

Assessment and Intervention of Amputation

Assessment

- Clinical Interview
 - History: Medical/Surgical, Mental Health, Substance Use, Social, Educational, Vocational
- Orientation and basic cognitive functioning
 - The Orientation Log (O-Log) and Cog-Log; if impaired, give more comprehensive battery (e.g., RBANS or something similar)
- Acute pain
 - Brief Pain Inventory-Short Form (BPI-SF)
- Mood
 - Depression: Patient Health Questionnaire-2 (PHQ-2); if >3, give PHQ-9
 - Anxiety: Generalized Anxiety Disorder-2 (GAD-2); if >3, give GAD-7
 - Trauma (especially if amputation is associated with a traumatic event): Presence of re-experiencing symptoms, then PCL-5 if (+)
- Health Behaviors
 - Hydration
 - Medication adherence
 - Physical Activity
 - Current substance use
 - Tobacco (smoked and smokeless): Current use, readiness to quit, past experiences with quitting, and signs of dependence
 - Alcohol: NIAAA Alcohol Use Screen; if positive, give the Alcohol Use Disorders Identification Test (AUDIT) or the CAGE questionnaire
 - Illicit or Other substance use, including prescription medication misuse: Current use, readiness to quit, DAST
- Resilience and coping
 - Connor-Davidson Resilience Scale (CD-RISC)
 - Acceptance and Action Questionnaire
 - Self-Efficacy for Managing Chronic Disease Scale

Intervention

- Education and orientation to the healing process and members of their healthcare team and other resources
 - Physiatrists, Rehabilitation Psychologists, OT, PT, Prosthetists and Orthotists
 - The Amputee Coalition
- Depression:
 - Cognitive Behavioral Therapy (CBT), Behavioral Activation (BA), Acceptance and Commitment Therapy (ACT)
- Body Image
 - CBT, Gradual exposure, practicing scripts for people's questions, connecting to peer support
- Health Behaviors

- Tobacco, Alcohol, and Other substance use
- Inpatient: SBIRT, MI, 5-A's, providing education and increasing motivation to seek other support after discharge
- Outpatient: CBT (individual and group), 12-step programs (for alcohol and other illicit substance use), Motivational Interviewing (MI), sometimes paired with pharmacological interventions
- Obesity: Group-based education and exercise programs, individual counseling
- Pain:
 - Nonpharmacological strategies for pain management
 - CBT, hypnosis, mindfulness training, mirror therapy
 - Education about pharmacological management of pain
 - Education about risks of opiates
 - Connection to physiatrist or psychiatrist who can help manage pain with medications [Anticonvulsants (e.g., Gabapentin), NSAIDs, antidepressants]
- Connecting to social support
 - Identifying existing support in their life, both emotional and instrumental
 - Peer support groups offered at local hospitals, meeting other individuals with limb loss in person
 - Helpful in both the perioperative period for those considering limb salvage vs. amputation and in the post-operative period for emotional and instrumental support
 - Online support through the Amputee Coalition's website, <http://www.amputee-coalition.org/>, or on their Facebook page, <https://www.facebook.com/AmputeeUSA/>
- Motivational Interviewing
 - During the perioperative period when individuals are considering revascularization, wound care, limb salvage, and/or amputation and balancing this with quality of life and goals for functioning
 - Quitting smoking, alcohol or other substance use
 - Physical activity
 - Help-seeking, connecting to additional support
 - Management of other health conditions, medication adherence

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