

Centralized Manufacturing — An Asset To The Prosthetist and Orthotist^{*}

By LUCIUS TRAUTMAN

Four years ago at the National Assembly of OALMA in Chicago, I predicted that the time was coming when centralized manufacturing would become the standard practice in the orthopedic and prosthetic field.

I was convinced then, and I am even more convinced now that this will be a great boon to the prosthetist and the orthotist. Certainly, the certified prosthetist and orthotist should devote his main energies to the successful fitting of the appliance on the patient. He simply doesn't have the time, nor should he take time to do the rough work of manufacturing and the menial tasks of sawing, polishing, finishing on a limb or brace. Since that time new procedures have come into our field which have made it possible for the certified technician to spend less time on the manufacturing stage and more time on the professional level of service to his patient.

With the use of the adjustable knee to obtain maximum alignment of the AK amputee, the technician now can see the patient, measure him, pull and fit a socket within a few hours and have the patient walking—all in the one day. If he and the patient are not satisfied with the fit, he can continue to have the patient walk and work with him until the leg is in as near perfect condition as can be obtained today. This leg can then be sent to a central manufacturing establishment, where the balance of the limb can be made, transferred and returned to the prosthetist. The prosthetist can then make delivery with a considerable saving of time and effort for all concerned.

Now that the below-knee adjustable leg is available, the same thing can be done with the below-knee limb. This enables the certified prosthetist to fit the patient, get him walking and get the ultimate in lineup because of the ease with which adjustments may be made.

Centralized manufacturing has another advantage—improved service for the unusual amputations. The majority of prosthetists now employed in small establishments do not have the opportunity to become widely experienced with such conditions as hemipelvectomies, disarticulations, and Chopart's amputations. When cases such as these in a wide area are referred to a centralized manufacturer, his staff will become experienced in their treatment. They will do better jobs because they have a larger volume of experience. I like to compare this development to the situation in the medical profession. There the general practitioner can do and on occasion has to do, almost anything in the medical line. However, he finds it helpful to refer his patients to specialists for certain conditions. For example, he may send a patient to an orthopedic surgeon who does nothing but bone surgery.

It is important, also, to have some large establishments in our field which are financially able to spend money for development and research. When they are able to do so they will help keep up-to-date the small establishments which use them for part of the manufacturing. The larger centralized manufacturing company can also purchase material and equipment to advantage, since it will be buying in greater quantities.

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Similar opportunities exist in the field of upper extremities. The local certified prosthetist should be able to make the socket, do the fitting, and then be able to call on the centralized plant for the parts, elbows and forearm fabrication if he does not have the time to do it himself.

Brace Parts

Prefabricated parts offer similar advantages to the orthotist. Several manufacturers have developed parts which are adaptable to any size brace. There is a wide variety of sizes offered, and many of them are interchangeable. Complete stocks of parts are maintained. Prompt delivery allows the orthotist to handle more customers than he otherwise would be able to do. Use of these prefabricated parts means lower overhead costs.

Since the orthotist has more time to spend with the patient there is more assurance of an excellent fit.

The Future

I sincerely hope and pray for the day when all contacts with the patient are made by certified fitters. When we reach this point there will no longer be time enough for the prosthetist to spend going around the country trying to develop business—

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After leaving the presidency of OALMA he was elected a director of the American Board for Certification.

he will be too busy taking care of the handicapped who are contacting him. This means we are going to need more certified technicians in more communities. I can visualize the day when every city of 50,000 or more people will have at least one certified prosthetist.

With the steady increase in the population of this country there are inevitably going to be more handicapped who need our services. To serve them effectively and professionally we must take advantage of every labor-saving device which can be developed. In this lies the future of the limb and brace profession.

Welcome

The following firms have been elected to membership. Their names should be added to your copy of "The OALMA Roster; Leading Firms in the Orthopedic and Prosthetic Appliance Field":

Alaska Orthopedic Appliance Co., A. O. Rogers, Owner, 618-8th Avenue, Anchorage, Alaska.

Alpha Orthopedic Appliance Co., A. A. Tilton, President, 401 W. Pico Blvd., Los Angeles 15, California.

Jack Vollmer, Jack Vollmer, Owner, 208 South Western Ave., Los Angeles 4, California.

Minneapolis Artificial Limb Co. of Oklahoma, Ray A. Wilson, Owner, 305 Wright Bldg., Oklahoma City, Okla.

Pierre W. Delaby, Pierre W. Delaby, Owner, 127 Rowland Circle, Fayetteville, North Carolina.

House Of Bidwell, Inc.; Richard G. Bidwell, President, 525 North 27th Street, Milwaukee 6, Wisconsin.

House Of Bidwell, Inc.; Richard G. Bidwell, President, 520 S. Park St., Madison, Wisconsin.