

160 E. Hanover Avenue, Suite 201 Morristown, NJ 07960

333 Mount Hope Avenue, Suite 140 Rockaway, NJ 07866

> 720 US 202/206 North, Bldg. 2 Bridgewater, NJ 08807

Mailing Address: P.O. Box 2266, Morristown, NJ 07962

Phone (973) 538-0900

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Prescription	for	Physic	cal Therapy
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DIAGNOSIS: Cervical Strain S13.4XX	Trescription for Thysical Therapy				
Cervical Radic M54.12 Thoracic Radic M54.14 Clumbar 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: X: THERAPIST'S DISCRETION : HEAT NO TRACTION : NO TRACTION : T.E.N.S. TRIAL EXERCISE: X: THERAPIST'S DISCRETION : FLEXION BIASED X: AROM : EXTENSION BIASED PROGRAMS: X: TEACH HOME MAINTENANCE PROGRAM : AQUATIC / POOL THERAPY DAYS PER WEEK DURATION OF TREATMENT WEEKS	PATIENT NAME: DONNIE TURNER DATE: 1173				
Wean from Brace	Cervical Radic M54.12 Thoracic Radic M54.14 Lumbar Radic M54.16 R / L Shoulder M25.51				
MOBALITIES: X: THERAPIST'S DISCRETION HEAT COLD EXERCISE: X: THERAPIST'S DISCRETION EXERCISE: X: AROM FROGRAMS: X: TEACH HOME MAINTENANCE PROGRAM AQUATIC / POOL THERAPY DAYS PER WEEK DURATION OF TREATMENT WEEKS WEEKS WEEKS WEEKS WEEKS DURATION OF TREATMENT WEEKS	GOALS: Decrease Pain and Inflammation - Increase Strength and Range of Motion				
MOBALITIES: X: THERAPIST'S DISCRETION : HEAT : NO TRACTION : T.E.N.S. TRIAL X: ELECTRIC STIMULATION X: MANUAL THERAPIES EXERCISE: X: THERAPIST'S DISCRETION : EXTENSION BIASED X: PROGRESSIVE ACTIVITIES PROGRAMS: X: TEACH HOME MAINTENANCE PROGRAM : AQUATIC / POOL THERAPY DAYS PER WEEK DURATION OF TREATMENT WEEKS	Wean from Brace				
**ETHERAPIST'S DISCRETION	PRECAUTIONS: Dost-op: Cervical / Thoracic / Lumbar				
X: THERAPIST'S DISCRETION X: AROM X: FUNCTIONAL ACTIVITIES X: PROGRESSIVE ACTIVITIES DAYS PER WEEK DURATION OF TREATMENT DAYS PER WEEK DURATION OF TREATMENT DAYS PER WEEK	X: THERAPIST'S DISCRETION : HEAT : NO TRACTION X: ULTRASOUND X: ELECTRIC STIMULATION				
X: TEACH HOME MAINTENANCE PROGRAM : FUNCTIONAL CAPACITY EVALUATION : WORK CONDITIONING / HARDENING FREQUENCY OF TREATMENT DAYS PER WEEK DURATION OF TREATMENT WEEKS	X: THERAPIST'S DISCRETION: FLEXION BIASED / X: FUNCTIONAL ACTIVITIES				
: AQUATIC / POOL THERAPY: WORK CONDITIONING / HARDENING FREQUENCY OF TREATMENT DAYS PER WEEK DURATION OF TREATMENT WEEKS	PROGRAMS:				
FREQUENCY OF TREATMENT DAYS PER WEEK DURATION OF TREATMENT WEEKS	X: TEACH HOME MAINTENANCE PROGRAM :: FUNCTIONAL CAPACITY EVALUATION				
	: AQUATIC / POOL THERAPY: WORK CONDITIONING / HARDENING				

Charles A. Gatto, M.D. Spine Surgery



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Mailing Address: P.O. Box 2266, Morristown, NJ 07962 Phone (973) 538-0900 Fax (973) 538-0909 **STUDIES** Diagnosis: DO NOT BOOK YOUR STUDY UNTIL YOU HAVE CONTACTED OUR OFFICE SPECIALIST PATIENTS: AT <u>973-538-0900 ext. 594 SO WE MAY SUBMIT THE AUTHORIZATION REQUEST.</u> Please Accept this as a Prescription / Request for: \square X-RAY: □ Lumbar Spine: AP / Lat / Flex / Ext □ Cervical Spine: AP / Lat / Flex / Ext MRI - with continuous axial images oriented parallel to disc spaces: □ Cervical Spine ☐ Thoracic Spine Lumbar Spine Without Contrast ☐ With Contrast With and without Contrast CT - with small cuts and sagittal and coronal reconstructions: □ Thoracic Spine □ Bone windows only ☐ Cervical Spine Lumbar Spine ☐ Lumbar spine □ Cervical Spine □ Thoracic Spine ☐ Myelogram / with follow up CT: □ Bone Density Bone Scan: □ Total Body □ Lumbar Spine / Pelvis / SPECT Images □ Other: **EMG/NCV** Blood Work: CBC w/platelets

Sarah J. Ries, PA-C Michele Lohman, PA-C Tanya Lugo, PA-C

Rheum Factor

☐ ANA

Lyme Titer

☐ HLA-B27

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☐ SMA-7

☐ SMA-20

□ PT/PTT

☐ C- Reactive Protein

☐ ESR

☐ SPEP

☐ PSA

HbA1C

RPR

B12 / Folate

T3 / FT4 / TSH