

Troubleshooting and Correcting DAFO Fit Problems



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1.0 Troubleshooting Overview

One of Cascade's main goals is to insure that each DAFO we make is comfortable and remains so during its wearable life. Key to this philosophy is the primary assessment of the braces when they are first fit. This guide can get you started with identifying and correcting a range of fit and functional issues.

Initial Assessment

After the new brace is initially on your patient, first check the fit and then check the function. When checking for a good fit, focus your attention first on the heel, then forefoot, then ankle, just as you do when you are casting. If you detect a problem, review the donning instructions included in the warranty and reapply. Insure that the sock is smooth, the heel is settled into the heel cup, the foot is properly aligned and the straps are snug. After you are satisfied that the foot is seated properly in the brace, check the function. Again, if you detect problems, reapply. It may help to change the environmental stimulus of your patient, helping her to relax into the brace. If problems persist, then utilize the troubleshooting guides below.

Options for Correcting Problems

The troubleshooting guide includes instructions for adjustments, as well as other solutions such as a change of brace style or a redo. While we are always happy to adjust braces for you, we've found that a practitioner can often save time by making the more simple adjustments. Doing these small adjustments yourself does not affect the warranty, and our staff is on hand to answer any questions that might arise. Functional problems can also be addressed with a video consultation. This involves the submission of a video tape of your patient that can be reviewed by one of our staff orthotists, who can then suggest solutions. See our website or call for video consult instructions. Finally, if it has been determined by this guide or yourself that a recasting or a redo is necessary to solve the problem, call our Technical Support to discuss and to receive a RA (Return Authorization) number.

Tools and Materials for Adjustments

Most adjustments can be done with a small selection of materials and tools. See "Basic DAFO Adjustments" for specific instructions on how to do these. Shims, cuffs, foam and instep pads which are commonly used are available for purchase from Cascade DAFO.

2.0 Common Fit Problems of the Hind Foot

PROBLEM	POSSIBLE CAUSES	POSSIBLE SOLUTIONS
Heel does not get down into the back of the DAFO.	Foot is high centered on the longitudinal and peroneal arch contours of the DAFO, lifting the heel.	<ul style="list-style-type: none"> • Adjust with heat gun to reduce arch contours. • Recast the foot with a fresh footplate; check fit of new footplate with the ankle dorsiflexed to the planned position.
	Dorsiflexion angle of DAFO is beyond DF range of patient, preventing heel from settling into heel pocket.	<ul style="list-style-type: none"> • Recast/redo DAFO at tolerable DF angle. • Increase patient's range (serial casting, DAFO #9 stretching splint).
Heel does not stay down into the back of the DAFO.	Too much instep volume allows foot to move forward and out of heel contours.	<ul style="list-style-type: none"> • Make sure straps are snug and instep pad is used. • Use a thicker sock. • Increase thickness of instep pad. • Recast/redo DAFO if cause is extreme.
	DAFO does not capture heel due to poor contouring in hind foot area.	<ul style="list-style-type: none"> • Add heel-lock pads. • Call Technical support to consult if fit is very poor.
Trim lines and contours do not fit the hind foot well.	Foot is fixing and is not relaxed.	<ul style="list-style-type: none"> • Reapply using DAFO Donning guidelines • Wear for short periods for 1 week if new, gradually increasing wear time.
	Poor fit.	<ul style="list-style-type: none"> • Adjust with heat gun if problems are specific and localized, i.e. <ul style="list-style-type: none"> a. Anterior medial malleolus b. Lateral malleolus c. Posterior lateral calcaneus • Call Technical Support to consult if fit is very poor.
Pressure on posterior lateral proximal heel.	DAFO is not applied securely, allowing heel to piston excessively.	<ul style="list-style-type: none"> • Snug up the instep strap.
	Loose fit allows pistoning; instep pad is not being used.	<ul style="list-style-type: none"> • Call Cascade DAFO customer service to purchase instep pad.
	Sock is too thin.	<ul style="list-style-type: none"> • Use a thicker sock.
	Contour is not shaped correctly.	<ul style="list-style-type: none"> • Adjust with heat gun. • Call Technical Support to consult if fit is very poor.

3.0 Common Fit Problems of the Forefoot

PROBLEM	POSSIBLE CAUSES	POSSIBLE SOLUTIONS
Pressure on medial anterior malleolus.	Hind foot does not seat or remain seated.	<ul style="list-style-type: none"> • Refer to "Fit Problems of the Hind foot."
	Lack of room in brace for anterior movement of this area during dorsiflexion.	<ul style="list-style-type: none"> • Adjust with heat gun. • Order re-do; recast or have positive modify to give more space in affected area.
Pressure on medial arch and navicular.	Foot lacks mobility to accommodate DAFO's position.	<ul style="list-style-type: none"> • Reduce wearing schedule; wait for improved mobility from wearing DAFO and slowly increase wear time. • Recast for less foot correction.
	Patient lacks dorsiflexion range and uses pronation to accommodate crouched weight bearing. Often occurs as a result of evaluation and casting in non-weight bearing positions.	<ul style="list-style-type: none"> • Call Cascade DAFO Tech Support to discuss options. • Redo in DAFO style more suited for crouching i.e. Turbo. • Recast foot in more pronated position to reflect the weight bearing stance position.
	Contour in the arch area of footplate was aggressively modified, resulting in brace with uneven plantar surface support.	<ul style="list-style-type: none"> • Adjust arch with heat gun.
	When patient's foot is corrected, the navicular is still palpable, and this prominence is not molded into the footplate.	<ul style="list-style-type: none"> • Adjust navicular area with heat gun. • Adding padding in the new depression may help.
	Overall correction of foot not sufficient to provide stability.	<ul style="list-style-type: none"> • Call Technical Support for consult.
Pressure on 1st met head.	Lack of room and contour.	<ul style="list-style-type: none"> • Adjust with heat gun.
	Shoe too tight, sock too thick, forefoot strap too tight.	<ul style="list-style-type: none"> • Change sock, shoe, or both. • Loosen strap.
Pressure on lateral malleolus.	DAFO needs more specific contour on lateral malleolus.	<ul style="list-style-type: none"> • Adjust with heat gun.
	Foot not controlled; supinating in brace.	<ul style="list-style-type: none"> • Call Technical Support for consult.
Pressure on base of 5th met head.	The footplate used in casting was not molded to allow room for prominence on base of 5 th .	<ul style="list-style-type: none"> • Adjust with heat gun. • Modify footplate and remold.
	Foot supinates and the correction in the DAFO is not sufficient to reduce and control the foot position.	<ul style="list-style-type: none"> • Recast/redo, focusing on capturing full correction of foot. Look for a dropped 1st ray as possible destabilizing element.
Pressure on 5th met head.	Toe eversion causing lateral shift.	<ul style="list-style-type: none"> • Add toe strap.
	Lack of room.	<ul style="list-style-type: none"> • Adjust with heat gun.
	Control of pronation not sufficient to reduce eversion of forefoot.	<ul style="list-style-type: none"> • Add shoe to contain 5th toe eversion. • Call Technical Support for consult.

Common Fit Problems of the Forefoot Cont.

The forefoot trim lines do not follow the shape of the patient's foot, either digging in or gapping.	The hind foot has moved out of its position.	<ul style="list-style-type: none"> • Refer to "Fit Problems of the Hind Foot".
	Forefoot strap is too loose.	<ul style="list-style-type: none"> • Check forefoot strap for snugness.
	Forefoot is everting and seeking lateral edge of DAFO.	<ul style="list-style-type: none"> • Check hind foot fit (Refer to "Fit Problems of the Hind Foot"). • Add a toe strap to control eversion. • Add a shoe to contain 5th toe. • Redo to have trim lines altered to better control the deviation.
	General poor fit.	<ul style="list-style-type: none"> • Adjust with heat gun to relieve pinching, digging, or tightness. • Call Technical Support for consult.
DAFO distorts, resists manual closure.	Foot is fixing and not settling into DAFO.	<ul style="list-style-type: none"> • Reapply; change environmental stimulus of patient.
	Sock is too bulky.	<ul style="list-style-type: none"> • Change to thinner sock.
	Instep or hind foot is too tight and this is holding the forefoot open indirectly.	<ul style="list-style-type: none"> • Check hind foot fit (Refer to "Fit Problems of the Hind Foot").
	DAFO is not contoured to accommodate the rise in the middle of the instep, causing a focused irritation on top of the forefoot.	<ul style="list-style-type: none"> • U' shaped cutout. (Refer to "Making DAFO Adjustments"). This can extend life of brace for approx. 2 months. • Call Technical Support for consult.
	DAFO is too small.	<ul style="list-style-type: none"> • Call Technical Support for consult.
Pressure on instep and / or top of forefoot.	Foot is not relaxed and well seated.	<ul style="list-style-type: none"> • Reapply; change stimulus if brace is new. • May correct after a week or two of habituation.
	No instep pad.	<ul style="list-style-type: none"> • Call Cascade to order.
	DAFO is too tight in volume.	<ul style="list-style-type: none"> • "U" shaped cutout (Refer to "Making DAFO Adjustments".) This can extend life of brace for approx. 2 months. • Call Technical Support for consult.

Common Fit Problems of the Forefoot Cont.

Toe shelf too long.	Excessive length added during fabrication.	<ul style="list-style-type: none"> • While weight bearing, outline toes with pen. Remove DAFO and trim with heavy scissors.
	Foot still pronating in DAFO.	<ul style="list-style-type: none"> • Recheck DAFO alignment, reapply.
	Need more forefoot control.	<ul style="list-style-type: none"> • Add toe strap. • Increase lateral containment of 5th metatarsal head with moleskin or leather/foam.
	DAFO is too wide.	<ul style="list-style-type: none"> • Fill in gap with moleskin or tape on medial side. • Call Technical Support if fit is very poor.
Gapping at 1st metatarsal head.	Foot still supinating in DAFO.	<ul style="list-style-type: none"> • Recheck DAFO alignment, reapply.
	Foot still pronating in DAFO.	<ul style="list-style-type: none"> • Recheck DAFO alignment, reapply.
	DAFO is too wide.	<ul style="list-style-type: none"> • Fill in gap with moleskin or tape on medial side. • Call Technical Support if fit gap is extreme.
	Need more forefoot control.	<ul style="list-style-type: none"> • Add toe strap. • Increase lateral containment of 5th metatarsal head with moleskin or leather/foam.
	DAFO is too wide.	<ul style="list-style-type: none"> • Fill in gap with moleskin or tape on medial side. • Call Technical Support if fit is very poor.
Gapping at 5th metatarsal head.	Foot still supinating in DAFO.	<ul style="list-style-type: none"> • Recheck DAFO alignment, reapply.
	Need more forefoot control.	<ul style="list-style-type: none"> • Add toe strap. • Increase medial containment of 1st metatarsal head with moleskin or leather/foam.
	DAFO is too wide.	<ul style="list-style-type: none"> • Fill in gap with moleskin or tape on lateral side. • Call Technical Support if gap is extreme.

4.0 Common Functional Problems

4.1 Toe walking



FUNCTIONAL PROBLEMS	POSSIBLE CAUSES	POSSIBLE SOLUTIONS
Toe-walking persists.	Plantarflexion control in the brace is not in enough dorsiflexion to be effective.	<ul style="list-style-type: none"> • Add foam shim to posterior part of DAFO 3½, 3 or 2 to increase dorsiflexion control.
	Patient has tight hamstrings that limit knee extension at midstance.	<ul style="list-style-type: none"> • Support the heel in this position by creating a heel lift with foam, duct tape or other appropriate materials. • Send to Cascade for adjustment.
	Patient needs to adjust to brace (habituation).	<ul style="list-style-type: none"> • Advise normal wear schedule and re-evaluate in one to two weeks.
	Brace style not designed for plantarflexion control (i.e. DAFO 4).	<ul style="list-style-type: none"> • After sufficient habituation, switch to style with plantarflexion control or stop. (i.e. DAFO 3½, DAFO 3 or DAFO2).
Toe-walking begins.	Patient was substituting pronation for true ankle dorsiflexion; controlling the pronation makes the lack of true ankle dorsiflexion visible.	<ul style="list-style-type: none"> • Consistent DAFO wear may increase dorsiflexion range and solve the problem • If problem persists see above section “Toe-walking persists” for possible solutions.

4.2 Absent heel strike



Lacks heel-strike.	Knee flexion contracture.	<ul style="list-style-type: none"> • Increase range at knee. For orthosis try Cascade HoundDog night stretching knee brace.
	Not enough dorsiflexion set into brace.	<ul style="list-style-type: none"> • Shim posterior element. • Send to Cascade for adjustment.

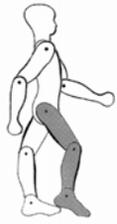
4.3 Poor foot clearance

Poor foot clearance on swing phase.	Brace style not designed for ankle position control during swing phase.	<ul style="list-style-type: none"> • Switch to brace design with greater ankle control.
	Dorsiflexion angle in the DAFO not sufficient to be effective.	<ul style="list-style-type: none"> • Shim the posterior element to increase the angle.
	Patient does not move knee into flexion to assist in clearance.	<ul style="list-style-type: none"> • Problem not within design of DAFO; usually a strength and sensory issue.
	Patient does not stabilize pelvis and lets the un-weighted side sag down.	<ul style="list-style-type: none"> • Problem not within design of DAFO; usually a strength and sensory issue.

4.4 Collapsing foot

Foot collapses medially inside DAFO.	Hind foot fit too loose to control foot.	<ul style="list-style-type: none"> • Increase sock thickness. • Insure use of instep pad. • Mark areas of looseness and return brace for adjustment or replacement.
	Alignment of brace not corrected enough to stabilize foot.	<ul style="list-style-type: none"> • Call Technical Support for consult.
	Overall fit too loose to give good control.	<ul style="list-style-type: none"> • Increase sock volume. • Confirm that instep pad is being used. • Check snugness of the straps. • Recast/redo.
	Contour of medial arch not sufficient to support foot. (Generally not easy to see and not often the cause of the functional problem.)	<ul style="list-style-type: none"> • Use thin pieces of tape, moleskin, or padding to build contour of the arch; spread the pieces out to provide even support. • Recast/redo with new footplate fitting.
Both foot and DAFO collapse medially or laterally.	Bottom treatment not stable enough.	<ul style="list-style-type: none"> • Increase contact surface of bottom treatment by adding layers of tape or firm material to vertical side of medial edge. • Return to Cascade for refurbishment/adjust.
	Overall DAFO design not stable enough in the medial/lateral plane.	<ul style="list-style-type: none"> • Switch to higher control DAFO.

4.5 Knee hyperextension



<p>Hyperextends knee while in DAFO.</p>	<p>Dorsiflexion angle set into DAFO is not sufficient to block knee hyperextension.</p>	<ul style="list-style-type: none"> • Add posterior shim to force knee forward at midstance.
	<p>Patient overcoming the resistance of a DAFO # 3½, bending posterior strut back at midstance.</p>	<ul style="list-style-type: none"> • Shim posterior element for a greater dorsiflexion angle. • Have DAFO adjusted or repaired if broken or weak. • Redo with more resistant control in posterior strut. • Switch style to full plantarflexion stop DAFO 3 or 2.
	<p>Patient pushing over the back of a DAFO #3 and distorting soft tissue.</p>	<ul style="list-style-type: none"> • Add dense foam cuff that extends the back of the DAFO 3 or 2 up about 1"; this cuff will contain the soft tissue and increase the effective dorsiflexion angle at the same time.
	<p>Patient hyperextends by rocking entire DAFO back on its heel. (Patient lacks voluntary control of knees and cannot manage desired posture.)</p>	<ul style="list-style-type: none"> • Insure habituation period and reassess. • Dorsiflexion angle in DAFO is too severe and patient cannot cope with the degree of knee flexion; test this by adding a shim of duct tape under the forefoot of the braces or shoes to reduce the knee flexion required at midstance. If patient responds favorably, redo brace with less dorsiflexion. • Choose DAFO style with greater support for knee flexion (DAFO 1).
	<p>Style does not control ankle in plantarflexion or dorsiflexion.</p>	<ul style="list-style-type: none"> • Switch to style with greater ankle control (DAFO 3½, DAFO 3, DAFO 2 or DAFO 1).

4.6 Crouching

4.6.1 With heels down



Crouching persists – heel is down, ankle is dorsiflexed.	Brace is being overpowered and is allowing the excessive dorsiflexion.	<ul style="list-style-type: none"> • Switch style to DAFO 3½ with semi-rigid posterior strut or to Turbo #1.
	Brace not designed to block excessive dorsiflexion.	<ul style="list-style-type: none"> • Switch style to DAFO 3½ with semi-rigid posterior strut, DAFO Turbo, or DAFO 1.
	Brace is set in too much dorsiflexion.	<ul style="list-style-type: none"> • Test by adding a shim of duct tape under the forefoot of the braces or shoes. If patient responds favorably, redo brace with less dorsiflexion.
	Foot is collapsing into pronation inside the brace; this pronation could be the true source of the apparent dorsiflexion.	<ul style="list-style-type: none"> • See discussion “Toe walking begins.”
Crouching begins after controlling toe walking.	Patient was using plantarflexion to accommodate some hamstring tightness; this is most likely in patients who have poor dorsiflexion range of 0° or less with the knee extended, 5° to 10° with the knee flexed.	<ul style="list-style-type: none"> • Continue use of the brace with additional therapy to increase hamstring range. • Nighttime use of a Hound Dog or DAFO 9. • Switch to style DAFO 3 ½, 2 or 3 with reduced dorsiflexion angle (may reduce crouching but may increase the original toe-walking).

4.6.2 With heels up



Crouching persists – heel of DAFO is up off floor during midstance.	Patient lacks knee extension range needed to reduce crouch (common limitation in spastic diplegia patients).	<ul style="list-style-type: none"> • Increase knee extension range (K2 - HOUND DOG knee extension brace). • Support the heel in this position by creating a heel lift with foam, duct tape or other appropriate materials. Or send to Cascade to add heel lift.
	Brace not set in enough dorsiflexion.	<ul style="list-style-type: none"> • If patient has range, recast/redo brace with increased dorsiflexion angle.

4.7 Other problems

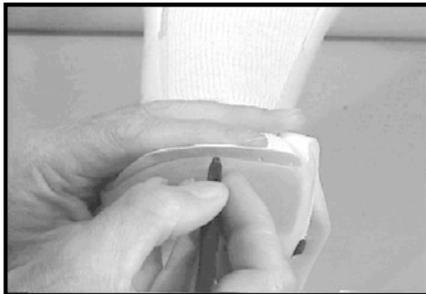
Internal rotation persists or worsens.	Correction of pronation, especially the everted forefoot, uncovers the pre-existing internal rotation.	<ul style="list-style-type: none">• Depending on extent and mobility, the rotation problem may reduce naturally.• Twister straps.• Strong rotational control devices generally not recommended for fear of harming soft tissue rather than correcting boney deformities.• Often not correctable with orthotic control.
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5.0 Making Basic DAFO Adjustments

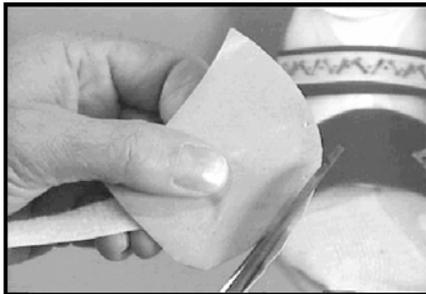
5.1 Positioning the Toe Pad



1. Slip the toe pad under the patient's toes and verify that the met heads are seated behind the toe pad ridge.



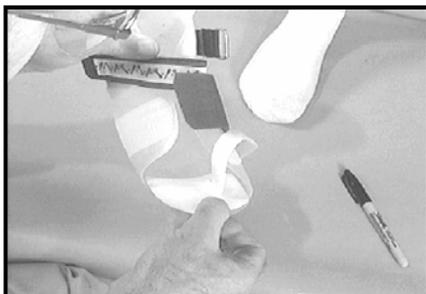
2. Mark the bottom of the toe pad along the front edge of the DAFO.



3. Trim the toe pad with scissors.



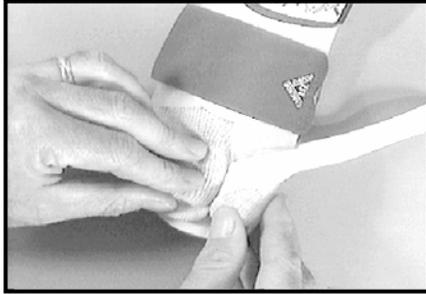
4. Reposition the toe pad on the DAFO and mark the position of the back of the toe rise on the bottom of the DAFO.



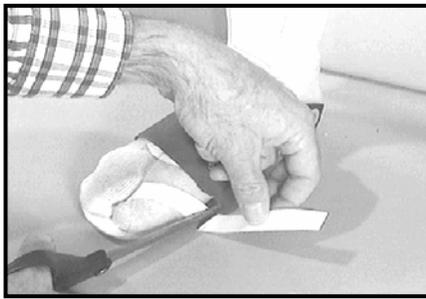
5. Peel the paper off the backside of the toe pad. Position the pad on the toe shelf, align the front edge of the toe pad with the front edge of the DAFO and the back edge with marks on the bottom of the brace. Press down to bond it into position.



6. If the toe pad includes a toe abduction strap, modifying a standard sock to allow full separation of the big toe is recommended.



7. After donning the brace, place the strap between the toes and wrap the strap over the toe and down along the side of the brace.

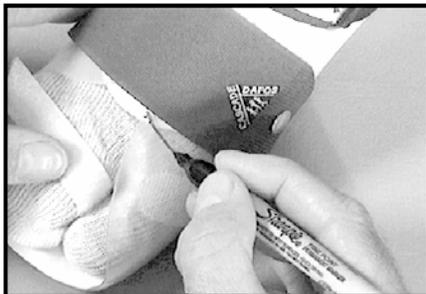


8. Trim the strap to the appropriate length.

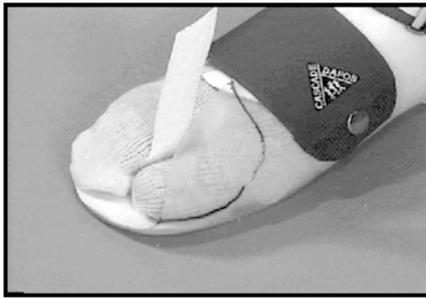
5.2 Adjusting distal trim lines



1. Mark the location of the desired trim lines on the lateral and medial sides of the DAFO.



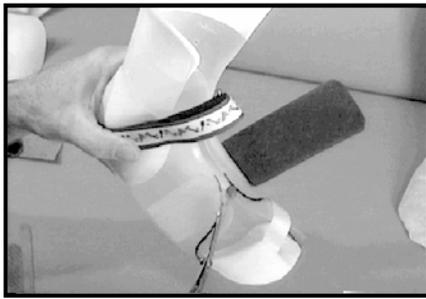
2. The "Flexible" toe shelf trim line begins just distal of the forefoot strap (on the dorsum) and proceeds to a point above the center of the met heads along the medial-lateral borders.



3. The transition down to the toe plate should have a fairly wide radius (wider medially than laterally) to prevent cracking of the plastic at the flex point.



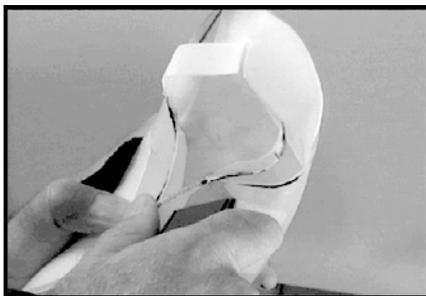
4. The trim line should blend into the toe shelf just distal of the sulci.



5. With a sturdy pair of scissors (like bandage scissors or EMT shears), trim away most of the excess plastic relatively close to the lines.



6. Heat the plastic with a heat gun (one side at a time). While the plastic is still warm, use a hooked blade in a utility knife (as used for cast removal) to cut the remaining plastic using a pulling motion.

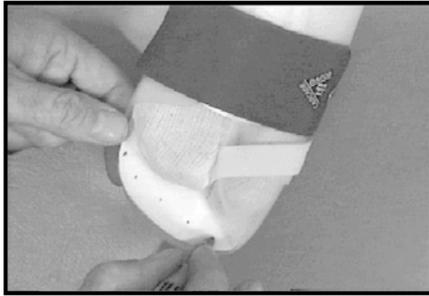


7. Go slow. Use your thumb to steady the motion. Stop and reposition your hand/thumb as necessary. If it seems too difficult, try reheating the plastic or use a sharper blade. Repeat the process on other side.



8. Adjust the trim lines and smooth-out any rough spots using the knife blade. Sand the edges using 120 grit sandpaper wrapped around a dowel rod (or an emery board). Clean the remaining ink lines with a light solvent

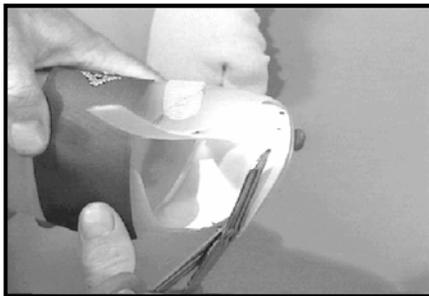
5.3 Trimming toe shelf length



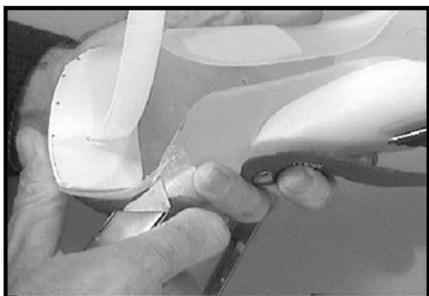
1. With the DAFO on the patient's foot, mark the end of the DAFO at the desired length.



2. Heat the DAFO plastic with a heat gun.



3. Using bandage scissors (or EMT shears), cut along the marks placed on the end of the DAFO.

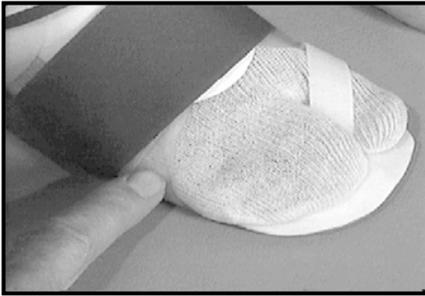


4. Using shears or a hooked blade in a utility knife, cut back the dorsal plastic (if required).

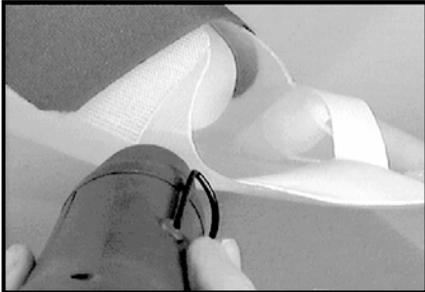


5. Smooth any rough spots by sanding with 120 grit sandpaper wrapped around a dowel (or an emery board).

5.4 Adjusting width at met heads



1. A tight trimline can lead to discomfort at the met heads and at the contact point of the trimline and toe.



2. Heat the area to be adjusted with a heat gun until the plastic begins to gloss and becomes (more) translucent.



3. Gently stretch the plastic out using a wooden dowel (or similarly shaped non-plastic object). Re-heat and repeat if necessary.

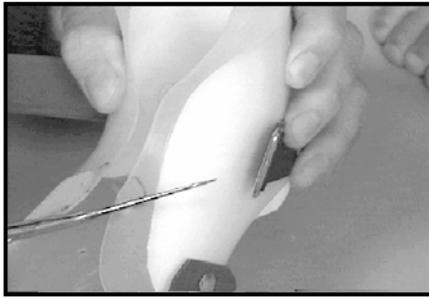
5.5 Adjusting dorsum and instep regions



1. Redness on the dorsum or instep regions indicates a common pressure point. If straps have not been over-tensioned and DAFO fit is good, the following minor adjustments may eliminate the discomfort.



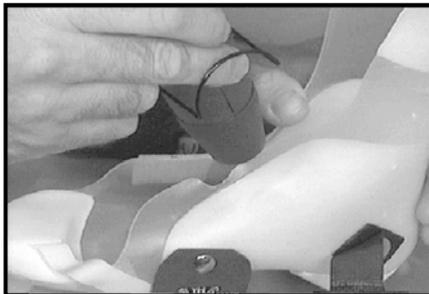
2. With the DAFO on the patient, locate and mark the area(s) on the DAFO adjacent to the irritated areas.



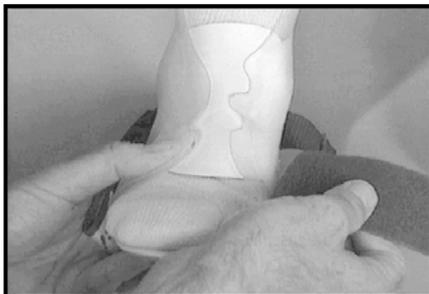
3a & 3b. Using bandage scissors or EMT shears, cut out a semi-circular portion of the dorsal edge of the DAFO on one or both sides.



4. Sand the cut plastic with 120 grit sandpaper wrapped around a dowel rod.

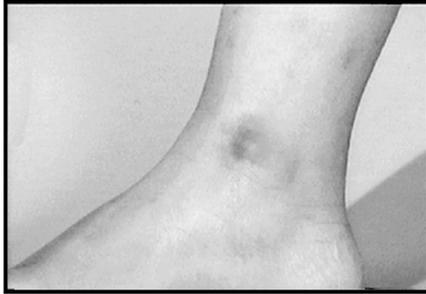


5. If the cut-out alone proves insufficient, or you believe more intervention is needed, heat the area with a heat gun and gently lift/stretch the plastic with your thumb or a wooden dowel. Careful with the heat ... the plastic is very thin in this region.

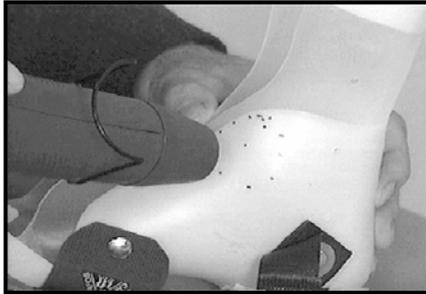


6. Additional cut-outs may be made, as in the instep region pictured.
NOTE: If after further wear, the irritation persists, contact our Technical Support staff for other possible causes and solutions

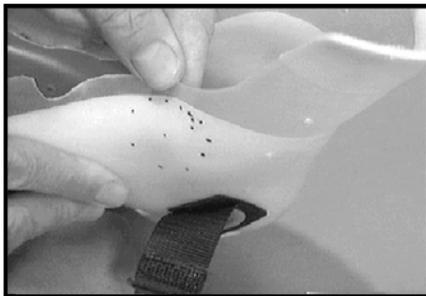
5.6 Adjusting volume at malleolus



1. The medial malleolus is a common pressure point that can become irritated. A minor volume adjustment can often eliminate the discomfort.



2. Heat the problem area with a heat gun. Move the heat gun in a circular motion so as to heat the area evenly (careful at the thin edges).



3. When the plastic becomes glossy, apply gentle but firm pressure on the back (padded) side, pulling outward on the plastic (away from the malleolus). A cloth may be used to grab the heated plastic. Reheat and repeat if required.

5.7 Adjusting volume at calcaneus



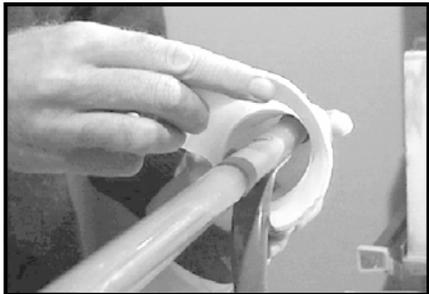
1. Redness at the lateral calcaneus indicates a common pressure point. If the irritation is caused by a too-tight condition, the following minor adjustment may eliminate the discomfort.



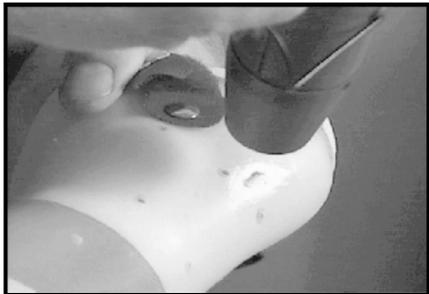
2. Place a small dab of lipstick on the irritated region. Place the patient's bare foot in the DAFO, seat the foot into the heel and gently flex / wiggle the foot in the brace. The lipstick will transfer to the padding in the area causing the irritation.



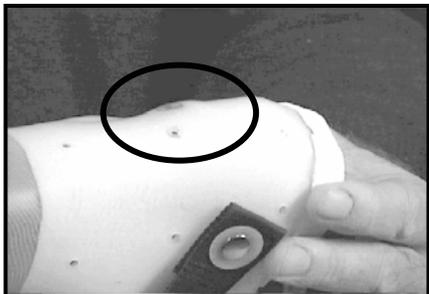
3. Carefully take the DAFO off of the patient. Place one finger on the lipstick mark. Locate and mark the adjacent region on the outside of the DAFO.



4. Position the DAFO over a firm rounded object (a folding chair leg in this case) with the rounded end of the object centered in the problem area of the DAFO.



5. Heat the area with a heat gun. Move the heat gun in a circular motion so as to heat the area evenly. When the plastic becomes glossy, apply firm downward pressure while gently rocking the DAFO. If the plastic is hot enough, you will see the DAFO shell deforming outward.

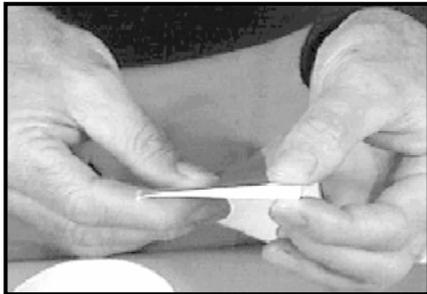


6. The amount of volume change required needs to be evaluated based on the bony prominence and the severity of the irritation. The example shown here is more of a volume change than is usually required. A very subtle change is often enough to relieve the discomfort and eliminate any redness

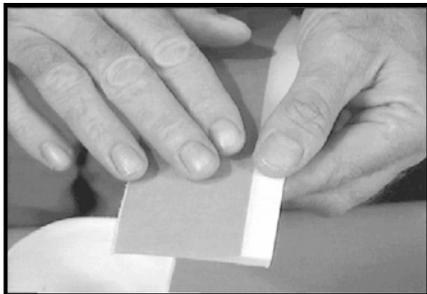
5.8 Increasing dorsiflexion with foam shim



1. Evaluate the patient's gait, including stance phase, while wearing the DAFO.



2. If an increase in the dorsiflexion angle is desired, a simple foam shim added to the cuff area may be sufficient.



3. The shim material is available from Cascade with "peel & stick" adhesive for ease of application.



4. To apply, first roughly estimate the required length and cut the shim material using scissors.



5. Center the shim in the cuff area of the DAFO and place a "center" mark on the top of the shim and the brace.



6. Peel the paper backing off of the shim pad, fold the non-adhesive ends together and position the shim against the cuff area, aligning the center marks. The adhesive on the shim should be no higher than the cuff pad.



7. With your fingers, press and smooth the upper portion of the shim into position. If the alignment is off, gently pull the shim away and reposition. Smooth out any wrinkle in the lower portion of the shim with your fingers.



8. Trim the excess material along the front side with the scissors. Up to two shims may be layered to achieve optimal position.