

PATIENT EDUCATION PACKET FOR TRANSTIBIAL AMPUTEES INCLUDING
INSTRUCTIONAL DVD AND BOOKLET

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DEDICATION

This thesis project is dedicated to Joseph Sesto, my Pops. His success as a prosthetist, soldier, father, and grandfather continue to be an inspiration to me. He is the bird on my shoulder, guiding my way.

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INSTRUCTIONAL DVD AND BOOKLET

by

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INSTRUCTIONAL DVD AND BOOKLET

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The University of Texas Southwestern Medical Center at Dallas, 2009

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The intent of this thesis project was to create a patient education packet that would be available to recent transtibial amputees; it was created to promote the proper care and cleaning of the prosthesis and to help give the patient a sense of confidence and independence. The packet consists of two elements, a DVD and a booklet. Both elements were divided into the following sections: *In the Morning, During the Day, In the Evening, When to See Your Prosthetist, and Common Skin Issues*. This organization was used in order to encourage the patient to develop a daily routine to consistently follow. The packets were distributed to and evaluated by patients of the University of Texas

Southwestern Medical Center at Dallas Prosthetics-Orthotics Program. The packets were also evaluated by various clinicians who had experience working with amputees.

TABLE OF CONTENTS

ABSTRACT	v
LIST OF FIGURES	ix
LIST OF APPENDICES	xi
CHAPTER 1 - INTRODUCTION	1
GOALS	2
OBJECTIVES	2
BACKGROUND	4
SIGNIFICANCE	6
LIMITATIONS AND SCOPE	7
CHAPTER 2 – REVIEW OF LITERATURE	9
SIMILAR MATERIAL	9
EFFECTIVE TEACHING METHODS	14
INFORMATION PROCESSING	16
LEARNING STYLES	17
CONCLUSION	19
CHAPTER 3 - METHODOLOGY	21
PLANNING THE PROJECT	21
PROJECT DEVELOPMENT	23
BOOKLET	24
VIDEO	30
CHAPTER 4 - EVALUATIONS	43
SURVEY DEVELOPMENT	43

SURVEY RESULTS	44
CHAPTER 5 – CONCLUSION AND RECOMMENDATIONS	60
PROJECT SUMMARY	60
CONCLUSION	61
SUGGESTIONS FOR FURTHER RESEARCH	61
BIBLIOGROPHY	249

LIST OF FIGURES

FIGURE 2-1: SCAN OF <i>INMOTION</i> MAGAZINE	10
FIGURE 2-2: SCAN OF <i>MILITARY INSTEP</i> MAGAZINE	11
FIGURE 2-3: SCAN OF PAMPHLET	13
FIGURE 3-1: PIN LINER ATTACHMENT	25
FIGURE 3-1-A: ILLUSTRATION OF THE NORMAL FIT	25
FIGURE 3-1-B: ADD SOCKS.....	25
FIGURE 3-1-C: REMOVE SOCKS	25
FIGURE 3-2: SUSPENSION SLEEVE ATTACHMENT	25
FIGURE 3-2-A: ILLUSTRATION OF THE NORMAL FIT	25
FIGURE 3-2-B: ADD SOCKS.....	25
FIGURE 3-2-C: REMOVE SOCKS	25
FIGURE 3-3: PIN LINER COMPLICATIONS	26
FIGURE 3-3-A: SOCK JAMMED	26
FIGURE 3-3-B: PIN MISALIGNED	26
FIGURE 3-4: SILHOUETTES	26
FIGURE 3-4-A: TOO HIGH IN PROSTHESIS	26
FIGURE 3-4-B: TOO LOW IN PROSTHESIS	26
FIGURE 3-5: CALENDAR OF LINER ROTATION SCHEDULE	27
FIGURE 3-6: EXAMPLE FROM FIRST DRAFT OF BOOKLET	28
FIGURE 3-7: EXAMPLE FROM FINAL DRAFT OF BOOKLET	28
FIGURE 3-8: FLOW CHART	31
FIGURE 3-9: PAGE TWO OF STORYBOARD	33

FIGURE 3-10: PAGE THREE OF STORYBOARD	34
FIGURE 3-11: PAGE ONE OF CAMERA SHOT LIST	35
FIGURE 3-12: PAGE TWO OF CAMERA SHOT LIST	36
FIGURE 3-13: PHOTOGRAPH BEFORE “DE-INTERLACE”	38
FIGURE 3-14: PHOTOGRAPH AFTER “DE-INTERLACE”	38
FIGURE 3-15: SCREENSHOT OF ADOBE PREMIERE PRO DOCUMENT	39
FIGURE 3-16: DVD SUBMENU	41
FIGURE 4-1: PATIENT SURVEY DVD RESULTS	44
FIGURE 4-2: PATIENT SURVEY BOOKLET RESULTS	45
FIGURE 4-3: PHYSICIAN SURVEY DVD RESULTS	46
FIGURE 4-4: PHYSICIAN SURVEY BOOKLET RESULTS.....	47

LIST OF APPENDICES

APPENDIX A –PATIENT VIDEO RELEASE FORM	63
APPENDIX B – PRELIMINARY SURVEY	64
APPENDIX C - SCRIPT	77
APPENDIX D – SCRIPT IN SPANISH.....	81
APPENDIX E - STORYBOARD	91
APPENDIX F – CAMERA SHOTS LIST	114
APPENDIX G – DVD FLOW CHART	116
APPENDIX H - ILLUSTRATIONS.....	117
APPENDIX I –BOOKLET FOR SUSPENSION SLEEVE, ENGLISH	119
APPENDIX J – BOOKLET FOR PIN LINER, ENGLISH.....	138
APPENDIX K – BOOKLET FOR SUSPENSION SLEEVE, SPANISH.....	158
APPENDIX L – BOOKLET FOR PIN LINER, SPANISH	177
APPENDIX M – PHYSICIAN SURVEY	197
APPENDIX N – PATIENT SURVEY	209
APPENDIX O – BOOKLET FIRST DRAFT EXAMPLES	236
APPENDIX P – NEW DESIGN IDEAS	241

CHAPTER ONE

Introduction

The intent of this thesis project was to create a patient education packet that would be available to recent transtibial amputees. The packet consists of two elements, a DVD and a booklet. The way in which this information was organized was intended to walk the patients through the basic care and maintenance of their prosthesis as a daily routine. The goal of this thesis was to create a patient education packet that would promote the proper care and cleaning of the prosthesis and possibly create a sense of confidence and independence in the patient as well. This patient education packet is intended to be used by a large audience consisting of a very general group of people ranging in age and condition.

The DVD was created to show the patients how to properly don and doff their prosthesis in a way that static images cannot. The action was set to narration to further explain what the patient should do and the importance of each step. The DVD was also designed so the patients could take it home and watch it on either their television or their home computer. The booklet was created to mirror the DVD in organization and design. The photographs in the booklet were taken directly from the video to maintain a sense of unity, consistency, and repetition. Both contain illustrations that were created to help explain some of the more difficult concepts that photographs or video could not effectively describe.

There are two versions of the packets that cover the same information for two of the most

common types of prosthesis attachments: the pin liner and the suspension sleeve. Each booklet and DVD is divided into the following sections: *In the Morning, During the Day, In the Evening, When to See Your Prosthetist, and Common Skin Issues*. This organization was created to promote a daily routine of explaining what to do and what to expect by walking the patient from the beginning to the end of their day,

Currently, the material available for recent amputees is out of date, inadequate, or ineffective. Most of the materials I collected from various rehabilitation centers or prosthetics and orthotics departments contained mostly text, and very few illustrations. I interviewed several patients who stated that they were not given any booklets, pamphlets, videos, or any other kind of patient education material, further indicating the need for education materials.

Goals:

The goal of this project was to create patient education materials to explain to recent transtibial amputees the correct way to don, doff, clean, and care for their new prosthesis as a means of preventing and solving the problems that many recent amputees experience with their new prosthesis. This packet would provide the information they need in an easily accessible format to give back to them the confidence and independence they may have lost under the physical and emotional stress of their injury.

Objectives:

The problem with many patient education booklets available now to amputees is they are

too text heavy with few illustrations. The information in these pamphlets is mostly post-op education material that describes exercises and wrapping techniques for the patients' residual limbs. This thesis addresses the need for education material for patients after they receive their first prosthesis. The patients that would receive this packet range from the elderly, military veterans suffering from traumatic brain injury, and the families of the patients who may be involved in helping in their rehabilitation. With this in mind, I had to address several objectives to achieve the goal of the project in a way that would appeal to my entire audience, and make the information clear and easy to understand and read.

The objectives I had to meet are:

- 1.) Interview existing amputees about their needs.
- 2.) Determine key points to include in video and booklet through research and discussions with John Fergason and Susan Kapp.
3. Write a script incorporating the key points.
4. Create necessary illustrations.
5. Create a storyboard that follows the script.
- 6.) Create a video that follows the storyboard and script.
- 7.) Produce the booklet and DVD for distribution.
- 8.) Distribute packets to existing patients for evaluation.

I also had to address the possible learning disabilities of some of the patients while still appealing to those who do not have any learning disabilities.

I enlisted the help of Susan Kapp, director of the Prosthetics-Orthotics Program at the University of Texas Southwestern Medical Center at Dallas, and John Fergason, Director

of Prosthetics at the Center for the Intrepid in San Antonio, Texas. I also produced my project under the direction and supervision of Kim Krumwiede, my thesis mentor, whose expertise is in multi-media and patient education. Lewis Calver, Director of the Biomedical Communications Graduate Program at UT Southwestern Medical Center, who directed my illustrations and final project.

Background:

There is a lot of information for a new amputee to remember. With a majority of the new amputees being elderly diabetes patients or military veterans, and many of these new patients suffer from memory loss, an easy to follow set of instructions seemed like a necessary and needed product. The amount of components required to wear the prosthesis, the order in which to put them on the patient's limb, and how to clean all of these components can seem rather overwhelming.

Attachments and Liners

First of all, there are a variety of ways to attach the prosthesis to the residual limb. I address two of these attachments in my project because these are the most common attachments. They are the pin liner and the suspension sleeve. The liner fits snugly over the residual limb, and the silicone inside helps keep the prosthesis from slipping off the limb with sweat and normal wear.

Then, over this liner, the patient will add socks that come in different thicknesses and are named according to the number of layers or "plies" of which they are made. Throughout

the day, a patient's leg may swell or shrink with temperature and daily activity. To ensure a correct fit, it is important for the patient to know how to correctly manage the number of socks between the liner and prosthesis. The patient should add socks if their prosthesis feels too loose and remove socks if the prosthesis feels too tight. This will prevent injury and discomfort. The prosthesis slips over the socks and liner and is held in place by the pin locking in the socket of the prosthesis, or the suspension sleeve over the thigh.

Sock Management

Sock management and fit is very important to the health and safety of the patient. If the prosthesis is not put on correctly, the patient runs the risk of the prosthesis coming off and injuring themselves in a fall or other accident. If the prosthesis is too tight or too loose, there can be uncomfortable rubbing or pressure to the residual limb. The pressure and rubbing can cause sores which, if left untreated, can become infected.

Hygiene

Hygiene is also very important. If the limb, prosthesis or any of its components are not properly cleaned, infection, skin irritation and abnormal wear on the prosthesis could occur. The liner must be washed every night with a mild anti-bacterial soap and water. All the soap needs to be rinsed off because any soap residue left on the liner could irritate the skin since it directly contacts the patient's leg. The socks can be washed with the patient's laundry. The prosthesis should be wiped out with a damp cloth when necessary. The patient's residual limb should be washed thoroughly as well. Once again, all the soap should be rinsed off to prevent irritation.

Significance

The purpose of this project was to create patient education material for new amputees. This project would provide a booklet and a video guide for patients to reference when needed. The information provided to patients now mostly consists of care for your limb immediately after the amputation surgery. This thesis project addresses the issues immediately after the patients receive their first prostheses. The target audience for this project consists of a general group of people ranging in age and condition, including the patients' families who may be involved in helping in their rehabilitation.

There are currently no video guides for new amputees available. A video guide would be beneficial because it will actually show the patients the correct way to don and doff their prosthesis in motion with audio and text to prevent any confusion that may occur with a booklet and static illustrations. The booklets and pamphlets currently available contain poor images and are heavy with text.

The booklet in my project accompanying the DVD will provide the patients with an immediate resource to which they may refer if a DVD player is unavailable, or if they just need to make a quick reference. I included mostly photographs, but also used clear, simple illustrations to explain and simplify more complex concepts. With the current patient education materials lacking clarity, chronological organization, video, and simplicity, I chose to produce a product that would fill in those gaps to provide new

amputees with a resource for their transition to a more mobile and independent life.

Limitations and Scope

While creating my project, there were several limitations I had to consider. The first of these limitations was the memory problems that some patients faced. Some of the patients are elderly, who suffer age related memory loss, and some are military veterans whose injuries were the result of a traumatic accident and suffer memory problems such as traumatic brain injury. With this in mind, I researched different teaching techniques for those who have learning disabilities.

According to the Literacy Review, the average reading level of the American population is between a 6th grade and 8th grade reading level. With the audience for the project being so broad, and the education of the individuals using this packet unknown, I had to keep the reading level at the national average.

Another limitation I address in my project is the patient's native language. If English is the patient's second language, instructions in their native language would only increase their understanding of the information. Since a large percentage of the American population is Spanish speaking, I decided to make a Spanish version of both the DVD and booklet.

Because I was making two versions of the DVD and booklet, covering two types of liners, I decided to limit the scope of my project to that of only transtibial amputations.

By limiting this scope, I was able to create a good quality product in the amount of time allotted to me.

I surveyed a small group of patients at the VA hospital in Dallas, Texas to see if they would be watching the DVD on their personal computer or on a DVD player and television. I wanted the project to be able to be used by as many patients as possible, so I created a DVD that would work on both a television and personal computer. Keeping this in mind was important when burning the DVDs because I wanted to make sure that the quality of the video would be the same on both the DVD player as well as a personal computer.

The purpose of the booklet was to be easy to carry and use. It was spiral bound so that it could lie flat and remain open when the patient was using it. It is also standard letter size (8.5" x 11") so it can easily fit in a purse, briefcase, or folder. I did not make it any smaller because I did not want the size of the font or photographs to be too small for the patient to see clearly.

Finally, I limited the evaluations to be filled out by patients receiving their prostheses within the last month. I wanted them to fill out the evaluations one to two weeks after receiving the packets to see if the packets are useful to the audience they were intended to help in the most critical time of their rehabilitation.

CHAPTER TWO

Review of the Literature

I conducted a literature review to ensure that the product I was creating was an improvement upon the material that was already available. I gathered patient education pamphlets from three orthotics and prosthetics departments, as well as looked online, and in magazines for information that would be available to patients during their recovery. This step was essential in my research to be sure that the information I covered in my packet and the manner in which I presented the information was not a repetition of already available information.

Similar Material

The Amputee Coalition of America (ACA) publishes a magazine for amputees, *inMotion*. It contains mostly peer support information, as well as articles on specific topics. This is an excellent resource for amputees as a growing source of information, but the magazines do not cover immediate issues they may face, such as how to don and doff their prosthesis. Also, it does not consolidate the information into one resource.

In figure 2-1, one can see that the table of contents of *inMotion* contains mostly peer support, but no instructions on how to care and maintain their prosthesis.

inMotion		Contents	
A Publication of the Amputee Coalition of America			
8	Letter From a Friend of a Friend	40	Cyber Support
10	Planting Seeds	42	Peer Visiting <i>Helping ACA expand its reach</i>
12	Introduction to the ACA's National Peer Network <i>Providing emotional support and information essential for recovery</i>	44	Starting a Support Group
16	Coming Full Circle	46	Funding a Support Group
19	Building the Bridge	47	Marketing Your Support Group
22	Bearing Witness <i>Sharing the experience of amputation promotes healing</i>	49	Take Support Groups to the Next Level With Valuable Volunteers
24	Transforming Recovery Through Relationships	52	Connecting Through Membership
28	Bright Horizons <i>Creating a national support network for parents of children with limb loss and limb difference</i>	53	Peer Support Benefits Everyone
30	The Strong Bonds of Summer <i>ACA Youth Camp provides peer support to young amputees</i>	53	Paying It Forward
33	Self-Management <i>Tools for living better with limb loss</i>	55	Finding That Second Home
33	Promoting Amputee Life Skills Moves Forward: PALS Plus	56	Honorary Amputee Leads Support Group
35	Meet the NPN Team	58	Peer Amputee Volunteer Puts Experience, Compassion Into Recovery
36	ACA Map of Support Groups and Certified Peer Visitors	59	ACA Member Support Groups
38	ACA Regional Representatives 2007	63	Get Ready to Swim <i>Peer support helps amputees take the plunge</i>
		68	In Dependence Days <i>Accepting help from others can be positive</i>

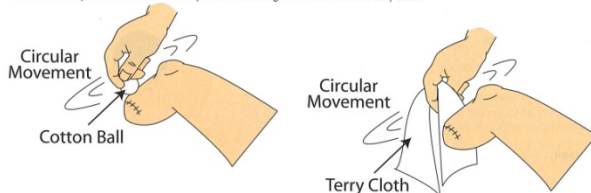
Figure 2-1. Scan of the table of contents of “inMotion” magazine.

There is a special edition military issue of *inMotion*. This special issue covers all topics from explaining the different components of the prosthesis, to how they are made, and how to properly clean the prosthesis, as seen in Figure 2-2. It is not, however, for all audiences. This magazine is geared more towards a younger, military audience. It is too text heavy and covers all types of amputations, instead of focusing on the specifics of one. Both magazines offer other resources and organizations patients can contact for further information or peer support.

Desensitization

Desensitization is the process of making your residual limb less sensitive. If you start with a soft material and progress to rougher materials, desensitization can help you increase your tolerance to touch in your residual limb.

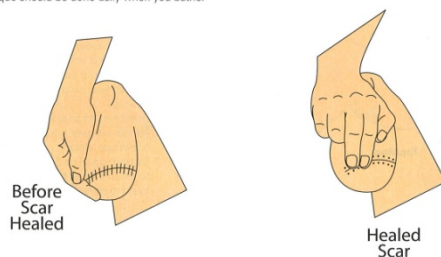
1. This technique is done when you are not wearing your soft compression dressing. It should be done for 2-3 minutes twice daily and is usually done during bathing times.
2. Initially, start with a cotton ball and gently rub the skin of your residual limb using a circular motion.
3. When you are able to tolerate it, progress to a rougher material such as a paper towel.
4. Finally, advance to a terry cloth towel.
5. This technique should be done until you can tolerate gentle friction from a terry cloth.



Scar Mobilization

This technique is done to keep the skin and scar tissue on your residual limb loose. Scar adherence to underlying tissue can be a source of pain when using your prosthesis and can also cause blistering. This technique is best performed when you are not wearing your compression dressing.

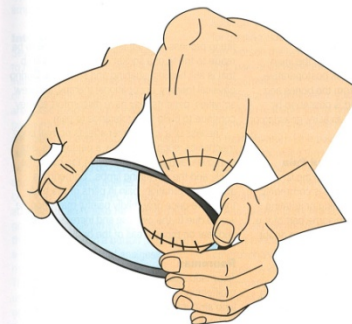
1. Place two fingers over a bony portion of your residual limb.
2. Press firmly and, without moving your fingertips, move your fingers in a circular fashion across the bone for about 1 minute. Continue this procedure on all of the skin around the bone of your residual limb.
3. Once your incision is healed, use this procedure over your scar moving your fingers in a circular fashion to loosen the scar area directly.
4. This technique should be done daily when you bathe.



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Inspection of Your Residual Limb

1. Regular inspection of your residual limb using a long-handled mirror will help you identify skin problems early.
2. Initially, inspections should be done whenever you change your compression dressing. Later on, most amputees find daily inspection sufficient for the early identification of skin problems.
3. Inspect all areas of your residual limb. Remember to inspect the back of your residual limb and all skin creases and bony areas.
4. Report any unusual skin problems to a member of your rehabilitation team.



Daily Foot Care

For lower-extremity amputees, it is important to maintain the health of your remaining foot. This is especially important if you have diabetes or if you have decreased circulation or sensation in your lower extremities.

Your daily routine should include the following:

1. Wash and dry your foot properly: Use a mild soap, rinse thoroughly, and dry your skin by blotting or patting, making sure to dry between your toes.
2. Inspect your foot daily: Check for blisters, cuts and cracking.
3. Protect your foot from injury: Wear shoes or slippers at all times, and check your shoes every time you put them on for tears, rough edges or sharp objects.

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Showering

Permission to resume showering is based on a number of factors and is highly individualized. Your safety and other factors, such as the condition of other wounds and injuries, must all be considered. When you feel ready to resume showering, the best thing to do would be to discuss the specifics of your situation with a member of your rehabilitation team or peer visitor. You need to ask questions about home adaptation, shower chairs and any help to get family members trained on any assisted bathing or cleaning care.

Toilet

Some of the most embarrassing moments for our service members can occur while getting to or going to the toilet. Discuss with your nurse your options and limitations or use your peer visitor for advice and alternatives. Be patient as your new routine will be comfortable again soon.

—by Paddy Rossbach, RN, President/CEO, Amputee Coalition of America

Figure 2-2. Scan from *Military inStep* magazine.

I requested pamphlets from several orthotics and prosthetics departments including: the VA hospital in Dallas, Texas, the Center for the Intrepid in San Antonio, Texas, and Dwight D. Eisenhower Army Medical Center in Augusta, Georgia. The information I collected from these facilities only emphasized the need for a set of instructions for patients explaining how to don, doff, clean, and care for their prosthesis and residual limb.

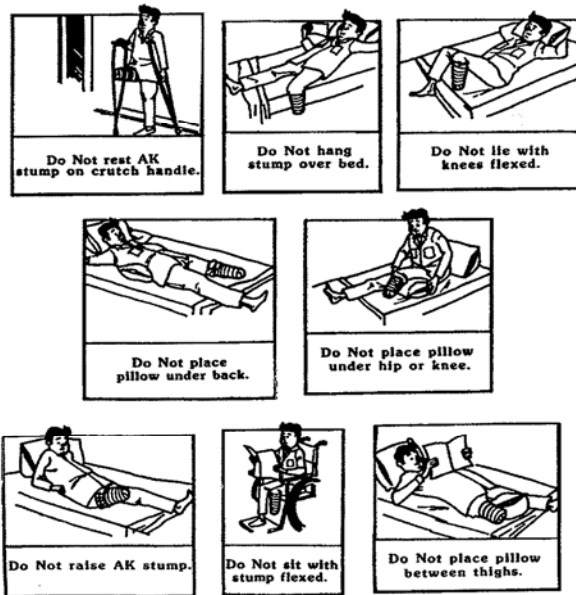
One pamphlet “For the New Amputee,” was extremely text heavy. There were few illustrations. The information contained in this pamphlet was mostly about how to wrap the limb in preparation for the prosthesis. It also contained illustrations and instructions for exercises the patient should do to keep their limb flexible and strong, also in preparation for the prosthesis. There was not information about how to don, doff, or care for the prosthesis.

Another pamphlet was “Below-the-Knee Amputees.” This was also extremely text heavy. It explains the procedures after the surgery followed by exercises needed to prepare patients for their new prosthesis. The pamphlet explains the fabrication process of the prosthesis itself, and how the patient would be fitted for it. It explains the different components of the prosthesis as well as different types of amputations. There is no information about how to properly don, doff, or care for the prosthesis or its components in this pamphlet.

“What to Expect When You Lose a Limb” states in its introduction that it is very technical in its vocabulary. This document is very text heavy and contains a lot of unnecessary information, including the history of amputations and the surgical procedure. The font is extremely small and difficult to read, especially the text that accompanies the illustrations (see Figure 2-3). The illustrations are also printed very small and are unclear. The photographs that are included are very dark and of poor quality, rendering it very difficult to see what is going on in the photographs.

Figure 7

POSITIONS NEW AMPUTEES SHOULD AVOID:



PHYSICAL REHABILITATION—continued

stages of training. Abrasions may lead to skin infection. This precludes maximum rehabilitation. Each evening the limb and prosthesis must be washed with warm water, dried with a soft towel and an application of powder or cornstarch applied. Residual limb shrinkers or residual limb socks must be changed and washed daily. These items are delicate and must be hand washed, dried on a flat surface, not hanging on a clothesline or dried in a dryer.

D. WRAPPING AND BANDAGING:

When the residual limb has started to heal, bandaging is important to prevent edema (swelling), and assure that the limb is properly shaped. Only after the limb has become stable in size will you be able to be measured for your prosthesis. You and a family member will be instructed in the proper application and correct pressure. The bandage may have to be reapplied several times a day in order to allow the limb to be exposed to fresh air and to adjust the bandage's tension. You are to make oblique circumferential turns, not tourniquet type effects (Figure 8 and 9). Above knee amputees will be sent to prosthetist for a "residual limb shrinker".

E. POST SURGICAL DRESSINGS:

Just after surgery you may use any or all of the three basic types of dressings for your residual limb:

1. **RIGID-PLASTER DRESSING** – Immediately after surgery many patients are fitted with a rigid dressing to assure control of swelling (edema) and provide comfort. The end of the cast is adapted with a simple training prosthesis, called a "pylon", so training in standing and walking may be started immediately. This cast may have to be changed after several days or weekly because it becomes loose from the shrinkage of your limb. It is suspended from straps over the knee to be attached to a waist belt, or possibly, by a shoulder harness to help overcome the weight of the cast and keep it from pistoning. The device is designed to take only 30-35lbs, or ¼ of your body weight. Too much weight may result in delaying healing or even cause breakdown of the new incision.
2. **ACE WRAP** – These elastic bandages are used to prevent swelling and encourage shrinkage of the residual limb. Bandaging techniques will be demonstrated and must be followed very carefully. Wrapping is started as soon as possible when healing occurs (Figures 8 and 9).
3. **JOBST COMPRESSION PUMP** – These are air filled sleeves (similar to blood pressure cuffs), which place constant, equal pressure on the limb to shrink it more rapidly and to shape it appropriately.
4. Residual limb shrinkers or ace wraps should be worn at night when you are not wearing your prosthesis because your residual limb usually swells for a long period of time. Shrinkage and shaping take about six weeks to three months depending on your response and general condition.

F. PRE-PROSTHETIC EXERCISE PROGRAM:

The object of an exercise program is to insure that you have the optimum physical capacity to operate the prosthesis safely and to walk efficiently. Crutch walking/walker will be your first functional activity. You may have to start in the parallel bars first until your balance has improved. Muscle strength and endurance is important. The exercise program will be assessed and based on your ability at the time your rehabilitation is started. Resistive exercises, pulley and mat exercises, push-ups, sit-ups, balancing, hopping independently on unaffected limb, and crutch exercises are important to increase your confidence and maneuverability. Range of motion is important to prevent contractures.

Figure 2-3. Scan of pamphlet *What to Expect When You Lose a Limb*.

Some of the hand-outs I collected are given to patients by their physical therapists. The handouts either describe different exercises and stretches the patients should do at home, or describe how to wrap their limb in preparation for receiving their prosthesis. These hand outs are mostly for patients to read and use immediately after their surgery. In one hand out, "Part II: Pre-gait Training," the illustrations are simplified too much and are

rather confusing. These illustrations are small and difficult to understand what is going on, especially for elderly patients.

The best pamphlet I found is titled “Post Amputee Care Booklet.” The information contained in this booklet includes: daily skin care and cleaning, the proper way to care for socks and liners, and when to call a doctor. Like the other booklets, it includes some illustrations about how to wrap limbs, pre-prosthesis fitting, as well as some exercises to improve flexibility and strength. The pamphlet does not contain much information for someone who is receiving a prosthesis, and its main audience seems to be the elderly, instead of a more general audience.

Effective Teaching Methods

Another part of my research included current, successful teaching methods, especially for those with learning disabilities and head trauma which can cause inattention and impaired concentration in the pupil (Rosen). The first thing to understand, when trying to teach someone new information, is how the brain retains and recalls information.

Short-term, Working, and Long-term Memory

Short-term memory is the place where the brain retains information for a short amount of time as the information is needed, such as a phone number (Hardiman). The brain can hold this information for around thirty seconds (Hardiman). “Most scientists believe that, unless repeated and rehearsed, information in short-term memory is completely lost after being forgotten” (Hardiman).

Working memory is a temporary storage area that allows one to perform functions such as planning and organizing. An adult can retain information in the working memory for around ten to twenty minutes (Hardiman). The key to getting information into the long-term memory from the working memory is through rehearsal and repetition. “As long as working memory is ‘doing something’ with the learning, it can hold it there indefinitely” (Tileston).

Working memory draws information from the long term memory. There are five categories of long-term memory: semantic, episodic, procedural, automatic, and emotional. Each type stores different types of information, and it is important to understand each when teaching information that falls into one or more of these categories.

Semantic memory is memory created from words. This information must have a “connector,” or something to which the brain can relate the information. It needs visual representations, such as pictures, objects, or color-coding (Tileston). In my project, I address this memory recall system by color-coding each section with colors that correspond to the time of day to which the section is referring. I also provided photographs and illustrations as a visual connector to the text.

Episodic memory refers to memories centered around a space or location, or the act of doing something in space (Hardiman). To retrieve information stored in the episodic

memory, one should make the information visually accessible, again, with color-coding, symbols, or graphic organizers (Tileston). I created a chart to explain the need to rotate the liners, wearing one every other day. The chart was color-coded and organized in a familiar calendar format.

Procedural memory is memory of muscle activities, such as riding a bike. To shape procedural memory, one needs to demonstrate the action and provide the opportunity to practice the action (Hardiman). The pitfalls or common errors of the procedure or action should also be pointed out. In my project I address this by providing a video of someone demonstrating the actions. The patient can follow along with the DVD or booklet as practice. Also, the script of the DVD and booklet addresses some common errors, why they occur, how to fix them, and how to prevent them.

The other two types of long-term memory are automatic and emotional memory. Automatic memory refers to information that can be recalled without conscious effort. Some examples include the sound of letters, reciting the alphabet, or recalling times tables (Hardiman). Emotional memory filters the emotional content of information. I tried to keep the vocabulary and images neutral so if there was any emotional distress associated with their amputation, the information itself could be neutral enough to not affect the patients' recall.

Information processing

The brain processes information in different ways. By understanding how the brain will store and process new information, an instructor can teach the new information more effectively with a higher recall and retention rate.

The brain needs to create meaning in the information that is presented to it. The brain creates meaning through patterns, organizing information, and previous knowledge. One should include patterns, previous knowledge, and organization to present new information to the brain. “Patterning refers to the meaningful organization and categorization of information” (Caine). The brain will automatically pattern new information and we “cannot stop them [the brain from forming patterns], but we can influence the direction” (Caine). In my project I organized the information in a manner in which the patient would be familiar, their daily routine. As the patient learns this information, they will fit it into their already established morning, daily, and evening routines.

Learning Styles

When teaching a general audience, it is also important to understand the different learning modalities of the human mind. “Teaching should be multi-faceted to allow all to express visual, tactile, emotional, and auditory preferences” (Caine). There are three common types of learning modalities: visual, kinesthetic, and auditory.

Visual Learners

Visual learners make up the largest group. Visual learners need to see what it is they are learning in order to fully comprehend the information (Caine). Teaching aids that appeal to visual learners would be pictures, graphic organizers, and charts. To appeal to the visual learner, in my thesis project I included many photographs as well as illustrations to describe the points I was making. I used video to demonstrate these points as well. I also included a chart like calendar to describe to the patients the proper way to rotate their liners.

Auditory Learners

This is perhaps the smallest group of the three modalities. Auditory learners need to hear information either through a lecture, discussions, or media (Caine). To address this modality in my thesis, I included narration with my video. There is also Spanish narration in the Spanish version of the video, to go along with the video and text.

Kinesthetic Learners

Kinesthetic learners need to move and use models to hold and touch in order to successfully learn the information. Kinesthetic learners need to take a movement and repeat it often enough to become permanent memory. To address the kinesthetic learner, they will follow along with the action that is in the booklet and DVD. They will see and hear the video and relate it to their own prosthesis and limb. This packet will help the kinesthetic learner by allowing them to practice the steps as they are watching or reading the booklet.

Conclusion

“The brain is poorly designed for remembering print and text copy,”(Tileston). In order for the brain to be fully engaged, and to ensure the most information is stored and recalled, one must first understand how the brain processes and stores information. Most information we learn in school is part of the working memory, the information stays until we take the test. A common goal of teaching is for the information that is taught to be eventually stored in the long-term memory.

The most effective way to teach something to the long-term memory is to approach teaching from all modalities to reach as many parts of the long-term memory as possible. The text in the booklet and video addresses the semantic memory, while the video, photos, and illustrations explain the information as it occurs in space which addresses the episodic memory. When the patients practice the steps along with the video or with the booklet, they are using their procedural memory.

There are three modalities the brain can learn information: visually, kinesthetically, and auditory. I address each of these modalities in my project as well. The video and photographs in the booklet will appeal to the visual learners. A chart and illustrations are also included to help the visual learner. The video is set to narration that describes the actions as they appear on screen to address the auditory learner. Finally, the patient will practice the techniques demonstrated which will satisfy the kinesthetic learner.

By addressing all modalities and types of memory storage, I developed my project to try to successfully teach the basic care and maintenance of a below-the-knee prosthesis to as much of the target audience as possible.

CHAPTER THREE

Methodology

Planning the Project

Purpose

I wanted to create a product that would be the most beneficial to prosthetics and orthotics patients. I began my project by visiting Mr. John Fergason, Prosthetics Chief at the Center for the Intrepid in San Antonio, Texas. We spoke about his concerns for his patients, and possible topics to be addressed in my project. After discussing the issue with some of his colleagues and clinicians, we decided there was a great need for patient education materials.

Preliminary Surveys

A small set of preliminary surveys were given to patients to find out what information should be included in the project. With the help of orthotics and prosthetics resident, Frank Alaniz, Board Eligible Prosthetist and Orthotist, 13 surveys were handed out to patients at the VA hospital in Dallas, Texas. The questions on the survey included:

- 1) Do you have access to a DVD player?
- 2) Do you have access to a computer?
- 3) Do you have access to the internet?
- 4) I would be more likely to use:
 - A booklet with drawings that show how to put on, take off, and care of my prosthetic device.
 - A DVD with videos showing someone putting on, taking off, and

showing basic care of a prosthetic device.

-A quick-reference-chart with drawings and reminders, about how to put on, take off, and care for my prosthetic device.

- 5) I found the handouts given to me about how to care for my prosthetic device to be helpful.
- 6) I think a video would help me understand how to put on and take off my prosthetic device correctly.
- 7) Putting on my prosthetic device correctly is difficult for me to understand.
- 8) I understand how to put on my prosthetic, but it is difficult for me to understand if it is on correctly.
- 9) I understand how to tell when my prosthetic device is not on correctly, but I do not know how to correct the problem.
- 10) The handouts I have been given are easy to read and understand. Yes or No; If no, please explain.

The patients were also given the opportunity to comment freely at the end of the survey. Thirteen patients filled out the survey, see Appendix B. From this small set of surveys, it was concluded that most patients had a DVD player or computer. Also it was determined that the group of patients that was in more need of patient education materials were new amputees because most of the patients who filled out the surveys had their prosthesis for several years and indicated they were already familiar with their prosthesis. A few

patients commented that the survey was difficult to read because the font was too small. These complaints were considered when I began designing my project, and I was careful not to put any text that was too small or difficult to read. These surveys also confirmed that the patients preferred information in a DVD and booklet format.

Project Pre-planning

I concluded from the surveys and discussion with John Fergason that I would create a patient education module for lower limb amputees containing a DVD and booklet. To target all learning modalities described earlier, I decided a DVD following a patient demonstrating proper techniques would be the best solution. The DVD would provide a narration describing the actions, and would also include text to reinforce the audio. Having a DVD that the patient can watch and follow along with would also target kinesthetic learners.

I outlined the order of production, timeline to finish the project. I considered different options for shooting the video portion, as well as who and where the audio would be recorded. I decided the best place to shoot the video would be in Dallas. I asked Susan Kapp, Associate Professor and Director of the Prosthetics-Orthotics Program at UT Southwestern Medical Center, to help us by providing a room, as well as a patient for the video. She later became my main content advisor for the project because of the issues faced when having a content advisor long distance.

Project Development

Booklet

Before creating the booklet and DVD, I needed to organize the information. I created an outline based on some information that John Ferguson had given to me. He gave me a general outline of the process for which a patient would don and doff their prosthesis, including specific tips and concerns. He also gave me a PowerPoint® presentation about common skin issues that they may face. It also included ways to treat and prevent them. I used this information to create an outline of how I would present the information to the patient.

From this outline, I created a rough draft of the booklet. I sketched a general layout that would include an entire step or related information on a two page spread. I wanted to have complete thoughts on each spread so the patient can finish an action before having to turn the page. Also, I kept in consideration the size of the photographs and text. I wanted to keep them at a readable size, while still keeping the spreads as complete thoughts.

The booklet was organized into the following sections: In the Morning, During the Day, In the Evening, When to See Your Prosthetist, and Common Skin Issues. I organized the information in this manner to encourage the daily practice of these steps. It follows a daily routine from start to finish. The first draft of the booklet included colors to designate these different sections.

After creating the outline, I made a list of the concepts that would need illustrations. I initially came up with three illustrations. As I began creating the booklet and video, there were a few more concepts that needed illustrations. I included illustrations to explain the following concepts:

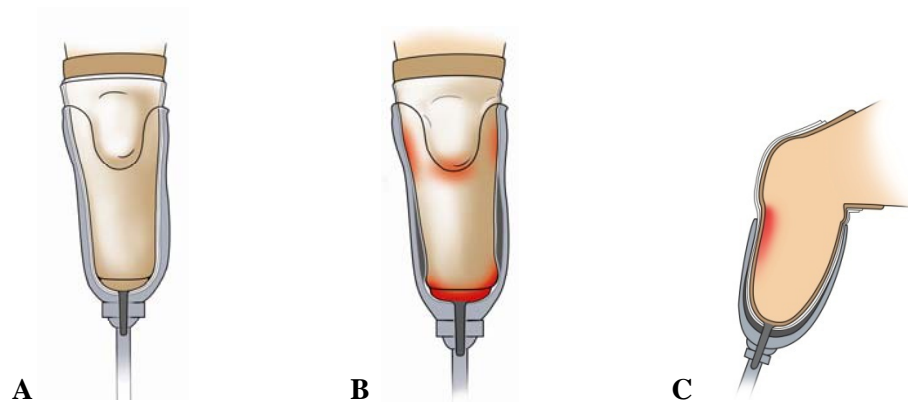


Figure 3-1. A) The normal fit of the limb in the socket (pin liner). B) When to add socks over the liner (pin liner). C) When to remove socks from liner (pin liner).

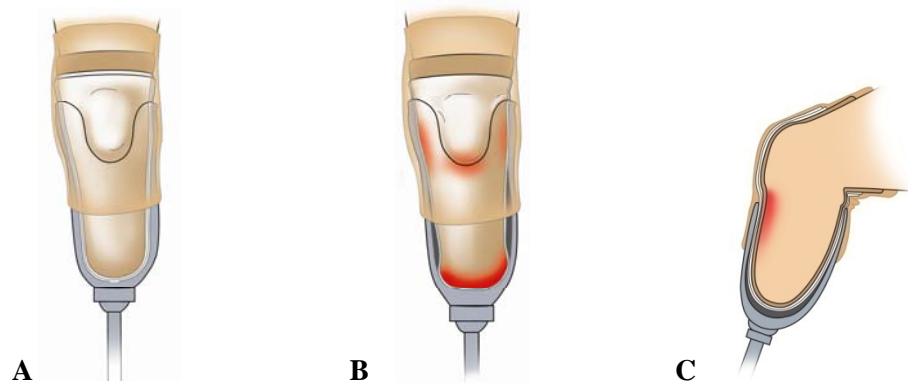


Figure 3-2. A) The normal fit of the limb in the socket (suspension sleeve). B) When to add socks over the liner (suspension sleeve) C) When to remove socks from liner (suspension sleeve).

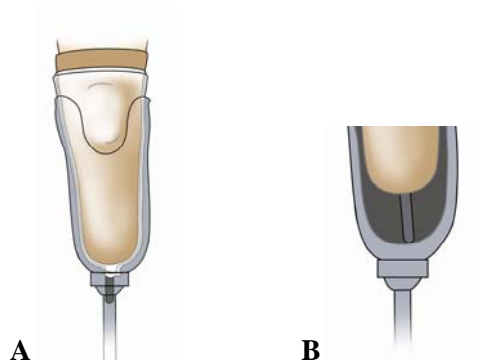


Figure 3-3. A) The sock jammed in the pin-lock mechanism. **B)** The pin misaligned in the socket.

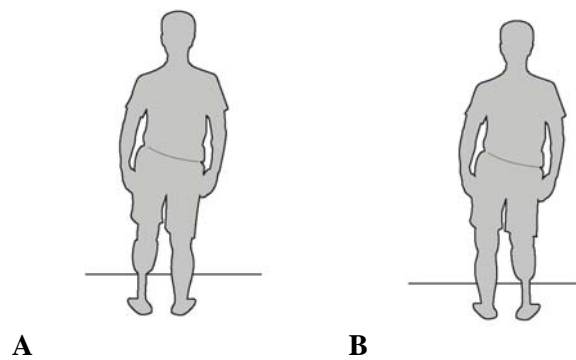
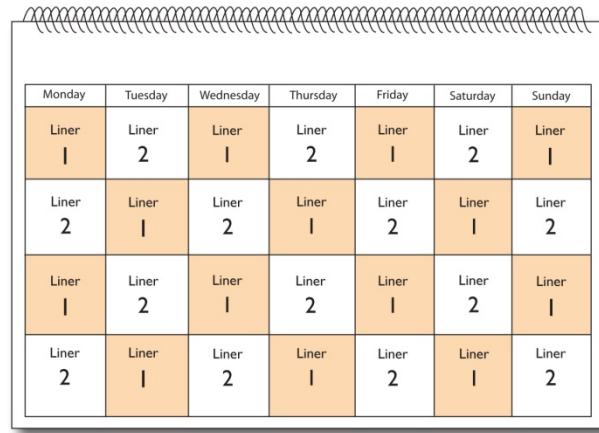


Figure 3-4. A) The silhouette showing a person too high in their prosthesis (needing to remove socks). **B)** The silhouette showing a person too low in their prosthesis (needing to add socks).



Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Liner 1	Liner 2	Liner 1	Liner 2	Liner 1	Liner 2	Liner 1
Liner 2	Liner 1	Liner 2	Liner 1	Liner 2	Liner 1	Liner 2
Liner 1	Liner 2	Liner 1	Liner 2	Liner 1	Liner 2	Liner 1
Liner 2	Liner 1	Liner 2	Liner 1	Liner 2	Liner 1	Liner 2

Figure 3-5. This calendar illustrates the liner rotation schedule.

I originally wanted the booklet to consist of only photographs with selected ideas conveyed in illustrations. I took the first draft of the booklet, which included photographs and illustrations, to the Prosthetics-Orthotics Program at UT Southwestern Medical Center to show some patients and ask them if they preferred photographs or illustrations. Of the seven patients that were interviewed, all but one preferred the photographs over the illustrations. The patient who preferred the illustrations did not speak English, so it is possible some information was lost in the verbal translation.

After the first draft of the booklet was printed (Figure 3-6), I streamlined the information to make it easier to follow (Figure 3-7).

In the Morning

3 Apply sock ply over liner

Available in 1, 3, and 5 ply(or layers)of thickness.

Begin with _____ plys.

Add or subtract plys to your comfort.



4 Apply prosthesis



Insert limb into prosthesis. Be sure the pin locks into place. You should hear it click a few times.

Pin socket 4

Figure 3-6. Example of the first draft.

IN THE MORNING

- 4** Apply sock ply over liner.
Available in 1, 3, and 5, ply or layers of thickness.

Begin with _____ plys.

Add or subtract plys
by 1 or 3 plys to reach
a comfortable fit.



- 5** Apply prosthesis.



Push limb all the way
down into prosthesis.
Then, roll the sleeve
over your knee and onto
your thigh.

Figure 3-7. Example of final booklet.

I redesigned the layout of the booklet to have a more unified look. I limited the text to two fonts, and limited the size of the fonts to only two or three sizes. This made it easier

to distinguish the secondary information, such as photograph captions, from the primary information, and headings.

Video

Since the booklet and the DVD would follow the same chronology, I used the outline of the booklet as a guide when creating the video. With this outline, I created a flow chart (Figure 3-8) to map out the ideas to be covered in the DVD. The flow chart also described what would be on each menu, and where each button would lead. After the flow chart was approved, I used that and the outline to create the video script. The video script went through several drafts and revisions before being approved by my committee members.

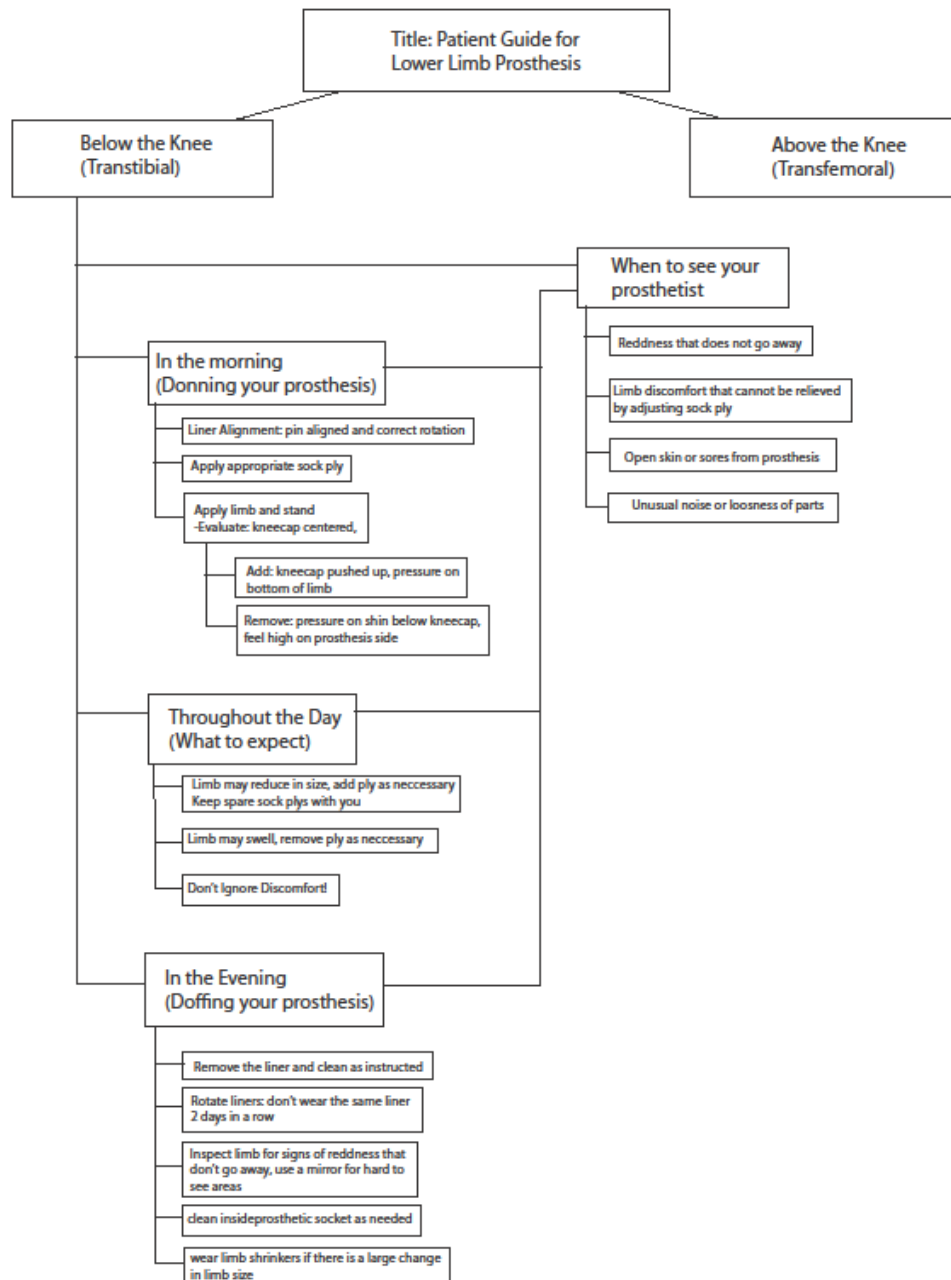


Figure 3-8. Flow chart for DVD.

Then, I gave a copy of that script to Richard Lankes, a Spanish translator for Parkland Hospital, to translate into Spanish and record the Spanish narration. My classmate, Genevra Garrett, agreed to record the English version of the narration. We recorded the narration at Medical Television's studio at UT Southwestern Medical Center.

Once the script was approved and the narration recorded, I began work on the storyboard for the video. The storyboard allowed me to explain my ideas for the video to my committee members and get their feedback. This was about the time that Susan Kapp, Associate Professor and Director of the Prosthetics-Orthotics Program at UT Southwestern, became involved in my thesis and became my thesis content expert. When she reviewed my storyboard, she pointed out a few corrections and additions to the storyboard and consequently the script. With these additions, I corrected the script and re-recorded the narration.

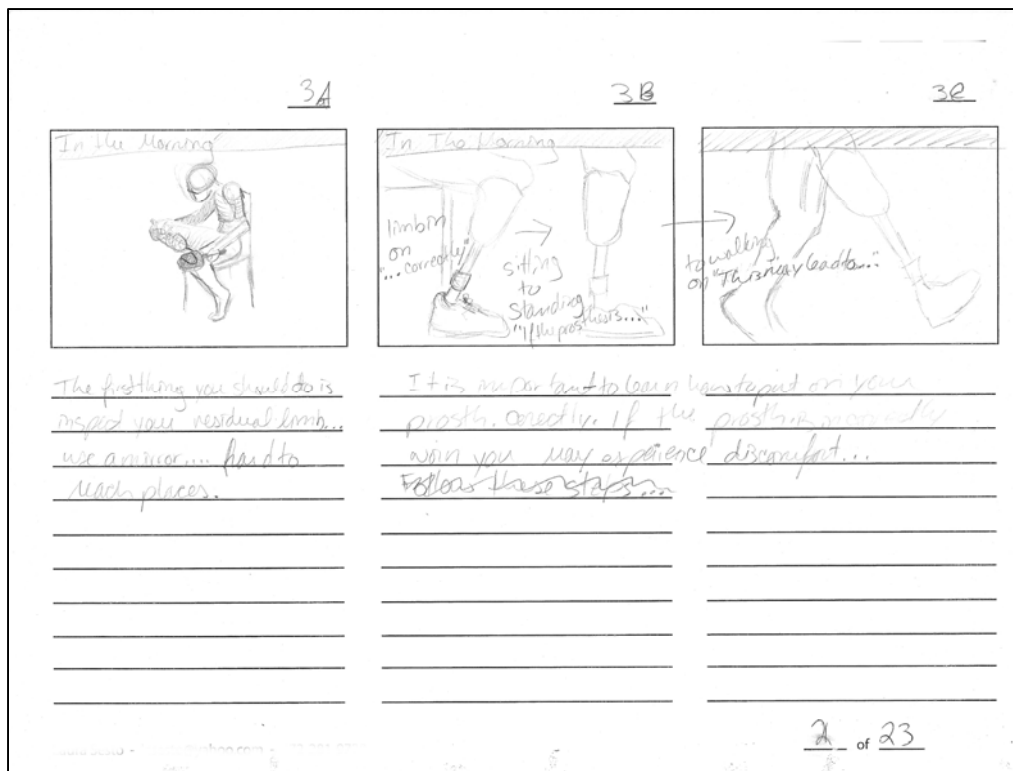


Figure 3-9. Page two of storyboard.

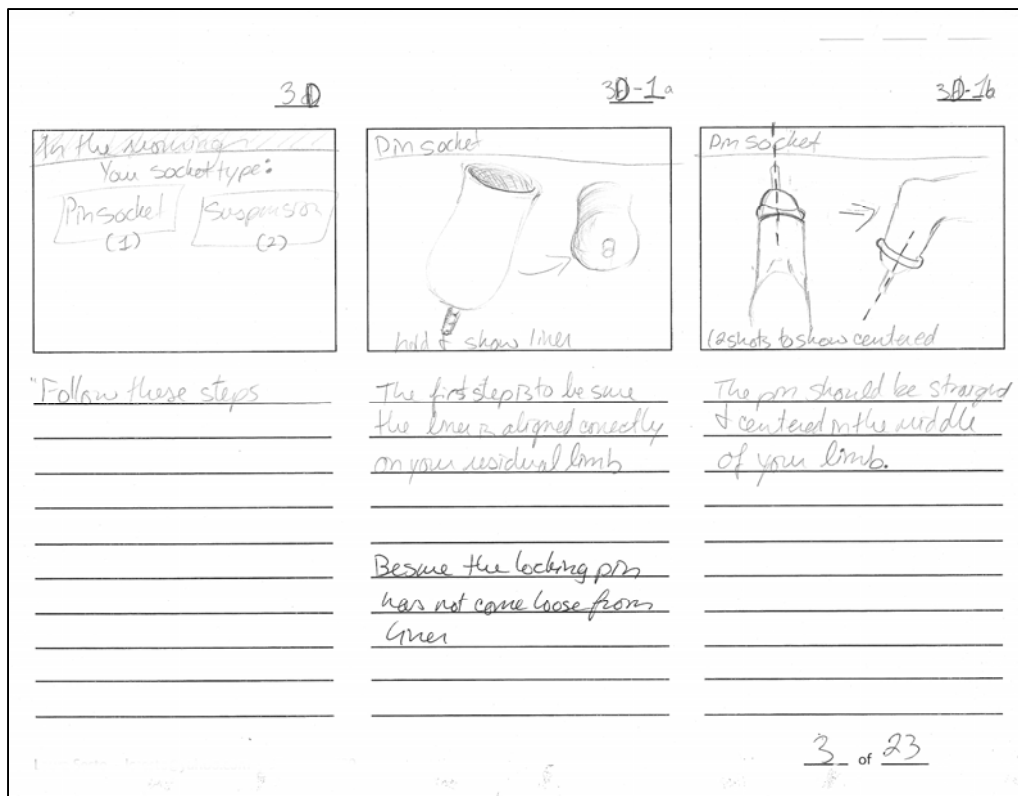


Figure 3-10. Page 3 of storyboard

The next step was to have a storyboard meeting with my committee members whom I met with separately for their input. After the storyboard was approved, I created a list of camera shots, settings, and necessary props. This list was created for me to follow and check off during the video shoot. Since there were two types of prosthesis attachments to be covered in the packet, it was very important that I identify the camera shots that needed to be recorded twice, once with each attachment. The following is a sample of my camera shots list.

Shot/Action description	script	storyboard	pin	suspension	N/A	R/H
1 Hold and show pin liner > check if pin loose	3	3D-1a				R
2 Align the pin	3	3D-1b				R
3 Roll liner on leg and smooth	3	3D-1c and 3D-1d				R
4 Show pulling liner on	3	3D-1e				R
5 show pulling SOCK ply on	5	3F				R
6 Apply prosthesis to limb	6	3I				R
7 Press limb into prosthesis til CLICKS	6	3H				R
8 Hold table and stand	6	3K				R
9 press down again and let CLICK again	6	3L				R
10 Remove prosthesis	17	5A				R
11 Remove sock plys	17	5A				R
12 Remove liner: roll down leg	17	5B				R
13 Spray liner with alcohol solution	17	5D				R
14 Dry liner 1, set on stand, grab other to put on	18	5F				R
15 Tight shot: Sitting in chair, stand, walk	2	3B-3C,				R
16 Hold and show cushion liner	3	3D-2a				R
17 Align logo	3	3D-2b				R
18 Roll liner on leg and smooth	3	3D-2c and 3D-2d				R
19 Show pulling LINER on	3	3D-2e				R
20 show pulling SOCK ply on	5	3F				R
21 Apply prosthesis to limb	6	3I				R
22 Press limb into prosthesis	6	3H				R
23 Hold table and stand	6	3K				R
24 Press down again, roll SLEEVE over leg	6	3L				R
25 Remove prosthesis	17	5A				R
26 Remove sock plys	17	5A				R
27 Remove liner: roll down	17	5B				R
28 Spray liner with alcohol solution	17	5D				R
29 Dry liner 1, set on stand, grab other to put on	18	5F				R
30 Tight shot: Sitting in chair, stand, walk	2	3B-3C,				R

Figure 3-11. Page one of camera shot list.

Shot/Action description	script	storyboard	pin	suspension	N/A	R/H
31 Inspect limb in chair with mirror	1, 19	3A, 5G, 7G				R
32 Pull SOCK out of bag and scrunch	5	3E				R
33 Feel thickness	5	3H				R
34 1,3,5 ply packages on table	5	3H				R
35 Straight on, TIGHT shot of direct front, NORMAL	7	3M				R
36 straight on, TIGHT, front, Knee cap pushed up	8	3N				R
37 Remove prosthesis, ADD sock plys, reapply	8	3O				R
38 straight on, TIGHT, front, Knee cap too high	9	3Q				R
39 Remove prosthesis, REMOVE sock plys	9	3R				R
40 Unable to put on without any socks, set aside	9					R
41 Re-adjust pin alignment						R
42 Reapply prosthesis						R
43 pick up deoderant, apply, set aside	12, 27	4G, 7D				R
44 Clean liner	17					sink
45 Hold spray bottle	17	5C				R
46 Wipe inside of prosthesis with damp cloth	20	5H				R
47 Put on shrinker	21	5I				R
48 Pick up phone to call prosthetist	23	6				R
49 Rub, pat, touch limb	26	7B				R
50 Anti-bacterial on finger, apply to limb	28	7F				R
51 Anti-itch cream on finger, apply to limb	29	7J				R
52 cool damp washcloth on limb	29	7K				R
53 Soap on leg- rinse/wipe off	29	7M				sink
54 soap on liner- rinse/wipe off	29	7N				sink
55 Walking, stop and touch prosthesis, walk to chair	9, 10	3T, 4A				H
56 Sitting in chair, holding leg > ZOOM	10	4B				H
57 zoomed in, begin taking off prosthesis, 1 sock, reach for prosth.	10	4C				H
58 Sitting in chair, remove liner and look/feel limb	11,12	4D,4F				H
59 Dry and reapply	11,12	4E,4F,7E, 7L				H
60 (need to add) walking, sit- remove P, ADD sock, reapply	14	4H				H
61 (need remove) walking, sit-remove P, REMOVE sock/reapply	15	4I				H
62 Remove sock from backpack	16	4J				H
63 Establishing shot: sitting in chair, stand, walk						H
64 walking: front, 3/4, behind						H

Figure 3-12. Page two of camera shot list.

Susan Kapp enlisted the help of Ms. Edna Geiger, a patient who often comes in to help her with her classes at UT Southwestern, to act as the patient in the video. Ms. Geiger is a transtibial amputee who uses a pin liner for her prosthesis. We met Ms. Geiger and David Bullock of Medical Television in a classroom in the Prosthetics-Orthotics department at UT Southwestern to shoot the video.

We set up the classroom with the cameras and lights and prepared the props. There were only three settings for the video. Most of the video takes place in the classroom, which

represents the patient's bedroom or bathroom, where they would don the prosthesis in the morning, and doff it at night. The second setting was also in the classroom, but at the sink where we would demonstrate the proper way to clean the prosthesis and its components. Finally, the third setting was in the hallway, where Ms. Geiger would demonstrate the act of checking the prosthesis throughout the day. We wanted to be sure that it was apparent that she was stopping in the middle of her daily activities to check her prosthesis.

With the supervision of John Fergason, Ms. Geiger accurately demonstrated the techniques highlighted in my video. Since she was not used to walking in a suspension sleeve, she was not able to demonstrate the walking portion of that DVD section. I used the pin liner segments to fill in the gaps when I edited the video.

After the video shoot, I received a digital copy of the footage in an .AVI file format from Medical Television. I opened the file in Adobe® Premiere Pro® to view and edit the footage. First, I saved still images as .JPEG files to use in my booklet. These still images were slightly banded since they were taken from video, so I used the “De-interlace” filter in Adobe® Photoshop® to clean up the images and make them clearer



Figure 3-13. Example of photograph taken from video before “De-interlace” filter is applied in Adobe® Photoshop®.



Figure 3-14. Example of photograph taken from video after “De-interlace” filter is applied in Adobe® Photoshop®.

Then I listened to the audio file and separated it into manageable phrases in Adobe® Premiere Pro®. The audio segments followed the order of the script. I named the audio segments to make it easier to match the audio phrases with the actions in the video in the Spanish version. Next, I sliced and edited the useable parts of the video and began matching the video with the audio segments. After the video segmenting and editing was complete, I began adding video transitions in between the scenes, adjusting the timing of the video segments to fit the audio.

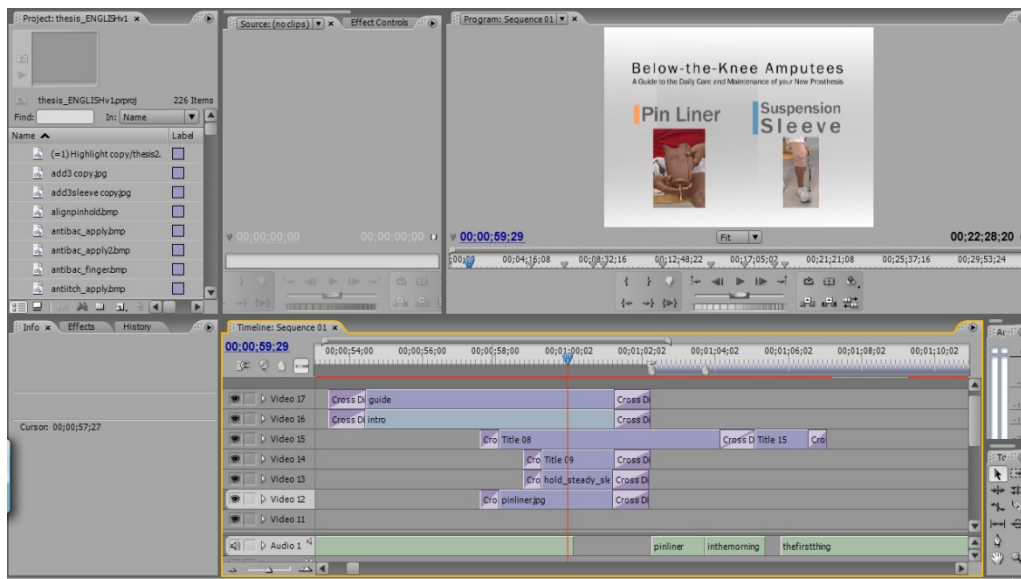


Figure 3-15. Screen shot of Adobe® Premiere Pro® document showing how the audio was separated and named.

I separated the video into four sections: English version of the pin liner, English version of the suspension sleeve, Spanish version of the pin liner, and Spanish version of the suspension sleeve. When I finished the first section, English version of the pin liner, I reviewed the video and made revisions, most of which involved syncing the audio with the video, and making the transitions between scenes more fluid.

I decided the most efficient action would be to edit the English version until it was approved by my thesis committee entirely, and then I would edit the video to match the Spanish audio. For the Spanish version I had a sentence by sentence translation, with which I was able to separate the Spanish audio into segments similar to what I did with the English version. The audio was longer in the Spanish version, so I had to change the timing of the audio and add footage in some of the sections to correlate with the narration. After editing the audio and video, I had to translate the text on the screen to Spanish as well, which Mr. Lankes translated for me as well.

Once the videos were near approval, I began the design of the DVD menus. I used similar colors and fonts that were in the booklet for consistency. I wanted the menu to be simple and straight forward so even an elderly patient could still navigate through the DVD. To design a menu that would have workable buttons in Adobe® Encore®, I had to create and edit it in Adobe® Photoshop® and use a type of coding in the layer names.



Figure 3-16. DVD submenu created in Photoshop®.

I saved these menus as an Adobe® Photoshop® file, which I imported into the Adobe® Premiere Pro® program with layers. In Adobe® Premiere Pro®, I timed the menus with the introduction's audio to show the patient how to navigate through the DVD. Once the introduction was complete, I saved the file as an .FLV file so I could load it onto my website for my committee members to review and critique.

After several revisions, I exported the videos in three sections: the introduction, the main video, and the credits. I separated the videos in this way so the introduction will play and stop at a main menu that would allow the viewer to choose the pin liner video or suspension sleeve video.

I exported the videos as Uncompressed AVI files with the de-interlaced setting selected to ensure the best quality. Then I began building the DVD in Adobe® Encore®. In Adobe® Encore®, I imported the Adobe® Photoshop® files as menus and each video as an asset. Each video was created into two new timelines. The first timeline would play all the way through. The second timeline was separated into chapters to allow the viewer to play the first video from start to finish, or to skip to a particular section of the DVD. I created chapter buttons as different layers in Adobe® Photoshop®. In Adobe® Encore®, the chapter button names are listed in the menu's drop down menu in the flowchart view (see figure 3-19). I then connected each button to the appropriate video and chapter.

Once the menus and videos were organized and connected, I previewed the video to make sure all the buttons worked. I also made sure that when the "root menu" button on a DVD player remote is pressed, it will take the viewer back to the main menu. After checking that the menus and navigation of the DVD worked correctly, I burned enough copies of each DVD to accompany the packets to be distributed for patient use and evaluation. The packets were then packaged and sent to John Fergason and Susan Kapp for distribution with my final surveys for evaluation.

CHAPTER FOUR

Results

Survey Development

To evaluate the effectiveness of the patient education packet, a set of surveys were created. There were two sets of surveys created, one to hand out to the patients and the other to hand out to the physicians. The surveys were created using a five point Likert scale, ranging from 1- strongly disagree to 5- strongly agree. The patients and physicians were asked to circle the number corresponding to their level of agreement with each statement (Appendix M and N).

The surveys began with 2-3 questions pertaining to the individual's background. The patients were asked their age, how long they have had their amputation, and how long they have had their prosthesis because I wanted to see if they fit in my target audience. Physicians were asked their professional title and how long they have been working with amputees. I asked these questions to establish their level of knowledge and experience working with amputees. The statements in the patient's survey were created to determine the level of understanding they felt after viewing the DVD and reading the booklet, their level of confidence when dealing with their prosthesis, as well as which part of the packet was preferred. The statements in the physician survey were created to determine if the topics covered were misunderstood by their patients, if the illustrations were successful, and if they thought the packet needed to cover additional information.

Survey Results

Packets were given to nine patients in the UTSW Prosthetics-Orthotics clinic, as well as three physicians: one prosthetic resident, one student, and one undefined. They were given the packets to take home and use until their next clinic appointment. Then, they were given the survey to rank their opinions. I then compiled the results and created a graph depicting the survey answers (Figures 4-1, 4-2, 4-3, and 4-4).

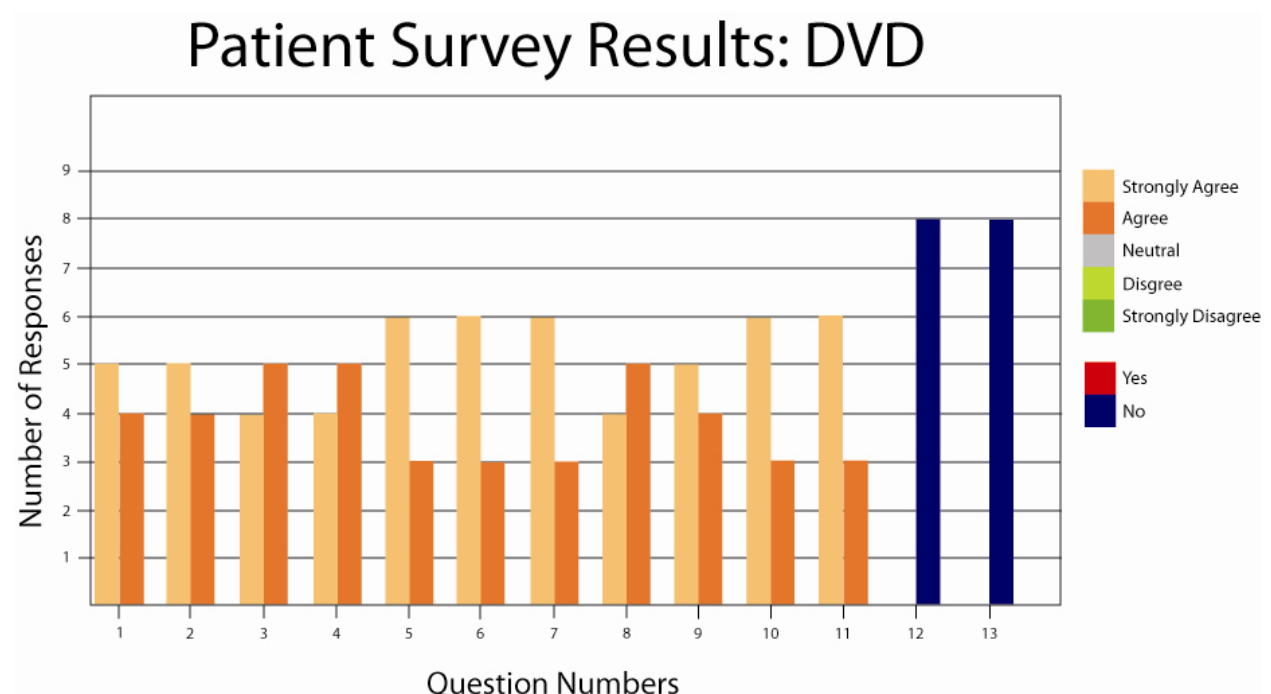


Figure 4-1: Graph depicting patient survey results for the DVD portion.

1. I feel confident putting on my prosthesis.
2. I feel confident taking off my prosthesis.
3. I feel confident putting on my liner.
4. I feel confident taking off my liner.
5. I feel confident walking in my prosthesis.
6. I can identify when the prosthesis is too tight.
7. I can identify when the prosthesis is too loose.
8. I know when to add or remove socks.
9. I feel confident putting on my prosthesis.
10. The DVD menu was clear and easy to follow.
11. The DVD was a valuable resource to have after receiving my prosthesis.
12. Is there anything on the DVD that was not clear? If YES, please explain.
13. Is there anything about your prosthesis that you do not understand and would like to see included in the DVD? If YES, please explain.

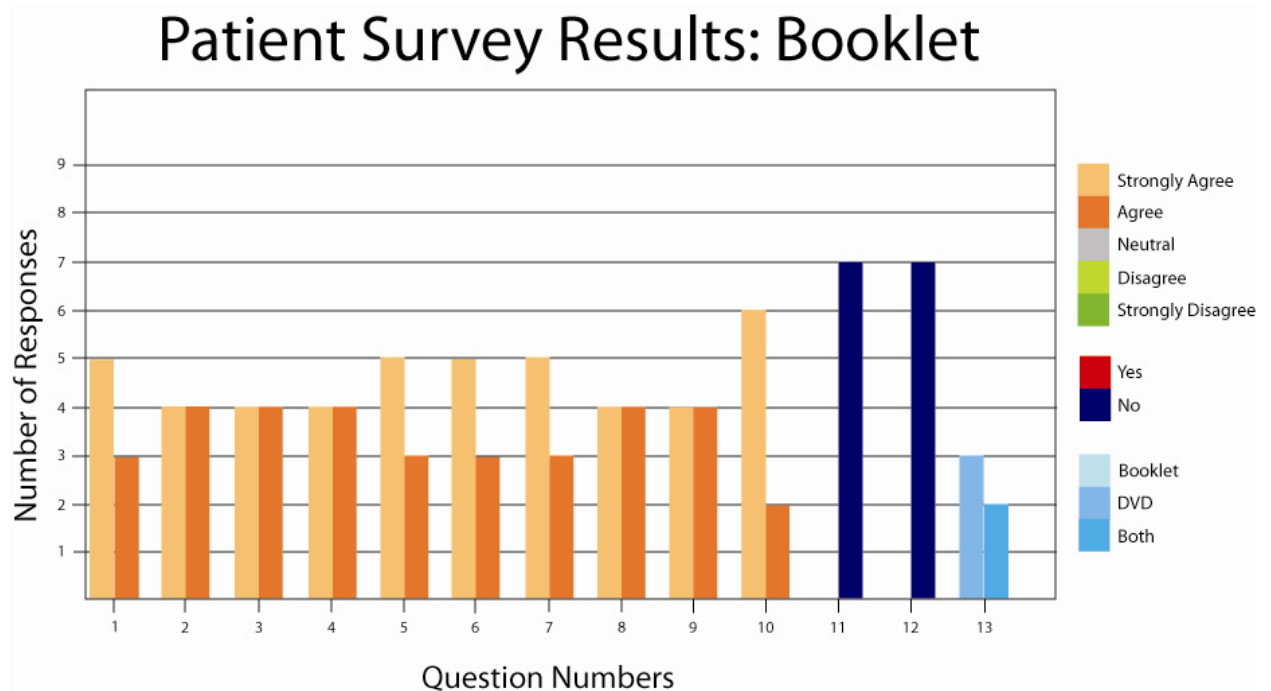


Figure 4-2: Graph depicting patient survey results for the booklet portion.

1. I feel confident putting on my prosthesis.
2. I feel confident taking off my prosthesis.
3. I feel confident putting on my liner.
4. I feel confident taking off my liner.
5. I feel confident walking in my prosthesis.
6. I can identify when the prosthesis is too tight.
7. I can identify when the prosthesis is too loose.
8. I know when to add or remove socks.
9. I feel confident taking off my prosthesis.
10. The booklet was a valuable resource to have after receiving my prosthesis.
11. Is there anything in the booklet that was not clear? If YES, please explain.
12. Is there anything about your prosthesis that you do not understand and would like to see included in the booklet? If YES, please explain.
13. Which was more helpful, the DVD or the BOOKLET? Why?

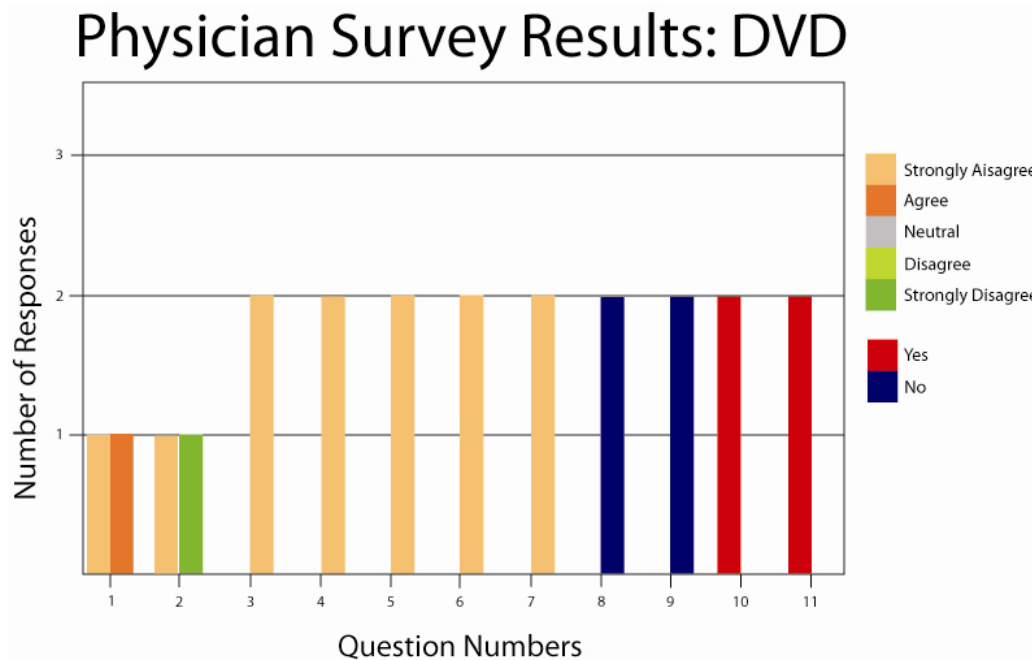


Figure 4-3: Graph depicting physician survey results for the DVD portion.

1. The DVD menu was clear and easy to follow.
2. The topics covered in the DVD are often misunderstood by patients.
3. The DVD is well organized.
4. The illustrations were successful in explaining to the patient when they should add or remove socks.
5. For the pin liner, the illustration is successful in explaining to the patient how the pin can be misaligned.
6. For the pin liner, the illustration is successful in explaining to the patient how the sock may jam in the pin-lock mechanism.
7. The video instruction was clear.
8. Is there anything in the DVD that was not clear? If YES, please explain.
9. Is there anything you would like to see included in the DVD? If YES, please explain.
10. Would you give the DVD to your patients? If NO, please explain.
11. Was the DVD appropriate for all your patients: young, old, male, or female? If NO, please explain.

Physician Survey Results: Booklet

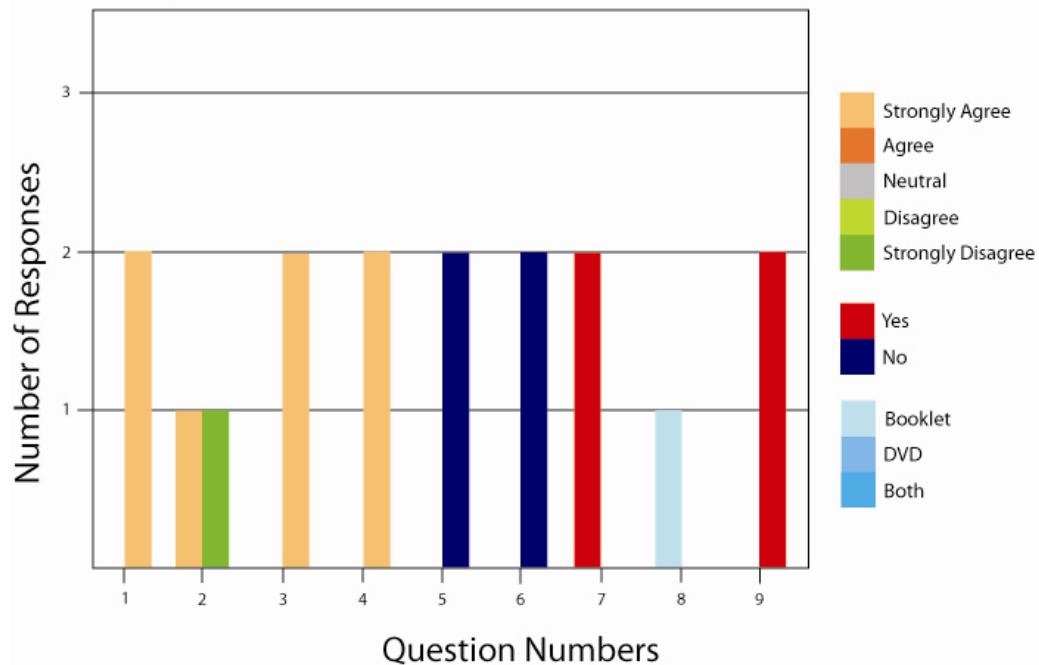


Figure 4-2: Graph depicting physician survey results for the booklet portion.

1. The booklet was clear and easy to follow.
2. The topics covered in the booklet are often misunderstood by amputees.
3. The booklet is well organized.
4. The photographs are clear.
5. Is there anything in the booklet that was not clear? If YES, please explain.
6. Is there anything you would like to see included in the booklet? If YES, please explain.
7. Would you give the booklet to your patients? If NO, please explain.
8. Which is more useful and helpful, the DVD or the booklet? Please explain why.
9. Was the booklet appropriate for all of your patients: young, old, male, or female? If NO, please explain.

Patient Results:

Part I: Questions referring to the DVD

Statement 1: I feel confident putting on my prosthesis.

4 agree and 5 strongly agree. The positive response the patients gave to this statement shows that the patients felt confident and had a better understanding when putting on their prosthesis.

Statement 2: I feel confident taking off my prosthesis.

4 agree and 5 strongly agree. The positive response the patients gave to this statement shows that the patients felt confident and had a better understanding when taking off their prosthesis.

Statement 3: I feel confident putting on my liner.

5 agree and 4 strongly agree. The positive response the patients gave to this statement shows that the patients felt confident and had a better understanding when putting on their liner.

Statement 4: I feel confident taking off my liner.

5 agree and 4 strongly agree. The positive response the patients gave to this statement shows that the patients felt confident and had a better understanding when taking off their liner.

Statement 5: I feel confident walking in my prosthesis.

3 agree and 6 strongly agree. The positive response the patients gave to this statement shows that they felt confident that their prosthesis was put on correctly; therefore, they felt more confident when walking.

Statement 6: I can identify when the prosthesis is too tight.

3 agree and 6 strongly agree. The positive response the patients gave to this statement shows that they felt they understood the proper fit and feel of their prosthesis on their limb.

Statement 7: I can identify when the prosthesis is too loose.

3 agree and 6 strongly agree. The positive response the patients gave to this statement shows that they felt they understood the proper fit and feel of their prosthesis on their limb.

Statement 8: I know when to add or remove socks.

5 agree and 4 strongly agree. The positive response the patients gave to this statement shows that they felt they understood the relationship between their limb discomfort and adding or removing socks to alleviate the discomfort. The information about this was a little more complex which might account for the slight difference in responses from the previous statement.

Statement 10: The DVD menu was clear and easy to follow.

3 agree and 6 strongly agree. I included this statement because one of my goals was to make the DVD easy for the patients to navigate. This positive response was very reassuring, since most of the patients were over the age of 50.

Statement 11: The DVD was a valuable resource to have after receiving my prosthesis.

3 agree and 6 strongly agree. This statement shows a positive response to the DVD from the patients. This shows that the patients valued the DVD as a reliable and helpful source of information.

Statement 12: Is there anything on the DVD that was not clear? If YES, please explain.

8 no and 1 no response. One patient did not respond to the rest of the survey, possibly because they did not have enough time to fill out the rest of the survey. The 8 patients who responded “no” shows that the DVD navigation, information, video, narration and text all clearly and effectively explained the key points to the patients. One patient, age 52, said it was a “very good DVD” and “well illustrated.”

Statement 13: Is there anything about your prosthesis that you do not understand and would like to see included in the DVD? If YES, please explain.

8 no and 1 no response. 8 patients out of 9 saying no, indicates that the DVD covered a majority of the topics that are commonly misunderstood by amputees.

Part II: Questions referring to the BOOKLET

Statement 1: I feel confident putting on my prosthesis.

3 agree, 5 strongly agree, and 1 no response. The positive response the patients gave to this statement shows that the patients felt confident and had a better understanding when putting on their prosthesis.

Statement 2: I feel confident taking off my prosthesis.

4 agree, 4 strongly agree, and 1 no response. The positive response indicates the patients feel more confident and had a better understanding when taking off their prosthesis. The slight difference in response from the DVD may be because the DVD showed how to take off the prosthesis in action, rather than stationary photographs. Also, The DVD had audio as well, which some patients seemed to appreciate the ability to listen to the DVD and follow along with the action.

Statement 3: I feel confident putting on my liner.

4 agree, 4 strongly agree, and 1 no response. The positive response the patients gave to this statement shows that the patients felt confident and had a better understanding when putting on their liner.

Statement 4: I feel confident taking off my liner.

4 agree, 4 strongly agree, and 1 no response. The positive response the patients gave to this statement shows that the patients felt confident and had a better understanding when taking off their liner.

Statement 5: I feel confident walking in my prosthesis.

3 agree, 5 strongly agree, and 1 no response. The positive response the patients gave to this statement shows that after they felt confident that their prosthesis was put on correctly; therefore, they felt more confident when walking.

Statement 6: I can identify when the prosthesis is too tight.

3 agree, 5 strongly agree, and 1 no response. The positive response the patients gave to this statement shows that they felt they understood the proper fit and feel of their prosthesis on their limb.

Statement 7: I can identify when the prosthesis is too loose.

3 agree, 5 strongly agree, 1 no response. The positive response the patients gave to this statement shows that they felt they understood the proper fit and feel of their prosthesis on their limb.

Statement 8: I know when to add or remove socks.

4 agree, 4 strongly agree, and 1 no response. The positive response the patients gave to this statement shows they felt they understood the relationship between their limb discomfort and adding or removing socks to alleviate the discomfort. The information about this was a little more complex which might account for the slight difference in responses from the previous statement.

Statement 10: The booklet was a valuable resource to have after receiving my prosthesis.

2 agree, 6 strongly agree, and 1 no response. This statement shows a positive response to the booklet from the patients. This shows that the patients valued the booklet as a reliable and helpful source of information.

Statement 11: Is there anything in the booklet that was not clear? If YES, please explain.

7 no, 2 no response. The 7 patients who responded “no” shows that the text, photographs and illustrations all clearly and effectively explained the key points to the patients. There were 2 patients who did not respond to the last questions. The first patient, whom I addressed earlier, didn’t respond to anything after the first page, and the second who didn’t respond may not have noticed there was a final page.

Statement 12: Is there anything about your prosthesis that you do not understand and would like to see included in the booklet? If YES, please explain.

7 no, 2 no response. All of the patients who answered this question said no which indicates that the booklet covered a majority of the topics that are commonly misunderstood by amputees.

Statement 13: Additional comments?

One patient, age 62, stated, “I found the booklet to be very clear and informative, a really good guide for amputees.” “Good DVD and book,” stated another patient, age 52. Another patient, 43 years old, said they “feel the movie and book would be good for anyone getting a prosthesis.”

Statement 14: Which was more helpful, the DVD or the BOOKLET? Why?

3 DVD, 2 both, 4 no response. This response indicates that most of the patients preferred the DVD over the booklet. One patient, 52 years old, said they preferred the DVD

because “I can see and hear instructions.” Another comment stated they liked the DVD because they found it “better to listen and watch.” Yet another liked the DVD because “you can see how to do [the steps],” and another because, “it explain[s everything].”

Clinician results:

Part I: Questions referring to the DVD

Statement 1: The DVD menu was clear and easy to follow.

1 agree and 1 strongly agree. The positive response to this question indicates that the clinicians all believe the menu navigation was straight forward and easy to understand. It was important to my project to create an easy to navigate DVD to be used by a very general audience.

Statement 2: The topics covered in the DVD are often misunderstood by patients.

1 strongly disagrees, and 1 strongly agrees. The person who strongly disagreed did not indicate their professional title, so it is difficult to say why they disagreed with the statement. The prosthetics resident strongly agreed. I think if there were more clinician surveys filled out the results of this question would be more suitable for evaluation.

Statement 3: The DVD is well organized.

2 strongly agree. The positive response to this statement indicates the way the DVD was organized by prosthesis type, then by time of the day was successful and clear.

Statement 4: The illustrations were successful in explaining to the patient when they should add or remove socks.

2 strongly agree. The response to this statement indicates the illustrations I created to explain the more complex concepts, such as adding and removing socks, were well executed and successful.

Statement 5: For the pin liner, the illustration is successful in explaining to the patient how the pin can be misaligned.

2 strongly agree. The response to this statement indicates the illustrations I created to explain the more complex concept of a misaligned pin not fitting into the socket were well executed and successful.

Statement 6: For the pin liner, the illustration is successful in explaining to the patient how the sock may jam in the pin-lock mechanism.

2 strongly agree. The response to this statement indicates the illustrations I created to explain the more complex concept of a jammed pin-lock mechanism were well executed and successful.

Statement 7: The video instruction was clear.

2 strongly agree. The positive response to this statement indicates the video footage was informative and successfully explained to the patient the steps they should follow.

Statement 8: Is there anything in the DVD that was not clear? If YES, please explain.

2 *no*. This indicates the clinicians thought the DVD explained all of the concepts well and successfully.

Statement 9: Is there anything you would like to see included in the DVD? If YES, please explain.

2 *no*. This indicates the clinicians thought the DVD covered all necessary topics.

Statement 10: Would you give the DVD to your patients? If NO, please explain.

2 *yes*. This indicates the clinicians find the information discussed in the DVD to be clear, successful, and needed. They all agreed they would give this to their patients as a useful resource for their rehabilitation.

Statement 11: Was the DVD appropriate for all your patients: young, old, male, or female? If NO, please explain.

2 *yes*. This indicates the DVD was appropriate for all audiences. Since my packet would be given to a variety of patients, I wanted to make sure that the information was presented in a way that would be appropriate for, and appeal to any amputee. The results of this question indicate the clinicians feel it is universal enough to give to any of their patients.

Part II: Questions referring to the BOOKLET

Statement 1: The booklet was clear and easy to follow.

2 strongly agree. The positive response to this question indicates that the clinicians all believe the information was straight forward and easy to understand. It was important to my project to create an easy to follow organized booklet to be used by a very general audience.

Statement 2: The topics covered in the booklet are often misunderstood by amputees.

1 strongly disagrees, and 1 strongly agrees. Again, the person who strongly disagreed did not indicate their professional title, so it is difficult to say why they disagreed with the statement. The prosthetics resident strongly agreed. I think if there were more clinician surveys filled out the results of this question would be more suitable for evaluation.

Statement 3: The booklet is well organized.

2 strongly agree. It was important to achieve the goal of my thesis to create a booklet that was easy to follow, with a logical organization that would be easy to follow. The results of this statement suggest that this was achieved successfully.

Statement 4: The photographs are clear.

2 strongly agree. One of my concerns about the project was the photographs might be difficult to see or understand the action taking place. I asked this of the clinicians rather than the patients because I thought the clinicians would know what action was being

photographed and whether that action was successfully captured and easy to understand.

The results of this statement indicate the photographs were clear and easy to understand.

Statement 5: Is there anything in the booklet that was not clear? If YES, please explain.

2 no. This indicates the organization and manner in which the information was presented in the booklet was easy to follow, logical, and thorough.

Statement 9¹: Is there anything you would like to see included in the booklet? If YES, please explain.

2 no. Both clinicians seemed satisfied with the content of the booklet.

Statement 10: Would you give the booklet to your patients? If NO, please explain.

2 yes. This indicates the clinicians find the information discussed in the booklet to be clear, successful, and needed. They all agreed they would give this to their patients as a useful resource for their rehabilitation.

Statement 11: Which is more useful and helpful, the DVD or the booklet? Please explain why.

1 booklet and 1 no response. The physician who stated the booklet was better brings up a good point. He said, “it is a quick reference and doesn’t require any extra equipment

¹ There was a mistake in the numbering of the questions on this page that was not caught by myself or the reviewers. The numbers skip from “5” to “9” and will be listed as such in the document.

(DVD player, etc.)” I researched before creating the DVD and booklet whether the majority of patients had access to a DVD player. The results of that survey indicated that most everyone did have access. With this said, I believe the clinicians point to be valid, which is why I also created the booklet, so if for some reason the patient did not have immediate or quick access to the DVD, they will always have access to the information in the booklet.

Statement 12: Was the booklet appropriate for all of your patients: young, old, male, or female? If NO, please explain.

2 *yes*. This indicates the booklet was appropriate for all audiences. Since my packet would be given to a variety of patients, I wanted to make sure that the information was presented in a way that would be appropriate for, and appeal to any amputee. The results of this question indicate the clinicians feel it is universal enough to give to any of their patients.

The survey responses were extremely positive, from both the clinician’s point-of-view and the patient’s point-of-view. The positive survey responses indicate an overall success of the project.

CHAPTER FIVE

Conclusions and Recommendations

Project Summary

The purpose of this project was to create a packet of information for recent transtibial amputees to promote the proper care and cleaning of the prosthesis and to help give the patient a sense of confidence and independence during their rehabilitation with their new prosthesis. The packet would contain a video guide as well as a companion booklet. Both elements were divided into various sections to encourage the patient to develop a daily routine to consistently follow.

I began my project by interviewing several amputees for their input. Then I created an outline to follow as I designed and developed each component of the project. After the DVDs were created and booklets printed and bound, the packets were given to patients and clinicians for evaluation.

Two surveys were developed to help evaluate the success of the project. One survey was handed out to patients after they were given a chance to view and practice with the packets. The patients were asked to rate their level of understanding and confidence when dealing with their prosthesis. The other survey was given to clinicians after they were shown the booklet and the DVD. The clinicians were asked to rate the content and whether they feel it is a successful and effective tool that they would use in their clinics. There was an overall positive response to all of the statements in both of the surveys.

Conclusion

The results of the two surveys indicate the goals of this thesis project were successfully met. After interviewing current patients and a thorough literature review, I was able to create a packet of information for transtibial amputees. The packets contained a DVD and booklet that describes to them the basic maintenance and care of their new prosthesis. The patients and clinicians agree that the packets provide a vital and much needed source of information for recent amputees. All of the clinicians say they would distribute the packets to their patients. Based upon the survey responses, the goals and objectives of my thesis project have all been successfully met.

Suggestions for Further Research

One area to be considered for further research would be the evaluation process. I initially wanted to test the product on amputees just receiving their first prosthesis. Because of a limited time frame, I was not able to limit my evaluations to such an audience.

Another area for further research would be to give the survey to the patient before they look at the packet, and give them the same survey after they review the packet.

I think a long term study should be conducted to see if by using the packets, the rate of complications due to improper use or hygiene declines among amputees.

I also think it would be better to distribute the packets to a variety of clinics for input from different patient profiles, such as older military veterans, younger military veterans,

and Spanish speaking.

I had produced packets in Spanish, but I was not able to get input from any Spanish speaking patients for my thesis project. I think this would be a good area for further research.

Also, this project could be a model for future information packets for other types of amputations, such as: transfemoral and upper limb amputations.

APPENDIX A:
Patient Video Release Form



VIDEO/AUDIO RECORDING RELEASE

MEDICAL TELEVISION CENTER
University of Texas Southwestern Medical Center
5323 Harry Hines Blvd., Rm E1.5
Dallas, Texas 75390-8880
(214) 648-3692

Name (Please Print): Edna Geiger

I hereby authorize the University of Texas Southwestern Medical Center at Dallas (UT Southwestern), Medical Television Center, to interview me and/or have photographs, audio, or video recordings made of myself. I understand that this information may be released by UT Southwestern to the news or the general public through broadcast, print, the Internet, or local area networks, and may be subject to re-disclosure by them.

I also understand that this information may be used and released by UT Southwestern for the following purposes: publicity, broadcast print, the Internet, local area networks, advertising and/or marketing. I understand this authorization is voluntary and I may refuse to sign. UT Southwestern may not condition healthcare on the completion of this authorization.

Unless otherwise revoked by me, I understand that this authorization will expire 50 years from the date of signature. I understand that I may revoke this authorization at any time, except to the extent that UT Southwestern has relied on this authorization, by sending a written statement of revocation that specifically refers to this authorization to the address listed above. Upon revocation, UT Southwestern will not be responsible for a photograph, audio, or video recording in a product that has already been placed in the stream of commerce.

Signed: Edna Geiger Date: 4-15-09
Witness (Please Print): Laura Sesto
Signed: [Signature] Date: 4/15/09

Production Title: "Below the Knee Amputees: A Guide for the Care & Maintenance of Your New Prosthesis"
Client: UTSW Biomedical Communications Dept.
Producer: Laura Sesto

APPENDIX B

Preliminary Survey

Age: 61

Gender: male

- 1.) Do you have access to a DVD player? ☒ Yes ☐ No
 2.) Do you have access to a computer? ☒ Yes ☐ No
 3.) Do you have access to the internet? ☒ Yes ☐ No

- | | Strongly
agree | Agree | Disagree | Strongly
Disagree |
|--|--|-------|----------|----------------------|
| 4.) I would be more likely to use | | | | |
| -- A booklet with drawings that show how to put on, take off, and care of my prosthetic device. | 1 | 2 | 3 | 4 |
| -- A DVD with videos showing someone putting on, taking off, and showing basic care of a prosthetic device. | 1 | 2 | 3 | 4 |
| -- A quick-reference-chart with drawings and reminders, about how to put on, take off, and care for my prosthetic device. | 1 | 2 | 3 | 4 |
| 5.) I found the handouts given to me about how to care for my prosthetic device to be helpful. | 1 | 2 | 3 | 4 |
| 6.) I think a video would help me understand how to put on and take off my prosthetic device correctly. | 1 | 2 | 3 | 4 |
| 7.) Putting on my prosthetic device correctly is difficult for me to understand. | 1 | 2 | 3 | 4 |
| 8.) I understand how to put on my prosthetic, but it is difficult for me to understand if it is on correctly. | 1 | 2 | 3 | 4 |
| 9.) I understand how to tell when my prosthetic device is not on correctly, but I do not know how to correct the problem. | 1 | 2 | 3 | 4 |
| 10.) The handouts I have been given are easy to read and understand. If no, please explain. | <input checked="" type="radio"/> Yes or No | | | |

Additional comments:

Age: 76

Gender: MALE

- 1.) Do you have access to a DVD player? Yes ☐ No ☒
- 2.) Do you have access to a computer? Yes ☒ No ☐
- 3.) Do you have access to the internet? Yes ☒ No ☐

- | | Strongly agree | Agree | Disagree | Strongly Disagree |
|--|------------------------------------|------------------------------------|------------------------------------|-------------------|
| 4.) I would be more likely to use | | | | |
| -- A booklet with drawings that show how to put on, take off, and care of my prosthetic device. | <input checked="" type="radio"/> 1 | 2 | 3 | 4 |
| -- A DVD with videos showing someone putting on, taking off, and showing basic care of a prosthetic device. | <input checked="" type="radio"/> 1 | 2 | 3 | 4 |
| -- A quick-reference-chart with drawings and reminders, about how to put on, take off, and care for my prosthetic device. | <input checked="" type="radio"/> 1 | 2 | 3 | 4 |
| 5.) I found the handouts given to me about how to care for my prosthetic device to be helpful. | 1 | <input checked="" type="radio"/> 2 | 3 | 4 |
| 6.) I think a video would help me understand how to put on and take off my prosthetic device correctly. | 1 | <input checked="" type="radio"/> 2 | 3 | 4 |
| 7.) Putting on my prosthetic device correctly is difficult for me to understand. | 1 | 2 | <input checked="" type="radio"/> 3 | 4 |
| 8.) I understand how to put on my prosthetic, but it is difficult for me to understand if it is on correctly. | 1 | <input checked="" type="radio"/> 2 | 3 | 4 |
| 9.) I understand how to tell when my prosthetic device is not on correctly, but I do not know how to correct the problem. | 1 | 2 | <input checked="" type="radio"/> 3 | 4 |
| 10.) The handouts I have been given are easy to read and understand. <input checked="" type="radio"/> Yes or No | | | | |
| If no, please explain. | | | | |

Additional comments:

NUMBER OF SOCKS THAT SHOULD BE WORN WITH THE PROSTHETIC DEVICE

MORE THAN TWO? OR THREE?

Age: 62

Gender: male

- 1.) Do you have access to a DVD player? ☒ Yes ☐ No
 2.) Do you have access to a computer? ☒ Yes ☐ No
 3.) Do you have access to the internet? ☒ Yes ☐ No

		Strongly agree	Agree	Disagree	Strongly Disagree
4.) I would be more likely to use					
-- A booklet with drawings that show how to put on, take off, and care of my prosthetic device.	1	<input checked="" type="radio"/> 2		3	4
-- A DVD with videos showing someone putting on, taking off, and showing basic care of a prosthetic device.	1	<input checked="" type="radio"/> 2		3	4
-- A quick-reference-chart with drawings and reminders, about how to put on, take off, and care for my prosthetic device.	1	<input checked="" type="radio"/> 2		3	4
5.) I found the handouts given to me about how to care for my prosthetic device to be helpful.	1	2	3	4	
6.) I think a video would help me understand how to put on and take off my prosthetic device correctly.	1	2	<input checked="" type="radio"/> 3	4	
7.) Putting on my prosthetic device correctly is difficult for me to understand.	1	2	3	<input checked="" type="radio"/> 4	
8.) I understand how to put on my prosthetic, but it is difficult for me to understand if it is on correctly.	1	2	<input checked="" type="radio"/> 3	4	
9.) I understand how to tell when my prosthetic device is not on correctly, but I do not know how to correct the problem.	1	<input checked="" type="radio"/> 2	3	4	

10.) The handouts I have been given are easy to read and understand. Yes or No
 If no, please explain.

Additional comments:

I have had my prosthetic leg (L/RK) for 39 years.

Age:

Gender:

- 1.) Do you have access to a DVD player? Yes No
 2.) Do you have access to a computer? Yes No
 3.) Do you have access to the internet? Yes No

	Strongly agree	Agree	Disagree	Strongly Disagree
4.) I would be more likely to use				
-- A booklet with drawings that show how to put on, take off, and care of my prosthetic device.	1	<u>2</u>	3	4
-- A DVD with videos showing someone putting on, taking off, and showing basic care of a prosthetic device.	1	2	<u>3</u>	4
-- A quick-reference-chart with drawings and reminders, about how to put on, take off, and care for my prosthetic device.	1	<u>2</u>	3	4
5.) I found the handouts given to me about how to care for my prosthetic device to be helpful.	1	<u>2</u>	3	4
6.) I think a video would help me understand how to put on and take off my prosthetic device correctly.	1	<u>2</u>	3	4
7.) Putting on my prosthetic device correctly is difficult for me to understand.	1	2	<u>3</u>	4
8.) I understand how to put on my prosthetic, but it is difficult for me to understand if it is on correctly.	1	2	<u>3</u>	4
9.) I understand how to tell when my prosthetic device is not on correctly, but I do not know how to correct the problem.	1	2	<u>3</u>	4
10.) The handouts I have been given are easy to read and understand. If no, please explain.				

Yes or No

Additional comments:

Age: 55

Gender: M

- 1.) Do you have access to a DVD player? Yes No
 2.) Do you have access to a computer? Yes No
 3.) Do you have access to the internet? Yes No

	Strongly agree	Agree	Disagree	Strongly Disagree
4.) I would be more likely to use				
-- A booklet with drawings that show how to put on, take off, and care of my prosthetic device.	1	2	3	4
-- A DVD with videos showing someone putting on, taking off, and showing basic care of a prosthetic device.	1	2	3	4
-- A quick-reference-chart with drawings and reminders, about how to put on, take off, and care for my prosthetic device.	1	2	3	4
5.) I found the handouts given to me about how to care for my prosthetic device to be helpful.	1	2	3	4
6.) I think a video would help me understand how to put on and take off my prosthetic device correctly.	1	2	3	4
7.) Putting on my prosthetic device correctly is difficult for me to understand.	1	2	3	4
8.) I understand how to put on my prosthetic, but it is difficult for me to understand if it is on correctly.	1	2	3	4
9.) I understand how to tell when my prosthetic device is not on correctly, but I do not know how to correct the problem.	1	2	3	4
10.) The handouts I have been given are easy to read and understand. If no, please explain.	Yes or No			

Additional comments:

Age: 67

Gender: MALE

- 1.) Do you have access to a DVD player? ☒ Yes No
 2.) Do you have access to a computer? ☒ Yes No
 3.) Do you have access to the internet? ☒ Yes No

- | | Strongly agree | Agree | Disagree | Strongly Disagree |
|---|------------------------------------|------------------------------------|----------|------------------------------------|
| 4.) I would be more likely to use | | | | |
| -- A booklet with drawings that show how to put on, take off, and care of my prosthetic device. | 1 | <input checked="" type="radio"/> 2 | 3 | 4 |
| -- A DVD with videos showing someone putting on, taking off, and showing basic care of a prosthetic device. | <input checked="" type="radio"/> 1 | 2 | 3 | 4 |
| -- A quick-reference-chart with drawings and reminders, about how to put on, take off, and care for my prosthetic device. | <input checked="" type="radio"/> 1 | 2 | 3 | 4 |
| 5.) I found the handouts given to me about how to care for my prosthetic device to be helpful. | 1 | <input checked="" type="radio"/> 2 | 3 | 4 |
| 6.) I think a video would help me understand how to put on and take off my prosthetic device correctly. | <input checked="" type="radio"/> 1 | 2 | 3 | 4 |
| 7.) Putting on my prosthetic device correctly is difficult for me to understand. | 1 | 2 | 3 | <input checked="" type="radio"/> 4 |
| 8.) I understand how to put on my prosthetic, but it is difficult for me to understand if it is on correctly. | 1 | 2 | 3 | <input checked="" type="radio"/> 4 |
| 9.) I understand how to tell when my prosthetic device is not on correctly, but I do not know how to correct the problem. | 1 | 2 | 3 | <input checked="" type="radio"/> 4 |
| 10.) The handouts I have been given are easy to read and understand. <input checked="" type="radio"/> Yes or No
If no, please explain. | | | | |

Additional comments:

Age: 37

Gender: Male Heterosexual

- 1.) Do you have access to a DVD player? ☒ Yes ☐ No
 2.) Do you have access to a computer? ☒ Yes ☐ No
 3.) Do you have access to the internet? ☒ Yes ☐ No

	Strongly agree	Agree	Disagree	Strongly Disagree
4.) I would be more likely to use				
-- A booklet with drawings that show how to put on, take off, and care of my prosthetic device.	1	2	3	4
-- A DVD with videos showing someone putting on, taking off, and showing basic care of a prosthetic device.	1	2	3	4
-- A quick-reference-chart with drawings and reminders, about how to put on, take off, and care for my prosthetic device.	1	2	3	4
5.) I found the handouts given to me about how to care for my prosthetic device to be helpful.	1	2	3	4
6.) I think a video would help me understand how to put on and take off my prosthetic device correctly.	1	2	3	4
7.) Putting on my prosthetic device correctly is difficult for me to understand.	1	2	3	4
8.) I understand how to put on my prosthetic, but it is difficult for me to understand if it is on correctly.	1	2	3	4
9.) I understand how to tell when my prosthetic device is not on correctly, but I do not know how to correct the problem.	1	2	3	4
10.) The handouts I have been given are easy to read and understand. If no, please explain.	Yes or No			

Additional comments:

Never received Any Information on Legs.

Age: 72

Gender: male

- 1.) Do you have access to a DVD player? ☒ Yes ☐ No
 2.) Do you have access to a computer? ☒ Yes ☐ No
 3.) Do you have access to the internet? ☒ Yes ☐ No

- | | Strongly agree | Agree | Disagree | Strongly Disagree |
|--|----------------|-------|----------|-------------------|
| 4.) I would be more likely to use | | | | |
| -- A booklet with drawings that show how to put on, take off, and care of my prosthetic device. | 1 | (2) | 3 | 4 |
| -- A DVD with videos showing someone putting on, taking off, and showing basic care of a prosthetic device. | 1 | (2) | 3 | 4 |
| -- A quick-reference-chart with drawings and reminders, about how to put on, take off, and care for my prosthetic device. | 1 | (2) | 3 | 4 |
| 5.) I found the handouts given to me about how to care for my prosthetic device to be helpful. | 1 | (2) | 3 | 4 |
| 6.) I think a video would help me understand how to put on and take off my prosthetic device correctly. | 1 | (2) | 3 | 4 |
| 7.) Putting on my prosthetic device correctly is difficult for me to understand. | 1 | (2) | 3 | 4 |
| 8.) I understand how to put on my prosthetic, but it is difficult for me to understand if it is on correctly. | 1 | (2) | 3 | 4 |
| 9.) I understand how to tell when my prosthetic device is not on correctly, but I do not know how to correct the problem. | (1) | 2 | 3 | 4 |
| 10.) The handouts I have been given are easy to read and understand. <input checked="" type="radio"/> Yes <input type="radio"/> No
If no, please explain. | | | | |

Additional comments:

Age: 64

Gender: Male

- 1.) Do you have access to a DVD player? Yes ☒ No
 2.) Do you have access to a computer? Yes ☒ No
 3.) Do you have access to the internet? Yes ☒ No

	Strongly agree	Agree	Disagree	Strongly Disagree
4.) I would be more likely to use				
-- A booklet with drawings that show how to put on, take off, and care of my prosthetic device.	<input checked="" type="radio"/> 1	2	3	4
-- A DVD with videos showing someone putting on, taking off, and showing basic care of a prosthetic device.	1	<input checked="" type="radio"/> 2	3	4
-- A quick-reference-chart with drawings and reminders, about how to put on, take off, and care for my prosthetic device.	1	<input checked="" type="radio"/> 2	3	4
5.) I found the handouts given to me about how to care for my prosthetic device to be helpful.	1	<input checked="" type="radio"/> 2	3	4
6.) I think a video would help me understand how to put on and take off my prosthetic device correctly.	1	<input checked="" type="radio"/> 2	3	4
7.) Putting on my prosthetic device correctly is difficult for me to understand.	1	2	<input checked="" type="radio"/> 3	4
8.) I understand how to put on my prosthetic, but it is difficult for me to understand if it is on correctly.	1	<input checked="" type="radio"/> 2	3	4
9.) I understand how to tell when my prosthetic device is not on correctly, but I do not know how to correct the problem.	1	<input checked="" type="radio"/> 2	3	4
10.) The handouts I have been given are easy to read and understand. <input checked="" type="radio"/> Yes <input type="radio"/> No If no, please explain.				

Additional comments:

Age: 54

Gender: MALE

- 1.) Do you have access to a DVD player? Yes ☒ No
 2.) Do you have access to a computer? Yes ☒ No
 3.) Do you have access to the internet? Yes ☒ No

	Strongly agree	Agree	Disagree	Strongly Disagree
4.) I would be more likely to use				
-- A booklet with drawings that show how to put on, take off, and care of my prosthetic device.	1	2	3	4
-- A DVD with videos showing someone putting on, taking off, and showing basic care of a prosthetic device.	1	2	3	4
-- A quick-reference-chart with drawings and reminders, about how to put on, take off, and care for my prosthetic device.	1	2	3	4
5.) I found the handouts given to me about how to care for my prosthetic device to be helpful.	1	2	3	4
6.) I think a video would help me understand how to put on and take off my prosthetic device correctly.	1	2	3	4
7.) Putting on my prosthetic device correctly is difficult for me to understand.	1	2	3	4
8.) I understand how to put on my prosthetic, but it is difficult for me to understand if it is on correctly.	1	2	3	4
9.) I understand how to tell when my prosthetic device is not on correctly, but I do not know how to correct the problem.	1	2	3	4
10.) The handouts I have been given are easy to read and understand. Yes or No If no, please explain.				

Additional comments:

M. Moss

Age:

Gender:

1.) Do you have access to a DVD player?

Yes

No ☒

2.) Do you have access to a computer?

Yes

No ☒

3.) Do you have access to the internet?

Yes

No ☒

	Strongly agree	Agree	Disagree	Strongly Disagree
4.) I would be more likely to use				
-- A booklet with drawings that show how to put on, take off, and care of my prosthetic device.	1	2	3	4
-- A DVD with videos showing someone putting on, taking off, and showing basic care of a prosthetic device.	1	2	3	4
-- A quick-reference-chart with drawings and reminders, about how to put on, take off, and care for my prosthetic device.	1	2	3	4
5.) I found the handouts given to me about how to care for my prosthetic device to be helpful.	1	2	3	4
6.) I think a video would help me understand how to put on and take off my prosthetic device correctly.	1	2	3	4
7.) Putting on my prosthetic device correctly is difficult for me to understand.	1	2	3	4
8.) I understand how to put on my prosthetic, but it is difficult for me to understand if it is on correctly.	1	2	3	4
9.) I understand how to tell when my prosthetic device is not on correctly, but I do not know how to correct the problem.	1	2	3	4
10.) The handouts I have been given are easy to read and understand. Yes or No				

If no, please explain.

Additional comments:

Age:

45

Gender:

M

1.) Do you have access to a DVD player?

Yes

No

2.) Do you have access to a computer?

Yes

No

3.) Do you have access to the internet?

Yes

No

Strongly
agree

Agree

Disagree

Strongly
Disagree

4.) I would be more likely to use

-- A **booklet** with drawings that show how to put on, take off, and care of my prosthetic device.

1

2

3

4

-- A **DVD** with videos showing someone putting on, taking off, and showing basic care of a prosthetic device.

1

2

3

4

-- A **quick-reference-chart** with drawings and reminders, about how to put on, take off, and care for my prosthetic device.

1

2

3

4

5.) I found the handouts given to me about how to care for my prosthetic device to be helpful.

1

2

3

4

6.) I think a video would help me understand how to put on and take off my prosthetic device correctly.

1

2

3

4

7.) Putting on my prosthetic device correctly is difficult for me to understand.

1

2

3

4

8.) I understand how to put on my prosthetic, but it is difficult for me to understand if it is on correctly.

1

2

3

4

9.) I understand how to tell when my prosthetic device is not on correctly, but I do not know how to correct the problem.

1

2

3

4

10.) The handouts I have been given are easy to read and understand. Yes or No
If no, please explain.

HAVE NOT gotten any

Additional comments:

Age:

57

Gender:

- 1.) Do you have access to a DVD player? ☒ Yes ☐ No
 2.) Do you have access to a computer? ☒ Yes ☐ No
 3.) Do you have access to the internet? ☒ Yes ☐ No

	Strongly agree	Agree	Disagree	Strongly Disagree
4.) I would be more likely to use				
-- A booklet with drawings that show how to put on, take off, and care of my prosthetic device.	<input checked="" type="checkbox"/>	2	3	4
-- A DVD with videos showing someone putting on, taking off, and showing basic care of a prosthetic device.	1	<input checked="" type="checkbox"/>	3	4
-- A quick-reference-chart with drawings and reminders, about how to put on, take off, and care for my prosthetic device.	<input checked="" type="checkbox"/>	2	3	4
5.) I found the handouts given to me about how to care for my prosthetic device to be helpful.	1	2	3	4
6.) I think a video would help me understand how to put on and take off my prosthetic device correctly.	1	<input checked="" type="checkbox"/>	3	4
7.) Putting on my prosthetic device correctly is difficult for me to understand.	1	2	3	4
8.) I understand how to put on my prosthetic, but it is difficult for me to understand if it is on correctly.	1	2	3	4
9.) I understand how to tell when my prosthetic device is not on correctly, but I do not know how to correct the problem.	1	2	3	4

10.) The handouts I have been given are easy to read and understand. Yes or No
 If no, please explain.

Additional comments:

Have not gotten
 prosthetic

APPENDIX C

Script

Transfemoral Amputees

<https://gw4.swmed.edu/gw/webacc/Ztba3b394080f91c48/3/0a032e1...>

Below-the-knee amputees, a guide for the daily care and maintenance of your new prosthesis.

This DVD is designed for individuals receiving their first prosthetic leg. This video will guide you through a daily routine to show you the right way to take care of your prosthesis and to serve as a reminder of what you should do everyday.

The DVD is divided into two sections: Pin ~~socket~~ liner and Suspension sleeve, which are the names of two different types of attachments your prosthesis may have. The ~~socket~~ sections are divided into chapters including: what to do in the morning, during the day, or in the evening, when to see your prosthetist, and skin issues. You may skip to the section you wish to view, or play all.

Lets get started. Which type of attachment does your prosthesis have? Pin ^{liner} ~~socket~~ or suspension sleeve?

Pin ~~Socket~~ Liner:

In the Morning-

In the morning, the first thing you should do is visually inspect your residual limb before putting on your prosthesis. It is recommended you use a mirror to inspect the entire limb, especially the hard to see places.

It is very important to learn how to put on your prosthesis correctly. If the prosthesis is incorrectly worn you may experience discomfort. This may lead to irritation of your limb and eventually cause sores. Follow these steps to be sure you begin the day with a properly fitting prosthesis.

- The first step is to be sure the liner is put on correctly. **Check to see that the locking pin has not come loose from the liner. Align the pin** on your residual limb. The pin should be straight and centered in the middle of your limb. Once the pin is aligned, roll the liner on your leg so there are no wrinkles or air pockets between the liner and your skin. Remember, never stretch or pull the liner on.

Next it is important to apply the correct sock ply over the liner. Your prosthetist will tell you a good amount to start off with. Socks are available in different thicknesses and are named by the number of layers or ply they have. They are most commonly available in 1, 3, and 5 ply thickness. With a pin-lock mechanism, be careful the sock does not bunch around the pin. This may cause the sock to jam the pin-lock mechanism, making it difficult for you to remove the prosthesis at night. If this happens, call your prosthetist immediately.

Apply the prosthesis to your limb. Be sure the pin clicks into place. Hold on to something steady and stand. Again, be sure the pin clicks a couple more times before starting to walk. When you stand up, evaluate the feel of the prosthesis on your limb. Your knee cap should be centered in the middle of the prosthesis. Feel how your limb fits inside the prosthesis.

If your knee cap feels as though it is being pushed up, and if you feel pressure on the bottom of the limb then you need to remove the prosthesis and add sock plys. Begin by adding ~~4~~ a 1 or 3 ply sock first. Reapply the prosthesis and evaluate the fit of your prosthesis again.

If there is pressure on your shin, below your knee cap, or if your body feels high, **or long**, on the side of the prosthesis, you probably are not all the way in the socket. You will need to remove the prosthesis and remove sock plys. The prosthesis should not be worn if you are unable to put it on even without socks over your liner. **If you are wearing a pin liner, this may be caused by the pin not being aligned in**

the center of your limb. Remove the liner and try to re-align the pin. Reapply the prosthesis and evaluate the comfort. Your limb may swell or shrink throughout the day or during different activities, so be aware and always check your prosthesis to make sure it still fits right.

During the Day

It is important for you to pay attention to the feel of your prosthesis throughout the day. Depending on the level of activity and temperature, your limb may swell or shrink in size. You must pay close attention to these conditions because it may be necessary to add or remove some sock plys as the day progresses. This will help to be sure that no harm is done to your limb.

You also should visually inspect your residual limb throughout the day. Remove the prosthesis, look **and feel** the residual limb, dry the skin, and reapply the prosthesis.

It is common to experience excess sweat on your limb especially in the early stages of your rehabilitation. You should periodically remove the prosthesis and liner, gently dry your skin and reapply the liner and prosthesis. If the sweating persists or becomes difficult to manage, you can apply a non-prescription anti perspirant to your residual limb at night before you go to sleep. If this do not help, contact your physician to discuss further options to reduce sweating.

If your knee cap feels as though it is being pushed up, and if you feel pressure on the bottom of the limb then you will need to remove the prosthesis and add sock plys. Once socks are added-reapply the prosthesis and evaluate the fit of your prosthesis again.

If there is pressure on your shin, below your knee cap, or if your body feels high, or long, on the side that your prosthesis is on, you need to remove the prosthesis and remove sock plys. Once socks are removed, reapply the prosthesis and evaluate the fit.

Keep extra sock plys with you at all times, just in case you need to add them throughout the day for a better fit.

In the Evening

At night you will need to take off your prosthesis **by depressing and holding in the pin-lock mechanism. Then remove** the sock plys, then the liner. When removing the liner, hold the liner and gently roll it down so the ~~silicone~~ gel inside is facing out. Clean the liners as instructed **with a mild, anti-bacterial soap and water.** A solution of 1 part water to 1 part rubbing alcohol sprayed onto the liner is a good way to disinfect without making it too wet. **Be sure to rinse all the soap off the liner. Any soap residue can lead to irritation to your skin**

Since liners tend to be rather expensive, to lessen the wear and tear on them, a good rule of thumb is to rotate two liners throughout the week, such as every other day. **Do not wear the same liner two days in a row, and do not sleep in the liner.**

When the prosthesis, all the sock plys, and the liner are removed, be sure to inspect your limb for any signs of redness that does not go away. It is a good idea to use a mirror to view the hard to see places.

Also, clean the prosthesis as necessary **by wiping it down with a damp cloth**

If you notice a change in limb size throughout the day or when you wear your prosthesis, it may be recommended to wear limb shrinkers overnight.

Again, do not sleep in the liner.

When to see your Prosthetist

There are a few reasons to see your prosthetist.

When inspecting your limb, you find that there is persistent redness that does not go away

You have limb discomfort that cannot be relieved by adding or removing sock plys

You find sores on your limb

There are any unusual noises or loose parts of your prosthesis. If you hear any unusual noises or find any loose parts, STOP WEARING THE PROSTHESIS IMMEDIATELY and contact your prosthetist.

Common Skin Issues

Skin irritation is often a sign that your prosthesis ~~needs~~ needs to be cleaned or is not fitting properly. You should always inform your prosthetist if irritation persists. Some common, mild skin irritations include:

Phantom Pain: This is a common issue with many amputees. One therapy you can do at home is to rub, touch, and pat your residual limb. There are other treatment options that your prosthetist, physical therapist, or physician can discuss with you.

Excess Sweating: The liners do not let your skin breathe very well. With motion and normal wear of the prosthesis, your residual limb will sweat. You can use any non-prescription anti-perspirant on the affected area in the evening, before bed. You should also take off your limb periodically throughout the day to wipe off any excess sweat from your limb.

Sores on the skin: Epidermoid cysts are small sores that can develop on the surface of the skin. They are caused by frequent surface irritation or ingrown hairs. These can be treated with antibiotics and prosthesis adjustment. These sores can be made worse because of poor or reduced sensation in the limb. This is why you must always check your limb throughout the day, and with a mirror in the morning and at night.

Contact dermatitis: Contact dermatitis is a term for a skin reaction resulting from exposure to allergens or irritants to the skin. Some things that can cause this irritation are: heat and excess sweating, improper cleaning of the limb or liner, residual soap or cleaning products, or the material of the liner itself. Some ways to treat this are over the counter anti-itch creams, cool compresses and elimination of the irritant. This can be prevented by properly cleaning the limb. Soaps can cause irritation and often leave residue. Be sure to wash all of the soap off the liner and skin, or a solution of 1 part water to 1 part rubbing alcohol sprayed into the liner will disinfect without leaving any residue.

By following the steps in this DVD and accompanying booklet, you will be able to begin your road to recovery with your new prosthetic leg. Remember it is important to always be aware of the comfort and fit of your prosthesis, and remember the importance of daily cleaning of the liners, socks, ~~and~~ prosthesis, and your skin. Awareness and proper cleaning could help prevent skin irritations or any other problems with your new prosthesis. Finally, if you have any problems, do not hesitate to contact your prosthetist. You must always be honest with your prosthetist and tell them if you feel any discomfort or have any

questions.

-Suspension sleeve:

The first step is to be sure the **cushion** liner is put on correctly. **Align** the liner correctly on your residual limb. Most liners have a logo mark on the front of the liner. Be sure the logo is facing forward in the center of your residual limb. Once aligned, roll the liner on your leg so there are no wrinkles or air pockets between the liner and your skin. Remember, never stretch or pull the liner on.

Apply the prosthesis to your limb. **Press limb into prosthesis and roll sleeve over leg before starting to walk.** Hold on to something steady and stand. When you stand up, evaluate the feel of the prosthesis on your limb. Your knee cap should be centered in the middle of the prosthesis. Feel how your limb fits inside the prosthesis.

At night you will need to take off your prosthesis **by rolling down the outer sleeve.**

APPENDIX D

Script in Spanish

Below-the-knee amputees, a guide for the daily care and maintenance of your new prosthesis	Formatted: English (U.S.)
Amputados por debajo de la rodilla	
Una guía para el cuidado diario y mantenimiento de su nueva prótesis	
Transibial Amputees	
Amputados transtibiales	Formatted: English (U.S.), Strikethrough
This DVD is designed for individuals receiving their first prosthetic leg. This video will guide you through a daily routine to show you the right way to take care of your prosthesis and to serve as a reminder of what you should do everyday.	Formatted: English (U.S.)
Este DVD esta diseñado para los individuos recibiendo su primera pierna protésica. Este video lo guiara a traves de una rutina diaria diseñado para enseñarle la manera apropiada de cuidar su prótesis y además le servirá como un recuerdo de lo que deberá hacer cada día.	Formatted: Spanish (Mexico) Formatted: Spanish (Mexico) Formatted: Spanish (Mexico)
The DVD is divided into two sections: Pin liner and Suspension sleeve, which are the names of two different types of attachments your prosthesis may have. The socket sections are divided into chapters including: what to do in the morning, during the day, or in the evening, when to see your prosthetist, and skin issues. You may skip to the section you wish to view, or play all.	Formatted: English (U.S.)
El DVD está dividido en dos secciones: Clavija y enchufe hembra y manga de suspensión, lo cual son los nombres de dos distintos tipos de conexiones que su prótesis puede tener. La sección de encajes está dividido en capítulos incluyendo: que hacer en las mañanas, durante el día o durante en la noche, cuando ver su protesista y instrucciones para la piel.	Formatted: Spanish (Mexico) Formatted: Spanish (Mexico)
Lets get started. Which type of attachment does your prosthesis have? Pin socket or suspension sleeve?	Formatted: Font: Not Bold, Spanish (Mexico) Formatted: English (U.S.)
Vamos a comenzar. Qué tipo de encaje tiene su prótesis? Clavija y enchufe hembra o manga de suspensión?	Formatted: Spanish (Mexico) Formatted: Spanish (Mexico) Formatted: Spanish (Mexico)
Pin Liner:	
Forro de clavija:	
In the Morning:	
Por la mañana-	
In the morning, the first thing you should do is visually inspect your residual limb before putting on your prosthesis. It is recommended you use a mirror to inspect the entire limb, especially the hard to see places.	Formatted: Spanish (Mexico)

En la mañana lo primero que Usted debe hacer es visualmente inspeccionar su muñón antes de ponerse su prótesis. Se le recomienda utilizar un espejo para revisar toda la extremidad, especialmente los lugares difíciles de visualizar.

It is very important to learn how to put on your prosthesis correctly. If the prosthesis is incorrectly worn you may experience discomfort. This may lead to irritation of your limb and eventually cause sores. Follow these steps to be sure you begin the day with a properly fitting prosthesis.

Es muy importante aprender cómo ponerse su prótesis adecuadamente. Si se pone su prótesis incorrectamente, Usted puede presentar incomodidad. Esto puede conllevar a la irritación de su extremidad y eventualmente crear ulceraciones. Siga estos pasos para asegurar que Usted comience el día con un prótesis bien ajustado.

-Pin-socket: The first step is to be sure the liner is put on correctly. Check to see that the locking pin has not come loose from the liner. Align the pin. Be sure the liner is aligned correctly on your residual limb. The pin should be straight and centered in the middle of your limb. Once the pin is aligned, roll the liner on your leg so there are no wrinkles or air pockets between the liner and your skin. Remember, never stretch or pull the liner on.

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Clavija y enchufe-hembra: El primer paso es asegurar que el forro este colocado adecuadamente. ~~Asegurase que la clavija de cierre no se ha aflojado del forro. Alinea la clavija. Asegurase que el forro está alineado sobre su muñón.~~ La clavija debe estar recta y centrada con la línea media de su extremidad. Una vez alineada la clavija, desenrolla el forro sobre su pierna para que no haya arrugas o bolsas de aire entre el forro y su piel. ~~Recuérdese, nunca vaya estirar o jalar el forro.~~

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-Suspension sleeve: The first step is to be sure the liner is put on correctly. Be sure the liner is aligned correctly on your residual limb. Most liners have a logo mark on the front of the liner. Be sure the logo is facing forward in the center of your residual limb. Once the aligned, roll the liner on your leg so there are no wrinkles or air pockets between the liner and your skin. Remember, never stretch or pull the liner on.

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Manga de suspensión: El primer paso es asegurar que el forro este bien colocado. Asegurase que el forro este alineado adecuadamente sobre su muñón. La mayor parte de los forros tienen un logotipo en la cara anterior del forro. Asegurase que el logotipo mire hacia adelante sobre la línea media de su muñón. Una vez alineada, desenrolla el forro sobre su pierna para que no haya arrugas o bolsas de aire entre el forro y su piel. ~~Recuérdese, nunca vaya estirar o jalar para colocar el forro.~~

Next it is important to apply the correct sock ply over the liner. Your prosthetist will tell you a good amount to start off with. Once the limb is on, you will gauge the amount needed to be added or removed according to the comfort of your limb. Socks are available in different thicknesses and are named by the number of layers or ply they have. They are most commonly available in 1, 3, and 5 ply thickness. With a pin-lock mechanism, be careful the sock does not bunch around the pin. This may

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cause the sock to jam the pin-lock mechanism, making it difficult for you to remove the prosthesis at night. If this happens, call your prosthetist immediately.

Después es importante aplicar el número adecuada de capas de calcetín sobre el forro. Su protesista le dirá de una buena cantidad con cual comenzar. ~~Una vez colocada la extremidad, Usted puede calcular la cantidad que se agregara o retirara para la comodidad de su extremidad.~~ Los calcetines se encuentran en distintos grosores y se nombran por el número de capas o niveles que tienen. Son comúnmente disponibles en 1, 3 y 5 capas de grosor. ~~Con el mecanismo de clavija-cierre tenga cuidado que el calcetín no se acumula alrededor de la clavija. Esto puede causar que el calcetín atorre el mecanismo clavija-cierre, haciéndolo difícil de quitar la prótesis en la noche. Si esto sucede llame a su protesista inmediatamente.~~ ?

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Formatted: Spanish (Mexico)

very end of recording

Hold-yourself steady during this step to prevent loss of balance. Apply the prosthesis to your limb. If there is a pin-lock mechanism, be sure it the pin clicks into place. Hold on to something steady and stand. Again, be sure the pin clicks a couple more times before starting to walk.

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~~Manténgase estable durante este paso para prevenir su pérdida de balance.~~ Aplique la prótesis a su extremidad. ~~Si hay un mecanismo es clavija-enchufe-hembra,~~ asegúrese que la clavija se enganche en su lugar. Sujetase a algo firme y póngase de pie. De nuevo, asegúrese que la clavija está bien colocada con unos clics antes de que empiece a caminar.

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When you stand up, evaluate the feel of the prosthesis on your limb. Your knee cap should be centered in the middle of the prosthesis. Feel how your limb fits inside the prosthesis.

Cuando se pone de pie, evalúe la sensación de la prótesis sobre su extremidad. Su rodilla debe estar centrada sobre la línea media de la prótesis. Siente y mide como su extremidad cabe dentro de la prótesis.

If your knee cap feels as though it is being pushed up, and if you feel pressure on the bottom of the limb then you need to remove the prosthesis and add sock plys. Begin by adding socks with a 1 or 3 ply sock first. Reapply the prosthesis and evaluate the fit of your prosthesis again.

Si siente como si su rodilla se lo están empujando hacia arriba y siente presión sobre la parte inferior de su extremidad va necesita quitarse su prótesis y aplicar mas capas de calcetín. Comience agregando un calcetín de 1 o 3 capas de grosor primero. Póngase la prótesis de nuevo y evalúe su comodidad de nuevo.

If there is pressure on your shin, below your knee cap, or if your body feels high, or long, on the side of the prosthesis, you probably are not all the way in the socket. You will need to remove the prosthesis and remove sock plys. The prosthesis should not be worn if you are unable to put it on even without socks over your liner. If you are wearing a pin liner, this may be caused by the pin not being aligned in the center of your limb. Remove the liner and try to re-align the pin. Reapply the prosthesis

and evaluate the comfort. Your limb may swell or shrink throughout the day or during different activities, so be aware and always check your prosthesis to make sure it still fits right.

Si hay presión sobre su canilla, debajo de su rodilla o si su cuerpo se siente más alto o grande sobre el lado de la prótesis, aun no está bien colocado dentro de la prótesis. Usted va necesitar quitarse la prótesis y reducir el número de capas de calcetines. ~~No deberá ponerse la prótesis si ni siquiera se lo puede poner sin calcetines sobre el forro.~~ Póngase la prótesis y evalúe de nuevo su comodidad. Durante del día o con distintas actividades su extremidad puede hincharse o encogerse asíque puede ser necesario que siempre este revisando su prótesis para asegurar que le quede bien.

During the Day

Durante el día

It is important for you to pay attention to the feel of your prosthesis throughout the day. Depending on the level of activity and temperature, your limb may swell or shrink in size. You must pay close attention to these conditions because it may be necessary to add or remove some sock plys as the day progresses. This will help to be sure that no harm is done to your limb.

Es muy importante que Usted ponga atención a como se siente su prótesis durante el día. Dependiendo de su nivel de actividad y la temperatura, su extremidad puede hincharse o encogerse. Tiene que fijarse de estas condiciones porque puede ser necesario agregar o quitar algunas capas de calcetín durante el día. Esto puede ayudar en evitar algún daño a su extremidad.

You also should visually inspect your residual limb throughout the day. Remove the prosthesis, look and feel at the residual limb, dry the skin, and reapply the prosthesis. You can expect sweating to occur on your residual limb. Your prosthetist can supply a non-prescription anti-perspirant that may prevent any excess sweating. If you use the anti-perspirant, it works best if you apply it to your residual limb at night before you go to sleep.

También es necesario inspeccionar su muñón durante el día. Quitase el prótesis, revisa y toque su muñón, seca su piel y póngase su prótesis de nuevo. ~~Debe esperar sudor sobre su muñón. Su protesista le puede proporcionar un antiperspirante no recetado que puede prevenir sudoración excesiva. Si llega utilizar el antiperspirante, es preferible aplicarlo durante la noche sobre su muñón antes de irse a dormir.~~

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It is common to experience excess sweat on your limb especially in the early stages of your rehabilitation. You should periodically remove the prosthesis and liner, gently dry your skin and reapply the liner and prosthesis. If the sweating persists or becomes difficult to manage, you can apply a non-prescription anti perspirant to your residual limb at night before you go to sleep. If this do not help, contact your physician to discuss further options to reduce sweating.

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Es común que presente sudoración excesiva sobre su muñón, especialmente durante las primeras fases de su rehabilitación. Usted debe periódicamente quitarse su prótesis y forro, suavemente secar su piel y aplicar de nuevo su forro y prótesis. Si persiste la sudoración o se hace difícil de manejar, Usted puede aplicar una antiperspirante no recetado sobre su muñón durante la noche antes de dormir. Si esto no ayuda, comuníquese con su doctor para hablar de otras opciones para reducir la sudoración.

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If your knee cap feels as though it is being pushed up, and if you feel pressure on the bottom of the limb then you will need to remove the prosthesis and add sock plys. Once socks are added-reapply the prosthesis and evaluate the fit of your prosthesis again.

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Si siente como si su rodilla se lo están empujando hacia arriba y siente presión sobre la parte inferior de su extremidad va necesita quitarse su prótesis y aplicar mas capas de calcetín. Una vez aplicada los calcetines póngase la prótesis de nuevo y evalúe su comodidad una vez más.

If there is pressure on your shin, below your knee cap, or if your body feels high, or long, on the side that your prosthesis is on, you need to remove the prosthesis and remove sock plys. Once socks are removed, reapply the prosthesis and evaluate the fit.

Si hay presión sobre su canilla, debajo de su rodilla o si su cuerpo si siente más alto o largo en el lado de la prótesis, es necesario quitarse la prótesis y reducir el número de capas de calcetines. Una vez retirado los calcetines, póngase la prótesis de nuevo y evalúe su comodidad.

Keep extra sock plys with you at all times, just in case you need to add them throughout the day for a better fit.

Mantenga con Usted capas extras de calcetines en todo momento por en caso que necesite mas para un mejor ajuste.

What to expect:

Que esperar

It is common to experience excess sweat on your limb especially in the early stages of your rehabilitation. You should periodically remove the prosthesis and liner, gently dry your skin and reapply the liner and prosthesis. If the sweating persists or becomes difficult to manage, your prosthetist can supply non-prescription anti-perspirants. If these do not help, contact your physician to discuss further options to reduce sweating.

Es común que se presente sudoración excesiva sobre su extremidad especialmente durante las etapas tempranas de su rehabilitación. Usted debe periódicamente quitarse su prótesis y forro, suavemente secar su piel y reaplicar su forro y prótesis. Si persiste la sudoración o se pone difícil de

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manejar, su protesista puede otorgarle antiperspirante no recetadas. Si estos no ayudan, comuníquese con su doctor para discutir otras opciones para reducir la sudoración.

In the Evening

Por la noche

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At night you will need to take off your prosthesis by depressing and holding in the pin-lock mechanism. ~~The~~ First remove the prosthesis, the sock plys, then the liner. Wash them as instructed. When removing the liner, hold the liner and gently roll it down so the gel silicone inside is facing out. Clean the liners as instructed with a mild, anti-bacterial soap and water. ~~A~~ A solution of 1 part water to 1 part rubbing alcohol sprayed onto the liner is a good way to disinfect without making it too wet. It is important to clean and dry the liners to prevent irritation to the skin. ~~Be sure to rinse all soap off the liner. Any soap residue can lead to irritation to your skin.~~

Por la noche va necesitar quitarse su prótesis ~~deprimiendo y sosteniendo en su lugar el mecanismo de~~ ~~clavilla-cierre.~~ ~~Luego~~ ~~Primero~~ va quitarse su prótesis, luego las capas de calcetín y después el forro. ~~Los va lavar como instruido.~~ Para retirar el forro, agarre el forro y va enrollarlo suavemente hacia abajo hasta exponer el ~~silicón~~ ~~gel~~ hacia afuera. Limpie el forro como indicado con ~~jabón~~ ~~antibacteriano suave y agua.~~ Una solución hecha con una parte agua y una parte alcohol de frotar rociado sobre el forro es una buena manera de desinfectar sin humedecerlo demasiado. ~~Es importante limpiar y secar los forros para prevenir irritación a la piel. Asegúrese quitar todo el jabón del forro. Cualquier residuo de jabón puede provocar una irritación de su piel.~~

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Since liners tend to be rather expensive, it is important to keep them clean to lessen the wear and tear on them. ~~A~~ A good rule of thumb is to rotate two liners throughout the week, such as every other day. ~~It is best to~~ not wear the same liner two days in a row, ~~and do not sleep in the liner.~~

Como los forros son generalmente costos, ~~es importante mantenerlos limpios para disminuir el gasto~~ por uso ~~una buena regla es.~~ Un buen método es alternar el uso de forros, uno cada tercer día. No utilice el mismo forro por dos días seguidos y ~~no se vaya dormir con el forro puesto.~~

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When the prosthesis, all the sock plys, and the liner are removed, be sure to inspect your limb for any signs of redness that does not go away. It is a good idea to use a mirror to view the hard to see places.

Cuando la prótesis, las capas de calcetín y el forro se han quitado, asegúrese de revisar su extremidad para alguno dato de enrojecimiento que no desaparece. Es una buena idea utilizar un espejo para ver los sitios difíciles de visualizar.

Also, clean the prosthesis as necessary. ~~Again, good hygiene is important to prevent infections and irritation to the skin, by wiping it down with a damp cloth.~~

También limpie la prótesis cuando sea necesario utilizando un trapo húmedo. ~~De nuevo, la buena higiene es importante para prevenir infecciones e irritación de la piel.~~

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If you notice a change in limb size throughout the day or when you wear your prosthesis, it may be recommended to use limb shrinkers at night.

Si nota un cambio en el tamaño de su extremidad durante el día o cuando tiene su prótesis puesto se le puede recomendar el uso de un aparato para encoger la extremidad durante la noche.

~~Again,~~ Do not sleep in the liner.

~~De nuevo,~~ No se vaya dormir con el forro puesto.

When to see your Prosthetist

Cuando ver su protesista

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There are a few reasons or signs that you need to see your prosthetist.

Hay algunos datos o signos que indican una necesidad de ver su protesista.

~~When inspecting your limb, you find that there is persistent redness that does not go away.~~

~~You have limb discomfort that cannot be relieved by adding or removing sock plys.~~

~~You find sores on your limb.~~

~~There are any unusual noises or loose parts of your prosthesis. If you hear any unusual noises or find any loose parts, STOP WEARING THE PROSTHESIS IMMEDIATELY and contact your prosthetist.~~

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Al inspeccionar su extremidad encuentra enrojecimiento persistente que no desaparece.

Tiene incomodidad en su extremidad que no se alivia con la aplicación o retiro de capas de calcetín.

Hay ulceraciones sobre su extremidad

Que haya algún ruido extraño o parte suelta en su prótesis. Si escucha ruidos inusuales o encuentra partes sueltas, DEJE DE USAR SU PROTESIS INMEDIATAMENTE Y COMUNIQUE CON SU PROTESISTA.

Common Skin Issues

Complicaciones Comunes de la Piel

Skin irritation is often a sign that your prosthesis is dirty ~~needs to be cleaned~~ or is not fitting properly. You should always inform your prosthetist if irritation persists. Some common, mild skin irritations include:

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Irritación de la piel es una señal que su prótesis ~~está sucia~~ ~~necesita ser limpiado~~ o que no está bien ajustado. Siempre deberá informar su protesista si persiste la irritación. Leve complicaciones comunes de la piel incluyen:

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Phantom Pain: This is a common issue with many amputees. One therapy you can do at home is to rub, touch, and pat your residual limb. There are other treatment options that your prosthetist, physical therapist, or physician can discuss with you.

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Dolor Fantasma: Este es un fenómeno común con muchos amputados. Una terapia que Usted puede realizar en casa es tocar, frotar o palmear su extremidad residual. Hay otros tratamientos que su protesista puede discutir con Usted.

Excess Sweating: The liners do not let your skin breathe very well. With motion and normal wear of the prosthesis, your residual limb will sweat. You can use any non-prescription anti-perspirant on the affected area in the evening, before bed. You should also take off your limb periodically throughout the day to wipe off any excess sweat from your limb.

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Sudoración excesiva: Los forros no permiten que su piel respirar muy bien. Con el movimiento y uso normal de la prótesis, su extremidad residual va perspirar. Usted puede utilizar cualquier antiperspirante no recetado sobre la zona afectada durante las noches antes de dormirse. También debería quitarse su extremidad varias veces al día para secar el sudor de su extremidad.

Sores on the skin: Epidermoid cysts are small sores that ~~can develop~~ on the surface of the skin. They are caused by frequent surface irritation or ingrown hairs. These can be treated with antibiotics and prosthesis adjustment. These sores can be made worse because of poor or reduced sensation in the limb. This is why you must always check your limb throughout the day, ~~and with a mirror in the morning and at night.~~

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Ulceraciones de la piel: Quistes epidermoides son pequeñas ulceraciones que pueden desarrollarse sobre la piel. Son causadas por irritación frecuente de la piel o cabello que crece debajo de la piel. Estos se pueden tratar con antibióticos y ajuste de la prótesis. Estas ulceraciones pueden empeorar por falta o reducción de la sensación de la extremidad. Es por esta razón que debería revisar su extremidad varias veces durante el día.

Contact dermatitis: Contact dermatitis is a term for a skin reaction resulting from exposure to allergens or irritants to the skin. Some things that can cause this irritation are: heat and excess sweating, improper cleaning of the limb or liner, residual soap or cleaning products, or the material of the liner itself. Some ways to treat this are over the counter anti-itch creams, cool compresses and elimination of the irritant. This can be prevented by properly cleaning the limb. Soaps can cause irritation and often leave residue. Be sure to wash all of the soap off the liner and skin, or a solution of 1 part water to 1 part rubbing alcohol sprayed into the liner will disinfect without leaving any residue.

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Dermatitis de contacto: Dermatitis de contacto es un término describiendo una reacción de la piel que resulta por exposición a alérgenos o irritantes de la piel. Algunas cosas que pueden causar irritación de la piel son: calor y sudoración excesiva, falta de limpieza adecuada de la prótesis o la extremidad, residuos de jabón o productos de limpieza o el material del forro propiamente. Algunas maneras para tratar esto es utilizar cremas no recetadas para combatir comezón, compresas con agua fría y eliminación del irritante. Se puede prevenir con la limpieza adecuada de la extremidad. Jabones pueden provocar irritación y muchas veces dejan residuos. Asegurase quitar todo el jabón del forro y la piel, o una solución de una parte agua y una parte alcohol para frotar rociado sobre el forro puede desinfectar sin dejar residuo.

By following the steps in this DVD and accompanying booklet, you will be able to begin your road to recovery with your new prosthetic leg. Remember it is important to always be aware of the comfort and fit of your prosthesis, and remember the importance of daily cleaning of the liners, sock plys, prosthesis, and your skin. Awareness and proper cleaning could help prevent skin irritations or any other problems with your new prosthesis. Finally, if you have any problems, do not hesitate to contact your prosthetist. You must always be honest with your prosthetist and tell them if you feel any discomfort or have any questions.

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Siguiendo los pasos en este DVD y folleto acompañante Usted puede comenzar con su camino a la recuperación con su nueva pierna protésica. Recuerde que es importante esta siempre pendiente de la comodidad y ajuste de su prótesis, y también recuerde la importancia de la limpieza diaria de los forros, calcetines, prótesis y de su piel. Conciencia y la limpieza adecuada debe ayudar prevenir irritación de la piel y otros problemas con su prótesis nueva. Finalmente, si tiene algún problema, no se vaya esperar en comunicarse con su protesista. Siempre debe ser honesto con su protesista y decirle si siente alguna incomodidad o si tiene alguna pregunta.

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-Suspension sleeve:

The first step is to be sure the cushion liner is put on correctly. Align the liner correctly on your residual limb. Most liners have a logo mark on the front of the liner. Be sure the logo is facing forward in the center of your residual limb. Once aligned, roll the liner on your leg so there are no wrinkles or air pockets between the liner and your skin. Remember, never stretch or pull the liner on.

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.-** (some of this spanish needs to be changed. It did not show the red marks i made to the paragraph above). ** Manga de suspensión: El primer paso es asegurar que el forro de cojin este bien colocado. Asegurase que el Vaya alinear el forro este alineado adecuadamente correctamente sobre su muñón. La mayor parte de los forros tienen un logotipo en la cara anterior del forro. Asegurase que el logotipo mire hacia adelante sobre la linea media de su muñón. Una vez alineada, desenrolla el forro sobre su pierna para que no haya arrugas o bolsas de aire entre el forro y su piel. Recuérdese, nunca vaya estirar o jalar para colocar el forro.

Apply the prosthesis to your limb. Press limb into prosthesis and roll sleeve over leg before starting to walk. Hold on to something steady and stand. When you stand up, evaluate the feel of the prosthesis on your limb. Your knee cap should be centered in the middle of the prosthesis. Feel how your limb fits inside the prosthesis.

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Aplice la prótesis a su extremidad. Presiona su extremidad hacia dentro de la prótesis y desenrolla la manga sobre su pierna antes de que comience a caminar. Sujétase a algo fuerte y póngase de pie. Cuando se pone de pie, evalúe la sensación de la prótesis sobre su extremidad. Su rodilla debe estar centrada en medio de la prótesis. Siente como su extremidad se acomoda dentro de la prótesis.

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At night you will need to take off your prosthesis by rolling down the outer sleeve.

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Durante la noche Usted va a necesitar quitarse la prótesis enrollando la manga externa hacia abajo.

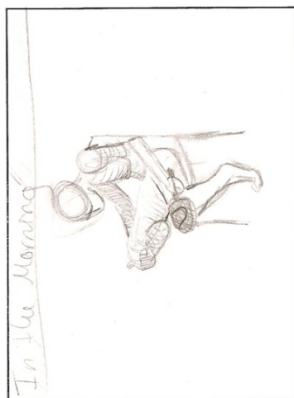
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Storyboard

— of —

34



The first thing you should do is
inspect your nestral limb...
use a mirror... find to
such places.

Laura Sesto - lcsesto@yahoo.com - 972-281-9720

318

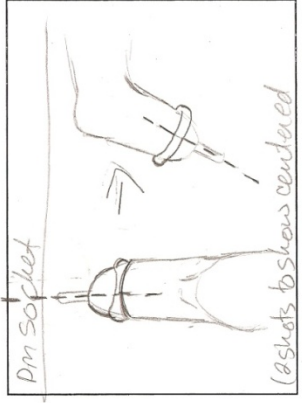
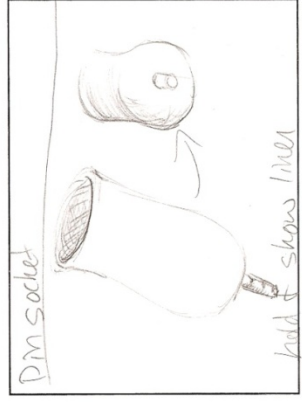
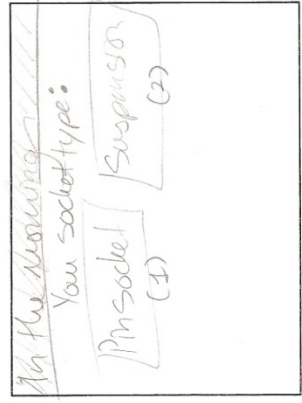
It is no fun to learn hangout on your
proth. correct. If the problem is on the
own you may experience discomfort...
Follow these steps...

21 of 23

3D-1a

3D-1a

3D



Follow these steps

The first step is to be sure
the liner is aligned correctly
on your residual limb

The pin should be straight
& centered in the middle
of your limb.

Be sure the locking pin
has not come loose from
liner

— ' — ' —

3D-1e



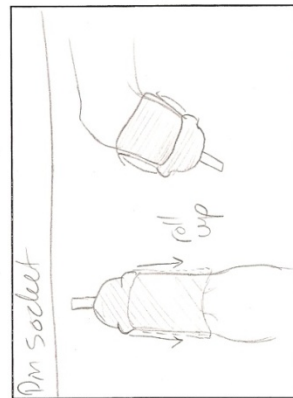
I pull on the
liner

3D-1d



so there are no
wrinkles or air
pockets b/w liner
skin

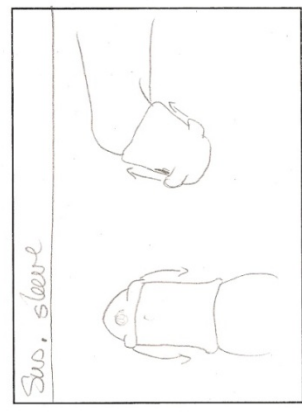
3D-1c



Once the PM is aligned,
roll the liner up

— / — / —

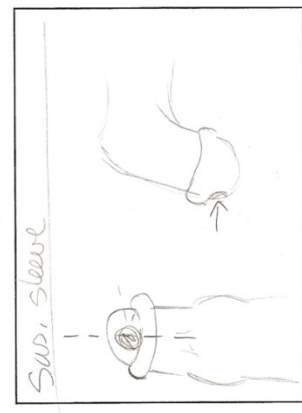
3D-2c



Once aligned, roll liner
on leg...

to of

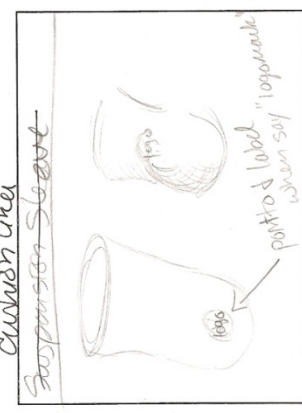
3D-2b



Be sure the logos
facing forward in center
of resid. limbs.

3D-2a

Cushion liner
Suspension sleeve



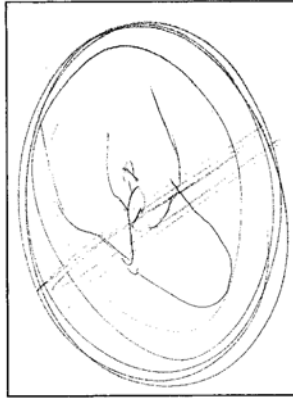
The first step is to be sure
the liner is aligned correctly
on residual limb.
- Most liners have a
logo mark on the
front of the liner

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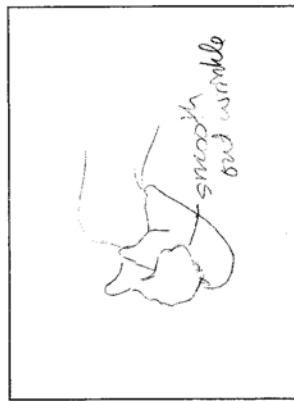
BE

3D-2e

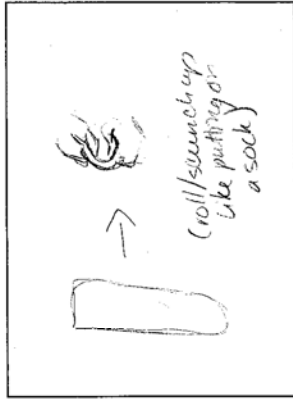


Remember never stretch
or pull lens on

3D-2d



So there are no
wrinkles or pockets
btw lens & skin



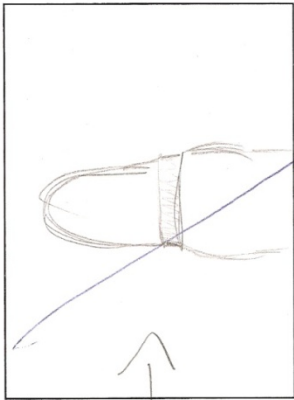
Next it's important
to apply correct sock
ply

3F



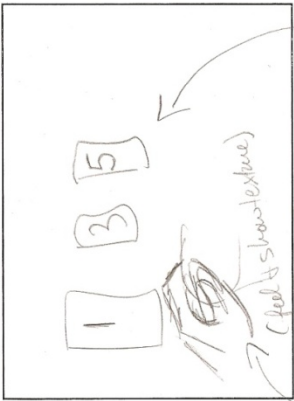
Your prosthetist will
tell you a good and
to start with

3G



Once on - gage and to
be added or removed

3H



Socks available in
diff thicknesses &
named by # of layers
or ply they have

They are most commonly
available in 1, 3 & 5 ply
thickness
(show packages & highlight
#s)

pm & sus.
squares
shots

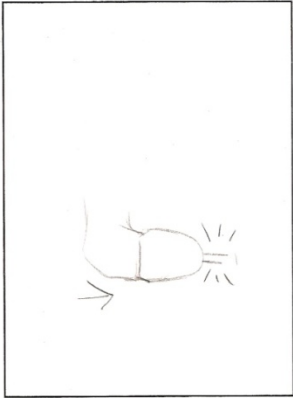
3I



Apply prostheses to your
limb.

(susp. sleeve section)

3J



If there is a pm-lock
mechanism, be sure it
clicks into place

(get audio of "click")

1-1-1

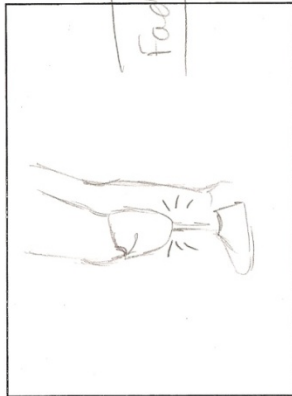
3K



Hold yourself
steady ~~proppis~~
to prevent loss of
balance & stand

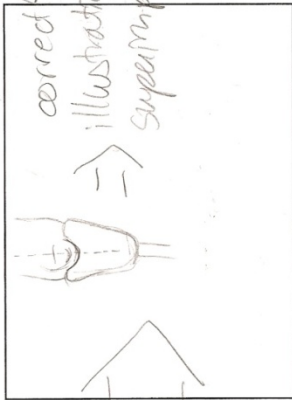
8 of

3L



Again, be smooth pm
clicks a couple more times
b/f starting to walk

3M

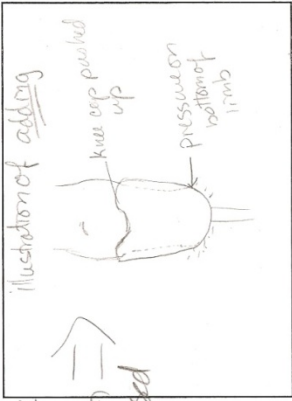


When stand, eval. feel of
prosth. on limb.

- knee cap should be
centered in the middle
of prosth.

- feel how limb fits

3N



If your knee cap feels as if
it's being pushed up...
pressure on bottom limb...

9 of

— ' — ' —

30



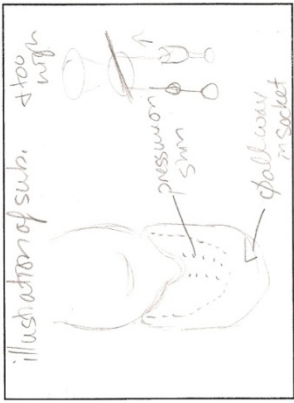
Remove prosth. & add sock
ply.

3P



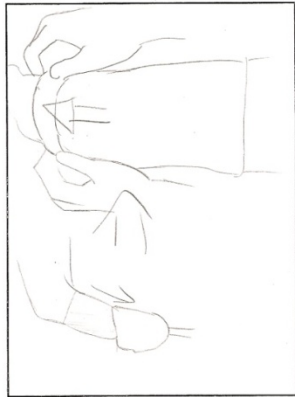
Begin adding w/ 1 or 2
ply first - reapply
prosthesis

3Q



If pressure on skin...
or body feels high (core)
on prosth.
in socket.

38



Remove prosth
Remove sock phyls

38



The prosth shouldnt be
worn..... (take off prosth & socks
Reapptly & evaluate
the prosth/realign pm

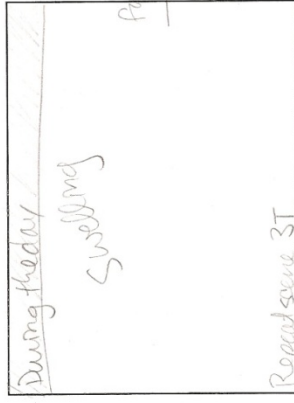
31



You may swell
or shrink thro.....

— ' — ' —

4A



It is important to pay attention to
 foot

4B



Depending on level of
 activity / temp...

4C



You must pay attention to
 be sure no harm
 done to your limb
 (take off + ~~repeat~~ take sock
 off + grab for prosth.)

— ' — ' —

4D



sitting at desk / chair

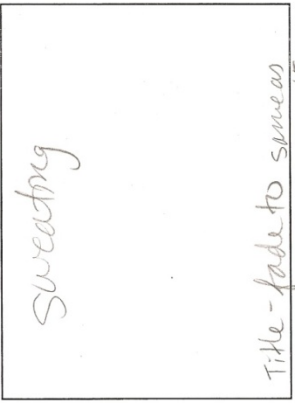
You should also...
Remove, look & feel

4E



dry the skin &
reapply prosth.

4F



Title - fade to sweat
4D & 4E

It is common to experience
excess sweat on your
limbs.
Remove, dry reapply
(wiping)

— ' — ' —

4I

Same as
3Q + 3R + 3S

brachial (location)

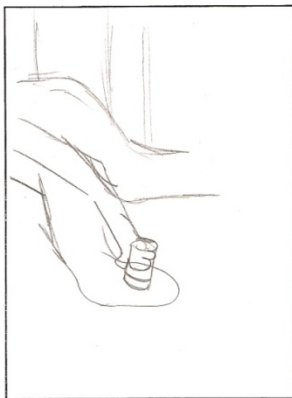
If pressure below
on you shows...
... evaluate fit

4H

add/remove
sock + the pad
same as
3N + 3O + 3P
(reshest m)

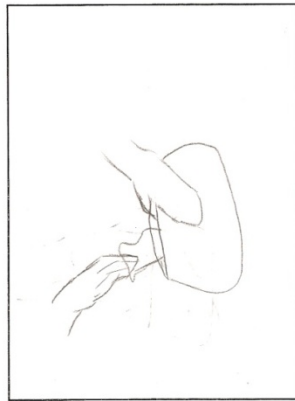
If knee cap feels pushed
... evaluate fit

4G



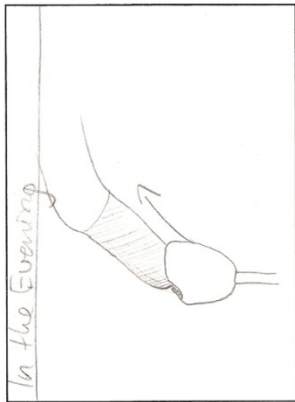
If sweating persists...
non-pers. anti-persp.
If you use... works best
at night b/c you go
to bed
- If don't help contact phys.
Putting towel down +
padding d/c. + padding the
put ~~sock~~ padding

43



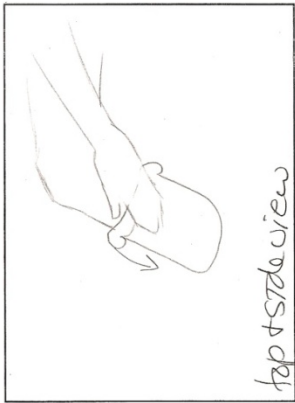
Keep extra sock
phys w/ at all times
....
(sweat/backup)

54



At night....
remove prosth.
(Show proper way w/
pm vs/ suspension)
depress the pm
roll off ^{over} ~~comp.~~ sleeve down
out of prosth.

55



top & side view

When removing liner
roll down....
.....
.....
.....
.....
.....
.....

— ' — ' —

5 E

5 D

5 C



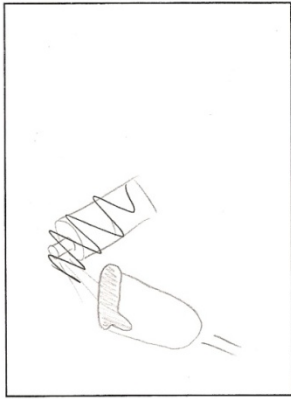
Since I understand
to be expensive...

Sprayed onto is
good way...

clean as instructed.
solution 1 pt ...
(pick up bottle & hold in
hand)

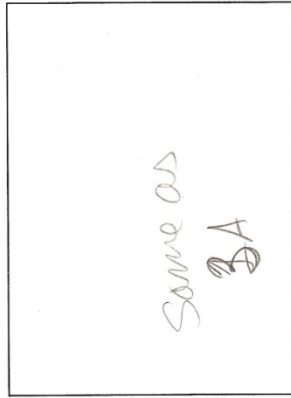
16 of

— ' — ' —
5 H



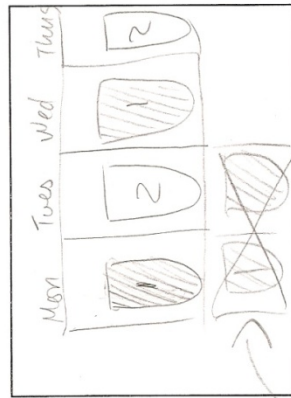
clean prosth. as
necessary
(wipe w/ cloth)

5 G



When prosth. sock, trim
off - inspect for red.
Use mirror

5 F



Good rule of thumb
13 to rotate...
& wear 2 days in row
(bring calendar.)

17 of —

— ' — ' —
6

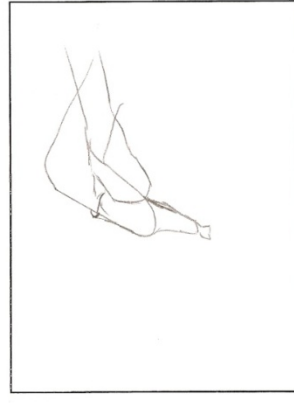
5J

5I

When to see...

- persistent tenderness
- discomfort & relieved by adding/sub. ply
- sores (climacosts)
- noises or loose parts

Do Not
Sleep in
liner



There are a few reasons to see prosth. - bullet ptz

I sleep in liner

If notice change in limb size - wear shrinkers @ night

18 of —

— ' — ' —

7A

Common Skin

- Phantom
- sweat
- sores
- contact dermatitis

After several hrs holding leg or pillow at night
Skin irritation B signs...

7B

Phantom



snow rubbing/patting

Phantom pain
Common B signs
rub/touch/pat limb

7C

Sweat

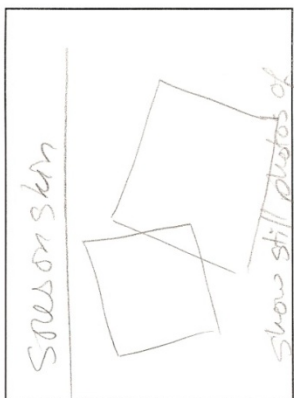


walking

lines of wet skin beneath
normal wear causes
sweat...

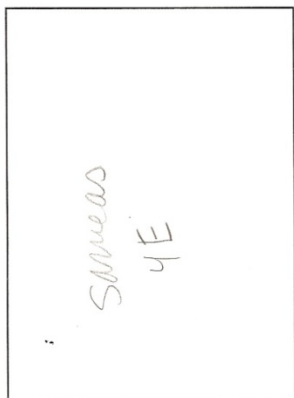
— ' — ' —

7F



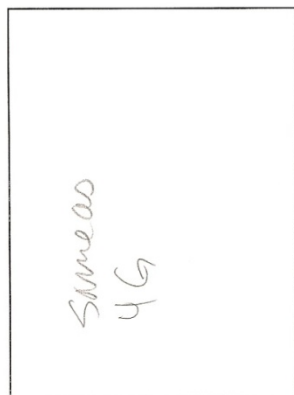
Epidemiol cysts are
sm. Sores

7E



take off the day to
dry

7D



use anti-pus. in evening


— / — / —

7G

same as
4E & 3A

made worse so
check this day

7H

Contact Derm

allergies
staphylococcus
(illustration)

Contact Derm... to the
skin

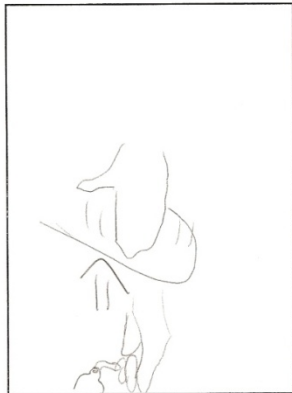
7I

• heat
• sweating
• improper cleaning
• residual soap
• inner material

(balled fist) or

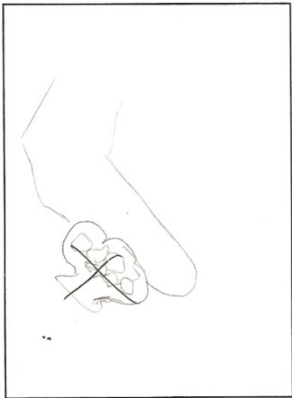
— ' — ' —

7J



ways to treat: anti-itch
cream

7K



cool compress
(cold towel)

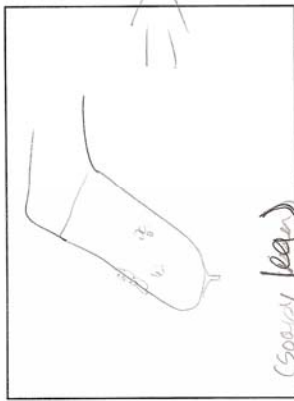
7L



- elimination of irritant
- Thaps prevented by...

— ' — ' —

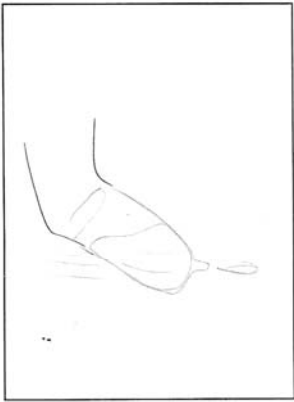
2M



(soapy legs)

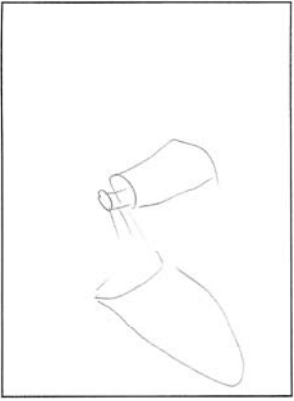
Soap leaves residue

7M



wash soap off
hair & skin

20



Solution of 1pt to 1pt
will de-infest w/o
residue

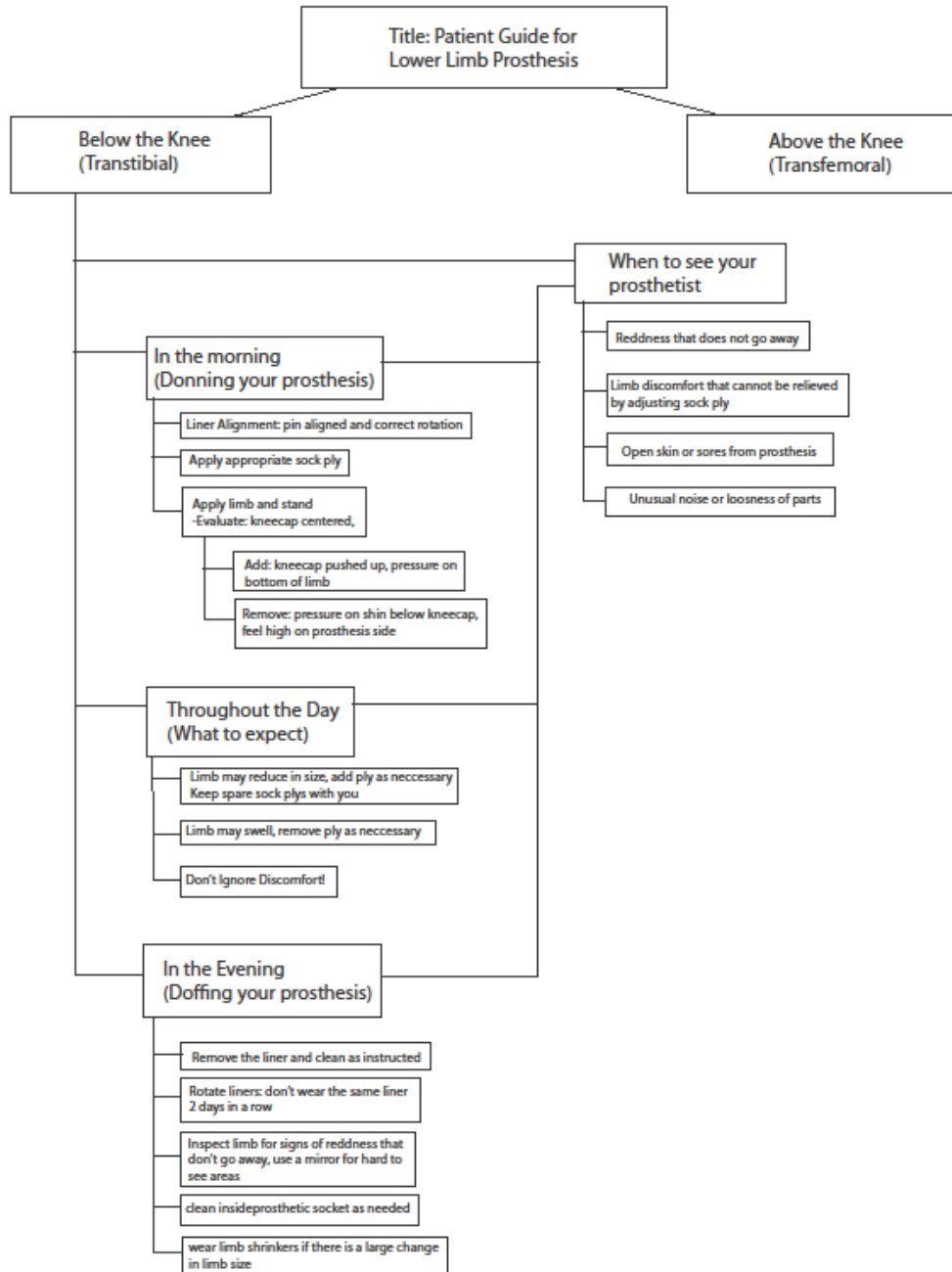
APPENDIX F

Camera Shots List

Shot/Action description	script	storyboard	pin	suspension	N/A	R/H
1 Hold and show pin liner > check if pin loose	3	3D-1a				R
2 Align the pin	3	3D-1b				R
3 Roll liner on leg and smooth	3	3D-1c and 3D-1d				R
4 Show pulling liner on	3	3D-1e				R
5 show pulling SOCK ply on	5	3F				R
6 Apply prosthesis to limb	6	3I				R
7 Press limb into prosthesis til CLICKS	6	3H				R
8 Hold table and stand	6	3K				R
9 press down again and let CLICK again	6	3L				R
10 Remove prosthesis	17	5A				R
11 Remove sock plys	17	5A				R
12 Remove liner: roll down leg	17	5B				R
13 Spray liner with alcohol solution	17	5D				R
14 Dry liner 1, set on stand, grab other to put on	18	5F				R
15 Tight shot: Sitting in chair, stand, walk	2	3B-3C,				R
16 Hold and show cushion liner	3	3D-2a				R
17 Align logo	3	3D-2b				R
18 Roll liner on leg and smooth	3	3D-2c and 3D-2d				R
19 Show pulling LINER on	3	3D-2e				R
20 show pulling SOCK ply on	5	3F				R
21 Apply prosthesis to limb	6	3I				R
22 Press limb into prosthesis	6	3H				R
23 Hold table and stand	6	3K				R
24 Press down again, roll SLEEVE over leg	6	3L				R
25 Remove prosthesis	17	5A				R
26 Remove sock plys	17	5A				R
27 Remove liner: roll down	17	5B				R
28 Spray liner with alcohol solution	17	5D				R
29 Dry liner 1, set on stand, grab other to put on	18	5F				R
30 Tight shot: Sitting in chair, stand, walk	2	3B-3C,				R

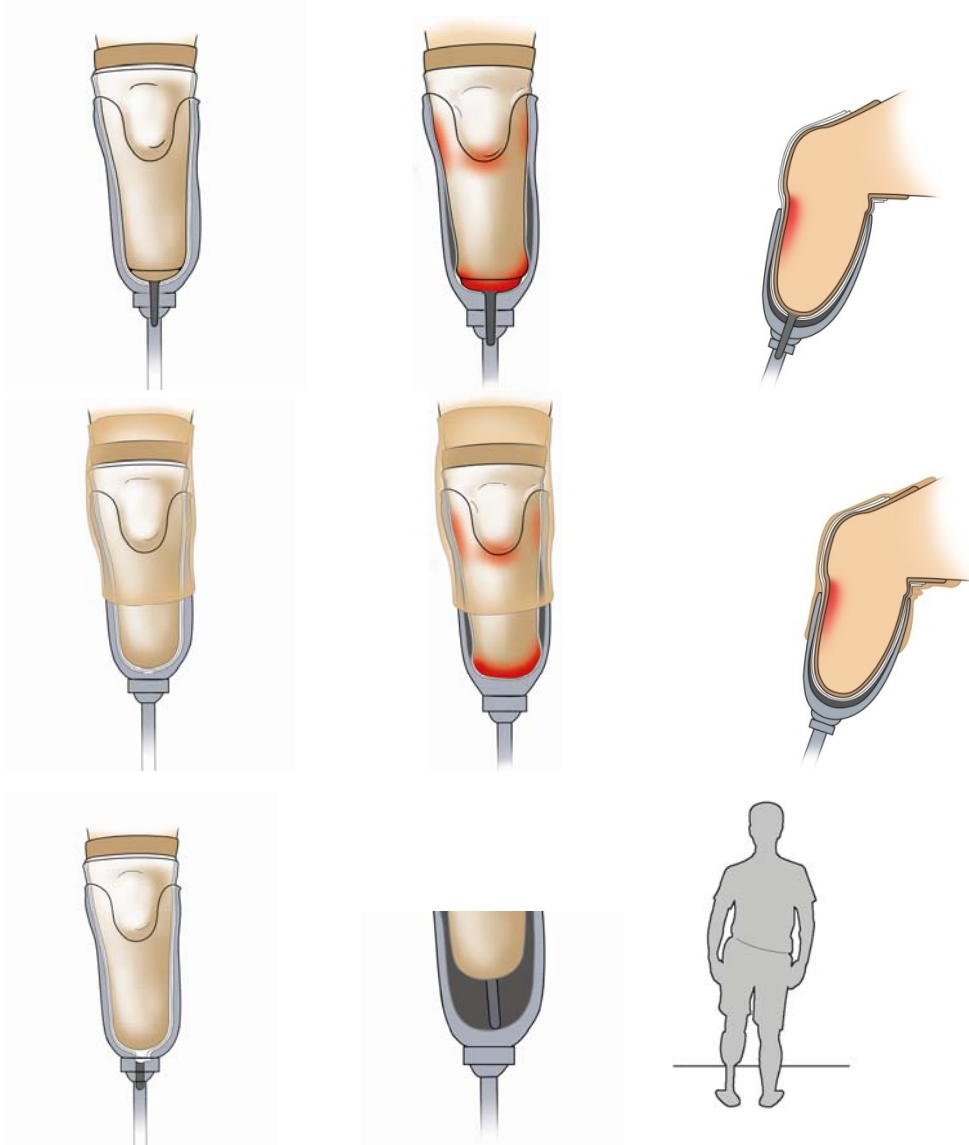
Shot/Action description	script	storyboard	pin	suspension	N/A	R/H
31 Inspect limb in chair with mirror	1, 19	3A, 5G, 7G				R
32 Pull SOCK out of bag and scrunch	5	3E				R
33 Feel thickness	5	3H				R
34 1,3,5 ply packages on table	5	3H				R
35 Straight on, TIGHT shot of direct front, NORMAL	7	3M				R
36 straight on, TIGHT, front, Knee cap pushed up	8	3N				R
37 Remove prosthesis, ADD sock plys, reapply	8	3O				R
38 straight on, TIGHT, front, Knee cap too high	9	3Q				R
39 Remove prosthesis, REMOVE sock plys	9	3R				R
40 Unable to put on without any socks, set aside	9					R
41 Re-adjust pin alignment						R
42 Reapply prosthesis						R
43 pick up deoderant, apply, set aside	12, 27	4G, 7D				R
44 Clean liner	17					sink
45 Hold spray bottle	17	5C				R
46 Wipe inside of prosthesis with damp cloth	20	5H				R
47 Put on shrinker	21	5I				R
48 Pick up phone to call prosthetist	23	6				R
49 Rub, pat, touch limb	26	7B				R
50 Anti-bacterial on finger, apply to limb	28	7F				R
51 Anti-itch cream on finger, apply to limb	29	7J				R
52 cool damp washcloth on limb	29	7K				R
53 Soap on leg- rinse/wipe off	29	7M				sink
54 soap on liner- rinse/wipe off	29	7N				sink
55 Walking, stop and touch prosthesis, walk to chair	9, 10	3T, 4A				H
56 Sitting in chair, holding leg > ZOOM	10	4B				H
57 zoomed in, begin taking off prosthesis, 1 sock, reach for prosth.	10	4C				H
58 Sitting in chair, remove liner and look/feel limb	11,12	4D,4F				H
59 Dry and reapply	11,12	4E,4F,7E, 7L				H
60 (need to add) walking, sit- remove P, ADD sock, reapply	14	4H				H
61 (need remove) walking, sit-remove P, REMOVE sock/reapply	15	4I				H
62 Remove sock from backpack	16	4J				H
63 Establishing shot: sitting in chair, stand, walk						H
64 walking: front, 3/4, behind						H

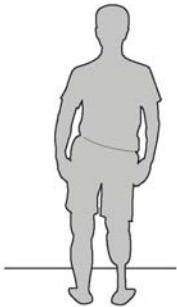
APPENDIX G DVD Flowchart



APPENDIX H

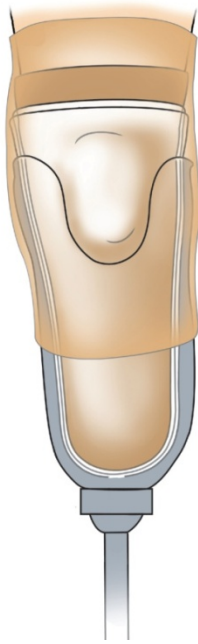
Illustrations





Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Liner 1	Liner 2	Liner 1	Liner 2	Liner 1	Liner 2	Liner 1
Liner 2	Liner 1	Liner 2	Liner 1	Liner 2	Liner 1	Liner 2
Liner 1	Liner 2	Liner 1	Liner 2	Liner 1	Liner 2	Liner 1
Liner 2	Liner 1	Liner 2	Liner 1	Liner 2	Liner 1	Liner 2

APPENDIX I
Booklet for Suspension Sleeve; English



Below-the-Knee Amputees
**Suspension
Sleeve**
A Guide for the Daily
Care and Maintenance
of Your New Prosthesis

This booklet is meant to guide you through daily activity with your new prosthesis. It will show you what you should do from the time you wake up, to the time you go to bed. Learning how to take care of your prosthesis as part of your daily routine will help make sure you are following the right steps everyday.

This booklet is divided into five sections: In the Morning, During the Day, In the Evening, When to See Your Prosthetist, and Skin Issues.

Below-the-Knee Amputees

Suspension Sleeve

In The Morning

Before you put prosthesis on	1
Putting on liner	2-3
Sock plys	4
Standing	5-6
Fit and comfort	6-9
Correct fit	7
Add ply	8
Subtract ply	9

During the Day 10-11

In the Evening

Remove prosthesis	12
Remove sock ply and liner	12
Inspect	13
Cleaning	14-15
Rotating liners	15
Limb shrinkers	16

When to See Your Prosthetist 17

Skin Issues

Phantom pain	18
Sweating	19
Sores	20
Itching bumps/Irritation	21

IN THE MORNING

- 1 Before putting on prosthesis, check limb for sores and redness.



Use a mirror to view hard to see places.

- 2 With a suspension sleeve, you may use a CUSHIONED LINER or socks. The cushioned liner has a logo mark on the front.



Logo mark

Keep logo mark on the front of your limb.

- 3 **DO NOT** pull on or stretch the liner.



Roll liner up leg, making sure there are no air bubbles or wrinkles between skin and liner.

IN THE MORNING

- 4** Apply sock ply over liner.
Available in 1, 3, and 5, ply or layers of thickness.

Begin with _____ plys.

Add or subtract plys
by 1 or 3 plys to reach
a comfortable fit.



- 5** Apply prosthesis.



Push limb all the way
down into prosthesis.
Then, roll the sleeve
over your knee and onto
your thigh.

IN THE MORNING

- 6** Steady yourself and stand.
Always hold onto something steady as you stand.



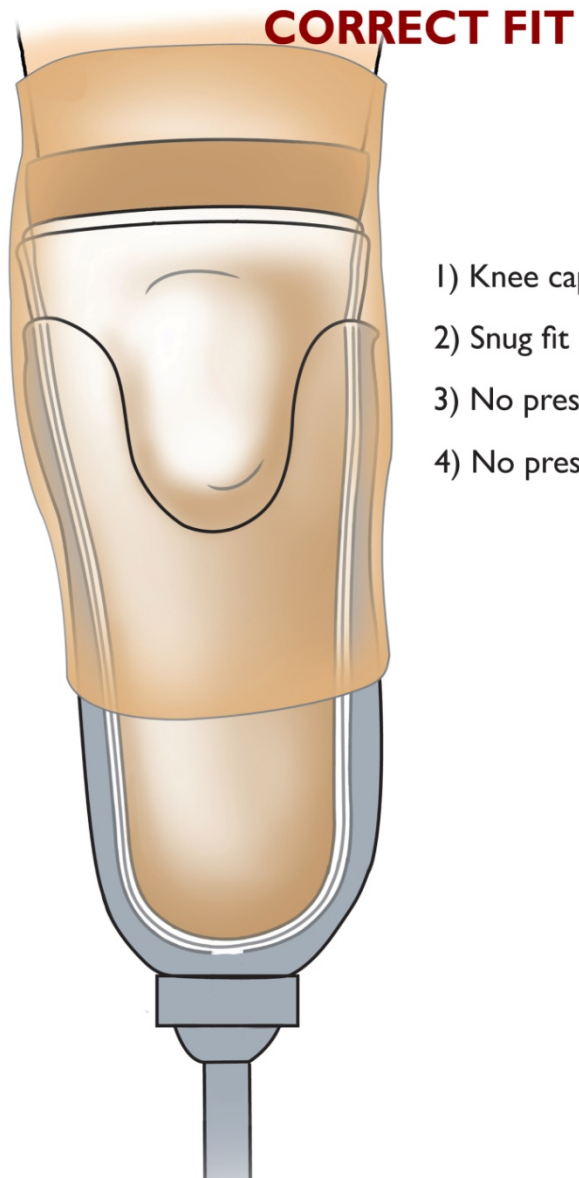
DO NOT begin walking until you are certain your prosthesis is secure.

- 7** After standing, evaluate the fit.
Make sure your prosthesis is fitting correctly to prevent skin irritation.



You should not feel any pain.
If it becomes uncomfortable during the day,
STOP and add or remove sock plys.

IN THE MORNING

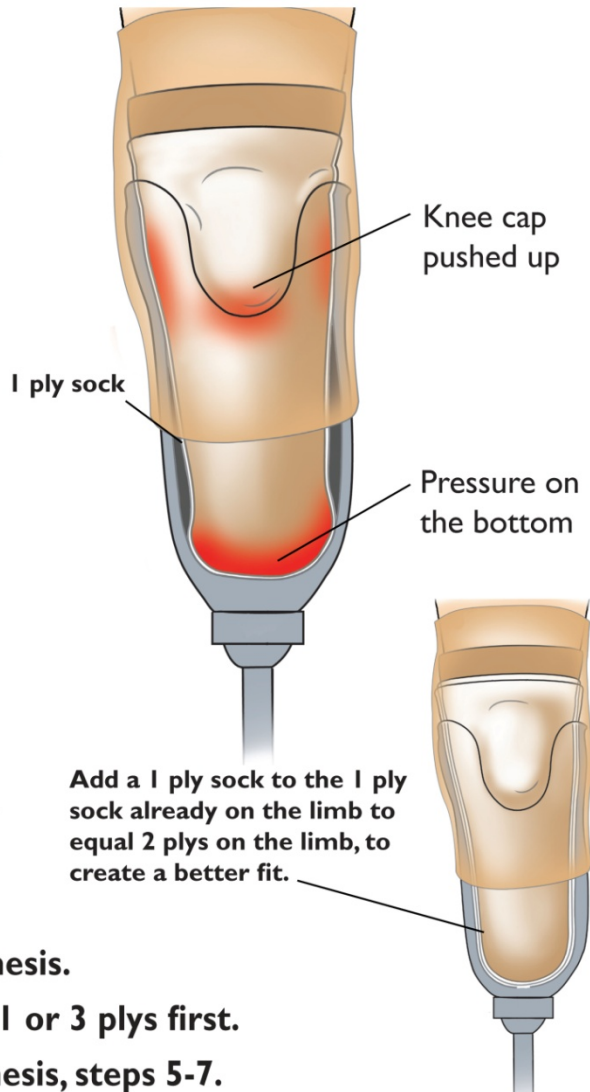
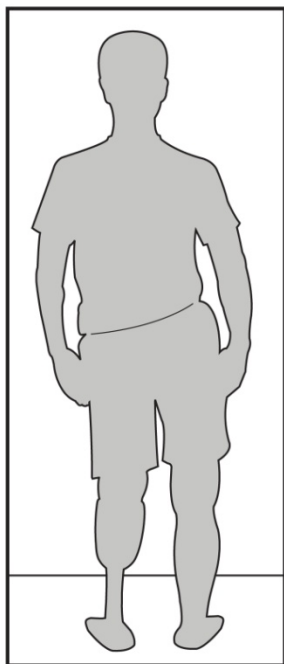


- 1) Knee cap centered
- 2) Snug fit
- 3) No pressure on shin
- 4) No pressure on bottom of limb

IN THE MORNING

ADD sock plys if you feel:

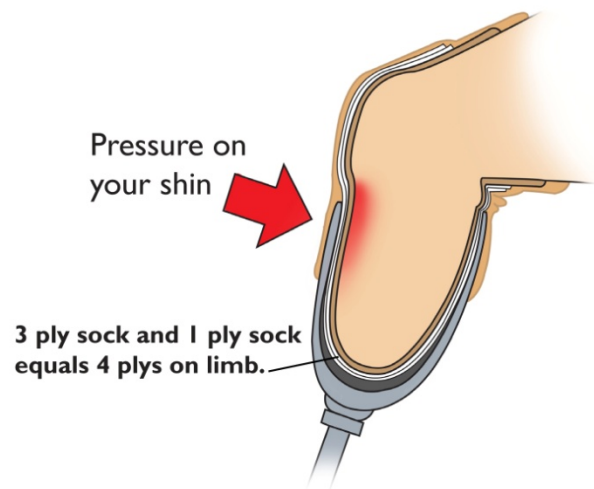
SHORT on the side
of your prosthesis



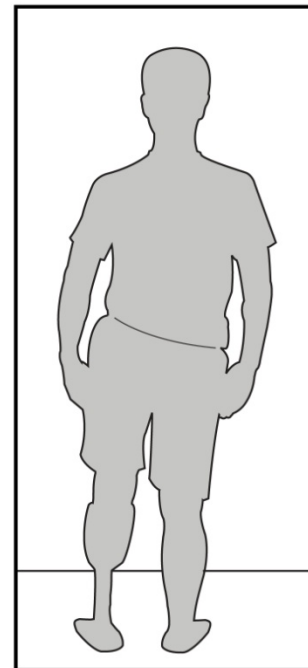
- Remove prosthesis.
- Add sock plys: 1 or 3 plys first.
- Reapply prosthesis, steps 5-7.

IN THE MORNING

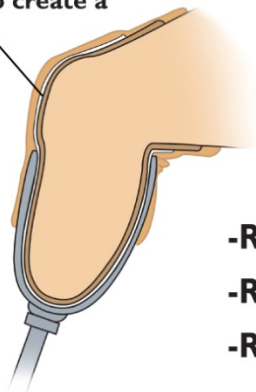
REMOVE sock plys if you feel:



LONG on the side of your prosthesis.



Remove the 1 ply sock leaving the 3 ply sock on limb, to create a better fit.



- Remove prosthesis.
- Remove sock plys: 1 or 3 plys first.
- Reapply prosthesis, steps 5-7.

DURING THE DAY

It is normal for your limb to shrink and swell throughout the day. Therefore, it is important for you to check the fit of your prosthesis several times during the day.

- 1 **DO NOT** ignore pain.
If you feel discomfort, remove your prosthesis and inspect your limb.

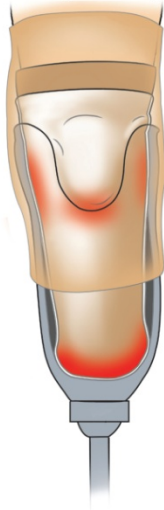


- 2 If your limb sweats a lot, when you check your limb, you should also dry your limb.



DURING THE DAY

- 3** Because your limb may shrink or swell during the day, you may need to add or remove socks. This is why you should always carry extra socks.



If you feel:

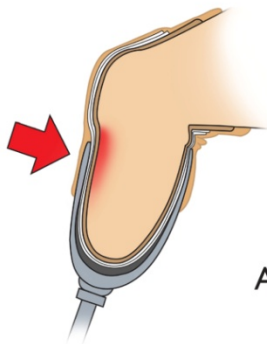
Your knee cap pushed up.

Pressure on the bottom of your limb.

You should:

Add socks

- A) Remove prosthesis by depressing and holding in pin-lock release button.
- B) Add socks: 1 or 3 ply first
- C) Reapply prosthesis, steps 5-7.



If you feel:

Pressure on your shin.

Your leg is longer on the side you wear your prosthesis.

You should:

Remove socks

- A) Remove prosthesis by depressing and holding in pin-lock release button.
- B) Remove socks: 1 or 3 ply first
- C) Reapply prosthesis, steps 5-7.

IN THE EVENING

You will want to clean your liner, socks, prosthesis, and limb everynight, just like you would wash your face or brush your teeth. Your liner will last longer if taken care of correctly, and will also help to prevent skin irritations.

- 1 Remove the prosthesis.



Pull over or roll sleeve down, off your knee and thigh until you can take your limb out of the prosthesis.

- 2 Remove socks and liner.



Roll the liner down your limb so the gel inside is facing out.

IN THE EVENING

- 3 Look and feel for sores and redness.



Use a mirror to view the hard to see places.

DO NOT sleep in the liner.

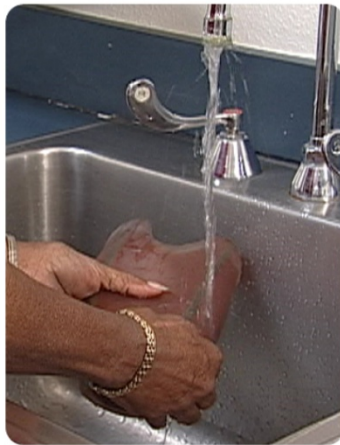
- 4 Clean the prosthesis.



Wipe the inside of the prosthesis with a damp cloth.

IN THE EVENING

- 5 Wash socks with your regular laundry.
- 6 Clean liners everyday with soap and water.



Be sure to rinse ALL SOAP off of the liner, because any soap left on the liner may cause irritation to your skin.

- 7 Dry the liners completely with a towel.



IN THE EVENING

- 8 Hang them on a drying stand to make sure they are completely dry.



DO NOT wear a liner two days in a row.
Rotate the liners so you wear each one every other day.

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Liner 1	Liner 2	Liner 1	Liner 2	Liner 1	Liner 2	Liner 1
Liner 2	Liner 1	Liner 2	Liner 1	Liner 2	Liner 1	Liner 2
Liner 1	Liner 2	Liner 1	Liner 2	Liner 1	Liner 2	Liner 1
Liner 2	Liner 1	Liner 2	Liner 1	Liner 2	Liner 1	Liner 2

IN THE EVENING

- 9** Apply limb shrinkers. Sleep with the limb shrinkers on to reduce swelling in the morning.



A)
Gently pull half of the shrinker onto your limb and over the lower part of your thigh.



B)
Pull the plastic ring close to the end of your limb, making sure the fit is snug.



C)
Pull the bottom half of the shrinker back over the top half of the shrinker and over your thigh.

WHEN TO SEE YOUR PROSTHETIST

- 1 If you notice any redness that does not go away.
- 2 If you feel any discomfort or pain that does not go away with adding or removing socks.
- 3 If you notice any sores or bumps on your skin.
- 4 If you hear any noises coming from your prosthesis, or you notice any loose parts. **STOP** using your prosthesis, and **CALL** your prosthetist **IMMEDIATELY!**



SKIN ISSUES

- 1 **Phantom pain:** Is the term used to describe a pain coming from your amputated limb.



One thing you can do at home to relieve some of the discomfort is to RUB, TOUCH, and PAT your limb.

- 2 **Sweating:** If you experience a lot of sweating,



You can apply a non-prescription anti-perspirant to your limb at night.



You can take your prosthesis off during the day and wipe off any sweat with a towel.

SKIN ISSUES

- 3 Sores:** Sores on the skin are caused by surface irritation or ingrown hairs.



They can be treated with anti-bacterial cream applied to the sores.



You should not ignore any sores on your skin. If you notice any sores, you should see your prosthetist.

- 4 Itching bumps and irritation:** Bumps and irritation can be caused by exposure to allergens or irritants to the skin like heat, sweating, or soap left on the liner or skin.



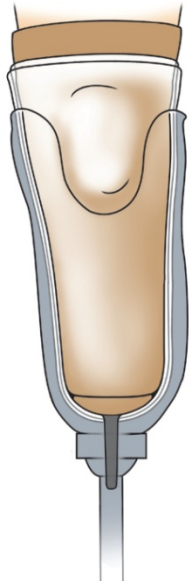
You can treat the area with an over-the-counter anti-itch cream.



A cool, damp cloth can be applied to the affected area to relieve itching.

Continued irritation can develop into a bigger problem, be sure to tell your prosthetist about any irritation or discomfort.

APPENDIX J
Booklet for Pin Liner; English



Below-the-Knee Amputees

Pin Liner

| A Guide for the Daily
Care and Maintenance
of Your New Prosthesis

This booklet is meant to guide you through daily activity with your new prosthesis. It will show you what you should do from the time you wake up, to the time you go to bed. Learning how to take care of your prosthesis as part of your daily routine will help make sure you are following the right steps everyday.

This booklet is divided into five sections: In the Morning, During the Day, In the Evening, When to See Your Prosthetist, and Skin Issues.

Below-the-Knee Amputees

Pin Liner

In The Morning

Before you put prosthesis on	1
Putting on liner	1-2
Sock plys	2
Standing	3
Fit and comfort	4-7
Correct fit	5
Add ply	6
Subtract ply	7

During the Day 8-9

In the Evening

Remove prosthesis	10
Remove sock ply and liner	10
Inspect	11
Cleaning	11-13
Rotating liners	13
Limb shrinkers	14

When to See Your Prosthetist 15

Skin Issues

Phantom pain	16
Sweating	16
Sores	17
Itching bumps/Irritation	17

IN THE MORNING

- 1 Before putting on prosthesis, check limb for sores and redness.



Use a mirror
to view hard
to see places.

- 2 Make sure the pin is tightened all the way.



- 3 Align the pin to the center of your limb.



pin liner 1

IN THE MORNING

- 4** **DO NOT** pull on or stretch the liner.
Roll liner up leg, making sure there are no air bubbles or wrinkles between skin and liner.



- 5** Apply sock ply over liner.
Available in 1, 3, and 5, ply or layers of thickness.

Begin with _____ plys.

**Add or subtract plys
by 1 or 3 plys to reach
a comfortable fit.**



2 pin liner

IN THE MORNING

6 Apply prosthesis.



Insert limb into prosthesis.

Be sure the pin locks into place.

You should hear it click a few times.

7 Steady yourself and stand. Always hold onto something steady as you stand.



Put you weight onto the prosthesis side and let the pin-lock mechanism click a few more times before walking.

pin liner 3

IN THE MORNING

- 8 After standing, evaluate the fit.
Make sure your prosthesis is fitting correctly to
prevent skin irritation.



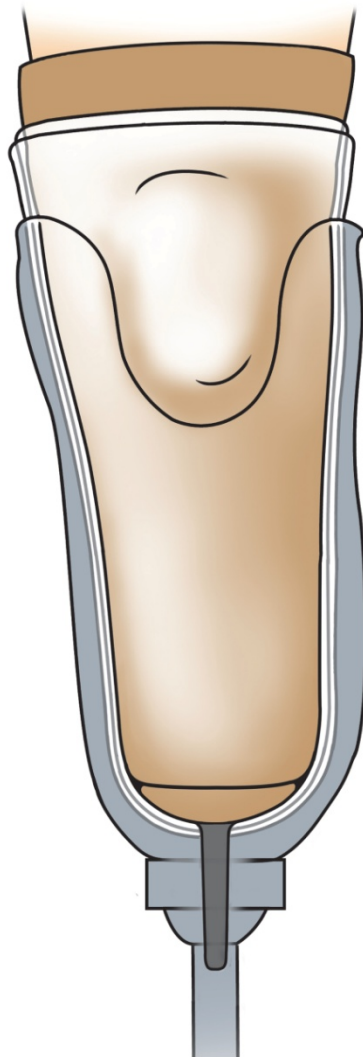
You should not feel any pain.
If it becomes uncomfortable during the day,
STOP and add or remove sock plys.



4 pin liner

IN THE MORNING

CORRECT FIT



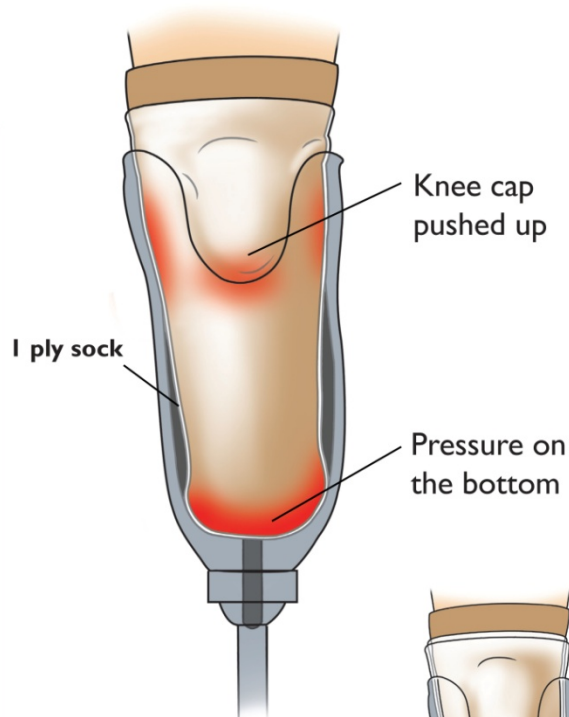
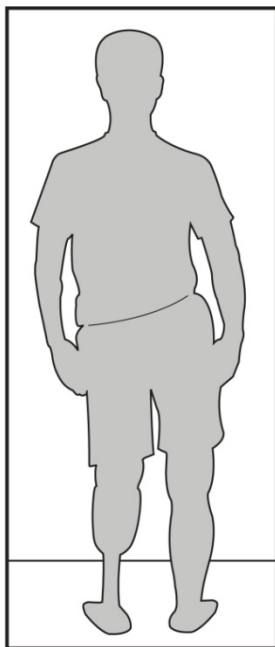
- 1) Knee cap centered
- 2) Snug fit
- 3) No pressure on shin
- 4) No pressure on bottom of limb

pin liner 5

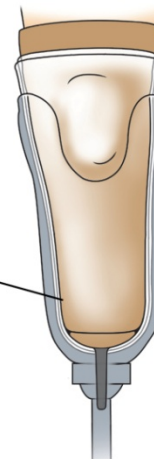
IN THE MORNING

ADD sock plys if you feel:

SHORT on the side
of your prosthesis



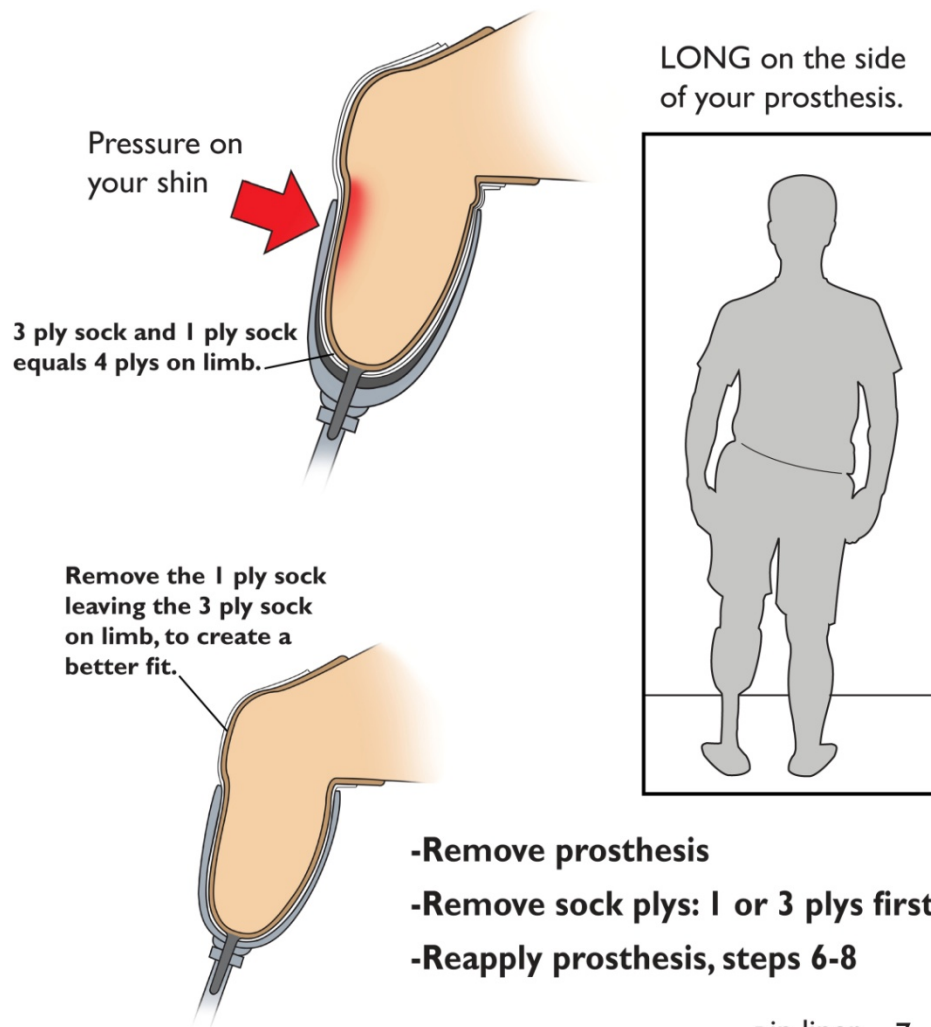
Add a 1 ply sock to the 1 ply sock already on the limb to equal 2 plys on the limb, to create a better fit.



- Remove prosthesis
- Add sock plys: 1 or 3 plys first
- Reapply prosthesis, steps 6-8

IN THE MORNING

REMOVE sock plys if you feel:



pin liner 7

DURING THE DAY

It is normal for your limb to shrink and swell throughout the day. Therefore, it is important for you to check the fit of your prosthesis several times during the day.

- DO NOT** ignore pain.
If you feel discomfort, remove your prosthesis and inspect your limb.



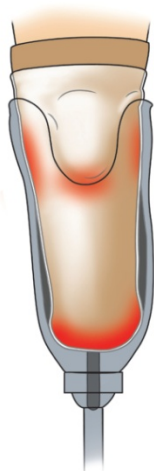
- If your limb sweats a lot, when you check your limb, you should also dry your limb.



8 pin liner

DURING THE DAY

- 3** Because your limb may shrink or swell during the day, you may need to add or remove socks. This is why you should always carry extra socks.



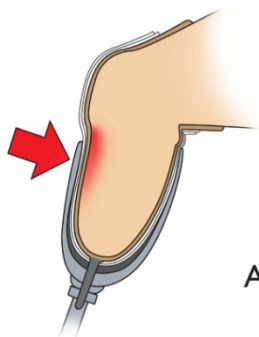
If you feel:

Your knee cap pushed up.
Pressure on the bottom of your limb.

You should:

Add socks

- A) Remove prosthesis by depressing and holding in pin-lock release button.
- B) Add socks: 1 or 3 ply first
- C) Reapply prosthesis, steps 6-8.



If you feel:

Pressure on your shin.
Your leg is longer on the side you wear your prosthesis.

You should:

Remove socks

- A) Remove prosthesis by depressing and holding in pin-lock release button.
- B) Remove socks: 1 or 3 ply first
- C) Reapply prosthesis, steps 6-8.

pin liner 9

IN THE EVENING

You will want to clean your liner, socks, prosthesis, and limb everynight, just like you would wash your face or brush your teeth. Your liner will last longer if taken care of correctly, and will also help to prevent skin irritations.

- 1 Remove the prosthesis.



Press in and hold the pin-lock release button.

- 2 Remove socks and liner.



Roll the liner down your limb so the gel inside is facing out.

10 pin liner

IN THE EVENING

- 3 Look and feel for sores and redness.



Use a mirror to view the hard to see places.

DO NOT sleep in the liner.

- 4 Clean the prosthesis.



Wipe the inside of the prosthesis with a damp cloth.

pin liner | |

IN THE EVENING

- 5 Wash socks with your regular laundry.
- 6 Clean liners everyday with soap and water.



Be sure to rinse ALL SOAP off of the liner, because any soap left on the liner may cause irritation to your skin.

- 7 Dry the liners completely with a towel.



12 pin liner

IN THE EVENING

- 8 Hang them on a drying stand to make sure they are completely dry.



DO NOT wear a liner two days in a row.
Rotate the liners so you wear each one every other day.

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Liner 1	Liner 2	Liner 1	Liner 2	Liner 1	Liner 2	Liner 1
Liner 2	Liner 1	Liner 2	Liner 1	Liner 2	Liner 1	Liner 2
Liner 1	Liner 2	Liner 1	Liner 2	Liner 1	Liner 2	Liner 1
Liner 2	Liner 1	Liner 2	Liner 1	Liner 2	Liner 1	Liner 2

IN THE EVENING

- 9** Apply limb shrinkers. Sleep with the limb shrinkers on to reduce swelling in the morning.



A)
Gently pull half of the shrinker onto your limb and over the lower part of your thigh.



B)
Pull the plastic ring close to the end of your limb, making sure the fit is snug.



C)
Pull the bottom half of the shrinker back over the top half of the shrinker and over your thigh.

14 pin liner

WHEN TO SEE YOUR PROSTHETIST

- 1 If you notice any redness that does not go away.
- 2 If you feel any discomfort or pain that does not go away with adding or removing socks.
- 3 If you notice any sores or bumps on your skin.
- 4 If you hear any noises coming from your prosthesis, or you notice any loose parts. **STOP** using your prosthesis, and **CALL** your prosthetist **IMMEDIATELY!**



pin liner 15

SKIN ISSUES

- 1 **Phantom pain:** Is the term used to describe a pain coming from your amputated limb.



One thing you can do at home to relieve some of the discomfort is to RUB, TOUCH, and PAT your limb.

- 2 **Sweating:** If you experience a lot of sweating,



You can apply a non-prescription anti-perspirant to your limb at night.



You can take your prosthesis off during the day and wipe off any sweat with a towel.

16 pin liner

SKIN ISSUES

- 3 Sores:** Sores on the skin are caused by surface irritation or ingrown hairs.



They can be treated with anti-bacterial cream applied to the sores.



You should not ignore any sores on your skin. If you notice any sores, you should see your prosthetist.

- 4 Itching bumps and irritation:** Bumps and irritation can be caused by exposure to allergens or irritants to the skin like heat, sweating, or soap left on the liner or skin.



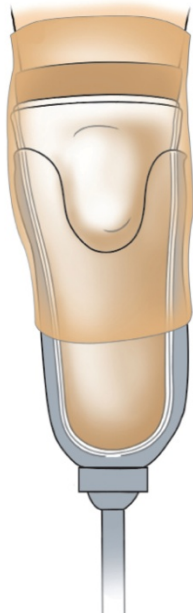
You can treat the area with an over-the-counter anti-itch cream.



A cool, damp cloth can be applied to the affected area to relieve itching.

Continued irritation can develop into a bigger problem, be sure to tell your prosthetist about any irritation or discomfort.

APPENDIX K
Booklet for Suspension Sleeve, Spanish



Amputados por debajo de la rodilla

Manga de Suspensión

Una Guía para el Cuidado
Diario y Mantenimiento
de su Nueva Prótesis

Este libreto tiene el propósito de ser su guía a través de las actividades diarias con su nueva prótesis. Le demostrará lo que Usted debe hacer desde el momento en que despierta hasta el momento en que Usted se vaya dormir. Aprender como cuidar de su prótesis es parte de su rutina diaria que le ayudará a asegurarse que está siguiendo los pasos adecuados todos los días.

Este libreto está dividido en cinco secciones: Por la Mañana, Durante el Día, Por la Noche, Cuando Ver su Prótesisista y Cuidados de la Piel.

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Amputados por debajo de la rodilla

Manga de Suspensión

POR LA MAÑANA

Antes de colocar su prótesis	1
Poniéndose de forro	2-3
Aplicar capas de calcetín	4
Poniéndose de pie	5-6
Ajuste y comodidad	6-9
Ajuste correcto	7
Agregar capa	8
Quitar capa	9

DURANTE EL DÍA 10-11

POR LA NOCHE

Quitar prótesis	12
Quitar capa de calcetín y forro	12
Inspeccionar	13
Limpiando	14-15
Alternando forros	15
Medias para encoger miembros	16

CUANDO VER SU PROTESISTA 17

CUESTIONES DE LA PIEL

Dolor fantasma	18
Sudor	19
Úlceras	20
Erupciones con comezón/irritación	21

POR LA MAÑANA

- 1** Antes de colocar su prótesis busque llagas y enrojecimiento de su miembro.



Antes de colocar su prótesis busque llagas y enrojecimiento de su miembro.

- 2** Con una manga de suspensión, Usted puede usar un FORRO ACOJINADO o calcetines. El forro acojinado tiene un logotipo en la cara anterior.



Logotipo

Mantenga el logotipo al frente de su miembro.

- 3** **NO** jale o estire el forro.



Desenrolle el forro sobre la pierna, asegurándose de que no hay burbujas de aire o arrugas entre la piel y el forro.

Manga de suspensión |

POR LA MAÑANA

- 4** Aplique capas de calcetín sobre el forro.
Son disponibles en 1, 3 o 5 capas de grosor.

Comience con _____ capas.

**Agregue o quite de 1 o 3
capas para alcanzar
un ajuste cómodo.**



- 5** Coloque la prótesis.



**Empuje su muñón hasta al
fondo de la prótesis. Luego
desenrolle la manga sobre
su rodilla hasta llegar sobre
su muslo.**

2 Manga de suspensión

POR LA MAÑANA

- 6** Sujétese firmemente y póngase de pie.
Siempre sosténgase de algo mientras se ponga de pie.



NO comience a caminar hasta asegurarse que su prótesis este bien colocada.

- 7** Poniéndose de pie, evalúe su comodidad.
Asegúrese que su prótesis este puesta adecuadamente para prevenir irritación de la piel.

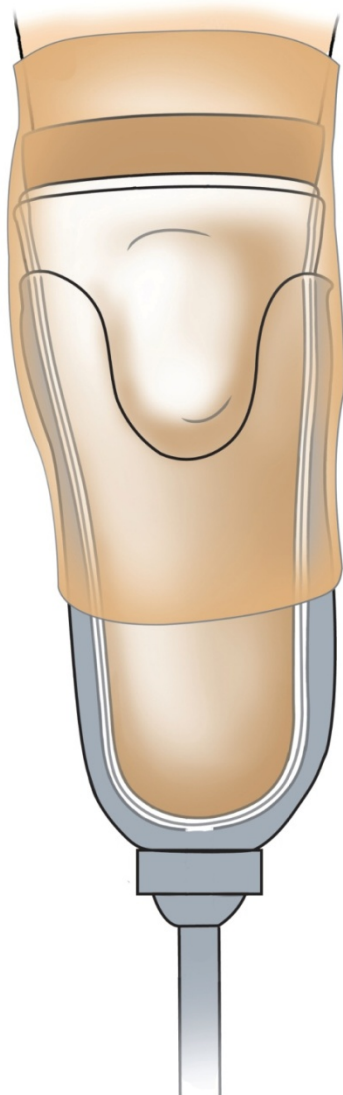


No deberá sentir ningún dolor.
Si durante el día lo siente incomodo,
DETENGASE y agregue o quite
capas de calcetín.

Manga de suspensión 3

POR LA MAÑANA

AJUSTE CORRECTO



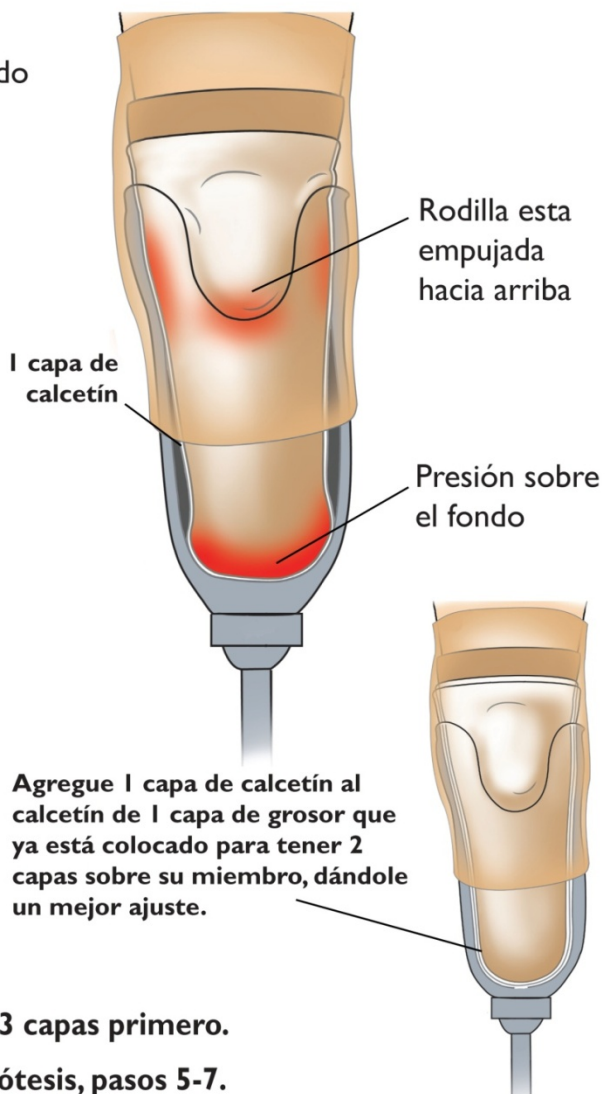
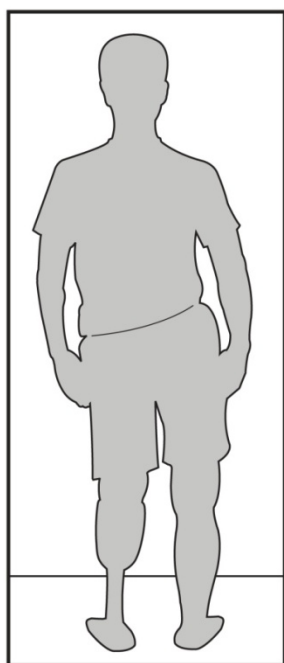
- 1) Rodilla centrada
- 2) Bien ajustado
- 3) Sin presión sobre la canilla
- 4) Sin presión sobre la parte baja del muñón

4 Manga de suspensión

POR LA MAÑANA

Agregue capas de calcetín si siente:

CORTO sobre el lado
of your prosthesis.

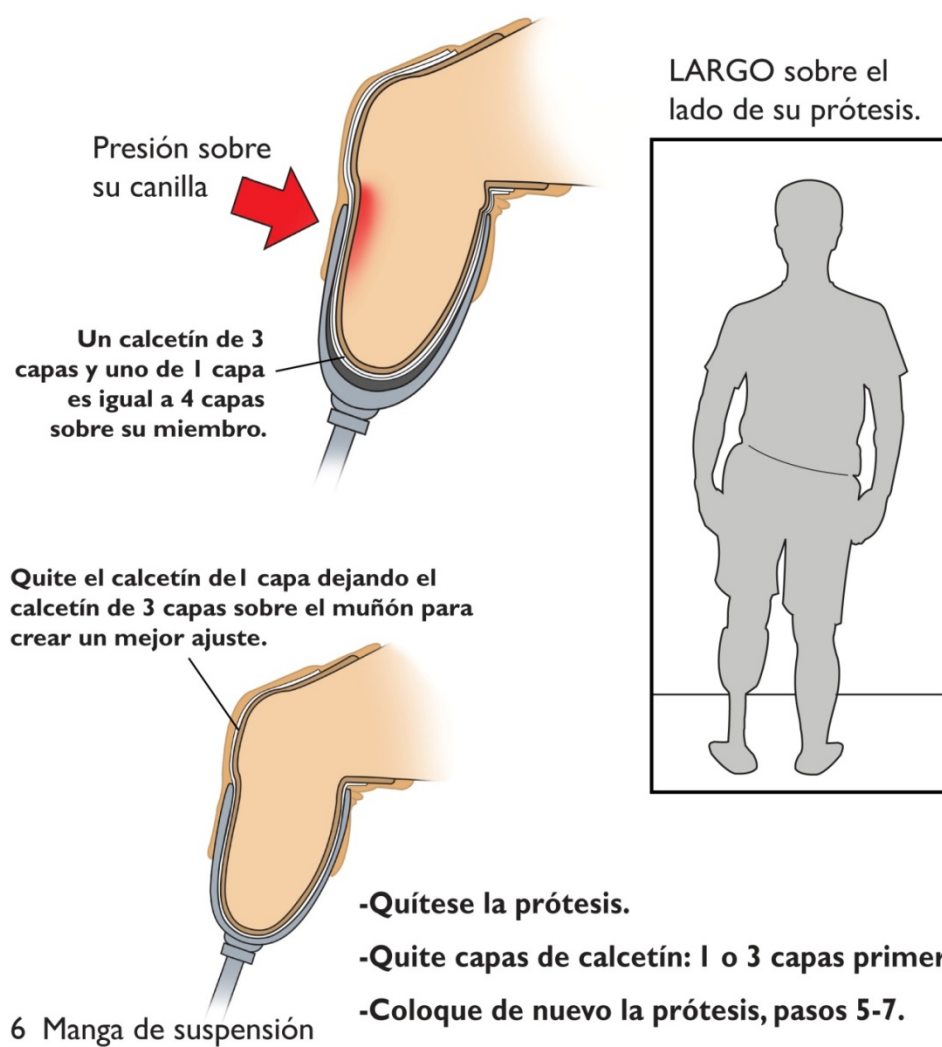


- Quítese la prótesis.
- Agregar calcetines: 1 o 3 capas primero.
- Coloque de nuevo la prótesis, pasos 5-7.

Manga de suspensión 5

POR LA MAÑANA

QUITE capas de calcetín si siente:



DURANTE EL DÍA

Es normal que su extremidad llegue a encogerse o hincharse a través del día. Por eso, es importante que Usted revise el ajuste de su prótesis varias veces durante el día.

1 **NO ignore el dolor.**

Si Usted siente incomodidad, quítese su prótesis e inspeccione su muñón.



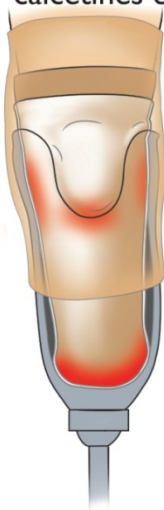
2 Si su muñón suda mucho, cuando lo revise también puede aprovechar para secarlo.



8 Manga de suspensión

DURANTE EL DIA

- 3** Debido a que su miembro puede encogerse o hincharse durante el día, Usted puede necesitar agregar o quitar calcetines. Es por eso que Usted debe tener a la mano calcetines extras.



Si Usted siente:

Su rodilla empujada hacia arriba.

Presión sobre el fondo de su miembro.

Usted debe:

Agregar calcetines.

- A) Quitarse la prótesis presionando y manteniendo en lugar el botón que libera la clavija-cierre.
- B) Agregar calcetines: 1 o 3 capas primero.
- C) Colocar de nuevo la prótesis, pasos 5-7.

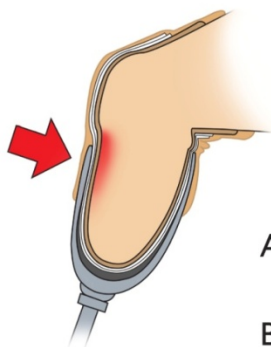
Si Usted siente:

Presión sobre su canilla.

Que su pierna es más larga del lado que tiene la prótesis.

Usted debe:

Quitar calcetines.



- A) Quitarse la prótesis presionando y manteniendo en lugar el botón que libera la clavija-cierre.
- B) Agregar calcetines: 1 o 3 capas primero.
- C) Colocar de nuevo la prótesis, pasos 5-7.

Manga de suspensión 9

POR LA NOCHE

Usted va a querer limpiar su forro, calcetines, prótesis y su miembro cada noche, al igual como cuando Usted lava su cara o cepilla sus dientes. Su forro durará más tiempo si lo cuida correctamente, además de ayudar a prevenir irritación de la piel.

- 1** Quite la prótesis.



Enrolle la manga hacia abajo, separándolo de su rodilla y muslo hasta poder sacar su miembro de la prótesis.

- 2** Quite calcetines y forro.



Enrolle el forro hacia abajo sobre su miembro para que el gel de adentro este cara hacia afuera.

10 Manga de suspensión

POR LA NOCHE

- 3 Inspeccione y sienta para ulceraciones y enrojecimiento.



Utilice un espejo para ver los sitios difíciles de visualizar.

NO duerma con el forro puesto.

- 4 Limpie la prótesis.



Limpie el interior de la prótesis con un trapo húmedo.

Manga de suspensión II

| POR LA NOCHE

- 5** Lave sus calcetines con su ropa sucia.
- 6** Limpie los forros todos los días con jabón y agua.



Asegúrese de enjuagar todo el jabón del forro porque cualquier residuo de jabón sobre el forro puede causar irritación de su piel.

- 7** Seque los forros completamente con una toalla.



12 Manga de suspensión

POR LA NOCHE

- 8 Déjelos secar sobre una base para asegurar que sequen bien.



NO utilice el mismo forro por dos días seguidos. **Altere los forros para que utilice el mismo cada tercer día.**

Lunes	Martes	Miércoles	Jueves	Viernes	Sábado	Domingo
Forro 1	Forro 2	Forro 1	Forro 2	Forro 1	Forro 2	Forro 1
Forro 2	Forro 1	Forro 2	Forro 1	Forro 2	Forro 1	Forro 2
Forro 1	Forro 2	Forro 1	Forro 2	Forro 1	Forro 2	Forro 1
Forro 2	Forro 1	Forro 2	Forro 1	Forro 2	Forro 1	Forro 2

Manga de suspensión 13

POR LA NOCHE

- 9** Póngase la media de encoger sobre su miembro. Duerme con la media de encoger para reducir hinchazón por la mañana.



A)
Con cuidado jale la mitad de la media sobre su miembro y la parte inferior de su muslo.



B)
Jale el anillo de plástico hacia la base de su muñón, asegurándose que quede bien ajustada.



C)
La mitad baja de la media colóquela encima de la parte alta de la media y de su muslo.

14 Manga de suspensión

CUANDO VER SU PROTESISTA

- 1 Si Usted nota algún enrojecimiento que no desaparece.
- 2 Si Usted siente alguna incomodidad o dolor que no desaparece al agregar o quitar calcetines.
- 3 Si Usted nota cualquier ulceración o elevaciones en la piel.
- 4 Si Usted escucha algún ruido de su prótesis o se da cuenta de alguna parte suelta, DEJE de usar su prótesis y LLAME a su protesista INMEDIATAMENTE.



Manga de suspensión 15

CUESTIONES DE LA PIEL

- 1** Dolor fantasma: Es el término utilizado para describir el dolor que proviene de su miembro amputado.



Algo que Usted puede hacer en casa para aliviar parte de la molestia es frotar, tocar o palmear su miembro.

- 2** Sudoración: Si Usted suda excesivamente,



Usted puede aplicar un antitranspirante no recetado sobre su miembro por la noche.



Usted puede quitarse la prótesis durante el día y secar el sudor de su miembro con una toalla.

16 Manga de suspensión

CUESTIONES DE LA PIEL

- 3** **Ulceraciones:** Ulceraciones sobre la piel son causadas por irritación de la superficie o cabellos encarnados.



Pueden ser tratados con crema antibacterial aplicada en las llagas.



No ignore las llagas sobre su piel. Si nota alguna llaga debe ver a su protesista.

- 4** **Erupciones con comezón e irritación:** Erupciones e irritación pueden ser causados por exposición a irritantes o alergógenos de la piel, como es el calor, sudoración o residuo de jabón dejado sobre el forro o la piel.



Puede tratar la zona con una crema para comezón no recetada.

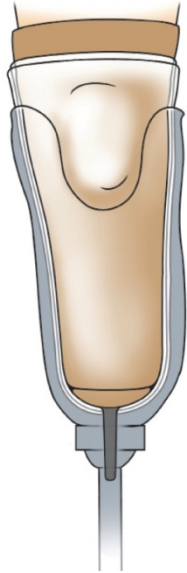


Un trapo fresco y húmedo se puede aplicar a la zona afectada para aliviar la comezón.

Irritación persistente puede desarrollarse en un problema mayor, así que diga a su protesista de cualquier irritación o incomodidad.

Manga de suspensión 17

APPENDIX L
Booklet for Pin Liner; Spanish



Amputados por debajo de la rodilla

Forro - Clavija

Una Guía para el Cuidado
Diario y Mantenimiento
de su Nueva Prótesis

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Amputados por debajo de la rodilla

Forro - Clavija

POR LA MAÑANA

Antes de colocar su prótesis	1
Poniéndose de forro	2-3
Aplique capas de calcetín	4
Poniéndose de pie	5-6
Ajuste y comodidad	6-9
Ajuste correcto	7
Agregar capa	8
Quitar capa	9

DURANTE EL DIA 10-11

POR LA NOCHE

Quitar prótesis	12
Quitar capa de calcetín y forro	12
Inspeccionar	13
Limpiando	14-15
Alternando forros	15
Medias para encoger miembros	16

CUANDO VER SU PROTESISTA 17

CUESTIONES DE LA PIEL

Dolor fantasma	18
Sudor	19
Úlceras	20
Erupciones con comezón/irritación	21

POR LA MAÑANA

- 1 Antes de colocar su prótesis busque llagas y enrojecimiento de su miembro.



Antes de colocar su prótesis busque llagas y enrojecimiento de su miembro.

- 2 Asegúrese que la clavija este bien apretada.



- 3 Asegúrese que la clavija este bien apretada.



forro - clavija |

POR LA MAÑANA

4 **NO** jale o estire el forro.

Desenrolle el forro hacia arriba sobre la pierna, asegurándose de que no hay burbujas de aire o arrugas entre la piel y el forro.



5 Aplique capas de calcetín sobre el forro. Son disponibles en 1, 3 o 5 capas de grosor.

Comience con _____ capas.

**Agregué o quite
de 1 o 3 capas para alcanzar
un ajuste cómodo**



2 forro - clavija

POR LA MAÑANA

6 Coloque la prótesis.



Meta su miembro dentro de la prótesis

Asegúrese que la clavija encaje bien en su lugar.

Debe escucharlo producir un “clic” varias veces.

7 Sujétese firmemente y póngase de pie. Siempre sosténgase de algo mientras se ponga de pie.



Ponga su peso sobre el lado de la prótesis y permita que el mecanismo clavija-cierre produzca un “clic” varias veces más antes de caminar.

forro - clavija 3

POR LA MAÑANA

- 8** Poniéndose de pie, evalúe su comodidad.
Asegúrese que su prótesis este puesta adecuadamente
para prevenir irritación de la piel.



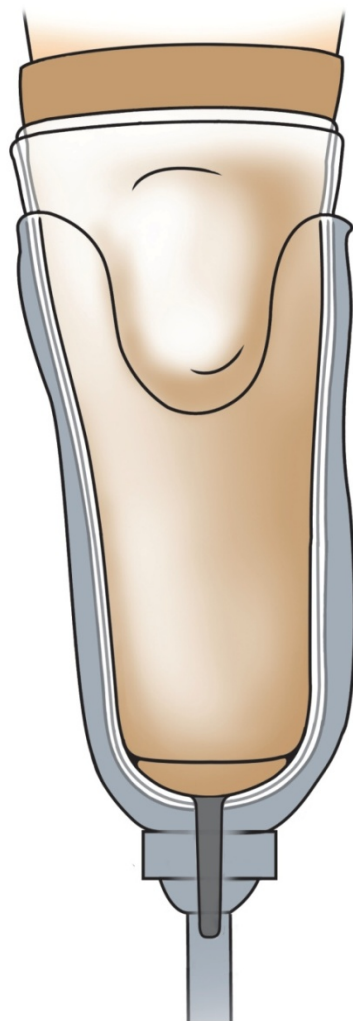
No deberá sentir ningún dolor.
Si durante el día lo siente incomodo,
DETENGASE y agregue o quite capas de calcetín.



4 forro - clavija

POR LA MAÑANA

AJUSTE CORRECTO



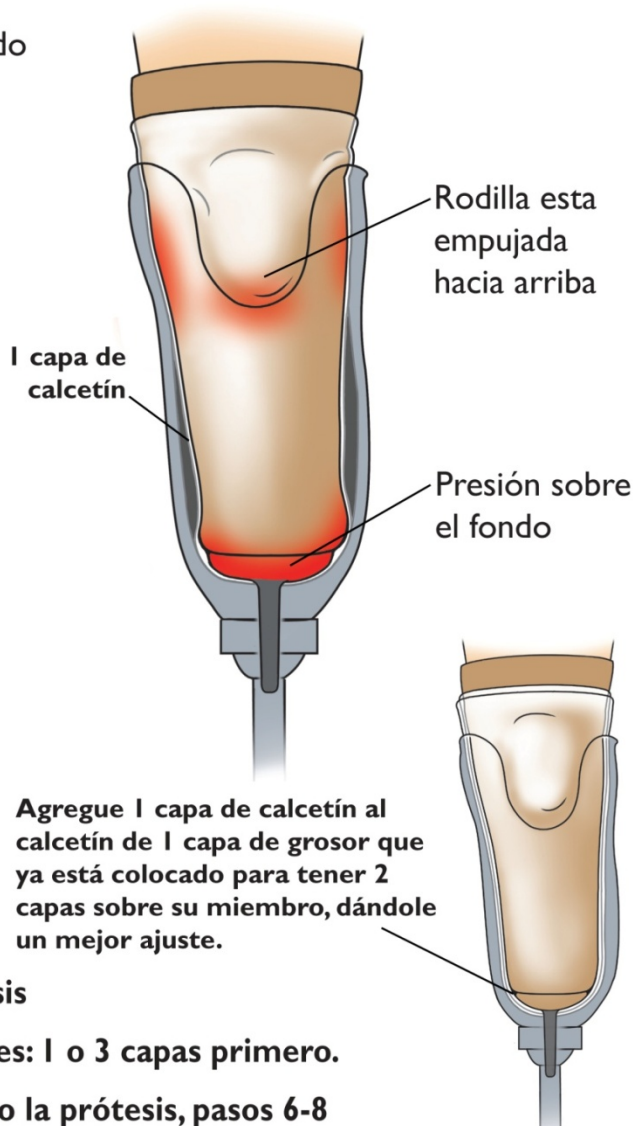
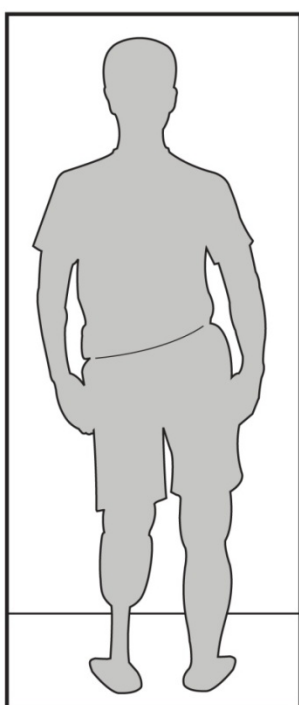
- 1) Rodilla centrada
- 2) Bien ajustado
- 3) Sin presión sobre la canilla
- 4) Sin presión sobre la parte baja del muñón

forro - clavija 5

POR LA MAÑANA

AGREGUE capas de calcetín si siente:

CORTO sobre el lado
of your prosthesis.

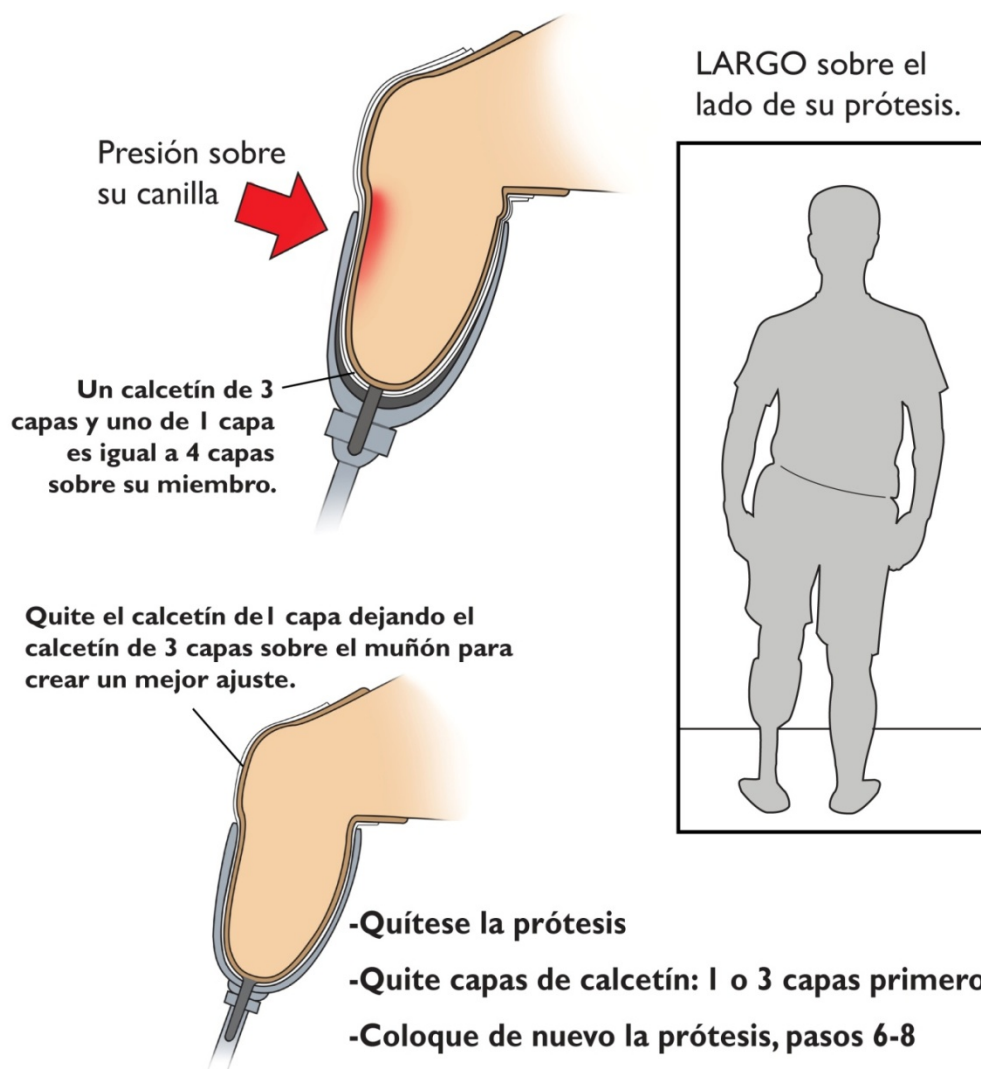


- Quítese la prótesis
- Agregar calcetines: 1 o 3 capas primero.
- Coloque de nuevo la prótesis, pasos 6-8

6 forro - clavija

POR LA MAÑANA

QUITE capas de calcetín si siente:



forro - clavija 7

DURANTE EL DÍA

Es normal que su extremidad llegue a encogerse o hincharse a través del día. Por eso, es importante que Usted revise el ajuste de su prótesis varias veces durante el día.

1 **NO ignore el dolor.**

Si Usted siente incomodidad, quítese su prótesis e inspeccione su muñón.



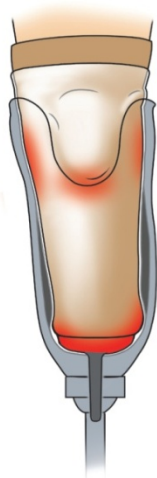
2 Si su muñón suda mucho, cuando lo revise también puede aprovechar para secarlo.



8 forro - clavija

DURANTE EL DIA

- 3** Debido a que su miembro puede encogerse o hincharse durante el día, Usted puede necesitar agregar o quitar calcetines. Es por eso que Usted debe tener a la mano calcetines extras.



Si Usted siente:

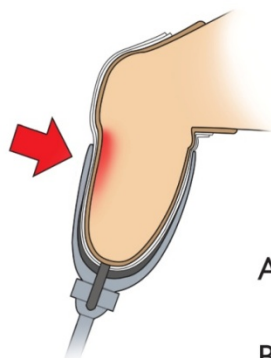
Su rodilla empujada hacia arriba.

Presión sobre el fondo de su miembro.

Usted debe:

Agregar calcetines.

- A) Quitarse la prótesis presionando y manteniendo en lugar el botón que libera la clavija-cierre.
- B) Agregar calcetines: 1 o 3 capas primero.
- C) Colocar de nuevo la prótesis, pasos 6-8.



Si Usted siente:

Presión sobre su canilla.

Que su pierna es más larga del lado que tiene la prótesis.

Usted debe:

Quitar calcetines.

- A) Quitarse la prótesis presionando y manteniendo en lugar el botón que libera la clavija-cierre.
- B) Agregar calcetines: 1 o 3 capas primero.
- C) Colocar de nuevo la prótesis, pasos 6-8.

forro - clavija 9

POR LA NOCHE

Usted va a querer limpiar su forro, calcetines, prótesis y su miembro cada noche, al igual como cuando Usted lava su cara o cepilla sus dientes. Su forro durará más tiempo si lo cuida correctamente, además de ayudar a prevenir irritación de la piel.

1 Quite la prótesis.



Presione hacia dentro y mantenga el botón que libera la clavija-cierre.

2 Quite calcetines y forro.



10 forro - clavija



Enrolle el forro hacia abajo sobre su miembro para que el gel de adentro esté cara hacia afuera.

POR LA NOCHE

- 3 Inspeccione y sienta para ulceraciones y enrojecimiento.



Utilice un espejo para ver los sitios difíciles de visualizar.

NO duerma con el forro puesto.

- 4 Limpie la prótesis.



Limpie el interior de la prótesis con un trapo húmedo.

forro - clavija | |

| POR LA NOCHE

- 5** Lave sus calcetines con su ropa sucia.
- 6** Limpie los forros todos los días con jabón y agua.



Asegúrese de enjuagar todo el jabón del forro porque cualquier residuo de jabón sobre el forro puede causar irritación de su piel.

- 7** Seque los forros completamente con una toalla.



12 forro - clavija

POR LA NOCHE

- 8 Déjelos secar sobre una base para asegurar que sequen bien.



NO utilice el mismo forro por dos días seguidos.
 Alterne los forros para que utilice el mismo cada tercer día.

Lunes	Martes	Miércoles	Jueves	Viernes	Sábado	Domingo
Forro 1	Forro 2	Forro 1	Forro 2	Forro 1	Forro 2	Forro 1
Forro 2	Forro 1	Forro 2	Forro 1	Forro 2	Forro 1	Forro 2
Forro 1	Forro 2	Forro 1	Forro 2	Forro 1	Forro 2	Forro 1
Forro 2	Forro 1	Forro 2	Forro 1	Forro 2	Forro 1	Forro 2

forro - clavija 13

POR LA NOCHE

- 9** Póngase la media de encoger sobre su miembro. Duerma con la media de encoger para reducir hinchazón por la mañana.



A)
Con cuidado jale la mitad de la media sobre su miembro y la parte inferior de su muslo.



B)
Jale el anillo de plástico hacia la base de su muñón, asegurándose que quede bien ajustada.



C)
La mitad baja de la media colóquela encima de la parte alta de la media y de su muslo.

14 forro - clavija

CUANDO VER SU PROTESISTA

- 1 Si Usted nota algún enrojecimiento que no desaparece.
- 2 Si Usted siente alguna incomodidad o dolor que no desaparece al agregar o quitar calcetines.
- 3 Si Usted nota cualquier ulceración o elevaciones en la piel.
- 4 Si Usted escucha algún ruido de su prótesis o se da cuenta de alguna parte suelta, DEJE de usar su prótesis y LLAME a su protesista INMEDIATAMENTE.



forro - clavija 15

CUESTIONES DE LA PIEL

- 1** Dolor fantasma: Es el término utilizado para describir el dolor que proviene de su miembro amputado.



Algo que Usted puede hacer en casa para aliviar parte de la molestia es frotar, tocar o palmear su miembro.

- 2** Sudoración: Si Usted suda excesivamente,



Usted puede aplicar un antitranspirante no recetado sobre su miembro por la noche.



Usted puede quitarse la prótesis durante el día y secar el sudor de su miembro con una toalla.

16 forro - clavija

CUESTIONES DE LA PIEL

- 3** **Ulceraciones:** Ulceraciones sobre la piel son causadas por irritación de la superficie o cabellos encarnados.



Pueden ser tratados con crema antibacterial aplicada en las llagas.



No ignore las llagas sobre su piel. Si nota alguna llaga debe ver a su protesista.

- 4** **Erupciones con comezón e irritación:** Erupciones e irritación pueden ser causados por exposición a irritantes o alergógenos de la piel, como es el calor, sudoración o residuo de jabón dejado sobre el forro o la piel.



Puede tratar la zona con una crema para comezón no recetada.



Un trapo fresco y húmedo se puede aplicar a la zona afectada para aliviar la comezón.

Irritación persistente puede desarrollarse en un problema mayor, así que diga a su protesista de cualquier irritación o incomodidad.

forro - clavija 17

APPENDIX M

Physician Survey

What is your profession/title? Prosthetic Resident
 How long have you worked with amputees? 1 1/2 yrs

AFTER WATCHING THE DVD:

Please circle the number that matches your level of agreement to the sentence.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1.) The DVD menu was clear and easy to follow.	1	2	3	4	(5)
2.) The topics covered in the DVD are often misunderstood by amputees.	1	2	3	4	(5)
3.) The DVD is well organized.	1	2	3	4	(5)
4.) The illustrations are successful in explaining to the patient when they should add or remove socks.	1	2	3	4	(5)
5.) For the pin liner, the illustration is successful in explaining to the patient how the pin can be misaligned.	1	2	3	4	(5)
6.) For the pin liner, the illustration is successful in explaining to the patient how the sock may jam the pin-lock mechanism.	1	2	3	4	(5)
7.) The video instruction was clear.	1	2	3	4	(5)

8.) Is there anything in the DVD that was not clear? YES or (NO)

If YES, please explain: _____

9.) Is there anything you would like to see included in the DVD? YES or (NO)

If YES, please explain: _____

10.) Would you give the DVD to your patients? (YES) or NO

If NO, please explain: _____

If NO, please explain: _____

AFTER READING THE BOOKLET:

Please circle the number that matches your level of agreement to the sentence.

- | | Strongly
Disagree | Disagree | Neutral | Agree | Strongly
Agree |
|--|----------------------|----------|---------|-------|-------------------|
| 1.) The booklet was clear and easy to follow. | 1 | 2 | 3 | (4) | (5) |
| 2.) The topics covered in the booklet are often misunderstood by amputees. | 1 | 2 | 3 | (4) | (5) |
| 3.) The booklet is well organized. | 1 | 2 | 3 | 4 | (5) |
| 4.) The photographs are clear. | 1 | 2 | 3 | 4 | (5) |
- 5.) Is there anything in the booklet that was not clear? YES or NO

If YES, please explain: _____

- 9.) Is there anything you would like to see included in the booklet? YES or NO

If YES, please explain: _____

- 10.) Would you give the booklet to your patients? YES or NO

If NO, please explain: _____

- 11.) Which one is more useful and helpful, the DVD or the booklet? Booklet

Please explain why: They can easily refer to it as needed - they would
have to find a DVD player that works

It is a quick reference & doesn't require any extra equipment
(DVD player etc.)

12.) Was the booklet appropriate for all of your patients: young, old, male, female? YES or NO

If NO, please explain: _____

13.) Additional comments: _____

What is your profession/title? prosthetics - student

How long have you worked with amputees? 1.5 yrs

AFTER WATCHING THE DVD:

Please circle the number that matches your level of agreement to the sentence.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1.) The DVD menu was clear and easy to follow.	1	2	3	4	5
2.) The topics covered in the DVD are often misunderstood by amputees.	1	2	3	4	5
3.) The DVD is well organized.	1	2	3	4	5
4.) The illustrations are successful in explaining to the patient when they should add or remove socks.	1	2	3	4	5
5.) For the pin liner, the illustration is successful in explaining to the patient how the pin can be misaligned.	1	2	3	4	5
6.) For the pin liner, the illustration is successful in explaining to the patient how the sock may jam the pin-lock mechanism.	1	2	3	4	5
7.) The video instruction was clear.	1	2	3	4	5

8.) Is there anything in the DVD that was not clear? YES or NO

If YES, please explain: _____

9.) Is there anything you would like to see included in the DVD? YES or NO

If YES, please explain: _____

10.) Would you give the DVD to your patients? YES or NO

If NO, please explain: _____

11.) Was the video appropriate for all of your patients: young, old, male, female? ☒ YES or NO

If NO, please explain: _____

AFTER READING THE BOOKLET:

Please circle the number that matches your level of agreement to the sentence.

- | | Strongly
Disagree | Disagree | Neutral | Agree | Strongly
Agree |
|--|----------------------|----------|---------|-------|-------------------|
| 1.) The booklet was clear and easy to follow. | 1 | 2 | 3 | 4 | (5) |
| 2.) The topics covered in the booklet are often misunderstood by amputees. | 1 | 2 | (3) | 4 | 5 |
| 3.) The booklet is well organized. | 1 | 2 | 3 | 4 | (5) |
| 4.) The photographs are clear. | 1 | 2 | 3 | 4 | (5) |
| 5.) Is there anything in the booklet that was not clear? YES or (NO) | | | | | |

If YES, please explain: _____

- 9.) Is there anything you would like to see included in the booklet? (YES) or NO

If YES, please explain: _____

wear schedule for 1st couple days/weeks?

- 10.) Would you give the booklet to your patients? (YES) or NO

If NO, please explain: _____

- 11.) Which one is more useful and helpful, the DVD or the booklet? both

Please explain why: by watching, you get the visual, but by having the booklet, you have a reference to come back to

12.) Was the booklet appropriate for all of your patients: young, old, male, female? (YES) or NO

If NO, please explain: _____

13.) Additional comments: _____

typo: page 3: it says "Put you weight..." should be "Put
YOUR weight..."

What is your profession/title? _____

How long have you worked with amputees? _____

AFTER WATCHING THE DVD:

Please circle the number that matches your level of agreement to the sentence.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1.) The DVD menu was clear and easy to follow.	1	2	3	4	5
2.) The topics covered in the DVD are often misunderstood by amputees.	1	2	3	4	5
3.) The DVD is well organized.	1	2	3	4	5
4.) The illustrations are successful in explaining to the patient when they should add or remove socks.	1	2	3	4	5
5.) For the pin liner, the illustration is successful in explaining to the patient how the pin can be misaligned.	1	2	3	4	5
6.) For the pin liner, the illustration is successful in explaining to the patient how the sock may jam the pin-lock mechanism.	1	2	3	4	5
7.) The video instruction was clear.	1	2	3	4	5

8.) Is there anything in the DVD that was not clear? YES or NO

If YES, please explain: _____

9.) Is there anything you would like to see included in the DVD? YES or NO

If YES, please explain: _____

10.) Would you give the DVD to your patients? YES or NO

If NO, please explain: _____

11.) Was the video appropriate for all of your patients: young, old, male, female? YES or NO

If NO, please explain:

AFTER READING THE BOOKLET:

Please circle the number that matches your level of agreement to the sentence.

- | | Strongly
Disagree | Disagree | Neutral | Agree | Strongly
Agree |
|--|----------------------|----------|---------|-------|-------------------|
| 1.) The booklet was clear and easy to follow. | 1 | 2 | 3 | 4 | 5 |
| 2.) The topics covered in the booklet are often misunderstood by amputees. | 1 | 2 | 3 | 4 | 5 |
| 3.) The booklet is well organized. | 1 | 2 | 3 | 4 | 5 |
| 4.) The photographs are clear. | 1 | 2 | 3 | 4 | 5 |
| 5.) Is there anything in the booklet that was not clear? YES or NO | | | | | |

If YES, please explain: _____

- 9.) Is there anything you would like to see included in the booklet? YES or NO

If YES, please explain: _____

- 10.) Would you give the booklet to your patients? YES or NO

If NO, please explain: _____

- 11.) Which one is more useful and helpful, the DVD or the booklet? _____

Please explain why: _____

12.) Was the booklet appropriate for all of your patients: young, old, male, female? ☒ YES or NO

If NO, please explain: _____

13.) Additional comments: _____

APPENDIX N

Patient Survey

Age: 44
 How long have you had an amputation? 1998
 How long have you had a prosthesis? 1998

AFTER WATCHING THE DVD:

Please circle the number that matches your level of agreement to the sentence.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1.) I feel confident putting on my prosthesis.	1	2	3	4	5
2.) I feel confident taking off my prosthesis.	1	2	3	4	5
3.) I feel confident putting on my liner.	1	2	3	4	5
4.) I feel confident taking off my liner.	1	2	3	4	5
5.) I feel confident walking in my prosthesis.	1	2	3	4	5
6.) I can identify when the prosthesis is too tight.	1	2	3	4	5
7.) I can identify when the prosthesis is too loose.	1	2	3	4	5
8.) I know when to add or remove socks.	1	2	3	4	5
9.) I feel confident taking off my prosthesis.	1	2	3	4	5
10.) The DVD menu was clear and easy to follow.	1	2	3	4	5
11.) The DVD was a valuable resource to have after receiving my prosthesis.	1	2	3	4	5

12.) Is there anything on the DVD that was not clear? YES or NO

If YES, please explain: _____

13.) Is there anything about your prosthesis that you do not understand and would like to see included in the DVD? YES or NO

If YES, please explain: _____

AFTER READING THE BOOKLET:

Please circle the number that matches your level of agreement to the sentence.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1.) I feel confident putting on my prosthesis.	1	2	3	4	5
2.) I feel confident taking off my prosthesis.	1	2	3	4	5
3.) I feel confident putting on my liner.	1	2	3	4	5
4.) I feel confident taking off my liner.	1	2	3	4	5
5.) I feel confident walking in my prosthesis.	1	2	3	4	5
6.) I can identify when the prosthesis is too tight.	1	2	3	4	5
7.) I can identify when the prosthesis is too loose.	1	2	3	4	5
8.) I know when to add or remove socks.	1	2	3	4	5
9.) I feel confident taking off my prosthesis.	1	2	3	4	5
10.) The booklet was a valuable resource to have after receiving my prosthesis.	1	2	3	4	5

11.) Is there anything in the booklet that was not clear? YES or **NO**If YES, please explain: _____

_____12.) Is there anything about your prosthesis that you do not understand and would like to see included in the booklet? YES or **NO**If YES, please explain: _____

_____13.) Additional comments?: _____

Which one is more useful and helpful, the DVD or the booklet? DVD

Why? Better to listen & watch

Age: 67
 How long have you had an amputation? 205
 How long have you had a prosthesis? 4 YEAR

AFTER WATCHING THE DVD:

Please circle the number that matches your level of agreement to the sentence.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1.) I feel confident putting on my prosthesis.	1	2	3	(4)	5
2.) I feel confident taking off my prosthesis.	1	2	3	(4)	5
3.) I feel confident putting on my liner.	1	2	3	(4)	5
4.) I feel confident taking off my liner.	1	2	3	(4)	5
5.) I feel confident walking in my prosthesis.	1	2	3	(4)	5
6.) I can identify when the prosthesis is too tight.	1	2	3	(4)	5
7.) I can identify when the prosthesis is too loose.	1	2	3	(4)	5
8.) I know when to add or remove socks.	1	2	3	(4)	5
9.) I feel confident taking off my prosthesis.	1	2	3	(4)	5
10.) The DVD menu was clear and easy to follow.	1	2	3	(4)	5
11.) The DVD was a valuable resource to have after receiving my prosthesis.	1	2	3	(4)	5

12.) Is there anything on the DVD that was not clear? YES or (NO)

If YES, please explain: _____

13.) Is there anything about your prosthesis that you do not understand and would like to see included in the DVD? YES or (NO)

If YES, please explain: _____

AFTER READING THE BOOKLET:

Please circle the number that matches your level of agreement to the sentence.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1.) I feel confident putting on my prosthesis.	1	2	3	4	5
2.) I feel confident taking off my prosthesis.	1	2	3	4	5
3.) I feel confident putting on my liner.	1	2	3	4	5
4.) I feel confident taking off my liner.	1	2	3	4	5
5.) I feel confident walking in my prosthesis.	1	2	3	4	5
6.) I can identify when the prosthesis is too tight.	1	2	3	4	5
7.) I can identify when the prosthesis is too loose.	1	2	3	4	5
8.) I know when to add or remove socks.	1	2	3	4	5
9.) I feel confident taking off my prosthesis.	1	2	3	4	5
10.) The booklet was a valuable resource to have after receiving my prosthesis.	1	2	3	4	5

11.) Is there anything in the booklet that was not clear? YES or NOIf YES, please explain: _____

_____12.) Is there anything about your prosthesis that you do not understand and would like to see included in the booklet? YES or NOIf YES, please explain: _____

_____13.) Additional comments?: _____

Which one is more useful and helpful, the DVD or the booklet?

Why? you can SEE How to Do

Age: 52

How long have you had an amputation? _____

How long have you had a prosthesis? _____

AFTER WATCHING THE DVD:

Please circle the number that matches your level of agreement to the sentence.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1.) I feel confident putting on my prosthesis.	1	2	3	4	5
2.) I feel confident taking off my prosthesis.	1	2	3	4	5
3.) I feel confident putting on my liner.	1	2	3	4	5
4.) I feel confident taking off my liner.	1	2	3	4	5
5.) I feel confident walking in my prosthesis.	1	2	3	4	5
6.) I can identify when the prosthesis is too tight.	1	2	3	4	5
7.) I can identify when the prosthesis is too loose.	1	2	3	4	5
8.) I know when to add or remove socks.	1	2	3	4	5
9.) I feel confident taking off my prosthesis.	1	2	3	4	5
10.) The DVD menu was clear and easy to follow.	1	2	3	4	5
11.) The DVD was a valuable resource to have after receiving my prosthesis.	1	2	3	4	5

12.) Is there anything on the DVD that was not clear? YES or NO

If YES, please explain: _____

13.) Is there anything about your prosthesis that you do not understand and would like to see included in the DVD? YES or NO

If YES, please explain: _____

AFTER READING THE BOOKLET:

Please circle the number that matches your level of agreement to the sentence.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1.) I feel confident putting on my prosthesis.	1	2	3	4	5
2.) I feel confident taking off my prosthesis.	1	2	3	4	5
3.) I feel confident putting on my liner.	1	2	3	4	5
4.) I feel confident taking off my liner.	1	2	3	4	5
5.) I feel confident walking in my prosthesis.	1	2	3	4	5
6.) I can identify when the prosthesis is too tight.	1	2	3	4	5
7.) I can identify when the prosthesis is too loose.	1	2	3	4	5
8.) I know when to add or remove socks.	1	2	3	4	5
9.) I feel confident taking off my prosthesis.	1	2	3	4	5
10.) The booklet was a valuable resource to have after receiving my prosthesis.	1	2	3	4	5

11.) Is there anything in the booklet that was not clear? YES or NO

If YES, please explain: _____

12.) Is there anything about your prosthesis that you do not understand and would like to see included in the booklet? YES or NO

If YES, please explain: _____

13.) Additional comments?: _____

Which one is more useful and helpful, the DVD or the booklet? DVD

Why? because EXPLAIN EVERYTHING

AFTER READING THE BOOKLET:

Please circle the number that matches your level of agreement to the sentence.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1.) I feel confident putting on my prosthesis.	1	2	3	4	5
2.) I feel confident taking off my prosthesis.	1	2	3	4	5
3.) I feel confident putting on my liner.	1	2	3	4	5
4.) I feel confident taking off my liner.	1	2	3	4	5
5.) I feel confident walking in my prosthesis.	1	2	3	4	5
6.) I can identify when the prosthesis is too tight.	1	2	3	4	5
7.) I can identify when the prosthesis is too loose.	1	2	3	4	5
8.) I know when to add or remove socks.	1	2	3	4	5
9.) I feel confident taking off my prosthesis.	1	2	3	4	5
10.) The booklet was a valuable resource to have after receiving my prosthesis.	1	2	3	4	5

11.) Is there anything in the booklet that was not clear? YES or NO

If YES, please explain: _____

12.) Is there anything about your prosthesis that you do not understand and would like to see included in the booklet? YES or NO

If YES, please explain: _____

13.) Additional comments?: _____

AFTER READING THE BOOKLET:

Please circle the number that matches your level of agreement to the sentence.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1.) I feel confident putting on my prosthesis.	1	2	3	4	5
2.) I feel confident taking off my prosthesis.	1	2	3	4	5
3.) I feel confident putting on my liner.	1	2	3	4	5
4.) I feel confident taking off my liner.	1	2	3	4	5
5.) I feel confident walking in my prosthesis.	1	2	3	4	5
6.) I can identify when the prosthesis is too tight.	1	2	3	4	5
7.) I can identify when the prosthesis is too loose.	1	2	3	4	5
8.) I know when to add or remove socks.	1	2	3	4	5
9.) I feel confident taking off my prosthesis.	1	2	3	4	5
10.) The booklet was a valuable resource to have after receiving my prosthesis.	1	2	3	4	5

11.) Is there anything in the booklet that was not clear? YES or NO

If YES, please explain: _____

12.) Is there anything about your prosthesis that you do not understand and would like to see included in the booklet? YES or NO

If YES, please explain: _____

13.) Additional comments?: _____

Which one is more useful and helpful, the DVD or the booklet? both or Useful

Why? _____

Age: 52
 How long have you had an amputation? 2 years
 How long have you had a prosthesis? 1 year

AFTER WATCHING THE DVD:

Please circle the number that matches your level of agreement to the sentence.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1.) I feel confident putting on my prosthesis.	1	2	3	4	5
2.) I feel confident taking off my prosthesis.	1	2	3	4	5
3.) I feel confident putting on my liner.	1	2	3	4	5
4.) I feel confident taking off my liner.	1	2	3	4	5
5.) I feel confident walking in my prosthesis.	1	2	3	4	5
6.) I can identify when the prosthesis is too tight.	1	2	3	4	5
7.) I can identify when the prosthesis is too loose.	1	2	3	4	5
8.) I know when to add or remove socks.	1	2	3	4	5
9.) I feel confident taking off my prosthesis.	1	2	3	4	5
10.) The DVD menu was clear and easy to follow.	1	2	3	4	5
11.) The DVD was a valuable resource to have after receiving my prosthesis.	1	2	3	4	5

12.) Is there anything on the DVD that was not clear? YES or NO

If YES, please explain:

very good DVD; well illustrated

13.) Is there anything about your prosthesis that you do not understand and would like to see included in the DVD? YES or NO

If YES, please explain:

AFTER READING THE BOOKLET:

Please circle the number that matches your level of agreement to the sentence.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1.) I feel confident putting on my prosthesis.	1	2	3	4	5
2.) I feel confident taking off my prosthesis.	1	2	3	4	5
3.) I feel confident putting on my liner.	1	2	3	4	5
4.) I feel confident taking off my liner.	1	2	3	4	5
5.) I feel confident walking in my prosthesis.	1	2	3	4	5
6.) I can identify when the prosthesis is too tight.	1	2	3	4	5
7.) I can identify when the prosthesis is too loose.	1	2	3	4	5
8.) I know when to add or remove socks.	1	2	3	4	5
9.) I feel confident taking off my prosthesis.	1	2	3	4	5
10.) The booklet was a valuable resource to have after receiving my prosthesis.	1	2	3	4	5

11.) Is there anything in the booklet that was not clear? YES or NO

If YES, please explain:

12.) Is there anything about your prosthesis that you do not understand and would like to see included in the booklet? YES or NO

If YES, please explain:

13.) Additional comments?: good DVP and Book

Which one is more useful and helpful, the DVD or the booklet? _____

Why? _____

DVD, because I can see and
hear instructions

Age: 62
 How long have you had an amputation? 1969
 How long have you had a prosthesis? 1969

AFTER WATCHING THE DVD:

Please circle the number that matches your level of agreement to the sentence.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1.) I feel confident putting on my prosthesis.	1	2	3	4	5
2.) I feel confident taking off my prosthesis.	1	2	3	4	5
3.) I feel confident putting on my liner.	1	2	3	4	5
4.) I feel confident taking off my liner.	1	2	3	4	5
5.) I feel confident walking in my prosthesis.	1	2	3	4	5
6.) I can identify when the prosthesis is too tight.	1	2	3	4	5
7.) I can identify when the prosthesis is too loose.	1	2	3	4	5
8.) I know when to add or remove socks.	1	2	3	4	5
9.) I feel confident taking off my prosthesis.	1	2	3	4	5
10.) The DVD menu was clear and easy to follow.	1	2	3	4	5
11.) The DVD was a valuable resource to have after receiving my prosthesis.	1	2	3	4	5

12.) Is there anything on the DVD that was not clear? YES or NO

If YES, please explain: _____

Very clear

13.) Is there anything about your prosthesis that you do not understand and would like to see included in the DVD? YES or NO

If YES, please explain: _____

AFTER READING THE BOOKLET:

Please circle the number that matches your level of agreement to the sentence.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1.) I feel confident putting on my prosthesis.	1	2	3	4	5
2.) I feel confident taking off my prosthesis.	1	2	3	4	5
3.) I feel confident putting on my liner.	1	2	3	4	5
4.) I feel confident taking off my liner.	1	2	3	4	5
5.) I feel confident walking in my prosthesis.	1	2	3	4	5
6.) I can identify when the prosthesis is too tight.	1	2	3	4	5
7.) I can identify when the prosthesis is too loose.	1	2	3	4	5
8.) I know when to add or remove socks.	1	2	3	4	5
9.) I feel confident taking off my prosthesis.	1	2	3	4	5
10.) The booklet was a valuable resource to have after receiving my prosthesis.	1	2	3	4	5

11.) Is there anything in the booklet that was not clear? YES or **NO**If YES, please explain: _____

_____12.) Is there anything about your prosthesis that you do not understand and would like to see included in the booklet? YES or **NO**If YES, please explain: _____

13.) Additional comments?:

I found the booklet to be very clear and informative a really good guide for amputees.

Which one is more useful and helpful, the DVD or the booklet? _____

Why? _____

Patient

Age: 43
 How long have you had an amputation? 11 mths
 How long have you had a prosthesis? 6 mths

AFTER WATCHING THE DVD:

Please circle the number that matches your level of agreement to the sentence.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1.) I feel confident putting on my prosthesis.	1	2	3	4	(5)
2.) I feel confident taking off my prosthesis.	1	2	3	4	(5)
3.) I feel confident putting on my liner.	1	2	3	(4)	5
4.) I feel confident taking off my liner.	1	2	3	(4)	5
5.) I feel confident walking in my prosthesis.	1	2	3	4	(5)
6.) I can identify when the prosthesis is too tight.	1	2	3	4	(5)
7.) I can identify when the prosthesis is too loose.	1	2	3	4	(5)
8.) I know when to add or remove socks.	1	2	3	4	(5)
9.) I feel confident taking off my prosthesis.	1	2	3	4	(5)
10.) The DVD menu was clear and easy to follow.	1	2	3	(4)	5
11.) The DVD was a valuable resource to have after receiving my prosthesis.	1	2	3	(4)	5

12.) Is there anything on the DVD that was not clear? YES or (NO)

If YES, please explain: _____

13.) Is there anything about your prosthesis that you do not understand and would like to see included in the DVD? YES or (NO)

If YES, please explain: _____

AFTER READING THE BOOKLET:

Please circle the number that matches your level of agreement to the sentence.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1.) I feel confident putting on my prosthesis.	1	2	3	4	5
2.) I feel confident taking off my prosthesis.	1	2	3	4	5
3.) I feel confident putting on my liner.	1	2	3	4	5
4.) I feel confident taking off my liner.	1	2	3	4	5
5.) I feel confident walking in my prosthesis.	1	2	3	4	5
6.) I can identify when the prosthesis is too tight.	1	2	3	4	5
7.) I can identify when the prosthesis is too loose.	1	2	3	4	5
8.) I know when to add or remove socks.	1	2	3	4	5
9.) I feel confident taking off my prosthesis.	1	2	3	4	5
10.) The booklet was a valuable resource to have after receiving my prosthesis.	1	2	3	4	5

11.) Is there anything in the booklet that was not clear? YES or NO

If YES, please explain: _____

12.) Is there anything about your prosthesis that you do not understand and would like to see included in the booklet? YES or NO

If YES, please explain: _____

13.) Additional comments?: I feel the movie + book would be good for anyone getting a prosthesis.

Which one is more useful and helpful, the DVD or the booklet? same

Why? _____

Age: 52
 How long have you had an amputation? 38 - 44 years
 How long have you had a prosthesis? 2 years

AFTER WATCHING THE DVD:

Please circle the number that matches your level of agreement to the sentence.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1.) I feel confident putting on my prosthesis.	1	2	3	(4)	5
2.) I feel confident taking off my prosthesis.	1	2	3	(4)	5
3.) I feel confident putting on my liner.	1	2	3	(4)	5
4.) I feel confident taking off my liner.	1	2	3	(4)	5
5.) I feel confident walking in my prosthesis.	1	2	3	(4)	(5)
6.) I can identify when the prosthesis is too tight.	1	2	3	4	(5)
7.) I can identify when the prosthesis is too loose.	1	2	3	4	(5)
8.) I know when to add or remove socks.	1	2	3	(4)	5
9.) I feel confident taking off my prosthesis.	1	2	3	(4)	5
10.) The DVD menu was clear and easy to follow.	1	2	3	4	(5)
11.) The DVD was a valuable resource to have after receiving my prosthesis.	1	2	3	4	(5)

12.) Is there anything on the DVD that was not clear? YES or (NO)

If YES, please explain: _____

13.) Is there anything about your prosthesis that you do not understand and would like to see included in the DVD? YES or (NO)

If YES, please explain: _____

AFTER READING THE BOOKLET:

Please circle the number that matches your level of agreement to the sentence.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1.) I feel confident putting on my prosthesis.	1	2	3	4	5
2.) I feel confident taking off my prosthesis.	1	2	3	4	5
3.) I feel confident putting on my liner.	1	2	3	4	5
4.) I feel confident taking off my liner.	1	2	3	4	5
5.) I feel confident walking in my prosthesis.	1	2	3	4	5
6.) I can identify when the prosthesis is too tight.	1	2	3	4	5
7.) I can identify when the prosthesis is too loose.	1	2	3	4	5
8.) I know when to add or remove socks.	1	2	3	4	5
9.) I feel confident taking off my prosthesis.	1	2	3	4	5
10.) The booklet was a valuable resource to have after receiving my prosthesis.	1	2	3	4	5

11.) Is there anything in the booklet that was not clear? YES or NO

If YES, please explain: _____

12.) Is there anything about your prosthesis that you do not understand and would like to see included in the booklet? YES or NO

If YES, please explain: _____

13.) Additional comments?: _____

Which one is more useful and helpful, the DVD or the booklet? _____

Why? _____

Age: 58
 How long have you had an amputation? 10 yrs
 How long have you had a prosthesis? 6 yrs

AFTER WATCHING THE DVD:

Please circle the number that matches your level of agreement to the sentence.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1.) I feel confident putting on my prosthesis.	1	2	3	4	(5)
2.) I feel confident taking off my prosthesis.	1	2	3	4	(5)
3.) I feel confident putting on my liner.	1	2	3	4	(5)
4.) I feel confident taking off my liner.	1	2	3	4	(5)
5.) I feel confident walking in my prosthesis.	1	2	3	4	(5)
6.) I can identify when the prosthesis is too tight.	1	2	3	4	(5)
7.) I can identify when the prosthesis is too loose.	1	2	3	4	(5)
8.) I know when to add or remove socks.	1	2	3	4	(5)
9.) I feel confident taking off my prosthesis.	1	2	3	4	(5)
10.) The DVD menu was clear and easy to follow.	1	2	3	4	(5)
11.) The DVD was a valuable resource to have after receiving my prosthesis.	1	2	3	4	(5)

12.) Is there anything on the DVD that was not clear? YES or NO

If YES, please explain: _____

13.) Is there anything about your prosthesis that you do not understand and would like to see included in the DVD? YES or NO

If YES, please explain: _____

AFTER READING THE BOOKLET:

Please circle the number that matches your level of agreement to the sentence.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1.) I feel confident putting on my prosthesis.	1	2	3	4	5
2.) I feel confident taking off my prosthesis.	1	2	3	4	5
3.) I feel confident putting on my liner.	1	2	3	4	5
4.) I feel confident taking off my liner.	1	2	3	4	5
5.) I feel confident walking in my prosthesis.	1	2	3	4	5
6.) I can identify when the prosthesis is too tight.	1	2	3	4	5
7.) I can identify when the prosthesis is too loose.	1	2	3	4	5
8.) I know when to add or remove socks.	1	2	3	4	5
9.) I feel confident taking off my prosthesis.	1	2	3	4	5
10.) The booklet was a valuable resource to have after receiving my prosthesis.	1	2	3	4	5

11.) Is there anything in the booklet that was not clear? YES or NOIf YES, please explain: _____

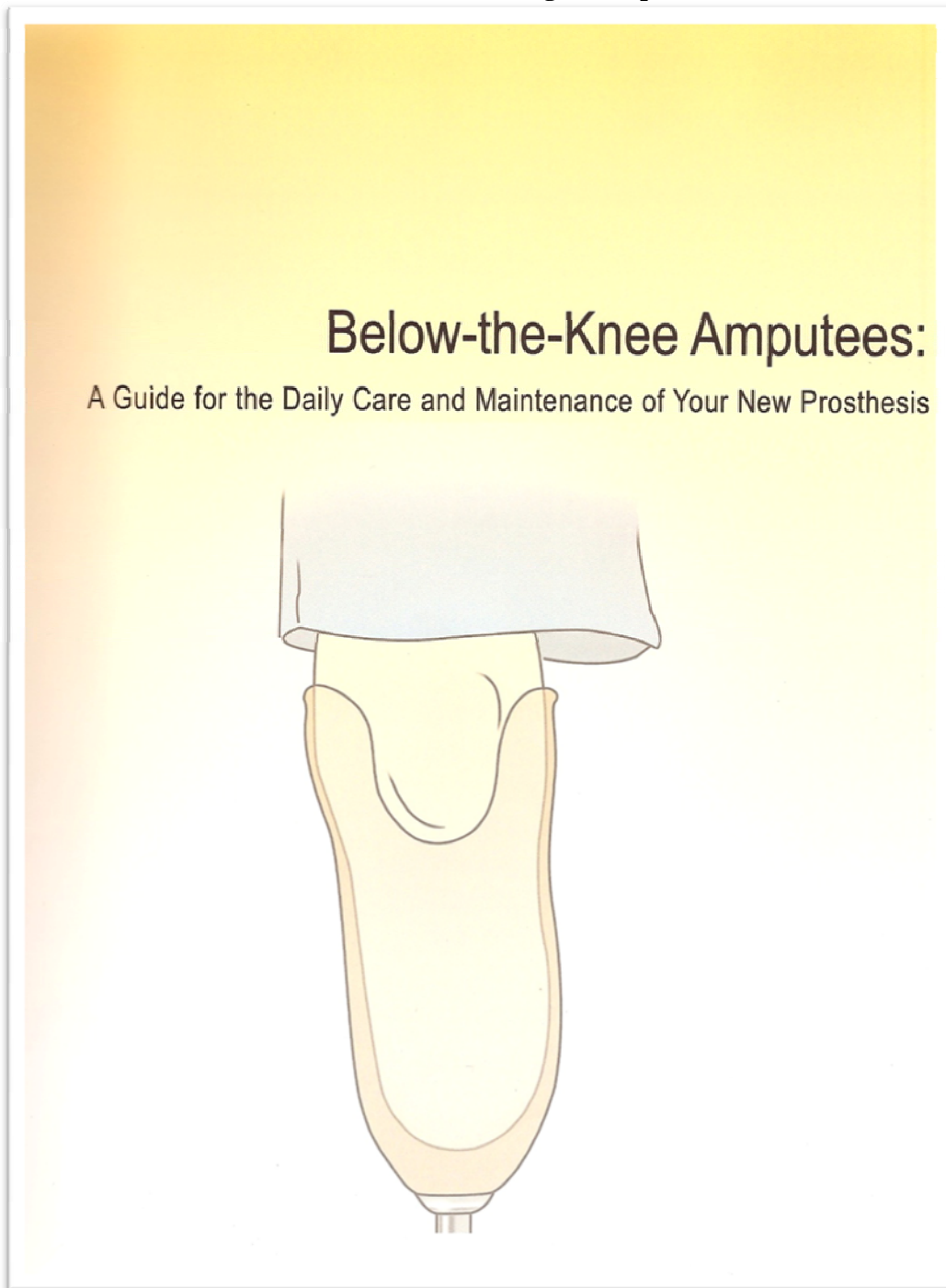
_____12.) Is there anything about your prosthesis that you do not understand and would like to see included in the booklet? YES or NOIf YES, please explain: _____

_____13.) Additional comments?: _____

Which one is more useful and helpful, the DVD or the booklet? _____

Why? _____

APPENDIX O
Booklet first draft design examples



Pin Socket

In The Morning.....	1-9
Before you put prosthesis on.....	1
Putting on liner.....	2-3
Sock plys.....	4
Standing.....	5-6
Fit and comfort.....	6-9
Correct fit.....	7
Add ply.....	8
Subtract ply.....	9
During the Day.....	10-11
In the Evening.....	12-16
Remove prosthesis.....	12
Remove sock ply and liner.....	12
Inspect.....	13
Cleaning.....	14-15
Rotating liners.....	15
Limb shrinkers.....	16
When to See Your Prosthetist.....	17
Skin Issues.....	18-21
Phantom pain.....	18
Sweating.....	19
Sores.....	20
Itching bumps/Irritation.....	21

In the Morning

3 Apply sock ply over liner

Available in 1, 3, and 5 ply (or layers) of thickness.

Begin with _____ plys.

Add or subtract plys to your comfort.



4 Apply prosthesis



Insert limb into prosthesis. Be sure the pin locks into place. You should hear it click a few times.

3 **DO NOT** pull on or stretch the liner



- Roll up liner
- Make sure there are no air bubbles or wrinkles between skin and liner

In the Morning

Pin Socket

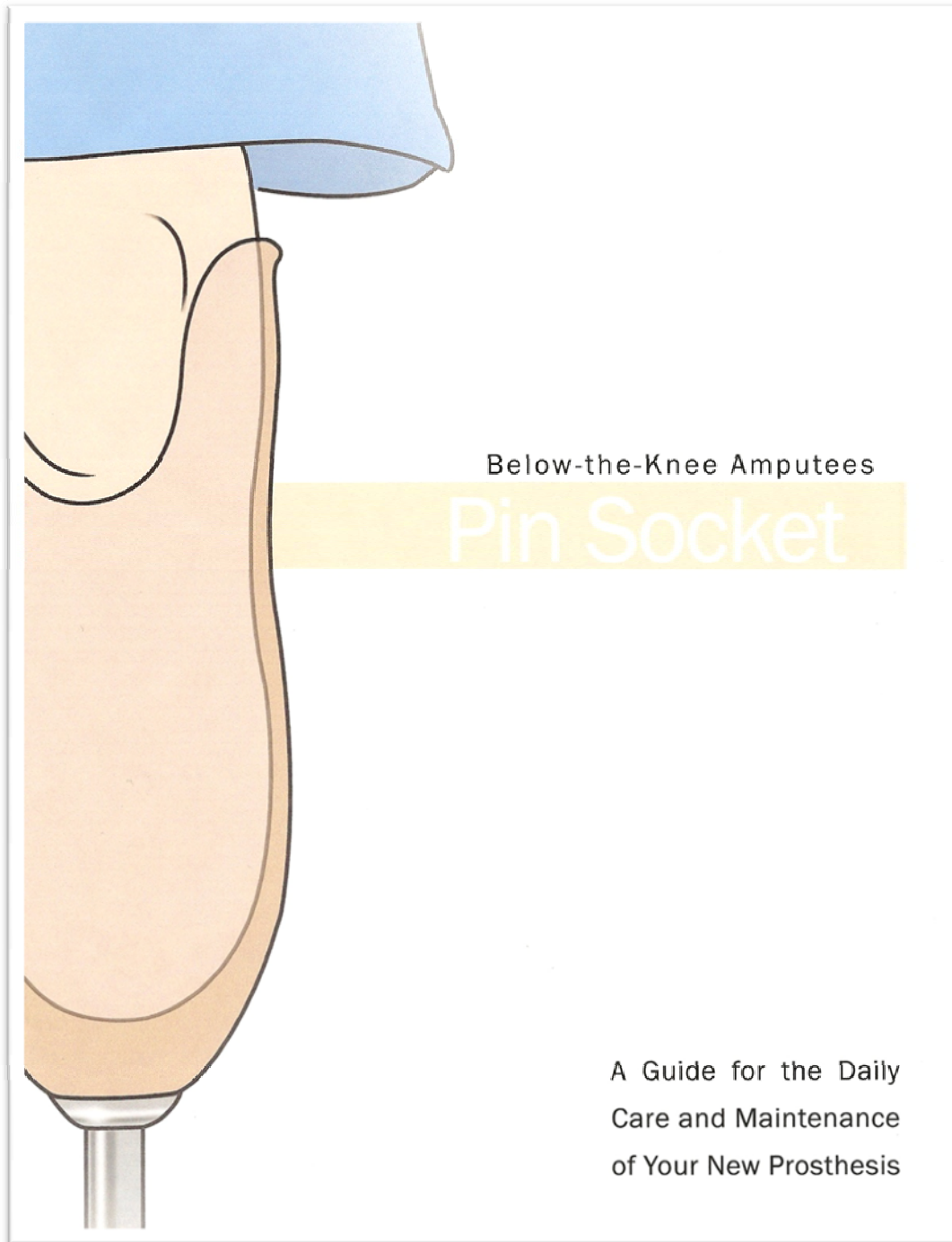
- 1 Make sure pin is
tightened the way
all



- 2 Align the pin to the
center of your limb



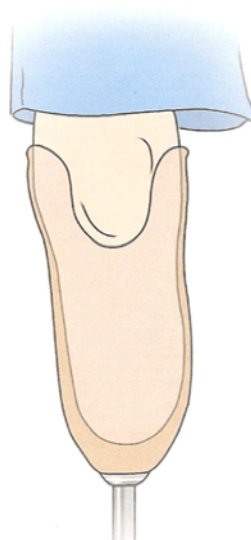
APPENDIX P
New design ideas



A Guide for the Daily
Care and Maintenance
of Your New Prosthesis

Below-the-Knee Amputees

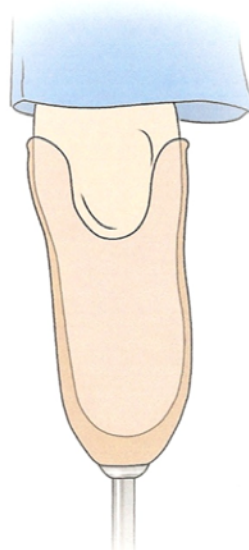
Pin Socket



A Guide for the Daily Care and Maintenance
of Your New Prosthesis

Below-the-Knee Amputees

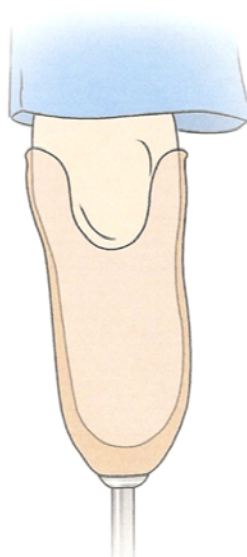
Pin Socket



A Guide for the Daily Care and Maintenance
of Your New Prosthesis

Below-the-Knee Amputees

Pin Socket



A Guide for the Daily Care and Maintenance
of Your New Prosthesis

Below-the-Knee Amputees

Pin Socket

In The Morning	
Before you put prosthesis on	1
Putting on liner	2-3
Sock plys	4
Standing	5-6
Fit and comfort	6-9
Correct fit	7
Add ply	8
Subtract ply	9
During the Day	10-11
In the Evening	
Remove prosthesis	12
Remove sock ply and liner	12
Inspect	13
Cleaning	14-15
Rotating liners	15
Limb shrinkers	16
When to See Your Prosthetist	17
Skin Issues	
Phantom pain	18
Sweating	19
Sores	20
Itching bumps/Irritation	21

IN THE MORNING

- 1 Before putting on prosthesis, check limb for sores and redness.



Use a mirror
to view hard
to see places.

- 2 Make sure pin is tightened all the way.



- 3 Align the pin to the center of your limb.



In the Morning

6 Apply prosthesis



Insert limb into prosthesis. Be sure the pin locks into place. You should hear it click a few times.

7 Steady yourself and stand.

Always hold onto something steady as you stand.



Put your weight onto the prosthesis side and let the pin-lock mechanism click a few more times before walking.

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