UPPER EXTREMITY

EVALUATION PROTOCOL

Overview

The rehabilitation teams at Walter Reed Army Medical Center and the Brooke Army Medical Center have put together this protocol. This protocol was created out of necessity when these two centers had patients who were upper extremity amputees, and other protocols were not specific enough. This protocol gets into the specifics of the first phase, acute management.

(Smurr et al., 2008)

Thought to Note

If the patient has yet to be introduced to a prosthetic and orthotic company, it is vitally important to do this. Differences in the weight in their upper extremities can cause lasting effects on other joints, including the spine, scapula, and hips.

(Smurr et al., 2008)

Reference

Smurr, L. M., Gulick, K., Yancosek, K., & Ganz, O. (2008). Managing the upper extremity amputee: a protocol for success. *Journal of Hand Therapy*, 21(2), 160–176. https://doi.org./10.1197/j.jht.2007.09.006

Components of the Acute Phase

- **Comprehensive Evaluation**
  - For more information, refer to the "Evaluation Protocol" outline.
- **Wound Healing**
  - Doctors may use drains, negative pressure wound therapy, and other devices to assist in the healing process.
- **Edema Control**
  - Compression sleeves can be used to assist to reduce edema and shape the residual limb.
- **Desensitization and Scar Management**
  - Compression, massage techniques, and introduction to various textures can assist in desensitizing the residual limb.
  - Smurr et al. (2008) recommends performing desensitization for 20-30 minutes 3x a day.
- **Pain Control**
  - Pain can be in the form of phantom limb pain or residual limb pain. Refer to the "Current Knowledge of Phantom Limb Pain" for more information.
- **Gross Motor**
  - Give visual feedback if compensation on the unaffected side is seen. It is common for shoulder elevation to occur.
- **Psychological Support**
  - Educate the patient and family on the resources available to them. Please see the "Family and Community Support" overview in the resource library for more information. (Smurr et al., 2008)