

WALKER, Randolph (id #12477962, dob: 12/14/1975)

Medical Records - CONFIDENTIAL

FROM: NJ - Summit Medical Group

Caitlyn P
1500 PLEASANT VALLEY WAY, WEST ORANGE, NJ 07052-2956
Phone: (973) 669-5600
Fax: (973) 669-0269

TO:**Name: WALKER, RANDOLPH****DOB: 12/14/1975****Date Range: 02/02/2023 to 02/03/2023****This document contains the following records of the patient:**

- Admin Documents
- Consult Orders
- Encounters and Procedures

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[ID:12477962-A-2983]

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WALKER, Randolph (id #12477962, dob: 12/14/1975)

Admin Documents

2023-02-03 14:45

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P 1/10



WALKER, RANDOLPH #12477962

date: 12/14/1975 W/Orange, 1500 Pleasant Valley

1572 Manor Dr Apt 2

West Orange, NJ 07052

t: (973) 277-6319 w:

Visit Date: 2/2/2023
DOI: _____
Company: DCH
Phone: _____

Physician: pinkowsky
Claim #: _____
Contact: _____
Fax: 973-940-1862

DX/ICD10: _____

Work Status:

- ☐ May return to work- no restrictions
☐ May return to work- with restrictions as follows:

General

- ☐ No repetitive bending
☐ No lifting > _____ lbs.
☐ Sedentary work
☐ Unable to drive
☐ No climbing/stairs

Upper Extremity

- ☐ No use of right/left arm
☐ No overhead work
☐ No lifting > _____ lbs with right/left arm
☐ No repetitive gripping/grasping
☐ Limited keyboarding

Lower Extremity

- ☐ No weight on _____ extremity
☐ Must use crutches/walker
☐ Must elevate _____ extremity
☐ No squatting

Other

- ☐ _____
☐ _____
☐ _____

- ☒ May not return to work

Treatment Plan

- ☒ Physical Therapy/ Occupational Therapy/ Hand Therapy
☐ Medication
☐ MRI/CT
☐ Surgery: _____
☐ Other: _____

Has achieved MMI? Yes No
Already working? Yes No
Discharged? Yes No

Anticipated MMI Date: _____
Estimated Time to Light Duty: _____
Estimated Time to Full Duty: _____

Next Appointment: 2 weeks 2/16/2023 @ 1:50pm

- ☐ Employee was a "No Show" for this appointment
☐ Appointment was rescheduled to: _____

Physician's Signature: [Signature] Date: 2/3/23

PLEASE FORWARD TO THE WC/MVA DEPT- FLORAL AVE BUSINESS OFFICE Fax: 908-790-6577

WALKER, R 12/14/75 #12477962 WORKER



* 716059262w2963 Single Page Admin

2:00

SUMMIT MEDICAL GROUP • 1500 PLEASANT VALLEY WAY, WEST ORANGE NJ 07052-2956

WALKER, Randolph (id #12477962, dob: 12/14/1975)**Consult Orders**

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Referral Order

02/02/2023

To Provider	From Provider
Phone: Fax:	ATARA LIEBMAN PA WOrange 1500Pleasant ORTHO 1500 PLEASANT VALLEY WAY 1ST FLOOR, SUITE 101 WEST ORANGE, NJ 07052-2956 Phone: (973) 669-5600 Fax: (973) 669-0269

Referral Order Information

WALKER, Randolph (id #12477962, dob: 12/14/1975)

Diagnosis	<ul style="list-style-type: none">• Pain of left shoulder joint ICD-10: M25.512: Pain in left shoulder
Order Name	<p>Orders included: 1</p> <p>Pain of left shoulder joint</p> ICD-10: M25.512: Pain in left shoulder <ul style="list-style-type: none">• PHYSICAL THERAPIST REFERRAL Schedule Within: provider's discretion Note to Provider: SHOULDER ARTHROSCOPIC SUBACROMIAL DECOMPRESSION POST OP PROTOCOL
	<p>** D/C SLING AT 1 WEEK**</p> <p>WEEK 2-4 (goal: full PROM)</p> <ul style="list-style-type: none">• NO UPPER BODY EXERCISES• Isometrics for all shoulder motions within pain-free ROM• AROM: impingement exercises without resistance (standing ABD, FE, supraspinatus exercises < 90, side lying IR <ER; prone horizontal abduction, extension, flexion)• Ice following exercises <p>WEEK 4-5 (goal: full AROM)</p> <ul style="list-style-type: none">• PRE: hand weights or theraband resistance within pain-free ROM• Impingement exercises• Scapulothoracic exercises:<ul style="list-style-type: none">~Wall push-ups, supine punch-ups~Prone scapular retraction with horizontal abduction with IR and ER~Rowing ; shrugs, press-ups~Ice following exercises <p>WEEK 6-8 (exercises should be pain free)</p> <ul style="list-style-type: none">• Progress PREs• Add CKC exercises (step ups, BAPS, treadmill; STAB exercises, eccentrics)• Add isokinetic rotation at neutral ABD• Ice following exercises <p>WEEK 6 (full pain free ROM)</p> <ul style="list-style-type: none">• Add plyometrics (medicine ball, theraband, plyoback)• Resume sport specific activities (progression toward full activity) <p>Visits per Week: 2-3 Number of Weeks: 6</p>
Notes	<p>SHOULDER ARTHROSCOPIC SUBACROMIAL DECOMPRESSION POST OP PROTOCOL</p> <p>** D/C SLING AT 1 WEEK**</p> <p>WEEK 2-4 (goal: full PROM)</p> <ul style="list-style-type: none">• NO UPPER BODY EXERCISES• Isometrics for all shoulder motions within pain-free ROM• AROM: impingement exercises without resistance (standing ABD, FE, supraspinatus exercises < 90, side lying IR <ER; prone horizontal abduction, extension, flexion)• Ice following exercises <p>WEEK 4-5 (goal: full AROM)</p> <ul style="list-style-type: none">• PRE: hand weights or theraband resistance within pain-free ROM• Impingement exercises• Scapulothoracic exercises:<ul style="list-style-type: none">~Wall push-ups, supine punch-ups~Prone scapular retraction with horizontal abduction with IR and ER

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~Rowing ; shrugs, press-ups
~Ice following exercises

WEEK 6-8 (exercises should be pain free)

- Progress PREs
- Add CKC exercises (step ups, BAPS, treadmill; STAB exercises, eccentrics)
- Add isokinetic rotation at neutral ABD
- Ice following exercises

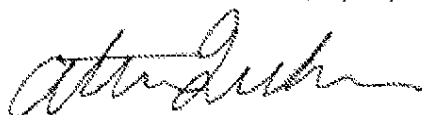
WEEK 6 (full pain free ROM)

- Add plyometrics (medicine ball, theraband, plyoback)
- Resume sport specific activities (progression toward full activity)

Patient Information

Patient Name	WALKER, RANDOLPH
Sex - DOB - Age	M 12/14/1975 47yo
Address	1872 MANOR DR APT B UNION, NJ 07083
Phone	H: (973) 277-0319 M: (973) 277-0319
Primary Insurance	D & H ALTERNATIVE RISK SOLUTIONS Policy Holder: TOWN OF IRVINGTON
Secondary Insurance	None recorded.

Electronically Signed by: ATARA LIEBMAN PA, PASUP



ATARA LIEBMAN PA

WALKER, Randolph (id # 12477962, dob: 12/14/1975)

Encounters and Procedures

Clinical Encounter Summaries

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WALKER, Randolph (id #12477962, dob: 12/14/1975)**Encounter Date: 02/02/2023**

Patient

Name	WALKER, RANDOLPH (47yo, M) ID# 12477962	Appt. Date/Time	02/02/2023 02:00PM
DOB	12/14/1975	Service Dept.	WOrange_1500Pleasant_ORTHO
Provider	GREGORY PINKOWSKY MD		
Insurance	Med Worker's Comp: D & H ALTERNATIVE RISK SOLUTIONS Employer Name : TOWN OF IRVINGTON Case # : IWC056645 Case Injury Date : 11/11/2016 Prescription: CVS CAREMARK - Member is eligible. details		

Chief Complaint

workers' compensation injury, follow up, post op

Patient's Care Team**Insurance Adjuster (Worker's Comp):** CAROLINA SHELL: Ph (973) 940-1851 X239, Fax (973) 940-1852**Patient's Pharmacies****WALGREENS DRUGSTORE #19400 (ERX): 1200 CLINTON AVE STE 1, IRVINGTON, NJ 07111, Ph (973) 375-3211, Fax (973) 375-7063****Vitals**

None recorded.

Allergies

Reviewed Allergies

NKDA

Medications

Reviewed Medications

cephALEXin 500 mg tablet TAKE 1 TABLET BY MOUTH THREE TIMES DAILY	03/16/22	filled
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metFORMIN 500 mg tablet TK 1 T PO D	07/23/20	filled
---	----------	--------

metoprolol succinate ER 25 mg tablet,extended release 24 hr TAKE 1 TABLET BY MOUTH DAILY	02/08/22	filled
--	----------	--------

olmesartan 40 mg-amLODIPine 10 mg-hydrochlorothiazide 25 mg tablet TAKE 1 TABLET BY MOUTH DAILY	01/13/23	filled
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olmesartan 40 mg-amLODIPine 5 mg-hydrochlorothiazide 12.5 mg tablet TAKE 1 TABLET BY MOUTH DAILY	02/03/21	filled
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oxyCODONE-acetaminophen 5 mg-325 mg tablet Take 1 tablet(s) every 6-8 hours by oral route as needed.	02/01/23	filled
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Problems

Reviewed Problems

Family History

Reviewed Family History

Unspecified Relation	- Hypertensive disorder
	- Diabetes mellitus

WALKER, Randolph (id #12477962, dob: 12/14/1975)**Social History**

Reviewed Social History

Substance Use

Do you or have you ever smoked tobacco?: Current every day smoker

Do you or have you ever used any other forms of tobacco or nicotine?: No

What was the date of your most recent tobacco screening?: 02/02/2023

Has tobacco cessation counseling been provided?: No

On what date was tobacco cessation counseling provided?: 02/02/2023

Do you use any illicit or recreational drugs?: No

Segmentation

RISK LEVEL - Segmentation: Level 0 - Unknown/Insufficient recent data

Surgical History

Reviewed Surgical History

Past Medical History

Reviewed Past Medical History

Hypertension (High Blood Pressure): **Y****Screening**

None recorded.

HPI

Post-op day 1. Status post left shoulder arthroscopy labral repair, distal clavicle excision. He presents in his post-op dressing, utilizing the sling. Pain is controlled. Denies any numbness and tingling in the arm. No constitutional symptoms. Doing well.

ROS

None recorded.

Physical Exam

Left Shoulder: Incisions clean, dry and intact. No signs of infection.

Assessment / Plan

Post-op day 1. Status post left shoulder arthroscopy labral repair, distal clavicle excision (2/1/23). Doing well.

Recommendations:

At this time the arthroscopic pictures were reviewed. Plan to begin physical therapy next week. Likely sling for 3 more weeks. He will continue to take Percocet on as-needed basis. All his questions were answered. Follow up in 2 weeks.

1. Pain in left foot

M79.672: Pain in left foot

2. Pain in left knee

M25.562: Pain in left knee

3. Pain of left shoulder joint

M25.512: Pain in left shoulder

- PHYSICAL THERAPIST REFERRAL - Schedule Within: provider's discretion

Note to Provider:

SHOULDER ARTHROSCOPIC SUBACROMIAL DECOMPRESSION POST OP PROTOCOL

** D/C SLING AT 1 WEEK**

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Visits per Week: 2-3 Number of Weeks: 6

4. Smoker

F17.210: Nicotine dependence, cigarettes, uncomplicated

- DECIDING ABOUT USING MEDICINES TO QUIT SMOKING
- Quit Cards - Handout: Quit Cards
- Quit Smoking Resources - Handout: Quit Smoking Resources

Return to Office

- Gregory Pinkowsky MD for Post-Op at WOrange_1500Pleasant_ORTHO on 02/16/2023 at 01:50 PM

Encounter Sign-Off

Encounter signed-off by Gregory Pinkowsky MD, 02/03/2023.

Encounter performed and documented by Gregory Pinkowsky MD

Encounter reviewed & signed by Gregory Pinkowsky MD on 02/03/2023 at 8:07am