

# TRI-COUNTY ORTHOPEDICS

*North-City, North-Haven, New Haven, CT*

197 Ridgedale Avenue, Suite 300  
Cedar Knolls, NJ 07927  
Phone: 973-538-2334

Claim #2

① Shoulder

## Office Visit Summary

Exam Date: 07/23/24 Date of Injury: 03/12/2024 Physician: DAVID KLEIN, MD

Patient: JAMES VITOLLO

Carrier: D&H

Clm#: IWC087340

Adjuster: CAROLINA SHELL

Phone: 973-940-1851 Ext: 239

Email: CSHELL@RISKSOLUTIONS.COM

Fax: 973-940-1852

Case Mgr/Other:

Phone:

Ext:

Email:

Fax:

Diagnosis: s/p ① RCL

ICD-10:

Causality: (first visit only) Yes \_\_\_\_\_ No \_\_\_\_\_

## Work Status

Unable to work effective: 7/27/24 Return to work full duty effective: \_\_\_\_\_

Return to work with modifications: \_\_\_\_\_

Restrictions include: ☐ No Climbing ☐ No Kneeling ☐ No Squatting ☐ No Overhead lifting

Maximum lift and push/pull of \_\_\_\_\_ lbs with affected extremity

NWB TTWB PWB FWB No use of: \_\_\_\_\_ Other: \_\_\_\_\_

Able to drive at work: Yes \_\_\_\_\_ No \_\_\_\_\_ Estimated MMI: \_\_\_\_\_

Able to drive outside of work: Y/N \_\_\_\_\_

## Treatment Plan

Physical Therapy: 3 x/wk 12 wk ☐ MRI/MRI Arthrogram ☐ CT Scan

☐ Injection ☐ EMG/NCS ☐ Brace ☐ Splint ☐ CAM Walker

☐ HEP/Therabands ☐ Consults \_\_\_\_\_

☐ Other: \_\_\_\_\_

## Medications

Narcotic prescribed: \_\_\_\_\_ Start Date: \_\_\_\_\_

Pain Score prior to narcotic initiation: (0-10) \_\_\_\_\_ Pain Score after Narcotic initiation (0-10) \_\_\_\_\_

Referral to pain management: \_\_\_\_\_

Follow up appointment: 4-6 wks @ AM/PM MMI: ☐ Yes ☐ No

TCO Case Manager: 09/03/24 @ 8:45 am Ext: \_\_\_\_\_

Orthopedic Surgeon



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## David S. Klein, D.O. Reconstructive Surgery, Fractures, and Sports Medicine

### Rehabilitation Protocol: Arthroscopic Rotator Cuff Repair

Name: James Vitello Date: 6/6/24  
 Diagnosis: (L) RCL Date of Surgery: 6/6/24

#### Phase I (Weeks 0-6)

- Sling immobilization with supporting abduction pillow to be worn at all times except for showering and rehab under guidance of PT (if instructed to start before 6 weeks postsurgery)

*If physician wants therapy to start before 6 weeks post op:*

- Range of Motion - True Passive Range of Motion Only to Patient Tolerance
  - Goals: 140° Forward Flexion, 40° External Rotation with elbow at side, 60-80° Abduction without rotation, Limit Internal Rotation to 40° with the shoulder in the 60-80° abducted position. Maintain elbow at or anterior to mid-axillary line when patient is supine
- Therapeutic Exercise - No canes or pulleys during this phase
  - Codman exercises/Pendulums
  - Elbow/Wrist/Hand Range of Motion and Grip strengthening
  - Isometric Scapular Stabilization
- Heat/Ice before and after PT sessions

*Begin Here*

#### Phase II (Weeks 6-8)

- Discontinue sling immobilization at 6 weeks post-surgery
- Range of Motion
  - 6-8 weeks: Gentle passive stretch to reach ROM goals from Phase I
  - 8-10 weeks: Begin AAROM
- Therapeutic Exercise
  - 8-10 weeks: Begin gentle AAROM exercises (supine position), gentle joint mobilizations (grades I and II), continue with Phase I exercises

#### Phase III (Weeks 10-12)

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## David S. Klein, D.O. Reconstructive Surgery, Fractures, and Sports Medicine

- Range of Motion - Begin AROM
- Therapeutic Exercise
  - Continue with scapular strengthening
  - Continue and progress with Phase II exercises
  - Begin Internal/External Rotation Isometrics
  - Stretch posterior capsule when arm is warmed-up
- Modalities per PT discretion

### Phase IV (Months 3-6)

- Range of Motion - Full without discomfort
- Therapeutic Exercise - Advance strengthening as tolerated starting at 4 months; Isometrics, therabands, light weights (1-5 lbs)
- 8-12 repetitions/2-3 sets for Rotator Cuff, Deltoid and Scapular Stabilizers
- Return to sports at 6 months if approved
- Modalities per PT discretion
- No strengthening or resistance exercises until 4 months post-op.

#### Comments:

**\*\*IF BICEPS TENODESIS WAS PERFORMED - NO BICEPS STRENGTHENING UNTIL 8 WEEKS POST-OP**

Frequency: 3 times per week. Duration: 12 weeks

Signature: \_\_\_\_\_

A handwritten signature in black ink, appearing to be 'DSK', is written over a horizontal line.

Date: \_\_\_\_\_

7/23/24

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PO BOX 1446, Morristown, NJ 07962-1446  
(973) 538-2334

Jul 23, 2024

Patient Name: James M Vitollo

The above named patient has been under my care for an orthopedic problem/pain management.

☒ Had an appointment/procedure

07/23/2024 \_\_\_\_\_  
Date

☒ Work guidelines:

☒ No Work as of 07/23/2024 \_\_\_\_\_

If there are any questions, please feel free to contact our office.

  
\_\_\_\_\_  
Physician Name: David S. Klein D.O.