

What issues do I need to be aware of?

- Some red marking of the skin is normal, as is the build-up of some hard skin. Provided this is not excessive, painful and redness clears, this is nothing to worry about. If any of the above, contact the department.
- Sometimes ADMs can lead to sores, blisters, pain or rubbing. If any of these problems arise, contact the department.

Contact us

If you have any problems or questions please contact a member of the team who will be happy to discuss them with you.

Telephone: 0151 252 5318

Fax: 0151 252 5319

Email: orthotics@alderhey.nhs.uk

This leaflet only provides general information. You must always discuss the individual treatment with the appropriate staff member. Do not rely on this leaflet alone for information about the treatment.

This information can be made available in other languages and formats if requested

Alder Hey Children's NHS Foundation Trust
Eaton Road
Liverpool
L12 2AP

Tel: 0151 228 4811

www.alderhey.nhs.uk

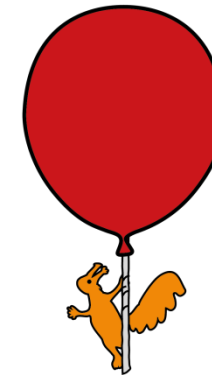
© Alder Hey Review Date: December 2024 PIAG: 205



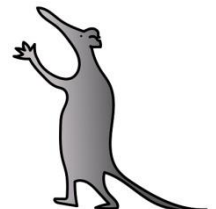
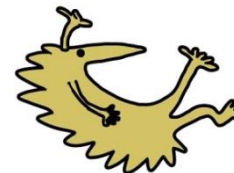
Alder Hey Children's
NHS Foundation Trust

Orthotics Department

Information on ADM & Sandal



Information for patients, parents and carers



What is an ADM and what is my child entitled to?

ADM = Abduction, Dorsiflexion Mechanism.

ADMs are an orthopaedic brace option following the Ponseti treatment for club foot. They aim to maintain the foot position achieved by serial casting to prevent them relapsing back to their original position, whilst preventing the muscles and ligaments becoming tight again.

- They are fitted to each patient, based on foot size and calf length
- They aim to abduct, evert and dorsiflex the foot via the use of a torsion spring (your Orthotist will explain what this means)
- It is important that if your child's condition or limb changes, you must contact the Orthotics department immediately.
- Due to regular changes and growing in children, your child will be provided with one ADM (or one pair if both legs are affected) at a time.
- A second will be provided if the original device is deemed beyond repair or no longer clinically effective by the Orthotist or the Technician within the department.
- The ADM is prescribed to your child only, which is why it is important that only they wear it. Another wearer may cause harm to themselves or damage the ADM.

How is an ADM fitted, and wearing the ADM

- The ADM will be fitted by one of our trained Orthotists in clinic.
- Please attend clinic with socks for your child to wear during fitting of the ADM.
- The Orthotist will advise you on how to properly fit your child's ADM, but when putting the ADM on, ensure the heel is right at the back and down into the bottom of the device. Straps should be pulled tight enough to ensure it does not move around, but not too tight so that they cause discomfort.

- The joints of the device should be approximately level with the middle of your child's joint.
- The Orthotist will advise you on when and how long the ADM needs to be worn for, although this is usually 23 hours a day.

What footwear does my child need to wear with an ADM?

- Your child should only mobilise in the ADMs if they are ambulatory ADMs. The image below shows the calf section of an ADM attached to an everyday piece of footwear, however this is not always a suitable option for every child.
- Non-ambulatory ADMs should not be worn to mobilise and therefore shoes do not need to be worn.



Care of the ADM

- Regularly clean the ADM with mild soap and water, towel dry and keep away from direct heat sources ie radiator as the material may distort.
- The ADM must be returned every 6 months for a check-up, which is your responsibility.
- It is your responsibility to bring the device to the orthotics department for repairs as and when necessary in between review appointments, ie if the Velcro straps or knee joints become worn or your child grows.