

Eastside Sports Rehabilitation Clinic

Your physician has referred you for a biomechanical evaluation and orthotics in an attempt to decrease or eliminate your foot, ankle or leg symptoms. This is very often done as a first attempt and as a least invasive method to control your symptoms. In some cases this alone will not resolve your symptoms, in which case your physician will determine further course of intervention.

A biomechanical examination deals with the structure and function of the segments of the feet as they relate to each other in their relationship to the legs, hips, and spine. The evaluation will develop a complete history and examine specific symptoms as they relate to any abnormal findings.

Prescription biomechanical orthotic devices are custom made by hand to specifically control the function of your particular foot. They are not arch supports. Requiring several days of meticulous construction, the orthotic is shaped and corrections are made to closely control your foot mechanics. Efficiency and smoothness of weight stress transmission through the feet and legs are improved due to enhanced muscle action. Foot, ankle and leg symptoms can ultimately be decreased or eliminated with the use of properly prescribed biomechanical devices.

Please bring or wear appropriate clothing for a proper biomechanical evaluation. Shorts, trunks, or loose-legged slacks are suggested. Also, bring the pairs of shoes you wear for various activities.

Please read the information below with respect to our “fee policy for biomechanical orthotic devices.”

CONCEPTS:

- Understand the biomechanics of the foot and its influence on the lower extremity and gait.
- Understand how faulty biomechanics can lead to pathology or problems.
- Understand the role of biomechanical orthotic devices and treatment of faulty biomechanics.
- If needed, accurately cast and capture proper foot alignment for fabrication of orthotic devices.

PAYMENT POLICY:

As a courtesy to you, we will bill your primary insurance company. This treatment may or may not be a covered expense with your insurance policy. Generally, insurance coverage is not 100% for physical therapy. We do ask that you contact your insurance company regarding your coverage. For your convenience, we accept cash, credit card or personal check.

Initial visit, for biomechanical evaluation, and casting supplies	\$185.00
Orthotic device	\$310.00
Pick-up visit	\$90.00

We require payment at the first visit for the orthotic devices, \$310.00 (per pair), unless we have received verification of coverage from your insurance company. There will be a lab fee for modifications and repairs if necessary. Your orthotic devices have been custom made especially for you. Because of this, they cannot be returned or refunded.

ASSIGNMENT AND RELEASE: I hereby authorize my insurance benefits are paid directly to the physical therapist. I am financially responsible for any balance due. I also authorize the physical therapist or insurance company to release any information required for this claim.

Signature of Patient (or patient’s authorized representative)

Date