



NEWSLETTER ♦ 15<sup>th</sup> Edition ♦ Nov. 2014

Note from Belinda

Our focus on diabetes concludes this month with information on the emotional aspects of the disease and on the role of the diabetic caregiver. When dealing with any serious illness, disease, or injury, the ability to keep a positive state of mind and not to fall into a depression is extremely important. Depression can cloud one's mind and judgment, and drain you of the needed energy to move forward with your life. Support groups, such as ours, can be of tremendous help to people facing these situations. I have so many times heard amputees say how much it has helped them to talk to others who have faced the same or similar things that they are experiencing, and that it has inspired them to keep trying, knowing that others have succeeded. We all have good days and bad days but please, if you feel that your bad days are outnumbering your good ones, or that you are losing your hope for the future, don't be afraid to reach out and ask for help. Talk to your family, friends, doctor, prosthetist, clergyman, social worker, psychiatrist, or anyone to whom you are comfortable speaking. They can assist you in finding the help that you need. I have been there, and I know it is hard to let people in sometimes because we don't want them to know just how badly we are hurting inside. We think that we can spare them that pain, or we are embarrassed to admit it because it would make us feel like a failure, or we are in so much emotional pain that we literally don't have the strength to ask for help. This is when a caregiver can step in and find help for that person. He/she may at first be hurt or angry, but in the long run will be thankful that you cared enough not to give up on him/her.

Speaking of caregivers, this month we are also discussing the important role that they play and sharing advice for them not only in that role, but also in taking care of themselves.

We trust that during the last few months, we have provided those of you with diabetes valuable information to help you learn to manage it more successfully and to be able to live a happier, healthier lifestyle. To those of you who have been diagnosed with pre-diabetes, our hope is that the information we have shared will assist you in making the necessary changes in order to keep you from getting diabetes. For everyone, we encourage you to get your blood sugar tested regularly and if you are experiencing any of the symptoms of diabetes, please contact your doctor.



AMPUTEE COALITION SideStep

A Guide to Preventing & Managing Diabetes & Its Complications

At the Signpost Up Ahead:  
The Insight Zone

Before you can reconnect with others, you've got to start with yourself

— by Charlene Whelan, LCSW, MBA, ACA Health Educator

Submitted for your consideration: The second hand on the clock behind the white lab coat has frozen. Your heartbeat is thundering in your ears. The person on the stool in front of you seems to be distorted, stretching backwards as if gliding down an endless hallway. The doctor's mouth is still moving, but the words are drowned out in the roaring silence. You've just been told that *you* have diabetes!

For those of us who understand the deadly serious nature of diabetes, this is the end of our reality as we have known it. A major loss such as this is a life-changing event. Friends or "experts" who tell you there is a right or wrong way to handle it simply don't know what they're talking about. They are trying to defend their own sense of normal. They are distancing themselves, unable to bear the thought of watching helplessly as you struggle to cope with this overwhelming experience.

We at the ACA always emphasize the personal nature of the recovery process. We have adapted a model of emotional recovery for people who have undergone amputation (see ACA's publication *First Step*, 2005). But this map can also be used as a guide for understanding other stories of major loss, to illustrate moving on from the initial trauma to a state of "thriving," where we can finally embrace life again.

But first, let's back up for a minute, because this point is important enough to repeat. There is no "right" way to get through a major loss, such as learning you have diabetes. You have a "long & winding road" ahead, with many dead-ends & potholes along the way, before you can return to fully living again. Since there is no one-size-fits-all answer, no one has the right to tell you you're doing it "wrong."

It's important to understand something that holds great power over our ability to return to fully living: our feelings

– Continued on Page 2 Column 2 –

## **MOVING FORWARD FEATURE**

### **ADVICE FROM CAREGIVERS**

#### ***My Role as a Caregiver***

— by Sue Portman

I have had a few roles as caregiver. My first was my children. It is a role that many people have. It is a difficult one (although rewarding).

My second was my husband, Mike. When he developed Charcot Foot, he was completely dependent on me in the beginning. He was frustrated and a bit depressed when he was not able to take care of himself. I had to help him with almost everything. It was very hard for him to be dependent on me. I had to take him to all his doctor appointments, fix all his meals, run up and down the stairs for anything he needed. His foot had to be cleaned and rewrapped every day. Eventually we had a visiting nurse come in 3 days a week to take care of his wounds. He was on IV antibiotics and we had to administer the medication. To say the least he felt depressed and hated being dependent on anyone!!

Eventually the decision was made to amputate his foot. It was painful for both of us. He tried to be strong for me and I tried to be strong for him. It was a very hard decision, but one that was necessary. At first, nothing changed from before the surgery. As time went on, he was less and less dependent on me. It made him feel better and also took a lot of pressure off me.

I learned through the process that I had to let go and let him do for himself. I was afraid of him falling (which he did a few times), but he knew this was all part of the process. I wanted to get up and do things for him like before, but he had to do things for himself to get back to normal. At times he would get angry at me for trying to do too much for him. He wouldn't ask for help and sometimes I would jump in and try to help. Now I know that was the wrong thing to do. He needed to do things on his own to get stronger.

Today, he can do everything he sets his mind to. I learned not to do too much, and even though I could get up and do things for him much easier, it doesn't help him to be dependent on me.

The next caregiver role for me was my parents. My Mom was very sick and I was there almost daily doing things for her. She has since passed away and now I do a lot for my Dad. I don't know if it is a caregiver role. He lives in a Memory Care Unit. I visit daily which helps boost his moral. He is very dependent on me (almost too much). I have to try to remember that Dad doesn't need me at his beck and call. He needs to learn to depend on himself to be happy. I tend to do too much. I think it is my nature to take care of people. I have to teach myself when to help and when to sit back and let him take care of himself. As much as it hurt me, I had to tell him he is not to call me in the middle of the night to do something for him. I told him he is not allowed to call after a certain time unless it is an emergency. He accepted that and now takes care of what he can on his own. It has helped him grow somewhat more independent.

Overall, any advice I would give is to remember when to help and when to sit back and let go. As hard as it is at times to let go, it is in the best interest of anyone going through

— Continued on Page 3 Column 1 —

#### **The Insight Zone (cont'd)**

have a life of their own. Left ignored & unnamed, feelings can rule over our decisions or actions without our even being aware of it. They can trap us into habits or patterns of living because we don't see any good options. As the old saying goes, "Self-knowledge is seldom good news."

Facing ourselves on this level takes courage.

Let's start with the sense of chaos that we feel initially. Any major change requires searching for a new path; until we find one we will feel lost. Our world has been turned upside down. When we at the ACA say it's all right to feel this way, we don't mean to imply that it should feel comfortable! It means we know that fighting it will only make it that much harder on yourself.

Perhaps the best-kept secret about feelings, something most people don't see because it's so obvious, is that what trips us up really isn't the root feeling itself. It's that we can have feelings about any given feeling & not even know it. For example, if we believe we're supposed to be in control of every situation, feeling lost may be unacceptable to us. So we may feel guilt, shame, or anger in response to feeling lost & helpless. If we don't recognize these barrier emotions & deny ourselves the right to the original feeling, we may feel the need to convince ourselves that our trauma isn't really all that serious!

Denial can be the kiss of death at many crossroads in life. But it usually gets a bum rap, because it's a necessary first line of defense for all of us. There are times when we know that we're just not ready to deal with something. Accepting this may help us to tell others to back off when they push us to move on. At best, their good intentions can actually get in our way, slowing us down; at worst, they can pave an off-ramp to the road to hell.

These well-meaning people often unintentionally make our adjustments harder for us in other subtle ways. For example, they may label you as a "victim," as if you've given in to something to which they would never surrender. Or they may refer to you only by the disease or condition, as if that's the sum total of who you are now: "a diabetic," "an amputee," a "dialysis patient," or "one of the blind." Professionals may try to medicate you out of your honest grief when the line between healthy mourning & clinical depression becomes blurred.

Our friends & family may even call us heroic, just for going on with life. (As if we actually feel we have a choice!) Some friends honestly seem to overlook the huge differences that now exist between their lives & ours. This can make the gap between our worlds feel even wider. These attitudes can leave us feeling diminished & demoralized, but what we don't realize is that these people react this way for their own protection. Distancing themselves from our situation helps them maintain their own illusion: that this could never happen to them!

Meanwhile, we have our own painful work cut out for us. But we can ease the way by surrounding ourselves with people who are going through the same thing. The best "support group" for us may be like a social club of those living

— Continued on Page 3 Column 2 —

**My Role as a Caregiver (cont'd)**

hardships to let them be independent. It makes them happier to overcome their obstacles and to get back to their normal lives.

~~~~~

The "significant other" in the relationship needs to have patience. We want to help. However, the person that is directly going through this difficult time needs to be able to do things on their own. We need to be there and be available to help. But, we need to allow them to do as much as they can on their own. Sometimes we feel things would get done faster if we do it for them. But in the long run, this is not a healthy way for things to get done. The person that is directly affected by this health crisis does not want to feel helpless. They want to feel needed and capable. Sometimes, we need to take a step back and allow them to do things for themselves. Satisfaction and pride in themselves is great to have. We need to try our best to be patient and help them to build self-confidence. Remember to give them a little space. Also, you need a little space of your own. Go have lunch or coffee alone or with a friend while you rest your mind. Love ones need a break too. There needs to be a balance of helping and being available, but encouraging them to do for themselves. Both of you need to step aside from life's challenges for a few minutes and have time to enjoy life together.

— by Beverly Gaylord

~~~~~

I want to thank both of these lovely ladies for sharing this with us, and being an amputee, I whole-heartedly agree with them. One of the kindest things my husband, Shelton, ever did for me happened a few weeks after my amputation. I told him that I wanted to get on our riding mower and mow the yard, and he said, "Go ahead." He didn't try to stop me, and didn't let his male ego get in the way, worrying what the neighbors would think of him having his newly one-legged wife mow the yard. He knew that I needed to do it. I needed to get back to my normal activity and feel capable and confident again. So thank you, Shelton, for allowing me to mow the yard that day and for encouraging me every step that I have taken for the last 5 years.

— by Belinda Jacobi

~~~~~

**The Insight Zone (cont'd)**

out our same story. They understand what we're going through. They have the courage to genuinely be *with* us & to accept that we feel what we feel. What a relief it is to know that, in spite of what we're going through, we're still part of the human race! And we don't feel the need to constantly explain or deny our situation to connect with them.

For example, how can we explain to "outsiders" the protest "Why me?" that won't stop echoing in our minds? They may believe this means we think it should have happened to someone else! No, it's just that every atom of our being tells us, "It's not supposed to be this way!" The death of our former reality dictates that we will be self-absorbed, honestly feeling at times as if we have a monopoly on suffering. At times like these, how do we explain that it doesn't help to be reminded that others may have it worse?

The envy of watching others going on with their lives, seemingly blind to the chaos in ours, is another feeling we try to deny. From childhood, we're taught that we're not supposed to feel such things. It's even considered one of the seven cardinal or "deadly" sins! So is anger. Again, it's the *feeling* about having these feelings that creates the biggest problem. Trying to deny such natural feelings after a trauma can lead us into traps such as depression or excessive isolation.

Society doesn't usually allow us to take the time we need to let our feelings run their natural course. (This is a large part of what keeps us psychotherapists in business!) Since this leaves many of us without much language for our emotions, we may only be able to fumble our way through them, at best. At worst, we may act on them without restraint, with behaviors that are damaging to ourselves or others. Acting out our feelings this way is not, however, the same as "expressing" them. It's more a symptom of our inability to tolerate just having these feelings.

Our inexperience with our emotional life also means that we have little faith in the idea that feelings are a basic, necessary tool in our personal growth & in our progression toward living the most fulfilling & meaningful lives possible. Without much history of dealing with our emotions, we may even consider certain feelings as a dead-end, as if allowing ourselves to feel something we think of as "negative" could trap us in that feeling forever.

On the contrary, it's the attempt to *avoid* feeling what we feel, going with the natural progression & flow of our emotions that gets in our way. This leads to confusion over the advice of others, such as when they tell us we'd be fine if we just got out more. Without the internal guidance system of our own unique feelings, we may not be able to recognize that socializing is the result, not the method, of our moving into a state of acceptance. Or we may shut down in response to the ugly label in being called "noncompliant." We may have learned all of the necessary information & still be unable to know which needs we're trying to meet when we're not "compliant."

We can connect with ourselves most compassionately when we learn to recognize the many nuances of our

— Continued on Page 4 Column 2 —



**TEST YOUR KNOWLEDGE**

Unscramble these words & then use the letters in the parentheses to finish the sentence. You can find the answer at the bottom of PAGE 7.

- FTCCNDOLEI    \_\_\_ ( ) \_ ( ) \_ \_ \_ \_ \_
- TQAENEUIDA    ( ) \_ \_ \_ ( ) \_ \_ \_ \_ \_
- SDDEPESER    \_ \_ \_ \_ \_ ( ) \_ \_ \_ \_
- CUEDNSFO    \_ \_ \_ \_ ( ) \_ \_ \_ \_ \_
- GDTAEIAT    \_ ( ) \_ \_ \_ \_ ( ) \_

WHEN DIAGNOSED WITH DIABETES, THE INDIVIDUAL MAY EXPERIENCE THESE

\_\_\_\_\_.



# RECAP OF OCTOBER

On Sat., Oct. 13<sup>th</sup>, members and supporters of the group gathered at Sam Peden Community Park in New Albany for a picnic. It was a beautiful Fall day, and we enjoyed a delicious meal and then joined in playing some team relay games. A huge pumpkin was donated by the Pumpkin Shed, and a contest was held to guess its weight. Chuck Messer won the pumpkin by coming closest to the correct weight of 37 lbs. 8.6



oz. Kelly Reitz won the door prize, a gorgeous Fall mum. Following the picnic and games, a Walk & Roll Fundraiser was held. Some walked, some ran, and others rolled along the 1-mile path around the lake.



It was a wonderful way to spend a Fall afternoon. We would like to thank the participants and the sponsors of the event:

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

for helping us to reach our goal of providing 50 Care Packages for the VA Hospital.

Our Indiana monthly meeting was held on Mon., Oct. 20<sup>th</sup>, at Southern IN Rehab Hospital. The group welcomed a new member, Conni Skidmore, and her husband David. An open discussion was held on many topics, and Mike Portman gave a very informative presentation about diabetes.

The Louisville monthly meeting was held on Sat., Oct. 25<sup>th</sup>. We began the meeting by updating each other on what has been going on with the group, as well as with each other. We discussed the need to make the "choice" to move forward after losing a limb. Some members told of how they survived and moved on after facing what seemed like insurmountable odds, and when it may have seemed easier to "choose" to give up.



Following the discussion, members worked together to assemble 50 Care Packages to be delivered to the VA Hospital Amputee Clinic.



## MOVING FORWARD Salutes Our Veterans



As a special tribute to our veterans, MOVING FORWARD will be delivering Care Packages to the VA Hospital Amputee Clinic in both November & December. We thank everyone who helped to make this donation possible.

## The Insight Zone (cont'd)

feelings, as psychoanalyst Rollo May says, ". . . as in the different passages of music in a symphony." It is through this form of healing that we are able to really connect with others, to genuinely enrich our lives, and to move on from merely surviving to thriving.



## The Multiple Challenges of Diabetes Caregiving

— by Pat Isenberg, MS, ACA Chief Operating Officer

Caregiving comes naturally to many of us. We see a loved one who is ill or suffering, & we want to be there to help. There are a lot of us. In fact, the National Alliance for Caregiving estimates that more than 50 million people in the United States care for an adult who is chronically ill, disabled or aged!

Unfortunately, the emotional & physical toll of caregiving often results in poor health for caregivers, diminishing our ability to continue providing quality care.

### National Caregiver Study: Lack of Sleep, Stress, & Depression Common Among Caregivers

In 2006, the National Alliance for Caregiving & Evercare conducted a research project designed to:

- Help us better understand the needs of caregivers who are in fair or poor health, whose health declined as a result of providing care
- Identify wellness & prevention areas in which caregivers need help
- Identify programs & services that would help caregivers attain better health.

The findings from the online caregiver survey, telephone interviews, & discussion groups indicate that the following aspects of caregivers' health worsened as a result of caregiving:

- Energy & sleep (87% of respondents)
- Stress and/or panic attacks (70% of respondents)
- Aches & pains (60% of respondents)
- Depression (52% of respondents)
- Headaches (41% of respondents)

### Caregiving for People With Diabetes: Multiple Challenges

A 2002 study of informal (family) caregiving for people with diabetes found that:

- People with diabetes who don't take medications received 10.5 hours of care per week.
- People with diabetes who take oral medications received 10.1 hours of care per week.
- People with diabetes who take insulin received 14.4 hours of care per week.

Caring for someone with diabetes is time-consuming because this role requires paying attention to the following areas of his or her life:

**Lifestyle:** diet & exercise

**Prevention:** most complications of diabetes can be prevented, but this requires checking feet & skin, wearing protective footwear, caring for teeth & gums, & sticking with changes in lifestyle.

**Record-keeping:** keeping up with doctor appointments,

— Continued on Page 5 Column 2 —

## UPCOMING EVENTS

**Mon., Nov. 17th** – our Indiana meeting will be held from 6:30 - 8:00 PM at Southern IN Rehab Hospital, 3104 Blackiston Blvd., New Albany. Belinda will be leading a discussion on "How to deal with the emotional aspects of limb loss." The group meets in the Conference Room and snacks are provided.

**Sat., Nov. 22<sup>nd</sup>** – from 2:00 - 4:00 PM our Louisville monthly meeting will be held at Baptist East in Room 2B in the 2nd Floor Education Center. November is Caregiver Appreciation Month so our main topic of discussion will be the role of the caregiver in the recovery process for amputees, and the importance of caregivers taking care of themselves as well. All caregivers in attendance will receive a gift in appreciation of their hard work and dedication. There will also be a drawing for a door prize for the caregivers.

**Special Note:** *MOVING FORWARD's* monthly meetings provide a way to meet other amputees in our community, so that we may learn from and encourage each other. They also provide us with the opportunity to voice our concerns and help each other to find solutions to problems we face as amputees. At some meetings we have guest speakers who share with us information to help us achieve a healthier lifestyle. We encourage you to come to a meeting and give it a try. You will leave with new friendships, knowledge, and motivation to help you in dealing with living with limb loss.

**Sat., Dec. 6<sup>th</sup>** – from 5:00 - 8:00 PM *MOVING FORWARD* will be having a Christmas Party at the Okolona Fire Station, 8501 Preston Hwy., Louisville. There will be pizza, desserts, and games for all. Santa will be on hand to give a gift to each child in attendance. Philip Randolph and Kelly Reitz will be providing musical entertainment. A gift exchange will be held for any adult wishing to take part. To take part in the gift exchange please bring a wrapped gift (approximate value \$5.00) and suitable for either a male or female.



**\*\* This will be our final event for 2014, so we encourage you to attend. \*\***

~~~~~

## HEALTHY BITES .... by Beverly

Just in time for the holiday season we are once again including Beverly Gaylord's **HEALTHY BITES**. Beverly recommends this delicious fruit salad recipe which she found at [tasteofhome.com](http://tasteofhome.com). It will make a beautiful and delicious addition to your Thanksgiving dinner table.

### Easy Festive Fruit Salad Recipe

**TOTAL TIME:** Prep: 25 min. + chilling

**Yield:** 12-16 servings.

#### Ingredients

1 can (20 ounces) pineapple chunks  
 ½ cup sugar  
 3 Tbsp. all-purpose flour  
 1 egg, lightly beaten  
 2 cans (11 ounces each) mandarin oranges, drained  
 1 can (20 ounces) pears, drained & chopped  
 3 kiwifruit, peeled & sliced  
 2 large unpeeled apples, chopped  
 1 cup pecan halves



– Continued on Page 6 Column 1 –

## Multiple Challenges of Diabetes Caregiving (cont'd)

medication refills, insurance reimbursements, & health records.

### Where Do You Learn Caregiving Skills?

Balancing a checkbook or helping with grocery shopping are tasks most caregivers can easily do, but there are more difficult tasks that you may not be prepared for. Learning the correct way to transfer a loved one from a bed to a wheelchair can help you avoid serious injury to yourself & the person you're caring for. Learning how to properly bathe someone with mobility problems can reduce their risk of hospitalization for chronic sores & infections.

Unfortunately, family caregivers often do not receive the training they need. Resources are available, however, that can help you learn how to communicate your needs, better manage your time, & communicate with healthcare providers & insurance companies:

The American Red Cross (202-303-4498, [www.redcross.org](http://www.redcross.org)), through its local chapters, offers a training program for family caregivers that covers the following topics:

- Home Safety
- General Caregiving Skills
- Positioning & Helping Your Loved One Move
- Assisting With Personal Care
- Healthy Eating
- Caring for the Caregiver
- Legal & Financial Issues

The Center for Caregiver Training

([www.caregiving101.org](http://www.caregiving101.org)) offers a series of online sessions, which may be completed individually, depending upon your needs. Session topics include:

- Working With Your Medical Team
- Finding a Personal Support Team
- Managing Medications
- Managing Nutrition

~~~~~

## 10 Tips for Family Caregivers

The National Family Caregivers Association recommends these tips for caregivers:

1. Choose to **take charge** of your life, & don't let your loved one's illness or disability always take center stage.
2. Remember to **be good to yourself**. Love, honor & value yourself. You're doing a very hard job, & you deserve some quality time, just for you.
3. Watch out for signs of depression, & don't delay getting professional help when you need it.
4. When people offer to help, **accept the offer** & suggest specific things that they can do.
5. **Educate yourself** about your loved one's condition. Information is empowering.
6. There's a difference between caring & doing. **Be open to technologies & ideas** that promote your loved one's independence.
7. **Trust your instincts**. Most of the time, they'll lead you in the right direction.
8. Grieve for your losses, & then allow yourself to **dream new dreams**.
9. **Stand up for your rights** as a caregiver & a citizen.
10. **Seek support** from other caregivers. There is great strength in knowing that you are not alone.

## Easy Festive Fruit Salad Recipe (cont'd)

### Directions

Drain pineapple, reserving juice. Set pineapple aside. In a small saucepan, combine sugar and flour; stir in reserved pineapple juice until smooth. Bring to a boil. Remove from heat. Stir a small amount of hot mixture into egg; return all to the pan, stirring constantly. Bring to a gentle boil; cook and stir for 1 minute or until thickened. Remove from heat; cool for 15 minutes. Cover and refrigerate.

In a large serving bowl, combine the oranges, pears, kiwi, apples, pecans and reserved pineapple. Drizzle with dressing; toss to coat. Cover and chill for 1 hour.

### Nutritional Facts

1 serving (3/4 cup) equals 161 calories, 5 g fat (1 g saturated fat), 13 mg cholesterol, 9 mg sodium, 29 g carbohydrate, 3 g fiber, 2 g protein

~~~~~

## LET'S GET MOVING!

### AMPUTEE COALITION ADVICE

inMotion • Nov. Dec. 2010

### Exercise for Optimum Function

#### Functional Strength Training for Amputees

– by Robert Graham, MS, & Karen Sullivan-Kniestedt, PT

[http://www.amputee-](http://www.amputee-coalition.org/inmotion/nov_dec_10/strength_training.pdf)

[coalition.org/inmotion/nov\\_dec\\_10/strength\\_training.pdf](http://www.amputee-coalition.org/inmotion/nov_dec_10/strength_training.pdf)

*Enjoying & living life to its fullest is challenging in today's world, & for those with limb loss the physical challenges are even greater. By consistently performing functional strength training exercises, anyone can improve their physical ability to face the demands of daily living, as well as improve at recreational or competitive activities.*

Muscular strength is a vital component of being healthy, & as we get older, it decreases the risks of many conditions such as osteoporosis. Muscular strength is gained by requiring muscles to actively work. People who have an active lifestyle & receive a lot of physical demands on their bodies typically have good muscular strength. Amputees have physical limitations due to their limb loss & require adjustments in standard exercise routines. Doing functional strength training means people, especially those with limb loss, are less prone to musculoskeletal injuries & the risk of falling.

#### What Is Functional Training?

Functional strength training is different from traditional weightlifting. Although both lead to improved muscular strength, functional training exercises involve placing the body in positions that load muscles, simulating movements that are true to actual life or sport. Research has shown that this is the most effective way to train. It focuses on strengthening the core, which increases efficiency & agility while reducing the chance of injury. This can be done by anyone & helps lead to optimal health & fitness.

The following exercise is designed for beginning functional strength & core training.

#### Strengthening: Stabilization/Core

##### Alternate Arm/Leg Reach

Slightly flatten the lower back by tightening abdominal muscles. Hold this position while lifting one arm overhead &

– Continued on Page 7 Column 1 –



## SPOTLIGHT

– by Belinda

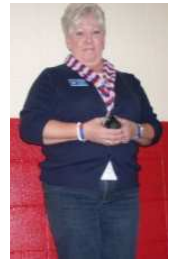
*The month of November is Caregiver Appreciation Month and November 11th is Veterans Day, so we decided to do something special for this issue and focus on a couple instead of an individual.*

*We felt very honored when Ron Cardwell, a veteran of the United States Army and his wife Valerie, his caregiver, agreed to be in our spotlight. I submitted a list including the usual questions about their careers, hobbies, how they feel about MOVING FORWARD, and ideas for the group; but also asked Ron to tell about his time in the Army and for Valerie to talk about her experience as a caregiver. I also asked Valerie to share with us the story of how they first met. We are sure that you will enjoy getting to know Ron & Valerie a little better, and we want to thank them for sharing this with us and also for all that they do for the veterans in our community.*



Ron has lived here all his life except for his time spent in the Army. I was born and raised here and have lived here most of my life. I have also lived in Moline, IL, and Sedalia, MO. Ron and I have been married 33 years

and I have one stepson. Ron worked in maintenance until his back surgery in 1990 and was told by his doctor that he could no longer work and to file for disability. It seems that his prosthetic leg had caused a herniated disc in his back and also a bulging disc in his lower back. So I continued to work until 2 years ago. I first worked in a lab making eye glasses for 1 year and then for an optometrist for 5 more years as an optician and receptionist.



Ron was in the Army for 2 years 9 months and 29 days. He was stationed in Korea from 1961 to 1962 where he was a heavy equipment operator. While in Korea he was 5600 miles away from home, family, and friends. They were out in the mountains where no one had been since the Korean War. Fox holes and gun emplacements were still on top of some of the hills. They lived in tents with 10 to 12 men to a tent. Then during the winter they would go back to the barracks. Most of the missile sites were built by Ron's platoon. Then while stationed at Fort Knox, Ron lost his leg, so now time for him to move on.

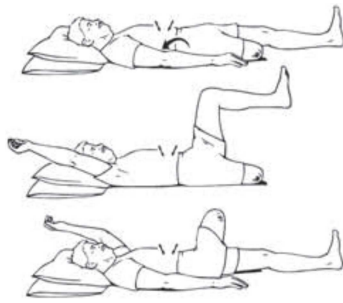
Ron is past Commander of the VFW Post 8639 in Okolona serving in that position for 2 years. He now serves as a trustee and I have been Senior Vice President of the Ladies Auxiliary to the VFW for the past 6 years. I also serve as a trustee. I am currently Cancer Chairman and I am also Cancer Chairman for the District. We both volunteer at the VA Hospital and at the bingo at Wesley Manor Assisted Living. We also volunteer on Veterans Day, Memorial Day, & Fourth of July. If there is something that needs done, we try to help. We also attend the Memorial Services at Cave Hill Cemetery.

I had met Ron through my best friend. I think it was sometime in September of 1980. We dated a couple of times and then he invited me to a Halloween Party at his house. I had no idea Ron was an amputee. We were sitting around talking and I reached over and slapped his leg and I could feel his prosthesis. It was then he told me a little about him being

– Continued on Page 7 Column 2 –

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

the opposite leg up. Repeat on the other side. Keep breathing normally & do not allow any movement to occur in trunk/spine (only move arms/legs). If unable to stabilize in the trunk, then keep one leg & opposite arm down.



## Tips To Exercise Safely

- Seek permission from your physician or a trusted healthcare provider regarding your specific guidelines for exercising, especially if you have not been in a consistent exercise routine.
- Incorporate & use your prosthesis throughout exercises when appropriate.
- Stay focused & move with slow controlled movements. Engage your core with every exercise.
- Exercise does not have to hurt to be beneficial. Focusing on proper mechanics while training will carry over to proper movements during daily activities & sports.
- Start easy & build up your effort. Overstressing body tissues (muscles, tendons & ligaments) & joints is often not felt until hours after working out.
- 6-10 reps x 1-2 sets. (If 10 with good mechanics & not fatigued, then do 6 reps x 2 sets. Work up to 2 sets of 10 reps.)
- Exercise at times of the day when you feel your best.
- Exercise should not cause joint pain, but rather muscle fatigue.
- Holding your breath while exercising often results in elevated blood pressure; thus, remember to breathe during each repetition. Counting out loud during each exercise typically facilitates proper breathing.
- Have fun! Being consistent / compliant with an exercise program is essential to positive physical results. Finding an organized program or health fitness professional is highly recommended.

*NOTE: We will continue next month with more exercises from this article.*

~~~~~

## QUOTE OF THE MONTH

*Caregiving is universal.*

There are only four kinds of people in the world:

- those who have been caregivers,
- those who currently are caregivers,
- those who will be caregivers,
- and those who will need caregivers.



- by Rosalyn Carter

~~~~~

## TEST YOUR KNOWLEDGE ANSWERS (from Page 3):

CONFLICTED, INADEQUATE, DEPRESSED, CONFUSED, AGITATED  
WHEN DIAGNOSED WITH DIABETES, THE INDIVIDUAL MAY  
EXPERIENCE THESE FEELINGS.

## SPOTLIGHT (cont'd)

in the hospital at Fort Knox, about the amputation there, and then them sending him to Walter Reed Hospital. He began to introduce me to several of his close friends and to his mother. His friends were very protective of him and asked me one time if it bothered me that he had an artificial leg. I told them: "No, it's not a problem for me because it's not the outside that makes the person, it's what's inside that matters." The following April Ron and I were married.

It has been a journey as far as getting used to living with an amputee. There have been times when Ron has had an infection in his stump and it had to be cleaned and bandaged till it started to heal. At first I was a little hesitant to handle his stump, because it was sometimes tender, but you learn to be more gentle. Then sometimes there are phantom pains and learning to walk with a new more modern leg and his surgery to remove scar tissue from his stump. It is truly amazing what people can do when they have the will to do it, and Ron has always said nothing can keep him down. Sometimes he can be sidelined, though, as with this latest surgery and being without a leg for 2 and a half months. I am not a person who asks for help. I do what I need to do because I love Ron very much.

As for advice, the only advice I can offer anyone is to have patience, understanding, and love for the person that you are taking care of. When things get tough say a prayer, talk to a friend, take a walk, have lunch with a friend, or find a hobby. Ron always said, "It's not as bad as you think to be an amputee. It's a shock to your mind and your system when they first tell you, but it's done to save your life."

Ron is very active and loves working on his '41 Ford and volunteering. I stay so busy sometimes that I wonder how I ever worked. I volunteer, scrapbook, crochet, do Swedish weaving, line dance, work in the yard, and do a lot of crafts. We both love to watch pro football and drag racing. Ron doesn't have a favorite team but mine are the Chicago Bears and the Indianapolis Colts. Ron is a man of very few words when he is asked about himself. It is nice being around other amputees and hearing their stories. You can always learn something new and offer advice on something they may need help with. There are so many nice people in our group and it is nice to be able to sit and talk about problems that you are having and finding a solution within our group. Ron says maybe sometime we can have a bonfire and roast hot dogs and marshmallows.

~~~~~

## 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.**

I have been asked this "?" several times: "What gave you the will to go on and not to give up?" This is always the

- Continued on Page 8 Column 2 -

# J'm Moving Forward . . .

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



Abby, Kelly & Grant "moving forward" at the 2014 Walk & Roll

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

~~~~~

## HELPFUL RESOURCES

### Caregiver Resources

The Caregivers Marketplace

[www.caregiversmarketplace.com](http://www.caregiversmarketplace.com)

Caring Today

203-254-0783 – [www.caringtoday.com](http://www.caringtoday.com)

Center for Caregiver Training – [www.caregiving101.com](http://www.caregiving101.com)

Family Caregiver Alliance

800-445-8106 – [www.caregiver.org](http://www.caregiver.org)

Family Caregiving 101 – [www.familycaregiving101.org](http://www.familycaregiving101.org)

National Alliance for Caregiving – [www.caregiving.org](http://www.caregiving.org)

National Family Caregivers Association

800-896-3650 – [www.nfcares.org](http://www.nfcares.org)

Today's Caregiver

800-829-2734 – [www.caregiver.com/magazine](http://www.caregiver.com/magazine)

### Emotional Health Resources

American Psychiatric Association

888-35-PSYCH – [www.healthyminds.org](http://www.healthyminds.org)

American Psychological Association

800-374-2721 – [www.apa.org](http://www.apa.org)

American Trauma Society

800-556-7890 – [www.amtrauma.org](http://www.amtrauma.org)

Anxiety Disorders Association of America

240-485-1001 – [www.adaa.org](http://www.adaa.org)

Mental Health America

800-969-6642 – [www.nmha.org](http://www.nmha.org)

Mental Help Net

[www.mentalhelp.net](http://www.mentalhelp.net)

National Center for Post-Traumatic Stress Disorder

802-296-6300 – [www.ncptsd.va.gov](http://www.ncptsd.va.gov)

National Institute of Mental Health

866-615-6464 – [www.nimh.nih.gov](http://www.nimh.nih.gov)

## CONTACT INFO

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

[belindajacobi@yahoo.com](mailto:belindajacobi@yahoo.com)

812-620-3694



## CONTACT INFO

Kelly Reitz, Vice-President

[Kjreitz2012@gmail.com](mailto:Kjreitz2012@gmail.com)

812-572-7955

Beverly Gaylord, Secretary

[gaylordm@aol.com](mailto:gaylordm@aol.com)

812-989-4177

Julie Randolph, Treasurer / Newsletter Editor

[jbrsweepea@yahoo.com](mailto:jbrsweepea@yahoo.com)

812-557-3970

Mike Portman, Board Member-at-Large

[mdportman712@gmail.com](mailto:mdportman712@gmail.com)

502-262-8344



## Q & A (cont'd)

hardest question for me to answer. Whether it be the loss of limb/limbs, diabetes, a stroke, breast cancer, or any major illness or injury; it is difficult to recover not only physically but emotionally as well. It is only natural for people to be grasping for some key or inspiration to keep them "moving forward." The problem is that this answer will be different for each person, and what works to inspire one may not work for the other. I asked some members of the group to respond to the "?" and received some very touching answers.

From Sam Gaylord: After surviving being seriously wounded in Vietnam, this helped me to believe that I can overcome anything. I had a very strong belief in myself and what I could do. Along with God's help, I knew that there was no doubt that I could survive my stroke. Even today, I continue to work on improving myself.

From Kelly Reitz: Although there are plenty of times I felt like giving up, I really deep down felt like that wasn't an option for me. There was a reason I lived through such a destructive and deadly disease. I feel like God kept me here for some reason, though I can't say I will ever really know what that is. I lived for the kids who didn't make it through this disease. I lived for my parents and my family who loved me so much and never had any doubt in my abilities. Whether or not I really know my reason for making it through, I am glad I made it, and if I touch even one life and prove that amputees can do anything that they choose to do, then in my eyes, I have accomplished something. It took a long time, but I love who I am, and I wouldn't change it to be anything but what it is right here, right now!!

From Philip Randolph: My faith in the Lord keeps me going.

For me (Belinda), it was the realization that I couldn't give up because I had too many people who loved me and still needed me. I came to realize that although I had changed physically; I could still be a good wife, mother, grandmother, daughter, sister, and friend. Life was much easier on two legs, but who in life doesn't face some sort of challenge. I may look different now, but I am still "me". I have had good days and bad days, and still do, but one thing that carried me through those times in the beginning when I did have thoughts that I just couldn't go on, was just closing my eyes and picturing my grandson's precious little face (I now have 2 grandsons). How on earth could I choose to give up on being part of my grandson's life? The answer is "that I couldn't", so I would pick myself up and go on.

So **maybe** the key is looking deep inside ourselves and finding someone or something that we care enough about that we **don't want to lose**. It might be a family member or a friend; or it could be your career or a hobby, or being a member of your church or some other organization. With time you will realize that you are still a valuable person and can still have a fulfilling life. It may be a different life than you thought it would be, but it can still be a wonderful one. I hope this helps, and remember – **MOVING FORWARD** is just a phone call or an email away if you would like to speak to one of our members.