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Calumet Orthopedic & Prosthetics Co.

Update

Serving the Calumet Region Since 1953

THIS ISSUE

From Thigh and Corset to Elevated Vacuum, Long-Time Amputee Moves Forward

Billy West remembers it was a hot day in May 1966 – 29.5 days after his 18th birthday – when the underframe of a boxcar ran over his feet at the Pullman Standard plant in Michigan City. "I was wearing steel-toed shoes and at first it didn't feel like they were being run over, but then I knew what happened. Suddenly it turned real cold."

At the scene his ankle was crushed. Co-workers carried him to the medical dispensary and the nurse called for an ambulance to take him to St. Anthony's. "I stayed awake until surgery," Billy said. "The surgeons did their thing and I was there for nine days."

"It was hard to take," he said. "You think you're no good for anything anymore and try twice as hard to do everything they tell you that you can't do."

Billy's first prosthesis was the standard of the time – a thigh and corset. The shape of the corset and upper hinges held the prosthesis to the residual limb. While many below-knee amputees got along pretty well with this, there were also some disadvantages, including chafing, irritation, fluid buildup, and the weight of the prosthesis itself.

"I did have some difficult moments with the early prosthesis, mostly stability, and I couldn't kneel because when I knelt it would cut the back of my leg," he said. But such issues didn't stop Billy from continuing to work at Pullman Standard. "I got my new leg around Thanksgiving Day and went back to work about a month later. They put me in the machine shop to learn a trade and I stayed there until I could see the handwriting on the wall that they were going to shut down the plant, so I quit.

Billy went on to work at Allis-Chalmers, learned to weld, worked as a mechanic, and finally followed his heart and became a long-haul

trucker. "I really enjoyed trucking. There was always a different challenge in what you picked up and how you fastened it down, not do any damage to the truck and carry it from one side of the country to another."

One of his memorable experiences was on a mountain road in the Pacific Northwest. "The first time I went over the top of the Great Divide (also known as the Continental Divide), it made a Firm Believer out of me," he said referring to the long, winding, downhill run into Spokane, that would have many drivers with white knuckles. "But it didn't bother me too much after the first time; it's stuff you get used to."

Billy has been a patient of Calumet since the early 1970s. He was seeing a prosthetist

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in Chicago, but wanted to find a practice closer to home. His orthopedic surgeon recommended Calumet and Billy has been tended to by Ron Pawlowski, CPO, Geoff Pawlowski, CP, and Mickey Ozretich, prosthetic technician.

"Ron, Geoff, Mickey – they are fantastic people. They make you feel at home. They don't make you feel like you're a patient. Calumet has got a home feeling to it and that is why I like going there. I give Geoff a hard time and I give his dad a hard time too, and they give it back to me," Billy chuckled. "They are nice people to be with."

Until about two years ago, Billy stuck with his old-school prosthesis, not seeing any benefit to change despite urgings of his prosthetists.

"I was happy with my old leg; it worked out well for me. In the morning, I tied it as tight as I could and when it got loose I tightened it back up. When I was driving in Texas, I had to change my stump socks a lot because it was so hot down there. Those socks would get full of water. "But that old leg wasn't working anymore so Ron gave me the pin locking system."

"Billy had such a short residual limb and his first prosthesis was such a long time ago, that the thigh and corset was the standard. Ron finally got him to try a pin locking system and gel liner," Geoff said.

The pin locking system is one of the most simple suspension solutions for transtibial amputees. A gel liner with a special pin clicks into a locking mechanism inside the leg. No suspension is needed and the system generally works well for most transtibial amputees.

"He's been in the pin locking system for about two years," Geoff said. "His chief complaint is perspiration, which has been contributing to suspension loss. Because of the pistoning associated with the pin locking system and his relatively short residual limb length, the liner and prosthesis start to slip off."

Because of the perspiration issues and the instability caused by slippage, Geoff and Ron recommended Billy try the Harmony Elevated Vacuum System.

The Harmony System addresses the issue of volume changes causing the residual limb to be a different size and shape and therefore affecting the fit of the prosthesis. It reduces variations in limb volume through a total surface weight-bearing socket; a mechanical pump that draws air out of the system during normal walking; a sealing sleeve that makes an air-tight seal with the user's liner and body; an adjustable shock absorber; and a torsion adapter to increase walking comfort and relieve the strain on joints and the spine.

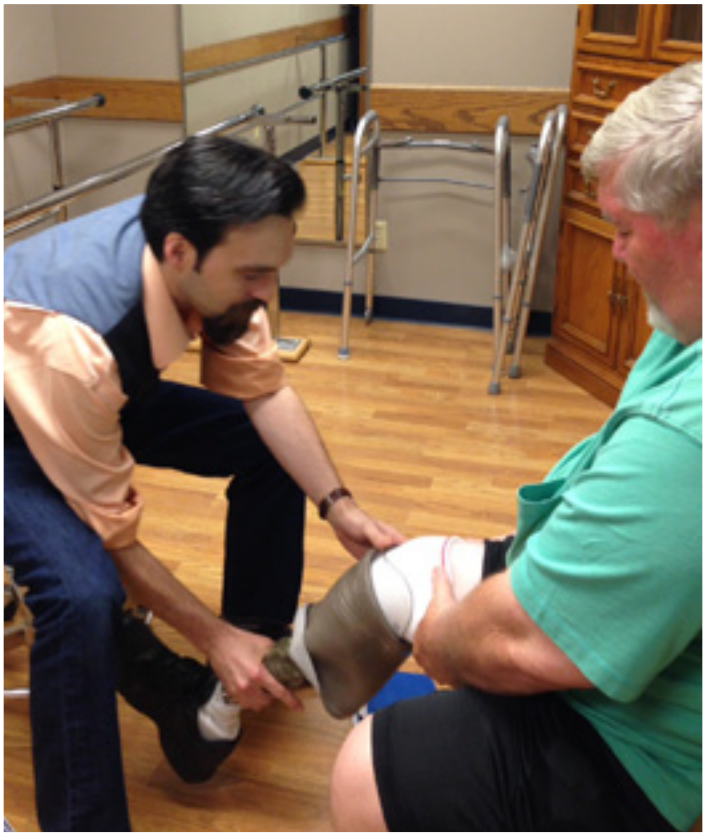
Because the volume of the residual limb is maintained, the intimate fit between the limb and the liner is also maintained; this prevents the sweat glands from generating too much sweat and keeps the limb dryer in the socket. The pump can also actively pull moisture out of the system during activities when perspiration may be a problem.

Billy has been in the Harmony only a few weeks, but so far he likes the improvement. "It's a lot different than I ever wore before. I'm always used to the slosh motion and this one doesn't have it. It is more comfortable and so far it's been dry."

The newer componentry has allowed Billy to be a little more active. He has begun to bike ride to get in better shape. "I'm pleasantly plump," he joked. "With this new leg, I can ride a bike and it doesn't bother me."

Retired since 2011, he still has a yen for traveling to far-away places, most recently to the Panama Canal with relatives. "I got on a boat in Florida and spent 11 days through the canal and stopping at different ports. It was interesting," he said.

So is Billy's life – "overcoming obstacles because I had to," he said. "I did what I wanted to do. They told me I couldn't do it and I showed them I could."



Medicare Mandates Compel Us to Insist on Physician Documentation

As a provider of prosthetic and orthotic goods and services, we, and our patients, have been severely challenged by the demands for documentation by The Centers for Medicare and Medicaid Services (CMS).

Sadly, we cannot take delivery of any prosthesis or orthosis without this documentation because Medicare will deny the claim. We can appeal, but the process takes years, and in the meantime, we – and other O&P providers nationwide – are spending countless hours on paperwork as well as being drained financially.

We understand that as a physician, you have many demands on your time; however, your patient's quality of life is impacted if we cannot provide the prosthesis or orthosis he/she needs for function and mobility.

Medicare has outlined what the physician's assessment of a patient's physical and cognitive capabilities should include:

- History of the present conditions and past medical history that is relevant to functional deficits
- Symptoms limiting ambulation or dexterity
- Diagnoses causing these symptoms
- Other co-morbidities relating to ambulatory problems or impacting the use of a new prosthesis
- What ambulatory assistance (cane, walker, wheelchair, caregiver) is currently used (either in addition to the prosthesis or prior to amputation)
- Description of activities of daily living and how impacted by deficit(s)
- Physical examination that is relevant to functional deficits
- Weight and height including any recent weight loss/gain
- Cardiopulmonary examination
- Musculoskeletal examination (arm and leg strength and range of motion)
- Neurological examination (gait, and balance and coordination)
- Mobility level before amputation

According to Medicare, "the physician should tailor their history and examination to the individual patient's condition, clearly describing the pre- and post-amputation capabilities of the patient. The history should paint a picture of the patient's functional abilities and limitation on a typical day. It should contain as much objective data as possible. The physical examination should be focused on the body systems that are responsible for the patient's ambulatory or upper extremity difficulties or impact on the patient's functional ability."

Further, the record must document the patient's current functional capabilities and his/her expected functional potential including an explanation for the difference, based on the following classification levels.

- **Level 0:** Does not have the ability or potential to ambulate or transfer safely with or without assistance and a prosthesis does not enhance their quality of life or mobility.
- **Level 1:** Has the ability or potential to use a prosthesis for transfers or ambulation on level surfaces at fixed cadence. Typical of the limited and unlimited household ambulatory.
- **Level 2:** Has the ability or potential for ambulation with the ability to traverse low-level environmental barriers such as curbs, stairs, or uneven surfaces.
- **Level 3:** Has the ability or potential for ambulation with variable cadence. Typical of the community ambulatory who has the ability to traverse most environmental barriers and may have vocational, therapeutic, or exercise activity that demands prosthetic utilization beyond simple locomotion.
- **Level 4:** Has the ability or potential for prosthetic ambulation that exceeds basic ambulation skills, exhibiting high impact, stress, or energy levels. Typical of the prosthetic demands of the child, active adult, or athlete.

> ***"Sadly, we cannot take delivery of any prosthesis or orthosis without this documentation because Medicare will deny the claim."***

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Many prosthetic components are restricted to specific functional levels: therefore it is critical that the physician thoroughly documents the functional capabilities of the patient, both before and after amputation.

Even with amputees who have been fitted with a prosthesis previously, there are rules and regulations on replacement prosthetics. Now the reason for replacement must also be documented by the physician.

For our orthotic patients who come in for a repair of their orthosis, we need documentation from the physician that the item being repaired continues to be reasonable and necessary.

Unfortunately, we cannot work on the prosthesis or orthosis until we receive this documentation – the signed prescription, signed, detailed written order, and a copy of the physician's medical record corroborating the medical necessity of the O&P care provided.

We can tell you from our own personal experience, the documentation that is provided by the physician is heavily scrutinized by auditors to ensure medical necessity and coverage by Medicare is justified.

We are more than willing to work with the physician on providing the documentation needed. We will visit your office if necessary, and we are always available by phone.

Your referrals are very important to us, and we wish to continue serving all our patients as we have in the past, but recent Medicare requirements have severely limited what we can do without your assistance.

Calumet Orthopedic & Prosthetics Co.
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DIRECTIONS:
Approximately five miles East on US 30 from Southlake Mall or eight miles West from Valparaiso. Exit Rt. 51 (Grand Blvd. or Adam Benjamin Hwy.), half-mile North to corner of 73rd Ave. and SR-51.