

FABTECH SYSTEMS / SUTTI

# BOUNDERS

MODULAR PEDIATRIC BRACING



No tools for on the fly adjustments by healthcare providers

**1: Bounders Free Range**



Fixed recessed mount for patient comfort

**2: Bounders Dorsi Stop**

## Introducing Sutti Bounders: an easy to use, expandable dynamic bracing system.

Sutti Bounders store & return energy mimicking normal muscle function.

New "Sutti Bounders" modular pediatric dynamic elastomers are a patent pending elastomer technology that offer two progressive solutions. Sutti Bounders store and return energy - mimicking normal muscle function to produce both eccentric and concentric contractions and if needed,

a ground reaction force. Smart and simple modular design, standardized sizes and three levels of performance to choose from add up to an easy to use expandable dynamic system to treat your pediatric and young adult patient base.



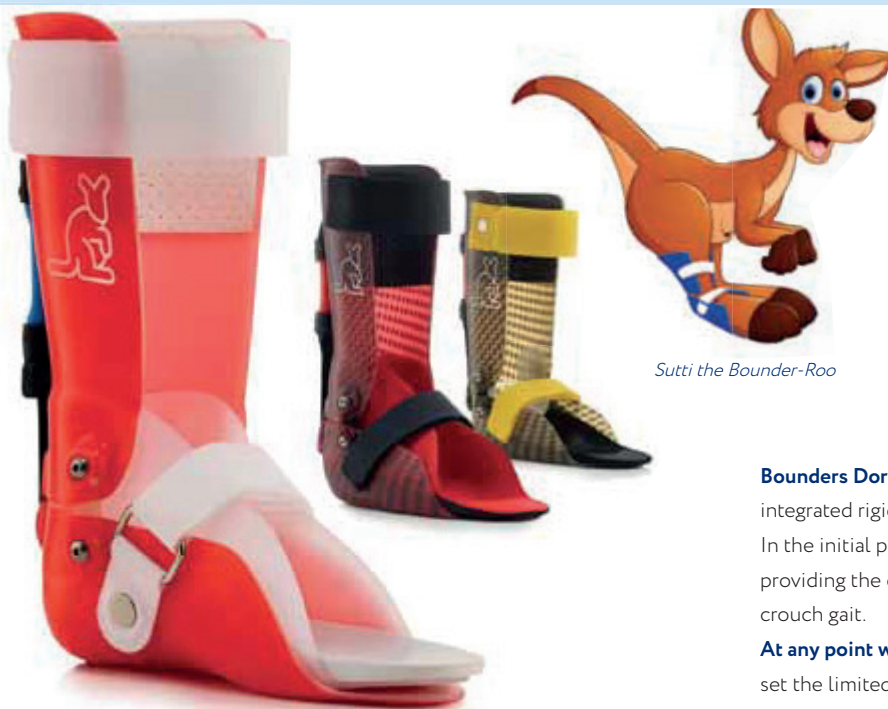
**1: Bounders Free Range**

- Available in two (2) lengths and three (3) energy ratings <sup>2</sup>.
- Providers can easily adjust at any time -no tools required.



**2: Bounders Dorsi Stop**

- Available in two (2) lengths and three (3) energy ratings <sup>2</sup>.
- Bounders are a Patent Pending product.*



*Sutti the Bounder-Roo*

**HOW SUTTI BOUNDERS WORK:**

**In midstance the tibia progress forward over the foot as the ankle begins to move into dorsi-flexion.** At this point, Sutti Bounders elongate similar to the posterior compartment muscles and the eccentric action pulling on the elastomer assists the tibial progression and provides a smooth transition from the loading response. The elongation of the Bounders elastic structure stores potential energy which is used later and released in the gait cycle for active push off.

**Bounders Dorsi Stop designs are modular,** changeable and have an integrated rigid stop that can be set to stop tibial progression at any point. In the initial part of gait, Bounders works like eccentric muscles while also providing the option to limit tibial progression and improve kinematics in crouch gait.

**At any point within midstance the Orthotist or Physical Therapist** can set the limited motion stop to limit tibial progression. This happens when the inner DF limit cord, hits its end point. The advantage to this is that not only is the elastomer storing energy, but the inner DF limit cord also stops forward progression to produce a ground reaction force. In crouch gait patients, for example, with adequate hamstring ROM this helps create knee extension and stance stability.

**In late stance as the patient shifts weight** to the contralateral limb the posterior elastomer recoils and the potential energy, which was stored in early stance, is returned to kinetic energy and the patient is able to utilize their third rocker and propel forward. This is advantageous in patients that hyper-pronate and are not able to lock out their midfoot for proper biomechanics. With a solid biomechanical foot plate and the use of Bounders relative normal kinematics is achieved.

**Sutti Bounders are a perfect choice for:**

- Crouch gait
- Weak or absent forefoot push off.
- Insufficient anterior control of tibia
- Low tone with poor proprioception
- Spastic Diplegia
- Spasticity
- Developmental delays

**Sutti Bounders deliver results:**

- Limits tibial progression to produce a ground reaction
- Produces active plantar-flexion
- Eccentric control to assist with smooth progression of the tibia
- Controlled kinesthetic awareness
- Works with patient’s muscles to provide support for normal gait
- Reduces the effects of Dystonia through increased proprioception
- Tone reducing

**Features:**

- Planter-flexion Assist and Dorsi Stop versions
- Bounders Free Range: No tools required for on-the-fly adjustments by healthcare providers
- Modular designs for easy changes
- Add as an addition to any AFO or KAFO to assist and provide powerful plantar-flexion assistance in late stance and also control dorsi-flexion in early stance
- Create needed resistance to tibial progression while also providing an adjustable integrated dorsi-flexion stop that optimizes gait
- Patented design allows the patient to walk, run, jump and provides integrated torsion for stretching contractures.
- With simple changes Bounders can be used for night time stretching to provide a very specific adjustable low tone stretch for contracture management
- Three durometers of performance

Bounders Free Range					
AFO Height	Patient Weight <sup>1</sup>	Length	Color	Energy Rating <sup>1</sup>	Part #
8" min	Under 35lbs (15.85k)	2" (50.8mm)	Green	Min	BFR2G
8" min	Under 35lbs (15.85k)	2" (50.8mm)	Red <sup>2</sup>	Med	BFR2R
8" min	Under 35lbs (15.85k)	2" (50.8mm)	Blue	Max	BFR2B
10" min	Over 35lbs (15.85kg)	2.5in (63.5mm)	Green	Min	BFR2.5G
10" min	Over 35lbs (15.85kg)	2.5in (63.5mm)	Red <sup>2</sup>	Med	BFR2.5R
10" min	Over 35lbs (15.85kg)	2.5in (63.5mm)	Blue	Max	BFR2.5B

Bounders Dorsi stop					
AFO Height	Patient Weight <sup>1</sup>	Length	Color	Energy Rating <sup>1</sup>	Part #
8" min	Under 35lbs (15.85k)	2" (50.8mm)	Green	Min	BDS2G
10" min	Over 35lbs (15.85kg)	2.5in (63.5mm)	Red <sup>2</sup>	Med	BDS2.5R
10" min	Over 35lbs (15.85kg)	2.5in (63.5mm)	Blue	Max	BDS2.5B

**Please Note:** Proper Coding is ultimately up to the practitioner and the practice. Please use the information only as a guide to possible code utilization. You must document the patient condition in the patient encounter notes in order to justify some of the associated coding.

1. Energy Rating / Stored Mechanical Energy / Rebound & Resistance Action
2. Red / Med are the most commonly used.