INTRODUCTION
The national and personal health care burden associated with disability related to limb loss is increasing. Economic pressures, and changes in health care delivery systems, place greater responsibility on persons with limb loss and their families for post-acute care. Further, payors are increasingly holding providers and patients responsible for health outcomes. Data indicates if we are to improve outcomes following limb loss we must attend to the psychosocial challenges patients face in addition to meeting their technical needs. Providing patient and family centered care that promotes peer support and self-management to empower patients to take charge of their own recovery is critical to meet this challenge.

Self-management programs have proven to be a successful intervention to improve outcomes for patients with a variety of chronic conditions and disability, including limb loss. In 2005, researchers from Johns Hopkins University and the University of Washington collaborated with the Amputee Coalition to develop Promoting Amputee Life Skills (PALS), a multi-week in-person self-management program for people with limb loss. Results from the study of this initial program demonstrated that self-management programs improve outcomes for individuals with limb loss.

Attempts to disseminate the PALS program throughout the limb loss care continuum revealed several key barriers to program participation – including the difficulties of attending a multi-week in person program. The current work builds on the existing PALS program by creating a self-directed online program that seeks to address these barriers and maintain the efficacy of the PALS program.

METHOD
This study uses a single-group pre-post design to gather initial information on program utilization and efficacy. Specific outcomes measures to assess program utilization include: user satisfaction, length of time to complete lessons, number of lessons completed, usefulness of the PALS online website and resources, likelihood of continuing to use the website, and likelihood of recommending the program to others. Specific outcome measures to program efficacy include: CESD, Positive Affect Schedule, Modified Self-efficacy scale, Musculoskeletal Function Assessment Scale, and Satisfaction with Life Scale.

Subjects: 25 individuals with major amputation (defined as greater than a thumb or big toe), over the age of 18, with internet access using a computer, tablet or mobile phone.