



NEWSLETTER ♦ 59th Edition ♦ July 2018



- by Belinda

This past winter was pretty brutal. Spring seems to have sprung right past us, and now summer has come with a vengeance. We all want to enjoy the summer months, and we can. It is important, though, to take precautions and be prepared when facing the heat of summer.

During heat waves, people are susceptible to 3 heat-related conditions. The following information will prepare you to recognize and respond to them.

Heat cramps are muscular pains and spasms that usually occur in the legs or abdomen. Heat cramps are often an early sign that the body is having trouble with the heat. If you see a person who is experiencing heat cramps, get him/her to a cooler place and into a comfortable position. Lightly stretch the affected muscle and gently massage the area. Give an electrolyte-containing fluid, such as a Gatorade drink, fruit juice, water, or milk. He/she should drink slowly. Do not give the person salt tablets.

Heat exhaustion is a more severe condition than heat cramps. Signs of heat exhaustion include cool, moist, pale, ashen or flushed skin; headache; nausea; dizziness; weakness; and exhaustion. It is important to get the person to a cooler environment with circulating air. Remove or loosen as much clothing as possible and apply cool, wet cloths or towels to the skin. Fanning or spraying the person with water can also help. If the person is conscious, give small amounts of cool fluid such as a sports drink or fruit juice to restore fluids and electrolytes. Milk or water may also be given. Give about 4 oz. of fluid every 15 minutes. If the person's condition does not improve or if he/she refuses fluid, has a change in consciousness, or vomits, call 9-1-1.

Heat Stroke is a life-threatening condition that usually occurs by ignoring the signals of heat exhaustion. Heat stroke develops when the body systems are overwhelmed by heat and begin to stop functioning. Signs of heat stroke include an extremely high body temperature, red skin which may be dry or moist, changes in consciousness; rapid, weak pulse; rapid, shallow breathing; confusion; vomiting; and seizures. Heat stroke is life-threatening, so immediately call 9-1-1. Rapidly cool the body by immersing the person up to the neck in cold water, if possible or douse or spray the person with cold water. You can also sponge the person with ice water-doused towels over the entire body, frequently rotating the cold, wet towels or cover the person with bags of ice. If you are not able to measure and monitor the person's temperature, apply rapid cooling methods for 20 minutes or until emergency responders arrive or until the person's condition improves.

Athletes, firefighters, and construction workers are often affected by heat-related conditions. Children, the elderly, or people with serious health conditions are also vulnerable. Certain medications can make you more susceptible as well.

- Continued on Page 2 Column 1 -

AMPUTEE COALITION

inMotion • Volume 19 • Issue 4 • Jul/Aug 2009

Working Together Toward a Common Goal

- by Rachael Walton-Mouw

"There is no limit to what can be accomplished if it doesn't matter who gets the credit." - Ralph Waldo Emerson

With a loving husband and an energetic 3-year-old son, Linda Bell was living her life to the fullest. Linda was very active, working full-time as a graphic designer, gardening, hiking, camping, traveling and caring for her family, including her dogs, cats and goats. She was only mildly limited by back pain that had been diagnosed as sciatica. In 1999, Linda and her husband decided that they wanted to have more children. While trying to get pregnant, she had to have monthly examinations. During one of these exams, her doctors noticed something unusual and referred Linda to an orthopedic surgeon for further evaluation.

A few days later, an open biopsy was performed and Linda was diagnosed with osteosarcoma. A week later, Linda and her husband returned to the surgeon's Atlanta office, with a tape recorder in hand, to find out how they would need to fight her cancer. The surgeon explained that there were not any good treatment options for her cancer. The only option that would save her life was to amputate her leg and half her pelvis. The hour-long drive back home to Athens was in complete, stunned silence.

Prior to her surgery, two people who had undergone hemipelvectomies contacted Linda. She remembers one gentleman calling from Paris. She was impressed that he was still able to travel. Both people told Linda about activities they could still do; however, walking independently with a prosthesis was not included in either's list. Both told her that they did not find it useful to use a prosthesis; both relied on crutches or a wheelchair for mobility.

After her amputation surgery, Linda underwent a second round of chemotherapy, having had the first treatment prior to her surgery. She had to stay weeks at a time in an Atlanta hospital, what felt like hundreds of miles away from her husband and young son. Once Linda healed and her chemotherapy was completed, she met with Dan Zenas, CP, who fit her with her first socket and prosthesis. Linda remembers wearing this leg off and on for about 18 months, but it never became "a daily thing." Although the prosthesis fit her well, the socket advancements at the time did not give many options for a person with a hemipelvectomy. Without the bony structure of her left pelvic bones, the socket had to be a "bucket" that Linda dropped down into with each step she took. This left her with little control of the prosthesis and little comfort when wearing it.

"I always wanted her to be able to wear a prosthesis." - Dan Zenas, CP

In June 2007, Linda attended the Amputee Coalition's National Conference, simply to look for a new crutch design. There she met Stan Patterson, CP, of Prosthetic & Orthotic Solutions in Orlando, Florida. Stan had developed a new socket design that uses elevated negative pressure vacuum to provide a comfortable and secure fit. Stan assured Linda that she was a perfect candidate for this socket. Around the same time, Dan learned of Stan's new socket design and

- Continued on Page 2 Column 2 -

HOT WEATHER TIPS (cont'd)

Some ways to avoid heat-related conditions are to wear loose-fitting, light-weight, light-colored clothing. The new Dri-fit material is an excellent choice to help you stay cooler and more comfortable. You should also slow down, stay indoors, if possible, when it is extremely hot outside. Take frequent breaks if working outdoors. Stay well hydrated. Drink plenty of water. If you are heavily sweating, a sports drink may help to replenish your electrolytes. Bananas, dates, raisins, and avocados are excellent sources of electrolytes. Electrolytes are essential for normal function of our cells and organs. If you have an ongoing problem with heat cramps, your doctor may advise you to begin taking a potassium and/or magnesium supplement, both of which are electrolytes. Stay out of direct sunlight as much as possible. Look for shade, wear a wide brimmed hat, or use an umbrella to provide you with some shade. A cooling towel can provide relief. You just dip it in cold water, wring it out, and then place it around your neck. Cooling vest can also be worn to keep you from overheating.

As amputees, we must be especially cautious during times of hot weather. Wearing a prosthesis causes the body to work much harder which causes more heat to build up in our body. We also have less skin surface meaning we have fewer sweat pores for our perspiration to come out. The remaining skin surface tries to make up for the lost sweat pores by perspiring more. When a residual limb (stump) is enclosed in a socket, air can't reach it to evaporate the perspiration from the skin surface. That perspiration remains trapped inside the socket, making us uncomfortable. A few remedies for this are stopping occasionally and taking the socket off to dry your residual limb, wearing a thin liner over your residual limb that absorbs the moisture, or using a good quality anti-perspirant such as Certain-Dri. Another thing that some people have tried is getting low-dose Botox injections. This may be a reasonable option for someone like a construction worker or athlete that spends a lot of time out in the heat.

I think that it comes down to using the brain that we were born with. If you are feeling overheated, stop what you are doing and go to a cool place. Always stay well hydrated. I know many of you take fluid pills and limit your fluid intake because you want to avoid all those trips to the restroom. That is not a wise thing to do, especially if you are going to be out in hot weather. It would be much better to make a few extra trips than to risk having a heat stroke. If you are going out alone, always take your cell phone with you in case you need to call for help. If you don't have air-conditioning, go somewhere that does during the hottest part of the day. Visit a library, a mall, a church, a rec center, or go to a friend's house. If you have fans, leave them running while you're gone so you won't come home to a hot stagnant house.

I will end with this very important message. If you know of an elderly or ill family member, friend, or neighbor, please check on them. If you can't go to his/her home, call them. If there is no answer, then call again. If you don't get a response, call the police and have them do a welfare check. If they are okay, you may feel foolish, but if they

are not okay, you'll be glad you made that call. Please take care of yourself and your loved ones during the next few months of summer weather. Despite the heat, there will be plenty of times that you



can get out and enjoy the beauty of a summer day.

References: The American Red Cross www.redcross.org
Medicinenet.com www.medicinenet.com

~~~~~

## Working Together Toward a Common Goal (cont'd)

thought of Linda in hopes that this socket could help her become a functional prosthetic user. Initially, Linda was apprehensive about trying to use a prosthesis again. She hesitated about going through all of the effort again, worrying whether this would work. In the end, she and Dan decided to go for it.

Dan's company, Georgia Prosthetics, submitted a prior authorization request to Linda's insurance company for a new prosthesis with a microprocessor knee. Linda's insurance denied the entire prosthesis, stating that the computerized leg was "experimental." Linda was also advised that she was not covered to see Dan because there was a "local option available." Linda and the staff at Georgia Prosthetics appealed the insurance company's decision and Linda began working directly with the case manager involved with her case. In working with the case manager, Linda was able to make a personal connection and developed a relationship – she became more than just a number. Linda sent pictures and web links to her bio on [HPHDHelp.org](http://HPHDHelp.org) to her case manager so she could better understand Linda's level of amputation and why it was so important to partner with a prosthetist that she trusted. Linda was also willing to give a little on her side and forego getting the entire prosthesis in hopes of at least getting her socket replaced and the ability to work with Dan. Finally, in May 2008, the insurance company agreed to allow Dan to fit Linda with a new socket.

In June 2008, Linda and Dan flew down to Orlando, Florida, to work with Stan Patterson. This gave Dan the opportunity to learn how to fabricate the new socket and to get the best socket fit for Linda. Because Stan felt it imperative that Linda, as a hemipelvectomy amputee, use a microprocessor knee, he loaned her a computerized leg from his office. From the first fitting in Orlando, Linda was able to walk with her new prosthesis. The new socket design gave her soft tissue the support she needed to control the prosthesis and also gave her the comfort she needed to actually wear it.

***"I have my hands now." – Linda Bell***

During Linda's course of physical therapy at Georgia Prosthetics, she progressed from walking with forearm crutches in both hands to walking without any assistive device in her home and office. (She still uses a single-point cane for added security when out in the community.) For 8 years, Linda walked with two forearm crutches because she wasn't wearing a prosthetic leg. Now she often chose to wear her prosthesis all day – from the time she got dressed in the morning until she went to bed at night. The most significant change she found in wearing her new prosthesis was having the use of her hands. By not having to rely on her crutches for every step, she could use her hands when she cooked in the kitchen, carried paperwork at work, or walked around the house with her son's laundry.

Linda continued to use the loaner leg. Her family, coworkers and Linda herself could categorically see that she was functioning better because of her new prosthesis with the microprocessor knee. Because of this insight, Linda and Georgia Prosthetics re-appealed the insurance's denial of a computerized leg. They included pictures and videos for added support. Dan talked at length with the case manager to explain how and why a computerized leg made such a dramatic improvement in Linda's function. The evidence was hard to deny. The insurance company ultimately approved Linda to have her own computerized leg.

### Key Tips for Working With Insurance Companies

Take ownership of the approval/appeals process – be your best advocate with the insurance company.

- Develop a personal rapport with your adjuster.
- Educate yourself and your adjuster on why you need a particular prosthesis.
- Have your provider or prosthetist take an active role in explaining to your adjuster the benefits and drawbacks of a particular prosthesis or component as it relates to you and your function.
- Send supportive documentation of "medical necessity," including photos or videos and personal testimony from friends and family of prosthetic problems and/or solutions.

– Continued on Page 3 Column 2 –





## SPOTLIGHT

— by Belinda

Each month in our spotlight column, I introduce you to a group member or a special organization. I have met and talked with some amazing people during my nearly 5 years of writing this column. For the July issue, I will be introducing you to a very special organization, but also for the first time I will also be introducing you to a truly extraordinary dog. His name is Deuce. I was recently contacted by Claire Blaylock who works with an animal rescue in Lawrenceburg KY. She told me of a dog that they had rescued that had to have 2 of its legs amputated. She wondered if she could bring the dog to meet with our support group. After hearing Deuce's remarkable story, I told her that we could do more than that. Deuce will be our special guest at *Moving Forward's* Pie & Ice Cream Social, and we will be accepting donations for the Camp Jean Animal Rescue. His story, like many others that I have shared with you in this column, is one of pain and despair, love and compassion, and determination and recovery. His story is told by Jean Gibowski of Camp Jean Animal Rescue...



"A few months ago, this incredible dog who had been thrown away like yesterday's trash limped into my life and into my heart. I cannot describe the inspiration he has already been to so many, and I can't wait to see what life has in store for him. He is an amazing dog with a big story to tell. He has only 2 legs but is the happiest dog ever. We could all learn so much from him.

I carried Deuce into the clinic; twenty five pounds of stinking, skinny, rotting dog. I laid him on the exam table as a vet joined me and asked, "What is this?" I smiled and replied, "My new rescue." All I got was a look. Despite her misgivings, she sedated Deuce, flushed his wounds, and took an X-ray. Broken bones, buckshot pellets, and the worst case of osteomyelitis any of the vets had ever seen were revealed. One of the doctors asked if I was sure we shouldn't euthanize him, and she never asks that. I knew his injuries were horrendous. I knew he had to be in severe pain. But despite all of that, he looked at me with those big brown eyes and wagged his tail. I said I wanted one night. "But you will get attached", "You don't have to save them all" is what I heard. "Just one night," I said. I've been doing this long enough that I know the outcome will most likely be the same no matter what we do, but I wanted one night. So they sent me home with a half dozen pill bottles of antibiotics, pain medicines, and a dog that stood little chance of surviving.

On the way home I called Lana, a fellow rescuer who had coordinated Deuce's arrival to Camp Jean. When I told her his prognosis was about a 10% chance of survival, she asked what she could do. My reply was simple. Pray. For the rest of the trip I rode in silence wondering if I should have just ended his suffering. The old 80's song "All I Need Is a Miracle" rang through my head as I fought an internal battle. Was I doing the right thing by him? Was I just prolonging his agony for no reason? I prayed. Let me do the right thing. Just give me a sign.

That sign came when I got home. He was still tired from the sedation, so I carried him inside and laid him on the dog bed. It wasn't long before he was hopping around the house and meeting the other dogs. I smiled. He jumped on my bed. I let out a sigh and started googling "two legged dogs", then added "on one side". I found one! It showed a sight hound running on a beach! That was enough for me to know that the impossible just might not be so impossible any more.

I had made up my mind that we needed to save this dog. When I brought him back to the clinic, I said watch this, and turned him

— Continued on Page 4 Column 1 —

### Working Together Toward a Common Goal (cont'd)

- Be willing to work with your insurance company; you may have to make some concessions to get a more important component or aspect of care.

Linda is a shining example of strength and tenacity. She is also an example of what can be accomplished when a team comes together for a common goal. Everyone, from her prosthetic team, her employers and her family to her case manager at the insurance company, wanted only one thing for Linda — to be a successful prosthetic user. Although Linda continues to do well with her prosthesis, she does not want to portray herself as a sole prosthetic user. Wearing a prosthesis continues to be a very personal choice. Linda views her prosthesis "as a valuable tool more than something she has to have to look 'whole' again."

~~~~~

QUOTE OF THE MONTH

*In the midst of winter,
I found there was within
me an invincible summer.
For it says that no matter
how hard the world
pushes against me,
there's something within me.
There's something stronger,
something better,
pushing right back.*



— Albert Camus

~~~~~

### I'm Moving Forward . . .

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



Reid Hester **moving forward** down the track!

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



## SPOTLIGHT (cont'd)

loose in the back yard as the staff watched Deuce in amazement. A dog bed had recently been donated, and we set it up in a run while staff took turns hand feeding Deuce. It wasn't long until his big brown eyes, quiet demeanor, and gentle wags had us all wrapped around his good paw.

The vets set to work culturing the infection, getting stronger antibiotics, starting him on hydro therapy, and cold laser therapy. They posted radiographs and photos on veterinary message boards and Facebook pages for ideas. We needed to keep his front leg. A 3 legged dog does fine, but 2? On one side? It was uncharted territory and the chance of success was slim.

Meanwhile Deuce's appetite decreased. He was already underweight but the combination of pain, infection, and strong antibiotics upset his stomach. At the end of the day I took him back home for the weekend. I was amazed to come inside from feeding dogs to find him on my bed. And later, I left the back door open so I could latch the gate and found him standing beside me at the bottom of the stairs. Suddenly in my mind his survival rate flip flopped, and I put him at a 90% chance of survival. If he was willing to fight that hard, then so was I.

Deuce continued to only eat A/D canned food and only if it was hand fed to him, but despite that he grew stronger every day. He started gaining weight and his attitude was improving. It was time to make some decisions. Do we amputate his rear leg in the hope that we can save the front leg? Can a dog have a good life with only 2 legs? The money, time and energy that would go into saving this one dog could be used to save so many more, should we try all this for one dog? These are the decisions rescues face every day. How far do we go with limited resources? Something in Deuce made me take the chance. This dog was a fighter and had the will to keep fighting. The decisions I make for each dog, I make in the best interest of the dog. We decided to schedule his rear leg amputation.

Within 24 hours of losing his rear leg, Deuce was wagging his tail, walking, and getting on and off the bed. Within 36 hours his appetite improved and so did his attitude. This dog felt so much better without the old infected, broken leg. We got even more aggressive with his treatment, adding in IV antibiotics and hyperbaric chamber treatments. But to no avail, the front leg got worse. We had no other options; his front leg had to come off."

To read more about Deuce, visit his Facebook page at: <https://www.facebook.com/deucethe2leggedwonderdog/>  
or the Camp Jean Facebook page at: <https://www.facebook.com/campjean/>

I was amazed by the pictures of Deuce running and playing with the other dogs. He even enjoys doing the obstacle course. There's an adorable picture of him comforting another dog on the way home from a visit with the veterinarian. He definitely has an




important story to tell and a gift to share. I encourage you to come and meet Deuce at our Pie & Ice Cream Social on July 14th from 2-4 pm at the Okolona Fire Station. He was found in a ditch alongside a country road. He had been cruelly hurt and abandoned. He had been left to die a painful death alone, until that one person

had enough compassion to pick him up and take him to a shelter. He then made his way to Camp Jean where he was given a chance to have a new and different life. His journey has taken him from being someone's trash to being an inspiration to many. Deuce shows us that even in our darkest moments that we should never give up hope.



## JUNE RECAP

 At the SIRH meeting, members continued with a discussion from the May meeting about *tips for amputees*. They discussed the different types of sockets available and the importance of proper socket fit, ways to improve our gaits, safety while bathing, and the importance of good communication skills. A discussion was begun on how to deal with setbacks and secondary conditions that affect our recovery process. We will continue this discussion at future meetings.

A special presentation was given by Moira Fauth at the Louisville meeting. Moira is a nutrition and health coach. She told of the importance of taking ownership of our health and that making even small changes in our food choices can have a big impact. She emphasized that we don't have to make huge lifestyle changes all at once. That by taking baby steps, it is easier to maintain the changes and those steps will still lead us to our goals. Moira concluded her presentation by answering questions from group members. We want to thank her for sharing her time with us, and for providing us with information on achieving a healthier lifestyle.

Belinda was the guest speaker at the Falls Cities Sertoma Club's June meeting. That club is working towards rebuilding Sertoma Park in New Albany, IN to make it handicapped accessible. It is a huge and expensive project, but one that is much needed in our area. Most parks in our community have limited or no accessibility to children or adults with disabilities. Belinda was there to help with funding ideas, including providing them with information on the Give for Good Louisville fundraiser to be held on Sept. 13th. *Moving Forward* looks forward to becoming involved in this worthwhile project. If you would like further information about the Sertoma Club or the park project, call 502-741-3830 or email [fcsertomaclub@twc.com](mailto:fcsertomaclub@twc.com).

On Sat., June 30th, some members of the group enjoyed bowling and lunch at the Main Event in Louisville. The event was sponsored by Kenney Orthopedics. We want to thank Matt DiLorenzo, a marketing representative at Kenney, for organizing it and inviting our group. Many of us hadn't bowled for years, so our bowling techniques were a bit rusty. Strikes were few and gutter balls were aplenty, but we had a great time laughing and making new friends.



## FUN WITH WORD SCRAMBLES

Unscramble these words and then use the letters in parentheses to finish the sentence. A little hint, these are all names of some of our furry friends. Have fun! You can find the answers on Pg. 8.

PDEHSGOE ( ) \_ \_ \_ \_ \_  
 UAAHCAUIH \_ \_ \_ \_ ( ) \_ \_ \_ \_  
 ATEMESL ( ) \_ \_ \_ \_ \_  
 RANPMONIAE \_ \_ ( ) \_ \_ \_ \_ \_  
 TVRREIREE \_ ( ) \_ ( ) \_ \_ \_ \_  
 CSHDUNADH \_ \_ \_ \_ ( ) \_ \_ \_ \_  
 GLBAEE \_ ( ) ( ) \_ \_ \_ \_  
 NDOTIALMA \_ \_ \_ \_ \_ ( ) \_ \_ \_ \_

PLEASE PROTECT YOUR PETS FROM THE  
\_\_\_\_\_!



## Tips for Protecting Your Pets on Hot Days:

If you own a pet such as a dog or cat, your early summer plans should include a trip to your veterinarian for a full check-up. This should include being tested for heart worm and coming up with a flea and tick protection plan. Other tips for summer pet care include:

- 1) Never leave your pet alone in a parked car.
- 2) Make sure that they always have access to fresh, clean water. If you are taking your dog on a walk on a hot day, take extra bottles of water and a bowl along.
- 3) Don't over exercise your dog on hot days. Early morning or late evening is the best time. If it's really hot, let them run and play under a sprinkler or purchase a cooling vest.
- 4) Don't let them linger on asphalt. It can heat their bodies up quickly and burn their paw pads. Special booties can be purchased to protect their pads.
- 5) Know the signs of overheating. They can include: glassy eyes, frantic panting, difficulty breathing, excessive drooling, weakness, seizures, collapse, bloody diarrhea, vomiting, an increased heart or respiratory rate, and an elevated body temperature over 104 degrees.
- 6) If you notice any of these signs, take your pet to a cool place immediately.
- 7) Remember that some dogs are less tolerant of heat and shouldn't be taken outside on hot days. These include puppies, older dogs, obese dogs, and short-nosed dogs.
- 8) Don't leave your pet unsupervised by a pool, because not all dogs are good swimmers.
- 9) After being in a pool, rinse dogs off to remove chlorine and salt which can irritate their skin.
- 10) Dogs shouldn't drink pool water. The chemicals can harm them.
- 11) It is okay to trim longer hair on your dog, but never shave them. The layers of their coats protect them from overheating and sunburn. For cats extra brushing can prevent problems caused by excessive heat.
- 12) Be sure that any sunscreen or insect repellent used on your pet is specifically for animals.
- 13) Commonly used lawn & garden insecticides can be harmful if ingested by animals. Keep citronella candles, tiki torches, and insect coils out of reach. Immediately call your vet or the **ASPCA Animal Poison Control Center at 888-426-4435** if you suspect your pet has ingested a poisonous substance.
- 14) Remember that food & drinks that we enjoy at a summer barbeque may be poisonous or cause stomach distress if consumed by your pet.
- 15) And last but not least, pets and fireworks are not a good combination. Pets should be left at home if you are attending a fireworks show, and fireworks should never be used around them. Pets can suffer burns, trauma, become frightened, disoriented, and even lost due to the sounds and sights of fireworks. They should be kept in a quiet, sheltered, escape proof area of your home. Something that seems beautiful and harmless to us isn't perceived that way by your pet. Be safe not sorry. With a little special care and consideration, both you and your pet can have a fun filled summer!

### References:

American Society for the Prevention of Cruelty to Animals  
<https://www.asPCA.org/pet-care/general-pet-care/hot-weather-safety-tips>

### Petfinder:

<https://www.petfinder.com/dogs/dog-care/hot-weather-tips/>

~~~~~



- 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!**

During the past few months, we have discussed some of the components of prosthetic devices. This month, we will discuss prosthetic knees. A prosthetic knee is designed to bend and swing similar to the anatomical knee that it is replacing. It must flex and extend to allow the movements needed for walking.

There are two major classes of prosthetic knee joints; the microprocessor and the non-microprocessor. The microprocessor knee is computer controlled and features a micro-processor that receives feedback from sensors inside the joint to learn and react to the user's walking characteristics. It adjusts the stiffness of the knee for changes in walking speeds and terrain. Your prosthetist is able to adjust the knees parameters by using a laptop or tablet to fine tune its characteristics. This type of knee is an excellent choice for a patient with an active lifestyle. Not all patients require a microprocessor knee joint, and not everyone will be eligible to receive one through their insurance carrier.

There are other knees that allow an amputee to resume an active lifestyle. Some people prefer the non-microprocessor knee due to its being lighter, smaller, and it doesn't require daily charging. Remember, just because something offers the latest in technology doesn't necessarily mean that it's the right choice for you. You need to talk to your prosthetist, check with your insurance company, and do the research to make an informed decision. Also, talk with others who have the type of knee that you are interested in. Ask them what they like and don't like about it.

Knees are also classified by the number of moving parts (axis), and by its method of control (how the knee bends). Knees are either *single axis* or *multiple axis* (polycentric). A single axis knee can swing forward and backward. Polycentric knees also can swing back and forth, but in addition they have a moving center of rotation. Prosthetic knee joints are further classified by how the bending and swinging of the knee joint is controlled. *Hydraulic (fluid)* and *pneumatic (air) controlled knees* have inner chambers that regulate the bending and/or swinging of the knee at different walking speeds. These knee units are best for patients with higher activity levels and frequent changes of speed. They are heavier and more expensive than the other types of knee units. A *mechanical friction knee* is lighter weight and relatively inexpensive. The resistance to bending in the knee joint is typically adjusted by tightening a bolt. A spring is used to help the knee straighten before the foot hits the ground. This type of knee joint is typically prescribed for lower activity or single speed walkers. A *weight activated stance control knee* features a braking mechanism that prevents the knee from bending as long as the user has weight on the prosthesis. These knees are very safe, simple, lightweight, and fairly inexpensive. A disadvantage is that all of the user's weight must be removed from the prosthesis to unlock the knee to enable sitting. This type of knee is best suited for patients that are working on balance and have a lower activity level. It is often combined with a manual locking feature. A *manual locking knee* is the most stable type of knee joint. The joint is always stiff and will not bend until a cord is pulled and the lock is released. As the patient walks, the knee doesn't bend. The

- Continued on Page 6 Column 2 -

LET'S GET MOVING! — by Belinda

Summer is here! I admit those three words don't quite bring the thrill that they did when I was a child. After all, back then it meant no school for 3 solid months, splashing in the creek, riding my bike down winding country roads, climbing trees, and picking fresh strawberries from the garden. The summer heat didn't bother me. We weren't spoiled by the luxury of air-conditioning. My family's cooling system consisted of one box fan to cool the entire house.

Now, instead of jumping out of bed in the morning with the anticipation of spending the day outdoors, it's much more pleasant to spend the day indoors with that cool air billowing from the vents. So how can we enjoy summer the way we did during our childhood days? Honestly, we can't. With age and health issues, we can't live with that same reckless abandonment that we did as a child. It's a wonder many of us survived from some of our childhood stunts. Those broken bones, cuts, bruises, and knots on the forehead don't heal quite as quickly as they once did.

With that being said, it can do wonders for the soul to let that inner child escape sometimes. I'm not suggesting that you ride a bike down the hill without holding on to the handlebars or jump out of a tree. I am suggesting that you get out and **explore, be silly, have some fun**, and let yourself **be a kid** every once in a while.

Explore: One great place to explore is at the Falls of the Ohio on the banks of the river in Clarksville IN. Wandering around in search of prehistoric fossils while viewing the wildlife and the beautiful river, can make for a great adventure. Go in the evening when it's cooler, have a picnic, watch the sunset, gaze at the stars.



Be silly: Are you ready for a little more excitement? Have a water play day! Invite the grandkids or neighborhood children, or just some friends who don't mind getting wet. Turn on the lawn sprinkler; get some water balloons, squirt guns, or super soakers. Think this sounds silly? Of course it does – that's the point! If you don't have a yard, go to one of the numerous splash parks in our area.

NOTE: Be sure that your prosthesis is waterproof or you may need to cover it or remove it. Remember water should be kept away from power chairs. You should transfer to a sturdy lawn chair. By taking a few precautions, you can still join in the fun!

Have some fun: There are lots of yard games that you can enjoy playing in your own backyard or at a nearby neighborhood park. There's croquet, horseshoes, corn hole, volleyball, and badminton; just to name a few. Grab a plastic bat, a ball and a few friends; and enjoy a game of baseball. I love playing childhood games of Red Light-Green Light and Hide-and-Seek with my grandsons, nieces, and nephews. Hearing their laughter while being included in making their childhood memories is priceless.

Of course, there is no better way to end a summer day than by catching fireflies. All it takes is a jar. So come on everybody, let yourself **be a kid**, and **let's get moving!** Have a great summer!!

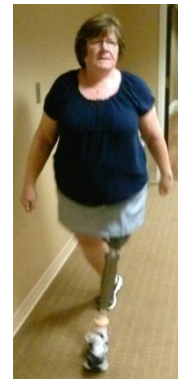
~~~~~

## Q & A (cont'd)

cord must also be pulled to enable the knee to bend to sit. This knee is a good choice for people with very weak muscles and instability in the early stages of rehabilitation. Some manual locking knees also feature a 2nd type of control, such as weight activated knee stance. As the patient progresses through therapy, the manual locking feature can be disengaged.

So as you can see, just like in the choices of prosthetic feet, there is much to decide in the choice of a prosthetic knee joint.

Also, just like with the feet, you may start out with one type before advancing to another. It is important to not get discouraged. Sometimes this is very difficult to do. You are learning to walk all over again. No matter how advanced the technology is, that foot and knee are not going to function as well as a healthy human foot and knee. It takes time to learn to use them. Just like with everything else good in life that you have achieved, it doesn't come automatically. You have to work for it. It will take your determination and effort, and a willingness to seek out information and to learn new things. It's your choice. Is that new prosthesis going to be used to allow you to walk or is it going to be hidden in the back of your closet? What's it going to be??



I had planned to include a discussion on prosthetics for hip-disarticulation in this issue. Upon beginning my research on that topic, I found that it was much too complicated for me to even begin to cover in one article. Instead, I am including the links to some excellent sites about hip-disarticulation and hemipelvectomy. If you do not have access to a computer and would like to receive information about these topics, please contact me. I would be glad to mail you some information.

[https://opedge.com/Articles/ViewArticle/2014-08\\_01](https://opedge.com/Articles/ViewArticle/2014-08_01)

<https://www.amputee-coalition.org/resources/hip-disarticulation-hemi-pelvectomy/>

<https://www.amputee-coalition.org/resources/higher-challenges/>

<https://www.amputee-coalition.org/resources/higher-challenges-part-2/>

<https://www.amputee-coalition.org/resources/higher-challenges-part-3/>

References for this article:

The Amputee Coalition at [www.amputee-coalition.org](http://www.amputee-coalition.org)

Prosthetic & Orthotic Care at [www.pandocare.com](http://www.pandocare.com)

~~~~~



KATE'S KITCHEN

POTATO CHIP COOKIES

Perfect picnic cookie!!

Cream 1 cup butter or margarine and 1 cup sugar.

Add 1½ cup flour, 1 teaspoon vanilla, 1 egg yolk (1 whole egg if batch is doubled), ½ cup pecans and 1 cup crushed potato chips.

Drop teaspoonfuls on greased cookie sheet and bake at 350 degrees for 10-12 minutes or until light brown.

Makes about 3½ dozen.

This is also a good way to use up stale potato chips!!



~~~~~





## Krafty Kids by Katie

### A Patriotic Windsock

Here is a fun decoration to make for the 4th of July or any other patriotic holiday.

#### What you'll need:

Toilet paper roll  
One sheet of printer paper  
Red, white, and blue yarn  
Scissors & glue, tape

#### How to make your Patriotic Windsock:

Cover 1/3 of the roll in glue and wrap red yarn around it. Repeat for white and blue yarns.

Make rows of stars the same way you would make paper dolls:

Fold the white paper in half twice, lengthwise.

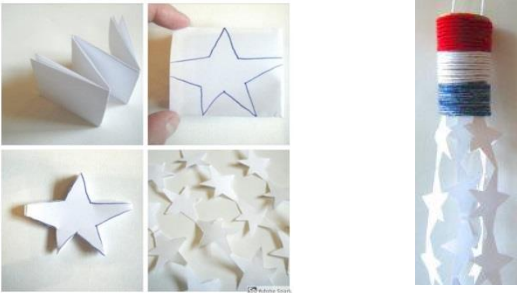
Accordion fold the paper into 4 equal sections.

Draw a star on top of accordion as shown, with the 2 side points extending off the page.

Adults cut out star shape, forming 4 rows of 4 stars each.

Tape the top star of each row into the bottom opening of the roll.

Tape a length of yarn into the top opening, to use as a hanger.



## THANK YOU TO KROGER COMMUNITY REWARDS PARTICIPANTS

We wish to thank the 19 families who are registered with *Moving Forward* in the Kroger Community Rewards Program. Due to your kindness, we will receive a donation from Kroger for \$118.95 this quarter. If you shop at Kroger and would like to support our group, just go to [krogercommunityrewards.com](http://krogercommunityrewards.com) and register your Kroger Rewards card with *Moving Forward*. Our organization number is 15533. By doing this, it **does not** affect your rewards points. A portion of your purchase will go to our group. It will print out on the bottom of your receipt. We receive a check each quarter based on the purchases of those families who are enrolled. It's an easy way to help us keep *Moving Forward*!



### Thank You to Paul Weber

Paul raised \$285.00 for *Moving Forward* through Facebook donations. He asked family & friends to donate to our group for his birthday. We appreciate their generosity. Our thanks go out to all who donated!!



## UPCOMING EVENTS

### MEETINGS:

July 16th, Mon., from 6:30-8:00 pm at Southern IN Rehab Hospital, 3104 Blackiston Blvd., New Albany, IN, in the Education Conference Room.

July 28th, Sat., from 2:00-4:00 pm at Norton Brownsboro Medical Plaza 1, 4950 Norton Healthcare Blvd., Louisville, KY, in Room 301B. Our guest speaker will be Madeline Moses, a pharmacist & educator with the Mathes Diabetes Center.

### EVENTS:

July 14th, Sat., from 2:00-4:00 pm  
*Moving Forward* will be hosting its Pie & Ice Cream Social at the Okolona Fire Station, 8501 Preston Hwy., Louisville, KY. The theme of the event is Dog Days of Summer. Deuce from the Camp Jean Animal Rescue will be our special guest. (Please see the SPOTLIGHT column about Deuce in this newsletter). The event is free, but we will be accepting donations for Camp Jean. Along with the pie & ice cream, we will have musical entertainment, games, and door prizes.



We will also be holding a "Best Pet" photo contest. You are encouraged to bring in a photo of you and your pet for a chance to win! If you could bring a pie, it would be appreciated. Everything else will be provided. Parking and the entrance are in the rear of the building, and we will be on the 2nd Floor. An elevator is available. You won't want to miss it!!

*Moving Forward's* website is [ampmovingforward.com](http://ampmovingforward.com) and you can find both of our Facebook pages by searching under "Moving Forward Limb Loss Support".



The Amputee Coalition's National Conference is being held July 12 - 14th in Tucson, AZ. For more information visit their website at: <https://www.amputee-coalition.org/events-programs/national-conference/>

July 21st, Sat., 9am-5pm CDT, Ampuski is holding a Disabled Basic Skills Water Ski Clinic that is FREE to amputees and others with disabilities. It will be held at White Sulfur Lake, 5501 Penn Rd., Ostrander, OH. Lunch will be provided and participants will register and sign a waiver upon arrival. Families are invited, and it's kid friendly. Ampuski is a USA water ski sanctioned basic skills clinic for amputees and others with disabilities. Ampuski is a free program offered through CAST Ministries as part of their LIIMP program. CAST is the Christian Amputee Support Team.

To get further info, visit them on Facebook at: <https://www.facebook.com/Ampuski/>

You can also contact Kelly Reitz for further details (see CONTACT INFO in this newsletter). She and her children have attended this event. She says that it is a super event and that they all had a blast!



## 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.

~~~~~

CONTACT INFO



MOVING FORWARD Limb Loss Support Group

moving4wdamputeegroup@gmail.com

ampmovingforward.com • 502-509-6780

Facebook: Moving Forward Limb Loss Support &

Moving Forward Limb Loss Support Group for

Young Adults Ages 18-38

Belinda Jacobi, President / Newsletter Staff

belindajacobi@yahoo.com • 812-620-3694

Kelly Reitz, Vice-President / Facebook Editor

Kjreitz2012@gmail.com • 502-235-3146

Elaine Skaggs, Secretary

elaineskaggs@ymail.com • 502-548-6419

Julie Randolph, Treasurer / Newsletter Editor

jbrsweepa@yahoo.com • 812-557-3970

Mike Portman, Board Member-at-Large

mdportman712@gmail.com • 502-262-8344

Katie Flanagan, Writer / Young Adult Facebook Editor

katiemovingforward@gmail.com • 812-987-5329

~~~~~

## FUN WITH WORD SCRAMBLES ANSWERS (from Page 4)

SHEEPDOG, CHIHUAHUA, MALTESE, POMERANIAN, RETRIEVER,  
DACHSHUND, BEAGLE, DALMATION

PLEASE PROTECT YOUR PETS FROM THE S U M M E R H E A T!

~~~~~

MOVING FORWARD Limb Loss Support Group
Newsletter CORPORATE SPONSORS:



Center for Orthotic
& Prosthetic Care

Steve Frick, MS, CPO/LPO

Certified and Licensed Prosthetist/Orthotist

902 Dupont Road, Suite 100
Louisville, KY 40207

Tel: (502) 899-9221
Fax: (502) 899-9468

MOVING FORWARD Limb Loss Support Group
Newsletter CORPORATE SPONSORS:



Center for Orthotic
& Prosthetic Care

Mike Mattingly, CPO

Director of Orthotics

1931 West Street
Suite A
New Albany, IN 47150

Tel: (812) 941-0966
Fax: (812) 941-0958



Center for Orthotic
& Prosthetic Care

Tim Nutgrass, BOCP

Prosthetic Director

Kosair Charities Center
982 Eastern Parkway
Louisville, KY 40217

Tel: (502) 637-7717
Fax: (502) 637-9299



Center for Orthotic
& Prosthetic Care

Tim Skorupa, CPA

Certified Prosthetic Assistant

Norton Healthcare Pavilion
315 E. Broadway, Ste. 1400
Louisville, KY 40202

Tel: (502) 629-8640
Fax: (502) 629-5527



Center for Orthotic
& Prosthetic Care

Jason Ala, CPO, LPO

Certified/Licensed Prosthetist Orthotist

Norton Healthcare Pavilion
315 E. Broadway, Ste. 1400
Louisville, KY 40202

Tel: (502) 629-8640
Fax: (502) 629-5527



Center for Orthotic
& Prosthetic Care

Tom Caldwell, BOCP, LP

Certified and Licensed Prosthetist

315 E. Broadway, Suite 1400
Louisville, KY 40202
www.centeropcare.com

Phone: 502.629.8640
Fax: 502.629.5527
Cell: 502.377.4415
Tcaldwell@centeropcare.com

MOVING FORWARD Limb Loss Support Group
Newsletter CORPORATE SPONSORS:



1023 East Broadway
 Louisville, KY 40204

1726 State Street
 New Albany, IN 47150
 T 812-949-2641
 F 812-949-2669



Carlos Garcia
 LPO, LCPed, CPO, CPed
 Certified Orthotist/Prosthetist
 Certified Pedorthotist

T 502-585-2139
 F 502-589-1329
 cagarcia@hanger.com
 HangerClinic.com

Hanger Prosthetics & Orthotics, Inc.



1023 East Broadway
 Louisville, KY 40204

1726 State Street
 New Albany, IN 47150
 T 812-949-2641
 F 812-949-2669

Aaron Royster
 LPO, CPO
 Licensed Prosthetist/Orthotist
 Certified Prosthetist/Orthotist

T 502-585-2139
 F 502-589-1329
 cagarcia@hanger.com
 HangerClinic.com

Hanger Prosthetics & Orthotics, Inc.



BRYAN SWINT, CPO/L
 ORTHOTIST/PROSTHETIST
 BSWINT@KENNEYORTHOPEDICS.COM

2809 N. HURSTBOURNE PARKWAY • SUITE 111 • LOUISVILLE, KY 40223
 PHONE 502-882-9300 • FAX 502-882-8375

WWW.KENNEYORTHOPEDICS.COM



DONNA HINNANT CP, LPO
 DHINNANT@KENNEYORTHOPEDICS.COM

2809 N. HURSTBOURNE PARKWAY • SUITE 111 • LOUISVILLE, KY 40223
 PHONE 502-882-9300 • FAX 502-882-8375

WWW.KENNEYORTHOPEDICS.COM

Hilbert Potter, PT
 Physical Therapist
 HPotter@kort.com

12613 Taylorsville Rd, Suite 118
 Louisville, Kentucky 40299
 Phone (502) 267-1480
 Fax (502) 267-1982
 www.kort.com



Bruce Luckett, L.P.

1404 Browns Lane, Suite C
 Louisville, KY 40207
 Phone: 502.895.8050
 Fax: 502.895.8056

742 East Broadway
 Louisville, KY 40202
 Phone: 502.584.2959
 Fax: 502.582.3605

Web: www.louisvilleprosthetics.com



R. Wayne Luckett, L.P., L.Ped.

1404 Browns Lane, Suite C
 Louisville, KY 40207
 Phone: 502.895.8050
 Fax: 502.895.8056

742 East Broadway
 Louisville, KY 40202
 Phone: 502.584.2959
 Fax: 502.582.3605

Web: www.louisvilleprosthetics.com



Chris Luckett, C.P.

1404 Browns Lane, Suite C
 Louisville, KY 40207
 Phone: 502.895.8050
 Fax: 502.895.8056

742 East Broadway
 Louisville, KY 40202
 Phone: 502.584.2959
 Fax: 502.582.3605

Web: www.louisvilleprosthetics.com

Matthew Hayden, LP, CP
 mehayden@kyprosthetics.com

552 East Market
 Suite 102
 Louisville, KY 40202
 [p] 502.585.4228
 [f] 502.585.4476
 [c] 502.314.4228



Innovative Solutions For Extraordinary Success!