The Management of Upper Limb Amputation Rehabilitation

VA/DoD CLINICAL PRACTICE GUIDELINES March 2022

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

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

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

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Access to the full guideline and additional resources is available at: [https://www.healthquality.va.gov/](https://www.healthquality.va.gov/)

Abbreviations: ADL: activities of daily living; IADL: instrumental activities of daily living; ROM: range of motion