Concern, and only four subjects reporting no concern. After the testing with the AFOs was completed, subjects were asked to answer the following questions using a ten-point Likert scale:

- The AFO makes me feel less likely to fall when standing.
- I am likely to continue to wear the AFO daily.

With a score of 10 representing “strongly agree,” the average responses to the questions were 7.59 and 6.28 respectively.

Compliance with lower-limb orthoses is always a concern. Compliance among a cohort of older adults with no defined treatment diagnosis other than their age, and in roughly half of the cases, diabetes-related peripheral neuropathy, could be reasonably questioned. The relatively high scores to the two questions reinforce the potential benefits that might be gained with an AFO that provides auxiliary sensory input in both balance and balance confidence.

**Summary**

While AFOs have largely been used to provide mechanical stability and assistance to lower limbs characterized by musculoskeletal deficits, there is a growing body of literature that supports their use to address sensory deficits even when weakness is not an immediate concern. Translating sensory input from the floor, past the compromised distal extremity (foot and ankle) to areas of the body where sensory organs are intact (calf and shin), AFOs appear to provide additional sensory input that aids postural balance. These benefits must be weighed on a case-by-case basis against any deficits that may occur during dynamic function when range of motion at the ankle is restricted. Particularly among patients with distal sensory compromise who describe elevated fall history or fall concerns, bracing for balance is a treatment modality that should receive due clinical consideration.

**References**