

Student Information Pack



Limbs 4 Life™
Empowering Amputees

Making a real
difference together

Student Information Pack

Welcome to our Student Information Pack. This resource has been developed to assist students wanting to build knowledge, conduct research and/or work on school projects about limb loss and related matters. This resource can also assist educators who would like to raise a discussion about limb loss, and related topics, in their classroom. The resource is aimed at secondary school students.

This pack includes information about:

- Limbs 4 Life
- Limb loss and amputation in Australia
- Prosthetics and assistive technology
- Funding
- Disability and discrimination rights
- Busting myths and misconceptions.

We hope the Student Information Pack empowers you with knowledge and raises your awareness of limb loss in Australia.

We wish you all the best with your studies and feel free to contact Limbs 4 Life if you would like additional information.

The Limbs 4 Life Team

Disclaimer: Information contained in the Student Information Pack is intended to present useful and accurate information of a general nature but it is not intended to be a substitute for legal or medical advice.

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Definitions

Amputation	The surgical removal of all or part of a limb.
Amputation level	The place where a body part is removed (e.g. below the knee, above the elbow).
Amputee	A person who has had a limb amputated.
Assistive technology	Adaptive, and rehabilitative devices for people with disabilities or older persons to assist them to lead independent lives.
Bi-lateral	Affecting both sides of the body (e.g. both legs, both arms).
Biomechanical	The science of movement of a living body, including how muscles, bones, tendons, and ligaments work together to produce body movement.
Check socket	A temporary socket used for testing the fit of the prosthesis.
CRPD	Convention on the Rights of Persons with Disabilities.
Gait	A person's manner of walking, stepping or running.
Level of amputation	The place where a body part is amputated.
Limb difference	When someone's limb is different to most people's, and usually from birth.
Limb loss	Absence of a limb or limbs.
Liner	The suspension sleeve that secures the prosthesis to the missing body part.
Mobility	The ability to move physically.
NDIS	National Disability Insurance Scheme.
Prosthesis (artificial limb)	A device which helps to replace the mobility or functionality of a missing limb/s.
Prostheses	The plural of prosthesis (i.e. two or more prosthetic devices).
Prosthetist	A University trained healthcare provider who manufactures prosthetic devices (artificial limbs).
Pylon	The pole connecting sections of the prosthesis (e.g. socket to the foot).
Residual limb	The remaining part of the limb, sometimes referred to as a 'stump'.
Socket	The custom-made part of the prosthesis which encases the residual limb.
Stump	The residual limb.
Stump sock	A sock worn over the residual limb to provide a cushion between the skin and socket.

1. Limbs 4 Life

Limbs 4 Life is the only national support organisation for people with limb loss in Australia.

What is Limbs 4 Life?

Limbs 4 Life's mission is *"to provide information and support to amputees and their families while promoting an inclusive community"*. Our vision is *"to ensure that no amputee goes through the process of limb loss alone"*. Our philosophy is *"to empower amputees with knowledge and support to make a real difference, because no one should go through limb loss alone"*.

Limbs 4 Life is the peak body for people with limb loss, established as a charity in 2004. Every year, Limbs 4 Life provides support to thousands of amputees, family members and parents of children with limb differences. We also provide support and information to medical and health professionals, community workers, teachers and the general public.

Limbs 4 Life is managed by a Chief Executive Officer, who is responsible for the day-to-day operations of Limbs 4 Life. It is governed by a volunteer Board of Management with members that have corporate, financial, legal, health, community and not-for-profit sector experience. The Board is responsible for ensuring that Limbs 4 Life acts legally and ethically, is compliant with rules and regulations, and meets the needs of members. Many members of the Board either live with limb loss or have a personal connection to someone who does.

Limbs 4 Life is also supported by a National Amputee Advisory Council. All Council members live with limb loss. The members volunteer their time to provide Limbs 4 Life with feedback and recommendations so we meet the needs of people with limb loss across Australia.

What services and support does Limbs 4 Life offer?

Limbs 4 Life offers a wide range of services and programs to assist and support our community. We strive to ensure that everything we do is high quality, safe, accessible and of benefit to our community. We regularly look for any new resources or services that will support our community. And where possible we also ask members of our community to develop (co-design) these with us.

- **Peer Support Program.** We connect people who have had recent amputations with trained volunteers, who have the lived experience of limb loss, so that they can ask questions and receive emotional and practical support.
- **Support Groups.** We manage support groups in various parts of Australia, which allow people with limb loss to get together with others in their local community.
- **Information and resources.** We develop evidence-based resources, guides and fact sheets which assist people to learn about limb loss and ways of best managing their health and wellbeing.

- **Magazine.** Our magazine 'Amplified' is produced three times each year. It includes personal stories, articles written by health professionals and general information of interest to our community of amputees, family members and caregivers.
- **Personal stories.** Sharing personal stories is a great way of sharing the experiences of people with limb loss. Those stories are shared on our website, YouTube channel, social media and in our magazine.
- **Conference and webinars.** We host a conference every two years and run regular webinars for our community. These are a great way of sharing information, building knowledge about issues, providing details about new technology and prosthetics, and assisting people with limb loss to meet one another.
- **Social media.** We use Facebook, Instagram, Twitter and LinkedIn to communicate with our community and share real-time information. We also run two closed Facebook Groups so that people in our community can connect with one another. One online group is for Australian amputees and family members, and the other for parents of children with limb differences.
- **Limbs 4 Life website.** Our main website is for all people living with limb loss to get information and resources about peer support, recovery, health management, prosthetics, funding, and Limbs 4 Life. www.limbs4life.org.au
- **Limbs 4 Kids website.** Our second website is called 'Limbs 4 Kids' and has a wide range of information and resources which relate to children and young people with limb differences. www.limbs4kids.org.au
- **Advocacy.** We make submissions to governments, respond to inquiries, and support individuals needing assistance to get the support they need.
- **Research.** We regularly take part in research or studies aimed at improving the lives of people with limb loss.

2. About limb loss and amputation

Limb loss can affect people of any age and at any time during a person's life. People living with limb loss are the largest physical disability community in Australia. People with limb loss can, with the right supports, participate in many of the activities that anyone else in the community does. But people with limb loss can experience stigma and discrimination, making it important to raise awareness of this disability more widely.

What causes limb loss?

A person may experience limb loss due to the surgical amputation of all or part of a limb. Or it may be because the person was born missing all or part of a limb.

Lower limb loss means a person is missing all or part of their leg or foot. Upper limb loss means a person is missing all or part of their arm or hand. Sometimes a person is missing more than one limb. In Australia most acquired amputations happen to the lower part of the body, such as toes, feet and legs.

The main causes of an acquired limb amputation include diabetes-related complications; vascular disease; traumatic accidents; cancer; and, infections. Amputations can occur at any time during a person's life. A person who has had an amputation is often referred to as an amputee.

Some children are also born with all or part of a limb missing; with the medical term being congenital birth deficiency. Some children may also have a limb amputation early in life. Children with limb loss are often known as having a limb difference. In Australia most birth deficiencies affect upper limbs, fingers, hands or part of an arm.

Quick facts:

- The main cause of amputation in Australia is due to the impact of Type 2 diabetes. But other causes include, vascular disease, cancer, traumatic accidents, infection and congenital birth deficiencies.
- The latest figures indicate that 8,500 lower limb (leg and foot) amputations are performed each year in Australia. This does not include upper limb (arm) amputations or limb differences due to congenital birth deficiencies.¹
- Australia has a high rate of diabetes-related amputation and over the past decade this has increased by 30 per cent. We currently have the second highest rate of diabetes-related amputations in the developed world, behind the United States.²
- Diabetic Foot Disease is Australia's leading cause of amputations, with a limb amputated because of this every two hours.³
- Peripheral arterial disease (PAD), also known as peripheral vascular disease, can be caused by diabetes, smoking, obesity, high blood pressure, high cholesterol and a family history of cardiovascular disease. PAD can lead to a reduced blood flow to the limbs, which can result in the limb developing gangrene. Every three hours in Australia, a person has an amputation due to PAD.⁴
- Major limb amputations are 38 times more likely in Indigenous Australians aged 25-49 years.⁵

How do people recover from an amputation?

People who have an amputation spend time in hospital recovering from the surgery. After that they begin rehabilitation to learn to adjust to their limb loss. They may stay in the rehabilitation facility for long or short periods of time. Alternatively, some people attend rehabilitation sessions during the day. Depending on the person's level of amputation and personal situation they may spend weeks or months in rehabilitation.

A team of healthcare providers are involved in a person's rehabilitation and care including: doctors; nurses; physiotherapists; prosthetists; occupational therapists; social workers; psychologists; podiatrists; exercise physiologists; and, dieticians. Sometimes a person will be supported by all of these healthcare workers, or just some of them – it depends on the person's individual situation.

Rehabilitation often involves:

- Learning how to ambulate (move/ walk/ safely (lower limb amputees)

- Learning how to safely transfer between two surfaces, such as bed and wheelchair (lower limb amputees)
- Learning how to use a wheelchair or crutches (lower limb amputees)
- Learning how to use specialised devices (upper limb amputees)
- Preparing for the fitting of a prosthesis (artificial leg or arm) if suitable
- Preparing to return home or an accommodation facility
- Preparing to return to other daily activities, such as study, work, recreation and driving
- Support to emotionally/ psychologically adjust to limb loss.

Is limb loss a disability?

Yes, the loss of a major limb or limbs is a permanent physical disability. However, if only a digit (minor part of a limb, such as a finger or toe) is missing it may not be recognised as a disability.

How does limb loss affect people?

The loss of a lower limb immediately impacts on a person's independence and mobility. The loss of an arm or hand can immediately impact a person's functionality and motor skills. Everyone reacts to limb loss differently. A person born with a limb difference may be affected differently to someone who has had a limb surgically amputated. In most cases, people's ability to adapt to their body changes and differences becomes easier over time.

Some common impacts, particularly in the early stage after amputation, include:

- Emotional and psychological responses (e.g. grief, anxiety, fear, anger, sadness)
- Changes in independence (e.g. asking for assistance, reliance on assistive devices)
- Difference in mobility (e.g. changes to balance or walking)
- Difference in functionality (e.g. challenges completing everyday tasks)
- Body image concerns (e.g. being self-conscious about how their body looks)
- Lifestyle changes (e.g. changes to employment, education, social interaction).

Do all people with limb loss experience pain?

Everyone who has experienced an amputation will experience pain related to their surgery, and possibly other pain due to the cause of their amputation (e.g. other injuries after an accident).

Some people who have had an amputation experience what is called 'phantom pain' and/or 'phantom sensation' – pain or feelings in the limb that is no longer there. Some amputees will never experience these feelings, some will experience it only sometimes, and some may feel it more regularly. Like any bodily feelings, the experience of phantom sensation or pain is unique to the individual. This type of pain is a neurological disorder, as it is related to nerves and the nervous system, and generally treated by a neurologist or pain specialist.

Surgical pain

Like most surgeries, there is always some level of pain involved. This can be pain related to wound and healing, such as the area where the flap of skin and tissue is pulled over the end of the amputated limb and stitched or stapled in place. Some people who have had an amputation also feel 'bone related pain'. But, like most surgical procedures, the pain will go away in time.

Phantom sensation

Phantom sensation is a feeling in the limb which is no longer there. Some people feel like their amputated limb is still there, even after surgery. The (nerve) sensations may include feelings of pins and needles, an itch or tingling sensations.

Phantom pain

Phantom pain can sometimes start immediately after an amputation and, like phantom sensation, can reduce over time. Some people find this pain very uncomfortable. It may feel like a shooting or sharp pain, cramp, burning or a strong electric shock. Phantom pain can usually be managed by a variety of treatments and medication. Wearing a prosthesis can also help to lessen the impact of phantom pain.

3. Prosthetics and assistive technology

The World Health Organization states that "Without assistive technology, people are often excluded, isolated, and locked into poverty, thereby increasing the impact of disease and disability on a person, their family, and society." ⁶ Prosthetics are considered to be assistive technology.

What is a prosthesis?

A prosthesis is an artificial body part that is worn to replace the function of all or part of an arm, leg, hand or foot. A prosthesis is called an 'assistive technology' device. Prosthetic limbs are classified according to the level of amputation: above the knee; below the knee; above the elbow; and, below the elbow.

Prosthetic sockets are custom made, to suit the residual limb of the individual. Prosthetic limbs and components like arms, and legs are designed to meet the needs of the individual, and come in all shapes and sizes. A prosthetist, who has a University qualification, is the healthcare provider who assesses, makes, fits and repairs a person's prosthesis.

Prosthetics are some of the most complex assistive technology devices available today. Advances in engineering and biomechanics in recent years have led to the manufacture of sophisticated feet, knee and arm units which use dynamic response, microprocessor, bioelectric or bionic technology. Some of the advanced prosthetic products include the dynamic responsive feet, computerised microprocessor-controlled knees and some myoelectric arms, to name a few. But

some people with limb loss are still fitted with older 'passive' devices such as the solid ankle cushion heel (SACH) foot, mechanical friction knee and body powered split-hook hand.

Prosthetic limbs are fitted to a person using a suspension system. These can be suction, vacuum systems or by a harness/straps. Many lower limb prosthetic users also wear silicone liners between their residual limb and their socket.

Sometimes a poorly fitted socket, temperature changes, weight gain or poor hygiene may lead to a person developing blisters or infections on their residual limb. This is not only painful but can lead to other health complications. People with limb loss must try to maintain their weight, wash and dry their liners and socks every day, and check their residual limb for any skin changes daily.

Some amputees choose to have an additional surgical procedure called Osseointegration. The procedure means that 'sockets' are not required as the prosthetic device is fitted to a surgically implanted rod which is implanted into the femur (thigh) bone or tibia (shin) bone.

It's important to remember that a person's prosthesis should always be thought of as part of their body, and not touched without their consent.

How are prosthetics made?

Generally, a few steps are involved making a prosthesis. It's an appointment that includes the person and their prosthetist. Sometimes another healthcare provider or prosthetic technician will assist with the process.

1. Prosthetic assessment appointment

This meeting involves taking measurements and a cast/ scan of the person's residual limb (often called a 'stump'). This cast is then used to make a socket that is shaped to fit the person. The casting process does not hurt or take very long. After the assessment it may take a couple of weeks before the person moves to the next stage – the fitting.

2. Fitting appointment

At this meeting the prosthetist will fit the prosthetic 'check socket' (clear plastic prototype) on to the person to ensure it's fitting correctly – not too tight or too loose. At this time the prosthetist can make changes to the socket to ensure it's comfortable and fitting well. A check socket can be adjusted prior to making the final socket.

If a person wears a below knee prosthesis, the socket will be attached to a pylon and foot unit. If the person wears an above knee prosthesis, the socket will be attached to a knee unit which is then attached to a pylon (depending on their height) and foot unit. If the person wears a below

elbow prosthesis, the socket will be attached to a hand unit. If the person wears an above elbow prosthesis, the socket will be attached to an elbow and hand unit.

If a person is being fitted for a lower limb prosthesis, the prosthetist will check the alignment and height of the prosthesis. More recently prosthetic providers have started to use laser technology to determine if the alignment of the prosthesis is in line with a person's hip, pelvis, knee and overall posture.

During these appointments the prosthetist, and sometimes a physiotherapist, will assist with prosthetic training. This training helps the person to learn to wear and use their prosthesis safely and get the best quality of life outcomes from it. Learning to walk on a prosthesis is called 'gait training'.

3. Review appointment

Just like a car, a prosthesis needs to be serviced and maintained so that it continues to be safe and comfortable. Adults should have a prosthetic review once a year, or more if required. A child will need to have reviews and adjustments to their prosthesis more frequently because their body is changing, and they outgrow their socket and components after growth spurts. A prosthesis should never cause pain to the person wearing it.

Amputees have the opportunity to try different prosthetic feet, knees and arms. It's similar to test driving a car - 'try before you buy'.

What are prosthetics made of?

Prosthetics need to be strong, tough and able to be easily attached to the body.

A wide range of raw materials can be used in creating prosthetics including high-grade plastics, aluminium, titanium, fibreglass and carbon fibre. Electronic prosthetics (e.g. microprocessor prosthetics) require batteries that need to be charged, and some can even be synced with mobile phone apps.

Check sockets are usually made from thermoplastics, so that it can be reshaped during the fitting stage. The final socket is usually made from strong plastics, acrylic, fibreglass or carbon fibre. The pylon used in a lower limb prosthesis is usually made from lightweight metals.

Do all people with limb loss wear a prosthesis?

No, not everyone with limb loss chooses to use a prosthesis. This may be because they have a health condition which prevents them from wearing one, the level of amputation prevents a secure fit between the residual limb and the socket, or because the person would prefer not to wear one.

To increase mobility and functionality, non-prosthetic users will be offered alternative assistive technology solutions instead. In the case of someone with lower limb loss this is usually a wheelchair or crutches. For a person with upper limb loss it may be a solution-based device or nothing at all.

Solution-based devices are available to assist with everyday activities. These are mainly used by people with upper limb loss. Some devices are attached to a prosthesis, while others are attached to the person's residual limb. Some examples include ones used for:

- Self-care (e.g. using cutlery, dressing, showering)
- Mobility (e.g. riding a bike, driving)
- Communication and learning (e.g. writing, using a keyboard)
- Recreation and leisure (e.g. engaging in sports, using a musical instrument, playing a computer game, holding a golf club, holding a fishing rod, mountain climbing)
- Households and workplaces (e.g. cooking, washing dishes).

Some people with limb loss may also alternate between wearing a prosthesis and using a wheelchair (e.g. when toileting during the night, if their prosthesis needs repair or they experience an infection in their stump).

4. Driving and transport

Accessible transportation allows people with disability to access their local community, employment, healthcare facilities, places of learning, and recreational and cultural activities. This includes a person's private vehicle, public transport and accessible taxis.

Can people with limb loss drive?

Many people with limb loss can drive a car, motorcycle and even trucks. Some people with certain disabilities or health conditions, including limb loss, need to be assessed to ensure they're safe (fit) to drive. Other conditions that require a person to be assessed as safe to drive also include epilepsy, heart conditions, Parkinson's disease, Multiple Sclerosis and diabetes.

People with limb loss usually need to take part in a fitness-to-drive assessment to make sure they're safe on the roads and not at a greater crash risk. Assessment and training is usually provided by a qualified occupational therapist. Sometimes restrictions may be placed on licences, such as 'only drive an automatic car'. Or the person may need to have modifications made to their car. Each state has different agencies which issue driving licences and determine restrictions (e.g. VicRoads in Victoria).

Many modifications can be made to vehicles, and this is assistive technology. For example, people with lower limb loss may require a left-foot accelerator pedal, or people with upper limb loss may need a spinner knob or hand controls. People who are wheelchair users may need a wheelchair hoist to lift the wheelchair chair on to the roof of their vehicle or their car might be adapted so that the wheelchair becomes the driver's seat. In some cases, the person may receive state government or NDIS funding to pay for all or part of assessment, training and vehicle modification costs.

Can people with limb loss use other forms of transportation?

Some people with limb loss are casual/ occasional users of public transport or taxis. But for some others it's their only mode of transportation because they are no longer able, fit or willing to drive a motor vehicle.

In some cases, a person with limb loss is eligible for public transport concession cards, NDIS funding and/or state government funded taxi subsidies.

5. Home modifications

A person's home is where they engage in daily living activities such as bathing, preparing food, eating, sleeping, relaxing and socialising. And the relationship between a person and their home is critical to their sense of safety and wellbeing.⁷

Do people with limb loss need their homes modified?

Not all people with limb loss need changes made to their home. But some do, in order to access and move safely in their home.

Home modifications are "structural changes made to the homes of older people and people living with a disability" and usually an occupational therapist will determine what changes need to be made.^{8 9}

Because the type, level and impact of limb loss differs from person to person, the modifications needed in homes can vary greatly. Some common modifications may include installation of ramps, grip bars, widening of hallways and doorways for wheelchair users, and changes to bathroom and wet areas to promote safe movement.

4. Funding for prosthetics and assistive technology

The cost of prosthetics and other assistive technology can vary according to a person's level of limb loss. Costs can also depend on a person's goals and the outcomes they want to achieve. Various funding schemes exist in Australia.

How are prosthetics and assistive technology funded?

The funding of prosthetics, assistive technology and other support services often depend on how a person's limb loss occurred, their age and location. A person's first (interim) prosthesis is funded by the healthcare system. But their second (definitive) prosthesis is funded by other schemes.

National Disability Insurance Scheme (NDIS)

If a person is under 65 and meet other eligibility requirements, they will usually be eligible for funding through the NDIS. The NDIS is available to people with a wide range of disabilities.

NDIS funding covers areas such as the costs of prosthetics and assistive technology, home and vehicle modifications, and support services. For more information visit www.ndis.gov.au

State-based artificial limb programs

If a person is not eligible for the NDIS then they will receive their prosthesis through a state-based artificial limb program. These programs are usually managed by the health department, or individual public hospitals, in each state and territory.

State-based aids and equipment programs

If a person is not eligible for the NDIS then they can apply to receive other assistive technology (e.g. wheelchair, walker, crutches) through a state-based aids and equipment program. These are usually managed by the health department, or individual public hospitals, in each state and territory.

Department of Veterans' Affairs

If a member of the defence force experiences an amputation while serving in active duty or as a result of active duty their prosthesis, other assistive technology and related supports will be funded by the Department of Veterans' Affairs.

Insurance schemes

If a person's amputation was as the result of a traumatic accident then their prosthesis, other assistive technology and related supports will usually be funded by a 'third party' insurance scheme. Some examples include work related accidents or road/transport accident insurance schemes.

5. Disability and discrimination rights

In 2018, 4.4 million people lived with a disability in Australia. That's around 1 in 5 people. And the likelihood of developing a disability increases with age.¹⁰

How is disability defined in Australia?

Disability is any limitation, restriction or impairment which restricts everyday activities and has lasted, or is likely to last, for at least six months.¹¹

The Australian Institute of Health and Welfare is a good source of data and information about disability in Australia - www.aihw.gov.au

What is disability discrimination?

Disability discrimination is when a person with a disability is treated less favourably than a person without a disability in the same or similar circumstances.

What laws and treaties protect people with disability?

Australia is a signatory to international treaties as well as national, state and territory laws which cover disability, discrimination and disability services. These laws are designed to protect people with disabilities, as well as their relatives, friends and carers. The laws uphold the rights of people with disability and allow for people to complain if they are discriminated against.

Convention on the Rights of Persons with Disabilities

The Convention on the Rights of Persons with Disabilities (CRPD) is an international treaty of the United Nations, and Australia is a signatory to this. The CRPD is intended to protect the rights and dignity of all people with disability, and ensure people are treated equally.

All countries that have signed this treaty promise to do as much as they can to ensure people with disability have access to things like housing, education, employment, community and health care.

For more information about the CRPD visit the United Nations website - www.un.org

Australian Government disability laws

- **Disability Discrimination Act 1992.** This Act upholds and protects the equality of people with disability. It makes discrimination against adults or children with disability unlawful in certain situations, particularly in employment and education.
- **Disability Services Act 1986.** This Act guides the funding and provision of Australian Government support services for people with disability.

- **Social Security Act 1991.** This Act lists the conditions for getting a wide variety of social security payments, including the Disability Support Pension, Sickness Allowance, Carer Allowance and Health Care Card.
- **National Disability Insurance Scheme (NDIS) Act 2013.** This Act establishes the NDIS and sets out its core functions and framework.

State and territory disability laws

States and territories also have a range of Disability Acts which outline their responsibilities for services.

For more information about disability discrimination, related laws and ways of making complaints visit the Australian Human Rights Commission - <https://humanrights.gov.au/>

6. Busting myths and misconceptions!

Some false beliefs or ideas about limb loss, and people with disability more generally, still exist in our community. Some of the most common ones are outlined and busted below.

Misconception: *Amputation surgery and prosthetics are modern medical procedures and devices.*

Truth: No, the surgical amputation of limbs and the provision of prosthetics date back thousands of years. Amputated limbs were found in the remains of Neolithic man from the late Stone Age, approximately 2000 BC.¹² Examples of prosthetic toe devices have even been found in ancient Egyptian tombs, dating 1069 to 664 BC. Ambose Paré, the official royal surgeon for four French Kings, developed amputation techniques and the first above knee prosthesis in the 1500s.¹³

Misconception: *A person with limb loss will never want to talk about their experience or their prosthesis.*

Truth: This is a personal choice, and whether someone wants to talk about their limb loss or prosthesis will vary from person to person. But many people will kindly respond to respectful questions about what led to their limb loss and/or information about their prosthesis.

Misconception: *All amputations happen because a person has an accident.*

Truth: Some people lose a limb because of an accident, but an even greater number experience an amputation due to diabetes and vascular disease.

Misconception: *A person with limb loss can never walk normally again.*

Truth: Although some people who have lost one or both legs may limp or shuffle their feet this can be due to a range of factors, such as other health conditions they may have. The ability to walk safely and have a normal gait is generally because their prosthetic leg has been customised to suit them – a ‘one size fits all’ approach is not possible. This is why prosthetics are made by qualified

prosthetists who are skilled in developing, fitting, adjusting and checking amputees' prosthesis. Once a person with limb loss has adjusted to their prosthesis and been trained to use it, most are able to walk normally again and develop a good gait pattern.

Misconception: *People who wear a prosthesis can't go in the water.*

Truth: While it is true that some prosthetics cannot get wet, specialised prosthetics can be worn in water. This means people wearing these can wear them in the shower, in pools and the ocean and participate in a range of water sports.

Misconception: *A person with limb loss is unable to work.*

Truth: Over 1 million Australians of working age (15 – 64 years) with a wide range of disabilities, including limb loss, are active members of the labour force.¹⁴ Australians with disability contribute to our economy by paying taxes, purchasing products and services, and adding to the output of businesses. Many people with limb loss are active members of the workforce but may sometimes need some workplace modifications or access to specific tools so that they can accomplish tasks. You might have been serviced by a person with limb loss and not even realised it.

Misconception: *A person with limb loss can't participate in sport and recreation activities.*

Truth: It is true that some people with limb loss might be unable to, or find it difficult to participate in, sporting activities. But many people with limb loss find that with the right support and assistive technology they can participate in a range of sport, recreation and leisure activities that interest them.

Misconception: *A person with limb loss can never have a romantic relationship.*

Truth: Like anyone, a person with limb loss can enjoy romantic relationships that align with their sexual orientation. People with limb loss may choose to enter into short or long-term relationships, marry and have children if they wish.

A great article about 'What not to say to an amputee' is available on the Healthdirect website - www.healthdirect.gov.au

Misconception: *Prosthetics hurt and cause pain.*

Truth: If a prosthesis is fitted properly, it should never cause pain.

Misconception: *Amputees sleep with their prosthesis on.*

Truth: No, amputees don't sleep with prosthesis on. Sleeping with a prosthesis on would be uncomfortable and in the long-term unhealthy. The only time that many amputees remove their prosthesis is when they are going to bed, and it provides a chance for their stump to get access to air.

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