

A plastic ankle foot orthosis (AFO) is a custom made device to provide support and/or protection to the lower leg. It is often used to compensate for muscle weakness and/or nerve damage resulting in instabilities and/or lack of coordination in the leg, as well as for immobilization to promote healing. The AFO is commonly used for the following conditions: drop foot, arthritis, achilles tendon rupture, cerebral palsy, stroke, MS, spina bifida, CMT, Polio, and more. Unlike the metal AFO, the plastic AFO contacts the leg from the foot up through the calf and is not indicated for individuals with fluctuating edema, neuropathy, and/or a history of sores and skin sensitivity. The AFO should only be worn by the person for whom it was prescribed, custom fabricated for, and only according to your physician's instructions



APPLICATION

- 1. Seat the patient with hip and knee flexed, if possible. Place an appropriate sock, taller than the brace, on the patient's foot/leg. Smooth out any wrinkles or bagginess as these may cause skin irritation.
- 2. Open the front of the brace wide and "scoop" the foot into the brace.
- 3. Work the heel into the back of the brace. This may be achieved by holding the foot over the instep while flexing and pushing down on the knee.
- 4. Insert the instep pad by lifting one side of the top/ front opening over the foot and inserting one side of the instep pad under the brace shell. Repeat on the other side.
- 5. "Massage" the instep pad and top of the brace to settle the pad down onto the foot and to resettle the foot back into the brace.
- 6. Pull up on the patient's forefoot/toes to flex the ankle into dorsiflexion. This will ensure the heel is well seated, and then tighten the instep strap until it is snug. Secure the strap.
- 7. Compress the brace around the forefoot and then lay over the forefoot strap. Secure the strap.
- 8. If the brace also has a calf strap, secure this now as well.



WEARING INSTRUCTIONS

- 1. Always wear a shoe over your AFO for standing and walking, one with Velcro or lace closures will work the best.
- a) Only exception-If your AFO is for night time use ONLY, you do not need to wear a shoe in bed.
- 2. Break-In schedule: While this device is custom made for you, it may still require a gradual break-in period to build up a tolerance. Begin by wearing the AFO for an hour or two at a time while doing low to moderate activities. Check your skin when you remove the AFO for any signs of irritation. If everything appears okay, continue to lengthen the wear time and increase your activity as you feel comfortable. If you experience any rubbing, blisters, or red marks that do not go away in 20-30 min, an adjustment is needed, call your Orthotist.
- 3. Some mild muscle soreness is common within the first couple weeks of use as the AFO is changing your typical walking pattern, making some muscles work a little harder and some not as hard.
- 4. You will have the best results when using your AFO regularly.

CARE INSTRUCTIONS

To clean the AFO, wipe with a damp cloth, antibacterial wipes, or rubbing alcohol. Do not submerse the AFO in water as it will cause the pads and straps to prematurely become worn and/or develop an odor. Ensure the AFO is completely dry before putting it back on.