



Clinical Evaluation Summary

CES CPI F01

College Park - Tres Foot

Warranty period - 1 Year

Weight Limit - 100kg (125kg for sizes 25cm and above)

This summary has been compiled from the results of a number of returned Clinical Evaluation forms, completed by both prosthetists and patients, and shown in an abbreviated form overleaf. It is an attempt to give an overview of the product based on our experience to date and needs to be read in conjunction with the product literature supplied by the manufacturer.

Evaluation Summary

From the responses of the prosthetists and patients alike, this is a foot that appears to function very well, being fairly compliant, but also reasonably dynamic. This is achieved in a foot that is light, even competing with many of the lightweight sach feet, but with the added advantage of a lower build height. It was evaluated, with equal success, on patients with transfemoral and transtibial amputations, but would probably be useful on patients with any level of amputation, possibly even some with Symes amputations, due to the relatively low build height.

In comparison with other feet from this manufacturer, such as the Trustep, it has less inversion/eversion and no significant torsional rotation, but this really doesn't seem to be a significant factor for the patient group it is aimed at. To get the best from the foot it is important to refer to the College Park activity levels and not to over prescribe in terms of the foot stiffness (yellow/red/blue).

Indications

Sigam mobility grade C to F
College Park activity level low to moderate
Patient would benefit from a lightweight foot, but still requires it to be reasonably dynamic and compliant
Where a fairly low build height is required

Contraindication

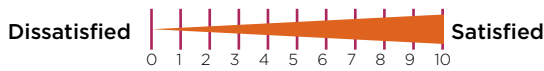
Mobility or activity levels outside those specified
Patients over 100kg(21cm to 24cm) or over 125kg (25cm to 31cm)

Evaluation Patients

Patient Details

Patient 1	Transfemoral	96kg	49 year old male	Machine operator	CPI low	Sigam F
Patient 2	Transtibial	63kg	76 year old male	Retired	CPI low	Sigam Dd
Patient 3	Transfemoral	83kg	59 year old male	Retired	CPI low	Sigam Dd
Patient 4	Transtibial	56kg	77 year old male	Retired	CPI low	Sigam E
Patient 5	Transtibial	78kg	62 year old male	Retired	CPI low	Primary
Patient 6	Transtibial	54kg	68 year old male	Retired	CPI low	Sigam Db

Evaluation Result



Current Prescription

Patient 1	'H' Socket with dspb suspension, Blatchfords ESK/PSPC, Multiflex foot & ankle
Patient 2	Polypropylene PTBSC, with Blatchfords Super Sach foot
Patient 3	Quadrilateral socket with TES, Blatchfords ESK/PSPC/MKL and Multiflex foot & ankle
Patient 4	Polypropylene PTBSC, with Sureflex foot
Patient 5	Primary amputee, issued with a PTB, with a cuff suspension and the Trés foot
Patient 6	Polypropylene PTBSC, with Otto Bock 1D10 foot

Prosthetist's Comments

Patient 1 - The Trés foot was chosen to attempt to improve the dynamic response of the foot. Assembly was simple and it was easy to align 5. There were no problems with the cosmesis and the product seemed durable, functioning well 5.

Patient 2 - Walks with one stick, but is an energetic man for his age and it seemed he would benefit from a livelier foot. The foot shell appeared a bit narrow and a larger size may have been slightly better. Easily set up and aligned 5. After 4 months use there was no sign of wear 5.

Patient 3 - The foot chosen since this patient is moderately active, wanting a lighter set up. The planter flexion seemed too stiff at heel strike and the shoe was difficult to don 3.

Patient 4 - The prosthetist commented that the foot was easy to assemble and align. He felt the inversion/eversion of the foot was limited, being disappointing in comparison with other CPI feet, scoring it 2 at that stage. He liked the low build height and after 3 months use saw no sign of any wear and with a very positive response from the patient, now scored 5.

Patient 5 - The comments of the prosthetist involved were favourable. He thought it was a compliant, but reasonably dynamic foot. Based on his experience with other CPI feet he was anticipating it being durable, with few maintenance problems. The cosmetic appearance was considered reasonable.

Patient 6 - Chosen in an attempt to improve the patient's stability throughout the stance phase, the clinician observed that it allowed a "steady roll over, with fair compliance". With only small issues regarding the cosmetic finishing, he scored it 2 initially, improving to 3 by the end.

Patient's Comments

Patient 1 - The patient scored his current prosthesis at 4, but negotiating slopes problematic. From the start he rated the new foot highly, using expressions such as, less tiring, less painful, more flexible and shock absorbing, increased confidence and less effort. He claims his walking distance has increased 100% and gradients are much more easily negotiated 5.

Patient 2 - It was hard getting any measurable response from this patient since everything always seems good to him, but he does appear to be very pleased with the Trés foot.

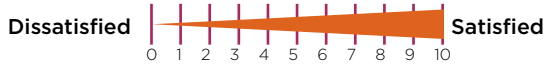
Patient 3 - The patient's comments were very difficult to decipher, but he seems happy with the function 4, despite the prosthetist's initial concerns, but unhappy with the foot size, finding it too wide for his shoes.

Patient 4 - Having scored his current prosthesis at 5, it was hard to see how the Trés foot was going to improve on that prescription. At the delivery stage he felt it was "comfortable and light" walking it well in the fitting room. At the first review he commented that it was "excellent for dancing and a big improvement on his previous leg", scoring it 5 he added "it inspires confidence to stride out". Three months after delivery he was still raving about its qualities, especially for dancing, being able only to fault it slightly when on "uneven surfaces". He attempted to cheat the scoring system then by awarding a 5+.

Patient 5 - The limited experience of this patient meant that his responses were not always about the foot itself, but about his rehabilitation in general. He seemed very pleased with his progress however and made no negative comments about the action of the foot.

Patient 6 - The patient having scored his current foot at 0, rated the Trés foot at 2 to 3 from start to finish. He felt it provided the stability he required, twice describing it as "consistent". Saying that it felt like a "real" foot, he felt more confident on it.

Supporting Information



Static Alignment

Have the patient stand with equal weight on both feet. Adjust alignment to achieve even weight distribution on the forefoot and heel. Check load line to determine if it is close to the recommended starting point.

For transtibial users, A should be 33% of B and 30% for transfemoral users. Now proceed with your normal dynamic alignment techniques. Please see the catalogue or website for ordering information.



Compas Results

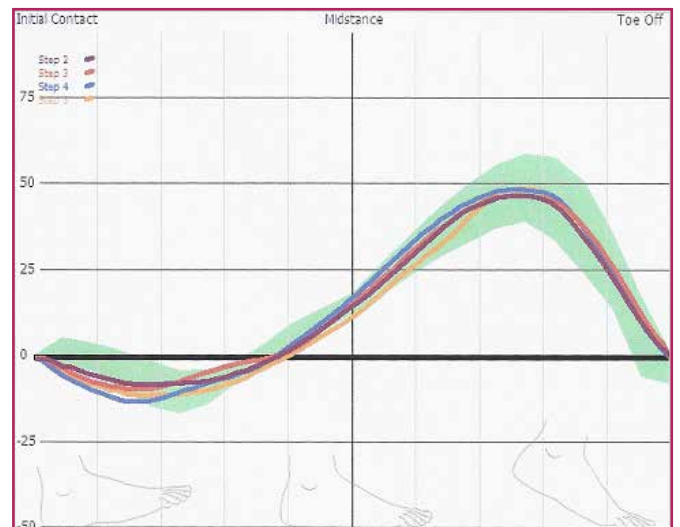
COMPAS is a Computerized Alignment System produced by Orthocare Innovations. Whilst it can be useful in assisting the clinician with the alignment of a prosthesis, it is the data that it produces as part of that process that is of interest to us when evaluating the function of prosthetic feet.

The graphs show the forces recorded of the second to fifth steps in a sequence of six, superimposed over a shaded area that has been produced by collating the results of data recorded from prostheses that have been carefully aligned using conventional methods, but supported by gait analysis.

As can be seen from the anterior/posterior graph, the heel strike to toe off pattern for the Trés foot shows four very consistent traces that fall very close to this norm, with a smooth transition from heel strike, right through to toe off.

Equally the medial/lateral graph also shows fairly consistent patterns, though with a slight increase in lateral thrust soon after midstance, just as the toe load begins to reach its maximum. This would indicate reasonable inversion/eversion compliance.

The rotational position of the foot has a significant effect on this and it maybe that the patient walked with the sound foot very straight and with the prosthesis aligned to match it, there is a slight lateral thrust created as a result, especially as the anterior/posterior graph shows no indication of an unusual load at that point.



For almost 100 years, we have broken boundaries in healthcare to create fundamental, positive turning points that enhance lives. Contact us today on customerservice@steepergroup.com to find out more about our products and services.