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Hold on to Hope!

Tori Martin

Caring for Your Residual Limb

Inspection of Residual Limb

- Use a long-handled mirror
- Photograph the wound once a week
- Inspections should be performed whenever compression dressings are changed (after the limb has healed, continue skin checks at least twice a day for the long term)
- Inspect all areas of your residual limb - back, skin creases, bony areas, etc.
- Look for signs of infection or poor healing
 - Redness or warmth at the incision or the surrounding area
 - Elevated temperature
 - Increased pain or swelling
 - Pus or smelly wound drainage
 - Areas of discoloration
- Report any unusual skin problems to your healthcare providers

Phases of Healing

Phase 1: Pre-closure of the Residual Limb

GOALS:

- Promote healing of the soft tissue
- Treat or reduce the risk of infection

YOUR ROLE:

- Notify the nurse if your dressing is soiled, has fallen off, or if you notice any drainage
- Be sure that everyone who touches your incision has on gloves, including YOU
- Be cautious moving around in bed and when getting in/out of bed to not dislodge the dressings
- Eat a good diet - including extra protein and necessary supplements during the healing phase
- Let your care team know of pain during dressing changes



Phase 2: Closure of the Residual Limb

GOAL:

- Prepare your residual limb for prosthetic fitting

YOUR ROLE:

- Donning (putting on and wearing) compression dressings - helps reduce swelling and begin shaping your limb for a prosthetic (Members of the rehabilitation team will demonstrate proper donning methods and review appropriate wear schedule)
- Desensitizing your residual limb (your doctor may suggest waiting until after incision has healed completely **FOLLOW DOCTOR ORDERS)
 - *Do not touch healing incision with bare hands
 - 4 Techniques
 - Massage
 - Helps with tolerance for touch and pressure & may help decrease phantom pain/sensation
 - May be performed through compression dressing
 - Method
 - With one (or two) hands, use a soft kneading motion to massage your entire residual limb
 - Overtime (and after sutures are removed), you may increase the pressure to reach the deeper soft tissues and muscles of your residual limb
 - Perform at least 5 minutes, 3-4 times a day + more if desired and found to help with phantom pain/sensation
 - Tapping
 - Helps with tolerance for touch and pressure & may help decrease phantom pain/sensation
 - May be performed through compression dressing
 - Method
 - Use your fingertips (not fingernails) to tap your residual limb
 - Overtime (and after sutures are removed), you may increase to a slapping motion with one (or two) hands
 - Perform 1-2 minutes, 3-4 times a day + more if desired and found to help with phantom pain/sensation



Phase 2: Closure of the Residual Limb (continued)

- Desensitization
 - Making your residual limb less sensitive
 - Start with a soft material and progress to rougher materials
 - Should be performed on direct skin - when not wearing compression dressing
 - Method
 - Gently rub your residual limb in a circular motion using a soft material (i.e., cotton ball)
 - Progress materials as able to tolerate (cotton ball > paper towel > terry cloth towel)
 - Perform 2-3 minutes, 2 times a day (commonly performed during bathing times)
- Scar Mobilization
 - Keeps the skin and scar tissue on the residual limb loose (prevent scar adherence which may lead to pain and complications when wearing a prosthetic)
 - Should be performed on direct skin - when not wearing compression dressing
 - Method
 - Place two fingers over a body portion of your residual limb
 - Press firmly, keeping your hand or fingertips in place, and move in a circular motion (fingers should not be sliding over the skin creating any friction; instead, the pressure should be moving the tissue and scar in relation to surrounding soft tissue and bone)
 - Before the incision is healed, complete this over the entire residual limb
 - After the incision is healed, complete this over the scar (move your fingers in a circular fashion to loosen scar tissues and prevent them from adhering to the bone)
 - Perform about 1 minute at each location daily, spend about 15 minutes working around the residual limb

Disclaimer: These techniques should be taught and practiced under an occupational or physical therapist's direct supervision! Progress through phases should be based on doctor recommendations. **This document is not meant to replace any medical advice provided by your healthcare providers.**



Skin Care with a Prosthesis

Limb Care

- Swelling may make it difficult to put on your prosthesis, so prevent (or limit) when possible
 - Bathe or shower at night (hot water or dangling leg when sitting or standing can increase swelling)
 - Wear a shrinker when not wearing a prosthesis
- Contractures can also prevent prosthesis use
 - Do not sleep with pillows under residual limb (under the knee for below-knee amputations or under or between thighs for above-knee amputations)
 - Perform stretching exercises daily

Skin Care

- Wash residual limb with mild soap and water every day & pat completely dry (increase cleanings if you sweat heavily)
- Perform daily skin checks
- Only use softening creams and moisturizers if dry skin is at risk of cracking & only use temporarily
- Use antiperspirant to help keep residual limb dry
- Do not use talcum powder
- Do not use alcohol or cleaners with unknown chemicals on your residual limb
- Do not shave your residual limb
- If your prosthesis is not fitting properly and causing skin breakdown, see your prosthetist
- If you have skin breakdown or red spots that last for more than a few minutes after removing the prosthesis, limit the use of the prosthesis until the underlying problem is found and corrected
- Visit the doctor immediately if you notice blisters

Prosthetic Care

- Washing anything that comes in contact with the skin with mild soap daily (liners, socks, inside the socket, etc.)

Resources

Rossbach P, & Sheehan TP. (2008). Tips for taking care of your limb. InMotion, 18(4), 38–39.

Rossbach, P. (2009). Care of your wounds after amputation surgery. First step: A guide to adapting to limb loss, 5, 44-48.

