

## Action Statement 6: ANKLE-FOOT ORTHOSIS (AFO) OR FUNCTIONAL ELECTRICAL STIMULATION (FES) TO IMPROVE PLANTARFLEXOR SPASTICITY

Action Statement	Clinicians <b>SHOULD NOT</b> 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 PLANTARFLEXOR		
	SPASTICITY		
	Evidence quality: II		
	Recommendation strength: moderate		
Outcome Measures	Modified Ashworth Scale (MAS)		
Evidence Summary	CLINICAL EFFECTS	AFO	FES
Acute AFO/FES	Immediate Effect	N/A*	N/A*
(Level I= strongest level)	Therapeutic Effect	Level I	Level II
	Training Effect	N/A*	N/A*
	Combined Effect	N/A*	N/A*
<b>Evidence Summary</b>		AFO	FES
Chronis AFO/FES	Immediate Effect	N/A*	N/A*
	Therapeutic Effect	Level II	Level II
	Training Effect	N/A*	N/A*
	Combined Effect	N/A*	N/A*
AFO compared to FES	Acute: No evidence		Chronic: No evidence
<b>Key Dose Considerations</b>	N/A		
Clinical	Evidence does not support use of an AFO or FES to decrease		
Application/Interpretations	plantarflexor spasticity in the acute or chronic phases poststroke.		
	<ul> <li>AFO or FES should not be considered as a primary intervention for decreasing PF spasticity in individuals who are ambulatory</li> <li>AFOs and FES are not contraindicated for individuals with some PF spasticity following a stroke, but there is no evidence that they change PF spasticity</li> <li>Many included studies did not include individuals with higher MAS</li> </ul>		
	scores (≥MAS 3) and it is not known whether those individuals would have similar outcomes for PF spasticity		

<sup>\*</sup>These effects are not applicable because clinical assessment of spasticity via the Modified Ashworth Scale is not feasible while AFO/FES are actively in use

