



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

