



2025 PRODUCT CATALOG



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2025 Product Spotlight

INNOVATION LAB

Move-D Brace

The Move-D device is lightweight, easy-to-wear, portable, comfortable, non-electric, and adjustable as a patient grows. Inspired to improve the quality of life for patients with upper extremity tremors.



"It's a very magical moment when, for the first time, you see that your writing is legible and that you can drink a cup of water without... spilling three-fourths of it".

- Dylan Law, Move-D Innovator and Lead Consultant

THRIVE ORTHOPEDICS™

Thrive Orthopedics™ F3 Hero Pediatric AFO Brace

OPSB is partnering with Thrive Orthopedics to distribute their pediatric line!

This AFO features an anterior shell with a lateral strut design that falls distal to the lateral malleolus. The magnetic loop straps are designed for low maintenance and longevity. The magnetic version provide a great solution for patients with dexterity challenges.



THRIVE ORTHOPEDICS™

The TruStretch Pediatric Equinus Brace

A great solution for athletes, dancers, and other active KIDS! The only orthosis on the market that telescopes above the knee to stretch both the gastrocnemius and soleus muscles. Ankle joints allow for a progressive, measurable treatment protocol.

The toe wedge engages the windlass mechanism, providing an optimal stretch through the ankle joint while also stretching the plantar fascia.

Toe Wedge



THRIVE ORTHOPEDICS™

Thrive Pediatric X-Glide Flexible Carbon Fiber Insoles

Flexible foot plates that add semi-rigid support to any shoe and are specifically designed for Idiopathic Toe Walking (ITW). These dynamic footplates can be placed under a child's standard insole or custom orthotic for additional corrective support.

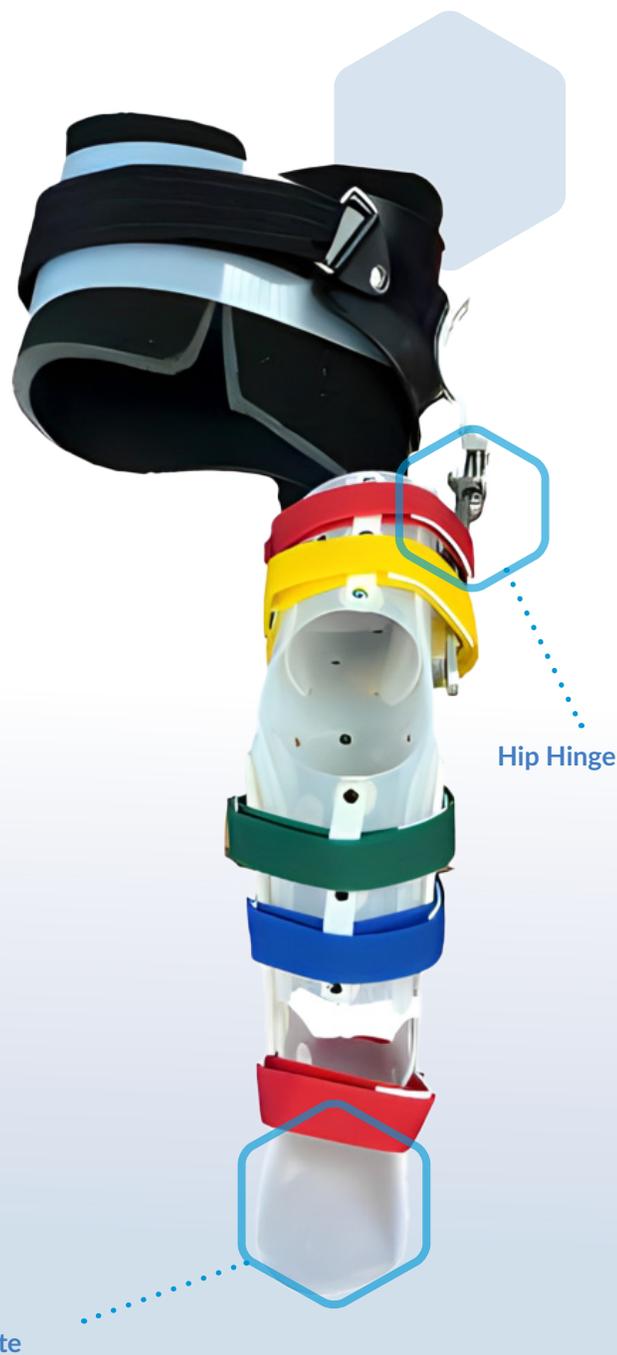


2025 Product Spotlight cont.

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.





2025 PRODUCT
CATALOG

Boston Band®

The Boston Band is a lightweight foam and plastic helmet that treats a number of types of cranial asymmetry, including positional plagiocephaly by providing a pathway for the infant's head to grow into a more symmetrical shape.

Benefits

- Pre-cut void ensures continued relief over the flattened area
- A unique, multi-layer foam system allows for easy adjustment
- Lightweight - under 12 oz
- Least time in helmet in industry-average 14 weeks vs 16-24 weeks
- Reports available to measure progress
- Free color or pattern*



Options

- A unique, optional hinged opening that allows easy internal modification for clinicians and easy operation by parents
- Permanent framework



The Boston Band is indicated for infants 3-18 months of age diagnosed with any of the following: Plagiocephaly, Brachycephaly, Asymmetrical Brachycephaly, Scaphocephaly, and Craniosynostosis needs.

*Extra helmet decals or custom paint are requested and paid for by the family.



UPPER EXTREMITY SOLUTIONS

INNOVATION LAB

Move-D Brace

Inspired to improve the quality of life for patients with upper extremity tremors.

Move-D is a simple and elegant mechanical elbow brace that stabilizes tremors in the dominant upper extremity to improve the performance of Activities of Daily Living (ADL) for pediatric and adult patients with movement disorders such as Essential Tremor, Ataxic Cerebral Palsy, and Parkinson's Disease.

The Move-D device is lightweight, easy-to-wear, portable, comfortable, non-electric, and adjustable as a patient grows.



Move-D is intended to be used by patients with tremors in the dominant upper extremity to stabilize tremors to improve the performance of Activities of Daily Living (ADLs).

Move-D



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™ 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"



Boston Brace 3D®



The Boston Brace 3D is the next innovation in the non-operative treatment of idiopathic scoliosis. Our clinical experts have combined knowledge of the three-dimensional scoliosis curvature with the latest in shape capture and CAD/CAM technologies. This enhanced brace design comes from the unique and selective shift/push/relief combination of corrective forces that are fabricated into each brace. Initial in-brace X-rays (X-rays with the brace on) show that most patients achieve greater than 60% correction of the primary curve when wearing the Boston Brace 3D. The combination of in-brace curve reduction and adherence to the prescribed wear schedule has been shown in multiple studies to reduce the risk of curve progression and in many cases actually improve the curve.

Benefits

- Asymmetrical Brace
- Outstanding outcomes
- Custom made for each patient
- Requires a scan of patient's body
- Can be worn day and night
- Works with all forms of physical therapy, including the Schroth method
- Covered by most insurances

Options

- Boston Sensor
- Rear/front opening
- Transfer choice

This brace is indicated for patients, four years old to skeletal maturity, diagnosed with Idiopathic scoliosis or congenital scoliosis, and Spinal curves of 45°.



Boston Brace Night Shift



The Boston Brace Night Shift is a nocturnal brace used in the non-operative treatment of idiopathic scoliosis. A nighttime brace takes advantage of the recumbent position. Studies suggest that most growth occurs at night. For some curves, nighttime wear has shown to be as effective as full-time. The Boston Brace Night Shift has built-in correction in all three planes of motion. Instead of working against gravity, the brace utilizes it and the internal pushes do not have to work as hard. It applies direct forces with opposing relief areas to straighten curves.

Benefits

- Asymmetrical Brace designed for recumbent position
- Custom made for each patient
- Made from measurements, scan or cast of patient
- Only worn at night and around the house
- Opens in front for ease of donning and comfortable sleeping
- Covered by most insurances

Options

- Boston Sensor
- Transfer choice

This brace is indicated for patients diagnosed with idiopathic scoliosis and spinal curves of 20-45°, and who are unwilling to wear the brace 24/7. It is ideal for complex spinal curves with apicies above T7-8.



Boston Brace Baby



The Boston Brace Baby orthosis is specifically designed to utilize many of the Mehta and Boston Brace 3D concepts. It may be used in combination with Mehta casting or it can be used as a primary means of treatment. Our clinical experts have combined knowledge of the three-dimensional scoliosis curvature with the latest in shape capture and CAD/CAM technologies. This enhanced brace design comes from the unique and selective shift/push/relief combination of corrective forces that are fabricated into each brace.

Benefits

- Asymmetrical Brace
- Custom made for each patient
- Open stomach for easier breathing mechanics
- Outstanding outcomes
- Made from scan or cast of patient
- Can be worn day and night
- Covered by most insurances

Options

- Open stomach (symmetrical asymmetrical abdominal opening)
- Closed stomach
- Transfer choice

This brace is indicated for patients 0-3 years old, with spinal curves of 20-50°, diagnosed with Infantile idiopathic or congenital scoliosis. Ideal for complex spinal curves.



Boston Brace RC



The Boston Brace RC is an asymmetrical, anterior opening, custom fabricated scoliosis orthosis. This is a custom made brace from a scan of the patient and incorporates the principles of the Rigo-Cheneau brace.

Benefits

- Asymmetrical Brace
- Custom made for each patient
- Opens in front only
- Made from scan or cast of patient
- Can be worn day and night
- Works with all forms of scoliosis physical therapy, including the Schroth method

Options

- Boston Sensor
- Transfer choice

This brace is indicated for patients 4 years old to skeletal maturity, with spinal curves of 20-50°, diagnosed with Idiopathic scoliosis. Ideal for complex spinal curves.



Boston Brace Soft Spinal-Postural



The Boston Brace Soft Spinal-Postural orthosis is a spinal brace used to support low tone patients and provide improved sagittal balance while providing support in the frontal and traverse planes. Its asymmetric trimlines allow the patient to utilize their corrective reflex to improve sitting posture and head control. It can be made from a cast, scan or measurement of the patient.

Benefits

- Sagittal plane control
- Improved sitting/standing posture
- Head/neck control
- Abdominal window for easy breathing
- Soft and flexible
- Lightweight
- Easy to clean

Options

- Removable stays
- Permanent framework
- Colored foam
- G-tube or Baclofen Pump relief
- Rear/front opening
- Bivalve opening

This brace is indicated for patients diagnosed with neuromuscular scoliosis, pelvic obliquity, and/or low tone.



Boston Brace Soft Spinal-Corrective



The Boston Brace Soft Spinal-Corrective orthosis is a spinal brace used to support low tone patients, provide improved sagittal balance and correct a spinal curve. It can be made from a cast, scan or measurement of the patient. It incorporates an asymmetric trimline to allow for relief areas opposite the built-in corrective forces. This permits the patient to utilize their corrective reflex to improve sitting posture and head control.

Benefits

- Sagittal Plane Control
- Improved sitting/standing posture
- Head/neck control
- Abdominal window for easy breathing
- Soft and flexible
- Lightweight
- Easy to clean

Options

- Removable stays
- Permanent framework
- Colored foam
- G-tube or Baclofen Pump relief
- Rear/front opening
- Bivalve opening

This brace is indicated for patients diagnosed with neuromuscular scoliosis, pelvic obliquity, and/or low tone.



Boston Brace Original



The Boston Brace Original is the most studied and utilized scoliosis brace in the world, and is considered the premier system for the non-operative treatment of scoliosis and kyphosis. Clinically proven to control curve progression, the available models include Lumbar, Thoracic, or Thoraco/Lumbar. All Boston Braces may be lined, partially lined, or unlined. The custom-made Boston Brace is made from a scan, cast, or measurements for each individual patient. Each is proudly stamped ensuring you received a true Boston Brace.

Benefits

- Symmetrical brace with additive asymmetry
- Custom made for each patient
- Made from scan, measurements, or cast of patient
- Opens in front or back based on preference
- Works with all forms of scoliosis physical therapy, including the Schroth method
- Covered by most insurances

Options

- Boston Sensor
- Transfer choice
- Rear/front opening
- Lined, partially lined, or unlined

This brace is indicated for patients 4 years old to skeletal maturity, with spinal curves of 20-50°, diagnosed with Idiopathic scoliosis. Ideal for complex spinal curves.



Boston Brace Kyphosis



Kyphosis is defined as a deformity of the upper spine causing an exaggerated (more than 50°) outward curve. Technically this condition is known as hyper kyphosis, though it is commonly referred to as simply kyphosis. Our Kyphosis brace corrects this condition.

Benefits

- Custom made for each patient
 - Sagittal Plane Correction
- Opens in front or back
- Made from scan cast of patient
- Can be worn day and night
- Covered by most insurances

Options

- OPSB Sensor
- Transfer choice
- Rear/front opening
- Lined, partially lined or unlined

This brace is indicated for patients of skeletal immaturity diagnosed with Scheurman Kyphosis, Postural Kyphosis, or Atypical Kyphosis curves greater than 40°.



Boston Brace Body Jacket



The Boston Brace Body Jacket is designed to immobilize the thoracic and lumbar spine after trauma or surgery. It is the ideal solution for post-operative patients and trauma situations, and can help shorten hospital stays.

Benefits

- Sagittal plane control
- Improved sitting/standing posture
- Head/neck control
- Abdominal window for easy breathing
- Soft and flexible
- Lightweight
- Easy to clean

Options

- Rear/front/lateral/bivalve opening
- Sternal bar and pad

This body jacket is indicated for patients diagnosed with any of the following: Neuromuscular scoliosis, Pelvic obliquity, and low tone.



Boston Overlap Brace (BOB)



The Boston Overlap Brace (BOB) was the first brace to use the anterior overlap design, which allows the patient to adjust the brace for comfort. The antilordotic design address the biomechanical need to treat spondylolysis, and the posterior paraspinal bars allow for lordotic adjustment.

Benefits

- Velcro closure
- Low-priced
- Made from measurements, or pre-fabricated custom fit
- Anterior opening with a 3-4" overlap

Options

- Plastic and lining options
- Posterior corrugation

This brace is indicated for patients diagnosed with any of the following: spondylolysis, spondylolisthesis, severe back pain, lumbar fusion and fracture.



OPSB™ Sensor



The OPSB Sensor System is an innovative solution designed to monitor patient bracewear time with precision and ease. The sensor is securely mounted within the brace, recording temperature every 15 minutes to accurately track wear time. Clinicians can remotely access real-time data via a secure login portal, allowing them to monitor patient adherence and progress. The app offers a complete wear-time history that can be downloaded in both PDF and CSV formats for easy reporting. Patients are encouraged to meet wear-time goals with an interactive interface that provides digital rewards for milestones achieved. Physicians, Therapists and hospitals, are able to use remote monitoring CPT codes when accessing, analyzing, and communicating with the family about their wear time schedule. IT support is readily available to assist users in optimizing their experience with the app, ensuring a smooth and efficient process.

Features

- Minimum 12 month battery life
- Monitor a patient's wear pattern
- Data automatically uploaded to the cloud
- Low profile design
- Designed to be worn in all settings i.e. school, work, and sports
- OPSB sensor app shows progress updates
- IT support

The OPSB™ Sensor System is intended to collect, transmit and store temperature data to monitor a patient's wear time and pattern. Please consult with your HCP for professional advice, including product warnings, precautions, side effects and contraindications. This material and use of the OPSB Sensor System is for informational purposes only and does not constitute medical advice. Always follow your HCP's recommendations and instructions

Check out this video to learn more!



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™ 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



KNEE SOLUTIONS

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"	
18"	ADOLESCENT
20"	
22"	
24"	



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"



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 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



The DF2 Brace is intended for femur fractures and post-operative stabilization in pediatric population patients from approximately 6 months to 5 years of age instead of spica cast by providing immobilization of the femur, knee, and hip.

SIZE	Prox. Thigh Circumference Range (mm)	KC to Medial Height (mm)	KC to Lateral Height (mm)	KC to End of Brace (mm)	Largest Calf Circumference Range (mm)
XS	185 - 305	98	126	112	154 - 217
S	235 - 320	115	150	125	185 - 230
M	255 - 345	135	175	140	195 - 240
L	280 - 370	155	200	155	205 - 250
XL	295 - 400	180	232	172	220 - 260
XXL	315 - 420	198	252	189	225 - 270



ANKLE SOLUTIONS

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™ 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.



	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)



THRIVE ORTHOPEDICS™

The TruStretch Pediatric Equinus Brace

The only orthosis on the market that telescopes above the knee to stretch both the gastrocnemius and soleus muscles. Ankle joints allow for a progressive, measurable treatment protocol. The toe wedge engages the windlass mechanism, providing an optimal stretch through the ankle joint while also stretching the plantar fascia.

PART NUMBER	SIZE	DESCRIPTION	L-CODES
IQ - 1002	US TODDLER 8 - US LITTLE KIDS 2	PEDIATRIC	SUGG. L2035 + L2760



THRIVE ORTHOPEDICS™

Thrive Orthopedics™ F3 Hero Pediatric AFO Brace

Flexibility and shape specifically designed for the pediatric population, this AFO features an anterior shell with a lateral strut design that falls distal to the lateral malleolus.



PART NUMBER	SIZE	FOOTPLATE LENGTH	BRACE LENGTH
PASLT OR PASRT	S	6 1/4"	8 5/8"
PAMLT OR PAMRT	M	7"	10 1/8"
PALLT OR PALRT	L	7 7/8"	11 5/8"
PAXLLT OR PAXLRT	XL	8 1/4"	12 3/8"

Thrive F3 Hero AFO with Magnetic Loop Straps

Designed for low maintenance longevity, the upgrade to magnetic loop straps is a great solution for patients with dexterity challenges. The Magnetic Loop Strap price is added to the standard F3 Hero AFO pricing above.

PART NUMBER
MSU-1.0



BOSTON AFO®

Ranger

The Ranger Ankle Foot Orthosis (AFO) design is intended to control foot/ankle motion and address all associated alignment compensations. The brace consists of a solid ankle outer boot in combination with a more flexible inner boot. The increased height of this design allows for better control of the knee position and optimizes stability. The Ranger has multiple fabrication options, allowing it to be customized to your child's specific needs.

Benefits

- Foot and ankle alignment
- Stability and control
- Heel-to-toe gait pattern
- Toe clearance
- Knee position
- Neuro-motor patterning
- Range restoration
- Strengthening
- Pain reduction
- Endurance

Options

- Strap color
- Transfer pattern
- Flexible or rigid inner boot
- Internal or external heel
- Reinforced toeplate

This AFO is indicated for patients diagnosed with any of the following: Moderate to severe pronation/supination, ankle/knee instability, out-toeing or in-toeing, knee hypertension or crouch, contracture, high tone, and/or toe walking.

ONLY AVAILABLE AT OPSB CLINICS



BOSTON AFO® Tall-Mover

The Tall-Mover Ankle Foot Orthosis (AFO) proprietary design was developed to meet the needs of ambulatory patients. The brace consists of a flexible one-piece inner boot and a jointed outer boot. These materials work together to allow the Tall-Mover to both resist and assist motion at different phases of gait. The increased height of this design allows for better control of the knee position and optimizes stability. The Tall-Mover combines the benefits of both a solid and articulated AFO into one brace.

Benefits

- Foot and ankle alignment
- Stability and control
- Heel-to-toe gait pattern
- Toe clearance
- Prevents foot drop/slap
- Knee position
- Pain Reduction

Options

- Strap color
- Transfer pattern
- Anterior Shell

This AFO is indicated for patients diagnosed with any of the following: ankle/knee instability, out-toeing or in-toeing, and/or knee hypertension.

ONLY AVAILABLE AT OP SPECIALTY BRACING CLINICS



BOSTON SMO

Boston Control SMO

The Control Supramalleolar Orthosis (SMO) envelops the foot and ankle using thin plastic, providing moderate control of foot and ankle. It is secured with a single strap to adjust compression. The Control SMO is a low-profile option for kids with mild instability in the foot/ankle and who need a little support to lead their most active life. The pediatric foot is continuously developing and becoming more structural with growth. Protecting the ligaments is paramount in preventing foot deformity and pain later in life.

Benefits

- Foot and ankle alignment
- Stability and control
- Pain Reduction

Options

- Strap color
- Transfer pattern
- Flexible inner boot

This SMO is indicated for patients diagnosed with any of the following: ankle/knee instability, out-toeing or in-toeing, and/or knee hypertension.



BOSTON SMO

Boston Boomerang

The Boomerang Ankle Foot Orthosis (AFO) was designed as a low-profile, early intervention solution for toe walking and is also effective for preventing foot slap and mild hyperextension at the knee. The brace envelopes the foot and ankle with a flexible inner boot and more rigid outer boot. The posterior extension acts as a sensory “trigger” to encourage heel strike. The Boomerang can transition to a Stabilizer SMO when the patient demonstrates a consistent heel-to-toe gait pattern.

Benefits

- Foot and ankle alignment
- Stability and control
- Heel-to-toe gait pattern
- Moderate knee control
- Neuro-motor patterning
- Pain Reduction

Options

- Strap color
- Transfer pattern

This SMO is indicated for patients diagnosed with any of the following: ankle/knee instability, out-toeing or in-toeing, toe walking, and mild to moderate pronation/supination

ONLY AVAILABLE AT OP SPECIALTY BRACING CLINICS

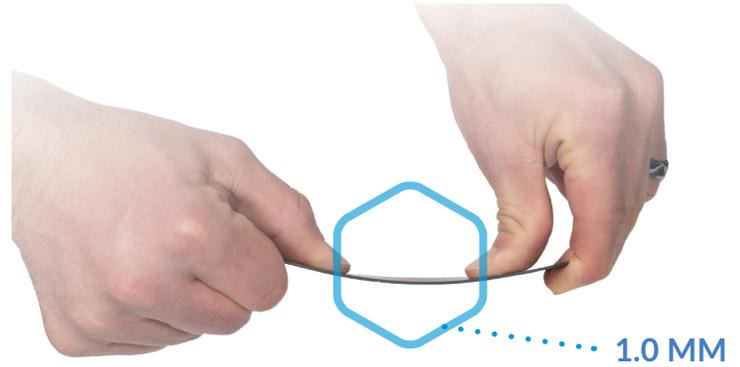


FOOT SOLUTIONS

THRIVE ORTHOPEDICS™

Thrive Pediatric X-Glide Flexible Carbon Fiber Insoles

Flexible foot plates that add semi-rigid support to any shoe and are specifically designed for Idiopathic Toe Walking (ITW). These dynamic footplates can be placed under a child's standard insole or custom orthotic for additional corrective support that are sold individually.



SHOE SIZE	PART NUMBER 1.3MM (RIGID)	PART NUMBER 1.0MM (FLEXIBLE)	LENGTH	HEEL WIDTH	MET HEAD WIDTH
KIDS 5	KFP5	FKFP5	4.75" 121MM	1.55" 39.3MM	2.01" 53MM
KIDS 6	KFP6	FKFP6	4.75" 121MM	1.55" 39.3MM	2.24" 57MM
KIDS 7	KFP7	FKFP7	5.51" 140MM	1.80" 45.7MM	2.43" 61.6MM
KIDS 8	KFP8	FKFP8	5.75" 146MM	1.77" 45.1MM	2.39" 60.7MM
KIDS 9	KFP9	FKFP9	6.14" 156MM	1.83" 46.6MM	2.41" 61.2MM
KIDS 10	KFP10	FKFP10	6.49" 165MM	1.88" 47.7MM	2.50" 63.5MM
KIDS 11	KFP11	FKFP11	6.73" 171MM	1.88" 47.7MM	2.50" 63.5MM
KIDS 12	KFP12	FKFP12	7.13" 181MM	1.92" 48.8MM	2.52" 64MM
BIG KIDS SIZE 1	KFPBK1	FKFPBK1	7.52" 191MM	1.94" 49.2MM	2.54" 64.5MM

THE CLUBFOOT JOURNEY

We are committed to partnering with parents and families to help them feel supported along every step of the **Clubfoot Journey™**.

Diagnosis of Clubfoot

(at or before birth)

Treatment Phase

(6 to 8 weeks)

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

Tenotomy Procedure

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

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

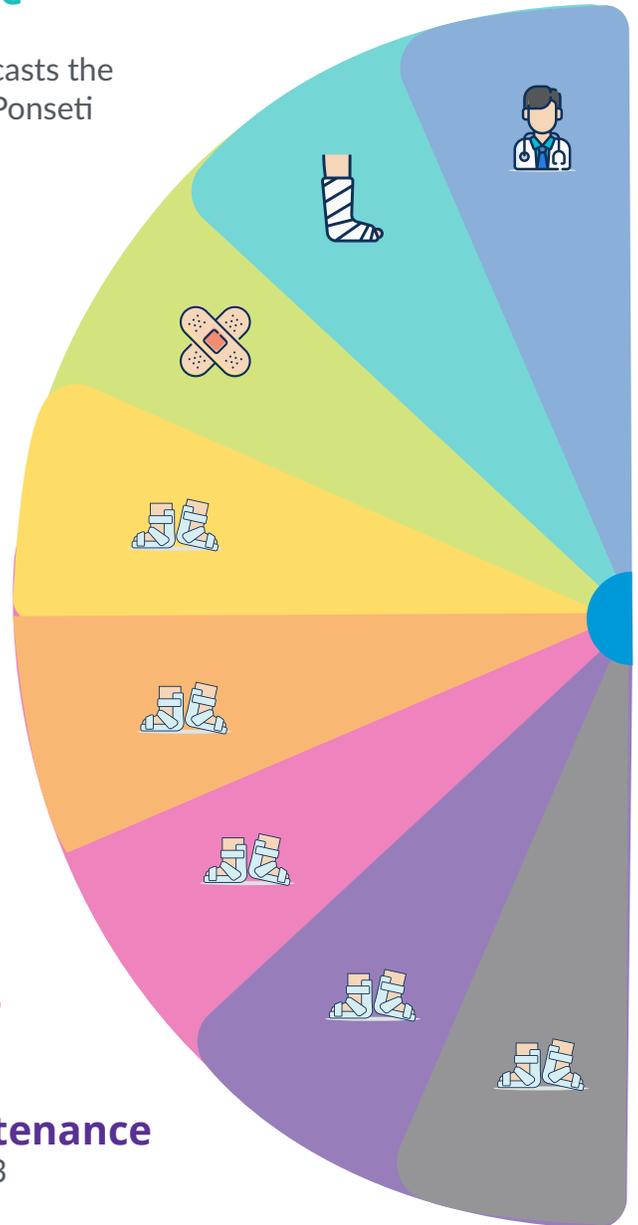
Year 2

Sleep Maintenance

Year 3

Sleep Maintenance

Year 4



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.

Available in sizes preemie through 12.

- 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
- All sizes, preemie through 12, available in base color of grey. Select sizes 0000 - 6 available in base colors of pink, blue or grey.
- Custom colors available in select sizes at an additional cost.



** shown here custom color #34 Blueberry*



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.

Available in sizes 00 through 12.

- 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



** shown here custom color #61 Tangerine*



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° 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° 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° dorsiflexion when standing.

Available in sizes 2 through 11



AFO Stock Colors

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



MITCHELL PONSETI® AFO Custom Colors



Custom colors are available for the Standard AFO and AFO PFS style pairs and singles.

- Standard AFO 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.



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
- Medium 22.4-28 cm
- Long 27-37 cm

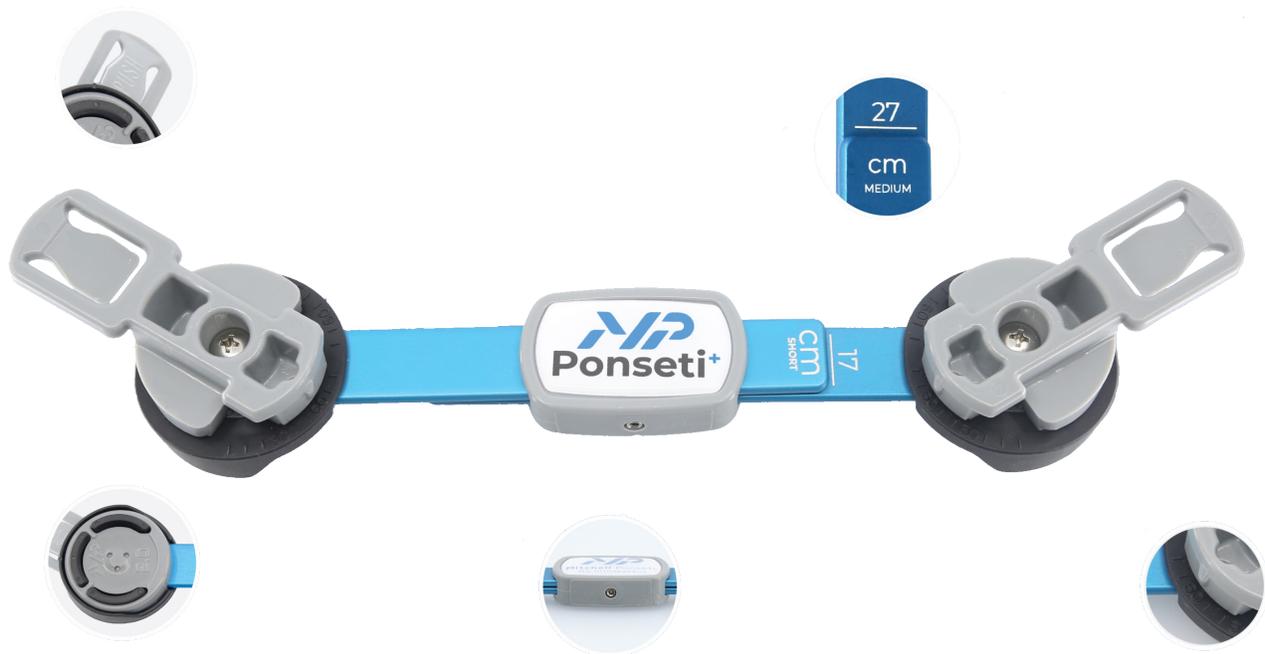
Special features:

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



MITCHELL 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



MITCHELL 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.



MITCHELL 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® Geared Quick Clips

The Mitchell Ponseti® Geared Quick Clip System is designed to give providers the ability to tailor fit the amount of fixed dorsiflexion the brace delivers for their patients. Each clip has teeth that mesh with the bar and can be adjusted in 10 degree increments of abduction.

Available in:

- 0, 10, or 15 degrees of dorsiflexion

Special Features

- Used only for the Move, Plus, and Lite bars





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.





**EDUCATION
AND TRAINING**

MAKING AN IMPACT GLOBALLY

Ponseti Method Training

OrthoPediatrics Specialty Bracing is dedicated to training the next generation of clinicians on the groundbreaking 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
6. Q&A Session



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



OP SPECIALTY BRACING Clinics



Committed to Patient and Family Care

OrthoPediatrics Specialty Bracing is a recognized leader in the field of pediatric orthotics and prosthetics products and services. We believe patients receive the best outcomes when we work together as a team to diagnose and solve the related problem.

We are committed to working collaboratively to answer any questions you may have and make sure you're fully informed about all aspects of treatment.



Clinic Locations

We have over 30 clinics across the United States. Scan the QR code to find a clinic near you!

What We Strive For:

- Evidenced based programmatic approach to treatment with validated outcomes.
- Continuously evolving programs driven by best practice research that set the standards.
- Collaborative treatment with physicians and therapists for optimal patient outcomes.
- Treatment progress reporting back to the medical team on treatment.
- Access to our vast network of nationally certified Pediatric Orthotist & Prosthetist Specialists.
- Partnering with world class Children's Hospitals for state of the art collaborative care.
- New innovative pediatric solutions being created by our team of engineers on a yearly basis.



OP SPECIALTY BRACING Spinal Course

The Boston Brace 3D System in the Non-Operative Management of Idiopathic Scoliosis

It is important to us to ensure the clinical team is current with the Boston Brace System clinical guidelines and understands the role of all the members of the clinical team in the non-operative treatment of Adolescent Idiopathic Scoliosis.

Hands on learning will ensure participants demonstrate the ability to use 3D scanning technology along with standard X-ray analysis for the custom fabrication of the complete Boston Brace scoliosis line. Attendees will experience a mock patient evaluation and fitting, as well review outcome measurement, reporting, and brace fabrication.

Who Should Attend?

Orthotists, Technicians, Physical Therapists, Physicians and Residents that treat patients with idiopathic scoliosis.



Want to learn more?
Scan to visit our e-learning center



OP SPECIALTY BRACING Cranial Courses

It is important to us to ensure the clinical team is current with the Boston Band clinical guidelines and understands the role of all the members of the clinical team.

The 1-day course is designed to build treatment skills and depth of knowledge in Cranial Asymmetry Treatment. With many hands-on learning modules exploring the ability to use hand held shape capturing technology, utilization of the unique multilayering technique as well as the other fabrication options such as the hinged opening to ease donning and follow up adjustments. Additionally, real case studies help you bring expertise and confidence into your practice.

Who Should Attend?

Orthotists, Technicians, Physical Therapists, Physicians and Residents that treat patients with positional Plagiocephaly.

Pre-course offered online. Advanced course offered in-person only.



More Info:

www.opsb.com



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