LaunchPad introduces PIVOT, X-TENSION and SNAPSTOP

TRIO OF INNOVATION

In more than 20 years of practice, Scott Hinshon has learned a thing or two (or three) about pediatric conditions and lower extremity orthotics. ¶ Real-world experiences and applied learning have been the foundation for developing innovative custom AFO strategies that differentiate his practice from others. Now, Hinshon – the founder and CEO of LaunchPad – wants to share his trade secrets. ¶ Introducing PIVOT, X-TENSION and SNAPSTOP – a TRIO of innovative components that collectively provide expanded care opportunities to the pediatric patient through sagittal plane control and post-fitting options that allow the skilled practitioner to tune and optimize functional outcomes.

POST FITTING OPTIMIZATION TIPS FOR PEDS

Most clinicians would agree, pediatric patients present with stance phase related issues. The majority of Hinshon's patients have the greatest need at midstance to late stance. So by the process of elimination, he has discovered that TIBIAL RESISTANCE was the best way to manage the pronatory foot and to generate power in late stance that enhanced step length, increase single limb stance stability and increase cadence.

CONSIDER TREATING THOSE SAGITTAL PLANE DEFICITS LIKE:

- Foot slap/drop
- Externally Rotated Foot projections
- Recurvatum/crouch
- Short step lengths
- Early/late heel rise

GOALS FOR THE PEDIATRIC PATIENT:

- Maintain a plantigrade foot throughout stance
- Stabilize the knee to be sagittally positioned in slight flexion at midstance
- Promote tibial progression over the foot
- Normalize foot projections to neutral
- Resist tibial progression during late stance
- Enhance third rocker power and contralateral step length
- Encourage a heel to toe gait pattern

This clever combination of components act as a double-action ankle joint without the bulky hardware or shoe interference.

Hinshon emphasizes the importance of collaborative evaluations and shared goals to create solutions for pediatric patients.

"I don't look to fill predetermined orthotic prescriptions, but rather to deliver on a promise to improve mobility." Hinshon said.

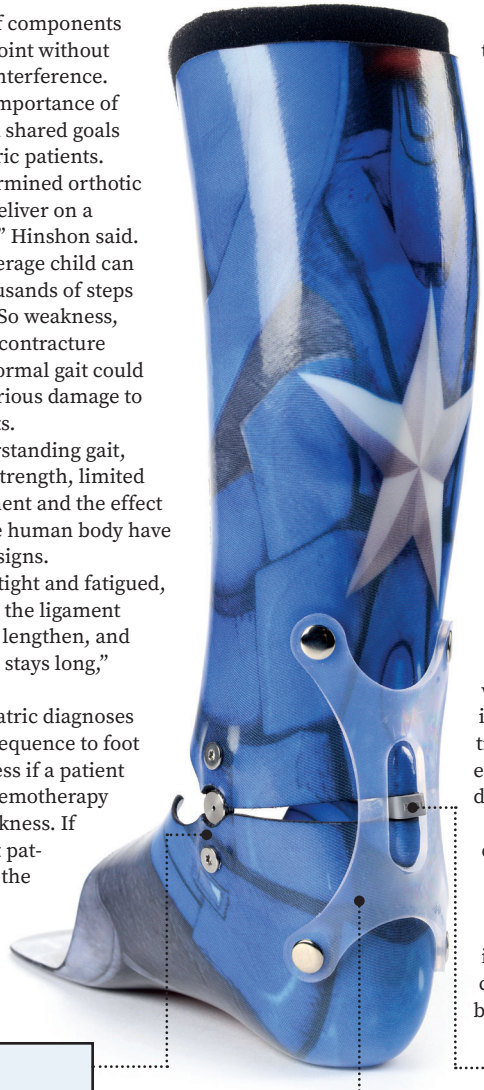
Scott Hinshon, CO

An average child can take thousands of steps per day. So weakness, equinus contracture and abnormal gait could mean serious damage to ligaments.

Understanding gait, muscle strength, limited range of motion, joint alignment and the effect that those factors have on the human body have guided Hinshon's orthotic designs.

"When muscles are weak, tight and fatigued, all of the stress is localized to the ligament structures and cause them to lengthen, and when a ligament elongates, it stays long," Hinshon said.

As Hinshon explains, pediatric diagnoses have a common clinical consequence to foot and ankle alignment regardless if a patient has low tone, high tone or chemotherapy induced lower extremity weakness. If it causes a compensatory gait pattern, then they are at risk for the domino-effect of equinus contractures, proximal weakness and irreversible ligament deformity of the foot and ankle and knee.



Early orthotic interventions are key to encouraging independent ambulation and/or normalizing gait, Hinshon said.

Traditional orthotic designs like SMOs, free motion articulated AFOs, PLS and solid AFO designs fail to deliver post fitting optimization strategies for these sagittal plane deficits.

Until now, traditional articulated AFO's were reserved for patients with swing phase deficits like foot drop. With the pediatric patient, the focus should be on stance phase.

Hinshon discovered that simply wrapping a foot and ankle in a plastic SMO are simply not enough to address the sagittal plane deficits the majority of his patients present with. Treating collapsed foot alignments was not enough to address concerns with recurvatum, crouch, foot slap, externally rotated foot projections and short step lengths. The alternative traditional options were not appropriate as solid AFOs were to limiting, PLS AFO are unpredictable when trimming and offered no recovery if the margins were trimmed to far and traditional height Articulated AFOs provided no functionality late stance as its truly designed for swing phase.

You must treat to resolve all movement compensations and you'll see the benefits of strengthening, coordination and increased cadence. Ninety percent of the functional benefit to your patient happens in the last ten percent of the patient encounter. Don't stop short of maximizing the benefit to your patient.

PIVOT

- Available in pediatric and adult sizes
- The Pivot coordinates sizing with the SNAPstop product reducing your inventory.
- Lowest profile thermoplastic ankle joint available
- Reduces unsightly lateral projections
- Elegant, streamlined and durable
- 7 times thinner than any flexure joint available today
- Quickly becoming the new preferred choice.

X-TENSION

DYNAMIC (pictured): Resists tibial progression and restores confidence throughout stance phase transitions over the foot, increasing 3rd rocker power and contralateral step length.

STATIC: Transitioning your AFO has never gotten easier. Choose the appropriate bumper height and add a static X-Tension component to rigidly lock your AFO.

SNAPstop

Establishing shank to floor angles without the need of tools. Simply choose the bumper thickness you need and snap it into place.

- Simple fabrication
- Snap-in adjustments
- Large impact surface
- Durability
- Quiet

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