Purpose:
This procedure identifies the processes involved in converting a client prosthetic limb from interim limb status to primary definitive limb status and related conditions; ensuring safety is maintained within consistent industry practices under the client identified prosthetic needs.

Procedure:
It is recognised that the client’s immediate prosthetic needs can be met by the conversion of their interim artificial limb (prosthesis) to definitive status.

According to industry standards, the components selected for an interim prosthetic limb, should be no different to the components selected for a definitive prosthetic limb. Professional opinion is that the client continues to consistently improve in their rehabilitation and activities, if the components selected remain constant and the same.

The Queensland Artificial Limb Service (QALS) expects an interim prosthetic limb funded under QALS to provide a consumer with adequate and long term use. The components selected for an interim prosthetic limb should be suitable for conversion to the primary definitive prosthetic limb. Therefore, only socket replacements should be requested, saving on both time and cost during the first 24 months of prosthetic use by a patient, during and following their rehabilitation sessions. If the interim prosthetic limb has been manufactured by another source, such as a public hospital prosthetic department or privately, the treating Prosthetist is expected to inspect the components for suitable use in the definitive prosthetic limb design, and only requesting funding for new components in a primary definitive prosthetics, if absolutely necessary.

Amputee Clinic - Multi Disciplinary Team Assessments

Before any conversion can occur, the client will have completed their ‘interim rehabilitation program’ and be identified as suitable to use a definitive (permanent) prosthesis, by the treating rehabilitation team from a recognised amputee clinic. Once the client has completed their interim rehabilitation program, the amputee clinic will complete the Clinical Prosthetic Clearance (CPC) Form and send it to QALS to support the client’s request for on-going prosthetic funding support through the Queensland Government’s ‘artificial limb scheme’.

QALS requires that all clients (other than bi-laterals and upper limb amputees) undertake a simple test to establish their mobility capabilities. Mobility assessments must be conducted by a Physiotherapist at a recognised amputee clinic and attached to the CPC Form being sent to QALS for definitive prosthetic funding support. At present QALS recognises the ‘Amputee Mobility Predictor & Assessment Tool’ (AMPAT) for this test. The AMPAT provides test results in mobility classification known as K-Levels. The K-Levels are rated from zero (0) to four (4). K0 being the lowest mobility rating – ‘does not have ability to ambulate’. K4 is the highest recognised by QALS – ‘ability to ambulate beyond basic skills, using high impact and energy stress levels, i.e. child/athlete’. All industrially produced prosthetic components are engineered and tested according to weight limits and mobility rating in daily use.
**Prosthesis Construction**

QALS requires that components used in the manufacture of any prosthetic limb funded under the Artificial Limb Scheme are included on the Australian Register of Therapeutic Goods (ARTG). In general, prosthetic components included on the ARTG are stipulated as single person/multiple use. This allows the same component to be used multiple times on the same client. For any interim prosthesis to be accepted for conversion to a primary definitive prosthesis it must be composed of components that were new when used in the interim limb manufacturing.

Were appropriate, the original components selected by the treating Prosthetist for the interim prosthetic limb should be suitable for ongoing prosthetic use in a definitive prosthetic limb. The client has spent months undertaking rehabilitation training and will be familiar with the response and use of the components selected for their interim prosthesis and should continue to feel comfortable and safe with their continued use. Prosthetists are required to identify if an existing interim prosthetic limb is an appropriate limb design and components are safe to use within the listed component weight limitations and activity grading for a definitive prosthetic limb.

An interim prosthesis is expected to provide up to 12 months of use, requiring 1 to 2 interim socket replacements during this period and prior to being converted to a primary definitive prosthesis. An interim prosthetic limb will not have foam covers fitted to it due to the continual need for adjustments of the prosthesis during rehabilitation. The converted primary definitive prosthetic limb and components are expected to provide another 12 – 18 months of continued use and a foam cover fitted.

When converting an interim prosthesis to a primary definitive prosthesis all components are thoroughly inspected and serviced prior to an APN being submitted for a definitive socket. The PSP is permitted to claim the full manufacturing hours for a definitive limb conversion (eg.; 5C - 20 hours and 9C - 30.5 hours) not just the socket manufacturing hours. Foam cover hours can be requested after the trial period on the new definitive limb/socket. The full manufacturing hours are permitted because of the extra time required to exam and service the existing components, prior to their ongoing use in the definitive prosthetic limb. It should be noted that liner limits (both time and dollar value) apply with both the interim or definitive prosthetic limbs.

**Prosthetic Identification**

Although only a new socket is produced during conversion to definitive status, the prosthesis will be given a new limb number, not a major repair number. This allows QALS to track the number of interim limbs and interim sockets, prior to a primary definitive limb being manufactured. Otherwise the number of prosthetic limb and sockets reported will be less than what is actually supplied and funded.

In some unique circumstances the socket may remain the same and only the components are replaced, in particular the foot. The same rules apply as above, a new limb number will be allocated to indicate the upgrade from interim to definitive status, all components and parts will be recorded as per Queensland Artificial Limb Service Procedure Identification of Limbs (42085).

**Payment of Existing Components**

Where the conversion of the interim to definitive meets the above conditions and is approved by QALS, the manufacturer of the prosthesis will only be paid for the additional work performed and/or costs incurred for the changed components used in the definitive prosthesis. No payment whatsoever will be made for any previously funded components associated with the production of the interim limb.

**Database**

QALS will enter the limb identification information in the database as a Primary Definitive and will assign a Limb Number in the form “Qxxxx” to the prosthesis and the prosthesis is to be so identified.
Warranty
Any services which are normally considered ‘as subject to warranty’ will remain the responsibility of the party who provided the custom made service involved where practical and possible i.e. sockets carry a 3 month warranty on socket fit and 12 months on socket integrity. Components will be according to manufacturer’s warranty as identified on the specifications listed on the QALS component database, from the date of purchase. Date of purchase information, batch and serial numbers are to be provided on request if the prosthesis is being transferred between service providers. As an example, public hospital prosthetic services to private prosthetic service provider. Warranty periods on components transfers with the item when being used on the same client.

Evaluation Method:
- Checking request on the ‘assessment for prosthetic needs’ APN forms are clearly written, indicating the changes required and the interim components that do not require replacement.
- Prosthetic Service Providers should identify such limbs clearly on their invoices and charge only for the replacement components/services provided.
- Amputee clinic staff and prosthetic manufactures should support such a conversion, as it is to the benefit of the client and cost efficient to the service as a whole. ALS funding is finite.

HYPERLINK TO: http://www.health.qld.gov.au/qals/content/policies.asp