REPORT OF SELF-CARE PRACTICES TO RELIEVE PHANTOM LIMB PAIN
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OUTLINE OF PRESENTATION
- Background and Significance
- Study Purpose
- Methods
- Results
- Discussion
- Questions

Background and Significance
Limb loss
- Limb loss affects 1 in 190 and the incidence is projected to double by 2050.
- Limb loss is increasing because of an increase in risk factors including diabetes, obesity, poverty, and percent minority population
- Minorities and women are under-represented in studies of pain with limb loss.
Background and Significance
Phantom Limb Pain

- Phantom limb pain (PLP) is common for years after amputation.
- PLP is not always discussed with Primary care providers.
- PLP is often poorly treated.
- Many different treatments are reported in the literature with a paucity of well-controlled clinical trials.

Study Purpose

- The purpose was to describe self-care practices reported to alleviate phantom limb pain (PLP).
- Orem’s self-care theory will be incorporated into the interpretation to illustrate how this data can translate into nursing practice.

Methods

- Includes data from the University of Tennessee Limb Loss Study, and was UTHSC approved.
- Cross-Sectional Survey Design.
- Participants recruited with a purposive modified snowball technique.
- Instrument: Author-generated, verbal survey by phone or in person.
Recruiting

- Before recruiting, the PI spent 3 years networking with limb loss support groups and limb loss service providers.
- All prosthetic providers in the Memphis area, and all known advocacy groups were asked to display recruitment materials
- Both traditional and electronic mailings
- A Public Service announcement was released by UTHSC marketing

Participant Inclusion Criteria

- Limb loss greater than a finger or toe
- Amputation duration of 6 months or more
- Age 18 or over
- Mid-South Residents (Alabama, Arkansas, Kentucky, Mississippi, Tennessee)
- Live in the community
- Able to communicate verbally in English
- Positive report of PLP

Demographics

- Author generated questions in culturally appropriate language.
PLP Self-Care Practices

- Author generated questions in culturally appropriate language:

  "What makes this (PLP) pain better?"

Analyses

- Content analyses was performed of emerged categories to determine relative frequencies of self-care measures.

Results Demographics

- 52 Mid-Southern adults with a positive report of PLP
- Mean age 52.5 years
- Male 71.2%
- White 67.3%, Black 23.1%, Latino 1.9%, Asian 1.9%, Native American 1.9%, and other or mixed 3.8%.
- Mean education 14.0 years
Results

Massage:
- “Rub and it will ease it.”
- “Firm Pressure, Massage.”
- “Rub my Stump”
- “Usually take off leg and rub it….Massage works well.”
- “My wife massages it, and makes it feel a lot better.”
- “If I shake and massage my stump it helps.”

Medication Exemplars:
- “Lidoderm patches”
- “Muscle relaxant or Tylenol”
- “Heavy, heavy drugs”
- “If nothing else works, takes a pill”
- “Ibuprofen, Hydrocodone 500mg x 2, try to take more Ibuprofen and less Hydrocodone”
- “My medicine (Gabapentin) - my centralized pains go away”
Results

- Distraction Exemplars:
  - "Forget about it."
  - "Occupying my mind - if mind off it."
  - "Mind over matter."
  - "Look at it and say quit and it quits."
  - "Take mind off of it."

Results

- Exercise Exemplars:
  - "Movement."
  - "Begin moving around."
  - "Exercising"
  - "Standing up and moving"

Results

- Heat or Cold Exemplars:
  - "Putting hot patch or heat on it calms it down."
  - "Warm, wet cloth takes degree of pain"
  - "Sometimes heat and rubbing/massaging the end of it."
  - "Heating pad"
  - "Cold pack"
  - "Cool water"
Results

- Relaxation Exemplars:
  - “Relaxing”
  - “Flex leg muscles - tight and release”

Results

- Adjusting/taking off/or putting on a limb prosthetic Exemplars:
  - “Wearing prosthetic - helps with foot pain.”
  - “Take legs off and let them be free.”
  - “Take leg off.”
  - “Take pressure off and relax”

Results

- Time Exemplars:
  - “Short Time -- less than a hour.”
  - “Just times.”
  - “Time since amputation.”
  - “Getting better with time.”
  - “…seems like it lasts so long.”
Results

- Shrinker Sock Exemplars:
  - “Shrinker – silver.”
  - “Wearing a shrinker.”

Results

- Rest Exemplars:
  - “Rest.”

Results

- Other Reports:
  - “Tried electric shock.”
  - “Pressure points on face and hand, Acupressure.”
  - “Mirror and rubbed good ache -- two nerves talk.”
Discussion of Results

- No trend toward drug seeking behavior.
- Most self-care practices involve manipulating the residual limb.
- Most self-care practices were active.
- Few self-care practices were introspective.
- May have learned self-care through trial and error.
- Self-care practices reported can be taught or reinforced by nurses.

Discussion

Why Orem’s Self-Care Deficit Theory of Nursing?

- Uniqueness of nursing
- General theory
- Deficit can be defined as, “Capabilities of the needs for action.”
- Relationship between nursing action, nursing role, and patient actions can be explained as the nursing system.

Discussion

Self-Care Deficit Theory of Nursing is Three Inter-related Theories

- Self-care
- Self-care deficit
  - Learned behavior
  - Deliberate action
    - Performed rationally in response to a known need.
    - Self care and dependent care.
- Theory of nursing system
- Natural history method for gathering data
Discussion
Self-Care Deficit Theory of Nursing

- Self-care:
  - Form: Deliberate Action and its phases:
    - Self-care practices—from motivation through completion.
  - Content: Purposes to which it is directed:
    - PLP relief and pain management.

Discussion
Self-Care Deficit Theory of Nursing

- Self-care deficit
  - Learned behavior:
    - Internal oriented sequences of action—(Self care that is discovered by PLP sufferers to control self)
    - External oriented sequences of action—(Self-care that can be observed)
  - Deliberate action
    - Performed rationally in response to a known need.
    - Self care and dependent care.

Discussion
Self-Care Deficit Theory of Nursing

- Self-care deficit
  - Learned behavior:
    - Internal oriented sequences of action—(Self care that is discovered by PLP sufferers to control self)
      - Distraction and Time.
    - External oriented sequences of action—(Self-care that can be observed)
      - Massage, Medication, Exercise, Heat or Cold, Relaxation, Adjusting/taking off/or putting on a limb prosthetic, residual limb "shrinker" socks, and rest.
Discussion
Self-Care Deficit Theory of Nursing

- Theory of nursing system (of care)
  - Ensure function and development
  - Protect Action capabilities
  - Promote self care and care for dependents

Discussion
Self-Care Deficit Theory of Nursing

- Natural history method for gathering data
  - Open ended questioning in plain language, with respondents free to answer in their own language and framed in their own reality.

Study Strengths

- Representation of Blacks, women, and persons with low education.
- Instrument was culturally appropriate and administered verbally.
- Open ended questioning to explore self-care.
- Common categories emerged that have been reported in previous literature
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<th>Study Limitations</th>
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<td>▪ Cross-sectional study, subjective data-open ended questioning may not have captured all self-care practices.</td>
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<td>▪ May be more than one etiology of PLP therefore not all treatments can be anticipated for all persons with PLP.</td>
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<td>▪ Variability in amputation history.</td>
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<td>▪ Limited Generalizability.</td>
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<td>▪ Includes evidence based practice data to be incorporated into nursing knowledge.</td>
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<td>▪ Orem’s Theory allows for a practical application of these data in the clinical setting.</td>
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<td>▪ Allows for PLP management within nursing paradigm while working as part of a team with others.</td>
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<td>▪ Nursing should work collaboratively as a team with patients and all professionals</td>
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<td>▪ Patients response to any self-care activity may have variability</td>
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References


Questions and thank you

thank you very much!