



SNELL P&O OVERVIEW

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Education: The Never-Ending Story

“The more you learn, the more you discover how much you have yet to learn.”

This observation was never truer than in this overwhelming Age of Information, when knowledge is more accessible than ever via electronic technology and Internet communication.

Our individual sense of reason and rightness tells each of us how important it is to continually learn as much as possible, and our clinical, scientific side shows us a clear snowball effect that is actually quantifiable: When we honor our responsibility to deliver informed and improved service to our clients and referrals, we discover that such efforts contribute to our corporate success—and the resulting growth equips us to deliver still better service.

Although success can be difficult to measure, our yardstick is set by our patients, and by their level of satisfaction with the service they receive. Each of our nine locations asks patients to fill out satisfaction surveys. Combined results from all offices, compared with the total points possible, yields an overall all satisfaction score of 94% that our patients have awarded us in 2008—with a 96% score in the prosthetics area, and a 97% score in the post-mastectomy care area.

And it's not just our patients who give us good grades; the American Board for Certification inspected our El Dorado office this year and awarded them a 99% score on their facility certification!

We are proud of the ABC's judgment; and also of our customers' perceptions of the quality of our service. Although none of our category scores or

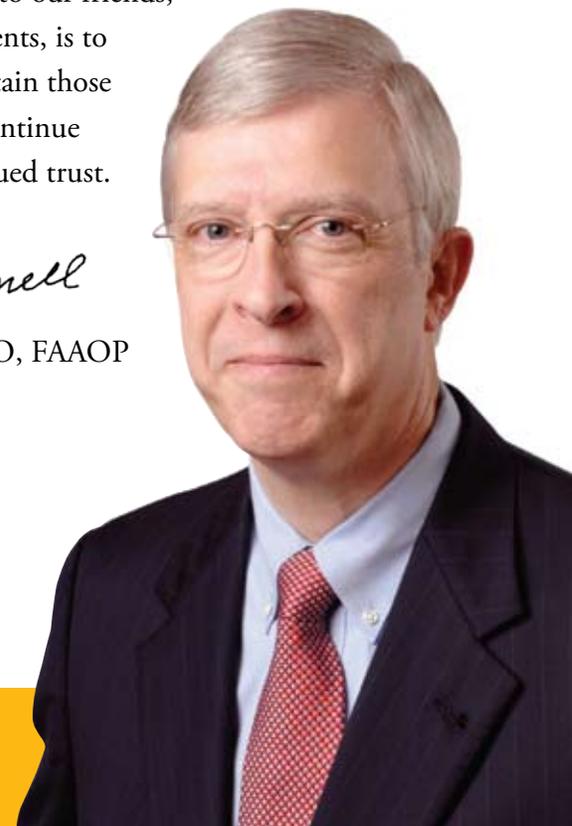
overall scores within the last four years of customer satisfaction measurement has ever dropped below a 92% rating, we consistently strive for improvement. Indeed, that is one of the primary reasons we schedule annual team-building educational meetings for our entire staff. This year's Team Snell event was comprised of a lot of learning wrapped in a joyful celebration of our success in earning a high satisfaction score from the clients we serve. (See story on page 5)

Topping the list of things Team Snell stresses are our 'corporate family' values—which include a continuing corporate and individual commitment to serving our communities as well as our clients and our colleagues; keeping up with what's new and improved in patient care techniques and technology; and continually building our capabilities with an emphasis on quality, conscientiousness, and caring concern.

Our promise to our friends, referrals, and clients, is to steadfastly maintain those values, and to continue earning your valued trust.

Frank Snell

Frank Snell, CPO, FAAOP
President



“Nothing endures but change.” — HERACLITUS



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Breast Cancer Survivor Reaches Out to Aid & Educate

Breast cancer survivor Janet Malloy has had her share of problems—but she recognizes that they have prepared her to actively help others. In fact, she stresses that the reason for sharing her story is to reach others with useful information based on her own experience—information that may spare them from the same consequences.

Originally from Maryland, Malloy and her husband William relocated to Arkansas as a result of fate taking a hand and altering their plans. Avid travelers, the retired Malloys were visiting in Arkansas with their RV, when William suffered a heart attack in 1996. Within 15 days, he suffered a second heart attack and underwent triple bypass surgery at St. Vincent's Hospital in Little Rock.

"I guess it was a blessing that we were here when it happened, because we got the best of healthcare," says Malloy. "I had worked in the medical field all my life and I knew that our hometown was not the best place to be if something happened to my husband; this was where we were going to stay.

"So we sold our house in Maryland and bought one here. It used to take us three hours to get to the airport—here, it's 35 minutes to the airport, and we're close to UAMS, St. Vincent's, and Baptist Hospital."

Malloy's own health problems became serious when a lump she discovered in 2000 was identified as cancerous, and resulted in a major biopsy that removed three lymph nodes and created a large concavity in her left breast, leaving painful scar tissue.

A year later, while wintering in Florida, Malloy spent time gardening, weeding and working with her arms exposed to the foliage and thorns. Two days later, her arm suddenly began swelling painfully. Since she had previously had other symptoms, Malloy had already visited doctors and had a full complement of allergy tests done—and results appeared normal. Even a trip to the emergency room because of sudden breathing problems only further puzzled doctors.

Malloy was advised to fly home immediately to Arkansas to her own doctor. Because an anomaly had formed beneath her skin, extending from underarm to groin, Malloy endured another biopsy before visiting her oncologist who finally diagnosed the problem: A lymph node in her groin had collapsed, and Malloy was suffering the painful and persistent symptoms of lymphedema.

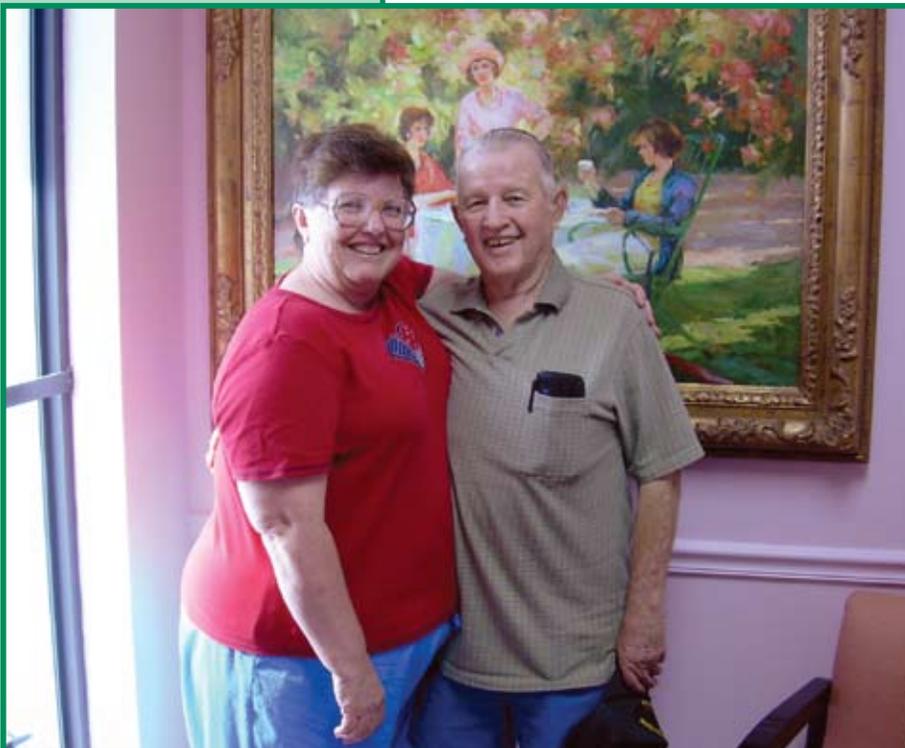
"I wouldn't have had that second biopsy, or all this mess that I have been going through, if someone had told me about lymphedema and what can happen as a result of the removal of lymph nodes," Malloy believes.

Two years ago, the breast cancer returned in Malloy's other breast, and she elected to have both breasts removed. But it's the lymphedema that continues to cause her problems. She had therapy; she learned how to keep the swelling down, and wore a compression sleeve and glove for over a year. "It was very painful; you feel like you're burning up," she explains, "with the fluid, the swelling, the heat, and trying to get cool."

She learned massage techniques. She learned and still performs therapeutic exercises. But despite her efforts and her care, it remains a troublesome issue.

"Women have to be very careful about medication and lymphedema; when my cholesterol medication was adjusted recently, within a week my lymphedema started to go wild. I had to go back for therapy again, and started wearing my sleeve and glove and doing massage."

(Patient Profile - continued on next page)





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Malloy hopes her experience will serve as a cautionary tale for other women undergoing breast surgery and related lymph node removal, and she actively promotes the need for lymphedema education.

Likewise, Malloy gained priceless experience fighting her way through forests of red tape to file claims and appeals—and eventually win appropriate compensation—for her retired military husband following his heart attacks and surgery. Currently, she is a member of the Veterans of Vietnam War, Inc., a veteran’s coalition based in Pennsylvania, and she applies her knowledge as a national veteran’s service officer.

“In 1993 I started getting into the paperwork, doing research and filing claims and seeing what they were doing to these veterans. Ever so often, I’d run into a veteran that needed help with a claim.”

Now, as a volunteer, she acts as advocate, advisor, and aide, helping veterans across the country who don’t know how to file claims, and often aren’t even aware that help exists for them.

“It’s like me with the lymphedema—I just hadn’t been told, and I’m so upset about that.” Her main concern focuses on her need to educate women about lymphedema—precautions to take, and what to watch out for.

“I think education is a must. When you get a new pill—they give you the contraindications; why don’t doctors warn you about lymphedema? Having experienced it myself, I would not wish this problem on anyone.”

Malloy’s doctor referred her to Snell Laboratory for her initial fitting for breast prostheses, and she has been returning for follow-up and additional services since then.

“Beth (Williams) is just a sweetheart. I feel very comfortable around her; I can discuss anything with her and fitting has never been a problem—she has always done very well. She’s also the one who fitted me for my first lymphedema sleeve and glove, and I don’t go anywhere else.

“Beth is also very upset that we’re not getting lymphedema education. It’s preventable. The doctors tell her that they don’t want to worry breast cancer patients about what else could happen; but I’d rather read about it and know what not to do, and maybe never get it.”

Malloy recently had a total knee replacement, but tries to stay active, attending diabetic classes at the VA with her husband, and walking with him every evening. “I’m finally getting around Wal-mart three times, now,” she announces.

And she continues to keep busy representing her veterans: “I fight for every dollar I can get for them—money that they are in need of. They keep me going, and help me realize that there are always people worse off than I. I would rather be a breast cancer survivor than suffering from some of the illnesses and injuries that our veterans have to deal with for a lifetime.”

Malloy also expresses gratitude to her spouse of 43 years: “My husband has been my rock—he is always there to take care of me. When he learned that I had to have my breasts removed, he said he’d rather have part of me, and have me healthy.”

The Malloys have four surviving grown sons, one daughter, and ten grandchildren and great-grandchildren.

“Thank you to Beth at Snell Laboratory and to all my doctors, that I am here enjoying life to the fullest,” concludes Malloy.

New Management for Two Snell Satellites

Jim McCallister, CO, LPO, recently assumed management responsibilities for the Fort Smith office of Snell Prosthetic & Orthotic Laboratory, located at 1411 Dodson in Fort Smith. Formerly manager of the North Little Rock office, McCallister has been with the company for nine years. Jim’s wife Holly, also a Snell Laboratory employee who formerly worked in the Little Rock office, also serves now in Fort Smith in an administrative function.

Larry Ruhl, LPO, who joined the company in 2004, has assumed McCallister’s former position as manager of the North Little Rock office. Ruhl was also honored recently at the Team Snell awards ceremony as the satellite winner of the Team Player Award for 2008.

Facility Updates

- March 25—The C-Leg RoadShow brings education and excitement to the Fort Smith O&P community.
- March 26—The C-Leg RoadShow van continues its tour with a visit to Fayetteville
- March—Rick Fleetwood, CEO, attends AOPA Policy Forum, representing the AOPA Board, the O&P community, and Snell Laboratory in meetings with legislators in Washington, DC.
- May 10—Team Snell Educational Meeting – Gilbreath Center, Little Rock

- May 30, 31—Jason Eddy, Jake Jacobi, Michael Lacy, Eric Lee, Vince Mann, Larry Ruhl, and Beth Williams attend the PrimeFare East O&P seminar held in Nashville.
- June 1—Arkansas Licensure rules go into effect.
- June—ADA’s “Walk to Fight Diabetes” in Little Rock attracts Snell Laboratory staffers: Rick Fleetwood, Sonia Meisenbach, Garry Owens, Nina Miller, and Laura Wright.

Advances in Post-Mastectomy Care

In a matter of just a few decades, education and technology have made a huge difference in the public perception of breast cancer, as well as in the care available to survivors of breast cancer and related surgery.

Komen for the Cure, formerly known as Susan G. Komen Breast Cancer Foundation, established in Dallas in 1982, is dedicated to education and research about the causes, treatment, and search for a cure. Their efforts at developing fundraiser events have resulted in thousands of local and regional opportunities nationwide to join the “race for the cure”—through bowling, cooking, golfing, driving and walking events.

Thanks to their efforts, much more is known about the disease and its treatment, including the fact that there are more than 2,000,000 breast cancer survivors in the U.S. today, and a person diagnosed with early stage breast cancer now has a 98% chance of surviving at least five years. The overall breast cancer death rate has continued to decrease by about 2% each year since 1990.

Although the causes of breast cancer are still unknown, and there is no known way to predict or prevent breast cancer, research continues—and the results of education and early detection are making a difference.

Anne Ericson, a 34-year cancer survivor, is also a representative for American Breast Care. “I’ve seen a lot of changes over the years,” she said. “The materials used in breast prostheses are very different today. The lighter weight, softer silicone feels

more natural and actually takes on the characteristics of a breast: for example, older ladies whose breast tissue has begun to soften will usually prefer a softer silicone than the firmer silicone forms for younger ladies with firm breasts.”

Although the silicone forms are available in different weights that vary by as much as 45%, it is not always desirable to choose the lightest weight, Ericson explains. “When you lose a breast, you lose a lot more weight than you think. It can affect your balance, and it’s important to replace the weight that you have lost as closely as possible to restore a normal feel and balance.”

She describes customers who have initially chosen an ‘ultra-light’ breast form, and who later request its replacement with a standard weight that feels more comfortable and natural.

“There are many more styles, sizes, shapes and textures available than there used to be, and a greater variety and choice in the bra designs, as well,” Ericson points out. From one basic, functional bra style, there have evolved fashion colors, lacy looks, and lots of prettier bras—and even a strapless design. I didn’t think it could be done, but they did a really good job!”

Evolving surgical knowledge and techniques have also made a difference. Ericson’s mastectomy, done in 1974, was more radical than 21st century procedures. “So it’s a little more difficult for me to wear something strapless or low-cut. But with surgery now being far less invasive, women are able to wear a lot of different fashions.”

The objective of breast prostheses is to restore a woman’s confidence by restoring as natural an appearance as possible, based on her pre-surgical contours. While the prostheses may not be strictly necessary, they can make a significant difference in the fit of a patient’s clothing, and they are also perceived as a great psychological aid to the recovering mastectomy patient. Most insurance plans cover the cost of a mastectomy prosthesis and bra as a part of the treatment.

Accessories include specially designed soft camisoles which protect the surgical site and allow drainage during the immediate post-surgical period.

Beth Williams, one of nine certified mastectomy fitters who serve patients at each of the nine Snell Laboratory locations across the state, describes seamless bras popular for wear under T-shirts, and a new line of Harmony breast prostheses with a unique silky feel, more natural than plastics or some silicones.

An extensive selection of breast forms and accessory items from respected manufacturers like Amoena, TruLife, American Breast Care, and others is available at each location. Patients can arrange for a preliminary consultation with one of Snell Laboratory’s skilled and discreet certified fitters, who will discuss and demonstrate, advise and assist the client in making the best choice for her form and her lifestyle.

Usually six to eight weeks after mastectomy surgery, the incision is well-healed and the swelling and fluids that might make a difference to the fit have been reduced, as well. At this time, the patient can bring in her doctor’s prescription and proceed with the final choice and fitting of her prosthesis and accessory items.

Ideally, says Williams, the fitting can be completed in an hour, and the client can leave wearing her new bra and breast form or forms.

Lymphedema Concerns:

Williams also expresses deep concern about the lack of awareness of lymphedema—a post-mastectomy issue that is often overlooked in the list of explanations, instructions, and cautions doctors routinely share with breast cancer patients.

After lymph vessels are damaged or lymph nodes removed—as often happens in mastectomy procedures—lymphatic fluid cannot be transported and distributed normally throughout the body. The accumulation of lymphatic fluid in the interstitial tissue causes swelling, most often in the affected arm(s) and/or leg(s). Left untreated, this fluid not only causes tissue channels to increase in size and number, but also reduces oxygen availability in the transport system, interferes with wound healing, and provides a culture medium for bacteria that can promote infection.

“If you have had a mastectomy, and you have had lymph nodes removed, there are certain things you need to be aware of,” Williams warns. “If you’re going on a flight, you need to wear a



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preventive sleeve to prevent the lymphedema from occurring. If you're going to be working out in your yard all weekend, and you've had a mastectomy, you've had lymph glands removed, and you don't have lymphedema, you should wear a sleeve as a preventative measure. Heavy lifting—such as picking up grandchildren—repetitive motion, puncture wounds from getting a blood test or your IV put on one side—can all put you at risk.

“There are a lot of things you can do to prevent the lymphedema from occurring. But there needs to be a lot more awareness.”

How widespread is the problem? Williams says she cares for an average of three or four lymphedema patients every day—far more than she fits for breast prostheses and accessories.

“It IS preventable,” she stresses. “Unfortunately, there are a lot of people who never heard of lymphedema until they had it. We can fit people with an appropriate lymphedema sleeve that will provide compression to the affected arm or leg—which can be used to prevent the problem, as well as in its treatment. But people must first be aware of the dangers and discuss them with their doctor in order to get a prescription that allows them to be fitted for such a sleeve.”

Left untreated, the condition worsens, and can lead into a decrease or loss of function of the limb, skin breakdown, chronic infections and, sometimes, irreversible complications. In the most severe cases, it can even develop into a rare form of lymphatic cancer.

Williams suggests accessing www.lymphnet.org, the website of the non-profit National Lymphedema Network, for additional information and advice, and consulting your physician without delay if you suspect you may be suffering from this condition.

Team Snell 2008 Was a Real Circus!



Three rings of fun made learning a truly memorable experience at this year's Team Snell annual employee meeting held May 10 at Baptist Hospital's Gilbreath Center in Little Rock, where staff from Snell Laboratory's nine locations statewide gathered for a circus-themed one-day educational conference. The day included some pretty spectacular performances and a few show-stopping stunts, as well! Ringmaster Frank Snell and Carnival Barker Rick Fleetwood kept the entertainment moving—and guest performer Jerry Wilson kept everyone on the edge of their seats with his presentation on “Turning Potential into Performance.” Guests from Becker Orthopedic, Branford Medical, Fillauer, Inc., MedEvolve, Ohio Willow Wood, and Otto Bock were also on hand to share the latest and greatest in industry technology. Staff members who received special recognition during the awards presentation ceremony were: Team Player: Flo Corley (Little Rock), Larry Ruhl (satellite); Community Service Award: Tammy Lee; Marketing Award: Jim McCallister.

Snell Staff Receives Awards



Tammy Lee
Community Service
Award



Larry Ruhl
Team Player Award
Satellite Office



Flo Corley
Team Player Award
Little Rock



Jim McCallister
Face to Face
Marketing Award



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Chief Orthotist Honored: Garry Owens Celebrates 40 Years with SPOL



It's tempting to refer to Garry Owens, a man who has spent 40 years serving patients, as a Snell Laboratory fixture...but that would be asking for one of his snappy punch-lines!

Inarguably, however, during those four decades since he first walked into Snell's downtown Little Rock office in 1968, Owens has become a vital part of the organization, growing and changing with the company and with the times.

"When I first started out," he reminisces, "everything was made out of leather and metal. Today, we just pull the plastic or order a brace; back then, we'd have to take a cast and mold the leather by hand, wetting and soaking it overnight; then pulling it and letting it dry. Sometimes it would take a week to make a brace, due to the soaking, stretching, and drying time for the leather; now, you can deliver a brace in just a couple of hours."

Although he reflects that patients and their cases haven't changed much in 40 years, the level of knowledge has progressed amazingly.

"As a result, we know more about how to treat various complaints. Forty years ago, we used custom-made leather arch supports to treat heel pain, which they thought was caused by a heel spur. But now they've discovered that it's not a heel spur, it's a tendon that tears loose from the heel. They also used to call it a flat foot when a weakness in the posterior tibial tendon allowed your ankle to shift.

"Now we know so much more than we used to; and we know you can't treat these problems with an arch support. Now, we can treat them properly with the proper brace for correct weightbearing."

Describing the techniques he used in the late 60's and early 70's, Owens sounds more like a blacksmith or cobbler than an orthotist. "In crafting metal braces, we had to make our own joints right here in the lab—and that required welding and mechanical skills. We'd heat up the metal, hammer it out, drill the holes, and put them together with rivets."

His early skills still come in handy, however; he remembers an elderly client who recently presented a brace he had been wearing for 60 years, and requested repairs to his 'old reliable' instead of a technologically up-to-date replacement.

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Owens was able to replace the joints, rivets, and leather with materials on hand, and sent his customer home happy.

The example of orthotic progress that has impressed him most over the years, is the WalkAide, a myo-orthotic device that employs a small powerpack which stimulates the wearer's paroneal nerve with carefully-timed electrical impulses, allowing drop foot patients to walk normally.

"Just the idea of a stroke or head injury patient walking normally, without a brace, simply by putting on a leg band and a couple of electrodes—it's amazing," he marvels. "It even retrains your brain; there have been cases where they take the WalkAide off and still walk normally—it's almost like a cure. This is new within the last year, and I feel that's the way the bracing industry is going."

Today's stance control orthoses and scoliosis braces are also dramatically better than the antique devices previously used, he remembers.

Scoliosis bracing used to be similar to medieval torture devices, he explains: "A custom-made leather girdle supported a metal bar with a chin pad that originally held tacks—point-up—just beneath the wearer's chin. If the wearer relaxed or slumped forward, the tacks would pierce their chin, and they'd straighten up again to avoid being stuck by the tacks!"

Owens is famous—or perhaps notorious—for his fun-loving approach to life, relationships, and even patient care:

Co-worker Vince Mann notes that "We joke back and forth with the patients all the time—we keep them laughing if we can."

He recalled a particularly grumpy customer being fitted for shoes. "Garry was trying to cheer him up; so when the shoes came in, he told me to put some red shoe strings in them. When the client came in and opened the box, his face just kind of perked up as he looked at them. We all had a good laugh together."

Garry's sense of humor and love of practical jokes may be the first thing people think of when asked to describe him—but it is far from the only thing that makes him special to his colleagues and patients. He has been so many different essential things to so many people that limited space precludes a complete listing; but role model, mentor, father figure, lifesaver, loyal friend, tireless worker, dedicated churchgoer, gentleman farmer, loving husband and father, reliable supporter, proud cheerleader, patient advocate, spiritual leader, and fun-loving prankster are just a few descriptions that leap to mind.

Jake Jacobi, manager of the Snell Laboratory facility in El Dorado, explains however, that "The joking stops when we've got to get serious about the work that needs to be done. But up till that point, Garry tries to make it an enjoyable experience for everybody that he's met. He and I have worked on some patients from the time they were little kids; one girl called me because she wanted me to put a strap on her shoe to go to the prom. I had been casting this kid since she was in diapers. I referred her back to Garry, and Garry took good care of her."

Mann, a former computer technologist recruited by Owens for Snell Laboratory 13 years ago, points out that "Garry has helped pretty much everyone here, teaching them better ways of doing things. He's got a good work ethic, a good heart. He has no problem giving to the needy—and I'm talking about walk-in patients as well as people from the community and efforts through his church."

Jim McCallister, manager of the Fort Smith Snell Laboratory office, agrees. "Garry has been such an influence on my life! Not only has he taught me to become a stronger Christian, he has been a father to me when he never had to be. He not only introduced me to Frank and Rick; he is the reason I have been successful in the field of O&P. His vast knowledge of the field along with his nurturing spirit help to train employees to become better people, as well as great practitioners."

Says Jacobi, "Garry's been very important in my life; he's been more than just a guy that I work with or for. Garry and I have had a lot of fun. Spiritually he's helped me out in many, many ordeals that I have been through—personally and professionally."

He's one of those people that I respect because he's never told me to do anything—he's shown me how to do things—and not just with work, but with life in general—just how to treat people and things like that. He's a unique individual."

McCallister talks of patients who shower Owens with food and affection; Jacobi speaks of Owens' childlike spirit that 'makes you feel young'; Mann fondly recalls the fun of trading quips on a daily basis.

"Garry can always bring a smile to your face and leave you with one of life's many lessons," says McCallister. "He makes you a better person for knowing him."

In gratitude for all he has been—and continues to be—to Snell Laboratory, the company sent Owens and his wife, Brenda, on an Alaskan cruise to Ketchikan, Juneau, and parts of Canada, in late June. (Ask to see their "1500 or more" pictures!)

Owens loves his work, his colleagues, and plans to stay with SPOL "as long as they'll let me." And he returns their respect and affection in equal measure:

"I've got a bunch of great co-workers, and as far as Frank and Rick go—I just thank God that he blessed me to work for a Christian family. Frank takes care of his employees, and not everyone does that. He cares. And you know how Rick is; he cares about family. If anybody's got trouble, he's there. He's never failed to be there for anyone here—if someone dies, if someone is sick, he drops what he's doing and he's there. When I lost my wife, he was the first one there—I just looked up and there he stood. It's just like a big family here."

Looking back over the years, he reflects thoughtfully and with characteristic humility, "I've really been blessed. If I had it to do all over again, I'd do it with Frank and Rick. I wouldn't change a thing—except I'd try to be a little better—do my job a little better."





Last Issue's Puzzle Solution

- 1) STINSEF = FITNESS
- 2) HEEDSCLU = SCHEDULE
- 3) VARNEETO = RENQVATE
- 4) ZANIGORE = ORGANIZE
- 5) MEISSETZY = SYSTEMIZE

Bonus

The goals we set:
RESOLUTIONS

It's a Puzzle to Me! What Make Garry Great?

Unscramble the letters to discover six virtues that make our honored 40-year employee such an exceptional one. (See related story on page 6.) Enjoy a bonus for unscrambling the circled letters in each word to form a final, secret phrase.

*It may be possible to form more than one word from the letters given, so be sure to choose the word that best describes 'What Makes Garry Great'.

- 1) RHOUM = _ () _ () _
- 2) SLIKSL = () _ () _ _ ()
- 3) TREMON = () _ _ () () _
- 4) CORNNEC = () () _ _ _ ()
- 5) PESTRIXEE = _ _ _ _ _ () () () _

Bonus

What Garry Delivers (and what SPOL strives to achieve):

() () () () () () () () () () () () () () () ()

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