Introduction

Critical limb ischemia is defined as a restriction of the arterial system causing significantly decreased blood in the extremities. An important model in cases of extremity ischemia is diabetic foot ulcers, or arteriosclerotic gangrene. Chronic cases often present with pain (at rest and with normal walking) or ulcers, or gangrene. Limb salvage may be attempted via revascularization procedures (tissue debridement or amputation). In cases that results in limb sparing, the use of prosthetics, orthotics, adaptive devices, & assistive equipment can supplement patients' independence leading to increased quality of life. Since many types of infections and orthotic devices exist, it is important to tailor them based on individual needs.

The patient was admitted for prosthetic training, and both his upper and lower extremity prostheses were suitable for use. The patient was discharged from the hospital after testing both prosthetics, and moved home, where he was lost to follow up and never described his outcome.

Case Report: Rehabilitation of a 43 year-old male with critical limb ischemia and a history of multiple trauma to the lower extremities. The patient was admitted to acute rehabilitation. PT initiated upper extremity & lower extremity strengthening & ROM exercises, ADL, feeding, ADL, and care including dressing, feeding, and continence. He received education for modified independent techniques for activities of daily living & self-care including dressing, feeding, and continence. He received education on open and closed tissue culture wounds, and monitored wound healing. The patient was discharged from the hospital after testing both prosthetics, and moved home, where he was lost to follow up and never described his outcome.

Clinical Course

The patient was admitted to acute rehabilitation. PT initiated upper extremity & lower extremity strengthening & ROM exercises, ADL, feeding, and continence. He received education for modified independent techniques for activities of daily living & self-care including dressing, feeding, and continence. He received education on open and closed tissue culture wounds, and monitored wound healing. The patient was discharged from the hospital after testing both prosthetics, and moved home, where he was lost to follow up and never described his outcome.

References