

A Patient's guide to

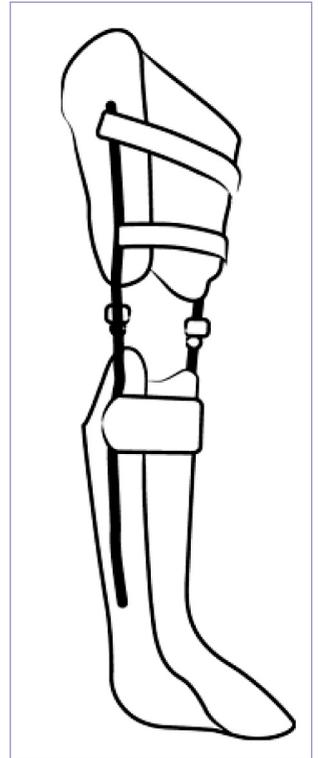
# Knee Ankle Foot Orthosis K.A.F.O

Your Orthosis (K.A.F.O.) has been designed to:

- Provide support, correct or compensate for a deformity or weakness in your knee and ankle.

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.



## The KAFO consists of:

- Plastic thigh and below knee sections
- Metal knee and ankle joints either lockable or free motion depending on your required function
- Foot section to maintain desired foot alignment and support.

The 'below knee' plastic section will be close fitting to the shank of the leg, to ensure controlled movement and/or alignment of the knee, and ankle and joints within the foot.

The mechanical knee joints are carefully aligned with the anatomical knee joints, to ensure both correct mechanical function and ease of operation. There should be clearance between these metal joints and your skin to prevent skin damage.

Control of knee joint position may be assisted by use of leather and Velcro strapping or plastic extensions around the knee joint sides.

The K.A.F.O. is designed to fit inside your own footwear, and under clothing. It is necessary to wear appropriate footwear which can accommodate the additional plastic thickness around your foot.

If required to relieve body weight from the knee joint, the thigh section will be extended up to the gluteal crease.

## 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

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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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15-118 © RNOH

Date of last review: June 2015

Date of next review: June 2017

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