THE REINSTATEMENT IN THE WORKING LIFE OF PATIENTS WITH **UPPER LIMB PROSTHESIS**

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Introduction

The activity and the rehabilitation model of the multi – disciplinary team in Prosthesis Centre (Centro Protesi) INAIL are illustrated by means of a film.

This Centre is a functional structure of the National Institute for Insurance against Labour accidents and professional illnesses (INAIL).

It is specialised in the production of technologically advanced prosthesis and personalized orthopaedic aids for all levels of amputation and congenital malformations.

The main characteristics in this rehabilitative model that give completeness of the Service of the Centre are:

- Evaluation of physical deficit (initial technical –medical appointment;
- Evaluation of social and psychological situation (.psyco social anamnesis);
- Elaboration of a personalised rehabilitation plan;
- Individuation and application of the orthopaedic aid and training for its use;
- Individuation of the support services for the person during the stay in the Centre;
- Finally evaluation of the entire rehabilitative process.

The prosthesis, alone, is not enough to allow the independence of a person with an amputation: so the aim is the achievement of a greatest degree of autonomy thanks to myoelectric cinematic prosthesis and others orthopaedic aids.

The purpose is giving to the amputated patient the possibility to be as self – sufficient a possible in order to allow him a fairly normal life, especially in these important activities:

- Self care
- Mobility (to use again his own car with appropriate adaptations)
- Reinstatement in the social and working life.

Materials and Methods

The occupational therapy has a great importance in the personalised rehabilitative program of a person with upper limb amputation; what are the most useful movements for an amputated with his prosthesis in his social, professional and family life?

We have to answer this question every time we undertake an ergoterapy treatment; we have to be aware that autonomy means changing from the condition of patient to that of "agent", subject, protagonist of his own acting and his wishes.

It's necessary to finalise the use of prosthesis for the daily life activities and actions in the professional context; after the first phase characterised from the consciousness of amputation, it's very important the following phase of using the prosthesis in the everyday life, such as eating, dressing, take care of his/her own needs (wash theet, face, comb hair...) and interacting with the environment (grasp objects, open a door, telephone..).

Giving back the autonomy to these patients means breaking a vicious circle: reduced self esteem. Depression, passive attitude, ulterior dependency, reduced self esteem.

In this way, the patient can regain confidence and self assurance in his own possibilities and can discover again abilities for new rewarding experiences and new "roles"

Results

Statistics of cases of successful integration in the working life will be reported during the conference.