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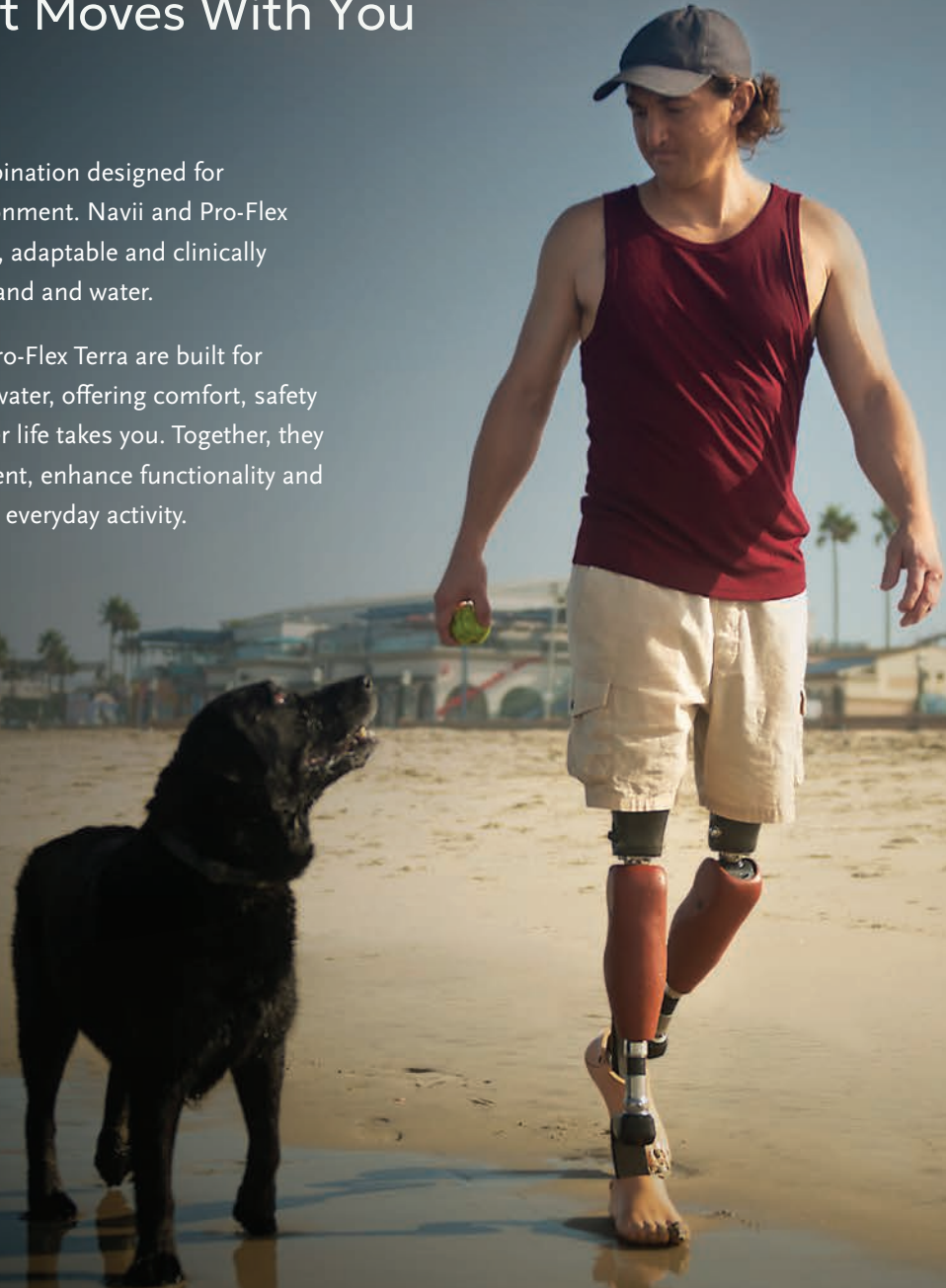


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We're kicking off 2026 with some exciting projects. This year, Limbs 4 Life is working on some very important research, in fact we have two research projects on the go.

1. Prosthetic satisfaction research: if you're a prosthetic user, we want to know how happy you are with your prosthesis and the service you receive; if it meets your needs and enables you to be the best you can be and if not, why not?
2. The second research project involves members of our community who have lost a limb or limbs due to a road trauma accident.

Your feedback will help us to create resources and lobby for change. So when you access the survey (it's anonymous) please provide us with as much information as possible.



Scan to access the survey

Lastly, we hope to be able to meet many of you at the FREE Amplify workshops which are being held nationwide.

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Karen's finding
her freedom,
her way



The 5 things in life Karen loves are horses, grandchildren, children, reading and living alone – the last thing, something she never thought she'd ever say. 4½ years ago, Karen, and her husband Hilton, moved to Tasmania to live near his family and to be closer to her daughter. Loving the change, they travelled and explored the state together on a motorbike. About 2 years ago, one of their rides resulted in an horrific accident in which Karen not only sustained a multitude of life changing injuries, including severe damage to her right leg, but also lost the love of her life.

After 8 months of heated discussions with surgeons, who were reluctant to remove her leg, they finally agreed to amputate. Six months later she got her first prosthetic and her first steps toward independence.

After being discharged from hospital Karen went to live with her daughter, Amanda, son in law and 3 children ranging in age from toddler to pre-teen. A sudden role reversal found Amanda being her full-time carer – a role she shared with her husband, as well as the children. Whilst she loved being so close to her grandchildren and being involved in their lives, she was frustrated with the reliance on others for simple tasks that she used to do so easily – “even the kids became my little assistants instead of me looking after them.”

Getting a new leg

Standing on 2 legs for the first time was “very emotional – you watch Facebook and you think you're going to get up and walk... it doesn't work!” she said. Being ever practical and reasonable, Karen was prepared to use any assistive device to help her stabilise and walk. She began with crutches, until she developed bursitis in the wrists and then moved onto a walker. But then she had to figure out how to walk, including step length using the walker. “I had to take a shorter step on the prosthetic side and a longer step on the other side. I couldn't feel where my feet are...oops! I can't turn that corner that fast... I'm knackered. I need to sit down, where is a seat...so many things – having a walker is amazing. At first I thought I'd look like a granny

with my walker but now I think I'm the coolest granny, that struts their stuff and talks to all the kids that stare at my leg.” She even told some little kids that her leg dropped off because she didn't eat her vegetables!!!

Getting on the road... again!

Once Karen started walking, she started exploring how she could become more independent. Relying on her daughter, as well as Community Cars and hoping they would turn up on time, was so hard as she was constantly depending on people to operate to her time demands. In addition, living in a rural area of Tasmania where a taxi or ride sharing service do not exist, compounded her desire to claw back her independence. “I've got a leg, why can't I drive? How can I go about it?”

She contacted MAIB who informed her that she needed to see a specialised occupational therapist (only 2 in Tasmania), a specialised driving instructor, have driving lessons and, as a right leg above knee amputee, have her car modified.

At the Limbs 4 Life Amputee Support Group in Launceston, she was able to talk with another amputee, who had hand controls in his car. He demonstrated how they were used and provided contact details for the car modification company.

She had 10 driving lessons with a specialised driving instructor and then completed a cognitive and driving test with the OT. The driving instructor enabled her to try out 3 systems of hand controls. She chose a satellite control that sits on your left hand and has a trigger accelerator for your thumb. This was her preference. She felt much safer and in control as it enabled her to hold the steering wheel with both hands, unless using the hand break with her right hand. It also has the capacity to switch to cruise control. With her car retrofitted with new hand controls she was ready to take to the road.



Being spirited away!

With her car ready to be driven, a prosthetic leg that worked well, a water leg, a walker, crutches and a wheelchair, Karen decided to travel independently to the "North Island" for a holiday. This included travelling across Bass Strait on the Spirit of Tasmania on day sails. Karen said it "was a nerve wracking experience having to think about being gentle with the accelerator on the car, as well as how am I going to park close to all of these cars? I made it very clear when I booked that I was an ambulant walker user, an amputee and that I would need assistance. That was all marked on my ticket. The whole process was made extremely easy, beginning with special tags on my window that indicated to staff that I needed additional assistance. Loading staff ensured that I parked right next to an elevator that went to the main deck, including providing a ramp from my car to the lift. They asked 3 key questions - how close do you need to be? How ambulant are you? Do you need assistance?" Even after exiting the lift on the 5th deck there was someone to meet her and offer assistance throughout the journey, if required. At lunch time, staff sought her out

and asked if she would like assistance getting some lunch. The only negative was that she only managed to find one completely accessible toilet on that deck.

'Mainland' meandering

Karen spent nearly 2 months travelling throughout Victoria including spending some time with family, as well as navigating the accessibility of Airbnbs alone. She laments the lack of knowledge about what constitutes an accessible property. She stayed at one place where she needed easier access to get up a step, so the property owner put down half a dozen bricks and a sheet of plywood and told her, "it was now accessible." Another property with a stated 'accessible bathroom' had a shower that was over a bath that was not only enclosed between 3 walls but had a knee-high step to get into it, as well as wooden swinging doors.

During her travels she came close to doing something she loves and hasn't done since her accident - getting back on a horse. Whilst she sadly admits she may never be able to ride her

beautiful horse - "she's a thoroughbred and too high spirited for me ... she's 23-24 and too old to be retrained" - she took one step closer to riding by climbing a ladder and riding a mechanical horse.

Home alone and accessible!

Whilst Karen was travelling on the mainland, back in Tasmania her new house was being completed. She arrived back and received the keys to her fully accessible home that she had worked closely with the designer to customise for her lifestyle and physical needs. Karen is still in the middle of unpacking boxes and sorting out her new life. She has a new found freedom in a space that is completely hers. She has never lived on her own, having moved out of home as a young girl at 16 with her husband, and then living with her daughter after the accident, so this is a new and exciting experience.

"Figuring out the new you," is a catch phrase that Karen uses. This is evident in the way that she has designed her house, but more so in how she navigates her independence and freedom. She also gives credit to the amputee community and Limbs 4 Life support groups in providing opportunities to engage with people with similar lived experiences and learn from them to enhance her own journey.



Supporting your journey forward

**NDIS certified prosthetic
care for amputees and
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Our upper limb prosthetic solutions are designed to support comfort, control, and everyday function. From initial assessment to ongoing care, we work with you to find the right fit for your needs and lifestyle.



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Our lower limb prosthetic options are developed to assist with mobility and stability across a variety of needs. From initial fittings to ongoing support, we're here to help you move with confidence and ease.



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Getting the most from your prosthetic appointment



When you visit your prosthetic provider there are a number of important topics that should be covered during your appointment. Your prosthetist needs to know about your needs to determine how they can achieve the best outcome for you. It's important to have a collaborative relationship with your prosthetist, so during your appointments, speak openly, honestly, and ask questions.

Preparing for your appointment

A great way to make the most of your prosthetic appointment is to write down any questions that you have so that you don't

forget them or forget to ask. Take the time to explain your current situation, future goals and what you need to achieve them. Goals can be as simple as spending more time wearing your prosthesis daily, or more complex, like trying a new sport or activity.

Questions that your prosthetist should be asking you

1. What is the purpose of your visit?
2. What are some things that you'd like to do, that you currently cannot do?



3. What does a successful prosthetic outcome look like for you and how can I help you to achieve it?
1. What are your interests, i.e., what do you like to do and why?
2. What prosthetics products do you use? What have you used in the past? Of these products, which worked and which didn't work?
3. Do you work with other therapists to ensure that you can achieve your best outcomes? E.g., If you're a lower limb amputee, have you worked with a physiotherapist to improve your gait? If you're an upper limb amputee, have you worked with an occupational therapist to get the most from your prosthesis?

As a consumer, it's important that you play an active role in getting the most from your prosthetic equipment. After all, you're a *client*, not a patient.



Never leave an appointment with your prosthetist without asking yourself these three questions!

1. Did I ask the questions that I planned to ask?
2. Am I satisfied with the answers that I received?
3. Do I feel comfortable wearing my prosthesis?

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Michael's
fitter than
ever



Michael and his wife, Kim, at Russell Falls, Tasmania.

Michael's amputation journey began in a more unusual way than most. In May 2022, whilst trimming his left, big toenail with nail clippers, he slipped and nicked the neighbouring toe. Michael didn't think too much of it or seek medical attention when the cut became infected. "I thought it was OK but then got gangrene. I ended up in The Royal Adelaide Hospital for five days. They didn't think I was going to survive."

Michael underwent four operations that gradually took his foot as surgeons tried to save it. "My foot was amputated to the ankle as they were trying to save half of it, but MRI scans showed more infected spots. Then a vascular surgeon told me that if they didn't amputate my leg, I wouldn't be around in two months. On 21 June 2023, I had a below knee amputation."

Michael got as fit as he possibly could before his below knee amputation and now works out three times a week, which he says has been important for his physical and mental health. He's taken a positive approach to his experience and has since been back to The Royal Adelaide Hospital to thank staff. He has also become an active Peer Support Volunteer

with Limbs 4 Life as he wants to help others going through the challenges of amputation. "I really didn't know what I'd be facing with things like getting a prosthetic leg so now I want to help people who are in a similar situation." Michael's now retired after operating a Cartridge World outlet and he's accustomed to his prosthesis. He's also got a wet leg which enables him to shower unaided. "I can walk with no problem nowadays and I've taken the mindset of not letting my amputation bug me."

Michael credits his brother-in-law for encouraging him to get to the gym where he's seen a considerable improvement to both his residual, upper left leg and his right leg's strength, as well as making new friends, including other people who are rehabilitating. Podiatrists have also told him that amputation after foot infections are a lot more common than most people realise. "It is something to be aware of, so if you do cut yourself, make sure that it doesn't become infected. The people at The Royal Adelaide Hospital were terrific, as was my GP. Limbs 4 Life helps me to give others who are going through amputation a bit of insight and practical help with things like prosthetics. I've been very lucky not to have experienced any phantom pain since having my amputation."



Local area support groups can be found in:

- Adelaide
- Bendigo
- Blackburn
- Brighton
- Brisbane
- Geelong
- Gold Coast
- Greensborough
- Hobart
- Launceston
- Petersham
- Mildura
- Mornington Peninsula
- Perth



Scan for more info

Amputee support groups

If you would like to connect with your local amputee community, why not come along to a get-together in your area? Hosted by Peer Support Group Leaders, support groups are a great way to meet others, connect with people in a similar situation, ask questions, share stories and learn a tip or two. Partners, carers and family members are welcome and encouraged to join in.

If you would like some more information visit the website or call us today.



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2026 FREE WORKSHOPS FOR AMPUTEES



In 2026, Limbs 4 Life will be rolling out workshops in each state and territory across Australia. Amplify: Your Choice Your Voice Workshops are FREE. These workshops will be tailored around information sessions based on things that you have told us that you would like to know more about.

Workshop topics include:

- Assistive technology. What are your options?
- How can you find the right funding to get help or the services you need?
- Local supports and information in your community
- Daily living needs. Knowing what is important
- Knowing what your rights are when you access healthcare services
- How to gain confidence and be a better self-advocate

- Gold Coast - 9 May
- Perth - Belmont 30 May
- Brisbane - 13 June
- Darwin - 8 August
- Sydney - Paramatta 29 August
- Canberra - 12 September
- Hobart - 24 October



Register your interest as places are strictly limited. Email info@limbs4life.org.au or call 1300 78 22 31



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Ayse Buker

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Scan here



Have you seen Limbs 4 Life's Allied Health Directory?

Find physiotherapists, occupational therapists and exercise physiologists who have experience working with amputees. Visit limbs4life.org.au, Health Matters, Allied Health Directory.

Partners and carers

Limbs 4 Life recognises that amputation affects the families and loved ones of people who experience amputation too.

Using community feedback, Limbs 4 Life have created 5 information sheets tailored for the needs of people who are the partner or carer of an amputee. Often partners want to know how they can best provide support, what information they need and where to access that information. These sheets can be downloaded from our website or posted out to you.

To further support the community and connect partners and carers a closed Facebook group has been set up where you can connect with others in a similar situation - Amputee Partners | Caregivers - Limbs 4 Life Australia.

Partners, family members and carers are welcome at Limbs 4 Life's Support Group events, so if there's an event near you, RSVP today.





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For more information on our services and clinical locations, call us on **1300 866 275** or visit www.oapl.com.au

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Navigating the upper limb NDIS maze

If you're an upper limb amputee – or were born with an upper limb difference like I was you may have found yourself staring at the NDIS application process wondering how it can be so different for different people. Limbs 4 Life regularly hear from community members who say:

"Someone with the same amputation was approved straight away – why was I rejected?"

"It feels inconsistent."

"It feels unfair."

I understand that feeling – because I've lived it. I was born missing my left forearm. I also had to apply more than once before being accepted to the NDIS. And now, as a Program Manager at Limbs 4 Life, I see hundreds of applications and outcomes across the country.

When I first applied, I assumed that being born without a forearm would automatically qualify me. It didn't. I had to demonstrate impact – not diagnosis. Once the language shifted from medical history to functional limitation, the outcome changed. That lesson now shapes how I support our community through Limbs 4 Life.

Health vs Disability

This is the most important concept to understand.

The Australian healthcare system funds:

- Surgery
- Prosthetic fittings
- Medical appointments
- Rehabilitation
- Scans and clinical treatment

The NDIS funds:

- Functional impairment
- Reduced capacity in daily life
- Supports that are 'reasonable and necessary'

If an application reads like a medical case file – full of scans, surgical history, and clinical terminology – it can unintentionally frame your limb difference or amputation as a health condition rather than a permanent functional disability. And if the NDIS can categorise something as 'medical treatment,' they will not fund it. This is why attaching piles of medical reports can sometimes weaken an application instead of strengthening it. Many applicants ask their GP or surgeon to complete the Access Request Form. Medical professionals are highly skilled – but they are trained to describe diagnosis and treatment.



An OT can clearly articulate:

- How long it takes you to prepare a meal one-handed
- Whether fatigue or overuse pain develops
- Safety risks when performing bimanual tasks
- Limitations in employment settings
- The long-term consequences of compensating with one side of your body

That functional explanation is often what determines access. Not your level of amputation. Not whether you use a prosthesis. But how your disability affects your daily life.

The NDIS is looking for something different

They want to know:

- How long does it take you to prepare a meal one-handed?
- Do you experience fatigue or overuse pain?
- Can you safely perform bimanual tasks?
- Does your limb difference limit employment options?
- What happens after years of compensating with one side of your body?

That is why an Occupational Therapist (OT) is often the most valuable professional in your application.

The NDIS assesses impact, not diagnosis!

The reality: Funding is tightening

We understand that the system isn't perfect. The NDIS is under financial pressure. Planners are being more conservative. Assessments are being scrutinised more closely. Reports that appear inflated or poorly justified are more likely to be rejected. That is not a judgement on applicants and participants, it's the current landscape and understanding that landscape allows you to navigate it strategically.

Why outcomes can look inconsistent

Two people with exactly the same amputation can receive different decisions because:

- Their work environments differ
- Their home supports differ
- Their pain levels differ
- Their adaptation strategies differ
- Their reports differ

The NDIS does not assess the amputation; it assesses the functional impact. When that impact isn't clearly demonstrated, access can be denied – even if another person with the same amputation is approved. That's why it can feel unfair. But often, the difference is purely that we are all living different lives and require different supports, which is what the NDIS was based on in the first place.





The 'double dipping' problem

Another common issue is overlapping supports – the NDIA sees this as 'double dipping' and it can result in a rejection from the outset. We often see reports from Occupational Therapists that include a list of recommended supports, and some clearly overlap. If this report is submitted with your initial Access Request Form, it will almost certainly be scrutinised. For example:

- Requesting a \$150,000 prosthetic hand because it will increase independence – and requesting a full-time support worker to complete the same tasks.
- Requesting funding for meal preparation support – and a meal delivery service.
- Requesting a weekly cleaner – and thousands of dollars' worth of automated cleaning devices.

When recommendations contradict each other, or appear excessive, it raises red flags. The NDIS will ask:

"If this support increases independence, why is additional overlapping support required?"

This doesn't mean that you shouldn't request what you genuinely need, but planners may determine that your requests aren't reasonable.

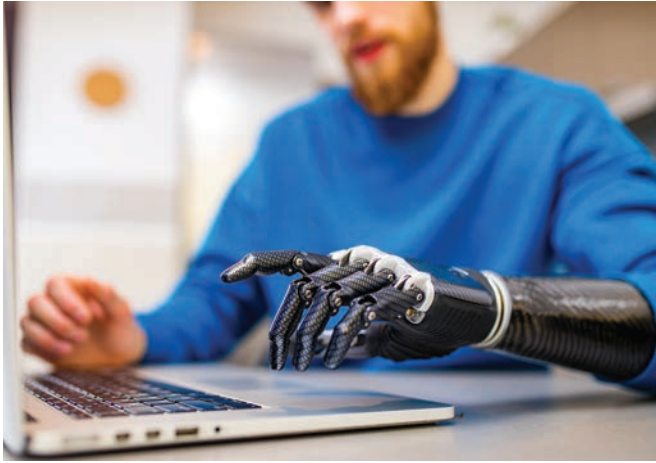
Justifying a prosthetic device

If you are requesting a prosthetic hand or arm, you must clearly demonstrate:

- The functional improvements it provides
- How it aligns with your goals
- Why it is the most appropriate option
- Why it represents value for money

For example:

Rather than just "I need this prosthetic because I'm missing a hand", the request should be framed as, "This prosthetic will enable safe food preparation, reduce overuse strain in my dominant arm, and increase my capacity to return to employment within 12 months." This language reflects disability impact and goal progression.



Where possible, request a documented trial period before committing to purchase. Demonstrating that a prosthetic has been trialled and assessed for suitability significantly strengthens justification.

Asking for everything at once

This is one of the biggest issues. Some applicants submit requests for:

- Multiple prostheses
- Home modifications
- Vehicle modifications
- Support workers
- Therapy
- Equipment
- Replacement schedules

All in an initial access request. The NDIS will assess whether each support is 'reasonable and necessary.' When the list appears excessive or poorly justified, it can undermine the credibility of the application.

Start with access, then justify each support individually with evidence.

What a strong upper limb application usually looks like

In most successful cases I see:

- One comprehensive Functional Capacity Assessment from a skilled OT
 - Clear examples of daily impact
 - Evidence of permanency
 - Realistic, well-justified supports
 - No excessive medical documentation
- More paperwork does not equal stronger evidence. Targeted evidence does!

Why some people are approved quickly

When someone is approved without issue, it's usually because:

- Their evidence clearly demonstrates permanent functional impairment
- The reports directly address NDIS criteria
- The requested supports are reasonable and well justified
- The application aligns with legislative language
- It isn't necessarily luck. It's alignment.
- Final Thoughts for Our Upper Limb Community
- Upper limb difference is often misunderstood because:
 - You can walk.
 - You may appear 'independent.'
 - You may have adapted extremely well.

But adaptation does not mean absence of impact.

If your NDIS application has been rejected, it does not mean:

- Your limb difference isn't significant
- Your challenges aren't valid
- You don't deserve support

It may mean that your application framed your situation as medical, rather than functional. It may also mean that the requested supports weren't aligned clearly enough with 'reasonable and necessary' criteria.

This scheme is not perfect. It can feel inconsistent. It can feel unfair. But understanding the difference between health and disability, and between diagnosis and impact, can dramatically change your outcome. As someone who has lived this experience – personally and professionally – I want you to walk into the process informed, prepared, and positioned for success.

Article provided by Kylie Franson. Kylie is the South Australian and Northern Territory Program Manager with Limbs 4 Life. She was born with an upper limb difference and now supports others who are navigating the NDIS.

TOP TIPS FOR UPPER LIMB NDIS APPLICANTS

01

Focus on functional impact, not diagnosis. The NDIS assesses capacity, not medical history. Describe what you cannot do, or can only do with significant effort, fatigue, or pain.

02

Keep medical reports minimal and targeted. Too many reports from surgeons and/or hospitals look too much like a 'medical condition.'

03

A Functional Capacity Assessment from a skilled Occupational Therapist is essential. An OT can clearly articulate how your limb difference impacts mobility, self-care, employment and safety – in language aligned with NDIS criteria.

04

Set clear, SMART goals. Your plan is built around your goals. If a support doesn't link directly to a goal, it will be difficult to justify.

05

Justify prosthetics carefully. Be specific about the functional improvement a device will provide and how it provides "value for money" compared to alternatives.

06

Avoid overlapping supports. If you are requesting equipment to increase independence, ensure you are not also requesting duplicated support for the same task.

07

Be Realistic in Initial Requests. Demonstrate need clearly before expanding requests.

08

Don't take rejection personally. A rejection often reflects how the application was framed – not the validity of your disability. Reframing and strengthening evidence can change the outcome.

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