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the **MANAGEMENT**  
of **LOWER-EXTREMITY**  
**AMPUTATIONS**

Surgery

Immediate Postsurgical Prosthetic Fitting

Patient Care

PROSTHETIC AND SENSORY AIDS SERVICE  
DEPARTMENT OF MEDICINE AND SURGERY  
VETERANS ADMINISTRATION, WASHINGTON, D.C.

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**Patient Care**

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## FOREWORD

Some two years ago I had the pleasure of writing a foreword to the publication, "Immediate Postsurgical Prosthetics in the Management of Lower Extremity Amputees," under the authorship of Burgess, Traub, and Wilson. That handbook, published in 1967 and sold by the Superintendent of Documents, has been exceedingly well received. The demand for that publication is indicative of the interest shown by clinicians in these relatively new procedures. Undoubtedly, this new publication, reflecting the additional experience and insights gained by the Prosthetics Research Study in Seattle, funded through the VA Hospital in Seattle, will have a still greater impact on clinical practice.

This new monograph is much more comprehensive than its predecessor. A "how to do it" approach is utilized for all the sequences involved. Illustrations are abundantly used to facilitate the reader's understanding of the various procedures described. The decision of the authors to repeat certain sequences in each of the chapters dealing with the various levels of amputations eliminates the need for the reader to refer constantly to different parts of the book. Each chapter can thus serve as a ready reference for a given level of amputation.

A well-described and illustrated presentation on immediate postsurgical prosthetics management is obviously not enough to assure that the amputee derives the maximum advantages which these techniques can afford. As Dr. Burgess states, the procedures are not technically difficult, but precision is essential. Though somewhat different techniques formerly used by the Seattle group or other methods employed by other groups in this country or abroad have achieved gratifying success, the refined procedures described in this book have been found to be highly effective if followed without deviation.

Participation in one of the training programs now offered at New York University, UCLA, and Northwestern University is recommended for clinicians who

wish to undertake these procedures. There must be an effective relationship among the several disciplines concerned with amputee rehabilitation; the contributions of trained prosthetists are particularly desirable. Finally, and perhaps of most importance, the responsibility of the surgeon cannot end with the skillful and meticulous amputation of a limb. He must follow the progress of his patient at least until optimum rehabilitation is achieved.

It is heartening that many groups, both in the Veterans Administration and in the medical community generally, have been successfully using immediate and early postsurgical prosthetic fitting techniques. The Committee on Prosthetics Research and Development, National Research Council, has been very helpful in facilitating the exchange of research and clinical information on this as well as many other prosthetics problems. The specialized courses at the three universities with prosthetics education programs have made it possible for clinicians to acquire systematic instruction in these procedures. This new publication should serve as a reference source in the same manner as did the April 1967 manual.

We know that a great amount of effort on the part of the Seattle Prosthetics Research Study went into the preparation of this book. Our sincere appreciation goes not only to Dr. Ernest M. Burgess, Dr. Robert L. Romano, Mr. Joseph H. Zettl, and their colleagues of the Prosthetics Research Study, but to the Director and his staff of the VA Hospital in Seattle.

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## PREFACE

Widespread and growing interest in amputation surgery and substantial improvement in the Immediate Postsurgical Prosthetic Fitting technique prompt the preparation of a major revised manual less than two years after its first appearance. Reports from throughout the world now include an experience numbering several thousand cases. Although widely varying degrees of success are being recorded, the technique continues to gain rapid acceptance.

The additional knowledge gained from analysis of accumulating experience together with the greater understanding gleaned from the very high number of successful cases and indeed from the relatively few failures has stimulated the preparation of this new book. The many advantages of immediate postsurgical

prosthetic management in amputee rehabilitation justify the high hopes of its proponents.

The method is not technically difficult, but it is *precise*. The stakes to the amputee are high. It is necessary to understand and correctly apply each stage of care if the full potential for improved amputee rehabilitation is to be realized.

We have attempted to outline specifically each aspect of this care. Careful attention to detail will be rewarded by prompt and maximum restoration of function.

ERNEST M. BURGESS, M.D.

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E. M. Burgess  
R. L. Romano  
J. H. Zettl

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