



Limb Restoration Rehabilitation Guide

Looking to the Future

*"I am so thankful for my large support group of family and friends,
and for my wonderful prosthetist who makes it all possible."*

*-Jennifer Clark
above knee amputee*



*"I have been going to Baker since I had my amputation...Gordon
and his crew have and continue to go the extra mile for their patients."*

-Claude Clanton

*"Having a disability means you might look a little different,
but can still do the exact same things as everyone else"*

*-Scott Grimsley
below elbow amputee*



*"I started crying because [my prosthesis] was the
closest thing to what God gave me when I was born"*

*-Sharon Reynolds
below knee amputee*

*"Life can be a little difficult with a prosthesis... but never let it stop
you. It does not define you,
it is just an alternative."*

*-Al Hunt
below knee amputee*



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ADJUSTING TO YOUR AMPUTATION

Losing a part of your body requires both physical and emotional adjustment. While some people experience relief from the stress and pain of trying to save the limb, it is very common to experience a range of emotions after your amputation.

Many people experience depression because of the loss and often refer to it as a loss of a close friend or family member. Others report anxiety over handling their residual limb and prosthesis, anger in why this would happen to them, fear about changes in their ability to work, frustration over lack of function, concern about relationships with others, or even embarrassment that can lead to avoidance of public places after their amputation.

These feelings are normal and necessary to experience as you adjust to your new situation. As you progress in your rehabilitation process, with time and patience, these feelings should resolve. It is important to be open about your feelings to family, friends, and medical professionals. Your emotional well-being is closely connected with your physical health. Both need the same care and attention for successful rehabilitation.

Peer Visitors

Often it helps to talk to someone who has experienced amputation. Your rehabilitation team at Baker O&P can put you in touch with individuals who have been through a similar experience. It may be helpful to ask questions about adapting to life with amputation, and about their own rehabilitation process.

Professional Help and Counseling

If you and your doctor decide that professional counseling would help you adjust to your amputation, your doctor may refer you to a psychologist or psychiatrist. A psychologist is a counselor who can help you work through your feelings by talking about them, while a psychiatrist is a medical doctor who may prescribe medication for depression and anxiety.

Support Groups

Most areas throughout the country have access to support groups for people with amputation. Taking part in your local group may help you adjust to your amputation and introduce you to resources in your area. The groups typically meet once a month. Your rehabilitation team can also help refer you to support groups in your area.

Online Support

There are many amputee mailing lists available online. This is a good source of information whether you don't have a support group in your area, don't feel comfortable attending support groups, or are simply looking for more information.

A list of support groups and sources of additional information are available on **PAGE 23** of this booklet.

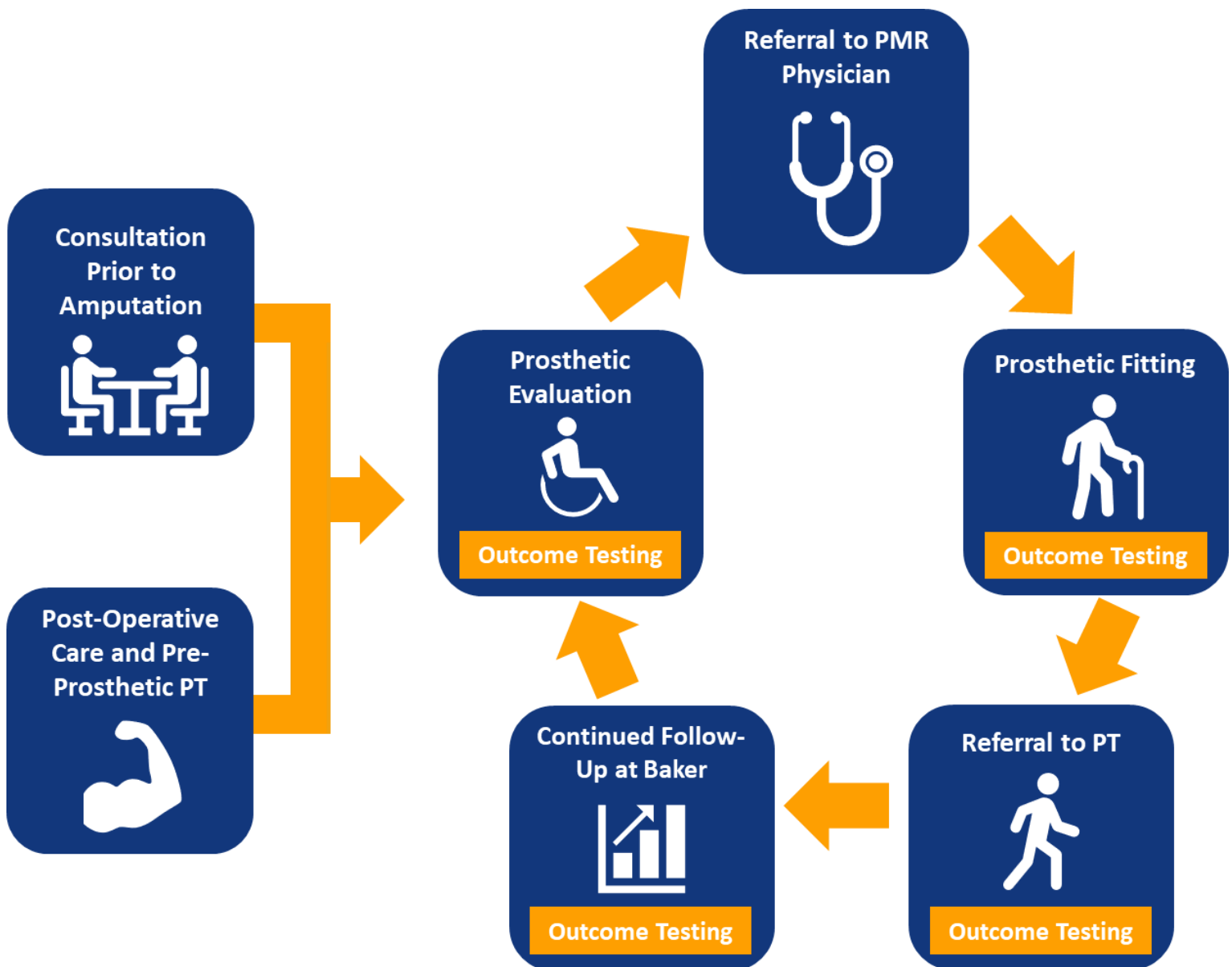
WHO SHOULD BE ON MY CARE TEAM AND WHY?

At Baker, we strive to form a team that includes the surgeon, PMR physician, physical therapist (inpatient and outpatient), and prosthetic clinician to help you reach your goals.

Through the use of this healthcare team and tracking you throughout your rehabilitation process, continuous care is maintained and not lost to the 'system'.

Through the prosthetic rehabilitation program, test/scores are improved and shown through collected data showing your overall improvement and increase in independence.

Participation in the most appropriate form of Physical Therapy is critical for restoring your independence and pre-amputation abilities.



CARE OF YOUR LIMB AFTER AMPUTATION

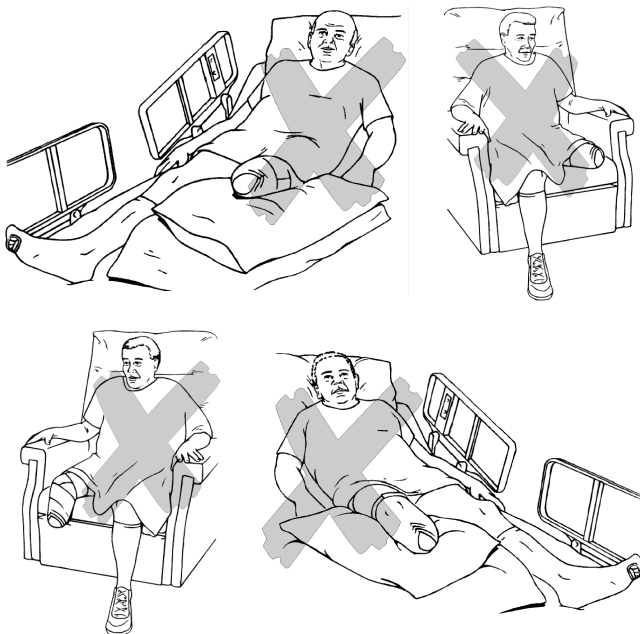
Depending on your health and the reason for your amputation, closure of your surgical site may be fairly immediate or it may be delayed. Diligent care and attention to your surgical wound may help speed up this process, ultimately shortening the time to rehabilitation.

Post-op Phase After your amputation surgery, you will be fit with one of a variety of post-operative dressing. This dressing may vary from person to person, but your surgeon has chosen the best option for your unique case.

The dressings are used to protect the limb, reduce swelling, and begin shaping the limb.

Rigid dressings will look like a hard cast; they will be changed as the swelling in your residual limb goes down. For rigid dressings, you should follow these guidelines:

- Keep the cast dry
- Avoid getting dirt, powder, or liquids inside the cast
- NEVER stick objects inside the cast to scratch your skin



Soft dressings are elastic bandages used to reduce swelling at the lower portion of your limb. Soft dressings need to be reapplied several times a day to maintain proper compression.

- Do not pull at your sutures, notify a nurse if you notice any tearing, separation, redness, swelling or drainage at the sutures.
- Rewrap your residual limb several times during the day
- Obtain new elastic bandages if the ones you are using become soiled or lose elasticity.

Positioning Your Residual Limb Maintaining flexibility in your joints and keeping your muscles strong is an important part of the rehabilitation process. Following amputation, the most common problem is the loss of ability to straighten the hip and/or knee. When this happens, it becomes difficult to walk with a prosthesis. In order to keep this from happening, here are a few key things to keep in mind:

1. Avoid prolonged periods of sitting
2. Avoid pillows under your residual limb, keep your legs close together and don't let either leg rotate outward
3. When lying on your stomach keep your hips flat on the surface with your legs close together
4. For below knee amputation, keep knee straight as much as possible and do not cross your legs.

SHRINKER / COMPRESSION SOCK USE

Wearing an Elastic Shrinker Sock

An elastic shrinker sock may be fit to you after amputation to reduce swelling in the limb. If you are fit with a shrinker sock, make sure to wear the shrinker at all times. When used properly, it can reduce the swelling that occurs normally after surgery and can help shape your limb. Even after you have been fit with a new prosthesis, it may be important to continue wearing the shrinker, because swelling can still occur.

When applying a shrinker, make sure the top end is above the knee (if the knee is present) or that the waist band is securely in place with the flap along the side of the hip (for above knee amputation).

The shrinker should be taken off several times a day for massaging and other desensitizing activities. When reapplying throughout the day, be certain that:

- The shrinker remains tight
- The second layer is not as high as the first
- the top end of the shrinker does not roll down to form a ring acting as a tourniquet.

As limb shrinkage occurs over time, allow us to resize your shrinker.

These basic procedures are designed to increase the overall health of your residual limb and to decrease residual limb discomfort when you begin wearing a prosthesis.



Using a Donning Tube with Your Shrinker Sock

Elastic Shrinker socks are another way to reduce swelling and shape your residual limb. If the limb is sensitive, it will be more comfortable to stretch the shrinker as it is being put on. You can use a donning tube or an appropriate-sized ring of stiff PVC to don the shrinker.

1. Begin by pulling the sock onto the limb until the top of the sock is above the knee (or at the groin is above-knee amputation). If the limb is sore or sensitive, spread apart the sock by hand or by using the tube provided.
2. To use the tube with the shrinker sock, begin by stretching the sock around the outside of the tube with the extra length coming from inside the tube. Push the sock onto the tube until about half of it is on the outside of the tube.
3. Bring the center of the stretched sock to the bottom of the limb, and carefully slide the tube up onto the limb. Make sure no big wrinkles form.
4. Slide the white ring up to the bottom of the limb, and again stretch the sock onto the outside of the tube for application of the second layer.
5. Again carefully slide the tube over the limb placing the second layer on top of the first layer. The second layer should stop below the first layer and be wrinkle free.

DESENSITIZING YOUR RESIDUAL LIMB

After amputation, the residual limb is highly sensitive and often subject to irritation or injury. It is extremely important that you follow these procedures to take care of your residual limb and prepare it for prosthetic training.

Limb Hygiene

Wash your residual limb daily. Although you may not be wearing a prosthesis yet, this is a good habit to start early. Use a mild soap when washing your limb. After washing your limb, rinse it with warm water and pat it dry with a clean towel.

Massage and Tapping

Massaging your limb can decrease discomfort and increase circulation. Massaging your residual limb will help you develop a tolerance to touch and pressure. Massage your residual limb several times a day.

Massage:

1. Massage your entire residual limb using a soft gentle kneading motion. Initially, be especially cautious when massaging over your sutured area.
2. Once sutures are removed, you can increase the pressure as you can tolerate it.

3. You should massage your leg for at least 5 minutes, 3-4 times daily. It can be done more often if it is found to be helpful at reducing phantom pain

Desensitization

You must work to increase your tolerance to touch in your residual limb by desensitizing it in order to prepare it for prosthetic use. You can work on this by rubbing a variety of textured materials on your residual limb. You will want to start with soft materials like a cotton ball, and progress to rougher material like a paper towel or a terry cloth towel.

Scar Mobilization

Scar adherence to underlying tissue and bone can be a source of pain when using your prosthesis. It is important to keep the skin and scar tissue loose through massaging the scar once the incision has closed completely.

1. Place two fingers over the bony portion of your residual limb near the scar.
2. Press firmly and move your fingers in a circular motion across the bone for about 1 minute. Repeat this until you have worked all of the scar tissue near the bony end.
3. This should be done daily when you bathe.

WHAT IS PHANTOM LIMB SENSATION?

Phantom limb sensation is common after amputation and is a natural and common physiologic response to limb loss. Some studies report that it occurs in about 80 percent of amputee patients. Phantom limb sensations are very real feelings that your brain relates to your limb after amputation.

The feelings can take a variety of forms, such as touch, pressure, temperature, itch, numbness or tingling, posture or location in space. They also can include feelings of movement in the amputated part of the limb. There are many different types of sensation, but the important thing to realize is that they are all normal and expected.

How Long will Phantom Limb Sensation Last?

Phantom limb sensation is commonly present shortly after the amputation. For some people, phantom limb sensations decrease or even go away within the first few months. For others, the sensation will decrease in how often it happens and how strong the sensation is, but never goes away fully. Even after many years, some people still feel that their limb is still there.

Phantom Limb Pain

Phantom limb pain is when phantom limb sensations become uncomfortable. It is frequently described as a shooting pain down into the missing limb. Sometimes it may be an dull, achy or burning pain. The pain is usually worst just after amputation and decreases rapidly in the weeks after surgery. Only a small number of patients have ongoing phantom limb pain.

Is Phantom Limb Pain Treatable?

Yes! There are many ways to treat phantom limb pain. The first one is to use desensitization techniques described on **PAGE 6**.

These include massaging and tapping your residual limb. Many people find that phantom limb pain is often linked with stress. Try stress reduction techniques to help treat your phantom limb pain.

If the phantom limb pain is severe enough that it is interfering with your sleep or your daily activities, it may be time to talk to your doctor about medications that can help with the pain.



The Wound Care Clinic team will work with you to take steps to prevent wounds from developing in the future. Below are some steps you can take to improve wound healing and wound prevention.

- Do not smoke
- Eat a proper diet
- Control your blood sugar and manage diabetes if necessary
- Manage blood pressure and blood cholesterol levels
- Lose weight if you are overweight
- Wear proper footwear and/or compression garments if directed
- Exercise regularly under your doctor's guidance
- Decreasing your risk factors for vascular disease, heart disease and stroke
- Treat other underlying conditions that put you at risk for foot and leg ulcers

You are encouraged to take an active part in your care plan by:

- Keep the wound clean and dry
- Changing the dressing as directed
- Taking prescribed medications as directed
- Drinking plenty of fluid
- Following a healthy diet, as recommended, including plenty of fruits and vegetables
- Exercising regularly, as directed by a physician
- Wearing appropriate shoes
- Wearing compression wraps, if appropriate, as directed

Dietician

If you are struggling with your diet, ask your physician about seeing a nutritionist to discuss your dietary needs and suggestions for improving dietary choices.

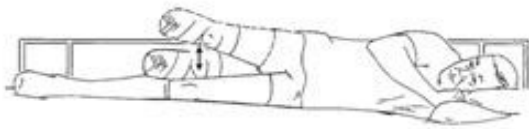
Reference: Cleveland Clinic

RANGE OF MOTION EXERCISES

Your residual limb will need a period of time to heal. During this phase of your recovery, it is important to stretch daily to retain your range of motion. It is also important to strengthen your core and back muscles to maintain trunk strength, decrease the risk of back pain, and help with balance once you are fit with your prosthesis.

Note: Please be sure to check with your doctor or physical therapist before beginning this or any other exercise program. Your current level of fitness, your general health, and the condition of your residual limb are all factors that will play a role in how rigorously you can exercise. Always wear your elastic bandage, Shrinkers sock, or cast to protect your residual limb while performing these exercises.

Transtibial (BK) Exercises



Roll to sound side. Lift residual limb straight up and down while keeping hip straight.



With towel roll behind knee, gently bend and straighten knee over towel roll.



With towel roll between thighs, gently squeeze thighs together and down.



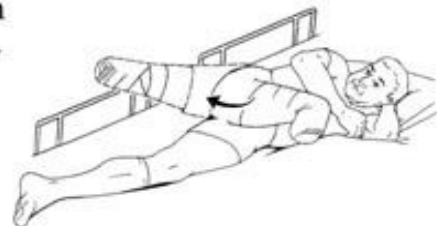
Sitting with residual limb supported, tighten thigh muscle and push down on knee to straighten.



Flatten back by tightening stomach muscles and tilting hips toward waist.



With towel roll under calf of residual limb, tighten thigh muscle to straighten knee. Gently push down while tightening buttock muscles.



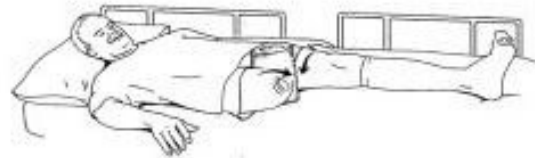
Roll to sound side. Bring knee to chest while bending knee. Reach limb back as far as possible while straightening knee.

Note: Please be sure to check with your doctor or physical therapist before beginning this or any other exercise program. Your current level of fitness, your general health, and the condition of your residual limb are all factors that will play a role in how rigorously you can exercise. Always wear your elastic bandage, Shrinkers sock, or cast to protect your residual limb while performing these exercises.

Transfemoral (AK) Exercises



Roll to sound side. Lift residual limb straight up and down while keeping hip straight.



With towel roll between thighs, gently squeeze thighs together and down.



With towel roll under residual limb, gently push down into towel roll while tightening buttock muscles.



Roll to sound side. Bring residual limb to chest, then reach limb back as far as possible.



With sound knee bent and foot flat, tighten buttock muscles while attempting to lift hips.



Flatten back by tightening stomach muscles and tilting hips toward waist.

How Can Physical Therapy Work For Me?

Participating in Physical Therapy (PT) after an amputation can mean the difference between success and failure. A comprehensive amputee evaluation and treatment program is designed to progress patients through the difficult stages of post-amputation recovery into a state of functional independence. From the initial days after surgery, through the difficult process of learning to use your first prosthesis, to advancing your mobility skills years after an amputation, PT can help throughout your journey.

Working closely with your physicians and prosthetists, therapists are dedicated to their role within a team of practitioners aimed at returning amputees to a high level of independence. As experts in gait training and body mechanics, physical therapists are able to assess, treat and eliminate abnormal movement patterns, allowing amputees to function in their environment with maximized safety, efficiency and decreased pain. We accomplish this by advancing your strength, range of motion, balance and functional mobility, depending on your specific needs and personal goals.

Initial Post-Operative Recovery: Initially, your therapist can assist you in regaining your strength and ROM as your body adapts to a new amputation. During this time, your therapist will work closely with both your physician and prosthetist to prepare you for the receipt of your first prosthesis.

Learning To Use Your Prosthesis: Once fit with your prosthesis, continued PT will focus on advancing your balance and mobility skills as a prosthetic ambulator. In this phase of recovery, therapeutic exercise programs will be tailored to meet your specific needs and rehabilitation goals, as you learn to use your prosthesis for daily movement tasks within your home and community.

Advancing Your Mobility Skills: Having learned to be an independent ambulator, advanced PT training can help many amputees return to their highest level of previous function. Specifically, progressed PT training programs can be designed to assist in returning patients to work, climbing stairs/inclines/ladders, ambulating on uneven outdoor terrain, running and participating in recreational sporting activities. In the stage of rehabilitation, the sky is often the limit!

Please be sure to ask your physician or prosthetist about how PT might be able to help you through your recovery process!



OUTCOME MEASURES

During your visits with us, we will discuss your goals and desires. We will also use tests to help determine how functional you are. The data we collect combined with the completion of your goals and desires is called an outcome.

WHAT TESTS WILL BE PERFORMED?

- **AmpPro:** A balance test that shows the functional ability of an amputee. This test is graded by K-levels.
- **10 Meter Walk Test (10MWT):** A walking test that shows the risk of falls.
- **Self-Assessments:** Tests completed by you to tell us how you feel about using your prosthesis.

HOW WILL YOUR OUTCOME DATA BE USED?

Your outcomes will be shared with you, your physician, and your physical therapist to help determine the best design of a prosthesis, physical therapy course, and overall health plan.



OUTCOME MEASURES

What does success with my prosthesis look like?

Ask your prosthetist about your outcome data today!

Amp-Pro

A balance test that shows the functional ability of an amputee. This test is graded by K-levels. An increase in score indicates increased functional mobility.

Date	Score

10 Meter Walk Test (10MWT):

A walking test that shows the risk of falls. A decrease in time indicates increased mobility and balance.

Date	Time

Self-Assessment Tests

Tests completed by you to tell us how you feel about using your prosthesis

Date	Outcome Test	Score

YOUR FIRST PROSTHESIS

Prosthetic Consultation and Evaluation: This is a conversation where we want to learn as much as we can about you. What did you do before your amputation? Do you work? Do you have children or grandchildren? The answers to these and other questions will help us outfit you with a prosthesis that will best fit your own unique goals and needs. After we evaluate you, we will communicate with your doctor and recommend the type of prosthesis that will help you achieve your goals.

Measurement / Casting: Since each person's residual limb is unique your prosthesis is custom-made to match. We will take a plaster cast of your limb so that we know the exact shape of your limb. We use the cast as a model to make your first prosthetic socket.

Fitting: Your first socket will be made of clear plastic so we can see how the socket fits on your limb. More than one of these sockets may be needed to ensure that you are comfortable in your prosthesis. This will take place over a series of appointments.

Once a good socket fit is achieved, we will attach components (foot, knee, etc.) to this socket to see that everything is in the correct position. We will guide you through your first steps so that we can adjust, or "align", the prosthesis. Proper alignment is important for your safety, balance, and proper gait.

Delivery: This is the day that you receive your finished prosthesis! We will walk you through how to put on and care for your prosthesis, give you an initial wearing schedule, and make sure you are comfortable with all the processes before you leave our office.

Follow-up: We will want to check in with you on a regular basis to see how you are doing and check your prosthesis. Even if you feel that everything is progressing well, it is important that you keep follow-up appointments so your prosthetist can ensure the safety of your prosthesis. If you ever need adjustments, please call your prosthetist and make an appointment.

THE PARTS OF YOUR LOWER LIMB PROSTHESIS

What now?

Once your limb is healed and you are released by your doctor, you can begin prosthetic fitting. Prosthetics is something that you probably have never been introduced to, so let's get familiar with some of the parts.



Socket: This is the most important part of your prosthesis. The socket is the part of the prosthesis that fits onto your residual limb. Just like every person's body is unique, so is your residual limb. Because of this, your socket is custom-made so that it fits snugly to your residual limb. The proper fit prevents skin irritation, ensures your comfort, makes the limb feel lighter, and gives you better control over your prosthesis.



Suspension: The suspension of a prosthesis refers to how it stays on your limb. There are many types of suspension available. Your prosthetist will discuss appropriate options with you at your prosthetic consultation.



Knee: There are many types of knees that can be used for an above knee prosthesis. Your prosthetist will discuss types of knees that are appropriate for your individual case with you at your prosthetic consultation.



Foot: There are many types of feet with a variety of different functions. Your prosthetist will work with you to match a prosthetic foot to your activity level and needs.

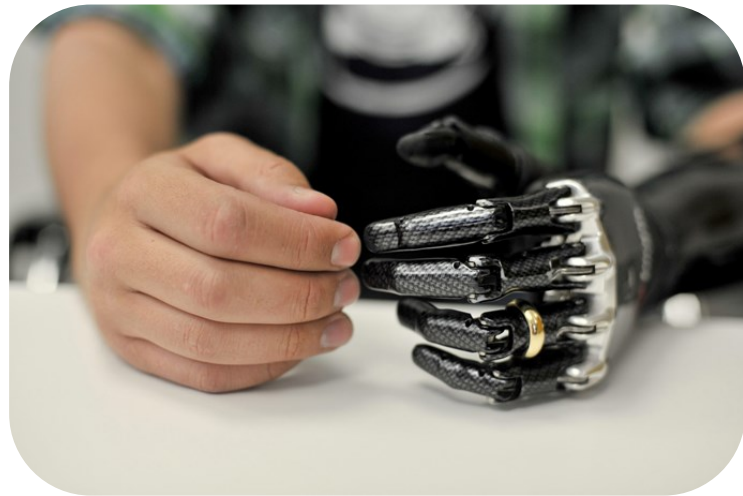


Cover: A custom-shaped foam cover can be added to your prosthesis, or you may choose to leave the components exposed without a cover.

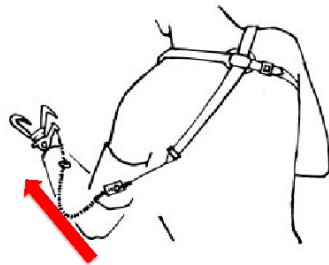
THE PARTS OF YOUR UPPER LIMB PROSTHESIS

What now?

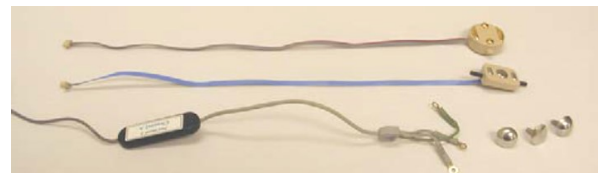
Once your limb is healed and you are released by your doctor, you can begin prosthetic fitting. Prosthetics is something that you probably have never been introduced to, so let's get familiar with some of the parts.



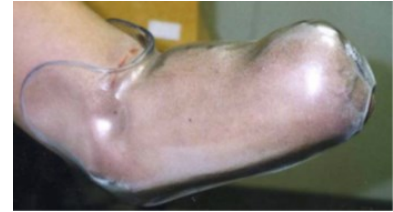
Body Powered The prosthesis uses body movements, harnessed with control straps and cables to operate components.



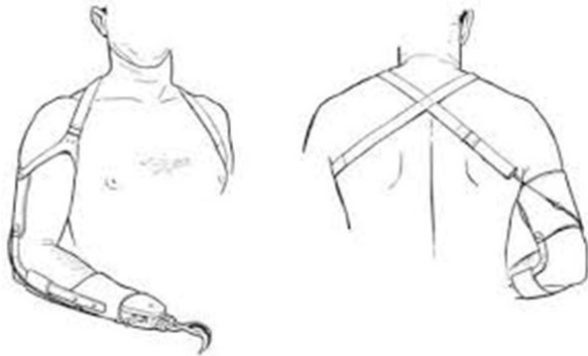
Externally Powered Externally powered components outside the body power the prosthesis. Sensors detect muscle signals and or switches are used to control the prosthesis which is powered by a battery.



Socket: This is the most important part of your prosthesis. The socket is the part of the prosthesis that fits onto your residual limb. Just like every person's body is unique, so is your residual limb. Because of this, your socket is custom-made so that it fits snugly to your residual limb. The proper fit prevents skin irritation, ensures your comfort, makes the limb feel lighter, and gives you better control over your prosthesis.



Suspension: The suspension of a prosthesis refers to how it stays on your limb. There are many types of suspension available. Your prosthetist will discuss appropriate options with you at your prosthetic consultation.



Harness: Used in conjunction with body powered device to control and operate the prosthesis.

Terminal Device: Component of the prosthesis that allows for grasping items. There are a large variety of terminal devices based on function, weight, cosmesis, residual range of motion and control.



PATIENT JOURNEYS

Jennifer Clark

Jennifer's life was changed dramatically when she developed a rare benign tumor that was exacerbated while pregnant with her third child. The growing tumor impaired the function of her left leg, leaving her in a constant state of pain and depression.

After countless hours of searching for solutions on the internet, Jennifer was inspired by the story of amputee athlete and Ironman competitor Sarah Reinersten. "If Sarah can swim 2.4 miles, ride a bike for 112, and run for 26.2, then I can at least live a normal life," she said. With her new found inspiration, Jennifer decided to make the life altering decision of amputation. She felt that the surgical intervention and amputation would allow her to maintain quality of life and the active lifestyle she had previously with her family.

Since her amputation, Jennifer has competed in numerous sprint distance triathlons, placed third in her division at the ITU Paratriathlon World



Championship, and has completed a half marathon, as well as numerous other distance races including the National Triathlon in San Diego. As a wife, a mother of three children, and a full time dental hygienist, Jennifer keeps busy on a daily basis. With the assistance of her husband, Scott, she still finds time in her busy schedule for training.

With her current ongoing extensive training program, Jennifer will continue to improve her abilities as an athlete. She strives to continue to be an inspiration for anyone who is willing to set forth a goal and push themselves to their limits to achieve what they never thought possible.

"I am so thankful for my large support group of family and friends, and for my wonderful prosthetist who makes it all possible." Jennifer receives prosthetic care at Baker Orthotics & Prosthetics, a facility filled with her biggest fans and a place she considers home.

Eddy Welker

Eddy Welker was involved in a life-threatening electrical accident on May 13 in 1997. Three weeks after his accident and after battling MRSA, and a severe case of pneumonia, Eddy was removed from his medically induced coma. He was moved to an acute burn center with a shoulder and an above-elbow amputation.

Eddy received his first arm in Oklahoma City with the intent that they may be the only one. He quickly informed his prosthetist that he was born with two arms and he would leave the world with two. The next year, he received his second prosthetic arm. After being released from rehab, he was able to go home to Vernon, Texas in 1998, where the real world complications set in causing Eddy a lot of frustration. The frustration lasted about a month, as Mr. Welker had the determination to be the best and refused to let depression set in.



Eddy was told during his rehabilitation process that he would never drive again, which he felt was one of the worst things he heard during the entire process. Eddy recalls that the learning process was difficult, but he learned to drive within a year. By 1999, the Welkers moved to Granbury on the lake to make a fresh start with all their children living nearby. Eddy learned how to drive a boat, ride a bicycle, and finally started his great passion— racing— in 2001. Eddy states that a lot of thought must be put into everything and every task to be accomplished. “It’s not as simple as deciding to go buy a lawn mower and mowing.” With five grandchildren the Welkers stay very active with their family.

As a testament to his character, or what his wife would refer to as his stubbornness, today he races cars for fun. Eddy started racing with the assistance of his wife, Linda, after a day at the race track watching. While at the track, Eddy turned to Linda and said he thought he could do it. “How hard can it be? You just go straight and turn left!” Through his strong will and perseverance Eddy continues to accomplish tasks daily that most would deem impossible.

PATIENT JOURNEYS

Scott Grimsley

One short year after getting married to his wife Holly, Scott Grimsley became very ill and had to be taken to Parkland Memorial Hospital. After going through the emergency department, Scott and Holly learned that he had developed Sepsis, triggered from an infection beginning in his heart. His blood then began clotting and stopping the blood flow to his hands, which resulted in having his right hand and four fingers on his left hand amputated. Scott was not sure what he would be able to do after his amputations, and was worried about how much his life would change.

Before his amputations, Scott worked a full-time job at a software company, played the drums in his church worship band, and helped with household chores. Scott put his faith in God and became determined to return to the activities he enjoyed pri-



or to being sick.

Scott has now been able to start a job with Netflix, where he passed their typing test and training without any issues. He has also returned to drumming with his church worship band and is currently working with Christ for the Nations Institute in Dallas to record an upcoming worship that will be debuted on many popular music streaming sites.

After going through many life altering challenges, Scott has changed not only his perspective on having a disability, but many others as well. ***“Having a disability means you might look a little different, but can still do the exact same things as everyone else,”*** says Scott. His disability has also brought him new opportunities that he did not have before, like being able to speak to people about how God has helped him and his wife overcome these challenges and brought new blessings into their lives. Scott finds it a blessing to be able to encourage people to not give up and to remember God is always with you.

Sharon Reynolds

All her life, Sharon Reynolds had been active. She was a busy medical office secretary, an active jogger, and a busy mother to her two daughters. In 2001, her life changed dramatically. Sharon was hit head on by another vehicle, causing multiple injuries including a torn right ankle. She underwent several surgeries, including an ankle fusion.

She attempted to regain her active lifestyle after the surgeries and felt that at first, life was okay. Over the course of the next year she experienced more pain in her ankle, back and hips. Sharon got to the point where she could only walk a very short distance with a cane. "I felt like more of an 80 year old than an active middle aged female." Sharon felt like she was out of options and tried to make the best of a negative situation.

While on the internet searching for answers, she found a group of people who had had their ankle fused and then elected for amputation. The group of people explained a new life, feeling relief, returning to an active lifestyle, with waiting to have their amputation being their only regret. After living in pain for almost a decade, Sharon decided to take the next step and elected for amputation.

Sharon has continued to progress in her activity level and is now able to perform activities she never thought possible after her accident. *When she was fit with her definitive prosthesis she felt a difference, "I started crying because it was the closest thing to what God gave me when I was born". She feels that she is getting her life back, being independent with a faster walk.*



The hill in front of her house used to be quite the challenge, now with her new prosthesis she feels it is a piece of cake. Balance is an automatic motion that just hap-

pens, she no longer worries about stability. Sharon loves helping and doing for others, which has been restored with her new found independence. She recently received her teaching certificate and plans to teach at a busy junior high next fall. Through her caring nature and determination, Sharon will achieve great things including going hiking in the mountains once again.



RECREATIONAL PROSTHETICS

Participating in recreational activities offers both physical and psychological benefits. Following amputation, you may need to work with your prosthetist or physical therapist to make adjustments in order to participate in recreational activities. Depending on the type of amputation and the activities you would like to return to, there are a variety of options available.



After amputation, the first goal is to strengthen your body and return to normal daily activities. Daily exercise with or without your prosthesis can help you achieve this goal and help you reach new goals.

Think about the activities you would like to participate in, and work with your rehabilitation team to set goals. The following are a few activities that you may want to take part in. You will want to discuss with your prosthetist what modifications may be needed in order to facilitate these activities.

Upper Extremity Amputees

For upper limb amputees, various grips and other attachments are available to assist in various activities that you may participate in. Your prosthetist will be able to help select devices appropriate to your daily activities.

Golf

Golf is a low-impact activity that can help improve and challenge your balance as an amputee. Many people with amputation regularly play golf, however there are prosthetic components that may facilitate your game.

For lower limb amputees, the tibial rotator or hydraulic ankles can help reduce the risk of skin abrasion within the socket from rotational motion or sloped surfaces.

If returning to golf is one of your prosthetic goals, make sure to discuss this with your prosthetist and physical therapist so that they can provide you with the proper the components and training.

Cycling

Cycling is a good way to strengthen the muscles without injuring the residual limb or requiring the limb to bear the body's weight.

Below knee amputees may find that their socket may limit how much your knee can bend. This can make it difficult to reach the top position while pedaling. Modifications can either be made to your bicycle or to your prosthesis to help facilitate the knee flexion.

Above knee amputees may find that their socket pinches their skin or limits the amount of hip flexion while cycling. Your prosthetist may be able to modify your socket to help with this. Alternatively, below or above knee amputees may require a separate cycling leg if they are an avid cyclist.



Swimming

Swimming exercises muscles without causing injury to your sensitive residual limb.



Most amputees swim without a prosthesis and do very well. Others may choose to buy a secondary limb that is made especially for swimming. Alternatively, an old prosthesis can be converted into a swim leg for considerably less money than buying a new swim prosthesis. Your prosthetist will be able to help you assess your options.

Running

Running for fitness is a good way to get aerobic exercise. It does, however, put great stress on your residual limb. There are several clubs and groups that can assist the amputee in learning how to run.

Boxing

The National Amputee Boxing Association



Challenged Athletes Foundation

Funding for sports prostheses or sports equipment is available to amputees through the Challenged Athletes Foundation's grant program. The grant application is open on an annual basis, and awards grants to both amateur and professional athletes.



RESOURCES AND SERVICES FOR PEOPLE WITH AMPUTATION

Handicapped Parking

Handicapped parking in the state of Texas is issued by the Texas Department of Motor Vehicles. Eligibility is based on a medical condition that meets the legal definition of a disability, which includes persons with amputations.



You may apply for a placard and/or plate at your local county tax-collector's office. In order to apply you must:

- Ask your doctor to complete the Disability Statement section of the application
- Submit the completed application and payment (if applicable) to your county tax office.

More information and the application are available at: <http://www.txdmv.gov/motorists/disabled-parking-placards-plates>

Vocational Rehabilitation (VR)

The Texas Workforce Commission (TWC) runs the state of Texas' Vocational Rehabilitation (VR) program. VR services help people with disabilities prepare for, find and keep jobs. You may be eligible for services, depending on how your amputation interferes with your work. If you think you may be eligible for VR, you may call the TWC inquiries line or find more information on their website.

Inquiry Line: (800) 628-5115

www.twc.state.tx.us

Paratransit

Paratransit is a shared-ride, curb-to-curb, public transportation service for people with disabilities who are unable to use fixed route buses or trains. Riders who are unable to access vans by using steps can use the wheelchair lifts or ramps. Boarding chairs are available upon request. To use it, you must:

- Submit the completed application
- Ask your doctor to complete the Disability Verification section



Dallas County: DART Paratransit

More information and the application are available at: 214-515-PARA (7272) or www.paratransit.DART.org



Tarrant County: MITS Paratransit

More information and the application are available at: 817-215-8600 or www.the-t.com/services/mits-paratransit

Local Support Groups and Resources

Achilles Dallas

www.facebook.com/Achillesinternationaldfw
www.achillesinternational.org
AchillesDallas@gmail.com
www.amputee-coalition.org

Dallas Amputee Network (DAN)

www.dallasamputeenetwork.org
DAN Hotline: 972-470-0505

Websites on Amputation and Disability

Whole Person Network

<https://whole-person.mn.co>

Amputee Coalition

www.amputee-coalition.org
(888) AMP-KNOW

Surviving Limb Loss

www.survivinglimbloss.org

Amputee Information Network

www.amp-info.net

Limbless Association

www.limbless-association.org

Stumps R Us—An Amputee Support Group

www.stumps.org

LadyAmp.com

www.ladyamp.com

The Global Resource for Orthotics & Prosthetics Information

www.oandp.com

Recreational Amputee Resources

Access to Recreation

www.accesstr.com

U.S. Paralympics



www.usparalympics.org

Disabled Sports USA

www.dsusa.org

National Center on Physical Activity and Disability

www.ncpad.org

National Amputee Golf Association

www.nagagolf.org

American Amputee Soccer Association

www.ampsoccer.org

The Online Connection for Amputees with an Active Lifestyle

www.activeamp.org

SERVICES TO ASSIST

Vocational Rehabilitation (VR)

The Texas Workforce Commission (TWC) runs the state of Texas' Vocational Rehabilitation (VR) program. VR services help people with disabilities prepare for, find and keep jobs. You may be eligible for services, depending on how your disability interferes with your work. If you think you may be eligible for VR, you may call the TWC inquiries line or find more information on their website.

Inquiry Line: (800) 628-5115

www.twc.state.tx.us



Americans with Disabilities Act (ADA)

The Americans with Disabilities Act (ADA) requires that employers make reasonable accommodations to employees with disabilities. If you suspect that your treatment in the workplace violates the ADA, contact the Disability Rights Section of the U.S. Department of Justice at:

(800) 514-0301

www.ada.gov

The ADA also prohibits discrimination against disabled people from government services, transportation services, commercial facilities and public accommodations.

CHARITY AND DONATIONS

Funding—Charities and Assistance Options

There are several options for individuals who do not have traditional funding such as government (Medicare) or private insurance. Being an advocate for yourself and proactively looking for options is always best regardless of monetary or funding options. Your prosthetist is willing to assist you with the process as long as you are motivated and willing to be a productive member of society and be a self advocate.

A Few Monetary Options Available:

PMR Charity
Limbs For Life
Catholic Charities
Self Pay Options



BAKER MOBILE CLINIC

Baker now has a new, full service, mobile lab! A licensed/certified Prosthetist is now available for qualifying patients who are unable to make the trip to one of our offices.

Consultation is FREE! Call today: 817-332-7313



- To qualify, you or your loved one must be home/facility bound and desire to return to community function, but is unable due to lack of transportation or other complications.
- Once we have made contact with you and have a physician order, you will be placed in our prosthetic rehab program where we will monitor your progress and help you navigate your way to an independent lifestyle.
- Our program offers amputee specific rehabilitation including gait training after your prosthesis is delivered to you. We will direct you to a variety of physical therapy options including short inpatient stays in a rehabilitation facility, outpatient clinics, or select home health agencies that are approved and educated by Baker staff to ensure quality treatment.
- The new mobile lab combines clinical expertise with the rehab program to allow individuals to obtain functional independence previously unattainable.

TRAVELING AS AN AMPUTEE

Preparing for a trip can be a stressful experience for anyone. As an amputee, you have a whole other set of things to prepare for and remember.

Before you leave: TSA Pre-Check

Checking your prosthesis before your trip will help ensure that it is in good operating condition to get you where you need to go on your trip. If you are concerned with anything you find while checking your prosthesis, call your prosthetist for repairs before you leave on your trip.

- ❑ Socket - Clean the socket using a mild soap and washcloth.
- ❑ Liners and Sleeves - if your prosthesis has a liner and/or sleeve, check them for small tears or holes that may cause you to lose suspension.
- ❑ General Maintenance - check the prosthesis for looseness at the joints. Listen for sounds that are out of the ordinary and may indicate a worn or broken component.

Pack extras

- ❑ Extra liner and/or suspension sleeve
- ❑ Extra limb socks
- ❑ Plastic bags or prosthetic cover if you plan to wear your prosthesis around water or sand

Ask your prosthetist about a prosthetist in the area you are traveling to - just in case

Ask about your hotel room accommodations

Plane travel:

Request or purchase bulkhead seating

Ask for wheelchair assistance (check your wheelchair ahead of time if you are bringing it)

Wear loose clothing, shorts or a skirt and request a travel letter from your prosthetist

Airport security:

Know your rights

Residue test

TSA Checkpoint:

Travelers requiring special accommodations or concerned about checkpoint screening may ask a checkpoint officer or supervisor for a Passenger Support Specialist who will provide on-the-spot assistance

TSA Cares Helpline

1-855-787-2227

Monday through Friday 8 a.m. – 11 p.m. Eastern Time and weekends and Holidays 9 a.m. – 8 p.m. Eastern Time.

TSA recommends that passengers call approximately 72 hours ahead of travel so that TSA Cares has the opportunity to coordinate checkpoint support with a TSA Customer Service Manager located at the airport when necessary.

Passengers with prostheses can be screened without removing them. The way screening will be conducted depends on the passenger's level of ability and whether or not he or she voluntarily chooses to remove his or her prosthetic during screening.

The passenger should inform the Transportation Security Officer (TSO) of the existence of a prosthetic, his or her ability, and of any need for assistance before screening begins. Passengers can use TSA's Notification Card to communicate discreetly with security officers. However, showing this card or other medical documentation will not exempt a passenger from additional screening when necessary.

Passengers with prostheses can be screened using imaging technology, metal detector, or a thorough patdown.

Regardless of whether a passenger is screened by a metal detector, imaging technology, or a thorough patdown, a prosthetic is subject to additional screening. An officer will need to see the prosthetic, which may require the lifting of clothing without exposing any sensitive areas or removing a belt that holds the prosthetic to the passenger's body. TSA also will use technology to test the prosthetic for traces of explosive material. If explosive material is detected, the passenger will have to undergo additional screening. If a passenger voluntarily removes his or her prosthetic during screening, it will be screened by X-ray.

My name is Eddy Welker, I am an upper extremity double amputee. These are some of the things I have found out that help with being able to function well when traveling, just on a daily trip or extended travel.

Daily travel: I always have extra batteries and tools to tighten my driving arm if needed. I always carry straws for drinking anything, because I can't lift a glass or cup. I also carry a metal fork, because it is hard to feed myself with plastic forks and at some places, metal silverware is not available.

Extended trips, usually in a Motor Home, but also works for Hotel stays: I make sure I have batteries, battery chargers, arm sleeves for putting on the left arm, backup arms and tools for minor repairs.

Flying: Check on the Airlines Website before trip. There you can find out all of the procedures and requirements for passengers with disabilities as far as check-ins, security screening and early boarding. Also you can find out what to expect with the screening process and what your rights are in that process and also what you can do if you do not feel you are being treated fairly and respectfully. I put backup arms, battery chargers, batteries and misc. tools for arm repairs in a carry on bag so if my checked baggage gets delayed or lost I can at least function on the trip. So you need to make sure the contents of that bag meet security requirements.

Arlington

631 Matlock Centre Circle
Arlington, TX 76015
P: (817) 200-6986
F: (817) 200-6831

Dallas

1311 Record Crossing Rd.
Dallas, Tx 75235
P: (972) 348-5295
F: (972) 692-7533

Fort Worth

810 Lipscomb St.
Fort Worth, Tx 76104
P: (817) 332-7313
F: (817) 335-3604

Southwest Fort Worth

6116 Oakbend Trail
Fort Worth, TX 76132
P: (682) 207-2357
F: (817) 259-2642

Richardson

1475 Richardson Dr #206
Richardson, TX 75080
P:(214) 377-7155
F:(214) 377-7335

Denton

519 Bryan St.
Denton, TX 76201
P: (940) 800-2990
F: (940) 301-3838



[www.facebook.com/ BakerOandP](http://www.facebook.com/BakerOandP)



www.youtube.com/channel/UCWGuuzU_PmqrX2qb7SVZPDw



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