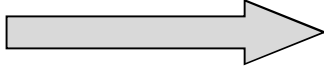
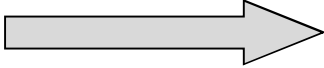


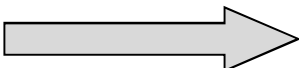
Fax Detailed Written Order and supporting medical documentation to 877-406-4872

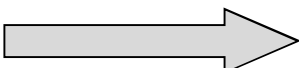
Stat-A-Dyne

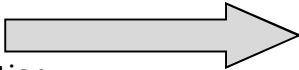
Suggested wording for the NARRATIVE DESCRIPTION BOX of the Detailed Written Order.

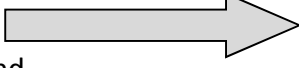
Stat-A-Dyne WHFO  Stat-A-Dyne WHFO dynamic
OR
Stat-A-Dyne WHFO static progressive

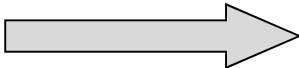
Stat-A-Dyne Wrist
Wrist Flexion/Extension  Stat-A-Dyne Wrist dynamic
OR
Stat-A-Dyne Wrist static progressive

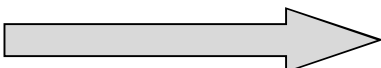
PIP Flexion or Extension  PIP dynamic flexion <OR>
PIP dynamic extension.

Stat-A-Dyne Elbow
Elbow Flexion/Extension  Stat-A-Dyne Elbow dynamic
OR
Stat-A-Dyne Elbow static progressive

Stat-A-Dyne Pro/Sup
Forearm Pronation/Supination  Stat-A-Dyne Pro/Sup dynamic
OR
Stat-A-Dyne Pro/Sup static progressive

Stat-A-Dyne ESP
Elbow Flexion/Extension and
Forearm Pronation/Supination  Stat-A-Dyne ESP dynamic
OR
Stat-A-Dyne ESP static progressive

Stat-A-Dyne Shoulder  Stat-A-Dyne Shoulder dynamic
OR
Stat-A-Dyne Shoulder static progressive

Stat-A-Dyne Knee  Stat-A-Dyne Knee dynamic
OR
Stat-A-Dyne Knee static progressive

The Medical record (Progress/SOAP/Clinical/Operative/Therapy notes) should be detailed and include:

- > What is specifically wrong with the patient?
- > How long have you treated the patient for this problem?
- > Why wouldn't a different device work for this patient?
- > Outcomes from previous treatment/devices.
- > How do you hope this product will help the patient?
- > Patient's prognosis.
- > Why was this product was ordered?
- > Treatments and devices tried in the past.