

## AMPUTEE CLINIC TEAMS AND ARTIFICIAL LIMBS

- 1. REASON FOR ISSUE:** This Veterans Health Administration (VHA) Handbook updates the previous procedures for the Department of Veterans Affairs (VA) in administering amputee clinic teams and providing artificial limbs to veteran beneficiaries.
- 2. SUMMARY OF CHANGES:** This Handbook updates current policies and procedures.
- 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 RESCISSIONS:** VHA Manual M-2, Part IX, Chapter 2 and Chapter 6 are rescinded.
- 5. RECERTIFICATION:** This document is scheduled for recertification on or before the last working day of July 2005.

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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 in conducting amputee clinics and providing artificial limbs to amputee veterans.

### 2. AMPUTEE CLINIC TEAMS

#### a. Purpose

(1) Amputee Clinic Teams provide treatment for amputee veterans. These clinics perform the following; they:

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

(b) Determine that an appliance is no longer serviceable and should be replaced.

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

(d) Inspect and evaluate new prostheses.

(e) Conduct follow-up examination and treatment 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 Chairman, Amputee Clinic Team, will be charged with the direct responsibility for the treatment of all patients referred to the team. The Chairman will normally serve on an attending or consultant basis and will be appointed by the Chief of Staff.

(2) The Chief, Prosthetic and Sensory Aids Service, at a facility in which an Amputee Clinic Team is located, will be responsible for the overall administrative management of the team. The prosthetic manager serves as coordinator, technical advisor, and designee to inspect and evaluate all appliances prescribed by the Clinic.

(3) The organization of the Amputee Clinic Team will remain flexible and be adjusted to meet local needs. Members may include physicians from Orthopedics, Vascular, Physical Medicine and Rehabilitation Services, a podiatrist, physical therapist, the Preservation Amputation Care and Treatment (PACT) coordinator, a Department of Veterans Affairs (VA) and/or a commercial prosthetist, and other medical specialists as required. No more than one

qualified prosthetist from each local commercial provider with a limb contract will be invited to participate in the clinic meetings. *NOTE: Every effort will be made to limit the size of the clinic team to a maximum of eight people.*

(4) All assignments of VA personnel to Amputee Clinic Teams will be in addition to other duties.

(5) The Amputee Clinic Team will orient and train medical residents who have an interest in prosthetics.

c. **Procedures**

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

(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 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 will be provided.

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

(1) The Prosthetic Representative of each Amputee Clinic Team will arrange appointments for veterans to appear before the Clinic team. A Veterans Health Information Systems and Technology Architecture (VISTA) appointment management entry will be established for each patient scheduled with the Amputee Clinic.

(2) Field facilities referring patients to the Clinic team will request appointments by use of consult (Standard Form 513, Medical Record – Consultation Sheet) or VA Form 10-2529-3, Request and/or Receipt for Prosthetic Appliances or Services.

e. **Conduct of Clinic Team Meetings**

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

(2) Before each patient is called for examination, a brief verbal summary of the case for the benefit of the members of the team and any medical residents who may be attending as observers will be presented. This summary will consist of:

- (a) The patient's name;
- (b) The patient's age;
- (c) The patient's disability and current occupation;
- (d) The type, age and condition of prosthesis being worn;
- (e) Previous major difficulties experienced with prostheses;
- (f) Reason for present examination, and
- (g) Recommendations when indicated.

(3) Each beneficiary will be carefully examined in a private room by the entire clinic team to assess the patient's needs. If a new or replacement prosthesis is indicated, the advantages of new technology will 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 on an identical replacement, the patient's wishes will be honored unless there are definite medical contraindications.

(4) In amputee evaluations, the medical findings and recommendations of the clinic team, with a specific component prescription for an artificial limb or major repair, will be included in the patient's Consolidated Health Record (CHR). If additional treatment is indicated prior to prescription of the prosthesis, the provision of the limb will be deferred pending treatment outcome.

f. **Action Following Meeting of Clinic Team.** When the meeting of the clinic team is adjourned, the prosthetic representative will be responsible for the following actions:

(1) Upon receipt of the prescription and contractor selection, the veteran will 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 contractor's letterhead quote will be 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 will 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, will be prepared, in duplicate, and the original will be immediately forwarded to the facility from which the beneficiary was referred. The remaining copy will be retained for the clinic team file.

(4) Appliances or repairs prescribed by the clinic team will be obtained, inspected, evaluated and delivered in accordance with procedures outlined in this manual.

### 3. DEFINITIONS

a. **Automated Fabrication of Mobility Aids (AFMA)**. A process of fabricating and fitting artificial limbs using computer aided design and manufacturing.

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

c. **VA Orthotic Lab**. A VA facility employing at least one orthotist and or 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 or crutches.

d. **Prosthetist and/or Orthotist**. An individual trained in mechanics and biomechanics to manufacture and fit custom or non-custom devices and assist physicians in prescribing these devices.

e. **Preparatory Prosthesis**. This is the first limb a new amputee will wear. It consists of a plaster/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.

f. **Temporary Prosthesis**. 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 will be adjusted or changed until optimal function is achieved.

g. **Permanent Prosthesis**. 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.

h. **Exoskeletal Prosthesis**. Artificial limbs 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.

i. **Endoskeletal Prosthesis**. Artificial limbs 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.

j. **Recreational Prosthesis**. 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 effect conventional prosthetic designs.

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

l. **Prosthetic Sock.** A soft fabric that is applied directly to the residual limb and acts as an interface between the residual limb and the prosthetic socket. Socks are used to provide comfort, absorb perspiration, reduce irritation and re-establish proper fit of the socket. Prosthetic socks 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, they are available with varying thickness of silicone gel impregnated into the fabric.

m. **Artificial Limb Contract.** A competitively bid contract locally awarded to preferred providers and used by VA personnel for the purchase of artificial limbs.

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

o. **Terminal Devices.** Artificial hands or hooks designed for use with upper extremity prostheses.

#### 4. ARTIFICIAL LIMBS

a. Artificial limbs, components, parts and repairs will be procured, fabricated and issued to eligible beneficiaries upon prescription from a designated physician/podiatrist of the Amputee Clinic Team or the Prosthetic Representative in accordance with the policies and procedures outlined herein and in VHA Handbook 1173.1 and VHA Handbook 1173.2.

b. These appliances should be from commercial vendors where adequate facilities are available, the time required obtained for delivery is not excessive for patients, and the prices charged for such appliances are reasonable. VA Orthotic Laboratories with a 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 will accept the VA preferred provider rate for the geographic area. VA facilities with Orthotic Laboratories, or facilities with access to a VA Laboratory, will provide new amputees with the preparatory or temporary prosthesis and permanent limbs. When the patient has achieved appropriate shrinkage and is ready for a permanent prosthesis, the preparatory or temporary prosthesis will be replaced.

d. Terminal devices, i.e., hooks, hands, will be provided with replacement artificial arms. When a terminal device is prescribed, the selection of a particular type of hook and/or hand will 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 general guidelines should be followed whenever the issue of a recreational prosthetic appliance is contemplated:

- (1) The physician or podiatrist of the 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 the Prosthetic and Sensory Aids Department and the Orthotic Laboratories) will be stocked to expedite patient care.

## 5. VA SOURCE

a. The VA Artificial Limb Contract will 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 and qualified 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 the AFMA remote system requiring the services of a VA Orthotic Laboratory AFMA host system must determine whether the desired appliance can be fabricated utilizing the AFMA system or if the beneficiary will be required to travel to the receiving station. The referring facility will confirm an appointment prior to sending a beneficiary to the laboratory in order to avoid delays and backlogs in the laboratory's production schedule. Orders will be processed on a first in/first out basis, regardless of origin.

(2) AFMA host facilities which fabricate sockets for distant facilities, where the patient will not be seen and is not in their VISTA system, will receive a VA Form 10-2529-3 from the referring station utilizing the remote order section of the electronic - 3 package. Reimbursement costs will be negotiated between the facilities and/or VISNs involved.

## 6. STUMP SOCK

a. Stump socks, sheaths, and other socket interface products will 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 will be furnished stump socks directly by initiating a request into the Remote Order Entry System (ROES) to the DDC, Denver, Colorado.

c. Veterans whose eligibility is based upon enrollment will be monitored biennially, and the DDC will be informed of any change. The ROES electronic order will 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 will be transmitted to the DDC on all initial cases and the VA Form 10-2319 annotated appropriately.

d. Veterans residing in a foreign country will 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 should be advised that the VA Form 2345 must be mailed in an envelope with the necessary foreign postage when mailed through their postal service. Repairs to artificial limbs should be directed to the Health Administration Center, Denver, CO.

(1) Allied veterans residing in the U.S. or Puerto Rico. Issues will be 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 will 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. They will 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, will 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 artificial limb and/or components provided to a veteran will be limited to the type recommended by the prescribing physician. The physician's prescription will be specific as to the type of limb recommended and will 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, will be presented to the prescribing physician for approval.

(2) The veteran's choice of an approved contractor will normally be limited to those in the immediate geographical area.

(a) If the prescribed limb is not available from any of the local contractors, but is available under contract in a more distant city, the facility will take appropriate action in favor of the veteran and VA.

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

b. All eligible veterans authorized permanent artificial limbs using a commercial contractor will be provided a current list of approved contractors in the immediate geographical area to assist them in their selection of a contractor. Included in this list will be the VA Prosthetic-Orthotic Laboratory when applicable. VA personnel will not direct, guide or prompt a veteran to go to a specific contractor except in those rare instances where a physician determines it to be necessary for the proper medical treatment of the veteran. A rotating contractor schedule will not be used as a method of selecting a contractor for the fabrication of a limb.

(1) The list of VA contractors (in alphabetical order) will be developed locally and include all contractors having a current VA contract which are located in the facility's area of prosthetic jurisdiction.

(2) Each list will 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 BELOW 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 not currently covered by a VA contract or if a veteran requests a qualified contractor not under a current contract, the limb may be approved locally, provided charges do not exceed the average discount price of preferred vendors. Appropriate non-contract components (which are commercially available) may be added to a contract limb and approved locally, provided the cost of the component does not exceed the dollar limitation stated in the current Health Care Financing Administration (HCFA) schedule plus the discount.

d. Veterans residing in Alaska, Hawaii, and San Juan may have a choice of contractors located within their respective states. Selection of a contractor located in the continental United States will be permitted only when the prescribed limb is not available from a contractor in the state where the veteran resides. The contractor selected will be located nearest to the principal point of entry within the 48 States. Veterans who (as a matter of personal preference) desire to select a contractor located at points more distant than those indicated above, may do so provided the dealer is under contract for the limb prescribed and the veteran agrees to any additional travel beyond the point of entry at no expense to the Government.

## **8. REPLACEMENTS**

a. An artificial limb or prosthetic component (issued to an eligible beneficiary by VA) will be replaced after it is determined that the limb or component is no longer serviceable (due to fair wear and tear) or that physical changes of the beneficiary's residual limb renders the appliance unsuitable for further use. 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 will be made and documented in the veteran's consolidated health record by the Chief, Prosthetic and Sensory Aids Service, based upon physical examination of the appliance for which a replacement is requested. The progress note will document that the appliance has been examined and is unsatisfactory for future use due to fair wear and tear, or that a replacement is necessary due to physical changes in the beneficiary's condition.

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 fair wear and tear, the Chief, Prosthetic and Sensory Aids Service, may cause an inquiry to be made into the facts of the case. If findings indicate the appliance has been willfully damaged or destroyed, such 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 will be based upon the environmental factors, where the veteran lives or works, the availability of repair facilities and the particular needs of the beneficiary concerned. It is not intended that the second prosthesis be in such a condition that it is suitable for constant use, but only that it be in sufficiently good condition for temporary use whenever the regular limb requires repairs.

## 10. REPAIRS

### a. Commercial

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

(2) Repairs may be obtained through commercial sources with the authority of VA Form 10-2501, the Prosthetic Service Card, (PSC), not to exceed \$300, or VA Form 10-2421, ADP Prosthetic Authorization for Items or Services, when authorized by the Chief, Prosthetic and Sensory Aids Service, or designee.

(3) Prosthetic and/or orthotic appliances may be repaired if the cost of the repair is less than one-half the cost of 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.

(4) A veteran wearing an artificial limb will 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 should be encouraged to use the card whenever possible and practical.

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

b. VA. VA Orthotic Laboratories may be utilized to furnish repairs to artificial limbs if adequate parts and qualified manpower are available. Procedures outlined in VHA Handbook 1173.2 and VHA Handbook 1173.6 will be followed.