A Rollercoaster Ride

The ups and downs of rehabilitation for one transfemoral amputee

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- "Some people can be cruel"
- "People comment thinking you're not going to see it, but you do"
- "People don't realise how hard it is"



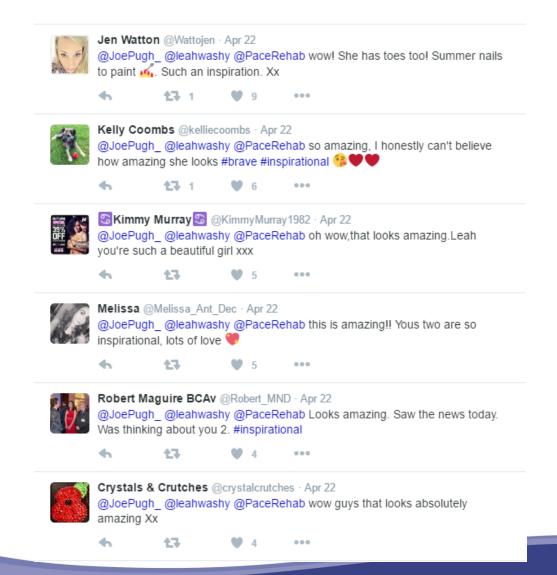
Alton Towers crash victim Leah Washington is targeted by online trolls who claim they would 'lose a leg for

- Leah Washington, 18, targeted by online trolls over the Alton Towers crash Teenager said some Twitter users had sent messages making fun of her She hit out at trolls who claimed they would lose leg for £1m compensation £1million' Others messaged her saying they cannot wait for The Smiler ride to reopen



leahwashy Just after my accident body confidence was one of my biggest problems. My body and life had changed forever and it is something that I'm still getting used to. Going on holiday and wearing a bikini in front of so many other people was one of my biggest fears but now I'm starting to feel confident in my own skin (and bikini lol 4) and realise that every individual looks great in their own way \(\subseteq \subse about what other people think it's irrelevant







- Instagram, Twitter, Facebook
- "Comments back are good for me, and helpful for others in a similar position"
- "Helps me feel positive for the future"



"One of the best things I've got out of social media is passing on my experiences.... Showing people they can still be body confident.... You should still feel beautiful and everything"



"You just build up relationships with people you've never met... and you've only got one thing in common... and just talking to someone else makes it a lot easier"



"Social media is like a big support group. Like going for counselling but online"



- She avoids looking at negative comments
- Mature perspective
- Social media is a part of the rehabilitation process for many
- And a mini version of her experience











Adjustment is a vital part of the process toward a well-fitting socket. Whether using hand casting or CAD systems, the adjustments that we subsequently do are MAKE or BREAK







- 50% Technical
- 50% Relationship



Patients need to know you care about them



First Impressions

- Shake their hand
- Give them all the time they want.
- Explain what you are going to do
- Remember you never get a second chance to make a first impression
- You can be business-like. It's more a difference in attitude



Examination

- Talk to them first. Look them in the eye.
 Listen to what they say. Don't go straight for their residual limb
- Take time to examine them carefully and palpate thoroughly. That's what they need
- This process establishes trust



Relationship

- It sets the tone. It's not an add-on to the 'real' part of the job. Sometimes it's <u>the</u> thing that makes all the difference.
- You're building trust. Not that you'll get it right first time, but that you care about them and they are in safe hands.









"My socket hurts at the top"

At this point in the process, when someone says "it hurts in the my groin", is when it's so easy for an ischial containment socket to become an ischial bearing socket



- Is there plastic medial to the ramus?
- Anatomical model
- Ischial tuberosity
- Adductor tendon
- What is 90mm?



INVARIABLY when people report pain at the medial brim and you go through this process you will find your finger being squashed between the RAMUS and the socket brim. This is the point the ramus crosses out of the socket.























LEAVING the fitting room being unsure exactly where to make this adjustment is when IC sockets become Ischial Bearing sockets. I know what it's like...you've tried several times and you're still hoping that just lowering the medial wall will do the job. My advice is go back and try again



Summary

- Use an anatomical pelvic model
- Remember the 90mm
- Find the crossover point
- Lower the brim at the ramus only. Make sure you preserve the containment



Recap

- What's going on for Leah?
- What's going on for me?
- What are we doing together to enable her rehabilitation?









