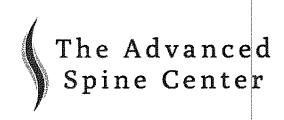
From:9737532150



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Prescription for Physical Therapy			
PATIENT NAME: DIVIS, PO	<u> </u>	DATE:	12/24
DIAGNOSIS: Cervical Strain S13.4XX Cervical Radic M54.12		umbar Strain S39.012 umbar Radic M54.16	R / L SI Joint M46.1 R / L Shoulder M25.51
GOAL8: Decrease Pain and Inflammation  Wean from Brace	n - Increase Strength and Ran	ge of Motion	
PRECAUTIONS: Post-op: Cervice	al / Thoracic / Lumbar		
MODALITIES:  X: THERAPIST'S DISCRETION  : HEAT  : COLD	TRIAL OF TRACTION T.E.N.S. TRIAL	X : E	ULTRASOUND LECTRIC STIMULATION MANUAL THERAPIES
EXERCISE:  X: THERAPIST'S DISCRETION X: AROM	: FLEXION BIASED : EXTENSION BIASED		FUNCTIONAL ACTIVITIES PROGRESSIVE ACTIVITIES
PROGRAMS;  X: TEACH HOME MAINTENANCE PRO : AQUATIC / POOL THERAPY	GRAM	: FUNCTIONAL CAPA : WORK CONDITION	
FREQUENCY OF TREATMENT 2-	DAYS PER WEEK	DURATION OF TREAT	MENT WEEKS
	Sarah J. Ries, PA-C	Michele Lohman, PA-C	Tanya Lugo, PA-C
Charles A. Gatto, M.D. Spine Surgery	Jason Lowenstein, Pediatric/Adult Sco		George S. Naseef, M.D. Spine Surgery

Spine Surgery