CustomComposite
Restoring Normal Motion

Clinical guide for Knee control

Recravatum control

Preventing recravatun can be acheived with a posterior cuff design which has been stiffened with extra carbon as well as a heel section that is also stiff. This produces a forward push to the back of the leg during the first rocker of gait. Building the AFO in slight dorsiflexion also helps as well. If recravatum occurs later in the gait cycle AFOs are not as effective and the patient might need a KAFO

Medial or lateral strut posterior calf

Knee stability

Knee stability during the 2nd and 3rd rockers of gait can be accomplished with an anterior shell. The medial strut is more effective in producing a floor reaction because the strut enters the foot plate further forward than the lateral strut design. Putting the AFO in slight plantar flexion will increase the floor reaction.

Medial or lateral strut anterior shell

Plantar flexion weakness

Restoring plantar flexion weakness is accomplished by our posterior spring design. As the foot moves from the 2nd rocker to the 3rd rocke energy is stored in the posterior strut which is then released during toe off propelling the parient forward.

Posterior Spring

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