Action Statement 3:
ANKLE-FOOT ORTHOSIS (AFO) OR FUNCTIONAL ELECTRICAL STIMULATION (FES) TO IMPROVE OTHER MOBILITY

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 OTHER MOBILITY ● Evidence quality: I ● Recommendation strength: strong		
Outcome Measures	● Functional Ambulation Category ● Modified Emory Functional Ambulation Profile		
Evidence Summary Acute AFO/FES (Level I= strongest level)	**CLINICAL EFFECTS**	**AFO**	**FES**
	Immediate Effect	Level II	No evidence
	Therapeutic Effect	Level II	Level I
	Training Effect	No evidence	No evidence
	Combined Effect	Level II	No evidence
Evidence Summary Chronis AFO/FES		**AFO**	**FES**
	Immediate Effect	Level II	Level II
	Therapeutic Effect	Level I	Level I
	Training Effect	Level I	Level I
	Combined Effect	No evidence	No evidence
AFO compared to FES	Acute: FES ≥ AFO		Chronic: FES = AFO
Key Dose Considerations	● Research for dose parameters remains variable ● In the acute phase improvements may be seen following 40 minutes of wear 5 days/wk for 4-6 weeks with both AFO and FES ● In the chronic phase at least 12 weeks of wear may be needed to see an effect		
Clinical Application/Interpretations	● In acute or chronic phase post-stroke a custom AFO or AFO that *meets the needs of the individual* provides the best results ● Individuals with lower admission FIM scores may benefit from earlier introduction of AFO to improve mobility ● Early provision of an AFO or FES may improve mobility and enhance recovery in the acute phase ● For those with chronic stroke already using an AFO, evidence supports assessment for revisions to meet the changing needs of the individual ● Benefits of device and potential for recovery are more clinical meaningful when combined with skilled PT intervention in both acute and chronic phases		

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