Orthopedic-Prosthetic Idea Exchange

Contributing Committee: Everett J. Gordon, M.D., *Chairman;* Joseph Ardizzone, P.T.; Raymond Beales, C.P.; Edwin M. Brown, Prosthetic Representative; Victor L. Caron, C.P.; Charles Ross, C.O.&P.

The prosthetic-orthopedic clinic team in Washington, D. C.: Front row, left to right: Edwin M. Brown, V.A. Prosthetic Representative; Dr. C. F. Muller, Assisant Director of the Clinic, Dr. Everett J. Gordon, Director of the Clinic; Joseph Ardizzone, R.P.T., Physical Therapist. In the back row: Joseph Ufheil, Chief Orthotist, Veterans Administration; W. J. Ferris, C.P.&O.; Victor Caron, C.P.; R. A. Beales, C.P.; and Anthony Troiano, Orthopedic Shoe Technician.

In the past three months, we have heard from several of our confreres and clinics, who have passed along valuable information and ideas for exchange.

From New Orleans, *Dr. Daniel Riordan* sends along the following thought: "On many occasions, we have heard orthopedists wish that they had had more exposure to artificial limbs, and orthopedic braces during their schooling and residency. Consequently, *Tom Maples, C.P.*, Manager of the Hanger Limb and Brace Facility, New Orleans, in conjunction with one of the teaching orthopedists at one of the local medical schools, just completed a series of comprehensive night seminars in which he has demonstrated many of the aspects of taking measurements for and actually fabricating AE, BE, AK, and BK limbs. A resident orthopedist and the therapist, who witnessed these demonstrations, were well pleased with the additional education they received." We heartily agree with this thought, and note that Dr. Hamilton Allan, Regional Consultant, has also recommended a similar type of program for this area, in order to teach local students, and particularly orthopedic residents, some of the fundamental aspects of prosthetics and brace prescriptions.

Dr. Arthur A. Thibodeau has reported to us in his study of approximately 75 amputations resulting from vascular disturbances, whom he now

has under his care at the Boston Veterans Administration Hospital. Their study is concerned with the present condition and usefulness of the prostheses of these amputees, utilizing the Social Service Department to aid follow-up study. He reports that most of his lower extremity amputees are being fitted with temporary prostheses made in the hospital orthopedic shop, delaying the issue of permanent limbs until several months of study with the temporary limbs. In this way, they hope to better delineate the need of prostheses and the unnecessary prescriptions of prostheses for those who will be confined to a wheelchair and have no use for such limbs.

In our clinic, we have recently made excellent use of a dietician who attends all of our clinics, thereby encouraging cooperation from the over-weight amputee. We have found it much easier to refer the patient to the dietician when she is present rather than give the veteran a slip and hope that he will eventually report to her. When a new prosthesis is ordered for an over-weight amputee, we try to delay fitting until the weight reduction program is well underway and his weight is stabilized.

The Social Service worker has proven to be of great aid in the solving of many of the associated problems of the amputee. We definitely feel that the prostheses that we prescribe are being better utilized as a result of this follow-up procedure.

Several prosthetists have suggested that emphasis be placed on proper orientation of the fresh amputee because of difficulties arising with anticipated spectacular and immediate success with the new prosthesis. Certainly the fresh amputee should be well informed of the necessary time lapse following surgery before a prosthesis-fitting can be accomplished. The necessity for pre-prosthetic training must continually be emphasized, dispelling the frequently encountered idea that a prosthesis can be fitted immediately after wound healing. The need of constant surveillance to prevent the use of a pillow under the stump and resultant contractures, the use of a prone position for a considerable portion of the day, particularly in the aged amputee, gluteal sitting and side-lying positions, and hip extension exercises should all be emphasized to the fresh amputee during the pre-prosthetic training period.

SACH feet have been used progressively with few untoward incidents. However, recently we had our first SACH foot casualty, a stud shearing off the glued joint. The patient states he was merely walking, but there appears to be considerable doubt as to his activities at the time of the accident.

Incidentally, the "sweating season" is now beginning and should bring along the usual crop of problems. Have you any particular method of solving this problem? We have some ideas and are trying them out this year.

Please let us hear from you if you have something new to suggest. Incidentally, *Joseph Martino*, C.P., reports that United Limb & Brace Company of Boston, Massachusetts, are trying Protek-sorb Silica Gel for some of their suction socket wearers. We hope to hear of their results to report in our next issue.

We haven't had a word from the brace men. If you have a new idea or a picture of a new piece of apparatus, by all means send it along and we will be glad to use it in this column. A very pleasant summer to all of you!