

# smallMiracles

PROSTHETIC & ORTHOTIC MAGAZINE

ISSUE 11 • WINTER 2017

Addressing Idiopathic  
Toe Walking with Orthotics

Is 2017 the Year that the  
Medicare O&P Improvement  
Act Gets Passed?

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Patient Profile

**Micah Fowler -  
Star of ABC-TV's  
Speechless Series**

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# Orthotic Management of Idiopathic Toe Walking



**T**oe walking is a common issue orthotists often face when treating the pediatric population. Toe walking is associated with many diagnoses; cerebral palsy, myopathies, and autism are just a few. Depending on the condition and how the patient presents will help determine the best approach to resolving the issue. But what happens when an orthotist is presented with a child with no neurological or orthopedic underlying condition and the child consistently chooses to walk on their toes and the ball of their feet? Should the issue be addressed? Will the child simply grow out of it? What is the risk of no intervention?

This condition has been termed Idiopathic Toe Walking (ITW). It is a diagnosis of exclusion. In 2016, Herrin and Geil performed a randomized trial on idiopathic toe walking. "Some observations associated with ITW, include the fact that it is only considered abnormal when it persists beyond two years of age, that it is more common in boys than girls, and that about 30 percent of patients who present with ITW have a family history of the presentation"<sup>1</sup> If unaddressed not only is it aesthetically concerning, but patients with ITW are at higher risk of falls, ambulate at a slower velocity, and can have future orthopedic problems.

Historically, the solution to ITW has been using an articulating AFO with a plantar flexion stop at 90 degrees. The orthoses will mechanically prevent the patient from walking on the toes and achieve a nice heel toe gait. But is this overkill? Recently, attempts have been made to achieve the same results with a less restrictive orthoses, based on the notion that ITW is



a sensory issue. Therefore, a rigid footplate with sensory inputs will provide sufficient feedback to achieve a heel toe gait.

Herrin and Geil's randomized trial published in 2016 looked at this exact question. Eighteen children between the ages of 2-8, who had no neurological condition or history of a plantar flexion contracture or Achilles tendon



contracture were randomly assigned in one of 2 groups. The AFO group had a custom fabricated AFO made of 1/8-inch polypropylene with tamarack joints and a plantar flexion stop at 90 degrees. The trim lines for the footplate terminated just below the metatarsal heads. The foot orthoses (FO) group wore an orthoses made of 1/8 puff and 1/8 poron with a cork base and a full-length carbon fiber footplate. Both groups wore the orthoses all day except for sporting activities and sleep. The average age of the group was 5, the average passive range of dorsiflexion was 4 degrees and all of the children's parents reported, "their children could walk normally if asked to do so."<sup>1</sup>

During the first setting of the gait lab, 12 of the 18 participants achieved heel contact during initial contact. It can be assumed that these participants were very aware of the nature of their surroundings and that their steps were being analyzed. And more than likely they have been repeatedly prompted by their parents in the past to "walk normally."

Six weeks later, the participants returned to the have their steps recorded during two more trials. Not surprisingly, results showed that participants wearing an AFO achieved

(continued on page 9)



## Running & Mobility Clinic to be Hosted in Philadelphia on June 3rd

A mobility clinic presented by the Challenged Athletes Foundation is coming to The Salvation Army's Kroc Center of Philadelphia on Saturday, June 3rd from 9:00 AM until 12:30 PM. The clinic is designed to inspire, motivate and teach individuals who wear lower-extremity prostheses practical ways to move better, easier and quicker.

Attendees will have the opportunity to:

- Improve speed and balance
- Practice leg-over-leg running techniques
- Learn how to move in multiple directions to allow for participation a variety of recreational activities
- Discover training routines and sport-specific exercises

Experts including Bob Gailey, PhD, PT, Peter Harsch, CP, and clinical specialists from Össur, the event's sponsor, are scheduled to attend. The clinic is open to all ages and ability levels and it isn't necessary for participants to have a running prosthesis to attend.

For more information, contact Travis Ricks at (858) 210-3524 or via email at [travis@challengedathletes.org](mailto:travis@challengedathletes.org)

Attendees may register at: [support.challengedathletes.org/phillyrun](http://support.challengedathletes.org/phillyrun)

Volunteers may register at: [support.challengedathletes.org/phillyrunvol](http://support.challengedathletes.org/phillyrunvol)



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Patient Profile

# Challenged Teen Star Brings Enlightenment to Hollywood



Micah Fowler, a New Jersey 18-year-old who has lived with cerebral palsy all his life, seemed like the perfect choice to play a leading role in the groundbreaking ABC TV series *Speechless*—he was a natural for the role of JJ DiMeo, a teenager who deals with the daily life challenges of cerebral palsy in weekly episodes.

Eleven episodes and nearly halfway through the 23-episode first season of the show, Micah and Tammy Fowler, his mother, took time to share some on-set insights about the series, and what makes taking on the character of JJ difficult, fun, and a sometimes humbling responsibility.

Cerebral palsy (CP) is a disorder that affects muscle tone, movement, and motor skills. It is usually caused by brain damage that happens before or during a baby's birth or during the first three to five years of a child's life, and can lead to other health issues, affecting vision, hearing and speech problems, and learning disabilities.

One of the challenges for Micah in assuming JJ's character is the dramatic difference in the level of severity of their conditions: while diagnosed as moderate to severe early in his life, Micah's condition is now considered moderate. While JJ is confined to a wheelchair, Micah is not—and only uses a wheelchair for long distances. JJ is non-verbal, and relies on a communications board and a human aide or family member who "translates" the messages JJ conveys through the board by using movements of his head to guide laser pointers in the frames of his eyeglasses. Conversely, Micah loves to talk, and "he talks a lot!" his mother laughs.

"As an actor," Micah amplifies, "I have to rely on the emotions that JJ would feel in the scenes and try to have his personality come through. My goal is to make sure the audience knows what JJ is thinking and feeling at all times. JJ uses a laser pointer and aide to communicate, so I have to compensate physically by being extremely expressive with my facial expressions and body movements. Sometimes I've just wanted to blurt out what I (as JJ) am feeling and trying to say!"

Tammy recalls that Micah was nervous when he first booked the role because it's hard to project "speechless" when you're used to speaking. It required learning new skills and researching the role by meeting with and learning from non-verbal people who have CP and use speech devices.

"He never wore glasses; he's never worn a laser on the glasses to point to words," she explained, "so we watched videos on YouTube, and we had the glasses, the laser pointer,

and a board at home; he worked on moving his head and finding the letters."

Micah compensates for speechlessness by being extremely expressive with his facial expressions and body movements—while still carefully restraining his hand and arm movements to match JJ's severity level. Micah has individual dexterity and can use his fingers to feed himself and manipulate things; JJ can only grasp things with his hand as a whole, but doesn't use his fingers.

The role presents challenges on a deeper level, as well, since everything Micah does requires a greater expenditure of physical energy and effort because his muscles are weaker: walking with his walker, speaking—all are harder and take a lot more effort than an unaffected person.

And although the role of JJ keeps Micah in a wheelchair all day on set, afterwards, when Micah has time out of the chair, he actually has to work harder to build up the lines of communication between his mind and the weak dorsiflexor muscles that enable him to pick up his feet. So when not filming, Tammy says that Micah makes it a priority to exercise in his apartment and at the gym to keep his muscles strong.

Tammy explains, "His future mobility depends on his using what he has now—or he could definitely lose some of his abilities if he doesn't stay active and keep those muscles stretched."

"Micah is ambulatory with an assistive device like a walker, he is in a wheelchair for longer distances and at school, but at home he uses a walker," says Gary Michalowski, CPed, BOCP, BOCO of Lawall Prosthetics & Orthotics. Michalowski has been fitting Micah with bilateral molded ankle-foot orthoses since 2002, when he was just four years old.

Micah is also currently finishing his high school education via long distance: "He has a private tutor on staff 15 hours a week," Tammy notes, "but Micah is in so many of the scenes that they can't fit in all 15 hours during the work week. That means he has to do five of those hours on Saturday mornings. He's looking forward to coming home when we're done filming Season One in mid-March so he can go back to his high school and graduate with his class this year--so he won't have to do that anymore!" Tammy laughs.

In addition to the differences in their physical capabilities, Micah and JJ also differ significantly in character and personality, she observes.

"JJ is more mischievous and really enjoys giving his brother a hard time. In real life, Micah is not mischievous at all. He's not one to tease his sister like JJ teases his brother—and Micah has a really sweet personality that doesn't



want to give anybody a hard time or see them hurt.”

There are occasional similarities, she admits; once in awhile a family member watching the show will catch a familiar facial expression and say “Ah! That was totally Micah!”

“There are quite a few personality traits JJ has that is not Micah, for sure, but he does a good job of portraying that different character,” Tammy points out with pride.

The proof is in the reviews the highly-acclaimed series has received to date. Rotten Tomatoes gave *Speechless* an extraordinarily high rating of 98%, and commented that it “speaks to a sensitive topic with a heartfelt lead performance and a fine balance of sensitivity and irreverence.”

The show provides entertainment that enlightens; *TV Guide’s* review calls it “a clear-eyed and empathetic exploration of life in a special needs family that makes plenty of room for hilarity.”

Micah is keenly aware of the additional burden that he carries in portraying JJ’s character. He’s thrilled to be identified as a role model by professionals in the special needs community, as he has always enjoyed using his special gift for encouraging others—and recognizes that this is an incredible opportunity to do so. While it’s a breakthrough role for him, it’s also a groundbreaking opportunity for the entire community of those who deal daily with disabilities.

“Growing up as a huge television and movie fan, I couldn’t help but notice the lack of representation, the lack of lead characters diagnosed with disabilities,” Micah recalls. “The fact that I get to portray a lead character dealing with cerebral palsy on prime-time television is so exciting for me—and exciting for us!”

“My family has always given me unconditional love, supported me in everything I’ve wanted to do and pushed me hard! I have been blessed to grow up with a great support system and I know not everyone has that. I’m honored that I’m able to represent the special needs community on such a big platform. I feel a great sense of responsibility to them and hope to make them proud.”

Micah’s own personal journey from adorable tot to insightful representative, Hollywood star and role model for thousands with disabilities has not been an easy one.

Tammy recalls the shock of receiving that initial diagnosis when Micah was just a baby:

“I knew something wasn’t quite right when he wasn’t reaching milestones like rolling over and sitting up when he was 12 to 14 months old. The neurologist who saw him immediately recognized it as cerebral palsy, and confirmed it with an MRI and other tests. It was devastat-

ing at first. They didn’t offer any long-term prognosis as far as his capabilities down the road, and it was the unknown that was scary. It was definitely a difficult time.”

His parents decided they would do everything possible for him, and that included pursuing therapies and alternative treatments not only locally but also out of town and even out of the country.

During the first five years we traveled a lot”, his mother recalls. “Then we started regular physical and speech and occupational therapy sessions three times a week at Specialized Children’s Hospital in New Jersey. We also began seeing Dr. Kirk Dabney (at Nemours Alfred I. duPont Hospital for Children) in Delaware, which is where we connected with Lawall orthotist Gary Michalowski.”

There Micah was able to get his braces from a multidisciplinary team working closely together—something Tammy particularly wanted and still appreciates for the convenience and confidence it has provided her through six surgeries over the years to correct his condition—several of them orthopedic procedures.

“His muscles were too tight,” she explains. “As he grew, the spasticity\* kicked in and his muscles would be super tight, so he had to have surgical muscle transfers and muscle releases.”

Michalowski has been representing Lawall at the duPont Children’s Hospital for more than 30 years, and began partnering with Dabney to provide care to Micah since 2002, when Micah was four years old.

Michalowski began by making the bilateral molded dynamic ankle foot orthoses (DAFOs) that assist with decreasing Micah’s strong extension tone and addressing equinovalgus pathology issues secondary to his CP.

He has continued providing new braces on a roughly annual basis over the last 14 years as Micah has outgrown them, with occasional additional visits to adjust fit and change the braces’ padding and straps.

About four years ago, a major surgery reconstructed Micah’s feet, building in an arch and adding pins to turn the foot inward to repair a gait anomaly that caused weight bearing on the inside of his ankles rather than the soles of his feet. He wore casts on both legs for eight to ten weeks following the surgery.

Soon, Tammy believes, he’ll stop growing, which should eliminate the need for further corrective surgeries.

“Micah is just a great guy—super personable,” Michalowski believes. “He’s a very smart young man and a delightful individual. The



\*Increased resistance to passive stretching—greater in the flexor muscles at the elbow and the extensor muscles at the knee.

stardom he's enjoying couldn't happen to a better person. I've known and worked with him and his mom, dad, and grandfather over the years—and this is a huge blessing for the whole family."

Micah recalls Michalowski and Lawall's service as an integral part of his early life: "I truly

hope every other kid with CP in our country has access to an amazing team of orthotists like I did growing up. I am just one of many lives they have helped through their work. Thanks to them for believing and continuing to invest in kids with special challenges like me."

"Gary has been measuring, fitting, and fabricating Micah's leg/foot braces every year since he was four," Tammy adds. "The Lawall location at duPont Children's Hospital truly provides top level care; we specifically chose to get his braces fit there because it has allowed Gary and the team to consult directly with his orthopedic surgeon and post-surgery therapists—all at one location during each visit, and to create orthotic devices that are truly customized to meet Micah's specific needs. Gary and his team are amazing!"

## Going Hollywood

Oddly enough, Tammy explains, it was his sister's extraordinary talent and early success in local children's theatre and her subsequent series of starring juvenile roles on Broadway that paved the way for Micah, and helped to open doors when his interest in acting was re-ignited.

It started when Tammy took both children to see a production of *Oliver* at their local community theatre. "Kelsey kept trying to get up on the stage during the whole show," Tammy laughs, "and saying 'I have to be up there!' I spent the whole show picking up my daughter and bringing her back!"

When Kelsey started appearing in other local productions, Micah also wanted to try a role in *The Wizard of Oz*—and was a big hit being pulled around the stage by Munchkins in a flower-bedecked Munchkinmobile.

He lost interest, however, because there was too much boring wait-around time, while Kelsey pursued her muse with a burning ambition, hard work and study that took her through ten more local productions and set her sights on New York City.

"We were really against our kids being in show business—very leery of it. My husband and I were working and it just wasn't practical," Tammy recalls.

But when Kelsey's directors and vocal coach insisted that her talent deserved a shot, Tammy took time off to take her to a



Micah Fowler has been a patient at Nemours Alfred I. duPont Hospital for Children since he was a baby, and has been receiving braces from Lawall's for years. Pictured with Micah are his physician, Dr. Kirk Dabney (left) and his orthotist and pedorthist, Gary Michalowski.

few Broadway auditions—and the rest is history.

"She booked her first role in *Grey Gardens* when she was nine years old, followed by another show (*Sunday In the Park with George*) both of which Kelsey performed in for a year and then another (*Mary Poppins*) which Kelsey was in for 2

1/2 years on Broadway, and seven months on the US National Tour--then *Bonnie and Clyde* on Broadway and beyond.

"Basically, she did five years straight on Broadway, in eight shows a week, six days a week—with maybe a break of a month or two in between," Tammy recalls. "Doing Broadway with Kelsey was a full-time job for me, but when she went off to college I thought I could start my own career as a real estate agent."

"Fate soon intervened in the form of Kelsey's agent, however, who had met Micah along the way, and had been sending him television and movie auditioning opportunities, which he found more interesting than theater. He did an appearance in two episodes of *Blues Clues* and two appearances on *Sesame Street* and then at age 15 booked the role of Barry in the feature film, "Labor Day" starring Kate Winslet and Josh Brolin.

It took more than a year, and several

h o m e - m a d e a u -



dition tapes, personality tapes, and sample scenes in which Micah was videotaped playing JJ's role, reacting to other character's lines (read off-camera by his parents) from the series pilot for *Speechless*.

"Everything was done long-distance, via tapes made in New Jersey which were then sent digitally to the agent in New York and the casting director in Los Angeles.

"We got the call on Micah's 18th birthday—March 5th—that he had booked the role!" said Tammy. "It was incredible. We went out there and did the pilot last spring, over five or six weeks, then came home. Although only 45-50% of the 200 pilots shot each season ever appear on the air, when the waiting was over, we learned in May that the series was being picked up and we had to be out there to start filming in August."

Now, as of this writing, nearly halfway through its first season, with a boatload of positive reviews and enthusiastic responses from viewers and critics alike; it seems likely that the show will be picked up again for next year.

"We're hoping!" Tammy exclaims fervently. "We'll find out between March and May!"

Meanwhile, when production wraps for Season One of *Speechless* in March, Micah will be back home, enjoying the life of a high school student, hanging out with friends and going to the movies. He'll be keeping up with the TV critics, watching YouTube videos where reviewers discuss his favorite different shows and series—like *Marvel* and *DC Comics*-based shows such as *Arrow* and *Flash*—and, of course, *Speechless*. A devotee of *Star Wars* and all its incarnations, he also enjoys video games and plays on a sled hockey team with other competitive special needs players.

He regrets missing much of the season with his east coast New Jersey team while filming in Los Angeles, and hopes to rejoin them upon his return to New Jersey. He also hopes to join a sled hockey team in Los Angeles, within close driving distance of the *Speechless* studio if and when Season Two production begins.

In the final analysis, Micah's life has been dramatically changed by his involvement in a show that has made him not only an internationally famed actor, but an ambassador—and he and his family are awed by the number of lives he has touched.

The Cerebral Palsy Foundation (consultants for the show) includes comments on its website from *Speechless* viewers whose lives have been changed—individually or as a family. Micah is an Ambassador for the Cerebral Palsy Foundation and Micah's social media handles are: Twitter: @micahdfowler Instagram: @micahdfowler Facebook: www.facebook.com/officialmicahfowler

"It's just amazing how much the show

is impacting viewers," Tammy marvels.

She mentions a grateful thank-you from a mom whose wheelchair-bound 12-year-old had been deeply depressed by her situation for two years, convinced that her life and her potential were severely limited by her wheelchair. The show completely changed her daughter's outlook. "Thank you for giving my daughter's smile back to me," the mother wrote.

"It's really cool to hear stories like that and we get them constantly," she reports. "—how the show is renewing hope for kids with disabilities, giving them a vision and encouraging them to dream for themselves."

Michalowski notes that cerebral palsy is not an uncommon condition. In fact, according to United Cerebral Palsy there are approximately 765,000 individuals in this country who manifest one or more of the symptoms of cerebral palsy. Thus, the show's potential—through Micah's talent—to reach an audience in need of such encouragement is enormous..

The expectations the show raises are not unrealistic. Michalowski points to a 90-year-old patient he had served for 33 years—who in turn served clients of her own as a speech therapist—and to another professional with CP who is a nurse practitioner specializing in neurology cases.

Micah's vision for the show is one that allows viewers an inside look at the challenges faced daily by those with special needs and their families.

"Each family has its own issues and challenges, unique and different," Micah reflects. "As viewers watch week after week, with time I hope that they begin to see the DiMeo's and other families like them as any other typical family—facing their ups and downs, good days and bad days like everyone else.

"I think *Speechless* will make people more comfortable around people with disabilities, and encourage viewers to look beyond the limitations of special-needs people in their own lives and discover what they've been missing—their love, personality, and yes, even their humor.

"And I hope other kids with CP will work hard to chase after their dreams and their future, and not let their disability hold them back."

To such young people, he offers advice: "Do not let your disability define who you are or what you can do in life. Believe in yourself! Follow your own dreams! Don't set limits on yourself! Persevere, even when it looks impossible—and always keep believing!" 🦋







## Our Experts Supply Answers to Your Orthotic and Prosthetic Questions

Introducing *O&P Q&A*, a new question and answer column that will appear in future issues of *Small Miracles*. We want our readers to submit their questions about orthotic or prosthetic issues. And, to encourage submissions we're awarding a FREE \$25 Starbucks gift card each quarter if your question is selected to be included in this publication.

Please send your question via email to: [Ann.Lawall@Lawall.com](mailto:Ann.Lawall@Lawall.com)

**Q:** I'm a below-knee amputee with a prosthetic foot that feels heavy and awkward. I've read about the intelligent high-tech prosthetic knees—is there anything similar that could help my artificial foot work better on the golf course?

**A:** There are a variety of excellent prosthetic choices available for active lower-level amputees; in this rapidly-developing field, research is constantly improving existing prosthetic foot designs, and creating new and different choices.

One popular option, Össur's Proprio Foot™, has a "smart ankle" with a microprocessor that helps it to function similarly to the popular intelligent knees you mention.

The Proprio Foot's performance, especially on uneven terrain, is amazingly close to the natural movement of a

human foot. The microprocessor measures the foot's movement through space at a rate of 1600 times per second, timing gait characteristics like heel strike and toe off—and constantly adjusting for variations, as is necessary to walk up or down slopes or stairways, or over uneven terrain. The accumulated data is used by the foot's specialized artificial intelligence and motion analysis sensors to determine where the foot is at every stage of its gait, and what it needs to do next—all without any conscious thought on the wearer's part. A precision motor

provides movement previously driven by muscles.

Another dynamic choice that mimics the active performance of a human foot is the Echelon foot from Endolite, which employs hydraulic science to control the ankle's plantar and dorsi flexion (pointing the foot forward, and bending it backwards) responsively, comfortably, and naturally. The Echelon ankle has the advantage of being lighter in weight, and also allows the foot to return to a flat on-ground position quickly following heel strike—increasing the wearer's stability and confidence on unlevel surfaces.

Both designs are popular and successful choices, happily used by Lawall's patients to ambulate more naturally and pursue a wider range of recreational activities. 🦋

(continued from page 2)

## Orthotic Management of Idiopathic Toe Walking

heel contact 100 percent of time. When they were analyzed without the AFO these participants achieved heel strike 91 percent of the time. The second group, who were wearing a foot orthotics and carbon fiber footplates achieved heel strike 73-87 percent of the time. However, when the orthosis was removed a drop off in heel contact was not seen as it was in the first group, in fact they maintain the level of heel contact.

The authors gathered subjective data from the parents of these participants. This is beneficial because of the role parent's play in enforcing wearing schedules and influencing compliance. It is also helpful because of the obvious ability of the participants to self-correct during the gait lab analysis. The authors found no significant difference in the subjective feedback of the parents. But the data was reported as follows. Sixty-three percent of the parents of the AFO group reported improved satisfaction, 25 percent were dissatisfied, and 13 percent described the treatment as ineffective. Among the parents of foot orthotic group, 38 percent reported improved

satisfaction and 56 percent reported the treatment as effective and 44 percent reported it as ineffective. "It is possible that the effectiveness of each device was weighed against its relative size, restrictiveness, and associated impositions and the fact that the foot orthotics were more likely to be considered effective because of the comparatively lowered expectations."<sup>1</sup>

While further research is needed in this area, the pilot study has resulted in some general conclusions that can be drawn from the experiment. While the AFOs produce noticeable improvement when wearing AFOs the improvements with the exception of walking velocity decreased when the AFO was removed. The foot orthotic did not see a dramatic improvement while wearing the device, but the smaller improvement was better maintained once the foot orthotic was removed. "It appears that alterations to both gait biomechanics and sensory inputs may play a meaningful role."<sup>1</sup> 🦋

<sup>1</sup> Stevens, Phil, "How Much Is Enough? The Orthotic Management of Idiopathic Toe Walking," The O&P Edge November 2016.

# Will 2017 Be the Year the Medicare O&P Improvement Act Passes?

The O&P community had great momentum and was desperately trying to push the O&P bill through before the end of 2016. This bill will 1) reiterate, expand and underscore the mandate for CMS to implement the qualified provider/accreditation provisions which were first established in Section 427 of BIPA 2000 2) establish the orthotist/prosthetist notes as a legitimate part of the medical record purposes of establishing Medicare medical necessity 3) complete statutory separation of O&P from DME; and 4) further clarify the already "Bright Line" defining off-the-shelf orthotics (and thereby limiting the potential eligibility for competitive bidding) to devices that can be used by the patient with 'minimal adjustment' by "the patient and no other person."

The problem the O&P community ran into was that Medicare changes don't get enacted as stand alone bills so they must be tacked onto other legislation. The good news is no one in Congress opposes what is being asked for, the Congressional Budget Office (CBO) has stated that this bill will not cost the government any more money, and the CMS administrator Andy

Slavitt supported the bill. However, the O&P community did not succeed in December of 2016. It came down to the wire and unfortunately the CBO verification that the bill would result in no added expense came through too late, it was after the House Appropriations Committee decided there would be no Medicare provisions included in the Continuing Resolutions Bill.

So where does this leave the O&P community? Unfortunately, due to the new president, new congress, new incumbents in the Department of Health and Human Services (HHS) and a new Administrator of the centers for Medicare & Medicaid Services (CMS), everything must start over and new bills must be introduced. But we should not be discouraged. The O&P community had great momentum that will continue through 2017. Former Senator Kerrey who has been very influential throughout this process has stated, "We are in very good shape to get this done in 2017. Let's Keep Pushing!!!"

A new AOPA policy forum is set for May 24-25 and we must keep pushing. These things don't come easy and they are certainly worth fighting for. 🦋

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# The National Amputee Golf Association Offers Many *First Swing Seminars and Learn to Golf Clinics* in 2017

## APRIL

**April 20th**  
Philadelphia, PA  
(Burholme Park Golf Center)  
**Moss Rehab Hospital**  
Anne Wieland, CTRS  
(215-663-6405)  
60 E Township Line Rd,  
Elkins Park, PA 19030  
e-mail: wielanda@einstein.edu

**April 27th**  
Marlton, NJ  
(Indian Spring Country Club)  
**Philadelphia VA Medical Center (Amputee Veterans only)**  
Kate Weisbond (215-823-4341)  
University & Woodland Ave,  
RMS 117, Philadelphia, PA 19104  
e-mail:  
kathleen.weisbond@va.gov

## MAY

**May 2nd**  
Marlton, NJ  
(Indian Spring Country Club)  
**Kessler Institute for Rehab**  
Liz Louie, CTRS  
(856-988-8778 x2033)  
92 Brick Rd, Marlton, NJ 08053  
e-mail: ELouie@kessler-rehab.com

**May 5th**  
Center Valley, PA  
(Wedgewood Golf Course)  
**32nd Good Shepherd Rehab Hospital Golf Clinic**  
Linda Bollinger, CTRS  
(610-776-3588)  
Good Shepherd Plaza,  
850 S 5th St,  
Allentown, PA 18103  
e-mail: lbollinger@gsrh.org

**May 17th**  
Saddlebrook, NJ  
(Willowbrook Golf Center)  
**Kessler Institute for Rehab**  
Ann Marie Chesterman, CTRS  
(201-368-6012)  
300 Market St,  
Saddlebrook, NJ 07666  
e-mail:  
achesterman@kessler-rehab.com

**May 23rd**  
Edison, NJ (To Be Announced)  
**JFK Rehab Institute P & O Clinic**  
Sue Callaghan, PT  
(732-321-7056)  
65 James St., Edison, NJ 08818  
e-mail: scallaghan@jfkhealth.org

## JUNE/JULY

**June - July TBA**  
Rockville, MD  
(Woodmont Country Club)  
**Disabled Sports USA**  
BreAnne Podgorski  
(301-217-9842)  
451 Hungerford Dr, Suite 100,  
Rockville, MD 20850  
e-mail: bpodgorski@dsusa.org

**June 4th**  
Braintree, MA (Braintree Municipal Golf Course)  
**Braintree Municipal G C**  
Bob Beach, PGA (781-843-6513)  
101 Jefferson St,  
Braintree, MA 02184  
e-mail: bbeach@braintreema.gov

**June 7th**  
Tinton Falls, NJ  
(Twin Brook Golf Center)  
**Manfredi Orthotics & Prosthetics**  
Jean Manfredi, LPO (732-380-0366)  
749 Hope Rd, Suite C,  
Eatontown, NJ 07724  
e-mail: jeanmanfredi@verizon.net

**June 9th**  
West Chester, PA  
(Penn Oaks Golf Club)  
**Action Potential**  
Kathy Dixon, PT, DPT  
(484-841-6154)  
1786 Wilmington Pike, Suite  
100A, Glen Mills, PA 19342  
e-mail: kdixon@reachyours.com

**June 13th**  
Kutztown, PA  
(Sittler Golf Center)  
**Reading Health Rehabilitation Hospital**  
Joe Zona (484-628-2827)  
2802 Papermill Rd,  
Reading, PA 19610  
e-mail:  
joseph.zona@readinghealth.org

**June 22nd**  
Wall, NJ  
(Quailridge Golf World)  
**Jersey Shore Prosthetics & Orthotics**  
Will Varela, CP  
(908-915-3833)  
1 Meridan Rd,  
Eatontown, NJ 07724  
e-mail: varela201@gmail.com

## AUGUST

**August 4th**  
Kenilworth, NJ  
(Galloping Hill Golf Course)  
**Co of Union, NJ - Dept of Parks & Recreation**  
Manny Ramirez  
(908-527-4781)  
10 Elizabethtown Plaza,  
Elizabeth, NJ 07207  
e-mail: mramirez@ucnj.org

**August 25th**  
Wilmington, DE  
(First State Golf Center)  
**Independence Prosthetics-Orthotics Inc**  
Rachael Klevis  
(302-369-9476)  
31 Meadowwood Dr,  
Newark, DE 19711  
e-mail:  
rklevis@independencepo.com

## SEPTEMBER

**September 26th**  
Penn Oaks Golf Club,  
West Chester, PA  
**Council on Brain Injury (CoBI) and ReMed**  
Joanne Finegan, CTRS  
(484-595-9300)  
16 Industrial Blvd, Suite 203,  
Paoli, PA 19301-1609  
e-mail: jfinegan@remed.com

**September 27th**  
Phoenixville, PA (Rivercrest Golf Club & Preserve)  
**Bryn Mawr Rehab Hospital**  
Hilary Knecht, PT (484-596-5855)  
414 Paoli Pike, Malvern, PA 19355  
e-mail: KnechtH@MLHS.ORG

## OFFICE LOCATIONS

### PENNSYLVANIA

#### Philadelphia

8028 Frankford Avenue  
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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