fabtech systems MAKE MORE POSSIBLE

re/aktiv™ MODULAR DYNAMIC BRACING

FABTECH SYSTEMS PDE POSTERIOR DYNAMIC ELEMENT

Welcome Veterans FABTECH IS VA APPROVED

Problem	Possible Solution
Patient complains of difficulty moving past mid-stance and/or you observe a knee extension moment at midstance	**If patient is not limited in dorsiflexion:** (by pain or by range of motion): Use a shim to dorsiflex the foot section of the AFO. Aim to achieve an 8-10 deg. Shank-to-vertical angle (SVA). **If the patient is limited in dorsiflexion:** Use a heel wedge in the shoe to achieve an 8-10 deg. SVA. Add a heel lift to the contralateral side to avoid pelvic obliquity.
Patient states that they are experiencing pain in the ankle	**Check the ankle angle of the AFO** (AAAFO). If the AAAFO is too dorsiflexed: Use a shim to plantarflex the foot section of the AFO. Caution! This action will decrease your toe rocker. Extending the heel wedge further forward may be useful to replace the action of the 3rd rocker. Add a heel wedge in the shoe to maintain 8-10 deg. SVA. Add a heel wedge to the contralateral side to avoid pelvic obliquity. **If the AAAFO is correct** (as determined by the angle at pain onset) consider increasing the strut stiffness to prevent ankle motion into the range of ankle pain.
Foot section of the AFO is internally or externally rotated	**Use a shim** to turn the footplate and/or proximal cuff internally/ externally as appropriate.
Anterior shell contacts the posterior shell, not allowing for further tightening of the proximal cuff	**Attempt to decrease the volume of the calf section** using an appropriate pad in the posterior calf section of the AFO. **If padding is insufficient:** Remove the RevoFit2 string, trim 1/8 " to 3/16 "of carbon off the medial and lateral seams of the anterior and posterior cuff. Be careful not to affect the radius at which the RevoFit2 string loops around the cuff. Sharp edges may cause excessive wear on the RevoFit2 string. Restring the REVO.
Patient reports decreased pain at 1-3 month follow up and requests having more motion (less rigidity) of the Dynamic Brace.	**Select a lower category spring.** Be sure to follow the manufacturer's recommended weight limit for your spring selection. Educate the patient on the likelihood of increased pain if the ankle motion is increased. Stress the importance of returning to the previous stiffer spring category if pain increases.
Patient undergoes a change in the available dorsiflexion range of motion (i.e. due to revision surgery)	**Re-evaluate the AAAFO and ankle angle** at pain onset and plantarflex/dorsiflex the footplate accordingly. Adjust the heel lift in the shoe and contralateral side to maintain the 8-10 deg. SVA
Patient demonstrates a knee extension moment at heel strike or early mid-stance.	**Follow the guidelines above** for evaluating the SVA of the AFO as measured in the shoe. If the SVA is found to be appropriate, proceed by evaluating the heel of the shoe. An excessively soft heel or a heel that is excessively rockered will increase the knee extension moment (similar to prosthetic gait alignment).

*** Shoe selection is an imperative part of achieving success with the Reaktiv Brace.**

It is recommended that an athletic shoe or low profile boot be used with the Reaktiv Brace.
No matter the style, an ideal shoe incorporates the following features:

- A cushioned heel of standard 3/8" heel height
- A wide/ deep toe box to provide enough room to fit the brace and foot comfortably
- Full tongue with shoe laces or Velcro closures to secure the foot in the brace and facilitate ease of donning
- A sufficient heel counter to prevent the brace from sliding out of the shoe