Action Statement 2:
ANKLE-FOOT ORTHOSIS (AFO) OR FUNCTIONAL ELECTRICAL STIMULATION (FES) TO IMPROVE GAIT SPEED

Action Statement	Clinicians ***SHOULD*** provide an AFO or FES for individuals with decreased lower extremity motor control due to acute or chronic post-stroke hemiplegia who have goals to improve GAIT SPEED • Evidence quality: I • Recommendation strength: strong		
Outcome Measures	• 10 Meter Walk Test		
Evidence Summary Acute AFO/FES (Level I= strongest level)	**CLINICAL EFFECTS**	**AFO**	**FES**
	Immediate Effect	Levels III	No evidence
	Therapeutic Effect	Levels II	Level I
	Training Effect	Level II	No evidence
	Combined Effect	Levels I	Level I
Evidence Summary Chronic AFO/FES		**AFO**	**FES**
	Immediate Effect	Levels I	Levels I
	Therapeutic Effect	Levels I	Levels I
	Training Effect	Levels I	Levels I
	Combined Effect	Levels I	Levels I
AFO compared to FES	Acute: AFO = FES	Chronic: AFO = FES	
Key Dose Considerations	**Acute:** Improvement in gait speed: • AFO initiated within 5 days of inpatient admission and worn for an average of 40 mins/day, 5 days, for at least 4 weeks had better outcomes • Participants who wore an AFO in therapy or when home on the weekends had better outcomes **Chronic:** Improvement in gait speed: • Improvements are reported after 6 weeks with continued clinically meaningful changes up to 6 months with daily wear		
Clinical Application/ Interpretations	• Early provision of AFO or FES may improve gait speed and allow the individual to participate in interventions at a higher intensity • Temporary prefabricated AFO may be appropriate for initial use • Custom AFO designed to meet the needs of the individual had best outcomes • The strongest predictors of responders to FES were younger age, faster baseline gait speed, faster Timed Up and Go scores, and better balance • AFO or FES see the most meaningful improvements in gait speed when skilled PT intervention/gait training is included early after device provision		

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