Dynamic Response AFO Bio-Mechanical Composites Rotation Control 2505 McKinley Ave — Des Moines, IA 50321 — (515) 554-6132 Facility Name:____ Patient Name: Address: City/State/Zip:____ Date: Right / Left Phone: **MTP Ankle Plantar-Flexion** Strength None Some Girth of Calf Functional **Ankle Dorsal-Flexion** Strength None Some M/M **Functional** Heel Ht. ForeFoot Trim Lines **Posterior Spring** Toe Plate Valgus Control Flexible Moderate Firm Flexible Firm Varus Control Note: ANKLE ANGLE Changing the angle of the ankle from 90 degrees will change the effect of the orthosis both Stance and Swing phase 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. Lamination L2250 - Foot Plate, molded with stirrup attachment White Black L2275 - Valgus/Varus correction modification L2280 - Molded inner boot Sleeve:

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L2755 - Carbon Lamination