

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.

Your editor has received very few communications in the past three months so that comments in this issue will be principally those of the Washington Area. Undoubtedly many of you were at the Miami Beach meeting and must have picked up a few items to contribute to us. We will expect to hear from you before the next issue goes to press.

The SACH foot is being received extremely well by almost all amputees. The manufacturers inform us that a majority of the prescriptions now being filled specify the SACH foot. The Hanger Co. alone has used over 1000 SACH feet and to date there has not been a single change back to the wood foot. Our experiences have also been most satisfactory although we have continued to learn a good deal about the SACH foot with its repeated use. The Washington Clinic will have an exhibit at the Chicago Meeting of the American Academy of Orthopaedic Surgeons in January 1959, showing a SACH foot in actual operation. We hope that some of our friends will stop by and make themselves known.

Some of the technical difficulties with the SACH foot have been a lack of standardization of the durometer of the rubber inserts in the heel cushion, making it difficult to properly evaluate each amputee. In several cases it has been necessary to remove some of the soft sponge rubber and replace it with firm Neoprene inserts to strengthen the heel cushion. Separation of the laminations does occasionally occur but to date it has not caused any significant problem; we are dispensing a tube of Barge Cement to each amputee so that he may make early repairs as indicated.

The Canadian hip disarticulation prosthesis has been used in two cases in the Washington Office. Both men have continued to wear it, one with excellent results, and the other with moderate success to date. Both men, however, state that they have difficulty in getting up from a soft chair and also difficulty in sitting because of the limitation of hip flexion. Getting in and out of an automobile has also proved troublesome but of course that is no easy feat for such an amputee. Neither of our amputees desires to change back to his old Tilt table prosthesis. Each states that the new Canadian type is much less bulky, and one which he believes promises a better gait after sufficient experience with it.

THE ORTHOPEDIC SHOE OR SURGERY

Prescription of orthopaedic shoes continues to offer many problems. There have been several cases which have demonstrated unwarranted optimism in the effects hoped to be achieved from orthopaedic shoes when more adequate surgery would definitely have been the correct choice of treatment. One veteran with four and one-half years in the hospital, ending with a completely stiff foot and ankle half covered by a skin graft with the foot in marked varus, had obvious difficulty in prolonged walking even with specially built orthopaedic shoes. Orthopaedic shoes can offer him only limited walking ability with incomplete comfort, whereas a Symes amputation would have greatly shortened his hospital stay and given him a much more functional extremity.

Other surgical corrections of deformities, such as removal of bony protuberances, triple arthrodesis for stabilization of the foot, tendon transplants, and correction of hammertoes and bunions permit a much more satisfactory fitting with orthopaedic shoes than trying to build a shoe about the offending obstacle.

We would like to hear from some of you who have taken the functional bracing course at the University of California, Los Angeles. The teaching appears to be quite realistic if it can be applied to properly selected cases. This undoubtedly is a field where defeatism has long been prevalent and, where the type of research now under way may offer definite hope of rehabilitation and salvage to some of our crippled population. Proper construction of the apparatus required in these cases demands a great deal of time and individual study which of course augments the cost of the finished product. We certainly would like to have comments from some of you who have had experience with functional braces for the upper extremity.

The value of a promptly prescribed prosthesis coordinated with a good social service follow-up is of course well known. We recently had an excellent case demonstration in our clinic in one of our BK veterans who also was a chronic alcoholic, requiring treatment in our mental hygiene clinic. As a result of combined teamwork of our psychiatric consultants, our social service worker, and the proper fitting of a prosthesis, this veteran has now shown remarkable creative talent in oil painting. He has a current exhibit in this area and has organized a school for aspiring artists which appears to have an excellently organized curriculum. It is very reassuring to see such results of coordinated therapeutic regimes.

Please let us hear from you in regard to any of the above items, or anything else in the Orthopaedic or Prosthetic field. Perhaps some of you have learned of some special gimmicks for Canadian hip disarticulation prostheses which we can pass on to others, as there is certainly a lot to be learned about this particular prosthesis at the present time. A prosperous and informative New Year to all of you!

Everett J. Gordon, M.D.

MOALMA TECHNICAL SEMINAR

May 8 and 9, 1959, are the dates chosen for the New York City Technical Seminar. This is sponsored annually by the Metropolitan Orthopedic Appliance and Limb Manufacturers Association.

To plan the 1959 session, MOALMA has named this trio:

William Spiro of the Nassau Surgical Appliance Company, who will head up the Technical Program.

Fred Eschen of New York City, who will be in charge of the printed "Journal" of the Seminar; and

Mrs. Mary Dorsch of the Dorsch-United Limb and Brace Company, who will be in charge of the annual banquet for the Association. This will be held at the Biltmore Hotel May 8.

All members of the limb and brace profession wherever located are invited to attend this New York City session. Many members of OALMA from other parts of the country take in this seminar each year and find it convenient to confer with supplier firms in the New York City area at the same time.