

## 1. Weight-Bearing Pain Evaluation

Does the patient experience pain in the foot/ankle during weight bearing?

Use a PTB (patella tendon bearing) design to offload the foot/ankle.

YES

NO

An Anterior shell design should appropriately address the patient's functional needs.

## 2. Dorsiflexion Limitation Assessment

Is dorsiflexion limited (due to pain or joint stiffness)?

- Measure the maximum dorsiflexion angle prior to pain onset.
- Increase the heel height on the casting board until the desired alignment is achieved, ensuring at least 3° of additional pain-free ROM beyond that alignment.

YES

NO

Ensure the cast captures the correct alignment in all three planes that the patient requires.

## 3. Alignment & Stability Check

Is the foot/ankle alignment correct and stable during weight bearing?

No additional corrective measures are needed.

YES

NO

Determine which corrective measures are required, such as:

- Adjusting heel height further,
- Adding medial/lateral (M/L) postings,
- Using corrective strapping or flanges.

## 4. Forefoot Function / Toe Extension Tolerance

Can the patient tolerate full extension of the toes at the MTP joints and require a heel height of less than 3/4"?

An integrated rocker can be built into the brace.

YES

NO

The heel height and rocker must be built into the shoe/footwear.

## 5. PDE Spring Category Determination

Does the patient have persistent pain (requiring more support) or are they pain-free (able to tolerate more ROM)?

Patients experiencing pain typically require a higher category spring. (Cat 4-5)

YES

NO

Patients not experiencing pain typically do well with a lower category. (Cat 2-3).

## 6. RevoFit Dial Placement

### Posterior-Lateral

Ideal for activities which prohibit medial placement (i.e. horseback riding, motorcycle riding). May prohibit sitting with legs crossed.

### Posterior - Center

Default position. Located just proximal to the spring (space-permitted).

### Posterior-Medial

Carefully consider the activities that the patient partakes in to avoid interference by the dial. Not recommended for individuals with excessive genu valgum.

