

Briefing paper

Victorian Artificial Limb Program (VALP) for amputees over 65 years

Limbs 4 Life overview

Established in 2004 to meet a growing demand on the number of people (and their families) impacted amputation across Australia. Until the organisation's inception, people with limb loss were bereft of supports and services tailored to meet their needs.

Limbs 4 Life provides access to an early intervention, peer to peer support service for people both pre and post amputation, using trained amputee volunteers who share valuable practical and social lived experience and assist people to transition back to independent living.

Peer support is widely recognised as a complimentary aid to recovery, providing a mutually beneficial outcome for the volunteer and recipient alike. People experiencing the lifelong impact of amputation are often bereft of social and practical information about recovery and the transition back to independent living. While peers can provide hope, they can also help to navigate complex pathways of the health system and various funding streams for the individual moving forward.

'The provision of peer support from those who have already made positive adjustments to amputation is recommended for all people incurring a major limb amputation (Reichmann and Bartman, 2018), however few receive this service¹'.

In addition, Limbs 4 Life provides access to resources and valuable information to assist people to make educated and informed decisions relating to their amputation. We advocate for our community at state and federal levels to ensure that the voice of our community is heard.

- National peak body for people with limb loss / amputations in Australia
- Provision of early intervention peer support via national hospital and rehabilitation networks
- 210 trained amputee Peer Support Volunteers nationally

Statistics

- 160,395² people in Australia have undergone amputation
- 48,000 have major amputations (more people living with limb loss than cerebral palsy, multiple sclerosis, spinal cord injury or motor neurone disease).

¹ Impact of Limbs 4 Life's Amputee Peer Support Program 2019 Warren N, Brusco T, Foster S.

² KPMG/Limb 4 Life Socio economic burden of limb loss in Australia 2019

- 72.9% male, but only make up 49.6% population
- 8.9% are Aboriginal and Torres Strait Islander, but only make up 3.3% of total population
- 2.7% projected annual incidence, minor lower limb amputations drive the growth

Victorian Artificial Limb Program (VALP) for people over 65 years

A recent freedom of information request to the Victorian health department has revealed some concerning findings:

Data from the [Australian Institute of Health and Welfare \(AIHW\)](#) shows vascular surgery (most linked to amputations?) increased by 14%, compared with 2022-23. This is in contrast with the 2.37% to 2.5% increase in the VALP budget during the same period, ***suggesting the funding model is not meeting the basic growth in hospital admissions.***

A clinical study used the Australasian Vascular Audit and found that ***total amputations in Victoria increased by 4.3% during the pandemic period, with a significant 19% increase in major amputations*** (above-knee and below-knee). However the current VALP funding budget does not mirror this growth.

The [Victorian Auditor-General's Office \(VAGO\)](#) notes issues in tracking specific figures. VAGO states that there is ***"no single complete data source for all Victorian planned surgery activities"***. Currently, 23 health services in Victoria report into the Elective Surgery Information System (ESIS), including all major metropolitan health services. However, 34 public health services deliver planned surgeries but do not use ESIS. The ESIS system is also primarily designed to track waiting lists rather than specific procedure-level outcomes across all hospitals.

There is historical data (up to 2017) available from [Trend Analysis of Lower Limb Amputation and Revascularization Procedures in Australia: 2007-2017](#). ***This shows that Victoria has had the highest proportion of amputees in the 65+ age group.***

- Victoria vs. National: ***In Victoria, 80.6% of below-knee amputations were for patients aged 65 or older, the highest rate in the country.*** Victoria also has the highest rate of revascularization procedures performed on those over 65, at 79.6%.
- When combined with the current 2.5% budget cap and 0% projected in 2026–27, could this help to show that the most vulnerable and largest demographic is being squeezed the hardest by static funding?

Victorian Artificial Limb Program shortfalls:

1. The budget is not reflective of the increased numbers of major amputations in Victoria
2. Prosthetic technology provided under the VALP scheme is not reflective of the increasing technological advances. People over 65 years are being fitted with basic mechanical knees rather than microprocessor knees (MPK's) which are designed for restricted cadence, increased endurance, fall prevention and serve to avoid mental fatigue. In addition, these devices can promote independent living.
3. Given the advances in prosthetic technology, it is disappointing that the administrators of the VALP Scheme do not supply and fit MPK's for people over 65 years. Limbs 4 Life would like this to be

changed, and careful consideration given to this matter, especially when governments are wanting older people to stay at home for longer.

4. MPK's should be added to the componentry list, and, given the benefits of these devices, an increase in the budget should be considered to accommodate (within reason) funding for the provision of these devices.
5. There are multiple studies and research papers which outline the economic benefits for the provision of microprocessor knees in people with above knee amputations³. It is worth noting that there are people 65 years and older who would still like to work; gain meaningful employment and contribute to the economy; while remaining independent at home without being a burden on the government or society⁴. However, this is near impossible to do on a mechanical knee.

Mechanical knees provide minimal safety and can be a falls risk⁵. Moreover, mechanical knees are physically and mentally exhausting to use⁶. In addition, evidence outlines that the provision of MPKs reduces the risk of falls, and improves confidence, and in turn reduces the cost of hospital admissions and rehabilitation stays and home supports. Studies also suggest that MPK's promote confidence in the individual leading to better quality of life-based outcomes^{7 8}.

6. The Australian Institute of Health and Welfare (AIHW) report that falls are the leading cause of injury-based hospitalisations and in 2023–24, fall injuries are estimated to have cost the health system over \$5 billion⁹.

³ Christine Chen¹, Mark Hanson¹, Ritika Chaturvedi², Soeren Mattke³, Richard Hillestad¹ and Harry H. Liu^{3*} From Second World Congress hosted by the American Orthotic & Prosthetic Association (AOPA) Las Vegas, NV, USA. 06-09 September 2017

⁴ A microprocessor controlled prosthetic knee compared to non-microprocessor controlled knee in individuals over 65 in Sweden: A Cost effectiveness and budget impact analysis. Kuhlmann A,¹ Hagberg K,² Kamrad I,³ Ramstrand N,⁴ Seidinger S,⁵ Berg H⁶ 1Leibniz Universität Hannover, Hannover, Germany, 2Sahlgrenska University Hospital, Gothenburg, Sweden, 3Skåne University Hospital, Malmö, Sweden, 4School of Health and Welfare Jönköping University, Jönköping, Sweden, 5Otto Bock Healthcare Products GmbH, Vienna, 9, Austria, 6Karolinska University Hospital, Stockholm, Sweden Objectives: Growing evidence suggests that individuals with transfemoral who use a microprocessor knee benefit from enhanced safety.

⁵ Enhancement of a prosthetic knee with a microprocessor-controlled gait phase switch reduces falls and improves balance confidence and gait speed in community ambulators with unilateral transfemoral amputation. Prosthet Orthot Int. 2018 Apr;42(2):228-235. doi: 10.1177/0309364617716207. Epub 2017 Jul 9. PMID: 28691574; PMCID: PMC5888771.

⁶ Thibaut A, Beaudart C, Maertens DE Noordhout B, Geers S, Kaux JF, Pelzer D. Impact of microprocessor prosthetic knee on mobility and quality of life in patients with lower limb amputation: a systematic review of the literature. Eur J Phys Rehabil Med. 2022 Jun;58(3):452-461. doi: 10.23736/S1973-9087.22.07238-0. Epub 2022 Feb 11. PMID: 35148043; PMCID: PMC9987462.

⁷ Enhancement of a prosthetic knee with a microprocessor-controlled gait phase switch reduces falls and improves balance confidence and gait speed in community ambulators with unilateral transfemoral amputation. Prosthet Orthot Int. 2018 Apr;42(2):228-235. doi: 10.1177/0309364617716207. Epub 2017 Jul 9. PMID: 28691574; PMCID: PMC5888771.

⁸ Effects of microprocessor-controlled prosthetic knees on self-reported mobility, quality of life, and psychological states in patients with transfemoral amputations. Acta Orthop Traumatol Turc. 2020 Sep;54(5):502-506. doi: 10.5152/j.aott.2020.19269. PMID: 33155559; PMCID: PMC7646606.

⁹ Australian Institute of Health and Welfare 25 November 2025, <https://www.aihw.gov.au/reports/injury/falls>

Lack of access to service providers:

Currently in Victoria, private providers cannot access funding to support people over 65 years. Funding for this program is restricted to 12 major hospitals. Therefore, if an older person resides outside of those catchment areas they are required to travel. In addition, older people living with amputations cannot see the provider of their choice.

Case study | Mary 72 years.

Mary is a below knee amputee residing in Shepparton. There is a private prosthetic clinic 15 minutes away from Mary's home. However, Mary cannot access her prosthetic services from that provider because the clinic in Shepparton is not funded for the provision of prosthetic supports under VALP. As a result, Mary is required to travel to Bendigo 122 kms one way to see a provider so that she can access her prosthesis under the VALP scheme. This system is outdated. Older people living with disabilities in our community should not be burdened by bureaucratic restrictions.

In comparison, if Mary was funded by the National Disability Insurance Scheme (NDIS) or the Victorian Transport Accident Scheme (TAC), Mary could see the provider of her choice.

Open market for clinical services

Currently in Victoria there are 22 prosthetic clinics including the Royal Children's Hospital. However, only 12 of those clinics can gain access to VALP funding. This is unlike other states. Both Queensland and New South Wales have open market policies whereby consumers have choice over their provider.

Transparency

Further, the majority of other states also have independent oversight in that an Artificial Limb Scheme funding manager and department oversee the administration of the scheme. Whereas in Victoria, funding under the VALP program is distributed to hospital administration departments. While we know the dollar value that each hospital is receiving, it would be interesting to have further insight as to what percentage of this funding can be accessed by the end-user.

Recommendations:

1. Increase the provision of funding under the Victorian Artificial Limb Scheme to support older people with amputations to live independently at home.
2. Increase the provision of technology from mechanical knees to microprocessor knees for people over 65 years with amputations to prevent falls, hospital admissions and thus reduce the burden on the Victorian Health Department
3. Provide access to all prosthetic providers across the state to ensure that people over 65 with amputations can see a provider of their choice.

4. Provide greater choice of upper limb prosthetic technology rather than access only to dated hook (body powered) upper limb prosthetics and very heavy myo-basic technology.
5. Bring the Victorian Artificial Limb Scheme (VALP) funding in line with National Disability Insurance Scheme (NDIS) funding to support the United Nations Convention on the Rights of People with Disabilities (UNCRPD), Article 19 Living Independently and Being Included in the Community sub section B, and Article 20 – personal mobility – sub section A, B, C and D, and Article 25 Health – sub section C.