



peter harsch
ottobock.care



Freedom of movement.
Care for life.

New Amputee Guidebook

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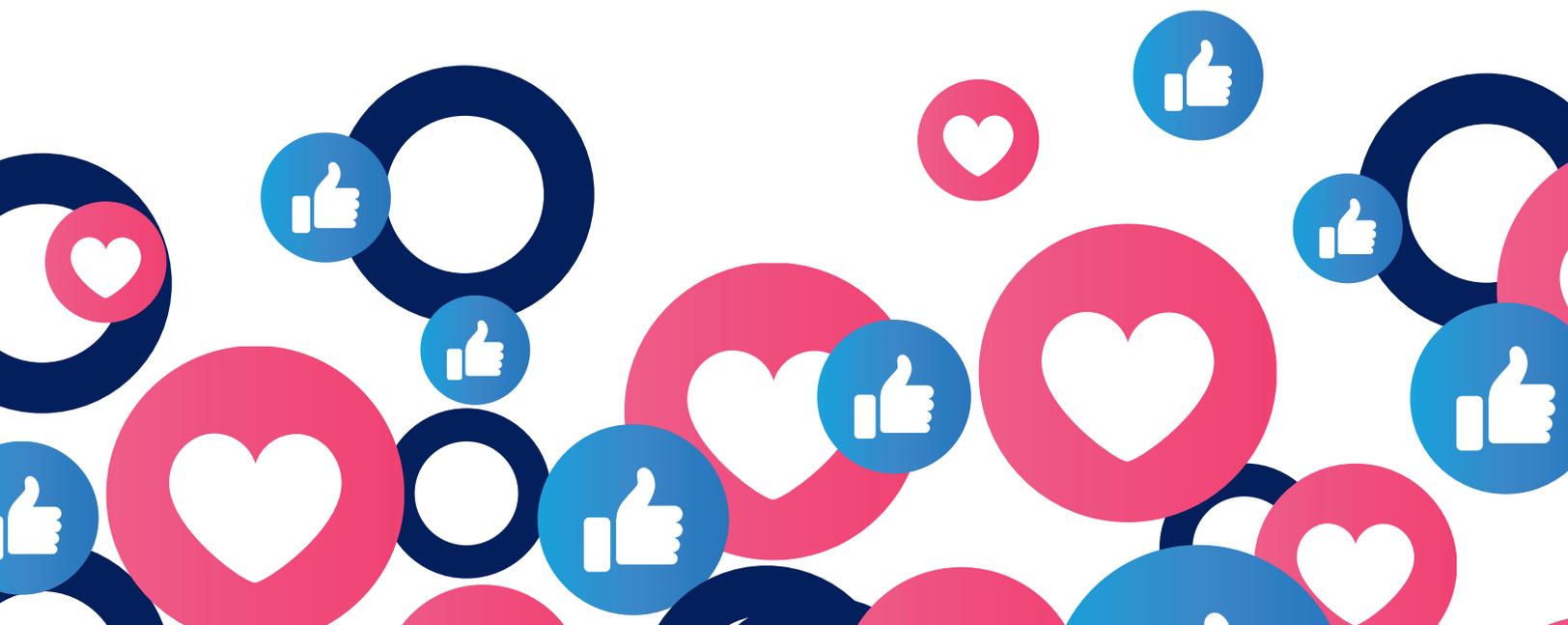
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Our clinical team

Upon request from your surgical team, our dedicated clinical team is available to provide a comprehensive consultation for you and your support system. This informative session will guide you through your entire surgical journey, from pre-op preparation to recovery. We aim to ease your anxieties, equip you with knowledge and resources, and empower you throughout the process. Our approach is personalized to address your specific needs and concerns, ensuring you receive the support and encouragement you deserve.

Patient Care Coordinators

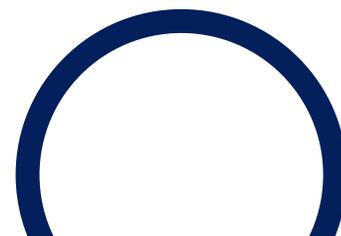
Our dedicated Patient Care Coordinators are here to answer your questions, explain processes clearly, and keep you informed throughout your entire care journey. We take the time to understand your unique needs and goals, working with you and your family to explore all options and guide you toward the most suitable solution. From the start, our Coordinators ensure that financial obligations and timelines are discussed transparently and upfront, so you know what to expect early in the fitting process.

Clinicians

We have the highest standards for our clinicians. They are rigorously selected for their experience, education, and credentials. Furthermore, we invest in ongoing training to ensure you always receive the most advanced care available.

Clinical Liaisons

Our Clinical Liaisons are your dedicated guides, connecting with you, your healthcare team and our clinic to ensure seamless communication and support. They work closely with your doctors and other healthcare providers to understand your needs, answer your questions, and provide information that helps you feel comfortable and confident in your care. By coordinating efforts and offering expert guidance, our Clinical Liaison aims to make your experience enjoyable, set clear expectations, and help you achieve the best possible outcomes.



Your Roadmap to Recovery:

Three Steps to a Successful Recovery

1

Informed Decision-Making

We prioritize comprehensive pre-surgical education (when possible). This empowers you, your family, and friends with the knowledge necessary to approach your surgery with confidence.

2

Seamless Post-Operative Care:

Our commitment extends beyond the operating room. We provide consistent post-operative check-ins and strive to attend your appointments, ensuring clear communication and addressing any concerns promptly.

3

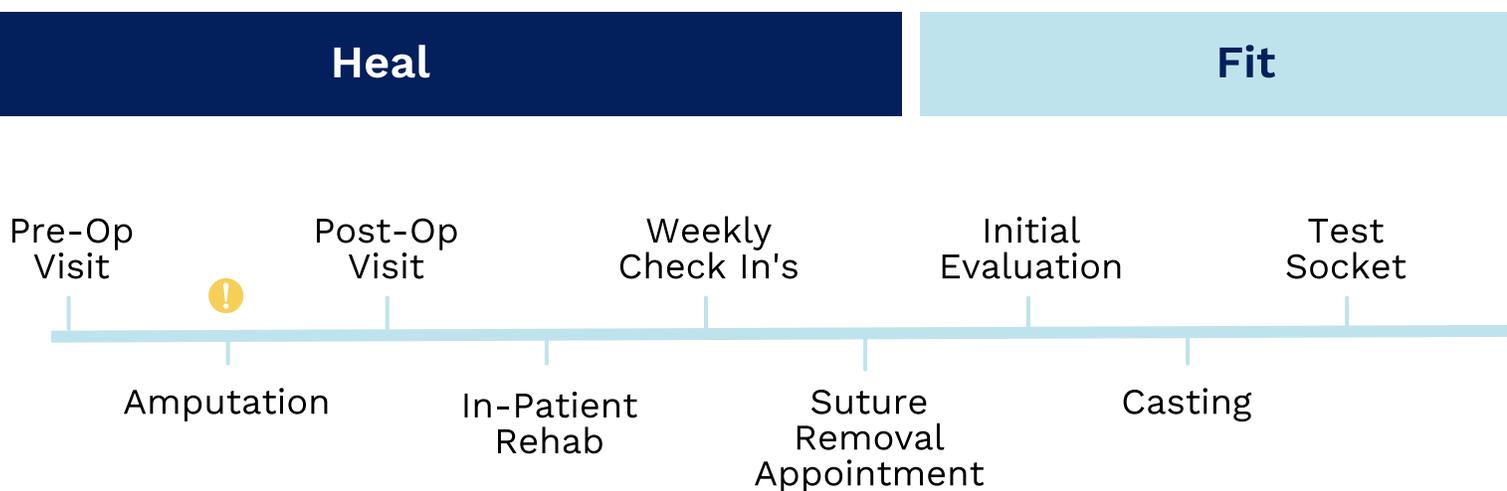
Building Your Strength:

Collaboration is key. We work closely with both inpatient and outpatient physical therapists to develop a personalized rehabilitation plan that maximizes your mobility and independence after surgery.



New Amputee Treatment Plan

The prosthetic rehabilitation process is divided into the following stages



1

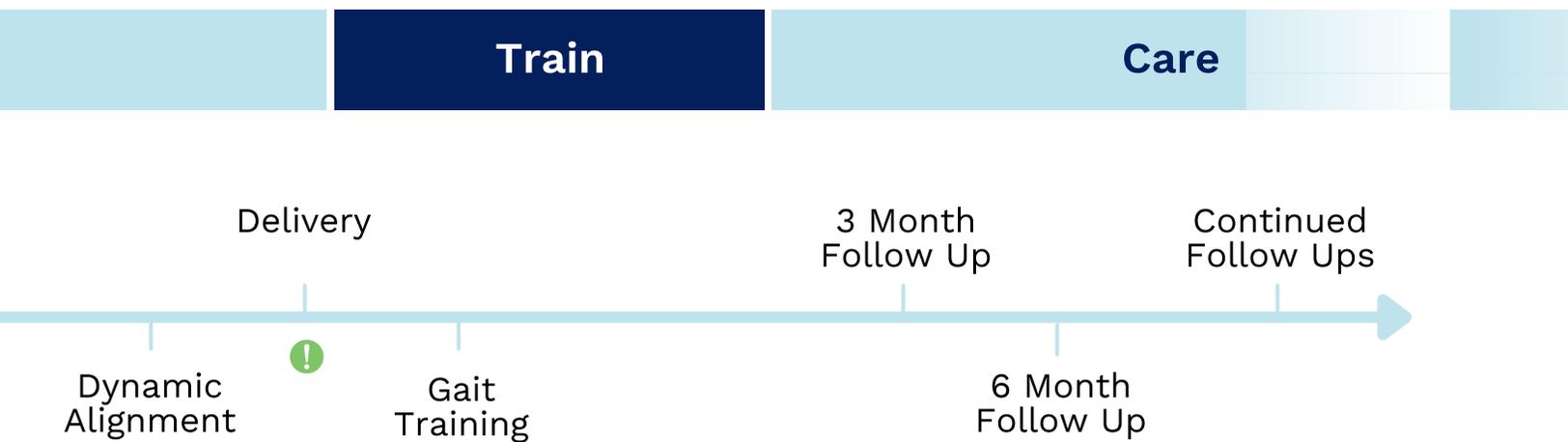
Healing & Education

Following your surgery, you'll embark on a journey of healing and learning. This process will vary depending on your individual needs. During this time, you'll receive all the information and support you need to promote a smooth recovery.

2

Fitting

This period starts on the day the sutures are removed and you are fit with a compression device (shrinker sock) and continues until the delivery of your prosthesis.



3

Training

This initial phase involves learning how to control and use your prosthesis effectively. Physical therapy plays a crucial role in this process, helping you regain mobility and develop a safe gait pattern.

4

Care

During this period, you'll receive training on how to use your prosthesis effectively. In addition to these training sessions, you'll schedule regular appointments with your prosthetist to ensure your prosthesis is functioning optimally. These appointments may also involve refilling any necessary supplies.

Healing and Education

Stages

1. Surgery Day

This is the day that marks the beginning of your journey and the healing period can begin.

2. First Dressing Change

Your physician or physician's assistant will typically visit you 2-4 days post-op for an initial dressing change and wound check. This is a routine check to make sure the skin is healing correctly and is not showing any signs of infection. Please note that the information provided may change based on guidance from your physician.

3. Inpatient Physical Therapy

You will work on specific exercises to strengthen your limb and prepare for the fitting process. Consult your physical therapist for specific exercises.

4. Getting Started

You will coordinate a follow up appointment with your surgeon's office to see them in person 3-6 weeks after your surgery to determine your suture removal. Specific timeframes are determined in a case by case basis. Your physician and clinical team member may focus on limb shape at this stage.

5. Treatment

Following your doctor's instructions, a member of our clinical team may fit a shrinker sock on your residual limb when the time is right. The shrinker sock helps shape your limb and prepare you for the prosthetic fitting process.

Your Healing Journey: Important Tips

- Everyone's healing journey is unique. We are here to help you through this process and answer your questions.
- If your physician has prescribed a limb protector be sure to wear it as directed to prevent injury.
- Maintain range of motion and strength. Keep your leg elevated and extended as much as possible, and move safely with your wheelchair or walker.
- Phantom Limb Sensation: You might experience phantom limb pain or sensation, which is the feeling that your missing limb is still there. This is a common occurrence that often lessens over time.

Fitting

This period begins the day the sutures are removed and you are fitted with a compression device “shrinker sock” to reduce swelling, which will allow for a more consistent fit.

Stages

1. Initial Evaluation

After approximately 7-10 days of shrinker usage, you will come into our office for an initial evaluation and functional assessment with a practitioner. Consider bringing shorts to every appointment for easier access to your limb.

2. Casting

Measurements and a mold (cast) of your limb will be taken. This mold will produce a replica of your limb. This replica will be the foundation from which your prosthesis will be built.

3. Test Socket

A clear test socket (a diagnostic tool used to ensure a proper fit) will be fit to your limb. We utilize as many test sockets as needed to ensure an optimal fit.

4. Dynamic Alignment

The mold is duplicated into a more structurally sound material which will be attached to the other components of your prosthesis, such as the knee and/or foot. You will begin to test the prosthesis in the clinic and your clinician will work with you to determine your alignment needs.

5. Delivery

At this appointment, the alignment and fitting are fine-tuned to optimize comfort and function of your prosthesis. Ottobock.care will work with your physical therapist to establish a wearing schedule to prevent over usage and abnormal gait habits. To start, we recommend using your prosthesis under the supervision of your physical therapist.



Points to Remember

- At this stage, our focus will be on the fit and function of the device. Cosmetics may be added once proper fit and function are achieved.
- Keep working on your physical therapy during the fitting period. When the fitting day arrives, it is important that strength and endurance are at an optimal level.

Training

Stages

1. Physical Therapy

Your practitioner may refer you to a physical therapist where you will continue your Outpatient Physical Therapy training.

2. Gait Training

Schedule a time to work with your physical therapist for gait training once you know the delivery date of your prosthesis. Bring fitting socks with you to therapy appointments.

3. Follow Up

It is perfectly normal for your limb to react by changing in both size and shape. As changes occur please don't hesitate to follow up with your practitioner for adjustments.

From Fitting to Function: Preparing for Your Prosthetic Journey

- At our Ottobock.care facilities, we're committed to your success. That's why we have specialized areas equipped to help you practice taking your first steps with your new prosthesis.
- What to Wear: For a smooth and comfortable fitting process, it's helpful to wear shorts to your appointment.
- Maximizing Your Recovery: Studies show that patients who participate in physical therapy after receiving their prosthesis tend to have better overall outcomes and achieve their mobility goals faster. We'll be happy to discuss physical therapy options with you.



Frequently Asked Questions

Q: Can I wear my normal shoes?

A: Typically, prosthetic feet are designed to fit either a 3/8" or 3/4" heel height shoe. However, there are some specially designed prosthetic feet that either accommodate higher heel shoes or are adjustable by the patient. We recommend you start your training with the 3/8" or 3/4" heel height; preferably using a lace-up shoe with a rubber sole.

Q: Do I sleep with my prosthesis on?

A: We do not recommend sleeping with your prosthesis on as you may experience trauma to your other leg. Hygiene also becomes a concern.

Q: How do I take a shower or bath?

A: There are some devices that are waterproof, but not all prosthetic legs can be safely worn in water. Most patients choose to use a shower chair so they can remove their prosthesis and liner to wash their residual limb in the shower.

Q: How long will it take me to learn to walk with my prosthesis?

A: Once you start your training with your prosthetist and/or a physical therapist, they will recommend a wearing schedule that will gradually increase. Each person progresses at a different rate depending on his or her individual condition.

Q: How long will it take to make my prosthesis?

A: The fabrication process progresses in stages. We cannot proceed to the next stage until we are satisfied with the present stage. If all goes well you can anticipate about 4 -6 weeks.

Q: How much will it weigh?

A: A typical below the knee prosthesis can weigh between 3 and 8 pounds depending on the componentry and structure. It is common for a new amputee to feel that any prosthesis is very heavy. Typically, the weight will get easier to bear and become more comfortable with time.

Q: Will it hurt to wear the prosthesis?

A: The residual limb of a new amputee is often hypersensitive. It is important to "desensitize" the limb through massage. The act of wearing your prosthesis should not be painful. If this is the case, contact your prosthetist immediately.

Get the Answers You Need: Our Team is Here to Help

Have questions? Our dedicated education team is here to help! They can provide you with additional resources, answer your questions, and ensure you feel confident throughout the process.



Removable Rigid Dressing (RRD)

As a new amputee, there is the possibility of falling. Your protector will help prevent serious injury to the incision site and keep you from needing additional surgeries. If you have a protector, wear it as much as possible!

What Does the RRD Do?

Protection Against Potential Injury

It is not uncommon for a new amputee to have trouble with balance, which can lead to possible falls. Your natural instinct will be to extend your leg as you would have prior to amputation, which could result in you falling. These types of incidents may be minimized through the regular use of an RRD.

Range of Motion Management

Maintaining a good knee range of motion is crucial to a successful rehabilitation program. The RRD is specifically designed to prevent knee flexion contractures, which limit the ability to fully straighten the knee.

Easy Access to Bandages and Dressings for Attentive Wound Care

The RRD is a light, easily removable dressing. This allows easy access for dressing changes and personal hygiene needs to ensure diligent care to your surgical site.

Control of Swelling (Edema)

Applying compression to the limb following surgery is often standard protocol. The RRD is ideal for this application and is removable to allow continued monitoring of bandages. The RRD is also adjustable with the use of Velcro straps. This allows for easy adjusting of the RRD fit and helps to control volume fluctuations.



Please Note: The use of a Rigid Removable Dressing (RRD) requires a physician's prescription. Not all patients will be prescribed an RRD; its use is based on individual medical needs and the discretion of the prescribing doctor. The appearance and style of the actual product may vary slightly from images.

RRD Application Instructions



1 Apply dressing



2 Stretch and apply socks



3 Open completely and place limb inside, compressing end pad



4 Position knee to fit into U shaped top



5 Secure distal straps, should be snug not tight



6 Secure proximal straps, should be snug not tight



7 Reflect both socks down



8 Fasten the longest portion of the belt around the waist so the short, elastic extension strap hangs down over the thigh



9 Secure the waist belt



10 Fasten strap and secure velcro

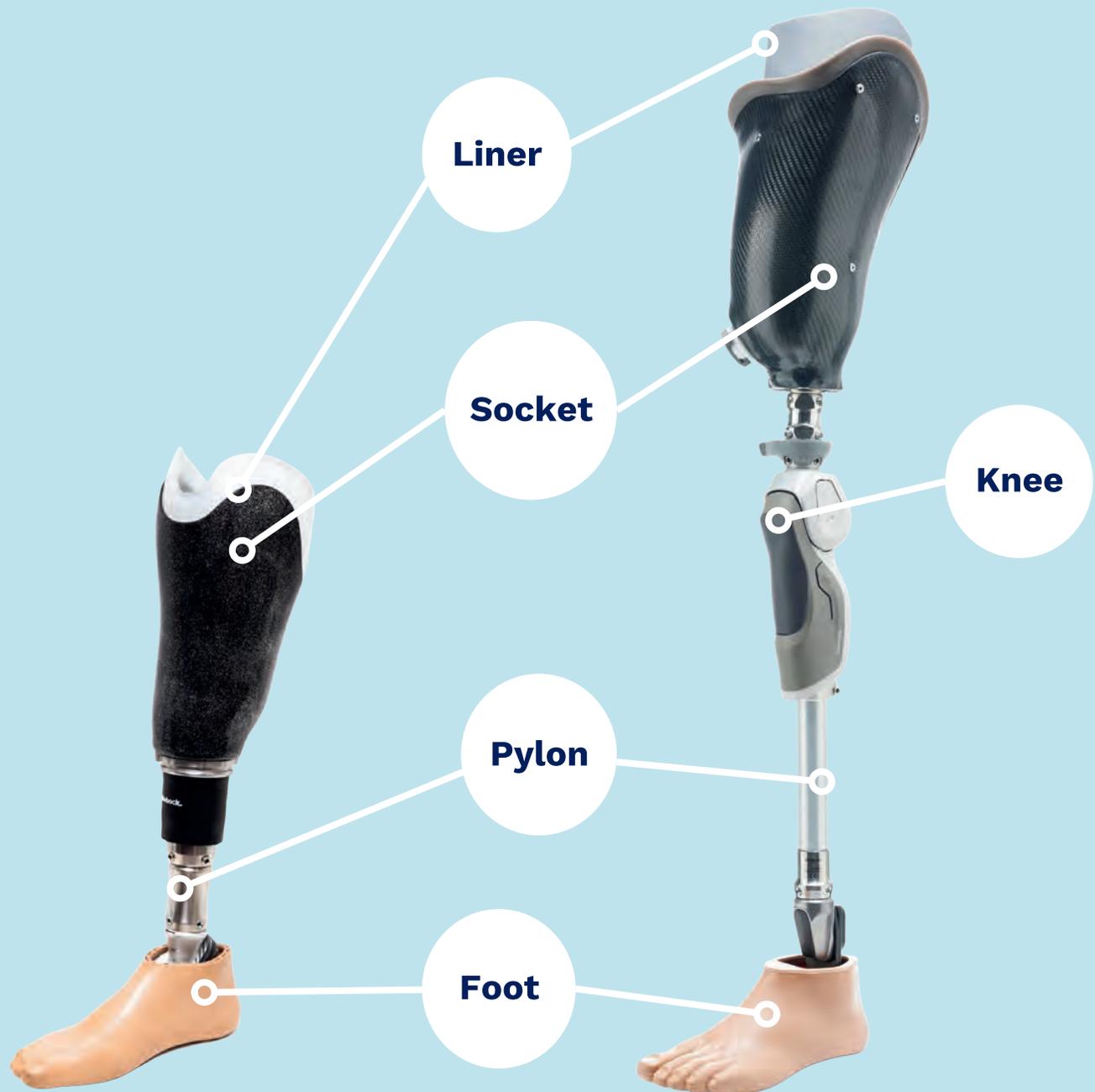


11 Place pillow under distal end only

*Please note that the product configuration shown may vary from the final product.

Anatomy of a Prosthetic Leg

Every prosthetic leg is unique, just like you! We create each device to meet your individual needs and lifestyle. Let's explore the basic components that come together to create your personalized prosthesis.



Below-Knee (BK)

Above Knee (AK)

Express Yourself with Prosthetic Customization

Forget limitations, think possibilities! Today's prosthetics offer a variety of options to personalize your look, while keeping functionality in mind. From subtle color variations to eye-catching designs and illustrations, you can express yourself. While insurance and componentry may influence some choices, your prosthetist can help you create a design that reflects your style and meets your needs.

Personalized Socket



Skin Pigment



Prosthetic Covers

A cover is applied to encase the components of your prosthesis, sealing it. While they can enhance the prosthesis's appearance, a cover may impact its weight and functionality.

Key points to consider:

- Insurance coverage for covers is not guaranteed, and you might need to cover the cost personally.
- Various types of covers are available. If you're interested, discuss your options with your practitioner.



Terminology

ABC / BOC Certification

National certification boards in the prosthetics and orthotics field, ensuring high standards of patient care.

AE (Above the Elbow)

Refers to an amputation or prosthesis that involves the area above the elbow joint.

AK (Above the Knee)

Refers to an amputation or prosthesis that involves the area above the knee joint.

BE (Below the Elbow)

Refers to an amputation or prosthesis involving the area below the elbow joint.

BK (Below the Knee)

Refers to an amputation or prosthesis involving the area below the knee joint.

Bilateral Amputee

A person who has undergone amputations of both limbs, either both upper limbs or both lower limbs.

Disarticulation

An amputation performed through a joint, separating the limb at the joint rather than cutting through a bone.

Dynamic Fitting

A process of evaluating and adjusting the fit and alignment of a prosthesis while the patient is actively using it, ensuring optimal comfort and function.

Gait

The manner or pattern of walking, which can be assessed and optimized for individuals using prosthetic or orthotic devices.

Liner

A soft, protective gel sleeve that fits over the residual limb, providing cushioning and serving as an interface between the limb and the prosthesis, also aiding in suspension.

Limbs

In medical terminology, human limbs are referred to as “extremities.” The upper limbs include the arms, while the lower limbs include the legs.

Prosthesis

An artificial device that replaces a missing body part, such as an arm, leg, hand, or foot, designed to restore function and appearance.

Prosthetist

A healthcare professional who specializes in designing, fitting, and adjusting prosthetic devices for individuals who have lost limbs.

Residual Limb

The remaining portion of a limb after an amputation, often referred to as the stump, which is fitted with a prosthetic device.

Socket

The part of a prosthesis that encases the residual limb, custom-made from a mold of the limb to ensure a secure and comfortable fit.

Suspension (Mechanism)

The method used to attach a prosthesis securely to the body, ensuring it stays in place during movement.

Test Socket

A temporary, often clear, socket used during the fitting process to evaluate the fit and comfort of a prosthesis before the final socket is made.



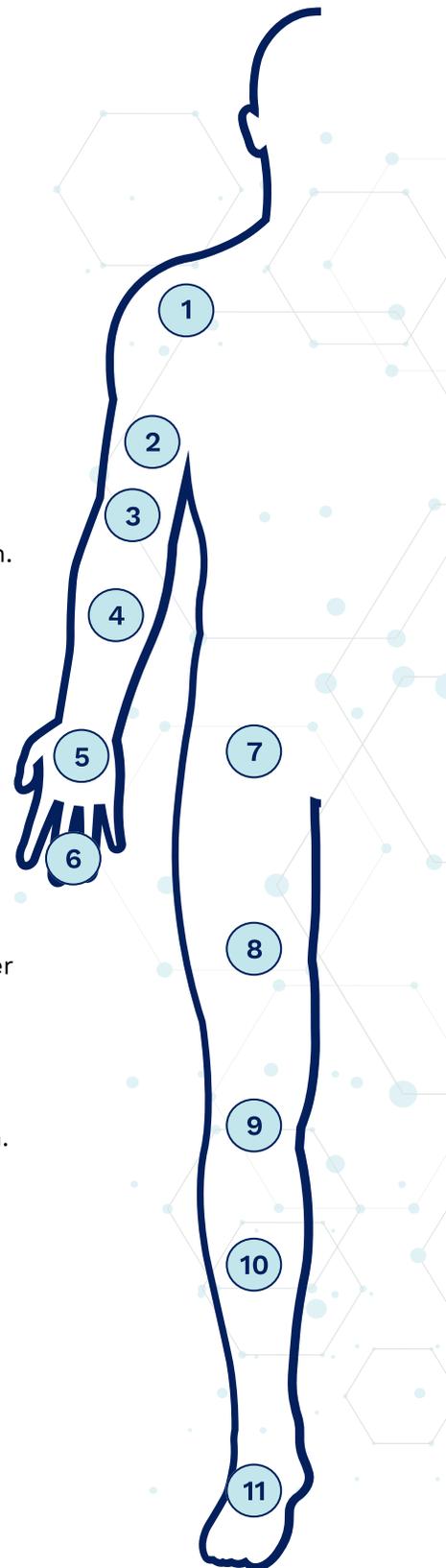
Amputation Levels

Upper Limb

- 1 Shoulder disarticulation**
Amputation of the arm at the shoulder. Here the shoulder blade and collar bone are removed with the associated muscles.
- 2 Transhumeral amputation (Above Elbow)**
This amputation type is differentiated between short, mid-length and long transhumeral amputation levels.
- 3 Elbow disarticulation**
The arm is amputated at the elbow, and the entire upper arm is retained in most cases.
- 4 Transradial amputation (Below Elbow)**
In the case of forearm amputations, a distinction is made between long, mid-length, short and ultra-short transradial amputations.
- 5 Wrist disarticulation**
The entire hand is removed at the wrist with this type of amputation.
- 6 Hand / finger amputation**
Parts of the hand and / or fingers are amputated, and the wrist is retained. This is also referred to as a partial hand amputation.

Lower Limb

- 7 Hip disarticulation or pelvic disarticulation**
A differentiation is made here between hip disarticulation (leg is removed at the hip joint), hemipelvectomy (leg is removed with the corresponding half of the pelvis) and hemicorporectomy (entire lower half of the body is removed).
- 8 Transfemoral amputation (Above Knee)**
A transfemoral amputation is carried out above the knee joint. This procedure may be performed anywhere along the length of the thigh.
- 9 Knee disarticulation**
The leg is removed at the knee joint. The thigh is retained, and usually the patella as well.
- 10 Transtibial amputation (Below Knee)**
This type of amputation is carried out below the knee joint, and the fibula is sometimes removed in its entirety as well. The full function of the knee joint is retained.
- 11 Transmetatarsal amputation (Midfoot)**
An amputation in the foot area comprises over 12 different amputation levels, ranging from a toe amputation, to a midfoot amputation, to an amputation in the area of the tarsus.



Understanding Your Prosthetic Coverage: A Guide

Navigating Insurance Can Be Overwhelming, But We're Here to Help.

As a new amputee, understanding your insurance coverage is crucial. Our dedicated insurance specialists are committed to assisting you throughout the process. Here's what you can expect:

- **Personalized Review:** We'll carefully analyze your insurance plan to determine your specific benefits for prosthetic limbs, including any limitations or exclusions.
- **Clear Communication:** Our specialists will provide a detailed breakdown of your coverage, explaining any out-of-pocket costs or co-pays you may incur.
- **Financial Planning:** We'll discuss options to help minimize your financial burden, such as flexible payment plans or potential assistance programs.
- **Ongoing Support:** Even after your initial evaluation, we're available to answer questions and address any changes in your coverage as your needs evolve.

Remember: Our goal is to ensure you have the information and resources you need to make informed decisions about your prosthetic care. Don't hesitate to ask questions or express any concerns.

Additional Tips:

Gather Documentation:

Collect copies of your insurance card, policy documents, and any previous medical records related to your amputation.

Understand Terminology:

Familiarize yourself with terms like "prosthetic components," "reimbursement schedules," and "deductibles" to better understand your coverage.

Explore Additional Resources:

Consider contacting patient advocacy groups or support organizations for information and advice.

By working together, we can help you navigate the insurance process and focus on your recovery.



Notes



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