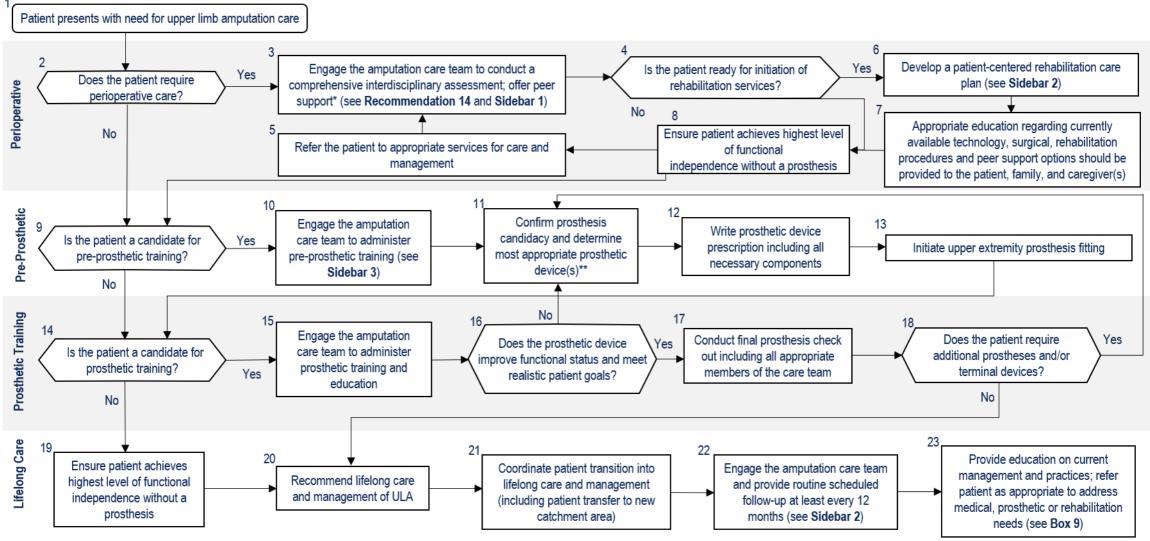
VA/DoD CLINICAL PRACTICE GUIDELINES

The Management of Upper Limb Amputation Rehabilitation





\*Peer support includes both peer visitors right after surgery and peer support in an outpatient setting

\*\*May involve trials of various device components as appropriate and feasible

Abbreviations: ULA: upper limb amputation

## Sidebar 1: Components of the Comprehensive Assessment

- Present health status
- Level of function
- Modifiable / controllable health risk factors
- Pain assessment
- Cognition and behavioral health
- Personal, social, and cultural context
- Learning assessment
- Residual limb assessment
- Non-amputated limb and trunk assessment
- Prosthetic assessment (if applicable)
- Vocational assessment

## Sidebar 2: The Patient-centered Rehabilitation Plan

- Evaluations from all members of the care team
- Input from the patient and family/caregiver(s)
- Treatment plan, which must address all identified realistic patient-centered treatment goals, rehabilitation, medical, psychological, and surgical problems
- Indication of the next anticipated phase of rehabilitation care based on discharge criteria

## Sidebar 3: Physical and Functional Rehabilitation Interventions

- ADL retraining and consideration of adaptive equipment, modified or altered strategies, and one-handed techniques
- Residual limb management (e.g., volume, pain, sensitivity, skin integrity, and care)
- Progressive ROM exercises
- Postural exercises and progressive strengthening
- Cardiovascular endurance
- IADL interventions, home and driving modifications, assistive technologies, and community integration
- Adaptive sports or leisure activities