

ROMAN ISAAC, M.D. PLLC
HAND & UPPER EXTREMITY
HUDSON PRO ORTHOPAEDICS & SPORTS MEDICINE
HAND SURGERY & REHABILITATION OF NORTH JERSEY

Board Certified Orthopedic Surgery**American Society for Surgery of the Hand**

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

905 River Rd.
Edgewater Towne Center
Edgewater, NJ 07020

2333 Morris Avenue, Suite B-107
Union, NJ 07083

131 Madison Ave. 3rd Floor
Morristown, NJ 07960

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

235-239 McWhorter St.
Newark, NJ 07105

Phone: 973-538-5200 Fax: 973-538-9762

Phone: 201-308-6622 Fax: 201-308-6623

D & H Alternative Risk Solutions
Attn: Carolina Shell
Fax: 973-940-1852

Re: SIMMONS, TOWANDA
Claim #: IWC IWC088443
Date of Injury: 06/24/2024

DATE: 07/29/2024

HISTORY OF PRESENT ILLNESS: The patient is here, presents with a new injury for a need for treat evaluation. The patient works as a parking ticket agent and a crossing guard. She reports that on 06/24/2024 she was in her vehicle driving when she was T-boned by an oncoming car on the left side. She reports injuring her left leg, her back and neck. She denies going to the hospital. She was seen in an urgent care and diagnosed with left knee bruising. She states she has difficulty standing longer than one hour on her leg. She has pain with long ambulation. She denies any numbness or paresthesia.

PHYSICAL EXAMINATION:

Left Knee Exam: There is mild bruising and ecchymosis over the lateral aspect of the knee. Knee range of motion is 0 to 90 degrees. No instability. Negative Lachman test. Can straight leg raise. Has active flexion and extension of her ankle. Full muscle strength.

Lumbar Spine Exam: No bony tenderness or instability.

Cervical Spine Exam: No bony tenderness or instability. Mild pain over the paraspinal muscle.

DIAGNOSTIC STUDIES AND IMAGING: X-rays of the left knee, AP and lateral, showed no fracture or dislocation.

ASSESSMENT:

1. Left knee sprain.
2. Cervical and lumbar sprain.

DISCUSSION: The patient's above injuries and mechanism supports her diagnoses. I recommend physical therapy for six weeks. The patient currently can be placed on light-duty work, avoid crossing guard duty and avoid long standing, restriction is up to half an hour. I recommend the patient follow up in four weeks, at which point I expect she will reach MMI. The patient is cleared to drive and okay for short walks.



Roman Isaac, M.D.

RI:mcr



HUDSON PRO ORTHOPAEDICS & SPORTS MEDICINE

New York: (846) 650-2229
New Jersey: (201) 308-6622
Fax: (201) 308-6623
info@hudsonproortho.com

OCCUPATIONAL/PHYSICAL THERAPY PRESCRIPTION

Today's Date: 7, 29, 2014

Patient Name: Simmons, Towanda

DOB: 6/21/73

Diagnosis: Chronic sprain, neck & back

Frequency and Duration of Treatment: _____

Precautions: 2-3 x 6 weeks

Continue Present Program: _____

MODALITIES:

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

SPLINTS:

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

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

OTHER:

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

- | | | | | |
|----------------------------------------------------|-----------------------------------------------------|-------------------------------------------------|------------------------------------------------|--------------------------------------------|
| <input type="checkbox"/> Imran Ashraf, MD | <input checked="" type="checkbox"/> Roman Isaac, MD | <input type="checkbox"/> Keyvan Jahanbakhsh, MD | <input type="checkbox"/> Louis Noce, MD | <input type="checkbox"/> Jeffrey Tuzzo, DC |
| <input type="checkbox"/> Iralda Alvarez, PA-C | <input type="checkbox"/> Alexandra DeFrance, PA-C | <input type="checkbox"/> Ladan Abassi, NP | <input type="checkbox"/> David Beim, DC | |
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| <input type="checkbox"/> Yael Abdurahmanov, P.A.-C | <input type="checkbox"/> Lenny Ramirez, DPM | <input type="checkbox"/> Appasaheb Naik, MD | <input type="checkbox"/> David Shipitofsky, DC | |

[Signature] 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/PT will be required for _____ months.

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Please visit our website for more information on rehab protocols.