

Tri-County Orthopedic & Sports Medicine
197 Ridgedale Ave
Cedar Knolls NJ 07927
www.tri-countyortho.com

FAX

To: LUCIA WINTER

Company:

Fax: +1 (973) 940-1852

Subject: KIRBY JOHNSTON

Ref:

Pages: 3

From: Marwa Bollack

Fax: Outbound Only

Phone: 973-538-2334

Date: 02/23/2023

Time: 10:07:27 AM EST

Remarks: Dr. Willis is requesting that the CT be done at NJIN of Cedar Knolls.

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TRI-COUNTY ORTHOPEDICS

World-Class Team • Outstanding Care

Tri-County Orthopedics

197 Ridgedale Ave, P.O. Box 1446 Morristown, NJ, 07962

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

Brief Note / Office Visit Summary: **WORKER'S COMP**

Patient: KIRBY JOHNSTON

Provider: Andrew A. Willis, MD

Date of Service:

2/22/2023

Employer:

Causality: Y N

Ins. Co: D & H

Claim #: MT078771

Date of Injury: 12/14/2021

NCM: LUCIA WINTER

Phone #: 973-940-1851 X 225

Fax #: 973-940-1852

Diagnosis (ICD-10):

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:

CTA: cuff tear with instability

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 x wk wks

Injection

Brace/Splint

Meds

MRI

CT

EMG/NCS

Consult

Sx

Other

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

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

3D Reconstruction
Signature For
Physical
Plan. RSA



World-Class Team. Homegrown Choice.

ANDREW A. WILLIS, M.D.

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

Tel: (973) 538-2334 Fax: (973) 267-6882

Att: Dr. Willis

SHOULDER STUDY PRESCRIPTION: (M25.511 R ~~M25.512~~ L)

Patient Name: Kirby Johnston

Date: 2/22/23

Site: R (L)

HISTORY OF:

Fall Trauma Previous Surgery

Pain

Decreased ROM

Decreased Strength

Instability

Paresthesias

Other: Chronic CTA w/ longstanding pain + dysfunction - refractory to Nonop management

RULE OUT:

Rotator Cuff Tear

Labral Tear

Fracture

Other: Evaluate bone loss → preop planning - * Shoulder Arthroplasty

STUDIES:

MRI

ARTHROGRAM

Shoulder: _____

Humerus: _____

Other: _____

- % antarersion
- % retroversion
- glenoid bone loss

* CT SCAN

3-D RECONSTRUCTION

BioMet Signature Format

Shoulder: Left

Humerus: _____

Other: _____

⊕ subtraction imaging

Please Discharge Patient with Disc of Images

Physician's Signature: _____

(I have medically prescribed the above treatments)

Andrew A. Willis, M.D., FAAOS

Orthopaedic Surgeon

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