

smallMiracles

PROSTHETIC & ORTHOTIC MAGAZINE

ISSUE 14 • FALL 2017



**Celebrating
40 Years**



**Studies Show the
Need for Amputees
to Stay Active**

**Lawall to Launch
Sports Performance
Program in 2018**

Patient Profile

**Baltazar Rubio -
Pedaling Toward Everest**

LAWALL
PROSTHETICS & ORTHOTICS



Celebrating 40 Years

LAWALL
40
YEAR ANNIVERSARY

The Lawall network of comprehensive prosthetic and orthotic care centers celebrates its 40th anniversary this fall. Established in Philadelphia in November 1977 by Harry J. Lawall, Sr. & Harry J. Lawall, Jr., the company's roots go even deeper than 40 years, however.

Harry J. Lawall, Sr.'s father-in-law, Frank J. Malone, experienced early prosthetic science firsthand, when he was run over by a Philadelphia trolley, and lost his leg below the knee. As an amputee, he worked for the local company that made his prosthetic limbs.

Ultimately, he opened a business of his own "Frank J. Malone Prosthetics" and successfully supported his family—including his daughter Rosemary, who caught the attention of a young insurance salesman named Harry J. Lawall. After the marriage of Rosemary and Harry J. Lawall, Sr., Frank Malone encouraged his son-in-law to give up his insurance career and come to work in the prosthetic and orthotic business, which was successful enough that an extra pair of hands were certainly needed.

As time went by, Harry and Rosemary's family grew to include eight boys and one girl. It was at this point that Harry

approached his father-in-law about his desire to open his own prosthetic business. With Malone's blessing, he struck out on his own; and in 1977, in partnership with his oldest son, Harry Jr. (known as 'Bud'), he opened a prosthetic business of his own, called Harry J. Lawall & Son, Inc.

At the time, Harry Sr.'s second son, Wayne, was 15, and joined his father and brother in the business, helping them by building workbenches, making braces, and performing whatever other chores were necessary.

Wayne recalls that the original small building that housed that first Lawall location at 8026 Frankford Avenue was sandwiched between a 'state store' which sold liquor, and a delicatessen with apartments upstairs. Eventually, as their business grew, the Lawalls bought first the state store, then the deli; and in the early 1980s, they added a second floor to the one-story former state

store, expanding it by 5,000 or 6,000 square feet to accommodate their busy production area.

That Frankford Avenue location still serves as their home office and headquarters, where patient care and manufacturing are both performed. Lawall fabricates approximately 80% of their patients' prosthetic and orthotic devices in-house, customizing as few other companies can: their services still include the old-world skills and craftsmanship of shoemakers, and the facilities include a leather room where a variety of leather work is still done for many types of artificial limbs and braces.

Working your way up from the ground level is a notion that runs deep in Lawall tradition. In the orthotic and prosthetic field it serves you well to have a comprehensive understanding of how the devices are made. Other Lawalls contributing to the company's growth are Bud and Wayne's brothers

David, Chris, Jack, and Fran. Although his family recently lost Bud to cancer, two of his four children, Andrea and Harry III (Bud Jr.), are also involved in the business: Harry III, CPO, runs the Delaware office, while Andrea is a CPO working in an administrative capacity in the Philadelphia office. Wayne's son Matthew is also a CPO, and his daughter Kelsey is planning her graduation and deciding which O&P school to choose for her post-graduate training. Wayne Lawall's wife, Alice; Bud Lawall's wife, Donna; Chris Lawall's wife, Megan; and Harry J. Lawall III's wife, Nina, also work for the company, as do two brothers-in-law and additional nephews.

Their reputation and long-term relationship with healthcare industry leaders like MossRehab and Nemours Alfred I. duPont Hospital for Children have fueled Lawall's continued success. Their newest office was established a few years ago in response to an invitation from duPont to serve the orthotic and prosthetic population in their second hospital located in central Florida which opened in 2012.

"One reason we have grown over the years is because we have a special relationship with the therapists that we work with," Wayne explained. "The therapists see our interactions with our patients and they know that we care about our patients. I would say that at least 50 to 60% of all the work we do is repeat work—patients that we have taken care of in the past. They know that we care and they know we're interested that they're doing better."

One advantage of being a relatively large company, Wayne points out, is the fact that the latest technology comes to them. "Because we have more than 30 certified prosthetists-orthotists who are all looking at developing technology, learning and sharing what they learn every day, manufacturers like to bring their new products and techniques to us. That means we can offer our patients the freshest and most innovative solutions."

And those fresh solutions have come a long way in forty years, he muses.

"When we first started in the business, an average above-knee amputee using an artificial limb would be walking with a walker or a cane. Their gait pattern would be very limited, it wouldn't be symmetrical. Nowadays, with all the new technology and all the computer componentry that we use, an AK (above-knee) amputee can ambulate and it's hard to know that they're even an amputee. That's come a long, long way."

Which of the many changes he has seen has surprised him the most?

"At one time, the best way you could get a mold of the patient was by taking a cast, and now with the new scanning technology, you can get the same fit without touching the patient --and that surprises the heck out of me!"

As the company moves forward Wayne reflects on what has brought it to where they are today. "It's just a matter of caring and we try to instill that in all of our people. That's who my father was," he remembers.

A plaque picturing Harry J. Lawall and

Harry J. (Bud) Lawall, Jr. holds a place of honor in the shipping office. The brief inscription beneath Bud's picture reads, "He cared about others before himself."

It's a claim impossible to dispute: During his battle with cancer, Bud returned to the office just four days after the amputation of his hand, in order to care for the patients who needed him.

"That's the type of person my brother was—and my father was," Wayne concludes. "Their leadership is what made the rest of us act and be who we are; and that's what made the company great."

That legacy continues to guide not just the Lawall family, but the family of Lawall people who serve their patients.

"At the end of the day, one of the things that keeps us going is that we're helping people. I know my brothers and I and all our employees work really hard. If we didn't know that we were helping people, I don't think we'd be doing this; I think we'd be doing something else. 🦋



Lawall's team of Certified Prosthetists Orthotists (CPOs) at an in-house continuing education course held several years ago.



Harry J. Lawall, Sr. aligning a prosthetic leg in the laboratory.



Harry J. Lawall, Sr. at one of the many golf outings he attended in support of amputees.



Harry J. "Bud" Lawall, Jr. after fitting a pediatric patient with her new upper limb prosthesis.



Patient Profile

Baltazar Rubio: Making Molehills of Mountains... and Pedaling Toward Everest

Rubio takes a break at the 50-mile point of the *Bike MS: City to Shore Ride 2017*.



Even a brief conversation with Baltazar Rubio will convince cynics that you can't keep a good man down. Especially not if his sights are set on higher altitudes.

Before the 2012 motorcycle accident that cost him his left leg, Rubio's passion was mountain climbing; he had recently summited Mt. Rainier and was planning a trip to tackle even taller peaks in the Peruvian Andes, preparing for an eventual assault on Mt. Everest.

A high-energy, cut-to-the-chase problem solver, Rubio was active as trial advocate, litigator and negotiator on behalf of clients at his law practice in Upper Darby, PA. He was physically active, too, with his favorite activities including rock climbing, skydiving, whitewater rafting, and cycling. Just-married (17 days), he was on his way to his obstetrician/gynecologist wife's graduation ceremony when everything changed in an instant: A negligent driver strayed from her lane and crashed into Rubio's motorcycle (then into another car and the guardrail), sending him airborne. He sustained multiple serious injuries that left him in a coma for 13 days, awakening with virtually no memory of the accident or its aftermath.

Ironically, Rubio recalls, "I hadn't started riding until I was deep in my 30's and a friend gave me a motorcycle. The bike that I was on when I was hit was my second bike—the Harley-Davidson I had been dreaming of since I was a kid. But honestly, I drove it like a little old man—I never really went fast. I was not into taking that kind of risk on motorcycles; they always scared me a little—so I was driving really slow when I got squashed that day."

Unable to move his 800-pound bike out of the way fast enough, Rubio was hit on the left side, hard enough to bend the bike and throw him into the oncoming windshield with his left elbow before he flipped over the car and landed hard on the guardrail, breaking his neck and nine vertebrae in his middle back. His left leg was severed above the ankle, both femurs were fractured with bones exposed, one lung was punctured, and his left elbow was salvaged only through the exceptional efforts of University of Pennsylvania surgeons he calls "geniuses."

Since then, there have been "lots and lots of surgeries" on the nerves in his arm as well as revision surgeries on his residual limb; and he anticipates more to come.

"I'm trying to exercise more—trying to get back to doing what I had done before—and that's causing its own problems: skin lesions and things like that. It's not the prosthetic socket's fault so much as the amount of pressure I'm putting on the socket as I try to get back to being athletic again," he explains.

His favorite activities prior to the accident were those

Prior to his limb loss, Rubio loved rock climbing challenges. Here he is shown bouldering near Kelly Drive in Philadelphia.



An inattentive driver destroyed Rubio's dream bike, and nearly cost him his life.

that required nerve, confidence, and courage—qualities that have recently fueled his determination to return to his former life as the same active participant and high-achiever he has always been. So it's not surprising that after his early rehabilitation, Rubio proactively took charge of his own therapy, and started bicycling again.

In top physical condition before the accident, he had gained weight and lost muscle tone during his recovery. With limited mobility and strength in his injured left arm, and still adapting to his below-knee prosthesis, he was unable to follow his previous routine of weight lifting and running at the gym; but he discovered that biking—a former favored activity—now offered an ideal exercise solution.

"My brother asked me last year if I'd like to do the American Cancer Society ride with him in June 2016. I wanted to, but I was scheduled for surgery on my stump that summer—and the real problem was that, since only one part of my left bicep is operational, I do everything with my right arm—and I overdid it and wound up with a 'tennis elbow' injury. Because I had to have repair done on the elbow and it was unstable, I couldn't train for the race, so that burned my whole summer,"

he fretted.

This year it was a different story, however: he told his brother in January 2017 that he was going to join the ACS team and ride with them on their June fundraiser this time.

"Can you DO that?" his brother worried.

"I don't know," Rubio replied, "but let's find out!"

"It turned out to be a lot easier than I thought it would be," he reflects. "I just started riding."

He acquired an old 2009 Trek Madone race bike and started pedaling and calorie counting. He lost 30 pounds during his training, and he plans to continue his routine in order to trim off another 15 pounds.

On June 11 he completed the 66-mile ACS ride from the Benjamin Franklin Bridge in Philadelphia to Atlantic City, and, not content with that personal victory, on September 23, on a new 2015 Trek Domane bike, he crossed the finish line of the Bike MS: City to Shore Ride 2017 with his team at the end of a 74-mile course.

Works in Progress

He speaks with enthusiasm of addressing the challenges of adapting his prosthesis and his bike to perform effectively and efficiently:

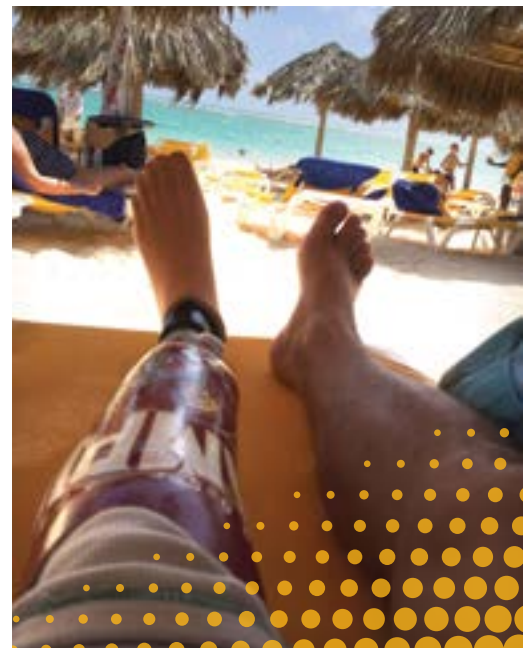
"The bike is a work in progress," he explains happily. "My first race bike was like a Tour de France bike—racers ride with their posteriors high and their heads really low. In order to make it work I had to increase the stem size and make it ride like a mountain bike, but the handlebars were higher than the seat, and my left arm can't sustain my body weight for very long. So I set it up like a triathlon bike; that lets me ride in a laid-down aerodynamic position on my elbows."

His second bike, the 2015 Trek Domane, has an electronic shifter that compensates for his left hand weakness from nerve damage.

To accommodate the prosthetic leg he wears clip shoes that trap the foot onto a special LOOK brand clip pedal.

"It's really easy to ride; all I'm doing is what I call 'squashing grapes' as I pedal."

His prosthesis is





Months of intense physical therapy were essential to Rubio's recovery and his return to an active lifestyle. Here he is shown in the walking machine at Devon Manor rehabilitation facility.



Rubio received this prosthesis from Dave Lawall while he was at Devon Manor. It is customized with the logo and colors of his alma mater, the University of Southern California.

also a work in progress; Rubio continues to benefit from the evolutionary adjustments and improvements to his current (sixth) leg, with its ever-better customizations based on

previous incarnations.

"I'm a pretty high-maintenance customer," Rubio laughs. "I've presented Dave (Lawall, his prosthetist) with a series of challenges."

From his perspective, Lawall was immediately impressed with Rubio's attitude: "From the get-go he was super positive, super energetic, and was determined to do all the activities he was doing before the amputation. He told me that he wanted to get back to karate or martial arts—that was his number one thing when I first met him! This is a guy whose arm was all busted up—he had multiple surgeries on his arm, sitting on a bed with his amputation, and he was just extremely positive. At no point was he ever depressed or negative about the process. Even though it was the fault of somebody else who did it to him, I didn't see any anger or bitterness."

Following his exhilarating success in completing the ACS ride, Rubio purchased his new bike, and was so excited that he jumped on it and did a fast 50 miles.

"That was a huge error," he admits. "When you try to ride like a professional and just go from beginning to end, like crazy mileage, you cause skin breakdown. In my case, the fibular head area skin broke completely. I had a hole about the size of a quarter in my skin where the ulceration just broke

My Allard ToeOFF makes me...

FIERCE



allard USA

www.allardusa.com

888-678-6548
info@allardusa.com



through.”

After a month spent in a wheelchair, unable to train while it healed, he tackled the MS ride more conservatively, completing it in 8.5 hours because he factored in a series of 45-minute breaks along the approximately 76-mile route to prevent a recurrence of the skin breakdown.

Rubio consulted his prosthetist frequently throughout the year, and they discussed the dynamics of his problems with skin breakdown in areas of high pressure—and the bruising he was experiencing on the bottom of his stump from the torsional strain and the circular motion of the pedals.

“Dave took all that information and put together a unique leg that’s really only designed to be ridden on a bicycle, not walked around on. He cut windows in the carbon in the front, a larger window in the side, and trimmed the back to alleviate the pressure against the back of my thigh.”

Dave Lawall remembers listening to Rubio’s input, and addressing his concerns by designing the riding prosthesis:

“There are certain spots on the limb that will take more pressure when you’re riding a bicycle than they will when you’re walking—especially the distal end of the tibia, the fibular head, and the back of his knee,” Lawall explained. “When he’s walking with a prosthesis, that posterior wall needs to be high. But for riding his bicycle, we had to make the posterior wall extra-low for him so he could get the flex that he needs to ride and to pedal the bicycle.”

“I had to also modify the bike by putting on shorter cranks,” Rubio added, “since reducing the size of the circle reduces the closure of the knee on the left side—which reduced the strain and the cutting on the back of the prosthesis. We’ve been working on these improvements all year.”

Certain adaptations were also required on the prosthetic foot, Lawall remembers. “It wasn’t just me dictating what he needed, which was great. He was very hands-on in developing the design.

“Usually we take the foot and we do all the sanding, but I had him back in the shop on a grinder, sanding the heel of the foot down so he could lock it into the pedals. It was really neat!”

Does it sound like these guys are having fun, like gearheads who tinker with their cars for the simple joy of it? Rubio acknowledges the similarity and admits that he calls Dave Lawall his personal mechanic, one who maintains his bionic parts.

“That’s pretty much right,” Lawall agreed. “He’d come in and say ‘I need you to do this!’ and it was almost like a pit stop! We’d do a quick adjustment and he’d get back out there!”

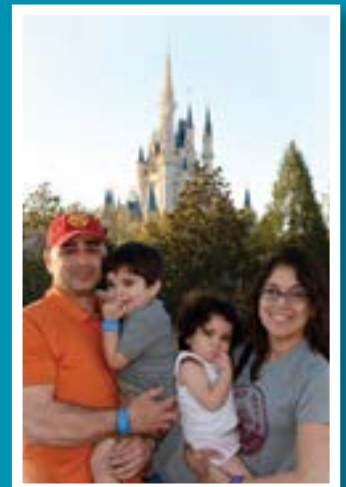
“It’s cool, with mechanicals to work on. It’s kind of fun, in a way,” Rubio reflects. “I’d rather have a leg, of course, but at least you have a hobby, playing with your prosthesis, you know?”

Having such a well-informed patient, who is interested and closely involved in his own care, makes a prosthetist’s work much easier, Lawall points out. “The fitting and making of a prosthesis is supposed to be a team effort—and he’s definitely a good teammate, that’s for sure.”

Will Rubio’s life ever be the same? Well, Licette, his wife, has forbidden him to get another motorcycle on pain of divorce; and neither of them is crazy about the idea of him continuing to pursue his skydiving license. But his other passions—mountain



Rubio and Licette were married only 17 days before a traumatic event left him in a coma with limb loss and multiple severe injuries. Rubio’s take: “Life’s not over; it’s just different.”



Baltazar and Licette Rubio with their children Max and Maddie during a vacation at Walt Disney World.

climbing and rock-climbing—are still eminently doable, and climbing Everest is still a very real possibility.

“If Dave can put together a leg with a foot that’s basically a set of spikes (a crampon), I’m honestly thinking about it,” he says, then adds thoughtfully, already intent on the details, “I don’t think I’m going to have any problems necessarily with freezing, but I’m going to have to sort out the frostbite issue, because I don’t know what the stump’s going to act like when it gets exposed to negative temperature cold.”

Although Dave Lawall has not yet been consulted regarding the potential Everest ascent, he accepts it without a blink. “It would not surprise me if he turned around, strapped the prosthesis on, and started climbing up Mount Everest! I would not be shocked at all.”

In some ways, Rubio’s changed life has brought new joy; the family he and his wife had previously postponed were actually a result of the accident, he notes. “We didn’t know what kind of time we might have left, so we just decided to go ahead with the kids—we got pregnant, bought a house, everything changed.”

Max and Madeline, now aged 4 and 2, assume Dad’s ‘Transformer’ leg has always been and is supposed to be that way. “My only problem is that it’s hard for me to keep up with them,” he smiles.

The depression and pessimism new amputees often experience is an alien concept to Rubio, who produces his arguments with the clarity and disciplined thought one would expect from a successful lawyer: “It happened, but it’s over—now it’s time to move on. Tomorrow is coming. I’m not going to waste time thinking about yesterday. It’s not a productive frame of mind.

“I used to tell people who asked me how I felt (about the amputation), ‘I’m not dead. This can’t kill me.’”

The same forthrightness is in evidence when he counsels others dealing with traumatic amputation: “Life is not over—nothing is over. It’s just different. No matter how you got here, let it go. You have to move forward—what else are you going to do? So I lost a leg. There’s guys coming home from Iraq and Afghanistan with no limbs at all—with TBI’s. Yours is not the worst—it never will be.”

And to the world of non-amputees who stare and wonder, reluctant to ask questions or say the wrong thing, he also offers advice: “Don’t be afraid to talk to somebody that has a prosthetic. A lot of us are open to discussing it. Sometimes in social situations people are leery because they don’t know how to address it. In my personal opinion, it’s okay to ask questions. It’s just a thing we’re going to have to deal with. We are normal too, just also bionic.” 🦋

All of the courses were highly informative. They improved my knowledge about pediatric bracing, and will be very helpful in my practice.

– Raghvendra P., BOCPO, CPed



Practical education for exceptional care

CASCADE **daFO** INSTITUTE

We offer free, ABC-approved online courses. Visit our website and check out the **Cascade Dafo Institute**, our education hub, to find out more.

Take all our free online courses and earn up to 11 credits!



On-demand Education



In-service Support Materials



Cascade Library

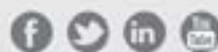


Cascade Glossary



Video Consultations

cascadedafo.com



CASCADE
daFO

Helping Kids lead healthier, happier lives®



Studies Show the Need for Amputees to Stay Active

In the latest issue of *The Academy Today* published by the American Academy of Orthotics and Prosthetics, Russell Lundstrom, MSc, a clinical director with Ottobock Healthcare, conducted a literature review on the clinical evidence for staying active. Studies would suggest that amputees have an increased risk of developing secondary conditions such as cardiac disease, osteoarthritis, osteoporosis, and osteopenia after limb loss compared to the general population.

The increased risk of cardiac disease can be coupled by the increased risk for depression following an amputation. Depression can lead to a decrease in physical activity and weight gain, and coping mechanisms such as smoking and increased alcohol consumption can increase a patient's risk of cardiac issues even more. Furthermore, after an amputation, arterial blood flow proximal to the amputation site is altered, which can lead to cardiac issues.

A 2008 review of transfemoral amputees found that unilateral transfemoral amputees had 1.6 times greater risk of death from cardiovascular disease. This risk increased even further with bilateral transfemoral amputees. Risk of ischemic heart disease was 3 times greater in a unilateral transfemoral amputee than an able-bodied counterpart.

Another review was conducted in 2008 looking at the increased risk of osteoarthritis, osteoporosis, and osteopenia in lower limb amputees. Results indicated that amputees

are 3-6 times more likely to develop OA in the hip. And transfemoral amputees are 3 times more likely to develop hip OA than transtibial amputees. The increased risk of OA is attributed to a higher level of stress on the intact limb as patients develop a long-term habit of staying off their residual limb.

Despite the vast amount of research on the benefits of regular physical exercise on the physical and emotional health of the general population, there are few literature reviews on the benefits of regular physical activity for amputees. In 2012, Braggaru et. al conducted a much needed literature review using 47 studies. These studies fell into 2 categories; studies that looked at participation in specific sports and those that looked at general physical activity.

The studies that specifically analyzed the effects of a particular sport showed "uniform improvement in muscle force, maximal oxygen consumption, anaerobic threshold, and body mass. Interestingly, subjects with amputations who were involved in endurance training programs were able to achieve the same maximum oxygen uptake and anaerobic thresholds as able-bodied subjects."¹

When the psychological benefits were analyzed, participants reported having an increase in their self-esteem regardless of the activity. Furthermore, participants of exercise and sports programs displayed improved social reintegration. 🦋

¹Lundstrom, Russell. "Amputees and Activity: The Clinical Evidence for Staying Active," *The Academy Today*, Vol 13, No.4, 2017, pp. 14-15.

TeamLAWALL Sports Performance Program to Launch in 2018



TeamLAWALL
Sports Performance Program

The article on page 10, highlighting the needs and benefits to amputees of being more active, couldn't have been timed better for the launch of Lawall's new sports performance program.

We are excited to announce the beginning of a new program launching in 2018 called *TeamLAWALL*. The purpose of this program is to reach out to the amputee community and help empower them to reach their next level of performance. Whether it is walking, running, or swimming more often or racing and playing at a more competitive level, we want to help.

This program will include both prosthetic and orthotic patients. Lawall believes there should be no limits to what our patients can achieve. We will make any adaptations and reach out to our resources within the O&P field to help maximize each amputee's success.

Join *TeamLAWALL* and take the first step in your journey toward a healthier lifestyle and discover just how far you can push yourself.

For more information follow us on Facebook, contact us at info@lawall.com or call us at 215-338-6611. Ask to speak with Juan Cave, MSOP, and he will be happy to assist you in getting started.








*Industry Leaders Specializing
in Pediatric Orthotic Designs*

From the Surestep product line to the Central Fabrication division, Surestep offers a variety of orthotic options for both pediatric and adult patients.

surestep's toe walking smo



-  Provides kinesthetic reminder to come down off toes
-  Helps kids with low tone with sensory or stability concerns
-  Treats toe walking at its source
-  Facilitates a heel-toe gait pattern
-  Discourages but does not block plantarflexion

surestep.net | 877.462.0711

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

Orlando (Satellite Office)

Nemours Children's Specialty Care
1717 S. Orange Avenue, 3rd Floor
Orlando, FL 32806
Phone (407) 567-5190

Lake Mary (Satellite Office)

Nemours Children's Specialty Care
3300 W. Lake Mary Boulevard, Suite 100
Lake Mary, FL 32746
Phone (407) 567-5190

Melbourne (Satellite Office)

Nemours Children's Specialty Care
1270 N. Wickham Road, Suite 490
Melbourne, FL 32935
Phone (407) 567-5190