NEURO SWING						
System Ankle Joint	142 142					
Characteristics					-/+ //*/	
Adjustments		/4 }-				
Advantages		L)	+ [47]		+	
Guides: CP Guide, Apoplexy Guide			u dt	n t. Train		
Example : CP Gait Type 4 / case poster		4	*		÷.	
Patient case video	at in	4- 	1. 194	n de	ter and the second s	
Fior & Gentz configurator and website		44 (ан	27 <u>1</u> 2	40 - 1 	
Conclusion	ita 4	49 49	.)* 14			



Video gait analysis without orthosis and BEFORE physiotherapic treatment

Free-walk

- Diparetic spastic-ataxic gait pattern
- Asimmetric orthostatic and orthodynamic trunk attitude
- Abnormal hip antiversion in stance with an evident core instability and an high care-giving need during gait
 - A fairly good hip control in swing phase with a related abnormal up and down and lateral tilt of it, facilitated by a related knee hyperextension in stance
 - With an high care-giving need, abnormal eccentric bilateral knee control in stance secondary to the proximal hip antiversion, the quadriceps weakness and the constant hyperextension lower limb attitude
- Constant valgus-pronated ankle attitude in stance bilaterally with a flat foot gait schema distally and a related knee recurvatum proximally during gait





With Codivilla after physiotherapic treatment



With Toe-Off after physiotherapic treatment





Orthosis features _

giving need during gait;

Termoplastic material used: PVC coated with carbon inserts
Quantity of carbon used: 3 layers of carbon 200gr/mq 3K on the foot; 2 unidirectional support layers in carbon on the PVC inserts
Quantity of kevlar used on the forefoot: 6 layers of kevlar 170gr/mq in progressive way
Quantity of Lycra and/or perlon knitting: no one
Stiffening: metal staff connected with an ankle joint system and integrated in the resin scheleton
Ankle joint system used: Neuroswing by FIOR and GENTZ
Quantity and resin type used: 260gr of epossidic bicomponent resin 100.30 (200gr of resin, 60gr of reactant)

Total weight of the orthosis realized: 500gr

Gait pattern with DAFONS bilaterally and after physiotherapy

Decreased hip antiversion in stance with an amelioration of core stability and decrease of care-

- A better hip control in swing phase with a related amelioration of up and down and lateral tilt of it,

- Normalized the knee hyperextension secondary to the orthotic tibialis pivot remodulation of the

- Fairly care giving need, recover of a correct orthostatic and ortodynamic trunk-hip and lower

facilitated by a better knee control in stance

orthostatic and orthodynamic limb alignment

limb alignment in stance and swing phase

- Physiological recovery of the stance feet control during gait performance (1°-2°-3° rocker) and ankle alignment in the heel contact phase

