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STATEMENT BY

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PROGRAM

BEFORE THE

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ON VA-DOD COLLABORATION IN RESEARCH AND AMPUTEE CARE

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Chairman Smith and Members of the Committee, I am Charles Scoville, The Program Manager for The U.S. Army Amputee Patient Care Program. Thank you for inviting me to appear before your committee today to discuss the care of our Service Members and Veterans' who have lost a limb. The Global War on Terrorism is causing a surge in combat injuries involving amputations of major limbs. Over 144 service members have lost one or more limbs as a direct result of Operation Iraqi Freedom (OIF) and Operation Enduring Freedom (OEF) (120 Army, 20 Marine, 2 Navy and 2 Air Force). Approximately 85% sustained a single limb amputation while 15% have lost multiple limbs. The Walter Reed Army Medical Center (WRAMC) has provided care for 120 military personnel and 1 civilian. Thirty-five percent of all amputations from OIF/OEF involve the loss of an upper-extremity, as compared to approximately 5% in the civilian sector. This presents a unique population for the integrated care within the Department of Veteran's Affairs (VA) and Department of Defense (DoD) health care systems.

During WWI 1.2 % of all wounded in action (WIA) sustained a major limb amputation, in WWII the rate remained the same 1.2 %, and in the Korean War 1.4% of all WIA sustained a major limb amputation. During the current conflict, amputations account for 2.4% of all WIA. This may be due to an increased survival rate secondary to the effectiveness of the protective vests. During WWII and the Korean War injuries to the torso accounted for 15% of all injuries, during OIF they account for only 7% of all injuries.

In December of 2001, projecting the potential for a large number of amputee patients, LTG Peake, then Surgeon General of the United States Army, directed the development of an amputee patient care program. This program addresses the entire spectrum of amputee patient care from time of injury on the battlefield through the evacuation process to the CONUS facilities that will care for these service members and through the integration of care within the VA's Health Care System. It also includes the training of deploying surgeons in the "Extremity War Trauma Surgery Course" a 6-hour training program that addresses the management of the unique aspects of wounding patterns created by blasts. The amputee patient care program also includes the training in advanced prosthetics and rehabilitation methodologies to the allied health care providers who will work with these patients as they return to the various Medical Treatment Facilities across the nation.

The combat injured amputee in many ways presents a unique patient population that the military and VA's health care systems are specifically prepared to address. Amputations caused by blast injuries present a more complex wounding pattern and are more difficult to treat than amputations resulting from disease or other trauma. Blast injuries may involve loss or injury of multiple limbs, head trauma, injury to eyesight, etc. In addition, military amputees are typically young, healthy individuals who maintained a high state of physical fitness before injury. They have a higher propensity for returning to their pre-injury levels of

physical activity. Reaching these goals requires advanced prosthetic equipment and higher levels of training.

Appropriate amputee patient care demands highly specialized care from an experienced, multi-disciplinary team of surgeons, prosthetists, physical and occupational therapists, psychologists, psychiatrists, nurses, social workers, nutritionists, and other specialists. The VA has worked very closely with the DoD and the Army Amputee Patient Care Program to meet the needs of our patients. VA's Social Workers, Benefits Counselors, Vocational Education and Rehabilitation Counselors and Researchers have been detailed to WRAMC in support of the care of our amputee patients, as well as all other soldiers who are patients in our hospital and facing the transition of care into the VA's Health Care System.

Our mission is to rehabilitate military amputee patients to the highest possible level of physical function so that the loss of a limb does not prevent them from returning to our active duty forces. Likewise, if they elect not to return to the active duty forces, they are able to make that decision based upon factors other than the loss of a limb, and they are functioning at a level where they can carry on a full, active and productive life.

Military amputee care requires solid research and application of technological advances in a well-coordinated effort between the DoD, VA, and civilian

counterparts. There have been several recent advances in prosthetics that have been integral to the return of our patients to the highest levels of activity. For above elbow amputees, the Utah3 Arm permits simultaneous motion of the elbow and hand or elbow and wrist. This is coupled with the SensorSpeed Hand, a device that has sensors in the fingertips that detects if an object is present and will maintain a steady pressure on the object so that it is not dropped or crushed without requiring the individual to consciously monitor the object. This myoelectric hand is also several times faster than other devices currently available, and is fast enough to permit our patients to be able to throw and catch with their prosthetic hand. For the above knee amputee, the C-Leg, which has a computer chip in the knee that monitors motion 50 times a second, and hydraulically assists in ambulation, greatly aids in their ambulation. While the US Military is among the first to receive many of these devices, the VA has also made these devices available for their patients, where appropriate. Also, the VA and the DoD have worked closely together to ensure that the patients have access to necessary maintenance and services for these prosthetic devices, regardless of their geographical location.

As advances in prosthetics and treatment approaches become available it is imperative that we develop sound, scientific rationale for utilization of these devices and approaches. The amputee patient care program at WRAMC is one focal point for DoD and VA researchers working collaboratively to develop common methodologies to advance rehabilitation programs and prosthetic

capabilities. The VA has detailed researchers to this facility to closely coordinate our efforts in determining best practices, evaluating the cost-effectiveness, and advancing the care of our amputee patients. Also integral to this program is the dissemination of this information through publications in referenced journals and presentations at national and international conferences, to effect changes that will benefit all amputee patients.

The return of our amputee patients to a full and productive life involves a commitment and partnership by the DoD and the VA. Both the Clinical and the Research arms of the VHA have been tremendous in their cooperation with our amputee patient care program staff. They have facilitated care for the Active Duty service member while home on convalescent leave, shared their expertise through conferences and Quality Enhancement Research Initiative (QUERI) Workshops, and worked side-by-side with our health care providers to assist our patients as they continue their care through the DoD and VA health care systems. Because of this continual interaction between the VA and DoD, the patients leaving WRAMC may be confident that the care they receive as they transition into the VA's Health Care System will be the same world-leading level regardless of where they travel.

To facilitate both the research and clinical aspects related to amputee patient care, the US Army has worked in collaboration with the VA to develop an amputee patient registry. This database is currently available to designated

health care providers within the WRAMC Health Care System on the Intranet.

This database incorporated many of the outcomes measures identified by the VA as significant for long-term patient management, and has data entry tables specific to both VA and DoD requirements. We are currently completing the administrative requirements to provide access via a secure internet link and mechanisms of access for the VA Health Care System are currently being finalized.

Mr. Chairman and members of the committee, thank you for your continued commitment and support to the quality care for our Armed Forces Service Members.