

2025 Current Fiscal Year Report: Advisory Committee on Prosthetics and Special-Disabilities Programs

Report Run Date: 07/12/2025 05:40:05 AM

1. Department or Agency

Department of Veterans Affairs

2. Fiscal Year

2025

3b. GSA

Committee

No.

Advisory Committee on Prosthetics and
Special-Disabilities Programs

33

4. Is this New During Fiscal Year?

No

5. Current Charter

05/09/2024 05/09/2026

6. Expected Renewal Date

7. Expected Term Date

8a. Was Terminated During FiscalYear?

No

8b. Specific Termination Authority

8c. Actual Term Date

9. Agency Recommendation for Next FiscalYear

Continue

10a. Legislation Req to Terminate?

Not Applicable

10b. Legislation Pending?

Not Applicable

11. Establishment Authority Statutory (Congress Created)

12. Specific Establishment Authority

38 U.S.C. 543

13. Effective Date

10/09/1992

14. Committee Type

Continuing

14c. Presidential?

No

15. Description of Committee Non Scientific Program Advisory Board

16a. Total Number of Reports

No Reports for
this FiscalYear

17a. Open

1 17b. Closed0 17c. Partially Closed0 Other Activities0 17d. Total 1

Meetings and Dates

Purpose

Start

End

Fall (FY 25) meeting of the ACPSPDP. The purpose of the Committee meeting is to advise the Secretary of Veterans Affairs on VA's prosthetics programs designed to provide state-of-the-art prosthetics and the associated rehabilitation research, development, and evaluation of such technology. The Committee also provides advice to the Secretary on special-disabilities programs, which are defined as any program administered by the Secretary to serve Veterans with spinal cord injuries, blindness or visual impairments, loss of extremities or loss of function, deafness or hearing impairment, and other serious incapacities in terms of daily life functions.

10/21/2024 - 10/22/2024

Number of Committee Meetings Listed: 1

	Current Next	
	FY	FY
18a(1). Personnel Pmts to Non-Federal Members	\$0.00	\$0.00
18a(2). Personnel Pmts to Federal Members	\$0.00	\$0.00
18a(3). Personnel Pmts to Federal Staff	\$0.00	\$0.00
18a(4). Personnel Pmts to Non-Member Consultants	\$0.00	\$0.00
18b(1). Travel and Per Diem to Non-Federal Members	\$0.00	\$0.00
18b(2). Travel and Per Diem to Federal Members	\$0.00	\$0.00
18b(3). Travel and Per Diem to Federal Staff	\$0.00	\$0.00
18b(4). Travel and Per Diem to Non-member Consultants	\$0.00	\$0.00
18c. Administrative Costs (FRNs, contractor support, In-person/hybrid/virtual meetings)	\$0.00	\$0.00
18d. Other (all other funds not captured by any other cost category)	\$0.00	\$0.00
18e. Total Costs	\$0.00	\$0.00

19. Federal Staff Support Years

0.00 0.00

(FTE)**20a. How does the Committee accomplish its purpose?**

The Federal Advisory Committee for Prosthetics and Special Disabilities Programs met objectives for VA Priorities and Strategic Goals in FY 2024.

The Committee provided advice to the Secretary on prosthetics and special disabilities programs which are defined as any program administered by the Secretary to serve Veterans with spinal cord injury, blindness or visual impairment, loss of or loss of use of extremities, deafness or hearing impairment, or other serious incapacities in terms of daily life functions. The interaction of the

Committee with various VA programs for the severely disabled Veteran population and their recommendations to these programs supported VA initiatives to improve the quantity and quality of services provided to these Veterans while meeting the Department's Strategic Goals, to include: •

Goal 1: VA consistently communicates with its customers and partners to assess and maximize performance, evaluate needs, and build long-term relationships and trust. Physical Medicine and Rehabilitation physicians as well as non-physician Rehabilitation specialists consistently communicate with Veterans and partners to evaluate needs and maximize performance.

National Veterans Sports Programs & Special Events outreach includes podcasts, articles TV, radio and newspaper articles, including monthly grand rounds, Providers4Vets platform on salesforce, and list serve distributions information to staff members. In partnership with Whole Health, patient education materials have been developed for Veterans who are served by all rehabilitation specialties and especially Veterans

with dual sensory loss. Educational materials for Veterans with amputation were developed to provide enriched resources for wellness and health management. Rehabilitation and Prosthetic Services (RPS) promoted the assessment of sensory health, Blind Rehabilitation Services (BRS) and Audiology and Speech Pathology Services (ASPS) that can be added to personal health inventory and developed Fact Sheets for Staff and patients, with emphasis on Veterans with Dual Sensory Loss. Employee and caregiver education and fact sheets were developed in areas of hearing loss, visual loss, and dual sensory loss. VA and 7 other Federal agencies, under Section 203 COMPACT Act-Interagency Task Force on Outdoor Recreation, are working together to build a framework, evaluating the use of public lands for Veterans, caregivers and families, making recommendations on ways to improve access/reduce barriers. Assistive Technology (AT) continues to support functional independence and includes alternative and augmentative communication, electronic cognitive aides, electronic aides of daily living, adaptive sports, complex wheelied mobility, and driver rehabilitation. AT programs have expanded for Polytrauma patients. Special programs and equipment enhance lifestyles of those living with Spinal Cord Injuries/Disorders. Rural health projects and clinical resource hubs provide services and support where limited access is available. Virtual care and special applications allow Veterans to securely communicate with providers and facilitate their participation in their health care. • Goal 2: VA delivers timely, accessible, and high-quality benefits, care and services to meet the unique needs of Veterans and all those we serve. Physical Medicine and Rehabilitation physicians as well as non-physician

Rehabilitation specialists promote access and effective care delivery through face-to-face patient appointments as well as through a variety of virtual care means (both synchronous and asynchronous). Specialty care is delivered in a variety of settings for easy access and greater choice. Physical Therapy is delivered in Medical Centers, Community Living Centers, and in Patient Aligned Care Teams such as Primary Care, Geriatrics, Women's Health, Home Care, Emergency Departments and Spinal Cord Injury Programs. Occupational Therapy works with mental health services to provide greater access to Veterans at high risk for suicide; to provide services to homeless Veterans; offers gender affirming prosthetic devices to drive equity for LGBTQ+ Veterans; works with VBA to streamline virtual home evaluations; and support active-duty service member transitioning to veteran status (Military to VA program). Prosthetic and Sensory Aids Service (PSAS) is the largest and most comprehensive provider of prosthetic devices and sensory aids, provides medically appropriate equipment, supplies and services that optimize Veteran health and independence and ensures devices and services are strategically sourced and consistent with clinical need. PSAS provides medically appropriate equipment, supplies and services that optimize Veteran health and independence, ensures devices and services are strategically sourced and consistent with clinical need. Services include orthotic and prosthetic services, restorations, home oxygen, dog insurance. Devices include durable medical equipment and supplies, wheelchairs and accessories, eyeglasses, blind aids, low vision aids, Hearing aids and assistive listening devices, Health monitoring equipment, artificial limbs/custom braces, surgical implants, adapted

sports and recreational equipment. VA's Benefit Program includes automobile adaptive equipment, clothing allowance, home improvements and structural alterations. VHA is the only national system to completely integrate rehabilitation services for Veterans with visual impairments. BRS continuum of care integrates with other services to provide care from wide range of vision loss. Rehabilitation specialties have integrated systems of care, specialized rehabilitation sites, and interdisciplinary teams serving Veterans through inpatient, outpatient, and virtual care services. Occupational Therapy works outside of Physical Medicine and Rehabilitation with mental health, homeless and caregiver support programs. Occupational Therapy also works with Veterans with Traumatic Brain Injury on lifestyle redesign. •

Goal 3: VA builds and maintains trust with Veterans, their families, caregivers, and survivors—as well as our employees and partners—through proven stewardship, transparency, and accountability. RPS strives to improve the Veteran Experience through Partnership with Office of Patient Experience. Voice of the Veteran surveys (V-Signals) regarding Outpatient Rehabilitation Services in VHA, highlighting that 95.2% of Veterans say they are satisfied with services and 92.7% say they trust their VA facility for their healthcare needs. Additionally, similar positive responses (range 93.6% to 99%) were received for Inpatient Rehabilitation acute and subacute care units based on Commission for Accreditation of Rehabilitation Facilities. Recreation Therapy and Creative Arts Therapy Service (RTCATS) established a multidisciplinary field advisory subcommittee to educate, train and promote the use of adaptive assistive technology for Veterans. RTCATS Established standardized staffing

guidelines for community living centers. Creative Arts Therapies is building partnerships with other offices. Staffing-added 49 new facilities across enterprise Funding Support for: Creative Arts Festival, Special projects and initiatives, Virtual Reality, Arts and Humanities Virtual Workshops to help develop community partnerships and TeleRehabilitation Initiatives which help reach rural Veterans. • Goal 4: VA strives toward excellence in all business operations—including governance, systems, data and management—to improve experiences, satisfaction rates, accountability and security for Veterans. VHA National Standards of Practice has-been a priority of all rehabilitation specialties. VHA National Standards of Practice seek to standardize practice, allow for VHA to provide services across the enterprise and to allow VHA to assist in the event of a national emergency. Modernization has also taken the form of increasing access to care such as in on-station chiropractic care. Improvements in best practices in the following areas have been noted: drivers training for disabled Veterans, whole health, wheeled mobility clinics, wellness programs (Be Active and Move). Increased opportunities for specialized surgeries such as osteointegration as well as other surgical advances and technologies will impact the future of care. Updated Qualification Standards and expanded training and residency programs have contributed to recruitment efforts. Significant efforts have been made to educate and train providers and to expand mentorship and training opportunities. Occupational Therapy and Physical Therapy Training and Residency programs have grown significantly (numbers). Orthotic, Pedorthic and Prosthetic Clinical Services (OPPCS) experiences a continued increase in demand for services and are modernizing the workforce with

specialized training to enable and address more complex custom devices and artificial limbs. To prepare for the future, clinical training programs, residencies and mentorship opportunities continue to expand. Expansion is especially noted in Occupational Therapy and Physical Therapy with a broad and diverse range of specialty practice residency programs in place. Special mentorship and traineeship opportunities continue to grow. Virtual care continues to expand and to be integrated into clinical practice in Physical Medicine and Rehabilitation medicine, Physical Therapy, Occupational Therapy, Kinesiotherapy, Chiropractic Care, Traumatic Brain Injury, Polytrauma, and Spinal Cord Injury/Disorders System of Care. Collaboration with Diffusion of Excellence is committed to embed Physical Therapy in Primary Care. Program Offices provide multi-year data analysis which support decisions in business operations. OT comprehensively evaluates and treats Veterans with functional impairments that interfere with successful transition into home and community, and their integration with mental health care in VHA. DSS-based data analyses and outcomes inform decisions on effectiveness of treatment and future directions. Performance Metrics identify trends through population, average age of Veterans and demographic trends, and addressed in an evidence-based approach.

20b. How does the Committee balance its membership?

The Committee is comprised of approximately 15 members made up of experts from the rehabilitation, research, management administration and audiological fields including Veteran consumers. The majority of the Committee's diverse membership will be

designated as Special Government Employees with a variety of backgrounds and knowledge sufficient to provide adequate advice and guidance to the Secretary. VA will strive to develop a Committee membership that represents members with diverse professional and personal qualifications: experience in military service, military deployments, working with Veterans, subject matter expertise, and working in large and complex organizations. The Committee shall continue to represent, to the extent possible, Veterans or diverse eras and branches of service, as well as diversity in race/ethnicity, gender, religion, disability, and geographical background. Committee members are recruited from highly respected universities, research facilities and medical facilities.

20c. How frequent and relevant are the Committee Meetings?

The Committee meets twice a year. Title 38 U.S.C. Section 543 requires the Secretary to regularly consult with and seek the advice of the Committee. The Committee receives update briefings from key program officials on issues and recommendations addressed in past meetings. The Committee met twice this year.

20d. Why can't the advice or information this committee provides be obtained elsewhere?

The Committee conducts a comprehensive review of prosthetics and special disabilities programs administered by the Department. All Committee recommendations and responses support the Department's strategic goals. The Committee's work is appreciated and provides great value to the Department. Its work is vital to improving the quality of care for Veterans with spinal cord injuries, blindness or visual impairment, loss of or

loss of use of extremities, deafness or hearing impairment or other serious incapacities.

20e. Why is it necessary to close and/or partially closed committee meetings?

All meetings are open to the public. Sessions are open to the public except when the Committee is conducting tours of VA facilities and participating in off-site events. Tours of VA facilities are closed to protect Veterans' privacy and personal information, in accordance with 5 U.S.C. Sec. 552b(c). This past year, the Committee held meetings in Washington, DC and in New Orleans, Louisiana. During the New Orleans meeting, the Committee toured the site of the National Veterans Wheelchair Games. For practical reasons, the tour portion of the meeting only was open to members of the public attending in person. All other aspects of this meeting, as well as the meeting held in Washington, DC., were open to the public.

21. Remarks

Regarding membership: Scott Quinlan was appointed to the Committee as Representative of Blinded Veterans Association (BVA), replacing Timothy Hornik, the previous Committee Representative for BVA. Dr. Arthi Amin replaced Dr. William Morgan, who completed his term 9/30/23.

Designated Federal Officer

Sonya M. Skinker Designated Federal Officer

Committee Members	Start	End	Occupation	Member Designation
Alston, Isaac	01/31/2022	07/19/2025	Retired - US Army Veteran	Special Government Employee (SGE) Member

Amin, Arthi	10/31/2023	10/31/2026	Product Manager Warfighter Expeditionary Medicine and Treatment (WEMT) Project Management Office, US Army Medical Materiel Development Activity	Regular Government Employee (RGE) Member
Banks, Felecia	01/31/2022	01/31/2025	Dept Chair, Occupational Therapy, Howard University Assoc. Exec Director Govt Relations, Paralyzed Veterans of America (PVA)	Special Government Employee (SGE) Member
Castle, Shaun	10/01/2017	01/31/2025	VP Clinician Integration and Innovation, American Physical Therapy Assn, Physical Therapist	Representative Member
Contreras, Andrew	01/31/2022	01/31/2025	retired Brigadier General; Managing Director, Diehl & Associates	Special Government Employee (SGE) Member
Diehl, Arthur	09/01/2019	09/30/2025	Chair, Dept. Speech, Language and Hearing Sciences, Univ. of Florida	Special Government Employee (SGE) Member
Ellis, Charles	01/31/2022	01/31/2025	Executive Director of the Northwestern University Prosthetics-Orthotics Center for Education & Research	Special Government Employee (SGE) Member
Gard, Steven	10/01/2020	10/31/2026	Associate Professor of Physical Medicine and Rehabilitation (PM&R) at Johns Hopkins University Hospital	Special Government Employee (SGE) Member
Gonzalez-Fernandez, Marlis	03/01/2019	01/31/2025		

Gore, Russell	10/31/2020	10/31/2026	Director, Complex Concussion Clinic, Medical Director< SHARE Military Initiative, Shepherd Center, Adjunct Associate Professor, Government Wallace H. Coulter Department of Biomedical Engineering, Georgia Institute of Technology and Emory University	Special Employee (SGE) Member
Gorman, David	03/01/2019	01/31/2025	Retired	Representative Member
Hammond, Flora	10/01/2020	10/31/2026	Professor and Chair of Physical Medicine and Rehabilitation at the Indiana University School of Medicine	Special Government Employee (SGE) Member
Hood, Linda	10/01/2020	10/31/2026	Professor and Hearing Scientist in the Department of Hearing and Speech Sciences, Vanderbilt University	Special Government Employee (SGE) Member
Quinlan, Scott	06/30/2024	06/30/2027	Blinded Veterans Association National Service Officer (NSO)	Representative Member

Number of Committee Members Listed: 14

Narrative Description

The Committee represents the interests of Veterans with spinal cord injury, blindness or visual impairment, loss of or loss of use of extremities, deafness or hearing impairment, or other serious incapacities in terms of daily life functions.

What are the most significant program outcomes associated with this committee?

Checked if
Applies

Improvements to health or safety	<input checked="" type="checkbox"/>
Trust in government	<input checked="" type="checkbox"/>
Major policy changes	<input type="checkbox"/>
Advance in scientific research	<input checked="" type="checkbox"/>

Effective grant making	<input type="checkbox"/>
Improved service delivery	<input checked="" type="checkbox"/>
Increased customer satisfaction	<input checked="" type="checkbox"/>
Implementation of laws or regulatory requirements	<input type="checkbox"/>
Other	<input type="checkbox"/>

Outcome Comments

NA

What are the cost savings associated with this committee?

Checked if Applies

None	<input type="checkbox"/>
Unable to Determine	<input checked="" type="checkbox"/>
Under \$100,000	<input type="checkbox"/>
\$100,000 - \$500,000	<input type="checkbox"/>
\$500,001 - \$1,000,000	<input type="checkbox"/>
\$1,000,001 - \$5,000,000	<input type="checkbox"/>
\$5,000,001 - \$10,000,000	<input type="checkbox"/>
Over \$10,000,000	<input type="checkbox"/>
Cost Savings Other	<input type="checkbox"/>

Cost Savings Comments

Unable to determine cost savings associated with this Committee.

What is the approximate Number of recommendations produced by this committee for the life of the committee?

199

Number of Recommendations Comments

This is a total of recommendations for FY 2003 through FY 2024.

What is the approximate Percentage of these recommendations that have been or will be Fully implemented by the agency?

80%

% of Recommendations Fully Implemented Comments

Some recommendations require long term planning in order to implement. Committee

receives updates regarding implementation of each recommendation.

What is the approximate Percentage of these recommendations that have been or will be Partially implemented by the agency?

20%

% of Recommendations Partially Implemented Comments

Some recommendations require long term planning in order to implement. Committee receives updates regarding implementation of each recommendation.

Does the agency provide the committee with feedback regarding actions taken to implement recommendations or advice offered?

Yes ☒ No ☐ Not Applicable ☐

Agency Feedback Comments

The Department provides a written response to each recommendation. Further information may be obtained by contacting the DFO, Linda Picon at Linda.Picon@va.gov or by visiting the VA Advisory Committee Management website va.gov/advisory/

What other actions has the agency taken as a result of the committee's advice or recommendation?

Checked if Applies

Reorganized Priorities	<input checked="" type="checkbox"/>
Reallocated resources	<input checked="" type="checkbox"/>
Issued new regulation	<input type="checkbox"/>
Proposed legislation	<input type="checkbox"/>
Approved grants or other payments	<input type="checkbox"/>
Other	<input type="checkbox"/>

Action Comments

NA

Is the Committee engaged in the review of applications for grants?

No

Grant Review Comments

NA

How is access provided to the information for the Committee's documentation?

Checked if Applies

Contact DFO



Online Agency Web Site



Online Committee Web Site



Online GSA FACA Web Site



Publications



Other



Access Comments

N/A