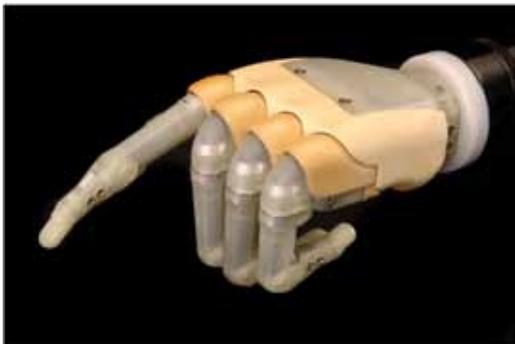


O&P DESIGN IS AN ACCREDITED PROVIDER OF THE NEW i-LIMB HAND AND PROPRIO FOOT SYSTEM

Mark Wilson of O & P Design is an accredited provider of the i-LIMB Hand, the world's first fully articulating and commercially available bionic hand. Touch Bionics based in Scotland is the manufacturer of this advanced upper-limb prosthetic device. This artificial limb looks and acts like a real human hand and represents an advance in bionics and patient care. The i-LIMB Hand is controlled by a unique, highly intuitive control system that uses a traditional two-input myoelectric muscle signal



to open and close the hands life-like fingers. Patients quickly adapt to the system and can master the device's new functionality within minutes. For amputees the i-LIMB Hand offers a prosthetic solution that has never before been available. Patients can hold a penny, turn a key, punch cell

phone numbers, among many other fine motor skills. The i-LIMB Hand is lightweight, robust, and highly appealing to both patients and



healthcare professionals. The modular construction of the i-LIMB Hand means that each individually powered finger can be quickly removed by simply removing one screw. This means that a prosthetist can easily swap out fingers that require servicing and patients can return to their everyday lives after a short clinic visit. As is the case with many new- to -market prosthetic devices, the i-LIMB Hand is not yet covered by Medicare or private insurance. However, in a worker's compensation case the i-LIMB Hand may be a covered device.

O & P Design is an accredited provider of the Proprio Foot System, this foot system provides unprecedented

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Pictured with Psychedelic Custom Transfer Paper Option

NEW i-LIMB HAND AND PROPRIO FOOT SYSTEM

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physiological benefits for transtibial amputees. The functionality of this foot is as close as you can get today to the human foot. The Proprio Foot thinks for itself, responding to changing terrain and transforming the approach to stairs and slopes, as well as level ground walking. The anatomically correct response creates a more symmetrical and balanced gait, reducing



the need to “hip hike” when walking or compromise stability by rolling over the edge of a step when going down stairs. Patients are able to tuck both their feet under a chair and stand up naturally and symmetrically, the way an able bodied person does. Patients appreciate the convenience of being able to change from formal shoes with a heel to athletic and other footwear choices with just the press of a couple of buttons and without the alignment being affected. The Proprio Foot’s mechanical power is generated by a battery. Dependent upon personalized foot settings established by the amputee, autonomy will last approximately 32 hours. A daily charge of the battery is recommended. Charging takes 2 – 3 hours and for convenience can be done overnight or during rest periods. The Proprio Foot is manufactured by Ossur, a leading healthcare manufacturer based in Iceland.

PROSTHETIC PARITY PASSES IN MISSOURI

The Missouri Prosthetic Parity Bill (HB616) passed out of the House Health Care Policy Committee unanimously (10-0) on April 1, 2009 and it’s not an April fool’s joke! It’s amazing that this bill passed with a unanimous vote making it illegal to deny coverage or cap coverage below policy limits for prosthetics in the state of Missouri. The bill has been signed into law and will become effective beginning on January 1, 2010 for all insurance policies written in the state of Missouri. The Missouri Prosthetic Parity bill passed out of both the House and Senate committees, but did not receive a floor vote as a stand- alone bill. The Prosthetic Parity Bill was passed as an amendment to HB616, a larger healthcare bill.



Prosthetic Parity has become an issue that legislators understand is about access to care. They are voting to pass prosthetic parity because they know that it’s important for amputees to be able to get access to the prosthetic care they deserve. The very reason people pay insurance premiums is to be covered for catastrophic illness or injury. Certainly, the loss of a limb qualifies, and when individuals have been paying these insurance premiums for years they should expect to be covered. Without the help and support of the Missouri Coalition for People with Limb Loss (MCPLL) and the Amputee Coalition of America (ACA) and of course our tireless lobbyist Kent Gaines none of this would have been possible. We extend a warm thank you to all of the amputees and supporters who attended our Bar-B-Que and Trivia Night fundraising events in support of this worthy cause. Monetary donations were received from various sources including individual supporters, prosthetic vendors including Knit-Rite, Otto Bock, and Guard Industries. Primary orthotic and prosthetic company donors included O & P Design, Hanger, P & O Care, and O & P Labs. O & P Design’s Debbie and Mark Wilson served as committee members on the MCPLL organization as well as an amputee patient with our company, Jean Freeman serving in the capacity of Officer, Vice Chair/Secretary for the MCPLL.

BENEFITS OF BRACING FOR PATIENTS EXPERIENCING DROP FOOT

Drop foot can be either temporary or permanent and although the causes can be many, the most common is due to an injury to the peroneal nerve, which is located at the top of the calf behind the knee. Some other causes for this condition can be due to such things as muscular dystrophy, drug toxicity, diabetes, low back pain, and Parkinson's disease and more. This condition causes difficulty walking due to a limp-like or weak foot. Because people with drop foot are unable to raise their foot at the ankle they are forced to lift their foot higher in order to keep the toes from scapping on the ground. The brace most commonly used to correct this condition is an Ankle Foot Orthosis (AFO), See picture insert. This type of bracing can be of immense help in giving people the ability to walk without the affected foot dragging on the ground. This type of bracing allows the foot to move in a natural up and down motion by holding the foot in a level horizontal position.

The muscle that gives us the ability to lift the foot is called tibialis anterior. In cases where the peroneal nerve is injured, it can no longer support the tibialis anterior making it impossible for the person to lift the foot at the ankle naturally. If drop foot is suspected, your physician will first perform a medical history which may include

tests such as an electromyogram or magnetic resonance imaging. Once the testing is complete, it is likely that an AFO will be suggested in order to give the patient the means by which to lift the foot when walking.

The AFO brace is an orthotic often referred to as an ankle stabilizing orthosis. A marked improvement



Pictured with Psychedelic Custom Transfer Paper Option

in gait can be seen when an AFO is used as it provides the proper amount of support each time the foot is raised. The AFO is well received by patients as it is easy to fit, comfortable to wear, and virtually invisible once on. This device is comfortably worn for extended periods of time and will

not cause irritation and will in no way impede the wearer's range of motion. The AFO is also easily used for maneuvering up and down stairs as well as driving. Other important benefits of the AFO include improved balance, the promotion of muscle development, the ability to wear regular shoes, is easily managed by most patients with the use of just one hand, it weighs as little as 3 ounces and can even be worn with supportive sandals.

American Journal of Physical Medicine & Rehabilitation:

Determines the long-term effects of bracing used to correct a foot drop on functional ability in activities of daily living, social participation, and gait velocity.

- Significant increases of 18% in physical functioning
- 25% increased participation in community life were attained 2 months after application of appropriate bracing.
- Gait velocity increased significantly by 29.2% in 2 months, with significant Further increases of 22.6% observed at the 1 year follow-up.
- The gains were maintained at the 1 year follow-up.

Conclusions recommend bracing to correct drop foot by enhancing functional abilities in patients with this condition.



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*Wishing you and your family Happy Holidays
And
A Blessed New Year in 2010!*

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