ClinicalClues

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"When Can I Stop Wearing My AFO?"

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I both love and dread this patient question. I love the question because it means the patient is motivated to improve, but I hate it because discontinuing the AFO too soon jeopardizes the patient's safety.



Fig. 1: Safety is paramount for AFO wearers

The objective clinical evaluations I use to determine if a patient is ready to discontinue an AFO are the Berg Balance Test, the Timed Up and Go Test, and the Six Minute Walk Test. All tests are completed with and without the AFO. If the patient wants to discontinue the AFO, their scores on the balance tests must not show greater than a 10% difference, or categorize them as a fall risk.

The patient and I review the scores and discuss how to work toward elimination of the AFO, as well as the ideal time to re-test, if necessary. I find it challenging when re-testing because the patient must be ready to make the dramatic shift from a fully assistive orthotic to no assistance. Patients are nervous during this transition as the fall risk is heightened. The ideal solution would be an adjustable AFO allowing decreasing dependence on the AFO support. I have found using an ankle foot orthosis like the Push AFO improves the patient's confidence and is an easy solution.

Because the Push AFO offers adjustable dynamic dorsiflexion assistance via an elastic strapping system (Figure 2 below), I can gradually decrease the dynamic force. This gradual stepdown makes weaning from the AFO much easier. As the patient's anxiety and fall risk diminish, the patient fully weans from the AFO.



Fig. 2: Elastic straps allow for adjustable dynamic dorsiflexion assistance on the Push AFO

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