

# amplified

edition 2 | 2021



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# INSIDE

## 09

Health tips for  
Amputees - Part 1

## 12

Gaming: a lot more  
than just 'fun'

## 18

Navigating the  
My Aged Care system

## 21

My world changed  
after osseointegration

## 24

Looking good, feeling  
confident, and living full  
throttle - Taska

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edition 2 | 2021

In this edition of amplified we feature our amazing Peer Support Volunteer John Keighran from Adelaide. John shares his very personal story of limb loss and also includes some valuable tips about living with Type 2 diabetes. In addition, John has also penned some insights to navigating the My Aged Care system, which is well worth a read for those of you who are eligible.

It's a packed edition with lots of articles including tips about healthy eating, things that you would like to know as a new amputee, and Glenn's story, living with Osseointegration.

As I write this, we are in the throes of the last-minute planning for the Amp-ed Up Conference. It's so very exciting to think that we can come together again. For those of you who need financial help to attend, please reach out to us to check your eligibility for assistance. Remember that if you book a ticket and are unable to attend, full refund of ticket costs will apply. Early bird tickets close on 31 July, so don't miss out! Our 2021 event is going to be a bumper year with more exhibitors than ever before. We can't wait to welcome you to Melbourne for Amp-ed Up 2021!

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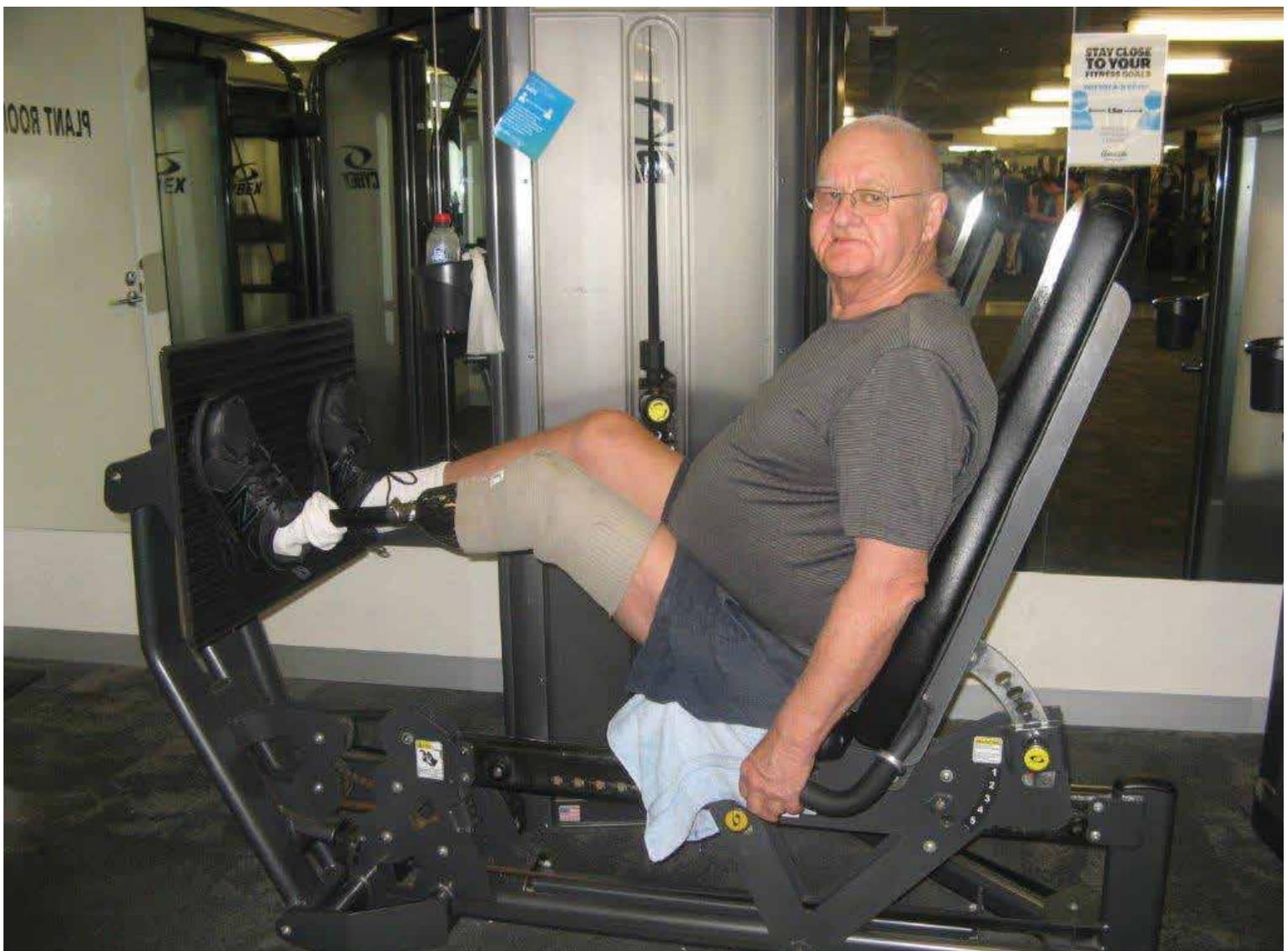
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# Beware of black toes!

By John Keighran

I am 79 years of age, have been a diabetic for approximately 30 years and retired from the workforce at the end of 2000. I'm keen to share my story of amputation, so that others living with diabetes can be sure to keep an eye on any bodily changes and learn about how I've adjusted to my limb loss.

Early in the summer of 2017, I stubbed my toe on a rock at the beach. For most people this type of incident wouldn't usually lead to a significant issue, but it did for me. The small wound didn't heal, became infected and eventually my big toe turned black (necrotic). As with many diabetics, the flow of blood to the lower limbs can be quite impaired which increases the risk of small wounds leading to much bigger health problems.

So, on the 24th of July 2017, I had a partial left foot amputation after all of my toes became necrotic and gangrene set in. Over the next few months, despite having good home nursing and attending hospital visits, the wound still would not heal and I underwent a second amputation below my left knee on the 22nd of November 2017. Ten days later I was admitted to a rehab hospital, and was discharged just before Christmas that year.

In February 2018, I commenced outpatient rehabilitation several set times each week. I participated in that program and was able to walk with my initial temporary (interim) prosthetic in late February 2018.



Since then, I have been cared for by the Prosthetics Unit at the Queen Elizabeth Hospital (South Australia). My first permanent (definitive) prosthesis was made there and I have had several upgrades since which have enabled me to continue doing the things I enjoy. I expressed a desire to return to netball umpiring, so my foot mechanism was changed to enable more flexibility at the 'ankle'. I was also able to get a 'wet leg' so that I could stand to shower rather than having to sit on a shower chair. Earlier this year, I trialed a new leg to make sure it was right for me before I was fitted with the final prosthesis. Incredibly, my socket mould was made with a 3D printer.

From my own experience, and those of several other amputees I met in rehabilitation, I know just how essential it is for people with diabetes to always wear shoes on their feet and not walk barefoot. Walking barefoot can greatly increase a person's risk of a foot injury (e.g. walking on hot surfaces such as concrete and burning the skin, standing on a nail or pebble and having it tear or cut the skin). This is because people with diabetes often lack of feeling in their feet even small injuries like cuts may not be immediately noticeable but can become a real problem if it leads to the foot not healing and/or becoming infected.

I initially joined a 'Strength for Life' class at the local gym but found it more convenient to actually become a gym member so I could attend more frequently and at times more convenient for me. I now do gym sessions three times a week. I also resumed netball umpiring about 12 months ago and umpire two matches each week, but at lower grades than I did before I lost my leg.

I am able to do most of the tasks that I could pre-amputation. I enjoy gardening - especially growing my own vegetables such as tomatoes, zucchini, eggplant, beans and garlic. I also have fruit trees and a large number of orchid plants. I drive with a restricted licence (only automatic cars) and I do all of the meal preparations while sitting in my wheelchair. And I am now a trained Limbs 4 Life Peer Support Volunteer and am pleased to make regular visits or phone calls to people who have just gone through an amputation.

I have a wonderful wife, children and grandchildren who've been with me every step of the way. I'm so pleased to be able to say, "life is good!".



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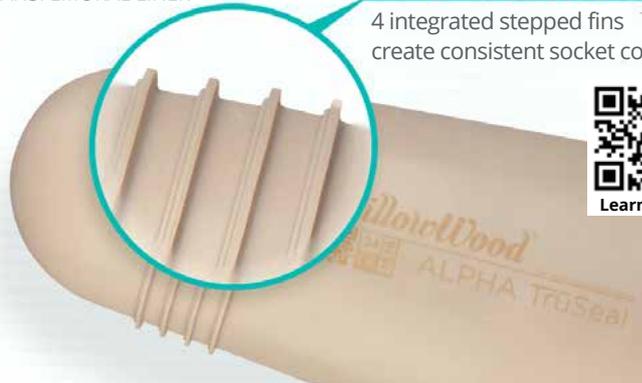
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# Health tips for amputees - Part 1

**In part one of this article, we look at healthy eating tips for people with limb loss and how what you eat can affect you.**

As an amputee, maintaining your health can sometimes be a challenge, especially when it comes to keeping a balance between food intake and physical activity. The benefits of managing your food intake may include reducing the need for prosthetic adjustments (due to changes in your body weight), lowering your risk of disease, and feeling your best emotionally and physically.

## **Think about the size of your meals**

It is important to think about portion sizes, or 'how much' you are eating at meals. When planning your meals, start with a small 25cm (10 inch) diameter dinner plate and imagine it is divided into quarters. Aim to fill one quarter of the plate with lean meat such as beef, chicken, pork tenderloin, or fish or meat alternatives like beans, lentils, eggs and tofu. Fill another

quarter with wholegrains like brown rice, quinoa, cous cous, wholegrain pasta or starchy vegetables such as potato or pumpkin. Fill the rest (half your plate) with different, colourful vegetables like broccoli, cabbage, zucchini, green beans, spinach, capsicum, carrots, sweet potatoes or tomatoes. Don't forget to include small amounts of heart-healthy fats such as those in fish, olive oil, avocado, and nuts and seeds. In terms of fruit, aim for two serves per day. One serve of fruit is one medium piece, such as an apple or a banana, or one cup (about the size of your fist) of cut fruit.

Limit your juice intake to 125ml (half a glass) per day, as juice is high in sugar but doesn't have the fibre of whole fruit. Make sure you drink plenty of water throughout the day as well. And don't forget, if you are eating out at restaurants or ordering takeaway meals it can be hard to stick to recommended portion sizes as restaurant portions tend to be much larger than recommended. You can try to stick to smaller portions by planning how much



you want to eat in advance and packaging the rest up right away to have as leftovers. You can also consider ordering a side salad, a side of vegetables, or a meal with vegetables in it like a curry or casserole to make your meal more nutritious. You can also consider swapping your plates, bowls, and cups to smaller sizes. Your plate will look just as full with less food.



## Eat more veggies

Many of us don't eat the recommended 5-6 servings of vegetables each day. We often wait for lunch or dinner to get our 'vegetable-fix'. Think about ways that you can include vegetables throughout the day to ensure you eat enough. They are a major source of fibre, which is important for digestive health and helping to keep you feeling full for longer. For those with diabetes, eat starchy vegetables in moderation as they will raise your blood sugars.

These include potatoes, pumpkin, corn, peas and other root vegetables such as parsnips and carrots. Instead, choose non-starchy vegetables such as broccoli, cabbage, cucumber, mushrooms, capsicum, salad greens, tomatoes, and zucchini, which can be eaten in abundance as they have little impact on blood sugar levels. Try adding vegetable sticks as a mid-afternoon snack, adding a side salad or salad vegetables to a sandwich at lunch, adding pre-cut frozen vegetables to a curry or stir-fry, or using convenience options like a pre-mixed salad or microwavable frozen veggies (e.g. Steam Fresh) as a side dish. You can even add veggies to breakfast, try scrambled eggs with sauteed mushrooms and tomato, baked beans on toast, or add some sauteed spinach to your eggs on toast.

## Choose your snacks wisely

We all tend to reach for high energy snacks to get a quick boost of energy during the day. However, these snacks tend to be higher in saturated fats and sugar and lower in the vitamins and minerals that our bodies need. While it's okay to have these snacks occasionally, if we eat them more than a few times per week it is likely to result in weight gain. Choose healthier snacks including fresh fruit, apple slices with peanut butter, vegetable sticks with dips such as hummus, beetroot dip, or tzatziki, a handful of unsalted mixed nuts or nut bars, a hard-boiled egg, reduced fat, plain, fruit, or reduced sugar yoghurt, a glass of low fat milk or a small latte or cappuccino, a slice of wholemeal or multigrain bread with peanut

butter, avocado, or cheese, or wholegrain crackers and cheese.

Stock your freezer with healthy foods including vegetables, and protein such as chicken, fish, and lean beef. Fill your pantry with nutrient-rich foods such as tinned tuna, nuts, dried fruit, whole wheat pasta, canned beans, and whole grains such as brown rice. Lastly, cook in batches so you can freeze individual portions. This avoids cooking every day, and an easy way of heating and eating a quick and healthy meal regularly.

If you find that cooking is too difficult, or you are not sure how to cook, you can also use healthier convenience meal options. For vegetables try prepared salad packs, chopped fresh or frozen veggies, or Steam Fresh frozen vegetables. Choose lean proteins, such as tinned tuna or salmon, eggs, smoked salmon, cottage cheese, cooked shredded chicken, or a pre-cooked roasted chicken from the supermarket. For complex carbohydrates opt for tinned beans and lentils, quick cook rice cups, or frozen falafels. Many pre-made frozen meals are also quite nutritious, although reading the label is important because some are high in fat, salt, and sugar. Look for frozen meals with 1700kJ or less per serve, 30-50g of carbohydrates per serve, 2g of saturated fat or less per 100g, 400mg of sodium or less per 100g, and at least 2 serves of vegetables per meal. You can always add some extra frozen veggies to increase the nutrition too!

## Watch your weight

As an amputee, being overweight can be a problem. People with a lower limb amputation who gain weight may find that their stump gets bigger, and their prosthesis becomes too tight which can lead to pain, discomfort, skin breakdowns and the need for a replacement socket. Weight gain can also affect the safety of your componentry if you go above the recommended weight limit for your device.

To lose weight, you must burn more calories than you take in. This usually means eating a balanced diet and increasing your activity level. Speak with your doctor, and consider referral to a dietitian, so that a nutritious eating plan can

be developed that is appropriate and safe for you. A dietitian can help you to make a practical plan that considers what foods you enjoy and your individual circumstances. Avoid fad diets that require extreme changes or offer a 'quick fix' solution, as these can be dangerous for your health and don't usually help you to make long term, sustainable changes that will keep you healthy for a lifetime.

**If you are unsure of the right diet for you, speak to your healthcare provider/doctor or contact Dietitians Australia on 1800 812 942.**

*Medically reviewed by Chantelle Elson, Clinical Dietician, Austin Health.*

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**Look out for part two of this feature in the November edition.**



## Gaming: a lot more than just 'fun'

After contracting cancer at just 11 years of age and then leukemia at age 17, resulting in the amputation of his left leg, Angus has been dealt with his fair share of health challenges from quite a young age. Being in and out of hospitals over many years for numerous surgeries, treatments, and recovery, Angus turned to gaming consoles to pass the time and make new friends.

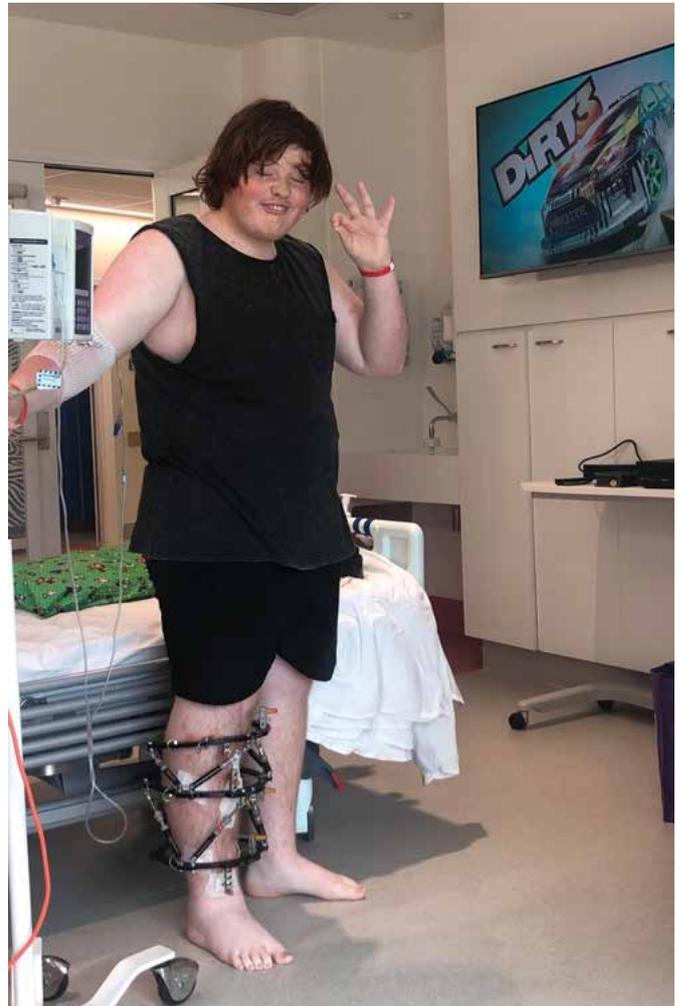
"Gaming helped me a lot mentally, especially as an 11-year-old, because it made me happy doing something I enjoyed and brought so much fun. I could also go online and be completely anonymous. I didn't have to feel as if I was different because of my illness; I felt just like everyone else," Angus said. As Angus spent a lot of time in recovery, he used that

time playing on his Xbox resulting in making new friends all around the world. "I lost a lot of friends during treatment, so it was really nice to meet so many new people from around the world through online gaming," Angus shared. Angus met other gamers in countries such as the United States, United Kingdom, Germany, and New Zealand, and he remains friends with many that he met this way during his recovery.

"Gaming helped me to find new friends and feel happier all the time during my recovery."

As a car enthusiast, car racing games have always been preferred by Angus, to which he has modified his own racing simulator cockpit, which is setup for his Xbox. "Once I had my amputation, I wanted to get back into racing games, but I had to reconfigure the set-up of the pedals. "So, I moved the accelerator to the left, removed the clutch, and replaced it with pedal shifters on the steering wheel," said Angus. After the reconfiguration, Angus enthused that he now has "an absolute blast" using the setup to play racing games on his Xbox.

When asked whether he would recommend gaming to other children and young adults who are going through an amputation, Angus spoke passionately about how much he supports the idea. "For kids and young adults that are suffering from an amputation, illness, or cancer, I definitely recommend getting into gaming because not only can you make so many friends online, but it allows you to get away from real life for a bit, forget what you've been through, and have so much fun at the same time," Angus explained. As someone that was bullied in high school due to having cancer, Angus can't recommend the benefits of online gaming enough. "Online gaming made me feel socially accepted. I didn't have to feel worried about people judging me all the time," Angus recalled.



Currently completing a Certificate in Automotive Servicing to pursue his passion for cars, Angus is looking forward to starting a career in the automotive industry. "I'm happy to say that after all I've been through, I'm doing really well now. There's no traces of cancer in my blood, I'm back at the gym, and I want to start my career in the automotive industry," Angus said.

Limbs 4 Life thanks Angus for sharing his story and we wish him all the best with his career and fitness endeavours. And, like Angus, we hope that gaming can assist others who are experiencing some health issues, periods in hospital or rehabilitation, or just for general fun.

# Excellent Thursday Wrap Up!

This year, Limbs 4 Life was selected as the 'Charity in the Spotlight' for the annual Excellent Thursday (day before Good Friday) Luncheon.

While the number of attendees for this year's event was limited due to Covid-19 restrictions, the amount of money raised surpassed previous years – an outstanding result!

Limbs 4 Life team member Mike Rolls spoke at the event about the organisation, and how valuable the Limbs 4 Life Peer Support Program is for so many amputees adapting to limb loss around the country. There were a number of opportunities for people to donate throughout the day including an impromptu auction. Auction items included a game of golf for 3 people, hosted by Mike, at Metropolitan Golf Club with three successful bidders each paying \$1,000 for a great cause.

Limbs 4 Life would like to acknowledge and thank the 'Excellent Thursday' organisers, Metropolitan Golf Club, and everyone who contributed on the day for their incredible generosity.



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# Get ready for National Amputee Awareness Week 2021!



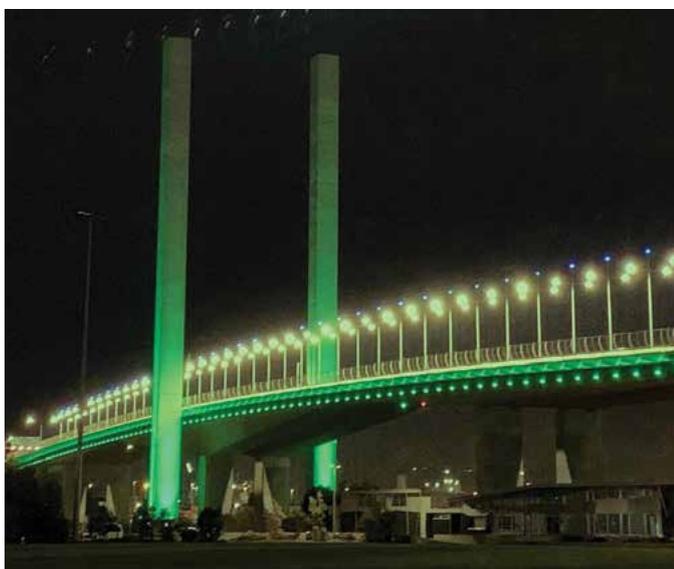
On October 4-11, together the amputee community and Australia will again be celebrating National Amputee Awareness Week. Join us for the #GetYourRibbonOn campaign and #LightUp4LimbLoss events, to raise awareness of amputees and people living with limb differences around the country.

## #GetYourRibbonOn campaign

Get ready to order your ribbons before National Amputee Awareness Week to show your support for those living with limb difference. Order your free ribbons by contacting Limbs 4 Life via email or give us a call to place your order.

## #LightUp4LimbLoss

For a third year, landmarks and monuments will shine green in honour of National Amputee Awareness Week. Keep a lookout for the list of landmarks that will be lit up, and for your chance to pay them a visit and take photos. This year, Limbs 4 Life will be hosting a photography competition where the most creative landmark photo could win you a fabulous prize. Visit our website and check our social media for more information.



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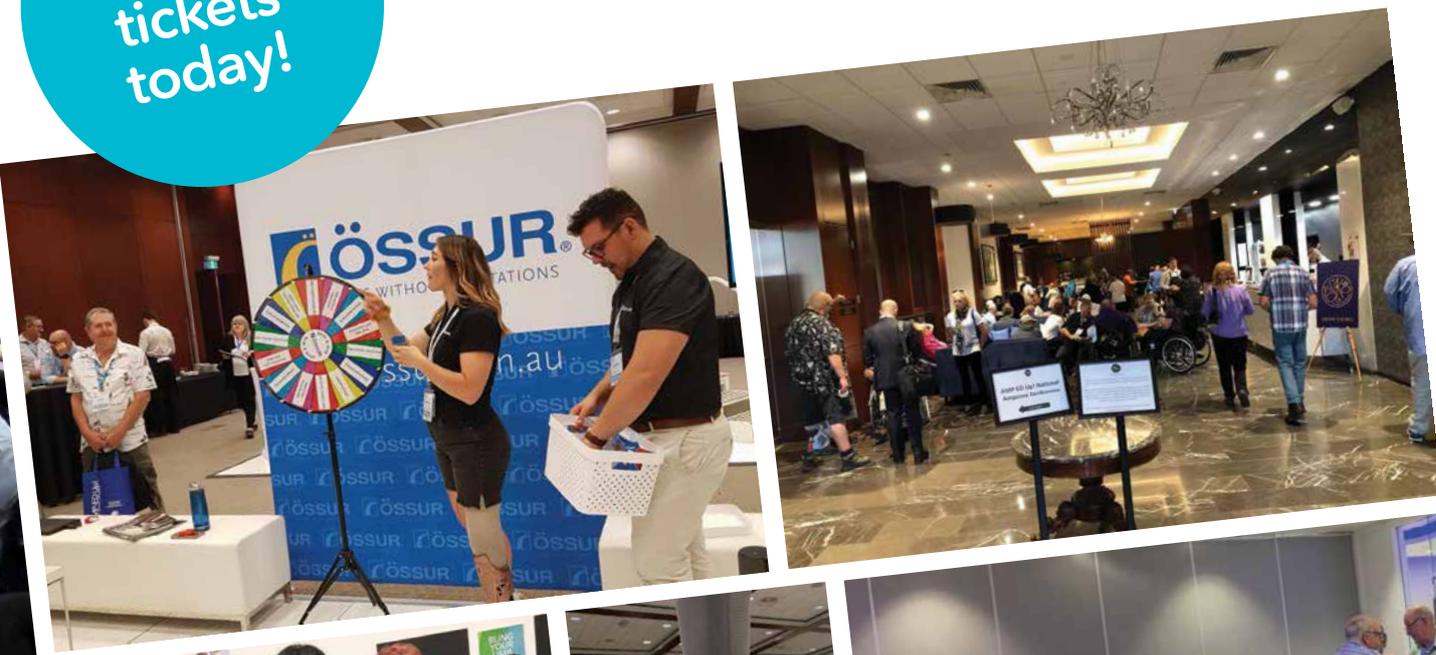
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# Navigating the My Aged Care system

By John Keighran

John Keighran is an active Peer Support Volunteer based in South Australia. In this article John shares his insights into navigating the My Aged Care system and tips about ways of making this funding stream work for you.

I am now 79 years of age and as I was over the age of 65 when my medical problems occurred, I was not eligible for the National Disability Insurance Scheme (NDIS). Instead, I am covered by the My Aged Care scheme which, while it has greatly assisted me, certainly has tested my patience! The main thing to accept and understand is that nothing happens overnight with My Aged Care. The Federal Government's My Aged Care scheme only commenced in July 2013 and it's definitely still experiencing teething problems, which I believe is due to the large and unexpected number of people seeking support packages. There are two packages available - the Commonwealth Home Support Programme and the Home Care Package.

After my first surgery in July 2017, where part of my left foot was amputated, I was ACAT (Aged Care Assessment Team) assessed. A Home Support Assessor from My Aged Care visited

me at my home and completed the necessary documentation. I was recommended for a Level 2 Home Care Package. There is a 'waiting list' for approval of packages and in the meantime on the 15th of August 2017 I was approved for the Commonwealth Home Support Programme (which is support that is less than what is offered in a Home Care Package). 'Referral Codes' were provided so that I could access services such as 'goods and equipment' and 'home maintenance' supports pending approval of my Home Care Package.

On the 18th of September 2017, I received advice from the Aged Care Assessment Team that I could access Residential Respite Care at a 'High Level' and was also placed on the national queue for access to a Level 2 'Medium Priority' Home Care Package. Fortunately, I have not required any Residential Respite Care but it was available should I have needed it.



Subsequently in November 2017 I underwent a second amputation, this time my left leg below the knee. I was informed that this type of amputation would probably place me at a Level 3 Home Care Package (at this stage I had not even received advice that the Level 2 package was available.) The social worker at the rehabilitation centre that I was attending completed the request for re-assessment at Level 3. I received advice on the 7th of May 2018 that I was eligible to receive a Level 3 'Medium Priority' Home Care Package and again placed in the national queue.

On the 4th of December 2018, I received a letter advising that I had been assigned a Level 2 Home Care Package. The package

was lower than the level approved but would enable me to receive some home care services and, meanwhile, I would stay in the queue for a Level 3 package. I was also made aware that depending on my income and assets assessment I would potentially need to co-contribute to the cost of services.

To access My Aged Care funded supports I had to select a provider and enter in to a 'Home Care Agreement' with a service provider. My social worker suggested some providers that had vacancies on their books for cleaning staff and gardeners. I knew nothing about providers and was willing to have discussions with one that I knew had vacancies.



When choosing a provider it is essential that you take into account your needs, especially if you have special requirements (such as dementia, lack of mobility, speak another language etc). The types of aged care services that you require can be negotiated and you can ask for a quote on what each service will cost. You should also ask about exit fees should you later wish to change providers and request information about complaint procedures - and it's good to do this before you enter into a Home Care Agreement.

I was able to find out through an income assessment, which you can get from Centrelink, what level of co-contribution I would need to pay for services. I was informed that the two basic fees that I might be required to pay were a basic daily fee and a care fee. The daily fees could change over time, such as when increases are made to the Age Pension or if my circumstances change. The basic daily fee and

the income-tested care fee are paid for every day that a Home Care Package support service is assigned, irrespective of whether any service is, or is not, received on a particular day. These fees are paid by you to your provider on a fortnightly or monthly basis, depending on what your provider requires.

The provider will also deduct an administration fee from your funding package. These services may be identified as 'Care Management' or 'Advisory Services' and you are entitled to ask for details of what the administration fee covers. Providers supply a monthly statement to each client so that it is easy to see where your funds have been spent and how much remains in your package.

My Level 2 package was in place by early 2019, and my selected provider then allocated a case manager to assist me.

On the 17th of December 2019, I received advice that I had been assigned the higher-level package (Level 3). This would enable me to receive some additional home care services. As you can see, it's clear that receiving a My Aged Care package is not immediate and that there is a waiting time depending on the priority allocated to each case (i.e. medium, urgent etc). The priority for each case is rightly determined by the treating medical experts. And your provider may arrange for an occupational therapist to visit, to evaluate your needs and ensure your safety.

The information on the website for My Aged Care is very comprehensive - [www.myagedcare.gov.au](http://www.myagedcare.gov.au). The staff are also responsive should you need to call - 1800 200 422. And, while it seems complicated the system does get easier to navigate over time.

So the system is fair, the Commonwealth Government determines the services and supports that can be covered (e.g. assistive technology, home modifications, shopping, gardening) and what is not covered (e.g. buying food, payment for permanent accommodation, entertainment activities). I am still learning about assistance that is available to me in my package. Basically, the idea of My Aged Care is to support people to stay in their own homes for longer

and the packages provide assistance to ensure that goal is met. Always discuss any concerns with your case manager and obtain prior approval for any purchases of aids or equipment that you might require.

Some examples of supports and services I have received funding for include:

- rails on the walls where there are steps
- rails to assist me to access my backyard
- ramps
- anti-slip mats for the shower
- gardening and lawn mowing
- house cleaning, and occasional window cleaning and spring cleaning.

If you are a wheelchair-user, modifications to the house might be required to enable access to toilets, showers etc. Some clients may require personal care, assistance with shopping, transport to attend appointments, nursing services etc. An occupational therapist has recently assessed me for a number of aids including a new wheelchair (I had been using a borrowed chair) and an electronic lift-up chair.

As at May 2021 the annual amounts that apply to each package levels are:

- **Level 1 (basic care needs):**  
approximately \$9,000
- **Level 2 (low level care needs):**  
approximately \$15,750
- **Level 3 (intermediate care needs):**  
approximately \$34,250
- **Level 4 (high care needs):**  
approximately \$52,000

These amounts are paid to your provider. It is then their task to then provide care so you can remain independent, safe and living in your own home.

It's important to note that a Home Care Package terminates should you enter into a nursing home, as it's deemed you do not require support in your home anymore.

I hope my experience helps to explain some of the basic My Aged Care processes, and how it's helped me. But always remember to contact the My Aged Care team to discuss your individual needs and situation.

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# My world changed after osseointegration

By Glenn Bedwell



I became a right above knee amputee due to a trauma accident in 1991.

At the time of my accident, I was working and living in Cairns with my wife and two sons. My job required me to be physically mobile, so I spent my workdays walking around with lengthy periods on my feet. Following my amputation, my family and I moved to Sydney for a less physically demanding job and to undertake rehabilitation. Soon after arriving in Sydney, I was fitted with a comfortable silicon suction socket by my then prosthetist David Howells. Prosthetically, all was well for many years.

After two years in Sydney, I decided that I'd had enough of the traffic and the rat race and was keen to recommence my career in an operational position. To be honest, I had a need to be reunited with the place where I had lost my leg.

I returned to Cairns and to my previous role which required MBWA (Management By Walking Around). At the time, my socket was up to the task, even given the difficulty of living in a tropical environment and constantly walking on my prosthesis.

After 19 years of comfortably using a silicone liner, my skin suddenly became intolerant. No number of creams, lotions or different liners helped my situation.

It was around this time that I first heard of osseointegration (osseo or OI) and was excited by the prospect of not having socket issues or liner problems ever again. Osseointegration is the surgical implant of connecting rod into bone which comes through the skin to allow direct connection of a prosthesis. I decided to book a clinical appointment. I underwent x-rays and scans, completed the panel and individual interviews, and went through an evaluation process, prior to being accepted as a patient.

In the early days of osseointegration in Australia, most of the information available was regarding the surgical process and rehabilitation of the patient with little about the future day-to-day impact. Nor were there many previous patients to provide information about what changes to expect. For me, the major consideration to undergo osseointegration was based on the need to overcome my physical skin to socket issues.



My osseointegration journey physically commenced in July 2012, with my desired expectation and hopeful outcome to be able to wear a prosthesis for many hours without any skin irritation or discomfort. The outcome I achieved provided all this and so much more than I had either considered or wished for.

I had my first operation in July 2012 and was Prof Munjed Al Muderis' 13th osseointegration patient. In those early days, the process of osseointegration was a two-stage surgery with an initial operation, a month's rest and healing, then a second operation (incidentally, it's since changed with most now completed in a single surgery). A few days after the second operation, I began weight bearing via the embedded adapter. After a further ten days I had my first prosthesis fitted, and then began standing using the support of parallel bars.

The first time standing with the implanted device is the first revelation of what osseointegration means and what it provides to the patient. I suddenly realised that my world had changed forever. For the first time since becoming an amputee, I could feel the ground under my amputated limb via my bone structure; I was taking my weight equally in both my left and right leg rather than having a vague feeling transmitted via a prosthetic socket.

I cannot emphasise the importance and usefulness of the feeling of the ground underneath you; something known as 'proprioception' - awareness of the position

and movement of the body. When walking the sensation of direct transfer of information from the ground to my prosthesis to my bone structure, then to my brain, seems to mimic the feelings and sensations you receive from your sound leg. Without looking down you can feel different floor coverings, be it carpet, concrete or tiles etc. And most interestingly, you can actually sense where your foot is in space, something we call 'osseo perception'.

Walking has become an enjoyable and a comfortable task. There are now no pressure points from a socket to cause pain, no rubbing, no chafing, and fluctuations in weight that cause stump volume changes are no longer a problem. My prosthesis always attaches with correct alignment and it can't slip off due to sweat or loss of volume.

For both exercise and enjoyment, I now walk every day and do so in comfort for a minimum of 10 kms. Most days its nearly twice that distance. I would very rarely have been able to match that distance when using a socket suspended prosthesis.

## The positives of osseointegration for me

Not having a socket also provided other additional benefits I had not initially considered:

- No pressure points
- Better control and available movement of my femur, that is I can rotate my femur to rotate my foot position if I wish
- Less back or shoulder pain issues, as walking with osseointegration gives me a normal gait rather than the swing or hip throw of the prosthesis with a socket attachment
- No wear and tear to my trousers caused by the socket rim
- Less volume in my trouser leg due to no socket
- I can comfortably sit on a bar stool or hard based chair
- I don't break toilet seats anymore
- I can sit on a bicycle seat or any gym equipment seats
- Hot and humid climate doesn't cause fit or sweating issues
- No ongoing socket updates are required

- When waking up in the middle of the night for a bathroom visit, it's so easy, quick and safe to clip on my prosthesis rather than using crutches
- If I have to, for any reason, take my prosthesis off in public, I don't need to remove my pants
- Less visits to my prosthetist due socket issues or to order additional socks etc.

We have family living on the east coast of America which means flying for a minimum of 12.5 hours on the first leg of the trip. I was never able to remove my socket during any flight because of stump swelling and risk not being able to fit the socket back on again upon landing. Instead, I had to contend with the discomfort of sitting during the entire flight feeling an uncomfortable tightness within my socket. But now there is no socket to cause discomfort and, as a bonus, I can also drop the prosthesis off the external fixture during flight to make sleeping in a chair more comfortable.

Another wonderful benefit is I can now use a shower leg. The foot is non-slip so I can now walk into and stand on two legs in the shower without needing crutches or a shower chair for safety. I also use the same leg in the swimming pool which makes climbing out via the stairs easy and safe, and it makes it safer when walking in the surrounding wet areas.

## The negatives of osseointegration for me

The skin on your stump needs to be in pristine condition prior to osseointegration surgery, so I couldn't wear my previous socket-based prosthesis for two weeks prior to surgery.

The osseointegration to prosthesis attachment passes from my femur bone to an external attachment via a stoma. As the stoma is an open wound, there is always the risk of infection. Living in Cairns, the heat and high humidity is an ideal breeding ground for infection. I suffered skin infection around the stoma six times in the first year which required antibiotics each time. To prevent infection, I now use a natural antibacterial spray with oregano oil which has prevented infections ever since.

I have unintentionally cut the sheets, as well as my wife, in bed due to the sharp edges on the external fixture. To prevent this, I use a plastic cap that covers the sharp edge of the attachment.

Due to the connection of my prosthesis to bone, the offshoot of that amazing feedback from ground-to-foot-to-knee-to-bone means that any terminal impact from the knee on leg extension is very undesirable, uncomfortable, and immediately tiring. In my experience, this necessitates using a prosthesis with greater terminal impact control, which in my case means using a Microprocessor Controlled Knee which is quite suitable for osseointegration.

After nine years I have not had any other negative experiences in relation to osseointegration.

Osseointegration has certainly given me a lot of benefits, and I'm pleased to be able to share both my positive and negative experience with others. Like any surgery the decision to have osseointegration is something you should research, speak to others about and meet with the relevant medical specialists - that way your decision can be an informed one.



# Looking good, feeling confident, and living life full throttle.

**"To be honest, it's the coolest looking hand!"** - Adrian Ware, gearhead, motorbike enthusiast, TASKA Champion.

Like a lot of Aussies his age, Adrian Ware likes to get amongst it. "What matters most right now is being fully functional and living a fulfilling life. My lifestyle consists of keeping fit and days out with my family, camping and embarking on motorbike adventures."

Adrian is a lover of technology. If it has gears and helps you get places faster, then he's all in. "I like working on my motorbike, but until now, I've been using my passive prosthetic to do this. While it has assisted me in completing some maintenance tasks, it lacked the dexterity and ability to grip tools safely. Working on my bike with the TASKA Hand has improved my ability to do these tasks and given me the confidence to attempt more tasks."

**"The hand allows me to live life the way I want to, by not having my amputation be the limiting factor."**

Adrian has found his new hand is a great way to meet and chat with people. "I often get stopped and asked how the hand works. It has allowed me to engage with people with more confidence. Also, young kids like the hand. When I've walked past a family in the shops, I heard a kid turn to his mother in the usual QUIET VOICE kids do and say: "'Mum, look at that man's stormtrooper hand,' I got a buzz out of that."

Adrian's primary reason for choosing TASKA was the robustness of the hand. "When I first picked up the hand, I could feel the build quality; it didn't feel flimsy or weak. The other reason was the functionality of the hand. The electrically opposable thumb and the grip button on the hand made it easier to change between grips."



**"I consider limb loss to be somewhat of a journey..."**

As a result of injuries sustained in an electrical accident in 1999, Adrian was fitted with a myoelectric hand. As he wanted to be a proficient user of his prosthetic, Adrian asked his OT not to show him one-handed techniques. "This hand did assist with daily tasks where gross motor movements were required, but the hand was more about grip strength and difficult to use when fine motor skills were required." Over the following decade, Adrian followed the advancements of prosthetic hands, and in 2009, he invested in a Bluetooth connected hand. "I was the first person in Australia to receive this (type of) hand."

Being an avid early adopter, Adrian was able to assist developers with feedback on faults and issues. "While the (previous) hand was able to assist with some of my daily tasks, I never felt 100% confident."

Adrian told us that, for him, the limb loss journey has come in various stages. "Grieving limb loss, trying to feel normal again, adapting and accepting. When you reach this acceptance stage, you shift your focus from how your prosthetic looks to others to how my prosthetic can express my individuality."

In 2020, Adrian was fitted with a TASKA Hand. "My previous prosthetic always felt flimsy to the point that I would take it off. So, in the end, I would only really use it when I went out."

**“Now, each day, I attempt new tasks that I would not have in the past like carry a couple of extra shopping bags from the car instead of just one light bag; using the hand to do some gardening and bike maintenance.”**

Many of Adrian’s interests, like working on his bike, need a great deal of fine motor work and the use of multiple grips. “Some tasks require you to have the ability to switch between grips like a normal hand. So having access to buttons to cycle through your favourite grips mid-task and not relying on the app would have to be my most liked feature.”

Then, there are the everyday activities. “Being able to use the hand in and around water greatly assists with cleaning hands and washing up duties. Then there’s switching between holding a cup and holding a knife using the buttons on the hand.”

As mentioned earlier, Adrian likes to get out and about and be amongst it. This is a man who, in 2017, circumnavigated Australia on a motorbike. Adrian is a lover of the great outdoors and is no stranger to a bit of roughhousing with his canine

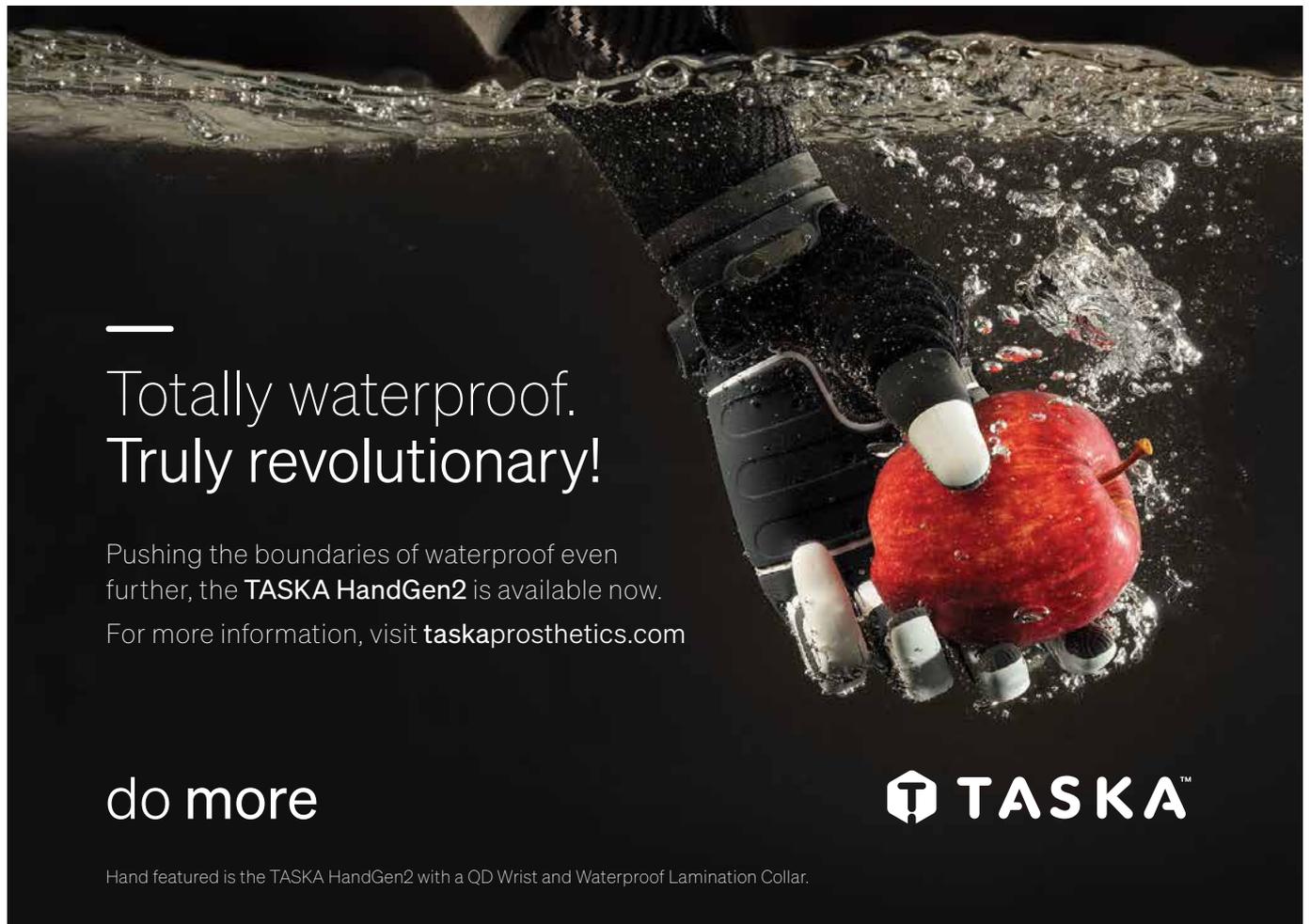
companions. “I was out walking my dogs to a nearby park so they could have a runaround. One of my dogs caught me off guard and knocked me over, and I fell, landing prosthetic first. I thought for sure the hand was going to be damaged and needed repair. With my previous hand, the finger would have jammed and not functioned and would require repair.”

“After picking myself up and checking the hand, there was not a scratch on it apart from a bit of dirt and grass and a bruised ego; everything functioned as normal.”

Finally, does Adrian have any tips for other TASKA users? “Enabling the toggle feature when the EMG grips are set can enable you to toggle between EMG grips and the home grip without having to use the buttons.”

And, how would he sum up his relationship with his new hand?

**“I love technology and feel that the way the TASKA Hand looks and performs helps express my individuality.”**

A black prosthetic hand is shown underwater, holding a red apple. The hand is positioned diagonally, with the fingers gripping the apple. The background is dark, and the water surface is visible at the top, creating a sense of depth and immersion. The lighting highlights the texture of the prosthetic and the vibrant color of the apple.

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# What do you know now, that you wished you knew back then?

Going through an amputation is a significant change and adjustment to one's life. You can do as much research as you can, speak to those who have gone through an amputation before, and consult with your healthcare professionals but there is only so much preparation you can do for the journey ahead.

Andrew Fairbairn, WA Peer Support Program Coordinator and left below knee amputee from Perth, chats with some of Limbs 4 Life's National Amputee Advisory Council (NAAC) members to find out their experiences of what they wish they knew before their amputation journey.

## **Lyn Johnson, National Council Member, Tasmania:**

The one thing I really wanted was to be able to speak to another amputee. I had a two-day gap from when it was decided that I would be having an amputation, until the day of the operation and I really wanted to use that time to speak to someone who would understand. Unfortunately, I didn't get that opportunity. I wasn't able to get any advice from doctors. Not even the orthopaedic oncologist was able to help me out. After I had my amputation, I wanted to know how long it would take after the surgery to get a prosthesis. I also wanted to know what the cost of a prosthesis would be. I think the points that I have outlined are relevant to most people facing amputation.

## **Ren Gallet, National Council Member, Victoria:**

I lost my leg in 1965, when I was living in the U.K. I literally had no guidance or support at all. In 1965 there were no computers, so social media like Facebook and support organisations like Limbs 4 Life would never have existed. It was a totally different world. I was sent home two weeks after surgery with no rehabilitation and no physiotherapy.



I previously worked as a prosthetic technician, so having a background in prosthetics, I can see things have changed a lot. When I had my amputation, the only choice for prosthetic limbs were limbs made from wood or aluminium. Everything has changed and mostly for the better. People now have access to arms, feet and knees which are very responsive. The other benefit is that amputees can trial different kinds of prosthetic components and work out which devices can best meet their needs.

There are obviously many things I wish I knew prior to amputation but on the top of my list would have to be meeting someone who had been an amputee for a number of years. That way, all my other questions would be answered by that person. It makes so much sense to me now, why we do what we do in providing peer support with Limbs 4 Life.

## **Sara Shams, National Council Member, Queensland:**

My journey in the amputee and disability community began at a very early age. My disability was congenital (I was born without tibia's/shinbones) and the amputations of my fibulas (smaller bone of the outer side of the leg) occurred when I was very young.

From the perspective of a child living with limb loss, I really wish I knew that wearing my prosthetic legs and learning to use them would NOT hinder any activities such as playing sport especially now with the advancements in active prosthesis.

As a bilateral amputee, I will say that in my early days I wish I knew that prosthetics are hard to learn to use, but worth it in the long run. I have found that I don't need to wear my legs all the time and, yes, I am different and that is absolutely okay.

Looking back, the one thing I wish I knew is that I am not alone in my experience. This was a big one when I was growing up. These days, social media is a great resource for sharing and learning, but when I was little, there wasn't much community and connection between amputees, and I often felt alone/isolated.

### **Priscilla Sutton, National Council Member, Australian Capital Territory:**

As an active and long-term amputee, the one thing I wish I had done prior to my amputation was prepare my body better - with glute exercises and core strength building. Preparation is so important because you really need your bum to walk, and your core to balance, and to help avoid falls so it's important that those areas are toned. It's never too late for members of our community to work on these kinds of exercises as they are extremely important! I highly recommend seeing an exercise physiologist to help get you on the right track.

### **Richard McCarthy, First Nations Peoples Representative:**

This is a difficult one for me, mainly because I didn't really have a choice. It was losing the lower leg or die. There was no choice at the time. I had very little chance to learn anything. But I will say, I wish I had known about Limbs 4 Life and the Peer Support Program prior to my amputation, but I did not find out about it until 4 months after my amputation.

In terms of mental health, I definitely wish I'd known the impact of grief and loss and how that would affect me especially in the first 12 months. I also wish I'd had a better understanding of how NDIS actually works. Perhaps I should say how much easier my life would be, without having to worry about having a disability. My life has changed considerably, however somehow, I feel I am now a better person than I was before.

### **Peter Stringer, National Council Member, South Australia:**

Having had a below knee amputation and then going back to have the other leg amputated, I wish I knew that I had the strength and ability in the beginning to carry on and the ability to ask for help when I needed to.

Going from a single below knee to a bilateral below knee amputee completely changed my perspective. My biggest concern was I wouldn't be able to drive again and that's something that I should have asked about prior to having my second amputation. Asking about driving would have saved a lot of worry and concern.

As a trained Limbs 4 Life Peer Support Volunteer for several years, I wish I had known that there was this amazing support system in place. I am now volunteering to help others on their amputee journey and find it very rewarding.

### **Andrew Fairbairn, National Council Member, Western Australia:**

Personally, I elected to have my leg amputated as a way of getting rid of the pain, ongoing infections, and trips to hospital to try and fix it. I did a lot of my own research prior to my surgery and was, or so I thought, well prepared for the journey. I was lucky enough to have a mentor who is a left above knee amputee and very skilled in the understanding of human condition. He walked me through the whole process and continues to assist me whenever I need help.

***For information or advice about going through an amputation, or to speak to a trained peer support volunteer, please contact Limbs 4 Life today.***

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