



**amputee
coalition**TM



Beginning Your New Journey



Below-Knee Amputation

WELCOME!

The Amputee Coalition is a national non-profit organization dedicated to supporting individuals affected by limb loss and limb difference. Established with a mission to empower this community through education, support, and advocacy, the Amputee Coalition provides a comprehensive array of resources to enhance the quality of life for amputees.



The organization offers extensive peer support programs, educational materials, and a wealth of information on health and wellness. They actively engage in advocacy efforts to improve public policy and healthcare access for amputees. The Amputee Coalition also hosts events and initiatives aimed at fostering community, raising awareness, and promoting positive change.



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coalition™**

Through their dedicated efforts, the Amputee Coalition strives to ensure that no amputee feels alone and that every individual has access to the tools and support they need to live life fully.



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What will my life look like going forward?

After a below-knee, or transtibial, amputation, you probably have a lot of questions. What's next? How will I get around? What will my life look like going forward? There are many people, groups and organizations that can help guide you and your family along the path to recovery. This booklet is just one of the resources available from the Amputee Coalition to help you.



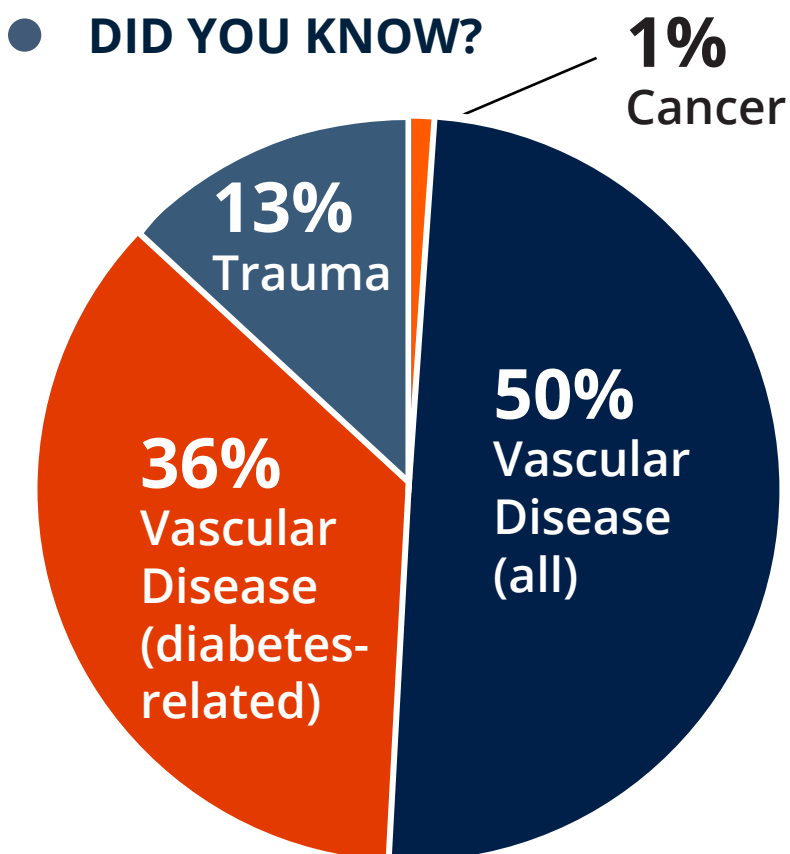


INCIDENCE AND PREVALENCE

Nearly 2 million people in the United States are living with limb loss.¹ Of those, about 1.3 million – 65 percent – have an amputation affecting a lower limb.¹ More than 680,000 individuals in the United States are living with a below-knee amputation. Between 1993 and 2012, an average of 132,723 lower-limb amputation procedures were performed in the United States.² Just over 22 percent of those procedures were below-knee amputations.²

Major Causes of Lower-Limb Amputation

The majority of lower-limb amputations are due to complications from vascular disease and diabetes. Other major causes of lower-limb amputation include infection and trauma. Only 1 percent of lower-limb amputations are the result of cancer.



● FIRST 12 MONTHS AFTER A BELOW-KNEE AMPUTATION



A few weeks after surgery, your sutures and staples will be removed. You will then transition to wound care and pain management. Sometime during the first three months, your surgeon will release you from his or her care, and your primary care physician or a physiatrist – physical medicine and rehabilitation (PM&R) physician – will take over.

Note: Prosthetic device fitting and training may begin sooner than two weeks after surgery. You may be fit with a shrinker sock within the first week to begin to shape your residual limb for prosthetic device fitting.

WHAT TO EXPECT IN THE FIRST THREE MONTHS

FIRST TWO WEEKS

- Swelling
- Mild to moderate pain
- First physical therapy consultation

TWO TO FOUR WEEKS

- Swelling subsides
- Suture line showing signs of healing
- Minimal drainage
- Pre-prosthetic therapy begins

FOUR TO SIX WEEKS

- Begin physical therapy. Therapy can occur outpatient, in a skilled nursing facility, or in the home, depending on your needs.
- Begin weight-bearing exercises

EIGHT TO 12 WEEKS

- Continue physical therapy
- First prosthetic fitting

• R E H A B I L I T A T I O N

Rehabilitation following a below-knee amputation is different for everyone. The following information should give you a general idea about what to expect.

During the first 12 months, many different healthcare professionals will help you with your physical and emotional recovery. Some of these healthcare providers will be a part of your life for a short time and others will become lifelong care providers. Generally speaking, outcomes are improved when rehabilitation occurs in a team environment. Your rehabilitation care providers should communicate with you and each other to help you to recover and regain as much function as possible.

You should know and understand your K level and how it will impact the type of prosthetic device you will be working with. If there are activities you are interested in returning to (golf, running, working, etc.), be sure your physician and your prosthetist are aware of your goals.



● MEMBERS OF YOUR **HEALTHCARE TEAM**

Physician/Physiatrist

Your primary care physician or physiatrist (physical medicine and rehabilitation physician) is the lead physician on your **rehabilitation team** and manages your rehabilitation care plan. This physician focuses on pain management and medications. They are also your main referral source for emotional healthcare, physical therapy, prosthetic treatment, social services, and return-to-work issues.

- Transfer safely from different positions, such as from a bed or a chair
- Position your residual limb to prevent contractures (see Range of Motion and Flexibility, pg. 13)
- Learn exercises to develop upper-body, core, and sound-side leg strength
- Improve your gait (walking) and balance.

After you select the type of assistive device that will work the best for you, your physical therapist will teach you how to use it safely and effectively.

Physical Therapist

Whether you decide to wear a prosthesis or not, you should start working with a physical therapist as soon as possible after your amputation. You will require weekly visits to your physical therapist for several months to properly prepare you for daily mobility.

Physical therapists can help you:

- Desensitize your residual limb
- Become comfortable bearing weight on your residual limb
- Learn stretching exercises to develop flexibility and range of motion in your knees and hips



Prosthetist

A prosthetist is an allied healthcare professional who is educated, trained and certified to design, fabricate and fit a comfortable, functional prosthesis. The relationship you have with your prosthetist will be long-term. It is important to find a prosthetist you are comfortable working with. Initially, you will meet with your prosthetist several times during the first month after surgery. He or she will fit you with an elastic sock, called a shrinker, which will help shape your residual limb for initial prosthetic fitting.

If you decide to be fitted with a prosthetic device, your prosthetist will show you how to put it on (don), take it off (doff), make adjustments, and care for it. After you and your prosthetist reach a comfortable fit with your prosthetic device, visits with your prosthetist will continue to be regular but less frequent.





● CHOOSING A PROSTHETIST

Questions to Ask Potential Prosthetists:

1 EXPERIENCE

Is the prosthetist trained to work with people who have your type of amputation? How many people has he or she fit with your amputation level? How many in the past six months? The past 12 months?

2 REFERENCES

Would any of these people be willing to provide a reference? Ask about the prosthetist and the solution the prosthetist provided.

3 CERTIFICATION

Is the prosthetist certified by one or both of the national professional certification organizations?

1. American Board for Certification in Orthotics, Prosthetics and Pedorthics (ABC)
2. Board of Certification/Accreditation (BOC)

4 DEDICATION

Is the prosthetist willing to work with you to find the most appropriate prosthetic tools to use in your daily activities?

Considerations When Evaluating the Quality of a Prosthetic Company:

LOCATION

If the facility is too far away, it may discourage you from keeping appointments.

LONGEVITY

How long has the prosthetic company been in business?

FACILITY

Is the facility clean and accessible?

REPUTATION & SERVICES

Does the company have a reputation for quality lower-limb prosthetic care? Is the staff friendly and helpful? Does the company have a program for addressing complaints or problems? Does it accept your insurance? Will the company help you with any insurance issues? Are



there options for payment plans? Is there someone available to help you in case of an emergency?

Unlike other types of medical care, **prosthetic care is not a fee-for-service system**. In other words, you will not be charged for each individual office visit. **Consultation, evaluation, authorization, fitting, delivery and follow-up care should be rolled into the cost of the prosthetic device. Be sure to ask your prosthetist if there are any limits on the length of time in which follow-up care is included in the initial cost of the device.**

As a person who has experienced an amputation, you will see your prosthetist regularly to adjust the fit of your prosthesis. As the swelling in your residual limb goes away, you will not need to see your prosthetist as often. However, it is a good idea to maintain a regular follow-up schedule to address any issues with socket fit and comfort and keep your prosthesis in good working order.

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For additional information on choosing a prosthetist:

- Contact the Amputee Coalition National Limb Loss Resource Center®
 - View the brochure, **Working Together for a Successful Outcome**, a collaborative effort of the Amputee Coalition and the American Academy of Orthotists and Prosthetists (AAOP):
[Amputee-Coalition.org/resources/a-successful-outcome](https://amputee-coalition.org/resources/a-successful-outcome)
-

● WORKING WITH CASE MANAGEMENT

Your hospital or insurance company may assign a case manager or social worker to help coordinate care and insurance benefits on your behalf. Depending on your situation, case managers perform the following services:

- Develop a hospital discharge plan; this involves assessing your condition, needs, abilities and goals and developing a plan to help you achieve those goals
 - Identify appropriate healthcare providers to serve you throughout your rehabilitation process
 - Ensure that healthcare services are provided in a timely and cost-effective manner.
- Communicate openly and honestly with your case manager about your needs. This professional can help to ensure you have access to the services you need if they are available in your community.**

Patient Navigator

If you do not have a case manager, the Amputee Coalition can connect you with a Patient Navigator. They are available to discuss your questions related to health insurance, healthcare planning, and can help you prepare questions for your upcoming medical appointments. They can also help you to determine if a case manager is available to you through your health insurance or hospital. However, Patient Navigators are not case managers and cannot provide the same level of assistance that a case manager could. Additionally, they cannot offer any medical advice.

To connect with a Patient Navigator, contact the National Limb Loss Resource Center® by phone or online at www.amputee-coalition.org/limb-loss-resource-center/connect-with-a-patient-navigator/

● COMMON ISSUES

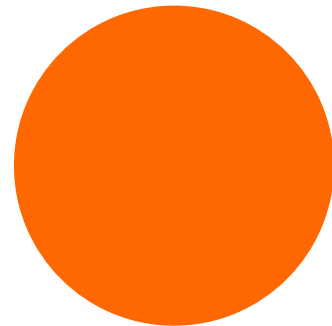
Skin Issues

Skin issues are common among individuals with an amputation, especially among prosthetic users. Approximately 75 percent of lower-limb prosthesis users experience skin problems.



Common Skin Issues Among Lower-Limb Prosthesis Users

- Softening and breakdown of the skin (maceration)
- Pressure sores and blisters
- Irritant contact dermatitis
- Allergic contact dermatitis
- Skin rash (Negative pressure hyperemia)
- Infection of hair follicles in the skin (folliculitis)
- Tender, swollen mass filled with pus (abscess)
- Abnormally dry skin (xerosis)



Some skin issues can be resolved with the use of over-the-counter topical preparations. If you encounter a skin problem that will not go away or heal, contact your prosthetist. Some persistent problems can be resolved with a prosthetic adjustment. Others may require medical intervention.

TIP: Inspect your residual limb regularly using a long-handled mirror to identify skin problems early.

Fall Risk

Your balance is different after amputation. Individuals with lower-limb amputation have an **increased risk of falling**. You may have reduced sensation in both your amputated and sound-side limb, which can also contribute to fall risk. To minimize your fall risk, your physical therapist will work with you on **gait and balance training**. This training teaches you to stand, balance, and walk safely and confidently with your prosthesis.

Residual Limb Changes

During the first year after your amputation, your residual limb will change in size and shape. These changes are the most pronounced in the first year after amputation, but you will continue to experience changes throughout your life. Individuals with a lower-limb amputation typically experience two types of residual limb volume changes:

1. The **maturation process** occurs over the first three to six months of wearing prosthesis
2. **Daily fluctuation** occurs every day, from morning to night.

TIP: Prosthetic socks can be used to manage volume changes. (See also Liners, pg. 17.)



Skin issues, falls and residual limb changes are common issues for individuals with a below-knee amputation.



● 10 TIPS FOR INJURY P R E V E N T I O N

1. Ensure your prosthesis fits correctly at all times. Check your skin after each time you wear your prosthesis. Inform your prosthetist of any discomfort.
2. Ensure your prosthesis is set at the appropriate height.
3. Use your prosthesis correctly at all times. Follow wear program directions given by your prosthetist.
4. If you can't or don't want to wear your prosthesis, assess your risk and have a plan for getting safely from point A to point B.
5. Never hop on your sound-side limb.
6. Be prepared for times when you are not able to use your prosthesis. Know how to function in your home with or without it.
7. Be aware that medications and/or alcohol can impair your sense of touch, balance, judgment and other bodily functions.
8. Maintain good posture while sitting or standing.
9. Develop close professional and support relationships with your physician, prosthetist, therapist and other prosthesis users so you know where to turn for help if you need it.
10. Take advantage of programs and services offered by professional organizations like the Amputee Coalition to increase your knowledge, support and sense of connectedness.

Preventing injury and other health conditions is an important part of living well with limb loss.

● DESENSITIZATION TECHNIQUES

After amputation surgery, your healed incision site may become hypersensitive to touch and pressure. This can make wearing bandages or a prosthetic device painful. The following techniques can help reduce hypersensitivity.



Some of these techniques can also help reduce **phantom limb pain** (see also Secondary Conditions, pg. 23).

1. Massage

Using one or two hands, massage your residual limb using a soft, gentle kneading motion. Massage your entire residual limb. Initially, be cautious over and around your sutured area.

Frequency: 3-4 times daily for 5 minutes.

2. Tapping

Tap your residual limb with your fingertips. Gentle tapping over the suture line is generally OK even before your sutures are removed. Be careful not to tap with your fingernails.

Frequency: 3-4 times daily for 1-2 minutes.

3. Desensitization

Gently run a cotton ball over the skin of your residual limb using a circular motion. When you can tolerate this, progress to a rougher material like a paper towel. When you can tolerate a paper towel, progress to a terry cloth towel.

Frequency: Once daily when you bathe.

4. Scar Mobilization

Place two fingers over a bony portion of your residual limb. Press firmly and, keeping your fingertips in the same place on the skin, move your fingers in a circular motion across the bone. Continue for one minute. Repeat on all of the skin around the bone of your residual limb. Once your incision is healed, you can perform this procedure over your scar.

Frequency: Once daily when you bathe.

● RANGE OF MOTION AND FLEXIBILITY

After a below-knee amputation, one of the things your physical therapist will focus on is preventing contractures, a loss of range of motion at one or more of the joints. The most common contracture following a below-knee amputation occurs at the knee when it becomes flexed and is unable to straighten all the way. Contractures can be painful. If not addressed following surgery and throughout your recovery and rehabilitation process, they can become permanent. They also can make wearing a prosthesis difficult.

Depending on your overall health and underlying medical conditions, your physical therapist will begin teaching you range of motion and flexibility exercises as soon as possible after your amputation. Among other things, you will work on building and maintaining flexibility in your knees, hips, torso and lower back. Keep up with these activities even after your physical therapy sessions are over. If your needs or medical condition changes, you can always revisit your therapist to learn new or revised activities.



● KNOWING & UNDERSTANDING YOUR K LEVEL

Your healthcare team will assess your current activity level as well as your potential functional ability with a prosthesis to determine the most appropriate prosthetic device for you. The K level determination will be initiated by your physician. Be sure your physician has a clear understanding of your goals with a prosthetic device. Communication between your prosthetist and your physician should be

encouraged. The Centers for Medicare and Medicaid Services, and most other insurers, use the **K Level** system to classify functional ability of individuals with lower limb amputation and determine eligibility for prosthetic components. Medicare uses this system to ensure the prosthetic device you are provided with is medically necessary.

Medicare K Levels³

K LEVEL	DESCRIPTION	FOOT/ANKLE ASSEMBLIES
K0	Does not have the ability or potential to ambulate or transfer safely with or without assistance. A prosthesis does not enhance their quality of life or mobility.	Not eligible for prosthesis.
K1	Has the ability or potential to use a prosthesis for transfers or ambulation on level surfaces at fixed walking speeds. Typical of the limited and unlimited household ambulator.	External keel, SACH feet or single-axis ankle/feet.
K2	Has the ability or potential for ambulation with the ability to traverse low-level environmental barriers such as curbs, stairs or uneven surfaces. Typical of the limited community ambulator.	Flexible-keel feet and multi-axial ankle/feet.
K3	Has the ability or potential for ambulation with variable cadence. 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 use beyond simple locomotion.	Energy Storing Energy Return feet (ESER) Microprocessor ankles.
K4	Has the ability or potential for prosthetic ambulation that exceeds basic ambulation skills, exhibiting high impact, stress, or energy levels. Typical of the prosthetic demands of the child, active adult or athlete.	Any ankle/foot system appropriate.

● INSURANCE COVERAGE AND REIMBURSEMENT

Typically, prosthetic devices are partially covered by insurance plans. All insurance plans are different, so read your insurance policy and understand what type of prosthetic coverage it provides. Look for annual or lifetime caps on prosthetic coverage as well as any exclusions. Ask your prosthetist if he or she requires a copay and, if so, how much.

For more information about insurance and reimbursement, read the Amputee Coalition's guide, **Insurance Coverage and Reimbursement: How to Be Your Own Advocate.**



It is essential to advocate for yourself when dealing with insurance coverage for prosthetic and assistive devices.

● PROSTHESIS DESIGN OPTIONS

A standard below-knee prosthesis is made from the following components:

- Sleeve
- Liner
- Socket
- Pylon
- Foot



The **prosthetic socket** fits over your residual limb and is the most important part of your prosthesis. Your prosthetist should work with you to ensure your socket fits well, is comfortable, and suits your lifestyle. A socket that doesn't fit well can be painful and cause sores and blisters to form on your residual limb. If your socket is uncomfortable, you're probably going to have trouble wearing your prosthesis.



Socket Design Options

- A **silicone suction socket** incorporates a cushioned silicone liner, a suspension sleeve, and a supportive carbon fiber outer frame.
- A **vacuum-assisted suspension system (VASS)**⁴ is designed to be used with vacuum suspension systems. The system consists of a liner, suspension sleeve, and an air evacuation pump. The system creates a vacuum between the liner and the socket wall, which holds the prosthesis onto the residual limb.

- A **dynamic suction socket** incorporates a thin, bio-elastic socket and a supportive carbon fiber outer frame. This type of socket strengthens the muscle in the residual limb by allowing it to fire freely into its own compartment within the socket.
- **Dynamic sockets** are adjustable with a system to tighten or loosen socket fit. The socket is designed with adjustable panels that can tighten or loosen.

Liners

The socket connects your residual limb to the rest of the prosthetic components. An additional layer, called a **liner**, fits over your residual limb and provides a barrier between your skin and the socket. The liner provides cushion, comfort and a better fit for your socket.

A prosthetic **sock** is usually worn over the prosthetic liner and can help to manage residual limb volume changes. These socks come in different sizes, materials, and thicknesses, or plies. You will have to experiment with different sock ply combinations to figure out what works best for you.

Suspension Systems

A **suspension system** is used to secure the prosthesis to the body. A secure **suspension system** is necessary to keep your prosthesis from falling off. There are a number of types of **suspension systems**:

- In a sleeve suspension system, a suspension sleeve is rolled over the prosthesis, extending onto the skin of the residual thigh to seal off the top of the socket to prevent air from entering or exiting. The sleeve sometimes incorporates a socket valve that releases air as you walk, sit or stand. This results in suction suspension.
- Pin suspension systems use a silicone liner with a pin at the end. The pin is inserted into a lock built into the bottom of the socket.
- Cuff suspension incorporates a strap that wraps around the thigh just above the knee and is attached to the sides of the socket.

- In a **vacuum suspension system**, a liner is donned onto the residual limb, and a vacuum pump actively draws air out of the area between the liner and the prosthetic socket, creating a seal. Elevated vacuum suspension may improve total contact between the residual limb and the socket.

Prosthetic Ankles and Feet

The type of prosthetic foot and ankle that is incorporated into your prosthesis depends on your activity level, functional ability, and lifestyle.

- **Solid ankle cushioned heel (SACH)** feet are the most basic feet. They have limited movement at the heel and toe sections. SACH feet are typically used by people who do a limited amount of walking with little variation in speed.
- **Single-axis feet** have a single ankle joint that allows the foot to move up and down. Single-axis feet are typically used by people who need extra stability.
- **Multi-axis feet** have two or more joints that allow the foot to move up and down and side to side. They are used by people who need a lot of foot movement for activities like hiking, golfing and dancing.

- **Dynamic-response feet** have full-length, flexible foot plates that store and release energy during walking. The foot plate provides a sense of push-off, which results in more natural walking. Dynamic response feet are usually good for more active individuals.

Finishing Techniques

You can change how your prosthesis looks to suit your personal style. However, it is important to note that covers will add a **significant** amount of weight to your device and can compromise the function of the components. There are a variety of different finishing options available to you.

- **Cosmetic** covers are typically made of silicone or foam and are designed to look like your natural limb.
- **Prosthetic sleeves** are Spandex or Lycra covers that slip over the prosthetic socket. They come in a variety of patterns and colors. Prosthetic sleeves can also be permanently adhered to the socket as a part of the lamination process.

- **Fairings** are customizable, removable covers that snap over the prosthesis. 3D scanning technology captures the shape of the sound-side leg, and the fairing is printed using 3D printing technology. Fairings can be made with a variety of materials, such as plastic or leather, and can be customized with many types of pattern or cutouts.
- Designs can be **airbrushed** or **painted** onto a prosthetic socket, using a process similar to that used to paint automobiles and helicopters.



● PROSTHESIS

A **prosthesis** is a tool that can help you regain independence and reach your activity goals after amputation. While your overall health and secondary medical conditions are factors in whether or not you are able to use a prosthesis, the most important consideration is whether you want to use one.

Consider the following questions when deciding whether or would like to use a prosthesis:

- What do you expect from prosthesis use?
- What activities would you like to do?
- Do you want to walk or run?
- Do you care about the way your prosthesis looks?

Some people decide that a prosthesis is not for them; others choose to use a prosthesis part-time. Still others use a prosthesis in combination with another assistive device like a cane.

No one device is right for everyone. The key to success is working with your doctor, prosthetist and therapists to address your needs and concerns. Base your decision on what works best for you.

No one prosthetic device is right for everyone. The best device is the one that allows you to live the life you want.



● ASSISTIVE DEVICE OPTIONS

Task-and Location Specific Assistive Devices

Even if you use a prosthesis full-time, there are times when you may still need to use an assistive device (e.g., kneeling walking scooter, crutches or cane), such as:

- Getting up in the middle of the night
- Showering/bathing
- Swimming

Wheelchair Options

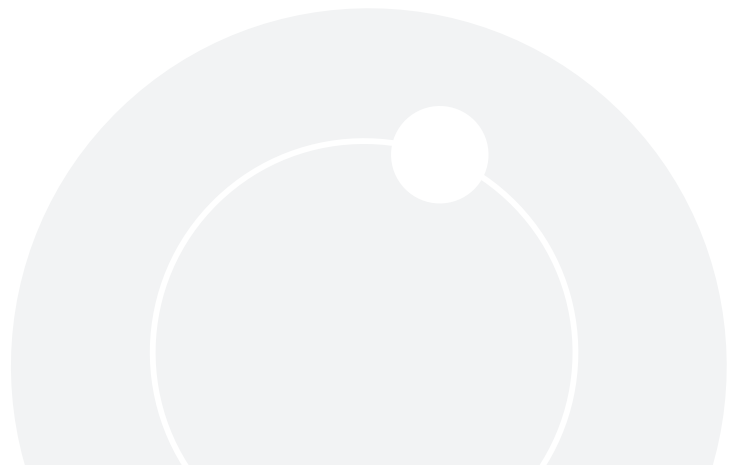
Similar to prosthetic devices, wheelchairs can be customized to meet your individual mobility needs and goals. Before selecting a wheelchair, assess your needs and the type of assistance you expect from a wheelchair. Consider your body strength, whether you plan to transport the chair, and what types of activities you wish to perform in the chair. Types of Wheelchairs:

- Manual wheelchair
- Ultralight or sports wheelchair
- Motorized wheelchair

Your physical therapist can help you choose a wheelchair that is most appropriate for your lifestyle. **Keep in mind that, in the eyes of your insurance company, motorized wheelchair use may disqualify you from prosthetic device coverage.**

Other Assistive Device Options

You will probably use several assistive devices during your recovery and rehabilitation process. As your strength improves and your confidence grows, the amount of support you need from an assistive device will decrease. If you use a prosthesis, you may progress to the point where you don't need an additional assistive device at all. As you get older, you may come back to using one or more additional assistive devices.



Progression of Assistive Devices

Less
Dependent



More
Dependent

- None
- Walking Cane
- Quad Cane
- Single Forearm Crutch
- Single Crutch
- Forearm Crutches
- Crutches
- Rolling Walker
- Walker
- Parallel Bars (used therapeutically)
- Manual Wheelchair
- Motorized Scooter
- Motorized Wheelchair (may disqualify you from prosthetic use)



● SECONDARY CONDITIONS

Pain is the most common secondary condition of limb loss. Phantom limb sensation, residual limb pain or back/spine pain affects about 95 percent of individuals with an amputation.

An estimated 80 percent of individuals with an amputation suffer from **phantom limb sensation**. Phantom limb sensation may feel like electrical shocks, burning, cramping, pressure or tingling.

If you are having pain of any kind, talk to your medical provider. While there is no therapy available that claims to cure phantom limb pain, a comprehensive pain management plan can help to address the different kinds of pain you may have and help reduce the likelihood of pain medication misuse or abuse.

Other common secondary problems result from **overuse syndrome** (repeated over-reliance on the sound-side limb). Stress from overuse syndrome can result in osteoarthritis, **osteoporosis** and **back pain**.

TIP: To help avoid or address secondary conditions, maintain regular appointment schedules with your doctor, prosthetist and physical therapist.

For more information and resources on managing pain and/or secondary conditions, contact the National Limb Loss Resource Center®

● EMOTIONAL SUPPORT

Limb loss has a significant emotional impact on you and your family. You may experience a range of emotions during the first 12 months after your amputation, and maybe even longer.

Relationships

Limb loss can affect your body image and relationships. Some individuals who have experienced an amputation avoid relationships because they are worried that people won't like them. Some stay away from friends, relatives and strangers due to fear of rejection. These fears are almost always unfounded. Remain involved with people you know, and share your feelings with them.

Body Image Issues and Intimacy

Body image is the way you feel about how you look. When you don't like the way you look or don't look the way you think you are expected to look, it may be hard to accept yourself or be accepted by others.

A negative body image can also limit your intimacy. Talk with your partner about

how your changed body looks, feels and works. Talking about your feelings can help alleviate fear of rejection and prevent misunderstandings and hurt feelings.

If you catch yourself being self-critical, replace those messages with positive ones. When you project yourself as comfortable and at ease with who you are, others tend to be more at ease, too.



Avenues for Emotional Support

Friends and family are important members of your emotional support network. However, it also can be helpful to establish friendships with other individuals who have experienced an amputation. People who have gone through the same thing you have and who understand your challenges are in an excellent position to provide you with perspective and hope.

The Amputee Coalition offers many avenues for emotional support:

- Peer Visitor program
- Support and social groups
- Promoting Amputee Life Skills (PALS) course
- Amputee Coalition page on Facebook



The **Your New Journey folder** describes these programs in more detail.

If you are having difficulty coping or are experiencing significant emotional distress, you should talk with a counselor or mental health professional who can help you to establish healthy coping mechanisms.



● HOME MODIFICATION

Your home may need modifications so that you can get around it the way you did before your amputation. Adaptability features are quick changes that can be made to accommodate your needs without having to completely redesign your home.

- Installing grab bars in bathrooms.
- Installing hand rails in entryways.
- Installing swing-out hinges to widen doorways.
- Installing a walk-in bathtub



If you are purchasing or renovating a home, look for homes or plans that incorporate universal design elements. Universal design uses ergonomic principles to increase efficiency, reduce repetitive stress to the body, and eliminate barriers and hazards to promote safety, independence and dignity. Universal design incorporates some or all of the following features:

- Wider hallways and doors
- Barrier-free entrances
- Adjustable closet rods, shelves and counters
- Adjustable closet rods, shelves, and counters
- Touch switches.

● VEHICLE MODIFICATION

Almost any type of car, minivan, SUV or truck can be modified so that individuals with an amputation can drive them. **Hand controls** allow drivers to operate gas and brake controls by hand instead of by foot. In most cases, the original pedals are not affected, so other people can drive the vehicle normally. **Left foot gas pedal** adaptations for automatic vehicles provide an accelerator pedal to either side of the brake pedal.

If you are considering modifying your vehicle with accessibility controls, you must be evaluated, trained and endorsed by a certified driver rehabilitation specialist (CDRS) before operating the vehicle. Check with your insurance carrier and your state Department of Motor Vehicles to find out more information on any additional requirements.

● CONNECTING WITH LOCAL RESOURCES

The Amputee Coalition operates the National Limb Loss Resource Center® to connect individuals with limb loss, their family members and caregivers to information and resources to help them live independently with limb loss. Our resource specialists can connect you to

programs, services and other resources available in your community.

National Limb Loss Resource Center®

Phone: 888-267-5669

Web: Amputee-Coalition.org

● SPECIALTY PROSTHETIC COMPONENTS

Lower-limb prosthetic devices are designed to replace the function and/or appearance of your missing lower limb, but they are generally not designed to tackle high-endurance activities like distance running or sprinting. Fortunately, there are a variety of activity-specific feet and legs that can help you take on just about any activity you are interested in. These include:

- Running legs and running feet
- Swim legs
- Biking legs and cycling feet
- Rock-climbing legs and feet
- Shower legs
- Ski legs and feet
- “House” leg – a basic leg just functional enough to get around the house, use the bathroom, etc.



Ask your prosthetist if you are interested in an activity-specific prosthetic device. Keep in mind that most insurance carriers may not pay for a secondary leg.

● RESEARCH AND DEVELOPMENT

Prosthetic devices and socket technology are improving all the time. Here is just a glimpse at some new and developing technologies and procedures for lower-limb prosthesis users:

- **Osseointegration** is a method of directly attaching a prosthetic limb to an individual's body through a surgically attached, permanent, bone-anchored titanium implant. Osseointegration eliminates the prosthetic socket. As a result, individuals do not have any of the issues associated with socket wear. However, the procedure comes with a lengthy rehabilitation process and an increased risk for infection. The U.S. Food and Drug Association (FDA) authorized use of a Swedish prosthetic osseointegration implant system for individuals with a lower-limb amputation in 2015.
- Researchers are exploring ways to restore lower-limb function to individuals with spinal cord injury. **Neuroprosthetics** allow for individuals with spinal cord injuries to control prosthetic devices with their mind. Research in this area has implications for future neuroprosthetic devices for individuals with an amputation.
- **Powered robotic foot/ankle devices** may allow individuals with an amputation to walk more naturally, improve their balance, and eliminate compensatory movements that may be necessary with currently available lower-limb prosthetics.
- Research is currently under way to create a more comfortable **prosthetic socket** that improves hip range of motion and connectivity between the residual limb and prosthesis. Researchers are also working on the development of a dynamic prosthetic socket that monitors and adjusts to residual limb volume changes.
- **Phantom limb sensation** research is ongoing. This research could help to improve the quality of life for millions of individuals who have experienced an amputation.

The Amputee Coalition is committed to promoting research that improves the lives of those affected by limb loss. To learn about Amputee Coalition research partnerships or to find an active study seeking participants, visit [Amputee-Coalition.org/research](https://amputee-coalition.org/research).

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Prosthetic technology is rapidly advancing. Magazines like inMotion can help you stay informed of the latest advances in prosthetic technology.

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● MORE RESOURCES

This booklet is just one of the resources the Amputee Coalition provides to help amputees live well with limb loss. For more information, check out these additional resources on our Web site:

Amputee Coalition

[Amputee-Coalition.org](https://amputee-coalition.org)

National Limb Loss Resource Center®

[Amputee-Coalition.org/limb-loss-resource-center](https://amputee-coalition.org/limb-loss-resource-center)

Resources by Amputation Level

[Amputee-Coalition.org/limb-loss-resource-center/resources-by-amputation-level](https://amputee-coalition.org/limb-loss-resource-center/resources-by-amputation-level)

How to Find Support

[Amputee-Coalition.org/support-groups-peer-support/how-to-find-support](https://amputee-coalition.org/support-groups-peer-support/how-to-find-support)

Events and Programs

[Amputee-Coalition.org/events-programs](https://amputee-coalition.org/events-programs)

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● ABOUT THE AMPUTEE COALITION

The Amputee Coalition is a donor-supported, voluntary health organization serving the nearly 2 million people with limb loss and more than 28 million people at risk for amputation in the United States.

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