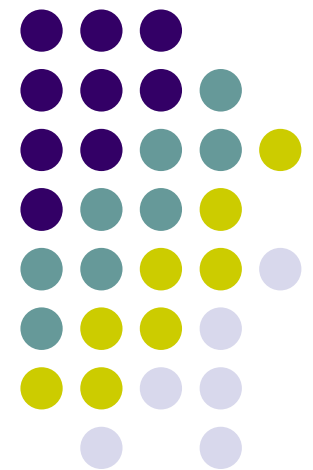
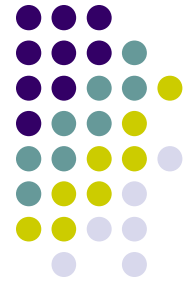


Occupational Therapy in Amputee Rehabilitation.

Sue Hayes

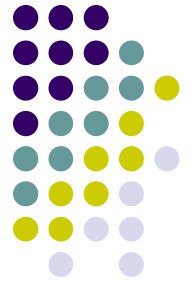




New Referrals

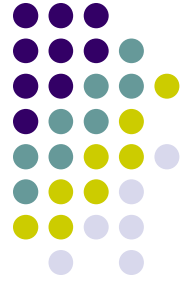
- Amputee Rehabilitation Service OT maintains close liaison with acute hospital based OTs.
- Hospital OTs facilitate safe discharge – wheelchair referral/wheelchair mobility, access visit/home assessment, equipment provision.
- Amputee Rehabilitation Service OT picks up on discharge and assesses within first two weeks of discharge.
- Intervention is dependent on various factors e.g. the individuals' aims/expectations, level of amputation, general medical condition, condition of remaining limb.

Aim of Occupational Therapy



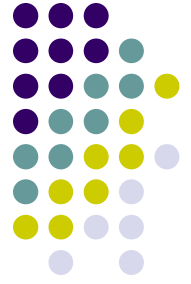
- To enable the individual to achieve his/her maximum level of independence – whether they wear a prosthesis or not.
- The rehabilitation process is based on the goals of the individual.
- OT intervention is carried out with MDT liaison as we aim to ensure a co-ordinated team approach.

OT Guidelines



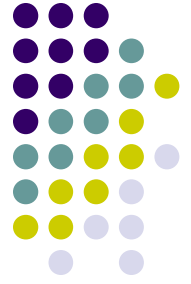
- Occupational Therapy with people who have had lower limb amputations: Evidence based guidelines.
- Launched March 2011
- Produced by Specialist Section Trauma and Orthopaedics - LLPOT .
- Available to download from COT website.

OT Guidelines

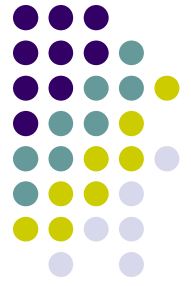


- OT need to adhere to key milestones with respect to bed mobility and upper and lower body dressing.
- OT need to identify falls risk factors and provide appropriate individual interventions in collaboration with MDT.
- OT with older adults who have had an amputation due to PVD or DM should enhance function through environmental modification appropriate for wheelchair use.

OT Guidelines



- OT need to assess for anxiety throughout all episodes of care.
- OT should consider the importance of body image during the rehabilitation process.
- OT need to assess and review participation in recreational activities.
- Support should be provided from the MDT regarding successful reintegration and maintenance of the work role.



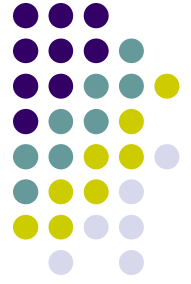
Treatment Approaches

- Intervention is holistic – takes into account physical, psychological and social factors.
- A treatment programme is planned with the individual using elements of a variety of approaches e.g. biomechanical, rehabilitation, cognitive and humanistic.
- OT can be involved from pre-amputation stage and treatment plans are devised with the patient accordingly.

Assessment

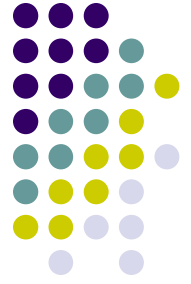


- Home Assessment – meet the individual in their daily situation, build rapport.
- Environmental factors.
- Transfers.
- Mobility – wheelchair/discourage hopping.
- Personal and Domestic Activities of Daily Living (PADL and DADL).



Assessment

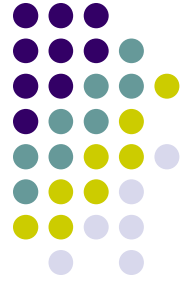
- Consider premorbid functional level and cognition e.g. attention, concentration, memory.
- Consider support systems – carers/family/is patient a carer/is home care assessment required.
- Psychological factors – loss (roles, self image, confidence), financial worries.
- Discuss goals / expectations – are they realistic?



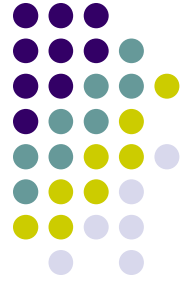
Intervention / Treatment

- Transfer practice
 - Standing pivot transfer
 - Sliding board
 - Forwards/backwards transfer
 - Slide sheets
 - Hoist - which sling to choose?

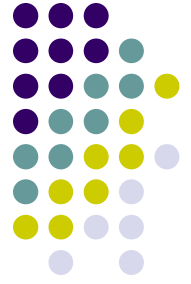
Oxford quickfit deluxe

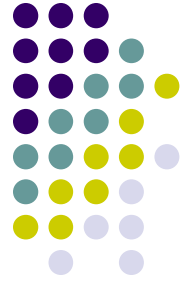


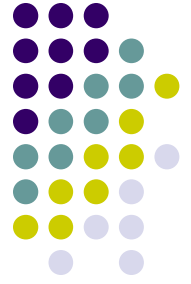
Oxford quickfit



Oxford long seat sling

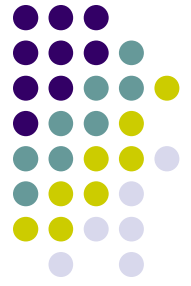






Intervention/Treatment

- PADL / DADL practice.
- Care and management of residual limb:
 - use of compression sock
 - prevention of contractures
 - promotion of good hygiene
 - handling of residual limb
 - body image



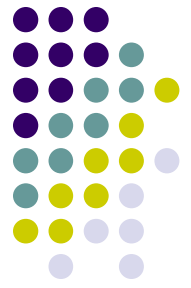
Intervention / Treatment

- Helping to facilitate adjustment to physical and psychological loss.
- Basic health promotion.
- If prosthesis is contra-indicated – encourage to maintain maximum independence and mobility with the aid of wheelchair.
- Rehousing issues.

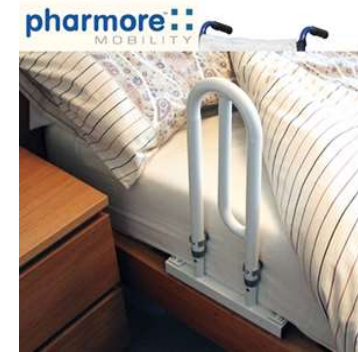
Equipment - Toileting



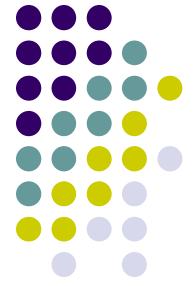
Equipment - Bathing



Equipment - general

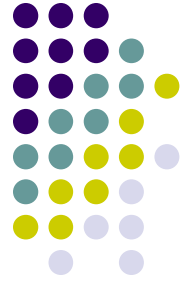


Adaptations



For major adaptations and certain pieces of equipment a referral to Social Services OT/ Disability Resource Team required.

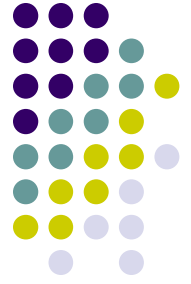




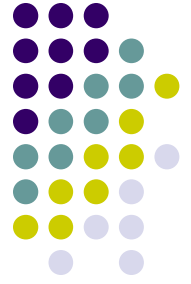
Advice / Sign Posting

- Benefits
- Social Services – care package
- Blue badge/RADAR key
- Employment – Access to Work scheme/Disability Employment Advisor.
- Hobbies/Leisure/Holidays.
- Carers Association
- Other national organisations e.g. BLESMA, The Limbless Association, The Limb Loss Information Centre, NABD, BALASA.
- Smoking Cessation programmes.

Advice / Sign Posting - Driving



- Provide copy of Ricability “Motoring After Amputation” booklet. Other booklets available:
 - Getting in/out of a car
 - Getting a wheelchair in/out of a car
 - Choosing a car
 - Car controls
 - Wheelchair accessible vehicles
- Advice given to notify DVLA and insurer – form G1/G1V
- Motability information – must be in receipt of higher rate DLA/PIP



Summary

- OT in amputee rehabilitation is concerned with facilitating / enabling each individual to achieve their maximum potential whilst considering:
 - Functional ability
 - The setting of realistic goals
 - Psychological issues
 - Family and work situation