PHYSICAL MANAGEMENT OF UPPER LIMB AMPUTEES
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 (Yancek, 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
  www.noigroup.com