

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 TRIAL BRACE ASSESSMENT TOOL XTERN ADJUSTABLE TRIAL BRACE (AFO) | | |
|------------------|--------------------|---------------------------------------|---|-------|------|
| | | | AT -X | AT-X | AT-X |
| | | | LARGE | SMALL | PEDI |
| 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 | 7 | 43 | |
| 7.5 Y | 7.5 | MEDIUM | 3 | 40 | |
| 7 Y | 7 | 8 | 0 | 37 | |
| 6.5 Y | 6.5 | 7.5 | | 34 | |
| 6 Y | 6 | 7 | | 30 | |
| 5.5 Y | 5.5 | 6.5 | | 26 | |
| 5 Y | 5 | 6 | | 22 | |
| 4.5 Y | 4.5 | 5.5 | | 18 | 36 |
| 4 Y | 4 | 5 | | 13 | 32 |
| 3.5 Y | 3.5 | 4.5 | | 9 | 29 |
| 3 Y | 3 | 4 | | 5 | 24 |
| 2.5 Y | 2.5 | 3.5 | | 1 | 21 |
| 2 Y | | | | | 18 |
| 1.5 Y | | | | | 16 |
| 1 Y | | | | | 13 |
| 13 C | | | | | 9 |
| 12.5 C | | | | | 4 |
| 12 C | | | | | 1 |
| 11 C | | | | | -3 |
| 10.5 C | | | | | --- |
| 10 C | | | | | --- |

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

● CHOOSE SIZE FROM
● PATIENT FOOT WIDTH



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Fax: 1-866-919-9268

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Feel Change
for a Better You

CLINICIAN

1 REQUIRED

Account Location

PO Number

Clinician

Clinician Email

XTERN Foot Drop AFO Order form

Date: / /
MM DD YYYY

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

Contact me to review Rx



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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

ORDER

3 REQUIRED

1 Size:

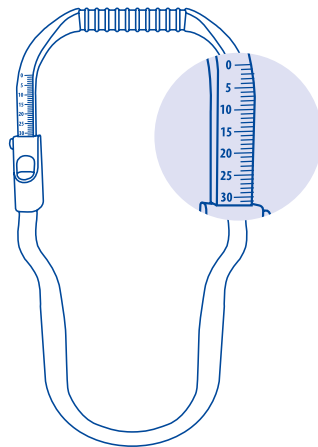
- Pediatric
- Small
- Medium
- Large

2 Side:

- Right
- Left
- Bilateral

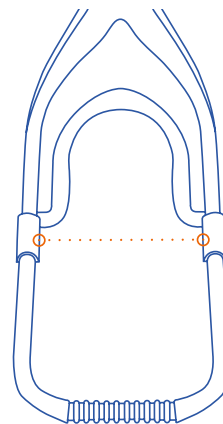
3 Front length:

⚠ Always same numbers on both sides.



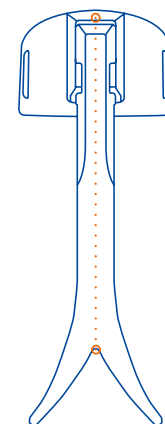
4 Total width:

Same as trial-kit
.....mm narrower
.....mm wider



5 Height:

Recommended height based on shoe size



Or calf height:

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



XTERN AFO REIMBURSEMENT: L1951 - Ankle foot orthosis, spiral, (institute of rehabilitative medicine type), plastic or other material, prefabricated, includes fitting and adjustment.

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

Varus/Valgus Ankle Stabilisation Strap



Extra Lace Clips (2pcs)



Extra Zip Ties (20pcs)



Extra Calf Strap / Padding Kit



Extension Stopper Kit



ANKLE STABILISATION STRAP REIMBURSEMENT: L2270 - Addition to lower extremity, varus/valgus correction ("t") strap, padded/lined or malleolus pad

Visit the Kevin Orthopedic YouTube Channel for simple 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):