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Tri-County Orthopedics

197 Ridgedale Ave, P.O. Box 1446 Morristown, N.J. 07962

Phone (973) 538-2334 Fax (973) 585-5706 Billing (973) 538-0329

Brief Note / Office Visit Summary: WORKER'S COMP

Patient: SANDRO PEREZ-JIMENEZ

Provider: Andrew A. Willis, MD

Date of Service: 05/01/23

Employer:

Causality: ☒ Y ☐ N

Ins. Co: D&H

Claim #: PJWC080185

Date of Injury: 06/13/2022

NCM: ANGELA MONTGOMERY

Phone #: 973-940-1851

Fax #: 973-940-1852

Diagnosis (ICD-10):

R Shoulder

L Shoulder

RTC Tear (M75.121/122)
Impingement (M75.41/42)
AC Joint Arthritis (M19.011/012)
Calcific Tendinitis (M75.31/32)
Biceps Tenosynovitis (M75.21/22)
SLAP Tear (S43.431D/432D)
Neck Muscle Spasm (M62.83)

Anterior Instability (M25.311/312)
Posterior Instability (M25.311/312)
MDI (M19.011/012)
Shoulder Pain (M25.51/52)
Shoulder Contusion (S40.011/012)
AC Joint Separation (S43.101A/102A)

Adhesive Capsulitis (M75.01/02)
RTC Tendonitis (M75.31/32)
Proximal Humerus Fx (S42.201D/202D)
Clavicle Shaft Fx (S42.01/02)
Glenohumeral Arthritis (M19.011/012)
Neck Pain (M54.2)

OTHER: _____

R Knee

L Knee

Medial Meniscal Tear (S83.231A/232A)
Lateral Meniscal Tear (S83.271A/272A)
ACL Tear (S83.511A/512A)
PCL Tear (S83.521A/522A)

Knee Pain (M25.561.562)
Knee Contusion (S80.01XS/02XS)
MCL Sprain (S83.411A/412A)
LCL Sprain (S83.421A/422A)

Patellar Tendonitis (M76.51/52)
PF Chondromalacia (M22.41/42)
Osteoarthritis (M17.11/12)

OTHER: _____

Estimated Date for Return to Work:

Able To Drive At Work Yes _____ No _____

Work Status:

Able to drive outside work: Yes _____ No _____

☒ No Work

☐ Full Duty with No Restrictions

☐ Restricted Duty with the following restrictions:

☐ Desk work only

☐ No lifting > _____ lbs with effected limb

☐ No push/pull

☐ Hourly breaks for 5 minutes to change position and stretch

Treatment Plan: PT 3 x wk 12 wks

Injection _____

Brace/Splint _____

Meds _____

MRI _____

CT _____

EMG/NCS _____

Consult _____

Sx _____

Other _____

Follow-Up Visit: ☒ 2 wks ☐ 4 wks ☐ After Above Study ☐ MMI

Andrew A. Willis, M.D., FAAOS

Board Certified Orthopaedic Surgeon

Board Certified with Added Qualifications in Sports Medicine

Board Certified with Added Qualifications in Surgery of the Hand

Double Fellowship Trained in Sports Medicine & Surgery of the Shoulder, Knee, Hand & Upper Extremity



World-Class Team. Hometown Choice.

WORK STATUS

Patient: Sandro Perez-Jimenez Date of Service: 05/01/23

2 The patient was seen in our office today: _____

Work Status: 2 No work

____ Full Duty with No Restrictions

____ Restricted Duty with the following restrictions:

____ Desk work only

____ No lifting > ____ lbs with effected limb

____ No kneeling or squatting

____ No push/pull

____ No bending

____ No overhead activities

____ No climbing

____ Hourly breaks for 5 minutes to change position and stretch

The above work restrictions are in effect until: _____

Follow-up Visit: 5/30/23 @ 9:15am

Physician Signature: Andrew A. Willis, M.D.

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Team Orthopaedic Surgeon: New York JETS

www.Tri-CountyOrtho.com



World-Class Team. Homeowner's Choice.

ANDREW A. WILLIS, M.D.

197 Ridgedale Ave, Cedar Knolls, N.J. 07927

Tel: (973) 538-2334 Fax: (973) 538-6498

Post-Operative Rehabilitation Prescription for **Shoulder Humeral Head Resurfacing Arthroplasty**

Patient Name: Sandro Perez-Jimenez

Treatment Frequency: 3 x per week

DOS: 3-16-2023

Date: 5-1-2023

Duration of Therapy Prescription: 12 weeks

Surgery: (6 weeks s/p) Right (M19.012) Shoulder Stemless Hemiarthroplasty, long head biceps soft tissue tenodesis

Post-op protocol with attention to the following:

- ☒ Modalities to decrease pain and muscle spasm
- ☐ Slow, gentle isometrics and advance as tolerated
- ☐ Advance AROM to full, stretching/flexibility
- ☒ Improve scapular stabilization and mechanics

- ☐ Slow, progressive rotator cuff strengthening & endurance
- ☐ Continue upper extremity strengthening
- ☐ Decoupling humeral and scapular movement patterns
- ☒ Avoid high resistance, heavy weight exercises

MODALITIES:

- | | |
|--|---|
| <input checked="" type="checkbox"/> Modalities as needed | <input checked="" type="checkbox"/> Cold Pack |
| <input type="checkbox"/> Iontophoresis | <input type="checkbox"/> Moist Heat |
| <input type="checkbox"/> Phonophoresis | <input checked="" type="checkbox"/> Massage |
| <input checked="" type="checkbox"/> Ultrasound | <input checked="" type="checkbox"/> NMES |
| <input checked="" type="checkbox"/> Contrast Baths | <input checked="" type="checkbox"/> TENS |
| <input checked="" type="checkbox"/> Parafin | <input type="checkbox"/> Whirlpool |
| <input checked="" type="checkbox"/> Soft Tissue Manipulation | <input type="checkbox"/> Scar Management |
| <input type="checkbox"/> Sensory Re-education | <input type="checkbox"/> Edema Control |
| <input type="checkbox"/> & Desensitization | <input type="checkbox"/> Compression Sleeve |
| <input type="checkbox"/> | |

SHOULDER EXERCISE:

- ☐ AROM (Limits: _____)
- ☒ AAROM (Limits: _____)
- ☒ PROM (Limits: _____)
- ☒ Stretching / Flexibility
- ☒ Periscapular Strengthening
- ☐ Rotator Cuff Isometrics
- ☒ ADL's ☒ Coordination Training
- ☐ Strengthening & Endurance Program
(Patient Education / Home Exercises)
- ☐

Phase I

0-8 weeks

Sling: Comfort (10 days)

Range of Motion: Passive to active as tolerated

Week 1: 90 forward flexion, 20 external rotation, 75 max abduction without rotation

Week 2: 120 forward flexion, 40 external rotation at side, 75 max abduction without rotation

Therapeutic Exercise:

- Grip strengthening, pulleys/canes, elbow, wrist, hand active ROM
- NO resisted internal rotation or extension

Week 2: Begin light, gentle isometrics of RTC and Deltoid

Phase II

8-14 weeks

Sling: D/C use

Range of Motion: Increase range of motion as tolerated, begin active assistive/active internal rotation and extension as tolerated

Therapeutic Exercise:

- Begin light resisted external rotation, forward flexion and abduction – concentric motions
- NO resisted internal rotation, extension, or scapular retraction

Week 8: Begin active IR exercises & resistive exercises for ER & anterior mid-deltoid

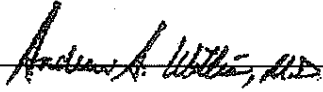
Phase III **Range of Motion:** Progress to full motion without discomfort
12 weeks – **Therapeutic Exercises:** Advance resisted internal rotation and extension exercises
12 months Advance strength training as tolerated, begin eccentric motions and closed chain activities; unrestricted active use of arm by 12 weeks & advance end-range stretching if tight

*NO active internal or extension for 6 weeks post-operative

Please send progress notes.

Physician's Signature: _____

(I have medically prescribed the above treatments)



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Head Team Physician: Drew University & Delbarton School