
Progressive GaitWays Research Partner Program for 2009

Here's how the Research Partner program works:

- ✓ A copy of the 2009 PGW Research Partner Order Form is attached for your use. To qualify, orders must be prepaid and shipped via UPS Ground to US locations only.
- ✓ **GOOD NEWS!** Progressive GaitWays is offering a *new three-installment payment plan* option for credit card purchases. The cost of the TheraTogs purchase is spread over three equal monthly payments. There is a \$15.00 fee for choosing this option, and it is only offered when payment is done by credit card. Payments by check must be for the full purchase amount.
- ✓ **GOOD NEWS!** With every follow-up submission of the Research Partner data, **you earn a 5% rebate on your purchase price¹**. Rebates will be credited or paid to the purchaser of record every 90 days. You can earn up to three rebates for each purchase – **a 15% rebate total** – by submitting three different data points for a 12-month period from the date of purchase.
- ✓ You can submit your research data by fax, mail, or email. We're also working on an online interface that will allow you to order products and submit your research data via the PGW website; we'll make an announcement when that is ready.
- ✓ Orders should be placed with, and payments made out to:

Progressive GaitWays, LLC

Phone: (866) 410-8062 • Fax: (866) 886-7736

orders@gaitways.com

536 Society Drive, Telluride CO 81435

¹ Shipping and handling fees not included in the rebate calculation.



Progressive GaitWays / TheraTogs™ Research Partner Program 2009 · Sign Up / Prescription Form (U.S. Clinicians Only)

Office Use Only
Order # _____

Prescribing Clinician/Partner Information

Clinician Name: _____ PT | OT | MD | CO | CPO | Orthotist | OTHER

Facility: _____

Department: _____

Address: _____

City ST Zip: _____

Phone: _____ Fax: _____

Email: _____ Country: _____

License No: # _____ License Issued by: _____

Signature: _____ Date: _____

Anonymous Patient Data: SEND WITH ORDER

Patient age & gender: _____ Years _____ Months Male Female Unique Patient ID: _____

Patient diagnosis: _____

ICD-9 Code(s):

Contributing Musculoskeletal Factors that you have identified and recorded – mark & circle as applicable:

- | | | |
|--|--|---|
| <input type="checkbox"/> ↑ Femoral Torsion (R) or (L) | <input type="checkbox"/> Foot Pronation (R) or (L) | <input type="checkbox"/> Thoracic Kyphosis |
| <input type="checkbox"/> ↓ Femoral Torsion (R) or (L) | <input type="checkbox"/> Foot Supination (R) or (L) | <input type="checkbox"/> Lumbar Kyphosis |
| <input type="checkbox"/> Excessive Medial Thigh/Foot Angle (R) or (L) | <input type="checkbox"/> ↑ Anterior Pelvic Tilt (R) or (L) | <input type="checkbox"/> Lumbar Lordosis |
| <input type="checkbox"/> Excessive Lateral Thigh/Foot Angle (R) or (L) | <input type="checkbox"/> ↓ Anterior Pelvic Tilt (R) or (L) | <input type="checkbox"/> Shoulder Protraction |
| <input type="checkbox"/> Adductor muscle contracture (R) or (L) | <input type="checkbox"/> Patella Alta (R) or (L) | <input type="checkbox"/> Trunk Hyperextension |
| <input type="checkbox"/> Pelvic obliquity: High side (R) or (L) | | |
| <input type="checkbox"/> Ligament Laxity at joints (indicate which): _____ | | |
| <input type="checkbox"/> Other: _____ | | |

Recent baseline scores on any applicable standard Functional Assessment tests:

GMFM _____ GMFM-66 _____ PEDI _____ AIM _____ Other: _____

Management/treatment objectives for TheraTogs application: _____

Anticipated wear schedule: All day Half-day Sessions only Other: _____

Reimbursement Details

Who is responsible for obtaining reimbursement from payor(s)?

- Patient/Caregiver Dispensing Clinician Referring Clinician Clinic/company
- Don't know Paid out-of-pocket 2nd Party Payor: _____

Anticipated billing codes (if known):

Contact Name: _____ Contact Email or Phone: _____

FAX TO:
866-886-7736

RESEARCH PARTNER PROGRAM: 2009 ORDER FORM

ORDERS & PAYMENTS TO: Progressive GaitWays, LLC
536 Society Drive · Telluride, CO 81435 · 866-410-8062 · Fax: 866-886-7736



Item #	Item Name	Price	Qty Ordered	Item Total			
Partial Payment Fee + Automatic Billing (if this option is selected below)		\$15.00					
SHIPPING & HANDLING	Continental US Orders – via UPS Ground						
					Order Subtotal:	+\$	
	Order Value	S&H	Order Value	S&H	Order Value	S&H	SHIPPING:
	Up to \$40	\$8.00	\$75-\$249	\$13.00	\$425-\$1000	\$18.00	+\$
	\$41-\$74	\$11.00	\$250-\$424	\$16.00	\$1001-\$2500	\$30.00	+\$
Shipping charges for Expedited Orders (UPS Next Day, 2 nd Day, 3 Day Select) – or orders shipped to HI or AK – are calculated at time of shipping.					Order Total:	\$	

Office Use Only -					
Patient ID:		Order #:		Partner ID:	

All Customers need to pay in advance before their order is shipped.

Unopened Product can be returned within 30 days for a refund. Returns subject to a restocking fee.

**B
I
L
L
T
O**

Same as "PARTNER" address above
 YES! Please bill me in three monthly increments, plus the \$15.00 partial payment fee

Name: _____ PT | OT | MD | CO | Orthotist | Parent | OTHER

Facility: _____ Dept: _____

Street: _____

City, ST Zip: _____ Phone: _____

E-mail: _____ Fax: _____

Visa | MC # _____ Verification Code: _____ Check enclosed

Signature: _____ Exp. Date: _____

By signing above you authorize Progressive GaitWays, LLC to bill your credit card for the stated price of the product(s) ordered, plus shipping & handling charges. IF you selected the partial payment option above, you authorize us to charge your credit card in three automatic payments for the total charges, plus a partial billing fee of \$15.00.

**S
H
I
P
T
O**

Same as "BILL TO" address
 Check here if we're shipping to a residential address

Name: _____ PT | OT | MD | CO | Orthotist | Parent | OTHER

Facility: _____

Department: _____

Street: _____

City, ST Zip: _____ Phone: _____

Email: _____ Fax: _____

To report outcomes and earn rebate credits, please download *Follow-Up Forms* from our website: www.gaitways.com



TheraTogs Research Partner Program • 2009 Pricing

EFFECTIVE FEBRUARY 1, 2009-DECEMBER 31, 2009

PLEASE SEE SPECIFIC SIZING PARAMETERS ON PAGE FOLLOWING PRODUCT PRICING

Item	List Price	Partner Price	Item	List Price	Partner Price
Full Body Orthotic System					
TT50 Small Infant	\$659	\$389	TT610 Adult Female M	\$1108	\$654
TT100 Infant	\$659	\$389	TT620 Adult Female L	\$1108	\$654
TT200 Pre-School	\$744	\$439	TT700 Adult Male Small	\$1251	\$738
TT300 Pediatric	\$744	\$439	TT710 Adult Male M	\$1251	\$738
TT400 Petite Adult	\$945	\$558	TT720 Adult Male L	\$1251	\$738
TT600 Adult Female Small	\$1108	\$654	TT730 Adult Male XL	\$1327	\$783
Brachial Plexus Rehab Support System					
BP105 Infant	\$945	\$558	BP305 Pediatric	\$945	\$558
BP205 Pre-School	\$945	\$558	BP405 Petite Adult	\$1136	\$670
Hemiplegia Upper Extremity Rehab Support					
HE106 Infant	\$945	\$558	HE306 Pediatric	\$945	\$558
HE206 Pre-School	\$945	\$558	HE406 Petite Adult	\$1136	\$670
Lower Extremity Orthotic System					
LE201 Pre-School Kit	\$542	\$320	LE621 L Female Kit	\$734	\$433
LE301 Pediatric Kit	\$542	\$320	LE701 S Male Kit	\$754	\$445
LE401 Petite Adult Kit	\$652	\$385	LE711 M Male Kit	\$754	\$445
LE601 S Female Kit	\$734	\$433	LE721 L Male Kit	\$754	\$445
LE611 M Female Kit	\$734	\$433	LE731 XL Male Kit	\$831	\$490
Sensory Processing Disorder System					
SI109 Infant	\$615	\$363	SI309 Pediatric	\$697	\$411
SI209 Pre-School	\$697	\$411	SI409 Petite Adult	\$898	\$530
Adult Shoulder Positioning System					
SP403 Petite Adult	\$677	\$400	SP703 S Adult Male	\$697	\$411
SP603 S Adult Female	\$697	\$411	SP713 M Adult Male	\$697	\$411
SP613 M Adult Female	\$697	\$411	SP723 L Adult Male	\$697	\$411
SP623 L Adult Female	\$697	\$411	SP733XL Adult Male	\$726	\$428
Pelvic Anchor Purchased with Shoulder Kit offered at a 50% Discount off Pricing Below					



TheraTogs Research Partner Program • 2009 Pricing (Page 2)

EFFECTIVE FEBRUARY 1, 2009-DECEMBER 31, 2009

PLEASE SEE SPECIFIC SIZING PARAMETERS ON PAGE FOLLOWING PRODUCT PRICING.

Item	List Price	Partner Price	Item	List Price	Partner Price	
Wrist & Thumb Positioning Orthotic System						
WT307R Small Pediatric, Right Hand	\$187	\$110	WT617L Small Adult, Left Hand	\$187	\$110	
WT307L Small Pediatric, Left Hand	\$187	\$110	WT627R Medium Adult, Right Hand	\$187	\$110	
WT317R Med/Large Pediatric, Right Hand	\$187	\$110	WT627L Medium Adult, Left Hand	\$187	\$110	
WT317L Med/Large Pediatric, Left Hand	\$187	\$110	WT637R Large Adult, Right Hand	\$187	\$110	
WT617R Small Adult, Right Hand	\$187	\$110	WT637L Large Adult, Left Hand	\$187	\$110	
AtaxiTog System						
AT208 Pre-School	\$697	\$411	AT608 Small Adult	\$1050	\$620	
AT308 Pediatric	\$697	\$411	AT618 Medium Adult	\$1050	\$620	
AT408 Petite Adult	\$898	\$530	AT628 Large Adult	\$1193	\$704	
Pelvic Anchor						
PA200 Small: 25 - 65 lbs	\$181	\$107	PA600 Large: 110 - 170 lbs	\$257	\$152	
PA400 Medium: 65 - 110 lbs	\$238	\$141	PA700 Large: 170 - 240 lbs	\$277	\$162	
Ankle Dorsiflexion System						
Shoe Sizes	Combination List Price	Combination-C Partner Price	Sleeping Kit-S List Price	Sleeping Kit-S Partner Price	Gait Trainer List Price	Gait Trainer-G Partner Price
AK204 Toddler Girls and Boys 6 ½ - 8 ½	\$254	\$150	\$172	\$101	\$124	\$73
AK304 Toddler 9 - 13 ½, Girls/Boys 1-2	\$254	\$150	\$172	\$101	\$124	\$73
AK314 Girls and Boys 3-6	\$254	\$150	\$172	\$101	\$124	\$73
AK404 G/W 5-8 ½, Boys/Men 3-6 ½	\$254	\$150	\$172	\$101	\$124	\$73
AK614 Women 9 - 12, Men 7-9 ½	\$296	\$175	\$201	\$118	\$163	\$96
AK624 Men 10 - 15	\$296	\$175	\$201	\$118	\$163	\$96



Sizing Chart

Body Systems

TheraTogs are designed to fit typical body types within a given weight range. If either length measurement exceeds the maximum shown for wearer's weight range, select the next larger size. For example, for a child weighing 40 pounds with a Hip-to-Knee measurement of 13", select the #300 Pediatric model.

Series Size No. & Name		U.S. Units			Metric Units		
		Weight (Lbs)	Max Shoulder-to-Hip (in)	Max Hip-to-Knee Joint (in)	Weight (Kilos)	Max Shoulder-to-Hip (cm)	Max Hip-to-Knee Joint (cm)
50	Small Infant	0 - 15	8½	7½	0 - 6.8	21.6	19.1
100	Infant	15 - 25	10½	9¾	6.80 - 11.3	26.7	24.8
200	Pre-School	25 - 45	13½	11¾	11.3 - 20.4	34.3	29.9
300	Pediatric	45 - 65	15	18½	20.4 - 29.4	38.2	47.0
400	Petite Adult	65 - 110	17½	20¾	29.4 - 49.9	44.5	52.8
600	Adult Female Small	110 - 140	20½	23¾	49.9 - 63.5	52.1	60.4
610	Adult Female Med	140 - 170	20½	23¾	63.5 - 77.1	52.1	60.4
620	Adult Female Large	170 - 200	22¾	26¼	77.1 - 90.9	57.8	66.7
700	Adult Male Small	110 - 145	19¼	23¾	49.9 - 65.8	48.9	60.4
710	Adult Male Med	145 - 170	19¼	23¾	65.8 - 77.1	48.9	60.4
720	Adult Male Large	170 - 190	23¼	26¼	77.1 - 86.1	59.1	66.7
730	Adult Male X Large	190 - 240	22½	26¼	86.1 - 108.9	57.2	66.7

The Hip measurement point is the ASIS -- the "front hipbone" (anterior superior iliac spine -- the front top of the iliac crest). The Knee measurement point is the top of the patella ("knee cap").

Gait Trainer Shoe Size Chart

Use these shoe size ranges to determine the best model selection for a Gait Trainer System:

Model #	Description	US Size	Europe	UK	Inches	CM
#204	Toddler	3 - 8.5	18 - 25	2 - 7.5	4.125 - 5.75	10.5 - 14.6
#304	Toddler	9 - 13.5	25 - 31	8 - 12.5	6.125 - 7.625	15.6 - 19.4
	Girls & Boys	1 - 2	32 - 33	13 - 1	7.75 - 8.125	19.7 - 20.6
#314	Girls & Boys	3 - 6	34 - 38	2 - 5	8.5 - 9.5	21.6 - 24.1
#404	Girls/Women	5 - 8.5	35 - 39		8.5 - 9.6875	
	Boys/Men	3 - 6.5	35 - 39		8.5 - 9.5	
#614	Women	9 - 12	42 - 45		10.25 - 11.25	
	Men	7 - 9.5	40 - 43		9.6 - 10.4	
#624	Men	10 - 15	43 - 48		10.5 - 12.2	