

PHATBrace 2.0 "ACTIVE"

(Running Orthosis)

Bio-Mechanical Composites Inc.

2505 McKinley Ave.,
Des Moines, Iowa 50321
(515) 554-6132



Facility Name: _____
 Address _____
 City _____
 State, Zip _____
 Phone _____
 Practitioner: _____
 Doctor: _____

Note:
Patients must be casted in a corrected position.
Maintaining the desired position of the knee above the ankle. Utilizing a casting board of the desired heel height and maintaining the Valgus/ Varus position desired in the orthosis.

Patient Information
 Name: _____
 Date: _____ Right / Left
Ankle Tendency
 Valgus Varus
Plantar Flexion Strength Dorsal Flexion Strength
 Functional (Good,Normal) Functional (Good,Normal)
 Some (Poor,Fair) Some (Poor,Fair)
 None (None,Trace) None (None,Trace)

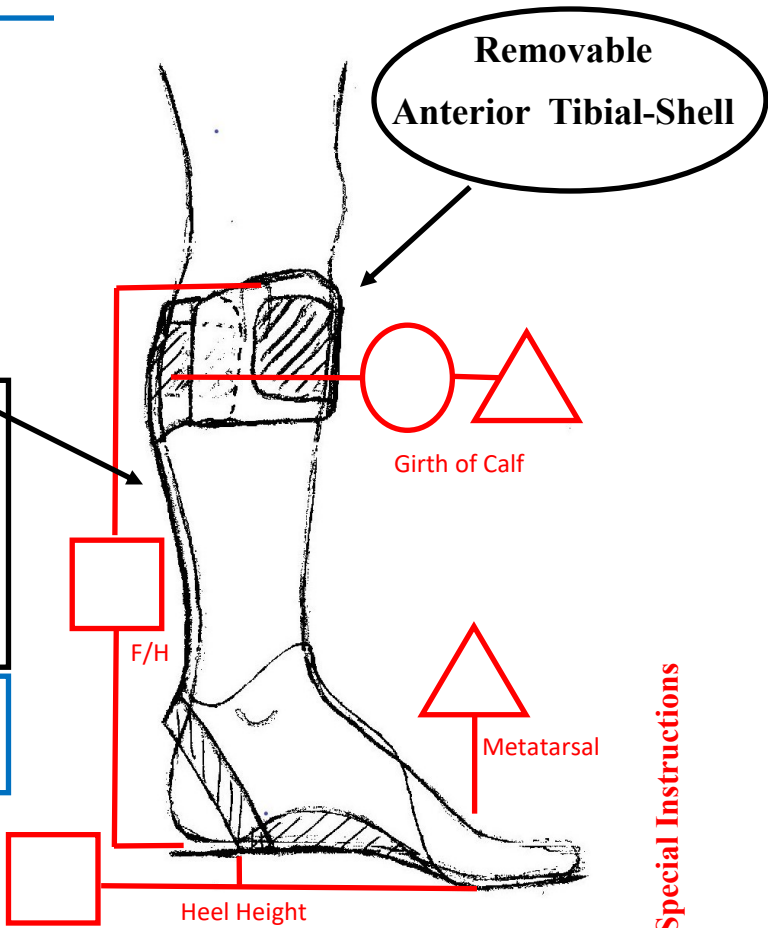
Posterior Spring Strength:

X-tra Firm

(Running Jumping Activities)

Suggested Billing Codes
 L1945, L2250, L2275, L2280, L2755
 Or
 L1960, L2340, L2250, L2275, L2280, L2755

Lamination Color



Special Instructions

Toe Plate Strength is calibrated automatically

Special Instructions