

Principles For Socket Design After Transfemoral Amputations



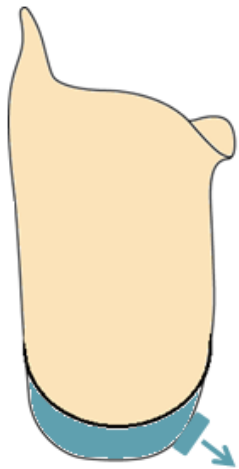
Quality for life

Agenda

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|--|---------|
| 1. General principles of TF - prosthetic sockets | 4 - 5 |
| 2. Consideration of residual limb flexion | 6 - 8 |
| 3. Ischial support vs. ischial containment | 9 - 15 |
| 4. Residual limb activity during stance phase | 16 - 18 |
| 5. General principles of ischial containment | 19 - 22 |
| 6. General principles of ramus embedding | 23 - 26 |
| 7. Ischial containment vs. ramus embedding | 27 - 32 |

General principles of TF - prosthetic sockets

Suction Socket



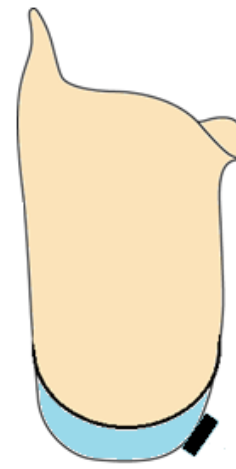
Excess pressure
exhausts through
expulsion valve



Adherence by vacuum

CAUTION:
Risk of Edemas

„Adhesion” Socket



Excess pressure
exhausts through
manual expulsion
valve

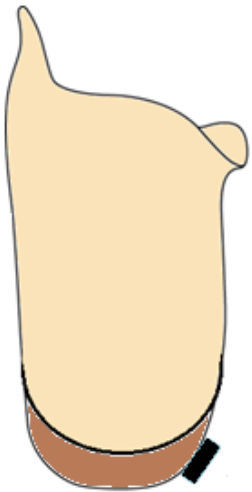


Adherence by
reduced vacuum

CAUTION:
Risk of Edemas

General Principles of TF - Prosthetic Sockets

„Adhesion“- Contact Socket



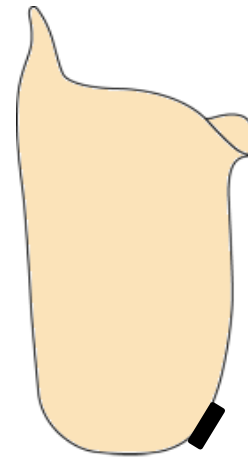
Molded cushion grants soft stump end contact



Previous step to Full - Contact - Socket

Advantage:
End contact minimizes the risk of edema formation

Full-Contact-Socket



Entire residual limb surface stays in contact with the socket



Contemporary standard fitting

Advantages:

- Very low risk of edema formation
- **Better** load transmission, control and proprioception

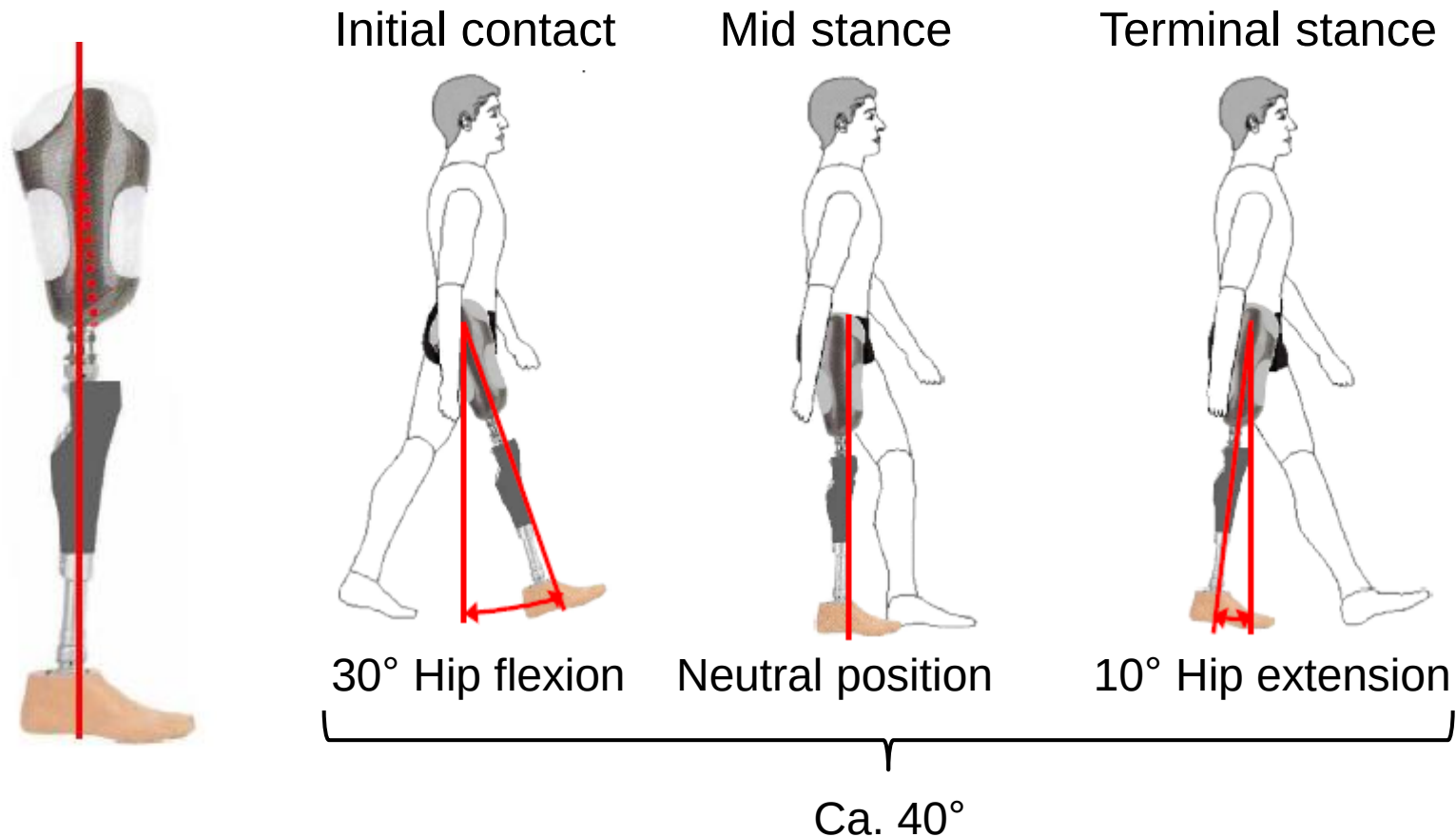
Consideration of residual limb flexion

What causes a flexion / contracture?

- Arthrosis
- Inflammation
- Malposition in the hip joint
- Pathologic changes in the spine
- Wrong positioning
- Muscular unbalance

Consideration of residual flexion

Stance phase



Consideration of residual limb flexion

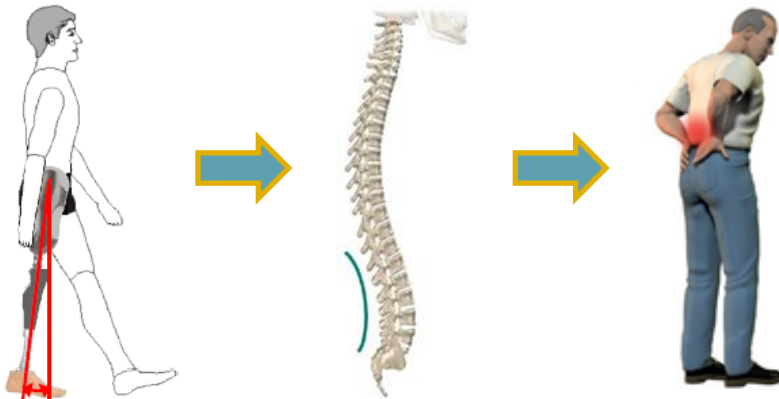
Flexed position of the residual limb

Without flexion contracture

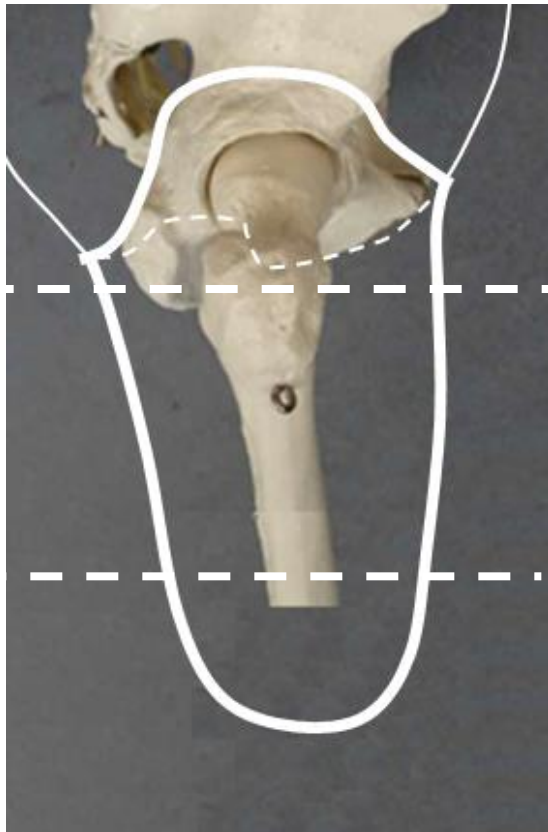
according to clinical surveys
3° to 5° pre-flexion of the socket is recommended

With flexion contracture

Measure contraction angle
and increase socket flexion
by **5° to 10°**.
This facilitates terminal stance
without provoking compensation
movements in the spine
(Hyperlordosis)



Functional sections of a socket according to Hepp/Elle



- Socket entry level
- Control level
- Stump end level

Socket form

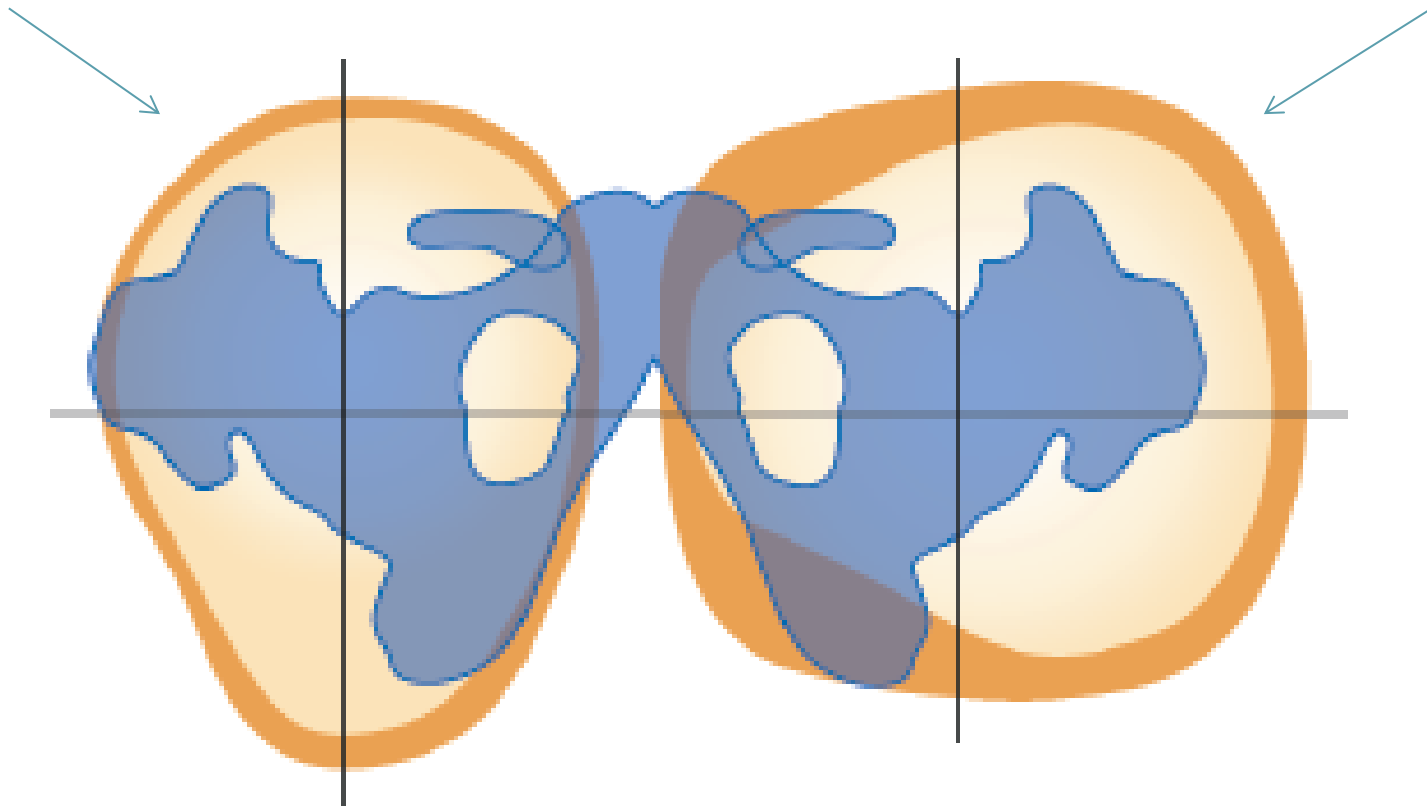
Ischial Containment

vs.

Ischial Support

„Narrow Medio Lateral“

„Quadrilateral“



Socket form

Ischial Containment – “Narrow Medio Lateral”



Advantages at socket entry level:

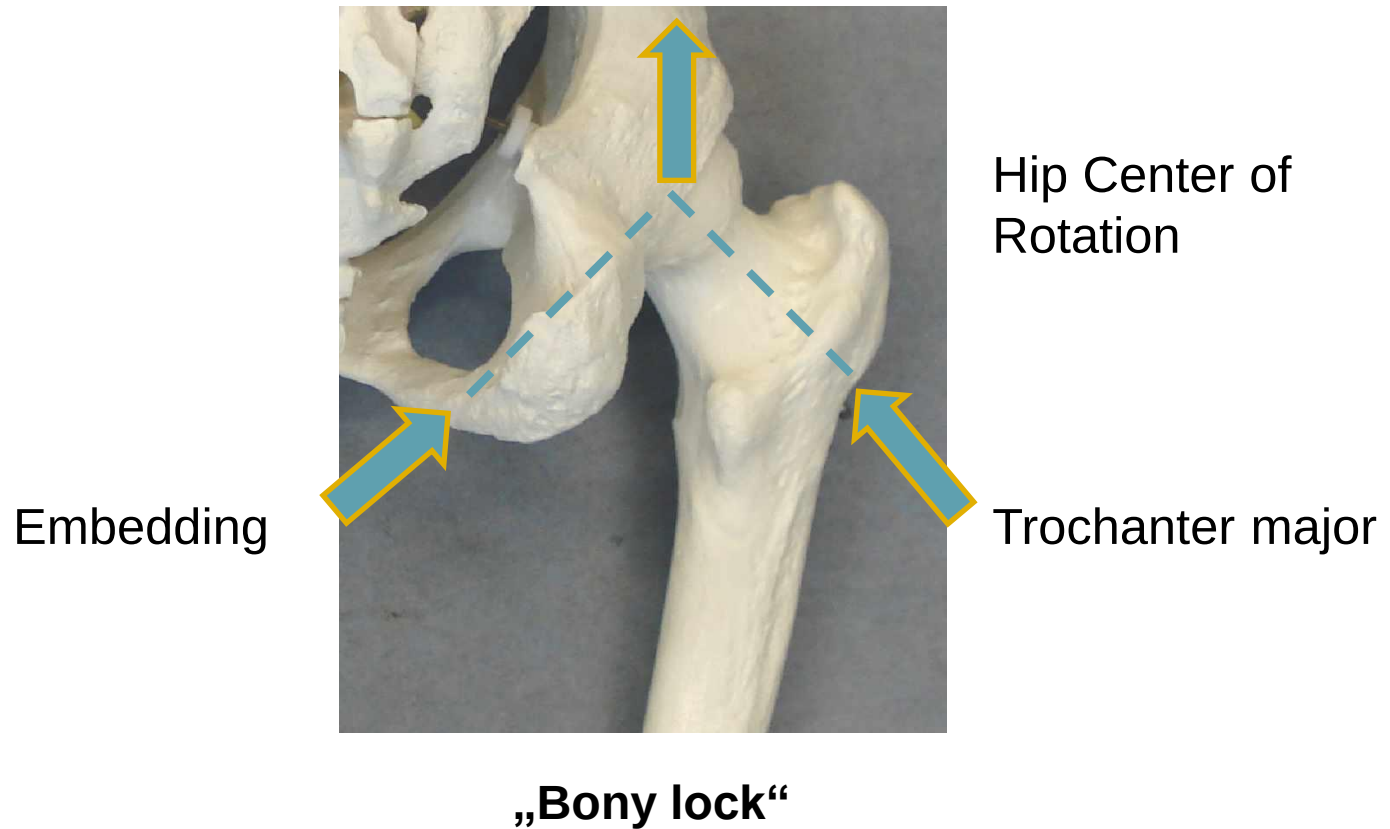
- Hip joint is the physiologic center of rotation
- Reduced pressure at „Scarpar`s“ triangle
- No medial shifting of tuber as it is embedded
- No forward tilt of pelvis while standing

Disadvantages at socket entry level:

- Acceptance on users accustomed to ischial support

Socket form

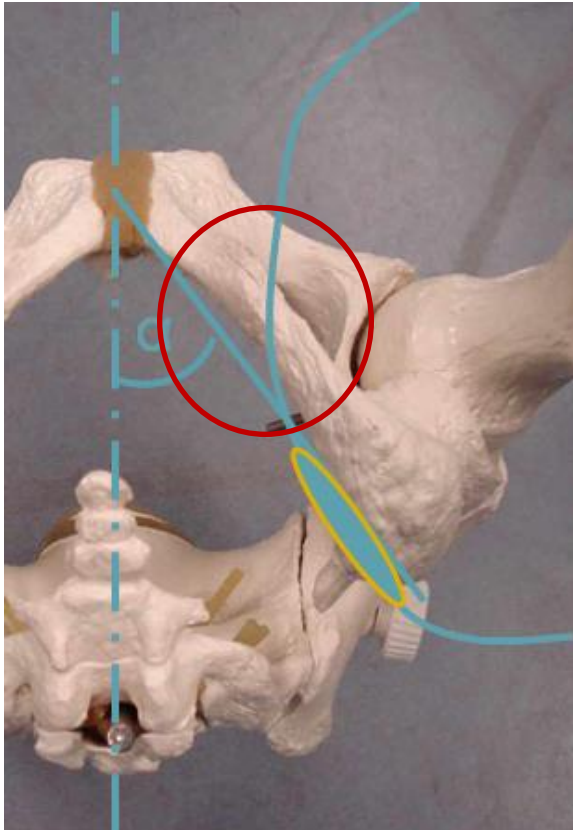
Ischial Containment – “Narrow Medio Lateral”



Socket form

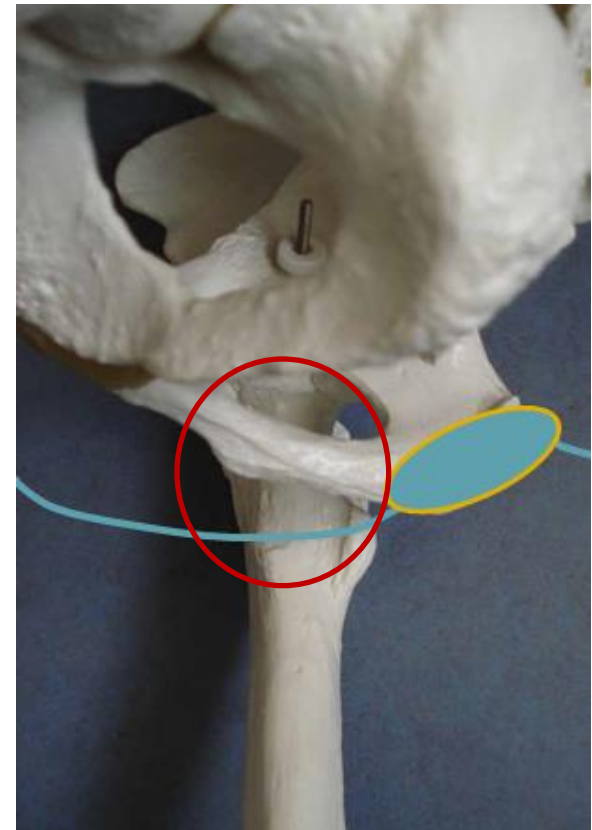
Position of tuber embedding and crossing point

Ramus angle



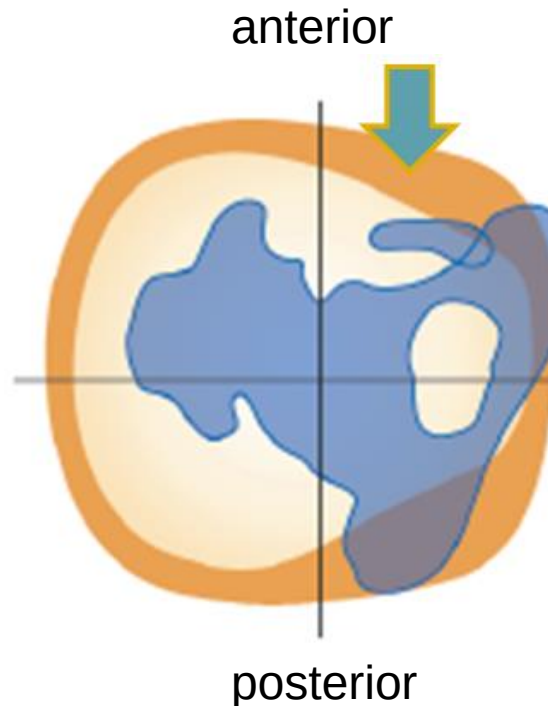
Crossing point

a-p position



Socket form

Ischial Support – “Quadrilateral”



Advantage:

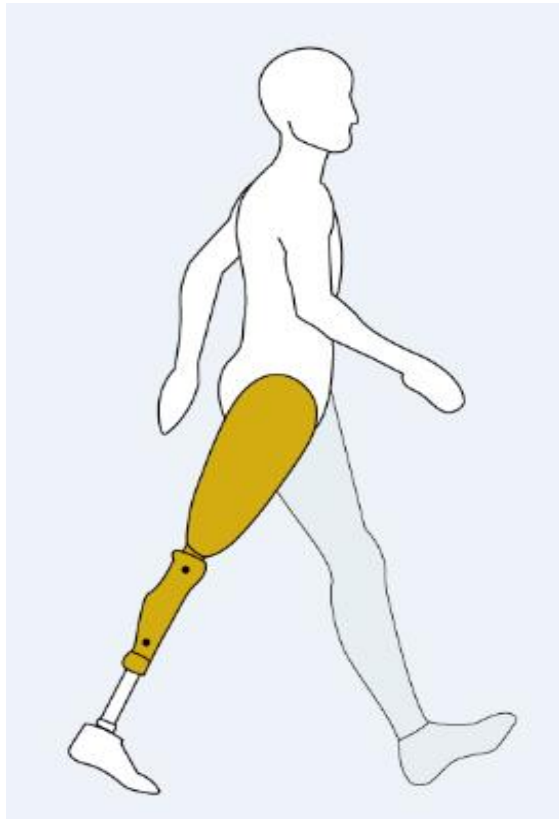
- Load transmission through Tuber Ossis Isshii when residual limb-end cannot bear load

Disadvantage:

- Incongruent centers of rotation in between hip joint and tuber seat
- Medial „shifting“ of tuber at load response
- High pressures at „scarpar`s“ triangle

Socket form

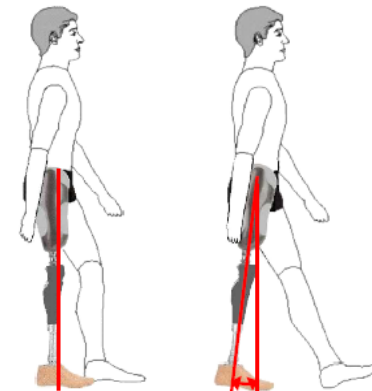
Ischial Support – “Quadrilateral”



Disadvantages at pre swing:

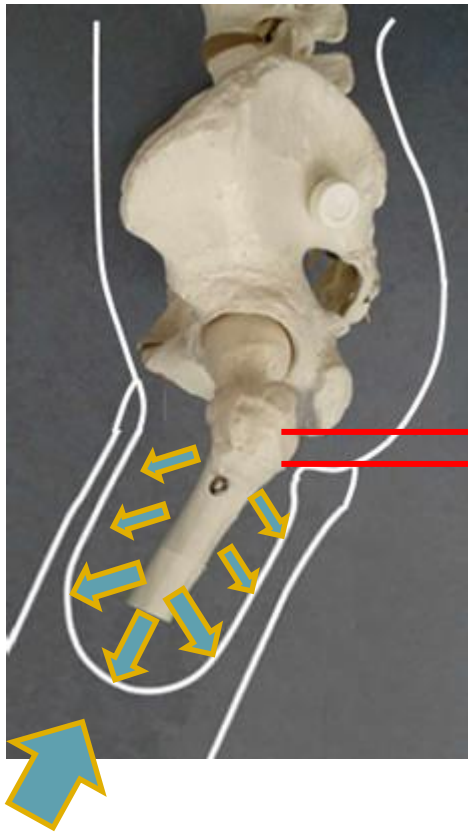
- Pelvis tilts forward while standing
- Force transmission area starts shifting backward from mid stance onwards

→ might lead to loss of knee safety



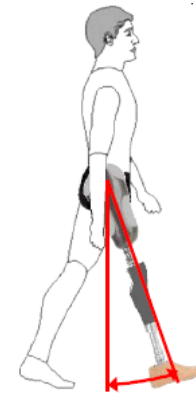
Socket form

Ischial Support – “Quadrilateral”



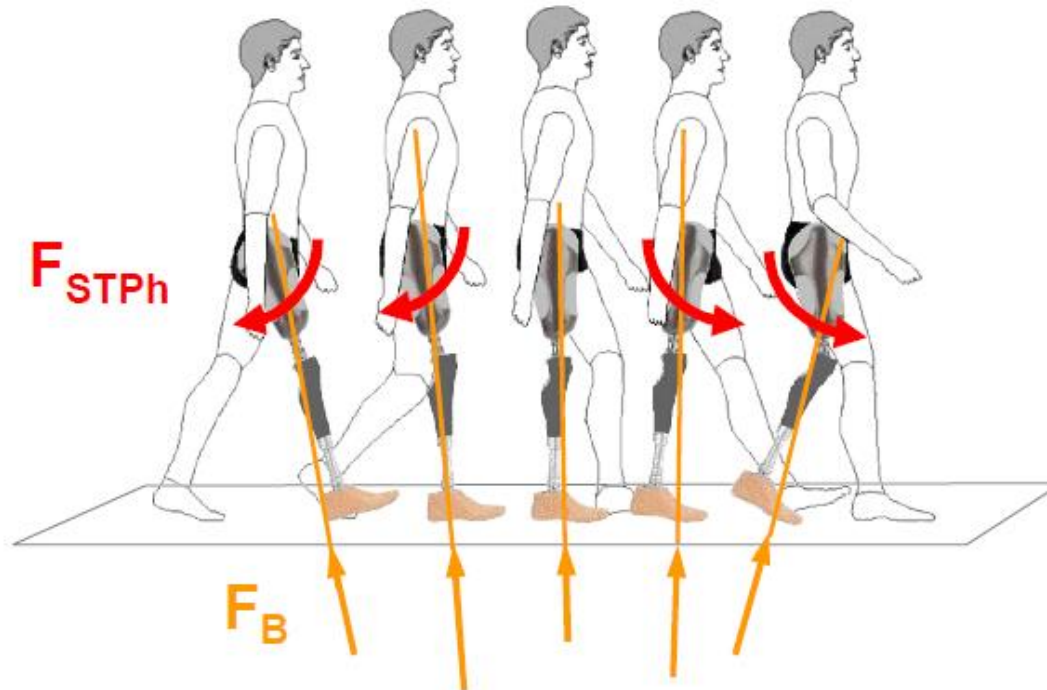
Disadvantages at initial contact:

- No contact in between socket and tuber before initial contact, therewith no force transmission through bones



Stump activity during stance phase

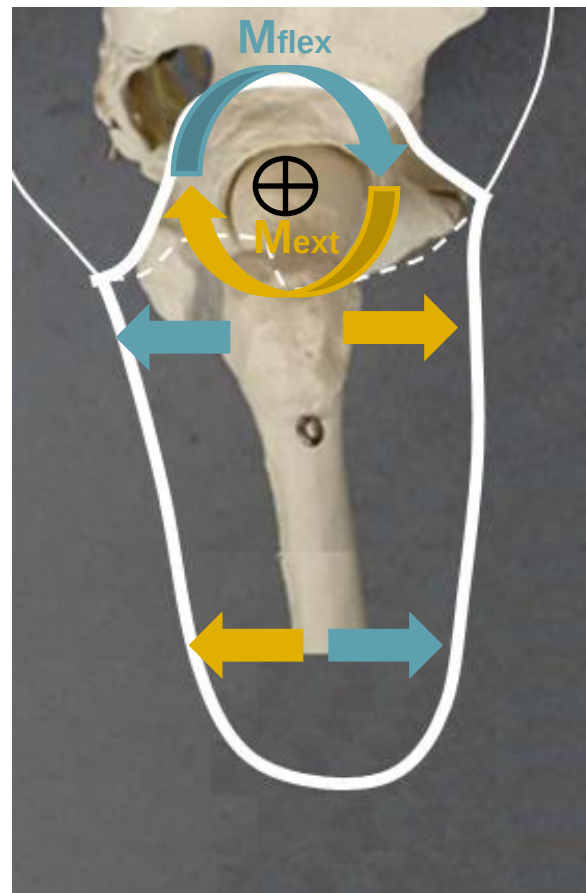
Which support areas are used for force transmission in between residual limb and socket?



Residual limb activity during stance phase

Forces acting during stance phase (sagittal plane)

Initiation of
swing phase



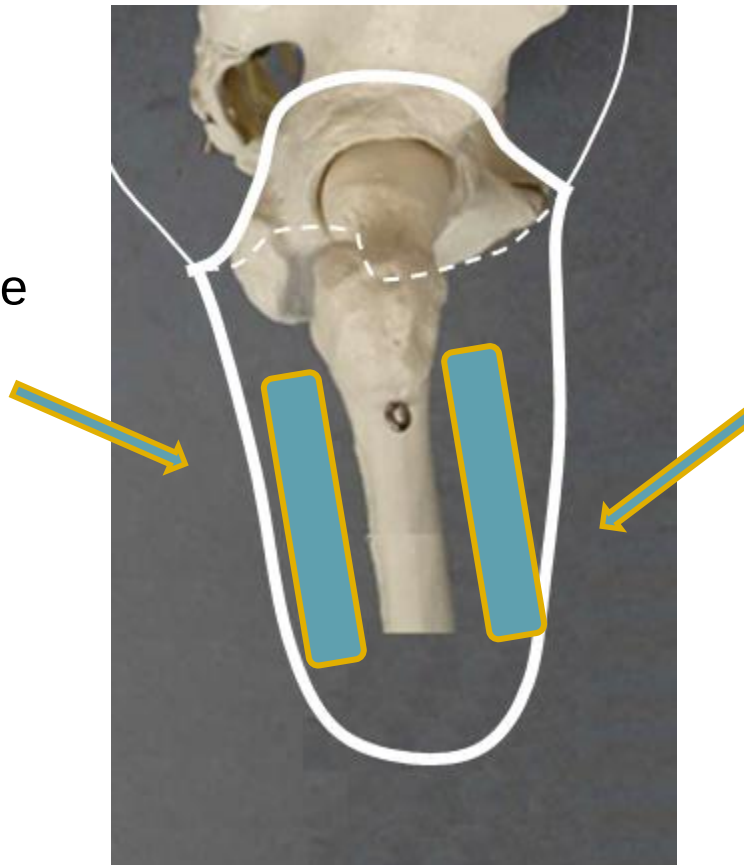
Load acceptance
and mid stance

Principles in ischial containment sockets

Separate femur clamp

Limitation of
movements
posterior

(Load acceptance
to mid stance)

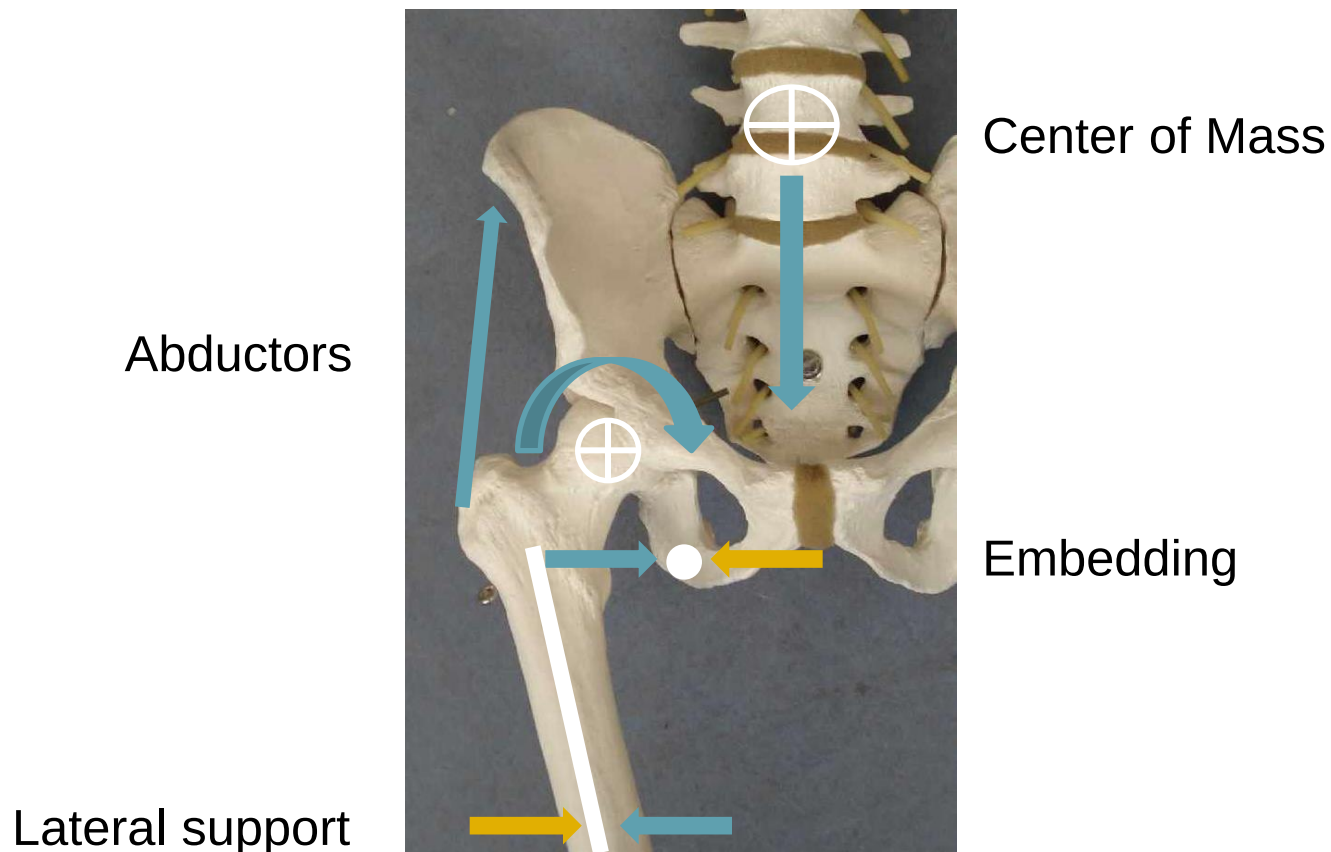


Limitation of
movements
posterior

(Pre swing to
mid swing)

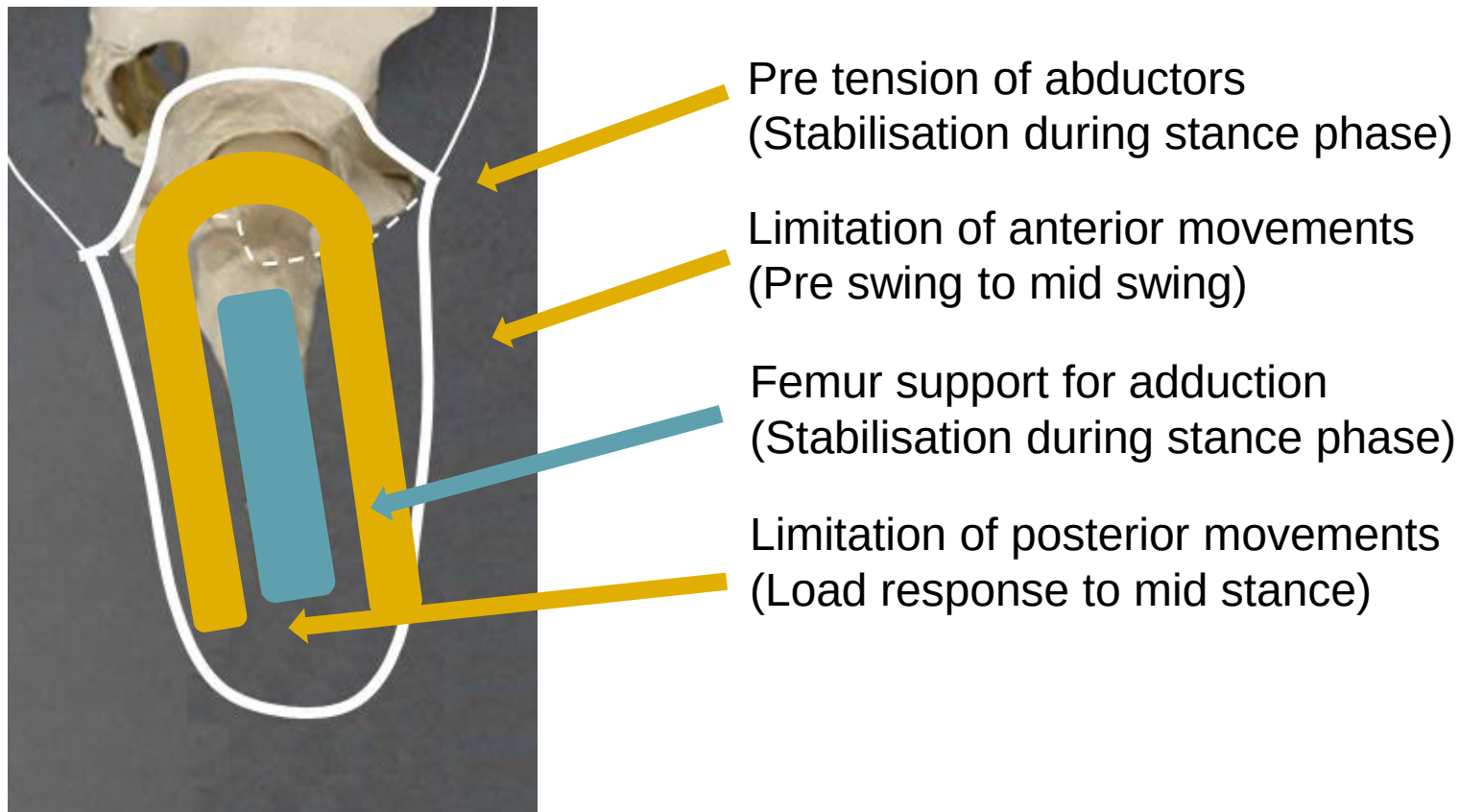
Principles in ischial containment sockets

Forces acting during stance phase (frontal plane)



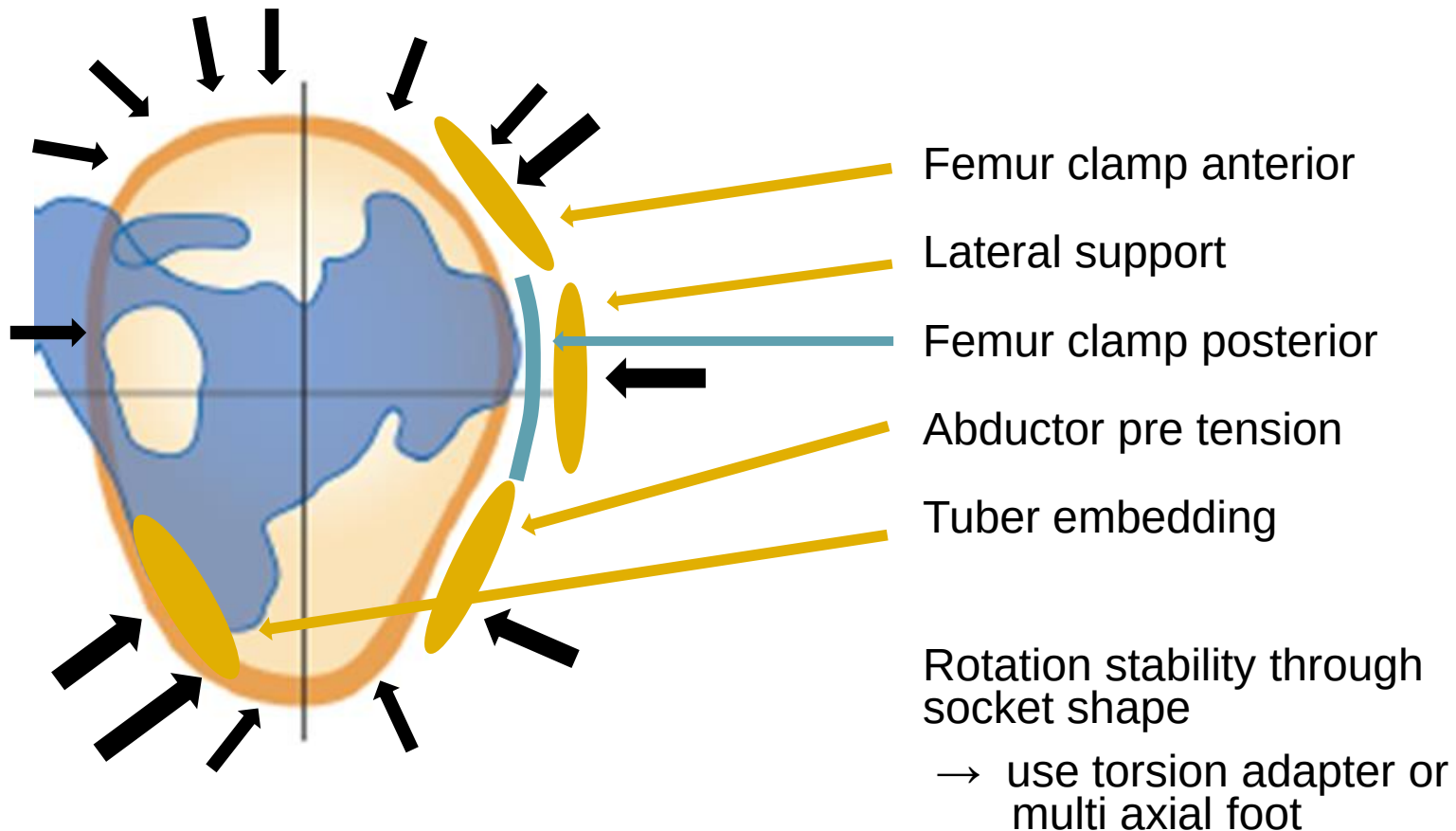
Principles in ischial containment sockets

Femur clamp and lateral support



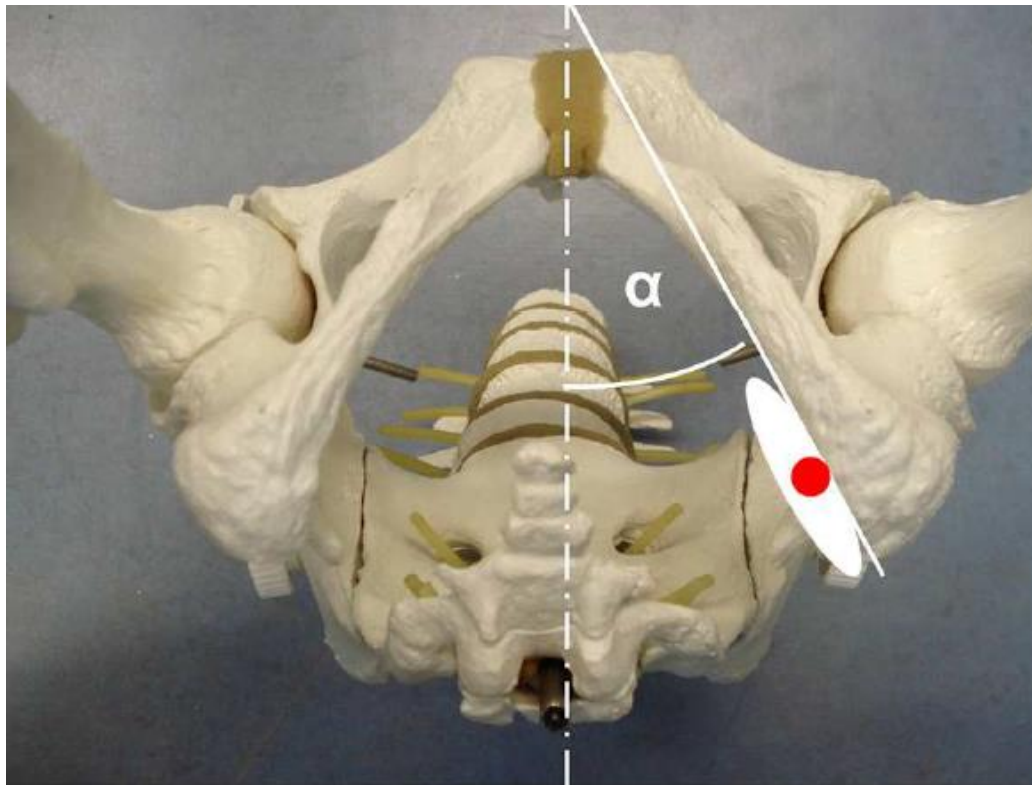
Principles in ischial containment sockets

Socket entry level



Principles of ramus embedding

Ramus angle



Principles of anatomica design

Aspired improvements



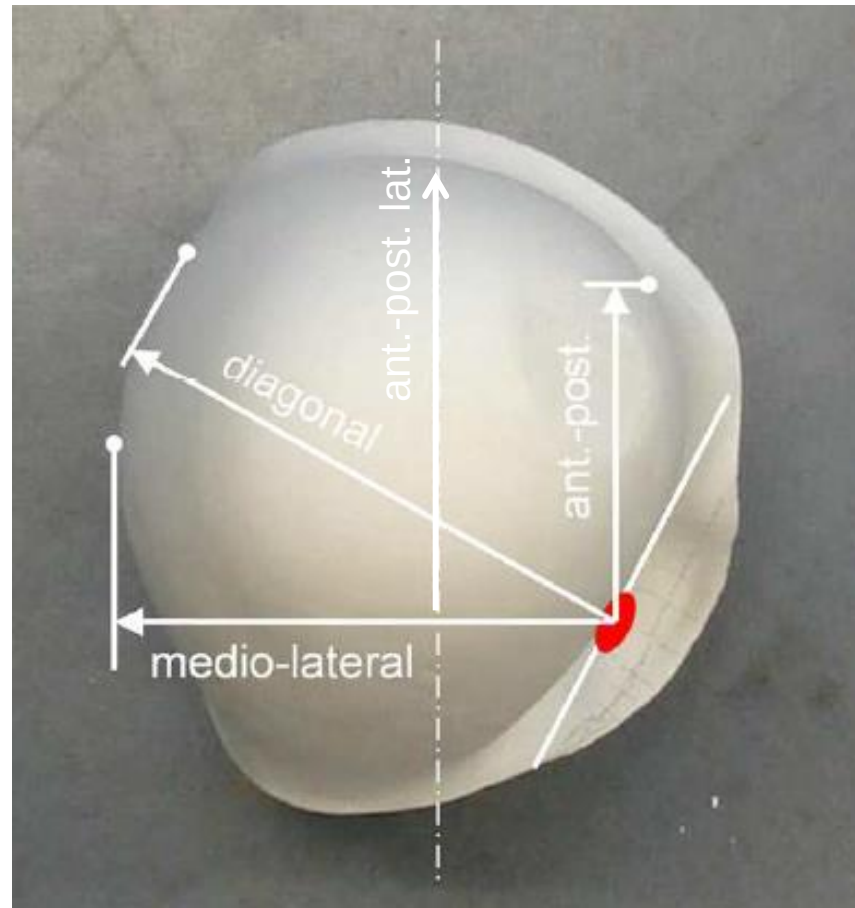
- Sitting comfort – gluteus left free
- Higher range of movement due to lower trim lines
- Better cosmetic appearance
- Improved control of the prosthesis

Additional functional aspects:

- Relieve of perineum area due to lower brim and muscular pre tension via hypomochleon.
- Hypomochleon also relieves medial tuber / ramus

Principles of ramus embedding

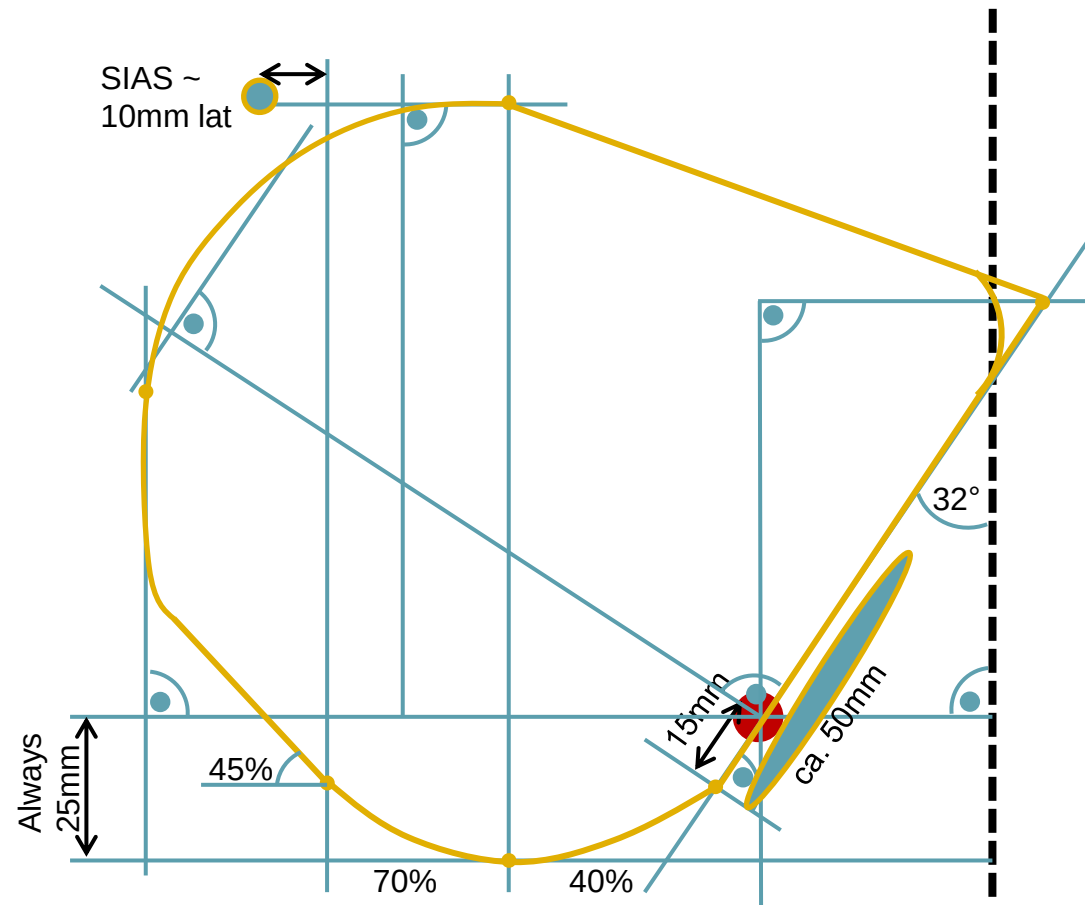
4 measurements



Principles of ramus embedding

Construction of socket form at control level

α	32°
A-Pm	7cm
A-Pl	10,5cm
M-L	10,5cm
M-Ld	12cm



Ischial containment vs. Ramus containment

Forces during stance phase (frontal plane)

Ischial Containment

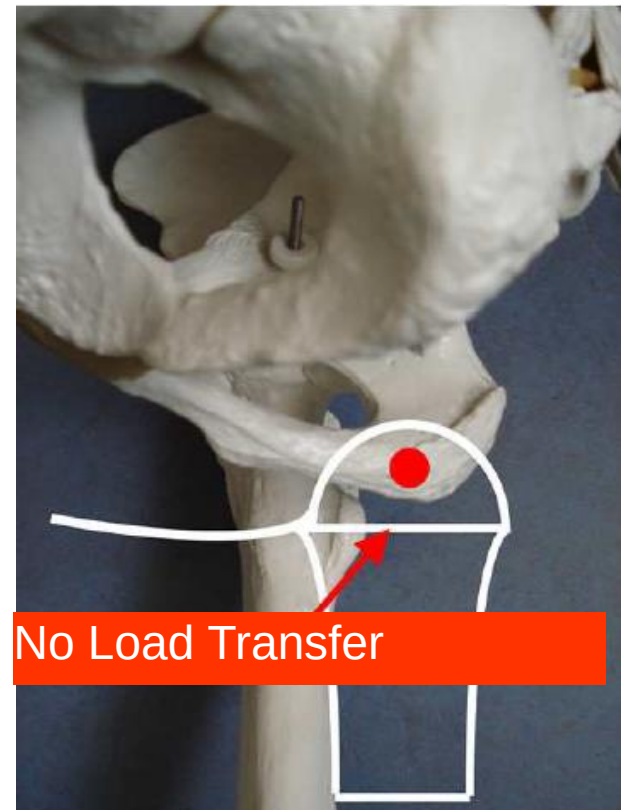
Narrow Medio Lateral



?

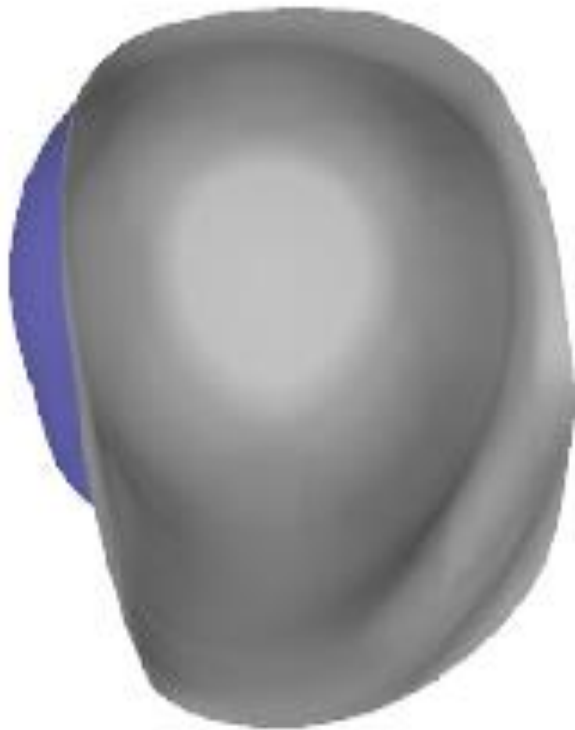
Ramus Containment

Anatomica



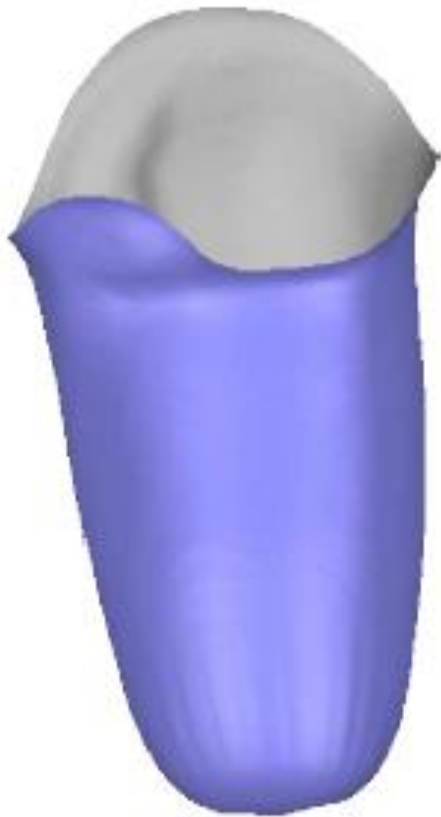
Ischial containment vs. Ramus containment

Proximal view



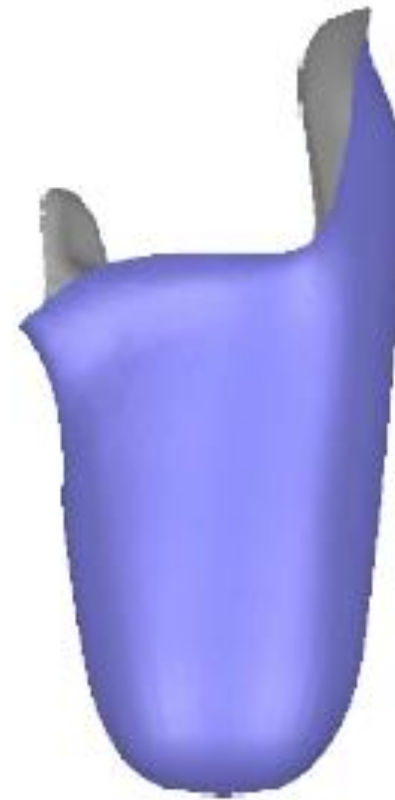
Ischial containment vs. Ramus containment

Medial view



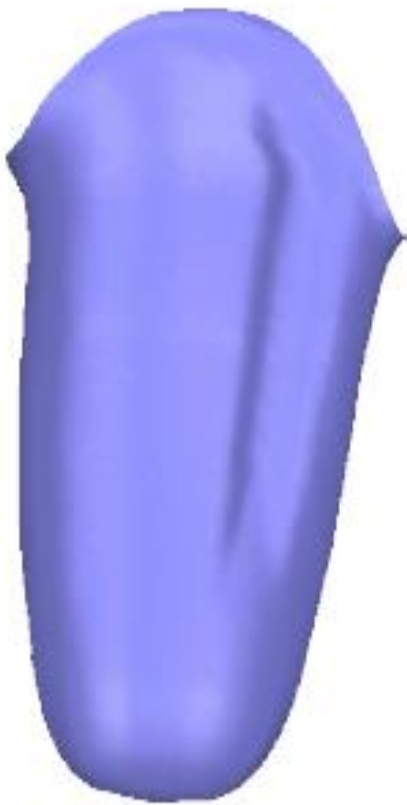
Ischial containment vs. Ramus containment

Anterior view



Ischial Containment vs. Ramus Containment

Lateral view



Ischial Containment vs. Ramus Containment

- Easier manufacturing (less complex in casting etc.)
 - More comfortable to wear
 - Hip flexion only to aprox. 90°
 - Higher trim lines
- Requires precise knowledge and experience (Steep learning curve)
 - Much better M-L guidance
 - Better control of socket and prosthesis
 - Higher sitting comfort as gluteus is cut completely free
 - Higher range of motion due to lower trim lines

Discover what moves us!



Quality for life