

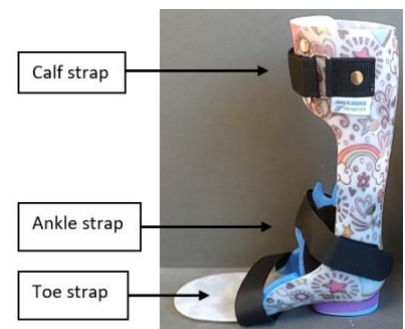
Ankle Foot Orthosis (AFO) Information Sheet

What is 'Orthotics'?

Orthotics is the specialist field concerned with the prescription, design and production of **orthoses** or orthotic devices. These are externally applied devices used to compensate for the impairments of the structure and function of the neuromuscular and skeletal systems. **Orthotists** are specialised healthcare professionals who prescribe, fit and fine tune orthoses.

What is an AFO?

An AFO is designed to provide treatment for a specific problem. The AFO or AFOs may be provided to aid standing or walking, or to control the foot and ankle position during sitting for wheelchair users. They may also be used at night to support the ankle and foot position during sleeping. An AFO may also be referred to as a 'splint' or 'brace'.



Putting on the AFO

- The wearer should be sitting down.
- Bend the knee and place the leg in the AFO. You may need to open the calf area of the orthosis.
- Ensure that the heel is properly located into the heel of the orthosis.
- Fasten the ankle strap firmly.
- The remaining straps can then be fastened firmly but not overly tight.

Getting used to the AFO

To begin with, AFOs should be worn for short periods of time to get accustomed to them. The skin condition should be checked after each use. Slight redness where straps are positioned and over marked bony prominences can be normal and should usually fade within around 20 minutes of removing the AFOs.

The AFOs should be worn over a thin sock, or if the socks have large seams, it might be more comfortable to wear the socks inside out.

The first few days of wearing a new brace may lead to slight changes in balance and stability as the wearer gets used to the new position and demands on the lower limbs. After a brief period of breaking in, the AFOs should be worn for the duration agreed with your consultant, orthotist, or healthcare professional. The AFOs are usually specifically designed and made for each individual patient and should not be worn by anyone else.

Suitable footwear

- Initially trainers are often the most practical style of footwear to be used. Expensive footwear does not necessarily mean a better fit. Patients often find that supermarket branded trainers fit just as well over AFOs.

Suitable footwear (Cont.)

- The footwear may need to be one or two sizes larger to accommodate the AFO.
- Most footwear has an insole that can be removed. This gives more room for the orthosis.
- A low opening and an adjustable fastening (i.e., laces or Velcro), are helpful as they allow for easier entry and increased depth adjustment of the footwear over the AFOs.
- Using a shoehorn to put on the footwear can be helpful and assist in prolonging the shoes lifespan.
- Some footwear manufacturers offer specific shoe designs to fit over orthotics. See some examples below:



When to arrange a follow up appointment

If any of the following occur, please discontinue use and contact the orthotic clinic:

- The orthosis is causing pain or discomfort.
- There are red marks that do not fade after wearing the AFOs.
- The orthosis becomes ill-fitting.
- The orthosis becomes damaged, fatigued or it is not performing as expected.

Care

- AFOs should be worn with shoes. Without shoes, there is a risk of slipping.
- Clean the AFOs using a soft cloth/sponge damp with warm water and mild soap. Do not submerge the AFO in water as this will damage the glue and padding. Gently dry with a soft cloth or leave to air dry before use.
- With use, AFOs may start to show signs of wear. Most soft parts of an AFO such as straps and pads can be repaired or replaced - please contact us if you think this is needed.

Clinic contact details: _____