THE IMPACT OF CONSUMERS ON PROSTHETICS & ORTHOTICS

Mary P Novotny RN, MS
President Amputee Coalition of America
Director National Limb Loss Information Center

Attempts to find artificial substitutes for missing extremities can be traced back through the history of man. A variety of devices including carved crutches and bent knee devices have been identified from earliest records. One of the oldest artifacts in existence is on display at the Royal College of Surgeons in London, a device dating back to the Samite Wars in 300 BC.

Looking into the history of prosthetics, there is no doubt consumers are the “raison d’être” for its development and ongoing progress to the 20th century. Evidence of devices constructed as a result consumers’ determination to find suitable replacements begins with the prostheses worn by Goetz Von Berlichingen in the early 1500’s. This man, who lost his hand in the siege of Land Shut in Bavaria, requisitioned a replacement limb be constructed by an armorer. He is succeeded by a long line of inventors who were either discouraged with their inability to locate appropriate devices or dissatisfied with the lack of existing prostheses to meet personal expectations for performance and comfort.

There is no doubt that the ingenuity and creativity of consumers who needed replacements for missing limbs were key to adaptation and the quality of survival. Because the amputee was the master of the situation he controlled the people providing care. In the Classical and medieval periods limbs were secured from armormers, artisans, craftsmen and carpenters. Even during the Industrial period where amputation rates increased due to destructive wars and machinery there was little skilled prosthetic care available and amputees often sought out, designed and constructed their own devices.

In the United States, it was not until the post Civil War era, fueled by the desperation of amputee veterans, that the Union army began investing in programs to provide artificial limbs. This investment in prosthetics was so great that it exceeded the cost of the entire war effort of the Union Army. Later, not only was the survival of amputees greatly increased, so also was the involvement of the federal government and business in developing formalized organizations and educational programs to provide a structure administration and delivery of prosthetic care.

More recently, we have experienced a shift in the development and delivery of care. The focus of prosthetics in many areas has become an aberration of what has occurred for centuries. Instead of the amputee being central to decision making and master of his future, he finds himself objectified by a systems of “managed healthcare” where his options are dictated by “experts”. Rather than being the focus of the TEAM, in many instances, the consumer finds himself outside the “inner circle” of influence. Instead of being the controlling factor, the amputee often lacks advocates for a voice in decision making.

As we move into the 21st century, it is incumbent upon professionals to learn from history. As health care providers we must recognize and appreciate the complex interaction between art, science and humanistic aspects of caring. It means making the amputee the captain of the TEAM as the central decision-maker regarding what is needed, based on the degree to which any device will be incorporated into his/her own body image and lifestyle. As in medicine, where the focus should be on treating the patient rather than the disease, let us remember that in prosthetics the goal is not merely replacing a limb but rebuilding a life! Who better than the consumer should be central to identifying the goals and determining what will be measured as a satisfactory outcome of that plan for his replacement limb and his life?