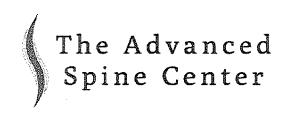
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Spine Surgery

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| Prescription for Physical Therapy | | |
|----------------------------------------------------------|----------------------------------------------------|-----------------------------------------------------------------------------------|
| PATIENT NAME: Michael | 1 Doyle | DATE: 8 19 24 |
| DIAGNOSIS: Cervical Strain S13.4XX Cervical Radic MS4.12 | | bar Strain S39.012 R / L SI Joint M46.1 bar Radic M54.16 R / L Shoulder M25.51 |
| GOALS: Decrease Pain and Inflamma Wean from Brace | tion - Increase Strength and Range o | f Motion |
| PRECAUTIONS: Dost-op: Cer | vical / 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 AROM | : FLEXION BIASED : EXTENSION BIASED | X: FUNCTIONAL ACTIVITIES X: PROGRESSIVE ACTIVITIES |
| PROGRAMS: | | |
| X: TEACH HOME MAINTENANCE P. | ROGRAM: | FUNCTIONAL CAPACITY EVALUATION |
| : AQUATIC / POOL THERAPY | : | WORK CONDITIONING / HARDENING |
| FREQUENCY OF TREATMENT | DAYS PER WEEK DU | RATION OF TREATMENT WEEKS |
| | Sarah J. Ries, PA-C Mich | ele Lohman, PA-C Tanya Lugo, PA-C |
| Charles A. Gatto, M.D. Spine Surgery | Jason Lowenstein, M.D Pediatric/Adult Scoliosis | . George S. Naseef, M.D. |

Pediatric/Adult Scoliosis

Spine Surgery