U.S. Department of Veterans Affairs
Veterans Health Administration
Office of Rural Health
May 2026

ORH PROGRAM OVERVIEW

Mobile Prosthetic and Orthotic Care (MoPOC)

Background

Problem

Veterans require Orthotic & Prosthetic (O&P) care to treat amputation and other mobility-disabilities. They often struggle to receive these services because traveling to an appointment is difficult. Rural Veterans have the most difficult time, given that these services are offered exclusively at Veterans Health Administration (VHA) Medical Centers in large cities. Rural Veterans can be seen by non-VHA providers closer to home, but this care costs more, is often lower quality,[1] and is not the first choice for most Veterans.[2]

MoPOC vans are self-contained orthotic & prosthetic labs on wheels.

O&P care requires special tools and equipment housed in a custom lab, as well as a separate space to work with the patient. VHA has small clinics in rural communities called Community Based Outpatient Clinics (CBOC). These CBOCs have patient care rooms, but they do not have the custom labs and tools required to serve Veterans with amputations.

Solution

The VHA Office of Rural Health (ORH) established the Mobile Prosthetic and Orthotic Care (MoPOC) Enterprise-Wide Initiative (EWI) in 2021 to address these problems. Through MoPOC, VHA O&P providers travel to rural CBOCs on a regular weekly schedule and as needed, to Veterans homes. These providers travel in mobile O&P labs, eliminating the need for costly brick-and-mortar labs, giving VHA the flexibility to provide care wherever it is needed. MoPOC enhances access to care, achieves exceptional Veteran satisfaction, and costs less than community-based care.

Goals and Objectives

MoPOC ensures improved access to VHA O&P services for rural Veterans by reducing or eliminating the patient burden of travel, while maintaining world-class standards and saving money. MoPOC leadership and team members strive to provide Veterans with the best care experience.

Goals for Fiscal Year (FY) 2025 included:

Expand MoPOC to five new sites. Restrictions on organizational growth limited MoPOC expansion to four new sites in FY25.

Conduct 9,900 patient visits. With 11,320 patient visits, this goal was exceeded by 14%.

Provide 60% or more of all services to rural Veterans. 73% of all patient visits took place with Veterans classified as rural or highly rural.

Sustain 90% of MoPOC sites. This goal was exceeded, with 100% (9) sites locally sustaining MoPOC following the conclusion of ORH funding.

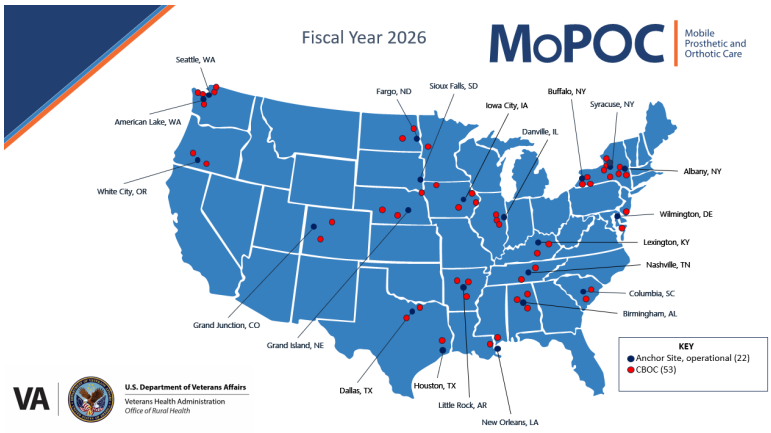
The fleet of MoPOC vans preparing to serve rural Veterans in Iowa, Kentucky, Tennessee, South Carolina, and Texas.

Save $750K in costs, by providing care with VHA-based O&P providers. MoPOC more than doubled this goal with $1.8M in cost avoidance.

Methodology

Since starting in 2021, MoPOC has been expanding at a rate of roughly five sites per year. Eligible sites are identified by the MoPOC Program Office based on VHA data for rurality, CBOC enrollment rates, travel distances, and site capabilities. Sites are selected to implement MoPOC on an annual basis. The Program Office works closely with local sites to assist in startup, optimize operations, and ensure program success.

MoPOC clinicians work four 10-days/week. On three of those days, they travel from their home stations to VHA CBOCs, keeping a consistent schedule to ensure continuity of care. On the fourth day, clinicians perform fabrication work, stock the mobile O&P lab, and conduct home visits as needed.



Map of MoPOC program sites across VHA in Fiscal Year 2026.

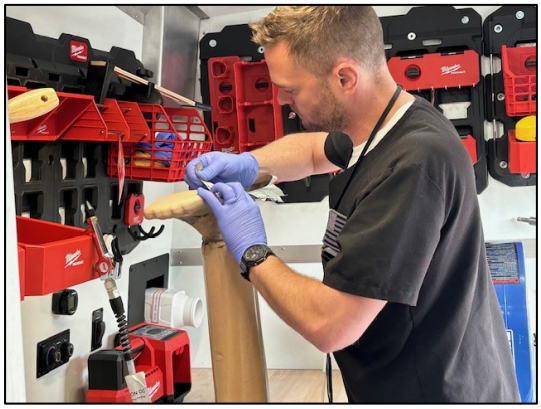
The mobile O&P lab is equipped to allow MoPOC clinicians to perform most procedures done in a standard brick & mortar lab. For example, when fitting a prosthetic leg, the

clinician can use specialty tools within the mobile O&P lab to grind away tight spots, adjust the alignment, or replace the foot. All the MoPOC mobile O&P labs have the same configuration and tools, with minor differences due to improvements made each year.

Impact on Rural Veteran Health

MoPOC greatly improves access to O&P care in the areas where it is implemented, it allows Veterans to receive their care in VHA, and results in outstanding Veteran satisfaction.

- MoPOC has been adopted at 22 VHA sites, reaching 53 CBOCs across 17 states, and expanding access to 322,023 Veterans.
- In FY2025, MoPOC clinicians conducted 11,320 patient visits with 8,324 Veterans, 73% of whom live in rural or highly rural areas.
- 95% of Veterans were mostly or very satisfied with the ease of traveling to their MoPOC appointment.[2]
- 75% of Veterans agreed or strongly agreed that MoPOC care was easier to get compared with other O&P care they have received.[2]
- 20% of Veterans reported that they would not have received O&P care at all if MoPOC services were not available.[2]
- 98% of Veterans rated the quality of MoPOC services as good or excellent.[2]



Prosthetist-Orthotist inside a MoPOC van making adjustments to a Veteran's prosthesis.

Key Takeaways

Veterans with O&P needs that live in rural communities often struggle to access the care that will help them improve their mobility and quality of life. MoPOC enables VHA to bring critical O&P care closer to home. Reducing the travel burden has shown to improve outcomes among Veterans served by MoPOC.

- Veterans prefer to receive their O&P care in VHA, and MoPOC helps make this possible for those living in rural communities.[2]
- Veterans are highly satisfied with the services they receive through MoPOC.[2]
- MoPOC costs less than sending rural Veterans to community providers for the same care.

References

1. O'Hanlon C, Huang C, Sloss E, Anhang Price R, Hussey P, Farmer C, Gidengil C. Comparing VA and Non-VA Quality of Care: A Systematic Review. J Gen Intern Med. 2017 Jan;32(1):105-121. doi: 10.1007/s11606-016-3775-2.

2. Leonard C, Feser W, McKown L, Whitfield E, Kaufman GE, Abrahamson D, Young J. Increasing access to orthotic and prosthetic care in rural communities: Satisfaction with the Department of Veterans Affairs Mobile Prosthetic and Orthotic Care Program. J Rural Health. 2025 Jun;41(3):e70050. doi: 10.1111/jrh.70050.

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MoPOC National Program Manager Daniel Abrahamson, CPO gives a tour of the MoPOC van to Dr. Peter Kaboli, ORH Executive Director.