



Amputation Rehabilitation Program



To help our amputation patients move forward, we begin working with them as soon as medically possible after the amputation. **We strive to help them regain lost abilities, prevent pain complications, improve wound healing and prepare them to return home independently** or with assistance from family members or other care providers.

Our Rehabilitation Team

Our therapists work hand-in-hand with doctors and nurses who specialize in amputation rehabilitation. Members of the team may include:

- Physical therapists
- Occupational therapists
- Orthotic/adaptive equipment specialists
- Case managers/social workers
- Nutritional counselors

Focused on achievement, the care team meets regularly to monitor progress and response to treatment. Discharge planning begins upon admission and involves the patient, caregivers and the entire rehabilitation team to ensure a smooth transition to home or to another level of care if appropriate.

Levels of Service

Acute Rehabilitation Unit or Inpatient Rehabilitation Hospital

These settings offer intense inpatient services in a rehabilitative environment, for patients who need daily

physician oversight and 24-hour rehabilitation-focused nursing care. Both settings are for patients considered by their physicians to be medically stable and physically able to begin a comprehensive rehabilitation program consisting of 15 hours of therapy over the course of a week.

Pre-prosthetic Rehabilitation

Our pre-prosthetic rehabilitation programs focus on strengthening the muscles necessary to support and be successful with the prosthetic device and training patients about stump care.

Post-prosthetic Rehabilitation

Once a prosthesis has been fitted, our therapists work with patients to learn to use the prosthesis and how to incorporate it into their activities of daily living.

Program Services

Our amputation rehabilitation program helps improve skills so patients can move forward.





Amputation Rehabilitation Program

Physical therapists focus on:

- Improving overall mobility, health and independence
- Restoration of functions that can be restored or adaptation to new levels of function
- Walking safely either independently, or with a temporary or permanent walking aid such as crutches or a walker, and how that need might change with or without use of a prosthesis
- Transferring to/from different surfaces
- Complete strength and range of motion exercises
- Balance and coordination improvement
- Using an artificial limb (prosthesis)

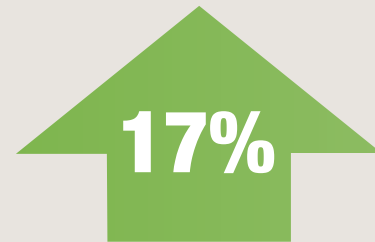
Occupational therapists focus on:

- Safely performing activities of daily living such as eating, dressing, grooming, bathing and homemaking
- Caring for the residual limb
- Assessing necessary environmental adaptations for work or home

Treatment delivery and intensity of service is determined as part of the individualized plan of care and typically includes a combination of 30- to 60-minute therapy sessions provided throughout the day by physical and occupational therapy. Speech therapy is included if clinically appropriate, and social workers and case managers may work with patients to adjust to emotional issues that may arise as they move forward after an amputation, as well as assist in procuring equipment and services that the patient might need in order to return home.

Therapeutic Goals

Our hospital uses standardized improvement measures to track our patient outcomes and ensure that we are providing competitive services that are best suited to assist our patients in making the most gain possible during their therapy. These measures include FIM (functional independence measure) gain, length of stay, discharge destination and return to acute care.



Patients treated in an inpatient rehabilitation unit were 17% more likely to achieve mobility success than those who were not. ¹

1. Czerniecki JM1, Turner AP, Williams RM, Hakimi KN, Norvell DC. The effect of rehabilitation in a comprehensive inpatient rehabilitation unit on mobility outcome after dysvascular lower extremity amputation. Arch Phys Med Rehabil. 2012 Aug;93(8):1384-91.

Contact Us for More Information and to Request a Patient Assessment.