

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 -2ND OPINION

Patient: NATHANIEL JAMES, JR

Physician: Dr. Charles Gatto, M.D.

Date of Service: 7/18/23

Employer:

Ins Co: D & H

Claim#: PVS083187

DOI: 3/10/2023

NCM: ANGELA MONTGOMERY

Phone: 973-940-1851

EXT:

Fax: 973-940-1852

Diagnoses / ICD-10:

Causal Relationship: Yes No

L, Cereb FX from March 2023
Injured p. Back x 2 weeks

Treatment Plan:

Went to work
Begin PT

Work Status:

No Work

Full Duty with No Restrictions

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

Restrictions:

Lifting: up to 15 lbs.

Drive for Work: Yes / No

Sitting: Yes / No

Standing: Yes / No

Walking: Yes / No

Pushing/Pulling: up to 15 lbs.

NO Bending: Yes / No

NO Climbing: Yes / No

Overhead Activity: 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

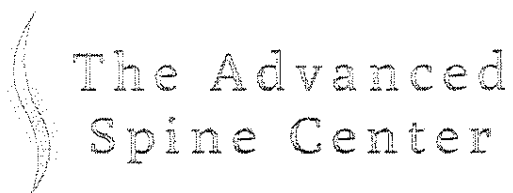
Follow up Visit:

1 month

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: Nathaniel James Jr.

Date of Service: 7/18/23

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 15 lbs.

Drive for Work: Yes / No

Sitting: Yes / No

Standing: Yes / No

Walking: Yes / No

Pushing/Pulling: up to 15 lbs.

Bending: No / No

Climbing: No / No

Overhead Activity: Yes / No

_____ 5 Minute Breaks Each Hour

The above work restrictions are in effect until:

next office visit. 8/11/23

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:

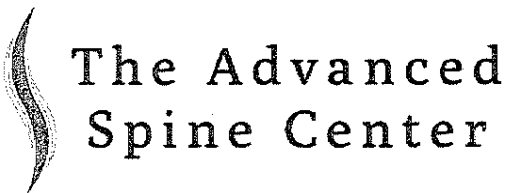
8/11/23 @ 9:15 AM

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



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Prescription for Physical Therapy

PATIENT NAME: Nathaniel James Jr

DATE: 7/18/23

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

Low back pain - Hentled L comp FX

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

☐ FUNCTIONAL CAPACITY EVALUATION

☐ AQUATIC / POOL THERAPY

☐ WORK CONDITIONING / HARDENING

FREQUENCY OF TREATMENT 2-3 DAYS PER WEEK

DURATION OF TREATMENT 4 WEEKS

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