

**HUDSON PRO ORTHOPAEDICS & SPORTS MEDICINE
HAND SURGERY & REHABILITATION of
NORTH JERSEY, P.C.**

Roman Isaac, M.D.

*Board Certified
Orthopaedic Surgery*

*American Society for
Surgery of the Hand*

*Fellowship trained in
Surgery of the Hand
and Upper Extremity*

January 10, 2023

Dietz and Hammer
Attn: Carolina Shell
Fax: 973-940-1852

Today, I had the pleasure of evaluating Loretta Ellison-Murphy in my office. I thank you for the opportunity to participate in the care of this patient. The following is a summary of my findings. Please do not hesitate to contact me if you have any questions or concerns.

HISTORY OF PRESENT ILLNESS: A 66-year-old female who is a crossing guard, who sustained an injury to her right knee at her jobsite on 12/11/2023. The patient reports helping kids cross the street when she slipped on wet leaves causing her right knee to give way and landing to the ground. The patient reports right knee pain and swelling, difficulty ambulating. She was seen in a local urgent care facility and underwent initial x-rays which were negative for fractures. She is currently ambulating with a cane from her injury and is wearing an ACE bandage. She denies any knee problems prior to the date of injury. She is currently not working due to her injuries.

PAST MEDICAL HISTORY: None.

MEDICATIONS: Reviewed and noted on the chart.

ALLERGIES: Penicillin.

PAST SURGICAL HISTORY: Reviewed and noted on the chart.

FAMILY AND SOCIAL HISTORY: Reviewed and noted on the chart.

REVIEW OF SYSTEMS:

Constitutional: Denies any fatigue, fever or headaches

Respiratory: Denies cough, breathing problems

Cardiovascular: Denies chest pain, palpitations

Gastrointestinal: Denies abdominal pain, nausea, vomiting

Reviewed and noted on the chart.

Patient offices:

1320 Adams St. Unit D&E
Hoboken, NJ 07030

905 River Road
(Whole Foods Plaza)
Edgewater, NJ 07020

131 Madison Ave.
3rd Floor
Morristown, NJ 07960

2333 Morris Ave.
Bldg B - Suite 107
Union, NJ 07083

235-239 McWhorter St.
Newark, NJ 07105

143 W. 29th St. 5th Fl.
NY, NY 10001

Mail all correspondence to:

131 Madison Ave. 3rd Floor
Morristown, NJ 07960
Phone: 973-538-5200
Fax: 973-538-9762

Hudsonproortho.com

PHYSICAL EXAMINATION: The patient's height, weight, and vital signs were measured, reviewed, and noted on the chart. Upon physical examination, the patient is alert and oriented x3, well appearing and in no apparent distress. The symptomatic limb was examined, evaluated, and compared to the contralateral side.

HEENT: NC/AT

Cardiovascular: No cyanosis or edema

Respiratory: No labored breathing

Psych: Mood and affect are appropriate

Right Knee Exam

There is mild swelling. Tender over the medial and lateral joint line. Also tender over the proximal patella area with mild swelling. Positive patellofemoral crepitus. No instability. Range of motion is 0-90 degrees.

Otherwise, full range of motion was demonstrated, without evidence of instability or weakness. The patient reported no additional tenderness to palpation to the osseous prominences, and no additional skin breakdown or open lesion was demonstrated.

ASSESSMENT: Right knee rule out meniscal tear versus patellar bone contusion.

PLAN: I discussed the above findings with the patient. I recommended MRI evaluation of her knee and x-rays of the knee. I also recommend physical therapy. Scripts were provided for MRI, x-rays and PT. On today's visit, I recommended an injection. With verbal consent and under sterile condition, a mixture of 1 cc of cortisone and 3 cc of lidocaine was injected into the right knee joint. She will follow up with me in one week with MRI and x-ray results. Currently she will be on with light duty work restrictions. No long walks, kneeling or squatting. She can continue using the cane for support. Follow up is 1/17/24 at 1:45pm.

If any problems or worsening symptoms should arise, the patient will contact my office as soon as possible for a more immediate evaluation. The patient understands and agrees to this above plan. All questions were answered in detail. I look forward to our next meeting.



Roman Isaac, M.D.

RI:rjo

☐ Call STAT Report ☐ Phone Report

Please Provide Patient With: ☒ CD ☐ Film

Today's Date: 1/10/24

Date of Order: 1/1/24

DOB: 4/7/57

Patient: Ellison - Murphy Lo-otto

Diagnosis ICD10 Code: _____

History: _____

Special Instructions: (R) Knee MRI & Xray

GENERAL DIAGNOSTIC X-RAY

☐ Shoulder AP, Axillary, and Scapular Y
☐ Humerus AP and Lateral
☐ Elbow AP, Lateral, Internal & External Rotation
☐ Forearm AP and Lateral
☐ Wrist AP, Lateral and Oblique
☐ Hand AP, Lateral and Oblique

☐ L ☐ R
☐ L ☐ R
☐ L ☐ R
☐ L ☐ R
☐ L ☐ R
☐ L ☐ R

☐ Hips
☐ Femur
☒ Knee
☐ Tibia/Fibula
☐ Ankle
☐ Foot

Weight Bearing AP, Lateral and False Profile ☐ L ☐ R
AP and Lateral ☐ L ☐ R
Weight Bearing AP and Lateral, Sunrise ☐ L ☒ R
Tunnel View
AP and Lateral ☐ L ☐ R
AP, Lateral and Mortise ☐ L ☐ R
AP, Lateral and Oblique ☐ L ☐ R

Spine & Pelvis

☐ Cervical ☐ 5 views ☐ 2 views ☐ Scoliosis Study
☐ Sacrum & Coccyx ☐ Lumbar ☐ 4 views ☐ 2 views
☐ Thoracic/Dorsal ☐ 2 views ☐ Pelvis

Other:

☐ Extremity (specify): ☐ L ☐ R

CT 64 SLICE

☐ Head
☐ Extremity (specify): _____
☐ Hip ☐ W/MAKOplasty
☐ Lumbosacral Spine
☐ Cervical Spine

☐ L ☐ R
☐ L ☐ R

☐ Thoracic Spine
☐ Knee ☐ W/MAKOplasty
☐ Foot
☐ Ankle
☐ Other (Specify) _____

☐ L ☐ R
☐ L ☐ R
☐ L ☐ R
☐ L ☐ R

☐ W/O Contrast ☐ W/ & W/O Contrast

CT ARTHROGRAM

☐ CT Arthrogram of: _____ ☐ L ☐ R

MAGNETIC RESONANCE IMAGING (HIGH FIELD OPEN LIKE)

☐ Cervical Spine
☐ Thoracic Spine
☐ Lumbar Spine

☐ Shoulder ☐ L ☐ R
☒ Knee ☐ L ☒ R
☐ Foot ☐ L ☐ R

☐ Hand ☐ L ☐ R
☐ Hip ☐ L ☐ R
☐ Elbow ☐ L ☐ R

☐ Ankle ☐ L ☐ R
☐ Wrist ☐ L ☐ R
☐ Other (Specify) _____

☒ W/O Contrast ☐ W/ & W/O Contrast

MR ARTHROGRAM

☐ MR Arthrogram of: _____ ☐ L ☐ R

VASCULAR ULTRASOUND (VENOUS)

☐ Venous Duplex ☐ Upper ☐ Lower ☐ Bilateral ☐ Unilateral ☐ Left ☐ Right

☐ Imran Ashraf, MD ☒ Roman Isaac, MD ☐ Aleksey Lazarev, MD ☐ Thomas Azzolini, DPM ☐ Shital Sharma, DPM

Referring Physician Signature

MD



HUDSON PRO ORTHOPAEDICS & SPORTS MEDICINE

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Hoboken Fax: 201-308-6623
info@hudsonproortho.com

OCCUPATIONAL/PHYSICAL THERAPY PRESCRIPTION

Today's Date: 1/10/24
Patient: Elison-Murphy Loretta DOB: 4/7/57

Diagnosis: _____

(R) knee sprain
2-3 episodes

Frequency and Duration of Treatment: _____

Precautions: _____

Continue Present Program: _____

MODALITIES:

- ☐ EVALUATED AND TREAT
- ☐ AS INDICATED
- ☐ HOT/COLD PACKS
- ☐ WHIRLPOOL
- ☐ ULTRASOUND
- ☐ PHONOPHORESIS
- ☐ IONTOPHORESIS
- ☐ E-STIM
- ☐ EDEMA CONTROL
- ☐ THERAPEUTIC MASSAGE

EXERCISES:

- ☒ STRENGTHENING EXERCISES
- ☒ STRETCHING EXERCISES
- ☐ ROM: AROM/AAROM/PROM
- ☐ ISOKINETIC EVAL/TRAINING
- ☐ GAIT TRAINING: FWB/PWB/NWB
- ☐ DESENSITIZATION
- ☐ ARTHRITIC JOINT PROTECTION PROGRAM
- ☐ ADL INSTRUCTION & ASSISTIVE DEVICES
- ☐ MCKENZIE PROGRAM
- ☐ JOINT MOBILIZATION

SPLINTS:

- ☐ STATIC
- ☐ DYNAMIC
- ☐ DIGITS
- ☐ THUMB ☐ INDEX ☐ LONG
- ☐ RING ☐ SMALL

OTHER:

- ☐ HOME PROGRAM
- ☐ WORK SIMULATION/BTE
- ☐ SEMMES-WEINSTEIN EVAL

- ☐ Imran Ashraf, MD ☒ Roman Isaac, MD ☐ Aleksey Lazarev, MD
- ☐ Thomas Azzolini, DPM ☒ Shital Sharma, DPM

_____, MD.

Referring Physician Signature

This document should serve as a letter of medical necessity for therapy. The above has been prescribed by the treating physician and is medically necessary for the patient to reach maximum recovery. It is expected that PT/PTT will be required for _____ months.

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Please visit our website for more information on rehab protocols.