FAXSHEET

Date: 12/01/2023 11:53:29 AM

To: Wilkinson,Kristin Subject: Patient Document

Fax Number: 19739401852
To Company: Wilkinson,Kristin
From Name: Gross, Deborah

From Company: 1 Advanced Ortho Freehold From Facility: 1 Advanced Ortho Freehold

Support Contact:

Number of Pages(s): 3

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Patient Name: Salvatore Renna Next Appt: Physician: Gallacher (MD) Surgical Procedures: right distal biceps tendon reconstruction with Achilles allograft on 11/20/2023 Diagnosis: Encounter for other orthopedic aftercare Z47.89 Rupture of right distal biceps tendon, subsequent encounter S46.211D					
Physical Therapy ☐ Occupational Therapy ☐ Work Hardening ☐ Acupuncture Exercises:		☐ Functional Capacity Exam ☐ Continue Same Plan ☐ Follow Protocol Given To Patient			
Goals: ☐ Desensitization ☐ Decrease Pain ☐ Increase Endurance ☐ Improve Functional Abilities ☐ Increase ROM / Flexibility ☐ Increase Strength ☐ Decrease Edema ☐ Improve Gait	☐ Active Assisted ROM ☐ Active ROM ☐ Passive ROM ☐ Isometrics ☐ Stretching ☐ Strengthening ☐ Conditioning ☐ Lumbar Stabilization ☐ McKenzie Exercises ☐ Williams Exercises	Motion Limitations: External Rotation Internal Rotation Forward Elevation Abduction Other Weight Bearing Status:			
Modalities: ☐ Heat	☐ Back / Neck School ☐ Gait Training ☐ Proprioception	Current Weight Bearing _ Progress Weight Bearing _			

Patient: RENNA, Salvatore DOB: May 7, 1991

RENNA, Salvatore DOB: 05/07/1991 (32 yo M) Acc No. 206876

□ lce	☐ Posture/body machanics	Precautions/Specific Instructions:		
	Charial Branchas	1. Active extension and pronation. Start 40 of extension		
☐ Ultrasound	Special Programs:	and increase 10 per week to full extension 2. Passive flexion and supination to protect biceps		
□ Phonophoreis				
☐ lontophoresis	☐ Pendulums	ums <u>Equipment:</u>		
☐ Electrical Stimulation	☐ Rotator Cuff Intact			
T.E.N.S Unit	☐ Rotator Cuff Repair	Others _		
	☐ ACL Rehabilitation Program	Frequency:	3 Days/Week	
☐ Traction Cervical / Lumbar	☐ Quadriceps Strengthening		<u>4</u> Weeks	
☐ Jobst Compression / Cryotemp	Closed Chain Leg Exercises Only			
PRN (May use any of above)				
	□ Neutral Spine Lumbar Stabilization			

Stacey Gallacher

Date <u>12/01/2023</u>

PLEASE SEND A WRITTEN REPORT AT LEAST 4 DAYS PRIOR TO NEXT OFFICE VISIT. PLEASE CALL TO CLARIFY ANY INFORMATION AS NECESSARY

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