

**BOUNCE PHYSICAL THERAPY, PC  
4205 Longbranch Road, Ste. 8  
Liverpool, NY 13090**

**LETTER OF MEDICAL NECESSITY**

**DATE:**

**NAME:  
ADDRESS:**

**PHONE:**

**DOB:**

**PHYSICAL THERAPIST:**

**Crystal A. Duda, MSPT**  
Head Physical Therapist

**PHONE:** (315) 214-3431

**Facility:** Bounce Physical Therapy, PC  
4205 Longbranch Road, Ste. 8  
Liverpool, NY 13090

Please accept this correspondence as a statement justifying bilateral, hinged ankle-foot orthotics with adjustable plantar flexion stop. \_\_\_\_\_ demonstrates gait abnormality of absent heel strike/toe walking 100% of steps. As a result of contractures of the Achilles tendon and deep calf compartment muscles limiting dorsiflexion with knee extended to  $-10^{\circ}$ . The integrity of the ligaments in his knee, ankle, midfoot and forefoot are being compromised. He demonstrates knee hyperextension and transverse plane pronation with calcaneal valgus in standing as a compensation for lack of mobility in his calf musculature.

See photo #1, #2, #3 and #4

It is medically necessary that \_\_\_\_\_ receive bilateral, hinged ankle-foot orthotics with an adjustable plantar flexion stop in order to facilitate consistent heel strike while supporting the ligaments of his forefoot and midfoot from further collapse as he grows.

**Physician: Dr.**

Physician Signature: \_\_\_\_\_

Address:

Date: \_\_\_\_\_

Add Photo of:

- knee hyperextension in standing with full foot contact to floor.
- df knee extended showing end range