
Progressive GaitWays Research Partner Program for 2011

Progressive GaitWays is pleased to offer all TheraTogs™ ULTRA wearable therapy systems – now made of GoldTone™ fabric – to prescribing clinicians and caregivers as part of the Research Partner program.



Here's how the Research Partner program works:

- ✓ A copy of the 2011 PGW *Research Partner Order Form* is attached for your use. To qualify, orders must be prepaid, the order submitted via a clinician in the US, and shipped via UPS Ground to US locations only.
- ✓ We've simplified the data submission / rebate part of the program. To obtain a rebate under the Research Partner program:
 - ❑ You measure or quantify client outcomes with TheraTogs on three different dates.
 - ❑ For each set of outcomes, you fill out a *Clinical Findings* form, supplied with your order or available from our website.
 - ❑ When you've completed three Clinical Findings forms, send them to Progressive GaitWays and we'll credit the purchaser 30% of their purchase price of the TheraTogs.
- ✓ 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

305 Society Drive Ste C-3, Telluride CO 81435



Progressive GaitWays / TheraTogs™ Research Partner Program 2011 · 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: 2011 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					
SHIPPING & HANDLING	Shipping via UPS Ground – US Locations only								
				Order Subtotal:	+\$				
	Order Value	S&H	Order Value	S&H	Order Value				
	Up to \$40	\$9.00	\$75-\$249	\$14.00	\$425-\$1000				
	\$41-\$74	\$12.00	\$250-\$424	\$16.00	\$1001-\$2500	\$18.00	\$30.00	SHIPPING:	+\$
Shipping charges for Expedited Orders (UPS Next Day, 2nd 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 may be subject to a restocking fee.

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Same as "PARTNER" address above

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: _____

**S
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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 fill out the *Clinical Findings Forms* supplied with your TheraTogs order (also available from our website: www.gaitways.com).