Pediatric Amputation and Life Care Planning

* Assumes the student has reviewed the overview of amputation PowerPoint

Compiled by
Roger G. Weed, Ph.D., LPC, CRC, CDMS, CLOP, COM, FRICA, FRALCP
Professor and Coordinator, Graduate Rehabilitation Counseling Training, Georgia State University

Pediatric Treatment

- By age 2, child should be included as part of the treatment team
- Find professionals who are amputee experienced
- Team members depend on reason for amputation
  - Typical includes child, parents, MD, prosthetist, occupational therapist, and perhaps psychologist and physical therapist
- Congenitally related amputees do not need to adapt to limb loss
- Traumatic & disease related amputations require psychological and functional adjustment
More child related issues

- Introduce prosthesis at appropriate developmental periods.
  - When the child “needs” the device
  - If very young like congenital, UE when able to sit up and explore environment (one source 3-7, second source 6-9 months)
  - Too young to make good use, but child accommodates to prosthesis
  - For myoelectric, as early as 2 y.o.
  - For LE, when child normally pulls to standing position (~6-9 months)
  - If not using prosthesis by age 4, may not ever use

Other child related issues

- Getting child to wear prosthesis may be a challenge requiring parents to be “hard” on them.
  - Play games to encourage wearing
  - Dress dolls, stuffed animals as amputees
  - Family support (including siblings)
  - Find peer groups
  - Reward compliance behavior (stickers, treats)
- Parents need to be dedicated to helping child cope with using a prosthesis (Expect battles!)
  - E.g., May wear non-functional cosmetic arm or hide leg under clothes
  - But some show off uniqueness with bright colors

http://www.amputee-coalition.org/inmotion/mar_apr_06/congenital_part2.html

Pediatric Social/Emotional Considerations

- Sometimes parents blame themselves
  1. They caused or were involved in the event (like child falling from lawnmower or in MVA)
  2. Even though not involved (disease or congenital) one or both may accept blame at some level
- Parents can expect to be blamed by the child at some point (either for the “problem” or the “unfair treatment”)
- Children at school may make fun of child
- Children tend to find activities they can do or ways of accommodating
- Treatment team may be more involved with treating parents than child
- IQ should be obtained as a gauge to what the child’s potential might be
Pediatric Educational/Vocational Issues

Considerations include
• Functional abilities assessment
• Achievement testing
• Intelligence level
• IDEA
• Accommodation needs (high tech and/or low tech)
• Vocational evaluation(s) – 16 and perhaps upon completion of high school (aptitude, interest, personality, etc.)
• Potential psychological support at developmental levels

Vocational Options

• Vocational counseling
  – Career planning
  – Resume writing
  – Job development
  – Labor market survey
  – Job analysis
  – Placement assistance
• Higher education
• Vocational technical school
• On-the-job training
• Supported employment

Child Related Lower Extremity Replacement Schedules

(per Dr. Claude Lambert, U. of Ill.)

• Children (1 to 5 years old) – once a year
• Children (5 to 12 years old) – every 1 to 2 years
• Children (12 to 21 years old) – every 3 to 4 years
• Make prosthesis a little large for growth
• Important to adjust length as needed for growth spurts
Child Related Upper Extremity Replacement Schedules

- Socket ~2 years/average to ~18 y.o.
- Terminal device ~3 years ~18 y.o.

Complications

- Similar to what one can expect for adults
- Degenerative changes may be more of an issue since it is common to see such changes ~20-30 years post onset of disability
  - If UE loss, typically use teeth for tasks (sometimes mouth sticks)
  - Overuse of remaining extremities
  - Abnormal gait may lead to back pain
  - Unbalanced weight (UE) scoliosis (typically affects appearance more than function)

Resources

- Refer to the previous PowerPoint
Example Case

• See .pdf file titled Amputee pediatric example case