

Orthopedic-Prosthetic Idea Exchange

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Now that summer is drawing to an early close, we anticipate the usual quickening of the prosthetic pulse and a renewed interest in our ever recurring problems of braces and prostheses. Your summer repose is over and now we shall expect your most welcome communications and helpful hints to pass on to our widespread host of readers (we hope!).

Perspiration continued to be a top priority problem in our area, but frequent use of Phisohex appears to be reducing the associated cutaneous problems. In addition we have experimented with a nylon bag (actually an eviscerated nylon powder puff!) filled with Silica-gel, fastened in a pre-fashioned depression in the knee seal by gripper snaps. The amputee merely snaps out a soaked bag and snaps in a fresh one as needed; in the evening he dries them in a moderate oven and is ready with a fresh supply the next day. We have encountered a slight difficulty in placing the bags in position but hope to facilitate this by adjusting the position of the snaps. We feel this will supplant the paper bag containers of Silica-gel, now supplied as Protect-Sorb. However, these containers have been quite useful, as evidenced by a comment recently received from *Joseph Martino of Boston*: "It has been our experience with the Silica-Gel in suction sockets that it seems to work well with normal perspiration. However, when an amputee perspires a great deal, the paper container almost dissolves. As the cost of these bags is inexpensive, we recommend that the patient insert a new one rather than go to the trouble to 'cook it dry.'"

Weight of Amputees

In our Washington Clinic we have been giving increasing attention to the weight of our amputees. Fluctuating weight has been a nagging source of fitting difficulty, frequently causing expensive replacement of otherwise satisfactory sockets. The dietician now attached to our prosthetic team keeps a record of body weight at each amputee's clinic visit, and disseminates general dietary information to all potential "avoirdupois candidates." We hope this will prove to be a valuable step in preventive medical care of amputees.

One of the most critical problems to face the orthopaedist concerns special orthopaedic shoes. Sagacity and perspicacity must supplement a thorough basic orthopaedic knowledge to solve the majority of these vexing situations. Mental and emotional factors, prominent as they are in the amputee, constantly harass the orthopaedic technician and examining physician, and confuse the basic issues to an even greater degree, in achieving a satisfactory fit of specially fabricated orthopaedic shoes. The desire for perfect foot comfort and ability to walk as well with his deformity as he did before predisposes to a recurrent preoccupation and fixation, finding expression and outlet at frequent clinic visits. Temporary satisfaction is usually quickly supplanted by focusing attention to another area with which to seek another pair of shoes, etc. In the Veterans Administration Shoe Program, so ably set up by *Dr. C. F. Mueller and Joseph Ufheil* of the Prosthetics and Sensory Aids Office (also

attached to our clinic and of invaluable aid), the use of a central last depository and repair of all special shoes over these individual lasts has resulted in prolonged wear and satisfaction with subsequent economical savings of substantial magnitude. Incidentally, we have been trying to revive interest in the lowly and ancient shoehorn for routine use to prolong the life of the heel counter. It's surprising that such a useful item, usually distributed gratis, finds so little actual use. When did *you* last use one?

How are your Canadian hip disarticulation prostheses functioning? Comments on this still relatively rare prosthesis are very much desired by all members of our profession. At the New York Veterans Center a hip-lock type of catch to stabilize the hip in place of the lateral stride-limiting strap has been reported to be of considerable success in special situations. We have two veterans now being fitted, after long and successful use of a tilting table prosthesis—more about their progress in our next issue. Experience is obviously required for successful fitting and minimizing of difficulties; this is still to be obtained.

Those of you who were fortunate enough to attend the one-day seminar of July 15th at the Veterans Administration New York Regional Office were treated to a very intensive review of the latest developments in limb research. It was a well planned and organized program with forum discussion which everyone thoroughly enjoyed. Don't miss the next one if you are eligible to attend!

The Vickers Hydro-cadence hydraulic limb is now under limited manufacture in five experimental stations throughout the country. The preview releases have been most stimulating and everyone is anticipating more information on its performance. If anyone in contact with these limbs would forward your comments, we would be most happy to spread the news, good or bad.

Has anyone seen any bizarre types of amputations lately? We recently examined a 27-year-old Spanish girl with a Symes amputation performed in Spain at age 14 for a flaccid foot resulting from poliomyelitis incurred at age 3. Severe atrophy of the entire involved lower extremity resulted in the usual shortening plus a fixed, pelvic obliquity. Growth of the normal leg after age 14 has now given her a BK stump with Symes type of end-bearing, and with the pelvic tilt, the Symes stump is now $4\frac{1}{2}$ inches above the ankle center of the normal leg! She is being fitted with a BK wood socket with partial end-bearing, short thigh corset, and Sach foot.

SACH FOOT NOTES

All of which brings us to our current favorite prosthetic topic, the SACH foot. We are prescribing them routinely now, unless the veteran objects; females who want to wear pump type of shoes also cannot be fitted with such a foot, which will bulge laterally with weight bearing and will not retain the shoe on the foot unless it be a strap type of shoe.

However, experience to date has shown that there is still a maintenance factor with these feet, albeit less than with the wood foot. The rubber heel cushion occasionally pulls loose or softens with constant use. Replacement of the rubber inserts is easily accomplished, usually inserting a wedge of firmer durometer.

Minor repairs can easily be done by the amputee, using a small tube of Barge rubber cement whenever the neoprene heel inserts spread apart or tear. Issue of this inexpensive item to the amputee when the limb is approved will facilitate the early repair of such small tears and separations and prevent major repairs and replacement.