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Prescription for Physical Therapy

PATIENT NAME: George Weiss

DATE: _____

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

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

X : TRIAL OF TRACTION

___ : NO TRACTION

___ : T.E.N.S. TRIAL

X : ULTRASOUND

X : ELECTRIC STIMULATION

X : MANUAL THERAPIES

EXERCISE:

X : THERAPIST'S DISCRETION

X : AROM

___ : FLEXION BIASED

___ : EXTENSION BIASED

X : FUNCTIONAL ACTIVITIES

X : PROGRESSIVE ACTIVITIES

PROGRAMS:

X : TEACH HOME MAINTENANCE PROGRAM

___ : AQUATIC / POOL THERAPY

___ : FUNCTIONAL CAPACITY EVALUATION

___ : WORK CONDITIONING / HARDENING

FREQUENCY OF TREATMENT 2 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.
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