



Noteworthy

The MyoPro and Upper Extremity Function in Chronic Stroke, Brachial Plexus Injury, and Other Neurological Conditions

- Nicole Hofland, MS, OTR/L, Megan Olivo, MSPO, CO/L, and Harry F. Kovelman, M.D. With assistance from Maria Paluselli

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Read the full story on page 2.

The Importance of Fabrication Skills for Clinicians

- Julie Czech, Resident Bionic P&O and Tamara Treanore, CO

“The certified orthotist/prosthetist ultimately acquires a balanced combination of skills – a blending of clinical training in addition to technical skills acquired over the course of their career.”

Read the full story on page 9.

Forging a Path in Animal Orthotics and Prosthetics

- Chris Pujol, C. Ped, CTO

“With over 27 years in the orthotics and prosthetics (O&P) field, my journey has been anything but linear.”

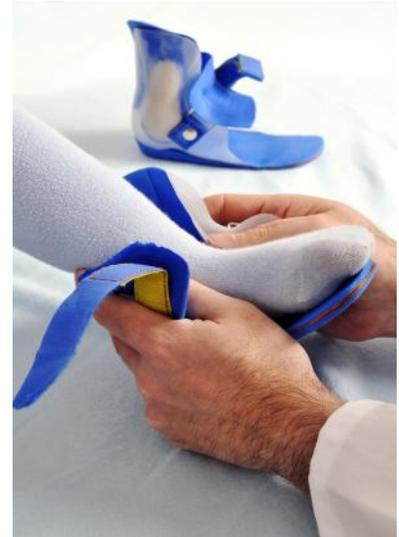
Read the full story on page 11.

Harnessing the Power of Industry Surveys: A Roadmap for O&P Clinicians

- Coleson Chase, Vice President and General Manager, SPS

“In today’s rapidly evolving orthotics and prosthetics (O&P) profession, clinicians are constantly challenged to adapt to new technologies, shifting patient expectations, and the ever-present pressure to deliver better outcomes.”

Read the full story on page 14.



Inside this issue

The MyoPro and Upper Extremity Function in Chronic Stroke, Brachial Plexus Injury, and Other Neurological Conditions.....2-8

The Importance of Fabrication Skills for Clinicians.....9-11

Forging a Path in Animal Orthotics and Prosthetics.....11-14

Harnessing the Power of Industry Surveys: A Roadmap for O&P Clinicians.....14-16

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A CPO's Guide to the MyoPro

Optimizing Upper Extremity Function in Neurological Conditions

- By Nicole Hofland, MS, OTR/L, Megan Olivo, MSPO, CO/L, and Harry F. Kovelman, M.D.
With assistance from Maria Paluselli



About the Author

Nicole Hofland, MS, OTR/L

Nicole is a licensed occupational therapist with a master's degree in occupational therapy from the College of Saint Scholastica (2012). She has extensive clinical and research experience in neurorehabilitation, across a range of settings including ICU, acute care, inpatient rehabilitation, outpatient, and pediatrics.

Nicole currently leads the Outcomes and Research team at Myomo, Inc., where she drives initiatives to expand patient access to the MyoPro orthosis. She utilizes objective research to collaborate with the interdisciplinary teams, focusing on innovation, patient outcomes, clinical advocacy, and reimbursement strategies. Her work supports the broader adoption of upper limb assistive technology within healthcare systems. Nicole is committed to improving patient outcomes and quality of life for individuals with neuromuscular upper limb impairments.

Certified Prosthetists and Orthotists (CPOs) are integral members of the healthcare interdisciplinary team, providing expertise in managing upper limb weakness resulting from neurological injuries such as stroke, traumatic brain injury (TBI), or brachial plexus injury (BPI). Historically, orthotic interventions for these patients have been limited to static braces focused on preventing deformity rather than restoring active motor function. In contrast, prosthetic technologies for limb loss have long centered on functional restoration.

“This gap in care is now beginning to close with the introduction of the MyoPro...”

—a myoelectric orthosis that combines the structural support of a traditional orthosis with powered movement driven by the user's own muscle signals, enabling individuals with neurological impairments to actively use their affected limb in daily life. This emerging technology underscores the evolving scope of practice for CPOs and the need for advanced competencies in both biomechanical and neurorehabilitation principles.



Figure 1.
Using the MyoPro to open a FedEx Box

Persistent Challenges of Upper Extremity Impairment

Stroke is the leading cause of long-term neurological disability worldwide. [1] In the United States, 795,000 people are impacted by stroke each year. [2] Among stroke survivors, up to 75% experience upper limb impairment which are associated with significant restrictions in Activities of Daily Living (ADL) and reduced overall functional independence [3].

Phases of stroke recovery are divided into acute (immediately following symptoms), subacute (1-2 weeks through 3-6 months after) and chronic (6 months or more after).

See MyoPro, Page 3



About the Author

Megan Olivo, MSPO, CO/L

Megan is a Licensed and Certified Orthotist and board-eligible Prosthetist originally from Greenville, SC. She earned a bachelor's degree in Exercise Science from the College of Charleston in 2010 and went on to complete a Master's in Orthotics and Prosthetics from Eastern Michigan University in 2012. After completing an orthotic residency with Hanger Clinic in Charlotte, NC, she spent seven years as a Cranial Remolding Specialist—an area that, like the MyoPro, involves one of the few orthotic devices regulated by the FDA. Throughout her career, Megan has developed a strong interest in specializing in singular, high-impact orthotic devices. Her focus on cranial remolding and, later, the MyoPro reflects her passion for mastering complex technologies and providing highly specialized care to improve patients' quality of life.

In 2021, Megan joined Myomo as a Regional Manager for the Southeast and now serves as the company's Patient Eligibility Manager. She leads a team of five clinicians who perform remote screenings to identify potential MyoPro candidates, helping make the device more accessible by eliminating geographic barriers early in the care journey. As part of the process, Megan and her team also gather essential background information to help streamline the next steps for patients moving forward. In addition to patient-facing responsibilities, she collaborates closely with the Field Operations team to ensure a smooth handoff into the clinical pipeline and plays a strategic role in meeting company-wide goals through monthly performance tracking and planning.

It was previously believed that the critical window of recovery was 3-6m poststroke due to heightened neuroplasticity, but recent research has shown that this period of neuroplasticity lasts beyond 6 months, and improvements in function can be achieved at all phases, even late chronic stages. [4]

While traditional rehabilitation is indispensable in the acute and subacute phases of recovery, the chronic phase presents significant challenges. As the intensity of therapy slows from inpatient to outpatient visits to home programs, it is more difficult to provide the high-volume repetitions and task-specific movements required for consistent functional improvement. Patients begin to rely on compensatory strategies and utilization of the affected extremity often declines. Often referred to as "learned non-use" where they consistently avoid using the affected arm, even in situations where some functional use is possible. [5] Static orthoses, although beneficial for joint integrity and preventing deformity, also appear to contribute to learned non-use of the affected upper extremity as they serve primarily as passive positional support-limiting active movement. Thus, individuals often experience a plateau in progress.

Recognizing the need for high volume, repetitive, task-specific movements and the limitation of static bracing prompts a search for more dynamic solutions-like the MyoPro- that provide support to maintain structural integrity while actively facilitating appropriate movements to increase engagement in ADL tasks.

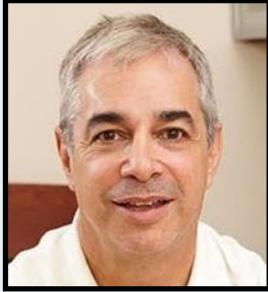
The MyoPro: Advancing the Standard in Upper Limb Orthotics

Originally developed at Massachusetts Institute of Technology with Harvard Medical School, the MyoPro, is an arm and hand myo-electric powered orthosis. [6] A significant innovation that addresses the limitations of traditional static devices, by assisting with movement detected by the user's own muscle signals.

"The MyoPro functions by using myoelectric technology meaning it uses electrical signal activity (electromyography, "EMG") to control the brace."

Non-invasive integrated sensors are strategically placed on the surface of the skin over a patient's paretic muscles to detect even faint nerve signals generated by attempted muscle contraction. When a patient attempts to move their arm or hand into elbow flexion, elbow extension, grasp, or release, their muscle contracts and elicits an EMG signal-even if it is not visible. These subtle EMG signals are detected through the sensors on the skin placed over the user's biceps, triceps, wrist flexors, and wrist extensors. The EMG signals are amplified and processed by the MyoPro's intelligent microprocessor-controlled system which then activates the MyoPro's motors to move the arm in the direction that the user intends. [6]

MyoPro (Continued)



About the Author

Harry F. Kovelman, M.D.

Harry Kovelman is a physician with over 25 years of experience in medical devices and pharmaceuticals. He joined Myomo in November 2024 as the Chief Medical Officer after previously holding senior leadership roles at Helius Medical Technologies, Pacira Pharmaceuticals, Ottobock, Ferring Pharmaceuticals, and Dynasplint.

Harry has authored multiple papers on rehabilitation procedures and has spoken at numerous professional conferences on innovations in healthcare. His work has focused on launching novel medical products, engaging key opinion leaders, developing scientific platforms, publication planning, and reimbursement strategy. He has also collaborated cross-functionally with marketing and commercial teams to ensure the accurate, compliant communication of clinical data to healthcare professionals, payers, and patients.

Harry holds a Doctor of Medicine degree from the University of Maryland Fifth Pathway Program and a Bachelor of Science in Psychology from the University of Maryland. He has worked extensively with both adult and pediatric populations.

The MyoPro is unlike existing upper extremity assistive devices designed for rehabilitation that use functional electrical stimulation (FES). Rather than sending electrical pulses to stimulate nerves, the MyoPro uses the existing nerve signals to control actuator-applied assistance to move the arm in the planes of elbow flexion/extension and opening/closing the hand.

This unique biofeedback loop allows the patient to actively control the orthosis, turning their weak, volitional muscle signals into functional, assisted movement.

For example, an individual can use the MyoPro to assist with meal preparation in their own kitchen or to carry a bag with their affected side while ambulating with a cane—activities that reinforce motor patterns in meaningful, task-specific contexts. This context specificity enhances the carry-over of gains, supporting the potential for improved functional independence as it effectively engages the neuromuscular system in a way that supports real physical function.

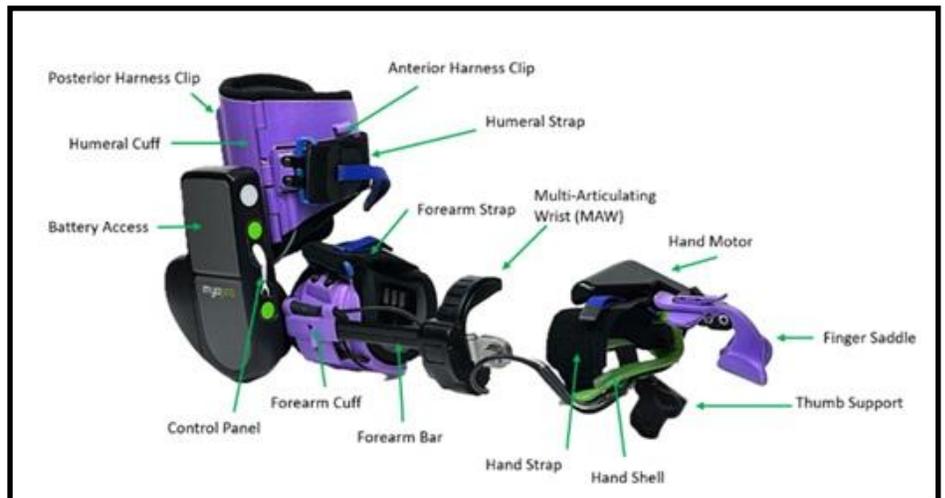


Figure 2. The MyoPro Custom Powered Orthosis

Although, up to 75% of stroke survivors experience upper limb impairment, not all of them will be candidates for the MyoPro. Patient selection criteria and contraindications are crucial for maximizing the MyoPro's effectiveness as an assistive upper extremity orthosis and ensuring patient safety. A list of common selection criteria and contraindications are presented in Table 1.

“MyoPro appropriateness is determined on a case-by-case basis,”

...as there may be additional factors that should be considered such as caregiver support, willingness to go to therapy post-delivery, skin abnormalities, or other related factors.

See MyoPro, Page 5

MyoPro (Continued)

A thorough clinical evaluation by a multidisciplinary team, including the orthotist, physician, and therapist, is essential to determine suitability for MyoPro as a home-based functional assistive orthosis.

Table 1. MyoPro patient selection criteria and contraindications (not an inclusive list)

Criteria for the Ideal MyoPro Patient	Contraindications
<ul style="list-style-type: none">• Residual muscle activity detected by EMG• Intact cognition• Motivation and Adherence• Good skin integrity• Adequate passive range of motion to allow for the desired movements at elbow and wrist.	<ul style="list-style-type: none">• Uncontrolled epilepsy• Severe unmanaged spasticity• Open wounds or active infections on the limb• Cognitive impairments that preclude safe and independent operation of the MyoPro

The MyoPro distinguishes itself from other assistive technologies through a combination of unique features. It is one of the only assistive devices available that combines orthotic support with myoelectric control. It is non-invasive, custom-fabricated, and is user controlled, offering both functional assistance and rehabilitative benefits. The MyoPro provides joint motion assistance and rigid support to stabilize the weak arm as it is moved while also facilitating functional movement. It enables users to perform their ADLs and increases opportunities for repetitive, task-specific motions that may support neuroplasticity and motor learning. By amplifying a user's intended movement, the MyoPro enables patients with significant post-stroke motor impairments to perform tasks that would otherwise be impossible or extremely difficult. This includes essential ADLs such as feeding, dressing, grooming, and reaching for objects. Beyond basic ADLs, it can also assist with instrumental ADLs (IADLs) and vocational tasks, opening doors to greater independence and participation in roles within the home, work, and community. For example, an individual who struggled to hold a cup due to a weak grasp might regain the ability to independently drink from a cup with the MyoPro.

“The MyoPro empowers the patient to drive their own movements through the user-controlled interface...”

...providing support only when the patient's strength is insufficient. The continuous feedback loop between the patient's intent and the MyoPro's response reinforces correct movement patterns, allowing for a more effective and engaging experience of independence compared to FES or static positioning orthotics.

See MyoPro, Page 6

MyoPro (Continued)

Evidence for the MyoPro: A Growing Body of Support

An increasing body of clinical evidence suggests that the MyoPro may enhance functional independence among individuals with upper extremity weakness. These findings highlight improvements across validated outcome measures, providing a strong rationale for integration of the MyoPro into orthotic and prosthetic practice as a custom home-based assistive orthosis.

Clinical studies showed improvements in motor control, motor function, gross manual dexterity, flexibility, and the ability to complete tasks mimicking ADLs with use of the MyoPro. [7,8,9,10,11,12]

- Statistically significant improvements in the widely validated assessment tools, the Fugl-Meyer Assessment and Box and Blocks test, supporting improved motor status and manual dexterity with the MyoPro in post-stroke patients. [8]
- Statistically significant improvement in the validated Disabilities of the Arm, Shoulder, and Hand (DASH) outcome measure, are even more meaningful because a majority of the post-stroke study participants (79%) had reached a plateau in progress prior to study enrollment. [9]
- The DASH includes items such as opening a jar, preparing a meal, pushing open a heavy door, and carrying a shopping bag or briefcase.
- Ability to complete more functional tasks, components of tasks and complete them in less time with the MyoPro. [10]
- Functional tasks assessed included: stabilizing a mixing bowl with the MyoPro, holding/lifting a bag with the MyoPro, stabilizing/lifting a food item, and grasping a towel with the MyoPro. [10]
- Increased independence reported related to feeding, dressing and hygiene including holding a toothbrush, self-feeding, carrying a basket, opening, and closing a refrigerator door, and household chores such as laundry, meal preparation, putting items away in overhead cabinets, and light cleaning. [7,10,11]

These improvements in functional task performance and ADL tasks extend beyond statistical significance, as they also reflect meaningful, real-world improvements in patients' ability to live and function independently. Such gains may also contribute to a measurable reduction in caregiver burden.

Furthermore, the use of validated outcome measures across these studies enhances the reliability and generalizability of the results, providing a strongly compelling evidence base for CPOs who wish to integrate MyoPro fitting into their scope of clinical practice and expertise. These findings are also increasingly supported by broader rehabilitation guidelines that emphasize the importance of intensive, task-specific training; the MyoPro aligns well with these principles by providing a means to achieve such training and facilitate functional performance in a home-based setting.

See MyoPro, Page 7

MyoPro (Continued)

Medicare Coverage for the MyoPro: Navigating Reimbursement Complexities

For students and early-career CPOs, it is important to understand both the clinical and administrative factors involved in providing advanced orthotic devices like the MyoPro. The Centers for Medicare and Medicaid Services (CMS) classifies the MyoPro as an orthotic brace under Medicare Part B. [13,14] This means that,

“...for patients to gain access to the device, clinicians must provide thorough documentation that supports medical necessity.”

Medical necessity documentation typically includes a physician’s prescription, therapy assessments, and a detailed orthotic evaluation showing why the MyoPro is reasonable and necessary for the individual’s condition. While reimbursement policies influence whether the cost of the device is covered, your role is to ensure that the clinical evaluation clearly demonstrates functional needs and goals.

By conducting comprehensive assessments, documenting outcomes, and collaborating with the broader rehabilitation team, you can help patients access the MyoPro when it is clinically appropriate. Staying informed about CMS policies and payer requirements will strengthen your ability to advocate for patients—while keeping the focus on individualized care and functional independence.

Conclusion: Advancing Functional Independence with Innovative Orthotic Solutions

The MyoPro custom powered orthosis represents a significant evidence-backed advancement in the care of individuals with chronic upper extremity impairments resulting from stroke, BPI, or other neurological conditions resulting in upper extremity weakness. Studies show that MyoPro users can experience reductions in spasticity, improvements in patient-reported outcomes, and improvement in functional task performance while wearing the MyoPro. These outcomes highlight its potential to support upper extremity function, promote independence, and expand the role of orthoses beyond passive structural support toward active facilitation of movement.

For future CPOs, integrating the MyoPro into clinical practice provides an opportunity to meet the evolving needs of patients within the rehabilitation continuum. Unlike many rehabilitation approaches limited to clinical settings or narrow post-injury timeframes, the MyoPro is designed for sustained use in daily life. By enabling user-driven, myoelectric-assisted movement during everyday activities, it supports high-repetition, task-specific practice and helps bridge the gap in functional rehabilitation as access to formal therapy often declines. By deepening your understanding of upper extremity weakness related to chronic stroke, BPI, and other neurological conditions, you will be better equipped to support patients in managing these long-term challenges. Recognizing appropriate interventions—such as the MyoPro—and understanding the necessary clinical documentation can help ensure patients receive the support they need. As a CPO, your role is essential in empowering individuals to achieve meaningful participation and facilitate functional independence in their everyday lives.

See MyoPro, Page 8

MyoPro (Continued)

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The Importance of Fabrication Skills for Technicians

- Julie Czech, Resident Bionic P&O and Tamara Treanore, CO

About the Author



Julie Czech, Resident Bionic P&O

Julie Czech is currently a resident at Bionic P&O in Owensboro, Kentucky. She graduated from Northwestern University's Masters in Prosthetics and Orthotics program in March 2025. A Michigan native, she previously graduated in April 2023 from Oakland University with a Bachelors in Exercise Science with a specialization in Orthotic and Prosthetic Assistant Studies. During her time at Oakland University, Julie worked as an Orthotic Technician at Becker Orthopedic.

Julie has been pursuing an interest in O&P since 2017 when her cousin was diagnosed with osteosarcoma and received a right transfemoral amputation. Seeing her cousin experience the highs of accomplishing new tasks while surmounting the struggles that also existed inspired Julie's personal goal to make a difference in patients' lives. Her goal is to be a knowledgeable and trusted partner with every patient, supporting their achievements as well as the challenges they experience.

Julie is passionate in giving her time, skills, and effort to those in need. She has volunteered with the Range of Motion Project (ROMP) in Quito Ecuador, helping fabricate and provide prostheses to patients who would not have received care if not for ROMP. She has also served on multiple mission trips in the states and internationally, where she served communities, teaching, providing religious support, and giving resources such as clean drinking water.

In her free time, Julie enjoys biking, reading, completing puzzles, competing in recreational sports, participating in Bible studies, keeping her puppy entertained, and learning to ride a unicycle.

The certified orthotist/prosthetist ultimately acquires a balanced combination of skills – a blending of clinical training in addition to technical skills acquired over the course of their career. This combination is one of the unique characteristics of this field permitting the clinician to customize each O and P device for the unique patient presentations. The acquired skills enhance the patient outcomes sought by the clinician and boost the resourcefulness of the clinician when working with patients in the diverse patient care environments encountered.

Students graduate with baseline technical skills and spend a sizable number of hours during their residency gaining proficiency. And yet, even with evidence of the crucial role of technical skills noted above, there is a lack of heightened focus in this area. What is limiting O&P residents from gaining and enhancing technical skills while in clinical settings?

An inherent challenge for acquisition of technical skills is the business model of the orthotic/prosthetic field.

“The clinician's role is viewed as patient intake/ evaluation plus development of the treatment plan.”

Revenue generation is a primary aspect of the clinician's role, but the associated consequence of this approach is the reduction of acquired technical skills. Additionally, technicians, once a source of assistance and instruction for clinicians, are moved out of satellite offices and into a consolidated central fabrication location. A central fabrication lab permits consolidation of inventory, reduction of equipment duplication, consistency of fabrication standards and more oversight for lab safety and OSHA. The outcome to this approach is the clinician's loss of access to technical expertise and the associated learning that could take place.

The commonly heard complaint among experienced clinicians and company owners is that recent graduates lack technical skills. However, this lack of technical skills may not be solely the graduate's lack of abilities, but rather the significant time constraints required to cover all mandated areas in the field. The master's programs are focused on clinical presentations and specific patient-focused decision making. A wide variety of fabrication projects are completed within classes, but schools are businesses which still deliver a prescriptive O&P design for these projects. This model helps control costs, standardize inventory, limit variables, and establish only baseline skills for the educator clinicians to build upon.

See Fabrication, Page 18

Fabrication (Continued)

About the Author



Tamara Treanore, CO

Tamara Treanore, CO is a certified orthotist, graduating from Northwestern University Prosthetics-Orthotics Center in 1992. For many years, she practiced as a general clinician with a strong focus on TBI, the post-polio patient population and stroke patients. Her work with these patient populations prompted a greater interest in the challenges these patients faced with orthoses applications and initiated Tamara's interest in the technical side of the orthotics/prosthetics industry.

Tamara worked at [Baker College Orthotist Prosthetist Technician Program](#) for seven years, updating curriculum while increasing the students understanding of patient needs and orthoses design. When Baker College Orthotist Prosthetist Technician Program closed in 2018, she accepted a position at Oakland University in Rochester, Michigan to develop the Orthotist Prosthetist Assistant program curriculum and labs. Tamara is the acting program director and advocates extensively for the role of assistants in O & P as well as all other care extenders aligned with patient care outcomes and clinician support.

Tamara volunteers on the NCOPE Academic Accreditation Services Committee for the updating and revision of the Technician Standards, Clinician Standards, and Assistant Standards. She is also a reviewer on the Self Study Review Committee. Tamara has presented at MOPA on the roles of care extenders in O & P as well as on clinician burnout/solutions. She also acts as an ambassador promoting a career in orthotics and prosthetics at local high schools, career fairs, STEM, and similar gatherings.

In her spare time, Tamara does lapidary, woodworking, rock hunting, Tang Soo Do karate and whatever else appeals to her creativity.

Additionally, because of limited interactions scheduled with patient models, there are fewer opportunities to follow-up on the treatment plans created in classes. This deficiency causes a knowledge gap in the implementation of treatment plans, making it more difficult for residents and new clinicians early in their career. Thus, with limited fabrication skills learned in the lab, the solutions that these clinicians are aware of and can execute appropriately are constrained.

The impact of entry level technical skills becomes more evident at clinical sites.

“For a new clinician, the time spent on each task is longer than the time used by clinicians with more experience.”

Likewise, the initial quality of modifications may prove to be subpar. Remakes, reorders, or non-adoption of the device(s) add significant costs without an increase in reimbursement. Poor device outcomes and patient concerns may be noted by the clinical site manager and may require intervention. Hence, the patients' trust in the clinician can be negatively influenced and lengthy delivery times become frustrating for referral sources, patients, and families, and once again hinder revenue.

The need for improvement is evident.

“The question is “what are the realistic solutions?”

Below are listed a series of potential solutions. Our hope is that individual O&P practice sites can internalize some of these suggestions to remedy this challenge, helping both patients and clinical staff members.

- ***Provide in-house opportunities*** for the new clinicians to modify sample orthoses and prostheses with standard modification techniques - without the concerns of negative patient risk or ruining a patient's device.
- ***Partner the clinician with an in-house technician*** for a set amount of time per week for several months. This action will permit the technician and clinician to establish a communication model and share differing skill backgrounds. The established time frame may be dedicated to specific modifications based on the focus of the practice (orthotics, prosthetics, pediatrics) or driven by the new clinician's identified weaknesses.

See Fabrication, page 19

Fabrication (Continued)

- **Create mentoring in clinical sites with senior clinicians** advising and supporting the newer clinicians.
- Dedicate time and arrange for the new clinician initially to work 2-4 weeks in the central fabrication facility used by the practice. **Arrange and implement rotations in that time frame to include** intake with cast assessments, perusal of submitted orthometry forms, shadow follow up calls to clinicians, fill casts, perform modifications, vacuum-form plastic that include joints, prosthetic lamination overlays, access to a variety of materials (metals, plastics, foams). Make this flexible so the clinician can gain competent skill sets to build upon.

The creation of a successful clinician with both clinical and technical skills is not solely the responsibility of the master's programs. Satisfactory results are a combination of the schools establishing entry level skills and the employers developing an environment where these skills can be expanded with mentoring, dedicated time for skills acquisition, with or without technician support, opportunities for model access, exposure to materials, and identifying solutions that are personalized and supported by the employer.

Forging a Path in Animal Orthotics and Prosthetics

- Chris Pujol, C. Ped, CTO

With over 27 years in the orthotics and prosthetics (O&P) field, my journey has been anything but linear. I have worn many hats over the years—clinician, technician, manufacturing manager, and engineer with each role giving me a unique perspective on the challenges and possibilities within this specialized profession. I have had the privilege of training and working internationally, experiences that exposed a variety of practices and pushed me to constantly continue to refine my skills.

“But it was not until 2012, when I made my very first prosthetic device for a dog...”

...that I truly found a new sense of purpose in my career.

That particular case unlocked something within me. The challenge was different and exciting. The anatomy, behavior, and biomechanics of animals created a fascinating puzzle.

See *Animal*, Page 20



Animal (Continued)

The emotional impact was powerful, helping not just the animals, but the humans who love them. I quickly realized that while human O&P is a well-established field with structured standards, these applications and standards did not exist for animals.

About the Author



**Chris Pujol,
C. Ped, CTO**

Chris Pujol is a seasoned professional with over 24 years of experience in the prosthetics and orthotics industry, both in the human and animal sectors. Having worked across the globe in diverse markets, he has honed his expertise as a technician, practitioner, process engineer, and business owner.

Chris's international career includes notable stints in the United States, Germany, Austria, and Canada, where he has contributed to advancing the field through innovative solutions and hands-on work. His deep understanding of both human and animal needs has shaped his approach to creating tailored, functional, and life-changing prosthetic and orthotic devices for all.

“The provision of animal orthotics and prosthetics was wide open.”

There was—and still is—so much opportunity for growth, innovation, and compassion.



Over the years, I have watched this field evolve dramatically. What started as a niche corner of veterinary medicine is now becoming a legitimate specialty, with growing demand and expanding expectations. I have had the honor of working with a wide variety of animals—dogs and cats, of course, but also more unusual cases like a llama, a donkey, and even a giraffe.

“Each of my patients has required creative thinking resulting in customized solutions.”

This blend of engineering and empathy is what keeps me inspired.

As the field began to grow, I decided to go all in. I signed a licensing agreement with one of the largest providers of animal orthotic and prosthetic care and opened an office in the Austin, Texas metro area. It was a bold move into full-time animal practice, and it allowed me to work with more patients, refine clinical protocols, and be part of a broader effort to bring legitimacy and visibility to this emerging discipline.

See Animal, Page 21



Animal (continued)

But after two years, I found myself wanting more control—more freedom to innovate, to explore new approaches, and respond to the unique needs of both animals and their caregivers. So, I made the decision to break away and launch my own independent practice. That choice was driven by a deep belief that animal orthotics and prosthetics deserve the same level of focus, investment, and creativity as its human counterpart.

Since then, I have been able to learn and incorporate a wide range of technologies and materials into my work, from 3D printing and carbon composites to traditional thermoplastics. Each tool brings new possibilities, whether it is improving the weight and strength of a device or customizing a design to fit the specific lifestyle of the animal. But technology is only part of the equation.



“Understanding the behavior,
healing patterns, and needs of each species
is critical,...”

...and every case continues to be a learning experience.

One of the greatest challenges and opportunities I envision in this specialized field is quantified education and the development of standards and practices for orthotic and prosthetic care of animals. Presently, there is no unified standard of care for animal orthotics and prosthetics. Too often, pet owners and veterinarians are unaware of the clinical possibilities for the care of the animal. We need more clinicians, engineers, and innovators to step into this space with curiosity and commitment. We need to invest in education, research, training, and product development that is specifically tailored to animals, rather than repurposing human solutions.

We are just scratching the surface of what is possible in this specialized field. The more we learn, the more we can do—not only to extend the lives of animals but to enhance their quality of life. It is my hope that by sharing my professional journey, I can inspire others to take a closer look at this field, to contribute and expand their talents, and to help shape the future of orthotic and prosthetic animal care. Because the animals—and the people who love them—deserve nothing less.



Harnessing the Power of Industry Surveys: A Roadmap for O&P Clinicians

- Coleson Chase, Vice President and General Manager, SPS

About the Author



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Coleson Chase has 20+ years of leadership experience across healthcare, non-profit, and Fortune 500 companies. Eight years ago, he joined SPS and currently serves as Vice President and General Manager. In this role, he focuses on leading business operations, implementing strategic initiatives, and partnering with O&P, Podiatry, and Government customers, as well as Vendors, to drive mutual success and positive patient outcomes. Coleson holds a BBA in Management from the University of Georgia and a master's in marketing from Georgia State University. He lives in Canton, Georgia with his wife and three children.

Turning Data into Action for Personal and Professional Growth

In today's rapidly evolving orthotics and prosthetics (O&P) profession, clinicians are constantly challenged to adapt to new technologies, shifting patient expectations, and the ever-present pressure to deliver better outcomes. Amid these changes, industry data becomes more than just numbers on a spreadsheet, it becomes a vital compass for navigating growth, improvement, and competitive advantage.

One of the most powerful sources of such data comes from industry-wide participation in the AOPA Operating Performance and Compensation and Benefits surveys; their impact is felt throughout the entire field. Decisions shaped by these survey results ripple outward, influencing practice policies, compensation structures, and the overall quality of care.

AOPA's Surveys: What Are They and Why Should You Care?

Each year, AOPA conducts comprehensive Operating Performance and Compensation and Benefits surveys. These surveys collect insights from practices and clinicians nationwide, compiling a robust dataset that reflects the realities of O&P business and clinical practice. Please note: AOPA's surveys are administered by an independent third party, ensuring that all individual responses remain strictly confidential and are never shared beyond that party.

But why should clinicians care about these surveys? The answer is simple: knowledge is power.

"The data collected provides the basis for informed decisions that affect compensation, benefits, workflow, and clinic culture."

By participating in these surveys, clinicians help shape the industry benchmarks that their own careers and workplaces are measured against.

- Clinics can use this data to set salaries, establish benefits, and refine operational procedures.
- The aggregated data supports advocacy work, helps the profession stay competitive, and ensures that evolving standards reflect real-world experiences.
- Broad industry participation improves data accuracy and ensures changes are widely relevant.

See Surveys, Page 23

Surveys (continued)

The Ripple Effect: How Survey Participation Fuels Industry Growth

Participation in industry surveys is powerful. Every clinic's response contributes to a more accurate and meaningful pool of information, which individual clinics can use to:

- Foster transparency around compensation, benefits, and performance metrics
- Promote healthy competition, encouraging each clinic to meet or exceed industry standards
- Support advocacy efforts with credible, real-world data
- Guide the development of educational programs and clinical best practices

The results influence practice policies and professional development opportunities, ultimately shaping the environment in which every clinician works.

Key Insights from the Latest Surveys

Let's look at some interesting data points from the recent Compensation & Benefits reports that illustrate this chain of influence:

- **Vacation Time:** Data showing that clinicians and staff receive three weeks of vacation after five years provides a benchmark managers use to update or maintain competitive benefits.
- **Remote Work Trends:** With 17% of administrative staff working remotely at least 20% of the time, clinics may consider offering similar flexibility, benefiting staff based on industry trends.
- **Competitive Compensation:** [Survey results help set fair salaries for clinicians and specialty roles](#), using market insights to support transparent, equitable pay policies.

Why Every Clinician Should Engage with the Survey Process

It is easy to think of surveys as tools for managers or owners, but every clinician stands to benefit by engaging with this information. Here is how:

1. Participate to Shape the Industry

By responding to surveys, clinicians make their voices heard, providing data that steers the profession toward fairness and innovation. Their collective input shapes standards that define compensation, benefits, and clinical practices for everyone.

2. Stay Informed Through Communication

Ask your manager to share key takeaways from the latest surveys. Many clinics review industry summaries or use data to justify policy changes; being part of these conversations helps you understand how industry trends affect your role.

3. Advocate for Transparency

Encourage an environment where leadership communicates how decisions are made. Knowing that your compensation, benefits, and workplace policies are grounded in national data builds trust and engagement within your team.

See [Surveys](#), Page 24

Surveys (continued)

4. Drive Practice Improvement

Use information from the surveys to propose changes or improvements. Demonstrating an understanding of industry benchmarks shows initiative and a commitment to excellence.

5. Support Talent Acquisition & Retention

Recruitment and retention strategies are often built on industry data. By participating in surveys, clinicians help ensure their clinic remains attractive to talented professionals.

Turning Insights into Action: Practical Steps

- **Participate in Surveys: Your input strengthens the quality of industry data.**
- **Request Summaries:** Ask management to share highlights or summaries of key survey findings.
- **Discuss Benchmarks:** Use available information to advocate fair policies and workplace improvements.
- **Pursue Professional Development:** Align your career path with trends and opportunities identified by industry leaders.

Real-World Scenarios: The Impact of Survey Data

- **Contract Negotiation:** Clinics use survey data as a reference for salary discussions, ensuring offers are competitive and fair.
- **Policy Updates:** Trends like flexible work arrangements or enhanced benefits are implemented in response to industry data, improving workplace satisfaction.
- **Retention Strategies:** By knowing what benefits matter most, clinics can keep their teams engaged and supported, directly benefiting every clinician.

Conclusion: Elevating the Profession Together

Engaging with industry surveys is more than a bureaucratic task, it's a professional responsibility and an opportunity for collective growth. While individual clinicians may not always have direct access to the data, the decisions and policies crafted from it shape the landscape of O&P practice.

Contributing to these surveys ensures that the realities of front-line clinicians are reflected in industry standards. Staying informed allows clinicians to advocate for themselves and their teams, while trusting that national data guides the evolution of their workplace. By working together—owners, managers, and clinicians—the O&P field continues to advance, creating a dynamic and supportive environment for all.

So, remember: your participation makes a difference. Every response helps build a stronger profession for you and your colleagues.