What is the Role of the "Restorations Prosthetist" In Rehabilitation?

Appearance is important to most people—men and children as well as women. It is infrequently discussed in clinics but is frequently in the minds of patients.

People in need of cosmetic restoration include amputees, various orthotic patients, women with mastectomies, those with facial disfigurements, and many others. Whether it is minor such as a missing finger or major such as a missing arm, successful cosmetic treatment enhances body image and makes people happy.

To provide acceptable cosmesis is a difficult job, for it includes not only static appearance but how something looks in motion and how it feels, sounds, and smells. An artificial eye is much more effective if it moves with the good eye. An upper-limb prosthesis appears much more natural if it swings, feels soft, and makes no mechanical clicking noises.

By and large, most of the prosthetic and orthotic facilities are more occupied and better trained to provide functional restoration rather than cosmetic restoration to patients with artificial limbs and braces. There are several maxillofacial centers whose work involves facial buildups and replacements of the nose and ears; most are related to dental schools and clinics. Twelve Veterans Administrations hospitals and the VA Prosthetic Center provide cosmetic care for VA patients. And finally, there are a small number of individuals practicing privately to provide cosmetic service.

One manufacturer supplies most of the gloves, leg covers, and maxillofacial materials being used. This manufacturer has repeatedly tried to avoid dealing directly with patients. The company has given courses, written instructions, and provided kits to allow cosmetic work to be done in the field. However, so many people in the field are so busy providing function and just trying to stay abreast of new developments that they neither have the time nor desire to do the rather meticulous and time consuming work of providing cosmesis. The result is that many patients end up knocking at

the manufacturer's door or being shuffled to the few people around who perform this service. In general, the present situation seems to be that patients are obtaining cosmetic treatment one way or another, but that more can be done for more people.

The "restorations prosthetist," or "anaplastologist" as coined by Mr. Peyton Massey, is an individual who provides cosmetic restoration service for patients. There are only a handful of them yet there are many patients who can benefit from this "added" service. In many respects, he is to rehabilitation as the industrial designer is to household products; he beautifies the product and enhances its use for the consumer.

Why not put the restorations prosthetist in the rehabilitation center so his services are available to patients as part of a comprehensive treatment program? He would certainly get referrals from prosthetic, orthotic, dental, and eye clinics and from various surgeons. It probably would not be a large service in numbers but could be a very important one.

There was a Negro man who refused his below-elbow prosthesis three times under the guise of mechanical difficulty until someone had the idea of making it a shade lighter in color. There are several young post-polio girls with atrophied legs who walk more confidently now with leg buildups. There are people with prosthetic eyes, noses, and ears who can at least face the public even though function has not been restored. These things are what the restorations prosthetist can do.

If the discipline of "anaplastology" were added to the rehabilitation center, it would help to bring together the scattered efforts in cosmetic restoration; it would relieve many prosthetists, orthotists, and dentists of work they would just as well not bother with; and it would give a big psychological boost to patients in serious need of it. And if it were really successful, a new allied-health specialty could be developed with its own education, training, and qualification program. It seems like a possibility at least worth exploring.

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