



ITEM	SKU	PRICE	QTY	EXTENSION
<b>TRAINING DVDs &amp; PUBLICATIONS BY BEVERLY CUSICK, PT, MS, NDT, COF</b>				
FOOT TALK: A CLASSROOM PRESENTATION ON THE FUNDAMENTALS OF FUNCTIONAL FOOT ANATOMY AND BIOMECHANICS (2009) 2-Disk Set: DVD (Lecture) + CD (PowerPoint Handout & References)	PG2	\$40		
<b>ASSESSMENT TOOLS</b>				
4-Piece Assessment Tool Kit: 3.5" Angle finder, 20cm Medio-lateral caliper, telescoping stick, 8" goniometer.	ATK4A	\$42		
4-Piece Spinal Assessment Tool Kit: 3.5" Angle finder, 16" flexible ruler, telescoping stick, 8" goniometer.	ATK4B	\$36		
5-Piece Assessment Tool Kit: 3.5" Angle finder, 16" flexible ruler, telescoping stick, 8" goniometer, 20cm medio-lateral caliper	ATK5	\$56		
20cm Medio-Lateral Caliper – anodized aluminum, 5-year warranty	MLC20	\$22		
36cm Medio-Lateral Caliper – anodized aluminum, 5-year warranty	MLC36	\$30		
Medio-Lateral Caliper Combo Kit: 20cm plus 36cm anodized aluminum calipers	MLCC	\$46		
3 ½" Angle Finder and Telescoping Stick set	Set of 1 each	AFTSK	\$15	
	Angle Finder only	AF3	\$12	
	Telescoping Stick only	TOOL04	\$6	
16" Flexible Ruler features U.S. and metric scales	FLRL16	\$16		
8" Pediatric Goniometer – 360 degrees, US and metric scale rules, clear plastic	GON8	\$9		

<b>SIZED PRODUCTS FOR POSTING &amp; POSITIONING</b>				
HEELRITE™ SHOE INSERTS – Sold in L/R Pairs (Indicate Quantity in boxes below)			PRICE	EXTENSION
HeelRite Shoe inserts are currently not available due to an issue with source materials.   Watch our website and Facebook page for news about availability as soon as we have resolved the issue – or sign up to receive our email notifications: <a href="http://www.gaitways.com/contact">www.gaitways.com/contact</a>				

POSTING WEDGES & MATERIALS – All Materials with peel-and-stick adhesive surface	SKU	PRICE	QTY	EXTENSION
2 Degrees - ~5mm edge x 4.5" x 18"	PW2	\$8		
3 Degrees – ~7mm edge x 4.5" x 18"	PW3	\$10		
4 Degrees – ~10mm edge x 4.5" x 18"	PW4	\$12		
7 Degrees - ~18mm edge x 6" x 17"	PW7	\$17		
Sample Pack: One each in 2-, 3-, 4-, and 7 degrees, as sized above	PWSAMP	\$40		
Adhesive Plastazote Strip (peach) 1/8" x 4" x 18"	PZOTE18	\$4		
Adhesive PPT Strip (blue) 1/8" x 4" x 18"	PPT18	\$4		
Adhesive Felt Strip (white) 1/8" X 6" X 18"	ADFELT18	\$8		

TUNING TRIAL CAST OVERSHOE, Pair	SIZE/SKU	PRICE	QTY	SIZE/SKU	PRICE	QTY	EXTENSION
	Preschool #PCS	\$15		School-age #SACS	\$18		

PAGE 1 SUBTOTAL

TheraTogs Sit-Up Assist Kits:

MODEL	SKU	PRICE	QTY	MODEL	SKU	PRICE	QTY	EXTENSION
Sit-Up X-Small: Infant	SU100	\$22		Medium: Pediatric/School Age	SU300	\$28		
Small: Pre-School	SU200	\$24		Large: Junior/Adult	SU400	\$30		

Dorsiflexion Assist Systems – Gait, Sleep, and Combo Models sized by Shoe Size

MODEL	SHOE SIZE	GAIT SYSTEM	PRICE	SLEEP SYSTEM	PRICE	COMBO SYSTEM	PRICE	QTY	EXTENSION
Infant	Pre-Walking Infant 3-6 toddler 6			q #AK104S	\$46				
Preschool	Pre-Walking 3-6; Toddler 6.5-8.5	q #AK204G	\$23	q #AK204S	\$52	q #AK204C	\$68		
Toddler	Toddler 9-13.5; Girls & Boys 1-2	q #AK304G	\$26	q #AK304S	\$58	q #AK304C	\$76		
Pediatric	Girls & Boys 3-6	q #AK314G	\$26	q #AK314S	\$62	q #AK314C	\$79		
Junior	Girls/Women 5-8.5; Boys/Men 3-6.5	q #AK404G	\$30	q #AK404S	\$68	q #AK404C	\$88		
Med Adult	Women 9-12; Men 7-9.5	q #AK504G	\$32	q #AK504S	\$70	q #AK504C	\$92		
Large Adult	Men 10-15	q #AK604G	\$38	q #AK604S	\$74	q #AK604C	\$98		

SHIPPING & HANDLING • ORDERS SHIP VIA USPS PRIORITY UNLESS OTHERWISE REQUESTED

PAGE 2 SUBTOTAL

BY REQUEST:  Ship UPS  Ship FedEx  Express  2Day  3Day

Please charge shipping according to order weight and cost. No further authorization is required.

Please provide shipping cost estimate prior to shipment. Authorization is required before shipping.

ORDER TOTAL

**SEND ORDERS AND PAYMENTS TO: Progressive GaitWays, LLC • Fax: (866) 886-7736 • Email: [orders@gaitways.com](mailto:orders@gaitways.com)**

All prices include applicable sales and excise taxes. Prices and payment in US funds only.

Visa and MasterCard accepted for orders of \$20.00 or more. Purchase orders accepted only for orders of \$50.00 or more.

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

SHIPPING	<input type="checkbox"/> Same as "BILL TO" address	PT   OT   MD   CO   Orthotist   OTHER												
	Name:	_____						Email:						_____
	Facility:	_____												
	Department:	_____												
	Street:	_____												
	City, ST Zip:	_____										Phone:		