

A Surgeon Comments

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The Research and Development Program for Amputees received added impetus from a recent conference in Washington, D. C. of the Committee on Prosthetics Research and Development which held a conference on "The Geriatric Amputee" at the National Academy of Science. Many of the top surgeons and scientists of the country were assembled to exchange views and research data in prosthetics research, especially in regard to more vigorous rehabilitation of the older amputee. This problem has increased as medical science has pushed the average span of life beyond the Biblical three score and ten. With an ever increasing number of senior citizens, many of whom become susceptible to the vascular problems of the aged, there is a progressive increase in the number of amputees who require expert attention for fitting with artificial limbs and rehabilitation, an ambulatory parent certainly poses much less of a problem to his family than a bedridden cripple. Don't be surprised to hear of wider prescription of artificial appliances for individuals previously relegated to the "scrap heap" as not suitable for rehabilitation. Many surgeons who previously were strongly opposed to the prescription of artificial limbs after amputations for vascular disorders are now changing their views, after observing increasing success with the use of modern prosthetic components.

The Patellar Tendon Bearing below-knee prosthesis appears to be losing some of its initial spectacular popularity. We still have two bilateral amputees who have continued to wear their new prostheses with considerable success but some of the unilateral amputees have returned to their conventional appliances. It appears that future candidates will require more careful screening before the Patellar Tendon Bearing prosthesis is prescribed.

A recent experience with one severe problem encountered in private practice may illustrate what persistence and positive encouragement may accomplish. A 52 year old female with a below-knee amputation of 34 years duration fractured the femur on the amputated side in 1957, followed by gangrene after open reduction. An above knee amputation was performed as a life saving measure, followed by fitting with a conventional "plug fit" prosthesis. She gained 100 lbs in the next 2 years, weighing 210 lbs, 63" tall, when initially seen. She had not used her limb in the past 2 years, confining activities to a wheelchair.

Examination revealed a mid thigh amputation with a large, redundant, exquisitely tender, soft tissue mass in the terminal scar. The patient was unable to full insert the large stump into her prosthetic socket. She was encouraged to lose weight with the help of her family physician, and made moderate progress in this direction. Surgical revision of the stump was postponed because of a history of pulmonary thrombus, and her poor general condition. However, after a loss of 50 lbs. in body weight, the stump was revised; a large neuroma and redundant soft tissue mass were removed. Several exostoses noted by pre-operative x-ray were also resected, and the bone ends smoothed. The patient made an uneventful recovery from surgery and continued her weight loss at home. A new prosthesis with an ischial

seat has now been ordered, but the measurements are being deferred until her weight loss is complete.

The point of this story is well illustrated by the patient's unsolicited letter: "When Doctor W. found me sitting in a wheel chair, I had completely lost all faith in all doctors, and had become resigned to sit for the rest of my life, rather than take another chance in torture at the hands of a brutal physician. It still is a mystery to me and my family as to just who made up my mind for me, since I had sworn NEVER to have another amputation. Therefore, all that I can say is thank you very much for these services, which had brought me back on the road to living. I am losing weight slowly but surely, and I shall be calling for another appointment soon." Isn't a letter like this sufficient reward for persistent effort to help such individuals?

The author recently published an article in the Journal of International College of Surgeons, entitled "Do Above Elbow Amputees Use their Prosthesis?" representing a clinical survey of the above elbow amputees attending the Washington area Veteran's Benefits Office. Reprints are available upon application to this journal. Reprints of previous articles on "The Orthopaedic and Prosthetic Appliance Team" and "The Clinical Use of the Sach Foot" are also available. You may be surprised to learn that many more upper extremity amputees are now using prostheses, reflecting the improved performance of newer appliances as a result of research and development sponsored by the Veteran's Administration and the National Academy of Sciences.

Readers are reminded that their comments are welcome and we would very much appreciate communications to this department. We will be more than happy to publish any new ideas or critical comments on new appliances. Please pass them along, no matter how trivial they may appear to you—they may be important to someone else.

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