



DEPARTMENT OF THE ARMY
HEADQUARTERS TRIPLER ARMY MEDICAL CENTER
APO SAN FRANCISCO 96438

HST-DS-0

4 November 1976

CPT James Scanlan, AMSC
Physical Therapy Section
Fitzsimons Army Medical Center
Denver, Colorado 80240

Dear Jim:

Thanks for the material you sent.

Inclosed are two copies of the basic presentation I plan on giving at the Academy meeting in February. I am allotted only 12 minutes for the presentation so I had to cut some of the material down to the bare bones and will hopefully condense the data on the patients to a more concise graphic form prior to that time. I will in the talk, if I get a chance, elaborate a little more about the different points that are looked for in the x-ray besides hip adduction including the contour of the lateral wall of the socket and will make a point that radiopaque markers are used along the ischial seat in the lateral wall of the socket.

I am including a copy for you to give to Ivan Long, if you see him, and would appreciate any comments you might have prior to the presentation in February. From this basic format of the paper I plan shortly to expand it into one that can be submitted for publication. You mentioned it might be possible to get some history on some of the patients and I think it would be wise if we had some very basic information. We may, however, not be able to get this on all patients. The following elements of data would be helpful -- 1. age, 2. sex, 3. length of time of prosthetic wear, and 4. in those that had a change of prostheses to the newer alignment technique type prostheses, what was the indication for the new prostheses, in other words poor socket fit, stump shrinkage, breakage, etc. Finally any data we may have written down concerning patients' reactions to the new socket alignment as compared to the old alignment might be helpful. I know some of the latter data are probably not available; if so, just forget it.



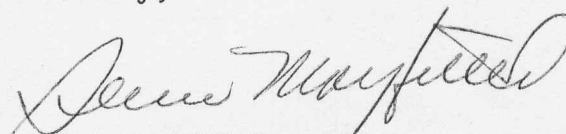
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I did get one nice letter from a [REDACTED] describing her pleased results with the new socket style and alignment.

If you do have some movies of the pre-revision and post-revision socket amputee wearers, these would also be helpful for the presentation. I know this is a big request to ask on the above data and I know much of it may not be available, but if it is, I would appreciate it. Thank you very much.

Sincerely,



GERALD W. MAYFIELD, M.D.
Colonel, MC
Acting Chief, Orthopaedic Service

1 Incl
as stated