

Returning to an active life after amputation

Executive Summary: Paul, a Farm Manager lost his leg above the knee in a work accident. With Unite Professionals help he was back at work on the farm in eight months and even looking to get back to the gym he enjoyed so much before the injury. Managed largely through the NHS, costs were controlled and directed at achieving the best outcomes for the client.

- Back to work one day per week after eight months
- Cost contained due to management of NHS services
- Effective private treatment applied to shorten rehabilitation time needed

The Case Manager: She is caring, considerate and works well with other people and professionals. Experience with amputations meant she could empathise with the client and her caring approach meant she won the support of client and carers at once, leading to a real team effort to help him achieve his goals.

The Specific Challenges:

Expectations: Life after an amputation requires an enormous amount of physical and psychological adjustment.

Work: The client wanted to return to farm work quickly, not only for financial reasons, but social as well.

Treatment led by NHS: Careful management of resources and monitoring of progress would be needed to ensure the best outcomes for the client.

How Unite Professionals Managed The Case:

One of our Case Managers arranged an early Initial Needs Assessment and acted quickly, on a single referral basis for the benefit of the client. She deliberately did not interfere with the NHS pathway but attended reviews with orthopaedic surgeons, plastic surgeons, pain consultants and prosthetic teams to gain a full clinical picture of the plans for ongoing/revision surgery and understand timescales, resource local to the client and prosthetic/socket options under the NHS budget.

Case Manager met with the client's employer to agree sick pay and all benefits were applied for. Income vs expenditure was established early in order that the client's solicitor was able to release additional funding to ensure the client did not go into debt.

The limitations via the NHS were noted and managed, including options of sockets, prosthetic choices/prescription and also the specialist rehabilitation required to fully explore the most suitable/functional options that were available. Considering this, Case Manager advocated the need for an MDT assessment to be provided via a private prosthetic provider to progress rehabilitation back into work, leisure and everyday independence. She also considered:

- Prosthetic options for leisure
- Prosthetic options to accommodate work
- Cosmetic options available for client to consider
- Specialist Physiotherapy and Occupational Therapy treatment to dovetail in with the limb

trials

- Psychological support to accommodate client adjustment and self-image changes
- Options for networking opportunities with other amputees of a similar age and profile
- MDT input and guidance into pain management options to be included within the graded rehab and wearing regime

Our Case Manager liaised closely with the client, his family, friends and work colleagues to fully determine the assessment focus. The NHS assessment and findings were shared (with the consent of the NHS team and client) with the private assessor.

The private assessment provided a number of rehabilitation recommendations and costs along with recommendations for optimum socket fabrication, suggested trial prosthetics and the specialist rehabilitation to support these trials. The Case Manager liaised with all parties to identify the goals and feedback of the trials, whilst managing costs.

She provided the client with a Go-pro camera device to record a daily diary of improvement or challenges experienced within the trial periods, recruited a personal trainer experienced in working with amputees to work with the client to set up an overall conditioning, strengthening and fitness programme. She co-ordinated a mobility centre driving assessment with the trial prosthetic, along with specialist driving lessons to familiarise the client with the adaptations within the car.

Regular conference meetings were organised by the Case Manager between the client, Solicitor and the treating clinicians to ensure that the rehabilitation process and progress was being fully represented and evidenced.

She completed regular updates which were shared with the client's Solicitor in order that funding to continue the proposed rehabilitation was proactive. The claimant Solicitor shared all update and reports and costs for services, equipment and Case Management with the client and family, along with the client's expert witnesses when indicated.

After 8 month's she recruited a vocational OT (with experience of working with amputees) to assess and work with the farm manager to agree and plan a graded work hardening programme in preparation for a phased return to specific work tasks.

The Outcomes:

Paul said: "Losing my leg felt like the end of the world for me. I enjoy farm work, running and going to the gym. I thought that was all over but my Case Manager and the specialists who treated me helped me to realise I was wrong. The treatment was great and her extra attention to what I wanted to achieve, my goals and aspirations, made a big difference. I can't say it was easy, but she was there when I needed her and pushed me to pick myself up and make progress every day. She brought my family and friends into the process too. I am back to work now, albeit limited, but that has really lifted me. She has shown me my world hasn't ended and while there is still a long way to go, I am hopeful now - and thankful to her for making it all happen."

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