

Discover Why Our "Team"
Approach to Quality Prosthetic
Care is Uniquely Effective in Helping
Amputees Reach Their Goals



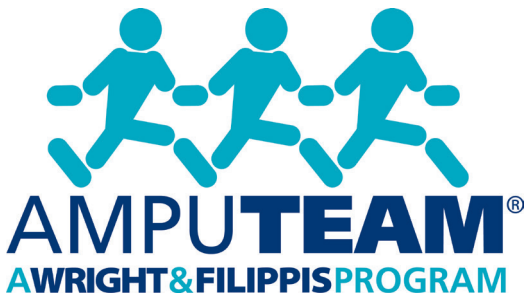
Phone: 800-482-0222
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WRIGHT & FILIPPIS[®]

AmpuTeam

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Welcome to AmpuTeam!

A “Team” Approach to Quality Prosthetic Care

Since 1944, Tony Filippis Sr., founder of **Wright & Filippis**, had a vision of making the world a better place for people with disabilities. Tony had a unique understanding of the hardships faced by persons with disabilities – he, himself, was a bilateral amputee, losing both of his legs below the knee after a tragic train accident at the age of 12.

Tony’s passion for helping others fueled Wright & Filippis’ mission of making the world a better place for amputees, and that is why the company - long committed to providing the best prosthetic care in the industry - established the **AmpuTeam** program.

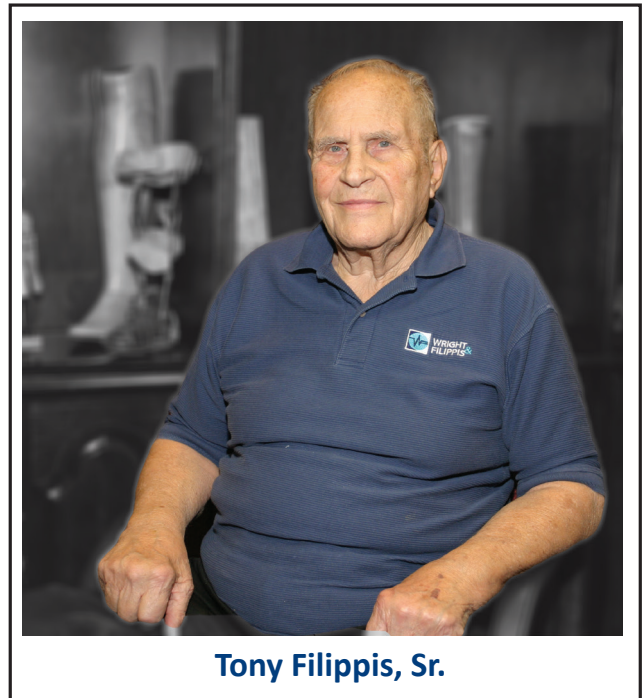
AmpuTeam was created because Wright & Filippis believes amputees deserve much more than just a prosthesis – they should have the opportunity to resume full participation in all aspects of their daily life. And, that’s what they receive as members of AmpuTeam.

The AmpuTeam program redefines prosthetic care. The primary objective of AmpuTeam is to offer each amputee opportunities to learn the skills necessary to achieve their unique, individual and functional goals. This objective is met by enhancing the services and cooperation between the patient, family members, physicians, therapists, Wright & Filippis, and other healthcare

professionals.

The AmpuTeam program features a variety of elements that use this “team approach” to address “individual needs”:

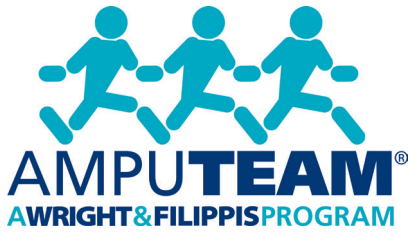
- **Training for Life** programs are conducted throughout the year by AmpuTeam to assist amputees with personal training and support in a friendly, family oriented environment. Amputees, their spouses, family members, therapists, physicians are all welcome to join in as each participant receives personalized attention and a hands-on opportunity to improve their functional levels... and have fun doing it.
- **The AmpuTeam Academy** provides educational opportunities to help keep doctors and therapists up-to-date with the latest approaches, solutions and innovations regarding amputees and prosthetic care.



Tony Filippis, Sr.

- **AmpuTeam Fieldhouse** amputees have a chance to participate in an array of hands-on sports and recreational opportunities. Some activities include adaptive bowling clinics, AmpuTeam basketball, golf and other outdoor sports encourage amputees to get active and provide a variety of fun ways to put their enhanced skills to work. While many choose to challenge others, they will always challenge themselves.

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Welcome to AmpuTeam A Team Approach

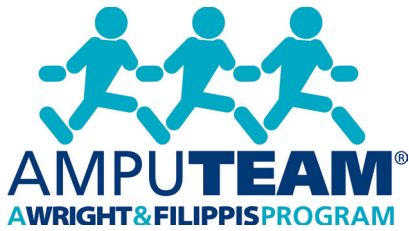
- The Amputee Support Services program can be vitally important to new amputees. Through this outreach program, certified AmpuTeam representatives travel throughout the region to offer words of hope, inspiration, encouragement and peer counseling to amputees in need. From the hospital to the rehab center to their home, the AmpuTeam Support Service team will always be there to help.
- Patients who participate in the AmpuTeam program also have access to the Midwest's largest and most experienced team of certified prosthetic professionals at Wright & Filippis. Providing Quality Patient Care is the hallmark of Wright & Filippis, and the company's staff members are on-hand at every AmpuTeam event to ensure that all participants receive the very best experience possible.
- More recently, AmpuTeam has begun broadening its horizons. The newest element of the AmpuTeam Program involves assisting amputees from all parts of the globe. Through AmpuTeam International, our staff and volunteers provide a variety of humanitarian support services for amputees and their healthcare providers in other countries.

AmpuTeam clearly offers a distinct advantage. It's an innovative program that provides hands-on opportunities to learn... to improve... to enjoy life. It addresses "individual" needs using a "team" approach. Everyone benefits when we work together and that, truly, is the essence of AmpuTeam.



Supported annually by AmpuTeam, Camp Yes!Can is an important summer event for young amputees.





Welcome to AmpuTeam

The Team

The primary objective of AmpuTeam is to offer each amputee increased opportunities to achieve their unique, individual and functional goals. This objective is met by enhancing the services and cooperation between the patient, family members, physicians, therapists, Wright & Filippis, and other healthcare professionals.

This “team” concept offers a number of advantages to amputees. Without question, AmpuTeam’s approach allows everyone to benefit by working together. Each member of the team plays an important role:

PATIENT

Through the AmpuTeam program, amputees are provided with unique opportunities to achieve greater control of their prosthesis. This greater control allows amputees to focus on attaining their individual activity goals. AmpuTeam provides many benefits to the amputee:

- AmpuTeam Fitness Clinics give patients ongoing opportunities to continue developing the skills and strength necessary to achieve their goals.
- Patients receive personalized attention at the AmpuTeam walking and running schools which introduces patients to customized training techniques.
- With access to Wright & Filippis’ certified staff of prosthetists and other rehab experts, each amputee can receive ongoing evaluations to be certain their

prosthesis provides them the best mobility possible.

FAMILY

There is no question that the amputee’s family is a major influence on the successful achievement of their personal functional goals, because the family provides a significant means of support and encouragement. It’s important for families to be involved in every aspect of the rehabilitation process.

AmpuTeam ensures that families become active participants by including them in pre-operative discussions, postoperative care and by their involvement in the fitness clinics and walking and running schools. The AmpuTeam approach to prosthetic care encourages family involvement in every step towards an amputee’s functional freedom.

PROSTHETISTS

Quality prosthetic care is the foundation upon which Wright & Filippis was built, and to this day continues to be a company priority. Wright & Filippis is committed to providing the highest quality care in helping amputees realize their functional potential. Receiving a well-fitting, durable, expertly-crafted prosthesis is only the first step on the patient’s road to the most dynamic lifestyle possible. With the region’s largest staff of certified practitioners, Wright & Filippis is uniquely qualified to blend technology and experience to create a prosthesis that opens the door to

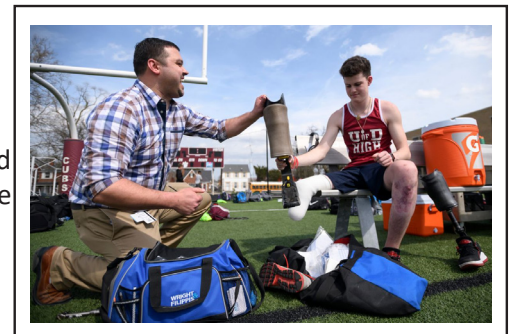
new and exciting activities of daily living.

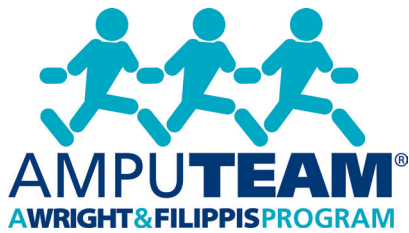
PHYSICIANS

AmpuTeam provides physicians with greater choice in selecting the appropriate course of post-operative treatment. By enhancing communication and offering a wide variety of postoperative care options through its various programs, AmpuTeam can provide the amputee with the opportunity to restore as much function as possible. A variety of educational opportunities are available through the AmpuTeam Academy, which provides continuing prosthetic education to physicians and all rehab professionals.

THERAPISTS

Therapists are key members of AmpuTeam. Since function is the primary goal of AmpuTeam, it is essential that therapists maximize their time with patients. Through the AmpuTeam Academy, we work closely with therapy staff and make prosthetic clinical educational opportunities available throughout the region. In addition, the therapist’s involvement in the fitness clinics and walking and running schools is essential to AmpuTeam’s success and to the obvious success of the patient.





Welcome to AmpuTeam Training for Life



AmpuTeam's Training for Life seminars give amputees the ability to challenge themselves. These seminars are essentially "mobile AmpuTeam programs" because of the various locations where these seminars take place. They are regularly offered in western, central and southeast parts of the state of Michigan.

When amputees attend Training for Life seminars hosted by AmpuTeam, after leaving rehab, they receive the extended higher-level of treatment that is critically important for them to adapt to their new prosthesis.

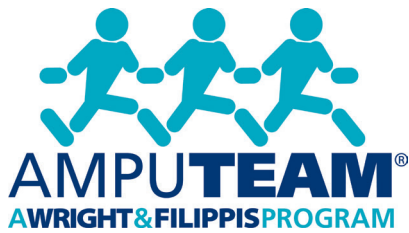
Providing motivation for the amputee to make the most of this experience is a big part of AmpuTeam's Training for Life seminars.

Training for Life seminars are conducted in a family-oriented atmosphere, and the entire family is encouraged to attend.

Peer support is another key component during Training for Life seminars. Along with the help and support provided by AmpuTeam staff members, amputees themselves often assist one another at Training for Life seminars.

Training for Life seminars are not only for amputees, but doctors and therapists as well. Whether it's to give a helping hand or to simply learn new methods and techniques, doctors and therapists frequently attend these sessions. Training for Life seminars are an out-of-classroom experience for the AmpuTeam Academy.





Welcome to AmpuTeam AmpuTeam Academy



The **AmpuTeam Academy** consists of educational seminars that help doctors, therapists and other healthcare professionals learn and better understand the latest approaches, solutions and innovations regarding amputees and prosthetic care.

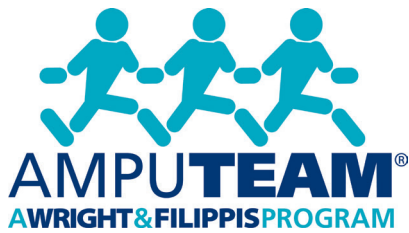
With new technology and information introduced monthly, the AmpuTeam Academy helps healthcare professionals stay current on issues that impact their patients.

The AmpuTeam Academy's skilled and knowledgeable staff offers an array of in-services and continuing education courses, which allow healthcare providers and patients a chance to learn the latest in prosthetic componentry and rehabilitation techniques.

The AmpuTeam Academy is associated with many colleges and universities throughout Michigan, including the following:

- Wayne State University
- Oakland University
- Grand Valley State University
- University of Michigan-Flint
- Macomb Community College
- Baker College





Welcome to AmpuTeam

AmpuTeam Fieldhouse

Through AmpuTeam Fieldhouse, amputees have a chance to participate in a variety of hands-on sports and recreational opportunities. Adaptive bowling clinics, AmpuTeam basketball, golf, outdoor sports – even opportunities to compete in the annual **Extremity Games** – encourage amputees to get active and give them a variety of fun ways to put their enhanced skills to work.



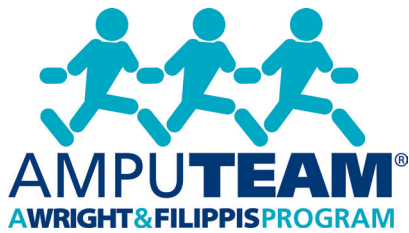
always challenge themselves. Events hosted or supported by AmpuTeam include the following:

- **Adaptive bowling clinics** are a fun place for amputees to learn how to bowl and spend time with peers and family.
- In the gym, the **AmpuTeam Spartans** stand up basketball team compete in many charitable events, and encourages other amputees to get active on the court.
- **Extremity Games**, hosted by **Athletes with Disabilities Network** and supported in part by AmpuTeam, is an international event held every year for amputees who compete in motocross, mountain biking, rock climbing, wakeboarding, skateboarding and kayaking. Each year, AmpuTeam sends a

team of amputees to Extremity Games to represent AmpuTeam in competition.

- For young amputees, **Camp Yes!Can** is a week-long getaway held each summer to give children of all ages a fun and exciting opportunity to share in a number of recreational activities with their peers. Sponsored by AmpuTeam, young amputees travel to Big Bay in Michigan's scenic Upper Peninsula where they enjoy kayaking, swimming, arts and crafts, and much more. With a volunteer staff that includes prosthetists and therapists, the children share a unique and special experience that they will keep with them always.





Welcome to Amputeam

Amputee Support Services

Taking part in a local support group may help you adjust to your amputation and introduce you to further resources in your area. In addition to being a great resource for meeting people and learning more about adapting to your amputation, support groups provide a chance to help others through serving as a peer counselor.

Amputeam has created its **Amputee Support Services** to provide emotional support, encouragement, educational information and insight as to what to expect as an amputee. This unique support group offers peer advisement by individuals in the community who have had amputations. These peer visitors give their time, encouragement, and advice to new patients before and after their amputation.

Amputee Support Services is available to anyone facing or experiencing limb loss. The program:

- Features trained male and female amputee peer visitors available for mentoring.
- Provides home, hospital or rehab visits.
- Welcomes and encourages family members to participate.
- Offers all services at no charge.

Peer visitors in **Amputee Support Services** can be matched to new patients according to many factors, including age, gender, level of amputation and recreational interests, and are available throughout Michigan.

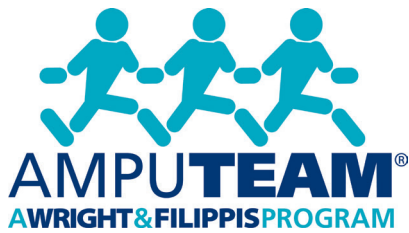
To those who have experienced limb loss, knowledge and teamwork have proven to assist in helping new amputees return to their normal lifestyles.

For more information or to schedule a visit, please contact a Wright & Filippis prosthetist.

PEER VISITS AVAILABLE THROUGH AMPUTEE SUPPORT SERVICES

To schedule an appointment with a Peer Visitor, please contact the Wright & Filippis Prosthetics Department at (248) 829-8282.





Welcome to AmpuTeam Patient Services



Patients who participate in the AmpuTeam program have access to the Midwest's largest and most experienced team of certified prosthetic professionals at **Wright & Filippis**.

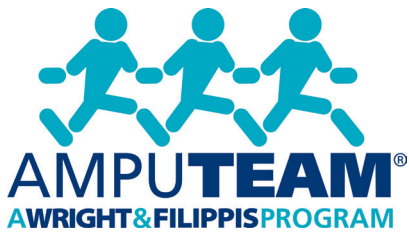
Providing quality patient services at Wright & Filippis has always been the top priority, and through the AmpuTeam program, Wright & Filippis has established a new standard for care. The company's staff members are on-hand at every AmpuTeam event to ensure that all participants receive the very best experience possible.

With unsurpassed access to the industry's latest componentry and with an experienced staff to address the individual needs of every amputee, patients are assured the finest healthcare available when they work with Wright & Filippis.



The overriding goal is to make a prosthesis that amputees will want to use the rest of their lives. To accomplish that, prosthetists work closely with amputees through the entire process of hospitalization, physical therapy and continued training. With proper care, training, education and follow-up, the prosthetist works closely with the patient to develop a prosthesis that will meet the amputee's needs for a lifetime.





Resources for Amputees

What You Should Know About Your First Prosthesis

INSURANCE

While it is important that you focus on preparing your body for your artificial limb, it also helps to consider how your prosthesis will be paid for. Wright & Filippis will work with you to help educate you on your insurance coverage.

EVALUATION

When your doctor has determined that you are ready for fitting, you will visit a prosthetist for an evaluation. At this time, the prosthetist will ask you many questions about your lifestyle, your vocation, your hobbies, your future plans, and your expectations for using your prosthesis.

Your prosthetist will also do a thorough evaluation of your strength and range of motion, or flexibility. He or she will evaluate the condition of your residual limb and ask questions about your general health. Your prosthetist will present this information to your doctor along with a recommendation for the type of prosthesis that will best serve your goals, expectations and abilities.

If your health insurance carrier requires prior approval, that will take place now. Some insurance carriers can take several weeks to review your case and reach a decision.

IMPRESSION-TAKING

Next, your prosthetist will take measurements of your residual

limb and of your sound limb. He or she will take an impression of your limb as well, normally with a plaster bandage. The plaster bandage will be wrapped around your limb and allowed to harden. Once the cast is set, the prosthetist will remove the cast from your limb and use it as a model to fabricate, or build, your prosthesis.

FITTING

It can take several visits to produce a well-fitting, well-functioning artificial limb. Your prosthetist will normally focus on the fit of the socket first. A clear plastic socket may be fitted so that the prosthetist can actually see where the socket fits well and where modifications are needed.

Your prosthetist will eventually attach your components to this test socket to ensure that everything is in the proper position. He or she will then ask you to stand and possibly even take a few steps with the prosthesis, with help if you need it.

As you walk, your prosthetist will make small adjustments to the angle of the foot. This is called “aligning” the prosthesis. Proper alignment is necessary for your safety and it allows you to walk with more ease.

DELIVERY

This is the day that you will receive your finished prosthesis.

Your prosthetist will make sure that you know how to operate all of the features of the prosthesis and will give you information about proper care and maintenance. He or she will also set guidelines for an initial wearing schedule to give your body time to get used to wearing the prosthesis.

It is important to schedule your first physical therapy appointment as soon as possible. Your prosthetist may even deliver your finished prosthesis directly to your therapist. It is very important that you follow the safety guidelines set by your prosthetist and physical therapist.

FOLLOW-UP

After your prosthesis is finished, you will return occasionally for adjustments and minor repairs. Contact your prosthetist if you notice that your socket is fitting differently or that any parts are not working properly.

(Source: A Guide for Rehabilitation, Rehabilitation Institute of Chicago, 2007.)



Resources for Amputees

Community Resources

American Association of People with Disabilities

AAPD is a non-profit cross-disability organization whose goals are unity, leadership and impact.

Visit us online at www.aapd.com

Americans with Disabilities Act

Official government website regarding federal laws for people with disabilities.

Visit us online at www.ada.gov

Area Agency on Aging

To find an agency nearest you:

Visit us online at www.n4a.org/index.cfm

Athletes with Disabilities Network

Michigan-based non-profit organization which, among other things, hosts athletic competitions for amputees.

Visit us online at www.adnpage.com

Family Independence Agency

For information on Medicaid, child-only grants, family grants and the Food Assistance Program:

Call us at 517-373-2035

Visit us online at www.michigan.gov

Job Accommodation Network

A free consulting service designed to increase employment of people with disabilities.

Visit us online at www.jan.wvu.edu

Legal Hotline for Michigan Seniors

Call us at 800-347-5297

Michigan Office of Services to the Aging

Call us at 517-373-8230

Michigan Rehab Services

State of Michigan website working with individuals with disabilities.

Visit us online at www.michigan.gov

Orthotics and Prosthetics Online

Product information, journals and other research articles.

Visit us online at www.oandp.com

Prosthetic Outreach Foundation

A foundation dedicated to restoring mobility and independence worldwide to amputees and other persons with disabilities.

Visit us online at www.pofsea.org

U.S. Equal Employment Opportunity Commission

Visit us online at www.eeoc.gov

United States Paralympic Team

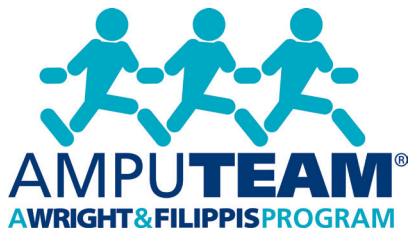
Visit us online at www.teamusa.org/US-Paralympics

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Call us at 800-482-0222.

Visit us online at www.FirstToServe.com and www.AmpuTeam.com



Resources for Amputees

Information for Amputees

Prosthetic Facts

- An amputation is the surgical removal of an appendage or limb.
- The majority of amputations occur as a result of disease, with diabetes and cardiovascular disease accounting for the greatest percentage (nearly 75%). Almost 25% of amputations are the result of a traumatic accident.
- A prosthesis is a man-made device to replace your amputated limb. It is custom fit to each individual, taking several factors into consideration, such as your health, lifestyle, age and weight.
- The name of an amputation is determined by the part of the limb removed. Most types or levels are referred to by letters or abbreviations:
 - AE - above elbow (Trans Humeral)
 - AK - above knee (Trans Femoral)
 - BE - below elbow (Trans Radial)
 - BK - below knee (Trans Tibial)
 - Bi-Lateral - both legs or arms
 - Elbow Disarticulation - arm through elbow
 - Forequarter - (Interscapula/Thoracic) - arm, shoulder, clavicle, and scapula
 - Hemipelvectomy - leg, hip and pelvis
 - Hip Disarticulation - leg at hip

- Knee Disarticulation - leg and knee
- Mid-Metacarpal - fingers at knuckles
- Shoulder Disarticulation - arm at shoulder
- Syme - foot at ankle
- Transmetatarsal - toes and part of forefoot
- Wrist Disarticulation - hand at wrist

Your First Prosthesis

Once your limb has healed enough, design and fabrication may begin on your prosthesis. The first

prosthesis is called an early-fitting or temporary prosthesis. Many modifications will be made from this and most often, it will not look like a “finished” product. Once your limb has sufficiently reduced in size and it is no longer possible to make adjustments to your early fitting prosthesis, your definitive prosthesis will be made. This will be more functional, lighter, and cosmetically finished, utilizing a protective outer coating.

It will take time for you to adjust to your amputation and you may experience feelings of anger, sadness or discouragement. These feelings are a normal part of the grieving process and you should not feel ashamed of having them and do not hesitate to talk to your Wright & Filippis prosthetist. He or she may be able to assist.

WRIGHT & FILIPPIS: The Prosthetic Specialists

Upper Extremity Care

Wright & Filippis’ upper extremity specialists are uniquely trained and qualified to offer a wide range of prosthetic choices. Each prosthesis is individually designed and crafted according to the amputee’s needs. This experience enables patients to take full advantage of the most current technological advances.

Lower Extremity Care

Wright & Filippis offers comprehensive care for the management of every type of lower extremity limb loss. After being fully evaluated, a rehabilitation program is implemented that is consistent with the amputee’s individual functional goals. Appropriate techniques and technologies are used to maximize each amputee’s rehabilitation experience.

Helpful Hints

Prosthetic Do’s and Don’t’s

- DO participate in physical therapy.
- DO control swelling.
- DO exercise.
- DO keep your residual limb clean.
- DO keep your residual limb straight (BK amputees).
- DON’T place a pillow under your back, curving your spine.
- DON’T place a pillow under your hip or knee.
- DON’T place a pillow between your thighs .

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Information for Amputees

- DON'T hang residual limb over the edge of the bed or sit in a chair with the limb bent.
- DON'T lay with knees bent.
- DON'T sit with legs crossed.
- DON'T rest residual limb on crutch handle.

Value of Exercise and Conditioning

It is essential to incorporate a long-term exercise program to maximize the functional outcome of the patient. Wright & Filippis has a trained rehabilitation specialist on staff to answer any questions regarding physical therapy and to assist in designing an appropriate rehabilitation program in conjunction with your physical therapist.

Caring for your Prosthesis

It is important to keep both the skin and the inside of the prosthetic socket clean. Wash your limb daily with warm water and a mild, fragrance-free soap, as any fragrance on the skin can cause a reaction when your limb is enclosed in the prosthetic socket. The inside of the socket or liner should be wiped daily with warm water and a soapy cloth.

Several products are available to use - lotions/ointments, tape-like bandages and glue-like liquids - to toughen the skin.

Methods for Reducing Swelling AK (Above Knee) Amputees

Your residual limb consists of

muscle and soft tissue that will

need to be shaped and reduced in volume as soon as possible after surgery. A shrinker sock, also called a compression wrap, is used on the residual limb and is designed to apply the greatest amount of pressure at the lower end of the limb, gradually reducing pressure as you move

upward. This pressure is what will reduce the swelling and shape your residual limb. Your age and overall health will ultimately determine the length of time it will take for the swelling to go down.

The shrinker sock is an elastic sock with an attached waistband, and is sized to fit your residual limb. You should check the sock 3-4 times a day to be sure it is pulled up properly. If there is excess space at the bottom of the sock, the limb will swell into that space.

BK (Below Knee) Amputees

For below knee amputations, an immediate post-operative prosthesis (IPOP) can be used on the residual limb. This is a cast that extends above the knee and is put on the residual limb immediately after the operation. This cast cannot be removed and is usually worn for the first two weeks following surgery. A lightweight pylon may be used to connect the cast to an artificial foot.



Shrinker

Prosthetic shrinkers are used to control the volume and promote shrinkage in both transtibial and transfemoral amputations. Shrinkers are easily managed by the patient both in the hospital and at home. Shrinkers can be applied at any time in the patient's rehabilitation.

The cast serves several functions. It prevents excessive swelling and also prevents knee flexion contractures, which occur when the leg is bent for a long period of time and will cause the knee to lock in position. The cast also protects the limb from bumps and falls.

When the IPOP is removed, a removable rigid dressing (RRD) is applied. This is another type of cast, which can be removed and should be done daily to clean and inspect the limb. The RRD extends to the knee and protects from injury. As the swelling goes down, socks can be worn under the RRD to fill the extra space. Sometimes socks may be used in conjunction with the RRD to further reduce swelling.

Below knee amputees can also use a compression sock, which controls swelling by providing pressure from the bottom of the limb, decreasing toward the top.

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Post-Operative Care

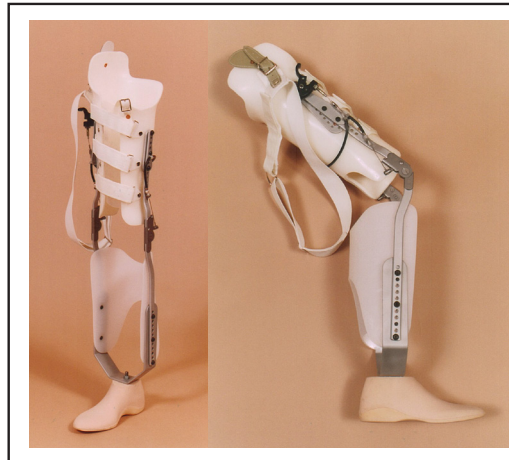
Wright & Filippis offers a wide range of post-operative care choices. These include compression therapy for volume control, rigid or soft foam dressings, non-ambulatory prostheses, or ambulatory post-op prostheses.

Ischial Weight Bearing Prosthesis

Wright & Filippis fabricates the Ischial Weight Bearing Prosthesis (IWP) that allows an amputee to ambulate after surgery. The IWP greatly enhances the rehab process by maintaining strength, range of motion, balance, good cardiovascular health, and by increasing an amputee's confidence.

The Ischial Weight Bearing Prosthesis (IWP) is an ideal product for many amputees. What is it?

- The IWP is an early fitting prosthesis that is prefabricated and totally adjustable.
- The prosthesis can be fit the first post-operative day, to several weeks later for delayed healing amputations.
- The prosthesis enables full



Ischial Weight-Bearing Prosthesis

The Ischial Weight-Bearing Prosthesis allows the patient to have full weight-bearing on the ischial tuberosity with no pressure on the amputation site. This allows for ambulation immediately after surgery. Available in transfemoral and transtibial designs which can be customized to each individual patient.

weight bearing on the ischial tuberosity and thigh area, while bypassing the weight around the amputation during ambulation.

- Bail locking knee joints permit stability during ambulation, and a trigger release near the hip allows the knee joints to unlock for sitting.
 - The IWP can be fit to below knee, above knee and knee disarticulation amputations.
 - The IWP can be used with various types of wound care under a foam protective dressing. The foam can be placed over an ace bandage, compressive shrinker or a sterile dressing.
 - The prosthesis can also be used with a rigid removable dressing.
- The IWP incorporates a quadrilateral socket, which is adjustable in both the anterior to posterior and medial to lateral directions. The socket comes in small and regular sizes.
 - Safe and effective to use on amputations with healing failures, open wounds or guillotine amputations.
 - Hospitalization for both the acute care and rehabilitation stay is dramatically shortened, thereby reducing hospital costs.

The IWP provides great advantages to many patients. Consult your healthcare professional about the Ischial Weight Bearing Prosthesis.



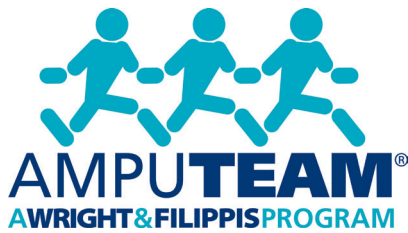
Rigid Dressing

Rigid dressings are used to control volume, promote shrinkage and protect the transtibial residual limb. The rigid dressing is custom made of fiberglass over the residual limb and is typically applied by and monitored by the prosthetist.



Ace Wraps

Ace wraps are used to control volume and promote shrinkage of both transtibial and transfemoral amputations. The ace wrap is typically applied by healthcare professionals and not by the patient. Ace wraps can be applied at any time in the patient's rehabilitation.



Resources for Amputees

Surviving an Amputation

You are not alone. There are hundreds of thousands of people with amputations in the United States. Although amputation can be a significant disability, most have learned to lead happy, productive lives since their surgery.

The term “amputee” describes a condition, not a person. You are in reality a “person” who happens to be missing one or more of your limbs. You may dislike the term “amputee” at first. Just remember, inside you’re the same person now that you were before.

Amputations are called by different names. Above knee, below knee, above elbow and below elbow amputations are named after the bones they transect, namely “trans-femoral” and “trans-tibial” respectively. They are also commonly referred to as AK, BK, AE and BE respectively. Amputations at the joints are called “disarticulations,” as in “hip disarticulation.” Loss of one leg is called “unilateral” and loss of both is called “bilateral”.

The part or portion of the limb you have left is commonly called a “residual limb,” although some people use the term “stump”. You can use either term you prefer.

Coping with the Emotional Pain

An important thing about amputation is that it permanently and visibly takes away a part of your body. For this reason, it’s common for people with new amputations to grieve the loss of the limb as they would mourn the loss of a loved one.

It’s normal for people with amputations, no matter how well they might have tried to prepare themselves, to go through this period of grieving before they can fully accept their new situation. This adjustment period can be emotionally painful, but it’s completely normal, and absolutely necessary to deal with.

In general, your adjustment may be more difficult the more severe (i.e., higher) your amputation is, if your amputation is bilateral, and if you must rely on others for help with your daily living needs. Also, the shock tends to be more severe if your amputation was the result of an accident and you didn’t have time to prepare emotionally, or if you expect your life to be profoundly affected.

It’s entirely normal for you to experience anger, increased demandingness, intolerance and frustration during this time. Despair, introspectiveness, withdrawal and even short-term depression are also common, as are feelings of agitation or “jitteriness.” You may be alarmed by these feelings. If these feelings persist, seek counseling or psychological help.

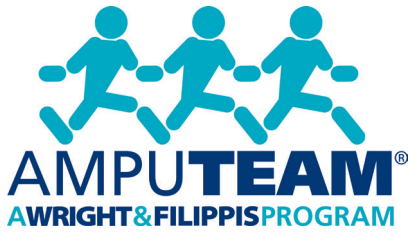
Not only are there physical challenges and doubts about the future to be dealt with, but also since most of us tend to equate who we are with being physically “complete”, we may see the loss of our limb as striking at our very self-image and identity. A positive self-image and an understanding that your attractiveness to others is based on your personality, intellect, sense of humor and personal values—not how

many legs or arms you have—will be the most significant factor in your emotional recovery! As with grieving over a death, mourning the loss of a limb is said sometimes to occur in stages. These may include:

- A shock stage, during which it seems like it’s just too enormous a problem to think about at all.
- A denial stage, during which you may refuse to believe, on an emotional level, that your leg is really gone. You may also avoid thinking about the loss altogether, or tell yourself, “It’s no big deal.”
- An anger stage, during which you may feel, compelled to find something or someone to blame, or simply to be furious with everything and everyone for apparently little reason.
- A depression stage, during which you may feel it’s no use going on, or during which you can’t seem to concentrate or become interested in anything.
- And, finally, a time of acceptance, during which you find that the anger and depression go away and you are able to make plans to get on with your life.

You should understand that these stages might not occur in the order they’re listed above. Also, don’t expect that you will go smoothly from one to the other, or that you will never return to a stage you thought you had finished with. But, you must also understand that all of this is normal. Countless others have gotten through it, and you will, too.

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Resources for Amputees

Surviving an Amputation

During this time your family can be of great help, as can the social worker assigned to your case and visitors from your local amputee support group. Most social workers are trained in helping patients through the grieving process, and most support groups can send experienced people to visit you to share concerns, answer questions and assure you that a return to an active, productive life is an attainable goal.

Phantom Sensation

When a limb is removed, the brain is inclined to believe it's still there and to continue to sense the presence of the limb. This is referred to as "phantom limb sensation." Until you get used to it, you may catch yourself trying to take a step with a missing foot or reaching for things with a missing hand.

Phantom limb sensation is not a true pain, but it can be disconcerting if you don't know that it's completely normal and that you can expect to experience it. Sometimes it may feel like you're missing foot or arm is growing directly out of your residual limb or that the missing part is much larger than it should be. Sometimes the missing limb feels "tingly" or "on pins and needles," or part of it may cramp or itch. If the sensation ever becomes disconcerting or excessively uncomfortable, many people have found that they are able to ease it off by thinking about something else, by massaging their residual limb, or simply by ignoring it.

Phantom Pain

While phantom limb sensation is a feeling that the limb is still present, phantom pain is actually painful. Frequently, phantom pain is experienced as a feeling that the limb or part of it is on fire, or that it's twisted in an uncomfortable position. Phantom pain can be temporary or it can last longer. It is more likely to occur if your arm or leg was painfully diseased or badly injured before it was amputated.

The causes of phantom pain are varied and not understood precisely. The phenomenon is generally thought to occur because the nerves that carry signals from the amputated part to the receptors in the brain are still intact, but they carry "wrong" signals because the part is no longer there.

There are many treatments for phantom pain, ranging from the simple application of heat, cold, or massage, to complicated surgical procedures, which most people rightfully avoid. If you are bothered by phantom pain, the best thing for you to do is talk to other people with amputations and try the simple treatments that have worked for them. Then, consult your physician if none of those relieves your discomfort.

Your Rehabilitation

One way to look at "rehabilitation" is that it entails both a psychological and physical accommodation to a new reality. Psychological rehabilitation must be underway before physical rehabilitation can take place. Psychological rehabilitation

might be defined as the ability to adjust mentally and accept the new circumstances. Physical rehabilitation might be defined as a return to a regular life style, based on what compromises you are willing to make and what you want to be able to do or what you must do. The most healthy way to set your rehabilitation goals is based on what you think is best for yourself, not on what others think you should look like or be able to do.

The point is that when you are uninformed or when you let others define what level of functioning is "normal" or right for you, you lose control of your own rehabilitation. Then, if you fail to measure up to their standards, you will feel that you've failed as a person. It's hard enough to learn to live a full life after an amputation and even harder after two of them. You don't need to add to your difficulties by allowing others to tell you what level of rehabilitation is right for you.

A good way to set realistic rehabilitation goals is to define what you must be able to do to accomplish the essential daily living and vocational tasks without help.

Then, define those tasks with which you are willing to accept help, assuming help is available. Then, define those tasks you would like to be able to do independently. These are your rehabilitation goals.

Finally, you will need to figure out what you have to do to attain your goals. This is your action plan. These kinds of things may include working extensively with a

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Surviving an Amputation

physical therapist, getting tips from others with similar amputations, purchasing or having made for you certain assistive devices, deciding to use artificial limbs, or learning to do without.

Preparation for Prosthesis

An artificial limb is called a “prosthesis.” Before you select a prosthetist (a “prosthetist” is one who makes and fits artificial limbs) you will have to prepare your residual limb by shrinking and desensitizing it and by becoming as physically strong as you can.

Residual limb shrinkage is accomplished by wrapping it with an elastic bandage or by wearing a “prosthetic shrinker,” which is a tubular elastic sock, which is pulled or rolled onto the residual limb. You may have been taught in the hospital to wrap your residual limb with an elastic bandage using “figure eight” motion and to make it tighter on the end than at the top. If you were not taught this, you will want to ask your physical therapist or prosthetist to teach you, because if you don’t wrap it correctly, you can cut off the circulation, doing more harm than good. Eventually, this wrap will shrink and shape the residual limb’s muscles so a prosthesis can be used.

Desensitization is required because the end of your residual limb and scar will probably initially be very sensitive to touch. Desensitization is accomplished by first tapping the sensitive area lightly with the fingers of your other hand. Later, you can rub the end of your residual limb lightly with a towel or washcloth. Eventually, the sensitivity will go away.

Exercises are necessary to regain and maintain full range of motion in your remaining joints and to re-strengthen the muscles in the residual limb.

If you are a lower extremity amputee, exercises to strengthen your arms and shoulders are also important, since you will have to rely on those muscles to use crutches and sometimes to transfer from one surface to another, if you haven’t already been taught the proper exercises to do, you should consult your physical therapist.

If you are an upper extremity amputee, exercises are necessary to re-strengthen the muscles in the remaining part of your amputated arm and shoulder, including the opposite shoulder, which will be used to help control your prosthesis. If you haven’t already been taught the proper exercises to do, you should consult your physical therapist. If you don’t plan to use a prosthesis, it’s still a good idea to do all of this, because you will need to use your residual limb to help you accomplish your daily living tasks.

Prosthetic Rehabilitation for an Upper Extremity Prosthesis

“Prosthetic rehabilitation” means resuming a normal life through the use of a prosthesis.

Most people with leg amputations use a prostheses. Most with arm amputations do not. This is because the functions of an arm and hand are much more complex than those of a leg and foot, and artificial arms aren’t as good at replacing those functions as artificial legs.

The things on the end of an artificial arm – cosmetic hands (i.e., a hand that is shaped like hand) and hooks (i.e., two hook-shaped steel rods) are called “terminal devices”. Terminal devices have several motions—opening and closing, rotation and flexion. Opening and closing are self explanatory, and are controlled by the person, either by a harness attached to the opposite shoulder or by electric motors. Rotation is a circular “twisting” of the wrist and can be controlled in the same ways. Flexion is the motion that “waves” the hand up and down. It is usually accomplished by moving the terminal device into the desired position with the other hand or by pushing it against the body.



Flo-Tech/APOP System

The Flo-Tech/APOP system (Adjustable Post-Operative Prosthesis) is a prefabricated, plastic bi-valve socket that is designed to protect the residual limb and prevent a flexion contracture at the knee. The Flo-Tech/APOP is applied by the prosthetist and is easily managed by the patient. It is not designed to control volume, but can be used with a shrinker or ace wrap for shaping of the limb.

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Surviving an Amputation

In general, hooks are considered much more functional than artificial hands, especially for manipulating smaller objects and doing rough work. Conversely, hands are generally considered more cosmetic. Some people feel it's more important for them to look "normal", so they wear a prosthesis with a cosmetic hand. Others are far less interested in how they look than what they are able to do, so they opt for the functionality of hooks.

In general, the more arm you have left, the easier it will be for you to use a prosthesis. As the site of the amputation moves upward toward the shoulder, however, range of motion, strength and leverage decrease, as does the likelihood of getting the prosthesis to do what an ordinary arm can do.

A prosthetic can be body powered or electric. In the former case, a cable connected to the terminal device—and to the elbow joint, if your amputation is above the elbow—is connected to your opposite shoulder and the

thoroughly before you decide to acquire one or the other.

Prosthetic Rehabilitation for a Lower Extremity Prosthesis

"Prosthetic rehabilitation" means resuming a normal life through the use of a prosthesis.

You may have been fitted with an Immediate Postoperative Prosthesis (IPOP) when you were still in the hospital. Sometimes a physician will decide to cover your residual limb with a plaster cast instead of a soft bandage before you leave the operating room. (This is commonly done to manage expected postoperative swelling.) After a few days, the physician may decide to attach a metal post and a foot to the cast and "get you on your feet", using this IPOP.

At any rate, after returning home for a suitable period of healing and residual limb preparation you will be ready for a "real" prosthesis.

The first step in this process is the development of your prosthetic prescription. Your physician is responsible for approving this prescription, but it is a very good idea to have your prosthetist involved in writing it. This is because prosthetists usually know much more than physicians about what kind of prosthesis will be best for you. The important point to remember about prosthetic prescriptions is that you must explain fully to your physician and prosthetist exactly what level of activity you expect to return to after your rehabilitation. Artificial legs range from "basic" to "high tech"



Immediate Post-Operative Prosthesis

The immediate Post-Operative Prosthesis is typically applied at the time of surgery by the prosthetist and surgical team. It is applied directly over the residual limb and is customized for each patient. Componentry can be attached to allow for immediate ambulation.

The chief drawback of all terminal devices is that they don't have any feeling. One person who wears a prosthesis part time says that using an artificial arm is like trying to do things with pliers on the end of a stick.

Despite this, many people with arm amputations use and are satisfied with their prosthetic. The important thing to remember is, what's right for you should be determined by your rehabilitation goals and the things that are important to you—not what you think society expects you to look like.

prosthesis is operated by body movements.

The electric arm, sometimes called a "myoelectric prosthesis" is operated by electric motors within the artificial arm. Sensors inside the prosthesis socket that sense small electrical currents generated by nerves in the residual limb control the motors. This occurs when there is normal motion and related muscle activity in the residual limb.

Each kind of prosthesis has its advantages and disadvantages, and you will want to understand them

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Surviving an Amputation

depending on what components are used to construct them. For example, if you were a healthy, active person before your surgery and fully expect to be able to resume your former level of activity, a “basic” leg will not serve you well.

The first step in making your prosthesis will be to take measurements of your residual limb. Then, placing a plaster cast on it, carefully removing and reassembling the cast after it has hardened, and filling it with plaster will take a mold of your residual limb. When that has hardened, the cast will be peeled away, leaving a plaster duplicate of your residual limb to be used in the making the new prosthetic socket.

The part of the prosthesis that attaches to your body is called a socket, and it’s the most important part of the limb. Knowing what knees, feet, and such are available on the market might be called a science, but making a socket is an art. The reason is that every residual limb is different and your socket must be custom made to fit you specifically. Also, since



an artificial leg must bear your entire weight and still feel as comfortable as possible, it must fit exactly, supporting your weight where it should and avoiding

pressure in other areas.

Your prosthesis can be held on in a variety of ways, such as with straps, a foam liner, a silicone sheath, or suction. The best way for you will be indicated in your prescription.



Your prosthetist will probably make your first socket out of clear plastic, so the way it fits can be seen through the clear socket wall. If the shape isn’t exactly right, the prosthetist can make the necessary changes by re-heating and bending the plastic appropriately. When a proper fit has been achieved, a “temporary” prosthesis may be made.

This is because your residual limb will continue to change shape and size for several more weeks or months. At the appropriate time, a “definitive” prosthesis will be constructed for you. A cosmetic covering—a piece of foam carefully carved to match the shape of your other leg—is usually provided. This is the prosthesis you will use every day until it wears out or otherwise needs to be replaced.

The importance of training in how to use their prosthesis cannot be overemphasized. Your prosthesis is a tool, and like any tool, it won’t do what it’s designed to do unless it’s used correctly. You will want to insist on receiving adequate training either from your prosthetist or physical therapist—or both.

Also, you will want to watch your weight carefully. If you gain too much, your prosthesis may no longer

fit—and buying a new, expensive prosthesis is a very different proposition than buying new clothing.

Care of the Residual Limb

The skin and underlying tissue that typically ends up on most residual limbs after an amputation is pretty delicate and is subject to a number of problems, including irritation, further injury, and infection. Therefore, learning how to care for your residual limb is an important part of your rehabilitation.

If you wear a prosthesis there may be special problems, such as rubbing or irritation caused by perspiration or swelling inside the socket. Usually these problems are relatively easily resolved by bathing the residual limb daily using mild soap and lukewarm water, by rinsing thoroughly with clean water, and by patting the limb dry rather than by rubbing vigorously.

The inside of the prosthesis socket should also be cleaned daily, and if prosthetic socks are worn inside the prosthesis, they should be changed and laundered at least daily to avoid a build-up of irritating perspiration.

If you use a prosthesis, inspect your skin daily, and if skin problems are found, promptly call them to the attention of your doctor so as to avoid developing more severe problems.

Work

The issue of your career has psychological, as well as the obvious practical ramifications.

Psychologically, the issue involves

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Resources for Amputees

Surviving an Amputation

how strongly you have identified yourself with your career or vocation and whether or not your amputation will enable you to continue to engage in that line of work. Those whose work has become an integral part of their very identity and who have to give up that work because of their disability can suffer what is commonly called “an identity crisis”. This can make them feel like they don’t know who they are any more.

If you are able to return to your job after your amputation, as many people can, you will probably have no trouble like this. However, if you are one who sees yourself very strongly in terms of your work and you have to seek different work after your amputation, you will not be puzzled by the reaction you may have. Simply recognizing it for what it is can go a long way toward relieving the feelings.

Recreation

Your amputation is no reason for you to give up sports or recreation. If you enjoyed snow or water-skiing, tennis, horseback riding, golf, swimming, or just the outdoors in general before your amputation, you can certainly continue that involvement afterward—either with



or without your prosthesis.

Many people have elected to participate in sports they didn’t engage in before their amputations as a way to meet new people and to improve their physical conditioning as a means of helping with their rehabilitation.

Driving

If you will need vehicle modifications, you should contact your state department of rehabilitation for information about available assistive devices and where they can be obtained. Also, don’t forget to contact people with the same amputation as yours through your support group to see how they do it.

Driving for Upper Extremity Amputees

It will still be possible for you to drive, either with or without modifications to your car. In general, if you can reach and operate all your car’s controls either with your “good” hand or with the help of your prosthesis, or with your “good” hand and residual limb, you will not need modifications. Indeed, many people with bilateral below-elbow amputations can drive as easily without prostheses or modifications as the rest of us can with both hands. However those with bilateral above elbow amputations generally need vehicle modifications.

For those who have bilateral amputations and are not prosthesis users or those who are simply uncomfortable operating the pedals with their prosthetic feet, a wide variety of hand controls are available.

Conclusion

A final word about your rehabilitation: All amputations are disabling to some degree, and some are quite a bit more disabling than others. Remember, you have a life to live and you will want to get on with it, making it as enjoyable and productive as possible.

You might want to adopt the same philosophy many other people have, that you need to use everything you have to make your life as normal as possible. For an upper extremity amputee this means using your prostheses when they allow you to do things more normally, using your residual limbs when that works better, using your feet when that’s useful, and using as many adaptive devices as you can together with all the rest to make your life easier.

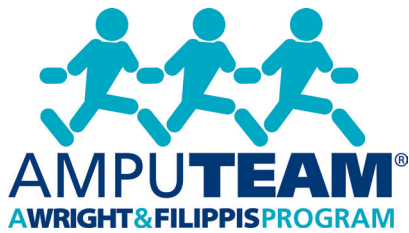
One person, who has both an above elbow amputation and a shoulder disarticulation, calls this, “a multi-media approach”. She uses all these methods to live an amazingly normal life at home and at work. You can do it, too.

As a lower extremity amputee you will find that dealing with crutches, wheelchairs and artificial limbs is frustrating at times and it will probably be harder to do the things you did easily before. However, concentrate on what you have, rather than what you are missing and your life will return to a level of “normalcy” that may surprise you.

by Richard L. Mooney, MAAF

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<http://www.usinter.net/wasa/>



Resources for Amputees

Battling Depression

Types of Depression

Major Depression has a combination of symptoms (see symptom list) that interfere with the ability to work, study, sleep, eat and enjoy once-pleasurable activities. Such a disabling episode of depression may occur only once but more commonly occurs several times in a lifetime.

Dysthymia, a less severe type of depression, involves long-term, chronic symptoms that do not disable, but keep one from functioning well or from feeling good. Many people with dysthymia also experience major depressive episodes at some time in their lives.

Causes of Depression

Some types of depression run in families, suggesting that a geological vulnerability can be inherited.

However, it can also occur in people who have no family history of depression. Whether inherited or not, major depressive disorder is often associated with changes in brain structures or brain function.

People who have low self-esteem, who consistently view themselves and the world with pessimism or who are readily overwhelmed by stress, are prone to depression. Whether this represents a psychological predisposition or an early form of the illness is not clear.

In recent years, researchers have shown that physical changes in the body can be accompanied by mental changes as well. Medical illnesses

such as stroke, a heart attack, cancer, Parkinson's disease, and hormonal disorders can cause depressive illness, making the sick person apathetic and unwilling to care for his or her physical needs, thus prolonging the recovery period.

Also, a serious loss, difficult relationship, financial problem, or any stressful (unwelcome or even desired) change in life patterns can trigger a depressive episode.

Treatment

There are a variety of antidepressant medications and psychotherapies that can be used to treat depressive disorders. Some people with milder forms may do well with psychotherapy alone. People with moderate to severe depression most often benefit from antidepressants. Most do best with combined treatment; medication to gain relatively quick symptom relief and psychotherapy to learn more effective ways to deal with life's problems.

How to Help Yourself If You Are Depressed

Depressive disorders make one feel exhausted, worthless, helpless, and hopeless. Such negative thoughts and feelings make some people feel like giving up. It is important to realize that these negative views are part of the depression and typically do not accurately reflect the actual circumstances. Negative thinking fades as treatment begins to take effect.

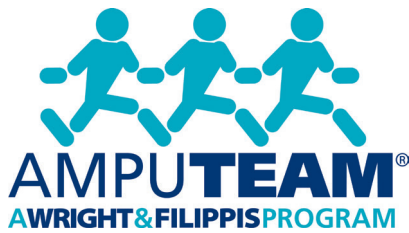
In the meantime:

- Set realistic goals in light of the depression and assume reasonable amount of responsibility.
- Break large tasks into small ones, set some priorities, and do what you as you can.
- Try to be with other people and to confide in someone; it is usually better than being alone and secretive.
- Participate in activities that make you feel better.
- Mild exercise, going to a movie, a ballgame, or participating in religious, social or other activities may help.
- Expect your mood to improve gradually, not immediately. Feeling better takes time.
- It is advisable to postpone important decisions until the depression has lifted.
- People rarely "snap out of" depression, but they feel a little better day-by-day.
- Remember, positive thinking will replace the negative thinking that is part of the depression and will disappear as your depression responds to treatment.
- Let your family and friends help you.

How Family and Friends Can Help the Depressed Person

The most important thing anyone can do for the depressed person is to help him or her get an appropriate diagnosis and treatment.

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Resources for Amputees

Battling Depression

- This may involve encouraging the individual to stay with treatment until symptoms begin to abate (several weeks), or to seek different treatment if no improvement occurs.
- On occasion, it may require making an appointment and accompanying the depressed person to the doctor.
- It may also mean monitoring whether the depressed person is taking medication.
- The depressed person should be encouraged to obey the doctor's orders about the use of alcoholic beverages while on medication.

The second most important thing is to offer emotional support. This involves understanding, patience, affection, and encouragement.

- Engage the depressed person in conversation and listen carefully. Do not disparage feelings expressed, but point out realities and offer hope.
- Do not ignore remarks about suicide. Report them to the depressed person's therapist.
- Invite the depressed person for walks, outings, to the movies, and other activities. Be gently insistent if your invitation is refused.
- Encourage participation in some activities that once gave pleasure, such as hobbies, sports, religious or cultural activities, but do not push the depressed person to undertake too much too soon.
- The depressed person needs

diversion and company, but too many demands can increase feelings of failure.

- Do not accuse the depressed person of faking illness or of laziness, or expect him or her "to snap out of it". Eventually, with treatment, most people do get better. Keep that in mind, and keep reassuring the person that, with time and help, he or she will feel better.

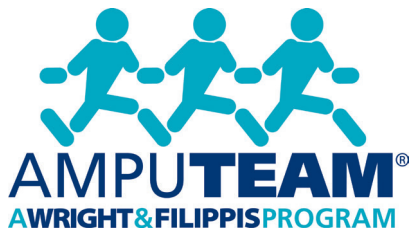
Where to Get Help

If unsure where to go for help, you can Google under "mental health", "health", "social services", "suicide prevention," "crisis intervention services," "hotlines," "hospitals," or "physicians" for phone numbers and addresses.

For further information about depression and other mental illnesses, visit the following websites

- National Institute of Mental Health:
www.nimh.nih.gov
- National Alliance for the Mentally Ill:
www.nami.org
- National Mental Health Association:
www.nmha.org

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Resources for Amputees

Frequently Asked Questions

What do I need to do to get ready for a prosthesis?

There is much you can and must do to get ready to use the prosthesis and use it well. The top priorities are as follows:

- Working through the feelings about losing a limb and deciding how to rebuild your life after amputation.
- Preparing your residual limb to obtain a good shape for the prosthesis and reducing sensitivity.
- Learning proper body positioning and strengthening to maintain tone and prevent contractures.
- Exercising to build the muscles needed for balance, endurance and ambulation.

How can a patient help to make a residual limb less sensitive and “toughen” it up in preparation for a prosthetic?

To answer this, there are many factors to be taken into consideration. First, the amputee should be seen by a physical therapist to make sure there are no flexion contractures developing in the hip or knee joints. It is also important to do general strengthening.

In addition, some residual limb conditioning should be in use. A removable rigid dressing (RRD), which is a cast molded over socks on the residual limb to gradually induce pressure, is a preferred method. This will help to reduce swelling in the wound and allow the residual limb to become accustomed to some pressure. This casted mold can be

removed and the pressure increased by adding socks, which are worn over the residual limb. This dressing also helps to protect the wound.

If the patient is able, an Ischial Weight Bearing Bypass Prosthesis may be used to assist in early ambulation.

When will I be ready for my first prosthesis?

Physicians generally use the following criteria to decide whether you are ready for your first artificial limb, which is often called a preparatory prosthesis.

- Your incision does not need to be completely healed, but should be on it's way to complete healing to reduce the chance of skin breakdown while using your artificial limb.
- Swelling in the residual limb should have decreased through the use of shrinker socks, elastic bandages, or a cast. The residual limb should not be larger at the end than at the knee. This allows your limb to fit well into your socket and be able to support your weight effectively.
- You must also regain sufficient overall strength following surgery to be able to walk safely.

For most people, fitting for a preparatory prosthesis will begin 3-6 weeks after surgery. Your physician is the best judge of your ability to walk safely with a prosthesis; he or she will ultimately decide when you are ready for your first artificial limb. After you have completed your gait

training and your limb has reached a stable shape and volume (usually 4-6 months), you will be fitted with a definitive prosthesis.

Will my residual limb change size?

Yes, your residual limb will shrink as the swelling goes down. There are various methods for reducing swelling, such as wrapping the limb,



wearing appropriate compression dressings and exercising.

Is there any way to curb phantom sensations?

Only a qualified physician can prescribe treatment such as beta-blockers, anticonvulsants, neuroleptics, antidepressants and benzodiazepines, which have been used to some success. It is not uncommon, however, that once someone is able to start walking with a prosthesis, the sensations lessen.

What does a prosthesis look like? How will it stay on?

Depending on the level of your

(continued next page)

Frequently Asked Questions

amputation, physical ability, functional needs and personal preference in the appearance of the device, a prosthetic limb is designed using a variety of different components which are attached to a socket that fits over your remaining limb.

How does a prosthesis work? Will I be able to do all the things I did before I lost my limb?

The majority of people who lose a limb can get back to normal within several months. How well they function depends primarily on their goals along with timely, comfortable prosthetic fitting, good follow up care and a “can do” attitude from the patient, as well as the professionals.

Is it easy to learn to use a prosthesis?

Learning to use a prosthesis is a tough job. It takes time, great effort, strength, patience and perseverance. You will do best by working with a therapist to learn how to handle the new device. You will need guidance on how to...

- Take care of the prosthesis.
- Put the new limb on and take it off.
- Walk on different types of surfaces including stairs and uneven terrain.
- Handle emergencies safely, including falling down and getting up again.
- Perform daily activities at home, work and in the car.
- Investigate new things you

may be uncertain of, including sports and recreational activities.

Why is fit of the socket so critical?

The most important component of your prosthesis is your socket. The socket is custom-made for each individual so that it fits snugly to the residual limb. A snug fit prevents skin irritation, increases comfort, makes the limb feel lighter and gives you better control over your prosthesis.

What changes will have to be made in my home?

The number of adaptations will depend on the type of amputation you’ve had. For lower limb amputations, adaptations will likely have to be made in the bathroom. A shower chair, grab rails and detachable showerhead are most helpful when showering.

Will I still be able to participate in sports?

Yes, there are amputees involved in just about every sport - from skiing to swimming. Most amputees who have participated in sports prior to their amputations can continue to do so. Several sports have organized programs for amputees at the competitive level. Your prosthetist may be able to make a special prosthesis for the sport you’re interested in playing.

Can the limb break down?

Yes, things can happen, which will require repair or replacement.

It’s a good idea to know about warranties and what to expect from the person who makes your prosthesis. Get small problems

with your prosthesis taken care of promptly. There is no benefit to waiting until something falls apart or causes your skin to breakdown or pain. If you wait too long for repairs or



replacement, you can do serious harm to your residual limb and other parts of your body.

Strain on other muscles, especially in your back and shoulders will affect posture, in addition to performance of the device and energy needed to use it. Early prevention is more valuable than long-term treatment for problems.

What do I need to know before I choose a prosthetist?

First and foremost, it is a good idea to identify your needs. You can discuss your options with your physician, therapist or other specialists. Decide what is more important to you in terms of your lifestyle and activities

(continued next page)



Resources for Amputees

Frequently Asked Questions

prior to your limb loss and if you wish to return to those activities following your recovery, such as your vocation, leisure activities, hobbies, recreational interests, etc.

- It is essential to gather all the information you can on what is available and appropriate for your level of functioning and type of amputation.
- Make a list of your personal goals based on your lifestyle and needs.
- Consider any concurrent medical problems that affect performance, circulation or healing. Make sure these are being monitored and factored into the plan.

How do I locate services?

You can request a listing of certified practitioners from the Amputee Coalition, your rehab team, a local amputee support group or your peer visitor.

What should I take into consideration when choosing a facility and prosthetist?

The relationship you develop with your prosthetist and the facility they are employed by is very important. It is important to choose a prosthetic office that is convenient for you to frequent. There will be multiple visits necessary during the manufacturing process and later for routine adjustments and maintenance. Your initial impressions and instincts about whether you can work successfully with a professional or facility are important. It will require open, honest communication and willingness to problem solve together. There are many factors to

consider:

- Observe the interaction of staff with patients from the front office throughout the facility.
- Are staff members helpful with phone calls, appointments, billing and customer service?
- Take note of the facility's convenience.
- Are there accessible restrooms and parking?
- How is the general atmosphere regarding cleanliness and comfort?
- Notice whether educational materials and patient resources are visible and available.
- Did the practitioner offer you information to read or review options?
- Is there interest in all aspects of your adjustment or just delivering a device?

What questions should I ask when I meet with the prosthetist?

Rapport and communication are paramount. It is most important that the first meeting with the prosthetist be informative. In meeting the prosthetist, you should note whether he/she showed interest in your concerns. Does he/she listen and try to address your concerns honestly? The patient must ask every question that comes to mind and express every concern or fear. If you are not treated as part of the team now, don't expect your needs to be addressed later.

Finally, ask to meet the practitioner who will be fitting your prosthesis.

- What are his/her credentials and training?
- What is his/her experience fitting people with your particular type of limb loss?
- Is there another patient (or two) with a similar amputation you could meet or talk to about their experience at the facility?
- Are videos available to view other amputees with the same type of prosthesis?
- Ask about prosthetic repairs and follow up service.

One Final Thought...

A prosthesis is an artificial limb. It will not totally replace every quality and function of the one you lost. If anyone tells you it will, or if you expect it to, then you will be very disappointed. What you need to seek is a knowledgeable, competent practitioner who is sensitive to your needs, lifestyle and priorities. Together you can work as a team to find the correct balance of function, cosmetics and comfort required. Together, you will meet challenges as you become more active and demanding in your use of the device. In the end, you will grow and solve problems together by applying new information and technology as it is available.

Be realistic about your expectations. Also, be patient with yourself and your team. Progress will be measured inch by inch and you must learn to walk before you can run. There are no miracles—only people who persist in seeking and working toward a goal.

WRIGHT & FILIPPIS®

Celebrating over 77 Years!



Since 1944, Wright & Filippis has built a well-earned reputation as one of the country's leading home healthcare providers. The foundation for the company's success can be traced to the determined spirit of a young boy's frustrations and heartache that face many persons with disabilities.

The company's roots date back to April 29, 1929, when Tony Filippis Sr. slipped and fell beneath the wheels of a moving train - his legs were later amputated below the knees. At a young age, Tony experienced the challenges and unique hardships facing people with disabilities and these experiences fueled his lifelong passion for assisting others.

During the Depression, many companies were unwilling to hire a double-amputee. With little hope of finding or keeping a job, Tony turned to Carl Wright, the prosthetist who made Tony's artificial legs. Carl offered Tony a job as an apprentice at his small shop in Detroit. Ten years later, in 1944, the two men formed their own company - **Wright & Filippis**.

Carl Wright passed away in 1959, but Tony Filippis and the Filippis family continue to guide the company with a distinctive blend of old fashioned values and cutting-edge solutions.

Today, Wright & Filippis is one of the nation's largest family-owned providers of prosthetics, orthotics, and accessibility solutions. The company's motto, "First to Serve, First to Care" not only speaks to the healthcare services we provide, but also to our ongoing commitment to improve the lives of seniors and people with disabilities.

WRIGHT & FILIPPIS®

Delivering the very best care, every day.
Improving lives since 1944.

Wright & Filippis in Your Community

Gene Filippis
Memorial Golf Benefit



Michigan Health &
Rehab Conference



CAMP
YesIcAN



Wright & Filippis' desire to improve peoples' lives extends far beyond the company's products and services, which is why Wright & Filippis takes an active role in every community it touches.

More than 30 years ago, the company established the [Filippis Foundation](#), a non-profit organization offering a number of services and programs that allow the disadvantaged and physically challenged the independence to see their dreams become a reality. Over the past three decades, the [Filippis Foundation](#) has contributed hundreds of thousands of dollars to charitable organizations, has supported a number of programs and even established their own programs.

Gene Filippis Memorial Golf Benefit

This is the Foundation's principal annual fundraiser. With tireless efforts of many volunteers, the annual golf benefit gives employees, business partners and friends a fun opportunity to support a variety of charities.

Michigan Health & Rehabilitation Conference

Continuing education programs sponsored by Wright & Filippis help ensure that clinicians, as well as other healthcare partners, are prepared to give the best care possible. Health care professionals - including nurses, case managers, physical therapists, and social workers attend the daylong conference and earn continuing education credits.

Camp YesIcAN

Held in August in Big Bay, Michigan, this camp gives young amputees the chance to share in the fun of different outdoor/indoor activities. This weeklong camp also provides the opportunity for children to meet new friends who face similar challenges.

From the good work of the Filippis Foundation, Wright & Filippis is committed to "First to Serve. First to Care."



Giving back to the community is just as important to Wright & Filippis as are the services provided, and that's why the company is involved in various activities throughout the year.

Orthotics



Quality orthotic care is one of the foundations on which Wright & Filippis was built, and today is still at the forefront. Wright & Filippis is committed to providing the highest quality care in helping patients realize their functional potential with the hopes of getting each of them back to their “normal day.”

The orthotic staff consists of more than 55 ABC Certified Orthotists, Pedorthists and Board Eligible Orthotists throughout the state. Wright & Filippis is proud to employ the largest certified orthotic staff in Michigan. Each orthotist specializes in a certain area such as: pediatrics, scoliosis, sports medicine, stance control orthoses and adult rehabilitation services.

Orthotics Wright & Filippis offers:

- Lower Extremity Bracing
- Ankle Braces
- Knee Braces
- Spinal Braces
- Upper Extremity Bracing
- Neck Braces
- Diabetic Foot Care
- Wound Care
- Pediatrics
- Neuromuscular Electric Stimulation

Orthotics, often referred to as braces, are devices worn on arms, legs, back, or neck to support and/or strengthen that part of the body. Some orthotics are pre-made, or “off the shelf,” and are custom fit to the individual patient. Many of Wright & Filippis’ orthotics however are custom made. Measurements or an impression of the body part is taken by clinicians to ensure a proper fit for each patient, every time.

Wright & Filippis specializes in devices made of lightweight plastics, metals and carbon laminates.

This allows our patients access to state-of-the-art techniques in orthotics and changes on the newest technology.

Wright & Filippis has created a professional environment which effectively manages individual clinical needs along with insurance requirements to ensure the patients get the care they are eligible to receive.



Accessibility Solutions

A4 Access provides accessibility solutions to ensure you're safe at home. We offer a wide variety of products and services to help assist individuals in living an independent lifestyle.

Stairlifts

Our custom installed stairlifts are the standard of excellence because of their leading-edge technology that assures you of access in your home. We have indoor and outdoor lifts available.

Some key features of our stairlifts are:

- Battery powered
- Can be installed on any stairway
- Straight or curved staircases
- Chair can fold up when parked



Vertical, Inclined & Overhead Lifts



Vertical Platform Lifts

These lifts can be a great alternative to ramps inside or outside your home. Our lifts ensure reliable access within limited space.



Inclined Platform Lifts

This lift allows you to travel up and down the stairs of your home in a wheelchair.



Overhead Lifts

Ceiling mounted or free-standing, an overhead lift can help you or your loved one have a safe transfer.

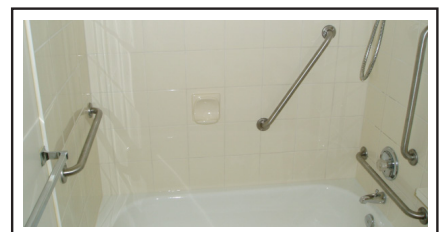
Wheelchair Ramps

Wooden constructed ramping or aluminum modular ramping supply permanent answers to entering your home. To access smaller obstacles, a variety of portable ramping solutions are available.



Bath Safety

Our bath safety products allow for safe, comfortable and independent movement in the bathroom and more importantly provide peace of mind for you, and your loved ones.



Residential Elevators

Whether you are building your dream home or trying to stay in your multi-level home, we can provide an elevator to meet your needs. Energy efficient and affordable, A4 Access gives you easy access to every floor of your home.





Women's Care

Wright & Filippis believes in each woman's ability to thrive with a renewed spirit and determination after the distressing trauma of breast surgery.

Women need information, want options, and deserve consideration because after breast surgery, knowledge is strength.

Any women who has had or is preparing for breast surgery please contact one of our eleven Wright & Filippis facilities that handles women's care and schedule an appointment to explore all post-surgery options and services.

Wright & Filippis employees understand the sensitive nature of our patients health care needs. When visiting a facility, patients feel right at home in our private mastectomy fitting rooms and a certified fitter will offer the caring, personal service they deserve.



Women's Care Services:

- Consultations by trained female fitters who will assist patients in the selection of breast forms and bras that will best suit them
- The newest mastectomy products available
- Private fitting rooms
- Informational open houses with representatives from leading breast care companies

Wright & Filippis facilities that offer Women's Care:

- Clinton Township
- Farmington Hills
- Ferndale
- Flint
- Kalamazoo
- Lincoln Park
- Livonia
- Port Huron
- Rochester
- Saginaw
- Warren



Insurance List

Insurances we work with

Contracted Agreements:

- Blue Cross Blue Shield of Michigan
(And most out of state Blue Cross Plans)/Blue Cross/Messa
- Medicare
- Medicaid
- Most Commercial/Auto/ Worker's Compensation Insurances
- Blue Cross Medicare Advantages

Preferred Provider Agreements:

- AAA of Michigan
- AARP
- Aetna Better Health
- Aetna Life & Casualty
- Alliance Health & Life
- Allstate
- Anthem
- Ascension Health System
- Assurant Health
- Auto Owners
- Blue Care Network Advantage
- Blue Cross Complete
- Blue Care Network
- Care America
- Care Source
- Choice One
- Cigna
- Citizens Insurance
- Cofinity
- Cooperative Health Network (CHN)
- Coordinated Care Network (CCN)
- Direct Care America
- Front Path
- Grand Valley Health Plan
- Health Alliance Plan
- Health Choice
- Home Health Services
- Homelink
- Humana
- McLaren Health Plan
- Medical Mutual of Ohio
- Medicare Advantage
- Meridian Health Plan
- Michigan Complete
- Michigan Managed Care Providers
- Michigan Property & Casualty Guaranty Association
- Midwest Health Plan
- Molina Healthcare
- Nexcaliber
- Priority Health
- Secure Horizons
- State Farm
- St. John Hospital System
 - Smart Plan ABS/PPO
 - ABS/PPO
- Titan Insurance
- Total Healthcare
- TransAmerica Insurance
- Tricare/Champus
- UHC Community Plan
- United Healthcare
- Veteran's Administration
- Wausau Insurance
- Wellcare



A PROMISE KEPT FOR OVER 77 YEARS.



In 1944, Anthony Filippis Sr. made a promise to people with physical disabilities. No limits. It's a promise that has guided our company, Wright & Filippis, for over 77 years. This year we are taking that promise to heart more than ever by taking a long, hard look at whom we serve and how we can serve them even better. We're investing in technology to improve efficiencies. In addition, we're investing in resources to strengthen and grow the business. It's an exciting time. And it's why we like to think of ourselves not as 77 years old, but 77 years young. No limits. It's a promise we intend to keep for the next 77 years and beyond.

WRIGHT & FILIPPIS[®]

First to serve. First to care. | 800-482-0222

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