



Virak Tan, MD
Rosemary Yi, MD
Robyn Marlin, RN, BSN, CCM

345 Main Street
Suite 202
Madison, NJ 07940

620 Essex Street
Suite 202
Harrison, NJ 07029

Ph: (973) 947-4700
eFax: (888) 900-9262
HandArmSurgery.com

Workman's Compensation Quick Note

Patient's Name Peter Degrazio

Date of Injury 07/13/2004

Today's Date 7/18/23

Description of injury _____

Employer _____

Insurance D&H Alternate Risk Solutions

Case Manager _____

Phone No. _____

Fax No. _____

Adjuster _____

Phone No. _____

Fax No. _____

Claim Number T43688

Diagnosis _____ ☒ SAME AS PREVIOUS

Treatment Plan start OT

Tests Requested:

X-ray _____ MRI _____
CT Scan _____ Bone Scan _____
EMG/NCS _____ Other _____

Therapy Plan: _____

Soft Goods Requested (i.e. brace): _____

Refer Patient To: _____

Activity Recommendations

- ☐ Return/Continue to work: No restrictions
- ☒ Return to work with specific restrictions noted below, if employer approves and available:
- ☒ No Lifting with R arm more than 5 pounds.
 - ☐ No Lifting with L/R arm above shoulder height.
 - ☐ No pushing more than _____ pounds; No gripping/grasping more than _____ pounds.
 - ☐ No use L/R arm.
 - ☐ Able to work: Sitting Standing Walking With splint, brace, or cast
 - ☐ Unable to: Climb stairs Kneel Drive Work around high speed or power equipment
 - ☐ Other: _____

☐ No Work: Estimated return date: _____

____ Request Work Hardening Program for _____ weeks

____ Request Functional Capacity Evaluation

____ Has reached MMI...No further Treatment Required

Follow up Appointment Date: 4wks

☐ PRN

☐ MADISON OFFICE

☐ HARRISON OFFICE

☒ Virak Tan, MD
☐ Rosemary Yi, MD

Lic#: 25MA07231500 NPI#: 1841373438
Lic#: 25MA10076400 NPI#: 1871804880



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☒ OT/CHT

THERAPY

☐ PTShoulder • Elbow • Wrist/HandPatient Name Peter DegrazioDate 7/18/23

Diagnosis:

LeftRightBilateralMF PIP Fusion☐ SAME AS PREVIOUS

ICD-10: _____

Start Therapy: _____ Immediately
in _____ weeks☒ 1. EVALUATION & TREATMENT☒ 2. EDEMA CONTROL (glove • sleeve)☐ 3. DESENSITIZATION☒ 4. MANUAL THERAPY☐ 5. WOUND CARE/DRESSING CHANGES☐ 6. SCAR MASSAGE☒ 7. MODALITIES _____☐ 8. ADL's / ASSISTIVE AIDS☒ 9. STRENGTHENING:☐ rotator cuff • periscapular • therabands☐ elbow☐ wrist☐ hand☐ 10. NERVE RE-EDUCATION/PERCUSSION☐ 11. FUNCTIONAL ELECTRICAL STIMULATION☐ 12. WORK CONDITIONING/HARDENING☒ 13. HOME EXERCISE PROGRAM☐ 14. ROM: Active Active-Assist Passive

Shoulder _____

Elbow _____

Wrist } allHand } all except MF PIP joint☐ 15. SPLINTING: Static • Static Progressive☐ Extension Block ☐ Anti-Claw ☐ Cock-up Wrist

Hand-based Forearm-based Thumb-epica

Elbow@ _____ Wrist@ _____ MCP@ _____ IP@ _____

☐ 16. FLEXOR TENDON PROTOCOL☐ Control Passive Motion☐ Control Active Motion☐ Blocking TechniquesNumber of sessions per week 2-3 for 3 weeks / months☐ Additional to remaining sessions

Physician Signature _____

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