

# **SOUTH AUSTRALIAN ARTIFICIAL LIMB SERVICE POLICY AND MANUAL**

## **CONTENTS**

### **SECTION 1:**

#### **EXPLANATORY NOTES**

	<b>PAGE</b>
Introduction	3
Objective	3
Definition of Amputee and Amputation	4
Administrative Arrangements	5
Monash Rehabilitation Technology Research Unit	5

#### **HOW THE SCHEME OPERATES**

Eligibility	5
Patient Contribution	6
Pensioners and Concessional Beneficiaries	6
Amputee Clinics	6
Conduct of Clinics	7
Prescriptions	7
Restrictions	7
Approval of Prescriptions	8
Life of Limb/Approval of Replacement	9
Approval Number	10
Major and Minor Repairs	10
Patient Responsibilities	11
Ownership of limbs	11
Recalcitrant Patients	11
Appeals Against Decisions	11

#### **WHAT'S AVAILABLE TO PATIENTS**

Range of Limbs Available	12
Modular Limbs	12
Foam Covers	12
Non-Standard Limbs	12
Replacement Limbs	13
Replacement Limbs for Children	13
Second or Spare Limbs	13
Recreational Limbs	14
Other Aids and Appliances	14
Interim Limbs	14
Partial Hand or Foot Protheses	14
Stump Socks	15
Non-Standard Stump Socks	15
Prosthetic Sheaths	15

#### **MANUFACTURERS' ASPECTS**

	<b>PAGE</b>
Choice of Supplier	15
Warranty Period	16
Limb Identification	16
Substitution of components	17
Acquittal of Limbs & Major Repairs	17
Payment of Accounts	17

### **EXCLUSIONS**

Other Prostheses	18
Surgical Footwear	18
Incidental Expenses	18
Mobility Allowance	18
Child Disability Allowance	18
Compensation Cases	19
Private Purchase of Limbs	19
Supply of Limbs to Foreign Nationals	20
Repairs / Replacement While Overseas	20

### **FRAUD AND OVER SERVICING PROVISIONS**

Review of Prescriptions	20
-------------------------	----

### **MISCELLANEOUS**

Definition Eligible veterans and dependents	21
Definition of Pensioner and Concessional Beneficiary	22
Criteria for Admission of Manufacturers	24

## ***SECTION 2 -***

### **COMPONENTRY**

Repair times	27
Schedule of Limb types	29
Schedule of Components	31

## ***SECTION 3***

Artificial Limb Prescribing Clinics	47
Artificial Limb Manufacturers	47

## **SECTION 1**

### **EXPLANATORY NOTES**

These notes are designed for use by medical practitioners, commercial limb manufacturers, and component suppliers. They set out procedures to be followed in prescribing artificial limbs and the manufacturer when manufacturing the limbs. They also outline the procedures to be followed in prepaying claims for payment they also explain the process for adding new items to the SAALS.

#### **Introduction**

The Free Limbs Scheme (FLS) was introduced by the Commonwealth Government in 1973 and was administered by the Department Of Veterans' Affairs.

On 1 September 1990 the Free Limbs Scheme was replaced by the Artificial Limbs Scheme (ALS) which was also administered by the Department of Veterans' Affairs. The ALS introduced a patient contribution except for pensioners and certain concessional beneficiaries who receive free treatment it also introduced tests to prevent premature replacement of artificial limbs. The ALS became the South Australian Health Commission responsibility from March 1995, and has subsequently been renamed the South Australian Amputee Limb Service (SAALS).

The SAALS follows general provisions in the *National Health Act 1953*, the *Social Security Act 1947*, and the *Health Insurance Act 1973*.

#### **Objective**

The objective of the SAALS is to assist in making artificial limbs available to every South Australian resident requiring them. The essence of the SAALS is that:

Limbs are supplied and maintained at a charge of 15% of the scheduled cost up to a maximum per person of \$200 per financial year except for pensioners and certain concessional beneficiaries who receive theirs free,

Limbs provided under the SAALS are expected to have reasonable service lives,

A 36-month target life has been adopted for adult limbs,

Limbs remain the property of the SAALS.

Prescribing clinics are responsible for treatment of patients. Surgical aids, appliances and footwear are not available under the SAALS.

## Definitions

### For the SAALS the following are used:

<b>ALS</b>	Artificial Limbs Scheme, the former scheme administered by The Commonwealth Department of Veterans' Affairs.
<b>Amputee</b>	All people suffering severe limb deficiencies including those of congenital origin, amputations of the upper or lower extremities and partial amputations of the hand or feet are covered
<b>CDU</b>	See MRTRU
<b>Conventional</b>	Exoskeletal prosthesis made in the traditional manner from commonly used materials.
<b>Definitive</b>	A prosthesis intended for permanent use and fitted after the Stump has stabilised. (After Interim and Primary Limb issue)
<b>DSS</b>	Department of Social Security
<b>DVA</b>	Department of Veterans' Affairs, former administration of the ALS
<b>Interim Limb</b>	Prosthesis fitted in early postoperative management. (Not available under SAALS)
<b>Modular Limb</b>	An endoskeletal prosthesis, the greater part of which can be assembled from adaptable pre-fabricated components. (They can be reused.)
<b>MPI</b>	Manufacturers Price Index
<b>MRTRU</b>	Monash Rehabilitation Technology Research Unit - formerly Central Development Unit.
<b>Pensioner</b>	Person who holds a valid benefits card issued by DSS.
<b>Primary limb</b>	The first definitive limb made for a patient expected to last 12 months.
<b>PC</b>	Prosthetic Committee which comprises the SAALS Administrator, a Prescriber, and an Amputee Association elected member. This Committee may meet monthly and discuss case histories and SAALS issues. Bi Monthly meetings with Commercial Manufacturers and meetings with Amputee Groups are also the responsibility of the Committee to organise. This Committee investigates requirements for any non-standard Componentry requests and any complaints of quality.
<b>SAALS</b>	South Australian Artificial Limb Service the former Commonwealth Artificial Limb Scheme now administered by South Australian Health Commission.

## **Administrative Arrangements**

The South Australian Health Commission administers the SAALS.

The SAALS Administrator is responsible for checking patients' eligibility, approving applications for limbs, collecting patient contributions, servicing contractual arrangements and authorising payments to commercial limb manufacturers.

The SAALS Administrator may also attend Amputee Clinics at metropolitan clinics and delegate a representative for Regional Amputee Clinics.

## **MRTRU**

Monash Rehabilitation Technology Research Unit (formerly Central Development Unit (CDU)) is now operated by Monash University. Under an agreement between the Department of Veterans' Affairs and Monash University, all services previously provided by the CDU will be provided by MRTRU. This means that the needs of eligible persons and community patients will continue to be met at MRTRU, where appropriate and within a reasonable time. Financial responsibility for the Unit remains with the Department of Veterans' Affairs.

MRTRU assesses prosthetic componentry and recommends its inclusion in the SAALS.

The former CDU was created in 1962 to establish and control standards and to educate prescribers, therapists, and prosthetists/orthotists.

Under the *Therapeutic Goods Act 1989*, MRTRU evaluates all new components submitted for use in Australia. Items found acceptable are notified to the Commonwealth Department of Human Services and Health.

Members of MRTRU conduct prescribers, demonstrate and/or lecture in various hospital and prosthetic facilities.

## **HOW THE SAALS OPERATES**

### **Eligibility**

The SAALS covers all permanent Australian residents. Patients must hold or appear on a current Medicare card to be entitled to use the SAALS.

In the case of patients who have received compensation or damages for the incident which led to their amputation, or who are entitled to receive any future compensation or damages, the SAALS may recover its costs from those patient (See pages 19 and 20)

## **Patient Contribution**

Patients, except pensioners (see also page 6) and holders of certain DSS cards who are exempt, are required to pay 15% of the scheduled cost of the provision, maintenance and repair of their prostheses up to a maximum of \$200 per financial year. The SAALS will advise the amount and maintain a record of the amount paid.

The patient contribution may be paid to a commercial limb manufacturer who deducts that amount from his claim on the SAALS. A receipt is to be issued to the patient and a copy attached to the invoice.

Prescriptions cannot be authorised for payment by the SAALS Administrator until the patient contribution has been paid. There is NO provision for bypassing patient contribution.

The Manufacturer is to send or fax a copy of the receipt to the SAALS if requiring urgent approval.

### **Pensioners and Concessional Beneficiaries.**

Under the SAALS, persons holding a valid Pensioner Concession Card, a valid Health Benefits Card or a valid Health Care Card is entitled to receive free artificial limbs.

Pensioners and welfare beneficiaries are defined under Section 84 of the *National Health Act 1953*; an extract of the relevant parts is contained in page 21.

In the event of an entitlement card being withdrawn by DSS after approval has been given for a limb to be manufactured or repaired at no cost to the patient, the work approved for that limb or repair would be at no cost to the patient. However any subsequent repairs, maintenance or replacement will then be subject to the patient contribution unless the patient regains an appropriate Social Security Card. When a patient gains an entitlement card, standard components in limbs on which the patient contribution was paid then become subject to maintenance through the SAALS and exempt from the patient contribution.

Any person supplying the entitlement information must complete all details applicable to the patient's entitlement on the prescription. The information includes:

- the entitlement number appearing on the card, i.e., a ten-character alpha-numeric number (the entitlement number does not identify the type of card or the entitlement category);
- indicating the type of entitlement card held by the patient.

### **Amputee clinics**

Amputee clinics are generally attached to hospitals with amputee rehabilitation and treatment facilities.

Clinics seeking to gain authority to prescribe artificial limbs must secure the endorsement of the responsible State Health body. The major concern in the recognition process is to ensure that adequate arrangements exist for the competent prescribing and effective prosthetic treatment and rehabilitation of the amputee.

Amputee clinics currently authorised to issue prescriptions for artificial limbs are listed at the back of this manual.

## **Conduct of clinics**

The amputee treatment clinics are located in public hospitals and are subject to supervision by the hospital and the State Health authorities. The internal conduct of the clinic, the recruitment and discipline of all clinic members and the access of prosthetists to clinical sessions are matters for those authorities to determine. Where the SAALS receives serious or persistent complaints about the operation of any clinic, it will refer the matter to the State authority for investigation and any remedial action. In exceptional circumstances the Department may withdraw the authority of an amputee clinic to issue prescriptions under the SAALS.

## **Prescriptions**

The SAALS provides artificial limbs only when prescribed by a clinician attached to an amputee treatment clinic recognised for this purpose by the South Australian Health Commission.

Amputee Clinics are to notify the SAALS of patients attending at least 48 hours prior to the clinic to arrange records.

Prescriptions must reflect the patient's actual medical needs in terms of the type of suspension required, any fixed deformity to be accommodated, alignment, generic functional description of componentry in terms of stance and swing and other special requirements. A clinician can order a major repair for a limb under the SAALS. The prescription will only be approved by the SAALS where all necessary information is included in the prescription. A separate prescription is required for each limb and is to be written on Form D1527 (Revised June 1996) which is available from the SAALS Administrator, this means a fully detailed written submission, details of which are on pages 8 and 9. The Prescription Form incorporates patient entitlement and exemption details, authorisation, patient receipt, prescriber's acquittal and claim form.

## **Restrictions**

The SAALS Componentry Schedule is subject to restrictions which apply to all items within specific generic types. Titanium components are only available for geriatric amputees. Carbon Fibre is also only for use by geriatric amputees.

Seattle or energy storing feet are only for fit and active young amputees.

(Geriatric - General guide 70 years + however the Prosthetic Committee can approve lightweight components for use outside these limits after due consideration of case history and need).

The different feet are:

- SACH feet - the standard multipurpose prosthetic feet.
-

Multi axial feet - only to be used when activity level requires anatomical ankle function for the young to middle aged active amputee. Approval for their use will not be given without full justification in a fully detailed submission from the prescriber as to:

- why multi axial feet are needed, and
- why a specific foot is chosen.

The characteristics are available in the MRTRU booklet: "Facts and figures on prosthetic feet for prescribers" available from MRTRU.

"Stored energy feet" offer a variety of different functions. They are restricted to highly active patients who may benefit by the differing functions. They do not however save energy nor have they been proven to accelerate the body forward in walking gait. They are not for children due to growth."

- Lightweight components - geriatric when weight is genuinely considered to be an important factor in the patient's ability to utilise prosthesis and other available componentry is unacceptable.

Patient's functional requirements are the criteria for componentry selection. Prescribers are asked to respect the high cost of sophisticated componentry.'

The patient cannot be directed to a particular manufacturer. The SAALS prescription form is to be forwarded to the SAALS Administrator for approval. The Administrator will advise the patient the amount of the patient contribution; this has to be paid before the manufacture or repair of a limb can be authorised. The only exception to this would be in the case of major financial hardship where payment can be delayed until the limb is completed - this would be at the discretion of the SAALS Administrator. Once approved, two copies of the prescription are forwarded to the applicant together with a list of approved manufacturers. Prescriptions are not to be collected by manufacturers directly at prescribing clinics. In all cases the prescriptions together with a list of manufacturers approved under the Scheme must be forwarded or given to the patients after all eligibility checks have been conducted.

## **Approval of prescriptions**

The SAALS Administrator can authorise the manufacture or major repair of an artificial limb where the following are complied with:

- Prescription Form and the detailed written submission have been completed,
- Checks have been carried out for eligibility taking into account compensation aspects. (see also pages 19 and 20)
- Replacement or repair is considered reasonable,
- The prescription is either for:
  - (a) a primary limb,

- (b) a child, or
  - (c) the first replacement limb for an adult whose limbs were supplied while the patient was a child, or
  - (d) an adult patient's primary limb replacement.
  
  - (e) a replacement limb where the previous older than 3 years.
- Eligibility checks described on pages 5 and 6 have been completed.

### **Life of limb/Approval for replacement**

The minimum life of limbs and feet (other than SACH feet) supplied to adults under the SAALS is expected to be 36 months. The time commences when the manufacturer has completed the limb and places the limb identification number on the limb. Approval for the supply of limbs under the 36 months limit will not be given without the prescriber making a detailed written submission as specified later in this paragraph to the SAALS Administrator. The SAALS Administrator may utilise the services of their medical practitioner when considering prescriptions for approval. Limbs less than 36 months old can be replaced:

- for medical reasons,
- to take account of the changing shape of a stump, or
- where a limb is beyond economical repair and this repair is not due to misuse or wilful damage.

A copy of the detail required is below:

- (a) Name and date of birth of patient.
- (b) Date and cause of amputation.
- (c) Type of amputation (level, flaps etc).
- (d) General condition of patients.
- (e) Occupation and level of activity.
- (f) Medical conditions associated with amputation or relevant
  
- (g) Description of stump – quality of skin, scars, skin problems, subcutaneous tissue, muscular atrophy, redundant soft tissue, flexion contractions etc.
- (h) Weight of the patient and circumferential measurements of stump.
  
- (i) Date of acquittal and limb history of previous prosthesis including packing, adjustments, major repairs, etc including dates.

- (j) Weight of the patient and circumferential measurements of stump at the date of acquittal of previous prosthesis, if available.
- (k) Reason for prescribing a new prosthesis.
- (L) If replacement is due to shrinkage inside and outside leather liners must be used in the first instance.

## **Approval number**

The approval number is mandatory. It is to be used by the SAALS Administrator where it aids control of prescriptions. Limb numbers are covered in pages 16 and 17.

## **Major and Minor Repairs**

There are three ways a limb can be repaired:

- As a minor repair where the cost is under the financial limit as notified from time to time, and
- As a major repair as:
  - (a) ordered by the medical prescriber as described under "Prescriptions" on page 7, or
  - (b) found necessary by the manufacturer when undertaking maintenance.

Minor repairs to an artificial limb may be carried out by approved manufacturers without SAALS approval where the cost of labour, components, and incidental materials is estimated not to exceed the minor repair limit. The repairs are to be carried out only on current Limbs being aware of the warranty provisions as well. The minor repair limit is 2.25 hours (or equivalent in componentry cost. The all up cost of a minor repair cannot exceed that figure. Minor repairs are presently exempted from a patient contribution.

Where the cost of a repair is estimated to exceed the minor repair limit, the patient may be referred back to a clinic, or alternatively, to aid patient convenience, a commercial manufacturer may seek approval by phone for a major repair (and a negotiated price). The schedule of allowed hours for repairs on pages 27 and 28 is binding. The schedule covers most types of repair that are likely to occur and is to be the basis for quotation and subsequent claims. Written authorisation for this repair is required. The SAALS will not accept responsibility for any work undertaken by a commercial manufacturer without authority.

The SAALS will advise the manufacturer how much the patient has to pay. The mount is to be paid to the manufacturer, who is to issue a receipt and deduct the mount from the claim on the SAALS. Manufacturers are to retain the duplicate receipts as they are subject to audit for a period up to three years.

Claims for payment may be made on the Minor Repair Voucher, after the patient has duly acknowledged that repairs have been satisfactorily completed. Payment will only be made where the repair does not fall within the warranty provision on page 16. Repairs cannot be made **on limbs that have been replaced.**

## **Patient Responsibilities**

Patients are responsible for seeing that their limbs are properly maintained. Where there is evidence that limbs are not being properly looked after by patients, the costs of remedial repairs or replacement will not be met by the SAALS. In order to avoid waste of public money, patients should seek repairs instead of frequent limb replacement. Where unauthorised modifications have been carried out on a limb, the 12 months warranty is void and the patient is responsible for all further costs of that limb.

Amputees are required to attend Amputee Clinics to have their Limbs acquitted.

## **Ownership of limbs**

All artificial limbs remain the property of the SAALS and must be returned to the manufacturer when a replacement limb has been supplied. Patients are to complete the block on the reverse of the prescription acknowledging that they understand that the limb is SAALS property and that it must be returned to the SAALS via the manufacturer. Payments for replacement limbs may be suspended until the previous limb has been returned.

## **Recalcitrant patients**

Where a patient is attending a limb manufacturer and does not co-operate with treatment staff or refuses to attend an Amputee Clinic and thereby behaves in a manner which is detrimental to treatment or to staff, the case may be referred to the SAALS Administrator for action. Manufacturers and Amputee Clinics are required to document non-attendance and provide written notes of telephone requests to attend for treatment and copies of correspondence.

Where that patient deliberately prejudices his or her own or a fellow patient's treatment or the safety of treatment staff, the patient will no longer be provided with limbs and prosthetic services available through the SAALS.

However, the SAALS Administrator may, prior to making a decision, and depending on the circumstances, wish to consider the following actions:

- send a warning letter to the patient advising of the consequences of such actions; or
- inform the patient that artificial limbs or prosthetic services will not be available unless the amputee is prepared to follow instructions.

## **Appeals against decisions under the SAALS**

When an appeal against a decision made by a departmental officer under the SAALS is received, it should be forwarded to the Chief Executive Officer Repatriation General Hospital, who will review the case and make the appropriate decision, using expert advice. The advice may either be obtained from MRTRU or from a committee comprising the SAALS Administrator, a Prescribing Specialist, and a Senior Physiotherapist.

# WHAT'S AVAILABLE TO PATIENTS

## Range of limbs available

Limbs available under the SAALS include only those adhering to recognised prosthetic principles and incorporating accredited mechanical components. Categories of limbs and componentry types are contained in this Manual. The range of limbs available is amended from time to time depending on PC & MRTRU recommendations and financial considerations. There are restrictions on the supply of some limbs and components, which are detailed in this manual.

As a general principle, clinicians should confine their prescriptions to component function, which is most appropriate for the patient's prosthetic rehabilitation, having regard to his or her domestic and occupational environments.

## Modular Limbs

The SAALS expects prescribers to have regard to the relative economies of conventional and modular artificial limb types. Although the initial cost of modular limbs may be higher than exoskeletal limbs, their longer-term cost is generally lower. When replacement of modular limbs is required the socket only will be replaced unless individual components are deemed to be unsafe or inoperative in which case only those components will be replaced. Manufacturers are required to show due economy by reusing modular componentry wherever possible. These components should be reused on the same patient and eventually on other patients if it is determined to be in sound condition and would not jeopardise the well being of the patient in any way.

The Limb Manufacturer is to return modular components of limbs replaced for inspection; repair and subsequent accreditation for re-use by the officer licenced by the Administrator. The South Australian Amputee Limb Service retains the sole responsibility for decisions about the re-use of componentry for the manufacture of limbs.

All patients taking delivery of modular limbs are required to complete the block on the reverse of the Prescription, acknowledging that they have received a modular limb, that it remains the property of the SAALS and that it must be returned to the manufacturer when a new limb (or replacement socket) is prescribed. Payment for new Limbs cannot be made until this occurs. Where non-standard components are included in limbs they should be listed on the form.

## Foam Covers

Foam covers are considered under the normal componentry provisions of the Scheme and are therefore considered reusable. They are not to be permanently fixed to prosthesis so as to cause destruction of the cover on removal.

## Non-standard Limbs

Artificial limbs incorporating hydraulic, pneumatic, myoelectric and other non-standard components are not available through the SAALS. The only items, which may be supplied under the SAALS, are listed in Section 2 - Componentry. Where a prescribing clinician

considers that a non-standard component would benefit the patient, and the patient agrees to the inclusion of the component(s), the patient will be expected to meet the additional cost of the component(s) and associated fitting costs. In these instances the SAALS will meet the cost of the limb, up to a maximum of the equivalent cost of the standard type of limb the patient would normally have received through the SAALS but less the patient 15% contribution if required. Any Components fitted must be within the weight limits specified by the original manufacturer and meet International or Australian Standards. Where special components were supplied under the individual approval system operating until April 1986 under the DVA ALS those items continue to be maintained under the SAALS but only for the life of that particular item.

The amputee will be responsible for any extra costs incurred in non-standard component(s). The manufacturer should warn the amputee that these costs could be considerable. Patients should be advised to contact their health benefit fund as some funds provide some cover for artificial limbs.

## **Replacement Limbs**

Replacement of a limb within 36 months requires a fully detailed submission to be made to the SAALS Administrator. (See also page 9) The SAALS Administrator is authorised to refer back to prescribers limb replacements when socket or component replacement would suffice.

Socket replacement should be expected to last the minimum 36 months period.  
Replacement within that time will be subject to specific approval by the SAALS Administrator.

The patient is still responsible for a patient contribution payment (unless they are exempt) irrespective of the reason for the replacement or the time between replacements.

## **Replacement Limbs for Children**

For this purpose, children are defined as being under the age of 18 years. Replacement limbs for children will normally be provided through the SAALS (subject to the provisions of the patient contribution), where they are required to accommodate biological growth. The 36 months non-replacement period does not apply to children. (See also page 8) **(Special Components can be approved for use by the PC Committee for children but these components must meet International/Australian Standards.)**

## **Second or Spare Limbs**

These are not available as a matter of routine. The issue of a second, or spare, prosthesis to a patient may be approved, upon application from the prescriber, where the following conditions apply:

- The patient has requested the second issue,
- The patient meets the following:
  - (a) Resides remote from the manufacturer and is engaged in an occupation, which could possibly place undue stress on the prosthesis and would suffer economic loss by not being able to work while this limb is being repaired.

Or

(b) Lives alone in an isolated location and could be stranded if a second limb was not available;

- If a patient is unable to cope with the foot or articulated knee joint in the workplace, a peg leg may be provided as a spare or second limb.

Patients who do not meet these criteria and who wish to obtain a spare prosthesis can negotiate its manufacture, at their own cost. It will not have a limb identifying number. (See page 16).

## **Recreational Limbs**

Generally your standard issue limb should and could be modified to suit your recreational pursuits. Separate recreational limb issues may be approved based on medical need. You should consult the SAALS Administrator with any recreation limb enquiries.

## **Other Aids and Appliances**

Orthoses (devices to support the body or a limb) are not available under the SAALS. Mobility aids may be available under State sponsored schemes.

All accessories, which form an integral part of prosthesis, including cosmetic hands, glove or covers for endo-skeletal limbs only, will be supplied under the SAALS.

## **Interim Limbs**

Interim limbs which are applied in the early post-operative stages are intended to assist in the management of the amputation stump and are not available under the SAALS. These limbs are an integral part of the amputee's surgical management and are to be provided by the treating hospital.

Interim limbs cannot be provided to hospitals and other institutions by the SAALS.

## **Partial Hand or Foot Prosthesis**

Appliances that are not strictly "prostheses" may be issued under the SAALS to patients with partial foot amputation, that is, beyond the metatarsal phalangeal joint, or Proximal Focal Femoral Deficiency (PFFD) Chopart, Transmetarsal, Lisfranc amputation, but not for paralysis of the foot.

A partial foot amputee may be treated under the SAALS by being fitted in one of the following ways: (the patient must provide their own footwear)

-

a custom made prosthesis attached to the stump as in Chopart and Lisfranc amputations.

- a shoehorn type orthosis, which provides a fulcrum for toe off.
- filling the patient's own footwear.

Partial hand prostheses may be provided. Cosmetic replacements for loss of fingers are not available under the SAALS.

## **Stump socks**

Patients are initially provided with six stump socks, which may be replaced as necessary. Where special medical, personal or geographical circumstances exist, the SAALS Administrator can exercise discretion in the matter of type of sock and frequency and number of replacements. These provisions are not subject to the patient contribution requirements.

## **Non-standard Stump Socks**

The issue of stump socks outside the range currently available from the SAALS requires prior approval by the SAALS Administrator following a recommendation by the patient's prescribing clinician. Replacement procedure is as for standard stump socks. The previous DVA specifications for milled and shrink proof socks and standard (heavy & light) socks are the minimum standards set by the SAALS for all socks to be supplied to SAALS clients at SAALS expense. Where non standard stump socks are authorised, credit will only be authorised up to the value of the equivalent standard sock.

## **Prosthetic Sheaths**

Prosthetic sheaths may also be provided under the SAALS, in the same way as non-standard stump socks, where the prosthetic prescriber considers their use would benefit the patient.

***Silicone Sheaths are not available under the SAALS.***

# **MANUFACTURERS' ASPECTS**

## **Choice of Supplier**

Patients are free to choose their limb supplier unless there are compelling medical grounds for the prescription being directed elsewhere. Artificial limbs supplied under the SAALS may be provided through any of the approved commercial manufacturers.

**Prescribing Clinic Staff must not influence the amputee's choice of manufacturer.**

## **Warranty Period**

All limbs provided under the SAALS by approved manufacturers shall be warranted against any defects in the manufacture and repair of the limb in relation to:

- Materials used in the manufacture or repair of the limb;
- Work performed on the limb during its manufacture or repair (such as packing of the socket in the first six months or replacement of the foot within twelve months); and
- Alignment, height and fitting of the limb.(Any alignment and height changes during the first 12 months)

The manufacturers warranty shall apply for a 12-month period from the date of delivery or repair. Any limbs found faulty during the warranty period will be replaced, repaired, or adjusted, at the expense of the manufacturer.

The manufacturer's warranty will not apply in instances where, in the opinion of the SAALS Administrator, the fault or defect was caused by:

- Medical changes (Documentary evidence such as measurements of the Stump taken at the Amputee clinic over a period or further surgery or other medical conditions);
- Fair wear and tear (such as heavy use from employment);
- Wilful or accidental damage; or
- Unauthorised repair.

The cost of these repairs, replacements, or adjustments will be covered by the SAALS except for wilful damage or unauthorised repair when it will be the patients' full responsibility.

## **Limb Identification**

As from 1 August 1986 all limbs provided have been identified with an identification number. Each limb is to be identified by the manufacturer at the time of completion.

The convention to be followed is month, year, state and manufacturer. For example, 298SR would mean that the limb was manufactured in February 1998, manufactured in South Australia by RALAC.

This number should be affixed to the limb using transparent dymo tape, where possible, prior to the final lamination of the limb. Other methods for affixing the number are acceptable, provided the numbers are permanent and easily recognisable. In a socket replacement where the limb number is removed or other repair, the latest limb number is to be affixed on the limb.

When a replacement limb is prescribed, the clinician will be required to note the current limb identification number on the prescription form.

A limb cannot be acquitted by the prescriber or payment made by the SAALS where identification number is not in evidence on the prescription for a replacement limb. However, the SAALS may be provided with history or evidence, which identifies the limb to allow payment.

### **Substitution of Components**

Components ordered by a medical practitioner on a prescription may not be substituted for by other components without the approval of the SAALS Administrator as appropriate. All components must meet the Standards set by the MRTRU.

### **Acquittal of Limbs and Major Repairs**

The prescribing clinician and the patient must both certify on the Prescription that the completed limb meets their requirement. The SAALS Administrator may not require that a limb be submitted to it for examination unless the prescriber, the patient, or the contractor requests this. However the SAALS Administrator may attend metropolitan clinics at random and examine each Limb before acquittal as part of quality assurance.

The SAALS may require a limb to be presented for examination where serious or persistent complaint is received or where there are other indicators which give rise to concern about the standard of finished work by any contractor. Persistent complaints that are not addressed to the satisfaction of SAALS may lead to further action being taken against the contractor.

The SAALS Administrator may also require a limb to be presented where there are any doubts about the facts of the work performed or claimed to have been performed. (see also page 20) The prescribing clinician is expected to examine the limb fit quality and componentry at completion, before signing that the prescription meets his/her specifications.

***Prescriptions are legal documents and should be treated as such.***

### **Payment of Accounts**

Manufacturers are to list on their claim form all the components used in prosthesis. The componentry schedule lists all components available through the SAALS with the exception of incidentals such as cable and harness kits. Payment at the agreed rate will be authorised by the SAALS Administrator after receipt of the acquitted Prescription. The company will use the reverse of the Prescription to record details of their claim.

For acquittal of limbs, the block on the reverse of Prescription must be completed, indicating that the patient acknowledges that the limb is satisfactory and remains the property of SAALS.

Manufacturers are responsible for obtaining both patient acknowledgment of receipt and prescriber acquittal for all services performed in accordance with a SAALS prescription. Preferably, both signatures are to be obtained through delivery of the prosthesis at the prescribing clinic. **Only the Prescription is recognised for acquittals.**

Where these arrangements are met, the SAALS will complete its processing of the account, following receipt of the invoice, within a 30-day period.

However, commercial manufacturers may submit for payment the accounts for services performed in accordance with SAALS approvals, prior to obtaining prescriber acquittal where:

- The amputee has taken delivery of the artificial limb, but
- Resides in a remote location, or is
- From Non Metropolitan Clinic areas such as Whyalla and it is anticipated that subsequent attendance at the prescribing clinic for acquittal will delay payment of the account beyond a 30 day settlement period following that delivery. However, this dispensation is only for a period of 30 days. If acquittals are not obtained in the subsequent 30 days from the date of acceptance of the limb, the SAALS will initiate recovery action of the amount from the next invoice.

Accounts for payment under these pre - acquittal provisions are to be submitted individually, supported by a photocopy of the relevant prescription. The original prescription, signed by the amputee, must be forwarded to SAALS within 30 days of sending the account.

## **EXCLUSIONS FROM THE SCHEME**

### **Other Prostheses**

Prostheses for conditions other than limb deficiencies are not available under the SAALS.

### **Surgical Footwear**

Without exception the provision of footwear, including custom made footwear for foot deformities; diabetic neuropathy, etc are not available under the SAALS.

### **Incidental expenses**

The only benefit available through the SAALS is the supply of artificial limbs and essential accessories. There are no allowances available under the SAALS to assist with patient transport or accommodation, or to defray any attendance charges at amputee clinics at public hospitals.

### **Mobility Allowance**

DSS pays a small allowance to people with physical mobility disabilities who have difficulty using public transport. Application forms may be obtained from offices of the DSS. Applicants have to be employed or in vocational training for 20 hours per week.

### **Child Disability Allowance**

DSS administers this allowance. It is paid for children who are assessed as needing substantial more care than a normal child.

## Compensation Cases

Where a patient who is being, or has been, provided with an artificial limb or other prosthetic service under the SAALS:

- has made a claim against another person for compensation, or may be, or may become, entitled to be paid compensation by another person, in relation to the disease, disability or condition by reason of which that prosthetic service is being so provided, or has been so provided; or
- is entitled, whether by virtue of an order of a court, a settlement of a claim for compensation or otherwise, to be so paid compensation by another person; or
- has been paid compensation by another person, whether by virtue of an order of a court, a settlement of a claim for compensation or otherwise, then the South Australian Health Commission is able to recover costs from the patient. This action is taken by Accounts Section, RGH Daw Park, when a notice is served on the patient

Compensation supplied under Workers' Compensation may not be caught by this paragraph amounts paid under such legislation should be referred to the Legal Services Group for consideration.

Pending compensation cases are treated under the SAALS as if the patient is eligible to use the SAALS until the result of his/her claim is known. The patient is eligible for all non-standard components used in these limbs. If not a pensioner, a patient is required to pay the normal patient contribution as set out on page 6.

The possibility of receiving compensation does not debar a patient from obtaining limbs through the SAALS, but the costs involved may become the patient's own responsibility. Where the patient elects to use the SAALS and sues for compensation, actual recovery of the costs by the SAALS will be delayed until the outcome of the compensation or damages claim is known. Where the claim is successful, the SAALS is to be reimbursed for services already provided and for any future prosthetic work as it arises, at least to the extent of the compensation obtained. Patients failing to secure damages or compensation are still eligible for assistance under the SAALS. Patients who have received reduced or discounted compensation payouts or settlement should approach the SAALS Administrator regarding arrangements for the supply of limbs.

Work cannot be undertaken on compensable patients under the SAALS without the prior approval of the SAALS Administrator.

A patient with a compensation claim is at liberty to negotiate privately the manufacture of any limbs with any supplier, including types not available under the SAALS. However, the costs involved are borne by the patient

Patients may apply for admission to the SAALS when the prosthetic cost component of the judgment or settlement has been expended on artificial limbs and repairs. The patient will be required to provide evidence that the payment or settlement has been expended.

## **Private Purchase of Limbs**

The SAALS will not reimburse the cost of manufacture of these limbs. The subsequent maintenance of any artificial limbs which is privately purchased by the patient remains the full responsibility of the patient. This includes any repairs or replacements.

## **Supply of Limbs to Foreign Nationals**

The SAALS may approve the supply of limbs to foreign nationals from SAALS resources, where the following circumstances exist:

- The amputee cannot be treated through facilities in his or her own country;
- The request for the supply of the limbs is supported by Commonwealth or State authorities;
- The applicant is not eligible to claim compensation or damages in respect of the amputation or injury being treated, and is otherwise unable to pay for the full cost of the prosthesis; and
- The patient is in Australia.

The patient is still required to pay the patient contribution unless this is specifically waived.

## **Repairs and/or Replacement While Travelling Overseas**

Reimbursement for costs of repairs or replacement of limbs while overseas would only be considered where there were reciprocal agreements and or the production of artificial limbs between Australia and the country concerned. There are no known such agreements.

## **FRAUD AND OVER SERVICING PROVISIONS**

### **Review of prescriptions**

All prescriptions are recorded for statistical purposes by the SAALS and appropriate analysis conducted.

The SAALS will review a prescription where there is statistical evidence that a higher than expected number of limbs and/or repairs has been prescribed for an individual.

Where practices are considered to be fraudulent in the obtaining of limbs under the SAALS, then action will be taken to refer the matter to the appropriate police force. Sections 29A, B and C of the Crimes Act relate to false pretences.

Where the SAALS Administrator has any doubts about the authenticity of claims they may request that the patient attend an Amputee clinic to check the components used in the limb. Under those circumstances the manufacturer is entitled to send a representative to that session.

## MISCELLANEOUS

### ELIGIBLE VETERANS AND DEPENDANTS

The DVA's Health Program provides prosthetic, orthotic and surgical footwear services for eligible veterans and dependants at no cost to the beneficiary. Veterans are able to use the commercial limb manufacturers.

Eligible persons are as defined in the Introduction to the 'Treatment Principles' and the Veterans' Entitlement Act. For those veterans whose only eligibility is for treatment of a war-caused disability, (i.e. Specific Treatment Entitlement Card holders) prosthetic or orthotic services must form a legitimate part of treatment for that disability.

Eligible persons include:

- a veteran with a service related injury or disease requiring the provision of prosthetic or orthotic services,
- a veteran with a malignant neoplasm or pulmonary tuberculosis (DVA Branch Office should confirm eligibility for SAALS services),
- a veteran who receives a service pension which attracts DVA fringe benefits,- and who has a service related injury or disease,

or above the 100% general rate,

- a veteran who receives a disability pension at or above 50% of the general rate and a service pension,
- a veteran who receives a service pension and is permanently blinded in both eyes or meets an income or assets test,
- a veteran who served in World War 1,
- a veteran who was detained by the enemy,
- a female veteran who rendered qualifying service in World War 2,
- dependants of Australian veterans including:

(a) a war or a defence widow and her dependent children;

(b) the child of a deceased veteran who had operational service, if the child is not being cared for by a remaining parent.

For eligible persons electing to have prosthetics/orthotics supplied through DVA's Health Program, all normal benefits, including travelling allowances etc., apply. These benefits are arranged from the DVA Branch Office. Any Veterans requiring these benefits should contact their local DVA office.

Details regarding qualification as an "eligible person" are available from Department Of Veterans Affairs Branch Office.

Veterans are entitled to have any components listed under the SAALS for inclusion in their artificial limbs. Components which are not on the list require the specific approval of the State Program Administrator (Health) DVA and DVA Prosthetic Adviser before issue.

Veteran Limbs are to be completed as a matter of priority by the manufacturers.

### **DEFINITION OF A "PENSIONER" and "WELFARE BENEFICIARY"**

(Extracted from Section 4 and Section 84 of the *National Health Act 1953*)

A "pensioner" means-

(a) a person to whom or in respect of whom a social security pension (within the meaning of the *Social Security Act 1991*) is being paid but is not a person to who sub paragraph (aa) (ii) applies;

(aa) a person:

(i) to whom or in respect of whom sickness allowance is payable under the *Social Security Act 1991*; or

(ii) to whom or in respect of whom rehabilitation allowance is payable under the *Social Security Act 1991* in place of sickness benefit;

(iii) who has turned 60, is in receipt of unemployment benefit or special benefit under the *Social Security Act 1991* and has been a social security beneficiary for a continuous period of at least 12 months;

(ab) a person to whom or in respect of whom there is being paid a job search allowance under section 514 of the *Social Security Act 1991*:

(b) a person:

(i) who is receiving a service pension under Part III of the *Veterans Entitlement Act 1986*; and

(ii) who is eligible for fringe benefits under Section 53A of that Act;

(ba) a person who is eligible, under sub-section 86 (1), (2) or (3) of the *Veterans' Entitlement Act 1986*, to be provided with treatment under Part V of that Act,

or

(c) a person to whom or in respect of whom there is being paid an allowance under *the Tuberculosis Act-1948* and includes a person who is a pensioner because of section 4AAA.

• A "concessional beneficiary" means-

(a) a person to whom or in respect of whom a social security pension (within the meaning of the *Social Security Act 1991*) is being paid; or

(aaa) a person:

- (i) to whom paragraph (a) applied on 28 February 1991; and
- (ii) to whom the paragraph would continue to apply but for Section 4D of the *Social Security Act 1947* or in Division 1A of Part 3.10 of the *Social Security Act 1991*;

(aab) a person:

- (i) to whom paragraph (a) applied at any time after 21 August 1990 and before 28 March 1991; and
- (ii) to whom the paragraph would continue to apply but for the person having invested the person's available money (within the meaning of section 4D of *the Social Security Act 1947*) or reinvested the person's deposit money (within the meaning of that section), in:
  - (A) an account with a financial institution; or
  - (B) a loan, including a loan by way of debentures, bonds or other securities;
  - (C) an accruing return investment;
  - (D) a market-linked investment;
  - (E) an immediate annuity;
  - (F) shares; (within the meaning of the Principal Act) in anticipation of, or because of, that section or division 1A of Part 3.10 of the *Social Security Act 1991*;

(aa) a person to whom or in respect of whom there is being paid a job search allowance under the *Social Security Act 1991*; or

(b) a person to whom or in respect of whom, there is being paid a service pension under Part III of the *Veterans' Entitlement Act 1986*; or

(ba) a person:

- (i) to whom paragraph (b) applied on 28 February 1991; and
- (ii) to whom the paragraph would continue to apply but for section 50C of the *Veterans' Entitlement Act 1986* or Division 8A of Part III of that Act; or

(bb) a person:

- (i) to whom paragraph (b) applied at any time after 21 August 1990 and before 28 March 1991; and
- (ii) to whom the paragraph would continue to apply but for the person having invested the person's available money (within the meaning of section 50C of the *Veterans Entitlement Act 1986*) or reinvested the person's deposit money (within the meaning of that section), in:
  - (A) an account with a financial institution; or
  - (B) a loan, including a loan by way of debentures, bonds or other securities; or (C) an accruing return investment; or

(D) a market-linked investment;

(E) an immediate annuity;

(F) shares;

(within the meaning of that Act) in anticipation of, or because of, that section or Division 8A of Part III of that Act; or

(c) a person, not being a person to whom paragraph (a) or (b) applies, who is a disadvantaged person within the meaning of the *Health Insurance Act 1973*; or

(d) a pensioner.

## **CRITERIA FOR ADMISSION OF COMMERCIAL CONTRACTORS**

The tenderer should possess a recognisable qualification such as the Departmental Certificate of Proficiency or the Lincoln Institute's Diploma of Prosthetics and Orthotics, or overseas qualifications of comparable standard to either of these, and have had significant working experience in the field of prosthesis manufacture. The acceptance or otherwise of an applicant's actual experience should be subject to assessment in each case but, as a general rule, anything less than 3 years would normally be unacceptable.

Alternatively, where no formal qualifications are held, contracts may be awarded where the tenderer has had extensive experience in this work in Australia and has been known to the Department or prescribing clinicians as a manufacturer of acceptable standard.

Where the tenderer is unable personally to satisfy either of the conditions in 1 or 2 above, a contract may be awarded where the tenderer employs, or can recruit, another person who does meet those conditions provided that the person is then charged with the responsibility for overseeing the standards of manufacture. Notwithstanding the normal period of the contract, its validity is dependent upon continued compliance with this condition.

The tenderer should acknowledge that the contract is a "period" rather than a "quantity" agreement in the normal course of events the contractor will be expected to locate his/her own source of orders.

In the ordinary course of events, quality control will rest primarily with the prescribing clinician and indirectly with the patient. Advice should also state that the granting of a contract in no way implies automatic recognition by the SAALS that any limbs produced by the contractor are of satisfactory standard. This area remains the province of the SAALS Administrator and the prescribing clinician who should be reminded that he/she may reject, or seek adjustment to, any limb at any stage of manufacture, at no extra cost to the SAALS, if it is considered that it is deficient in either manufacture or fit.

The tenderer should also acknowledge that the SAALS may investigate any complaint it receives on the standard of manufacture or service provided under the contract. Evidence of continued unsatisfactory service or manufacture could lead to ceasing approval of work for that manufacturer.

The tenderer agrees to compliance with the guidelines specified herein this manual and agrees to comply with the direction of the SAALS in regards to componentry and quality of limbs.

The number of commercial limb manufacturers providing services to South Australian Health Commission is solely at the discretion of South Australian Health Commission.

## SECTION 2

# COMPONENTRY

This section comprises:

- the Schedule of Repairs - Allowed Hours,
- the Schedule of Limb Types,
- the Schedule of Componentry.

The schedule of allowed hours for repairs were developed to suit most situations. (See also page 9.)

The Schedule of Limb Types is updated annually

The Schedule of Componentry is updated under the following circumstances:

- following price rises submitted by suppliers and approved by the South Australian Health Commission.
- where the MRTRU or SAALS Administrator recommends the addition, deletion or amendment of items.

The schedules are distributed to manufacturers and suppliers at the time they are varied.

For the financial year 1997/1998 the hourly rate is \$62.97 and the limit for minor repairs is \$141.68.

There are restrictions on the use of lightweight components, energy storing or lightweight feet. Details are on page 7.

Before any new components can be used in Australia, it is a statutory requirement under the *Therapeutic Goods Act 1989* that they be accredited. This function is performed by MRTRU for Therapeutic Goods Administration of the Commonwealth Department of Human Services and Health.

**REPAIRS – ALLOWED HOURS**

**RATE \$62.97**

**1<sup>st</sup> July 1996**

Type	Description	Max Hours	Amount
<b>ABOVE KNEE</b>			
	Replacement Socket – See Note (a)		
	Exoskeletal suction (non modular)	20	\$1259.40
	Fixed Pelvic Band	20	\$1259.40
	Endoskeletal	20	\$1259.40
	Fixed pelvic Band	20	\$1259.40
	Foam Cover	7.5	\$472.28
	Replace from stock leather pelvic belt	0.5	\$31.49
	Manufacture & replace leather pelvic belt	2.5	\$157.43
	Shoulder strap	0.75	\$47.23
	Replace pelvic band and hip joint	2	\$125.94
	Replace hip joint	1.25	\$78.71
	Knee joint exo	13	\$818.61
	Knee joint endo	2	\$125.94
	Realign AK exo	18	\$1133.46
	Pelite liner for KB and stubbies plus	2.5	\$157.43
	Time to fill old liner	1	\$62.97
	Fill old Pelite liner	0.5	\$31.49
	Dissemble / Reassemble AK modular	1.5	\$94.46
<b>BELOW KNEE</b>			
	Foam cover	4	\$251.88
	Realign fibre glass	15	\$944.55
	Liner pelite, to make	1.5	\$94.46
	Liner kemblo	2.5	\$157.43
	If liner to be replaced, additional	0.5	\$31.49
	Replace ankle block	7	\$440.79
	Replace thigh corset	8	\$503.76
	New top irons	2.5	\$157.43
	New lower irons	8	\$503.76
	B/K to trial walk	9	\$566.73
	B/K to in rough	17	\$1070.49
	Make and refit PTB strap	1.25	\$78.71
	Socket Replacement See Note (b)	13	\$818.61
	Disassemble / reassemble B/K modular	1	\$62.97
<b>LOWER EXTREMITY GENERAL</b>			
	Replace SACH foot	1	\$62.97
	Replace Greissenger foot	1	\$62.97
	Cover pelite liner w leather, requires cast	2	\$125.94
	Lengthen limb	1	\$62.97
	TH/K Syme liner	3	\$188.91
	Silesian belt	2	\$125.94
	Silesian strap	0.5	\$31.49
<b>UPPER EXTREMITY</b>			
	Replacement socket	11	\$692.67

AE Harness	2	\$125.94
BE Harness	1.5	\$94.46
Silicone liner AE	2.5	\$157.43
BE	2.5	\$157.43
Replace cable AE	2	\$125.94
BE	1.5	\$94.46

**Note (a)** A/K suction modular socket replacement, cover & strip down =  $20+7.5+1.5 = 29$  hours \$1826.13  
**Note (b)** B/K PTB socket replacement, cover & strip down hours =  $13+4+1 = 18$  hours \$1133.46

<b>SCHEDULE OF LIMB TYPES</b>	<i>Prepared</i>	<i>19-Aug-96</i>
	<i>Effective</i>	<i>1-Jul-96</i>

<b>Item No.</b>	<b>Item and Description</b>	<b>Approved Hours</b>	<b>Approved Hours x Rate \$62.97</b>
1A	Standard Work Arm Below Elbow	16.00	\$1,007.52
1B	Standard Dress Arm Below Elbow - Self Suspending	15.00	\$944.55
1C	Standard Dress Arm Below Elbow- Harness Suspended	16.00	\$1,007.52
1D	Standard Work/Dress Combination Below Elbow	16.50	\$1,039.01
1E	Below Elbow Rigid Hinges	17.50	\$1,101.98
1F	Partial Hand	8.00	\$503.76
2A	Standard Work Arm Above Elbow	20.00	\$1,259.40
2B	Standard Work/Dress Combination Above Elbow	20.50	\$1,290.89
2C	Modular Dress Arm Above Elbow	18.00	\$1,133.46
2D	Elbow Disarticulation	26.00	\$1,637.22
3A	Shoulder Cap	7.00	\$440.79
3B	Modular Dress Shoulder Disarticulation	20.00	\$1,259.40
3C	Standard Shoulder Disarticulate	36.00	\$2,266.92
4A	Legs – Syme	21.00	\$1,322.37
4B	Legs – Syme Compressible Liner Type	21.00	\$1,322.37
4C	Partial Foot Lynadure	15.00	\$944.55
5A	Below Knee PTB - Soft Plastic Liner	21.00	\$1,322.37
5D	Below Knee PTS – Soft Plastic Liner	21.00	\$1,322.37
5E	Below Knee PTB – Modular - Kemblo Liner	21.00	\$1,322.37
5F	PTK Pelite Liner	21.00	\$1,322.37
5G	Modular PTK Pelite Liner	20.00	\$1,259.40
6A	Below Knee – Thigh Lacing, Slip Socket (see also 6AM)	33.00	\$2,078.01
6 AM	Modular Version of 6 A	31.00	\$1,952.07
6B	Below Knee – Conventional Thigh Lacing (see also 6BM)	31.00	\$1,952.07
<b>SCHEDULE OF LIMB TYPES</b>		<i>Prepared</i>	<i>19-Aug-96</i>
		<i>Effective</i>	<i>1-Jul-96</i>

<b>Item No.</b>	<b>Item and Description</b>	<b>Approved Hours</b>	<b>Approved Hours x Rate \$62.97</b>
6 BM	Modular Version of 6B	29.00	\$1,826.13
6C	Below Knee Ischial Plastic/ Leather Thigh Piece (see also 6 CM)	36.00	\$2,266.92
6 CM	Modular Version of 6 C	34.00	\$2,140.98
7A	Knee Bearing - Ischial Bearing Plastic Socket – Modular	35.00	\$2,203.95
7B	Knee Bearing with outside Irons Leather thigh lacer	43.00	\$2,707.71
7C	Knee Bearing with outside Irons Plastic thigh lacer	43.00	\$2,707.71
8A	Above Knee – Wooden/Plastic Suction Socket	35.00	\$2,203.95
8B	Above Knee - Wooden/Plastic Socket - Modular Construction	33.00	\$2,078.01
8C	Stubbies	23.00	\$1,448.31
8D	Above Knee Extension Standard	37.00	\$2,329.89
8E	Above Knee Extension Modular	35.00	\$2,203.95
9A	Above Knee Suspension Wooden/Plastic Socket with Pelvic Joint Suspension and leather pelvic belt	35.00	\$2,203.95
9B	Above Knee Suspension Wooden/Plastic Socket with Pelvic Joint Suspension Modular Construction	33.00	\$2,078.01
10A	Hip Disarticulation - Canadian Hip – Standard	48.00	\$3,022.56
10B	Hip Disarticulation - Canadian Hip Modular	46.00	\$2,896.62
11	Silesian Bandage	2.00	\$125.94
12A	Check Socket for Upper Extremity See Note 1 and 2	3.00	\$188.91
12C	Silicon Liner Upper Extremity	2.50	\$157.43

**SCHEDULE**

**OF**

**COMPONENTS**

**AVAILABLE UNDER THE**

**ARTIFICIAL LIMBS SCHEME**

## INDEX

### UPPER EXTREMITY

	Page
Terminal devices	
33	
. Hooks	
. Cosmetic passive hands	
. Mechanical passive hands	
. Cosmetic gloves	
. PVC	
. Silicon	
. Mechanical hand	33 - 34
Wrist connection	
Wrist units	
. Conventional friction	
. Wrist disarticulation	
. Oval wrist unit	
. Flexion wrist unit	
. Quick disconnect	
Elbow units	35
. Prosthetic elbow	
. Elbow assist	
. Flexible hinge	
. Rigid hinge	
Shoulder joint	
Harness and cable kit	
Modular arm	
Special cases	36

### LOWER EXTREMITY

Exoskeletal	
. Hip joint	
. Knee joint	36 - 37
. Inertia lock	
. Constant friction	
. Intermittent	
. 4 Bar	
. Locked knee	
Endoskeletal (Modular)	
. Hip joint	
. Knee joint	
. Inertia lock	
. Constant friction	
. 4 Bar	
. Locking knee	
Feet adaptors	
. Single axis	
. Multi axis	38 - 39
. SACH	
Torsion adaptors	
Pylons	
. Pylon only	
. Pylon with adaptor	40
Clamp adaptors	
Socket attachment block	
Socket adaptor	
Socket adaptor with pyramid	41
Cosmeses for endoskeletal	
Foot attachment	
Stockings	
Foam covers	
Finishing kit (hip disarticulation)	
Knee protector	
Extension assist	
Feet	
. SACH	44
. Kingsley	
. Otto Bock	
. Multi axial	
. Syme	
. Single axis	
. Other	45
. Vessa quantum	
. Seattle and Seattle Light	
. Otto Bock dynamic foot	
Accessories	
Modular components children	46

## UPPER EXTREMITY

### TERMINAL DEVICES

		Price	Date
HOOKS Voluntary opening			
Hosmer CAPP	71620	\$419.00	All
5	H55003	\$506.00	20 Oct. 97
5X	H55009	\$544.00	
5XA	H55012	\$531.00	
555	H55060	\$638.00	
7LO	H550241	\$1103.00	
7	H55021	\$622.00	
10X	H55053	\$547.00	
12P	H55056	\$592.00	
SS555	H55062	\$685.00	
10P	H55050	\$544.00	
8	H55028	\$524.00	
99X	H55043	\$544.00	
6	H55015 (Heavy duty for h'y manual work)	\$2039.00	
8X	H55031	\$666.00	
99P	H52946	\$495.30	
3	H55000	\$1145.00	
88X	H55035	\$530.00	
USMC	Aluminium S-M-L / L-R UH1 571	\$518.10	4 Feb. 98
	Stainless Steel L/L-R UHI 570 00L/R	\$518.10	4 Feb. 98

### COSMETIC PASSIVE HAND

Range of sizes and side

Centri		\$147.45	4 Feb. 98
		\$142.20	1 Jan. 95
	Note		
Realastic	w P20 adaptor	\$175.00	1 Aug. 95
Otto Bock	8K4	\$103.00	4 Feb. 98
	8K17	\$103.00	4 Feb. 98

### MECHANICAL PASSIVE HAND

Range of sizes and side

Otto Bock	8K18	\$333.00	4 Feb. 98
	8K12	\$333.00	4 Feb. 98

### COSMETIC GLOVES

Be mindful of size and colour

PVC			
Centri		\$88.20	4 Feb. 98
		\$85.00	1 Jan. 95
	Note		
Centri	Long	\$111.60	4 Feb. 98
		\$110.30	1 Jan. 95
	Note		
Realastic	Standard R100001	\$175.00	1 Aug. 95
Otto Bock	Adult Male 8S4	\$152.00	4 Feb. 98
	Adult female 8S5	\$152.00	4 Feb. 98
	Juvenile 8S6	\$152.00	4 Feb. 98

<b>Silicon (Stain resistant)</b>			
Otto Bock	Adult Male 8S14	Discontinued	1 Jan. 96
	Adult female 8S15	Discontinued	1 Jan. 96
Centri	Silicone	\$243.40	4 Feb. 98
		\$234.05	1 Jan. 95
	Note		
	Long	\$287.50	4 Feb. 98
		\$275.35	
	Note		
	PVC (rigid)	\$176.20	6 Apr. 92
		\$193.30	24 Jun. 96
	Note		

MECHANICAL  
HAND

Robins Aid	Mechanical H51803	\$851.00	20 Oct. 97
	Soft Mechanical H53853	\$840.00	20 Oct. 97
Otto Bock	8K14/8K23	\$438.00	4 Feb. 98
Hosmer Dorrance	400/401 H50542	\$1,645.00	20 Oct. 97
	300/301 H50541	\$1,645.00	20 Oct. 97
	200/201 H50539	\$1,645.00	20 Oct. 97

-and appropriate cosmetic glove. Be mind full of size and colour.

**WRIST CONNECTIONS**

Otto Bock	Attachment plate 10A43	\$85.00	4 Feb. 98
	10A56	\$92.00	4 Feb. 98
Hosmer Dorrance	hand fairing H53873	\$33.50	1 Aug. 95

**WRIST UNITS**

CONVENTIONAL FRICTION

Hosmer	WE100N Childes H52142	\$91.00	20 Oct. 97
	WE200N H52147	\$122.00	20 Oct. 97
	WE300N H58688	\$145.00	20 Oct. 97
	WE500 H58690	\$93.00	20 Oct. 97
USMC	Child UWO-008-3011	\$130.00	1 Jun. 96
	3019	\$130.00	1 Jun. 96
	3030	\$130.00	1 Jun. 96

WRIST DISARTICULATION

Hosmer	WA600 H52117	\$114.00	20 Oct. 97
	WA600A (Medium) H52119	\$114.00	20 Oct. 97

OVAL WRIST UNITS

Hosmer	OW100 H58700	\$114.00	20 Oct. 97
	OW100N H58697	\$165.00	20 Oct. 97
	OW 75N H51618	\$121.00	20 Oct. 97
USMC	UWO-008-3010	\$177.10	4 Feb. 98
	UWO-008-3004	\$166.00	1 Jun. 96

FLEXION WRIST UNITS

Hosmer	FW300 H51084	\$338.00	20 Oct. 97
	FW200 H51078	\$338.00	20 Oct. 97
	FW500 H51100	\$309.00	20 Oct. 97
USMC	UWO-008-2006	\$322.30	4 Feb. 98

## QUICK DISCONNECT

Hosmer	Wrist FM100 H51043	\$198.00	20 Oct. 97
	FM100S H51044	\$657.00	20 Oct. 97
	Wrist WD400 H52127	\$164.00	20 Oct. 97
	WD400SS H53896	\$689.00	20 Oct. 97
USMC	UWO-008-0030	\$192.50	4 Feb. 98

## ELBOW UNITS

### PROSTHETIC ELBOW

(Identify left and right)

Hosmer	E400 Adult H50650	\$804.00	20 Oct. 97
	E200 Medium H50606	\$803.00	20 Oct. 97
	E50 Child H50556	\$883.00	20 Oct. 97
USMC	Med UED 064 0960	\$610.00	1 Jun. 96
	Lge UED 0641120	\$610.00	1 Jun. 96

### ELBOW ASSIST

Hosmer	E460 -L/R Kit H50752/H50609	\$228.00	20 Oct. 97
--------	-----------------------------	----------	------------

### FLEXIBLE HINGE

Otto Bock	16H 1	\$74.00	4 Feb. 98
	16H 2 (straight)	\$77.00	4 Feb. 98

### RIGID HINGE

Identify left and right

Hosmer	E500 (Locking) H50776	\$844.00	20 Oct. 97
	E1500 H50853	\$844.00	20 Oct. 97
	E2500 H50915	\$844.00	20 Oct. 97
	E5500 H50950	\$1229.00	20 Oct. 97

### STEP UP HINGES

Special cases

Single axis	SP100 Regular H51855	\$221.00	All
	SP100L Long H51856	\$256.00	20 Oct. 97
	SP75 Adolescent H51849	\$221.00	
Polycentric	PC100 Adult H51646	\$246.00	
	PC75 Juvenile H51641	\$246.00	
	PC50 Infant H51635	\$225.00	

## SHOULDER JOINT

Otto Bock	12S7	\$347.00	4 Feb. 98
Hosmer	FAJ-100 H51010	\$406.00	20 Oct. 97

## HARNESS AND CABLE KIT

Hosmer Dorrance

	Adult BE H51600	\$116.00	20 Oct. 97
	Adult AE H51604	\$116.00	20 Oct. 97
USMC		POA	
Otto Bock	Below Elbow 21A20	\$133.00	4 Feb. 98
	Above Elbow 21A19	\$167.00	4 Feb. 98

## MODULAR ARM

For shoulder disarticulation and above elbow

Hosmer POA

USMC

Otto Bock

Subject to negotiation with the ALS Administrator.

## SPECIAL CASES

For complicated cases

Nudge switches

Hosmer Dorrance	Right H52521	\$413.00	31 Dec. 97
	Left H52522	\$349.80	31 Dec. 97

Modular components

Customised components etc

These are negotiated with the ALS Administrator.

## LOWER EXTREMITY

### EXOSKELETAL

### HIP JOINT

Hosmer Canadian	CHJ100 H50471,CHJ50	\$364.00	30 Dec. 97
Hip	CHJ175 H50467	\$364.00	20 Oct. 97
USMC hy duty	PO2-23H-D000	\$133.10	4 Feb. 98
USMC Regular	PO2-23R-G000	\$123.20	4 Feb. 98
USMC Small	PO2-23S-M000	\$123.20	4 Feb. 98

### KNEE JOINTS

#### INERTIA LOCK

Otto Bock	3P23 (Stance)	\$660.00	4 Feb. 98
	3P24 (Stance)	\$659.00	4 Feb. 98
Vessa	U10170 QSK 30 Stabilising knee (Same knee as QSSK II but for pyramid system)	\$568.75	7 Sep. 94

#### CONSTANT FRICTION

Otto Bock	3P25	\$509.00	4 Feb. 98
Otto Bock	3P21 (Childes)	\$385.00	4 Feb. 98

#### INTERMITTENT

(North Western) \$257.15

USMC - discontinued line) To replace existing limbs, ie not approved for primary use.

#### 4 BAR

Hosmer Dorrance 4 Bar Polycentric knee, Left	Right		
	H70506/07 AK	\$782.00	20 Oct. 97
	H70514/12 KD	\$919.00	20 Oct. 97

**LOCKING KNEE**

Otto Bock	3P49	\$594.00	4 Feb. 98
	3P21 Childes	\$373.00	1 Jan. 97
	3K9 Geriatric	\$502.00	4 Feb. 98
	3P4 Locking lever	\$569.00	4 Feb. 98

**ENDOSKELETAL (MODULAR COMPONENTRY)**

NOTE: See paragraph 50 on modular components

**HIP JOINTS**

Otto Bock	7E5	\$693.00	4 Feb. 98
	7E4	\$574.00	4 Feb. 98
	7E7	\$1,399.00	4 Feb. 98

**KNEE JOINTS****INERTIA LOCK**

Otto Bock		\$527.00	4 Feb. 98
	3R15 Weight 485g		
	3R49 Safety knee, titanium w adj stance and swing phase control, supplied with extension assist	\$904.00	4 Feb. 98
	21B30; wt 350g - 475 with ext assist		
Vessa	U11040 QSK Stabilising Knee MkII, incl patella cup, wt 309g	\$526.40	1 Nov. 93
	Extension assist for U11040 is U9839	\$64.44	1 Jan.94

**CONSTANT FRICTION**

Otto Bock	3R18	\$419.00	4 Feb. 98
-----------	------	----------	-----------

**4 BAR**

Otto Bock	3R21 Through knee	\$1217.00	4 Feb. 98
	3R20	\$700.00	4 Feb. 98
	3R36 Titanium	\$1118.00	4 Feb. 98
Teh Lin	TK 4000S	\$400.80	15 Jan. 94

**RESTRICTION** 3R36 - Only available through the ALS for hip disarticulation and for short above knee stumps with flexion contractures.

Vessa	U8715 Non alignable	\$510.67	1 Jan. 94
	U8827	\$523.83	1 Jan. 94

**LOCKING KNEE**

Otto Bock	3R17	\$540.00	4 Feb. 98
	3R23 Through knee	\$1,357.00	4 Feb. 98
Vessa	U8569 Non alignable	\$332.10	1 Jan. 94
	U8788 Alignable	\$333.07	1 Jan. 94
	U8475 4 Bar non align	\$596.76	1 Jan. 94
	U8642 4 Bar Alignable	\$610.11	1 Jan. 94
Teh Lin	TK 4001S 4 Bar knee with Manual Lock	\$511.20	15 Jan. 94

## FEET ADAPTORS

### SINGLE AXIS

Teh Lin	TAJ-00 Hy-Stan fixed SACH ankle with bolt	\$32.40	15 Jan. 94
Otto Bock	2R10 22 - 25	\$140.00	4 Feb. 98
	2R10 26 - 39	\$140.00	4 Feb. 98
	2R33 22 - 30 titanium	\$317.00	4 Feb. 98
Vessa	U8721 Non alignable (<240mm)	\$146.28	1 Jan. 94
	U8665 Non alignable (>240mm)	\$146.28	1 Jan. 94
	U8722 Align <240mm	\$150.52	1 Jan. 94
	U8666 Align >240mm	\$150.52	1 Jan. 94
Seattle	SCA240 Titanium	\$68.70	17 Feb. 98
	SCA280 Stainless Steel Foot Pyramid	\$40.20	17 Feb. 98
	SAS210 Ankle for patients under 68 Kg	\$230.30	17 Feb. 98
	SAS213 carbon Ankle Discontinued		29 Jan. 96
	SSL250 - A Seattle Select Flared Pylons	\$180.60	29 Jan. 96
	SSL250 - B Seattle Select Bonded Pylon	\$234.70	17 Feb. 98
	SSL250 - F Seattle Select Flared Pylon	\$203.20	17 Feb. 98
	SSL250 - P Seattle Straight Pylon	\$140.20	17 Feb. 98

### SYME

Vessa	N4421 Socket kit	\$144.87	1 Jan. 94
	N4431 Socket kit	\$144.87	1 Jan. 94
	N4441 Socket kit	\$144.87	1 Jan. 94
USMC *C	15000 SACH foot adaptor (Stainless steel)	\$31.90	4 Feb. 98
	15100 SACH foot adaptor (Titanium)	\$96.80	4 Feb. 98

NOTE: \*C Conditional accreditation. Report any anomalies to CDU. Accreditation review in 24 months.

D Conditionally accreditation. *Must be accompanied by fitting instructions.*

## MULTI AXIS

**Restriction:** Multiaxial feet should only be utilised when the activity level requires ankle, subtalar and mediatarsal function for the young to middle aged active amputee.

Otto Bock	2R11 23 - 26 Greissinger	\$161.00	4 Feb. 98
	2R11 27 - 30 Greissinger	\$161.00	4 Feb. 98
	2R35	\$328.00	4 Feb. 98
<b>Blatchford Endolite Multiflex ankle</b>	assy 120/23 Light duty	\$132.67	21 Jul. 94
	standard	\$135.24	21 Jul. 94
	30 mm light duty	\$155.66	21 Jul. 94
	standard	\$170.63	21 Jul. 94

## SACH

Vessa	U9138 non alignable (<240mm)	\$60.01	1 Jan. 94
	U9139 non alignable (>240mm)	\$60.01	1 Jan. 94
	U9143 Alignable (<240mm)	\$39.87	1 Jan. 94
	U9144 Alignable (>240mm)	\$39.87	1 Jan. 94
Otto Bock	2R8	\$63.00	4 Feb. 98
	2R31 SACH foot adaptor titanium	\$111.00	4 Feb. 98
Fillauer	124160 Foot attachment plate	70.81	21 Oct. 94
Blatchford	409015 SACH foot adaptor M10	\$119.00	21 Jul. 94
	<b>*R</b>		
	409014 Seattle Foot adaptor to SACH <b>*R</b>	\$107.68	21 Jul 94
	409012 Seattle foot adaptor to Multiflex ankle	\$75.60	21 Jul. 94

## NOTE R

1. Endolite below knee components marked \*R in the schedule can only be used by prosthetic centres which have personnel who have completed a training course in the manufacture of Endolite prostheses.
2. The Australian distributor is to maintain a record of and issue an accreditation to people who have completed the course. Components can then only be forwarded to a centre which has an accredited prosthetist or technician.

## TORSION ADAPTORS

Otto Bock	4R39 Pylon attached	\$451.00	4 Feb. 98
	4R40 Socket attached	\$451.00	4 Feb. 98

## PYLONS

### Pylons only

Teh Lin	TTT-14" tubing	\$23.80	15 Jan. 94
Otto Bock	2R25=S/500 30mm dia Thigh Tube	\$38.00	4 Feb. 98
Vessa	U9665 115mm, 25mm dia	\$44.39	1 Jan. 94
	U9664 250mm, 25 mm dia	\$62.11	1 Jan. 94
	U9663 500mm, 25mm dia	\$106.59	1 Jan. 94
	U9659 Tube Insert	\$8.31	1 Jan. 94
Blatchford	Shin type adaptor 339137	Discontinued	21 Jul. 94
	Double ended, pylon with socket adaptors, single ended 339237	Discontinued	21 Jul 94
	Demountable trans-tibial shin kit 019131	\$252.00	21 Jul. 94
Fillauer	125030 30mm pylon 8"	10.32	21 Oct. 94
USMC *C	15010 30mm aluminium tube 10". Also avail in 1 m length (\$38.00)	\$19.80	4 Feb. 98
See Note *C on page 25	but has not been tested beyond the 300mm in length		
	15036 900mm	\$47.30	4 Feb. 98

## Pylon with adaptor

Otto Bock	2R2 200mm, 30 mm dia	\$79.70	12 Oct. 92
	<b>NOTE</b> 2R2 replaced by 2R3	\$12.90	21 Oct. 92
	2R3 400mm, 30 mm dia	\$109.00	4 Feb. 98
	2R37 200mm, 30mm dia	\$127.00	12 Oct. 92
	<b>NOTE</b> 2R37 replaced by 2R38		8 Sep. 93
	2R38 400mm, 30mm dia	\$172.00	4 Feb. 98
Vessa	U8875 platform, 25mm dia	\$87.91	1 Jan. 94
	U9556 alignable pylon 25mm dia	\$135.87	1 Jan. 94

## CLAMP ADAPTORS

Teh Lin	TTB-1 Hy-Stan fixed adaptor	\$28.90	15 Jan. 94
Otto Bock	4R21	\$95.00	4 Feb. 98
	4R56 angled, alignable	\$247.00	4 Feb. 98
	4R52 "Titanium"	\$188.00	4 Feb. 98
Vessa	U8652 Alignable	\$101.98	1 Jan. 94
	U9142 Non alignable	\$60.01	1 Jan. 94
	U8875 Non alignable	\$87.91	1 Jan. 94
USMC	15001 Stainless steel	\$69.30.	4 Feb. 98
	15101 Titanium	\$138.60	4 Feb. 98
Seattle	SCA220 Clamp Adaptor - Titanium	\$116.00	17 Feb. 98
	SCA270 Clamp adaptor	\$65.73	29 Jan. 96
Fillauer	124170 Pylon tube clamp	65.73	21 Oct. 94

## SOCKET ATTACHMENT BLOCK

Otto Bock	5R1	\$72.00	4 Feb. 98
	4R63	\$82.00	4 Feb. 98
	4R41	\$210.00	4 Feb. 98
Vessa	U9146 80mm, non alignable	\$59.18	1 Jan. 94
	U9147 100mm, non alignable	\$59.18	1 Jan. 94
	U8753 80mm alignable	\$65.68	1 Jan. 94
	U8754 100mm alignable	\$65.68	1 Jan. 94
	U9170 Cruciform short	\$83.11	1 Jan. 94
	U9148 cruciform long	\$83.11	1 Jan. 94
	U8749 SACH bolt 8mm	\$71.11	1 Jan. 94
USMC	15029 Moulded wood block	\$49.50	4 Feb. 98

## SOCKET ADAPTOR

Teh Lin	TWP-B2 Wedge plates	\$8.20	15 Jan. 94
	TWB-B2 Wood block	\$46.30	15 Jan. 94
	TSC KDA-L L-Bracket	\$70.00	19 Feb. 93
	TSC-BX Wire connector BK	\$49.00	15 Jan. 94
	TSC-A Wire connector AK	\$49.00	15 Jan. 94
Otto Bock	4R37 Rotatable socket adaptor	\$130.00	4 Feb. 98
	4R51 Rotatable socket adaptor titanium	\$202.00	4 Feb. 98
	4R22	\$67.00	4 Feb. 98

Vessa	U9145 alignable	\$35.41	1 Jan. 94
	U8875 non alignable	\$87.91	1 Jan. 94
	U8675 (Clamp adaptor)	\$60.01	1 Jan. 94
	U8676 (Alignable)	\$139.52	1 Jan. 94
	U9109 (Double adaptor)	\$146.37	1 Jan. 94
	U9989 Quantum BK socket adaptor w Shift small	\$112.52	7 Sep. 94
	Quantum alignment adaptors	all 226.03	5 Oct. 94
	3 mm U9875 Reg		
	U9879 Small		
	6 mm U9876 Reg		
	U9880 Small		
	9 mm U9878 Reg		
	U9881 Small		
	12 mm U9878 Reg		
	U9882		
	U9990 Quantum BK socket adaptor w Shift large should come w assy instrs	\$112.52	7 Sep. 94
Note	The U9989 is avail in BK kit consisting of U9989, two U8652's & U9964. These kits are cheaper than buying components individually. The kit numbers are U10156 for the small adaptor and U10157 for the large socket adaptor. These cost \$359.68		
Blatchford	189906 Below knee *R	\$108.78	21 Jul. 94
	189907*R	\$66.13	21 Jul. 94
	189810*R	\$32.10	21 Jul. 94
	189910 *R	\$47.55	21 Jul. 94
	189110*R	\$125.25	21 Jul. 94

### SOCKET ADAPTOR WITH PYRAMID

Otto Bock	4R23	\$58.00	4 Feb. 98
	4R42	\$132.00	4 Feb. 98
	4R54 (titanium)	\$103.00	4 Feb. 98
Fillauer	128180 Socket attachment plate	\$56.49	21 Oct. 94
USMC *C	15002 Stainless steel	\$56.10	4 Feb. 98
See Note *C page 25	15102 Titanium	\$85.80	4 Feb. 98
See Note D page 25	15013 4 prong connector stainless large	\$64.90	4 Feb. 98
(D – cond accred. Must be accompanied by fitting instructions)	15113 4 prong connector titanium large	\$137.50	4 Feb. 98
	15043 4 prong connector stainless regular	\$69.30	4 Feb. 98
	15143 4 prong connector titanium regular	\$137.50	4 Feb. 98
	15019 3 prong connector stainless	\$94.60	4 Feb. 98
Seattle	SCA210 Socket Pyramid - Titanium	\$90.95	17 Feb. 98
	SCA260 Stainless Steel Socket Pyramid	\$63.55	17 Feb. 98

### SOCKET ADAPTOR MODULAR (ATTACHMENT) for vacuum formed sockets

Otto Bock	5R6 = 1 for 400mm distal stump circumf	\$123.00	4 Feb. 98
	5R6 = 2 for 320mm distal stump circumf	\$123.00	4 Feb. 98
	5R6 = 3 for 250mm distal stump circumf	\$123.00	4 Feb. 98

**Note:** In general it can be used instead of 5R1 by allowing better manufacturing capabilities

USMC See Note D page 26 ( <i>Cond accred.</i> )	15107 titanium small with pyramid	\$168.30	4 Feb. 98
	15108 titanium large with pyramid	\$168.30	4 Feb. 98
<i>Must be accompanied by fitting instructions</i>	15015 stainless small w adjust screws	\$176.00	4 Feb. 98
	15115 titanium small w adjust screws	\$280.50	4 Feb. 98
	15016 stainless lge w adjust screws	\$176.00	4 Feb. 98
	15116 titanium lge w adjust screws	\$280.50	4 Feb. 98

**Note** The USMC adaptors fill the function of two components used in combination ie the 15015 is equiv to a 5R6 combined with a 4R22

## COSMESES FOR ENDOSKELETAL MODULAR COMPONENTRY

### FOOT ATTACHMENT

Otto Bock	2R22 (Single axis)	\$18.00	4 Feb. 98
	2R23 (Multi axis) Greissinger	\$18.00	4 Feb. 98
	2R14 (Sach)	\$12.00	4 Feb. 98
Vessa	U1331/8198-45mm (Single axis)	\$8.86	1 Jan. 94
	U1330//8125-50mm	\$8.86	1 Jan. 94
	U1332/8227 (Sach)	\$8.86	1 Jan. 94

### STOCKINGS

Otto Bock	99B14 (Above knee )	\$20.00	4 Feb. 98
	99B16 (Below knee )	\$14.00	4 Feb. 98

### FOAM COVERS

Otto Bock	6R6 BK	\$70.00	4 Feb. 98
	3R24 AK	\$158.00	4 Feb. 98
	3R6 AK	\$158.00	4 Feb. 98
Blatchford	561012 shin faring *R	\$41.32	21 Jul. 94
	561014*R	\$32.45	21 Jul. 94
	561015*R	\$32.45	21 Jul. 94
	ankle faring 561068 - 561075	\$26.55	21 Jul. 94

**Or** similar durable closed-cell foam

**NOTE:** Foam covers are NOT to be permanently fixed to prosthesis so as to cause destruction on removal.

**FINISHING****KIT**

Otto Bock	4R32 (Hip disartic)	\$71.00	4 Feb. 98
-----------	---------------------	---------	-----------

**KNEE****PROTECTOR**

Otto Bock	99B17	\$64.00	1 Jan. 97
Vessa	U9777 (Thigh sleeve MkII (Note: renumbered from 906/7699))	\$107.10	1 Jan. 94

**EXTENSION****ASSIST**

Otto Bock	21B30	\$71.00	4 Feb. 98
-----------	-------	---------	-----------

**FEET****SACH**

Kingsley	K01 Low profile K051 Flattie K06 Juvenile K042 Casual K043 Fashion K044 Hi-Fashion Lite Feet K09 K0951	all \$140.00	30 Dec. 97
----------	--	--------------	------------

	K16 Beachcomber	\$193.00	26 Nov. 97
--	-----------------	----------	------------

**FEET**

Otto Bock	IS30 IS65 IS37 IS67 IS41 IS67 IS43 IS68 IS49 IS70 IS57 IS71 IS64 IS72 IS73 IS83	all \$136.00	4 Feb. 98
-----------	--	--------------	-----------

***MULTI AXIS***

Otto Bock	1A12 (Exo-skeletal)	\$320.00	4 Feb. 98
	1A13 (Endo-skeletal)	\$172.00	4 Feb. 98
Blatchford Endolite	Multiflex foot with toes 509135 - 509152	\$266.39	18 Jul. 94

**SINGLE AXIS**

Otto Bock	1H31	\$272.00	4 Feb. 98
	1H32	\$170.00	4 Feb. 98
Vessa	Foot HT700 - HT721	\$114.73	1 Jan. 94
	HT350 - HT473	\$114.73	1 Jan. 94
	Bumper Instep R095	\$3.71	1 Jan. 94
	Heel R071, R072, R077, R082m	\$3.71	1 Jan. 94

**SYME**

Kingsley	K07 & K07J	\$156.00	26 Nov. 97
Otto Bock	1P5	\$174.00	4 Feb. 98

## OTHER

### VESSA QUANTUM SPRING AND FOOT COSMESES

	Type A		
	Spring N1540	All \$214.88	11 Dec. 92
	N1560		
	N1580		
	N1840 Symes		
	N1860 Symes		
	N1880 Symes		
	Type B		
	Spring N1660	All \$214.88	11 Dec. 92
	N1680		
	N1700		
	N1960 Symes		
	N1980 Symes		
	N2000 Symes		
Foot Cosmesis	N4240/1, 3 (Left or Right)	\$47.55	1 Jan. 94
	to N4300/1, 3	\$47.55	1 Jan. 94
Narrow Foot Cosmesis	N3220/1, 3 (Left or Right)	\$47.55	1 Jan. 94

### OTHER FEET

Seattle	SF11 Foot (No longer available)	\$000.00	1 Dec. 97
	SF110* Lifecast	\$311.95	1 Dec. 97
	SF120* Lifecast Ladies	\$311.95	1 Dec. 97
	SLF130/135* Light Foot	\$340.75	17 Feb. 98
	SLF 132 Child's Play Lightfoot	\$325.60	17 Feb. 98
	SNF150 Natural Foot	\$142.35	17 Feb. 98
	SSA210 Socket Adaptor	\$149.65	17 Feb. 98
	SSA230 Mounting Plate	\$30.75	17 Feb. 98
Otto Bock	1D10 Dynamic Foot	\$156.00	4 Feb. 98
	NOTE: Manufacturers provide 1 year unlimited warranty.		
	1k10 Dynamic Foot Child	\$156.00	4 Feb. 98

### ACCESSORIES

ANKLE BLOCK	Otto Bock 2K34	\$33.00	4 Feb. 98
WOOD BLOCK	Otto Bock 6P4	\$85.00	4 Feb. 98
PTB CUFF	Hosmer H51477 - H51806 Reis leather	\$94.00 \$50.00	20 Oct. 97
SILESIAN HARNESS			
BELOW KNEE EXTERNAL JOINTS	Otto Bock 7U32	\$220.00	4 Feb. 98
	7U30	\$220.00	4 Feb. 98
LATERAL MOVEMENT HIP JOINTS	Vessa (E746 - E757) (2.75"-5.5")	\$97.89	1 Jan. 94
DOUBLE SWIVEL PELVIC BANDS	Vessa HE536 (1.17") - HE544 (4")	\$77.73	1 Jan. 94

	Spherical swivel bearing assembly		18 Nov. 93
Pelvic bands	Hanger HE409,HE422,HE420 Male shape. 14g, 12 - 16"	\$29.40	1 Jan. 94
Pelvic band attachments	Hanger 50203 Duralmin studs (3 reqd)	\$20.68	1 Jan. 94
	Hanger E548 Barrel plate for L or R side	\$14.12	1 Jan. 94
	Hanger E772 Hinge joint for L or R side	\$79.92	1 Jan. 94
	Hanger E581 DSPB attachment kit	\$53.04	1 Jan. 94
Male bearer	Hanger rigid type H1 à H16, 63mm - 159mm	\$54.31	1 Jan. 94
Female bearer	Hanger H47 Gooseneck 150mm	\$67.69	1 Jan. 94
	Hanger H48 Offset 150mm	\$87.16	1 Jan. 94
	Hanger H50 Flush 150mm	\$67.16	1 Jan. 94
Female bearer for swivel strip	Hanger E766 51mm	\$85.13	1 Jan. 94
	Hanger HE767 60mm	\$85.13	1 Jan. 94
	Hanger HE768 70mm	\$85.13	1 Jan. 94
Swivel strip for double swivel	Hanger C302 à C330, 197mm - 375mm	\$20.97	1 Jan. 94
<b>VALVES</b>			
Hosmer	TCV100- Red Dot H51936	\$76.00	20 Oct. 97
	TCV400 or TCV400L H51981/82	\$101.00	20 Oct. 97
USMC	Various types	(Price variations)	1 Jun. 95
IPOS	I08001/I08111/I08134	\$95.30	1 Aug. 95
Otto Bock	21Y105	\$74.00	4 Feb. 98
KNEE BEARER JOINTS	Otto Bock 7G3 (Should be replaced by 3R21)	\$384.00	4 Feb. 98
MIX AND MATCH ADAPTORS	Vessa U9686 25/30mm adaptor Non alignable	\$26.00	1 Jan. 94
	U8545 Euro Adaptor no alignment	\$38.81	1 Jan. 94
	U8866 Euro Adaptor w alignment	\$39.98	1 Jan. 94
BACK CHECK CLAMPS	Otto Bock 4H1	\$22.00	4 Feb. 98
COMPLETE BOLT ASSEMBLY	Otto Bock 2Z22	\$18.00	4 Feb. 98

ANKLE  
COMPONENTS

Blatchfords	Snubber kit light duty	\$9.60	21 Jul. 94
	Standard	\$11.70	21 Jul. 94
	Ball & stem assy light duty	\$34.30	21 Jul. 94
	Standard	\$36.85	21 Jul. 94
VESSA			
	U9782 Pyramid Adaptor	\$39.64	1 Jan. 94
	U9686 Sleeve adaptor 25/30	\$26.00	1 Jan. 94

**MODULAR COMPONENTS FOR CHILDREN**

The following components are given a conditional accreditation. They have passed overseas structural testing, however they are still under a clinical trial in the UK. The ALS will be informed of the results of that trial. The system is **NOT** recommended for geriatric use. The patient weight should not exceed 50 Kg. Pylon length limitation is 375 mm

TEH LIN			
TSC-WC	Child's AK wire socket connector	\$49.00	All
TSC KDC	Child's L-bracket (Steel)	\$61.20	15 Jan. 94
TSC KDCS	Child's L-Bracket (Steel)	SEE NOTE	
TWP-C2	Systems AK wedge plates	\$4.50	
TBC-0	Systems BK adaptor	\$47.20	
TK-40C	Systems 4-bar knee	SEE NOTE	
TK-ICI	System single axis knee with lock	\$360.00	
TTC-15	System 15" shin tube	\$20.80	
TTC-12	System 12" shin tube	\$20.40	
TAC-00	Child's SACH Ankle Adaptor (5/16)	\$49.30	
TAC-0A	Child's SACH Ankle Adaptor (3/8)	\$49.30	

**NOTE** Provisional accreditation of TK40C & TSC-KDCS was withdrawn by Rehab Tech on 6 Sep 94. Rehab Tech directed that no further components of these kinds are to be issued.

**ITEMS ACCREDITED FOR USE IN AUSTRALIA BUT NOT INCLUDED IN THE SAALS**

A number of items have been approved for use in Australia but are not included in this Manual. Patients may arrange to use such items by arrangement with their limb manufacturer.

## SECTION 3

### **AMPUTEE CLINICS METROPOLITAN**

RALAC  
1 Rockville Avenue  
DAW PARK SA 5041

Royal Adelaide Hospital  
North Terrace  
ADELAIDE SA 5000

Adelaide Children's Hospital  
72 King William Road  
NORTH ADELAIDE SA 5006

Mareeba Rehabilitation Unit  
The Queen Elizabeth Hospital  
Woodville Road  
WOODVILLE SA 5011

### **Mon Metropolitan Clinics**

The Whyalla Hospital and Health Services Inc  
20 Wood terrace  
WHYALLA SA 5600

### **MANUFACTURES**

RALAC  
1 Rockville Avenue  
DAW PARK SA 5041

Prostek  
16 Paget Street  
RIDLEYTON SA 5008

The Whyalla Hospital and Health Services Inc  
20 Wood Terrace  
WHYALLA SA 5600