

## The Key Stages of Rehabilitation

This article describes the stages that an amputee may go through during the first year following an amputation. Please bear in mind that everyone goes through the stages of rehabilitation at his or her own pace and many factors, such as age, health and the type of amputation, have a bearing on the rehabilitation process.

### Pre-amputation

All the decisions taken during the key phases of having an amputation, receiving a prosthesis, wheelchair or any other equipment that you may need, should be taken in close consultation between you and your healthcare team. Do not hesitate to speak up if you are unclear or worried. The healthcare professionals concerned with your well-being will welcome your views, provided they are put in a courteous manner. The sharing of questions and concerns with Limbless Association Volunteer Visitors (see the VV section of our website) or the Limbless Association Helpdesk may be helpful to you and this support is readily available.

### In hospital

The initial decision to progress with an amputation will be taken by your surgeon within the Primary Care team. A Prosthetist may visit you in hospital before you return home. A Physiotherapist will ensure that you retain maximum possible fitness. You will be shown, if feasible, how to get around on crutches or in a wheelchair. Your discharge from hospital will be planned in collaboration with local Social Services and the specialist rehabilitation team from your nearest Disablement Services Centre. In the early days following amputation, you must be patient about the time taken for healing; healing must be complete before you can be considered for a prosthesis. Bandaging of the residual limb promotes healing and shrinkage. You must not hesitate to tell the surgeon or nurse about any pain that you are experiencing, which may be either physical or phantom in nature.

### At your Disablement Services Centre (DSC)

When you visit your DSC, you will be seen by the clinical team including the Consultant and Prosthetist to decide whether or not a prosthesis can be worn or whether, if you are not yet fully-recovered and fit, it would be necessary to continue to use a wheelchair. This first visit usually takes place a month or two after surgery. A nurse will give any necessary healing treatment and advice. Counseling is available both for you and for your loved ones. Your Prosthetist and possibly a technician will then see you for the measurement and fitting of your residual limb, either by a plaster cast or by computer-aided design. The resulting socket must match the shape of your residual limb and provide adequate support and correct alignment. The final limb should meet the 5Cs of the Limbless Association Standards.



The use of stump socks/sheaths and liners help to maximise comfort. The limb must be securely attached to you in order to avoid “pistoning” which is the slippage and loss of suction/grip in the socket. If you are suffering physical or phantom pain, do not feel that you must grin and bear it – please tell your Prosthetist.

Indeed, if you are unsure or unhappy about anything, please tell your Prosthetist as he/she will want to hear your views in order to be able to make any necessary adjustments. Convey how you feel about how the prosthesis look (cosmesis). Responding to your feelings will affect the design, choice and covering of your prosthesis. Explain the activities and occupations that are important to you, so that these may be taken into account e.g. do you need an adjustable heel height or a hand with a body-powered or electrically powered grip etc? During the early stages, therapists will help you make the most effective and healthy use of your limb(s). Leg amputees may be taught how to fall as safely as possible and get up again and be given gait training. Arm amputees are shown by occupational therapists how to achieve maximum dexterity.

Artificial legs can be custom-made to enhance your (amputated) mobility and stability. Artificial arms can help you achieve a reasonable level of independence. However, there may be limits to your previous activities and lifestyle, which you must learn to accept – this may not be easy at first. Do not take anyone else’s word for what you can or cannot do. Try, in a secure environment, any new activities and movements to see how far you can succeed. Quadruple amputees for instance, drive cars with the necessary specially adapted controls. Many of the things that you might think will no longer be possible may actually be achievable with the right training and attitude.

For an active adult, the limb should last about three years; a child will need adjustments or review about every six months. You may be offered a wheelchair or crutches as a supplement or alternative to an artificial leg, as well as adaptations to the home or workplace. Please accept that you are going to be returning to your DSC for the rest of your life. The healthcare professionals who work there are your friends. Care for them as they care for you.

## **Overview**

Once an amputee is regularly wearing an artificial limb and the rehabilitation process is coming to an end, the individual may gradually return to their regular lifestyle and activities. Bigger steps, which may take longer to achieve, can include driving a car (with modifications if needed) and returning to work. When it comes to rehabilitation, both in gait training for leg amputees and learning how to use your prosthesis for arm amputees, the process may, at times, seem a little daunting or frustrating. Your rehabilitation team may suggest certain daily living aids and adaptations to the home or workplace to make your life easier. Mobility Aids can also help you to stay active. Keeping a positive attitude is very important – the training you undergo may seem slow, frustrating or demanding at times, but it is a vital investment for a more independent and fulfilling future!