

allard|USA



kiddieflow™

A more
FLEXIBLE SOLUTION

With the same unique features as
KiddieGAIT® & KiddieROCKER®!

kiddieflow™

Allard USA has extended the pediatric AFO line with KiddieFLOW™ in response to clinician requests for an orthosis with more foot plate flexibility. KiddieFLOW™ bridges the gap between insoles/SMOs and our current KiddieGAIT® and KiddieROCKER®.

KiddieFLOW™ allows for better control of foot positioning in late swing which, in turn, aids stability during stance. It also gives dorsiflexion assistance in the swing phase, while allowing for more range of motion in stance phase.

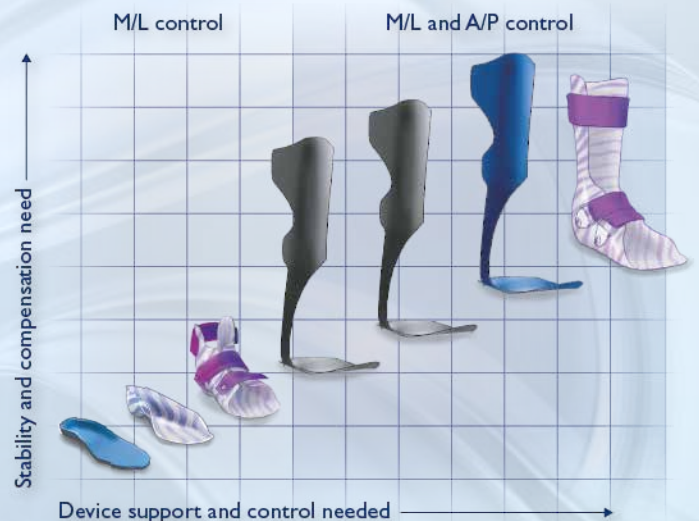
For combinations of increased A/P and M/L control, KiddieFLOW™, in addition to, our current KiddieAFOs can also be combined with insoles or SMOs.

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 charts and the theories outlined here 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.

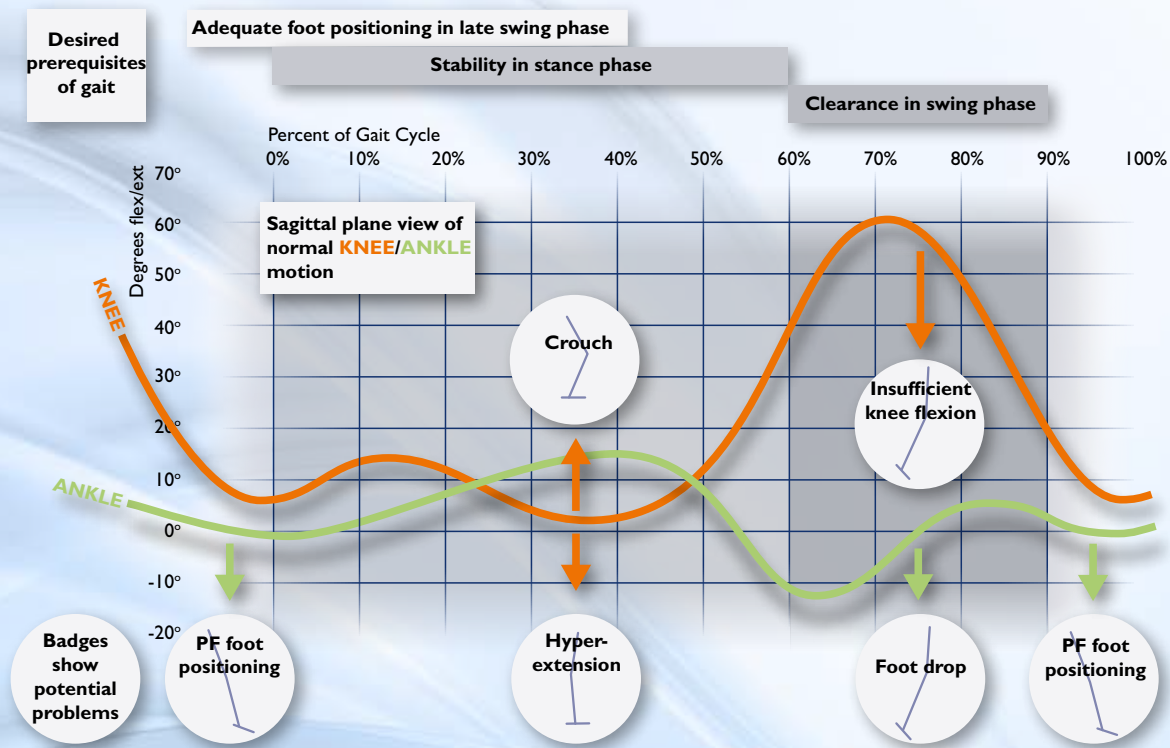
**Efficacy of prefabricated carbon-composite AFO for children with unilateral spastic Cerebral palsy exhibiting a drop foot pattern"Journal of Pediatric Rehabilitation Medicine:An Interdisciplinary Approach 12 (2019) 171-180 171*

- ✓ By analyzing what gait deviations may be present, you will have a more comprehensive analysis for the appropriate orthosis combination selection. This will provide the best clinical outcomes for your patient.
- ✓ M/L control, as needed for excessive pronation or supination, can be achieved with insoles or SMOs.
- ✓ As the need for A/P control increases, a progressively stiffer orthosis is usually also needed. Our KiddieFLOW, -GAIT and -ROCKER orthoses, in combination with insoles or SMOs, 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, that include an increasing degree of spasticity and more complex gait deviations, a more rigid orthosis should be considered.



The gait cycle is most often presented in a sagittal plane view, showing the knee and ankle kinematics. However, including the last 10% of the swing phase before initial contact allows us to see more clearly the importance of foot positioning in 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™ KiddieGAIT® and KiddieROCKER® (all models) are intended to support the foot/ankle complex in a more functional posture while allowing more normal ROM.

INDICATIONS

KiddieFLOW™, KiddieGAIT® and KiddieROCKER® (all models) are designed to support foot drop, gait deviations secondary to proprioceptive deficit (either unstable or low-tone gait), toe-walking with no midfoot collapse, low tone crouch gait* in conditions such as Spina Bifida, Cerebral Palsy, Muscular Dystrophy.

**KiddieFLOW™ should not be selected for children present with crouch gait.*

Read more about Indications and Contraindications in Allard AFO Professional Instructions.

KiddieFLOW™ complete with straps

Item No. With D-ring	Size	Left/Right	Footplate Length	Height
28892 1011	Small	Left	6 1/4"	8 5/8"
28892 1012	Medium	Left	7 1/16"	10 1/8"
28892 1013	Large	Left	7 7/8"	11 5/8"
28892 1014	X-Large	Left	8 1/4"	12 3/8"
28892 2011	Small	Right	6 1/4"	8 5/8"
28892 2012	Medium	Right	7 1/16"	10 1/8"
28892 2013	Large	Right	7 7/8"	11 5/8"
28892 2014	X-Large	Right	8 1/4"	12 3/8"

SoftKIT™ (28378) and ComfortKIT™ (28418) also fit KiddieFLOW™

KiddieFLOW™ Trial Brace/Gait Assessment kit

Item No. With D-ring	Size	Left/Right	Footplate Length	Height
28895 1011	Small	Left	6 1/4"	8 5/8"
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28895 2014	X-Large	Right	8 1/4"	12 3/8"
28897 0000	Left & Right, Small - Large			



Support for Better Life!