



204 Boots Drive Farmerville, LA 71241
Phone: (318) 620- 0075 Fax: (318) 620-0070
www.nelarehab.com

Helping you learn to live beyond your current bounds.

Patient: _____

Diagnosis: _____

Precautions/Special Instructions: _____

EVALUATE & TREAT:

THERAPY: Physical/Occupational

DURATION: As needed Four Weeks Six Weeks Other _____

FREQUENCY: As needed 1-2 times/week 2-3 times/week 3-4 times/week

MODALITIES PRN

VESTIBULAR REHABILITATION

THERAPEUTIC EXERCISES
___ AROM ___ PROM ___ PRE

SPLINTING/CASTING

GAIT TRAINING

ORTHOTICS

BALANCE/PROPRIOCEPTION

CARDIOPULMONARY REHABILITATION

TRACTION

MANUAL THERAPY

ORTHOPEDIC PROTOCOLS

- Wound Care
- Joint Mobilization
- Soft Tissue Mobilization
- Myofascial Release
- Scar Management

COGNITIVE/MEMORY

NEUROMUSCULAR RE-EDUCATION

THERAPEUTIC ACTIVITIES

TAPING

POSTURAL INSTRUCTION/BODY MECHANICS

OTHER: _____

I hereby certify that the above services have been deemed medically necessary.

Physician's Signature: _____

Date: _____

Please FAX the referral to (318) 620-0070 Thank you!