
**Prosthetics and orthotics — Terms
relating to the treatment and
rehabilitation of persons having a
lower limb amputation**

*Prothèses et orthèses — Termes associés au traitement et à la
réadaptation de personnes amputées du membre inférieur*

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Foreword

ISO (the International Organization for Standardization) is a worldwide federation of national standards bodies (ISO member bodies). The work of preparing International Standards is normally carried out through ISO technical committees. Each member body interested in a subject for which a technical committee has been established has the right to be represented on that committee. International organizations, governmental and non-governmental, in liaison with ISO, also take part in the work. ISO collaborates closely with the International Electrotechnical Commission (IEC) on all matters of electrotechnical standardization.

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Introduction

Currently there is no internationally accepted terminology to describe the phases of treatment and rehabilitation of persons having a lower limb amputation and the treatments which are used during these phases.

As a consequence the members of the clinic teams in different parts of the world have adopted their own terminology to meet their own needs. This situation makes it difficult to compare the clinical practices adopted in different treatment centres.

This document proposes a terminology which is designed to overcome this problem. It is suitable for use in clinical records and will facilitate the analysis of treatment outcomes.

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Prosthetics and orthotics — Terms relating to the treatment and rehabilitation of persons having a lower limb amputation

1 Scope

This document specifies a vocabulary for the description of the phases of treatment and rehabilitation of persons having a lower limb amputation and the treatments which are used during these phases.

2 Normative references

There are no normative references in this document.

3 Terms and definitions

For the purposes of this document, the following terms and definitions apply.

ISO and IEC maintain terminological databases for use in standardization at the following addresses:

- ISO Online browsing platform: available at <http://www.iso.org/obp>
- IEC Electropedia: available at <http://www.electropedia.org/>

3.1

pre-operative care

treatment provided from the time the decision to amputate is made until surgery is performed

3.2

surgery

treatment provided when the person is in the operating room

3.3

stump residuum

that part of the limb remaining after amputation surgery

3.4

immediate post-operative care

treatment provided after surgery where the focus is recovery from the procedure, achieving medical stability, preventing complications and initiating mobility

Note 1 to entry: This is normally up to three days.

3.5

complication

adverse event affecting the expected progress of treatment

3.6

debridement

surgical removal of non-viable and necrotic tissues

3.7

phantom pain

pain felt as if in the amputated part of the limb

**3.8
early rehabilitation**

treatment, provided once the person is medically stable, to achieve optimum conditions for rehabilitation with or without a prosthesis

**3.9
early walking aids
EWA**

prefabricated assistive devices applied to the stump

Note 1 to entry: They can be used to assess suitability for prosthetic fitting, to promote early mobilization and gait re-education and to control oedema and promote healing. They are intended for use during the early rehabilitation phase.

**3.10
temporary prostheses
preparatory prostheses**

individually manufactured prostheses, to permit early mobilization and gait re-education prior to provision of a definitive prosthesis

**3.11
definitive prostheses**

individually manufactured prostheses intended for continuing use

**3.12
rehabilitation with a prosthesis**

treatment provided to the person who is being supplied with a prosthesis

**3.13
rehabilitation without a prosthesis**

treatment provided to the person who is not being supplied with a prosthesis

**3.14
continuing care**

education and treatment intended to maintain optimal medical, physical and functional status and quality of life

4 Phases of treatment and rehabilitation

The treatment and rehabilitation of a person having a lower limb amputation, from the time the decision is made to amputate, and for the remainder of their lives, may be considered as comprising the following phases:

- preoperative care;
- surgery;
- immediate postoperative care;
- early rehabilitation;
- rehabilitation with or without a prosthesis;
- continuing care.

5 Modes of treatment

5.1 General

During each phase a range of modes of treatment (including education and provision of information) are routinely delivered and a number of complications may occur which will require further treatment, as specified below.

5.2 Pre-operative care

5.2.1 Treatments

- Assessment (medical, functional, psychological and social) of suitability for amputation and to determine level of amputation.
- Counselling of patient, family and/or carer.
- Obtaining informed consent and marking the site(s) of operation(s).
- Medical, physical therapy and psychological treatment as appropriate.

5.3 Surgery

5.3.1 Treatments

- Anaesthesia and pain management.
- Positioning.
- Amputation. <https://standards.iteh.ai/catalog/standards/sist/c0475b13-b98f-4738-977a-b885e4d9d895/iso-21065-2017>
- Infection prophylaxis.
- Thromboembolic prophylaxis.
- Surgical site dressing (including rigid dressings).

5.4 Immediate post-operative care

5.4.1 Treatments

- Routine postoperative medical, physical therapy and nursing care.
- Pain management.
- Surgical site management.
- Stump (residuum) management (including oedema control, muscle strengthening and contracture prophylaxis).
- Psychological support.
- Physical therapy (including positioning, mobility in bed, general strengthening, standing and balance training, falls awareness, and transfers).
- Care of the contralateral limb (including prevention of pressure ulcers and contractures, and thromboembolic prophylaxis).