

JumpStart® Kangaroo®

AFO trimline, PF block, DF free

CASCADE®
daFO®



The JumpStart Kangaroo was developed to help young patients with fully-correctable pronation or supination and excess plantarflexion re-align their base of support to improve stability in standing and walking. Use of the Kangaroo encourages more practice in dorsiflexed positions for patients who present with excess toe walking or knee hyperextension. Full wrap-around flexible support encompasses the foot and ankle for pronation and supination control, and the well-defined plantar surface provides proprioceptive input. Proximal, posterior AFO trimline blocks excess plantarflexion, encouraging knee flexion and tibial movement over the foot. Solid outer foundation adds extra arch support, heel stability and strength for block to excess plantarflexion.



Key Features

Open anterior

allows access to free dorsiflexion.

Solid outer foundation and posterior leg portion

add extra arch support, heel stability, and strength to block excess plantarflexion.

Full wrap inner liner

made from soft, thin polyethylene plastic allows full alignment control of the heel, mid-foot, and forefoot.

Choice of two outer foundation materials

Polyethylene for moderate flexibility or co-poly for firm support.

Optional Super Heel Seating Strap

provides additional plantarflexion block and heel control.

Prefabricated

sized by measurement using the Fast Fit sizing jig.

Widths: Wide and Narrow

Sizes: 4.00 – 9 inches (0.25 inch increments)

Sizes in Össur Nordic stock: 4.50-7.75 in. wide

Designed for patients who:

- Exhibit a fully correctable foot position and fit within the product size range.
- Present with moderate pronation or supination and associated gait instability.
- Require block to excess plantarflexion presented as strong toe walking or knee hyperextension.
- May benefit from the sensory feedback provided by a fully contoured foot bed.
- Will benefit from full access to dorsiflexion.



No casting needed!



DISTRIBUTED BY

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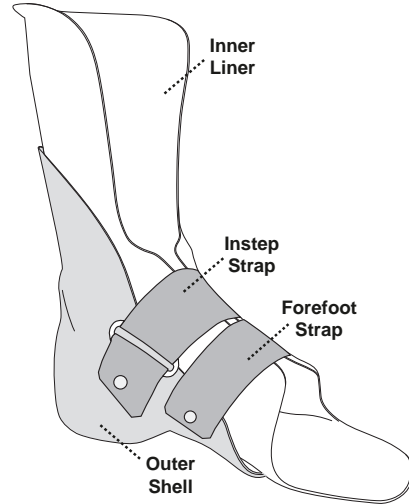


No Casting

Today's Date: _____

Patient	Last name:		
	First name:	<input type="checkbox"/> Male	<input type="checkbox"/> Female
	Birth date:		
	Parent or Guardian:		
Practitioner	Name:	Title:	
	Facility:		
	Street address:		
	City:	State:	Zip:
	Phone:		
	Email:		
Payment Options	<input type="checkbox"/> Facility Billing (Practitioner)	-OR-	
	Account Name or #:		
	P.O. N°:	<input type="checkbox"/> CC on file	
	<input type="checkbox"/> Insurance Billing (Parent / Guardian / Practitioner)	-OR-	
	-UCAN N°:		
	<input type="checkbox"/> Direct Purchase (Parent / Guardian)		
	<input type="checkbox"/> Check attached		
	Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> AMEX <input type="checkbox"/> Discover		
	Cardholder's Phone:		
	Credit Card No:		
Billing Information	Exp. Date:	V-code:	
	Billing Name:		
	Facility:		
	Street address:		
	City:	State:	Zip:
	Phone:		
Shipping	Email:		
	<input type="checkbox"/> Same as billing information.	-OR-	
	Shipping contact name:		
	Street address:		
City:	State:	Zip:	
Phone:			

Size | Outer Shell | Straps | Options



1 Sizing Pair Left Right

Length: _____ 4.00 – 9.00 in. (0.25 in. increments)

Width: Wide Narrow

2 Inner Liner **Regular** height is same as foot length (ideal for ambulation) choose one
 Tall height is 20% taller than foot length (ideal for night splints)

3 Outer Shell **Moderate Flexibility – Polyethylene** Recommended for sizes 4.00 – 8.00 (available for all sizes)
 Shell color: Blue Pink
-OR- **Firm – Co-poly** (shell color: **White only**) Recommended for sizes 8.25 – 9.00 (available for all sizes)

4 Straps
Color: Blue Pink
Instep: choose one
 Riveted layover
 Layover (no rivets)
 Riveted D-ring
 Super Heel Seating (for excessive PF control)
Forefoot: choose one
 Riveted Layover
 Layover (no rivets)

5 Options Instep pad
 Toe rise pad
 Toe rise pad with abduction strap

Comments