Helix^{3D} Hip Joint System vs other prosthetic hip joints

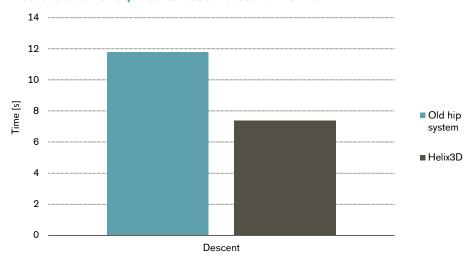
Stairs

Major Findings

With Helix^{3D} Hip Joint System compared to other prosthetic hip joints:

- → Velocity increased by 37% when descending
- → Stair descent was possible using the step-over-step strategy

Decreased time required to descend stairs with Helix^{3D}



Ludwigs et al. (2013)

Clinical Relevance

Stair ambulation is an activity that is important for amputees with an activity level ranging from K2 to K4. Being able to ascend and descend stairs is a requirement to participate in daily life. Common ways of measuring amputee's ability to ambulate stairs include stair ascent and descent strategy, use of handrail and/or use of an assistive device. Since stair ascent strategy is for hip disarticulated and hemipelvectomy amputees restricted to step-by-step strategy based on missing hip muscles, studies focus mostly on stair descent assessment. Measuring the time required to complete stair descent task can be done as part of a clinical mobility assessment.

Summary

The time required to complete the stair descent task decreased by 37% when using Helix^{3D} Hip Joint System compared to an old hip system. Furthermore, all of the 10 subjects were able to descend the stairs with a step-over-step strategy. In comparison, only 2 subjects were able to do so with their old hip system (Ludwigs et al. 2013). Both improvements are not only the beneficial effect of Helix^{3D} but can also be explained by the effect of the change from non-microprocessor controlled knees to C-Leg. With the old hip system, 23% subjects were using C-Leg, whereas with Helix^{3D} 100% of subjects. The acclimatisation period for Helix^{3D} was determined as the time the subjects need to feel adjusted to the new prosthesis and was around 11 weeks.

References of summarized studies

Ludwigs, E., Kannenberg, A., & Wüstefeld, D. (2013). Evaluation of the Benefits of a New Prosthetic Hip Joint System in Activities of Daily Function in Patients after Hip Disarticulation or Hemipelvectomy. Journal of Prosthetics and Orthotics, 25(3), 118–126.

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