PHYSICAL MANAGEMENT OF UPPER LIMB AMPUTEES

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Assessment

- Length of residual limb
- ROM of remaining joints including scapula
- Oedema
- Muscle wasting and strength
- Pain/ phantom pain
- Sensation
- Scar
- Posture
- Balance & gait
- Other injuries/ co-morbidities
- Falls history
- Psycho-social

(Yancosek, 2011)

Range of Motion Loss

- Prevention important, especially external rotation
- Factors influencing include: other injuries, type of surgery, pain, functional use, non–use, prosthetic use, posture.

Muscle weakness & strengthening

- As pain and healing allows (Mendez & Carnegie, 1993).
- All joints & movements proximal to amputation.
- Can use theraband, cuff weights, pulleys, functional tasks
- Prosthetic use.
- Learn to contract muscles for potential myoelectric sites (Yancosek, 2011) (* later in rehabilitation).

Posture Problems

- Early awareness/ education (Mendez & Carnegie, 1993)
- Core stability training (Yancosek, 2011)
- Neck & trunk range of motion exercises (Mendez & Carnegie,1993)

Pain management

- Scar management
- Desensitisation
- Other joints/injuries
- Phantom limb pain management

Physical Therapy for Phantom Limb Pain

- Functional and prosthetic use
- Mirror therapy (Ramachandran & Rogers-Ramachandran, 1996; Chan et al, 2007)
- Graded motor imagery (Moseley, 2006)
- Other

Impaired gait & balance

- Upper limb amputees can require balance & gait training (need assessment).
- Stairs (?bilateral rails), public transport
- Combined upper and lower limb amputees have specific gait training issues.
- Walking aides
- Donning and doffing lower limb prostheses

Other

- Falls prevention
- Oedema management
- POWH Upper Limb Amputee Clinic

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Resources

- Neuro Orthopaedic Institute Australasia

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