

NEWS FROM LIMBS 4 LIFE

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amplified

SPRING 2016

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- the Western Australian
Warriors**

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- get active**

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Western Australian Warriors

Andrew and John are both amputees, Limbs 4 Life volunteers, and key leaders in the 'Advocacy and Peer Support for Western Australian Amputees'. Given their life experiences, both men are committed to using their knowledge and skills to ensure that no amputee in WA feels isolated, know they can connect with others and are aware of Limbs 4 Life.

While Andrew and John have become firm friends and volunteer colleagues with a commitment to supporting others, their life experiences and reasons for amputations differ.

Forty-seven year old Andrew's life has been one of commitment, life changes, professional diversity and personal passions. Andrew has been married to "his beautiful wife" Kaye for over 30 years, and together they moved from Melbourne to Perth 23 years ago. Andrew is a keen saxophonist and plays it in his band 'Two or More'. Andrew considers himself a "baby on the amputee journey" having had his below-knee amputation eighteen months ago.

For many years Andrew was a primary and secondary school music teacher, but had a career change into the disability sector in recent years. Andrew currently works to raise awareness of disability and provide support to people with disabilities across two roles. At Leadership WA Andrew is an 'Experience Coordinator', assisting people with disability who participate in their Leadership Course to undertake community projects, a role that allows him to work with participants from their initial application right through to their

In this edition of Amplified we were honoured to interview two Western Australia (WA) members of the Limbs 4 Life community who are raising awareness of amputees, building connections with medical and allied health professionals, offering peer support, and advocating for the roll-out of the National Disability Insurance Scheme (NDIS).

graduation. Andrew also works for the National Disability Service (NDS) in the 'Project Able' program, which sees Andrew and colleagues with various disabilities deliver presentations to secondary school students regarding the array of employment opportunities in the disability sector. In both roles, Andrew feels "privileged to support people of all ages to learn about their own personal skills which in turn can assist them to consider disability sector employment, feel empowered in current employment or confident to make career change decisions".

Andrew's amputation took place a year and a half ago, but was essentially "40 years in the making". Andrew was run over by a truck when he was 12, resulting in a foot deformity that could not be corrected via surgery and eventually led to osteomyelitis and five years of associated agonising pain. Despite many unsuccessful medical interventions, Andrew started investigating amputation as a means of "eliminating pain and improving mobility". Over that time, Andrew undertook considerable personal research and joined the 'Amputees Online Forum' on the Limbs 4 Life website (which predated the launch of the 'Amputees – Limbs 4 Life' Facebook Group) to ask questions of experienced amputees.

At this time, Andrew also learned that someone he knew in a professional capacity was an amputee and upon realising this asked if he could talk to him about an array of topics related to living life as an amputee. "Dale, who has been an above-knee amputee for over 30 years and is also a qualified psychotherapist, and I used to meet once a week for six months prior to my amputation. I was able to ask questions that only an amputee could understand and answer. Dale didn't only offer me peer support but, as a psychotherapist, he also wanted to ensure that I was mentally prepared for the life-long change that was about to take place," explained Andrew. It was only after his amputation that Andrew learned that Dale had also been providing informal support to Kaye who, like Andrew, wanted to understand what life as an amputee would entail and how she could best support Andrew during his transition. It was this experience that made Andrew acutely aware of the importance of peer support, and led him to travel to Melbourne in 2016 and be trained as a Limbs 4 Life Peer Support Volunteer.

John spent most of his professional life working in the finance and banking sector while also

dedicating himself to community service. John married his "childhood sweetheart" Nancy many decades ago, after meeting as teenagers in the small regional Victorian town of Hamilton. Together they are parents to very caring children and enjoy being part of their grandson's life. Like Andrew, John also moved from Victoria to Perth. However John and Nancy's move was only a mere five months ago, and has allowed them to live closer to their WA based daughter.

John's professional career in the banking system started after his secondary schooling. John's banking career lasted for 32 years and saw him move up the ladder from working in a local bank, to working as a District Branch Manager overseeing many regional branches to executive roles in the head office in Melbourne. During his career John also undertook tertiary studies in finance. After leaving the bank John worked as a financial consultant which saw him work to support farmers, agrifood businesses and other commercial entities. But with regional farming in their blood, John and Nancy also ran their own small cattle farm near Warrnambool until recent years.

Upon retirement John's new 'job' saw him become a trained Peer Support Volunteer which not only enabled him to assist new amputees but also act as a Limbs 4 Life advocate with regional medical and allied health professionals. Since moving to Perth John has maintained this commitment and he can be regularly found dropping off Limbs 4 Life resources to hospitals, medical centres and community organisations. "Talking about Limbs 4 Life and dropping off materials around Perth is not only a great way of sharing information but it also means I'm discovering Perth, my new home, along the way," enthused John.

John's amputation took place six years ago after developing osteomyelitis. "I had a pretty simple broken ankle accident but unfortunately it led to an infection, 15 surgeries and ongoing pain", recalled John. After living with pain, infections and no permanent resolution in sight John opted for an amputation in 2012. "I can't say it was an easy decision, but I realised that an amputation would provide me with a quality of life that I hadn't had in years", shared John. Considerable research and the support of family helped John to feel he was making the right decision. "Nancy said that after my amputation I had a glow in my face that she hadn't seen since breaking my ankle all those years ago," recounted John.



While John wasn't aware of Limbs 4 Life prior to his amputation it was while visiting his prosthetist that he saw a poster seeking Peer Support Volunteers. Upon seeing the poster, and "looking into Limbs 4 Life", John decided he would love to give back to the amputee community he now belonged to. "I took part in Limbs 4 Life's Volunteer Peer Support Program training and since joining I have relished the opportunity to support others and promote the organisation wherever I can," explained John.

When John had his amputation he didn't receive formal peer support, but got through the experience with the support of family, friends and a good dose of humour and friendly banter. "I really feel that the old adage of 'Aussie Mateship', empathy, and looking after each other in a positive way is what peer support is all about. I know this approach worked for me and I've seen it work for others who are just starting on the amputee journey," described John.

Indeed, supporting and understanding the needs of others comes naturally to John. Just one example is John's support of the NDIS "since it was first mooted as an idea". While John was undertaking his post-amputation rehabilitation in Geelong he was made aware of that the NDIS was being proposed and would potentially be headquartered in that city. "I realised that the NDIS would be of enormous benefit to the hundreds of thousands of Australians who live with a disability, so I started writing letters to Members of Parliament voicing my belief in it. I was even invited to the inaugural NDIS meeting in Geelong which was a great opportunity to hear about how it might

roll-out and it reinforced my belief that this was a good step forward for ensuring that people with disability are better looked after," explained John. Since moving to Perth John is now advocating for the roll-out of the NDIS there so that "no one in the west is left behind".

John and Andrew are now key members of the 'Advocacy and Peer Support for Western Australian Amputees', a network that came together in 2015 through a partnership between People with Disability WA, and in particular Samantha Connor, and Limbs 4 Life. During 2015 Samantha Connor and Limbs 4 Life coordinated an Amputee Forum in Perth which led to the development of the network and the establishment of a dedicated Facebook Group. The overarching mission of this group is to provide amputees in WA with a chance to connect in person or via the Facebook Group, work collaboratively to advocate for their rights, and receive socially inclusive peer support.

John and Andrew are now playing key roles in the 'Advocacy and Peer Support for Western Australian Amputees' and in mid-October coordinated a meeting which allowed WA amputees to socialise, and capture information about amputee-specific needs when campaigning for the full NDIS roll-out in WA. "Our Amputees WA Support Group is about friendship and support, but with the NDIS issue looming we are keen to focus our attention on this, advocate in conjunction with Limbs 4 Life, and collaborate with other WA disability groups to make sure that our state doesn't lose access to the NDIS," explained John.

The WA Government is the only one in

Australia not to have signed the bilateral NDIS Agreement which will assure full roll-out of this system. While it has allowed for trial NDIS sites in some parts of WA, it is yet to be confirmed whether the WA Government will move to full scheme roll-out. If WA does not move to full NDIS roll-out it will be the only state in Australia not to do so.

Both Andrew and John are extremely worried and concerned that the NDIS will be denied to people with disability in WA. "In Western Australia amputees are not considered as having a disability which limits their access to certain disability-related services and equipment. We are seeing the great outcomes being achieved by NDIS participant amputees in other states and territories, and we don't want amputees in WA to be disadvantaged by not having access to it. This is unfair and we will advocate on behalf of our fellow amputees to ensure that, while we might be in WA, we are not left behind," outlined Andrew.

John and Andrew acknowledge that they wouldn't have been brought together if it wasn't for Limbs 4 Life. "Before I moved to Perth in early 2016, Melissa Noonan told me about the 'Advocacy and Peer Support for Western Australian Amputees' and suggested that I connect with them once I was settled in. It didn't take me long to join the group and, through that, build a friendship with Andrew," said John. As both Andrew and John hail from Victoria they have also discovered some interesting connections. They were "blown away" to realise that Andrew's wife Kaye also grew up in Hamilton, and were even more amazed to learn that Kaye grew up as a great school friend of one of John's younger cousins. Both families have enjoyed discovering that,

despite moving from the east coast to the west coast, "it really is a small world after all". Andrew and John are not only grateful to Limbs 4 Life for bringing them together but for also providing them, and fellow amputees, with access to an organisation "with a culture that places amputees and volunteers at the centre of everything". John is glad that Limbs 4 Life is there to ensure that Australian amputees and healthcare professionals "have access to up-to-date information, resources, peer support, research and staff who are proactive and always willing to support people when they need it the most". Andrew believes that Limbs 4 Life is an incredibly valuable organisation "for the systemic advocacy undertaken, for fighting battles on behalf of amputees at high levels, for not being a business that shuts the door at 5pm and for always treating people with respect". Both John and Andrew are proud to be part of the 150 plus strong Peer Support Volunteer team within Limbs 4 Life, and Limbs 4 Life is enormously appreciative to both men for the empathetic support they have provided to many amputees and families seeking support.

Limbs 4 Life thanks John and Andrew for sharing their stories and for working hard to build a community of amputees in WA. Limbs 4 Life looks forward to working with them, and the wider WA amputee community, to fight for the rights of amputees and advocate for the roll-out of the NDIS there.

If you live in WA and are keen to connect Andrew, John and other amputees you may want to join the Advocacy and Peer Support for Western Australian Amputees - www.facebook.com/groups/458989420948005/



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Preventing Limb Loss

The importance of footwear and pressure reduction

In the Autumn edition we looked at the importance of regular foot care and some information about podiatry checks for detecting poor sensation and poor circulation in the feet. In this article we look at the importance of appropriate footwear and reducing pressure under the foot as ulcer prevention strategies. The National Guidelines for preventing diabetic foot complications identify foot deformity and footwear as key contributors to ulceration risk and note that 35-50% of foot ulcers may have been caused by inappropriate footwear according to some studies¹.

Footwear fitting

Foot deformities such as bunions and hammer toes can affect shoe fitting and many people wear shoes that are the wrong size for their feet. Shoes with extra depth and width (extra depth shoes) and therapeutic/custom shoes appear to prevent ulcers in diabetes more effectively than wearing regular shoes². Some manufacturers of regular shoes do make off the shelf shoes with extra depth and width (Fig 1). It is essential that everyone at risk of foot ulcers has correctly fitting footwear.

High pressure areas under the foot - plantar pressures

Foot deformities and changes in the soft tissues of the feet can lead to high pressure areas under the foot during walking. Often this can lead to callous formation and once callouses develop, they can increase the stress under the foot even further³. Podiatrists will not only inspect the feet, but also look for signs of excessive pressure on the insoles or soles of the shoes. In some cases they may perform a computerised plantar pressure assessment to identify any high pressure areas under the foot as you take a step (Fig 2). It is essential that everyone at risk of foot ulcers has their feet and shoes checked for signs of high plantar pressures.

Reducing pressures under the foot

Some of the latest research suggests it is important to keep the plantar pressures below 200 kPa to prevent foot ulcers [4]. We know that shoes with a rocker sole (Fig 3), custom moulded insoles, metatarsal pads or arch support orthoses can help to reduce plantar pressures [2]. One study found that custom shoes with different combinations of metatarsal pads, localised cushioning under problem areas of the foot and extra cushioned insoles could further reduce plantar pressures by as much as 24%⁴. Your podiatrist or qualified pedorthist can help you find the best ways to reduce plantar pressures under your feet.



Figure 1. An 'off-the-shelf' shoe with extra depth and width- Avara plus. Courtesy of Ascent Footwear

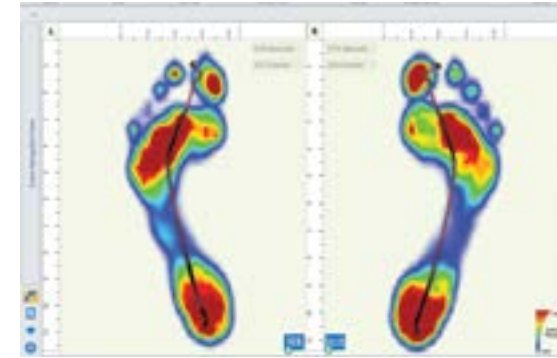


Figure 2. Computerised plantar pressure assessment: high pressure areas are red



Figure 3. Rocker Sole Shoe. Courtesy Podplus.com.au

Dr Reed is Director of Podiatry at the FootMotion podiatry clinic in Brisbane (which has affiliations with Ascent Footwear) and an Associate Professor of Podiatry at the Queensland University of Technology.

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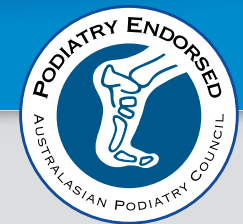
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Temperature control with a prosthetic limb

The ArtLimb Team

As warm blooded mammals, our bodies are constantly working to maintain our normal core temperature of 37.0 degree Celsius. In a comfortable situation, when we are relaxing in an air conditioned room, our bodies control this temperature without us even noticing. Walking outside in the heat of summer however is a different matter entirely. In both of these situations, our bodies are producing and losing heat through several different mechanisms.

The major heat sources in our bodies are the muscles and the liver. While the heat generated by the liver remains relatively consistent, the heat generated by our muscles is directly dependent on how active we are at the time. At the same time as heat is being produced, our body is losing heat in three main ways. Heat is constantly radiating off us in the form of invisible infrared beams, through convection (heating up the surrounding air) and through evaporation of sweat on our skin and as moisture when we breath.

Back in our comfortable cool room, all the above processes (thermos-production and heat loss) balance each other without excessive effort. By leaving the indoors and walking into the afternoon sun, our muscles work producing more internal heat and the surrounding temperature increases. In this situation, our heat loss through infrared emission and



convection becomes significantly less efficient at reducing our body temperature. This leaves us with evaporation and our bodies response is to increase sweat production. If we further increase our physical activity or the ambient temperature, the situation will become more stressful for our body resulting in uncomfortable sensations.

Amputation complicates this situation even more. Any lower limb amputation leads to additional energy consumption when walking which means additional heat production from the muscles. Scientific research has found that this energy consumption is higher for those individuals with higher levels of amputation. This means that a person with a short above knee amputation will use much more energy than someone with a partial foot.

Another complicating factor to be aware of is that all socket style prostheses cover up the skin. The three ways that heat is lost from the body (radiation, convection and evaporation) are blocked by the materials covering the stump such as: liners, stump socks and the socket.

Ways to reduce the problem

There are several ways that a prosthesis can be designed and different coping strategies that can be adopted by the wearer in order to reduce the heat stress on their body.

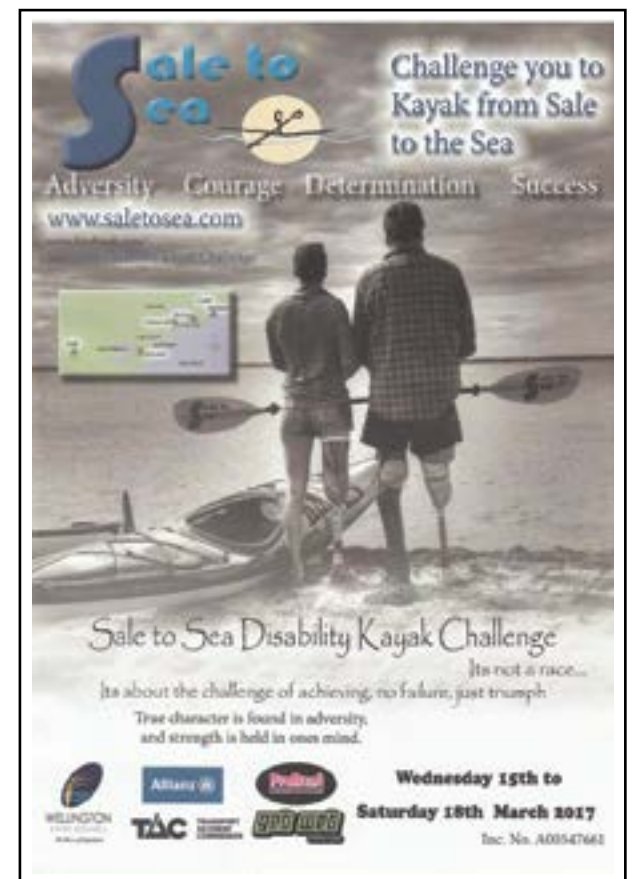
- **Prosthetic Socket.** The prosthetic socket should be correctly fitted to provide a firm yet comfortable connection between the body and prosthesis. The better this connection, the more control the wearer has over the prosthesis and less energy is needed to walk.
 - **Fixation methods** (how the prosthesis is held on). Similar with the socket, fixation should be reliable while only covering as much skin as is needed.
 - **Alignment of the prosthesis.** An incorrectly aligned prosthesis results in muscles being used more (producing more heat) in order to maintain balance.
 - **Prosthetic components.** There are thousands of different types of prosthetic components (knees, feet, etc) because everyone is different. Because of the differences in physical abilities, body weights and lifestyles, prosthetic components need to be appropriate for the individual wearer. By selecting the best components, a prosthetist may be able to reduce energy expenditure and heat production for the user. A very rough example of this can be choosing light weight components for low active amputees and heavier but highly functional components for very active users.
 - **Skin/prosthesis interface.** Prosthetic interfaces have changed dramatically in the last 30 years with the more recent advances focusing on temperature management within the prosthetic liner. Modern materials are available which absorb and store excess heat away from the stump allowing it to stay cooler for a longer period of time.
- What can I do?**
- Pay additional attention to the condition of your stump during the hot season.
 - Check your skin before and after limb use
 - If something feels uncomfortable during use; take the prosthesis off and check your skin. If something is concerning you, consult your prosthetist for advice
 - Wash and dry your stump daily (in the morning and before bed)
 - Talk to your prosthetist about specific skin creams and lotions to reduce the effect of

- sweat, irritation and damage to the skin
- If you use socks directly against your skin, make sure you have access to clean dry socks that can be changed during the day if required.
- If it is possible, try to limit hard physical labor or activity on days that are especially hot.
- When out and about, try to keep in the shade as much as possible.
- Drink enough water. If you live or work in extremely hot regions, consult your medical specialist (GP) regarding drinks containing electrolytes.

Australia is a notoriously hot environment and it can be difficult to avoid situations when we are unprotected from overheating. With advances in modern prosthetics, your specialist can offer individual solutions to your situation. Their professional solution in combination with the tips and strategies we describe in this article, can help reduce the risk of overheating and limit the negative effects of high temperatures.

ArtLimb is a non-profit, independent project dedicated to sharing knowledge and discussing information about artificial limbs.

If you are interested in reading more information about prosthetics, please visit ArtLimb online at www.artlimb.com





Injury Insurance Scheme begins in Queensland

People who sustain life-changing injuries will achieve better health, social and community outcomes thanks to the introduction of the National Injury Insurance Scheme Queensland (NIISQ) which commenced on 1 July 2016.

The Scheme provides lifetime treatment, care and support for people who sustain serious personal injuries in a motor vehicle accident on or after 1 July 2016. This includes multiple or high-level limb amputations as well as permanent spinal cord injuries, traumatic brain injuries, permanent injury to the brachial plexus, severe burns and permanent legal blindness.

Services that fall under the Scheme include medical treatment, rehabilitation, respite care and support services, prostheses, aids and appliances, education and vocational training, home and transport modifications and more.

These services will be tailored to the individual and their support network, giving them choice, flexibility and independence to reach their goals.

The National Injury Insurance Agency Queensland (NIIA) is responsible for managing the NIISQ, which includes collaborating with participants to develop their support plans throughout their lifetime.

Will the NIISQ cover serious personal injuries sustained prior to 1 July 2016?

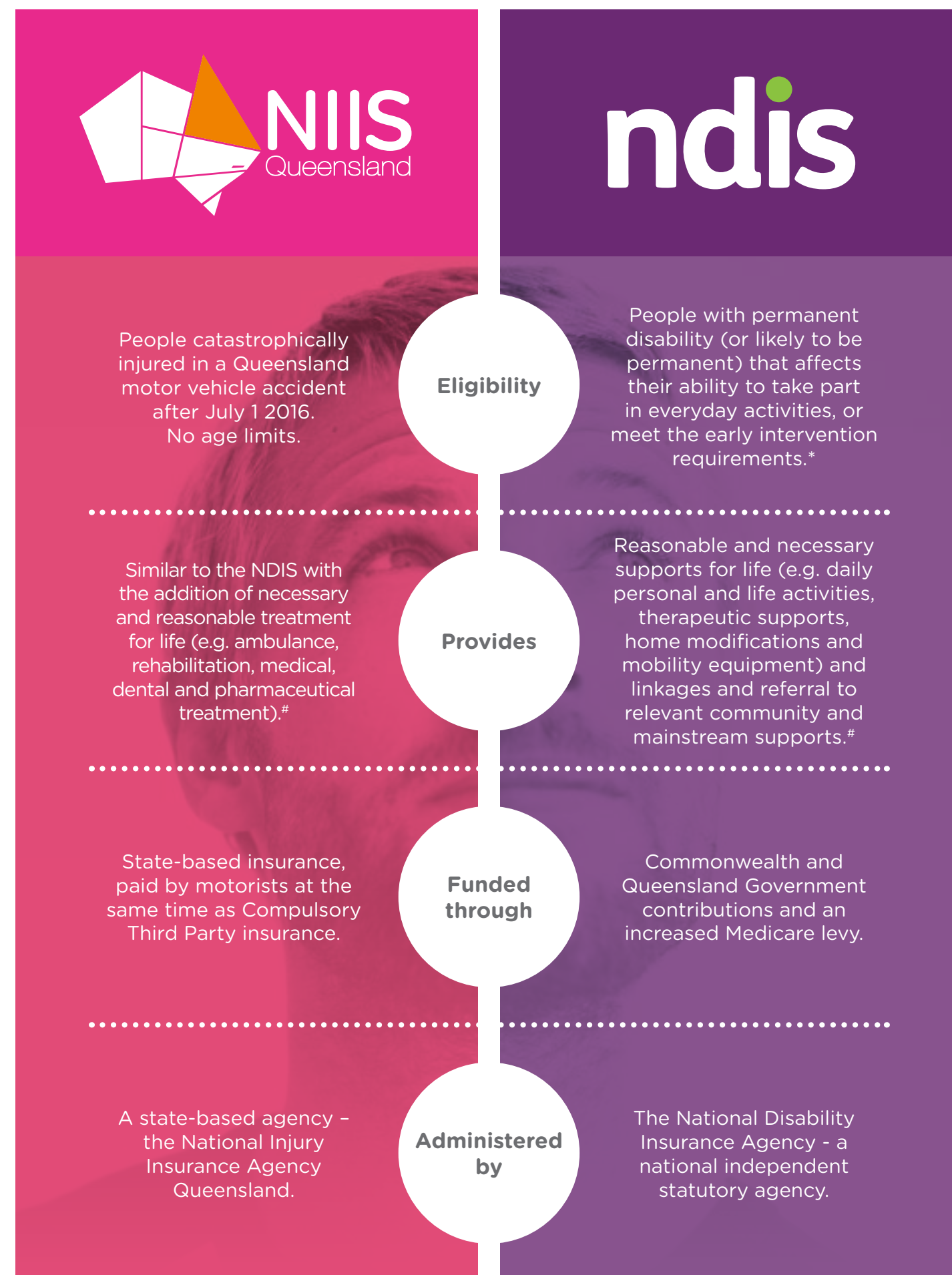
The National Injury Insurance Scheme will only cover people who sustained serious personal injuries as a result of a motor vehicle accident in Queensland, on or after 1 July 2016. People who sustain serious personal injuries prior to 1 July may be able to claim CTP compensation if entitled, or may be able to access services under the NDIS.

Anyone who sustains an eligible, serious personal injury as a result of an eligible motor vehicle accident in Queensland can access the Scheme. This includes anyone from another Australian state or territory.

For more information about the NIISQ, visit the website niis@qld.gov.au or call **1300 302 568**.

What is the difference between the NIISQ and the National Disability Insurance Scheme (NDIS)?

The NIISQ and NDIS are complementary but different schemes that will transform the way people with a disability access services. The diagram on the right clarifies the differences between the two schemes.



Both the NDIS and NIISQ will have a significant, positive impact on the lives of people who sustain life-changing injuries - helping them be active members of their community and achieve their personal goals.

* 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



A Pretty Good Day

Behind the scenes with a prosthetist

'So, how was your day?'

A standard question for the end of a workday, but one I often have difficulty answering. As a prosthetist, 'pretty good thanks' is usually an accurate answer but it doesn't go anywhere near describing what has been far from a 'standard' day.

A prosthetist is primarily a problem solver. Fundamental to tackling any problem is to first understand the issue at hand. Because of this, a large portion of our time is spent talking to people. Only by taking the time to get to know our clients properly and really listening to what is important to them, are we able to understand their needs.

The right solution for each of our clients is as unique as our clients themselves. Prosthetists manufacture, repair and adjust a wide variety of devices; upper and lower limb prostheses using a range of materials and technologies; recreational prostheses that are designed to accomplish one specific task; prostheses designed for every-day function (like walking) and others designed for cosmetic restoration. Add to this the changing technology landscape in society, health care in general and in the field of prosthetics. These days a prosthetist must not only be able to set up a transfemoral prosthesis using an allen key and torque wrench, but also configure the latest microprocessor controlled knee unit via Bluetooth, manage alternative prosthetic/

residual limb interfaces such as osseointegration and become skilled at assessing myoelectric potential.

Some prosthetists are fortunate to be supported by technicians – highly skilled in manufacture of new prostheses as well as managing repairs, shaping of cosmetic covers and other jobs which require technical expertise. The level to which a prosthetist is physically involved in the manufacture of new prostheses varies according to their individual workplace.

Despite what people might imagine, the solution to most of the problems our clients come to us with, may not be a new prosthesis. More often than not, issues are resolved through adjusting the fit or alignment of the prosthesis, managing a change in the volume of the residual limb - such as changing the sock combination or managing the volume more effectively overnight - or by considering other factors such as skin condition, wound dressings, or wear and activity regimes.

While a lot of the talking we do with our clients is to understand the problem, at least an equal share is about sharing information. Often prosthetists are called upon to speak with people prior to amputation surgery. This can be a tumultuous time for our clients and their families and it needs to be managed sensitively. People are in need of information to be able to make educated decisions that have significant effects on their lives and the lives of those around them. This need for information must

be balanced with the potential difficulties of people being acutely unwell and being unable to process large amounts of new information, as well as other social influences that may impact their decisions.

One aspect of sharing information relates to the (unofficial) role a prosthetist often plays in case management. A prosthetist often finds themselves the first port of call for clients who have a need but are not sure who to turn to. Because of this a prosthetist may end up fielding a variety of seemingly unusual enquiries in any one day, from: 'Is laser hair removal recommended on my stump?' to 'Can I get a cosmetic replacement for the tip of my ear?' and 'Who can I speak to about why I'm not sleeping?'. A prosthetist must know what questions they can answer and what enquiries need to be referred on to a more appropriate professional.

The job of a prosthetist is as varied as the people who walk or wheel in through the door. So, when someone asks me 'how was your day?' what I mean when I reply with 'pretty good thanks' is that my day was full of all sorts of people all with different problems; I had conversations on a variety of usual (and not so usual) topics; I had to undo, re-do, repair, make and re-make various aspects of prosthetic limbs; but overall, I got to know my clients a bit more than yesterday, and (I hope) I was able to solve a few problems - and make life a little better - along the way.



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Spring into Action

**Helen Connor, Physiotherapist
(Bachelor of Physiotherapy)**

In this article Helen Connor, an experienced physiotherapist who works with amputees, discusses the importance of amputees maintaining good physical health and planning for activities as the warmer days begin to set in across Australia.

Winter days, with shorter daylight hours, can reduce the time that people have for daily walk or activity and it is well known that decreased activity can negatively affect physical and mental wellbeing. So what better time than Spring to come out of hibernation and become more active, improve your physical health and to get rid of those 'winter blues'.

As it gets warmer and we move into the hot Summer period being active can sometimes make exercise more of a challenge. It is also important to remember that amputees can experience difficulty regulating their body temperature and be more prone to overheating, but with good planning remaining active through the Spring and Summer seasons is possible.

What is physical health and why is it important? Traditional definitions, before modern medicine, would have considered someone physically

healthy if they did not have a serious disease or illness. Today's definition can include anything from the absence of disease to physical fitness levels that allow a person to confidently perform daily living activities. Looking after your physical health is important for your overall health and wellbeing.

Taking part in regular physical activity will contribute to maintaining a healthy weight, which is essential whether you wear a prosthesis (lower and/or upper) or are a wheelchair user. An increase in weight, of even only a few kilograms, can affect how your prosthesis fits or make a wheelchair heavier to push.

Amputees are diverse in terms of age, physical abilities and some may have other medical conditions. This means that physical activity can't be a 'one size fits all' approach. But what is important is that you find a way to be physically active in a way that suits you, is safe for you and that you enjoy. If you aren't sure about what type of physical activity you should undertake, consider talking to your doctor, physiotherapist, prosthetist or fitness trainer and have a 'physical health assessment'.

What is a physical health assessment?

When a physical assessment is conducted, health professionals generally look at the following:

- General measurements: weight, height, Body Mass Index (BMI)
- Disease risk factors: blood pressure, heart rate, cholesterol tests, sugar tests
- Fitness tests: flexibility, muscle tests, walking or endurance tests, body fat percentages
- Falls risk assessment: checks to assess whether a lower-limb amputee is at risk of accidental falls due to environmental or prosthetic balance issues
- Confidence assessments: talking about fears related to activity, whether it is a worry about falling over while walking, running or using a wheelchair
- What may happen if you aren't physically active?
- If you do very little or no physical activity most parts of your body will be negatively affected, including:
 - The heart may not be able to pump blood to organs and changes to blood vessels can mean people are at a greater risk of heart and blood vessel diseases



- Loss of muscle mass can lead to weaker limbs which can make everyday tasks more difficult
- Becoming overweight or obese (which can increase the strain placed on prosthetics, back and/or joints)

What are the benefits of physical activity?

Improving fitness and strength can improve your overall wellbeing, and specific benefits include:

- Reduction in risk, or better management, of heart disease and Type 2 Diabetes
- Maintain or improve blood pressure, cholesterol and blood sugar levels
- Reduce risk of some cancers
- Help in the prevention of unhealthy weight gain or assist in weight loss
- Help in reducing accidental falls
- Help in managing pain
- Builds strong muscles and bones to reduce or manage joint problems (eg. arthritis)
- Helps to prevent and manage mental health problems
- Can lead to better sleep



How to get started and what to think about?

If you have recently become an amputee and are still participating in your rehabilitation program you will be well supported and supervised by physiotherapists or exercise physiologists during that time and they will guide your exercise program and grade your physical activity.

If you are about to be discharged from hospital or rehabilitation make sure you discuss your thoughts and plans about ongoing physical activity with your therapist. Be sure to get as much advice as you can to maintain the physical improvements you have achieved during your rehabilitation journey.

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Also remember, if you are fitted with new prosthetic components or other assistive devices tap into the advice of your prosthetist, physiotherapist or exercise physiologist for their support and advice.

If you have been unwell, have a health problem or have been doing no physical activity, check with your doctor or health care professional about the most appropriate activity for you. It will generally be recommended that you start slowly by doing small amounts of activity and then gradually build up the amount you do.

hypoglycaemic episode'.

- If you are exercising using weights you should check your posture (eg. always take time to set yourself up safely with weights to prevent muscle / joint strain).

What sorts or activities are good for amputees? Amputees who wear prosthetics or those who use wheelchairs can get involved in a wide variety of physical activities. This is not an exhaustive list, but just a selection of some beneficial activities to consider:

- Hydrotherapy or water exercise (some prostheses, such as a 'wet leg' or 'flipper', may assist)
- Running (for lower limb amputees a suitable 'foot' or 'running blade' may assist)
- Bike riding (for lower and upper limb amputees certain attachments may assist)
- Lawn bowls (for balance lower limb amputees may wish to use a walking stick stopper when on the green, and both upper and lower limb amputees may wish to use a 'bowling arm' for balance and accuracy)
- Golf (be sure to drive safely if using a golf buggy)
- Wheelchair sports (eg. basketball, rugby, table tennis and archery)
- Everyday activities (eg. washing the car, gardening, vacuuming, sweeping, washing dishes, playing with children or pets).

Regardless of your reason for amputation there are always ways that you can safely participate in physical activity. Professionals, such as physiotherapists and prosthetists, are there to assist you in planning and using the right prosthetic and assistive devices. If you are eligible for the National Disability Insurance Scheme (NDIS) you may want to include physical activity, recreational prostheses or assistive devices in your 'NDIS Goals and Plan'.

Spring is the season...so why not spring into activity!

Other things to think about when getting started?

- Monitor your stump more closely as you increase your activity level, carry spare socks and bring a towel to dry your limb.
- Wear good footwear (don't forget to check your existing foot on a daily basis).
- Keep well hydrated and carry water.
- Don't forget to use 'sun protection' and wear a hat if you are being active outdoors.
- Upper limb amputees may need additional tools or components to participate in activity (eg. use of straps and splints, different hand componentry that can assist with weight lifting / training / bike riding).
- If you have diabetes, monitor your blood sugars more closely before, during and after exercise. Always carry your testing kit and something to manage a 'low blood sugar /

Prosthetic solutions for an active and independent lifestyle

Contact your nearest clinic on 1300 866 275 for more information or visit www.oapl.com.au



Peer Support Volunteer Profile:

John Hilton



Canberra ACT

I lost my left leg above the knee due to injuries sustained in a motorcycle accident on my way home from work in Melbourne in 1981. After 17 months and 13 operations I decided that amputation was a better alternative than persisting with treatment – the best decision I have ever made!

I have been an amputee for 35 years.

I have been married for 36 years, and have 3 daughters and 7 grandchildren.

When I was facing amputation I was unable to find support at all, I had so many questions but no-one to ask!. My wife had a co-worker who was an amputee who answered all my questions and helped to reduce my concerns. I would like to do what I can to help allay the fears of others in the same position I was in.

The main challenges I faced were learning to walk again so I could return to work, many issues with socket fit, blisters, boils and phantom limb pain in the first 2 years.

I am very much the handyman, having renovated a number of homes. I prefer to learn a skill rather than just employing a tradesperson to do the work, so my skill base extends from plumbing and welding, to woodworking, plastering and painting. I also love to cook. Recently I have become quite interested in flying model airplanes at a club here in Canberra.

Hopefully by the time this goes to print I will have earned my Bronze and Silver Pilots Wings.

In 2013 my prosthetist drew my attention to surgery called Osseointegration. After 30+ years of pushing through the difficulties and restrictions caused by ill-fitting suction sockets, I decided to go ahead with the surgery, which was performed by Dr Munjed Al Muderis at Norwest Hospital in Sydney. A titanium implant was inserted into my residual femur, which passes through the skin via a stoma. There is an adaptor that then attaches the implant to my prosthetic leg. No more sockets! Since this two stage surgery in late 2013 I have never looked back. Within 4 months I was walking up to 5 kilometres a day without any discomfort, and the only restriction on my activity was my fitness level. For me Osseointegration was life changing.

Become a Peer Support Volunteer

Limbs 4 Life is seeking amputees throughout Australia to be trained as Peer Support Volunteers.

Limbs 4 Life Peer Support Volunteers:

- Have successfully adapted to the challenges of amputation
- Are good listeners
- Want to assist new amputees
- Are willing to share their experiences.

For more information or to obtain an Application Form contact us toll free on **1300 78 22 31** or email **peersupport@limbs4life.org.au**



Fact Sheets

Limbs 4 Life, with review and oversight by medical and allied health care professionals, has recently launched our latest Fact Sheets. The Fact Sheets cover topics such as:

- Understanding the healthcare system
- What to expect following amputation
- Returning home following a lower/ upper limb amputation
- Prosthetic appearance and cosmetic covers
- How to set goals following amputation
- Regaining your independence

There are eleven Fact Sheets in this series. If you would like copies of the Fact Sheets they can be downloaded from the website at www.limbs4life.org.au/peer-support.html or email **info@limbs4life.org.au** and they can be sent out to you.





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AOPA Consumer Forum

The Australian Orthotic Prosthetic Association (AOPA) recently held its first annual Consumer Forum during the AOPA Congress in Melbourne.

AOPA represents orthotist/prosthetists in Australia and advocates for positive change. This year AOPA hosted more than 400 attendees over three days during the largest national event for the Orthotic and Prosthetic community.

Nathaniel Kenyon, from Ottobock, offered an insight into the assessment and manufacturing of a prosthesis and provided an explanation of some of the complex terms used by prosthetists and other health professionals during this process. When speaking with your prosthetist, remember to ask for clarification of anything you may be unclear about.

Gary Newton, a current consumer, then spoke about his experience as an NDIS participant. Gary provided helpful advice about setting goals, becoming an informed participant and explained how best to deal with issues.

The relationship between practitioners and empowered consumers was another focus of the Consumer Forum. It is often the case that users of



prostheses have a deep understanding of their own needs. AOPA encourages practitioners and clients to work together to establish goals and develop successful treatment plans.

Additionally, the forum encouraged participants to consider becoming 'empowered consumers'. This involves gaining a deeper understanding of your own needs, advocating for greater support and recognising that your choice is incredibly important.

Visit the AOPA website at www.aopa.org.au for more information. The 2017 AOPA Consumer Forum will be held between the 5th and 7th of October, save the dates and check the website for more information.

Information Pocket Cards

Limbs 4 Life has just released 5 information pocket cards. The pocket cards are a great way of having brief information on hand at all times and cover:

Safety
Prosthetics
Hygiene
Foot Care
Skin Care



If you would like a set of these sent to you email us at info@limbs4life.org.au and include your name and postal address.

Limbs 4 Life

Phone: 1300 78 2231 - toll free

Email: info@limbs4life.org.au

www.limbs4life.org.au

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