

## Geoff Hill



### Industry profile: Prosthetist

We asked Geoff Hill from Austin Health to give us some professional and personal insight into the world of prosthetics,

To be honest I never wanted to be a prosthetist. Not that I had any objection to it, or any unresolved hostile issues with amputees, it had just never occurred to me that such a job existed. This, I'm finding, is quite common.

The first step to becoming a prosthetist these days is to study. La Trobe University is currently the only course in Australia, offering a Bachelor of Prosthetics and Orthotics over 3 ½ years. I should probably point out that you don't have need to have a qualification to practice, and many older prosthetists have exceptional skills without ever having formally

studied. However, generally these days it's fairly hard to get a start without the degree.

Prior to studying I had, shall we say, enjoyed the freedom that short term employment can bring. Not such a bad way to spend your 20's, and while it kept me poor it also took me around the world. Over time these jobs became mainly technical, and in the absence of anything worth calling a personality, I was in danger of becoming the archetypal back room geek.

I knew I had to find something worth sticking at, and that it should involve people. At the same time I still wanted to play with toys, not discard my accumulated experience, and you never know, maybe even be helpful.

Prosthetics, meet Geoff. Geoff, meet your future.

So what do I do?

First, talk to the person. For new amputees this means talking through what's involved and going over the issues very generally. For most people the concepts are so alien that the details can wait. Basic information such as what they are going to be able to do, who's going to pay, what is the prosthesis made of and such like are the starting points. Myself, I need to find out the person's expectations, particular needs and relevant health information. For more experienced amputees the discussion will cover past experiences, any recurring problems or frustrations and what has worked, not worked, been



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tried or not tried in the past. From these discussions, and some physical assessment, we then decide on a plan.

Secondly, talk to everyone else. Rehabilitation doctors, physiotherapists, funding agencies and my boss all have to agree that yes, damn it, a prosthesis is a damn fine idea. Let's make one!

Thirdly. Making. Now the fun really begins. A Plaster of Paris cast is taken of the stump, much mess is made and a jolly time had by all. This cast is then rushed out to the back room and filled to produce a positive copy of the limb. After much head scratching and consultation of chicken entrails, the cast is prepared and the prosthesis can be made. This is the easy bit for me as I now hand it to a technician with a page of illegible instructions and a completely unreasonable time for it to be ready. Ok there's a bit more than that. Compatibility of componentry has to be ensured, weight classes checked, pieces ordered and technical feasibility considered, but you get the idea.

Fourthly, fitting the prosthesis. The best of times and the worst of times, depending on how it goes. This can range from fifteen minutes and lots of smiles to three days, four remakes, two heart attacks and a phone call to Ernie Sigley. It's also the point of everything to date and as such the most satisfying part of the process. To help someone walk comfortably and confidently is a great thing.

Well that's it then. I wish! People get sick, get well, gain weight, lose weight, take up scuba diving, power walking or couch resting, hit their prosthesis with hammers (don't ask) or just simply, subtly change. Whatever the reason, most people keep coming back for adjustments, repairs and replacements. In truth the coming back is what makes this job special because that's when I see the moving on, the progress and lots of holiday photos. And that's when I'm where I wanted to be, with people.

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