



# **THE EQUINUS BRACE™**

**“SIMPLE, EFFECTIVE RELIEF”**



“One hour per day for one month and my shin splints were gone.”

KATE DUNWORTH - ASHEVILLE, NC



## THE EQUINUS BRACE® EFFECTIVE EQUINUS TREATMENT

Equinus deformity has been described as the “root of all foot evils.” The Equinus Brace® design is based on the significant library of equinus literature, providing treatment for numerous lower extremity pathologies and injury risk reduction for the most commonly associated running related injuries:

- Plantar Fasciitis
- Metatarsalgia
- Achilles Tendinopathies
- Sever’s Disease
- Medial Tibial Stress Syndrome
- Adult and Pediatric Flatfoot

### PHYSICIAN DESIGNED

The Equinus Brace® was designed to address the insufficiencies of alternative methods to treat equinus and provides effective treatment for the primary cause of numerous pathologies.



Dr. DeHeer

### Effective and Precise Treatment

Ankle dorsiflexion with the foot supinated to isolate the dorsiflexion force to the hindfoot stabilizes the midtarsal joints and externally rotates the tibia locking the knee in full extension.

### Patient Friendly Treatment

The Equinus Brace® requires 1 hour per day of treatment, unlike other treatment options, resulting in greater patient compliance.

### Essential for comprehensive treatment of numerous equinus related deformities

Equinus is associated with more than 35 lower extremity pathologies referenced in the literature. A comprehensive treatment plan of these pathologies should include proper equinus management.



### THE EQUINUS BRACE®

Created to provide optimal evidence-based results for equinus related pathologies.

- 1 Patented “Above the Knee Extension”**  
The Equinus Brace® is the only brace for equinus that extends above the knee maintaining the knee in full extension while dorsiflexing the ankle.
- 2 Patented “Toe Wedge”**  
Patented “60° toe wedge” engages the Windlass mechanism supinating the subtalar joint thereby isolating the dorsiflexion force to the hindfoot—while removing it from the midtarsal joints. Additionally, supination of the subtalar joint externally rotates the tibia which is essential to fully extend the knee (screw home mechanism).
- 3 Adjustable Ankle Hinges**  
Ankle joint hinges in 10° increments allow for precise, gradual, and safe stretching while preventing overstretching thereby providing more consistent and measurable results.
- 4 Adjustable Straps**  
Provide easy to use fit and customization.



## SEE THE DIFFERENCE

Comparison of the Equinus Brace to Night Splints

Products	Completely Lock Knee	Engages Windlass Mechanism	Ease of Use	Time to Use	Technique Dependant	Controllable Stretch	Cost	Maintenance Therapy
Equinus Brace	✓	✓	✓	1 hr	No	Yes	\$\$	✓
Equinus Brace 2.0	✓	✓	✓	1 hr	No	Yes	\$\$	✓
Night Splint	✗	✗	✓	All Night	No	No	\$	✗
Manual Stretching	Possible	✗	✗	1 hr per side	Yes	No	0	✗
Fitness Gadgets	✗	✗	✗	1 hr per side	Yes	No	\$\$\$	✗
Physical Therapy	✓	✗	✗	1 hr per side	Yes	No	\$\$\$\$	✗

## SIZING

### THE EQUINUS BRACE

We currently have one size available that is customizable and fits a wide range of foot and leg sizes. On the large end the brace fits up to a US men's 13, while on the small end the brace is only limited to length of the patient's lower leg.

### THE EQUINUS BRACE 2.0

We currently have one size available that is customizable to fit a wide range of foot and leg sizes. The 2.0 brace fits approximately children's size 8 to women's size 4.





# THE EQUINUS BRACE & THE EQUINUS BRACE 2.0

## PAYMENT INFO



### THE EQUINUS BRACE

Quantity Ordered	Price Per Unit	Shipping
1-3	\$79.75	Varies Based On Location
4-39	\$76.75	Varies Based On Location
40-79	\$73	Varies Based On Location
80-99	\$69.25	Varies Based On Location
100+	\$65.50	Varies Based On Location

### THE EQUINUS BRACE 2.0

Quantity Ordered	Price Per Unit	Shipping
1-3	\$88.75	Varies Based On Location
4-39	\$84.40	Varies Based On Location
40-79	\$80.05	Varies Based On Location
80-99	\$75.70	Varies Based On Location
100+	\$71.35	Varies Based On Location



# THE EQUINUS BRACE & THE EQUINUS BRACE 2.0 BILLING, CODING AND DOCUMENTATION INFO



The Equinus Brace™ is treating equinus deformity and/or plantar fasciitis according to the Medicare LCD covering AFOs for Ambulatory patients. The LCD for L4396 consists of 5 requirements: A static ankle foot orthosis (AFO) (L4396) is covered **if all of criteria 1 – 4 or criterion 5** is documented:

- 1 Plantar flexion contracture of the ankle with dorsiflexion on passive range of motion testing of at least 10 degrees (i.e., a non fixed contracture); (This is from the patient's most plantarflexed position)and,
  - 2 Reasonable expectation of the ability to correct the contracture; and,
  - 3 Contracture is interfering or expected to interfere significantly with the patient's functional abilities; and,
  - 4 Used as a component of a therapy program which includes active stretching of the involved muscles and/or tendons.
- and/or**
- 5 The patient has plantar fasciitis

**M24.571** – Contracture, Right Ankle - applies to criteria 1 - 4

**M24.572** – Contracture, Left Ankle - applies to criteria 1 - 4

**and/or**

**M72.2** - Plantar Fascia Fibromatosis (including Plantar Fasciitis) - applies to criteria 5

**Note on Diagnosis:** When the brace is being used for any pathology that has an associated equinus deformity (i.e. Achilles Tendonitis, Posterior Tibial Tendon Dysfunction, Metatarsalgia, Pronation Syndrome, Acquired Flatfoot Deformity), the diagnosis code for ankle contracture (i.e. M24.571/M24.572) should be linked to the CPT code for the brace.

- If the brace is being used for plantar fasciitis without an equinus deformity, it should be linked to the plantar fasciitis diagnosis code (i.e. M72.2).
- If the brace is being used for plantar fasciitis with an ankle contracture deformity, it should be linked to plantar fasciitis (M72.2) as the primary diagnosis and ankle contracture (M24.571/M24.572) as the secondary diagnosis.

As always documentation is critical, especially for the ankle contracture deformity diagnosis (M24.571/M24.572). Please note that the ICD 10 for Short Achilles Tendon Acquired (M67.01/M67.02) are not listed in the LCD for L4396, therefore it is not recommended to utilize these codes with the CPT code for The Equinus Brace™. Here is a sample of suggested documentation.

## Ankle Joint Objective Findings Documentation:

### Ankle joint dorsiflexion with the knee extended was measured with a goniometer/tractograph:

right = \_\_\_ degrees and left = \_\_\_ degrees (abnormal considered less than 5 degrees)

### Ankle joint dorsiflexion with the knee flexed was measured with a goniometer/tractograph:

right = \_\_\_ degrees and left = \_\_\_ degrees (abnormal considered less than 10 degrees)

### Total ankle joint range of motion measured with a goniometer/tractograph:

**Plantarflexion:** right = \_\_\_ degrees and left = \_\_\_ degrees (40 - 60 degrees = normal);

**Dorsiflexion:** right = \_\_\_ degrees and left = \_\_\_ degrees (10 - 20 degrees = normal)



## BILLING, CODING AND DOCUMENTATION INFO (CONT.)

**Note on Documentation:** There should also be documentation of symptoms and findings of with the associated lower extremity pathological condition (i.e. Achilles tendonitis, Posterior Tibial Tendon Dysfunction, Metatarsalgia, Pronation Syndrome, Acquired Flatfoot Deformity) in the Musculoskeletal Objective Findings Documentation.

It is also important to document any prior treatment, especially manual stretching/physical therapy/shoe modifications in the History of Present Illness in the Subjective Complaint section of the note.

In the Plan section of the note, the suggested documentation for the brace is as follows.

### The Equinus Brace™ Fitting and Dispensing Documentation:

The plastic custom fitted Ankle Foot Orthosis was assembled in accordance with the manufacturer's instructions and based on the specific anatomical and physiological requirements of the patient. This device was custom fitted by me a licensed podiatrist with expertise to provide this service and dispensed for the [right, left, bilateral] foot/feet. The patient was examined while wearing the device after several fitting maneuvers of trimming, bending, shaping, etc. and the fit was found to be appropriate. Medical Necessity: Due to the pain in the foot/ankle/leg with weight bearing throughout the day, with diagnosis of equinus deformity and related symptoms, this is medically necessary for the treatment. The function of this device is to serve as an anti contracture device of the Gastrocsoleal complex and to restrict and limit motion and help reduce excessive stress and strain to Gastrocsoleal complex and foot/ankle/leg. It is being utilized to prevent the plantar contracture of the Gastrocsoleal complex. The goals of this therapy are to: 1. Treat plantarflexion contracture of the ankle with dorsiflexion, the ankle on passive range of motion testing is noted to have at least 10 degrees (i.e., a non-fixed contracture); and, 2. Provide a reasonable expectation of the ability to correct the contracture; and, 3. Reduce the contracture that is interfering or expected to interfere significantly with the beneficiary's functional abilities; and, 4. Used as a component of a therapy program which includes active stretching of the involved muscles and/or tendons; and/or 5. Treat the beneficiary's plantar fasciitis. Additionally, medial and lateral ankle dorsiflex assistive and plantarflex restraint hinges are included on the brace and were set at [ ] degrees of dorsiflexion. These will be periodically adjusted based on future physical examination of the patient's progress.

### Instructions and Goals for the patient:

The device will be utilized for the next 8 to 12 weeks. The intent of these hinges is to resist plantarflexion and assist with dorsiflexion of the Gastrocsoleal complex and/or plantar fascia. These hinges will be adjusted over the course of the patient's therapy. The patient was instructed not to adjust the hinges. They were also advised to bring the device to the office at their next visit for further evaluation and adjustments. The goals and function of this device were explained in detail to the patient. The patient states that the device is comfortable when applied. The patient was shown and told in detail how to properly apply, remove, wear and care for the device. The patient was able to apply and remove the device properly without assistance and to not ambulate with the device in place. The device was then dispensed and was suitable for the condition and not substandard. No guarantees regarding resolution of symptoms were given and precautions were reviewed. Written instructions and warranty information were given along with the list of the current Durable Medical Equipment Supplier Standards. The patient signed a written proof of delivery. All questions were answered to their satisfaction. The patient also received a copy of our Complaint Protocol and was provided a follow up appointment for two weeks.

### When billing for the The Equinus Brace™ the following is suggested.

L4396 - KX: Medical Documentation Supports the Medical Policy for AFO

- RT, LT (if using bilateral both RT, LT modifiers must be included).
- However, it is important to note that it is best that they are billed separately i.e. L4396 KX RT billed as 1 unit and L4396 KXLT billed as 1 unit. This helps to insure accurate payment is made on both.

L2210 - RT, LT EXCEPT for MEDICARE/GOVERNMENTAL PLANS (The Equinus Brace is currently appealing this code with Medicare, this code may continue to be billed with non-governmental insurance providers).

- If using bilateral both RT, LT modifiers must be included AND the number of units per side (i.e. 2 per side as Equinus Brace™ has 2 hinges per brace).
- It is important to note that it is best that each "pair" of hinges are billed separately i.e. L2210 RT billed as 2 units and L2210 LT billed as 2 units. This helps to insure accurate payment is made on all 4 hinges.

**Disclaimer:** The final and sole responsibility for the correct coding, within established laws, rules, and standards of practice, rests upon the party submitting the claim.



## ORDERING INSTRUCTIONS

VISIT [WWW.FIXEQUINUS.COM](http://WWW.FIXEQUINUS.COM).

CLICK "REGISTER" TO CREATE AN ACCOUNT



**MITCH - PORTLAND, OR**



### GREAT PRODUCT

Thought I would have to take 6 months off to fix my foot. IQMed's brace had me back on the track in 2 months and completely healed in 3.



**DR. BRYCE FITZROY**



### PATIENTS LOVE ME

We have shaved months off the recovery time of multiple conditions with the Equinus Brace alone. Let's just say... the patients love me.



**ALEXANDRA HUGHES**



### COMPLETE RELIEF

The brace helped relieve my tired muscles and stretch the entire leg, from the toes to the thigh, providing complete relief.



**CYNTHIA - LITTLEROCK, AK**



### SOLVED!

I have been suffering from plantar fasciitis for over a year now. I was just turned onto this brace and already seeing some results. Kudos to IQMed.





# THE EQUINUS BRACE™



[www.fixequinus.com](http://www.fixequinus.com) | [contact@iqmedcorp.com](mailto:contact@iqmedcorp.com) | 1-855-GO-BRACE (1-855-462-7223)