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Wichita, KS 67214  
316-269-3338 office  
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613 N. Main St.  
El Dorado, KS 67042  
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#### How to Stretch for Plantar Fasciitis

1. Take a belt and wrap it around the ball of the foot. Locking the knee, move the foot towards the body and hold 30 seconds; release. Do 3 repetitions. Do these exercises 3 times a day. Once in the morning after taking off the night splint, once in the middle of the day, and at the end of the night before you put on your night splint.

*Additional stretching exercises can be found in pamphlet of night splints.*

2. Take an empty 1 liter Coke or water bottle fill with water and freeze. Roll the bottle back and forth between the ball of your foot and heel 10-15 minutes after the biggest part of your day.

3. Take a golf ball and place under effected heel and place full weight and roll around for 10-15 minutes. This will hurt when first applying pressure and releasing pressure, but will excellent therapeutic value.

4. Then use Biofreeze roll-on to massage heel and arch 3-4 times a day.

#### How to utilize your Prefabricated Plastic AFO "Night splint"

Your device will be fitted while you are here in the office today. You may put on your night splint while in bed, sitting in a recliner, or lying on the couch. You may walk in your night splint if it is a limited distance.

Be patient. Give time for your feet to adjust to the night splint. It may take up to 6 weeks to see the effects of them.

If you do the exercises like described above, and continually wear your night splint you should usually complete this treatment in 4-6 months. If the exercises and utilization of the night splint are not consistent, you may have the night splint for an unknown duration of time.

#### How to utilize your Prefabricated AFO gauntlet brace "Air Heel"

Your device will be fitted while you are here in the office today. You may wear your Air Heel whenever you are walking or stand. It works best when worn with a shoe.

Be patient. Give time for your feet to adjust to the air heel. It may take a few days to become used to the device.

If you wear the air heel as instructed you should feel a difference in the way your feet feel. If the utilization of the air heel is not consistent, you may have pain when wearing them. This device is help facilitate the healing of soft tissues of your foot while massaging your plantar fascia band and the Achilles tendon. It will also be used as a transition device when you receive your custom orthotics.

#### Night Splint Easy to Wear

1. The Night Splint can be worn on either foot. Simply slide the foot into the splint.
2. Bring the flaps together to a comfortable position and fasten firmly with the Velcro strap.
3. Secure the two remaining straps comfortably around the lower leg.

#### Easy to Care

If your Night Splint becomes soiled, hand wash in warm water with a mild detergent and air dry. Do not use a machine dryer as this will permanently damage the padding system.

#### Warnings and Precautions

The Night Splint is designed for the specific use as advised. Do not use the splint on any other part of the body. An alteration or application other than advised constitutes misuse of this product. The manufacturer will not be liable for injuries or damages resulting from misuse or misapplication of the product.

#### Limited Warranty

The Night Splint is manufactured to the highest possible quality standards. If this product is found to be defective in material or workmanship within the first 30 days after purchase, the manufacturer will replace it. In some cases, at the manufacturer's option, a request may be made to have the defective part or product returned for inspection.

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**Air Heel**  
**Easy to Wear**

1. The Air Heel can be worn on either foot. Simply slide the foot into the splint.
2. Bring the ankle brace up around the ankle and secure it with the Velcro strap.

**Easy to Care**

If your Air Heel becomes soiled, hand wash in warm water with a mild detergent and air dry. Do not use a machine dryer as this will permanently damage the air cell system.

**Warnings and Precautions**

The Air Heel is designed for the specific use as advised. Do not use the splint on any other part of the body. An alteration or application other than advised constitutes misuse of this product. The manufacturer will not be liable for injuries or damages resulting from misuse or misapplication of the product.

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**Night Splint (Ankle Foot Orthosis)**

The doctor has prescribed a prefabricated AFO or ankle foot orthosis for your condition. This item is made of two (2) separate pieces, one is the plastic shell and the other is the soft tissue interface, which is removable. Your insurance has been contacted, and your insurance company subject to your deductible, co-pay and/or co-insurance covers this item. The AFO or night splint will be billed at a fee of **\$280**. As a contracted provider with your insurance we are required to accept their allowable amount, this varies from carrier to carrier and plan to plan, whatever amount **they do not allow** will be adjusted off your bill as per your contract. However, as the insured you are still responsible for the deductible, co-pay and/or co-insurance amount. **For example only:** *if your insurance allows \$200 for the Night Splint, if your plan pays 80% of the allowed amount (\$160 for the Night Splint) your responsibility would be \$40 for the Night Splint, if your deductible has been met. If your deductible has not been met, you will be responsible for the full allowable amount up to your deductible (\$200 for the Night Splint).*

**Ankle Foot Orthosis/ Gauntlet**

The doctor has prescribed a prefabricated AFO or ankle foot orthosis for your condition. Your insurance has been contacted, and your insurance company subject to your deductible, co-pay and/or co-insurance covers this item. The AFO or night splint will be billed at a fee of **\$160**. As a contracted provider with your insurance we are required to accept their allowable amount, this varies from carrier to carrier and plan to plan, whatever amount **they do not allow** will be adjusted off your bill as per your contract. However, as the insured you are still responsible for the deductible, co-pay and/or co-insurance amount. **For example only:** *if your insurance allows \$100 for AFO, if your plan pays 80% of the allowed amount (\$80 for the AFO) your responsibility would be \$20 for the AFO, if your deductible has been met. If your deductible has not been met, you will be responsible for the full allowable amount up to your deductible (\$100 for the AFO).*

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Patient Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Chart #