

**Testimony
Before the
The Subcommittee on Contracting & Technology
Of the
Small Business Committee
By
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Good morning. My name is Jim Rogers and I am the President of the American Academy of Orthotists and Prosthetists.

I would like to thank Congressman Braley and the members of the subcommittee for giving us this opportunity to testify today on “Ensuring Continuity of Care for Veteran Amputees: The Role of Small Prosthetic Practices”.

The American Academy of Orthotists and Prosthetists (The Academy) is the national membership organization representing the interests of the Orthotic and Prosthetic profession. Our mission is to promote excellence in practice through research, continuing education and high ethical

standards to ensure that the patients our members serve receive the best possible care available. We believe that ensuring this care is both good medical practice for the patient and a service to the nation.

It is a privilege to be part of a profession whose work helps people who need orthotic and prosthetic services resume full and productive lives and to be able to continue to support themselves and their families.

Our active members are trained in CAAHEP (Commission for Accrediting Allied Health Education Programs) approved education and residency programs and are certified to practice in the O&P field. They occupy a unique niche in the allied health care area. Currently 14 states require that O&P professionals be licensed in addition to their national certification and we hope that in a short time all 50 will do so. We believe that when states license health care professionals they help to ensure that their citizens receive only the best care from fully qualified professionals.

We have a proud history in our profession of working to serve veterans and working with the Veterans Administration. We do this both through contracts between small businesses and the VA and by having many of our members actually work in the VA system. Over 60% of our membership actually own a small business or work for one. They work in all settings including large cities, suburban communities and the most rural areas of the nation.

I think the services we provide for veterans and the Veterans Administration is some of the most important work that we do as professionals and as Americans. Throughout history the American soldier has defended our nation and the free world from tyranny and the threat of governments whose philosophy of personal freedoms and government differ greatly from ours. These men and woman sometimes gave their very lives for the cause of our country and others returned home permanently injured. These heroes return to America as examples to our country and our children of the cost of freedom and the valiant efforts required to maintain it. One way to thank these veterans for their

service is to ensure that the Veterans Administration, and the many small businesses who are contracted by the VA, provide the needed orthotic and prosthetic services and will be available to meet their needs for the rest of their lives. We need to remember that the VA serves both the veteran who returns with a war or service related injury needing immediate attention and those who will need these services in the future just through the normal aging process and the possibility that they will develop a disability requiring orthotic and prosthetic services in the future.

With modern technology we can return a veteran who has an amputation or other severe orthopedic injury to full functionality and give them the ability to continue to support themselves and their families and participate as fully in society as they want to.

Through Veterans Administration contracts, Academy professionals in small orthotic and prosthetic businesses provide the most advanced prosthetic care available in the world to our veterans. Why is the

involvement of small business so crucial to the successful rehabilitation of our nations' veterans? To answer this question and to grasp the importance of this relationship you have to understand the history of the orthotic and prosthetic industry.

Before the First World War prosthetic and orthotic service providers were not allied health professionals; they were by and large craftsmen from a variety of different professions who were introduced to the disabled through personal contact and circumstance. An amputee might visit the local cabinet maker who also had developed skills in orthotic and/or prosthetic rehabilitation. After the conclusion of World War Two, the large influx of amputees and young men without careers created an enormous need for these services and an opportunity to advance the technology and give these returning veterans a good career.

With funding from the Federal Government and specifically the VA, prosthetic and orthotic education and training programs were begun at a number of select institutions and many of those trained were veterans

themselves. Through the provision of this education the industry became an Allied Health Profession. By the early 1950s a medical and technical based curriculum emerged and college programs in orthotics and prosthetics were established. From the 1950s through the 1970s all prosthetic and orthotic facilities not located in Hospitals were small businesses. The last thirty years have seen the emergence of multiple office facilities and large care providers with facilities spread around regional and national geographical locations. But the majority of the current 3500 facilities in the United States remain small businesses and many are still family owned. It is not unusual at the Academy's Annual Meeting and Scientific Symposium to see more than one generation of a family take continuing education courses side by side.

An example of the success of the small business model and the cooperation between the VA and a small prosthetic business is a veteran I will call "Jack", a young man from rural America where family, farming, hunting and fishing define one's existence. Jack lost his dominant right arm to an RPG while serving as a gunner on a

Bradley. He was quickly stabilized in-country and arrived at Walter Reed within days of his injury. While at Walter Reed for three months Jack was alone; his wife and three young children remained 1500 miles away. When I met Jack after his transition to the VA system, he had received four prostheses. But not one of these prostheses was actually suitable for the activities he would resume back home. Jack was frustrated and angry. He recognized that the care and service he received was quick and of high technological value, but that was not what he wanted, or what he needed. He needed a prosthesis that would allow him to work as a conservation officer in a variety of weather. He needed a prosthesis that would allow him to shoot his bow, hold and fire a shotgun or rifle and enable him to fish with his children. What he received was the very best technology we had available in cosmetic and myo-electric prostheses. What he lacked was a local prosthetist who understood his day-to-day existence and appreciated what was important to him and how that translated into a specific prosthetic design. After I worked to make the rugged and weatherproof prosthesis that Jack required he invited me to go hunting with him. To

this day our time together is some of the most profoundly rewarding time I have spent in the O&P profession. Through the small business contracting model Jack received what he needed, and in my opinion what he deserves as a veteran and an amputee.

As new technology has advanced our field we continue to upgrade the curriculum in our education programs and even the way in which we educate people. Today the profession is committed to making a masters degree the requirement to enter the field. But the reality is that it still takes the prosthetist working closely with his/her patient to determine the best prosthetic, which may not always be the most technologically advanced available; to help the amputee regain the life they want.

As allied health professionals we understand that there is a continuing need to keep up to date on advances in the field of Orthotics and Prosthetics if we are to provide the best service to our patients and therefore continuing education to maintain a person's certification to practice is mandatory. We have learned to provide this education in

ways that suit these many small businesses. The Academy has an annual meeting at which we provide a forum for nearly 2,000 O&P professionals to come together to learn and exchange information. But we also work to encourage a multitude of regional, state and local meetings and educational forums where ideas, new technology and advanced techniques are promulgated. The educational institutions that offer O&P education often serve as hosts for manufacturers to disseminate the latest technology. Increasing administrative costs, accreditation and licensing fees have spurred the development of economic and accessible education for the busy practice professional. The Academy's Paul E. Leimkhueler On-Line Learning Center offers a variety of continuing education programs that can be accessed by professionals in both urban and rural settings 24/7. In this way the rather small profession of orthotics and prosthetics can receive continuing education using a "small business" friendly model. These O&P practices and other small businesses being the very backbone of the American economy.

The need for the VA to continue to contract with small business O&P practices is obvious. When an amputee returns home or settles in a community after their amputation and their initial rehabilitation through the military, he or she will seek out a competent and compatible orthotic and prosthetic professional to deliver their care. This relationship is built over time: the amputee trusting their very functional independence to a professional who in turn commits to learn about the amputee's specific medical circumstances, functional needs, work habits, home setting and even recreational preferences. This relationship produces valuable communication and allows the veteran to receive the prostheses that will provide for them the highest functional value. Through the normal aging process, physiologic changes and even changes in medical status, this relationship proves invaluable in terms of meeting the amputee's needs, as over the course of an amputee's life many changes and adjustments will have to be made. The "history" the amputee and the prosthetic professional share insures that good decisions are made; decisions that result in good care and a return to the functional expectations of the amputee. This model of personal and intimate care on a local basis

produces the best devices and the highest function. It is also the model that should remain available to our veterans as we continue to meet their prosthetic needs into the future. To cause veterans to travel long distances for prosthetic care from a professional they don't know and who doesn't know them would not only create a burden of inconvenience, but it would jeopardize the success of the prosthetic delivery system by ignoring a proven and successful model, a model that we know has benefited the civilian amputee for over a century.

The Veterans Administration some time ago made a decision to contract only with facilities accredited by The American Board for Certification in Orthotics, Prosthetics and Pedorthics (ABC). This decision shows a commitment by the VA to the highest standards of care and should be commended as an example of our country's promise to always provide quality care for our veterans. There are other areas that the Veterans Administration and The Academy are collaborating in to insure quality care for our veterans.

In addition to these small business contracts with the Veterans Administration the Academy is working closely with the VA to assist them in providing continuing medical education for those Orthotists and Prosthetists that are VA employees. In the past few years we have appreciated the good working relationship we have developed with Fred Downs and his staff at the VA and provide space and time for them to meet at our Annual Meeting and Scientific Symposium. The Academy provides VA employees a special rate to attend our meeting and to receive the high level of continuing education that we provide.

It is the Academy's goal to continue to work with the VA in providing this continuing education opportunity and potentially expand these efforts through our Online Learning Center. We may even be able to work to provide some onsite courses at various VA facilities that would reduce the travel cost to the VA of sending their staff to some offsite meetings. Though we recognize that one can never underestimate the value of professionals meeting to share personal experiences on the care they can give to their patients.

It is our desire to develop a closer relationship with the VA in the area of research and particularly to look at best practice in the field of O&P. We know that the VA serves those returning members of the military for injuries caused through their service but the VA is also responsible for the care of veterans as they age. Often illnesses such as diabetes and obesity are the cause of needed prosthetic services and we look forward to working with the VA to ensure that these patients receive the care they need throughout their lives. The work and knowledge base accumulated by the VA can help members of the O&P profession that also serve those in the private sector.

I would like to amplify my testimony briefly beyond the specific subject of this hearing to include veterans suffering injuries other than amputations. It is estimated that there are over 12,000 traumatic brain injuries (TBI) and over 28,000 traumatic orthopedic injuries as a result of the current conflicts in Iraq and Afghanistan. Injuries to the brain and nervous system are not static like amputations; they evolve and change,

sometimes for the better, sometimes for worse, over a long continuum of time depending on the individual.

Because many of these injuries are unique to this conflict and have never before been seen, and others that have been seen by the VA were never seen in such large numbers, I recommend that we consider a similar arrangement of contracts between the VA and small orthotic businesses employing clinical practitioners with experience in treating these very challenging injuries.

The civilian medical community has developed technology and strategies to treat TBI and traumatic orthopedic disorders over the last 30 years that rival our competence in prosthetic technology. Our veterans suffering injuries that do not result in the loss of a limb should have access to the same local, quality and relational care that our amputee veterans experience. I would encourage the VA to look closely at these numbers and develop a plan to deal with the long term effects of these injuries as they evolve into differing functional challenges.

Again I would like to thank the Committee for holding this hearing to highlight the work that the VA, in conjunction with the O&P small business community is doing. The Academy, representing the profession, hopes to continue this productive relationship and even expand it if possible.