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Prescription for Physical Therapy

PATIENT NAME:

Abel Lopez

DATE:

5/14/04

DIAGNOSIS: Cervical Strain S13.4XX Thoracic Strain S23.3XX Lumbar Strain S39.012A R / 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 5 DAYS PER WEEK

(Five)

DURATION OF TREATMENT 1 WEEKS

(One)

Sarah J. Ries, PA-C

Michele Lohman, PA-C

Tanya Lugo, PA-C

Charles A. Gatto, M.D.
Spine Surgery

Jason Lowenstein, M.D.
Pediatric/Adult Scoliosis
Spine Surgery

George S. Naseef, M.D.
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