

# amplified

edition 1 | 2018

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Carrying the Baton in the lead up to the Games.

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Distributed by OPC Health

Paul Coleman - Prosthetics & Orthotics Product Manager

T: 03 9681 9666 M: 0411 959 462 E: [pcoleman@opchealth.com.au](mailto:pcoleman@opchealth.com.au) [www.opchealth.com.au](http://www.opchealth.com.au)





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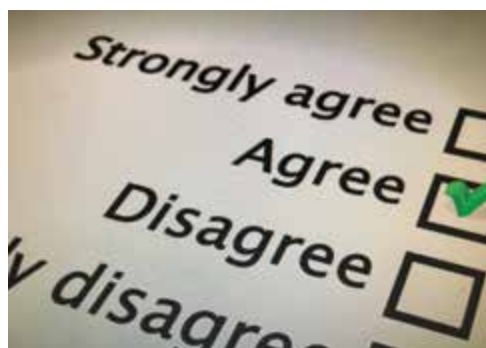
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## amplified

edition 1 | 2018

Welcome to the first edition of Amplified for 2018.

Some of you may remember that we conducted a readership survey just before the end of 2017. Thank you to everyone who contributed to the survey, your feedback was extremely valuable and we have reviewed and compiled all of your feedback. In this edition, and future editions we will be addressing your requests on the topics and themes that you (our readers) would like to know more about.

Don't forget the Commonwealth Games are fast approaching. Look out for your favourite athletes during the Games April 4 - 15.

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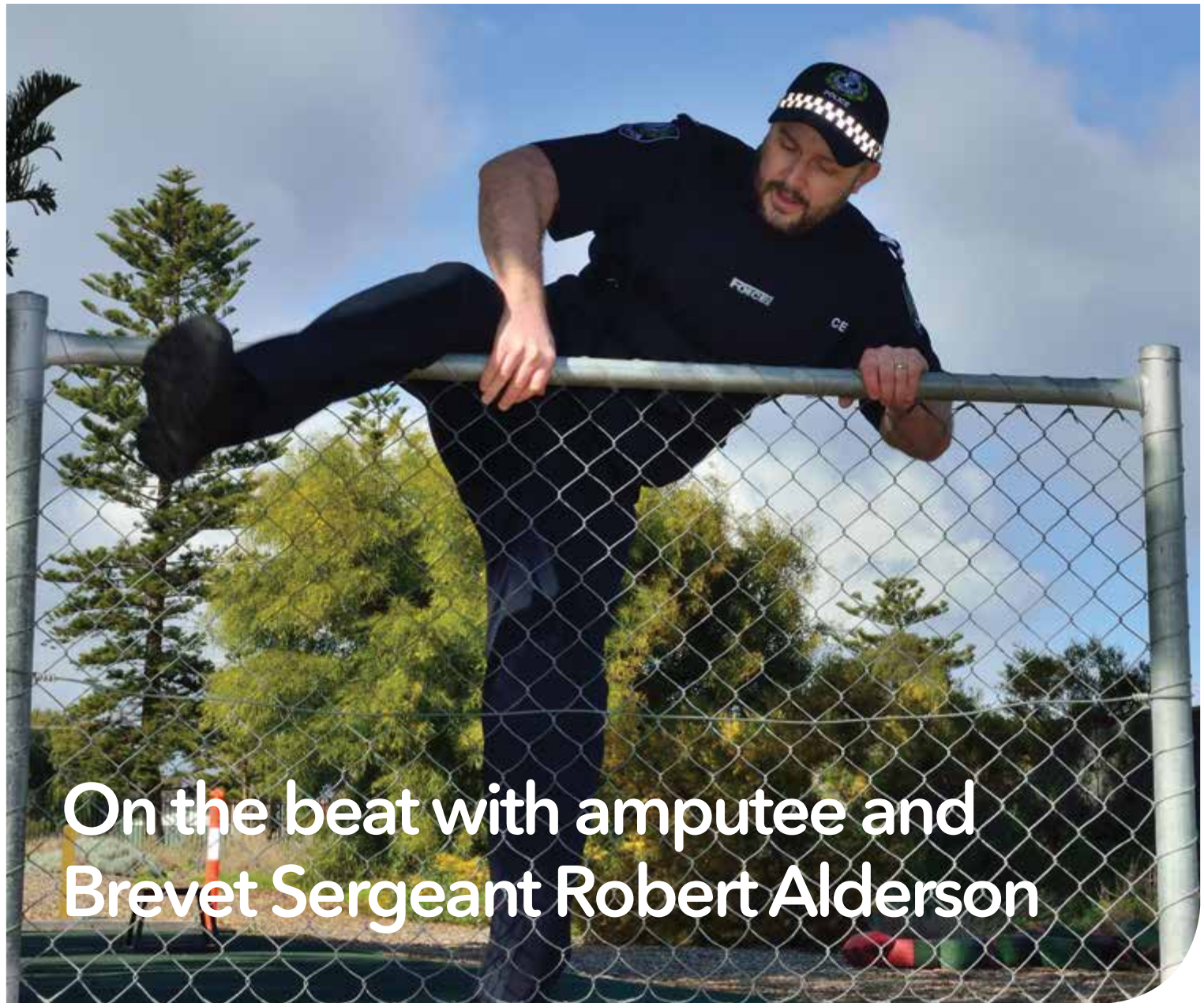
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# On the beat with amputee and Brevet Sergeant Robert Alderson

**Robert is an amputee, father of two, and a proud serving member of South Australia Police (SAPOL). Read Robert's story of determination, courage and perseverance.**

Robert and his family come from Northumberland, in the North East of England. Robert and his wife Julie were high school sweethearts and met when they were just 14 years old. They attended the same University in Bangor, North Wales and were married in their final year of University when they were both just 21!

After completing University, Robert and Julie returned to their home town of Ashington to settle down and start their careers and lives together. Robert had obtained an Honours Degree in Economics, but there were not many job opportunities in their local area, so he made the decision to change career direction and try an entire different line of work.

"I saw that the local police were recruiting and knew that it would be a secure job with good options for career progression," Robert said.

He applied and for the nine years that followed, Robert worked as a police officer progressing to the rank of Sergeant in Northumbria. However, getting a job as a Midwife proved difficult for his wife Julie, so they started to look for work elsewhere.

"Around that time, we had friends who had moved to Adelaide and joined South Australia Police who were actively recruiting UK police officers and we were aware that various hospitals in Adelaide were also looking to hire more midwives," Robert said. So, Robert, Julie and their boys Charlie and Ben packed their bags and moved 'Down Under'.

"We immigrated to Adelaide in September 2007. Our boys were aged seven and nine. It was a huge leap of faith as I had already resigned from my job in





the UK and we had never been to Australia before,” Robert said.

“I applied to SAPOL, got accepted and offered a position. Julie applied for Midwifery jobs and was offered a job at the Women’s and Children’s Hospital. We knew that the move would provide a better future for ourselves and our children.”

Things were looking up for the new arrivals but in October 2013 Robert and a group of colleagues took part in a training exercise known as ‘True Grit’. What was meant to be a fun day out ended up being the ultimate challenge for Robert and his family.

“‘True Grit Night Attack’ was an army style assault course that my colleagues and I took part in outside of working hours for a bit of fun. We were nearly at the end of the course when we had to climb over a wooden climbing wall. I helped to boost my team members over the wall and I was the last to get over the obstacle. I ran up the wall, grabbed the top of the wall, and as I was swinging myself over a colleague’s head popped up into view. He had come to help

pull me up, but he popped up as I was moving over the wall. My plan was going to be to hang and drop, but I would have kicked him in the face and knocked him backwards off the wall,” Robert said.

“Without thinking I ended up moving over the top of him and ended up in free fall. I landed awkwardly on the ground with my whole-body weight going through my left leg rather than landing on both feet. There was grass on the ground but was as hard as concrete. As a result of the way I landed, I sustained a compound fracture of my left tibia, fibula and ankle.”

Following the fall, Robert was taken to the Royal Adelaide Hospital where he underwent multiple surgeries and procedures as doctors tried to deal with the complications of his injuries and to save his leg.

“After being discharged from hospital my leg wound became infected and the wound continued to break down, so I had to undergo plastic surgery where they did free flap surgery. The surgeons took the gracilis muscle from my left leg and transplanted it into my lower leg in an effort to close the wound. They also removed 4cm of my tibia bone that had died and temporarily filled it with cement,” Robert said.

Months later Robert had further surgery to try to close the gap in his tibia. Unfortunately, the surgical procedures were not successful, and Robert ended up with a titanium rod through his heel and through the middle of his tibia bone. His ankle was fused. Robert was able to walk with a walking stick, but he experienced significant ankle pain. In October 2015, Robert was given the option to have elective surgery to increase his quality of life.

“I desperately wanted to be an operational police officer again. I made the decision to amputate my leg because the ‘re-constructed leg’ was a hindrance. It was painful and significantly disfigured. I was unable to do the things that I wanted to do in life, both personally and professionally in the workplace,” shared Robert.

After Robert’s wound healed he was able to start the process of being fitted with a prosthesis. Robert attended the Repatriation Hospital Amputee Clinic in Adelaide where he re-learned to walk.

“People can’t tell which leg my prosthetic is,” Robert laughed.

Robert’s intense rehabilitation paid off. Finally, in

August 2017 he became the first amputee to be declared a fully operational police officer in South Australia Police. In September that same year Robert won the Self Insurers of South Australia (SISA) award for 'Outstanding Personal Achievement in Return to Work'.

Robert credited the success of his recovery to the support he received from his family, friends, colleagues and healthcare providers.

"My wife (Julie) was my rock. I couldn't have stayed so positive without her. My employer was wonderful, and my colleagues made sure that I stayed smiling; they made me laugh, especially when I was having a tough day, or week. It was good to be at work as it got me out of the house and interacting with other people again. Professional support from physiotherapists, prosthetists, surgeons and allied healthcare staff was invaluable," Robert said.

Robert now works full-time within the police intelligence section and is enrolled in a Masters Degree in Intelligence, Policing, Cyber-Security and Counter Terrorism. To keep fit he enjoys long walks with his family, exercise and practices yoga.

Robert says his amputation is a new experience and a big learning curve. He affirms that maintaining a positive mindset can make a huge difference in the recovery process

"Losing a limb is like losing a loved one. A process of grieving occurs, and it needs to happen. It is natural to cry, it is natural to feel a little bit low on occasions, but it is important to come out of the other side, as life does go on," he said.

"I would rather lose my leg than have something happen to my kids. In reality, there are people around the world who are in that situation. I would rather be in my situation. There is always someone worse off."

Robert's advice to his fellow amputees is to stay positive, set some goals, listen to the professionals, interact with others and most importantly, not to take your family for granted.

Robert is participating in the Limbs 4 Life Peer Support Volunteer Program to provide support and assistance to new amputees and their families. We welcome Robert to the team.

*Limbs 4 Life would like to acknowledge and thank South Australia Police for the use of images in this article.*



**Would you like to support new amputees?  
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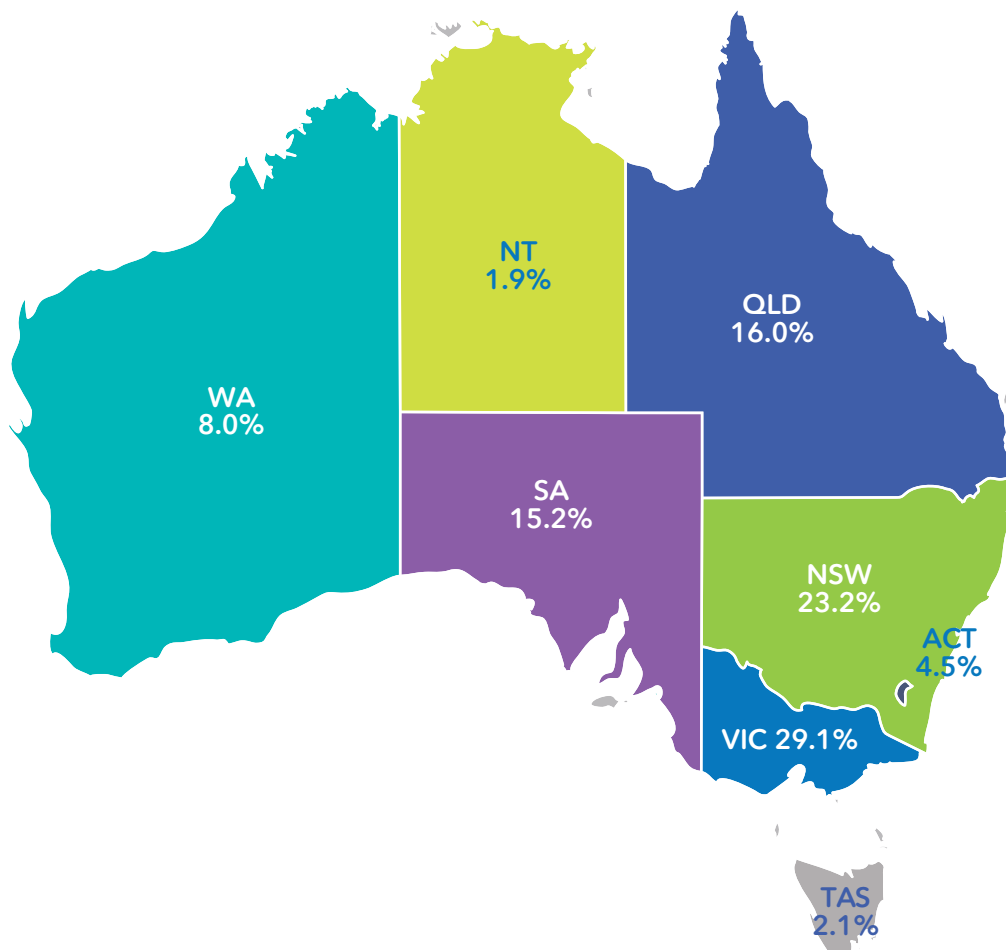
# Limbs 4 Life Readership Survey

Recently, Limbs 4 Life conducted a readership survey. The purpose of the survey was to collect feedback from you, our stakeholders, and seek your opinion on the information we distribute via our communication channels including: Amplified magazine, social media channels and our new website.

The results are now in! We received an overwhelming response from people across the country and we would like to take this opportunity to thank you all for taking the time to participate in the survey and for the valuable feedback you provided.

A snapshot of your responses can be found below. We will work to include information, news and articles relating to your feedback over the coming months.

## Survey respondents per state/territory

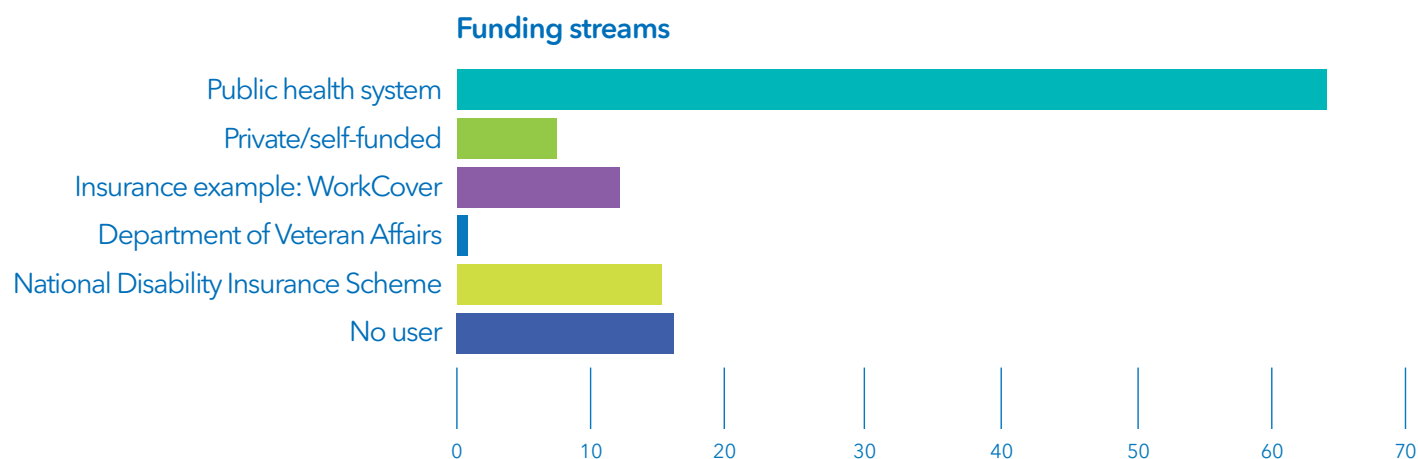


## Who took part in the survey?

We received a total of 271 responses from participants who took part in the survey.

- 96.4 per cent were amputees or parents of children with limb difference.
- 43 per cent were female and 57 per cent were male.
- 93.5 were lower limb amputees while 6.5 per cent reported an upper limb difference.

## How is your prosthesis funded?



## Feedback on Amplified magazine

Amplified magazine is Limbs 4 Life’s main publication and is sent to all stakeholders electronically or in printed form three times per year. Survey participants indicated that ‘Amplified’ is ‘very useful and informative’.

According to the findings, the following topics were found to be the most beneficial:

- Personal stories about other amputees and people with limb difference
- Information about the National Disability Insurance Scheme (NDIS)
- Prosthetics products and updates in technology
- Tips on healthcare management following amputation
- Phantom pain
- Self-advocacy
- Information about self-care and transitional tools for primary and secondary school students.

Respondents also stated that they would like more articles about the following:

- Coping skills for partners of people with limb loss
- Individual achievements following amputation
- Therapeutic interventions to assist with recovery, and what is available
- Tips for dealing with and managing amputation

Interestingly 69.3 per cent of respondents stated that they found the advertisements useful and a way of learning about new products, services and information.

### Connect with us today.



Amputees - Limbs 4 Life Facebook



Instagram @limbs4life



Twitter @Limbs4LifeInc.

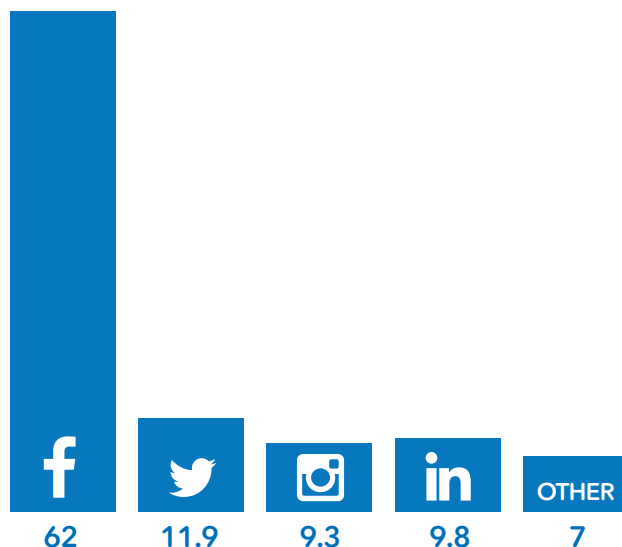


LinkedIn @Limbs4life



## Social media activity

Limbs 4 Life is active on social media using four different platforms to communicate with the community. As part of the survey, respondents were asked to indicate their level of engagement with social media. Respondents indicated that they utilise one or more social media platforms once or multiple times per day.



The vast majority of respondents indicated that their primary reasons for utilising social media is to:

- Keep in touch with friends/family
- Keep up to date with the latest news and events
- Expand their online networks
- Share photos, videos and events
- Keep informed and in touch with organisations and community groups

There were a small number of participants (3%) who has indicated that they do not use any form of social media.

Limbs 4 Life manages a Facebook page and administers two Facebook groups (including one specifically for the Limbs 4 Kids program). Limbs 4 Life is also active on Twitter, LinkedIn and Instagram.

## Website feedback

Limbs 4 Life launched a new website in October last year. The website serves to provide essential information and access to resources for the community. 76.3 per cent of respondents indicated that they have visited the new site, while 73.2 per cent said that they liked the new site.

Feedback also indicated the need for more personal stories, studies and comparisons in the level of amputation and more article about children with limb differences.

Although there were some respondents who stated that they found the site difficult to navigate, the majority of respondents stated that it is easier now than before.

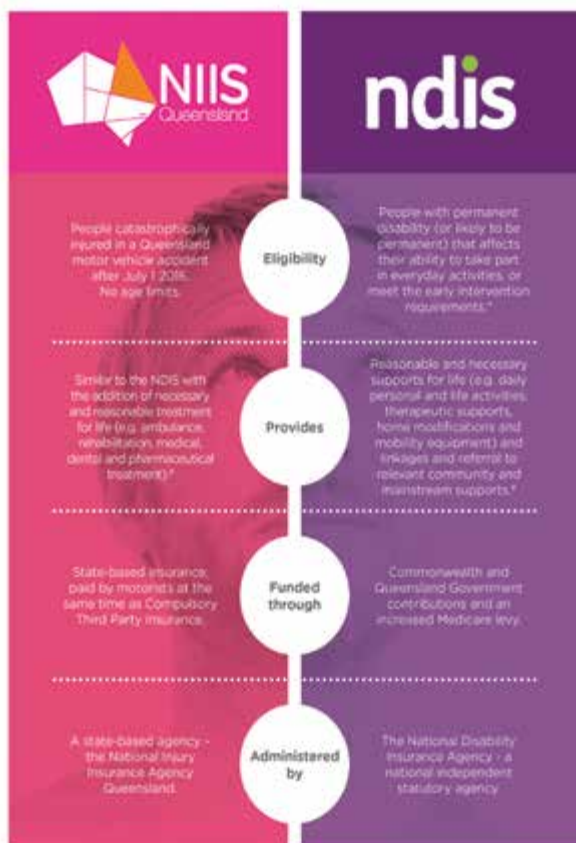
Limbs 4 Life is grateful to everyone who took part in the survey. We will use your feedback to dictate future articles, and topics for stories.

If you would like to make any additional comments, please email [media@limbs4life.org.au](mailto:media@limbs4life.org.au) or call 1300 782 231.



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\* People must be aged under 65 when they make an access request to the NDIS, and live in Australia and be an Australian citizen, hold a permanent visa or hold a protected special category visa.

† The NIISQ and NDIS will not replace support provided by mainstream and universal services - these are services that everyone can access like education, health services and transport.

niis.qld.gov.au

From 1 July 2016, anyone who sustains a serious personal injury, including multiple or high-level limb amputation, in a motor vehicle accident in Queensland may be eligible to receive necessary and reasonable lifetime treatment, care and support under NIISQ.

Treatment, care and support services include:

- Medical and pharmaceutical treatment (e.g. doctor's appointments, medication)
- Dental treatment
- Rehabilitation (e.g. physiotherapy, occupational therapy)
- Attendant care and support services (e.g. personal care and domestic services)
- Aids and appliances (e.g. wheelchairs)
- Prostheses
- Educational or vocational training
- Home and transport modifications (e.g. ramps or bathroom rails)
- Respite care

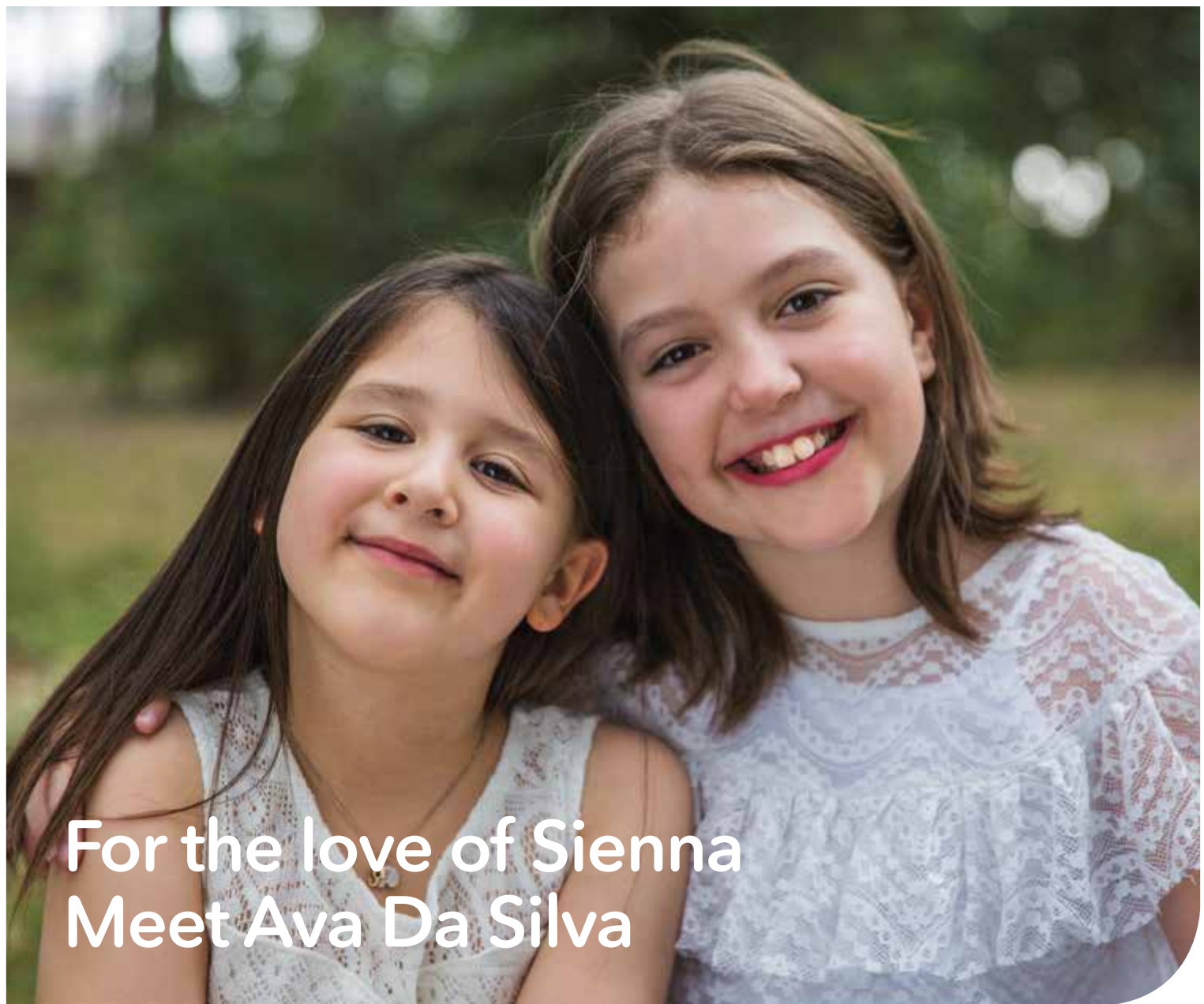
For more information visit

[niis.qld.gov.au](http://niis.qld.gov.au)

or call 1300 607 566.

Alternatively send your enquiry  
to [enquiries@niis.qld.gov.au](mailto:enquiries@niis.qld.gov.au)





## For the love of Sienna Meet Ava Da Silva

**When Ava Da Silva learnt that she was accepted as a National Finalist into the Miss Diamond Australia Pageant in the Mini Division, she was ecstatic. Miss Diamond Australia is a Pageant that promotes diversity, community spirit, charity work and friendship. Ava knew when entering she had to choose a Charity to potentially raise money for if she made it through and without a second thought, she chose Limbs 4 Life.**

Not only had Limbs 4 Life sent Ava and her three siblings to The Special Children's Christmas Party in honour of Sienna, her older sister who was born with congenital limb differences, but Limb 4 Kids has supported her family since Sienna was a small child.

Sienna was born without thumbs, a missing radial bone in one arm and ulnar in the other, shorter upper limbs, one elbow fused in flexion and a

smaller shoulder. Aside from the obvious physical differences, Sienna also endures long standing battles with heart disease, scoliosis, autism, chronic anxiety disorder and several other conditions which Sienna is reluctant to have spoken about in public.

Sienna is now nine years old, it has not been an easy road for her, having multiple hand reconstructions to try and get the best function out of her hands. And alongside her throughout that journey for the past six years has been little sister Ava. So when entering Miss Diamond Australia and choosing a charity, Ava chose the only one she knew that had been there for her entire life to support her family, Limbs 4 Life.

To date, Ava has represented Limbs 4 Life to raise awareness for Amputees and Congenital Limb Deficiency throughout many avenues. She has appeared on 2GLF 88.7fm Living Life with Lilly Radio Show in Sydney and Southern FM 88.3fm with Daniela Herrera and Clinton Jack in Melbourne to

she speaks about her charity work and her journey with Miss Diamond Australia. She has also appeared in her local newspaper The Auburn Review to share her story and fundraising efforts with the community.

Ava has also met with The Mayor of Cumberland Greg Cummings, Sydney based LFL Sports Woman and Muay Thai Boxer Bonnie Gillespie who was born with a congenital hand difference, a strong role model for young women. Ava has visited the Auburn & Flemington Police Stations and Silverwater Fire and Rescue to speak to police and firefighters about community safety, Miss Diamond Australia and most importantly as a representative of Limbs 4 Life.



Ava meets celebrity chef Gordon Ramsay

But the highlight of her journey has been meeting Gordon Ramsay, famed Celebrity Chef in Bondi. She spoke with him briefly about Miss Diamond Australia and Limbs 4 Life and even gave him one of the famous Limbs 4 Life Ribbons. Many hugs and kisses later, Ava walked away very excited and overwhelmed that she had just met a celebrity and had given him a Limbs 4 Life Ribbon.

Ava's charity work has involved holding a Tea Party, Car and Motorbike Cruise, attending Cars under the Stars in Sydney and a Private Movie Screening as well as having an everyday hero fundraising page all in aid of Limbs 4 Life.

Aside from her work for Limbs 4 Life, she proudly puts on her Miss Diamond Australia Sash and represents at the One Love in Christ Homeless Dinner in Parramatta frequently, donating food and water from her own Christmas and pocket money. The most heartbreaking homeless dinner for Ava to attend as a volunteer, was one where she sat down with a man who visibly had one arm. He expressed

to Ava the hardships of living with a "disability" as he called it. Ava, a compassionate young child replied "Your ability is stronger than your disability" and the gentleman broke down in tears and told Ava that was exactly what he needed to hear. This is a quote that Katherine Moffett, Ava's mother, has been constantly saying to Sienna when she gives up too easily because things are hard, a line that has been etched into Ava's mind.

Ava will be flying from Sydney to Brisbane to attend the National Finals for the Miss Diamond Australia Pageant in the hopes of being crowned in the Mini Division. Until then she will continue spreading awareness about Limbs 4 Life on social media, through her Facebook page, Ava's Adventures, Instagram account avadasilva\_mda2018 and most importantly on the Diamond Australia YouTube page where she weekly submits her Diary of a Pageant videos, showcasing her fundraising and preparations for pageant.

Katherine has expressed that although it is Ava who is currently in the spotlight, Sienna is by her side every step of the way, attending all fundraisers and public events which is a huge step for Sienna who suffers from severe anxiety due to past bullying and body image issues. Sienna is so proud of her little sister for standing up for kids like herself and trying to make a difference in the world.

Miss Diamond Australia Pageant is being held at the Brisbane Convention Centre on April 7, 2018. Support Ava. Tickets can be purchased at [www.MissDiamondAustralia.com](http://www.MissDiamondAustralia.com)



Limbs 4 Life would like to acknowledge and thank Radim Spitzer of Life photos for the use of images in this article.





Mini Miss Diamond finalist Ava Da Silva



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Sarah Miller carries the Baton in Frankston, Victoria

## Gold Coast 2018 Queen's Baton Relay in the lead up to GC2018 XXI Commonwealth Games



The Queen's Baton Relay is a Games tradition that celebrates the Commonwealth's diversity, inspires community pride and excites people about the world-class festival of sports and culture to come. The Baton carries a message from the Head of the Commonwealth - The Queen Elizabeth II.

As part of the tradition, the relay begins at Buckingham Palace in London where the Queen entrusts the baton to the first batonbearer, marking the beginning of a journey across more than 70 nations around the World before arriving at its final destination.

The Queen's Baton will arrive on the Gold Coast for the XXI Commonwealth Games Opening Ceremony on 4 April 2018.

As the Baton made its way around Australia we

caught up with three very excited and worthy Batonbearer's; coincidentally all Limbs 4 Life Peer Support Volunteers, who had the privilege to carry the baton in their respective cities.

Lyn Johnson President of the Tasmanian Amputee Society said it was an experience like no other. "It's an absolute honour. There are really no words to really describe it. I carried the baton on the streets of Devonport from Ronald to Adelaide Street. It was a lot of fun," Lyn shared.

Priscilla Sutton from Canberra said "I couldn't believe over 40,000 people were nominated and I was one of lucky 3,800 chosen", Priscilla shared.

"I ran the second half of the Lake Burley Griffin Circuit. When it got to my turn I was feeling nervous, and all I could think was don't fall over! Don't drop the baton! Don't forget to look up", she laughed. "It was so exciting to see friends and strangers alike, and there were even two banners with my name on them, which melted my heart. I had an incredibly fun filled once in a life time experience", Priscilla said.

Sarah Miller from Melbourne carried the baton in Frankston. "My part of the relay was 250 meters from Davey Street (a main street in Frankston) around, and into Baxter Street. It was fantastic! Sarah said. Sarah's son Nick travelled from Sydney to Melbourne to watch his mum take part.

At the Opening Ceremony of the Games, the final batonbearer hands the baton back to the Queen or her representative, who reads the message aloud to officially open the Games.

This year, the games will be held in the Gold Coast from the 4 to 15 April 2018. More than 6,600 athletes and team officials are expected to pack the city to share in the celebration of sport, entertainment and culture.

GC2018 will set a new Commonwealth Games record by hosting up to 300 para-athletes and 38 medal events across seven sports - an increase of 45 per cent more athletes and 73 per cent more medals compared to the para-sport competition staged at the last Commonwealth Games in Glasgow in 2014. If you don't plan on going to the Games, you can watch all of the action and follow your favourite athletes on Channel 7, Facebook and Twitter.



Priscilla (right) after her Baton run in Canberra



Lyn (right) on the streets in Devonport Tasmania



# Ottobock has para-athletes covered at this year's Commonwealth Games



Just a month after the Paralympic Games in Pyeongchang, South Korea, Ottobock will again open its specialist workshop - this time some 7,000 kilometers south, to support para-athletes ahead of the Gold Coast 2018 Commonwealth Games (GC2018).

Ottobock has a rich history supporting the para-sports community and is the longest serving partner of the Paralympic Games (since Seoul in 1998). The Commonwealth Games integrated para-sports program is unique match with Ottobock's key belief that participation in sport can assist those with mobility challenges as they re-integrate into community life. Unlike the Paralympic Games, the Para-sports component of the Commonwealth Games is integrated with the main sports program.

Ottobock Australia is the official Prosthetics, Orthotics and wheelchair repair provider of the Games. It will have a team of experts incorporating orthotic and prosthetic professionals, wheelchair technicians and welders, and they will be available to repair and service sport's and everyday prostheses, orthoses and wheelchairs so the athletes can concentrate on their performance in the competition.

The main workshop has been imported from Germany in two modified shipping containers and will be open daily in the Commonwealth

Games Village. Ottobock will also facilitate mobile workshops located at Games venues and training sites to provide help as soon as possible in case of technical problem.



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# Children and adolescents with upper limb differences

**Children and adolescents with upper limb differences engage in a range of play, self-care and leisure activities at home, school and in the community.**

Children may use an upper limb prosthesis to engage in bimanual tasks, these are tasks that typically require the use of two hands together. Many children are very independent without using a prosthesis.

Children and adolescents who have upper limb differences are regularly seen in large hospital settings by interdisciplinary teams who work together to help them be as independent and active as they can be. Occupational therapists (OTs) work with children and adolescents to help them achieve age appropriate functional goals such as learning to tie their shoelaces or to ride a bike. Prosthetists work very closely with OTs to collaboratively prescribe prostheses to meet the functional need of the child or adolescent and to help them do the things they need and want to do as they get older.

## Evidence for upper limb prosthesis prescription

There is ongoing debate internationally about the type and timing of upper limb prosthesis prescription. Given the lack of consensus in the literature to assist with prosthesis prescription, clinical experience often guides this process [1]. Prostheses can be prescribed to increase symmetry and postural alignment, to encourage bimanual function, to help them achieve their goals or as an aesthetic device [2].





Some authors propose that very early prosthesis prescription helps to incorporate the prosthesis into the child's body schema or concept of their body in space [3]. Additional authors recommend that very early prosthesis prescription supports development of prosthetic skill as the child gets older [4]. Other studies do not support routine prosthesis prescription before 1 year of age [5, 6]. Some studies recommend prosthesis prescription before 3 years [1, 4] or 4 years of age [5]. A 2008 literature review found that individuals fitted within two years of birth (congenital) or six months of amputation (acquired) were 16 times more likely to continue to use their prosthesis [7].

A variety of prosthetic designs can be used with children [1]. Older children and adolescents who haven't used a prosthesis as a young child or who have stopped using a prosthesis, may choose to trial a prosthesis to help them engage in specific functional tasks [5] such as cooking with their family. Many children do not use a prosthesis. One reason may relate to increased sensitivity in their residuum or 'little arm' [8]. Wearing a prostheses means their 'little arm' is covered and they are unable to feel the objects they are handling, which may in turn impact on their use of their residuum [8]. This is one reason why some people choose not to use a prosthesis. Another reason may be that they find it easier to complete activities without a prosthesis.

## **The Royal Children's Hospital (RCH), Melbourne**

At RCH, Melbourne the prosthetist and the OT work collaboratively to provide education to children, adolescents and their families about upper limb prosthetic options. They help identify functional goals that may be achieved using the prosthesis and prescribe a prosthesis on an individual basis.

Three main types of UL prostheses are prescribed to children and adolescents; passive, myoelectric and body powered. Activity specific devices such as bike or cricket orthoses are also commonly prescribed to help children engage in sporting and social activities. Upper limb prostheses and these activity specific devices are manufactured by the prosthetist.

When a child has a new prosthesis or a new goal for an activity they want to complete, the OT will assist with training the child to use their prosthesis and ensure it is helpful at home, kinder and school [3]. An OT can also provide functional training to children who do not use a prosthesis, helping these children complete activities like tying their shoe laces, drawing and cutting with scissors.



At the RCH the OT and the prosthetist work with children, adolescents and families to ensure client centred, individualised prescription of prostheses is undertaken to help children and adolescents do the things they need and want to do, now and in the future.

**Lisa Robin, Occupational Therapist**  
**Phoebe Thomson, Senior Prosthetist Orthotist**  
**Limb Deficiency Clinic - Royal Children's Hospital**  
**Melbourne**

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# Is my child missing out by not wearing an upper limb prosthesis?

**Dr Sasaka Bandaranayake**  
Paediatrician  
QPRS Limb Difference Multidisciplinary team  
Lady Cilento Children's Hospital

An upper limb prosthesis can benefit children born with a shortened upper limb. However, a prosthesis may not be of benefit or accepted by every child. How do we decide which child is most likely to benefit from one? And what are the factors that influence prosthetic use and acceptance? There is no simple answer, but rather a multitude of factors which contribute to this decision making process.

The most influential factors include:

- Level of limb shortening
- The child's goals or needs
- Prosthesis type - fit and function
- Mindset of the child and their family towards limb shortening and prosthesis

Some families report their child is more independent and able without a prosthesis. Younger children, particularly with a congenital



limb shortening, have little sense of “loss”, so they develop their own compensatory strategies to perform tasks, such as using other body parts (e.g. head, legs and trunk) and adaptive methods or devices. Children with a below elbow shortening, often fall into this category. However a child with shortening above the elbow or involving both upper limbs, will find more challenges to developing independence in all tasks. These children potentially have more to gain with a prosthesis. But there are other factors to consider.

Ultimately the need for a prosthesis is driven by the child and their family's personal needs and desires. These needs may be to prevent or solve a developmental problem, to address a specific task and improve their functional capacity, or improve appearance. These needs vary for every child, and these needs change throughout a child's life. Therefore if a child does not need or wear a prosthetic now, it does not mean they won't in the future.

Much of the scientific literature on prosthetic rejection is based on adult studies. In children who do receive an upper limb prosthesis, the rejection rate is up to 35-45%. A study done in the Netherlands (2013) asked 42 children aged 8-12 years and 13-16 years with a congenital below elbow deficiency the reasons why they did or did not use a prosthesis. A prosthesis was chosen and worn primarily for improved appearance, commonly in places where the child was meeting people for the first time. This was particularly important during transitional periods such as puberty. Once they felt comfortable in an environment, the prosthesis was disregarded. Interestingly in late adolescence, non-wearers had negative feelings about wearing a prosthesis, as they thought it highlighted their upper limb difference.

Functionality was also important. Most children regarded the prosthesis as a helpful accessory for managing school tasks such as cutting, grasping, holding and lifting. Task-specific use was noticed in early and late adolescence for cycling and driving more safely, and for leisure purposes such as volleyball and hockey. Most other times, these children managed without their prostheses.

The main reasons reported for not wearing a prosthesis were that the children felt they were faster and more functional without one. They also complained about the weight of the prosthesis, the lack of sensory feedback, as well as issues such as stump irritations, sweating or bad odour.

Technical limitations were not considered by users to be reason enough not to wear a prosthesis, but rather a cause for improvement.

Prosthetic design needs to balance demands for comfort, function and appearance with durability and affordability. Including a child in the choice of their prosthesis will enhance acceptance. Accurate and realistic expectations on prosthetic use, through education, may also help prevent rejection. A range of sockets and terminal devices are available through the state Limb Provider or through the National Disability Insurance Scheme (NDIS), from which a prosthetist can create a custom-made prosthetic.

### **So, is your child missing out by not wearing an upper limb prosthesis?**

First, consider these questions:

1. Does your child find an activity challenging in everyday life, due to their limb difference, and would they like to improve?
2. Is there limb difference affecting participation at school or sport or family recreation or independence?
3. Is your child worried about how their limb looks?

If so, then obtaining prosthetics may be an option, as is trying adaptive devices, task adaptations and compensatory strategies. Remember, most things are possible with a little bit of imagination, persistence, practice and a good team behind you.

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The Limbs 4 Kids website offers a wide range of information, personal stories, news items, videos and publications that may be of interest to families, healthcare professionals and community members. Visit [www.limbs4kids.org.au](http://www.limbs4kids.org.au)

**limbs 4 kids**

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## A personal choice

### Kylie Franson

**Peer Support Coordinator and Program Manager Kylie shares her personal story about using and not using an upper limb prosthesis.**

I was born with an upper limb deficiency, having only a small part of my left arm below the elbow. After several visits with different specialists over the years, I was never given a definite reason for my limb deficiency and my family and I didn't pursue an answer.

My first prosthetic arm was fitted at around 12 months of age, which was a body powered hook. My mother remembers that at the time I had just started walking and the weight of the hook (and arm) would often pull me over, and I would sometimes land on it, scratching my skin from the hook. So, the hook-arm was retired to the wardrobe and I carried on without it for many years to come. I quickly learned how to do everything that I needed without a prosthesis. I really had no need for one!

At the age of 30, I took up para-cycling. Even though I had always ridden mountain or BMX bikes, I quickly discovered that I wasn't going to be able to ride road or track bikes without a prosthesis.

I had always just leaned my residual limb on the handlebars and ridden; but these handlebars were far too low, and I needed something just to prop myself up to keep my body level. I then revisited the prosthetist and they were able to make me a carbon fibre socket with a "criterium pivot" attachment on the end, which enabled me to be upright on the bike and connected to the handlebars. I rode with the South Australian Cycling Team for two years and competed at both state and national level. When I was on my bike it was the only time that I wore a prosthesis. It was also around this same time that I started to discover that years of bending over and leaning on my residual limb had taken its toll.

Things that had always been relatively easy like food preparation or typing, started to cause pain in my shoulder and back. My doctor explained that this was an overuse issue, due to the fact that I had been leaning over to do things for so many years caused by not wearing a prosthesis.

I now need to consider things that I've never given much thought to before. My posture, the way I sit, and the way I do other things. My work role requires me to spend lots of time at a desk, typing and/or writing, taking phone calls and sending emails. I purchased a sit/stand desk so that I can change my position when I get uncomfortable and I am now going to trial a prosthetic solution with single digit function, to help with some of the fine motor skills like: typing and food preparation. I know that this will be quite a challenge for me, but I will engage support from an Occupational Therapist to help me with prosthetic training and refining my skills. I know that it is really important for me to take care of my back and shoulders and to prevent any additional 'overuse' injuries; in order for me to maintain my independence and continue to work and look after myself and my family.


So, even though I chose not to wear a prosthesis in my younger years and got along quite well without one for most of my life, the impact of not wearing a prosthesis are now becoming evident to me, later in life.



## Unscarred DVDs

In the last edition of Amplified we gave our readers the chance to get one of six copies of Jamie (Dodge) Manning's DVD. We had an overwhelming response and the lucky recipients are:


Alan Hare, Hailey Sharp, Kristine Rawlinson, Pamela McSwiney, David McCarthy and Jamie Villalon.




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# Is your prosthesis allowing you to be your best?



## **When was the last time you thought about what else you need to do the things that you would like to do?**

You probably think about this a lot when things are not working out the way you planned. Chances are it's annoying you. So let's pose the question "when was the last time you discussed the things you want to do with your Prosthetist and asked if they could help you to achieve these goals?"

As a Prosthetist I often found that my clients didn't always discuss what they wanted to achieve. Having goals doesn't mean that they have to be visions of grandeur - it could be basic things such as wanting to be able to shower more easily when you're away from home or having the ability to stand up in your own shower. This may not have been something that you thought about, or even thought was necessary in the early stages after your amputation, but it might be something that you would like now.

Have you tried to do something like riding your bike on your current prosthesis? You might be finding it difficult because you are trying to hold on with one arm, or you can't bend your knee enough because your socket is causing you pain. Do you ever wonder if these things are possible? Perhaps that makes you think "maybe I can't do this activity anymore?" rather than asking your Prosthetist if something can be done (to your prosthesis) to make it easier and/or pain free. There might be things your Prosthetist can help you with that you didn't realise. Perhaps technology has changed and there are solutions available that didn't exist before.

So it's a good idea to talk with your Prosthetist about what you need and to ensure you are up-to-date with any changes in technology or funding. When meeting with your Prosthetist it's also a good idea to discuss your current prosthesis and what you do or don't like about it, as well as talk about other options that would better suit you and your lifestyle.

When talking to your Prosthetist about your current prosthesis think about what you already know, which may include:

- that you know your skin reacts to a silicone liner, you sweat too much and wonder if there is a liner available to assist with this problem
- that you need to kneel down to do your job and this often ruins your prosthesis
- that you need your prosthesis to be as light as possible and you don't care what it looks like as long as it lets you do everything you need to
- the things you like or don't like about your prosthesis and what is important for you (e.g. look, feel, weight, length, function, type).
- When speaking with your Prosthetist ensure that you talk about yourself more broadly, which may include:
  - any other health issues you might be experiencing
  - goals you would like to achieve (eg. return to work, driving, sport and recreation activities)
  - difficulties in attending your prosthetic clinic for regular checks because you work full-time, live in a remote/rural community etc. hence you need a prosthesis requiring minimal maintenance.

Before meeting with your Prosthetist also think about the activities you need to undertake or would like to be able to do in the future. It is a good idea to discuss these during your appointment as this will help to guide the decisions you can make with your Prosthetist. Such activities may include:

- changing a baby's nappy
- mowing the lawn
- getting up and down stairs
- cooking, showering, driving a car or anything else you may need to start doing on your own
- playing golf, going surfing, gardening or walking up and down a hill.

When speaking with your Prosthetist discuss changes to prosthetic parts, funding and emerging technology. While this information might not be relevant to you at the time, it may be of use down the track.

You may want to:

- find out about changes to prosthetic funding, such as the National Disability Insurance Scheme (NDIS)
- learn about different prosthetics, prosthetic componentry and new technology that you have heard about, and ask whether any of these

would suit you and your situation

- ask to trial new prosthetics.

Think of working with your Prosthetist as a 'team effort', one can't work effectively without the other. In order for you to make decisions and get the best outcomes:

- ask to take time to read about the componentry recommended for you before you go ahead and approve it
- discuss possible prosthetic options and their advantages and disadvantages of each part, so that you can work together to decide what will be best for you
- ask questions about any other expectations you have of your Prosthetist and/or the facility they work in, for example: "how long will it take from the time funding is approved until I receive my prosthesis?" or "I need to know about my appointments at least two weeks in advance so I can arrange to take time off from work" or "can we please book the next appointment now?"
- if you need to, ask for any information in writing and/or take some notes yourself so that you can discuss these matters with family members or friends.

**Sometimes there are specific things that you might be worried about discussing for fear of offending your Prosthetist in some way.**

You should know that all health practitioners are required to be approachable and a good Prosthetist won't be upset if you ask questions. Most likely he or she will enjoy the opportunity to work with someone who is motivated to get the most out of their prosthesis. A Prosthetist's skill is being able to discuss whether a component is suitable for you, and if not, why not. A Prosthetist should also be able to assess and discuss whether the benefits listed in an advertising brochure are things that you will be able to take advantage of. Ask your Prosthetist as many questions as you need so that you can understand and so that you can get the best possible outcome from your prosthetic device.

Exert taken from 'Is your Prosthetist and your prosthesis allowing you to be your best?' article. Jackie O'Conner BPO (Bachelor Prosthetics Orthotics with Hons) - MAOPA. First published Amplified Winter edition 2016.





# Pathways to Paralympic Sport in Australia

Stuart Tripp handcyclist

## **The Paralympic Games caters for athletes with a physical, vision and intellectual impairment.**

Approximately 18%, or one in five Australian's have a physical, sensory or intellectual impairment. Of these with a physical impairment, approximately 24,000 or 1 in every 1,000 are amputees or have some type of limb deficiency. In other words, there are lots of people who are eligible for Paralympic Sport and in many cases have the capacity and desire to compete at an elite level in sport, yet many are unaware of which Paralympic sports they may be eligible for.

Whilst there are significant challenges for many who are amputees or have a limb deficiency, this may actually present an opportunity which otherwise might not have existed; to train and compete as a high-performance athlete and to represent their country at international sporting events, including the Summer or Winter Paralympic Games.

The Paralympic Games are held every two years, using the same venues as the Olympic venues for most sports contested on the Paralympic Games program. The 2018 Winter Paralympic Games were held in PyeongChang, Korea from 9th to 18th March.

Australia has a proud history at the both the Summer and Winter Paralympic Games, having competed at every Summer Paralympic Games since the first officially recognised Paralympic Games were held in Rome in 1960. This is also the case for the Winter Games following our first athletes competing at the 1980 Winter Paralympic Games, which were held in Norway. We have also had extremely successful Paralympic Teams throughout the history of the movement, with over 1000 Australian athletes having the honor of representing Australia at the Paralympic Games between Rome in 1960 and the 2016 Rio Paralympic Games. Australian athletes and teams have won 368 Paralympic Gold medals and 1125 medals in all Paralympic Games.

The success of the Australian team culminated at the Sydney Paralympic Games in 2000, which is widely regarded as the Games which changed the face of the Paralympic movement forevermore. In Sydney 2000, Australia topped the medal tally for the first time, having finished second to the USA in Atlanta four years prior in 1996. At the Sydney 2000 Paralympic Games the Australian team won a staggering 63 Gold, 39 Silver and 47 Bronze medals. Paralympic athletes were being recognised not for having the 'courage' to compete, but for their athletic performance on the track, in the pool, and on the court, and the fans loved it and so did the Paralympic athletes. The Australian public supported the Paralympic movement like never before and the style of media coverage shifted significantly, with more focus placed on the athletic performance of athletes, yet still acknowledging and having empathy towards the unique individual stories of athletes.

Some of Australia's best Paralympic athletes have been amputees or had some type of limb deficiency from birth. Our most successful medal winner at all Paralympic Games is swimmer Matthew Cowdrey who was born without the lower part of his left arm.

Matt won 23 medals including 13 gold medals over 3 Paralympic Games. Our most successful winter athlete is leg amputee Michael Milton, who's leg was amputated above the knee at the age of 9 following bone cancer. Milton won 11 Paralympic Winter medals, including 6 gold. Other notable successful Paralympians include Track athlete Neil Fuller who won 15 Paralympic medals, including 6 gold, Ellie

Cole continues to dominate Paralympic swimming championships with 15 medals, including 6 gold medals.

Australia's two team captains for the 2018 Winter Paralympic Games are Para-alpine skier Mitch Gourley, who was born without the lower part of his left arm and Para-snowboard athlete Joany Badenhorst, who lost her leg from below the knee in a farming accident on a tractor at the age of 11.

### Which Paralympic sports am I eligible for?

Paralympic Sport groups athletes with similar impairments together to ensure that competition is fair. This process is called classification. Not all impairments are eligible for each Para-sport. In the case of some sports, only one or a small number of impairment types are eligible to participate in that Para-sport. The Australian Paralympic Committee continues to investigate a range of ways to ensure obtaining a Classification is not a significant barrier to getting involved in Para sport.

There are 10 eligible impairment types for Paralympic Sport and these are summarised below.

All athletes seeking classification in Paralympic sports must have an eligible impairment that is permanent and verifiable through medical reports from relevant specialists. Limb Deficiency includes athletes with a congenital limb deficiency or amputation as a result trauma or illness.



Toby Kane Alpine Skier





Chris Bond Wheelchair Rugby (left)

**Table 1: Eligible Impairment for Paralympic Sports**

Permanent and verifiable impairment type	Examples of health condition (diagnosis) likely to cause such impairment	Medical documentation/reports/tests that may be presented to verify diagnosis and eligible impairment
<b>Limb Deficiency</b> Athletes have total or partial absence of bones or joints	Congenital limb deficiency or amputation as a result of trauma or illness	<ul style="list-style-type: none"> <li>• Specialist reports (eg from orthopaedic surgeon) or other relevant specialist detailing surgery/ dysmelia</li> <li>• Photograph of affected limb</li> <li>• Xrays of affected limb/joint</li> </ul>
<b>Leg Length difference</b> Athletes have a significant difference in the length of legs	Difference in leg length as a result of trauma or disturbance of limb growth	<ul style="list-style-type: none"> <li>• Specialist report detailing condition, date and mechanism of injury if applicable, any surgeries or treatment plans etc</li> <li>• Xrays of affected limbs or joints</li> </ul>

Athletes who are amputees or have a limb deficiency are eligible for many Paralympic sports, but not all Sports. The Australian Paralympic Committee has developed an online tool to enable individuals to identify which Paralympic sports they are likely to be eligible for. This tool is constantly being refined and updated depending current Paralympic sport programs and changes in classification criteria for each sport. The tool is available at the following link; [www.paralympic.org.au/select-a-sport](http://www.paralympic.org.au/select-a-sport)

Athletes who have an amputation or limb deficiency are eligible for the following Paralympic Sports

Paralympic Sport	National Federation responsible for Para Programs
Archery	Archery Australia
Athletics	Archery Australia
Badminton	Badminton Australia
Canoe	Australian Canoeing
Cycling	Cycling Australia
Equestrian	Equestrian Australia
Powerlifting	Powerlifting Australia
Rowing	Rowing Australia
Shooting	Shooting Australia
Swimming	Swimming Australia
Table Tennis	Table Tennis Australia
Taekwondo	Sports Taekwondo Australia
Triathlon	Triathlon Australia
Volleyball	Volleyball Australia Disability Sports Australia
Wheelchair Basketball	Basketball Australia
Wheelchair Fencing	Australian Fencing Federation
Wheelchair Rugby	Disability Sports Australia - State competition Australian Paralympic Committee - National Team
Wheelchair Tennis	Tennis Australia
Alpine Skiing	Ski & Snowboard Australia
Nordic Skiing	Ski & Snowboard Australia
Snowboard	Ski & Snowboard Australia
Para Ice Hockey	Australian Para Ice Hockey Association



Eligibility or Classification for each individual for the Sports listed above may vary from sport to sport depending upon the type and level of amputation and the impact the impairment may have on sport performance. For further information about who is eligible for Paralympic Sport and the different Classifications please visit [www.paralympic.org.au/classification](http://www.paralympic.org.au/classification)

## Para sport Pathways in Australia

Being an amputee or having some type of limb deficiency does not preclude anyone from playing in able bodied sport competitions and participating in sport for the same reasons as those without a disability; for fun, to socialise or simply for the health benefits associated with participating in sport. For many however, being able to test themselves against the best in the world with similar types or impairments or function remains a significant incentive to get involved in Para sport.

Most Paralympic sports in Australia are delivered in a way which is referred to "Mainstreamed" where the National Sporting Organisation is responsible



Jack Swift Track and Field athlete

for the delivery or coordination of the Para Sport Pathway and selection of teams and delivery of high performance programs in the same way they do for able bodied sport programs. This does not mean that other organisations are not responsible for delivering or coordinating components of the pathway and participation opportunities in some sports. These organisations are often disability sports organisations who have a history in coordinating and delivering disability sport specific participation and competitions and their involvement and engagement within the Para sport Pathway varies from state to state and sport to sport.

Para athletes are also included within a range of sports at the Commonwealth Games and whilst not all impairment types and Classifications are included on the program, the medals won by Para athletes count on each countries medal tally. The 2018 Commonwealth Games will see the largest Para sport program ever conducted at the Commonwealth Games.

## Support and Funding

Most Para athletes who progress through the pathway to High Performance programs are supported through the respective state Sport Institute and Academy network, such as NSWIS, VIS, QAS amongst others.

Athletes are categorised by the National Federation depending upon their potential to achieve international high-performance success and current international ranking. Individual athlete support and High Performance funding for athletes training for the Paralympic Games is delivered via a scheme known as dAIS scheme provides an opportunity for athletes Paralympic sports to receive a direct cash grant from the Australian Government. As well as supporting current podium finishing athletes, the dAIS scheme also provides support to a growing number of emerging athletes.

## School Sport

For school aged athletes, School Sport Australia and the State School Sport organisations deliver competitions specific for students with a disability, particularly in the sports of Athletics and Swimming. These sports are often the entry point for Para sport competition for students with a disability before they transition to other Paralympic sports later in the Pathway or when they leave school.

## Do you want to get involved or get classified in a Paralympic Sport?

Throughout May and June 2018, the Australian Paralympic Committee will deliver a range of Talent Search initiatives throughout the country. Keep an eye on the APC website [www.paralympic.org.au](http://www.paralympic.org.au) as further information becomes available.

The following links will provide you with more information;

### Get Involved

[www.paralympic.org.au/programs/getinvolved/](http://www.paralympic.org.au/programs/getinvolved/)

### Get Classified

[www.paralympic.org.au/classification/](http://www.paralympic.org.au/classification/)

### Paralympic Sports general information

[www.paralympic.org.au/play-para-sport/](http://www.paralympic.org.au/play-para-sport/)

E-mail the [performancetalent@paralympic.org.au](mailto:performancetalent@paralympic.org.au) or call 03 8633 9002 for further information.

*Limbs 4 Life would like to thank and acknowledge the Australian Paralympic Committee for allowing for the use of these images in this publication.*



Brant Garvey Triathlon

## Are you or a family member about to transition into the National Disability Insurance Scheme (NDIS)?

If so, the Limbs 4 Life Checklist and Guide for amputees and people with limb difference can help you to get started.

To find out more, visit: [limbs4life.org.au/funding](http://limbs4life.org.au/funding)

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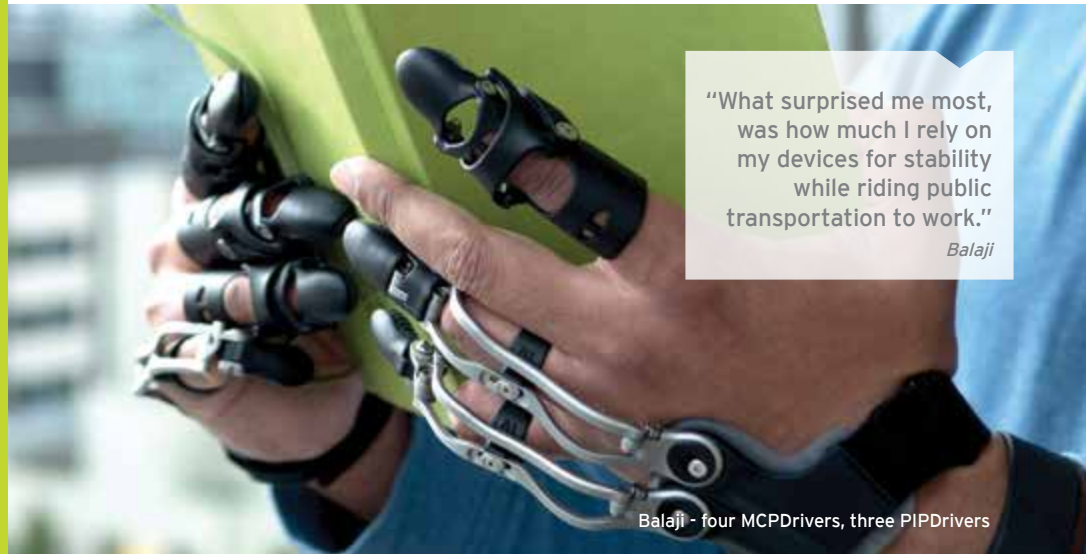
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The second generation PIPDriver combines the same reliable functionality with a new, sleek aesthetic design, improved hinges, and a variety of color options.

## MCPDriver 2nd Generation

Designed for amputations at the proximal phalanx, the MCPDriver restores the middle and distal phalanges. These dependently articulating pads help to create natural grip patterns. The MCPDriver excels at restoring pinch, key, and cylindrical grasps as well as grip stability. The durable metal frame and replaceable components allow users to return to particularly demanding lifestyles with confidence.

The second generation MCPDriver features improved aesthetic appearance and comfort, precision-machined components, and stylish color options.



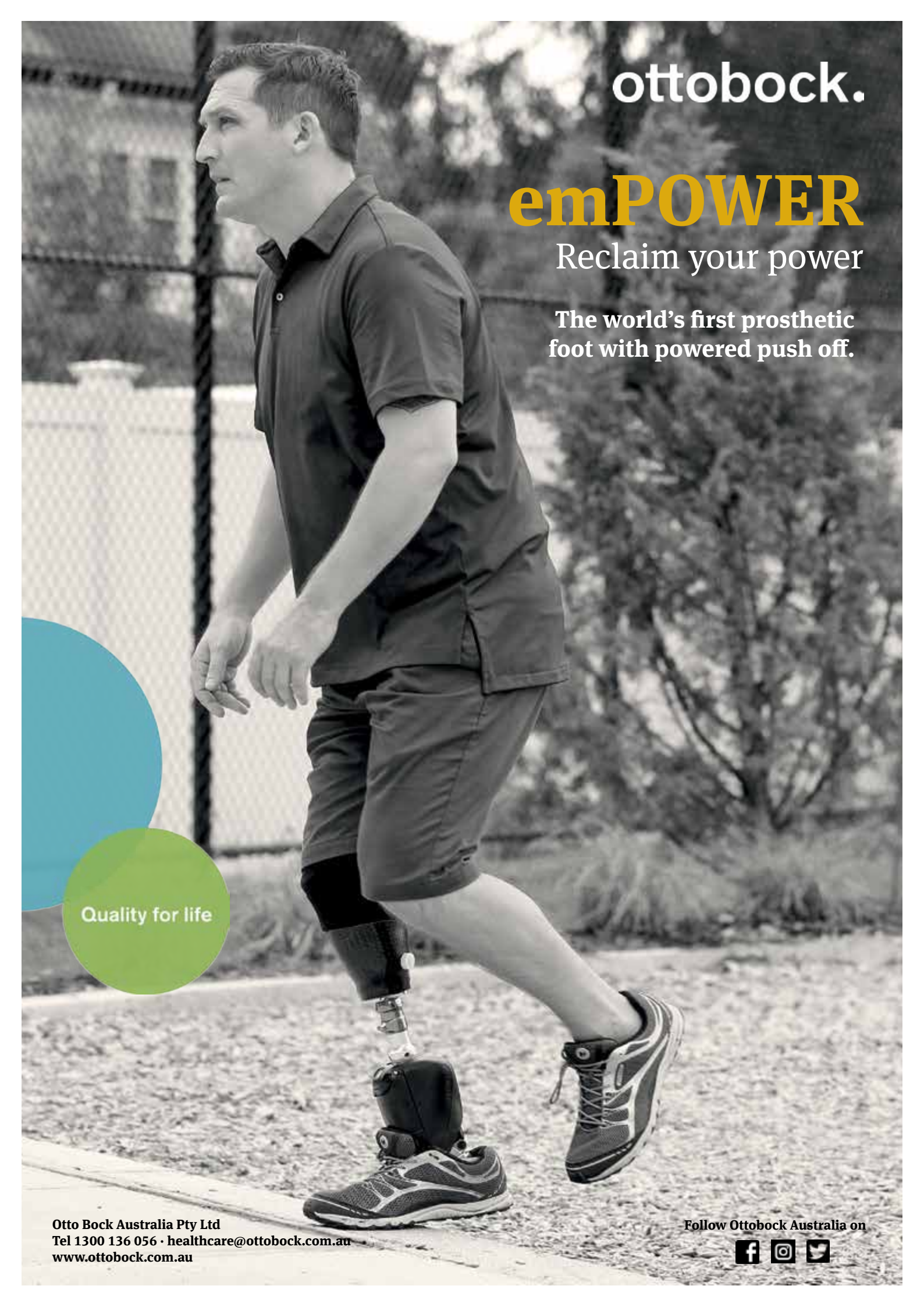
Joe - one MCPThumb

## MCPThumb

The newest product in our lineup shares its heritage with the MCPDriver. It features a unique anchor design that tracks the patient's natural CMC motion while still providing a rigid structure to react the heavy forces generated by thumb opposition. The tip is positionable and articulates more subtly than in the MCPDriver which enables the most common thumb grasps.



For more information on the range speak to your prosthetist or call us on 1300 866 275

A black and white photograph of a man with a prosthetic leg running on a paved path. He is wearing a dark polo shirt and shorts. The background shows a chain-link fence and some trees. The overall tone is active and positive.

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