

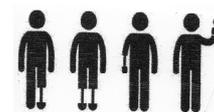


# **MOVING FORWARD**

## **LIMB LOSS SUPPORT GROUP**

### **NEWSLETTER**

14<sup>th</sup> Edition – Oct. 2014



### Notz from Belinda:

Our focus on diabetes continues this month with information dealing with preventing the loss of the remaining leg. I know that this is a huge concern to diabetics by the many discussions I have had with them about this subject. I have talked to so many amputees who have dealt or are dealing with a troublesome wound on their sound limb, and I have witnessed the frustration due to the setback in their ability to walk with their prosthesis. I have seen them overjoyed at being able to take those first steps after months of healing from their initial amputation, only to be put right back in a wheelchair due to a wound on their residual limb (stump) or their remaining limb (sound limb). We hope that the information in this issue will help in preventing this frustrating setback, and we encourage you to seek immediate attention from your doctor or prosthetist if you develop a sore or wound on either leg. Please don't just think it will get better on its own or ignore it. Next month, we will discuss the emotional aspects of diabetes and the important role of the diabetes caregiver.



### **AMPUTEE COALITION SideStep**

A Guide to Preventing & Managing Diabetes & Its Complications

#### **Words of Encouragement**

“Unfortunately, I ignored my diabetes & didn’t take it seriously when I was diagnosed 16 years ago. I didn’t believe that these health complications could happen to someone like me who had always been in shape. I was a professional football player, but it still happened to me. I wish I would have taken diabetes seriously from the beginning. If I had, I might have been able to avoid losing my right foot & several toes of my left foot, having to be on dialysis for three years, & having to have a kidney transplant.

If you are at risk for diabetes, or if you already have it, please take it seriously. Don’t make the same mistake I did.”

– Ron Springs, retired professional football player & spokesperson for the “State of Diabetes Complications in America” Campaign

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 Ron Springs’ story may seem like a fairy tale gone bad, but it’s one that’s all too familiar in the office of a clinical endocrinologist. The former Dallas Cowboys running back was surprised when he was diagnosed with Type 2 diabetes because he didn’t feel ill. His life didn’t seem to change. So he didn’t take it seriously. Now, after an amputation & a kidney transplant caused by diabetes, Ron blames himself for not

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### **AMPUTEE COALITION SideStep**

A Guide to Preventing & Managing Diabetes & Its Complications

#### **Protecting Your Other Leg When Using a Prosthesis**

– by Robert Gailey, PhD, PT

If you have diabetes & have had a foot or leg amputated, taking care of your non-amputated leg is essential. Preserving this leg can often help you continue walking. This is important because being active may help you prevent or delay further health problems that can lessen your quality of life.

One main concern is that after an amputation, your remaining leg will have to work harder to make up for your missing leg when you are walking with an artificial limb (prosthesis). The resulting change in your walking pattern can lead to 2 major problems:

- The increased forces placed on the weight-bearing surfaces of your remaining foot can lead to a greater risk of ulcers (sores) in it.
- The change in ground reaction forces throughout your remaining leg can put too much stress on the joints of your foot, knee & hip.

These problems can be of great concern if you have diabetes because your feet probably have other issues. These issues might include loss of feeling in your feet (diabetic neuropathy), foot deformities & muscle weakness. All of this makes your feet vulnerable to injury or ulcers. In addition, the loss of feeling in your feet makes it more likely that you will not notice the injury until it reaches an advanced stage.

If you have diabetic neuropathy, you will probably develop a cautious walking pattern. This might be because you:

- Feel unsafe when you stand or walk
- Have a poor sense of where your foot is in space
- Have less feeling in your feet
- Have poor balance
- Have an overall lack of stability.

This can lead to inconsistent step length & adverse forces or pressure being applied to your foot. Poor walking patterns increase the forces on your remaining foot. This leads to greater risk for skin breakdown & ulcers. You will likely walk more slowly & avoid full weight-bearing through your prosthesis.

As a result, you might place more weight on your

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## RECAP OF SEPTEMBER

This month was one of the busiest yet for *MOVING FORWARD*. We started with a yard sale on Sept 13th at Westport Church of Christ in Louisville. It was a cool and misty day, but we had a good turnout and the members who helped with the sale had a lot of fun just hanging out with each other and talking to our customers. We would like to thank everyone who donated merchandise for the yard sale. The money raised will go to help with our Care Package Project.



Mike & Shelton

shopping for high fashion

Our 1st Indiana meeting was held on Sept. 15th at Southern IN Rehab Hospital. After introductions, we discussed a wide range of topics. Sharon attended and brought with her 2 family members, and she told us about how much they helped her during her recovery. We discussed how important it is to surround yourself with people who support and encourage you. Topics of discussion also included dealing with perspiration on the residual limb, choosing a prosthetic foot, and dealing with the public perception of amputees.

Sept. 17th was an amazing night for those attending the Norton Hospital event, "A Conversation with Josh Bleill". It was held at the beautiful Olmsted building in Louisville. Josh told of his life from growing up in Indiana to joining the U.S. Marine Corp and being stationed in Iraq. He talked about losing close friends and fellow soldiers while there, and of the loss of both of his legs due to a roadside bomb. He is a truly remarkable young man, who



travels the country inspiring and motivating others as a representative of the Indianapolis Colts organization. *MOVING FORWARD* was well represented by several members that evening, and also had an information table set up before Josh spoke to meet with amputees and health professionals, and to distribute brochures from the Amputee Coalition and information about our support group.



The Louisville monthly meeting was held at Baptist East on Sept 27th. There was a very special presentation by Nikki Olenik from Mathes Diabetes Center at this meeting. She covered the topics of risk factors for diabetes, the types of diabetes, importance of monitoring blood sugar, and gave tips on meal planning and exercise. Her presentation was not only informative but very enjoyable. She has a wonderful personality and a true passion for her profession as a diabetes educator. We thank her for sharing her time and information with us. Everyone attending, whether diabetic or not, went away with knowledge to help them achieve a healthier lifestyle.

## Saving Your Other Leg

— Adapted from an article by John H. Bowker, MD

**You are a person living with an amputated leg. Chances are good that your other leg is still intact & that you have no desire to lose it. The first step toward saving it is to realize that no one should care more about it than you do.**

If your amputation was related to poor circulation and/or diabetes, the other leg remains at high risk for loss. Despite the gloomy statistics, there are things you can do to avoid this.

Most lower-limb amputations in people middle-aged or older are related to one or both of the following:

- Poor circulation in the feet & legs due to blood vessel (artery) disease
- Loss of protective sensation in the feet (sensory neuropathy) related to diabetes.

Ways to protect your foot or leg are related to the condition that led to your amputation. If you do not have diabetes but lost your foot because of poor circulation, you should have normal sensation.

- This is a big plus because you will feel the pain from any injury to your foot & seek prompt medical attention.
- You should quit smoking or using any other form of tobacco. You should severely restrict all caffeine-containing products. Nicotine & caffeine cause reduction of blood flow in the small arteries of the feet.
- Any injury to a foot with poor circulation will either be slow to heal or fail to heal at all.

### Loss of Feeling

The chief problem for a person with diabetes is the loss of protective sensation in the foot. Protective sensation helps by:

- Allowing you to recognize & respond to a possible injury, such as when you pull your foot back if you feel something sharp
- Preventing more serious injuries
- Alerting you to an injury that needs immediate care.

### Basic Things You Can Do to Make Up for a Lack of Protective Sensation

- **Never walk barefoot or in socks only.** Carpet & bare floors may conceal hazards like needles or bits of glass. These items can cause injuries that go unnoticed until an abscess forms.
- **Examine your foot carefully every day for injury or redness.** If your eyesight has been affected by diabetes, have a family member or friend do this for you.
- **See a certified pedorthist to obtain properly fitted in-depth shoes with multidensity inserts (orthoses).** These in-depth shoes should be custom-molded if you have any prominent foot bones that have caused or threaten to cause a foot ulcer.
- **Shake out your shoes each day** before putting them on to dislodge any objects, such as pebbles, before they can cause an ulcer.
- **Wear water shoes that have thick rubber soles &**

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## HEALTHY EATING FOR DIABETICS

For the next few months, we will be including some healthy eating tips and recipes from the American Diabetes Association.

### Make Your Carbs Count

The most popular comfort foods seem to contain lots of carbohydrate and fat (think macaroni and cheese) leaving one to wonder how to include them into a diabetes meal plan. You can include starchy foods, but make it count.

What do we mean?

When you reach for comfort foods, make your carbohydrate servings count by selecting the most nutrient dense choices and keeping your portions small.

Here are some tips to get the most from your carb foods:

- Avoid sugary drinks. This includes regular soda, sweet tea, fruit punch and sports drinks. Instead, drink water or diet drinks like diet soda, sugar-free lemonade.
- Eat whole fruit instead of drinking juice.
- Choose sweet potatoes instead of white potatoes.
- Try whole grain breads and whole wheat pasta instead of white bread and regular pasta.
- Eat whole grain oatmeal instead of processed cereals.
- Try brown rice or barley in soups, stews, and salads instead of white rice.
- Learn more about the different [types of carbohydrate](#).

Have a favorite white-flour-based recipe like zucchini bread or pancakes? Get creative with your own recipes and try substituting from 1/4 up to 1/2 the white flour with whole wheat flour to make your favorite comfort foods more wholesome. For healthier recipes, go to [diabetes.org/recipes](http://diabetes.org/recipes).

To gauge your portion size, [use the plate method to guide you](#):

- Keep only about 1/4 of your plate for starchy foods including starchy vegetables or grains like rice.
- Fill half of your plate with non-starchy vegetables.
- The last quarter is for your protein foods like fish or chicken.
- To keep portions smaller, keep the food to a depth of about the thickness of your palm.

### BBQ Chicken Pizza

Serve this pizza with a big garden salad drizzled lightly with low-fat Ranch dressing. It's a quick, easy and budget-friendly meal!

Prep Time: 25 minutes

This Recipe Serves 8

#### Ingredients

Cooking spray  
½ pound boneless skinless chicken breast  
¼ teaspoon salt (optional)  
¼ teaspoon ground black pepper  
¼ cup sugar-free apricot preserves  
¼ cup barbeque sauce  
½ teaspoon hot sauce

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### Saving Your Other Leg (cont'd)

**stretch mesh uppers when you swim** to avoid burns – from hot pavement or sand, cuts from shells or glass, or abrasions from the rough cement bottoms of swimming pools.

- **Prevent calluses & corns, which often lead to foot ulcers, by using properly fitted shoes & inserts.** If they do occur, do not treat them with over-the-counter callus/corn removers. These preparations dissolve the callus then destroy the numb skin. Instead, get a referral from your physician to a health professional for callus/corn removal & nail care.

#### Foot Ulcers

Foot ulcer treatment in the person with diabetes must be prompt & effective to avoid an infection that might lead to limb loss.

- The ulcer should be evaluated for severity.
- Arterial circulation to your foot should be checked to see if it is adequate for healing. If not a vascular surgeon should be consulted.
- Pressure on the ulcerated part of your foot should be eliminated or minimized. That means no unprotected walking on that foot. There are special shoes available that remove pressure from the forefoot or the heel, depending on the location of the ulcer. Instead of a special shoe, your doctor may recommend a series of casts to assist the healing of your ulcer.
- Tobacco use should be stopped totally & permanently.
- Caffeine should be eliminated until healing is complete – then resumed in small amounts, if desired.

#### Foot Abscess

If you have diabetes, a foot abscess is an emergency. An abscess requires prompt, wide surgical drainage to save as much of your foot as possible. Unfortunately, many people with diabetes, because they have lost sensation, deny that there is a problem & fail to seek help for minor infections. The minor infection may then develop until it becomes impossible to save the foot.

#### Reducing Blood-Sugar Levels

If you have diabetes, you can reduce the risk of a second amputation by keeping your blood-sugar levels under tight control. Constant high blood-sugar levels may lead directly to loss of foot sensation ending in amputation. High sugar levels also interfere with white blood cell functions, impairing your body's ability to ward off infection. You should know that the Diabetes Control & Complications Trial, sponsored by the American Diabetes Association, demonstrated that these complications can be either prevented or stopped in their progression by good control of blood-sugar levels.

#### About the Author

John H. Bowker, MD, is an orthopedic surgeon & professor emeritus of orthopedics & rehabilitation at the University of Miami Miller School of Medicine. He is the former director of Diabetic Foot & Amputee Services at Jackson Memorial Medical Center, Miami, Florida.

## BBQ Chicken Pizza (cont'd)

- ½ medium red onion, thinly sliced
- ½ cup reduced-fat shredded Italian Style cheese
- ½ teaspoon dried oregano
- 1 (12-inch) pre-packaged whole wheat Italian pizza crust

### Instructions

1. Preheat the oven to 375 degrees F. Spray a baking sheet with cooking spray.
2. Season the chicken with salt (optional) and pepper on both sides.
3. Place the chicken on the prepared baking sheet and bake for 25 minutes or until the juices run clear. Remove the chicken from the oven and chop into half-inch pieces.
4. In a small saucepan, combine the sugar-free apricot preserves, barbeque sauce, and hot sauce. Bring to a boil.
5. Spoon the sauce over the pizza crust. Top the crust with cooked chicken, sliced onion, and cheese. Sprinkle the cheese with the dried oregano.
6. Bake the pizza for 20-25 minutes or until the cheese is melted and bubbly.

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## 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.**

In our September newsletter, we had a 2-part question submitted. We covered the 1st part of the question last month and will answer the 2nd part in this article. The question asked was regarding how members of the support group manage their diabetes. The answer to that question varies from Genny who was on medication but now controls her diabetes by watching what she eats, to Julie who along with watching her diet takes the medications Metformin & Glimperide, to Mike who uses an insulin pump. It is crucial for anyone who has been diagnosed with diabetes or pre-diabetes to have his/her blood glucose level tested regularly. You can find information on the various treatments for diabetes on the web at <http://www.diabetes.org/living-with-diabetes/treatment-and-care>. We are also including the following article from the Diabetes Association to explain the basics of insulin pumps.

## Insulin Pumps

Insulin pumps are small computerized devices that deliver insulin in two ways:

1. In a steady measured and continuous dose (the "basal" insulin)
2. As a surge ("bolus") dose, at your direction, around mealtime.

Doses are delivered through a flexible plastic tube

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## UPCOMING EVENTS

**Sat., Oct. 18th** – *MOVING FORWARD* will hold its 2nd Annual Walk & Roll Fundraiser and Fall picnic at Sam Peden Community Park at 3037 Grant Line Rd in New Albany. Driving directions: Take I-265 to Grant Line Rd., go south on Grant Line Rd to Community Park, the entrance is on the right and is directly across from Applebee's Restaurant (if you pass Walmart you have gone a little too far). The picnic and walk registration will be at the first shelter on the right, and we will have a sign directing you to the shelter. The registration fee is \$10.00 for participants 16 years of age & older, and there is no registration fee for those under 16. The \$10 should be cash or check payable to *MOVING FORWARD* Limb Loss Support Group. We have decided to change things around this year and have the picnic 1<sup>st</sup>. It will be from 11:00 - 1:00, with registration and games from 1:00 - 2:00, and the Walk & Roll will begin at 2:00. The picnic is a pitch-in, so if you would like to bring a covered dish it would be appreciated. *MOVING FORWARD* will be providing the meat, buns, drinks, and eating utensils. Everyone is welcome to the picnic regardless of whether or not you are going to participate in the Walk & Roll, but even if you are not participating we encourage you to stay and cheer on the "Walk & Rollers". We will once again be taking the approximately one-mile paved path around the lake, and it is easily scooter or wheelchair accessible. It has been decided to hold off on the 5K until next year's event in order to give us more time to prepare for it.

\*\*All participants will receive a *MOVING FORWARD* Walk & Roll 2014 bracelet.\*\*

We are pleased to announce that our **Moving Forward 2014 Walk & Roll** is being sponsored by our local prosthetic companies:

**Center for Orthotic & Prosthetic Care  
Hanger Clinic  
Kenney Orthopedics  
Kentucky Prosthetics & Orthotics  
Louisville Prosthetics**

**Mon., Oct. 20th** – Our Indiana monthly meeting will be held from 6:30 - 8:00 PM at Southern IN Rehab Hospital, 3104 Blackiston Blvd., New Albany. Special guest speaker will be one of our own members, Mike Portman. Mike retired from the US Army after 21 years of service, was vice-principal at Holy Cross High School, and is also a retired KY Dept. of Corrections Probation Officer. He currently serves on the board of several organizations. He will share with us stories of his life and his experiences as both a diabetic and an amputee.

**Sat. Oct. 25th** – The Louisville monthly meeting will be held at Baptist Hospital East from 2:00 - 4:00 PM in Room 2B in the Education Center. This will be an open-discussion meeting which always is a great time for us to learn from each other. The group will also be putting together some of our **Care Packages** at the end of the meeting, so you are encouraged to come and help with this project.

## Q & A – Insulin Pumps (cont'd)

called a catheter. With the aid of a small needle, the catheter is inserted through the skin into the fatty tissue and is taped in place.

The insulin pump is not an artificial pancreas (because you still have to monitor your blood glucose level), but pumps can help some people achieve better control, and many people prefer this continuous system of insulin delivery over injections.

Pumps can be programmed to release small doses of insulin continuously (basal), or a bolus dose close to mealtime to control the rise in blood glucose after a meal. This delivery system most closely mimics the body's normal release of insulin.

You'll want to check with your insurance carrier before you buy a pump and supplies. Most carriers cover these, but some don't.

\*Research for this article was done on the American Diabetes Association website: [diabetes.org](http://diabetes.org).

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## J'm Moving Forward . . .

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



Group members "moving forward" at our 2013 Walk & Roll

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

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**TEST YOUR KNOWLEDGE ANSWER** (from Page 2):  
SOUND LIMB, EQUAL BALANCE, POSTURE, HEEL STRIKE, ALIGNMENT  
FOR AN AMPUTEE WITH DIABETES, IT IS CRUCIAL TO HAVE BOTH A PROPER PROSTHETIC FIT AND A PROPER WALKING TECHNIQUE.

## LET'S GET MOVING!

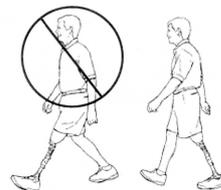
Since part of our focus this month is protecting the sound limb, we are including these tips from the Amputee Coalition. You can find more information on gait training and physical fitness for amputees at their website: <http://www.amputee-coalition.org/limb-loss-resource-center/>

### NEGOTIATING THE ELEMENTS

#### CHANGING SPEEDS

##### Lead with the sound limb!

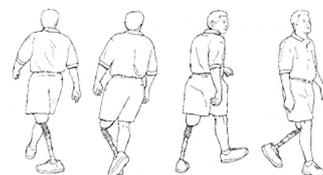
- Accelerate by taking a slightly longer step with the sound limb
- Let your trunk & arms swing to assist with balance
- Maintain an equal width between your feet
- Don't take a longer step with the prosthetic limb



#### TURNING

##### Keep it smooth & flowing!

- Start the turn with your hip
- Roll over your prosthetic foot toe
- Take shorter but equal length steps
- Keep the motion moving forward
- Don't back up
- Don't spin on your sound foot

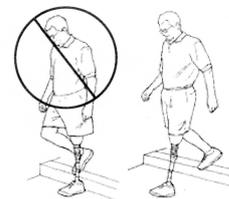


#### CURBS

##### Step away from curbs!

*Down Curbs:* Prosthetic limb down first

- Step away from the curb a comfortable distance to create stability
- Don't place the heel of the shoe against the curb



*Up Curbs:* Sound limb up first

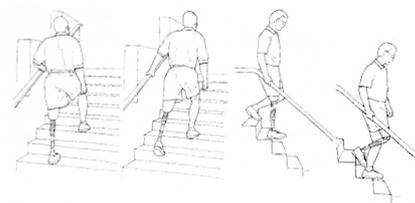
- Place the sound foot on top of the curb & let momentum carry you upward

#### STAIRS

##### Always play it safe!

*Up the Stairs:* sound limb up first

- One step at a time is the safest
- Skipping a step is the fastest
- Leg over leg takes the greatest effort
- Never go faster than your comfort level



*Down the Stairs:* Prosthetic limb down first

- One step at a time is the safest
- The "Jack-Knife" method is the most dangerous

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