







- Orthotics
- Prosthetics
- Mobility



## Ankle Foot Orthoses (AFOs)

Prescription	Device	Indications	Documentation
Off-the-Shelf (OTS) AFO		<p>Simple foot drop with functional plantar flexion</p> <p>Mild knee hyperextension</p> <p>Mild Achilles tendon tightness</p> <p>Mild ankle instability</p>	See <a href="#">Section 1</a> for documentation requirements
<b>CUSTOM</b> AFO-Ankle Gauntlet		<p>Posterior Tibial Tendon Dysfunction (PTTD)</p> <p>Talocalcaneal varus/valgus</p> <p>Tibialis tendonitis</p> <p>Severe Pronation/Supination</p> <p>Ankle arthritis/degenerative joint disease (DJD)</p> <p>Stable Charcot Arthropathy</p> <p>Ankle, subtalar or midtarsal trauma</p> <p>Chronic Achilles tendonitis</p>	See <a href="#">Section 2</a> for documentation requirements
<b>CUSTOM</b> AFO (Articulated, Solid, Leaf Spring, or Ground Reaction)		<p>Weak or absent plantarflexors and/or dorsiflexors</p> <p>Lateral or medial instability of the subtalar joint</p> <p>Drop foot</p> <p>Severe pronation/supination</p> <p>Knee instability in the sagittal plane with ankle instability</p> <p>Severe DJD</p>	See <a href="#">Section 2</a> for documentation requirements
<b>CUSTOM</b> Charcot Restraint Orthotic Walker (CROW Boot)		Charcot deterioration of the foot and/or ankle	See <a href="#">Section 2</a> for documentation requirements



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<b>CUSTOM</b> Supramalleolar Orthosis (SMO or SMAFO)		Coronal instabilities	See <a href="#">Section 2</a> for documentation requirements
		Low tone, hypotonic patient	
		Arthritis	
		Posterior tibial weakness or rupture	
		Pes planovalgus	
		Chronic Ankle Sprains	
Night Splints (PRAFO)		Plantarflexion contracture	See <a href="#">Section 3</a> for documentation requirements
		Some passive ROM	
		Chronic tight heel cords	
		Chronic plantar fasciitis	
<b>Section 1</b> MD, DO, PA, or NP notes must mention:	Patient is ambulatory (or has potential to ambulate) with weakness or deformity of the foot/ankle <b>AND</b> Requires stabilization for medical reasons <b>AND</b> Has the potential to benefit functionally from device		
<b>Section 2</b> MD, DO, PA, or NP notes must mention:	<u>Section 1</u> <b>AND one or more of the following:</b> Patient could not be fit with prefabricated AFO; Condition will last more than 6 months; There is need to control the knee, ankle, and/or foot in more than 1 plane of motion; Documented neurological, circulatory, or orthopedic status; Patient has a healing fracture that lacks normal anatomical integrity or anthropomorphic proportions;		
<b>Section 3</b> MD, DO, PA, or NP notes must mention:	Non-fixed plantarflexion contracture of at least 10 degrees <b>AND</b> A reasonable expectation to correct contracture <b>AND</b> Contracture is interfering or expected to interfere with patients' functional abilities <b>AND</b> Device is used as a component of a therapy program with active stretching of muscles and/or tendons <b>AND</b> Patient has plantar fasciitis		