Socketless Option for Prosthetic Care

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social skills and social risk-taking, are im-
portant elements of recovery for ph-
ysically disfigured persons. They must
learn to deal with predictable hurtful re-
actions from naive observers, and learn
to make themselves so tolerable that people
will be fond of their physical differences.

5. The psychotherapist can help the
patient in defining a new self-image. In
the early months or years, the patient is
couraged to overcompensate and en-
joy the positive identification of "hero." The
survivor is counseled for rehabilita-
tion gains and social accomplishments.
Each victory is celebrated.

As the patient’s physical and psycho-
logical adaptation stabilizes, the
psychotherapist can assist the patient in
resisting the temptation to remain satis-

died with the identity of “heroic survivor.”
This role involves the survivor to strive to
achieve expectations that are unrealistic,
attempting to deny unhappiness or an-
ger or pain. The task of the psychother-
apist is to make explicit the expectation that
each burn survivor is a human individual
who can be strong and competent, opti-

mistic and autonomous and also can have
moments of sadness, despair or rage. Such
uncomfortable human feelings must be
validated. The psychotherapist can guide
the patient to accept vulnerabilities and
flaws without degrading from the over-
all positive evaluation of “self.” The
person who has been the “tragic survivor”
will become a competent, inter-

ested individual who also once suffered
a serious injury and a terrifying experience.

Practical Considerations

In most of the countries where we have
worked, professionally trained psych-

therapists have not been readily avail-

able. However, in our model, where
we practice the "psychotherapy" as we
refer to a person who is trained in
the role of a therapist, i.e. one who guides
and accompanies the other through a
journey. Such a person must be gifted
with empathy and must like people; other
skills can be taught, regardless of educa-
tional background. However, it is most
helpful if ongoing consultation and su-
pervision can be arranged to be provided
by a well-trained expert.

Also, many countries have a social
tradition of, on the one hand, overpro-

tecting individuals with disfiguring condi-
tions and, on the other hand, re-
jecting and ridiculing them. Both of these
attitudes are more crippling to the indi-

vidual than the physical condition.
Human beings are remarkable in their
creativity; they can devise ways of achiev-
ing their goals when they feel supported
and encouraged. One young boy, who
recently had lost much of his hearing and
had all four limbs amputated following a
terrible explosion, was asked if he had any
impairments. He answered “I do not
know.” Thinking that perhaps he did not
understand the question, Dr. Blakeney
said, “You know, some people would
think you were impaired by not having
your arms and legs.” He responded, “I
know, but don’t know if I am or nor
yet.” That boy is now a grown man, liv-
ing in an apartment by himself with a
helper dog, driving his own truck and
attending a university. His life has been
very difficult, and he is not always happy.
He always wishes, at some level, that he
had his old body back. And, he would be
happier if he had found his dream
woman. But, he has accomplished much;
he is optimistic, enjoys friends and he has
hope for the future. He has always ad-

hsatt the attitude that he does not know what
his limitations are. And the data and clini-
cal experience we have gleaned, teaches
us that we also cannot define the limita-
tions of human resilience.

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Biography

Patrick Blakeney and Dan Covoo are both
senior members of the HMP Response Inter-
national Medical and Technical Advisory Board.
As a decade they have designed, supervised and de-
veloped training to mental health components of victim
education programmes, addressing the sequel of war.

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The solution to date, more than 350 unilateral and bilateral amputees, including many children, have been provided with Socketless Below-Elbow limbs in six countries. Dr. Holder had also initiated plans to develop a Technology Transfer model to make his work available to amputees in post-conflict or economically poor areas of the world, based initially on the Below-Elbow limb. This work will be done through either existing or new medical facilities, with the techniques for manufacturing and assembly adapted to the local capabilities and needs of that area. As additional design work is refined, each of these will also be made available.

Additionally, the LSN has developed a Technology Transfer model to make his work available to amputees in post-conflict or economically poor areas of the world, based initially on the Below-Elbow limb. This work will be done through either existing or new medical facilities, with the techniques for manufacturing and assembly adapted to the local capabilities and needs of that area. As additional design work is refined, each of these will also be made available.

Another avenue of a victim's rehabilitation process includes information and psychological care they require. The first Amputee Peer Support Network by LSN started in Bosnia and Herzegovina in 1997 with a visit from Princess Diana. The project was so successful that it has been added to other mine-affected countries. The organization conducts programs in which landmine survivors assist other survivors through the loss and mourning process. It can provide a non-surgical, non-invasive surgery system that has an unforeseen benefit. It can provide full prosthetic assistance in many different situations, including the loss of a limb or arm. In addition to the financial costs, reduced access to high-quality prosthetic care can replace segments.

The LSN has provided a number of services and programs for landmine victims across the globe. These include peer support networks, sitting volleyball teams, trauma recovery research, the "Raising the Voices" program, "Surviving Limb Loss" pamphlets and a rehabilitation database.

Peer Support Networks

Since landmine survivors have personal experiences dealing with the emotions and hardships that accompany limb loss, the Amputee Peer Support Networks have been created at the LSN victim assistance centers. The LSN Peer Support Network has been established to arrange for amputee survivors to meet with other amputees through hospital and home visits. Survivors provide psychological and social support for victims and their families in order to cope with limb loss. The staff also assesses the living conditions of mine-affected communities and identifies the special services, information and rehabilitation care they require. The first Amputee Peer Support Network by LSN started in Bosnia and Herzegovina in 1997 with a visit from Princess Diana. The project was so successful that it has been added to other mine-affected countries. The organization conducts programs in which landmine survivors assist other survivors through the loss and mourning process. It can provide a non-surgical, non-invasive technology system.

Sitting Volleyball Teams

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Additional services are available to help amputees gain self-esteem and become part of a team. These include peer support networks, sitting volleyball teams, trauma recovery research, and a "Raising the Voices" program. These services are designed to help amputees gain self-esteem and become part of a team. These include peer support networks, sitting volleyball teams, trauma recovery research, and a "Raising the Voices" program. These services are designed to help amputees gain self-esteem and become part of a team.

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