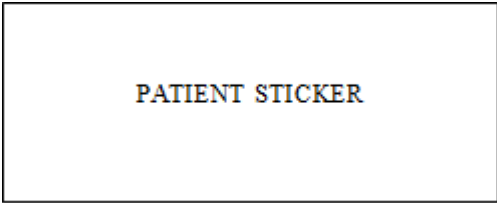


FRANK A. PETRIGLIANO, MD
CHIEF – DIVISION OF SPORTS MEDICINE
HEAD TEAM PHYSICIAN – LA KINGS
ORTHOPAEDIC SURGERY AND SPORTS MEDICINE
USC DEPARTMENT OF ORTHOPAEDIC SURGERY
323.442.5822 OFFICE
323.865.5480 FAX



Keck Medicine
of USC



DATE: _____

DIAGNOSIS: _____

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.**

A handwritten signature in black ink, appearing to read 'Frank Petrigliano'.

Physician's Signature: _____
Frank Petrigliano, M.D., Attending Orthopaedic Surgeon, USC