

160 E. Hanover Ave., Ste 201  
Morristown, NJ 07960

1125 Route 22  
Bridgewater, NJ 08807

333 Mount Hope Ave., Ste 140  
Rockaway, NJ 07866

579 Cranbury Rd., Ste H  
East Brunswick, NJ 08816

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

Phone (973) 538-0900

Fax (973) 538-0909

### Brief Note / Office Visit Summary - Worker's Comp

Patient: RONNIE THOMAS

Physician: Dr. Charles Gatto, M.D.

Date of Service: 3/17/23

Employer:

Ins Co: D & H

Claim#: PLB080254

DOI: 06/16/2022

NCM: ANGELA MONTGOMERY

Phone: 973-940-1851

EXT: 241

Fax: 973-940-1852

Diagnoses / ICD-10:

Causal Relationship: ☒ Yes ☐ No

2-5 months of L3/4 lamina PFI  
preop sx improving intermittent  
post lower lumbar pain.

Treatment Plan:

Gentle Physiotherapy  
Pain meds prn.  
Continue Prece

Work Status:

☒ No Work

Full Duty with No Restrictions

Restricted Duty: The patient is **Able / Unable** to do usual job with following restrictions:

Restrictions:

Lifting: up to \_\_\_\_\_ lbs.

Pushing/Pulling: up to \_\_\_\_\_ lbs.

Drive for Work: Yes / No

Bending: Yes / No

Sitting: Yes / No

Climbing: Yes / No

Standing: Yes / No

Overhead Activity: Yes / No

Walking: Yes / No

\_\_\_\_\_ 5 Minute Breaks Each Hour

*Estimated date of return to usual job with some restriction:*

*Estimated date of return to full and unrestricted duties/activities:*

Has patient reached Maximal Medical Improvement?

Yes

☒ No

Follow up Visit:

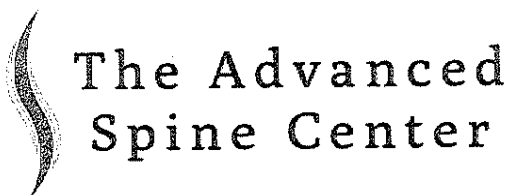
# weeks

Telemed - 2:45pm 3/31/23  
In office 10:00am 4/11/23

Charles A. Gatto, M.D.  
Spine Surgery

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

George S. Naseef, M.D.  
Spine Surgery



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### WORK STATUS

**Patient:** Rennie Thomas

**Date of Service:** 3/17/23

**Diagnoses / ICD-10:** \_\_\_\_\_

☒ The patient was seen in our office today:

☐ The patient is out of School / Gym / Sports until: \_\_\_\_\_

**Work Status:**

No work

☐ No Change in work status from last visit

Full Duty with No Restrictions

Restricted Duty: ☐ patient is **able** to do usual job with following restrictions:  
☐ patient is **unable** to do usual job – see following restrictions:

**Restrictions:**

Lifting: up to \_\_\_\_\_ lbs.

Drive for Work: Yes / No

Sitting: Yes / No

Standing: Yes / No

Walking: Yes / No

Pushing/Pulling: up to \_\_\_\_\_ lbs.

Bending: Yes / No

Climbing: Yes / No

Overhead Activity: Yes / No

☐ 5 Minute Breaks Each Hour

The above work restrictions are in effect until: follow up

*Estimated* date of return to usual job with some restriction:

*Estimated* date of return to full and unrestricted duties/activities:

Has patient reached Maximal Medical Improvement?

Yes

No

**Follow-up Visit:**

Telemed - 2:45pm 3/31/23

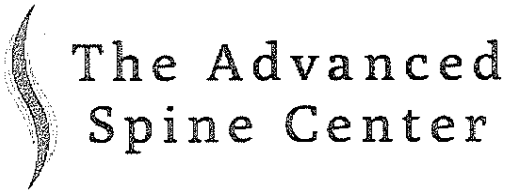
In Office - 10:00am 4/11/23

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

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### Prescription for Physical Therapy

PATIENT NAME: Ronnie Thomas

DATE: 3/17/23

DIAGNOSIS: Cervical Strain S13.4XX Thoracic Strain S23.3XX Lumbar Strain S39.012 R / L SI Joint M46.1  
Cervical Radic M54.12 Thoracic Radic M54.14 Lumbar Radic M54.16 R / L Shoulder M25.51

Lumbar 2 1/2 weeks L3-L4 fusion

GOALS: Decrease Pain and Inflammation - Increase Strength and Range of Motion

☐ Wean from Brace

Gentle

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 3 DAYS PER WEEK

DURATION OF TREATMENT 4 WEEKS

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