

Follow-up on Endoskeletal Article and Questionnaire

The Manufacturers Reply

Summarized results of the survey concerning endoskeletal prostheses appeared in the Summer, 1982 issue of C.P.O. (Vol. 6, No. 3). These compiled results were circulated among the manufacturers of endoskeletal prosthetic systems. The following responses were received.

In regards to the "g" response in the additional comments section, [questioning whether the cost is justified] I will submit the following: Endoskeletal prosthetics is a poor excuse to charge more money, only when it is the excuse that it is being charged to the patient. I can also understand being afraid of the dollar sign where it prevails as fiscal remuneration for an excuse, rather than the patient's welfare. Endoskeletal prosthetics have consistently proven themselves a useful tool in developing value in the patients themselves, and in the patient's rehabilitation accomplishments.

Michael T. Wilson, CPO
Medical Center Prosthetics, Inc.

Manufacturers must keep many things in mind when designing and building a modular system: weight vs. strength, added features vs. weight and strength, and cost to manufacture vs. simplicity. Research and development expenses are subsidized only by sales profits. A good example is that tooling for one simple item may run \$80,000, while sales and volume of manufacture does not warrant this expense. In summary, manufacturers do have handicaps.

In reviewing question number ten—what changes would you like to see?—we find 19 answers were provided. Eighteen of the 19 have been researched, and four of these are available now. The others will continue to be researched and will be available in the future.

The field of prosthetics has come a long way in the past 20 years; let us look at what is available now in manufactured parts as to what was available in 1962. We at United States Manufacturing Company believe there will be even more improvements in the next 20 years compared to the last 20.

Dan J. Edwards
Sales Director
United States Manufacturing Co.

Otto Bock, along with several other manufacturers of endoskeletal prosthetic systems, was presented with the survey results from the Winter Issue of C.P.O. and was asked for a response. While the total

number of endoskeletal prostheses indicated as having been delivered to patients was significant, we must offer our opinion that the total of 27 returned questionnaires is a rather poor response and certainly does not represent a consensus upon which to base any conclusions.

Each manufacturer is individually aware of how many endoskeletal units it produces and sells each year, which gives a general idea of market acceptance. Our experience has been that our endoskeletal units sold continue to increase in significant quantities year after year and this trend has shown no sign of reversing. This in itself is an indication to us that endoskeletal systems have attained a definite place in the armamentarium of components available for prosthetic patient management.

A great number of people seem to support the belief that endoskeletal prostheses were designed to replace exoskeletal prostheses. It is certainly not our company philosophy that one is intended to replace the other. Both types of systems have their advantages and disadvantages and it ultimately should depend on the professional decision of the prosthetist as to which system will best fit the needs of each individual patient. Perhaps many of the complaints about endoskeletal systems are due to improper patient selection criteria rather than deficiencies in the systems themselves.

Another source of trouble with endoskeletal systems is the improper application of fabrication techniques. Recognizing this possibility—and being one of the first manufacturers to offer a complete multiple option endoskeletal system for the lower extremity—we developed a seminar program for instruction in these new techniques. In addition, we have developed Technical Information Bulletins, slide programs and presentations for various technical meetings. Despite these efforts on our part, the sheer numbers of prosthetists in this country and their diverse geographical locations make it nearly impossible to personally instruct every one, even if we could increase the size and frequency of our seminars. Basically, we are able to trace many of the problems to not following technical recommendations. In many cases

