

Gait Parameter Differences Between Standard and Ertl Transtibial Amputees

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A photograph of the Naval Medical Center San Diego building, a large, modern, multi-story structure with a grid-like facade, surrounded by palm trees and a parking lot. The image is partially obscured by a blue banner at the top.

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The investigators have no
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Introduction

- Ertl Technique
 - Advantages
 - Improved residual limb shape
 - Fibular stability
 - End bearing limb





- Ertl Technique
 - Disadvantages
 - Increased OR time
 - Increased tourniquet time
 - Gwinn, DE., Keeling, J., et al. FAI, 2008
 - Time to union
 - Delayed rehabilitation



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- Scant objective data regarding Ertl procedure

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[An alternative technique for the Ertl osteomyoplasty.](#)

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Foot Ankle Int. 2009 May;30(5):443-6. No abstract available.
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2. DeCoster TA, Homedan S.
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[Fibular segment bone bridging in trans-tibial amputation.](#)

3. Pinto MA, Harris WW.
Prosthet Orthot Int. 2004 Dec;28(3):220-4.
PMID: 15658634 [PubMed - indexed for MEDLINE]
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4. Pinzur MS, Pinto MA, Schon LC, Smith DG.
Instr Course Lect. 2003;52:445-51. Review.
PMID: 12690870 [PubMed - indexed for MEDLINE]
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[Modified Ertl osteomyoplasty for terminal overgrowth in childhood limb deficiencies.](#)

5. Drvaric DM, Kruger LM.
J Pediatr Orthop. 2004 Mar;24(3):333-4.

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- Amputation osteoplasty. [Iowa Orthop J. 2006]

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[Distal tibiofibular bone-bridging in transtibial amputation.](#)

1. Pinzur MS, Beck J, Himes R, Callaci J.
J Bone Joint Surg Am. 2008 Dec;90(12):2682-7.
PMID: 19047714 [PubMed - indexed for MEDLINE]
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[Perioperative differences between bone bridging and non-bone bridging transtibial amputations for wartime lower extremity trauma.](#)

2. Gwinn DE, Keeling J, Froehner JW, McGuigan FX, Andersen R.
Foot Ankle Int. 2008 Aug;29(8):787-93.
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3. Pinzur MS, Gottschalk F, Pinto MA, Smith DG.
Instr Course Lect. 2008;57:663-72. Review.
PMID: 18399614 [PubMed - indexed for MEDLINE]
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[Health-related quality of life in patients with transtibial amputation and reconstruction with bone bridging of the distal tibia and fibula.](#)

4. Pinzur MS, Pinto MA, Saltzman M, Batista F, Gottschalk F, Juknelis D.
Foot Ankle Int. 2006 Nov;27(11):907-12.
PMID: 17144951 [PubMed - indexed for MEDLINE]
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5. DeCoster TA, Homedan S.
Iowa Orthop J. 2006;26:54-9.



- Published literature has focused on technique and patient perceived outcomes
 - Inconclusive
 - Pinzur, et al. FAI, 2006
 - Pinzur, et al. JBJS, 2008

Purpose

Determine gait parameter differences between military Ertl and Burgess transtibial amputees



Study Design

- IRB approved
- Retrospective review



- **Inclusion Criteria:**

- Unilateral transtibial amputation
- Available gait study >6 months from initial study
- Independent ambulation

- **Exclusion Criteria:**

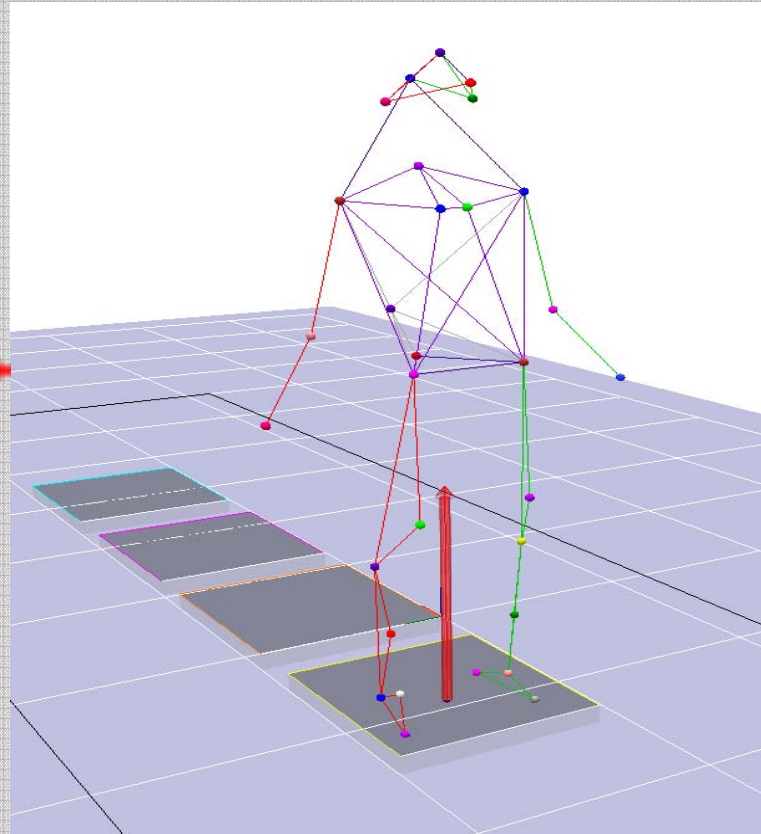
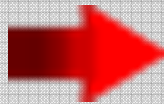
- Requirement of assistive device
- Ambulating independently < 6 months
- Contralateral LE arthrodesis

- 10 Patients met inclusion criteria
 - 5 Ertl
 - 5 Standard
 - All subjects AD male
 - Average age 25 yrs (22-28)
- Two amputee groups compared
- All amputees compared to cohort of 20 non-amputee normal controls

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NMCS D Gait Analysis Laboratory



- Gait Parameters

- gait velocity
- cadence
- stride length
- step width
- step length
- step symmetry
- single limb support
- single limb stance symmetry

- Gait Kinematics

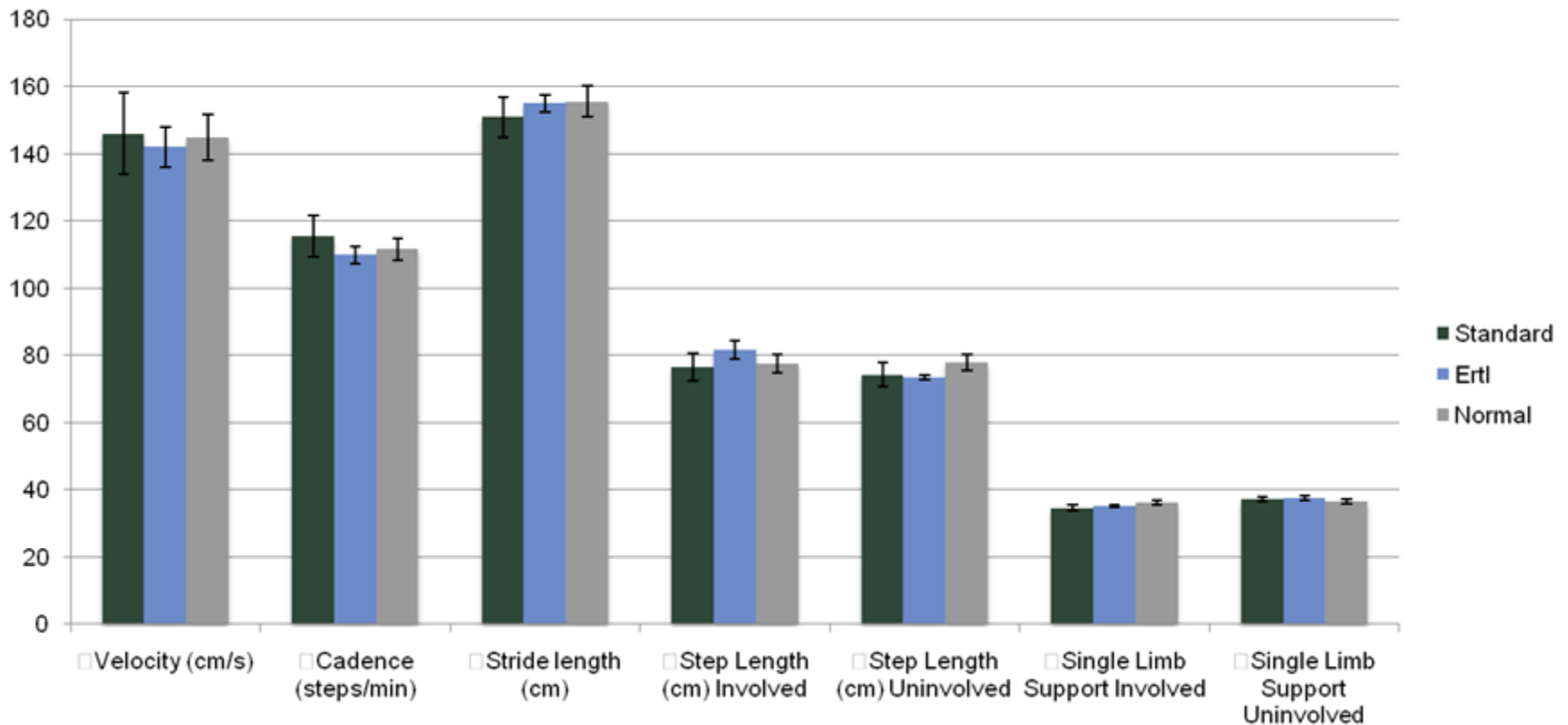
- Ground reaction forces
 - Early stance
 - Mid Stance
 - Late Stance



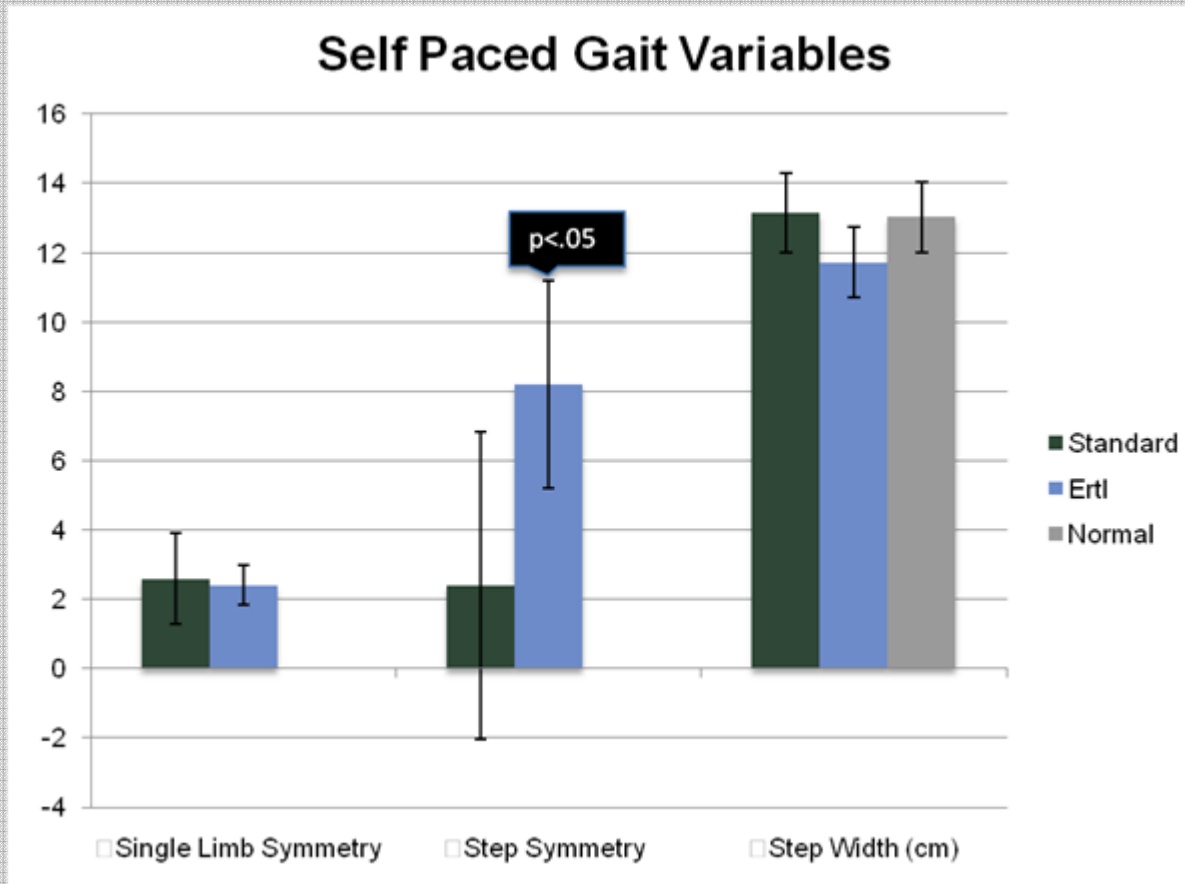
- Statistics
 - ANOVA/T-test performed on SPSS software
 - Post hoc power analysis revealed 51 patients in each arm would be required for power of 80%

Results

Self Paced Gait Variables

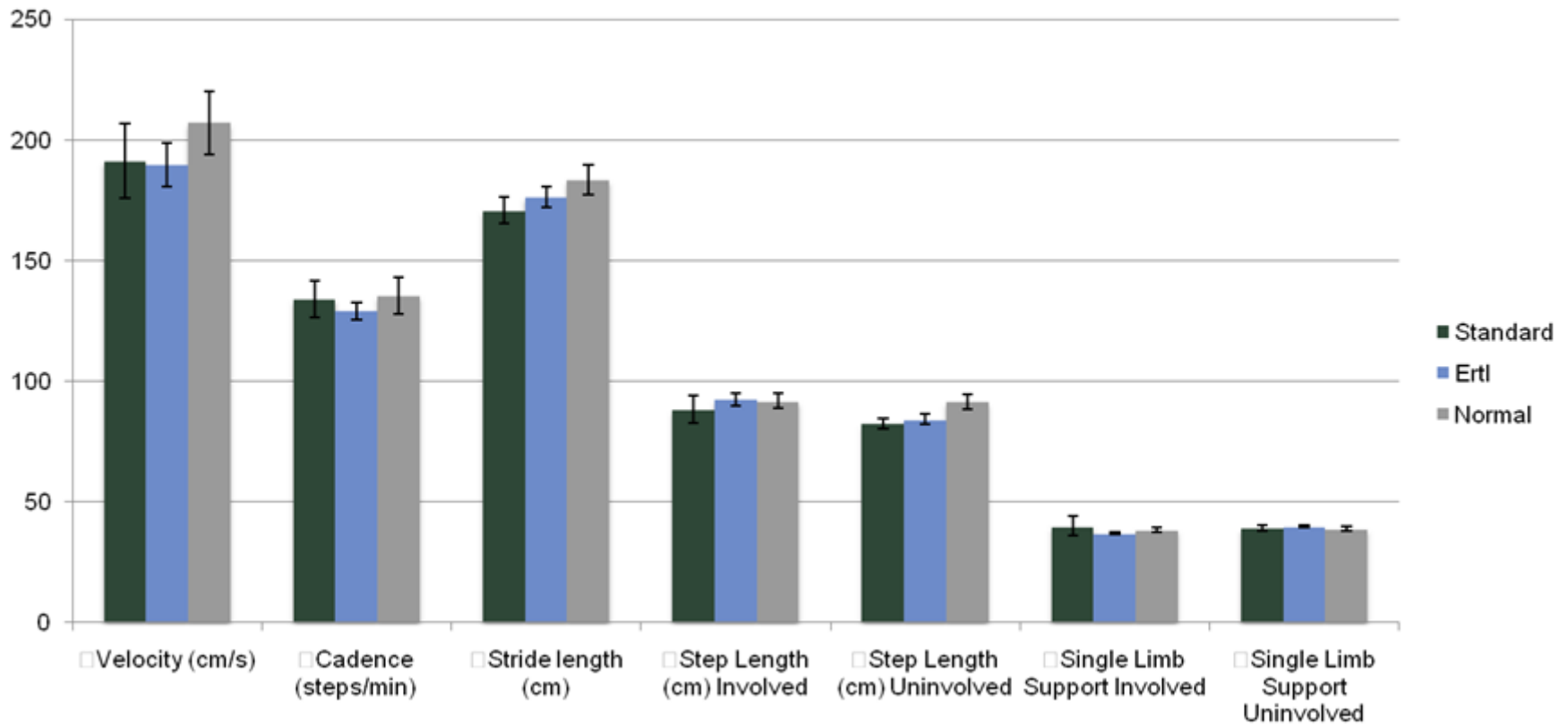


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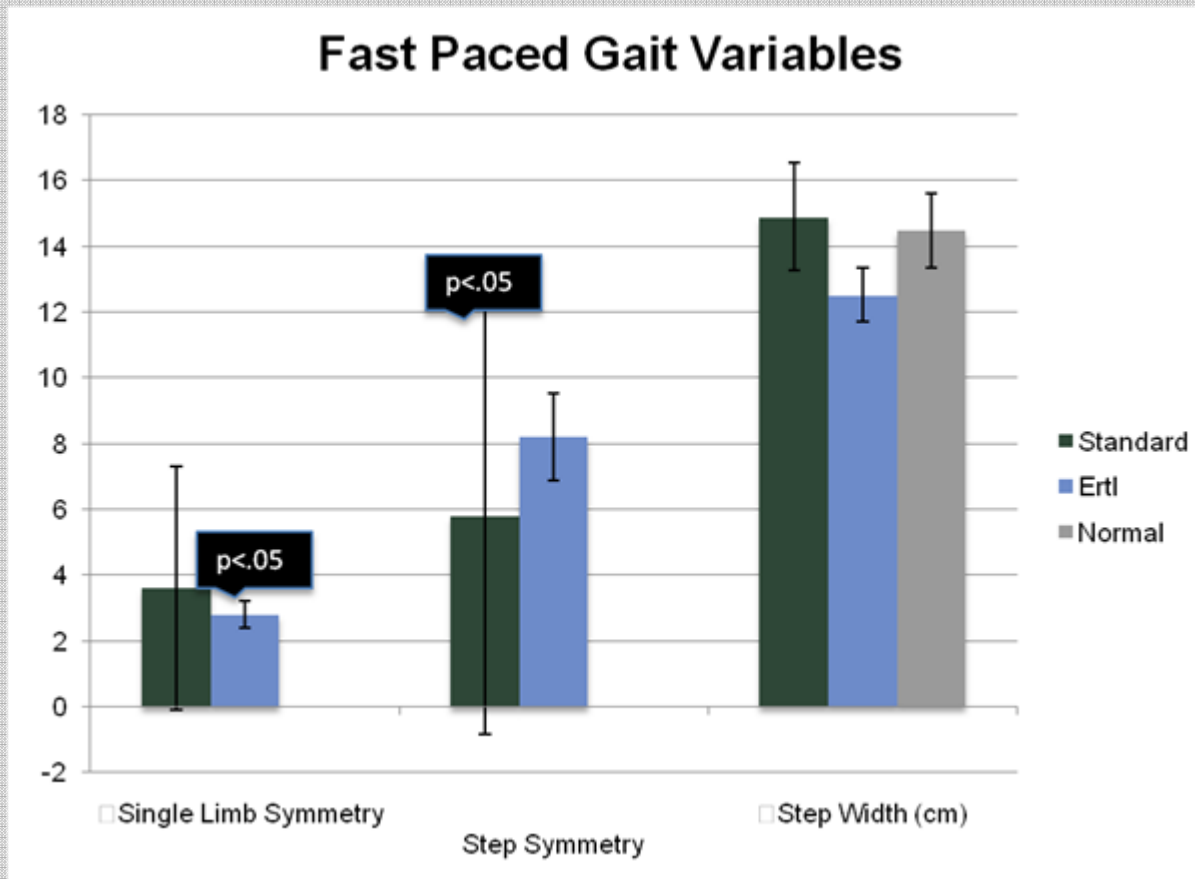


Results

Fast Paced Gait Variables

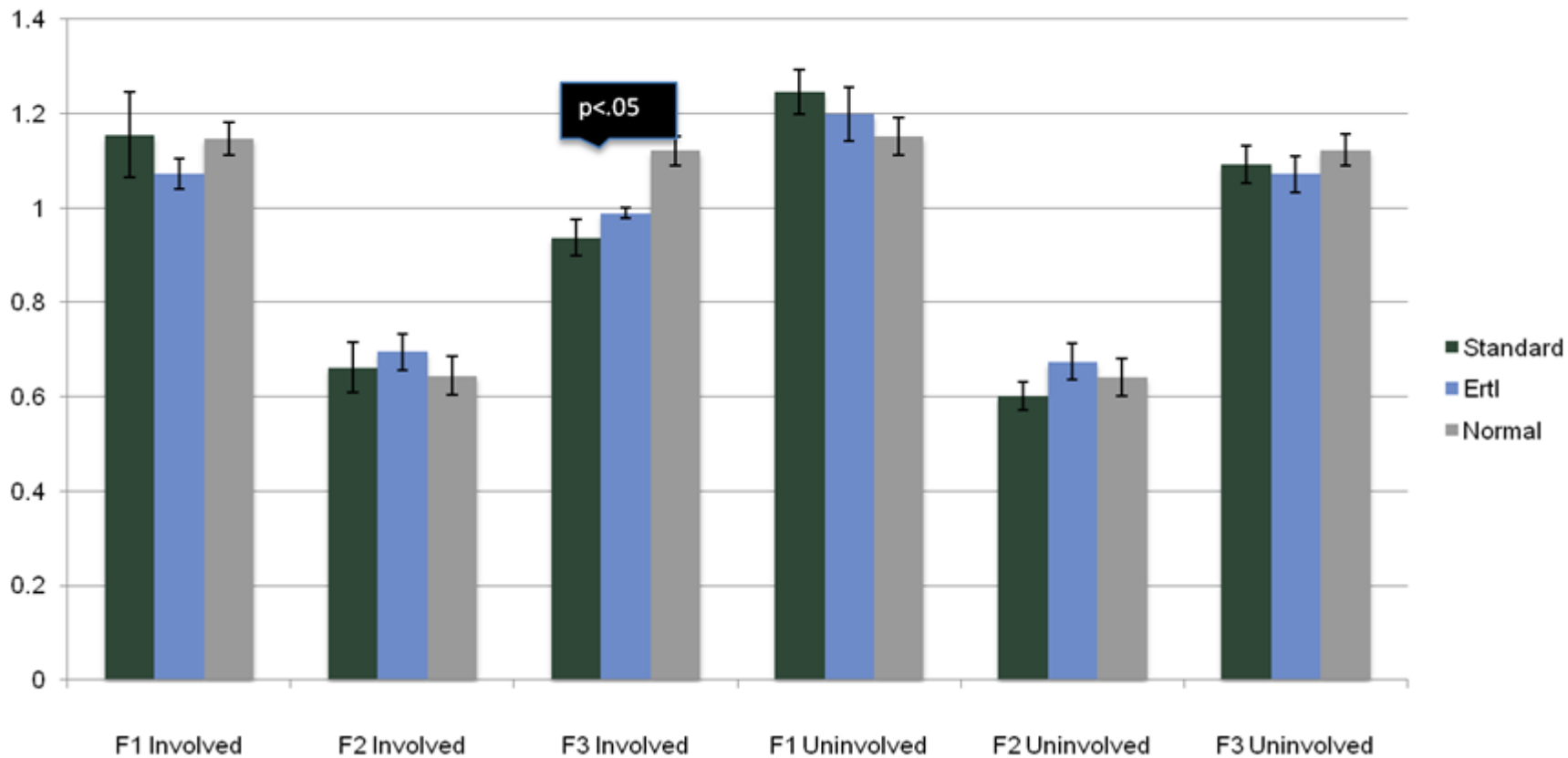


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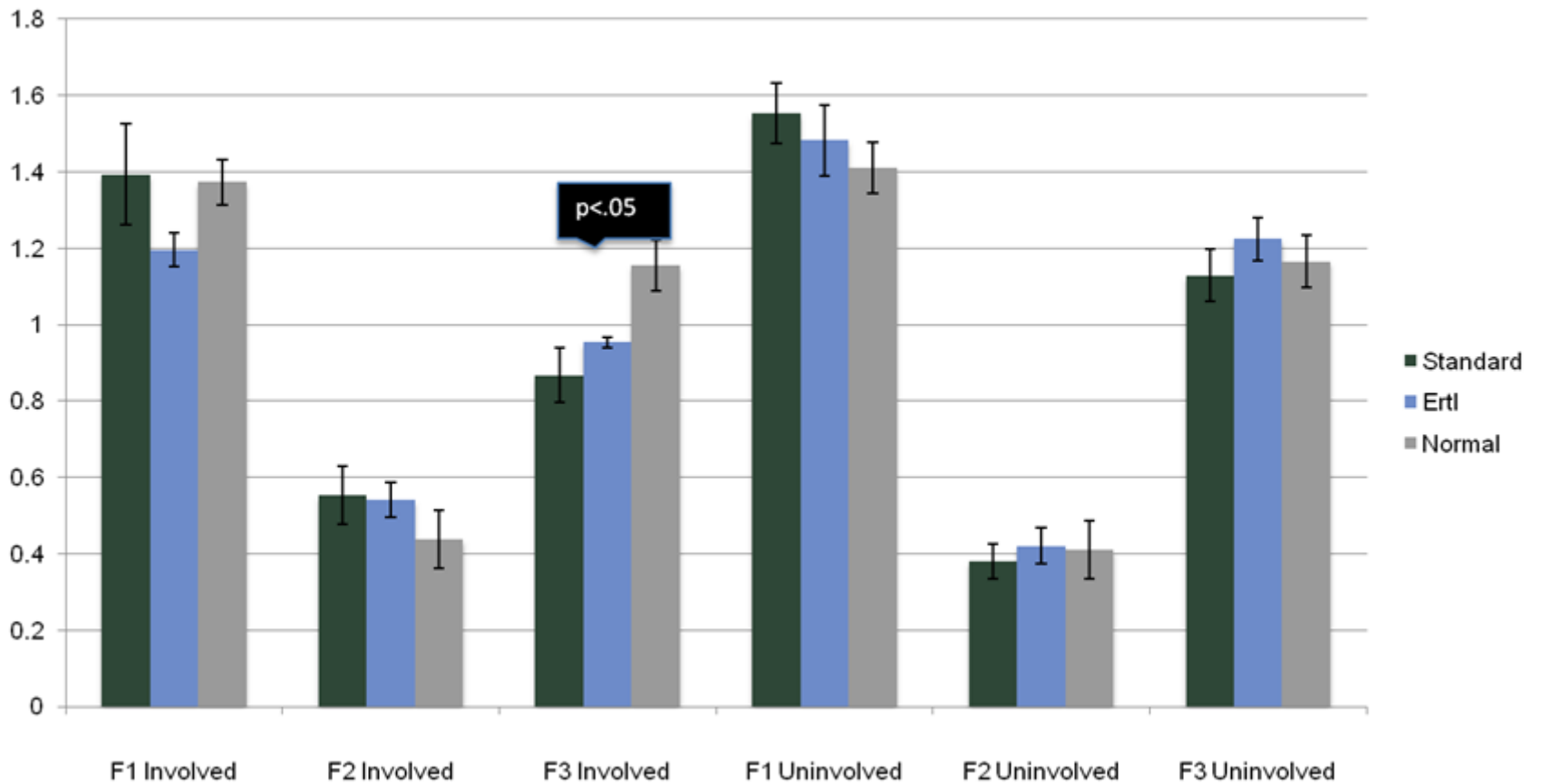
Results

Self Paced Ground Reaction Forces



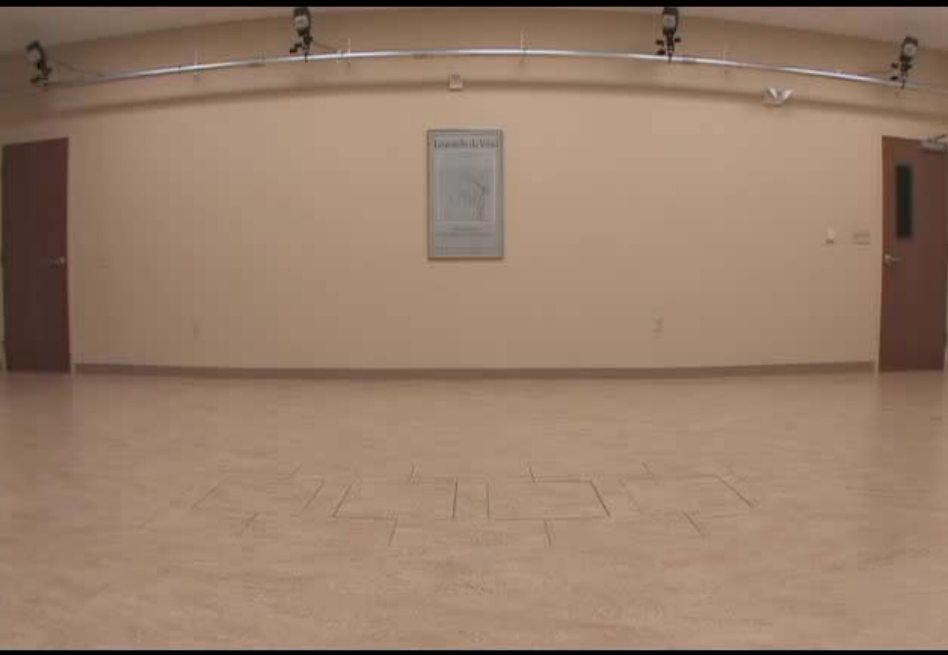
Results

Fast Paced Ground Reaction Forces



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Conclusions

- Unique Study
- No significant ambulation differences found
- Continued study required



Limitations

- Underpowered
- No difference in prosthetic fitting between amputee groups

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Thank You

