



## IMPROVING PATIENTS EMOTIONAL WELL-BEING: AN INNOVATIVE PROSTHETIST – PATIENT PROGRAM

S.T. Wegener PhD<sup>1</sup>, George Gondo BA<sup>2</sup>, Saaniya Bedi BS<sup>1</sup>, Patricia J. Isenberg MA<sup>2</sup>

<sup>1</sup>Department of Physical Medicine & Rehabilitation Johns Hopkins, Baltimore, MD and <sup>2</sup>Amputee Coalition, Knoxville, TN

### CINTRODUCTION

Individuals with limb loss have higher risk for depressive symptoms and other forms of psychological distress (Darnall et al., 2005). Higher levels of psychological distress have been shown to adversely affect the rehabilitation process and outcomes (Asano et al., 2008). Further, data indicate that a large percentage of persons with significant depressive symptoms, reported needing mental health service but not receiving them (Darnell et al 2005).

Traditionally the mental health needs of people with limb loss were seen as the responsibility of psychologists, social workers or the primary physician. However, comprehensive care of the individual is a team responsibility including prosthetists. Prosthetists have ongoing relationships with amputees and are positioned to educate patients regarding the signs of psychosocial distress and provide information on resources for patients to seek appropriate care.

### METHOD

For the initial phase of the project, Amputee Coalition and Johns Hopkins staff conducted focus groups with two groups - prosthetists and consumers - to gather information from both consumers and prosthetists regarding the feasibility of an educational program for prosthetists to take a more active role in the mental health and resilience of their patients and determine the key program components.

*Subjects:* The consumer focus group consisted of nine individuals with limb loss, representing a mix of persons with upper and lower extremity amputation, etiologies and social economic status. The prosthetist focus group consisted of seven members of the prosthetic community drawn from several different states and practice environments.

*Procedures:* Two 90 minutes focus groups.

*Data Analysis:* Content analytic techniques were used to identify discussion themes and a Delphi approach was used to develop group consensus.

### RESULTS

Based on the focus group process the following results were achieved: 1) Patients and prosthetists see a need for programs to enhancing patients emotional well-being; 2) Prosthetists need tools and training to respond to this need; 3) Patients would engage in this discussion with their prosthetist if presented as part of “caring for the whole person”; 4) Program materials would need to accommodate this variation in practice patterns and environments; 5) National and state meetings are ideal locations for training that provides continuing education credits.

Program components based on these results will be presented: 1) a brief patient emotional well-being self-assessment tool for use, in consultation with their prosthetist, to identify mental health needs and recommended course of action; 2) a guide for prosthetists to use in talking with patients regarding their mental health needs; and 3) a customizable template for actions steps and local resources for emotional well being enhancement.

### DISCUSSION

Depressive symptoms are prevalent among persons with limb loss. The prosthetists are well positioned to with improving emotional well being. Prosthetists need preparation to effectively play a part in their patient’s emotional well-being.

### CONCLUSION

The Improving Well-Being program has been developed to provide prosthetists with the tools and resources to help improve the emotional well-being of people with limb loss.

### REFERENCES

- Assono et al. Predictors of Quality of Life Among Individuals Who Have Lower Limb Amputation. P O Intl 2008; 32:231-243.
- Darnall et al. Depressive symptoms and mental health service utilization among persons with limb loss: results of a national survey. Arch Phys Med Rehabil 2005; 86:650-8.