Frequently Asked Questions (FAQs)

1. **What is So Kids Can Move?**
    a. So Kids Can Move is a new policy and advocacy initiative working to expand access to prostheses and orthoses utilized for physical activity as medically necessary healthcare for children and young adults on a state-by-state basis.
2. **Who is behind the initiative?**
    a. So Kids Can Move is the result of a collaboration between the American Orthotic Prosthetic Association (AOPA), the National Association for the Advancement of Orthotics and Prosthetics (NAAOP), the Amputee Coalition, and the American Academy of Orthotists and Prosthetists (AAOP).
3. **Is prosthetic and orthotic care utilized for physical activity covered by insurance?**
    a. No. In the vast majority of cases, prosthetic and orthotic care utilized for physical activity is considered not "medically necessary" or "reasonable and necessary" – the standards for insurance coverage – by most federal, state, and private health plans. Without health plan coverage, out-of-pocket costs are often prohibitive - ranging from $5,000 - $30,000 per device. As a result, access to this care and the physical activity it provides is severely limited.
4. **Without insurance coverage, how do individuals with limb loss and limb difference access O&P care for physical activity?**
    a. Without insurance coverage, individuals with limb loss and limb difference are often forced to remain sedentary, risk serious injury by exercising with improper devices, or hope to be one of the lucky few to receive a charitable gift or sponsorship. Over 50 nonprofits exist in the United States to provide donated O&P care not covered by insurance, helping thousands of people each year; but collectively, they cannot meet the need of over 2 million people living with limb loss in the United States[1] and countless more with limb difference and mobility impairments.
5. **How do prostheses and orthoses utilized for physical activity differ from "daily use" or "standard" devices?**
    a. No one O&P device can replace the vast array of fundamental human movements lost as a result of amputation, disease, or disorder. Therefore, specialized prostheses and orthoses designed for use in high activity environments - such as running, hopping, skipping, jumping rope, swimming, dancing, bicycling, and more – are needed to prevent damage and minimize injury to both body and device. Without them, equitable access to physical activity cannot be achieved.
    b. As an example, running has different biomechanics than walking (i.e. more push-off energy is generated by the ankle than during walking and on heel strike the vertical impact of running can equate to around four times one's body weight[2]). As such, "running-specific prostheses" have been designed to maximize shock absorption and energy return, while improving comfort and minimizing injury.[3]

[1] Limb Loss Statistics - Amputee Coalition (amputee-coalition.org)
[2] The anatomy of running - Vox
[3] Ossur-Science-of-Sprinting-Femita-Ayanbeku-2020.pdf (cloudinary.com)

6. **What are the benefits of providing this care?**
    a. Physical activity is one of the most important factors in maintaining overall health throughout one's lifetime.[4] Whether it's vigorous exercise or simple day-to-day movement, being physically active helps with weight management, increases strength and balance, improves mental health, supports better-quality sleep, and reduces the risk of disease and cancer.[5] Without appropriate prosthetic and orthotic care, these benefits cannot be fully realized by people living with limb loss, limb difference, and mobility impairments.
7. **What are the costs when this care is not provided?**
    a. Specialized prosthetics and orthotics for physical activity are critical to injury avoidance when children and adults with limb loss or limb difference engage in physical activity. Utilizing an inappropriately designed prosthesis for physical activity is unsafe for the prosthetic user and can lead to secondary musculoskeletal conditions like osteoarthritis (joint disintegration) from overuse[6], as well as knee, hip, and back pain, skin sores and discomfort, higher fall rates, and faster breakdown and less reliability of the standard prosthesis. In fact, knee or hip problems resulting from lack of appropriate prosthetic care can result in health care costs ranging from $80,000 to $150,000 over a lifetime.[7] Putting more strain on a daily prosthetic or orthotic may result in damage to the device, resulting in more expense for insurance providers. Additionally, children who are unable to participate in social or leisure activities with their peers due to a lack of appropriate prosthetics and orthotics might see a negative impact on their quality of life and may develop mental health issues as a result.
8. **What are the broader public health implications of this issue?**
    a. Physical inactivity is the fastest growing public health problem in the country today[8], and individuals with limb loss, limb difference, and mobility impairments are disproportionately at risk. In fact, children with disabilities are 4.5 times less likely to engage in physical activity than their peers[9] and have 38% higher obesity rates[10]. Additionally, 50% of adults with disabilities get absolutely no aerobic physical activity.[11] Physical inactivity accounts for roughly 8.7 percent of U.S. health care expenditures, or approximately $117 billion per year.[12]
9. **What laws concerning this type of coverage already exist in the U.S.?**
    a. In the United States, the Veterans Administration (VA) and Department of Defense (DoD) provide active-duty military and retired veterans with limb loss, limb difference, and mobility impairment access to prostheses and orthoses designed for physical activity.
    b. For private health plans, only one state has enacted a law mandating that insurance carriers consider the recreational needs of children when determining prosthetics coverage: Maine's LD 1003.[13] Passed in May 2022, LD 1003 is the result of efforts from limb loss advocate Jordan Simpson, whose graduate-level social work project on the issue caught the attention of Maine State Representative Colleen Madigan during a campus visit.[14] This law goes into effect in 2024.

[4] Benefits of Physical Activity | Physical Activity | CDC
[5] Why Should People be Active? | Physical Activity | CDC
[6] Running biomechanics for people with a unilateral transtibial amputation using running-specific and daily-use prostheses (mines.edu)
[7] insurance-fairness-amputees-act-2019.pdf (amputee-coalition.org)
[8] Physical inactivity: the biggest public health problem of the 21st century - PubMed (nih.gov)
[9] Why We Must Prioritize Equitable Access to Physical Activity for Children with Disabilities (acsm.org)
[10] Disability and Obesity | CDC
[11] Vital Signs - Adults with Disabilities (cdc.gov)
[12] The High Cost of Inactivity (acefitness.org)
[13] LD 1003, HP 741, Text and Status, 130th Legislature, Second Regular Session (maine.gov)
[14] Social Work alum convinces Maine legislators to pass new law regarding prosthetic devices (une.edu)

10. Why focus on devices for children and young adults?

a. Physical activity is an essential component of a healthy childhood, playing a role in musculoskeletal, cognitive, emotional, and social development. Because of this, improving access to prostheses and orthoses for children with disabilities is necessary to ensuring a lifetime of positive outcomes. Due to the success of LD 1003 in Maine, along with other successful public health campaigns focusing on children in the U.S. and abroad, for example the United Kingdom's National Health Service (NHS) fund for children's activity and sports prostheses[15], we believe that similar policy can (and should) be implemented in other states across the country. According to the Amputee Coalition, there are currently around 25,000 children living with limb loss and/or limb difference in the U.S.

11. What about access for adults?

a. Access to O&P care for physical activity is beneficial at all ages. Model legislation has been created to give states the ultimate authority on what ages they decide to pursue for their legislation. The So Kids Can Move initiative will support them in that endeavor.

12. How will So Kids Can Move decide which states to focus their advocacy efforts on?

a. The decision to initiate an advocacy effort in a state involves several factors, including legislative engagement levels of state and regional O&P associations, the history of O&P legislation in a state, O&P provider relationships with policymakers, and insurance favorability to the O&P industry. So Kids Can Move will assess the likelihood of success and determine our ability to intervene on a holistic, case-by-case basis.

b. Currently, So Kids Can Move has engagement and interest from the following states: Colorado, Illinois, Maine, New Hampshire, New Mexico, Oregon, Tennessee, Utah, and Washington.

13. How long do state legislative advocacy efforts typically take?

a. The reality is: it depends! Each state has its own legislative calendar, key players, and pressing issues of the day, so there is no one-size-fits-all approach to improving access to prostheses and orthoses that will work in every state. What is important to keep in mind regardless of state, however, is that generating awareness and building legislative support for an issue takes time and persistent effort.

How To Get Involved

If you are interested in bringing So Kids Can Move to your state, we'd love to hear from you! Please contact **Sam Miller, AOPA State and Federal Advocacy Manager** at **SMiller@AOPAnet.org** to let us know how we can help you begin the process of advocating for expanded access to prostheses and orthoses utilized for physical activity as medically necessary healthcare for children and young adults in your state. Whether it's coalition-building, legislative drafting, or contacting policymakers, So Kids Can Move has the resources you need to make your voice heard.

[15] Children given sports prostheses to help them get active - GOV.UK (www.gov.uk)