Fantini Pagani, C. H., Willwacher, S., Benker, R., Brüggemann, G.-P.

German Sport University Cologne, Germany.

Effect of an ankle-foot orthosis on knee joint mechanics: A novel conservative treatment for knee osteoarthritis

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Products		4	lgilium	Freestep)			
Major Findings	With Agilium Freestep: → Static measurements → knee lever arm in the frontal plane decreased → knee angle in the frontal plane decreased							
							ed	
			> Dynaı → kne → kne	mic meas e adduct e adduct	urements ion mome ion angula	nt decreas ir impulse	sed decreased	I
	Kr	iee ac	ductio	n momer	nt (KAM, fi	rst peak)		
		0,68						
		0,66						
		0.64						■ Baseline
	kg]	0,04						Laterally wedged insoles
	~							1130103
	[/m/]	0,62						■ AFO varus
	ment [Nm/	0,62 0,6						AFO varus
	n moment [Nm/I	0,62 0,6						 AFO varus AFO neutral AFO valgus
	mean moment [Nm/I	0,62 0,6 0,58	······					 AFO varus AFO neutral AFO valgus
	mean moment [Nm/l	0,62 0,6 0,58 0,56	······					 AFO varus AFO neutral AFO valgus

Population

Subjects: Mean age: Gender: Inclusion criteria: 14 healthy subjects 24.0 \pm 4.8 years

- all male
- varus knee alignment
- absence of pain
- no previous injuries of the lower extremity
- at least 50mm intercondylar distance

Study Design

Controlled laboratory study, repeated measurements, randomized, blinded:



Results

Functions and Activ	ities						Participat	ion	
Biomechanics – Static measures	Biomechanics Gait analysis	i – X-Ray	EMG	Function		Clinical effects	Satisfact		
Category		Outcomes		Results for A condition "wi	gilium F ithout o	Freestep comp rthosis"	ared to	Sig.*	
Biomechanics – Static measure		Knee lever arm in the frontal plane (knee lever arm = distance between knee joint center to the vector of the ground reaction force (GRF))							
	l	Laterally wedged insoles Orthosis neutral Orthosis varus		No difference (from 59.37 to 58.26 mm)					
				Decrease 9% (from 59.37 to 54.15 mm)				++, †	
	-			Decrease of 7% (from 59.37 to 55.37 mm) Decrease of 10% (from 59.37 to 53.26 mm)					
		Orthosis valgus							
		Knee angle in the frontal plane							
	-	Laterally wedged insoles Orthosis neutral Orthosis varus		(from 2.24° to 2.26°) (from 2.24° to 0.49°) (from 2.24° to 0.59°) (from 2.24° to 0.34°)					
	-								
	-								
	-	Orthosis valgus							
	-	The knee angle in the frontal plane decreases significantly with AFO, indi- cating a change from varus to a valgus position							
Biomechanics – Gait analysis		Knee adduction moment (KAM, first peak)							
	l	Laterally wedged insoles		No difference (from 0.658 to 0.656 Nm/kg)					
	(Orthosis neutral		Decrease of 1 (from 0. 658 to	1% 0.586	Nm/kg)		++, †	
		Orthosis varus		Decrease of 8 (from 0. 658 to	% 0.605 I	Nm/kg)		++, †	
	-	Orthosis valgus		Decrease of 12 (from 0. 658 to	2% 0.580 I	Nm/kg)		++, †	

Functions and Activi	Participation									
Biomechanics – Static measures	Biomechanics – Gait analysis	cs – X-Ray EMG s			Functional tests Clinical effects			Satisfaction		
Category	Outc	omes		Results for Agilium Freestep compared to Sig.* condition "without orthosis"						
	Knee	Knee adduction angular impulse								
	Later	Laterally wedged insoles			No difference (from 0.245 to 0.241 Nm s /kg)					
	Ortho	Orthosis neutral			Decrease of 5% (from 0.245 to 0.232 Nm s /kg)					
	Ortho	Orthosis varus			Decrease of 3% (from 0.245 to 0.237 Nm s /kg)					
	Ortho	osis valgus		Decrea (from (ase of 7%).245 to 0.227	Nm s /kg)		++, †		

* no difference (0), positive trend (+), negative trend (-), significant to baseline condition (++), significant to wedges condition (†), significant to valgus condition (‡), not applicable (n.a.)



Mean curves of (a) knee adduction moment, (b) knee lever arm, (c) knee angle and (d) tibia rotation in the frontal plane normalized through the stance phase for all subjects during the different test conditions. The shaded area indicates ±SD of the baseline condition.

Author's Conclusion

"In summary, a significant decrease in the KAM could be observed in subjects with knee varus alignment while using an AFO in different adjustments (4° valgus, neutral, and 4° varus). The orthosis was effective in changing the knee joint alignment and the knee joint lever arm in the frontal plane. Long-term effects on the KAM, symptoms, joint function, and compliance in patients with medial knee OA should be investigated in future studies. The use of AFOs designed to change the tibia position and thereby the knee joint alignment in the frontal plane could represent an alternative for conservative treatment of knee OA." (Fantini Pagani et al. 2013)

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