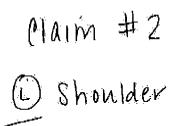
TRI-COUNTY ORTHOPEDICS

White Chief Team Houseon Chairs. 197 Ridgedale Avenue, Suite 300 Cedar Knolls, NJ 07927

Phone: 973-538-2334



Exam Date: 07/23/24Date of Injury: 03	Visit Summary 3/12/2024 Physician: DAVID	KLEIN, MD		
Patient: JAMES VITOLLO		Clm#: IWC087340		
Adjustor: CAROLINA SHELL	Phone: 973-940-			
Email: CSHELL@RISKSOLUTIONS.COM		Fax: 973-940-1852		
Case Mgr/Other:	Phone:	Ext:		
Email:	Fax:			
Diagnosis: SIP @ RCR				
ICD-10:	Causality: (first visit only) Yes	No		
Unable to work effective: 7/27/24 Return to work with modifications:	ork Status Return to work full duty effect	ive:		
Restrictions include: • No Climbing Maximum lift and push/pull of NWB TTWB PWB FWB No use of:	lbs with affected extremity			
Able to drive at work: YesNoEstimated MMI:Able to drive outside of work: Y/N Treatment Plan				
Physical Therapy: 3 x/wk 2 wk	□ MRI/MRI Arthrogram	□ CT Scan		
☐ Injection ☐ EMG/NCS ☐	Brace 🗆 Splint	□ CAM Walker		
□ HEP/Therabands	□ Consults			
	edications			
Narcotic prescribed:	Start Date;			
Pain Score prior to narcotic initiation: (0-10)_	Pain Score after Narcotic initi	ation (0-10)		
Referral to pain management:				
Follow up appointment: 4600ll	09/03/24 @ 8:45	II. □Yes □ No		
TCO Case Manager:	9103/24 @ 8:45	Ext:		



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Rehabili	tation Pr	otocol: Arthr	oscopic (Rotator Cuff	Repair	ı
Name;	Jones	Vitolo		Date:	·····	elda.
Diagnosis:	(6) 14	, <u>L</u>		Date of Surger	y:	<u> </u>
Phase I (We	eeks 0-6)		;	ـــــــــــــــــــــــــــــــــــ		•
shov post	vering and re surgery)		of PT (if ins	pillow to be worth at structed to start bef		
i) ha	hairmin man	to merapy to sair ci	nelove o we	eira boar ob.		
o G with posk • Ther o G o Is	oals: 140° For out rotation, tion, Maintain apeutic Exerc odnam exerci bow/Wrist/I ometi/c Scap	rward Flexion, 40° E Limit Internal Rotat	External Rot tion to 40° w or to mid-ax ulleys durin on and Grip		side, 60-8 the 60-80	abducted
⊉Phas	ie II (Weeks	6-8)				
 Disco 	ontinue sling e of Motion	lmmobilization at 6	weeks post	surgery		·
o 6 -	8 weeks: Gei	ntle passive stretch	to reach RO	M goals from Phase	Ţ.	
o B -	10 weeks: B	egin AAROM				
• Ther	apeutic Exerc	ilse				
		eing gentle AAROM ontinue with Phase		upine position), ger	itle joint n	nobilizations

Phase III (Weeks 10-12)



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

Phase IV (Months 3-6)

Comments:

- Range of Motion Full without discomfort
- Therapeutic Exercise Advance strengthening as tolerated starting at 4 months; isometrics, therabands, light weights (1-5 lbs)

**IF BICEPS TENODESIS WAS PERFORMED - NO BICEPS STRENGTHENING UNTIL 8

- 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.

WEEKS POST-OP Frequency: Z times per week Duration: L weeks Date: 7/23/24

Signature:

www.Tri-CountyOrtho.com



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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/proc □ 07/23/2024 □ □ 07/23/2024	edure			
☐ Work guidelines:	Dale			
⊠ No Work as of	07/23/2024			
If there are any questions, please feel free to contact our office.				
Dhusiaina Namas Daka Silala D.O.				
Physician Name: Dávid🖋 Kleit	ט.ט.			