

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: *Merrado, Centro, Orlando* Date: *4/22/24*

S/P *Right* Shoulder Rotator Cuff Repair and Acromioplasty,
Debridement of Anterior and Superior Labrum, Debridement of Anterior Biceps Tendon

Duration: 3 times/week for 4 weeks

Begin Next Friday 5/3/24

☒ **Only do Passive Range of Motion**
☒ **No Active Range Of Motion**

Forward elevation, Abduction, Internal rotation -ALL FULL AS TOLERATED
External Rotation up to Thirty Degrees - NOT BEYOND

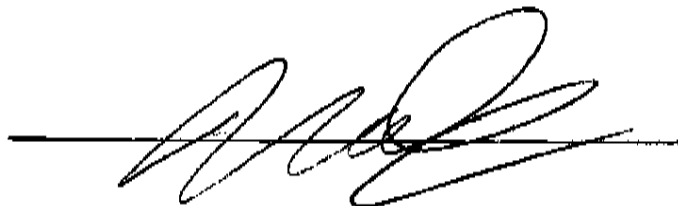
☒ **NO Weights, Resistance, or Bands**

NO Ultrasound until 6/22/24, then OK

NO Electrical Stimulation until 7/22/24, then OK

Ice Packs Allowed On Dressing While Dressing Is On

Heat before exercising and ice packs after exercising



Matthew Garfinkel, MD

Attention: Lucia
Winter

Claim #

PSWC086289