SOME CLINICAL EXPERIENCE WITH THE O.H.C. KNEE-DISARTICULATION PROSTHESIS

Bert Goralnik, C.P.1

The O.H.C. Knee-Disarticulation Prosthesis is being used routinely at the Veterans Administration Prosthetics Center. A brief report of experiences with six cases is given here.

Patient #1—This patient is a 57-year-old male, right above-knee amputee. The patient's residual limb is 12 in. long, and the cause of amputation was an automobile accident. The patient is not active, but enjoys working in his garden. After switching from a conventional knee-bearing prosthesis, the patient as well as the clinic team feels that his gait is much smoother with the O.H.C. unit. Furthermore, his major criteria of ample stability has been met.

Patient #2—This patient is a 48-year-old male, left, above-knee amputee. His residual limb is 11 in. long. The patient is moderately active, particularly in his home, (painting, masonry, etc.). In the past, the patient has not been pleased with the Henschke-Mauch SNS unit, because he feels that it offers too much resistance during the swing phase of walking. After wearing the O.H.C. unit for approximately nine months, the patient is very pleased overall with his gait.

Patient #3—This patient is a 42-year-old male, bilateral, above-knee amputee. The left side has been fitted with the O.H.C. knee-disarticulation prosthesis, due to the length of the residual limb $(11 \ 1/4 \ in.)$. The patient is overweight, his level of activity is minimal, and he has always had problems because of scar tissue in the distal part of the stump. The patient complained that he had trouble "breaking" the O.H.C. knee unit when he attempted to sit. He also felt that his gait was not smooth. Overall, the patient was not satisfied with the O.H.C., and reverted to the prosthesis with the Dupaco unit, a system that features a yoke that is fixed to each outside knee joint in order to make the swing phase unit useful.

Patient #4—This patient is a 31-year-old male, right, above-knee amputee. The cause of amputation was vascular insufficiency. The patient is very active and previously had had more than fifteen malfunctions with the Dupaco yoke system. His major activities include fishing and gardening. After eleven months of wearing the O.H.C. unit, the patient is very satisfied. He feels that his gait is quite smooth, and has had no need for repairs or adjustments.

Patient #5—This patient is a 29-year-old male, with a transcondylar amputation of the left femur. The patient has always had a problem of irritation in the distal part of the stump. The patient plays basketball daily, and therefore his level of activity is obvious. In the past, the patient has had numerous mechanical problems with the SNS hydraulic system. After wearing the O.H.C. for a period of sixteen months, the patient has not had a breakdown. His gait is smooth, and he is very satisfied.

Patient #6—This patient is a 44-year-old, left, above-knee amputee, with residual limb of 11 1/2in. In the past, the patient has always been a knee-bearing wearer. His case is unusual in the sense that the patella is retained anteriorly, but not attached. The patient is very active, his major hobby being golf. Although he has additional mobility, he does feel that the stability is not as evident with the O.H.C. Otherwise, the patient is quite satisfied with the prosthesis.

¹Technical Assistant to the Director, Veterans Administration Prosthetics Center.