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Listening to patients with a major lower limb amputation due to peripheral vascular disease and/or diabetes: Personal experiences of the temporary prosthesis period
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During the temporary prosthesis period in the context of major vascular lower limb amputation, we wished to listen to these patients, to understand how people had been dealing with this difficult situation. First of all, we wanted to explore the possible gap between the fact of dealing with a prosthesis and the ideas patients could have about it. After a series of questions, we finally extended the subject to what these people wanted to express.

In a first part, we develop epidemiological characteristics of this population [1] and we reflect about psychological repercussion of this surgical operation [2,3]. We present the way medical professionals in the rehabilitation department are taking care of amputated people. In a second part, we state the stories of the patients while they still were at hospital in Nantes, Rennes or Saint-Nazaire, or soon after their discharge to home. All the stories result from semi-directive interviews.

From the first interviews, we can underline five main points: the uniqueness of each personal experience, the deep desire for each one of them to keep their autonomy, the importance to find other patients to share with, the importance of the family support, and finally the evolution of the relationships between society and the person now disabled.

Amputation, considered like a last resort by the surgeon is for amputated people — on the contrary — the beginning of a new life. Throughout the process of the artificial limb operation, and even before amputation, each professional of the medical team takes an important part in supporting and backing the patient. We have to carry on for instance, in improving the offers of psychological help.

References

CO14-007–EN
Concepts of knee-ankle-foot and knee-ankle-heel orthosis used for neurological diseases
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Aim.– To describe the basic concepts of knee-ankle-foot and knee-ankle-heel orthosis used for neurological diseases. Emphasis will be put on the knee joints whether they are presently reimbursed or not. Hip-knee-ankle-foot orthosis are out of the scope of this review.

Methods/Applications.– An overview of the technical characteristics of all available knee joints is proposed. We then consider the different neuromuscular impairments and the medico-technical responses, describing the different components, including the different knee joints. Based on the example of the “Basko” orthotic joint, we describe the evolution of the reimbursement regulations, which at present rely on very scarce objective evaluation.