BEST PRACTICE STATEMENT ON THE USE OF ANKLE-FOOT ORTHoses FOLLOWING STROKE

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INTRODUCTION

The World Health Organization has estimated that 15 million people suffer strokes annually, with five million left permanently disabled (Mackay, 2004). Every year, about 795,000 people in the United States have a stroke (Roger, 2011). Stroke is the most frequent cause of severe adult disability in Scotland (Scottish Intercollegiate Guidelines Network, 2010).

In a scoping exercise conducted for the Scottish National Health Service by Quality Improvement Scotland (now renamed Healthcare Improvement Scotland), the use of ankle-foot orthoses (AFOs) following stroke was identified as a clinical improvement priority. In response to this need, a project to develop a best practice statement (BPS) on AFO use after stroke was commissioned.

METHOD

A multidisciplinary working group representing orthotics, bioengineering, physiotherapy and stroke nursing, together with a stroke survivor worked on developing the BPS. The project was led by Roy Bowers, Senior Teaching Fellow at the National Centre for Prosthetics and Orthotics, University of Strathclyde, Glasgow, Scotland.

To provide evidence for the recommendations made in the BPS a systematic literature review was undertaken. Where evidence was unavailable, consensus was reached by the expert working group.

As the BPS was designed for the non-specialist and non-orthotic practitioner, educational resources were also developed and included within the BPS to aid the understanding of the principles underpinning orthotic design and prescription.

RESULTS

The best practice statement makes 41 statements and recommendations under the following headings: Service planning, access to services and clinical governance; screening and referral; patient assessment & indications for different AFOs; biomechanical effects of AFOs; non-biomechanical effects of AFOs; review, monitoring and follow-up. All NHS health boards in Scotland, through their stroke Managed Clinical Networks, have been charged by the Scottish Government with ensuring implementation of the BPS recommendations.

DISCUSSION

The development of this BPS is an example of educators in prosthetics and orthotics working in collaboration with service providers from a range of professional backgrounds to produce guidance in response to a need identified by those working in the field of stroke rehabilitation. Successful implementation of the recommendations of the BPS will raise standards and promote a consistent, cohesive and achievable approach to the use of AFOs following stroke.

CONCLUSION

This model may serve as a useful framework for the development of further guidelines on stroke, or other areas of clinical practice, in other counties. The BPS is available electronically at no cost via the Healthcare Improvement Scotland website (Healthcare Improvement Scotland).

REFERENCES