

allard|AFO

# PATIENT

## INSTRUCTIONS



To learn why Allard USA is the world leader in carbon composite AFOs visit [AllardAFO.com](http://AllardAFO.com)

**Patent no.:**

Ypsilon®, Ypsilon®FLOW: GE60208889.5,  
GB1379201, IT1379201, US6887213 ©

**Single Patient Use**

Because professional customization is required, a prescription is required for Allard AFOs. The product must be fitted by or under the supervision of a certified Prosthetist or Orthotist.

## CAREFULLY READ THESE INSTRUCTIONS BEFORE USE!

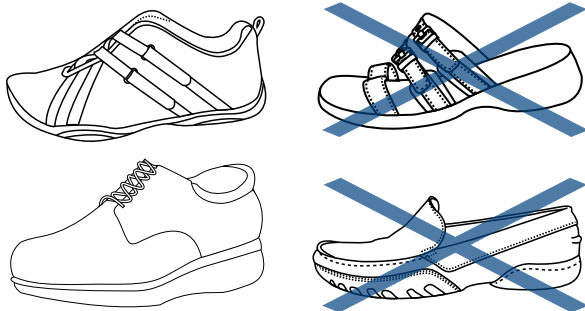
### INTENDED USE

Allard AFOs are intended to support a foot with impaired ability to actively dorsiflex, to provide support while standing, and to assist when the ability to push-off is reduced.

Your fitter has selected an Allard AFO product, the original and highest quality carbon composite AFO available, to meet your specific needs. Carbon composites offer durability and decreased weight and bulk as

compared to traditional braces. The unique characteristics of this material requires careful attention to maintain the life of the brace. Failure to follow the enclosed guidelines may result in decreased function or damage to the orthosis and may void the warranty. Your orthosis comes with a one year warranty. The warranty registration must be completed and submitted by your orthotist. You may want to request a copy of the completed warranty for your records.

### SHOES AND SOCKS



The thinness of the carbon composites allows the orthosis to fit into most standard shoes without having to increase shoe size. However, a shoe with good support is important. Sandals and loafers, for example, do not offer good support and are not recommended to be worn with your Allard AFO. **Never wear your Allard AFO without shoes.**

A shoe that provides good support to the sides of your foot and the heel will hold your orthosis in proper position to provide the best possible support for your foot and ankle. A rocker toe will assist in a smooth rollover as you walk. Your orthotist fit your orthosis based on the heel height of the shoe you were wearing at the time of your fitting. Talk with your orthotist before selecting shoes that have significantly different heel heights.

There should always be some type of interface between your foot and the footplate. Your orthotist may have placed an insole or custom footbed on top of the footplate. If not, ask your orthotist for a recommendation of what type interface will be best for you.

Each brace should also always have an interface between the front of the brace and the leg. Tall cotton socks are suggested for increased comfort. They also keep the brace padding protected from perspiration and soiling.

### PUTTING ON YOUR ORTHOSIS



Place your brace into the shoe.

Slide your foot into the shoe. If the shoe has shoestrings – tie snugly. Secure the straps on the brace around your leg.

### TAKING OFF YOUR ORTHOSIS



Pull from front to back to release the straps.

Slide hand under orthosis and pull up to remove from shoe.

### ADAPTING TO YOUR NEW BRACE

Follow the fitter/prescriber's recommendations for gradually increasing wearing time to help become accustomed to your new brace.

### SKIN MONITORING

Check the condition of your lower leg and foot daily, especially if you are suffering from loss of sensation on your lower leg. In the case of skin irritation or discoloration, discontinue use immediately and contact your fitter/prescriber immediately. If your ability to monitor your foot and leg is reduced, ask for assistance.

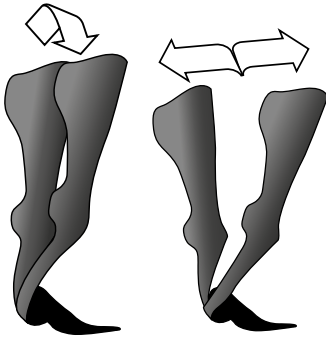
### CLEANING

It is recommended to wash liners and straps approximately twice per week. Follow washing instructions on liner. Remember to re-attach the liner/straps to the brace. Extra sets of straps/liners may be purchased from your fitter in order to decrease laundering frequency. The brace can be gently cleaned with mild soap and water.

### DRIVING

Consult your fitter/prescriber regarding any driving limitations.

## ACTIVITIES OF DAILY LIVING



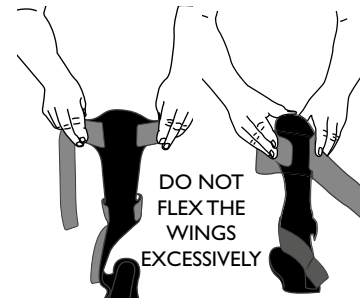
Normal

Excessive

Your orthosis is designed to allow for a normal range of motion while walking. Excessive bending forward, backward or sideways may accelerate wear and tear of your orthosis.

If your straps do not have D-Rings, **ONLY** pull from front to back to release the straps.

The wings are made flexible for comfort. Try not to flex the wings back and forth.

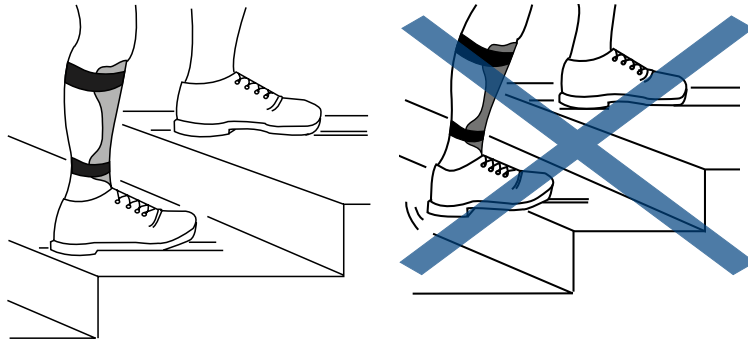


### STAIRS

Place **ENTIRE** foot on step, rather than just the forefoot .

### LADDERS

Place center of foot on ladder rung to minimize weight bearing on forefoot alone.



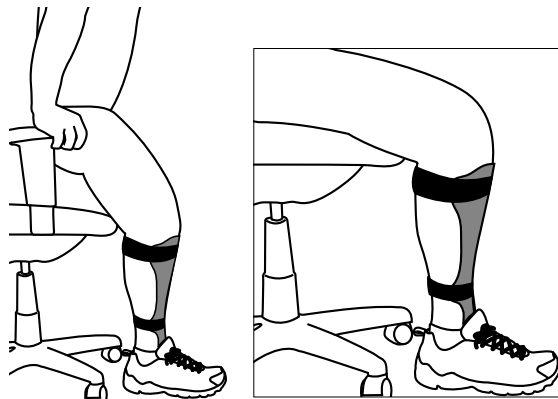
### SQUATTING

Squatting will significantly increase the stress on the brace and increase the risk of causing damage to the brace.



### SIT TO STAND

Feet should be placed flat on floor prior to transitioning to an upright position. Use arms of chair to help push yourself up or use stationary item for assistance to pull upward. Similar transitioning should take place from any seated location including car, chair or toilet.



### MAINTENANCE

Inspect the brace daily. If you notice any sign of damage, wear or change in the performance of the device discontinue use immediately and report it to the fitter. If your ability to monitor the brace is reduced, ask for assistance.

### STORAGE

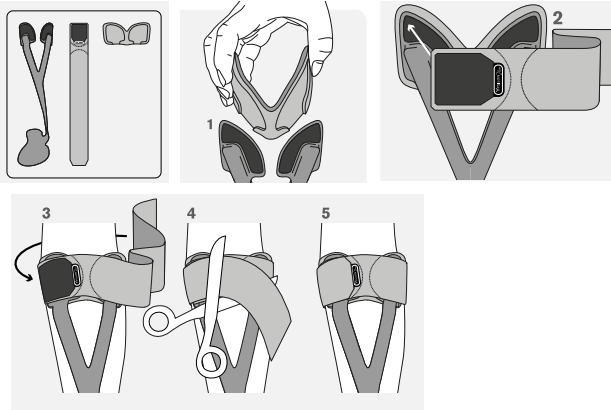
Take care not to leave your brace lying down to reduce possibility of someone stepping on or sitting on it. Do not expose your brace to temperature extremes. (Don't store in the car trunk on summer days or leave outdoors during freezing temperatures).

### DISPOSAL

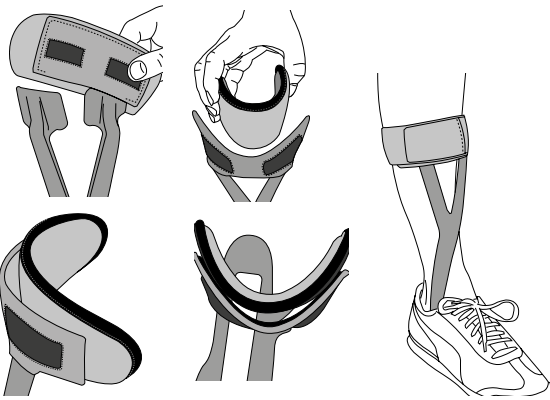
The product must be disposed of in accordance with relevant national and local laws and regulations. If the product may have been exposed to infectious substances or bacteria, the product should be destroyed according to relevant national and local laws and regulations covering disposal of contaminated materials.

# STRAP APPLICATION

## Ypsilon®FLOW



## Ypsilon®



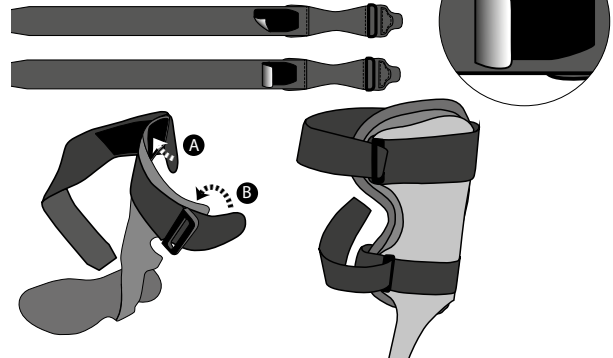
I have reviewed and understand these instructions.

\_\_\_\_\_  
Patient Name (Print)

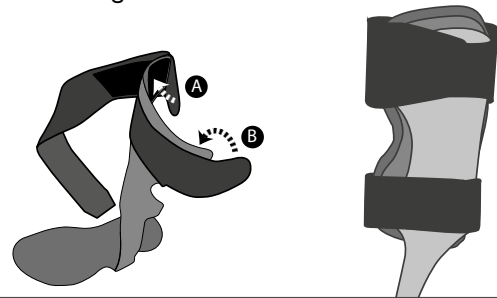
\_\_\_\_\_  
If minor or patient is unable to write: Caregiver, Guardian, or Parent Name

\_\_\_\_\_  
Signature (Patient, Caregiver, Guardian, or Parent)      Date \_\_\_\_\_

## ToeOFF®2.0/BlueROCKER®2.0 with D-ring



## ToeOFF®2.0/BlueROCKER®2.0 without D-ring



## ToeOFF® & BlueROCKER®



Your Allard AFO was fitted by: \_\_\_\_\_

**ATTENTION ORTHOTIST OR PROSTHETIST:** Make a copy of these instructions for your records and give original to patient.

