Oral Communication
OC-1003

Social and Vocational Rehabilitation of People with Lower-Limb Amputation Using Prostheses: The Reality in Kinshasa

Topic: Specific Target Groups (Children, Women, Elderly, Athletes, Musicians, Refugees, Ethnic Groups, Workers, and Others)

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BACKGROUND

This study was motivated by the challenges of social and vocational rehabilitation for people with lower-limb amputation using prostheses. Its objective was to ensure functional independence as well as social and vocational rehabilitation, helping these individuals redefine their body image.

METHODS

This retrospective cross-sectional study involved people with lower-limb amputation using prostheses over a 12-month period in Kinshasa. Data were collected from their records at the Kinshasa rehabilitation center for people with physical disabilities, using a survey protocol and the London Handicap Scale administered to patients and/or their relatives. Data were entered using an EPIDATA data-entry mask and analyzed using SPSS. Percentages were compared using the chi-square test.

RESULTS

Among 30 people with lower-limb amputation using prostheses, 23 were men (76.7%) and seven were women (23.3%); the mean age was 40 years. Complete independence or absence of handicap was observed in 33.3%, while 30.0% had minimal handicap and 36.7% had maximal handicap. Maximal handicap was observed among people with bilateral amputation. Among those with right-sided amputation, many had maximal handicap, others had minimal handicap, and some had no handicap. Among those with left-sided amputation, 38.1% had no handicap, 33.3% had minimal handicap and 28.6% had maximal handicap. The more proximal the amputation, the greater the likelihood of regaining previous life functioning. All patients with Chopart amputation (100%) or amputation at the lower femoral third (100%) regained their previous life functioning. Age did not appear to differentiate levels of handicap. People aged 40 years or older were more represented among those with maximal handicap and those with no handicap, whereas people under 40 years were more represented among those with minimal handicap.

CONCLUSION

Despite the use of a prosthesis, amputation affects independence, body image and reintegration into daily social and occupational activities. Certain factors external to the amputation positively or negatively influence social and vocational rehabilitation. Knowledge of these factors will positively influence social and vocational rehabilitation in general.

Statement of Disclosures

None

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