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Lifenhanced

AN ABILITY PROSTHETICS & ORTHOTICS PUBLICATION

CARING FOR THE CAREGIVER

MEET
MAX GALLAGHER
ON PG. 6

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MEET ABILITY

ABILITY FREDERICK
Their Passion for O&P Shows in Their Work

ACHIEVE ABILITY

MAX GALLAGHER
Adaptive Device Helps Him Ride His Bike

MAXIMIZING OUTCOMES

TRACKING PROGRESS
PAC Applauds Ability's Best Practices, Outcome Measures



Meet Courtney, Stephanie and Neal

Their Passion for O&P Shows in Their Work

Courtney Cox, Stephanie Klosterman and Neal Tullos have a few more things in common aside from working together at Ability Prosthetics & Orthotics' office in Frederick, Maryland. Each has a true love for O&P and for helping patients succeed.

Courtney, MPO, will complete her O&P residency in November. As a resident, Courtney says she is interested in all steps in the O&P process, including insurance verification and authorization.

"It is important to have a full understanding of all that goes on in order to provide our patients with quality O&P care," she says.

Courtney received a biomedical engineering degree from Baylor University in 2015, and a master's degree in O&P from Northwestern University in 2018. She says she wanted a career that encompassed everything she studied in school and knew after spending a single day job shadowing at an O&P clinic, it was the profession for her. "I love that O&P is hands-on and requires critical thinking and creative problem-solving skills," she says. "In one field, I was able to find use for my engineering background and passion for rehabilitative medicine to positively impact my community."

She enjoys the collaboration between employees at Ability. "If I ever have a question or a concern, I can always count on being able to email or call anyone and they're happy to have a conversation with me."

In her free time, Courtney enjoys



running, particularly half marathons. She also recently completed her first sprint triathlon.

As one of the patient care coordinators (PCCs), Stephanie wears many hats throughout her workday at Ability. "We must

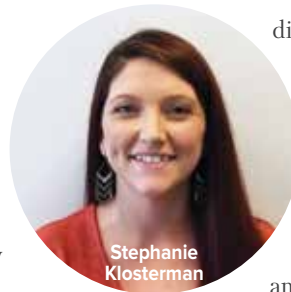
ensure the office is running smoothly," she says. "We are not only answering phones and managing schedules, we are also in charge of chasing all the paperwork needed for a patient's insurance claim."

Stephanie says the PCC is the "glue that keeps the office together." PCCs, in conjunction with the clinicians, do the behind the scenes work to ensure that patients can have a smooth and pleasant experience, she says.

Stephanie says she didn't plan on entering O&P until her position in data management at a snack food company was eliminated. "I've always been a numbers person and I came across a data entry position at Ability, which turned out to be accounts payable," says Stephanie, who has worked at Ability for five years.

She likes working at Ability because it feels like family. "We all have our small offices with coworkers we are close with, but everyone at Ability cares for one another."

When Stephanie isn't at work, she is at home caring for her two-month-old son, Knox. "My new hobby is changing



diapers and doing laundry," she says. She also enjoys reading and baking and plays in several volleyball leagues.


Neal is a certified prosthetic assistant (CPA) who provides care and education to Ability's

patients with prosthetic and orthotic devices, which includes providing patients with their new devices as well as sharing the need for ongoing maintenance and adjustment of their devices.

Neal graduated from University of Maryland University College in 2006 with a degree in kinesiology and attended Anne Arundel Community College, where he completed the physical therapist assistant program in 2013. He completed his residency with Shore Prosthetics and Orthotics in Severna Park, Maryland, and earned his CPA credentials.

"I find great joy in helping O&P patients return to standing, walking and living their lives as best they can."

Neal started at Ability June 3 and says he enjoys the welcoming atmosphere and appreciates that Ability supports the proactive and ongoing education of its practitioners as well as the respect the company has for work-life balance.

When Neal is not at work, he enjoys music, reading, cooking and martial arts, primarily Korean Taekwondo, in which he earned a third-degree black belt. While Neal describes his cooking skills as "basic," he does make an award-winning chili dish for family and friends. 





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ABILITY P&O HOSTS GOLF CLINIC

ABILITY PROSTHETICS & ORTHOTICS partnered with WellSpan Surgery and Rehabilitation Hospital, Bridgewater Golf Club and Eastern Amputee Golf Association, and held an adaptive golf clinic in York, Pennsylvania on July 1.



Twelve participants had the opportunity to gain knowledge and helpful tips firsthand from golf professionals and experts on the range at Bridgewater Golf Club. For some of the participants it was their first experience at trying the sport, while others who had golfed prior to their injury were able to get on the course again and take a few practice swings.

Adam Benza, vice president of the Eastern Amputee Golf Association said the outing was beneficial for participants trying golf for the first time as well as giving those who had golfed before their amputation a chance to swing their clubs again. "It's healthy in so many ways," Benza said. "They enjoy getting out here and doing something athletically that will help them get back to living a normal life."

Dave Kress, one of the local participants, enjoyed the outing. "It's just great to be able to get out and be around the other amputees," he said. "It helps you to realize that you can still live a normal life." Volunteers from Ability and Wellspan assisted the participants while they practiced hitting golf balls. [f](#)

AMPnoPRO Study Presented at Academy

STUDY ALSO TO BE PRESENTED AT AOPA IN SEPTEMBER

Ability Prosthetics & Orthotics presented a first-of-its-kind dataset at the American Academy of Orthotists & Prosthetists (the Academy) Annual Meeting and Scientific Symposium in Orlando, Florida, in March.

The study matched patient mobility measures before and after fitting of their first prosthesis after amputation. Brian Kaluf, BSE, CP, FAAOP, Ability P&O's clinical outcome and research director, and Matthew Major, PhD, research health scientist at the Jesse Brown VA Medical Center, partnered to review Ability's expansive patient outcome measure database that dates to 2011.

"Healthcare decisions and K-level assignment were previously being informed by comparing Amputee Mobility Predictor (AMP) scores

from a sample population found in published literature. The problem was that this population was not representative of patients who had undergone a recent lower-limb amputation and were rehabilitating to reach their maximum capability," Kaluf said.

This dataset is novel because Ability administered the AMPnoPRO (the version of the AMP test administered without a prosthesis) to patients before they received their first prosthesis, Kaluf said. Later, after patients had learned to use and walk with their prostheses, Ability P&O prosthetists also administered the AMPPRO (the version of the AMP test administered with a prosthesis) as standard practice.

Patient outcome data collected in this way has not been presented or published before, Kaluf says.

"We found the AMPnoPRO dataset differed from previously published data from Gailey et al. 2002 for patients classified as K2 and K3," Kaluf said. "Additionally, we are able to use the dataset to benchmark our expectations of the mobility capacity that our patients are likely to achieve when fit with their first prosthesis. We can consult recent amputee patients and let them know what their potential mobility may be with their first lower-limb prosthesis, based on our historical patient database." Having more representative real-world datasets to compare against will improve Ability P&O clinicians' decision-making accuracy and allow them to help patients maximize their potential mobility with a prosthesis, he said.

Ability will also present the dataset at the American Orthotic and Prosthetic Association (AOPA) National Assembly in San Diego, September 25-28. [f](#)





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Max Gallagher

Adaptive Device Helps Him Ride His Bike

MAX GALLAGHER WAS BORN with a congenital limb deficiency, symbrachydactyly, which affected his left hand and arm and makes his left arm significantly shorter than his right.

Max's parents learned about their son's hand during their 20-week ultrasound check-up. "I will never forget the words 'we found a problem' coming out of the doctor's mouth," says Max's mother, Kim Gallagher. "The feeling of my heart sinking into my stomach as I tried to process those words is a feeling I'll never forget."

For the first four years of Max's life he did not use any type of adaptive device, his mother says. "At six months Max could have qualified for a prosthesis, but we declined any prosthetics or occupational therapy because we didn't feel he needed it at the time," Kim says. "We want him to learn to use his hand to the best of his ability. I always said if Max wanted a prosthetic I would be completely on board, but I didn't want to force anything on him if he didn't need or want it."

That changed last year when Max received his first bicycle. "We noticed that he was hunched over and using his forearm to steer the bike due to the fact that his little hand kept sliding off the handlebar," Kim says. "He was getting a little frustrated with his arm slipping off, so I mentioned to him we could look into a bike prosthesis."

That's all her child needed to hear, Kim says. "I'm not sure Max really understood what I was talking about, but he became so enthusiastic about it, he begged me every day for one."

In April, when Kim reached out to practitioners at the Ability Prosthetics & Orthotics' office in Exton, Pennsylvania, on a friend's recommendation, she had no idea what she needed, only that she wanted some kind of adaptive equipment so Max could safely ride his bike with his grandmother, father and younger brother. "I called Ability with a million questions, and luckily they were able to answer all of them, namely that they would be able to create a device that Max could use to ride his bike."

Max's experience with Julie McCulley, MPO, MS,



From left: Anna Schade, Chris Mullin, Max Gallagher and Julie McCulley.



CPO, ATC/L, and Anna Schade, clinical assistant, was "absolutely wonderful," Kim says. "They were sweet, compassionate and extremely knowledgeable. Julie made Max feel comfortable from


the moment she met him. She explained everything she was doing in a manner that Max could understand."

Max's new terminal device allows him to grip the handlebars of his bike easier, which allows him to steer and maintain his balance, Julie says.

Max immediately took to his practitioners, his mother says.

"He loved Julie and Anna so much that he never wanted to leave at the end of his appointments."

Julie gives Kim credit for being open and forward-thinking when it comes to doing what's best for her son. "She is an amazing example of a person with the love of an army who educated herself to empower her son to achieve ability and developing independence as a differently-abled, fun-loving little boy," Julie says.

When Max received his device, he rode his bike up and down the hallways at Ability and every employee watched, clapped and cheered, Kim says. "It was so surreal and heartwarming," she says. "I can't express how appreciative I am that everyone could give my sweet, little boy so much support and self-confidence." 



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A Caregiver's Job: Demanding and Rewarding

ALMOST ANYONE WHO HAS EVER BEEN IN THE ROLE OF CAREGIVER WILL LIKELY AGREE THAT IT CAN BE ONE OF THE MOST REWARDING AND ONE OF THE MOST PHYSICALLY, MENTALLY AND EMOTIONALLY CHALLENGING THINGS THEY HAVE DONE.

WHETHER YOU'RE A FAMILY CAREGIVER OR A PAID PROFESSIONAL, CARING FOR OTHERS CAN AND OFTEN DOES TAKE ITS TOLL—UNLESS THAT CAREGIVER RECOGNIZES THE IMPORTANCE OF NOT ONLY CARING FOR THEIR LOVED ONE OR CLIENT, BUT THEMSELVES.

Laurie Baturin takes her son, Alex, to Ability's office in Hagerstown, Maryland, for care for his AFOs and WHFOs.

DANNIELLE VINCENT and Laurie Baturin can both safely say they know firsthand what it means to be a caregiver for a loved one as well as all the challenges it demands and rewards it includes.

For roughly the last seven years, Dannielle has helped care for and treat her husband Lee's diabetes. During that time, Lee has had a dozen surgeries and ultimately ended up having a transmetatarsal amputation on each foot. "I continued to do his wound care after every surgery," she says.

Laurie's oldest son was born 22 years ago with failure to thrive and apnea. He spent the first two weeks of his life in the NICU and was on a respiratory monitor until he was three months old. Her 17-year-old son has quadriplegia with global developmental delays. She also recently became the guardian of a 13-month-old boy who was born with a drug addiction and was severely beaten by his father at two months old. "Just learning you have a child with life challenges is one of the most difficult things you'll hear as a parent," Laurie says.

MYRIAD RESPONSIBILITIES

Being a caregiver for a loved one is only one role on the list of many.

"I'm a wife, mom, secretary, accountant, cheerleader, laborer, artist, designer, small business owner, customer service rep, and team leader for my son's IEP team," Dannielle says, in addition to caring for Lee. "I manage all the money for our household and since Lee's amputation, he's had some bad days, so I do what I can to help him stay positive. Mostly I make him laugh, because that's the best medicine."

After working for a grocery store



From left: Dannielle and Lee Vincent and Taffy Bowman, CPO.

that closed, Dannielle, a self-taught artist, decided to start her own business; she designs and handcrafts folded book art. "Major perks are I get to make my own hours, be home for Lee, and I'm able to generate income to help provide for my family, not to mention that creating folded book art is very zen for me."

Laurie was working as a substitute special needs teacher until her youngest came to live with her and her sons. Now she's a licensed foster parent. "I'm consumed with the lives of these three children, and I would not have it any other way," she says.

REWARDS AND CHALLENGES

What makes Dannielle's job as her husband's caregiver challenging is working long stretches of time without a break. "I adore my husband but being around him constantly can drive me nuts," she says. "If I'm not having a good day, I often feel as if I have to put on a happy face so that my attitude doesn't affect Lee's. I

know things are already hard for him, and I don't want to add to it. Always having to be the positive one in the relationship is definitely a challenge."

By the same token, Dannielle says she feels lucky she can stay home with her husband, create her artwork, and raise her family. "I got to experience the sheer joy on Lee's face when he took his first step with his very first prosthetic limb," she says. "Through all the hardship, his smile is what makes me want to continue to be his caregiver."



Dannielle is a self-taught artist who designs folded book art.

Laurie says as the parent of a child with profound limitations and a child with a traumatic brain injury, milestones are measured differently from those children who don't have disabilities.

"When your child has developmental delays, a hand gesture to say hello at the age of 12 is a victory and celebrated with balloons," Laurie says. "When a typical child says hello to my child—a genuine, heartfelt hello—this is a victory."

A MARATHON, NOT A SPRINT

One of the most important things any caregiver can do as they care for the ones they love is take care of themselves.

Caregiving is typically a marathon, not a sprint, says Taffy Bowman, CPO, practitioner for Dannielle and Lee at the Ability Limerick, Pennsylvania office. "It's important for caregivers to keep an accurate pulse on their own needs and what is necessary for them to sustain their role in a positive and effective way," Taffy says.

Tyler Cook, MPO, CPO, provides care for Laurie and her sons out of Ability's office in Hagerstown,



Maryland. “Caregivers have to maintain their health if they’re going to continue to provide good care for their kids,” he says. One good analogy is of flight attendants instructing passengers on proper use of oxygen masks, he says. “Help yourself first, then those around you.”

Dannielle takes her respite to heart. Once a month she has a night out with the girls—and men are not allowed, she jokes. “We’ll window shop at the local antique stores and flea markets.” Dannielle is also an avid gamer. “Gaming is a great way to get out your frustrations,” she says.

Perhaps what Dannielle loves most is when she takes time for herself is listening to music. “I love music,” she says. “Every single book art piece I’ve created has been infused with my singing.” Dannielle says she doesn’t sing well, but that’s never stopped her. “Music is always able to lift me up when I’m feeling down.”

Laurie says networking with other families with special needs and foster parents is a benefit for her. “The only place I have found true and loving friendships is in these communities,” she says. “We live in a different place than the families with typical children and I often can’t relate to their lives. With the special needs and foster community, we love and help each other in ways that put the children first.”

CARE AT ABILITY P&O

While there is a closer Ability office, Dannielle and Lee happily make the 35-minute drive to Limerick to work with Taffy, after she transferred to the Limerick location.

“Taffy listens to everything that we say and responds in easy to understand terms and makes sure we

understand what adjustments need to be made,” Dannielle says. “I’ve told her about some of the issues Lee has had at home with mobility and his prosthesis and she’ll make an adjustment right then.”

Laurie says she likes going to Ability P&O for care. “Not only is the staff wonderful, compassionate and helpful, I’ve met some of the sweetest people in the waiting room,” she says.

For Laurie’s youngest son, Hunter, Tyler provides care for his cranial molding orthosis and for her middle son, Alex, Tyler provides care for his AFOs and WHFOs. “Laurie is always pleasant to be around,” he says. “She never shows up to our office without a smile.”

NETWORKING

Dannielle says she went through a phase where she doubted her own skills so they tried in-home nursing care for Lee’s wound management. “After watching a few nurses do exactly what I’d been doing, I regained that confidence,” says Dannielle, who usually ended up having to wrap Lee’s wound when the nurses were there because of his foot’s odd shape.

Taffy says from her first meeting with Dannielle she impressed her as an “intelligent, respectful, caring and engaging advocate,” for her husband’s medical care. “She has had a consistent front row seat through many years of various ups and downs

to the point that if there were a medical degree for caregivers, she would have earned it by now,” Taffy says.

Until Lee can qualify for Medicare in November, the family hasn’t explored other resources, Dannielle says.

Finding resources can be complicated, says Laurie. “Twenty-two years ago, with my first son and 17 years ago with my second, there was no such thing as Facebook, Google, and other doors the Internet has opened up for networking,” Laurie says. “I look back now and wonder how I did it all by myself.”

In Maryland, Laurie says organizations such as Casey Cares and Make a Wish provide a respite from the stress of caregiving. She has also found that while the local department of aging can be as helpful as various religious institutions, her most valuable allies are the physicians who care for her sons. “We share thoughts and treatments and are not afraid to challenge each other,” she says. “For this reason, when I need a letter from the doctor it is done quickly and efficiently.”

PAC Applauds Ability's Best Practices, Outcome Measures

SINCE 2011, Ability Prosthetics & Orthotics has been tracking patient outcomes through the routine administration of outcome measures in their outpatient practices.

For research purposes, Ability has combed through the unique database of aggregated patient data to evaluate trends and measure the impact of O&P care. More recently, individual patients have begun to experience the benefits of Ability's use of "big data" for making better healthcare decisions. Through custom, patient-specific outcome reports, each patient can interact with a database of all patient outcomes and receive information about their healthcare only available at Ability. Patients value this information, because it directly addresses the anxieties they often have about their balance, mobility and independence.

Now more than ever, more patients have expressed the desire to become informed healthcare consumers. Ability is a patient-centric company committed to delivering the highest standard of care and has been investing in its outcome measure database so that it can provide this level of interpretation and clarity of data to its patients. In early 2017, Ability formed its Patient Advisory Council (PAC). The PAC comprises current patients, caregivers and parents, who along with Ability's practitioners, evaluated and honed the company's best practices, which serve as the foundation for its clinical processes.

During its PAC meeting earlier this year, members applauded Ability's efforts in developing its best practices and outcome measures, as well as considering some of the PAC's suggestions for improvement.

"Ability had created a detailed document that explained the eight steps the company and patient experience in creating a consistent patient experience across all Ability's locations," says Ed Nathan,



who has a transtibial amputation on his right leg, and was recruited by Ability to create, organize and lead the PAC. "However, it needed to be translated and adapted to be meaningful and understandable to patients."

Regarding outcome measures, PAC members proposed two contributions during the meeting: one suggestion related to patient feedback following care and another that suggested that for each study, an abstract be developed that uses patient-friendly language and explains the value of the results in terms that are important to the patient, Ed says.


David Kress is a member of the PAC. He said during the first 12 years after he had his amputation, he was receiving care at a different O&P facility. Since coming to Ability P&O for care and being part of its advisory council, he is much more impressed. "I was with a different O&P company my first 12 years as an amputee, but being involved as a (PAC) team member was an all-new and amazing feeling," he says.

Lisa Sewell, who lives in Frederick, Maryland, would concur.

Lisa had her left leg amputated below the knee in June 2016 due to peripheral vascular disease. She was asked by Ability to join the council because Ability had heard about her involvement within her community by creating a peer support group for people with amputations.

The vision for Lisa's Peer Support Group for Amputees emerged in October 2018, after she did a Google search for support for amputees in Frederick, which showed no results, she says. After much research and connecting with the Amputee Coalition (where Lisa is also a certified peer visitor) she officially started the support group in Frederick and had its first meeting in January.

Although the title includes amputee, Lisa says the group is open to anyone who wants to attend. "Attendees are amputees, caregivers, stroke survivors and heart transplant patients, just to name a few," she says.

Lisa says Ability's PAC meetings give those with amputations a voice. "The fact that the meeting includes feedback from actual patients during the process does make you feel as though you have been heard," she says. 

BEST PRACTICES, CLINICAL PROCESS

WELCOME

Share the Ability difference

- Overview of the clinical care process
- Review the importance of patient/practitioner partnership
- Discuss your goals and questions



EVALUATION

- Perform clinical assessment
- Scan, measure or cast area of need
- Explain outcome of visit
- Develop a treatment plan



AUTHORIZATION

- Describe authorization process (coordination of benefits)
- Explain role of documentation
- Discuss potential financial responsibility



MANUFACTURING

- Access to best-in-class solutions
- Clinical explanation of device(s) selection process
- Value your input
- Explain timelines



FITTING

- Demonstrate putting device on/off
- Evaluate fit and function
- Perform in-office adjustments
- Explain Ability and product warranties
- Discuss wear-in schedule, care and use



FOLLOW UP AS NEEDED

- Re-evaluate fit and function
- Perform and refine device adjustments
- Assess changes in condition
- Collect satisfaction and outcome measures



PATIENT INCENTIVES

- Collection of outcome measures directly impacts quality of care, patient access and research
- Participation in clinical research projects
- Opportunities to work with device developers



ADDING VALUE

- Support groups, organizations and peers
- Offer access to adaptive sports, activities and quality of life adaptive resources
- Share educational opportunities and digital resources — abilitypo.com



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