

# Small Miracles

PROSTHETIC & ORTHOTIC MAGAZINE

ISSUE 6 • FALL 2015

**Introducing the New C-Leg 4**  
*The Microprocessor-Controlled  
Prosthesis Keeps Getting Better*

**Designing a  
One-of-a-Kind  
Orthosis for a  
One-of-a-Kind  
Patient**

**Hey Medicare —  
Prosthetic Devices  
Are NOT a Luxury**

# ROMP

**Climbing For Change**

**LAWALL**  
PROSTHETICS & ORTHOTICS

# Prosthetic Devices Are Not A Luxury

**O**n July 16th, 2015, a Medicare Local Coverage Determination was released proposing several detrimental changes to the prosthetic coverage available to amputees. The Amputee Coalition started a campaign to rescind this proposal and highlighted their six major concerns surrounding the proposal:

- 1** Medicare would no longer consider an individual's potential functional abilities with an appropriate device when determining their prosthetic needs.
- 2** Patients using an assistive device such as a cane, crutch, or walker would be limited to less functional prosthetic devices. If they have a higher functional level, Medicare would not pay for them to have a wheelchair.
- 3** Combining feet and ankles into a single code and limiting access to advanced technology would significantly harm an amputee's access to the feet and ankles that best meet their individual needs.
- 4** Prosthesis-wearers and their medical teams would not necessarily be able to select needed socket systems or liner inserts to ensure the most appropriate fit for their needs.

- 5** Individuals could be provided a less functional prosthesis or denied a device if they were unable to attain the "appearance of a natural gait," or if their medical record referenced certain health complications.
- 6** The Medicare proposal would redefine the rehabilitation process for amputees and force new amputees to rehab on out-of-date technology that they would not even use once they received their permanent device.

The amputee community throughout the U.S. joined forces to make their voices heard through an online "We the People" petition. This online petition system was established by the Obama Administration. If the petition gains 100 signatures, the issue becomes searchable within [www.whitehouse.gov](http://www.whitehouse.gov). If 100,000 signatures are added within 30 days, a response from the White House is required and a White House staff member will review the petition and ensure that it is sent to the appropriate policy experts to be addressed.

In less than 30 days the amputee community responded by affixing 109,000 signatures to the "We the People" petition! The Amputee Coalition released formal comments



during the open comment session and they urge everyone to submit letters to their representatives in Congress without delay.

Lastly, a social media campaign began with #NotALuxury to further awareness of the fact that a prosthetic device is not a luxury. We believe individuals with amputations deserve every advantage they can possibly get when it comes to dealing with limb loss.

For updates on the progress of the campaign to rescind the Medicare LCD proposal, visit our website ([www.lawall.com](http://www.lawall.com)), our Facebook page, or the Amputee Coalition's website ([www.amputee-coalition.org](http://www.amputee-coalition.org)). 🦋

Rescind Medicare Proposal, Amputee Coalition of America "<http://www.amputee-coalition.org>"

## Continuing Education

For more information visit [www.lawall.com](http://www.lawall.com)

### Ottobock

#### Gait & Prosthetic Knee Seminar

- **Central Jersey (Princeton)**  
Tuesday, October 27th • 5pm - 9pm (Dinner provided)
- **South Jersey (Mt. Laurel)**  
Wednesday, October 28th • 5pm - 9pm (Dinner provided)
- **Philadelphia (8031 Frankford Avenue)**  
Tuesday, November 17th • 11am - 3pm (Lunch provided)  
Tuesday, November 17th • 4pm - 8pm (Dinner provided)

**For Physical Therapists**

**TO REGISTER**, email Ann at [ann.lawall@lawall.com](mailto:ann.lawall@lawall.com). (Please include full name, facility name, email address, and phone number.)

### Allard USA

#### Dynamic Trio: Gait Analysis, Rehabilitation and Orthotic Interventions

- **Philadelphia (8031 Frankford Avenue)**  
Tuesday, October 20th • 11am - 3pm (Lunch provided)

#### New Concepts in the Management of Soft Tissue Dysfunction

- **Philadelphia (8031 Frankford Avenue)**  
Tuesday, October 20th • 4pm - 8pm (Dinner provided)

**For Orthotists, Physical Therapists and Physical Therapy Assistants**

**TO REGISTER**, go to: <https://allardlearningcenter.gosignmeup.com>

# THE RIGHT FIT

FOR VERTICAL SHOCK

"The energy return I get on the Renegade is unbelievable. I am able to walk, run and jump on the court easily with a light, weight and durable foot."  
 Steven Mosqueda  
 5-point Jump Shot  
 Nike Son3 Tournament  
 Los Angeles, CA

FEATURING



EnduraCore®

EnduraCore® technology is a proprietary design of **carbon fiber** and **fiberglass** composites allowing for product strength, flexibility and durability.

## Renegade® / Active *Ultra*

To learn more and for your chance to win visit [www.freedom-innovations.com/Vs](http://www.freedom-innovations.com/Vs)

- Energy absorbed and redirected for extreme sports resulting in less fatigue and more durability
- Patented Z-Shock™ technology delivers a smooth gait at any speed and helps preserve skin integrity
- One-third the weight of traditional vertical shock products

[www.freedom-innovations.com/vs](http://www.freedom-innovations.com/vs)



Renegade  
Active *Ultra*



Renegade<sup>AT</sup>  
Active *All Terrain*



Silhouette<sup>®</sup> VS  
Active *Light & Stylish*



Agilix<sup>®</sup>  
Active *Base*

Connect with us



#freedominnovations #therightfit #freedomVS

# Lawall Orthotist Leads 'Climb For Change' for ROMP

**A** warm heart and willing feet put Emily Woolston, CPO, at the head of a group of hikers trekking up Pennsylvania's Hawk Mountain this summer in order to raise funds and awareness for ROMP (Range of Motion Project), a global healthcare organization dedicated to providing orthotic and prosthetic care to those without access to these services.

Woolston, a certified prosthetist and orthotist at Lawall's Pottstown and Coopersburg offices, is an experienced climber who trekked Nepal three years ago with her equally energetic sister. Her July 26 expedition up Hawk Mountain, as ROMP's Pennsylvania Climb Captain

for her team of eight adults and five children, may have been a "mild to moderate hike" by comparison, but its purpose was lofty. ROMP's "Climb for Change" was a carefully synchronized effort that placed as many as 26 climb teams on different mountains around the world on July 26—not only raising necessary funding for ROMP patients globally, but raising awareness of this 25th anniversary date of the Americans with Disabilities Act and the Disabilities Treaty.

Woolston pulled her group together, provided "the advertising and the encouraging", and brought them to the Hawk Mountain Sanctuary in Kempton,

Pennsylvania, on this special day, where they were able to participate in another special event: the opening and celebration of the Sanctuary's first fully accessible ADA-approved hiking trail, which leads to the South Mountain Lookout, overlooking breathtaking valleys and seemingly endless miles of beauty.

It's a mountain she has hiked many times with her family, and still returns to several times each year. Her fondest memory is of climbing the mountain seven years ago with her then 1-year-old son and 80-year-old grandfather.

The recent landmark *Climb for Change* was a great success. Joining



forces with Cascade DAFO, Solt's Sawmill, and dedicated family and friends, Woolston raised over \$800. Jenni with Cascade DAFO not only made a generous donation, but also helped to organize and motivate the team of hikers for their climb.

Woolston was pleased to have attracted and inspired hikers of all levels and ages to participate. "We may not have climbed the highest peak of the many climbs that day around the world, but I think we had the youngest and cutest babies and children! We simply enjoyed the day in

sustainable clinic, I could understand and appreciate all the hard work and the complexity behind the project," she explained. "They just did a beautiful job! It's one thing for an organization to be helpful in starting a clinic, but it takes a different kind of organization to start up these projects and get all these multiple hikes going on the same day. It was pretty amazing that all around the world there were people coming together just for this little organization."

Even in the United States, she pointed out, there is great need for the help

ROMP is striving to provide: "Plenty of people here don't always have the opportunities to get devices, and they face insurance barriers. Not every child is going to be given a foot that they can run on—or different devices when they break."

Funds raised by the July 26 Climb

for Change will help support the Guatemala prosthetic clinic. ROMP hopes to make the Climb an annual event, with future funds helping them to enhance the lives of amputees in Guatemala, Ecuador, and the U.S., and to expand their reach into other countries around the world.

Woolston continues to volunteer her time and skill to help others, as well, supporting efforts sponsored by the Haiti Hospital Appeal and the Haiti Health Trust. She has previously made the trip to Haiti to fit braces for those in need, and plans to return to serve again in the new year. 🦋



the summer heat, working up a sweat to climb to the top of the mountain.

"This is something we wish for all people—to be able to get out with family and friends, push oneself to reach a goal, and to be aware of the natural beauty all around us."

She first learned about ROMP and its goals by sitting in on a presentation at the ACPOC (Association of Children's Prosthetic-Orthotic Clinics) annual meeting, during which they discussed their fully-sustainable clinic in Guatemala.

"Having gone to Haiti and recognizing the value of providing a

## OFFICE LOCATIONS

### PENNSYLVANIA

#### Philadelphia

8028 Frankford Avenue  
Philadelphia, PA 19136  
Phone (215) 338-6611  
Fax (215) 338-7598

#### Pottstown

Sunny Brook Village  
800 Heritage Drive  
Suite 803  
Pottstown, PA 19464  
Phone (610) 705-5797  
Fax (610) 705-5795

#### Willow Grove

701 North Easton Road  
Willow Grove, PA 19090  
Phone (215) 657-3344  
Fax (215) 657-3742

#### Springfield

Crozer-Keystone  
Medical Pavilion II  
100 West Sproul Road  
Suite 123  
Springfield, PA 19064  
Phone (610) 544-1281  
Fax (610) 544-1387

#### Hershey

Hershey Medical Center  
30 Hope Drive, Suite 2100  
Hershey, PA 17033  
Phone (717) 531-5882  
Fax (717) 531-4309

#### Harrisburg

883 S. Arlington Avenue  
Harrisburg, PA 17033  
Phone (717) 541-1605  
Fax (717) 541-1607

#### Yardley

906 Floral Vale Boulevard  
Yardley, PA 19067  
Phone (215) 504-1932  
Fax (215) 860-2068

#### Coopersburg

551 E. Station Avenue  
Coopersburg, PA 18036  
Phone (610) 705-5797  
Fax (610) 705-5795

### NEW JERSEY

#### Lawrenceville

86 Franklin Corner Road  
Lawrenceville, NJ 08648  
Phone (609) 895-1141  
Fax (609) 844-0284

#### Cherry Hill

1030 N. Kings Highway  
Suite 301  
Cherry Hill, NJ 08034  
Phone (856) 616-1885  
Fax (856) 691-7147

#### Vineland

3071 E Chestnut Avenue  
Suite C  
Vineland, NJ 08361  
Phone (856) 691-7764  
Fax (856) 691-7147

#### Cape May Court House

1261 South Rt. 9  
Cape May Court House  
NJ 08210  
Phone (609) 463-1042  
Fax (856) 463-1070

### DELAWARE/ MARYLAND

#### Dover

514 North DuPont Highway  
Dover, DE 19901  
Phone (302) 677-0693  
Fax (302) 677-0930

#### Wilmington

A.I. DuPont Institute  
1600 Rockland Road  
Wilmington, DE 19899  
Phone (302) 429-7625  
Fax (302) 429-7683

#### Wilmington

1822 Augustine Cut-Off  
Wilmington, DE 19803  
Phone (302) 427-3668  
Fax (302) 427-3682

### FLORIDA

#### Orlando

Nemours Children's Hospital  
13535 Nemours Parkway  
5th Floor  
Orlando, FL 32827  
Phone (407) 567-5190  
Fax (407) 567-5191

[www.LAWALL.com](http://www.LAWALL.com)

# GRACE CORBITT:

## *One-of-a-Kind Patient; One-of-a-Kind Orthosis*

### Patient Profile

**A**

lthough every patient is unique, with individual issues, conditions, preferences and needs like no other, Pennsylvania hairdresser Grace Corbitt presented Lawall orthotist

Juan Cave with a challenge that required him to think even further outside the box than usual in developing a custom-designed orthotic solution.

Corbitt's 15-year history of her battle with advancing rheumatoid arthritis (RA) reads like a profile in courage. An autoimmune disease, RA causes the body to attack its own tissue and joints with slow and painful inevitability. Bone erosion and joint deformity can result, and even internal organs can be affected. When she successfully dealt with RA's attacks on her knees and hips by undergoing replacement surgery for all four joints, the disease targeted another area—her left elbow.

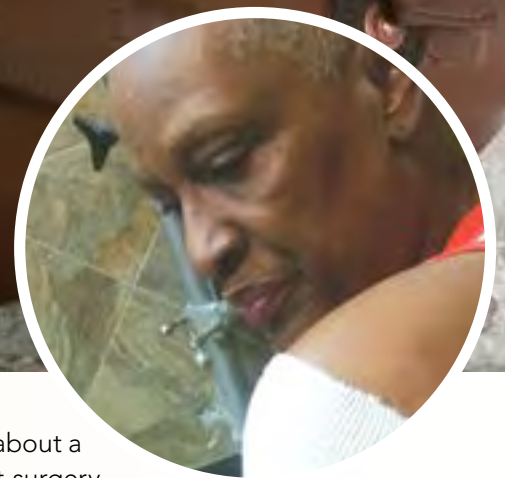
After more months of struggling with increasing pain levels, Corbitt found that another joint replacement was the only pain-relief option left to her. Based on her past experience, she anticipated that the elbow replacement surgery and its aftermath would be as free from complications as her knee and hip procedures had been.

Unfortunately, about a year and a half post-surgery, the pain once again increased significantly, interfering with her ability to continue working. Corrective surgery to tighten the artificial elbow revealed a more serious problem; the RA had progressively weakened her bone to such an extent that a hole had formed, and a new, more substantial replacement elbow joint was needed—demanding additional and more invasive surgery.

Undaunted, Corbitt agreed to undergo the second replacement surgery. It did indeed relieve her pain, but her strength in that arm never returned—she was unable to lift more than five pounds, and began to wear a doctor-prescribed sling to support the arm.

Ultimately it was discovered that the RA had continued its attacks on the weakened bone to such an extent that there was no bone left to support the artificial elbow joint, whose functional hardware had to be removed.

Although Corbitt was fortunate to retain movement in her hand and fingers, the elbow was non-functional. Her right hand was needed to support her left arm while she used her left hand—a not very practical solution, which failed to allow her to perform many of her normal daily activities.



Disappointment and frustration would have been natural and understandable responses for most people in her shoes. But Corbitt brought her problem, her trust, her patience—and some cheerful optimism—to Juan Cave.

Grace presented similarly to an upper extremity amputee because her left arm was essentially useless; but the great advantage she had over an amputee was the fact that she had the use of her fingers. Useful function of the arm could be restored by a device that could help position her elbow at the appropriate angle for each specific task she needed to accomplish.

Juan's challenge was to create such a device—and with Corbitt's help and input, working in partnership, he was able to conceptualize and build an orthosis that provided her with the greatest level of independence possible. Fabricating the device from scratch demanded that Juan draw on his experience with a variety of materials, components and concepts, even those developed originally for prosthetic use.

Beginning with raw materials, he created a custom elbow

---

**“Ms. Corbitt is a highly motivated individual...When faced with a major life change she confronted the situation head on with a smile. With the orthosis she will be able to regain some of her independence and increase her ADLs.”**

*- Juan Cave, Orthotist*

---

orthosis that Corbitt was able to use happily and successfully. The humerus cuff was made of leather, similar to the triceps cuff on a prosthesis for upper extremity amputees. The cuff ensured a total contact fit and increased the comfort level of the orthosis. The elbow joint was a Hosmer flail elbow joint with eight different lock positions. Initially a figure 9 harness—which is commonly used in upper extremity prosthetics—controlled the orthosis, allowing the elbow to be locked or unlocked by scapular abduction.

Over a period of several months, and after several fittings to adjust, fine-tune and improve its performance, Corbitt was using the orthosis efficiently at home and gaining confidence and independence. Eventually, the harness was removed because she preferred to manually lock the elbow in place with her right arm.

This is the case with many orthotic and prosthetic devices—the end product has often evolved considerably from the original idea, but is greatly improved during the process. Through utilizing the device at each stage of development and working closely with the practitioner in a cooperative partnership, each patient actively contributes to the optimal outcome they achieve together.

The practitioner's role is to critically evaluate each patient

and provide him or her with a device that can be modified and improved as the patient progresses through rehab. Corbitt's enthusiasm, optimism, and commitment to fulfilling her own role in the partnership made an unforgettable impression on Cave, who admired her great attitude and outlook on life.

“Ms. Corbitt is a highly motivated individual,” he said. “When faced with a major life change she confronted the situation head-on, with a smile. With the orthosis she will be able to regain some of her independence and increase her ADLs.”

Today, Corbitt is confidently tackling activities she once thought were forever beyond her reach. She proudly reports being able to drive, perform household tasks, and cook in the kitchen. She has even started an exercise program and is on the path to a healthier and enjoyable lifestyle!

Encouraging others who are facing similar challenges is one of her new priorities; Corbitt wants to help them realize that, regardless of their situation, creative options are available to maximize their independence and dramatically change their lives. 🦋



ottobock.

Quality for life

## Reclaim your determination

### C-Leg® 4 prosthetic knee

For the dependability you and your patients count on, turn to the C-Leg and an unmatched, industry-leading track record.

Meet with your sales rep to discover the benefits of refined control, the protection of a weatherproof device, the convenience of smart phone app, and the power of multi-day charge.





# Cost-Effectiveness Study Confirms Value of O&P Care

**R**esearch on orthotic and prosthetic devices often focuses on determining the functional benefits of orthotic and prosthetic devices. Several years ago the Amputee Coalition of America and the American Orthotic and Prosthetic Association commissioned health care consulting firm Dobson DaVanzo & Associates, LLC, to conduct a retrospective analysis on Medicare claims data for orthotic and prosthetic (O&P) services. The purpose of their study was not to determine the functional benefit of O&P services for a patient, but rather to determine if there is a financial benefit for the government or private payors to cover O&P services for their clients.

Dobson DaVanzo & Associates, LLC, focused on three specific groups: those receiving lower extremity orthoses, those receiving spinal orthoses, and those receiving lower extremity prostheses. Within these groups they analyzed healthcare utilization, medicare payments, and level of negative outcomes. Comparisons of patients within all three groups demonstrated that patients who received O&P services had less healthcare utilization, fewer negative outcomes, and/or lower Medicare payments overall than those who received no O&P services.

The methodology for this retrospective cohort study began with requesting a custom cohort dataset spanning from 2007-2010 from the Centers for Medicare and Medicaid (CMS).

“Beneficiaries were included in the study group if they had received an O&P service between January 1, 2008 and June 30, 2009, and had pre-determined etiological diagnoses of interest. Additionally, patients who received a lower extremity prosthetic were required to have had an amputation within the preceding 12 months



in order to be considered for participation in the study. Comparison group patients who did not receive O&P services were matched to study group patients (one-to-one) through propensity score matching techniques that control for observable selection bias based on etiological diagnosis, comorbidities, patient characteristics (age, gender, race) and historical health care utilization one year prior to the etiological diagnosis.” (Dobson, ES2)

The study group of Lower Extremity Orthoses recipients was analyzed over an 18 month period. The average age of this group was 70 years of age. Patients who received

**The purpose of their study was not to determine the functional benefit of O&P services for a patient, but rather to determine if there is a financial benefit for the government or private payors to cover O&P services for their clients.**

an orthotic had a significantly lower Medicare ‘per member per month’ (PMPM) payment over the 18 months, which could be attributed to a lower acute care admission rate for the O&P service group. The report also indicated that over the 18 months patients with O&P services were more likely to avoid facility based care, which is reflected in their fewer admissions into skilled nursing facilities and more home health admissions. The study group did have higher payments for DME services and more therapy sessions. The study group did not have a lower incidence of falls and fractures, but they did have a lower rate of emergency room admissions. “The results of this analysis suggest that despite the receipt of the lower extremity orthotic, study group patients were able to withstand more intensive therapy that led to increased standing ability, resulting in fewer emergency room admissions, hospitalizations, and lower Medicare payments.” (Dobson 14)

At the end of the 18 months the study group’s Medicare payments were 10 percent less than the comparison group, even including the price of the orthotic device. Therefore, the payor immediately saved money by providing the orthosis.

In the Spinal Orthoses group there was not a significantly different PMPM payment difference for the study and comparison group. However, there was a difference in how the payments were spent over the 18-month period. The group with the spinal orthoses had higher DME

*(Continued on following page 10)*

(Continued from page 9)

## Cost-Effectiveness Study Confirms Value of O&P Care

payments and payments for physician visits, whereas a larger portion of the comparison group's payments went to Skilled Nursing Facilities and other forms of inpatient rehabilitation. "This would suggest that while patients who received spinal orthoses had comparable Medicare episode payments to those who did not receive them, they used less facility based care and appear more likely to have remained at home and received home health care or outpatient visits than the comparison group of patients." (Dobson 17)

The lower extremity prostheses group had several challenges that were not present in the other two groups. The study was only able to match 428 pairs. The group of patients selected had to have undergone an amputation within the last 12 months. Of the 428 matches almost half died within the 12 month period. Furthermore, the analysis was only conducted over a 12-month period and not an 18-month period because after 12 months the Medicare payments can no longer be

attributed to the prosthesis. The PMPM Medicare payments for the study group over the 12 months were higher, but not significantly higher than the comparison group. The expense of the prosthesis and the inpatient and outpatient therapy involved with the training was balanced out by the comparison group's larger payment for acute care hospitalization.

In conclusion, this study has highlighted that the cost of O&P services is justified. The cost of the devices is important to highlight, since O&P devices are an expensive upfront cost for the Payor. But the unmeasurable benefits they also offer should not be overlooked, especially if the cost of the orthosis or prosthesis reduces costs for payors in other areas. If payors are going to make payments for medical needs for their clients, it is better that their investment in such services results in more active and independent clients. The overall wellbeing of each individual can be improved with a little foresight regarding what is likely to lie ahead for them if medical issues are not addressed. 🦋

*Dobson DaVanzo & Associates, "Retrospective Cohort Study of the Economic Value of Orthotic and Prosthetic Services Among Medicare Beneficiaries" Vienna, VA, 2013.*

**We are making BIG changes**

**SureStep<sup>SM</sup>**

**Surestep has a new look!**

Surestep is excited to introduce a fresh look in October. We have a new logo and a new website, but we will remain the same company you know and trust. Be sure to check out the website and let us know what you think of our makeover on our Facebook page!

17530 Dugdale Dr. South Bend, IN 46635 | 877.462.0711 | [surestep.net](http://surestep.net)

[f](#) [t](#) [in](#)

## The Microprocessor-Controlled Prosthesis Keeps Getting Better: Introducing the New C-Leg 4 Above-Knee Prosthesis

Since its release in 1997, Ottobock has earned impressive reviews from more than 60,000 amputees who have benefited from the dramatic improvement in their mobility the C-Leg has made possible, and the more active lifestyles they have been able to enjoy.

The early C-Leg was something of a prosthetic phenomenon, uniquely employing on-board sensors to feed real-time information to a microprocessor that could read, adjust, and adapt values to every move—at a rate of 50 times per second. All the conscious thinking that traditional prosthesis wearers had previously found necessary to plan and prepare for every step, was now done by the C-Leg itself.

Finely tuned to the wearer's natural gait, the microprocessor adapted to make the dynamic changes necessary for navigating everyday situations and terrain—including variable speeds

on flat or uneven terrain, and up or down slopes and stairs.

The C-Leg was heralded as a life-changing quantum-leap advance in prosthetic technology when it was introduced, and it continues to amaze today.

Careful study of the experiences those early C-Leg wearers reported with their contemporary state-of-the-art prostheses has enabled Ottobock to evolve subsequent C-Leg models, incorporating improvements into each new generation. By building on a sound initial foundation and responsively and proactively applying new technology, Ottobock continues to find new and better ways to improve patient outcomes and enhance the everyday lives of C-Leg users.

The latest and greatest model to date—the C-Leg 4—comes with a fresh list of improvements and advantages headlined by increased stability and reduced falls. 🦋

Consider some of the brightest new features that make it a better choice than ever:

- 1 Go ahead and take a walk in the rain; the C-Leg 4 is **weatherproof!** While salt-water or chlorinated water are still enemies of its sophisticated technology, the C-Leg 4 is impervious to fresh water exposure from rain, hose, or sprinkler.
- 2 Walking backwards is now safer, stumble control is better, and it is easier to transition into swing phase—thanks to an **Inertial Motion Control Unit** that provides greater stability and quicker reactivity.
- 3 Real Time **3D motion analysis** allows the C-Leg to process data more accurately and to make adjustments to swing phase resistance more precisely during every moment of every step.
- 4 To its previous stance function, the C-Leg 4 adds an alternate choice: **Intuitive stance** recognizes that the wearer has stopped moving, and responsively dampens the knee in a slightly flexed position to make standing more comfortable and less tiring on uneven surfaces, ramps, and slopes. This feature adjusts and readjusts with every step in real time.
- 5 The **new frame design** is shorter, and thus allows for more prosthetic foot choices and better ground clearance. Choose it now in two shades: Volcano Shadow and Desert Pearl.
- 6 The wearer's Android smartphone can now control two additional "MyModes" and monitor battery life using a **new Cockpit app**. Once the prosthetist has programmed the knee to match the wearer's gait and preferences, he or she can use BlueTooth® technology to select special modes for biking, dancing, golfing, and other activities.
- 7 Take a load off: When the wearer is seated, the C-Leg 4 switches to **free swing mode**, a more relaxed and natural sitting posture which also extends the life of the battery.

For more information about the state-of-the-art C-Leg 4, and to discover if you are a candidate for this amazing technology, call or visit any of Lawall's office locations.



**6 Axis Hydraulic Knee**

The Virtuouse Harmony  
Mixing Fluidity  
and Security

Sugg. L-Code :  
L5814 - L5845  
L5848 - L 5850  
L5925 (NK-6+L)

**DynaStar**  
Aiming for comfort  
and energy

Sugg. L-Code :  
L5981

**Toll Free :**  
855-517-4414  
**Cell Jennifer Fayter :**  
856 673 8810

*Symphony*  
NK-6  
by Nabtesco

**Complete Solution**

*DynaStar*  
IA500  
by Proteor

**Nabtesco**  
PROTEOR  
USA



nabtesco-proteor-usa