Follow-Up Rehabilitation Services

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The patient was admitted to the Rehabilitation Service, Dodd Hall, Ohio State University Hospitals on September 27, 1967. Shortly thereafter the patient was started on the program of physical treatment which consisted of strengthening exercises for the upper extremities and the lower extremity stumps. Ambulation training was carried out using the patient's own temporary devices which consisted of bilateral long-leg braces which had been attached together with a metal band and to which had been affixed wooden bases at the distal end to serve as feet. Using these devices with Lofstrand crutches the patient was able to perform a very satisfactory drag-to gait.

On December 6, 1967 the patient received his bilateral hip disatriculation prosthesis and training was instituted in the use of this prosthesis. From the outset the patient did exceedingly well with his prosthesis and exhibited excellent balance and versatility in the types of ambulation he was able to perform which included drag-to, swing-to and the alternate-four-point gait. He was able to ambulate approximately 150 yards before tiring. The patient's initial tolerance for wearing the prosthesis was approximately one hour but by December 27, 1967 the patient was able to wear the prosthesis approximately six hours continuously and was successful in performing a swing-through gait although he preferred the four-point and drag-to gaits. The patient was able to successfully ascend and descend stairs and ramps and ambulate on uneven surfaces such as grass, gravel and cement. During the periods when the patient was not receiving his gait training he wore his prosthesis while sitting in an amputee-type wheelchair.

During his hospitalization the patient underwent a pre-vocational and vocational evaluation. As part of this evaluation the patient spent considerable time in the Department of Occupational Therapy where he was found to have superior manual manipulative skills and excellent work habits.

These activities were largely performed from the sitting position in the wheelchair wearing his prosthesis. The patient did experience a problem with managing toilet activities while wearing the prosthesis. Attempts to solve these problems were not successful and it was felt it would be necessary for the patient to attempt to regulate his daily toilet activities prior to donning his prosthesis. The patient was able to independently put on and remove his prosthesis. Entrance into the prosthesis was done by placing the prosthesis in a supine position and having the patient slide into the plastic bucket. Removal was accomplished in much the same way although the patient was also able to remove it from the sitting position. The patient was able to wear his prosthesis while driving a hand-control equipped automobile. At the time of discharge the patient was felt to have surpassed expectations in the use of his prosthesis and had tentative plans to return to work. (*Figure 36*)