Exploring Functional Recovery and the Experiences of Black Individuals with Dysvascular Lower Limb Amputation

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BACKGROUND

Health disparities persist in underrepresented populations with dysvascular lower limb amputations. The incidence of amputation related to vascular disease is greater among persons of color compared to non-Hispanic white persons in the US. People of lower socioeconomic status and those who live in rural geographical areas have also shown higher rates of amputation. However, the lived experiences of these underserved and underrepresented populations has not been studied.

PURPOSE/HYPOTHESIS

To contribute novel information to the amputation literature regarding the lived experiences of prosthetic leg wearers who identify as Black/African American living in rural and urban environments and interpret the relationships to functional recovery and quality of life.

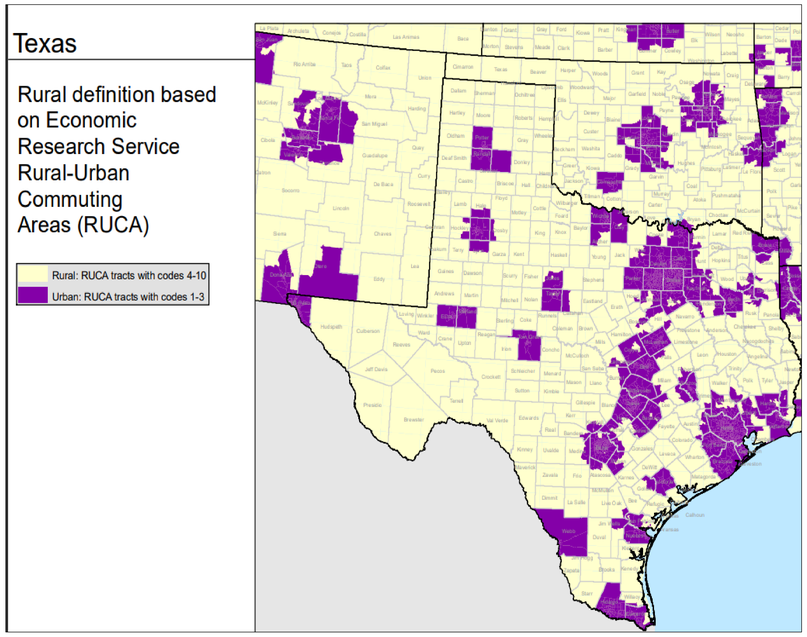
PARTICIPANTS

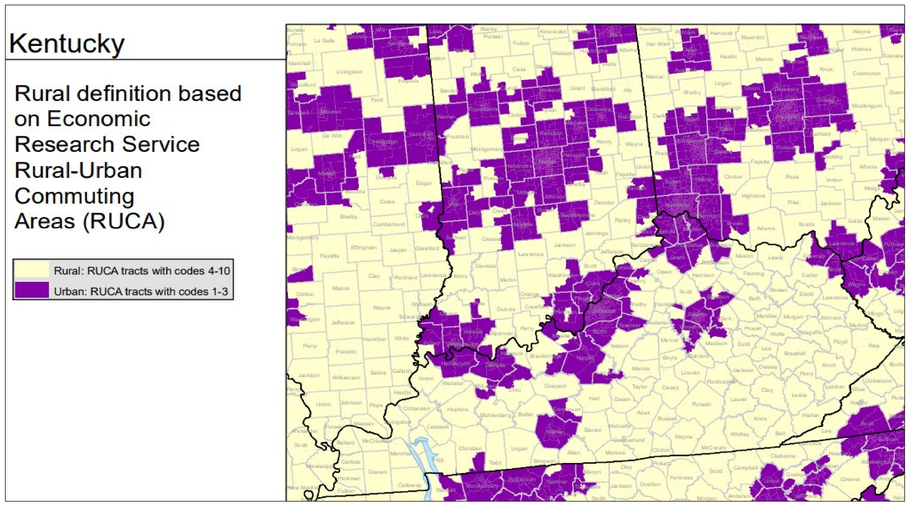
9 participants (6 women, 3 men; ages 18-80 years)

MATERIALS/METHODS

- Quantitative data of prosthetic mobility was collected using the Component Timed-Up-and-Go (TUG), the 2-minute walk test, and the Prosthetic Limb Users Survey of Mobility (PLUS M™), along with additional measures of social health and self-efficacy.
- Qualitative data was collected via semi-structured interviews to explore participants' lived experiences, and both quantitative and qualitative data will be analyzed to identify themes related to functional recovery.
- Rurality was determined using Rural-Urban Commuting Area (RUCA) codes

Variable	Results
Race	Black
Gender identity	3 men, 6 women
Amputation Level	6 = Transtibial 2 = Bilateral Transtibial 1 = Transfemoral
Geographical Area	6 = Urban dwelling Texans 3 = Rural dwelling Kentuckians
Total Participants	N = 9





RESULTS

Qualitative data analysis is ongoing. To date, several codes and definitions have been established from interview transcripts including: 'negative experience with healthcare provider,' and 'information seeking.' Direct quotes have been recorded, for example from a 61 yr. old woman, "Like I went to my primary doctor and he's like, 'You let them chop both of your legs off?' Sir, I had no other choice. Life or death. What do you want me to do?", and "Uh, to be honest with you, I would rather go to YouTube and look and watch..." (rather than attend therapy to learn to walk with a prosthesis). Descriptive statistics have been calculated for the current 9 participants to include median (IQR): Age=62.6 (43.6, 67.8) years; TUG=13.6 (12.7, 19.8) sec; 2-MWT distance=84.3 (76.3, 100.2) m; PLUS-M=47.1 (45.2, 53.4) points.

CLINICAL RELEVANCE

Successful completion of this work will establish an evidence-base for barriers and facilitators to functional recovery after lower limb amputation in a diverse group of people, leading to more informed care and optimization of recovery.

CONCLUSION

Participants' prosthetic outcome measure scores are better than previously published values for persons of color. However, all individuals in the current study identify as Black whereas previous studies have grouped any non-White race or Hispanic ethnicity participants together. Additionally, new and important insights are being gained from interviews with our multi-marginalized participants

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