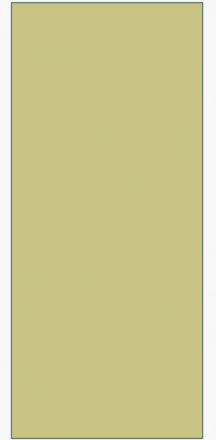


CASE STUDY



DEMOGRAPHICS

- Male age 53yrs, ° smoker, ° alcohol
- Lives with wife. House with stairs
- Preamp mobility > 500yds but slowly
- No falls preamp, x3 post surgery (x1 on ward)
- Driving until days before surgery
- Has diabetic footwear + insoles
- Goals (29/9/14):
 - To walk to the top of a local hill
 - To swim regularly
 - To walk around town and shops
 - To go to football matches
 - Return to hobby of UK and international travel

HPC AND PMH

- Right TF 23/8/14 – infected diabetic ulcer
- Equal posterior and anterior flaps
- ↑ cholesterol and ↑ BP. Sleep apnoea on CPAP
- Diabetic on insulin. Diagnosed 1999
- Left ?ulnar neuropathy post surgery – under investigation
- ↑BMI. Weight on 6th Oct = 126kg

PHYSIO ASSESSMENT

- First Ax 6th Oct. Custom-made Juzo issued
- Powers globally 4/5 except L upper limb
- Small FFD of 5-10° at R hip (not doing any exs)
- 5° from PG at L ankle but accommodated by pitch of footwear
- PPAM aid commenced 9th Oct – too large for femurett
- TFFP on 16th Oct 28/36. Scores for 7 and 8: 3 and 2
- Also struggled with t/f to chair with arms and walking with PPAM aid outside of // bars
- Hypos after physio

PRIMARY ASSESSMENT

- Done on 20/10/14 (7wks post-op)
- Barthel 10/20 – mainly due to UL problems
- Deferred referral to neurology for UL
- Motivated and keen for a prosthesis but low TFFP score and ? Unsure of commitment
- **Decision:** deferred decision for 6 weeks to allow time for period of rehab

PRIMARY REVIEW APPOINTMENT

- 17/11/14 (12 weeks post-op)
- Consistent attendance at physio
- Hypos now rare but weight now 132kg

- UL improving slowly – referred to neurology
- TFFP now 35/36. Scores for 7 and 8: both 4/4
- Fully healed. Non-adherent scar
- ROM improved. Ex tolerance much improved
- PPAM aid: ZF x 120m with just 1 rest

- Predicted: SIGAM Ca / Cb (A2L)
- Free knee or SAKL ??

FREE KNEE OR SAKL ?

- Cognitively good
- Pre-amp mobility pretty good >500m and stairs
- Little else PMH (except obesity)
- Balance not good on remaining leg
- Demonstrated commitment

- **Decision:** trial of free knee:
- Cast for ICS 26th Nov
- Delivered to physio 15th Dec:
 - 3R49, SACH foot, TES belt

3R49 KNEE

- Monocentric, max wt 100kg
- Load activated brake – high degree of stability
- Sensitivity of wt activated brake can be adjusted
- Extension assist
- Swing phase friction

- Suitable for those needing high degree of stability

Indep c RF, stairs, side stepping etc
But: wt at end of Jan 136 kg



CHANGE OF KNEE UNIT

- Changed to Nabtesco NK6 Symphony on 9th Feb
- 6 bar knee – geometric alignment
 - Polycentric
 - P-MRS ‘locks’ knee until mid-stance
 - Natural stance flexion (10° max) from IC to mid stance
 - Hydraulic cylinder - smooth swing phase
 - Easy to initiate swing phase
 - Optional lock
 - Suitable for ‘medium to high activity levels’, max wt 125kg



PROGRESS SO FAR

- Gait training had to go back to basics:
 - Knee released by loading of toe: step through of sound limb is essential
 - Walked well in // bars but struggled with frame initially. Introduced 4 part sequence
 - Struggled with stand → sit due to position of remaining leg
 - Indep in // bars and then with RF
- BUT
- Recent ↑ oedema (2 weeks after delivery of NK6)
- Affects stump + remaining leg. **Wt 141kg !**
- Under investigations: kidney, heart, medication
- Now what ??