

HUDSON PRO ORTHOPAEDICS & SPORTS MEDICINE
HAND SURGERY & REHABILITATION OF NORTH JERSEY
Roman Isaac, M.D.

Board Certified Orthopedic Surgery

American Society for Surgery of the Hand

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D&H
Attn: Kristin Wilkinson
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RE: EDWIN HERNANDEZ
CLAIM: PJWC07597

DATE: 07/19/2023


HISTORY OF PRESENT ILLNESS: Mr. Hernandez is here for need-for-treatment evaluation. He is a previous patient of mine with a history of right 4th digit flexor tendon pulley reconstruction. The patient presents to my office complaining of stiffness of the finger, difficulty using his hand. He is currently not working. The patient recently had an IME evaluation on 06/15/2023 with Dr. Barmakian. The patient reports having anxiety over his injury.

PHYSICAL EXAMINATION:

Right Hand 4th Digit Exam: PIP range of motion is 0 to 75 degrees, DIP is 0 to 10 degrees, and MCP is 0 to 75 degrees. The patient lacks full flexion of the finger while trying to make a fist.

ASSESSMENT: Right 4th digit flexor tendon pulley reconstruction with residual stiffness.

PLAN: I had a long discussion with the patient. I discussed that he will have long-term stiffness of his right 4th digit and will have difficulty performing heavy manual labor. He will also have difficulty performing job activities as a police officer. On today's visit, I recommended a Medrol Dosepak for pain relief and six weeks of occupational therapy, after which I expect the patient to reach MMI. He will follow up on 8/30/2023 at 1:30pm.



Roman Isaac, M.D.

RI:mcr



OCCUPATIONAL/PHYSICAL THERAPY PRESCRIPTION

Today's Date: 7, 19, 23

Patient: Hernandez, Edwin

DOB: _____

Diagnosis: _____

Frequency and Duration of Treatment: (R) hand stiffness, 4th digit pulley reconstruction
~ 3 X 6wk chb7

Precautions: _____

Continue Present Program: ↑ ROM & strength

MODALITIES:

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

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

SPLINTS:

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

OTHER:

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

- ☐ Imran Ashraf, MD ☒ Roman Isaac, MD ☐ Aleksey Lazarev, MD ☐ Thomas Azzolini, DPM ☐ Shital Sharma, DPM
- ☐ Edward H. Scheid, MD ☐ Robert Fraser, MD ☐ George Davydov, PA-C ☐ Peter Perou, RPA-C
- ☐ Iraidia Alvarez, PA-C ☐ Keyvan Jahanbakhsh, MD

_____, 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/OT will be required for _____ months.