



# Advancements in Prosthetics Research: VA Studies of the DEKA Arm

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# Background

- Upper limb amputees are 3% of amputee population
- Historically, there has been little commercial interest in development of upper limb prosthetics
- Currently available devices aren't good enough to restore function

# Background

- Increasing prevalence of upper limb amputation due to injuries in Iraq and Afghanistan
- Upper limb amputees constitute **22%** of new military amputees
- The majority of these amputees will separate from active duty and enroll in VA healthcare
- The VA will provide lifetime prosthetic care for Veterans with amputations

# State of the Art: Prosthetic Hands



Current State  
of the Art of  
Prosthetic  
Hands

open and close:  
1 grip only

# Current State of the Art in Sockets



- Rigid and uncomfortable
- Cannot adjust to changing anatomy
- Hot and sweaty



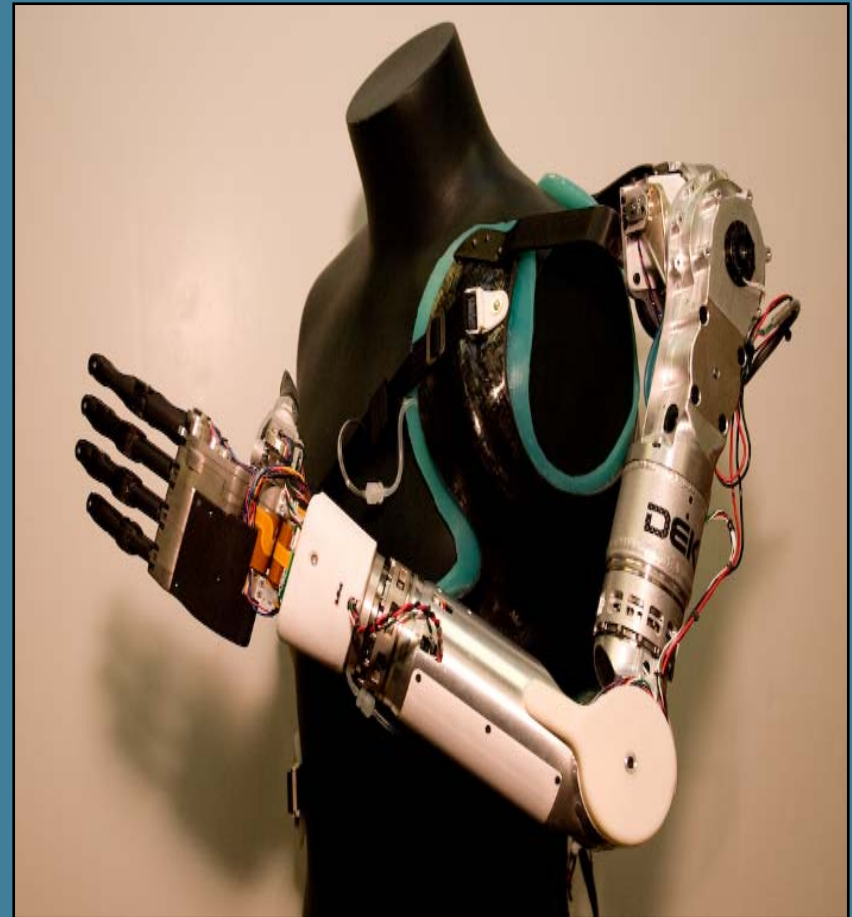
# DARPA's Revolutionizing Prosthetics Program

A major investment in technology development to advance the care of military members with upper limb amputations

# The DEKA Gen2 Arm: 2 Years of Research & Development



Veterans Health Administration  
**Research  
Development**  
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# DEKA Arm Features

- Multiple hand grips
- Enhanced comfort
  - Active socket design
- 18 degrees of freedom
  - 10 powered
- Improved speed and torque
- Elbow lift capacity of up to 20 ft-lbs
  - Currently available between 2.5-4 lbs



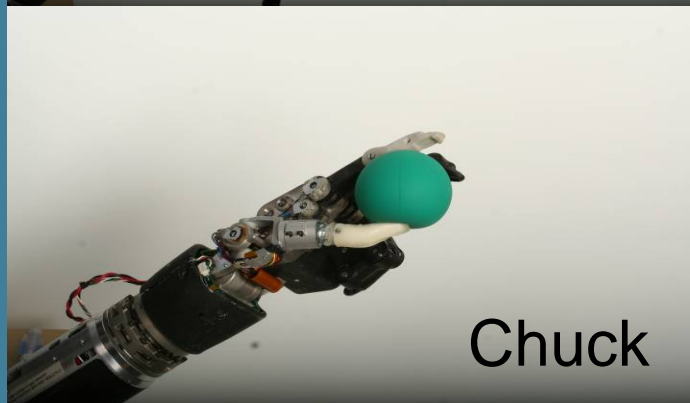
# Grip Patterns



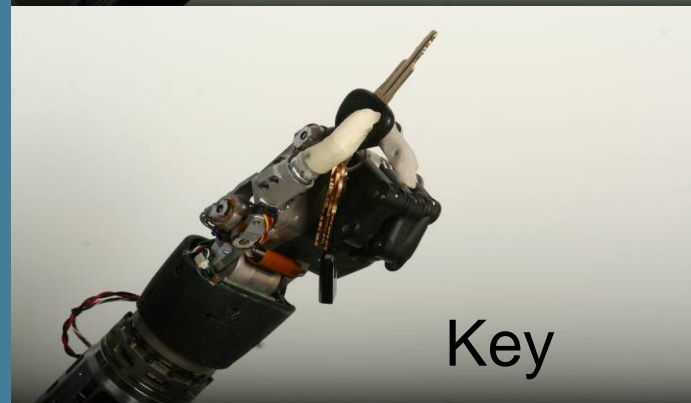
Power



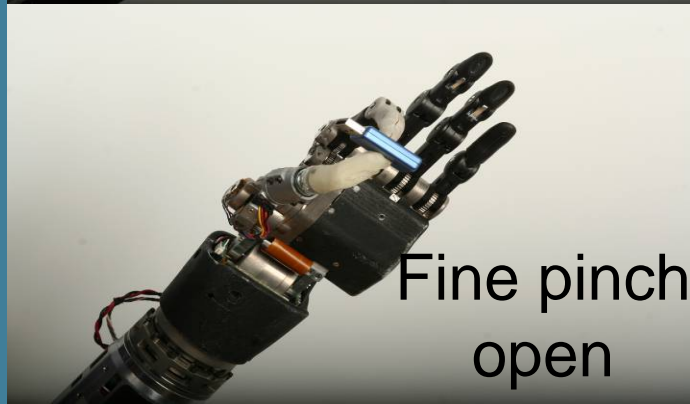
Tool



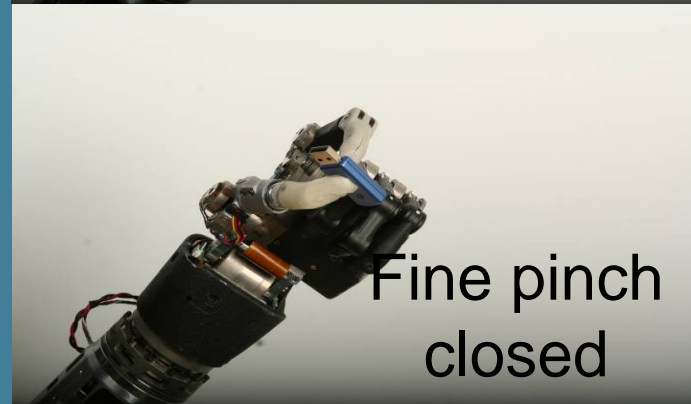
Chuck



Key



Fine pinch  
open



Fine pinch  
closed

# Active Socket

- Open frame concept
- Air bladders accommodate variability in tissue volumes
- Allows a closer, yet cooler, more comfortable fit



# DEKA Tests Pilots



Courtesy of DEKA Research & Development

# DEKA Gen2 Arm



- **This is a product in development**
- **It is NOT commercially available yet**
  - Further testing is required to inform optimization efforts
- **VA is serving as a transition partner to conduct clinical studies of the DEKA arm**

# VA Studies of the DEKA Arm



- **Funded by VA Rehabilitation Research and Development**
- **DEKA arms and support funded by DARPA**
- **Research Partnership**
  - VA and DARPA Memorandum of Agreement
  - VA and DEKA Cooperative Research Agreement
  - Clinical collaboration with VA Prosthetics and Sensory Aids Services, Physical Medicine and Rehabilitation

# VA Study Objectives

- 1) Evaluate the amputee's experience of using the DEKA arm
- 2) Evaluate clinicians' experience of fitting, setting up and training subjects with the DEKA arm
- 3) Evaluate improvements in the arm and its software as it is optimized by DEKA

# VA Research: Improving Veterans' Lives

These VA led studies demonstrate the VA's commitment to advance the field of prosthetics to better serve amputees injured in OEF/OIF and transitioning to the VA from DOD facilities.





# Importance of the Study



- Study results will be used to inform design efforts of the Gen 3 arm
- VA's leading role will help to ensure that the DEKA arm is optimized to best suit needs of Veterans with amputations

# Importance of the Study



Involvement of VA clinical and research services will help:

- determine the feasibility of deploying the DEKA arm within the VA
- position the VA amputee system of care at the cutting edge of upper limb prosthetics research



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# VA Research: Improving Veterans' Lives

## Thank You

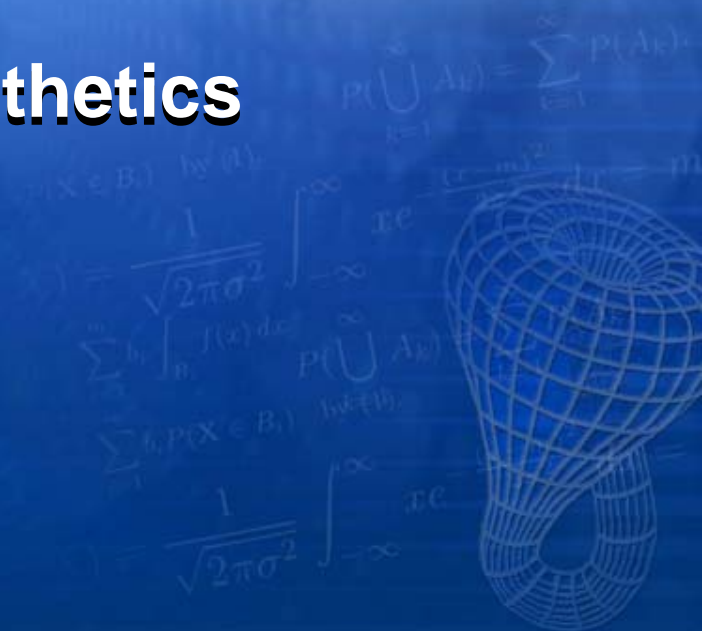




DEFENSE SCIENCES OFFICE



# Revolutionizing Prosthetics



# Revolutionizing Prosthetics The Vision

## Revolutionizing Prosthetics

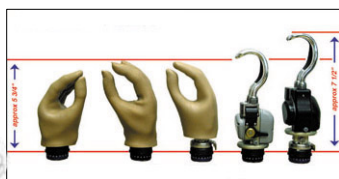
**Exploit/advance state of the art technologies:**

actuation, mechanical power distribution, energy storage, biotic/abiotic interfaces, sensors, computation, and **neural control**

To

**Provide fully integrated limb replacements** that enable victims of upper body limb loss to perform arm and hand tasks with near-natural strength and dexterity

### State of the Art: Utah arm



2 pound active lift

Myoelectric or "shrug" control with a standard harness and socket interface

Mechanically Superior

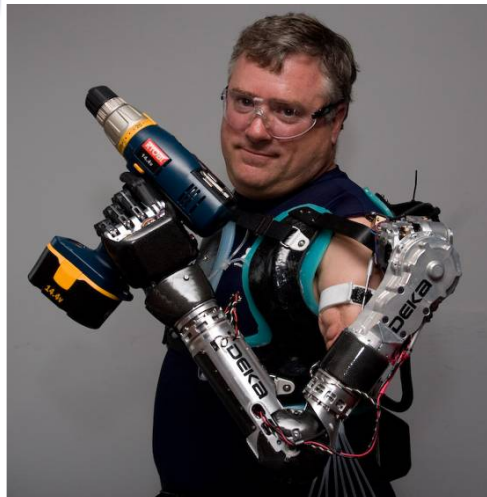
Neurally Integrated

- Closed loop nervous system integration
- Degrees-of-freedom allow natural range-of-motion
- Tactile & force receptors provide feedback
- Human-like endurance and actuation



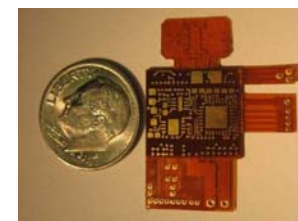
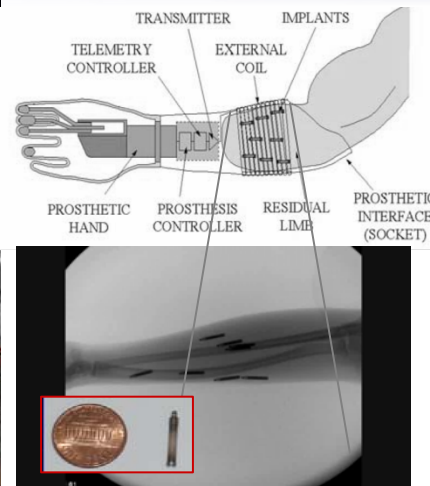


## Revolutionizing Prosthetics



### *Clinical Development Strap-and-Go*

- 6 patients, >500 hours of use to date
- Next steps
  - >10 clinical trials
  - >4 patient home trials
  - Testing
  - Design 3<sup>rd</sup> Gen Arm
  - 2011- submit to FDA



### *Clinical Development Neural*

- >30 patients with targeted motor reinnervation (TMR) surgery to facilitate arm control; 4 used arm in clinical setting
- Walter Reed and Brooke Army Medical Centers evaluate patients for TMR and have performed 3 surgeries at each facility to date
- Successful wireless cortical and peripheral nerve signal decoding experiments
- 2010 – FDA submission; initiate trials for direct brain controlled device

*Continued support to 2-year VA Optimization Study*







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# Research Leading to a Paradigm Shift in VA Amputation Care

Gayle E. Reiber, PhD  
VA Senior Career Scientist



Funded by VA Health Services Research & Development

# Need For This Research

Little is published on service members with traumatic limb loss from Vietnam, Operation Iraqi Freedom and Operation Enduring Freedom (OIF/OEF). We need to better understand:

- Combat injuries
- Health
- Function
- Quality of life
- Prosthetic use and satisfaction
- Costs

# Impact of the DoD Paradigm Shift on VA Amputee Prosthetic Care



## Purpose of the Research

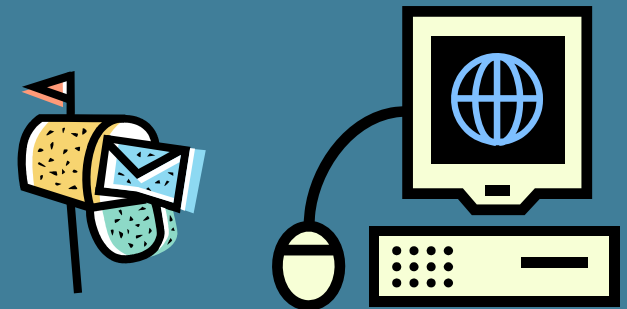
1. To survey 501 eligible Vietnam and 541 OIF/OEF service members with traumatic limb loss
2. To project future prosthetic shifts and costs for 5,10-,20 years and lifetime

# Summary of the Project

Over 1,000 Veterans and service members with combat-related limb loss identified

Completed *Survey for Prosthetic Use*  
(mail, internet and phone)

- Costs determined and projected
- Expert panel met to discuss study issues, clinical recommendations, research recommendations and prepare manuscripts
- Single-topic issue of JRRD in late 2009 includes 10 manuscripts, 4 editorials and clinical and research recommendations



# Program Status

- Survey response rate 62%
- Data analysis complete
- Identified key clinical and research topics
- Manuscripts under review
- Some clinical translation efforts underway
- Need support for other clinical and research initiatives

# Results

	<u>Vietnam</u>	<u>OIF/OEF</u>
Phantom limb	72	76
Remaining limb	48	63
Wearing prostheses	47	40
Chronic back pain	36	42
Skin problems, %	51	57
PTSD, %	38	59
TBI, %	3	34



# Significant Contributions



This research supports a VA Rehabilitation Paradigm shift in Amputation Care to better serve veterans with limb loss through an improved system of care.

- Regional
- VISN and
- Local clinical teams
- Uniform care to service members with limb loss regardless of conflict

# Recommendations for Veterans with Limb Loss



## Clinical topics:

- Paradigm shift in care and organization for veterans with limb loss
- Uniform standard for prosthetic care
- Continue veterans choice for prosthetic provider
- Registry, linked to medical record and prosthetic record

## Research topics:

- Physical and psychosocial function, social support, quality of life, prosthetic satisfaction and outcomes
- Neuro-musculoskeletal pain
- Socket design to improve fit and decrease pain
- Decreasing abandonment of prosthetic devices
- Follow-up surveys

# Expert Panel

## Advised on Study Issues, Recommendations and Wrote Manuscripts

### VA

Lucille Beck, PhD  
Kendra Betz, MSPT, ATP  
Donna Jo Blake, MD, PT  
Rory Cooper, PhD  
Joseph Czerniecki, MD  
Paul Dougherty, MD  
Fred Downs  
Robert Gailey, PhD, PT  
Sandra L. Hubbard-Winkler, PhD  
Charles Maynard, PhD\*  
Martin McDowell  
Lynne McFarland, PhD\*  
John R. Milani, CPO  
Billie Jane Randolph, PhD, PT  
Gayle Reiber, PhD\*  
Barbara Sigford, MD, PhD

### Veteran Service Organizations

Juan Arredondo  
Ned Foote  
Jonathan Pruden, MPS

### DOD

CPT Kristin Erickson, MD, MPH\*  
John Ferguson, CPO  
COL Jeffrey Gambel, MD, MPH  
LTC Paul Pasquina, MD, MC

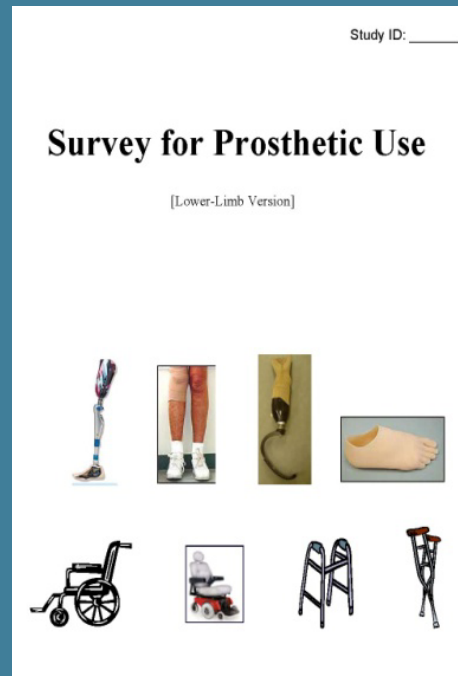
### Academic Institutions/Other

Gary Berke, MS, CP, FAAOP  
David Blough, PhD\*  
Tony Choppa, MEd, CRC, CCM, CDMS  
Alberto Esquenazi, MD  
John Hattingh, LCPO  
Allen Heinemann, PhD, ABPP  
Sharon Hubbard, MS\*  
Melissa Jones, PhD, OTR/L, CHT  
Douglas Smith, MD\*

\* Project Team

# Acknowledgments

**We gratefully acknowledge the  
Veterans who participated in our study**



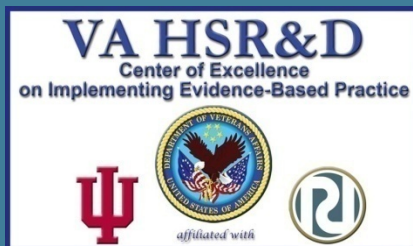




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# Using VHA Telehealth to Improve Access and Patient Centered Outcomes for Community-Dwelling Veterans

Neale R. Chumbler, PhD



# Aging Veterans with Chronic Care Needs

- **Veteran population (age 85+)**
  - 124% (2000–2020)
  - VHA treats --- triple '00-'11
- **Live independently at home**
- **32% of VHA patients in rural areas**



# Collaborations



- VA RR&D
- VA HSR&D
- VHA Office of Care Coordination
- VISN 8 Community Care Coordination Service

# Home Telehealth

- **Patient Centered Care**
  - Delivery of health care services at a distance
  - Veterans timely and convenient care (rural)
- **Home-telehealth (CCHT)**
  - **Self management of chronic conditions in homes**

# Research Purpose

- 1. Compare effectiveness of care coordination/home-telehealth (CCHT) for Veterans with diabetes**
- 2. To determine the effect of a tele-rehabilitation intervention on physical function**

# CCHT and Diabetes

- 1. VHA Service Use:**  
Significant in preventable hospitalizations (18 months)



- 2. Health-Related Quality of Life:**  
Significant improvement @ 12 months



- 3. Mortality:** Significant in 4-year all-cause mortality



Chumbler et al., 2005; Jia et al., in press; Chumbler et al., 2009

# Cost Effectiveness of Home-Telehealth and Diabetes



- **Cost effective for 1/3 of participants**
- **Cost-effectiveness varied by marital status, VAMC location site and co-morbidities**

# Tele-rehabilitation for Stroke Patients

- **Stroke is a special emphasis population in the VA**
- **Very costly hospitalization for veterans with stroke and follow-up care**
- **Phase II randomized control trial**
  - Patients recruited from 4 VAMCs in 4 VISNs
- **Goal to improve functional mobility using multifaceted rehabilitation intervention via tele-health technology**



# Tele-rehabilitation for Stroke Patients



1. Exercise component: strengthening, balance and endurance
2. Adaptive strategies: identify home modifications, assistive devices
3. Screen for unforeseen problems, reinforce adherence to exercise

Enrollment is ongoing.



# Research Improving Veterans' Lives



## Home-telehealth and Diabetes:

- Key VHA non-institutional care service
- Support older veterans with chronic conditions as they age and remain independent
- Improves access to timely care and obviating hospital admissions

# Research Improving Veterans' Lives



## Tele-rehabilitation for Veterans with stroke

- Access to post-acute in-patient rehabilitation is limited
- Resources for in-home rehabilitation are limited
- Reinforce exercise adherence and rapid response to new functional problems

# Next Steps: Tele-rehabilitation



## Improved methods for functional assessment; more effective and efficient rehab strategies

- Interventions applicable to other rehab populations (i.e. polytrauma)
- Utility for older veterans with mobility disability
- May create national partnerships for approaches to transition from hospital to home

# Next Steps: Home-telehealth



- Expand to support returning OEF/OIF heroes
- Expanded into the Personal Health Record

# Acknowledgment



- Thank you to all of the veterans who participated in the studies
- “Home-based telehealth stroke care: A randomized trial for Veterans” is a Merit Review Grant funded by VA Rehabilitation Research & Development (B4492R)
- HSR&D QUERI (QLP) (STR 04-347)

# VA Research:

## *Improving Veterans' Lives*

