Using AM-PAC for Claims-Based Outcomes Reporting

Michael Stevenson, MBA, PT
Director, Product Management
Objectives

- Industry Landscape
- CBOR (High Level)
- Boston University Activity Measure for Post Acute Care (AM-PAC)
- Demonstration
  - Non-MediServe clients
  - MediServe clients
- Reporting / Data Management
- Pricing Models
- Resources
Submit in the Questions Tab!
More than 25 Years Serving the Rehab and Respiratory Communities

- Rehabilitation
  - IP, OP, IRF, PP
- Respiratory
- 250+ Clients
- Chandler, Arizona
- CORE Focus
  (Compliance, Outcomes, Revenue, Efficiency)
A Few of Our Clients

- Baptist Rehabilitation Germantown
- Burke Rehabilitation Hospital
- Central Vermont Medical Center
- Cleveland Clinic
- Florida Hospital
- Forsyth Rehabilitation Center
- Medical Center Health System
- MedStar National Rehabilitation Network
- Midland Memorial Hospital
- North Mississippi Medical Center
- Riverside
- Sarasota Memorial Health Care System
- St. Luke's Rehabilitation Institute
- Upstate Medical University
- WakeMed
- Weldon Rehabilitation Hospital
Between 1998–2008, Medicare expenditures for outpatient therapy services increased at a rate of 10.1 percent per year while the number of Medicare beneficiaries receiving therapy services only increased by 2.9 percent per year.
CMS Landscape

**PAC-PRD**
- CMS funded, multi-year
- RTI
- CARE Parts A, D, I, E
  - Limited to using existing instruments (IRFPAI, MDS, OASIS)
  - Tool is a collection of validate measures across PAC except HH

**DOTPA**
- CMS funded, multi-year
- RTI
- CARE Part C, F
  - Can use new instruments
  - Patient Self Assessment
    - AM-PAC, NOMS, SF-36
  - Sections for PT, OT, SP
    - ICF-based assessments
  - 13 DOTPA references in final rule
The CY 2013 proposal was based upon an option for claims-based data collection that was developed as part of the Short Term Alternatives for Therapy Services (STATS) project under a contract with CMS, which provided three options for alternatives to the therapy caps that could be considered in the short-term before completion of the DOTPA project.
Section 3005(g) of the MCTRJCA requires CMS to implement, beginning on January 1, 2013,

“. . . a claims-based data collection strategy that is designed to assist in reforming the Medicare payment system for outpatient therapy services subject to the limitations of section 1833(g) of the Act. Such strategy shall be designed to provide for the collection of data on patient function during the course of therapy services in order to better understand patient condition and outcomes.”
CBOR: What is it?

Page 68958-68978
Who Is Impacted

Medicare Part B

All areas of outpatient therapy services including hospitals, CAH, CORF, private practice, home health (after A benefit), SNF, etc.

As we explained in the proposed rule, this broad applicability would include therapy services furnished in hospitals, critical access hospitals (CAHs), skilled nursing facilities (SNFs), CORFs, rehabilitation agencies, home health agencies (when the beneficiary is not under a home health plan of care), and in private offices of therapists, physicians and NPPs.
When Does It Happen

- **Test Phase Begins** January 1, 2013
- **Required Submission** July 1, 2013
- **Payment Rejection beginning** July 1, 2013

We are finalizing an implementation date of January 1, 2013 with a 6-month testing period such that claims that do not comply with the data reporting requirements will be returned beginning July 1, 2013.
14 new G-codes sets

- 11 Functional G-codes (7 of those SLP)
- 3 ‘other functional area’, one for each discipline

7 Impairment Limitation Restriction Modifiers

Must use Outcomes Measures that map to a 7 point scale

- AM-PAC, FOTO, OPTIMAL, NOMS recommended by CMS in IOM

IOM provision of the Benefits Policy Manual, Chapter 15, Section 220.3C “Documentation Requirements for Therapy Services.”
PAC Metrix and CBOR
PAC-Metrix meets CMS’ Requirements

- PAC-Metrix is MediServe’s web-based AM-PAC Assessment instrument
- CMS lists the AMPAC as one of 4 named NQF endorsed outcomes tools which will satisfy the outcomes reporting required in 2013
- MediServe has customized PAC-Metrix to support the unique workflow needed to submit G-codes with modifiers to CMS

www.pac-metrix.com
AMPAC: Activity Measure for Post Acute Care

The AMPAC was developed as a functional outcomes system that can be used across post-acute care settings

- Consists of a comprehensive list of 269 functional activities
- It measures functional outcome by using contemporary measurement techniques, such as Item Response Theory (IRT) and Computer Adaptive Testing (CAT)

The AMPAC was designed to be used across patient diagnoses, conditions and settings where post-acute care is being provided
More than CBOR!!!
The AMPAC assesses Outcomes from the perspective of... THE PATIENT

By answering functional question of varying levels, the patient’s functional status can be measured

In situations where the patient cannot effectively self-assess, the use of a proxy is indicated


Activity Limitations – which are a sub-component of Disabilities

Using the World Heath Organization definition, an activity limitation is defined as “difficulty encountered by an individual in executing a task or action”

- Difficulty performing a task
- Assistance required to perform a task
- Limitations when performing a task.

http://www.who.int/topics/disabilities/en/
Computer Adaptive Testing (CAT) dramatically reduces test load over paper instruments

- Assessment tool determines the most relevant question to ask next based on previous Q/A
- Unique path through Item bank of 261 items
- Minimum 5 – Maximum 10 questions per domain
- Stop when Standard Error < 2

Basic Mobility ... Daily Activity ... Applied Cognitive

• The mix of domains assessed depends on the reason for treatment:
  • Major Medical: BM, DA, AC
  • Cardiac: BM, DA, AC
  • Neurologic: BM, DA, AC
  • Ortho – LE: BM
  • Ortho – UE: DA
  • Ortho – Spine: BM, DA

<table>
<thead>
<tr>
<th>AMPAC Domain</th>
<th>Functional Area</th>
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<tbody>
<tr>
<td>Basic Mobility</td>
<td>Mobility: Walking &amp; Moving Around</td>
</tr>
<tr>
<td>Basic Mobility</td>
<td>Changing &amp; Maintaining Body Position</td>
</tr>
<tr>
<td>Basic Mobility</td>
<td>Carrying, Moving &amp; Handling Objects</td>
</tr>
<tr>
<td>Daily Activity</td>
<td>Self Care</td>
</tr>
<tr>
<td>Applied Cognitive</td>
<td>Communication, Understanding Complex Instructions, and Use of Print and Other Materials</td>
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</table>
G-Code Modifiers – Goal Setting

<table>
<thead>
<tr>
<th>Modifier</th>
<th>Basic Mobility</th>
<th>Daily Activity</th>
<th>Applied Cognitive</th>
<th>Impairment Limitation Restriction Difficulty</th>
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<td>115.4</td>
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<td>CI</td>
<td>&gt;81.53</td>
<td>&gt;91.77</td>
<td>&gt;53.25</td>
<td>&lt;20%</td>
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<tr>
<td>CJ</td>
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<td>&gt;68.15</td>
<td>&gt;38.23</td>
<td>&lt;40%</td>
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<tr>
<td>CK</td>
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<td>&gt;44.52</td>
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<td>&lt;60%</td>
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<tr>
<td>CL</td>
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<td>&gt;8.18</td>
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<td>CM</td>
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<td>-11.95</td>
<td>-2.73</td>
<td>-6.84</td>
<td>100%</td>
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</table>

Modifier ranges calculated by Dr. Allan Jette by determining the thresholds based on the national AMPAC database.
Stages for Patients

### Daily Activity: Expected Performance

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<tr>
<th>Stages</th>
<th>UNABLE TO DO</th>
<th>A LOT OF DIFFICULTY</th>
<th>A LITTLE DIFFICULTY</th>
<th>NO DIFFICULTY</th>
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<tbody>
<tr>
<td>Laundry</td>
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<tr>
<td>Housekeeping</td>
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<td></td>
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<tr>
<td>Unscrewing lid off</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Using utensils</td>
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<td></td>
<td></td>
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<tr>
<td>Lower body clothing</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Put clothes away</td>
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<td></td>
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<td></td>
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<tr>
<td>Socks and shoes</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Long pants</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Full body shower</td>
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<tr>
<td>Bathing / dressing</td>
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<td></td>
<td></td>
<td></td>
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<tr>
<td>Trimming fingernails</td>
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<td></td>
</tr>
<tr>
<td>Cutting meat/veg</td>
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<td></td>
</tr>
<tr>
<td>Removing</td>
<td></td>
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<tr>
<td>Regular body clothing</td>
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</tr>
<tr>
<td>Using spoon / fork</td>
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</tr>
<tr>
<td>Grooming</td>
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<td></td>
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#### Stage 5: 84 – 100 On Your Own
The score suggests that the patient may not be having any difficulty completing the daily tasks of bathing, dressing, grooming and eating independently.

#### Stage 4: 62 – 83 Getting Things Done
The score suggests that the patient may require some assistance with housekeeping and laundry, but otherwise you may be able to complete daily tasks of bathing, dressing, grooming and eating independently without much difficulty.

#### Stage 3: 53 – 61 Difficult Activities
The score suggests some difficulty in the ability to perform daily tasks. The patient may be struggling with things such as bathing and dressing. Housekeeping tasks may be too difficult for you to perform. They may experience some difficulties with your fine motor skills such as buttoning clothes, using utensils and combing your hair.

#### Stage 2: 41 – 52 Daily Tasks are a Struggle
The score suggests the patient may experience significant struggles with performing most daily tasks. They may have significant difficulties in getting dressed and bathed. Tasks that require fine motor skills such as buttoning a shirt or tying your shoes may be too difficult to complete.

#### Stage 1: 0 – 40 No Independent Tasks
The score suggests daily tasks that require fine motor skills may cause considerable difficulty to the extent that the patient may be unable to complete them. Bathing and dressing may be so difficult that the patient may be unable to complete these tasks without assistance. The patient may be able to feed and groom themselves but with difficulty. The patient may be unable to tie your shoes or button your shirt.
PAC Metrix Workflow

STAFF
Patient Registration

Patient ID: 20130305  Episode: 1
  * Last Name: Bear
  * First Name: Smokey
  * Date of Birth: 3/3/1965
  Gender: Male
  * Date of Admission: 3/6/2013
  Date of Onset: 3/3/2013
  Facility: Chandler
  Daily Activity Therapist: Michael Stevenson
  Mobility Therapist: Jimmy Johns
  Applied Cognitive Therapist: Laura Flowers
  * Service: Outpatient
  Condition Type: Neurologic
  * Primary Financial Category: Medicare
  Referral Source: Alan Jette
  Active: True
  Discharge
  Create New Episode

Does not apply to MediLinks users

PATIENT
Take Assessment

Please enter your Patient ID & Last name and then press the Enter button.

Patient ID: 20130305
Last Name: Bear

Continue

Give this page to your therapist.

Year: 7.85

Basic Mobility - Expected Performance

Stage 5: 04 – 100 Strenuous Sports
Your score suggests you are able to move about actively and comfortably in the presence of the activity. This is a good level of independence in moving about at home and in the community. You may be able to participate in most physical activities without much difficulty.

Stage 4: 66 – 83 Moving Around Outdoors
Your score suggests that you are able to walk more or less without assistance or use of a walking aid, but you may have difficulty in moving around. You should be able to go to most places without assistance. This is a good level of independence in moving about at home and in the community.

Stage 3: 52 – 65 Moving Around Indoors
Your score suggests that you are able to move more or less without assistance or use of a walking aid, but you may have difficulty in moving around in your home. You may be able to move about in smaller areas of your home.

Stage 2: 08 – 51 Limited Mobility
Your score suggests that you are able to move more or less without assistance or use of a walking aid, but you may have difficulty in moving around in your home. You may be able to move about in smaller areas of your home.
PAC-Metrix Demo

Welcome to the Patient Assessment Tool

CLICK HERE
TO BEGIN YOUR ASSESSMENT
Patient Experience

PAC Metrix Only

Please enter your Patient ID & Last name and then press the Enter button.

Patient ID: [enter ID]
Last Name: [enter last name]

Continue

MediLinks Users

About You
Please type your name in the box below, then press the Continue button

First Name: Smokey
Gender: Male
Age: 66
Language: English
If you were given an Assessment Code, Enter it here: 3DO

Continue

OR

About You
Please type your name in the box below, then press the Continue button

First Name: Smokey
Gender: Male
Age: 66
Language: English
Are you receiving therapy for a condition of your arms, shoulders, legs or spine?
Yes ☐ No ☐
Once an assessment has been completed, several options exist to use the data...

- Managing Data in PAC-Metrix
- AMPAC Reporting in PAC-Metrix
- Managing Data in MediLinks
- AMPAC Reporting in MediLinks
Managing Patient Data in PAC-Metrix

PAC-Metrix

Logged in as: Test User

Enter a Patient ID:

Patient ID: 654654654  Episode: 1
- Last Name: Stevenson
- First Name: Donnis
- Date of Birth: 1/1/1945
  Gender: Male
- Date of Admission: 12/3/2012
- Date of Onset: 11/28/2012
  Facility: Domo Site
- Service: Outpatient
  Condition Type: Orthopedic
- Primary Financial Category: Self-pay
  Referral Source:
  Active: True

Discharge
Create New Episode
Managing Patient Data in PAC-Metrix

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<tr>
<th>Patient Name</th>
<th>Patient ID (Episode)</th>
<th>DOB (Age)</th>
<th>Gender</th>
<th>Assessment Date</th>
<th>Mobility (Standard Error)</th>
<th>Daily Activity (Standard Error)</th>
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<td>40.45 (2)</td>
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</table>
Managing Patient Data in PAC-Metrix

Assessment: Single Assessment Detail

* Search by Patient ID then select the Assessment:

Run Report

Logged in as: Org Admin Kiosk Code
Thursday, December 06, 2012

PAC-Metrix™
## PAC Metrix Reports

### Improvement: Facility and Admit Date

#### Patient Information by Facility & Admission Date

**3/5/2012 - 3/5/2013**

<table>
<thead>
<tr>
<th>Site Name</th>
<th>Assessments</th>
<th>Basic Mobility</th>
<th>Daily Activity</th>
<th>Cognitive</th>
<th>Improvement (Loss)</th>
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<td>Days</td>
<td>First</td>
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<td>67</td>
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**Patient Count:** 9

**Average:**

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### PAC Metrix Reports

**Improvement: Facility & Financial Class**

---

#### Patient Information by Facility & Financial Category

**Site Name:**

**Medicare**

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<tr>
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<th>Basic Mobility</th>
<th>Daily Activity</th>
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<td>38.82</td>
<td>59.58</td>
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**Average:**

- Basic Mobility: 43.44
- Daily Activity: 53.13
- Cognitive: 42.38
- Improvement (Loss): 51.59

---

**Patient Count:** 9
# Improvement by Impairment

**03/05/12 - 03/05/13**

## Site Name

**Orthopedic/Lumbar**

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<th>Daily Activity First Score</th>
<th>Last Score</th>
<th>Cognitive First Score</th>
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**Average:**

- **Basic Mobility:**
  - First Score: 43.44
  - Last Score: 53.13
- **Daily Activity:**
  - First Score: 42.38
  - Last Score: 51.59
- **Cognitive:**
  - First Score: 41.89
  - Last Score: 41.73
AMPAC Data eventually must come to MediLinks

- The assessment tool does not store the data in a patient episode
- Putting the data in MediLinks supports an integrated reporting solution

- The Assessment Report printed at the end of the assessment contains the necessary assessment information
The AMPAC MDS includes some basic information about the patient themselves.

Additionally, the scores can be entered in a dedicated grid/branch or in a combined score & demographics option.

MediLinks allows both a Grid and a Branching Logic entry mechanism.

- “Initial” refers to the admission assessment
- “Follow-up” refers any assessment after the admission assessment
- Optionally a target (goal) value can be set and is displayed
MediServe currently provides 6 standard reports to extract data out of MediLinks

- Some reports may need to be tuned to your configuration:
  - Assessment Dashboard
  - Assessments Completed
  - No Recent Assessments
  - Only Initial Assessments Completed
  - Assessments Improvement
  - Charges & Outcomes

As more are developed, you will receive updates
## Assessment Dashboard
Admitted: 05/01/11 - 05/31/11

### Facility: TEST

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<tr>
<th>Practitioner Name</th>
<th>Patients with Evals</th>
<th>Eval with AMPAC</th>
<th>Eval with AMPAC</th>
<th>Follow Ups with AMPAC</th>
<th>Follow Ups with AMPAC</th>
<th>Cognitive Avg Initial Score</th>
<th>Cognitive Avg Final Score</th>
<th>Cognitive Avg Improvement</th>
<th>Mobility Avg Initial Score</th>
<th>Mobility Avg Final Score</th>
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## Assessment Improvement

**05/01/11 - 05/31/11**

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**Note:** The table shows the assessment improvement for patients over the specified period. The columns indicate initial and last values for activity, mobility, and cognitive areas, along with the change (Chg) between these values.
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</table>
• Will patients conduct the initial assessment before/during/after the first appointment?
• Will the assessment be unattended on a public kiosk, or done with the therapist/tech on a laptop?
• How directive can/will the front desk be in this process?
• Where is the printer for the computer?
• How will the information get to the Therapist?
<table>
<thead>
<tr>
<th>Phase</th>
<th>Duration</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>Adoption</td>
<td>1-3 months</td>
<td>Staff learns new workflow and develops confidence/competence with the tool</td>
</tr>
<tr>
<td>Baseline</td>
<td>4-6 months</td>
<td>Data is consistently collected and establishes the baseline for outcomes for the facilities</td>
</tr>
<tr>
<td>Analysis</td>
<td>1-2 months</td>
<td>Based on the data collected, patterns are analyzed and trends (good and bad) are identified</td>
</tr>
<tr>
<td>Adapt</td>
<td>Ongoing</td>
<td>Changes are made based on the analysis performed to determine if outcomes can be improved, standardized or repeated</td>
</tr>
</tbody>
</table>

Outcomes are part of a continued commitment to improvement.
Pricing

- Annual Subscription
- Episode Based
  - ~$2 per new patient
  - Unlimited assessments per patient
- Per Location, volume adjusted
- No Implementation Fee
- Easy set up, user manual
CMS will begin accepting Claims-Based Outcomes Reporting (CBOR) with Medicare Part B claim submissions on Jan. 1, 2013 — and will require this added data starting July 1, 2013.

See how MediLinks can simplify your CBOR reporting.

MediServe has created this G-code “functional modifier” conversion calculator as a visual tool to help understand how to score patients appropriately. We have included many relevant outcomes tools for you to select; input the score you have captured which then translates to the appropriate modifier code published by CMS. Want more answers on CBOR? View our CBOR FAQ sheet.

If you are experiencing technical difficulties using the tool, try this version here.

MediServe does not own rights to any of the measurement tools in this calculator. MediServe is also not responsible for any denied claims or other adverse effects from using this tool.

Clinician Judgement

Or - Search By Assessment Name

AMPAC: Basic Mobility
American Shoulder and Elbow Surgeons Score
AMPAC: Applied Cognitive
AMPAC: Daily Activity
Functional Assessment Measure (FAM)
Mini-Mental State Examination

Input the score between -11.95 and 104.9

55

Your Modifier Code is: CK (43% impaired)
About You

Please type your name in the box below, then press the Continue button

First Name: Michelle
Gender: Female
Age:
Language: English
Condition Type: Orthopedic

Body Part Selection (Choose all that apply):
- Shoulder
- Wrist
- Knee
- Cervical
- Thoracic
- Lumbar
- Other

Continue

“Try it Out”
QUESTIONS?