

# PHYSICAL THERAPY PRESCRIPTION

**FRANK A. PETRIGLIANO, MD**

ORTHOPAEDIC SURGERY AND SPORTS MEDICINE  
UCLA DEPARTMENT OF ORTHOPAEDIC SURGERY  
310.319.1234 APPT  
310.825.2126 OFFICE  
310.825.1311 FAX  
CA License: A90515



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:** \_\_\_\_\_

**Frank Petrigliano, MD, Attending Orthopaedic Surgeon, UCLA**