

GAYLORD AMPUTEE MANUAL

AN EDUCATIONAL GUIDE FOR PATIENTS & CAREGIVERS



Table of Contents

Introduction

Section 1: The Rehabilitation Team

Section 2: Timeline

- Recovery..... 5
- Levels of Care..... 5

Section 3: Residual Limb Management

- When to Call the Doctor..... 8
- Phantom Limb Pain..... 8
- Desensitization and Scar Mobilization..... 9
- Bandages and Shrinkers..... 10
- Limb Wrapping..... 11
- Positioning..... 15

Section 4: Skin Care

- Proper Hygiene..... 16

Section 5: Gaylord Specialty Healthcare Services

- Community Re-Entry..... 18
- Orthotics & Prosthetics Clinic..... 18
- Wheelchair Assessment Service..... 18
- Aquatic Therapy..... 19

Section 6: Life After an Amputation

- Self-Advocacy..... 21
- Home Modification..... 21
- Fall Prevention..... 23
- Emergency Preparedness..... 25

Section 7: Beyond Gaylord—Tips for a Successful Life

- Return to Work/School..... 26
- Leisure and Recreational Activities..... 26
- Sports Association..... 27

Section 8: Helpful Resources

- Mental Health & Substance Abuse..... 30
- Employment..... 32
- Financial Assistance..... 33
- Housing..... 37
- Transportation Services..... 37
- Return to Driving Resources..... 40
- Amputee Resources in the Wallingford Area... 41
- National Agencies & Services..... 41
- Other Helpful Resources for New Amputees.... 42
- Support at Gaylord Hospital..... 43
- Support Groups in Connecticut..... 44

Section 9: Accommodations

Section 10: Glossary of Terms

Introduction

An amputation is a major life change and can feel daunting. This manual has been written to give new amputees, and those facing the prospect of losing a limb a guide to understanding this new reality. This manual is not an all-inclusive guide but will hopefully provide you with helpful and useful information as you begin this journey.

Included is information on:

- *The rehabilitation team*
- *Phantom pain and phantom sensation*
- *Tips on keeping your residual limb strong and healthy including positioning, skin care, swelling control and exercise*
- *What to expect when being fitted for your prosthesis*
- *Leisure and recreational opportunities*
- *Helpful resources and websites*
- *Statistics in regards to amputations*

We are thankful that you have chosen Gaylord Specialty Healthcare to be a part of your care team. Our mission is to enhance health, maximize function, and transform lives and we hope that this guide is a useful tool in fulfilling this mission and in helping you meet your goals.



 Gaylord Specialty Healthcare

www.gaylord.org

SECTION 1

The Rehabilitation Team

YOU

The rehabilitation team is centered on you and your future goals. As the most important part of the rehabilitation team, you are collaborating with the other team members in order to learn, understand and make progress. It is important that the team has your input on all areas of your treatment plan in order to best help you rehabilitate after an amputation.

Physician

The physician is the team leader. This professional may be a specialist in Physical Medicine and Rehabilitation (Physiatry) or Internal Medicine. Since patients have survived a very severe and, in many cases, life threatening illness or injury, continued management of medical complications beyond the acute care hospital is essential. Without medical stability, the patient's full participation in a rehabilitation program would be impossible. The physician will assess many aspects of the ongoing health care needs of the patient. Both pre-existing and new medical problems will be evaluated, monitored, and managed. The medical team may also include a physician's assistant (PA) or a nurse practitioner (APRN), both of whom play key roles in managing the patient's ongoing health care needs.



Nursing



The nurses and nursing assistants will be the individuals providing you with direct care. They will assist you in medications, wound management, and other nursing care specific to your needs. Your nurse will also be instrumental in educating you and your family.

Care Manager

Your care manager will help coordinate the entire rehabilitation process. They are your liaison between your medical team, your insurance provider and community resources. Your care manager will discuss all matters related to your stay at Gaylord and will help you and your family coordinate and prepare for discharge.



Physical Therapist (PT)

Your PT will help you focus on achieving the highest level of independence with your mobility. They will help you develop strength, endurance, balance and coordination. You will focus on bed mobility, transfers, wheelchair mobility and, if appropriate, walking. Your PT will help you prepare you for using a prosthesis

if, that is one of your goals and provide education on pre and post prosthetic training

Occupational Therapist (OT)

Your OT will help you regain independence in activities of daily living. They will help you learn the safest and most efficient ways to dress, groom, bathe and perform hygiene tasks. They will work with you on transfers in the bathroom and home management skills. They will incorporate strengthening and endurance activities as well as balance, thinking and vision. Your OT will also help you assess if any special equipment may make any of the above activities easier or safer for you.



Recreational Therapists (RT/TR)

Your recreational therapist will help you return to your previous hobbies and introduce you to new potential interests. They will help you increase independence and self-reliance and to manage stress. Gaylord Specialty Healthcare has a large Adaptive Sports program that your recreational therapist will introduce you to if you are interested.

Prosthetist

Your prosthetist will measure, create and modify your prosthesis when your body is ready. They will advise you and collaborate with your therapy team on what components will be best to fit you and your goals.

Dietician

The dietician will consult with individuals who have diabetes or those who require nutritional information. Appropriate nutrition will not only promote healing, but can help contribute to managing any comorbidities to reduce the risk of further complications.

Wound Care Specialist

A healthy and healing wound is one of the most important parts of your recovery. Your medical team may ask a wound care specialist to consult on how your amputation is healing. The wound care team at Gaylord consists of physicians and/or advanced practitioners of nursing who specialize in wound management.

Psychologist

A psychologist will help you deal with any emotional stress or anxiety that follows an amputation. They will help you transition into your new lifestyle.

Chaplaincy Services

Chaplains serve to enhance health, maximize function and transform lives by helping patients, family members and staff draw upon their own religiosity and spirituality as potential sources of healing and comfort. We support patients, family members and staff of all faith backgrounds.

Timeline

Recovery

The most common question asked is, “*When will I get better?*” And, the most common or best answer is “*I don’t know.*” There is no objective measure that can ensure how long recovery will take. The time provided below is a general guideline for the sequence of events following an amputation. This timeline is subject to change depending on patient’s prior level of function, co-morbidities, motivation, and healing time.

“*Am I ever going to be “100 percent” following my amputation?*” The universal answer in most instances is no. 100% is typically not reported from patients following an amputation but it is possible to establish a “new normal” for an amputee. This means potentially getting back to work, driving, or recreational activities with new modifications.

Family Members Role in the Hospital Setting

For many family members, the initial hospital experience is frightening and confusing. One minute they are leading their lives when suddenly they are told to come to the hospital. The worst thoughts go through their heads and they most often are very afraid or confused. There are so many people going in and out of the room, and everyone seems to speak in “another” language. For example, people don’t have a bruise; they have a “hematoma”--which is exactly the same thing as a bruise. For family members, getting questions clearly answered is not so easy. First, it is important for family members to educate themselves. Read about amputations. The internet is a resource but be careful about the source of the information. Don’t believe everything you read! Please refer to the helpful resource section for additional information.

Different Levels of Care for Amputees

Individuals with an amputation will be cared for by many people throughout the healthcare system. Recovery often follows a progression that is defined by the term “**continuum of care.**” This means that a person with a amputation may transition from an acute care hospital through progressively less medically intense levels of care. The first step in the continuum is the acute care hospital. Patients are stabilized, medications are initiated, or their effect is maximized. Secondary complications from the amputations and other medical problems are minimized.

Once someone is discharged from the acute care hospital, they go to the next level that is most appropriate for them.

That could be anywhere along the continuum of care based on each individual's needs, from home with outpatient therapy to a **long term acute care hospital (LTACH)**.

Most amputees discharge from acute care to a LTACH or an inpatient rehabilitation facility (IRF). An LTACH is an option for an individual with an amputation who has specific, complex medical needs. Gaylord is an LTACH. We are able to care for individuals with amputations who also have medically complex problems and provide therapies that are equal to their needs (30 minutes to over 3 hours of therapy per day). The goal is to maximize function and health. The average length of stay at a LTACH level of care is 3 to 4 weeks based on each individual. An IRF is appropriate for a more medically stable population, for a shorter length of stay (14 days) and has strict rules on the amount of therapy (3 hours for everyone, despite their functional status).

Another option along the continuum is a sub-acute facility or a **skilled nursing facility (SNF)**. These are institutions where people with an amputation go if they have needs that cannot be met at home-due to medical or physical needs. They do not require the complex medical care of a hospital but are not yet able to be home. These individuals may need to progress at a slower rate and are able to maximize their recovery prior to discharge. The typical length of stay is between 4 to 8 weeks. People can also transfer to an extended care facility as well, if home is not an option for discharge.

Following a stay at any facility, individuals with an amputation can discharge home with **home care** (including skilled nursing visits, physical therapy, occupational therapy, and speech therapy as appropriate). Others may go directly to outpatient therapy. Gaylord also has a large outpatient therapy department for persons with an amputation on the Wallingford campus.

Outpatient Medical Services:

The Outpatient Medical Services Department at Gaylord Hospital provides medical evaluations and follow-up. The Outpatient Medical Services Department is staffed with physiatrists who are skilled in the treatment of individuals with amputation. In addition, wheelchair accessible GYN services and urology consultations are offered at Gaylord.

Outpatient Therapy Services:

Outpatient therapy services are typically provided to you when you are living in your home environment and can attend therapy outside of your home.

The Outpatient Therapy Department at Gaylord Hospital provides physical therapy, occupational therapy and speech therapy services. Gaylord's Outpatient Therapy Department is staffed with therapists who are skilled in amputation.

Outpatient Psychology Services:

The Psychology Department offers short-term, evidence-based, cognitive-behavioral counseling services with a focus on helping people adjust to catastrophic injury (TBI, stroke, spinal cord injury, amputation) and related issues including substance abuse, PTSD, chronic pain, and general mental health concerns.

Additional Services:

Nutrition consultations are also performed in Gaylord Outpatient Services.

(203) 284-2888, Appointments, option 1

SECTION 3

Residual Limb Management

When To Call the Doctor

You should contact your doctor if you experience any of the following signs or symptoms:

- Skin separation along the surgical scar
- If your residual limb or an area on your limb becomes swollen, red or hot
- A rash with drainage
- Green or yellow pus
- Unusual soreness or pain
- Blisters on your residual limb
- Blisters, scratches, color changes, corns, calluses, or ingrown toenails on your other foot
- If you note anything of concern do not hesitate to call your doctor. It is better to be safe.

Phantom Limb Pain

“Phantom Limb Sensation”- After an amputation many people feel that the missing limb is still there.

“Phantom Limb Pain”- Sometimes people feel as if the missing limb hurts. Residual limb wrapping and/or a prosthesis will help to relieve the discomfort you might feel.

If your residual limb is very sensitive you can decrease sensitivity by gently tapping or rubbing the sensitive area with your fingertips. These techniques are adapted from the Amputee Coalition and will help you manage your phantom sensations and prepare your limb for use of a prosthesis.

Massage

1. Using one or two hands, massage your residual limb using a soft gentle kneading motion. Be especially cautious when massaging over your sutured area.
2. Massage the entire residual limb.
3. Over time and once your sutures are removed, you can increase the pressure to massage the deeper tissues in your residual limb.
4. Massage can be done for at least 5 minutes 3-4 times daily. It can be done more often if you feel it is helping your pain.



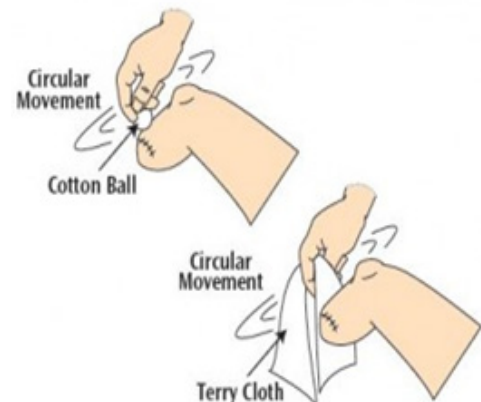
Tapping

1. Tap your residual limb with your fingertips, being careful not to tap with your fingernails. Gentle tapping over the suture line is generally allowed even before your sutures are removed.
2. Over time and once your sutures are removed, you can increase to a slapping motion using one or two hands.
3. Tapping should be done for 1-2 minutes 3-4 times daily. It can be done more often if it is found to be helpful in reducing phantom pain.



Desensitization

1. This technique is done directly on your skin. It should be done for 2-3 minutes twice daily.
2. Start with a cotton ball. Gently rub the skin of your residual limb in a circular motion.



Scar Mobilization

This technique helps keep skin and scar tissue on your residual limb loose. Scar adherence to underlying tissue can be a source of pain or could cause blisters when using your prosthesis. This technique is best performed directly on skin.

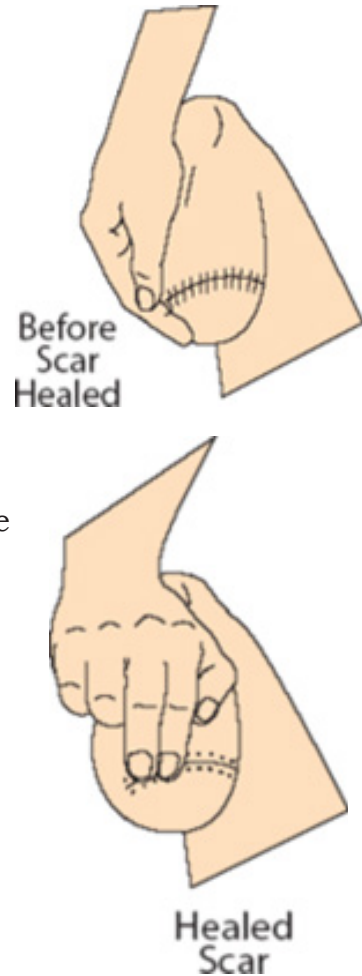
1. Place two fingers over a bony portion of your residual limb.
2. Press firmly and, without moving your fingertips, move your fingers in a circular fashion across the bone for about 1 minute. Continue this procedure on all of the skin around the bone of your residual limb.
3. Once your incision is healed, 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.

There are additional techniques such as mirror therapy or medications that may help with your phantom pain. Be sure to discuss phantom pain with your therapists and your doctor.

Bandages and Shrinkers

Immediately after surgery, dressings and elastic bandages are often used on amputations. Sometimes solid rigid devices are put on below-knee amputations to keep swelling down, protect the residual limb, and keep the knee straight.

Elastic bandages are used to wrap and support the residual limb, decrease swelling and help shape your limb. After a few weeks your doctor may order a shrinker instead of bandages. It is important to **keep your residual limb elevated** as much as possible while you still have swelling.



Care of Bandages and Shrinkers

- Use a clean, dry bandage or shrinker.
- Use a clean shrinker or bandage every day.
- Wash bandages and shrinkers by hand with a mild soap. You may also use the short “delicate fabric” cycle of the washing machine.
- Squeeze the extra water out. Do not wring them out or stretch them while they are wet.
- Dry bandages and shrinkers flat. Do not put them in the dryer or dry them over direct heat or in direct sunlight.

When You Should Wear Your Bandage or Shrinker

Your doctor will recommend when and how often to use an elastic bandage or shrinker however generally they are worn all day and removed only for bathing and for care of the residual limb. Rewrap your residual limb with elastic bandages every 4 hours at first and then every 6 hours after most of the swelling is gone. If the bandage comes loose, wrap it more often.

Continue to use the bandage or shrinker until your doctor or prosthetist tells you to stop.

Residual Limb Wrapping

Your nurse or doctor will bandage your residual limb the first few days after surgery. Later, you will learn to wrap your own residual limb. Your physical therapist will teach you.

Reasons to Wrap Your Residual Limb

- To prevent or reduce swelling
- To improve blood flow
- To keep the residual limb more comfortable by supporting it
- To shrink and shape the residual limb.
- For above knee amputations: to prevent roll of skin from forming near the groin.

Wrapping Your Residual Limb

Shrinker: Put on your shrinker smoothly, without wrinkles.

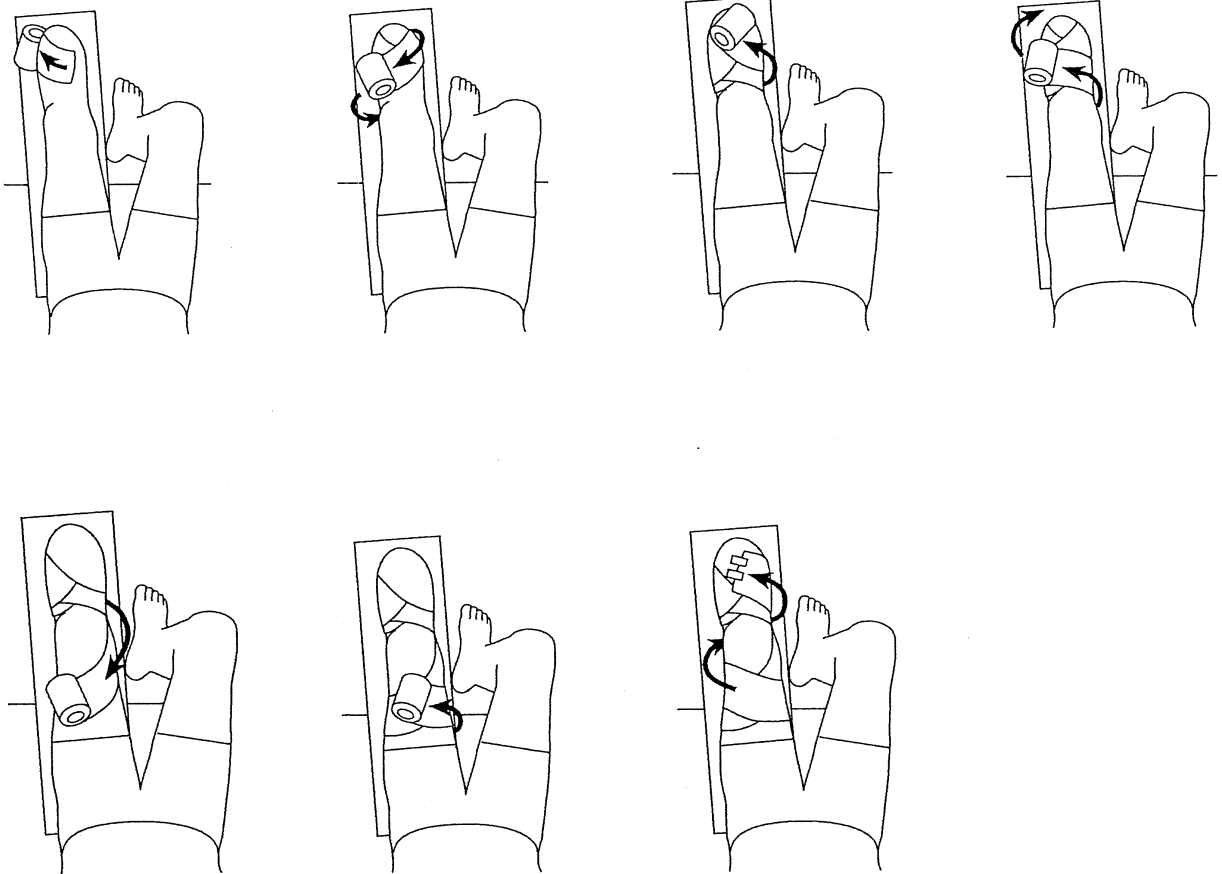
Elastic Bandages: Your therapist will determine the size of the bandage however generally 2 rolls of either 4" or 6" bandages are used. The bandages are taped together. Tape is also used to secure the bandage after wrapping is complete. Never use metal clips to secure the wrapping as this could cut your skin. See below for description and pictures of the wrapping technique.

HINTS:

- The bandage should be rolled up before you begin to wrap your residual limb.
- Keep the bandage smooth and without wrinkles as you unroll it.
- All turns of the wrap should be on the diagonal. Never wrap all the way around the residual limb in a circle, as this cuts off blood flow.
- Do not wrap all the way around the end of the residual limb in one turn. This puts creases in the scar.
- Pressure from the wrap should be greater at the bottom of the residual limb than at the top of the residual limb.
- Make sure that all areas are covered, especially at the bottom of your residual limb. It is easy to miss spots on the bottom. Keep the bandage free of wrinkles or creases.
- There should be three layers of bandage at the end of the residual limb when it is wrapped. The wrapping should be tight enough to support, but not bind the residual limb.

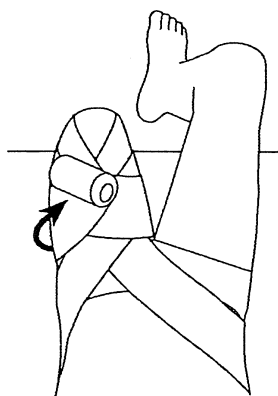
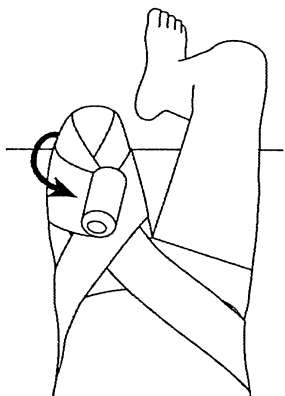
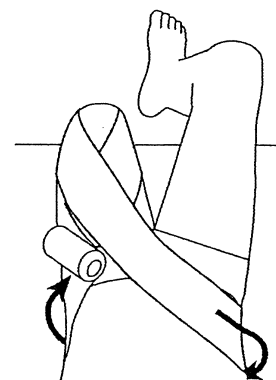
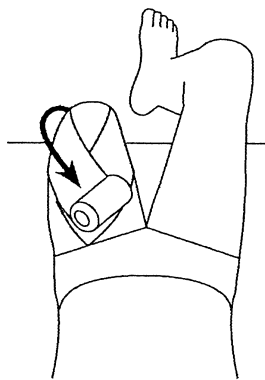
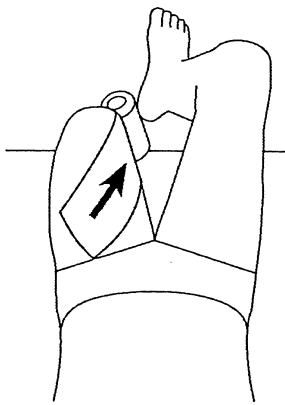
Below the Knee Amputations

1. Hold the bandage facing up towards you as shown.
2. Unroll the bandage diagonally and go behind the limb.
3. Wrap the leg in with a figure of 8 pattern until ALL of the skin is covered.
4. To keep the bandage from slipping, bring the last turns above the knee, and then secure the end with tape. DO NOT use pins or clips!



Above the Knee Amputations

1. Begin with the bandage facing up towards you.
2. Roll the bandage diagonally toward the inside of your leg, then cross over the back and bring the bandage up and around.
3. Bring the bandage up towards your waist and then wrap it around the waist in the back.
4. Bring the bandage back to the leg and continue to wrap with a figure of 8 pattern.
5. Continue this pattern until ALL of the skin is covered, then secure with tape. DO NOT use pins or clips.



Positioning

Why is positioning important?

If a joint stays in the same position for a long time, it may become stiff and movement may be permanently lost.

1. Lying on Your Stomach

- Begin as soon as you can, usually about 2 days after surgery.
- Lie on a firm surface.
- Keep your hips flat.
- Keep your legs close together.
- Place a towel roll under the ankle of your other leg to keep the toes off the floor or bed.
- Increase the time spent on your stomach until you can lay there for 30 minutes, 2 times per day.
- NOTE: If you cannot lie on your stomach, lie flat on your back.



2. Lying on Your Back

- Lie on a firm surface.
- **Do Not** put pillows under your residual limb or back.
- Keep the residual limb flat on the bed.
- Keep your legs close together.
- Keep your knee facing toward the ceiling.



3. Sitting

- Sit on a firm surface.
- Sit up straight with equal weight on both hips. Do not lean to either side.
- Keep your legs together.

If you have a below knee amputation it is very important to keep your knee straight while sitting. If you need to, prop your residual limb up on a stool or chair. Do not use pillows to prop the leg



SECTION 4

Skin Care

Proper Hygiene

It is important to learn how to take care of your skin in order to keep your skin and residual limb healthy and free of infection.

After surgery, nurses or doctors will change your bandages. Before leaving the hospital you will start your own skin care. ***Before your stitches are removed and the residual limb is completely healed, follow the instructions of your surgeon.***

Follow the instructions below once your stitches are removed and your incision is healed unless otherwise instructed by your doctor:

- Wash your residual limb every evening with a mild, unscented soap and lukewarm water.
- Rinse very well with clean, lukewarm water. Be sure to wash off all the soap as it can irritate your skin.
- Do Not Soak your residual limb. This will soften your skin and cause swelling. You may take a lukewarm tub bath for about 10 minutes.
- Dry skin gently and completely. DO NOT rub as this might irritate your skin. Make sure your skin is totally dry before putting on your bandage or shrinker.
- Do Not Shave your residual limb. This will irritate the skin.
- Do Not Apply Lotions, Moisturizers, Creams or Deodorant. This will soften your skin and may cause your skin to breakdown.
- Do Not Use Alcohol on your residual limb. Alcohol will dry your skin and cause irritation.
- Do Not Use Band-Aids on your residual limb. They may pull the skin off and cause infection.

- Examine your residual limb daily. A hand mirror is helpful for viewing the bottom of your limb. If you cannot see well, ask someone else to check your residual limb for you.
- Call your primary doctor right away if you notice any skin changes such as blisters, redness, soreness, swelling, pain, or drainage. If no appointments can be made immediately and you think you may have an infection, go to the emergency room.

Take Care of Your Sound Limb

- Keep your limb clean.
- Keep your limb dry. Dry carefully between toes.
- Inspect all areas of your feet daily. Check for blisters, scratches, color changes, corns, calluses, and ingrown toenails. Call your doctor, do not try to care for these conditions on your own. If you have difficulty inspecting your feet on your own a mirror can be helpful. Ask someone for assistance for areas you are unable to see.
- Ask your primary doctor to refer you to podiatry for toenail care and clipping.
- Change socks or stockings every day.
- Wear a good fitting shoe.
- Check inside your shoe for objects before putting it on.
- Do not walk barefoot.

SECTION 5

Gaylord Specialty Healthcare Services

Community Re-Entry:

Community Re-Entry is a group session provided at Gaylord Hospital. Patients participating in community re-entry are able to participate in planning and completing a trip to a community location (restaurant, museum, grocery store, etc.) with therapy staff and peers. The purpose of community re-entry is to provide an opportunity for exposure to community barriers, increase knowledge of leisure resources in the community, increase skill building through on-site therapy intervention, provide opportunity for social interaction and increase physical and/or cognitive functioning.

Orthotics and Prosthetics Clinic:

If you have bracing or splinting needs, Gaylord's Orthotics and Prosthetics Clinic can help. Gaylord's weekly brace clinic offers appointments with a team of a Gaylord physiatrist (a board certified physician of Physical Medicine and Rehabilitation), a physical therapist and an orthotic vendor. Each member of this team is experienced in assessing and fitting braces and splints to restore and promote function, increase range of motion, provide proper positioning, improve transfers, standing and walking. Our expert staff partners with cutting edge vendors who collaborate on the latest technology options.

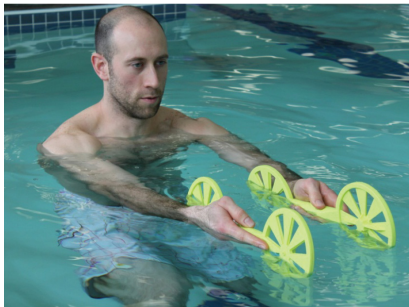
Whether you experienced an amputation a few months ago, or many years ago, having a team of experts evaluate your present bracing and splinting needs is important. Uncompensated gait patterns may lead to changes in function which may cause orthopedic or neuromuscular problems. Painful and stiff hands can impede function. Whether you need an assessment of your current brace or splint, or are interested in new technology, we can help you.

Wheelchair Assessment Service:

An optimally prescribed wheelchair and seating system can help a wheelchair user achieve independence and wellness. Gaylord's Wheelchair Assessment Service (WAS) evaluates clients for mobility devices, including manual wheelchairs, scooters, power wheelchairs, as well as custom seat cushions and back supports.



A WAS appointment consists of a comprehensive evaluation by a physical therapist who is a certified Assistive Technology Professional (ATP) with advanced training in seating and positioning. Rehab Technology Suppliers are present at evaluations to assist in equipment selection and to provide the equipment to a wheelchair user. A comprehensive evaluation is completed to address your seating and mobility system needs. Extensive equipment simulation is performed to assist you in equipment selection. Gaylord WAS clinicians work closely with equipment manufacturers to ensure that a wide variety of state-of-the-art equipment options are available for trial. Additional services include pressure mapping assessments, standing frame evaluations, custom molded seat cushion and back support fabrication.



Aquatic Therapy Program

Aquatic therapy, therapeutic exercise in warm water, provides a soothing, efficient method for achieving movement. Therapy in water offers a cushioning environment for those with various stroke related issues, since the physical properties of water diminish the effects of gravity. Gaylord's Aquatic therapy program provides treatment by registered physical and occupational therapists with advanced training in aquatic therapy techniques. The ability to swim is not necessary to participate. Aquatic therapy can offer many benefits, including increased ability to stand and walk in the water, greater flexibility, balance and strength building, pain reduction and relaxation.

Gaylord's pool is maintained at a therapeutic temperature of 90 degrees. The state-of-the-art 75- by 25- foot therapeutic pool is specially designed for people with disabilities. The unique pool is equipped with various ways to enter the water such as stairs, a hydraulic lift, and a ceiling lift to accommodate bariatric patients.



Gaylord also offers Aquacize, a community aquatic exercise program for independent use of the pool during designated hours.

The following conditions would prohibit participation in Aquatic Therapy:

- **Open wounds**
- **Bowel incontinence**
- **Bladder incontinence**
- **Urinary Tract Infection in initial stages**
- **Uncontrolled seizures**
- **Isolation precautions**
- **Skin infections**
- **Fever**
- **Tracheostomy**

If you are interested in Aquatic Therapy, discuss if it is an appropriate exercise method with your physician and therapist.

SECTION 6

Life After an Amputation

Self-Advocacy

When advocating for yourself or loved one remember the following:

- Communication is key! Open, honest communication with all members of your medical team is essential to ensure good outcomes and quality care.
- Don't be afraid to ask questions! Ask clarifying and follow up questions as needed when dealing with your medical team to ensure you and your family understand your care.
- Have family members be present when your medical team is discussing outcomes, discharge planning, medications etc. It is easy to become overwhelmed with medical information so having an extra "set of ears" is helpful to ensure understanding.
- Get a second opinion! It is important to feel confident with your medical teams decisions. If you don't agree or are unsure about a decision, it is always okay to ask another medical professional their opinion so you or your family can make an education decision about your care.

Home Safety and Modifications

If a loved one is being discharged to home, there may be many home modifications, adaptations, and recommendations that can be made to the home to increase safe and independent functioning. A therapist can make many suggestions to the family after asking several questions and/or seeing pictures of the house set up. An OT or PT can answer any specific questions one may have about the home.

General Considerations

- Type of home: one-family, two-family, apartment, condo, etc.
- Number of entrances
- Steps to enter/steps within the home, need for ramp
- Presence of railings
- Door sills
- Width of entrances

- Identification of obstructions of pathways
- Carpeting
- Electrical cords
- Accessibility of light switches, telephones
- Presence of working smoke detectors
- Presence of space heaters or wood burning equipment
- Presence of an emergency call system/exit plan
- Presence of pets

Common Recommendations

- o Ensure adequate lighting
- o Use contrasting colors
- o Simplify environment, reduce clutter
- o Arrange furniture for easy maneuvering
- o Firmly attach carpet
- o Securely fasten handrails on both sides of stairs
- o Provide light switches at top and bottom
- o Install non-skid surface
- o Fix cracked pavement or steps
- o Install outside hand rail
- o Encourage use of rubber-soled or low heeled shoes

Considerations Specific to Room:

Bedroom

- Size and height of bed/top of mattress
- Position of bed (free standing vs. against a wall)
- Side of bed person will enter/exit bed from
- Accessibility of clothes and dresser drawers
- Sufficient space for bedside commode if needed

Common Recommendations

- o Install night lights, or light switch within reach of bed
- o Place telephone within reach of bed
- o Raise or lower bed height as needed
- o Arrange furniture for easy maneuvering

Bathroom

- Number of bathrooms in the home: location and accessibility
- Width of bathroom doorway
- Height of toilet and tub
- Type of bathing person performs (shower, bath, sponge bath, etc.)
- Type of shower (shower stall, tub/shower, glass door/curtain closure)
- Presence of grab bars
- Location of soap dish
- Presence of hand held shower
- Presence of anti-scald valves and/or faucets

Common Recommendations

- o Install grab bars where needed
- o Provide non-skid mats and night lights
- o Use elevated toilet seat

Kitchen

- Locations of frequently used meal prep devices such as microwave, oven, stove, etc.
- Presence of countertop area between stove, sink, and refrigerator
- Accessibility of food, pots, pans, dishes, and preparation materials
- Presence of charged fire extinguisher
- Presence of anti-scald valves and/or faucets

Fall Prevention

Four Things to Prevent Falls

1. Begin a regular exercise program.

- Exercise is one of the most important ways to lower the chances of falling. It makes one stronger and helps to make one feel better. Exercises that improve balance and coordination like Tai Chi are the most helpful.
- Lack of exercise leads to weakness and increases the chances of falling.
- Ask the doctor or therapist about specific exercises.

2. Have a health care provider review medicines.

- Have one's doctor or pharmacist review all the medicines one takes, including over-the-counter medicines. As one gets older, the way medicines work in the body can change. Some medicines, or combinations of medicines, can make one sleepy or dizzy and can cause falls.

3. Have vision checked.

- Have the eyes checked by an eye doctor at least once a year. One may be wearing the wrong glasses or have a condition like glaucoma or cataracts that limits vision. Poor vision can increase chances of falling.

4. Make the home safer.

About half of all falls happen at home. To make the home safer:

- Remove items that one can trip over (like papers, books, clothes, and shoes) from stairs and places where one walks.
- Remove small throw rugs or use double-sided tape to keep the rugs from slipping.
- Keep items that are often used in cabinets one can reach easily without using a step stool.
- Have grab bars put in next to the toilet and in the tub or shower.
- Use non-slip mats in the bathtub and on shower floors.
- Improve the lighting in the home. As one gets older, one needs brighter lights to see well. Hang light-weight curtains or shades to reduce glare.
- Have handrails and lights put in on all staircases.
- Wear shoes both inside and outside the house. Avoid going barefoot or wearing slippers.
- Paint a contrasting color on the top edge of all steps so one can see the stairs better. For example, using light colored paint on dark wood stairs will increase the visibility of steps and decrease chances of falling.

Emergency Preparedness



It is key to have a plan before an emergency takes place. There are many agencies that can help you in making your plans. The Ready.gov website has videos, plans, supply kit checklists, and helpful tips.

FEMA and the American Red Cross has many other ideas to help you. For more information, see the resource section below.

When making your plan, think about the needs of the people in your home. Create a contact list to be shared with other family members, caregivers, and neighbors. You will also need contact information for important offices and people such as doctors, hospital, utility company, pharmacy, etc. Letting first responders know there is a person with disabilities in the house may be helpful in an emergency. Make an emergency kit with:

- all contact information
- an up to date medication list
- any backup medical devices or assistive technology needs

Practice your plan with your family and friends. Just like fire drills, emergency drills are the best way to see if all your needs will be met before it counts. If possible, store any emergency supplies:

- over-the-counter medications
- insulin
- catheters
- bottled water
- non-perishable food
- flashlights, radio, batteries

If an emergency evacuation takes place, you will be able to provide first responders your information, needs, and where you hope to stay. If you or someone in your home has a wheelchair, it's important to know the size and weight of it in case it needs to be transported. You might want a collapsible transport wheelchair for backup. If oxygen is needed, back up tanks and portable concentrators also need to be planned for.

Protecting yourself and your family in an emergency takes planning. By having contact lists, your emergency kit, and a plan can make it much less scary. Know how to get the help you need. Be sure to practice and be prepared.

SECTION 7

Beyond Gaylord—Tips for a Successful Life

Returning to Work and School



Consideration for an individual with an amputation to return to school or work occurs towards the end of treatment. Certain steps must be followed to ensure a successful transition back to school or work. This includes testing, adequate communication between the medical team and the school or work setting, and arrangement for special

accommodations. Becoming connected with resources in the community or national organizations can also be helpful with this process.

Leisure and Recreational Activities

Recreation can reduce the chance of secondary diagnoses, such as depression. Participating in recreation regularly can improve self-esteem, promote relaxation and stress reduction, increase physical fitness and function, expand social interaction, enrich quality of life, increase knowledge and skills, and decrease the chances of being readmitted to a hospital. Some examples of recreational activities include:

- Arts and crafts
- Baking
- Bird watching
- Collecting
- Cooking
- Crossword puzzles
- Exercising
- Games
- Gardening
- Jigsaw puzzles
- Movies
- Music (listening to or playing)

- Reading
- Socializing
- Sports
- Sudoku
- Technology
- Trivia
- Word searches
- Writing

Sports Association



The Gaylord Sports Association provides adaptive sports and recreation opportunities for persons with physical disabilities such as spinal cord injuries, strokes, amputations, traumatic brain injuries, pulmonary disorders and visual impairments. We

believe that everyone, regardless of ability level, should have the opportunity to enjoy sports and recreation. We work with our participants on an individual basis to help them achieve their adaptive sports goals, whether it is to try a new activity, return to a past leisure pursuit or strive to become a Paralympic athlete. We offer the most diverse adaptive sports program in the state of Connecticut, with over a dozen different sports, ranging from introductory recreation activities to highly competitive sports teams. Our goal is to assist participants in gaining the confidence, independence and skills to meet their adaptive sports goals. Opportunities to get involved in adaptive sports include introductory clinics, discovery nights, clubs, classes, competitive teams and veteran specific programs. The Sports Association is a chapter member of Disabled Sports USA and a Bronze Level Paralympic Sports Club. Examples of sports offered are:

- | | | |
|----------------------------|-----------------------|----------------------------|
| • Rock Climbing | • Water Skiing | • Golf |
| • Downhill Skiing | • Yoga | • Kayaking |
| • Sled Hockey | • Archery | • Wheelchair Rugby |
| • Wheelchair Tennis | • Cycling | • Veteran's Fishing |
| • Paratriathlon | • Boccia | |



Some ways to participate are:

Clinics: Hands-on experience and expert instruction in kayaking, golf, tennis, archery, waterskiing, fencing, cycling and target shooting.

Clubs: Clubs offer regular outings in downhill skiing, archery water skiing, and golf.

Teams: The Sports Association is proud to sponsor the Gaylord Sports Association Jammers Wheelchair Rugby Team, Gaylord Sports Association Wolfpack Sled Hockey Team, and the Connecticut Hornets Wheelchair Tennis Team that compete throughout the region.

Tournaments: Tournaments in Wheelchair Rugby, Wheelchair Tennis, and Golf offer athletes healthy competition and team camaraderie.

For more information, please call 203-284-2772 or visit our website at www.gaylord.org

SECTION 8

Helpful Resources

The ADA website provides information and technical assistance regarding the Americans with Disabilities Act.

1-800-514-0301 (voice)

1-800-514-0383 (TTY)

The NEAT Marketplace

Coventry and Holcomb Streets

Hartford, CT 06112

(866) 526-4492 toll free or (860) 243-2869

www.neatmarketplace.org

The NEAT Marketplace (New England Assistive Technology) restores donated assistive devices and medical equipment/supplies. NEAT is a demonstration center, as well as an equipment restoration center. Restored items are available for sale at reduced rates.

Easter Seals Mobility Center

158 State Street

Meriden, CT 06450

(203) 237-7835

www.cteasterseals.com

The Easter Seals Mobility Center provides thorough driving assessments to those who have an injury or impairment that may impact their ability to safely operate a motor vehicle. The Center provides a clinical assessment, an on the road assessment, as well as equipment recommendations and prescriptions.

East Coast Assistance Dogs Inc.

P.O. Box 831

Torrington, CT 06790

(860) 489-6550

ECAD1@aol.com

www.ECAD1.org

East Coast Assistance Dogs Inc. helps people with various disabilities gain greater independence through the use of specially trained dogs.

MENTAL HEALTH AND SUBSTANCE ABUSE

Substance Abuse & Mental Health Services Administration (SAMHSA)
Samhsa.gov. Substance Abuse & Mental Health Services Administration U.S.
Department of Health and Human Services is a searchable directory of mental health, substance abuse, and support services treatment facilities.

Department of Mental Health and Addiction Services (DMHAS)

410 Capitol Avenue

Hartford, CT 06134

TF 800-446-7348

860-432-8635

ABI Wavier – Wise Program 866-548-0265

The Department of Mental Health and Addiction Services (DMHAS) promotes and administers comprehensive, recovery- orientated services in the areas of mental health, abuse prevention and treatment throughout CT. DMHAS services adults over the age of 18 with psychiatric or substance abuse disorders, or both, who lack the financial means to afford services on their own. DMHAS provides a wide range of treatment including inpatient hospitalization, outpatient clinical services, 24 hour emergency care, day treatment, psychosocial and vocational rehabilitation, outreach services for persons with mental illness who are homeless, and comprehensive, community based mental health and support services.

DMHAS provides a variety of treatment services to persons with substance abuse disorders, including ambulatory care, residential detoxification, long-term care, methadone or chemical maintenance, outpatient, partial hospitalization, and aftercare. Services for HIV-infected include counseling, testing, support and coping therapies, alternative therapies and co management. The department also provides prevention services, designed to promote health and wellness of individuals and communities.

American Foundation for Suicide Prevention

www.afsp.org

Mission: Save Lives and Bring Hope to Those Affected by Suicide. Established in 1987, the American Foundation for Suicide Prevention (AFSP) is a voluntary health organization that gives those affected by suicide a nationwide community empowered by research, education and advocacy to take action against this leading cause of death.

National Suicide Prevention Lifeline**<https://suicidepreventionlifeline.org>**

The National Suicide Prevention Lifeline is a 24-hour, toll-free, confidential suicide prevention hotline available to anyone in suicidal crisis or emotional distress. Your call is routed to the nearest crisis center in the national network of more than 150 crisis centers. For assistance, call 1-800-273-TALK (8255), **TTY: 1-800-799-4889**.

The Crisis Text Line www.crisistextline.org: Text HOME to 741741

Urban Trauma Center:**660 Winchester Avenue****New Haven, CT 06511****203-776-8390****www.dncmhs.org**

Offering effective services for trauma and post traumatic stress.

National Center for PTSD**<https://www.ptsd.va.gov>**

A national resource for trauma survivors, which includes information about PTSD, resources such as the PTSD Coach Online, and videos from other survivors and professionals.

Post-Traumatic Stress Disorder**<http://www.mentalhealthamerica.net/conditions/post-traumatic-stress-disorder>**

If you have gone through a traumatic experience, it is normal to feel emotions such as distress, fear, helplessness, guilt, shame, or anger. If these symptoms don't go away over time, you may have post-traumatic stress disorder (PTSD). Visit this website from Mental Health America to find out about PTSD and ways you can help yourself or a family member who may be suffering from PTSD.

EMPLOYMENT

Office of Disability Employment Policy

www.dol.gov/odep

The Office of Disability Employment Policy (ODEP) is the only non-regulatory federal agency that promotes policies and coordinates with employers and all levels of government to increase workplace success for people with disabilities.

Office of Personal Management, Federal Employment of People with Disabilities

www.opm.gov/disability

The Federal Government is actively recruiting and hiring persons with disabilities. We offer a variety of exciting jobs, competitive salaries, excellent benefits, and opportunities for career advancement.

Rehabilitation Services Administration

<https://rsa.ed.gov>

Our mission — to provide leadership and resources to assist state and other agencies in providing vocational rehabilitation (VR) and other services to individuals with disabilities to maximize their employment, independence and integration into the community and the competitive labor market.

The Vocational Rehabilitation Program (formerly BRS)

Bureau of Rehabilitation Services - Department of Social Services

25 Sigourney Street-11th Floor Hartford, CT 06106

1-800-537-2549 (voice only)

(860) 424-4844 (voice); (860) 424-4839 (TDD/TTY)

1-800-537-2549; (860) 424-4844 <http://www.brs.state.ct.us/>

The goal of the Vocational Rehabilitation (VR) Program is to assist individuals with significant physical and mental disabilities to prepare for, obtain and maintain employment. Through the provision of individualized services, persons with disabilities who are eligible for vocational rehabilitation are supported in planning for and achieving their job goals. To be eligible for the VR program, an individual must have a physical or mental condition which poses a substantial barrier to employment, and must require VR services in order to prepare for, find and succeed in employment.

Ability Beyond Disability
4 Berkshire Blvd.
Bethel, Connecticut 06801
1-888-832-8247
info@abilitybeyonddisability.org

Ability Beyond Disability's mission is to enable individuals whose independent living skills are impaired by disability, illness or injury, to achieve and maintain self-reliance, fulfillment and comfort at home, at work and in the community, by providing the best comprehensive home, health and rehabilitation services.

FINANCIAL ASSISTANCE

1-800-MEDICARE (1-800-633-4227) www.socialsecurity.gov

Medicare provides hospital insurance, medical insurance and prescription drug coverage. Hospital insurance, sometimes called Part A, covers inpatient hospital care and certain follow-up care. Medical insurance, sometimes called Part B, pays for physicians' services and some other services not covered by hospital insurance. Prescription drug coverage, sometimes called Part D, helps pay for medications doctors prescribe for treatment. Medical insurance and prescription drug coverage are optional, and you must pay monthly premiums. People who are 65 or older are automatically eligible for Medicare. Those that are determined to be disabled by the SSA are eligible after 2 years as long as certain other criteria are met.

The Social Security Administration is responsible for two major programs that provide benefits based on disability: Social Security Disability Insurance (SSDI), which is based on prior work under Social Security, and Supplemental Security Income (SSI). Under SSI, payments are made on the basis of financial need. Social Security Disability Insurance (SSDI) is financed with Social Security taxes paid by workers, employers, and self-employed persons. To be eligible for a Social Security benefit, the worker must earn sufficient credits based on taxable work to be "insured" for Social Security purposes. Disability benefits are payable to blind or disabled workers, widow(er)s, or adults disabled since childhood, who are otherwise eligible. The amount of the monthly disability benefit is based on the Social Security earnings record of the insured worker. Supplemental Security Income (SSI) are payable to adults or children who are disabled or blind, have limited income and resources, meet the living arrangement requirements, and are otherwise eligible.

The monthly payment varies up to the maximum federal benefit rate, which may be supplemented by the State or decreased by countable income and resources. Your Care Management Department can provide you with some assistance in this process or you can file for either program online.

Department of Social Services

25 Sigourney St.

Hartford, CT 06106-5033

1-800-842-1508

www.ct.gov/dss

The Department of Social Services provides a broad range of services to the elderly, disabled, families, and individuals who need assistance in maintaining or achieving their full potential for self-direction, self-reliance and independent living. DSS administers over 90 authorized state programs.

**Husky Health of Connecticut, Charter Oak Health Plans,
(formerly SAGA)**

11 Fairfield Blvd. Suite 1, Wallingford, CT 06492

Telephone: 800-440-5071

This company manages all Title 19 or Medicaid products for all ages. The programs provide medical coverage assistance to low income persons. Applications and approval is still done through the state DSS or Department of Social Services. All services included in the CT Medicaid program are covered, including homecare and skilled nursing facilities. Gaylord has a benefits Liason who can assist you with the application process. Your care manager can make a referral to Joan Hogan if that will be helpful to you.

Personal Care Assistant (PCA) Waiver
Department of Social Services
25 Sigourney St.
Hartford, CT 06106-5033
1-800-842-1508
www.ct.gov/dss

A Medicaid Waiver program that provides personal care assistance services included in a care plan to maintain adults with chronic, severe, and permanent disabilities, in the community. Without these services, the adult would otherwise require institutionalization. The care plan is developed by a Department social worker in partnership with the adult. Adults must be age 18-64 to apply, must have significant need for hands on assistance with at least two activities of daily living (eating, bathing, dressing, transferring, toileting), must lack family and community supports to meet the need, and must meet financial requirements of the Medicaid program, or the Medicaid for Employed Disabled program. Eligible adults must be able to direct their own care and supervise private household employees, or have a Conservator to do so. An adult deemed eligible for the PCA Waiver, is eligible for all Medicaid covered services. Application is made by contacting the Department's regional offices, and returning a completed PCA Waiver Request Form.

'Money Follows the Person'
Department of Social Services
25 Sigourney St.
Hartford, CT 06106-5033
1-800-842-1508
www.ct.gov/dss
1-888 992 8637

'Money Follows the Person' is a program to assist people living in nursing homes or applying to them the opportunity to live in their own homes in the community. This program works along with other state programs including Waiver programs and is currently a work in progress.

ConnPACE (Connecticut Pharmaceutical Assistance Contract to the Elderly and Disabled)
Department of Social Services
25 Sigourney St.
Hartford, CT 06106-5033
1-800-842-1508
www.ct.gov/dss

Only for people who have not worked enough quarters for Medicare plus a very low income. ConnPACE is a service that helps eligible senior citizens and people with disabilities afford the cost of most prescription medicines, insulin and insulin syringes and needles. If you are a Connecticut resident aged 65 or older, or with a disability aged 18 or older, you may qualify for ConnPACE. Eligibility is based on income.

ConnMAP (Connecticut Medicare Assignment Program)
Department of Social Services
25 Sigourney St.
Hartford, CT 06106-5033
1-800-842-1508
www.ct.gov/dss

The Connecticut Medicare Assignment Program (ConnMAP) ensures that eligible Medicare enrollees are charged no more than the reasonable and necessary rate established by the federal government for Medicare covered services received from health care providers. Individuals who are residents of Connecticut, enrolled in Medicare Part B, and have incomes no greater than 165% of the income limits for the ConnPACE Program (currently \$41,415 if single or \$55,770 for couples) are eligible to participate in the program. ConnPACE program participants are automatically eligible for ConnMAP.

Alternate Care Unit - Connecticut Home Care Program for Elders (CHCPE)
Department of Social Services
25 Sigourney St.
Hartford, CT 06106-5033
1-800-445-5394 (toll-free) or 860-424-4904
www.ct.gov/dss

To be eligible, applicants must be 65 years of age or older, be a CT resident, be at risk of nursing home placement and meet the program's financial eligibility criteria.

To be at risk of nursing home placement means that the applicant needs assistance with critical needs such as bathing, dressing, eating/meals, taking medications, using the toilet. The CHCPE helps eligible clients continue living at home instead of going to a nursing home. Each applicant's needs are reviewed to determine if the applicant may remain at home with the help of home care services.

HOUSING:

The Care Management Department can provide you with the most recent booklet of listings/information on Section 8, HUD and elderly housing. This is intended as a resource to you and your family for informational purposes or for future use. This department does not assist you in finding housing following your hospital stay.

TRANSPORTATION SERVICES:

Public Transportation

Federal law requires that providers of mass transit services who receive federal financial assistance must certify that they provide people with disabilities full and equal access to the same services and accommodations as persons without disabilities. One of those services is public transportation. The U.S. Department of Transportation's Urban Mass Transportation Administration (UMTA), the funding source, allows local areas to select one of a few acceptable options to meet that requirement. These options are:

1. The operators to ensure that at least 50% of the fixed route buses running during service hours are lift equipped.
2. The operator to establish a Paratransit or special system which is known as “door-to-door” or “dial a ride”, on a demand responsive basis.
3. The operator may establish service that is a combination of the other two options listed (1 and 2). Whenever a special service is employed, that service as a whole, must meet certain criteria of comparability with the service available to able-bodied persons.

Anyone who would like to use the ADA Paratransit service must be certified ADA Paratransit eligible.

Information and/or an application can be obtained by contacting your local ADA Paratransit office.

CTRides.com provides a resource directory to local bus service and public transportation services by regional district.

Greater Bridgeport Transit Authority

www.gbtabus.com

203-333-3031

203-579-7777 – Paratransit

Estuary Transit District (Central Shoreline)

860-388-1611

Greater Hartford Transit District

www.hartfordtransit.org

860-247-5329

860-724-5340

Greater New Haven Transit District

203-288-6282

203-288-6643 – Paratransit

My Ride of the Greater New Haven Transit District

840 Sherman Ave.

Hamden, CT 06514

203- 288-6282

My Ride offers transportation for disabled or elderly persons living in the South Central CT area.

Greater Waterbury Transit District

222.gwtd.org/index.htm

203-756-5550

Housatonic Area Regional Transit

www.hartct.org

203-748-2034

203-748-2511 – Paratransit

Middletown Transit District

860-346-0212

860-347-3313 – Paratransit

Milford Transit District

203-874-4507

203-874-4507 ext 2 – Paratransit

Northeastern Connecticut Transit District

860-774-3902

Northwestern Connecticut Transit District

860-489-2535

Norwalk Transit District

www.norwalktransit.com

203-852-0000

203-853-7465 – Paratransit

Southeast Area Transit District

860-886-2631

860-439-0062

Valley Transit District

www.invalley.org/vtd

203-735-6824

203-735-6408

Windham Region Transit District

www.wrtd.net

860-456-2223

860-456-1462 – Paratransit

If your transit provider discriminates against you, ask your operator for a copy of the UMTA certification. Check the UMTA certification with the State Office of Protection and Advocacy for Person with Disabilities – 1-800-842-7303.

RETURN TO DRIVING RESOURCES:**Easterseals Driver Assessment Program**

158 State St

Meriden, CT 06450

1(203)630-2208 or email driver@eswct.com

McLean Outpatient Rehab

75 Great Pond Road

Simsbury, CT 06070

1(860)658-3745

Contact Susan Adamowicz, OTR/L, DRS

The Next Street Driver Rehab Services

76 Westbury Park Rd Suite 33E

Watertown, CT 06795

1(860)483-7009 or email joan.cramer@thenextstreet.com

<http://rehab.thenextstreet.com>

Norwalk Hospital Driver Rehabilitation Program

520 West Avenue

Norwalk, CT 06850

Phone: 203-852-3400

Amputee Resources in the Wallingford Area

Prosthetic and Orthotic Companies and their closest office
(Listed in alphabetical order only)

Biometrics

1000 Yale Ave, Suite 202
Wallingford, CT 06492
(203) 269-9011
www.biometricsct.com

Hanger Clinic

260 State Street
North Haven, CT 06473
(203) 230-0667
www.HangerClinic.com

New England Orthotics and Prosthetics Systems

61A Pomeroy Ave, Bldg 2
Meriden, CT 06450
(203) 634-7566
www.Neops.net

National Agencies and Services

Amputee Coalition of America

A nonprofit national organization dedicated to enhancing the quality of life for amputees and their families, improving patient care and preventing limb loss.
<https://www.amputee-coalition.org>

AMPOWER

The online resource for those affected by limb loss. A diverse group of people who have first-hand experience with limb loss and are adjusting to life.
www.empoweringamputees.org

Other Helpful Resources for New Amputees

- Limb Loss Definitions: http://www.amputee-coalition.org/fact_sheets/definitions.html
- Electing To Amputate: http://www.oandp.com/articles/2011-08_03.asp
- What to expect the first 12 months: <https://www.amputee-coalition.org/resources/first-12-months-lower/>
- Every “Body’s” Different, In Motion Magazine:
<https://3w568y1pmc7umeynn2o6c1my-wpengine.netdna-ssl.com/wp-content/uploads/2016/03/inmotion-23-01-web.pdf>
- Pain Management for Lower Limb Amputees:
<http://www.oandp.org/publications/jop/2005/2005-39.asp>
- Phantom Pain: <http://www.nlm.nih.gov/medlineplus/encypatientinstructions/000050.htm>
- Skin Care: <https://www.amputee-coalition.org/resources/tips-for-taking-care/>
- Amputee OT: <https://www.youtube.com/user/AmputeeOT>
- Stump Care: All natural system for residual limb health <http://www.stumpcare.com>
- DRY Pro: Waterproof covers for your prosthesis for beach or showers <https://www.drycorp.com>
- Empower Supply: Orthopedic and Prosthetic accessories: <https://www.empowersupply.com/>
- Amputee Store: Prosthetic supplies, socks, cleaners, liners <https://www.amputeestore.com>
- Amputee Supply: Providing supplies directly to amputees <https://www.empowersupply.com>

Support at Gaylord Hospital

Gaylord Amputee Support Group

Where: Gaylord Hospital Inpatient Therapy Gym

When: First Thursday of every month from 5 p.m. to 6 p.m.

Contact: (203) 284-2800

Gaylord Peer Mentor Program

Amputee survivors who are members of our Amputee Support Group have volunteered to be peer mentors to our current amputee inpatients. They are available to meet with patients privately to provide encouragement or answer questions regarding amputee recovery. Please contact the support group leader if you are interested in meeting with a peer mentor.

Chemical Use Education (CUE Group)

The purpose of CUE group is to:

- Provide general education about substance use, and resources regarding the effects of substance use and behavior
- Help the patient make an informed decision regarding a healthy lifestyle
- Screen for patients who could benefit from treatment for chemical dependency

Support Groups in Connecticut

Meeting Day	Time	Address	Group Leaders	Email Address	Phone
First Thursday every month	5pm - 6pm	Gaylord Specialty Healthcare Luscomb Therapy Gym (inpatient area) 50 Gaylord Farm Road Wallingford, CT 06492	Lori Vickers Kim Eisen Abigail Hull-Gulotta Burt Fleischer	lvickers@gaylord.org keisen@gaylord.org ahull@gaylord.org bflischer@gaylord.org	(203) 284-2800
Second Tuesday every month	5pm - 6pm	Milford Hospital 300 Seaside Ave Milford, CT 06460	Deidre Coyne Nancy Hayden Amy Mooney	deidre.coyne@ynhh.org nancy.hayden@ynhh.org amy.mooney@ynhh.org	(203) 301-6262
Second Wednesday every other month	1pm - 2pm	Mount Sinai Hospital 490 Blue Hills Ave Hartford, CT 06112	Paige McCullough-Casciano	pmccullo@stfranciscare.org	(860) 714-2421
Third Tuesday every month	6:45pm - 7:45pm	Tully Health Center 32 Strawberry Hill Court Stamford, CT 06902	Alicia Bingham	rungbyrung07@yahoo.com	(203) 918-2348
Third Wednesday every month	3pm - 4pm	Waterbury Hospital Bizzozero Conference Room 4th Floor 64 Robbins Street Waterbury, CT 06708	Shauna Savoy	shaunarose1974@gmail.com	(203) 573-6041
Last Wednesday every month	3pm - 4pm	Lawrence+Memorial Hospital 365 Montauk Ave New London, CT 06320	David Deshefy	ddeshefy@lmhosp.org	(860) 442-0711
Last Thursday every month	7pm - 8pm	Rock Climb Fairfield 85 Mill Plain Road Building T Fairfield, CT 066824	James Przybylski	adaptive@rockclimbingfairfield.com jprzybylski11@gmail.com	(203) 430-9806
First Thursday every other month (odd months)	3:30pm - 4:30pm	Backus Outpatient Care 111 Salem Turnpike Norwich, CT 06360	Jeff Buckridge	norwichamputeenetwork@gmail.com	(860) 425-5981
Last Thursday every month	On hold right now	Chapter 126 47 Upson Street Bristol, CT 06010	Paul Weiland		(860) 769-7047

SECTION 9

Accommodations

Guest Accommodations at Gaylord Hospital:

Our goal is to provide inviting and comfortable onsite housing while loved ones are at Gaylord by offering the Hoffman Guest Cottage, a two-bedroom guest house, and the MoraLee Guest Cottage with four individual suites. For a nominal fee, family members can be steps away from the hospital, with access to our beautiful grounds, cafeteria, and other resources, as you support your loved one and participate in his or her recovery. If you are interested in booking accommodations please contact the Patient Relations Department at (203) 741-3328. Accommodations are based on availability.



MoraLee Guest Cottages



*The Maximilian E.
and Marion O. Hoffman Cottage*

Some area motels and inns have made special rates available to those planning on extended stays while visiting Gaylord patients or receiving treatment. Please mention Gaylord when making reservations. Discount programs and hotel names may change at the discretion of the hotel management.

Wallingford

Courtyard by Marriott
600 Northrop Road
Wallingford, CT 06492
(203) 284-9400

Fairfield Inn
100 Miles Drive
Wallingford, CT 06492
(203) 284-0001

Meriden

Hawthorn Suites
1151 East Main Street
Meriden, CT 06450
(203) 379-5048

Red Roof Inn
10 Bee Street
Meriden, CT 06450
(203) 235-5154

Four Points by Sheraton
275 Research Parkway
Meriden, CT 06450
(203) 238-2380

North Haven

Best Western Plus
201 Washington Avenue
North Haven, CT 06473
(203) 239-6700

SECTION 10

Glossary of Terms

A

Ace Bandage: soft elastic material used for wrapping a residual limb

AD: Assistive device; common types are rolling walker, cane, or rollator

AE: Above elbow. Also known as transhumeral

AKA: Above knee amputation. Also known as transfemoral.

Alignment: Position of the prosthetic socket in relation to the foot and knee

Amputee Coalition: National, non-profit consumer education organization that represents people who have suffered limb loss

Anterior: relating to the front aspect of the body

AOPA: American Orthotic and Prosthetic Association. Founded in 1917

B

BE: Below elbow. Also known as transradial

Bilateral: Involvement of two limbs

BKA: Below knee amputation. Also known as transtibial

C

Check Socket: A temporary socket which is transparent to assist in proper fit and alignment prior to fabrication of definitive socket

Chopart: Partial foot amputation

Congenital Limb Deficiency: Absent or abnormal limb from birth

D

Disarticulation: Amputation that occurs through a joint: shoulder, elbow, wrist, hip, knee, and ankle

Doffing: The act of taking off a prosthesis

Donning: The act of putting on a prosthesis

E

Edema: Swelling of the tissues in the body

Energy Storing Foot: A prosthetic foot that stores energy during weight bearing and releases energy during transfer of weight to the opposite foot

Extremity: Relating to a limb: arm or leg

F

G

Gait: Referring to the pattern or style of ones' walking

H

Hard Socket: A prosthetic socket made of rigid materials

Hemi-Pelvectomy: An amputation where half of the pelvis is removed

Hip Disarticulation: An amputation that removes the leg at the hip joint but the pelvis remains intact

I

Ischial Containment Socket: Type of prosthetic socket where is dispersed through the ischial bone/tuberosity

Immediate Post-Operative Prosthesis (IPOP): Temporary prosthesis applied immediately after amputation in the operating room

Ischial Tuberosity: Also known as the “sit bone” or “butt bone”. Bone on the back of the pelvis that people sit on

J

K

Knee Disarticulation: Amputation that occurs through the knee joint. Also known as “KD”

L

Lateral: Relating to the outside of the body. Away from midline

Liner: Base layer between limb and prosthetic socket. Provides comfort and protection for the limb; typically rigid, silicone, or neoprene

Lower Extremity: relating to the leg

M

Medial: Relating to the mid-line of the body

Multi-axis foot: Prosthetic foot that allows motion along three axes. Designed to improve ambulation on uneven surfaces

Myoelectric: Upper extremity prosthesis that uses bio-feedback as form of control

N

O

Occupational Therapist (OT): Clinician who is licensed to perform evaluations and training to improve independence and function for activities of daily living (ADLs)

Orthosis: A brace/assistive device used to realign and/or stabilize a joint or limb (Plural: orthoses)

Orthotist: Clinician who is licensed to evaluate and fit an orthosis

P

Partial foot amputation: An amputation through any part of the foot where the ankle remains intact

Physical Therapist (PT): Clinician who is licensed to perform evaluations and training to improve walking, mobility, and restore function.

Physiatrist: Physical medicine rehabilitation doctor

Pistoning: The act of moving up and down in a prosthetic socket. Typically occurs with incorrect fit or after limb shrinks

Posterior: Relating to the back side of the body

Prosthetic (Prosthesis): An artificial body part (Plural: prostheses)

Prosthetist: Clinician who is licensed to evaluate and fit a prosthetic

Pylon: Component of the prosthesis between the socket/knee and the foot. Commonly referred to as the “pole

Q

Quadrilateral: Limb loss involving four extremities

Quad socket: Specific socket design that uses four points of contact for user to weight bear through with low risk of skin breakdown

R

Residual limb: Remaining portion of limb after amputation. Also referred to as, “stump”

S

SACH: Stands for solid ankle cushioned heel foot component. Very simple, but very stable prosthetic foot

Shoulder Disarticulation: Amputation that occurs through the shoulder joint

Shrinker: An elastic “sleeve” that helps to reduce swelling of the residual limb and prepares limb for prosthetic fitting

Socket: portion of the prosthetic that fits around the residual limb that user will weight bear through. Prosthetic components attach to this point.

Solid Rigid Device: A solid plastic brace provided by some surgeons that is molded to the residual limb to assist with positioning, edema management and prevent contractures.

Suction: type of suspension used to attach socket to residual limb using negative pressure forcing air out of socket through one-way valve.

Supracondular suspension: A form of suspension that attaches the socket to the residual limb using the condyles as point of contact.

Suspension system: Method of attaching the socket to a residual limb. Many forms available like, pin-lock, suction, sleeve, vacuum.

Symes: Amputation that occurs through the ankle joint.

T

Terminal device: prosthetic device attached to the wrist unit of an upper extremity prosthesis to provide functional aspect (grasp-release, cosmesis).

Transpeltic: See hemi-pelvectomy.

Trilateral: limb loss involving three limbs.

U

Upper Extremity: Relating to the arm.

V

W

Wound Vacuum: Device that promotes healing using suction to remove non-viable tissue

X

Y

Z

NOTES

