



amputee
coalitionTM

Occupational Therapy



About the Amputee Coalition

The Amputee Coalition is a donor-supported, voluntary health organization serving the nearly two million people with limb loss and more than 28 million people at risk for amputation in the United States.

This brochure has been adapted from an article appearing in Amputee Coalition's *First Step: A Guide for Adapting to Limb Loss*, Volume 5, published in 2009. The full guide is available by contacting the Amputee Coalition at 888/267-5669 or by visiting amputee-coalition.org.

The development of this document was supported by a cooperative agreement from the National Center on Birth Defects and Developmental Disabilities, Centers for Disease Control and Prevention (CDC). The views expressed are solely the responsibility of the Amputee Coalition and do not necessarily represent the official views of the CDC.



Occupational therapy is a science-driven, evidence-based profession that enables people of all ages to live life to its fullest. They promote healthy activity and help patients prevent – or live better with – illness, injury or disability.

What can occupational therapy do for someone with upper-limb loss or difference?

According to the Amputee Coalition National Limb Loss Resource Center as of 1996, approximately 68 percent of upper-limb amputations are caused by trauma, 24 percent result from cancer-related surgery, and 8 percent are due to other diseases or congenital limb difference (born without a hand or arm).¹ Therefore, until the time of amputation, most amputees have lived their lives knowing how to do things with two arms and hands. Who can they turn to when they need to learn how to perform activities of daily living (ADLs) with their “new” arm/hand(s)?

An occupational therapist (OT) helps prepare an amputee to tolerate their prosthesis and teach the individual how to use it. OTs play an integral part in the

successful outcome of an upper-limb amputee – enabling the patient to live life to its fullest potential and prevent future physical complications. OTs are highly trained rehabilitation professionals who, in addition to their clinical skills and experience, can often reduce a patient’s stress level by translating clinical terminology or instructions provided by a doctor or prosthetist.

Occupational Therapy Q&A

Q: When is the best time to start working with an OT?

A: The sooner, the better. An OT’s job starts well before the initial fitting of a prosthesis. They can provide critical pre-prosthetic training that can ensure a successful outcome.

Q: What is pre-prosthetic training?

A: Pre-prosthetic training includes range-of-motion exercises, strengthening, desensitization, limb shaping, edema management and muscle reeducation. It also includes prosthetic education and visual feedback, specifically when using specialized software. Pre-prosthetic training is a prelude to interim training (training with a preparatory prosthesis).

Q: Why train with a preparatory prosthesis?

A: While it’s true that there is a “golden period”² in fitting an upper-limb prosthesis, interim training with a preparatory prosthesis is an important step in the overall process. Individuals practice putting on and taking off their prosthesis, operating the different components, changing the terminal devices and batteries, determining a wearing schedule, etc. Some patients don’t immediately understand the value of this problem-solving phase, but it is critical. For example, if you weren’t properly trained in grasping and releasing, you could injure a child’s hand.



Q: What does the OT do once I receive my definitive prosthesis?

A: Definitive prosthetic training (post-delivery therapy and training) is similar to interim training, but with more emphasis on ADLs and return to work/school needs. This will be your definitive prosthesis for a while and you need to know how to use it in conjunction with your other limb. Bimanual functional skill training is a big part of definitive prosthetic training.

Q: Is occupational therapy still appropriate for longtime amputees?

A: Yes. New advances are constantly being made in upper-prosthetic technology and there likely is a new component that could make life easier. An OT can train individuals on new technology and demonstrate benefits – possibly even if they’ve never used a prosthesis. There are many examples of overuse and arthritis from individuals who don’t use a prosthesis to perform their ADLs over a long period of time.

Q: What is the best way for me to find an OT?

A: You’ll need a prescription from your physician to receive occupational therapy. You should ask for a prescription for evaluation and rehabilitation to include either pre-prosthetic or prosthetic training needs, depending on where you are in the process.

How to Choose an Occupational Therapist

When it comes to your prosthetic rehabilitation, you need to advocate for yourself. Ask a lot of questions of everyone on your team: OTs, physicians, physical therapists, prosthetists, other patients, peer visitors, family members, social workers, case managers and manufacturers. Remember, there are no stupid questions. If you think it, ask it. Whether you're a mom with children who need help bathing and dressing or an experienced fisherman who wants to go fishing again, you'll get better information if you ask specific questions. Here are some questions you may want to ask your OT.

Q: How much experience do you have working with upper-limb loss?

A: Occupational therapy covers a wide range of patient needs, but OTs often don't receive extensive training in upper-limb rehab. A lot of learning is done on the job. So, previous experience with patients is extremely important.

Q: Do you work alone or do you prefer a team approach?

A: The OT is an integral part of the rehab team. It's in your best interest for your OT to have a good working relationship with all members of your team for you to achieve the best possible outcome. Just as your OT can translate clinical terminology and instructions for you, they also can relay your feedback to other members of the team to facilitate the rehab process.

Q: Are you familiar with different options/components available from different manufacturers?

A: An OT should have knowledge of and experience with several different upper-limb components and their manufacturers. One company or type of device cannot meet the needs of every type of upper-limb loss/difference.

Q: What are your credentials and what associations do you belong to?

A: The credentialing body for OTs is the National Board for Certification in Occupational Therapy, Inc. The credentials will be OTR. Your OT also should be licensed by the state.

In addition to state organizations, there are several national and international associations that OTs may belong to, such as:

- American Academy of Orthotists & Prosthetists (oandp.org)
- American Occupational Therapy Association (AOTA.org)
- American Society of Hand Therapists (ASHT.org)
- International Society for Prosthetics and Orthotics (ispoint.org).

Q: What should I expect from you as my OT?

A: First and foremost, a patient/client-centered experience. Your rehabilitation is about you. Second, they should take you through the various phases of rehabilitation which, depending on your needs, could take anywhere from days to years. Third, they should communicate and collaborate with all of your rehab team members, including you.

References and Related Resources

¹ National Limb Loss Resource Center, “Amputation Statistics by Cause.” 9-18-2008

² Malone JM, Fleming LL, Robertson J, et al, “Immediate, early, and late postsurgical management of upper-limb amputation.” *J Rehabil Res Dev*, 1984;21(1):33-41.

Bureau of Labor Statistics: Occupational Therapists
bls.gov/oco/ocos078.htm

National Board for Certification in Occupational Therapy
nbcot.org



For more information, please call
888/267-5669 or visit
amputee-coalition.org.