



bracemasters

INTERNATIONAL, LLC

DRAFO

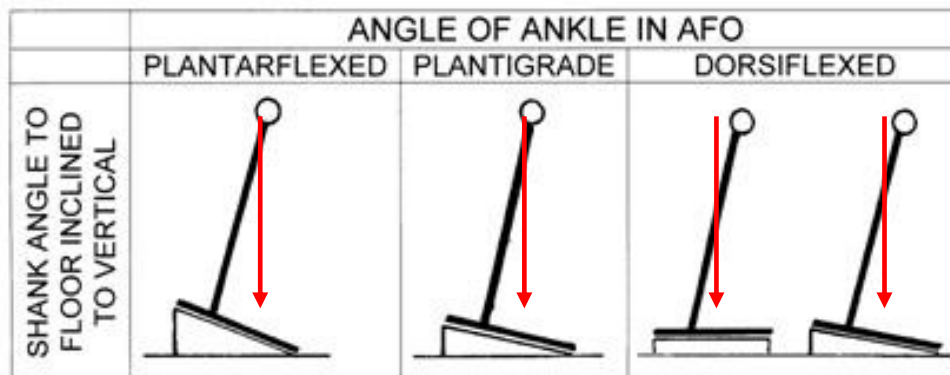
Fine Tuning

(fitting process)

5075 South Emmer Drive
New Berlin, WI 53151
P 888.790.6880 F 888.790.6881

Initial Setup

- The goal is to align the lower extremity so that the knee is directly centered over the center of the foot.
- This position is the most stable alignment for both Normal and pathological gait
- Typically most alignment adjustments can be made with heel lifts slipped into the heel of the shoe. If 1st catch alignment is substantial, adding additional lift may need to be added to the shoe
- See Diagram below



SHANK ANGLE TO FLOOR OF AFOFC
IN DEGREES FROM THE VERTICAL



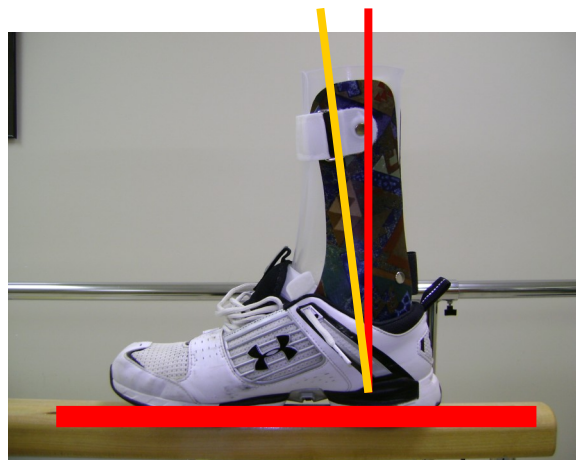
Applying the lifts

- Peel apart or adjust-a– lifts allow for easier adjustment, however, solid lifts will work just as well.
- You can add up to 3/4” with the DRAFO into the shoe



With the heel lift in place, the orthosis in the shoe, the shank angle needs to be at least at 90 to the floor, ideally though 3-5 of inclination is best.

- Start here



Standing Assessment

- Adjust the shoe lift to first align the knee over the center of the foot.
- Then assess that the center of gravity is also aligned over the center of the foot as well
- Adjust the lift so that both are in balance and that your patient can stand using the least amount of effort



Gait Assessment

- With the patient walking,
 - Start with looking at the foot contact– look for heel to toe
 - Then look at tibial motion– look for smooth migration
 - *A catch means that you need to increase the lift
- Finally, look at the femur– look for the femur to go into some degree of extension
 - *Typically, you will see a vaulting motion when the femur gets to 180 if the lift is not inclined enough

Smooth migration of tibia from initial contact to terminal stance



Catch – posterior Heistation of tibia moving over the foot



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Variations:

- Patients with Dorsiflexion contracture require a slight variation, however, your goal is to still align the knee over the center of the foot
- See below, don't confuse ankle angle with tibial shank angle



If the patient exhibits ankle angle which creates too much inclination, you will need to incorporate a negative heel modification to your patients shoe to get the knee aligned over the center of the foot

