

TECHNICAL NOTE

TWO COMMON PROBLEMS IN APPLICATION OF THE "MILWAUKEE BRACE"

No matter how careful the orthotist is in forming the relief for the iliac crest for the "Milwaukee Brace", the anterior bar often leans laterally in one direction or another owing to the actual scoliotic deviation, tighter muscles, or rib deformities on one side of the body.

One way of solving this problem is to provide the anterior bar with a slot at the location of the lower hole, and position the bar on the inside of the hinge. In this way the bar can be moved laterally and tilted as well. Adjustments possible by this method are small and are limited by the pelvic hinge, but the amount of adjustment needed usually is so slight that this method is adequate. When a plastic girdle is used the amount of adjustment is not limited. In this case the anterior bar may be mounted on a plate so that it is adjustable. At the same time, the anterior bar can be made to follow the midline as the correction progresses (Fig. 1).

Another problem arises in adjusting the thoracic, lumbar, and kyphosis pads under clinical conditions to obtain an instant evaluation of the positioning. Many methods of securing pads are used. One approach that has worked well for me is the use of Velcro tape. The male Velcro section is attached to the pad and the female section is

sewn to the webbing or leather strap (Fig. 2). The pads may now be moved about easily to facilitate better positioning without time-consuming alterations.

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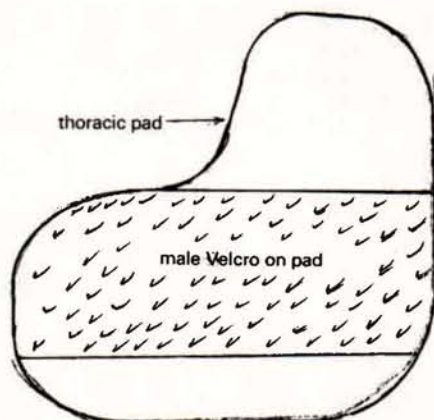


Fig. 2. Typical placement of male section of Velcro tape on thoracic pad to provide for evaluation of location of the pad during clinical trials. The female section is placed on the strap.

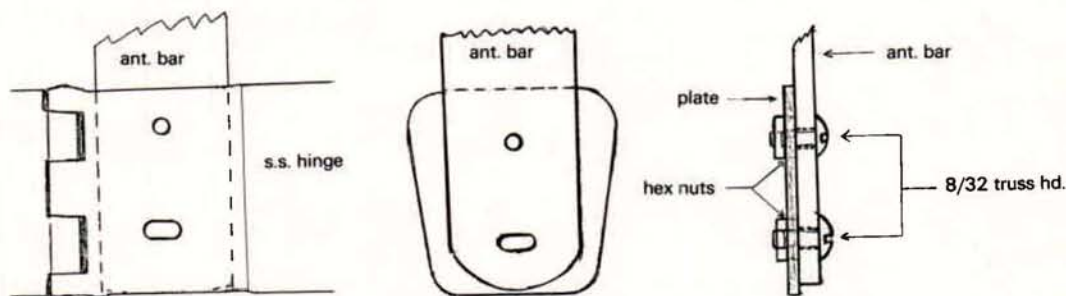


Fig. 1. An elongated lower hole is provided in the anterior bar of the "Milwaukee Brace" to allow for adjustment. The view on the extreme right illustrates this method with the conventional pelvic girdle, while the other two views show how this arrangement is used with plastic pelvic girdles.