

Trans-Tibial Lower Limb Amputees

An information leaflet for patients and relatives

This leaflet is designed to complement the verbal advice and information which you will receive from the various professionals you will meet during your rehabilitation. As there is a lot of information to remember, this leaflet has been written as a guide for you and for family, friends and carers.

If you have any queries or questions regarding any information in this leaflet, please do not hesitate to ask a member of the team.

How will I move around during my rehabilitation sessions?

You will probably have been supplied with a wheelchair from the acute hospital. If you have any concerns about anything to do with your wheelchair, please speak to a therapist. You may be able to bring your own wheelchair during your rehabilitation, or if not, one will be loaned to you for each day.

What will happen during my rehabilitation?

We will be working with you to help you achieve as much independence and function with your prosthesis as possible.

We recommend that you attend regularly, e.g. two to three times per week, to make the most of your rehabilitation. If this is too hard or you need a day off for any reason, please discuss this with your therapist. There will be days when you do not need to attend, e.g. when your prosthesis is being adjusted or finished in the workshop.

Each day you will be able to practice putting your prosthesis on and to see how it fits. Your prosthesis will not be finished, so the prosthetist can make any changes needed for it to fit more comfortably. You will be advised what to look for on your skin e.g. pressure marks from the socks. Please wear shorts to each appointment, as this will allow the prosthesis to be fitted and removed easily. It will allow the prosthesis to be seen when standing or walking.



You will begin to walk with the prosthesis inside the parallel bars and as you get better at this and more confident you will move on to a frame or sticks, depending on your balance and strength.

Functional activities may be practised within the O.T. department and other places. When you can use your prosthesis safely and the fitting is correct, it can be finished with a temporary cover and stockings in the prosthetic workshop. You will then take it home to begin using it in your home setting.

When can I use my prosthesis at home?

When you can use the prosthesis safely and independently, you will take it home to use for normal, everyday activities, slowly increasing how long you wear it

You will have been wearing the prosthesis for up to two hours in the rehabilitation gym, so at home you can start by wearing it for two hours in the morning and two hours in the afternoon.

Keep gradually increasing the time of these sessions by half an hour, until you are wearing the prosthesis all day.

You don't need to be walking all this time, just do what you would do in the normal day, seeing which tasks the prosthesis can help you to do. Some things will be easier to do in the wheelchair at the beginning.



If you are walking with two sticks, as you gain confidence within your home you may wish to try walking with one stick. To make sure your walking is balanced, you need to stop using the stick on the same side as the prosthesis, i.e. if you are a right amputee, you stop using the right stick. If you start to limp using one stick, go back to two for a while, then try again. Repeat this until you can walk as well with one stick as with two.

Be aware that, as you use your prosthesis more often, your residual limb (stump) will continue to shrink. You may need to add more prosthetic socks. If you find you need to use three thick socks with your prosthesis, you may need to see the prosthetist to have the socket adjusted or to have a new socket. **Please ring the centre for advice (contact numbers at the end of information).**

How do I care for my residual limb (stump) and prosthetic socks?

Wash your residual limb (stump) daily with mild soap and warm water. If you are worried about any scabs or unhealed areas ask the nurses for advice.



Check your skin daily for any broken areas. You may need to use a mirror or get someone else to check for you.

Dry the skin thoroughly. Avoid talcum powder. Do use a gentle moisturiser e.g. E45, but avoid open areas.

Use clean prosthetic socks each day.

In hot weather you may need to change them during the day. Wash your socks according to the wash label on the packet and allow them to drip dry.

Do not tumble dry them.

If you have been given a compression sock (brown sock) to reduce swelling in your residual limb (stump), use this when you are not wearing your prosthesis. Follow the advice on the sheet given to you with your sock.



If you have a below knee amputation, keep your residual limb (stump) on the wheelchair's stump board with your knee straight when you are not wearing your prosthesis, to prevent any swelling or joint problems.



If you get any skin breakdown or rubs, stop using your prosthesis and seek advice from the rehabilitation centre.

How do I care for my remaining leg?

Wash and inspect your foot every day with soap and warm water. Test the water temperature, preferably with your elbow, before immersing your foot. Seek medical advice if you find any cuts, blisters or red and inflamed areas.

Always dry thoroughly especially between the toes. Avoid rubbing the skin too hard and forcing your toes apart. Use a moisturising cream such as E45 if there are no areas of broken skin.

Check your footwear regularly for rough edges or sharp areas inside. When buying new footwear check for a good fit, with plenty of room for your toes. You can get advice from your chiropodist or podiatrist.

Check your socks are not too tight around your ankle or calf and do not cause a mark on your skin.

Wherever possible get a chiropodist or podiatrist to cut your toenails and never treat corns or calluses yourself.

Continue with any circulation exercises you have been taught.

Avoid hopping as this causes excess pressure on your remaining foot.

Take care to avoid knocking your leg with your prosthesis or footplates. Remember to move your footplates and stump board out of the way when getting out of your wheelchair.

How do I care for my prosthesis?

Never put your prosthesis in water as it is not waterproof. Water could lead to corrosion of the prosthesis. Please wipe the inside of the socket with a damp cloth each night (giving the socket time to dry completely).

The stocking covering of the prosthesis can be machine washed if it gets very dirty and then drip dried. If it wears out the centre can replace it.

If you are concerned about the mechanical state of your prosthesis at any time, ring the centre straightaway for advice.



Will I need to do any specific exercises?

You will be given a stretching and exercise programme tailored to your individual needs to follow both at home and within the rehabilitation department and to continue after you have been discharged.

Your physiotherapist will go through the exercise programme with you and indicate how often and how many of the exercises you should do.



When can I return to normal activities?



If you wish to return to swimming or other exercise please talk to your therapist.

A gym with cardiovascular equipment is available at the centre. If you would like more information about this, please ask your therapist.

What happens when I am discharged?

When you are safely using your prosthesis at home you will be discharged from the therapy department at Roehampton.

Your therapist will discuss with you whether you need further rehabilitation at your local hospital or from the community services and, if so, will organise it before you are discharged.

You will be given follow-up appointments for six weeks and six months after you have been discharged from therapy. At these appointments your prosthesis will be reviewed by the prosthetist, your residual limb (stump) and associated conditions will be checked by the doctor and your walking will be checked by the therapy staff. Further appointments will be made as needed.

If at any time you have any problems or concerns, just contact the centre for an appointment with the doctor, prosthetist or both.

What types of appointments will I have?

AMC - Amputee Management Clinic:

In this clinic you will see one of the rehabilitation doctors. They will check you and your progress. They will also deal with any medical problems that may directly affect the use of your prosthesis.

PMC - Prosthetic Management Clinic:

These appointments are for the care, maintenance and updating of your prosthesis and will be with the prosthetist only. You might have a PMC appointment for any of the following:

- **repairs** and **checks** of your prosthesis.
- for your prosthetist to **adjust** your current prosthesis in order to make it more comfortable. They may adjust your socket or the alignment of your prosthesis or decide that you need a new socket.
- for your prosthetist to take a **cast** or **measurements** so a new socket can be manufactured if your current socket no longer fits correctly.
- for your prosthetist to review your progress after a few weeks, with a new socket or prosthesis.

Following discharge, you will have the following appointments booked:

- Six week review
- Six month review

If you require a review in between these appointments, you can call to request one. Otherwise please book annual reviews for the prosthesis to be checked every year.

What terms will I hear being used and what do they mean?

Adjust



The prosthetist will alter either the fit or the alignment of your prosthesis as you progress through your rehabilitation process. For this your limb may need to be taken to the workshop.

Alignment

Where your prosthetist adjusts the balance and set-up of your limb in order to provide the best possible walking pattern.

Component

Any part of your prosthesis that is below your socket, i.e. a knee component, an ankle component or a foot. These can be changed at a later date to suit your needs and activities.

Socket

The part of the prosthesis that is made to fit you by your prosthetist. All measures will be taken to ensure that it is as comfortable as possible.

Suspension

The means by which your prosthesis is held onto you.

Workshop

Where your prosthesis will be built, set-up and adjusted. It is next door to the amputee rehabilitation gym. Depending on the work required it might take 20 minutes or one to three days for any adjustments to be carried out by the technicians.



What is the psychological and emotional impact of amputation?

Having an amputation is a life-changing experience. As you adjust to this change it is normal to have a range of emotional reactions that come and go. Some of the most common ones are listed below, but everybody is different and your personal reactions and concerns may not be the same as these.

Early on you may have feelings of shock, disbelief, bewilderment or perhaps, relief.

Many people feel sadness and for some the sense of loss can at times be overwhelming.

You may experience anger about what has happened and frustration as you begin to adjust to doing things in different ways. You may worry about how you will cope and how your life will be from now on. It is also natural for your self-confidence and self-esteem to be lower for a while.



Over time you will hopefully begin to adjust to the new situation by learning new skills, adopting new roles and setting new goals for yourself for the future.

Having an amputation may also change your relationships with other people including partners, family members, friends or strangers. The way you see and feel about yourself affects how you interact and it is natural to feel worried about how other people may react to your limb loss. It is normal to avoid talking to family members and friends about the amputation due to fear of how they will feel and react, or to avoid further painful emotion for them or yourself. Other people may also avoid talking about the amputation with you because they do not know what to say or are afraid of saying the wrong thing and this may feel uncaring and hurtful to you. You may find that discussing issues and feelings like these will help with any relationship problems, even though it can be upsetting and difficult at first.

You may also find that how you feel about intimacy, sexuality and having sex is affected by amputation. A person's sexuality is a unique part of who they are. It includes how they feel about their body, how they relate to others and how they feel about physical contact with another person and with themselves. New feelings or concerns about this are natural following amputation.

Making sense of your own reactions and concerns can be hard. They may feel very personal and you may only have your own experience to go by. It can help to talk to a partner if you are in a relationship or to a close friend or family member or to one of the clinicians caring for you. If at any time you feel that you would like to have someone independent to talk to in confidence about how you are feeling, please ask your doctor, physiotherapist, occupational therapist or nurse to arrange for you to meet with the clinical psychologist based at the rehabilitation centre who specialises in working with amputees.

Phantom Limb Information

This offers more information about your phantom limb. If you have any further questions or concerns, please speak to the staff member in charge of your care.

Why do I feel that my limb is still present?

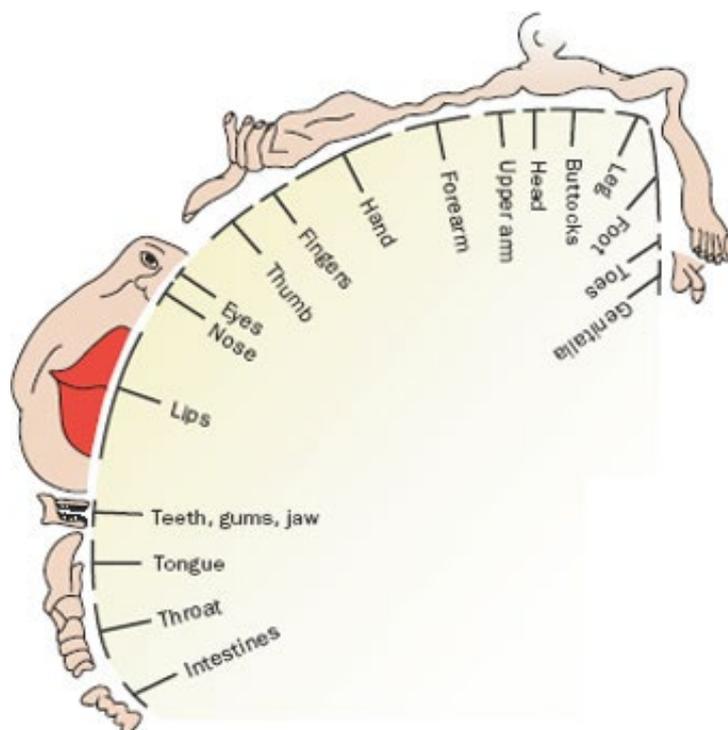
Most amputees are still able to feel their limb after it has been amputated. This feeling is called a phantom limb and is quite normal. What the phantom limb feels like is different for different people; some amputees can just feel the phantom limb, for others it can sometimes feel painful.

There is an area of your brain (called the sensory homunculus or primary sensory cortex), which holds a map of every area of your body.

If you were born with two arms and legs, this information is hard-wired into the map.

Areas which need more sensation (e.g. hands, feet, lips and tongue) have more nerve endings and are a larger part of the map.

The following is what the mental map (sensory homunculus) might look like if it was a picture:



Some parts of the body are shown as bigger than others because of the amount we use them and feel with them.

Other parts of the body are shown as smaller.

When your limb is physically removed, it does not mean that your brain wipes it from your mental map, but as the information coming into this area of the brain has changed, what is felt or experienced is different too.

What's the difference between phantom sensation and phantom pain?

Phantom sensation is felt by most amputees (80%) and is the feeling that the missing limb is still there.

The missing limb may still feel normal in size, shape and sensation or it may feel different, e.g. you may only feel your toes rather than the whole leg.

You may also have normal sensations such as itchiness or aching.

If the feelings and sensations are not painful, you can try to manage them by rubbing your residual limb (stump) or your remaining limb in the same area where you feel the phantom itch or by trying to move your phantom limb.

Phantom pain may happen if, for example, your phantom limb feels shortened or in a painful position. The pain is very real and can also lead to:

- anxiety and depression
- other physical or mental health problems
- problems adapting to living as an amputee.

Phantom pain can be triggered by:

- stressful emotions e.g. thinking about the amputation or seeing others in pain
- physical triggers
- changes in weather or temperature
- memories of what your limb felt like if it was painful before the amputation.

Phantom pain is complex and may include a wide variety of pain symptoms, e.g. tingling, stabbing, burning, aching and many more.

Anxiety, stress, anger and other feelings may make your symptoms worse, e.g. if you feel stressed from new situations like starting prosthetic rehabilitation or waiting to be discharged home.

What causes phantom limb pain?

Phantom pain is caused by a form of brain activity called cortical remapping or smudging.

Remapping happens all the time and is the normal way we learn and adapt. For example, when you first put on a ring you are very aware of it on your finger, but after a while you are no longer aware of it as it has been mapped onto your mind map (sensory homunculus).

All pain is in the brain. When danger is expected, one of the things your brain can do is make you feel pain so that you will do something about it. Sometimes this system can go wrong.

Because you are no longer getting any real feelings from your amputated limb, your brain may be wondering what is wrong and so makes it feel painful so you will do something about it. Your brain has misinterpreted the information as your phantom limb is not in danger.

Researchers have had different ideas to explain phantom limb pain. Three of the main ones are:

1. faulty remodelling of the neurons or nerves in the homunculus area of the brain
2. mismatched messages sent forwards and back between the brain and the missing limb
3. strong memories of where the limb used to be and what it felt like.

What treatments are available?

Phantom pain can settle over time, but if you are suffering from it please tell your doctor, prosthetist or therapist so they can refer you for treatment.

Treatment will help you understand more about what you are feeling and why, so you can:

- understand and explain your symptoms
- feel less threatened by your phantom
- solve misunderstandings
- problem-solve and make changes to help with your pain.

Things your treating team can do are:

- review your medication to try and dampen down over-sensitive neurones
- review your prosthesis to make sure it fits well and is comfortable, to reduce any stress linked to it
- look at your lifestyle, e.g. in terms of stress, smoking, diet and exercise and advise on how these may affect your pain and how you can make changes
- advise on brain retraining to help make your phantom feel normal.

Is there anything I can do to help myself?

Understanding what is happening to you can help. Fear of the unknown is powerful, but so is knowledge. Just knowing this can help trigger change and help with the fear of the unknown.

The brain is constantly changing and evolving, which is how we learn and adapt. Try to think of something you've had to learn as an adult or an experience such as a tooth filling. At first you keep feeling it with your tongue but then your brain adapts to it. Eventually you are no longer aware of it because your brain has learnt that your tooth is no longer in danger.

Because your brain is always changing and adapting, you have the power to change it and therefore the power to change how it interprets your phantom limb. It can be hard work and takes practice, but with support and guidance you can learn to do this as you can learn other new skills.

Try to feel your phantom limb as a normal limb that can move and relax. You will then have power over it, e.g. feeling your phantom limb on top of the mattress when in bed rather than feeling that it is going down through the mattress.

If you can train your brain to feel your phantom limb in a normal way and in the right place, this can also help you with your prosthesis, as you will be able to feel where you are placing your foot when walking rather than having to look and see where you need to place it.

You will also need to try and control when you feel your phantom leg, e.g. you won't want to feel it at night if you want to get up to use the toilet. This is a common time to have increased phantom sensation and to forget that your leg is no longer there and try to stand.

Using relaxation meditation or mindfulness to help manage your stress or anxiety may also help you with your pain. Ask your therapist for further advice with this.

Everyone's pain experience is different so treatment will be personal to you. We will try to work out which type of treatment will be best by assessing and talking with you.

Please be aware that patience, perseverance, commitment and courage will be needed, but with our support, treating your phantom can be achieved.

Useful sources of information

The "Explain Pain Handbook Protectometer" is a brain-training book by David Butler and Lorimer Mosely, published by Noigroup www.noigroup.com

www.tamethebeast.org is a website with information to help you to understand the role of the brain and mind in chronic pain.

www.flippinpain.co.uk is a website dedicated "to change the way we think about, talk about and treat persistent pain".

www.msk.org.au/pain-guide/ This is a useful A-Z guide with ideas to help manage your pain.

www.headspace.com ; www.calm.com and www.sleepio.com are good websites and have Apps to help with mindfulness, relaxation and sleep.

Compression sock

This information explains more about using your compression sock. If you have any further questions or concerns, please speak to a member of the healthcare team caring for you.

What is the compression sock used for?

Your compression sock should help control swelling in your residual limb (stump).

Why should I have a compression sock?

Compression socks are usually supplied soon after surgery to help bring down swelling after your operation. This is important as swelling may delay you being fitted with your prosthesis.

How do I put on my compression sock?

Put on your sock as you have been shown by your physiotherapist.

Gently place the sock over your limb and pull it up so it is smooth and without wrinkles. Ensure your limb goes right to the end of the sock.

If you are an above knee amputee, make sure the sock seam runs up the front of your leg.



Do

- Wear your sock when you are not wearing a prosthesis
- Remove your sock at least once a day to wash your residual limb (stump)
- Check the skin for any redness, abrasions or soreness and, if you find any, please leave off your sock until you have had further advice
- Keep the sock well pulled up making sure there are no wrinkles
- Check that the top of the sock does not roll down
- Wash your sock regularly, by hand or in a 30 or 40 degree washing cycle
- If the sock loses shape or becomes baggy, stretching it lengthways can improve the shape
- Remove the sock if you feel any pins and needles or pain and **contact us (details at the end of the booklet).**

Don't

- Wear your sock in bed unless you are advised to do so.
- Wear your sock with your prosthesis.

PHYSIOTHERAPY EXERCISES FOLLOWING TRANSTIBIAL (BELOW KNEE) AMPUTATION

Produced by P.I.R.P.A.G. (Physiotherapy Inter Regional Prosthetic Audit Group)

Introduction

- This information has been designed to help you remember the exercises that you have been taught by your physiotherapist. All of the exercises should be done slowly and smoothly. If you feel any pain, stop and tell your physiotherapist or doctor.
- Exercise helps to keep your strength and mobility as well as improve your blood flow.
- These exercises will help to keep you independent either in a wheelchair or using a prosthesis.
- Try to keep doing these exercises, even after you have been discharged from treatment.

[1] Static Quadriceps

- Push your legs straight out in front of you
- Push the back of your knees into the bed and tighten the thigh muscles
- Hold for five seconds
- Repeat this ___ times



[2] Straight Leg Raise

- Put your legs out in front of you
- Tighten your thigh
- Lift your leg off the bed
- Hold for ___ seconds
- Slowly lower
- Repeat ___ times

Repeat the above with the other leg.



[3] Inner Range Quads

- Sit with both legs straight out in front of you
- Place a rolled up towel, blanket or pillow under your knee
- Straighten your knee
- Hold for five seconds
- Repeat ___ times

Repeat the above with the other leg.



[4] Hip Adduction with Resistance

- Sit with both legs out in front of you
- Place a pillow or rolled up towel between your knees
- Squeeze your legs together
- Hold for five seconds
- Repeat ___ times

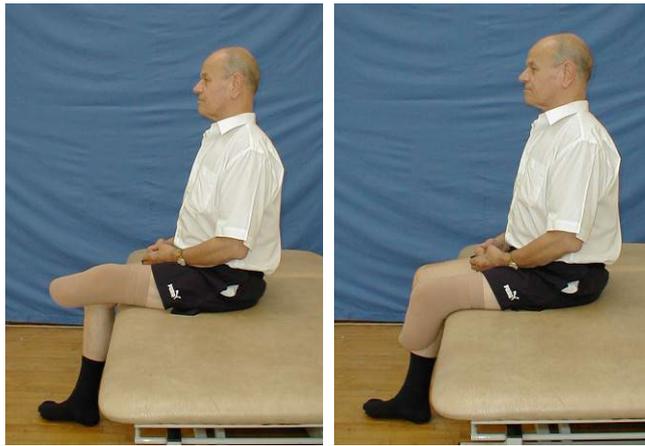
NB This exercise can also be performed when sitting in a wheelchair or at the edge of a bed.



[5] Outer Range Quadriceps

- Sit on a chair or edge of the bed. Place your hands on your lap
- Straighten one knee
- Hold for five seconds
- Now bend your knee
- Repeat ___ times

Repeat the above with the other leg.



[6] Static Gluteal Contractions

- Lie on your back
- Keep both legs straight and close together
- Squeeze your buttocks as tightly as possible
- Hold for five seconds
- Repeat ___ times



[7] Hip Flexor Stretch

- Lie on your back, preferably without a pillow
- Bend your knee towards your chest and hold with your hands
- Push your opposite leg down flat on to the bed
- Hold for 30 – 60 seconds, then relax
- Repeat ___ times

Repeat the above with the other leg.



[8] Bridging

- Lie on your back with your arms at the side
- Place a couple of firm pillows or rolled up blankets under your thighs
- Pull in your stomach, tighten your buttocks and lift up your bottom off the bed
- Hold for five seconds
- Repeat ___ times



To make this exercise more difficult, place your arms across your chest as shown in the picture.

[9] Hip Flexion and Extension in Side Lying

- Lie on your side
- Bend the bottom leg
- Lift your top leg slightly
- Bend your knee fully towards your chest
- Straighten your knee and push your leg backwards
- Repeat ___ times



NB Try not to let your hips roll forwards or backwards.

Repeat the above with the other leg.

[10] Hip Abduction in Side Lying

- Lie on your side
- Bend the bottom leg
- Keep hips and top leg in line with your body
- Slowly lift up your top leg, keeping your knee straight



- Slowly lower
 - Repeat ___ times
- NB Try not to let your hips roll forwards or backwards.



Repeat the above with the other leg.

[11] Knee Flexion in Prone Lying

- Lie on your stomach
- Place your arms in a comfortable position
- Keeping your thigh on the bed, bend your knee as far as possible
- Hold for five seconds
- Straighten your knee
- Repeat ___ times



Repeat the above with the other leg.

This exercise sheet has been produced by representatives of P.I.R.P.A.G.
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Wandsworth **NHS**
Primary Care Trust

King's College Hospital **NHS**
NHS Trust

The North West London Hospitals **NHS**
NHS Trust

The Hammersmith Hospitals **NHS**
NHS Trust

South Downs Health **NHS**
NHS Trust

The Luton and Dunstable Hospital **NHS**
NHS Trust

Havering **NHS**
Primary Care Trust

How Do I Get Up From the Floor?

An Advice Leaflet for Transtibial (below knee) Amputees

Produced by the Physiotherapy Inter-Regional Prosthetic Audit Group

As an amputee you are at an increased risk of falling. Falls are caused by lots of different reasons. You may prevent falling by:

- Being aware that the feeling of your phantom limb or foot may cause you to fall.
- Looking at your house/flat and making sure there is good lighting, no loose rugs, no uneven or wet flooring, no trailing flexes and that there is not too much clutter.
- Making sure you eat a healthy balanced diet.
- Ensuring you drink enough water – you should drink six cups of liquid a day.
- Limiting your alcohol intake.
- Making sure you keep active as inactivity leads to weak muscles and poor balance.
- Making sure you don't hurry – especially to the toilet
- Making sure your eyes are regularly tested and use glasses as prescribed.
- Making sure the tablets you are taking are regularly checked.
- Placing your most frequently used items in an easy to reach place.
- If you have high blood pressure, getting it checked regularly by your GP.

It is important that you know what you should do in the event of a fall.

Follow the instructions below and remember if you can't get up it's very important to:

- Keep warm and comfortable
- Keep moving

What to do if I Fall?

Always inform GP or health professional of any fall

Rest and recover

Am I hurt? → **Yes**

No

Can I get up from the floor?

Yes

Then follow the comfort plan below

Then do so using the easiest method for you (e.g. shown in this booklet)

Keep telephone on a low table, use a pendant alarm, shout/bang on a wall

Attract attention?

Cover yourself with clothing, tablecloth or a rug etc.

Keep warm?

Find a nearby pillow or place an item of clothing under head

Get comfortable?

Keep rolling and moving position so as not to get pressure sores

Keep moving?

Advice on how to get up off the floor

Method 1

If you are wearing a below knee prosthesis then you are advised to get up from the floor in the following way:

1. Stay calm. Get your breath back first.



2. When you are ready roll to one side.



3. Using your arms push yourself up into a side sitting position.



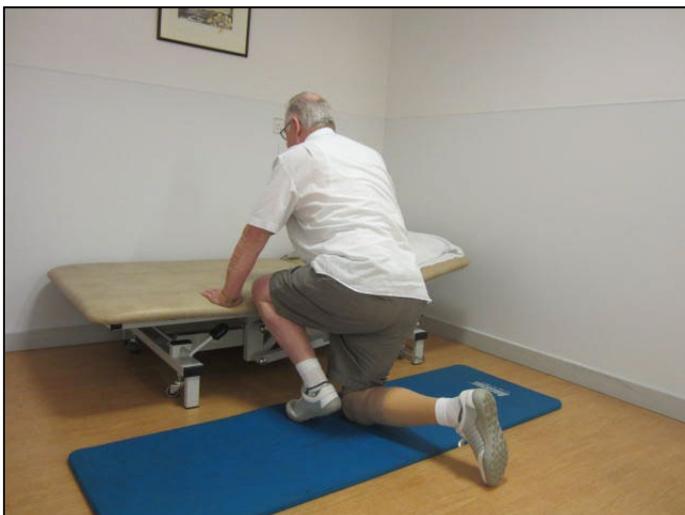
4. Using your arms, push yourself up onto your knees.



5. Crawl to the nearest piece of sturdy furniture. Something that is unlikely to move if you put your weight onto it.



6. Put your hands onto the piece of furniture and bend your strongest leg up.



7. Push through your arms and strong leg to standing position.



8. Rest and alert your doctor if you have any serious injuries.



Alternative - Method 2

If you find the other way of getting up too difficult, have painful knees or you are not wearing a prosthesis you may find it easier to get up from the floor in the following way:

1. Sit on the floor and rest, shuffle on your bottom to a footstool, pile of cushions or a step. Put your hands up on to the step and lift your body up onto the step. Be careful not to scrape your back.



2. Rest and inform your doctor if you have any injuries

General Advice:

- Contact your prosthetist so that your prosthesis can be checked if necessary.
- If you notice problems, e.g. damage to your skin, pain in a joint – make an appointment to see your GP.
- If your fall has affected your walking please contact the Centre to make an appointment to see the physiotherapist or consultant.

Walking Aids

- Keep a check on wear of rubber ferrules on sticks, crutches or frames. They should have grooves and NOT be smooth in appearance.
- Be careful where you leave your walking aid – it could be tripped over.
- Do not use another person's walking aid – it may not be suitable for you.

Wheelchair Use

- Make sure that if you need it, your wheelchair is easily accessible at night.
- Do make sure you put your wheelchair brakes on when getting in and out of your wheelchair.

Footwear

- Wear shoes/ slippers that are comfortable, fit properly and have non-slip soles.
- Avoid using your prosthesis barefoot.
- Speak to your prosthetist or physiotherapist if changing your shoes to a different heel height.

Outside

- Take extra care when walking on sloping, uneven, wet or icy ground.
- It may be helpful to use a walking aid outside, even if you do not need one indoors. Talk to your physiotherapist.

Other

- Make sure your prosthesis is checked at the centre regularly - once per year.

Which Socks to use with Your Prosthesis?

This information explains how you use the prosthetic socks to make sure your prosthesis fits properly and is comfortable. If you have any further questions, please speak to the prosthetist or therapist who is caring for you.

Why do I need to wear a sock at all?

Socks and liners are an important part of wearing your prosthesis and help with the comfort as well as the fit. When used properly they

- Provide a cushioning effect with the socket
- Help to stop friction between the skin and the socket
- Provide even pressure within the socket.

Why do I need to vary my socks?

Your residual limb (stump) will continue to change in shape and size throughout the day for several months after your amputation. In order that you have a good fit between your residual limb and your prosthesis, you may need to vary the number of socks you wear during the day.

How will I know when to vary my socks?

You will learn to do this during your rehabilitation. As you progress each day you will find out what fits best in the morning and how your residual limb changes during the day, or from day to day.

Your prosthetist and therapist will help you with this.

What happens if my residual limb gets smaller?

You may experience the following:

Below knee amputees only

- Your residual limb goes too far into the inner liner
- Pressure on your knee cap rather than under your knee
- Pressure on the bottom or the front end of your bone when you walk
- The inner liner goes on too easily.

Above knee amputees only

- Pressure in your groin or between your legs.

All amputees

- The prosthesis feels loose and your residual limb may move around inside the socket when you walk.

What do I do if my residual limb has got smaller?

As a guide three thin socks are the same as wearing one thick sock.

Below knee amputees

If you are wearing

- One thin sock, you need to add another thin sock
- Two thin socks, you need to replace these with one thick sock
- One thick sock and one thin sock, you need to add another thin sock
- One thick sock and two thin socks, you need to replace these with two thick socks.

This sequence continues until you reach the stage of wearing three thick socks on a regular basis. When this happens you need to contact the centre for a review appointment.

Above knee amputees

As with the information above for below knee amputees. However, you may only use thick socks and go straight to adding a second thick sock. This means you miss out the thin sock stages.

What happens if my residual limb gets bigger?

You may experience the following:

- your residual limb does not fit into the inner liner/socket
- your liner / socket feels tight
- your prosthesis feels too long.

What do I do if I think my prosthesis is too tight?

- Reduce the amount of socks you are wearing – e.g. take off either a thin or a thick sock
- If you are only wearing one thin sock, you will need to contact the centre for some advice

How do I care for my socks?

- You will be given a set of socks to take home to allow you to wear a clean set of socks every day
- In hot weather you may need to change them during the day
- Wash your socks on a 40 degree wash. You can tumble dry the white cotton socks
- Do not tumble dry your compression (brown) sock
- The thin nylon sock is used to help slide your residual limb into your liner/socket and to help stop friction on your residual limb.

Life Outside of the Rehab Gym

Going home is the start of your rehabilitation journey

This is information and guidance about some of the most common queries and concerns once you have been discharged from the rehabilitation gym. Its content includes making and attending review appointments, and other outpatient appointments, general frequently asked questions and key contact information.

Booking Appointments

Who should I contact for an appointment?

When I arrive for an appointment, where should I go?

For a Prosthetic-only Appointment:

Prosthetic Reception
020 8487 6045

Enter the Douglas Bader Rehabilitation Centre, head down the corridor to the left of the Main reception desk; continue to the end of the corridor where the Prosthetic Main Reception is on your left.



For any other Appointment/s: (Review, Doctor, Physiotherapy, OT, psychology or multiple department appointments)

Douglas Bader Reception
020 8487 6001 / 6002 / 6003

Enter the Douglas Bader Rehabilitation Centre; the desk is straight ahead of you to the left.



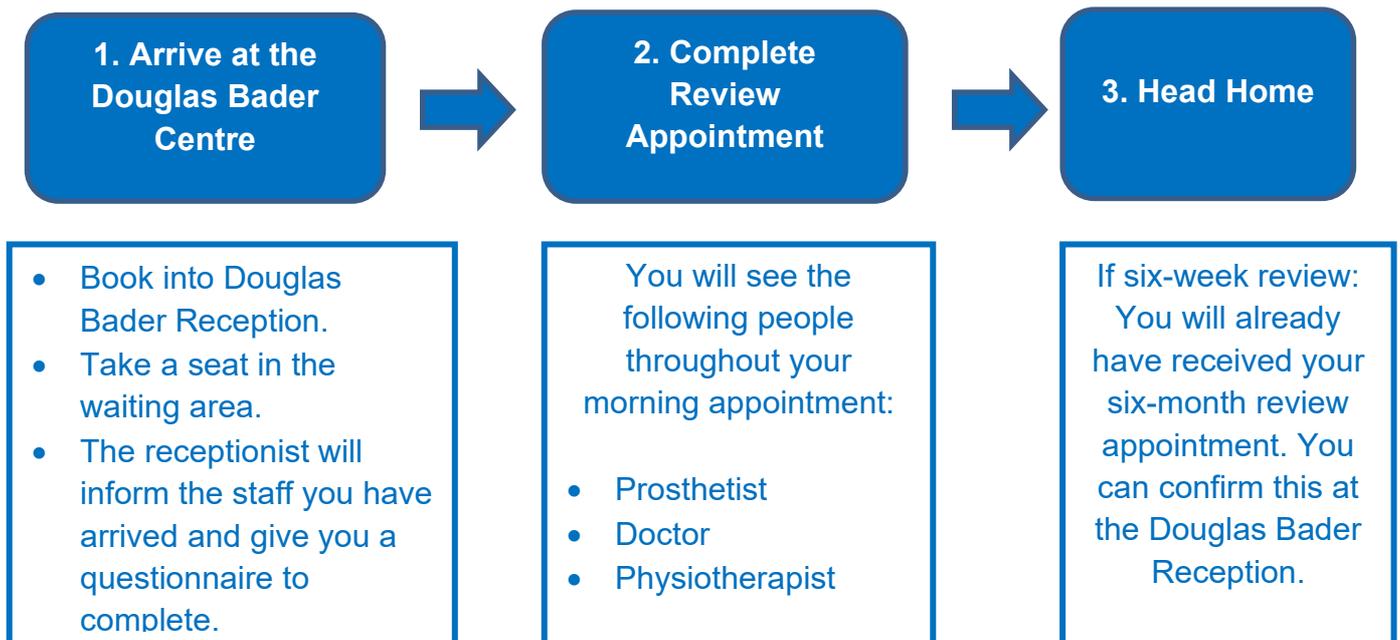
What should I do if I cannot attend my appointment or I am running late for my appointment?

- **Always** contact the main reception or prosthetic reception to inform them or to let them know if you want to alter/cancel an appointment.

A missed appointment typically costs the Douglas Bader Centre £150 per amputee or prosthetic rehabilitation appointment.

Important: Patient transport is not automatically provided for any appointments. You may need to arrange your own transport to and from the rehabilitation hospital. If you are unsure, please contact the Douglas Bader reception for more information.

Overview of the Six Week and Six Month Review



Nadia's Story: What happened in my Review...



My friend Bradley and I arrived for my six-week review appointment. He had driven me as hospital transport was not provided. I booked in at the Douglas Bader reception desk and filled out a questionnaire. Bradley took a seat, whilst I was directed to the prosthetic reception and into a fitting room. I waited here for my prosthetist to arrive.



The prosthetist arrived and checked the fit of my limb. They asked me to take it off so they could make a few minor amendments to it. I was prepared for the chance of this, as I had been told before that my stump can continue to change across my lifespan. I waited about 30 minutes for them to bring it back which I thought was fairly quick.



After finishing with the prosthetist, I made my way back to the Douglas Bader reception to reunite with Bradley and wait for the doctor. Once the doctor was ready, the receptionist told me to make my way to see the doctor in the Vitali Clinic. The doctor asked me several questions about my prosthetic leg, the socket, my remaining foot, any pain I felt in my phantom and stump, and about my other conditions, such as my diabetes. I informed the doctor I had a small sore on my stump, so the doctor got the nurse to dress the wound.

Once the nurse was finished, I made my way to the rehab gym to meet with a physiotherapist. The physiotherapist reviewed my discharge goals with me, and we then made new ones for my six-month review. The physiotherapist also asked me to complete a two-minute walk test, several timed up and go walks and a few questionnaires. After finishing, I said goodbye to everyone, met Bradley back in the Douglas Bader reception and we headed home.

Frequently asked questions in relative departments

Prosthetist – specialises in the prosthetic leg

My prosthesis doesn't fit...

If it feels too tight, remove socks. If it feels too loose, add more socks.

If you are still struggling to manage this then contact the Prosthetic Reception for advice.

My prosthesis won't go on...

Try fewer socks.

Make sure you are using compression socks and make sure your residual limb (stump) is elevated using a stump board when you are not using the prosthesis. If you are still struggling contact the Prosthetic Reception for advice.

My prosthesis is making funny noises and/or is broken...

Stop using the prosthesis immediately. Contact the Prosthetic Reception as soon as possible and ask for an emergency repair appointment.

You cannot turn up for a prosthesis repair without an appointment.

I want to change the shoe on my prosthesis...

Different shoes have different heel heights and shapes, so you will need to make a prosthetic appointment through the Prosthetic Reception if you want to change your shoe.

I don't need my prosthesis anymore...

Contact the Prosthetic Reception to arrange bringing the prosthesis back to the hospital. They cannot be re-used, but they can be given to charity.

I am not making physical progress with my prosthesis...

Try to identify the reason for this and contact the relevant department. If you feel pain or discomfort, contact Prosthetic Reception. If you feel your muscles are weaker, you are getting stiff or you've lost confidence contact the Rehabilitation Gym for advice.

Doctor – specialises in my health related to my amputation

I don't know whether to go to the doctor or my GP...

Contact the centre doctors through the Douglas Bader reception for an appointment to discuss concerns about a sore/painful residual limb (stump), any related skin conditions, phantom pain and pain medication. If you develop any problems with your other foot / limb , you may consult the centre doctors for advice and they may be able to advise and refer to other specialists where appropriate or refer to your GP for further action. Ultimately, you should contact your GP for any concerns about continuing medical conditions or medications

Occupational Therapist – specialises in helping me with everyday life

Some equipment I ordered has not arrived...

Contact the Occupational Therapist if you have ordered it through the Occupational Therapy team.

I was considering getting rid of my wheelchair...

Never get rid of your wheelchair as you may need it if you have problems with your prosthesis in the future. You are also entitled to it for your entire lifespan.

Psychologist – specialises in my emotional and psychological wellbeing

I'm becoming concerned about my mood...

It is normal for your mood to fluctuate when settling back into everyday life, however if you have any concerns contact the Main Reception and ask to speak to the Clinic Psychologist.

The Future: Over one year after Hospital Rehabilitation ends

Bruce's Story: *Overcoming issues later*



Since leaving rehabilitation ten months ago, I bumped into Wayne, who was a fellow inpatient with me at the Douglas Bader centre. He explained how he was excited to see the staff in his up-coming annual review. I'd forgotten that it was coming up for a year. Wayne advised me to ring the centre for a review appointment, as our stumps can change over time and the mechanics of the prosthesis need regular checking. I explained to him that I was in the process of moving to a new house with my wife and I asked him if he knew what that meant for my status at the Douglas Bader Centre. He was unsure so when I rang for the review appointment I asked their advice. They told me that I could still come back to the centre or that they could give me details of a limb fitting centre located closer to my new home address and transfer me.

Contact Us

If you have any questions or concerns about lower limb amputee rehabilitation, please use the following contact details. Out of hours, please leave a message on the answer phone of the relevant department.

Douglas Bader Reception - 020 8487 6001 /02/03 **Mon – Fri 9am - 5pm**

Prosthetist Reception - 020 8487 6045 **Mon – Thurs 7am - 4pm / Fri 7am - 3pm**

Rehab Gym (Physiotherapists) - 020 8487 6042 **Mon – Fri 8:30am – 4:30pm**

Occupational Therapy - 020 8487 6139 **Mon – Fri 8:30am – 4:30pm**

Vitali Clinic (Nurses) - 020 8487 6030

Useful local sources of information

Frimley Limb-Impaired and Amputee Group

The group aims to bring amputees, limb-impaired, their families, friends and carers together to provide support, share information, advise on benefits and daily life and provide social activities. The group meets at Frimley Park Hospital.

For more information contact - Tracey Craig – Vascular Clinical Nurse Specialist

Tel: 01276 526302

Email: Tracey.craig@nhs.net

Limbless Association www.limbless-association.org

Limbless Association is a charity which “aims to support amputees, pre and post amputation, to navigate the associated complexities with advice, information and signposting to empower individuals and their families to optimise their recovery and rehabilitation”.

Tel: 0800 6440185

Email: enquiries@limbless-association.org

LimbPower

LimbPower is a charity to “engage amputees and individuals with limb impairments in physical activity, sport and the arts to improve quality of life and to aid lifelong rehabilitation”.

Tel: 07502 276858

Email: info@limbpower.com

Website: www.limbpower.com

Roehampton Limb User Group (RLUG)

Recognised by Queen Mary Hospital and St. Georges NHS Foundation Trust and run by peer limb patients to help with informal support to meet the hurdles of living life with prosthetics and orthotics for adults.

Our social events boost ability and confidence and enjoyment as seen on the variety of activities shown on the RLUG information board by the gym. We give back as volunteer patients of the Douglas Bader Rehabilitation Centre via our face to face and virtual meetings on limb and wellness related topics giving you the voice to shape the service for the future. Patient representatives meet hospital management and clinical teams to follow up patient views, engage on policy questions and keep abreast of the scientific research in the Prosthetics & Orthotics field.

We encourage you to know about the national limb community, sports charities and other local limb groups.

Tel: 07713 357410

Email: info@r-lug.org.uk (to be added to our next mailing)

Other Organisations

Driving Mobility

Driving Mobility is a charity which provides assessment and advice on car adaptations, wheelchair and scooter transportation and on use of public transport. Driving Mobility has centres across the UK.

Tel: 0800 559 3636

Email: info@drivingmobility.org.uk

Website: www.drivingmobility.org.uk

Steel Bones 03333 606930

hello@steelbone.co.uk

Steel Bones supports amputee families to live life to the full, overcoming the trauma of amputation

Disability Plus

www.disabilityplus.co.uk

A disabled-led and managed organisation providing comprehensive mental health support with a team where every counsellor, psychotherapist and psychologist has a disability.

For information on specific national organisations please talk to your treating therapist.

For more information leaflets on conditions, procedures, treatments and services offered at our hospitals, please visit www.stgeorges.nhs.uk

Additional services

Patient Advice and Liaison Service (PALS)

PALS can offer you on-the-spot advice and information when you have comments or concerns about our services or the care you have received. You can visit the PALS office between 9.30am and 4.30pm, Monday to Friday in the main corridor between Grosvenor and Lanesborough wings (near the lift foyer).

Tel: 020 8725 2453 **Email:** pals@stgeorges.nhs.uk

NHS Choices

NHS Choices provides online information and guidance on all aspects of health and healthcare, to help you make decisions about your health.

Web: www.nhs.uk

NHS 111

You can call 111 when you need medical help fast but it's not a 999 emergency. NHS 111 is available 24 hours a day, 365 days a year. Calls are free from landlines and mobile phones.

Tel: 111

AccessAble

You can download accessibility guides for all of our services by searching 'St George's Hospital' on the AccessAble website (www.accessable.co.uk). The guides are designed to ensure everyone – including those with accessibility needs – can access our hospital and community sites with confidence.

