Product Catalog

Quality of Life is Our Concern

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Pediatric Orthotics

Pediatrics Low Tone Pronation

Low Tone Pronation

Patients with weakness or lack of integrated muscle control of the feet and lower leg will usually present with some degree of pronation, fallen arch (flat-footed) with the forefoot turned outward (abducted) and the ankle turned inward in the more severe cases. This low tone pronation is driven by the patient’s body weight bearing down on feet that are unable to support or maintain good biomechanical positioning. The low tone foot can be extremely flexible and will usually be fully correctable to a neutral alignment with manipulation. In older patients, the foot may become more fixed, therefore, more difficult to correct.

- Pronated foot - valgus (everted) heel, collapsed arch, forefoot abducted
- Due to weakness or lack of integrated muscle control of the feet
- Navicular and medial malleolus prominent
- Foot usually easily corrected (especially in young patients)
- Ankle range and function usually good

Mild
- Medial arch reduced but visible
- Slight heel eversion
- Slight forefoot abduction
- Forefoot is nearly level

Moderate
- Medial arch significantly reduced
- Visible heel eversion
- Visible forefoot abduction
- Medial arch can be lifted with resistance

Strong
- Medial arch absent
- Distinct heel eversion
- Marked forefoot abduction
- Medial arch difficult to lift

HotDog
- Easy entry
- For very mild pronation with slight arch collapse and mild heel eversion.
- All foam construction
- Fits to measurement

Chipmunk
- For mild to moderate pronation with significant arch collapse, heel eversion, and mild forefoot abduction.
- Medial talar plane is excellent
- Fabric liner keeps feet cool and comfortable
- Removable shell
- Wood plastic base diagonal forefoot template and full heel cup
- Plantar surface supports with soft foam contours
- Fits to measurement

PattiBob
- Easy entry
- For mild pronation with arch collapse and slight heel eversion.
- Foam and plastic construction
- Fits to measurement

JumpStart Cricket
- Mid supinate
- For moderate to strong pronation with significant arch collapse, heel eversion, forefoot abduction, and associated gait instability.
- Precision molded wrap-around support shell
- Fits to measurement

JumpStart Leap Frog
- High supinate
- For moderate to strong pronation with significant arch collapse, heel eversion, forefoot abduction, and associated gait instability.
- Precision molded wrap-around support shell
- Fits to measurement

DAFO 4
- For strong pronation with significant arch collapse, heel eversion, forefoot abduction and associated gait instability.
- Wear around foot control
- Custom from cast - fits to fit or larger feet
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Pediatrics High Tone Pronation/Supination

**High Tone** Pronation or Supination

Muscle contractions in patients with high tone can pull the foot into a pronated (fallen arch, forefoot turned outward, ankle turned inward) or supinated, high arch with forefoot turned inward (abducted) and ankle turned outward in the more severe cases. For the milder cases, ankle range and function remain good. As severity increases, poor foot position affects ankle function. Correcting the foot will help with ankle function. As degree of contractures increase, ankle is directly affected and moves patient into Toe Walking or Inconsistent Ankle Modulation categories.

- Foot can be either pronated or supinated
  - Pronated foot — Valgus (everted) heel, collapsed arch, forefoot abducted or
  - Supinated foot — Varus (inverted) heel, high arch, forefoot abducted
- Due to high tone muscle contractures in lower extremities
- Tone prevents easy correction
- Variable ankle range

### JumpStart"Leap Frog"
Ideal early intervention
For early intervention of mild high tone pronation-supination where foot is fully correctable.
- Wrap-around foot control
- Free ankle or plantarflexion block

**DAFO' 4**
Wrap-around style
For patients with moderate to strong ankle positioning and foot placement problems during ambulation that would benefit from flexible ankle control.
- Wrap-around foot control
- Mild ankle control provided by adjustable straps around the ankle

**DAFO' Tami2**
Free Ankle
Ideal for active ambulators who would benefit from additional medial-lateral support due to strong excessive pronation or supination.
- Thin polyethylene inner liner
- Posterior upright features a no-stop trimline to allow a natural free ankle motion

**DAFO' FlexiSport**
For larger, active patients
Ideal for larger more active patients, especially teens, who need moderate to strong ankle control, study support and flexibility. A great brace for sports!
- Thin polyethylene inner liner
- Outer frame design allows access to dorsiflexion and plantarflexion under weight bearing

### Toll Free: 877.848.0650 Fax: 715.845.6310 Email: boblotz@pocwausau.com www.pocwausau.com
Pediatrics Swing Phase Inconsistency

**Swing Phase Inconsistency**

Often due to neurological problems affecting the muscle control systems, movement and positioning of the foot can be unsteady, erratic and/or inconsistent. When combined with other tone-related problems, a variety of walking and posture problems can result. This category is for ankle control problems that are typically more inconsistent and variable. Mild to severe instability during standing and walking, inconsistent rhythm when walking, or dragging a foot when swinging it forward are a few of the ways inconsistent ankle modulation can present.

- Movement and positioning of the foot unsteady, erratic, and/or inconsistent
- Includes mild to severe instability during stance and gait; inconsistencies in gait rhythm; inappropriate changes in position or posture such as momentary knee hyperextension or crouching; mild to severe ataxia; drop-foot
- Due to neurological problems that affect muscle control and/or proprioception
- May also have pronated or supinated foot

---

**Mild**
- Foot and ankle appear steady
- Can control when concentrating
- Occasional falling increases when tired

**Moderate**
- Foot and ankle appear unsteady
- Can improve control when concentrating
- Frequent stumbling especially on uneven terrain

**Strong**
- Foot is too down and heel inverts
- Very little control when concentrating
- Foot appears to dangle
- Falls or stumbles frequently even on level terrain

---

**JumpStart® Bunny**

Ideal for infants:

- Choose standard posterior strap (as shown) to assist plantarflexion and mild knee hyperextension.
- Choose an elastic anterior posterior strap for moderate ankle instability in all planes.

**DAFO® Tami2**

For patients having trouble with drop foot during walking phase, the design can include doni-assist joints.
- Thin polyethylene inner liner
- Choose from motion or dorsiflexion assist Tamarack
- Flexure joints

**DAFO® 4**

Wrap-around strap

- For younger/smaller patients whose primary need is for improved foot alignment, but would benefit from a small amount of added ankle control as they develop stance and gait.
- Wrap-around foot control
- Mild ankle control provided by adjustable straps around ankle region

**DAFO® 3.5**

Moderately flexible

- For patients with moderate to strong ankle positioning and foot placement problems during ambulation that would benefit from flexible ankle control.
- Wrap-around foot control
- Flexible Ankle Control

**DAFO® 3.5 FlexiSport**

Ideal for larger more active patients, especially teens, who need moderate to strong ankle control, sturdy support and flexibility.

- Thin polyethylene inner liner
- Outer frame design allows access to dorsiflexion and plantarflexion under weight bearing

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Pediatric Orthotics

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Pediatrics Excessive Plantarflexion

Excessive Plantarflexion Toe Walking

During the development of standing and walking skills, children often bear weight on the front of their foot without bringing their heels down to the ground. This is commonly referred to as “toe walking” and is a normal part of a toddler’s progress toward standing and walking. If toe walking continues beyond age three, if the height of the heel (off the ground) is extreme, or if the child is not able to bring their heels down to the ground due to tightness in the muscles or tendons, a neurological problem may be indicated.

- Bear weight on forefoot with absent or delayed heel contact during gait
- Due to chronic muscle contracture: Achilles tendon contracture; involuntary muscle contractions; sensory issues
- May have pronated or supinated foot
- Variable ankle range

Mild
- Heel off ground occasionally
- Can control when concentrating
- Plantarflexion more pronounced when running
- Dorsiflexion range is satisfactory

Moderate
- Heel off ground half of the time
- Can improve but not eliminate toe walking
- Dorsiflexion range is slightly limited

Strong
- Heel off ground always
- Cannot vary presentation
- Dorsiflexion is limited

JumpStart® Bunny
Ideal early intervention.

For excessive plantarflexion or toe walking.
- Choose standard posterior strap (as shown) to resist plantarflexion and mild forefoot hyperextension.
- Or -
- Choose an elastic anterior posterior strap for moderate ankle instability in all planes.

DAFO® 3.5
Moderate flexibility

For patients whose excessive plantarflexion results in mild toe walking with moderate heel rise. Flexible ankle control resists excessive plantarflexion while allowing normal ankle movement.
- Wrap-Around Foot Control
- Flexible Ankle Control
- Soft option for bony anatomy

DAFO® FlexiSport
For larger, active patients

Ideal for older, more active patients, especially teens, who need moderate to strong ankle control, study support and flexibility. A great brace for sports!
- Thin polyethylene inner liner
- Outer frame design allows access to dorsiflexion and plantarflexion under weight-bearing

JumpStart® Kangaroo
Ideal early intervention

For moderate excess plantarflexion or toe walking.
- Proximal posterior upright on this ankle-foot orthosis (AFO) blocks plantarflexion.
- Anterior sparring allows free dorsiflexion. Posterior upright is meant to encourage lower leg to flex away from it.

DAFO® 2
For patients whose excessive plantarflexion results in moderate to strong toe walking with significant heel rise.
- Hinged ankle control blocks plantarflexion – allows full dorsiflexion
- Soft option for bony anatomy

Add a JumpStart® Kangaroo for early intervention.

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Pediatrics Knee Hyperextension

Knee Hyperextension

Patients with weakness in the muscles that control the knee may hyperextend the knees to improve stability when standing or walking. For patients with chronic high tone contractures of the calf muscles, excess ankle plantarflexion can drive the knee back into hyperextension or a combination of hyperextension and toe walking. An assessment of the patient's muscle tone, level of voluntary control and range of movement of the entire kinetic chain is required to determine the factors leading to Hyperextension.

- A snapping back of the knee during weight-bearing
- Can vary from mild and inconsistent to very pronounced and constant
- Caused by weakness or high tone:
  - When muscle strength or control is inadequate, hyperextension of the knee gives the patient a stable position that requires less muscle strength to maintain
  - High tone ankle plantarflexion drives the knee into hyperextension—degree of hyperextension proportional to tone
- May also have pronated or supinated foot

Mild
- Occasional hyperextension
- Soft and not distinct
- Can control when focused

Moderate
- Frequent hyperextension
- Distinct but not forceful
- Can reduce but not eliminate when focused

Strong
- Constant hyperextension
- Sudden and forceful
- Little or no voluntary control

JumpStart® Bunny®

DAFO® 4
- For patients with moderate to strong ankle positioning and foot placement problems during ambulation.
  - Wrap-around foot control
  - Mild ankle control provided by adjustable straps around ankle region

DAFO® Tami 2
- For patients having trouble with deep foot flexion while standing, the design can include demi-ankle pediatric.
  - Thin polyethylene terephthalate liner
  - Rostror footrest features a no-step trinsole to allow natural free ankle motion.

DAFO® 3.5
- Customizable for strength
- Flexible ankle control resists the hyperextension while allowing normal ankle movement.
  - Wrap-around foot control
  - Flexible ankle control
  - Customizable for ankle

DAFO® 9
- A non-ambulatory brace generally used as part of a night stretching program to increase dorsiflexion range.
  - Wrap-around foot control with fully cushioned foot protection
  - Adjustable ankle positioning

JumpStart® Kangaroo®
- Ideal for children.
  - Proximal posterior upright on this ankle-foot orthosis (AFO) blocks plantarflexion.
  - Ankle opening allows free dorsiflexion.
  - Posterior upright is meant to encourage lower leg to flex away from it.

DAFO® 3
- For smaller/younger patients still developing standing and walking skills whose hyperextension is consistent and pronounced.
  - Wrap-around foot control
  - Ankle control blocks plantarflexion—allows full dorsiflexion

DAFO® Tami 2
- For patients with consistent and pronounced hyperextension due to high tone.
  - Wrap-around foot control
  - Ankle control blocks plantarflexion—allows full dorsiflexion

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Pediatrics Crouching

Crouching or Excess Knee Flexion

Patients with weakness in the muscle groups that control the knee position will often crouch when muscle strength is insufficient to maintain an upright posture and stand tall. For patients with chronic high tone contractures of hamstrings, the knees are pulled into a flexed position, resulting in a crouched posture.

- Excessive knee flexion during weight-bearing
- Can vary from mild and inconsistent to very pronounced and constant
- Caused by weakness or high tone
- When strength and/or control of the plantarflexors and quadriceps are inadequate, patient cannot support or maintain a normal upright stance posture
- High tone contractures of the hamstrings can contruct stance to crouched posture - associated strong plantarflexion may result in "rocker-bottom" foot
- May also have pronated or supinated foot

Mild
- Occasional and slight knee flexion
- Can correct easily when prompted
- Often associated with fatigue
- Minimal impact on daily function

Moderate
- Frequent and constant knee flexion
- Can correct some when prompted
- Always present with fatigue
- Some limitation in daily activity

Strong
- Constant and marked knee flexion
- Little or no voluntary control
- Significant impact on ambulation

DAFO® 3.5
- See orthotic inserts page
- For patients whose crouching is relatively mild with some variability that can be voluntarily controlled by the patient. Flexible ankle control resists excess dorsiflexion (crouching), encouraging a more consistent posture.
- Wrap-around foot control
- Flexible ankle control
- Soft option for bony anatomy

DAFO® FA
- Flexible ankle control
- For patients of all ages who still develop their walking skills with consistent and pronounced crouched posture.
- Provides a high level of support for a more consistent brace design
- Wrap-around foot control
- Fixed ankle blocks plantarflexion and dorsiflexion

DAFO® Turbo
- For patients with consistent and pronounced crouching who need very strong ankle stability and significant foot control. Ideal for larger patients.
- Wrap-around foot control
- Ankle control blocks plantarflexion and dorsiflexion

DAFO® FlexiSport
- Ideal for larger more active patients, especially teens who need moderate to strong ankle control, steady support and flexibility. A great brace for sports?
- Thin polyethylene inner liner
- Outer frame design allows access to dorsiflexion and plantarflexion under weight bearing

DAFO® Floor Reaction
- For patients with consistent and pronounced crouching due to weakness and a lack of voluntary plantarflexion.
- Solid anterior component for firm support during weight-bearing
- Pull-up inner liner allows full alignment control of the heel, instep, and forefoot
- Ankle control blocks dorsiflexion to resist crouching
Positioning or Limited Ambulation

For patients with limited or no ambulatory abilities, DAFO braces are often utilized to provide improved foot-ankle positioning and to maintain or improve ankle range. Braces for these purposes are often referred to as "resting" or "positioning" braces. Of significant importance to the success of a resting brace is its long term comfort. Patients requiring resting braces will often have problems with sore spots and skin breakdown.

- Limited or non-ambulatory patients needing correction to comfortable foot-ankle positions
- Corrections to foot-ankle positions enhance seated postures and/or provide suitable support during weight-bearing
- Patient category requires special attention to comfort and skin health issues

### Mild
- Easy to manually correct and maintain
- Typical foot contours with correction

### Moderate
- Can manually correct
- Sway and proned feet with correction

### Strong
- Difficult to manually correct and maintain
- Unpredictable shapes, asymmetrical contours
- Correction for force balanced

---

**DAFO** 3.5 Softy
Moderate flexible cast
For patients requiring precise and complete foot alignment but would benefit from some flexibility in ankle position.
- Wrap-around foot control with fully cushioned foot protection
- Flexible ankle control
- Easiest positioning DAFO to don

**Softy**
DAFO 8 Softy
For patients requiring precise and complete foot alignment with solid ankle control.
- Wrap-around foot control with fully cushioned foot protection
- Ankle control blocks plantarflexion and dorsiflexion
- More difficult to open foot section for DAFO donning

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**DAFO** Turbo Softy
Soft foam wrapping weight bearing
For patients requiring precise foot alignment along with strong resistance to crouching (dorsiflexion) under weight bearing. Also excellent for controlling strong plantarflexion in adolescent and adult patients.
- Partial wrap-around foot control with fully cushioned foot protection (plastic does not encase foot as in 3.5 and 8)
- Ankle control blocks plantarflexion and dorsiflexion
Hip Orthosis

Hip Abduction Splint

**Product Description:**

A polypropylene brace that is easy to clean and is lined with a closed cell foam. The brace can either be fitted to fixed abduction or adjustable abduction.

**Clinical Indications:**

Used for Congenital Hip dysplasia.

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FAST-WRAP Pavlik Harness

**Product Description:**

This fabric orthosis allows for necessary joint movements and with hook and pile closures for simple size adjustments, easy application and removal. The orthosis has a quick-release buckle that allows for secure and safe closure.

**Clinical Indications:**

Uses include: Ideal alternative to Hip Casting, Hip dysplasia, prevention of subluxation, and dislocation.
**STARband Bivalve**

**Product Description:**

The STARband is a two piece, hard plastic shell with a foam line that is placed on the head to help re-mold the shape of the skull. The orthosis has an overlap design so that the anterior piece extends over the posterior piece. The whole thing is held together with an adjustable Velcro strap that connects to the anterior piece and holds the posterior piece to the head.

**Clinical Indications:**

Plagiocephaly, Brachycephaly, Schaphocephaly, and Post-operative craniosynstosis.

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**STARband Side-Opening**

**Product Description:**

The STARband is hard plastic shell with a foam liner that is placed on the head to help re-mold the shape of the skull. The Side-Opening has a break in the plastic on one of the sides of the head with an adjustable strap to fit snuggly to the head.

**Clinical Indications:**

Plagiocephaly, Brachycephaly, Schaphocephaly, and Post-operative craniosynstosis.
Shoe Lift

**Product Description:**

The shoe lift orthotic is used to assist in adding height to a deficient leg. The lift is either built up on the outside of the shoe or added to the inside. The shoe lift creates a level pelvis and aids in reducing stress for the hips, back, and knees when bearing weight.

**Clinical Indications:**

Unequal leg lengths warrant the use of a shoe lift.

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**Sole Modification**

**Product Description:**

Sole modifications can take place in various forms: Toe crescent, Metatarsal pad, Scaphoid Pad, and Inner Sole Excavation. Each of these four modifications allow for different adjustments to be made for greater patient comfort.

**Clinical Indications:**

Used to redistribute pressure and weight in order to relieve stress and pressure on sensitive areas of the foot.
Custom Shoes

Product Description:

Custom shoes are individually fabricated for each patient, even for each individual foot. This is done in order to procure the best possible comfort and pressure relief for the patient. The prescription based shoe is fit with the most appropriate size toe box, liners, and/or pads that accommodate various ulcers, pressure points, and callouses.

Clinical Indications:

Custom made shoes are used to assist patients who are suffering from Ankle Valgus, Ankle Varus, Arthritis, Bunions, Metatarsalgia, Hammertoes, Diabetes, Plantar Fasciitis, Pes Cavus, and Pes Planus.
Healing Shoes DARCO

Product Description:

The various kinds of healing shoes are prescribed and fabricated for post-operative patients who are dealing with their post-surgical healing and other sorts of foot injuries and trauma. This allows the foot to heal in the best way possible and transition to other orthopedic equipment as progress continues.

Clinical Indications:

Uses for this include post-surgical healing, forefoot trauma, wounds and ulcerations that are present under the metatarsal heads and toes, as well as any foot issue that requires the pressure to be off-loaded.

Images © DARCO International, Inc.
Functional Foot Orthotic

Product Description:

A plastic device that is fabricated over a patient’s foot model to provide control, comfort, and stability. Effective in limiting excessive motion, transfer of weight, and stabilizing flexible foot deformities.

Clinical Indications:

Custom foot orthosis would be needed in cases of pronation, supination, heel pain/spurs, arthritis, plantar fasciitis, metatarsalgia, and more.

Multi Density Foot Orthotic

Product Description:

A device that is fabricated over a patient’s foot model and placed in an orthopedic shoe to provide comfort and support under the arch and ball of the foot. The device is effective in supporting and accommodating the targeted part of the foot while softer materials allow for comfort and shock absorption.

Clinical Indications:

Diabetic patients, ulcerations, charcot foot, pes cavus and pes planus deformity, metatarsalgia, planter fasciitis, Morton’s neuroma, neuropathy, skin breakdown, shin splits, and heel spurs.
Custom Foot Orthotic

UCB

Product Description:
A Plastic device that is fabricated over a patient’s foot model, to provide control of the patient’s heel and mid foot.

Clinical Indications:
Excessive ankle varus or valgus, excessive pronation and supination, posterior tibialis tendon dysfunction, excessive inversion and eversion.

SMO

Product Description:
A Plastic device that is fabricated over a patient’s foot model, to provide control of the patient’s heel and mid foot.

Clinical Indications:
Ankle instabilities, severe pes planus, posterior tibial tendon dysfunction, tendonitis, and joint instabilities.
Ankle-Foot Orthosis ~ AFO

AFO

Metal/Conventional AFO

Product Description:

Comprised of leather straps that are joined to a metal frame – these two materials are then attached to a shoe. This provides strength and safety in ambulation, minimal skin contact, demonstrates durability, and allows for fluctuating edema.

Clinical Indications:

The Metal/Conventional AFO is fit to patients that struggle with foot drop, neuropathy, arthritic ankles, nerve damage that is combined with swelling, diabetic wounds, and general weakness or instability in their lower extremities.

Plastic Solid Ankle

Product Description:

Compared to the conventional metal and leather styles of AFOs, a plasticized brace offers a new and stable dimension of support. Due to the plastic brace’s contact with the skin, unlike that of the metal brace, it must be carefully molded to the patient's limb. The inevitable skin contact decreases the likelihood of pressure points – as the force of correction is applied over a greater surface area. The brace’s particular lightweight, adjustability, and good support offer it as a advantageous prescription brace.

Clinical Indications:

Cases of weakness in the knees and instability in the ankles, spasticity, and a need for positional support.
Ankle-Foot Orthosis ~ AFO

Plastic AFO

Semi-Solid AFO

**Product Description:**
This polypropylene orthotic has full-calf height and is easily modified by a practitioner with scissors and a heat gun. The AFO is available with a metatarsal head foot plate or a full foot length.

**Clinical Indications:**
Used for moderate to severe drop foot, CP, and MS.

Posterior Leaf Spring (PLS) AFO

**Product Description:**
This polypropylene AFO sits full-calf height, can be simply adjusted with a heat gun and scissors. It is available with a full foot length or metatarsal head foot plate.

**Clinical Indications:**
Used for mild foot drop.
Sure Step Pro Custom

**Product Description:**

This polypropylene orthotic, for the foot and lower leg, is available in pediatric sizing or adult sizing. The posterior stabilizer is connected with custom-fitted uprights in order to provide the greatest amount of stability and control. The footplate, posting and uprights are all custom fabricated for the patient.

**Clinical Indications:**

Uses include: Achilles Tendinitis, Pes Planus, Lateral ankle instability, Sinus Tarsi Syndrome, Posterior Tibial Tendon dysfunction (PTTD), Peroneal nerve palsy, and Pes Cavus.

Plastic Articulating AFO

**Product Description:**

The desired result of any prescription AFO is to provide support, stabilization, as well as motion. This particular AFO offers particular attention to the need for motion – in order to provide the patient with a well-represented sense of movement. The particular joint entirely depends on the purpose of the AFO.

**Clinical Indications:**

No particular indications needed.
Molded Leather Ankle Gauntlet – Arizona Style AFO

Product Description:

A multi-layered device that concentrates it support and stability on the foot and ankle areas, rather than the upper calf. The AFO, commonly known as the Arizona, Baldwin Boot, or Leather ankle gauntlet, consists of a plastic mold and padding sandwiched between layers of leather. The inside of the AFO is cushioned in order to constitute greater comfort. As a custom-fabricated device, the molded ankle gauntlet can provide the optimal amount of specific, concentrated support and control to the foot and ankle, which provide the reasoning behind the Arizona’s high success rates. The secure fit aids in immobilization, which eases the discomfort from the chronic conditions that warrant this brace.

Clinical Indications:

This brace is concerned specifically with uncomfortable chronic conditions, such as: ankle pain and instability, ankle arthritis, Posterior Tibial Tendon Dysfunction, and others.
Ankle-Foot Orthosis ~ AFO

Walking Boots – (Bledsoe and Ossur)

**Product Description:**

This is a prescribed and custom-fit brace to particularly aid in deep muscle tissue injuries. Although larger than a typical AFO, this boot provides tremendous rigidity and support in order for the bone or muscle tissue to properly heal. The base of the walking boot is equipped with a rocker bottom sole to resemble a normal gait or walking pattern.

**Clinical Indications:**

The boot becomes a necessary brace when a patient is affected by sprains, tendinitis, fractures, and more. It is important to be cautious when taking stairs or ramps in the walking boot.
Charcot Restraint Orthotic Walker (CROW) Boot

**Product Description:**

This custom made orthotic is made out of polypropylene with a removable sole, non-skid sole, and washable aliplast lining. The foot and calf orthotic is designed for patients that suffer from ulcers on the plantar aspect of the foot. The CROW boot assists with charcot degeneration of the foot and ankle.

**Clinical Indications:**
Uses include: Charcot foot deformity and severe ulcers.

Prefabricated or Custom Carbon Fiber AFO

**Product Description:**

AFOs of this nature are made out of carbon fiber and have been widely used for the past decade. It is designed particularly for cases of foot drop and is extremely lightweight, due to the noted material. Carbon fiber is durable, can easily fit into shoes, and can be customized further if other instabilities arise beyond the patients foot drop.

**Clinical Indications:**
Used specifically in cases of isolated foot drop.
Electronic AFO (WalkAide®)

**Product Description:**

A fabricated electronic device that targets particular muscle groups. Electrodes are placed on the skin below the knee. They are connected to a small electrical stim unit about the size of a pager. The unit is attached to a plastic cuff that is wrapped around the leg. The orthotic uses Functional Electrical Stimulation (FES) to target muscle groups, but specifically the peroneal nerve. This obtains proper dorsiflexion and eversion. It is an alternative to braces for patients with drop foot.

**Clinical Indications:**

Used for patients that are affected by drop foot - caused by an upper motor neuron lesion.

**Night C.A.P.S.**

**Product Description:**

This polypropylene orthotic is equipped with laminated foam liners in order to ensure the patient’s compliance and comfort. A c-fold loop and hood closure at the calf and instep makes for patient friendly use and application. Adjustable dorsiflexion straps with the affected region allow for controlled passive stretch. The orthotic has a non-skid surface and night time adjustable passive stretch.

**Clinical Indications:**

Used for Plantar Fasciitis and Achilles Tendonitis.
PRAFO

Product Description:
PRAFO stands for Pressure Relief Ankle Foot Orthotic. This orthotic assists with various pressure and negative muscle factors that are present in the patient’s foot as they lie in bed. This custom fabricated device is made individual to the patient in order to provide the most optimal comfort and relief and can easily adjusted, even to a minute detail. This stabilizes and secures the Ankle-Foot area and is primarily prescribed for bed-ridden patients.

Clinical Indications:
Uses include: Contractures, patients struggling with improper flexion of their feet, a large amount of tension, to prevent bloodsores and ulcers, and areas of high pressure.
Metal & Leather Knee-Ankle-Foot Orthosis (KAFO)

Product Description:

This orthotic provides significant support to all leg joints for safe activity. The metal KAFO connects the thigh and the calf by metal and leather bands along with metal side bars. It does not touch the skin and provides no restriction against swelling and volume. Heat sensitive patients appreciate this orthosis for its air flow abilities. The knee joint used in the KAFO is chosen based on the physician and Orthotist’s evaluation of the patient.

Clinical Indications:

A Metal & Leather Knee-Ankle-Foot Orthosis is necessary for patients who struggle with lower extremity issues that cause weakness and negative effects in the knees. No one else should attempt to wear a patient’s custom-fabricated KAFO – it is for their needs only.
Carbon Fiber/Plastic Knee-Ankle-Foot Orthosis (KAFO)

**Product Description:**

The KAFO provides significant support to all leg joints for safe activity. The plastic KAFO connects the thigh and the calf by plastic posterior shells along with metal side bars. The knee joint used in the KAFO is chosen based on the physician and Orthotist’s evaluation of the patient.

**Clinical Indications:**

A Plastic KAFO is necessary for patients who struggle with lower extremity issues that cause weakness and negative effects in the knees. No one else should attempt to wear a patient’s custom-fabricated KAFO – it is for their needs only.
Knee Orthoses

Ligament Knee Orthoses

Product Description:
Used to protect a patient’s knee after an injury. The physician and Orthotist will work together in order to choose which Ligament Knee Orthosis to choose for the patient’s specific activity level. The orthosis aids in securing and stabilizing the knee for stress reduction and healing purposes.

Clinical Indications:
The Ligament Knee Orthosis is necessary for a patient who sustained an injury or are at risk of doing so, regarding their knee and its corresponding muscles and tendons: the ACL, PCL, MCL, and/or LCL ligaments, and reducing stress for the meniscus.

Osteoarthritis Knee Orthosis

Product Description:
The Osteoarthritis Knee Orthosis is a stabilizing and stress reducing device for the joint space of the knee. The physician and the Orthotist work closely with the patient to determine which Osteoarthritis Orthosis would be most appropriate for the specific patient and their activity level.

Clinical Indications:
A Osteoarthritis Knee Orthosis would be prescribed in situations where a patient is struggling with a great deal of pain in the knees or the knees are suffering from a large deal of stress in the joint space; particularly on the MCL and LCL ligaments, even the menisci.
Lenox Hill V.3 Custom Knee Brace

**Product Description:**

This carbon composite brace is custom made with a lightweight and low profile with aluminum and stainless steel joints. It is also equipped with an adjustable Tibia bar that can increase stability.

**Clinical Indications:**

Uses include: Instabilities with the ACL/PCL and MCL/LCL.
Hip Orthosis

Newport 3 Hip Abduction Orthosis

**Product Description:**

The Newport is a hip brace that can be used for abduction, adduction, flexion, and extension adjustments. It is fitted on to the hip, thigh and occasionally ankle, if necessary.

**Clinical Indications:**

Post-operative hip revision patients, primary arthroplasty patients at risk to dislocate, and hip stability after dislocation.

Single Opening with Hip Joint and Thigh Cuff

**Product Description:**

A hard plastic orthotic that covers the abdomen and lower back areas, as well as the thigh of the affected hip. There are various joints available. It is made of hard plastic and reinforces the hip and the thigh, and has a easy positioning of that hip joint. The Velcro straps and bars allow for simple adjustment.

**Clinical Indications:**

Uses include: Immobilization of Lumbosacral Joint, Spinal Fusion, Pre and Post-operative Hip Surgery, Pre and Post-operative Spinal Situations.
Cervical Orthosis

Miami J Advanced

Product Description:
A unique sizing mechanism allows for easy modification to suit individual patients. Bioengineered to minimize pressure points in key known areas: chin, occiput, trapezius and clavicle. Sternal pad disperses ambulatory pressure and is fully removable, enabling the front of the collar to be taken off when cleaning intubated patients, without the need to remove the tube. Patented Flex-Edge® technology delivers soft over-molded edges that gently conform to the contours of the anatomy and distribute pressure evenly. MRI, CT and X-ray lucent.

Clinical Indications:

Vista TX

Product Description:
The Vista has innovative height adjustment technology. It restricts cervical spine flexion, extension, and rotation. Two-piece, polypropylene design enhances patients comfort and is easily adjusted with Velcro tabs. Anterior posterior flex tabs provide improved rigidity and durability. The large trachea aperture allows for functional access. Removable foam liners ensure proper patient hygiene and comfort.

Clinical Indications:
C-spine precaution for trauma patients, immobilization for pre and post c-spine surgery, degenerative disorders, spinal stenosis, and spondylolisthesis.
Cervical Thoracic Orthosis

Vista TX CTO

**Product Description:**

This orthotic conceals the cervical vertebrae of the neck in order to provide stabilization and security to the various bones. The brace is equipped with laminated foam padding that is removable and hygienically appropriate for the patient, and also reduces skin irritation.

**Clinical Indications:**

Upper & Lower C-Spine disruptions, One level instabilities Isolated compartment fracture, Lateral mass fracture Spinous Process fracture, Stable Jefferson or Hangman’s Fracture, Type I Odontoid Degenerative disorders, immobilization after trauma/surgery, Spinal Stenosis, and Spondylolisthesis.
Bivalve

**Product Description:**
The bivalve is a two piece brace that allows for maximum anterior and posterior control. It is made from hard plastic and is equipped with secure Velcro straps that accommodate well with volume change.

**Clinical Indications:**
Used for Post-Operative Fusions, Kyphosis, Compression Fractures, Osteoporosis, Burst Fractures, Spinal Stenosis, Spinal Muscular Atrophy, Laminectomy.

Flex Foam I Bivalve Opening w/Tongues

**Product Description:**
A hard plastic orthotic that covers the entire belly/chest area and all of the back. It has a removable frame that is equipped with adjustable Velcro straps on the sides and shoulders with a mandible component and easily contoured cervical attachment. The brace allows for Tracheotomy access, height adjustment, and general lightweight comfort for patients.

**Clinical Indications:**
Uses include: Post-operative Cervical Fusions, High Compression Fractures, Osteoporosis, Herniated Cervical Disc, Anterior and Posterior Control of Cervical Spine.
Bivalve

**Product Description:**

The bivalve is a two piece brace that allows for maximum anterior and posterior control. It is made from hard plastic and is equipped with secure Velcro straps that accommodate well with volume change.

**Clinical Indications:**

Used for Post-Operative Fusions, Kyphosis, Compression Fractures, Osteoporosis, Burst Fractures, Spinal Stenosis, Spinal Muscular Atrophy, Laminectomy.

Bivalve with Sternal Shield

**Product Description:**

A Orthotic made from hard plastic that covers the entire back - the shoulder blades to the lower back and abdomen. The brace also has a height adjustable sternal shield, adjustable Velcro straps, and a bivalve that accommodates volume changes.

**Clinical Indications:**

Uses include: Post-Operative Fusion, Compression Fracture, Osteoporosis, Kyphosis, Laminectomy, Burst Fracture, Spinal Stenosis, and Spinal Muscular Atrophy.
TLSO

Corset Front with Axilla Straps

**Product Description:**

An Orthotic that covers the back in hard plastic and has a soft corset front to cover the abdomen. The brace is equipped with adjustable hook & loop straps and shoulder straps to maintain the extension. The structure of the brace allows for ease in donning and doffing.

**Clinical Indications:**

Uses include: Herniated Disc, Low Back Pain, Lumbar Instability, Compression Fracture, Spondylolisthesis, Degenerative Disc Disease, and Osteoporosis.

Flex Foam I Bivalve

**Product Description:**

The bivalve is a two piece brace that allows for maximum anterior and posterior control. The entire torso is covered with a soft foam layer underneath. The brace has Velcro adjusted openings medial and lateral. This brace allows for easy on and off procedures, simple adjustment, and a generally lightweight orthotic.

**Clinical Indications:**

Uses include: Cerebral Palsy, Osteoporosis, Myelomeningocele, Scoliotic Deformities, Muscular Dystrophy and Cancer Patients.
Prefabricated Aspen Vista 464

**Product Description:**

The Aspen Vista 464 is a lower back brace that restricts some movements during the healing process. The SlickTrack Rotating Wheel Tightening System provides effective compression for patients, no matter the individual’s strength.

**Clinical Indications:**

Post-operative Laparoscopic disk replacement, Post-operative IDET procedures (Intradiscal Electrothermal Annuloplasty), Post-operative lumbar laminectomy, Post-operative spinal fusion, chronic low back pain, mechanical back pain with activities of daily living, when spinal control of extension and flexion is desired/required.

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Prefabricated Aspen Summit 456

**Product Description:**

The Summit 456 is a back brace that has a large mechanical advantage to others. It has a SlickTrack Tightening System that provides adequate compression to the patients and also offers independent lower and upper brace tightening, which allows the patient to target specific muscle groups. This Aspen brace also has a self-adjusting back panel to provide optimal support to the back by matching the patient’s lordotic curve.

**Clinical Indications:**

Kyphosis, Osteoporosis, Compression Fractures, Fusions, Burst Fractures.
Thoracic Lumbar Sacral Orthosis
877.848.0650

Quality of Life is Our Concern

Prefabricated medi Spinomed

**Product Description:**

The medi is an brace that wraps around the stomach and shoulders to stabilize the spine and activates muscles to strengthen back. It can be put on as simply as putting on a backpack or a jacket and does not restrict shoulder, arm, thoracic movements or abdominal breathing.

**Clinical Indications:**

Osteoporotic bone collapse in the thoracic and lumbar spine and Hyper-kyphosis with chronic back pain.

Cruciform Extension Orthosis (CEO)

**Product Description:**

The Orthomerica is a brace that extends thoracic spin, prevent forward flexion of back and limits rotation. The Orthomerica also has a low-profile design which allows the patient to wear it easily under clothing without others notice.

**Clinical Indications:**

Acute compression fracture, thoracic kyphosis, correct flexed posture, thoracic instability, back pain, and correct spinal alignment.
Jewett / C.A.S.H.

Product Description:

C.A.S.H. stands for Cruciform Anterior Spinal Hypertension. This orthotic has full adjustment capabilities for height and width and the cruciform does not make contact with the patient. There are options with a fixed or hinged sternal pad, hinged pectoral pad, and fixed or hinged pubic pad. A horizontal or vertical posterior pad is also available.

Clinical Indications:

Uses include: Kyphosis, Osteoarthritis, Stable compression fractures of T7-L2, Osteoporosis.
LSO

Prefabriacted Mid Profile

Product Description:

Compound closure system provides patient regulated compression to supplement abdominal musculature. Coolfoam liner provided for comfort. The thermoplastic posterior panels extend to T9 and provides total contact over the paraspinal muscles. Anterior panel provides additional support and controls motion.

Clinical Indications:

Uses include: Spinal Stenosis, Degenerative Disc Disease, Compression fracture, Spondylolysis, Spondylolisthesis, Lumbar instability, Herniated disc, Low back pain.

LSO Bivalve

Product Description:

A hard plastic brace that surrounds the abdomen and lower half of the back. The brace meets on the sides and is secured with Velcro straps. It accommodates various changes and is able to have a sternal shield that can be added to control flexion or add to a extension force. The Bivalve design allows for the max amount of control for the anterior and posterior regions.

Clinical Indications:

Uses include: Post-operative Lumbar surgery, Spinal stenosis, Low back pain, Herniated disc, Compression fracture, Degenerative Disc Disease, Spondylolisthesis, Spondylosis, Low back pain.
LSO

LSO Single Opening

**Product Description:**

This hard plastic brace surrounds the abdomen and lower back regions and meets in the middle with secure Velcro straps. The style provides a greater total circumference control and is very simple to don and doff.

**Clinical Indications:**

Uses include: Spondylolysis, Herniated Disc, Spinal Stenosis, Degenerative Disc Disease, Low back pain, Spondylolisthesis, Post-operative Lumbar surgery, Compression fracture.

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**LSO Anterior Overlap**

**Product Description:**

A hard plastic brace that surrounds the abdomen and lower back regions, overlapping in the front. The overlap is secured with Velcro straps. The brace provides circumferential support, accommodates volume changes, is easy to don and doff, and can create intra-abdominal compression.

**Clinical Indications:**

Laminectomy, Sport injury, Spondylolisthesis, Compression fracture, Spondylolysis, Lumbar fusion, Spinal Stenosis, Degenerative Disc Disease.
LSO Flex Foam I

Product Description:
A hard plastic covering the abdominal and lower back regions with a outer frame that overlaps in the middle with secure Velcro straps. Built with a patented Flex Foam design. The frame is removable and allows for easy adjusting. The donning and doffing processes are simple.

Clinical Indications:
Uses include: Spinal Stenosis, Degenerative Disc Disease, Compression fracture, Spondylolysis, Spondylolisthesis, Lumbar instability, Herniated disc, Low back pain.