



# REHABA™

Better Outcomes Faster.™

[www.rehaba.com](http://www.rehaba.com)

# TESLAMAX™

## The TeslaMax™ Difference

By  
Gregory L. Westfall

### Rehaba's One of a Kind TeslaMax™ Electrical Stimulation Systems are Different!

#### Here's Why TeslaMax Technology Often Gets Superior Results Faster Than Any Other Stim Unit

##### Summary:

The one most important thing that gets results when it comes to electrical stimulation therapy is **muscle contractions**. Usually, the deeper the contractions, the better the results as long as the treatment lasts long enough. Forty-five minutes of targeted exercise gets a better result than five minutes of targeting one muscle. The deepest possible muscle contractions must be tolerated for extended treatment times to realize optimal outcomes. Deep Contractions, time, and repetition targeted correctly equal optimal results. Nikola Tesla beat Edison in the great electrical transmission war by using **AC** vs Edison's **DC** to solve the **Resistance of Distance** issue also experienced within the human body. Patients can tolerate deeper contractions longer when the electrical signal going through their soft tissue is AC instead of DC. Only AC allows for super deep contractions to be tolerated for a sufficient amount of time to get the best long term results. The lower the average **Maximum Amperage Per Second (MAPS)** and the higher the voltage delivered to the muscle cells, the deeper the contractions patients can tolerate, but only when delivered via **True AC Output**. Only the combination of high voltage output via AC at the lowest possible MAPS has been shown to be tolerable enough for a sufficient amount of time to allow for the saturation of better conducting edema and active muscle fibers. Only then can the excess electricity, like too much water in a sponge, overflow into atrophied muscle fibers which works them to fatigue and forces the body to call for new muscle fiber to be built. **NOTE: This process is not possible with a DC based stim unit in excessive edema or atrophic conditions.**

**The proprietary Tesla Based Technology™ (TBT) used exclusively in Rehaba's TeslaMax™ TIER4 Combo Stim units utilizes customized TBT modified Russian Protocols to produce the deepest possible muscle contractions with the least possible patient discomfort via a unique "Sweep Tsunami" (TIER4 Only) high voltage low amperage AC Output waveform strategy designed to minimize muscle cell acclimation via our proprietary output circuit. Our one of a kind TeslaMax™ TM-4 system outputs more than 1,500% higher voltage than the 30 volts required to get most muscles to contract at a maximum average amperage that is nearly 2,300% lower than the maximum amperage output by other traditional DC output electrical stim systems. The advantages of this "world leading ratio of high voltage to low amperage" are described below. When it comes to getting the deepest possible contractions without causing discomfort, this is as good as it gets in the electrical stimulation industry!**

**Such High Voltage Output (HVO) at Extremely Low Amperage (ELA) via true AC is required for patients to tolerate deeper contractions more frequently for longer treatment times while significantly improving patient comfort.**

**This Tesla Based Technology™ (TBT) is also required to saturate active muscle fibers (better conductors) with HVO so the excess electricity can then overflow into the poorer conducting atrophied muscles (poor conductors) recruiting new muscle fiber growth.**

**Only Tesla Based Technology™ can make this happen.**

## **Introduction**

Recently a busy PT Department Manager took a very hurried look at Rehaba's unique, one of a kind TeslaMax™ electrical stimulation unit and told our Rep that she did not have time to look into it further as it was "Comparable" to a couple of other units that her facility already had. In particular she named off one DC output NMES that put out up to 300 Volts at 100 milliamps. She had no clue that patients can only tolerate 30 volts of DC output at 10milliamps (mAs) since more than that via DC can be very painful and can injure.

Below are the key points that I shared with our Rep to help him explain to his well-meaning PT client the key things that differentiate our proprietary "**High Voltage Low Amp AC Output Neuro-Muscular Electrical Stimulator.**"

## **The Difference**

Even though the key engineering electrical output concept behind our revolutionary TeslaMax™ electrical stimulation technology is based on electrical patents filed by Nikola Tesla decades ago and has been tested in the healthcare industry since 1987, Rehaba's TeslaMax™ technology is still the best kept secret in the electrical stim business because for nearly twenty years those in charge of marketing this unique electrical delivery Tesla Based Technology (TBT) output, chose to sell directly to the public under prescription from licensed healthcare providers instead of selling/renting the units directly to those healthcare providers or to the patients through those providers. Only now are we setting up healthcare providers as their market's source of this powerful health science. **This is why, up until now, providers have been largely ignorant of the advantages of TBT.**

As of April 2014, with thousands of units in operation all over the world using this technology and knowledge gained from monitoring more than 1,000,000 treatments used to perfect proprietary treatment protocols that work best with our technology, we have directed our marketing focus to setting up Centers of Excellence in key markets around the US partnering with key medical practices as our distribution and treatment centers. This new marketing strategy will help us make clinicians more aware of the unique capabilities and vastly superior outcomes only possible with our proprietary technology and protocols.

**In the last 50 years there have been 1,200 different Electrical Stim systems manufactured with nearly 100% outputting only up to a max of 125 volts at a max of 90 milliamps (way too high for comfort) yet the proprietary science behind our TeslaMax™ unit allows our NMES unit to deliver much higher max voltage OUTPUT at extremely low Amperage OUTPUT (a fraction of the other systems total maximum average amperage output over the entire Pulse train on/off cycle) via our one of a kind AC Output Circuit.**

It is important to first understand that research has consistently shown that the only key commonality to all of the muscle stim systems made that get any kind of results at all for pressure ulcers, incontinence, postural restoration, circulatory neuropathy, wound healing, pain mitigation and a host of other maladies, is that the systems that were

capable of generating positive results had their intensity turned up to the point where **visible muscle contractions** were evident. These muscle contractions are the only thing that has ever been shown to get results beyond the positive outcomes one would expect from a placebo. There may be significant benefits from lower settings that do not generate visible muscle contractions but we have not yet seen the studies that are needed to substantiate claims for such lower power protocols.

Since muscle contractions are the key to the efficacy of NMES devices, it is important to know how one might obtain the **deepest muscle contractions tolerated for the longest period of time** to generate the best results for patients without injuring them or causing them extreme discomfort.

Muscle contractions come from voltage, thus, the higher the voltage the deeper the contractions. All muscle stimulators have a ratio of voltage output to amperage output. DC output systems generally output 0 to 125 volts at 0 to 90 milliamps. Only Russian Stim has made a small adjustment in this ratio to get significantly better results and deeper contractions that could be tolerated by patients than what was available via the traditional stock DC output NMES units.

It takes 30 volts to generate a visible muscle contraction as a general rule. This requires at least 10 mAs in most all DC output NMESs. Unfortunately 10 mAs is the cap limit of patient tolerance for any reasonable period of time since it is the amperage that causes discomfort and can actually cause burns in patients.

This fact makes the results of DC output NMESs very limited because patients cannot tolerate enough voltage to get deep contractions for a long enough period of time to get more than negligible results. **It takes very high voltage levels to be able to saturate active muscle fibers with so much electricity that the excess is forced to overflow into the adjacent inactive fibers to begin working them to the point where the body recruits new muscle fibers and the girth of those atrophied muscles can actually be increased. This is not possible with DC output systems** because to get the voltage high enough the amperage would have to be so high it would burn the patient while also causing extreme discomfort and pain to the patient, further limiting the patient compliance and tolerance needed to get them exposed to the deep contractions for a long enough period of time to get any kind of results.

**Only TBT has ever been shown to be capable of increasing the girth of the thighs of stroke patients by more than 10 inches over an 8 week course of therapy. This is just not possible without very high voltage output with very low amperage output via an AC circuit.**

The best conductor of electricity in the human body is the fluid that builds up around injury sites called edema. Any electricity conducted from one electrode to another will seek out the path of least resistance and fluid is that path. In the presence of edema, most ordinary NMES DC output systems cannot saturate the fluid to the point where the electricity will overflow into the local muscles to begin contracting them. PTs who have tried to treat patients with severe lymphedema in their legs with standard DC output NMES units have seen that all of the electricity flows right through the fluid in the engorged limb with no visible muscle contractions possible. Even though the American Physical Therapy Association endorses the use of NMES units for lymphedema patients, most Lymphedema treatment centers have stopped using standard NMES units because of this problem on these patients. It is not their fault that they are unaware of the vastly superior outcomes possible only with much higher voltage levels output at much lower amperage levels. Up till now, marketers of this technology have failed to let the world know of its ability to saturate the high fluid levels in lymphedema patients with high enough voltage to allow the overflow (like too much water in a sponge) to leap over into muscles to get muscle contractions even in such high lymph conditions to move out the fluid, in turn allowing deeper contractions over time with the full resistance exercise only possible with such high voltage low amperage TBT™.

Because most PTs have no idea there is a way to get deep muscle contractions on these lymphedema patients only possible with TBT, they are often unable to comprehend that there really is a better solution available once it is presented to them. They often cannot believe that there is any difference between NMES units featuring TBT™ and the other units that have failed high fluid patients in the past or obtained limited results at best. In a way, because of the pressures of their busy lives, some clinicians can become unteachable or unwilling to learn anything new about more effective technology. Some clinicians find it impossible to believe that most of their peers are also largely in the dark about this advanced technology even though their own position papers written by PTs have made it clear that PTs put their patients at risk if they are not aware of the latest technological advances in treatments for the maladies PTs should be experts at treating. Indeed, it is our position that there have been too many amputations to count which could have been saved via our technology. The ignorance of our advanced outcomes has also caused many patients to need total shoulder replacements and other surgeries that also could have been avoided had the clinicians been aware of our advanced technology and the superior results achieved by its accessible use by patients. Clinician's lack of awareness of the advantage of our technology has allowed so many failed treatments to go on for years and years leading to so many unnecessary shoulder, hip and knee surgeries, replacements and foot amputations. Why not try it out to see the results for yourself?

I recommend that our Reps emphasize the importance of the Creighton University study published in the peer reviewed physical medicine journal "Clinical Physiology". The awesome implications of this study indicate that such high voltage low amperage technology can provide patients with all of the benefits of full resistance exercise, **EVEN IF THEY CAN'T EXERCISE** and the technology featured in our unit can provide these benefits to patients without joint destroying weighted loads grinding bone on bone.

I also suggest that our Reps point out the Wikipedia article on Electrical Stimulation devices which mentions the fact that DC output electricity can cause burns and blisters and discomfort. We know this happens almost every time if applied at more than 10 mAmps. The Wikipedia article also mentions that AC current has been shown to be best for causing deep muscle contractions.

Remember, electrical current applied via AC can come out of a machine that has DC output by simply rapidly switching the polarity or direction of the wave from above baseline to below baseline representing the direction of the flow of electrons. So DC output systems can send out electrical waves that are actually alternating forwards and backwards. This type of AC current is NOT TBT because it still has the very significant problem of too high of a ratio of amperage to voltage. Only the science behind Tesla Based Technology™ allows output of such very high voltage (the key to deep muscle contractions and the saturation effect) at such a low amperage (the key to the increased patient tolerance and compliance which allows longer treatments to be applied more frequently thus increasing the benefits exponentially). While clinicians may see some results using lesser technology (in many cases "Something" is better than "Nothing") best outcomes are typically seen only by the use of our proprietary Tesla Based Technology (TBT) High Voltage Output (HVO) Extremely Low Amperage (ELA) AC output.

Years ago, when the Eastern Germans did so well in the Olympics, it was discovered that they were being treated with a specific kind of NMES invented by the East German scientists that the Russians took credit for so that it became known as "**Russian Stim.**" Instead of outputting around 30 volts at 10 mAs as the other DC output systems all did up to that point (via their modified DC current "Flipped" to AC as described above while still limited by their "Too High for comfort Amperage") the Russian Stim improved just a little by increasing their voltage to around 47.5 volts while still keeping their amperage at around 10 mAmps. That little improvement provided significantly deeper muscle contractions than any other DC output machine had been able to deliver up to that point and those contractions provided noticeably improved outcomes even though the ratio of high voltage to low amps was only increased by **58.5%** (the average 30 volts at 10mAs went up to **47.5 volts at 10 mAs letting patients tolerate 58.5% more voltage at the same 10 mA setting**). Compare this improved ratio provided by Russian Stim with our TeslaMax™ ratio and you will realize why our results are so much better than any ever possible with any other system. **We output 440 volts** (That is a **nearly 1,500% higher voltage output** than the 30 volts patients can tolerate with other standard stimulators and just under **1,000% increased voltage as compared to the voltage output delivered by Russian Stim**) at a tiny **4.4 mA output**. That's nearly 2,300% lower Max amps v DC output systems!

**TeslaMax™ technology outputs 1,500% higher voltage than the 30 volts required to get most muscles to contract at a maximum amperage that is nearly 2,300% lower than the maximum amperage output by other traditional DC output electrical stim systems. For deepest possible contractions without discomfort, this is as good as it gets in the electrical stimulation industry!**

**Such High Voltage Output (HVO) at Extremely Low Amperage (ELA) via true AC is required for patients to tolerate deeper contractions more frequently for longer treatment times while significantly improving patient comfort.**

**This Tesla Based Technology™ (TBT) is also required to saturate active muscle fibers (better conductors) with HVO so the excess electricity can then overflow into the poorer conducting atrophied muscles recruiting new muscle fiber growth.**

**Only Tesla Based Technology™ can make this happen.**

Patients can tolerate our **1,500% higher voltage output** beyond the normal 30 volt tolerance cap that limits standard DC output Muscle Stim units because we deliver that high voltage via our proprietary TBT™ AC output circuit at an average amperage level that is at least 66% less than the normal patient tolerance amperage cap of 10 mAs output by other DC systems. Our max amperage average is nearly **2,300% lower than the maximum 90 milliamp output of the standard DC output systems**. When the standard units are pushed beyond the 30 volt output level to get deeper contractions, their amperage levels also go up past the 10 mA "tolerance/safety" cap and patients not only experience extreme discomfort and even pain, they can also be burned causing serious injury which can lead to wounds that don't heal and eventual amputation if there is a perfusion problem. This is especially dangerous for neuropathy patients with compromised nerve signaling and sensitivity given that they often can't feel when their foot is getting cooked! **Such injuries are not possible with our TeslaMax™ unit featuring Tesla Based Technology™.**

One of the nation's most savvy PT groups is advised by a tech-aware consultant named Donna M. She has helped her clients hire many PTs over the years and she has a great deal of experience in dealing with this same kind of technology ignorance throughout her career. She repeatedly has had her client PT teams go in to long term care facilities and save patients from amputations using the advanced capabilities made possible via the science behind our technology when the best the old technology could do was not capable of saving their limbs. The old PTs just could not believe that it was possible for equipment featuring TBT™ to save the limbs they had failed to save with their old limited DC output systems. Donna recommends that her client PT Groups hire PTs who have not reached the point where they cannot learn anything new and she teaches them how to do things for patients that are not possible with any other technology. She knows that only TBT™ technology can help many of her patients heal wounds they have had for years and save limbs from amputation.

Over the years Donna has won many of her best Skilled Nursing Facility (SNF) accounts by healing wounds and pressure ulcers the in-house PT could not heal despite the fact that they had tried all of their other electrical stim equipment on those patients. Donna recommends that PT groups only employ PTs who are humble enough to be capable of learning new techniques that get better results, and she has had to fire many PTs over the years that were not able to embrace the new superior treatment protocols anchored in the use of TBT. Some PTs are just not able to mentally process the idea that a machine can give patients such deep muscle contractions without causing discomfort, getting results that are better than the results the PT alone can produce. Some call this "Professional Pride", but I just call this ignorance and arrogance. It's a dangerous combination that can expose patients to unnecessary risks. Smart PTs learn to embrace the superior outcomes only available via combining TBT™ with their other core services. They properly look at TBT™ as just another key tool in their armamentarium used to get their patients better. Now those are the kind of genius and confident PTs we love and of which we are in desperate need. They aren't threatened by our results; they are thrilled by them and use them to prepare patients to receive more traditional PT services. Instead of emphasizing the traditional PT range of motion centric "No Pain No Gain" philosophy they have trusted for many years, PTs are amazed when they see the pain free results their patients get from our "Velvet Hammer" comfortable yet more powerful "No Pain No Pain" philosophy. Donna has shared with me many instances at SNF units where the Administration at the facilities terminated their old PTs once they saw the superior results they could have been getting for their patients had they bothered to keep themselves informed about the optimal outcomes only available through this technology. I feel the fault often lies with our failure to get the word out...until now.

Donna told me of one meeting she was called into where the Administrator rebuked the PT for failing to save the patients limb after Donna's team were able to intervene and save the patients limb before the scheduled amputation could be performed. In that meeting, the PT claimed, "Well, I could have done that!" upon hearing that the patient's amputation had been averted. The Administrator's quick response was, "Well, you have had six years to do it and we have had a number of amputations in that time period that we now find out could have been avoided so don't tell me now that you could have done it when you didn't do it and should have been able to do it." That PT lost her job out of ignorance and for letting her pride keep her from admitting she didn't know all there is to know or even all she should have known to better serve her patients.

That PT actually exposed herself and her institution to some serious liability by failing to even know about our solution that has repeatedly been shown to be able to save limbs from amputation when other treatments fail. If a PT takes on the professional responsibility of providing care for patients, they have a responsibility to know of such solutions that have been shown capable of preventing amputation far better than the other cheap seat NMES units that so many PTs erroneously think are "Comparable."

I believe that professional ignorance in such cases can actually cross the line into negligence because it puts all of the patients who rely on the facility and its staff to provide them with the best treatments possible at grave risk to suffer from wounds that can't be healed with the lesser "perceived as comparable" units they have come to rely on. If my family member had been treated by such a misinformed PT and her team and then had to be subjected to an amputation because the PT couldn't save the limb despite the best efforts of her DC output E-Stim units, I would sue that facility and that PT for allowing the PTs unteachable-ness and her pride to keep her from learning about the awesome superior outcomes only possible with our 1,500% higher tolerate-able voltage delivered via a max average amperage that is nearly 2,300% lower than the max amperage of the systems these PTs often erroneously call "Comparable" to our TBT™ tech.

This is the kind of competition that I would pray to have if I ran another competing healthcare organization in that same community. This "Too Smart To Learn Anything New" attitude will continually fail to get decent results with patients in that market and the sad thing is that those patients and their families and their Doctors will think that these patients have received the best possible care when in fact such ignorance of our superior outcomes is tantamount to malpractice in my book.

Years ago before I was in business with Bob Corker, the current Senator from Tennessee who took Bill Frist's place, I had the opportunity to meet with Senator Tom Harkin in person face to face. His staff had only given me a half hour with him, but he took an entire half a day with me and then invited me to have dinner with him and his staff that evening.

Tom Harkin spent a great deal of time describing his ongoing battles with the deeply entrenched arrogance and ignorance in the healthcare industry that is still so full of the same kind of "Turf Protectors" we encounter every day. Senator Harkin explained in detail how these Turf Protectors actually suppressed better patient care in nursing homes to the point that patients would actually get pressure ulcers thus allowing the nursing home to then make even more profit by changing out expensive wound care dressings on a daily basis on these patients who got the wounds because of the neglect of the care givers to provide them with proper preventative measures etc. Tom Harkin was beside himself with frustration at how the system rewarded the nursing homes for their neglect of these patients which led to the bed sores which led to more profits for the nursing homes to the tune of around \$10 billion a year that CMS paid out to such homes for such wound care daily dressing changes.

It took Tom nearly ten years to get the law changed which stopped all reimbursement to Long Term Care Facilities for dressing changes for wounds contracted in the facility. Such wounds are now properly seen as the neglect they truly are and they are a rich source of new malpractice lawsuits against such facilities.

Any clinician is grotesquely wrong when they claim that, "Your unit is comparable to units that we currently have available for our patients both within the institution and for home use." as one PT claimed to one of our Reps recently via email. I asked him, "What does she base that stupid statement on?" **Is she saying that our ability to output 1,500% more voltage into her patients muscles than the 30 Volts** her "Comparable" system can output safely at those "Comparable" systems 10 mA "tolerance capped" amperage output is the same thing? She doesn't even know what she doesn't know about this industry and her ignorance is putting her patients in harm's way. **Is she saying that our maximum amperage output of 4.4 mAs, which is nearly 2,300% lower than the maximum 90 mAs amperage output of her "Comparable" cheap seat DC output system is actually anywhere close to "Comparable"?** She has no clue how wrong she is and she doesn't really care that she doesn't know.

**By her way of thinking, an old Volkswagen Beetle is "Comparable" to a huge Mack Truck when the job in question is moving freight or in this case moving out edema.** How do we move edema out and thereby increase local circulation? We can only accomplish this through massive muscle contractions and the deeper those contractions are the better. Also the longer those deeper contractions can be tolerated the better. Every PT in the country worth a plug nickel knows that full resistance exercise is the one most effective tool to resolve lymphedema. Their entire PT profession with the exception of a few brilliant free thinkers who have investigated our claims and seen our results erroneously thinks that all E-Stim units are pretty much the same in their capabilities. Because of this they also erroneously believe that Electrical Stimulation cannot help their most severe lymphedema patients since all they have ever seen is the cheap seat DC output all flow 100% directly through the fluid with none at all getting to the muscles. They don't have a clue that we have the only technology that can put out enough voltage to reach past all of that fluid to slowly begin to get tiny contractions in the toes and the thighs which increase over time and through multiple treatments each day to the point that they eventually get more traction with deeper and deeper contractions so the muscle activity can really get those juices flowing and eliminated out through the kidneys.

It is our failure to educate her peers and their luminaries through proper documentation of our successes that is mostly to blame here. The world doesn't know we can improve outcomes with most PT patients because we have not yet been able to get PTs to see how it can actually help them by getting their patients to assist them by treating themselves at home with our safe technology. It is akin to getting barbers to embrace pushing the use of a home barber kit. Shockingly, most PTs don't think it is in their economic interest to get their patients better faster for less money.

I have personally witnessed horrific suppression of medical technology that has threatened the turf and economic interests of surgeons, PTs, Radiologists, other specialties and drug companies to name a few. The sad part is that I can show these PTs how this technology could make them heroes and make them more money by fixing chronic problems in two months instead of managing the problem without fixing it for years. **The future of healthcare belongs to those who get better outcomes faster.**

If it was the PT's foot being amputated she might actually be humbled enough to open up her mind to the point where we could enlighten her. Sadly, far too many PTs and other medical professionals do not choose the humble path of the best practitioners I have had the honor of working with over the years. Too often they avoid humility like the plague since any humility in the medical industry is seen as a lack of confidence akin to an umpire calling the runner out with a question in his voice. You don't say "OUT?" in medicine you say "OUT!" Unfortunately the medical profession gets the calls wrong far too often. Refer to Gary Null, Ph.D's impressive research paper "Death By Medicine" which documented 790,000 deaths annually in the US alone from medical mistakes and errors and drug interactions etc.

The aforementioned Creighton University study that was published in the peer reviewed physical medicine journal "Clinical Physiology" is of immense importance in that it documents that treatments provided to patients using TBT can give patients all of the localized benefits of full resistance exercise, **EVEN FOR THOSE PATIENTS WHO**

**CANNOT TOLERATE EXERCISE ON THEIR OWN.** While the standard so called “Comparable” units can get limited contractions in patients tolerate-able only at the bare minimum voltage level required to begin getting contractions (30 volts) it is not possible for such lesser systems to be able to generate sufficiently deep enough contractions to be able to fatigue the muscles to the point where the body will recruit new muscle fiber and actually reverse atrophy. The PT that thought our unit was just like all of the others without bothering to try it out herself could never increase the girth of the thighs of a stroke patient by 10 inches over the course of an 8 week therapy regimen with her toy units the way we can. How is that “Comparable”?

That skeptical PT has no clue why it takes such high voltage to saturate the active muscle fibers in order to overflow into the inactive atrophied fibers to finally fire them and work them to the point where the body can rebuild them. As described above, the same high voltage is required to saturate high fluid levels in the extremities of lymphedema patients in order to be able to overflow into the muscles and be able to get muscle contractions despite the high fluid present in the limb. **PTs are famous for assuming that Lymphedema patients will not benefit from Electrical Stimulation since, in general, all they usually know about is the traditional DC output systems.** They are strangely correct about this limitation of the traditional systems they are familiar with, but they are terribly incorrect in assuming that our system suffers from the same limitation. We invite all to experience the difference and see the superior results first hand.

The above explanation should provide you with some insight as to why our unique NMES system has been able to consistently save many patients from amputation when all other systems failed. This is best documented by a study using only Tesla based technology conducted in Mexico City where all 87 patients treated had been scheduled for amputation and after the treatment regimen exposed their diseased feet to super high voltage at super low amperage AC output targeted to just the right muscles twice a day for two to three months, 100% of those patients were saved from amputation. Only Tesla’s invention could do the trick.

To our dedicated Clinicians and Sales Reps I say, “Keep up the good work serving others and trying to educate those who think they know all there is to know about electrical stim equipment.” Once they see the improved outcomes only possible with Tesla Based Technology™ they will become our staunchest advocates and they will make our therapy a key tool they rely on to get their patients fixed faster with longer lasting results.

It is important that clinicians know that our technology is not a threat to them but in fact can help them take much better care of their patients. **“Better Outcomes Faster” is our motto.**

We like to say that our technology should be seen as “Complementing not Competing” with the clinicians smart enough to put it to work for their patients.

Sincerely,

**Gregory L. Westfall**  
**President**  
38954 Proctor Blvd., #158  
Sandy, OR 97055  
Tel: 702-871-3200  
Cell: 702-416-8174  
Fax: 702-446-6506  
Email: [greg@rehaba.com](mailto:greg@rehaba.com)  
Web: [www.rehaba.com](http://www.rehaba.com)

Tesla Based Technology™, TBT™, TIER4, TM-4 and TeslaMax™ are Trademarks of Rehaba, Inc. Rehaba currently offers for sale its TIER4 Combo Stim unit that is now cleared for marketing by the FDA via 510k certification. The TeslaMax product line of stim units includes the flagship TM-4 product that is currently a “Work in Progress” not yet cleared by the FDA via 510k. The TM-4 is not yet available for sale in the US and is only available for use as part of Rehaba’s Field Beta Test Program. TBT refers to technology based on Nikola Tesla’s patented “Edison Beating” Tech.