

Action Statement 8:				
EFFECTIVENESS OF AFO OR FES TO IMPROVE GAIT KINEMATICS IN INDIVIDUALS				
WITH FOOT DROP DUE TO POST STROKE HEMIPLEGIA				
<b>Action Statement</b>	Clinicians MAY provide AFO for individuals with ACUTE or CHRONIC post-			
	stroke hemiplegia who have goals to improve ankle dorsiflexion (DF) at			
	initial contact and during swing and loading response.			
	Evidence quality: III			
	Recommendation strength: weak			
	Clinicians MAY provide FES for individuals with CHRONIC post-stroke			
	hemiplegia who have goals to improve ankle DF at initial contact and			
	during swing and loading response.			
	Evidence quality: III			
	Recommendation strength: weak			
Outcome Measures	Kinematics	150		
Evidence Summary	CLINICAL EFFECTS	AFO		FES
Acute AFO/FES (Level I= strongest level)	Immediate Effect	Level II		No evidence
(Level 1- Strongest level)	Therapeutic Effect	Level II	_	No evidence
	Training Effect	No evidend		No evidence
	Combined Effect	No evidenc	e	No evidence
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Evidence Summary	Immediate Effect	AFO		FES
Evidence Summary Chronic AFO/FES	Immediate Effect	Level I		Level III
	Therapeutic Effect	Level I No Evidenc		Level III Level II
	Therapeutic Effect Training Effect	Level I No Evidend No evidend		Level III Level II No Evidence
Chronic AFO/FES	Therapeutic Effect	Level I No Evidend No evidend Level II	е	Level III Level II
Chronic AFO/FES  AFO compared to FES	Therapeutic Effect Training Effect Combined Effect Acute: No Evider	Level I No Evidence No evidence Level II nce	e Chi	Level III  Level II  No Evidence  No evidence  ronic: AFO = FES
Chronic AFO/FES	Therapeutic Effect Training Effect Combined Effect	Level I No Evidence No evidence Level II nce	e Chi	Level III  Level II  No Evidence  No evidence  ronic: AFO = FES
Chronic AFO/FES  AFO compared to FES  Key Dose	Therapeutic Effect Training Effect Combined Effect Acute: No Evider	Level I No Evidence Level II nce ameters are not	Chi available.	Level III Level II No Evidence No evidence ronic: AFO = FES
AFO compared to FES Key Dose Considerations	Therapeutic Effect Training Effect Combined Effect Acute: No Evider Research for dose para	Level I No Evidence No evidence Level II nce meters are not	Chi available.	Level III Level II No Evidence No evidence ronic: AFO = FES
Chronic AFO/FES  AFO compared to FES  Key Dose Considerations Clinical Application/	Therapeutic Effect Training Effect Combined Effect Acute: No Evider Research for dose para  Both AFO and FES posi	Level I No Evidence Level II nce meters are not tion the foot an	Chi available. d ankle in	Level III  Level II  No Evidence  No evidence  ronic: AFO = FES  a better position at
Chronic AFO/FES  AFO compared to FES  Key Dose Considerations Clinical Application/	Therapeutic Effect Training Effect Combined Effect Acute: No Evider Research for dose para  Both AFO and FES posi- initial contact and duri	Level I No Evidence No evidence Level II nce ameters are not tion the foot an ng swing. nce for effects of	Chi available. d ankle in	Level III  Level II  No Evidence  No evidence  ronic: AFO = FES  a better position at  an immediate
Chronic AFO/FES  AFO compared to FES  Key Dose Considerations Clinical Application/	Therapeutic Effect Training Effect Combined Effect Acute: No Evider Research for dose para  Both AFO and FES positinitial contact and duri There is minimal evide	Level I No Evidence Level II nce meters are not tion the foot an ng swing. nce for effects of	Chi available. d ankle in other than	Level III  Level II  No Evidence  No evidence  ronic: AFO = FES  a better position at  an immediate atic variables.
Chronic AFO/FES  AFO compared to FES  Key Dose Considerations Clinical Application/	Therapeutic Effect Training Effect Combined Effect Acute: No Evider Research for dose para  Both AFO and FES positinitial contact and duri There is minimal evide orthotic effect for both	Level I No Evidence No evidence Level II nce meters are not tion the foot an ng swing. nce for effects of AFOs and FES	Chi available. d ankle in other than for kinema	Level III  Level II  No Evidence  No evidence  ronic: AFO = FES  a better position at  an immediate atic variables.
Chronic AFO/FES  AFO compared to FES  Key Dose Considerations Clinical Application/	Therapeutic Effect Training Effect Combined Effect Acute: No Evider Research for dose para  Both AFO and FES positinitial contact and duri There is minimal evide orthotic effect for both Significant ankle media	Level I No Evidence No evidence Level II nce meters are not tion the foot an ng swing. nce for effects of AFOs and FES al/lateral instab	Chi available. d ankle in other than for kinema lity may le	Level III  Level II  No Evidence  No evidence  ronic: AFO = FES  a better position at  an immediate atic variables. ead to decreased
Chronic AFO/FES  AFO compared to FES  Key Dose Considerations Clinical Application/	Therapeutic Effect Training Effect Combined Effect Acute: No Evider Research for dose para  Both AFO and FES positinitial contact and duri There is minimal evide orthotic effect for both Significant ankle mediate effectiveness of FES during the discontact of the composition of t	Level I No Evidence No evidence Level II nce meters are not tion the foot an ng swing. nce for effects of AFOs and FES al/lateral instab uring the stance strength may le	Chi available. d ankle in other than for kinema lity may le phase. ad to deci hat also li	Level III  Level II  No Evidence  No evidence  ronic: AFO = FES  a better position at  an immediate atic variables. ead to decreased  reased stance-phase mits or prevents PF.
Chronic AFO/FES  AFO compared to FES  Key Dose Considerations Clinical Application/	Therapeutic Effect Training Effect Combined Effect Acute: No Evider  Research for dose para  Both AFO and FES positinitial contact and duri  There is minimal evide orthotic effect for both Significant ankle mediate effectiveness of FES during the desired paragraph of the desired paragraph.  Decreased quadriceps stability when using an FES may decrease kneeds	Level I No Evidence No evidence Level II nce meters are not tion the foot an ng swing. nce for effects of AFOs and FES al/lateral instab uring the stance strength may le AFO set in DF to effexion during	Chi available. d ankle in other than for kinema lity may le phase. ad to deci hat also li	Level III  Level II  No Evidence  No evidence  ronic: AFO = FES  a better position at  an immediate atic variables. ead to decreased  reased stance-phase mits or prevents PF.
Chronic AFO/FES  AFO compared to FES  Key Dose Considerations Clinical Application/	Therapeutic Effect Training Effect Combined Effect Acute: No Evider Research for dose para  Both AFO and FES positinitial contact and duri There is minimal evide orthotic effect for both Significant ankle mediate effectiveness of FES during the discontact of the composition of t	Level I No Evidence No evidence Level II nce meters are not tion the foot an ng swing. nce for effects of AFOs and FES al/lateral instab uring the stance strength may le AFO set in DF to effexion during	Chi available. d ankle in other than for kinema lity may le phase. ad to deci hat also li	Level III  Level II  No Evidence  No evidence  ronic: AFO = FES  a better position at  an immediate atic variables. ead to decreased  reased stance-phase mits or prevents PF.

