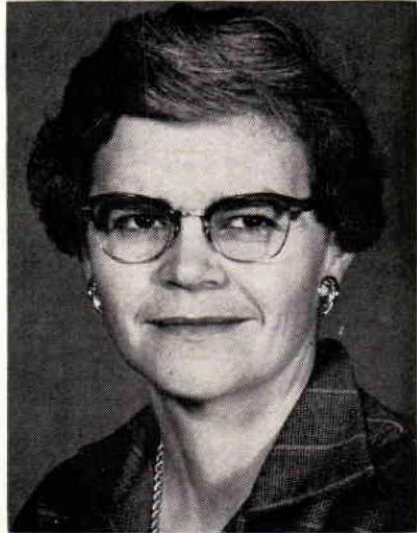


Assembly To Hear Report On Bracing And Reconstructive Surgery

Summary Of Assembly Paper

EDITOR'S NOTE: *The OALMA Assembly this year will hear a special paper on "New Developments in Functional Arm Bracing Correlated with Reconstructive Surgery." Because of its importance we have asked the authors for a summary, for the benefit of those unable to attend.*



Jacquelin Perry, M.D.

The authors of this paper are Vernon Nickel, M.D., Jacquelin Perry, M.D., Roy Snelson, C.O. and Jack Conry, C.O.

Dr. Nickel is a graduate in medicine of the College of Medical Evangelists, where he is now Assistant Professor of Orthopedic Surgery. He is currently Chief of Surgical Service and Head Orthopedist at Rancho Los Amigos Hospital.

Dr. Jacquelin Perry has her Bachelor's Degree in Education from the University of California at Los Angeles and her Medical Degree from the University of California at Berkeley. Formerly a Resident in Orthopedic Surgery at the University of California, she is now Orthopedic Surgeon on the staff of Rancho Los Amigos Hospital.

Roy Snelson, is Certified as an orthotist. He was on the staff of Logan and Company facility in Los Angeles from 1947 to 1956. Currently he is Chief Orthotist at Rancho Los Amigos Hospital and Clinical Instructor in Orthotics at the University of California at Los Angeles.

In her presentation, Dr. Perry will comment that:

"Research in Upper Extremity Prosthetics has provided much data that can be applied to the loss of the use of upper extremities. It is with this group that the authors have been working at Rancho Los Amigos Respiratory Center in Functional Arm Bracing Program. Successful prescription of the functional arm brace is facilitated by evaluating the activities of the upper extremity by five major components; stability of the shoulder and wrist joints are essential and moderate flexion of the shoulder to approximately 45° is most desirable. The elbow must not only be able to go through the full range of flexion but must also be able to be locked in the various positions.

Passive pronation of the forearm must be possible and a moderate range of supination is desirable. An active pinch, of course, is the most essential factor." The technique for producing these functions will be described by Mr. Snelson.

Mr. Snelson will also point out that:

"There are still many limiting factors in functional arm bracing. The main ones being: the bulkiness of the brace that supplies function of the entire upper extremity, the appearance of the orthosis, pressure on atrophied parts and the complexity of using accessory control sources. These problems may be met in part by the judicious application of reconstructive surgery. The basic requirement of reconstructive surgery is to correct deformities which prohibit effective bracing, of which the release of fixed supination is an example. It is our feeling that bracing and surgery frequently may be correlated, with the preference for a brace when surgery cannot produce satisfactory results where weak effective function requires stabilization or reinforcement."

A Functional Bracing Unit Demonstrated for the Meeting of Region VI, OALMA

At the Chicago Meeting, John De Bender, C.O. is shown demonstrating the functional bracing unit which he made for the patient. Patient is a post polio, respiratory case, who has bilateral, flail upper extremities with the exception of the hand and wrist which are functional. He was fitted with a Robin-Aids reciprocator and shoulder suspension hoop. This unit enables the patient to use the muscles of the leg to provide flexion and extension of the arm. With the aid of this unit the patient has been able to return to his job.



Coming in the Next Issue

The Tenenbaums report on
"The World Congress"
Charles Hennessy describes
"Local Arbitrations"