



Matthew Gotlin, MD
159 East 74th Street
New York, NY 10021

REHAB PROTOCOL: Low Back Pain

Name: _____

Date: _____

Diagnosis: _____

Date of Surgery: _____

PLAN

- Patient education, posture correction and ergonomics
- Outpatient pain medication, joint mobilization, soft tissue mobilization and modalities – ice, heat, ultrasound, during the acute phase
- Home Exercise program

Exercises

1. Abdominal strengthening
2. Core strengthening
3. Hamstring and Quadriceps stretching and strengthening
4. Upper and lower back strengthening- lumbar flexion and extension

Modalities

- ◇ Heat and Ice
- ◇ Ultrasound
- ◇ Iontophoresis
- ◇ Phonophoresis
- ◇ Therapists' discretion
- ◇ TENS
- ◇ Trigger point massage

159 East 74th Street
New York, NY 10021
Tel: 212-737-3301 Fax: 212-734-0407

2 Overhill Rd, Suite 310
Scarsdale, NY 10583
Tel: 914-725-6970 Fax: 914-725-6972

1600 Stewart Ave, Suite 100
Westbury, NY 11590
Tel: 516-243-8506 Fax: 212-734-0407

1870 Richmond Road
Staten Island, NY 10306
Tel: 718-285-7118 Fax: 212-734-0407

161 Atlantic Avenue
Brooklyn, NY 11201
Tel: 212-737-3301 Fax: 212-734-0407

200 West 13th Street, 6th Floor
New York, NY 10077
Tel: 212-737-3301 Fax: 212-734-0407

9226 Kennedy Boulevard
North Bergen, NJ 07047
Tel: 212-737-3301 Fax: 212-734-0407

Comments:

Frequency: 2 times per week

Duration: 8 weeks

Signature: _____

Date: _____