Life As an Amputee

Upper Limb Amputees

The War Amps

Life As an Amputee: Upper Limb Amputees is published by The War Amputations of Canada. The War Amps is a registered charitable organization funded by donations to the Key Tag Service. It does not receive government grants.
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Charitable Registration No.: 13196 9628 RR0001

Please direct all correspondence to:

The War Amps
Tel.: 1 877 622-2472
Fax: 1 855 860-5595

info@waramps.ca
waramps.ca

Pictured on front cover (clockwise from top): Leanne, Kevin, Jennifer
Pictured on table of contents page (opposite): Candice

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Your Life As an Amputee

If you are about to become an amputee, or have recently undergone an amputation, you are entering new territory and may not know what to expect. This booklet provides a brief introduction to issues surrounding amputation, including information about your clinic team of medical professionals, the rehabilitation process and the reactions you and others may have to your amputation. It will also highlight the resources The War Amps has available to new amputees and how to receive them. Most resources are also available at **waramps.ca**.

This booklet contains four parts:

1. About your amputation
2. Reactions to your amputation
3. Learning to use an artificial limb
4. Adapting your environment: Daily living aids and modifications

About The War Amps

A philosophy of "amputees helping amputees" has been the hallmark of The War Amps since 1918, when the organization was founded by war amputee veterans returning home from the First World War. Today, the Association continues to serve all Canadian amputees by providing financial assistance towards the cost of artificial limbs and a wealth of information about life as an amputee.

The War Amps unique experience and resources have earned it international recognition as a centre of excellence in the field of amputation and as an expert in amputee rights.

The Association provides a voice for all amputees in Canada and, through our Advocacy Program, works on behalf of individual amputees who have encountered discrimination or red tape in accessing appropriate health care, important financial benefits and/or legal rights.

Photo courtesy of Ottobock

"Thank you to The War Amps for your contribution towards the cost of my artificial arms. I'd also like to thank you for your programs, support, information and guidance for amputees and their families for so many years.

"I have been an amputee for nearly forty years and have experienced the steady cost increase of artificial limbs. Unfortunately, there is also a decline in government support for the costs, maintenance and repairs for limbs. However, the financial contributions, programs and resources offered by The War Amps help ensure that amputees like myself have the support they need to function effectively every day. Thank you for being there."

– Peter

About Your Amputation

Amputation Levels

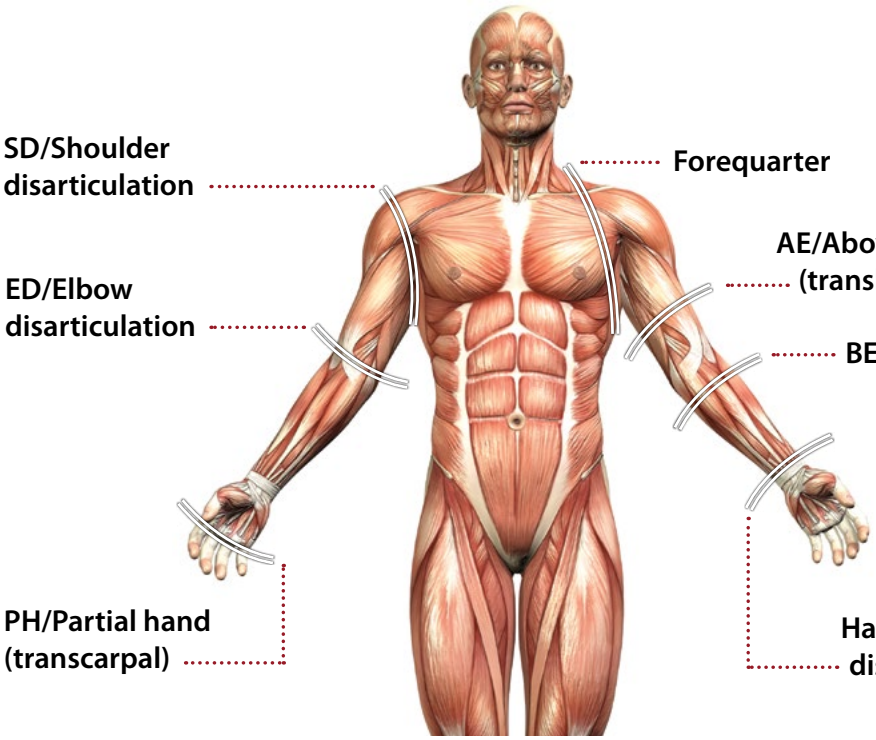
When you first become an amputee, you may not have a clear understanding of amputation procedures. The level of your amputation will have a bearing on what type of artificial limb (prosthesis) you can be fitted with; for example, if you have an above elbow amputation, you will need an artificial limb with an elbow joint, unlike those with a below elbow amputation. Your medical team will inform you of the level of your amputation and will work with you to find the right artificial limb, if appropriate for you.

In the graphic below, we have indicated the names and locations of amputation levels, as well as commonly used abbreviations with the medical term in brackets where necessary.

Congenital amputation

The War Amps refers to all missing limbs as amputations – if you were born missing a limb, we would say that you have a "congenital amputation." Most of the information in this booklet is geared towards individuals who have experienced limb loss as an adult. If you have a congenital amputation, some parts of this booklet may still be of interest.

Amputation Levels



For a list of frequently used technical terms, see the appendix on page 16.

Why Was an Amputation Necessary?

The cause of your amputation will influence your rehabilitation journey. Each cause of amputation also brings with it different emotions, reactions and possibly other medical issues (such as overuse injuries or mental health concerns) with their own sets of challenges.

- Traumatic amputation (accident, war, frostbite) – You will likely not be able to discuss the amputation in advance with the surgeon due to the sudden or unexpected nature of the incident.
- Cancer – You may simultaneously be receiving chemotherapy, radiation treatments and/or other cancer treatments. An amputation is now being added on to the daily challenges you face fighting cancer.
- Diseases and infections – Your amputation may be a secondary result of a disease or condition such as sepsis, necrotizing fasciitis, vascular disease, infections or wounds. You may be dealing with other complications of the condition or disease, such as kidney, lung or heart problems, in addition to adjusting to your amputation.

Photo courtesy of Motion Control

Many amputees can participate in the activities they did before their amputation with the help of an artificial limb.

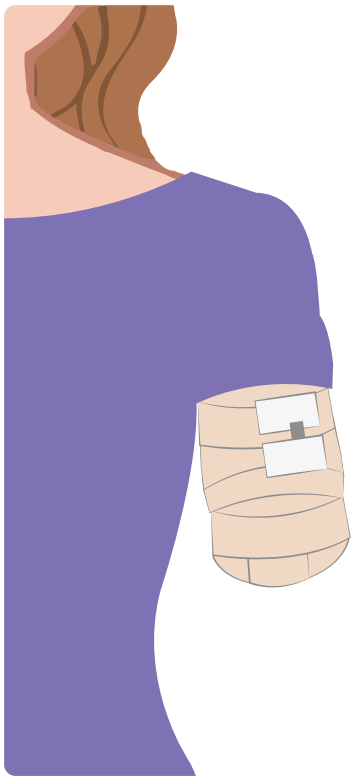
Remember to wash your socket and your residual limb every night. Nighttime is best as it allows your socket and your residual limb time to dry properly overnight. If you wash them in the morning, your limb or socket may still be damp. This makes it harder to put on your artificial limb and may cause skin abrasions.

"A big thank you to the good people at The War Amps for their generous donation towards my new artificial hand. It means the world to me to know that there are organizations out there that care so much for others and always step up to help those in need the most."

– Cy

Rehabilitation: Being an Active Participant

After the amputation surgery, the time it takes for your limb to heal will vary from weeks to months depending on the level and cause of your amputation.



The healing of the area surrounding the incision usually occurs within several weeks. If your amputation was due to cancer or other causes, the initial healing process may take longer. During the healing process, your residual limb will shrink as swelling from the surgery lessens. Your clinic team will show you how to bandage the residual limb properly and teach you compression therapy techniques to reduce the swelling and prepare your residual limb for the fitting of an artificial limb.

The nurse and physiotherapist are the professionals who you will deal with most often at the beginning of your rehabilitation. Once your residual limb has begun healing, they will teach you exercises and techniques so that you become active as soon as possible. The clinic team will recommend any rehabilitation therapy, physiotherapy or occupational therapy that may be needed, as well as an artificial limb (which will be created and fitted at a later date with your prosthetist). Your residual limb will continue to change shape during this time and usually stabilizes over a period of about six months.

The Clinic Team: Your Medical Professionals

One of the first specialists you will meet, if not the first, is the orthopedic surgeon, who performs the amputation surgery and will meet with you beforehand to discuss the details and answer any of your questions. (This may not be possible if your amputation was due to a traumatic accident or event.)

Adopting a positive approach

Our founding war amputee members returning from the First World War lived by the motto "it's what's left that counts" and took a positive approach to reintegration into civilian life. Similarly, our CHAMP (Child Amputee) Program members adopt the "Winner's Circle" philosophy, which encourages children to accept their amputations and try their best.

It is important that you are an active participant in each stage of your rehabilitation.

Photo courtesy of Ottobock

A team of professionals, the "clinic team," will develop a rehabilitation plan for you. In addition to the orthopedic surgeon, the team may include one (or more) of the following specialists: nurse, occupational therapist, oncologist, physiotherapist, physiatrist, psychologist, social worker and vocational counsellor, as well as the prosthetist who will make your artificial limb (see the section "Learning to Use an Artificial Limb" on page 7). Sometimes, due to the level and cause of your amputation and other health factors, it may not be feasible for you to be fitted with an artificial limb.

Depending on your individual situation, you may meet the clinic team in the hospital, as an outpatient or at a prosthetic centre.

Remember, as the person with the amputation, you are the most important member of the team. You will feel comfortable and confident about your care by having your questions and concerns answered. With your active participation, the professionals you encounter will work with you before, during and after the amputation to help you on your road to recovery.

Tip: When meeting with a medical professional, take a list of questions and make notes during your consultation. This ensures you will not forget an important question, and you can refer back to points shared with you in the future. A family member or friend could also accompany you to handle this during the consult.

"I cannot thank The War Amps enough or fully express my gratefulness for your generosity. You have gone above and beyond to help me in this situation. Thanks to your contribution, I was able to get my artificial arm repaired, which I wouldn't have been able to do without The War Amps help. It's wonderful to know that I can continue to live my life as independently as possible."

– Brian

Reactions to Your Amputation

Your clinic team will discuss with you in advance why an amputation is necessary, unless your amputation is the result of a traumatic event. This life-changing news will take time to absorb, and it is important to remember that there is no right or wrong reaction. Every person is different and experiences emotions in different ways.

Some people move to a place of acceptance relatively quickly, while others find it difficult to acknowledge this new reality and may take some time to adjust to the news that they are (or are about to become) an amputee. Your own experience as an amputee is unique.

Undergoing an amputation has been likened to the grieving process; you may experience some, or all, of these emotions: shock, sadness, denial, anger and even guilt. The War Amps and your clinic team can provide guidance and connect you with resources to help you move forward.

Other People's Reactions (Post-Amputation)

When your artificial limb is visible (if you are wearing short sleeves, a sleeveless dress or a bathing suit) it may attract attention. People are often curious because they may not have met a person who has an amputation before, which may lead them to be nervous or uncertain around you.

You may find that sometimes people underestimate amputees and will try to do things for you without permission or being asked.

Some express pity in their comments towards you, assuming people with amputations are less capable. In general, people mean well when they try to help, but they do not realize that their behaviour and comments can sometimes be demeaning.

Daphnée and Vanessa, who are both arm amputees, know that connecting with others for amputation-related concerns can be helpful.

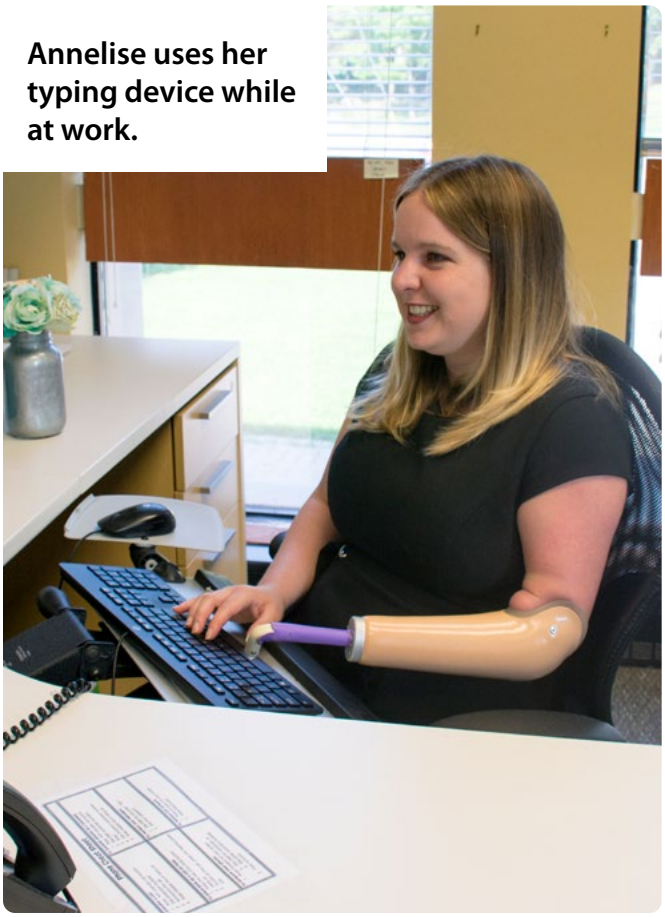
Peer support groups are a valuable resource

Meeting other people who are experiencing living with limb loss can help you to feel you are not alone. Friends and family are usually very supportive, but they have not experienced living with limb loss on a day-to-day basis. Your social worker may be able to help you find a support group in your community; you can also contact The War Amps for a listing of groups.

Other Considerations

There may be other areas of uncertainty about the future. Some of these can include:

- Body image – Your new physical appearance will require an adjustment to your body image. You may also be concerned about how the change in appearance may affect your relationship with your current partner or any future partners. Peer support groups, as well as talking these concerns through with your clinic team, can help.
- Career – You may have concerns about returning to your current job or obtaining future employment. Sometimes, simple adjustments are all that are required (e.g., a hands-free headset for the phone or a one-handed or smaller keyboard).
- Driving – You may need to undergo an assessment depending on your amputation or the licensing office you visit. In some cases, an assessment will be deemed necessary to determine what devices may need to be fitted to the car and/or to satisfy the licence issuer that the amputee will be able to drive safely. If, for example, it is a requirement for the amputee to drive with a spinner knob, this will be part of the licensing requirements (you cannot drive without one). Another requirement might be that you can only drive an automatic car instead of a standard due to the frequent gear shifting required. Contact The War Amps to learn more and to receive a resource about driving with an amputation, or view it on our website.



Annelise uses her typing device while at work.

Installing a spinner knob on your car's steering wheel may be required if stipulated during an assessment.

Do you know what issues come into play for amputees in the workforce?

Sometimes you need to educate an employer about modifications you may need. You may only require minor adjustments to your work environment. It may be something as simple as using a specialized keyboard or an electric stapler. The War Amps can send you the resource booklet *Amputees in the Workforce* to address your questions and concerns, or visit our website to view a copy. To contact The War Amps, call **1 877 622-2472** or email **info@waramps.ca**.

Learning to Use an Artificial Limb

The prosthetist is the member of the clinic team who will fit you with an artificial limb, if you are a candidate for one. Your artificial limb is part of your body, and the prosthetist becomes as close to you, or closer, than your family doctor. This is due to the personal and up-close nature of the fitting process for an artificial limb and the frequency of visits for fittings and adjustments. The prosthetist will also discuss your lifestyle and personal matters to establish the best type of artificial limb for your circumstances and activity level.

To become a prosthetist in Canada, the certification process takes a minimum of eight years, including an undergraduate degree in a science program, a two-year prosthetics program and a minimum two-year clinical residency in prosthetics. (There is some variation in this process for the province of Quebec.)

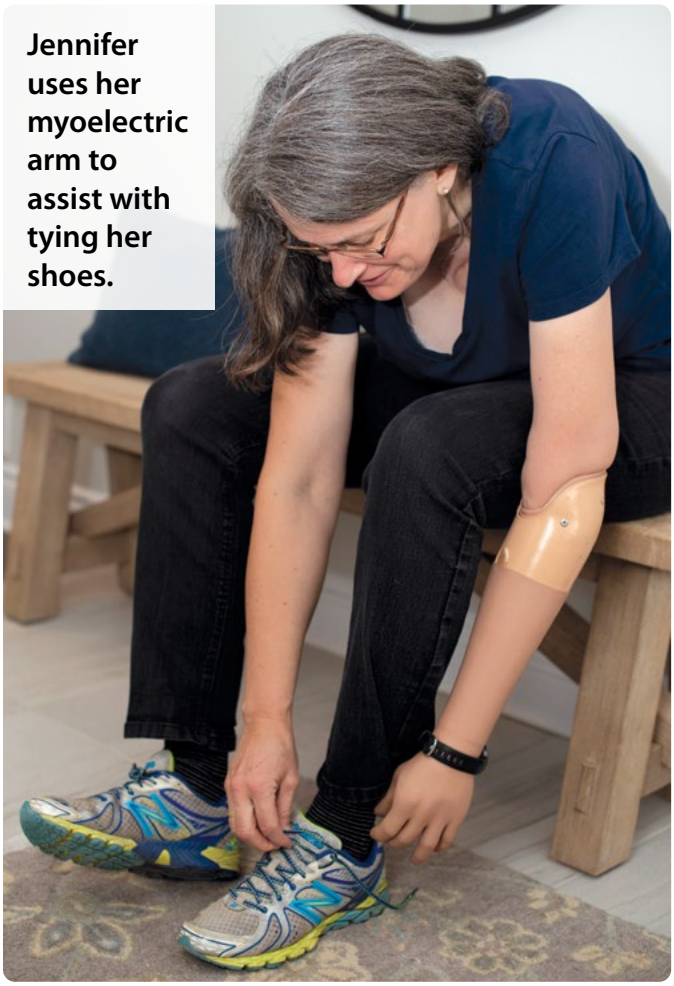
Some amputees use a hook device on their artificial arm to help them with routine tasks like walking their dog.

Photo courtesy of Motion Control

Remember to share with your prosthetist the activities you want to do and what your priorities are. Being able to simply hold items versus being able to complete tasks with fine motor skills requires different prosthetic components.

Do you know about skin care for your residual limb?

The health of the skin on your residual limb dictates how long you can comfortably wear your artificial limb on any given day. Remember that your residual limb is enclosed in a plastic socket for a good length of time. Your skin can't breathe in the way it normally does, and you may experience increased perspiration, which can lead to skin issues. You can learn more about how to take care of the skin around your residual limb in our information sheets, which you can receive by contacting us or by visiting our website.



Jennifer uses her myoelectric arm to assist with tying her shoes.

Remember: Skin problems on your residual limb should be taken care of immediately and you should seek medical attention if necessary. Abrasions or rashes can affect your ability to wear your artificial limb and can quickly become more serious.

Once your residual limb has stopped shrinking and its shape has stabilized, your prosthetist will make a "test" socket. The test socket will ensure that your permanent (definitive) artificial limb is a good fit.

When deciding on the artificial limb and components that will be best for you, you and your prosthetist need to discuss:

- The level of your amputation (above elbow, below elbow, etc.)
- The activity level you *will be able to* achieve
- The activity level you *want to* achieve
- The look of the artificial limb vs. function

Types of artificial arms include:

- Passive (realistic appearance; function is limited)
- Myoelectric (uses electrodes and muscle movement to open and close the hand)
- Body-powered (worn with a harness; has a hand that opens or closes, e.g., a hook device)

A cover that looks realistic may help an amputee feel more comfortable wearing their limb and will protect the prosthetic components from wear and tear.

Do you experience physical pain or phantom limb pain?

Losing a limb can be painful, and for some amputees, the pain does not stop after the amputation heals. Pain can take the form of physical pain and/or phantom limb pain. Phantom limb pain is a feeling of pain in the amputated part of the limb. This can feel like an itch or like your missing fingers are being crushed, even though they are not there anymore. The War Amps booklet *Pain and Phantom Limbs* provides tips for managing pain; contact us to receive a copy, or view it on our website.

There may also be "hybrid" artificial arms that combine manual and electric components.

Artificial limbs are designed for different types of activities. Some types of artificial limbs have a simple design with lightweight components. Usually, passive and mechanical options are more durable, lightweight and can be easier to learn to use. They can help with tasks ranging from simple chores around the house to higher-impact activities like gardening or sports. Be sure to ask your prosthetist whether your limb is appropriate for a high-impact activity before you begin to prevent it from being damaged.

Myoelectric limbs consist of more complex components and may weigh more than other limbs. Learning to use a myoelectric arm may take more time, but it will offer different functional ability than passive and mechanical options. If you are missing your arm above the elbow, deciding with your prosthetist which type of elbow unit is fitted will be an important decision.

Christine's tumbler attachment provides a flat, stable "palm" for mat activities such as yoga.

For partial hand amputees, there are options such as using a passive hand or glove that is worn over the residual limb for a realistic appearance. Some amputees may use a spatula device (see pages 12 and 14) to provide function while retaining the sensation of touch. There are also mechanical and myoelectric options that may be available to you; speak to your prosthetist to see if this will work for your amputation. Partial hand options are somewhat limited, but innovations in this area are on the horizon.

Sometimes, due to the level of amputation or for personal reasons, an amputee may choose to not wear an artificial limb. In this case, you will need to find ways to adapt day-to-day tasks; your occupational therapist will be able to help.

You need to be realistic about your expectations for an artificial limb, whether you want to achieve a life-like look and to just be able to grip an item, or if you would like to continue with activities that require more dexterity, such as holding a utensil or knitting needle. Unfortunately, media and television portray prosthetic technology as more advanced than it really is and assume it restores more function than it actually does; we call this "sci-fi syndrome." Even artificial limbs that seem advanced cannot replace the full function of an unamputated limb and may not be suitable to your lifestyle as they are usually less durable and require frequent repairs. Discuss your expectations with your prosthetist, and they will work with you to achieve the best outcome.

Avoiding overuse injuries

Wearing an artificial arm can help to reduce stress injuries to your unamputated limb (like carpal tunnel syndrome). It can also help with balance and may reduce the risk of back issues.

Weight fluctuations and your artificial limb

If you gain or lose weight, your artificial limb may become too tight (so you are unable to put it on) or it can become too loose (in which case it may fall off). It is important that you try to keep your diet and exercise routine as similar as possible on a day-to-day basis to avoid weight fluctuations.

Even throughout the day, weight fluctuations can affect your ability to wear or put back on your limb. When you wake up, your body weight is at its lowest. When you start moving, you begin to expand and swell throughout the day. Nevertheless, speak to your prosthetist if your limb becomes too tight or too loose, as often only small adjustments are necessary to ensure comfort.

Once your artificial limb has been fitted and you and your prosthetist discuss any necessary adjustments to ensure the limb fits comfortably, you will learn how to use your artificial arm by undertaking occupational therapy. If you use a myoelectric arm, training may be a longer process as you learn to use the more complex functions of your limb.

How an Artificial Limb Works: The Components

Your artificial limb will include some, or all, of these components depending on the level of your amputation:

- Socket – This is usually made of rigid laminate material moulded to the shape of your residual limb. It must be made of material strong enough to withstand the activities you will be doing.
- Liners/prosthetic socks and suspension – Liners or socks roll on over your residual limb to provide a soft cushion between your limb and the hard socket; they are sometimes worn in combination (a liner may also be built into the socket to add cushion to the socket itself). Liners may have a pin that locks into the socket and holds the artificial limb in place.

Together with your prosthetist, you will be able to find an artificial limb with components that work for your needs and activity level.

Remember: Practice makes perfect. It can be a challenge to complete new activities with an artificial limb. Whether it is learning to zip up your coat or butter a piece of bread, practice will be the key to success.

Prosthetic socks vary in thickness (from one ply to six ply). Both liners and prosthetic socks are available in different materials (e.g., liners – silicone, polyurethane; socks – cotton, wool, gel, nylon) that have unique benefits (e.g., added comfort, moisture-wicking, etc.). Suspension is how artificial limbs are held in place, often by suction/vacuum, friction or a pin lock system.

- Joint systems – Can include an elbow (electric or mechanical) and/or a wrist/shoulder "joint."
- Skeletal components – These act as the "bones" of the artificial limb.

The components will aim to provide increased function, as well as assistance for your other limb (unless you have a bilateral amputation). While your artificial limb can help you with tasks and activities, it is important to remember that it cannot replace the full function of an unamputated limb and may only be useful in a helper role.

How an Artificial Limb Looks

For some, it is important that their artificial limb looks like their other, unamputated arm (called a "sound limb"). The artificial limb becomes your arm, and you may want it to look like the arm you are used to seeing. Ensuring that the artificial limb looks real is an important aspect of care for some people. It is reasonable to want your limb to look realistic, but it is important to note that there will be functional trade-offs if you use, for example, a passive hand versus a hook device.

Some amputees choose to put a personalized design or use a bright colour on their limb, like Abigail (photo below). How your artificial limb looks – whether as real as possible or with an eye-catching design – depends on your preferences and the advice of your prosthetist.

Do you know about the Disability Tax Credit?

Many amputees qualify for the Disability Tax Credit. You, along with a relevant medical practitioner such as your family doctor or occupational therapist, need to complete the necessary forms and apply for the credit. The War Amps can help with reviewing your paperwork before it is submitted to ensure that you have the best chance at success for qualifying. This benefit can be retroactive for up to 10 years. To receive more information about the Disability Tax Credit, please contact us.

Christine's artificial limb matches her skin tone, while Abigail's arm features bright colours.

Adapting Your Environment: Daily Living Aids and Modifications

Even after you are fitted with an artificial limb (if appropriate for you), you may find that you are not able to complete all the tasks of daily living as easily as before. If the amputation was the result of a disease or illness, your recovery or further treatments may still impact your ability to go about your day-to-day activities. Your occupational therapist may wish to visit your home to assess it from an accessibility perspective prior to your discharge from the hospital and will offer suggestions for adaptations.

Daily living aids and devices can help you to accomplish tasks.

Some examples include:

- Grab bars on the bathtub or shower walls
- Dressing sticks, button hooks and zipper pulls
- Electric grater and electric can opener
- Rocker knives, flexible utensils and spatula devices
- Phone-holding devices (e.g., Pop Sockets)
- Door knob extenders and levers
- Pump-head soap and shampoo dispensers
- Modifications to your car
- Artificial limbs or devices to help with everyday tasks

Jennifer's Staybowlizer® secures a mixing bowl to the counter, letting her stir with only one hand.

Spatula device

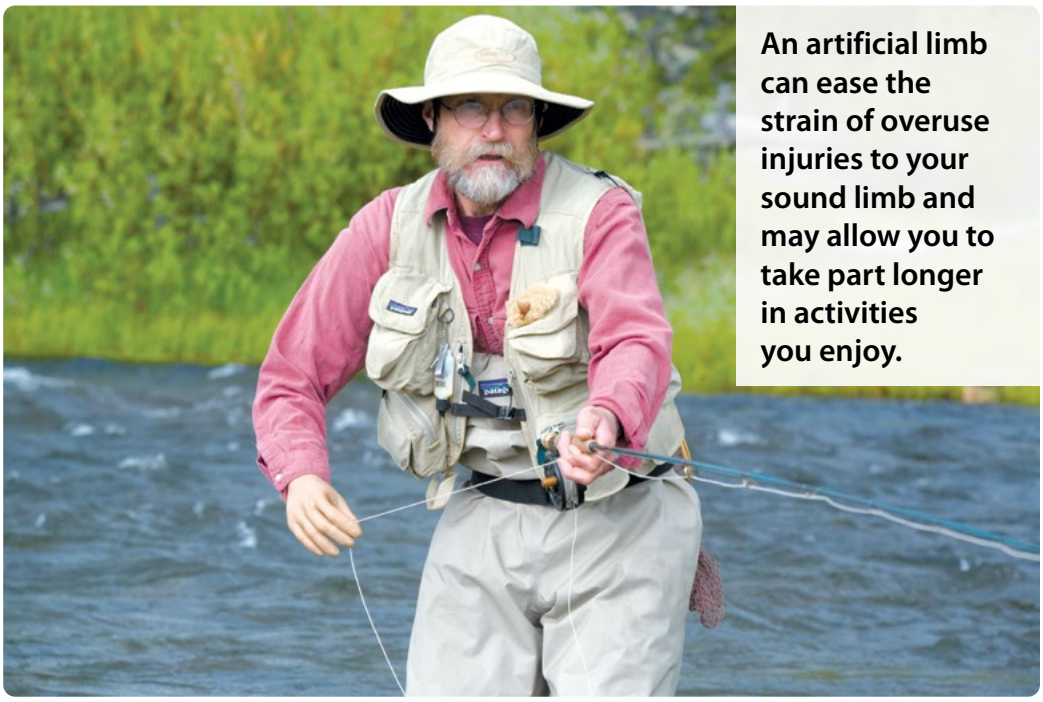
Pop Socket®

The War Amps can help by providing a list of federal, provincial and/or community-based agencies that may be able to provide funding for the modifications and daily living aids listed above. Please contact us for more information.

The Long-Term Effects of Amputation

As time goes on, your sound limb – which now takes on more wear and tear due to the increase in use – and your residual limb may feel the effects of any number of different factors (referred to as the sequelae of amputation), including:

- Overuse injuries
- Increased risk of developing osteoarthritis
- Skin sensitivities and abrasions
- Back pain
- Scoliosis
- Osteoporosis

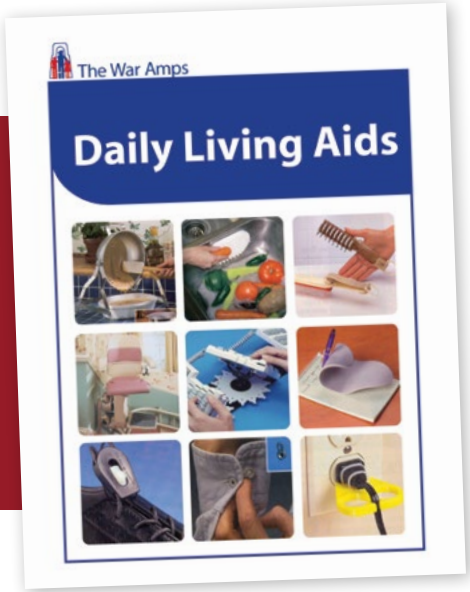


An artificial limb can ease the strain of overuse injuries to your sound limb and may allow you to take part longer in activities you enjoy.

Photo courtesy of Motion Control

Receive War Amps resources free of charge

The War Amps offers invaluable information about living with amputation through our many resources, which can be sent to you free of charge. Most of our resources are also available at **waramps.ca**.



Scoliosis can develop due to the continued imbalance of your upper body. Wearing an artificial arm and doing physiotherapy exercises may reduce the likelihood of back and spine problems.

"A big heartfelt thank you for your generous support! As an adult amputee with an old, hardly working artificial hand, your contribution towards my new hand makes a huge difference in my life. To actually be able to pick things up again…there are no words."

– Stephanie

You can prevent or lessen the long-term effects of living with limb loss and wearing an artificial limb in several ways:

- Leading a healthy lifestyle with exercise and a balanced diet.
- Working with an occupational therapist to learn easier, less strenuous ways of doing daily tasks.
- Limiting the amount of easy fixes, which may create new problems down the road (e.g., open packages with scissors rather than your teeth).

Ensuring your artificial limb fits and functions correctly will help to alleviate some of the common physical issues for amputees.

As mentioned previously, daily living aids and home modifications can help ease the strain on your sound limb and prevent injuries.

Sawyer works in a health-care role and uses her spatula device for tasks like making beds.

Remember to add the cost of your artificial limb to your home insurance policy.

Do you know what to expect when travelling wearing an artificial limb?

Before travelling, it is a good idea to have your artificial limb checked by your prosthetist in case it needs adjustments. If you choose not to wear your limb when flying, we recommend keeping it with you in your carry-on in case your checked baggage gets lost or delayed; you will likely be able to bring an extra carry-on for free if you indicate it is for your limb, which is an essential medical item. You will also want to take enough of what you use daily (batteries, liners, skin care products, etc.) as you will likely not be able to purchase these items while travelling.
When you go through airport security, it can be helpful to wear short sleeves so that the staff can immediately see that you are wearing an artificial arm, as the components in your limb may set off the security alarms. You can also request a private screening. For more information about travelling, contact The War Amps to receive our resource on this topic.

The Road to Recovery

During the first year after your amputation, you will acquire a great deal of knowledge about living with limb loss and will meet many members of your clinic team along the way. Such a significant change in your life may feel overwhelming at times, but this should not take away the sense of accomplishment you should feel for how far you have come on your journey.

By the end of your first year, you may be wearing your artificial limb regularly – if wearing one was an option for you – and you will likely have established a new routine for your daily activities.

While at first, it may seem as though your amputation defines who you are as a person, as time goes on, it will instead become just another aspect of your identity and part of your daily life.

Photo courtesy of Motion Control

The War Amps has many resource booklets and sheets available for those living with amputation, thanks to our more than 100 years of experience assisting amputees. Contact us for more information and to receive these resources free of charge, or visit **waramps.ca**.

Do you know that The War Amps advocates for amputees?

The War Amps provides a voice for all amputees in Canada and, through our Advocacy Program, works on behalf of individual amputees who have encountered discrimination or red tape in accessing appropriate health care, important financial benefits and/or legal rights. To find out more, contact Advocacy at **1 877 622-2472** or email **info@waramps.ca**.

Appendix

Technical Terms

The list below explains some of the terms commonly used in the field of prosthetics. You may want to keep it handy for future reference!

Abrasion

Wearing away of the skin through rubbing or friction

Acquired amputation

An amputation due to a traumatic injury, or an amputation necessary to treat a disease or illness

AE

An above elbow amputation; also referred to as transhumeral

Amputation

Removal of all or part of a limb(s) due to injury, disease or illness

Amputee

A person who has had all or part of a limb(s) removed or is born without all or part of a limb(s)

Bilateral amputee

An amputee missing both arms

BE

A below elbow amputation; also referred to as transradial

Check (test)/diagnostic socket

A temporary plastic socket formed over the plaster model to assist in the fitting process

Congenital amputee

A person who was born missing part or all of a limb(s)

Cosmesis

The appearance of an artificial limb

CP

Certified Prosthetist

CPO

Certified Prosthetist and Orthotist

Definitive prosthesis

An artificial limb designed for long-term comfort, fit, alignment, function, appearance and durability (to replace temporary/preparatory first fitting)

Desensitization

The process of making the residual limb less sensitive to touch by massaging, tapping, using vibrations or rubbing with a cloth

Disarticulation

An amputation through a joint – the shoulder, elbow or wrist

Doffing

Taking off a prosthesis

Donning

Putting on a prosthesis

Edema

Swelling of tissue

Interface

Inner surface of the socket, or portion of the prosthesis closest to the skin

Neuroma

A ball of nerve fibres that forms on the end of a severed nerve that continues to grow and can sometimes cause pain

Occupational therapist

A person who works with an amputee to teach them how to use a prosthesis and adaptive skills

Orthopedic surgeon

A person who performs surgery on bones or muscles (i.e., amputation, hip replacement, residual limb revision surgery)

Orthosis

Device used to support weakened joints or limbs

Orthotist

A person who builds and maintains devices to support weakened joints or limbs, such as a brace

Phantom limb pain

Pain experienced by an amputee in a limb or part of a limb no longer present

Phantom limb sensation

Sensation that a limb or part of a limb no longer there is still present

Physiatrist

A doctor of rehabilitation medicine specializing in the comprehensive management of clients with conditions arising from neuromuscular, musculoskeletal and vascular disorders

Pistoning

The act of a residual limb slipping up and down within the socket

Ply

The thickness of prosthetic socks (the higher the number, the thicker the sock)

Preparatory prosthesis

An artificial limb that the prosthetist may fit you with while your residual limb continues to heal and shrink from amputation surgery (will be replaced by the definitive prosthesis)

Prosthesis

An artificial limb

Prosthetist

A professional who builds and maintains artificial limbs

Range of motion

The amount of movement a limb has in a specific direction at a specific joint (e.g., shoulder, elbow, wrist)

Rehabilitation

The process of restoring a person who has been debilitated to a functional life

Residual limb

The part of the limb remaining after the amputation

Revision surgery

Surgical alteration of the residual limb to improve function or appearance

Sequelae

Effects of a disease, injury, procedure or treatment

Socket

The part of the prosthesis (artificial limb) that fits around the residual limb, and fits around the liner or socket insert if one is used

Soft insert liner

Cup-shaped form that fits inside the socket of an artificial limb

Soft socket

Soft liner within a socket to provide cushioning

Sound limb

Limb that does not have an amputation

Suspension

Method by which the artificial limb is held in place

Upper extremity

Upper limb

Vascular amputation

Amputation performed as a result of impaired circulation of blood through the blood vessels

Appointment Notes

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