In adults on bed rest with a foot drop due to traumatic spinal cord injury does a timed application of a Passive Ankle - Foot Orthosis (PAFO) prevent adaptive shortening of gastrocnemius in comparison to daily passive stretching undertaken by a healthcare professional?

Clinical Bottom Line

No literature was found on the use of a Passive Ankle-Foot Orthosis (PAFO) in the use on patients on bed rest with a foot drop following acute spinal cord injury to answer this specific question.

Criteria for Critically Appraised Topic

Population:	Male or female adults – 18 years or over Patients on bed rest with a foot drop following acute spinal cord injury/ compression / spinal surgery.
Exclusions:	Children, spasticity, diabetic neuropathy
Intervention:	A timed application of PAFO
Comparison:	No PAFO Daily passive stretching undertaken by a healthcare professional
Primary Outcome:	Prevention of adaptive shortening / contracture of Gastrocnemius muscle.
Secondary outcomes:	Cost effectiveness Recovery of function

Databases Searched: Cochrane, Pedro, Medline, Amed, Cinahl, Embase, Rehabdata, OTseeker, NELH, Professional websites, Clinical Guidelines, NICE

Types of study included: Systematic Reviews, RCTs, English language

Time Frame: Past 10 years: 2000-2010

Search terms:

Acute spinal cord injury, acute spinal cord compression, spinal injury, Head injury, post-operative spinal surgery, Cerebrovascular accident (CVA), head injury stroke, foot drop, bed rest, immobilisation, non-ambulatory/ nonambulant, passive ankle-foot orthosis, (PAFO) ankle-foot orthosis, foot orthosis, and passive stretches.

Available Evidence:

Database Searched (Specific to CAT)	Number of abstracts	Number of Relevant Abstracts
Amed	0	0
Embase	4	0
Cinahl	0	0
Clinical Guidelines	2	0
Cochrane	0	0
Medline	1	0
OTseeker	2	0
Rehabdata	5	0
Total	14	0

Results:

No articles were found to answer this specific question.

The search was opened up to include adults following a stroke (CVA) or head injury. Articles found were for the use of ankle-foot orthosis for adults during gait and were not appropriate to answer the clinical question.

Implications for practice:

There was no evidence available to support or not support the use of PAFO to prevent contracture of gastrocnemius in comparison to daily passive stretching.