

Orthopedic-Prosthetic Idea Exchange

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The subject of prosthetics appears to be receiving ever increasing attention from physicians in general and especially from the orthopedic surgeons, as witnessed by several fine articles in a recent issue of the *Journal of Bone and Joint Surgery* concerning bilateral Canadian Hip Disarticulation Prostheses, lengthening of a short humerus stump by bone grafting to better utilize an above elbow prosthesis, and other subjects. In addition, the National Research Council is planning a yearly forum or symposium discussion for orthopaedic surgeons interested in prosthetics in conjunction with the annual meeting of the American Academy of Orthopaedic Surgeons. This should provide an excellent stimulus for interchanging ideas in this field, which is incidentally the principal goal of this column.

The prosthetist and orthotist members of the Washington Clinic team have proven themselves vital components of the group approach to prosthetic problems. Not uncommonly one of our prosthetists introduces an idea originally derived in his civilian practice which is of great aid in solving a vexing problem with one of our amputee veterans. These are the bits of information we would like to have for this column so that they can be widely disseminated and perhaps ease the burden of some unhappy amputee.

SACH Foot Experience

We are learning many things about the SACH foot as the number of veterans utilizing this apparatus mounts into the several hundreds. One amputee reported difficulty in dancing, stating he lacked torsion and twisting motions which were present in his old wood foot with a single axis ankle assembly—he really must have had a loose ankle joint to permit that much torsion! Another below knee amputee complained of difficulty in pressing down on the accelerator pedal of his automobile, requiring excessive thigh and knee activity for long drives because of the lack of an articulated ankle joint. This appears to be a valid objection, but of limited significance. Bilateral amputees, especially above knee types, note loss of balance and a rocking action in standing with two SACH feet. However, the great majority are very happy with their “new feet” and here in Washington it is the consensus that this is the most widely accepted and enthusiastically received prosthetic modification which has resulted from the accelerated research program launched after World War II. Many of the handicaps originally attached to the SACH foot have proven false, such as prohibition of the use of certain shoe styles—moccasins and high top shoes in men, pumps in women; we have several amputees doing surprisingly well with such unorthodox foot wear.

Molded Shoes

The use of molded shoes has become very popular in the past three years, but some of the claims made for them by one very large distributor are so fantastic that the Federal Trade Commission has begun action to curb such misleading advertising. Your editor recently testified at such a hearing, and was called upon to state his opinion if special molded shoes could cure stomach ulcers, pelvic and menopausal disturbances in the female, colitis, arthritis, and many other diseases! Inasmuch as such shoes are often a valuable aid and provide remarkable comfort to the individual requiring this particular type of shoe, isn't it a pity that the manufacturers don't stick to bonafide claims instead of making such absurd and unfounded statements?

This clinic has had several experiences recently with failure of biceps cineplasties, involving two specific cases in which the amputee stopped the use of his prosthesis immediately upon leaving the jurisdiction of the service hospital. In both instances they were having difficulty with their biceps tunnel with constant irritation from the use of their cineplasty prosthesis. Neither could be converted back to the cineplasty type of prosthesis after having successfully used the standard type of below-elbow appliance; one amputee was able to demonstrate the use of the standard type above his head in the same manner as with a cineplasty prosthesis. The question of closure of the biceps tunnel was raised because of difficulty in maintaining good skin hygiene within the tunnel, and its tendency to partially close and also with resultant accumulation of secretions, dirt, etc., and secondary dermatitis. We have had four or five such instances in the past 5 years in which the cineplasty prosthesis was discarded shortly after discharge from military service. We would like to hear comments on this subject from other sources as it is our impression that this type of amputation and prosthesis is not as successful as originally reported.

Several of our amputees prefer the Northrop two-load hook instead of the APRL hook stating that it is worked with the same motions as the Dorrance hook but with approximately 50 per cent less work and resultant decreased fatigue. However, it cannot be used for heavy work because of the weak housing. Some amputees also prefer the smaller overall size of the Northrop two-load hook as compared to the APRL hook.

We have recently been using *Prantal* cream to control perspiration problems of amputation stumps, following up the work of Dr. Frederick Vultee of Richmond, Va. who reported successful control with the use of 2 per cent Prantal powder or Prantal cream. This is a difficult problem and it is suggested that other clinics participate in this study for a better overall evaluation.

Let Us Hear From You

Please let us hear from the readers of this journal and let us have your comments on any of the phases of prosthetics in which you may be interested. Without your participation we are not achieving the interchange of ideas that was contemplated when this column was begun. Take a second, jot down your idea and send it along, and we will be happy to see that it gets proper distribution.

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