

Bio-Mechanical Composites

1300 Keo Way—Des Moines, Iowa 50309 — (515) 554-6132

Dynamic Response AFO

Rotation Control

Patient Name: _____

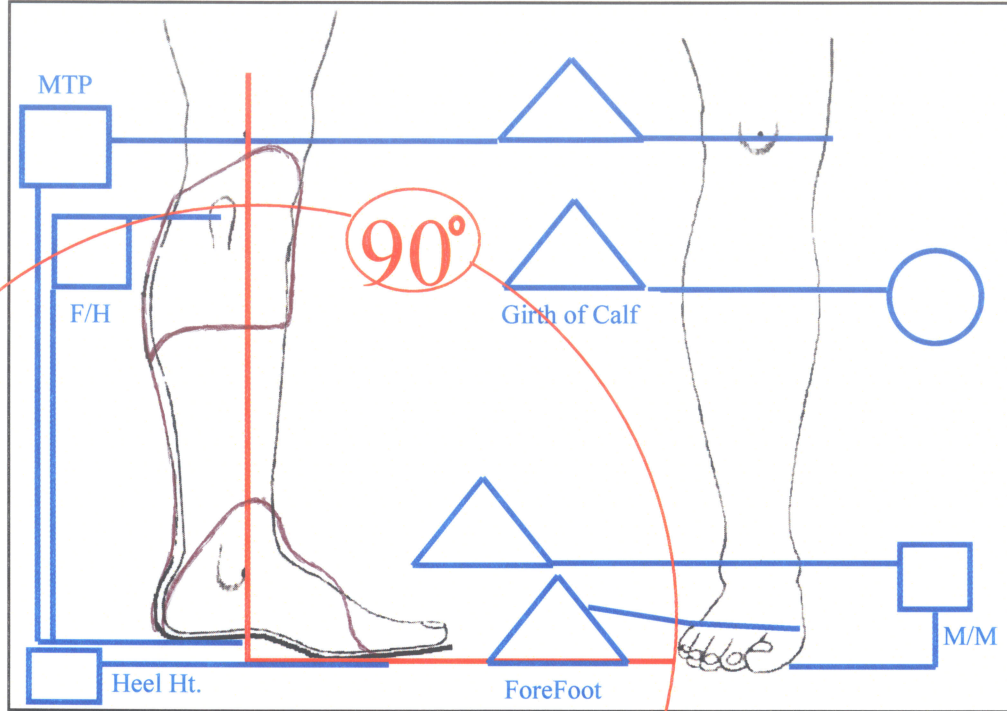
Date: _____ Right / Left

Facility Name: _____

Address: _____

City/State/Zip: _____

Phone: _____



Ankle Plantar-Flexion

Strength

0 None

45 Some

Functional

Ankle Dorsal-Flexion

Strength

8 None

0 Some

Functional

Posterior Spring

Flexible Moderate Firm

Toe Plate

Flexible Firm

Trim Lines

Valgus Control

Varus Control

ANKLE ANGLE
 Changing the angle of the ankle from 90 degrees will change the effect of the orthosis both Stance and Swing phase

Note:

NOTE: Patients must be casted in a corrected position.
 Maintaining the desired position of the knee joint above the ankle, utilizing a casting board of the desired heel height and maintaining the Valgus/Varus position desired from the orthosis.

Doctor: _____ Practitioner: _____

Diagnosis: _____

- Suggested Billing Codes**
- L1960 - AFO, Molded to patient
 - L2340 - Molded Ant. Tibial Sect.
 - L2250 - Foot Plate, molded with stirrup attachment
 - L2275 - Valgus/Varus correction modification
 - L2280 - Molded inner boot
 - L2755 - Carbon Lamination

Lamination

White Black

Sleeve: _____

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