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Introduction

- DSC Gillingham provides prosthetic limbs for amputees across Kent.
- To ensure consistent, cost-effective prescription, the service developed Standard Limb Build (SLB) guidelines outlining recommended prosthetic components.
- Some patients require components outside these guidelines due to complex functional needs.
- In such cases, the Unmet Needs pathway allows multidisciplinary review and funding requests for non-standard components.

Aim:

- Assess adherence to limb builds guidelines and effect on budget.
- Evaluate whether clinical reasoning for deviations is documented.
- Reflect on prescribing patterns and component selection.

Methods

- **Design:** Retrospective clinical audit.
- **Approval:** KMPT Research & Audit Department.
- **Data Source:** Electronic Limb Management System (ELMS).
- **Audit Period:** 1 Dec 2024 – 28 Feb 2025.

Sample:

- n = 20 patients.
- 4 patients from each prosthetist clinic list.

Inclusion:

- Patients receiving new lower-limb prostheses.

Amputation Levels:

- Transtibial.
- Transfemoral.
- Knee disarticulation.

Exclusion:

- Repairs, reassessments, or annual reviews.
- Upper-limb or complex amputations.

Analysis:

- Data was analysed using Excel / SPSS.

Descriptive statistics used to assess:

- Standard Limb Build compliance.
- Deviation patterns.
- Documentation practices.



Discussions

- Standard Limb Build adherence indicates consistent prescription practices across clinicians.
- The Unmet Needs pathway effectively manages non-standard prescriptions with appropriate MDT review.

Documentation Findings:

- 80% of non-standard prescriptions included clear clinical reasoning.
- Only 55% of standard prescriptions included documented justification.

Key Implication:

- Improved documentations.
- Clinical transparency and Continuity of care.
- Accountability and Reflective practice.
- Budget Management.

Was Standard Limb Build followed?

Standard limb build was followed by all prosthetists actively. And on analysis it was found that 95% of order raised were comprised of standard builds.

- Top 3 Foot prescribed by prosthetists: First Choice (Terion x7), Second Choice (MultiFlex Foot x3) and Third Choice (Assure x2 & Rush Rogue x2)
- Top 3 Knee Units prescribed by Prosthetists: First Choice (NOFM2), Second Choice (NOFM1) and Third Choice (ESK).



Clinical Notes Transparency:

Example: 1 From prosthetic point-of-view, I will prescribe her (Polyprop with P-Lite liner, waterproof components and Proflex XC foot along with torsion adaptor) so that patient can return to dancing and get active including water activities.

Example: 2 Primary bk, New iceross skt black carbon finish, with pads and ossur shuttle lock, demountable shin with Koa foot. Pt is a K3, enjoys badminton and wants to be more active.

Example: 3 Please make new Bock TT limb. GRP socket with pelite liner, Sus sleeve suspension, Torsion adapter, Triton heavy duty foot, Cos foam.

Results

Patient Characteristics:

- Total patients: 20
- Age range: 32–85 years
- Mean age: 58 years

Amputation Levels:

- Transtibial: 10
- Transfemoral: 9
- Through-knee: 1

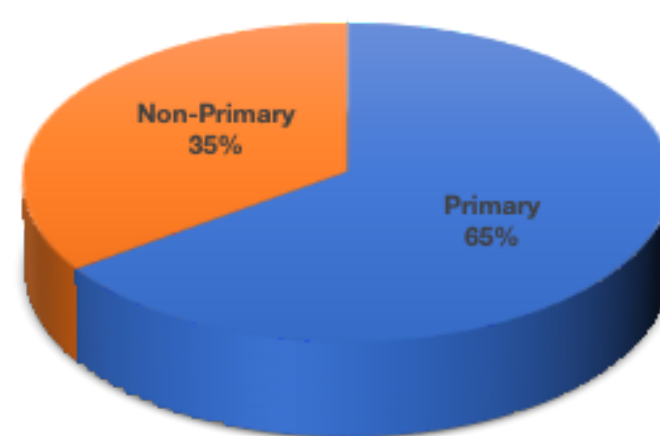
Referral Pathway:

- Primary patients: 13
- Referred from ARU Crystal Palace / GP practices
- Non-primary patients: 7
- Admitted via DSC Gillingham inpatient service

Guideline Compliance:

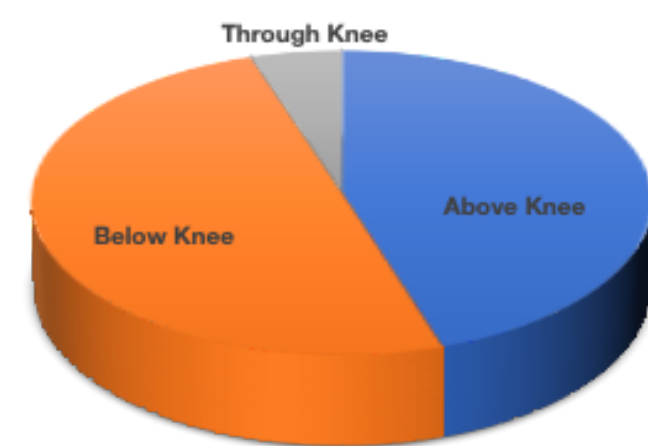
- 95% adherence to Standard Limb Build guidelines.

Patients (n=20)



■ Primary ■ Non-primary

Level of Limb Build (n=20 pts)



■ Above knee ■ Below knee ■ Through knee

Conclusions

- Strong adherence to Standard Limb Build guidelines (95%) across the service.
- Unmet Needs pathway supports patient-centred care when standard components are insufficient.
- Documentation of clinical reasoning requires improvement.

Routine auditing supports:

- Clinical governance.
- Evidence-based prescribing.
- Effective budget management.
- Improved patient outcomes.



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References

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2. Schaffalitzky, E., Gallagher, P., MacLachlan, M., & Ryall, N. (2011). Understanding the benefits of prosthetic prescription: exploring the experiences of practitioners and lower limb prosthetic users. *Disability and rehabilitation*, 33(15-16), 1314-1323.

Learn more about Implications and Action Plan:

