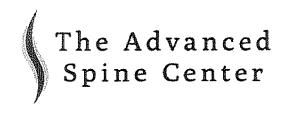
From:9737532150



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

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Prescription for Physical Therapy

PATIENT NAME: KAMELA MC	Lucas	DATE:	12/10/24
	racic Strain S23.3XX racic Radic M54.44	Lumbar Strain 539 Lumbar Radic M54	······································
GOALS: Decrease Pain and Inflammation - I	ncrease Strength and Ra	nge of Motion	Court My
Wean from Brace	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Sevan RADIC
PRECAUTIONS: Dost-op: Cervical /	Thoracic / Lumbar		
MODALIPHES: X: THERAPIST'S DISCRETION HEAT : COLD	TRIAL OF TRACT: NO TRACTION THE TRACT.		X: ULTRASOUND X: ELECTRIC STIMULATION X: MANUAL THERAPIES
EXERCISE: X: THERAPIST'S DISCRETION X: AROM	_: FLEXION BIASED _: EXTENSION BIASEI	_	X : FUNCTIONAL ACTIVITIES X : PROGRESSIVE ACTIVITIES
PROGRAMS:			
X TEACH HOME MAINTENANCE PROGRA	AM		CAPACITY EVALUATION
: AQUATIC / POOL THERAPY		: WORK COND	ITIONING / HARDENING
FREQUENCY OF TREATMENT 2-3 DA	YS PER WEEK	DURATION OF I	TREATMENT WEEKS
of go. 8 nm	Sarah J. Ries, PA-C	Michele Lohman, P	A-C Tanya Lugo, PA-C
Charles A. Gatto, M.D.	Jason Lowenste	in, M.D.	George S. Naseef, M.D.
Spine Surgery	Pediatric/Adult S	Scoliosis	Spine Surgery