(Place on your letterhead)

Date:

Address:

Name:

(Patient name) is currently under my care for fitting of a (preparatory/definitive) prosthesis. (Patient name) is a (age) year-old (man/woman) who has suffered an amputation at the (transtibial/transfemoral) level. (Include applicable medical history here, reason for amputation, progress with previous prostheses, issues with previous prostheses, etc.)

(Patient name) qualifies as a K3 level ambulator. This means that he/she is capable of ambulating at variable cadences and has the ability or potential for ambulation with navigation of uneven terrain and environmental barriers such as curbs, stairs, or ramps within his/her community. (Patient Name) is employed as a/an (occupation). (Include details of daily use of the prosthesis including possible vocation, hobbies, recreational activities and how they relate to the function of the Velocity)

I plan to fit (Patient name) with a prosthesis that incorporates the Velocity prosthetic foot in order to accommodate the requirements of her/his daily activities. The Velocity utilizes the two billing L codes listed below with the description of each:

L5981: Flex Walk System or Equal

L5986: Multi-axial Rotation Unit (MCP or equal)

**Justification for Velocity**

The goal of a prosthesis is to provide a replacement for the portion of the body that is no longer intact. This replacement should provide function that matches the normal human kinematics as closely as possible to ensure that the prosthetic wearer regains as much of their lost function as possible. (Mr/Mrs Patient Name) regularly encounters low level environmental barriers such as ramps, sloped yards and driveways, and generally irregular terrain while walking in and around their community completing their daily (personal and vocational) tasks. The ability to navigate these barriers is often taken for granted by those without an amputation, however, without an adaptable prosthetic device these barriers can limit where the amputee feels comfortable going within their community and may limit their access to certain areas and activities. While navigating these environments with a passive or static prosthetic foot (Mr/Mrs Patient Name) experiences increased residual limb discomfort, increased instability, and premature fatigue due to the limited amount of motion provided by such a foot. The use of a prosthetic foot with the flexibility of a dynamic platform with multi-axial rotation will significantly improve (Patient name’s) stability and socket comfort when navigating their daily environment.

The College Park Velocity foot provides the benefits of a “flex walk” dynamic platform with multi-axial rotation. The integration of the Intelliweave composite on the anterior toe plate, posterior toe plate, and foreheel provides multi-axial motion and accommodates uneven terrain for excellent ground compliance to increase the stability of the prosthetic user. The composite heel compression on heel strike and loading response allows the patient to reach foot flat quickly, providing knee stability by reducing the knee flexion moment within the prosthetic socket for a transtibial amputee. Loading of the Intelliweave composite keel from mid-stance to toe-off stores energy in the foot that then translates to forward propulsion and facilitates smooth weight transfer to the contralateral limb.

Dynamic Response feet have provided many well-documented gait benefits to active amputees. Research has also shown the moderately active transtibial amputees experience biomechanical benefits from an energy storing prosthetic foot system. The benefits of Dynamic Response feet should not be reserved for athletes and vigorous ambulators alone. i

These benefits are also seen in individuals with transfemoral amputations. Studies have shown that the prosthetic ankle units improved sagittal plane ankle range of motion and increased the comfort and functionality of the amputee subjects' prostheses by restoring a significant portion of the ankle rocker mechanism during stance phase. Prosthetic ankle mechanisms (multi axial rotation) should be considered a worthwhile option when prostheses are prescribed for persons with trans-femoral amputations. ii

Bilateral amputees may also benefit from Dynamic Response feet with multi axial rotation. Both the subjective and objective results suggest that prosthetic foot and ankle components that allow for greater sagittal and transverse plane rotations provide substantial benefit during walking and should be considered for persons with bilateral transtibial amputations.ii[[1]](#endnote-1)

In conclusion, the Velocity foot will provide (Mr./Mrs Patient) the many benefits listed above including improved gait, loading symmetry, and biomechanical energy return benefits from this foot. Most importantly, however, incorporating the Velocity foot into (Mr./Mrs Patient’s) new prosthesis and providing these benefits will improve their quality of life by increasing their mobility and decreasing discomfort and instability in their prosthesis.

I hope that you will agree to assist in providing these benefits to (Mr./Mrs Patient). If you have any further questions, please feel free to contact me to discuss them.

Sincerely,

Clinician Name

Contact Information

1. Wagner J, Sienko S, Supan T, Barth D. Motion Analysis of SACH vs. Flex-Foot(tm) in Moderately Active Below-knee Amputees. Clinical Prosthetics & Orthotics. 1987, Vol 11, Num 1(55 – 62).

i [McNealy LL](http://www.ncbi.nlm.nih.gov/pubmed?term=McNealy%20LL%5BAuthor%5D&cauthor=true&cauthor_uid=18330810), [Gard SA](http://www.ncbi.nlm.nih.gov/pubmed?term=Gard%20SA%5BAuthor%5D&cauthor=true&cauthor_uid=18330810). Effect of prosthetic ankle units on the gait of persons with bilateral trans-femoral amputations. Department of Biomedical Engineering, Northwestern University, Evanston, Illinois, USA. Prosthet Orthot Int. 2008 Mar;32(1):111-26.

ii Su PF, Gard SA, Lipschutz RD, Kuiken TA. The Effects of Increased Prosthetic Ankle Motions on the Gait of Persons with Bilateral Transtibial Amputations. Am J Phys Med Rehabil. 2010 Jan;89(1):34-47. [↑](#endnote-ref-1)