

AMPUTEE CLINIC TEAMS AND ARTIFICIAL LIMBS

- 1. REASON FOR ISSUE:** This Veterans Health Administration (VHA) Handbook updates the Department of Veterans Affairs (VA) procedures for administering amputee clinic teams and providing artificial limbs to Veteran beneficiaries.
- 2. SUMMARY OF MAJOR CHANGES:** This VHA Handbook updates current policies and procedures to improve clinical prescription practices and standards of care.
- 3. RELATED ISSUES:** VHA Directive 1173, and VHA Handbooks 1173.1 through 1173.15.
- 4. RESPONSIBLE OFFICE:** The Chief Consultant, Prosthetic and Sensory Aids Service Strategic Healthcare Group (113), is responsible for the contents of this VHA Handbook. Questions may be referred to 202-273-8515.
- 5. RESCISSIONS:** VHA Handbook 1173.3 dated November 2, 2000, is rescinded.
- 6. RECERTIFICATION:** This document is scheduled for recertification on or before the last working day of June 2009.

S/ Arthur S. Hamerschlag for
Jonathan B. Perlin, MD, PhD, MSHA, FACP
Acting Under Secretary for Health

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AMPUTEE CLINIC TEAMS AND ARTIFICIAL LIMBS**1. PURPOSE:**

This Veterans Health Administration (VHA) Handbook establishes uniform and consistent system-wide procedures for conducting amputee clinics and providing artificial limbs to amputee Veterans.

2. AMPUTEE CLINIC TEAMS:**a. Purpose**

(1) Amputee Clinic Teams provide treatment to amputee Veterans by:

(a) Examining VA beneficiaries requesting or requiring major prosthetic appliances.

(b) Determining that an appliance is no longer serviceable and needs to be replaced.

(c) Conducting closely-controlled clinical evaluations on new techniques and componentry under policies and procedures announced by the Chief Consultant, Prosthetic and Sensory Aids Service (P&SAS) Strategic Healthcare Group (SHG).

(d) Inspecting and evaluating new prostheses.

(e) Conducting follow-up examinations and treatments of beneficiaries who have received prescriptions through the clinic team.

(2) Amputee Clinic Teams are established in selected field facilities under the supervision of a physician who is knowledgeable about prosthetics and physical disabilities.

b. Responsibility

(1) The Chairperson, Amputee Clinic Team, must be a physician with a specialty in Physical Medicine and Rehabilitation, Orthopedic Surgery, or Vascular Surgery. The Chairperson, charged with the responsibility for the clinical treatment of all patients referred to the team, normally serves on an attending basis and is appointed by the Chief of Staff. *NOTE: Exceptions to the appointment of a physician chairman requires the approval of the Chief Consultant, Rehabilitation Strategic Healthcare Group.*

(2) The Chief, P&SAS, at a facility in which an Amputee Clinic Team is located, is responsible for the overall administrative management of the team. The prosthetic manager serves as coordinator, technical advisor, and the Chief, P&SAS's designee in inspecting and evaluating all appliances prescribed by the Clinic.

(3) The Amputee Clinic Team is responsible for orienting and training physicians, medical residents, and other clinical specialists who have an interest in prosthetics and/or will be working with amputee patients.

c. **Composition**

(1) The Amputee Clinic Team is comprised of an interdisciplinary group of professional providers with combined expertise to carry out all necessary and appropriate functions of the team as specified in subparagraph 2f. The team may remain flexible and be adjusted to meet local needs. In addition to the physician Chair and the Chief, P&SAS, members may include a podiatrist, physical therapist, occupational therapist, kinesiotherapist, the Preservation Amputation Care and Treatment (PACT) coordinator, a prosthetist (either VA or commercial), and other medical specialists as required. The physician directing the clinic must have appropriate medical training and a minimum of 2-years experience as a collaborative team member providing amputee services in a comprehensive amputee program. In lieu of 2-years experience, continuing education and mentorship may be used to gain this experience. Local prosthetic VA contract providers may be invited to attend the clinic. It is recommended that three to five providers be awarded contracts depending on the geographic area of coverage and volume of workload. If a commercial provider has fabricated a limb, the commercial provider may be invited to present the patient with the new prosthesis for evaluation and delivery to the clinic. **NOTE:** *Every effort will be made to limit the size of the clinic team to a maximum of eight people.*

(2) All assignments of VA personnel to Amputee Clinic Teams must be based on professional expertise, and are considered to be part of the regular assignment of clinical duties.

d. **Procedures**

(1) Beneficiaries requiring artificial limbs are to be referred to the nearest Amputee Clinic Team when they are:

(a) Residing within the Prosthetic Primary Service Area (PSA) of the facility in which the clinic team is located.

(b) Residing within the PSA of another VA facility, which does not have an Amputee Clinic Team, or has been unable to resolve the patient's prosthetic problem.

(c) Determined to be a good candidate for a special (microprocessor knee units or other state of the art designs) or experimental type appliance which may only be prescribed by the team.

(2) Hospitalized or domiciled beneficiaries may be referred to Amputee Clinic Teams at other facilities, after appropriate arrangements have been made with the prosthetic representative of the facility in which the team is located. In such cases, a brief review of the beneficiary's problem, the local medical recommendation, and the objective expected to be accomplished must be provided to the amputee clinic where the beneficiary is to receive care and treatment.

e. **Scheduling of Appointments and Preparation of Records**

(1) The Prosthetic Representative of each Amputee Clinic Team arranges appointments for veterans to appear before the Clinic team. An appointment management entry must be established for each patient scheduled with the Amputee Clinic.

(2) Field facilities referring patients to the Clinic team must request appointments by use of electronic consults, or VA Form 10-2529-3, Request and/or Receipt for Prosthetic Appliances or Services (which can be found at: http://vaww.va.gov/vaforms/Search_action.asp).

f. **Conduct of Amputee Clinic Team Meetings**

(1) The patient must be treated with courtesy, respect, and empathy. The patient's personal preferences are to be solicited and considered before a final decision is made.

(2) Evaluation. Evaluations must be performed by professionals with the clinical expertise appropriate to the examination performed. The evaluation of each amputee patient needs to include, but not be limited to:

- (a) Patient's current medical status;
- (b) Medications;
- (c) Date of amputation;
- (d) Reason for amputation;
- (e) Current weight;
- (f) Current functional status and level of activity;
- (g) Problems with the current prosthesis;
- (h) History of prosthetic use;
- (i) Reason for attending amputee clinic;
- (j) Pertinent medical findings;
- (k) Full physical examination of patient's residual and contralateral limb for strength, ROM, and sensation; and
- (l) Gait with the current prosthesis.

(3) Each beneficiary must be carefully examined in a private room by the entire clinic team in order to assess the patient's needs. If a new or replacement prosthesis is indicated, the advantages of new technology are to be fully explained to the patient. However, if a patient has worn or used a particular type of appliance for several years without difficulty, and wishes to have an identical replacement, the patient's wishes are to be honored, unless there are definite medical contraindications.

(a) A new prosthetic prescription for the lower extremity prosthesis includes: type and shape of socket, type of suspension, knee component (TFA), foot and/or ankle components, endoskeletal versus exoskeletal.

(b) The new prosthetic prescription for an upper extremity prosthesis includes: type and shape of socket, body powered and/or myoelectric, suspension system, elbow component (THA), terminal device.

(4) In amputee evaluations, the medical findings and recommendations of the clinic team, with the specific component prescription for an artificial limb or major repair, must be included in the patient's Consolidated Health Record (CHR).

(5) If, prior to prescription of the prosthesis, additional treatment is indicated, the provision of the prosthetic limb will be deferred pending treatment outcome. If this is a first prosthesis, gait deviations or deviations in functional ADL's are significant. If significant changes are being made to the limb prescription, then prosthetic training by physical therapy, occupational therapy, and/or kinesiotherapy must be offered to the patient.

(6) Follow-up examinations must be scheduled, as needed, during the initial prosthetic fitting. *NOTE: It is recommended that after the definitive fitting, evaluations be scheduled annually, or more frequently if clinically indicated.*

g. **Action Following a Meeting of Amputee Clinic Team.** When the meeting of the Amputee Clinic Team is adjourned, the prosthetic representative is responsible for the following actions:

(1) Upon receipt of the prescription and contractor selection, the veteran must be provided specific instructions regarding travel, delivery, training, and follow-up. When pricing for the prescribed limb is not determined in the clinic, VA Form Letter (FL) 10-90 (ADP), Request for Firm to Submit Estimated Cost of Prosthetic Appliance, or a contractor's letterhead quote is necessary before procurement can be completed.

(2) In the event that a beneficiary fails to appear for a scheduled appointment without contacting the clinic coordinator, the referring facility must be advised that the appointment was not kept and that a future appointment must be scheduled as though it were an original request.

(3) In the case of beneficiaries referred from other field facilities and examined by the clinic team, a Standard Form (SF) 509, Medical Record – Progress Note, must be prepared, in duplicate, and the original immediately forwarded to the facility from which the beneficiary was referred. The remaining copy must be retained for the clinic team file.

NOTE: Appliances or repairs prescribed by the clinic team must be obtained, inspected, evaluated and delivered in accordance with procedures outlined in this manual.

3. DEFINITIONS:

a. **Computer Assisted Design or Computer Assisted Manufacture (CAD/CAM).** CAD/CAM is a process of fabricating and fitting artificial limbs using computer aided design and manufacturing techniques.

b. **CAD/CAM Host Facility.** A CAD/CAM Host Facility is a Prosthetic Referral Center equipped with CAD/CAM technology and designated as a central fabrication center to fabricate sockets for other VA Orthotic Labs.

c. **CAD/CAM Remote Facility.** A CAD/CAM Remote Facility is a VA Orthotic Laboratory that has CAD/CAM technology and equipment to scan patients and send moderm-modified images to a Host Facility for fabrication of socket.

d. **VA Orthotic Laboratory.** A VA Orthotic Laboratory is a VA facility employing at least one orthotist and/or is prosthetist-equipped to provide custom mobility aids, such as: artificial limbs, orthotic devices, power or manual wheelchairs, and non-custom items like cervical collars, elastic hose, and crutches.

e. **Prosthetist or Orthotist.** A Prosthetist or Orthotist is an individual trained in mechanics and biomechanics to manufacture and fit custom or non-custom devices, and to assist physicians in prescribing these devices.

f. **Preparatory Prosthesis.** A preparatory prosthesis is the first limb a new amputee wears. It consists of a plaster or fiberglass cast (applied during or shortly after surgery) and basic components, which are easily removed. It controls swelling and protects the residual limb while allowing minimal (standing, touchdown, weight bearing) ambulation.

g. **Temporary Prosthesis.** A temporary Prosthesis is an artificial limb designed for the evaluation and training of a new amputee. It consists of a plastic socket attached to modular (alignable) components. Temporary limbs are worn the first few months following amputation until the residual limb has matured. Components are adjusted or changed until optimal function is achieved.

h. **Permanent Prosthesis.** A permanent prosthesis is an artificial limb used by amputees whose residual limb has matured and the amputee has satisfactorily completed the temporary limb phase. The socket and components are manufactured to provide lasting durability and a proper cosmetic appearance.

i. **Exoskeletal Prosthesis.** An exoskeletal prosthesis is an artificial limb whose cosmetic and structural components are combined. Wood or plastic is used to provide structural support and is then shaped to resemble the uninvolved side. A laminate is applied to the exterior of the shaped part to provide color and additional strength.

j. **Endoskeletal Prosthesis.** An endoskeletal prosthesis is an artificial limb whose cosmetic and structural components are separate. Internal components are used to provide structural support and then foam is shaped to resemble the uninvolved side. Cosmetic hose or a “skin” is applied to provide color.

k. **Recreational Prosthesis.** A recreational prosthesis is an artificial limb that is specifically designed to permit the amputee to participate in a particular activity, e.g., swimming, skiing, running, etc., when a conventional prosthesis is not suitable. These prostheses are constructed in such a manner as to resist environmental conditions and/or external forces which would adversely affect conventional prosthetic designs.

l. **Prosthetic Sheath.** A prosthetic sheath is a sock-like item made of synthetic materials manufactured in one thickness, which is worn over the residual limb to reduce abrasion.

m. **Prosthetic Sock.** A prosthetic sock is made of a soft fabric that is applied directly to the residual limb; it acts as an interface between the residual limb and the prosthetic socket. Prosthetic socks are used to provide comfort, absorb perspiration, reduce irritation and re-establish proper fit of the socket. They come in varying thicknesses called ply (usually from one to eight ply) and in varying materials (usually wool, cotton, nylon, or a blend of man-made materials). In addition, prosthetic socks are available with varying thickness of silicone gel impregnated into the fabric.

n. **Artificial Limb Contract.** An Artificial Limb Contract is a competitively-bid contract locally awarded to preferred providers and used by VA personnel for the purchase of artificial limbs.

o. **Non-contract Artificial Limb.** A non-contract artificial limb is a commercially available artificial limb, which is not on the current Artificial Limb Contract.

p. **Terminal Devices.** Terminal devices are artificial hands or hooks designed for use with upper-extremity prostheses.

q. **Myoelectric or External-powered Devices.** Myoelectric or external-powered devices are upper-limb prostheses that can be operated through use of electrodes contacting the skin or by switches attached to the harness or prosthesis.

r. **Microprocessor Knee Units.** Microprocessor knee units are on-board microprocessors which control hydraulic fluid flow in the knee joint allowing optimum swing control and, in some prostheses, stance control.

s. **Standard Upper-Limb Prosthesis.** Standard upper-limb prosthesis is an artificial limb used in partial or complete arm amputation. Components can be endoskeletal or exoskeletal. The prosthesis provides cosmesis, prehension, movement, and function by body movement, usually through a harness and cable system.

t. **Centers for Medicare and Medicaid Services (CMS) Lower Extremity Functional Levels.** CMS has used a rating scale (K0 to K4) to determine the level of daily activity and ambulation that a patient may achieve on a daily basis. This functionality rating enables the selection of the appropriate componentry for the potential level of the patient.

(1) K0 – Lower-extremity prosthesis functional level 0. The patient does not have the ability or potential ability to ambulate or transfer safely with or without assistance and a prosthesis does not enhance the patient's quality of life or mobility.

(2) K1 – Lower-extremity prosthesis functional level 1. The patient has the ability or potential ability to use a prosthesis for transfers or ambulation on level surfaces at a fixed cadence. Typical of the limited and unlimited household ambulator.

(3) K2 – Lower-extremity prosthesis functional level 2. The patient has the ability or potential ability for ambulation with the ability to traverse low-level environmental barriers such as curbs, stairs, or uneven surfaces. Typical of the limited community ambulator.

(4) K3 – Lower-extremity prosthesis functional level 3. The patient has the ability or potential ability for ambulation with a variable cadence. Typical of the community ambulator who has the ability to transverse most environmental barriers and who may have vocational, therapeutic, or exercise activity that demands prosthetic utilization beyond simple locomotion.

(5) K4 – Lower-extremity prosthesis functional level 4. The patient has the ability or potential ability for prosthetic ambulation that exceeds the basic ambulation skills, and exhibits high-impact, stress, or energy levels, typical of the prosthetic demands of a child, active adult, or athlete.

4. PROVISION OF ARTIFICIAL LIMBS:

a. Artificial limbs, parts and repairs must be procured, fabricated and issued to eligible beneficiaries by prescription from a designated physician assigned to the Amputee Clinic Team or from the Prosthetic Representative in accordance with the policies and procedures outlined in VHA Handbook 1173.1, VHA Handbook 1173.2, and VHA Handbook 1173.3. Prescription for the initial prosthesis, and any change in the prescription, requires the involvement of the Amputee Clinic team physician, or in the case of a partial foot amputation, the podiatrist assigned to the Amputee Clinic Team. A prescription for a new prosthesis, or a change in the current prosthetic prescription, occurs in conjunction with an appointment in an Amputee Clinic.

b. These artificial limbs (appliances) can be procured from contract vendors where adequate appliance facilities are available, the time required to receive delivery of the appliance is not excessive for patients, and the prices charged for such appliances are reasonable. **NOTE:** *VA Orthotic Laboratories with a certified prosthetist may also be used as a source in the fabrication of preparatory, temporary, and permanent artificial limbs.*

c. Eligible veterans, as identified in VHA Handbook 1173.1, who have previously received artificial limbs from commercial sources, will continue to have their choice of vendors on contract with VA or their non-contract prosthetist, providing the prosthetist accepts the VA preferred provider rate for the geographic area. VA facilities with Orthotic Laboratories that have certified prosthetists, or facilities with access to a VA Laboratory, will provide eligible veteran amputees with the preparatory or temporary prosthesis and permanent limbs. **NOTE:** *When the patient has achieved appropriate shrinkage and is ready for a permanent prosthesis, the preparatory or temporary prosthesis is replaced.*

d. Terminal devices, i.e., hooks, hands, must be provided with replacement artificial arms. When a terminal device is prescribed, the selection of a particular type of hook and/or hand must be based upon a patient's lifestyle or vocational needs.

e. Recreational artificial limbs, which allow an amputee to participate in a specific recreational or athletic activity, may be provided. The following guidelines need to be followed whenever the issue of a recreational prosthetic appliance is contemplated:

(1) The physician assigned to the VA Amputee Clinic Team must prescribe the prosthesis.

(2) The prescription must indicate the therapeutic, rehabilitative or psychological benefit to be expected or achieved through participation in this specialized activity.

(3) The prescription must indicate that a conventional prosthesis, which is worn daily, is unsuitable for use in the recreational activity either because of environmental factors which would affect the prosthesis, or because a specialized function not available in the conventional limb is required in the activity.

(4) Frequently required prosthetic components (within the limitation of the storage area provided to P&SAS and the Orthotic Laboratories) are to be stocked to expedite patient care.

5. VA SOURCE FOR ARTIFICIAL LIMBS PURCHASED FOR VA BENEFICIARIES:

a. The VA Artificial Limb Contract must be used as a primary source in custom fabrication for artificial limbs purchased for VA beneficiaries. However, fabrication may be from VA Orthotic Laboratories where adequate facilities are conveniently available, certified staff is available to patients and prescribing physicians, the time required for delivery is not excessive or will not result in prolonged hospital stay for patients, and the prices charged for such appliances are reasonable.

b. Work for Other Stations

(1) Facilities with a CAD/CAM remote system requiring the services of a VA Orthotic Laboratory with CAD/CAM host system must determine whether the desired appliance can be fabricated utilizing the CAD/CAM system, or if the beneficiary will be required to travel to the receiving station. In order to avoid delays and backlogs in the laboratory's production schedule, the referring facility must confirm an appointment prior to sending a beneficiary to the laboratory. *NOTE: Orders are be processed on a first in-first out basis, regardless of origin.*

(2) CAD/CAM host facilities which fabricate sockets for distant facilities, where the patient will not be seen and is not in the Veterans Health Information System and Technology Architecture (Vista), must receive a VA Form 10-2529-3, from the referring station utilizing the remote order section of the electronic - 3 package. For stations that do not use the VA Form 10-2529-3, a CPRS Prosthetic Consult can be generated and faxed to the receiving station along with a completed VA Form 10-2421. Reimbursement costs for the fabrication of sockets must be negotiated between the facilities and/or VISNs involved.

6. STUMP SOCK:

a. Stump socks, sheaths, and other socket interface products are to be furnished to eligible amputees, VA Orthotic Laboratories, and VA medical centers by the Denver Distribution Center (DDC), Denver, CO.

b. Veterans residing in the United States (U.S.), U.S. possessions, or Puerto Rico are furnished stump socks directly by initiating a request into the Remote Order Entry System (ROES) to the DDC, Denver, CO.

c. Veterans whose eligibility is based upon enrollment are monitored bi-annually, and the DDC informed of any change. The ROES electronic order must be generated by the facility, which has the responsibility of maintaining the veteran's VA Form 10-2319, Record of Prosthetic Service. The ROES order must be transmitted to the DDC on all initial cases and VA Form 10-2319, annotated appropriately.

d. Veterans residing in a foreign country receive direct mail orders through the local consular office of the U.S. State Department. VA Form 10-2345, Veterans Request for Stump Socks, will be provided with all issues for the purpose of ordering future supplies. Veterans need to be advised that the VA Form 10-2345 must be mailed in an envelope with the necessary foreign postage when mailed through their foreign postal service. Repairs to artificial limbs need to be directed to the Health Administration Center, Denver, CO.

(1) For Allied veterans residing in the U.S. or Puerto Rico, issues are made as indicated in preceding subparagraph 6a. The original or certified copy of the letter of authorization from the allied government must be on file at the DDC to indicate eligibility for continuing services.

(2) Stump socks may be stocked at VA facilities for issuance to eligible beneficiaries where there is an active amputee rehabilitation program requiring immediate access for post-operative and temporary limb fitting.

7. COMMERCIAL SOURCES:

The local Artificial Limb Contract must be used as the primary source for commercial procurement of limbs purchased for VA beneficiaries. Prosthetics Representatives are responsible for compliance with the terms and conditions of this contract, and they must perform inspections of contractor facilities. Any changes in qualified personnel, i.e., regarding certified prosthetists or VA qualified prosthetists, which occur during the contract year, must be reported to the contracting officer at the local facility.

a. Eligible veterans will be permitted to obtain authorized artificial limbs and/or terminal devices from any commercial artificial limb dealer who is under a current local contract to the VA or the veteran's preferred prosthetist who agrees to accept the preferred provider rate. Such procurements are subject to the following restrictions and limitations:

(1) The physician's prescription must be specific as to the type of limb recommended and must include specific instructions as to the components to be used; e.g., type of knee joints, type of foot, etc. Any changes to the prescription deemed necessary by the prosthetist, must be presented to Prosthetics and the prescribing physician for approval.

(2) If an outpatient, the veteran's choice of an approved contractor is normally limited to those in the veteran's residential geographical area.

(a) If the prescribed limb is not available from any of the local contractors, the Chief, P&SAS, must seek another Prosthetic and/or Orthotic Laboratory that can provide the veteran with the appropriate prosthesis.

(b) If a veteran selects an approved contractor, other than a contractor in the local geographical area, any travel costs incurred must be at the Veteran's own expense. *NOTE: Exceptions are only made in those instances when it is clearly indicated that it is in the best interest of both the Veteran and VA.*

b. To assist all eligible veterans authorized permanent artificial limbs using a commercial contractor, a current list of approved contractors in the immediate geographical area must be provided to each. Included in this list will be the VA Prosthetic-Orthotic Laboratories, when

applicable. Except in those rare instances where a physician determines it to be necessary for the proper medical treatment of the veteran, VA personnel are not allowed to direct, guide, or prompt a veteran to go to a specific contractor. **NOTE:** *A rotating contractor schedule will not be used as a method of selecting a contractor for the fabrication of a limb.*

(1) A list of VA contractors (in alphabetical order) must be developed locally and must include all contractors who are located in the facility's area of prosthetic jurisdiction and have a current VA contract.

(2) Each list must contain the following statement in bold face type:

YOU HAVE THE RIGHT TO SELECT THE ARTIFICIAL LIMB CONTRACTOR OF YOUR CHOICE FROM ANY OF THE FOLLOWING LISTED VA-APPROVED CONTRACTORS. ANY ATTEMPT TO INFLUENCE YOUR DECISION, OR TO DIRECT YOU TO ANY PARTICULAR CONTRACTOR, SHOULD BE REPORTED TO THE DIRECTOR OF THIS FACILITY.

c. When the designated physician of the Amputee Clinic Team prescribes a limb or component that cannot be provided by a VA prosthetist or contract vendor:

(1) A qualified non-contract vendor may be offered the fabrication of the limb, or

(2) A Veteran who has a long standing relation with a qualified vendor not currently under contract, may request that vendor to fabricate the limb, provided charges do not exceed the average discount price of preferred vendors.

NOTE: *Appropriate non-contract components (which are commercially available) may be added to a contract limb and approved locally by the Prosthetic representative, provided the cost of the component does not exceed the dollar limitation stated in the current Centers for Medicare and Medicaid Services (CMS) L-Code schedule plus the discount.*

8. REPLACEMENTS:

a. An artificial limb or prosthetic component (issued to an eligible VA beneficiary) must be replaced after it is determined that the limb or component is no longer serviceable, or that physical changes of the beneficiary's residual limb renders the appliance unsuitable for further use. **NOTE:** *Appliances in serviceable condition will be used for as long as it is feasibly possible. Useful life through repair will always be investigated before a new appliance is authorized.*

b. The determination of need for the replacement of a prosthetic appliance is made and documented in the veteran's CHR by the Chief, P&SAS, based upon physical examination of the appliance for which a replacement is requested. The progress note must document that the appliance has been examined and that it is unsatisfactory for future use or that a replacement is necessary due to physical changes in the beneficiary's condition. **NOTE:** *Replacement required due to physical change in the beneficiary's condition necessitates reevaluation by the Amputee Clinic Team.*

c. If a beneficiary claims that a prosthesis is lost or destroyed, or if it is determined by examination that the appliance has been damaged through other than normal use, the Chief, P&SAS, may initiate an inquiry into the facts of the case. If the findings indicate the appliance has been willfully lost, damaged, or destroyed, the appliance will not be replaced until the beneficiary receives adequate counseling.

9. SPARE ARTIFICIAL LIMBS:

Spare artificial limbs and terminal devices may be furnished to eligible Veterans after clinical determination of need in each case. Such determination is based on environmental factors, such as: where the Veteran lives or works, the availability of repair facilities, and the particular needs of the beneficiary concerned. The spare prosthesis needs to be suitable for constant use over long periods of problematic repairs where specialized componentry has to be ordered for the primary prosthesis.

10. COMMERCIAL REPAIRS:

The procedures outlined in Handbook 1173.2 are applicable to the furnishing repairs to artificial limbs and limb components.

a. Repairs may be obtained through commercial sources with the authority of:

(1) VA Form 10-2501, the Prosthetic Service Card, (PSC), not to exceed \$500, or

(2) A prosthetic card when authorized by the Chief, P&SAS, or designee.

b. Prosthetic and/or orthotic appliances may be repaired if the cost of the repair is less than one-half the cost of a comparable replacement. The Chief, Prosthetic and Sensory Aids Service, or designee, will determine whether it is more practical, from an economic point of view, to repair or replace the appliance.

c. A veteran who owns a VA issued artificial limb is to be encouraged to have repairs and/or adjustments made to the appliance by the contractor or vendor who fabricated the item. If eligible for a PSC, the veteran is to be encouraged to use the card whenever possible and practical.

d. Whenever repairs or adjustments to an artificial limb or terminal device are required within 1 year of delivery, care needs to be exercised to determine whether the repairs or adjustments are necessitated because of defective materials and/or workmanship. If so, the guarantee provisions of the contract or warranty period under which the item was procured must be enforced.

NOTE: VA Orthotic Laboratories may furnish repairs to artificial limbs if adequate parts and qualified manpower are available. Follow the procedures outlined in VHA Handbook 1173.2 and VHA Handbook 1173.6.

e. When replacement of a component still under manufacturer's warranty is necessary, the commercial vendor can not charge for cost of replacement components. Reasonable labor hours (usually in units of 15 minutes each) may be paid. Some examples of warranty items include: microprocessor knee joints, hydraulic knee joints, and energy storing prosthetic feet.