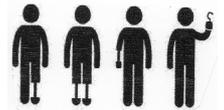


MOVING FORWARD

LIMB LOSS SUPPORT GROUP

NEWSLETTER

12th Edition – Aug. 2014



Notz from Belinda:

During the next few months, we will focus the newsletter on the subject of diabetes. This month's issue deals with awareness and prevention. In September and October, we will discuss living with diabetes, and the November issue will feature help in dealing with the emotional aspects of the disease as well as the challenges of diabetes caregiving. The month of November has been designated as *American Diabetes Month*, as well as *National Family Caregivers Month*. Diabetes is becoming more prevalent in our society with each passing day. Our hope is by offering this information, we can help make the lives of those living with diabetes in our community a little easier; and just maybe, we can help to educate those out there with pre-diabetes or who have just been diagnosed with diabetes to make healthy lifestyle changes. If we can save one person from losing a limb due to complications of diabetes, then I would say our efforts have been well served. I am almost certain that there is not one of you who is reading this who hasn't been touched by diabetes in some way; whether you have the disease, or a family member, friend, or co-worker has diabetes. I ask you to please pass this newsletter on to others that you know who have diabetes or pre-diabetes, because we **CAN** make a difference in helping those individuals to "Move Forward".

MOVING FORWARD

FEATURE ARTICLE

My Battle with the Dragon

– by Mike Portman

In June of 1995, I was bitten by a dragon. It shook me and twisted me and dashed me to the ground, with such force that twelve years later, I lost my leg. In all fairness to the dragon, I did not put up a very good fight, I did not keep up my strength by eating correctly, nor did I exercise on a regular basis. So all in all, I guess I gave in to the dragon.

At this point in my tale of woe, you are probably wondering what the heck I am talking about. Well, this sounded like a much better story, than "I was an idiot and did not follow my doctor's orders," as everyone who has talked to me, has heard me say when asked how I lost my leg. It just does not have the same ring as "a diabetic complication."

But a dragon is my best description of diabetes. It takes hold of your body and does not let go unless you are willing to put up a good fight, i.e....eating correctly, getting plenty of rest, exercising regularly, most importantly, keeping the weight off – oh, and following

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AMPUTEE COALITION ADVICE

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Even With Diabetes, Your Feet Can Last a Lifetime

– by Ross E. Taubman, DPM

Diabetes mellitus affects approximately 16 million Americans, or 5 percent of the population. Unfortunately, one-third of those with the disease remain undiagnosed and are not even aware they have it. Fully 15 percent of people with diabetes will develop an open sore on their feet at some time in their life. The consequences of these sores can be devastating. Diabetes is the leading cause of non-traumatic lower-extremity amputations in the United States. Recent statistics reveal that there are over 86,000 lower-extremity amputations performed each year on people with diabetes. Foot disease in people with diabetes costs the nation more than \$1 billion each year.

The causes of foot problems in people with diabetes are related to two factors. First and foremost, diabetes can cause nerve damage, called diabetic neuropathy, in the feet and legs. This leads to loss of feeling and loss of protective sensation, leaving people with diabetic neuropathy unable to feel injury to their feet. Even seemingly minor injuries, a pebble in their shoe or a scrape to their toes, are imperceptible to them. When an injury occurs, there is no pain response to get them to look at their feet and evaluate the problem; therefore, minor injuries can progress to major injury, infection, tissue loss, and amputation.

Secondly, diabetes can also affect the circulation in the feet and legs. Most commonly, people with diabetes develop calcifications within the arteries of the feet and legs. This usually starts in the small blood vessels of the toes and can progress higher into the legs. If an injury or open sore occurs, these people do not have adequate circulation to heal these wounds. With the combination of neuropathy, poor circulation, and an injury, it is easy to imagine why there are so many amputations in people with diabetes. However, if you have diabetes, there is every reason to be optimistic. It is estimated that two-thirds of these amputations can be prevented with appropriate foot care. Just because you have poor circulation or neuropathy, it does not mean that you are destined to have an amputation. It usually requires an "event" (some injury or sore on the foot) that leads to an infection that doesn't heal. Consequently, there are very concrete self-management practices and professional evaluation and treatment protocols that can markedly reduce your risk of amputation.

The primary treatment in preventing foot disease in those with diabetes is keeping your blood sugar (glucose), blood pressure, and cholesterol under good control. It is a combination of these three factors that is directly responsible for the development of poor circulation and neuropathy. Good control of these factors can only be accomplished by consistent exercise, an appropriate diet, and taking prescribed

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My Battle with the Dragon (cont'd)

the directions of medical professionals. Strong words from someone the dragon has almost beaten.

Diabetes usually means that your blood glucose levels are too high, and comes in two flavors, Type I and Type II. In Type I your body does not produce insulin due to a defect in, or damage to, the pancreas, which necessitates the use of insulin (by injection) from the moment of diagnosis. Type II is the result of your body becoming desensitized to the insulin your body produces, and is treated by oral medications and in severe cases through insulin injections (this I know from personal experience). Regardless of which type your doctor diagnoses, diet, exercise, and weight control apply, as does the requirement of regular monitoring of your blood glucose levels and the correct use of your medications.

When left untreated or uncontrolled, diabetes can result in blindness, high blood pressure, heart disease, strokes, renal failure (kidney issues), and of course, amputation. The fact is that one of the major causes of amputation is complications related to diabetes. Neuropathy and circulatory issues, both of which have a negative impact on the body's ability to heal, are directly related to diabetes. The Center for Disease Control (CDC) reported that in 2011, more than 1.5 million new cases of diabetes were reported annually (see <http://www.cdc.gov/diabetes/statistics/incidence/fig1.htm> for more info). The CDC estimates as many as twenty-nine million people in the U.S. have been diagnosed as diabetic and more than eighty-six million are pre-diabetic (the [National Diabetes Statistics Report, 2014](#), based on health data from 2012). In 2010, about 73,000 non-traumatic lower-limb amputations were performed in adults aged 20 years or older with diagnosed diabetes, which translates to roughly 200 amputations per day.

Usually, you develop a sore that won't heal. A blister that gets rubbed raw, a scratch or puncture wound to the foot or leg (never go barefoot if you can avoid it), or something as innocuous as an ingrown toenail. Without proper care, these injuries can develop into debilitating sores, which, can result in an amputation in just days, or linger on for months as an open wound, ultimately resulting in amputation. And, just so the severity is understood, these types of wounds can result in infections which can, and do in some cases, result in death, regardless of whether or not your physician attempts a lifesaving amputation. If you have not done so, "google" open wounds. It is enough to make you see the light (after you lose the contents of your stomach).

In my own case, I injured my foot when I dropped a box on my foot and did not feel any pain. This occurred about four years before my amputation. I went to my doctor when I noticed swelling that was out of the ordinary, and at that time, after an examination, he diagnosed Charcot Syndrome or Charcot Foot (or joint). Not to get too deep into the history, Jean-Martin Charcot (b. 1825 – d. 1893) was a French neurologist, who is known as the founding father of modern neurology. Among his many discoveries, the one of most interest to diabetics is his studies of syphilitic patients, who, in the final stages of

– Continued on Page 3 Column 1 –

Even With Diabetes, Your Feet Can Last a Lifetime (cont'd)

medications properly. The effects of elevated blood sugar, high blood pressure, and cholesterol are cumulative. The longer these remain elevated, the greater the chance of developing neuropathy and poor circulation. Additionally, once you develop neuropathy or poor circulation, this is usually not reversible. So if you already have diabetes with neuropathy or poor circulation, self-management behaviors and professional care become increasingly more important.

All people with diabetes should develop daily self-management practices, even if they have no evidence of neuropathy or poor circulation. These practices begin with visually inspecting their feet daily. Particular attention should be paid to the area between the toes and to the bottoms of the feet. You are looking for open cuts, sores, redness, swelling, bruising, or anything else that wasn't there the day before. If there is evidence of these items, you should immediately contact your healthcare provider. Early detection and treatment are the keys to preventing amputations. The feet should be washed and dried thoroughly each day. Make sure that the area between the toes is completely dry. Make sure that you have properly fitting shoes and socks. The socks should be non-constricting, as they can affect circulation. Shoes should have good arch support and a broad toe box area for maximum room. Shoes with laces are the most appropriate for substantial walking or standing. People with diabetes should never walk barefooted. Shoes are the single most important protection your feet can have and they can save limbs! Nails should be trimmed straight across. If you have thick or curved nails, you need to seek professional care from a podiatrist to treat these problems. Additionally, if you have corns or calluses, do not use over-the-counter corn or callus removers. These can cause chemical burns that can directly lead to infection. Seek professional podiatric care for these problems as well. Finally, if you smoke, quit. Smoking markedly decreases circulation to the feet increasing the risk of amputation significantly.

All people with diabetes should receive at least an annual comprehensive foot examination. This examination must include evaluation of your circulation, a comprehensive neurological examination, evaluation of the skin and nails for evidence of disease or problems, and an evaluation of your foot structure (looking for bunions, hammertoes, arch structure) and shoes. All of these components should be looked at comprehensively. Your primary care provider can perform this if he or she is adept at this type of comprehensive examination. If not, you will be referred to a podiatrist to have this examination performed. If there is a problem with any of the elements of the comprehensive foot examination, your podiatrist may determine that you require periodic "preventative foot care." This may include trimming of nails, trimming of corns and calluses, and shoe inserts or custom-made shoes to remove pressure areas and prevent them from developing open sores. Lastly, take every opportunity for regular professional inspection of your feet. When you see your primary care provider for your blood sugar, blood pressure, and cholesterol checks, take your shoes and socks off! This will remind your primary care provider to take a look at your feet. Remember, early detection and treatment are the keys to amputation prevention.

If you develop an open sore on your feet, immediate attention is required. The vast majority of wounds can be successfully treated and healed with appropriate medical attention. Most wounds require debridement (removal of devitalized or dead tissue) and off-weighting (removing pressure on the wound). Additionally, if the wound is infected,

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My Battle with the Dragon (cont'd)

the disease, develop advanced neuropathy, resulting in nerve damage and wounds that would not heal (along with going stark raving mad). Modern medicine in the mid 1900's took his studies and found parallels to diabetic patients who experienced the same nerve damage and resulting injuries and wounds.

The recognized treatments for Charcot Foot in the early stages are immobilization, custom shoes or bracing, and activity modification. At this point, anyone who knows me should now understand my statement of "I did not do what my doctor told me." After developing an open wound and the disintegration of my ankle and foot, I was left with two options from my doctor: 1) continue to live with the wound and hope that I did not get a fatal infection, or 2) amputate and get on with my life. Any guesses at this point which one I took? Didn't think so.

Now the bad news appears overwhelming and could be very depressing, but there are things that the individual can do to prevent an amputation or further amputations. Taking medications as prescribed, adhering to the advice of a nutritionist, and doing the things I referenced at the start of this piece. Above all, be aware of the problems that you face as a diabetic regarding wound care. As a below knee amputee, I inspect my remaining foot every morning, and again every night, looking for changes and possible injuries. When suffering from neuropathy, you may not always feel the pain a non-sufferer would feel, so it is vitally important to be aware of foot health.

It also pays dividends to have a good podiatrist that you see regularly. In my own case every three months I make a visit to have my foot checked and as an added perk, they trim and buff my toe nails, cutting them to the proper length (it feels so good). My doctor also goes over what I, as the patient, should be looking for when doing my own foot check. It never hurts to be reminded of the actions you can take to help yourself.

Being a diabetic does not mean you have to give up everything you love - you just have to be aware of what your body needs. Moderation is not a sentence to a bland life, and to be honest, it is something that most of us could practice without any major changes to our lives. It also helps that the people in your life understand your needs and requirements and that they are supportive of you and your efforts to remain healthy and sound.

Also, being an amputee is not, I repeat, not the end of your life. Every day that you wake up is better than the alternative for you and the people who care about you.

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## QUOTE OF THE MONTH

"The strongest people are not those who show their strength in front of us, but those who win battles we know nothing about."  
-- Author unknown

## Even With Diabetes,

## Your Feet Can Last a Lifetime (cont'd)

treatment may require oral or intravenous antibiotics. Only providers well-versed in treating diabetic wounds should perform this.

Recent advancements in medical technology make it possible to treat and heal complex diabetic wounds that previously were untreatable. Regranex® (Becaplermin) Gel 0.01% is a topically applied diabetic wound healing agent. It is a genetically engineered platelet-derived factor, which can actively stimulate the body to form new tissue to heal these wounds. It works by stimulating migration of cells to the wound site, encouraging the body to form new tissue to heal the wound. Other advances in medical technology are in the area of skin substitutes. Products include Apligraf® and Dermagraft®. Both of these products are skin substitutes that are placed over diabetic wounds to act as a lattice or scaffolding for the migration of cells to heal the wound. These dressings require surgical placement to the wound by a foot-care specialist. Additionally, wound debridement and off-weighting are essential to the successful use of any of these newer wound healing technologies. Finally, because most wounds will heal with conventional debridement and off-weighting, these products are medically indicated only after a period of conventional wound treatment has been attempted. People with diabetes are at a two-and-a-half to four times greater risk of amputation than the general population. However, fully two-thirds of all amputations in people with diabetes are preventable. Paying appropriate attention to control of blood sugar, blood pressure, and cholesterol is the first step in amputation prevention. Next, practicing self-management behaviors is the key to prevention and early detection of foot wounds. Lastly, annual comprehensive professional foot examinations and regular treatment are essential to preventing amputations. By adhering to these principles, people with diabetes can lead healthy, productive, and fulfilling lives and can have "feet that last a lifetime!"

### About the Author

Ross E. Taubman, DPM, is a nationally recognized podiatrist practicing in Clarksville, Maryland. Dr. Taubman serves on the American Podiatric Medical Association's Board of Trustees and chairs the APMA Diabetes Advisory Committee. He was recently appointed to the Amputee Coalition's Medical Advisory Committee.

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TEST YOUR KNOWLEDGE



Unscramble these words and then use the letters in the parentheses to finish the sentence. You can find the answer on PAGE 8.

TMOSMYPs __ () __ () _____

GRUNNBI __ () _____

LGTNIGIN __ () _____

BNNSMUES _____ () __

AWSSNEEK __ () _____

DSNHA & EETF () _____ & _____ ()

RSOSE RO CLRSUE __ () _____

_____ () __

ABOUT HALF OF ALL PEOPLE WITH DIABETES WILL DEVELOP DIABETIC _____.

SPOTLIGHT — by Belinda

This month our spotlight shines on my good friend Jennifer "Genny" Stumph. Genny and I have shared many conversations during the last couple of years. She is a delight to talk to, and I greatly admire her desire to get back to walking, despite her setbacks. Genny is a very private person, so I was very excited when she agreed to write something for us because she felt that it may be of help to someone else. I hope you all enjoy getting to know my friend, Genny, a little better.....



"I live in Bardstown, Kentucky, I am 66 years old, have been married for 49 years, and have one daughter. I have been a diabetic for more years than I can remember, about 32 years. I was on a diabetes pill for about 20 of those years. I didn't try at first to control my sugar intake until it was almost too late, or rather it is never too late, but I should have watched my diet closer at first. When I did, it helped my health considerably.

The saddest part of my diabetes, and the one that has cost me the most, is that I had a callus that kept coming back on the side of my big toe joint where my shoe rubbed. I let it get too big, and it cracked open and got infected. I went through months of therapy, including an oxygen chamber for 30 days trying to get it healed with no success. I lost my big toe first, and then about a year later I lost my leg below the knee. You can believe me now that when I get any sore, I am sitting in a doctor's office getting it taken care of.

I have been an amputee for about 2-1/2 years now. My ambitions have been shot down several times in that time frame, mainly because of my diabetes not helping in healing. Now my goal as an amputee is to get back on my feet. Some would not believe me when I said that during this last go around with healing, my brain would not tell my legs that they were down there and to use them. I walked with a walker and was using only my arms to hold my whole body up and that hurt. Finally, after 3 months of trying, I threw the walker away and started to use my cane in a safe manner. It is working out, but I have a long way to go.

My prosthetist gave me Belinda Jacobi's name when I asked for help, and she has truly been a blessing to my life. She mentioned joining the *MOVING FORWARD* group and that has helped me in so many ways. By just talking to others you can learn from their experiences. I also want to thank my prosthetist and everyone who works there for taking the time to talk to me because it has helped me so much."

** Note: Genny did name her prosthetist and company in the article so it was edited, with her permission, because we do have a policy of not endorsing any prosthetist or prosthetic company. I did forward her original on to them, though, so that they could know how much they have meant to her. It does make so much of a difference to us as amputees when someone takes that extra time to listen and to talk to us. In today's world, everyone is in such a rush that taking those few extra minutes of our time may seem impossible, but it can make such a difference to someone who is facing the challenge of getting back his/ her life after losing a limb(s).



RECAP OF JULY

MOVING FORWARD members Kelly Reitz, Mike Portman, and Belinda Jacobi set up a booth at the 1st Annual Crawford Co. IN Health Fair on July 12th. While there, they distributed information about the group and brochures from the Amputee Coalition. They also met representatives from various agencies and businesses such as Vocational Rehab, AgrAbility, IU Health, Southern IN Center for Independent Living, as well as physical therapists and a nutritionist. Many of these people have agreed to come to future meetings to give presentations.

On July 13th, the group held our 2nd Annual Pie & Ice Cream Social at the Okolona Fire Station. Mike & Sue Portman once again made their delicious homemade ice cream. This year's flavors were peach and banana. We also enjoyed a delicious assortment of regular & no-sugar-added pies. Following dessert, two members of *MOVING FORWARD* provided musical entertainment. Philip Randolph "wowed" us once again with his drum playing as he accompanied some rock & roll classics, and Kelly Reitz beautifully sang two country hits.



They both did a remarkable job and made it a very memorable afternoon for us all. We want to thank them both, and we look forward to hearing them many more times in the future.

It was a "beach themed" event so a prize was awarded for the best beach attire, and Beverly Gaylord won this prize. A special little lady Abby Reitz,



who celebrated her 6th birthday in July, was given a gift from the group and everyone joined in singing her "Happy Birthday".

The monthly meeting was held on July 26th. Members attending discussed many different topics including complications of diabetes, the different types of suspension systems for prostheses, and legislation dealing with prosthetic devices for amputees. Mike told about his new prosthetic foot which is the "Rush" foot manufactured by Ability Dynamics. The group talked about possible ways to raise funds to help support our newsletter and care package projects. Ideas for upcoming events were also discussed.



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### PAST ISSUES OF THE NEWSLETTER:

If you would like to view past issues of our newsletter, they may be downloaded on our Facebook page [Moving Forward Limb Loss Support](#) or on our website [ampmovingforward.com](http://ampmovingforward.com). Contact Belinda to request that they be mailed or emailed to you.

As always, if you would like to contribute an article to the newsletter or have a comment or question about it, please contact Julie or Belinda.

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Q & A – by Belinda Jacobi

I have chosen 2 questions for this month: "What are the symptoms of diabetes?" and "What is pre-diabetes?" For the answers to those questions we are including the following information from the American Diabetes Association. I encourage you to visit their website at www.diabetes.org or if you don't have access to the internet, you may call them at 1-800-DIABETES or 1-800-342-2383.

Symptoms

Early detection and treatment of diabetes can decrease the risk of developing the **complications of diabetes**.

The following symptoms of diabetes are typical. However, some people with Type 2 diabetes have symptoms so mild that they go unnoticed.

Common symptoms of diabetes:

- Urinating often
- Feeling very thirsty
- Feeling very hungry - even though you are eating
- Extreme fatigue
- Blurry vision
- Cuts/bruises that are slow to heal
- Weight loss - even though you are eating more (Type 1)
- Tingling, pain, or numbness in the hands/feet (Type 2)

Diagnosing Diabetes

There are several ways to diagnose diabetes. Each way usually needs to be repeated on a second day to diagnose diabetes.

Testing should be carried out in a health care setting (such as your doctor's office or a lab). If your doctor determines that your blood glucose level is very high, or if you have classic symptoms of high blood glucose in addition to one positive test, your doctor may not require a second test to diagnose diabetes.

A1C

The A1C test measures your average blood glucose for the past 2 to 3 months. The advantages of being diagnosed this way are that you don't have to fast or drink anything.

- Diabetes is diagnosed at an A1C of greater than or equal to 6.5%

Fasting Plasma Glucose (FPG)

This test checks your fasting blood glucose levels. Fasting means not having anything to eat or drink (except water) for at least 8 hours before the test. This test is usually done first thing in the morning, before breakfast.

- Diabetes is diagnosed at fasting blood glucose of greater than or equal to 126 mg/dl

Oral Glucose Tolerance Test (also called the OGTT)

The OGTT is a two-hour test that checks your blood glucose levels before and 2 hours after you drink a special sweet drink. It tells the doctor how your body processes glucose.

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LET'S GET MOVING!

Physical activity is a key part of managing diabetes. This month we are sharing with you this information from the American Diabetes Association. For more information go to www.diabetes.org.

Two types of physical activity are most important for managing diabetes: aerobic exercise and strength training.

Aerobic Exercise

Aerobic exercise helps your body use insulin better. It makes your heart and bones strong, relieves stress, improves blood circulation, and reduces your risk for heart disease by lowering blood glucose and blood pressure and improving cholesterol levels.

We Recommend: Aiming for 30 minutes of moderate-to-vigorous intensity aerobic exercise at least 5 days a week or a total of 150 minutes per week. Spread your activity out over at least 3 days during the week and try not to go more than 2 days in a row without exercising.

Note: Moderate intensity means that you are working hard enough that you can talk, but not sing, during the activity. Vigorous intensity means you cannot say more than a few words without pausing for a breath during the activity.

Get Started

If you haven't been very active recently, you can start out with 5 or 10 minutes a day. Then, increase your activity sessions by a few minutes each week. Over time, you'll see your fitness improve, and you'll find that you're able to do more.

Find the Time

If your busy schedule doesn't allow you to exercise for a 30-minute period during the day, you have the option to break it up into bouts of 10 minutes or more. Research has shown that the health benefits are similar when you do this!

For example, you might take a brisk 10-minute walk after each meal. Or you could try doing 15 minutes of aerobics in the morning before work and another 15 minutes when you get home.

If you are trying to lose weight and keep it off, most people need to do closer to 60 minutes of aerobic exercise per day.

Below are some examples of aerobic activities:

- Brisk walking (outside or inside on a treadmill)
- Bicycling / Stationary cycling indoors
- Dancing
- Low-impact aerobics
- Swimming or water aerobics
- Playing tennis
- Stair climbing
- Jogging/Running
- Hiking
- Rowing
- Ice-skating or roller-skating
- Cross-country skiing
- Moderate-to-heavy gardening

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