SoftPro™ Ambulating Ankle / Foot Orthosis

TREATMENT RATIONALE:

Orthotic therapy for mild to moderate joint stiffness, contracture, or mild abnormal tone and spasticity of the ankle and foot. The orthotic device treats plantar flexion and rotation of the hip. The SoftPro™ Ambulaing AFO is a transitional AFO designed to treat lost range of motion of the ankle / foot and to facilitate assisted weight bearing and initial gait training. The device has a Click Step™ rocker bottom for weight bearing and initial assisted gait training. The Click Step™ pad will provide an audible cue ONLY when the patient initiates a heel strike while ambulating. This device is a transitional AFO and not intended for patients who are active ambulators.

FUNCTIONAL OBJECTIVES:

Increase available range of motion, active and/or passive, at the ankle joint to:

- Improve / maintain functional alignment of the ankle / foot.
- Facilitate weight bearing.
- Provide an audible cue at heel strike during assisted gait training.
- Decrease risk of skin breakdown while in bed.
- Reduce / eliminate contracture related pain and discomfort.

ORTHOTIC TREATMENT:

1. If necessary, heat mold the semi-rigid insert if the plantar flexion or inversion /eversion is greater than 15° from neutral. Mold to within 10° of comfortable end range stretch for plantar flexion, and within 5° of inversion/eversion end range and to accommodate any rotation of the foot to significantly reduce any possibility of pressure on the ankle/foot with device use.
2. Open the closures so that the device is ready to apply after passive stretching of the ankle/foot.
3. With the patient in a supine position, passively stretch the ankle/foot. Flex the knee if necessary to 45° or as close to 45° as comfort will allow obtaining optimal positioning of the ankle/foot post stretch. Avoid a stretch reflex while passively stretching the joint. Passive stretch must address the plantar flexion, inversion /eversion, and rotation of the foot. Slowly and gently, use sub-maximal passive stretching to point of noticeable resistance only (no discomfort). Hold for a minute to allow the extension release of the affected joint(s).

4. Place the patient's foot in the AFO insuring that the heel of the foot is at the apex of the heel of the AFO.
5. Holding the AFO in place, bring the loop side of the foot portion of the liner over the top of the foot. Bring the opposite side of the foot liner over the top of the foot and secure the hook and loop closure. A finger should comfortably slip under both edges of the closure to ensure that the closure is not secured too tightly.

6. Bring the loop side of the calf portion of the liner over the calf. Bring the opposite side of the liner over the calf and secure the hook and loop closure. A finger should comfortably slip under both edges of the closure to ensure that the closure is not secured too tightly.
7. Bring the unsecured end of the anterior ankle strap over the top of the ankle aligning the strap with the black loop landing zone on the top of the foot. Continue taking the anterior ankle strap over the entire foot, loop the strap through the open slot at the bottom of the heel, and secure the strap back onto itself. The strap should be snug, but not tight. If needed, adjust both ends of the anterior strap if the strap needs to be centered to maintain a good closure.

8. Bring the hook closure at the top of foot liner portion of the liner over the anterior strap and attach the closure over the strap.
9. Check to insure that the heel is floating free in the brace with clearance off of the plastic heel of the brace.
10. Move the hip control bar if needed to the left or right side to control or prevent internal or external rotation of the hip when the resident is in bed.
11. Determine wearing schedule per therapy evaluation and physician's order.
12. Use the device in the recumbent position or for assisted weight bearing and initial gait training.
13. Prior to application, inspect the device. If there are no problems with the device, inspect the ankle/foot. Do not apply the device if there is significant redness on the skin that would come in contact with the device.
14. Upon device removal, closely inspect for skin integrity. Notify the appropriate staff member(s) immediately and document any significant redness or signs of adverse pressure or shear. Discontinue device use until the skin integrity issues are resolved, and the orthosis is adjusted or the wearing schedule is modified to eliminate potential skin integrity problems.
15. Always follow medical device protocols if the patient is transferred to acute care or another healthcare facility. Send the related orthotic care plan and any accessories along with the orthotic device(s) with the patient if the orthotic will be going with the patient.
16. A wearing time adjustment is necessary every time there is a significant disruption in wearing schedule. Device tolerance must be reintroduced gradually, and noted in the patient's care plan.
17. Check device settings for continued application of the desired amount of dorsi-flexion stretch at least once a month or whenever the patient is not experiencing a gentle stretch sensation post application. Re-adjust the orthosis to maintain 5° to 10° of dorsiflexion beyond the point of resistance if treating plantarflexion contractures.

LAUNDRY INSTRUCTIONS:

1. Always remove soft cover from frame before washing.
2. Close all hook and loop attachments on soft cover and place in enclosed laundry bag.
3. Hand or machine wash, gentle cycle with mild detergent. DO NOT USE COMMERCIAL WASHERS OR HOT WATER.
4. No bleach or fabric softener.
5. Air dry.

WARNING: The product requires a physician's order. The product is designed for single patient use only in order to avoid cross contamination. Any substitution or removal of the product's parts voids the manufacturer's warranty. OCSI/NeuroFlex, Inc. will assume no liability if the above instructions are not followed.

OCSI/NeuroFlex, Inc.
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