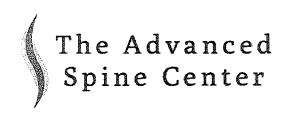
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Prescription for Physical Therapy

PATIENT NAME:	Yasin W	elch	DATE:	5113/24
DIAGNOSIS: Cervical Cervica	Strain S13.4XX I Radic M54.12	Thoracic Strain S23.3XX Thoracic Radic M54.14	Lumbar Strain S39 Lumbar Radic M54	.012 A R L SI Joint M46.1 1.16 R / L Shoulder M25.51
		on - Increase Strength and	Range of Motion	
<u> Wean</u>	from Brace			
PRECAUTIONS:	Post-op: Cervi	cal / Thoracic / Lumbar		
MODALITIES: X: THERAPIST'S DIS : HEAT : COLD	SCRETION	: TRIAL OF TRAC : NO TRACTION : T.E.N.S. TRIAL		X : ULTRASOUNDX : ELECTRIC STIMULATIONX : MANUAL THERAPIES
EXERCISE: X: THERAPIST'S DIS X: AROM	SCRETION	: FLEXION BIASED : EXTENSION BIAS		X : FUNCTIONAL ACTIVITIES X : PROGRESSIVE ACTIVITIES
PROGRAMS:				
X: TEACH HOME M		OGRAM		CAPACITY EVALUATION
: AQUATIC / POOL	THERAPY		: WORK COND	ITIONING / HARDENING
FREQUENCY OF TREAT	TMENT 3	_ DAYS PER WEEK	DURATION OF T	REATMENT 2 WEEKS
		Sarah J. Ries, PA-C	Michele Lohman, Pa	A-C Tanya Lugo, PA-C
Charles A. Gat Spine Surg		Jason Lowens Pediatric/Adul Spine Su	t Scoliosis	George S. Naseef, M.D. Spine Surgery