# C-Leg vs NMPKs

## Safety

**Major Findings** 

With C-Leg compared to NMPKs:

### → Improved safety

Stumbles reduced by up to 59% Semi-controlled falls reduced by 17% Falls reduced by up to 64%

#### $\rightarrow$ Improved balance

Activities-Specific Balance Confidence Scale (ABC) score increased by 26%

Subjects rely more on somatosensory system

#### Improved safety with C-Leg



Hafner et al. (2007)

**Clinical Relevance** Safety aspects of the prosthesis are highly relevant for the patients. Since the fear of falling can have a negative impact on activities of daily living as well as on participation, perceived safety is regarded as an important factor for quality of life of an amputee. Information about perceived safety when performing different activities is gathered through a questionnaire. Balance tests are conducted to obtain objective information about the patients' ability to react in the situations associated with higher risk of falling.

**Summary** 

Subjects reported that when using C-Leg compared to NMPKs, stumbling was reduced by 25%, semi-controlled falls by 17% and falling by 10% (Hafner et al. 2007). Even a larger decrease with C-Leg compared to NMPKs, namely stumbles by 59% and falls by 64%, was reported by Kahle et al. (2008). Limited community ambulators profit from a transition from a NMPK to C-Leg with a decrease in falls by even 80%. K3 subjects reduced the frequency of stumbles by 31% when using C-Leg (Hafner et al. 2009). Furthermore, the most recent study reported that falls were reduced by 33% with C-Leg compared to NMPKs (Highsmith et al. 2014). Similar observations are further confirmed in other studies (Drerup et al. 2008, Wong et al. 2012).

Time required to complete the timed up and go (TUG) test decreased by 38% with C-Leg Compact compared to NMPKs in K2 subjects (Burnfield et al. 2012). Therefore subjects using a C-Leg have a decreased risk of falling. A case report tested a subject with C-Leg after 1 hour of training and after 1 year. It was found that time to complete the TUG test decreased after 1 hour of C-Leg use by 8% and after 1 year of C-Leg use by 38% compared to when the subject conducted the test with a NMPK (Wong et al. 2012). Balance, measured by sensory organization task (SOT), was improved with C-Leg compared to NMPKs (Kaufman et al. 2007). A later study also conducting SOT, found, that the reliance on the somatosensory system is increased with C-Leg compared to NMPKs (Highsmith et al. 2014). Activities-Specific Balance Confidence Scale (ABC) score increased by 26% in K2 subjects with C-Leg Compact compared to NMPKs (Burnfield et al. 2012). Furthermore, a case report showed that Berg balance scale score and ABC score improved immediately with C-Leg after only one hour of training compared to a NMPK (Wong et al. 2012). References Blumentritt, S., Schmalz, T., & Jarasch, R. (2009). The safety of C-Leg: Biomechanical Tests. JPO Journal of Prosthetics and Orthotics, 21(1), 2-15. Burnfield, J. M., Eberly, V. J., Gronely, J. K., Perry, J., Yule, W. J., & Mulroy, S. J. (2012). Impact of stance phase microprocessor-controlled knee prosthesis on ramp negotiation and community walking function in K2 level transfemoral amputees. Prosthetics and Orthotics International, 36(1), 95–104. doi:10.1177/0309364611431611 Drerup, B., Wetz, H. H., Bitterle, K., & Schmidt, R. (2008). Langzeitergebnisse mit dem C-Leg - Ergebnisse einer retrospektiven Studie: Long Term Results with the C-Leg - Results of a Retrospective Study. Orthopädie-Technik, 3, 169-174. Hafner, B. J., & Smith, D. G. (2009). Differences in function and safety between Medicare Functional Classification Level-2 and -3 transfemoral amputees and influence of prosthetic knee joint control. The Journal of Rehabilitation Research and Development, 46(3), 417-433. Hafner, B. J., Willingham, L. L., Buell, N. C., Allyn, K. J., & Smith, D. G. (2007). Evaluation of function, performance, and preference as transfemoral amputees transition from mechanical to microprocessor control of the prosthetic knee. Archives of physical medicine and rehabilitation, 88(2), 207-217. doi:10.1016/j.apmr.2006.10.030 Highsmith, M. J., Kahle, J. T., Shepard, N. T., & Kaufman, K. R. (2014). The Effect Of The C-Leg Knee Prosthesis On Sensory Dependency And Falls During Sensory Organization Testing. Technology & Innovation, 15(4), 343-347. doi:10.3727/194982413X13844488879212 Kahle, J. T., Highsmith, M. J., & Hubbard, S. L. (2008). Comparison of nonmicroprocessor knee mechanism versus C-Leg on Prosthesis Evaluation Questionnaire, stumbles, falls, walking tests, stair descent, and knee preference. The Journal of Rehabilitation Research and Development, 45(1), 1–14. Kaufman, K. R., Levine, J. A., Brey, R. H., Iverson, B. K., McCrady, S. K., Padgett, D. J., & Joyner, M. J. (2007). Gait and balance of transfemoral amputees using passive mechanical and microprocessor-controlled prosthetic knees. Gait & Posture, 26(4), 489-493. doi:10.1016/j.gaitpost.2007.07.011 Wong, C. K., Wilska, J., & Stern, M. (2012). Balance, Balance Confidence, and Falls Using Nonmicroprocessor and Microprocessor Knee Prostheses. JPO Journal of Prosthetics and Orthotics, 24(1), 16-18. doi:10.1097/JPO.0b013e3182435f12

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