



160 E. Hanover Avenue, Suite 201
Morristown, NJ 07960

333 Mount Hope Avenue, Suite 140
Rockaway, NJ 07866

720 US 202/206 North, Bldg. 2
Bridgewater, NJ 08807

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

Phone (973) 538-0900

Fax (973) 538-0909

Prescription for Physical Therapy

PATIENT NAME: Yasin Welch

DATE: 5/13/24

DIAGNOSIS: Cervical Strain S13.4XX Thoracic Strain S23.3XX Lumbar Strain S39.012 A 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:

X : THERAPIST'S DISCRETION
____: HEAT
____: COLD

____: TRIAL OF TRACTION
____: NO TRACTION
____: T.E.N.S. TRIAL

X : ULTRASOUND
X : ELECTRIC STIMULATION
X : MANUAL THERAPIES

EXERCISE:

X : THERAPIST'S DISCRETION
X : AROM

____: FLEXION BIASED
____: EXTENSION BIASED

X : FUNCTIONAL ACTIVITIES
X : PROGRESSIVE ACTIVITIES

PROGRAMS:

X : TEACH HOME MAINTENANCE PROGRAM
____: AQUATIC / POOL THERAPY

____: FUNCTIONAL CAPACITY EVALUATION
____: WORK CONDITIONING / HARDENING

FREQUENCY OF TREATMENT 3 DAYS PER WEEK

DURATION OF TREATMENT 2 WEEKS

Sarah J. Ries, PA-C

Michele Lohman, PA-C

Tanya Lugo, PA-C

Charles A. Gatto, M.D.
Spine Surgery

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

George S. Naseef, M.D.
Spine Surgery