ASSOCIATE CLIMICAL PROFESSOR FINAR PEDIATRIENERS ON INDIVISION OF THE PROPERTY OF UNIVERSITY OF MISSOURI HEALTHOARE



WHY DO KIDS NEED ORTHOTICS

The 3 P's

Protect

Promote

fxal ability

normal positioning

Prevent

future complications

AREAS FREQUENTLY BRACED IN KIDS

Head

Neck

Back/trunk

Upper Extremities- elbows, wrist, fingers, thumb

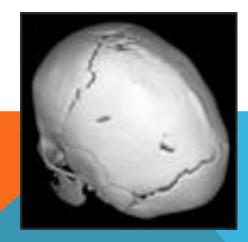
Lower Extremities- hips, knees, ankles, feet

HELMETS











NECK









TRUNK AND BACK









UPPER EXTREMITY













LOWER EXTREMITY

















PEDIATRIC BRACING

PROBLEMS

Plagiocephaly or

craniosynostosis

Torticollis

Hypotonia

Hypertonia

Lack of sensation

DIAGNOSIS EXAMPLES

Cerebral Palsy

Spina bifida

Muscular Dystrophies

Clubfoot

Spinal Cord Injury

PROBLEMS

Not always cooperative

Afraid of provider or equipment
 sure step fitting vs Dafo SMO

Have less surface area of body part to brace

They are growing! Need frequent adjustments
 rotation deformities
 worsening contractures
 outgrow them sooner

Calcaneal valgus





Cavus foot



Hallux valgus



Clubfoot

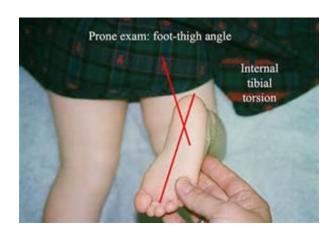


External tibial torsion

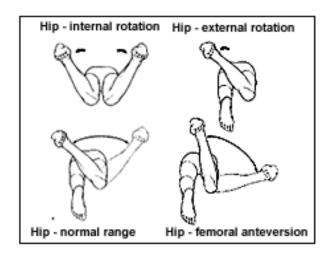




Interbal tibial torsion



Femoral anteversion







Genu valgum



Genu Varum



PEDIATRIC BRACING

Know What you can fix....

and

What you CANT

And what it cost

DR EMERSON PEARL

Dr Ed Wright made me walk up and down ramps for about 20 min until I got this!

Plantar flexion, Knee extension couple

-important in AFOs

Simply....

Flexion follows flexion!

Excessive DF leads to knee flexion and hip flexion

PF contracture leads to knee hyperextension (recurvatum)

your angle will affect knee stability and crouch

FINAL THOUGHTS

Toddlers with hemiparesis usually need both feet braced

Don't forget floor mobility in young children

Necessary brace may be too heavy developmentally

Consider donning and doffing

CMT

car rides/sitting

Consider what plane or planes you are bracing

Use least restrictive brace