



Below-Knee Prosthetics



Preparing Your Residual Limb for Prosthetic Use

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Who We Are

Roy R. Rice III (Tripp) founded AOPI in 1999. AOPI's focus is and always has been patient satisfaction. Tripp's father and grandfather were both prosthetists. They taught him that every person he treats is unique. Every patient will have different goals.

"Our prosthetic devices are custom built. Every single one. No one has the same fingerprint and no one has the same prosthetic needs. It's our job to ensure that our patient's will be able to do what's important to them. We guarantee every patient's satisfaction. The only way we can do that is to listen carefully to every individual we treat and take the time to build the most appropriate device for that specific person.
– Roy R. Rice III (Tripp)

What We Do

AOPI specializes in providing prosthetic limbs for people with limb loss. From children born with limb discrepancies, to high-activity athletes who sprint on blades, to senior citizens that just want to walk through the grocery store again, we provide the devices that help make them whole again.



We believe in the importance of providing care in a "family atmosphere". The loss of an upper or lower limb usually affects more than just the patient. Limb loss affects the entire family. Our practitioners' consultations and appointments include not just the patient but as many of that patient's family members that want to be involved with the prosthetic process.

"Treating patients and all of their care givers with the dignity and respect they deserve is the cornerstone of our practice. We understand the dynamics involved in providing exceptional patient care. Our goal is to help everyone involved move forward and get on with their lives in the most caring, professional, and timely manner possible."
– Roy R. Rice III (Tripp)



We are ABC Accredited and Licensed

The American Board for Certification in Orthotics, Prosthetics and Pedorthics (ABC) Accreditation Standards are the benchmark for ensuring quality orthotic, prosthetic, and pedorthic patient care facilities. The ABC only accredits patient care centers that demonstrate an exceptional level of care and client service. We are evaluated every three years to ensure we are keeping up with the profession and to maintain our accredited status. We are proud to be an ABC accredited practice!



Our Facility and Team

AOPI has a state-of-the-art fabrication laboratory on-site. We oversee the entire fabrication process in house and guarantee that our devices are consistently constructed to meet the highest standards. We can make socket adjustments as well as alignment and component changes during your appointment.

Our team of healthcare providers are all state licensed and nationally certified. We attend continuing education and professional development meetings and courses so that our entire staff is up-to-date on the latest advancements in prosthetic technology and patient care.



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Welcome

This information will help you learn about limb loss, teach you some important terms and explain what comes next. Always remember, the most important member of your rehabilitation team is you!

There is an entire team of healthcare professionals dedicated to helping you. Your team's roster will depend on the size and type of healthcare facility you are at. Some of the potential team members:

- Surgeon
- Occupational Therapist
- Rehab Nurse
- Social Worker
- Physician
- Psychologist
- Physical Therapist
- Case Manager
- Prosthetist
- Personal Trainer

Learn who they are, write down their names and keep their business cards handy. Your team is here to help you reach your fullest potential.

It is important that you read and understand your insurance policy's prosthetic coverage section. Reimbursement and coverage can vary significantly from policy to policy even within the same company. We deal with health insurance every single day. If you are confused or just feeling overwhelmed, please reach out to us. We understand prosthetic coverage and we are happy to share what we know about it. We can help you choose the best policy for you.

It is traumatic to lose a limb. We are all here to help you. Please ask questions. Ask a lot of questions. You need to play an active role in your rehabilitation. You are unique. Your care should be unique. So, tell us about your hopes, your dreams, and your goals.

There will be problems and challenges ahead. We can overcome them together.

**“The only place that you will find success before work is in the dictionary,”
- Vince Lombardi.**



Managing Change

You will survive this. It is natural to feel discouraged, worried, helpless and dependent after an amputation. Sometimes you must let go of what you have lost, appreciate what remains and look forward to what will happen next.

Take comfort in the fact that you are not alone. There are over two million people living with limb loss in the United States, with 185,000 lower extremity amputations added to that number every year. By 2050 an estimated 3.6 million people in this country will be living with limb loss.

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You are the same person you were before your amputation. You are just going to have to do things differently. In most cases **below-knee amputees (BK)** can enjoy their lives much like they did before the loss of their limb. You will be able to return to the activities you enjoyed. But it's going to take some work. We will provide you with the tools to accomplish your goals but you will have to provide the strength and resolve to use these tools to the best of your ability.



It is natural to grieve for the loss of your limb. Talk about it. The loss is real and your feelings are understandable. Grief is nothing to be ashamed of. Talk to us, your doctors, your friends, your family, and when you are ready, other amputees. There are wonderful support systems and groups already in place made up of people who have suffered similar losses.

Preparing for Your Prosthesis

A **prosthesis** is the device that's going to replace your leg. It's going to be custom made just for you. Your height, weight, activity level, the size of your **residual limb** and your lifestyle will all be taken into consideration.

Your health will determine when you get fit for your prosthesis and how effectively you will be able to use it. The stronger you are the better.

The prosthetic process can only begin once your wounds and suture lines are closed and all drainage has been eliminated.



Your **residual limb** is what remains of your leg on the amputated side. Your **sound limb** is the non-amputated side. The stronger both limbs are, the more successful you will be with your prosthesis. There are four things you should do immediately following surgery to prepare your residual limb for prosthetic use:

1. Limb Hygiene and Care
2. Volume Control – Reduce Swelling
3. Prevent Muscle Contractures
4. Get Strong

Preparing Your Residual Limb for Prosthetic Use

1. Limb Hygiene and Care

You need to inspect your residual limb every day. Keep it clean and dry to prevent infections and skin problems.

- Wash your hands thoroughly before handling your residual limb. Also make sure that anyone else that touches your limb (doctors, nurses, therapists, etc.) wears gloves and washes their hands.
- Wash your residual limb with mild soap and water every day.
- Use a clean washcloth and softly scrub the entire limb.
- Use a mirror for the areas you can't see, like the back of your leg.
- Completely dry your residual limb.
- If you are wearing a shrinker sock or using an elastic bandage make sure they are clean and dry.
- Eat a healthy diet to facilitate the healing process.
- Stay hydrated.
- DO NOT smoke.

Immediately following surgery your residual limb is going to be sensitive. Since your residual limb is going to be bearing the weight of your body it is important to desensitize it.

- Massage your entire residual limb every day. Start gently and gradually increase the pressure – as much as you can bear but being extra careful until your suture line is healed.
- Flex the muscles in your affected limb. It helps to close your eyes and visualize moving your phantom limb throughout the normal range of motion. It will feel strange, but it's important. Controlling the muscles in your residual limb may be uncomfortable at first, but the end results will justify the effort.
- DO NOT use lotions or hand creams. Lotion will soften the skin. Your skin needs to be tough so it won't break down inside your prosthesis.

As your tolerance increases you should be vigorously massaging the area. The less sensitive your residual limb is the easier it is going to be for you to start walking.

Call your doctor immediately if the area around your sutures becomes infected. You should be concerned if:

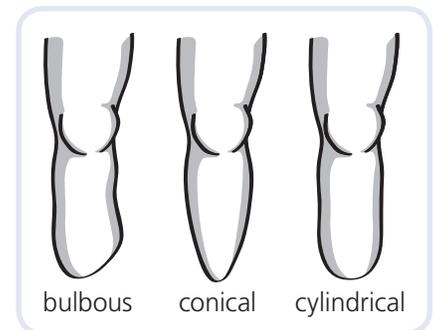
- the incision opens
- the incision becomes hot, red, swollen
- you see pus
- you notice a bad odor
- you have an increase in pain, tenderness or sensitivity



2. Volume Control – Reduce Swelling

Your residual limb is going to change a lot in shape, size and volume during your post-op recovery, and throughout your life. At first it will be swollen from the surgery and may have a bulbous shape.

Eventually, the swelling (**edema**) will go down and the muscles you are no longer using will **atrophy** (shrink). Your limb will gradually become cone shaped or cylindrical.



The timing of when you can be fit with a prosthesis will depend on how the volume of your residual limb is managed. Preparing your residual limb to fit into a prosthesis is called **tissue shaping**.

A **shrinker sock** (or Ace bandage) is often used after surgery. "Shrinkers" are elastic socks designed to reduce swelling and help shape your limb. It is important to put the shrinker on correctly. It needs to be pulled up tightly and have total contact with your skin. There can not be any empty space at the bottom of the shrinker. The goal is to squeeze excess fluid out of the limb by applying circumferential pressure. The pressure should be greatest at the bottom of the limb and gradually decrease towards the top.



3. Prevention of Muscle Contractures

Knee flexion muscle contractures must be avoided. This is when the muscles around your knee get shorter and tighten to the point where you can not straighten it. Contractures are simple to prevent but very difficult to fix. They occur when your knee stays bent for too long. A flexion contracture will make it hard to walk and make successful prosthetic use very difficult.

Keep your knee straight as much as possible. It does not matter where you are: sitting in the wheelchair, recliner, or lying in bed. Keep your knee straight. Avoid pillows. Do not place them under your back, under your hip or your knee.

Do not sit with your legs crossed or hang your residual limb over the bedside. Place a board under your seat cushion to support your residual limb and keep your leg straight. A muscle will **atrophy** if it stays contracted for too long. Keep your knee straight. Preventing muscle contractures will be stressed in **physical therapy**.

When lying in bed flip over once in awhile and lie on your stomach (**prone position**). Your physical therapist will advise you about this. A reasonable schedule is to lie prone for 15 minutes, three times a day.



4. Get Strong

Physical therapy is very important. You need to keep the muscles in both of your legs strong and limber. You need to strengthen your core and your arms. The stronger you are the easier it's going to be to use a prosthesis. Make sure to continue the exercises you learn in physical therapy, especially after you have been discharged. You have been immobile. Now it is time to get your strength back.

Physical therapy will be progressively more challenging. We have useful information on exercises, as does your therapist.

Sitting

Keep your knee straight when sitting. A board can be placed under the seat cushion for this purpose.



DO NOT sit with your knee bent.

Lying Down

Keep your knee straight.



DO NOT place a pillow under your knee.



Your Prosthetist

Your prosthetic care will be provided by a team of rehabilitation professionals. Your prosthetist is specifically educated in the comprehensive management of people with limb loss or deficiencies. Our clinical team has years of expertise in the challenges you may face from pre-operative consultation to post-operative care to long term issues. The design, construction, fitting and maintenance of prosthetic limbs, is actually a small piece of the service that we provide. Prosthetists are required to have advanced education and their patient care facilities must be accredited. Our clinicians are nationally certified prosthetists.

Our patient care facilities are accredited by the **American Board for Certification in Orthotics, Prosthetics & Pedorthics (ABC)**. The ABC has been accrediting prosthetic facilities since 1948 and they are a Medicare Deemed Authority. The ABC accreditation ensures the office you are treated at follows the practices of fundamental business organization and strives for excellence in patient care.

It is important that you choose the right prosthetist to design, build and fit your leg.



Your prosthetist is the person you will see whenever your leg needs to be adjusted, fixed or replaced.

Location – You will have to go to your prosthetist’s patient care facility. More often at first and less as time passes. Location is important to consider, especially if transportation is an issue.

Qualifications – Make sure the person treating you is a certified prosthetist and that their office is accredited. Ask about their education and their patient care facility. Do some research on the prosthetists that you are considering. Look at their achievements, professional affiliations, and charities they support.

Compatibility – Clear communication is important to your care. You need to be comfortable talking to your prosthetist and confident that the person treating you understands your needs and how you are feeling. The relationship with your prosthetist should grow into a strong one.

Availability – Some patient care facilities have more than one prosthetist. Make sure to ask if the person you’re speaking with will be providing your care. If not, ask to meet that person.

Insurance – How much is your prosthetic limb going to cost? How long does the coverage last? How much will have to come out of your pocket? Your prosthetist should be able to explain your prosthetic coverage in detail.

Your Prosthesis

Your physician and prosthetist will determine when it's time for your **prosthesis**. They will decide when you get it and how your prosthesis will be built. The types of components and the level of technology used in your prosthesis will depend on your level of ability. This is relevant because your health insurance determines what services and benefits they will cover. Your physician, prosthetist and insurance company will be making decisions on your behalf based on your policy, unless you are paying cash.

Making Your Prosthesis

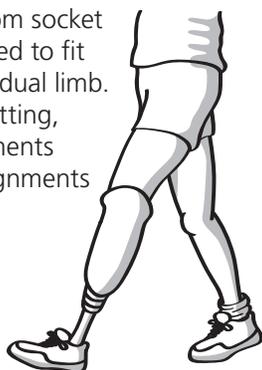
A plaster cast impression of your residual limb will be captured.



A positive mold of the residual limb will be fabricated.



A custom socket is created to fit the residual limb. Initial fitting, adjustments and alignments follow.



Your abilities will depend on how you deal with the loss of your limb and your current physical capacity. Many people in the prosthetic field can tell you that a person's abilities are determined more by how they adjust to the loss of their limb than how much of their leg was amputated. Your physician and prosthetist need to predict your activity level, and your potential before they can work on your definitive prosthesis. They must justify your potential to your health insurance provider before any work can be started.

Medicare created a system that has been adopted by most insurance companies to assess the "functional level" of an amputee. This system was designed to make sure that people get the prosthetic components that are most appropriate for their activity level. These are called "**K Levels**". Your prosthetist, physician and physical therapist should work together in determining your K Level.

Building Your New Leg

Here are some helpful suggestions:

- Bring shorts when you see your prosthetist. Your prosthetist is going to need access to your leg.
- Bring a PAIR of shoes to your prosthetic fitting, bring a few pairs if you can't decide which ones are your favorites. Flip flops, high heels, cowboy boots, sneakers...let your prosthetist know what's important to you.
- Bring your paperwork to every appointment: insurance cards, prescriptions, and government issued identification.

The prosthesis will weigh between 2-5 pounds depending on you and your residual limb. Your prosthesis should last several years if you are using it regularly. However, the usual reason a prosthesis needs to be replaced is not because parts wear out, but because it stops fitting well. Your residual limb will continue to change in size and shape as time passes. You might gain weight, lose weight, some of your leg muscles will atrophy and some will get larger.

Once your doctor has written a prescription and your insurance company has approved your coverage, your prosthetist will start fabricating your new leg. The first step will be taking an impression of your residual limb with either a cast mold or a computer assisted drawing (C.A.D.). There are several methods for taking an impression of a residual limb and making a socket. A good prosthetist is a lot like a sculptor and different sculptors use different tools to create their art. Ask questions. Ask a lot of questions. Your prosthetist will be happy to explain the process to you.



Socket

Your socket is the most important part of your prosthesis. Socket technology is changing at a rapid rate. The material used in the design depends on what your prosthetist deems will be most appropriate for you. The primary objective is to create a safe and stable anchor for your prosthesis while comfortably fitting your changing residual limb.

Changes to your limb should become less dramatic as time goes by. However, gaining or losing a little weight or a change in the size of your muscles can affect the fit of your socket. These changes can throw off your alignment and how your weight is distributed. Both are important issues. How your prosthetic leg is aligned beneath you influences the way you walk. How your body weight is carried within your socket will affect comfort, safety and stability.

Your socket needs to be checked regularly. More at first, less as time goes on. Generally speaking, you should have your socket checked every six to twelve months once you become an experienced prosthetic user.

It is very important to keep your socket clean. It will get hot, dark and moist in there. Fungus and bacteria flourish in a hot, dark, moist environment. Keep your socket clean! Keep your liners and socks clean as well.

Prosthetic Socks come in different materials and thickness. Most prosthetic systems are designed to be used with them. You are going to add or remove socks for your prosthesis to fit well. If you have a salty meal your residual limb may swell a bit – in this case, you will have to remove a couple of socks. If you get dehydrated, you will probably have to add socks for your socket to fit snugly.

Prosthetic socks need to be kept clean. You should wear clean socks every day.



The Purpose of a Prosthetic Sock

- protect the skin
- absorb and wick perspiration
- provide cushioning
- compensate for shrinking and swelling
- adjust the fit of the socket



Adjusting the Fit of the Socket

1. If the socket is too tight, reduce sock ply.
2. If the socket is too loose, add sock ply.
3. Keep socks handy because changes in volume and perspiration will occur throughout the day.

Gel Socks have extra gel at the bottom of the liner which helps reduce shock and vibrations.

- nylon reinforced toe
- stretch fabric conforms to irregular shapes
- contains medical grade mineral oil
- important to follow washing instructions

Handy tip! Since prosthetic socks come in many shapes, sizes and thicknesses, take a picture of the label with your phone or save the packaging. When your socks need to be replaced, having the product number makes it simple to order new ones.

Prosthetic Liners are the protective interface worn directly over your residual limb. Liners are usually made of silicone, or a soft flexible cushioning material like polyurethane. Some liners are infused with medical grade mineral oil. Liners help keep your limb firmly in the socket and reduce friction, making the prosthesis more comfortable and stable.

Prosthetic socks are worn **over** your liner.

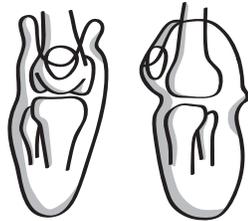
- **Liners** relieve the skin of shear forces
- locking or cushion depending on socket construction
- 3mm or 6mm uniform thickness
- durable, high performance fabric
- distal end encapsulation

Suspension

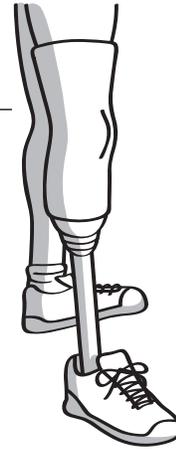
Suspension is how your socket stays on your residual limb. There are different methods to achieve the most appropriate suspension. It depends on the shape and size of your residual limb, finger dexterity and the preference of your prosthetist. Each method has pluses and minuses.

Types of Suspension

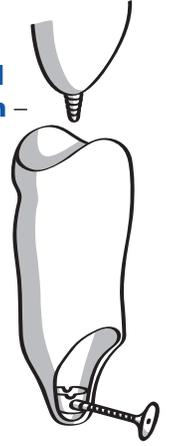
Supracondylar Suspension – The socket cups over the bony knee structures or suspension.



Sleeve Suspension – A silicone or elastic tube is worn over the prosthesis and pulled up onto the thigh for suspension.



Mechanical Suspension – A liner with a pin is worn over the residual limb and attached to the socket with a lock.



Prosthetic Foot

Prosthetic foot technology is impressive. The appropriate foot for you depends on what you want and need to do. Walk, run, dance, work, swim, golf, water ski? There are many different prosthetic feet available. That is why sharing your hopes and dreams with your prosthetist is so important. They need to figure out what foot is going to be best for you. Your age, height, weight, size of your residual limb, foot size, goals, occupation, hobbies and activity level all need to be considered.

Shoes

You can wear whatever shoes you want, as long as they fit. But, you must let your prosthetist know what kind of shoes you want to wear **before** they begin building your prosthesis. Please bring us a few pairs of your favorite shoes when you are being fit for your prosthesis. The lower the heel the better balance you will have.



Shoes are an important part of your prosthesis. It is all about the heel height. Your prosthesis is going to be designed for a specific heel height. Changing the height of your heel will change the alignment of your prosthesis which will change the way you walk. It's certainly possible to go from flats to heels, or boots to sneakers with your prosthesis but your prosthetist needs to know this before your leg is built, not after. There are specific prosthetic feet and components that can be ordered to accommodate the shoes you love, want or need to wear.

Both of your feet, your prosthetic side and your sound side, should fit snugly into your shoes. You may need to use a long-handled shoe horn to get your shoe on your prosthetic foot. Your shoes will need to fit properly and remain secure on both of your feet as you walk.

Types of Prosthetic Feet

Basic Prosthetic Foot – It provides a high degree of stability. It's durable, inexpensive, and requires very little maintenance.



Energy Storing Foot – It is like a spring. When a spring is compressed it stores energy. When that energy is released the coils "spring" back. Energy storing feet work the same way. When you step down and the heel strikes the ground, the foot compresses and stores energy. That energy is released when the foot pushes off. The foot will actually "lift" your body to help produce a more normal gait.



Microprocessor-Controlled Foot (MPC) – It has computer sensors that react to your environment. The sensors read your body weight and balance, as well as take into consideration if you're on level ground or a ramp and respond accordingly. An MPC Foot is expensive and requires a high degree of maintenance but is the best choice for mimicking an actual human foot.



Frequently Asked Questions

What does a prosthetic limb cost? Who pays?

A prosthetic device is custom-built for you. The cost will depend on the components that are used and the type of device you get. Your insurance coverage will also be a factor.

It is important that you read your insurance policy's prosthetic coverage section. We can help you with selecting plans that are more favorable to your specific needs. Often insurers will tell you that something is "covered." However, "coverage" and "reimbursement" are different. For example your out-of-pocket cost would be double with a plan that is covered and reimbursed at 60% compared to an 80% reimbursement policy.

How your prosthetic limb gets paid for depends on factors such as your age, employment status, and insurance coverage; unless you are paying for the device yourself.

Medicare / Health Insurance coverage will depend on your policy. Look under the **Durable Medical Equipment** section of your plan. That's where you will find what's covered and what's not covered regarding prosthetic devices. If you are eligible for Medicare, your secondary or supplementary plan may cover that portion not paid for by Medicare.

Vocational Rehabilitation (VR) is a major division of the Department of Labor and Employment Security. All 50 states have coordinated programs of vocational rehabilitation and independent living to help people with disabilities find work, achieve independence and integrate into the community. If your amputation makes it impossible to return to your line of work, you should check with your local Division of Vocational Rehabilitation. Providing artificial limbs, job training, job referral and job placement are among the available services.

Local Foundations established by charities or religious organizations can be helpful. Ask your prosthetist for recommendations.

Will my prosthesis hurt?

Your prosthesis should fit snugly but not leave a permanent mark on your body. Your device should not hurt you. Wearing a prosthesis will be an adjustment, but it should never cause pain. If you have any pain, contact your prosthetist. From time to time, it will be necessary to adjust your prosthesis to accommodate changes to the shape of your body and residual limb.

Will I need to use a walker or cane?

Everyone is different. Some people walk immediately, others may take longer. Your physical therapist will probably have you progress through a series of assistive devices as your strength, balance, endurance, confidence and motivation improve.

What is Phantom Limb Sensation?

Most amputees experience a sensation coming from the part of their body that is no longer there, the missing limb. The feeling is absolutely real. It can start immediately following surgery and come and go throughout your life. It generally gets better over time and the symptoms can be managed. The sensation is usually felt in missing toes and is often described as the tingling "pins and needles" experienced when your foot has "fallen asleep". Phantom limb sensation can also feel like your foot or toes are swollen, itchy, or burning. How long the sensation lasts is different for everyone – from minutes to days.

Phantom sensation is being researched – there is a lot to learn. It is believed that the brain is misinterpreting signals from the spinal cord and central nervous system. Certain activities can trigger phantom sensations. It's different for everyone. For some people it's a change in the weather, having a cigarette, or becoming constipated or depressed. It is important to note what triggers your phantom limb sensation. Tell your doctor and prosthetist about when it happens and what you think might have caused it. We can work together to figure out the triggers and come up with strategies to avoid them.

There are several different treatment options available for phantom pain. Medications like muscle relaxers, non-steroidal anti-inflammatories, and anti-depressants can all be used. Alternative therapies like massage, acupuncture, mirror therapy and virtual reality are used to successfully "rewire" the brain. A combination of treatments often provides the most help.

It is believed that the longer a prosthetic limb is worn on a daily basis the less likely you are to experience phantom limb sensation.

How often should I check my residual limb?

Every day. Use a mirror to see the back and bottom of your limb. If you have vision problems, ask for help. Call your prosthetist or physician if you notice a blister, or signs of infection. Stop wearing your prosthesis until you have been checked out. Go to your doctor or have your prosthetist examine and make adjustments to your prosthesis. Listen to what they have to say.

What changes do I have to make to my home?

It depends on your amputation and your home. Most hospitals and rehabilitation facilities will arrange for a home evaluation. They will make recommendations as to what type of equipment or modifications you might require. Swim legs and devices specifically for showering are available. Shower chairs and grab rails are a good idea. Make sure they are installed correctly. Stools and bathtub seats are also cost-effective solutions.

Can I go back to work?

It depends on your general health and what kind of work you do. Many amputees have jobs and are able to continue in their professions. Some people switch to a different area in the same field while some folks need to be trained for something new. Your local Department of Vocational Rehabilitation can give you an evaluation. This may be a good time to further your education and look into a different career. Most schools have programs for disabled students and encourage attendance.

Can I travel?

Absolutely! You should plan ahead and do your homework. Security at airports is challenging for everyone. Before you get in the security line make sure you have all of your documents in hand. You should know in advance how you are going to get around large airports and if you will require a wheelchair. Most trains, hotels and cruise ships have handicap accessible accommodations. If you are traveling out of the country make sure you know what you are getting into before you get there. Developing countries will have a lot less to offer amputees and people with mobility issues than industrialized destinations.

Will I be able to play sports?

You name the sport, there is probably an amputee participating in it. Sports, exercise and recreation should be an important part of your life. Tell your prosthetist what you like to do! Your leg can be built or modified to accommodate your lifestyle. Fishing, golf, swimming, jogging, bowling, skiing, basketball...you can do it all. There are organized leagues and groups available for amputees for most activities. Go play and enjoy your life.

Can I drive?

Yes, if you were driving before your amputation. In some cases you might need adaptive equipment installed in your car. If your left leg has been amputated and you have an automatic transmission you should not need any modifications whatsoever. Hand controls can be installed on the steering wheel if you are a double (**bilateral**) amputee – and the gas pedal can be moved if you lost your right leg. Ask your prosthetist about how and where your car can be modified.

You should not have to buy a new car, but, if you are thinking about it, most major automobile manufacturers offer rebates on conversions. Be sure to ask when you are car shopping.

Will I get a handicapped parking permit?

Yes, you should qualify for handicapped parking. The Department of Motor Vehicles will have all the information. If you don't drive and will be a passenger, you can still get a handicapped parking permit that can be used in any car.

What's going to happen to my sex life?

Being concerned about the appearance of your body is normal. Will your partner still find you attractive? Being positive and avoiding feeling sorry for yourself will play an important role. As you become more comfortable with the 'new you', you will begin to feel more like yourself. Be courageous and talk to your partner or psychologist about what you are feeling.

What is a devotee?

A "devotee" is a person who is sexually attracted to the disabled. Be wary of anyone that shows unusual interest in the fact that you're an amputee or asks for pictures of your residual limb. Devotees regularly troll the internet looking for new amputees. Please pay attention when you are online and especially when using social media. Be careful of what you share and with whom. Please feel free to talk to us about this. The Amputee Coalition and support groups are great resources for learning more.

What should I know about the internet?

There is a lot of helpful, informative, and fascinating prosthetic information online and on social media. However, there is also a great deal of misinformation. Keep in mind there are prosthetic manufacturers, patient care facilities, and durable medical equipment suppliers fighting for your clicks and attention. Not every amputee is an expert in prosthetics and wound care. Be careful of what you share and with whom. It is important to remember: Just because it is online does not make it true.

Are there support groups and programs for amputees?

You bet there are. There are several wonderful organizations nationwide that run community-based support group programs. The Amputee Coalition of America is a great place to start looking for information.

You should absolutely get involved with a support group. They are a great place to meet with other people going through the same life changing event as you. It's a great opportunity to learn from your peers and share your challenges and successes.



**amputee
coalition**
A donor-supported nonprofit



Glossary

Atrophy – decrease in the mass of a muscle, partial or complete

Bilateral Amputee – amputations to both legs

Definitive Prosthesis – the device replacing a missing limb that's designed for long term comfort, fit, alignment, function, cosmetic appeal and durability.

Devotee – a person who is sexually attracted to the disabled.

Edema – the medical term for swelling

Energy Storing Foot – a prosthetic foot designed to store and release energy, like a spring

K Levels – a system created by Medicare, also used by most insurance companies, to categorize the functional levels of amputees.

- **Functional Level 0 (K0)** – the patient does not have the ability or potential to ambulate or transfer safely with or without assistance and a prosthesis does not enhance quality of life or mobility.
- **Functional Level 1 (K1)** – the patient has the ability or potential to use a prosthesis for transfers or ambulation on level surfaces at fixed cadence. This is typical of the limited and unlimited household ambulator.
- **Functional Level 2 (K2)** – the patient has the ability or potential for ambulation with the ability to traverse low level environmental barriers such as curbs, stairs or uneven surfaces. This is typical of the limited community ambulator.
- **Functional Level 3 (K3)** – the patient has the ability or potential for ambulation with variable cadence. This is typical of the community ambulator who has the ability to traverse most environmental barriers and may have vocational, therapeutic or exercise activity that demands prosthetic utilization beyond simple locomotion.
- **Functional Level 4 (K4)** – the patient has the ability or potential for prosthetic ambulation that exceeds basic ambulation skills, exhibiting high impact, stress or energy levels. This is typical of the prosthetic demands of the child, active adult or athlete.

Knee Flexion Contracture – inability to fully straighten the knee

Physical Therapy – the treatment of disease, injury, or deformity by physical methods such as massage, heat treatment and exercise rather than by drugs or surgery.

Preparatory Prosthesis – the temporary prosthetic device that is used after surgery. It is generally not a finished prosthesis and is designed to last three to six months.



Prone Position – lying flat, face down

Prosthesis – an artificial device that replaces a part of the human body (plural is prostheses)

Prosthetic Liner – the protective interface worn directly over your residual limb

Prosthetic Socks – cotton, wool or acrylic blend socks worn on the residual limb or over the prosthetic liner to accommodate changes in limb volume.

Prosthetist – a medical professional specifically educated and trained in the design, construction, fitting and maintenance of prostheses (prosthetic limbs).

Residual Limb – the remainder of a limb (arm or leg) after an amputation

Shrinker Sock – elastic socks designed to reduce swelling and help shape your residual limb

Socket – the component of the prosthetic device in direct contact with your body, the shell that encases your residual limb.

Sound Limb – non-amputated side

Suspension – how your residual limb stays in your socket.

Tissue Shaping – preparing your residual limb to fit into a prosthesis





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