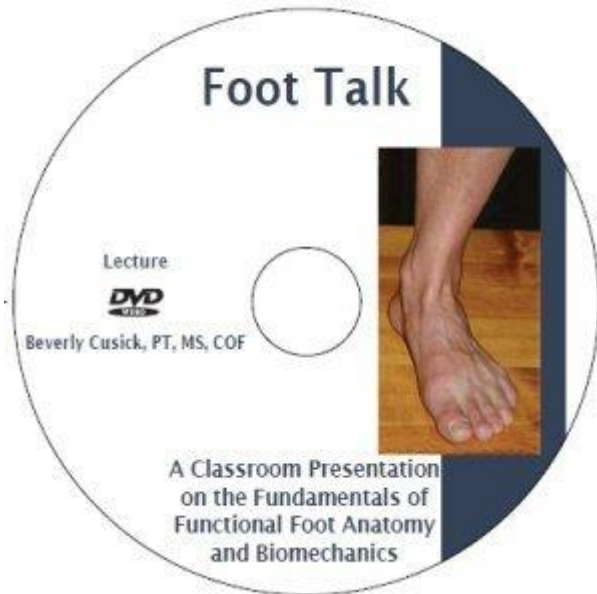




Foot Talk Video Brings Clarity, Standardized Nomenclature to Understanding of the Foot

Foot Talk by Beverly Cusick, PT, MS, COF is the lecture that brings the clarity of plane-based nomenclature to functional foot anatomy and joint motions, and relates foot function to body weight load distribution and to energy efficiency in gait.



Beverly Cusick has condensed 20 years of literature review and professional practice to fill a common gap in professional training. She invites the viewer to settle into the clarity of plane-based nomenclature and to join in her appreciation of the form and function of our body-ground interface.

The *Foot Talk* package includes a 2-hour DVD of Beverly Cusick's lecture, and a CD containing a copy of the course handouts and supporting references.

Foot Talk offers a definitive understanding of foot function for all clinicians, practitioners, and health professionals:

Medical Clinicians:

- ✓ Physical therapists
- ✓ Orthopedists
- ✓ Physiatrists
- ✓ Physical medicine and rehab physicians
- ✓ Pediatricians

Allied Health Professionals:

- ✓ Orthotists
- ✓ Orthopedic Technologists
- ✓ Athletic trainers
- ✓ Chiropractors
- ✓ Body workers



Progressive GaitWays, LLC

FOOT TALK DVD Order Form

ORDERS AND PAYMENTS TO:

Progressive GaitWays, LLC · 536 Society Drive · Telluride, Colorado 81435

Toll-Free Phone: (888) 410-8062 · Phone: (970) 239-0209

Fax: (866) 886-7736 · Email: admin@gaitways.com

NEW!

Price includes applicable sales and excise taxes. Prices and payment in US funds only. Send payment with your order to the address above. Purchase orders accepted only for orders of 2 units or more.

Item #	Item Name	Price	Qty	Extension
V04p	Foot Talk DVD & Resources	\$129.00		
CHECKS DRAWN ON NON-U.S. BANKS NOT ACCEPTED; PLEASE INDICATE CREDIT CARD INFORMATION BELOW, OR CONTACT CUSTOMER SERVICE FOR WIRE TRANSFER INFORMATION			Order Subtotal (USD)	\$
SHIPPING & HANDLING (CHECK ONE)	<input type="checkbox"/> Please ship free of charge to my US location. <input type="checkbox"/> Please arrange shipping via UPS International, Standard Service, and charge to the credit card below. No further authorization required.			

B I L L T O	Name:	PT OT MD CO Orthotist Parent OTHER		
	Facility:	_____		
	Department:	_____		
	Street:	_____		
	City, State, Zip:	_____		Country: _____
	Phone:	Fax: _____	Email: _____	
	Visa or MC (for ≥\$20.00)	# _____	Exp. Date: _____	Security code: _____
	Signature:	<input type="checkbox"/> Check # _____ enclosed		

S H I P T O	<input type="checkbox"/> Same as "BILL TO" address			
	Name:	PT OT MD CO Orthotist OTHER		
	Facility:	_____		
	Department:	_____		
	Street:	_____		
	City, ST Zip:	_____		Phone: _____
	Email:	Fax: _____		