

Anti-Adduction Orthosis (AAO) Instructions



- Prevents Scissoring During Gait
- Trochanteric Angle Aids Forward Progression
- Less Bulky, Compact Design
- Custom Thigh Cuffs
- Soft Supracondylar Suspension Wedges
- Custom Fabrication Available

Introduction

This hip abduction orthosis is designed for patients with tight hip adduction secondary to spasticity. Children with cerebral palsy spastic quadriplegia (total body involvement) have a high incidence of spastic hip dislocation caused by excessive tightness in hip adductors. These patients are usually non-ambulators. Spastic diplegic cerebral palsy patients have a high incidence of spastic adductor muscles which cause scissoring when they are ambulatory.

Method of Fitting

The orthosis extends from the perineal level of the thighs to mid medial knee level. Linear growth is accommodated by adjustable medial bar settings. Circumferential increases are accommodated by tightening or loosening velcro straps. It is important to maintain the proximal position of the metal joint and at the same time keep the thigh cuff at the adductor tubercle level.

Required Measurements

PRE-FABRICATED AAO

- Mid-thigh circumference

CUSTOM AAO

- Impression is needed
- Length from perineum to the adductor tubercle

- 052110 AAO Pre-fabricated with small Co-Polymer cuffs, 6.5" to 10" circumference
- 052112 AAO Pre-fabricated with medium Co-Polymer cuffs, 10" circumference and up
- 511514 Custom AAO
- 052100 AAO joint only

Indications

- Adults or children (2 to Adult) with adductor tightness and scissoring gait
- Patients able to maintain static coronal standing stability and balance

Contraindications

- Those requiring greater lower limb stability
- Patients who cannot tolerate medial load on thigh
- Patients with little coronal standing stability or balance

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