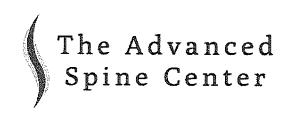
From:9737532150



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Prescription for Physical Therapy

PATIENT NAME: SVESTY CI	N7	DATE: 8116/24
DIAGNOSIS Cervical Strain S13.4XX Phora Cervical Radic M54.12 Thora		Strain S39.012 R / L SI Joint M46.1 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		
	_: TRIAL OF TRACTION _: NO TRACTION _: T.E.N.S. TRIAL	X: ULTRASOUND X: ELECTRIC STIMULATION X: MANUAL THERAPIES
	FLEXION BIASED EXTENSION BIASED	X: FUNCTIONAL ACTIVITIES X: PROGRESSIVE ACTIVITIES
PROGRAMS:		
X: TEACH HOME MAINTENANCE PROGRAM	: FUN	CTIONAL CAPACITY EVALUATION
: AQUATIC / POOL THERAPY	: WOF	RK CONDITIONING / HARDENING
FREQUENCY OF TREATMENT DAYS	PER WEEK DURATE	ION OF TREATMENT WEEKS
	Sarah J. Ries, PA-C Michele L	ohman, PA-C Tanya Lugo, PA-C
Charles A. Gatto, M.D.	Jason Lowenstein, M.D.	George S. Naseef, M.D.

Pediatric/Adult Scoliosis Spine Surgery

Spine Surgery