Prosthetic Limb Basics for Sliding Instructors

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WSC Seating & Prosthetics Team



Objectives

- 1. Identify and describe basics of prosthetic componentry used for daily wear and sport specific prosthetics.
- 2. Describe potential modifications to a client's daily prosthesis to allow effective sliding and control.
- 3. Identify potential safety recommendations/precautions for clients utilizing prosthetic limbs for sliding activities.



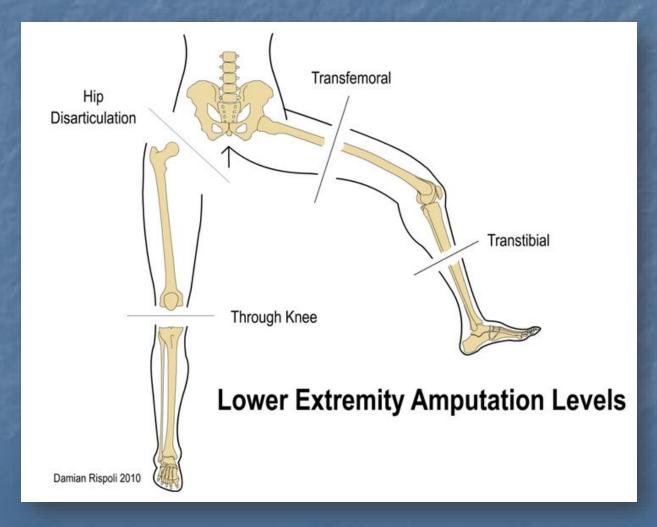
Who makes the Team?

• ATHLETE

- Adaptive Coaches/Instructors
- O&P
- PT/OT
- REC THERAPY
- PCP/Specialty Provider
- SEATING/WHEELCHAIR TEAM
- Service organizations
- MENTAL HEALTH
- INDUSTRY EXPERTS



What level is the amputation?



Hip Disarticulation

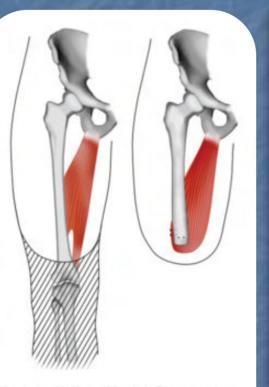
- 1. Amputation at the pelvic level
- 2. No femur remaining

3. Clients will most commonly be three tracking or using Mono or Biski.

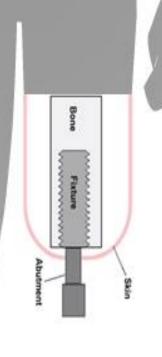


Transfemoral Level

- Transection of the femur bone. AK or AKA
- Residual limb or limb preferred over "stump"
- Preservation of length
 - 1. Decreased muscular attachment and control with shorter limbs.
- Surgical types
 - Myodesis is common attachment of muscle to other muscles and bone.
 - Osseointegration contraindicated for stand-up sliding activities



Myodesis of Adductor Muscle in Reconstructive Transfemoral Amputation Surgery. Illustration courtesy of Prosthetics Research Study, Seattle, Washington.

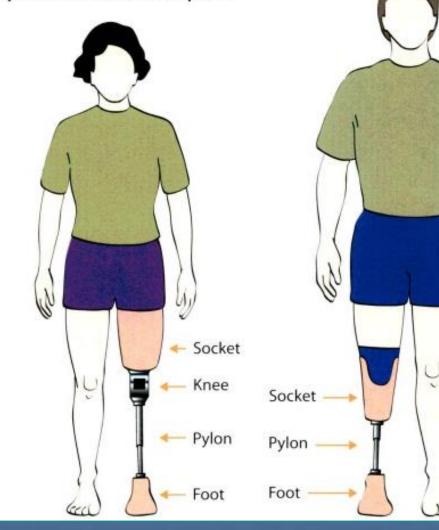


Transtibial Level

- Transection of the tibia and fibula bones. BK or BKA
- 2. Preservation of length improves surface area to spread forces.
- 3. Ertl surgery vs standard procedure

TF Prosthesis vs. TT Prosthesis

A prosthesis has several parts:



Y)

Prosthetic Suspension Components

Liners, sleeves and Tes Belt
Suction vs suspension lock
Holds limb in place
Liner protects skin











Volume Management

- Prosthesis should be snug in standing position
- Loose socket puts too much pressure on bony prominences
- Add prosthetic socks to tighten a loose socket
- Dehydration at altitude can cause loss of volume of the limb

Preparation for the skiing/snowboarding

- Participant should see a Prosthetist at least 1 month ahead of sport activity
 - Ensure client has a good fitting socket
- Hydrate before and during the event
- Pack and bring supplies
 - Extra suspension sleeves if transtibial
 - Tes or Waist belt if transfemoral
 - Extra socks & pads
 - Spare parts for your limb for repairs and adjustments (ex., gel liners)

To use or not to use the prosthesis?





Upper Extremity









Do clients need a sport specific prosthesis to participate in sliding activities?

- Most daily wear prosthetics can be modified for use for sliding sports.
 - Be aware!!

Torsion pylon decreases rotation control in skiing
 Torsion pylon is nice for snowboarding



Skiing Modifications

- Perform brief dryland assessment if possible
- Achieve athletic position
 - Do not recommend adjusting alignment
 - Heel wedge provides appropriate forward lean adjustment
 - Tape to bottom of prosthetic foot
- Boot calf filler
 - Dense foam around pylon
 - Allow for better control of the boot and ski
- Plastic bag
 - Makes putting the prosthetic foot in the ski boot much easier



Easy Modifications for improved sliding control







Snow Boarding Modifications

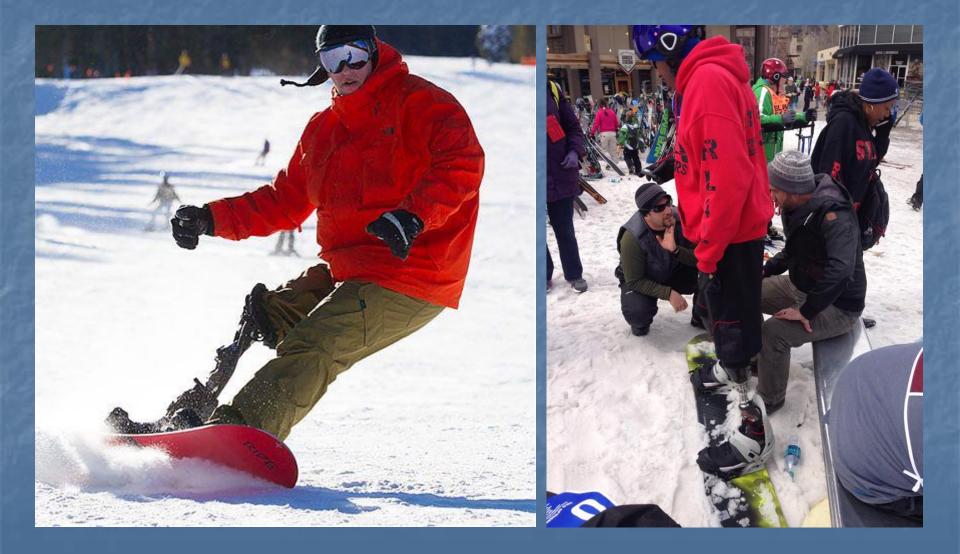
- Perform brief dryland assessment if possible
- Achieve athletic position
 - Heel wedge provides appropriate forward lean adjustment
 - Tape to the board at the binding
- Boot calf filler
 - Dense foam around pylon
 - Allow for better control of the boot and board
- Junior binding trick
- Plastic bag
 - Makes putting the prosthesis in boot much easier

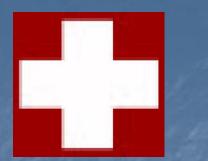


Easy Modifications for improved sliding control

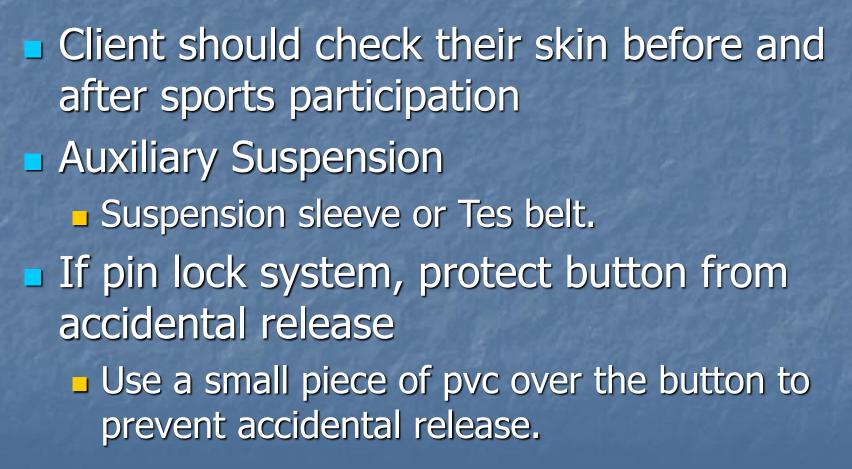








Safety Necessities

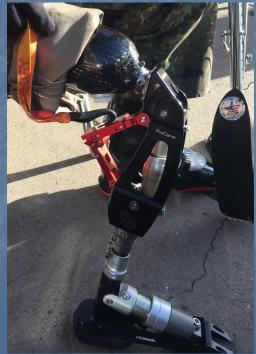


Sport Specific Prosthetics























Challenges-Prosthetics & Sports



HO
TBI Traumatic Brain Injury
Other orthopedic conditions
Skin health and tolerance to activities.

Heterotopic Ossification



References



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THANK YOU! Chad Kincaid







- Endolite DR2 or Multiflex foot and ankle
- Ankle turned backward for increased dorsiflexion



