

# PRODUCT CATALOGUE

## CUSTOM MADE 3D PRINTED AFO AND DYNAMIC AFO



AT EDSER, WE COMBINE INNOVATION AND EXPERTISE TO MANUFACTURE CUSTOM-MADE AFOS AND DYNAMIC AFOS USING ADVANCED 3D PRINTING TECHNOLOGY. OUR PRECISION-CRAFTED SOLUTIONS ENSURE OPTIMAL FIT, DURABILITY, AND PERFORMANCE, PROVIDING THE HIGHEST LEVEL OF SUPPORT AND COMFORT FOR EVERY PATIENT.

**“WHERE SCIENCE AND TECHNOLOGY COME TOGETHER TO IMPROVE PEOPLE'S LIVES”**

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## NEW YORK - Articulated AFO

The New York Articulated AFO with standard free hinge provides medial-lateral and rotational stability without compromising sagittal ankle range-of-motion

## CLINICAL INDICATED FOR

- Acute Ankle Sprain
- Lateral Ankle Instability
- Posterior Tibial Tendon Dysfunction (PTTD)
- Peroneal Tendinopathy
- Cavus-varus Deformity

## FEATURES

The New York AFO is 3D printed in PA12 or CPP+ and is fully custom-made, providing balanced and customized support for the foot while stabilizing the ankle, improving biomechanics. Its design allows for easy donning and doffing of the AFO with only one strap placed on the posterior aspect of the leg uprights.



## CONTRAINDICATIONS

- Spasticity
- Severe equinus
- Severe Valgas/Varus deformity

## INSTRUCTIONS

Casting and/or scanning of the patient is required, and proper positioning of the patient when casting or scanning is fundamental to achieve a correct alignment and the desired outcome. Critical casting and scanning considerations:

- Neutralize the ankle – keep it as close as possible to a 90-degree position
- Correct the rearfoot – Neutralize the Sub-Talar joint
- Correct forefoot varus deformities to achieve a neutral/balanced forefoot position
- Make sure the scan or cast encloses all relevant areas – Plantar surface/Medial and lateral arches/Malleoli/Calf

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## MIAMI - Dynamic AFO

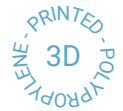
The Miami Dynamic AFO is designed to provide dynamic motion control, while maintaining a low-profile energy return

## CLINICAL INDICATED FOR

- Flaccid Drop Foot
- Dorsiflexor muscle weakness
- Peroneal nerve dysfunction

## FEATURES

The Miami AFO is 3D printed in PA12 or CPP+ and is fully custom-made. The orthosis features a preloaded dynamic strut supports a natural gait. It can be configured with either a medial or lateral strut to suit individual biomechanical needs. The footplate, calf band, and strut are contoured to the patient's anatomy, ensuring a precise fit and optimal comfort. An integrated heel post provides added stability and rearfoot control. The dynamic footplate encourages smoother steps and active push-off. Perforations in the footplate improve airflow, keeping the foot cooler during use. The interchangeable calf band is available with or without a strap for easy adjustment, and various lining colours allow for a personalised finish



3D PA12

3D CPP+

## CONTRAINDICATIONS

- Severe medial-lateral instability
- Fixed deformities
- Spasticity

## INSTRUCTIONS

Casting and/or scanning of the patient is required, and proper positioning of the patient when casting or scanning is fundamental to achieve a correct alignment and the desired outcome. Critical casting and scanning considerations:

- Neutralize the ankle – keep it as close as possible to a 90-degree position
- Correct the rearfoot – Neutralize the Sub-Talar joint
- Correct forefoot varus deformities to achieve a neutral/balanced forefoot position
- Make sure the scan or cast encloses all relevant areas – Plantar surface/Medial and lateral arches/Malleoli/Calf

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## SYDNEY - Articulated Dynamic AFO

The Sydney Articulated Dynamic AFO is designed to support the ankle, allowing or promoting dorsiflexion movements, with a low-profile, hinged orthosis for coronal plane control

## CLINICAL INDICATED FOR

- Severe ankle instabilities
- Severe overpronation/supination
- Tip toe walking
- Mild to moderate spasticity causing drop foot (CP, CVA, or other neurological conditions)
- Flaccid drop foot (when ML stability is required)

## FEATURES

The design features variable thickness to provide controlled flexibility and strength where it's needed most. A malleoli padding option is available to enhance comfort around the ankle bones. The orthosis can also be fitted with a Tamarack joint for smoother, more natural ankle movement.



3D  
PRINTED  
POLYPROPYLENE

## CONTRAINDICATIONS

- Severe spasticity
- Edema/Swelling
- Vascular conditions/Skin risk

## INSTRUCTIONS

Casting and/or scanning of the patient is required, and proper positioning of the patient when casting or scanning is fundamental to achieve a correct alignment and the desired outcome. Critical casting and scanning considerations:

- Neutralize the ankle – keep it as close as possible to a 90-degree position
- Correct the rearfoot – Neutralize the Sub-Talar joint
- Correct forefoot varus deformities to achieve a neutral/balanced forefoot position
- Make sure the scan or cast encloses all relevant areas – Plantar surface/Medial and lateral arches/Malleoli/Calf

## LONDON - Solid AFO

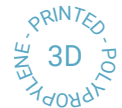
The London Solid AFO is designed for maximum support and immobilization of the ankle and foot, is a traditional solid ankle foot orthosis.

## CLINICAL INDICATED FOR

- Coronal plane instability
- Tight Achilles
- Severe Tip toe walking
- Spastic muscle tone (CP, CVA, or other neurological conditions)
- Flaccid drop foot (when ML stability is required)

## FEATURES

This orthosis incorporates localized reinforcements to enhance strength precisely where needed. It combines the reliability of a traditional solid AFO with modern design features for improved function and comfort.



## CONTRAINDICATIONS

- Severe fixed deformity
- Edema/Swelling
- Vascular conditions/Skin risk

## INSTRUCTIONS

Casting and/or scanning of the patient is required, and proper positioning of the patient when casting or scanning is fundamental to achieve a correct alignment and the desired outcome. Critical casting and scanning considerations:

- Neutralize the ankle – keep it as close as possible to a 90-degree position
- Correct the rearfoot – Neutralize the Sub-Talar joint
- Correct forefoot varus deformities to achieve a neutral/balanced forefoot position
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## SHANGHAI - Solid Dynamic AFO

The Shanghai Solid Dynamic AFO is Designed to provide a firm and stable base while supporting foot alignment, is a full-contour solid ankle foot orthosis

## CLINICAL INDICATED FOR

- Coronal plane instability
- Tight Achilles
- Severe Tip toe walking
- Spastic muscle tone (CP, CVA, or other neurological conditions)
- Flaccid drop foot (when ML stability is required)

## FEATURES

The orthosis is designed with variable thickness to provide controlled flexibility and targeted strength. Its low-profile construction ensures a discreet fit that's easy to wear with most footwear.



## CONTRAINDICATIONS

- Severe fixed deformity
- Edema/Swelling
- Vascular conditions/Skin risk

## INSTRUCTIONS

Casting and/or scanning of the patient is required, and proper positioning of the patient when casting or scanning is fundamental to achieve a correct alignment and the desired outcome. Critical casting and scanning considerations:

- Neutralize the ankle – keep it as close as possible to a 90-degree position
- Correct the rearfoot – Neutralize the Sub-Talar joint
- Correct forefoot varus deformities to achieve a neutral/balanced forefoot position
- Make sure the scan or cast encloses all relevant areas – Plantar surface/Medial and lateral arches/Malleoli/Calf

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## CHARLESTON - Balance Brace

The Charleston Balance Brace is designed to reduce the risk and incidence of falls through stabilization of the ankle, is a posterior support ankle foot orthosis

## CLINICAL INDICATED FOR

- History of falls
- Poor balance
- Vestibular disorder
- Mild ankle instability
- Flaccid drop foot
- Arthritic ankle

## FEATURES

The low-profile design offers a discreet and comfortable fit, while the user-friendly Velcro strap ensures easy application and secure adjustment.



## CONTRAINDICATIONS

- Severe fixed deformity

## INSTRUCTIONS

Casting and/or scanning of the patient is required, and proper positioning of the patient when casting or scanning is fundamental to achieve a correct alignment and the desired outcome. Critical casting and scanning considerations:

- Neutralize the ankle – keep it as close as possible to a 90-degree position
- Correct the rearfoot – Neutralize the Sub-Talar joint
- Correct forefoot varus deformities to achieve a neutral/balanced forefoot position
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## OSLO - Supramalleolar Orthosis

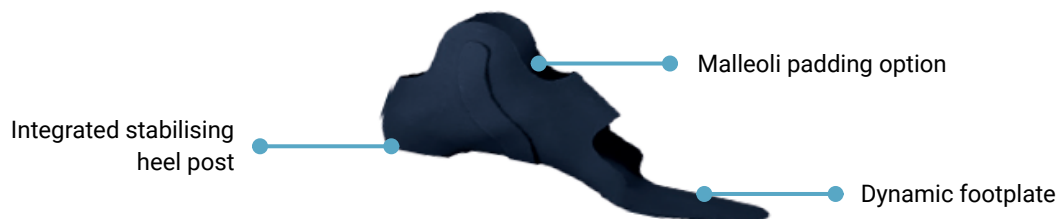
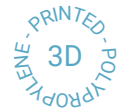
The Oslo Supramalleolar Orthosis is Designed to reduce mediolateral and rotational instability of the foot, allowing dorsiflexion movements, is a low-profile , dynamic supra malleolar orthosis for coronal plane control.

## CLINICAL INDICATED FOR

- Medial or Lateral instabilities
- Moderate overpronation
- Muscular instability (CP, CVA, or other neurological conditions)

## FEATURES

This orthosis features a low-profile design for discreet wear and enhanced comfort. The dynamic footplate supports efficient movement and energy return. An optional malleoli padding provides added ankle comfort, while the integrated stabilising heel post improves rearfoot control. Mediolateral reinforcement ensures stability in the coronal plane, promoting balanced and secure movement.



## CONTRAINDICATIONS

- Severe spasticity
- Edema/Swelling
- Severe fixed deformities

## INSTRUCTIONS

Casting and/or scanning of the patient is required, and proper positioning of the patient when casting or scanning is fundamental to achieve a correct alignment and the desired outcome. Critical casting and scanning considerations:

- Neutralize the ankle – keep it as close as possible to a 90-degree position
- Correct the rearfoot – Neutralize the Sub-Talar joint
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## MALTA - UCBL

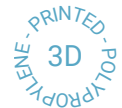
The Malta UCBL is designed for stabilization of the heel and midfoot to correct flexible deformities is a versatile UCBL-type orthosis

## CLINICAL INDICATED FOR

- Biomechanical control
- Severe overpronation/supination
- Stage III PTTD
- When a normal FFO is not adequate and increased control is required

## FEATURES

The deep heelcup stabilizes the heel for better control. The integrated heel post supports proper alignment. Mediolateral reinforcement strengthens the orthotic's sides for correct foot positioning. Customizable lining and padding ensure comfort and a tailored fit



## CONTRAINDICATIONS

- Severe fixed deformity of the foot and ankle

## INSTRUCTIONS

Casting and/or scanning of the patient is required, and proper positioning of the patient when casting or scanning is fundamental to achieve a correct alignment and the desired outcome. Critical casting and scanning considerations:

- Neutralize the ankle – keep it as close as possible to a 90-degree position
- Correct the rearfoot – Neutralize the Sub-Talar joint
- Correct forefoot varus deformities to achieve a neutral/balanced forefoot position
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## AUCKLAND - Medial or Lateral Stabilizer AFO

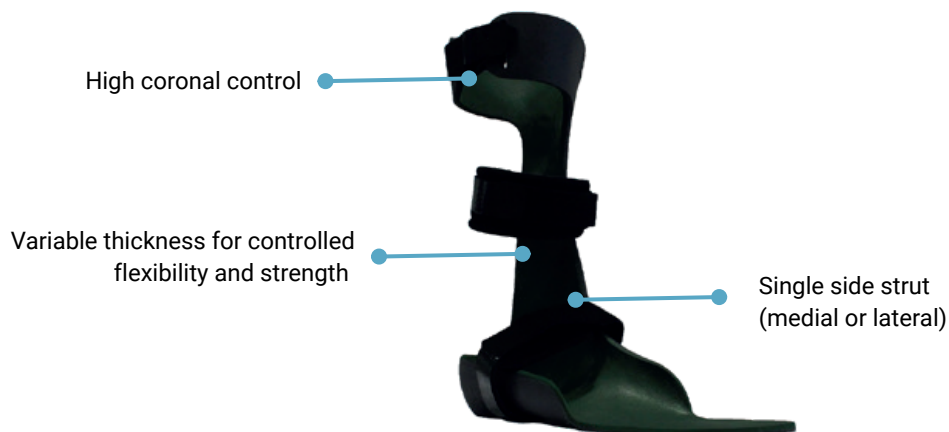
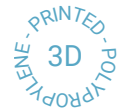
The Auckland Medial or Lateral Stabilizer AFO is designed to support the ankle, allowing or promoting dorsiflexion movements, is a low-profile, single strut AFO for coronal stability.

## CLINICAL INDICATED FOR

- Coronal plane instability
- Inversion and ligament injuries
- Ankle instability secondary to neurologic conditions (Charcot Marie Tooth, MS, CVA, etc...)

## FEATURES

Featuring a single-side strut in either a medial or lateral configuration, this orthosis delivers high coronal control with customizable lining colors and variable material thickness to achieve optimal flexibility and strength



## CONTRAINDICATIONS

- Fixed deformity
- Edema/Swelling
- Skin risk/Tissue viability

## INSTRUCTIONS

Casting and/or scanning of the patient is required, and proper positioning of the patient when casting or scanning is fundamental to achieve a correct alignment and the desired outcome. Critical casting and scanning considerations:

- Neutralize the ankle – keep it as close as possible to a 90-degree position
- Correct the rearfoot – Neutralize the Sub-Talar joint
- Correct forefoot varus deformities to achieve a neutral/balanced forefoot position
- Make sure the scan or cast encloses all relevant areas – Plantar surface/Medial and lateral arches/Malleoli/Calf