



NEWSLETTER ♦ 60th Edition ♦ Aug. 2018

Five Years of Sharing – by Belinda

If you look at the top of this page, you will notice that it says Newsletter 60th Edition. That's five years of writing feature stories, interviewing amputees for the Spotlight column, helping people to find answers to their questions about limb loss, coming up with word scrambles, trying to keep you inspired to get moving, and of sharing my life with you.

I remember when a few of us first discussed publishing a monthly newsletter. The first thought that came to mind was, "Writing has never been one of my high points. I might have one or two stories in me, but what happens when I run out?" Despite my fears, I decided that it would be worth the effort. My desire to help others outweighed my feelings of inadequacy. Along the way, I have found that writing is a good outlet for bottled up emotions. While writing at my computer desk, I have both laughed and cried my way through many articles. Childhood memories have been brought back to life, the initial trauma of losing a limb has been relived, the pride of accomplishments in my recovery along with the frustration of my setbacks have been shared, the joy of making new friends and the heartache of the loss of others has been told, and I have learned so much from doing research for articles and by listening to you, our readers.

It hasn't always been easy, but with the help of many, we have created a newsletter that I feel **Moving Forward** can be very proud of. We strive each month to bring you encouragement, motivation, information; and most importantly, to let you know that you are not in this alone. Many people have shared with you their personal struggles along the road to recovery in order to help you realize that what may seem impossible, truly isn't. They have opened their doors to show you that their lives have changed, but they are not over. They have shown you their courage, their determination, their ability to adapt to life's changes, and their desire to find a new meaning as they enter another chapter of their lives.

I want to take this opportunity to thank those who have helped with our newsletter during the past 5 years. First, I want to thank our editor Julie Randolph. Although we have had a lot of fun putting this together for you each month, I know that there have been many times that my perfectionism has had to get on her last nerve. Sorry, Julie, but you know I love you! A thanks also goes out to Katie Flanigan and Beverly Gaylord for sharing all those delicious recipes and kid's crafts. Thank you to all of you who have written a feature story or have endured one of my interviews for the Spotlight column. Your contributions have meant a great deal to many people. A special thank you to my husband of 40 years, Shelton. He has watched TV many a night alone while I have worked on the newsletter or other group business. Thank you for understanding the importance of my work and supporting it. I couldn't do it without you. You are my light and my rock.

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AMPUTEE COALITION

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What Are Some of the Long-Term Physical Effects of Using or Not Using a Prosthesis?

– by Nicholas LaRaia, PT, DPT, NCS

Ask The Physical Therapist

LOSING A LIMB FOR WHATEVER REASON IS A LIFE-CHANGING EVENT. THE EMOTIONAL AND PSYCHOLOGICAL EFFECTS CAN BE VERY COMPLEX AND MAY LAST A LIFETIME.

Most will partly deal with the loss by attempting to replace the limb with an artificial one to regain function and/or the appearance of being whole or normal again. But, there are definitely some long-term physical effects of amputation, whether or not a prosthesis is used. Prosthetic use is not for everyone, and upper-limb amputees often are more likely to choose not to use a prosthesis than lower-limb amputees.

Prosthetic users will eventually find physical effects related to the method of suspending the prosthesis on the residual limb. Despite today's high-tech equipment, we still have some really low-tech problems. Increased skin temperatures of the residual limb, along with sweating, heat rash, blisters, contact dermatitis, abrasions and painful ingrown hairs may occur from the environment within the liners. Skin issues can progress to very dangerous conditions such as infection if not addressed. The warm, moist environment inside the liner is an ideal incubator for bacteria. This is true for both upper- and lower-limb amputees. Upper-limb amputees may also get blisters, abrasions and rashes from the harness used to attach and operate mechanical prostheses. The weight of the prosthesis as it hangs from the residual limb causes different skin problems. For upper-limb amputees, the prosthesis may hang unsupported most of the time; for lower-limb amputees, this occurs when swinging the prosthesis through to take the next step while walking. This creates a slight vacuum or suction on the end of the limb, especially with pin and shuttle lock liners. Problems are more common with lower-limb prostheses, but over time this suction can cause chronic swelling, a bulbous end on the limb, dark red discoloration, and in extreme cases hyperplasia or neoplasia (an aggressive overgrowth of abnormal skin tissue) at the end of the limb.

Using lower-limb prostheses can lead to problems with postural alignment, muscle imbalances and strains, and gait abnormalities. The incidence of back pain is 50 percent to 80 percent in lower-limb amputees and the increasing incidence corresponds to higher amputation level. Back pain, hip pain and leg pain in both the residual limb and the intact limb are well-known to prosthetic users. The residual limb is susceptible to deep tissue injuries from the forces it is subjected to inside the prosthesis. The intact limb of lower-limb amputees is much more likely to develop joint problems such as arthritis, presumably from the increased forces and increased time in weight-bearing, as amputees habitually load the intact limb more. Upper-limb amputees are not exempt from the problems that the strain of using a prosthesis causes. Cumulative trauma disorder or overuse

– Continued on Page 2 Column 2 –

Five Years of Sharing (cont'd)

Be looking for some changes in the next few issues. After 5 years, things need to be shaken up a bit!. There will be some new columns and some new writers as we do our best to keep you **moving forward!!**

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## QUOTE OF THE MONTH

This chapter of your life  
may not be written in a way  
that you would have chosen.  
You can't erase it and rewrite it.  
But, it is up to you how the  
story ends....



— by Belinda

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Please mark your calendars for Sept. 13th!! **Moving Forward** will once again be taking part in Louisville's biggest day of online giving. You will be able to make an online donation to our support group by going to: giveforgoodlouisville.org and then typing **Moving Forward Limb Loss Support Group** in the Search box. We will also be hosting our Facebook Live Event and participating in the Middy Rally at 4th Street Live. Watch for more information on our website and Facebook pages. We will be sending out emails about the event during the next few weeks. **Moving Forward** wants to thank all of you for your continual support of our group. We couldn't keep "moving forward" without you!!

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## FUN WITH WORD SCRAMBLES

Unscramble these words and then use the letters in parentheses to finish the sentence. Have fun! You can find the answers on Pg. 6.

MMSANEETU SAKRP

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|----------------|-----------------|
| NMUTMOENS      | _____ ( ) _____ |
| AUMQUAIRS      | _____ ( ) _____ |
| NSAREDG        | _____ ( ) _____ |
| HTGGISSENI     | _____ ( ) _____ |
| LNTANONI KPRSA | _____ ( ) _____ |
| GIHFSNI        | _____ ( ) _____ |
| PCINMAG        | _____ ( ) _____ |
| USMUEMS        | _____ ( ) _____ |

THESE ARE ALL FUN SUMMER \_\_\_\_\_

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What Are Some of the Long-Term Physical Effects of Using or Not Using a Prosthesis? (cont'd)

Injuries, arthritis, shoulder pain and back pain are very common. Strain in the residual limb from repeated use and the changes in limb and muscle lengths from the amputation surgery cause fatigue, pain, and joint and tendon problems.

Most lower-limb amputees have other medical problems leading to amputation such as vascular disease, diabetes and cardiac conditions. Amputation, even with a prosthesis, decreases the level of activity for most people, leading to worsening of these problems, as well as obesity, hypertension and ischemic heart disease or clogged cardiac arteries. Ischemic heart disease is 2.4 to 4.0 times greater in a sample of older, longtime amputees than in the general population. Decreased activity levels lead to weakness, poor balance and often falls with lower-limb amputees.

The news is not all bad for prosthetic users, though. A welcome effect of prosthetic use is the reduction of phantom limb pain. An association between prosthetic use and the increased use of the residual limb has been found, most times, to reduce the severity and frequency of phantom pain. This is true for both upper- and lower-limb amputees. In contrast to the decreased activity level of some amputees, the use of a lower-limb prosthesis, compared to non-use, can help an amputee maintain a healthier lifestyle. Increased cardiovascular fitness through regular exercise such as walking, hiking, dancing, cycling or a number of other activities is possible for lower-limb prosthetic users.

Not using a prosthesis after amputation avoids a great deal of discomfort from the prosthesis, but has other effects. Without the benefit of a prosthesis, upper-limb amputees rely much more heavily on their intact limb. With this comes the problems also previously mentioned with upper-limb prosthetic use, but the heavy reliance on the intact limb leads to overuse, strain and shoulder and back pain on the intact side. Some studies have found 60 percent of upper-limb amputees without a prosthesis have problems including tendinitis, bursitis and aggravation of arthritic conditions. Lower-limb amputees without a prosthesis are much more limited in their activity levels. With reduced activity come the effects of weight gain, increased difficulty in controlling diabetes and hypertension, and worsening of vascular and heart disease. Wheelchair use is very common, and with long-term use the incidence of shoulder tendinitis, bursitis and arthritis is increased. Chronic lower-leg edema from dependent positioning can lead to more problems with circulation and venous stasis ulcers. Little use of the intact limb and of trunk musculature causes weakness and muscle atrophy. Sitting most of the day will lead to hip flexion contractures and knee contractures, which can be very painful when performing transfers and position changes on a bed.

Amputation can bring on a lot of long-term physical effects, whether using a prosthesis or not. The decision to use a prosthesis is unique to each individual and should be weighed carefully. Either way, an amputee has to make a concerted effort to avoid a host of physical and health problems related to the reduction in activity that inevitably follows. A regular exercise program with an emphasis on cardiovascular fitness is very important, and strengthening of the trunk and limb muscles can help avoid or minimize joint, muscle and tendon problems.

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## Thank You to the Amputee Coalition

We want to thank the Amputee Coalition for allowing us to use their articles in our newsletters. We also want to thank them for the many brochures and publications that they provide to our group. It is not the intention of the Amputee Coalition to provide specific medical or legal advice but rather to provide consumers with information to better understand their health and healthcare issues. The Amputee Coalition does not endorse any specific treatment, technology, company, service or device. Consumers are urged to consult with their healthcare providers for specific medical advice or before making any purchasing decisions involving their care.





## SPOTLIGHT

— by Belinda

Each month, we use the SPOTLIGHT column to shine a light on a special person or organization. This month I thought it would be fun to go back in time to our very first SPOTLIGHT column. In our first issue of **Moving Forward's** newsletter, we featured group member Philip Randolph. It has been a joy seeing Philip grow from a boy to a young man during the last five years. He has matured so much during that time, but he hasn't lost his enthusiastic spirit, and I hope he never does. For those of you who haven't met Philip or heard his story, he became a quadrilateral amputee due to complications of meningitis that he developed at 5 weeks of age. Along with the loss of both legs below-the-knees and both arms below-the-elbows, the meningitis also attacked the frontal lobes of his brain, affecting his short-term and long-term memory and his reasoning skills. I am including Philip's original answers followed by his answers today. I know that you will enjoy getting to know Philip a little better....

### Answers from Interview in 2013:

Name - Philip Randolph

Age - 26

Hometown - Charlestown, IN

Hobbies - playing drums, listening to music, playing basketball

Favorite TV show - ER

Favorite sport's team - I'm not a big sports fan

In one word, what do you like about our support group? friendship

In more than one word, what do you like about the group? We talk about and help each other solve our problems, and the outings are fun.

What has helped you to move forward? the Lord, my Mom, my Dad, my friends, and the group

What activity would you like for the group to do? get together and play board games

### Now for his answers today:

Age - 31

Hometown - Sellersburg, IN

Hobbies - playing drums, biking, working out at the Y

Favorite TV show - the news

Favorite sport's team - I like basketball

In one word, what do you like about our support group? friendliness

What has helped you to move forward? - my faith

In what ways has our group helped you? - I leave every meeting happy, because I get to talk to everyone.

What is an activity that you would like to see our group do?

Christmas caroling

### I decided to ask a few additional questions:

What was the hardest thing for you as a teenager growing up with limb loss? - people staring

What do you do to help yourself relax? - reading



What do you enjoy doing with friends? - going out to eat and just spending time with them

How does it feel to be an uncle to Scarlett, and what do you want to teach her as she grows up? - It makes me happy, and I want to teach her to always be honest.

Philip will be a wonderful role model for Scarlett as she grows. His honesty, determination, enthusiasm,

— Continued on Page 4 Column 1 —

## I'm Moving Forward . . .

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



Kelly, Grant, Abby, and Billy **moving forward** on a trip to Cocoa Beach, FL

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



## JULY RECAP

**Moving Forward** kicked off the month by hosting our Pie & Ice Cream Social at the Okolona Fire Station on July 14th. Special guests for the afternoon were Jean Gibowski, director of the Camp Jean Animal Rescue, and Deuce, the Two-Legged Wonder Dog. Jean told about how Deuce was found alongside a road in a ditch with 2 badly injured legs. He was brought to the animal rescue, and after fighting to try to salvage the broken and infected legs, it was decided that Deuce's best chance of survival was by having both of his left legs amputated. He has recovered and adjusted beautifully, and he is an inspiration to all who meet him. The children in attendance all fell in love with Deuce. We are proud to say that we collected \$212.00 in donations to help at the animal rescue. After meeting Jean and Deuce, the day continued with delicious pie & ice cream, music, door prizes, socializing, and games for the children. It was definitely a perfect way to spend a hot summer afternoon.



— Continued on Page 4 Column 2 —

## SPOTLIGHT (cont'd)

gift for music, faith, and love for people are just some of his most admirable qualities.

Thank you, Philip, for answering my questions, and thank you for showing us all that no matter what challenges we face in life, we just need to keep on drumming!!

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OUR READERS SPEAK

I am a ten-year below the knee (BKA) amputee. My story is similar to many of yours. Something unplanned happens and your life's course takes a new direction. I was a secondary school principal with a side business and a farm; always the planner, steering my family from problems and making solid financial decisions along the way; always keeping my eyes on the road for that obstacle. Then I lost my leg and many new problems arose. As you know, we often take the small things for granted, not appreciating them until they are gone. One of my problems was being able to take a shower while standing in a safe, simple, and easy way. I disliked having to drag a shower stool around and taking the prosthetic leg on and off. Then when I traveled, it was nearly an impossibility to get a motel room (even a disability one) equipped with a built-in stool! They say that crisis creates opportunity. After a period of denial, I realized that my key to surviving this ordeal and holding



onto fragments of my previous abilities was that I must embrace acceptance and adaptation. Once I understood this new ideology, I started using/making a shower wrap. It answered my needs and still does today. It is safe, simple, and easy. I have sold several of these and helped numerous other people with this problem. Prices are affordable and simply a cost recovery item to me, reusable and latex-free. We had been invited to have a booth last summer at the Amputee Coalition Conference in Louisville. Many disabled people just as myself, health care providers, and professionals complimented us on the usefulness of the wrap. For more information and answers, look for a short clip on YouTube under "Hidden Pines Shower Wrap". We are also on Facebook and, of course, the internet. If you would like more information, visit our website at hpshowerwrap.com or my email is zpaces@yahoo.com. If our wrap can help ease your burden of showering, that is great. Thank you, Belinda, for forwarding this article through such a wonderful organization. Remember.....never let your disability define who you are.

Sincerely, Cecil Shrout

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## August is National Immunization Awareness Month

Immunizations (or vaccines) help to prevent dangerous and sometimes deadly diseases. Immunizations aren't just for kids. To stay protected against serious illnesses like the flu, pneumonia, or measles, adults need to get vaccinated also. For a short quiz to see what vaccinations you may need, go to: [https://www2.cdc.gov/nip/adultimmsched/?s\\_cid=bb-adults-adultquiz-025](https://www2.cdc.gov/nip/adultimmsched/?s_cid=bb-adults-adultquiz-025)

## JULY RECAP (cont'd)

At the July 16th meeting held at SIRH, Cecil Shrout gave a presentation on a prosthetic shower wrap he has developed that allows an amputee to wear the prosthesis into the shower. This allows the amputee to stand while showering, thus eliminating the need for a shower chair. The wrap is easy to use, is reusable and inexpensive. If you would like more information, go to [hpshowerwrap.com](http://hpshowerwrap.com), email [zpaces@yahoo.com](mailto:zpaces@yahoo.com), or phone 812-364-4348. Kelly Reitz spoke to the group about the feeling of loneliness following limb loss. She explained how even when you are surrounded by family and friends, you may still feel lonely and isolated. Kelly gave suggestions on ways to combat loneliness and shared this online link for further information: [webofaloneliness.com](http://webofaloneliness.com). The meeting concluded with Elaine Skaggs leading a discussion on living with an above-the-knee amputation. It was a very busy and informative meeting!

On July 24th, Belinda attended a training session at the Muhammad Ali Center for non-profits that are taking part in the Give for Good Louisville event. The session was sponsored by the Community Foundation of Louisville and included training on a variety of topics including: how to attract more donors by getting your message across with storytelling, how to attract the younger donor, and how to make the best use of social media.



The Louisville meeting was held on Aug. 28th at Norton Brownsboro. The speaker for the meeting was group member Bill Titus. Bill engaged the group in the conversation as he discussed some of the challenges and setbacks that he has faced since becoming a quadrilateral amputee. He asked the group to share some of the ways that they have dealt with setbacks they have faced. He then talked about the necessity of setting attainable goals. He cautioned that you need to be realistic when setting those goals. If you just set one big goal and then can't achieve it, you may feel like a failure and that may lead to depression. Setting smaller attainable goals or taking baby steps can still get you to your destination. Bill closed by talking about some of the problems and rewards of being a caregiver. Some of the caregivers in attendance told of how it is sometimes difficult to know when to step in and help and when to step back. Most of the amputees agreed that we need to do all we can for ourselves in order to gain confidence, but it is comforting to know that there is someone there to help us and support us when needed. For those who do not have a caregiver, they discussed the sadness they feel at times due to not having that special person to rely on, but also of the strength they have developed, allowing them to make it on their own.



Ted Rose celebrated his 71st birthday with friends and family at Famous Dave's in Louisville on July 29th. Group members, Shelton & Belinda Jacobi and Bill Titus, accompanied by his daughter Colette, attended to join in the festivities. We had a wonderful time!

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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 task or activity done more easily. As an amputee, you know that once simple tasks can now become a frustrating battle of the wills. So, we have decided that we will begin sharing **Life Hacks** in this new 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.

Our 1st hack comes from Vickie Shafer. It's not really dealing with a daily activity, but what for many amputees is a daily nuisance, and that is a sensitive residual limb (or stump). This sensitivity may be felt at the scar area, or it may be in several locations, or even the entire residual limb. If it is at the scar, make sure that it has thoroughly healed before doing this exercise. Vickie desensitizes her residual limb by using what she calls her *buffet*. This buffet consists of different textures and materials; such as a silk, cotton, corduroy, wool, and all the way up to Velcro. She begins with the softest texture and rubs it back-and-forth, side-to-side, and in circles all along the sensitive area for a few minutes several times a day. As the sensitivity lessens, she uses the rougher materials and applies more pressure. She began doing this at the advice of her prosthetist after her wound healed. Vickie says by doing this regularly, she feels it has allowed her to not have the sensitivity and phantom sensations that other amputees have dealt with.

So, if you are experiencing an overly sensitive stump, this desensitizing buffet may be your answer. Be sure and talk to your prosthetist about any problems that you have with this or any other issue. We'll be back next month with another **Life Hacks**.



Krafty Kids by Katie

Make a Pringle's Can Kaleidoscope

Starting with a long Pringle's can, decorate the outside with anything you want! Paint, paper or stickers work great! Next, you will need to make a small hole to look through on the metal side of the can. Use a hammer and nail to do this (an adult needs to help). Now you'll need some small pieces of cut up colorful tissue paper to glue on the plastic lid and for a piece of contact paper. Mix up some glitter, white glue, and a pinch of water to paint the pieces of tissue paper on to the plastic Pringles lid. Paint them on the outside part of the lid. Next, use a piece of contact paper for the part that won't move on the kaleidoscope. Put the small pieces of colorful tissue paper on the sticky side of the contact paper and put another layer on top (no glue needed). Take the Pringles can and roughly trace around it, this part will be glued on the open end of the can. Now cut the circle out! Put some glue on the edge of the opening. Place your contact paper circle on the edges. You want the surface to be smooth so the lid can be turned. Let dry before working the kaleidoscope! Now put the lid on the end and your kaleidoscope is ready to go! The lid part is what you turn, so make sure it can turn easily or the contact paper may come off. Point toward the light & enjoy the show!



LET'S GET MOVING — by Belinda

As we age, it seems as though that it becomes harder to get the exercise that we need. Along with the loss of muscle mass, we also are faced with the loss of bone mass. After the



age of 35, bone breakdown outpaces bone build-up. For many of us are problems compound from there with osteoporosis, arthritis, and various back problems. At this point, the desire to attempt any form of exercise is hard to find and sadly to say, many

give up on exercise all together and become increasingly more sedentary. They think that it is safer to sit in a chair than to walk, because they fear falling. The fear of a broken hip has caused many people to become bedfast.

Just like the other parts of our bodies, bones get stronger with exercise. By staying active, we improve bone health, strengthen muscles, and **reduce** our risk of falls and fractures. In order to strengthen the bones in our lower body and trunk (torso), the best exercises involve cardiovascular exercise done on your feet bearing your own body weight. For lower-limb amputees, this involves using one or two (whichever the case may be) prosthetic feet or for some bilateral above-knee amputees, the use of stubbies or foreshortened prostheses.



I was surprised recently when I heard from a physician that if a bone breaks it will heal more quickly if you are weight bearing. He went on to say that some bones may not heal at all if you are not weight bearing. So for those who are staying sedentary thinking they are cutting their risk of a hip fracture, the opposite is actually the truth, and if you do sustain a hip fracture, it is more likely not to heal properly.



I realize that being able to stand is very difficult for some and maybe next to impossible for others, but if you are physically able to do so, standing for even short periods of time can make a difference. Begin by starting by your kitchen counter or a very sturdy desk or table (nothing that will tip). Pull yourself up to a standing position and stand in place for as long as you can. It may be 30 seconds, or it may be 5 minutes. The amount of time doesn't matter in the beginning. If you need to hold on, then do so. Eventually try letting go a few seconds at a time. You're taking the initial step to start being weight bearing again. The time will get longer with practice and confidence. Try to do this several times a day. It only takes a few minutes at a time. If you think that it is too boring just standing at the counter, listen to music or sing a song, place some pictures or something to motivate you on the counter to look at, place a book on a stand in front of you and read. No excuses!! Once you are comfortable standing, try walking in place, and then progress to marching in place. Before long, that counter or sturdy table will no longer be needed. You may need a walker or a cane, but you can start increasing the time that you are weight bearing by walking in your home. Begin by making sure that you have a clear walking path with no tripping hazards. Again, do this several times a day and try to increase the amount of time a little each day.



It won't take long to begin feeling positive results both emotionally and physically. Most importantly, your bones will thank you. Next month, we will discuss some good weight-bearing cardio exercise choices and muscle strengthening exercise that won't injure your back. Until then, come on everybody *let's get moving!*

References: speakingofwomen'shealth.com cdc.gov



UPCOMING EVENTS

MEETINGS:

Aug. 20th, Mon., from 6:30-8:00 pm at Southern IN Rehab Hospital, 3104 Blackiston Blvd., New Albany, IN, in the Education Conference Room. Leslie Farhat, a Field Clinical Specialist with Neuros Medical, will be there to tell us about a clinical study being done to treat chronic amputation pain. The study involves an implantable device that Neuros Medical has developed which blocks nerve pain. The company is seeking patients to take part in the study. **Moving Forward** does not endorse any particular companies or products, but does welcome the opportunity to provide information on products and services that may be of benefit to the amputee population.

Special Note: The Louisville meeting to be held on Sat., Aug. 25th, is being canceled to give members the opportunity to attend the OPAF First Stride Clinic. Please see the information for that event listed below.

EVENTS:

Aug. 18th, Sat., Kenney Orthopedics is sponsoring an Amputee Walking School at the Sam Swope Care Center, 3503 Moyer's Circle, Masonic Home of KY, Louisville, KY. The clinic is instructed by Dennis Oehler and Todd Schaffhauser who have over 25 years of experience working with amputees to improve their function and allow them to return to a more active lifestyle with increased independence. Both Dennis and Todd are amputees and past gold medal winners in the Paralympics. During the morning session which begins at 9:00 am, instruction is given to medical professionals in the field of rehabilitative therapy. A free lunch is provided, followed by the afternoon session from 1:00-3:00 pm. During this session, the therapists work one-on-one with amputees on exercise and gait training. Therapists should plan on attending all day and a small fee is charged for the training. Upon completion, medical professionals will receive 5 continuing education credits. The clinic is free to amputees and their family members, and they may attend all day or just the afternoon session. To reserve your spot, please contact Kenney Orthopedics at 502-882-9300. Space is limited so you are encouraged to register soon.

Aug. 25th, Sat., The Center for Orthotic & Prosthetic Care will be hosting an OPAF First Stride Clinic. OPAF stands for the Orthotic and Prosthetic Activities Foundation. They travel the country providing introductory adaptive recreation and gait training clinics for those with physical challenges and their caregivers. Instructor for the clinic will be James Scharf, PTA. Clinical education for therapists will be from 9:00 am - 3:00 pm. A fee of \$40.00 will be charged to medical professionals and you will receive 5 continuing education credits upon completion. Amputees are encouraged to attend the afternoon session from 1:00 - 3:00 pm where they will receive exercise and gait training. Amputees and caregivers may attend at no charge. To register, go to OPAFonline.org or by phone at 980-819-9404. The OPAF First Clinic is being held at Norton Orthopedic, Medical Plaza 2, 9880 Angie's Way Ste. 120, Louisville, KY. This is on the Norton Brownsboro Medical campus behind Cabela's.

If you have questions about meetings or these events, please contact Belinda. See **CONTACT INFO** in this newsletter.

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## FUN WITH WORD SCRAMBLES ANSWERS

(from Page 2)

AMUSEMENT PARKS, MONUMENTS,  
AQUARIUMS, GARDENS, SIGHTSEEING,  
NATIONAL PARKS, CAMPING, MUSEUMS

THESE ARE ALL FUN SUMMER R O A D T R I P S.

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KATE'S KITCHEN

Zucchini Casserole

2 medium zucchini, sliced
Half a green pepper, sliced
Medium onion, chopped
Half a teaspoon of salt
Teaspoon of pepper
1-1/2 teaspoon garlic salt
2 beaten eggs
1-1/2 teaspoon of butter



3/4 cup grated Velveeta cheese
3/4 cup crumbled up Ritz Crackers
Straight from your garden, chop & slice your veggies; then cook in small amount of boiling water with salt, pepper, & garlic salt till tender. Drain, pour eggs and butter over veggies. Top with Cheese and cracker crumbles. Bake at 350 degrees for 30 to 40 minutes. Also good with Squash instead of Zucchini or WITH the Zucchini!

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## New Ways to Support Moving Forward



For those of you who may be looking for easy ways to support *Moving Forward*, we have a couple of new options available. If you shop on Amazon you can now go to Amazon Smiles and select our group as your preferred charity. Amazon Smiles is a website operated by Amazon with the same products, prices, and shopping features as Amazon.com. The difference is that when you shop on [smile.amazon.com](https://smile.amazon.com), the AmazonSmile Foundation will donate 0.5% of the purchase price of eligible products to the charitable organization of your choice.

Many employers offer employees the opportunity to have automatic payroll deductions which are donated to a charity of their choice. Many times the employer will match your donation. Please check with your employer to see if this is available and to see if *Moving Forward* is on their list of charities. If your company uses Frontstream, Truist, or Network for Good to manage their deductions, we are listed.

Our group is also part of the Kroger Community Rewards Program. If you shop at Kroger and would like to support us, just go to [krogercommunityrewards.com](https://krogercommunityrewards.com) and register your Kroger Rewards card with *Moving Forward*. Our organization number is 15533. By doing this, it does not affect your fuel rewards points in any way. A portion of each purchase goes to our group. It will print on the bottom of your receipt. We receive a check each quarter based on the purchases of the families who are enrolled. Thank you for your support!

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CONTACT INFO



MOVING FORWARD Limb Loss Support Group

moving4wdamputeegroup@gmail.com

amppmovingforward.com • 502-509-6780

Facebook: Moving Forward Limb Loss Support &

Moving Forward Limb Loss Support Group for

Young Adults Ages 18-38

Belinda Jacobi, President / Newsletter Staff

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