Orthotic devices information

Information for parents and carers

Plastic Devices

(This includes: Ankle Foot Orthoses, Ground Reaction Ankle Foot Orthoses, Knee Ankle Foot Orthoses, etc.)

Plastic Orthoses are used to help correct, support, stretch and/or accommodate a body part. Orthoses are named depending on what part of the body they cover. For instance an Ankle Foot Orthosis (AFO) covers both the ankle and the foot. An AFO is used to help control foot and ankle position to improve walking, reduce pain or to help maintain a good position.

The skin of the person wearing the Orthosis should be checked regularly–you should keep a close eye for angry red marks, blisters and open wounds.

- Pink/pale red marks should disappear after 20 to 30 minutes of taking off the device.
- If your child has a red area of skin which does not go away within 30 minutes of removing the device, or you notice a break in their skin, they should stop wearing the orthosis and you should contact the Orthotist to have it adjusted.
- Depending on the issue, your child may need an appointment or you may be able to just drop off the device to be adjusted in the workshop.

If the child's toes are at the end or over the end of the foot plate then please phone the Orthotics Department to discuss this with the Orthotist and to agree on a treatment plan. We supply AFO's with typically a thumb's width gap between the end of the child's toes and the end of the footplate.

When your child is fitted with an Orthosis, they should wear into it gradually.

- Start with an hour on the first day
- Build the time worn by 30 minutes to an hour each day until the Orthosis can be worn full time.

Fastening the ankle strap first is always recommended as it is the strap that holds the heel into the back of the Orthosis. If straps or padding are broken or worn down, a general repair in the workshop should fix these issues. This can be arranged for a suitable time with the workshop team. See Contact Information at the end of this leaflet.

Footwear

(This includes boots, trainer styles and shoes)

Footwear is used to accommodate foot shape/size or help provide added support. The Orthotist will discuss the purpose of the footwear with you. They come in a variety of styles, colours and fastenings to choose from. The Orthotist will let you know which footwear are the most appropriate styles for your child.

To assess if footwear is still the correct size, remove the insole from the footwear and hold it against your child's foot. When first supplied there should be approximately a thumb's width gap between the end of your child's toes and the end of the insole. If the toes are at the end of insole then new footwear may be needed and the Orthotic Department should be contacted.

Orthotic footwear should gradually be broken in to prevent rubs and blisters.

- Start with wearing the footwear for about an hour on the first day
- Build the time worn by 30 minutes to an hour each day until they can be worn full time.

Orthotic shoes can be stiffer than high street shoes so pink/red marks can happen, most commonly at the ankle bones.

- Red marks should disappear within 30 minutes of taking the shoes off. This is normal and poses little risk of skin break down.
- If the red marks do not disappear your child should stop wearing the footwear and you should contact the Orthotic department.

If the straps break or the soles are worn then these can be repaired. Contact the Orthotic Department to arrange for a suitable time with the workshop team to have these repaired.

Insoles

(Including off the shelf and made to measure)

Insoles can be used to help support, correct or accommodate foot position.

- If insoles are full length when fitted, they may need to be replaced when the toes reach the end of the insole.
- If insole lengths are at the ball of the foot when fitted then they may be too small and need to be replaced if your child's feet grow by more than 1 full size.

If your child has grown and needs new insoles please phone the Orthotics Department to discuss this with the Orthotist and to agree on a treatment plan going forward.

Gaiters

Gaiters can be used to help stretch muscles in legs or arms.

- Leg gaiters usually cover from mid calf to mid thigh
- Arm gaiters usually cover from mid forearm to mid upper arm
- They can be longer if required.

If the gaiter is closer to your child's knee or elbow than mentioned above, then this is a sign that they may be too small and may need to be measured again – contact the Orthotist to discuss treatment going forward.

For positioning of the gaiters, the knee or elbow joint should sit where the knee or elbow bends. Sometimes a Physiotherapist will measure for gaiters and pass the measurements to the Orthotist to order. These are sent out to the Physiotherapist or the patient to use. If you have an appointment with the Orthotist they may re-measure your child's gaiters.

Sometimes gaiters can slip down your child's leg/arm -if this happens then try tightening the straps.

Gaiters may rub on the bones at the knee/elbow. If this happens, try taking them off and putting them back on in the correct place again. If this doesn't help the problem please contact the Orthotist for advice.

In order to help your child, gaiters need to be used along with physiotherapy exercises.

Wrist Hand Orthoses

(Including off the shelf and made to measure)

Wrist Hand Orthoses (WHOs) can be used to help stretch or position the fingers, hands and wrists.

Most WHOs supplied are 'off the shelf', and can be adjusted to fit. Sometimes they require repositioning. If this happens, take the brace off and put it back on in the correct place.

If the brace is put on properly and the child does their physiotherapy exercises, they should have few problems. If they do have problems, please contact the Orthotist for advice.

COVID-19

Due to the Covid-19 pandemic the Orthotic service is working slightly differently than before.

- Patients/parents who have contacted the department to request an appointment will first receive a telephone appointment with a clinical member of staff.
- This is to find out more background information and decide the next steps for you.
- The Orthotist will let you know if the issue can be fixed over the phone. If not, they will advise on the next step. This may include:
    - Handing in the device for an adjustment
    - Be added to the waiting list for Near Me appointment (video call)
    - Be added to the waiting list for a face to face appointment.
- The department currently has a large number of patients on the waiting list.
- We are working as safely and efficiently as possible. Patients are seen in order of clinical priority.
- We have reduced capacity over all sites to ensure everyone's safety. This may mean you have to wait longer for an appointment.
- Clinics are also only being booked 2/3 weeks in advance – this is to allow flexibility within the service to best offer treatment.

Appointments (This includes telephone, virtual and face to face)

If the Orthotist agrees a Near Me (video) appointment with you, our administration team will send you an email with all the information you need to take part. You will be given a time and date for this appointment.

Following the Near Me appointment the Orthotist may decide a face to face appointment is needed. You will then be contacted when we are able to offer you a face to face appointment.

When coming in to any hospital site you will be asked to wear face coverings (unless you are medically exempt), sanitise your hands and take the appropriate precautions. Only one parent/guardian/carer can attend with the patient unless agreed beforehand.

Please **always** bring your child's devices with you to your appointment.

Contact Information

The best way to get in touch with us is to call these numbers:

SMART Centre number: **0131 537 9418** or **0131 537 9479**

St John's Hospital Orthotics Department number: **01506 522 108**

Due to a high volume of calls you may get the answer machine. If you leave the patient's name, contact number and the issue, someone will return your call once they are able.

If the Orthotist needs to call you back, it may take a few days depending on their clinical timetable.