



## PHYSICAL THERAPY PRESCRIPTION

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ORTHOPAEDIC SURGERY AND SPORTS MEDICINE

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Keck School of  
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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

