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Back/Cervical spine Rehabilitation Prescription

Patient Name: _____ Date: _____

Diagnosis: _____

Protocol:

____ Traction/Cervical traction

____ Core strengthening

____ ROM/stretching as needed

____ Modalities (PRN)

____ Home Exercise Program

Modalities:

____ Ultrasound

____ E-stim

____ Russian stim

____ Modalities PRN

Frequency: _____ times/week X _____ weeks

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