

# CASE STUDY

## #1



The patient is a 48-year-old female with a husband and two children who are in high school. She came into inpatient rehabilitation with a left below-the-knee amputation (BKA). She had surgery one week ago, and her surgical bandages are still intact. The patient indicated that she feels pain in the ankle that was amputated. She can walk two feet using a walker and wheelchair to follow. The patient has only taken sponge baths since the date of surgery. She has a standing tolerance of one minute and requires a seated rest break to recover. She also desires to “get back to her life” and care for her house and family. She works a full-time office job and would like to return to it as soon as her health permits.

### CONSIDERATIONS

The first thing to consider is that the patient is a spouse and mother who is used to taking care of others. Consider having a conversation with the patient and spouse about how roles may need to change during this time. Conversation can include what resources can be used to facilitate this change in roles. This can include friends or family bringing in dinners or having someone clean the house. Another thing to consider is the age of the patient. This can be helpful in the recovery due to her ability to adapt to recommendations when introducing adaptive equipment or providing modifications to daily tasks. The scenario mentions that the patient still has the surgical dressing on the residual limb. It is good practice to keep in contact with nursing staff to determine if the bandage needs changed and if the dressing needs to be wrapped during bathing.

### AT A GLANCE

#### Challenges

- Phantom limb pain
- Cares for others regularly
- Lowered endurance
- Surgical wound

#### Benefits

- Patient is younger
- Patient has husband and children for caregivers

### INTERVENTIONS

1. Mirror therapy can help decrease phantom limb pain in the ankle of the amputated extremity.
2. ADL tasks: The patient is used to caring for others. Help her to find ways to continue to complete self-care tasks independently and as safely as possible. This can include using a shower chair, reacher, long-handled sponge, and other equipment to increase independence.
3. Educate the patient and family on how the role may change during residual limb healing. Help find solutions to tasks that may be too taxing for the patient to return to immediately.