

# Biomechanics visualisation in ankle-foot orthoses (AFO) tuning for stroke

<b>Submission date</b> 26/05/2011	<b>Recruitment status</b> No longer recruiting	<input checked="" type="checkbox"/> Prospectively registered <input checked="" type="checkbox"/> Protocol
<b>Registration date</b> 28/06/2011	<b>Overall study status</b> Completed	<input type="checkbox"/> Statistical analysis plan <input type="checkbox"/> Results
<b>Last Edited</b> 17/12/2020	<b>Condition category</b> Circulatory System	<input type="checkbox"/> Individual participant data <input type="checkbox"/> Record updated in last year

## Plain English summary of protocol

### Background and study aims

A stroke is a serious condition where the blood supply to a part of the brain is cut off, usually by a blood clot blocking an artery or a bleed (haemorrhage). One of the most common complications of a stroke is paralysis on one side of the body (hemiplegia). This can make movements such as walking very difficult and so patients often need extensive physiotherapy to help them recover. An ankle-foot orthosis (AFO) is a brace that is worn on the lower leg and foot. It helps to support the ankle and foot in the correct position, preventing the foot from dragging along the ground. The “tuning” of an AFO describes personalised adjustment so that it helps a person to achieve the best gait (manner of walking) possible. Improving the tuning process of AFO’s could help to improve patient outcomes such as walking speed and posture. Traditionally, tuning of AFO’s is done “by eye” (observation technique), however computers could potentially be used to perfect this process. The aim of this study is to find the most effective way of tuning AFO’s for stroke patients.

### Who can participate?

Adults who have had a stroke and have been suffering from hemiplegia within the past year.

### What does the study involve?

Participants are randomly allocated into one of two groups which are looked after by a team made up of a physiotherapist, an orthotist (who is responsible for providing the orthosis) and a bioengineer (who will collect data throughout the study). Participants in the first group (intervention group) are shown computerised visualisations in order to help to demonstrate their gait problems and their AFO’s are tuned in line with the visualisations. Participants in the second group (control group) are not shown any visualisations, and their AFO’s are tuned by the team using the traditional observation technique. After 3 and 6 months, all participants have their gait measured using 3D motion analysis software (showing a persons’ movement on a computer in 3D using reflective spots). For participants in the first group, their progress is discussed with their care team using the information from the gait measurements.

### What are the possible benefits and risks of participating?

Participants could potentially benefit from an improvement in their gait and the distance they can walk after wearing the AFO. Risks of participating are minor but may include skin irritation

from the reflective spots stuck to the skin for the 3D motion analysis. Another possible risk includes the possibility of falling during the walking practice.

Where is the study run from?  
University of Strathclyde (UK)

When is the study starting and how long is it expected to run for?  
August 2011 to August 2013

Who is funding the study?  
Medical Research Council (UK)

Who is the main contact?  
Dr Bruce Carse  
bruce.carse@strath.ac.uk

## Contact information

**Type(s)**  
Scientific

**Contact name**  
Dr Bruce Carse

**Contact details**  
University of Strathclyde  
Bioengineering  
Wolfson Building  
106 Rottenrow East  
Glasgow  
United Kingdom  
G4 0NW  
+44 0141 548 3028  
bruce.carse@strath.ac.uk

## Additional identifiers

**Protocol serial number**  
GN10OR216

## Study information

**Scientific Title**  
Visualisation to enhance biomechanical tuning of ankle-foot orthoses (AFO) in stroke - a randomised controlled trial

**Study objectives**  
Can visualisation of biomechanical data improve the tuning of ankle-foot orthoses (AFOs) for stroke patients?

**Ethics approval required**

Old ethics approval format

**Ethics approval(s)**

NHS West of Scotland Research Ethics Committee 4, 01/04/2011, ref: 11/AL/0166

**Study design**

Single-centre single-blind randomised controlled trial

**Primary study design**

Interventional

**Study type(s)**

Treatment

**Health condition(s) or problem(s) studied**

Stroke

**Interventions**

1. Patients will be randomised (in blocks of six) to either the intervention or control arm of the study
2. Each arm will have its own multidisciplinary team (MDT)
3. Each of these MDTs will consist of a physiotherapist, orthotist and bioengineer
4. The relevant orthotist will then cast and fit an AFO to the patient prior to baseline measures being taken
5. Baseline measures: All patients to have baseline gait measurements taken using 3D motion analysis
6. Intervention arm: AFO tuning aided by 3D motion analysis and biomechanics visualisation software
7. Control arm: AFO tuning by observation (standard care)
8. Three month measures: all patients to have baseline gait measurements taken using 3D motion analysis
9. Six month measures: all patients to have baseline gait measurements taken using 3D motion analysis
10. Duration from baseline measures will be 6 months

**Intervention Type**

Device

**Primary outcome(s)**

1. Walking velocity
2. Time taken to complete 10m walk test

**Key secondary outcome(s)**

1. Lower limb joint kinematics (thigh and shank global orientations) & kinetics (knee and hip flexion/extension moments)
2. Ground reaction force Fz2 peak magnitude
3. Step length
4. Gait symmetry

5. Modified Ashworth Scale
6. Abbreviated Rivermead Mobility Index
7. EuroQol (EQ-5D)

**Completion date**

28/08/2013

## Eligibility

**Key inclusion criteria**

1. In patients who have suffered a recent hemiplegia (within 1 - 12 months)
2. Aged 16 - 80 years
3. Have difficulty walking, but able to walk with/without assistance
4. Have difficulty flexing knee and extending hip during walking
5. Meet the criteria for AFO referral as outlined in AFO screening tool (Appendix 9 of NHS Scotland Best Practice Statement 'Use of AFO following stroke')
6. Able to give informed consent
7. Able to attend for follow-up at 3 and 6 months

**Participant type(s)**

Patient

**Healthy volunteers allowed**

No

**Age group**

Adult

**Sex**

All

**Key exclusion criteria**

1. Unable to give informed consent
2. Unable to walk, even when assisted
3. Suffer from significant peripheral vascular disease – not suitable for fitting of AFO
4. Have any other significant medical problems likely to preclude use of AFO or follow-up

**Date of first enrolment**

30/08/2011

**Date of final enrolment**

28/08/2013

## Locations

**Countries of recruitment**

United Kingdom

Scotland

**Study participating centre**  
**University of Strathclyde**  
Glasgow  
United Kingdom  
G4 0NW

## Sponsor information

**Organisation**  
University of Strathclyde (UK)

**ROR**  
<https://ror.org/00n3w3b69>

## Funder(s)

**Funder type**  
Research council

**Funder Name**  
Medical Research Council

**Alternative Name(s)**  
Medical Research Council (United Kingdom), UK Medical Research Council, MRC

**Funding Body Type**  
Government organisation

**Funding Body Subtype**  
National government

**Location**  
United Kingdom

## Results and Publications

**Individual participant data (IPD) sharing plan**

**IPD sharing plan summary**

Not provided at time of registration

## Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
<a href="#">Protocol article</a>	protocol	05/12/2011		Yes	No
<a href="#">Participant information sheet</a>	Participant information sheet	11/11/2025	11/11/2025	No	Yes
<a href="#">Study website</a>	Study website	11/11/2025	11/11/2025	No	Yes