Reference	Wolf EJ, Everding VQ, Linberg AL, Schnall BL, Czerniecki JM, Gambel JM. Walter Reed National Military Medical Center, Department of Orthopaedics and Rehabilitation, Bethesda, MD, USA						
	Assessment of transfemoral amputees using C-						
	Leg and Power Knee for ascending and						
	descending inclines and steps						
	Journal of Rehabilitation Research & Development 2012; 49(6):831–842.						
Products	C-Leg vs Power Knee						
Major Findings	With C-Leg compared to Power Knee:						
	 Step length when walking on ramps is increased on the prosthetic side and tends to be increased on the sound side Increased gait symmetry when descending a ramp Shorter stance phase on the sound side Longer stance phase on the prosthetic side Increased confidence Gait speed during ramp descent and ascent as well as during stair descent tends to be increased 						
	Ramp gait speed						
	0.95						
	0.9						
	0.95						
	[5] 0,00 ■ Power Knee						
	, ss 0,75						
	0 ,7						
	0,65						

Population

0,6

Subjects:5 unilateral, transfemoral amputeesPrevious prosthesis:not reportedAmputation causes:traumaMean age:not reportedMean time since amputation:2.5 yrs (± 1.6 yrs)MFCL:K3 - K4 (medium to high daily activity levels)

Ramp ascent

Ramp descent

Study Design

Interventional, single crossover design:



Results									
Activities								Participation	Environment
Level walking	Stairs	Ramps, Hills	Uneven ground, Obstacles	Cognitive demand	Metabolic energy consump- tion	Safety	Activity, Mobility, ADLs	Preference, Satisfac- tion, QoL	Health economics

Category	Outcomes	Results for C-Leg compared to Power Knee				
		Descending	Sig.*	Ascending	Sig.*	
Stairs	Gait speed	Increased	+	Decreased	_	
	Sound side stance phase (% of gait cycle)	Shorter	+	Longer	-	
	Prosthetic side stance phase (% of gait cycle)	Longer	+	Longer	+	
	Peak ankle power gener- ation on sound side	Decreased	++	Increased	-	
	Peak knee power absorp- tion on sound side at early-stance phase	No difference	0	Decreased	+	
	Peak knee power absorp- tion on sound side at late- stance phase	Decreased	+	Increased		
	Peak hip power genera- tion on sound side	No difference	0	Decreased	+	
Ramps, Hills	Gait speed	Increased	+	Increased	+	
	Stance phase on sound side (% of gait cycle)	Shorter	++	Shorter	+	
	Stance phase on pros- thetic side (% of gait cycle)	Longer	++	Longer	+	
	Sound side step length	Increased	+	Increased	+	
	Prosthetic side step length	Increased	++	Increased	++	
	Peak ankle power gener- ation on sound side	Decreased	+	Increased	-	
	Peak knee power absorp- tion on sound side at early-stance phase	No difference	0	Increased	-	

Category	Outcomes	Results for C-Leg compared to Power Knee				
		Descending	Sig.*	Ascending	Sig.*	
	Peak knee power absorp- tion on sound side at late- stance phase	Increased	-			
	Peak hip power genera- tion on sound side	Decreased	+	Increased		

* no difference (0), positive trend (+), negative trend (-), significant (++/--), not applicable (n.a.)

Author's Conclusion "In conclusion, there were functional differences, both temporal-spatial and kinetic, between the Power Knee (PK) and the C-Leg while ascending and descending ramps and stairs. The main functional differences occurred at the nondisabled and prosthetic knees during stair ascent, a result that was expected because of the design of the PK, which provides active propulsion. The PK was able to significantly reduce the power generated by the nondisabled knee while ascending stairs stepover-step. The C-Leg required users to produce less ankle power generation on the nondisabled limb during stair descent. Also, C-Leg conditions resulted in temporalspatial differences that included increased speed (although not significant) and greater symmetry between the nondisabled and prosthetic limbs during ramp and stair descent. These data show that significantly more work is required by the nondisabled limb while ascending stairs step-over-step with a prosthesis that does not provide active extension. The data also imply that technology as complex as a powered knee prosthesis may not yet be ideal and only provide a benefit over current knee units during certain tasks." (Wolf et al. 2012)

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