

PHYSICAL THERAPY PRESCRIPTION

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PATIENT STICKER

DIAGNOSIS:

DATE _____

CERVICAL SPINE PHYSICAL THERAPY PRESCRIPTION

___ Cervical Stabilization program

___ Flexibility / Strengthening / Endurance

___ Postural Exercises

___ Trapezius, Levator, Scapulae, Rhomboid, Scapular Stabilizer strengthening

___ Modalities as needed (Ultrasound / Phonophoresis / E-stim)

Treatment: _____ times per week

___ Home Program

Duration: _____ weeks

**Please send progress notes.

Physician's Signature: _____

Seth C. Gamradt, MD, Attending Orthopaedic Surgeon, USC