

Care of the Below the Knee Amputee

	Hospital Days 1-3	Days 4- 8	Days 8 - Discharge
<b>M o b i l i t y</b>	<p><b>ESTABLISH MOBILITY LEVEL &amp; COMMUNICATE TO TEAM</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Complete PT/OT evaluations: MMT (include interossei and grip strength)/ ROM/Circumferential measurement of residual limb/skin assessment for sound and residual limb and pain assessment.</li> <li><input type="checkbox"/> Set goals based on impairments and home environment barriers.</li> </ul> <p><b>ASSESS POSITIONING</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Review proper positioning with patient and post diagrams displaying proper positioning for sitting and supine.</li> <li><input type="checkbox"/> W/C- apply gerber attachment stump support to replace LE foot rest.</li> </ul> <p><b>ASSESS VISION</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Perform vision screen with standard visual acuity tests.</li> <li><input type="checkbox"/> Make referral to vision clinic if appropriate.</li> </ul> <p><b>ESTABLISH THEREX PROGRAM</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Supine &amp; seated LE Active Ther-Ex</li> <li><input type="checkbox"/> Progress to standing LE Active Ther-Ex</li> <li><input type="checkbox"/> Stretching exercises for Hip and Knee extension</li> <li><input type="checkbox"/> PROM –prone if tolerated</li> </ul>	<p><b>INCORPORATE BALANCE/WEIGHT SHIFT ACTIVITIES</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Sitting &amp; Standing</li> <li><input type="checkbox"/> Quadriped</li> </ul> <p><b>INCORPORATE EDUCATION</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Fall prevention</li> <li><input type="checkbox"/> Skin inspection- residual and sound limb</li> <li><input type="checkbox"/> Sitting tolerance &amp; changing position every 1 ½ - 2 hours</li> <li><input type="checkbox"/> Proper positioning in bed &amp; chairs</li> <li><input type="checkbox"/> Pain management-self treatment suggestions (handout available at RN station).</li> <li><input type="checkbox"/> Edema management/limb shaping: elevation, ace wrap/shrinker sock if indicated.</li> <li><input type="checkbox"/> Proper hydration and nutrition</li> <li><input type="checkbox"/> Use of adaptive equipment/DME for home</li> <li><input type="checkbox"/> Consult with prosthetist to meet with patient to review prosthetic options if indicated.</li> </ul> <p><b>PROGRESS MOBILITY LEVEL: INCLUDING STAIRS &amp; CAR TRANSFERS</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Caregiver training - may need to bump up/down stairs in W/C if patient not able to hop up and down or does not have prosthesis.</li> </ul> <p><b>INITIATE DISCHARGE PLANNING</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Acquire heights of bed, chairs at home</li> <li><input type="checkbox"/> Home safety information to patient &amp;/or family</li> <li><input type="checkbox"/> Identify appropriate equipment company, per insurance policy &amp; order equipment to be delivered 1 day before discharge</li> <li><input type="checkbox"/> Identify home services vs. outpatient</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Continue to progress mobility, ther-ex and balance activities.</li> <li><input type="checkbox"/> Offer peer visit if appropriate.</li> <li><input type="checkbox"/> Assist patient in signing up for Amputee Coalition of America resources/ newsletter.</li> <li><input type="checkbox"/> Continue providing education.</li> <li><input type="checkbox"/> Complete family teaching to include car transfers &amp; tub/shower transfers if applicable.</li> <li><input type="checkbox"/> Finalize equipment to be ordered &amp; company to be used – if ordering a gerber attachment, patient may need to pay for this equipment.</li> <li><input type="checkbox"/> Order equipment for delivery 1 day before d/c so equipment can be adjusted to patient.</li> <li><input type="checkbox"/> Finalize d/c planning &amp; services, any f/u appointments for patient.</li> <li><input type="checkbox"/> Ensure patient has f/u appointment with surgeon.</li> </ul> <p>Created 6/2015 Last Updated: J. Thompson MS, OTR/L 12/2020</p>