



2024 PRODUCT
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FRACTURE SOLUTIONS

DF2[®] Brace

Introducing the DF2[®] Brace – a revolutionary solution for femur (thigh) fractures that redefines the way fractures are treated. Unlike traditional hip spica casts, the DF2 Brace offers a range of advantages that prioritize both comfort and effective healing.

Designed to provide superior comfort and convenience, this remarkable device allows for dressing changes, comfortable positional adjustments (like sitting), and effortless toiletry needs. Its unique feature of adjustable compression ensures that it stays securely in place throughout the entire treatment period, eliminating worries of loosening, a common issue with traditional casts.

To optimize healing, it is crucial to maintain a snug fit over the femur, and our DF2 Brace does just that. Think of it as your child's steadfast companion during the healing journey. While it's typically worn full-time for approximately six weeks, your child's doctor will tailor the duration to their specific healing progress, ensuring the best possible outcome. Choose DF2 Brace for unparalleled comfort and effective femur fracture treatment.



DF2 Features

- Includes a fracture sock to prevent skin irritation/degradation.
- Adjustable hook and loop strap to anchor brace in correct position
- Maintains fracture fixation and allows for surgeon adjustment of flexion/extension as well as adduction/abduction as needed.
- Pre-configured in left or right options



Please contact the doctor and/or orthotist if you have any questions or concerns.

SIZES	PROX. THIGH CIR. RANGE (MM)	NOMINAL KC TO MED HEIGHT (MM)	KC TO LAT. HEIGHT (MM)	LARGEST CALF CIR. (MM)	KC TO END OF BRACE (MM)
SMALL	235 - 320	115	150	125	185 - 230
MEDIUM	255 - 345	135	175	140	195 - 240
LARGE	280 - 370	155	200	155	205 - 250



RHINO™ Cruiser Hip Abduction Brace

The Cruiser polypropylene hip abduction brace—a breakthrough solution designed to address hip dysplasia in children aged from infants up to 3 years old. Crafted to perfection, this brace serves as a crucial aid in maintaining the optimal hip abduction position. Notably, its ingenious design strikes the perfect balance between providing steadfast support and granting the necessary flexibility for unhindered walking.

Remarkably versatile, this innovative brace can seamlessly integrate into your child’s routine. Whether it’s for full-time wear during the day or exclusively for night-time use, its adaptability ensures comfort and efficacy. Often embraced as the logical progression following the Kicker Pavlik harness treatment, especially as the child embarks on the exciting journey of walking, this polypropylene hip abduction brace stands as a testament to modern orthopedic advancements.



SIZES	
PREEMIE	12"-14"
X-SMALL	14"-16"
SMALL	16"-18"
MEDIUM	18"-20"
LARGE	20"-22"
X-LARGE	22"-24"



RHINO™

Kicker Pavlik Harness

Optimal biomechanical strap positioning for treating hip dysplasia with maximum effectiveness. Our expertise lies in crafting highly effective solutions for hip dysplasia, particularly tailored to the tiniest patients - preemies. We offer biomechanically accurate strap positioning that ensures the best outcomes. Our range includes machine-washable and dryer-friendly options.

Crafted from gentle materials, available in elegant dark blue, soft light pink, and pristine white. The straps incorporate self-gripping fasteners, adding to both the functionality and aesthetics of our products.



SIZES	
PREEMIE	4-6 LBS
X-SMALL	0-2 MONTHS
SMALL	0-3 MONTHS
MEDIUM	3-6 MONTHS
LARGE	5-9 MONTHS



MOBILITY SOLUTIONS

ORA MEDICAL The Levity

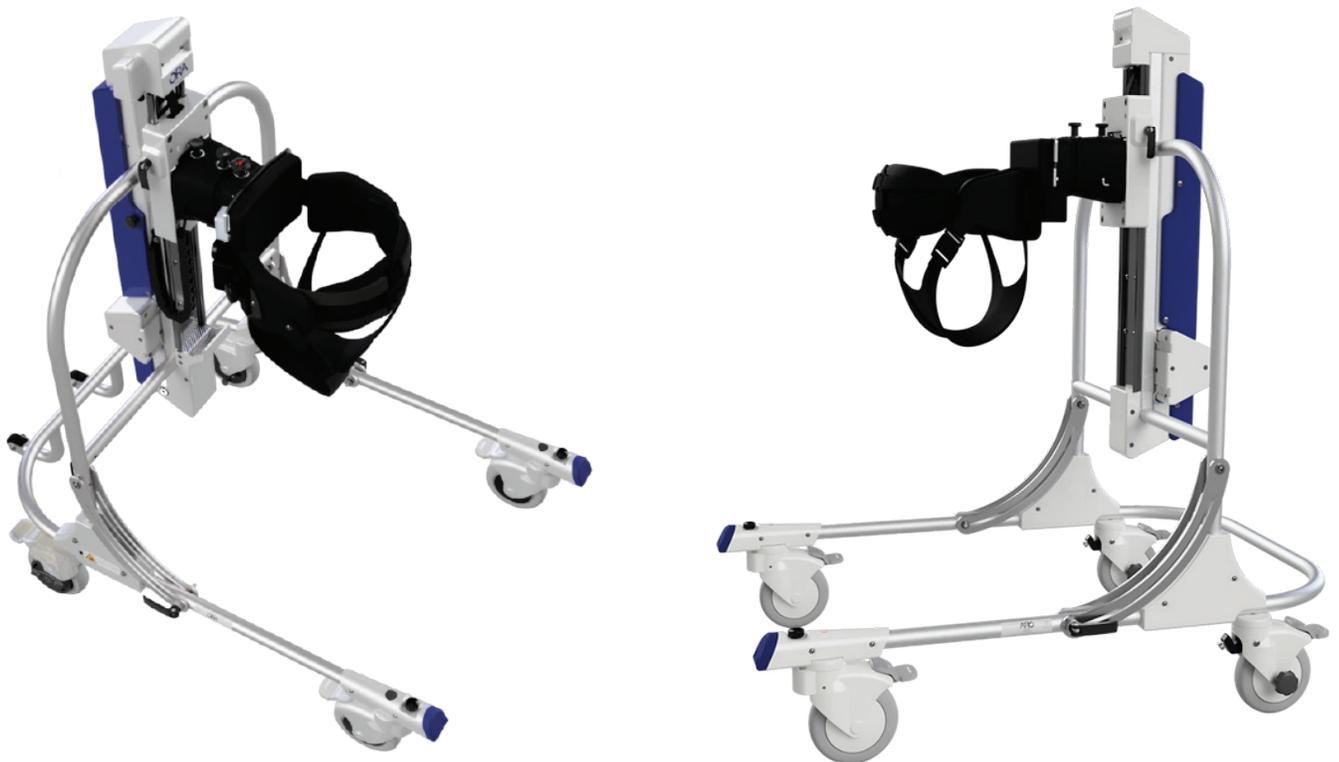
The team at Ora Medical has developed a smart gait trainer to allow children to access high-quality physical rehabilitation at home.

The Levity is a gait trainer that supports the user with an innovative partial weight bearing mechanism. This allows your child to interact with the world using their arms, unlocking tons of possibilities.

Its unique design allows each patient to receive a personalized treatment. The Levity has adaptable features to suit every user's needs. The body weight support, harness, speed and direction of the device are adjustable, and you can even fold it for transport.

The Levity is designed for children with walking difficulties, and fits most children between the ages of 3 and 12.

This tool supports patients at the waist, allowing a one-of-a-kind, hands-free experience that reinforces muscles that matter the most for optimal walking rehabilitation. This opens an entirely new experience for patients and therapists, as the latter can now fully focus on patient engagement.



RHINO™

Knee Support

Designed for comfort and kids. Made with an extra pad at the knee for compressive support and protection. Comes in open or closed patella models



SIZES	THIGH CIRCUMFERENCE
X-SMALL	8"-10"
SMALL	10"-12"
MEDIUM	12"-14"
LARGE	14"-16"
X-LARGE	15"-17"





RHINO™ Cervical Collar

Comfortable, contoured, well fitting collar designed especially for children. Natural colored stockinette with self gripping fasteners.

SIZES	NECK SIZE
X-SMALL	7"-13"
SMALL	9"-14"
MEDIUM	11"-16"
LARGE	13"-18"

RHINO™ Clavicle Strap

For treatment of clavicle fractures. Four way strap made up of comfortable foam and stockinette. Very easy to apply with self-gripping fasteners. (Chest circumference measured at bottom of sternum.)

SIZES	NECK SIZE
X-SMALL	16"-19"
SMALL	19"-24"
MEDIUM	24"-30"
LARGE	30"-34"



UPPER EXTREMITY SOLUTIONS



RHINO™ Arm Sling

Attractive blue envelope sling with adjustable strap. This sling has self-gripping fasteners that make it very easy to apply. Sizes available to fit all children.

SIZES	LENGTH
X-SMALL	10"
SMALL	12"
MEDIUM	15"
LARGE	17"

RHINO™ Elbow Splint

The Rhino elbow splint is designed for elbow sprains and contusions. We have a variety of sizes that will fit from toddler to teen.

SIZES	FOREARM LENGTH	UPPER ARM LENGTH
X-SMALL	8.5"	7.5"
SMALL	9"	8"
MEDIUM	9.5"	8.5"
LARGE	10"	9"
X-LARGE	11"	9.5"



RHINO™

Wrist/Forearm Brace

For use in sprains or non-displaced torus fractures. Also provides excellent support and protection as follow-up to cast treatment for forearm fractures. Allows gradual increase in function. Remove for bathing.

- Loop/Lock closure
- Specify right or left
- Removable stays for easy washing
- Sized by forearm length and circumference



PEDIATRIC SIZES

SIZES	ARM
6.5"	LEFT & RIGHT
7.5"	LEFT & RIGHT
8.5"	LEFT & RIGHT
10"	LEFT & RIGHT

ADOLESCENT SIZES

SIZES	ARM
8.5"	LEFT & RIGHT
10"	LEFT & RIGHT
12"	LEFT & RIGHT



RHINO™ LOWER EXTREMITY SOLUTIONS

RHINO™ Stomper

The Stomper is a pediatric boot that is durable and easy to apply. It has a unique rocker bottom design which simulates normal gait. The Stomper can be used for minor fractures, or for more significant fractures in which a cast is initially used and then can be followed by the Stomper. It can also be used for sprains, soft tissue injuries of the foot, and other disorders requiring immobilization.

The Rhino Stomper is the newest addition to Rhino Pediatric Orthopedic Design, Inc.'s superbly designed orthopedic soft goods for children. The Rhino Stomper will be available in two sizes.



	SMALL	LARGE
HEIGHT OF LINER	9.5" (241.3 MM)	11" (MM)
HEIGHT OF UPRIGHT	8" (228.6 MM)	9.5" (MM)
LENGTH OF FOOT PLATE	6.5" (165.1 MM)	7.5" (MM)
WIDTH OF FOOT PLATE	3" (76.2 MM)	3.5" (MM)



RHINO™ Cast boot

Cast boots are made of durable canvas and have a ripple pattern rocker sole for safe, comfortable walking for children of all ages.

LENGTH	WIDTH	SHOE SIZE
5.5"	3.0625"	5.5-7.5 CHILD
6.375"	3.125"	8-10 CHILD
7.25"	3.5625"	10.5-12.5 CHILD
8"	3.875"	1-2 JUNIOR
9.5"	4.25"	5-8.5 ADULT
11.25"	5.0625"	9-13 ADULT



RHINO™ Knee Immobilizer

A mainstay of orthopedic practice. Now available in childrens' as well as adolescent sizes. 3-piece design for correct circumference fit (NOT in Infant Sizes).

LEG LENGTH	
8"	INFANT
10"	
12"	PEDIATRIC
14"	
16"	ADOLESCENT
18"	
20"	
22"	
24"	



MITCHELL PONSETI®
FOOT & ANKLE SOLUTIONS

MITCHELL PONSETI®
Standard AFO

Standard ankle foot orthosis (AFO) for use with the Ponseti Method of clubfoot correction. Our patented system features a soft lining for comfort and compliance, and soft synthetic leather straps. The location of the heel can easily be seen through two holes in the back of the AFO and the footwear attaches to the Ponseti® Abduction Bar or MP® Move bar (sold separately), in accordance with the standard Ponseti bracing protocol.

- Patented, high-quality footwear system based on the Ponseti Method
- Soft synthetic leather straps and body
- Increased heel visibility
- Easy locking and releasing of footwear, which attaches to the Ponseti® Abduction Bar

Available in sizes preemie through 12.



MITCHELL PONSETI® Plantar Flexion Stop AFO

The articulated Plantar Flexion Stop (PFS) limits plantar flexion with rigid dorsiflexion to maintain the prescribed position of the foot. Recommended for the complex clubfoot. This device is also good for children with hyperflexible feet as it ensures the foot is always held in a neutral or dorsiflexed position.

- Developed for children with hyperflexible feet
- Includes all the basic features of the standard Mitchell Ponseti® AFO

Special features include:

- Plantar Flexion Stop for limiting motion
- Rigid dorsiflexion to hold foot in prescribed position

Available in sizes 00 through 12.

*Attached to back
of AFO*



MITCHELL PONSETI® Toe Stilt AFO

The Toe Stilt (TS) AFO was specifically designed by recommendation of Dr. Ponseti to maintain clinically desirable dorsiflexion by stretching the Achilles tendon and to help keep the foot flexible. This is achieved by the placement of a built in wedge attached to the front of the AFO which keeps both feet in a dorsiflexed position of 10 degrees when standing. The patient must be able to stand independently for the Toe Stilt AFO to have any effect when used without the Ponseti® Abduction bar.

- Includes all the basic features of the Standard Mitchell Ponseti® AFO

Special features include:

- Designed to promote dorsiflexion
- Permanent 10-degree wedge attached to front of AFO

Available in sizes 2 through 11.



MITCHELL PONSETI®

Plantar Flexion Stop / Toe Stilt AFO

The Plantar Flexion Stop/Toe Stilt (PFS/TS) is a dual purpose AFO that supports the Ponseti Method of treating clubfoot. The AFO is worn attached to the Ponseti® Abduction Bar in accordance with the standard Ponseti bracing protocol. The Plantar Flexion Stop (PFS) is designed to structurally limit any plantar flexion and works particularly well in clubfoot cases with hypermobile or corrected atypical/complex deformity. The PFS is mounted on the standard AFO during the assembly process but is designed to be custom fit as necessary by orthotists to meet the dynamic needs of each clubfoot child. The Toe Stilt encourages lower calf, Achilles tendon and plantar fascia stretch in the toddler who can stand independently without the Ponseti® Abduction Bar. The Toe Stilt holds both feet at 10 degrees dorsiflexion when standing.

AFO Stock Colors

All sizes and styles of the Mitchell Ponseti® AFOs are available in gray.

Standard style AFOs, sizes 2 through 11, are also available in pink and blue.



MITCHELL PONSETI® AFO Custom Colors



Custom colors are available in Standard AFO and AFO PFS style pairs and singles. Standard styles are available sizes 0000 through 12, AFO PFS styles are available sizes 00 through 12.

Custom Color Swatch Set

Custom Color Swatch Set includes eleven 2" oval samples to conveniently illustrate actual color.





Blueberry



Brown Bear



Dolphin Gray



Sunflower Yellow



Grasshopper Green



Panda Black



Peacock Blue



Tangerine



Periwinkle Purple



Raspberry



Rooster Red

** Note: Custom colors are available for an additional charge and a two week lead time, and are non-returnable.*



MITCHELL PONSETI® Move Bar

Introducing the Mitchell Ponseti® Move Bar, the innovative and versatile solution for supporting the treatment of clubfoot. This cutting-edge device is designed to provide maximum comfort and support during the maintenance stage of treatment. The Mitchell Ponseti® Move Bar is crafted from high-quality, lightweight materials to ensure ease of use and durability.

- Incorporated angle and width measurements
- 20% lighter than competitor bars
- Padded bumpers for damage resistance



Available in:

- Short 19.2-22.5 cm (7.5"-9")
- Medium 22.4-28 cm (8.8"-11")
- Long 27-37 cm (10.6"-14.5")

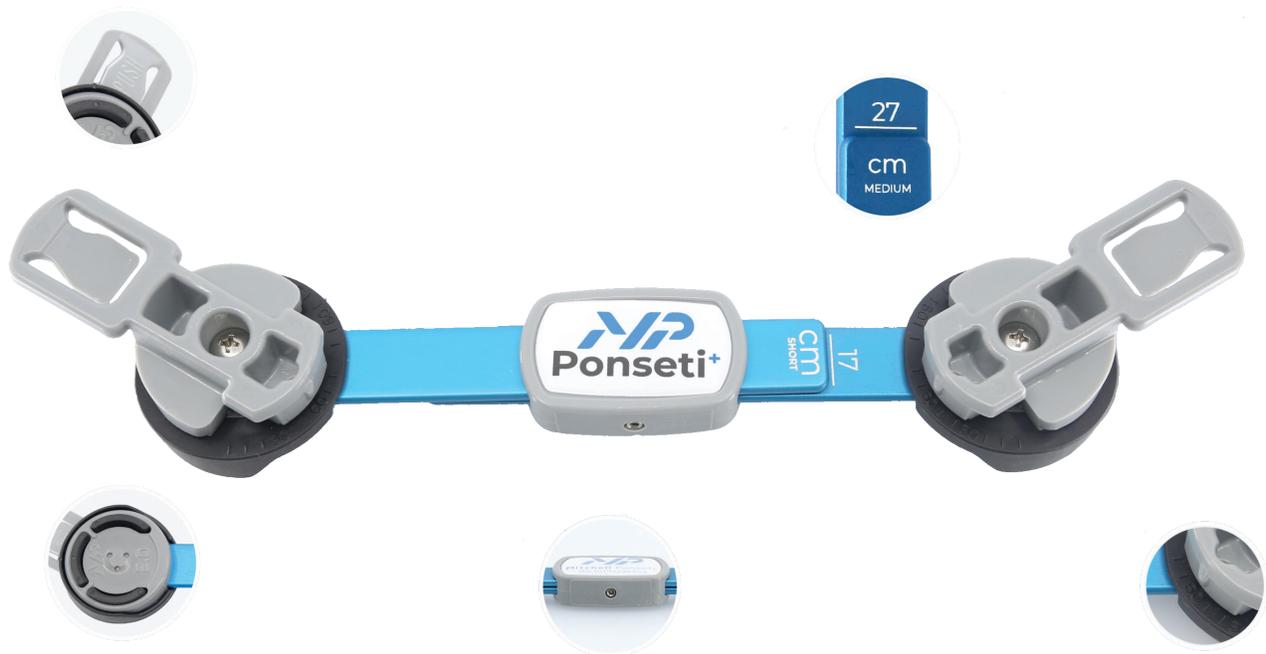
Special features:

- Quick Clip connectors for easy on/off of the AFO
- Engraved bar width indicators
- Advanced spring technology
- Padded bumpers
- Single bar adjustment screw



Ponseti® Plus Abduction Bar

The Ponseti® Plus Abduction Bar by Mitchell Ponseti. This upgraded abduction bar boasts a range of enhanced features designed to make the lives of both medical professionals and young patients easier. Precision is paramount with laser-etched bar size measurements and engraved angle indicators, ensuring accurate alignment and ease of adjustment. The non-marking rubber bumpers protect furniture and flooring, making it practical for everyday use. The advanced bar lock technology, coupled with a user-friendly lock-and-release clip mechanism, simplifies the fitting process, while the overall design is lighter than its predecessor for improved comfort. The Ponseti® Plus Abduction Bar ensures optimal support and adaptability for children in need of orthopedic care.



Available in:

- 12cm fixed
- 13cm fixed
- 14cm fixed
- Short adjustable bar (15.25cm - 21cm)
- Medium adjustable bar (19.5cm - 30cm)
- Long adjustable bar (23.5cm - 37.4cm)

Special Features

- Laser Etched Bar Size Measurements
- Non-Marking Rubber Bumpers
- Upgraded Bar Lock Technology
- Easy to Use Lock-and-Release Clip Technology
- Engraved Angle Indicators



Ponseti® Abduction Bar

Abduction bar for managing the prescribed width and orientation of the corrected clubfoot. This adjustable bar easily clips on and off the AFO footwear by means of our patented Quick Clip System. This system provides greater ease of use by increasing ease of clothing changes, placing the child in a high chair or shopping cart and allows the AFO to be applied without the bar obstructing access to the foot.



Ponseti® Bar Hardware Kit

This kit is designed to replace the hardware on your Ponseti® Bar, ensuring that it remains secure and functional during treatment. You can trust the Ponseti® Bar Replacement Hardware Kit to keep your patient's Ponseti® Bar in top condition.





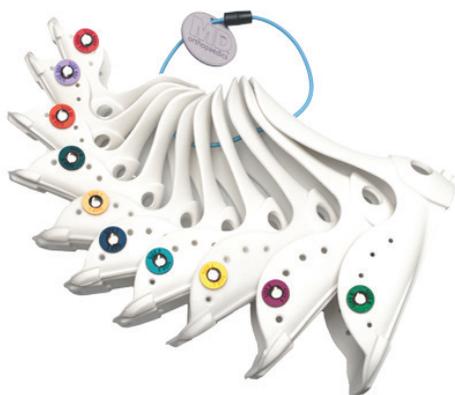
Mitchell Ponseti® AFO Socks

These AFO socks were specifically designed to be worn with AFOs. Made with skin-safe silicone grips to help keep the foot in correct position and a red colored heel to make it easier to determine heel placement. These AFO socks are made from high-quality bamboo fabric, which is known for its exceptional softness, breathability, and moisture-wicking properties. The bamboo material also offers natural antimicrobial and hypoallergenic benefits, making them suitable for individuals with sensitive skin.

Pressure Saddles

This soft, comfortable pressure saddle attaches to the middle strap of the Mitchell Ponseti® AFO to provide additional relief of pressure areas. Available in size small and large. Size small recommended for use with AFO Size 0000-1; Size large recommended for use with size 2-12.

Sold individually



Sizing Liner Set

Order patient's correct size using the convenient Sizing Liner Set, instead of taking measurements.* Place patient's foot in liners to choose AFO size needed. Liners for size 0000 through 6 included. Additional circumferences may be required for extra wide or extra narrow feet and legs.

*Sizing Liner Set for clinic/office use only.



TRAINING AND EDUCATION

MAKING AN IMPACT GLOBALLY

Ponseti Method Training

MD Orthopaedics is dedicated to training the next generation of clinicians on the ground-breaking Ponseti Method, and we provide a variety of anatomical training models to better equip physicians, orthotists, prosthetists, and other Ponseti Method practitioners around the globe.

These tools allow practitioners the hands-on training they need to perform the manipulations, casting and tenotomy procedures that the Ponseti Method recommends.

MDO Training Models in use:

1. Ponseti® Clubfoot Model
2. Cast Application Rubber Legs
3. Tenotomy Model
4. Five Stage Cast Set
5. Tenotomy Practice Model
6. Vertical Talus Model



MITCHELL PONSETI®

Educational Events

The Mitchell Ponseti® Educational Event is a **FREE comprehensive educational program** that offers healthcare professionals the opportunity to learn about clinical support, product training, parent perspective, and reimbursement information. The events are offered in a variety of formats, including online, in-person, and hybrid options. This allows participants to choose the format that best suits their needs and schedule.

Educational Events include:

1. Clinical Support
2. Product Training
3. Parent Resources
4. Reimbursement Recommendations
5. Parent Perspective



MITCHELL PONSETI® Training Kit



For new practitioners of the Ponseti Method, it can be difficult to visualize the internal aspect of the clubfoot deformity, palpate anatomic correction endpoints or know just where to place the hands for effective manipulation.

The Mitchell Ponseti® Training Kit provides the visual and tactile training tools needed to give practitioners the confidence to treat typical and atypical clubfoot on even the smallest patients.

The rubber models are made from synthetic materials that replicate the look and feel of an infant clubfoot – and are easy to clean. The Talus bone model includes a gray colored talus bone for instructional orientation and Dr. Ponseti’s “NO” directive over the calcaneocuboid joint.



Dr. Norgove J. Penny, MD
Orthopedic Surgeon, the Pediatric Orthopedic Society for Africa

“The {MD Orthopaedics} training models have been revolutionary, I carry them around in my bags now all over the world when I go training...”



Dr. John Herzenberg, MD
Director of Pediatric Orthopedics at Sinai Hospital, Baltimore, MD

“The models are a great teaching tool, without them you just can’t teach...”



Tenotomy Practice Model

The Ponseti Method of clubfoot correction includes surgical transection of the Achilles tendon to correct for the equines deformity. The MD Orthopaedics “Tenotomy Practice Model” is designed for physicians and providers, trained in the Ponseti Method, to practice the necessary steps involved with the tenotomy procedure. The model is designed to accurately identify anatomic landmarks both positionally and palpably. The base foot mold is representative of a six month old baby’s foot. The model can be practiced both in the posterior upright or lateral position based on surgical preference. The synthetic skin and tendon material are designed to give appropriate feel and palpable feedback of the completed transection.



KIT INCLUDES:	
1	BASE FOOT MODEL
50	SYNTHETIC TENDONS
10	RUBBER BANDS (NEUROVASCULAR BUNDLE)
2	SYNTHETIC SKIN OVERLAYS

****Refill Kit Also Available****



Vertical Talus Model

Understanding of the anatomical relationships of the vertical talus deformity, from either congenital or iatrogenic etiology, is critical in assessing treatment options whether conservative or surgical. The Vertical Talus Model was designed to give the proper anatomic orientation and relational disposition of the typically rigid, irreducible talonavicular dislocation that defines the deformity. The model is representative of a child six months of age. The model includes a gray colored talus bone for instructional orientation and the “NO” directive, by Dr. Ponseti himself, over the calcaneo-cuboid joint.





Ponseti® Clubfoot Model

Medical teaching model to demonstrate proper correction of clubfoot deformity. Errors in the manipulation of the congenital clubfoot can easily be demonstrated with this model.

Tenotomy Model

Provides a visual of the anatomic relationship of the Achilles tendon. This model is also a useful visual aid when discussing the procedure and expected results with the parent.



Five Stage Cast Model

The Cast Model allows visualization of the completed cast at each of the five different stages of the Ponseti Method, with emphasis on bony landmarks and the toe platform.

Cast Application Rubber Legs & Stands

These anatomic models are soft and pliable, with finger placement etchings to demonstrate the proper positioning for manipulation.

These legs also serve as the teaching models for the proper application of plaster casts at each stage to maintain the correction obtained by manipulation.

Available in left and right.



Stage 1



Stage 2



THE CLUBFOOT JOURNEY™

The **Clubfoot Journey™** is a highly developed, multi-year process that brings patients to a successful correction of their clubfoot condition.

Diagnosis of Clubfoot

(at or before birth)



Tenotomy Procedure

At the final casting, the doctor releases the Achilles tendon in virtually all cases.



Treatment Phase

(6 to 8 weeks)

The doctor manipulates and casts the child's foot (feet) using the Ponseti Method.

Stage
1-2-3-4-5
Casting



Maintenance

The child is fitted with the ankle foot orthosis (AFO) and bar that are to be worn 23 hours a day for 90 days (3 months).

Sleep Maintenance

The AFO and bar are worn when the child sleeps for up to 4 - 5 years, as prescribed, to ensure the correction holds.

Sleep Maintenance

Year 3



Sleep Maintenance

Year 2



Sleep Maintenance

Year 4

This info graphic provides that such medical information is merely information – not advice. If users need medical advice, they should consult a doctor or other appropriate medical professional. No warranties are given in relationship to the medical information supplied and no liability will be accrued to MD Orthopaedics in the event the user suffers loss as a result of reliance upon the information.

FREQUENTLY ASKED QUESTIONS

Do the buckles go to the inside of the foot or to the outside of the foot?

The AFO was designed with the buckles set to the inside of the foot. This design feature is to aid parents in the donning and doffing of the AFOs. Ponseti experts do allow buckles to the outside of the foot based on professional preference or customer convenience. It will not alter the performance or risk of injury by orienting the buckles outward.

I just received my order, and the AFOs seem too big/too small. Is there a different size that would work better?

Contact your point of purchase.

The child's heel is not down in the AFO. Is something wrong?

If the heel is not visible in the heel opening, check with your physician to ensure the clubfoot is fully corrected. If the physician indicates that the correction is good, it may not be necessary to force the heel down into the AFO, as this can lead to skin irritation, bracing discomfort, and reduced bracing compliance.

How long will each pair of AFOs last?

On average, an AFO will last 4-9 months. Some children grow rapidly and will need new AFO's within three months. As the child's growth rate slows, more time can be expected from each AFO.

How long will the bar last?

The bars are adjustable and should last approximately 2-3 pair of AFOs. The bar width should be periodically checked and adjusted to match the child's shoulder width or as recommended by your physician or orthotist.





More Info:

www.opsb.com



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