

Teknisk Ortopedi, an orthopedic workshop near Hamar, Norway, that, like AAD, specializes in upper-limb prosthetic care; and the Rehabilitation Institute of Chicago, Illinois.

The first few meetings—the group has met in Berlin, Germany; Vienna, Austria; Dallas, Texas; Bologna, Italy; Chicago, Illinois; and Frankfurt, Germany—were mostly about building trust, Miguelez says.

“Once people understood what a huge advantage there is to collaborating, that it can lead to better outcomes, they were willing to share their technology and techniques,” he says. “It gets really exciting when they agree to participate in studies and share the results and publish jointly. That just doesn’t happen in the world of upper-limb prosthetics.”

That’s exactly why Cutti says he became involved in SCULPT. Although INAIL is a government entity, he says it is very good to compare practices in a non-competitive way.

“Clinicians from different countries have been very open to addressing difficult cases and sharing experiences,” he says. “When we compare experiences with new prosthetic devices, we can see trends and similar issues that we face.”

SCULPT meets twice a year, and proceedings are conducted in English. Between eight and 12 representatives from the participating organizations attend, according to Miguelez. Meetings begin with a presentation of a clinical case study by each

group and discussion of possible approaches.

“What I’ve found valuable is seeing the different clinical approaches to patient management,” he says. “The default control scheme is different in different countries. We’ve all learned a lot by asking, ‘Why do you do it this way?’”

### Multidisciplinary Patient Care

One issue that is addressed differently from country to country is the psychological impact of a new prosthesis. The usual approach in the United States is a series of casting/fitting appointments several weeks apart, and the patient is “lucky to see an OT before he’s home for good,” says Miguelez, who is a big proponent of incorporating occupational therapy (OT) in upper-limb prosthetic care.

Through its upper-limb prosthetic contract with Walter Reed National Military Medical Center, Bethesda, Maryland, AAD’s multidisciplinary team is able to spend time training inpatient service members to use their devices while they receive OT and counseling.

Cutti says Centro Protesi also spends a lot of time training patients, both inpatient and outpatient, so they can better return to normal life.

“Treating patients requires a multidisciplinary approach, not just building a good prosthesis,” he says. “It’s important to address the psychological dimension. Without proper training, new devices aren’t properly exploited. [If you provide] excellent OT, patients can integrate the [prosthesis] into their everyday life.”

Cutti points out that his organization is in “a peculiar economic situation” with respect to new devices. Because INAIL is tax-supported, it can provide higher-priced components but still has to justify their use.

“We have to have experience so we can provide evaluation of what will be better for the patient’s everyday life,” he says. “Clinical trials are very important to better understand how to spend public money the best way to provide for patients. We need to put data together to orient our public policies to prosthetic policies.”

Miguelez agrees that keeping abreast of all the new components and new technology is a lot of work. In fact, he feels that emerging technology is the foundation for the relationships that have been formed through SCULPT. While the clinicians want to have a clinical basis for discussion, the conversations are valuable for component manufacturers, too.

“Lots of manufacturers are caught in a paradigm of doing x or y, not what a patient really needs or what a clinical center needs to best help a patient,” Miguelez says. “Data will help us have a united voice to express our needs to the manufacturers.”

#### O&P EDGE

*Kate Hawthorne is a freelance writer living and working in Fort Collins, Colorado. She can be reached at [kate@wordsforhire.net](mailto:kate@wordsforhire.net)*

*Editor’s note: For more information on SCULPT, read “International Clinical Think Tank Targets Upper-Limb Innovation,” The O&P EDGE, December 2010.*

## New from JMS Plastics! Toughware Prosthetics



Toughware Prosthetics are a cutting-edge, affordable prosthetic gear for amputees which delivers excellent performance.

Call JMS now for more information.



3535 Route 66, Bldg. #4  
Neptune, NJ 07753-2625  
800-342-2602 (732) 918-8115  
Fax: (732) 918-1131  
[jmsplastics.com](http://jmsplastics.com)