

9/5/24

I entered my first day of my internship both nervous and excited. I waited in the waiting room until my mentor, Emily, called me into her office. We talked for a while, getting to know each other better and having a baseline talk about myself and my goals. After we talked, she led me on a tour of the office. I walked around the first floor and was introduced to the receptionists, and then she led me downstairs to the lab. This is where I met almost all of the clinicians and technicians.

After meeting everyone, I was told that Becca had an appointment shortly and I was welcome to shadow. I gladly accepted and got to see my first patients. It was a mother and her two sons. The one son had an issue where he only walked on his toes, so he got a SMO fitted which went up to halfway on his calves. This will help correct the issue as he grows. The other son had very flat feet. Basically, he had no arches, which was causing him to fall while playing football, causing bruises. He got another type of SMO mold that went up to his ankle. Next, I saw an older woman who had an orthotic. She had had ankle surgery and the pain was returning. Becca just put an order in for some adjustments. Lastly, I worked with Jon, and I saw my first amputee patient. He had an above knee amputation and a bluetooth leg. He was a very active man and loved working out. He was here to download some more movements onto his leg. Jon did this by connecting the patient's leg to his computer and programming different movements onto the program. Now, the patient can control them with an app on his phone. This was really cool to see because I never realized that technology like this existed. Overall, my first day was unforgettable. I had already seen so many new things and I can't wait to continue to learn and see more patients.



Random leg shell I came across upon. It scared me at first.

9/10/24

Today, I saw my first cranial helmet babies. The first baby came in just for a check up on his helmet. He had just had surgery to correct an abnormality he had from birth where two bones in his head were fused. Becca did some measurements and adjusted his helmet because his head has started to grow. Unlike the first baby, the next baby had an abnormality that had developed over time. Becca scanned this baby to get measurements for a cranial helmet to be made, and it was sad because this baby did not enjoy the scan and was crying the entire time. Next, an older man came in in need of an orthotic. He had stepped on a nail and also had diabetes with neuropathy. He had cut his own makeshift orthotics, which I thought was creative, but he was looking for something more permanent. Becca just made a mold of his foot for a new orthotic, and he would have to come back for another appointment to get the braces. Another lesson I took from today was when one of the clinicians, Jon, said he had a patient, but decided to not let me come along with him because this patient was a new amputee and was having

some difficulties that he didn't think I was ready to see yet. While I agreed that I didn't want to make a patient feel uncomfortable by any reactions I might have had, I do hope I will get exposed to these more gruesome parts of the job for the full internship experience.



This is a custom sleeve with koi fish on it. Patients can choose almost any design they'd like.

9/12/24

Today the first patient I saw was with Becca. It was an older man who was looking for an orthotic. His ankle was completely collapsing to the side and a picture of his mold is down below. He was having pain when standing and walking. His primary doctor had recommended a clamshell boot (picture down below), but he did not want this because it was too big. Instead, he wanted an Arizona brace (picture down below). Becca was timid about giving him an Arizona brace because his ankle was in bad shape, but she compromised with him and he agreed to have the Arizona brace, but a bit taller than standard height for more support. Lastly, I met Brittany and she let me shadow her next patient. He was a forearm amputee and had a very interesting story. He was in an accident, and his arm was paralyzed. Instead of having an arm

with basically no function, he opted for a voluntary amputation. He came in today and got a plaster mold of his arm so he could work on making his prosthetic. I found this very interesting and I had never heard of voluntary amputations before, so this inspired me to write my first annotated bibliography on an article all about voluntary amputation.



big clamshell boot he did not want



Arizona brace he wanted



His ankle mold

9/17/24

Today I worked with Brittney and saw one patient. He was a man who had a very traumatic work accident to his arm. Two things especially stuck out to me today. One was that

he had taken pictures of his arm directly after the accident. He showed them to me and it was definitely gory, but I am glad I got to see them. I mentioned in an earlier journal wanting exposure to all aspects of this industry and this was definitely one of them. The other interesting part of this appointment was learning about insurance. Since it was a work accident and the company's fault, he was suing to get worker's compensation. This meant that once it gets processed, he could basically get any type of prosthetic arm, any add ons, etc. Insurance plays a big role in this industry which is something I didn't think about before. Brittany told me that also insurance is a lot harder to pay people who have upper limb amputations versus lower limbs, something I did not know.



These were the different demos Brittany showed the patient.

One was a purely cosmetic hand and the others were functioning. She also showed him hook options, which I learned are more durable.

9/19/24

Today I worked with Jon. The first patient we saw was a double leg amputee. His appointment was just a checkup on both of his legs and was pretty quick. He used to go to another competing prosthetic clinic, but his friend recommended him to Hanger, and he never

went back. The next patient was the first finger amputee I've seen. He had a work accident and a machine cut off below his 2nd knuckle on his middle finger and above his second knuckle on his ring finger. Jon talked to him about all his options, which was very informative for me. I learned there are body powered fingers, myoelectric, and purely cosmetic prosthetic devices. The patient also primarily spoke Spanish, so it was interesting to see how Jon broke down his language so the patient fully understood everything being discussed. This patient had a worker's comp. so he was free to do almost any device he wanted. His main goal was to get back to work, so he opted for the durable, body-powered prosthetic fingers. These will allow him to fit gloves over it and go back to work sooner.



Some demos

Jon showed to the finger amputee.

9/24/24

Today I worked with Jon again. His first patient had a very interesting story, and his amputations were a result of being shot in both his arm and leg. His appointment today was just a checkup for his leg. This went fast and he said everything was working great. Next, an older woman came in with a leg amputation. She was getting a new hydraulic ankle, which is lighter and allows for more rotation. She also wanted to see if she could wear two sets of shoes she

brought in. Both had very small heels. Jon adjusted her new ankle and then she tried wearing her shoes. The heels set off her balance so Jon had to make adjustments, but she could wear them comfortably in the end. During this appointment, Brittany pulled me aside for some help scanning another patient. He was in a wheelchair and was getting a leg scan. I put on gloves and helped stabilize his leg as she scanned. Then, I recorded her taking measurements of his leg because the companies that fabricate the prosthetics like to have video proof of everything. After helping her, I returned back to Jon for one last patient. The last man was an above knee leg amputee. He was having trouble with his prosthetic not fitting right. The problem ended up being his liner being too small, which was causing his limb to have a lot of suction, and therefore bruising. This man was older, and liked to tell a lot of stories. He ended up going 30 minutes over his appointment time while there was another patient waiting. I found it really interesting how Jon never cut him off or rushed him out. Instead, Jon said he always spends as much time as needed with a patient. He doesn't mind staying 30 minutes after hours with the next patient because he never wants to give subpar care. I found this to be a really inspiring lesson of good care.



9/26/24

Today started with my mentor interview with Emily. I started with asking her the more basic questions, then went into a lot of the questions I was very interested in. For example, I asked about keeping up with the technology in the field and why she transitioned to stop seeing patients. She was extremely nice and helpful with her answers. Brittney also stopped in after I was done with my interview, so I got the chance to ask her some of the same questions I asked Emily. Her answers were also very informative and gave me some insight into how she came to work at Hanger. After my interview, I went with Brittney to see a patient. It was a man with a lower limb amputation. He was coming in to get a new plaster mold of his leg. He had a prosthetic leg but he wasn't loving how it was working out. Additionally, he had just had a wound on the bottom of his other foot, making walking even harder. I watched as she did the plaster mold and shaped it to his leg. She specifically carves out where his bones are so there is no pressure when the prosthetic gets fitted. She asks the patient where he feels any pain or pressure and caters his mold to him. It was a very informative and enlightening day as I got to learn about two clinicians journey's to prosthetics.



