

GenuStart Knee Braces

Rehabilitation Solutions

Contact Information Clinician Fitter/Assistant/Tech Name:					Email: Phone: Shipping Address:				
Shipping Accou	eference	□ Ground	n ⊡ n	ext Day A	AM	🗆 Next Da	ay PM [☐ 2-Day AM	∠IP: □ 2-Day PM directly to patients.
Patient Information Last Name:					X: 12" R X: 16" R X:	5 5 0M (Short 5 5	L Pull On) M L Anterior Cla	XL 2XL XL 2XL	3XL 3XL
16" (Long Pull XS S Standard Non-	M L On) M L	XL 2XL XL 2XL nge	3XL_		XS ROM Exten Flexic		M L on: 10°, 20°	XL 2XL 90° 0° (hinge desigr	
" Zero degree e	xtension stop bu Size	xs	SM	MD		LG	XL	2XL	3XL
	CIRCUM 6" Above Knee Knee CIRCUM CIRCUM 6" Below Knee	13 - 15 ½" 12 - 13" 10 - 12"	15 ¼ - 18 ½" 13 - 14" 12 - 14"	18 ½ - 1 14 - 15 14 - 1	5"	21 - 23 ½" 15 - 17" 16 - 18"	23 ½ - 26 ½" 17 - 19" 18 - 20"	26 ½ - 29 ½" 19 - 21 20 - 22"	29 ½ - 32" 21 - 23" 22 - 24"
With the patient's leg at full extension, measure circumference around the center of the affected knee.									

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