

MBB Tutorial (FAQ)

- PRESENTING THE MBB TO YOUR PATIENTS

1. When presenting the MBB to your patients, try to have a brochure ready to give to the patient so they can look, visualize and read the brochure as you discuss the idea with them. Have one too for any family in the treatment room.
2. I usually start with the patient by asking them to read with me and answer the questions that are on the back page of the brochure. The section is entitled: Do You Have a Balance Problem?
 - a. Have you fallen in the past?
 - b. Do you often slip, trip or have near falls?
 - c. Do you stumble or shuffle when you walk?
 - d. Do you have to touch or hold on to the wall or furniture while walking?
 - e. Do your legs or ankles feel weak or unsteady?

After asking these questions, most patients will say “yes...that is me!”

3. After reviewing the brochure and showing the patient the brace, I emphasize 3 vital points that the patient will need to know in order to commit to trying the MBB.
 - a. These devices are extremely lightweight. In fact they are not much heavier than a cell phone. This point is critical, so don't forget to emphasize this. If you don't have a sample of the MBB, hand them your cell phone for them to see how light they are.
 - b. These devices ARE covered by Medicare. Medicare would much rather pay for these ankle-foot balance supports than pay the many thousands for a fall and hospital stay.
 - c. These devices can (and have been shown in studies) to be able to reduce the risk of falling up to 30-60%. Despite this, I emphasize that if they improved balance enough to prevent a SINGLE fall, they are worth it.
4. ***Very importantly: DO NOT USE THE TERM “BRACE” or “AFO” . The term “AFO” will NOT be understood by patient, and “brace” carries a very negative connotation. Instead, I use the terms “fall prevention device”, “foot and ankle support”, or “balance technology”.
5. Don't forget to tell the patient how important physical therapy or some exercise regimen is to improving balance and stability.
6. Presentation is everything to getting a senior to comply with your plan, but the most effective means to demonstrate to the patient how “at-risk” they are is to show them the results of your Fall Assessment. Many of my patients have scores of 15 or 20. For those that score well above the 10 mark, this should indicate imminent or severe risk for falling.
7. Finally, if you are seeing a senior presenting to you on their own, ask that they bring a family member, or spouse to hear your presentation (even if the patient has rejected the idea). Often times, care providers and family will be the most motivated to implement a plan to help reduce the risk of a fall.

- **SHOEING THE MBB**

1. The right shoe is critical for the success of the MBB. Make sure you offer the right shoe or insist that the patient use the MBB's in a "Balance" shoe in order to maximize the benefit of the devices. I highly recommend you have a Shoe Recommendation List that includes a category called "Fall Prevention Shoes". Among my favorites are; New Balance 811, New Balance 927, Pedor 800, 801 or the Pedor 901, 902, and the Orthofeet 910 or 916, and lastly the Brooks Addiction Walker or the Brooks Beast/Ariel
 - ***Avoid any shoe that has too thick of a midsole.
 - ***Avoid any "Shape Up" style rocker bottom shoe
 - ***Velcro is ALWAYS preferred over Lace.
2. Order the shoes or carry a run of shoes that will accommodate most of your MBB patients so that patients don't have to wait an additional period of time after the MBB's come in.
3. Though, the MBB will fit into most shoes, you still need to educate your patients how important it is to wear the right shoe with the MBB in order to maximize stability.
4. **DO NOT PUT THE MBB ON TOP OF A SHOE INSOLE or OROTHOTIC:** This may reduce the stabilizing impact of the MBB in the shoe. The MBB is posted extrinsically in the heel to sit flat onto a surface. Preferably a surface that is not too cushioned or thick. I use either a thin Spenco insole (flat) or a spacer insole that often comes with Diabetic Shoes. You do not want the patients forefoot (past the MBB) to be on the bottom of the shoe, but keep in mind that the patients forefoot needs to remain as close to the bottom of the shoe as possible to increase stability.

- **DONNING THE MBB**

1. Open the MBB and put the device into the shoe after expanding the shoe to its fullest in order to accommodate the foot and the MBB. Velcro shoes make this much easier.
2. Don't forget to have a thin spacer in the place of the shoe insole.
3. Make sure the MBB is snug against the back of the shoe.
4. While the patient sits, have them point their toe and slide their foot into the shoe and MBB.
5. Help them by making sure their foot is directly below their knee and not out.
6. Show the patient how to grab the back of Upper MBB to aid them sliding their foot into both the shoe and the MBB.
7. If the foot doesn't slide smoothly into the shoe/MBB then you need to re-evaluate the size and width of the shoe. If the patient struggles sliding their foot into the MBB and shoe, then they are more likely to be NON compliant with their use.
8. After the patient slides their foot into the MBB/shoe then how to tuck the tongue of the MBB under the outside Velcro piece in order to pull straps over and across the ankle.

9. Allow the patient to adjust the tightness of the straps, but do not let the patient allow the straps to be too tight nor too loose.
10. After fastening the 2 velcro straps, the shoes should be firmly latched and then the patient will be ready to walk.

- WALKING FOR THE FIRST TIME WITH THE MBB

1. Always encourage the patient to continue the use of their cane or walker. DO NOT EVER DISCONTINUE these devices after they start using the MBB.
2. Ask the patient if the MBB's hurt, rub or cause any discomfort. If they do, check the shoe to make sure of the right fit.
3. Also, make sure the straps of the MBB are not too tight. This is the most common complaint upon first walking with the MBBs.
4. I always encourage a "break in" period, but I don't discourage patients if they want to use the MBB's continually if they feel good and feel improved stability. ***At least 80% of my MBB patients relate that they didn't feel as though they needed a "break-in" as the braces felt good and supportive.
5. Encourage the patient to use the MBB's every day, but DO NOT mandate that they have to wear the MBB's (at least initially) all of the time. This can often frighten the patient and make them antagonistic toward the devices.

*** Most patients will use the MBB more consistently as they get used to them and have time to realize their effectiveness.