

## The Equinus Brace™ Tip Sheet

1. Patient should wear the brace only 1 hour per day – DO NOT SLEEP IN BRACE!
2. If equinus is bilateral, dispense 2 braces so the patient can stretch both legs simultaneously
  - a. Dispensing 2 braces is typically covered by insurers if billed correctly (i.e. RT, LT modifiers)
3. Inform the patient it typically takes 12 weeks to adequately stretch the Gastrocsoleal complex
4. Start with the hinge set @ 90° for the first month
  - a. Instruct the patient they may not feel too much this 1st month, but to rest assured that the brace is working and stretching the calf muscle
  - b. It is critical to avoid over stretching and starting @ 90° prevents over stretching
5. Adjust the hinge setting monthly
  - a. Document ankle joint dorsiflexion each visit with the knee extended and flexed
  - b. If your documentation supports an office visit based on documentation, you should charge an office visit
6. Utilize the toe wedge to dorsiflex the hallux to patient's tolerance which will engage the Windlass mechanism thereby supinating the foot
  - a. Allows for dorsiflexion to occur in the hindfoot and not the midfoot
  - b. Externally rotates the tibia allowing for full knee extension via the "screw home mechanism"
7. After completion of therapy, if the patient is a high functional demand patient (i.e. athlete, runner, military, etc.) or prone to recontracture (i.e. diabetic patients) maintenance therapy may be required
  - a. Have the patient wear brace once weekly for 1 hour and reevaluate after 4 weeks measuring ankle joint dorsiflexion
  - b. If ankle joint dorsiflexion is < 5° with knee extended, then increase usage two times weekly for 1 hour each session and reevaluate after 4 more weeks
  - c. Continue adding sessions until patient's ankle joint dorsiflexion with knee extension is > 5°
8. Patient should put the braces on while seated, brace should be collapsed
  - a. Leave the foot straps loose but still looped through the slots, the three post straps should be open
  - b. Patient should feed foot through the pre-looped foot straps in the brace while pressuring the heel down and back
  - c. First anchor the heel into position by tightening the ankle strap
  - d. Then tighten the most proximal foot strap
  - e. Next position toe wedge under first hallux and tighten the distal foot strap
  - f. If wearing on both legs as recommended, then complete the above steps for both legs BEFORE extending the knee hinge
  - g. Unlock the knee hinge and slide the top portion of the brace above the knee to where the most proximal strap is just above the Patella, lock hinge
  - h. Tighten the knee straps

- i. If patient has an excessive amount of knee extension available, then adding a filler (i.e. rolled up washcloth) behind the femur (do not place this at the level of the knee as it will flex the knee, it must be above the knee)
- 9. Make sure you are billing the brace correctly with recommend coding
  - a. See coding documentation for more information
- 10. Document according to your Local Carrier Determination (LCD) – please see [fixequinus.com](http://fixequinus.com) for suggest objective finding documentation and brace dispense documentation
- 11. There have been over 30 + lower extremity pathologies directly associated with equinus and the comprehensive treatment of any of these conditions in a patient that also has equinus should include treatment of the equinus
  - a. See <http://www.fixequinus.com/pages/related-pathologies> for related pathologies with references