



NEWSLETTER ♦ 67th Edition ♦ Mar. 2019

Anchoring Our Connections

- by Belinda

Loneliness is the state of being alone and feeling sad about it. We all have experienced this emotion at some point in our lives and usually it is short lived. A friend stops by for a visit or your brother calls for a chat and the feeling disappears. There are those that feel this emotion each and every day and that is when it changes from being a normal feeling to something that is much more troublesome. Instead of just feeling a little sad, they feel abandoned or rejected. It is estimated that 1 in 5 people in the U.S. experience loneliness on a daily basis. That is 20% of the population. A study by Brigham Young University found that loneliness shortens a person's life by 15 years, about the same impact as being obese or smoking 15 cigarettes a day. Other studies have found connections between loneliness and a wide range of health problems, including increased risk for heart attacks, stroke, and cancer.

In the Feb. SPOTLIGHT column, I talked about how lucky we are to have people in our lives that love us and are committed to us. I also acknowledged that there are many people that are not so fortunate. Maybe they may have lost a spouse or parent, never had children, or have lost contact with old friends. I have met some of these people on peer visits; they already have this void in their lives and now they are faced with the challenge of limb loss. I have also talked with amputees who have many family members and friends in their lives but still are overcome with loneliness. They tell of feeling abandoned by their loved ones or rejected by old friends.

Group member Kelly Grey once gave a presentation on the topic of *loneliness*. I remember her saying that a person can be in a crowded room and still feel lonely. That thought stuck with me. While doing some research for this article, I came upon a TED talk video by Baya Voce. In it, she states that to not feel lonely we must feel connected to a person, and to feel connected we have to feel seen, heard, and valued by that person. Not just one of those, but all three. That doesn't mean that the person has to agree with what we say, but in order for us to feel a connection to that person, we need to feel that they value us and what we say. We need to feel that we matter to that person. So indeed, you can be in that crowded room whether it is with strangers or family members and still be lonely if you do not feel connected.

What can you do if you don't feel connected or valued by your family or friends? Or what if you have no family or friends? The first step is to step back and truly look and be honest with yourself about the situation. Here I go with my "self" questions again: Why don't I have any friends? Have I tried to make friends or do I isolate myself and push people away? Do I see, hear, and value other people? Do I expect too much from my family and friends? Do I expect others to

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SPOTLIGHT

- by Belinda Jacobi

Each month in the SPOTLIGHT column, we shine our light on a group member or a special organization. For the month of March, I am going to do a first and that is to cast a light on House Bill 361, which was submitted by Rep. Al Gentry to the Kentucky legislature on February 13, 2019. I am doing so in hopes of explaining what it is about and its importance to the amputee community. I feel urgency in its passage. You see a few years ago a similar bill was submitted only to get lost in committee. We now have a second chance, and probably our last chance to get this through. Rep. Gentry, who is an amputee, has expressed his willingness to take this on and fight the needed battles to get it passed. He recently launched a bipartisan caucus to represent the disabled of Kentucky. It is named the Engage & Empower Caucus and will give a voice to those with disabilities. His hope is that through this caucus we can raise awareness of the needs of people living with limb loss. In order for us to be heard, though, we first must be willing to speak up for ourselves. I truly believe that one reason many insurance companies feel they can deny us proper prosthetic care is that they believe we are an easy target. They see us as weak and unwilling to fight for our rights. They see us as many do, as social outcasts who should settle for whatever little they offer us, even though what some insurance companies offer will not allow us to reach our full potential. So I ask you, are you going to stay quiet and accept this or are you willing to make your voice heard and make Kentucky a state that honors and protects its residents, even those with limb loss?



Now since I have been on my soapbox and made my rally cry, please let me explain to you what House Bill 361 proposes. First, I will tell you that it asks for parity on insurance coverage for both prosthetic and orthotic devices. Parity is another word for equality, so it is asking insurance companies to treat those in need of prosthetics or orthotics in the same manner as they treat others. For those seeking prosthetic coverage, House Bill 361 has three major points:

1. It asks that an external prosthesis be covered in the same manner as an internal prosthesis. An example of this would be

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Anchoring Our Connections (cont'd)

make me happy? Do I jump to conclusions without truly hearing their side? Do I explain how I am feeling to my loved ones or do I expect them to read my mind? By answering these questions, I think most of you can find your own solutions to your loneliness. In order for others to value or connect with you, you have to, in turn, value them.

Undoubtedly, some people will walk out of your life when times get hard. Those people weren't really committed or connected to you to start with. But what we really have to work on is not driving others out of our lives by losing that connection. Our relationships with these people may change due to our limb loss, but all relationships change over time; our children grow up and start their own families, our grandkids get involved in activities and may not spend as much time with us, our spouse may find a new hobby that doesn't involve us.

In the TED talk video, Baya goes on to say that once we have that connection we need to anchor it. To anchor it, we need to have a ritual, something that we do together on a regular basis. My grandsons love family rituals. My main ritual with them is that they come over every Saturday night to spend time with my husband and me. They have done this since they were babies. I know there will come a time that ritual will need to change. Carter will become a teenager this year. I will miss these special times, but I will also find a way to replace our old ritual with a new one, because I never want to lose that special connection. I'm already working on it. The boys and I have started our own book club, and we send each other texts throughout the week. Deklan's (who is 7) texts to me always seem to include a picture of a dancing animal. He says he likes to make Nana laugh. So what rituals do you have with your friends or loved ones? It doesn't have to be daily or even weekly, but it does need to be often enough that you maintain that feeling of value and connection. If you are feeling rejected or abandoned by them, reach out to them and tell them that you miss them, but do it in a way that is not accusatory or judgmental. Realize that you may have to accept changing times. Be flexible about ways that you can spend time together. Don't expect them to always fit into your schedule, sometimes you may have to learn to fit into theirs.

For those who don't have friends or family, make sure that you are not putting up walls to keep people out instead of opening a gate to invite them in. If you can get out, join an organization that you are interested in, go to a class at a senior or recreational center (many are free), visit your local library, attend a church, volunteer, or go anywhere that you can be around other people. If you are homebound, there are on-line chat groups such as the one at <http://www.empoweringamputees.org/>, or ask your healthcare professional for information on in-home services. Many of our members have in-home health aides that provide them with companionship.

If you are feeling lonely, remember that **Moving Forward** is just an email or phone call away. You are always welcome to attend one of our meetings or events. I have seen many friendships formed and even a romance bloom among our members. I hope to meet you soon!

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### Hey Guys and Gals!!

Just to shake things up and to encourage participation, anyone submitting an article, Life Hack, recipe, or photo that is chosen to be in our newsletter during the months of March or April will receive a \$15.00 Kroger Gift Card.

Please send your submissions to our group email address:

[moving4wdamputeegroup@gmail.com](mailto:moving4wdamputeegroup@gmail.com)

## SPOTLIGHT (cont'd)

providing insurance coverage for a microprocessor knee the same as for a knee replacement. Currently, many above-the-knee amputees are forced by their insurance companies to accept a cheaper and inferior type of knee which greatly diminishes their mobility. At the same time, people that are receiving knee replacements are given high quality knees with no questions asked.

2. The bill asks that arbitrary caps and restrictions be eliminated. Some insurance companies place ridiculously low caps on the amount that they will pay per year or per lifetime for prosthetic coverage. Using the same example: An insurance company may have a cap of \$5,000 on the amount they will pay for a prosthetic limb. For an above-the-knee amputee (or any amputee) that \$5,000 would pay for only a very basic prosthesis, one that they, at the most, would be able to hobble around their house with. All the while, the person receiving the knee replacement gets that top-of-the-line knee, allowing him/her to go home and to return to work and recreation.
3. It asks that the determination of the type of prosthesis not be made by the insurance company, but by the amputee's medical team. I ask you, "Does a person sitting behind a desk at an insurance company have the knowledge of prosthetics and the amputee's capabilities and lifestyle to properly make this decision?"

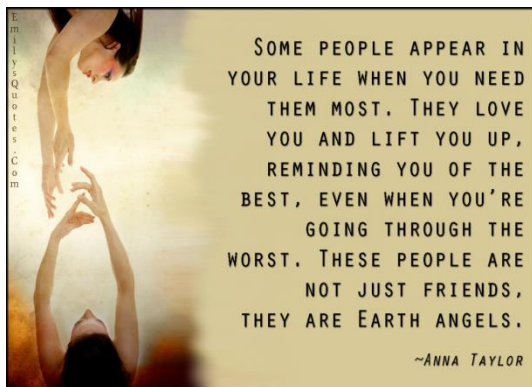
To me, this is all about common sense, but then again, I am an amputee and have talked to hundreds of other amputees, and I know what our needs are and the challenges that we face. One of those challenges should not be having to fight our insurance companies to receive proper care. These insurance companies are the ones that we have in good faith paid our premiums to for years, with the promise in return of their providing us good quality insurance coverage when we need it. They agreed to this when they accepted our payments. I realize that they are in business to make a profit for their shareholders, and to do so they must cut costs. To this I always say, "Stop, we have been cut on enough!" What they apparently don't realize or won't open their eyes to see is that by not providing coverage for proper prosthetic care, they are costing themselves much more money in the long run. They are also costing the government millions of dollars.

If an insurance representative would spend one day with me going on peer visits to amputees, I could show them what providing poor coverage is costing them. What would we see on those visits? We would see people who have very little mobility because of the inferior quality of their prosthesis. They have pretty much given up on not only walking, but life in general. They have gained weight, are on dialysis, their blood sugar is out of control, their heart disease is much worse, and they have had multiple hospital stays due to poor health. Many of these amputees are now on multiple medications for these conditions, they are being treated for depression, and some become addicted to pain medications as a way of coping.

One of our stops might be to visit a little boy who just lost his leg to a cancerous tumor. His mother is distraught and says that he loved to play sports and she wonders if he will be able to do that again. I know that with the right type of prosthesis he can, but many insurance plans won't cover that. Many will only provide for a very basic prosthesis that will allow him to walk out to the bench, but not to make it on the playing field. So what should I tell her? Should I tell her that if their family is financially well off that he can, but if, like many of us, they are just getting by that no, he probably won't because their insurance won't allow what they call an extravagance? Think of the money that the insurance company would save in the long run by providing that prosthesis. That little boy would be able to live a much healthier

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## QUOTE OF THE MONTH



## BELLARMINE COMMUNITY PARTNERS PROJECT UPDATE

Abby Biggs, the lead student with the project, announced that they are currently enrolling amputees for the final 8-week session of the project for this school year. It will begin around the first of April. Participants are given an initial assessment followed by physical therapy sessions one day a week for 8 weeks. The program is free and if you would like to attend or have questions, please contact Abby: by email [abiggs01@bellarmine.edu](mailto:abiggs01@bellarmine.edu) or by phone 314-723-1796.



## OUR READERS SPEAK

— by Elaine Skaggs

I am very happy and excited to be a part of the Bellarmine Community Partners Project again this year. For those who don't know me, I am an above-the-knee amputee. I participated in the project 2 years ago when it had just begun. The first day, I walked in with the assistance of a rolling walker, and after 8 sessions of exercise and physical therapy, I walked out on the last day only using one cane for stability. The students, under the guidance of Professor Dennis Lesch, a well-known local physical therapist, evaluate



each participant to find their abilities and areas where they need improvement. From that information they develop an exercise plan to strengthen the weak areas. I think that is one of the things I like most about the program; it is designed specifically for me. This time after only 4 sessions, I have already made a lot of improvement in my balance and core strength. Since I am still using one cane most of the time, I'm looking forward to losing it very soon, which is the goal I have set for myself. There is

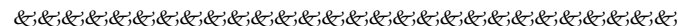
also something to be gained by the students. This gives them hands on experience working with amputees, an opportunity to see the way our prosthetic components actually work, as well as how we function on a day to day basis. We are giving them an excellent learning opportunity, and in return we are receiving free physical therapy, improving our mobility, and learning that we have abilities far beyond the limits we impose on ourselves. And the icing on the cake is, IT'S FUN!! I highly recommend you join us; it will be well worth your time!

## SPOTLIGHT (cont'd)

lifestyle. Now we will go on our last visit of the day. We are going to a nursing home facility. This time it isn't to see a new amputee, but to pay a visit to a man who has lived here now for over two years. He's pretty much given up on life and realizes that things aren't going to improve. I met him a few months ago when asked by his therapist to come and see if I could give him some hope. I have found that I can offer him my friendship, but I can't really provide him with that needed hope. You see, due to his insurance coverage he received inadequate prosthetic care when he first lost his limb. Since that time, his physical and emotional health have continued to decline. He has no place else to go, so this is his life now. His insurance provider may have saved a few bucks back then, but it has cost both him and them in the long run. Now the government takes care of him. It didn't have to be this way. So no, I wish with all my heart that I could, but I can't provide him with hope.

But if House Bill 361 is passed, it will help provide that hope to many, many people living with limb loss in Kentucky. Rep. Al Gentry will be attending one of our meetings soon to talk about House Bill 361 and how we can assist in getting it passed into law. Please check the UPCOMING EVENTS section in our newsletter and on our website for an announcement of the date. To keep track of the progression of the bill, you can go to this link [Kentucky Legislative Research Commission Search Options](#) and then type in 361 at the top of the page where it asks for the Bill #.

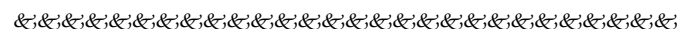
Next month, I will be sharing excerpts of a conversation I had with a representative from my insurance company when I needed coverage for my first prosthesis. At the time, it left me feeling disheartened and degraded, but now thinking back to that traumatic time, I shake my head and laugh at the irony of that conversation.



Colorectal cancer is cancer of the colon or rectum. The American Cancer Society estimates that about 1 out of 21 men and 1 out of 23 women will develop colorectal cancer in their lifetime. The risk of getting colorectal cancer increases as you get older. More than 90% of cases occur in people who are 50 years old or older. Colorectal cancer is preventable, treatable, and beatable. With certain types of screening, this cancer can be prevented by removing polyps (grape-like growths on the wall of the intestine) before they become cancerous. Several screening tests detect colorectal cancer early, when it can be easily and successfully treated. Some of these tests can be performed in the comfort of your own home. An average of 50,000 people die each year in the U.S. from colorectal cancer, and many of these deaths can be attributed to the fact that they did not receive the recommended screening tests. Colorectal cancer is often a symptomless disease in its early stages. If you do have symptoms, they may include blood in your stool, stomach pain, aches, or cramps that don't go away, and losing weight when you don't know why. The American Cancer Society recommends that colorectal cancer screening should begin at the age of 45 for people at an average risk. Don't let the fear of getting a colonoscopy stand in your way. If you are 45 or older and have not begun getting your recommended screenings, talk to your doctor about what testing options are available for you. Remember the saying from Benjamin Franklin: *An ounce of prevention is worth a pound of cure.* A simple screening may just save your life. For more info, visit these websites:

<https://www.cancer.org/cancer/colon-rectal-cancer/detection-diagnosis-staging/acs-recommendations.html>

<https://www.cancer.gov/types/colorectal/screening-fact-sheet>





## BELLARMINE FALL RECOVERY RESEARCH PROGRAM

Bellarmine physical therapy students are researching fall recovery and they're looking for volunteers to take part in the study. This is open to anyone who has a history of falls or a neurological condition, such as Parkinson's disease, Multiple Sclerosis, Huntington's disease, etc. Participants will receive a functional health screening, learn proper fall techniques and how to independently rise from the floor, and receive a customized exercise program. You are asked to attend 3-4 sessions that last 1 hour each and take place on Tuesday and Thursday afternoons. The program will continue through May 2019. The location is on the Bellarmine campus at Allen Hall, Room 260. The address is 2120 Newburg Rd., Louisville, KY. If interested, please contact Dr. Carrie Hawkins by email: [CHawkins2@bellarmine.edu](mailto:CHawkins2@bellarmine.edu) or by phone 502-272-7968.

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I'm Moving Forward . . .

Each month we are including a picture of our members *moving forward* after limb loss.



Sharon Morehead *moving forward* by participating in the Bellarmine Community Partners Project.

** If you have a picture that you would like to submit, please send it to Julie or Belinda. **

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## MARCH 26TH IS AMERICAN DIABETES ALERT DAY!

Go to <http://www.diabetes.org/are-you-at-risk/alert-day/> to take a Type 2 Diabetes Risk Test and to learn how to lower your risk of getting Type 2 Diabetes.



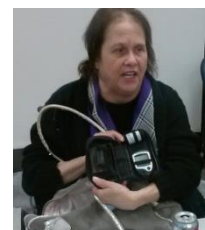
## FEBRUARY RECAP

The month of February can be summed up as interesting, informative, and fun. Group members Belinda Jacobi, Bill Titus, and Mike Portman went on a road trip on Feb. 12th to the State Capital building in Frankfort KY upon the invitation of State Rep. Al Gentry. While there, they attended a news conference announcing the formation of the Engage & Empower Caucus. The bipartisan caucus was formed by Rep. Gentry and Rep. Brandon Reed with the purpose of providing a direct line of communication between the State House, organizations that provide services to the disabled community, and those with disabilities in Kentucky. The group members talked with legislators and the news media about their excitement for the formation of the caucus and some of the needs of people with disabilities. Bill Titus was interviewed by 2 news stations. If you would like to see his interviews, the links are: <https://www.wkyt.com/content/news/Bipartisan-caucus-looks-to-help-Kentuckians-with-disabilities-505744871.html>



[https://www.wdrb.com/news/kentucky-lawmakers-form-new-caucus-to-engage-and-empower-people/article\\_f432a1c2-2f0a-11e9-9845-130fb6b7ce97.html](https://www.wdrb.com/news/kentucky-lawmakers-form-new-caucus-to-engage-and-empower-people/article_f432a1c2-2f0a-11e9-9845-130fb6b7ce97.html)

On Feb. 18th, the IN meeting was held at SIRH. Abby Biggs was on hand to share information about the Bellarmine University Physical Therapy Community Partner Project. She told of how the project helps to improve range of motion, strength, balance, and overall gait performance of amputees. She encouraged people to contact her to enroll in the next session which will begin around the first of April. For more information about the project, please see the Bellarmine



update in this newsletter or visit our website. Group member Debbie Troutman then gave a presentation on Low Vision Awareness. She told about a program she participates in with Bosma Enterprises that provides services for the blind and vision impaired in Indiana. Debbie brought many items with her to show us some of the products that Bosma has supplied that allow her to live independently. Among the items were a talking watch and alarm clock, various helpful kitchen gadgets, labeling items, writing guides, a digital recorder for reading books, and talking labels. It was fascinating seeing all the products that are available. Bosma also offers rehabilitation and job training, counseling, and much more. You can visit their website at: <https://www.bosma.org> to learn about their services. The meeting ended with a Valentine's party including treats and a trivia game. It was an interesting and fun evening.

The Louisville meeting was held on Feb. 23rd at Norton Brownsboro Medical Plaza 1. A packed house came to hear a presentation by Hilbert Potter, an amputee and physical therapist with KORT. Hilbert talked about the importance of physical therapy in the amputee's recovery process, and the need for good communication between the amputee and his/her physical therapist. He also discussed home safety and fall prevention, as well as giving a demonstration on fall recovery. It was an extremely informative and helpful



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## LET'S GET MOVING – by Belinda

For the past few months, I have been sharing with you easy and fun ways to exercise in your own home. Many amputees do not like getting outdoors much during the wintertime, and while staying warm and safe is a priority, it is still important to get up and moving. With the month of March comes the first day of spring, and we begin to think more about venturing outdoors. Going outdoors entails walking on uneven ground, having more range of motion, and better balance than walking inside your home. Hopefully, you have been doing the exercises that I have shared with you, and you're up to the task. Before heading outside, though, let's do one more of my favorite indoor exercises, and that is kickball.



All you need is a child's play ball. You know the type I'm talking about; the balls that they keep in a bin at Walmart with cartoon characters on them. Mine is a Toy Story ball with Buzz Lightyear and Woody. The best place to play kickball that I have found is at the end of my hallway. I close all the doors to the rooms, so that I don't have to chase a miskicked ball. The walls in the hallway serve two purposes; they provide you with some support if you do stumble a little bit, and they help to keep the ball in a limited area. I have a door at the end of my hallway, but a wall would work just as well if not better. I drop the ball and just start kicking. Unless you're a soccer star that ball is going to go in all different directions and that is just what you need. You have to move side to side and back and forth to keep that ball going. Don't kick the ball really hard. Start out closer to the wall and kicking softly. Once you get going, you can move back and kick a little harder. If you have trouble kicking, then just try bouncing the ball against the wall and catching it. You are still going to get the same movements. You will be working on your balance and range of motion while having fun! It sure beats squats and leg lifts! Next month I'll begin sharing ways to exercise outdoors, but until then enjoy playing some kickball and **let's get moving!**



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FEBRUARY RECAP (cont'd)

presentation. We look forward to his continued involvement with *Moving Forward*. Abby Biggs and Aliya Thompson from Bellarmine University were there to encourage participation in the Community Partner PT project. Several group members shared their experience taking part in the project, and we thanked the young ladies for their commitment to helping amputees in our community.

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## LIFE HACKS FOR MOVING FORWARD

– by Belinda



You might be asking, "What is a life hack?" According to the dictionary, a life hack is a simple tip or trick that helps us to get a day-to-day tasks or activity done more easily. As an amputee, you know that once simple tasks can now become a frustrating battle of the wills. So each month we will be sharing **LIFE HACKS** in this column. We ask that you send us your tips and tricks to daily living so that we can pass them along. Remember, this is not advice from a medical professional, but ideas from people just like you who are dealing with limb loss.

Group member Philip Randolph shared a **LIFE HACK** that really has helped him; especially when he was younger. As many of you know Philip is a quadrilateral amputee, losing both legs below the knee and both arms below the elbow due to complications from meningitis when he was an infant. His surgeon was able to create 2 digits that work as a thumb & finger which have been a tremendous benefit for Philip. The **LIFE HACK** that he wanted to share involves fastening a key ring on the zipper tab of pants or jackets. Philip had difficulty zipping his pants when he was young, but by attaching the key ring he was able to hook his thumb through it and pull the zipper up. This could be very helpful to those who have had partial hand amputations; especially young children that are wanting to become more independent. Thanks for sharing, Philip!!

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KATE'S KITCHEN

Magic Cookie Bars or 7 Layer Bars

This month Katie is sharing a recipe submitted by Elaine Skaggs. This easy-to-make fan favorite will score some points with family and friends while watching the next game!

Ingredients:

- 1/2 cup butter or margarine, melted
- 1-1/2 cups graham cracker crumbs
- 1 can (14 oz. low-fat sweetened condensed milk
- 1 1/3 cup flaked coconut
- 1 cup semi-sweet or milk chocolate morsels (I use dark chocolate.)
- 3/4 cup peanut butter chips or butterscotch morsels
- 1/2 cup chopped pecans, walnuts, or almonds (optional)

Directions:

1. Spread butter in 13 x 9x 2 " pan. Sprinkle crumbs over butter. Evenly pat crumbs into pan. Drizzle milk over crumbs.
2. Sprinkle coconut, chocolate morsels, peanut butter chips, and nuts over top. Bake in 350 degree oven for 25 minutes or until light brown around the edges. Cool completely before cutting into bars. Store in airtight container in the refrigerator.



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## FUN WITH WORD SCRAMBLES

I'm making it a little more difficult this time! Unscramble these words and then use the letters in parentheses, which aren't in order, to finish the sentence. You can find the answers on Pg. 7.

|          |                          |
|----------|--------------------------|
| UREFTNO  | ____ _ ( ) ____ _ ( )    |
| INAST    | ( ) ____ _               |
| DRELNIA  | ( ) ____ _ ( ) ____ _    |
| ENGER    | ( ) ____ _               |
| WRINAOB  | ____ _ ( ) ____ _        |
| HCMSOKAR | ____ _ ____ _ ( ) ____ _ |
| PRNOTA   | ____ _ ( ) ____ _        |

ST. PATRICK'S DAY IS BOTH A CULTURAL AND A  
\_\_\_\_ \_ CELEBRATION.

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What's That Mean

– by Belinda



We've often discussed how not only your everyday life, but also your vocabulary changes following limb loss. We hear words that we have no idea their definition. Usually we just shake our heads yes and give an "uh-huh," not wanting to appear too dense. Each month, we will tackle a few of these words so that the next time we shake our heads yes, we will know **what's that mean???**

Something that we may hear from our surgeon or physician during our hospital stay following amputation surgery is, "We don't want you developing a contracture." If you then ask them what a contracture is, you usually get a lengthy medical description which you don't understand or many times no answer at all, only saying that your physical therapist will take care of it. Being in pain, tired from the surgery, and trying to learn to accept your new reality, you don't really give it much thought. But if you do develop a contracture, it can permanently affect your mobility and use of your residual limb. It can make it very hard to fit you for a prosthetic limb, and once you have a contracture, it is difficult and sometimes impossible to correct. This is something that should be thoroughly discussed with you in your pre-surgery consultation, instead of following surgery. The better prepared and more knowledgeable you are going into surgery, the better the outcome will be.

So, what is a contracture? A contracture occurs most commonly in the joint closest to the amputation, for example: at the hip in an above-the-knee amputee, at the knee in a below-the-knee amputee, or at the elbow in a below-the-elbow amputee. To me, I would describe a contracture as a stiffening and a bending of a joint that can't be straightened. I have visited with several BK amputees that have a bend in the knee (some slight, some to a large degree) on the residual (remaining) limb that he/she cannot straighten out. This makes it very difficult for them to stand and nearly impossible to walk.

Why does a contracture occur? When a limb is removed, the joint above the limb no longer is subjected to the pull of the limb's muscles and tendons, and the joint naturally pulls upward or inward. Imagine dangling a string from your hand with a rock tied to the end of it; the weight and pull of the rock keeps the string pulled tightly. Now imagine cutting that string so the weight of the rock is no longer pulling on the string. The string that you are holding in your hand is now limp or loose and it curls up on the end. This is the same effect that the loss of limb has on that remaining joint.

How can a contracture be prevented? The best way is by beginning physical therapy as soon as possible following surgery and moving the limb throughout the day. Bed rest or sitting bedside in a chair or wheelchair contributes to contractures. That poses a challenge, because many amputees have other complications such as delayed healing due to diabetes that requires them to spend many hours in bed. There are things that you can do during this time that can lessen the chances of getting a contracture, including lying on your stomach for at least 15 minutes 3 times/day, not using a pillow under your knee when lying on your back or between your legs when laying on your side, and keeping the residual limb elevated and the knee straight while sitting. You may not be as comfortable, and I know that when you are recovering you want to be comfortable, but in the long run you will be glad that you took these precautions.

If you are facing an amputation, recently had one, or if you are an amputee facing an extended time of bed rest, please talk to your physician, surgeon, physical therapist, or prosthetist about ways that you can prevent the development of a contracture.

References:

https://opedge.com/Articles/ViewArticle/2008-09_18

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KIDNEY HEALTH MONTH



Chronic Kidney Disease (CKD) is a major public health concern. It often goes undetected until it is very advanced requiring dialysis or a kidney transplant. When it is diagnosed early, progression of CKD can be slowed down or stopped. Regular testing for everyone is important but even more so for those at a higher risk. Symptoms of CKD may include: swelling of your legs, ankles, and feet, puffy eyes, blood in your urine or urine that appears pink (due to blood), foamy urine, difficult or painful urination, increased thirst, persistent nausea, excessive drowsiness or fatigue, confusion, pain or pressure in your chest, and unexplained shortness of breath. One in three Americans are at risk for developing CKD. African Americans, Native Americans, and Hispanics are at an increased risk. People with diabetes also have a higher risk. Almost all patients with Type 1 diabetes develop some evidence of functional change in the kidneys within 2-5 years and about 30-40% progress to more serious kidney disease within 10-30 years. Not everyone with diabetes will develop kidney disease. The better a person keeps blood sugar and blood pressure levels under control, the lower the chance of developing kidney disease. If you have symptoms or are in a high risk group, talk to your primary care physician about 2 simple tests for kidney disease. These tests include a urine test which checks for your Albumin Creatinine Ratio (ACR) and a blood test to check your Glomerular Filtration Rate (GFR). The GFR test tells how well your kidneys are working to remove waste from your blood. You can learn more about CKD at these websites:

<https://www.kidney.org/keephealthy>

<https://www.kidney.org/atoz/content/sixstepshealthprimer>



UPCOMING EVENTS

MEETINGS:

March 18th from 6:30 - 8:00 pm at Southern IN Rehab Hospital, 3014 Blackiston Blvd., New Albany, IN, in the Education Conference Room.

March 23rd from 2:00 - 4:00 pm at Norton Brownsboro Medical Plaza 1, 4950 Norton Healthcare Blvd., Louisville, KY, in Room 301B.

EVENTS:



March 9th, MOVING FORWARD will host its **March Madness Soup and Chili Supper**, from 5:00 - 8:00 pm, at the Okolona Fire Station, 8501 Preston Hwy, Louisville, KY. Everyone bringing soup or chili will be entered into our cook-off. Prizes will be awarded for Judge's Choice and People's Choice in the Soup & Chili categories. We will also be awarding a prize for The Best Dressed Fan, so be sure and wear your favorite team apparel. Admission will be \$5.00 and includes all the soup, chili, hot dogs, and dessert you can eat. Children 12 and younger eat free. All proceeds will be donated to the Amputee Coalition Paddy Rossbach Summer Youth Camp. We encourage you to attend and invite your family and friends to help support this worthy cause. Parking and the entrance are in the back of the building. We will be on the 2nd floor and an elevator is provided. You are asked to bring a soup, chili, or dessert if you can. The group will provide the rest. Hope to see you there!

April is Limb Loss Awareness Month so we will soon be announcing some special activities for that as well as more fun events for spring and summer. Please check our newsletters, our website, and Facebook for details as they are announced.

Information on all of these meetings and events is available on our website at ampmovingforward.com

What's That Mean (cont'd)

<https://www.ottobockus.com/therapy/resources-for-prosthetics/prevention-of-contractures.html>

<https://www.amputee-coalition.org/resources/preventing-contractures/>



Krafty Kids

This fun spring craft can be used for decoration or the kids can use them as masks. It is a great way to teach them a little about spring weather as well!

Spring comes in like a lion and out like a lamb paper plate craft

2 paper plates

a black marker or crayon (You can use some blue or green to color in the eyes and pink or red for the tongue.)

brown, yellow, and white construction paper

cotton balls

glue stick

scissors



To make your lion's mane, cut your yellow and brown construction paper into strips about 1 inch wide and 4 inches long.

Draw a lion's face onto one paper plate.

Alternate gluing your yellow and brown

construction paper strips around your plate.

Draw a lamb's face onto the other paper plate.

Cut two lamb's ears out of your white construction paper. They should be about 4 inches tall.

Glue the lamb's ears to the top of the plate

above and to the sides of the lamb's eyes.

Glue some cotton balls between the lamb's ears to make it nice and wooly.



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The Paddy Rossbach Summer Youth Camp will be taking place on July 8-13th at Camp Joy in Clarksville, OH. It is free for children ages 10-17 who are living with limb loss or limb difference. There is also a leadership camp provided for young adults ages 18-19 held during that week at the camp. In addition, applications are being accepted for camp counselors 20 years and older who have limb loss/difference. **Moving Forward** is proud to be a sponsor of the Paddy Rossbach Youth Camp. For additional information and applications go to

<https://www.amputee-coalition.org/events-programs/youth-camp/>

This link is also provided on our website.



FUN WITH WORD SCRAMBLES ANSWERS (from Pg. 5)

FORTUNE, SAINT, IRELAND, GREEN, RAINBOW, SHAMROCK, PATRON

ST. PATRICK'S DAY IS BOTH A CULTURAL AND A RELIGIOUS CELEBRATION.



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