

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: Nathaniel James

Physician: Dr. Charles Gatto, M.D.

Date of Service: 4/15/24

Employer: Passaic Valley Sewerage Commission

Ins Co: D and H

Claim#: PVS083187

DOI: 03/10/2023

NCM: Carolina Shell

Phone: 973-940-1851

EXT: 239

Fax: 973-940-1852

Diagnoses / ICD-10:

Causal Relationship: Yes No

L. calf FX - Inset on mat

Treatment Plan:

PT X 1 month

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

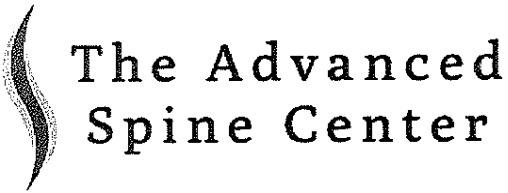
Follow up Visit:

1 month . 5/14/24 1:30 PM

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: James Nathaniel

Date of Service: 4/15/2024

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: 5/14/24

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:

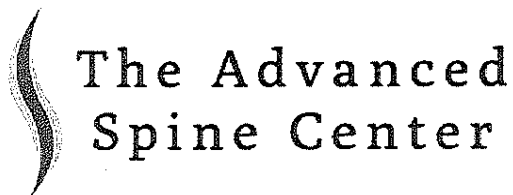
5/14/24 1:30

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

DATE: 4/15/24

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

L1 caps Rx - Healed

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 2 DAYS PER WEEK

DURATION OF TREATMENT 4 WEEKS

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