

AMPUTATION SYSTEM OF CARE

1. SUMMARY OF MAJOR CHANGES:

a. **Amendment dated April 16, 2025**, changes language from “gender” to “sex” to comply with EO 14168.

b. **As published December 19, 2023**, this directive:

(1) Updated responsibilities for the National Director, Physical Medicine and Rehabilitation Program; National Director, Amputation System of Care (ASoC); National Program Manager, ASoC; Veterans Integrated Services Network Director; Department of Veterans Affairs (VA) medical facility Director; Regional Amputation Center, Physician Medical Director; Polytrauma Amputation Network Site, Physician Medical Director; Amputation Rehabilitation Coordinator; ASoC Program Support Assistant; Amputation Care Team/Virtual Amputation Care Team; and Amputation Point of Contact Site Care Coordinator (see paragraph 2).

(2) Updated title of Deputy Chief, Patient Care Services Officer for Rehabilitation and Prosthetics Services to Executive Director, Rehabilitation and Prosthetics Services (see paragraph 2).

(3) Added new paragraphs ASoC Program Description, ASoC Organization Structure and Definitions (see paragraphs 3, 4 and 8).

(4) Added new Appendix A, Amputation System of Care Staffing.

(5) Added information in Appendix B on platforms and resources available to Veterans with amputation.

(6) Moved former Appendix C, Levels of Services for Each Component of the Amputation System of Care; Appendix D, Clinical Practice Guidelines; and Appendix F, Amputee Data Repository to the ASoC SharePoint.

2. RELATED ISSUES: VHA Directive 1172.01, Polytrauma System of Care, dated January 24, 2019; VHA Directive 1173.3, VHA Outpatient Amputation Specialty Clinics, dated March 8, 2021; VHA Directive 1410, Prevention of Amputation in Veterans Everywhere (PAVE) Program, dated June 30, 2022; VHA Directive 1936(1), Accreditation of VA Orthotic, Prosthetic and Pedorthic Facilities and Personnel Credentialing, dated September 16, 2019; Federal Register, Volume 85, Number 248: Prosthetic and Rehabilitative Items and Services, dated December 28, 2020.

3. POLICY OWNER: The Executive Director, Rehabilitation and Prosthetic Services (12RPS) is responsible for the contents of this directive in partnership with the National

Director, Physical Medicine and Rehabilitation Program. Questions may be referred to VHAPMRSPProgramOfficeHelp@va.gov.

4. RESCISSIONS: VHA Directive 1172.03(1), VHA Amputation System of Care, dated August 3, 2018, is rescinded.

5. RECERTIFICATION: This Veterans Health Administration (VHA) directive is scheduled for recertification on or before the last working day of December 2028. This VHA directive will continue to serve as national VHA policy until it is recertified or rescinded.

6. IMPLEMENTATION SCHEDULE: This directive is effective upon publication.

**BY DIRECTION OF THE OFFICE OF
THE UNDER SECRETARY FOR HEALTH:**

/s/ M. Christopher Saslo
DNS, ARNP-BC, FAANP
Assistant Under Secretary for Health
for Patient Care Services/CNO

NOTE: All references herein to VA and VHA documents incorporate by reference subsequent VA and VHA documents on the same or similar subject matter.

DISTRIBUTION: Emailed to the VHA Publications Distribution List on December 21, 2023.

CONTENTS

VHA AMPUTATION SYSTEM OF CARE

1. POLICY	1
2. RESPONSIBILITIES	1
3. AMPUTATION SYSTEM OF CARE PROGRAM DESCRIPTION	9
4. AMPUTATION SYSTEM OF CARE ORGANIZATIONAL STRUCTURE.....	10
5. TRAINING	12
6. RECORDS MANAGEMENT.....	13
7. BACKGROUND.....	13
8. DEFINITIONS	14
9. REFERENCES.....	14
APPENDIX A	
AMPUTATION SYSTEM OF CARE STAFFING	A-1
APPENDIX B	
VIRTUAL AMPUTATION CARE SERVICES.....	B-1

AMPUTATION SYSTEM OF CARE

1. POLICY

It is Veterans Health Administration (VHA) policy that all Department of Veterans Affairs (VA) medical facilities maintain the Amputation System of Care (ASoC) program in accordance with their VA medical facility designation and that eligible Veterans with amputation have access to amputation care and rehabilitation services provided through the VA medical facility ASoC program. **AUTHORITY:** 38 U.S.C. §§ 1706(b), 1710C, 1710D, 1710E, 7301(b), 7327, 8111, 8153; 38 C.F.R. § 3200-3250.

2. RESPONSIBILITIES

a. **Under Secretary for Health.** The Under Secretary for Health is responsible for ensuring overall VHA compliance with this directive.

b. **Assistant Under Secretary for Health for Patient Care Services/Chief Nursing Officer.** The Assistant Under Secretary for Health for Patient Care Services/Chief Nursing Officer (CNO) is responsible for:

(1) Supporting Rehabilitation and Prosthetic Services with implementation and oversight of this directive.

(2) Reviewing and approving proposed changes to ASoC submitted by the Executive Director, Rehabilitation and Prosthetic Services.

c. **Assistant Under Secretary for Health for Operations.** The Assistant Under Secretary for Health for Operations is responsible for:

(1) Communicating the contents of this directive to each of the Veterans Integrated Services Networks (VISNs).

(2) Assisting VISN Directors to resolve implementation and compliance challenges in all VA medical facilities within that VISN.

(3) Providing oversight of VISNs to ensure compliance with this directive and its effectiveness.

d. **Executive Director, Rehabilitation and Prosthetic Services.** The Executive Director, Rehabilitation and Prosthetic Services is responsible for:

(1) Providing support to the National Director, Physical Medicine and Rehabilitation Program as needed, overseeing VISN and VA medical facility compliance with this directive and ensuring corrective action is taken when non-compliance is identified.

(2) Ensuring support and resources for successful implementation and sustainment of ASoC consistent with this directive.

(3) In collaboration with the National Director, Physical Medicine and Rehabilitation Program, reviewing and approving proposed changes to ASoC submitted by the National Director, ASoC, or forwarding to the Assistant Under Secretary for Health for Patient Care Services/CNO if a higher level of approval is required.

(4) Communicating ASoC programmatic changes to the Assistant Under Secretary for Health for Patient Care Services/CNO.

(5) Approving, as appropriate, collaboration proposals from the National Director, ASoC.

e. **National Director, Physical Medicine and Rehabilitation Program.** The National Director, Physical Medicine and Rehabilitation Program is responsible for:

(1) Providing national ASoC program leadership for rehabilitation health care and services for Veterans with amputation.

(2) Providing operational consultation and guidance to VISNs and VA medical facilities for the operation of ASoC programs and reaching out to the Executive Director, Rehabilitation and Prosthetic Services if additional support is needed.

(3) In collaboration with the Executive Director, Rehabilitation and Prosthetic Services, reviewing all proposed changes to ASoC, and providing consultation and recommendations to ASoC program, VA medical facility, VISN and VHA leadership.

f. **National Director, Amputation System of Care.** The National Director, ASoC is responsible for:

(1) Ensuring development and implementation of ASoC initiatives to best serve the needs of Veterans with amputation.

(2) Ensuring development and execution of an annual ASoC strategic plan. For more information on the annual ASoC strategic plan, see [https://dvagov.sharepoint.com/sites/vhaamputationsystemofcare/SitePages/What-is-the-Amputation-System-of-Care-\(ASoC\)-.aspx](https://dvagov.sharepoint.com/sites/vhaamputationsystemofcare/SitePages/What-is-the-Amputation-System-of-Care-(ASoC)-.aspx). **NOTE:** *This is an internal VA website that is not available to the public.*

(3) Overseeing the ASoC budget.

(4) Overseeing and managing ASoC national workgroups.

(5) Providing subject matter expertise to support VA health care providers who provide rehabilitation care and services to Veterans with amputation.

(6) Evaluating and proposing potential opportunities for collaboration with external and internal stakeholders such as Veterans Service Organizations (VSOs), Department of Defense (DoD), the Extremity Trauma and Amputation Center of Excellence (EACE), VHA Orthotics, Prosthetics and Pedorthics Clinical Services, Prevention of Amputation

in Veterans Everywhere (PAVE) and other private organizations (e.g., Amputee Coalition), and forwarding proposals to the Executive Director, Rehabilitation and Prosthetic Services for approval.

(7) Overseeing development and implementation of education and training related to amputation rehabilitation, including clinical practice guidelines. For more information on clinical practice guidelines, see <https://dvagov.sharepoint.com/sites/vhaamputationsystemofcare/SitePages/Clinic-Based-Documents.aspx>. **NOTE:** *This is an internal VA website that is not available to the public.*

(8) Submitting proposed changes to ASoC to the Executive Director, Rehabilitation and Prosthetic Services and the National Director, Physical Medicine and Rehabilitation Program for review and approval.

g. National Program Manager, Amputation System of Care. The National Program Manager, ASoC is responsible for:

- (1) Planning and supporting ASoC operations on a national level.
- (2) Preparing a spend plan for the annual ASoC budget and providing oversight and adjustments to the spend plan during each fiscal year.
- (3) Establishing and disseminating an annual national ASoC communication plan, including conference calls, live meetings, teleconferences and face-to-face meetings to all members of ASoC including Regional Amputation Centers (RAC), Polytrauma Amputation Network Sites (PANS), Amputation Care Teams (ACT) and Amputation Point of Contact (APoC) sites.
- (4) Preparing ASoC strategic plans, reports, guidelines and this directive.
- (5) Providing leadership and consultation to VA health care providers to meet the health care needs of Veterans with amputations.
- (6) Providing training and consultation to RAC and PANS in preparation for external review by the Commission on Accreditation of Rehabilitation Facilities (CARF).
- (7) Facilitating collaboration with external and internal stakeholders such as VSOs, DoD, EACE, VHA Prosthetic and Orthotic Services, Prosthetic and Sensory Aids Service, PAVE and private organizations (e.g., Amputee Coalition).
- (8) Overseeing implementation, certification and maintenance of amputation peer support services (e.g., the Certified Peer Visitation (CPV) database) through the Amputee Coalition.

h. Veterans Integrated Services Network Director. The VISN Director is responsible for:

(1) Ensuring that all VA medical facilities within the VISN comply with this directive and informing leadership when barriers to compliance are identified.

(2) Implementing and maintaining the appropriate VISN and VA medical facility staffing, clinical expertise and VISN infrastructure to accomplish the mission of ASoC and meet the amputation related needs for Veterans within the VISN. **NOTE:** For more information on ASoC staffing, see Appendix A.

(3) Providing and facilitating communication, resources and quality improvement efforts to maintain expertise and quality amputation-related services throughout the VISN.

i. **VA Medical Facility Director.** The VA medical facility Director is responsible for:

(1) Ensuring overall VA medical facility implementation of and compliance with this directive and appropriate corrective action is taken if non-compliance is identified.

(2) Recruiting and maintaining the appropriate well-qualified staffing, clinical expertise and VA medical facility infrastructure to accomplish the mission of the VA medical facility ASoC program. **NOTE:** For more information on ASoC staffing, see Appendix A.

(3) Collaborating with ASoC leadership including the National Director, ASoC; National Program Manager, ASoC and the VISN RAC or PANS Physician Medical Directors to ensure and maintain the operational effectiveness of the VA medical facility ASoC program.

(4) Supporting public affairs efforts designed to inform stakeholders regarding the various services provided through ASoC.

(5) Ensuring that clinical staffing is available to meet the staffing model requirements for their designated level with ASoC. **NOTE:** For additional information on staffing levels, see Appendix A.

(6) Ensuring the VA medical facility adequately performs all functions required of their designated level within ASoC in accordance with paragraph 4.

j. **Regional Amputation Center Physician Medical Director.** The RAC Physician Medical Director is a Physical Medicine and Rehabilitation health care provider or other VA health care provider with expertise in amputation care and is responsible for:

(1) Providing administrative oversight and leadership to the ASoC programs within their RAC region.

(2) Providing clinical support, programmatic guidance and coordination of resources to PANS, ACT/vACT and APoC sites with their RAC region. **NOTE:** For more information on APoC sites, see <https://www.prosthetics.va.gov/asoc/>.

(3) Providing administrative leadership for their RAC site, including reports on the state of amputation care to VA medical facility, VISN and national leadership as requested.

(4) Providing RAC region oversight for implementation of new VA medical facility ASoC program initiatives, gap analysis determinations and quality improvement activities as they pertain to amputation care.

(5) Presenting comprehensive RAC region reports to effectively communicate VA medical facility, regional and national metrics to members of the VA medical facility ASoC program and involved stakeholders.

(6) Collaborating with Integrated Clinical Communities on ASoC-specific initiatives and metrics through coordinated and effective communication.

(7) Supporting the prevention of primary and secondary amputation through collaboration with the VA medical facility PAVE program. **NOTE:** *For further information on the PAVE program, see VHA Directive 1410, Prevention of Amputation in Veterans Everywhere (PAVE) Program, dated June 30, 2022.*

(8) Providing leadership in the development and maintenance of CARF certification as a Medical Rehabilitation Amputation Specialty Program in collaboration with PANS Physician Medical Directors within their RAC region.

(9) Assisting the RAC Amputation Rehabilitation Coordinator (ARC) in the education of internal and external stakeholder groups on VA medical facility, regional and national ASoC programs.

(10) Overseeing the implementation and maintenance of Virtual Amputation Care Services to increase access to amputation-related service within their RAC region. For more information on Virtual Amputation Care Services, see Appendix B.

(11) Supporting VA amputation-related research activities to advance the body of evidence for amputation care within their RAC region.

(12) Actively contributing to national ASoC workgroups through participation in national ASoC leadership meetings.

(13) Providing and supporting medical screening for Veterans within their RAC region interested in osseointegration or other emerging technologies.

(14) Advocating and supporting education of VA health care providers in amputation care within their RAC region.

k. **Regional Amputation Center Prosthetist/Orthotist – Regional Clinical Director.** **NOTE:** *The RAC Prosthetist/Orthotist Regional Clinical Director exists only at RAC and there is no PANS equivalent position. The RAC Prosthetist/Orthotist Regional Clinical Director is responsible for:*

(1) Providing expertise in orthotic and prosthetic application related to amputation care. This includes participating and advising on matters such as prescription, coding, fabrication and fitting of prosthetic limbs and orthotic technologies.

(2) Collaborating with national ASoC leadership and the Orthotic, Prosthetic and Pedorthic Clinical Services within Rehabilitation and Prosthetic Services on initiatives impacting the delivery and documentation of prosthetic care for Veterans with amputation.

(3) Generating reports related to prosthetic and orthotic services including reports to VA medical facility, VISN and national leaders on the state of orthotic and prosthetic-related amputation care in the RAC region.

(4) Developing and implementing Virtual Amputation Care Services for the RAC region including identifying appropriate sites, educating staff and participating in virtual amputation clinics. For more information on Virtual Amputation Care Services, see Appendix B.

(5) Educating and training VA health care providers in disciplines related to prosthetic limb and orthotic technologies within their RAC region.

(6) Supporting research efforts at the VA medical facility, VISN and national level to advance the evidence base for amputation care.

(7) Assisting with RAC program development and quality improvement activities.

(8) Participating in national and local committees and workgroups as determined by the National Director, ASoC and the National Program Manager, ASoC.

I. **Polytrauma Amputation Network Site Physician Medical Director.** The PANS Physician Medical Director is responsible for:

(1) Providing clinical and administrative oversight to the VA medical facility ASoC program within their VISN.

(2) Providing clinical support, programmatic guidance and coordination of resources to ACT/vACT and APoC sites with their VISN. **NOTE:** For more information on APoC sites, see <https://www.prosthetics.va.gov/asoc/>.

(3) Providing administrative leadership to their VISN including reports on the state of amputation care to VA medical facility, VISN and national leadership as requested.

(4) Providing VISN-level oversight for implementation of new VA medical facility ASoC program initiatives, gap analysis determinations and quality improvement activities as they pertain to amputation care.

(5) Presenting comprehensive VISN-level reports using various platforms to effectively communicate VA medical facility, VISN and national metrics to members of

the VA medical facility ASoC program and involved stakeholders.

(6) Collaborating with Integrated Clinical Communities on ASoC-specific initiatives and metrics through coordinated and effective communication.

(7) Supporting the prevention of primary and secondary amputation through collaboration with the VA medical facility PAVE program. **NOTE:** *For more information on the PAVE program, see VHA Directive 1410.*

(8) Providing leadership in the development and maintenance of CARF certification as a Medical Rehabilitation Amputation Specialty Program in collaboration with their corresponding RAC Physician Medical Director.

(9) Assisting the PANS ARC in the education of internal and external stakeholder groups on VA medical facility, VISN and national ASoC programs.

(10) Overseeing the implementation and maintenance of Virtual Amputation Care Services to increase access to amputation-related care within their VISN. For more information on Virtual Amputation Care Services, see Appendix B.

(11) Supporting VA amputation-related research activities to advance the body of evidence for amputation care within their VISN.

(12) Actively contributing to national ASoC workgroups through participation in national ASoC leadership meetings.

(13) Providing and supporting medical screening for Veterans within their VISN who are interested in osseointegration or other emerging technologies.

(14) Advocating and supporting education of VA health care providers in amputation care within their VISN.

m. **Amputation Rehabilitation Coordinator.** Each RAC and PANS ARC is responsible for:

(1) Providing Veterans with holistic rehabilitation care related to their amputation needs and the prevention of secondary amputation.

(2) Communicating and supporting the implementation of ASoC program-related initiatives to VA medical facility and VISN staff as well as interested stakeholders.

(3) Representing ASoC and amputation care at the VA medical facility, VISN and national level as an amputation rehabilitation care subject matter expert.

(4) Completing comprehensive VA medical facility, VISN and national reports using various platforms (i.e., VHA Support Services Center (VSSC), Power BI, Dashboard) to effectively communicate metrics, program updates and provide additional information supporting the ASoC program to the national Physical Medicine and Rehabilitation

Program as requested.

(5) Using quality assurance activities to support amputation-related program development for their VA medical facility.

(6) Ensuring ongoing compliance with all ASoC mandates, initiatives and CARF Medical Rehabilitation Amputation Specialty Program standards.

(7) Disseminating and communicating ASoC-related information, metrics and reports to VA medical facility, VISN and RAC regional sites.

(8) Contributing to national ASoC workgroups and actively participating in national ASoC leadership meetings.

(9) Developing and providing education and training for competencies in provision of amputation rehabilitation to VA health care providers on a VA medical facility, VISN and national level concurrent with the National Director, ASoC and National Program Manager, ASoC.

(10) Collaborating with the Institute for Learning, Education and Development; ASoC leadership and Rehabilitation and Prosthetic Services leadership in the planning of educational conferences and programs related to amputation rehabilitation.

(11) Implementing the Amputee Coalition Certified Peer Visitor network within VHA to ensure the availability of Amputee Coalition Certified Peer Visitors.

(12) Implementing telehealth and virtual services to enhance Veteran access to Virtual Amputation Care within their VA medical facility, VISN or RAC region.

(13) Supporting research efforts to advance amputation care.

n. **Amputation System of Care Program Support Assistant.** The ASoC Program Support Assistant (PSA) is a part of the RAC or PANS team and is responsible for:

(1) Providing direct administrative support services to the VA medical facility ASoC team.

(2) Effectively communicating with all members of their VA medical facility ASoC program, community partners and Veterans for coordination of amputation care needs.

(3) Performing scheduling tasks for the VA medical facility ASoC program to optimize continuity and continuum of care due to the complexities of the amputation population.

(4) Completing tasks assigned by members of the VA medical facility ASoC team relating to enhancement, efficiency and productivity of the VA medical facility ASoC program.

o. **Amputation Care Team/Virtual Amputation Care Team.** The ACT/vACT team serves as the Outpatient Amputation Specialty Clinic team at their VA medical facility and is composed of, but not limited to, a physician or prescribing provider, therapist and prosthetist and is responsible for:

(1) Providing outpatient amputation specialty clinic services within their VA medical facility or community-based outpatient clinics (CBOCs).

(2) Providing care coordination within the Veteran's VA medical facility as well as identifying and referring Veterans to a RAC or PANS when more advanced or specialized amputation care is required.

(3) Maintaining regular communication with their respective RAC, PANS and ASoC leadership.

p. **Amputation Point of Contact Site Care Coordinator.** The APoC Site Care Coordinator is responsible for:

(1) Providing care coordination for consultation, assessment and referral of a Veteran to a VA medical facility capable of providing the level of services required.

(2) Ensuring VA medical facility personnel are educated on ASoC and facilitating the process for referring Veterans to the appropriate ASoC location.

3. AMPUTATION SYSTEM OF CARE PROGRAM DESCRIPTION

a. ASoC is an integrated, national health care delivery system that provides patient-centered, sex-sensitive, lifelong, holistic care and care coordination for Veterans who have undergone amputation. Veterans with amputation may have their rehabilitation provided in a variety of settings across the continuum of care, from acute inpatient hospitalization to a spectrum of inpatient, residential and outpatient rehabilitation care settings. Through the provision of quality rehabilitation and prosthetic care, ASoC strives to enhance the quality and consistency of amputation services to enable the highest level of social, vocational and recreational success for Veterans with amputation.

b. **Outpatient Amputation Specialty Clinic Team.** The Outpatient Amputation Specialty Clinic Team is a core component of ASoC for the provision of care and rehabilitation for Veterans with amputation. This interdisciplinary team consists of, at a minimum, but not limited to, a physician (or prescribing clinician), a therapist (may be physical therapy, occupational therapy or kinesiotherapy according to VA medical facility staffing determination) and a prosthetist. At RAC and PANS sites, the RAC or PANS Physician Medical Director serves as the Outpatient Amputation Specialty Clinic Team physician and the ARC serves as the Outpatient Amputation Specialty Clinic Team therapist or the prosthetist. ***NOTE: For additional information, see VHA Directive 1173.3, VHA Outpatient Amputation Specialty Clinics, dated March 8, 2021.***

c. **Eligibility And Access To Amputation Systems Of Care.**

(1) ASoC serves Veterans with any level limb amputation from any etiology. ASoC also provides services for Veterans with complex limb trauma and other conditions resulting in a high likelihood of requiring a limb amputation.

(2) The members of the VA medical facility AsoC program, the Veteran and the Veteran's family, as applicable, work collaboratively to determine the VA medical facility where rehabilitative services and care are to be provided, based on the Veteran's needs, goals and preferences.

4. AMPUTATION SYSTEM OF CARE ORGANIZATIONAL STRUCTURE

AsoC is organized under the Office of Patient Care Services, Rehabilitation and Prosthetic Services and the Physical Medicine and Rehabilitation Program Office. AsoC is organized to provide graded levels of expertise and accessibility and is comprised of four distinct designations for VA medical facilities: RAC, PANS, ACT/vACT and APoC.

NOTE: Details regarding specific sites and their designation within the ASoC can be found on the ASoC SharePoint, available at <https://dvagov.sharepoint.com/sites/vhaamputationsystemofcare>. This is an internal VA website that is not available to the public.

a. **Regional Amputation Centers.** RAC provide the highest level of specialized expertise in clinical care and prosthetic limb technology and provide rehabilitation to the most complicated Veterans with amputation within their RAC region. For more information on RAC regions, see <https://www.prosthetics.va.gov/asoc>. Veterans who are not able to receive adequate level of amputation-related care at their local VA medical facility or PANS can be referred by their health care provider to the nearest RAC. RAC sites:

(1) Hire and maintain four dedicated employees consisting of a RAC Physician Medical Director, ARC, Prosthetist/Orthotist Regional Clinical Director and ASoC PSA.

(2) Maintain CARF Medical Rehabilitation Amputation Specialty Program accreditation.

(3) Provide VA medical facility leadership in the field of amputation rehabilitation through consultation, education, research and publications.

(4) Maintain the capability to fabricate and repair prostheses on-site.

(5) Collaborate with the Amputee Coalition on:

(a) Developing and maintaining a CPV Program;

(b) Maintain a library of educational and peer support resources; and

(c) Support group resources and programming.

(6) Establish and maintain Virtual Amputation Care Services.

(7) Provide inpatient amputation rehabilitation services within their VA medical facility via referral by the Veteran's clinical care team to a PANS or RAC or by contract with community partners when the amputation-related services required by the Veteran are not available at the RAC site.

(8) Provide outpatient amputation therapy services within their VA medical facility, CBOCs or through referral to community partners.

(9) Provide clinical support as subject matter experts to VA medical facilities within their RAC region for complex amputation care needs.

(10) Promote amputation related research.

b. **Polytrauma Amputation Network Sites.** PANS provide a high level of specialized expertise in clinical care and prosthetic limb technology to VA medical facilities within their VISN. Veterans who are not able to receive adequate amputation-related care at their local VA medical facility can be referred to a PANS by their health care provider. ***NOTE: If the PANS site cannot provide the level of amputation-related services necessary for the Veteran, their health care provider can refer the Veteran to the nearest RAC.*** PANS sites:

(1) Hire and maintain three dedicated employees: a PANS Physician Medical Director, ARC and ASoC PSA.

(2) Maintain CARF Amputation Specialty Program accreditation.

(3) Support an on-site orthotic and prosthetic lab or contract with community prosthetics providers (CPP).

(4) Obtain and maintain American Board for Certification certified prosthetist(s) on staff.

(5) Collaborate with Amputee Coalition on:

(a) Develop and maintaining a CPV Program;

(b) Maintain a library of educational and peer support resources; and

(c) Support group resources and programming.

(6) Establish and maintain Virtual Amputation Care Services.

(7) Provide inpatient amputation rehabilitation services within their VA medical facility via referral by the Veteran's clinical care team to the RAC in their RAC region or by contract with community partners.

(8) Provide outpatient amputation therapy services within their VA medical facility, CBOCs or through referral to community partners.

(9) Provide clinical support as subject matter experts to VA medical facilities within their VISN for complex amputation care needs.

(10) Promote amputation related research.

c. **Amputation Care Team/Virtual Amputation Care Team Sites.** ACTs have a core amputation specialty team to provide assessments and follow-up to address life-long amputation care needs. vACTs have a core amputation specialty team to provide regular assessments and follow up to address life-long amputation care needs utilizing Virtual Amputation Care Services to complete the required team members. Veterans who are not able to receive adequate amputation-related care at their ACT/vACT site can be referred to a PANS or RAC by their health care provider. ACT/vACT sites:

(1) Maintain an interdisciplinary ACT, including but not limited to a physician or prescribing provider, therapist and prosthetist.

(2) Maintain regularly scheduled Outpatient Amputation Specialty Clinics.

(3) Provide care coordination within the Veteran's VA medical facility as well as identifies and refers Veterans to a RAC or PANS when more advanced or specialized amputation care is required.

(4) Support an on-site orthotic and prosthetic lab or the ability to provide services through CPP.

(5) Provide inpatient amputation rehabilitation services within their VA medical facility, by referral to a PANS or RAC or by contract with community partners.

(6) Provide outpatient amputation therapy services within their VA medical facility, CBOCs or through referral to community partners.

(7) Maintain regular communication with their respective PANS, RAC and ASoC leadership.

d. **Amputation Point of Contact Sites.** At least one individual must be identified by the VA medical facility Director at all other VA medical facilities within ASoC to specifically serve as an APoC Site Care Coordinator. APoC sites:

(1) Maintain regular communication with their respective PANS, RAC and ASoC leadership.

(2) Provide Outpatient Amputation Specialty Clinic referrals to their corresponding RAC and PANS.

5. TRAINING

There are no formal training requirements associated with this directive.

6. RECORDS MANAGEMENT

All records regardless of format (e.g., paper, electronic, electronic systems) created by this directive must be managed as required by the National Archives and Records Administration (NARA) approved records schedules found in VHA Records Control Schedule 10-1. Questions regarding any aspect of records management should be addressed to the appropriate Records Officer.

7. BACKGROUND

a. Throughout its history, VHA has placed a high priority on care provided for Veterans with limb amputation. Amputation has medical, physical, social and psychological ramifications for the Veteran and the Veteran's family. Management of Veterans with amputation requires a comprehensive, coordinated and interdisciplinary program of services throughout the continuum of care. This program includes offering the latest practices in medical interventions, prosthetic limbs, assistive technology and rehabilitation strategies to restore function and thereby optimize quality of life.

b. The majority of Veterans with amputation treated within VHA experience amputation due to complications related to diabetes or peripheral vascular disease. Amputations caused by these diseases generally occur in the aging Veteran population and are associated with numerous co-morbid conditions, such as but not limited to cardiovascular disease, hypertension and end-stage renal disease.

c. Veterans with amputation due to trauma, including combat-related injuries, are commonly younger at the time of their amputation. This early-in-life amputation requires a program that provides high quality and comprehensive life-long care. Coordination of services with the Military Health System in the transition of Veterans who sustain limb trauma and amputation during military service is essential to ensure continuity of care. ASoC addresses the unique needs of these individuals, regardless of cause of amputation, to ensure optimal and compassionate Veteran-centric care.

d. PAVE and ASoC are closely linked and continuously coordinate efforts to address the prevention of first amputation, promotion of the rehabilitation of Veterans with amputation and the prevention of subsequent amputation in those with existing amputation. VHA Directive 1410 provides further information on the scope of care and treatment provided to Veterans at risk of primary or secondary amputation.

e. The Amputee Data Cube was developed in collaboration with VSSC and serves as a valuable tool for both clinicians practicing in VHA and research scientists. The overall goals of the Amputee Data Cube are to provide a data system for ASoC to identify clinical care volumes and patterns of treatment, better understand the demographics of the Veteran amputee population and utilize data analysis outcomes to influence clinical practice. Ultimately, the acquisition and analysis of this information provides justification for the modification of clinical practice and enhances quality of care for all Veterans with amputations who receive their care in VA. Access to the Amputee Data Cube can be obtained through the VSSC Homepage <http://vssc.med.va.gov> under

the Clinical Care Section. **NOTE:** *This is an internal VA website that is not available to the public.*

f. **Commission on Accreditation for Rehabilitation Facilities.** CARF provides an international, independent, peer review system of program accreditation that is widely recognized by Federal agencies, State governments, major insurers and professional organizations, as well as by consumer and advocacy organizations throughout the United States. Established in 1966, CARF serves as the pre-eminent standards setting and accreditation body promoting the delivery of quality rehabilitation services for people with disabilities. The standards developed by CARF are consumer-focused, field-driven, state-of-the-art national and international standards for rehabilitation. CARF standards are applicable to both inpatient and outpatient settings and a variety of specialized programs. All RAC and PANS locations must obtain and maintain inpatient or outpatient CARF Amputation Specialty Program accreditation.

8. DEFINITIONS

Prosthetic Limb. A prosthetic limb, also called an artificial limb or prosthesis, is a mechanical device built to replace the loss of an upper or lower limb, whether functionally or cosmetically.

9. REFERENCES

- a. 38 U.S.C. §§ 1706(b), 1710C, 1710D, 1710E, 7301(b), 7327, 8111, 8153.
- b. 38 C.F.R. § 3200-3250.
- c. VHA Directive 1173.3, VHA Outpatient Amputation Specialty Clinics, dated March 8, 2021.
- d. VHA Directive 1410, Prevention of Amputation in Veterans Everywhere (PAVE) Program, dated June 30, 2022.
- e. VHA. ASoC SharePoint.
<https://dvagov.sharepoint.com/sites/vhaamputationsystemofcare>. **NOTE:** *This is an internal VA website that is not available to the public.*
- f. VHA Amputee Data Repository. VHA Support Service Center. November 2022.
<http://vssc.med.va.gov>. **NOTE:** *This is an internal VA website that is not available to the public.*
- g. VHA ASoC. <https://www.prosthetics.va.gov/asoc/>.
- h. VHA ASoC. Clinical Practice Guidelines.
<https://dvagov.sharepoint.com/sites/vhaamputationsystemofcare/SitePages/Clinic-Based-Documents.aspx>. **NOTE:** *This is an internal VA website that is not available to the public.*

- i. VHA ASoC. What is ASoC.
[https://dvagov.sharepoint.com/sites/vhaamputationsystemofcare/SitePages/What-is-the-Amputation-System-of-Care-\(ASoC\)-.aspx](https://dvagov.sharepoint.com/sites/vhaamputationsystemofcare/SitePages/What-is-the-Amputation-System-of-Care-(ASoC)-.aspx). **NOTE:** This is an internal VA website that is not available to the public.
- j. VHA. Clinical Video Telehealth.
https://vaots.blackboard.com/bbcswebdav/library/LibraryContent/Synchronous/sync_th_manual/sync_th_manual/synchronous-manual.html. **NOTE:** This is an internal VA website that is not available to the public.
- k. VHA. MVAI. <https://vaww.telehealth.va.gov/pgm/mvai/index.asp>. **NOTE:** This is an internal VA website that is not available to the public.
- l. VHA. Telehealth Rehabilitation & Prosthetic Services.
<https://vaww.telehealth.va.gov/clinic/rehab/trehb/index.asp>. **NOTE:** This is an internal VA website that is not available to the public.
- m. VHA. VA Video Connect. <https://vaww.telehealth.va.gov/pgm/vvc/index.asp>. **NOTE:** This is an internal VA website that is not available to the public.
- n. VA/DoD Clinical Practice Guideline for Rehabilitation of Lower Limb Amputation. 2017. <https://www.healthquality.va.gov/guidelines/rehab/amp/index.asp>.
- o. VA/DoD Clinical Practice Guideline: The Management of Upper Limb Amputation Rehabilitation. <https://www.healthquality.va.gov/guidelines/Rehab/ULA/index.asp>.
- p. Webster J, Scholten J, Young P, Randolph BJ. Ten-Year Outcomes of a Systems-Based Approach to Longitudinal Amputation Care in the US Department of Veteran Affairs. *Fed Pract.* 2020;37(8):360-367. doi:10.12788/fp.0024
- q. Webster, JB, Poorman, CE, Cifu, DX (2014). Department of Veterans Affairs Amputation System of Care: 5 Years of Accomplishments and Outcomes. *Journal of Rehabilitation Research and Development*, 51 (4), 7-16.

AMPUTATION SYSTEM OF CARE STAFFING

- 1.** The Department of Veterans Affairs (VA) medical facility Amputation System of Care (ASoC) program must have adequate staffing to efficiently meet Veterans' identified needs and all facets of amputation care as specified in this directive. Based on the ASoC designation, each VA medical facility must establish and document a system for determining the types and number of personnel needed by each discipline based on the needs of the population served and efficient achievement of projected outcomes.
- 2.** A model for all key staff members assigned and dedicated to the VA medical facility AsoC program is outlined below. Additional staff must be provided based on patient needs and local factors to ensure Veteran access to amputation specialty services and to meet all program elements including program administration and care coordination. If a VA medical facility can meet the requirements of this directive using a different staffing model, that VA medical facility may do so if the VA medical facility Director provides a written explanation to the National Director, ASoC.
- 3.** While all VA medical facilities providing amputation rehabilitation services require sufficient staffing to meet the local Veteran population's needs, Regional Amputation Centers (RAC) and Polytrauma Amputation Network Sites (PANS) require additional staffing to sustain the operations of ASoC across the Veterans Integrated Services Network (VISN) or RAC region and ensure coordination of care based on the individual needs of the Veteran. For VA medical facilities designated as RAC or PANS, the full-time equivalent (FTE) listed below represent the minimum requirements. Additional resources should be assured based on clinical need.
 - a. RAC Physician Medical Director designated to the VA medical facility ASoC program as a 1.0 FTE employee. The RAC Physician Medical Director must be well-qualified in all aspects of amputation care, including amputation specific rehabilitation, medical issues commonly encountered in Veterans with amputation and prosthetic limb prescription.
 - b. PANS Physician Medical Director designated to the VA medical facility ASoC program as a 0.5 FTE employee. The PANS Physician Medical Director must be well-qualified in all aspects of amputation care, including amputation specific rehabilitation, medical issues commonly encountered in Veterans with amputation and prosthetic limb prescription.
 - c. RAC or PANS Amputation Rehabilitation Coordinator (ARC) designated to the VA medical facility ASoC program as a 1.0 FTE employee, with 75% of their time spent on ASoC administrative duties for their VA medical facility, VISN and RAC region of responsibility and up to 25% spent on clinical duties as they relate to amputation care.
 - d. RAC Prosthetist/Orthotist Regional Clinical Director designated to the VA medical facility ASoC program as a 1.0 FTE employee, with approximately 50% of their time spent on ASoC administrative duties for their VA medical facility, VISN and RAC region

and up to 50% of their time spent on clinical duties as they relate to amputation care.

e. ASoC Program Support Assistant (PSA) designated to the VA medical facility ASoC program as a 1.0 FTE employee at both RAC and PANS.

4. STAFFING REQUIREMENTS AND RECOMMENDATIONS BY ASoC VA MEDICAL FACILITY DESIGNATION

a. Regional Amputation Centers Site Staffing.

(1) Required.

(a) RAC Physician Medical Director (1.0 FTE).

(b) RAC ARC (1.0 FTE).

(c) RAC Prosthetist/Orthotist Regional Clinical Director (1.0 FTE).

(d) ASoC PSA (1.0 FTE).

(2) Recommended Additional Staffing (Full-Time Equivalent Based On Clinical Volume).

(a) Physician or prescribing provider.

(b) Physical therapist.

(c) Occupational therapist.

(d) Recreational Therapist or Creative Arts Therapist (which consists of Art, Dance/Movement, Drama and Music Therapists).

(e) Kinesiotherapist.

(f) Prosthetist/Orthotist.

(g) Psychologist.

(h) Social worker.

(i) Registered nurse.

(j) Prosthetic and Sensory Aids Services (PSAS) administrative representative.

b. Polytrauma Amputation Network Sites Staffing.

(1) Required.

(a) PANS Physician Medical Director (0.5 FTE).

(b) PANS ARC (1.0 FTE).

(c) ASoC PSA (1.0 FTE).

(2) Recommended Additional Staffing (Full-Time Equivalent Based On Clinical Volume).

(a) Physician or prescribing provider.

(b) Physical therapist.

(c) Occupational therapist.

(d) Recreational therapist or Creative Arts Therapist (which consists of Art, Dance/Movement, Drama and Music Therapists).

(e) Kinesiotherapist.

(f) Prosthetist/Orthotist.

(g) Psychologist.

(h) Social worker.

(i) Registered nurse.

(j) PSAS administrative representative.

c. Amputation Care Team and Virtual Amputation Care Team Site Staffing.

(1) Required.

(a) Physician or prescribing provider (on-site or virtual).

(b) Physical therapist or other therapy provider type (on-site or virtual).

(c) Prosthetist (on-site or virtual).

(2) Recommended Additional Staffing (Full-Time Equivalent Based On Clinical Volume).

(a) Physician or prescribing provider.

(b) Physical therapist.

(c) Occupational therapist.

(d) Recreational therapist or Creative Arts Therapist (which consists of Art, Dance/Movement, Drama and Music Therapists).

(e) Kinesiotherapist.

(f) Prosthetist/Orthotist.

(g) Psychologist.

(h) Social worker.

(i) Registered nurse.

(j) PSAS administrative representative.

d. **Required Amputation Point of Contact Site Staffing.** Amputation Point of Contact Site Care Coordinator.

VIRTUAL AMPUTATION CARE SERVICES

1. The utilization of Virtual Amputation Care Services is encouraged to improve access to comprehensive specialty amputation care for Veterans across the Nation. Virtual Amputation Care Services can be used to:

a. Provide consultative services to smaller Department of Veterans Affairs (VA) medical facilities without specialized amputation care services.

b. Enhance access to specialty care for Veterans living in rural areas.

c. Minimize the inconvenience and cost of travel for Veterans who have mobility issues.

d. Minimize time away from work for Veterans who are employed.

e. Effectively use virtual care platforms allowing the Virtual Amputation Care Team to observe the Veteran in their home environment using the prosthesis.

f. Effectively use virtual care platforms to connect with Veterans allowing the Virtual Amputation Care Team to observe demonstrated use of activity-specific prostheses in the intended environment for use.

2. Virtual Amputation Care Services provide a significant training benefit to clinicians at the site where the Veteran is seen, enabling an amputation specialist to instruct the VA health care provider at the patient site on proper assessment and management of Veterans with an amputation.

3. Virtual Amputation Care Services are conducted using various methods and platforms.

a. **Clinical Video Telehealth.** Clinical Video Telehealth is synchronous virtual care in which the Veteran is at a VA medical facility distant from the clinical team, requiring the clinical team to connect using a virtual care platform. This requires use of VA medical facility equipment and staff at both sites to control the equipment. For more information on Clinical Video Telehealth, see https://vaots.blackboard.com/bbcswebdav/library/LibraryContent/Synchronous/sync_th_manual/sync_th_manual/synchronous-manual.html. **NOTE:** This is an internal VA website that is not available to the public.

b. **VA Video Connect.** VA Video Connect (VVC) is a platform that provides synchronous virtual care in which the Veteran is seen in their home or a community prosthetic partner's office. This requires use of a smart phone, tablet or laptop in which the Veteran is required to sign onto the Virtual Care Manager platform. This may require assistance from a family member or caregiver to assist with video controls. For more information on VVC, see <https://vaww.telehealth.va.gov/pgm/vvc/index.asp>. **NOTE:** This

is an internal VA website that is not available to the public.

c. **My VA Images.** My VA Images (MVAI) is a form of asynchronous virtual care where the Veteran connects with their clinical team on the MVAI platform to upload videos and photos. This platform allows Veterans to capture videos and photos at a time most convenient for them and upload content for clinical team review and response using the platform. For more information on MVAI, see <https://vaww.telehealth.va.gov/pgm/mvai/index.asp>. **NOTE:** *This is an internal VA website that is not available to the public.*

d. **Annie.** Annie is a VA application that promotes Veteran self-care by teaching Veterans how to manage the fit of their prosthesis through education and encouragement. Annie also reinforces training already provided by the Amputation Care Team. The Veteran is enrolled by their VA health care provider for the 28-day protocol and receives interactive text messages requesting updates on socket fit and comfort with guidance-based responses.

4. For the Clinician Quick Guide to Virtual Amputation Care Services, see <https://vaww.telehealth.va.gov/clinic/rehab/trehb/index.asp>. **NOTE:** *This is an internal VA website that is not available to the public.*

5. For general information about Telehealth Rehabilitation and Prosthetic Services see: <https://vaww.telehealth.va.gov/clinic/rehab/trehb/index.asp>. **NOTE:** *This is an internal VA website that is not available to the public.*