



THUASNE

SpryStep® SOLUTIONS

Dynamic ankle-foot orthosis
(AFO)

IMPROVING MOBILITY
WITH EVERY STEP



SpryStep® RANGE

Defined by elegance, **Thuasne's SpryStep®** range of AFOs for adult and children is positively impacting the way people move. Using a proprietary blend of composite materials, the **SpryStep®** comes in a variety of solutions that are improving mobility and quality of life for patients.

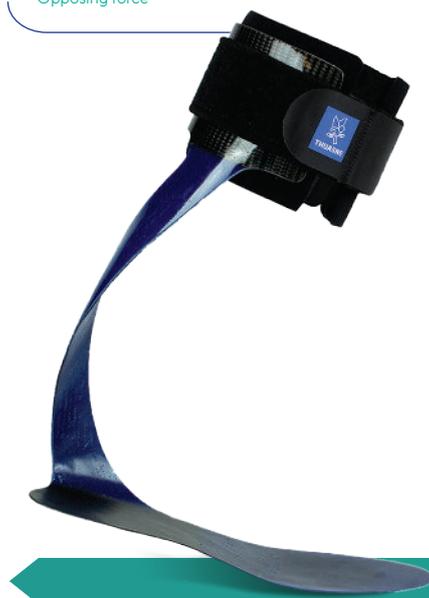
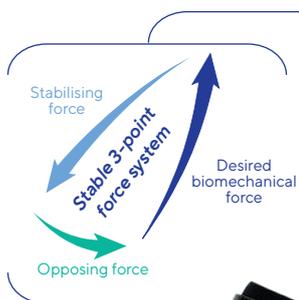
EFFICACY

Energy return provided by a specific brace structure and the combination of high-quality composite materials

Balance restoration with a specific 3-point force system geometry which enhances foot and ankle motion and knee stabilisation

Improvement of gait thanks to strut stiffness and graduated footplate flexibility

POSTERIOR SHELL AFO



SpryStep® flex



SpryStep® pediatric



SpryStep®

DURABILITY

Durable device that uses a well-balanced combination of composite materials in a brace structure that maximizes their properties

Resistant: 2 million cycles without any compromise of the structural integrity* (2 million cycles, equivalent to about 2 years of use)

* cycle-testing has been performed under ISO 10328 Servo-Pneumatic Test System

USER FRIENDLY

Comfort: textile inner padding with soft surface

Pre-assembled product

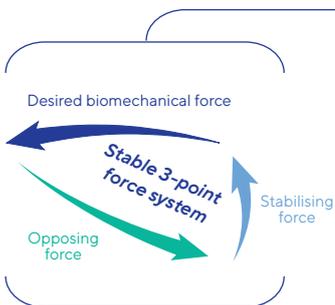
Easy adjustment, fitting and care: low-profile device to improve compliance

- Anatomically shaped design;
- Low materials thickness;
- Washable fabric part

Individual adaptation thanks to trimmable/ customizable areas:

- Adjustment of calf size thanks to removable and trimmable straps
- Trimmable footplate to fit the tip of the foot in length and width

ANTERIOR SHELL AFO



SpryStep® plus



SpryStep® max

EL OF RIGIDITY

SpryStep[®] pediatric

Posterior dynamic ankle-foot orthosis (AFO)



FEATURES AND BENEFITS

CHILD FRIENDLY

Comfort:

Anatomically shaped design with a small contact area with patient anatomy
Cushioned textile inner padding

Pre-assembled product

Easy adjustment with scissors only when fitting

Individual adaptation thanks to 3 trimmable areas to optimize fit and comfort: footplate (toe and medial side of footplate) and calf cuff can easily be adjusted

EASE OF USE & ADAPTABILITY

Easy accommodation in footwear

Improved compliance and acceptance

Low-profile device
Low materials thickness

Hygiene

Wipe clean structure with quick drying
Washable fabric part

PROVEN DURABILITY

Great resistance: 2 million cycle tested by an independent facility* (2 years of use for an average person, 5000 steps a day)

Use of mix of composite: glass fiber and aramid fiber

Spare part kit available for soft parts replacement for accidents or damage

* cycle-testing has been performed under ISO 10328 Servo-Pneumatic Test System

INDICATIONS

These indications are biomechanical deficits of neurological, traumatic or muscular origin:

- Footdrop
- Mild knee hyperextension / flexion
- Mild ankle and foot triplanar instability
- Hypotonia
- Hypertonia



CONTRAINDICATIONS

- Moderate to severe spasticity of the foot and ankle
- Open ulcers of the foot, ankle or lower leg
- Moderate to severe edema
- Moderate to severe foot deformities
- Moderate to severe ankle and knee instabilities
- Moderate to severe fixed ankle varus or valgus conditions
- Non-correctable triplanar instability
- Plantarflexion contracture
- Patients over 60 kg
- Do not use the product if the diagnosis has not been confirmed.
- Do not apply the product in direct contact with broken skin.
- Do not use in the event of known allergy to any of the components.

TARGETED PATIENTS

SpryStep® pediatric patients are children presenting with gait deficit(s) or a physical impairment which affect the lower limb and predominantly the ankle and the foot with associated mild/moderate involvement at the knee.

The majority of our patients are suffering from congenital or after birth conditions and are expected to use their walking orthosis daily.

SpryStep® pediatric is specially designed for young patients from 18 months up to shoe size (EUR) = 33 at which stage they can be transitioned into the adult version of SpryStep® family.*



*Please use the decision tree to make appropriate prescription.

SpryStep[®] pediatric

Posterior dynamic
ankle-foot orthosis
(AFO)

The blue translucent areas on the footplate and calf part are trimmable to adjust individually each product to better fit the patient.



FITTING INSTRUCTIONS



Place **SpryStep® pediatric** into the shoe:
Keep the original inlay out of the shoe,
if removable



Place original inlay over the top
of the **SpryStep® pediatric** foot plate
If there is no original removable inlay
then disregard this step



Fitting the **SpryStep® pediatric**
With the shoe laces loose,
slide the foot inside the shoe
You may use a shoe horn if required



Check the fit
Ensure the heel sits flat on the sole
and that the shoe heel is not distorted



TIPS AND TRICKS

The tips and tricks listed below are provided to help you in the fitting of the SpryStep® pediatric and provide advice and guidance to the patient's parents.

SHOE'S CHOICE AND SELECTION

- A pair of closed shoes with a pitch (heel height to forefoot difference) of <15mm, with strong and deep heel counters and either fastening with lace or self-fastening system are recommended.
- The shoe should conform and fit around the AFO so that the AFO is secure with no relative movement between the foot and AFO and/or the AFO and footwear.
- A padded collar around the top of the shoe opening, as in trainers or athletic shoes, may experience some deformation whilst the shoe is new, but this will reduce as the padding of the shoe compresses and reshapes under the AFO strut/footplate joint.

SHOE DISTORTION

- SpryStep® pediatric works best when the combination of the AFO and the shoe is optimal.
- The patient should not need to increase their shoe size to accommodate the SpryStep® pediatric.

STRAPS FITTING (FIRST TIME)

- We advise the calf strap is fastened once then release then fasten again this check will apply sufficient tension and ensures the strap holds in place.
- When the calf strap is fastened on the patient, you should be able to put a finger between the strap and the leg to avoid constrictions. Conversely to check the strap is not too loose.
- Straps can be marked or stitched to indicated the prescribed tension to ensure consistency of donning for the parent and child.

SpryStep® 'S AFO FIRST WEAR

- We recommend gently breaking in a new AFO: our advice is to wear the AFO for an hour of activity on day one. Then 2 hours for the second day and then 3 hours for the third. Continue in this fashion until you / the patient / the parents are sure that the brace is safe and comfortable to wear all day long.
- After ensuring the AFO is not causing any discomfort or skin irritation, it is suitable for regular wear / prescribed wear.

SKIN INSPECTION

- We advise that the parents inspect the skin of the child after every use of the SpryStep® pediatric.
- Red marks can appear and are not detrimental if they disappear within 45 minutes. If not, and especially if over bony prominences, advise the patient or his parents to consult a healthcare practitioner.

SOCKWEAR

- Socks (cotton or bamboo) are recommended to be used while wearing the SpryStep® pediatric. Ensure that the socks stay in place and do not roll down or twist, negatively affecting the fit of the AFO against the patient's anatomy. We don't recommend the use of ribbed socks as they can cause high pressure areas.

RIGID FOOTPLATE

- The SpryStep® pediatric needs to sit as deep as possible in the shoe, under the insole or inlay if possible.
- We recommend the patient's original inlay (of the shoe) be placed on top of the SpryStep® pediatric's sole for more comfort during the wear, but only if the fit of the shoe is NOT compromised.
- If there is no original inlay, then a simple, soft and thin insole can be added. It is important that this insole does not make the fit too tight.

SpryStep[®] pediatric



Reference: U017 52
2 models: right and left

Size	Size chart		Trimming value chart			
	Shoe size (EUR)	Foot length (cm)	Footplate length (cm)		Calf cuff height (heel to top, cm)	
			ORIGINAL FOOTPLATE LENGTH	MINIMUM LENGTH AFTER TRIMMING*	ORIGINAL CALF CUFF HEIGHT	MINIMUM HEIGHT AFTER TRIMMING**
XS	17 - 22	9,5 - 14,5	14,5	9,5	18	16
S	22 - 26	11 - 16	16	11	21	19
M	26 - 28	12,5 - 17,5	17,5	12,5	24	22
L	28 - 31	14 - 19	19	14	27	25
XL	31 - 33	15,5 - 20,5	20,5	15,5	30	28

Calf cuff height = 6 cm (the top and lateral edges of the calf cuff can be trimmed by up to 2 cm)

* Do not cut the footplate below the minimum value.

** The calf cuff can not be trimmed beyond the minimum value.



Availability of these products might vary from a given country or region to another, as a result of specific local regulatory approval or clearance requirements for sale in such country or region. All the medical devices mentioned on this document are CE marked according to the European council directive 93/42/EEC and its relatives or the Regulation 2017/745 on medical devices. Products mentioned in this document are CE class I devices. Please contact Thuasne should you need any additional information on devices classification. Please read carefully the instructions for use, indications and contraindications of the product. We reserve the right to modify our products as shown and described in this catalogue, without previous notice. Non contractual photographs. Please check the availability of products according to the countries. Last revision date: 2021 - 06. Ref. : 2105191. © Studio Caterin - © Shutterstock / Pressmaster - © Shutterstock / AlohaHawaii - © Jennifer Williams.