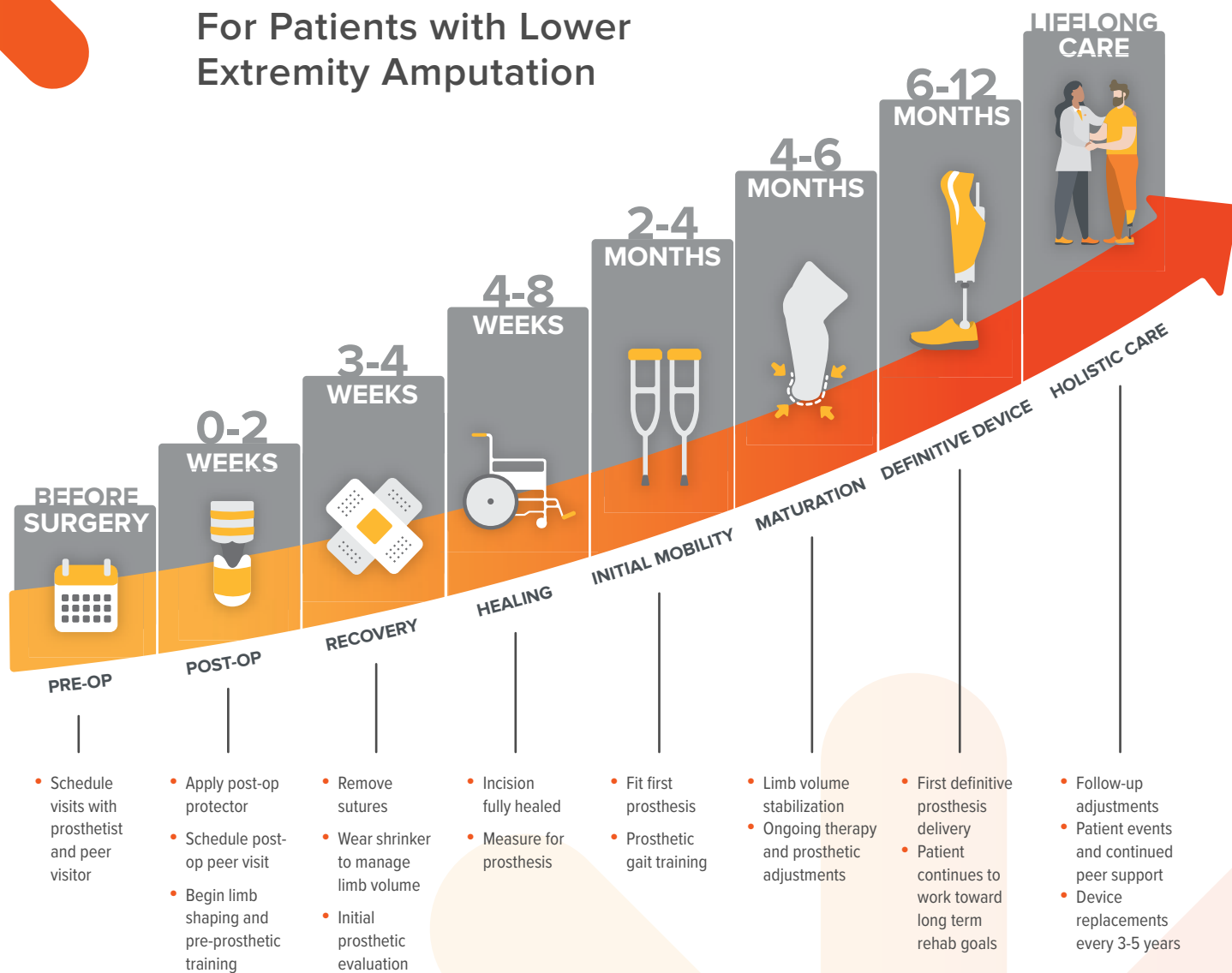


GENERAL REHABILITATION TIMELINE

For Patients with Lower
Extremity Amputation



Therapy is recommended before, during, and after prosthetic fitting. Individual experiences will vary.



To learn more about the AmpuShield®, peer support programs,
and patient events, visit [HangerClinic.com](https://www.hangerclinic.com)

OUTCOMES FOR **LIMB MANAGEMENT**

Over 35 years of clinical studies have documented the advantages of removable rigid dressings to optimize patient outcomes through contracture prevention, wound protection, faster healing time and return to activities of daily living, while allowing for easy and frequent wound inspection.

Modality	Cost	Ease of Application and Wound Inspection	Wound Healing	Protection from Trauma	Post Operative Edema Reduction	Post-Op Pain vs. No Compression	Knee Flexion Contracture Risk	Time to First Prosthetic Fitting vs. Soft Dressing	Peer Support Program
AmpuShield®	Moderate	Easy	Reduces time to primary healing	Excellent	Good	Reduces pain	Low	Shortened	Yes
Immediate Post-Op Prosthesis (IPOP) or Rigid Cast-Hand Formed (Non-removable, Non WtB)	High	Difficult. Trained, on-call staff required. Not removable by patient or floor staff.	Reduces time to primary healing if weight bearing limits are not exceeded.	Very good	Good, but requires regular cast changes.	Reduces pain	Low	Shortened	No
Removable Rigid Dressing, Hand-Formed	Moderate	Difficult. Initially applied by trained staff then easily removed.	Reduces time to primary healing.	Very good	Good, but requires regular addition of socks and recasting.	Reduces pain	Moderate	Shortened	No
Shrinker Sock	Low	Moderate. Requires hand strength and dexterity, may tension suture line.	Used after primary healing has occurred.	None	Moderate	Some reduction	Very high	No effect	No
Soft Gauze with Ace Wrap	Low	Moderate. Wrapping requires skill and frequent reapplication.	Little impact on primary or secondary healing.	None. Risk to skin of incorrect application.	Good if applied correctly and reapplied 3x day.	Some reduction	Very high	No effect	No
Soft Gauze without Ace Wrap	Low	Easy	Little impact on primary or secondary healing.	None	Poor	Significant pain	Very high	Prolonged	No
Knee Immobilizer	Low	Easy	No impact on primary healing.	None	Minimal	Some reduction	Low	No effect	No

CP = Certified Prosthetist **MD** = Physician **OR** = Operating Room **PT** = Physical Therapist **UE** = Upper Extremity **WtB** = Weight Bearing

AMPUTEE **PEER SUPPORT**

Evidence shows that the most effective way for patients to adjust to life with limb loss is through education and emotional support from peers who have successfully moved forward after amputation. Peer visitors are uniquely qualified to help amputees cope because they have first-hand experience overcoming negative emotions during their own recovery and rehabilitation process.

BENEFITS INCLUDE:

- More successful rehabilitation outcomes
- Improved ability to cope with depression, fear and feelings of helplessness
- Faster acceptance of a prosthesis and return to activities of daily living
- Social interaction and participation in activities
- Greater preoperative impact than education alone

92%

OF PATIENTS INDICATED THAT A PEER VISIT SUBSTANTIALLY IMPROVED THEIR OUTLOOK*

*References 1. Sumpio B, Shine S, Mahler D, Sumpio A. A comparison of immediate postoperative rigid and soft dressings for below-knee amputations. *Ann Vasc Surg* 2013;27:774-780. 2. Gooday, H, Hunter, J. Preventing falls and stump injuries in lower limb amputees during inpatient rehabilitation. *Clinical Rehabilitation* 2004; 18: 379 /390 3. Taylor, L, Cavenett, S, Stephien, J, Crotty, M. Removable rigid dressing: A retrospective case-note audit to determine the validity of post-amputation application. *Prosthetics and Orthotics International*, 32(2): 223-230, June 2008. 4. Hidayati E, Ilyas E, Murdana I, Tarigon T, Werdhani R. Efficacy of removable rigid dressing after transtibial amputation in diabetes mellitus patients. *Med J Indones*. 2013;22:16-21. Table 2 adapted from Lusardi (2013), Table 20 - 7, page 562. Comparison of various postoperative options for management of new transtibial residual limbs following amputation. *1. Rogers J et al. The use of groups in the rehabilitation of amputees. *Int J Psych Med*. 1977 - 1978 ;8(3):243-55. 2. May CH, McPhee MC, Pritchard DJ. An amputee visitor program as an adjunct to rehabilitation of the lower limb amputee. *Mayo Clin Proc*. 1979 Dec;54(12):774-8. 3. Fisher RF. Amputee visitor program. *Physiotherapy Canada* November/December 1997; Vol 39, No. 6 4. Jacobsen J. Nursing's role with amputee support groups. *J Vas Nurs*. 1998;16(2):31-4. 5. Fitzgerald DM. Peer visitation for the preoperative amputee patient. *J Vas Nurs*. 2000;18:41-6. 6. Williams RM et al. A two-year longitudinal study of social support following amputation. *Disabil. Rehabil*. 2004;26(14-15):862-874. 7. Marzen-Groller K, Bartman K. Building a successful support group for post amputation patients. *J Vas Nurs*. 2005;23:42-45.