

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: George Weiss

Physician: Dr. Charles Gatto, M.D.

Date of Service: 11/8/24

Employer:

Ins Co: D & H

Claim#: I-WC-031593

DOI: 12/08/2009

NCM: Carolina Shell

Phone: 973-940-1851

EXT:

Fax: 973-940-1852

Diagnoses / ICD-10:

Causal Relationship:

☒ Yes ☐ No

Neck pain / DDD

Treatment Plan:

PT 2 times / wk x 4 weeks.

Work Status:

No Work

Full Duty with No Restrictions

pt is retired.

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

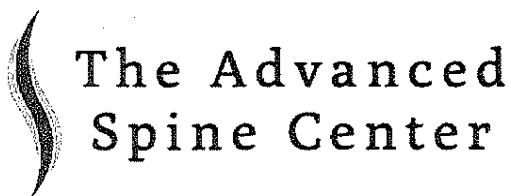
Follow up Visit:

3 months

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: George Weiss

Date of Service: 11/8/24

Diagnoses / ICD-10: _____

0 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 pt is retired

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: _____

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:

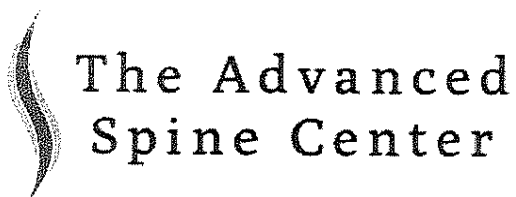
3 months 11/24/25 @ 10:15 am

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

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Prescription for Physical Therapy

PATIENT NAME: George Weiss

DATE: 11/8/24

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

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

teach home program

FREQUENCY OF TREATMENT 1-2 DAYS PER WEEK

DURATION OF TREATMENT 4 WEEKS

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