

Prosthetic osseointegration worldwide: from ground-breaking treatment to standard of care!

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Prof [Laurent Frossard](#) is a bionic limbs scientist who is passionate about developing ground-breaking prosthetic solutions to improve the lives of individuals suffering from limb loss.

He is internationally recognized as a researcher and an independent expert for his unique expertise in bionic limbs. He approaches bionic solutions from a holistic perspective, by integrating the prosthetic biomechanics, clinical benefits, service delivery, and health economics. Prof Frossard has over 25 years of experience, both in academia and in private industries in Australia, Canada, and Europe. He has collaborated with over 100 organizations worldwide.

He is currently a Professor of Bionics at the Griffith University, the Director and Chief Scientist Officer at YourResearchProject Pty Ltd, and Adjunct Professor at the Queensland University of Technology and the University of Sunshine Coast in Australia.

Summary

This presentation provides a summary of evidence of efficacy and safety of some bionic solutions. Particularly, this presentation will provide relevant information about bionics solutions that might be relevant to former and active military Service Members.

Background

Walking with an artificial limb is essential to restore mobility, return to active duty, and maintain the quality of life of military Service Members, Veterans and beneficiaries suffering from lower limb loss.[1-13]

Bionic prostheses should, at least mimic, and possibly amplify, the functions of a missing limb through better connections with bones, muscles, nerves and skin.[14-20] Most common bionic solutions involve fitting of a bone-anchored prosthesis with advanced components attached to an osseointegrated implant.[3, 19, 21-38]

Choosing a bionic solution for active Service Members could be overwhelming because of the complexity of information to consider, particular when aiming at staying or,

possibly, return to active duty.[19, 23, 25, 26, 39-54]

Objectives

This objectives of this presentation were to summarize efficacy and safety of bionic solutions and to highlight future scientific developments that might increase suitability of bionics solutions for former and active military Service Members.[25, 39, 40, 43].

Methods

The literature review focused articles presenting the benefits and harms as well as the opinion papers pointing out future development of bionic solutions.[25, 27, 29, 31, 32, 39-41, 43, 55-75]

Results

Bone-anchored prostheses improves quality of life by 17% compared to typical socket prostheses (e.g., prosthetic use, embodiment, range of motion, sitting comfort, donning and doffing, osseoperception). However, evidence of efficacy is often biased by “three boosters”: placebo effect, predetermined favourable opinion on the treatment and fitting of high-end components (Figure 1).[76]

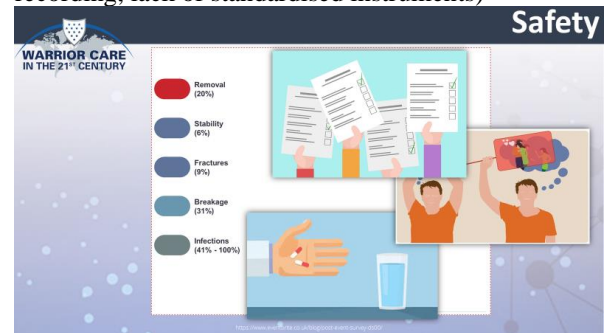
Figure 1. Overview of the factors “boosting” benefits of bone-anchored prosthesis (e.g., placebo effect, predetermined favourable opinion on the treatment, fitting of high-end components).



The bone/implant coupling is prone to risks of loosening (6%), periprosthetic fractures (9%), mechanical failure of implant

parts (31%) as well as deep (41%) and superficial (100%) infections that could lead to the removal of the implant in up to 20% of cases.[43] We know little about the true intake of pain killers and antibiotics to fight infections, mainly because of bias recording and lack of standardised instruments to record medication history (Figure 2). These adverse events could cause residuum pain, disturb the lifestyle and cost money.

Figure 2. Overview of the harms discarded when looking at safety of bone-anchored prosthesis (e.g., intake of pain killers and antibiotics, issues bias recording, lack of standardised instruments)



Discussion

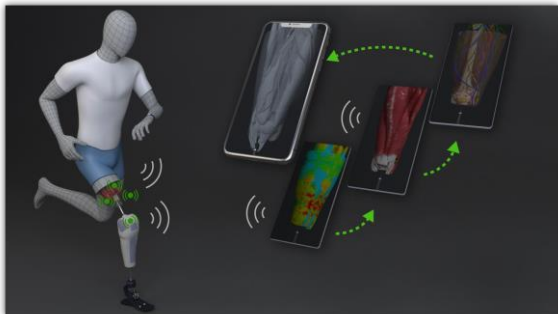
Based on these outcomes, choosing osseointegration as a method to attach a prosthesis might come down resolving the “20/20 dilemma”. The quality of life is likely to improve by 17% to 20%. This biggest risk of failure is up to 20%. There is also uncertainty around the capacity of active Service Member to perform military duty when fitted with bone-anchored prostheses (e.g., loading tolerance of bone implant coupling).[53, 77-99]

Future developments of bionics solutions, we will require a diagnostic device combing (Figure 3):

- Measurements of the mechanical loading applied to the residuum using portable wireless sensors, [53, 77-99]
- Measurement of the tissue distribution within the residuum made by the newly developed Dynamic Anatomical Ultrasonography,

- Neuromusculoskeletal modelling or “digital twinning” of the residuum for a real-time personalized animation of the residuum during static and dynamic loading conditions.

Figure 3. Role of diagnostic tool to assess and maintain the health residuum of individuals with lower limb loss.



Conclusion

Developments of bionics solutions suitable for active Service Members are promising. However, more basic and applied research work is needed, particularly those focusing on the digital twin of the residuum. This is required to improve efficacy and safety of bionic solutions for increasing the population of individuals suffering from limb loss choosing bionic solutions.

Conflict of interest

The author is in the view that these competing interests do not conflict with the content of this manuscript.

Laurent Frossard, Director and Chief Scientist Officer of YourResearchProject Pty Ltd, has worked as consultant for several organisations on non-related educational programs and projects of research focusing on recording loading data, developing of database to record clinical outcomes as well as drafting grants and manuscripts for Cognitive Institute, Exercise & Sports Science Australia, Griffith University, iPug Pty Ltd, Middlesex University, New Zealand Artificial Limb Service, Osseointegration Group of Australia Pty Ltd, OSSUR, Poly-Orthodox International, Queensland Artificial Limb

Service, Queensland University of Technology, Return to Work-South Australia, South Australia Health, Tequir S.L, University of the New South Wales, University of the Sunshine Coast.

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