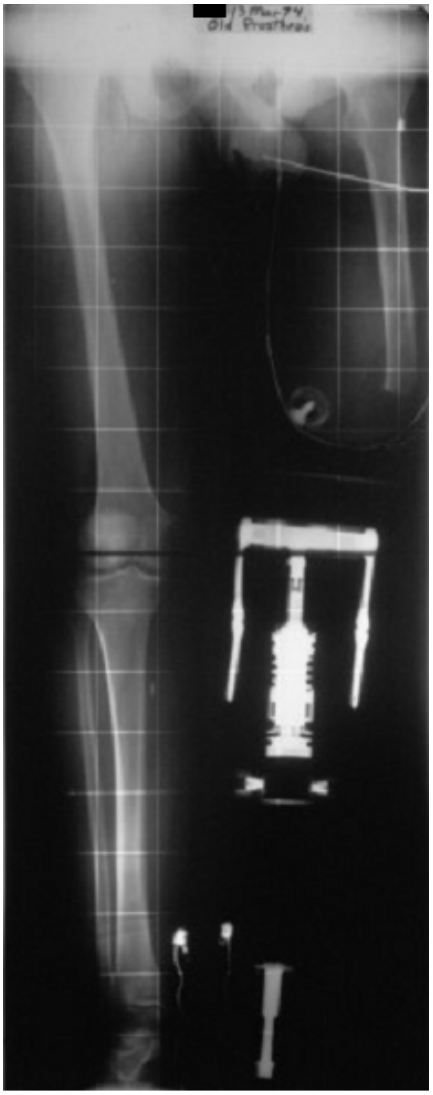
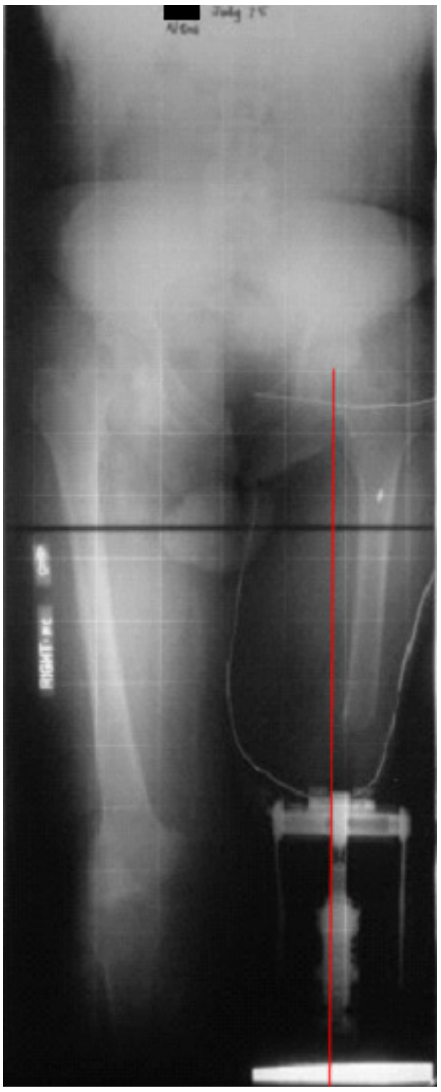
# Prosthetic Memories of Fitzsimons Army Medical Center



Fitzsimons Army Hospital has now been torn down and the area completely rebuilt but the memories linger on. The picture of an X-ray shown on the left was taken at Fitzsimons on March 13, 1974. I was employed by Fitz at this time. This is in a walking position with feet close together. A standing position would have about 6 inches between the feet (see zippers) and that standing position was used to check it out with a plumb bob. That plumb line checkout had a very noticeable fault. It should have passed through the distal portion of a full length femur.

I made the same mistake many times before I saw this X-ray and I had attended prosthetic classes at UCLA, Northwestern, and NYU with outstanding teachers.

After seeing this X-ray I began making the knee bolt level in the walking position. Thus it was not level in the standing position. This improved swing through.



The picture on the right is one of my first efforts to achieve normal adduction. Adduction was definitely improved but cosmesis was different. Later I would move the knee bolt medially and modified the lateral cast to bring the lateral wall closer to the femur. This resulted in a diminished M-L and an increase in A-P dimension.

The lateral wall of the socket provides support for the femur. The adduction is accomplished by the amputee.

It may take some practice but the amputee will find the support from the lateral wall allows the hip muscles to function normally. A little coaching to demonstrate how a slight lateral shift makes the hip muscles respond and the lateral movement of the upper body disappear will put an unbelievable smile on everyone in the room.

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