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PROSTHETIC & ORTHOTIC MAGAZINE

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Anything is Possible with the Right Adaptations

When an individual loses a limb, whether it be from a traumatic amputation or scheduled amputation, immediately their mind races to imagine what life will be like without such an integral part of their body. Upper extremity amputees particularly are forced to relearn many daily activities, from dressing and bathing to cooking and driving a car. But what about all the leisure activities they once enjoyed? It can be mind-boggling to stop and think about your daily routine and then imagine doing it without one of your arms.

Fortunately, upper extremity prosthetic adaptions are available for almost every activity imaginable. Some of these adaptive components are highlighted below. Rest assured that if you don't see it here it doesn't mean it doesn't exist. Furthermore, one of the most rewarding and exciting parts of the prosthetic and orthotic field is creating and adapting

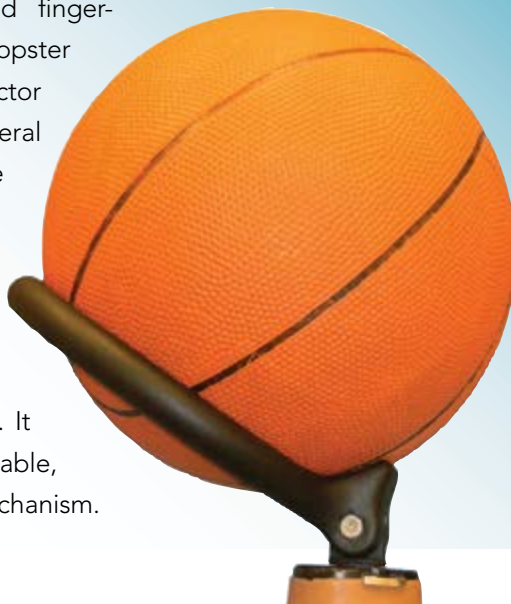
- **Gymnastic Adaptations -** The Gymnastic Swinger is sized for the uneven parallel bars. After 9 months of research and field-testing, the final device--made of aircraft aluminum--demonstrated the ability to capture and release a bar. It is capable of 360 degree performance and has been tested to hold up to 300 lbs.

- **Archery Adaptations -** The "ISHI" is an adaption for archery and bowhunting. It was developed by Bob Radocy, who was an arm amputee. He named Ishi after the very last Native American Indian living alone in the mountains of northern California. Ishi possessed a vast amount of knowledge regarding building bows and arrows and is partly responsible for archery in the U.S. today. The ISHI adaption captures the bow's handle; a ratchet strap & buckle system secure the bow in place without introducing any torque. It can be used for both left and right-handed amputees.

- **Swimming Adaptions -** There are 2 adaptions for upper extremity amputees who swim, one for use with the prosthesis and one without. Both work similarly in that they have a folding wing that will reduce resistance during stroke recovery and will flare open to maximize resistance and power strokes. For amputees looking to surf there is an adaption called the Kahuna. It is made of a high strength polymer to increase durability and has a concave shape for paddling. It also has a "heel" design at its base, which is ideal for pushing up and off the board.

- **Musical Adaptions -** There are adaptations available for many different musical instruments including the following:
  - **Guitar -** Guitar Pic is a highly adjustable adaption that holds the pic in place with set screws allowing the pic to be held and locked at specific angles
  - **Drums -** Drum Stick is an adaptation that is held in place with adjustable tension allowing the drummer to create drum rolls and other drumming techniques
  - **Violin -** Violin is an adaptation that allows the bow to be held in various positions with 2 set screws. Bow can be locked in position to provide optimal movement and allow for smooth play.

- **Basketball Adaptations -** There are two basketball adaptions for upper extremity amputees. The Rebound Pro allows for quick action control of the ball during dribbling, shooting, and passing. It provides resilient wrist/hand and finger-like control. The HP Hoopster was developed by Hector Picard, an elite bilateral amputee. This device captures the shape and size of the basketball. It provides a surface to dribble the basketball and then flip the basketball to shoot. It also has a pre-positionable, lockable, wrist angle mechanism.



devices to help patients achieve their goals. At Lawall, our practitioners thrive on innovative thinking and coming up with custom solutions for their patients.

TRS Prosthetics, Inc. was formed in 1979, by upper limb amputee Bob Radocy, who was frustrated by the limited performance of commercially available prosthetics devices. Today, the TRS website is a great resource with numerous adaptions as well as inspirational videos of patients using these devices in their leisure activities. It is a good place to start if one is looking to get back to doing something they love or if one wants to try something new. However, one should keep in mind that if they don't see the adaptive device they're looking for, they should contact a Lawall prosthetist. Often in prosthetics there isn't a one stop answer and our prosthetists can help create a solution that works.

http://www.trsprosthetics.com

Patient Profile

JIM DAVIS:

Battling Diabetes... and Keeping a Promise

When Jim Davis learned he had diabetes, he didn't take the news very seriously.

He was a young man of 21, applying for his first job with the phone company in 1987, when their standard drug test revealed that he was spilling ketones in his urine. This could indicate that the body is dangerously low on insulin—and in his case, it did.

"Diabetes doesn't hurt," he reasoned then, confident that he was too young to have major health issues. But, because he didn't take early measures to correct the situation, he went from initially controlling it with his diet, to pills, then to insulin, within 12 months—and, ultimately, to more serious consequences.

"I still didn't 'get religion' until I lost my kidney function in 2000, and I was forced to actually acknowledge I was a diabetic," he admitted.

Although his mother donated a kidney and he started to take better care of himself, the diabetes had already made inroads into his body. He had problems with his eyesight, his kidneys, and his extremities.

"Every little cut that I got took an amazing amount of time to heal."

For years, Davis said, he battled with diabetes and it battled with him.

"I was always large; always overweight—and I had two congestive heart failures. During the second one, it took me 45 minutes to get from my bedroom down to the truck—out of a standard house. My wife took me to Abington Hospital, where a triage nurse told me, 'Mr. Davis, you should be dead! I don't know what you need to do, but you need to do something—because the next time I see you, you're going to be horizontal!"

So Davis decided to undergo gastric sleeve surgery, which he credits with saving his life. It was not without its trials, however, he pointed out. Although the surgery went well, an infection threatened his stomach, and caused him to lose his

gall bladder.

While he was hospitalized from the sleeve surgery, he began having problems with an infection that developed on his right ankle.

"True to form, it just didn't heal," Davis recalls. "So I went to the foot doctor and assumed he was going to give me some kind of antibiotic—and he told me I had mersa, and the only way to deal with it was to amputate it."

Shortly after the 2013 amputation, the donated kidney from his mother quit functioning.

"That was a rough three years," he admits. "I lost my leg, I went back on dialysis, I still had another infection on my left side that I was dealing with."

Meanwhile, there were complications from the gastric sleeve surgery and the liquid diet his digestive system was unable to tolerate, so at one point, he was being fed intravenously.

Drastic and unpleasant as his situation was, the results precipitated a major change in his attitude—and his life. Over a 6-8 month period, he went from 300 to 180 pounds.

"I lost another person!" he jokes. "The weight came off like crazy, but I had been big all my life—I didn't know how to be thin! As it turned out, I lost too much weight, and at 180, I was sickly. I had to regain 20 pounds. I'm at a nice, even 200 now, and I'm happy."

It was during this period when Davis claims that he "got religion".

"I came out of my amputation surgery and said, 'Okay, this is enough. Someone is trying to tell me something and I think I'd better listen!'"

In anticipation of his prosthetic fitting, Davis began rehabilitation in the Moss Rehab prosthetic pretraining program on an out-patient basis. When his kidney failed and he entered the hospital, his prosthetic training proceeded on a more intensive inpatient basis, also including general rehabilitation, explained Alba Seda-Morales, PT, DPT, a physical therapist in the O&P Amputation Program at Moss Rehab-Elkins Park.

"It's been a long journey," Seda-Morales observed. "He has had every single secondary effect of diabetes: he's blind in one eye, he's missing digits on his hands, he's on dialysis because his kidneys are failing, he did have a kidney transplant that failed. He's missing toes on the side he has the short brace on. Everything that can go wrong with diabetes, he has it!"

She stresses the importance of goal-setting and motivation in achieving Davis' successes in therapy.

"Unfortunately, I'm not so much of a cheerleader as a tough love kind of person," she noted, pointing to other team therapists who also supported and worked with Davis, each with their individual approach to therapy.

"It's all about setting goals. If you tell me what your goal is, we're going to work on that and we'll make it happen, with each of us doing our 50% of the effort to get there."

Because of Davis' healing issues, there was a delay before his leg had healed enough to be fitted with the socket to which his below-knee or transtibial prosthesis would be attached.

Learning to put on the socket was a challenge. "It's a very weird feeling," he noted.

"Lawall treated me very well—they are real craftsmen and consummate professionals who gave me realistic goals about what to expect with my prosthesis. It was just that I had to get used to the whole idea of a prosthesis.

"And because my ankle is very weak, due to the swelling from diabetes again, I have to wear a brace to support my other leg."

Traci Romano, CPO, one of Davis' prosthetists, explained, "With a secondary condition like diabetes, it is not uncommon to need a brace for stabilization when a lower-limb prosthesis is used on the other side. Due to neuropathy or a stroke, patients can experience lower leg weakness on the contralateral side."

Davis' custom-made metal and leather AFO (ankle-foot-orthosis) brace provides that needed support.

"In the beginning," Romano noted, "Mr. Davis did not have a strong motivation due to his other medical conditions, which could have been a deterrent to his progress. As he began therapy and could see his potential, his attitude completely changed. He became more motivated and had a strong desire to walk independently so as not to depend on his wheelchair in and about the community."

"He's a very determined person," said Seda-Morales. "He was able to find that internal motivation—something that was very important. External motivation doesn't matter, if you don't have your own. He saw that certain things were possible if he put his mind to it."

Every step forward in therapy is a victory that is remembered and celebrated as progress toward a goal.

"Each time, we'd remind him, 'We stood up today without any help,'" said Seda-Morales. "'Do you remember when you needed five people?' –reminding him where he was and where he is now, helping him to realize that that was more important than trying to look at what he's not able to do right now, but focusing on where he wants to be. That was a lot of his own motivational determination."

A psychologist is available to provide support to Moss Rehab patients, "…but a lot of it, we do as therapists, and the prosthetists do it, too."

Seda-Morales points to a device she credits as a key element in his rapid improvement—the AlterG® or anti-gravity treadmill. Developed by NASA to help astronauts returning from space re-adjust to Earth's gravity, the treadmill incorporates a bubble in which the air pressure can be ad-

justed to allow the patient to practice weight-bearing at levels as low—or as high—as the therapist determines.

"The AlterG is one of the main interventions that we used to get him up and moving. With that treadmill, he was able to get more repetition on steps, and to get used to standing up. He started on the wheelchair and we got him up onto crutches, and the journey continues."

Davis remembers his early days in the Moss program: "The physical therapists there told me 'Look, you are going to exercise, you are going to learn to walk again, and it's going to take some time and a lot of work, but as long as you are willing to put in the time and effort, we are going to guide you to where you want to be' —and that's exactly what happened."

He identifies his first therapist, Dave Nutt, as "the first person to kick my tail and make me smile!"

He learned that if his attitude wasn't right, his body was going to follow that attitude—whether good, bad, or indifferent. "The rehab was really for my mind first, not my body."

He has now been in the Moss program—as both inpatient and outpatient—for nearly four years since his amputation. A 'graduate' who has achieved his personal and functional goals and been discharged into the community, Davis now works with Seda-Morales and her maintenance group—for people wishful to maintain their prosthesis' functional status while working on their endurance and their strength.

Davis shared a childhood memory of an attempt to befriend some boys, shortly after he had moved to their neighborhood, by joining them for a bike ride.

"These kids on my block decided that I was too fat to ride with them," he recalled. "So they decided to take me for a very long ride and dump me. I tagged along while they took me from Overbrook High School to West River Drive, then from Montgomery Avenue up to Falls Bridge and down to the art museum—twice!"

Although the trip was about 14 miles, Davis, at age 12, was determined not to be tired out and left behind, for his parents to come and get him.

"I am stubborn!" he admitted. "The short story is that I kept up with them, and actually ended up enjoying myself. It's a very nice ride if you're not trying to race it!"

That early love of biking stayed with him; a favorite part of his therapy was practicing on some recumbent bikes in the parking lot, which sparked childhood memories of wind blowing through his hair, and made him happy as a kid. The center also added a hand bike—a tricycle driven by hand power—which Seda-Morales incorporated into his rehab program, so he got to ride often.

So it was natural for Seda-Morales to invite him to join a Moss Rehab team preparing to participate in the Tour de Cure—a fundraiser bike ride to benefit diabetic research, sponsored by the American Diabetes Association (ADA).

The original plan was for Davis to use the hand bike to ride the minimum distance—three miles. Other Tour de Cure courses challenged teams to ride 12, 30, 65 and even 100 miles, leaving from and returning to the same starting point.

"One of my attributes is that I sometimes shoot for things that are outside of my reach," Davis mentioned. "I like to shoot for the stars and accept the moon. So when Alba told me I could do three miles, I went for the next longer course—which was 12 miles. I asked her if she thought I could do it, and she said that, with training, she thought I could."

Unfortunately, in the weekends prior to the ride, while Seda-Morales was training hard with the other three amputees preparing for the event, Davis' father was unexpectedly hospitalized and gradually declined and passed away just two weeks before the Tour de Cure, and those important family matters prevented Davis training with the team.

"What I should have done is backed out or at least taken the three-mile ride. But a month earlier, I had ordered a mountain bike which they equipped with stabilizers (adult training wheels), which I could ride in an upright position, and could also carry my forearm crutches along. And just before my father died—in one of his last conscious moments—I told him I wanted him to see me ride my bike—and told him I was going 12 miles.

"He smiled and encouraged me, 'You go, son!'

"After he passed, I got it in my head that I had to keep that promise to him, and thought I could manage to do 12 miles around a track."

But what Davis didn't know was that the Tour de Cure courses led through neighborhoods—very hilly neighborhoods, with a lot of traffic on the streets.

And he didn't know that the bike wouldn't arrive until two days before the event—so he had no opportunity to practice or train on the new bike—or any other.

Seda-Morales was riding with a few therapists and prosthetists in the 30-mile group; all the remaining therapists, who had not trained, were in the 12-mile group with Davis. Several of them suggested that he might prefer to take the three-mile ride, instead, but Davis was committed.

"He is a very determined person, and stubborn at times," said Seda-Morales. "That's why we get along, because we are both so stubborn!"

Because Seda-Morales launched early with the 30-mile

group, and was focused on watching for the incoming three-mile group, she wasn't aware till later that Davis was riding with the 12-mile group, and was in trouble.

"My team is the only reason I completed the 12 miles," he confessed. "Once I hit the first hill, I just could not do it on my own. So the seven members of my team—all but one of whom have been my former therapists—got off their bikes and took turns pushing me! One would scout the next hill, park their bike at the top, run back to the bottom and push me up to the top of the hill, then ride back down the next hill—and they alternated and that's how we got through," he marveled.

"Alba met me at the finish line, and I thought she was hugging me, but I think she was really trying to choke me!" he joked. "She was not happy with me, but she was proud of me at the same time."

He reflected soberly. "I could not have made it without my team," he repeated. "I was on an emotional high trying to impress a person who was no longer on this side of the life fence; and my team made sure that that happened. I love those guys!"

Davis' appreciation is shared by others:

"I am fortunate to work so closely with Moss Rehab," notes Jack Lawall, CPO. "Dr. Wu, Alba and the whole rehabilitation team always work to push patients to their fullest potential. No one ever gave up on Jim. He should be very proud of what he has accomplished!"

Davis's wife and extended family—multiple cousins and in-laws who are truly 'family'—were there at the finish line to cheer him, as well.

"One of the reasons I was able to be so stubborn and persistent in rehab in general was because of my family. My wife in particular has been my best friend, my caregiver—every hat fits!—my nurse, and my disciplinarian when necessary. She has pushed, pulled, cajoled, and done everything you can possibly think of to keep me in the right frame of mind and the right attitude. And the rest of my family is right behind her!"

So what lies in Davis' future now? What new goals has he set for himself?

"My next challenge is to find a job and to get back into the

work force. Right now I'm officially retired after 30 years with Verizon, starting out as a repair technician, and ending in the office, maintaining some very expensive switching equipment. Since that door is closed, now, I'm not sure what I'm going to do, but I feel that I am able to work if I can find something that works around dialysis, since dialysis is part of my life."

Another goal is participation in next year's Tour de Cure event, for which he plans to train appropriately, well in advance, this time!

Seda-Morales agrees that, with training, Davis can surely manage the 12-mile course.

"There are so many new rules, thanks to him: 'If you don't train, you don't ride!' We had a long conversation about that," she laughed.

As far as his prognosis, she is equally optimistic; "For this population (diabetic amputees), it's very hard because of all the complications and medical issues; but all you need to do is have a goal and we'll get you there. So if he continues to stay active, if he continues to actually do what he wants to do and ride all the time, I think he can live a very successful life—including being able to get rid of those forearm crutches, too.

"It's all about being able to just continue with life. Life doesn't end after an amputation," she concludes.

Davis has learned that lesson—and another of his goals is to share it with others who may be helped by his example.

"There are amputees who do triathlons and stuff, so I consider myself just 'Joe Average'," he said. "But I'd say I've gotten back 90% of my independence since I lost my leg and all the related challenges. If I could do what I have done—and I haven't done that much!— and if I could make it this far—anybody can!

"I can go wherever I need to go, I'm not stuck in my house. I don't consider myself unable to do almost any job I could have done before; I'm not going to be climbing up any ladders or stringing any phone lines, but I wasn't doing that, anyway! I was sitting at a desk, and I can still sit at a desk with the best of them!" he quips, laughing.

Inspiration—and humility—come from the examples of others around one, as Davis knows from experience:

"I saw a person in rehab who has no legs, he has no arms. He doesn't speak English—and he was the most inspirational person I've ever seen. This man could out-exercise, out-attitude anybody! I don't even know his name—but just to watch him go from station to station and see the enthusiasm he puts into everything he does, motivates me to do what I do. I figure if this man with no arms and no legs can do sit-ups, push-ups and whatever else he has to do, surely I can get up and walk five steps!"

Össur and Lawall Provide Workshop to Showcase Prosthetic & Orthotic Advances

On Friday, July 21st Lawall teamed up with Össur to offer an evidence-based amputee care workshop. The event was held at Lawall's main office in Philadelphia and attracted many members of the local medical community.

The course is part of Lawall's ongoing effort to educate members of the patient care team on new advances in the prosthetic and orthotic field. The course was presented by Bob Gailey, PhD, PT. Gailey is a professor at the University of Miami Miller School of Medicine, Department of Physical Therapy. He has a joint appointment as a Health Science Researcher with the Miami Veterans Affairs Medical Center and is also both the Director of the Functional Outcomes Research & Evaluation Center and Special Advisor to the U.S. Department of Defense for amputee rehabilitation. Recently, he has developed the Comprehensive High-Activity Mobility Predictor. According to feedback from those who attended the workshop, Gailey is an exciting speaker with a vast amount of knowledge and experience that he passionately shares with the prosthetic community.

Throughout the day attendees were given an opportunity

to work with amputees. The course was designed to educate physical therapists on how to employ selected functional outcome measures to enhance amputee rehabilitation and maximize prosthetic performance. During all the lab sessions, instructors would personally help attendees through instruction and observation of the techniques they were using while working with the amputees.

Information on future Lawall in-service events are always posted on our website at www.lawall.com and on our company's Facebook page. If you would like to join the email list for alerts on upcoming events, please email info@lawall.com.

New Medical Documentation Requirements for O&P Devices
We're Here to Help You with the Process

Long gone are the days when a patient could come into an O&P office and be custom fit with a device by simply providing a prescription from his or her physician, signing a delivery slip, and having their insurance company billed so that the O&P facility is compensated for the services provided. We truly didn't appreciate how easy it used to be!

In this new world, extensive medical documentation from the physician and practitioner is required, and timing can be critical. Every device has slightly different requirements and these requirements seem to always be changing, but the documentation process doesn't have to be as daunting as it seems. With collaboration from the medical team, the patient, and the practitioner, efficient patient care can be achieved.

At Lawall, we believe that providing patients with some insight on what is needed to have a prosthesis, orthosis, or diabetic shoe approved by an insurance company helps to empower them to be part of the solution. Properly outlining the required medical documentation needed from the physician at the outset assists in combatting the multiple requests for documentation. Lawall Prosthetics & Orthotics has several policies in place to help streamline this process. Education is key. Keeping the medical teams we work with and the patients we serve aware of the steps needed to get insurance authorizations for the devices we provide keeps us ahead of the game to assure that we're able to provide patients with the highest level of care.

Many of the components on a prosthesis are specific to a patient's functional level. Therefore, great detail must go into describing a patient's functional level prior to the amputation, current functional level, and progress that can be expected. The functional levels (K Levels) are as follows:

K0 - The patient does not have the ability or potential to ambulate or transfer safely with or without assistance and a prosthesis does not enhance their quality of life or mobility. This level does not warrant a prescription for a prosthesis.

K1 - The patient has the ability or potential to use a prosthesis for transfers or ambulation on level surfaces at fixed cadence. This is typical of a household ambulator or a person who only walks about in their own home.

K2 - The patient has the ability or potential for ambulation with the ability to traverse low-level environmental barriers such as curbs, stairs or uneven surfaces. This is typical of the limited community ambulator.

K3 - The patient has the ability or potential for ambulation with variable cadence. A person at level 3 is typically a community ambulator who also has the ability to traverse most environmental barriers and may have vocational, therapeutic or exercise activity that demands prosthetic use beyond simple locomotion.

K4 - The patient has the ability or potential for prosthetic ambulation that exceeds basic ambulation skills, exhibiting high impact, stress or energy levels. This is typical of the prosthetic demands of the child, active adult or athlete.

New documentation requirements mandate that the physician notes not only describe a patient in terms of their K Level, but these notes must also provide details of their daily activities to support the functional level they have been assigned. For example, if the patient is a community ambulator, where do they go in the community and how often? If the patient is walking at variable speeds and traversing environmental barriers, what barriers are they traversing and what is requiring them to walk at variable speeds throughout the day? If a patient has hobbies they enjoyed prior to amputation, what are they and how can the prosthesis help them get back to doing the things they love? Furthermore, what is the patient's level of desire and motivation to use the prosthesis?

With recent technological advances, it is becoming easier to gather quantitative data such as the number of steps a patient takes in a day, average walking speed, level of improvement over a designated period, etc. The clearer the picture of the prosthetic candidate, the better.

If a patient needs a new prosthesis, documentation must specifically lay out why a new prosthesis is necessary. Has the patient undergone significant weight loss or weight gain? Has their functional level changed? What is the condition of their old prosthesis?

The level of prosthetic documentation has exponentially increased over the past 10 years. Getting authorizations for prosthetic devices requires healthcare professionals to paint a detailed picture of the patient. Helping the insurance company understand how certain components of the prosthesis will directly relate to bettering a patient's daily life is essential. The more examples and quantitative data we can provide. the better picture we can paint.

Documentation for orthotic devices has changed more recently than prosthetics. Documentation for the need of custom versus off-the-shelf orthotics is currently under the greatest microscope. There are a vast number of off-the-shelf bracing options particularly for knee and spinal orthoses, and therefore, patients can frequently be fit with an off-the-shelf

option. However, this is not always the case and when a custom orthosis is required, specific documentation is required to justify the practitioner's decision to go with a custom option.

Before providing a custom knee brace it must be documented in the physician notes why a custom brace is necessary. Some examples of why a custom brace would be required over an off-the-shelf orthosis would be that the knee has a deformity, the size of the patient's calf or thigh is too large or too small to fit into an off-the-shelf orthosis, or perhaps the patient has minimal muscle mass and an off-the-shelf orthosis cannot be suspended properly.

The options for off-the-shelf AFOs and KAFOs is not as comprehensive as they are for knee orthoses. However, documentation for the need of a custom AFO/KAFO is still necessary. Some examples of the documentation that must be present in the physician notes to justify a custom AFO/KAFO would be as follows: the patient has a condition that requires the orthosis to control the knee, ankle or foot in more than one plane; the patient has a documented neurological, circulatory, or orthopedic status that requires a custom fabricated device; or the patient has a healing fracture.

Spinal orthoses, like knee orthoses, have an expansive range of off-the-shelf options for practitioners to choose from. However, there are times when a custom spinal orthoses is necessary and the physician notes must support the practitioner's decision to proceed with the custom option. The most common reasons justifying the need of a custom spinal orthoses would be that a patient's weight prevents, or the severity of the deformity prevents, the patient from fitting into an off-the-shelf option. Or perhaps the severity of the condition requires a custom device in order to promote proper healing and/or comfort.

Diabetic shoes require the most specific documentation from the physicians and in a short time frame. Documentation is required not only from the physician ordering the diabetic shoes, but also from the physician treating the patient's diabetic condition (the certifying physician). The ordering physician must have an in-person evaluation within six months prior to when the diabetic shoes are provided. The certifying physician must certify on or after the in-person visit with the prescribing physician and within 3 months of delivering the shoes. [For more information on the required documentation for diabetic shoes, please contact Lawall. We have a specific outline that we provide to patients and doctors outlining exactly what is required in an effort to ease the process of obtaining diabetic shoes.]

Whether you're a physician, therapist, family member or patient reading this article, a greater understanding by all parties involved will help with the approval process. Educating the care team is essential to helping our patients receive the most appropriate devices in a timely fashion. Lawall practitioners are always willing to meet and go over the latest documentation requirements. We also have custom reference card sets for our referrals that lay out the documentation necessary to help ease the process. If you have any questions, please don't hesitate to reach out to us. At Lawall, we believe we are all one team with one goal––to provide our patients with the best care possible.

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