

FALL 2008

# Veterans' Health

*Your key to better health in the Midwest*

Over 50?  
Watch Out  
for Shingles!

VA Looks  
to Improve  
the Veteran  
Experience

Controlling Your  
Cholesterol

VA Prosthetics:  
Advancing Care  
for Veterans

**Be Prepared  
for Pandemic Flu!**  
*Special Pullout  
Guide Inside*



# VA SETS ITS SIGHT ON PATIENT SATISFACTION



Dr. Robert Petzel

**T**he vision of the VA is “to provide veterans the world-class benefits and services they have earned—and to do so by adhering to the highest standards of compassion, commitment, excellence, professionalism, integrity, accountability, and stewardship.”

To attain these high levels of care and service, VA strives to identify the needs of veterans, using innovative ways to see through the eyes of its patients. Network Director Dr. Robert Petzel recognizes the importance of VA’s self-evaluation of its facilities and level of care through programs such as the “Fresh Eyes on Service” national campaign. “The Fresh Eyes program provides an unbiased, fresh look at what the patient experience is like,” said Petzel. “For example, when somebody calls, we can see how

quickly they can get an appointment, or if somebody comes in to a facility as a ‘secret shopper,’ we can see how are they treated and how quickly they get in.”

Fresh Eyes on Service will be a lasting initiative. “This is an ongoing program—quarter after quarter, month after month—with a fundamental purpose to get good information and discover areas needing improvement so that we can make each visit a better experience for veterans.”

In addition to patient satisfaction, VA also places great importance on being a leader in medical research and technology, providing the best available care for veterans. “Each year, the VA spends \$1.2 billion on prosthetics alone,” said Petzel. “The article in this issue focuses on the importance of the VA’s prosthetic program and its breadth and depth.”

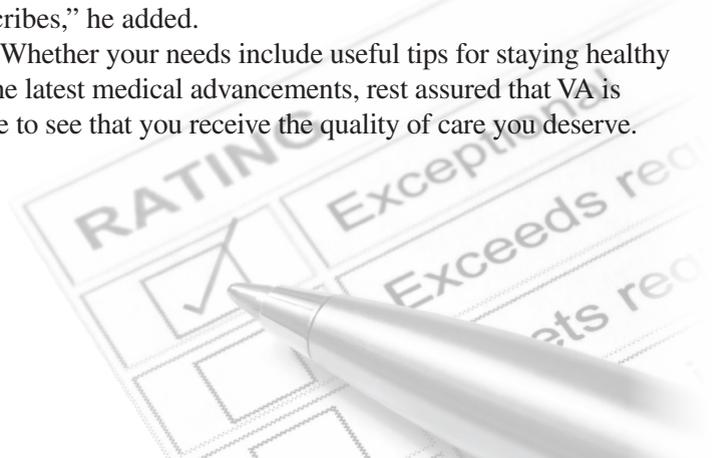
Also in this issue, veterans will find a pull-out guide describing pandemic flu preparation that can be saved for future reference. Petzel says that an individual’s behavior during a pandemic is very important to control the spread and minimize the impact of a pandemic. “I would urge veterans to read the insert and become familiar with the measures that it describes,” he added.

Whether your needs include useful tips for staying healthy or the latest medical advancements, rest assured that VA is there to see that you receive the quality of care you deserve.

*In addition to patient satisfaction, VA also places great importance on being a leader in medical research and technology, providing the best available care for veterans.*

## on the cover

Al Pike, CP, prosthetist for the VA Midwest Healthcare Network, and Mellissa Stockwell, the first woman amputee of Operation Iraqi Freedom (OIF). Stockwell recently qualified in swimming for the Paralympics.



*Veterans’ Health* is published quarterly as a patient education service by VA Midwest Health Care Network, one of the 21 integrated networks of the Department of Veterans Affairs. The publication is intended to provide information to help you stay well, manage your health care and learn about the many health services available through VA. This publication is not intended as a substitute for professional medical advice, which should be obtained from your doctor. All articles may be reproduced for educational purposes.

# Over 50?

# Watch Out for Shingles!

If you are over 50 and you had the chickenpox virus when you were young, you are a candidate for herpes zoster, otherwise known as shingles.

Shingles is caused by the varicella-zoster virus, the same virus that causes chickenpox. Once you've had chickenpox, the virus lies dormant in nerve tissue. As the human body ages, it's possible for the virus to emerge again in the form of shingles.

According to Kent Crossley, M.D., associate chief of staff for education at the Minneapolis VA Medical Center, the chance of developing shingles increases after age 50, but most people will see the onset after age 60. About one-third of all people will develop the infection.

One of the first signs of shingles is a rash generally located on one side of the body or face. The rash can be accompanied by itching, tingling, burning or shooting pain. "Sometimes shingles begins with a rash or sometimes with localized pain at the place the rash will later appear," says Dr. Crossley. "It can impact any part of the body and is especially serious if it involves an eye or tissue around the eye. This can lead to scarring and loss of vision."

If you develop shingles, early treatment with antiviral drugs can reduce the duration of the attack and the severity of the pain, so it's important to see your primary care physician if you develop a rash or unexplained pain. "This is crucial if the pain or rash involves the face," says Dr. Crossley.

There is no cure for shingles, but if you'd like to try to avoid the virus and its associated symptoms, a vaccine is now available. "The vaccine appears to reduce the frequency of shingles by about 50 percent," says Dr. Crossley. "It also reduces the frequency of the pain."

To learn more about the shingles virus and the vaccine, speak to your primary care provider.



Dr. Kent Crossley

## Complications and Prevention

According to the Centers for Disease Control and Prevention, among those who get shingles, more than one-third will develop serious complications. These include problems with hearing and vision, including temporary or permanent blindness, and pain (called postherpetic neuralgia) that can persist for months or years after the shingles rash has healed. After 60 years of age, the risk of complications rises.

Zostavax is a shingles vaccine recommended for adults 60 years of age and older with a normally-functioning immune system. Even if you've had an episode of shingles, it's recommended you get the vaccine. Only one dose is necessary.

Possible side effects of the vaccine include mild headache and redness, tenderness, and swelling at the injection site.



A typical shingles rash.

# VA Looks to Improve the Veteran Experience

**F**or the Department of Veterans Affairs (VA), it isn't enough to provide veterans with healthcare of the highest quality and medicine that's leading edge.

VA also wants you to have the best experience possible every time you visit a VA medical center or community-based outpatient clinic (CBOC). That's why, across the nation, all VA facilities—including those in the VA Midwest Healthcare Network (VISN 23)—are looking at themselves through fresh eyes.

In February 2008, VA initiated a national campaign called "Fresh Eyes on Service." It's a program of self-evaluation with the goals of improving veterans' experiences when they visit VA facilities and building veteran loyalty toward VA.

According to Kathleen De Roos, Network Fresh Eyes on Service coordinator, the program uses the "secret shopper" technique commonly used in the retail sector. Teams of VA employees from a broad selection of backgrounds visit facilities (not the ones they work in) unannounced to observe and document employee and patient interaction. They also talk to patients about their experiences at the medical center or CBOC. "It's a snapshot of a facility on any given day of what our patients are experiencing," says De Roos.

In VISN 23, the information is electronically communicated with medical center leadership as it is gathered. "We felt we needed to be able to share the reports as we went along so that if an issue is identified, action can be taken right away," explains De Roos. "Likewise, if a good practice is seen at a facility, it can be shared with other facilities." Eventually, all reports will be sent to the national Fresh Eyes on Service office where they will be evaluated and developed into an action plan.

While the Fresh Eyes on Service campaign is due to be completed by September 30, 2009, because of its value in improving the patient experience, De Roos doesn't think that will be the end of it. "I see this as a program that will continue in some form."

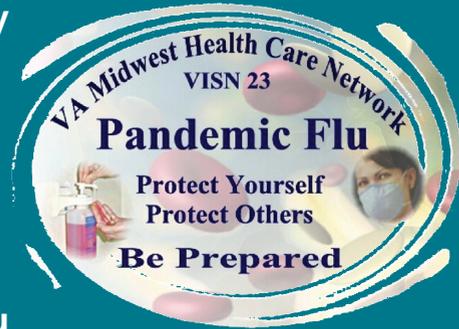
## Goals of the Fresh Eyes on Service Program:

- ✓ To learn what it takes to make our veterans and their loved ones have great experiences at VA facilities
- ✓ To have veterans come to the VA because they want to, not because they have to
- ✓ To create a work culture that encourages personal responsibility on the part of every staff member
- ✓ To improve and reinforce VA customer service programs



# BE PREPARED

Although it is unknown when a pandemic may occur, you should understand the importance of planning and preparing for such an event ahead of time. The VA Midwest Health Care Network has developed this pamphlet to help you understand what a pandemic is and what you can do to prepare. You will find lots of tools and checklists inside that will help you with your planning and preparing for pandemic flu.



## Pandemic Planning is Underway

The U.S. is getting ready for pandemic flu by stockpiling vaccines and other medications, watching viruses around the world, and helping state, local, and tribal authorities develop pandemic flu plans. Each state has an emergency plan. Check with your local health department to learn more about your state's pandemic plan. These resources can be found on the back of this handout.



Dr. Kent Crossley

The VA is also preparing for a pandemic. Our VA Midwest Health Care Network has a Pandemic Influenza Planning Committee that has been meeting regularly for the past three years. The committee is planning ways to protect the health of the veterans we serve, maintain the services we provide, and protect our staff. Dr. Kent Crossley of Minneapolis and Dr. Gary Gorby of Omaha co-chair the pandemic committee. Dr. Crossley wants our veterans to know that "the Pandemic Flu Planning Committee is working hard to minimize the effects that a pandemic may have on the Midwest VA community."



Dr. Gary Gorby

There are many steps that you can take to prepare for pandemic flu, too. "There has already been a lot of preparation for pandemic flu at a national, VISN, and local

level. However, no amount of planning at these other levels can make up for a lack of individual planning. Until each veteran has an individual plan for their household and family, we won't be ready to face the challenges of a flu pandemic" states Dr. Gary Gorby. Use this guide to learn more about pandemic flu, how flu spreads, how to stay healthy, how to stay informed, and how to create your own emergency plan. Keep this pamphlet handy in case you ever need it!

### Millions May Become Sick

Each year, the U.S. experiences about 36,000 deaths related to seasonal flu and more than 200,000 hospitalizations. It is estimated that a pandemic could cause between 200,000 and 2 million deaths in the U.S.

In the event of a pandemic, the VA Midwest Health Care Network will advertise a Telephone Care hotline number for pandemic flu related calls. Record that number here:

(    )    \_\_\_\_\_

# Save This Info!

SAVE THIS GUIDE Take this section out of your Veterans' Health Magazine and keep it in a safe place!

# PANDEMIC FLU

# Flu is Spread Through:

**Direct contact**—holding hands or kissing

**Indirect contact**—touching infected surfaces such as a telephone and then touching your nose, mouth, or eyes before washing your hands

**The air**—coughs and sneezes can spread the flu virus

## Help Avoid Spreading Disease:

- ✓ Cover your coughs and sneezes with tissues or your sleeve
- ✓ Wash your hands often with soap and water, especially after coughing or sneezing
- ✓ Clean contaminated surfaces such as countertops and telephones
- ✓ Don't share personal items such as toothbrushes or eating utensils
- ✓ Stay home if you are sick

## Hand-Washing Tips:

1. Lather both hands with soap and water (antibacterial soap is not necessary, though liquid soap is preferred over bar soap).
2. Rub hands together vigorously for 15-20 seconds, making sure to scrub wrists, palms, between fingers, and the backs of your hands. The scrubbing helps to remove the germs from your skin.
3. Rinse hands thoroughly with water.
4. Dry hands completely using a clean towel or paper towels.

## If a person has flu symptoms, they should:

- ✓ **Rest**
- ✓ **Drink fluids**
- ✓ **Stay home**
- ✓ **Take fever reducers**  
*such as acetaminophen or ibuprofen*

## How to Care for Someone with the Flu

- Have the sick person rest and stay in bed if running a fever
- Keep the person away from others as much as possible
- Give fluids for the sick person to drink as much as he/she can (to help prevent dehydration, encourage sick person to drink 1/2 to 1 gallon per day)
- Use fever reducers such as acetaminophen (eg. Tylenol) or ibuprofen (eg. Advil or Motrin); follow the package label or healthcare provider's instructions
- Have the person throw away used tissues immediately—place a trash container nearby
- Wash your hands frequently, especially after caring for the sick person
- Avoid touching your eyes, nose, or mouth—germs are often spread this way

**HOME CARE LOG:** Use a chart like this and fill in the boxes each time you take care of a sick person. Share it with a doctor or medical team as needed.

Name of Patient: \_\_\_\_\_

Date	Time	Observations*	Temp.	Meds

\*Describe how the sick person looks, how he/she feels or is doing, fluids or foods taken since the last time you saw or cared from them, etc.

# What is Pandemic Influenza?

## Know the Difference:

Seasonal Flu	Pandemic Flu
Outbreaks occur yearly, mostly in winter.	Does not happen often (only three times in 20th century).
Seasonal flu virus is like ones from the past few years. That's why many people can fight off the illness.	Because the virus is new, many more people are likely to get sick after they are exposed to it.
Not all people get sick, so there is space in hospitals for those who are really sick.	So many people may get sick that hospitals may not be able to handle all the people who need care.
Healthy adults usually don't get very sick. The very young, the elderly, and people with chronic health problems could get really ill.	People of any age and even healthy people could get really ill.
A vaccine for flu shots and the nasal spray is made each year that works well to stop the spread of seasonal flu.	A vaccine for pandemic flu may not be available when pandemic flu first breaks out. It may take 4 to 6 months to make the first doses of the pandemic-specific vaccine.
It takes about 2 days to get sick after contact with the seasonal flu virus. A person can start to spread virus to others about 1 day before they feel sick.	No one knows for sure how fast pandemic flu will make a person sick or spread to others. It is expected that it will be similar to seasonal flu.
The symptoms of seasonal flu include fever; headache; tiredness; cough; sore throat; runny or stuffy nose; and body aches.	It is expected that the symptoms of pandemic flu may be similar to those of seasonal flu, but <b>pandemic flu symptoms may be more severe.</b>

**Influenza** is an illness from a virus that causes fever, coughing, muscle aches, and other symptoms, that we refer to as "flu."

A **flu pandemic** occurs when a new flu virus spreads to people all over the world.

**Pandemic flu** is not the same as seasonal flu. Illness from seasonal flu occurs every year, usually in winter months. People can protect themselves from seasonal flu by getting a flu vaccine (flu shot or nasal spray as recommended by a healthcare provider).

**Pandemic flu** might make people sicker than seasonal flu and might spread easily to others because there would be no vaccine at first.

## When to Seek Medical Care



### If the person:

- Is unable to drink enough fluids (has dark urine; may feel dizzy when standing)
- Has a fever for more than 3 to 5 days
- Feels better, then gets a fever again

**CALL a healthcare provider**

### But if the person:

- Is short of breath or is wheezing
- Coughs up blood
- Has pain in the chest when breathing
- Has heart disease and chest pain
- Is unable to walk or sit up, or function normally

**GO RIGHT AWAY for medical care**

**IT IS IMPORTANT** to think about health issues that could arise if an influenza pandemic occurs, and how they could affect you and your loved ones. For example, if a mass vaccination clinic is set up in your community, you may need to provide as much information as you can about your medical history, especially if you have a serious health condition or allergy.

Use the list below to create a family emergency health plan. Make copies of the family member health information section and fill one out for each family member. Like much of the planning for a pandemic, this can also help prepare you for other emergencies.

## FAMILY MEMBER HEALTH INFORMATION WORKSHEET:

**Family Member Name:** \_\_\_\_\_

**Blood Type (circle one):**

O+   O-   A+   A-   B+   B-   AB+   AB-

**Allergies to Medications:** \_\_\_\_\_

**Other (food/pollen) Allergies:** \_\_\_\_\_

**Medical Conditions:** \_\_\_\_\_

**Current Medications/Dosages:** \_\_\_\_\_

**Pandemic Influenza Resources** The following websites provide reliable pandemic influenza information. It is important that, whatever the source of medical or health information, you discuss it with your healthcare provider.

**National, VA and Global sites for pandemic influenza information:**

[www.pandemicflu.gov](http://www.pandemicflu.gov)

The official U.S. Government Pandemic Flu website provides up-to-date information on several pandemic flu related topics.

[www.publichealth.va.gov/Flu](http://www.publichealth.va.gov/Flu)

The national VA influenza website provides information on influenza for VA facilities, flu toolkit resources, and access to the VA pandemic influenza plan.

[www.who.int/csr/disease/influenza/en/index.html](http://www.who.int/csr/disease/influenza/en/index.html)

The World Health Organization Pandemic Influenza website provides current information on pandemic flu.

**VISN State sites for pandemic influenza information:**

**IA** [http://www.idph.state.ia.us/adper/common/pdf/flu/pandemic\\_flu\\_fact\\_sheet.pdf](http://www.idph.state.ia.us/adper/common/pdf/flu/pandemic_flu_fact_sheet.pdf)

**MN** <http://www.health.state.mn.us/divs/idepc/diseases/flu/pandemic/index.html>

**NE** <http://www.hhs.state.ne.us/pandemic/>

**ND** <http://www.ndpandemicflu.gov/>

**SD** <http://doh.sd.gov/Flu/Pandemic/Default.aspx>

**WI** <http://www.pandemic.wisconsin.gov/>

## STOCK UP ON SUPPLIES

During a pandemic, stores may be out of supplies, or you may not be able to get to a store. It is important for you to have extra supplies at home to prepare for this possibility—it is recommended to stock enough supplies to last two weeks or more. Many of these supplies will be useful in other types of emergencies, such as power outages or snow storms. You can rotate your stock of these items once or twice a year to avoid expiration. Make sure to check the “use by” dates on the labels.

### Medical Supplies

- First Aid Handbook and general First Aid kit
- Over-the-counter medications for fever or pain relief, such as ibuprofen or acetaminophen
- Other non-prescription medications (stomach remedies, cough and cold medicines, vitamins)
- Prescription medications
- Prescribed medical supplies (glucose and blood pressure monitoring equipment)
- Thermometers
- Vitamins
- Fluids with electrolytes (Gatorade, PowerAde, Pedialyte)
- Protective face masks
- Soap or alcohol-based hand wash
- Canned soups and stews
- Cereal and protein bars
- Powdered milk
- Dried fruit, nuts, raisins, trail mix, granola
- Canned juices and dry drink mixes (Kool-Aid, Crystal Light, etc.)
- Peanut butter
- Dried pasta, rice, beans
- Pasta sauce
- Baby food (canned, jars, formula), if needed
- Pet food, if needed
- Other non-perishable foods

### Other Supplies

- Cleansing agents/soaps
- Tissues
- Toilet paper
- Disposable diapers, if needed
- Feminine hygiene products, if needed

### For the Pantry

- Water (32-64 oz. per person per day)
- Ready-to-eat canned meats, fruits, vegetables
- Flashlight
- Spare batteries
- Manual can opener
- Garbage bags
- Candles and matches



## Patient Advocates: Here to Listen to You

**W**hile the Fresh Eyes on Service program is a new tool VA is using to obtain your feedback, it isn't the *only* way to have your say. Patient advocates, in place at VA medical centers since 1991, are always available to listen to veterans and their families and to help in any way they can.

The main purpose of a patient advocate, according to Linda Polito, coordinator for patient advocates in the VA Midwest Healthcare Network, is to serve as a link between the veteran and his or her family and the medical center. "We help them flow through the process," she explains, "whether they have questions, concerns, or just want to give positive feedback."

Some examples of circumstances in which you might turn to the patient advocate include (but are not limited to):

- ▶ If you don't believe you are getting the care that you need
- ▶ If you have eligibility questions
- ▶ If you have financial and billing questions
- ▶ To learn your rights as a patient
- ▶ If you feel the service you received wasn't timely
- ▶ If you'd like to pass along praise or compliments

There is a patient advocate at each of the medical centers in VISN 23 and they are easy to find. Look for signs and cards located in several places around the medical center or ask any staff person to direct you to the patient advocate's office. You can also call in to the medical center and ask the operator to be connected to the patient advocate. Community-based outpatient clinics don't have patient advocates on the premises, but are covered by the advocate at the clinics' medical center hubs instead.

"Turning to the patient advocate to help solve problems or concerns can help improve health care for all veterans." According to Polito, patient advocates must document all reports given them by veterans. VA uses this information to make improvements in service.

Photo above: Victor Martinez, Patient Advocate, Fargo VA Medical Center was recently recognized for outstanding service to veterans by the Minnesota County Veterans Service Officers Association at their annual conference in Grandview MN. He serves as co-chair of the VA Midwest Health Care Network's Patient Advocate Council.

VA Midwest Health Care Network

# TIPS FOR BETTER HEALTH

## Fall Back—Carefully!

**D**aylight saving time ends in the early morning hours of November 2, and most people in America will gain an hour of sleep. But did you know that extra snooze time can be dangerous? Your body's internal clock (called *circadian rhythm*) adjusts according to the number of hours of daylight and dark, controls your sleep cycle, hormones, body temperature, and other functions that don't automatically shift with daylight saving time.

Insufficient sleep may increase your risk of diabetes, heart disease, obesity, and depression—and can make those diseases harder to manage. The National Highway Traffic Safety Administration estimates that drowsy driving causes at least 100,000 crashes and kills more than 1,550 Americans each year.

What can you do to safely "fall back" when November 2 arrives—and sleep well the rest of the year, too?

- 🕒 Gradually adjust the time you go to bed and get up by 10–15 minutes every few days.
- 🕒 Quit drinking caffeinated beverages about noon each day; avoid large meals late in the evening.
- 🕒 Be physically active during the day.
- 🕒 Sleep in a quiet, dark, relaxing environment.
- 🕒 Keep your home safely lit in the evening; turn on plenty of lights in the morning.
- 🕒 Go to bed at about the same time each night and get up at the same time each morning. Avoid the temptation to sleep in on weekends.

For further information about Drowsy Driving Prevention week, log on to [www.drowsydriving.org](http://www.drowsydriving.org) or the National Sleep Foundation Web site at [www.sleepfoundation.org](http://www.sleepfoundation.org)

National Sleep Foundation  
Drowsy Driving Prevention Week  
November 10-16, 2008

For more health tips,  
visit the *HealthierUS*  
Veterans website at:



[www.healthierusveterans.va.gov/](http://www.healthierusveterans.va.gov/)

# Controlling Your Cholesterol

## FOR BETTER HEALTH

**C**holesterol is a fat-like substance found in your bloodstream. Some of it is produced by the body to use in bodily functions, but some of it comes from the foods you eat. Controlling the total level of cholesterol in your bloodstream is one key to better cardiovascular health.

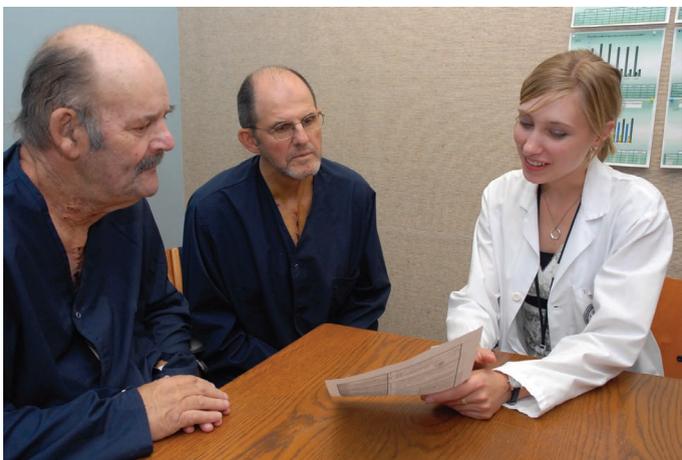
There are two types of cholesterol: LDL (“bad” or “lousy” cholesterol) and HDL (“good” or “healthy” cholesterol.) Over time, too much LDL cholesterol can build up in the inner walls of the arteries that supply blood to the heart and brain. This thick, hard plaque can narrow the arteries, which in turn, can lead to a heart attack or stroke. HDL cholesterol, on the other hand, is thought to protect against heart attack and stroke.

The first step in getting your cholesterol levels under control is to talk to your VA primary care physician and have your cholesterol checked. VA recommends cholesterol screening for men age 35 or older and women age 45 or older. (See sidebar for cholesterol levels and what they mean.)

According to Colene Andersen, MD, primary care physician at the VA Nebraska-Western Iowa Health Care System, how often your levels are checked depends on your risk factors, including age, weight, a family history of cardiovascular disease or high cholesterol, and tobacco use. “There is no data to support specific screening intervals,” says Dr. Andersen. “However, screening every five years in low-risk patients and more frequently in patients with higher risk is generally accepted.”

If you have high cholesterol, your physician will recommend the best course of treatment to lower it. While one of the ways may be to take a cholesterol-lowering drug, there are lifestyle changes you can make that will also help.

For instance, reducing the amount of saturated and trans fat in your diet can help bring your total cholesterol



### Know Your Numbers

VA follows the cholesterol levels recommended by the American Heart Association. Cholesterol is measured in milligrams of cholesterol per deciliter of blood. Below are the numbers you should know.

#### Total Cholesterol Levels:

**Less than 200 mg/dL** – a desirable level that puts you at a lower risk for coronary heart disease and stroke.

**200 to 239 mg/dL** – borderline high; your risk is higher.

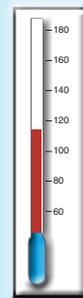
**240 mg/dL and above** – high blood cholesterol; at this level, you have *more than twice* the risk of coronary heart disease or stroke as someone whose level is below 200 mg/dL.

#### Blood Pressure:

**Normal** – below 120/80

**Prehypertension** – 120/80 to 140/90

**Hypertension** – 140/90 and above



levels down. According to Jessica Burgstahler, RD, LD, dietitian in the Minneapolis VA Medical Center cardiac rehabilitation unit, the total fat in your diet should be no more than 35 percent of your total calories. Of that percentage, only 7 percent should come from saturated fats.

“Learn to read the food label on products,” says Burgstahler. “It’s your best friend when shopping.”

Adding soluble fiber, which helps the body rid itself of fats, to your diet is another way to lower your cholesterol level. Foods that contain this type of fiber include oatmeal, beans, and citrus fruits.

Exercise is also important. Regular exercise increases the good (HDL) cholesterol in your blood.

The good news, says Burgstahler, is that by adhering to a diet low in saturated and trans fat, exercising regularly, and following other recommendations from your doctor, you can lower your cholesterol levels—and reduce your risk of heart attack or stroke—in as little as six weeks.

Jessica Burgstahler, R.D., L.D., a dietitian in the cardiac and polytrauma unit at the Minneapolis VAMC, conducts a class on nutrition and healthy eating.

# VA Prosthetics:

## Advancing Care for Veterans

The years following World War II were the golden years for prosthetics with great scientific and technical advances in the art of artificial limbs, according to Al Pike, CP, prosthetist for the VA Midwest Healthcare Network. “We have gone from wooden prostheses covered with rawhide to metallic endoskeleton prostheses of aluminum and titanium made to look more lifelike with silicone coverings.”

VA has become a world leader in prosthetics and rehabilitation as it strives to meet one of its strategic goals: to restore the capabilities of disabled veterans to the greatest extent possible. “VA has been among the first to provide some of the latest technology in artificial limbs,” says Pike.

Receiving an artificial limb is just a portion of the care that veterans with amputations receive at the Minneapolis VA Medical Center (VAMC), where the network’s polytrauma center is housed. After surgery, amputees attend the “Amputee Clinic,” a gathering of specialists, including prosthetists, orthotists, physicians, nurses, physical therapists, and oc-

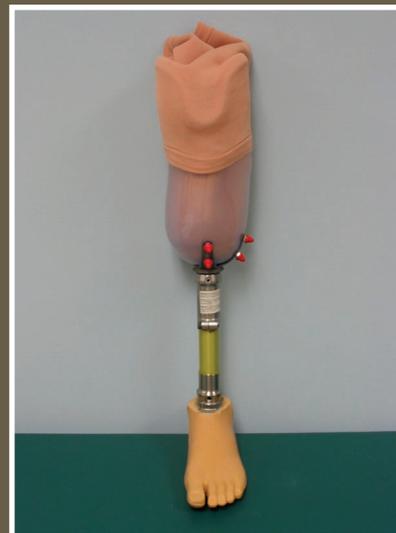
cupational therapists. With input from the amputees and their families, the team collaborates to prescribe the most appropriate prostheses for the veterans’ needs.

Once an amputee has his or her artificial limb (the most common amputation is of the lower limb), prosthetic rehabilitation begins. The patient receives one to two weeks of intensive gait and skills training by a specially trained physical therapist. During this time, the prosthetist and therapist work with the patient to optimize the function and fit of the prosthesis.

“The full process of amputee rehabilitation is about one year,” explains Pike, “during which time there will be many adjustments to the prosthesis as the amputee gets used to it and the amputated limb goes through changes.”

The veteran’s care continues for life, as long-term support has been shown to improve the patient’s functioning months or years after the amputation.

Sensory aids, devices, and assistive aids are also available to veterans. To learn more, talk with your primary care provider.



Top: Wooden prosthesis covered with rawhide

Center: Metallic endoskeleton prosthesis

Bottom right: Silicone covered prosthesis

Bottom left: Various prosthetic legs

# One Veteran's Experience

**V**eteran Army National Guardsman Tony Larson lost his lower leg and foot in 2006 as the result of an injury from an improvised explosive device in Iraq.

Though he received his prosthesis through the Army, he turned to the St. Cloud VA Medical Center when he developed a skin irritation from the liners that fit over the limb and the prosthesis.

Tony's primary care physician at the St. Cloud VAMC treated his skin irritation and referred him to the Minneapolis VAMC Amputee Clinic for a closer examination of his limb and his prostheses.

"The amputee team really looks at the overall picture," says Larson. "They asked what my abilities were and what my abilities could be. They take it all into consideration when deciding what's best for the patient."

Today, Tony has nine prosthetic feet to fit his active lifestyle, including one for running, one for downhill skiing, one for swimming, and one for his cowboy boots.

Veteran Tony Larson wearing his running prosthesis, one of several artificial limbs he uses to fit his active lifestyle.



**Department of  
Veterans Affairs**

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