Results of Questionnaire on Professionalism

There were seven respondents who replied as follows:

1. Do you believe the profession's Carons of Ethical Conduct benefit the public?
   Yes—6 (85%) No—1 (14%)

2. Do you believe they are adequately enforced?
   Yes—0 No—7 (100%)

3. Do you believe that society has benefited from the presence of various governmental bodies in the area of self-regulation (of all professions)?
   Yes—4 (47%) No—3 (43%)

4. Define professionalism
   A. "Treating people in courteous, candid, and knowledgeable fashion in accordance with our most current state-of-the-art and in harmony with the physician's prescription."
   B. "Professionalism means conducting your actions and interactions in such a way that people respect you whether they agree with you or not."
   C. "Having a commitment to ethical conduct within a certain job or industry."

5. Other comments
   A. "Notify funding agencies of our concern that non-credentialed people are providing services."
   B. "It seems that all professions have a few who are looking out for their own best interests. It seems that greed and the awareness that a strong enforcement agency does not exist to put them out of business motivates these few."

A Case History

Clinical Indication for Flexible Above-Knee Prosthetic Socket

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R.W. is a 62 year old male with a 32 year history of insulin dependent diabetes mellitus. He was in a normal state of good health until August, 1982 when he developed gangrene of the first three toes of his left foot. A left femoral popliteal bypass was performed unsuccessfully. He then underwent a left below-knee amputation which also was unsuccessful and, in October, 1982, a left above-knee amputation was done. In December, 1982, he was admitted to the Institute of Rehabilitation Medicine, NYU Medical Center(IRM-NYU) for a prosthetics rehabilitation program. At that time, his stump became infected and dehissed, requiring stump revision.

In July, 1983, he was readmitted to IRM-NYU and started on gait training with an AK prosthesis with a semi-suction socket, hip joint and pelvic belt, polycentric knee joint (Lang) and SACH foot (Figure 1). During the course of his rehabilitation training, he began complaining of pain at the distal stump. The socket was adjusted numerous times by alternately relieving painful areas distally and placing padding above these areas, but with little success. Subsequently, x-rays taken of the stump revealed a small amount of soft tissue calcification distally with a small spur at the posterior lateral side of the femur (Figure 2). The patient was started on anti-inflammatory agents which provided a moderate amount of pain relief. However, he still had difficulty ambulating secondary to stump pain.

A lateral pad above the distal end was inserted into the prosthesis which relieved some of the pain. However, within a few days, the patient developed a skin break-

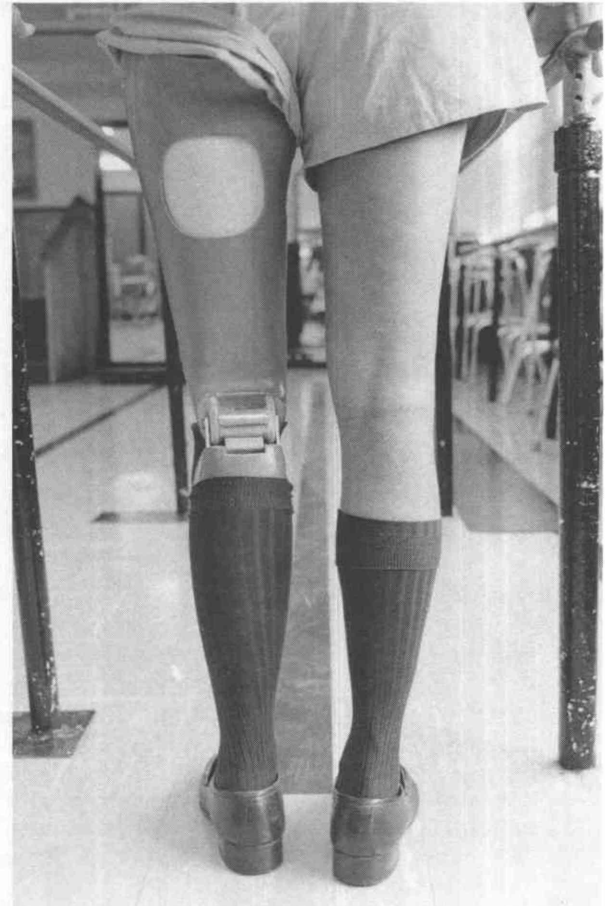

Figure 1.

*Institute of Rehabilitation Medicine, NYU Medical Center (IRM-NYU).

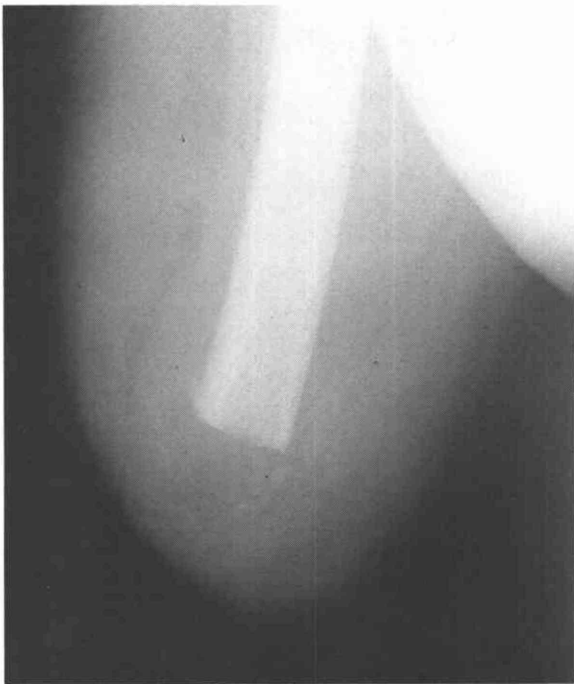

Figure 2.

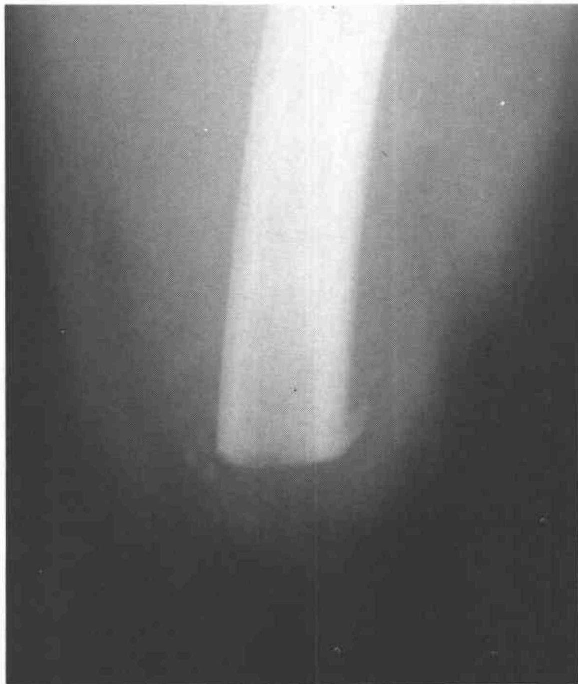

Figure 3.

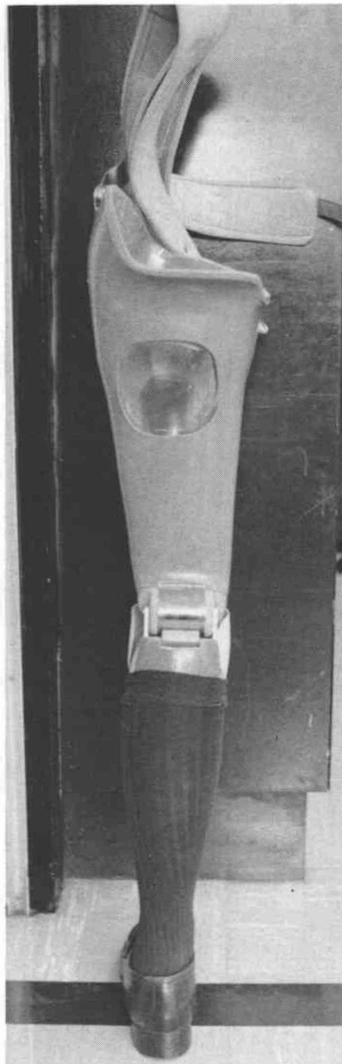

Figure 4.

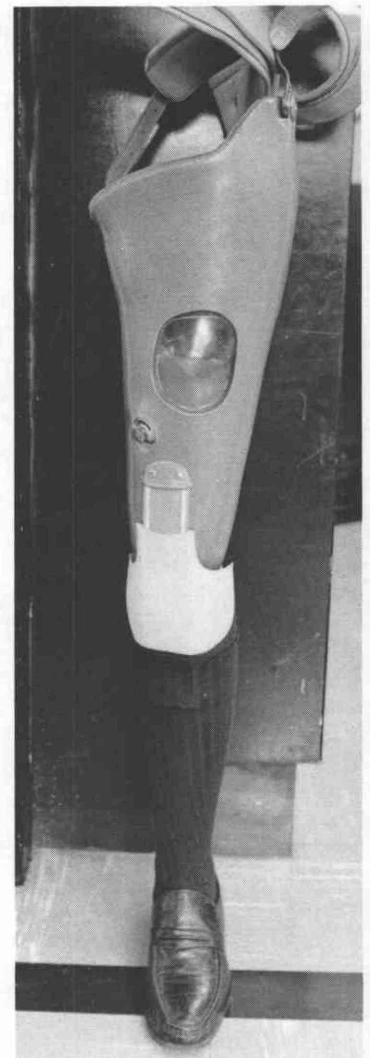

Figure 5.

down in the left peroneal area, and an erythematous area on the distal stump. The patient was not allowed to wear his prosthesis for 2½ weeks. During this time, a repeat stump x-ray showed a large spur in the posterior lateral side of the distal stump and more soft tissue calcifications on the anterior surface of the stump (Figure 3). Consequently, a new socket was designed to give relief over the distal anterior and posterior stump in order to decrease the pain and improve ambulation.

This socket consisted of a vacuum-molded inomer (Surlyn™) flexible socket contained in plastic laminated socket. There were fenestrations put into the anterior (Figure 4) and posterior walls (Figure 5) of the rigid outer