The device is operated as follows:

The tunnel pin is picked up by the mouth and placed into the clamp. Clamp is tightened by pushing lever up and away from self. By maneuvering the body, the tunnel opening is brought to the pin and pushed over it into position. When pin is in place, then clamp is unlocked by bringing the lever forward. (See picture series a through d.) Pin is removed by reverse process (see picture series e through h).

CONGENITAL AMPUTEE CASE

Reported by DONALD BOHNENKAMP, C.O. & P.
President, Missouri Valley Brace Company, Omaha, Nebraska

Donald R. Bohnenkamp reports to the Journal about the case of a 46-year-old patient who was a congenital amputee. He had a long history of ill-fitting limbs and of not being able to walk properly. He has a small foot attached to the back of his calf. This might have been removed by surgery, leaving an excellent below-knee stump, but the patient could not be convinced that this would be best for him.







When first seen the patient was using a wooden shank with an anterior cutout covered by a laced leather pad. Crutches were necessary for ambulation.

To give him a good fit, the Missouri Valley Brace Company made a molded plastic socket. It was necessary to cut out the posterior wall and hinge it back so that the stump could be inserted easily. The posterior wall was locked in place with a trunk latch type of clasp. Now he has worn this limb for about six months and is quite satisfied with it.

In the accompanying photographs details of the patient's stump and new prosthesis are shown with the prosthesis. There does not seem to be

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any sensitive area in the stump but he gets an irritation if too much weight is borne on the medial aspect of the tibia. The weight in the new prosthesis is distributed around the top of the socket, with most of it being supported on the anterior portion just below the patella. There is also some weight carried on the ball of the small foot. The socket is of hard plastic shaped the same as a below-knee limb. A conventional foot is used.

This prosthesis was designed and fitted by Mr. David Burton, C.P. & O.



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