



All prices include applicable sales and excise taxes. Prices and payment in US funds only. Send payment with your order to the address on the next page. Visa and MasterCard accepted for orders of \$20.00 or more. Purchase orders accepted only for orders of \$50.00 or more.

Training Videos

<i>Legs & Feet: A Review of Musculoskeletal Assessments</i> by B. Cusick (2005: 2 hrs+, DVD format). Third Edition	\$79	<i>Cast Fabrication Techniques #1: The FlexCast Preparatory AFO</i> (2000: VHS: 60 min.) Ships with <i>The FlexCast Handbook</i> (14 pages) and the newly-revised 110-page monograph: <i>Serial Casting to Restore Soft-Tissue Extensibility at the Ankle and Foot - 3rd Edition</i> (2006: B. Cusick)	\$75
---	-------------	---	-------------

Publications

<i>Serial Casting to Restore Soft-Tissue Extensibility at the Ankle and Foot: 3rd Edition</i> (2006: 110 pgs: B. Cusick) Monograph only.	\$45	<i>Serial Casts: Their Use in the Management of Spasticity-Induced Foot Deformity - Revised</i> (1990: 105 pgs: B. Cusick)	\$19
--	-------------	---	-------------

Tools

Assessment Tool Kit - Expanded to 4 tools: Angle finder, caliper, telescoping stick, & goniometer.	\$38	Flexible Calibrated Ruler in bendable vinyl features U.S. and metric scales; 16" length.	\$18
3 ½" Angle Finder for measuring ROM and other angles	\$15	1" Kinesio Tex™ Tape - Each roll 1" x 16.4' (2.5 cm x 5 m)	\$11
Medio-Lateral (ML) Caliper	\$6	2" Kinesio Tex™ Tape - Each roll 2" x 16.4' (5 cm x 5 m)	\$14
4" ® 15" Telescoping Stick only	\$8	3" Kinesio Tex™ Tape - Each roll 3" x 16.4' (7.5 cm x 5 m)	\$20
8" Universal Goniometer - Transparent plastic, flexible, in 5° increments	\$13	Kinesio Taping Perfect Manual - Published 1998 by Kinesio Taping Association	\$38

ORDERS AND PAYMENTS TO:

Progressive GaitWays, LLC. · 305 Society Drive, Suite C-3
 Telluride, CO 81435-8914
Phone: 888-634-0495 · **Fax:** 970-728-7028

Item #	Item Name	Partner Price	Qty Ordered	Item Total
Order Subtotal:				\$
Shipping And Handling	Inside US	Shipping Charges will be calculated based on the weight and shipping zone of the order. We can estimate they will run between \$12. and \$20 based on the items ordered. If this field is left blank, we will calculate and apply charges.		+\$
	Outside US	Contact Customer Service directly for shipping charges. Checks drawn on non-U.S. banks not accepted; please indicate credit card below.		+\$
Order Total:				\$

Office Use Only					
		Order #:		Partner ID:	

**B
I
L
L
T
O**

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

Facility: _____

Department: _____

Street: _____

City, ST Zip: _____ Country: _____

Phone: _____ Fax: _____

Email: _____

Visa | MC # _____ Check enclosed

Signature: _____ Exp. Date: _____

**S
H
I
P
T
O**

Same as "BILL TO" address

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

Facility: _____

Department: _____

Street: _____

City, ST Zip: _____ Country: _____

Phone: _____ Fax: _____

Email: _____