



## My Metal KAFO (Knee Ankle Foot Orthosis)

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You have just received a device that was provided to assist you with the function of your lower leg. The device is made of a type of plastic that was molded or modified to fit comfortably to your foot. Depending on the reason (Diagnosis), you may have one for one or both of your legs. They are usually worn over a protective sock or sleeve and normally, not worn without a shoe.

### Why do I need it?

Depending on your condition, the device is designed to offer external support to your leg, help in controlling your knee, lifting your foot to keep from catching your toes, maintaining the stability and alignment of your knee and ankle.

### Applying the device to your limb

Prior to donning (applying) the device, you should check the device to make sure it is clean and dry, check it for any cracks, rough or worn areas or loose rivets and straps. Should you find any areas of concern, **contact your practitioner prior to wearing the orthosis**. If all is in order, now is the time to make sure that your skin is *clean and dry*. Examine the skin, paying particular attention to the areas between your toes, sole of the foot (using a mirror if you have difficulty seeing it), for any areas of concern. Place the device on your lower limb, paying particular attention to the fit on your foot, thigh and calf area. Attach any straps that were provided on the snugly but not overly tight.

### How long should I wear my KAFO?

Your KAFO has been designed specifically for you. Wear the device as instructed by your practitioner as different orthoses have different wearing schedules

### Precautions

- Remember to **'Ask Questions'** if you are not sure of anything regarding your device
- This device is designed to ***always*** be worn with footwear
- Clean device with hypoallergenic soap and water. Do not immerse

### Check the device for

- Any loose strap attachments
- Cracks, worn areas, sharp edges
- Anything that appears out of the normal
- Check that all screws are in position and tight

### Check your leg for

- Abnormal redness
- Blisters or sores



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**Follow up Appointments:**

You have a follow up appointment at our office at: \_\_\_\_\_

On: \_\_\_\_\_ With: \_\_\_\_\_

Should you need to reschedule, contact us at: \_\_\_\_\_

**Specific Instructions:**

**I understand the instructions given to me today and those provided on this sheet.**

Signed: \_\_\_\_\_

**Patient (or Caregiver)**

Date: \_\_\_\_\_

Witness: \_\_\_\_\_

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