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### Prescription for Physical Therapy

PATIENT NAME:

Michael Doyle

DATE:

8/19/24

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

(P) Cx (?)

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 Cerv  
\_\_\_ : 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 3 DAYS PER WEEK

DURATION OF TREATMENT 2 WEEKS

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