

## Evidence Essentials Kenevo/Microprocessor Knees K2

	Mobility need or deficit of the patient	Evidence for benefits of Kenevo/MPK vs. NMPK in K2 patients
Safety	Patient stumbles and/or falls repeatedly Patient avoids activities due to fear of falling Patient sustained fall-related injuries	- <b>Significant reduction in falls of up to 80%</b> (Hafner et al., 2009; Kahle et al., 2008; Kannenberg et al., 2014, Kaufman et al., 2018; Mileusnic et al., 2017)
		- Significant reduction in fear of falling (Mileusnic et al., 2017)
		- Significant reduction in the frequency of stumbles (Hafner et al., 2009; Kannenberg et al., 2014; Mileusnic et al., 2017)
		<ul> <li>Significant improvements in balance and indicators for the risk of falling, such as Timed-up-and-go-test, ABC scale, etc.</li> <li>(Burnfield et al., 2012; Hafner et al., 2007 and 2009; Kannenberg et al., 2014; Lansade et al., 2018)</li> </ul>
Mobility	Patient has difficulty negotiating slopes/hills	- Significant improvement in quality of slope descent towards more natural gait pattern (Burnfield et al., 2012; Hafner et al., 2009; Kannenberg et al., 2014)
		<ul> <li>Significant increase in downhill walking speed of up to 36%</li> <li>(Burnfield et al., 2012; Hafner et al., 2009; Kannenberg et al., 2014)</li> </ul>
Mobility	Patient has difficulty negotiating uneven terrain and obstacles	- Significant increase in walking speed on uneven terrain and obstacle courses of up to 20% (Hafner et al., 2009; Kahle et al., 2008; Kannenberg et al., 2014)
Mobility	Patient has difficulty descending stairs with reciprocal (step-over-step) gait	- Significant improvement in quality of stair descent towards more natural gait pattern (Hafner et al., 2009; Kahle et al., 2008; Kannenberg et al., 2014)
Mobility	Patient has difficulty with dual tasking while walking with the prosthesis	- Significantly improved capacity and performance in executing a concurrent task while walking with the prosthesis (Hafner et al., 2009; Kannenberg et al., 2014; Mileusnic et al., 2017)



# Evidence Essentials Kenevo/Microprocessor Knees K2

Mobility	Patient has difficulty with performing activities of daily living	- Significantly improved performance in the execution of various activities of daily living (Theeven et al., 2011 and 2012; Kannenberg et al., 2014)
Mobility	Patient is limited in his/her mobility Patient uses a wheelchair and a prosthesis	- Significant increase in over-ground walking speed of up to 25% (Eberly et al., 2014; Kahle et al., 2008; Kannenberg et al., 2014)
		- Significant reduction in additional use of a wheelchair from 87% to 37% of subjects (Mileusnic et al., 2017)
		- Patients spent significantly more time active and significantly less time sitting (Kaufman et al., 2018)
		- About 50% of K2 patients are able to improve their overall mobility level to K3 (Hafner et al. 2009; Kahle et al., 2008; Kannenberg et al., 2014)

# © 2021 Otto Bock HealthCare LP 010121

### ottobock.

### Evidence Essentials Kenevo/Microprocessor Knees K2

### References

Burnfield JM, Eberly VJ, Gronely JK, Perry J, Yule WJ, Mulroy SJ. Impact of stance phase microprocessor-controlled knee prosthesis on ramp negotiation and community walking function in K2 level transfemoral amputees. Prosthet Orthot Int 2012;36(1):95-104. Download

Eberly VJ. Mulroy SJ, Gronley JK, Perry J, Burnfield JM. Impact of a stance phase microprocessor-controlled knee prosthesis on level walking in lower functioning individuals with transferoral amputation. Prosth Orthot Int 2014;38(6):447-455. <u>Download</u>

Hafner BJ, Smith DG. Differences in function and safety between Medicare Functional Classification Level-2 and -3 transfemoral amputees and influence of prosthetic knee joint control. J Rehabil Res Dev 2009;46(3):417-434.

Download

Kahle JT, Highsmith MJ, Hubbard SL. Comparison of Non-microprocessor Knee Mechanism versus C-Leg on Prosthesis Evaluation Questionnaire, Stumbles, Falls, Walking Tests, Stair Descent, and Knee Preference; J Rehabil Res Dev 2008;45(1):1-14. <a href="Download">Download</a>

Kannenberg A, Zacharias B, Pröbsting E: Benefits of microprocessor prosthetic knees to limited community ambulators: A systematic review. J Rehabil Res Dev 2014;51(10):1469-1495. Download

Kaufman KR, Bernhardt KA, Symms K. Functional assessment and satisfaction of transfemoral amputees with mobility (FASTK2): A clinical trial of microprocessor-controlled vs. non-microprocessor-controlled knees. Clin Biomech (Bristol, Avon) 2018 Oct;58:116-122. <a href="Download">Download</a>

Mileusnic M, Hahn A, Reiter S. Effects of a novel microprocessor-controlled knee, Kenevo, on the safety, mobility, and satisfaction of lower-activity patients with transferoral amputation. J Prosthet Orthot 2017;29(4):198-205. <a href="Download">Download</a>

Lansade C, Vicaut E, Paysant J, Ménager D, Cristina MC, Braatz F, Domayer S, Pérennou D, Chiesa G. Mobility and safety with a microprocessor-controlled knee in moderately active amputees: A multi-centric randomized crossover trial. Ann Phys Rehabil Med 2018;61(5):278-285. <a href="Download">Download</a>

Theeven P, Hemmen B, Rings F, Meys G, Brink P, Smeets R, Seelen H. Functional added value of microprocessor-controlled knee joints in daily life performance of Medicare Functional Classification Level-2 amputees. J Rehabil Med 2011;43(10):906-915. <u>Download</u>

Theeven PJ, Hemmen B, Geers RP, Smeets RJ, Brink PR, Seelen HA. Influence of advanced prosthetic knee joints on perceived performance and everyday life activity of low-functional persons with a transfemoral amputation or knee disarticulation. J Rehabil Med 2012;44(5):454-461. <a href="Download">Download</a>