

Amputee Rehabilitation: pain management, exploring the legal angles

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Rehabilitation

- Role of solicitor – put the Claimant at the centre of the process
- Establishing priorities
- Maximising Recovery
- Case Managers and the Immediate Needs Assessment
- Establishing a multi-disciplinary team
- Holistic approach
- Rehabilitation Code of Practice 2015

Amputee Needs

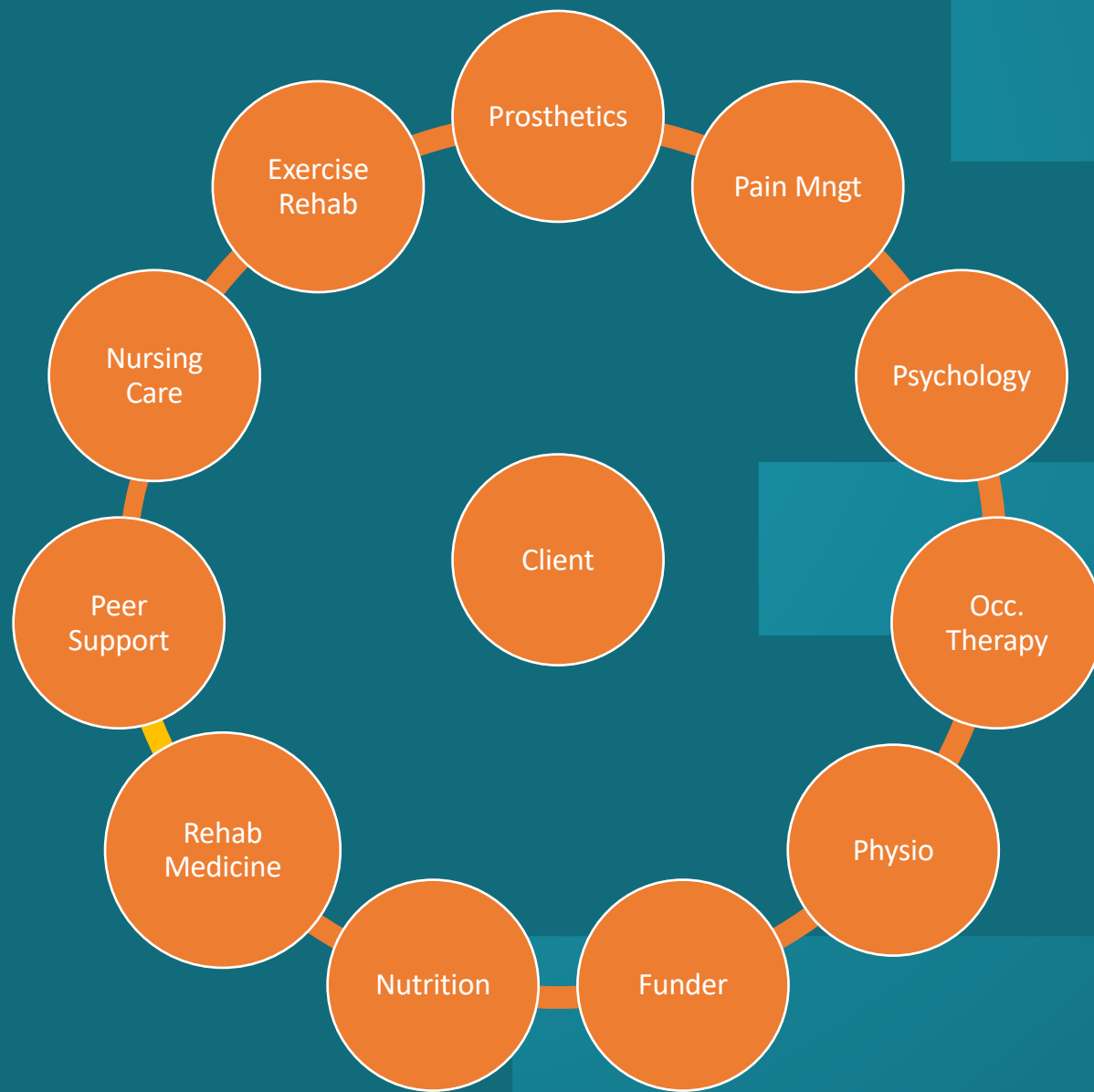
- Complex and wide ranging :
 - Wound management
 - Oedema control
 - Prosthetic rehabilitation
 - Gait re-education
 - Strength and conditioning
 - Pain management
 - Psychological adjustment
 - Counselling
 - Emotional wellbeing
 - Care and independence
 - OT – independence at home
 - Peer support
 - Nutrition support
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- Aim - return client, as near as possible, to pre-injury activity / independence level

Meeting Amputee Needs – Traditional Model

- Out-patient provision
- Range of professionals involved from different organisations but often little collaboration
- Often some needs ignored which can hamper progress in other needs e.g. lack of psychological support can hinder prosthetic outcomes
- Client can become despondent and disengage
- Can take months or years to achieve significant progress

Meeting Amputee Needs - A New Model...

- Collaborative approach, treating holistically for improved outcomes over shorter time frame
- Intensive rehab programmes, tailored to individual needs
- Comprehensive MDT approach, working together to help clients achieve goals
- Swift provision of prosthesis, fine-tuning fitting throughout admission
- Wider needs met including rehab, pain management and psychology, enabling improved acceptance and outcomes with prosthetics
- Treatment delivered under one roof in purpose-build rehab centre



Sample Programme

Monday

- 09:00-10:00 Arrival and registration
- 10:00-11:00 MDT assessment with client
- 11:00-12:30 Assessment and cast by Prosthetist/Orthotist
- 12:30-13:30 Lunch
- 13:30-15:00 Therapy session – Physio assessment and testing
- 15:00-15:30 Break
- 15:30-17:00 Therapy session – OT assessment and testing
- 17:30-18:30 Dinner

Tuesday

- 09:00-10:30 Prosthetic/Orthotic diagnostic socket fitting
- 10:30-11:00 Break
- 11:00-12:30 Therapy session – gait re-education
- 12:30-13:30 Lunch
- 13:30-15:00 Psychology session - assessment
- 15:00-15:30 Break
- 15:30-17:00 Therapy session - hydrotherapy
- 17:30-18:30 Dinner

Wednesday

- 09:00-10:30 Peer support session
- 10:30-11:00 Break
- 11:00-12:30 Therapy session - OT
- 12:30-13:30 Lunch
- 13:30-14:30 Prosthetic/orthotic review
- 14:30-15:00 Break
- 15:30-17:00 Therapy session – gait re-education
- 17:30-18:30 Dinner

Thursday

- 09:00-10:30 Definitive orthosis/prosthesis fitting
- 10:30-11:00 Break
- 11:00-12:30 Therapy session – gait re-education
- 12:30-13:30 Lunch
- 13:30-14:30 Therapy session – strength and conditioning
- 14:30-15:00 Break
- 15:00-17:00 Therapy session – pilates/tai chi/yoga
- 17:30-18:30 Dinner

Friday

- 08:30-09:30 Prosthetic/orthotic review
- 09:30-11:00 Therapy session – gait re-education
- 11:00-11:30 Break
- 11:30-12:30 Therapy session – strength and conditioning
- 12:30-13:30 Lunch
- 13:30-14:30 Therapy session – hydrotherapy
- 14:30-15:00 Break
- 15:00-16:00 MDT review
- 16:00-17:00 Close and departure with home exercise programme

What gaps does this service meet?

- Traditional model can be disjointed , prolongs rehabilitation and can increase costs of rehab and litigation.
- Client's are not one size fits all, the intensive inpatient MDT approach helps to provide a bespoke package.
- Collaborative MDT working, intensively treating amputees holistic needs intensively to achieve greater outcomes in a more timely and cost effective manner

Case study 1

- Work place accident
- Traumatic below knee amputation
- Significant pre- injury mental health challenges
- Alcohol abuse
- Complex social history
- Needs to be meet:
 - Pain Management strategy reinforcement
 - Weaning from opioids
 - Prosthetic adjustment
 - Psychology support in place but emotional distressed
 - Physically deconditioned
 - Poor nutrition

Case study 2

- Road traffic accident
- Above knee amputation
- Initial admission – focus on Prosthetic fitting and rehab, pain management, identified psycho-social needs
- Second admission – Role loss, Body image, pain management, re-engaging with roles, physical conditioning, prosthetic rehab.

Case study 3

- Work place accident
- Complex orthopaedic injuries, brain injury
- Pre-existing below needs amputee
- Rehab for orthopaedic injuries, identified significance of brain injury, pain management, able to address prosthetic needs quickly

Joined up working with the client at the centre

Pain Management Programmes are recommended in many cases, but often don't take place. A bespoke service can address pain management and other complex needs at the same time, ensuring client's access vital services. This has important considerations both pre and post litigation.

Collaborative and comprehensive approach, tailoring treatment to individual needs and treating client holistically for optimal outcomes over relatively short time frame

- Complexity of clients needs
- Addressing all their rehab needs in one place using partnership working

