

Orthopedic-Prosthetic Idea Exchange

A New Column for Readers of the Journal

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.

Editor's Note: One of the long-felt needs in the limb and brace field has been an exchange of information between the orthopedic and prosthetic appliance clinics in various parts of the country. Many valuable procedures and helpful data are developed in local centers—information which deserves to be made available to all parts of the country. To help meet this need, Dr. E. J. Gordon, Director of the Orthopedic and Prosthetic Appliance Clinic, Veterans Administration in Washington and his associates at the Clinic have agreed to serve as an Editorial and Clearing House Committee for such items.

We hope to make this a regular feature of the *Journal*. Contributions from all members of the limb and brace profession, physicians, therapists and allied groups are invited. This includes prosthetists in private practice as well as those associated with clinics. These may be sent to either the Editor of the *Journal*, OALMA, 411 Associations Bldg. or to Dr. E. J. Gordon, 2007 Eye St., N.W., Washington 6, D. C.

Greetings! This is *your* column to exchange news notes and items of general interest to all groups interested in prosthetics. Many of you, undoubtedly, have ingenious ideas and "gimmicks" which you are utilizing in your local practice and which may be of value to other groups. This is the opportunity to "spread the gospel" for the benefit of all and the advancement of our chosen field of study and practice.

Last spring the idea was conceived by our clinic team to contact all of the orthopedic and prosthetic clinics operating through the Veterans Administration to exchange ideas in the operation of our clinics. The response was quite enthusiastic and all agreed that we should have a medium for the interchange of suggestions, helpful hints, ideas, etc. We have been most fortunate in obtaining a column in this *Journal*, which is distributed to all interested clinics and physicians.

The first item circulated was the editor's paper on "Control of Amputation Stump Infection with an Antiseptic Skin Detergent," published in the *Medical Annals of the District of Columbia*, July, 1956, and reprinted in part in this *Journal* in December, 1956. (Reprints available.) Many of the groups had already been using PHisohex regularly and have found it equally effective. Among these were the medical group under Dr. Iver J. Larson, in Honolulu, Hawaii, the Orthopedic and Prosthetic Clinic in Buffalo, N. Y., under Frank N. Potts, the Clinic Group in Philadelphia, Pa., headed by Dr. R. D. Heath, and the San Francisco Prosthetic Team of Dr. M. T. Sax.

A pertinent comment was made by *Dr. Roy Ciccone* of the Newark, N. J. Orthopedic and Prosthetic Appliance Clinic: "While we have not employed

any detergents in the treatment of stump conditions, it is our earnest belief that the use of PHisohex should prove very effective in reducing the instances of stump infections and resultant complications . . . We are, therefore, contemplating the use of PHisohex in the routine prophylactic care of amputation stumps . . .”

From the Pacific Northwest, *Dr. F. A. Short* of Portland, Ore., heartily agrees with the idea of disseminating information amongst the various clinics. “Each clinic has undoubtedly developed some procedures which they feel are superior, so the other clinics could have benefit of these. I think that a section of one of the publication now in circulation, such as *Artificial Limbs*, would be the best method for spreading this type of information . . . We would be glad to submit a paper on the Otto Bock knee, with which we have had considerable experience in Portland.” The editor is deeply appreciative of the comments of Dr. Short and I am sure that all of us would be very interested to learn of his experiences with the Bock knee, which has not had extensive trial, especially on the East Coast. We hope Dr. Short will send us more information on this for a subsequent issue.

Some of the problems of the suction socket have been solved by the Orthopedic and Prosthetic Clinic at San Francisco and Los Angeles, Calif., where *Dr. M. T. Sax* reports the use of a stump or cast sock of light weight in conjunction with the suction socket. Perhaps other clinics have also utilized a similar device, or, perhaps, the “wife’s nylon stocking,” and we would certainly like to hear about it.

We are sure that other cities also have valuable items of interest that they would like to disseminate, such as a particular idea in the administrative setup of a clinic, or the physical setup with various devices to aid in examination. For instance, in our clinic, we use knitted wool swimming trunks, which fit tightly and expose the upper edge of the socket, are easily laundered, and which facilitate examination of a veteran with a leg prosthesis.

Perhaps you have had an exhibit lately. Have you utilized your exhibit material by posting it about your clinic so that the amputees and visitors may have continued benefit from that material? We have done this, with posters relating to the use of suction sockets and other prostheses on our walls. It is surprising how much interest is generated from visiting dignitaries, and even the patients, from these posters alone.

Dr. Hamilton Allan, our regional consultant, has suggested the addition of a social service worker to the clinic team to aid in the rehabilitation of the veterans and for follow-up programs in the homes, also contacting delinquents. Do you agree, or do you feel that a vocational counsellor would be of more value and should be intimately connected with the team? So many of the veterans, we find, are relying on their monthly pension checks despite months of expensive vocational guidance and training. Could they be benefited by a follow-up guidance worker attached to our clinic?

Another suggestion by one of our prosthetists is to furnish each member of the clinic team with a copy of the roster of appointments so that each may follow the proceedings as well as use this for notations on patients of particular interest to him.

Let us have your comments on such items—now that we have made a start, let’s make this a lively and active column—*Your Column!* ! !

(NOTE: Contributions for the December 1957 *Journal* should reach Washington by December 1, 1957.)