

CUSTOM BRACING/PROSTHETICS CATALOG

2022



IT'S TIME TO EMBRACE MOVEMENT

AUTHORIZATION TO BILL / BRACE REQUEST

DATE _____

CUSTOMER SERVICE AGREEMENT, AUTHORIZATION FOR PAYMENT, RELEASE OF INFORMATION, AND CUSTOMER INFORMATION PLEASE SUBMIT WITH PATIENT FACESHEET

PATIENT INFORMATION

FACILITY NAME _____ FACILITY ADDRESS _____

REQUESTER (DOR/PT/OT/OTHER) NAME _____

PATIENT NAME _____

REHAB PAYER SOURCE _____ MED A _____ MED B _____ OTHER _____ DATE OF MED A DC _____ DATE OF DC TO HOME _____

ITEM INFORMATION

ITEM _____ SIZE _____ RIGHT _____ LEFT _____ BOTH _____

CATALOG USED _____ UNDERLYING CONDITION (S) _____

I am requesting this brace based on my recommendations and diagnosis listed above. I will fit and adjust the brace, if needed, on behalf of Pro Medical East or any of its affiliates.

REQUESTER (DOR/PT/OT/OTHER) SIGNATURE _____ DATE _____

I request that payment of authorized Medicare/Medicaid or other private insurance benefits be made on my behalf for products/services furnished to me by Pro Medical East or any of its affiliates.

I authorize the release of medical information and records to the Center for Medicare and Medicaid Services (CMS), its Agents, third party payers or other parties necessary within the ordinary course of ensuring compliance with applicable quality of care, licensure or accreditation standards. I further authorize release of any information to other persons (only as authorized by law) needed to determine these benefits payable for related services.

I understand that I am financially responsible for any charges not covered by other payers (Medicare/Medicaid and/or other insurances), including but not limited to the following:

- Annual deductible (if not met)
- Medicare annual deductible for 2022 is \$233.00.
- Coinsurance
- Medicare will cover 80% of the approved allowable charge. I am responsible for the 20% co-payment (if not covered by other payor sources.)
- Co-payments cannot be waived unless financial hardship is determined.
- Rental/purchase price for equipment and/or supplies (if not covered by present insurance).
- If I receive payment directly from an insurance company for products provided by Pro Medical East, it is my responsibility to forward payments and statements of paid services to them.

I may request a detailed statement of my account at any time by contacting the billing department at 732-657-9600.

I further verify that I have received information containing: Customer Bill of Rights and Responsibilities, Medicare Supplier Standards, General and emergency contact information, Customer Satisfaction Survey, HIPAA Privacy Notice, Capped Rental Information (Medicare Rentals), Company Grievance Process, Home and equipment safety information, equipment cleaning instructions (if applicable), prevention of infection, warranty information, the scope of services provided and possible associated fees. I understand my option to purchase or rent applicable DME items.

SIGNATURE

PATIENT SIGNATURE* _____ DATE _____

RELATIONSHIP (IF NOT CUSTOMER) _____ DATE _____

**if patient is unable to sign, please have the Admin/DON/DOR or POA sign, with their title and reason why patient is unable to sign*

ORDERING INSTRUCTIONS

CUSTOM/PROSTHETIC ORDERING PROCESS

- 1 Send patient demographics and insurance information to custombrace@promedeast.com or fax to (732) 657-9400
- 2 We will verify insurance and our CPO will contact you to schedule an appointment for an evaluation
- 3 Once evaluation is complete, PME will send you a script to fill out and send back.
- 4 Complete script and send back to PME.
- 5 PME will order the brace/prosthetic and go deliver the brace/prosthetic once its complete.



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PEDIATRIC CUSTOM BRACES

PEDIATRIC SMO



SURESTEP SMO:

Compresses the soft tissues of the foot with its patented design; stabilizing children while still allowing for natural development.

TOE-WALKING MODIFICATION:

Designed for patients with low tone who toe walk due to sensory or stability concerns. It does Not block plantarflexion, facilitates a heel-toe gait pattern by using compression and a posterior Tongue extension which provides a kinesthetic reminder to stay down.

INDICATIONS:

- Pronation
- Hypotonia
- Triplanar instability in weight bearing
- Inability to stand independently
- Mild toe-walking
- Developmental delay
- Delay in acquiring gross motor skills
- Poor coordination or balance

INDY 2 DYNAMIC AFO/SMO



INDY 2 STAGE:

Provides triplanar stability without restricting usage of the intrinsic musculature of the foot.

Available with these variation: Articulated, PLS, Dual Action, Solid

INDICATIONS:

- Hypertonia
- Flexible pronation or supination
- Poor proprioceptive awareness
- Difficulty with transitional skills
- Sagittal and/or frontal plane weakness

HINGED AFO



HINGED AFO:

Hinged AFO incorporates flexible dorsum wings to provide triplanar stability and circumferential compression. The Hinged AFO is made with Free Motion Hinges, which are lighter and lower profile than traditional ankle joints.

INDICATIONS:

- Low muscle tone (Hypotonia)
- High muscle tone (Hypertonia)
- Flexible pronation or supination
- Poor proprioceptive awareness
- Sagittal and/or frontal plane weakness
- Excessive plantarflexion

CUSTOM HEKO



HEKO:

The HEKO offers 30 degrees of adjustability to fit any child's needs. The adjustable extension stops, anti-migration/suspension sleeves and two different hinge sizes make sure that HEKOs can provide support to children who need it.

INDICATIONS:

- Knee instability
- Genu recurvatum
- Flexible genu-valgum
- Genu-varum

DEROTATION STRAPS



DEROTATION STRAPS:

Derotation Straps give children with mild femoral or tibial rotation the stability they need to play as they want. The latex-free elastic hook-and-strap system offers plenty of options for places to attach.

INDICATIONS:

- Flexible internal femoral rotation
- Flexible external femoral rotation
- Flexible internal tibial rotation
- Flexible external tibial rotation

KIDDIE GAIT



KIDDIE GAIT:

Carbon composite with anterior shell, lateral strut, and an engineered footplate with open calcaneus. Anterior shell to assist in management of proximal deficits by helping to manage either knee hyperextension or crouch gait.

INDICATIONS:

- Foot Drop
- Spina Bifida
- Gait Deviation secondary to proprioceptive deficit
- Low tone crouch gait

SIZE	HIGHT	FOOTPLATE LENGTH	HEEL HIGHT
Baby S	6"	4 1/4"	1/4"
Baby M	7"	5"	1/4"
Baby L	7 3/4"	5 1/2"	5/16"
Small	8 5/8"	6 1/4"	5/16"
Medium	10 1/8"	7 1/16"	3/8"
Large	11 5/8"	7 7/8"	3/8"
X Larges	12 3/8"	8 1/4"	3/8"

FLOOR REACTION AFO



FLOOR REACTION AFO:

AFO improves frontal plane stability and is capable of limiting transverse motions at the ankle/foot complex. GRAFO can maintain affected joints in proper alignment, accentuate knee extension at midstance, and compensate for weakness in the triceps surae.

INDICATIONS:

- Adult Acquired Flatfoot
- Posterior Tibial Tendon Dysfunction
- Achilles Tendonitis
- Osteoarthritis
- Spina Bifida
- Cerebral Palsy
- Spinal cord injuries
- Post-polio paralysis

RESTING HAND SPLINT



RESTING HAND SPLINT:

With an adjustable 'C' bar to hold thumb in opposition, the Pediatric Resting Hand Splint provides a completely adjustable enclosure of the thumb to position the MCP, PIP and DIP joints of the thumb. Accommodates for abducted or adducted thumbs.

INDICATIONS:

- Wrist/Hand Contractures
- Carpal Tunnel
- Osteoarthritis
- Cerebral Palsy

SIZE	WRIST TO TIP OF MIDDLE FINGER	TOTAL SPLINT LENGTH	AVERAGE AGE
Pediatric Large	4 1/2" - 6"	9 1/2"	9 and up
Pediatric Medium	3" - 4 1/2"	8"	4-9 yrs old
Pediatric Small	2 1/2" x 3 1/2"	7"	1-4 yrs old

SOT RESTING HAND ORTHOSIS



SOT RESTING HAND ORTHOSIS:

The orthosis is smooth, lightweight and low profile. The S.O.T has an aluminum core which allows adjustment to the desired position. The aluminum core is embedded into polyethylene foam, which is covered with fabric. The brace is delivered in a resting position.

INDICATIONS:

- Wrist/Hand Contractures
- Carpal Tunnel
- Osteoarthritis
- Cerebral Palsy

SIZE	MCP WIDTH	WRIST TO FINGERTIP
xxx - small	5.5cm (2")	s12cm (4.75")
xx - small	6.5cm (2.5")	s14cm (5.5")
x - small	7.5cm (3")	s16cm (6.25")
Small	7.5cm (3")	s18cm (7.25")
Medium	9cm (3.5")	s20cm (7.75")
Large	9cm (3.5")	s21cm (8.25")

PEDIATRIC THUMB SPICA WRIST BRACE



PEDIATRIC THUMB SPICA WRIST BRACE:

The Thumb Spica brace helps immobilize the thumb to promote healing while allowing for full finger function.

INDICATIONS:

- Wrist/Hand Contractures
- Carpal Tunnel
- Osteoarthritis
- Cerebral Palsy

SIZE	BRACE LENGTH
Pediatric Universal	6"
Adult Universal	8"

PEDIATRIC PREMIUM WRIST BRACE



PEDIATRIC WRIST BRACE:

The wrist brace helps immobilize the wrist to promote healing while allowing for full finger function.

INDICATIONS:

- Wrist Instability
- Carpal Tunnel
- Osteoarthritis
- Wrist Fracture

SIZE	BRACE LENGTH
Pediatric Universal	6"
Adult Universal	8"



ADULT CUSTOM BRACES

CUSTOM SOLID AFO



CUSTOM SOLID AFO :

This AFO supports, assists and controls the joints in the foot and ankle. This device provides optimal support utilizing thinner plastic and reduces distal length of the footplate

INDICATIONS:

- Weak or absent plantar flexors and/or dorsiflexors
- Foot drop
- Severe degenerative arthritis
- Lateral and medial instability of subtalar joint
- Trauma

CUSTOM HINGED AFO



CUSTOM HINGED AFO

The hinged AFO design helps manage abnormal motion or severe pronation in the transverse and frontal planes. It stabilizes the ankle area while reducing forefoot abduction or adduction.

INDICATIONS:

- Mild Posterior Tibial Tendon Dysfunction (PTTD)
- Mild degenerative arthritis
- Lateral and medial instability of subtalar joint
- Severe pronation
- Trauma

OPTIONS:

- Varus/Valgus pull-through strap
- Removable night splint strap
- Heel Lift

CUSTOM ARIZONA AFO GAUNTLET



CUSTOM ARIZONA BRACE:

Soft comfortable molded leather inner shell lining. Padded with 1/8" medical grade foam. Polypropylene-reinforced foot and ankle. Metatarsal length foot plate.
Available in Sand, Black, White, Brown, and Pink with lace or Velcro closure.

INDICATIONS:

- PTTD (Posterior Tibial Tendon Dysfunction)
- Talocalcaneal varus or valgus
- Tibialis tendonitis (posterior or anterior)
- Severe pronation or pes planus
- Ankle arthritis or Degenerative Joint Disease (DJD)
- Charcot foot
- Ankle, subtalar or midtarsal trauma
- Chronic Achilles tendonitis

CUSTOM CROW BOOT



CUSTOM CROW BOOT:

The crow boot/walker comes with a thermoplastic shell and optional 1/8" medical grade foam. Available in Black or Neutral and has a Velcro closure

INDICATIONS:

- Charcot Foot

KAFO



CUSTOM KAFO:

A KAFO is a long-leg orthosis that spans the knee, the ankle, and the foot in an effort to stabilize the joints and assist the muscles of the leg.

INDICATIONS:

- Poliomyelitis
- Muscular Dystrophy
- Multiple Sclerosis
- Spinal Cord Injury

CUSTOM RITCHIE BRACE



CUSTOM RITCHIE BRACE:

Contoured balanced orthotic footplate articulated to adjustable semi-rigid lower leg uprights, the Ritchie Brace® is ideally suited to stabilize rotational forces at the Midtarsal, Subtalar and Talo-Crural joints.

INDICATIONS:

- PTTD
- Lateral Ankle Instability
- DJD of Ankle or Rearfoot
- Peroneal Tendinopathy
- Dropfoot



PROSTHETICS - UPPER EXTREMITY

HANDS AND ARMS



PROSTHETIC ARM/HAND:

A prosthetic arm/hand comes in many varieties and types. From single fingers to complete arms, elbows and hands, our CPO will fit the patient with the best option for them.

WE OFFER:

- Myoelectric arms and hands
- Body-powered prostheses
- Activity-specific prostheses
- Silicone restorative prostheses
- Partial hand and partial finger prostheses



FINGER PROSTHETICS



PROSTHETIC FINGERS:

There are a few options when it comes to prosthetic fingers. Our CPO will assess your needs and advise which product works best..

WE OFFER:

- PIP Drivers
- MCP Drivers
- Thumb Drivers
- Combination drivers





PROSTHETICS - LOWER EXTREMITY

IFIT TRANSFEMORAL PROSTHESIS



AK PROSTHETIC:

The Ifit AK prosthetic is a modular prosthetic that adjusts and accommodates edema changes and limb changes. Each Socket is aligned with a specially designed offset that works exclusively with the IFit system to ensure smooth gait.

The prosthetic comes in many sizes that can be fit quickly, easily and fits well the first time!

SIDE	SIZE	DISTAL CIRC.	PROXIMAL CIRC.
LEFT	STANDARD	30-44 CM	36-50 CM
RIGHT	STANDARD	30-44 CM	36-50 CM
LEFT	WIDE	43-60 CM	50-65 CM
RIGHT	WIDE	43-60 CM	50-65 CM

These measurements are taken while the patient is wearing a 3mm liner.

IFIT TRANSTIBIAL PROSTHESIS



BK PROSTHETIC:

The Ifit BK prosthetic is a modular prosthetic that adjusts and accommodates edema changes and limb changes. The prosthetic comes in many sizes that can be fit quickly, easily and fits well the first time!

SIDE	SIZE	DISTAL CIRC.	LENGTH (patella to end of residuum)
LEFT	STANDARD	25-34cm (27-36cm w/ liner)	14-20cm
RIGHT	STANDARD	25-34cm (27-36cm w/ liner)	14-20cm
LEFT	WIDE	33-39cm (35-40cm w/ liner)	14-20cm
RIGHT	WIDE	33-39cm (35-40cm w/ liner)	14-20cm
LEFT	TALL	24-34cm (27-36cm w/ liner)	20-26 cm
RIGHT	TALL	24-34cm (27-36cm w/ liner)	20-26 cm
LEFT	X-WIDE	38-46cm (41-50cm w/ liner)	14-20cm
RIGHT	X-WIDE	38-46cm (41-50cm w/ liner)	14-20cm

How to measure:

Distal Circumference measured of skin (or with liner)

Length is base of patella to end of residuum

Measure length of stump from distal end of patella to end of stump

Please round up for circumferences that are in between. Sizing will depend on compressibility of patient tissue.

AK PROSTHETIC



AK PROSTHETIC:

An above-knee (AK) prosthesis consists of a custom-made socket combined with a supportive frame, sockets, liners, adaptors, knee unit, pylon, and foot. Our CPO will assess the patient to determine the best products for that patient.



BK PROSTHETIC



BK PROSTHETIC:

A below-knee (BK) prosthesis will typically consist of a custom-made socket, a pylon and a foot. Our CPO will assess the patient to determine the best products for that patient.



TIBIAL LENGTH TOE FILLER



TIBIAL LENGTH TOE FILLER:

Custom Fabricated carbon prosthesis that stabilizes the ankle and allows for a longer toe lever so patients can have more balance when they ambulate.

INDICATIONS:

- Trans Metatarsal amputations
- Chopart amputation
- Syme's Amputation

TOE FILLER



TOE FILLER:

Partial foot amputees can use a toe filler to wear a regular shoe. Toe Fillers provide medial and lateral stability.

INDICATIONS:

- Trans Metatarsal amputations
- First Ray Hallux Digital Amputations
- Lateral Column/Fifth Digital Amputations



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EMAIL A CLINICIAN





PRO MEDICAL EAST
IT'S TIME TO EMBRACE MOVEMENT