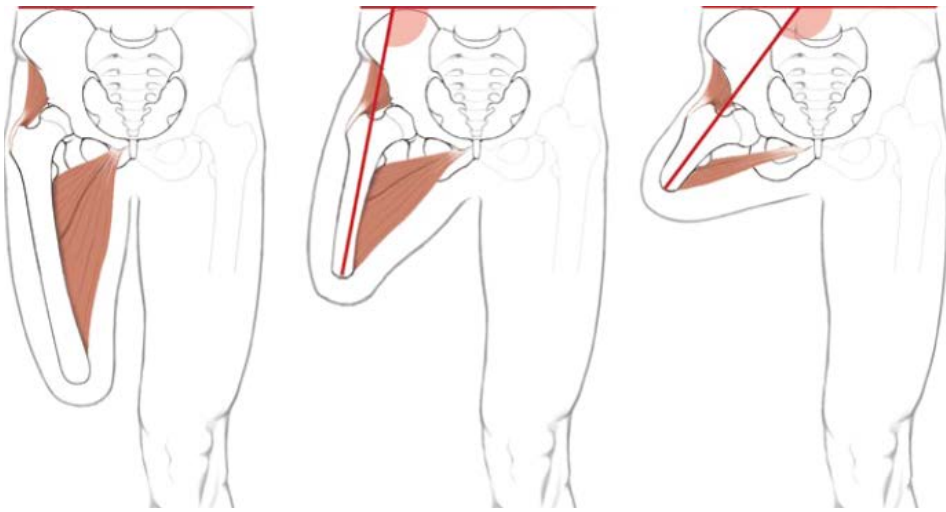


■ TRANS-FEMORAL REGION PATHOLOGIES AND AMPUTATIONS

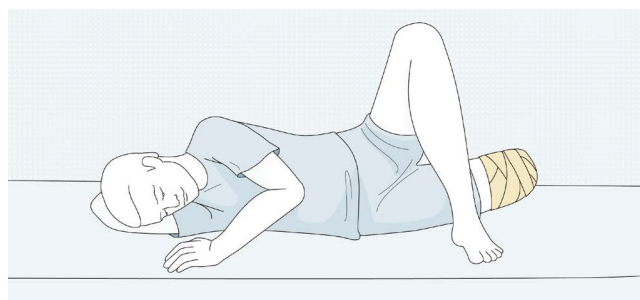
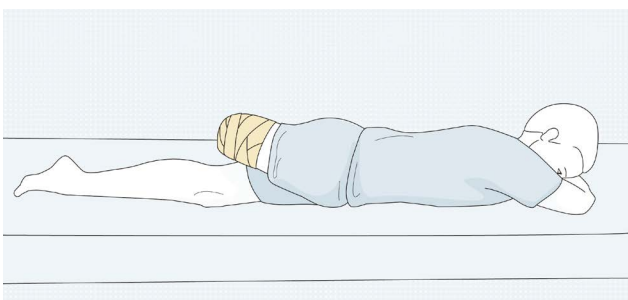
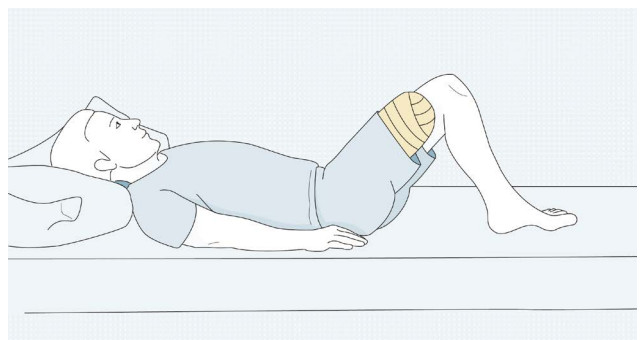
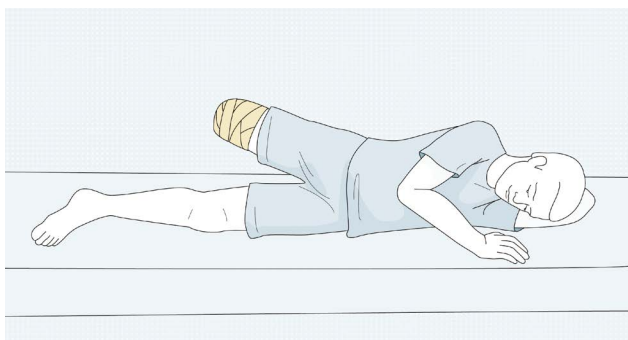


short stump leads the prosthesis to be felt heavier, may cause some gait deviations due to muscle imbalance, and may cause asymmetric formation in the body over time. The idea of using ancillary devices such as a cane or forearm crutches is not an attractive idea for most patients and their

TF amputation develops contracture in the direction of flexion and abduction in time due to muscle imbalance as the stump is shortened. A longer

TF stump brings with it many advantages such as an extended lever arm, better muscle balance and consequently lower energy consumption. Unfortunately, a

relatives, but these solutions should be advised to save energy and preserve a symmetrical body structure in short stump individuals.



Depending on the personal factors, the transition to prosthetic stage can be made in about 2-3 months if the patient is fit for the prosthesis. However, it should be kept in mind that the stump continues to take its shape after the first prosthesis application. The main objective of this period is to ensure the integrity between the artificial limb and the stump. Joint range of motion measurements, contracture angles, posture analysis, muscle test, sensory evaluations and environment measurements should be taken and socket application and setup should be implemented accordingly before proceeding with the prosthesis application. Otherwise, the inappropriate initial prosthesis experience may lead to a prolonged and unsuccessful rehabilitation attempt. The prosthetic period is quite similar to the process of getting a driver's licence. Conventional or upper level knee and foot joints can be used for trans-femoral amputees. The working principle of each is different. Learning to use the device effectively from the beginning will save energy and increase confidence in the prosthesis. This course focuses on informing the patient, the wearing and removing prosthetic, socket and stump hygiene, walking and functional activity training.