

PHYSICAL THERAPY PRESCRIPTION

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PATIENT STICKER

DIAGNOSIS:

DATE _____

LUMBAR SPINE PHYSICAL THERAPY PRESCRIPTION

___ Lumbar Stabilization program/Core strengthening

___ Flexibility / Strengthening / Endurance—Teach daily home program

___ Postural Exercises

___ Lumbar, Hamstring, Gluteus, Hip stretching program

___ 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