

..... continued from previous page.

Central Region Report 26th March

Solihull Hospital - Heart of England Foundation Trust

Thirty delegates attended and enjoyed the day. One of the trust photographers came in the afternoon and took a good number of photos. We had a 3M demonstrator showing how to apply the Geisha Slipper and delegates also applying casts. We also have photos of Marion, Darlene, the 3M demonstrator, Fracture Clinic Manager for HEFT and myself all showing finished cast's; An item has been written for the Trust's Communications Dept to publish and to send out on a press release for the local Solihull New's and the Birmingham Evening Mail & Birmingham Post.

This has been done as a positive advertisement to emphasize what the Trust's Education Department caters for and let the public know that the T&O Directorate of Heart of England Foundation Trust support's and encourages the AOPUK.

The photographer also took pictures in the lecture Theatre of Sir Keith Porter giving his talk and photo's of the delegates listening. Importantly - Medical Illustration have given permission for the images to be re-produced. Both surgeon's have agreed to give me copies of the talk's in the near future for the delegates to obtain at a later date.

It has been very encouraging to have had a workshop that has enthused so many individuals who clearly recognise the need for them. We hope we can gradually expand and improve on what we have started. Sir Keith has agreed to return and our Clinical Director will open the day again. An other Consultant(s) agree to give a talk on upper limb injuries.

Some images and an more detailed commentry will appear in the next issue of the AOPUK Journal.

A Hands Free Approach to Patient Mobilty

One of the biggest challenges facing patients following an injury to the foot or ankle is keeping the weight off their lower leg whilst it heals. Failure to do so can exacerbate the injury and, while patients generally appreciate the importance of this aspect to their recovery, abiding by this requirement is often much more difficult in practice

Some of the problem is lifestyle-related: the patient may be used to leading an active life, have family commitments that require them to get around or be under pressure to get back to work. Much however, stems from the conventional approach to providing a level of mobility whilst avoiding weight-bearing on the affected lower limb. Elbow crutches can be awkward for many patients. Furthermore, they do not preclude the patient from putting weight on the injury if they are struggling to balance or impatient to move around. For non-weight bearing and partial-weight bearing patients who may also have suffered an upper body or limb injury, conventional elbow crutches are not suitable at all. Not only is the resulting lack of mobility frustrating for the patient, it also often requires a prolonged hospital stay, which is a drain on resources and may even affect the patient's feelings of wellbeing, holding back their recovery.

Hands-free Innovation: An obvious solution to those issues is the use of a system that ensures patients cannot accidentally place weight on their affected lower leg, whilst avoiding strain on the upper body.

The iWALKfree hands-free crutch was developed in Canada to provide just such a solution. Designed to strap securely to the patient's thigh, the hands-free crutch is fully-adjustable to suit the individual patient requirements. Fabricated from lightweight polymer material with an extruded aluminium main beam, it has a platform to support the leg, transmitting the patient's weight from the knee to the crutch.

This robust and adjustable design means that it is suitable for almost any NWB or PWB patient, even if they also have upper-body injuries. Within just a couple of hours, most patients find that they can balance well on the crutch and are able to go up and down stairs, and even get back out on the golf course!

Studies in the UK have been carried out at Hull Royal Infirmary and Whipps Cross Univ. Hospital. The benefits of using a hands-free crutch in preference to conventional elbow crutches and those studies have focused on NWB and PWB patients who also had an upper body injury.

The largest of these studies, was published in the International Journal of Rehabilitation. It concluded that the hands-free crutch not only enabled patients to cope better with their injury but reduced the required period of stay in hospital.

In the study groups, the average hospital stay for those using the hands-free crutch was 2.3 days, compared to an average hospital stay of 6.7 days for the comparative study group using conventional crutches.



Sailing enthusiast Jim, also benefitted from using a hands-free crutch. Jim may be 71, but he was not prepared to let a small detail like his age prevent him from sailing, bike riding or refurbishing his beloved yacht. So when he injured his Achilles Tendon and had to have his lower leg put in plaster for eight weeks he was keen that his injury shouldn't slow him down either.

"Where we live in Milford-on-Sea we're on a hill so when the car had a flat battery I thought I might be able to get it started if I could get it going down the hill and put my leg out of the door to give it a push off. The force and the awkward angle tore my Achilles Tendon, creating a 20mm gap and I ended up with my lower leg in plaster for eight weeks, with a surgical boot to look forward to after that."

Jim's doctors decided not to operate because of his age and sent him home with elbow crutches which he found inconvenient and uncomfortable. "We live in a split level house so even getting around on the ground floor involves going up and down steps. My mobility was so restricted on the crutches that I nearly injured myself again!" I decided to have a look 'online' to for an alternative and that's when I came across the hands-free crutch." Newly equipped with his hands-free alternative to elbow crutches, Jim was not only able to move around the house freely - even up and down stairs - but was also able to get back to his boat refurbishment project. I've been able to follow doctor's orders and get on with what I want to do. I'll not only be able to sail again, but also be able to get the boat finished ready for the sailing season this summer.



For further information - go to www.peglegs.co.uk