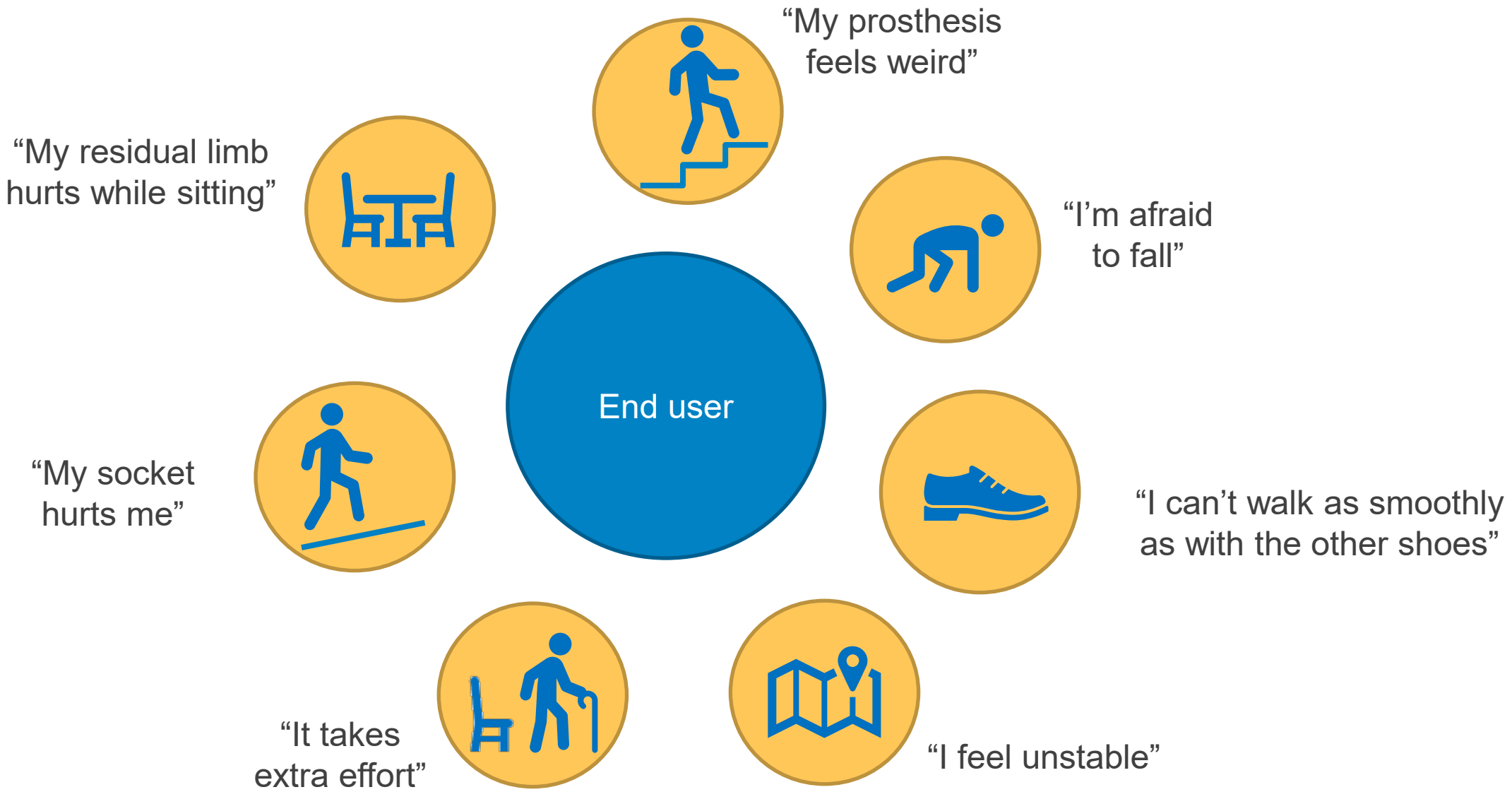
ÖSSUR®

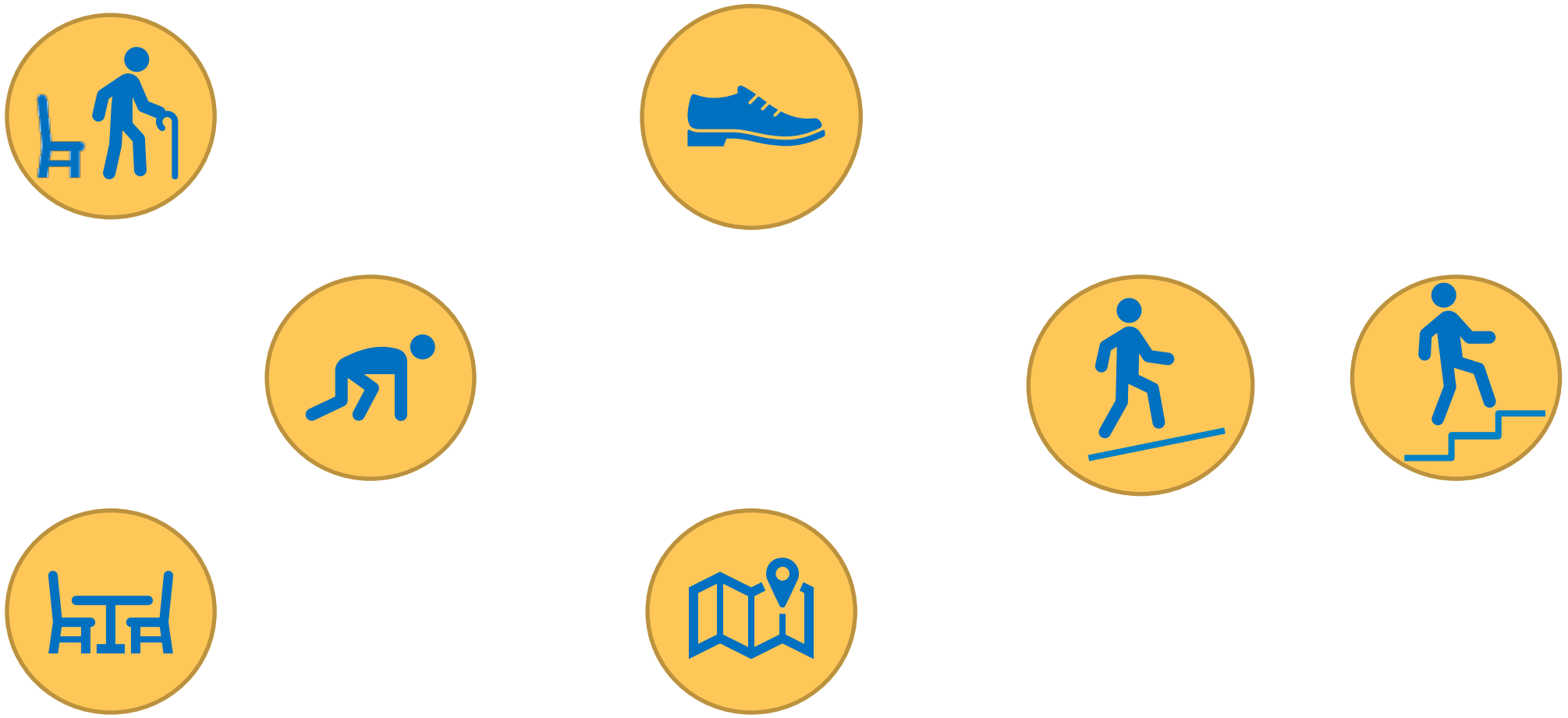
ACADEMY

PROPRIO FOOT

Challenges of the user



Challenges of the user

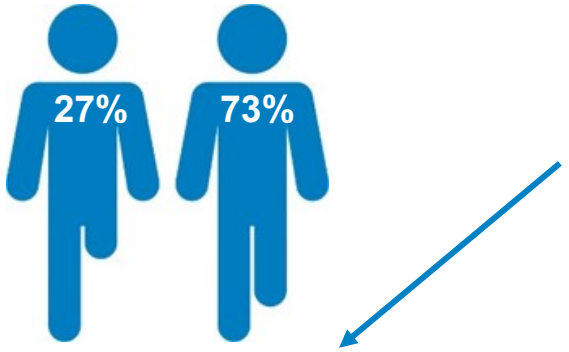


Low activity user

Moderate activity user

Medical Necessity | Reported falls | Fear of falling

- n = 435
- Majority TT



52%
reported ≥1 fall in
the past 12 months

Miller, William C., Mark Speechley, and Barry Deathe. "The prevalence and risk factors of falling and fear of falling among lower extremity amputees." Archives of physical medicine and rehabilitation 82.8 (2001): 1031-1037.

Medical Necessity

Reported falls

Fear of falling

- n = 435

52%
reported ≥1 fall in the past 12 months

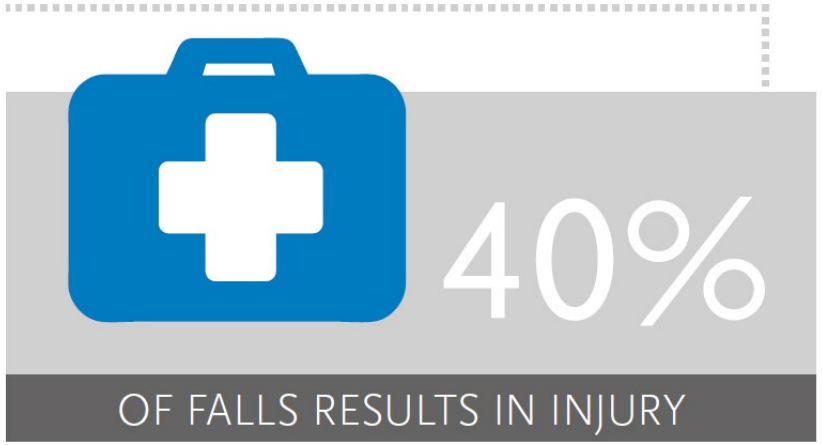
49%
reported fear of falling

76%
afraid of falling again

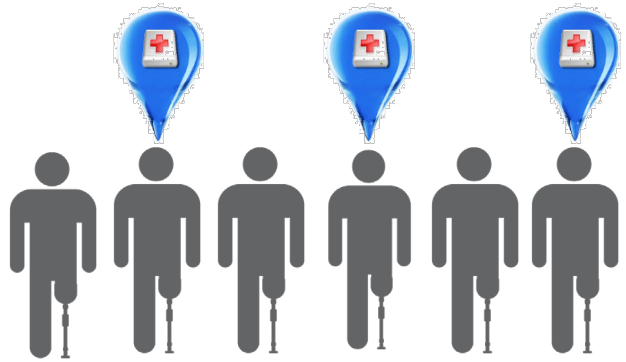
Miller, William C., Mark Speechley, and Barry Deathe. "The prevalence and risk factors of falling and fear of falling among lower extremity amputees." Archives of physical medicine and rehabilitation 82.8 (2001): 1031-1037.

Injuries because of falls

- High risk of TF amputees falling



- “1 out of 2 amputees who fall require medical attention”

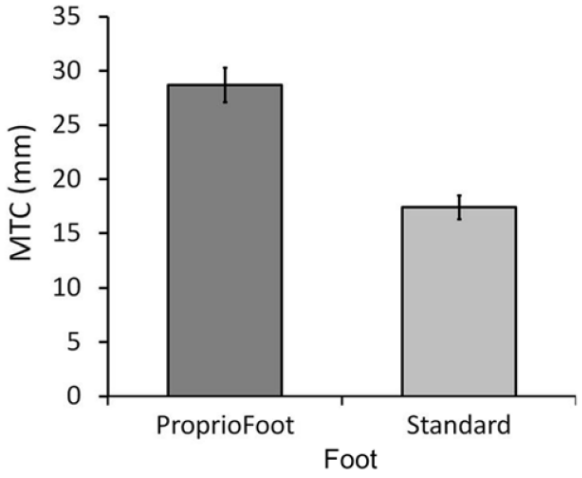


K. Kaufman, B. Mundell, S. Visscher, H. M. Kremers, D. Larson, and J. Ransom, “Risk factors and costs associated with accidental falls among adults with above-knee amputations: a population-based study,” Mayo Clinic, Rochester, MN, Apr. 2015.

Medical Necessity Increased ground clearance Decreased trips and falls

- Changes to Minimum Toe Clearance (MTC) could increase the incidence of trips and fall risk

- MTC ~70% greater



Rosenblatt, Noah J., et al. "Active dorsiflexing prostheses may reduce trip-related fall risk in people with transtibial amputation." J Rehabil Res Dev 51.8 (2014): 1229-1242.

Medical Necessity Increased ground clearance Decreased trips and falls

- Changes to Minimum Toe Clearance (MTC) could increase the incidence of trips and fall risk

- MTC ~70% greater

- Decreased likelihood of tripping (and pursuant likelihood of a fall)

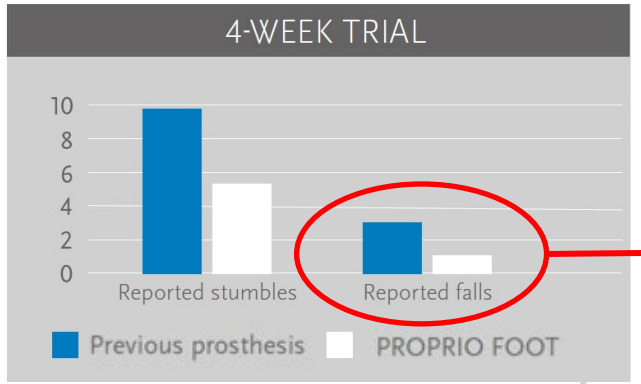
- Increased safety

Rosenblatt, Noah J., et al. "Active dorsiflexing prostheses may reduce trip-related fall risk in people with transtibial amputation." J Rehabil Res Dev 51.8 (2014): 1229-1242.

Medical Necessity Increased ground clearance Decreased trips and falls

- Improved user mobility

- Fewer stumbles and falls



Reduction of 70%

Ludviksdottir A, Gruben K, Gunnsteinsson K, Ingvarsson Th, Nicholls M. Effects on user mobility and safety when changing from a carbon fiber prosthetic foot to a bionic prosthetic foot. Presented at Orthopadie&Reha-Technik Congress, Leipzig, May 2012.

Medical Necessity

More natural stair ascent/descent

- 16 TTA + 16 non-amputees
- Neutral ankle angle vs. 4° adaptation

Knee flexion is restricted because of limited (ankle) dorsal flexion

For both stair ascent and descent improvements of knee kinematics and kinetics

↓

Increased knee flexion and increased knee moment

↓

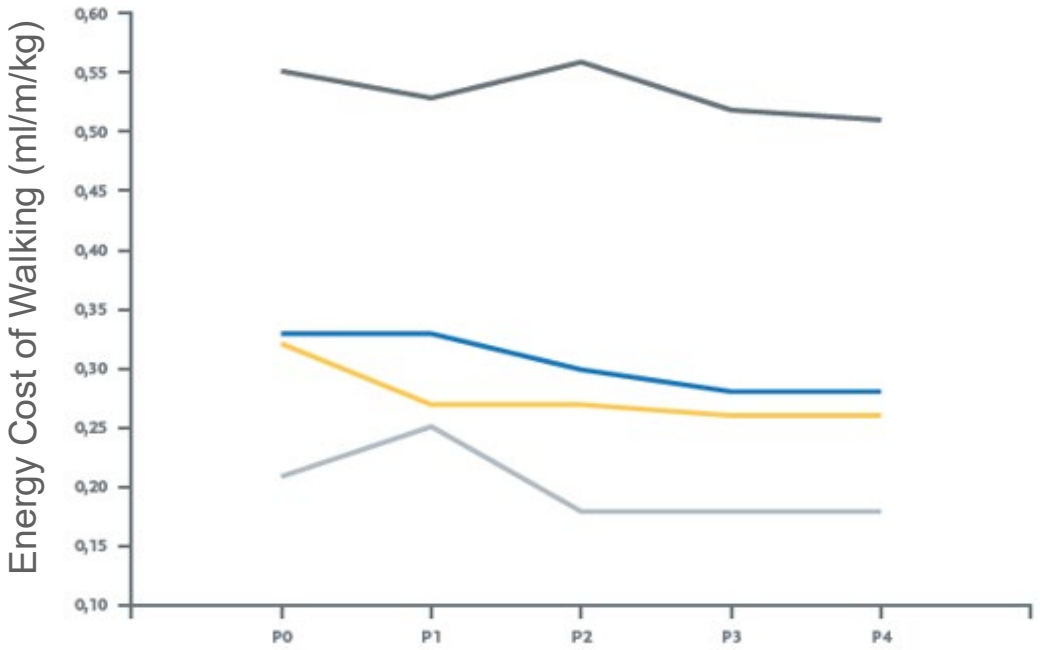
More physiological knee flexion during stair ascent and descent

Alimusaj M, Fradet L, Braatz F, Gerner HJ, Wolf SI. Kinematics and kinetics with an adaptive ankle foot system during stair ambulation of trans-tibial amputees. Gait & Posture. 2009; 30:3:356-363.

Medical Necessity

Reduced energy consumption

- 10 TTA
- Dynamic carbon fiber foot vs. PROPRIO FOOT
- Suspension changed to Seal-In X5
- Final evaluation after 90 days of use



tions

Delussu, Anna Sofia, et al. Assessment of the effects of carbon fiber and bionic foot during overground and treadmill walking in trans-tibial amputees. Gait & posture, 2013, 38. Jg., Nr. 4, S. 876-882.

Medical Necessity – Conclusion

- Increase in reported falls
- Fear of falling
- Falls cause injuries

PROPRIO FOOT

- Increased ground clearance
- Decreased trips and falls
- More natural stair ascent/descent
- Reduced energy consumption

• n = 435

52%
reported ≥1
the past 12 n

76%
afraid of fallin

40%
LS RESULTS IN INJURY

Medical Necessity – Whitepaper

PROPRIO FOOT®

Because the world is not flat

Amputees have reported to fall more often than the able-bodied population, contrib
of fear of falling within the amputee population. These challenges partially stem fro
not provide the same toe clearance during swing phase as the anatomical feet do, in
tripping and potentially a higher incidence of falls among amputees. Stability on a
phase can also be compromised when using a non-adaptive prosthetic foot on varia
and declined. Furthermore, the amputee's confidence and stability on stairs, in asc
negatively affected while using a prosthetic foot that does not adapt into a dorsiflexe
The impact of these challenges result in a reduction in amputee mobility, but are furt
and in terms of quality of life in the cost of care and pain and suffering following a fa

PROPRIO FOOT® is designed to address these challenges:

- Active swing phase dorsiflexion on PROPRIO FOOT has shown to increase ground clearance and reduce the likelihood of tripping, which could potentially reduce the risk of falls.
- PROPRIO FOOT stance phase and terrain adaptation technology is designed to improve stability on uneven terrains and thereby improve mobility.

THE LINK BETWEEN LIMB-LOSS AND FALLS

Amputees fall more often than their able-bodied counter parts. According to a large study[1], half of the investigated amputee population, of which TT amputees represented the majority, reported to have fallen in the last year.

MORE THAN HALF
(...) REPORTED TO HAVE FALLEN IN THE LAST YEAR

Furthermore, a large study found that 1 out of 5 amputees has fallen during their rehabilitation time, while 18% of this population were injured seeking medical attention due to their fall.[2] Amputees with a history of falling show impaired mobility and significantly reduced outcome measures.[3]

While falls in the amputee popul
implications of the fear of fallin
fact, one out of every two amput
falling[3] which significantly reduc
life.[5]

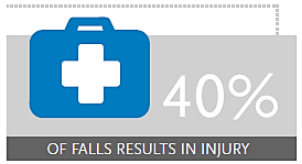
COSTS ASSOCIATED W

Although there is scarce publis
costs of falls within the amput
among older adults have bee
average one-year cost attribute
requiring subsequent medical a
$4,872. Furthermore, if the fall
cost may increase up to $35
population, it is estimated that
hospitalization.[4]

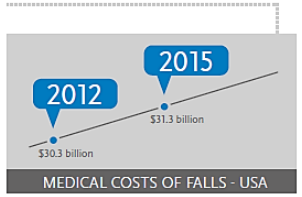
PROPRIO FOOT®

Because the world is not flat

A study on amputees' falls shows that up to 40% of their falls result in an injury and 1 out of 2 amputees who fall necessitates medical attention, which is higher than for the non-amputated elderly which has been estimated to be 30%.[7]



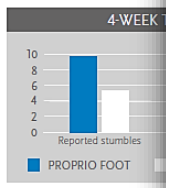
The only published study on transfemoral amputees indicated an estimated cost of $25,652 at 6 months for falls resulting in hospitalization, which is similar to the costs within the elderly population.[8] Direct medical costs related to all falls in the USA was $31.3 billion in 2015, up from $30.3 billion in 2012.[9]



PROPRIO FOOT: REDUCI

In light of the increased incidence
important to consider the overall e
solutions. Prosthetic technology
worth considering both from qua
healthcare cost perspective.

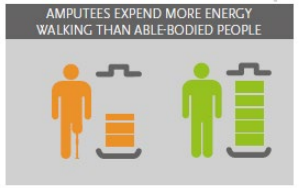
The choice of a prosthetic ankle
influence the user's perception of
tripping on unforeseen obstacles
ground clearance. Stumbles, which
falls, directly relate to ground clear
active dorsiflexion that provides 70
during swing phase, reducing the li



Users have reported fewer stumble
FOOT compared to their previous
4-week trial the number of reported
(previous prosthesis) to 5.3 (PROP
of reported falls decreased from 3.4

PROPRIO FOOT: PROVIDING ESSENTIAL BENEFITS TO AMPUTEES

Amputees expend more energy walking than able-bodied people.[12] This difference is intensified on uneven terrain: As the terrain gets more challenging, amputees are further taxed.[13] Amputees therefore tend to avoid obstacles which then limits their mobility to a higher degree. Some of these mobility limitations are related to the lack of ankle adaptation.



During stance, stability is affected by the ability of a prosthetic foot to adapt to the underlying terrain. PROPRIO FOOT adapts automatically to changes in terrain, providing an ankle position that matches the underlying slope angle, resulting in a larger base of support.[14]

Additionally, the energy cost of walking is reduced with PROPRIO FOOT on level ground, using a Seal-In® suspension system [15] and the knee and the hip move in a more physiological way on inclines, helping the user by walk more naturally[16], with more symmetry in loading[14], and with an increased perception of safety in ramp descent.[17] At the same time the users' interface, the socket, is affected by smoothed peak loads, in a more level ground like manner. The terrain compliant ankle compensates for increased peak loads from walking on uneven terrain.[18]

"My work environment involves walking
tunnels and up/down stairs. I usually tr
day with my prescribed foot but I never
PROPRIO FOOT."

User comme
internal dat

Descending stairs presents another challen
user. When wearing a standard prosthetic fo
positions the prosthetic foot on the edge of t
prosthetic foot on this edge demands a hig
from the user while also reducing the surfa
step, allowing potential slippage. With the P
ankle is pre-positioned into an individu
dorsiflexion allowing for deeper positioning
results in more natural kinetics and kinemat
side[16]. Positioning the prosthetic foot furthe
also allow users with lower stair descent co
stairs with a more cyclical and natural patter

CONCLUSION

PROPRIO FOOT delivers value to both
the healthcare providers of the amputee
decreases the amputee's rate of falls thro
five degrees of swing phase dorsiflex
decreased likelihood of tripping. It
increased stability and socket comfor
inclines by adapting to the terrain slope a
stability and reducing the likelihood o
increase quality of life and reduce the e
of falls in the amputee population.
advantages over a lifetime of steps a
healthcare benefits become clear.

REFERENCES

"The literature cited in this brochure refers to previous versions of the Proprio Foot. The Proprio Foot version launching in 2018 includes updated performance features."

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ÖSSUR
LIFE WITHOUT LIMITATIONS

User Profile

ÖSSUR ACADEMY

- Low to moderate active users

- Unilateral transtibial amputation
- Bilateral transtibial amputation
- Unilateral transfemoral amputation

ÖSSUR DYNAMIC SOLUTIONS

User Information	
Amputation Level:	Transtibial and Transfemoral
Impact Level:	Low to Moderate
Maximum Patient Weight:	125kg (275lbs)

Case-by-case assessment:

- Bilateral transfemoral amputation
- Limited residual limb control

Background

2006

Össur launches the world´s first microprocessor-controlled prosthetic ankle-foot system for lower limb amputees.

2016

Pro-Flex® is launched introducing carbon technology that provides significantly greater ankle power than conventional carbon feet.

2018

New PROPRIO FOOT® :

Innovative design of PROPRIO FOOT ®

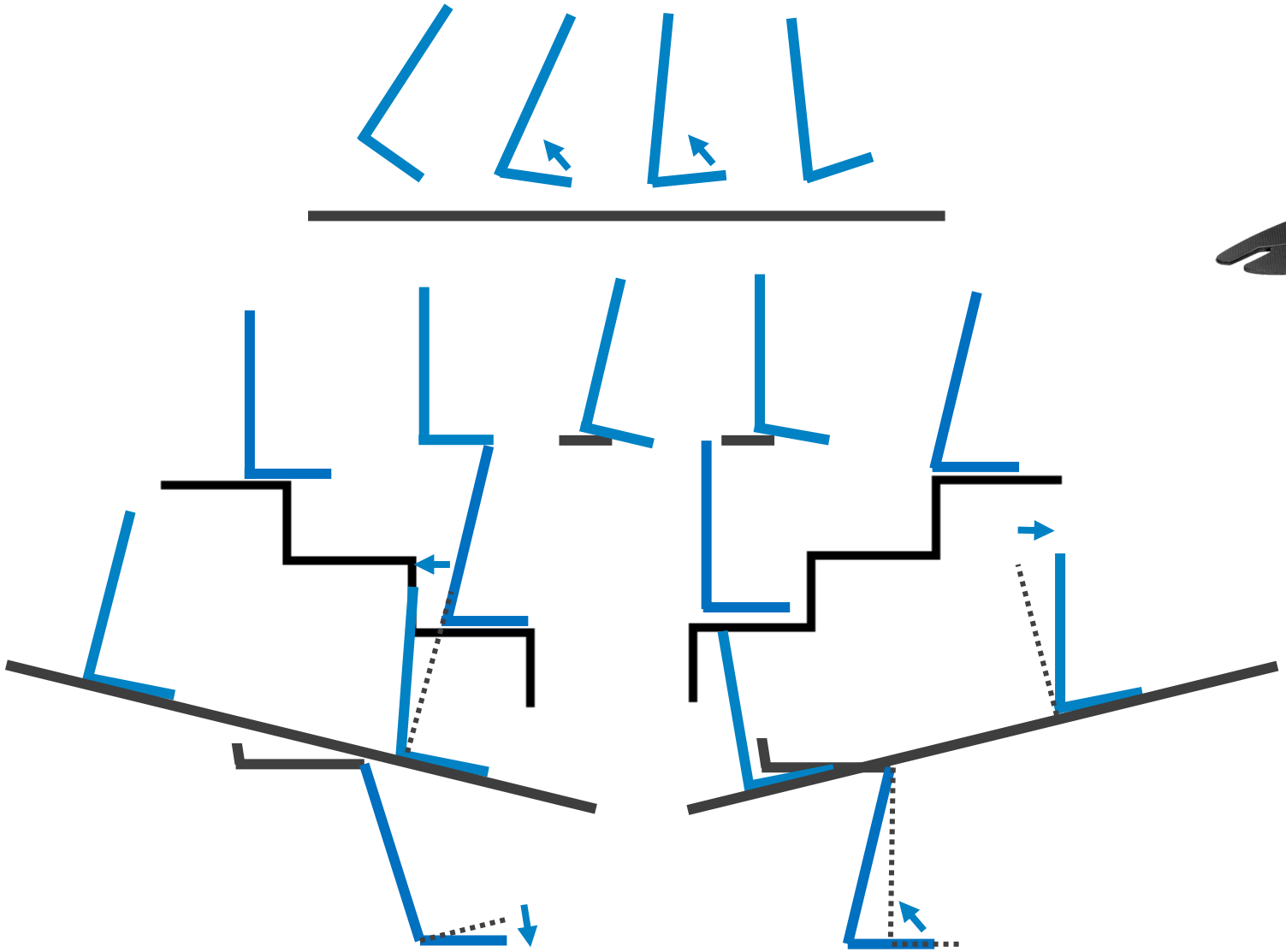
+

Pro-Flex ® LP

PROPRIO FOOT – Review

Core functions:

- Swing dorsiflexion
- Ankle alignment
- Stair adaptation
- Ramp adaptation
- Relax/Chair exit



PROPRIO FOOT – What's new

Weatherproof

Improved usability
- Simpler user interface
- Össur Logic connectivity

Faster terrain adaptation

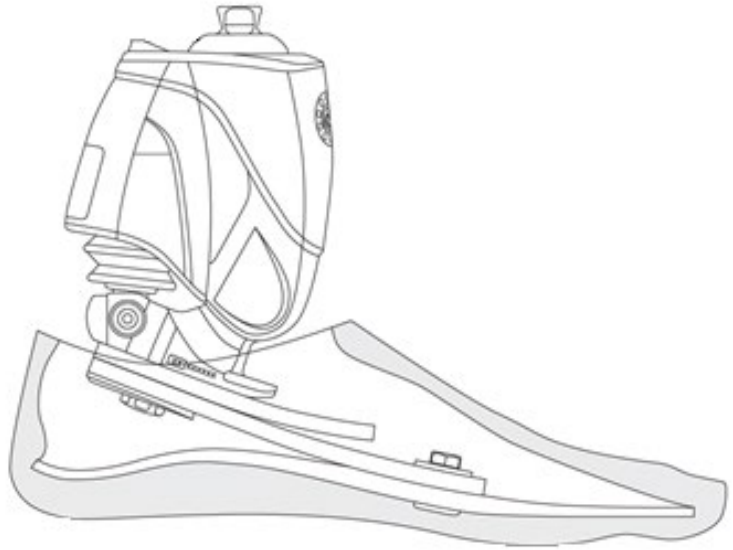
Integrated battery

Increased ROM

Excellent stance dynamics

Technical Specifications

- Ankle ROM: 33°
  - Size 27: movement range -19° (dorsi) to +14° (plantar)
    ankle aligmment range -2° (dorsi) to +14° (plantar)
    heel height accommodation up to 50 mm / 2“
- Average ROM foot module: approx. 16 degrees
- Unity available for sizes 25-30



CATEGORY SELECTION GUIDE

Weight kg	45-52	53-59	60-68	69-77	78-88	89-100	101-116	117-125
Weight lbs	99-115	116-130	131-150	151-170	171-194	195-220	221-256	257-275
Low Impact Level	1	1	2	3	4	5	6	7
Moderate Impact Level	1	2	3	4	5	6	7	8

Foot Cover

- Beige and brown foot covers
- FSF - narrow footcover
  - Used for small sizes, allows room for ankle module
  - No attachment plate
  - Lower opening
- FST - standard Pro-Flex family footcover
  - Attachment plate

FSF

FST

SELECTION CHART FOR PRODUCT VARIANTS

Category	1	2	3	4	5	6	7	8
Size 22	FSF Foot Cover No Unity available					N/A		
Size 23								
Size 24								
Size 25	FST Foot Cover Unity available							
Size 26								
Size 27								
Size 28	N/A							
Size 29								
Size 30								

Comparison of specifications

Specification	OLD	NEW
Ankle range of motion	29°	33°
Stair Adaptation	Ascent: After the second prosthetic step Descent: After the second prosthetic step	Ascent: After the first prosthetic step Descent: After the first prosthetic step
Ramp Adaptation	8 prosthetic steps to 85% of surface	3 prosthetic steps to 85% of surface
Relax	Yes	Yes
Chair Exit	Yes	Yes, faster detection
Auto-Adjustment	16 prosthetic steps	15 prosthetic steps
Minimum walking speed	2,3 km/h	1,4 km/h
Build Height (27 Cat 5)	169 mm / 6 5/8”	180mm / 7 1/8“
Weight (27 Cat 5)	1.4kg / 3.1lbs (incl. battery)	1.5kg / 3.3lbs (incl. battery)
App Connectivity	N/A	Össur Logic

PROPRIO FOOT – How does it work

- Swing Dorsiflexion
- Ankle Alignment
- Stair adaptation
- Ramp adaptation
- Relax/ Chair Exit

Swing Dorsiflexion

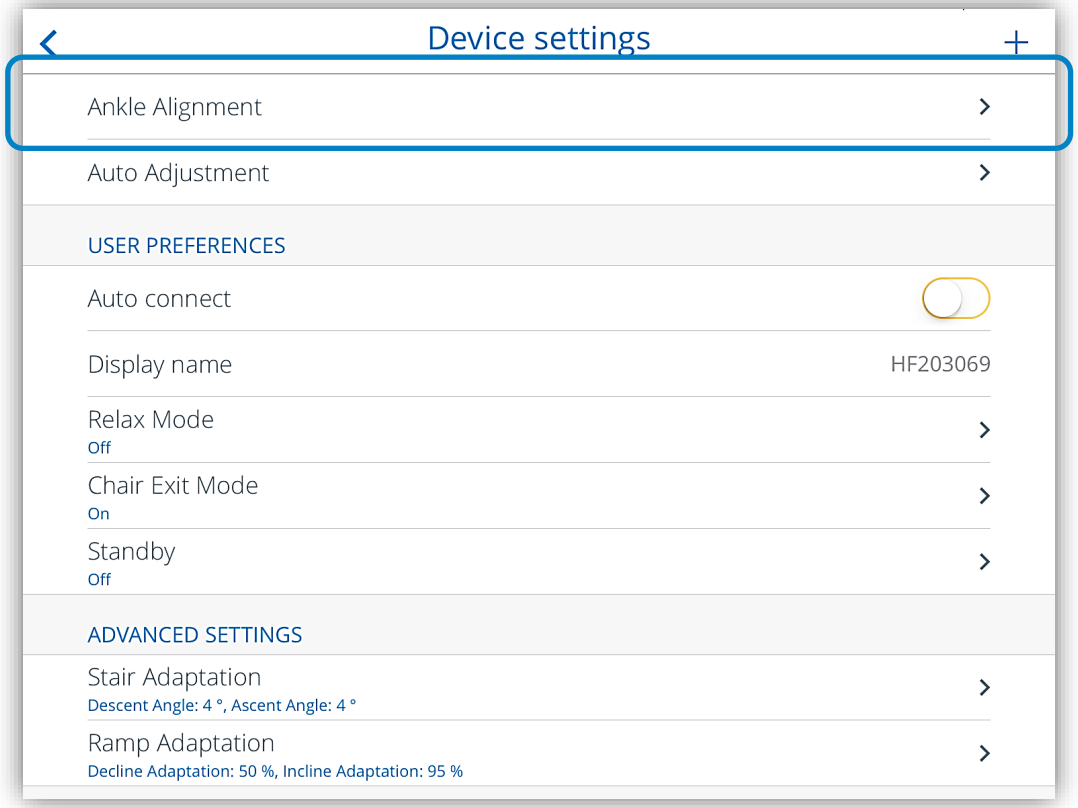
- After 2 prosthetic steps
- 4° toe-lift

- Stair descent
  - No toe-lift

	Minimum speed	Minimum swing phase duration
Level ground / ramps	1.4 km/h / 0.9 mph	0.4 seconds
Stair ascent	1.2 km/h / 0.8 mph	0.4 seconds

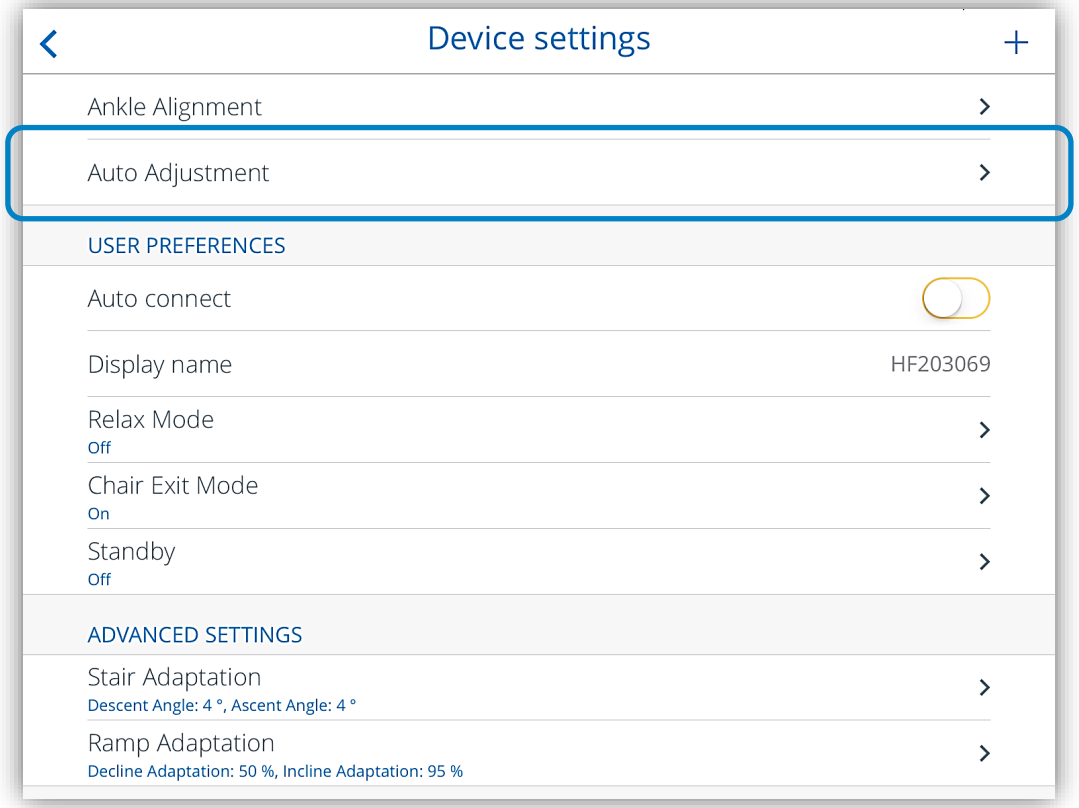
Alignment

- Ankle Alignment
  - User interface or Össur Logic app
  - Barefoot to 5 cm heel height
  - Performed by the user



Adjustment

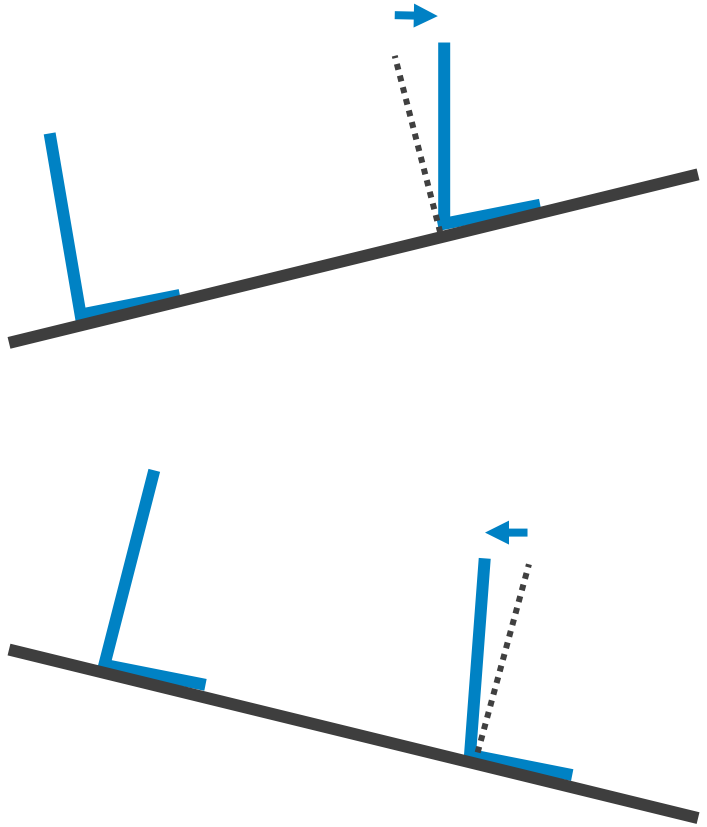
- Auto Adjustment
  - Recognition of user's specific gait parameters
  - Calibrates to user's gait parameters
  - Essential for accurate and consistent terrain detection



Ramp Adaptation

- Adjustable adaptation on ramps

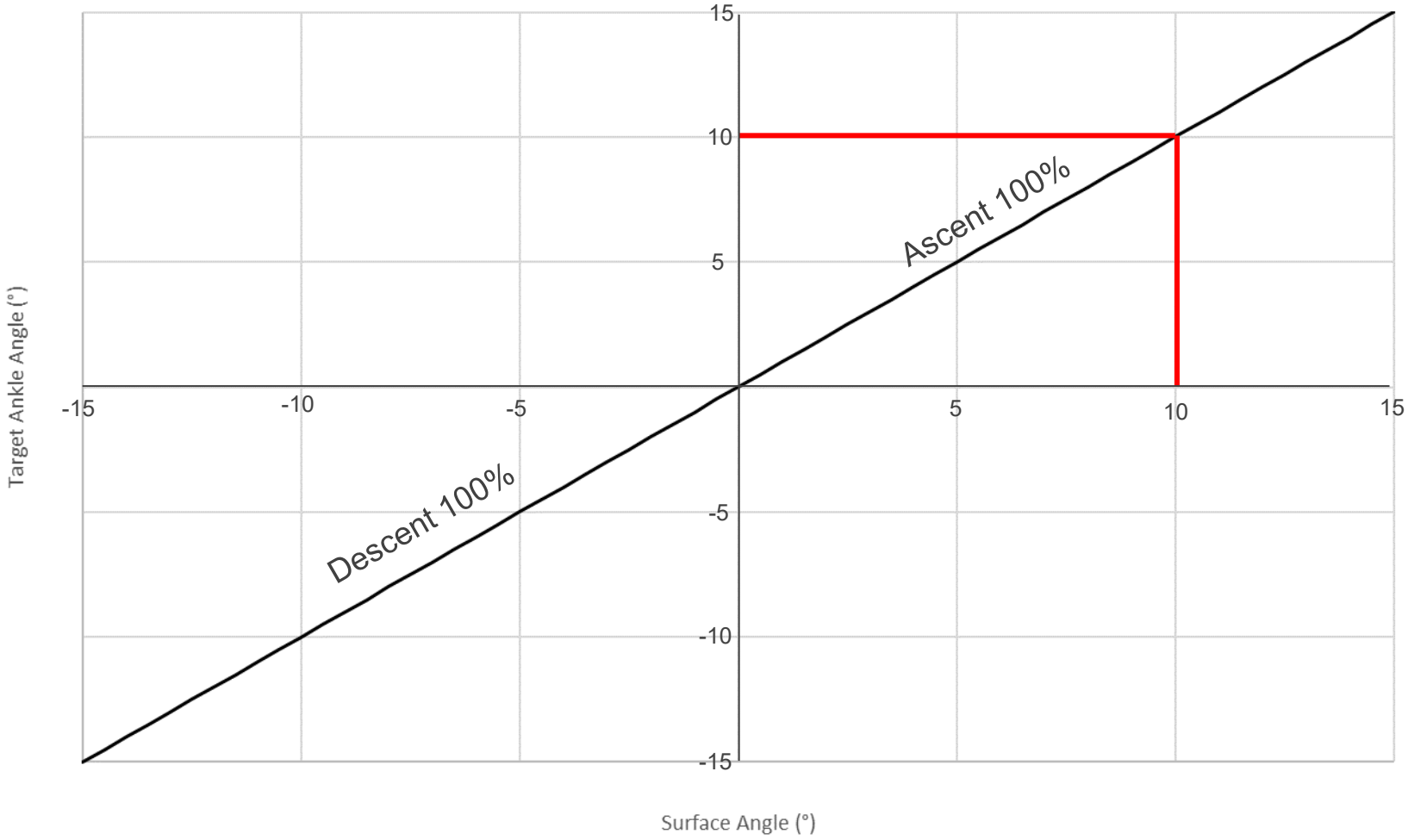
	Min	Default	Max
Ramp Ascent	0%	70%	150%
Ramp Descent	0%	65%	100%



- Near full adaptation - after three prosthetic steps
- Maximum ramp angle - approx. 15°
- Tips:
  - Very active users - consider lowering descent value (to about 30%)
  - Insecure users - consider increasing the descent value slightly

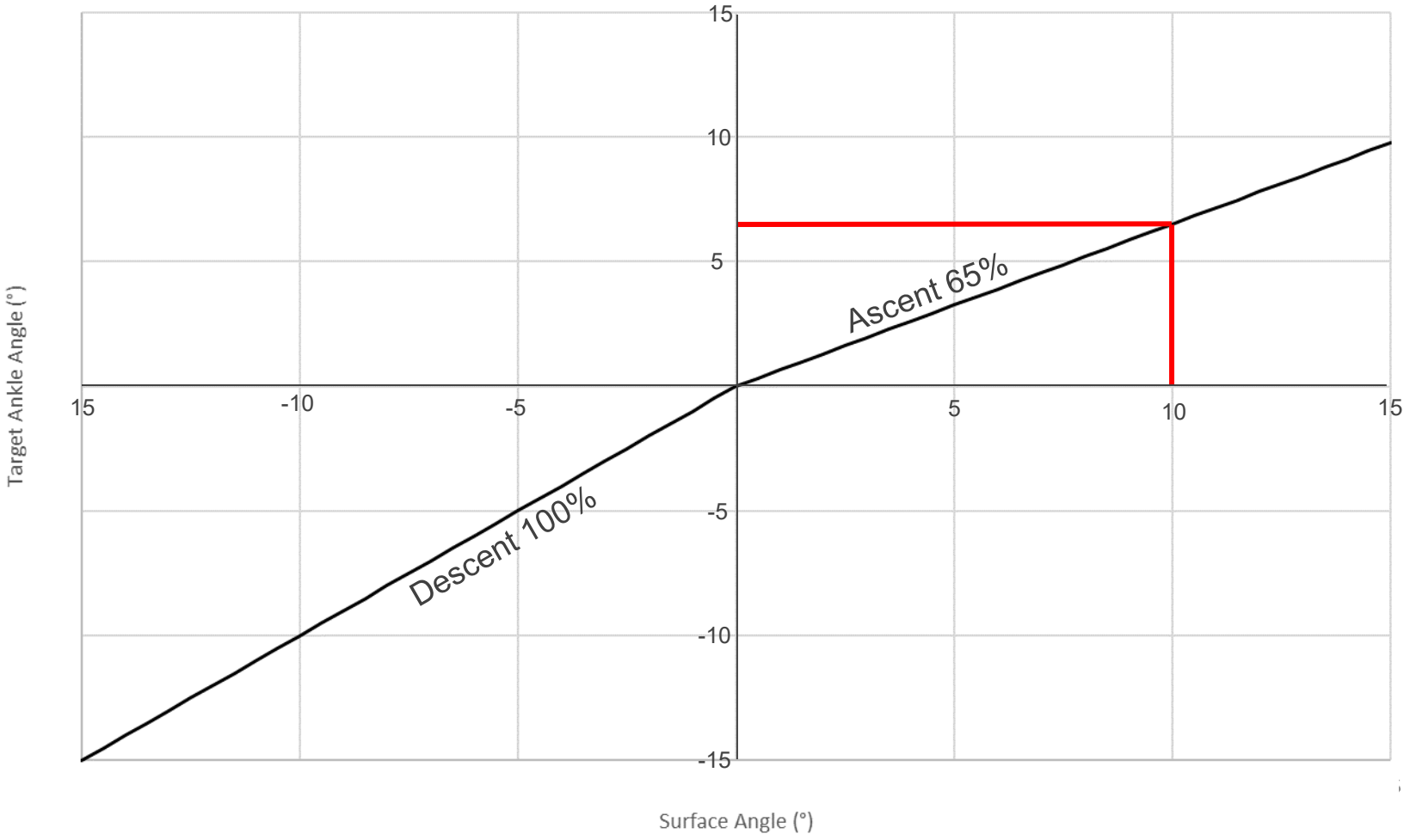
Ramp Adaptation

- Ramp Adaptation setting
  - Controls adaptation as percentage of surface angle
- Example:
  - Setting 100%
  - Surface angle 10°
  - → Ankle Angle 10°



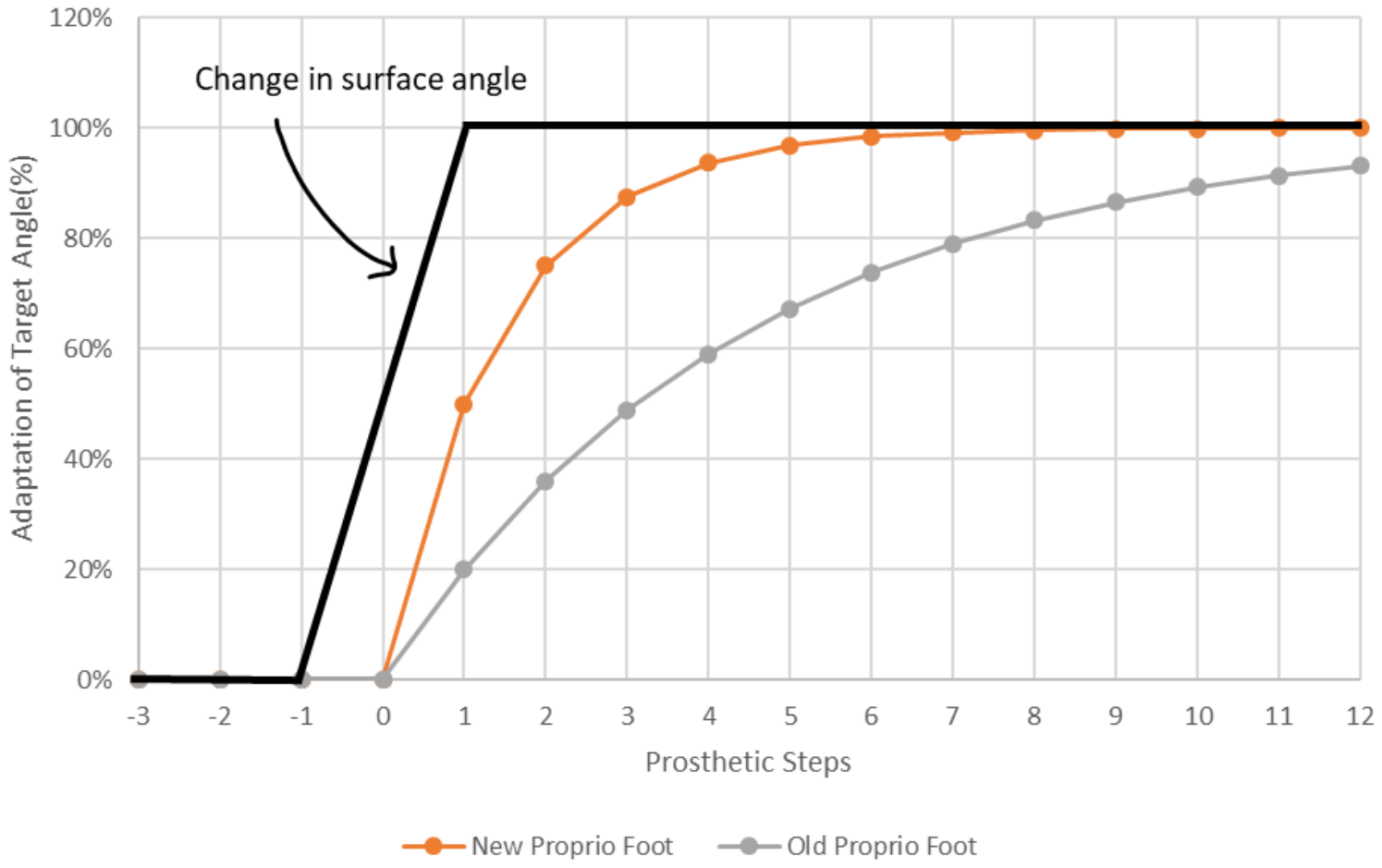
Ramp Adaptation

- Ramp Adaptation setting
  - Controls adaptation as percentage of surface angle
- Example:
  - Setting 65%
  - Surface angle 10°
  - → Ankle Angle 6.5°



Ramp Adaptation

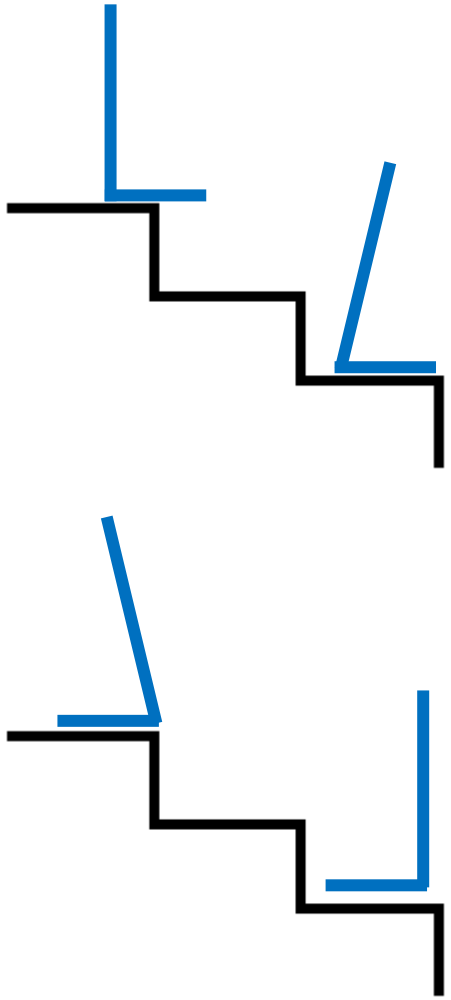
- Faster adaptation
  old (grey) vs new (orange)
- User's perception of adapted foot around 50% adaptation



Stair Adaptation

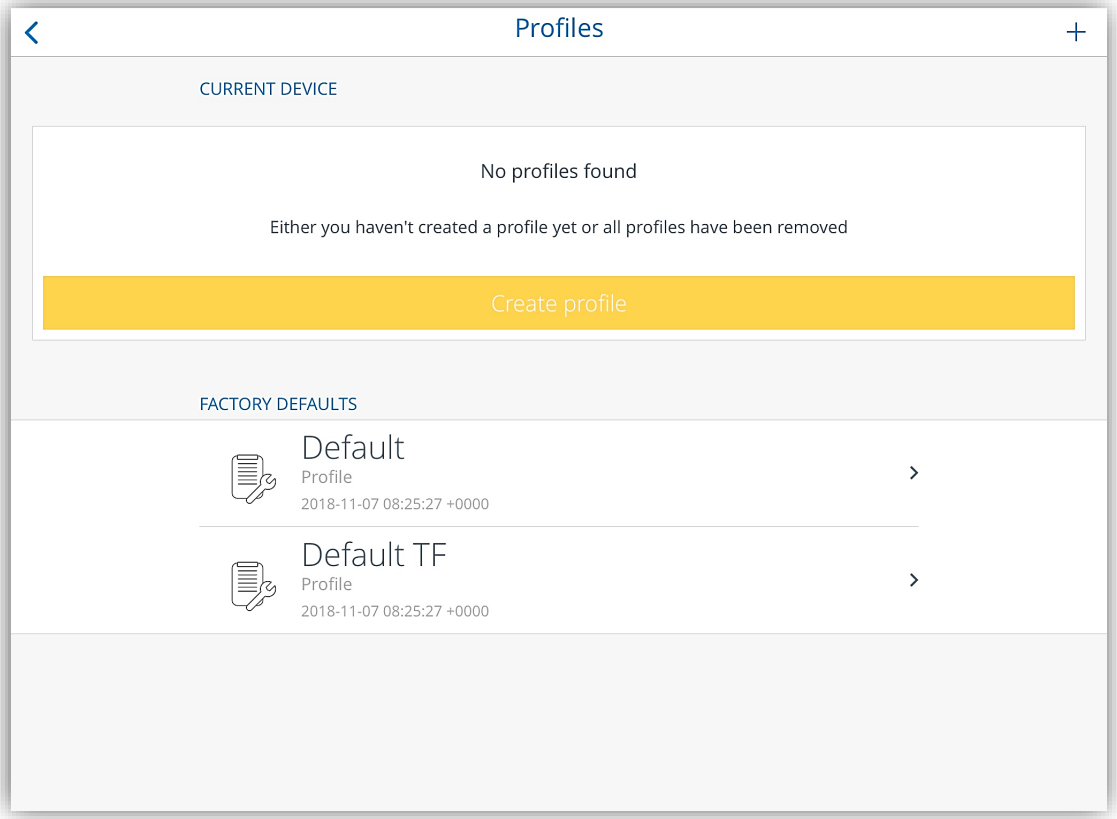
- Adjustable adaptation on stairs
  - Adaptation after the first full prosthetic step in stairs
  - Sound side first is the preferred way

	Min	Max
Stair Ascent	0°	6°
Stair Descent	0°	6°



Profiles

- Transfemoral (default profile)
  - Stair ascent: 0°
  - Stair descent: 0°
  - Safety:
    - Adaptation in stairs can cause instability for TF users
    - Depends on knee and walking style
- Transtibial
  - Stair ascent: 2°
  - Stair descent: 4°



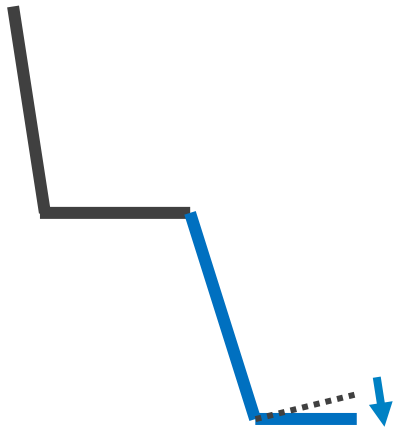
Relax and Chair Exit recognition

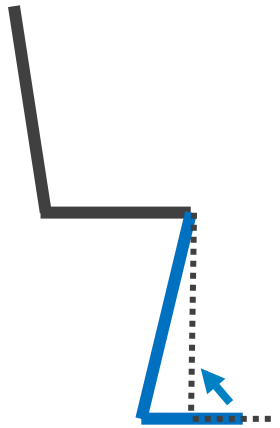
Relax:

- Detected when sitting and shank is tilted >30°
- Foot still for two seconds
- Foot moves to full plantarflexion
- Also activated when kneeling (over -60°)

Chair Exit:

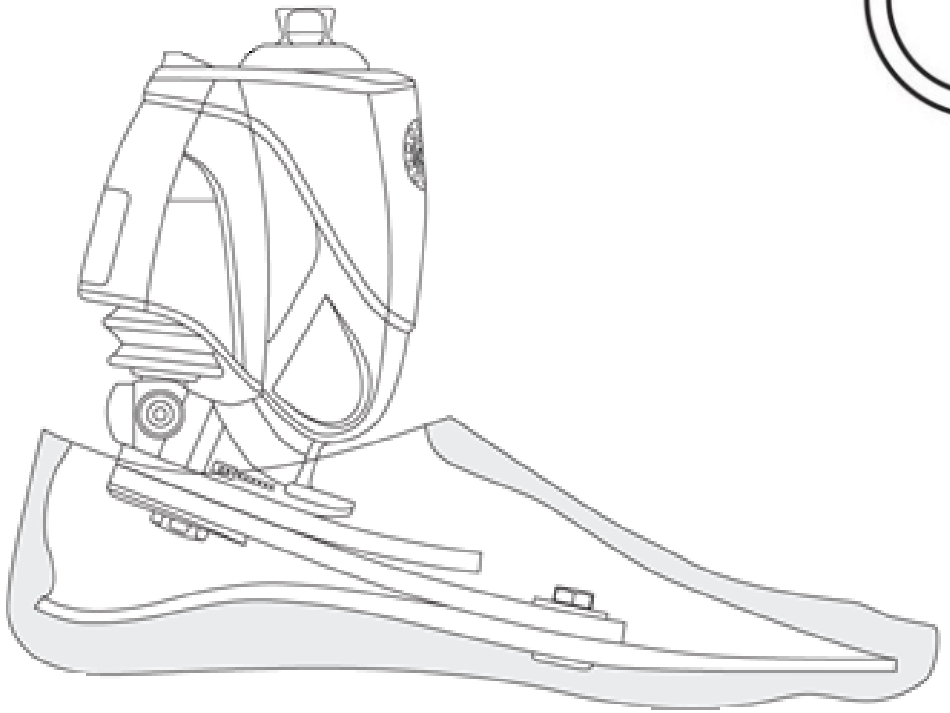
- Detected while moving the foot backwards or sideways
- Foot moves to 5° dorsiflexion
- Back to neutral in next swing phase



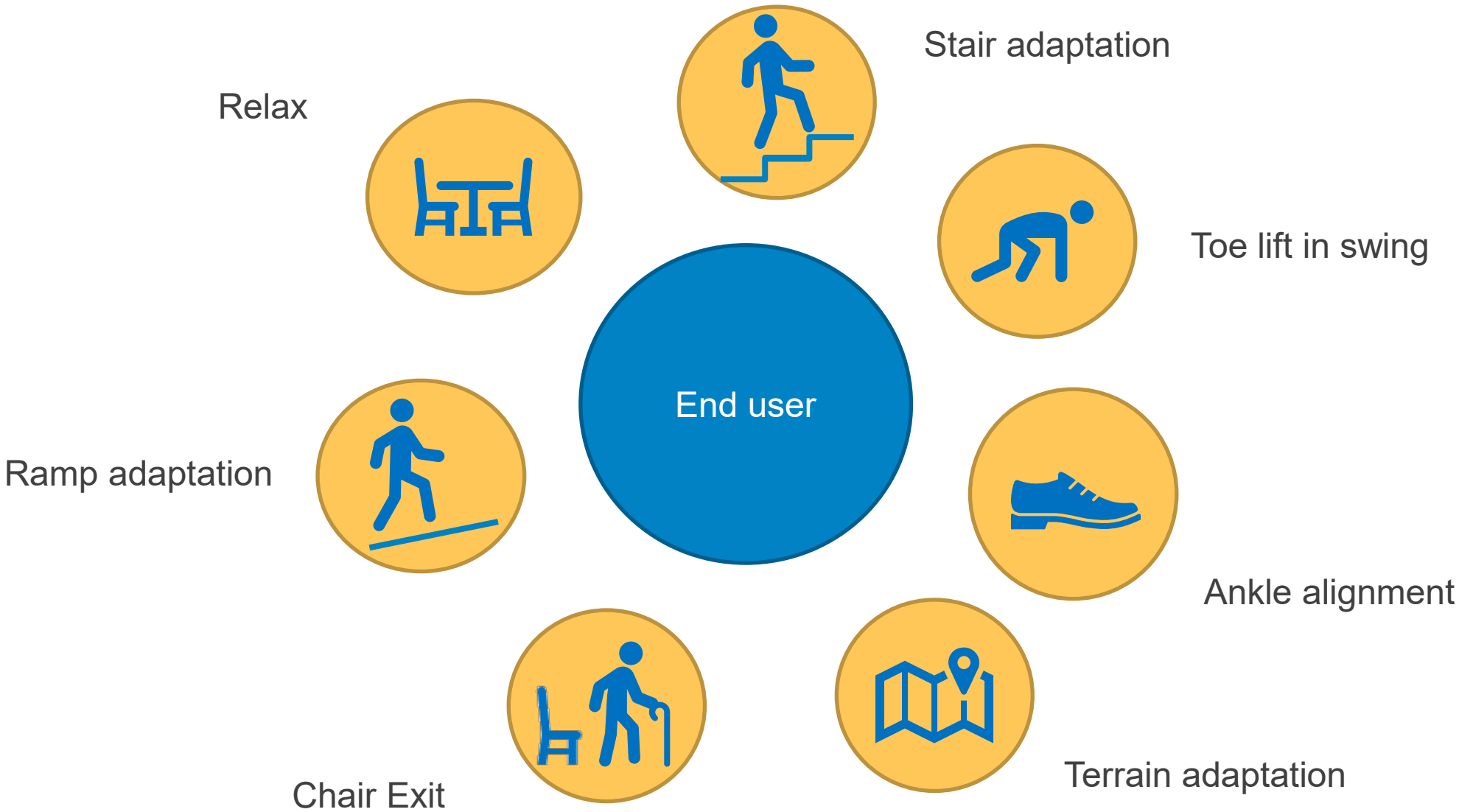


Automatic cycling recognition

- Cyclic movement detected when pedaling
- Motor movements disabled
- Holds neutral position



Benefits for the user



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