

Basic Changes in Lower Limb Prosthetics

by Alvin L. Muilenburg, C.P.O.

After several years of very little change in above knee amputee fitting, we now have a *C.P.O.* issue with four papers on current advanced clinical practice in lower limb prosthetics. Some of these advances can be brought into use without too much difficulty while others require much more training and careful follow-up.

The techniques that involve materials and fabrication are usually not too difficult to try. But even changes in these techniques can give us problems that we didn't expect, and require extra caution during initial use.

Alterations of socket shape to adapt to more difficult amputations or congenital deficiencies is something where we also look for improvements. Papers that are written giving experience and suggestions on how to solve these problems give us help that is needed in our day to day fitting. This usually does not alter our basic method of alignment and cast model alterations.

The discussions concerning basic changes in socket shape and alignment cause us much more concern by whatever name they may be given. There is a new way to fit an AK amputation, that is certain. I cannot question the results; patient acceptance has been proven.

New information, however, does not always come easily. These new methods have been

brought to the public view only through a considerable amount of publicity, which then stimulates us to get more information. Traditionally information and results have been passed on from one prosthetist to the other; usually by visiting the developers and exchanging new ideas.

Educational institutions have provided a valuable learning ground. U.C.L.A. had a one week course in March and a few seminars have been held elsewhere. However, many details on how to teach the new methods have created controversy. We must support our educational institutions and help them to determine what should be taught.

I believe we need a working group of a few prosthetists who are already involved in the new methods to develop guidelines for teaching. Perhaps the Academy could organize this. Clinical evaluation programs have been discussed but communication between prosthetists involved seems to have adequately covered that area.

I want to express my appreciation to the publishers in this issue for all the work that has been done. Having this information published enables us to sort it out and make better decisions on improving our own care of the AK amputees.