



ORTHOTIC AND PROSTHETIC SERVICES

A Step Ahead

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Adapting to Limb Loss

Adjusting to the loss of a limb can vary drastically from person to person. Variables to the response may include how and/or why the limb is lost, the age of the person, or whether the person has made the choice to have the amputation.

For instance, someone who has been dealing with a limb that has been painful for an extended period of time may adjust much better than a person who lost a limb suddenly in a motor vehicle accident. Having a voice in the decision makes a big difference in the adjustment process.

For all amputees there are stages of adapting to the loss. The first stage, for those with the opportunity, is the preoperative stage. Among those who have had time to prepare for the surgery, one third to one half welcome the amputation knowing that their pain and/or suffering

will be coming to an end, and an opportunity for a new life is about to begin. Anxiety about the future also comes in this stage. Some concerns are practical, such as: loss of income, loss of function, pain, and treatment costs. Other concerns include: personal appearance, perception of others, and sexual intimacy.

Dealing with the news of the impending loss has been compared by some to losing a family member. A detailed description of what to expect and the rehabilitation that is available to them helps significantly with coping. This includes answering what may seem like trivial questions.

The second stage is the immediate postoperative stage. This is the period of time between the surgery and the start of rehabilitation. Depending

Loren's Lines

Whenever a sales representative comes into my office with a new foot to show me, I usually meet the offering with a bit of skepticism. With so many feet on the market, one begins to think that there can not be that much difference between them.

In recent months, Ossur has introduced a new foot that falls outside that mold. It is the first foot on the market that utilizes a computer processor.



The distinct advantage for a patient who uses this foot is that it is better able to negotiate uneven terrain and is better at negotiating slopes and stairs. The foot perceives where it is in space and makes adjustments while the patient is walking.

It also aids the patient in sitting and standing more easily because it has a "wide and automated range of ankle flexion." (Ossur website)

Ossur also states that the overall effect is a more balanced, symmetric and confident gait with reduced wear and tear on the back, hips and knees. The name comes from the improved proprioception the patient gains when using the foot.

If you would like more information on the Proprio foot or have other prosthetic questions, feel free to call any time.

If you want more information about Capitol Orthopedic, visit capitolorthopedic.com.



Limb Loss — Continued

on the patient's situation, rehabilitation may start hours after the amputation, for others it may begin days later. Psychological issues that have been noted in this stage include, but are not limited to, safety concerns, a fear of complications and pain, and the loss of alertness or orientation. A patient will often go "numb" as a result of the loss. Again, those who have had the opportunity to prepare for the amputation will respond more positively than those who sustain the amputation due to trauma or accident.

The rehabilitation that happens while the patient is in the hospital is critical and presents some challenges. The approach with each patient needs to be different and flexible based on individual needs. The immediate concerns of the patient are the pain, safety, and disfigurement. Later their focus will be set on vocational questions and getting back to their "normal life". The patient's mentality during this phase can take on many different faces. Much like the grief process of losing a loved one, the process of losing a limb typically includes four phases: numbness, which results in shutting out outside stimuli, "pining" for what they

have lost, a hopeless or disorganized feeling, which results in giving up hope of recovering from their loss, and then reorganization, where the patient will regroup and refocus. It has been discovered in studies of amputees that for those who were introduced to a prosthesis early and had something to look forward to, did better in the recovery process.

Once the patient goes home, the limb loss experience can become taxing. The patient is now out of the safety and familiar surroundings of the hospital and staff. They now must face the day to day and relearn how to accomplish their daily tasks. The full impact of the loss now will hit the patient. Their actions may include not wanting to give up the sick role, leaning on others more than what is justified or reverting to behavior that is not age appropriate. Others may resent any pressure to resume a normal life. Some will resent any offers for help and deny that they are in any way disabled or that they need any help.

Most amputees will agree that adapting to limb loss would be much more difficult without support from friends and families.