

ISPO XII. Világkongresszus
2007. július 29.-augusztus 3.
Vancouver, Kanada



International Society for Prosthetics and
Orthotics

ISPO (International Society for Prosthetics and Orthotics)

- 1970
- nemzetközi pártatlan és politikamentes koordináló és tanácsadó szervezet az ortetika, protetika és rehabilitációs technika területén
- tagok közötti tudományos eszmecsere, továbbképzés
- oktatási és képzési feladatok az egész világon
- kutatások, felmérések készítése



ISPO (International Society for Prosthetics and Orthotics)

- 42 tagszervezet (35)
- 83 ország, 2700 tag (75 ország, 2500 tag)
- 13 tagú vezetőség
- Világkongresszus 3 évente
- ortetikusok-protetikusok felső fokú, egyetemi szintű képzése
- továbbképző kurzusok, konszenzus konferenciák
- WHO, Vöröskereszt,
- Prosthetics and Orthotics International
- www.ispo.ws



Magyar Protetikai és Ortetikai Társaság

- 1994
- független tudományos szakmai szervezet, mely a protetikai és ortetikai ellátás szereplőit fogja össze
- orvosok, gyógytornászok, ergoterapeuták, ortopéd műszerészek, kötszerészek, cipészek, segédeszköz forgalmazók
- taglétszám 40-45, többségük más szervezetben is aktívan tevékenykedik
- oktatás, tudományos összejövetelek szervezése



ISPO World Congress 2007, Vancouver

- 6 napos rendezvény, kiállítás, szabad témák, felkért előadások, plenáris előadások, poszterek, workshopok, továbbképző kurzusok (alap és haladó szint),
- 2 napos nemzetközi vezetőségi ülés (Interim Meeting) a nemzeti társaságok képviselőivel



Interim Meeting 2007, Vancouver

- Kétnapos ülés, pontos menetrend, előre megküldött témák és anyagok, beszámoló
- Elnöki beszámoló
- ISPO tevékenysége
 - P&O tevékenység támogatása a világ minden részén
 - Szakember képzés (felső és középszint)
 - Állami és magán szervezetekkel kialakított együttműködés
 - Egységes technológiák kialakítása, elterjesztése
 - Konszenzus konferenciák
 - Fejlett országok P&O szolgáltatásainak fejlesztése (tagdíj és rendezvények bevétele máshol megy el!)

Interim Meeting, Elnöki beszámoló

- Együttműködés
 - Nemzetközi Vöröskereszt, HI, WRF, USAID, INTERBOR
- Oktatás
 - I.Kategória (Glasgow, Tanzánia)
 - II.Kategória (Pakisztán, Marokkó, Togó)
 - Szervezés alatt I. Kat. (El Salvador, Australia, Thaiföld, Franciaország, Németország, Hong-Kong, Malajzia)
 - II.Kat. (Sri Lanka, Indonézia, India, Etiópia, Bosznia)
- Tudományos rendezvények
 - CP, Poliomyelitis, Stroke, Dongaláb



Interim Meeting, Elnöki beszámoló

- Konszenzus Konferenciák
 - AV ortézisek a fejlődő országokban (Vietnám 2007)
 - Kerekesszék a fejlődő országokban (India 2006)
 - Protézisek rendelése, felírása a fejlett országokban (tervezett)
- Prosthetics and Orthotics International
 - Norman Jacobs főszerkesztő nyugdíjba vonul
 - Új kiadó (T&F)
 - Szolid nyereség
 - OORI könyvtárban is, weben is
- Internet (ispo.ws), tagoknak belépés egyéni azonosítóval



Interim Meeting 2007, Vancouver

- Pénztárosi beszámoló
 - bevételek (USAID 700E USD, Tagdíj, World Congress)
 - a taglétszám nő, a tagdíj bevétel nem (fejlődő országok)
 - tagdíj rendszer átalakítása
 - A központi irodában számos változás, takarékoság (átvilágítás; olcsóbb, de hatékonyabb irányítás; több szolgáltatás; új iroda; új alkalmazottak)
 - A tagdíj bevétel minden kongresszusi évben magasabb
 - A tagdíj bevétel összege több mint 10 év óta nem emelkedett



Interim Meeting 2007, Vancouver

- Vancouver 2007
 - Sok résztvevő, sok kiállító, 526 absztrakt, 48 free paper szekció
- Lipcse 2010
 - ISPO + BIV + LM
 - 2010 májusában
- 2013
 - ?



Interim Meeting 2007, Vancouver

- Új Elnökség (2007-2010)
 - Dan Bloka elnök
 - Harold Shangali volt elnök
 - Jan Geertzen következő elnök
 - John Michel főtitkár
 - Dirk van Kuppevelt
 - Eiji Tazawa
 - Carolina Schiappacasse
 - Margaret Hodge
 - John Fisk
 - Heinz Trebbin



World Congress

- 6 nap, 8 szekció, 600 előadás, 170 poszter
- Tartalomjegyzék 18 oldal, absztrakt könyv 560 oldal
- Fő témák:
 - AV ortézisek, FV ortézisek, gerinc ortézisek, Kerekesszékek és ültető eszközök, AV protézisek, FV protézisek, Rehabilitáció, Oktatás, Gyerekellátás, Technológia, Fejlődő országok, Általános témák
- Plenáris ülések
 - Knud Jensen Lecture (David Condie)
 - Jan Geertzen, Todd Kuiken, Dan Blocka, David Constantine



World Congress





Vacuum-formed removable rigid dressing compared with conventional rigid dressing after transtibial amputation

Randomized controlled trial

ORTHOPE
TECHNIQUE

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Introduction
 Long-term health implications, especially in regards to prosthetic limb use, are a concern for many amputees. The aim of this study was to compare the effects of two different types of rigid dressings on the health of transtibial amputees. The study was a randomized controlled trial comparing a vacuum-formed removable rigid dressing (VFRD) with a conventional rigid dressing (CRD). The primary outcome was the number of days with a dressing change. Secondary outcomes included the number of dressing changes, the number of days with a dressing change, the number of days with a dressing change, and the number of days with a dressing change.

Methods
 The study was a randomized controlled trial comparing a vacuum-formed removable rigid dressing (VFRD) with a conventional rigid dressing (CRD). The primary outcome was the number of days with a dressing change. Secondary outcomes included the number of dressing changes, the number of days with a dressing change, and the number of days with a dressing change.

Results
 The VFRD group had a significantly lower number of dressing changes compared to the CRD group. The VFRD group also had a significantly lower number of days with a dressing change compared to the CRD group. The VFRD group had a significantly lower number of dressing changes compared to the CRD group.



The patients were randomly assigned into one of the two groups (VFRD or CRD) using a computer-generated random number sequence. The patients in the VFRD group received a vacuum-formed removable rigid dressing, and the patients in the CRD group received a conventional rigid dressing.



The patients in the VFRD group received the dressing directly applied to the limb after surgery. The patients in the CRD group received a vacuum-formed removable rigid dressing. The patients in the CRD group received the dressing directly applied to the limb after surgery. The patients in the CRD group received the dressing directly applied to the limb after surgery.

Conclusion
 The VFRD group had a significantly lower number of dressing changes compared to the CRD group. The VFRD group also had a significantly lower number of days with a dressing change compared to the CRD group. The VFRD group had a significantly lower number of dressing changes compared to the CRD group.

Results
 The primary outcome was the number of days with a dressing change. The VFRD group had a significantly lower number of days with a dressing change compared to the CRD group. The VFRD group also had a significantly lower number of dressing changes compared to the CRD group. The VFRD group had a significantly lower number of dressing changes compared to the CRD group.

Outcome	VFRD (n=45)	CRD (n=45)
Days with dressing change	1.2 (0.8-1.6)	2.1 (1.7-2.5)
Number of dressing changes	1.8 (1.4-2.2)	2.5 (2.1-2.9)
Days with dressing change (95% CI)	0.8-1.6	1.7-2.5
Number of dressing changes (95% CI)	1.4-2.2	2.1-2.9

The VFRD group had a significantly lower number of dressing changes compared to the CRD group. The VFRD group also had a significantly lower number of days with a dressing change compared to the CRD group. The VFRD group had a significantly lower number of dressing changes compared to the CRD group.

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Director - Shree Bidade Sarvodaya Trust, Sanchalit Jaya Rehabilitation Institute & Hon / Con. Prosthlist & Orthotist - Dr. Balabhai Nanavab Hospital, Vile Parle(West), Mumbai-400081

Asst. Director - Shree Bidade Sarvodaya Trust, Sanchalit Jaya Rehabilitation Institute (i) Clinical Assistant-POCL (ii) Adm. Manager (iii) Technical Staff (iv) Physiotherapist (v) - Jaya Rehab-BST.

Introduction

Some humans always Privileged being to have access to prosthetic fitting which enabled with suitable technology

There are different species that are unable to enjoy these benefits of modern medical science with various dogs, horses, cats and parrots. These animals have to be rehabilitated for their disabilities by various prostheses and orthosis.

It was a unique and challenging experience to make these research in the field.

Don

To accept the challenge to fit artificial limbs in animals and birds.

Methods

Various limbs ranging from plastic pipes to a wooden arm or leg were made to resemble animal limbs.

For making prostheses it is very important to study the surface anatomy in order to create a durable and regular use.

Selection of all the material in done on the basis of weight, load availability and its use.

A comfortable and strong harness is then used for attachment.

To make sure the use of these prostheses continuously, little plastic a very important use to make directly attached to the animal's skin.

To cover of limbs for use of some lighter material like aluminum or plastic and carbon can be used. For all the items things like animal condition and the environment play a vital role.

We have found prostheses in a variety that had successful animals of both birds and cats.

Conclusion - The artificial limb of birds and cats is better than any.

08/01/2007



CONGENITAL DEFORMITY

Straight Tail



New 1111 Ready to Run



Normal Hind Peacock without Leg



Normal Hind Peacock with Artificial Limb



Paralytic Cat with walking suit



Camel with Compensated leg with prostheses of other limb



Camel Fitted with Artificial Limb



Camel Artificial Limb with Soft Liner Proper Weight Distribution & Shape of Foot



HOLY ANIMAL COW

Prosthes Cow With Fine Artificial Limb

She is walking with her New Leg & Facing A New Sunlight

Cow Artificial Limb with Proper Shape



Watching... What's my New Leg...



Good Cow Artificial Leg



Contentious facing best Artificial Limb



Cow with Artificial Hind Limb



Normal Cow

ONE OF THE LEGS IS ACCEPTED

SPECIAL ACHIEVEMENT



Discussion

One has to prevent development of pressure sore while fitting the limbs. A close observation is very important and it is the caretaker who is the prime key for what animals who have fit types but only expressions. It is a challenging task to understand the sentiments of animals.

Results

Strengthening of the tail of the pup indicated the acceptance of the prosthesis & to see it running is an enjoyable experience.

The cows were able to accept their owner's call with the artificial limbs and when the cows were used covering the leg they moved.

The horse and the camel reacted in the beginning but they accepted the artificial limbs later.

The Peacock's result was not encouraging and it moved away within a month time due to the other illness.

The dog's cat did not accept the orthosis.

Conclusion

Highly disabled animal could be rehabilitated by latest technology transfer from humans to veterinary medical science. It is worth knowing the status of every life which is the biggest reward in life.

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5. Thank you to all animal & their owners.

I.S.P. Endo-Exo Femurprosthesis

Two step rehabilitation after high transfemoral thigh amputation with distraction of the femur stump and following implantation of an Endo-Exo-Femurprosthesis

17th World Congress of the International Society for Prosthetics and Orthotics
July 26th - August 2nd, 2007, Vancouver, Canada

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CHRONOLOGY OF THERAPY

- 1999 - First implantation of an Endo-Exo-Femurprosthesis.
- Until 2002 - Implantation of 3 Endo-Exo-Femurprotheses after traumatic above-knee amputations.
- 2003 - Technical modification of the implant.
- 2004 - 7 patients are registered for a pilot study at the ethics committee Schleswig-Holstein.
- 10/2004 - approval of the study.
- 2005 - Market launch of the implant by certification by the German Medical Devices Directive (MPG).
- Until 7/2007 - 20 implantations of the Endo-Exo-Femurprosthesis.

PATIENT

1992 - A 40-year old patient suffered a motor-vehicle-accident with multiple fractures of the spine, the pelvis, and the right femur leg and a traumatic above-knee amputation on the left side. An incomplete paraplegia below the L5/S1-level vertebra found at a consequence of the spinal contusion.



Application of the patient's femoral nerve leads to the shortening of the femur stump (10-cm) and simultaneous damage of the collateral lig. Usage of a walking frame had additionally been hindered because of the nature of the incomplete paraplegia which legs affected the arm.

EXTENSION OF THE FEMUR

May, 2004 - An external retractor frame was applied and a distraction of the femur distal of the trochanter major was performed. Within a period of 3 months the femur was extended up to a length of 10.5 cm by means distraction.



March, 2005 - After completion of the distracted femur bone the external fixator was removed.

IMPLANTATION OF THE ENDO-EXO-FEMUR-PROSTHESIS

April, 2005 - Implantation of the Endo-Exo-Femurprosthesis.



Radiologic proof of an increasing immobilization of the femur implant. The prosthesis was supported by collateral bone of the femur.

CREATION OF THE STOMA

May, 2005 - Creation of the stoma and connection of the Exo-implant.



SITUATION TWO YEARS AFTER STARTING REHABILITATION

Increased weight bearing on the left leg since January 2006, since May 2006 full load and secure walking without assistance is possible.

06/01/2007



08/01/2007