

*Adapted from the 2014 edition of the Amputee Coalition
publication First Step: A Guide for Adapting to Limb Loss*

RECOVERY: Return to a normal condition.

RECOVERY FROM LIMB LOSS: A new normal.

People respond differently to the loss of a limb. How an individual responds might relate to one or more of the following factors:

- Factors associated with the limb loss: Was it congenital, traumatic, disease-related? What is the level of amputation?
- Individual characteristics: What is your age or health status? How will this affect you financially?
- Personality traits: How have you coped with problems before? What is your attitude about your health? Do you feel a sense of control in spite of the loss?
- Physical and social environment: Do you have a support system in place? Are the services you need appropriate and accessible? What are your living arrangements and how might they be modified to accommodate your limb loss?

Recovery is an ongoing process, much like a long and winding road. Although several phases typically occur on the road to recovery, when they will occur for a particular person and in which order is not predictable. Each phase of recovery has special challenges and requires different coping strategies. Unfortunately, some people never completely recover.

Sometimes the road to recovery is bumpy or filled with detours, and a range of emotional issues might arise. The following information describes some of them. We hope that by reading these brief descriptions, you will be able to recognize symptoms early and seek appropriate help when necessary. For additional information, call the Amputee Coalition (888/267-5669) or see the resources listed at the end of this article.

Anxiety disorders are the most common emotional disorders, affecting more than 25 million Americans. These disorders are different from the normal feelings of nervousness or uncertainty that we all have. Untreated anxiety disorders cause you to avoid people, places or situations that trigger or worsen your symptoms. People with anxiety disorders may also suffer from depression or abuse alcohol or drugs to try to cover up or avoid the symptoms. Although treatment takes time, most anxiety disorders respond well to psychotherapy and/or medication.

Generalized Anxiety Disorder (GAD): GAD is characterized by chronic worry and irritability that seem to have no cause. The worry is more intense than the current situation warrants. Restlessness, trouble falling asleep or

staying asleep, and muscle tension are other symptoms. GAD can occur during any phase of recovery from limb loss. Seek support or professional advice if the symptoms are incapacitating or last six months.

Panic Disorder: People with panic disorder experience an overwhelming terror that occurs suddenly and without warning. Symptoms include rapid heartbeat, shortness of breath, fear and a sense of losing control or “going crazy.” Panic attacks might even occur during sleep. Since the attacks cannot be predicted, people may constantly worry about having another one. Panic disorder is often related to traumatic amputations, such as accidents or military injuries, and could begin during any phase of recovery. Seek professional help if you have four or more attacks within a month or have persistent fear that lasts longer than a month following a panic attack.

Phobias: Phobias are irrational fears that lead you to avoid situations that trigger anxiety. The symptoms are similar to those experienced during a panic attack and may occur particularly following a traumatic event. If you experience fear that seems unreasonable or excessive and that interferes with your activities or relationships, seek professional advice.

Post-Traumatic Stress Disorder (PTSD): PTSD can occur in anyone who experiences a traumatic event, especially if that event was life-threatening. The symptoms can range from reliving the event (flashbacks), such as a military injury, to overall numbness. Other symptoms include anxiety, exaggerated or inappropriate startle reactions, nightmares and an inability to sleep. These symptoms may be seen as a common response immediately following the trauma but should be evaluated for ASD (see following description). PTSD requires professional assistance.

Acute Stress Disorder (ASD): ASD occurs in the first month following a traumatic event. The symptoms that define ASD overlap with those for PTSD, although there are a greater number of dissociative symptoms for ASD, such as not knowing where you are, forgetting important parts of the traumatic event, or feeling as if you are outside of your body. ASD is found following car accidents and in victims of violence. ASD is a strong predictor for PTSD, meaning that people who experience ASD are more likely to develop PTSD later on. If ASD symptoms continue for more than a month past the traumatic event, an assessment for PTSD is appropriate.

Additional Information

American Psychiatric Association
psych.org

American Psychological Association
apa.org

American Trauma Society
amtrauma.org

Anxiety and Depression Association of America
adaa.org

Mental Health America
mentalhealthamerica.net

Mental Help Net
mentalhelp.net

National Center for PTSD
ptsd.va.gov

National Institute of Mental Health
nimh.nih.gov

It is not the intention of the Amputee Coalition to provide specific medical or legal advice but rather to provide consumers with information to better understand their health and healthcare issues. The Amputee Coalition does not endorse any specific treatment, technology, company, service or device. Consumers are urged to consult with their healthcare providers for specific medical advice or before making any purchasing decisions involving their care.