



Success Story How To:

The Success Story submission is open to therapists only. Therapists please use descriptions and or outcome data specific to physical therapy/ occupation therapy or physiotherapy terminology.

Images captured before and after are extremely helpful. Please take pictures from all three planes and record the date that the picture is taken. Please provide the Authorization Release form to parents. This is required in order for pictures to be included in the Success Story.

STEP 1. THERAPIST INFORMATION

Therapist Name:	<input type="checkbox"/> PT <input type="checkbox"/> OT		
Clinic :	Clinic web address:		
Department:			
Clinic Address:			
City, State, Zip or Province, City, Country, Zip:			
Phone: Desk:	Other:	Email:	
Are you CTF certified? <input type="checkbox"/> Yes <input type="checkbox"/> No Where? When?			
Have you used TheraTogs in practice? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, in what setting(s)?			

STEP 2: PHOTO PERMISSION, PATIENT INFORMATION, IMPROVEMENTS

Do we have permission to post your success story on our website and/or our quarterly PaceSetter Newsletter (emailed to clinicians only)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Would you like your name and clinic name to be kept anonymous?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If no, would you like your clinic name/website link posted with your story on our website or in our newsletter?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Patient Information:		
Patient age & gender:	Year	Months <input type="checkbox"/> Male <input type="checkbox"/> Female
Patient Diagnosis:		
ICD-9 Code(s) if any:		
Primary TheraTogs objective (please be specific to indications):		

Primary TheraTogs Components used (Wunzi, tank top/hipster, strapping):	
Charted improvements (include any evidence):	
Secondary TheraTogs objective:	
Charted improvements (include any evidence):	
Prescribed wear schedule : <input type="checkbox"/> 6-8 hrs <input type="checkbox"/> 3-4 hrs <input type="checkbox"/> Sessions only <input type="checkbox"/> Other:	
TheraTogs helped me help this client achieve our therapy goals... <input type="checkbox"/> No <input type="checkbox"/> Yes	
This client would NOT have made the same gains in this amount of time without TheraTogs... <input type="checkbox"/> No <input type="checkbox"/> Yes Other or Describe:	
Functional Assessment scores:	
GMFM-88 Before	GMFM-88 After:
GMFM-66 Before	GMFM-66 After
PEDI Before	PEDI After:
AIM Before	AIM After:
Other clinical observations:	
Patient/Caregiver compliance:	
Actual total hours TheraTogs worn during assessment time period:	
Average hours TheraTogs worn, per day:	Days per week TheraTogs worn:
List name and number of pictures included:	

STEP 3: SUBMIT COMPLETED SUCCESS STORY FORM AND RELEASE FORM

Submit this document and the signed Photo Release Document:

- Fax completed form to (866) 824-9283
- Email completed form to support@theratogs.com