

# AOPA Survey of Prosthetic and Orthotic Services

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As this article is being written, several teams of prosthetists are traveling throughout the country administering the first segment of the long awaited, vital Survey of Services Available to Amputees and Other Orthopedically Disabled Persons. It was the hope of Glenn Jackson and the officers of the Association that this Survey would be an opportunity for practicing prosthetists and orthotists throughout the country to have their voices heard in the councils of research and education. A grant was obtained from the Federal Office of Vocational Rehabilitation approximately two years ago to initiate the present Survey. The questions which this Survey is attempting to answer include:

- (1) Types of orthotic and prosthetic equipment in use.
- (2) Methods and techniques employed.
- (3) Techniques and devices restricted to local use.
- (4) Modification in techniques taught by prosthetic schools resulting from practical application.
- (5) Additional education programs desired.
- (6) Areas of research most needed.
- (7) Percentage of amputees handled on a clinical basis; consultation with doctor; etc.
- (8) Who pays for artificial limbs and braces.

The Survey was initially placed under the guidance of the Association's Committee on Advances in Prosthetics. This body established an Advisory Committee for the Survey under the chairmanship of M. P. Cestaro. Mr. Cestaro was fortunate in obtaining the services of Dr. George Young, Research Director of the Mellon Institute in Pittsburgh, and Dan McKeever, a Past President of the Association, as committee members. The initial staff of the project consisted of Glenn Jackson as Director, LeRoy Nattress (who was then Director of the Examinations for the American Board for Certification), and A. Bennett Wilson (then Secretary of the Committee on Advances in Prosthetics).

A pilot questionnaire was developed to determine the practicability of conducting a nation-wide survey and the type of questions which might best be used in such a survey. The subject material included Facility Identification, Clinic Team Data, Prosthetic Components, Prosthetic Techniques, Orthotic Components, Orthotic Techniques, and Personnel Data. This questionnaire was developed by the Survey staff and the Advisory Committee with the assistance of many prosthetists and orthotists throughout the country.

The Pilot Survey was conducted in the State of Ohio where all of the shops were contacted by mail or telephone. Approximately half of them were surveyed by LeRoy Nattress and Ben Wilson during the spring of 1960. Their report showed considerable personal interest. Orthotists looked forward to a research and education program similar to that which had been established in the prosthetic field. The prosthetic techniques were found to be

more standardized than orthotic techniques. Future information to be collected in prosthetics would be of a different nature than that indicated for orthotics. They thought it desirable to obtain information from State Vocational Rehabilitation Bureaus to reflect changes in prosthetic and orthotic practices. It was recommended that Survey data should be interpreted in terms of facility size, type of entity, type of patient served, background of the facility's staff, and geographic location.

About the time that the report of the Pilot Study was completed, Mr. Jackson announced his retirement from the Association and Ben Wilson returned to the National Research Council as Staff Engineer for the Committee on Prosthetics Research and Development. As a result, the Survey's activities during the summer and fall of 1960 were largely limited to a search for a Project Administrator.

In November, 1960, Mr. Bertram D. Litt joined the staff as Associate Project Director. He had been connected with the New York University, "Prosthetic Devices Study Project" since 1954.

During the summer of 1960 a telephone directory search of cities of over 7,000 population was conducted to prepare a list of all of the shops that manufacture or fit artificial limbs or braces. After Mr. Litt joined the staff, this facility list was checked against the Certiftee, Association Member, and Publication listings and other files in the Washington office. The shop list was further refined by circulating appropriate portions of it to Association officers, regional directors and a group of shop owners and managers representing each of the 50 states. These men cooperated by adding the names of firms which had been omitted and deleting others which were no longer in existence or did not actually deal in artificial limbs or braces per se.

At a meeting of the Advisory Committee with Mr. Nattress and Mr. Litt, it was decided to conduct the Survey by first visiting shops and preparing a report on prosthetics; secondly, on spinal orthotics; then lower extremity orthotics, etc. This procedure will facilitate the preparation of timely reports. It will also mean that interviews can be limited to a three hour period while still allowing time to collect a meaningful quantity of information.

At this meeting it was agreed that it would not be possible to visit all of the shops who are engaged in the fitting and making of prosthetic devices, and that the selection of shops should be based on geographical location, size and shop type, including members and non-members, certifees and non-certifees. It was felt that institutional and private shops should be included in the metropolitan areas (pop. 750,000 or more), medium sized cities (pop. 15-250,000), and smaller towns (pop. 60,000 or less) in each major geographical location. These geographical locations include New England, Central Atlantic, Southern, North Central, Mid-Western, Rocky Mountain, California, and the Pacific Northwest states.

The results of the Pilot Survey were used as a basis for constructing the present Questionnaire for use in the National Survey of Prosthetic Services. The materials relating to the Identification of the Facility and its Personnel have been incorporated into a separate questionnaire which is being sent to shops before they are visited by a two-man team of interviewers. The interviewers, using this first questionnaire as a guide, spend approximately 2 hours with the shop owner or manager completing the Prosthetic Survey Questionnaire. The questions relate to clinic relationships; prosthetic techniques used for each amputation type; variations required for age, sex and multiple involvement; information as to how the facility has learned the technique and of their own improvements on standardized techniques. Information is also being collected on the types of components used, the

