What difficulties do traumatic lower limb amputees perceive as adversely affecting their exercise motivation?

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INTRODUCTION
Physical fitness is considered a positive trait in the rehabilitation of amputees (Silva, 2011). Bragaru et al., suggest that amputees tend to be less active than non-amputees, which they attribute to having an amputation (Bragaru, Dekker, Geertzen & Dijkstra, 2011). Other research indicates that 56% of adults with disabilities in the United States do not engage in any leisure time physical activity compared to 36% of adults without disability (Cojanne, Hofman, Geertzen, Pepping & Dekker, 2009).

It is widely known that regular physical activity has numerous benefits. According to the American Heart Association, some of these benefits include: boosting mental wellness, improving blood cholesterol levels, preventing bone loss, managing stress, increasing energy, reducing coronary heart disease and risk of stroke and improving blood circulation along with many other benefits (Myers, 2009).

The purpose of this study is to identify those difficulties that traumatic lower limb amputees feel are adversely affecting their exercise motivation. Providing clinicians with information relating to correlations that may exist between modifiable factors and activity can enhance their ability to better address the needs of their patients.

METHOD
A total of 14 traumatic lower limb amputees, ranging from 24-59 years of age were interviewed for this research study. All subjects were active users of their prosthesis and were categorized based on whether or not they engaged in physical activity or did not. Interviews took place over the phone at a time of the amputees’ convenience. The researcher recorded the conversation in order to reduce the chances of missing important answers and feedback that the interviewee provided during the interview.

RESULTS
Responses will be categorized based on identification of emerging themes. Assessment of potential correlations will be completed by examining the results in aggregate, and separately (active vs. non-active amputees). Examples of the areas that will be compared include: the patients’ insurance, type of leg, ankle, or foot prosthesis, and readily available resources to patients.

DISCUSSION
The researcher’s goal was to gain insight into factors that lower limb amputees perceive as affecting exercise motivation and to learn more about some of the difficulties they are facing. The decision to select traumatic lower limb amputees as opposed to those with other etiologies (e.g., dysvascularity) was made because traumatic amputees tend to be more active (Devan, Tumitty & Smith, 2012). Future research projects could be undertaken in which interviews would focus on dysvascular amputees.

One of the recognized limitations of this study is the number of subjects and sampling method. A larger sample would be desirable but was moderated due to time constraints and locating subjects willing to participate.

CONCLUSION
This study can provide insight for future researchers and can help inform clinicians about perceptions of traumatic amputees regarding factors adversely impacting their motivation to exercise. This could ultimately assist clinicians in serving their patients more effectively.
CLINICAL APPLICATIONS
The results the researcher produces can benefit many future research projects. If amputees are not active due to a lack of resources, practitioners can be made aware that more resources need to be provided to their patients. Alternate routes may need to be explored in order to assist amputees even further when it comes to their exercise wants and needs.

REFERENCES