

Lower Activity Transfemoral Amputee Case study

Debbie Chilman
Senior Physiotherapist
West Midlands Rehabilitation
Centre

Patient A

- 61 year old
- L TTA 18/03/2013
- L TFA 17/04/2013
- PVD/ DM
- Lives with husband
- Works admin assistant: manufacturing company
- Pre op mob 4 miles unaided

- Primary Assessment May 2013
- ROM - 5° ext L hip / power 4
- Main goals:
 - return to work and walk from car to her desk (150 yards)
 - Access static caravan which has 6 steps
 - Predicted SIGAM D
 - Patient personality: very quiet/ lacking confidence/ obviously traumatised

- DVT stump June 2013 –delay
- Physio
- Hip ROM reduced -10° ext
- Long stump: 4 bar knee to improve knee centre
- Femurett trial: locked & free knee
- Compliance issues: Not doing exs & not wearing shrinker sock consistently

- Patient expressed preference locked knee as felt she would achieve her goals more quickly- very keen to return to work
- Decided on NOFM1 with HOKL to give her option of free knee in future
- Fit/ Delivery August 2013

- Went to caravan one week after delivery
- Initially elbow crutches for confidence then 2 sticks
- Progressed quickly outdoors:
 - Slope to her car
 - Uneven ground to opticians
- Within 3 weeks wearing all day using 1 stick indoors and 2 sticks outdoors

- Trialled free knee in physio and progressed to 2 sticks out of bars and safe to try at home
- Reported struggled with functional activities going back to 2 sticks- no free hand.
- Further sessions to build confidence but pt opted for locked knee and 1 stick as more functional

- Phased return to work early November on locked knee and 1 stick
- Review December 2013 discussed retrieval free knee but patient declined- felt more confident on locked knee and would prefer to continue with it

April 2015

- Working 5 days week
- Visits caravan every weekend
- Still prefers locked knee

- Has been ill recently, off prosthesis, hip ROM -20° ext and put on some weight so plugged out of socket and back on 2 sticks temporarily.

➤ SIGAM D

➤ TWT

➤ First recording : 35.03m + 2 ECs

➤ Physio Discharge: 55.12m + 1 stick

➤ April 2015: 63.34m + 2 sticks

➤ LCI5

➤ Basic activity score: 25/28

➤ Advanced activity: 20/ 28

➤ Total 45/56

Patient B

- 64 year old
- L TFA 2005
- PVD/DM
- Lives alone
- Non driver: family take her out
- Retired Dinner Lady: not worked since Amputation

- Rehab at satellite clinic initially
- Seen at WMRC since 2008
- Total knee, lock pin liner suspension and patient adjustable foot
- Main concern has always been cosmesis
- Patient very reluctant to change

April 2015

- Glamorous granny
- Uses wheelchair for ADL and Gardening
- Walks with 1 stick but only uses prosthesis when she goes out 2-3 days/ week with her daughter-stops for regular rests and leans on daughter's arm
- Can walk to local shop + 1 stick- slowly
- Main limiting factor is fear of consequences of falling

- Considering a HOKL now nearly 65
- TWT: 43.13m +1 stick
- LCI5
- Basic activities score: 21/28
- Advanced activities score: 8/28
- Total 29/56

WMRC Thoughts

- Fear of falling : ?women>men: living alone
- Cosmesis vs. Function
- ADL vs. Prosthesis
- Support Network / Driving
- Patient goals/ expectations
- Personality/ approach to risk
- Femurett Trial
- Team approach to prescription
- Our expectations
- Improvements in vascular surgery
- Outdoor Mobility group