

# Evidence Essentials

## Empower Powered Ankle-Foot

	<b>Mobility need or deficit of the patient</b>	<b>Evidence for benefits of the Empower vs. passive ESAR feet in transtibial amputees</b>
<b>Mobility</b>	<p>Patient walks a little slower than and has difficulty keeping up with able-bodied individuals</p> <p>Patient has to walk a lot and wants to complete his/her daily routine faster</p>	<ul style="list-style-type: none"> <li>- <b>Significant increase in walking speed to the level of able-bodied subjects, especially if patient walks faster than 1.25 m/s with a passive prosthetic foot</b> (Ferris et al., 2012; Gardinier et al., 2018; Herr et al., 2012; Müller et al., 2019)</li> <li>- <b>Significant improvement in gait stability (whole body angular momentum) during level and slope ambulation</b> (D'Andrea et al., 2014; Kannenberg et al., 2014)</li> <li>- <b>Patients may be able to significantly reduce metabolic energy consumption for over-ground walking</b> (Herr et al., 2012; Russell Esposito et al., 2016)</li> </ul>
<b>Mobility</b>	<p>Patient has difficulty negotiating uneven/rocky terrain</p>	<ul style="list-style-type: none"> <li>- <b>Significant improvement in walking speed on uneven/rocky terrain</b> (Gates et al., 2012)</li> </ul>
<b>Mobility</b>	<p>Patient has difficulty negotiating slopes/hill</p>	<ul style="list-style-type: none"> <li>- <b>Significant increase gait stability (whole body angular momentum) during slope ascent</b> (Pickle et al., 2016, 2017a, 2017b, 2019)</li> <li>- <b>Significant increase in ankle push-off power that was no longer different from that of able-bodied individuals</b> (Rabago et al., 2016; Russell Esposito et al., 2016)</li> <li>- <b>Significant reduction in demand on the sound limb</b> (Rabago et al., 2016)</li> <li>- <b>Patients may significantly reduce metabolic energy consumption during slope ascent</b> (Montgomery et al., 2018)</li> </ul>
<b>Mobility</b>	<p>Patient has difficulty ascending stairs with reciprocal (step-over-step) gait</p>	<ul style="list-style-type: none"> <li>- <b>Significant increase in ankle push-off power that was no longer different from that of able-bodied individuals</b></li> </ul>

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		(Aldridge et al., 2012)
		- <b>Reduced asymmetry during stair ascent</b> (Aldridge et al., 2012)
<b>Mobility</b>	Metabolic energy consumption	<ul style="list-style-type: none"> <li>- <b>Patients may be able to significantly reduce metabolic energy consumption during treadmill walking</b> (Herr et al., 2012)</li> <li>- <b>Patients may be able to significantly reduce metabolic energy consumption during over-ground walking</b> (Au et al., 2007 and 2009; Gardinier et al., 2018; Russell Esposito et al., 2016)</li> <li>- <b>Patients may be able to significantly reduce metabolic energy consumption during slope ascent</b> (Montgomery et al., 2018)</li> </ul>
<b>Mobility</b>	Patient is limited in his/her capability to perform activities of daily living (ADL)	- <b>Significant and clinically meaningful improvement in ADL performance measured by KOOS-ADL and Oswestry Disability Index</b> (Kannenberg et al., 2020)
<b>Musculo-skeletal pain</b>	Patient suffers from sound knee, amputated side knee and low-back pain while using a passive prosthetic foot	<ul style="list-style-type: none"> <li>- <b>Significant and clinically meaningful reduction in sound knee pain, amputated side knee pain, and low-back pain</b> (Kannenberg et al., 2020)</li> <li>- <b>Significant sound knee unloading during level walking at higher walking speeds of 1.5 and 1.75 m/s</b> (Grabowski et al., 2013; Hill et al., ; Russell Esposito et al., 2014)</li> </ul>

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