



ASSOCIATE PARLIAMENTARY LIMB LOSS GROUP

for the Promotion of the Prevention of Limb Loss and of the Provision of Prosthetic, Orthotic, Wheelchair/Special Seating, Medical and other vital Rehabilitation Services to persons of all ages suffering Limb Loss and associated Complex Physical Disabilities in the United Kingdom and Internationally

LIMB LOSS PATIENT PATHWAY

PHASE	ELEMENTS	WHO IS INVOLVED	KEY POINTS / OBJECTIVES	PERTINENT QUESTIONS
A	Initial consideration of amputation Provision of initial information and advice to Patient Contra-lateral limb care Referral for detailed specialised assessment Discuss patient outcomes	Patient Surgeon Chiroprapist/Podiatrist Acute Care Multi-Disciplinary Team; Appropriate liaison with Multi-Disciplinary Rehabilitation team ¹	Agreed amputation, if necessary Rational understood Consider implications for care and management of contra-lateral limb Written Patient Information including outcomes discussed	Does the patient understand? Does the Patient have access to assessment by a Rehabilitation Consultant led specialist Multi-Disciplinary Team ¹ ?
B	Pre-operative assessment: Gather information on patient circumstances, covering medical, physical, occupational, social and psychological issues Consider self-reporting questionnaires and home-access visit Medical stabilisation and control Specialist assessment Provision of more detailed advice to patient after assessment Psychological assessment	Patient Peer support Charitable organisations Local vascular unit / DGH Local Multi-Disciplinary rehabilitation team and specialist Multi-Disciplinary rehabilitation team ¹ or appropriate liaison with team at specialist rehabilitation centre ¹	Comprehensive knowledge base on patient Formulate rehabilitation plan Effective care co-ordination Well-informed patient with realistic expectations Written patient information Audiotape record for Patients future reference Specialist pre-amputation assessment ¹ Access to specialist psychological services	Does the patient receive appropriate information? Does the patient have access to a support worker/advocate? Does the patient have an appropriate and timely specialist rehabilitation assessment for their present and future needs ¹ ? Does the patient have access to specialised psychological services ¹ ? Does the patient understand what the future could hold as an amputee? Do they have the opportunity to meet an amputee?
C	Discharge planning Planning of equipment provision Discuss objectives/outcomes agreeing with patient where necessary	Patient Acute or Multi-Disciplinary Rehabilitation Team (local / specialist ¹); Social Services Team	Initial discharge plan Equipment / social care needs defined / actioned	Is discharge planning being carried out?
D	Pre-operative physical improvement Pain relief (e.g. epidural) Ensure continuing care of contra-lateral limb	Patient Doctors Pain Management Team Multi-Disciplinary Rehabilitation Team (local / specialist ¹)	Improved physical ability Effective pain relief Implications for contra-lateral limb	Is there an effective pain management plan? What if any considerations should be considered on the effects of any medication? E.g. will this affect the patient understanding of instructions/rehabilitation/outcomes? Does patient understand the role that diet and exercise in their future wellbeing and outcomes?
E	Amputation	Experience surgeon with an awareness of implications for rehabilitation and the fitting of a prosthesis; Appropriate liaison with Consultant in Rehabilitation Medicine	Selection of appropriate amputation level Reconstructive surgery Optimal functioning residual limb	Is there an awareness of the implications of amputation for rehabilitation, re-ablement and patient outcome by the surgical team?
F	Post-operative assessment: Completion of Phases B and C Stump protection / environment Continuing pain management Re-assess for personal wheelchair Post-operative physical programme/use of early walking aids Home visit to check discharge plan	Patient Multi-Disciplinary Rehabilitation Team (local / specialist ¹) Doctors Pain Management Team Social Services Team	Important the Rehabilitation Consultant reviews Patient on first appt. preparing an iterative holistic plan, which will be regularly updated as part of any review of rehabilitation and re-ablement process or plan. Well-informed patient with realistic expectations Written patient information Basic patient independence (safety / transfers etc.); Improved physical ability; Final discharge plan; Pain Review (real or phantom)	Has the rehabilitation/discharge plan been reviewed post amputation? Does patient understand the role that diet and exercise could play in their future wellbeing and outcomes? Has a navigator been assigned to guide the patient through the rehabilitation and re-ablement processes? Have all the Pain options been discussed and considered with the patient?
G	Equipment intervention Ensure appropriate equipment prior to discharge Cessation of acute intervention Transfer to intermediate care/community care service	Patient Multi-Disciplinary Rehabilitation Team (local / specialist ¹) Social Services Team Primary Care Team	Seamless transfer from acute to intermediate care or out-patients and community services Final discharge plan completed satisfactorily	What factors affect delay in discharge? Is there continuity of care with reference to seamless transfer of services? Has the patient's home been visited?
H	Patient outcomes agreed & prosthetic provision (where appropriate) Educating and continuing care	Patient Multi-Disciplinary Rehabilitation Team (local / specialist ¹)	Stabilisation Planned goals and outcomes finalised	Does the patient understand their outcome? Are there any prosthetic prescription guidelines?
I	Review of patient outcome and Quality of Life – achievements! Continuing care and review in the community Further specialist psychological needs (as necessary) Continuing care of contra-lateral limb General aspects	All teams	Optimal outcomes / quality of life / social re-intergration Ensure appropriate provision and maintenance of equipment including review of new technology Full access to specialist rehabilitation team ¹ "Sign Posting" - Re-access as required	Are planned objectives / outcomes achieved? Are there safeguards that allow re-assessment to Multi-Disciplinary Rehabilitation Team (local / specialist ¹)? Is there appropriate "sign-posting"?

NOTE: With acknowledgments to the work of the members of the Prosthetic Strategic Supply Group of the former Purchasing and Supplies Agency. Relevant accompanying documents are the **emPOWER patient-led charters** (available for download from <http://em-pow-er.org/10.html>) and the **Commissioning for Patients: Guidance on National Commissioning of Specialised Services for People of All Ages with Limb Loss** (available for download from www.apllg.eu/9.html)

Definition:¹ The Specialist Multi-Disciplinary Team includes a Consultant in Rehabilitation Medicine, Prosthetists, Physiotherapists, Occupational Therapists, Podiatrists, Orthotists, Nurses, Dieticians, Psychologists, Prosthetic Technicians and Rehabilitation Engineers.