

# MICROPROCESSOR KNEE UPDATE – PART II

---

*Angie Bryl, CPO  
Dankmeyer, Inc.*



# GAIT TRAINING WITH MPKS

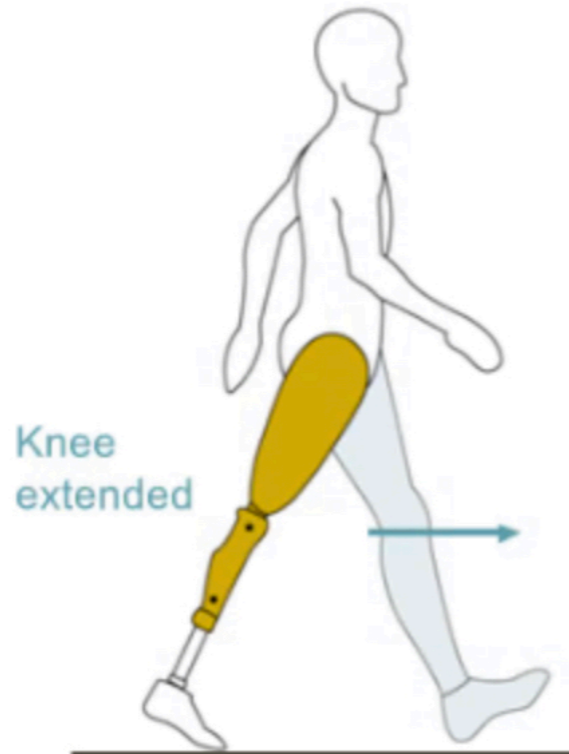
---

“

A journey of a thousand miles begins  
with a single step.

*-Lao Tzu*

## Stance release



Ottobock

# INITIATING SWING

- Goal: initial 30 deg knee flexion at toe off
- Key Criteria
  - Knee extension moment
  - Adequate toe load (Plié, Orion, older C-leg)
  - Forward rotational movement and inclination of the shank (newer C-leg, Genium/X3)
  - Also, ground reaction force near the middle of the foot and 60% of body weight through the prosthesis (Genium/X3)

## Resistive Gait Training

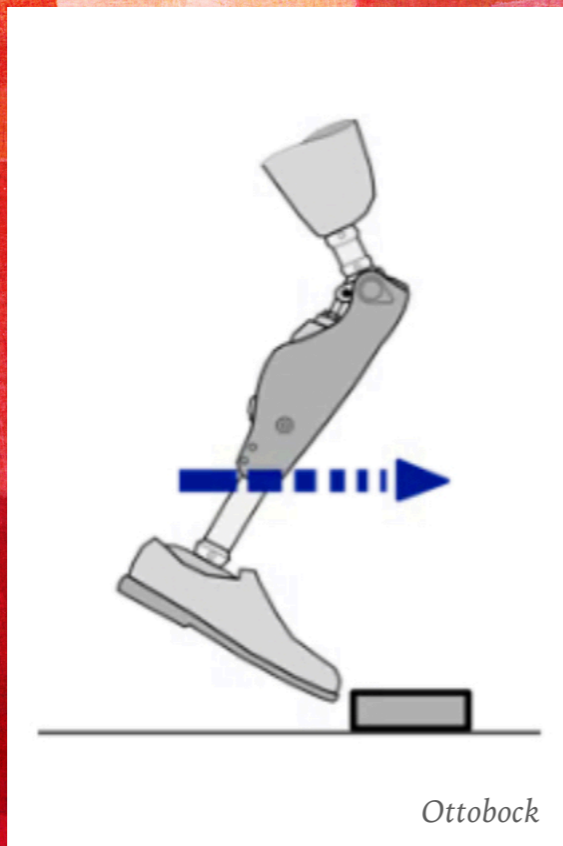


Restoring pelvic rotation, prosthetic side

Gailey

# STUMBLE RECOVERY

.....



- Increase safety and aid in fall prevention
- How it works:
  - When swing is interrupted, flexion resistance ramps up higher than adjusted setting
  - Provides enhanced stability for landing on the prosthetic side
  - Allows for more time to shift weight to contralateral side



Endolite



# STANCE FLEXION

.....

- 10-15 deg of knee flexion during loading response
- Full extension during midstance through preswing
- Benefits
  - Improved shock absorption
  - Reduced subsequent orthopedic problems
  - Easier, safer negoti
  - Reduction of compensatory movements



Gailey

# STAIRS

.....

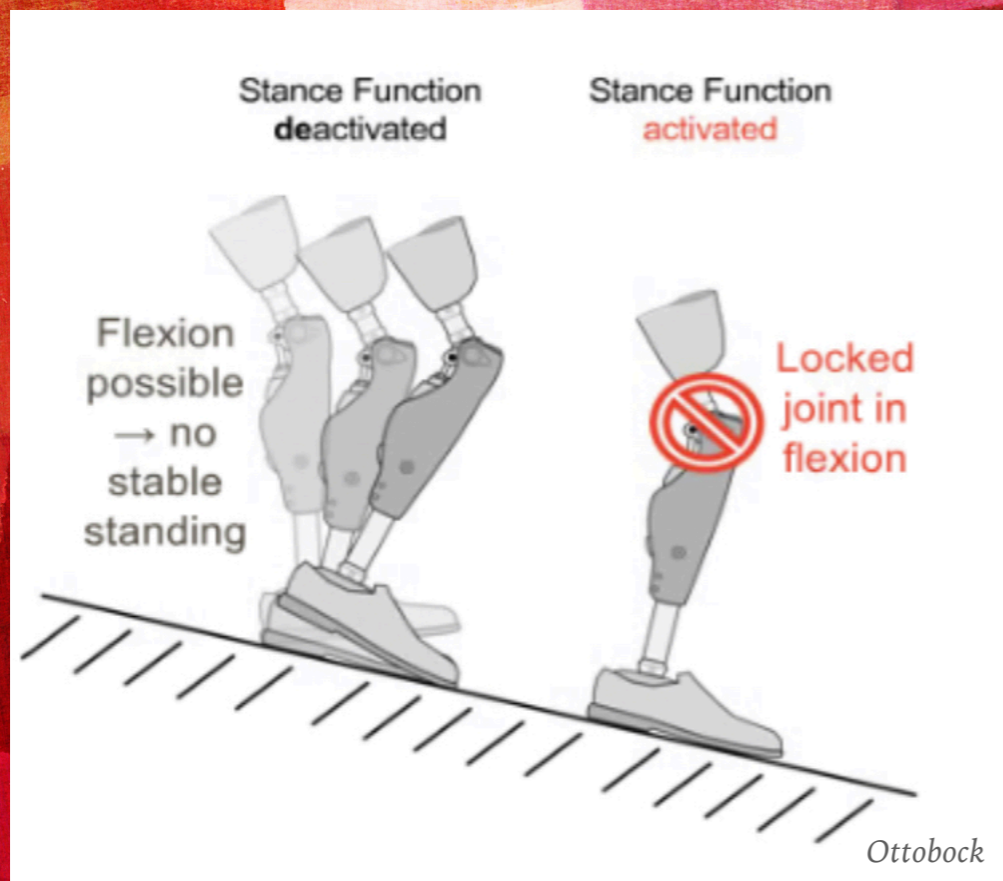
- Stance yielding on stairs for step-over-step descent
- Key criteria
  - Foot placement (halfway off of the step)
  - Maintain body weight over the knee
  - Muscle pull against posterior wall of socket (control descent)
  - Ride the knee down



Gailey



Gailey



# INTUITIVE STANCE

- Option with the C-leg, Genium/X3, Orion
- Key Criteria
  - Standing still with weight through the prosthesis and the knee bent
  - Knee will block further flexion
  - Release by lifting up or fully extending the knee



Endolite



# OBSTACLE CLEARANCE

.....

- Specifically for the Genium/X3
- Key Criteria
  - Specific movement pattern is needed to trigger this function
  - Keep weight on the prosthesis
  - Extend the hip to bring the leg backwards, while maintaining slight contact with the floor
  - Then quickly flex the hip and bring the leg forward and up



Ottobock



Ottobock

# OTHER MODES

---

- MPKs with alternate modes

- C-leg
- Genium/X3
- Rheo XC
- Orion

- Mode options

- Biking (free swing)
- Locked standing (in extension or flexion)
- Increased resistance in a limited range

- Switching between modes





# TROUBLESHOOTING MPKS

---

“

Every problem is a gift. Without them, we wouldn't grow.

*-Tony Robbins*

# TROUBLESHOOTING HELP

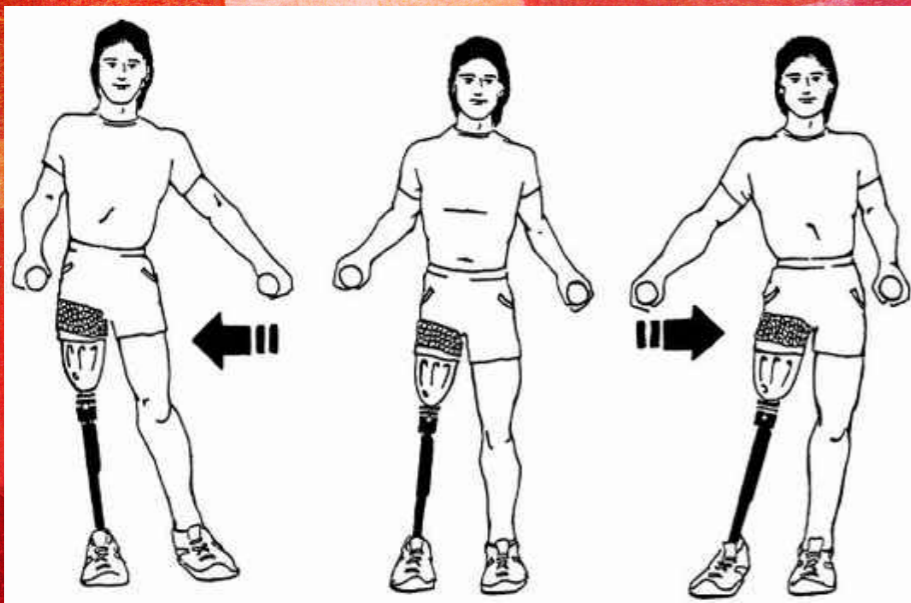
---

- *Problem: Knee does not release into swing.*
- Patient Causes:
  - Inadequate toe load
  - Knee does not get to full extension pre-swing
  - Hip hiking/circumduction
- Prosthetic Causes:
  - Release threshold set too high



# TROUBLESHOOTING HELP

.....



➤ *Problem: Knee does not release into swing.*

➤ Solutions:

➤ Focus on keeping weight on the prosthesis and generating hip power

➤ Weight shifting practice

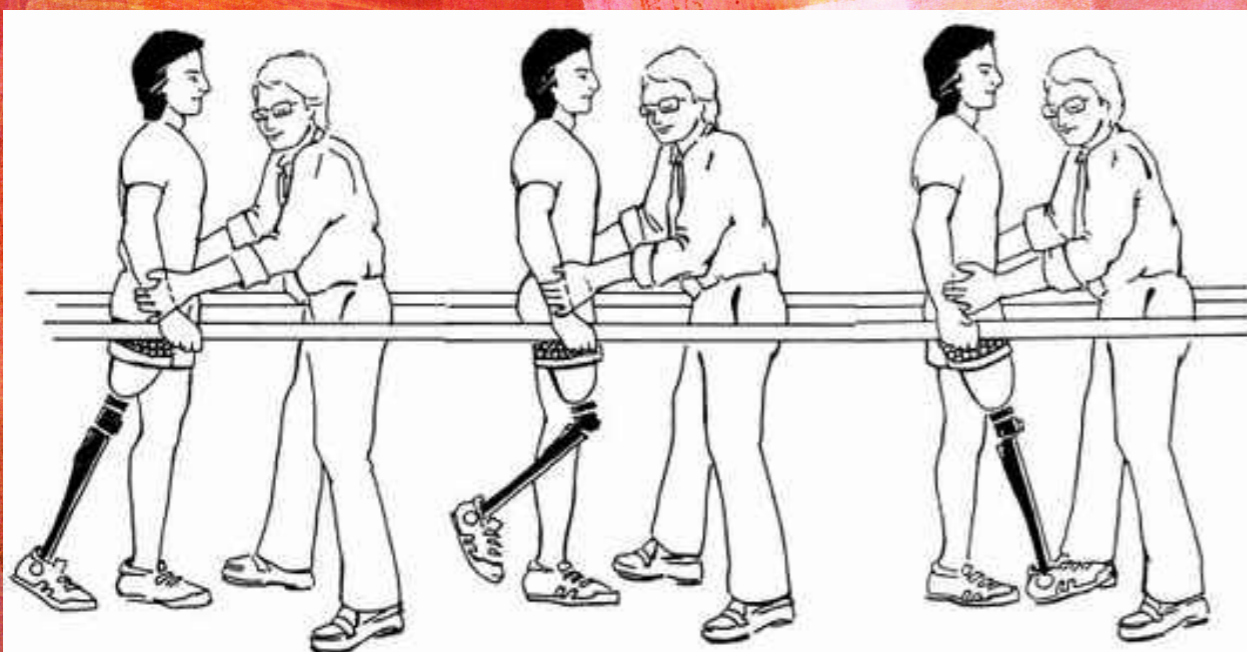
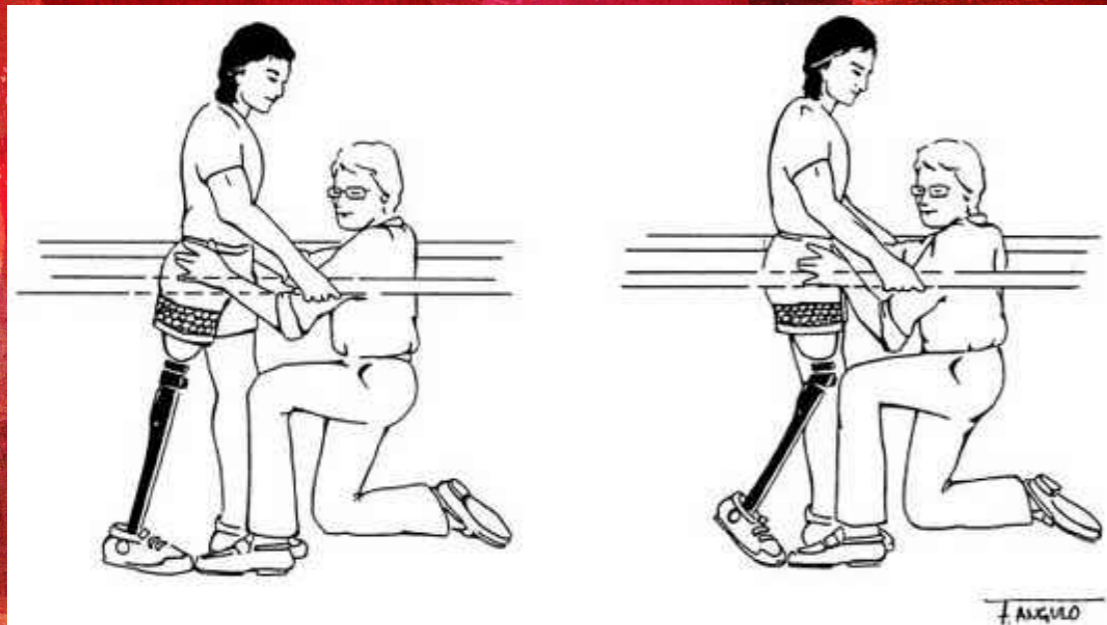
➤ Hip power: pelvis transverse rotation

➤ Prosthetic limb stepping forwards and backwards in parallel bars

➤ Rhythmic initiation then full steps

➤ Resisted walking (with bands)

➤ Baby steps



# TROUBLESHOOTING HELP

.....

➤ *Problem: Toe is scuffing the floor during swing.*

➤ Patient Causes:

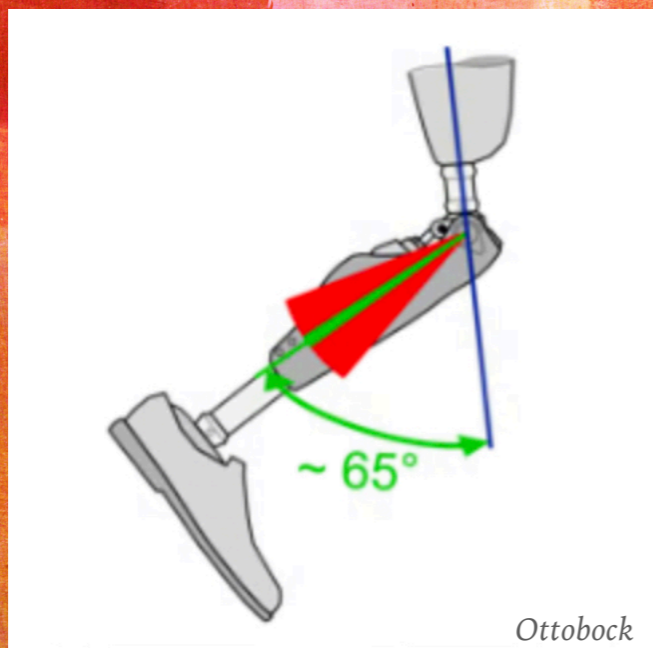
➤ Not generating adequate knee flexion for swing

➤ Prosthetic Causes:

➤ Prosthesis is effectively too tall

➤ Knee is not fully releasing into swing

➤ Heel rise is too shallow



# TROUBLESHOOTING HELP

---

- *Problem: Toe is scuffing the floor during swing.*
- Solutions:
  - Check sock-ply and overall height. Is the pelvis level? If not, are they too high up out of the socket? Try reducing sock-ply.
  - Check knee flexion. Goal is 30 deg knee flexion at toe off, 60-65 deg knee flexion during initial swing.
  - Leg swings, focusing on the pull backward



*Amputee Walking School: Todd & Dennis*



# TROUBLESHOOTING HELP

---

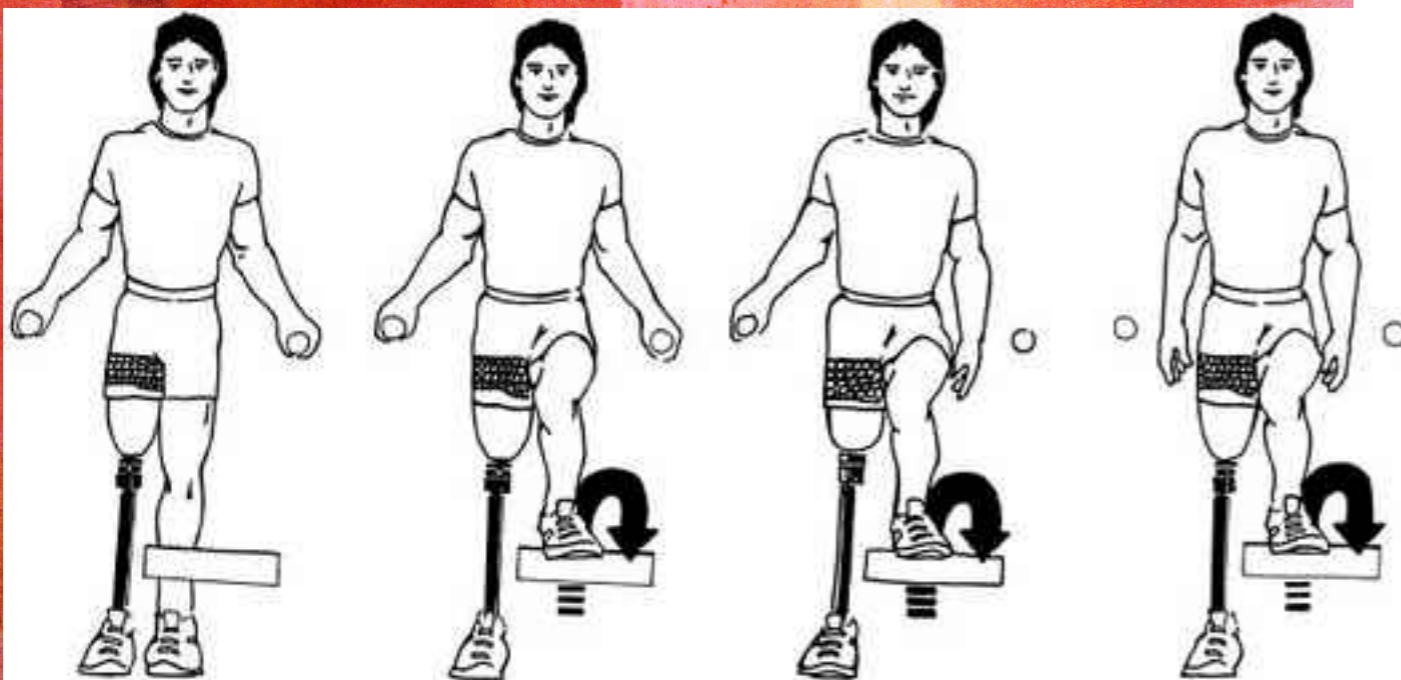
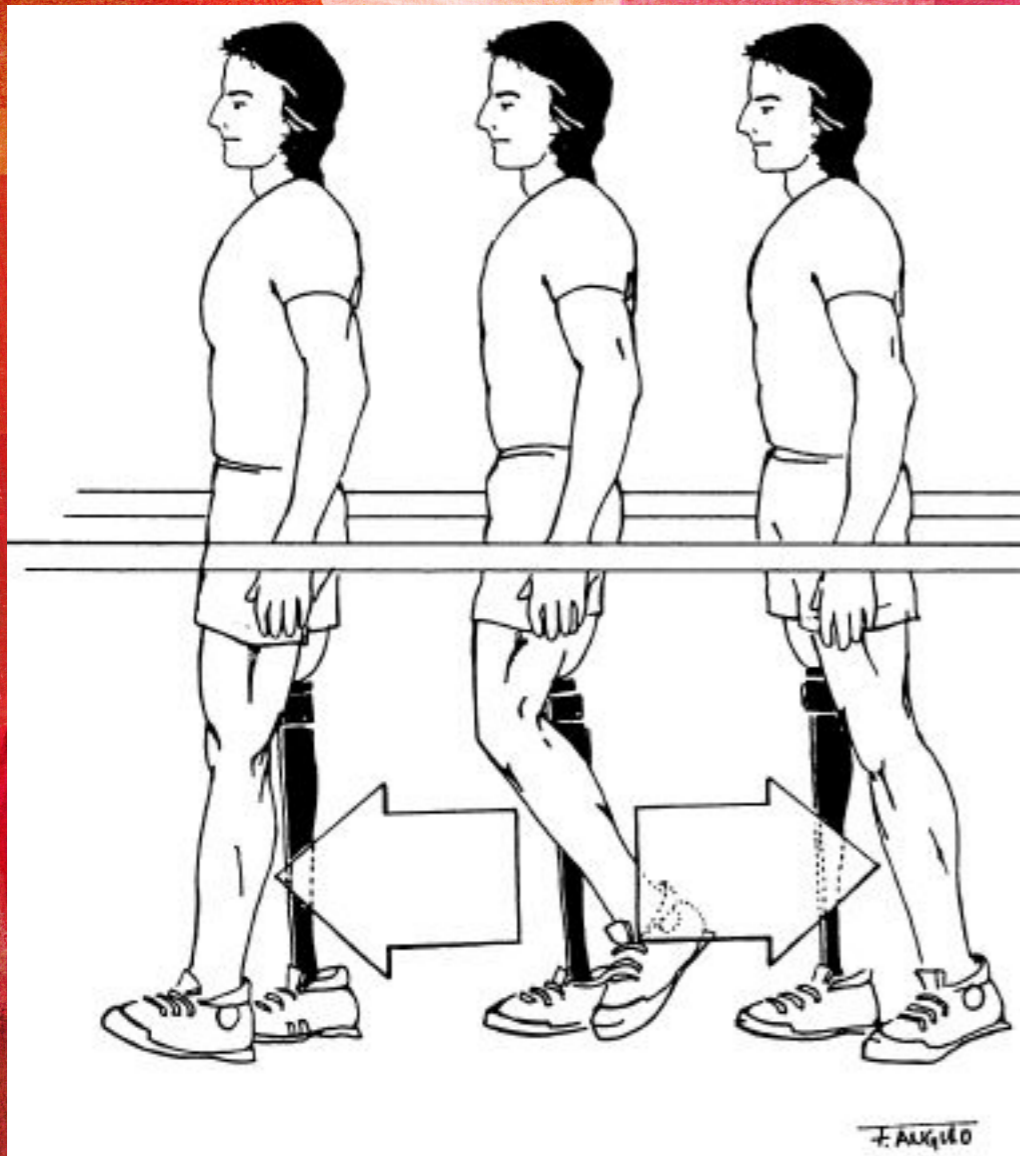
- *Problem: Uneven step length during gait.*
- Patient causes:
  - Does not fully weight shift or trust the prosthesis during stance
  - Takes too long of a step with the prosthesis
- Prosthetic causes:
  - Prosthesis is too short or too tall



Gailey

# TROUBLESHOOTING HELP

- *Problem: Uneven step length during gait.*
- Solutions:
  - Focus on single limb stance on the prosthetic side
  - Weight shifting fully to the prosthesis
  - Sound limb stepping forwards and backwards in parallel bars
  - Parallel bar step tap-ups (slow and controlled)
  - Shorten steps with the prosthesis



# TROUBLESHOOTING HELP

---

- *Problem: No stance flexion during loading response.*
- Patient causes:
  - Does not know how to initiate stance flexion
  - Does not trust knee flexion in stance
- Prosthetic causes:
  - Non-optimal alignment for stance flexion



Ottobock

# TROUBLESHOOTING HELP

---

- *Problem: No stance flexion during loading response.*
- Solutions:
  - Weight shift diagonal from sound limb to prosthesis
  - Single limb squats



*Gailey*

# TROUBLESHOOTING HELP

---

- *Problem: Knee buckling/ excessive flexion during stance.*
- Patient causes:
  - Weak or ineffective use of glutes to pull back on socket
- Prosthetic causes:
  - Knee alignment set too unstable



VA Gait Deviations Video

# TROUBLESHOOTING HELP

.....

➤ *Problem: Knee buckling/excessive flexion during stance.*

➤ Solutions:

➤ Focus on glutes pulling back on the socket

➤ Resisted heel strikes

➤ Forward shifting of weight

➤ Try to lift up their prosthesis or make the knee bend

➤ Baby steps

➤ Grid work/target strikes



*Amputee Walking School: Todd & Dennis*



*Amputee Walking School: Todd & Dennis*



# REFERRING BACK TO THE PROSTHETIST

---

“

A team is not a group of people who work together. A team is a group of people who trust each other.

*-Simon Sinek*



# FUNCTIONAL CHANGES

---

- Change in assistive device
- Change in self-selected walking speed
- New activities



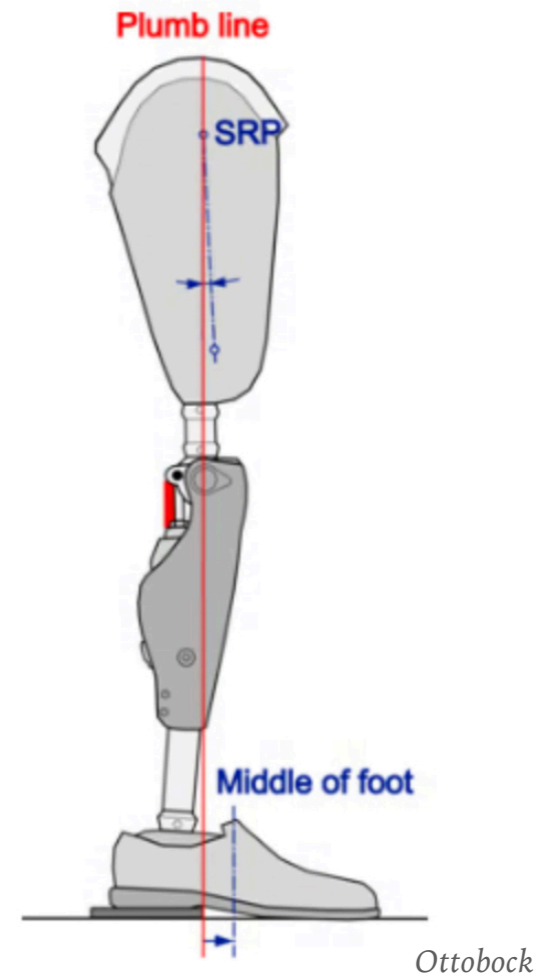
- What the prosthetist can do:
  - Review/reprogram MPK settings to optimize for their new gait pattern.

Ottobock

# ALIGNMENT CONCERNS

---

- Change in hip range of motion/contracture
- Shoe change (different heel height)
- Prosthetic is leaning (forward/backward, medially/laterally) during standing and gait
- What the prosthetist can do:
  - Manually adjust the alignment to match their current condition
  - Note, this may need to be readjusted if they change back



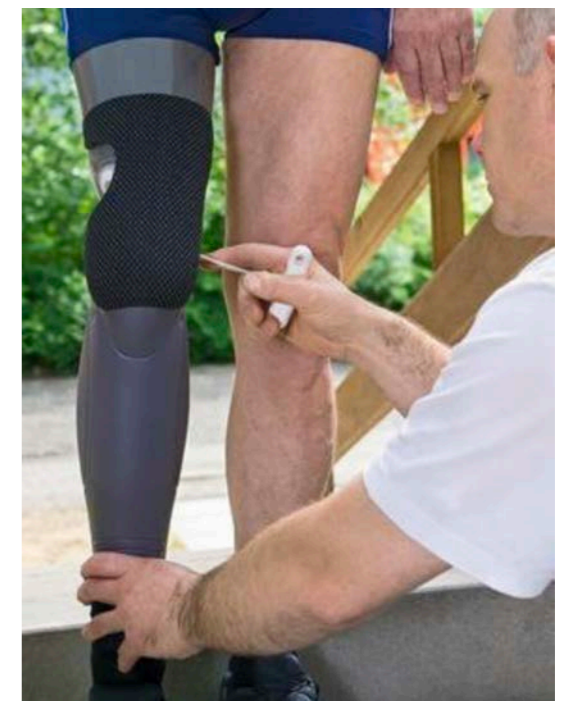
# UNRESOLVED GAIT ISSUES

---

- Gait training was not able to resolve certain issues (unable to initiate swing, catching foot, etc.)
- Further troubleshooting is needed


- What the prosthetist can do:

- Fine tune MPK settings
- Adjust prosthetic height or alignment



# MALFUNCTIONING KNEE

---

- Knee is beeping, buzzing
  - Knee buckles or gives out when it shouldn't or remains stiff
  - Knee is not charging properly
- 
- What the prosthetist can do:
    - Most MPKs are not field serviceable
    - The prosthetist can order a loaner knee to swap out and send the malfunctioning knee back to the manufacturer for evaluation
    - Depending on the location and the issue, this can take weeks to months to return

# REFERENCES

---

- Gailey, RS, CR Clark. “Physical Therapy Management of Adult Lower-Limb Amputees.” *Atlas of Limb Prostheses: Surgical, Prosthetic, and Rehabilitation Principles*. 2002.
- Manufacturer Websites and Videos
  - [www.freedom-innovations.com/pile-3/](http://www.freedom-innovations.com/pile-3/)
  - [www.endolite.com/products/orion3](http://www.endolite.com/products/orion3)
  - <https://professionals.ottobockus.com>
  - [www.ossur.com](http://www.ossur.com)
- Gait Training Videos
  - Gailey: <https://m.youtube.com/watch?v=HZOFaukYoT4>
  - Todd & Dennis: <https://m.youtube.com/watch?v=Uh6sesBZ00A>