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Occupational Performance Role and Satisfaction among Lower Limb Amputees with Different Adaptive Devices Usage

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Abstract

The purpose of this study was determine the level of occupational performance (self-care and non-self-care) and satisfaction of lower limb amputation with using different assistive devices. This study based on the survey of 35 subjects, which used different assistive devices; prosthetics, wheelchairs, axilla crutches and walking frame while performing major functional activities. This study used questionnaire from Participation Survey-Mobility Version 2 (PARTS-Mv2) for independent measure level of the amputees. The finding shows there was significant difference in occupational performance role and satisfaction among younger age lower limb amputees with different adaptive devices usage.

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Keywords: Lower limb amputation; assistive devices; functional level; satisfaction

1. Introduction

The prevalence of amputation in the world is varies depending on a country. There is no up-to –date published information available about an incidence of amputation in the worldwide. In the United States, there are more than

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one million of amputees on 2005. By the year of 2050, the population of amputees in the US will be double which is 3.6 million (Ziegler-Graham, et.al, 2008). According to a manual for the Rehabilitation of People with Limb Amputation, causes of amputation are different from each region country in the world. The primary reason for the amputation is disease and trauma. Trauma usually occurs due to results of an industrial accident, framing incident and motor vehicle accident. While for the diseases tumor and diabetes mellitus are the main causes of amputation of lower limb (World Health Organization and the United States Department of Defense, 2004).

1.1. Literature review

The amputees have difficulty with physical mobility, performing daily activities and poor in quality of life. The amputees show lower balance confidence while comparing with healthy elderly. The loss of lower limb causes them to restrict from doing activities due to fear of falling and injury ((Miller, et.al, 2002). Most of the amputee has phantom limb pain sensation (Davidson, et.al, 2010). But this type of pain can be reduced by using multiple programs and able to enhance the occupational performance and satisfaction (Samuelsson, et.al, 2011). Lower limb amputees have better result on mental health, social and bodily pain function when comparing with upper limb amputees. Besides that, level of confidence in performance activities among amputee group was higher when compare with others chronic pain group. Even though the amputees have loss of a limb and face some of pain such as phantom limb pain (Davidson, et.al, 2010, & Che, et.al, 2013).

The goal of a rehabilitation team for individual with lower limb amputation (LLA) is to be able maintains their functional status. The uses of assistive devices may promote the amputees to be more confident and maximize the function in their life. In that using of an early postoperative prosthesis, (EPOP) has results in higher level of independence and quality of life compare to the traditional prosthesis (Horne and Neil 2009). It shows early used of prosthetic devices may promote the improvement of a rehabilitation process.

Rehabilitation programs are important after the process of amputation for promoting and improving the quality of life of the amputees (Cox, et.al, 2011). According to Webster, et.al, (2012), a study of prosthetic fitting in 12 months of the period, 92% of amputees show successful to fit with the prosthetic limb. In the early month especially four month mostly of the amputees unsuccessfully fitting with prosthetics because of depression, diabetes, arterial reconstruction and also due to pain in the residual limb. Additionally, there are other factors that affect the rehabilitation program become successful, such as age, major depressive episode, transfemoral amputation, dialysis and unsuccessful fitting of the prosthesis and pain in the residual limb (Webster, et.al, 2012 & Azlina, et.al, 2013). These factors make the patient choose other devices for mobility purpose like the wheelchair, walking frame and axilla crutches. To reduce the burden on a caregiver, the individual with amputees were using different assistive devices for their daily function. By using various devices, the satisfaction and the occupational performance level will vary. Early studies limited to identify the occupational performance level and satisfaction level of different devices uses. Hence, this study purely focuses to find out which devices can improve more quality of life of patients with amputees from varying confounding factors.

Therefore, this study aimed to determine the level of occupational performance (self-care and non-self-care) and satisfaction of lower limb amputation with using different assistive devices.

The specific objectives of this study were to i) determine the mean level of occupational performance (Self-care and non-self-care), satisfaction and need of technology support for a patient with lower limb amputation. ii) Determine the level of occupational performance (self-care and non-self-care), satisfaction and need of technology support in between types of assistive devices (AD) used at a community by patients with lower limb amputee. iii) Identify age group between self-care and non-self-care score with satisfaction score and social/technology support.

2. Methodology

2.1. Subjects

A cross – sectional survey study design conducted with stratified random sampling method. Total of thirty-five participants (age ranging from 17 years and above) participated; then the group were being classified based on the

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