



NEWSLETTER ♦ 26th Edition ♦ Oct. 2015 ♦ National Physical Therapy Month

MOVING FORWARD FEATURE



Making a Difference - by Belinda

I was sitting in the waiting area of my prosthetist's office a few weeks ago, and I was looking out the window "people watching". There were businessmen, mothers with children, package carriers, bicyclists, and many others walking by, going about their daily lives. Then a man appeared who also was going about his daily life, but in a much different way. He was going from trash can to trash can looking for anything that he could use to survive the day. He wore a dirty shirt and sweat pants that were much too large for his small frame. They were so large that he had to use one hand to keep them up while he rummaged in the trash cans. I, then, noticed his feet. On one foot he wore a non-slip sock (the type that you get while in the hospital). His other foot was bare. My first thought was that this man was someone's son and his mother's heart would surely ache for him.

My mother passed away unexpectedly on September 15th. I miss her more than words can say... While watching the gentleman through the window, my mother came to mind. If she had been sitting there, she would have insisted that we go outside and give him some money or even our own shoes and socks. Often when I would take her to doctor appointments or out to lunch, we would see people standing along the roadway, holding signs asking for money. She would start reaching for her purse and telling me to stop until she could get her billfold out. I continually explained to her that it wasn't a good thing to do, and that it would be better to donate to a charity for the homeless. She did just that, and was known to donate to many charities. My brothers and I would remind her as she got older that she was living on a fixed income and had to be more careful with her giving. When retrieving her mail for her, there would always be a handful of envelopes from various charities. I would explain to her that some charities sold their mailing list to others, but she always said, "If I can help them with even a few dollars, I want to do that." I am receiving her mail now, and every day I get those envelopes by the handfuls.

My mother came from a different era than I. People now are much more skeptical than they were back then. I shudder at how many times she thought that I should stop and pick up a

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Getting Appropriate Physical Therapy How Can It Help Your Recovery?

inMotion • Volume 19 • Issue 3 • May/June 2009

- by Scott Waite, MPT

Appropriate physical therapy is crucial to both the physical and emotional lives of people who must live with a residual limb after amputation. Without it, patients are in store for a wide variety of additional problems during and after their recovery. The use of a prosthesis to improve amputees' functional abilities is becoming more of the norm than ever, and the time between the amputation and receiving a prosthesis should be used wisely to ensure the patient's long-term well-being. In addition, physical therapy is important for people who already have a prosthesis but who spend long periods without using it due to health problems, a poor fit or residual-limb issues (skin breakdown, neuropathy, revision surgery, etc.).

Whatever the reason, if an amputee goes a reasonably long period without a prosthesis with the intention of using one in the future, certain precautions should be taken to enable proper functioning of the limb once the prosthesis is used.

In fact, even if amputees decide never to use a prosthesis, appropriate physical therapy is very important for their overall physical well-being. It can help them maintain and improve their circulation, skin health, strength and endurance, and it can help them decrease their risk of developing contractures (shortened muscles or tendons).

Through proper care, physical therapists can play a vital role in helping patients achieve their desired goals. Unfortunately, there are a limited number of physical therapists around the country who specialize in the full rehabilitation of amputee patients. It's in patients' best interest, however, to try to find one in their area. It is ultimately the patient's responsibility to research and find the right therapist. Talking with your physician, calling local hospitals, or visiting therapy clinics will help you find the rehabilitation clinic that best suits your needs.

The goal of physical therapists is to provide the best care for their patients and to help them return to their previous level of function without causing any harm. Unfortunately, when physical therapists first see patients who have not had proper training before receiving their prosthesis, it's highly likely that these patients will have increased physical limitations as a result.

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Making a Difference (cont'd)

hitchhiker that we passed along the highway. I remember as a child we would do just that. If we saw someone with a broken down vehicle or in need of a ride, we would stop without hesitation. **My! How times have changed!** In today's world we do have to be more cautious, but we cannot let that need for caution keep us from making a difference in the lives of others.

I met a lady this week who works for The Salvation Army. She told me of the work that they do for not only the homeless, but families in transition and veterans in need of assistance. We discussed ways in which our group could become involved. She said that many groups host a drive to collect needed items and with winter coming soon, there is a need for items to keep them warm. My mind immediately went back to the man with one sock that I told you about earlier in this article. I asked her if our group could help by hosting a drive to collect warm socks. She agreed that would be very helpful.

So, I am asking our members and supporters to please consider donating a pair or package of men's, women's or children's socks. We will be contacting the local prosthetic companies this week to see if we can place drop-off boxes at their offices, but you can bring them to either of our October meetings or drop them off with one of our group members. Collection of the socks will take place through the month of October.

MOVING FORWARD has been making a difference in the lives of others for over 3 years now and will continue to do so. We ask that you help us in our effort to keep the feet warm of individuals in need in our community this winter. Thank you for your support!

**** In memory of my mother, Elsie Marie Sullivan**

Oct. 27, 1933 - Oct. 15, 2015. **

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## QUOTE OF THE MONTH

"We can't help everyone, but everyone can help someone."

— by President Ronald Reagan

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TEST YOUR KNOWLEDGE

Unscramble these words & use the letters in parenthesis to finish the sentence. You can find the answers on Page 4.



YHA ERDIS — () — — — — — —
 SOEANS — — — — — ()
 SKPUNIPM — () () — — — — —
 RFCLLOOU — — — — — () —
 RKICT RO ETRAT — — — — — () — — — — —

Now unscramble the letters to finish this sentence:

— — — — — has arrived!!

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## DON'T FORGET TO RE-ENROLL IN THE KROGER COMMUNITY REWARDS PROGRAM

Register or re-enroll online, if you have not done so, at: [krogercommunityrewards.com](http://krogercommunityrewards.com). *MOVING FORWARD* Support Group receives a percentage of your purchases & it does not take away from your Kroger points in any way.

## Getting Appropriate Physical Therapy (cont'd)

An amputation is a traumatic event to the body, and recovery time varies from person to person. When patients have an appropriate amount of physical therapy, their physical therapist may have the opportunity to see them more often than any other medical professional and should be able to monitor their residual limb and incision area. Occasionally, a residual limb can take longer than normal to heal, become infected, or have undesirable skin pressure problems that could be either alleviated or controlled with such professional observation.

During the first couple of months after surgery and before patients receive a prosthesis, their residual limb is shaped by using such things as an elastic bandage or a shrinker. If the shaping material is too tight, it can cause circulation problems, pressure sores or a misshaped limb. If the material is too loose, it will not shape the limb properly.



Further compression may, therefore, be required; the bandage may have to be wrapped more tightly or a smaller shrinker may be needed. The person's physical therapist should check the condition of the limb for proper shaping.

Part of the healing process should involve residual-limb massage to assist in desensitizing and toughening up the limb in preparation for using a prosthesis. Different types of massage are needed, depending on the healing stage of the limb. A physical therapist can determine which type of massage is appropriate at the time and teach the patient the proper technique.

Residual-limb tightening and even contractures can easily occur due to decreased use of the limb and constant static limb positioning. In fact, constant static positioning of a person's residual limb with minimal activity is probably the most common reason contractures are so prevalent in amputees. A general definition of a contracture is skin, fascia (connective tissue), muscles, tendons or joints that prevent normal movement of the related tissue or joints, such as when a knee or elbow joint is unable to be straightened completely.

Instruction regarding proper residual-limb positioning, stretching, and range-of-motion exercises is very important in decreasing the risk of contractures. Education in ways to prevent contractures is much easier and much more effective than trying to increase joint motion after tightening or a contracture has occurred. Although a prosthetist can make accommodations in the alignment of the prosthesis to help problems primarily involving hip and knee contractures, there will still usually be limitations once a problem has occurred. In addition, proper body mechanics will tend to be more difficult to achieve.

For any extremity to function properly, it must have a certain amount of motion in various directions. New amputees should be instructed in the necessary movements required by their residual limb and other pertinent joints. This will improve circulation, increase efficiency, and ultimately enable proper prosthesis use. Because prosthetic devices are designed to be very functional and are primarily based on "normal" body movements, it is important to keep or improve limb motion. Measuring limb motions can help in determining deficiencies, which physical therapists can then focus on to improve.

If amputees are to regain as much functional independence as possible, the residual limb must be as strong as possible to assist with prosthesis control. In my experience with prosthetic training involving upper or lower limbs, I've observed that patients have a difficult time using their residual limb properly. Early intervention to "wake up" an amputee's residual limb with strengthening, neuromuscular re-education, and stabilization

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## SEPTEMBER RECAP

At the IN meeting held at Southern Indiana Rehab Hospital, Brittany Bley gave a presentation on sepsis. She explained that sepsis is an extreme response to infection. Your body sends a flood of chemicals into your bloodstream to fight the threat. This causes widespread inflammation which may result in organ damage. Blood clotting during sepsis reduces blood flow to limbs and internal organs depriving them of nutrients and oxygen. Brittany talked about her own experience with sepsis, resulting in the loss of limbs and other health problems. Everyone received a printout including valuable information on the cause, symptoms, and treatments of sepsis. We want to thank Brittany for this informative presentation. The group also discussed several other topics and announcements were made about many upcoming events.

At the KY meeting, we welcomed new member Dana Moore. An open discussion was held and group member Bill Titus shared with us some of his personal story of waking from a coma following surgery and realizing that his life was forever changed. He talked of his continuing battle to heal, both physically and emotionally. Bill also spoke of how his strong faith in the Lord and the support that he has received from the group has helped him to *move forward* with his life. We were all touched by his determination to not only recover himself, but also his desire to help others along the way. The meeting closed with a discussion on plans for the upcoming Fall Picnic and Walk & Roll on Oct. 17. Belinda announced that Southern IN Rehab Hospital is making a donation to help fund the event.

Three other events also took place on the same day as our KY meeting. Group members Brittany Bley and Jeff Coffman helped out with 2 separate golf scrambles for charity causes. Philip Randolph and Kelly Reitz each performed at the Luke 14 event in Hodgenville, KY. Julie Randolph volunteered at the event by assisting with registration. Attendees enjoyed food, games, entertainment, and a hay ride. A highlight of the event was a performance by Patrick Henry Hughes. This was an evening filled with love, care, and acceptance for people with disabilities. It was hosted by group members Gary and Karen Rock.



## Krafty Kids .... by Beverly

### Make a Ghost

Materials needed to **make a ghost**:

- Black paper
- White paint
- Black paint or a black marker
- Paint brush
- Water to wash paint off

**Halloween crafts** like this are so cute and a lot of fun to make.

To **make a ghost**, paint the bottom of your little ones foot with white paint. Make sure you get the whole foot covered; toes, heel, etc...

The toes are going to be the bottom of the ghosts and your little ones heel will be the top – just keep this in mind for the placement of their **footprints** on your paper.

After your child's foot is fully painted, stamp their footprints on the paper. Let the **footprints** dry. When they are dry, with your child's toes facing the bottom of the paper, you can make eyes for the ghosts. **HAVE FUN MAKING BOO-TIFUL GHOSTS!**



## Getting Appropriate Physical Therapy (cont'd)

exercises is critical for establishing the residual limb as a functional part of his or her body. For example, people with an above-knee amputation sometimes have difficulty establishing the functional mobility they need to use their prosthesis to its full capability. Gaining control of the residual limb through appropriate strengthening can determine how well they are able to use their prosthesis. Depending on the area of the amputation, certain muscle groups, such as hip extensors, quads, hamstrings, gluteals, abdominals, triceps, biceps, and rotator cuff muscles, are important for increasing strength, especially in preparation for prosthesis use.

Getting appropriate physical therapy from the right therapist at the right time and in the right amount can help you avoid all of these problems. When it comes to physical therapy, an ounce of prevention is certainly worth a pound of cure.

### About the Author

*Scott Waite, MPT, is the director of Physical Therapy Services for Fourroux Orthotics & Prosthetics. Waite specializes in prosthetic gait training and idiopathic scoliosis bracing. He also consults patients with recent amputations. Waite received his Bachelor's Degree in Biology and his Master's Degree in Physical Therapy. He has been treating people with amputations for the last 8 years.*



## LET'S GET MOVING! - by Belinda

We are including this article from the Amputee Coalition which shows some simple stretches for both upper and lower limb amputees. If our muscles become too tight, we lose some of our range of motion making everyday activities such as standing or reaching much harder. This is especially true during times when we are recovering from an illness or surgery and spend a lot of time sitting or lying down. So come on everyone, let's limber up those muscles and

... *let's get moving!!*

## LIVING WITH LIMB LOSS THE FIRST YEAR – SPECIAL REPORT

### Stretches to Help Maintain or Improve Limb Function

*inMotion* • Volume 16 • Issue 5 • September/October 2006

- by Scott Waite, MPT

### Knee Flexor or Hamstring Stretch

Keeping your hamstrings (located behind the knee and thigh) stretched will enable your knee on your residual limb to fully straighten. This is very important for prosthesis use because it will enable you to fully extend your knee during walking or running.

1. Sit on the edge of a sofa or similar type surface, preferably something harder.
2. Point the leg you will be stretching directly in front of you
3. Hang the opposite leg to the side.
4. Lean forward gradually until you feel resistance in the back of the extended leg.
5. Do not bounce during this stretch.

### Hip Flexor Stretching

(Two Positions)

These muscles (located on the front of the hip and thigh) often become tight from sitting too much, making it difficult to stand up and walk with a prosthesis. Stretching these muscles is crucial for good standing posture and for walking correctly. If the hip flexors are too tight, your back and sound leg will work hard to compensate for them and may themselves be injured by the additional stress.

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Each month, in our **Spotlight** column, we introduce you to one of our members. This month the light shines on my good friend, Conni Skidmore. Conni protested when I asked her to be interviewed for the **Spotlight**, because she said that she hasn't done anything special and she is still in her wheelchair. But Connie represents many members of our group who are still struggling with many health issues that hinder their progress. We must get past the notion that being in a wheelchair means failure. Many people, due to various complications, rely on their wheelchairs for their main source and possibly their only source of mobility. Being in a wheelchair shouldn't be something that an amputee should be ashamed of or embarrassed by. Many wheelchair bound people live very productive lives. Sometimes, though, that wheelchair becomes such a safety net that the amputee may fear leaving it behind, and the longer they stay in it, the harder it becomes to get out of it. Many of the amputees in our group have been amputees for many years, so it does sometimes intimidate those who are struggling. I have heard this comment many times, "You all make it look so easy." We can't compare ourselves to others, because every single one of us has a unique story. We can use each other for support and motivation, but not comparisons. We each must set our own course and find our way through it. Conni's willingness to admit her fears and frustrations allows others who are struggling to realize that they aren't the only ones having those feelings. I know that you all will enjoy getting to know Conni a little better....

Conni and her husband David share their home with their dog "Bear". Conni told me a sweet story about her and David's courtship. It seems that Conni had a crush on David in junior high school, but David liked one of the cheerleaders. She said she spent many a night crying about it. They went on to different high schools but ended up attending the same college, Carson Newman College, a liberal arts Southern Baptist college in Jefferson City, Tennessee. She was studying in the field of elementary education and he in religious studies. They dated a few times but then decided just to be friends. They began dating other people, but soon realized that they wanted to be together and were married during their senior year in college. The following 4 years were spent with David completing his seminary studies. They have been married for 34 years. Conni and David have one son Jonathon and two grandchildren, Patrick who is 7 and Nora who will soon turn 4. Conni describes her grandchildren as the light of her world.

She and David recently took the children on a trip to a water park called The Wilderness at the Smokies. She has a strong desire to be able to walk again so that she can be more active in Patrick and Nora's lives. Conni needs to have a knee replacement in her sound leg. It causes her much pain when she tries to walk. She will be undergoing a lumbar block soon to try to relieve the pain so that she can begin getting up and walking again. She needs to regain her strength before having the knee replaced. She will then go through physical therapy to learn to walk on her new knee and her prosthesis. It has been a very slow and painstaking ordeal for Conni. She credits her faith in God, the love and support of her husband, and the care and encouragement she has received from our support group as to what has helped her thus far and will continue in helping her to *move forward*.

We all, at some point, face what sometimes seems like insurmountable odds. Imagine going down a path and coming upon a pile of boulders blocking that path. It is up to each one of us to decide whether we are going to move the boulders one at a time or are we going to turn around and go back where we started from. It takes two things to get you motivated enough to start picking up those boulders. The first thing is if you value what is waiting for you

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## LET'S GET MOVING! (cont'd)

### Prone (Face Down) Position

1. Lie comfortably on your stomach.
2. Place a rolled towel under your leg above your knee if you are a below-knee amputee or close to the end of your residual limb if you are an above-knee amputee.
3. Make sure you have enough leverage to feel a stretch on the front of your hip and thigh.

### Supine (Face Up) Position

1. Sit on the edge of your bed or mat.
2. Lie back, while grabbing the opposite leg from the one you want to stretch.
3. The residual limb that is being stretched should be hanging in the air.
4. Pressure should be applied downward to the residual limb by another person or a weighted object, such as an ankle weight.

### Elbow Flexor and Extensor Stretch

Decreased use of an arm that has been amputated below the elbow is common, which occasionally leads to elbow tightness. Full elbow range-of-motion is important, however, for increased function, especially when a prosthesis is being used.

#### Flexor Stretch

1. Lay your residual limb horizontally on a table or hard surface with a rolled towel under your arm just above your elbow.
2. Apply downward pressure to the end of your residual limb until a stretch is felt.

#### Extensor Stretch

1. Bend your residual limb at the elbow as far back as possible.
2. Apply pressure to the back of your forearm below the elbow until a stretch is felt.

### Shoulder Stretching

Any person with an amputated upper limb at any level has a greater chance of having limited shoulder motion due to decreased activity. It is important to make sure that shoulder motion is maintained within functional limits for future use of that residual limb.



..... from Beverly's Kitchen

This is a tasty side dish for the Fall.

## FRITO CORN SALAD

### INGREDIENTS

- SERVINGS 8 UNITS US  
 2 (15 ounce) cans [whole kernel corn](#), drained  
 2 cups grated [cheddar cheese](#)  
 1 cup [mayonnaise](#)  
 1 cup [green pepper](#), chopped  
 1/2 cup [red onion](#), chopped  
 1 (10-1/2 ounce) bag coarsely crushed Fritos chili cheese corn chips (I could not find these so I mixed 1/2 regular and 1/2 barbeque corn chips)



### DIRECTIONS

Mix first 5 ingredients and chill. Stir in corn chips just before serving.



### TEST YOUR KNOWLEDGE ANSWER (from Page 2)

HAY RIDES, SEASON, PUMPKINS, COLORFUL, TRICK OR TREAT  
AUTUMN HAS ARRIVED!!



## SPOTLIGHT (cont'd)

at the end of the path enough to make it worth your effort. The second thing is that you have to truly believe in yourself enough to know that you can move those boulders and make it to your destination.

**\*\*Note to Conni:** I know that you value what is waiting for you at the end of the path, and "I" truly believe that you can make it to your destination. I love you.

*Your friend, Belinda*



## J'm Moving Forward . . .

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



Sharon Morehead,  
**moving forward**  
after becoming  
a bilateral BK only  
a few months ago.

You go girl!!

We are proud of you!!

**\*\* If you would like to submit a picture of you *moving forward*, send it to Belinda or Julie. \*\***



## AWARENESS MONTHS FOR OCT.

**National Physical Therapy Month** is celebrated each October. The goal of the month-long celebration is to raise awareness of the important role that physical therapists & physical therapy assistants play in helping people decrease pain, improve mobility, and engage in healthy lifestyles.

**October 8th – National Depression Screening Day**  
For more info on anxiety and depression visit the Anxiety and Depression Association of America's website: [www.aada.org](http://www.aada.org)

**October 24th – Make a Difference Day or National Day of Doing Good** (The feature article is about this.)



### Thank You to the Amputee Coalition

**\*\* We want to thank the Amputee Coalition for allowing us to use their articles in our newsletter. 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. \*\***



## Q & A

*– by Belinda*

Our Q&A section is provided so that our readers can submit a "?", and then I, in turn, ask some of the members of the group for a response.

From time to time, I also do some research from various informational sources so that I can better respond to the submitted question. I am not trying to provide medical advice, but just trying to help amputees who are in search of some answers. As always, I encourage you to talk to your family doctor, specialist, or prosthetist about your concerns. **Do not be afraid to ask them questions!**

The question we will be dealing with this month is about prosthetic socks. As any amputee is well aware, dealing with volume changes in your residual limb and the constant adjusting on the number of socks needed to maintain good socket fit is a major headache. It can be a constant battle of willpower putting them on only to have to take them back off or to have to stop what you are doing to add another one. The good news is that, *Yes*, it does improve over time. Once the residual limb stabilizes and your definitive prosthesis is made, the need for the socks decreases or you may not need any at all. The time frame for this varies. Some of the amputees that I have spoken with said that their limb stabilized in about 3 months and others said it took about a year. Personally, it took me a little over a year to stabilize. At one time I was wearing 38 ply of socks. Getting dressed in the morning became an adventure. For those readers unfamiliar with the ordeal, I will take you through the steps:

1. Put on the liner (that covers the residual limb).
2. Begin adding socks (38 ply of socks would be 7 of the 5-ply socks plus one 3-ply).
3. At the time, I was wearing a pin-lock system so with each sock added, I had to make sure that the pin protruded thru the hole in each sock.
4. OK, now it was time for the socket. I pulled on the socket and stepped down to hear the clicking as the pin went into the lock to securely hold the prosthesis on.
5. Sometimes it wouldn't feel right, so off would come the socket and I would add or subtract socks.
6. I would put the socket back on and hope for the best.
7. Throughout the day, I may have had to take a sock off or add another one to maintain proper fit.

One piece of valuable information that I will share with new amputees is to be sure and wear clothing that will allow you access to your prosthesis in order to make these sock changes. I'm sorry, ladies, but stretchy pants will play a big part in your wardrobe for at least a few months. It will make life much easier for you. Especially if you are going out somewhere that doesn't provide you with the needed space to undress and add the socks (example: public restrooms). Another tip for new amputees is to always carry a bag with various ply of socks with you. If you are out somewhere and start feeling pain at the bottom of your stump, you can add the needed socks to make you comfortable again. I haven't had to wear the socks for quite some time now. Once your leg stabilizes enough that your prosthetist feels that you're ready for your definitive prosthesis, usually the sock nightmare comes to an end.

If you start losing weight, you will most likely have to add a few socks until you reach your desired weight and at that time, a new socket can be made for you.

I have had amputees tell me that it is just not worth it to try. It's just too much trouble to get the prosthesis on, and then when they get it on, it hurts so they have to take it back off. My answer to this is, "If you can see the light at the end of the tunnel and concentrate on that light and your desire to walk again and get back to your life, then you can realize that this is just a necessary step in reaching the end of that tunnel." By meeting and talking with other amputees you can

*– Continued on Page 6 Column 2 –*

# UPCOMING EVENTS

## MEETINGS:

**Oct. 19th, Mon., from 6:30 - 8:00 pm** at Southern IN Rehab Hospital, 3104 Blackiston Blvd., New Albany IN, in the Conference Room. The meeting will be an open discussion led by Julie Randolph.

**Oct. 24th, Sat., from 2:00 - 4:00 pm** at Baptist East in the Education Center, Room 2G. We will have a special guest speaker, Erin Myers. Erin was born with a birth defect called PFFD and has been an AK amputee since childhood. She will talk about growing up as an amputee, the special challenges of being an AK amputee, her job with Freedom Innovations (a prosthetic device manufacturer), and prosthetic technology. She will also be answering questions from the group.



**Nov. Meetings** - at both meetings Tonya Michelson, a massage therapist, will be giving a presentation about the benefits of massage therapy.

## EVENTS:

**Oct. 17th, Sat. - Fall Picnic and Walk & Roll** at Sam Peden Community Park, 3037 Grant Line Rd., New Albany IN. The picnic will begin at 1:00 pm, followed by games, and the Walk & Roll will begin at 3:00 pm.



The picnic is a pitch-in so if you could, please bring a covered dish or two. The group will be providing the meat, drinks, and eating utensils. The Walk & Roll will take place on a paved 1-mile loop around the lake. It is easily wheelchair accessible. We will be using Shelter #2 which is the first road to the right upon entering the park. It backs up to woods so we can enjoy the beautiful fall foliage. There is a playground and handicap accessible restroom nearby.



### Directions to Sam Peden Community Park:

From the Kennedy Bridge: Take I-65 N to the New Albany exit (265 West). Stay on 265 W until you reach the Grantline Rd. exit and then turn left onto Grantline Rd. Stay on Grantline until you see an Applebee's restaurant on your left. The turn in for the park is on the right across from Applebee's. You go slightly past the stoplight and turn right into the park between the brick wall entrance.

From the Sherman Minton Bridge: Take I-64 to the 265 E (Lee Hamilton Hwy) exit. Stay on 265 E until you reach the Grantline Rd. exit. Turn right onto Grantline Rd. Stay on Grantline Rd. until you see the Applebee's Restaurant. The turn in for the park is on the right across from Applebee's. You go slightly past the stoplight and turn right into the park between the brick wall entrance.

**Dec. 5th, Sat.,** from 5:00 - 8:00 pm, our Christmas party will be held at the Okolona Fire Station.

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Q & A (cont'd)

see that your goals are attainable. Please don't give up. Talk to your prosthetist if your prosthesis is uncomfortable. Proper prosthetic fit is crucial to prevent damage to your residual limb, knee, and hip. It is also needed for stability. Wearing a loose prosthetic leg could easily lead to a fall. I have included the following article from *inMotion* magazine which details the damage that can be caused by not wearing prosthetic socks.

(This is an excerpt from an article which was published in inMotion - Volume 16 - Issue 2 - March/April 2006. The article was written by M. Jason Highsmith, DPT, CP, and Jason T. Kahle CPO.)

As most experienced amputees know, socks serve to occupy space where tissue and fluid volume have decreased. In this case (volume loss), using a prosthesis without a sock (or socks) will likely cause the residual limb to sink farther into the prosthesis. This causes excess weight bearing or pressure in places that are not intended for such loading. In a transtibial (below-knee) residual limb, the distal end (or bottom) may be the problem area or it may be higher on the leg, near the knee joint. If the pain is near the knee joint, the problem may be that the bones at the knee joint are contacting prior to contact at the bottom of the limb (Figure 1). Pain in either place could be the result of volume loss (shrinking) and may indicate the need for a sock. In the case of a trans femoral (above-knee) residual limb where a silicone suspension or socks and a Silesian belt are used, volume loss could also create a problem at the bottom of the residual limb as the limb sinks farther into the interface or socket (Figure 2). If, however, the bones of the pelvis contact the socket prior to the bottom, then pain around the groin could result.



Figure 1. This figure shows the transtibial skeletal system and the pressure areas that can occur if the residual limb shrinks and requires a sock to replace the volume loss.

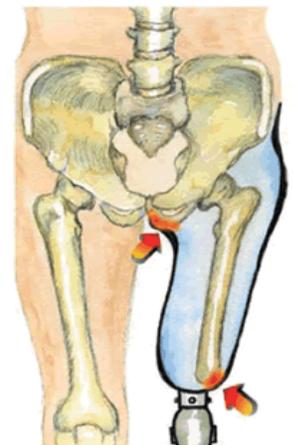


Figure 2. This figure shows the pelvic and transfemoral skeletal system and the pressure areas that can occur if the residual limb shrinks and requires a sock to replace the volume loss.

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## CONTACT INFO

Call for meeting times & locations!

MOVING FORWARD Support Group

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

502-509-6780 - [ampmovingforward.com](http://ampmovingforward.com)

Facebook: Moving Forward Limb Loss Support

Belinda Jacobi, President

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