

### SpringStep AFO Selection Guide

| Series                                   | AFO Flexibility  | Gait Deviation   | Functional Application   | Comments  |
|--|------------------|--|--|---|
| <b>SpringStep Lite<br/>100 Series</b>    | Xtra-Lite<br>100 | <ul style="list-style-type: none"> <li>-Foot drop</li> <li>-Mild ataxia</li> <li>-Mild instability in stance</li> <li>-Poor toe clearance</li> </ul>   | <ul style="list-style-type: none"> <li>-Mild hemiplegia</li> <li>-Early intervention</li> <li>-Mild weakness</li> <li>-Hypotonia</li> </ul>  | <ul style="list-style-type: none"> <li>-100 Series provides unrestricted ankle movement in stance and clearance in swing</li> <li>-Xtra-Lite is most flexible and does not provide stance control</li> </ul>  |
|  | Lite<br>150      | <ul style="list-style-type: none"> <li>-Toe or flat foot initial contact</li> <li>-Circumduction</li> <li>-Limited push-off</li> <li>-Ankle instability</li> </ul>   | <ul style="list-style-type: none"> <li>-Fatigue (low endurance)</li> <li>-Frequent tripping</li> <li>-Swing phase deviation with good control in stance</li> </ul>   | <ul style="list-style-type: none"> <li>-Lite is slightly more supportive than the Xtra-lite and will provide minimal stance control</li> <li>-Flexible toe-plate enhances push-off in 100 series</li> </ul>   |
| <b>SpringStep Classic<br/>200 Series</b> | Classic<br>200   | <ul style="list-style-type: none"> <li>-Mild knee hyperextension</li> <li>-Mild tibial collapse (knee flexion)</li> <li>-Foot drop with mild knee instability</li> <li>-Mild to moderate equinus</li> <li>-Ataxia</li> <li>-Knee instability in stance</li> <li>-Limited push-off</li> <li>-Jump Gait</li> </ul> | <ul style="list-style-type: none"> <li>-Assist DF and PF</li> <li>-Mild hypertonicity</li> <li>-Diplegia</li> <li>-Hemiplegia</li> <li>-Early intervention</li> <li>-Frequent tripping</li> <li>-Tibial collapse</li> <li>-Improve push-off</li> </ul> | <ul style="list-style-type: none"> <li>-Applicable to the majority of children with mild to moderate impairments in gait</li> <li>-Encourages/supports eccentric and concentric gastroc-soleus muscle action throughout gait cycle</li> <li>-Flexible toe-plate enhances push-off</li> <li>-Provides support during mid-stance to allow tibial advancement without fear of collapse</li> </ul>                          |
| <b>SpringStep Support<br/>300 Series</b> | Support<br>300   | <ul style="list-style-type: none"> <li>-Moderate knee hyperextension</li> <li>-Significant Weakness</li> <li>-Increased knee flexion in stance</li> <li>-Increased DF in stance</li> <li>-Mild Crouch*(young children only)*</li> </ul>  | <ul style="list-style-type: none"> <li>-Poor knee control</li> <li>-Weakness</li> <li>- Hemiplegia</li> <li>- Diplegia</li> <li>- Moderate hyper tonicity</li> </ul>   | <ul style="list-style-type: none"> <li>-Support (300) will resist PF and DF while allowing some motion in each direction</li> <li>- Toe plate remains flexible</li> <li>- Increased support to resist knee hyperextension or tibial collapse in mid-stance</li> <li>*Applicable for crouch gait only if posture is fully correctable in standing</li> <li>*Specify AFO in 0-5 degrees of PF to resist crouch</li> </ul> |

SpringStep AFOs are not applicable to control deformity, significant varus/valgus / rotation malalignment, severe hypertonicity or severe crouch. Our AFOs are most useful for children who can benefit from energy storing properties, dynamic ankle movement and/or have the potential to strengthen ankle musculature when given appropriate controlled mobility. At least 90 degrees of DF (with foot in neutral position) is necessary to maximize benefit of SpringStep AFO's.

DF=Dorsiflexion, PF = Plantarflexion

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