

For New Above Knee Amputees

Retrieved from: www.abovekneeamputee.com 12/3/03

So, you are a new above knee amputee. Yes, it is a strange situation to be in. If you are having severe emotional problems due to your amputation, click on "the emotional side of amputation" on our home page. Losing a leg is devastating. You have the right to feel cheated, angry, and depressed. But, you do not want things to get any worse by failing to get a good artificial leg. The frustration of searching for a good artificial leg on top of the trauma of amputation can be almost too much to bear. For this reason, AboveKneeAmputee.com™ recommends following a procedure that is outlined below:

First of all, follow all doctors' advice on caring for and rehabilitating the residual limb (stump). Your number one goal from day one is for your residual limb to heal without infection and for your muscles to strengthen and for swelling to dissipate. You will most likely be given extensive rehabilitation exercises. The rest of your intact limbs will have to strengthen to partially compensate for your lost limb. Your residual limb will undergo rehabilitation to get it ready for prosthesis.

The goal you need to keep in mind is to shrink your residual limb as much as possible. Your residual limb will be very bloated after amputation. Exercises and healing should allow the swelling to go down. However, only so much shrinkage will happen until you start using prosthesis. Once you get prosthesis, your residual limb will continue to shrink for over a year.

O.K., this means that you will need constant adjustments to your socket or added socks to your socket (see socket link) over this time period. The constant changing of shape will be frustrating, but you need to endure through it until you shape stabilizes. At that point the next new socket you get casted for should fit very well and you will have "made it" through the toughest part of the post-amputation period. You must remember, that walking on a prosthesis is the only way your leg will shrink, and if you stop using your prosthesis, your leg will swell up somewhat again and take more walking to shrink back down. So, try to adjust to the shrinking as much as possible and stick with the walking!

One thing to remember. Pain is BAD. Do not let anyone convince you that constant pain is part of having an artificial leg. Yes, you will definitely be sore when you first start wearing an artificial leg. You will also tend to have times where the prosthesis pinches you here or there, and you will need to get the socket adjusted. But any kind of consistent pain that does not get better after you have used the leg for a while is BAD. For more on this look at the socket link.

Also, the absolute worst thing that can happen to an above knee amputee is for the residual limb to drop too far in the socket and "bottom out". The socket is

designed for your weight to be held by your pelvic bones. If there is any weight on the end of the residual limb, you can get medical complications including severe trauma and infections. Be careful here, because sometimes it is hard to "feel" what is going on, and you may think you are just experiencing the natural discomfort of getting used to a leg. A good thing to do is to every night check the bottom and back side of your residual limb using a mirror. Look for any constant redness. If you have this redness on the end of your residual limb, STOP wearing the prosthesis IMMEDIATELY, and see your prosthetist.

Another thing to remember is that insurance companies will only let you get another leg made when there is a "significant shape change". Therefore, you need to plan out how you want to get each successive leg. Remembering that your residual limb will shrink for over a year, you definitely want to be in a position to get a new leg at the end of this period. Therefore, if you get another socket made after your initial leg was made, make sure that it is either made very early in the first year (after the first big amount of shrinkage), or if it is possible, delay making the next socket until after the shrinkage has subsided. Your prosthetist will make measurements and can tell you when you look to have stabilized. So, the idea is to compensate for the shrinkage as much as possible by adding socks (see [socket link](#)), and then getting re-cast after shrinkage has completed.