

Splints

AFO/ DAFO (Splints) are designed to control the position of the child's foot and ankle while standing and walking. Splints are designed for your child's specific problem, so if you notice any changes in your child's limb, or if you feel that the AFO provides inadequate control, you must let your physiotherapist know immediately.

What problems should I be aware of?

If you notice any of the following, please contact your therapist as soon as possible.

- skin redness that doesn't fade after 15 minutes
- sores or blisters on your child's skin
- pain, irritation or rubbing
- any complaints of discomfort after the child has been wearing splints comfortably may mean they have been outgrown

How should the AFO be worn?

- the AFO should be worn over a cotton sock that extends the whole length of the splint
- sit your child in front of you with their hips and knees bent
- position the foot so it is at 90° to the leg. Your Physiotherapist or Orthotist should have shown you the best way to do this
- place the heel in the back of the splint and fasten the heel strap securely
- fasten all other straps securely
- apply the shoe (low heeled, laced casuals are most appropriate).
- It usually takes 1-6 weeks for your child to adjust to their new AFO's, start by wearing for 1 hour and then build on this 1-2 hours per day.
- Your child may experience discomfort as they adjust to the new splint, if this occurs remove splint and try again the following day.
- See following link for video of donning and doffing splint:

https://www.youtube.com/watch?v=jy_ruX43PdI



Paediatric Physiotherapy Service

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Joint Orthotics

Paediatric Physiotherapy Service

01206 588073 & 01255 201606

Joint Orthotics Clinic

Your Physiotherapist has requested that your child should be seen in joint orthotic clinic. This is where children are seen by a Physiotherapist and an Orthotist together to assess their orthotic needs.

In clinic your child may be given the same orthotic prescription as they had previously, or the prescription may be changed, depending on what your child needs at the time.

Common orthotics issued in clinic are insoles, specialist boots, AFOs (Splints) and DAFOs.

How will my child be measured for their orthotics?

This depends on what is recommended.

Insoles– your child’s feet will be placed into an Impression box which contains a soft granular material which will mould to the shape of your child’s feet. The impression will be used to make your child’s insoles.

Boots– your child’s feet will be measured by the Orthotist.

AFOs/ DAFOs– Plaster of Paris will be wrapped around your child’s lower leg, ankle and foot and be left to dry for a few minutes. At this time the Physiotherapist and Orthotist may hold your child’s foot in the position we want the splint to take. Your child may feel some warmth from the plaster briefly as it dries. The plaster is then removed and the splint will be created from the impression obtained.

Insoles

Insoles support the child’s foot position when standing and walking. Often, by controlling their ankle and foot position we can improve the position of other joints and can ease symptoms elsewhere in the body.

Insoles will only work effectively if worn in suitable footwear. The shoes ideally should have a firm heel section and proper fastening such as lace or Velcro.

The insoles should be placed right into the back of the shoe. If they tend to slip forward a piece of double sided tape can be added to the bottom of the insole.

Insoles need to be broken in slowly over a couple of weeks: they should be worn for 1-2 hours on the first day, and the time should be doubled the next day. Continue to increase this length of time over the next week until they can be worn all day.

If your child is still unable to wear them for a full day after two weeks please contact the Orthotics department.

You may find that there are marks on your child’s feet where the insole has been supporting the foot.

These should fade within an hour.

If they do not go, or if your child develops a blister please contact the Orthotics



Boots

How should my child wear their shoes?

- allow them time to get used to the footwear, as per the Orthotist’s instructions, this is usually wear in gradually starting with 30mins to 2 hours and increasing daily to wearing full time after 2 weeks.
- always check inside your child’s footwear before putting it on to ensure that nothing has fallen inside.
- ensure the footwear is fastened securely, tying laces firmly to hold the foot securely within the boot.

What problems should I be aware of?

If you notice any of the following, please contact the Orthotics department as soon as possible:

- skin redness that doesn’t fade after 15 minutes
- sores or blisters on your child’s skin
- pain, irritation or rubbing
- any sudden complaints of discomfort after the child has been the wearing footwear comfortably may mean that it has been outgrown.

