

Comprehensive Rehabilitation of A Deserted Amputee

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Rehabilitation is a treatment process designed to help physically handicapped individuals to make maximum use of residual capacities and to enable them to obtain optimal satisfaction and usefulness in terms of themselves, their families and their community. This is based on two main processes. i.e. physical restoration and socio-vocational rehabilitation.

These two processes are complementary to each other and comprehensive rehabilitation programme is not complete even if either one of these process is absent.

Case: Rani Mangamma, aged 25 years, young lady, good looking, attempted suicide by throwing herself in front of the train because of ill treatment by in-laws. She sustained multiple injuries and she was revived but left with an above-knee amputation on the left side and a below-knee amputation on the right side. She was first seen as totally non-confident, mentally disturbed with no mind to accept the disability and completely deserted by her in-laws and parents.



MEDICAL REHABILITATION

The success of medical rehabilitation of an amputee lies in achieving near normal gait after fitting artificial limb. The alignment of a prosthesis is easy in the case of a single limb amputee. In bilateral amputees, a combination of above knee on one side and below knee on other side, is the most difficult combination to deal with. The problems faced in this case are 1. Selection of height of the individual, 2. The dynamic alignment of the prosthesis, 3. Cosmetic appearance, 4. Patient's acceptance.

In the case cited as an example Rani Mangamma is a bilateral amputee, below knee

on the right side and above knee on the left side. Added to the problem in this case, is a short above-knee stump which will tend to come out of the socket. This problem has been sorted out and is fitted with an above-knee prosthesis on left side and the below knee prosthesis on the right side with which she is able to stand and walk.

SOCIAL REHABILITATION

Rani has studied upto 3rd standard and with the help of the special school situated at the Institute. She has learnt to read and write fluently. Now she writes letters to her father who is very happy to receive letters in his daughter's own writing.

A counselling session was conducted with Rani Mangamma's father who is a peon in a bank in Erode. He agreed to write to her and visit her once a month. Rani Mangamma was donated with a tricycle and wheel chair by voluntary agencies.

Rani Mangamma has overcome all the disabilities and her social out-look has changed after medical treatment including fitting of the limbs and social counselling. She is bold enough

to face the people who have deserted her.

PSYCHOLOGICAL REHABILITATION

Rani Mangamma came to the Institute in a depressed state. She was very shy and withdrawn. A few counselling sessions with her, helped her to accept the disability and build up her morale. She became very determined and wanted to live, to support herself and not to be a dependant on either her in-laws or on her parents.

VOCATIONAL REHABILITATION

Rani was found to be interested in tailoring. Intense coaching in tailoring was given by the vocational instructor at the Institute. Rani was also donated with a sewing machine. Now she is confident to start a new life with what she gained medically, socially and psychologically from the rehabilitation team. Such unfortunate girls are plenty in our society who need to be identified and rehabilitated. Such programmes are by means of District Rehabilitation centre, who takes rehabilitation to the doorstep of the disabled.