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THE CHILD WITH AN ARTIFICIAL ARM. **GUIDELINES FOR TEACHERS**

The child with an upper-limb deficiency is like all his or her contemporaries with the exception of an absence of fingers, hand or part an arm, and should be treated as such.

In the majority of cases the lack is a birth defect and not the result of an accident or surgery. The arm or hand is not painful, but is sensitive - to the same extent as your own fingers. For this reason some children will prefer not to wear an artificial arm (prosthesis).

The most common deficiency is of the hand and part of the forearm. In these cases a prosthesis can give the child a functional second 'hand'. These are types of artificial arms you may encounter:

1. THE COSMETIC ARM.

This is mainly for appearance. It looks like a hand but has no moving parts so can only be used as a pusher or for holding things still.

2. THE SPLIT-HOOK/CAPP

This is the simplest working device and is usually first offered to the child at 18 months. A play-school-aged child who has worn it regularly will be proficient in its use. The five-year-old starting school may be very skilful and be able to perform most practical tasks with its help.

The hook is operated by a cable. A harness passes across the child's back and loops over the opposite shoulder. When tension is applied (by flexing the back or extending the arm) the two "fingers" open. Very small objects can be picked up and held. Paper can be held for cutting out, beads etc. for threading, Lego for building...

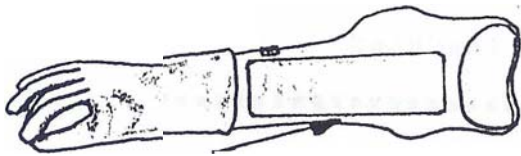
3. THE MECHANICAL HAND.

This looks like a hand, has moving thumb and opposing fingers, which open to allow objects to be picked up and held. It is operated by the same cable and harness system as the split-hook.

4. THE MYO-ELECTRIC ARM.

This is also a working hand but operates in a totally different way. The thumb and two opposing fingers can be opened and closed. The arm has a built-in motor, operated by stimuli from the arm muscles via special electrodes. The power source is a rechargeable battery.

The younger child may wear the battery separately. It may be in a pouch on a shoulder or neck strap or on a belt. A thin electrical cable connects it to the arm. In the larger arms, worn by older children, the battery is built into the arm. Depending on the amount of use, the battery may need changing during the day. This is a very simple operation; the old battery is pulled out and a new one slotted in. The child should be able to do this but may need help to reach the pouch when under clothing.



Some children may have an on/off switch on the arm.

It should be remembered that most children have been fitted with a first prosthesis as babies (as early as 4 months). They know how to use their arms, how to put them on and take them off. (Some children may need assistance when putting on the myo-electric arm).

Other children will of course be curious at first, but if there is no special attention either drawn to or given to the child, this will die a natural death and acceptance should follow.

We try to make our children as independent as possible. Assume that they can do everything you are asking of the class until you see that there is a problem. Any change in a child's ability to use the arm should be discussed with the parents. Some methods may be unorthodox, but it is the result that matters.

Most can cope with the toilet on their own but may experience difficulties in making themselves tidy and comfortable afterwards. There may be times when the child, through lack of time or space may appreciate a little help with coat and shoes. When undressing for P.E. some children will prefer to remove the prosthesis as well, although for certain activities they may wish to wear it. e.g. Catching and throwing a ball. The arm will be removed for swimming.

***** N.B. *****

It is worth remembering that an artificial arm is hard and in some cases heavy. It has the potential to hurt both the wearer (in a fall for example) or others (if used as a weapon).

You may also be interested in our more detailed booklet ‘A Handbook for Teachers’. Please contact Head office to obtain a copy.