

CURRENT STATE OF THE ART

Needs of the Veterans Administration

Anthony Staros
Moderator

Director, Veterans Administration Prosthetics Center
252 Seventh Avenue, New York, N.Y. 10001

It was believed by the conference organizers that I, as Director of the VA Prosthetics Center in New York, might constitute an appropriate individual to moderate a session to summarize the needs of our agency after first defining the current state of the art. It is probably well that somebody from our Center does this since as you may know, the VA Prosthetics Center is partly obligated to clinical care functions and partly to research, development, and evaluation. We have not only an outpatient program in prosthetics and orthotics but also now have a very heavy involvement in the spinal-cord-injury services of the Veterans Administration. We have very direct patient care responsibilities in the VA hospitals in our own metropolitan area and indirectly to the 171 hospitals of the VA system.

Our responsibilities are therefore to the entire Department of Medicine and Surgery of our agency. So it is perhaps best that we help moderate presentations about the current situation and the need based on our combined clinical and research roles in all the topics specified for this conference, especially prosthetics, orthotics, and spinal cord injury including mobility aids and environmental control systems. We, of course, have a lesser role in sensory aids research and clinical care but maintain a very direct interest in deployment of new equipment.

The multiple roles of the VAPC in research will be further defined by other members of our staff throughout the conference. We should remind you, however, that the VAPC has a special role to play in assisting each one of you in expediting transition of developed items from your laboratories into evaluation, testing, and eventually, clinical deployment and education. We have a special capability here which we make available in your service.

It is well that VA people, performing daily work with patients, come

before you and define VA problems. We cannot really depend on others—the universities, the academies and the like—to define for us, the VA, what our problems are. We must recognize our own problems. We then must be the ones who should come before researchers and define what these problems are so that they may in turn work toward delivering solutions.

The people on this panel are mostly in contact with VA patients. We should now like them to summarize what the current states of the art are and then specify for you the needs of the Veterans Administration.