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## 2019 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.

Here's how the Research Partner program works:

- ✓ Fill out the 2019 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:

**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).



# 2019 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:

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

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: \_\_\_\_\_

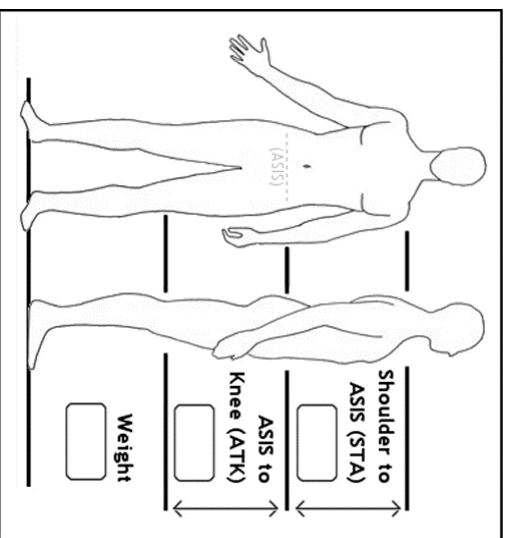
Anticipated billing codes (if known):

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

# TheraTogs Orthotic Garment Systems • 2019 Sizing Chart



## Sizing Guidelines



Size Group	Weight	Max STA	Max ATK	PTA System		Full Body System		Lower Extremity System		Wrist & Thumb System
				System	Model #	System	Model #	System	Model #	System
<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"/> GW307L (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"/> GW307R (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"/> GW317L (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"/> GW317R (Lg)
<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		

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			<input type="checkbox"/> GWZLKS
<b>Limb Kit, Large</b>	12 – 24 mo	18 – 26 lbs			<input type="checkbox"/> GWZLKL



**Wunzi Lower Torso Length**



**Belly Girth**

C-7 to navel over the diaper

Around belly at navel

## RESEARCH PARTNER PROGRAM: 2019 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



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>	Order Value	S&H	Order Value	S&H	Order Value	S&H	<b>SHIPPING:</b>
	Up to \$40	\$9.00	\$75-\$249	\$15.00	\$425-\$1000	\$20.00	
	\$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: \_\_\_\_\_ Dept: \_\_\_\_\_

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 2019 Pricing

**EFFECTIVE JANUARY 2019**

PLEASE SEE SPECIFIC SIZING PARAMETERS ON SIZING CHART

Item	Partner Price	Cost After Rebate	Item	Partner Price	Cost After Rebate
<b>Wunzi Infant Systems</b>					
GWZ25 – Wunzi XXSmall	<b>\$178</b>	<b>\$125</b>	Wunzi XX Small w/ Small Kit	<b>\$326</b>	<b>\$228</b>
GWZ50 – Wunzi XSmall	<b>\$178</b>	<b>\$125</b>	Wunzi X Small w/ Small Kit	<b>\$326</b>	<b>\$228</b>
GWZ75 – Wunzi Small	<b>\$224</b>	<b>\$157</b>	Wunzi Small w/ Large Kit	<b>\$388</b>	<b>\$272</b>
GWZ100 – Wunzi Medium	<b>\$224</b>	<b>\$157</b>	Wunzi Medium w/Large Kit	<b>\$388</b>	<b>\$272</b>
GWZ125 – Wunzi Large	<b>\$224</b>	<b>\$157</b>	Wunzi Large w/Large Kit	<b>\$388</b>	<b>\$272</b>
<b>Posture &amp; Torso Alignment (PTA) Systems</b>					
GPTA110 Infant PTA	<b>\$272</b>	<b>\$191</b>	GPTA610 Med Adult Women’s PTA	<b>\$502</b>	<b>\$351</b>
GPTA210 Pre-School PTA	<b>\$329</b>	<b>\$230</b>	GPTA620 Large Adult Women’s PTA	<b>\$543</b>	<b>\$380</b>
GPTA310 Pediatric PTA	<b>\$340</b>	<b>\$238</b>	GPTA710 Med Adult Men’s PTA	<b>\$502</b>	<b>\$351</b>
GPTA410 Junior PTA	<b>\$425</b>	<b>\$298</b>	GPTA720 Large Adult Men’s PTA	<b>\$543</b>	<b>\$380</b>
<b>Full Body Systems (FBS)</b>					
GFB100 Infant FBS	<b>\$534</b>	<b>\$374</b>	GFB620 Adult Female Large FBS	<b>\$919</b>	<b>\$643</b>
GFB200 Pre-School FBS	<b>\$603</b>	<b>\$422</b>	GFB700 Adult Male Med FBS	<b>\$919</b>	<b>\$643</b>
GFB300 Pediatric FBS	<b>\$603</b>	<b>\$422</b>	GFB720 Adult Male Large FBS	<b>\$919</b>	<b>\$643</b>
GFB400 Petite Adult FBS	<b>\$766</b>	<b>\$536</b>	GFB730 Adult Male XLarge FBS	<b>\$1,034</b>	<b>\$724</b>
GFB600 Adult Female Small Full Body	<b>\$919</b>	<b>\$643</b>			
<b>Lower Extremity Systems (LowEx)</b>					
GLE101 Infant LowEx	<b>\$439</b>	<b>\$307</b>	GLE621 Adult Female Large LowEx	<b>\$572</b>	<b>\$400</b>
GLE201 Pre-School LowEx	<b>\$439</b>	<b>\$307</b>	GLE701 Adult Male Medium LowEx	<b>\$572</b>	<b>\$400</b>
GLE301 Pediatric LowEx	<b>\$439</b>	<b>\$307</b>	GLE721 Adult Male Large LowEx	<b>\$572</b>	<b>\$400</b>
GLE401 Petite Adult LowEx	<b>\$508</b>	<b>\$356</b>	GLE731 Adult Male XLarge LowEx	<b>\$647</b>	<b>\$453</b>
GLE601 Adult Female Sm LowEx	<b>\$572</b>	<b>\$400</b>			
<b>Wrist &amp; Thumb Systems</b>					
WT307R Small Pediatric, Right Hand	<b>\$122</b>	<b>\$98</b>	WT317R M/L Pediatric, Right Hand	<b>\$122</b>	<b>\$98</b>
WT307L Small Pediatric, Left Hand	<b>\$122</b>	<b>\$98</b>	WT317L M/L Pediatric, Left Hand	<b>\$122</b>	<b>\$98</b>