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Frequently Asked Questions

Nobbe Orthopedics practitioners answer some of the most frequently asked questions regarding prosthetic care during the recovery and rehabilitation process after an amputation.

Q: WHAT IS A RIGID DRESSING?

A: The rigid dressing is a sterile dressing combined with a plaster cast. Your doctor may prescribe a rigid dressing which is applied, usually by your prosthetist, to the residual limb immediately after surgery. A tube or pylon and an artificial foot or hand may be attached to the cast so you can begin using the residual limb soon after surgery. Dressing changes usually occur at two-week intervals.

Q: WHY IS THERE SO MUCH SWELLING?

A: Swelling is a natural reaction to the trauma of surgery and will continue throughout the healing process. There is also a tendency for fluids to build up as a result of less muscle activity in the amputated limb.

Q: HOW DO I REDUCE THE SWELLING?

A: Wrapping with elastic bandages or using elastic "shrinkers" decreases the swelling and helps shape the residual limb. It is important that you keep your residual limb properly wrapped or within the shrinker at all times. The swelling will continue to decrease over the next several months as your residual limb shrinks significantly from both fluid loss and muscle inactivity.

Q: HOW SHOULD I TAKE CARE OF MY RESIDUAL LIMB AFTER SURGERY?

A: After the first dressing is changed, an elastic bandage should be used to wrap the residual limb. This bandage should be removed and rewrapped several times each day so it will continue to provide adequate support as your limb shrinks.

Q: WHAT IS PHANTOM PAIN?

A: Many people experience the sensation that the amputated limb is still present. You may have the sensation of tingling, itching, or movement, as well as fleeting episodes of sharp, squeezing, or burning pain. The causes of phantom sensation are not clearly understood, but the experience usually disappears within a few months after surgery. Inform your doctor and prosthetist of any discomfort that you may experience.

Q: HOW SOON AFTER SURGERY WILL I GET MY PROSTHESIS?

A: Many factors determine when you are ready for your first prosthesis. Your residual limb must be well-healed with no tenderness and minimal swelling. Generally, if there are no complications, the first fitting can occur as early as four to five weeks after amputation. If you have poor circulation, the fitting may be delayed an additional two to three weeks to allow for adequate healing.

Q: HOW SHOULD I CLEAN MY RESIDUAL LIMB?

A: Wash your residual limb daily with soap and water. Avoid lotions, oils, or creams because they tend to soften the skin and make it more susceptible to skin breakdown. Always check your residual limb thoroughly for any scrapes, cuts, sores, or reddened areas.

Q: HOW DO I PREPARE MY BODY FOR WEARING MY PROSTHESIS?

A: Exercise is important in increasing your overall strength and flexibility and preparing your muscles for the prosthesis. A physical or occupational therapist assesses your overall physical condition and may prescribe an exercise program. Isometric exercise, which involves tightening and relaxing the muscles, helps you maintain good muscle tone and can be started while you are still in bed. Along with exercise, gradually desensitizing your residual limb is an important step in preparing for your prosthesis. Begin by massaging your limb, then work up to patting it, rubbing it with a towel, and even lightly slapping your residual limb. Preventing contractures (the tightening of the muscles and joints) also makes wearing your prosthesis easier.

Q: WHAT PROSTHESIS IS BEST FOR ME?

A: Your prosthetist consults with your physician regarding the prescription for a prosthesis. There are many individual factors to consider in prescribing the right prosthesis for you. Some of these include the shape and condition of your residual limb, overall medical and physical condition, previous activity level and lifestyle, commitment, and financial situation. Discuss your interests, lifestyle, work and goals with your prosthetist, so he or she can design a prosthesis that provides the highest level of function and independence possible.

Q: HOW IS MY PROSTHESIS MADE?

A: Your prosthesis is made up of many different components selected specifically for you and your lifestyle. Your prosthetist begins by taking a series of measurements and a cast of your residual limb. From the cast, a mold is made and used to design a custom socket. Your residual limb fits snugly in the socket which is attached to the other components that make up your prosthesis. There are also a variety of skin-like coverings that can be used to resemble your other limb as closely as possible.

Q: HOW DO I LEARN TO USE MY PROSTHESIS?

A: During the initial fittings, your prosthetist guides you through the basic principles of using your prosthesis, fine-tuning the fit and alignment as needed. For lower limb amputees, more extensive training (walking on different terrains, climbing stairs, getting in and out of a car) is provided by a physical therapist. If you have an upper limb prosthesis, an occupational therapist helps you perform daily living activities such as grooming, eating and handling various objects.

Q: HOW MUCH WILL MY PROSTHESIS COST?

A: Your prosthesis is custom-designed to meet your specific needs using advanced and expensive materials and components. Insurance coverage varies widely, but most private insurance plans and Medicare pays large portion of the charges. Medi-Cal covers certain types of prosthetic devices. Many HMO and PPO plans do not cover prosthetic devices unless you have the higher option plans that include orthotic and prosthetic devices. You will probably have many questions before and after your amputation. We encourage you to talk to your physician, therapist, and prosthetist, and discuss your concerns and receive answers to your questions.

Q: HOW LONG WILL MY FIRST PROSTHESIS LAST?

A: Your first prosthesis is usually worn for about three to six months. During this time, your residual limb continues to shrink and becomes less sensitive. Your prosthetist also makes many adjustments, and prosthetic socks may be added to help the socket fit properly as your limb shrinks. You learn to walk and balance on your new prosthesis, which helps shrink the residual limb faster. If you've lost an arm, your first prosthesis allows you to pick up objects and regain daily living skills.

Q: WHEN WILL I BE READY FOR MY DEFINITIVE PROSTHESIS?

A: As soon as your residual limb is healed and the size and shape have stabilized, you are ready for a more complex "definitive" prosthesis. Your definitive prosthesis can last for many years especially if you take proper care of it and have it periodically "checked and serviced" by your prosthetist. Also, it is very important that you maintain your weight. Even a ten-pound weight gain or loss could affect the prosthetic fitting, which requires adjustments or a new prosthesis.

Q: WHAT IS PLAGIOCEPHALY AND TORTICOLLIS?

A: One out of every 300 live births results in a baby born with the plagiocephaly-torticollis deformation sequence. This condition is not the effect of premature closure of skull sutures, but rather the asymmetry in the length of the sternocleidomastoid muscles on either side of the neck. This muscle flexes the head, laterally rotates it, and turns the head to the opposite side. If it is shortened or tightened on one side, it tends to tilt the head toward the affected muscle and turn the face away. This sequence can result in the deformation of the infant's skull due to normal brain growth combined with the asymmetric postnatal resting position. Predisposing factors that can result in this type of condition are cervical-vertebral abnormalities, sleeping position, in utero positioning, multiple births, and incomplete bone mineralization. The positional plagiocephaly is secondary to oblique molding of the head either in utero or post-natally, due to the tendency to lie persistently on one side of the head.

Deformational plagiocephaly is characterized by flattening of one side of the occiput, forward progression of the ear on the same side, and bossing of the ipsilateral forehead. The forehead on the contra-lateral side is flattened and there is an occipital prominence on the side opposite the occipital flattening. The asymmetry can create facial involvement as well. Infants with torticollis require 2-3 months of regular neck-stretching exercises, massage, and altering the infant's sleep position. Parents are encouraged to place the infant in his/her crib so that the child must lie opposite the preferred position. For infants who do not make progress with exercises alone or for infants with moderate to severe plagiocephaly, fabrication of a custom orthosis is recommended. The helmet allows normal growth of the brain to continue while preventing further distortion of the cranium. Frequent follow up is essential to allow for regular growth and to monitor progress. The band is removed during the exercises that are usually performed three times per day.

Q: DOES MY INSURANCE PAY FOR CRANIAL REMOLDING OR ORTHOSES/ HEADBANDS/HELMETS?

A: Each insurance company has different coverage and medical policy guidelines. It is best to contact your insurance company and employer benefits coordinator to determine the type and level of coverage for durable medical equipment (DME) and orthotics and prosthetics (O&P). It is not uncommon for insurance companies to require a letter of medical necessity from your referring physician stating that the STARband™ (a cranial remolding orthosis) is medically necessary and is not being prescribed for cosmetic reasons. If untreated, problems that may be associated with deformational plagiocephaly include vision and hearing problems, temporomandibular joint disorder (TMJ), etc. Ask your orthotist and referring physician to provide you with the necessary information (e.g., prescription, letter of medical necessity, photos) to assist you in obtaining coverage and reimbursement. Additional information can be found at PLAGIOCEPHALY.ORG (see "Where can I get more information?"). Under the files section, select INSURANCE HELP for a listing of files that include clinical studies, appeals letters, etc. Be persistent -many parents have successfully gone through the appeals process and have received reimbursement after their first claim was originally denied.

Q: HOW SOON WILL WE SEE IMPROVEMENT?

A: This varies, but some parents have seen improvement after only 2 weeks of STARband™ use. Correction continues over time, and requires complete compliance to achieve the greatest degree of symmetry.

Q: WILL MY INFANT EXPERIENCE ANY DISCOMFORT WEARING THE STARband™?

A: In most cases, children adapt quite easily to the orthosis. As your infant begins to wear the orthosis, any concerns you may have can be addressed by your orthotist.

Q: HOW DO I KEEP THE STARband' CLEAN?

A: In some cases, a mild unpleasant scalp odor may develop. It is easily controlled with daily washing of the head and STARband™. You may also remove the STARband™ for a couple minutes during the day to towel or blow-dry your head and band. The STARband™ may also have a mild chemical smell that dissipates within a day or two.

Q: DO WE NEED FOLLOW UP?

A: Yes. In most cases, your child will need frequent STARband™ adjustments by the orthotist. Contact your orthotist sooner if the STARband™ seems tight or you notice any problems. The referring physician may wish to see the child periodically during STARband™ treatment to evaluate progress.

Q: WHO TELLS US WHEN TO STOP WEARING IT?

A: The decision to discontinue wearing the STARband™ should be made by the physician in conjunction with the orthotist. The orthosis has done its job when the head rounds into the symmetrical shape of the STARband™, or when the head shape has changed to an acceptable degree of symmetry and has outgrown the STARband™.

Q: WILL WE NEED MORE THAN ONE STARband™ FOR TREATMENT?

A: Most infants complete the STARband program with a single orthosis. In cases of moderate to severe deformational plagiocephaly, it is possible to outgrow the STARband™ before all possible correction may be achieved. If this happens, the physician, orthotist and parents play an active role in determining if another orthosis is appropriate. Any additional orthosis will require new insurance billing and prior approval is recommended before proceeding.

Q: WILL THE HEAD REVERT BACK TO THE FLAT SHAPE WHEN THE STARband™ IS DISCONTINUED?

A: It is not common for the head shape to revert back to its original shape. As children get older, they spend more time sitting, crawling and walking which minimizes the amount of time they spent on their backs. In fact, further skull shape improvement may occur over time. If your child was diagnosed with torticollis, it may be necessary to continue the stretching program to maintain correction achieved by the STARband™.

Q: HAS THE STARband™ BEEN CLEARED BY THE FDA?

A: Yes. Orthomerica Products, Inc. received its clearance to market and manufacture STARband™ cranial remolding orthoses in July 2000. Nobbe Orthopedics uses the StarBand™ exclusively in provision of its plagiocephaly services.

Q: WHERE CAN I GET MORE INFORMATION?

A: There is a wonderful discussion group that is primarily composed of parents at a web site called plagiocephaly.org. Additional information is available by searching the internet with the keyword "plagiocephaly;" and at Orthomerica's website at www.orthomerica.com.