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INSIDE

04

Fiona Teague
- a journey
of reinvention

07
Lionel's left foot

12

Meet Kerry Smilie bringing the communitytogether

15

Getting the most from your upper limb prosthesis

21

I've had an amputation, can I still drive?

amplified edition 3 | 2025



Inside this edition

As we come to the end of 2025, which has been another huge year for Limbs 4 Life and our community. Earlier in the year we came together for AMP-ed Up National Conference and met with the largest crowd of amputees gathered in one place. The exhibitors who supported the conference, along with the guest speakers shared information and knowledge about products and services which collectively support our community.

We delivered national peer support training in each state and territory and gained a group of motivated and dedicated new volunteers. Those volunteers will help to support new amputees of the future. Along the way we celebrated Limbs 4 Life's 21st Anniversary and reflected our work over years gone by.

As we move into 2026, we are excited to announce the rollout of Amplify - Your Voice, Your Choice workshops being delivered around Australia throughout 2026. Don't miss your opportunity to attend and participate in these free workshops as places will be strictly limited! In fact, register your interest now.

Limbs 4 Life Incorporated ARBN 613 322 160 ABN 25 116 424 461

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limbs4life.org.au limbs4kids.org.au

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My name is Fiona. In 2021 I was busy at work as an emergency nurse, and in my home life. Early that November, my friend and I participated in a 10km fun run. It was my eighth run. Before I knew it, we were around the corner from the finish line and because it was only 200 metres away, we sprinted like we wished we could have done for the previous kilometres.

Two days later, I was in the worst pain I'd ever experienced, so I went to emergency at my local hospital. Thankfully I was given the appropriate medications as the doctors suspected sepsis

straight away. My blood pressure suddenly dropped, my pulse shot up high, and I was rushed to ICU. Within two hours I was in a coma. I'd contracted sepsis from streptococcus A in my gut.

I woke from the coma seven weeks later with amputations to three of my limbs, including both legs below the knee. My dominant hand and wrist had been amputated about a month after being admitted to hospital. Three fingers and my thumb were amputated on my other hand approximately six months later.



Enroute to Mount Fuji

My plastic surgeon delayed these amputations, in an attempt to keep as much skin and limbs as possible, as per their protocol.

While I was waking up, I thought about wanting to go back to work and the promise my husband and I made to our daughter when she started Prep years earlier. Our daughter was fascinated by my previous travel, especially that I'd worked in London when I was single. She'd asked us for many years if she could visit England, so we promised her that when she finished year 12, that we would do our own version of 'schoolies.' I told my daughter, "this will not stop us going on our family schoolies."

Ten weeks later, I was transferred to another hospital for rehabilitation. I enjoyed the gym and occupational therapy the most because I like to be busy and fit. However, I was suddenly on the other side because I'm a nurse!

Since leaving rehabilitation and life getting back to 'normal,' my husband and I have travelled to England, Ireland, Northern Ireland, Scotland, Wales, Qatar, UAE - Abu Dhabi and Dubai, Japan - Hiroshima and Tokyo, Perth (WA), Sydney - several times and Adelaide. Best of all, we took our daughter to Singapore the day after she finished year 12!

I'm also very pleased to report that I have recently returned to work in a desk-based role. I continue to ride my e tricycle, go to a gym and swim when possible. Soon, I am going to return to archery.

My advice to people who are going through what I have experienced is, set goals, aim for them; be kind to yourself, reinvent yourself and keep on trying.





Fiona enjoys working out at the gym





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Foot care is essential for people with diabetes and peripheral vascular disease (PVD). These conditions can cause nerve damage and poor blood flow, increasing the risk of unnoticed injuries and slow healing. Without proper care, minor foot problems can quickly lead to serious complications like ulcers, infections, or even amputations. Regular foot inspection, good hygiene, and professional foot checks help prevent these issues and can protect mobility and quality of life.

Here's an example of what initially seems to be a minor problem, being attended to promptly, avoiding further, more serious complications:

Background

Lionel Babcock is a 68-year-old man living with type 2 diabetes. He has a history of peripheral neuropathy, causing reduced feeling in his feet. He wears standard shoes and purchases a new pair which are a little bit too big but are half price. Lionel believes they'll be fine if he wears them with thick socks. Lionel attends annual foot checks with his GP and has previously been advised about his increased risk of foot ulcers.

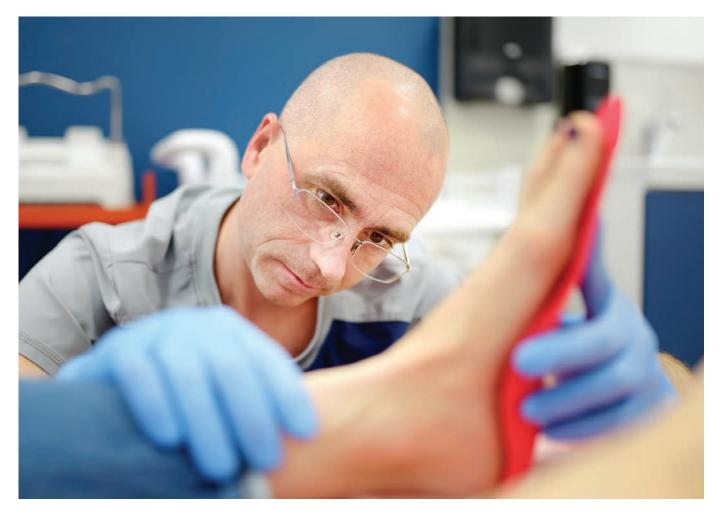
Incident

One evening, while performing his daily foot check as instructed by his GP, Lionel notices a blister on the back of his heel on the left foot. He thinks it might have happened during the weekend when he walked around to his friend Kenny's house in his new shoes and they went to the bowling club for the meat raffle. They do this every Friday.

Appropriate Escalation and Management

Step 1: Immediate Action and Primary Care

 Lionel avoids walking barefoot, digs out a pair of slides so there is no pressure on the blister and keeps the area clean and dry.



- He contacts his GP that day and gets an appointment the next morning. Dr Khan performs a thorough foot assessment, noting the blister and mild surrounding redness but no signs of deep infection or systemic illness. He cannot find the pulses in Lionel's feet and is worried he might have a problem with his circulation.
- The GP classifies Lionel as 'high risk' due to his neuropathy, suspected poor circulation, and new wound.

Step 2: Referral to Podiatry

- Following Australian guidelines, the GP refers Lionel to a local podiatrist under a Medicare Chronic Disease Management (CDM) plan, making him eligible for subsidised podiatry visits.
- The podiatrist assesses the area, the blister burst and now there is a wound. The podiatrist cleans the wound and debrides the dead skin - it doesn't hurt. She applies an appropriate, multi-layered foam dressing to minimise rubbing over the area. She

agrees with Dr Khan's opinion, that the foot pulses are weak, Lionel might have poor circulation due to vascular disease.

Step 3: Multidisciplinary (medical team) Input

- The podiatrist communicates with Lionel's GP and, given his suspected vascular disease, Dr Khan arranges a vascular assessment to assess blood flow.
- A community nurse is engaged (via local health service referral). The nurse assists with twice weekly wound dressing changes at home. Lionel is pretty independent, but he lives alone and cannot bend down enough to attend to his own dressings.
- Lionel is enrolled in the local High
 Risk Foot Service (HRFS) for ongoing
 multidisciplinary care but unfortunately,
 the waiting list is five weeks, and he needs
 treatment now. It's lucky that he has a
 podiatrist, a GP and the community nurse.
 He throws out his new shoes and goes
 back to wearing his old pair until he can
 obtain the shoes he needs.

Step 4: Access to Wound Consumables

 As an older person with diabetes, Lionel is eligible for subsidised wound consumables through the Australian Chronic Wound Consumables Scheme, reducing his out-of-pocket costs for dressings.

Step 5: Monitoring and Outcome

- Over the next two weeks, Lionel's wound is closely monitored by the podiatrist and the community nurse. With reduced walking, appropriate dressings, and Dr Khan looking after his diabetes control, the ulcer heals without infection or further complication.
- Lionel continues regular podiatry reviews.
 In an ideal world he would be provided
 with medical-grade footwear to prevent
 recurrence, as recommended in Australian
 guidelines. But his podiatrist explains
 that the waiting list for these is very long.

- She helps him to source some suitable shoes by showing him examples on her computer. Lionel buys new shoes, thankfully they weren't too expensive. Before wearing them outdoors he takes them in to show the podiatrist. She checks the fit and gives them the tick of approval. He is advised to wear them in gradually.
- A few weeks later Lionel has an appointment with the vascular surgeon. Dr Khan and the podiatrist were right, there are some problems with his circulation, but for now these will just be monitored. Lionel is advised to continue with his foot checks that picked up the blister and encouraged to do regular exercise in his well-fitting shoes. Exercise will help to stop his circulation from getting worse. He suggests to Kenny that they go to the bowling club three times a week, rather than just once, that way he can get more exercise. Kenny thought this was an excellent idea. Kenny's wife did not!



Key Points

- Early self-detection, prompt GP review, and rapid referral to podiatry are critical in preventing ulcer progression.
- Use of Australian care pathways, including Medicare CDM and the Chronic Wound Consumables Scheme, supports access to multidisciplinary care and essential wound products.
- Ongoing education, offloading, and appropriate footwear are essential to reduce the risk of recurrence connections.

VGK-XS for children*

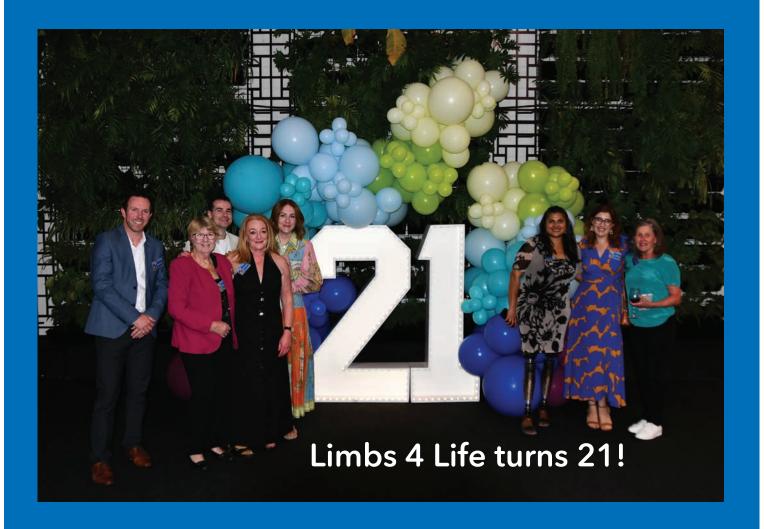


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Limbs 4 Life Australia celebrated 21 years of service to the amputee community in October this year.

The success of this organisation has always depended on the support of many. From voluntary board members to peer support volunteers, national advisory council members, our dedicated staff, tireless fundraisers, corporate supporters, private donors, and countless others who have generously given their time and resources—you have all helped build a worthwhile and valuable organisation.

We're proud of our achievements so far. The expansion of our Peer Support Volunteer network nationally, a collaboration with Amputees Federation of New Zealand, amputee resources translatable to languages other than English, A Practical Guide For Amputees brought to life on YouTube, to name a few.

We still have more to do and we look forward to the next 21 years! Thank you to all of the people who are on the journey with us!



G'day all, my name's Kerry and I'm the leader of the Albury Wodonga Amputee Empowerment Group.

I'm a pretty outgoing sort of person who can talk with anyone, so following a couple of get-togethers up here run by Melissa and Mike from Limbs 4 Life, they thought that I might be the sort of person who could pull a group together. 'The rest is history,' as they say! We've gone from an evening meal at a local pub or club, to a Sunday lunch, mainly so that folks don't have to travel at night because of the number of roos and deer on the roads in our area. We have had up to 23 attendees who've come from a 100km radius around Wodonga over the time that we've been meeting.

One of the best things that I get to see at the meetings is when people come along for the first time and they're a little bit quiet and withdrawn, but after introductions, a meal, a couple of drinks and lots of chatting to everyone, they go home much happier! Then when they turn up to the next one, I think to myself, JOB DONE!

My family is the most important part of my life. My wonderful wife, Deb, and I have 3 sons, 3 daughters-in-law and 7 grandkids. I call my grandkids my 'chill pills' because it doesn't matter how bad the day is going, when they turn up it just makes everything better. I'm an amputee, so prosthetists are pretty important to me too!



Kerry recovering in hospital with one of his 'chill pills.'



Kerry with a 125cm black Jewfish

Following a motorbike accident 6 years ago while on a 'Poker Run' charity ride in the Snowy Mountains near Cabramatta, I had my left leg below the knee, and my left little finger amputated. So I do know what it's like to experience amputation, but I also know that you can't give up on life just because of that.

I've had an interesting and varied work life. I'm a motor mechanic by trade and I did that for 25 years before running my own property maintenance business for 6 or 7 years. After that, I tried something completely new as a 'pilot car' driver, escorting oversized loads all around Australia for 10 years. I worked for Baxters Concrete in Wodonga, driving a concrete agitator until my accident in October 2019. I had a 12 month forced lay-off, before Baxters offered me a new job, organising maintenance on all of their trucks and equipment. I still do this today and I will be eternally grateful for the opportunity.

One of my passions is fishing, namely, fly fishing for trout. Fly fishing has taken me to New Zealand on a number of occasions, chasing their mighty brown and rainbow trout. One of the pics here shows my first 'fly caught' Murray cod, a bucket list thing for us fly fishers! Otherwise, I love nothing more than getting into my boat and trolling around the Hume Weir in the sunshine, absolutely 'de-stressing to the max!' I'm very happy to catch anything with fins, anywhere!

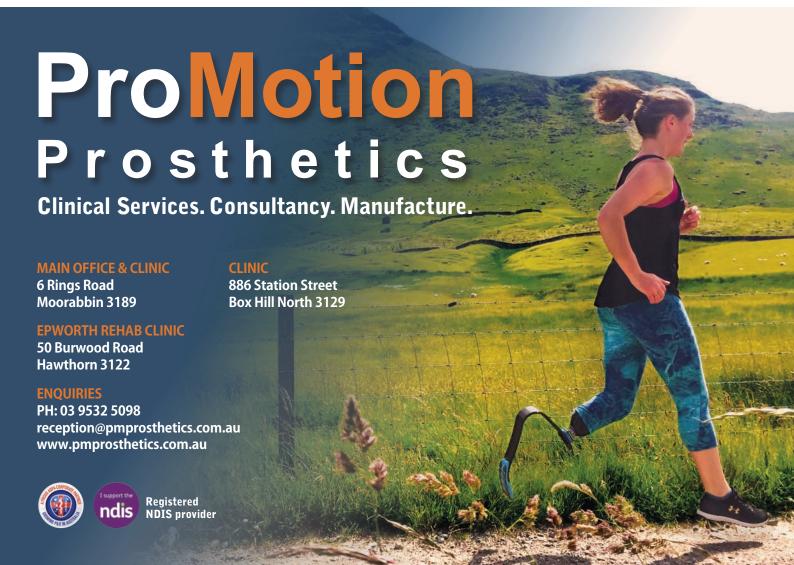
I also love clay target shooting and hunting. I started this journey 50 odd years ago when I was at Wodonga Tech school. Back then I

could ride my bike to school with my shotgun either slung on my back or laying across the handle bars. Wow...try doing that now! I have competed in clay target shoots all around the country and met a lot of people that I now call my mates. I was really worried after my accident that I wouldn't be able to shoot again due to the recoil of the gun (due to other injuries, not my amputation). Just after I got out of hospital, I had to go and tried it and thankfully all was good...well not really good, but good enough!

Hunting allows me to help rid the country of vermin like pigs, foxes and rabbits. It also allows me to fill the freezer with things like fresh rabbit, wild duck and deer, some of the best meat you can get!

I would encourage anybody who's thinking about the Albury Wodonga Amputee Empowerment Group to join us for our next lunch. Everyone's welcome and I guarantee that it's a friendly and welcoming bunch, including Deb and me! See you there!







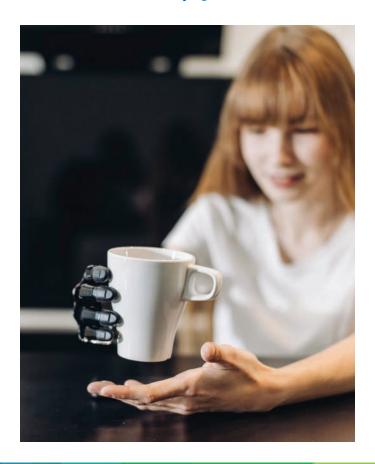
Getting the most from your upper limb prosthesis: Why occupational therapy matters

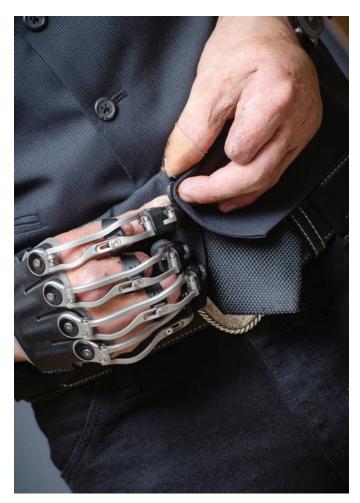
For people living with upper limb difference, a prosthesis can be a powerful tool - not just a device, but an opportunity for greater independence and participation in everyday life. While a prosthetist plays a critical role in designing and fitting your prosthesis, there's another key professional who can help you to get the most out of it: an Occupational Therapist (OT).

An OT brings a unique focus on how you use your prosthesis—not just in the clinic, but in your home, workplace and community. They work with you to translate prosthetic function into meaningful activity and undertake the roles and routines that matter most to you.

What Occupational Therapists do

Your OT will complete a functional assessment; getting to know you, your lifestyle, goals and any challenges you might





face. They help identify what tasks you want to be able to do with your prosthesis, and work with you and your prosthetist to determine the most suitable prosthetic options for you. During the prosthetic trial the OT will help you practice, problem solve and evaluate how different prosthetics perform when completing practical tasks—like holding a toothbrush, using a knife or tying shoelaces. By using standardised assessments and practicing real-world tasks, they can help you determine which device best supports your daily activities. This decision is highly individual, and is influenced by many factors such as your physical abilities, functional needs, goals and the environments you use the device in. For example, some individuals may benefit from a multi-articulating hand for fine motor tasks, while others may achieve greater independence using a body-powered or myoelectric hook for heavier, repetitive tasks.

The information gathered by the OT will support the best choice of prosthesis, and this strengthens NDIS and other funding applications by demonstrating the functional benefit of the device.

Training and skill building

Once a device is prescribed, an OT provides targeted training to build your skills and confidence. This often includes learning how to control the prosthesis to complete common, everyday tasks in real world environments. Research shows that people who receive prosthetic training are more likely use their prosthesis over the long term. Training is not just about skill—it's about strategies to help the prosthesis become part of your everyday life.

Supporting function beyond the clinic

Upper limb difference rarely exists in isolation. People may have other conditions like pain, overuse injuries, or general fatigue. OTs take a holistic approach, prescribing assistive aids, support services and other strategies for joint protection and energy conservation to maximise your independence.



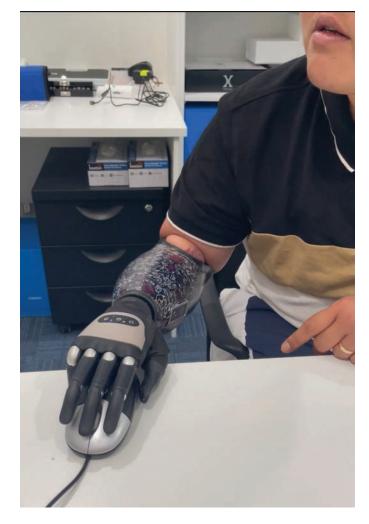
As your life changes—whether you return to work, become a parent, or take up a new hobby—your prosthesis may need to change with you. OTs can help you reassess your needs, support further prosthetic trials, and work collaboratively with your prosthetist to adjust or replace your device.

Working together with your prosthetist

The skills of your Prosthetist and OT complement each other, and together they support your prosthetic journey. Prosthetists are experts in design, fit, and prosthetic technology, and OTs are experts in everyday function, focusing on what happens once the device leaves the clinic.

Whether you're trialling your first prosthesis or exploring new devices, including an OT in your team will support prescription that is beneficial to your goals, lifestyle, and functional outcomes.

Article provided by Abby Hutchinson, Director and Senior Occupational Therapist, Enable Rehab.







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

Workshop topics include:

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



- Adelaide 21 March
- Melbourne 18 April
- Gold Coast 9 May
- Hobart TBC
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- Darwin 8 August
- Sydney 29 August



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Many people who have undergone amputation/s can still drive if they are deemed fit to do so. People are often concerned that having an amputation will mean that they won't be eligible to drive again. In a country as vast as Australia, driving is an important way for us to travel, go to and from work, visit friends, shop and remain active in the community. Most importantly, driving means independence.



Many people who have undergone amputation/s can still drive if they are deemed fit to do so.

The first step in regaining your driver's license post-amputation, is to see your doctor. Your doctor can assess your ability to drive and may need you to have some health tests to determine this. The purpose of these tests is to make sure that it's safe for you and safe for other road users. The rules and requirements differ in each Australian state and territory. Your doctor will be able to tell you what's required and refer you to other professionals if you're required to have further testing, before contacting your local road transport authority.

If I get my license back, do I need to have my vehicle modified?

The need for vehicle modifications can depend on a number of factors:

If you have lost your left leg, then chances are that no modifications will need to be made to your vehicle. If you have a manual car and are a



below knee amputee and want to continue to drive that car, you may need to pass a driving test to prove that you are safe on the road.

If you have had a right leg amputation you may be required to have a left foot accelerator fitted to your vehicle. You also may be required to drive an automatic only car. People who wish to drive a non-modified vehicle will need to pass a test proving that they can do so.

If you have double below knee amputations, you may choose to drive with hand controls and/or request to be tested using your prosthesis. In some cases people with both a below and/or above right knee amputation can request to be tested to drive an unmodified car. If you have had an upper limb amputation you may be required to be tested and drive with a spinner knob, have one fitted to your vehicle and use it when driving.

To learn about car modifications, tests and requirements, speak to an occupational therapist.

What types of vehicles can be modified?

Most automatic vehicles can be modified for both upper and lower limb amputees. For those of you who are motorbike enthusiasts, some motorbikes can also be modified to suit amputee riders. Depending on the funding scheme you are connected to, you may be required to provide the age of your vehicle and evidence that it is in roadworthy condition before they approve funding for any modifications.

What kind of vehicle modifications are available?



- Hand controls
- Spinner knobs
- Left foot accelerators
- Hand worn accelerators
- Wheelchair lifters and carriers
- Roof mounted wheelchair transporters/pods
- Swivel Seats
- Auto Assist Grab Bars

Who can assist with car modification information?

An Occupational Therapist (OT) with experience in driver assessment and training can assist you in several ways:

- Assess you for driving
- Recommend the right device/s for modifying your vehicle
- Arrange for trials and training with car modification equipment

If you need to find an Occupational Therapist with skills in driver training in your state or

territory you can visit www.otaus.com.au and then search in the 'Find an OT' section on their website. The website has a list of OTs, complete with contact details, the funding programs they are registered to support. The OT will work with you to determine your needs and requirements and arrange for trials of equipment to make sure they meet your needs.

Can I receive funding for vehicle modifications?

Some funding schemes may cover the cost of vehicle modifications.

- Department of Veterans' Affairs (DVA)
- Transport accident bodies (state and territory)
- Workcover workers' compensation schemes
- My Aged Care (Commonwealth Home Support Programme/Home Care Packages)
- National Disability Insurance Scheme
- State-based equipment schemes

Partners and carers

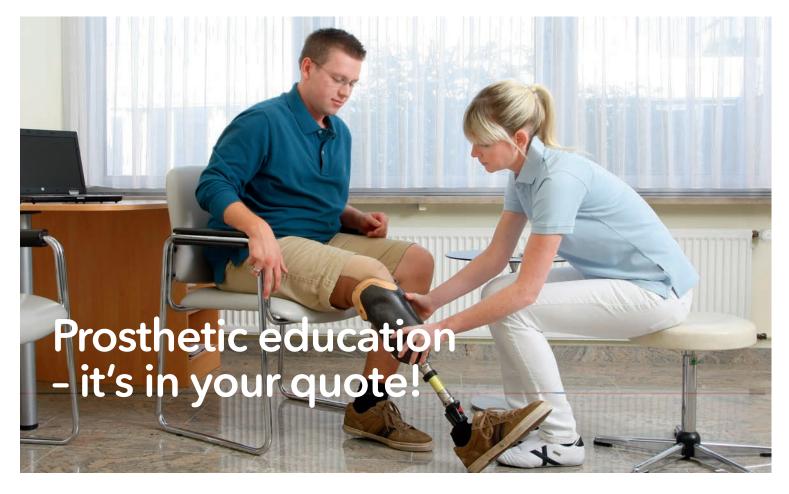
Limbs 4 Life recognises that amputation affects the families and loved ones of people who experience amputation too.

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

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

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





So, you've just been given your new prosthesis and it's time to take it home - now what?

Before you take your prosthesis home your prosthetist should have given you information about the device, when it requires service maintenance, things to look out for and generally, how the device the works and functions.

If you are using a device which requires charging, you should know how often the device needs to be charged and what you can and cannot do with the prosthesis. For example, is the prosthesis waterproof or water resistant, do you need to know how to turn it off and on. If you use a prosthesis which connects to your mobile phone - has your phone been set up for you?



This is also a good time to think about any questions that you may have. Have you asked everything you need to, or have you just been given an instruction book and told to read it! First hand information is generally better than getting a book - so if you are not sure about something, ask.

If your prosthetic provider is a member of the Australian Orthotic and Prosthetic Association (AOPA) there are certain guidelines that they need to follow when providing you with a prosthesis. These include:

- Encouraging you to provide feedback about your prosthesis
- Listening effectively to you and/or your carer
- Providing you with information in a way that you understand

You should also have a clear understanding about how to donn (put on) and doff (take off) the prosthesis and liner/ sock. This is important to make sure that you get the right fit and the best out of the device.

A correct fitting prosthesis will mean that your prosthesis should feel comfortable.

You should also know how to clean the device and be aware of any basic troubleshooting tips. You should also have a clear understanding about how to donn (Put on) and doff (take off) the prosthesis and liner/sock. This is important to make sure that you get the right fit and the best out of the device. You should also know how to clean the device and be aware of any basic troubleshooting tips.

If you're prosthesis is funded by the National Disability Insurance Scheme (NDIS) then you may notice on your quote that there is a line item relating to client education. Your provider is being paid to educate you about the device so make sure that you make the most out of this time to ensure that you have a successful and functional prosthetic experience.



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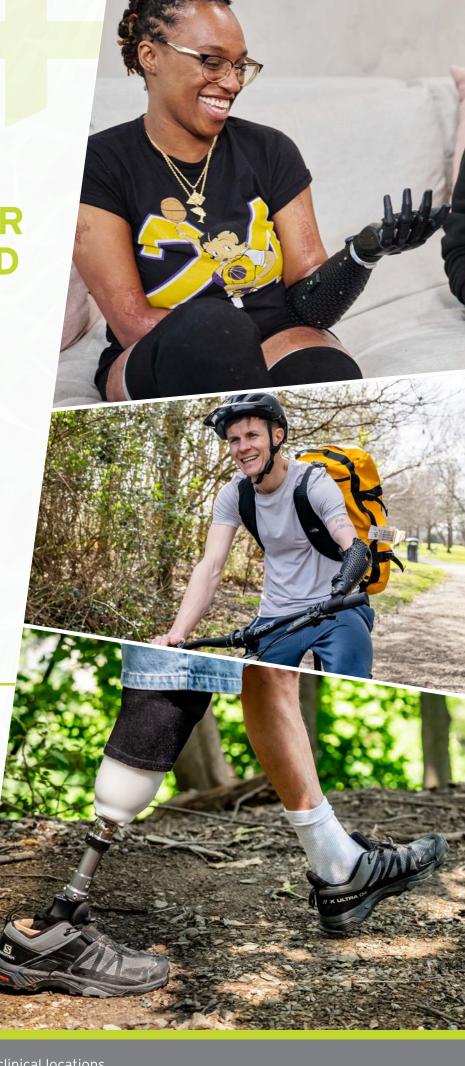
With the largest team of prosthetic and orthotic professionals in Australia, you can rest assured that oapl clinical care is always within reach.

oapl Clayton is now accepting appointments for prosthetic consultations. To book an appointment, please contact the clinic on 1300 866 275. We look forward to supporting your mobility journey with expert care and personalised solutions!

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