

amplified

edition 2 | 2017

Making a Splash
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NDIS Update

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Welcome to the second edition of Amplified for 2017. This edition is packed full of exciting and interesting articles.

Have you visited our 'new look' website yet? It's packed with lots of great new features including a national listing of every prosthetic facility in Australia, right at your fingertips. All of our resources are also available on the new site, so drop by sometime and pay us a visit, we'd love to receive your feedback.

Finally, thank you to everyone for supporting the 'Get Your Ribbon On' for National Amputee Awareness Week campaign. This year's response was overwhelming. We shipped more than 7,350 ribbons and I have no doubt that next year will be bigger than ever!

Limbs 4 Life would like to thank everyone who has contributed to this edition of Amplified.

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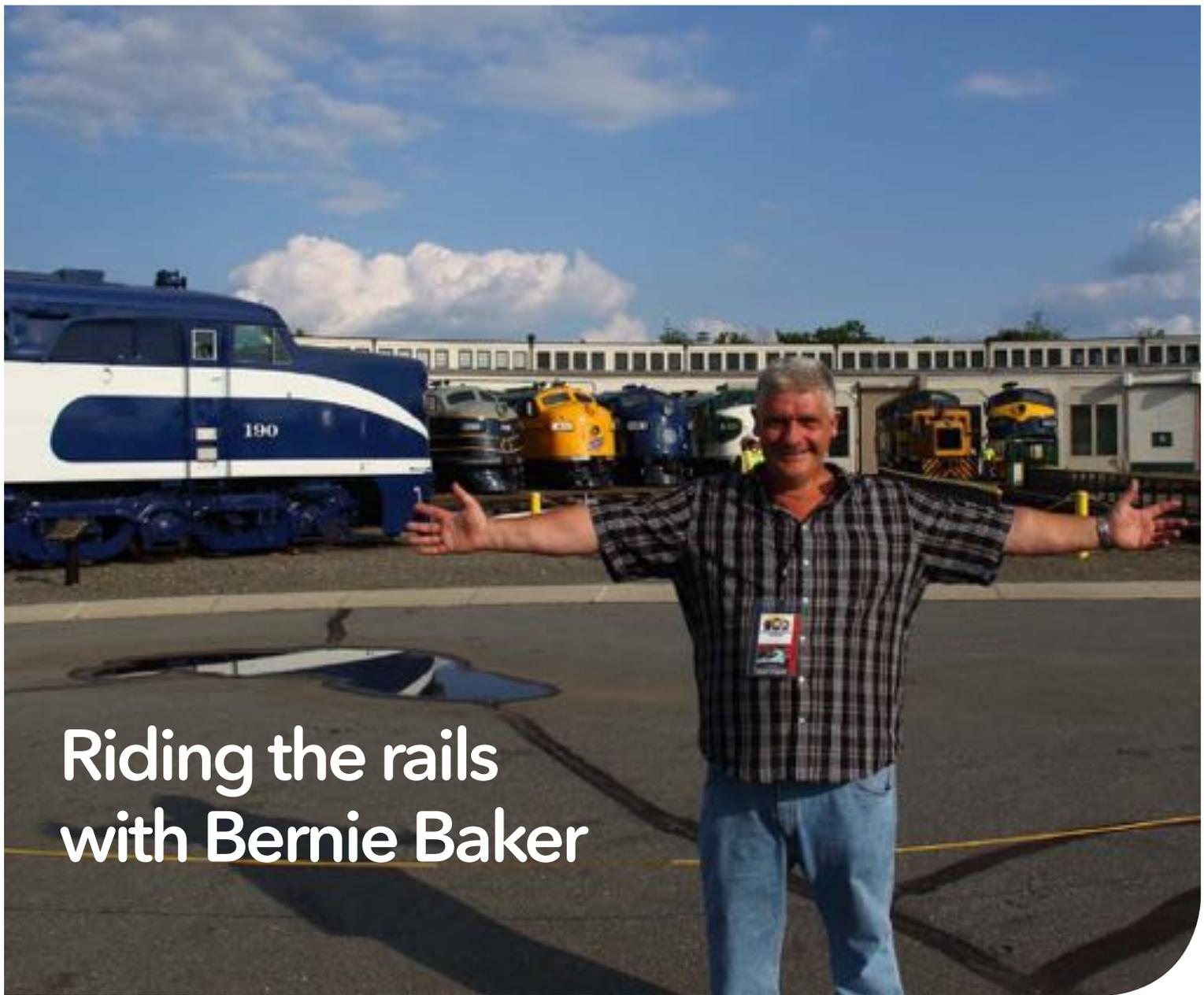
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Riding the rails with Bernie Baker

New South Wales resident, Bernie Baker, is not your ordinary Australian. He is a true-blue Aussie character, locomotive driver and self-professed 'trainiac'. He is also a below the knee amputee and the face of one of the highest-rating series on the Discovery Channel - Railroad Australia.

From a young age, Bernie was destined to ride the rails. "It's in my blood and has been since I was born," Bernie said.

"My dad was a train driver and my grand mum used to work in the buffet car on the trains" shares Bernie. "I remember we used to live in a railway house, in country Victoria, that backed up onto the railway line and as a child my dad would sit me up on the fence to see the trains. I was a goner," he said.

Bernie's career as a train driver started three days after Christmas in 1982 with Southern Shorthaul Railroad (SSR). "With Dad being a loco driver meant

I was hanging around at the Geelong depot to photograph the locomotives and so train crews got to know me - So, you're Jack Baker's lad? They would say which would be followed by an offer to ride on a loco," Bernie said.

For Bernie, driving trains is not just a job, it is his passion as well. A passion that saw him climbing trees and poles to photograph trains, all in the name of getting a better angle or something a little different.

But one day, in 1991, Bernie went too far. "Telephone poles were safe to climb. I thought that I was climbing one on that dreadful day. It turns out I was on the wrong side of the tracks and I had climbed a high voltage electricity pole. I was shocked by 600 volts," he said.

"I was airlifted to the Alfred Hospital in Melbourne and placed in an induced coma, which I woke up from two-months later. Not realising where I was, I sat up on the bed, went to stand up and fell straight over. A hard way to find out I had lost a leg! I also remember wanting to go back to sleep, and wake up from what I thought was a horrible dream. One day I panicked and started throwing stuff around, including a stainless-steel bed pan through the fourth-floor window of the hospital. I have no recollection of this but, hospital staff told me this is what had happened," he said.

As part of his limb loss journey, Bernie, as many amputees have said, there wasn't much information or support available, to assist him with his recovery. "My journey to recovery wasn't good. The day I panicked, I got transferred to a psychiatric ward (Dax House) in Geelong and strapped to a bed."

"There was no counselling to help me understand what had happened. I feel I was treated like an idiot. It's an experience I will never forget. I was surrounded by patients that had mental-health issues including one who said - "Hey you when are you going to grow a new leg?"

"This would be the lowest point in my life. I knew then it was up to me to change things around. So, I got myself together and focused on getting back to the world I knew. The rest is now history," Bernie said. Once out of Dax House, Bernie moved in with his mum, dad and two sisters to continue his recovery.

"They lived in Bendigo in country Victoria, so I moved there from Geelong until I could get back to work. Something I was determined to do. The boys had a whip around at work collecting some money

to assist with bills. That was special," he said.

When Bernie got the final okay from his doctor, he eased back in to work as an Administration Officer and just months later he got the news he had been waiting for.

"A loco Inspector and trainer by the name of Bob Evans took me under his wing and looked after me. I owe Bob so much for this as he is truly a wonderful human being," Bernie said.

Bernie's passion for locomotives and his more than three-decade long experience behind the controls, has made him one of the most in-demand train drivers in the country, and has led him to his on-screen role in 'Railway Australia'.

The series uncovers what it takes to transport thousands of passengers and vital natural resources across Australia. The show goes behind the scenes to meet the train drivers, locomotive servicing crews and track maintenance teams who work around the clock to keep the rail network running on time. "After the series went to air, the office had calls from ladies wanting to get my phone number. I've got to be one of the ugliest train drivers around," Bernie laughed.

When Bernie is not at work he is spending time with his wife Trish and their three children; seven-year-old twins, Megan and Stuart, and five-year-old Matilda. "I love being a Dad. I am fortunate our kids are healthy and happy, but they're growing up too fast and there is no way to slow that down."

"All three kids are very creative, and lucky for me Stuart loves his trains. He and I are planning a model railway layout together; father and son stuff is so very important to me." he said.

Bernie is never short of ideas when it comes to digging in deep and helping people in the community. In 2016, he spent thousands of hours organising a special event called The Streamliners, which celebrated 65 years of Streamlined Locomotives in Australia and raised money for charity.

"We had twenty classic locomotives from all over the country coming together for one big party and the bash came complete with fireworks. The event appeared over two episodes on Discovery's Railroad Australia and we raised a total of \$6,500 for a local children's charity," he said.

Bernie is now working with a network of film makers



and contacts to produce a TV show that would involve the painting of locomotives trains with the names and slogans of selected charities. These mobile billboards will travel to every corner of Australia, visiting remote communities in an attempt to raise money and awareness for charities that support children.

"I'm passionate about trains and I'm passionate about children, especially kids who need a bit of a hand in life. Children are helpless, and they count on adults to get them started in life.

"I desperately want to do everything in my power to raise awareness for some of these community organisations who dedicate their time to assist children in need. I anticipate, the film will be an award winner and will be packed-full of emotion, interviews with those who have benefited from

these organisations. Also, viewers can expect to hear first-hand from key people who are involved in helping our little ones," Bernie said.

Next year, watch out for Bernie's charity TV show as well as the Third Season of Railroad Australia, which could see Bernie and the Australian Locomotive Team heading overseas as part of an exchange train drivers program with the USA. Bernie is expected to take on the exciting challenge of driving locos in a US winter! We wish Bernie the very best in his future endeavors and thank him for taking the time to share his incredible and moving journey.

If you would like to see Bernie in action as part of the Discovery Channel's Series Railroad Australia, head to www.discoverychannel.com.au/shows/railroad-australia/



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NDIS update

APC Prosthetics Manager and Senior Prosthetist Ian Robertson

Here we are five years down the NDIS road, and two years since my last article in the Amplified magazine.

Through our experience working with the NDIS at APC Hunter, we have learnt that the NDIS is an ever-changing beast. From our learnings over this time I would suggest that as participants, you must adapt and use the system in a pro-active way to achieve the best outcomes for yourself or your family members.

One of the major changes since the NDIS roll out include the introduction of the Local Area Coordinators (LAC's). These guys act as an intermediary between you and your planner, so contact them if required and remember the squeaky wheel gets the oil. Another change we have noticed is the shift to the participants being self-managed. This simple term gives the participant the ability to manage their own funds in the NDIS portal. This can be positive, but participants must have the funds to pay for any new limb or service provided by their prosthetist and then claim the money back from the portal. This is something that planners have not told the participants, and usually comes as a bit of a shock. There are other options, but we find the most simplistic for the participant is to be 'fully managed'. There are many other subtleties involved in navigating the NDIS, so talk to your prosthetist and planner.

Our clients (participants) at APC are regularly receiving limbs that enable them to get back to goals that they could not perform, or tasks they found difficult doing in the past. The key to achieving any outcomes and navigating the NDIS

system is patience. While the outcomes provided are far superior to the state schemes, the cost to the participant, is a prolonged waiting time and extensive input required by our clients. The thing to remember is, if you think that a new or replacement limb will be needed at some stage, don't wait and start the NDIS process, as the waiting time can be up to six months for a limb. The goals that are put in place when the participant has their planning meeting determines the type of limb or limbs that your prosthetist can suggest in their report. The importance of this step in the process should not be taken lightly, so please ask your prosthetist for advice prior to your planning meeting or plan review.

From an operational perspective, the NDIS has changed the way we at APC work. Our prosthetists are now regularly testing for outcome measures and report writing approximately one day a week. As a result, we have increased our technical support to help get through the workload.

There is much talk coming from the NDIS on how they have changed lives or are helping people gain or continue with employment and lifestyle. It is great to be involved in the NDIS and to have had the opportunity to grow and evolve from such an early stage. While the NDIS talk about what they have achieved, we are at the coalface making it happen on a day to day basis.





Be your own best advocate

Disability advocate
Tricia Malowney shares
some tips and personal
insights about self
advocating

My name is Tricia Malowney and I have been using Orthotics on and off all my life and I am a Board Director at the Australian Orthotics and Prosthetics Association (AOPA). I am proud to call myself an Australian with a disability as my disability has informed my advocacy. Because of my extensive networks amongst other people with disabilities, across the industry, I have been able to speak with authority about the issues which impact on our lives. This includes housing, education, access to the built environment, transport and my specialities, access to Health and Justice. I have also been a campaigner for the introduction of the National Disability Insurance Scheme (NDIS), and now of course,

I continue to advocate for it to be introduced in a way which meets our needs. Whenever I listen to those who are in charge with the implementation who continue to speak of the cost, I tend to yell at the television about the economic benefits, and suggest that they read the Price Waterhouse Cooper analysis of the Productivity Commission Report into Long Term Disability Supports. However, that is useless, as TV is not a two-way street!

So, I continue to use a range of advocacy methods to bring about change. That includes systemic, substituted individual, collaborative and self-advocacy. But I must admit that my advocacy grew organically, and my understanding of what advocacy means has been crystallised over time.

I was recently honoured with the Medal of the Order of Australia (General Division) and I was very pleased to be invested with the honour in the presence of my parents, who started me on my advocacy journey. I am also a White Ribbon Advocate working with a disability service provider who are a White Ribbon Accredited Workplace.

My mother recently told me that as guilty and as distressed as she has always been that I have a disability, it has actually given me a career. That career is in advocacy. To explain that, here are some of the ways I use advocacy.

Systemic advocacy is used to bring about change at a high level so that it becomes a part of normal business to include people with disabilities in policy development and implementation. I have used systemic advocacy to convince government and non-government agencies to change their policies, so we are not just an afterthought, but recognised as equal citizens and included in their service delivery. My systemic advocacy has been done at local, state and international level. While it sounds a bit intimidating, like everything, it is relatively easy if you have your arguments ready. My arguments include "if you are funded to provide services to people, that means all of us, not just the easy ones" and "we are about 20 per cent of the population, do you really want to make us angry this close together an election?" It is amazing how many people listen when they consider the issue from someone else's perspective, and when they realise there are votes in it. Through this advocacy, I have been able to highlight the issues from our perspective and have even had changes to a World Health Document which forgot to include us as a population health cohort. My current battle is to get the National Institute of Health and Welfare to require the collection of data for people with disabilities, so we

know how many are getting cancers, having heart attacks, dying young, being victims or perpetrator of crime. We have this information for every population group, so if anyone has any connections, let me know.

Collaborative advocacy occurs when likeminded people work together to change policy, or legislation or even make a major societal change. The most obvious example of this occurred when we were fighting for the introduction of the NDIS. People with disabilities, service providers and families united to say that the old way of doing disability service delivery wasn't acceptable, that people with disabilities needed to come first and that funding needed to meet our needs. I have taken part in many such campaigns, including participating in working parties to change the Disability Act 2006, the Family Violence Prevention Act 2008, Abortion Law Reform. I am currently on the Ministerial Advisory Panel on Voluntary Assisted Dying, with the Bill currently before the Victorian Upper House of Parliament. I continue to work with police, courts, legal services, family violence outreach services, health services, government and non-government disability, health and justice services, raising issues, challenging beliefs and attitudes. I make sure this is not about simply meeting my own needs, which would be very limited, but rather I provide expertise to ensure the concerns and needs of people with disabilities are addressed.

Substitute individual advocacy is when you advocate on behalf of someone else who does not have the capacity to do so themselves. I often receive a call after I have spoken at an event, and someone will come up to me or email me asking for my help. I try to help them to advocate for themselves, or self-advocate, but sometimes that is not possible. At all times, however, it is not what I would like for the other person that needs to be considered, but rather what the other person wants to have happen. This is not paid work, and is quite stressful, as people are usually emotional because of what has happened to them. This advocacy is not funded, and it is what happens when other people are relaxing with a book, or sleeping.

Self-advocacy occurs when we can speak for ourselves, and sometimes it can be intimidating, but there is really nothing to fear, if you know what you want to achieve, and have your arguments well organised, and that you have the support of allies.



In an ideal world, we would all speak for our self, as that would ensure that we maintain control of what happens when we are provided with services, particularly those services which everyone else takes for granted.

My self-advocacy story

I am about to transition into the NDIS, which will really challenge me to self-advocate, because it is easier for me to encourage others to do what I need to do.

Here is what I am doing for my self-advocacy.

Setting my goals

Now I don't know about anyone else, but I am not used to setting personal non career goals. My goals have always been about where I want to be in 5 or 10 years professionally, and mostly that has been retired, I am 63 after all. However, personally my goals are to:

- Continue to walk - Many of you will understand what I mean by that. I know that my disability will continue to reduce my mobility over time, so that is a clear goal for me.
- Continue to work - I know I said I'd like to retire, but I really would like to keep on advocating for others. It is fun annoying those who think they know what we need.
- Continue to live in my own home - I need a house which will continue to meet my needs into the future.
- Continue to travel - What can I say, the only way I get down time is to go overseas.
- Continue to remain healthy - It is no point living a long time if I am not able to enjoy it, and having a disability means that it is difficult to exercise,

although I did walk 272km in 6 weeks when overseas this year, and I have the blisters on my hand to prove it.

- Decrease my dependence on my partner - Noel is 76, and has been acting as my support worker for the past 38 years. As my disability increases my support needs will increase, and he will not be able to continue for ever.

Gathering the evidence

- Orthotics - In the past few weeks, I have been working with my orthotist to work out what would be the best orthotic for me, whether I need different orthotics for walking, swimming or hiking, and what other things I need, such as crutches, orthopaedic shoes, shower equipment, etc. I now have video evidence of how I walk without orthotics (badly) and how I walk with orthotics (beautifully).
- Medical assessment I have just been to see the Polio Services Rehabilitation Specialist, and had a full examination of my muscles and compared them to where they were last time I had an assessment. As expected, there has been significant deterioration. Polio Services will write a report for my GP which I can use as evidence that I need home modifications, new orthotics, a wheelchair and a scooter to maintain my independence and reserve my muscles which are continuing to deteriorate. This will include a visit from an occupational therapist who can assess my modification needs and look at the supports we need to stay at home. This may include assistance with housework, window cleaning and gardening which are the tasks which we are finding difficulty with now.
- Healthy living - As a person who had polio, it has always been a struggle to maintain a healthy weight, so I am going to be referred to a specialist gym for polio specific exercises, and some hydrotherapy. I walk as much as I can, and I like to do so, but I need to ensure that I am not overdoing it.
- Travel and work - Well as you know, my travel will not be funded by anyone, unless I can get someone to send me overseas to do research so continuing to work is paramount for me. What I need to do is get some well-paid part time work. I am seeking that out and have recently secured a Board position at the Royal Women's Hospital.



Fronting the dragon's den

I know that others have received a phone call to tell them that this is what you get, be grateful. But I will not accept that.

I want a face to face conversation with a person who can see that what I need is not unreasonable, that I am well prepared, have my goals in place and know exactly what I need to live an ordinary life, which is one of the key principles of the NDIS legislation.

In conclusion, do not be afraid to stand up for yourself, in a respectful way of course, and make sure that others know that you are the expert on your own disability, and that you understand the issues of social isolation or inequitable access to services.

In my experience, people appreciate when you tell them that there are better ways of doing things. Our advocacy can change things, and the more we have people with disabilities articulating their needs the sooner change will occur.

Tricia survived polio as a child. She uses her disability as a tool to bring about better outcomes for Australians with disabilities. Tricia is a consultant, public speaker and mentor. She also has an undergraduate degree majoring in anthropology and criminology, and is an independent, experienced presenter in merit based employment in the not for profit, government and for profit sectors.

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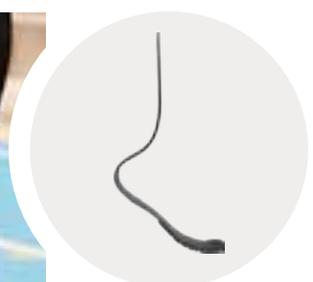
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The Running Blade from Fillauer

The multi-axial running blade is the most responsive foot available. Ideal for long distance running, a light jog around the park or sprinting on the track.





Supporting amputees in sport

I have had the privilege of working closely with Limbs 4 Life for the best part of 10 years, ever since Limbs 4 Life held the first “come and try day” at Sandhurst Club, home of the Professional Golf Association of Australia in Melbourne’s south east. I have been fortunate that this founding relationship has grown into a career for me, coming on board with Golf Australia and Golf Victoria as the sports first Inclusion Manager.

I have always been passionate about the sport of golf and what it delivers for amputees. The physical health benefits of participating in a sport that tests, static and dynamic balance, stability, increasing flexibility and range of movement in a magnificent outdoor setting is just great.

Using sport to re-connect with communities, friends and meeting new people are just a few of the social benefits of the game. The real magic happens when participants share experiences and start to provide solutions to improve everyday challenges that some face.

Fast forward to the current day and its only now that I truly appreciate what the game delivers purely by its design.

People can participate however they want.

Think about other sports that you can play socially or competitively, all ages, all abilities, men and women all competing at the same level with golf’s unique handicap system. All that deliver the above mentioned physical and social benefits? I can’t think of one.

You don’t need a team and there are multiple tees you can play from to suit whatever experience you wish to have. Or, if you don’t want to play on the course, go down to the driving range and bash a bucket of golf balls, it’s all golf!

Other sports can only dream of having the flexibility in design that golf allows and I’m excited to say that no matter what experience you want, golf has a pathway!

I recommend seeking out a PGA All Abilities coach to get you started or if you’re an existing golfer looking for more opportunities and pathways, you will find everything you need at www.golf.org.au/inclusion

**Christian Hamilton - National Inclusion Manager
(Golf Australia and Golf Victoria)**

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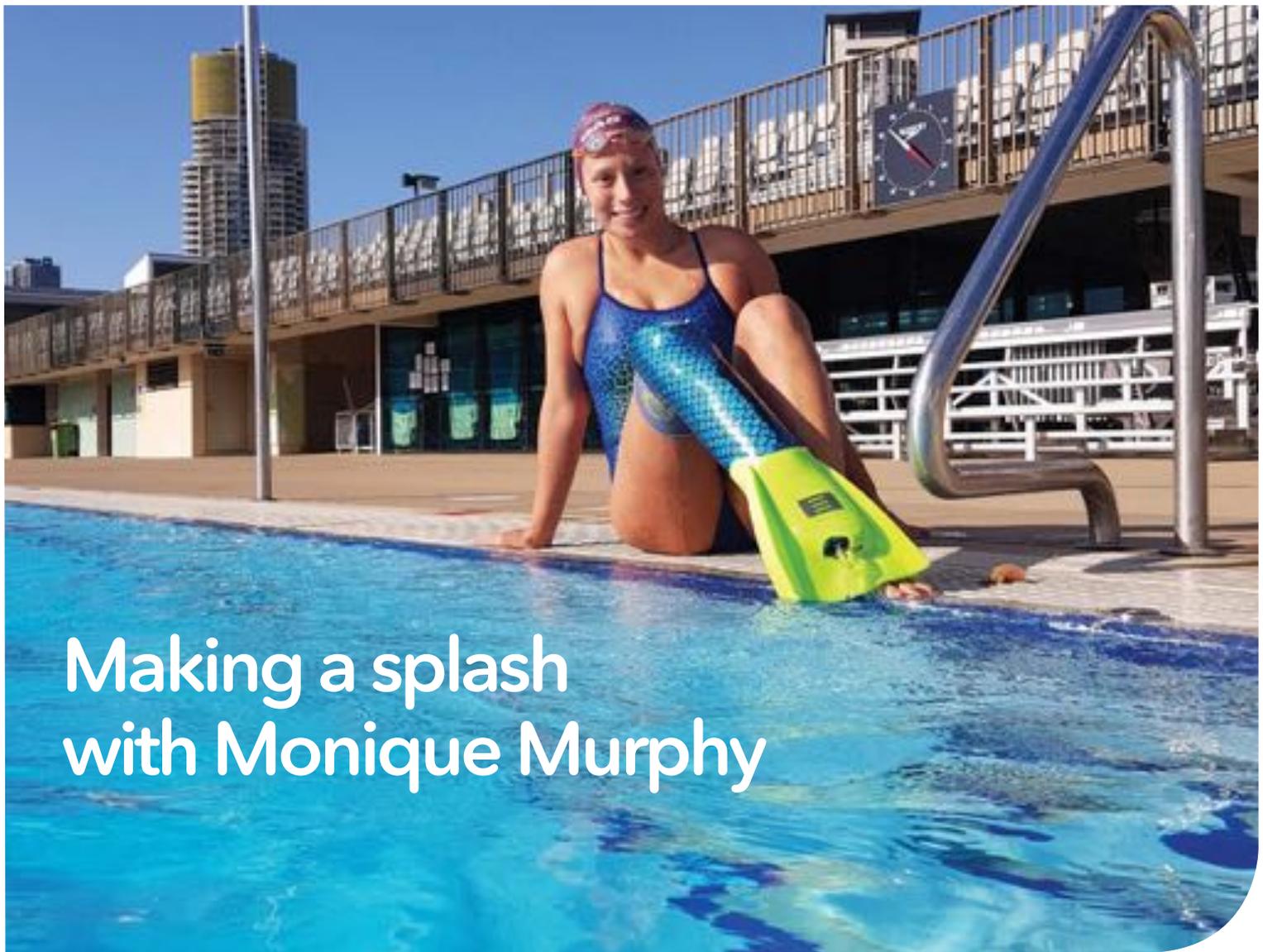
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T A K E T H E N E X T S T E P



Making a splash with Monique Murphy

Paralympic swimmer Monique Murphy talks about life, her come back to competitive swimming and her future in the sport

Paralympian Monique Murphy started swimming at a young age with the Tuggeranong Vikings Swim Club, swimming as an abled-bodied swimmer. In March 2014, she was involved in a freak accident that almost claimed her life. But her remarkable determination and resilience in returning to the sport she loves saw her becoming a medal winner at the Rio 2016 Paralympics Games.

Nearly three years ago, Monique woke up in hospital, after a week-long coma, without her right foot and with life-threatening injuries. Doctors told her she had fallen from a fifth-floor balcony and landed on a glass roof.

Monique believed her drink was spiked at a university party which is why she has no recollection of what happened that night.

"I don't remember anything. When I woke up in hospital I learned my right foot had been amputated. I suffered a broken jaw, a dangerous laceration to my neck from the glass, broken collar bone and tibia plateau fracture. I had a left knee reconstruction, trice

tendon repair and three broken ribs," Monique said when recalling her injuries.

She said that while the news about her foot took a while to sink in, despite the shock, she felt incredibly lucky to be alive.

"When I woke up, the doctors told me about my foot. But I didn't remember, and it wasn't until the next morning when they came and saw me and walked away that I heard the words 'foot' and 'amputation'. Until then I had thought my foot had just been bandaged into a point- because I could still feel it.

"I asked the nurse if my foot had been amputated and her face said it all. My mum then entered the Intensive Care Unit (ICU) and she grabbed my hand and said my foot saved my spine and my jaw saved my brain. I had no spinal or brain damage and although I was devastated, I knew limbs were replaceable and I was lucky," she said.

While in hospital, Monique opted to have an elective surgery to further amputate her right leg below the knee, to improve her chances of regaining mobility, functionality and independence.

"After talking with one of Limbs 4 Life Volunteers, Mike Rolls, and understanding the prosthetic advancements for below knee prostheses, I decided to have the final surgery. Mike had once faced a similar decision regarding an elective amputation, which helped me and my family with my situation. He also talked to me about prosthetic flippers explaining that he wore them for scuba diving. This changed my mind in a positive way about getting a mermaid fin. The idea of swimming was so exciting, in that moment, I knew swimming could be part of my future if I chose to pursue it." Monique said.

Receiving Peer Support from other amputees is something Monique is grateful for. "When I woke from the accident I had no prior knowledge of living life as an amputee, so meeting someone else in a similar situation was incredibly helpful and reassuring for me and my family," Monique affirmed.

As part of her physical recovery, Monique spent six weeks in hospital and had a total of eight operations. "One week, I had three operations in three days, I was a wreck after those. The pain was intense and I wouldn't let any nurse or healthcare staff member touch me for a week. When a physio came to see me, and told me I could start standing it coincided with my brother re-booking his ticket to London for work (a flight he had postponed when I had fallen).

This sparked my goal, to be able to stand and hug my brother goodbye. Achieving this goal was one of my proudest moments in hospital and I started to set more goals after that" Monique said.

"Moving to the rehabilitation ward at Royal Park Hospital saw me get my first prosthesis one month after the final amputation. I not only took my first steps, but was allowed in the hydrotherapy pool that day as well.

"Getting into the water was so liberating. For the first time, I could move more than I had in weeks and from that day I was the first person in the water every morning, and the last one out each afternoon," she said. Monique also credited the support she received from her family as a vital ingredient for her recovery. "My mother Michelle, brother Chris, father Carl and step mother Kathy were there for me every day and with me for every set back, and step forward," she said.

According to Monique, hydrotherapy sparked her comeback to competitive swimming. "I had given up swimming when I finished school and started my gap year in 2012. I had no initial interest in returning to the sport despite the suggestions by many people. It wasn't until I started hydrotherapy that I remembered how much I loved being in the water.

I gradually built up swimming and for a long time it was the one activity that would always get me out of bed or out of the house."

"I joined a club in Melbourne and in the months before I could return to university I started training. I enjoyed the challenge of pushing my limits as an amputee and seeing just how much I could accomplish."

"Swimming helped reduce my phantom pain dramatically and I slept better at night. I got fit and lost weight and was introduced into the world of para-swimming. One year later, I was announced as a member of the Australian Dolphins Swim Team – a dream I've had since I was a kid. It's a different way of achieving my dream but it's a second chance, that I'm grateful for." Monique said.

According to Monique, she started training harder, longer and smarter than ever before. "Para sport is in no way easier. We still have all the qualities of any successful athlete, determination, perseverance, and discipline. I have to be more inventive when it comes to gym training as the prosthesis can be challenging, but my coaches are always up for the challenge. In the water, things are just the same. I'm only just a tad

slower pushing off the wall with one leg. I do have a mermaid fin that I wear occasional to help my kick. I love this fin, it's covered in blue and green fish like scales. I do have to be more aware of the limitations of my body and I have regular physiotherapy and massage sessions to help with my training load," she said.

When asked about how much the accident has changed her, Monique admitted that her life is very different to what it would have been like prior to the accident, but that she wouldn't change it.

"I am still the same person I was before, same qualities that I had; I have just grown stronger. Having a prosthesis has helped me become more comfortable in my own body."

"Being a part of the Australian Paralympic Team has allowed me to have so many experiences I would never have had. I have met so many inspiring people, and formed lasting friendships. It fills me with so much pride. I wouldn't haven't any other way," she said.

Outside the pool, Monique is in high demand. She helps run a Junior Excellence Clinic which aims to recognise, reward and encourage younger swimmers to embrace their passion for the fun, fitness and competition associated with swimming. Monique is also involved with 'Share the Dignity', a charity that offers sport scholarships to children who have been exposed to domestic violence, and each Sunday she volunteers with St Vincent De Paul and their youth program.

Monique's advice for amputees who might still struggle to get on with things in life is that, "It's okay to have bad days. Living life as an amputee is not easy, and giving yourself time to deal with that is important. Asking for help is okay too. Having a support network is fundamental. I am constantly surprised at the capabilities of people with disabilities and I am yet to find something that my



leg (prosthesis) holds me back from doing. I recently painted my leg with blackboard paint and I enjoy decorating it with chalk, and with whatever I want. It's been three years and I still find things that make me love my prosthetic life," she said.

Monique won a silver medal at the Rio Paralympic Games in the 400 meters freestyle race under the S10 category and is now preparing for the Para Pan Pacific Swimming Championships which will be held in Cairns next year. She is currently also completing a Bachelor Degree in Social Work.

We would like to wish Monique and the Australian Paralympic Team the best of luck for the upcoming 2018 Commonwealth Games.

On behalf of everyone at Limbs 4 Life we would like to take this opportunity to wish you and your family a very Merry Christmas and a happy, safe and healthy 2018.

The Limbs 4 Life office will be closed from Friday 22 December - Monday 8 January 2018.

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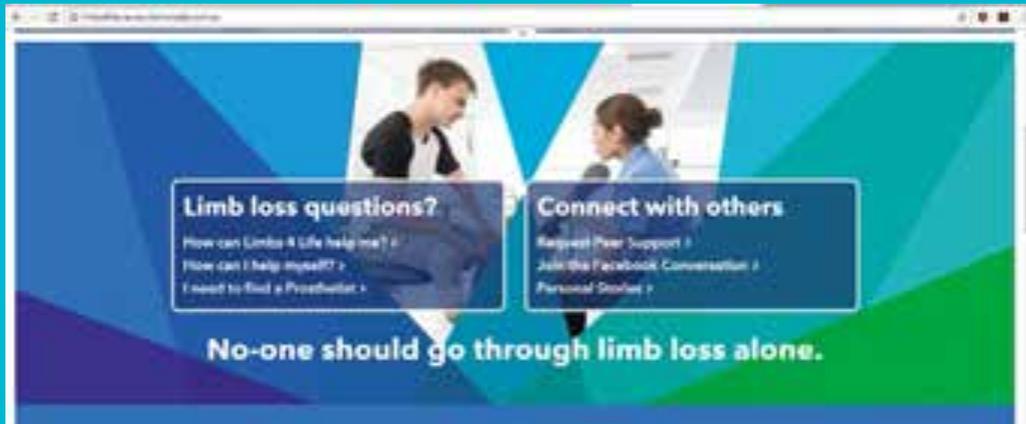
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Have you visited Limbs 4 Life's new website yet?

Our new website is packed-full of practical information and free resources to assist amputees and their families through their limb loss journey.

The new look website is easy to navigate and it's simple to find the information you need.

You can request a Peer Support visit online, find your nearest prosthetic facility or if you are travelling, one close to where you are, and download the latest information by the push of a button.

For those of you who want to give your time to support others, you can apply to become a Limbs 4 Life Peer Support Volunteer by completing the online Application Form. Send us your application today.

To find out more about how Limbs 4 Life can assist you, visit www.limbs4life.org.au or call us on **1300 78 2231**.



Copies of Jamie (Dodge) Manning's documentary 'Unscarred' to give-away

Limbs 4 Life is giving you the chance to win one of six copies of Jamie Manning's inspirational story captured in a 47 minutes documentary, filmed and produced by one of Karen and Jamie's boys - Jedd Manning.

This short-film recounts the story of Jamie's tragic accident, which left him with serious burns and the loss of his left hand and leg. The story also highlights one man's determination to prove nothing is impossible.

For your chance to receive one of six copies of Unscarred, simply tell us the title of the article that appeared on page 14 in the previous edition of Amplified.

Email your answer along with your name, address and phone number to media@limbs4life.org.au no later than Friday 12 January 2018.

The first six people who answer correctly will receive a copy.

Good luck!



Implications of amputees being overweight

Obesity is on the rise in Australia. The Australian Institute of Health and Welfare says that 28 per cent of Australian adults were obese in 2014 - 2015 an increase from 19 per cent in 1995.

1 in 4 Australian children (aged 2 - 17) were overweight or obese in 2014 - 2015.

Almost 2 in 3 Australian adults were overweight or obese in 2014 - 15 (1).

Older Australians are now 6-7kilograms (or a whole stone in the old money) heavier than they were 20 years ago.

The health risks associated with being overweight are well known and include: risk of heart attack, Type 2 Diabetes and stroke. As prosthetists, we believe it is important to talk with overweight or obese patients about the need to lose weight. We feel strongly about this because weight gain affects amputees in particular ways, in addition to the usual health risks. These include skeletal problems, choice of components and socket fit.

Problems

Being overweight can affect your health. Here are two common problems:

Orthopaedic problems

Being overweight puts extra stress on knees, hips and other joints. This stress can then cause pain and chronic osteoarthritis. People of all ages, even those who are fairly young, might need joint replacements. This is a concern for overweight amputees as well. They might need hip or knee replacements on the opposite side from their amputation if their weight adds too much stress when standing, walking, turning and climbing stairs.

Cardiovascular (heart) problems

When people are overweight, their hearts need to work even harder to circulate blood throughout the body. This means it takes extra energy for overweight people to move, walk and exercise. People with lower limb amputations already spend extra energy walking. There is an even bigger burden to the heart when they are overweight.

Overweight amputees have fewer choices for prosthetic components.

Prosthetic feet and knees are made and tested for a person's activity level and weight. Here are some ways that weight can affect the choice of prosthetic feet:

- Amputees at healthy weights have about 150 versions of feet to choose from.
- People who weigh more than 100kg have about 75 options to choose from.
- People who weigh more than 125 kg have about 30 to 40 choices.
- People who weigh more than 136 kg only have about 10 feet to choose from. These fewer choices may cost a lot because most of them must be custom made.

Being overweight affects socket fit

The socket is the most important part of any prosthesis. It helps with control, support (how your body rests on the residual limb) and stability (how you walk). Sockets fit best when people have firm tissues. This is like building a house on stone, compared to mud - it works best with a solid foundation. But when people are overweight or obese, it is hard to use the firm tissue beneath fatty tissue.

Here are some ways this affects socket fit:

- Supracondylar suspension (a way to anchor prostheses by placing pressure above a joint) may not be able to be used when a person has obese thighs. This is because the pressure needed to hold the prosthesis on can be so painful that it would affect a person's control or break their skin.
- Ischial containment (socket cupping the lower pelvic bone for above knee amputees) is hard because too much fatty tissue would prevent part of the bony lock needed for pelvic control. This could lead to poor gait (walking) and problems with socket fit and may damage the joints.

Being overweight means less options for socket design and suspension. For instance:

People who are overweight might have difficulty putting on (donning) and taking-off (doffing) their prosthesis due to soft tissue problems.

What you can do?



Lose weight

Some amputees wonder if losing weight causes even more socket fitting problems. The answer is yes, but the benefits far outweigh any risks or problems. If you lose a lot of weight, your prosthetist may have more prosthetic options to choose from. For instance, you may now be able to choose feet (or other prosthetic parts) that improve the quality of your life.



We will help you to live a more independent, fulfilling and active life.

With over 37 years of clinical and technical experience in limb prosthetics, David Wilson-Brown and associates will work with you to reach your functional prosthetic goals.

At Synergy Prosthetics we believe everyone is unique and requires individual attention. Our goal is to empower our clients to make well-informed decisions about their ongoing care. We provide a broad range of prosthetic designs, from traditional fitting styles through to the most modern designs, incorporating advanced components and materials.

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David consults with clients of all ages and offers one-to-one lifetime care. For further information, or to make an appointment, please contact us on:

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 www.synergyprosthetics.com.au





Increase your activity level

To lose weight, you must burn more calories than you take in. Almost always this means going on a diet and increasing your activity level. Talk with your doctor before you go on a diet or increase your activity level. You and your doctor can select a program that is right for you.

Burn calories through exercise. We know exercise is extra hard to do when you are an amputee. It is even more difficult when you are overweight or obese. But you have to start somewhere. Speak to your doctor, physiotherapist or prosthetist about exercises that do not put too much stress on your body and residual limb.

Here are some ideas your prosthetist might suggest:

You will need to manage the fit of your prosthesis while you are losing weight. You may need to add socks to ensure that you have a firm prosthetic fit until your weight has been stabilised and a new socket can be made.

Get started today by talking with your prosthetist or healthcare provider. Work together to set goals. Yes, you can start changing your life one calorie, one step, and one day at a time!

Translated into plain language by Helen Osborne of Health Literacy Consulting. Original article by by Jason T. Kahle, CPO, LPO, and M. Jason Highsmith, DPT, CP, FAAOP. Edited for Australian readers by Geoff Hill.
(1) www.aihw.gov.au/reports-statistics/behaviours-risk-factors/overweight-obesity/overview



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**So, you've had
an amputation!**

What should you expect in the first 12 months?

There is no doubt that an amputation is life changing and can be a catastrophic change to your function and mobility. Contacting Limbs 4 Life and their team of Peer Support workers is always a step in the right direction especially for information regarding what the future holds and how soon things will start to turn around. But undoubtedly you may feel your own journey is private and the next twelve months will be yours to own. As a Prosthetist the author gets the luxury of seeing many amputees take the journey from immediately post-operative right through to achieving their goals both big and small, no journey is identical and none more important than your own.

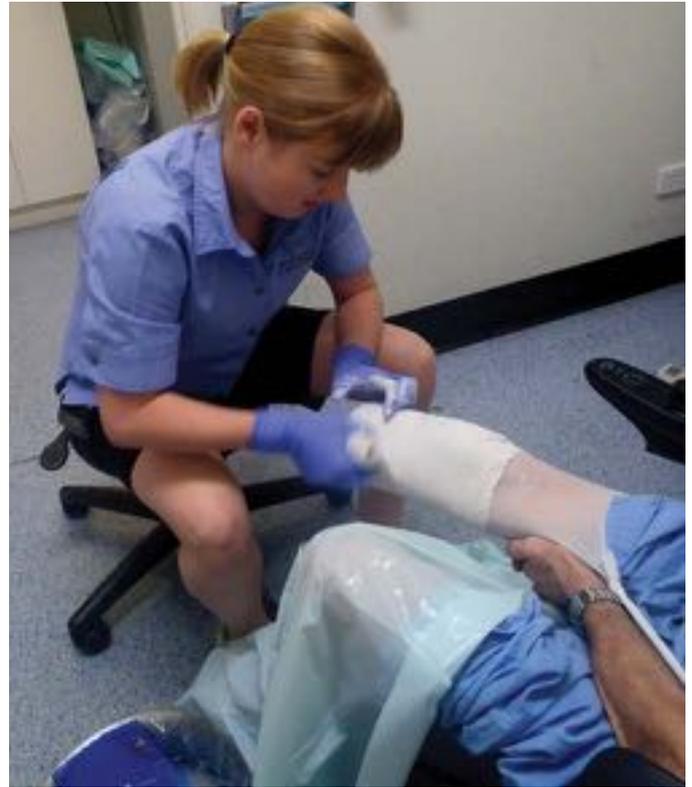
0-2 months - Cause has an effect

The cause of your amputation can sometimes mean healing times and potential issues are predictable, but in fact the variables that exist make it very difficult (but here goes anyway!). It is very rare that an amputation is completed without there being co-morbidities (the presence of one or more diseases) that can affect your healing. Generally, a vascular amputation will heal much slower than a traumatic amputation to an otherwise healthy individual, however associated injuries may slow their rehabilitation process down also. Over the past 20 years I have seen traumatic amputations heal with primary intention (see the meaning below) in 7-10 days and have also seen vascular clients all healed up at 21 days, but generally I would expect average times from surgery to sutures out to be 3-4 weeks. Primary intention means the wound heals together entirely with the first closure. But, it is more common in vascular clients to have small slower areas of secondary intention healing to wait for. If your wound is slower to heal add a couple of weeks for the wound to strengthen.

1-2 months - Sutures out what now? Volume Management

When the sutures are removed its time for your rehab team to discuss further management of the oedema (swelling) and also improving the shape of your stump for your first prosthesis. A trans-tibial or below knee amputee may have already been fitted with a Rigid Removable Dressing (RRD) a common practice to begin management of stump volume whilst also protecting the healing suture line. If an RRD has been used, then a compression garment called a "Shrinker" can generally be applied straight away and the RRD worn straight over the top. Sometimes the shape of the limb determines whether a Shrinker is optimal or stump compression bandaging is the way to go. Either way, once the sutures are out and the Rehab team are talking about a prosthesis you will then need to manage the volume of your stump in preparation for successful rehabilitation.

Prosthetists who manufacture the first prostheses (Interim prosthesis) prefer you to have mastered Donning (putting on) and Doffing (taking off) of the Shrinker and to have been wearing it without issue for 1-2 weeks minimum. It's not uncommon for you to be at home during the healing process and it will be up to you to make sure the stump is protected, and any volume management process is strictly adhered to. An appointment can then be made with



a Prosthetist to assess and then cast your stump to create the first prosthesis.

1.5 - 3.5 months - The First Prosthesis

You can expect a cast for your first (Interim) prosthesis to occur between 1-4 weeks post suture removal and only when the stump is given clearance for loading. The better the healing process to here the quicker you will master the prosthesis. This includes all types of amputations of the upper and lower limbs.

The cast is used to create the first limb based on the design inputs you supply, these include your amputation type, the length of the stump, tissue type, your general health and strength, your physical health skills dexterity, body weight, your goals and the environments you will be using the prosthesis in. Most centres will try and minimise the time between casting and fitting and this may range from 1-14 days. Expect one week average unless you have very particular custom needs of the component parts such as a "special order" foot or you are trialling a multi-articulating hand.

Prosthetic Rehabilitation

Once you have been fitted with a lower limb prosthesis your stump will really start to change. The action of weightbearing through the tissues of your stump pumps the swelling (oedema) from

your tissues and expedites the healing process...but be careful not to over do it! You must always stop when it still feels okay. Experienced therapists are essential at this stage is the importance of sticking to a routine and being vigilant with skin checks. Your Physiotherapist will provide you with a wearing regime for leg amputees, while an experience Occupational Therapist will generally be the person to assist with upper Limb training.

Managing the volume of the stump is essential to keeping the prosthesis fitting well and protecting your stump. Adding socks is the best way to counter the loss of volume whilst walking, and can be done wherever you are, no excuses! When the sock changes don't make improvements it's time for your Prosthetist to change the shape of the socket through simple packing or sometimes a new socket. The Interim process generally continues until you have stabilised and found a routine to your activities. The process is different for all amputees as are the processes available throughout Australia. I generally don't expect any lower limb amputation to stabilise within the first 6 months.

I expect you will need on average 2 interim sockets in the first 6-12 months for legs and if you have lost an arm the first socket may fit for a bit longer depending on how much swelling was present when it was cast. A person with an upper limb amputation will also usually find that their stump matures well when using the prosthesis daily. This stump maturation through prosthetic use is ideal and can contribute to better control and a more successful outcome.

6 months - Getting back into it

So, it's 6 months after your amputation; you may be wearing a prosthesis everyday all day or just to complete a simple task for a few minutes. Either way a prosthesis is now part of your life as is your Prosthetist who will generally be the one health professionals you will form a life long connection with. This relationship is important and comes with all the privacy and professionalism you should expect from any health care provider. Make sure you are happy with your Prosthetist otherwise find someone else, it's too much of an important relationship for you not to own the decision. Some of you may only be up on a prosthesis for the first time, 12 months after your amputation or still waiting! The timing doesn't matter if you are engaged in your care, have insight into your specific challenges and can stick to a rehab plan; you will improve. If you are caring for someone with limb loss and they are seemingly moving very slowly through the processes don't be afraid to ask a treating team members what the goals are and how can you help. Clearly communicated goals help everyone.

When everything goes right you will be, fitter and healthier than you've been in a long time. You may be mobile on a prosthesis, back into life with a wheelchair, using a new arm to hold the kids or just enjoying life away from a hospital either way your world can start to assume a new normal.

Stuart Crampton, B. Pros. Orth (Hons)
Director and Senior Prosthetist
Leading Edge Prosthetics P/L

2017 National Amputee Awareness Week



This year we shipped over 7,350 awareness ribbons as part of the 'Get Your Ribbon On' campaign for National Amputee Awareness Week. Thank you to everyone for taking the time to 'Get Your Ribbon On' in support of amputees and people living with limb difference in Australia.

Ascent 'Walk to Work' competition winners announced!

Congratulations to Roy Carstairs from Victoria and Graeme Kirkham from the ACT who are the lucky winners of the Ascent 'Walk to Work Competition'. Roy and Graeme have each won a pair of 'Vision' high performance shoes from Ascent Footwear.

We would like to thank Ascent Footwear for kindly donating the shoes in support of this year's National Amputee Awareness Week.



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Ottobock LIMB-itless Event

Ottobock Australia held the third instalment of LIMB-itless at Southern Cross University on the Gold Coast during the last weekend of October. LIMB-itless is an event targeted at amputees of all ages and activity levels as well as their carers, helpers and family members. It offers information and advice, on many areas of life as an amputee. This year there were sessions on accessing funding in the new era of the National Disability Insurance Scheme (NDIS) and on a wide variety of other subjects.

Attendees with lower limb difference had presentations by experienced Prosthetists on subjects like 'Prosthesis Prescription' and 'Socket Technology', as well as a session on foot care by a leading Podiatrist from Queensland Health.

For those interested in technology for upper limb prosthetics there were sessions on the fundamentals, cosmetics as well as the more complex areas of myoelectric components. There were presentations on socket comfort and how to set yourself up for success leading clinicians.

It wasn't all sitting about listening to lectures. There were fun practical sessions and demonstrations. Attendees were encouraged to get involved in the process of taking a cast to a finished socket as well as demonstrations on aligning a prosthesis

After the entertaining Graham Kenyon regaled everyone with a, much edited, version of the story of his life. The first day ended with a Cocktail and Canapés event. Here everyone got to let their hair down, swap stories, give and take bad advice and generally have a good time.

The second day began with several practical activities. Some of these were so popular that extra sessions had to be laid on.

For those already fit and active, there was a mini GetActive training session run by Paralympic Triathlete Brant Garvey. Additionally, there was the ever-popular GetActive golf session and we were very fortunate to have Shane Luke (World Amputee Golf Champion), Graham Kenyon and Jay Simpson from First Swing Golf giving help and advice on the day.

After another delicious morning tea there was the opportunity to hear speakers on topics such as: high tech limbs for low and high activity people, pain management, as well as managing the skin and socket interface.



Finally, the inspiring Mandy McCracken closed the event with the moving story of her journey following the sudden onset of an infection resulting in the loss of both her hands and feet.

Ottobock Australia would like to take this opportunity to thank all the volunteers who donated their time and expertise to make this day a reality.

We look forward to seeing you at LIMB-itless 2019. For more information follow Ottobock Australia on social media and visit our webpage for regular updates.



Our History

START Foundation empowers amputees in life through sport!

START Foundation offers financial grants to amputees, including people with limb difference. Grants are payable to a registered prosthetist toward the desired prosthetic limb, limb device or to a specialist for sporting equipment modification to assist amputees to achieve their sporting dreams.

START Foundation was established in 2013 through the inspiring story of Kerryn Harvey, who became an amputee through a cycling accident. Kerryn immediately understood the challenges faced by amputees to integrate back into the community and recognised sport as a tremendous avenue to recapture aspects of her life and to engage with those with similar interests.

Through Kerry's personal experience, the concept of START Foundation was created and now four years on, assisting amputees to achieve their sporting dreams has become a reality.

Our Grant Program

Three grant rounds are administered per year. START communicates with prosthetists and applicants to determine if a co-contribution through government schemes or insurance policies is an option. If the quote exceeds the grant, or any co-contribution, a recipient will be required to pay the balance on a fee-for-service arrangement. All START grants are paid directly to the prosthetist or equipment specialist.

To be considered for a START Foundation grant, applicants must:

- Demonstrate proof of Australian citizenship
- Provide an itemised quote from a prosthetist for the desired sport prosthetic limb/s, limb device or quote from a sporting specialist for equipment modification.
- Provide two references from a coach, mentor, teacher or employer.
- Provide a medical certificate verifying amputation, limb impairment or limb difference.
- Outline how a grant will assist in achieving their sporting dream.
- Provide a signed consent form from a parent or guardian if applicant is under 18-years of age.
- Participate in an interview if shortlisted, either face to face, teleconference or via video-conference (Skype)
- Accept all terms and conditions of the contract if successful

Note: grants are not awarded for retrospective purchases

Next Grant Round Opens:
Monday, 15 January 2018

Our Impact

Liam Twomey is an impressive young man who became a leg amputee at a young age. At 22, Liam was unable to participate in sport without experiencing discomfort and pain with his current prosthetic. Since receiving a grant from START Foundation in 2016, Liam now has a new multi-purpose leg that allows him to run and participate in many sporting activities.

"I never really imagined that I'd ever be able to run as fast or cleanly as I did wearing a blade. It was an amazing experience I won't forget!"

Looking Forward

START Foundation aims to expand the Grant Program so more grants can be awarded across Australia. There is a commitment to realise further philanthropic, corporate and donor based funding to enable START Foundation to offer a minimum of 12 grants per year by 2020.

A key to START Foundation's success is developing strong relationships with prosthetists and allied health providers across Australia, so clients can be made aware of our Grant Program, and together we can assist amputees to achieve their sporting dreams!

If you would like more information about START Foundation visit www.startfoundation.org.au

Never break my stride! Living with Syme amputation

Some children undergo Syme or Boyd foot amputations.

These patients are a highly active group, who place unique demands on their prostheses. This often means repeated trips to have them fixed or replaced!

Modern prostheses have also become greatly advanced, and often don't 'fit' patients who have Syme amputations.

Are you living with a Syme or Boyd amputation, or do you know someone who is?

We need you to help us by completing an online survey.

It will take about 15 minutes.

Research is being conducted by The Royal Childrens Hospital Melbourne. HREC 36239A

A/Prof Leo Donnan, Dr. Stewart Morrison, Dr. Ulrich Lenze and Ms. Phoebe Thomson

Follow the link below to access the survey

www.SymeAmputation.com



Special children's Christmas parties

For more than 20 years 'The Special Children's Christmas Parties' have been putting a smile on children's faces across Australia. Limbs 4 Life; as part of the Limbs 4 Kids program, are very grateful to be selected again to take part in this year's events.

Every year, the parties are held throughout November and December in all states and territories across Australia, including regional locations, and are made possible thanks to a wide range of donors.

Limbs 4 Life CEO Melissa Noonan is excited about extending the invitation to the families of children who live with limb difference.

"We were thrilled to be able to invite children and their parents to take part in these events which are full of entertainment like: stage shows, rides, face painting, dancing, food and drinks. Last but certainly not least, presents from Santa." Melissa said.

South Australia resident and member of the Limbs 4 Kids program William, along with his family, attended the party in Adelaide last weekend. His parents Sally and David said it was a great day.

"We love seeing the smiles on all the children's faces and seeing how happy they are to be there," they said.

Limbs 4 Life are extremely grateful to the event organiser's and their supporters, for giving children with limb difference the opportunity to participate in such a fantastic opportunity, where children of all abilities can enjoy a fun day out in an enjoyable and accessible setting.

Currently, there are 15 Christmas Parties being held annually in Australia.





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