

# Foot Drop AFO: XTERN SIZE CHART

## AT-X TRIAL BRACE ASSESSMENT TOOL XTERN ADJUSTABLE TRIAL BRACE (AFO)



Men Shoe Size	Women Shoe Size	XTERN AFO & AT-X Size Selection		AT -X	AT-X	AT-X	
				LARGE	SMALL	PEDI	
				MEDIUM			
US-M	US-W	SIZE		AT-X FRONT LENGTH ADJUSTEMENT			
16		LARGE		61			
15.5		LARGE		57			
15		LARGE		53			
14.5		LARGE		50			
14		LARGE		46			
13.5		LARGE		42			
13		LARGE		38			
12.5		LARGE		34			
12		LARGE		31			
11.5		LARGE		28			
11		LARGE		25			
10.5	11.5	MEDIUM		22			
10	11	MEDIUM		19			
9.5	10.5	MEDIUM		16	52		
9	10	MEDIUM		13	49		
8.5	9.5	MEDIUM		11	46		
8 Y	8	MEDIUM	SMALL	7	43		
7.5 Y	7.5	MEDIUM	SMALL	3	40		
7 Y	7	SMALL		0	37		
6.5 Y	6.5	SMALL			34		
6 Y	6	SMALL			30		
5.5 Y	5.5	SMALL			26		
5 Y	5	SMALL			22		
4.5 Y	4.5	SMALL			18	36	
4 Y	4	SMALL			13	32	
3.5 Y	3.5	4.5		SMALL	PEDI	9	29
3 Y	3	4		SMALL	PEDI	5	24
2.5 Y	2.5	3.5		PEDI		1	21
2 Y				PEDI			18
1.5 Y				PEDI			16
1 Y				PEDI			13
13 C				PEDI			9
12.5 C				PEDI			4
12 C				PEDI			1
11 C				PEDI			-3
10.5 C				PEDI			---
10 C				PEDI			---

Y: YOUTH SHOE SIZE (6-10 YEARS)  
C: CHILDREN SHOE SIZE (1-5 YEARS)

● CHOOSE SIZE FROM  
PATIENT FOOT WIDTH ●

**1 CLINICIAN** 1 REQUIRED

Account ..... Location .....

PO Number .....

Clinician .....

Clinician Email .....

**KevinRoot**  
MEDICAL

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Fax: 1-866-919-9268  
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**XTERN**

**XTERN Foot Drop  
AFO Order form**

Date: ...../...../.....  
MM DD YYYY

Contact me to review  
Order Form

Rush order due date:  
...../...../.....  
MM DD YYYY

**2 PATIENT** 2 REQUIRED

Patient's Email .....

First Name .....

Last Name .....

DOB ...../...../.....  
MM DD YYYY

Sex:  M  F Shoe Size

Weight..... Height .....

Ship to Patient

Street Address .....

.....

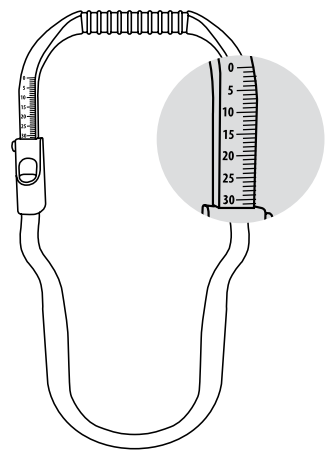
City ..... State ..... Zip .....

**3 ORDER** 3 REQUIRED

- 1 Size:**
- Pediatric
  - Small
  - Medium
  - Large
- Side:**
- Right
  - Left
  - Bilateral

**2 Front length:** .....

**▲ Always same numbers  
on both sides.**

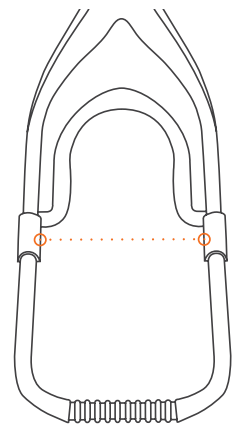


**3 Total width:**

Same as trial-kit

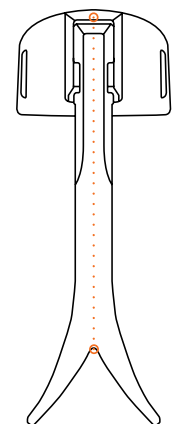
.....mm narrower

.....mm wider



**4 Calf height:** ..... cm

Slide the calf band at the desired position on patient calf. On the back of the orthosis, measure the distance in centimeters between the "Y" intersection and the top of the plastic calf band.



**XTERN AFO REIMBURSEMENT: L2270 (Accessory: ANKLE STABILISATION STRAP REIMBURSEMENT) -**  
Addition to lower extremity, varus/valgus correction ('t') strap, padded/lined or malleolus pad

**ACCESSORIES AND OPTIONS (EXTRA CHARGE FOR ALL ITEMS - SEE PRICE LIST)**

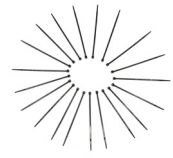
**Varus/Valgus Ankle  
Stabilisation Strap**



**Extra Lace  
Clips (1pc)**



**Extra Zip  
Ties (20pcs)**



**Extra Calf Strap /  
Padding Kit**



**Extension  
Stopper Kit**



**Tactical  
Belt**



**ANKLE STABILISATION STRAP REIMBURSEMENT: L2270 -** Addition to lower extremity, varus/valgus correction ('t') strap, padded/lined or malleolus pad

**Visit the Kevin Orthopedic Institute YouTube Channel for Patient Assessment guidelines ►**  
Use QR App and focus the camera on your phone on this code to take you directly to video tutorial.



**Special Instructions** .....

(including multiple .....

product orders): .....