

Account Contact Information

Name: _____ Email: _____ Phone: _____

Billing and Shipping

PO# _____ Billing Account #: _____ Shipping Account #: _____

Shipping Preference

- Ground
- Next Day A.M.
- Next Day P.M.
- 2-Day A.M.
- 2-Day P.M.

Billing Address: _____

Shipping Address: _____

City: _____

City: _____

State: _____ Zip: _____

State: _____ Zip: _____

(If no preference is indicated, this order will be shipped 2 Day P.M.) Note: We do not ship products directly to patients.

Patient Information (If applicable)

Fit Date: _____

Patient Shoe Size: _____

Patient's Last Name: _____

Patient's First Name: _____

SpryStep® Original (weight limit = 250lbs)

Right	XS	S	M	L	XL
Left	XS	S	M	L	XL

SpryStep® Flex (weight limit = 250lbs)

Right	XS	S	M	L	XL
Left	XS	S	M	L	XL

SpryStep® Max (weight limit = 250lbs)

Right	XS	S	M	L	XL
Left	XS	S	M	L	XL

SpryStep® Plus (weight limit = 250lbs)

Right	XS	S	M	L	XL
Left	XS	S	M	L	XL

SpryStep® Pediatric (weight limit = 130lbs)

Right	XS	S	M	L	XL
Left	XS	S	M	L	XL

Accessories

- Refurbishment kit (pad, strap, alligator tab)*
- BOA Strap® (not available for Pediatric)*
- Right AFO, buckle inside / Left AFO, buckle outside
- Left AFO, buckle inside / Right AFO, buckle outside

1. The forefoot section can be trimmed with scissors: Approximately 1 inch can be taken off the toe end, and $\frac{1}{2}$ to $\frac{1}{4}$ inch can be trimmed from EACH side of the forefoot. The material that can be cut off the forefoot is tinted blue.

2. This indicates the shortest the footplate can be trimmed with scissors

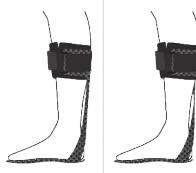
3. This indicates the lowest the calf cuff can be trimmed with scissors

A brace that has been trimmed cannot be returned for credit or replacement

Thuasne USA

4615 Shepard St., Bakersfield, CA, 93313
 Phone: 800.432.3466 or 661.837.1795; Fax: 800.798.2722
www.ThuasneUSA.com

SpryStep® & SpryStep® Flex				
Size	Height	Foot Plate Length ¹	Original	Flex
XS	11 $\frac{3}{4}$ "	8 $\frac{1}{2}$ — 9 $\frac{5}{8}$ "		
SM	12 $\frac{5}{8}$ "	9 $\frac{1}{8}$ — 10 $\frac{1}{4}$ "		
MD	13 $\frac{3}{8}$ "	9 $\frac{5}{8}$ — 10 $\frac{7}{8}$ "		
LG	14 $\frac{1}{8}$ "	10 $\frac{1}{4}$ — 11 $\frac{3}{8}$ "		
XL	15"	11 $\frac{3}{8}$ — 12"		



SpryStep® Max		
Size	Height	Foot Plate Length ¹
XS	13 $\frac{1}{4}$ "	7 $\frac{3}{4}$ — 8 $\frac{1}{2}$ "
SM	14 $\frac{1}{2}$ "	8 $\frac{1}{4}$ — 9"
MD	15 $\frac{1}{2}$ "	9 — 10"
LG	16 $\frac{1}{2}$ "	10 — 10 $\frac{3}{4}$ "
XL	16 $\frac{1}{2}$ "	10 $\frac{3}{4}$ — 11 $\frac{1}{2}$ "



Size	Height to Tib Tuberosity	SpryStep® Plus	
		Foot Plate Length ¹	Calf circumference 1" below fibula head
XS	13"	8 $\frac{1}{2}$ — 9 $\frac{5}{8}$ "	11 $\frac{1}{2}$ — 14 $\frac{1}{2}$ "
S	14 $\frac{1}{4}$ "	9 $\frac{1}{8}$ — 10 $\frac{1}{4}$ "	12 $\frac{3}{4}$ — 15 $\frac{3}{4}$ "
M	15 $\frac{1}{2}$ "	9 $\frac{5}{8}$ — 10 $\frac{7}{8}$ "	13 $\frac{1}{2}$ — 17 $\frac{1}{2}$ "
L	16 $\frac{3}{4}$ "	10 $\frac{1}{4}$ — 11 $\frac{3}{8}$ "	14 $\frac{3}{4}$ — 18 $\frac{3}{4}$ "
XL	18"	11 $\frac{3}{8}$ — 12"	15 $\frac{1}{2}$ — 20 $\frac{1}{2}$ "



Size	SpryStep® Pediatric	
	Foot Length	Calf Height
XS	3 $\frac{3}{4}$ "	5 $\frac{3}{4}$ "
SM	4 $\frac{1}{4}$ "	6 $\frac{1}{4}$ "
MD	5"	7"
LG	5 $\frac{1}{2}$ "	7 $\frac{1}{2}$ "
XL	6"	8"



Calf cuff depth = 2 $\frac{1}{2}$ " (the width of the calf cuff can be trimmed up to 1 $\frac{1}{2}$ " on each side)