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Client Name: _____ Client ID: _____

Medicare Walking Boot Questionnaire

Please answer the following 6 questions and provide any additional notes.

1) Does client have plantar flexion contracture of the ankle with dorsiflexion on passive range or motion testing of at least 10 degrees?

2) Does client have reasonable expectation of the ability to correct the contracture?

3) Is the contracture interfering or expected to interfere significantly with the clients functional abilities?

4) Is this used as a component of a therapy program which includes active stretching of the involve muscles and or tendons?

5) Does the client have plantar fasciitis?

Name of person answering questions, if other than physician:

Print Name: _____ Title: _____

Signature: _____ Employer: _____

Physicians Signature: _____ Date: _____

****PLEASE ATTACH CHART NOTES ON WHY THE PATIENT NEEDS THIS THE WALKING BOOT****