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LET US

PRESENT

*kiddie*flow™

The same unique features as
KiddieGAIT® & KiddieROCKER® but
with **INCREASED FLEXIBILITY!**

kiddieflow™

Introducing KiddieFlow™ the latest addition to the Allard range of paediatric Carbon Fibre ankle foot orthoses (AFO).

In response to the requests received from clinicians for more flexibility within the paediatric range, we have developed an AFO with increased flexibility within the footplate. The increased flexibility assists the ankle into dorsiflexion, and assists with control of foot positioning, which aids stability and allows increased range of motion in stance. The AFO then encourages push-off and gives dorsiflexion assistance at the swing phase of gait.

KiddieFlow™ bridges the gap between Functional Foot Orthotic (FFO) or Supra Malleolar Orthotics (SMO) and our KiddieGait® and KiddieRocker®.

If increased anterior/posterior and increased medial/lateral control is required, you can combine either an FFO or an SMO to KiddieFLOW®, KiddieGAIT®, and KiddieROCKER®.

The task of choosing the right orthosis combination for your patient should always be based on established evaluation tools, such as: gait analysis, ROM testing, Manual Muscle Testing or other recognized measures. Our chart and the theories outlined below can also support you in the selection of the most appropriate device for your patient.

A study* published in 2019 in the Journal of Paediatric Rehabilitation Medicine showed improvement in swing phase and initial contact and midstance for patients presenting with unilateral spastic Cerebral Palsy wearing KiddieGAIT® compared to them wearing shoes alone, and barefoot.

*Efficacy of prefabricated carbon-composite AFO for children with unilateral spastic Cerebral palsy exhibiting a drop foot pattern" Journal of Pediatric Rehabilitation Medicine: An Interdisciplinary Approach 12 (2019) 171-180 171

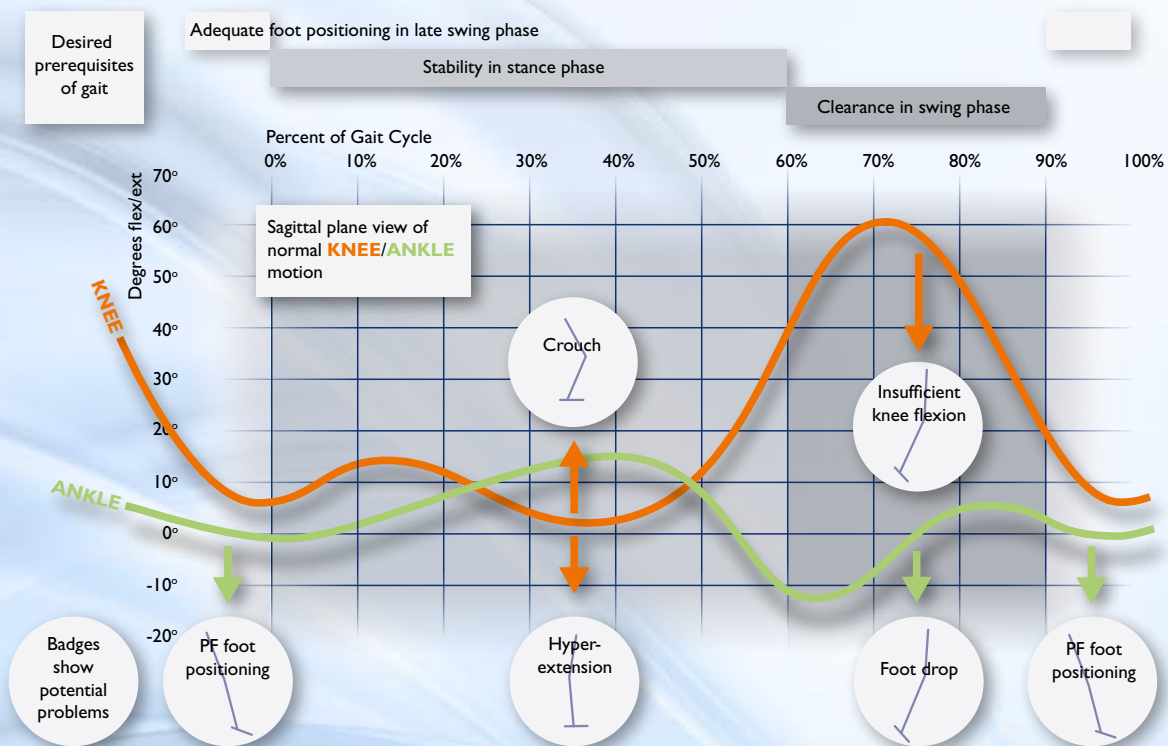


- ✓ By analysing the patient's gait pattern and any deviations that may be present, you will have a more comprehensive idea of the most appropriate orthosis combination to select for the best clinical outcome.
- ✓ For excessive pronation or supination an FFO or SMO can be combined with our AFO's to achieve increased M/L control
- ✓ As the need for A/P control increases, progressively more rigidity is usually also needed. Our KiddieFLOW®, with FFO's or SMOs, or KiddieGAIT® and KiddieROCKER® orthoses, with or without FFO's or SMOs, may provide adequate compensation for most patients.
- ✓ It is necessary to perform a repeated evaluation that includes a gait analysis while the patient is wearing the chosen orthoses combination to ascertain improvement in function.
- ✓ For the most severe cases of gait deviations, that include an increasing degree of spasticity and more complex gait deviations, an orthosis with more rigidity should be considered.



The gait cycle is often presented in a sagittal plane view, showing the knee and ankle kinematics. Looking at the last 10% of the swing phase before initial contact allows us to see the importance of foot positioning at the late swing phase

- In stance, knee flexion (crouch) or hyperextension affects stability.
- In swing, impaired knee flexion and/or ankle dorsiflexion affects adequate clearance.



Dr. Jacqueline Perry described four prerequisites of normal gait in her seminal work¹: stability in stance phase, clearance during swing phase, appropriate foot positioning during terminal swing for the next gait cycle, and adequate step length.

Dr. James R Gage et al² added energy conservation as the fifth prerequisite of normal gait.

These are the signs to look for in observational gait analysis.

1. Perry J (ed): Gait Analysis: Normal and Pathological Function. Thorofare, NJ: SLACK, Inc, 1992.

2. Gage JR, DeLuca PA, Renshaw TS: Gait analysis: Principles and applications with emphasis on its use in cerebral palsy. J Bone Joint Surg Am 1995; 77:1607-1623.



INTENDED USE

KiddieFLOW™ is intended to support the foot/ankle complex in a more functional posture while allowing more normal ROM during the developmental years.

INDICATIONS

KiddieFLOW™ is designed to support footdrop, gait deviations secondary to proprioceptive deficit (either unstable or low-tone gait) or toe-walking with no midfoot collapse. Potential conditions include Cerebral Palsy and Muscular Dystrophy.

CONTRAINDICATIONS

KiddieFLOW™ should not be used when patients present with:

- Limited ROM towards dorsiflexion (need at least 5° dorsiflexion past neutral)
- Very rigid foot structure
- Quadriceps spasticity
- Excessive postural Genu Valgum or Genu Varum
- Fixed/ non correctable postural Pes Valgus or Pes Varus
- Crouch gait

In addition to the information above, we refer to the printed Allard AFO Professional Instructions and Patient/User Instruction” added in the bag with the product.

KiddieFLOW™ complete with straps

Item No.	Size	Left/Right	Footplate Length	Height
28891 1011	Small	Left	160 mm	220 mm
28891 1012	Medium	Left	180 mm	257 mm
28891 1013	Large	Left	200 mm	295 mm
28891 1014	X-Large	Left	210 mm	315 mm
28891 2011	Small	Right	160 mm	220 mm
28891 2012	Medium	Right	180 mm	257 mm
28891 2013	Large	Right	200 mm	295 mm
28891 2014	X-Large	Right	210 mm	315 mm

KiddieGAIT® SoftKIT™ (28378) and ComfortKIT™ (28418) are also compatible with KiddieFLOW™

KiddieFLOW™ Trial Brace/Gait Assessment kit

Item No.	Size	Left/Right	Footplate Length	Height
28894 1011	Small	Left	160 mm	220 mm
28894 1012	Medium	Left	180 mm	257 mm
28894 1013	Large	Left	200 mm	295 mm
28894 1014	X-Large	Left	210 mm	315 mm
28894 2011	Small	Right	160 mm	220 mm
28894 2012	Medium	Right	180 mm	257 mm
28894 2013	Large	Right	200 mm	295 mm
28894 2014	X-Large	Right	210 mm	315 mm
28896 0000	Left/Right, Small - Large			

Support for Better Life!

