

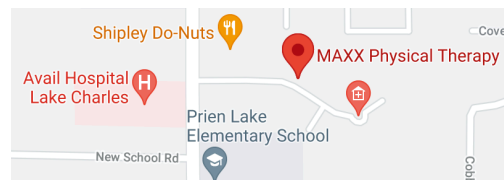
MAXX

PHYSICAL THERAPY

1714 Wolf Cir
Lake Charles, LA 70605

337.508.2505

fax: 337.508.2506



Patient: _____

Date: _____

Diagnosis: _____

Phone: _____

Treatments/week: _____ for _____ week(s)

Precautions: _____

Comments: _____

Physical Therapy to Evaluate & Treat

- Anti Gravity Rehab
- Blood Flow Restriction
- Dry Needling
- Sports Therapy
- Cupping
- Kinesio Taping
- Running Mechanics
- Therapeutic Exercise
- General Strengthening
- Concussion Therapy

- Orthopedic Rehab
- Prehab
- Joint Mobilization
- PROM / AROM / AAROM
- Massage
- Soft Tissue Mobility
- Thermal Modalities
- McKenzie Method
- IASTM
- Other: _____

- Balance & Vestibular Tx
- Gait Training
- Neuro Re-Education
- Fluidotherapy
- Electrical Stimulation
- Ultrasound
- Ergonomic Education
- Annual Wellness
- Weight Loss Program

This document shall serve as a statement of medical necessity for therapy services rendered.

Signature: _____