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# 2017 Research Partner Program

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Progressive GaitWays offers the full line of TheraTogs™ ULTRA wearable therapy systems to prescribing clinicians and caregivers as part of the Research Partner program.



## The Wunzi™ Joins the Partner Program!

The Wunzi Infant System is now available via the Research Partner Program.

Here's how the Research Partner program works:

- ✓ Fill out the 2017 PGW *Research Partner Order Form* (attached) with anonymous clinical data, and indicate the product you're ordering.
- ✓ To qualify for the program, orders must be prepaid, the order submitted via a clinician in the US, and shipped via UPS Ground to US locations only.
- ✓ Submit your order by fax, mail, or email. Orders should be placed with, and payments made out to:



The Wunzi is the **ONLY** orthotic garment and strapping system made specifically for infants!

### Progressive GaitWays

[orders@gaitways.com](mailto:orders@gaitways.com) • Fax: (866) 886-7736  
305 Society Drive, #C-3, Telluride CO 81435

## To obtain a rebate under the Research Partner program:

- ✓ Measure or quantify client outcomes with TheraTogs on three different dates. We normally expect the three dates to be at least two weeks apart.
- ✓ For each set of outcomes, 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.

## If you have any further questions about...

- The Research Partner Program itself, please contact Customer Service at 866-410-8062 or [admin@gaitways.com](mailto:admin@gaitways.com).
- The use or selection of the proper TheraTogs Systems, please contact TheraTogs Clinical Support at 970-239-0108 or [support@theratogs.com](mailto:support@theratogs.com).



# 2017 Research Partner Program - Sign Up / Prescription Form

TO AVOID PROCESSING DELAYS, PLEASE SEND THIS FORM WITH YOUR ORDER

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: \_\_\_\_\_

License No: # \_\_\_\_\_ State Licensed In: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Anonymous Patient Data

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)        |  |   |
- Ligament Laxity at joints (indicate which): \_\_\_\_\_
- 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  2<sup>nd</sup> Party Payor: \_\_\_\_\_

Anticipated billing codes (if known):

Contact Name: \_\_\_\_\_ Contact Email or Phone: \_\_\_\_\_

# RESEARCH PARTNER PROGRAM: 2017 ORDER FORM

**FAX TO:**  
**866-886-7736**

ORDERS & PAYMENTS TO: Progressive GaitWays, LLC  
305 Society Drive #C-3 · Telluride, CO 81435  
866-410-8062 · Fax: 866-886-7736 · [orders@gaitways.com](mailto:orders@gaitways.com)



Item #	Item Name	Price	Qty Ordered	Item Total			
Shipping via UPS Ground – US Locations only			<b>Order Subtotal:</b>	<b>+\$</b>			
<b>SHIPPING &amp; HANDLING</b>	<b>Order Value</b>	<b>S&amp;H</b>	<b>Order Value</b>	<b>S&amp;H</b>	<b>Order Value</b>	<b>S&amp;H</b>	<b>SHIPPING:</b>
	Up to \$40	\$9.00	\$75-\$249	\$15.00	\$425-\$1000	\$20.00	<b>+\$</b>
	\$41-\$74	\$13.00	\$250-\$424	\$18.00	\$1001-\$2500	\$30.00	
Shipping charges for Expedited Orders (UPS Next Day, 2 <sup>nd</sup> Day, 3 Day Select) - or orders shipped to HI or AK - are calculated at time of shipping.						<b>Order Total:</b>	<b>\$</b>

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: \_\_\_\_\_

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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](http://www.gaitways.com)).**



## TheraTogs Research Partner Program 2017 Pricing

**EFFECTIVE JANUARY 2017**

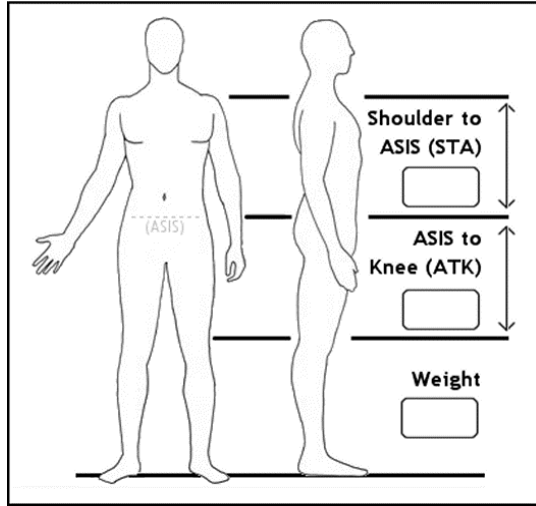
PLEASE SEE SPECIFIC SIZING PARAMETERS ON PAGE FOLLOWING PRODUCT PRICING

Item	List Price	Partner Price	Item	List Price	Partner Price
<b>TheraTogs ULTRA Wunzi™ Infant System</b>					
GWZ25 – Wunzi XXSmall	\$314	<b>\$184</b>	GWZ100 – Wunzi Medium	\$395	<b>\$196</b>
GWZ50 – Wunzi XSmall	\$314	<b>\$184</b>	GWZ125 – Wunzi Large	\$395	<b>\$196</b>
GWZ75 – Wunzi Small	\$314	<b>\$196</b>	GWZLKS –Wunzi Limb Kit Small	\$261	<b>\$145</b>
			GWZLKL –Wunzi Limb Kit Large	\$290	<b>\$160</b>
<b>TheraTogs ULTRA Posture &amp; Torso Alignment (PTA) System</b>					
GPTA110 Infant PTA	\$480	<b>\$385</b>	GPTA610 Med Adult Women’s PTA	\$885	<b>\$525</b>
GPTA210 Pre-School PTA	\$580	<b>\$415</b>	GPTA620 Large Adult Women’s PTA	\$958	<b>\$579</b>
GPTA310 Pediatric PTA	\$600	<b>\$439</b>	GPTA710 Med Adult Men’s PTA	\$885	<b>\$575</b>
GPTA410 Petite Adult PTA	\$750	<b>\$489</b>	GPTA720 Large Adult Men’s PTA	\$958	<b>\$579</b>
<b>TheraTogs ULTRA Full Body Orthotic System</b>					
GFB100 Infant Full Body	\$942	<b>\$476</b>	GFB620 Adult Female Large Full Body	\$1,621	<b>\$727</b>
GFB200 Pre-School Full Body	\$1,063	<b>\$518</b>	GFB700 Adult Male Med Full Body	\$1,621	<b>\$727</b>
GFB300 Pediatric Full Body	\$1,063	<b>\$518</b>	GFB720 Adult Male Large Full Body	\$1,621	<b>\$727</b>
GFB400 Petite Adult Full Body	\$1,351	<b>\$579</b>	GFB730 Adult Male XLarge Full Body	\$1,824	<b>\$793</b>
GFB600 Adult Female Small Full Body	\$1,621	<b>\$615</b>			
<b>TheraTogs ULTRA Lower Extremity Orthotic System</b>					
GLE201 Pre-School LowEx	\$775	<b>\$370</b>	GLE621 Adult Female Large LowEx	\$1,009	<b>\$482</b>
GLE301 Pediatric LowEx	\$775	<b>\$370</b>	GLE701 Adult Male Medium LowEx	\$1,009	<b>\$495</b>
GLE401 Petite Adult LowEx	\$896	<b>\$428</b>	GLE721 Adult Male Large LowEx	\$1,009	<b>\$495</b>
GLE601 Adult Female Sm LowEx	\$1,009	<b>\$482</b>	GLE731 Adult Male XLarge LowEx	\$1,142	<b>\$565</b>
<b>Wrist &amp; Thumb Positioning Orthotic System</b>					
WT307R Small Pediatric, Right Hand	\$247	<b>\$118</b>	WT317R M/L Pediatric, Right Hand	\$247	<b>\$118</b>
WT307L Small Pediatric, Left Hand	\$247	<b>\$118</b>	WT317L M/L Pediatric, Left Hand	\$247	<b>\$118</b>

# TheraTogs Orthotic Garment Systems • 2017 Sizing Chart



## Sizing Guidelines



	Size Group	Weight	Max STA	Max ATK	PTA System	Full Body System	Lower Extremity System	Wrist & Thumb System
<b>PEDIATRICS</b>	<b>Infant</b>	15 – 25 lbs	10.5 in	9.75 in	<input type="checkbox"/> GPTA110	<input type="checkbox"/> GFB100	<input type="checkbox"/> GLE101	<input type="checkbox"/> GWT307L (Sm)
	<b>Pre-School</b>	25 – 45 lbs	13.5 in	11.75 in	<input type="checkbox"/> GPTA210	<input type="checkbox"/> GFB200	<input type="checkbox"/> GLE201	<input type="checkbox"/> GWT307R (Sm)
	<b>Pediatric</b>	45 – 65 lbs	15 in	18.5 in	<input type="checkbox"/> GPTA310	<input type="checkbox"/> GFB300	<input type="checkbox"/> GLE301	<input type="checkbox"/> GWT317L (Lg)
	<b>Junior</b>	65 – 110 lbs	17.5 in	20.75 in	<input type="checkbox"/> GPTA410	<input type="checkbox"/> GFB400	<input type="checkbox"/> GLE401	<input type="checkbox"/> GWT317R (Lg)
<b>ADULT</b>	<b>Female Med</b>	110 – 170 lbs	20.5 in	23.75 in	<input type="checkbox"/> GPTA610	<input type="checkbox"/> GFB600	<input type="checkbox"/> GLE601	
	<b>Female Lg</b>	170 – 200 lbs	22.75 in	26.25 in	<input type="checkbox"/> GPTA620	<input type="checkbox"/> GFB620	<input type="checkbox"/> GLE621	
	<b>Male Med</b>	110 – 170 lbs	19.25 in	23.75 in	<input type="checkbox"/> GPTA710	<input type="checkbox"/> GFB700	<input type="checkbox"/> GLE701	
	<b>Male Large</b>	170 – 190 lbs	22.5 in	26.25 in	<input type="checkbox"/> GPTA720	<input type="checkbox"/> GFB720	<input type="checkbox"/> GLE721	

<b>WUNZI</b>	Size Name	Age	Weight	Lower Torso Length C-7 to Navel	Belly Girth At Navel Height	Wunzi Model #
	<b>Wunzi XX-Small</b>	0 – 3 mo	7 – 12 lbs	16 in	16 in	<input type="checkbox"/> GWZ25
	<b>Wunzi X-Small</b>	3 – 6 mo	12 – 17 lbs	20 in	17 in	<input type="checkbox"/> GWZ50
	<b>Wunzi Small</b>	6 – 12 mo	17 – 18 lbs	22 in	18 in	<input type="checkbox"/> GWZ75
	<b>Wunzi Medium</b>	12 – 18 mo	18 – 21 lbs	24 in	20 in	<input type="checkbox"/> GWZ100
	<b>Wunzi Large</b>	18 – 24 mo	21 – 26 lbs	27 in	21 in	<input type="checkbox"/> GWZ125
	<b>Limb Kit, Small</b>	0 – 12 mo	1 – 18 lbs	N/A	N/A	<input type="checkbox"/> GWZLKS
	<b>Limb Kit, Large</b>	12 – 24 mo	18 – 26 lbs			<input type="checkbox"/> GWZLKL

**Wunzi Lower Torso Length**



C-7 to navel over the diaper

**Belly Girth**



Around belly at navel