THUASNE

SpryStep® Vector KAFO Prescription Guide

Is the deficit at the foot, ankle and knee controlled sufficiently by an AFO?

Yes — Continue to SpryStep® Vector AFO prescription guide

No — Is a wheelchair the patient's primary mode of mobility?

Yes

Anterior

- Suggested with locking knee joint only
- Suitable for indoor ambulators to assist with standing transfers
- Provides excellent sitting comfort.

No — How would you best describe the knee instability present?

Knee Hyperextension Instability | Knee Hyperextenion, Flexion Instability, or Combined Instabilities | Knee Flexion Instability

Moderate → Mild ← Mild ← Moderate

Hyperextension Resist

- Composite shells provide corrective force pattern
- Excellent as a transitional device from AFO to KAFO
- Locking or free motion joints available
- Varus / Valgus control extensions available

Posterior

- Suitable for a wide range of patient presentations
- Locking or free motion joints available
- Excellent transitional device from thermoplastic KAFOs
- Combination of composite shells and optimized strap configuration provide corrective force pattern
- Varus / Valgus control extensions available

Flexion Resist

- Composite shells provide corrective force pattern
- Excellent as a transitional device from AFO to KAFO
- Locking or free motion joints available

Hip and Knee Extensor Strength MRC* (high to low)

Free Knee

Suggested for patients with hip and knee extensor strength greater than or equal to 4 (MRC)

Locked Knee

Suggested for patients with hip and knee extensor strength less than 4 (MRC)

** Medical Research Council Manual Muscle Testing Scale*