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Plastic or Metal AFO/KAFO Wear-In Instructions

You have been fitted with an Ankle Foot Orthosis (AFO) or Knee Ankle Foot Orthosis (KAFO). Unless otherwise instructed, please use a gradual wear-in schedule to allow your body to get used to the device. Start with an hour today. Increase the wear time by an hour per day as tolerated. Following use, remove your orthosis and inspect your skin. There may be some skin redness from pressure areas. Redness should not persist for more than 15 minutes after removal. Redness that does not disappear can be a sign of excessive pressure; if this or itching, swelling, or pain develops please discontinue use immediately and contact our office for adjustments. Failure to do so could lead to blisters or open sores.

Your (K)AFO should always be worn with a sock and a shoe. The sock must extend past the top of the orthosis. This will help prevent rubbing and absorb perspiration. Low heeled lace up shoes, such as a walking shoe or sneaker are ideal. The shoe should fit snug with the orthosis, not allowing the foot to slip inside of it. Never walk on the orthosis without a shoe on. This could cause you to slip and fall or break the orthosis. If you have questions regarding the appropriateness of a pair of shoes, please check with us before use. If the hinges start to squeak, feel free to apply some dry lubricant, such as Brace Ease, Teflon, Silicon Spray, or PAM. All straps should be snug, but not too tight. Your orthosis can be cleaned with a washcloth and mild soapy water. Saddle soap can be used on leather portions. Make certain all soap is removed and the orthosis is completely dry before reapplying.

Make sure that you are comfortable with how to properly put on and take off your orthosis. Never attempt to modify your orthosis yourself.

Please inspect your orthosis daily for any signs of wear including: cracking, loose parts, or decreased effectiveness of the device, and call our office as needed. Excessive wear to the soles of your shoes can adversely affect the function of the brace. A yearly check up is recommended.

These instructions have been explained to me and I have been given a written copy of them to take home.

Patient Signature: _____ Date: _____

Please contact us if you have any questions

UNC Hospital Office: 919-966-4630

UNCH Prosthetics/Timberhill Pl Office: 919-945-0215