ACOR axis afo

Regulatory Compliance Guide

Custom AFOs

Regulatory Compliance Guide
Custom AFOs

Physician Documentation:

Document of Medical Necessity

- ☐ Summarizes the functional necessity of the AFO intervention
- ☐ Details reason for custom-made device vs off the shelf. This may include:
  - Fitting requirements
  - Risk factors
  - Anatomical abnormalities
- ☐ Justifies the use of DME Billing code(s) selected

Standard Written Order

- ☐ Description of the items
- ☐ Patient Name
- ☐ Physician's printed name
- ☐ Diagnosis
- ☐ Physician's signature
- ☐ Date
- ☐ Indication if right and / or left limb affected

To be given to Patient:

Proof of Delivery

- ☐ Patient Printed Name
- ☐ Date of delivery
- ☐ Item Description
- ☐ Item Code(s)
- ☐ Patient Signature
- ☐ Patient Address

DMEPOS Supplier Standards

To be completed by Supplier / Physician:

Dispensing Chart Notes

- ☐ Type of orthosis
- ☐ Describes method or process of fitting
- ☐ Documents patient satisfaction and delivery of Supplier Standards

Summary of Medical Necessity to accompany EHR note

Patient Name: _____ HICN: _____

Prognosis: ☐ Good Duration of usage: ☐ 12 Months to long term

I certify that Mr. / Ms. _____ qualifies for and will benefit from and ankle foot orthosis used during ambulation based on meeting all of the following criteria. The patient is:

- ☐ Ambulatory, and
- ☐ Has weakness or deformity of the foot and ankle, and
- ☐ Requires stabilization for medical reasons, and
- ☐ Has the potential to benefit functionally

The patient's medical record contains sufficient documentation of the patients medical condition to substantiate the necessity for the type and quantity of the items ordered.

The goal of this therapy: (indicate all that apply)

- ☐ Improve mobility
- ☐ Improve lower extremity stability
- ☐ Decrease pain
- ☐ Facilitate soft tissue healing
- ☐ Facilitate immobilization, healing and treatment of an injury

Necessity of Ankle Foot Orthotic molded to patient model:

A custom (vs. prefabricated) ankle foot orthosis has been prescribed based on the following criteria which are specific to the condition of this patient. (indicate all that apply)

- ☐ The patient could not be fit with a prefabricated AFO
- ☐ The condition necessitating the orthosis is expected to be permanent or of longstanding duration (more than 6 months)
- ☐ There is need to control the ankle or foot in more than one plane
- ☐ The patient has a documented neurological, circulatory, or orthopedic condition that requires custom fabrication over a model to prevent tissue injury
- ☐ The patient has a healing fracture that lacks normal anatomical integrity or anthropometric proportions

I hereby certify that the ankle foot orthotic described above is a rigid or semi-rigid device which is used for the purpose of supporting a weak or deformed body member or restricting or eliminating motion in a diseased or injured part of the body. It is designed to provide support and counterforce on the limb or body part that is being braced. In my opinion, the custom molded ankle foot orthosis is both reasonable and necessary in reference to accepted standards of medical practice in the treatment of the patient condition and rehabilitation.

Signature of Prescribing Physician: _____ Type I NPI: _____ Date: ____/____/____

Printed Name of Prescribing Physician _____ Phone: _____

Regulatory Compliance Guide
Custom AFO's

Standard Written Order: Custom-Molded Gauntlet

Physician Name: _____ Patient Name: _____

Prognosis: ☐ Good Duration of usage: ____ Months Product Brand and Model: _____

Product Information
(Check brand and model, circle base code and addition(s)):

☐ **Axis AFO Gauntlet (Premium, Standard, Active, ABB, Chopart Toe Filler)**

R L **L1940** Plastic orthosis, custom molded from a model of the patient, custom fabricated, includes casting and cast preparation

R L **L2330** Addition to lower extremity, lacer molded to patient model

R L **L2820** Addition to lower extremity orthosis, soft interface for mold plastic below knee section

☐ **Axis AFO Short Trimline Gauntlet**

R L **L1907** Ankle orthosis, supramalleolar, with straps, with or without pads, custom fabricated

R L **L2330** Addition to lower extremity, lacer molded to patient model

☐ **Axis AFO Articulated Gauntlet**

R L **L1970** Ankle foot orthosis, plastic with ankle joint, custom fabricated

R L **L2330** Addition to lower extremity, lacer molded to patient model

R L **L2820** Addition to lower extremity orthosis, soft interface for mold plastic below knee section

If Dorsiflex assist, ADD:

R L **L2210** Addition to lower extremity, dorsiflexion assist

☐ **Axis AFO Gauntlet, Extended Height**

R L **L1960** Plastic orthosis, custom molded from a model of the patient, custom fabricated, includes casting and cast preparation

R L **L2330** Addition to lower extremity, lacer molded to patient model

R L **L2820** Addition to lower extremity orthosis, soft interface for mold plastic below knee section

☐ **The Richie Brace®**

R L **L1970** Ankle foot orthosis, plastic with ankle joint, custom fabricated

R L **L2820** Addition to lower extremity orthosis, soft interface for mold plastic below knee section

If Dynamic-assist, ADD:

R L **L2210** Addition to lower extremity, dorsiflexion assist

Therapeutic Objectives

☐ Improve mobility ☐ Improve lower extremity stability
☐ Decrease pain that exists in the patients joints
☐ Facilitate immobilization, healing and treatment of an injury
☐ Facilitate soft tissue healing

DX: *(indicate all that apply)*

PTTD

Spontaneous rupture of other tendons, ankle and foot
☐ Right - M66.871 ☐ Left - M66.872

Disorder of Ligament, ankle
☐ Right - M24.271 ☐ Left - M24.272

Spontaneous rupture of other tendons, ankle and foot
☐ Right - M66.871 ☐ Left - M66.872

Disorder of Ligament, ankle
☐ Right - M24.271 ☐ Left - M24.272

Disorder or ligament, foot
☐ Right - M24.274 ☐ Left - M24.275

Other acquired deformities of foot
☐ Right - M21.6X1 ☐ Left - M21.6X2

DJD of Ankle and Rearfoot

Primary osteoarthritis, ankle and foot
☐ Right - M19.071 ☐ Left - M19.072

Pain in ankle and joints of foot
☐ Right - M25.571 ☐ Left - M25.572

Pain in lower leg
☐ Right - M79.661 ☐ Left - M79.662

Pain in foot
☐ Right - M79.671 ☐ Left - M79.672

Foot Drop

Foot drop, acquired
☐ Right - M21.371 ☐ Left - M21.372

Hemiplegia affecting dominant side
☐ Right - I69.951 ☐ Left - I69.952

Hemiplegia affecting non-dominant side
☐ Right - I69.953 ☐ Left - I69.954

Lateral Ankle Instability

Other specific joint derangements of ankle, not elsewhere classified
☐ Right - M24.871 ☐ Left - M24.872

Other specific joint derangements of foot, not elsewhere classified
☐ Right - M24.874 ☐ Left - M24.875

Sprain of ankle cacaneofibular ligament
☐ Right - S93.411 ☐ Left - S93.412

Foot Risk/Imbalance

☐ Muscle weakness, generalized - M62.81
☐ Ataxic gait - R26.0
☐ Difficulty in walking - R26.2
☐ Unsteadiness on feet - R26.81
☐ Other abnormalities of gait and mobility - R26.89
☐ Condition is bilateral

Other DX: _____
_____

Signature of Prescribing Physician: _____ Type I NPI: _____ Date: ____/____/____

Printed Name of Prescribing Physician _____ Phone: _____

Regulatory Compliance Guide
Custom AFO's

Dispensing Chart Notes: Custom-Molded Gauntlet

Supplier Name: _____ HICN: _____

Product Information
(Check brand and model, circle base code and addition(s)):

☐ **Axis AFO Gauntlet (Premium, Standard, Active, ABB, ChoparToe Filler)**

- **R L L1940** Plastic orthosis, custom molded from a model of the patient, custom fabricated, includes casting and cast preparation
- **R L L2330** Addition to lower extremity, lacer molded to patient model
- **R L L2820** Addition to lower extremity orthosis, soft interface for mold plastic below knee section

☐ **Axis AFO Short Trimline Gauntlet**

- **R L L1907** Ankle orthosis, supramalleolar, with straps, with or without pads, custom fabricated
- **R L L2330** Addition to lower extremity, lacer molded to patient model

☐ **Axis AFO Articulated Gauntlet**

- **R L L1970** Ankle foot orthosis, plastic with ankle joint, custom fabricated
- **R L L2330** Addition to lower extremity, lacer molded to patient model
- **R L L2820** Addition to lower extremity orthosis, soft interface for mold plastic below knee section

If Dorsiflex assist, ADD:

- **R L L2210** Addition to lower extremity, dorsiflexion assist

☐ **Axis AFO Gauntlet, Extended Height**

- **R L L1960** Plastic orthosis, custom molded from a model of the patient, custom fabricated, includes casting and cast preparation
- **R L L2330** Addition to lower extremity, lacer molded to patient model
- **R L L2820** Addition to lower extremity orthosis, soft interface for mold plastic below knee section

☐ **The Richie Brace®**

- **R L L1970** Ankle foot orthosis, plastic with ankle joint, custom fabricated
- **R L L2820** Addition to lower extremity orthosis, soft interface for mold plastic below knee section

If Dynamic-assist, ADD:

- **R L L2210** Addition to lower extremity, dorsiflexion assist

S) A custom molded gauntlet was dispensed and fit to the patients feet/ankles at this visit. Patient is ambulatory. Due to the patient's weakness, instability and gait disturbance, this device is medically necessary as part of an multifactorial treatment plan to enhance mobility, reduce fall risk and stabilize the compromised bilateral extremities.

It is anticipated that the patient will benefit functionally and mechanically with the use of this device. The custom device is utilized in an attempt to avoid the need for surgery and because a prefabricated device is inappropriate and or non-existent.

O) Upon gait analysis, the device appeared to be fitting well and the patient states that the device is comfortable.

Upon gait evaluation with the application of the Assist Balance AFO, there is:

1. Appreciable enhanced balance and stability with walking
2. Reduced ataxia
3. Improved stride length and improved gait speed.
4. No pain or rubbing/irritation noted by the patient.

A) Good fit. The patient was able to apply properly and ambulate without distress. The function of this device is to restrict and limit motion and provide stabilization in the ankle joint. The AFO as designed and fabricated is accomplishing the goals set forth with the patient.

P) The goals and function of this device were explained in detail to the patient. The patient was shown how to properly apply, wear, and care for the device. The patient's footwear was evaluated and determined to be appropriate for the AFO. The patient was educated how the device should fit and function best in a shoe with a firm heel counter and a wide base of support. The patient was warned against wearing the AFO in a substandard shoe like was warned against wearing the AFO in a substandard shoe like a house shoe.

When the device was dispensed, it was suitable for the patient's When the device was dispensed, it was suitable for the patient's condition and not substandard. No guarantees were given. Precautions were reviewed. Written instructions, warranty information and a copy of DMEPOS Supplier Standards were provided. All questions were answered. Patient is to continue Physical Therapy and home exercises as previously prescribed.

Additional Notes: _____

_____

_____

_____

_____

Patient Signature: _____ Printed Patient Name: _____

Dispensing Date: ____/____/____

Medicare Supplier Standards

1. A supplier must be in compliance with all applicable Federal and State licensure and regulatory requirements and cannot contract with an individual or entity to provide licensed services.
2. A supplier must provide complete and accurate information on the DMEPOS supplier application. Any changes to this information must be reported to the National Supplier Clearinghouse within 30 days.
3. An authorized individual (one whose signature is binding) must sign the application for billing privileges.
4. A supplier must fi ll orders from its own inventory, or must contract with other companies for the purchase of items necessary to fill the order. A supplier may not contract with any entity that is currently excluded from the Medicare program, any State health care programs, or from any other Federal procurement or non-procurement programs.
5. A supplier must advise beneficiaries that they may rent or purchase inexpensive or routinely purchased durable medical equipment, and of the purchase option for capped rental equipment.
6. A supplier must notify beneficiaries of warranty coverage and honor all warranties under applicable State law, and repair or replace free of charge Medicare covered items that are under warranty.
7. A supplier must maintain a physical facility on an appropriate site. This standard requires that the location is accessible to the public and staffed during posted hours of business. The location must be at least 200 square feet and contain space for storing records.
8. A supplier must permit CMS, or its agents to conduct on-site inspections to ascertain the supplier's compliance with these standards. The supplier location must be accessible to beneficiaries during reasonable business hours, and must maintain a visible sign and posted hours of operation.
9. A supplier must maintain a primary business telephone listed under the name of the business in a local directory or a toll free number available through directory assistance. The exclusive use of a beeper, answering machine, answering service or cell phone during posted business hours is prohibited.
10. A supplier must have comprehensive liability insurance in the amount of at least $300,000 that covers both the supplier's place of business and all customers and employees of the supplier. If the supplier manufactures its own items, this insurance must also cover product liability and completed operations.
11. A supplier must agree not to initiate telephone contact with beneficiaries, with a few exceptions allowed. This standard prohibts suppliers from contact-ing a Medicare benefi ciary based on a physician's oral order unless an exception applies.
12. A supplier is responsible for delivery and must instruct beneficiaries on use of Medicare covered items, and maintain proof of delivery.
13. A supplier must answer questions and respond to complaints of beneficiaries, and maintain documentation of such contacts.
14. A supplier must maintain and replace at no charge or repair directly, or through a service contract with another company, Medicare covered items it has rented to beneficiaries.
15. A supplier must accept returns of substandard (less than full quality for the particular item) or unsuitable items (inappropriate for the beneficiary at the time it was fitted and rented or sold) from beneficiaries.
16. A supplier must disclose these supplier standards to each benefi ciary to whom it supplies a Medicare covered item.
17. A supplier must disclose to the government any person having ownership, financial, or control interest in the supplier.
18. A supplier must not convey or reassign a supplier number i.e., the supplier may not sell or allow another entity to use its Medicare billing number.
19. A supplier must have a complaint resolution protocol established to address beneficiary complaints that relate to these standards. A record of these complaints must be maintained at the physical facility.
20. Complaint records must include: the name, address, telephone number and health insurance claim number of the beneficiary, a summary of the complaint, and any actions taken to resolve it.
21. A supplier must agree to furnish CMS any information required by the Medicare statute and implementing regulations.
22. All suppliers must be accredited by a CMS approved accreditation organization in order to receive and retain a supplier billing number. The accreditation must indicate the specific products and services, for which the supplier is accredited in order for the supplier to receive payment of those specific products and services (except for certain exempt pharmaceuticals). Implementation Date October 1, 2009.
23. All suppliers must notify their accreditation organization when a new DMEPOS location is opened.
24. All supplier locations, whether owned or subcontracted, must meet the DMEPOS quality standards and be separately accredited in order to bill Medicare.
25. All suppliers must disclose upon enrollment all products and services, including the addition of new product lines for which they are seeking accreditation.
26. Must meet the surety bond requirements specified in 42 C.F.R. 424.57(c). Implementation date May 4, 2009.
27. A supplier must obtain oxygen from a state-licensed oxygen supplier.
28. A supplier must maintain ordering and referring documentation consistent with provisions found in 42 C.F.R. 424.516(f).
29. DMEPOS suppliers are prohibited from sharing a practice location with certain other Medicare providers and suppliers.
30. DMEPOS suppliers must remain open to the public for a minimum of 30 hours per week with certain exceptions.

Regulatory Compliance Guide
Custom AFO's

Proof Of Delivery: Custom-Molded Gauntlet

Patient Name: _____ HICN: _____

Product Information
(Check brand and model, circle base code and addition(s)):

☐ **Axis AFO Gauntlet (Premium, Standard, Active, ABB, Chopart Toe Filler)**

R L **L1940** Plastic orthosis, custom molded from a model of the patient, custom fabricated, includes casting and cast preparation

R L **L2330** Addition to lower extremity, lacer molded to patient model

R L **L2820** Addition to lower extremity orthosis, soft interface for mold plastic below knee section

☐ **Axis AFO Short Trimline Gauntlet**

R L **L1907** Ankle orthosis, supramalleolar, with straps, with or without pads, custom fabricated

R L **L2330** Addition to lower extremity, lacer molded to patient model

☐ **Axis AFO Articulated Gauntlet**

R L **L1970** Ankle foot orthosis, plastic with ankle joint, custom fabricated

R L **L2330** Addition to lower extremity, lacer molded to patient model

R L **L2820** Addition to lower extremity orthosis, soft interface for mold plastic below knee section

If Dorsiflex assist, ADD:

R L **L2210** Addition to lower extremity, dorsiflexion assist

☐ **Axis AFO Gauntlet, Extended Height**

R L **L1960** Plastic orthosis, custom molded from a model of the patient, custom fabricated, includes casting and cast preparation

R L **L2330** Addition to lower extremity, lacer molded to patient model

R L **L2820** Addition to lower extremity orthosis, soft interface for mold plastic below knee section

☐ **The Richie Brace®**

R L **L1970** Ankle foot orthosis, plastic with ankle joint, custom fabricated

R L **L2820** Addition to lower extremity orthosis, soft interface for mold plastic below knee section

If Dynamic-assist, ADD:

R L **L2210** Addition to lower extremity, dorsiflexion assist

Instructions For Use:

You have been dispensed this custom molded ankle orthosis to stabilize and help improve balance and mobility.

An AFO often requires a period of adjustment. While most patients do extremely well immediately when using the AFO, it is often times the case that a break-in period is necessary, especially if you have poor feeling in your feet.

If a break-in is indicated, wear the AFOs for one hour the first day and then carefully inspect your feet and ankles to make sure there is no blistering, rubbing or redness. If this happens, stop using the AFO and let your doctor know ASAP.

If there is mild soreness, give your feet a break and try the AFO again later. If you have no pain or redness or irritation, use the AFO all day and then inspect your feet an ankles at the end of the day.

If the brace feels too tight, you may be swelling or you may need the brace adjusted. Let your doctor know if the brace feels too tight or uncomfortable. If you are swelling during the day, you may need a compression hose or garment to use with your AFO. Let your doctor know you are having a swelling problem.

You may also want to also loosen the Velcro strap at the ankle and or loosen the straps or lace on the shoe.

If your symptoms do not resolve, please contact our office immediately.

Should the device crack or break, remove it and do not use it again until you contact our office. Straps, laces should be kept clean of clothing fabric to insure the device is properly secured to your extremity.

Applying a skin moisturizer and wearing knee high socks will prevent your skin from irritation.

Material failure warrantee coverage:

- Hardware, plastic and metal components are covered at no-charge for six months.
- All soft materials: material covers, Velcro straps and limb support pads, are covered at no - charge up to ninety days.

We will always make sure your device is working optimally as long as you bring your device in to your office visits with your doctor. Letting us know you are having a problem with your brace will allow us to quickly repair/modify your AFO to get you back on your feet quickly.

I have read the posted Complaint Resolution Policy and have been provided with a copy of the 30 Medicare Supplier Standards. I certify that I have received the item(s) indicated. The supplier has reviewed the instructions for proper use and care and provided me with written instructions. I understand that failure to properly care for this item(s) will result in the warranty being voided. This could result in my responsibility for future repair or replacement costs if my insurance policy will not cover such costs. The supplier has instructed me to call the office if I have any difficulties or problems with the device.

Supplier Signature: _____ Printed Patient Name: _____

Original in patient's chart, copy to patient

Appendix

Sample EHR Note - Assist Balance Brace

Chief Complaint #1:

Mr./Ms. _____ presents today with difficulty while walking and remaining steady and balanced on their feet. In addition to recent history of falling, the patient's unsteadiness on their feet and difficulty maintaining balance with change in direction or turning has progressed.

Patient also notes difficulty picking feet up when walking. "I'm not steady on my feet at all and feel weak in my legs and ankles."

Patient notes that he/she needs to use an assistive device or hold on the furniture or walls to move throughout their house.

When asked, the patient notes that there is mild/moderate numbness in both feet making it difficult to feel where their feet are in space.

Musculoskeletal:

Gait evaluation: Check All That Apply:

- ☐ Slow tentative pace
- ☐ Loss of balance
- ☐ Ataxia (uncoordinated gait)
- ☐ Short strides
- ☐ Little or no arm swing
- ☐ Steadying self on walls
- ☐ Shuffling
- ☐ En bloc turning
- ☐ Not using assistive device properly

Fall Risk Assessment Test - Timed Up and Go Test:

Time: _____ seconds (>12 seconds = High Risk for Falling)

Check: ☐ Abnormal ☐ Normal

☐ Upon evaluation, the patient has noted weakness in the ankles and legs bilaterally with marked weakness around the ankles with range of motion bilaterally.

☐ The patient has some tightness and rigidity to their ankle range of motion bilaterally.

☐ Patient does have lightheaded or dizziness from lying to standing.

Muscle Testing:

Musculoskeletal/Orthopedic Exam	Right	Left
Ankle Dorsiflexors (Tiabialis Anteriors)	_____ / 5	_____ / 5
Ankle Plantarflexors(gastrocnemeus/ soleus)	_____ / 5	_____ / 5
Knee extensors (Qudriceps Femoris)	_____ / 5	_____ / 5
Foot Inverters (posteriors Tibial)	_____ / 5	_____ / 5
Foot Everters (Peroneal Tendons)	_____ / 5	_____ / 5

Assessment:

- ☐ Muscle weakness, generalized (M62.81)
- ☐ Ataxic gait (R26.0)
- ☐ Difficulty in walking (R26.2)
- ☐ Unsteadiness on feet (R26.81)
- ☐ Condition is bilateral
- ☐ Other abnormalities of gait and mobility (R26.89)

- ☐ Ankle Instability
  - ☐ Right (M24.871) ☐ Left (M24.872)
- ☐ Foot Drop, acquired
  - ☐ Right (M21.371) ☐ Left (M21.372)

Plan:

Muscle Weakness: The patient was evaluated and assessed for their fall risk. The patient failed the TUG test and has clear and clinically evident abnormal gait, disturbances along with a history of falling. As the patient's musculoskeletal and biomechanical condition is bilateral and symmetrical, the patient will be casted for bilateral AFOs.

The patient was given educational information about the Life in Balance Fall Risk Management Program designed to address falls through a multifactorial treatment algorithm that includes recommendation for Physical Therapy, proper footwear for balance, an Ankle Foot Orthosis uniquely designed to address the most common fall risk factors for falling: weakness in the lower extremities, gait deficits/disturbances and balance deficits/loss of proprioception.

The AFO (Assist Balance Brace) will be prescribed to enhance postural control while reducing postural sway bilaterally. The AFO will also address biomechanical abnormalities in all 3 planes.

This patient qualifies for and will benefit from an ankle foot orthosis used during ambulation based on meeting all of the following criteria. The patient is ambulatory, has weakness or deformity of the foot and ankle, and requires stabilization for medical reasons. Furthermore, this patient, with the use of AFO, physical therapy, and proper footwear has the potential to benefit functionally while also reducing their fall risk.

Sample EHR Note - Assist Balance Brace (cont)

Theraputic Objectives of the AFO (Assist Balance Brace) will be to

- ☐ Improve mobility and stabilize gait to reduce postural instability bilaterally.
- ☐ Improve lower extremity stability by using a customized orthosis that reduces postural sway and enhances ankle stability and strength that is clearly compromised.
- ☐ Decrease pain that exists in the patients joints both lower extremity and in the upper extremity by improving normal biomechanics in the foot and ankle.

This customized AFO (Assist Balance Brace) has been prescribed because this patient could not be fit with a prefabricated AFO. There is no adequate off-the shelf product that has ever demonstrated therapeutic benefit for balance, postural stability, and proprioceptive feedback.

This patient's weakness, balance deficit and ankle instability will necessitate an orthosis to be used permanently or at least of longstanding duration (more than 6 months).

As demonstrated above, this patient's condition requires treatment using a bilateral customized AFO that can control the ankle one plane.

Due to the patients documented bilateral gait disturbance, weakness and instability, this device requires custom fabrication over a model to prevent tissue injury and or worsening of their condition.

Today the patient was casted for bilateral AFO's due to the patient's symmetrical and bilateral condition. The patient was educated thoroughly regarding the goals of treatment and compliance regarding use. The patient was also educated about the option of doing NOTHING for their condition and the risks thereof. Footwear will also be provided to make sure that the AFO's will fit and work optimally. The shoe provided will have features and characteristics that promote stability and comfort while allowing the AFO to maximize balance.

The shoe and AFO will be designed to improve the somatosensory response to enhance proprioception.

The ankle foot orthotic described above is semi-rigid, posterior leaf style AFO with added extrinsic posting to enhance postural control for their bilaterally weak ankles and feet. The design of the AFO is one that is light weight to enhance ambulation and activity while making it easier to don and doff.

It is designed to provide support and counterforce on the limb or body part that is being braced. In my opinion, the custom molded ankle foot orthosis is both reasonable and necessary in reference to accepted standards of medical practice in the treatment of the patient's condition and rehabilitation.

Finally, the patient was educated regarding balance, strength and gait aid in fall prevention.

The patient was also advised about Vitamin D supplementation and was counseled about home fall hazards and advised on benefits of physical/occupational therapy.

Scanning / Casting:

The patient was educated regarding their condition and was given a thorough explanation of the necessity for a custom ankle foot orthosis. It was further clarified that this custom device was being made for their foot and ankle and no one else.

Utilizing a iPad structure scanner, the patient was positioned in neutral position such that a precise 3D image was obtained for both feet and ankles while in a supine position. Upon completion of the 3D scan of both feet and ankles the images were sent directly to the lab with a prescription/order for the Assist Balance Brace AFO, bilaterally.

An STS casting sock (mid-leg) was prepared, and the patient was placed into a sitting position and the casting sock was applied. All wrinkles were smoothed out and the exact anatomic position of the foot was captured semi-weightbearing. The plantar aspect of the STS as well as the ankle was smoothed to show all deformity for accommodation purposes. After the cast was removed, thorough inspection of the mold was performed by me to make sure the cast was appropriate for fabrication of the AFO. The prescription for the AFO was completed and the STS mold and the prescription were mailed.