

Amputee Rehabilitation Information

Barwon Prosthetics and Orthotics



Contents

Introduction.....	3
The Rehabilitation Staff	3
Adjustment to Amputation.....	5
Sensation and Pain.....	5
Stump Oedema.....	6
Stump Care	7
Care of your Remaining Limb.....	7
Using a Prosthesis.....	7
Changing Footwear.....	8
Preventing Falls following Amputation	8
Funding of Prostheses.....	8
Care of your Prosthesis	8
Community Rehabilitation Centre.....	8
The Amputee Clinic.....	9
The Prosthesis.....	9
Contact Telephone Numbers	10

Introduction

This handbook is intended to provide useful information regarding your amputation. It is intended for amputees, their family and friends. We hope that you find the information in this booklet helpful and that it becomes an ongoing resource for future reference.

The Rehabilitation Staff

The rehabilitation team plays an important role during your time at hospital and the months after your discharge. During your time at the McKellar Centre you are likely to meet most of these health professionals.

Rehabilitation Consultant

The Rehabilitation Specialist is a doctor who has undertaken training in the rehabilitation of patients with disabilities, including amputees. The Specialist co-ordinates the inpatient rehabilitation program and has overall responsibility for your medical management whilst you are an inpatient. They conduct a weekly ward round which is attended by most members of the Amputee Team. Following discharge your progress is monitored indefinitely through the Amputee Clinic. The decision as to if and when you are ready for your prosthesis is made by the Specialist in conjunction with the Prosthetist and Physiotherapist.

Prosthetist

The Prosthetist is responsible for providing you with a prosthesis (artificial limb) and assisting with your gait (walking) training. Upon admission to The McKellar Centre they are responsible for applying a removable rigid dressing (RRD) for protection, swelling management and wound healing. When appropriate, the Prosthetist will take a plaster cast of your stump and manufacture a prosthesis. Following the initial fitting of your prosthesis, the Prosthetist adjusts the socket fit and alignment as your stump volume changes and your walking improves.

The Prosthetist and Physiotherapist are involved in teaching you appropriate methods of applying and removing (donning and doffing) your prosthesis, as well as stump care, and care of your prosthesis.

The Prosthetist is also responsible for ongoing adjustments and repairs of the prosthesis and provision of stump socks following your discharge.

Physiotherapist

The Physiotherapist's main role is to help you get moving about safely, independently and confidently. Initially this will be in a wheelchair.

Even before prosthetic casting a daily physiotherapy regime is important for you to become strong, fit and supple. This enables quicker mastery of prosthetic walking when the time comes.

The Physiotherapist, with the Prosthetist, will instruct you in prosthetic training which includes;

- putting on (donning) and taking off (doffing) the prosthesis
- safe use of prosthesis
- stump monitoring and care
- functional training and use of the prosthesis (e.g. for work and sport)
- Using the prosthesis and with appropriate gait aids.

The Physiotherapist is also involved in stump care and helping to control stump and phantom pains, scar adhesions and stump swelling.

For upper limb amputees the Physiotherapist aims to help you achieve good function with your amputated arm, with or without a prosthesis. This means ensuring there is optimal function of remaining joints and muscles. It will also include exercises for your other arm, as well as a general fitness program.

Occupational Therapist

The role of the Occupational Therapist is to assist you to become as independent as possible in your everyday tasks.

These include;

- Personal Activities e.g. toileting, dressing, showering and grooming
- Domestic Activities e.g. meal preparation, cleaning, gardening and other household chores
- Community Activities e.g. bill paying, shopping, driving, work and leisure activities

As part of the rehabilitation process at least one home assessment will be conducted by your Occupational Therapist. This will be used to determine any need for specialised equipment. For example, you may require some items of bathroom equipment for added safety i.e. Rails or a shower stool.

The driving assessment is conducted by an Occupational Therapist who is qualified to do so. They will assist you in the decision making process involving you and your car.

Social Worker

The Social Worker provides a comprehensive range of practical and emotional support services for clients and their families. The Social Worker is available to hear your concerns and provide information and/or counselling to assist in reducing you and your family's anxiety.

If required, the Social Worker can also discuss other options to returning home. These options may include residential care and the processes involved in accessing low level care (hostels) or high level care (nursing homes).

Podiatrist

The role of the podiatrist is important if your amputation was a result of poor circulation or diabetes. They will help maintain the health of your sound limb. It will be important to see a podiatrist regularly to prevent complications with the remaining limb.

Other team members include Nursing, Psychology, Dietetics and a Recreational Therapist. You will be referred to these services on an as needs basis.

Adjustment to Amputation

An amputation is a major life event that will result in changes to daily living activities. It is common to feel a strong sense of loss following an amputation. You may find difficulty with anxiety, moods and have body image issues following the loss of your limb. There is no right way of reaching a comfortable acceptance of the loss of a limb, but discussing issues with a Social Worker, Psychologist or Support Group can be helpful. The issues that are important vary from one person to another and can be influenced by many things including age, gender and personality.

Limbs 4 Life is an organization offering peer support, information and resources that you may find helpful.

Web: <https://www.limbs4life.org.au/>

Phone: 1300 78 22 31

Email: info@limbs4life.com



Sensation and Pain

As an amputee you may experience various types of sensations and pain. Some people can have ongoing problems with pain. There are two major types of pain that amputees may experience. These are **stump pain** and **phantom pain**. Amputees may also experience **phantom sensation**.

Phantom Sensation

This is the feeling that the limb or part of the limb that was amputated is still there. You may notice an itch, temperature change and pressure or movement sensation. These are all normal sensations to experience, they are not painful or unpleasant.

Phantom Pain

Phantom pain is NOT the same as phantom sensation. This is a pain that you feel in the body part that is no longer there. Phantom pain occurs in 20 to 50% of patients according to the most recent research. In most cases phantom pain goes away with time and only a small number of people have ongoing problems.

Stump Pain

This refers to pain that is felt in the residual limb itself rather than in the absent limb. All patients will have some degree of stump pain as the wound heals. It is quite important to take medication as advised by the Medical and Nursing Staff. Research has shown that if stump pain is controlled well during this phase there is less chance of experiencing ongoing stump or phantom pain.

If you experience phantom or stump pain discuss it with any of the rehabilitation staff and follow up with the rehabilitation consultant will be arranged.

Stump Oedema

Swelling is a normal body response after surgery. Amputation surgery causes swelling. To promote optimal healing a **removable rigid dressing** and a **stump shrinker** are used to reduce the swelling.

Removable Rigid Dressing (RRD)

This is a fiberglass shell that is applied to reduce stump swelling and protect the leg.

Stump Shrinker

When swelling has reduced an elasticised sock, called a shrinker, will be provided. This will continue to help reduce the swelling while you progress to walking with a prosthesis.



Example of an RRD

Stump Care

It is important that you take special care of your stump to prevent skin breakdown and infections. This is VERY important if you wear a prosthesis. The best way to do this is to clean your stump daily, keep the skin dry, use clean socks daily and check your stump with a mirror daily.

IMPORTANT THINGS TO LOOK FOR:

SKIN CHECKS FOR:

- REDNESS
- BLISTERING
- RUBBING
- OPEN WOUND
- PAIN

If you experience any of the above symptoms you **MUST** let your GP or a rehabilitation team member know

Care of your Remaining Limb

If your amputation is due to poor circulation or complications of diabetes it is important to care for your remaining leg and foot. Adopting a daily self-care routine is the best way to avoid an amputation on the other leg.

This involves daily washing, drying and moisturizing your skin. A regular review from a podiatrist will help maintain the health of your remaining foot.

Using a Prosthesis

There are important factors that determine whether someone can use a prosthesis, these include:

- The length and shape of the residuum
- Pain
- Other medical conditions
- Skin condition
- Non healing wounds
- Infection
- Need for further surgery

A prosthesis will be prescribed for those who have demonstrated a physical and mental ability to progress to walking.

There are many amputees that choose to maintain their independence in a wheelchair. This can be after the time of surgery or after a phase of trying out prosthetic training.

Changing Footwear

A prosthesis is aligned to suit the heel height of your footwear. Different shoes can be worn as long as they have the same heel height.

A change in heel height will affect the alignment of the prosthesis and therefore your ability to walk properly. Discuss changing your footwear with your prosthetist.

Preventing Falls following Amputation

Having a fall or a fear of falling is common following an amputation. Suggestions to prevent falls include:

- Having a chair by the bed at night
- Removing any tripping hazards
- Using safety devices (personal alarm)
- Practicing safe transferring techniques
- Using appropriate mobility aids
- Being aware of your limitations

Funding of Prostheses

Prostheses are funded by Barwon Health and the Victorian Artificial Limb Scheme (VALP). There will be no out of pocket expense to the amputee for provision of a prosthesis.

Where the amputation is a result of a motor vehicle accident or a work place accident the insurance company or accident commission is responsible for the funding (i.e. TAC or Workcover). The National Disability Insurance Scheme (NDIS) will fund specialised prostheses if you are accepted as a participant in the scheme.

Care of your Prosthesis

A small amount of daily care will extend the life and comfort of your Prosthesis. Each day, when you remove your Prosthesis wipe out the socket and liner with warm water and chemical free soap. Do not submerge in water as you will cause rust and damage the componentry. Do not place in front of the heater to dry, towel dry only.

Community Rehabilitation Centre

Ongoing outpatient rehabilitation is located at the McKellar Community Rehabilitation Centre (CRC). This is a coordinated team approach to help you return to your chosen level of independence. The health professionals involved will depend on what you are aiming to achieve.

The Amputee Clinic

This service includes the Rehabilitation Consultant and Prosthetist. The main role of clinic is to prescribe prostheses and address any medical issues associated with the amputation. This includes issues that are impacting on your rehabilitation.

The Amputee clinic is a life time service available to you. Routine review appointments are offered at timely intervals to adequately monitor the prosthesis and your health related to the prosthesis.

The CRC and Amputee clinic services run side by side until you have achieved your independence and completed your rehabilitation treatment.

The Prosthesis



**Example of Trans-Tibial Prosthesis
(Below Knee)**



**Example of Trans-Femoral Prosthesis
(Above Knee)**

Contact Telephone Numbers



Barwon Prosthetics and Orthotics

Phone: (03) 4215 5488

Amputee Clinic

Phone: (03) 4215 5488



Community Rehabilitation Centre - Reception

Including;

- Amputee Coordinator
- Physiotherapy
- Occupational Therapy
- Social work
- Podiatrist
- Dietician
- Psychologist

Phone: (03) 4215 5301

