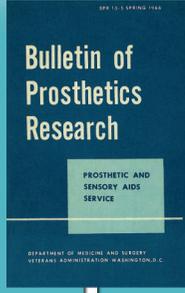
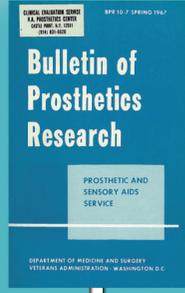


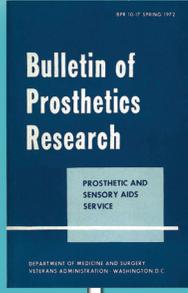
1964



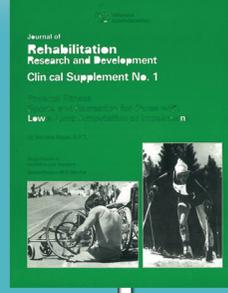
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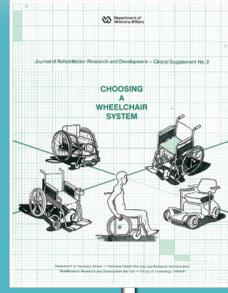
1967



1972



1985



1990



1994

# THEN & NOW

2001

2003

2004

2005

2006

2009

2013



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# Bulletin of Prosthetics Research

PROSTHETIC AND  
SENSORY AIDS  
SERVICE

BPR 10-3, 1965

## TWENTY YEARS OF PROGRESS. . . AN EDITORIAL

ROBERT E. STEWART, DDS

**A**t the end of World War II the Veterans Administration faced a chaotic situation in prosthetic and sensory aids. The problems of the amputees were particularly acute. Thousands of servicemen were being discharged rapidly, fitted and trained in military and naval amputation centers with serviceable but supposedly “temporary” artificial limbs. The amputees were referred for “permanent” limbs to the Veterans Administration outpatient clinics, which already were understaffed, crowded, and short of physical facilities.

The commercial artificial limb-makers of the country, only a few hundred in number, were hand-craftsmen, each proud of his skills and in many cases, of his individual invention of a specific knee, ankle, or other mechanical feature. Typically, the shop was a small one in a low-rent neighborhood. Its able-bodied men had gone off to service, and the older—and often physically handicapped—owner had been swamped during the war years with demands for new limbs from civilian amputees. For the first time, perhaps, since the Depression, these handicapped civilians were welcomed by employers as draft-free 4F's, so at least these amputees could afford badly needed repairs and replacements of their prostheses. Thus the new veteran with a purchase order for “one leg, artificial” arrived at a

limb shop which was already seemingly hopelessly overloaded and having very slow delivery of a hand-made custom product.

To add to the confusion, the Veterans Administration for years had purchased artificial limbs—as it and other government agencies conventionally and successfully purchased numerous other items—from a single low bidder in a given district who seemed to meet the specifications. The difficulties in specifying the intangible qualities of fitting, comfort, and interpersonal relationships were overlooked. As in other routine procurement contracts, the Government was willing to change sources each fiscal year as the lowest bidder happened to change. No single physician or supply officer or administrative official had overall responsibility or even a coordinating role in an essentially fragmented program. All concerned with prosthetics, even when dedicated to this unique field, were also concerned, usually *far* more crucially, with numerous other responsibilities.

This it is understandable, particularly in calmer retrospect, that VA officials issued “prescriptions” which were in essence purchase orders, that limb shops had long waiting lists and slow delivery times, but that individual amputee veterans, conditioned by assurances of the service amputation centers, somehow expected prompt replacement of their

“temporary” prosthesis with even better “permanent” devices. The importance of such factors as prescription to meet individual needs or of precise fitting and biomechanical alignment was only vaguely perceived by a minority; most emphasis was placed on special devices which commanded higher prices in the civilian market but tended to prevent VA's acceptance under the then-routine low-bid procedure. The newly discharged amputee, only recently assured that he was a hero and perhaps used as a speaker at War Bond rallies, was understandably furious when told *he* could not have a special, often highly touted, feature available to civilians because it was not the cheapest available device. The objective value of the feature, if any, was lost in the emotion engendered.

The situation was crystallized in a cartoon of Autumn, 1945, in which a wounded veteran in casts and traction frame is visited by old buddies, sporting the then-familiar “Ruptured Duck” discharged pin. He poignantly asks them, “Tell, fellows, what's it like outside? Am I still a wounded hero or just a drain on the taxpayer?” In November 1945, the answer was still overwhelmingly in favor of the hero concept.

To continue reading, please visit <http://www.rehab.research.va.gov/jour/65/2/1/1.pdf>.



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## VA PROSTHETIC AND SENSORY AIDS SERVICE—65 YEARS OF PROGRESS

**LUCILLE BECK, PHD, CHIEF CONSULTANT, VETERANS HEALTH ADMINISTRATION PROSTHETIC AND SENSORY AIDS SERVICE**

The *JRRD* article written by Stewart in 1965 entitled “Twenty Years of Progress” highlighted the progress of the Veteran Administration’s Prosthetic and Sensory Aids Service since World War II. Recognizing the importance of prosthetic and sensory aids to Veteran healthcare during those early days set the foundation for the department of today to become the largest and most comprehensive provider of prosthetic devices and sensory aids in the world.

Since 1965, the world has experienced unprecedented advancements in technology and healthcare with the development of the personal computer and advent of the “Information Age,” the Internet and global communication, and the rapid evolution of microtechnology. The “Veteran Administration” has become the Department of Veterans Affairs (VA), the second largest department in the Federal government, employing more than 280,000 employees and operating America’s largest integrated healthcare system, with more than 1,700 hospitals, clinics, community living centers, domiciliaries, readjustment counseling centers, and other facilities. In fiscal year 2012, VA surpassed the level of prosthetic and sensory aids services provided in previous years, spending more than \$2 billion to provide 14.5 million prosthetic devices, items,

sensory aids, and services to more than 2.7 million Veterans. Nearly half of all Veterans currently seen in VA for healthcare receive prosthetic and sensory aids services and nearly one-third see a rehabilitation services healthcare provider.

In the half century since publication of Stewart’s article, our nation has also been engaged in military conflicts in Vietnam, Persian Gulf, Africa, Bosnia, Kosovo, Iraq, and Afghanistan. Military medical and tactical advancements have resulted in a significant increase in the survivability of combat-related injuries in Iraq and Afghanistan. As we strive to meet VA’s core mission of serving and honoring America’s Veterans, we recognize that the goal of VA’s Rehabilitation and Prosthetic and Sensory Aids Services remains steadfast: to maximize Veterans’ independence and maintain an optimal level of physical and cognitive function that enables them to integrate successfully into their communities.

The way in which VA helps Veterans successfully achieve this goal in 2013 is through a patient-centered interdisciplinary care team in a fully engaged partnership with Veterans and their families. Today, VA provides the full spectrum of world-class prosthetic and rehabilitation services for Veterans—whether such services are needed as a result of ordinary health-related changes or more complex and

multiple injuries (i.e., polytrauma), including traumatic amputation, traumatic brain injury, spinal cord injuries and disorders, vision impairment and blindness, hearing loss, and musculoskeletal injuries.

Using interdisciplinary healthcare teams and advanced systems of care to deliver rehabilitation and prosthetic services, VA provides all clinically appropriate and commercially available state-of-the-art prosthetic equipment and sensory aids and devices that cross the full range of patient care. Such items include artificial limbs and bracing, wheeled mobility and seating systems, sensory-neural aids (e.g., hearing aids, eyeglasses), cognitive prosthetic devices, items specific to women’s health, surgical implants, home respiratory care, recreational and sports equipment, and special benefits programs (to include clothing allowance, automobile adaptive equipment, and home improvement and structural alterations).

VA meets the rehabilitation and prosthetic needs of Veterans in the 21st century by engaging in a dynamic process that (1) conducts and supports research to develop new technologies and clinical practices; (2) evaluates and integrates emerging products and technologies; (3) applies an evidence-based synthesis approach to assess outcomes-driven care and services; and (4) coordinates clinical



practice recommendations with contracting requirements in order to improve effectiveness and efficiency, while advancing future technologies and clinical systems of care. To ensure that this process is integrated and comprehensive, VA collaborates with many strategic partners, includ-

ing the Department of Defense, the academic and professional communities, and, most importantly, Veterans and their families.

As we face the exciting challenge of advancing the development and use of new technologies for the nation's Veterans, VA rehabilitation and

prosthetic services will continue its mission to adapt and transform the delivery of services and devices that improve function and independence for Veterans.