

EDISON-METUCHEN ORTHOPAEDIC GROUP

10 Parsonage Road, Suite 500, 5th Floor • Edison, NJ 08837 • Ph(732) 494-6226

Matthew Garfinkel, M.D.

Nilesh Patel, M.D.

Manisha Chahal, M.D.

Franklin Chen, M.D.

Todd Ryan, D.O.

Gloria Liu, APRN, BC.

Mohnish Ramani, M.D.

David M. Idank, D.O.

Work Note

Date: 3/8/2023

Employee Name: Sean Sutton

DOB: 7/6/1971

Account No: 92000

Diagnosis : Radial styloid tenosynovitis [de Quervain], Other synovitis and tenosynovitis, right forearm

Work Status

- | | |
|--|--|
| <input type="checkbox"/> Cannot work | <input type="checkbox"/> Return to work with modified duties |
| <input type="checkbox"/> Return to work immediately | <input type="checkbox"/> Modified duties effective until return visit on |
| <input type="checkbox"/> Released from office | <input type="checkbox"/> These restrictions are permanent |
| <input checked="" type="checkbox"/> Full Duty on 3/13/2023 | <input type="checkbox"/> Do not return to work until: |

Work Restrictions

Upper Extremity ☐ Right ☐ Left

- ☐ No use of affected extremity
- ☐ No firm gripping
- ☐ Must wear int/sling/cast
- ☐ No awkward wrist position
- ☐ No lifting over lbs.
- ☐ No repetitive motion
- ☐ No vibratory tools
- ☐ No overhead work (above shoulder)
- ☐ No commercial driving

Lower Extremity ☐ Right ☐ Left

- ☐ Seated work only/mainly
- ☐ No squatting / kneeling / twisting
- ☐ No climbing stairs/ladders
- ☐ No prolonged standing or walking
- ☐ Work with brace/cast
- ☐ No lifting over lbs.
- ☐ Elevate when possible / continuous
- ☐ Crutches/cane/walker
- ☐ No twisting, pushing, pulling

Other Appropriate Duties / Comments

If modified duties are stated above and they cannot be accommodated, consider Sean Sutton to be off work.

Special Instructions

Return to my office on _____ or in 1 weeks



Franklin Chen, M.D.

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Therapy Referral Form

Patient Information

Chart No. 92000

Date: 3/8/2023

Name: Sean Sutton

Home Phone: (732) 522-0126

Weight: 188lbs Sex: male

DOB: 7/6/1971

Work Phone:

Mobile: (732) 522-0126

Diagnosis: M65.4 Radial styloid tenosynovitis [de Quervain], M65.831 Other synovitis and tenosynovitis, right forearm. s/p right wrist revision Dequervain's release and FCR tendon release done on 03/03/2023

Referring Physician: Franklin Chen, M.D.

Frequency: ☐ Once a week ☒ Twice a week ☐ Three times a week ☐ One time evaluation ☐ 2-3 times a week

Duration: WEEKS ☐ 1 ☐ 2 ☐ 3 ☒ 4 ☐ 5 ☐ 6

☐ Evaluate and Treat ☐ Occupational Therapy ☐ Physical Therapy

☐ Continue Current Therapy Program

Special Instruction:

-OT starting Monday, 3/13/23.

Goals

- | | | |
|--|---|---|
| <input type="checkbox"/> Decrease Swelling | <input type="checkbox"/> Increase ROM | <input type="checkbox"/> Improve Function |
| <input type="checkbox"/> Decrease Pain | <input type="checkbox"/> Increase Strength | <input type="checkbox"/> |
| <input type="checkbox"/> Teach Home Exercise | <input type="checkbox"/> Increase Stretch/Flexibility | |

- | | | |
|--|--|---|
| <input checked="" type="checkbox"/> Modalities | <input checked="" type="checkbox"/> ROM | <input type="checkbox"/> Strengthening |
| <input type="checkbox"/> Flexor Tendon Repair Protocol | <input type="checkbox"/> Extensor Tendon Repair Protocol | <input checked="" type="checkbox"/> Home Exercise Program |
| <input type="checkbox"/> Other | | |

I certify that the above ordered is medically necessary for the patient's diagnosis.



Franklin Chen, M.D.