distribution while allowing room for devices such as wrist rotators and wrist flexion units. At the transhumeral level, a longer residual limb provides for easier prosthetic suspension but can provide challenges in matching the joint center of the prosthetic elbow with the anatomic elbow center. A slightly shorter transhumeral-level residual limb not only allows the patient to receive a more cosmetic solution, but it can allow the patient to be fit with a wider variety of body- and external-powered elbow components.

Prosthetic technology continues to develop and improve. Advances in control strategies, such as pattern recognition, make controlling the prosthesis easier than what was previously possible. Multiarticulating terminal devices continue to improve at replicating the grasp patterns of the human hand. Selection of the grasp patterns used to be limited to complex muscle movements, but methods now exist that allow the user to select the grasp pattern through simple gestures. Selecting control sites used to be limited to muscle sites that could be read through surface electrodes, but now implantable electrodes are being tested that allow a user to control both a hand and wrist in a simple and intuitive manner.

Injury to an upper limb and the recovery process is challenging for anyone to endure. Having to go through additional surgeries and rehabilitation for the potential of gaining more function can be a difficult decision for a patient to make. Like any other decision, there are pros and cons. Consultation with a physician and the rest of the rehabilitation team is a must to discover the potential options and consequences. While current upper-limb prosthetic technology is not as adept as anatomical limbs, advances continue to be made that narrow the gap and offer more options for replicating function.

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References are available at www.oandp.com.