



A Patient's guide to

Ankle Foot Orthosis A.F.O

Your Orthosis (A.F.O.) has been designed to control the foot and ankle, but can also affect your knees, your posture and balance.

Every new orthosis is individually made to your requirements. It may alter the way you balance and move. We expect that this will take you some time to become acclimatised to. While we make every effort to ensure that your orthosis is safe and effective for you to use, you will need to gradually build up the length of time your splint is worn to ensure that it will not cause skin damage.

A close fitting Orthosis sometimes causes mild redness on the skin. Whilst some redness is to be expected, any discomfort, pain or skin marks that do not readily resolve (in around 20mins) should be reported to your Orthotist.



How to put on your AFO

Your knee should be bent and your ankle relaxed. Place your AFO behind your leg and raise your foot towards your shin as much as possible – it helps if your toes are also flexed up. Place your heel firmly in the heel section of the AFO ensuring that the bottom of your heel makes contact with the base.

Now fasten the ankle strap firmly to ensure that the AFO is securely held in place decreasing the chance of relative movement. The calf strap and any additional strapping should be fastened after the heel strap and should be snug tight.

Ensure that you select footwear which is spacious enough to accommodate the additional girth of the AFO. Footwear entry is easier with low opening footwear and adjustable fastening e.g. lace or Velcro. An additional footwear feature which can be of benefit is a removable insole which can be discarded to offer additional depth.

Care of your Orthosis

Any sensation of abnormal movements within the orthosis should be immediately reported to your Orthotist, and checked, to ensure prevention of joint or material failure.

Hygiene

Simply requires the inside surfaces to be wiped daily using a moist cloth, with mild disinfectant and warm water.



Please routinely observe the following advice and precautions:

Do

- Take a moment to inspect the orthosis before each use – check for sharp edges, loose components or foreign objects on/inside the orthosis which could injure you
- Inspect the skin visually before and after every use, using a mirror if necessary. If you have problems carrying this out due to poor eyesight or mobility ask someone to help you
- Use fabric interfaces e.g. a sock or Tubigrip as directed to help protect you from friction
- Clean your orthosis with warm soapy water and allow it to dry naturally
- Observe good skin care and hygiene measures.

Do not

- Pad your orthosis out yourself as this may actually increase pressure problems
- Heat, glue, bend or otherwise attempt alteration or repairs
- Use strong solvents to clean the orthosis
- Use a heat source to dry the orthosis e.g. radiator or hair dryer as this could damage the device
- Artificially try to harden your skin e.g. by applying alcohol to the skin.

Supported Discharge

Once you have received the prescribed orthosis and we have reviewed your progress we will likely place you on "Supported Discharge". In brief, this is when we will continue to refurbish your orthosis but you will require a new referral to be seen by an Orthotist. Please ask for further information on this process or use the QR code below to access the online document.



Contact

Orthotist:

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If you have any comments about this leaflet or would like it translated into another language/large print, please contact the Clinical Governance Department on 020 8909 5439/5717.

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