

PHYSICAL THERAPY PRESCRIPTION

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

PATIENT STICKER

DATE: _____

DIAGNOSIS:

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, USC