

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 Prescription

Patient Name: *Chandley, Tremorin*

Date: *4/8/24*

S/P *LOFF* **Shoulder Arthroscopy and Acromioplasty,**

Debridement of Torn Ant, Int, Sup. Labrum; Partial Synovectomy, Lysis of Adhesions/Impingement Release,

Duration: 3 times/week for 4 weeks

Begin

This Wednesday 4/10/23

Proximal Biceps Tenotomy, Debridement Torn Rotator Cuff, Removal of Calcium Deposit

Okay Active and Passive Range of Motion

Forward elevation, Abduction, Internal rotation, External rotation, Adduction

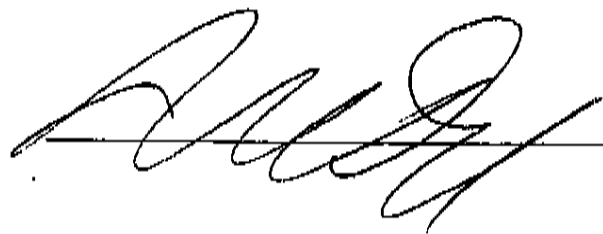
ALL FULL AS TOLERATED

NO Weights, Resistance, or Bands

NO Ultrasound or Electrical Stimulation until *5/8/24*, then OK

Ice Packs Allowed On Dressing While Dressing Is On

Heat before exercising and ice packs after exercising



Matthew Garfinkel, MD