

# An Amputee's Guide

There are many factors or reasons why one may become an amputee. Statistically speaking, amputations are a result of, 70% vascular disease, 23% trauma, 4% cancer, and 3% due to congenital limb deficiencies. Of these reasons for amputations, over 50% of the amputees have sustained a below the knee (trans-tibial) amputation, over 30% have had an amputation above the knee (trans-femoral) and the remaining 20% occurs at higher levels of the body (hip and upper extremity amputations).

Unfortunately, what we learn and see about prosthetic devices occurs in the media often showing the young athletic and/or very active lifestyle amputee. This is not a good representation for the majority of the amputee population. Often, these types of individuals became amputees as a result do to trauma and have few, or no other significant medical problems prohibiting them from maintaining a very active lifestyle. These individuals can run, jump, golf, ski, participate in the Paralympics, and even succeed in climbing mountains as high as Mount Everest. Although these are significant achievements that provide inspiration to all amputees that there are no limits it does not present well patient success!

Success is really defined by the individual, but is really measured well by the experienced amputee. As the old saying goes, "You don't know, what you don't know!" Generally, it is measured by the ability to continue with everyday activities such as maintaining a home, shopping, going for walks, etc. This does not mean there are no possibilities! Activity limitations are often based on other health related problems, or your medical condition; so attainable goals need to be set. During the rehabilitation phase, your doctor, physical therapist and prosthetist will help you to define those goals. As an amputee, one needs to be realistic! For example, someone with cardiovascular disease who has difficulty breathing maybe more limited that a younger diabetic who can breath fine. Often, you will be able to return to most if not all activities you enjoyed prior to the amputation. As inspiring as the media is for the amputee population, those highly active athletic amputees did not get to where they are with out hard work. The prosthesis will not do the work for you!!!! Educating yourself about being an amputee as well as motivation, determination, practice and improving strength will allow for the best use of the prosthesis and is the formula for success!

What is going to happen to me after amputation? In detail this will be explained step by step later in this guide. In a nut shell, your limb needs time to heal. At that point, the stitches or staples will be removed and the doctor will request the prosthetist to fit you with a shrinker (this is a compression hose to help reduce the swollen leg). Your prosthetist will then cast, or make a mold of your residual leg to make a socket which is the interface between you and the prosthetic device. The socket has a pylon with a foot attached to it. It is adjusted to the proper height of your sound leg so you will be balanced. Once you receive the prosthesis, you will work with a Physical therapist to learn how to walk again. Your first goal might be to walk the length of the parallel bars using a walker. You might then progress from a walker to two canes to one cane, and so on. Your Physical Therapist will help you to make the decision for the next step. Remember to be patient. Success is achieved with time, never over night, and always with hard work!