

EDISON-METUCHEN ORTHOPAEDIC GROUP

10 Parsonage Road, Suite 500, 5th Floor • Edison, NJ 08837 • PH (732) 494-6226 • FAX (732) 494-8762
Matthew Garfinkel, M.D. Nilesh Patel, M.D. Manisha Chalal, M.D.
Franklin Chen, M.D. Todd Ryan, D.O. Gloria Liu, APRN, BC.
Mohnish Ramani, M.D. David M. Idank, D.O.

DME Product prescription

Date: 1/11/2024

Patient: Antonio Cortes Account : 166690
DOB: 11/11/1990
Diagnosis: M25.562 Pain in left knee, M23.8X2 Other internal derangements of left knee
DME Prescribed: Don Joy Functional brace ordered
Size: ☐ Right ☐ Left

Matthew Garfinkel, M.D.

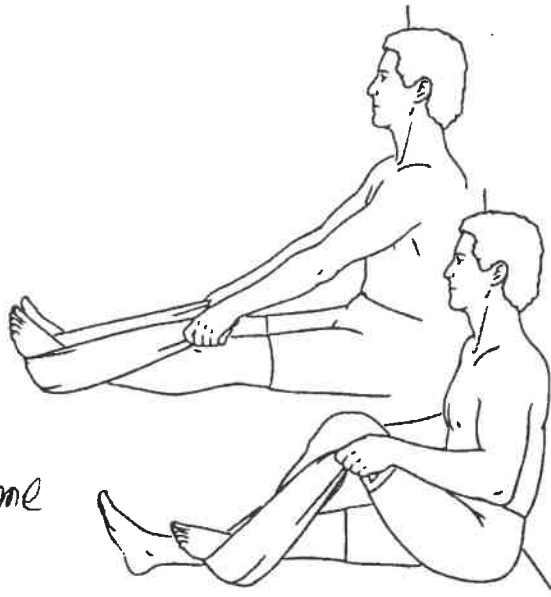
Patient Seen by: Matthew J. Garfinkel, M.D.

HIP / KNEE - 46 PROM: Knee Flexion

Dr. Gattinke/-
Knee Exercises

With towel around heel,
gently pull knee up with
towel until stretch is
felt.

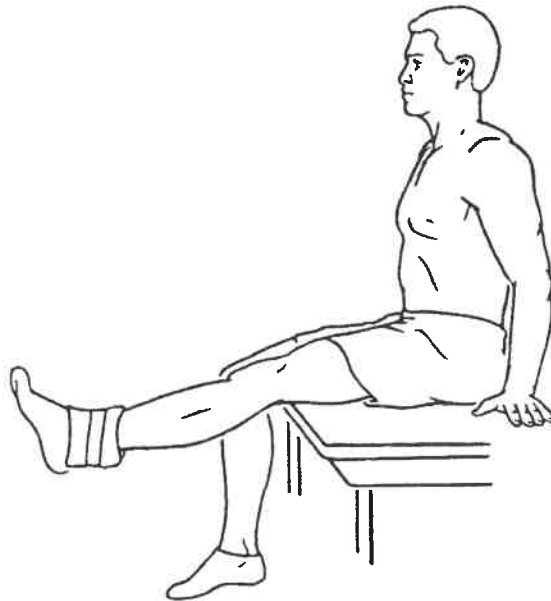
- 10 times for
10 seconds each time



HIP / KNEE - 76 Knee Extension (Sitting)

Straighten knee fully,
lower slowly.

- 10 times for
10 seconds each time



Antonio Cortes

1/11/2024

EDISON METUCHEN ORTHOPAEDIC GROUP
EXECUTIVE PLAZA
10 PARSONAGE ROAD, SUITE 500, 5th FLOOR
EDISON, NEW JERSEY 08837
TEL: 732-494-6226 FAX: 732-4948762

Physical Therapy for the LEFT Knee

DX: Left knee internal derangement

Modals/ROM/HEP/Strength
No Kneeling, Squats, or Stairmaster

3 x's a week/ 4 weeks

A handwritten signature in black ink that reads "Matthew J. Garfinkel, M.D." The signature is written in a cursive, flowing style.

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Work Note

Date: 1/11/2024

Employee Name: **Antonio Cortes**

DOB: 11/11/1990

Account No: 166690

Diagnosis : Pain in left knee, Other internal derangements of left knee

Work Status

- | | |
|---|---|
| <input type="checkbox"/> Cannot work | <input checked="" type="checkbox"/> Return to work with modified duties |
| <input type="checkbox"/> Return to work immediately | <input checked="" type="checkbox"/> Modified duties effective until return visit on 2/12/2024 |
| <input type="checkbox"/> Released from office | <input type="checkbox"/> These restrictions are permanent |
| <input type="checkbox"/> Full Duty on | <input type="checkbox"/> Do not return to work until: |

Work Restrictions

Upper Extremity ☐ Right ☐ Left

- ☐ No use of affected extremity
- ☐ No firm gripping
- ☐ Must wear int/sling/cast
- ☐ No awkward wrist position
- ☐ No lifting over lbs.
- ☐ No repetitive motion
- ☐ No vibratory tools
- ☐ No overhead work (above shoulder)
- ☐ No commercial driving

Lower Extremity ☐ Right ☒ Left

- ☒ Seated work only/mainly
- ☐ No squatting / kneeling / twisting
- ☐ No climbing stairs/ladders
- ☐ No prolonged standing or walking
- ☐ Work with brace/cast
- ☐ No lifting over lbs.
- ☐ Elevate when possible / continuous
- ☐ Crutches/cane/walker
- ☐ No twisting, pushing, pulling

Other Appropriate Duties / Comments

If modified duties are stated above and they cannot be accommodated, consider Antonio Cortes to be off work.

Special Instructions

- ☒ Modified duty: desk work only, no interaction with prisoners or suspects. ☒
Return to my office on _____ or in 4 weeks

Matthew Garfinkel, M.D.

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