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Initial prosthetic process: An overview for new amputees

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If you or a loved one are a new amputee, you will have lots of questions, concerns, and decisions.

Presented here is an overview of the initial prosthetic process, insurance considerations, and terminology, which we hope is helpful for you.

Feel free to stop by and see us to learn more. We provide free initial consultations to discuss prosthetic options.

Our prosthetists are board certified (Certified Prosthetist Orthotist, CPO) and our facility has been accredited since 2004. We can fabricate, customize, modify, and repair orthotics and prosthetics.

We work with patients of all ages and lower-extremity amputation levels, including above-knee (AK), below-knee (BK), ankle, and foot.

Contact us with questions. Visit our website for more information; links to resources *(Amputees, Parents, Veterans, Disability)* are available under Resources.

We are here to help you. If you choose to work with us, will work with you and your medical providers, and not quit until you are satisfied with your mobility.

Robert Steinmann, CPO Kelsey Smith, CPO

Initial prosthetic process: An overview for new amputees

After your surgery you will have a few weeks of recovery and healing. During this time, you can become acquainted with your insurance coverage, benefits and rights.

It's helpful to speak with a prosthetist who will answer questions you may have about limb loss. We want you to avoid saying "I wish I'd known that sooner."

Here is some information to take into consideration.

1. VERIFY YOUR INSURANCE COVERAGE

Before starting the prosthetic process, it is important to verify your insurance coverage in order to understand your benefits, to avoid unforeseen expenses, and to be aware of possible out-of-pocket expenses.

All insurance providers *(commercial, government, etc.)* require a prescription to approve and authorize prosthetics and components; prosthetists must receive authorization before providing prosthetic care. Prescriptions must be submitted by a licensed medical provider *(MD, DO, PA, NP, DPM, etc.)*, along with clinic notes, to the insurance provider.

This process can be time-consuming and confusing; we can provide assistance to our patients with insurance verification and authorization.

2. PROTECT YOUR BENEFITS

Do not allow any company to file a claim on your benefits until you receive a prosthesis that meets your needs, and you are completely satisfied with your mobility.

For example, do not sign for anything until you have a working product. Patients are only eligible for a certain number of prosthetic components within a certain time period as determined by the insurance provider. Once a patient signs for and receives a device, a claim is filed to the authorizing insurance provider; this may affect timing and eligibility for another device.

Patients must be completely sure that the device works for them before they sign for it.

3. KNOW YOUR RIGHTS

You have the right to choose your prosthetic provider, and while your medical provider may have preferences, you have the right to choose where you wish to receive prosthetic care, and to change providers if your needs are not being met.

Use available resources to become familiar with other rights to which you may be entitled *(legal, federal, workplace, etc.)*; find links to information on our website under Resources.

You are the only one who knows what you need, so you must advocate for yourself. Explain your needs and concerns to your prosthetist. At times when you don't have energy to advocate for yourself, bring a family member or friend to help.

4. PROSTHETIC PROCESS

The prosthetic process is dependent on the individual patient, and their needs and requirements. The following information is a general overview of the prosthetic process.

4.1. K-LEVEL

Insurance providers use various factors to determine eligibility for certain prosthetics and components; one factor is K-Level, a classification usually assigned by a medical providers.

K-Level refers to a patient's mobility *(function)* level, and potential for rehabilitation *(improvement).* "K" is an arbitrary letter from the Health Care Financing Administration.

K-Level is a mobility rating scale from 0 to 4. Patients at K-Level 0 are not physically capable to be considered for prostheses. Higher K-Levels are eligible for more high-tech, expensive prosthetic components, such as feet or knees.

K-Levels 1 to 4 indicate a person's potential to use a prosthetic device within these guidelines: if they have a device that works well for them; and if they have completed rehabilitation in order to use the device properly.

K-Level 1

Household ambulator.

Ability, or potential, to use prosthesis for transfers or ambulation on level surfaces at a fixed cadence.

K-Level 2

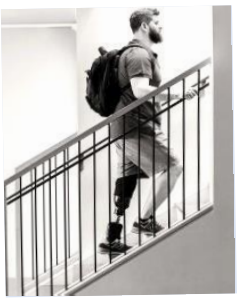
Community ambulator.

Ability, or potential, to transverse low-level barriers (curbs, stairs, uneven surfaces).

K-Level 3

High-level, high-activity community ambulator.

Ability, or potential, to transverse most barriers at variable cadence.



K-Level 4

High-impact, high-energy levels, such as children and athletes.

Ability, or potential, for ambulation that exceeds normal skills.

4.2. STUMP SHRINKER

The first prosthetic component is usually a stump shrinker. It must be prescribed by a doctor in order for insurance to pay for it.

Stump shrinkers are made of a compressive knitted material, and measured to fit the individual's limb.

A stump shrinker is used to help control swelling of the residual limb, to help shape the stump, and to help control swelling when the prosthesis is off.

Not all patients require a stump shrinker; if it is required, it may be applied during the rehabilitation period following amputation.

A physician may request that a stump shrinker be applied after surgical staples are removed, before the incision is completely healed. We may recommend one to help decrease the limb size before casting the limb for a test socket.

We wait to cast until the entire incision line is healed, with no open areas or scabs.

4.3. CASTING

When the patient is ready, their first appointment is to cast the residual limb, in order to make a mold *(fiberglass or plaster of Paris).*

The mold is used to make a test socket.

4.4. TEST SOCKET

The test socket is made of clear plastic, in order to see boney prominences or potential pressure points.

The plastic test socket may sometimes be used as the socket for the preparatory prosthesis *(training leg),* if it is reinforced *(the clear plastic alone is not strong enough)*, and if it includes a pylon and a foot.

4.5. PROSTHESIS

All patients should be eligible to receive 2 prostheses following amputation depending on their ability to advance their K-Level.

4.5.1. Preparatory *(training)* prosthesis: patients must wear a preparatory leg until they can ambulate at their highest K-Level. We suggest that the prosthetic foot on the preparatory leg be as light as possible.

4.5.2. Definitive *(final)* prosthesis: after a patient achieves their highest K-Level on a preparatory leg, they will be eligible for a new socket, and a definitive leg with a new foot component.

4.5. PROSTHESIS continued

4.5.1. Preparatory Prosthesis *(Training Leg)*

Training legs include a socket, pylon, and foot.

For above knee amputees, a knee is included.

The socket is made of several materials, such as a combination of acrylic resin, fiberglass, nyglass and carbon fiber reinforcements.

Patients use this to learn how to ambulate with the prosthesis, for gait training and physical therapy, and to achieve a higher K-Level.

As a patient increases their functional ability and adapt to the prosthesis, we measure the limb, constantly assess gait and comfort level, and make adjustments and modifications in preparation for fabricating the definitive prosthesis.

Preparatory component supplies are allowable once each year. Components include: 1-2 test sockets; 2 stump shrinkers; 2 gel liners; and socks *(6 multi-ply, 6 single-ply).*

4.5.2. Definitive Prosthesis *(Final Leg)*

A patient will use the preparatory leg until they are confident in their mobility.

At this point, we will request insurance authorization for the definitive, or final, prosthesis.

We like to be sure patients are totally prepared for a definitive.

There is no exact timeframe; each individual is different.

It may many weeks, months, or years to achieve a higher K-Level.

Definitive component supplies are allowable every 5 years, unless an earlier replacement is medically necessary *(see Socket Replacement).*

Definitive components include: definitive prosthesis; 2 gel liners; and socks *(6 multi-ply, 6 single-ply).*

Socket Replacement

Your residual limb will continue to change shape and size over the years due to weight gain, weight loss, or other factors.

We will continue to follow up with you and replace your current socket when necessary to ensure it fits correctly and feels comfortable.

With proper fit, patients should not develop wounds, or have pain wearing the prosthesis.

If this occurs, notify the prosthetist immediately so that adjustments may be made.