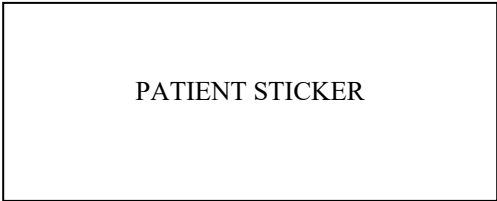


# PHYSICAL THERAPY PRESCRIPTION

**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



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

Frank Petrigliano, MD, Attending Orthopaedic Surgeon, UCLA