

HOW THIS LEG WAS SAVED

In March 2010, a U.S. Army Special Forces Deputy Commander in Afghanistan, was injured when a bomb tore through his left leg. Over the next year, he underwent 23 surgeries, mostly to carve out small hunks of dying tissue. In one procedure, doctors removed 4 in. of tibia because of the danger of infection. It took 6 months extending his tibia 1 mm a day to get it to where the two pieces of bone were close enough to be fused together.

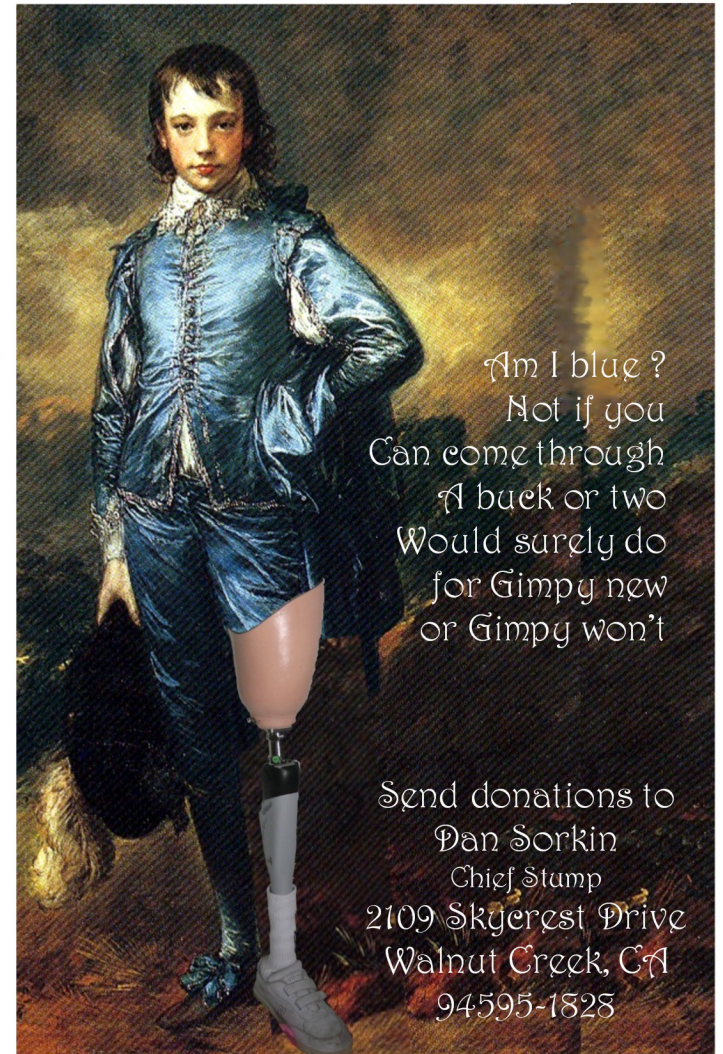
A year after his injury he could walk but only very slowly and with intense pain. He was sent to Brooke Army Medical Center in San Antonio to see Lieut. Colonel Joe Hsu, an orthopedic surgeon. He had come to terms with it. "It was that simple. If I can't do what I want to do, then take it off."

Instead, he was outfitted with a brace called the Intrepid Dynamic Exoskeletal Orthosis (IDEO). "It was night and day," he said. "After the first 5 minutes I could walk at a normal pace." He quickly graduated to jumping on and off boxes and sprinting. A free-fall parachutist, he returned to his unit and plans to start high-altitude parachute jumping again.

Because of the number of bomb-blast injuries in Afghanistan, doctors in the U.S. have gotten very good at saving limbs. For every amputee from that war, there are now an estimated five or six limb-salvage patients. But saving a severely damaged limb is a grueling process that requires as much physical therapy as an amputation, if not more.

Although the overwhelming majority of limb-salvage patients learn, through extensive rehabilitation, to walk again, many suffer from chronic pain and loss of function. Yet it's worth the effort for several reasons.

For one, doctors can always cut it off later, but once a leg is gone, there's no bringing it back.



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