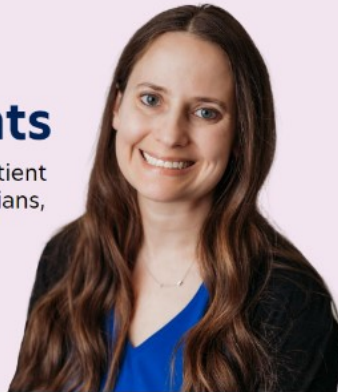


Giving Voice to Patients

Clinician Sheryl Sachs, MSPO, CPO, prioritizes patient care while driving positive change for O&P clinicians, consumers, and students



Sheryl Sachs, MSPO, CPO, works in the machine room at Dankmeyer Prosthetics & Orthotics.

New this year, *O&P Almanac* features *Fresh Faces*, where we introduce readers to prominent O&P professionals who are making an impact with their contributions to the orthotics and prosthetics profession. This month, we speak with Sheryl Sachs, MSPO, CPO.

Sheryl Sachs, MSPO, CPO, has worked at Dankmeyer Prosthetics & Orthotics for more than 12 years. After earning a master's degree in O&P, Sachs completed both her prosthetics and orthotics residencies at Dankmeyer. She was the lead practitioner and ran the North Baltimore office located on the main campus of Sinai Hospital for seven years, and currently works as a senior clinician and a residency mentor.

Sachs is an active member of AOPA and the American Academy of Orthotists and Prosthetists. She serves

on the Executive Committee for the National Commission for Orthotic and Prosthetic Education (NCOPE) and is the current chair of NCOPE's Residency Standards Committee. For AOPA, she serves on the Government Relations Committee, is a state representative, and plays an active role at the association's annual Policy Forum. Sachs leads Maryland's *So Every BODY Can Move* (SEBCM) initiative, recently working with legislators to introduce legislation that passed during the 2024 legislative session.

O&P Almanac: What brought you to a career in O&P?

Sachs: While I was in my junior year at the University of Maryland, College Park, I had the opportunity to spend time in the physical therapy gym at Walter Reed. It was there that I was first

introduced to the world of prosthetics and orthotics, and I felt an immediate connection.

I was fortunate enough to spend the next 1.5 years shadowing Art Molnar, CPO, in the prosthetics lab at Walter Reed. When I graduated from college, I enrolled in the O&P master's program at the Georgia Institute of Technology.

O&P Almanac: What are your responsibilities as senior clinician at Dankmeyer?

Sachs: Not including a brief move to New Jersey, I have worked for Dankmeyer since August 2011—first as a resident and now as a senior clinician. My day-to-day consists mostly of clinical care, working with both prosthetic and orthotic patients, with a focus on lower-extremity devices.

The thing I enjoy the most about my clinical role is the ability to provide a sense of hope for my patients. It is always my goal that when my patients leave the office, they feel better off than when they first arrived. We are fortunate enough to change individuals' lives for the better, and that is a responsibility that I take very seriously.



SEBCM advocate and Dankmeyer clinician Rachelle Dumm, CPO; Charles Dankmeyer, CPO (retired); and Sachs prior to the HGO hearing

O&P Almanac: What is involved in your role as an NCOPE residency mentor, and what are your priorities in working with clinicians-to-be?

Sachs: Educating and mentoring is very important to me. Under the leadership of Chief Executive Officer Mark Hopkins, PT, CPO, and Chief Operating Officer Angela Bryl, CPO, Dankmeyer has a wonderful residency program that, while tailored to each individual resident, still follows a structured curriculum. After residents spend their first few months in the on-site lab, they typically complete a three-month rotation under my supervision.

While I try to tailor the experience based on the individual resident's strengths



Sachs (fourth from right), Delegate Ashanti Martinez (far left), and So Every BODY Can Move (SEBCM) advocates after attending a Health & Government Operations (HGO) Committee bill hearing

and weaknesses, there are two items that I prioritize when they are under my direct mentorship.

The first is developing the clinical skills and competencies for lower-extremity orthosis patients, specifically foot orthoses and ankle-foot orthoses. By the end of their three-month rotation, my goal is that they would feel confident and have the skills to evaluate the average lower-extremity orthosis patient and develop a plan of care, even if they still need some clinical decision-making support.

My second priority is to help residents develop good habits from a paperwork, documentation, and time management standpoint. It is so important for them to develop these good habits early in their careers, as it will help them with their work-life balance as their patient loads grow and they get further into their careers.

O&P Almanac: Tell us about your other responsibilities associated with NCOPE.

Sachs: I have a passion for education, and I have been involved with NCOPE since completing my residencies and earning my certification. I was first a regional residency liaison, and then served on the Residency Review Committee before becoming a board member. I have served on the Executive Committee for NCOPE over the past three years, where our priorities include oversight of education for schools (clinician,

technician, and assistant) and residency programs. I also serve as chair of the Residency Standards Committee, which is in the process of overhauling standards for all residency programs. There will be many updates to the standards, but perhaps the most drastic change is a shift away from device-driven competencies to clinical/technical skill-based competencies.

Once our committee develops the new standards and they are approved by the board, they will be sent to the entire O&P group of stakeholders for feedback, after which we can finalize the new standards prior to implementation. NCOPE recognizes that we are a profession that provides healthcare, not simply devices, and we are committed to ensuring that future clinicians have the appropriate baseline competencies to provide safe patient care.

O&P Almanac: Why is advocacy a priority for you?

Sachs: I first became interested in policy in 2015, when Medicare released a draft Local Coverage Determination for Lower-Limb Prostheses. The proposal would have had an incredibly negative impact on patient care. The O&P field came together to rally for our patients, and the proposal was ultimately rescinded. Ever since then, I have felt that it is my responsibility to be a voice for my patients, to ensure that they have access to the medically necessary orthotic and prosthetic care that they deserve.