

**EDISON METUCHEN ORTHOPAEDIC GROUP**  
**EXECUTIVE PLAZA**  
**10 PARSONAGE ROAD, SUITE 500, 5th FLOOR**  
**EDISON, NEW JERSEY 08837**  
**TEL: 732-494-6226 FAX: 732-4948762**

Physical Therapy Prescription

Patient Name: *Diaz Jose, Rafael* Date: *2/24/23*

S/P *Left* Shoulder Arthroscopy and Acromioplasty  
*Ant and Post Labrum, Chondroplasty & General Ant and Post Synovectomy,*  
 Duration: *3* times/week for *4* weeks  
 Begin *This Monday 2/27/23* *no brachial plexus block*  
*Turn roller cuff*

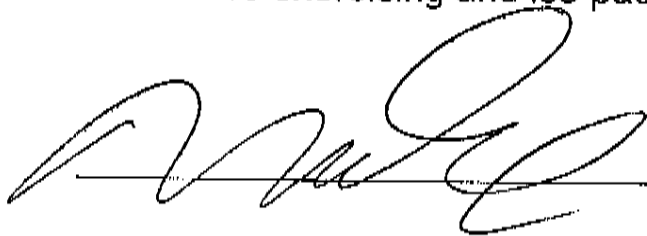
Okay Active and Passive Range of Motion  
 Forward elevation, Abduction, Internal rotation, External rotation, Adduction  
 ALL FULL AS TOLERATED

NO Weights, Resistance, or Bands

NO Ultrasound or Electrical Stimulation until *3/24/23*, then OK

Ice Packs Allowed On Dressing While Dressing Is On

Heat before exercising and ice packs after exercising



Matthew Garfinkel, MD