAIN LEVEL OF 6 NOT ABLE TO WALK ON HER OWN POWER NEEDED A WHEELCHAIR TO BE BROUGHT OUR OFFICE.

Radiology Results

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Notes:

fracture of the left wrist late xray reading last night plan for hand
specialist
continue with wrsit brace

Amended By: Tarasenko, Anthony; Oct 19 2023 8:22 AM ESTASSESSMENT

1. Left wrist sprain (S63.502A)
2. Right ankle sprain (S93.401A)
3. Fall, accidental (W19.XXXA)

Plan

1. X-Ray, Left wrist; complete, minimum of 3 views; Requested
for:18Oct2023;

Perform:RAMSOFT; Due:25Oct2023; Last Updated By:Riashi, Lisa; 10/18/2023
2:19:22

PM;Ordered;

For:Left wrist sprain; Ordered By:Tarasenko, Anthony;

Was patient shielded? : Yes

Are you pregnant? : No

2. X-Ray, Right ankle; complete, minimum of 3 views; Requested
for:18Oct2023;

Perform:RAMSOFT; Due:25Oct2023; Last Updated By:Riashi, Lisa; 10/18/2023
2:19:31

PM;Ordered;

For:Right ankle sprain; Ordered By:Tarasenko, Anthony;

Was patient shielded? : Yes

Are you pregnant? : No

3. Crutches; Requested for:18Oct2023;

Perform:In Office; Due:23Oct2023;Ordered;

For:Right ankle sprain; Ordered By:3115, GenericProvider;

Dispensed : Dispensed today for home use. The patient was instructed to use
as

directed to alleviate one or more of the following conditions: reduction
of pain,
inflammation, spasm, swelling, tightness or stiffness.

4. Gait training, each 15 minutes; Requested for:18Oct2023;

Perform:In Office; Due:28Oct2023;Ordered;

For:Right ankle sprain; Ordered By:3115, GenericProvider;

5. Hot/Cold Pack, Any Size x 2; Requested for:18Oct2023;

Perform:In Office; Due:23Oct2023;Ordered;

For:Left wrist sprain, Right ankle sprain; Ordered By:3115,
GenericProvider;

6. Physical Therapy Referral Physical Therapy See Referral Comment!
Requested for:

18Oct2023

Ordered;

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Notes:

For: Right ankle sprain; Ordered By: 3115, GenericProvider Performed:
Due:
01Nov2023
Laterality 1 : Right
Body Part 1 : Ankle
PT Necessary : PT is medically necessary to address objective
impairment/functional
loss and to expedite return to full activity
Frequency : 3 x week
Duration : 2 weeks
Therapy Order : Evaluate and Treat
7. Strapping; ankle and/or foot; Requested for:18Oct2023;
Perform:In Office; Due:28Oct2023;Ordered;
For:Right ankle sprain; Ordered By:3115, GenericProvider;
8. Strapping; elbow or wrist; Requested for:18Oct2023;
Perform:In Office; Due:28Oct2023;Ordered;
For:Left wrist sprain; Ordered By:3115, GenericProvider;
9. Walker Boot - Short; Requested for:18Oct2023;
Perform:In Office; Due:23Oct2023;Ordered;
For:Right ankle sprain; Ordered By:3115, GenericProvider;
Dispensed : Dispensed today for home use. The patient was instructed to use
as
directed to alleviate one or more of the following conditions: reduction
of pain,
inflammation, spasm, swelling, tightness or stiffness.
10. WRIST-ELASTIC WRIST BRACE; Requested for:18Oct2023;
Perform:In Office; Due:23Oct2023;Ordered;
For:Left wrist sprain; Ordered By:3115, GenericProvider;
Dispensed : Dispensed today for home use. The patient was instructed to use
as
directed to alleviate one or more of the following conditions: reduction
of pain,
inflammation, spasm, swelling, tightness or stiffness.
DO NOT DISPENSE OTC ANALGESICS
NO MEDICATIONS WERE PRESCRIBED OR DISPENSED FOR THIS ENCOUNTER.

Discussion/Summary

slip and fall on her outstretched left hand with pain and swelling of the left
wrist
with decreased range of motion
right ankle with edema with tenderness on palpation

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Notes:

gait training with crutches
pt
modified duty
Chaperone was declined

A comprehensive discussion was held with the patient to review the diagnosis and overall treatment plan and objectives. The patient verbally acknowledged their understanding of all items discussed, and was afforded an opportunity to get clarification and/or ask additional questions regarding the proposed treatment(s). Patient was instructed to keep their scheduled appointments for follow-up and/or return to Concentra.

Activity Status and Restrictions
Treatment Status: Patient to be seen by physician at next visit.
Returning for follow-up: 10 19 2023
Continue Therapy/Rehabilitation as scheduled.
Activity Status
Return to modified work/activity today.
sit down job, no student contact
Work Duration
Patient may work their entire shift.
Restrictions: KEY - Occasionally = up to 3 hrs/day, Frequently = up to 6 hrs/day,
Constantly = up to 8 hours or greater per day
May lift up to 5 lbs constantly
May push/pull up to 5 lbs constantly
Must use crutches
Should be sitting 100 % of the time.
No squatting.
No kneeling.

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Notes:

Signatures

Electronically signed by : Anthony Tarasenko, M.D.; Oct 18 2023 2:32PM
EST -

Author

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EST -

Author

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Author

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EST - Author

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