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### Prescription for Physical Therapy

PATIENT NAME: Pamela McLucas DATE: 12/10/24

DIAGNOSIS: Cervical Strain S13.4XX Thoracic Strain S23.3XX Lumbar Strain S39.012A R / L SI Joint M46.1  
Cervical Radic M54.12 Thoracic Radic M54.14 Lumbar Radic M54.16 R / L Shoulder M25.51

GOALS: Decrease Pain and Inflammation - Increase Strength and Range of Motion

☐ Wean from Brace

PRECAUTIONS: ☐ Post-op: Cervical / Thoracic / Lumbar

#### MODALITIES:

X : THERAPIST'S DISCRETION  
    : HEAT  
    : COLD

X : TRIAL OF TRACTION  
    : NO TRACTION  
    : T.E.N.S. TRIAL

X : ULTRASOUND  
X : ELECTRIC STIMULATION  
X : MANUAL THERAPIES

#### EXERCISE:

X : THERAPIST'S DISCRETION  
X : AROM

    : FLEXION BIASED  
    : EXTENSION BIASED

X : FUNCTIONAL ACTIVITIES  
X : PROGRESSIVE ACTIVITIES

#### PROGRAMS:

X : TEACH HOME MAINTENANCE PROGRAM  
    : AQUATIC / POOL THERAPY

    : FUNCTIONAL CAPACITY EVALUATION  
    : WORK CONDITIONING / HARDENING

FREQUENCY OF TREATMENT 2-3 DAYS PER WEEK

DURATION OF TREATMENT 4 WEEKS

up to 8 weeks

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