

# PHATBrace

## Energy Storing AFO

### 2.0



**Suggested Billing Codes**

L1945, L2250, L2275, L2280, L2755

Or

L1960, L2340, L2250, L2275, L2280, L2755

Practitioner: \_\_\_\_\_

Facility: \_\_\_\_\_

Address: \_\_\_\_\_

City/ State/ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Patient Name:**

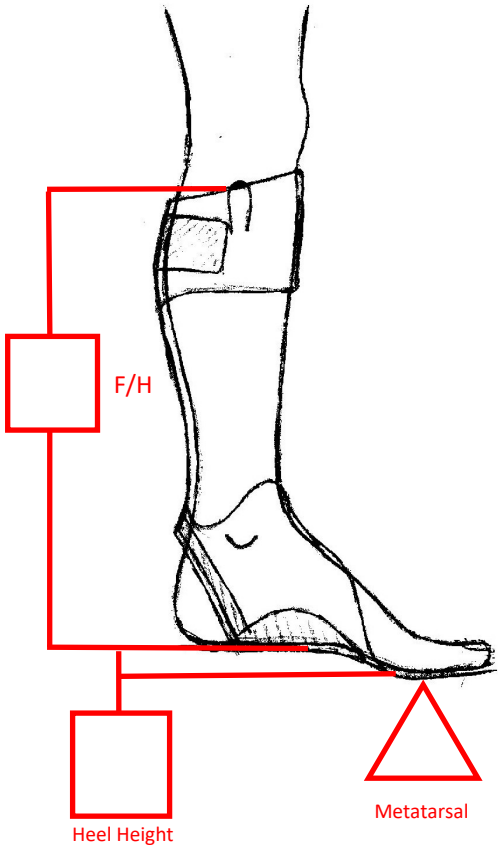
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**Note:**

*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. While maintaining the Valgus/Varus and rotational position desired in the orthosis.*

**Orthometry**



**Patient - Design Information**

<p><b><u>Plantar Flexion</u></b></p> <p><input type="checkbox"/> None</p> <p><input type="checkbox"/> Some</p> <p><input type="checkbox"/> Functional</p>	<p>→</p> <p>→</p> <p>→</p>	<p><b><u>Spring Strength</u></b></p> <p><input type="checkbox"/> Firm</p> <p><input type="checkbox"/> Moderate</p> <p><input type="checkbox"/> Flexible</p>
<p><b><u>Ankle Tendency</u></b></p> <p><input type="checkbox"/> Valgus</p> <p><input type="checkbox"/> Varus</p>		<p><b><u>Toe Plate Resistance</u></b></p> <p><input type="checkbox"/> Firm</p> <p><input type="checkbox"/> Moderate</p> <p><input type="checkbox"/> Flexible</p>

**Lamination Color**

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**Special Instructions**

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