

## AvalonK2VAC

AvalonVAC incorporates elevated vacuum suspension, Blatchford's hydraulic ankle technology and a keel designed specifically for the biomechanics of K2 users. The combination of the keel shape (similar to that of Navigator) and the hydraulic damping of the ankle unit allow shock absorption at initial contact and a smooth rollover. The keel length is designed for those with a shorter step length, to allow the progression of the body centre-of-mass over the end of the toe. Elevated vacuum suspension (EVS) creates a more secure socket fit and promotes improved residual limb health.

### Improvements in Clinical Outcomes using Avalon compared to non-hydraulic feet

#### Improvement in **MOBILITY**

- Improved gait performance
  - Faster self-selected walking speed<sup>1</sup>
  - Smoother centre-of-pressure progression<sup>1</sup>
- Keel and ankle designed for Activities of Daily Living
  - Easier sit-to-stand<sup>2</sup>

#### Improvement in **LOADING SYMMETRY**

- Mean 34% reduction in stance phase timing asymmetry<sup>3</sup>
- Maximum 86% reduction in stance phase timing asymmetry<sup>3</sup>
- More symmetrical inter-limb loading<sup>1</sup>

#### Improvement in **USER SATISFACTION**

- Patient reported outcome measures indicate improvements
  - Mean improvement across all Prosthesis Evaluation Questionnaire domains<sup>4</sup>

### Improvements in Clinical Outcomes using EVS compared to other suspension types

#### Improvement in **SAFETY**

- Fewer falls and less chance of multiple falls
  - No trans-tibial EVS users reported multiple falls, while 75% of the non-EVS users did<sup>5</sup>
- Better balance in functional clinical tests
  - Significant improvements in the Berg Balance Scale (BBS), the Four Square Step Test (FSST) and the Timed-Up-and-Go (TUG) test<sup>6</sup>
- Better balance reported in patient-reported outcome measures
  - Improvements in the Activity Balance Confidence (ABC) scale questionnaire<sup>7</sup>

#### Improvement in **MOBILITY**

- Fewer gait compensations<sup>8-10</sup>
- Knee contact forces not significantly different to those of able-bodied controls<sup>11</sup>

#### Improvement in **SUSPENSION**

- Decreased pistoning
  - Reductions of over 69% and 83%, compared to suction<sup>10,12</sup> and pin-lock<sup>13</sup> suspensions, respectively, with other researchers and practitioners reporting similar observations<sup>7,8,14,15</sup>
- Maintain residual limb volume
  - Suction suspension = mean 6.5% loss in volume; EVS = mean 3.7% increase in volume (N.B. it is possible that the increase may have been due to the fact that these individuals attended the clinic wearing their regular prostheses before using the EVS system).<sup>10</sup>
  - Other studies have since confirmed the observation that residuum volume loss is prevented by EVS<sup>8,16-19</sup>

#### Improvement in **RESIDUAL LIMB HEALTH**

- Healthier residual limb tissue and skin
  - Higher trans-cutaneous oxygen measurement after activity<sup>20</sup>
  - Decreased trans-epidermal water loss after activity<sup>20</sup>
  - Decreased attenuated reactive hyperemia<sup>20</sup>
- Reduced interface pressures
  - Pressures reduced by a mean of 4% compared to suction suspension<sup>21</sup>
  - Pressure impulses reduced by a mean of 7.5% compared to suction suspension<sup>21</sup>
- Improved wound management
  - Continued prosthesis use while the wounds healed<sup>22-24</sup>
  - Wounds heal more quickly with EVS than other suspension methods<sup>25</sup>
- Less painful than other suspension methods
  - Expert opinion<sup>8</sup> and clinical case studies<sup>26</sup> agree that EVS is less painful and more comfortable than other suspension methods.
  - Improved Socket Comfort Score compared to other suspension methods<sup>5</sup>

#### Improvement in **USER SATISFACTION**

- Patients are more satisfied wearing their prosthesis<sup>5,7,8,15,23,26-28</sup>

#### **Clinical Outcomes using the Avalon/Navigator keel design**

##### With respect to **MOBILITY**

- Shorter keel allows for more consistent rollover radius of curvature, regardless of changing footwear<sup>29</sup>
- The most energy efficient radius of curvature for a rollover shape has been identified as 30% of the walker's leg length. For a person of a typical adult height between 1.5m and 1.8m, this equates to approximately 245-290mm. The Avalon keel design has a rollover shape of ~250mm<sup>29</sup>.

#### **Other Internal unpublished Blatchford research**

*Vacuum levels generated:*

When sensory control of the lower limb joints is lost, it is essential that the replacement behaves predictably. Consistency of performance is vital in providing prosthetic confidence. In terms of socket suspension method, this means providing the same good connection throughout a gait cycle, from one step to the next, and day-to-day, over the lifetime of the socket.

The difference between the vacuum levels generated by suction suspension, and that generated when using EVS, can be demonstrated by using a negative pressure gauge<sup>30</sup>. Figure 1 illustrates these measurements. Commonly, when the user bears weight on their prosthesis during stance phase, with suction suspension, the magnitude of the vacuum is low. When the leg is lifted into swing phase, the vacuum increases in magnitude, holding the socket to the residual limb. Comparatively, EVS retains a high level during stance phase – higher, in fact, than the peak swing phase vacuum with suction. Additionally, the difference between stance and swing phase is less pronounced, so that the vacuum level is more consistent throughout the gait cycle. For the amputee illustrated in the graph<sup>30</sup>, EVS gave an approximate 85% increase in peak vacuum magnitude and an approximate 67% reduction in the 'amplitude' of the vacuum measurement signal.

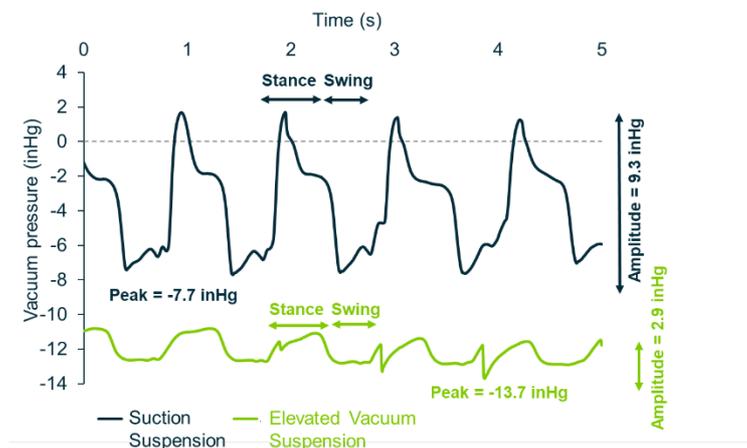


Figure 1: Negative pressure within the socket when walking using a one-way valve suction suspension (grey) and an elevated vacuum (EV) suspension. N.B. Data recorded with Echelon Vac system.

The difference in vacuum generated by the AvalonVAC, compared to that generated by the Echelon Vac, is shown in Figure 2. Despite differences in the method used (keel vs springs, different socket, different pressure gauge), when the same patient was asked to walk at 'K2 walking speed' (~2km/h, short steps), the trend of vacuum level to number of steps taken was comparable to when measured at 'K3 walking speed' (4-5km/h) with Echelon Vac.

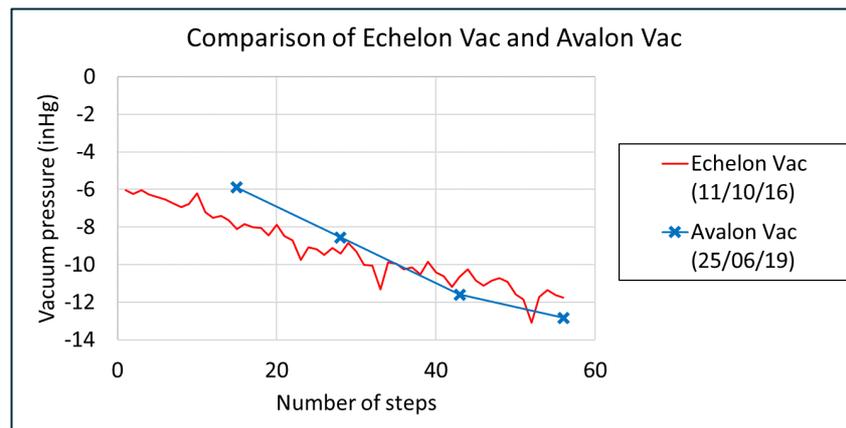


Figure 2: Comparison of the EchelonVAC and AvalonVAC vacuum generation by number of steps (regardless of walking speed).

## References

1. Barnett CT, Brown OH, Bisele M, et al. Individuals with Unilateral Transtibial Amputation and Lower Activity Levels Walk More Quickly when Using a Hydraulically Articulating Versus Rigidly Attached Prosthetic Ankle-Foot Device. *JPO J Prosthet Orthot* 2018; 30: 158–64.
2. McGrath M, Moser D, Baier A. Anforderungen an eine geeignete Prothesentechnologie für ältere, dysvaskuläre Amputierte - Requirements of a suitable prosthesis technology for elderly, dysvascular amputees. *Orthop-Tech*; 11.
3. Moore R. Effect on Stance Phase Timing Asymmetry in Individuals with Amputation Using Hydraulic Ankle Units. *JPO J Prosthet Orthot* 2016; 28: 44–48.
4. Moore R. Patient Evaluation of a Novel Prosthetic Foot with Hydraulic Ankle Aimed at Persons with Amputation with Lower Activity Levels. *JPO J Prosthet Orthot* 2017; 29: 44–47.
5. Rosenblatt NJ, Ehrhardt T, Fergus R, et al. Effects of Vacuum-Assisted Socket Suspension on Energetic Costs of Walking, Functional Mobility, and Prosthesis-Related Quality of Life. *JPO J Prosthet Orthot* 2017; 29: 65–72.
6. Samitier CB, Guirao L, Costea M, et al. The benefits of using a vacuum-assisted socket system to improve balance and gait in elderly transtibial amputees. *Prosthet Orthot Int* 2016; 40: 83–88.
7. Ferraro C. Outcomes study of transtibial amputees using elevated vacuum suspension in comparison with pin suspension. *JPO J Prosthet Orthot* 2011; 23: 78–81.
8. Gholizadeh H, Lemaire ED, Eshraghi A. The evidence-base for elevated vacuum in lower limb prosthetics: Literature review and professional feedback. *Clin Biomech* 2016; 37: 108–116.
9. Xu H, Greenland K, Bloswick D, et al. Vacuum level effects on gait characteristics for unilateral transtibial amputees with elevated vacuum suspension. *Clin Biomech Bristol Avon* 2017; 43: 95–101.
10. Board WJ, Street GM, Caspers C. A comparison of trans-tibial amputee suction and vacuum socket conditions. *Prosthet Orthot Int* 2001; 25: 202–209.
11. Xu H, Greenland K, Bloswick D, et al. Vacuum level effects on knee contact force for unilateral transtibial amputees with elevated vacuum suspension. *J Biomech* 2017; 57: 110–116.
12. Gerschutz MJ, Hayne ML, Colvin JM, et al. Dynamic Effectiveness Evaluation of

Elevated Vacuum Suspension. *JPO J Prosthet Orthot* 2015; 27: 161–165.

13. Klute GK, Berge JS, Biggs W, et al. Vacuum-assisted socket suspension compared with pin suspension for lower extremity amputees: effect on fit, activity, and limb volume. *Arch Phys Med Rehabil* 2011; 92: 1570–1575.

14. Darter BJ, Sinitski K, Wilken JM. Axial bone-socket displacement for persons with a traumatic transtibial amputation: The effect of elevated vacuum suspension at progressive body-weight loads. *Prosthet Orthot Int* 2016; 40: 552–557.

15. Scott H, Hughes J. Investigating The Use Of Elevated Vacuum Suspension On The Adult PFFD Patient: A Case Study. *ACPOC* 2013; 19: 7–12.

16. Youngblood RT, Brzostowski JT, Hafner BJ, et al. Effectiveness of elevated vacuum and suction prosthetic suspension systems in managing daily residual limb fluid volume change in people with transtibial amputation. *Prosthet Orthot Int* 2020; Online first.

17. Sanders JE, Harrison DS, Myers TR, et al. Effects of elevated vacuum on in-socket residual limb fluid volume: Case study results using bioimpedance analysis. *J Rehabil Res Dev* 2011; 48: 1231.

18. Street G. Vacuum suspension and its effects on the limb. *Orthopadie Tech* 2006; 4: 1–7.

19. Goswami J, Lynn R, Street G, et al. Walking in a vacuum-assisted socket shifts the stump fluid balance. *Prosthet Orthot Int* 2003; 27: 107–113.

20. Rink C, Wernke MM, Powell HM, et al. Elevated vacuum suspension preserves residual-limb skin health in people with lower-limb amputation: Randomized clinical trial. *J Rehabil Res Dev* 2016; 53: 1121–1132.

21. Beil TL, Street GM, Covey SJ. Interface pressures during ambulation using suction and vacuum-assisted prosthetic sockets. *J Rehabil Res Dev* 2002; 39: 693.

22. Hoskins RD, Sutton EE, Kinor D, et al. Using vacuum-assisted suspension to manage residual limb wounds in persons with transtibial amputation: a case series. *Prosthet Orthot Int* 2014; 38: 68–74.

23. Tralallesi M, Delussu AS, Fusco A, et al. Residual limb wounds or ulcers heal in transtibial amputees using an active suction socket system. A randomized controlled study. *Eur J Phys Rehabil Med* 2012; 48: 613–23.

24. Tralallesi M, Aversa T, Delussu AS, et al. Trans-tibial prosthesis in large area of residual limb wound: Is it possible? A case report. *Disabil Rehabil Assist Technol* 2009; 4: 373–375.

25. Brunelli S, Aversa T, Delusso M, et al. Vacuum assisted socket system in transtibial amputees: Clinical report. *Orthop-Tech Q Engl Ed*; 2.

26. Arndt B, Caldwell R, Fatone S. Use of a partial foot prosthesis with vacuum-assisted suspension: A case study. *JPO J Prosthet Orthot* 2011; 23: 82–88.

27. Carvalho JA, Mongon MD, Belangero WD, et al. A case series featuring extremely short below-knee stumps. *Prosthet Orthot Int* 2012; 36: 236–238.

28. Sutton E, Hoskins R, Fosnight T. Using elevated vacuum to improve functional outcomes: A case report. *JPO J Prosthet Orthot* 2011; 23: 184–189.

29. Curtze C, Hof AL, van Keeken HG, et al. Comparative roll-over analysis of prosthetic feet. *J Biomech* 2009; 42: 1746–1753.

30. McGrath M, Laszczak P, McCarthy J, et al. The biomechanical effects on gait of elevated vacuum suspension compared to suction suspension. Cape Town, South Africa, 2017.