**Multiple choice questions**

1. What is the overarching role of rehabilitation after a major lower limb amputation
   1. Ensure functionality in self-care and mobility activities
   2. Muscle strengthening and improving the ability to walk
   3. **Retrain physical and functional abilities, assist with psychological and emotional adjustment and ensure social and community integration**
   4. Improve physical function and Psychological counselling
   5. Pain management
2. The main focus of rehabilitation services should be:
   1. Functional improvement
   2. **Social and economic integration**
   3. Independent self-care
   4. Prevention of complications
   5. Treatment of patients
3. Which documents guide amputee rehabilitation in the Western Cape Province
   1. South African health act and National Rehabilitation policy
   2. White paper on and integrated national disability strategy
   3. **National Rehabilitation Policy and Provincial guidelines**
   4. Provincial guidelines
   5. South African guidelines on provision of mobility assistive devices
4. Client clinical records are:
   1. For the therapists to refer back to
   2. Unimportant to keep
   3. Only needed in instances where billing is done
   4. For the records of the department only
   5. **Legal documents**
5. The following rehabilitation procedures had a significant impact on community integration
   1. **Prosthetic rehabilitation, indoor and outdoor mobility training during**
   2. Prosthetic rehabilitation
   3. Muscle strengthening
   4. Prosthetic rehabilitation and outdoor mobility training during
   5. Indoor mobility training
6. How many amputees were employed post amputation?
   1. 6
   2. 20
   3. 3
   4. 14
   5. **1**
7. The most common cause of amputation in the study population was
   1. Trauma
   2. **Diabetes mellitus**
   3. Peripheral vascular disease
   4. Congenital
   5. Infection
8. What aspects of amputee rehabilitation were addressed at the study site?
   1. Stump range of movement, indoor mobility, psychological counselling and stump maturation.
   2. Muscle strengthening, stump range of movement, cardiovascular fitness and indoor mobility, psychological counselling, stump maturation, stump desensitisation.
   3. Muscle strengthening, psychological counselling, stump maturation, stump desensitisation, transport, community mobility and environmental barriers.
   4. **Muscle strengthening, stump range of movement, cardiovascular fitness and indoor mobility.**
   5. Psychological counselling, stump maturation, stump desensitisation, transport, community mobility, environmental barriers, home visits and liaison with employers.
9. What aspects of the programme led to a high degree of client satisfaction
   1. Becoming stronger and feeling less stiff
   2. Being able to walk again
   3. The social connection with other amputees, friendly staff and being assisted punctually
   4. **Being able to walk, being attended to punctually and friendly helpful staff**
   5. Becoming stronger and being more assertive re their own needs
10. The programme did well to:
    1. **Education re prevention of secondary complications**
    2. Identify and address environmental barriers
    3. Retrain community mobility
    4. Assist with re-employment post amputation
    5. Collaboration with other departments and local government