

#### PROSTHETIC & ORTHOTIC REFERENCE GUIDE Office Hours : Monday-Friday 7:30 a.m.-4:00 p.m. (219) 531-7479

www.AmericanLimbValparaiso.com



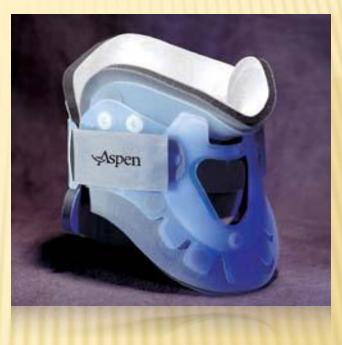
Philadelphia Collar

Provides cervical support and moderately limits motion in flexion, extension, and rotation.



Miami J

Provides greater control of flexion and extension and limits rotation in post-traumatic and post-operative care



Aspen Collar

Provides great control of flexion, extension, and limits rotation in post-traumatic and post-operative care

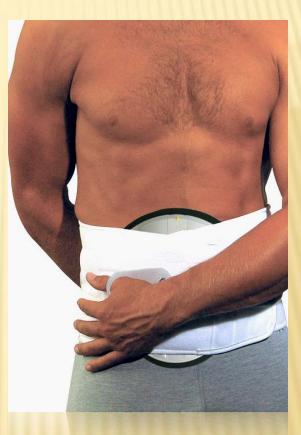


S.O.M.I. Sternal Occipital Mandibular Immobilizer controls head and neck motion



Lumbar Corset

Designed to control pain and limit motion in the lumbar spine



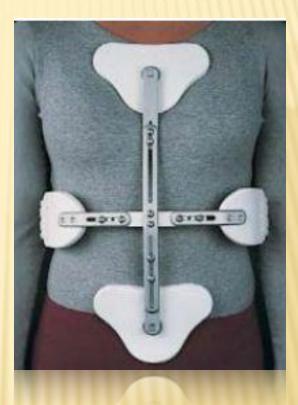
Aspen QuikDraw RAP

Indicated for Post Lumbar Fusion, Post Lumbar Laminectomy, LBP, Arthritis, and Post Operative Spinal Management



Custom Fabricated T.L.S.O./L.S.O.

Indicated for Post Spinal Fusion, Paralytic Spine, LBP, Post Traumatic Injury, Compression Fractures, Congenital Myopathies



<u>C.A.S.H.</u>

Cruciform Anterior Spinal Hyperextension Orthosis is indicated for Compression Fractures of the ThoracoLumbar region of the spine



Jewett Hyperextension T.L.S.O.

Indicated for Compression Fractures in the ThoracoLumbar region of the spine



<u>Scoliosis T.L.S.O.</u> Indicated for Idiopathic Scoliosis, Congenital Scoliosis, Lordosis, Kyphosis



# **UPPER EXTREMITY ORTHOSES**

Humeral Fracture Orthosis

Indicated for Distal and Midshaft Fracture of the Humerus



#### **UPPER ORTHOSES**

<u>Hinged Elbow Orthosis</u> Limits Range of Motion for Fractures, Dislocations, Tendon and Ligament Repair, Post-Operative



#### **UPPER EXTREMITY ORTHOSES**

Cock-Up Wrist Orthosis

Carpal Tunnel Syndrome, Arthritis, Sprains



# **UPPER EXTREMITY ORTHOSES**

**Resting Hand Splint** 

Spasticity, Positioning, Arthritis



**Hip Abduction Orthosis** 

Indicated for Hip Dislocations, Congenital Hip Dysplasia, Total Hip Arthroplasty. Hip Joint Controls Flexion, Extension, Abd/Adduction



<u>Post-Op Adjustable Range of Motion Knee Orthosis</u> Indicated for Fractures, Tendon and Ligament repairs, TKR, Traumatic/Non-Traumatic Injuries



ACL/PCL/OA Knee Orthosis

Pre/Post-Operative Protection, Rehabilitation of ACL, PCL, MCL, and LCL Injuries, Ligament Instability, Knee Hyperextension



Cam walker

Stable Fractures, Plantar Fascia, Achilles Tendon Ruptures, Sprains, Diabetic Management



Custom Fabricated Fracture K.A.F.O.

Indicated for Tibia Plateau Fractures, Femur Fractures, Post-Op, Post-Traumatic Injury



A.F.O. (Thermoplastic)

Drop Foot, Post CVA, Mild Genu Recurvatum, Traumatic Ankle



Articulated A.F.O.

Indicated when ankle motion is desired. Dorsi/Plantar Flexion may be limited or restricted



A.F.O. (Conventional Metal Design)

Indicated when circulation and/or sensation is compromised



K.A.F.O. (Thermoplastic)

Indicated for Neuromuscular Instabilities of the Knee and Ankle



# **FOOT ORTHOSES**

Custom Fabricated (Diabetic) Orthotics

Indicated for Multiple Foot Deformities. Designed to Maintain Proper Foot Position and Redistribute Weight Equally



#### **CUSTOM FABRICATED CRANIAL REMOLDING HELMET**

Indicated for Plagiocephaly



#### LOWER EXTREMITY PROSTHESES

'Chicago Boot'

Indicated for Partial Foot Amputation



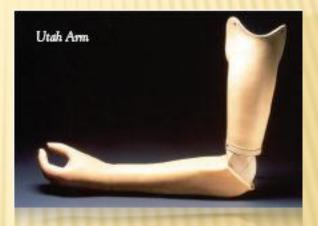
# LOWER EXTREMITY PROSTHESES

**Below Knee Prosthesis** 



# LOWER EXTREMITY PROSTHESES

Above Knee Prosthesis



# **UPPER EXTREMITY PROSTHESES**

Above Elbow Prosthesis