## Understanding Transitions in Care for People with Major Lower Limb Amputations from Inpatient Rehabilitation to Home: A Descriptive Qualitative Study

Marija Radenovic<sup>1</sup>, Kamille Aguilar<sup>1</sup>, Anne Wyrough<sup>1</sup>, Clara Johnson<sup>1</sup>, Shirley Luong<sup>1</sup>, Amanda Everall<sup>2</sup>, Sander Hitzig<sup>3</sup>, Steven Dilkas<sup>4</sup>, Crystal MacKay<sup>4</sup>, Sara Guilcher<sup>2</sup>

1. Department of Physical Therapy, University of Toronto 2. Leslie Dan Faculty of Pharmacy, University of Toronto 3. St. John's Rehab Research Program, Sunnybrook Health Sciences Centre 4. West Park Healthcare Centre

### Introduction

- In Canada, 44,430 lower limb amputations were performed between 2006 and 2012. 91% of those who were admitted to inpatient rehabilitation had undergone a major lower limb amputation. <sup>2</sup>
- Strategies are introduced during inpatient rehabilitation to help individuals manage their amputation, recognize potential complications, and navigate the healthcare system.3

#### An example path through the healthcare system<sup>2</sup>:

Acute Care

Inpatient Rehabilitation Discharge Home

- 55% of those discharged home following a major lower limb amputation were readmitted to acute care at least once within 1 year. High readmission rates may indicate challenges with community reintegration and self-management.4
- There is a gap in literature exploring the transition from inpatient rehabilitation to home in this population.

## **Objectives**

To describe the experiences and factors that impact the transition from inpatient rehabilitation to community from the perspective of people with major lower limb amputation

## Methods

Study Design

Qualitative, descriptive, explorative

- **Participant** Inclusion Criteria
- Persons with major lower limb amputation • Between 1 to 12 months post-discharge to
- 18 years or older with no cognitive impairments

Semi-Structured Interviews Conducted Interviews Audio-Recorded and Transcribed

Codebook Developed

Coding Applied

**Codes Summarized** 

# Themes Developed

## Results Participant Demographic (n=9) Median Age (Range): 59 (51-82) 1 unilateral 7 unilateral transtibial Support: 7 lived with others, 2 lived 1 bilateral transfemoral alone Figure 1: Levels of lower limb amputations

"I'm not like anybody else, I don't get to go to the kitchen and grab a drink... I have to think "There's nothing there about how I'm doing it... it's a case of "Ok I've in the way of support... gotta get up, and I've gotta walk over there and there's no and do that, and I go walk back there... continuina care." (P11) everything has to be thought out" (P08)

veah we have discharged you, see you later... No, it's a **Challenges with** lifetime of support there." (P10) **Everyday Tasks** 

> **Transition** Coping Accessing To **Strategies** Resources Home

> > Support and

Connectedness

"My kids were able to help me with... getting things within the house for me, or to carry something for me. My two kids came and picked me up... and brought me home and able to get me in and out of the house." (P07)

"You are there for

life... it is not like, oh

**Preparedness: Differing Experiences** in Rehabilitation

"They never taught me how to dress with the prosthetic. I was lucky enough to be sitting next to a guy when I was in physio, when [physiotherapist] was showing him how to put on pants and I was watching... They never specifically taught me." (P03)

"My wife thought maybe

the keyboard. So, I have

enjoying doing that" (P06)

more independence." (P06)

been takina kevboard lessons... I have been

"I would really like to

be able to drive... it

would give me a little

I would like to play



### Discussion

- · All participants faced challenges adjusting to their home activities, regardless of the amount of support they received
- Inpatient rehabilitation helped develop the foundational skills, connections with peers, and education necessary to succeed at home
- Training within the hospital environment did not always reflect what was needed to accomplish meaningful tasks at home
- Expectations did not accurately reflect actual transition experience
- The presence of social support had a positive impact on how participants managed their day to day lives
- · There were varied opinions on the presence and quality of continuing support following inpatient rehabilitation

#### Recommendations to improve the transition to home:

Understand physical goals, coping strategies, available resources to develop an effective person-centered rehabilitation plan and appropriate follow-up care

Communicate goals during the rehabilitation process and potential changes to daily activities that an individual may experience once home

Incorporate meaningful activities and strategies that are applicable to the individual's home environment and community

Prepare the individual's home environment for their new mobility needs prior to discharge

Discuss available social and physical supports and provide access to continuing follow-up support after discharge

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