

Rehabilitation aims to maximize amputee independence and efficient gait, considering physical capabilities, amputation level, psychological state, pre-amputation function, medical conditions, and patient expectations. Rehabilitation, starting 5 days post-surgery, crucially involves gait analysis—observational comparison of the amputee's gait to expected patterns, identifying deviations to inform program development and using outcome measures to monitor progress. Pre-prosthetic exercises (lower limb, residual limb, abdominal, and back strengthening) improve range of motion and muscle strength, preventing prosthetic gait deviations. A shifted center of gravity post-amputation complicates prosthetic adaptation. A systematic review [4] confirmed the effectiveness of gait training (overground, treadmill-based, with various interventions) to improve gait asymmetry and biomechanics. Exercises should be adapted for transtibial/transfemoral amputations and prosthetic knee function (initially locked knee or focusing on center of gravity).