



NEWSLETTER ♦ 19th Edition ♦ Mar. 2015

MOVING FORWARD FEATURE GETTING BACK ON THAT BIKE

– by Belinda Jacobi

Pain ... Our first recollection of it is during childhood. I don't think any of us made it thru childhood pain-free. From the falls and bumps on the head while learning to walk, to the scraped knees from bike accidents, to stepping on a bumblebee while running barefoot, to getting hit with a ball while learning to play catch. Brings back memories doesn't it? ... We all have been there, and we survived, and we learned from it. Fast forward to parenthood, and it is painful to watch our children's playground accidents, but we know that it is a necessary part of growing up. Pain continued to be part of our lives as we entered adulthood. We have headaches, backaches, muscle strains, sport or workplace injuries, arthritis, or pain caused by illness or disease. Indeed, no one goes thru life pain-free.

During the next two months, our newsletter will be focusing on the topic of pain. For the March issue, we are including valuable information from the Amputee Coalition on the different types of pain that we, as amputees, may face and also an article about living with phantom limb pain. Next month, we will discuss residual limb pain and the pain caused by diabetic neuropathy.

My own journey with pain began about a year before I actually lost my right leg below the knee. What began with some swelling and moderate pain in my right ankle, gradually increased until the point where every step I took was excruciating. It took a year of suffering before I was correctly diagnosed with cancer in my ankle. I remember the weekend before my amputation surgery, my husband and I went to Indianapolis to visit the White River Gardens and the zoo. I knew it would hurt to do that much walking, but I also knew that it was the last time that I would be able to walk there on my own two feet, and it was something that we had always enjoyed doing together. I made it through the gardens okay, but by the time we started walking through the zoo, I was in deep pain. Shelton tried to talk me into a scooter, but I told him "no". I then admitted to him how afraid I was of what I was facing, and I told him that I needed to feel the pain in order to have the courage to walk into the hospital for my surgery. It worked – by the time that I finished that walk, I had no doubt in my mind that I had to have my leg amputated if I was going to be able to have anything even close to the life that I wanted. It may sound silly to have put myself through that because mentally I knew that I had to have the surgery to even have a chance of survival, but emotionally I wasn't there yet. After that walk, **I was ready!**

I don't remember having much post-surgery pain. My surgeon implanted a pain pump directly into my residual limb that worked remarkably well. I soon found out about phantom sensations and phantom pain, though. I had heard a little

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AMPUTEE COALITION ADVICE INTRODUCTION TO PAIN MANAGEMENT

Understanding Types of Pain

People with limb loss experience many different types of pain. Understanding the type of pain you are experiencing and describing it clearly can help you and your healthcare team determine the most effective treatment for decreasing your pain. These terms include:

- **Phantom limb sensation (PLS):** This describes sensations that you might continue to feel in your amputated limb, even though it is no longer there. These sensations may include tingling, pins and needles, itching, temperature changes, pressure, abnormal position and movement. These sensations are not painful; therefore, no treatment is indicated.
- **Residual limb pain (RLP):** This is the pain that originates in the part of your limb that remains. It can be caused by swelling, nerve damage or irritation from your prosthesis.
- **Phantom limb pain (PLP):** When the phantom limb sensations are uncomfortable or hurt, they are called phantom limb pain.

In addition to these types of pain or sensation, there are the pains that you might have experienced before your surgery and the pain that you will experience during normal healing after your surgery.

There are different ways of helping you manage your pain, depending on which type it is. Again, knowing what kind of pain you are experiencing makes it easier for you and your healthcare team to manage that pain – so it doesn't manage you!

Preparing to See Your Healthcare Provider

Here are the things you should do before going to see your healthcare provider about your pain or sensation.

- Write down your symptoms. When are you experiencing pain? Is it when you are wearing your prosthesis? What were you doing when the pain started? How long does it last? What have you tried to decrease the pain? Does anything help? Keeping track of your symptoms with paper and pen works great. You can also use your computer or smartphone to help. Whatever you use – paper, computer, or smartphone – be sure to take your personal pain record with you to your appointment. It cannot be emphasized enough how important it is to track your pain. Tracking will likely improve your understanding of your pain so that you will become more effective in coping, and it is a very important communication tool to use with your healthcare

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GETTING BACK ON THAT BIKE (cont'd)

about them in the past, but now they had become a part of my day-to-day existence. What, in the beginning, really bothered me to the point of not knowing how I was going to handle it, now I see as more of a nuisance. This is definitely one of those cases where each amputee is different. Some have told me that they have little or no pain, while others have significant pain daily. I am not a physician, so I don't have the answers as to why that is, but I will encourage you to talk to both your physician and your prosthetist if you are experiencing pain in your residual limb or, for that matter, in your remaining limb or joints. A poor fitting or out-of-aligned prosthesis can cause much discomfort. A poor gait can cause hip and back pain. There is much wear and tear on the remaining limb or joints, especially if you are like many amputees and don't distribute your weight equally when walking, thus putting too much stress on the remaining limb. For bilateral amputees balance and gait issues can cause all sorts of muscular and joint problems. This is one reason that it is so important to have regular checkups with your prosthetist and your orthopedic specialist.

As for phantom pain, I do suffer with that from time to time. Sometimes it feels as though I'm being struck with a hammer in my missing ankle. It isn't a constant pain, so I don't take medication for it. I have learned to deal with it and don't let it stop me from doing what I want to do. When it happens, I just tell myself that it will soon pass, and then I just go on with what I'm doing. Once I read an article that said that one way to manage pain is to think about it differently. At first I thought that sounded absolutely crazy. How could thinking differently possibly make pain go away? I have learned that it doesn't make it go away, but choosing not to dwell on it or fear it, and not letting it control you can be an effective way to deal with pain. There are amputees who need to take pain medication because of constant pain, and there are many medications available to help alleviate pain, as well as other pain management options.

In the beginning of this article I talked about memories of childhood and learning to ride a bicycle. Most of us experienced many a scuffed knee or bruised elbow while learning, but the desire to ride around the neighborhood with our friends outweighed that fear of falling. Now, as amputees, we once again have to face that fear of falling. Too many never overcome that fear, but with a well-fitting prosthesis, working with a physical therapist who has been trained to work with amputees, and a lot of determination; we can walk again. Maybe we just need to find the childlike desire that we once had within ourselves when we were learning to ride our bicycle. Our desire has to outweigh the fear of falling and the fear of experiencing pain. Think of how proud you were the first time you were able to ride your bike. You should feel that same pride with every step you take while learning to walk with your prosthesis. If you have given up or are still struggling with walking again, I encourage you to *get back on that bike and give it another try.*



The Amputee Coalition is an excellent source of information for amputees and their caregivers. I encourage you to check out their website at amputee-coalition.org. If you don't have access to the internet, you can contact them by phone at 888-267-5669.

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## QUOTE OF THE MONTH

"Healing... doesn't mean the damage never existed...  
It means that the damage no longer controls our lives."

## INTRODUCTION TO PAIN MANAGEMENT (cont'd)

provider to help him/her understand why and when your pain occurs.

- Make a list of your key medical information. This includes any conditions that you have been diagnosed with by any of your healthcare providers and names of all the medications, vitamins, and supplements you are taking. It is good practice to keep this list updated and to always bring it to every healthcare provider you see.
- Take a family member or friend along. Don't leave him or her in the waiting room! Have him or her in the exam room with you. Four ears are definitely better than two when it comes to hearing your healthcare provider!
- Write down questions to ask. Things like: What are the treatment options? Is there anything besides medication? If medication is prescribed, ask how it works and what the side effects might be. Ask if there is a chance of addiction or dependency if you take it. You might also ask if you should see a specialist. And, be sure to ask if insurance covers it.

The Agency for Healthcare Research and Quality (AHRQ) has an easy-to-use, customized Question Builder that can help you come up with the list of questions you will want to ask your healthcare provider ([ahrq.gov/legacy/questions/qb](http://ahrq.gov/legacy/questions/qb)).

### Next Steps

Once you understand the different kinds of pain you may experience after amputation and have prepared for your appointment with your healthcare provider, you are on your way to managing your pain. It may take some time and patience, but with you and your healthcare provider working together, you can find the treatment plan that will work for you!

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MANAGING PHANTOM PAIN

Phantom limb pain (PLP) refers to ongoing painful sensations that seem to be coming from the part of the limb that is no longer there. The limb is gone, but the pain is real. The onset of this pain most often occurs soon after surgery. It can feel like a variety of things, such as burning, twisting, itching or pressure. It is often felt in fingers or toes. It is believed that nearly 80 percent of the amputee population worldwide has experienced this kind of pain.

The length of time this pain lasts differs from person to person. It can last from seconds to minutes, to hours, to days. For most people, PLP diminishes in both frequency and duration during the first six months, but many continue to experience some level of these sensations for years. People are often reluctant to tell anyone that they are experiencing PLP or phantom limb sensations, for fear that they will be considered "crazy." However, it is important to report these pains as soon as you begin to experience them so treatment can be started.

What Causes Phantom Limb Pain?

Unlike pain that is caused by trauma directly to a limb, PLP is thought to be caused by mixed signals from your brain or spinal cord. This is an important concept to consider, because the treatment for this pain has differences from the treatment you would receive for other kinds of pain. New therapies for PLP all involve trying to change the signals from your brain or spinal cord.

As with any other kind of pain, you may find that certain activities or conditions will trigger PLP. Some of these triggers might include:

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SPOTLIGHT *- by Belinda*

This month our spotlight shines on a lovely lady that I have just gotten to know since we started our Southern IN meetings, Brittany Bley. I had met Brittany before and had spoken to her a few times, and I had heard wonderful things about her from mutual friends; but since starting the IN meetings, I feel truly honored to be able to call her my friend. She is one of the most genuinely caring people that I have ever met. We are very grateful that Brittany agreed to write a little about herself, so that our readers can get to know her better

"My name is Brittany Bley. I am a 45-year-old mother of 2. Molly is 17 and Wyatt is 7. In Nov, 2004, I thought I had the flu. I went to Immediate Care Center. Because I was dehydrated, they gave me fluids by IV and told me to come back the next day so they could give me more. While getting fluids, I remember going to the bathroom and seeing myself in the mirror. I was unrecognizable to myself. I had taken on the fluids they were giving me, everywhere on my body. I was taken to Floyd Memorial Hospital & ended up staying in ICU until January, 2005. I had a fever of 105 and my blood pressure plummeted to 40/20. I don't remember going to FMH. All of my organs had shut down except my heart and my brain. The next thing I remember is being in ICU. I was on a ventilator most of the time. My body went into septic shock and sepsis. Septic shock is when an overwhelming infection leads to low blood pressure and low blood flow. Sepsis, also called blood poisoning, is the presence of virulent microorganisms or toxins in the bloodstream.

During most of this ordeal, I was kept in a medically induced coma. The surgeons told me I was going to be a double AK (above knee) and lose my hands. I remember going to surgery and telling Dr. Lindner to please salvage as much of me as he could. I have a little girl who needs me ... I ended up losing my right leg below my knee and half of my left foot. They came to get me for the surgery of my hands. I told them that God and I aren't ready for that yet, so they waited. I constantly prayed and constantly tried keeping circulation to my hands. My black, necrotic fingers started coming back!! I ended up only losing my right index finger! I saw firsthand the miracle of Faith and Prayer. It just so happens, I am left handed! Southern Indiana Rehab Hospital worked very hard with me to get me back to become who I was before all of this happened. All the times I wanted to give up, they reminded me of what all I still need to do in this lifetime. Molly reminded me that she is just a little girl and she still needed her momma. I got stronger every day. I finally headed home after about a month. I had the best of the best helping me overcome what my entire family and I had just endured.



September, 2006, I was getting back into the swing of a normal life. I was registered to play a golf scramble. This would have been my 3rd or 4th scramble since my illness. This one was different. I thought I had pulled a muscle, so I went to see a chiropractor. He said I should be fine. I went to see Dr. Lindner and he had a different opinion. X-rays showed my left hip had fractured and collapsed. I had my hip replaced in January, 2007. I felt so much better after that! I went to the Dr. in Feb for follow up and found out I was pregnant! Yes, I had a total hip replacement in January and gave birth to a healthy, adorable little boy October 16th!! I was afraid it may be a difficult time but it ended up to be a fairly easy pregnancy. Other than morning sickness that lasted all day, every day, it was a piece of cake. When Wyatt turned 2, I had my right hip replaced. My hip replacements were because when I was sick, I had no blood flowing to my hips and they "died".

Even after all that I have been through, I still try to do as much as I can so my children won't think it's okay to have excuses!

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MANAGING PHANTOM PAIN (cont'd)

- Touch
- Urination or defecation
- Sexual intercourse
- Angina
- Cigarette smoking
- Changes in barometric pressure
- Herpes zoster
- Exposure to cold

If you notice any particular thing triggering an episode of PLP for you, let your healthcare provider know. Some triggers can be avoided – for example, you can prevent constipation or stop smoking. For other triggers, you will just have to understand and treat accordingly. You will not be able to prevent the barometric pressure from changing, but you will be able to understand that your PLP might be more severe on days with big shifts in the weather!

Treating Phantom Limb Pain

Treating PLP effectively takes a multipronged approach. Medications of several different categories in combination with non-medication treatments seem to be most effective. This combination of medication / non-medication is similar to treating other painful conditions.

For instance, if you broke your leg, you would expect to take narcotic pain medication, at least for a while. You would also elevate your leg and put ice on it.

For PLP pain management, you will take medications directed specifically toward interrupting the pain signals in your brain or spinal cord as well as using certain non-medication therapies, which also work on your brain's interpretation of these signals.

Medications for Phantom Limb Pain

There are many different categories of medications that can decrease your pain. Each of them is thought to work on different kinds of pain sensations. The categories of some of the medications you might be given include:

- Acetaminophen and non-steroidal anti-inflammatory drugs (NSAIDs)
- Opioids (narcotic pain medications)
- Antidepressants
- Anticonvulsants
- Beta-blockers
- Muscle relaxants.

Some of these medications work best if taken in combination with other medications and if given at certain times of the day. The antidepressants typically used work best if given at bedtime, and are often taken at the same time as the anticonvulsants. Finding the right medications – with the fewest side effects – will require you and your healthcare provider to work closely together.

Non-Medication Treatments for Phantom Limb Pain

Alternative/complementary therapies can be helpful for the reduction of PLP. These include:

- Acupuncture
- Massage of the residual limb
- Use of a shrinker
- Repositioning of the residual limb by propping on a pillow or cushion
- Mirror box therapy
- Biofeedback
- TENS (transcutaneous electrical nerve stimulation)
- Virtual reality therapy
- Imagery

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SPOTLIGHT (cont'd)

The advice I would give to new amputees is that everything will happen in its own time. There is no time line on how things should go for you. It sometimes takes people more or less time than others to accomplish goals. It's okay to ask or need help.

I have met people through this that I may never have known. Some of the best people I know, I get to call my friends because we are a strong, loving group of people who love life and want to help others see themselves as we do!"

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## RECAP OF FEBRUARY

Despite being the shortest month of the year, this month was a very active one for the group. Our IN meeting was held on Monday, the 23rd, instead of the 16th, due to weather conditions. The group welcomed two new members, Paul Weber, who recently moved to our area from California, and his sister, Mary Jo Kolb. After introductions, we discussed many topics including the importance of having an orthopedic specialist, knee and hip replacements, prosthetic feet, and suspension systems. We also discussed TARC3, which provides transportation to individuals with disabilities in our area.

February 28th will be remembered as one of the busiest days *MOVING FORWARD* has had thus far. Group members Kelly Reitz and Mike Portman set up a booth at the Harrison Co. Hospital Health Fair in Corydon IN. While there, they distributed information about our group and brochures from the Amputee Coalition. They also met with health care professionals and discussed with them ways that we can work together to reach out to the amputees in Southern IN.

The same morning, group members Belinda Jacobi and Philip Randolph attended the Amputee Walking School at Norton Brownsboro sponsored by Kenney Orthopedics. The purpose of this school is to provide high-level training to physical and occupational therapists in working with amputees. The instructors for the class are Dennis Oehler and Todd Schaffhauser, who are both past Gold Medal winners in the Paralympic Games. These two gentlemen have been working with amputees and therapists for many years and provide these clinics throughout the United States and in other countries. Their knowledge, experience, and sense of humor make these clinics very informative and enjoyable to attend. They come to Louisville a few times each year, and we want to thank Kenney Orthopedics for always inviting our group members to attend.

One of the highlights for those attending during the last two years is seeing *MOVING FORWARD*'s youngest member, Reid Hester, compete in a running race against instructor Dennis Oehler. This year, once again, Reid was the winner of the race. During the class, Belinda and Philip were asked to talk to the attendees about *MOVING FORWARD* and to tell them what they offer to the amputees in our community. We also met and talked with other amputees, therapists, and prosthetists.



That afternoon our Louisville meeting was held at Baptist East. We welcomed new member, Sheila Harris, and some of her family members to the group. Following introductions, we discussed childhood limb loss with Kelly sharing memories of her experience growing up with limb loss and Julie telling of being a parent to a child amputee. We discussed the challenges that we face as amputees and how, with our determination and the support of others, that we have been able to face those challenges and *move forward*. The meeting ended with discussion of our many upcoming events and plans for the coming year.

## MANAGING PHANTOM PAIN (cont'd)

- Music  
For further discussion of these non-medication treatments for phantom pain, [click here to access](#) an article addressing the topic from the Amputee Coalition's *InMotion* magazine.

There are also many videos online demonstrating how these therapies have worked for others and how they might work for you.

### What You Need to Remember

- Phantom limb pain/sensation is common for most people after amputation surgery. Symptoms generally improve over time.
- Your phantom limb pain/sensation can be managed so that it does not overwhelm your life.
- The goal of pain management is to reduce pain levels to allow you to get back to living and enjoying life again.
- Work closely with your healthcare team to create and maintain the pain management plan that works for you.
- When possible, avoid things that trigger your phantom limb pain/sensation.
- Use the Amputee Coalition website ([amputee-coalition.org](http://amputee-coalition.org)) to learn about new therapies and to let others know if a new therapy has worked for you.

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LET'S GET MOVING!

Keep Moving: *Advanced Exercises for People With Lower-Extremity Amputations*

– by Melissa Wolff-Burke, EdD, PT, ATC, & Elizabeth Cole, PT

The following exercises from the Amputee Coalition and the National Limb Loss Information Center will be very beneficial in helping amputees to improve their strength, balance, agility, and endurance; which are all crucial to continuing *moving forward*. As always, please be sure to check with your physician or physical therapist before beginning any exercises. Your fitness level, your general health, and the condition of your residual limb will all play a role in how rigorously you can exercise. A qualified health professional can teach you how to stay within your target heart range.

So come on everyone, Let's Get Moving!!!

Strength Exercises

Strength is needed in each leg, your arms, and your trunk (stomach and back). In addition to your legs, your stomach and back muscles play a crucial role in standing and moving. If your trunk is not strong, it will not be able to hold up to the demands you make on it all day every day.

Seated push up

Place a stable chair against a wall to prevent it from tipping over. While sitting in the chair, place your hands on the armrests. Push down into the armrests to raise your hips one to two inches off of the seat & then return. To make this more difficult, lift one leg.

Partial squats

Hold onto a sturdy piece of furniture or the kitchen sink. Place even weight onto both legs & simply squat as if you are sitting on a very tall stool. You're not working toward a full squat. Do this 10 times. Exercising the muscles of your thighs will make it easier to sit & rise from a chair.

Wall squat (More advanced)

Stand with your back against the wall beside a sturdy piece of furniture in case additional support is needed. Slowly slide your

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UPCOMING EVENTS

MEETINGS:

Mar. 16th from 6:30 - 8:00 p.m. at Southern IN Rehab Hospital, 3104 Blackiston Blvd., New Albany IN. At this meeting we will have a guest speaker, Sharon Wright. This is sure to be a very motivational and informative meeting. Sharon was stricken with polio at the age of 2. She will tell of her battle with the disease and how she overcame it to become a wife, mother, grandmother, and tutor to both children and adults. She was a tutor to our own group member, Philip Randolph, as a child, and she was instrumental in teaching him how to read. She will talk about how she had to be innovative to find ways to do tasks; which, as amputees, we know that we, too, have to find new ways to accomplish things in our daily lives.

Mar. 28th from 2:00 - 4:00 p.m. at Baptist Hospital East in the 2nd Floor Education Center in **Room 2B** (please note the room change). We are in the process of getting a speaker for this meeting, so that announcement will be made in the next week or two.

EVENTS:

****PLEASE NOTE THAT THE "MARCH MADNESS" CHILI SUPPER IS SAT., MARCH 7TH, FROM 5:00 - 8:00 PM AT THE OKOLONA FIRE STATION. THE DATE ON THE FLYER WE SENT OUT LAST MONTH WAS INCORRECT.**



Special plans are being made for the month of April. The Amputee Coalition designates April as "Limb Loss Awareness Month". Plans are also in the works for a fishing event, a picnic, our Pegasus Parade viewing party, and attending a Bat's baseball game, among others. We will be giving you the details for these events in our April newsletter.

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 that 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 to deal with living with limb loss.

J'm Moving Forward . . .

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

Brittany Bley *moving forward* and chatting with her good friend Julie at the group's Fall Picnic.

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



LET'S GET MOVING! (cont'd)

body down the wall until your knees are slightly bent. To make this exercise more difficult, slide a little lower down the wall or do this on one leg. You can stand on your intact leg or your prosthetic leg. Hold this position for 5 to 30 seconds. Be sure to breathe the entire time you perform this exercise. Holding your breath is bad for your heart & your hemorrhoids! If your amputation is above the knee, you will need to do this exercise on your intact leg only since most prosthetic knees will not support your weight if there is too much bend in the knee.

Pelvic tilt

While on your back, with or without your prostheses, bend both hips & knees to 90 degrees. Place your hands on your thighs just above your knees & flatten the small of your back by pressing down with your stomach muscles. Do not allow your thighs to move. Hold this position for 2 - 3 seconds while breathing normally. This exercise strengthens the abdominal muscle (stomach). You can make this exercise more difficult by lifting your head.

Balance Exercises

One of the most difficult rehabilitation activities is retraining you & your brain to accept weight into the socket of your prosthesis. To use your prosthesis & its foot & knee components to their fullest advantage, however, you must put all of your weight into the socket & use all of your leg muscles to control it. Though it will be difficult to learn to use your remaining leg muscles to balance on each leg while standing & walking, it will pay off in a smoother, less tiring gait.

Even weight bearing

While standing in line, shaving, or brushing your teeth, think about how much weight you have on each leg. Do you stand with most of your weight on your unaffected leg? Many people with an amputation shift all of their weight onto the unaffected leg & use the prosthesis only as a perch. Stand with your weight evenly on both legs while performing one typical daily task, such as talking on the telephone. By increasing your awareness & changing this one simple habit, you can improve your balance on a daily basis.

All fours

While on your hands & knees, begin by raising one arm in front of you. Put your arm down. Now try to raise a leg behind you. When you can do this with ease, raise your opposite arm & leg together, hold them for 2 - 3 seconds while breathing, and relax. Then switch sides. Keep your eyes down so that you don't strain your neck, & keep your back flat.

Kick ball

Practice this fun exercise with a friend. While you are up against a wall or using a chair, alternate kicking a ball with one leg & then the other. Quickly changing the leg that you kick with will help improve your balance & coordination.

Hip lift

If you don't use a prosthesis, or when you are not wearing one, be aware of how you hold your hip. If you tend to slouch, tighten the muscles of your standing leg to even out your hips.

Uneven surfaces

A good way to work on your balance is to make the surface on which you are standing uneven. Place a pillow or cushion on a carpet and stand on it. You might want to rest your hands on a table top. For safety, be sure the pillow is on carpet and not a slick surface. Sway back and forth slightly or reach for something on the counter. You will need to tighten the muscles of your residual limb inside the prosthetic socket.

Agility Exercises

Once you have mastered balance activities, you will find that you are moving more easily. It is also likely that you will be

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Q & A

- by Belinda

For the March Q&A, I have decided to go with the topic of prosthetic feet. This topic comes up quite frequently at our monthly meetings or when I go on a peer visit to see a new amputee. Some

typical questions are:

"Will I be able to walk normally with a prosthetic foot?"

"Will I be able to wear my regular shoes?"

"I can't walk outside very well; is it because of my prosthetic foot?"

"I have a lot of trouble going up and down hills or ramps; would a different foot help me with that?"

Ultimately, this is a discussion that the amputee must have with his/her prosthetist. Prosthetists are trained to guide the amputee in this decision, but it is always good to have knowledge and to be better informed, so that when you go to that appointment with your prosthetist, you will know what questions to ask and feel more at ease discussing it with him. To adequately cover this topic, I am going to break it down and will be discussing it during our next few issues.

This month, I am including this article from the Amputee Coalition which does a great job in describing the different types of prosthetic feet. Next month we will discuss K-levels, which is used to determine the type of foot that Medicare or your insurance company will pay for. We will then talk about some of the prosthetic feet available and ways for you to find out more about them. We will end with group members discussing the type of prosthetic feet that they have and what they like and don't like about them. As far as I know, there is no prosthetic foot available that will work as well as the human foot. Although, technology is becoming more advanced and one day maybe there will be. Until that time, finding the right prosthetic foot for you can make a dramatic difference in your mobility, your gait, and your daily life. I hope that in the next few months I can provide you with information that can help you in your search.

Prosthetic Feet

Translated into plain language by Helen Osborne of Health Literacy Consulting. Original article by M. Jason Highsmith, DPT, CP(c) and Jason T. Kahle, CPO

There are more than 50 models of prosthetic feet available today. Some are designed for special tasks such as walking, dancing, cycling, golfing, swimming, snow skiing, or running. Many are waterproof and made of lightweight materials such as plastic, metal alloys, and carbon-fiber composites.

Prosthetic feet can be basic (unmoving), articulated (moving in one or more directions), or dynamic-response (storing and returning energy when walking, giving a sense of "pushing off," much like the human foot). Today's prosthetic feet may have toe and heel springs to allow more ankle movement and adjustable heel heights, and to absorb shock.

There is no single foot that is perfect for every amputee. You and your doctor or prosthetist should choose a prosthetic foot based on your amputation level (how high up the leg your amputation is), age, weight, foot size, activity level, and job needs. Here are some facts to know:

Basic Prosthetic Feet – There are two types of basic prosthetic feet: SACH (Solid Ankle Cushioned Heel) and elastic keel.

The SACH is the simpler of the two. It is rigid and cannot bend. It has a rubber heel wedge that compresses under the user's weight, allowing a little ankle movement early in the stance phase of walking (at the beginning of a step). It provides stability, but little lateral movement, in mid-stance (when walking). The SACH comes in several heel heights so it can be worn with different types of shoes.

Elastic keel feet are a little more flexible than SACH feet. They allow the front part of the foot to adjust to varied walking conditions

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LET'S GET MOVING! (cont'd)

doing more, and you may find that you occasionally need to move faster, slower, backwards, or sideways. By practicing the following exercises and varying the speed and step length, you will improve your agility and accomplish tasks with more confidence.

Braiding

Using the back of your couch for balance assistance, take a few steps to one side crossing your prosthetic leg in front of and then behind your unaffected leg. Stand as straight as you can and try to use your hands for balance only. If your amputation is above the knee, be sure to take small steps, ensuring that you don't put too much weight on the toe of your prosthesis, which could cause the knee to bend.

Circle

Walk around a chair in each direction.

Ball toss

Do this exercise with a friend. If you are using a prosthesis and really want to challenge your balance, stand up to catch the ball. If you are not using a prosthesis or are just beginning this exercise, sit while you catch the ball. This exercise requires strength, coordination, balance, and agility; and it's fun!

Endurance Exercises

You have already been improving your endurance by working on your range of motion, strength, balance, and agility. Every time you do an extra repetition, use a heavier weight, or spend more time exercising, you are improving your endurance. To focus more on endurance, you simply need to work a little harder and a little longer at the things you have already been doing. You might also add an aerobic activity. If you have access to a stationary bike, a treadmill, a rower or a pool, you can use it to improve your endurance. And, of course, there is always just plain walking. It is a good idea to seek the assistance of a health professional to determine your current level of fitness and your target heart rate (THR). You don't want to stress your heart too much or too little. Once you learn your THR and how to take your pulse, you will be able to do effective endurance activities with confidence.

Stationary bike

If you have a stationary bike, get on it! Stop using it as a clothes rack. You can ride a bike with one leg. It would, however, help to have a strap to hold your foot in place. If you cannot get on your bike, how about placing it on a table top, sitting behind the table, and moving the pedals with your hands?

Conclusion

If you are interested in doing more exercise or have specific concerns, a physical therapist who has experience working with people with amputations can help you. If, on the other hand, your needs are more general and you would like to exercise at home, several books and videos can be purchased through the Amputee Coalition to help you.

If you can set a goal, break it down into small bits, and make exercise a part of your daily plan, you will find that it becomes a good habit. Set aside some time each day to work on one of these activities, get a friend to join you, play some music and have some fun. Applaud your efforts, great and small, and you will keep moving!



Check out our Facebook page at
"Moving Forward Limb Loss Support"

Q & A (cont'd)

but stay stiff and stable while standing or walking. Both of these basic types of prosthetic feet:

- have no hinged parts, last a long time, and need little repair
- cost less than articulated prosthetic feet
- are made of foam rubber and shaped to look like a human foot
- are cushioned but absorb and return less of the energy of walking than dynamic-response feet
- are designed for people who do a limited amount of walking at a constant speed
- are often used as an amputee's first prosthesis and sometimes later replaced by a more advanced type of prosthetic foot.

Articulated Prosthetic Feet There are two types of articulated feet: single-axis and multi-axis. Both allow motion in one or more planes, much like the movement of a human foot.

Single-axis feet:

- have an ankle joint that allows the foot to move up and down, which adds knee stability
- are often used by people with higher levels of amputation (from the knee to the hip)
- reduce the effort needed to control a prosthesis and keep the knee from buckling
- add weight to the prosthesis, need periodic repair and cost a little more than most basic feet
- are often used by people who need stability.

Multi-axis feet:

- are similar to single-axis feet in terms of weight, need for repair, and cost
- move up and down as well as side to side to conform to uneven surfaces better than single-axis feet
- have ankle motion, which absorbs some of the stress of walking, protecting a person's skin and reducing wear and tear on the prosthesis
- are often used by hikers, golfers, dancers and others who need a lot of foot movement.

Dynamic-response feet:

- store and release energy during the walking cycle
- give a sense of push-off, a more normal range of motion and balanced gait
- may have a split-toe design to add stability
- may lessen the impact on the heel of the person's other foot
- are so comfortable and responsive that amputees might increase their level of activity
- are responsive and good for active amputees who vary their walking speed, change direction quickly, or walk long distances.

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## AWARENESS MONTHS FOR MARCH

We want to bring to your attention that the month of March is recognized as both "National Kidney Month" and "Colorectal Cancer Awareness Month". With so many amputees having diabetes, we felt that it was important to share this information with our readers from the National Kidney Foundation. We have also included information from preventcancer.org on colorectal cancer which is a preventable disease. Part of *MOVING FORWARD's* mission is to educate those with limb loss in our community. We not only want to provide them with information pertaining to limb loss, but also on living a healthy lifestyle. The healthier we are, the better we will be able to recover from and adapt to limb loss.

- Continued on Page 8 Column 1 -



## TEST YOUR KNOWLEDGE

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

- TIRGOSEINNPIO    \_\_\_ ( ) \_\_\_\_\_ ( ) \_\_\_ ( ) \_\_\_  
IRROMR PHETRYA    \_\_\_ ( ) \_\_\_\_\_  
                              \_\_\_ ( ) \_\_\_\_\_ ( ) \_\_\_  
CAMTINODEI        ( ) \_\_\_\_\_ ( ) \_\_\_\_\_ ( )  
BKOB CFADIEE      ( ) ( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
MGIAYRE            \_\_\_ ( ) \_\_\_\_\_  
XLTROAIEAN        \_\_\_ ( ) \_\_\_\_\_ ( ) \_\_\_\_\_

THESE ARE SOME EFFECTIVE WAYS TO TREAT

\_\_\_\_\_

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Krafty Kids ... by Beverly

For March Madness, I thought this would be a fun activity/snack for the kiddos!

All you need to do is draw the lines onto Nilla Wafer cookies as shown using a black food marker...

... and pipe a small dollop of desired frosting onto the bottom of another cookie. Sandwich the two together and the frosting will spread, filling out the cookie. Make sure you just add a little or else it will all just squeeze out of the sides.

And that's it! You could also add a marked cookie onto a store-bought cupcake as a topper for another last minute basketball treat.

Don't forget to encourage the kids to pick a team to cheer to win. They pick a team based on the team's name, mascot, uniform colors, etc. It doesn't matter how they pick their favorite team, they just might pick the WINNER! :)

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## ... from Beverly's Kitchen

During this upcoming season of MARCH MADNESS, I thought many might enjoy this recipe. It could be a delicious low-fat dish to snack on while you are cheering your favorite team to a win.

### CHICKEN ENCHILADA DIP - LOW FAT

- 1 1lb Boneless, Skinless Chicken Breast, cubed
- 1 (8oz) pkg Low Fat Cream Cheese
- 2 c. Low Fat Cheddar Cheese
- 1 c. Fat Free Sour Cream
- 1 c. Reduced Fat Mayo
- 1 (10 oz.) can Rotel Tomatoes
- Salt, Pepper, Garlic Powder to taste

Mix all ingredients together and place in 9 X 13 glass pan sprayed with a non-stick spray. Bake in a 350 degree oven for 30 minutes, until bubbly.

**What is Chronic Kidney Disease (CKD)?**

Chronic kidney disease includes conditions that damage your kidneys and decrease their ability to keep you healthy by doing the jobs listed. If kidney disease gets worse, wastes can build to high levels in your blood and make you feel sick. You may develop complications like high blood pressure, anemia (low blood count), weak bones, poor nutritional health and nerve damage. Also, kidney disease increases your risk of having heart and blood vessel disease. These problems may happen slowly over a long period of time. Chronic kidney disease may be caused by diabetes, high blood pressure and other disorders. Early detection and treatment can often keep chronic kidney disease from getting worse. When kidney disease progresses, it may eventually lead to kidney failure, which requires dialysis or a kidney transplant to maintain life.

**The Facts About Chronic Kidney Disease (CKD)**

- 26 million American adults have CKD and millions of others are at increased risk.
- Early detection can help prevent the progression of kidney disease to kidney failure.
- Heart disease is the major cause of death for all people with CKD.
- Glomerular filtration rate (GFR) is the best estimate of kidney function.
- Hypertension causes CKD and CKD causes hypertension.
- Persistent proteinuria (protein in the urine) means CKD is present.
- High risk groups include those with diabetes, hypertension and family history of kidney failure.
- African Americans, Hispanics, Pacific Islanders, American Indians, and Seniors are at increased risk.
- Two simple tests can detect CKD: blood pressure, urine albumin and serum creatinine.

**What causes CKD?**

The two main causes of chronic kidney disease are diabetes and high blood pressure, which are responsible for up to two-thirds of the cases. Diabetes happens when your blood sugar is too high, causing damage to many organs in your body, including the kidneys and heart, as well as blood vessels, nerves and eyes. High blood pressure, or hypertension, occurs when the pressure of your blood against the walls of your blood vessels increases. If uncontrolled, or poorly controlled, high blood pressure can be a leading cause of heart attacks, strokes and chronic kidney disease. Also, chronic kidney disease can cause high blood pressure.

**Colorectal Cancer**

Colorectal cancer is cancer of the colon or rectum. It's as common in women as it is in men. This year, over 136,830 people will be diagnosed with colorectal cancer & an estimated 50,310 will die of the disease. With certain types of screening, this cancer can be prevented by removing polyps (grape-like growths on the wall of the intestine) before they become cancerous. Several screening tests detect colorectal cancer early, when it can be more easily & successfully treated.

**Colorectal Cancer Early Detection**

If you're at average risk for colorectal cancer, start getting screened at age 50. If you're at higher risk, you may need to start regular screening at an earlier age & be screened more often. If you're older than 75, ask your doctor if you should continue to be screened. The best time to get screened is before you have any symptoms.

Use this information to help you talk about screening options with your health care professional. Consider one of these tests:

– Continued on Page 8 Column 2 –

**Tests that find pre-cancer & cancer:**

- Colonoscopy – Every 10 years
- Virtual colonoscopy – Every 5 years
- Flexible sigmoidoscopy – Every 5 years
- Double-contrast barium enema – Every 5 years

**Tests that mainly find cancer:**

- Stool occult blood test (FOBT) (guaiac) – Every year
- Stool immunochemical test (FIT) – Every year
- Stool DNA test (sDNA) – Ask your health care professional because technology is evolving



**CONTACT INFO**

*Call for meeting times & locations!*



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**TEST YOUR KNOWLEDGE ANSWER** (from Page 7)  
REPOSITIONING, MIRROR THERAPY, MEDICATION,  
BIOFEEDBACK, IMAGERY, RELAXATION.

THESE ARE SOME EFFECTIVE WAYS TO TREAT  
P H A N T O M L I M B P A I N.