



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

Fax (973) 538-0909

### Prescription for Physical Therapy

PATIENT NAME: Gregory Perez

DATE: 8/17/23

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 3 DAYS PER WEEK

DURATION OF TREATMENT 4 WEEKS

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.  
Spine Surgery