STEPHAN J. SWEET, M.D., M.P.H.
A Professional Corporation
Sports Medicine, Arthroscopy, & General Orthopedic Surgery

PHYSICAL THERAPY PRESCRIPTION

DIAGNOSIS: **DATE**__________________

CERVICAL SPINE PHYSICAL THERAPY PRESCRIPTION

___Cervical Stabilization program

___Flexibility/Strengthening/Endurance

___PosturalExercises
___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.

Physician's Signature:____
Stephan J. Sweet, M.D., M.P.H.

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