

**Anatomic Site:** Plantar Fascia

**Product Name:** Plantar Fasciitis Night Splint



**Documentation Needs:**

- Left, right or alternate sides
- Weight bearing status
- What weakness does the patient have
- What deformity is present
- Is there any instability, laxity or contracture
- How are they going to benefit from using it
- How is the patient to use the product?
  - At night
  - Alternating sides

**Diagnosis:** Plantar Fasciitis

All other diagnosis are non-covered unless prescribed for a plantar flexion contracture then you must include the following in order for it to be paid by the insurance:

1. Plantar flexion contracture of the ankle with dorsiflexion on passive range of motion testing of at least 10 degrees (i.e. a nonfixed contracture; **and**
2. Reasonable expectation of the ability to correct the contracture; **and**
3. Contracture 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