INTRODUCTION:
Major amputation of the lower limb results in significant morbidity and mortality. The role of an occupational therapist is to get the patients who underwent lower limb major amputation to the level of activity prior to amputation. Prosthesis fitting plays a huge role in getting the patients back to the normal activity, both physically and emotionally. We would like to report the outcomes of prosthesis fitting done in Hospital Kuala Lipis.

MATERIAL AND METHOD:
All patients who underwent major amputation of lower limb (above and below knee amputation) in Hospital Kuala Lipis from 1st January 2015 to 31st December 2016 are included in this study. Walk in patients requiring prosthesis fitting are also included.

RESULTS:
A total of 52 patients with lower limb amputations are included in this study. 35 (65%) of these patients underwent below knee amputation while 18 (35%) of them underwent above knee amputation. Majority of the patients (83%) underwent major amputation due to infection. This is followed by trauma (13%) and congenital (4%). As of March 2017, only 9 patients had their prosthesis fitting (17%).

DISCUSSIONS:
Infection is the leading cause of major amputation of lower limb in our centre. This is consistent with the rise of incidence of diabetic patient with diabetic foot infection in our country. Major amputation of the lower limb increases the energy expenditure of the body, hence the risk of myocardial infarction and stroke is higher. On top of that, an amputee cannot return to his pre-existing activity level and incorporate into the society without a good fitting prosthesis. Nevertheless, there is a low percentage (17%) of prosthesis fitting in patients with major amputation of the lower limb.

CONCLUSION:
This study highlights the low percentage of major amputees with prosthetic fitting in our centre.

REFERENCES: