

# A GUIDE FOR CHILDREN'S ANKLE FOOT ORTHOSES (AFO)



**PEACOCKS** EST. 1903  
ORTHOTICS

## About Peacocks

**Founded in 1903**, Peacocks Medical Group have a wealth of experience both clinically and technically, for the manufacture and supply of orthotics including footwear, insoles, AFOs and more.

We are committed to customer care, quality and innovation and our experienced orthotists have a wide range of specialist skills covering all aspects of orthotics. Whilst our highly-skilled technicians use their experience and knowledge to manufacture orthotic devices which can improve our patient's lives.

Our quality system meets the requirements of BS EN ISO 9001:2015. All our products meet the requirements of The Medical Devices Regulations and are CE marked where appropriate.



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**Your** child has been prescribed an ankle foot orthoses (AFO). This leaflet is designed for your child to obtain the very best benefit in its use.

**The AFO** is to assist your child with walking and standing. Depending on the condition it may be provided on one or both legs. AFOs can also be part of the treatment to reduce the chance of the muscles tightening around the ankle. The AFO is an important part of your child's treatment. Your child will need your encouragement to make sure it becomes part of their every day routine. If you are not clear about any aspect of the AFO and it's fitting please speak to your Physiotherapist or Orthotist.

**Always** wear a good quality, plain unpatterned sock underneath the AFO. Ideally this should cover all the skin underneath but some people prefer a shorter sock. Use whatever you find suits your child. Always make certain that the sock is crease free and in hot weather ensure a spare pair is always at hand to change.

**You will** need shoes which are slightly larger to accommodate the AFO. Trainers are particularly suited and they do not need to be an expensive type. Ideally the footwear should open by either lace or velcro as far down the foot towards the toes as possible. Chose a variety where the insole can be removed to give extra room. Putting the shoes on over the AFO is a skill which takes a bit of practice. Take time to learn.

**Before** putting the AFO on, give a gentle stretch at the ankle. Then ensure that the knee is bent to 90° and the heel is in place - right to the back of the AFO and the ankle strap securely applied to ensure that the heel stays there. If the ankle strap is left slack, the heel may rise up disturbing the treatment and causing discomfort. It is essential that the heel is in the correct place.

**When** your child is supplied with their first AFO slowly introduce it into their daily routine. Aim for them to be wearing it for the majority of the day within three weeks; adding more time each day from the start. Be really gentle when putting the AFO on. Ideally the AFO should eventually be worn as a child wears socks; put on in the morning and removed at night with short periods of not wearing the AFO during the day.

**The AFO** is made from polypropylene which is a hard plastic. The skin needs to get used to wearing the AFO and may thicken in some areas; this is a natural process. Skin damage or blistering should NOT occur; if this does happen please contact the department where the AFO was supplied immediately to arrange an appointment and receive advice. Redness which disappears within 30 minutes is the natural response to pressure and is normally not a concern.

**During hot weather the skin can become damp and increase the chance of blistering. It is advisable to remove the AFO, dry the skin and consider using talcum powder. A change of socks is often helpful.**

**Sometimes** AFOs are prescribed for night use. You will be clearly informed if this is the case but otherwise remove them for bathing and bed. It is not advisable for your child to wear an AFO without footwear as they can be slippery.

**Your** child should be reviewed for growth, after no more than 4 months.

## Care of your AFO

The AFO may be cleaned by wiping with a warm soapy cloth.

The pads and straps may need replacing as soon as they become worn or soiled. Return them to the department where they were supplied for repair or refurbishment.

If you think the AFO is becoming too small; general signs can be the toes overhanging the footplate and the AFO causing new red marks on bony areas when removed. Arrange a review appointment for your child ensuring that you bring the AFO with you.

Your Orthotist and Physiotherapist will make every effort to support you with the use of the AFO. If you are in doubt about any aspect please discuss it with them.

**Do not attempt to adjust the AFO yourself.**