Modified Amputation Rehabilitation Protocol Overview (Initial 3 Months)

	Week												
	Pre-Intervention	***1***	***2***	***3***	***4***	***5***	***6***	***7***	***8***	***9***	***10***	***11***	***12***
Weight Bearing	WBAT	NWB: maintain full knee extension in knee immobilizer			WBAT: begin CKC (quadruped, high kneeling) if wound is fully healed; ROMAT				FWB: prosthesis training				
Splinting		Knee Immobilizer			No splinting needs: ROMAT								
Pain Management		Acetaminophen, ibuprofen, oxycodone PRN					Neurodynamics						
Wound/Scar Management		Daily Xeroform and compressive dressing changes			Remove sutures, monitor for evidence of infection					Initial scar massage after full wound healing; communicate with prosthetist for any fit issues to resolve as soon as possible to minimize integument breakdown			
Prosthesis					Shrinker		Standard prosthesis fitting						
Strengthening/Conditioning	Core; UE strengthening; hip strengthening	Continue hip and core HEP			UE strength/conditioning; therex for hip/knee strength (SLR 4 ways, quad/adductor/glut sets; unilateral bridges (progress bridges to foam roller/physioball); modified side and front planks		High kneeling (progress to compliant surface); quadruped activities; modified plank progressions, modified physioball activities for UE/core strength						
Stretching/Joint Mobility					Hip/knee mobility; hamstring/hip flexor/gastroc stretching		Seated BAPS and wobble board for residual limb mirroring; manual therapy for scar tissue, hip/knee mobility						
Balance Training		NWB gait training			Pregait training		Prosthesis training, WBAT			Progress gait training with prosthetic and assistive devices as needed to minimize gait deviations/normalize gait; Balance and proprioceptive training with prosthesis, with stimulation to residual limb activation (wobble boards, BAPS, therex) static and dynamic, in various stances (wide/narrow BOS, modified tandem, tandem), and progressing towards agility			
Cognitive Training	Body scan: for pelvis, hip knee and ankle position (pelvic tilts, shifts, hip rotation, ankle PF/DF/IV/EV)				PT supervised body scan with construct activation; NO desensitization to the residual limb; sensory exercise for right/left ankle rest position; continue body scans; motor exercises for PF/DF/IV/EV		Initiate home program with construct activation (both sensory and motor exercises); progress active DF/PF/IV/EV activation to 40-60 seconds, up to 6 reps (emphasis on moderate consistent contraction with low reps to decrease possibility of friction on constructs)						
Goals	Optimize hip/knee strength and ROM	Maintain core strength and hip ROM			Maintain/improve LE strength; mobility in preparation for prosthesis training		Prepare pt for WBAT; improve proprioception through residual limb and construct awareness			Monitor prosthetic fit as residual limb size increased with muscle bulk; Continue to monitor pain levels, scar tissue/soft tissue integrity, neural sensitivity			
Setting/Frequency	Outpatient/HEP	Inpatient: Daily	Home program: No formal PT		Outpatient: 2-3x per week				Outpatient: 1x per week/PRN				