Evaluation of a multidisciplinary consultation for children's upper limb amputation

Julie Dohin*, Caroline Coiffier-Leone, Prune Payre, Beatrice Bayle, Bruno Dohin, Vincent Gautheron
CHU de Saint-Étienne, MPR, Saint-Étienne, France
* Corresponding author.
E-mail address: julie.dohin@gmail.com (J. Dohin)

Opinion/Feedback
Congenital agenesis and acquired amputations of upper limb in children are a great traumatic experience in affected families. Patients, families and caregivers are then exposed to many functional and social difficulties. These states require accurate analysis of functional impairment, child’s coping skills and therapeutic plan to implement for optimal social integration. These children and their families must be supported since early childhood by multidisciplinary teams. This can require psychological support, the use of an aesthetic and/or functional prosthesis, and occupational therapy. Rehabilitation will be focused on grip function. For 1 year, we set up in Saint-Étienne University Hospital a dedicated clinic that meet every 1 to 2 months, three families affected by these conditions. Every child benefits a multidisciplinary clinic including medical examination, physiotherapist evaluation and prosthetist assessment. Then, children participate in an experience-sharing group coordinated by a nurse, and parents share their own experiences with a psychologist. We present the organization of this specialized clinic and the assessments of the fifteen families who already participated.

Keywords
Amputation; Children; Upper limb; Multidisciplinary; Family

Disclosure of interest
The authors declare that they have no competing interest.

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Global care of upper limbs agenesis

Nathaly Quintero-Prigent*, Frédéric Clavier, Naima Brennetot, Colina Martinot-Lagarde
Hôpitaux de Saint-Maurice, MPR, Saint-Maurice, France
* Corresponding author.
E-mail address: nathalyquintero@gmail.com (N. Quintero-Prigent)

Opinion/Feedback
Upper limbs birth defects are rare. There is an international classification of these malformations. The most frequent cause is the stop in the cross development of the forearm.

The announcement of the malformation is a strong psychological trauma for parents, whether it occurs before the birth or if we find out when the baby is born. Beyond the grief of the perfect child, parents are very worried about activities of daily living, about the future of the child and his relationships with others. We have to inform and to support them during to the development and growth of the child. Children born with an upper limb defect will have their own psychomotor development but equivalent to a child of the same age. They do not need to adapt or readapt. The team taking care of children is multi-professional: orthopedic surgeon, physical and rehabilitation doctor, occupational therapist, psychologist, etc. to support children and parents with their needs. Nowadays, two types of prosthesis can be manufactured: cosmetic and functional prosthesis (mechanical or myoelectric). Moreover, new technologies have introduced a new type of hand prosthesis using 3D prints.

Patient acceptance of malformation and prosthesis wearing are influenced by several factors: personal life story, child way of life as well as family and cultural customs. For all these good reasons, it is important to stress the need of a multi-professional team to take good care of patients.

Keywords
Upper limbs agenesis; Prosthesis; Tools; Acceptance of the malformation; Multi-professional global care

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Further reading

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