

# VA Federal Advisory Committee on Prosthetics and Special-Disabilities Programs

Minutes Meeting  
March 20-21, 2007

The VA Federal Advisory Committee on Prosthetics and Special Disabilities Programs met on March 20-21, 2007, at VA Central Office in Washington, DC. A quorum was present, affording the Committee the opportunity to conduct normal business.

## **Members Attending**

Thomas H. Miller, Chairman  
Col. Paul F. Pasquina, M.D.  
Norman B. Hartnett  
Jerry P. Steelman

Rory A. Cooper, Ph.D.  
Douglas G. Smith, M.D.  
Gary Coats

## **Members not Attending**

Daniel M. Gade, CPT  
Margaret G. Stineman, M.D.  
Joseph Miller

Robert S. Gailey, Jr., Ph.D., P.T.  
Robert D. Rondinelli, M.D., Ph.D.

## **Guests**

Roshadi Drummond-Dye, American Physical Therapy Association  
George Hawley, Veterans of Foreign Wars of the United States  
Chirsty M.P. Gilmour, American Academy of Orthopaedic Surgeons  
Joe Wilson, American Legion

## **Minutes**

Mr. Miller called the meeting to order at 8:30a.m. Mr. Miller distributed the following articles: Clinical Requirements for Mobility Assistive Equipment, by Mark R. Schmeler, Ph.D., OTR/L, ATP, What It Means to You, by Rory A. Cooper, Ph.D.

## **Annual Ethics Briefing**

Members were briefed on how the ethics laws apply to Special Government Employees (SEGEs). She focused on some of the differences between their application to the general employee population versus SGEs, emphasizing that the laws are less restrictive as applied to SGEs.

## **Annual Update on Blind Rehabilitation Services**

There are a total of 10 Blind Rehabilitation Centers (BRC) nationwide. The average length of stay is 5-weeks. The program focus is on wellness, independence, and confidence. An overview of BRC's, Visual Impairment Services Outpatient Rehabilitation Program, Blind Rehabilitation Outpatient Specialists, Visual Impairment Services Team Coordinator, and program data for fiscal years 1997 to 2005 were shared with Committee. All Blind Rehabilitation Service program components are actively supporting veterans and active duty service members of OIF/OEF.

## **Update on Compensation and Pension OIF/OEF Veterans**

The Veterans Benefits Administration administers a broad range of non-medical benefits to veterans, their dependents, and survivors through 57 Regional Offices. The office manages programs for compensation, pension, education, vocational rehabilitation, burial, insurance, home loan guaranty, and case review. Gulf War Era veterans are the largest pool of veterans, second only to the RVN Era veterans.

## **Update on Prosthetics and Sensory Aids**

Mr. Downs provided committee members a number of pamphlets prepared by Prosthetics and Sensory Aids Service. When service members are discharged from Walter Reed Army Medical Center, they are acquainted with the VA.

## **Brief Update on Rehabilitation Research & Development**

The goal of Rehabilitation Research & Development is to meet the needs of new veterans, as well as, older veterans. A PowerPoint presentation was shared with Committee relating to an organization, known as, Shake-A-Leg Miami. Shake-A-Leg Miami helps children and adults with physical, developmental and economic challenges; liberating them from the realm of imagination into the realm of experience.

## **Brief Update on Spinal Cord Injury & Disorders (SCI&D) Service**

In FY 2006, a total of 25,955 veterans with SCI&D used Veterans Health Administration Services. In FY 2006, the average daily census was 755. Since 2003, a total of 315 active duty service members with SCI have been treated in SCI Centers. Of this total, 87 were injured in theater. A number of policies have been published or are awaiting signature, e.g., SCI Handbook, 1776.1 (2005); Directive on Availability of Medications &

Supplies (Re-Issued, in 2006); Long Term Care (Pending Signature); Staffing & Beds (Under Revision); and SCI Design Guide (Under Revision). The SCI Registry will roll-out in FY 2007. This year, a total of 1400 family members and approximately 600 SCI patients will participate in the National Veterans Wheelchair Games (NVWG), in Milwaukee, WI. The 27<sup>th</sup> NVWG will be held June 19-23<sup>rd</sup>.

### **Presentation & Comments from Secretary R. James Nicholson**

Secretary Nicholson thanked the Committee for their work to improve the quality of care for disabled veterans. He presented a certificate of appointment to our newest Committee member, Mr. Gary Coates. Secretary Nicholson briefed Committee members on the Interagency Task Force on Returning Global War on Terror Heroes.

### **Update on Polytrauma Rehabilitation**

In order to meet the needs of our most severely injured veterans, VA has created a Polytrauma System of Care which involves a tiered approach to providing care for seriously injured veterans returning from operations in Iraq and Afghanistan.

There are four tiers of acuity in the Polytrauma System of Care in VHA. Level I consist of four centers that provide acute comprehensive medical and rehabilitation care for complex and severe polytraumatic injuries. The centers serve as resources for other VA facilities and are active in the development of educational programs and best practice models of care.

VA will develop four Residential Transitional Rehabilitation Programs co-located with the Level I Polytrauma Rehabilitation Centers. The activation date for these four new Residential Transitional Rehabilitation Programs is July 2007. The program goal is to return these patients to the least restrictive environment including, return to active duty, work and school or independent living in the community.

This extensive Polytrauma network was created to adapt VHA's existing health care system to provide care for the severely wounded and meet their complex rehabilitative needs. Each Veterans Integrated Service Network has a Level I or Level II center. VHA will continue to assess its Polytrauma services and adapt its approach to care for those brave men and women returning from combat.

## **Recommendations**

Recommendations 1, 2, 3, 4 and 7 were submitted to the Interagency Task Force on Returning War on Terror Heroes (GWOT).

**Recommendation #1:** Consider creating a unified DoD and VA evaluative medicine process for the DoD Physical Evaluation Board and the VA Disability Rating System. One process serving both DoD and VA is in the best interest of veterans and service-members through providing a more consistent and comprehensive process. Separating the evaluative medicine process from clinical care reduces anxiety and improves clinician patient relationships. Treating clinicians may also have biases in favor or against the veteran or service-member. A unified process could improve consistency of evaluation and patient care, as well as reduce redundancy and transitioning between DoD and VA.

**Recommendation #2:** The roles and responsibilities of support organizations (DoD-M4L/AW2/etc., VA-Seamless Transition, VSO-DAV/PVA/Wounded-Warriors) need to be examined and clearly defined with goals and expected outcomes. There also needs to be measurable outcomes for seamless transition and VA/DoD collaboration.

**Recommendation #3:** Veterans do not have access to GWOT funds once discharged from military service. This may cause problems for veterans with expensive prosthetic device needs when they come back to MTF. Further there is the problem that veteran family travel as it is not paid by the VA or DoD; although it is paid while they are on DoD active duty. Recommend special veteran status for transitioning from active duty to veteran status. TRICARE benefits for family and other benefits that families need.

**Recommendation #4:** Improve VA and DoD case management with greater emphasis on vocational rehabilitation. Provide a clear mission and training to provide streamlined, organized, structured, and coordinated case management and benefits counseling. Case managers are needed who are familiar with both VA and DoD health and benefit systems.

**Recommendation #5:** Committee recommends the Director of Blind Rehabilitation Service provide information on bed occupancy rates.

**Recommendation #6:** The Committee requests to be updated on the status of patients with mild TBI.

**Recommendation #7:** The Committee would like to be updated on outcomes measures developed for vocational rehabilitation.