

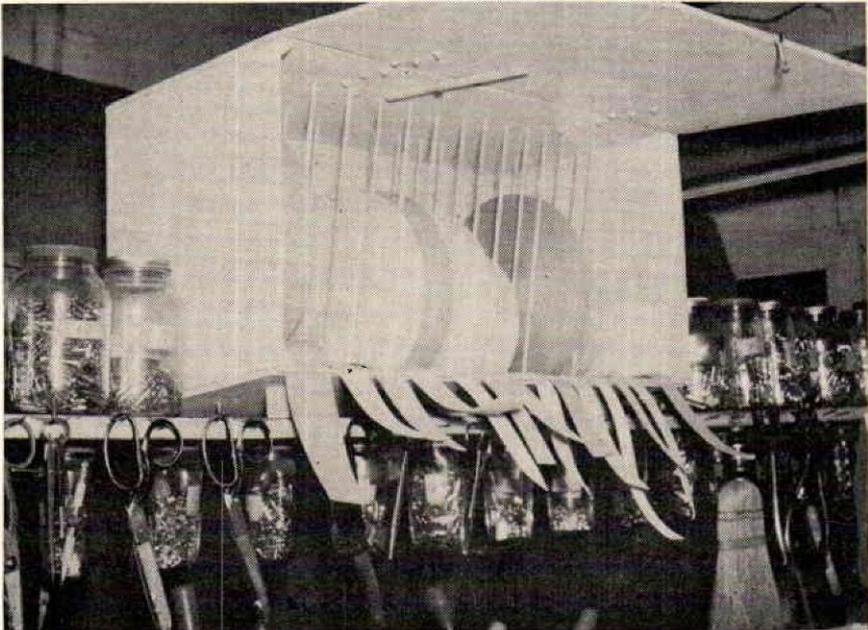
NELSON GADGETS

By Kurt B. Nelson, C.O.

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GADGET NO. 5 — WEBBING CABINET

The Webbing Cabinet will save you time, and keep the webbing clean and very handy. We mount this cabinet above the leather bench so the protruding webbing ends are at eye level. The rolls of webbing are spaced for free motion with two vertical bars or wires between rolls. A one-inch drop in back keeps rolls in back of cabinet. The bottom of cabinet is one-half inch short in front and small nails are used to keep each webbing in place. A bar in front of the nails directs the webbing down. A hinged door with a hook in center completes the cabinet. A short bar attached inside cabinet at top is used to hold door open for servicing.



We have found that wooden box 12x12x24 inches, inside measurements, will serve this purpose well. The cabinet shown is made of one-quarter inch plywood with quarter-round molding for corner reinforcements and it has been in use for a long time.

Orthopedic-Prosthetic Idea Exchange

Contributing Committee: Everett J. Gordon, M.D., *Chairman*; Joseph Ardizzone, P.T.; Raymond Beales, C.P.; Victor L. Caron, C.P.; Charles Ross, C.O. & P.

In the past few weeks we have had some very interesting letters from readers of this column. One physician amputee, Dr. Howard Mofenson of Long Island, New York, agrees that most amputees do not switch from one prosthesis to another, but usually wear one particular prosthesis, using the other only as an emergency spare. Dr. Mofenson suggested that some amputees should be furnished with spare parts so that they could replace worn out components themselves in order to conserve time and reduce expenses. Apparently the doctor is quite mechanically adept, but it has been our experience that most amputees do not have the technical knowledge to make proper adjustments or part replacements. As our readers undoubtedly know, correct alignment is very important as many difficulties can be attributed to malalignment of component parts; I believe that such problems would multiply with a "do it yourself" program. However, minor adjustments are sometimes made by amputees, such as tightening of the U bolt of the foot or adjustment of knee friction, which certainly saves time and adds to the useful life of the prosthesis.

The length of service of prostheses constitutes quite a problem in both Veteran Administration and private practice. The contrasts are sometimes quite startling. I recently had a 35 year old welder come to my office and reluctantly request that I prescribe a new prosthesis to replace the 15 year old plug-fit AK prosthesis which had been partially burned and otherwise abused in his work. He had gotten along very well with repairs made by both the shop and himself, despite a very strenuous occupation. On the other hand, we have a young war veteran who is a sheet metal worker who greatly abuses his prosthesis and constantly requests replacement every one and a half years. Although this particular veteran has been strongly advised to promptly report for necessary repairs and to take better care of his prosthesis, this has made little difference, as he had learned that by complaints to his Congressman or directly to the Central Office of the Veteran's Administration he can always obtain a replacement prosthesis. It certainly seems to make quite a difference in the care of a prosthesis when some one else picks up that big tab for a new appliance!

How to handle the emotionally disturbed amputee who constantly requests unwarranted and unnecessary services and appliances is a universal problem, that must affect all of our readers. There have been many reams written on this phase of prosthetic administration, but the individual problems are sometimes "pretty tough nuts" to solve. How do *you* reason with an individual who has become obsessed with the conviction that all of his problems can only be solved by switching from one prosthesis to another, and then when this fails, to some other type of prosthesis? I am sure our readers would be interested in your thoughts on this very touchy subject.

In my opinion, merely acceding to an amputee's demands does not always improve his condition, as he can best be helped by thorough medical analysis by the entire prosthetic team, then adhering strictly to the recommendations made, even though they may not be to the amputee's liking. The team opinion should be supported by higher officials, even in an election year when the Congressmen seem more anxious than ever to interfere and help their constituent veterans.

The collection of surplus limbs and orthopaedic appliances for overseas shipment to Indo-Asia appears to be making good headway. Our clinic area is almost overflowing with high piles of discarded artificial limbs and braces. We certainly hope that all of our readers will continue to exert their efforts to collect these appliances, which will have further use in the needy countries of the Far East.

The Orthopaedic and Prosthetic Appliance Clinic of the Washington, D. C. area of the Veterans' Administration has recently been conducting some rather surprising findings and it is hoped to publish these soon in a separate article in this *Journal*. Among them, we found that the use of a spring assist in the elbow has added to the appeal and convenience of artificial arm appliances in this particular amputee group. The spring elbow assist also makes it easier to lift objects while wearing a coat, by helping to overcome friction resistance. It also softens the click in the arm as it swings in walking, acting as a check. We have also found that those with very short stumps or of the shoulder disarticulation type will sometimes accept a shortened prosthesis for functional use around the house or even at work, whereas they refuse to use a full-length prosthesis. The improved leverage and diminished weight are a distinct advantage in this very severely handicapped group, and frequently make the difference between a completely rejected prosthesis and part-time use. In addition, the forearm of the prosthesis can be brought closer to the body if the overall length of the prosthesis is shortened. Also, by raising the prosthetic elbow center one inch above the actual center, an asymmetrical crease of the arm sleeve of the coat can be prevented, increasing the cosmetic appeal of the prosthesis.

We were very pleased recently to receive a note from a physicist with a very short upper arm amputation who had not used a prosthesis for many years, following an unsatisfactory experience with a limb shortly after World War II. He was examined in our survey program and accepted our recommendation for a modernized prosthesis with a Dorrance hook 5XA, which he then used regularly and without difficulty. He suggested coating the individual strands of the metal cables with Teflon as a dry lubricant to reduce friction both on the surface and between the strands, thereby allowing the load to be distributed more uniformly and increasing the strength of the pull. Sometimes we have pretty smart patients!