

Table 5. Components of the Upper Limb Prosthesis Prescription

Comprehensive prescription for an upper limb prosthesis should include:
• Design (e.g., preparatory versus definitive) • Control strategy (e.g., passive, externally powered, body powered, task specific) • The anatomical side and amputation level of the prosthesis • Type of socket interface (e.g., soft insert, elastomer liner, flexible thermoplastic) • Type of socket frame (e.g., thermoplastic or laminated) • Suspension mechanism (e.g., harness, suction, anatomical) • Terminal device (TD) • Wrist unit (if applicable) • Elbow unit (if applicable) • Shoulder unit (if applicable)

The prosthetic training phase marks a turning point in the rehabilitation of the patient who is determined to be an appropriate candidate to proceed to prosthesis fitting. Phases one and two provide a foundation for success in phase three. This phase commences upon delivery of an initial prosthesis and continues until the patient demonstrates desired functional outcomes with proper prosthetic use during desired functional activities. This phase involves continued physical rehabilitation interventions as appropriate, functional prosthetic training, return to vocational and avocational activities, and continued psychological support. Patients may ebb and flow through this phase after receiving each new or different type of prosthesis. During this phase of care, the members of the care team must monitor the patient for potential complications that can occur during prosthesis use. [Table 6](#) provides the care team with some common signs and symptoms that the prosthesis may need to be modified. This phase may also begin because a patient receives a new prosthetic component or a novel control scheme.

Table 6. Signs and Symptoms the Prosthesis May Need to Be Modified

Patients who use a prosthesis should be advised to report any of the following symptoms:
• Ongoing pain in the residual limb or associated with a prosthetic harness • Skin breakdown • Change in the ability to don and doff the prosthesis • Change in limb volume (weight gain or loss) • Change in pattern of usage

The last phase of ULA rehabilitation is lifelong care. This phase begins upon completion of the prosthetic training phase and continues throughout the remainder of the patient's life. The importance of this phase cannot be understated. During this phase, the patient should return for annual routine follow-up assessments and review of the patient's functional goals with the amputation care team. A comprehensive, interdisciplinary approach is used at each follow-up regardless of prosthetic use. Each routine follow-up assessment should focus on maximizing the patient's functional independence using available rehabilitation services and emerging technologies in ULA rehabilitation.

The [Algorithm](#) summarizes the activities and milestones achieved in each phase of care.