

**MEDICAL POLICY STATEMENT**  
**Ohio Medicaid**

<b>Policy Name &amp; Number</b>	<b>Date Effective</b>
<b>Policy Type</b>	
<b>MEDICAL</b>	



## **Mechanical Stretching Devices**

**Low-load Prolonged Duration Stretch Devices (LLPS)**

**Patient Actuated Serial Stretch (PASS) Devices**

**Static Progressive Stretch Devices (SPS)**





<b>Date Issued</b>		
<b>Date Revised</b>		