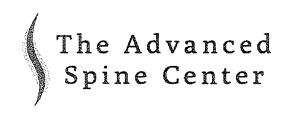
From:9737532150



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Prescription for Physical Therapy
PATIENT NAME: ROUIZ Klobocista DATE: 96404
DIAGNOSIS: Cervical Strain \$13.4XX Thoracic Strain \$23.3XX Lumbar Strain \$39.012 \( \infty \) 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:  X THERAPIST'S DISCRETION  HEAT  COLD  TRIAL OF TRACTION  NO TRACTION  T.E.N.S. TRIAL  X: ULTRASOUND  X: ELECTRIC STIMULATION  X: MANUAL THERAPIES
EXERCISE:  X: THERAPIST'S DISCRETION : FLEXION BIASED X: FUNCTIONAL ACTIVITIES  X: AROM : EXTENSION BIASED X: PROGRESSIVE ACTIVITIES
PROGRAMS:
FREQUENCY OF TREATMENT DAYS PER WEEK DURATION OF TREATMENT WEEKS

Charles A. Gatto, M.D. Spine Surgery

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

Michele Lohman, PA-C

Sarah J. Ries, PA-C

George S. Naseef, M.D. Spine Surgery

Tanya Lugo, PA-C