“There is no reason in the whole wide world that anyone with an amputation can’t engage in consistent exercise,” Edelstein says.

**Vascular and Other Diseases**

Amputation may result from vascular disease, but it doesn't cure it, "so it is important to continue to pay attention to the underlying causes [for the amputation], which can increase the possibility of heart attack and stroke, and pay particular attention to the health of the remaining limb," Edelstein says. When older people are hospitalized, they can spend long periods not wearing their prostheses. Carroll advises prosthetists to check on these patients in the hospital to fit pressure socks whenever they anticipate extended time out of socket.

People with amputations who are in renal failure face a unique challenge when transferring to and from the dialysis couch, since the couches aren't usually height adjustable, Frieden notes. His rehabilitation department has patients practice pivot transfers before they go to the dialysis area to ensure a safe treatment.

**Insurance**

The one age-related change that affects both the patient and the prosthetist is insurance coverage.

"People going on to Medicare from the [employer-based] insurance they’ve had for years may experience some changes," Carroll says. "It's important for people to be familiar with their insurance and budget for outstanding costs such as co-pays or supplemental insurance.”

Sometimes those changes mean high-end components are no longer covered. Patients who enroll in a Medicare Advantage plan, for example, may find that their prosthetist is no longer in the plan's network.

Pitt Schneider knows firsthand the challenges of transitions in coverage. Before joining Ottobock, coverage for her C-Leg was denied twice when she changed jobs.

“This is a huge issue that I am passionate about,” she says, adding that’s why she sits on the Amputee Coalition's board of directors and uses her legal background and personal experience as an amputee to advocate at the state and national level to get coverage for O&P included as an essential health benefit, separate and distinct from durable medical equipment (DME).

"To me, it’s a no-brainer,” Pitt Schneider says. "I’m missing a limb, and a prosthesis is medically necessary to get back to work, but this is our third attempt to get it passed [in Minnesota]. If insurance companies pay for implantable knees, why not state-of-the-art external knees?” As prosthetists and patients alike know all too well, that issue will likely have longevity of its own.

Kate Hawthorne is a freelance writer living and working in Fort Collins, Colorado. She can be reached at kate@wordsforhire.net

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