

PEDIATRIC AFO 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.

Break-in Schedule/Things to Watch For

Initial break-in period of intermittent wearing for the first 2 or 3 weeks is recommended. Any complaints of discomfort, especially after the child has been wearing the DAFO's comfortably for a while, may signify a need for adjustment of the brace. Some redness under the instep strap is common due to the amount of muscle tone being controlled by the brace. Any red marks or signs of irritation that do not fade within 20-30 minutes after removal of the brace may indicate a problem and need for adjustment.

If you have any questions or concerns, please contact your nearest Westcoast Brace and Limb facility to speak with your Orthotist or schedule an appointment.



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