



Helping Amputees Nationwide Return to Normal, Happy Lives

Truly understanding what an amputee goes through in life drives the philosophy of our company. Here, it's about providing innovative prosthetic technology, one-on-one personal attention and nurturing guidance.

It all started with our founder, Matthew Bulow, who lost his leg to cancer at an early age. This experience compelled him to help other amputees return to life without limitations. Matt's vision continues to be our mission and can be felt throughout our staff and clinics where we provide personalized and professional care to individuals with orthotic and prosthetic needs.

The Bulow Orthotic & Prosthetic Solutions Team is passionate about providing the highest level of care to patients across the country. One-on-One personal attention and nurturing guidance makes Bulow OPS a leader in the industry and a destination clinic for amputees across the country. Our ultimate goal is to help patients achieve the highest level of comfort and mobility allowing them to return to a normal, healthy and happy life.

COMPREHENSIVE SERVICES

Our commitment to high-quality patient care spans the entire range of Orthotic, Prosthetic and Pedorthic products and services. Whether fitting orthopedic soft goods or designing, fabricating and fitting a prosthetic limb, we make sure our patients get what they need to achieve improved stability, function, mobility and overall quality of life.

SPECIALIZED CLINICAL PROGRAMS

As an allied health provider, aligning our services with our referring providers enables us to deliver the best possible patient outcomes. We have service offerings specifically tailored to provide care for the following service line populations:

- Orthopedic/Trauma
- Neuroscience
- Vascular
- Pediatric



CERTIFIED PROSTHETISTS CAN ASSIST PATIENTS IN:

- **Walking safely and efficiently**
- **Improving prosthetic functionality**
- **Identifying environmental barriers including social, home and work reintegration**
- **Improving overall balance**
- **Accommodating special circulatory requirements**
- **Enhancing the actions of limbs compromised as a result of accident, congenital deformity, neural condition or disease**

Patients may also see the title (CPO), which means the practitioner is certified in both prosthetics and orthotics.

WHAT IS A CP?

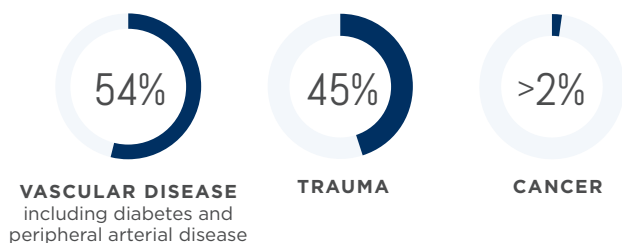
Certified Prosthetists evaluate the needs and goals of individuals with amputations and limb deficiencies in order to design, fabricate, fit and maintain prostheses (artificial limbs). Prosthetists are trained in the processes necessary to make all levels of prostheses for upper or lower limbs. They work closely with those who have amputations due to accidents, congenital problems or disabling diseases to restore physiological function and/or appearance. To provide this care effectively and comprehensively, Certified Prosthetists must have specialized education and skills that enable them to match current and emerging prosthetic techniques and technology to their patients' needs and goals. They form and implement a prosthetic treatment plan, provide follow-up care, and coordinate services with related medical professionals.

LIMB LOSS STATISTICS

2,000,000 There Are Nearly **2 Million** People In The Us Living With Limb Loss

185,000 **185,000** New Amputations Are Performed Each Year In The U.S.

The Main Causes For Limb Loss:





What to Expect:

General FAQ

Q: What is phantom pain?

A: Phantom pain sensations are described as perceptions that an individual experiences relating to a limb or an organ that is not physically part of the body. As many as 80% of amputees experience some kind of “phantom” sensation in their amputated limbs.

Q: Is there treatment for phantom pain?

A: The most common approaches for treatment are medication, mirror treatment, stump stimulation and cognitive therapies.

Q: What happens after the amputation? Are prosthetic

limbs available that can make me just like I was before?

A: A prosthesis is not bionic. It is an artificial replacement for a missing limb or part of a limb. Although a prosthesis is never as natural as your own limb, it can help you do many things quite effectively if you are willing to combine your energy and willpower into learning how to use it. The most important aspect of success is working with your doctor, prosthetist and therapist to address all of your concerns, and then to work with them on the processes of designing, fitting and training, which are required to be a successful user.

Q: What does a prosthesis look like? How will it stay on?

A: Depending on the level of your amputation, physical ability and functional needs, each prosthesis will be somewhat different. But, for most standard prostheses, they are comprised of conventional component parts attached to a socket that fits over your residual limb.

Q: How does a prosthesis work? Will I be able to do all the things I did before I lost my limb?

A: Most people who lose a limb can get back to a normal mode of functioning within several months, depending on

the location of the amputation as well as physical ability. How well they function depends primarily on their goals along with timely, comfortable prosthetic fitting, good follow-up care, and a “can do” attitude from themselves as well as their medical team.

Q: When will I get a prosthesis?

A: Generally, you should be ready for prosthetic measurements and fitting 4-8 weeks after surgery, when the wound has healed and the tissue swelling is decreased. This process can be easily attained with guided exercise and rehabilitation. During this stage, your medical team also will be concerned with maintaining proper shape of the residual limb, as well as increasing overall strength and function.

Q: What if the prosthesis doesn't fit right?

A: Follow-up is as important as the initial fitting. You will need to make several visits for adjustments with your prosthetist as well as training with a therapist. They can help with pressure areas, and problem solve issues, leading you to regain the skills needed to adapt to life after limb loss.

Tell your prosthetist if the prosthesis is uncomfortable, too loose or too tight. Ask questions about things you need or want to do. Communicate honestly about your needs. The more you communicate with your prosthetist and therapist, the better you will be able to succeed with a prosthesis.

Q: How long will it last?

A: Depending on your age, activity level and growth, the prosthesis can last anywhere from several months to several years. In the early stages after limb loss, many changes occur in the residual limb that can lead to shrinking of the limb. This may require socket changes, the addition of liners or even a different device. Later on, increased activity level and desire for additional function can necessitate a change in the prosthesis or its parts. Once you are comfortably adjusted and functioning at the desired level of activity, the prosthesis may need only minor repairs or maintenance and can last for an average of three years.

Q: Is it difficult learning to use a prosthesis?

A: Learning to use a prosthesis is a tough job. It takes time,

great effort, strength, patience and perseverance. You will do best to work with a therapist while learning how to handle the new device. Much like learning how to operate a car, you will need guidance on how to:

- take care of the prosthesis
 - put on (don) and take off (doff) the prosthesis
 - walk on different types of surfaces, including stairs and uneven terrain
 - handle emergencies safely, including falling and getting up again
 - perform daily activities at home, at work and even in a car
 - investigate new things you may be uncertain of, including sports and recreational activities
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Q: What can I do to prepare myself for a prosthesis?

A: There is a lot you can and must do to be able to use a prosthesis and use it well.

The top priorities are:

- working through the feelings about losing a limb and deciding how to rebuild your life after amputation
- exercising to build the muscles needed for balance and ambulation
- preparing and taking care of

your residual limb to attain a proper, sound shape for the prosthesis

- learning proper body positioning and strengthening, to maintain tone and prevent contractures.

Q: Will I need to use a wheelchair or crutches?

A: With a prosthesis, the use of crutches or a wheelchair depends on several factors including level of amputation, whether you have a single or bilateral amputation, and your respective level of balance and strength. Most amputees have a pair of crutches for times when the limb is off, including nighttime trips to the bathroom, showering, participating in certain sports, and to help if problems arise that may require leaving the prosthesis off for any length of time. If you are a person who has lost both legs, you will probably use a wheelchair occasionally. Unilateral amputees may find it helpful to use a cane or crutches for balance and support in the early stages of walking or just to have a break from the prosthesis. This is an individual decision based on factors such as age, balance, strength and sense of security.

Q: Once I have been fit and feel comfortable in its function, what will happen next?

A: Plan on making follow-up visits to your prosthetist a normal part of your life. Proper fit of the socket and good alignment will insure that the prosthesis is useful to you. Prostheses, like cars, need regular maintenance and repair to continue efficient functioning. Small adjustments can make a big difference.

Q: Can the limb break down?

A: Yes, things can happen that will require repair or replacement, so it's a good idea to know about warranties and what to expect from your prosthetist. Get small problems with your prosthesis taken care of promptly. There is no benefit to waiting until something falls apart or causes you serious skin breakdown. If you wear a prosthesis too long when it needs repairs or replacement, you can do harm, not only to your residual limb, but also to other parts of your body. Strain on other muscles, especially in your back and shoulders, will affect posture in addition to performance of the device and energy needed to use it. Early

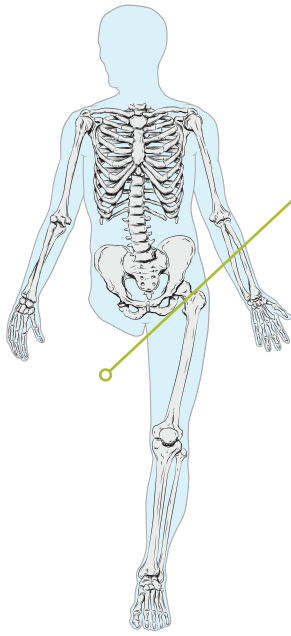
prevention is more valuable than long-term treatment.

Q: Does Medicare or private insurance typically pay for a prosthesis?

A: Medicare, Medicaid and most private insurance carriers will provide coverage for a prosthesis. Letters and prior authorization can be obtained from private insurance carriers to help the patient understand his or her financial obligation in advance. When possible, patients should establish a "contact person" in the insurance company to help them fully understand their coverage. When considering reimbursement, it is also important for the patient to communicate to the prosthetist any vocational, leisure and athletic goals along with any pertinent medical history such as skin breakdown, weight loss or gain or any changes in overall health. This information will help the prosthetist communicate with the insurance company the medical necessity for a new prosthesis.

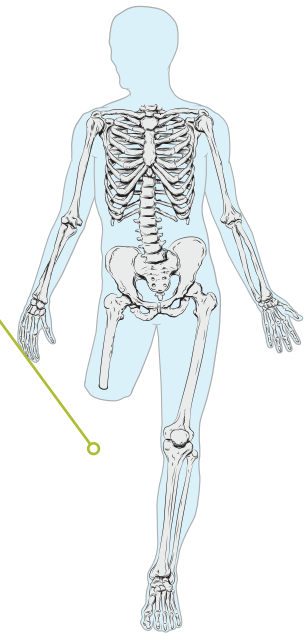
Lower Extremity Prostheses

AMPUTATION TYPES



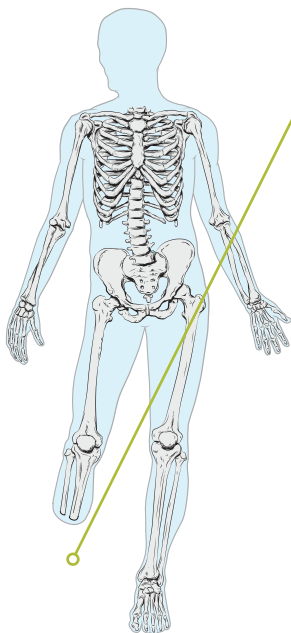
Amputations in the hip and pelvis region

Amputations in the hip and pelvis region can involve parts of the hip joint (hip disarticulation) or include the partial (hemipelvectomy) or even complete (hemicorporectomy) removal of the pelvis with the lower limb(s).



Transfemoral amputations

Transfemoral amputations can be performed anywhere along the length of the thigh. Typically, modular prostheses are used for the fitting.



Transtibial amputations

Transtibial amputations include all amputations that end below the knee joint, so that the latter remains fully functional.

The transtibial prosthesis is typically fabricated as a modular prosthesis with lamination resin. Suction or Pinlock suspension with gel liner is most common.



Amputations of the foot

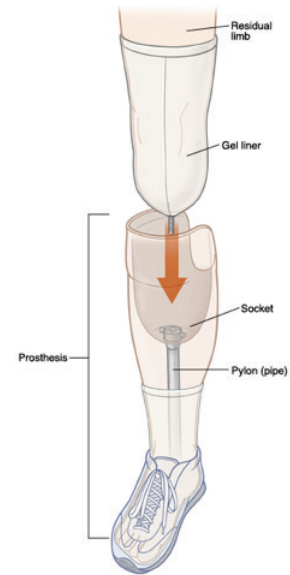
Amputations of the foot range from the amputation of individual toe segments to the removal of part of the foot (e.g. a forefoot or midfoot amputation) or the amputation of the entire foot. An amputation technique in which the entire foot is removed is referred to as a Symes amputation.



For functional and cosmetic fittings in the foot area, synthetic materials and especially silicone rubber are used almost exclusively today. A natural appearance and gait as well as easy handling are the top priorities for the user after a partial foot amputation.

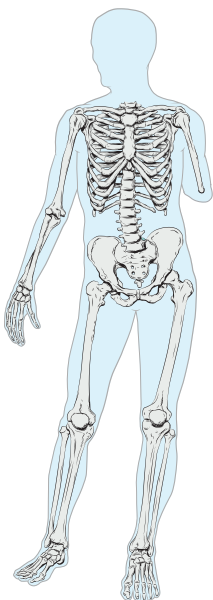
Silicone prostheses feature optimum adhesion to the residual limb, even pressure distribution, great flexibility, a custom color and design as well as easy handling and care.

Anatomy of a prosthesis



Upper Extremity Prostheses

AMPUTATION TYPES

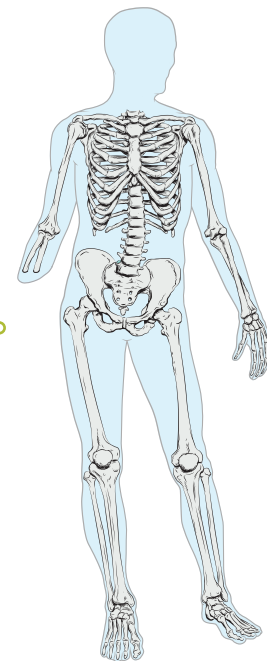


Transhumeral amputations

Amputations that occur above the elbow are known as transhumeral. There are options for the type of prosthesis provided for those with this level of amputation. These include body powered, where a custom fit harness and cable system activated by body movement controls the prosthesis. Another option is a myoelectric controlled device which utilizes electric signals from remaining muscles to activate electronic movement of the prosthesis.

Transradial amputations

Amputations that occur below the elbow are known as transradial. The same options that exist for the transhumeral level are available for the transradial level (body powered and myoelectric). Many terminal device options exist: a passive hand is unable to move but improves cosmetic appearance. A hook is more functional, providing grasp and release to assist with two-handed activities. A myoelectric hand may perform basic grasp and release functions as well.



Bulow OPS CAREs Program

Comprehensive Acute Rehabilitation Empowerment Program

A COMMITMENT TO SERVICE

Any individual can be subject to limb loss, which can be devastating both emotionally and physically. There are many tools available that can assist amputees in recovering and regaining the self-confidence to move forward. Nothing gives more hope to a new amputee than meeting with an experienced amputee who is successfully living with limb loss and can provide inspiration and support.

CERTIFIED PEER VISITOR BENEFITS:

- **Emotional & Informative Support**
- **Life Experience**
- **Resources**

Phase 1

PRE/POST-OPERATIVE

- Referral made to Peer Visitor
- Peer Visitor visits patient and family
- Potential Protective Post-Operative Device applied if ordered by MD

Phase 2

SUB-ACUTE & REHABILITATION

- Patient directed to inpatient rehabilitation hospital
- Clinician/Peer Visitor corresponds with Therapist on patients progress
- Clinician attends patient follow up appointment with surgeon
- Healed: Discharged for prosthetics care

Phase 3

FUNCTION/OUTCOMES

- Prosthetic Evaluation
- Prosthetist attends Physical Medicine & Rehabilitation MD appointment with patient for documentation
- Patient is fit with a prosthetic device
- Patient is directed to rehab for gait and strength training



Our Process

Below is an overview of our process to provide you with the best care possible.

Thanks for trusting us with your Prosthetic care. The info below outlines our process and the participation between you, your physician, and the Bulow team. We look forward to serving you.

1. Initial Evaluation

- This appointment allows for our team to get to know you and build a relationship that ensures future success. While in our office, our prosthetist will work with you to develop a plan of care specific to your prosthetic requirements.

2. Schedule face-to-face visit with your physician

- A face-to-face visit with your physician (Medical Doctor, Nurse Practitioner, or Physician Assistant) is required by insurance carriers to consider coverage for your prosthetic device. If you do not currently have a physician, we are happy to refer you to a local provider and assist you in scheduling an appointment with them.
- Once your appointment is scheduled, please call our office at 615-712-7261 and inform a Patient Care Coordinator of the date/time of your appointment and with whom. We MUST be informed of your appointment BEFORE the appointment occurs to allow time for our staff to send a copy of necessary documentation required by your specific insurance carrier. If your physician is unable to document the required medical necessity, you may be asked to schedule another appointment in order to obtain the required documentation.
- Please make sure to discuss your prosthetic needs during the appointment with your physician.

3. Insurance Prior Authorization (if applicable)

- Most insurance carriers require prior authorization, so once we receive the completed documentation from your physician, we will submit all required documentation for prior authorization.
- We typically hear from your insurance carrier in 10-15 business days.

4. Fabrication

- Once obtain approval to proceed, you will be scheduled at our office for the following appointments: casting, diagnostic fitting, follow up (if necessary) and a definitive delivery.

Thanks for your participation in achieving a positive outcome in your prosthetic care.

Success Stories

“Stay motivated, dedicated,
and don’t give up because
it gets easier!”



BRIDGET JOHNSON

Bridget Johnson is an avid equestrian. So, it’s no surprise that one day, she and her sister decided to ride horseback to a friend’s house. But on the way there, tragedy struck. As Bridget was crossing the street, a car came down the hill and hit her and her horse. Her left leg was severed at the scene.

This did not mean the end of Bridget’s days as a rider, however. She was determined to get back up on the horse. Through staying tough and enduring, she was able to not only teach herself to ride again, but compete in a barrel race.

“The first time I entered into a barrel race after my accident, I was absolutely terrified and had no idea what to expect,” she confessed. “But it definitely made me realize barrel racing was something I couldn’t give up.”

It paid off—last year, she won fifth place in barrel racing in the Tennessee state show.

Besides winning competitions, Bridget is also proud of her mental accomplishments.

“As a teenage girl, and an amputee, there are many mental obstacles to overcome,” she said. “Staying tough and never giving up is the key! And of course, continuing my competing in barrel racing is always something to be proud of!”

In her free time, Bridget spends her time outside, with her horses or at the gym. To other amputees, she says, “Stay motivated, dedicated, and don’t give up because it gets easier!”

DAVID WILLARD

One of the most defining moments in David's life came after he learned his cancer treatment was not effective and that amputation was recommended by his team. Although he came to terms with this and trusted God, it was still such a life-changing moment. However, David leaned on God and came to a new understanding of the scripture in Jeremiah 29:11 which says,

"For I know the plans I have for you," declares the Lord, "plans to prosper you, not to harm you, plans to give you a hope and a future."

When asking David what he is most proud of accomplishing since becoming an amputee, he said "It has been gratifying to realize that my life, and the enjoyment of life, didn't end with the amputation of my dominant arm. I am proud of the fact that I was able to adapt and modify most of my activities such that I can still be productive in and around my home."

Some advice to new amputees:

- Commit yourself to the regimen of PT or OT in preparation for a prosthesis.
- Find joy and purpose in the fact that you have the gift of life.
- Show appreciation to your medical team, prosthetics team, family members and caregivers.
- Develop a "can do" mentality. Prove to yourself you can do this!
- If you have a device, wear it!
- Connect with other amputees for encouragement and tips/suggestions.

"It has been gratifying to realize that my life... didn't end with the amputation of my dominant arm."





Delivering Value Along the Entire Care Continuum

We offer specialized programs and services that provide excellent patient care and financial outcomes for our healthcare partners and their patients.

- Complete Hospital Services Program
- Post-acute Care Coordination
- 24/7/365 Service
- Peer Visitor and Patient Support Groups

