

# THE BALANCE CENTER OF LAS VEGAS

*Excellence in Vestibular & Neuromuscular Physical Therapy*

321 N. Buffalo Drive, Suite 110, Las Vegas, Nevada 89145

phone 702.341.0606 fax 702.341.1040

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

Diagnosis: \_\_\_\_\_ Frequency:  Daily  1x/wk  2x/wk  
 3x/wk For \_\_\_\_\_ wks

Precautions: \_\_\_\_\_

## Physical Therapy Services

☉ **Evaluate and Treat** (*includes appropriate testing per the therapist's discretion*)

☉ **Dizziness & Balance Evaluation and Treatment** (*includes appropriate testing per the therapist's discretion*)

### Testing

- ☉ Computerized Dynamic Posturography (CDP)
- ☉ Infrared Oculography with Positionals/Halpike
- ☉ Computerized Dynamic Visual Vertical
- ☉ VORTEQ/Dynamic Visual Acuity (DVAT)
- ☉ Vestibular Evoked Myogenic Potential (VEMP)

### Treatment

- ☉ Habituation/Adaptation Activities/VOR
- ☉ Strengthening/Conditioning
- ☉ Gait Training (with safety harness as needed)
- ☉ Modalities/Physical Agents
- ☉ Education/Home Exercise Program
- ☉ Static/Dynamic Balance Training
- ☉ Canalith Repositioning/Epley Manuever

☉ **Orthopedic Evaluation and Treatment** (*includes appropriate testing per the therapist's discretion*)

- ☉ Assessment
- ☉ Strengthening/Conditioning
- ☉ Education/Home Exercise Program

- ☉ Joint/Soft tissue Mobilization
- ☉ Modalities/Physical Agents
- ☉ Stretching/Range of Motion
- ☉ Community Re-intergration

☉ **Complete Neurological Evaluation** (*includes appropriate testing per the therapist's discretion*)

Physician's Name: \_\_\_\_\_ Physician's Signature: \_\_\_\_\_

(Please Print)

Note: In making this referral physician certifies that prescribed rehabilitation is a medical necessity.