

01/01/2023

**FULL NAME, MD**

**NPI: 0000000000**

WALTON FAM HEALTH CTR   
1894 WALTON AVE BRONX, NY 10453-6018

P: 718-583-3060

F: 718-583-3360

RE: **Patient Name**

DOB: 01/20/1949

P: 212-325-0045

ADDRESS: ABC 18TH STREET NEW YORK, NY 10003

HF: Member ID

**DX:**  **Left Knee Pain M25.562**

MD Last Name,

Mr. Patient Last Name reported left knee pain.

Based on the degree and chronicity of pain, stability and balance screening, and the symptom’s impact on function, the patient demonstrates themselves to be a good candidate for APOS therapy in addition to traditional physical therapy, to conservatively manage their symptoms.

APOS therapy (T1999) is a non-invasive customized footworn device proven to reduce pain and improve gait in patients with knee and back pathologies (*JAMA.* Reichenbach et al. 2020;323(18):1802-1812, PM&R. Lee et al. 2018; 836-842).

APOS is a covered service by this patient’s insurance for those who report knee and/or back pain or pathology. The individually customized therapy shoes are typically worn for 30-60 minutes a day inside, and each patient returns several times over the course of 12 months to make any needed adjustments in calibration or wearing schedule, to ensure proper and safe progression.

**Please sign on the bottom of the 2nd page and return fax to 800.655.3780**

Best regards,

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Your Name

ProHealth Patient Care Representative

**FULL NAME, MD**

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Skilled care to improve function and reduce pain

Traditional PT and APOS therapy T1999

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