

Rehab Lower Extremity Amputation Pathway:

MD Expectations:

- Order PT and OT consults
- Order Stump Protector for BKA patients
 - *MD should order a stump protector for all BKA patients. If no stump protector is present at time of PT/OT evaluation, contact MD. Ask for stump protector if appropriate, or document reason stump protector is not appropriate for this patient.*
 - *Typically, there will be no stump protector for AKA patients.*
- Initial Limb wrapping post operatively
 - *Patient's limb may be wrapped at time of PT/OT evaluation or patients' stump may be left open to air.*
 - *MD will determine if wrapping is appropriate. Reach out as needed.*

Rehab Expectations & Guidelines:

- Goal: 90% of Evaluations performed **within 24 hours of consult**
- POC: **5-7x/week** for those patients able to participate at this intensity.
 - Therapists should use clinical judgment regarding POC for patients *unable* to participate at this intensity.
- *White Sheets for patients with new LE amputation should be highlighted PINK*
- Ensure each BKA patient has a stump protector
 - Clearly document reason for no stump protector. If patient is not appropriate for a stump protector.
- PT/OT will assess bandage/wrap of LE at each encounter
- Provide every LE amputation patient with appropriate education. This may include:
 - Printed Post-Amputee HEP (Level I or II based on patient's ability/tolerance)
 - AKA/BKA booklet
 - Community Resources Handout
- Therapists are encouraged to discuss community resources listed on Clinical Database.

Rehab Department PT/OT Guidelines:

Pre-Amputation Evaluation

- *ONLY 1 Discipline performs pre-amputation Evaluation*
- *Obtain order for other discipline prior to post-op*

Pre-amputation Evaluation should include:

- Education
- Exercises
- Expectations from our staff
- Equipment needs
- Home set up

Post-Amputation Evaluation and follow ups

Therapists are encouraged to communicate with the other discipline & split evals POD1 & POD 2 if able.

- Goals
 - Pain management
 - Phantom pain/sensation (OT)
 - Mirror therapy
 - Desensitization (OT)
 - Healing
 - BKA stump protector
 - Wrapping/shaping limb
 - Maintain ROM
 - Concern for knee flexion, hip flexion, hip abduction, hip ER
 - Positioning in bed – knee in extension, avoid pillow
 - Prone positioning if possible
 - Edema control
 - Shaping of limb/wrapping
 - Stability and mobility
 - Bed mobility
 - Sitting balance
 - Single leg standing
 - Transfers (if appropriate)
 - Strengthening
 - Strengthening of residual limb
 - Strengthening of sound limb
 - B UE strengthening
 - Sound limb care and strength
 - Increased load on limb can cause vascular/skin issues-comorbidities
 - Foot inspection/care
 - Self-care: EOB ADLs (core strength)
 - Education
 - Community Resources
 - Education booklets

PT Specific:

- Exercises: glut sets, quad sets, hip extension, bridging, tricep dips
 - Attempt prone if possible
- Education: sound limb safety/strength, skin checks, maintain ROM for prosthetic

OT Specific

- Desensitization and phantom pain
- UE therex/theraband
- Self Care
- Psychosocial issues