

The Advanced Spine Center

160 E. Hanover Ave., Ste 201
Morristown, NJ 07960

1125 Route 22
Bridgewater, NJ 08807

333 Mount Hope Ave., Ste 140
Rockaway, NJ 07866

579 Cranbury Rd., Ste H
East Brunswick, NJ 08816

Mailing Address: P.O. Box 2266, Morristown, NJ 07962

Phone (973) 538-0900 Fax (973) 538-0909

Brief Note / Office Visit Summary - Worker's Comp

Patient: MERRILUE NAICKEN

Physician: Charles A. Gatto, M.D.

Date of Service: 1/27

Employer:

Ins Co: D & H

Claim#: PLB076131

DOI: 06/28/2021

NCM: ANGELA MONTGOMERY

Phone: 973-940-1851

EXT: 241

Fax: 973-940-1852

Diagnoses / ICD-10:

Causal Relationship: Yes No

LBP c intermittent LE sensory radic.

Treatment Plan:

PT 2 times/wk x 4 weeks.
meds prn

Work Status: No Work Full Duty with No Restrictions _____ No Change in work status from last visit.

Restricted Duty: The patient is **Able** / **Unable** to do usual job with following restrictions:

Restrictions: Lifting: up to _____ lbs. Pushing/Pulling: up to _____ lbs.
Drive for Work: Yes / No Bending: Yes / No
Sitting: Yes / No Climbing: Yes / No
Standing: Yes / No Overhead Activity: Yes / No
Walking: Yes / No _____ 5 Minute Breaks Each Hour

Estimated date of return to usual job with some restriction:

Estimated date of return to full and unrestricted duties/activities:

Has patient reached Maximal Medical Improvement?

Yes No

Follow up Visit:

6 weeks. 9:45am 3/17/23

Charles A. Gatto, M.D.
Spine Surgery

Jason Lowenstein, M.D.
Pediatric/Adult Scoliosis
Spine Surgery

George S. Naseef, M.D.
Spine Surgery

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WORK STATUS

Patient: Merrillie Nauken Date of Service: 1/27/23

Diagnoses / ICD-10: _____

The patient was seen in our office today:

The patient is out of School / Gym / Sports until: _____

Work Status: No work No Change in work status from last visit

Full Duty with No Restrictions

Restricted Duty: patient is **able** to do usual job with following restrictions:
 patient is **unable** to do usual job – see following restrictions:

Restrictions: Lifting: up to _____ lbs. Pushing/Pulling: up to _____ lbs.
Drive for Work: Yes / No Bending: Yes / No
Sitting: Yes / No Climbing: Yes / No
Standing: Yes / No Overhead Activity: Yes / No
Walking: Yes / No 5 Minute Breaks Each Hour

The above work restrictions are in effect until: Follow up

Estimated date of return to usual job with some restriction:

Estimated date of return to full and unrestricted duties/activities:

Has patient reached Maximal Medical Improvement? Yes No

Follow-up Visit: 9:45am 3/17/23

Sarah J. Ries, PA-C Michele Lohman, PA-C Tanya Lugo, PA-C

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Prescription for Physical Therapy

PATIENT NAME: Merrillie Naicker

DATE: 11/27/03

DIAGNOSIS: Cervical Strain S13.4XX Thoracic Strain S23.3XX Lumbar Strain S39.012 R / L SI Joint M46.1
Cervical Radic M54.12 Thoracic Radic M54.14 Lumbar Radic M54.16 R / L Shoulder M25.51

GOALS: Decrease Pain and Inflammation - Increase Strength and Range of Motion

Wean from Brace

PRECAUTIONS: Post-op: Cervical / Thoracic / Lumbar

MODALITIES:

THERAPIST'S DISCRETION TRIAL OF TRACTION ULTRASOUND
 HEAT NO TRACTION ELECTRIC STIMULATION
 COLD T.E.N.S. TRIAL MANUAL THERAPIES

EXERCISE:

THERAPIST'S DISCRETION FLEXION BIASED FUNCTIONAL ACTIVITIES
 AROM EXTENSION BIASED PROGRESSIVE ACTIVITIES

PROGRAMS:

TEACH HOME MAINTENANCE PROGRAM FUNCTIONAL CAPACITY EVALUATION
 AQUATIC / POOL THERAPY WORK CONDITIONING / HARDENING

FREQUENCY OF TREATMENT 1/2 DAYS PER WEEK

DURATION OF TREATMENT 4 WEEKS

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Spine Surgery

Patient Name: Marike Naicker

Date: 1/27/23

Pharmacy: _____

Anti-Inflammatory	Dispense #	Refill
<i>Celebrex</i> 200mg 1 tab po qd with food		
<i>Mobic</i> 15mg 1 tab po qd with food		
<i>Mobic</i> 7.5mg 1 tab po bid with food		
<i>Naprosyn EC</i> 500mg 1 tab po bid with food		
<i>Voltaren</i> 75mg 1 tab po q12h with food		
<i>Vimovo</i> 500mg 1 tab po bid with food		

Muscle Relaxants	Dispense #	Refill
<i>Flexeril</i> 5mg 1tab po q8h prn spasm		
<i>Flexeril</i> 10mg 1tab po qhs		
<i>Flexeril</i> <u>5</u> mg 1 tab po qhs prn spasm	<u>20</u>	<u>8.</u>
<i>Skelaxin</i> 800mg 1/2 - 1 tab po q8h prn spasm		

Oral Steroids	Dispense #	Refill
<i>Methylprednisolone</i> tablets Tapered Dose Pack over six days		
<i>Pepcid</i> 20mg tabs 1 tab po bid		
<i>Prednisone</i> tablets Tapered Dose Pack over five days (5mg tabs)		

Antibiotics	Dispense #	Refill
<i>Cipro</i> 250mg 1 po q 12hr.		
<i>Cipro</i> 500mg 1 po q 12hr.		
<i>Cleocin</i> 300mg 1 po tid		
<i>Keflex</i> 250mg 1 po q6h		
<i>Keflex</i> 500mg 1 po q6h		

Stool Softener	Dispense #	Refill
<i>Colace</i> 100mg 1 po q8h		
<i>Dulcolax</i> 10mg rectal suppository insert 1 suppository rectally q 12 hr as needed for constipation		
<i>Senokot</i> tabs 1 tab po bid		

Pain Patches / Pain Medication	Dispense #	Refill
<i>Flector Patch</i> apply to affected area q 12hr		
<i>Lidoderm Patches</i> Up to 3 to affected area, up to 12hrs on in any 24hr period		
<i>Gabapentin 300 mg</i> 1 tab po bid		
<i>Gabapentin 100 mg</i> 1 tab po bid		