The basic instructions include:

- Make sure you have put the temporary prosthesis on properly. This includes:
 - You have the correct number and thickness of socks.
 - o There are no creases or wrinkles in the socks, and they are pulled fully on to your stump.
 - Your stump is fully into the plaster socket.
 - o Do not wear your shrinker inside the socket.
 - O Your stump should be far enough into the socket so that your knee cap is halfway in.
 - o The strap is secure above your knee cap.
 - o The foot is pointing forwards.
 - O The temporary prosthesis does not feel too loose when you lift it up. If it does, try more socks or thicker socks, but make sure your stump can still go in far enough.
 - Do not change the shoes on your temporary prosthesis, as this will change the angle the prosthesis is set at, and cause your knee to tip forwards or backwards.

- Use the walking aids that you use in Physiotherapy – a stick, crutches or frame.
- Only walk in areas you have practiced with your physiotherapist. Do not try stairs, or outside until checked by your physiotherapist.
- Carry out the exercises your physiotherapist has given you, as described in your exercise booklet. This will continue to improve your strength, control, and balance.
- The temporary prosthesis is designed to allow you to practice walking. It is not designed for higher level activities such as:
 - Running
 - Jumping
 - Bushwalking
 - Water activities
 - Kicking
 - Heavy manual labour, including carrying heavy loads.
- Using your temporary prosthesis for these activities can cause it to break, and cause damage to your stump or skin. You may even risk a fall and more serious injury.

- Carefully monitor your skin, and the fit of your prosthesis. Check for redness, bruising, or blisters.
 - ⇒ If you have circulation problems, you may not have full feeling in the skin of your stump. There may be blisters forming that you cannot feel.
 - ⇒ Inspect your stump at least once per day, looking for changes in colour, pressure areas, or blisters.
 - ⇒ If you cannot see your stump, ask a relative or friend to look at it for you.
 - ⇒ If there is excessive pain or skin damage is occurring, you should not use your artificial limb until it has been reviewed and modified by the physiotherapist.
- Your stump will continue to change shape when you are walking or exercising. Add extra socks or thicker socks to cope with changes in your stump shape.
 - ⇒ If there is excessive pain or skin damage is occurring, you should not use your artificial limb until it has been reviewed and modified by the physiotherapist.

- Take extra socks with you when you go out, in case your stump shrinks while you are walking.
- Adding padding to reduce pressure areas will actually have the opposite affect, causing increased pressure inside the artificial limb, and risk skin damage. See your physiotherapist if the fit of your artificial limb is not satisfactory.
- Do not expose your prosthesis to environments that may harm the metal components. Saltwater, fresh water, sand, dirt, acids, and other liquids can cause metals to corrode and plastic components to crack or perish. Do not use your prosthesis if you notice it is not functioning as well as it previously was.

If you have any questions, contact your health professional:

Physiotherapist:
Phone:
Prosthetist:
Phone:
Rehab Doctor:
Phone:

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Instructions for use of Your Below Knee Temporary Prosthesis

The Temporary Prosthesis is the artificial limb made out of plaster of paris by your Physiotherapist.

This prosthesis is used at the beginning of your rehabilitation to assist in shaping your stump for your final prosthesis, and also for you to learn to walk.

Risks associated with using the temporary prosthesis include:

- Falls.
- Damage to the surgical wound.
- Skin breakdown, or damage to your skin such as blisters or ulcers.
- Pain in your stump.

These risks can be safely avoided by following the instructions provided by your physiotherapist, and by looking after your temporary prosthesis properly (see pamphlet: *CARE OF YOUR TEMPORARY PROSTHESIS*).