

Action Statement 5: ANKLE-FOOT ORTHOSIS (AFO) OR FUNCTIONAL ELECTRICAL STIMULATION (FES)				
TO IMPROVE WALKING ENDURANCE				
Action Statement	Clinicians <i>MAY</i> provide an AFO or FES for individuals with decreased lower extremity motor control due to acute post-stroke hemiplegia who have goals to improve WALKING ENDURANCE • Evidence quality: II • Recommendation strength: moderate Clinicians <i>SHOULD</i> provide an AFO or FES for individuals with decreased lower extremity motor control due to chronic post-stroke hemiplegia who have goals to improve WALKING ENDURANCE • Evidence quality: I • Recommendation strength: strong			
Outcome Measures	6 Minute Walk Test			
Evidence Summary	CLINICAL EFFECTS	AFO		FES
Acute AFO/FES	Immediate Effect	Level III		No evidence
(Level I= strongest level)	Therapeutic Effect	No evidence		Level I
	Training Effect	No evidence		No evidence
	Combined Effect	Level I		No evidence
Evidence Summary		AFO		FES
Chronic AFO/FES	Immediate Effect	Level I		Level I
	Therapeutic Effect	Level I		Level I
	Training Effect	Level I		Level I
	Combined Effect	Level I		Level I
AFO compared to FES	Acute: Limited evide	ence		Chronic: FES = AFO
Key Dose Considerations	 Research for dose parameters remains variable A combined effect may be seen after 6-12 weeks of daily AFO use and 8 x 60-minute PT sessions Therapeutic and training effects may be seen after 3 months of daily FES use, but some patients may require >=7 months of daily use to see effects. 			
Clinical Application/ Interpretations	 AFO provision early in the acute phase post stroke provides significant improvements in endurance after only 2 weeks. This may enhance participation in rehabilitation at a higher intensity In chronic stroke individuals who ambulate < 0.1m/s responded better to an AFO while individuals who walked > 0.1 m/s responded better to FES Improvements in endurance were more clinically meaningful when combined with skilled PT following initial device provision 			

