
 *** TX Result Report ***

Sending is complete.

Job Number 0478
 Address 9739401852
 Name
 Start Time 10/22 11:07 AM
 Call Length 00'34
 Sheets 3
 Result OK

TRI-COUNTY ORTHOPEDICS

World-Class Team. Uncompromising Care.

197 Ridgedale Avenue, Suite 300
 Cedar Knolls, NJ 07927
 Phone: 973-538-2334

Office Visit Summary

Exam Date: 10/22/24 Date of Injury: 01/11/2024 Physician: DAVID EPSTEIN, MD

Patient: JASON GREER

Carrier: D&H

Clm#: PLB086628

Adjustor: CAROLINA SHELL

Phone: 973-940-1851 Ext: 239

Email: CSHELL@RISKSOLUTIONS.COM

Fax: 973-940-1852

Case Mgr/Other:

Phone:

Ext:

Email:

Fax:

Diagnosis: R/L Tendonitis

ICD-10:

Causality: (first visit only) Yes No

Work Status

Unable to work effective: Return to work full duty effective: 10/22/24

Return to work with modifications:

Restrictions include: ☐ No Climbing ☐ No Kneeling ☐ No Squatting ☐ No Overhead lifting

Maximum lift and push/pull of _____ lbs with affected extremity

NWB TTWB PWB FWB No use of: Other:

Able to drive at work: Yes No Estimated MMI:

Able to drive outside of work: Y/N

Treatment Plan

Physical Therapy: 2 x/wk 4 wk ☐ MRI/MRI Arthrogram ☐ CT Scan

☐ Injection ☐ EMG/NCS ☐ Brace ☐ Splint ☐ CAM Walker

☐ HEP/Therabands ☐ Consults

☐ Other

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Case Mgr/Other:

Phone:

Ext:

Email:

Fax:

Diagnosis: RTE Tendonitis

ICD-10:

Causality: (first visit only) Yes No

Work Status

Unable to work effective: _____ Return to work full duty effective: 10/24/24

Return to work with modifications: _____

Restrictions include: ☐ No Climbing ☐ No Kneeling ☐ No Squatting ☐ No Overhead lifting

Maximum lift and push/pull of _____ lbs with affected extremity

NWB TTWB PWB FWB No use of: _____ Other: _____

Able to drive at work: Yes _____ No _____ Estimated MMI: _____

Able to drive outside of work: Y/N _____

Treatment Plan

Physical Therapy: 2-3 x/wk 4 wk

☐ MRI/MRI Arthrogram ☐ CT Scan

☐ Injection ☐ EMG/NCS ☐ Brace ☐ Splint ☐ CAM Walker

☐ HEP/Therabands ☐ Consults _____

☐ Other _____

Medications

Narcotic prescribed: _____ Start Date: _____

Pain Score prior to narcotic initiation: (0-10) _____ Pain Score after Narcotic initiation (0-10) _____

Referral to pain management: _____

Follow up appointment: _____ @ _____ AM/PM MMI: ☐ Yes ☐ No

TCO Case Manager: _____

Ext: _____

11/19 @ 11:15 AM
Orthopedic Surgeon

TRI-COUNTY ORTHOPEDICS

World-Class Team. Hometown Choice.

David Epstein M.D.

PO BOX 1446, Morristown, NJ 07962-1446 Main: 973-538-2334 Billing: 973-538-0329

☒ 197 Ridgedale Ave, 3rd floor
Cedar Knolls, NJ 07927
Fax: 973-267-6882 (Sport)
Fax 973-538-4081 (Joint)

☐ 1590 Route 206
Bedminster, NJ 07921
Fax: 908-234-2022

☐ 757 Route 15
Lake Hopatcong, NJ 07849

SHOULDER PHYSICAL THERAPY PRESCRIPTION:

Patient Name: **Jason Greer**

Date: **10-22-2024**

Diagnosis: ☒ Right ☐ Left ☐ Bilateral Frequency: ☒ 2-3x/week Duration: ☒ 4 wks ☐ 6 wks

M25.511 Pain in right shoulder - pain and stiffness

☒ Continue as per initial protocol

MODALITIES:

- | | |
|--|--|
| <input checked="" type="checkbox"/> Modalities as needed | <input type="checkbox"/> Cold Pack |
| <input type="checkbox"/> Iontophoresis | <input type="checkbox"/> Moist Heat |
| <input type="checkbox"/> Phonophoresis | <input type="checkbox"/> Massage |
| <input type="checkbox"/> Ultrasound | <input type="checkbox"/> NMES |
| <input type="checkbox"/> Contrast Baths | <input type="checkbox"/> TENS |
| <input type="checkbox"/> Parafin | <input type="checkbox"/> Whirlpool |
| <input type="checkbox"/> Soft Tissue Manipulation | <input type="checkbox"/> Scar Management |
| <input type="checkbox"/> Sensory Re-education
& Desensitization | <input type="checkbox"/> Edema Control
Compression Sleeve |

SHOULDER EXERCISE:

- | | |
|--|-----------------------|
| <input checked="" type="checkbox"/> AROM | (Limits: _____) |
| <input checked="" type="checkbox"/> AAROM | (Limits: _____) |
| <input checked="" type="checkbox"/> PROM | (Limits: _____) |
| <input checked="" type="checkbox"/> Stretching / Flexibility | |
| <input checked="" type="checkbox"/> Periscapular Strengthening | |
| <input checked="" type="checkbox"/> Rotator Cuff Isometrics | |
| <input checked="" type="checkbox"/> ADL's | Coordination Training |
| <input checked="" type="checkbox"/> Strengthening & Endurance Program | |
| <input checked="" type="checkbox"/> (Patient Education / Home Exercises) | |

EQUIPMENT/SUPPLIES:

- | | |
|--|--|
| <input type="checkbox"/> Scar Remodeling | <input type="checkbox"/> Sling |
| <input type="checkbox"/> Silicone Gel Sleeve | <input type="checkbox"/> Abduction Sling |
| <input type="checkbox"/> Cryo-Cuff | <input type="checkbox"/> Pulleys |
| <input type="checkbox"/> Sarmiento Fx Brace | <input type="checkbox"/> Theraband |
| <input type="checkbox"/> Mayo Elbow Brace | <input type="checkbox"/> C-Spine Soft Collar |

CERVICAL SPINE EXERCISE:

- | |
|--|
| <input type="checkbox"/> Modalities for Muscle Spasm |
| <input type="checkbox"/> Flexibility & Stretching |
| <input type="checkbox"/> Core Conditioning & Posture/Gait Training |
| <input type="checkbox"/> Core Strengthening & Endurance Program |
| <input type="checkbox"/> (Patient Education / Home Exercises) |

SPECIAL:

- | |
|---|
| <input type="checkbox"/> Functional Capacity Evaluation |
|---|

WORK REHABILITATION:

- | |
|--|
| <input type="checkbox"/> Work Site & Work Task Analysis |
| <input type="checkbox"/> Work Conditioning / Hardening |
| <input type="checkbox"/> Ergonomic Instruction / Education |
| <input type="checkbox"/> Upper Extremity Strengthening / Endurance |

Physician's Signature: _____

(I have medically prescribed the above treatment)

David M. Epstein, MD

Sports Medicine & Orthopedic Surgery,
Shoulder, Knee, Foot & Ankle Surgery

Please send progress notes

TRI-COUNTY ORTHOPEDICS

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PO BOX 1446, Morristown, NJ 07962-1446
(973) 538-2334

Oct 22, 2024

Patient Name: Jason Greer

The above named patient has been under my care for an orthopedic problem.

☒ Had an appointment today 10/22/24

☒ Work guidelines: _____

☐ No Work: _____

☒ Return to Full Duty: **effective 10/22/24**

☐ Light Duty: _____

☐ Limitations: _____

Follow up 11/19 at 11:15 AM.

If there are any questions, please feel free to contact our office.

Sincerely,



Physician Name: David Epstein M.D.