After completing all the necessary adjustments on my new brace and enjoying the many advantages of a modern KAFO, I decided to order a back-up leg brace. If you think you might be interested in ordering a back-up brace, make sure the orthotist saves your leg/foot cast.

I have experienced fewer breakdowns than with my traditional brace, and I believe preventative maintenance is very important. Sheering of copper rivets is the only problem I’ve encountered thus far. Ask your orthotist to secure both the tibial and thigh shells to the uprights with stainless steel rather than copper rivets. I have my brace checked twice yearly for a thorough inspection of all working parts.

The benefits of my new brace include greater comfort, improved stability and a better fit under my pant leg. The brace is easier to put on and take off, and is considerably lighter. The advantages of my new leg brace more than compensate for the multiple fittings, added expense and temporary discomfort during break-in.

Going to California won’t be an option for most of you. Consider giving this article to your orthotist and ask him/her if they are experienced with fabricating plastic/metal KAFOs, if they are willing to incorporate an Otto Bock™ titanium knee joint, if they will work with you until a comfortable fit is achieved, and if they will stand behind their work.

Have confidence that your leg will adjust to the new orthosis as you wear the brace. Within a few weeks you’ll be enjoying a superior bracing system and wondering why you didn’t make the change earlier.

**FAQ of PHI**

**Q:** My physician just told me I couldn’t have post-polio syndrome because I have the knee jerk reflex. What is the knee jerk reflex and is he correct?

**A:** The knee jerk reflex is the sudden kicking movement of the lower leg in response to a sharp tap on the patellar tendon, which lies just below the kneecap.

A knee jerk is a normal reflex which requires an intact nerve loop between the sensory nerve which detects the “tap” at the quadriceps tendon below the kneecap, and an intact motor nerve in the spinal cord that sends the reflexive message to the quadriceps muscle to contract and straighten out the knee with a kicking movement.

If polio survivors had involvement of the quadriceps muscle, they usually lost the knee jerk. If they had no lower limb involvement, or specifically quadriceps involvement, then the knee jerk was not lost.

Consequently, you cannot use a single test, like a knee jerk, as indicating the presence or absence of polio involvement overall — or of post-polio syndrome. All that can be said is that if it is absent in a polio survivor, probably that person had involvement of the quadriceps muscle, the muscle that straightens out the knee.

Frederick M. Maynard, MD, Upper Peninsula Rehabilitation Associates, Marquette, Michigan