

Note: This is Online Appendix 1-3 of Urva, M., Donnelley, C.A., Challa, S.T., Haonga, B.T., Morshed, S., Shearer, D.W. et al., 2023, 'Transfemoral amputation and prosthesis provision in Tanzania: Patient and provider perspectives', *African Journal of Disability* 12(0), a1084.
<https://doi.org/10.4102/ajod.v12i0.1084>

Online Appendix 1

Table 1-A1: List of optional prompts to facilitate discussion, by interviewee role.

<p>Patient Template: Standardised Introductory Question: "First, I want to know how your amputation has affected or changed your life"</p> <p>Optional Supplementary Questions:</p> <ol style="list-style-type: none"> 1. Is this condition affecting you in taking care of your family? 2. I would like to know how your role in your community or your social role has changed because of your amputation. 3. How does your life look different in the community? 4. I want to know how your relationship with your friends and relatives was before amputation? 5. Who has been your biggest support system/support since you have received your amputation? 6. Who is the biggest caretaker, and biggest sponsor of your treatment? 7. Tell me about any care (any medical care) that you have received since your amputation? What has happened, medically, after the amputation? 8. What were the biggest obstacles to your care? What do you think could have been better? 9. Do you have relatives living close by? 10. How do you think participating in this study and having a prosthetic will change your life? 11. How do you think this study has changed your life? 12. Have you received any counseling about your amputation? 13. Have you ever felt hopeless about your life? 14. Since having the prosthetic, what do you think you can do? 15. What do you think will happen at the end of the study? We end at the 1-year follow up mark, what do you think will happen after that? 16. What is your opinion towards us as researchers and the government regarding financial assistance? We provide the prosthetic to you believing that you will be using it to move and find some activities to do that will help you generate an income, even if not the same as previous income. 17. Have you heard loans being offered through the local government or through a group for disabled people? 18. What issues do you expect to have with the prosthetic at the end of the study and what do you think is the lifetime of the prosthetic? 19. How much money are you spending on your treatment? 20. What happens when you have to replace the prosthetic at the end of its lifetime? 21. What if after the end of the study, you need to get the prosthetic repaired? What happens then? 22. How long do you think you'll be able to use this prosthetic before it has to be replaced? 23. What happens when your prosthetic "expires" and you have to replace it? What is your plan? 24. What do you think are the goals of research studies like this are? Why do we do these studies? 25. What do you think are the benefits and pitfalls of studies like this in your community are (state, TZ, Africa)? 26. Final comments or questions for us?
<p>Caregiver Template Standardised Introductory Question: "How has your family member's amputation affected your life?"</p> <p>Optional Supplementary Questions:</p> <ol style="list-style-type: none"> 1. How has life changed socially, in your community, since your family member's amputation? 2. Tell me about the care that your family member has received since his amputation. 4. How do you think your family member participating in this study and having a prosthetic will change your lives? 3. Do you think socially, in your community, life will change when your family member gets a prosthetic? 4. After the end of the study, what does their long-term care look like? 5. How long do you think your family member will be able to use the prosthetic they receive through this study? What happens when they need a replacement? 6. When studies like these are not current or available to provide prosthetics, what do you think are local options for patients like your family member? 7. What do you think are the goals of this research? What are the benefits and pitfalls of studies like this in your community?
<p>Prosthetist Template Standardised Introductory Question: "What is it like to provide care to amputees in Tanzania as a prosthetist?"</p> <p>Optional Supplementary Questions:</p> <ol style="list-style-type: none"> 1. What are the barriers or obstacles to providing care to amputees? 2. What do you think are solutions for bridging the gap with lack of awareness? 3. What impact do prosthetics have in your patients' lives? In what ways are their lives different? 4. What issues do you encounter in providing patients with prosthetics? 5. What impact do studies like this have on your patients' lives? 6. What happens to our study participants when they have to replace the prosthetic? How do you feel about the fact that we give them a prosthetic but don't cover repair or replacement? 7. What are the goals of research studies like this? What are the benefits and pitfalls of studies like this?

8. Is there a role for a patient advocate or social worker to help a patient through the process of getting an amputation to getting a prosthetic?

Surgeon Template

Standardised Introductory Question: *What is it like to provide care for amputees in Tanzania as a surgeon?*

Optional Supplementary Questions:

1. What do you consider when you decide to perform an amputation?
2. What does the link between orthopedics and P&O look like?
3. What happens to a patient after surgery for amputation?
4. What are the current options for amputees in terms of getting a prosthetic?
5. So money is one barrier to amputee care in TZ. What are other barriers you have encountered?
6. How are amputees lives impacted by studies like this that provide them with prosthetics?
7. What do you think are goals of research studies like this? What are the benefits of studies like this?
8. What are the pitfalls of studies like this in the community?
9. Is there a role for a patient advocate or social worker to help a patient through the process of getting an amputation to getting a prosthetic?

Social Worker Template

Standardised Introductory Question: *What is it like to provide care for amputees in Tanzania as a social worker?*

Optional Supplementary Questions:

1. What do you think are barriers to care?
2. What is your role in the care of amputees?
3. Is there a role for a patient advocate or social worker to help a patient through the process of getting an amputation to getting a prosthetic?
4. What percentage of amputees at MOI are seen by your department?
5. How do you think prosthetics impact the lives of amputees?
6. What are issues with delivering prosthetics to patients?
7. What happens at the end of the study? What does long-term care look like for patients in this study?
8. What are the goals of research projects like this? What are the benefits and pitfalls of projects like this in the community?

Online Appendix 2

Table 1-A2: Coding Schema

Categories	Code	Description	Notes and exceptions
Finances	Loss of employment	any loss of employment, whether related to amputation or not	
	Supporting family	past reality and present reality related to supporting one's family	If participant doesn't mention prosthesis, then this supersedes "expectations for prosthesis" in future tense, but otherwise is superseded by it
	Financial support	any description of support (or lack of support) with finances, unless specifically relating to long-term care after prosthesis or government support	If relating to government loans/financial support, then would be superseded by "patient advocacy"; if relating to caretaker support, then would be superseded by "caretaker"
	Burden of other medical care	cost and priority concern of other medical issues not relating to the prosthesis/amputation	
	Cost and burden of amputation/prosthesis-related care	cost of prosthesis and related equipment, and other amputation-related care	broad code, will supersede rehabilitation
	Ability to find work	encompasses whether amputee is able to find work (due to amputation or not) as well as resorting to asking for financial assistance, and desire to find work	
	Previous employment	discussion of previous occupation	
	Transportation costs	specifically when amputee's loss of mobility affects finances because they need more expensive modes of transportation	
Relationships	Caretaker	describing who's taken on the role of caretaker for the amputee	supersedes financial support

Categories	Code	Description	Notes and exceptions
	Role in community	how, if at all, the amputee's role in their community has been affected - if they specifically mention community (or any group that could include people other than friends, e.g. village or town), then it's a community code	role in community is a broader code than social relationships, but is superseded by social perception if it mentions a stigma or negative external perception
	Family relationships	how, if at all, the amputee's relationship with their family members has been affected	if conflicting with financial support, depends on if the emphasis is on the lack of financial support or on the change in the relationship
	Social relationships	how, if at all, the amputee's relationship with their friends has been affected - if sentence mentions anyone broader than friends, then use community code	superseded by community, but supersedes loss of employment/previous employment
	Strangers	how, if at all, the amputee's relationship with strangers has been affected	
Medical care	Health insurance	if health insurance specifically is mentioned (not other costs or support)	
	Expectations of prosthesis	overlay whose perspective the quote is from — encompasses positive changes they expect from medical or psychosocial perspective, or also unrealistic expectations	in general will supersede “self-sufficiency/independence” and “supporting family” so long as the sentence is in the context of a prosthesis
	long-term care/after study completion	broad response to question about expectations after the study has been completed (including prosthesis repair/replacement)	Supersedes “financial support” if the sentence is describing financial challenges that will remain after the study
	Other assistive devices (crutches, wheelchair)	Specifically, when discussing other assistive devices being used	

Categories	Code	Description	Notes and exceptions
	Awareness of prostheses	how they heard about the prosthesis and role of the study in prosthesis management	broader than preop/post-op counseling, will get superseded by that if quotation mentions a provider talking about prostheses (as opposed to general comments about how they become aware of it)
	Rehabilitation	encompasses the rehabilitative process, including gait training, fitting, etc.	should not encompass things like wound care, etc. that are more general medical care (that would be cost/amputation)
	Other medical care	very broad/low priority — can be associated with amputation, or not	should be superseded by “burden of other medical care” only if in a financial context
	Patient advocacy/social work	currently defined roles of social work in prosthetic access and amputee care and general patient advocacy (gov/research)	supersedes “financial support” and “long-term care” if discussing more systemic support (gov/research)
	Surgeon/prosthetist communication	any discussion of communication between surgeons and prosthetists related to patient care and preparation for prosthesis	
	Prosthesis model	any discussion of the specific prosthesis model used in the study and how that relates to usage (whether discussing limitations, environmental barriers, availability of materials, etc.) - also encompasses non-financial barriers to care	

Categories	Code	Description	Notes and exceptions
Psychosocial	Self-sufficiency/Independence	discussion of ability to be independent - only present tense, not forward-looking	exception: if they don't mention the prosthesis but do mention hoping to be more independent, then this code would supersede "expectations of prosthesis"
	Hopelessness	discussion of current state of amputee well-being, encompassing hope and hopelessness	
	Social Perception	captures feelings others have or had towards amputee, whether positive or negative; includes social stigma	Social perception code supersedes role in community
	Isolation	captures both internal feelings and physical isolation	superseded by social relationships, social perception, etc. if those aspects are mentioned
	Preoperative and postoperative counseling	any discussion of peri-amputation/prosthesis counseling	more specific than awareness of prosthesis and will supersede that
Research	Goals of study	in specific discussion about the study; also encompasses recommendations for improving the study	if discussing patient advocacy (e.g. this will help the gov support amputees), then would be coded as "patient advocacy"
	Benefits of study	in specific discussion about the study	
	Pitfalls of study	in specific discussion about the study	
Perspective	Amputee		
	Caregiver		
	Family member		

Categories	Code	Description	Notes and exceptions
	Prosthetist		
	Orthopedic Surgeon		
	Social Worker		

Table 1-A3: Thematic Analysis with supporting quotations.

<p>1. Perceived impact of amputation</p> <p>Financial impact of TFA</p> <p><i>Patient/Caregiver</i></p> <ul style="list-style-type: none"> • “I was employed before amputation and immediately after the amputation, I was fired from my job.” (Patient #30) <p><i>Professional</i></p> <ul style="list-style-type: none"> • “Most of the Tanzanians, about 70% are farmers, depending on agriculture. Some of them are drivers, who need their legs to drive.” (Prosthetist #3) • “At the end of the day, we might see our patients as beggars on the street and their families are affected because they are the major bread-earners for their families.” (Surgeon #2) • “For most [patients], they are the breadwinners of their family, and they are responsible for taking care of their families. So after getting an amputation, they are not able to care for their families [. . .] to them, amputation is the end of their lives as they know it.” (Social Worker #2) <p>Psychosocial impact of TFA</p> <p><i>Patient/Caregiver</i></p> <ul style="list-style-type: none"> • “...I have always taken care of myself. Now, I stay at home and cannot carry on with my small business. When I was fit, and had both limbs, as a diabetic patient I was able to carry out my business as a street vendor. Since amputation, I’ve become a beggar on the street and people give me some money and food, and I stay in a very poor location. My life depends on what people give me because they feel pity for me.” (Patient #46) • “Before amputation, I was just normal. I was able to go anywhere I want and do anything I want to do. Since the amputation, I don’t do anything. I just stay at home. It isn’t okay with me but I just have to accept the fact that it is done.” (Patient #49) • “Sometimes, when I get back from work, I used to see him depressed. One day, he asked me ‘when will I stand and do my own things?’ [. . .] When he sits outside looking for shade under the tree, he has no way to move if something fell from the tree.” (Caregiver #50) • “I was involved in so many groups in the community, but since my amputation, I’ve had to stop. They normally visit me at home but I can’t interact with them or do social activities like I used to. Since I cannot stand and have to sit without any movement, I can’t participate anymore in our small farm collective, where we used to go dig. I also can’t go to the meetings for the group to give them my opinions and contributions [. . .]” (Patient #5) • “I have lost a lot of friends and been rejected to the bigger community, which annulled me because they thought I’m a beggar. If I tried to call to say hi, they thought I would ask for help. So I lost a lot of friends and some relatives as well. I have lost about 80% of my friends. Most of my friends never answer my phone calls and I have very few people who are still with me.” (Patient #30) • “People in the close family, they don’t see my father’s amputation as a big issue and we are all still together. However, they refuse to support us, but they are socially available.” (Caregiver #99) • “There is no rejection from my community or by my family. They even visit me at home and help me out when I need it. I am so happy and grateful to them, and don’t feel like I have been rejected by anyone.” (Patient #5) <p><i>Professional</i></p> <p>“Sometimes in the upcountry, our patients with a prosthesis are isolated because they’re viewed as abnormal. In town, there’s no problem, but in the villages of the upcountry, they haven’t seen a human being with a prosthesis so they could be rejected. It’s a cultural challenge.” (Prosthetist #3)</p> <p>Caregiver burden</p> <p><i>Patient/Caregiver</i></p> <ul style="list-style-type: none"> • “My life has changed completely. My husband [used to give] me money, and I used to be able to communicate socially, with my relatives. I used to contribute money to a pool of money amongst our relatives, which we could then withdraw on turns if we needed the money. Now, I just stay at home because I am not able to take part in such activities. Our family has neglected us, even some of our children. They don’t want to stay with us because of my husband’s amputation [. . .] our other children even refuse to help my husband.” (Caregiver #49) • “[My father’s amputation] has affected me a lot because when he was able to take care of himself before amputation, I was able to work at my own job. After amputation, I had to lose my job because I want to support him 100%. You know, he is an old man, so I’m supposed to give him total care [. . .] I have spent all of my money and resources for my father’s treatment. When I was a taxi driver, I used to make money. But, since my father’s amputation, I haven’t had a proper income to support my family, my father, or myself.” (Caregiver #99) • “It has also affected our children, even psychologically. They have been affected a lot by seeing their father with the amputation. I have been counseling them that having an amputation is not the end of the life and that life goes on. They are now positive and help me take care of my husband. They help me bring him to the toilet and back to bed, and things like that.” (Caregiver #50)
<p>2. Perceived impact of prosthesis</p>

Positive expectations

Patient/Caregiver

- “I think [having a prosthetic] will change my life 100%, because I will finally be able to walk again, do my own domestic activities as well as my small business as I used to. I can also interact with my community in a way that I want to.” (Patient #5)
- “We have a kid in second grade, and one of us has to go pick up the kids from school. If he has a prosthetic, he will be able to pick up the kid from the bus. Now, I leave work and go home to pick up the kids from the bus. Once he has a prosthetic, I won't have to lose work to pick them up and he will be able to return to his regular activities.” (Caregiver #50)

Professional

- “[The prosthetics] have a very good impact because most of the patients go back to work. Not all of them, but most do after getting a prosthetic. We can see even after providing a prosthetic, they still don't have their own limb but they are able to return to functioning and working.” (Prosthetist #2)

3. Perceived obstacles to prosthesis provision

Difficulty accessing and affording prosthetic care

Patient/Caregiver

- “If this study was not here, there is no other way I can get a prosthetic. Those guys outside will want me to pay money, which I won't have.” (Patient #4)
- “No one has talked to us about prosthetic options. We were told by his physical therapist to come to MOI to see the prosthetists... We came for 2 visits to see the surgeon after his amputation, when we were advised about PT but we weren't told about prosthetics [until later]. It seems like knowledge of where and how we can get a prosthetic has been lacking, and that's the biggest hurdle to his care so far.” (Caregiver #99)

Professional

- “If the cost isn't a barrier, I don't think any patient would go without seeing a prosthetist. The patients are usually disheartened by the cost of the prosthetic and don't pursue care.” (Surgeon #2)
- “For example, a below knee prosthesis is about 1.5 million shillings [\$13,700], and most of our patients can't afford that. The problem is also not just cost; it's also materials. Some patients are told that there are no materials available; there are no joints, no prosthetics in the shop.” (Surgeon #3)
- “For those who can't afford prosthetics, care is difficult. Sometimes, we give them referrals to institutions that have support to care for these patients. Since the products are very expensive and we pay a lot of money in import taxes, etc., with no exemptions, and the government isn't able to help.” (Social Worker #1)
- “A patient can have an artificial limb but they may not be able to pay for repair or replacement of the prosthetic.” (Social Worker #1)
- “We have very few centers, so we have patients traveling from far away to Dar es Salaam. There are problems because we need time to make a prosthetic, from 2 weeks to 1 month [. . .] if it's 1 month, these patients coming from elsewhere have to stay here, which costs a lot of money [. . .] so things like gait training get shortened, because the patient has to go back home before they are able to walk well on the prosthetic.” (Prosthetist #4)
- “Sometimes patients don't come to gait training or fitting visits. [Depending on the] level of amputation, some patients need to return a lot of times for gait training before we discharge them with the prosthetic. Some of our patients live really far away from the institute, some of them don't have money for the bus fare, some have really busy caregivers who might not be available — especially in the case of the elderly.” (Prosthetist #1)
- “Even prosthetic and orthotic centers in Tanzania [. . .] are very few. For example, there are 2 in Dar [es Salaam]. There are about 60 million people and less than 10 centers in the country.” (Prosthetist #3)
- “[These prosthetic services] are not available in all regions of Tanzania. For instance, if a patient is amputated out in Morogoro or farther away, they don't have these services and don't know that P&O services are available in Dar or other places.” (Prosthetist #1)
- “The funds being provided [to the hospital for prosthetic services] don't match the number of amputees that need help.” (Prosthetist #1)

Limitations of prosthesis (Longevity and repair, adaptation to local environment)

Patient/Caregiver

- After completing my follow-up, my life will still be in trouble because I still don't have any assistance from relatives or friends who can provide financial assistance or capital to start a business and become independent. Even if I saw a new hope after receiving the limb, the challenge to me is how to manage my life financially after finishing the follow-up.” (Patient #1)
- “I've been asking my friends who have prosthetics and they have told me [they last] 10, 20 years, but I don't know [. . .] when I have to replace it, I will check with the prosthetist at MOI [. . .] if it isn't possible, I will see if I can arrange cash for myself.” (Patient #3)
- “Honestly, I don't know how long this prosthetic will last.” (Patient #4)
- “Once we get the prosthetic and the follow-up is finished [. . .] we will try our best to save up to get a new prosthetic. I don't know how long this prosthetic will last.” (Caregiver #2)

Professional

- “The local prosthetics we have are mostly cosmetic and don't provide the functionality we need. So we normally advise patients to go abroad, like to Kenya, South Africa, or India, to get a more functional prosthetic and it's also cheaper.” (Surgeon #2)
- “Apart from poverty, the environment is a barrier to prosthetic care. For example, sometimes the prosthesis we make for patients can't be used on muddy ground, but that's very difficult in Tanzania. For instance, today it has been raining and most of our patients don't have private cars. There is no way to escape the mud. The infrastructure in this country is not suitable for prosthetics.” (Prosthetist #3)

- “Since we have been providing prosthetics for quite a long time, we can see that amputees can use prosthetics for even 10 years. We can replace the socket or foot for free when the patient needs it.” (Prosthetist #1)
- “I don’t expect all [amputees] to be able to [afford repairs], because even with the prosthetic some of these patients live under poor conditions.” (Prosthetist #3)
- “The problem will happen when these knee joints get broken. We might not have other joints to replace these broken joints, which means that they might have to go to a different joint and learn about that, get used to that.” (Prosthetist #4)

Mismatched patient expectations

Professional

- “...I wish prosthetic users [would] have pre-information before coming to us [...] having an idea of what a prosthesis is and what it can do would be good. If they [patients] don’t have an idea, they just come to the center because someone else they know has been using a certain prosthetic that’s working a certain way but don’t have realistic ideas. For example, sometimes we fit patients, they come back and ask us why their prosthetic doesn’t work like their neighbor or family member’s does. They don’t understand that their prosthetic is different, fit based on their diagnosis.” (Prosthetist #2)
- “The other day, I did a transtibial prosthetic [...] the patient didn’t like the cosmetic cover because it didn’t match the color of his skin. he really wanted the cover to match his skin and since he saw others with a different color. His prosthetic was fit to be used by a farmer, as he needs it to fit in gumboots, etc. At the end of the day, he left the prosthetic because he didn’t understand how much it could impact his life. [...] It seems like he didn’t come to terms with the fact that he was amputated and accept his condition, which I know isn’t easy. I think part of the issue is that amputees are not given psychological help before they are discharged...” (Prosthetist #2)

Surgeon-prosthetist communication and coordination of multidisciplinary care

Professional

- “For most of us, we normally meet amputees when they come to our workshop. We don’t know what they are told in the hospital and what care they have received, because we don’t see them in the hospital.” (Prosthetist #2)
- “At MOI, our connection with surgeons is not well organized. It depends on surgeons. There are a few who want advice from P&O, PT and other ancillary services, but others don’t. It is not required by the hospital for them to consult us. [...] Usually, amputations are personal decisions made by surgeons.” (Prosthetist #4)
- “If we are doing an amputation, we consider whether prosthesis is available and we check with the workshop. for instance, they have informed us that they have through-knee prostheses available right now, so we consider that.” (Surgeon #3)
- “We don’t normally consider how much [of the stump] to retain for future rehabilitation, because prosthetics are really expensive and most of our patients cannot afford them [...] Now, surgeons operate and leave p&o to deal with the stump.” (Surgeon #1)
- “I don’t think there is a clear connection between orthopedic surgeons and p&o in Tanzania. If there was, the stumps of the patients coming in would be viable for fitting. Now, we see that sometimes a patient comes for fitting and we see that the end of the stump is bone, because orthopedic surgeons don’t think about leaving more tissue at the stump for fitting.” (Prosthetist #2).
- “Even some health professionals don’t know that there are prosthetic and orthotics services. In Muhimbili, when there are amputations for casualty patients or diabetic patients, the surgeons here are well aware of the prosthetic services that are available, but imagine those hospitals that don’t have a workshop [...] in upcountry, when patients get in an accident and get amputated, general doctors amputate, not orthopaedic surgeons, and those patients are not provided any such information. We have patients who have had an amputation several years ago, even sometimes 7 years ago, who come to our institute that have no idea that prosthetics and orthotics is available.” (Prosthetist #3)
- “Whenever we are planning an amputation, the prosthetist should be around to discuss the level of amputation and plan for the operation to include fitting with a prosthetic after. [...] Ideally, we would discharge [amputees] through the workshop. Some patients will go to the workshop, and some won’t. But, if we had prosthetists on the wards, they can instruct the patients to go to the shop and talk to them about their options.” (Surgeon #1)
- “The only thing that we need to do as an institution is to strengthen our teamwork and to ensure that our department knows about all the amputation cases on the wards and that these patients are seen by a P&O.” (Prosthetist #1)
- “One way to make this change is through training. In the past, during resident training, we didn’t have a p&o rotation. Now, we have introduced a P&O rotation. They spend 2 weeks in the workshop during their second year. They understand the biomechanics of prosthetics and what happens to patients after amputation. I think that seeing the workshop and the patients there and returning to the wards, they are more aware of the P&O services available and hopefully, they will send their patients to the workshop more frequently.” (Surgeon #1)

Governmental awareness and support of amputation/prosthetic services

Patient/Caregiver

- “You as health personnel do your capacity assisting us with treatment and giving us a prosthetic, but the government has to do something to help us financially. Government has to help by building capacity for entrepreneurship for people with disability so they aren’t on the street turning into beggars, or provide them with assistive devices that help with getting them to move.” (Patient #30)
- “While studies like this provide help with prosthetics, there is no support for patients like my father to get back to their normal life after, especially financially to reestablish independence. Maybe the government should provide such services, it is their social responsibility. Maybe once someone has an amputation, the local authorities can make a rule that you can’t be fired from your regular work or they can provide help to be back to normal work.” (Caregiver #99)

Professional

- “We haven’t figured out, as a country, how important prosthetics and orthotics can be. [The government] hasn’t figured out that if someone can be provided with a prosthetic, they can go back to work and have a purposeful life. They think that amputees are of no use to society but they don’t realize that if they are provided with prosthetics, life could be different.” (Prosthetist #2)

- *“Out of 100 people at the Ministry of Health, maybe 2 or 3 are aware of our department and what we do. Even when they see people with prosthetics, they likely think that the patients were treated internationally.” (Prosthetist #2)*
- *“I think [amputee] care on the government level is pretty good; the problem is on the individual level. We have professional rehabilitation services, we have good surgeons, we just can’t get over individual problems that are a barrier. Health services are costly and most of our patients don’t have insurance.” (Prosthetist #3)*
- *“Especially in Dar es Salaam, they are now getting information because the government is realizing that patients don’t have information about p&o services, and has started using TV programs recently in 2017 and advertising to inform the public that there is the possibility of getting a prosthesis.” (Prosthetist #3)*