

THE *Richie*
BRACE
RESTORING MOBILITY®

PRODUCT
CATALOG



HISTORY

The Richie Brace® was designed and introduced to the medical community in 1996 by sports podiatrist, Dr. Doug Richie. Since that time the Richie Brace has become a gold standard treatment in the orthotics industry. It is universally recognized by podiatrists, pedorthists, orthotists and orthopedic surgeons as a unique, breakthrough technology to treat a wide variety of foot and ankle pathologies. Many imitations have followed, but none have achieved the fit, comfort and clinical success of the Richie Brace.

UNIQUE FEATURES

Fit and Comfort

The Richie Brace is lighter than most custom ankle-foot orthoses. The leg uprights are designed to leave the front and back of the leg open for breathability and comfort. Once the Richie Brace is positioned on the foot and leg and the Velcro straps are adjusted, the user is hardly aware they are even wearing it.

Easy Application and Removal

After initial adjustment of the three straps, daily application and removal of the Richie Brace involves the simple opening and closing of one single strap. All of the straps of the Richie Brace can be easily and in-expensively replaced without the need for rivots or glues.

Leg uprights positioned for maximum comfort and shoe fit

Anatomic ankle axis hinge placement.

Custom balanced contoured orthotic footplate.

THE RICHIE BRACE® - Standard

Features:

- Custom Balanced Foot Orthotic
- Standard 35mm Heel Cup fits into the bottom of the heel counter of the shoe
- Anatomic Ankle Axis Hinge Placement
- Semi-rigid lower limb supports
- Custom contoured footplate attachment

Benefits:

- Control of First Ray, Midtarsal and Subtalar joints
- Control of Calcaneal inversion/eversion
- Pure, unrestricted sagittal ankle Motion
- Thin posterior plastic shell allows optimal shoe fit
- No need to increase shoe size

Medial and lateral placement of limb uprights do not affect shoe fit. The Richie Brace can be applied and removed by adjusting a single strap.



RICHIE OTC PRE-FABRICATED BRACES:



THE RICHIE OTC ANKLE BRACE

Clinical Indications:

- Acute Ankle Sprain
- Tendinopathy of the Foot and Ankle
- Interim brace before custom AFO

Features:

- Prefabricated orthotic footplate in 4 sizes
- Full flexion ankle joints or restricted hinge ankle options
- Adjustable Velcro strap closures

Benefits:

- Powerful footplate control over the ankle and hindfoot
- Economical on-the-spot treatment of acute injuries
- Interim brace before custom AFO



THE RICHIE OTC DYNAMIC ASSIST

Clinical Indications:

- Dropfoot secondary to CVA or nerve injury
- Peroneal tendinopathy
- Tibialis Anterior tendinopathy

Features:

- Tamarack™ dorsiflexion assist flexure joints
- Prefabricated contoured orthotic footplate
- Lightweight adjustable leg uprights

Benefits:

- On-the-spot treatment of ankle conditions accompanied by weakness of tendons or ligaments
- Economical, on-the-spot treatment
- Interim brace before custom AFO

RICHIE SOLID ANKLE AFO BRACES:



THE RICHIE CALIFORNIA AFO BRACE

Clinical Indications:

- Rigid, non-reducible Adult Acquired Flatfoot (Stage III & IV)
- Severe DJD or Deformity of hindfoot
- Charcot Anthropany

Features:

- Adjustable Leather Closure over tibia & forefoot
- Patented Medial or Lateral Arch Suspender
- Rearfoot Stabilizing Post
- Continuous single strap closure-no laces.
- A gauntlet AFO without laces.

Benefits:

- Total restraint of foot and ankle movements
- Self-adjusting arch support
- Prevents medial / lateral instability



THE RICHIE SOLID AFO BRACE

Clinical Indications:

- Severe Dropfoot-Spasticity
- Charcot Anthropany

Features:

- Balanced functional orthotic footplate
- Rearfoot post
- Extended forefoot padding

Benefits:

- Correction of varus/valgus forefoot deformaties
- Control hindfoot inversion/eversion
- For comfort and accommodation of plantar lesions



THE RICHIE GAUNTLET BRACE

Features:

- Medial and Lateral Arch Suspender: Legitimate Varus/Valgus control of the hind foot
- Fulfills true definition of Code L2275
- Neutral Suspension Casts Accepted: No need for casting boards!
- Non-weight bearing cast provides better heel and arch contour
- All casts are intrinsically balanced to correct forefoot varus/valgus deformities

Clinical Indications:

- Rigid, non-reducible Adult Acquired Flatfoot (Stage III & IV)
- Severe DJD or Deformity of hindfoot
- Charcot Arthropathy

**US. Patent No. 6,602,215*

REFURBISHED PARTS AND ACCESSORIES



Fixed Back Strap option for additional control of dropfoot conditions.

All Richie Braces can be easily refurbished in the doctor's office in minutes with no need for special equipment. The replacement straps and pads are available in a Richie Brace refurbishment kit which can be ordered from any distributor. This refurbishment service is reimbursed by most third party payers.



Tamarack TM Dorsiflexion Assist Flexure Joints



Custom molded orthotic foot plate



Before



After



THE RICHIE DYNAMIC ASSIST BRACE

"A dorsiflexion-assist AFO for Dropfoot Conditions"

Description:

The Richie Dynamic Assist Brace is a custom articulated ankle-foot-orthosis with two spring-like hinges, medial and lateral, to provide up to 15 degrees of dorsiflexion of the foot at the ankle joint during the swing phase of gait.

Clinical Indications:

The Richie Dynamic Assist Brace is indicated for the stabilization of the foot and ankle in patients with weakness of the dorsiflexor and evertor muscles of the lower leg. This presentation may be the result of:

- Post CVA (stroke)
- Mild Muscular Dystrophy
- Charcot Marie Tooth Disease
- Post Spinal Cord Surgery
- Diabetic Neuropathy

Brace CAN be used if patient has:

- Adducto-varus foot deformity
- Diabetic Charcot deformity without severe equinus
- Body weight over 200 pounds

Features:

- Custom Balanced Foot Orthotic
- 35mm Heel Cup
- Anatomic Ankle Axis Hinge Placement
- Semi-rigid lower limb supports
- Custom contoured footplate attachment
- Tamarack® flexural ankle joints

Benefits:

- Dynamic dorsiflexion-assist
- Control of varus/valgus alignment of the foot
- Pure, unrestricted sagittal ankle Motion
- Optimal shoe fit

Brace is indicated for patients with:

- Partial or complete dropfoot

Brace is NOT indicated for patients with:

- Spasticity of plantar flexors or invertor muscle groups
- Moderate to severe varus/valgus deformity of hindfoot
- Severe equinus (ankle dorsiflexion zero degrees or less)
- Unstable knee

CASTING OVERVIEW

The Richie Brace requires a negative impression cast utilizing either plaster splints or the STS Casting Sock. Neutral suspension technique is recommended while plantarflexing the First Ray. Complete casting instructions are available at www.richiebrace.com.



Foot held 90° dorsiflexed. Mark foot according to printed instructions



Apply plaster strip #1.

Form a slipper cast with splint #2.



Complete with splint #3 and lay over the tip of the toes..



Lock midtarsal joint and plantarflex the first metatarsal.

Remove cast following proper guidelines.



Casting using the STS Sock.

Lay cutting strip down. Lay down cutting channel. Place plastic bag over foot and leg. Apply STS sock following instructions carefully.



Mold sock. Lock midtarsal joint and plantarflex the first metatarsal.

MODIFICATIONS OF THE STANDARD RICHIE BRACE



Restricted Hinge Pivot

A more rigid ankle articulation restricts ankle dorsiflexion and plantarflexion to a range under 5 degrees without disrupting a smooth contact and heel rise phase of gait. This model is suited for treatment of severe PTTD, mild dropfoot conditions as well as degenerative arthritis of the ankle and hindfoot.

ARCH SUSPENDERS



Medial Arch Suspender

A patented innovation* provides an adjustable lifting strap under the talo-navicular joint to resist collapse of the medial arch as well as eversion of the ankle and hindfoot. This modification is indicated for severe PTTD and severe pronation disorders of the hindfoot.

**US Patent No. 6,602,215*



Lateral Arch Suspender

A patented innovation* provides an adjustable lifting strap under the calcaneal-cuboid joint to resist inversion of the ankle or hindfoot. This modification is indicated for Peroneal Tendinopathy as well as Varus deformity of the ankle and hindfoot.



Richie Brace - Standard

- Mild to moderate PTTD
- Lateral Ankle Instability

Casting:
- Ankle casting sock



Richie Gauntlet

- Rigid, non-reducible Adult Acquired Flatfoot (Stage III & IV)
- Severe DJD or Deformity of hindfoot
- Charcot Arthropathy

Casting:
- Mid leg casting sock



Richie Brace - Restricted Hinge

- DJD of Ankle or rearfoot
- Dropfoot - Mild
- Dropfoot with arsus/valgus deformity
- Dropfoot with spasticity
- Unstable knee

Casting:
- Ankle casting sock



California AFO

- Gauntlet brace without laces
- Severe Deformity: Stage IV PTTD
- Charcot Deformity
- Severe DJD of ankle or hindfoot

Casting:
- Mid leg casting sock



Medial Arch Suspender

- Moderate to severe PTTD
- Stage II or III PTTD with subluxed T-N Joint

Casting:
- Ankle casting sock



Richie Solid AFO

- Severe Dropfoot - Spasticity
- Charcot Arthropathy
- Dropfoot with unstable knee

Casting:
- Full leg (Bermuda) casting sock



Lateral Arch Suspender

- Peroneal tendinopathy fixed varus deformity of hindfoot/ankle
- Severe Lateral ankle Instability

Casting:
- Ankle casting sock



Richie OTC Ankle Brace

Prefabricated Ankle Brace for:

- Acute ankle spain
- Tendinitis of ankle, Interim Brace before custom AFO treatment

No casting necessary
- Order by left/right - S, M, L and XL



Dynamic Assist

- Ideal brace for Dropfoot
- Cannot be used in: Equinus, Spasticity and unstable knee or significant frontal plane deformity (varus,valgus)

Casting:
- Ankle casting sock



Richie OTC Dynamic Assist

- Paralysis or Weakness of Ankle Muscles
- Peroneal or Tibialis Anterior Tendinopathy

No casting necessary
- Order by left/right - S, M, L and XL