

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: *Gonzalez, Magalia* Date: *2/12/24*

S/P *Right* **Shoulder Arthroscopy and Acromioplasty,**

Phenolization of Ant. Labrum, NPBR of Ant. Rotator Cuff, Proximal Biceps Tenotomy

Duration: *3* times/week for *4* weeks

Begin *this Wednesday 2/14/24*

Okay Active and Passive Range of Motion

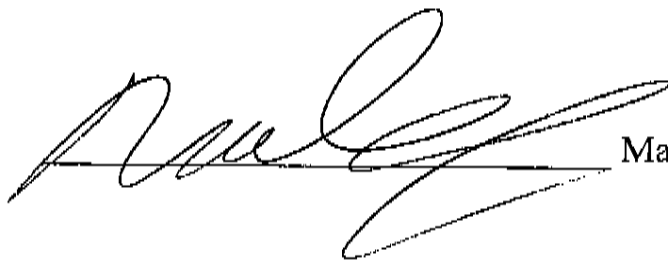
Forward elevation, Abduction, Internal rotation, External rotation, Adduction
 ALL FULL AS TOLERATED

NO Weights, Resistance, or Bands

NO Ultrasound or Electrical Stimulation until *3/12/24*, then OK

Ice Packs Allowed On Dressing While Dressing Is On

Heat before exercising and ice packs after exercising



Matthew Garfinkel, MD