



NEWSLETTER ♦ 50th Edition ♦ Oct. 2017



IMPORTANT NOTICE: *MOVING FORWARD is Moving!!*

Beginning with the Oct. 28, 2017, meeting, our monthly KY meeting will be held at Norton Brownsboro Hospital Medical Plaza 1. The address is 4950 Norton Healthcare

Blvd. in Louisville. We will meet in Community Room 301B, which is on the 3rd floor directly across from the elevator. Meeting time is still from 2 - 4 pm on the 4th Sat. of each month. Look for a flyer and directions on our website at ampmovingforward.com. This will be a great move for our organization. The building and room are much more easily accessible to those in wheelchairs or using walkers. We have an exciting list of upcoming speakers that you won't want to miss. Details are in the **UPCOMING EVENTS** section of this newsletter. We look forward to seeing you at our new location!!

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### **MOVING FORWARD** FEATURE **"Make a Difference Day"** **Oct. 28, 2017**

It's that time of year again, time for us all to work together to make a difference in our community by collecting pairs of socks for men, women, and children in need. I was recently asked this question in an interview: **Why do you think it's important for others to get involved and make a difference in their community?** I answered by saying, "First, I think it's important for everyone to realize that they can *make a difference*. No matter what your circumstance in life, you can still *make a difference*. That is one of the most beautiful things about our amputee support group. Here we are, a group of individuals who have lost a limb or limbs and doing our best to get by in life, but we still have that desire and determination to *make a difference* in the lives of others. We need to realize that even if we can't do something big alone, if we work together, we can accomplish a lot of small things that add up to BIG things. We need to set an example for our children and grandchildren that it is important to think of others, and at the end of the day what matters is if we have *made a difference* in someone's life.

This will be the 3rd year for our Sock Drive for the Salvation

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### Managing Pain

**MANAGING PAIN RELATED TO AMPUTATION IS ONE OF THE GREATEST CHALLENGES FOR THE PATIENT AND THE AMPUTEE MULTIDISCIPLINARY CARE TEAM. THIS PAIN IS DESCRIBED IN MANY WAYS AND GENERALLY FALLS INTO TWO CATEGORIES: WOUND PAIN AND PHANTOM LIMB PAIN.**

#### **Residual Limb Wound Pain**

This type of pain is associated with the injury itself and its treatment, such as postoperative pain. It commonly comes from the bones and surrounding soft tissues and is described by patients in many ways, such as achy, gnawing, or deep.

#### **Phantom Limb Sensation and Pain**

This type of pain is associated with the limb that has been amputated. The feeling is commonly or irritatingly described as a squeezing, burning pain that seems to come from some part of the amputated or phantom limb. There is no doubt that phantom pain is real pain. To effectively manage pain, it is helpful to distinguish these two types of pain from phantom sensation, which refers to the feeling that the amputated limb is still present. The patient may also have an itch at their phantom limb that is relieved by scratching their sound side limb. Phantom sensation is normal in the postoperative period, and almost all amputees experience it.

#### **Other Sources of Pain**

Pain after amputation may also come from other sources. The residual limb may be a source of pain due to infection, blood collection (hematoma), swelling of soft tissues (edema), bone spurs, abnormal bone growth, the healing end of a nerve that was cut during surgery (a neuroma), or to the mechanical effects of wearing a compression device to decrease edema. Postoperative compression devices include casts, elastic bandages, stockinets and shrinker socks. Pain may also occur during the prosthetic fitting process, and adjustments may have to be made to the fit of a socket over a residual limb that is still healing, shaping, and shrinking. During physical therapy, occupational therapy, and new activities, patients may have discomfort as they continue to build their tolerance to pain. The loss of a limb further affects normal body mechanics, such as the way a person lies, sits, or moves, and pain may occur in the back, the neck, and the remaining limbs. Sometimes after an amputation, pain in parts of the body that were once only mildly painful may become worse due to the overuse and increased wear and tear on those areas of the body.

#### **Neuromas**

Traumatic stump neuroma is a disorganized proliferation of nerve fascicles occurring after limb amputation. In other words, the nerve that would normally connect to the missing limb has been severed and is now trying to find its missing limb and grows into a bundle.

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## **"Make a Difference Day" (cont'd)**

Army, and as I have in the past years, I will share with you the story that inspired me to choose this project...

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

A nice, clean, warm pair of socks....to most of us this may seem like such a small thing, but to many in our community this winter, it could mean a great deal. To the homeless veteran, to the young mother beginning her first job, to the child who is transitioning from the streets to a home and is going to begin attending school, those socks are a luxury.



## **MOVING FORWARD'S 3RD ANNUAL SOCK DRIVE FOR THE SALVATION ARMY**

Please help us to make a difference in the lives of needy men, women, and children in our community by donating pairs of warm socks for use during the cold winter months. Last year we collected over 800 pairs. Let's beat that total this year and make an even bigger difference! We are also accepting new or gently used coats, gloves, and hats.



Donation boxes have been placed at the following locations:

- Harrison County Hospital, 1141 Hospital Dr. N.W., Corydon IN
- Southern IN Rehab Hospital, 3104 Blackiston Blvd., New Albany IN
- Center for Orthotic & Prosthetic Care, 902 Dupont Rd., Ste. 100, Louisville KY
- Hanger Clinic, 1023 E. Broadway, Louisville KY
- Kenney Orthopedics, 2809 N. Hurstbourne Pkwy., Louisville KY
- Louisville Prosthetics, 742 E. Broadway, Louisville KY
- Okolona Fire Station, 8501 Preston Hwy., Louisville KY
- Tipton & Unroe Foot Care, 2805 N. Hurstbourne Pkwy., Louisville KY

We will also be collecting at our Fall Picnic and Walk & Roll and at both the IN and KY meetings.

We will be presenting our donation to David Yarmuth, Director of Communications for the Salvation Army, at our KY meeting on *Make a Difference Day*, Oct. 28th.

Thank you for your help, and together we can  
**make a difference!**



## **Managing Pain (cont'd)**

Preferably, the bundle is buried in deep tissue, but may still cause pain. Alternatives for pain include injections of the neuroma or a surgery that will move it higher in the residual limb.

### **Describing the Pain**

To better manage pain associated with amputation, the type of pain experienced should be clearly described in the patient's own words. Commonly, members of the amputee care team will want to distinguish between wound pain and phantom limb pain. Other aspects of the pain that should be described include its intensity, duration, and quality. Most members of the amputee care team will use a 0–10 pain intensity scale with 0 meaning no pain and 10 meaning the worst pain imaginable. Often, getting the pain intensity to a level of four or less provides adequate pain management so that patients can sleep and participate fully in their rehabilitation process during the day. It can also be helpful to describe what makes the pain worse or better, such as moving into certain positions or making specific movements. This information is helpful as the patient and the amputee care team put together an individualized plan to adequately manage the various types of pain that may occur after amputation.

### **Interventions for Pain**

Several interventions are available to manage pain associated with an initial injury and around the time of amputation surgery. Commonly, analgesic (pain-killing) medicines are given intravenously (through an IV) and are used for several days to manage pain. Medicines that may be used with an IV include opioid analgesics and nerve-blocking agents. A patient controlled analgesia (PCA) pump attached to an IV also helps to provide good pain management as it allows the patient to push a button to release a measured amount of analgesic medicine in a given period of time. These pain control methods are also useful when a patient is going to the operating room for multiple washouts and debridements of a dirty wound or when wound-dressing changes are expected to be particularly painful. As patients recover and become more mobile, IV medicines are switched over to oral analgesic medicines to reduce the risk of infection and to promote comfort and freedom of movement. Gradually, opioid analgesic medicines (both oral and those applied as patches to the skin) are tapered downward and then discontinued.

### **Treating Phantom Pain**

Pain management for phantom limb pain may last weeks, months, or sometimes years and includes several approaches. Opioid analgesics are used primarily around the period of initial trauma and amputation surgery. Prolonged use of these medicines, however, is associated with tolerance, which means that over time, the patient will begin to need a larger dose of the medicine for the same effect. Opioid analgesics can also cause side-effects, such as drowsiness, clouded judgment, constipation, and breathing difficulties.

Antidepressant, anti-seizure, and anti-inflammatory medications may be used in certain situations. Antidepressant medications are sometimes highly effective in the treatment of phantom limb pain for some individuals. In addition, these medications are useful for treating clinical depression, which can worsen the symptoms of phantom limb pain or increase the frequency of its occurrence.

Anti-seizure medication, such as Neurontin (gabapentin), is now one of the most commonly used medications to treat phantom limb pain. Neurontin seems to decrease the intensity of pain and the number of pain episodes with fewer side-effects than other anti-seizure medications.

Anti-inflammatory medications, such as aspirin and other over-the-counter medications, do not directly control phantom limb pain itself, but can help by decreasing the local tissue inflammation that sometimes leads to phantom pain flare-ups.

It is important that patients review with their physicians the potential side-effects of all medications (including vitamin, mineral, food, and herbal supplements) that might be used alone or in combination to treat their pain.

Though often lacking in scientific evidence, many physical treatments have also been reported to be effective in treating amputation-related pain. These treatments include physical therapy, acupuncture, massage and tapping near the incision line, transcutaneous or percutaneous electrical nerve stimulation, the use of compression devices, mirror imaging, therapeutic touch, magnet therapy, and the use of special liners and topical agents. Clinical experience has shown that, at a minimum, effective phantom limb pain management usually includes shrinking and shaping the residual limb for full weight-bearing, maintaining mobility, sleeping adequately, gently massaging

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## QUOTE OF THE MONTH

ONE . . .

One tree can start a forest;  
One smile can begin a friendship;  
One hand can lift a soul;  
One word can frame the goal;  
One candle can wipe out darkness;  
One laugh can conquer gloom;  
One hope can raise your spirits;  
One touch can show you care;  
One life can make the difference.  
Be that **one** today.

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SPOTLIGHT – by Belinda

Each month we shine our spotlight upon a member of our group or a special organization. For the first time, I have decided to shine that spotlight on someone who was featured here once before. I chose to do this, because this gentleman has experienced many changes in his life since I last interviewed him for this column, and he has touched many lives during that time providing people with motivation and encouragement. Bill Titus is a very modest man and becomes uncomfortable when someone says that he is an inspiration to them or suggests that in any way he is doing something special. He always shrugs his shoulders and says, "I am just doing what I have to do to survive and to get on with my life." It is the way he is going about his life that makes him so inspiring. I will repeat the original Spotlight column and then add some updates from a recent interview. I know that you will truly enjoy and be uplifted by getting to know my dear friend Bill a little better....

From an interview in April of 2015: Bill has lived in the Newburg area for most of his life. He has 2 children, a son and a daughter. I have been fortunate enough to meet his lovely daughter Colette and witness the strong bond that they share. Bill also has 4 grandchildren with whom he enjoys spending time. He is a carpenter by trade and has always taken pride in doing quality work. He was part of the construction company that built the Tumbleweed Restaurant chain. One of the first things that he said to group member



Mike Portman was, "I wonder what type of job I will be able to get." He has a strong desire to get back to his career field in some way, and with his talent and desire, I am sure he will find a way to accomplish this.

Bill became an amputee in Dec. of 2013 due to complications during a surgery for an aneurysm. Both legs were amputated above-the-knee at that time. He woke up from a coma, and his life as he knew it had forever been changed. In January 2014, both of his arms were amputated below the elbow.

It doesn't take much time when you meet Bill to find out that he is a man of faith in the Lord. He is a member of the Canaan Christian Church on Hikes Lane, and he attends services there weekly. He teaches Sunday school and Bible study at the church. He also leads a Bible study at the rehab facility where he has resided since leaving the hospital following his surgeries. He spends his days going up and down the halls visiting with and encouraging the other residents. He is often called upon by staff members when a new amputee comes to the facility. He has become quite the advocate for the other patients. He says that his

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Managing Pain (cont'd)

the soft tissues around the residual limb and reducing stress. Services, such as counseling (individual, family, group, and vocational), self-hypnosis, and biofeedback training are also available to help patients reduce stress and thereby improve their overall pain management.

Working Together for Success

It is not uncommon for pain associated with an amputation to seem worse at night when the activity of the day subsides and the person may feel alone. No one should despair, however. Good communication between the patient and the amputee multidisciplinary care team can help them design and implement a dynamic and individualized pain-management plan that can provide sufficient comfort over the entire day while enabling the patient to participate fully in his or her recovery and rehabilitation process.

Disclaimer: The views and opinions expressed in this publication are those of the authors and are not necessarily those of the Amputee Coalition, the Department of the Army, the Army Medical Department, or any other agency of the US Government.

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## National Physical Therapy Month 2017

Despite extensive efforts to raise awareness of and address the human toll of the opioid epidemic, Americans continue to be prescribed and to abuse opioids at alarming rates. This October, APTA will carry on raising awareness of physical therapy as a safe and effective alternative to opioids for the long-term treatment of chronic pain via its award-winning [#ChoosePT campaign](#).



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SPECIAL ANNOUNCEMENT

Bellarmine Community Partners Project

Bellarmine University Physical Therapy Dept. will once again be offering an Amputee Community Partner Project. The project is designed to help restore range of motion, strength, balance, and overall gait performance to improve the quality of movement of amputees with lower-limb loss. There is no charge for attending. Amputees are asked to go for an initial assessment where a detailed individual plan is made for achievement of their goals. This is followed by returning to Bellarmine once a week for eight weeks for physical therapy sessions. Each participant will also receive instructions on rehabilitation exercises to do at home. Following completion of the 8-week course, a final assessment is made to see how much improvement has been made. The project is being implemented by physical therapy students under the direction of Professor Dennis Lesch and Dr. Norman Ayotte. This project is a wonderful opportunity to not only improve your own mobility, but also to help these students gain hands-on knowledge of working with lower-limb amputees. Several members of *MOVING FORWARD* took part in last year's project. They all had nothing but praise for the project and all showed positive gains in their mobility. For more information, visit our website to view a flyer about the Bellarmine Community Partner Project. You can also contact Josh Bynum, a PT student at Bellarmine, by phone: 502-292-9365 or email: jbynum@bellarmine.edu.

SPOTLIGHT (cont'd)

stay there has taught him to be a more compassionate person. He also says that it has taught him to never say, "I know what you are going through." He went on to say that when you look at someone like him, it is very apparent the struggles he must go through each day, but sometimes it isn't so apparent and you can't visually see the problem, but that person may have deep emotional wounds. He stresses that is why you should treat each person you meet with compassion.

When asked what advice he would give to a new amputee, he said, "To not give up and to learn to rely upon yourself. Other people are there to help you, but you are the one that has to see it through." I went on to ask him how he has found the strength and determination to see it through. His answer was, "My trust in God." He said that the Lord promises that he will never bring you to a place that he can't keep you. He also told me of a sermon he once heard from Bob Rogers, a minister at Evangel Christian Life Center. The minister said that when an egg is cracked and the shells are all broken to pieces, you can't put it back together again. What you can do, though, is to combine it with other ingredients and turn it into something wonderful. Bill said that although there may not be much left of his physical body, he has become a better person both spiritually and emotionally since losing his limbs. He also said that he has learned to thank God in the middle of the storm, not just at the end of the storm. He said that his legacy to his children won't be money or a big house, but that they will know he was a Godly man.

Bill will soon be facing a new challenge. He will be moving to an apartment and will be living on his own for the first time since becoming an amputee. He will also be starting the process of receiving his first prosthetic legs and learning to walk using them. He has been using stubbies (shortened prostheses) and was getting quite proficient in the use of his prosthetic arms until the sockets no longer fit him. He will be getting new sockets and his new prosthetic legs in the next few months.

We ended our talk with my asking him about our support group. Bill said he appreciates the camaraderie, the love and caring that the group expresses towards each other, and the compassion they show to other amputees.

I was given a compliment recently about *MOVING FORWARD*. A lady told me that she thought it was wonderful the way members of the group had taken a tragedy in their lives and turned it into something beautiful. I think we would all agree that is exactly what Bill is doing. I know he will shrug his shoulders when he reads this part, but I have to say it. "You are an inspiration to me as well as to many others, and I am honored to be able to call you my friend."

From an interview in Oct., 2017: Much has changed in Bill's life during the past 2 years. He has moved to an apartment where he lives on his own. He does receive assistance several times a week from various aides who help him with grooming needs, housework, laundry, and errands. I remember Bill telling me while he was still in the rehab facility that he would spend a lot of time thinking how he was going to accomplish daily tasks once he was on his own. Some of those ideas worked out, but some didn't. He said that he is still constantly adjusting and trying to find better ways to do things. Bill has spent a lot of time in occupational therapy working to master the use of his myoelectric arms. He also began the arduous task of learning to walk with his new C-legs. He is able to laugh at the thought he once had that he would just be able to slap some legs on and take off walking. He said that he has had

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– 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 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!**

At our Sept. meeting at SIRH, we got into a discussion on contractures. This is a topic that, as amputees, I feel that often we don't get enough information on from our medical team. The importance of guarding against this serious complication for amputees is vital to their future mobility.

What is a contracture? A contracture can be a permanent or semi-permanent restriction of movement due to the shortening and/or structural changes in the connective tissue of the body. I have come in contact with several amputees who have permanent contractures which negatively affect their mobility. Some of these individuals' contractures are so bad that they aren't able to walk at all. Their joint has essentially become frozen in the wrong position. Why does this happen? A lot of it has to do with the time spent recovering following the initial amputation surgery or revision surgery. This time is usually spent in a bed or a wheelchair. Most receive some physical therapy during this time, but many do not receive enough. We must be educated more about the seriousness of contractures and what we must "do" and "not do" to keep them from occurring.

I am including an excellent article from the Amputee Coalition which explains what causes contractures, how to prevent them, and treatment after they occur. Please pay extra attention on how to **prevent** them.

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Preventing Contractures

– by Nicholas LaRaia, PT, DPT, NCS

The most important point in any discussion of contractures is that prevention works best. However, if a contracture does develop, there are many approaches to treatment. The best results are usually obtained through a combination of approaches, but one of the most important elements is an active exercise program.

What are contractures?

Contractures are the permanent or semi-permanent restriction of movement of soft tissues due to shortening and/or structural changes in the connective tissues of the body. Sometimes the normally elastic or stretchy tissues are replaced by stiff, fibrous tissue; this can be in skin, muscles, tendons, and ligaments. When these soft tissues surrounding the joints in the body become shortened or inelastic, a joint contracture develops that can severely limit the motion of the joint or even freeze it in one position. This occurs for a variety of reasons. Nerve damage or neurologic disease paralyzes muscles; injuries or burns will cause inelastic scar tissue; and immobilization for prolonged periods such as casting after fracture or surgery will allow structural changes and shortening to take place. Often, just inactivity due to illness or to pain in joints will reduce the range of joint motion through the changes noted above.

Why are contractures a problem for amputees?

Contractures can so severely limit joint motion that general mobility and function are affected. When joint motion is restricted, the limbs or residual limbs of an amputee cannot move through the motion they need for function and regular activity. If a below-knee (BK) amputee has a knee flexion contracture, fitting a prosthesis is difficult. If a prosthesis can be fitted, standing on it with the knee bent requires much greater muscle power and causes much quicker fatigue than standing with the legs straight. Anyone can experience this by trying to stand for 5 minutes while keeping the knees bent. The same is true for

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SPOTLIGHT (cont'd)

to learn that each step has to come from the core of his body and has to be synchronized. He has to concentrate on each and every movement. He looks forward to the day when his walking will become more natural and less deliberate.

During physical therapy sessions at Frazier Rehab, he has been able to walk up to 200 ft. at a time while using a walker. He says that he remembers asking his surgeon at Jewish Hospital how long it would be before he would be able to be up and walking. The surgeon answered by telling him that he would never be able to walk again. Bill said that those words singed his desire to prove that the surgeon was wrong and that he could and would walk again. He said he never envisioned that it would take him this long, but he is determined to see it through. He says that he strives to continually improve himself and to keep *moving forward*.

Bill recently had to have revision surgery on one of his residual legs. This setback has been difficult for him. He is not one that likes to lie around. He believes it is important to stay busy and to keep your mind active. He is now on the mend and looking forward to getting back to occupational and physical therapy. He also plans to take part in the Amputee Partner Project at Bellarmine University.

When I asked him what his goals were for the next year, his answer was to learn to drive again. He will be entering a driver's training program with Vocational Rehab soon. He looks forward to the independence that will give him. He is also planning on taking work skills training with Vocational Rehab. With his past experiences in the construction industry, he hopes to gain employment as a consultant with a company such as Lowes or Home Depot.

I then asked him just like I did over 2 years ago, what advice he would give to a new amputee. He answered that they need to realize they are going to have setbacks, and when they do happen, to not let that mess with their emotions. Instead, use it to become even more determined to persevere. He said they should never settle for a life that is less than what they desire and should constantly try to improve themselves by setting attainable goals.



Bill recently received his Amputee Coalition Peer Visitor Certification. He visits many amputees in rehab facilities and hospitals. His approach is a little different than most. He says he prefers not to wear his prosthetics when he goes on these visits. Bill

explains that by seeing how “jacked up” he is, the amputee can realize that if this guy can make it, then so can I. By being willing to share his story of tragedy, determination, and perseverance, Bill has been and will continue to be a source of motivation and inspiration to everyone he meets.

I will close by sharing a bit from a conversation that Bill and I once had. We have had many conversations during the nearly three years since he entered my life. He ended one such conversation by asking me, “Would you have ever imagined being friends with an old, cut-up, black guy from the west end?” I answered him truthfully that no, I would have never imagined it. But, now I couldn't imagine my life without such a dear friend. I am thankful every day that his occupational therapist called and asked me to visit with Bill to give him some hope and encouragement. He has been a blessing in my life ever since.

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## Q & A (cont'd)

an above-knee (AK) amputee with a hip flexion contracture. A hip flexed beyond 15 degrees makes fitting a prosthesis difficult. If a prosthesis can be fitted, standing with a normally straight spine becomes impossible and even more fatiguing because the hip muscles also attach to the spine. Many AK amputees with hip flexion contractures will likely always need a walker so they can relieve some of the strain from their flexed backs by putting weight on their hands. Now let's talk about actually making some steps. When the BK amputee with a knee contracture attempts to step with the prosthesis, he or she cannot swing his lower leg out in front of him or her, forcing a shorter step and a much more inefficient gait. Most amputees will already make a shorter step with the intact limb (if they have one). This forces the amputee to try to make steps by twisting the trunk to step out farther, exacerbating what is probably already a sore and tired back. The AK amputee with a hip contracture will not be able to use the prosthetic limb to propel himself or herself forward because he or she cannot push the hip back. Watch people walk, or look at a picture of people in motion and you can see how the hip normally extends out behind them. When the hip is limited to a flexed forward position, the natural rhythmic left-right propulsion of stepping is lost. A study from the University of Pittsburgh showed that when all factors were considered, the absence of joint flexion contractures was the most important predictor of successful early prosthetic use. Upper-extremity amputees will have a difficult time reaching forward to grasp or hold objects if they cannot extend the elbow or reach up with the shoulder. Normal activities that require both hands cannot be performed. This can affect dressing, cooking, grooming or eating.

### What can amputees do to prevent contractures?

Prevention is certainly the best approach to dealing with contractures because they are extremely difficult to stretch out once they develop. Unfortunately, most amputees have spent a lot of time trying to salvage a limb or confined to bed with multiple medical problems before the amputation surgery itself. Limited time spent up and normally moving about is the likely cause of most contractures. Lying in a hospital bed with the head of the bed up and the knees bent up or pillows under the knees is a sure way to induce contractures at the hips and knees. Similarly, lying in bed with the elbow bent up on the chest most of the time will result in a contracture at the elbow. Some studies have indicated that at least 5 to 6 hours of activity per day is required to maintain normal joint motion, regardless of time spent stretching every day. Stretching can certainly help, but activity and exercise are even more important for maintaining joint range of motion, especially when someone is limited to bed activity or wheelchair activity. A physical or occupational therapist can be very creative in developing an exercise and activity program in such a restricted setting.

### How can amputees manage or get rid of contractures once they have them?

Stretching out contractures can be very difficult to impossible. How tissues elongate and what mechanisms can facilitate this are not well-understood. Therapists can manually stretch contracted joints, amputees can self-stretch and static splints and spring-loaded dynamic splints have been used. Even a process called serial casting has been used to stretch out contracted joints. A series of casts is applied to the contracted joint (serial casting), each one stretching out the joint more than the last one over time. This works much more easily with distal joints such as ankles, knees, wrists and elbows, but not so easily for hips and shoulders. The process is lengthy, uncomfortable and even more restrictive, as the cast itself is heavy and bulky. Other techniques use heat with stretching. One study showed that ultrasound treatment added to prolonged stretching worked better than prolonged stretching by itself.

It takes lots of time and hard work to stretch out a contracted joint, and stretching alone won't get it done. It is very important that active exercises are used along with stretching for more sustained rather than temporary increases in joint range of motion. Consult a physical therapist for appropriate exercises, activities, and a stretching regimen to improve joint movement.

### Are orthotic devices useful?

Orthoses and static and dynamic splints can help limit contractures at the ankles, knees, or elbows when a person is confined to a bed or chair for a long time. A common contracture at the ankle is the “foot-drop” position, and this can be avoided with night splints. These devices can also help stretch out already contracted joints, but the

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## LET'S GET MOVING! — by Belinda

Autumn is a wonderful time of year. Although in our area, it doesn't seem to last very long. It seems as though we go from hot, humid days to cold, breezy days much too quickly. So when we are blessed with this wonderful gift of nature, we need to take full advantage of it. I did just that this past week. Shelton and I took our grandsons, Carter (10) and Deklan (6), to the Henryville State Forestry for a hike and a picnic. I knew to hold their interest and not hear a chorus of "this is boring", that I had to make it a challenge for them. They are let's just say *very competitive*. I made a game of who could find the coolest thing. I then took pictures of all the cool things we found. We also had balance beam competitions on fallen



trees and rock skipping and throwing competitions. There was no trail, so we just made our way through the woods enjoying nature. On the way back, the boys took turns leading the way. Since we didn't take a trail, this was more of a challenge. I had made sure to point out landmarks along the way for them to remember. We then took them to the fire tower, which they insisted on climbing. I didn't join them on that



excursion. We then enjoyed the views from the overlook. By this time, we were starving so we had a picnic followed by a game of touch football. If you have been around young children recently, then you know they *do not* run out of energy. Shelton and I both paid for it the next day with exhaustion and muscle aches and pains, but I wouldn't miss that special day for any amount of exhaustion or aches and pains.

I have had to change my definition of hiking during the last few years. Before losing my leg, a hike consisted of 10 miles of rugged terrain. Now my definition of a hike includes any amount of time or distance walking in a wooded area. I may not get my heart pumping quite as hard or work my muscles nearly as much, *but you know what?* It still feels great! The fresh air and change of scenery does wonders for my self-confidence. I encourage you to get out and take a hike this autumn. Yes, you, too, may have to change your definition. Your hike may be in a wheelchair or using a walker or cane. It may be down a short path at a local park or an accessible trail at a state park, whatever you feel comfortable doing. You don't have to push yourself too hard. Just take your time and enjoy it. You will be working muscles that you may not have used for awhile, increasing your endurance and improving your balance. Spending some time outdoors can also do wonders for our state of mind. Seeing and appreciating the beauty of nature can lift our spirits and help to lessen depression.

**MOVING FORWARD** is holding our Fall Picnic and Walk & Roll Oct. 14th at Community Park in New Albany. See details in the **UPCOMING EVENTS** section of this newsletter. For those who wish to take part, we will be going on a "hike" on the 1-mile paved path around the beautiful lake. A shorter and longer course will also be available. This would be a great opportunity to give hiking a try along with friends and family. So come on everybody, take advantage of these perfect autumn days, and **let's get moving!!**

~~~~~

Q & A (cont'd)

emphasis is on "help stretch," since it takes active exercise in addition to splints or orthoses to increase the motion in a restricted joint. In fact, some research shows that exercise alone is more important than the prolonged stretching provided by a dynamic splint in stretching a contracture.

~~~~~

## I'm Moving Forward . . .

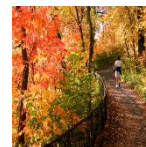
Each month we are including a picture of one of our members **moving forward** after limb loss.

Dorothy May **moving forward** from wheelchair to cane. Great job, Dorothy!



\*\* If you have a picture that you would like to submit, please send it to Julie or Belinda. \*\*

~~~~~



FUN WITH WORD SCRAMBLES

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

RHDIEYA () _____
 EERWIN SRTOA ____ () _____
 MPSIKUNP _____ () _____
 OGEILFA ____ () _____
 RCNO AMZE ____ () _____
 PALEP NCPKGII _____ () _____

_____ IS A GREAT WAY TO DISCOVER ALL THE BEAUTY OF AUTUMN.

~~~~~

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



To register go to [krogercommunityrewards.com](http://krogercommunityrewards.com) or visit the customer service desk at your local store. **MOVING FORWARD** Limb Loss Support receives a percentage of your purchases & it does not take away from your Kroger points in any way.



## SEPTEMBER RECAP

Our first activity for the month involved taking part, along with over 500 area not-for-profit's, in *Give for Good Louisville*. We decided to try something different this year to draw attention to *MOVING FORWARD*. Our group held an open house at the Okolona Fire Station and interviewed group members and local officials throughout the day. This was hosted by Belinda Jacobi and Mike Portman, with Belinda doing the interviews and Mike serving as cameraman. We were honored to be visited by Councilwomen Vickie Welsh and Madonna Flood, as well as KY State Representative Al Gentry. Fire Chief Gosnell also stopped by for an interview. Many group members shared their inspirational stories, and we were entertained by Philip Randolph on drums, Kelly Reitz singing, and the duo of Frank Curry and Jolene Foley sang and played guitar. Kelly and Billy Parker represented the group at the Mid-Day Rally at 4th Street Live. We raised over \$1,500.00 in donations and will also be receiving some prize money in October according to our total number of donors. It was a great day of fundraising, spreading the word about our organization, and connecting with other area not-for-profit's. Visit our website at [ampmovingforward.com](http://ampmovingforward.com) to get a link to an interview with WDRB news and an article for the Voice Tribune.



At our Sept. meeting at SIRH, attendees discussed a variety of topics, and Kelly gave a presentation on adaptive exercise and Zumba.

Our Louisville meeting included special guests from the Bellarmine University Physical Therapy Dept. who informed us of their upcoming Community Partner Project. Please see the special announcement about this project on Page 3 of this newsletter.



Group members officially kicked off **MOVING FORWARD's 3rd Annual Sock Drive for the Salvation Army** at this meeting. The sock drive will run until our Oct. 28th meeting which is on "Make a Difference Day". Please see the feature article on page 1 for details.

Our Annual Business Meeting and Election of Officers were held following the Louisville monthly meeting. After discussion, the group voted to begin holding its Louisville meeting at Norton Brownsboro Medical Plaza One beginning with the Oct. 28, 2017, meeting. Elections were held and the elected officers are as follows:

President – Belinda Jacobi  
Vice-President – Kelly Reitz  
Treasurer – Julie Randolph  
Secretary – Elaine Skaggs  
Board Member-at-Large – Mike Portman



### *Thank You to the Amputee Coalition!*

**\*\* We want to thank the Amputee Coalition for allowing us to use their articles in our newsletters. We also want to thank them for the many brochures and publications that they provide to our group. It is not the intention of the Amputee Coalition to provide specific medical or legal advice but rather to provide consumers with information to better understand their health and healthcare issues. The Amputee Coalition does not endorse any specific treatment, technology, company, service or device. Consumers are urged to consult with their healthcare providers for specific medical advice or before making any purchasing decisions involving their care. \*\***

## OCTOBER UPCOMING EVENTS

### MEETINGS:

Oct. 16th, Mon., from 6:30 - 8:00 pm at Southern IN Rehab Hospital, 3104 Blackiston Blvd., New Albany, IN, in the Conference Room. Guest speaker will be S. Kyle Young, M.D. Dr. Young is board certified in the specialties of pain management and anesthesiology. He will discuss the latest in treatments for pain specific to the amputee population; including a new technology developed by St. Jude Medical/Abbott called DRG Therapy. You won't want to miss this opportunity to learn about technology that can provide relief to people struggling with chronic pain, allowing them to get back to enjoying life again.



Oct. 28th, Sat., from 2:00 - 4:00 pm at Norton Brownsboro Medical Plaza 1 in Community Room 301B. A special presentation will be given by Marsha Danzig. Marsha is a yoga instructor, author, and motivational speaker. Many of you may have met her at the 2017 Amputee Coalition National Conference where she instructed the yoga classes. Marsha will share how yoga can provide health, wellness, freedom of movement, psychological healing, and spiritual renewal.



The Oct. 28th meeting will be held at our new Kentucky location!!!

Also at the Oct. 28th meeting, David Yarmuth with the Salvation Army will be there to accept our "Make a Difference Day" donation.

This presentation will be shown live on *MOVING FORWARD's* Facebook page.

**Special Note:** We will be having a **Silly Sock Contest**, so wear your silliest socks and join in the fun. You may even win a prize, and we will be taking a picture to be shared on the "Make a Difference Day" Facebook page and our website.



### EVENTS:



Oct. 14th, Sat., *MOVING FORWARD* will host its Fall Picnic and Walk & Roll at Sam Peden Community Park, 3037 Grant Line Rd., New Albany, IN. The picnic will begin at noon with games at 2:00 pm and the Walk & Roll at 3:00 pm. We will be at Shelter #2, which is the 1st shelter on your right upon entering the park. Watch for our signs. The group will provide chicken, burgers, hot dogs, buns, condiments, drinks, and utensils. You are asked to bring a covered dish if you can. The Walk & Roll will take place on the 1-mile paved pathway around the beautiful lake. It is wheelchair accessible. You can join in or just cheer the participants as they return. A playground and a handicapped accessible restroom are near the shelter. **We want to thank Southern IN Rehabilitation Hospital for once again sponsoring this event!!** Please plan on attending and bring your family and friends!!

Nov. 29th, 8:00 am, at the Mellwood Art Center, 1860 Mellwood Ave., Louisville, Tara Bassett has invited us to attend a Bridge Builder Breakfast for Bridgehaven Mental Health Services. There will be a free breakfast and speakers telling about the many programs offered at Bridgehaven. If you would like to attend with the group, please contact Belinda.

To keep up with our latest news, upcoming speakers and events, check out our website at [ampmovingforward.com](http://ampmovingforward.com) or find us on Facebook under *Moving Forward Limb Loss Support*.





## Krafty Kids ..... by Beverly

Below are 2 healthy but fun snacks for the children to eat during this Halloween season. Hope everyone has a safe and fun Halloween! :)

### Banana Ghosts and Tangerine Pumpkins

#### BANANA GHOSTS:

##### Ingredients:

Bananas  
Regular-sized chocolate chips  
Mini chocolate chips

##### Instructions:

Peel bananas and cut in half. Use regular-sized chocolate chips for the mouth and mini chocolate chips for the eyes. Stick the chocolate chips into the banana with the pointy end to make a face.

#### TANGERINE PUMPKINS:

##### Ingredients:

Tangerines  
Celery sticks

##### Instructions:

Peel tangerines and leave whole. Insert a piece of celery in top to make a stem



## ..... from Beverly's Kitchen

### CONTEST-WINNING CHOCOLATE CHIP PUMPKIN BREAD RECIPE

Below is a delicious recipe that would be tasty to have as part of breakfast or as a dessert during this Fall holiday season. Hope you enjoy!

A touch of cinnamon helps blend the chocolate and pumpkin flavors in this tender bread. And since the recipe makes two loaves, you can send one to a bake sale and keep one at home for your family.

**MAKES:** 32 servings **TOTAL TIME:** Prep: 15 min. Bake: 1 hour + cooling

#### INGREDIENTS

3 cups all-purpose flour  
2 tsp. ground cinnamon  
1 tsp. salt  
1 tsp. baking soda  
4 eggs  
2 cups sugar  
2 cups canned pumpkin  
1-1/2 cups canola oil  
1-1/2 cups (6 oz.) semisweet chocolate chips

#### DIRECTIONS

In large bowl, combine flour, cinnamon, salt & baking soda. In another bowl, beat eggs, sugar, pumpkin & oil. Stir into dry ingredients just until moistened. Fold in chocolate chips.

Pour into 2 greased 8x4" loaf pans. Bake at 350 degrees for 60-70 mins. or until toothpick inserted in center comes out clean. Cool for 10 mins. before removing from pans to wire racks.

**YIELD:** 2 loaves (16 slices each).

#### NUTRITIONAL FACTS

1 slice: 234 calories, 13g fat (3g saturated fat), 27mg cholesterol, 123mg sodium, 28g carbohydrate (17g sugars, 1g fiber), 3g protein



## Don't Forget!!

### MOVING FORWARD is Moving!!

Our KY meeting will be at Norton Brownsboro Hospital Medical Plaza 1, 4950 Norton Healthcare Blvd., Louisville, in Community Room 301B from 2 - 4 pm, beginning with our meeting on Oct. 28th. The room is on the 3rd floor, directly across from the elevator. We hope to see you there!

We're moooving!



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### FUN WITH WORD SCRAMBLES ANSWERS (from Page 6)

HAYRIDE, CORN MAZE, PUMPKINS, FOILAGE, WEINER ROAST, APPLE PICKING

**H I K I N G** IS A GREAT WAY TO DISCOVER ALL THE BEAUTY OF AUTUMN.



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