

SUMMARY OF RECOMMENDATIONS

- 1 All children with congenital limb reduction deficiencies should be referred to a specialist Limb Deficiency Centre (LDC) as soon as possible, and certainly within the first month of life, to provide information and support for the family.
- 2 The child and family should be seen at the LDC by the multi-disciplinary Core Clinical Team, which is led by a Consultant Rehabilitation Physician who is responsible for the overall management plan.
- 3 Staff of the LDC should have a close relationship with consultants of other specialities and disciplines, who form an extended clinical team. Joint clinics may facilitate this relationship.
- 4 Clients should be followed up at the LDC at regular intervals during childhood, and as necessary during adulthood.
- 5 The LDC should be situated within a major prosthetic centre, and be suitably equipped and staffed
- 6 The LDC should have a case load sufficient to maintain and develop its expertise.
- 7 Because the number of new cases is so small, the optimum number of LDCs to serve England is probably ten, with one each in Scotland, Wales and Northern Ireland.
- 8 The LDCs should provide specialist training for the new members of core teams, for Calman specialist registrars in rehabilitation medicine, and for other professionals.
- 9 The LDCs should collaborate through a central registry. Data should be recorded regarding the nature and incidence of deficiencies, as well as information about current practices and outcome.
- 10 The concentration of cases in a few LDCs should stimulate innovation, research and development.