

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: Nathaniel James

Physician: Dr. Charles Gatto, M.D.

Date of Service: 9/16/24

Employer: Passaic Valley Sewerage Commission

Ins Co: D and H

Claim#: PVS083187

DOI: 03/10/2023

NCM: Carolina Shell

Phone: 973-940-1851

EXT: 239

Fax: 973-940-1852

Diagnoses / ICD-10:

Causal Relationship: Yes No

4th Top L34 Low / Disc

Treatment Plan:

PT x 2 wks / med

Work Status:

No Work

Full Duty with No Restrictions

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: next wkd

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

Has patient reached Maximal Medical Improvement?

Yes No

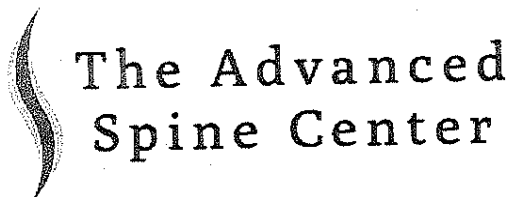
Follow up Visit:

2 wks - 10/1/24 @ 10:30

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: Nathaniel James

Date of Service: 9/16/24

Diagnoses / ICD-10: _____

Y 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.
Drive for Work: Yes / No
Sitting: Yes / No
Standing: Yes / No
Walking: Yes / No

Pushing/Pulling: up to _____ lbs.
Bending: Yes / No
Climbing: Yes / No
Overhead Activity: Yes / No
_____ 5 Minute Breaks Each Hour

The above work restrictions are in effect until: _____

Estimated date of return to usual job with some restriction: next 2 weeks / visit

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

Has patient reached Maximal Medical Improvement?

Yes No

Follow-up Visit:

2 weeks

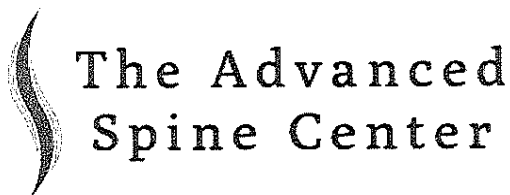
10/1/24 @ 10:30am

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

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Prescription for Physical Therapy

PATIENT NAME: Nathaniel James DATE: 9/16/24

DIAGNOSIS: Cervical Strain S13.4XX Thoracic Strain S23.3XX Lumbar Strain S39.012 AR / 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
☐ HEAT
☐ COLD

☐ TRIAL OF TRACTION
☐ NO TRACTION
☐ T.E.N.S. TRIAL

☒ ULTRASOUND
☒ ELECTRIC STIMULATION
☒ MANUAL THERAPIES

EXERCISE:

☒ THERAPIST'S DISCRETION
☒ AROM

☐ FLEXION BIASED
☐ EXTENSION BIASED

☒ FUNCTIONAL ACTIVITIES
☒ PROGRESSIVE ACTIVITIES

PROGRAMS:

☒ 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

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Patient Name: Nathaniel James
 Pharmacy: Walgreens Hillside

Date: 9/16/24

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	30	1
<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> 5 mg 1 tab po qhs prn spasm	15	X
<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		