

CPG for the Use of AFO and FES Post Stroke CLINICAL HIGHLIGHTS

PATIENT-CENTERED

AN AFO CUSTOMZED TO THE INDIVIDUAL IS BEST



More meaningful improvements observed when AFO/FES combined with skilled $\ensuremath{\mathsf{PT}}$

() AFO provision early in recovery enhances participation and leads to faster progress towards goals

MOTOR CONTRO

WEARING AN AFO DOES NOT HINDER MUSCLE ACTIVATION FES CAN IMPROVE MUSCLE ACTIVATION THROUGH A THERAPEUTIC EFFECT No evidence that AFO or FES can decrease plantarflexor spasticity AFO that allows plantarflexion motion may lead to greater effects on gait speed

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Consistent reassessments needed to meet changing needs