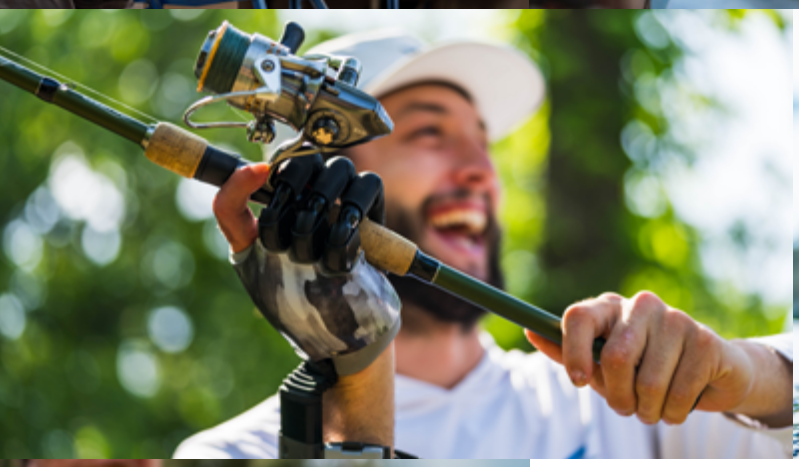
ÖSSUR®
LIFE WITHOUT LIMITATIONS

A New Start

Life After Upper Limb Amputation

A Patient's Guide



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Welcome to
Össur

We got our start in Iceland, and the traditions of our homeland continue to shape our philosophy today. Össur was founded in 1971 by Icelandic orthopedic technician Össur Kristinsson and several national organisations for people with disabilities, and it quickly developed into a successful company. In 1986, Össur patented the world's first silicone liner called the Iceross. This was the first of many technical innovations we have introduced in the field of prosthetics.

Iceland is one of the most forward-thinking countries in the world, which is also reflected in our company. Our ideas and technical developments are as multifaceted and diverse as Iceland itself. We want to improve your quality of life by providing innovative products and reliable technology—for a Life Without Limitations.

Everything we do is driven by a single goal: to improve quality of life through innovative products and reliable technology, enabling a Life Without Limitations.

The dramatic landscape of our nation, shaped by fire and ice on the Arctic Circle, brings us close to the origins of the Earth. It defines who we are. Living here means learning to adapt and make the most of your surroundings—much like people living with disabilities. We Icelanders don't give up. Our motto is "Þetta reddast," meaning "It'll work out somehow."

Introduction

We understand that an amputation is a serious life event with significant impacts. An amputation can bring many changes, along with questions and uncertainties that may take time to process. For some people, an upper-extremity amputation follows an unexpected and difficult event; for others, the experience may unfold differently. Whatever your situation, it's important to know that you are not alone.

Many people find that learning more about the surgery they are facing and the rehabilitation that follows can help them feel more prepared and supported as they move forward. Information is one of many tools that may help you navigate recovery and adjust at your own pace. With that in mind, the following pages are intended to address questions you might have, now or later.

Here, you'll find information about rehabilitation and prosthetic options, and practical ideas for building independence. We've also included links to additional resources and training materials that you may find helpful.

Our intention is simply to offer support, share perspectives, and provide space for reflection. If any part of this helps you as you consider what comes next, then it has served its purpose. Many people discover, over time, new ways to live actively and meaningfully, often in ways they hadn't expected.

You can find information about amputations and preparing for an amputation on our websites: www.ossur.com.au (Australia) and www.ossur.co.nz (New Zealand).

Scan or click

Find out more

Stories from the Community

For many people in your situation, talking to someone in a similar position is extremely helpful, which is why we would like to introduce you to some prosthetic users.

Every experience of amputation is unique, shaped by different people, moments, and paths forward.

In this section, you'll meet individuals who have chosen to share parts of their lives—their challenges, their adaptations, and the everyday moments that matter most to them.

These stories are not meant to offer a single answer or a fixed way forward. Instead, they reflect a wide range of experiences and perspectives, showing that there are many ways to live fully and meaningfully after amputation. Some stories may feel familiar; others may open new ways of thinking about what's possible.

Nathan

i-Limb® Quantum User

Nathan is an Australian i-Limb® Quantum user who was fitted with his prosthesis early in his rehabilitation. He mainly uses four to five grip patterns each day, but having access to 36 grips (24 pre-programmed and 12 customisable) gives him the flexibility to adapt his hand to the task, rather than adapting the task to his prosthesis. Using the i-Limb® app expands these options even further, allowing him to select any grip with a simple tap on his phone. The i-Limb® Quantum has significantly improved Nathan's independence and confidence in daily activities, and has also enabled him to return to flying and continue pursuing his aviation goals.

Gary

i-Digits™ Quantum User

Gary lives with his wife and three daughters in a small town in the UK. After a workplace accident in 2009 that resulted in the loss of all five fingers of his left hand, he went through a challenging period of adjustment before finding new purpose and direction in his life. Today, family plays a central role for him, and he actively supports others with disabilities through his involvement in the community.

Trevor

i-Digits™ User

Trevor is a 60-year-old partial hand amputee from Australia who lost four fingers and part of his right hand in an industrial accident at age 21. After relying on a static prosthesis for four decades, he adapted as best he could but often needed help with tasks requiring grip or precision. When he was introduced to the i-Digits™ prosthesis, he was fitted with a myoelectric device that immediately expanded what he could do. With support from his prosthetist and occupational therapist, Trevor now manages everyday tasks more independently and has gained renewed confidence in his daily life. His family and colleagues have been amazed at how naturally he has adapted, and he continues to build new skills each week as he explores different grip patterns.

The Rehabilitation Journey

To achieve the best possible therapeutic results, rehabilitation should be carried out by a multi-disciplinary team on a regular basis. This is the best way to overcome the physical and psychological challenges that follow amputation.

Your Rehabilitation Team

Having a team of people supporting you can be helpful in accomplishing your goals. Here is some information on how the various team members can support you:

You

It‘s important to note that you yourself play the most crucial role in the entire process because your motivation and active participation significantly influence your physical and psychological recovery and development.

Doctor

- The overall rehabilitation process
- Management and coordination of treatment
- Prescription of suitable prosthetic care
- Treatment and examination of residual limb and wound conditions
- Pain therapy
- Prescription of any other necessary aids

Nursing Staff

- Wound and residual limb care
- Proper positioning to prevent muscle shortening
- Training in the correct way of wrapping or generally compressing the residual limb
- Training in how to put on and take off the prosthesis, if necessary, with an occupational or physical therapist

Prosthetist

- Advising on the planned prosthetic fitting and its parts
- Manufacture and maintenance of the prosthesis
- Coordinating new prescriptions and identifying any changes in general condition in consultation with the rehabilitation team
- Continuous adjustment of the prosthesis, especially during the early phase

Occupational Therapist

- Professional provision of technical aids
- Prosthetic training
- Training for everyday activities
- Advising on how to adapt living and working environments to accommodate disabilities
- Training on how to use prescribed aids in everyday situations
- Prosthesis handling (putting it on and taking it off)
- Further treatment of the residual limb (scar mobilisation and desensitisation to harden the residual limb)
- Treatment of phantom pain, such as using mirror therapy

Psychologist

- Psychological counseling
- Support for reintegration into normal life

Physical Therapist

- Exercises for strengthening and mobilisation, as well as balance and coordination exercises
- Prosthetic training

Sports Therapist

- Training on fitness equipment
- Strengthening of the muscles of the residual limb and trunk
- General cardiovascular training

Physical Therapist or Massage Therapist

- Physical therapy
- Massage, as needed

Psychological Counseling

Amputation means losing part of your body and part of yourself. That is why rehabilitation focuses not only on your physical recovery, but also on your psychological recovery. Emotions like fear, worry, doubt, anger, aggression, and grief may feel intense, but they are all part of the healing process. Professional psychological support can help you cope with your new situation and process in your mind what you have been through. That‘s why you should seek support from psychotherapists who can accompany you on your journey. What‘s more, talking to friends, family, and other amputees in support groups can also be helpful.

The Rehabilitation Plan

Medical rehabilitation is an important first step toward regaining independence in your life. Yet, what does that actually mean? Rehabilitation encompasses all the medical, educational, vocational, and social measures needed to create the best possible physical, mental, and social conditions for the individual. These measures should support and enable users to find their place in society as independently as possible, without outside help. Source: World Health Organisation (WHO).

Rehabilitation can be divided into three phases: the acute care phase, the pre-prosthetic phase, and the prosthetic phase.

Ideally, rehabilitation begins in the acute care unit, even before surgery, with careful consideration of the appropriate amputation level. This allows you to prepare mentally and physically before the procedure. However, in most cases, an upper extremity amputation is unplanned and unpredictable due to a traumatic event. This means you could wake up in the hospital and find out you needed an amputation to save your life.

After the amputation, your doctor, prosthetist, and hospital-discharge management team should tailor their approach to your own personal situation and goals. The fact is that rehabilitating after an amputation takes time—so it will require patience. The duration of rehabilitation depends on various factors, such as the reason for the operation, your age, the type of rehabilitation program, and, to a large extent, on your motivation and determination to proactively pursue the process.

The Objectives of Rehabilitation

Your rehabilitation objectives are very personal and should be defined in concrete and realistic terms in close consultation with the interdisciplinary team of doctors, therapists, and technicians. Discuss your hobbies and interests with your therapists, as well as any career goals you would like to meet. Together, you can formulate realistic short-term and long-term goals. This will allow you to work toward specific milestones, boost your motivation, and minimise disappointment and frustration. The fundamental purpose of rehabilitation, however, is to promote your overall health and improve your quality of life as well as your mental and physical well-being, and to reintegrate you into your everyday life.

The Phases of Rehabilitation

The rehabilitation process is divided into three phases: the acute care phase, the pre-prosthetic phase, and the prosthetic phase. Each phase poses different challenges and focuses on different aspects of reintegrating into everyday life.

Phase 1: The Acute Care Phase

The goal of the acute care phase is to heal the wound, and shape the residual limb. The acute care phase ends once the wound has closed, shows no signs of infection, and the stitches have been removed. You can then begin pre-prosthetic training. The interdisciplinary team will support you during this time and answer all your questions. Early therapy promotes acceptance of subsequent prosthetic care and supports efforts to ensure your rehabilitation is successful.

Wound Healing

Initially, the surgical wound may be treated with a bandage or plaster cast. At first, a large part of the residual limb will be swollen, which is a normal reaction to such a serious procedure. This swelling is also called edema.

Compression Therapy

Your team will teach you the best way to help reduce swelling in your residual limb. This may involve bandaging with compression. Additionally, the pressure may provide a sense of security and alleviate pain. The aim of compression therapy is to further reduce swelling and to promote blood circulation. It also shapes the residual limb, preparing it for a prosthesis fitting.

Learning One-Handed Techniques

Amputation of an upper limb often results in an initial loss of independence and can make you feel helpless and dependent on others. That‘s why it‘s important to learn new strategies and one-handed techniques early on so you can perform activities of daily living (ADLs) on your own. Even during the acute care phase, occupational therapists can help you perform tasks such as eating, maintaining oral hygiene, and using the toilet by yourself. Sometimes aids are used to prevent strain on the rest of the body and to make everyday activities easier.

In one-handed training, you will learn how to perform everyday tasks with one hand. Various aids can be helpful, such as non-slip mats, cutting boards with fixed corners, plates with raised edges, and one-handed kitchen utensils. These tools make it easier to grasp, cut, and prepare food, and to perform other daily activities. They also promote your independence and help you gain confidence in your abilities.

Phase 2: The Pre-Prosthetic Phase

Preparing for Prosthetic Fitting

As you learn new strategies, you can start preparing for your upcoming prosthetic fitting. Good wound and scar care, as well as desensitisation of your residual limb, are important.

Your occupational or physical therapist can demonstrate techniques for desensitising your residual limb. These techniques include brushing, using soft towels, and massaging the limb to prepare it for the mechanical stress of the prosthetic socket.

Muscle strengthening

It is important to maintain range of motion and strength in the remaining joints of your affected hand.

Your physical therapist or occupational therapist will guide you on the exercises that are most relevant for your situation. They may suggest the use of resistance putty to squeeze for strength building. Bands may be used to provide resistance when stretching your fingers wide.

The rotation motion of the thumb is key to many functions of the hand, whether your thumb is partially amputated or fully intact. Exercising the joint at the base of the thumb can help boost overall hand function. Practice touching the tip of your thumb to each fingertip (whether the finger has been affected by the amputation or not).

Using your affected hand as much as you feel comfortable with during daily tasks will also help to maintain strength and avoid deterioration from underuse.

Phase 3: The Prosthetic Phase

How and Where Do I Get My Prosthesis?

Today's modern prosthetic systems can already partially replace the functions of your amputated finger or hand even if we cannot yet achieve 100% replacement. Nevertheless, they can help you lead an independent and active life. To reach this, the prosthesis must be perfectly custom-tailored to you, your physical condition, and your needs. The goal is to provide optimal functionality and enable movement that is as near natural as possible. Ultimately, the goal is to give you the greatest possible dexterity, independence, and quality of life.

Your treating physician is responsible for prescribing the prosthesis. Depending on the progress of healing of the surgical wound, your treating physician will determine the appropriate time to fit you with your first prosthesis in consultation with your prosthetist.

How Do I Find the Prosthetist?

Your prosthetist is responsible for advising you on your prosthesis and for managing your fittings, adjustments and ongoing care. You are free to choose your prosthetist, and you will often meet them through your rehabilitation team or local prosthetic service. Some prosthetists specialise in providing state-of-the-art prosthetic solutions for the upper limb. These trained experts will guide you through the most suitable options for your needs.


Body Driven
Prosthesis

Which Prosthesis Is Right for Me?

The following prosthetic options are available after amputation of an upper extremity:

No Prosthesis

Choosing not to receive any prosthesis is an option. The advantage is that your sensitivity in the residual limb is not impaired by a prosthetic socket. However, one serious disadvantage of this is that you must perform larger compensatory movements to carry out everyday tasks. Over time, this can lead to overuse syndromes in your other limb and your torso.

Passive Prosthesis

A passive prosthesis is usually made of silicone. It looks remarkably similar to an anatomical hand and has a high cosmetic value. While a passive prosthesis can help you hold and stabilise objects, it cannot actively help you grasp them.

Body Powered Prosthesis

This type of prosthesis is usually very robust and suitable for heavy use. As the name suggests, you control this prosthesis using your own strength with the movement of your residual fingers if you have had individual finger joints amputated. Because controlling the prosthesis is very intuitive, it is easy to use, and the movements will probably feel completely natural.

Myoelectric Prosthesis

This prosthesis represents the current state-of-the-art. You can control it with the help of electromyographic (EMG) signals picked up by electrodes on your skin. Individual motors then convert these signals into movements. This allows you to comfortably grasp a wide variety of objects and control different grip patterns.

Hybrid Prosthesis

Hybrid prostheses combine various functional elements from two or more types of prostheses. For example, four fingers could be replaced with myoelectric digits and a partial thumb absence with a body powered option.

Activity-Specific Prostheses

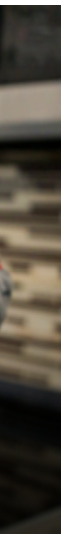
These prostheses are designed to support you during specific activities such as sports, work, or hobbies. Specially manufactured prostheses can enable you to continue pursuing your hobby or work.

Your prosthetist will help you find the most suitable solution. Many factors will play a role in your choice of what prosthetic devices are right for you. Your prosthetist will assess your current and desired condition and, together with you, find the best possible solution. Your everyday activities and goals should also influence your choice of device.

The Prosthetic Parts

Prosthetic Socket

While the design of the prosthesis may vary based on your specific presentation and needs, you will have some method of connecting the prosthesis to your body. This may be a socket or strapping. A mold of your residual limb may be taken. Your prosthetist will then use this to create your custom prosthetic socket.



Prosthetic Partial Hands

Myoelectric Partial Prosthetic Hand

The myoelectric partial prosthetic hand runs on a battery. However, it is worn externally as an arm cuff. Externally powered prostheses require an energy source. In this prosthesis, control signals are generated using myoelectric signals picked up from the skin's surface via electrodes in the socket. The prosthesis converts these signals into movement with the aid of motors. These products are generally used when one to five fingers are missing from the wrist to the metacarpophalangeal joints.

Self-Powered Partial-Finger and Full-Finger Prosthetics

Self-powered partial-finger and full-finger prostheses are devices controlled by the body for amputations in the finger area. These prostheses use the movement of the residual joints to control the prosthesis, and they do not require electricity to function. Various models are available, depending on the level of amputation. One example is the MCPDriver.

Passive Cosmetic Fitting (Cosmetic Prosthesis)

Passive cosmetic prostheses are designed to look as realistic as possible. They provide simple support as well as holding and guiding functions. Active grasping is not possible with a cosmetic prosthesis. Livingskin® cosmetic prostheses are made of high-quality silicone and are painted by artists to match the colour and details of your skin, considering aspects like freckles, hair, or nails. These offer you a cosmetically appealing solution that can also be used to support pushing, pulling, and stabilising functions.

Bilateral Fittings

Bilateral amputation is much less common in the upper extremities. Nevertheless, it always poses a major challenge for the amputee. In such cases, it is crucial to have good therapy and prosthesis that focus on restoring independence. Adaptive aids and adjustments to the familiar environment can be particularly helpful in making everyday routines easier and better-suited to the amputee's new situation in life. It is important to give yourself enough time to adapt to your new life.

Who Covers the Costs?

Funding for prosthetic care in Australia and New Zealand depends on your individual situation. Support may come through national schemes such as the NDIS in Australia, ACC in New Zealand, state based limb schemes, private health insurance or other funding bodies. Your treating clinician will help you understand which pathway applies to you.

To support the funding process, your prosthetist and treating physician will document the prosthetic components recommended for you and the clinical reasons for those choices. Your prosthetist will then prepare a detailed quote and submit it to the relevant funding body for approval.

Approval processes can vary, and sometimes funding requests are questioned, delayed or returned with alternative suggestions. If this happens, do not be discouraged. You have the right to request a review or lodge an appeal, and your prosthetist can assist you with the information needed to support your case.

Funding bodies are expected to support prosthetic solutions that are clinically appropriate and help restore function. Your prosthetist will document why a particular device or component is recommended and how it supports your daily activities, safety and independence. If your funding application or appeal is declined, you can request a review of the decision. Many outcomes are overturned when additional clinical information is provided, especially when your prosthetist can clearly demonstrate that you need the recommended device and can use it safely and effectively. It is important not to give up if your application is rejected. Your prosthetist can help you gather the information needed for a review and many people are successful when they continue the process.

How Long Will I Wear the Prosthesis?

How long you'll be able to wear your prosthesis varies greatly and is influenced by numerous factors. The goal is always to provide you with a prosthesis that is both functional and comfortable and meets your individual needs. Regular adjustments, good training, and proper care can positively influence the device wearing time and significantly improve your quality of life. Ideally, you should be able to wear your prosthesis as often and for as long as you like.

Prosthetic Training

You can begin prosthetic training with your prosthetist as soon as you receive your first prosthesis. The content of this training will vary, depending on what prosthesis you have chosen for yourself. You will begin with an initial training session, which includes putting on and taking off the prosthesis by yourself, learning to care for your residual limb, and completing functional training with the prosthesis. Prosthetic exercises include approaching an object and grasping and releasing it in a targeted, well-controlled manner. These exercises will help you master the control of your prosthesis. The purpose of these repeated exercises is to learn different grip patterns for everyday use. Advanced training focuses on learning more complex movements that are important for everyday life and practicing them with both hands. It is important to develop body symmetry awareness and to train ergonomic movements. This will help prevent you from putting strain on your non-amputated limb.

Long-Term Support

Long-term support begins after the rehabilitation phase. The goal is to help you achieve and maintain good long-term health and independence. Your prosthetist will inform you about prosthesis care and keep you up to date on maintenance appointments. Feel free to contact them if you have any questions or concerns about your prosthetic care. Your prosthetist should also keep you up to date on the latest technological advances to ensure you always receive the best care possible. It is also important to minimise negative long-term effects of amputation, such as overloading your body with compensatory movements. Learning how to do everyday activities in lasting ways that you can rely on can make you more independent and improve your confidence in daily life.

Timeline for Prosthetic Care Immediately After Amputation

The time between the surgical amputation and complete fitting with a partial hand prosthesis can vary. How long it takes for you depends on your individual healing process, the necessary adjustments, and the success of your rehabilitation.

Close cooperation between the doctors, therapists, and prosthetic specialists involved is crucial to ensuring optimal care and integration of the prosthesis into your daily life.

1 0–2 weeks after surgical amputation

- The post-operative phase: hospitalisation, pain management, and monitoring of your healing
- Initial rehabilitation: starting with simple exercises to promote mobility and blood flow

2 The early post-operative phase

- Healing and recovery: continuation of rehabilitation and monitoring of wound healing
- Introduction of residual limb care and muscle conditioning

3 Intermediate phase

- Rehabilitation: occupational therapy and physical therapy to improve strength and range of motion of joints of the fingers
- Learning techniques for completing daily life activities one handed, or with adaptations to technique

4 Prosthetic fitting

- Provision of prosthesis based on physical, functional and social needs
- Therapy for fine motor skills and integration of the prosthesis into everyday life

5 Long-term follow-up and adjustment

- Regular check-ups: monitoring of the fit and function of the prosthesis, and adjustments made as needed
- Long-term support: ongoing rehabilitation and advising on how to optimise the use of the prosthesis
- Continuous reassessment of any changing needs and goals

Caring for Your Residual Limb

Cleaning

Skin irritations and other skin conditions can make wearing a prosthesis uncomfortable or even impossible, so you should do everything you can to prevent them. To do this, you must not only thoroughly clean your prosthesis every day, but also clean the affected hand, scar areas, and skin folds. A pH-neutral unscented soap is suitable for this purpose. Special care products suitable for the skin of prosthesis wearers are available from prosthetic clinics. If you have problems with residual limb care or cleaning the scar area, consult your dermatologist or prosthetist.

Care

Applying skin cream regularly helps your skin heal. Consult your clinical team to select the right skin cream. Make sure the cream is fully absorbed into the skin before putting on your prosthesis. Ideally, you should apply the skin cream to your hand in the evening before going to bed.

In addition to daily cleaning of the prosthesis, regular and thorough residual limb care is the most effective remedy for skin problems caused by difficult hygienic conditions in the socket.

Checking the Condition of Your Residual Limb

Regularly checking the condition of your hand helps identify skin problems early on. Initially, you should check your hand when you remove the dressing or take off the prosthesis. Later, it should be sufficient to check its condition daily after washing. If you notice any irritation, pressure points, injuries, or other abnormalities, contact your doctor or prosthetist immediately.

Desensitisation

After surgical amputation, the skin at the amputation site is sensitive. Desensitisation during the healing phase helps reduce this sensitivity. Your therapist will show you the appropriate exercises for achieving this.

A Practical Tip

Begin with gentle touches and soft massages, then slowly increase the pressure. Different materials can be used successively, starting with soft balls of wool and progressing to rougher materials, such as paper towels or various brushes. NEVER include the suture area; leave it alone completely. Do not include the suture area until the surgical wound has completely healed and a scar has formed. Doing this three times a day for 15 to 20 minutes each time will help desensitise your skin.

A Practical Tip

Place two fingers on a bony part of your residual limb, and move your fingers in a circular motion without shifting them on the surface of the skin. This will separate the skin from the tissue underneath. Repeat this procedure on all the bony areas of your residual limb.

Avoid the stitched areas of your surgical wound and any scar tissue that has not yet healed!

Once your scar tissue has healed, you can use this technique to mobilise (massage) the scarred area. Do this three times a day for 15 to 20 minutes each time, if possible.

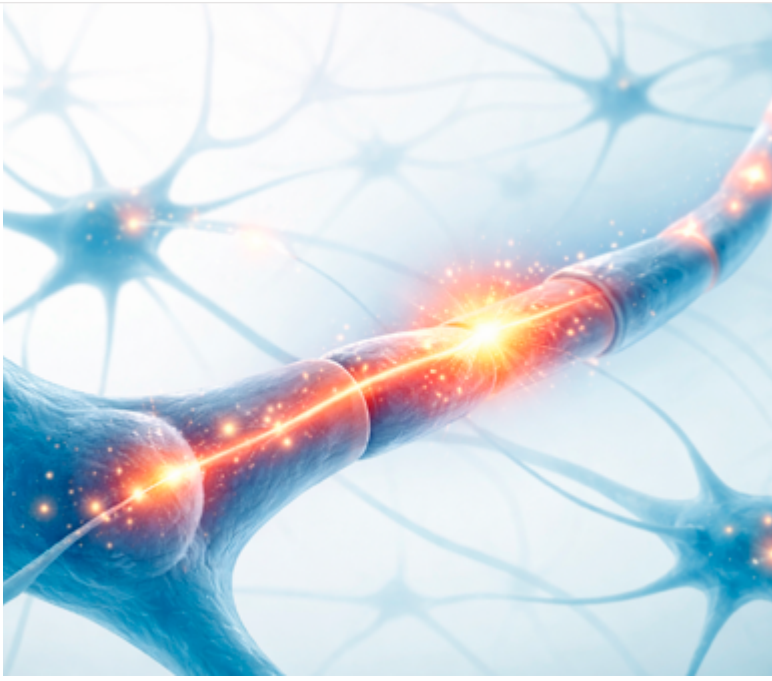
Scar Massage (Scar Mobilisation)

Scar massage should be conducted only in consultation with your doctor. It is essential that every part of the surgical wound is fully closed before performing scar massage. In some cases, scar tissue can grow together with the underlying soft tissue and bone, which may result in skin irritation and pain when wearing a prosthesis. The following procedure will help keep your skin and scar tissue supple and separate. It may be slightly painful, but it will prevent future pain and skin problems when wearing the prosthesis. These desensitisation exercises may also positively affect phantom pain in some cases.

Pain

You may feel pain after a surgical amputation. There are two types of pain that can occur:

- Residual limb pain
- Phantom pain



Pain signal in the nervous system (schematic illustration).

Residual Limb Pain

Residual limb pain refers to local pain felt within the residual limb area after a surgical amputation. It may occur acutely, or it can be chronic. Acute pain is always a warning sign of a physical disorder. Pain is considered chronic if it lasts longer than six months or recurs repeatedly. Chronic pain is pain that has lost its original warning function.

Causes

The cause can be found directly in the affected area. Possible causes include:

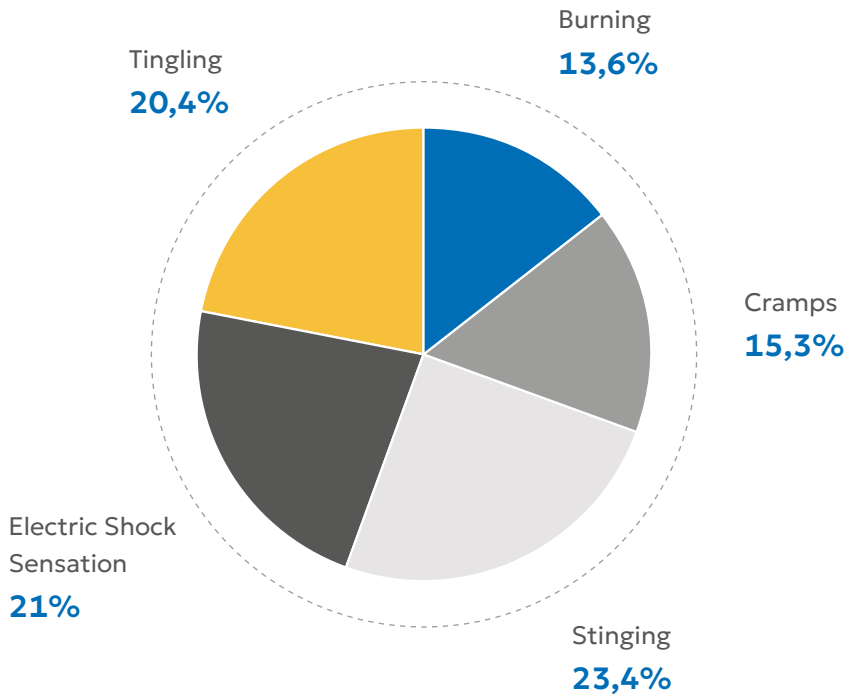
- Neuromas (benign nerve knots at the site of a severed nerve)
- Bone infection
- Soft tissue infection
- Necrotic muscle area
- Scar adhesions
- Insufficiently rounded bone edge
- Wear and tear of adjacent joints
- Circulatory problems
- Venous congestion
- Vasodilation
- Poor soft tissue coverage or soft tissue overhang
- Adhesions of skin and bone
- Wart-like tissue enlargements or other skin changes
- Pressure points due to poorly fitting prostheses

Therapy

Residual limb pain should first be diagnostically clarified by thorough examinations so that it can be treated appropriately.

Phantom Limb Pain

Phantom limb pain is the perception of pain in a body part that no longer exists. One study found that 74.5% of surveyed amputees experienced phantom limb pain after amputation. The pain was described as:



Causes

The cause of phantom limb pain has yet to be conclusively determined. However, it is known that the longer patients experienced pain prior to surgery, the more frequently phantom pain occurs. This is called pain memory. If there is good pain management before the operation or certain surgical techniques are performed under general anesthesia, phantom limb pain is less common. Studies also show that phantom limb pain occurs much more frequently when a prosthesis is perceived as a foreign body than when there is a feeling of fusion with the body.

It is also known that phantom limb pain occurs at different times for many sufferers. Influencing factors include emotional distress, weather changes, cold stimuli, mechanical irritation, urination, and defecation. However, if phantom limb pain occurs after a pain-free period, it is always important to discuss it with your clinical team.

Phantom Limb Sensations

Phantom limb sensations need to be distinguished from actual phantom pain. These are real, non-painful sensations felt in the amputated body part. They occur almost regularly in 50 to 90% of those affected after amputation. These sensations can have different effects, depending on the person‘s age, and they occur more frequently in older amputees. They describe pressure and cold sensations (kinetic, i.e., moving phantom sensations) in addition to positional and locational sensations and tingling sensations (kinesthetic phantom sensations). These sensations are attributable to the central body schema in the brain.

Therapy

Treatment for phantom limb sensations is usually not necessary. However, it is important that you are well informed about them.

Back to Everyday Life

The goal of rehabilitation is to help you quickly regain your independence and a high quality of life. Here are a few tips:

Family Members and Relatives

An amputation primarily affects you. In many cases, however, your family, friends, acquaintances, and colleagues may also be affected as well. Some may be unsure or overwhelmed about how to support you. Some of them may even withdraw from the situation. Maintaining an open conversation about your and their needs, expectations, and wishes, or even fears and concerns, can help. It is also the job of your rehabilitation team to inform your family and relatives about available resources and support.

Practical Tools and Aids

Adaptive aids can be used to make your everyday life easier and restore your independence as much as possible. For instance, clamping devices can be used for morning hygiene routines with items such as your shaving razor, hair dryer, or hairbrush. Dressing aids can also make it easier to get dressed and undress every day. A home visit from an occupational therapist can help identify simple ways to improve accessibility and make daily tasks easier. They can recommend adaptive equipment or home modifications that support your comfort and independence. Information about home modifications and assistive aids is available through government services, disability organisations and local support providers.

Suction cups keep your nail brush securely in place on the surface to which it is affixed.

Nail Care

One-Handed Nail Clippers

One-handed nail care is made easier with nail clippers with suction cups. Depending on the level of your amputation, you can use your residual limb to trim the nails on your other hand. Or you can use your prosthesis to press down the lever.

Nail File with Suction Cups

You can also file your nails with one hand using a nail file with suction cups. This enables you to take care of your nails on your own.

Nail Brush with Suction Cups

This nail brush helps you clean and scrub your fingernails with one hand. It has two suction cups on the bottom that can be pressed onto the edge of the sink.

Universal Cuffs

Universal cuffs are not only useful for holding cutlery, but they can also hold a comb or hairbrush in place. This makes it easier to care for your hair on your own when you're not able to use your prosthesis.

Hair Dryer, Electric Razor, and Electric Toothbrush Holders

These holders can facilitate your personal hygiene routines, especially mornings when you haven't yet put on your prosthesis, or if you are bilaterally affected. The holder attaches to flat, non-porous surfaces with a vacuum suction fastener. A clamping device can hold various bathroom hygiene appliances securely in place, such as a hair dryer, electric razor, and electric toothbrush.

Hair Care

Using a hairbrush fitted with a hair dryer, you can easily style your hair with one hand. A hot air brush dries and combs your hair at the same time.

Hygiene After Using the Toilet

This aid can support your intimate hygiene needs if you have limited mobility. Its ergonomic design makes it easy to use with a prosthesis. With the push of a button, toilet paper is dispensed and retracted without having to touch it.

Dental Care

Tube Squeezer with Suction Cup

A tube emptier makes it easier to squeeze toothpaste from a tube with one hand. The tube is clamped between two rollers by a vise screw. Turning the screw squeezes out the toothpaste, and suction cups prevent it from slipping.

One-Handed Toothpaste Dispenser

This one-handed toothpaste dispenser is a wall-mounted unit. A silicone holder inside the cylindrical dispenser holds the toothpaste tube in place. Pressing the toothbrush head onto the bottom of the dispenser activates a vacuum pump that dispenses the toothpaste.

Soap Dispenser

You can fill automatic dispensers with shampoo, conditioner, soap, shaving gel, or anything else you need.

Button Aids

A button aid is a very helpful dressing tool when putting on a blouse or shirt. This aid also lets you fasten the buttons on the sleeve on your non-amputated side yourself. The loop is pushed through the buttonhole, and the button is hooked in and then pulled through the buttonhole.

Cutting and Chopping

This section presents some tools and aids that will make cutting and chopping easier for you, with or without a prosthesis.

Angled Knife

You hold the angled-handle knife with your prosthetic hand and use it like a saw. This angle allows you to maintain a natural posture.

Using a Pizza Cutter as a Knife

It is almost impossible to hold food in place and simultaneously cut it with the same hand. A pizza cutter can be useful for one-handed cutting or if you have limited mobility in your other hand.

Paring Knife with Suction Cups

Specialty retailers sell one-handed peeling knives that attach to the countertop or sink with three suction cups, so they can be used with one hand.

Multi-Choppers

These motorless choppers are also known as vegetable cutters or onion choppers. Food is placed in the cutting area with one hand, and the lever is pressed down with the same hand.

Cutting Boards

One-handed cutting boards are ideal for holding securely in place any food that needs to be chopped.

One-Handed Cutting Board

This board holds food in place for cutting, and suction cups on the underside prevent it from slipping. Various models are available.

Other Aids

Grip Enlargers

Grip enlargers can be placed over small handles, allowing a firm grip, for example, when opening a bottle with a bottle opener.

Dycem Silicone Non-Slip Openers

Dycem silicone non-slip openers for screw caps reduce the effort required by your non-amputated hand. The clasp is easier to open, which helps prevent overuse injuries in the unaffected hand.

The anti-slip silicone film provides a safe and secure, non-slip surface, preventing objects from slipping.

Doing the Dishes

Brushes with suction cups attached to the sink make doing dishes with one hand easier.

Work

An amputation does not mean you cannot return to work. With the right prosthetic care and support, many people resume their previous roles or transition to suitable alternative duties. Your rehabilitation team, prosthetist and occupational therapist can help you plan your return to work and identify any adjustments or supports that may assist you. If returning to your previous job is not immediately possible, vocational support services can help you explore other options.

Driving

We all have to be able to get around, whether for going to work, running errands, shuttling your children around or going on a trip. A car can help with this mobility. You may be wondering if it is possible to drive with a prosthesis. Yes, it definitely is. You may need an assessment to determine what type of vehicle, controls or modifications are suitable for you. Specialised driving assessors and driving schools can explain the requirements, recommend any helpful adaptations and guide you through the licensing process. With the right support, many people return to driving safely and confidently.

Leisure Activities and Sports

Have you always been athletic? Don’t let your amputation stop you from exercising and playing sports. Are you a beginner looking for the right type of sport for you? That’s great, because staying physically fit is important to staying healthy. After rehabilitation, exercise and sports promote proper use of the prosthesis and prevent health problems. Exercise can also help combat low moods and depression. Also, remember that exercising allows you to meet like-minded people, which is a huge benefit. Depending on your physical condition and the extent of your amputation, you can choose from a wide range of exercise and sports.

Specialised prostheses for various activities and types of exercise and sports enable you to continue many of your hobbies and to discover new ones. You can also modify exercise and sports equipment so that you can continue using it effectively.

Consult your prosthetist for detailed advice on the right prosthesis for your preferred form of exercise or sport.

Need More Support?

Please reach out to our Customer Care Team in Australia or New Zealand, contact your local Clinical Specialist, or visit our website for further support.

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