








- Orthotics
- Prosthetics
- Mobility

Upper Extremity Orthoses

Prescription	Device	Indications	Documentation
Carpal Tunnel Wrist Hand Orthoses (WHO) / Wrist Cock-Up Splint		Arthritis	See Section 1 for documentation requirements
		Bursitis	
		Carpal Tunnel Syndrome	
		Wrist sprain	
Resting WHO		Wrist strain	See Section 1 for documentation requirements
		Tendonitis	
		Soft tissue injuries	
		Post-cast healing	
CUSTOM WHO		Contractures	See Section 2 for documentation requirements
		Radial or Ulnar Deviation	
Fracture Bracing		Humeral fracture	See Section 1 for documentation requirements
		Radial or Ulnar fracture	
Elbow Range of Motion (ROM) Orthoses		Soft tissue contractures	See Section 1 for documentation requirements
		Joint stiffness	
		Limited range of motion	
		Post-op range of restriction	
Section 1 MD, DO, PA, or NP notes must mention:	The reason why the patient would benefit from an orthosis		
Section 2 MD, DO, PA, or NP notes must mention:	The reason why the patient would benefit from an orthosis AND The reason custom is needed (often the patient does not have normal anthropomorphic proportions)		