"THE MORE THINGS CHANGE, THE MORE THEY STAY THE SAME"

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. . . an editorial

This issue completes a decade of the publication of the Bulletin of Prosthetics Research. It also begins a new era, with a new masthead of the editorial staff, a reorganization of the VA programs in prosthetics services and prosthetics research, new names or titles, and retirements of major contributors. After reporting on factual changes, we shall comment on future plans and unfinished business.

As one portion of a reorganization of the VA Department of Medicine and Surgery, effective October 1, 1973, the Washington elements of the former Prosthetic and Sensory Aids Service became the Prosthetics Division of the Surgical Service. In DM&S Circular 10–73–228, the Research and Development Division, in New York, was redesignated as the Research Center for Prosthetics, with essentially similar functions. Responsibility for the entire medical research program, including prosthetics, has been consolidated under the Assistant Chief Medical Director for Research and Development.

The writer, an orthopedic surgeon, became Deputy Director for Prosthetics, Surgical Service, with a dual appointment as Acting Director, Prosthetics Research Service, to supervise the Prosthetics Research and Development Program and to sustain an integrated program with the Prosthetics Division, Surgical Service. This cooperation, often involving clinical application and field evaluation studies, will complete orderly transition from research and development through evaluation, dissemination of information, budgeting, and development of sources of supply, leading to routine clinical use of new devices and techniques for a wide variety of prosthetic and sensory aids, including bioengineering areas and selected surgical implants.

The Prosthetics Division, Surgical Service, consists of Mr. Albert S. Zuidema, Chief, Prosthetics Program Development Staff, and Mr.

Wilfred G. Holsberg, Chief, Prosthetics Field Operations Staff.

Mr. Everett S. Cortright is Staff Assistant for Prosthetics in the office of the Assistant Chief Medical Director for Research and Development.

Dr. Robert E. Stewart, Director of the Prosthetic and Sensory Aids Service since 1955, retired June 30, 1973. He remains as a consultant. Dr. Stewart was recently honored with an appointment as an Associate Member of the American Academy of Orthopaedic Surgeons.

Mr. William M. Bernstock, formerly Assistant Chief of the Research and Development Division, Prosthetic and Sensory Aids Service, Editor of the Bulletin of Prosthetics Research, and Project Director of numerous activities, also retired June 30 but remains as a consultant. Dr. Stewart and Mr. Bernstock have begun collaboration on a history of the VA prosthetics program.

Dr. Eugene F. Murphy, formerly Chief, Research and Development Division, has been assigned as Director of the Research Center for Prosthetics and Scientific Officer for Prosthetics Research and Development.

Mr. Earl A. Lewis is acting Assistant Director, Research Center for Prosthetics, and Editor of the Bulletin of Prosthetics Research. He succeeds Mr. Bernstock as project director of a variety of projects involving prosthetics, orthotics, qualifications of prosthetists, and dissemination of information by several training media.

Mr. Howard Freiberger, electronics engineer in the Research Center for Prosthetics, continues as project director for a number of activities related to sensory aids. He will continue to play a major role in the introduction of new mobility and reading aids for the blind and visually handicapped and in the improvement of hearing aids.

The VA Prosthetics Center, under Mr. Anthony Staros as Director, continues to be a major contributor to the overall prosthetics research program as its report to each issue of the Bulletin indicates. The Bioengineering Research Service of that organization will pursue past roles and gradually undertake new responsibilities. Their efforts in the development of standards of safety and quality for automotive adaptive equipment in the implementation of PL 91–666, have been an important recent example of rapid and effective response to a new assignment. The VA Prosthetics Center has also been carrying out extensive work related to spinal cord injury, through evaluation of devices developed elsewhere, developments by its own staff, cooperation with VA Spinal Cord Injury Centers, and increasing collaboration with the Engineering Service in the training of clinical engineers to serve patients and field stations.

Those readers who are VA employees may wish to review Circular

10–73–228, which was routinely circulated to all VA field stations. It is largely adapted from DM&S Manual M–2, Part IX relating to prosthetics research under the former Prosthetic and Sensory Aids Service. The Circular defines the roles of a variety of intramural and contractual elements in providing an integrated program of prosthetics research. Both terms are defined broadly. "Prosthetics," construed as a noun, includes not only the art and science related to conventional external prostheses and orthoses but comparable work on sensory aids, selected surgical implants, and related bioengineering. "Research" includes research, development, testing and evaluation, and dissemination of information by a variety of means.

In recognition of the completion of a decade of publication of the Bulletin, a consolidated index for the first 20 issues is being prepared. It will be a major portion of the next issue, BPR 10–21. The diversity of topics covered and the substantial number of contributors from many disciplines indicate the scope of this field.

In the near future, moderate changes in the total prosthetics research program are expected, though the major activities will go on. Attention to orthotics should also expand, based on increasing use of biomechanical analysis and new materials. With improved understanding of electronic control methods the dramatic miniaturization of computers, and with sensory feedback methods, external power for upper-limb prostheses and orthoses will receive increasing attention, both for activation of muscles and for sensory feedback. Though surgical implants are primarily studied through the medical research program, selected examples will continue to be developed through prosthetics research. A systematic program on sensory aids will be maintained, with increasing emphasis on deployment of valuable new aids. The relatively recent emphasis on electronic controls and environmental equipment for patients with spinal cord injury will be sustained. Placement of clinical engineers at Spinal Cord Injury Centers, including cooperation with Engineering Service, and of research-oriented personnel at key Prosthetics Treatment Centers has barely begun.

There are ample tasks, opportunities, and responsibilities for people of good will to contribute to this great need to replace human parts and functions for the benefit of large numbers of disabled, both the veteran and the civilian. The substantial accomplishments of the past quarter-century of prosthetics research and widespread dissemination of results provide the foundation—and the inspiration—for renewed efforts.