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Prescription for Physical Therapy

PATIENT NAME: Donnie Turner

DATE: 8/17/23

DIAGNOSIS: Cervical Strain S13.4XX Thoracic Strain S23.3XX Lumbar Strain S39.012D 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 2 DAYS PER WEEK

DURATION OF TREATMENT 4 WEEKS

8 visits Total

Sarah J. Ries, PA-C

Michele Lohman, PA-C

Tanya Lugo, PA-C

Charles A. Gatto, M.D.
Spine Surgery

Jason Lowenstein, M.D.
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