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Introduction to orthotics

Main goal

•The student has a general knowledge of the role, function and application of orthoses

•The student can describe and assess gait deviations through the functional classification proposed by Perry model

•The student can explain the effectiveness of an orthosis on the basis of biomechanical principles

•The student can distinguish a pathological gait from a normal gait and also give an indication of the type of orthosis that can load to optimization of the gait pattern.









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Chapter 1 : Background

Orthoses - Definition

•Orthosis = mechanical device that is attached to a limb for the purpose of influencing anatomical or physical properties

•Orthosis = externally worn device for support, compensation, immobilization, correction, stabilization and/or relief

•Orthosis = splint = brace

•Orthotic = splint = brace

•Bracket = brace: usually has a moving part

•Splint= splint: no moving part





General objectives of an orthosis

•Clinical purpose of the orthosis = preventive - protect - optimize function

• Limiting future deformities/contractures/movements

•Correcting tissues and/or muscles

• Preventing/limiting unwanted movements

• Provide protection/support to weak muscles-tissues-joints





General objectives of an orthosis

• Manage abnormalities due to abnormal muscle tension

• Improving the patient's quality of life

•Reduce pain/edema

• Facilitate/allow/enhance normal movements

• Promote Healing

•Offload proximal or distal joints





Clinical objective => functional perspective

- •Discuss your objective with the patient:
- Depends on the mobility of the joints
- Stability of your patients
- Desired load redistribution





Objective of an orthosis during walking

- Support or take over the function of a body part
- Supporting (too) weak muscle function (e.g. drop foot)
- Assistance: springs
- Immobilisation/limitation of movement (e.g. after ACL rupture)
- Relief (e.g. fracture)
- Prevent or improve joint abnormalities
- Correcting unwanted joint positions or movements (e.g. pointed foot)
- Prevention of unwanted joint positions or movements (e.g. contra-









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Chapter 2: Classification of orthoses

•According to:

- Material
- Manufacturing mode
- Static vs. Dynamic orthoses
- Function
- Anatomical location- Fixation on the musculoskeletal system





Elastic materials (lycra, neoprene, orthoprene...)

•According to material :

- Leather
- Metal
- Thermoplastic material
- Carbon Fiber
- Reinforced Plastic
- Carbon



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According to manufacturing mode:

- Customized
- 'Interface' component (part in contact with the skin)
- 'Articulating' component (joint)
- 'Structural' component
- 'Cosmetic' component
- Prefabricated (possible to make small adjustments in order to match it with the patients' geometry)
- Immediate fitting (made directly onto the patient)





•According to the function :

- Prevention-Protection
- Correct Positioning
- Rest
- Functional
- Exercises





•Static VS dynamic:

- Static
- Provide support (e.g. in presence of skin burns, skin grafts)
- Stabilise (To support/facilitate motion in other joints)
- > Immobilise
- Prevent development of deformities (e.g. equinus)
- Postoperative support in order to maintain correction
- Decrease muscle tone







Static vs Dynamic

Static orthoses



http://www.ongoingcare.com/



https://www.orfit.com



https://www.capital-medical.com





- •Static VS dynamic:
- Dynamic orthoses
- > To support motor function
- *External power: e.g. suspension system*
- Internal power: e.g. initiate movement by acting on another segment
- OL gait orthoses





•Static vs Dynamic

Dynamic orthoses



http://bme240.eng.uci.edu



https://musculoskeletalkey.com/





- •Common international nomenclature: according to the anatomical location/fixation
- FO (foot orthosis)
- ✤ AO (ankle orthosis)
- ✤ AFO (ankle-foot orthosis)
- ✤ KO (knee orthosis)
- KAFO (knee-ankle-foot orthosis)
- HKAFO (hip-knee-ankle-foot orthosis)
- ✤ HO (hip orthosis)







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