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Pre-certification: Phone: (201) 475-0019 FAX: (201) 475-8740

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William G. Thomson, PA-C Bryan D. Sheldon, PA-C Long K. Bui-Le, PA-C
Jeffrey R. Lee, PA-C Justin P. VanGrouw, PA-C

THERAPY PRESCRIPTION
CERTIFICATE OF MEDICAL NECESSITY

NAME: *Quintin Ponder*

DATE OF BIRTH: **03/19/1985 37 years** y.o.

DATE: 02-15-2023

ACCOUNT NUMBER: 1195396

PHYSICAL THERAPY

DIAGNOSIS: S/P Left Shoulder Arthroscopy, Decompression, Distal Clavicle Resection

FREQUENCY: *3 x per week x 4 weeksactive range of motion as tolerated*

Evaluation & Treatment

Shoulder rehab: Evaluation & Treatment, Modalities: Hot Packs, Cold Packs, Ultrasound,Tens, Electrical Stimulus, Cuff/Scapula Kinetic Chain, Pendulums, HEP.
OTHER: PATIENT TO BEGIN PT BY FEBRUARY 21.

I CERTIFY THAT THE ABOVE IS MEDICALLY NECESSARY FOR THE FOLLOWING GOALS:
GOALS:

Gait Training:

ATTENTION: Treating Physical Therapist: Please note the following Return to Work guidelines below.

Post OP Guidelines: SHOULDER: Removal of bone spurs only:
Out of work: Patient will initially remain out of work in the initial postoperative period. Patient will followup in one week after surgery for suture removal.

Sedentary duty capacity: If available at your place of employment, the patient will be returned to a sedentary duty (desk type work) capacity 3 weeks after the surgical procedure.

Light duty capacity: If available at your place of employment, the patient will be returned to a light duty capacityat 6 weeks with of no lifting more than 15 pounds with the operative arm.

Full duty attempt: All patient's will undergo an attempt at full duty capacity by 8 weeks postoperatively.

Provider Signature: *Douglas S. Holden, M.D.*

******PLEASE SEND MOST RECENT DAILY NOTES/PROGRESS REPORT TO PHYSICIAN PRIOR TO PATIENT'S APPOINTMENT WITH THIS OFFICE ******