AFO Scanning Procedure and Required Information

Casting vs Scanning:

Casting a patient is preferred because the clinician can secure the foot in the corrected position. Additionally, casts can be captured 360 degrees in one scan, including the bottom of the foot. This is preferable because a weight bearing scan of a patient in vivo does not capture the bottom of the foot (unless scanned on a glass plate).

Scanning:

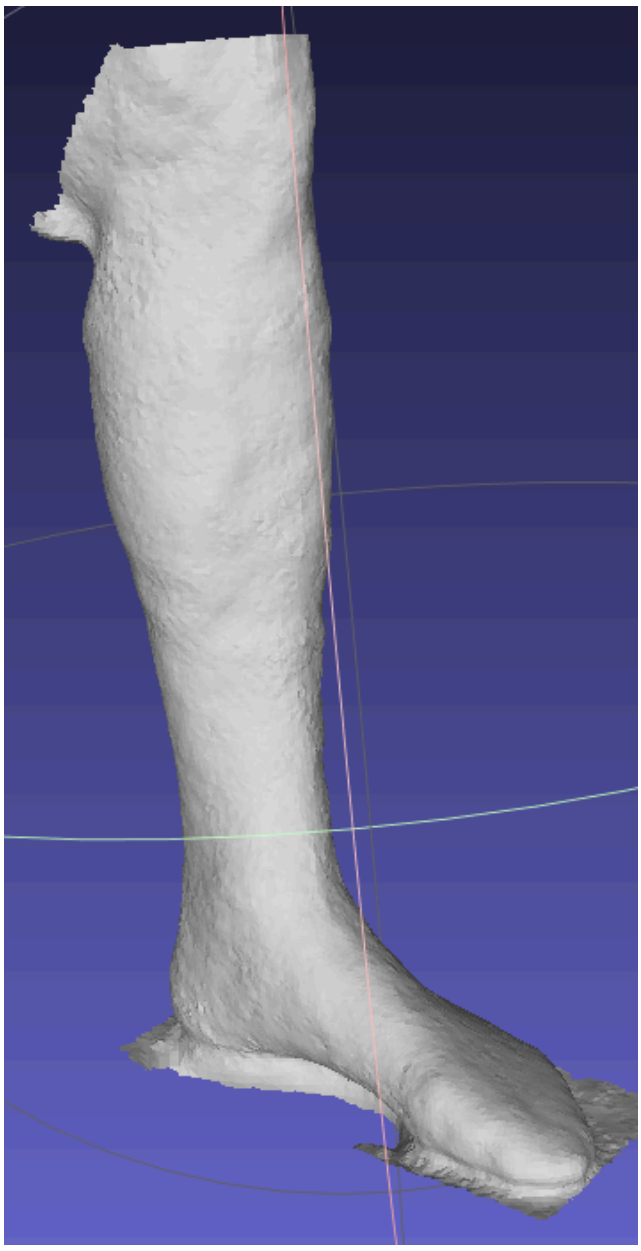
- **Scan of the lower leg/foot weight bearing**
  - Have the patient aligned to as neutral as possible: leg perpendicular to floor and have them stand no farther than shoulder width
  - Capture a minimum of 15” above floor
  - Capture at least 270 degrees of the leg, prioritize calf since Hermes has a posterior cuff
  - Capture all 360 degrees of the foot and ankle
    - Both malleoluses
    - include heel to toes
  - Name this scan when uploading to django or drive: “*first name”,* “*last name **top**”*
- **Scan of the bottom of the foot non weight bearing**
  - Have the patient stand on one leg (the leg not being scanned) and kneel on a chair or stool with the other (the leg being scanned)
  - Capture the full bottom of the foot, heel to toes
    - Make sure the metatarsal heads are identifiable in the scans
    - Capture malleoluses if possible
  - Name this scan when uploading to django or drive: “*first name”*, “*last name **bottom**”*

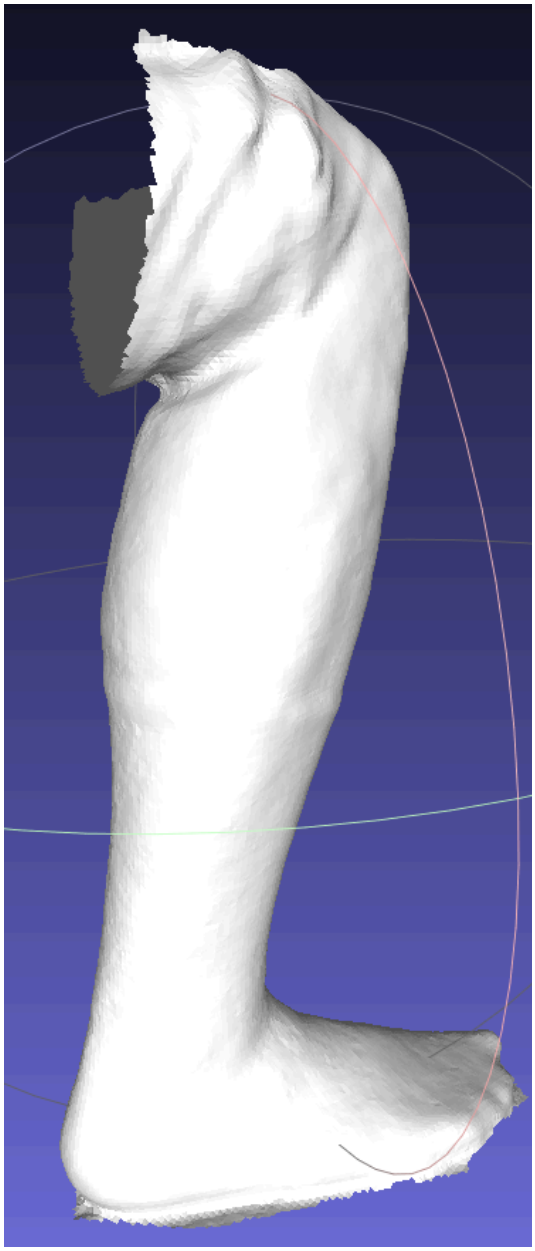
Measurements:

- Caliper measurement of malleoluses width (weight bearing).
- Medial malleolus apex to floor measurement (weight bearing).
- Fibular head to floor measurement.
- Shoe size

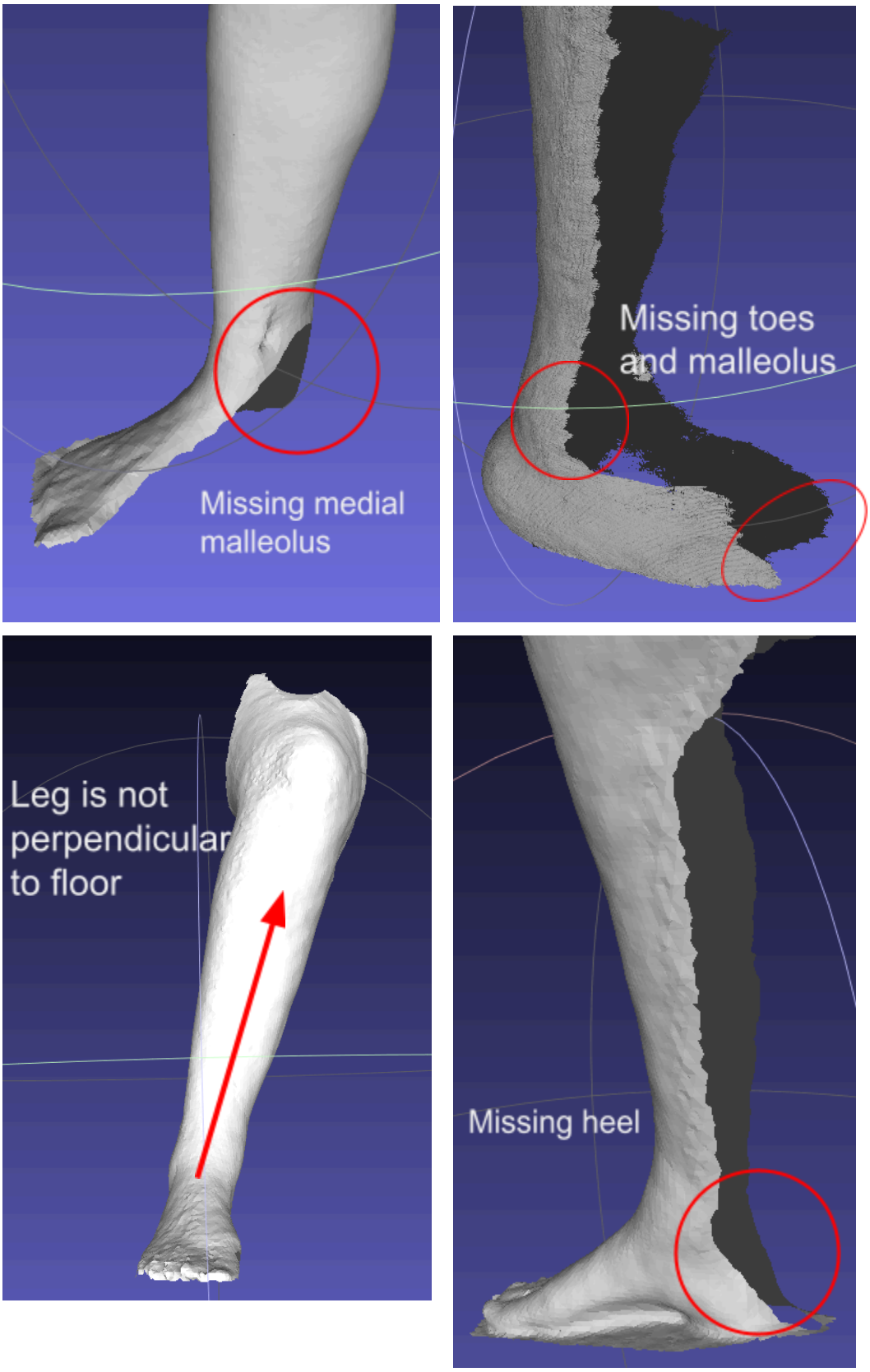
Examples:

Good weight bearing scans

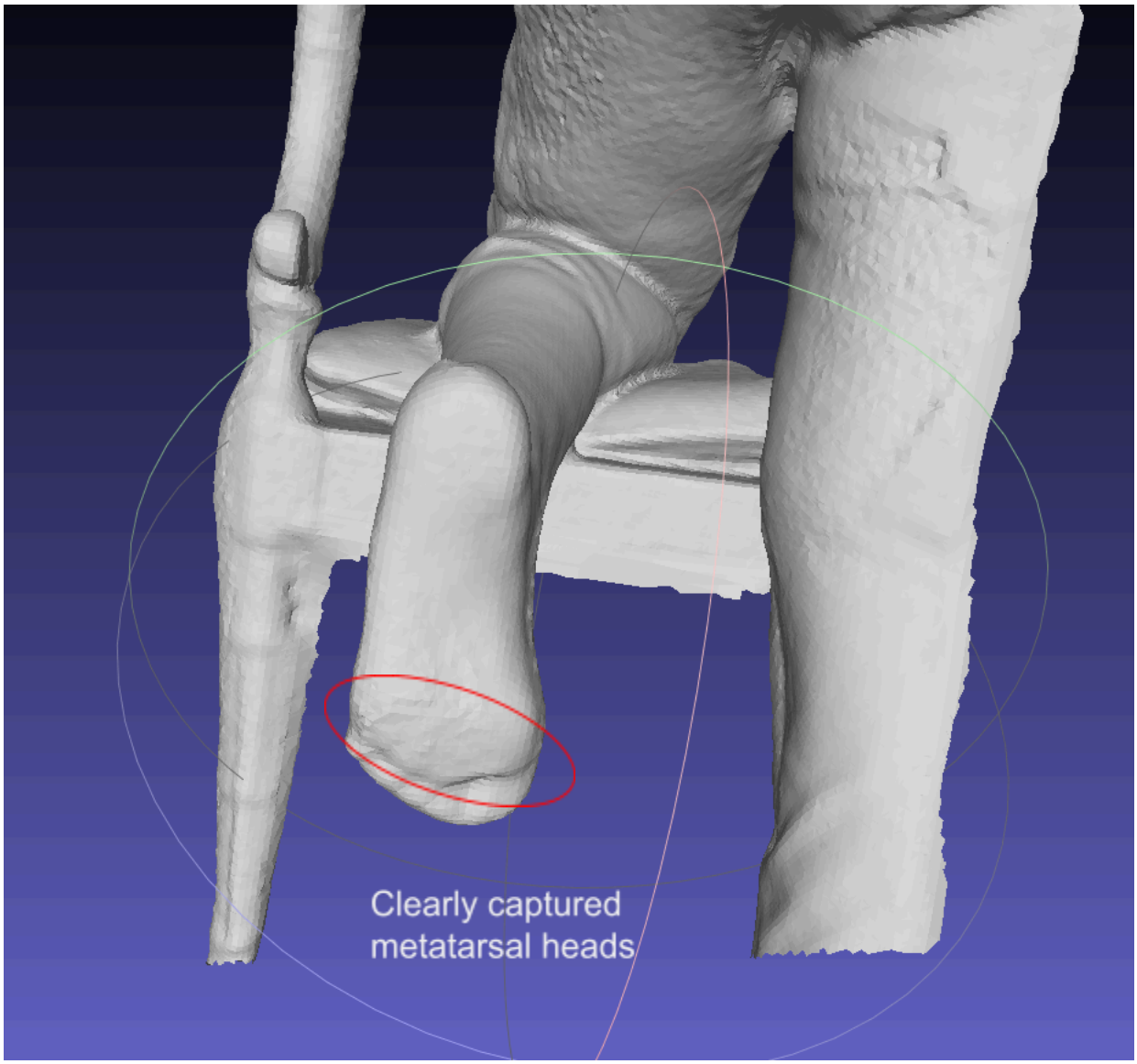




Bad weight bearing scans



Good non-weight bearing scan



Bad non-weight bearing scan

