

2008 OAAC Conference
April 25 & 26

DEADLINE FOR ABSTRACT – December 18, 2007

Name: Pamela Madan-Sharma

Institution: West Park Healthcare Centre

Address: 82 Buttonwood Ave., Toronto, Ontario, M6M 2J5

Telephone: 416 243-3600 ext 2333 Fax: _____

Email Pamela.Madan-Sharma@westpark.org

Podium Presentation
Approximate length (minutes) 15 min _____

Poster Presentation

Title of Abstract: Hopping After Unilateral Lower Extremity Amputation

Curriculum Vitae (indicate how you would like to be introduced)

Physiotherapist on the Amputee Rehab team at West Park Healthcare Centre since 2000.
Status-only appointment with the University of Toronto.

Audiovisual Aids Required:

- Slide Projector
- Power Point Presentation
- Overhead Projector
- Other _____

ABSTRACT OF PRESENTATION

Format: Title, Presenter(s), and Précis of presentation (150 words, Arial font, 11 point, single spaced)

Note: Electronic submission to Karen.fairley@sunnybrook.ca is preferred.

Hopping After Unilateral Lower Extremity Amputation Following Discharge from a Rehabilitation Hospital.

Presented by: Pamela Madan-Sharma BSc.PT

Co-Authors Michael Devlin MD, Tim Pauley, Zonsire Riondato BScPT

Following amputation, teaching individuals to hop with a gait aid is common practice. It is of cardiovascular and practical benefit as a back-up mode of mobility when not using a prosthesis. The purpose of this study was to understand the hopping habits of amputees who had been fit with prosthesis. 133 patients were surveyed. 29 (21.8%) had a transfemoral amputation, 101 (75.9%) transtibial. Of those who hopped, (n=42), 31 (73.8%) recall being taught to hop during rehabilitation, 4 (9.5%) were not taught, 7 (16.7%) didn't recall being taught. Among those reporting not hopping (n=86), 50 (58.1%) recall being taught, while 10 (11.6%) reported an inability to hop as an inpatient. Individuals less likely to hop included those with transtibial amputation (OR=0.31; 95% CI=0.12-0.77) and those who had been prescribed a wheelchair/scooter (OR=0.27; 95% CI=0.11-0.68). **Conclusions:** 1/3 of individuals with unilateral lower extremity amputation hop after discharge from rehab, however there is little relationship between whether they hopped post-discharge and whether they were taught to hop during rehab. The ability to hop during rehab does not predict post-discharge hopping and cannot be used to determine if a back-up mobility device, i.e. wheelchair, is needed.

