

# Clinical Evidence Regarding Prosthetic Liners for Lower Extremity Amputees

## Overview

- Protecting residual limb tissues for lower extremity amputees is a challenge because they are not accustomed to bearing loads.<sup>1</sup>
- Loads can frequently cause ulceration and other skin conditions for the residual limb.<sup>1-3</sup>
- Prosthetic liners were developed to mitigate the load transferred from the residual limb to the prosthesis.<sup>4-7</sup>
- There is a growing desire in the prosthetics field for clinicians to prescribe the proper prosthetic liner using the wealth of scientific evidence on the subject matter.<sup>8</sup>

## Clinical Evidence

### Mechanical Properties

- Studies suggest that stiff liners would be best for patients with excessive soft tissue, while soft liners would be best for cushioning bony prominences.<sup>9</sup>
- Additional human studies are needed to test mechanical properties of liners.<sup>8</sup>

### Heat and Moisture Transfer Properties

- Liner materials are highly impermeable to moisture transfer.<sup>10</sup>
- Liners and sockets are highly resistive to heat conduction and could be a major contributor to elevated skin temperatures.<sup>11</sup>
- Future research is needed to improve heat transfer coefficients in liners and to find a way to remove perspiration while maintaining suspension.<sup>8</sup>

### Human Subjects Experiments

- Liners distribute pressures over the residual limb.<sup>8</sup>
- Thin stiff layers of tissue tolerated pain better than thick soft layers of tissue.<sup>12</sup>
- Liners composed of different material properties and geometries in different areas could improve functionality.<sup>8</sup>

## References

1. Dudek NL, Marks MB, Marshall SC, Chardon JP. Dermatologic conditions associated with use of a lower-extremity prosthesis. *Arch Phys Med Rehabil.* Apr 2005;86(4):659-663.

2. Meulenbelt HE, Geertzen JH, Dijkstra PU, Jonkman MF. Skin problems in lower limb amputees: an overview by case reports. *Journal of the European Academy of Dermatology and Venereology : JEADV*. Feb 2007;21(2):147-155.
3. Levy SW. Skin problems of the leg amputee. *Prosthetics and orthotics international*. Apr 1980;4(1):37-44.
4. Hatfield AG, Morrison JD. Polyurethane gel liner usage in the Oxford Prosthetic Service. *Prosthetics and orthotics international*. Apr 2001;25(1):41-46.
5. Emrich R, Slater K. Comparative analysis of below-knee prosthetic socket liner materials. *Journal of medical engineering & technology*. Mar-Apr 1998;22(2):94-98.
6. Grevsten S. Ideas on the suspension of the below-knee prosthesis. *Prosthetics and orthotics international*. Apr 1978;2(1):3-7.
7. Kristinsson O. The ICEROSS concept: a discussion of a philosophy. *Prosthetics and orthotics international*. Apr 1993;17(1):49-55.
8. Klute GK, Glaister BC, Berge JS. Prosthetic liners for lower limb amputees: a review of the literature. *Prosthetics and orthotics international*. Jun 2010;34(2):146-153.
9. Sanders JE, Nicholson BS, Zachariah SG, Cassisi DV, Karchin A, Ferguson JR. Testing of elastomeric liners used in limb prosthetics: classification of 15 products by mechanical performance. *Journal of rehabilitation research and development*. Mar 2004;41(2):175-186.
10. Hachisuka K, Matsushima Y, Ohmine S, Shitama H, Shinkoda K. Moisture permeability of the total surface bearing prosthetic socket with a silicone liner: is it superior to the patella-tendon bearing prosthetic socket? *Journal of UOEH*. Sep 1 2001;23(3):225-232.
11. Klute GK, Rowe GI, Mamishev AV, Ledoux WR. The thermal conductivity of prosthetic sockets and liners. *Prosthetics and orthotics international*. Sep 2007;31(3):292-299.
12. Lee WC, Zhang M, Mak AF. Regional differences in pain threshold and tolerance of the transtibial residual limb: including the effects of age and interface material. *Arch Phys Med Rehabil*. Apr 2005;86(4):641-649.