Reference	Stain R, Walley M								
	Departments of Physiology and Occupational Therapy, University of Alberta, Ed- monton, Canada <b>Functional Comparison of Upper Extremity</b> <b>Amputees Using Myoelectric and Conventional</b> <b>Prosthesis</b> Archives of Physical Medicine and Rehabilitation Vol 64, June 1983. <b>Myoelectric (Ottobock 6V) vs body-powered prosthesis</b>								
						Products			
						Major Findings	With myoelectric compared to body-powered prosthesis:		
<ul> <li>→ Myoelectric prosthesis provides to the user higher range of motion.</li> <li>→ Task execution was faster with body-powered prosthesis, but with more compensatory movements.</li> <li>→ 60% of amputees preferred myoelectric prosthesis.</li> </ul>									
Functional Range of Motion (RoM) for patients tested with myoelectric and body-powered prosthesis									



The myoelectric amputees scored higher on average in test of functional range of motion (RoM) than body-powered amputees (4.3 compared to 3.6, dark blue and grey bars). A score of 4 means that the amputee could open his terminal device (hook or myoelectric hand) in 4 of the 5 positions tested (above shoulder level, at the mouth, behind the neck, far in front of the body, behind the back). Amputees fitted with body-powered prosthesis were unable to open the hook behind the back and the neck, because the cable became slack in these positions. (WD – wrist disarticulation, BE – below elbow, AE – above elbow)

Population	Subjects:	34 upper limb amputees		
	Products:	16 body-powered prostheses;		
		20 myoelectric prostheses (Ottobock 6V)		
	Amputation causes:	60% traumatic causes, 40% congenital malformation		
	Mean age:	body-powered group: $40 \pm 17$ years		
	-	myoelectric group: $27 \pm 14$ years		
	Mean time since amputation:	body-powered group: 12.2 ± 12.9 years		
		myoelectric group: $1.4 \pm 1.5$ years		
		myoelectric group: 1.4 ± 1.5 years		

## **Study Design**

Results

## Observational study

Amputees were tested on standardised series of tasks using their myoelectric hand, conventional prosthesis and their normal hand. Questionnaires were also administered.

Body Function Activity			Participation Others				
Mechanics Pain		Manual dexterity	Activities of daily living (ADL)	Satisfaction and Quality of life (QoL)	Training	Technical aspect	
Category	egory Outcomes		Results for myoelectric vs body-powered prosthesis				
Manual dexterity	<ul> <li>Functional Range of Motion (RoM):</li> <li>above shoulder level,</li> <li>at the mouth,</li> <li>behind the neck,</li> <li>far in front of the body, behind the back</li> </ul>		The myoelectric amputees scored higher + on average in test of functional range of motion (RoM) than body-powered ampu- tees (4.3 compared to 3.6).				
			Amputees fitted with body-powered prosthesis were unable to open the hook behind the back and the neck, because the cable became slack in these positions.			ick	
	<ul> <li>Tasks:</li> <li>Pick up small objects</li> <li>Simulated feeding</li> <li>Stacking checkers</li> <li>Picking up pegs</li> <li>Picking up and rotating heavy objects</li> <li>Strength of cylindrical grasp</li> <li>Box and Block test</li> <li>Endurance</li> </ul>		Amputees performing tasks with myoelectric prosthesis took about twice as long as those with a conventional prosthesis, and nearly 5 times as long as when performing tasks with their normal arm.			9	
			Although amputees were able to accomplish the task faster with the body-powered than with myoelectric prosthesis, they had to use extreme body movements such as rotating their trunk to rotate heavy objects, because of harnessing.			with eme < to	
Activities of daily living	Questionnaire		The average scores on the ADL questionnaire were not different for myoelectric and conven- tional prosthesis users.				
				Body-powered prosthesis was worn for a longer period of time (14h per day on aver- age) than myoelectric prosthesis (9.6h per day on average).			
			60% preferred to use myoelectric prosthesis compared to body-powered, which they had been fitted previously.				

## Author's Conclusion

"Amputees who had been fitted only with a conventional prosthesis and used their prosthesis regularly, tended to wear the prosthesis more hours per day (14 hours) than amputees fitted with a myoelectric hand (9.6 hours), some of whom continued to use a conventional prosthesis for some jobs. However, the amputees with myoelectric prostheses had a greater functional range of motion (RoM) than those with a conventional prosthesis and many regular wearers of myoelectric prosthesis had long since rejected a conventional prosthesis. Amputees took about 2.5 times as

long to complete the tasks tested with a conventional prosthesis and about five times as long with myoelectric prosthesis than with their normal hand. Despite the slower function, more than 60% of below-elbow amputees accepted the myoelectric prosthesis, which they had all been fitted with previously. Others preferred to continue using a conventional prosthesis to which they become accustomed (13%) or no prosthesis (26%). The combination of function, RoM, and cosmetic appearance of myoelectric prosthesis is preferred by most below-elbow amputees, despite its slower performance at present time." (Stain et al. 1983)

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