

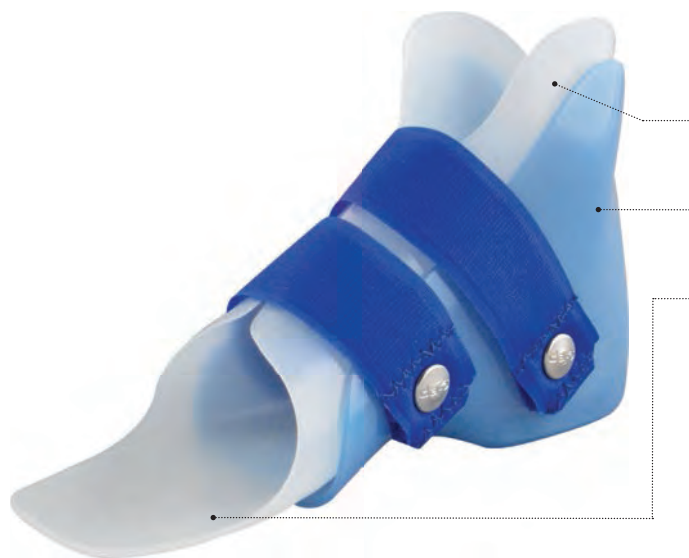
JumpStart® Leap Frog®

Supra-malleolar (SMO) trimline, PF free, DF free

CASCADE®
daFO®



The JumpStart Leap Frog was developed to help young children with correctable moderate to strong pronation or supination to re-align their base of support for improved stability in standing and walking. Full wrap-around flexible support encompasses the foot and ankle for pronation and supination control. A well-defined plantar surface and wrap-around compression provide proprioceptive input. Solid outer foundation adds extra arch support and heel stability. The SMO trimline gently guides medial/lateral ankle alignment and fully encompasses the heel and forefoot for excellent alignment control.



Key Features

Open ankle trimline

allows for free dorsiflexion and plantarflexion movement.

Solid outer foundation

provides additional support and heel stabilization.

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.

Prefabricated

sized by measurement using the Fast Fit sizing jig.

Widths: Wide and Narrow

Sizes: 4.00 – 9 inches (0.25 inch increments)

Sizes on 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 to strong pronation or supination and associated gait instability.
- May benefit from the sensory feedback provided by a fully contoured foot bed.
- Require access to free dorsiflexion and planterflexion.



Pink



No casting needed!



WWW.OSSUR.SE

DISTRIBUTED BY

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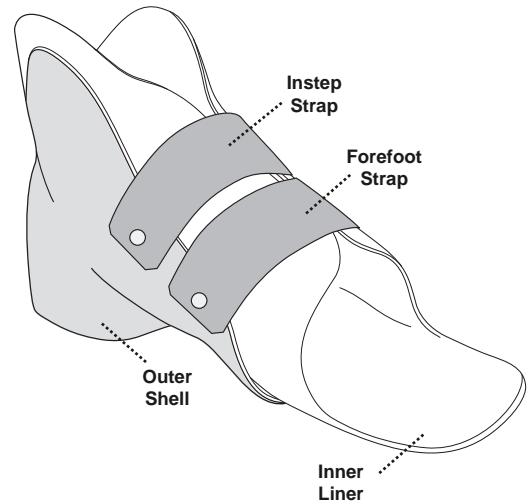


No Casting

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 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)

3 Straps

Color: Blue Pink

Instep: choose one
 Riveted layover
 Layover (no rivets)
 Riveted D-ring

Forefoot: choose one
 Riveted Layover
 Layover (no rivets)

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

Comments