MOVING FORWARD

EDUCATION
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LIMB LOSS SUPPORT GROUP

NEWSLETTER ◆ 52nd Edition ◆ Dec. 2017 ◆ "Special Holiday Issue"

Christmas Memories

– by Belinda

The holiday season is upon us. It is a wondrous time of year filled with family and friends. We seek to carry on family traditions and often look back at memories of past Christmases when we were children. My family was quite poor when I was young, but magically on Christmas morning those gifts would appear beneath the tree. The stockings which consisted of my father's old work socks were always full to the brim of special treats that we could not afford any other time of the year. My bed was a couch beside our old coal burning stove, which was quite convenient on Christmas morning, because I was right next to the Christmas tree. How Santa got those gifts in without me hearing him, I'll never know, but the minute I opened my eyes on Christmas day, there they were wrapped in beautiful paper and shiny bows.

I am sure that you all have some special memories of Christmas from your childhood. Seeing the joy and magic of the holiday season through the eyes of a child can warm even the coldest of hearts. As I became an adult and had a son and grandsons of my own, the joy of Christmas took on new meaning as I have shared in their holidays, making many more lasting memories that they will pass on to their children.

This special holiday issue of our newsletter is dedicated to the children in our lives. I hope you will read the SPOTLIGHT section where I interview several of the children in our support group. We think of an amputee support group as being a place where amputees can find much needed support and information, but it can also be a place of comfort and belonging for our children and grandchildren.

When someone loses a limb, it affects everyone close to them. For the amputee, we often feel a loss of independence and a fear of the unknown. Our children and grandchildren are also faced with this fear, and it is important that we not get so caught up in ourselves that we forget our responsibility to them. I was quite touched during my interviews by their heartfelt expressions of love and emotions, their maturity, and their wisdom. They, indeed, are the greatest gifts that we have ever received. Their love heals our hearts. They challenge us to try new things. They inspire us to keep *moving forward.*

AMPUTEE COALITION

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Congenital Limb Deficiencies and Acquired Amputations in Childhood

– by Douglas G. Smith, MD

Limb loss is always devastating, both physically and emotionally. I've frequently told patients who have lost a limb or are facing the prospect of losing one, "You are going through something that no one should ever have to go through."

Limb loss is, however, especially devastating whenever it happens to a child. Sometimes, limb loss in children results from birth defects, cancer or severe infections. In other cases, a traumatic injury from a lawn mower or traffic accident is the reason. Limb loss deeply affects the child and his or her brothers and sisters. It is especially difficult for the parents. Everyone becomes involved in issues concerning surgery, recovery and rehabilitation. The goal of this three-part series is to provide insights about congenital limb deficiencies and acquired amputations in childhood that will be helpful to parents, children and pediatric healthcare professionals.

There are two main categories of limb loss in children: congenital limb deficiency and acquired amputations. A congenital limb deficiency is present at birth. It can involve either the upper or lower limb. Unfortunately, there are also rare instances when multiple limb deficiencies occur. Though congenital deficiencies can be the complete absence of a limb, more commonly, part of the limb is missing and the remaining portion has not formed normally. Sometimes, surgery is performed to straighten the limb or to address limb length inequality. At other times, surgery may be recommended to reshape the limb to enhance prosthetic fit and improve prosthetic use. Surgery is much more commonly recommended for lower-limb congenital deficiencies than for those involving the upper limbs.

In the upper limb, congenital deficiencies most frequently involve the hand. Fortunately, a child can retain quite a bit of function with an upper-limb deficiency, even if a large part of the limb is missing and there are major deformities. It's rare to perform upper-limb surgery early in the child's life. It may take time to determine whether the child can effectively grasp and manipulate objects with the involved limb. Rudimentary digits, even if unable to physically grasp objects, may be able to control switches and sensors to enhance prosthetic use. We try to save any parts of the upper limb that may have functionality.

In the lower limbs, minor deficiencies may not need much treatment at all. They may, however, indicate a subtle but more serious involvement of the leg, hip or even the spine. A child with even minor toe or foot deficiencies should have a full orthopedic evaluation of his or her extremities and spine.

Lower-limb congenital deficiencies are evaluated to determine their ability to withstand the forces of weight bearing and walking and to assess the comparative lengths of each leg. Surgery may be necessary to modify the residual limb for a prosthesis so that it will tolerate weight bearing and walking. Congenital deficiencies often lead

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SPOTLIGHT

– by Belinda

One of my favorite things about writing the newsletter is doing the interviews for the SPOTLIGHT column. As you know, each month we shine our spotlight on a member of our support group or a special organization. During the last 4 years of interviewing members, I have shared many a laugh and sometimes a few tears. This month is no different. For the holiday issue, I decided to talk with some of our youngest members. Before their interviews, I cautioned the parents and grandparents not to coach them. Their openness and honesty was what I was looking for. Some of their responses truly amazed me. I trust that you will enjoy reading their thoughts and getting to know them a little better....

Let's begin with Kelly's two children, Grant and Abby. For those of you who have met Grant, you know that he is all boy and a bundle of precocious energy. He wanted to share with our readers that he is 7 years old, and in the 1st grade. His favorite subject is math, because it is fun (just wait until he takes Algebra). Grant likes to play basketball. His favorite thing about Christmas is opening presents and playing with them. When I asked him what he liked about our support group, his answer was (and remember, I said to be honest): "The food!" He does love to eat!

Grant's sister Abby is 9 and in the 3rd grade. She also likes math. The reason is because you learn things like 36 ÷ 6 = 6. Pretty impressive, and you can't beat that logic. She likes to play soccer and the piano. Abby enjoys parties at Christmas. She said that she likes to come to our meetings and she likes being a helper. Her face beams when I ask her to pass out papers or to help me with anything.

I also interviewed two of Mike's grandchildren, Maggie (Margaret Ann) and Cameron. Maggie is 7 and in the 1st grade. Her favorite class is Humanities because that is where they sing. She also likes reading, volleyball, and T-ball. For Christmas she loves to open presents, decorate the tree, shop, and make gingerbread houses and cookies. Her favorite thing about *Moving Forward* is our parties. She also wants us to know that she learned to help her Papaw put his leg on.

Cameron is in the 6th grade and is 11 years old. His favorite class is music, and he enjoys playing the violin and practicing the cello. He also plays baseball. He likes coming to our meetings with his Papaw and has learned that amputees are people just like everyone else. Cameron and Maggie were brought up with amputees on both sides of their family. Along with Papaw Mike, their Uncle Steve was an amputee. Steve passed away in January of 2017. Cameron said, "I always liked to spend time with Uncle Steve playing video games and watching movies. I miss him now."

Elaine's granddaughters, Kaelyn (9-1/2) and Hannah (12), agreed to share with us a little about themselves. Kaelyn is in the 4th grade and likes to read. Her favorite book is Wonder. She enjoys playing outside, doing gymnastics, and playing the violin. Her favorite holiday is Christmas, and she likes to open presents and play Christmas games. She likes that the support group helps people and lets them help others, too. Kaelyn has learned that amputees are just normal people, and they love to do things that other people like to do. She wants us all to know that she loves

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Congenital Limb Deficiencies and Acquired Amputations in Childhood (cont'd)

to complex surgical decision-making, prosthetic fitting, and rehabilitation that are as unique as the deficiencies themselves. Most often, decisions are not rushed into and are made only after much thoughtful discussion, a thorough understanding of all of the issues and several evaluations to assess the limb's potential growth and function.

I continue to be amazed by the perseverance, ability and strength of these young individuals and their families. I believe that the noted 17th century French academic Jean De La Bruyere was certainly correct when he stated, "Out of difficulties grow miracles."

Congenital Limb Deficiencies

Preventing birth defects has been the mission of the March of Dimes since its inception in 1938. President Franklin Roosevelt, himself a polio victim, founded the National Foundation for Infantile Paralysis in 1938 to find a cure for this deadly disease. Later that year, a radio announcer urged listeners to send dimes to the White House to pay for research to find a cure for polio. This was the beginning of the March of Dimes. Here, in the 21st century, its website, http://www.marchofdimes.com, provides valuable information on pregnancy, babies, folic acid, premature births, birth defects, and other issues pertaining to children and their families. In addition, data collected by the March of Dimes helps us put congenital limb deficiencies in perspective.

Birth defects can happen anywhere in the body, and any birth defect can be heartbreaking. About 150,000 babies are born with some form of birth defect each year in the United States – a ratio of one out of every 28 newborns, according to the March of Dimes. While this is a large number, it includes the full range of birth defects, including those involving the heart, kidneys, other internal organs, spine and the external musculo-skeletal systems. The causes of 60 to 70 percent of these birth defects are unknown.

Specific birth defects involving the arms or legs are called congenital limb deficiencies. The overall rate of congenital limb deficiencies is 0.3 to 1 per 1,000 live births in the United States – affecting an estimated 1,500 to 4,500 children per year. Researchers say 58.5 percent of all limb deficiencies in newborns involve the upper limb. Less than half involve the lower limb. A much smaller percentage of these children have involvement of upper and lower limbs. Like the causes of all birth defects, the specific causes of congenital limb deficiencies are frequently unknown.

Genetic factors are sometimes involved. Each of us has about 25,000 genes, according to the latest research in the ongoing effort to map the human genome. An abnormality in just one gene can cause birth defects. Other birth defects appear to be caused by both genetic and environmental factors. Environmental factors might include drug or alcohol abuse during pregnancy, infections, and exposure to certain medications or chemicals. When birth defects are linked to both genetic and environmental factors, we call it multifactorial inheritance. Examples of these types of birth defects are a cleft lip or palate, equinovarus (commonly known as clubfoot), and some heart defects. While some limb deficiencies do have a genetic factor, it is not always easy to figure out where the abnormal gene came from. We generally think of genetic traits as always being passed down from the mother and father, but with limb deficiencies this often is not the case.

Sometimes, genetic problems happen spontaneously. This is called a point mutation, when an abnormal gene occurs uniquely in the embryo. Neither parent has the genetic abnormality; literally, it just happens.

Once a person has such a genetic abnormality, even if it occurs spontaneously and has never occurred before in either side of the family, it is now in that person's DNA. Some genetic abnormalities can be passed on to future generations, but it's important to note that others are not. While the defect may be in a person's DNA, it does not automatically mean that a limb deficiency will be passed on to future generations. Counseling with a geneticist can help determine if a risk is present.

Scientists believe that in most cases no outside agent is to blame and the cause of the genetic mutation simply isn't known. Limb development begins in the fourth week of gestation and is nearly complete by the eighth week. If an outside agent, such as a hazardous chemical or medication, is involved in transforming a specific gene or affecting limb development, exposure would occur within four to six weeks after conception, a time when most women are not aware that

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SPOTLIGHT (cont'd)

her "grandmaw" dearly!

Hannah is in the 7th grade and likes Social Studies. She said that the teacher makes the class fun, and she loves learning about world history. Hannah is in the Performing Arts Program and the Gifted and Talented program at her school. She likes to hang out with her friends, play volleyball, and the violin. Her favorite thing to do during the holiday season is to decorate the house. One of the things that Hannah likes about the support group is, "I love how if there is ever a problem that you have there are other people in the group that have gone through similar things that you can talk to." She has learned that being an amputee doesn't stop anyone from doing anything. She also wanted to share a special memory. She said, "I remember my grandma laying in the hospital room with her leg gone, and she was smiling, laughing, and telling one-legged jokes. This stood out to me, because she was lying in the hospital bed after her accident, and she was just happy to be alive. She didn't let anything bring her down."

Paul's grandchildren Lochlan, Abby, and Madison frequently attend meetings with him. I love how they take part in the conversations and aren't afraid to speak up or ask questions. Lochlan is 7 and in the 1st grade. He likes gym class, because you get to run and play games. He doesn't play any sports now, but plans to join track & field like his sisters when he is in the 3rd grade. His favorite thing about the holidays is being with his family. He likes the support group because the people are nice, and you learn that they are the same as you. Lochlan really enjoyed the chili supper and getting to play with a lot of the other kids.

Abby is in the 5th grade and is 11 years old. She likes history class the best, because she is learning about the colonies. She said that she likes to learn about different places and different people. Abby takes part in several sports including gymnastics, volleyball, basketball and track & field. She, too, said that being with her family is her favorite part of the holidays. Abby said that it made her feel better coming to the meetings, because she didn't know any other amputees except for her grandpa. She is very protective of her grandpa. She told of being with him in Kroger when he fell. He couldn't get up, so she covered him up with her coat and then went to get help. When I asked Abby if there was anything different she would like to see our support group do, she answered, "No, I think it's just perfect the way it is." You can't beat that, so thank you, Abby, for that compliment. It means a lot to me.

Madison is 14 and in the 9th grade. She loves her English Literature class, because she can express herself through writing. I see a new columnist for our newsletter on the way. She also likes to listen to country music, and her favorite singer is none other than country legend Johnny Cash. In sports, Madison takes part in basketball and throws the shot put and discus in track & field. For the holidays, she loves that Santa comes to her Grandma's house and all the excitement when everyone opens their presents. She enjoys the support group and likes the love and support that the members give each other. It has also helped her to meet other family members of people who are amputees. She said that it helps to realize that you are not the only kid who is going through this situation. Madison is a very mature and responsible young lady and took turns staying with her grandpa

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Congenital Limb Deficiencies and Acquired Amputations in Childhood (cont'd)

they're pregnant.

Several toxins, medications and even vitamins are indeed known to affect limb development. The most notorious is thalidomide, a medication prescribed in the 1950's and early 1960's to help relieve nausea in early pregnancy. This led to a number of children, mostly in Europe, who were born with very short upper limbs, often with the hands attached up near the shoulders. These children frequently had severe deficiencies in their legs as well.

In very high doses, retinoic acid (Vitamin A) may affect limb development. Isotretinoin, which is closely related to Vitamin A, is used by some as a treatment for severe acne. Isotretinoin (sold under several brand names, including Accutane) has been linked to birth defects and is not advised for women who are pregnant or who may become pregnant while taking the medicine. In August, the US Food and Drug Administration (FDA) announced a new national registry with strict guidelines to protect the unborn from side-effects from Accutane and the generic forms of isotretinoin. Under the program, a person must enroll in the national iPLEDGE computerized registry starting December 31, 2005, to receive Accutane or generic versions of isotretinoin. In addition, doctors must register to continue prescribing these drugs, while pharmacists and wholesalers are required to register to continue shipping supplies.

Amputations Resulting From Traumatic Injuries and Disease

The second main category of limb loss in children is acquired childhood amputations. Acquired amputations can be the result of cancer, trauma, or severe infections. There are also unique abnormalities of blood vessels or nerves in children that can result in acquired amputations. One abnormality of the blood vessels is called severe hemangiomas. Another example is an abnormality of the nerves that causes congenital insensitivity to pain. In this condition, a child does not have feeling in his or her feet and an amputation may be required after repeated trauma, ulcers, and infections. While these are congenital problems, the amputations are considered acquired because they happen later in life and result from complications of the disease.

Acquired amputations in children require surgical procedures, rehabilitation and prosthetic fitting that are very similar to those for adults, with one major exception: the child will continue to grow. Unfortunately, it's not always easy to predict whether the residual limb will grow and change proportionally to the other side. This can lead to the need for many modifications and adjustments of the child's prosthesis – far more, in fact, than those required for a full-grown adult. The child's prosthetic device may need to be lengthened and the socket changed more frequently because of growth factors.

Injuries are the leading cause of death and disability in children after infancy. Disabling injuries resulting from lawn mowers, traffic accidents, fireworks, power tools, farm equipment, gunshot wounds, or axes or hatchets can require amputation. Less common, but not unheard of, are trauma injuries involving train accidents, horseback riding, ropes or netting, chains, sharp metal, doors, vehicle fan belts, glass, meat slicers and escalators that result in amputation.

It's difficult to find any national figures for the number of childhood amputations resulting from trauma that occur each year, but looking at regional findings provides some insights. I took part in a study of 74 children admitted to a Seattle trauma center over a 10-year period for amputation or salvage injuries. Boys sustain these injuries much more often than girls – 70 percent vs. 30 percent – and, surprisingly, one-third of all of these injuries occurred to children under the age of 5. The two main causes of amputation in children were lawn mowers and crush injuries.

While the causes of the injuries in our study varied, certain findings were striking. Lawn mowers were the single most common cause of injuries and accounted for nearly half of the injuries to young children. Those under age 5 sustained nearly one-third (32 percent) of all the injuries in this research study, with more than half (57 percent) resulting in amputation. Nearly half (46 percent) of these injuries were due to lawn mower accidents.

Researchers in Minnesota had some similar findings. There were 256 amputations in 235 children at a Minneapolis hospital between 1980 and 2000. Traumatic amputation was caused by lawn mowers in most (69) of those cases, followed by farm machinery (57), motor vehicle accidents (38), trains (20), and miscellaneous mechanisms (51). Fifty-four of the children with lawn mower amputations – 78

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SPOTLIGHT (cont'd)

at nights while he was in the hospital. She wanted to share that her grandpa is her best friend and that we should never take people for granted.

I will end with my two grandsons who both have December birthdays. Deklan will be turning 7 and Carter will be 11 years old. Deklan is in the first grade and loves school. He actually doesn't like it when they are on school break. He likes math the best, because he likes to learn about numbers. He also likes to count money which could explain why Monopoly Jr. is his favorite board game. Deklan is very artistic and loves to draw and play music. He recently started taking gymnastic classes, and you are more apt to see him doing flips and cartwheels than walking. It is not uncommon to see him doing cartwheels through a parking lot. Tennis and soccer are his other sports. He also loves electronics and when he is not doing cartwheels, you will most likely see him with an electronic device in his hands. His favorite app is Roblox, because it has over 100,000 games. I guarantee you he has played most, if not all of them. He said that he likes to come to Nana and Poppop's house during the holidays to play games and make cookies. He also likes to do our version of Elf on the Shelf which is called Finding Peppermint. His favorite thing about *Moving Forward* is making new friends. He said that some amputees don't think they can do things, but they find out that they can. He wants everyone to know that he really loves his Nana and Poppop.

It is hard to believe that Carter was only 2-1/2 when I lost my leg. We have had quite the journey together. He is in the 5th grade and loves social studies. From the time he was very small, he has always enjoyed looking at maps and learning about the world. He, too, enjoys electronic games, with his favorite being NBA 2K17. He plays tennis, basketball, and baseball, and takes his sports quite seriously. That is why he gets agitated with Deklan when we are playing sports and Deklan does cartwheels between points. He has also always enjoyed building things. One of his favorite activities to do for the holidays is when we build a Christmas city each year that covers our entire living room floor. I always have to agree to leave it up for several days, which makes getting around my living room pretty tricky. He enjoys going to all of our events and playing with all the kids. Carter has enjoyed getting to know members of the group and has made quite good friends with Reid and Patrick Hester. He said that he learned from Reid that kids who are amputees can do anything that other kids can do. Carter also said that adults can, too, and that they shouldn't let being an amputee stop them from doing things.

Wow, we have some amazing kids in our group! If we take the time to listen, we can learn a lot from them. I hope you have enjoyed getting to know them a little better. I know I did!

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Our hearts grow tender
with childhood memories
and love of kindred, and
we are better throughout the
year for having, in spirit,
become a child again at
Christmas-time.
~ Laura Ingalls Wilder

QUOTE OF THE MONTH

Congenital Limb Deficiencies and Acquired Amputations in Childhood (cont'd)

percent – were age 5 or under. Most of the amputations (165) involved the lower extremity.

The circumstances involving lawn mower injuries are frequently misunderstood. The majority of lawn mower injuries I see in the Pacific Northwest involve riding lawn mowers. Frequently, a child, who is sitting on the lap of mom, dad or a grandparent, falls off and the blade strikes an arm or leg. Many adults think that it will be fun for the child to ride on their lap while they're mowing the lawn and they don't realize the danger. After an accident occurs, they're devastated. At other times, the child is playing in the yard while the riding mower is in operation and the child runs up behind or in front of it and gets hit. The operator often can't hear the child over the noise of the mower. The safest thing is to never have a child ride in your lap while you are mowing the lawn and to never allow children to play in the yard while you're mowing. I believe that these injuries are preventable.

Pediatric limb deficiencies and amputation affect us all profoundly. We wonder how God could allow this to happen to a child. I do not believe that we will ever be able to understand the reasons why, but I am continually amazed by the resilience and determination of all who are touched by these courageous young individuals.

"Never does a man know the force that is in him till some mighty affection or grief has humanized the soul." – *Frederick W. Robertson*

Acknowledgement

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The American Journal of Bone and Joint Surgery, "Demographics of traumatic amputations in children. Implications for prevention strategies," by R. Loder. 2004 May; 86-A(5): 923-8.

For more Amputee Coalition stories on childhood limb loss or limb deficiencies go to the following links:

https://www.amputee-coalition.org/resources/amputations-in-childhood-part-2/
https://www.amputee-coalition.org/resources/amputations-in-childhood-part-3/
https://www.amputee-coalition.org/resources/amputations-in-childhood-part-4/
https://www.amputee-coalition.org/resources/coping-with-a-siblings-disability/
https://www.amputee-coalition.org/resources/childs-best-advocate/

I-CAN International Child-Amputee Network provides a wonderful website for children with limb loss or deficiencies at https://www.childamputee.net.

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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.

ELTSIN GTIHN (__) __ __ __ __ __ __ (__) __ __ __
YWAA NI A GMEARN __ __ __ __ __ __ __ __ __ (__)(__) __ __
TWEIH SSTCARIHM __ __ __ __ __ __ __ __ __ __ __ __ (__) __
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GJEILN LSEBL __ __ __ (__) __ __ __ __ __ __ (__)

THESE ARE ALL FUN CHRISTMAS __ __ __ __ __ __ __ __ __ __.

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Q&A

– by Belinda

Our Q&A section is provided so that our readers can submit a "?" and then I, in turn, ask some of the members of the group for a response. From time to time, I also do some research from various informational sources so 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!**

For the month of December, I have chosen to deal with the topic of holiday stress. I have addressed this topic in past years during the holiday season, and I am going to borrow from some of those past columns to provide some answers this year. In general, most people feel more stressful this time of year. Our daily lives are often already overcrowded with activities, and then we add in all the shopping, cooking, cleaning, decorating, school activities, church functions, parties, and get-togethers. It makes me tired just listing them all!

When I asked group members how they deal with the added stress the holidays bring, I noticed the answers all revolved in taking a little time for oneself. Does this sound selfish during what is known as the 'season of giving'? The answer is, "Not at all." In order to be able to give our best to others, we have to also learn to give our best to ourselves. I am not talking of monetary things here. For I think we all know in our hearts what really counts is the giving of our time and of our love or compassion. We need to learn to share some of that time and compassion with ourselves. Setting aside a little time to relax can make a huge difference in our holiday mood. So how do *Moving Forward* members de-stress during this busy time of year? Valerie enjoys doing crafts. Beverly likes to go outside and get some fresh air and sunshine. Philip unwinds with a mug of hot chocolate. Colleen goes for a run to relieve stress. Shelton watches sports on TV to get his mind off of things. Kelly and Sam both mentioned taking some time to think about their blessings in life as a way to help them to relax. I enjoy seeing the beauty of the holiday season by going on a holiday home tour or visiting a garden center such as Walnut Ridge. What do you enjoy doing? I encourage you to take some time for yourself. You deserve it!

I have saved Marcia's response for last. She says, "I just give my worries and stress to God and go about my day, because He is the only one who can help."

No matter what your faith, the holidays can be a wonderful time to enjoy special times and traditions with family, friends, and loved ones. It is a time to be thankful for all that we have and to share with those who have so little.

For all of us who are stressed by the extra hustle and bustle, there are also those who have no loved ones to spend the holidays with and feel isolated and sad. Giving just a few moments of your time to include them in some way or to show that they are not forgotten can go a long way in brightening their spirits. It can become a wonderful family tradition and teach our children the joy of giving.

I wish you Peace , Love, & Joy
this holiday season.
Merry Christmas & Happy New Year!!

Our Condolences to the Family of Albert Howard

Group member Albert Howard passed away on November 6, 2017, at the age of 65. The following is a tribute that Belinda wrote in his online guestbook for the funeral service:

"I was very saddened to hear of Albert passing away, because I will miss him. It gives me comfort to know that he is in a better place now where there is no pain or sickness, only beauty and peace. Albert was a Christian man, a loving husband, a devoted father and grandfather, and a dear friend to many. We were honored to have him as a member of *Moving Forward* Limb Loss Support Group. Some of my fondest memories of him were at our KY Derby Pegasus Parade viewings and picnics. I always enjoyed watching Albert more than watching the parade. His eyes would light up as he would 'ooh' and 'aah' over each passing parade entry, and who will ever forget his clown nose that he wore each year. He loved to make others laugh. His laughter and warm smile will be missed by us all. To Teresa and to Albert's children and grandchildren, we extend our deepest sympathy, love, and prayers. I know that you, too, will take comfort that he is in a better place, and that he was loved and cherished by so many.

– From Belinda and *Moving Forward* Limb Loss Support Group."

* * *

OUR READERS SPEAK

PIECES

– by Nikki Leavell

While sitting in a waiting room hoping for news,
eager for a phone to ring,
so I can know my next move,
I pace the room and take it out to the hallway.
Every nurse that passes, I ask what they know.
They respond they can't say.
My heart is in my stomach and my thoughts
have gotten away from me.
Why can't things go back to the way they used to be?
But how was it? I don't remember the norm.
How things were before the storm.
I just keep thinking if we can get to
tomorrow everything will be okay.
If I can just get him home, no more
nights on the second floor we would stay.
With each piece of him that they took away,
they took a little bit of me each time.
But, how can I say that when my legs are mine.
I got so tired of worrying and so tired of being scared.
Yet every time they chipped away at him his
life was spared.
All of this is another chapter in my book,
and I will leave the creases.
So when I am done writing it, I will
be able once again to find all of my pieces.

* * *

LET'S GET MOVING! *– by Belinda*

Last month in this column, I discussed with you the minimal guidelines for exercise according to the Center for Disease Control and Prevention. They state that 150 minutes per week of moderate exercise is needed for optimum health benefits. I also quoted from a recent study that showed by exercising only one hour per week, we can cut our risk of getting diabetes and slow or stop the progression of various other diseases. Wow, that sounds great, doesn't it? But how do we motivate ourselves to begin an exercise program?

When you're young, that motivation may come from the desire to look good in a bathing suit, fit into your favorite jeans, make it onto a sports team, or maybe to attract a mate. There isn't a lot of thought put into long range health goals. As we age, motivation becomes much different. Sure, I would still like to look good in a bathing suit, but with pushing the age of 60, believe me, it will take more than weight loss to make that happen. I recently donated my favorite jeans to Goodwill, and the probability of my making a sports team is slight, to say the least. Throw in the added disadvantage of the loss of a limb or limbs and finding that motivation may seem like finding a needle in that haystack. So how on earth do we get motivated enough to begin an exercise program? Sadly to say, many of us have to reach the bottom before we start climbing out of the well.

How many people begin an exercise program after they have developed diabetes, after they have had a heart attack, after they experienced a stroke, or after they have been given the diagnosis of cancer? It would be great if we hadn't waited, but we did, so now what? The way I see it, we have 2 choices. We can stay at the bottom of the well, but that's a dark, cold, and gloomy place; or we can start looking for a way to climb out. What do we need to get out? We first need the desire to try, then comes the motivation to keep trying even though we may slip back down the side of that well a few times during our climb.

What's going to motivate you? For most of us, I would say our ultimate motivation is that we wish to live longer, and not only live longer, but to be able to enjoy doing things and spending time with our loved ones as long as we possibly can. After all, the view from the top of that well is much better than the view from the bottom. Okay, we have the desire to get out and the motivation to keep trying – what's next? We have to find a way to climb out that we can accomplish. Finding an exercise routine that we can manage can be a chore. Many of us are not only amputees, but we have other serious health complications.

How tired do you get of hearing that to get healthy you just need to take a daily brisk walk? They make it sound so simple. Obviously, these people haven't dealt with prostheses, bad knees, a bad back, an arthritic hip, COPD, or obesity. That simple brisk walk turns into climbing Mt. Everest. But if we want out of that well badly enough, we have to find a way. There are many different ways to exercise, and together during the next few months we will explore some of them. If one doesn't work for you, then it's time to explore another. After all, what better time to begin that climb than the start of a new year?

So come on everybody, let's find a way for all of us to ***get moving!***

* * *

I'm Moving Forward . . .

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

Katie and Chris ***moving forward*** by attending the 2017 AC National Conference!

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

* * *

CHRISTMAS FUN FOR CHILDREN

Reindeer Word Search

H	T	S	R	H	I	R	B	B	D	F	D
P	E	L	E	W	E	O	L	T	R	G	L
L	M	F	I	C	L	I	R	D	M	R	A
O	O	H	N	W	T	D	A	S	H	E	R
D	C	A	D	Z	R	E	C	N	A	R	P
U	D	R	E	N	N	O	D	K	S	W	K
R	C	N	E	Y	Q	Y	C	U	P	I	D
C	C	T	R	N	E	X	I	V	C	O	L

Blitzen
Comet
Cupid
Dancer
Dasher
Donner
Prancer
reindeer
Rudolph
Vixen

* * *

NOVEMBER RECAP

The month of November was quite a busy one for members of ***Moving Forward***. On Nov. 17th some group members attended a Family, Food, and Fellowship Dinner for veterans. The event was hosted by Veteran's Voices of Kentuckiana. We were invited to have an informational booth there where we provided group brochures and other resource materials. We also talked with other organizations about ways that we can work together for the betterment of our community. The main topic for the evening was the alarming rate of suicide by members of our military. We heard from several individuals who had lost a family member to suicide, contemplated suicide themselves, or struggled to find help for a suicidal family member. This was a very eye-opening and emotional evening as we listened to their heartfelt stories. We were told of warning signs and where veterans and their family members can go for help.

If you are a veteran and are considering suicide, please contact the **Veterans Crisis Line at 1-800-273-8255 and press 1, text 838255, or visit their website at www.veteranscrisisline.net**.

Locally, you can receive professional counseling by calling Centerstone (formerly Seven Counties Services) at 502-589-4313 or 1-800-221-0446. This is available 24 hours a day, 7 days a week.

At our Nov. 20th meeting at SIRH, we heard a presentation by Amira Idris about a medical device that she developed to help amputees to relieve both phantom limb and residual limb pain. The device is wearable and uses vibration therapy to manage neuropathic conditions. She developed the ELIX-TM to provide an alternative to prescription pain medications. For more information visit the website at www.wearvta.com or call 1-302-455-7709. Amira will be giving a presentation at our Louisville meeting in the next few months.

The Louisville meeting was held on Nov. 25th at our new location, Norton Brownsboro Medical Plaza One. This was an open discussion meeting and covered a wide range of topics. The month concluded with members attending the Bridge Builder Breakfast at the Mellwood Arts Center on Nov. 29th. This is a fundraising event held annually by Bridgehaven Mental Health Services. We enjoyed a delicious breakfast and hearing from staff at Bridgehaven and some patients who received services there. They discussed the stigma associated with mental health problems and the need for compassion and proper treatment for these individuals. The MC for the event was our good friend Tara Bassett. For information about the programs offered by Bridgehaven, visit their website at www.bridgehaven.org or call 502-585-9444.

* * *

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. ***

* * *

DECEMBER UPCOMING EVENTS

MEETINGS:

Dec. 13th, Wed., from 6:30 - 8:00 pm at Harrison Co. Hospital, 1141 Hospital Dr. N.W., Corydon, IN, in the Baumgart Room (near the cafeteria). The special guest speaker will be LaDonna Frantz, owner of Harmony and Health. LaDonna is a board certified Naturopathic Doctor and a registered pharmacist. She is dedicated to helping people build better health through the use of natural foods, herbs, and lifestyle. You won't want to miss this informative presentation.

Dec. 18th, Mon., from 6:30 - 8:00 pm at Southern IN Rehab Hospital, 3104 Blackiston Blvd., New Albany, IN, in the Education Conference Room. This will be an open discussion meeting, and we will end the meeting with a Christmas party beginning at 7:30. Please plan on attending and enjoying some holiday treats!

Special Note: We will not be holding our Louisville meeting in December due to the Christmas holiday.

EVENTS:

On Sat., Dec. 9th, ***Moving Forward*** will hold its Annual Christmas Party at the Okolona Fire Station, 8501 Preston Hwy., Louisville, KY, from 5:00 - 8:00 pm. There will be food, music, games, and door prizes. Santa will be coming to bring each child in attendance a gift. Pizza, pasta, and drinks will be provided. If you can, you are asked to bring an appetizer or dessert to share. Parking and the entrance are in the rear of the building. We will be on the 2nd Floor, and an elevator is available. *Please plan on attending and joining in on the festivities!*

We will also be having our 1st Christmas ornament exchange. If you would like to take part, please bring a wrapped ornament labeled with your name on the package. This will be a fun way to share in the holiday spirit and to have a special momento to decorate your tree this holiday season! *We hope to see you there!*

Don't forget that on Dec. 6th, Wed., we have been invited by David Yarmuth with the Salvation Army for a free lunch and tour of the Salvation Army Center of Hope, 911 S. Brook St., Louisville (the old Male High School building). This will be from Noon - 1:00 pm and will give us an opportunity to see the facility which helps nearly 1,000 people each day and to learn about the programs they offer.

We will be kicking off the New Year with some great speakers, new programs, and fun events. Look for details in our January 2018 newsletter, on our website, and on Facebook.

We want to give thanks to everyone who contributed articles during the past year, and also express our gratitude to our newsletter sponsors. We look forward to the coming year and continuing our mission of reaching out to those affected by limb loss and providing them with support, information, and resources.

From the Newsletter Staff:
Julie Randolph - Editor, Belinda Jacobi - Writer,
Beverly Gaylord - Writer, Katie Flanigan - Writer

FIND OUR NEW YOUNG ADULTS GROUP ON FACEBOOK

Moving Forward Limb Loss Support Group wants to welcome our newest sub-group for young adults! If you are an amputee or a supportive family/friend of an amputee in the age group 18-38, this is for you! Currently we have a Facebook group, which is "Moving Forward Limb Loss Support Group for Young Adults Ages 18-38" (just type that into the search bar and we'll pop up!), but as interest grows we'd love to start having our own events geared to the interests of people in this age group! Katie Flanigan has agreed to take on this project, including the Facebook page. If you have any ideas or questions, please reach out to Belinda or Katie at katiemovingforward@gmail.com.

* * *

Krafty Kids by Katie

Make a Snow Globe!!

You'll need:

a glass jar with a tight-fitting lid
a plastic figurine
waterproof glue
distilled water (you can also use boiled and cooled tap water)
liquid glycerin (available at crafts stores)
glitter

Pick out the figure, then glue it inside the lid and let the glue dry. Fill the jar with water, a squirt of glycerin (it helps the glitter swirl) and the glitter. Screw on the lid tightly, then flip!

* * *

REMINDER:

Bellarmine Community Partners Project

There is still time to register for the Bellarmine Community Partners Project. This program is under the direction of Professor Dennis Lesch. As many of you know, Dennis is a well-known physical therapist and has years of experience working with the amputee population. It involves going for an initial consultation where your current mobility level is assessed and your goals are defined. A program is then developed for you by students in the physical therapy program at Bellarmine. You return to the university once a week for 8 weeks for individualized training. After that time, another assessment is made to see how your mobility has improved and to determine if your goals have been reached. You are then given a plan to continue on your own. This is a wonderful opportunity to receive top-notch physical therapy for free. You will not only be helping yourself, but you will also be helping to train future physical therapists. Several members of *Moving Forward* took part in last year's program and were extremely pleased with the results. If you would like to register or have further questions, contact PT student Josh Bynum at 502-292-9365 or jbynum@bellarmine.edu.

KATE'S KITCHEN

Holiday Tea

Jar of cranberry juice (enough to fill coffee pot after other ingredients added)
1 cup unsweetened pineapple juice
1 teaspoon lemon extract
3/4 - 1 cup water
Put all above ingredients in coffee pot.
In filter basket put:
1 tablespoon whole allspice
1 tablespoon whole clove
2 – 3 broken cinnamon sticks
1/4 – 1/2 cup brown sugar
Let it perk (turn coffee pot on)
Let it run, then enjoy!!
Happy Holidays!!!

* * *

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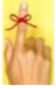

DON'T FORGET TO ENROLL IN THE KROGER COMMUNITY REWARDS PROGRAM

To register go to 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.

* * *

FUN WITH WORD SCRAMBLES ANSWERS (from Page 4)

SILENT NIGHT, AWAY IN A MANGER, WHITE CHRISTMAS, DECK THE HALLS, RUDOLPH THE RED-NOSED REINDEER, JINGLE BELLS

THESE ARE ALL FUN CHRISTMAS SINGALONGS.

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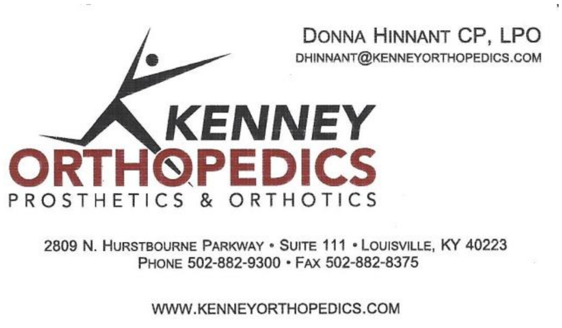

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