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## Physical Therapy Prescription Cervical Spine Injury

**Patient Name:**

**Today's Date:**

**Dx:**

- Assess for Cervical Traction
- Cervical Stabilization program
- Flexibility / Strengthening / Endurance
- Postural Exercises
- Trapezius, Levator, Scapulae, Rhomboid, Scapular Stabilizer strengthening
- Modalities as needed (Ultrasound / Phonophoresis / E-stim)

**Frequency & Duration:** (circle one) 1-2    2-3 x/week for \_\_\_\_\_ weeks    Home Program

\*\*Please send progress notes.

**Physician's Signature:** \_\_\_\_\_ **M.D.**