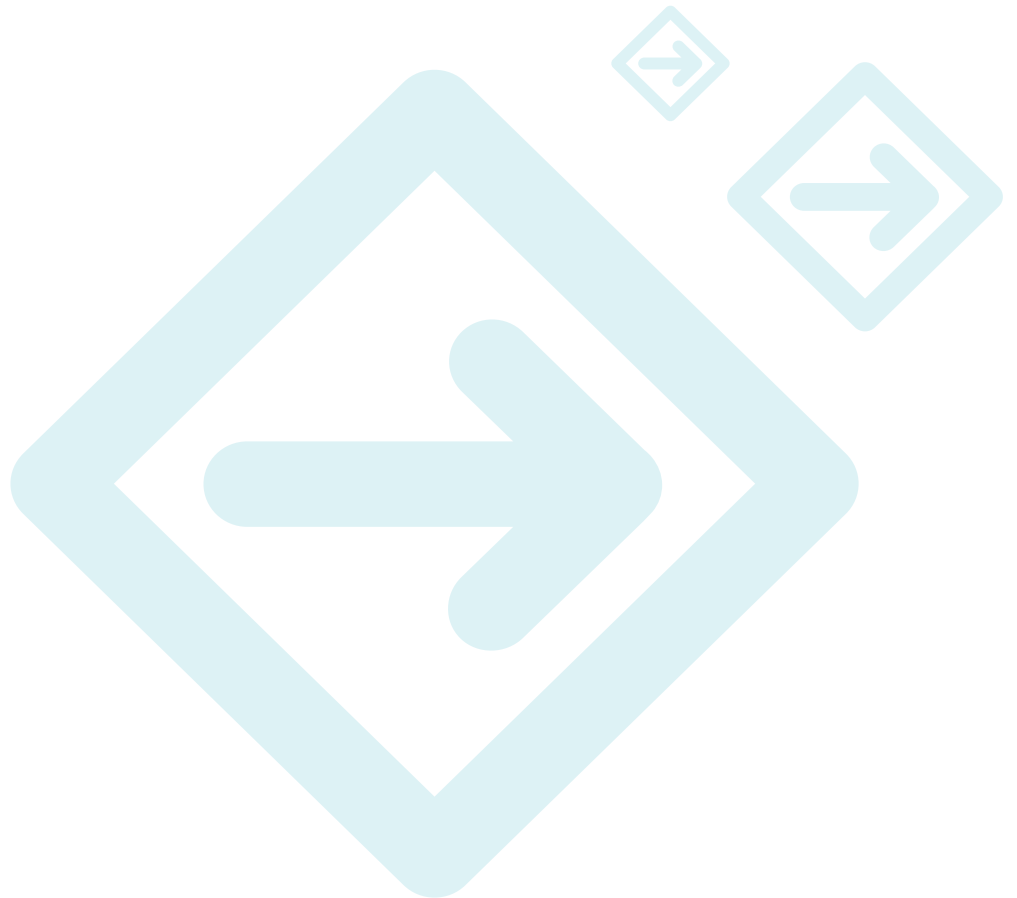




WRS

Product Guide



About WRS

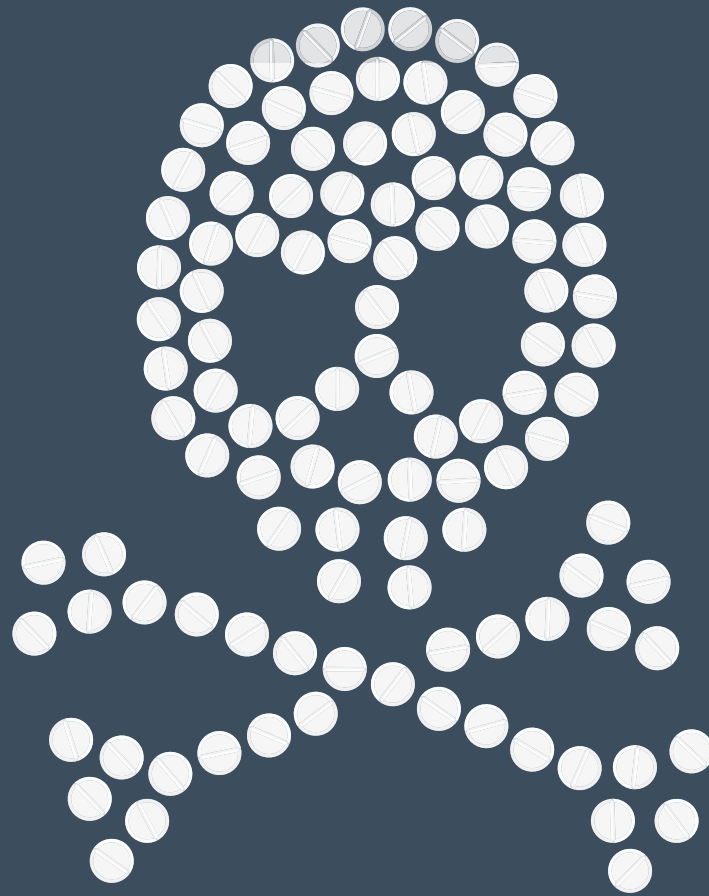
WRS is focused on orthopedic patient healing, specifically pertaining to the injured worker. We believe there is an opportunity to elevate the care provided to this unique patient population, while at the same time reducing unnecessary spend and inefficiency. WRS is committed to providing value to the patient, the physician office, and the payor.

As the leading provider of iceless Cold Compression Therapy (CCT), WRS helps Workers' Compensation patients heal more quickly and more comfortably, with less medication. In order for CCT to be effective, patients must regularly use the therapy prescribed. This is why WRS has focused on ensuring our unit and wrap are easy to use and comfortable. Our iceless therapy is pre-programmed and patients can even treat themselves while they sleep, managing their pain and swelling throughout the night. WRS patients use and love our therapy, documented by our 77 Net Promoter Score (NPS).

WRS understands the importance of prescribing efficiency and validation of patient services. We have digitized and streamlined our prescribing process to reduce staff workload and improve documentation of services provided. WRS also attempts to capture patient-reported outcomes (PRO's) on all patients served, to prove the efficacy of our CCT in reducing opioid consumption and providing patient satisfaction.

Whether you are an injured worker wanting to returning to an active lifestyle, a physician or staff member interested in accelerated patient healing, or a payor wanting to ensure patients are well-cared for, in a consistent cost-effective manner, WRS will help you get there faster.





Avoid the opioid.

It's an epidemic. Over 130 Americans die every day from prescription opioid overdose.

Our Mission is to provide clinically proven, non-opioid pain management solutions to America's Workforce.

A multi-modal approach consisting of Cold Compression Therapy paired with non-addictive medications has been shown effective in nearly eliminating the need for narcotics.

WRS has collected over 3,000 Patient Reported Outcomes, which show our Cold Compression Therapy Unit helps significantly reduce opioid consumption.

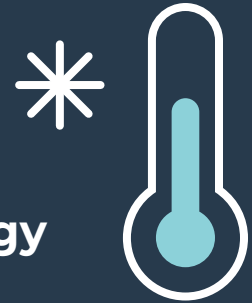


GET THERE FASTER

COLD COMPRESSION THERAPY



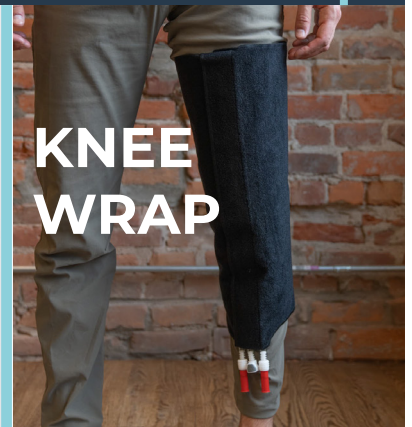
Iceless
Portable
Pre-programmed
Touch-screen technology
Thermal controlled
Anatomically customized wraps



SHOULDER WRAP



KNEE WRAP



INDICATIONS

Edema:

Reduction of edema associated with soft tissue injuries such as burns, post-operative edema and ligament sprains.

Pain:

Cold or Heat therapy for pain management.

TREATMENT MODALITIES

Intermittent Therapy Setting

Allows for patients to wear while they sleep. No incidence of thermal damage.

Compression Therapy:

3 Settings:
LOW (15 mmHg)
MED (35 mmHg)
HI (50 mmHg)

Thermal Therapy:

Cold: 43°F to 50°F
Heat: 105°F





WRS

COMPARISON CHART

	WRS	Game Ready	Breg Wave	Iceman
Iceless	●		●	
Compression Therapy	●	●	●	
DVT Prophylactic Therapy	●			
3 Levels of Intermittent Compression	●	●	●	
Heat Therapy	●			
Cold Therapy	●	●	●	●
Touch Screen Interface	●			
Unit Specific Compliance Tracking	●			
Pre-programmed/Controlled Therapy	●			
Temperature Regulated	●			



BEST IN CLASS



SHOULDER



HIP



BACK



FOOT & ANKLE



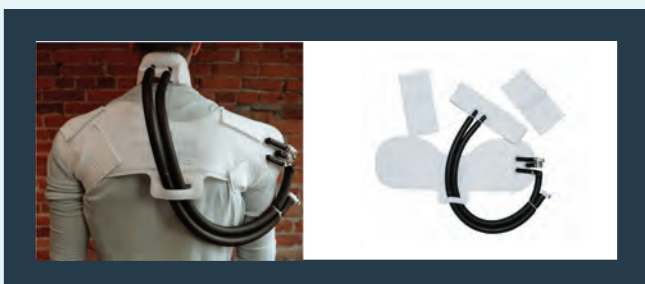
KNEE



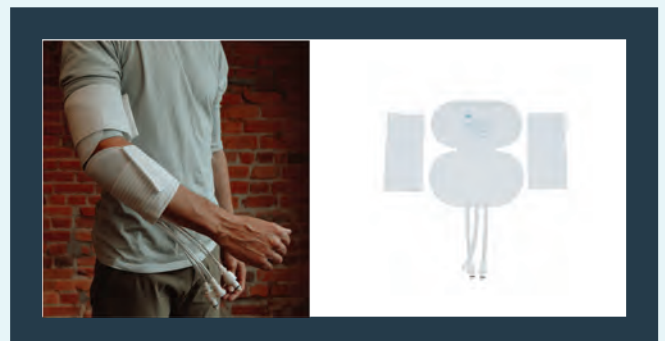
WRIST



NECK



ELBOW



CCT: Potential Appropriate Clinical Conditions Operative & Non-Operative.

SHOULDER

> **Operative:** Arthroscopic and Open Shoulder Surgery (Rotator Cuff Repair, Labral Repair, Acromioplasty, Distal Clavicle Excision (Mumford), Biceps Surgery, Debridement, Synovectomy, Manipulation, Shoulder Arthroplasty)

> **Non-Operative:** AC Joint Sprains, Rotator Cuff and Bicep Strains, Labral and Rotator Cuff Tears being treated conservatively, Humerus Fractures

WRIST

> **Operative:** Triangular Fibrocartilage Complex (TFCC) Surgery, Ligament/Tendon Repair

> **Non-Operative:** Sprains/Strains, Fractures, Osteoarthritis

HIP

> **Operative:** Arthroscopic Hip Surgery (Labral Repairs, Femoroacetabular Impingement (FAI) Surgery, Femoroplasty, Acetabuloplasty, Total Hip Replacement)

> **Non-Operative:** Hip Sprains/Strains, Labral Tears

KNEE

> **Operative:** Arthroscopic Knee Surgery (Meniscus Repair, Meniscectomy, Ligament Surgery, Anterior Cruciate Ligament (ACL) Reconstruction, Total Knee Replacement, Extensor Mechanism Repair)

> **Non-Operative:** Sprains/Strains, & Partial Tears

ELBOW

> **Operative:** Epicondylectomy, Arthroscopic Elbow Procedures, Distal Biceps Repair

> **Non-Operative:** Sprains, Bicep and Forearm Strains, Lateral and Medial Epicondylitis (Tendonitis), Elbow Fractures

ANKLE/FOOT

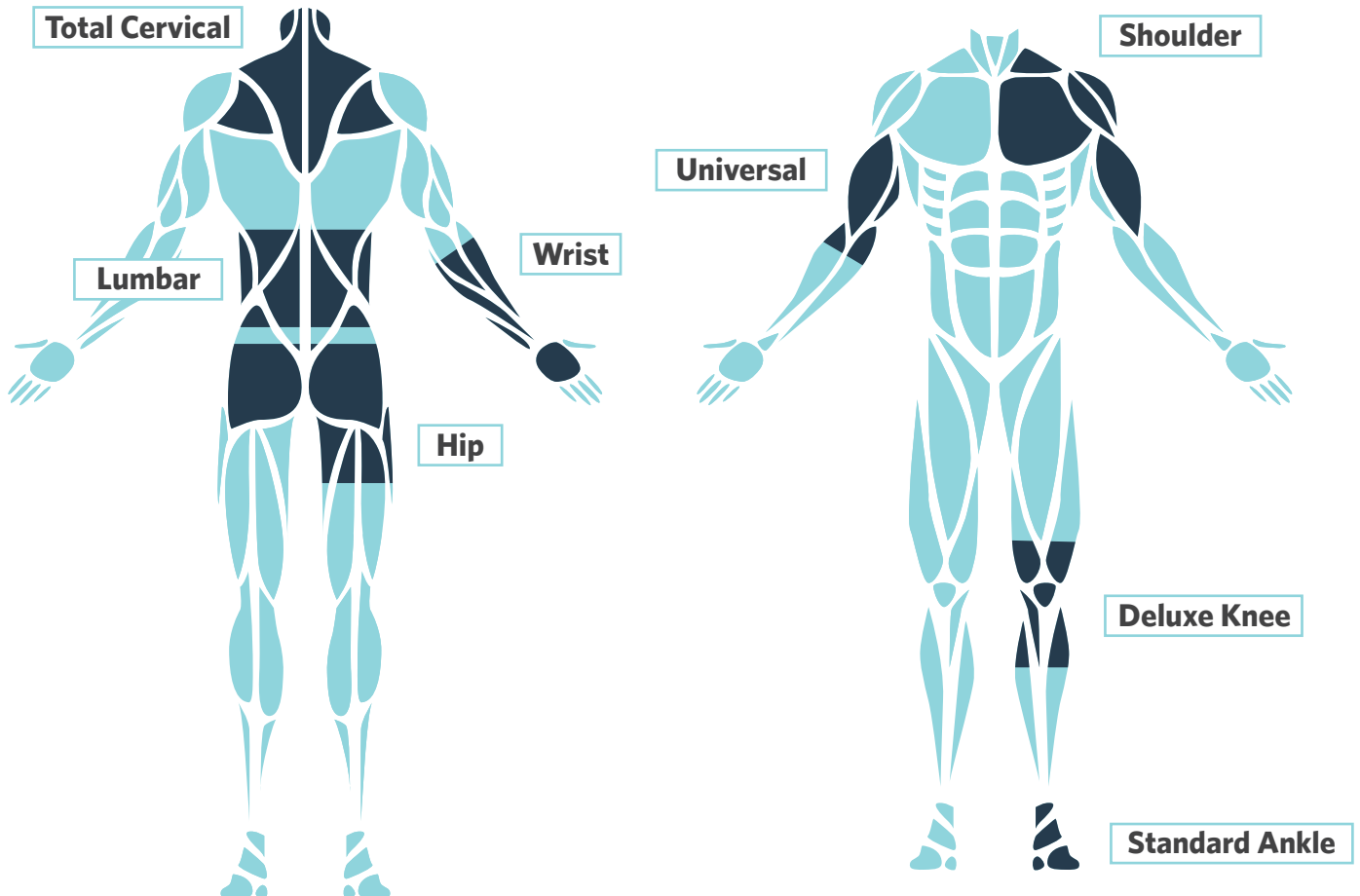
> **Operative:** Collateral Ankle Ligament Repair/Reconstruction, Achilles Tendon Repair

> **Non-Operative:** Ankle/Foot (Sprains/Strains, Crush Injuries)

SPINE (Non-Operative Excluded)

> **Operative Lumbar:** Lumbar Discectomy, Lumbar Arthrodesis (Fusion), Lumbar Laminectomy, Lumbar Disc Arthroplasty

> **Operative Cervical:** Cervical Disc Disorder, Sprains, Fractures, Radiculopathy, Spinal Stenosis



PROVENTUS

ORTHOPEDIC WRAPS

Treat every patient

WITH COLD COMPRESSION THERAPY



**DIRECT TO
CONSUMER**

Delivered directly to
patients via Amazon

**SURGICAL &
NON-SURGICAL**

Cold compression therapy
for all stages of recovery

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AFFORDABLE**

Special discount code
for your patients

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PROVENTUS

COLD COMPRESSION THERAPY

SAFE AND NATURAL.



**FOR EVERYBODY
AND EVERY BODY PART**

WWW.PROVENTUSORTHO.COM

Protocol for Submitting WRS Prescriptions

Please choose from one of the three ways to submit your qualified workers' compensation, commercial, or Medicare patient orders to WRS.

1 Use your own surgical order form (AKA patient demographics, face sheet)

A complete order must contain all information listed below. If you are utilizing your surgical order form and it does not already contain the information listed below, please hand write in the missing information.

- ✓ Patient Name
 - ✓ Claim Number
 - ✓ ICD-10 Code(s)
 - ✓ Insurance Carrier
 - ✓ DOB
 - ✓ DOS or Non-Op
 - ✓ DOI*
 - ✓ Adjuster Name & Phone Number*
- *Not required but is helpful*

2 Fillable WRS 1Form

Please select if the prescription is for CCT or Proventus Recovery.

Please **type** in all necessary information listed on the WRS 1Form

3 Physical WRS 1Form

Please select if the prescription is for CCT or Proventus Recovery.

Please **write** in all necessary information listed on the WRS 1Form.

For All Orders:

- If your state requires state specific authorization forms please submit along with the information requested above.
- Physician signature or e-signature is required on all orders and state forms.
- Please fax all orders to **(888) 829-0065** or email **admin@wrspecialists.com**



WRS

1Form



**Cold
Compression
Therapy**

(Please check)

**Please submit all information possible.
The required fields are in bold**

**PROVENTUS
RECOVERY**

(Please check)

Date of Surgery: _____ **Non Operative:**

Patient Name: _____ **Male:** **Female:** **DOB:** _____

Address: _____ **Phone #:** _____
City State Zip

DOI: _____ **Insurance Carrier:** _____

Insurance Address: _____ **Phone #:** _____
City State Zip

Claim # / SSN #: _____ **Adjuster Name:** _____

Adjuster Email: _____ **Phone:** _____ **Fax:** _____

NCM Name: _____ **NCM Phone:** _____

Employer Name: _____ **Phone:** _____

Left: **Right:** **Bilateral:** **ICD-10 Code:** _____

Diagnosis: _____ **Treatment Site:** _____

Physician: _____ **NPI #:** _____

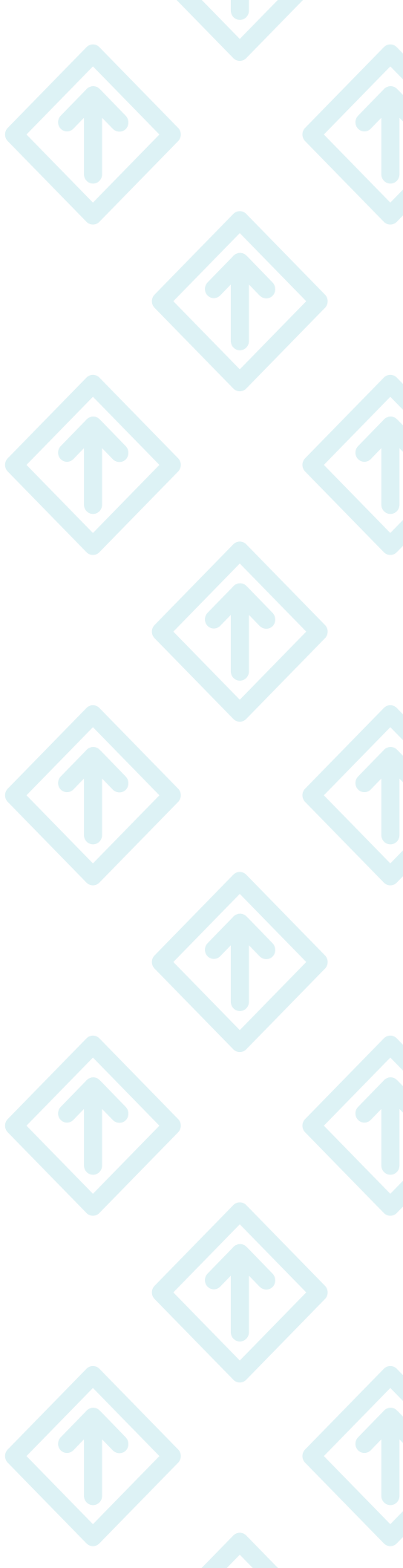
Physician Address: _____
City State Zip

How to Submit:

F: (888) 829-0065

E: admin@wrspecialists.com

Questions? Please call 734-492-5962



WRS

Get There Faster