

Foot Drop AFO: XTERN SIZE CHART

FIT 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	8	SMALL	0	37	
6.5 Y	6.5	7.5	SMALL		34	
6 Y	6	7	SMALL		30	
5.5 Y	5.5	6.5	SMALL		26	
5 Y	5	6	SMALL		22	
4.5 Y	4.5	5.5	SMALL		18	36
4 Y	4	5	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



Call us: 1-877-767-3338
Fax: 1-866-919-9268

www.kevinorthopedic.com
hello@kevinorthopedic.com

Feel Change
for a Better You

CLINICIAN 1 REQUIRED

Account Location

PO Number

Clinician

Clinician Email

XTERN Foot Drop AFO Rx

Date: / /
MM DD YYYY

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

Contact me to review Rx

KEVIN
ORTHOPEDIC

Call us: 1-877-767-3338
Fax: 1-866-919-9268
www.kevinorthopedic.com
hello@kevinorthopedic.com

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

SELECT XTERN AFO SIZE AND FRONT SHOE SECTION LENGTH

View Size Chart on reverse page for instructions on how to find both numbers

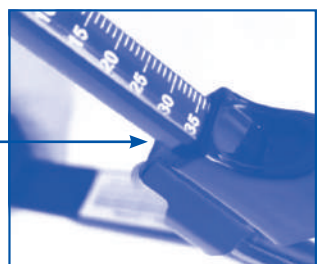
STEP 1
INDICATE XTERN AFO SIZE + QUANTITY

Based on shoe size. Use size chart on reverse page. The XTERN is not side specific. (If bilateral, indicate 2 below)

<input type="checkbox"/>	Small	fits US M 2.5 - 8 US W 4 - 9.5	
<input type="checkbox"/>	Medium	fits US M 7.5 - 10.5 US W 9 - 12	
<input type="checkbox"/>	Large	fits US M 11 - 16 US W 12.5 ▶	

STEP 2
INDICATE FRONT SHOE SECTION LENGTH

Based on size chart and clinical demo evaluation.

<input type="text"/>	mm	Small (0-55mm)	
<input type="text"/>	mm	Medium (0-45mm)	
<input type="text"/>	mm	Large (0-70mm)	

REIMBURSEMENT

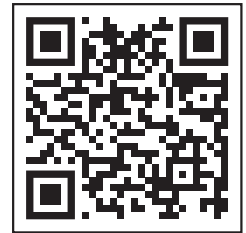
L1951
Ankle foot orthosis, spiral, (institute of rehabilitative medicine type), plastic or other material, prefabricated, includes fitting and adjustment.

L2820
Addition to lower extremity orthosis, soft interface for molded plastic, below knee section.

OPTIONAL ACCESSORIES

<p>ANKLE STABILIZATION STRAP</p> <p><input type="checkbox"/> Qty.</p> 	<p>EXTENSION STOPPER KIT</p> <p><input type="checkbox"/> Qty.</p> 
--	--

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):

.....