

Action Statement 1: ANKLE-FOOT ORTHOSIS (AFO) OR FUNCTIONAL ELECTRICAL STIMULATION (FES) TO IMPROVE QUALITY OF LIFE

Action Statement	Clinicians SHOULD provide AFO or FES for individuals with foot drop due to chronic post-stroke hemiplegia who have goals to improve quality of life. <ul style="list-style-type: none"> Evidence quality: II Recommendation strength: moderate 	
Outcome Measures (Chronic stroke)	<ul style="list-style-type: none"> Stroke Impact Scale Stroke-Specific Quality of Life Sickness Impact Profile 	
Evidence Summary: The different effects (immediate, therapeutic, training, and combined orthotic) of AFOs and FES cannot be determined separately based on the nature of measurement of quality of life. (Level I= strongest level)		
Evidence Summary	AFO	FES
Acute AFO/FES	Best Practice*	Best Practice*
Evidence Summary	AFO	FES
Chronic AFO/FES	Level II	Level II
AFO compared to FES	In chronic stroke FES can have greater impact on QOL than AFO	
Key Dose Considerations	<ul style="list-style-type: none"> A period of home use (12-24 weeks) may be needed before seeing gains in quality of life. 	
Clinical Application/Interpretations	<ul style="list-style-type: none"> FES may be preferred over an AFO and have a positive impact on individuals' lives. Outcome measures for quality of life may not be responsive to the effects of AFO or FES. Quality of life outcomes are challenging to measure in the acute phase of recovery as individuals have not experienced many of the tested activities at this phase. 	

* Recommended practice based on current clinical practice norms, exceptional situations in which validating studies have not or cannot be performed, yet there is a clear benefit, harm, or cost, expert opinion.

