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## Flying in Texas, Driving to Calumet

While many patients establish long-lasting relationships with their practitioners, Steve Stronczek's is a bit different. When he needs an adjustment or new components, he drives more than 1,300 miles to have Ron Pawlowski, CPO, fit and fabricate for him.

An above-the-knee amputee, Steve, 58, has been a patient of Ron's since 1988.

"Calumet is the best outfit I found. If and when Ron retires, I don't know what I will do," he said.

Steve lives in Fredericksburg, Texas, about 100 miles west of San Antonio, where he pilots helicopters for photo shoots, tourist rides, and assists ranchers herding cattle.

"I got my first prosthesis from Calumet and Ron and I became friends. When I moved to Texas, I tried other places, but

other practitioners just don't understand how to fit a prosthesis. I haven't found the quality I get from Calumet, so to me, the drive is worth it."

"Steve and I have a camaraderie," said Ron. "We are the same age and we both were in Vietnam. I always look forward to his visits, which occur about every two years.

"When we get word that Steve is coming, we ask about his weight gain or loss, any problems he may be having, if his activity level has changed, and his general health. We order componentry right away and we have an initial fitting ready for him when he arrives."

His prosthesis hasn't changed much through the years. He's always had a suction

*Continued on next page*

socket, but Ron said the knee unit has changed from free-swinging to hydraulic. He wears a single axis foot.

“Comfort is 90 percent of a good fit,” Steve said. “I’m comfortable with my hydraulic knee and I don’t have any problems with using my feet.”

Formerly a resident of LaPorte, Steve met Ron after he recovered from an accident that had him hospitalized for two years.

“My doctor told me I would never walk again,” Steve recalled. “I told him that living in a chair was not for me, and I would walk again. A physical therapist I was working with at the time, also named Ron, recommended I see Ron Pawlowski. You can say the two Rons pushed me in the right direction.

“I did a lot of rehabbing, and I met a lot of nice people,” he added. “When I was learning how to walk, I went to physical therapy three times a week, working on the parallel bars. A friend of mine who was a well driller made my own personal set of bars and told me I had to practice every day. He’s in his 80s now and still a good friend.”

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Steve’s engaging personality has made him friends worldwide. He formerly worked as a commercial pilot, flying a commuter route between Northwest Indiana and O’Hare International Airport, and also buying and selling airplanes. It was while doing that he met former NASCAR team owner D.K. Ulrich, who owns a hotel in the Bahamas and hired Steve to help manage the hotel and fly charters to Nassau.

“Aviation has given me a lot of opportunities,” he said.

Steve recalled one of his most memorable flying experiences on an excursion from the Austrian-Hungarian border to Salzburg and then back following the Danube River.

“Every time I fly it’s amazing,” he said. “But that was truly special.”

He also noted that while in Austria, where he travels annually to perform maintenance on a friend’s helicopter, he enjoyed the spectacular scenery of the Alps’ valleys from 8,000 feet in a helicopter with open doors.

“I’ve had some tremendous experiences,” he said.

Steve found his way to Texas after he decided he needed a lifestyle change. Although he had an established business in Michigan City as an automotive engineering consultant, he said he “got tired of the rat race. I thought life has got to be less stressful. Since I love flying, it seemed natural for me to take on the helicopter business in Texas.”

Flying a helicopter poses many challenges to the pilot. The pilot needs to be aware of subtle changes in aircraft “attitude” and needs to use both hands and feet for control. While one hand raises and lowers the helicopter, the other moves it forward. Both feet are used to control the tail rotor, which turns the helicopter left or right. Even with foot intensive



controls, piloting is not a problem for Steve.

“I don’t have any obstacles that are different from anyone else,” he said. “I’m not in awe of what I do and I don’t think anybody else should be. If I can do this, so can any other amputee. Your license doesn’t depend on whether you are an amputee; it depends on whether you can successfully pass the required performance test standards.”

Steve said he would advise others not to be afraid to seek out new opportunities.

“Being an amputee doesn’t mean you give up a part of your life,” he said. “There’s a lot more out there than just sitting on your butt. You just got to want it.”

## *DisabilityInfo.gov Introduces New State and Local Resources Map*

The federal government’s one-stop Web site for disability-related information and resources — [www.DisabilityInfo.gov](http://www.DisabilityInfo.gov) — now features a state and local resources map designed to assist visitors in finding disability-related information in their own states and localities.

Visitors to the site can select one of the nine subject tabs — benefits, civil rights, community life, education, employment, health, housing, technology or transportation — at the top of any DisabilityInfo.gov page. Then click the map on the right sidebar to find links in that subject area related to a particular state. You will be directed to easy-to-navigate information and numerous organizations and contacts.

DisabilityInfo.gov also offers a free subscription service to DisabilityInfo Connection, the site’s quarterly electronic newsletter, as well as e-mail alerts on new information in a specified state. Additionally, the site features an online press room that contains news releases, links to research and statistics, and ready-to-publish news briefs and articles.

# Your First Visit to a Prosthetist – What to Expect

When a person becomes an amputee – whether it is through an accident, illness or birth – there is not one thing about the situation that neither the patient nor any friend or family member likes. There is little, if any, practical information readily available, and no patient is in a mental state to hear anything detailed about what has happened or will happen in the future.

When you undergo an amputation, many unknowns swirl around you. What kind of foot is best for me? What kind of knee will give the greatest stability? What kind of suspension of the prosthesis is most appropriate to begin with? How much therapy will I need?

The prosthetist usually becomes involved about the time everyone has a thousand questions and two thousand wrong answers. The first visit with a prosthetist may be in the hospital, the doctor's office, or in the prosthetic facility. It is important for the patient, the patient's family and prosthetist to understand the goal of the process from the start. That goal is to convert the patient into an informed customer.

It is most important that the first meeting with the prosthetist be informative for both the patient as well as the doctor. The practitioner must convey competence, knowledge, understanding and patience. The patient must ask every question that comes to mind and express every concern or fear. It is generally easier for a prosthetist to explain away fears when the fears become known.

The first visit is also a good time for someone from the family to be present, because a lot of information is passed back and forth. Some of the questions covered are:

- What is involved in the prosthetic process?
- What is the cost?
- Will my insurance pay?
- How will the device stay on?
- How long until I can do specific activities?
- When my leg changes, what do I do?

The first visit will probably be a talking visit preceded by filling out all the forms that every other medical office needs. The prosthetist will most likely evaluate the amputation and review the progress since surgery. The visit is not complete until all questions and fears have been addressed. The entire prosthetic fabrication process should be completely understood, including how long it will take to be at certain milestones in the rehabilitation process.

There are also some terms that will help you understand. Prosthetic prescriptions are generally structured around what Medicare calls functional K-levels (see sidebar). These descriptive, functional categories allow the medical team, including the doctor, therapist, and prosthetist, to understand what prosthetic components are most appropriate and beneficial to the patient. When your physician determines the appropriate



*Ron Pawlowski, CPO, left, explains to a patient how the prosthesis works, how to don it, and how to properly care for it.*

level, this may mean you have shown the potential to reach this level of function in a reasonable period with the prescribed prosthesis. With new amputees, we look at the recent history of activity prior to amputation. This can give us a reasonable expectation of function within the first year as an amputee.

Many amputees receive basic gait training to show them how to use their first prosthesis. But patients who also work with a physical therapist on skills beyond basic standing and walking can greatly improve their ability to function with their prosthesis.

The first level of understanding comes from communication with your prosthetist. It is one of the most important aspects of your prosthetic care. You play an essential role in the process of fitting your prosthesis by conveying your needs, goals and desires to your prosthetist. Jot down any issues as they arise, that way when you meet with your prosthetist, you can discuss the design of your prosthesis and how it works for your body, you can make sure your prosthesis is meeting your needs and any other concerns or questions that may come up when you are at home.

Since many physicians are not aware of the current prosthetic technology, your prosthetist is the greatest resource in understanding what prosthetic componentry may be most beneficial. Communication is the key to meeting your needs.

Remember, the goal of every certified prosthetist is to convert each new patient into an informed customer as quickly as possible. The upcoming road may prove difficult, but ultimately, with perseverance, communication, and determination, you will achieve your greatest potential.

## Calumet Orthopedic & Prosthetics Co.

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## Levels of Mobility for Amputees

An amputee's level of ability is indicated by a system called K-Levels. They are:

**K0:** The patient does not have the ability or potential to ambulate or transfer safely with or without assistance and a prosthesis does not enhance his/her quality of life or mobility.

**K1:** The patient has the ability or potential to use a prosthesis for transfers or ambulation on level surfaces at fixed cadence. This is typical of the limited and unlimited, household ambulatory patients.

**K2:** The patient has the ability or potential for ambulation with the ability to traverse low, level environmental barriers, such as curbs, stairs, or uneven surfaces. This is typical of limited community ambulatory patients.

**K3:** The patient has the ability or potential for ambulation with variable cadence. Typical of the community ambulatory patient who has the ability to traverse most environmental barriers or who may have vocational, therapeutic, or exercise activity that demands prosthetic utilization beyond simple locomotion.

**K4:** The patient has the ability or potential for prosthetic ambulation that exceeds basic ambulation skills, exhibiting high impact, stress, or energy levels. This is typical of the prosthetic demands of the child, active adult, or athlete.



## Calumet Welcomes A New Staff Member

Paul Yankauskas, a recent graduate from Boone Grove High School, Valparaiso, has joined the staff at Calumet Orthopedic & Prosthetics Co. He is working as an orthotic/prosthetic technician under the guidance of Jose Garza, CO, as well as Mickey Ozretich, senior prosthetic technician. His duties will include fabrication, repairs and maintenance and assisting practitioners as needed in taking measurements, casting, and other duties. His experience, while working part-time as a fabricator/machinist while in school, contributed to his ability and understanding of the position. Paul, when not working, enjoys bowling, and rebuilding cars.