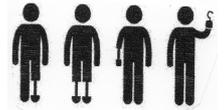


# ***MOVING FORWARD***

## **LIMB LOSS SUPPORT GROUP**

### **NEWSLETTER**

13<sup>th</sup> Edition – Sep. 2014



### Notz from Belinda:

We are continuing our focus on the subject of diabetes in this month's newsletter. Last month we dealt with awareness and prevention. This month and in the October issue, we will shift the focus to living with diabetes and its complications. The November issue will feature help in dealing with the emotional aspects of the disease as well as the challenge of being a caregiver for someone with diabetes. Julie and I received many positive responses to last month's newsletter and were encouraged by people who said that they were passing it on to friends or family members who have pre-diabetes or diabetes. We ask you to continue passing it on, so that we can make as many people aware of the seriousness of the disease and the importance of getting it under control sooner rather than later.

~~~~~

## ***MOVING FORWARD***

### **FEATURE ARTICLE**

### **My Experience With Diabetes**

– by Julie Randolph

I was diagnosed with pre-diabetes about 7 or 8 years ago. A friend loaned me a book called Sugar Blues. I began implementing some of its principles. I stopped eating all sugary foods. Every time I got a craving for sweets, I substituted a non-sweet snack like popcorn, rice cakes, or whole grain bread. Of course I know now that carbohydrates also affect blood sugar, but at least it helped wean me off the direct consumption of sugar products. I did little else to manage my pre-diabetes. I did not realize to follow up with my doctor on the results of my bloodwork. I made no effort to get more exercise. I was not started on medications at that time. I did not even know how to or how important it is to monitor my blood sugar.

After several years I transitioned to a Type II diabetic. My doctor started me on Metformin. I still didn't know how to follow up on my bloodwork results or monitor my glucose levels. I continued to eat a somewhat restricted diet but was not watching my intake of sweets.

Toward the end of 2012, I attended a presentation by Julie Bolinger, a pharmacist from Mathes Diabetes Center in New Albany IN, whose specialty was diabetes. I learned that Mathes Diabetes Center is the only facility of its kind in the State of Indiana. The Center specializes in educating about diabetes & teaching people how to manage the disease. Mrs. Bolinger impressed me so much in her presentation because

– Continued on Page 2 Column 1 –

### **AMPUTEE COALITION SideStep**

A Guide to Preventing & Managing Diabetes & Its Complications

### **Diabetes is Just the Beginning Secondary Conditions of the Disease Are a Leading Cause of Debilitation & Death**

When diabetes is not controlled, glucose & fats remain in the blood and, over time, damage vital organs. This can lead to dangerous secondary health complications.

### **What Are Some of the Complications of Diabetes in the United States?**

#### **Heart Disease & Stroke**

Heart disease & stroke account for about 65% of deaths in people with diabetes. Adults with diabetes have heart disease death rates about 2 – 4 times higher than adults without diabetes. The risk for stroke is 2 – 4 times higher among people with diabetes.

#### **High Blood Pressure**

About 73% of adults with diabetes have blood pressure greater than or equal to 130/80 or use prescription medications for high blood pressure.

#### **Blindness**

Diabetes is the leading cause of new cases of blindness among adults age 20 – 74 years. Diabetic retinopathy causes 12,000 – 24,000 new cases of blindness each year.

#### **Kidney Disease**

Diabetes is the leading cause of kidney failure, accounting for 44% of new cases in 2002. In 2002, about 44,400 people with diabetes began treatment for end-stage kidney disease in the U.S. & Puerto Rico. In 2002, a total of 153,730 people with end-stage kidney disease due to diabetes were living on chronic dialysis or with a kidney transplant in the U.S. & Puerto Rico.

#### **Nervous System Disease**

About 60 - 70% of people with diabetes have mild to severe forms of nervous system damage. The results of such damage include:

- Slowed digestion of food
- Carpal tunnel syndrome
- Other nerve problems, such as pain or a lack of feeling in the feet or hands. Severe forms of diabetic nerve disease are a major contributing cause of lower-limb amputations.

#### **Amputations**

More than 60% of non-traumatic lower-limb amputations occur in people with diabetes. In 2002, about 82,000 non-traumatic lower-limb amputations were performed on people with diabetes.

– Continued on Page 2 Column 2 –

## My Experience With Diabetes (cont'd)

she was excited about what she was teaching & she started out by saying that diabetes is her favorite disease because it is the only disease that is 100% manageable. She made the presentation so interesting by using not only transparencies & charts but hands-on visual aids.

I decided that I wanted to learn more about diabetes & learn how to manage my disease. I signed up for the diabetes class in Feb. of 2013, which consisted of (4) 2-hr classes to be held in Mathes Diabetes Center's classroom building, followed by 6 monthly individual follow-up visits to be held at the Diabetes Center. I learned so much from this program: I was given a glucometer & taught how to check my blood glucose levels daily. I was given informational materials & charts on the amount of carbohydrate servings of different foods & their glycemic index. I was taught how to watch what I eat, make wiser food choices, how very important exercise is, & about different medications & what their function is. I learned that the **one single thing that does more to manage & counteract the effects of diabetes than anything else is exercise**. Taking the diabetes class woke me up & it was a turning point for me in taking my diabetes seriously.

I really appreciate Belinda focusing on diabetes in the Aug. newsletter issue because I needed to be jogged again in my diabetes awareness. So many of the articles we featured in that issue reaffirmed to me that I need to take my disease more seriously. I learned things that I had not realized before, such as how important foot health & the need to check my feet daily are. I learned what the 10 Diabetic Superfoods are. I was reminded again how important monitoring my sugar & carbohydrate intake is. I also learned that when a person has high blood pressure, arthritis, or high cholesterol, it compounds the effects of diabetes. I happen to have & take medication for all 4 of these ailments. Thus, diabetes should be a much greater concern to me.

I am looking forward with anticipation to the next 3 newsletter issues to make me more aware & to give me practical keys to better manage my diabetes.

~~~~~



## TEST YOUR KNOWLEDGE

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

INORTGMNIO ( ) \_ \_ \_ \_ ( ) \_ \_ \_ \_ \_  
 ASLHPIYC TSSIFNE \_ \_ \_ \_ \_ ( ) \_ ( ) \_ \_

\_\_\_\_\_  
 EYOSBTI \_ \_ ( ) ( ) \_ \_ \_  
 MNDEIAITOC ( ) ( ) \_ \_ \_ \_ \_ ( )  
 LODOB-GRUAS \_ ( ) \_ \_ \_ \_ ( ) ( ) \_  
 TTAIDIENI \_ \_ ( ) \_ \_ \_ \_ \_ ( )

\_\_\_\_\_ - \_\_\_\_\_ IS CRITICAL IN  
 SUCCESSFULLY LIVING WITH DIABETES.

## Diabetes is Just the Beginning (cont'd)

### Dental Disease

Periodontal (gum) disease is more common in people with diabetes. Among young adults, those with diabetes have about twice the risk of those without diabetes. Almost one-third of people with diabetes have severe periodontal disease.

### Complications of Pregnancy

Poorly controlled diabetes before and/or during pregnancy can cause major birth defects, spontaneous abortions or very large babies, which can pose a risk to both mother & child.

### Other Complications

Uncontrolled diabetes often leads to biochemical imbalances that can be life-threatening. People with diabetes are also more prone to many other illnesses. In addition, once they get these illnesses, they often have worse outcomes. For example, they are more likely to die with pneumonia or influenza than people who do not have diabetes.

## The Good News – Diabetes & Its

### Complications Are Preventable or Controllable

Although the human & financial cost of diabetes & its complications is alarming, recent studies have found that lifestyle changes that include moderate weight loss & exercise can prevent or delay the onset of Type 2 diabetes among adults at high risk. This is true even if you already have pre-diabetes.

In 2001, results from the Finnish Diabetes Prevention Study & the U.S. Diabetes Prevention Program (DPP) showed that sustained lifestyle changes that included modest weight loss & physical activity substantially reduced progression to diabetes among adults who were at very high risk. These changes worked equally well for men & women & all racial/ethnic groups. They were most effective among people age 60 or older.

If you already have diabetes, many of these secondary complications can be prevented through:

- Finding out that you have diabetes early
- Improved care
- Better education about diabetes self-management

### Treating Diabetes

- If you have Type 1 diabetes, you must have insulin delivered by injection or a pump to survive.
- If you have Type 2 diabetes, you may be able to control your blood sugar by following a healthful meal plan, exercising regularly, & losing excess weight. You might also need to take oral medication and / or insulin. Among adults with diagnosed diabetes:
  - 16% take insulin only
  - 12% take insulin & oral medication
  - 57% take oral medication only
  - 15% do not take either insulin or oral medications
- If you are like many people with diabetes, you might also need to take medications to control your blood pressure & cholesterol.

### Prevention of Complications Through Improved Care

Check out the following exciting numbers to see how you can protect yourself from the dangers of diabetes!

- Continued on Page 3 Column 2 -



## SPOTLIGHT — by Belinda

For the month of September our spotlight shines on a lady with a "moving forward" attitude, Sharon Morehead. Sharon is a 65-year-old BK amputee, who after becoming an amputee only one year ago and experiencing wound healing issues due to her diabetes, has already moved from a K-level 2 to a K-level 3.

(Note: We will be discussing K-levels in an upcoming issue, but for now we will just say that it is an amputee's level of ability to use their prosthesis as assigned by their physician.) Needless to say, she has been keeping her prosthetist very busy trying to keep up with her.

Sharon was born in Tennessee and lived in London KY before moving to Louisville. She was married to her husband Jerry for 43 years, before he passed away 3-1/2 years ago. She has 2 sons. Past employment includes 13 years as a waitress at Chi Chi's, 9 years at Bacon's doing alterations to bridal gowns, and 22 years at Sher's Bridal, sewing and altering bridal gowns. Besides sewing, she says that another hobby is reading mystery novels from a variety of authors.

Sharon loves to meet new people and that is one of the reasons that she enjoys the support group, but also says that she learns a lot of helpful hints from the other members. One of her favorite outings with the group was the Bat's baseball game, where she was privileged to visit with some members of the Wounded Warriors softball team.



She has an amazing sense of humor and likes to share stories about her experiences. I will share two of those with you now, but knowing Sharon and her fun-loving nature, there will be many more to come.

The first involves her driving. This Spring we had a dinner at Tumbleweed and for those of you who went, you know that it was a traffic and parking nightmare. I am standing in the parking lot and wondering how on earth we are going to get people unloaded and cars parked, when in drives Sharon. This truly amazed me, because I later learned that this was the first time that she had driven since becoming an amputee. The lady has "no fear". She also likes to tell about driving her manual transmission truck soon after getting her prosthesis.

The second story occurred before she started walking with her prosthesis, while she was still motoring around the streets of Louisville in her power chair. She had just attended a dinner at her church, which was about 1/4 mile from her house, and was heading back home when she got too close to the side of the driveway and her power chair went over the drop-off. She tumbled down the embankment along with her chair. She said that the next thing she remembers, after realizing that she wasn't hurt, was thinking how on earth was she going to get that 200 lb. chair back up to the road. About this time, she looked up and a young lady and a police officer were standing over her. The officer wanted to help her up, but she told him that he first would have to get her chair back up to the driveway. He did, and then asked to drive her home. She had already turned down his offer to call EMS. She refused his offer, saying that she would be fine driving her power chair

— Continued on Page 4 Column 1 —

## Diabetes is Just the Beginning (cont'd)

- Better blood sugar control reduces the risk for eye disease, kidney disease, & nerve disease by 40% in people with Type 1 or Type 2 diabetes.
- Blood pressure control reduces the risk for heart disease & stroke among people with diabetes by 33 - 50%. It also reduces the risk for eye, kidney, & nerve diseases by about 33%. Detecting & treating early diabetic kidney disease by lowering blood pressure can reduce the decline in kidney function by 30 - 70%.
- Improved control of blood cholesterol levels can reduce cardiovascular complications by 20 - 50%.
- Detecting & treating diabetic eye disease with laser therapy can reduce the risk for loss of eyesight by about 50 - 60%.
- Comprehensive foot care programs can reduce amputation rates by 45 - 85%.

Unfortunately, even with such promising statistics on preventing these devastating conditions through better care, many people with diabetes are not controlling their diabetes properly. Among people with diabetes:

- 2 in 5 have poor cholesterol control
- 1 in 3 has poor blood pressure control
- 1 in 5 has poor blood sugar control

If you want to live healthfully & successfully with diabetes, you must take the disease very seriously. It really can be a matter of health & sickness or of life & death.

### Sources:

*Diabetes: Disabling Disease to Double by 2050* (2007), published by the U.S. Dept. of Health & Human Services, Centers for Disease Control & Prevention, Coordinating Center for Health Promotion

*National Diabetes Fact Sheet: General Information & National Estimates on Diabetes in the United States, 2005.* Atlanta, GA: U.S. Dept. of Health & Human Services, Centers for Disease Control & Prevention, 2005



## LET'S GET MOVING!



Physical activity is important in effectively managing diabetes, but when you have diabetic complications, it is important to know what types of activities are appropriate for you. This month we are sharing with you this information from the American Diabetes Association on exercising safely with diabetes. For more information on physical fitness for diabetics go to diabetes.org.

### Exercising With Diabetes Complications

If you want to know more about exercising safely with specific diabetes complications, check out the list below. It is also important to talk to your healthcare team.

This can serve as a guide to the types of activity that might work for you:

#### Heart Disease

#### **Caution!**

Very strenuous activity, heavy lifting or straining,

— Continued on Page 4 Column 2 —

## SPOTLIGHT (cont'd)

home. The officer insisted on following her to make sure she arrived safely. She looked back and there he was following her the whole way with his lights on. Her only solace was that he had not turned on his siren. She says, "This is one of those stories that you can look back on now and laugh, but at the time, it was NOT funny." I can guarantee you one thing and that is – the next day she was right back out there motoring down the streets of Louisville, because Sharon is definitely the type of person who, when she gets thrown from the horse, will get right back in the saddle.

~~~~~



## RECAP OF AUGUST

On Aug. 21st, several members of *MOVING FORWARD* took part in an *Amputee Coalition Peer Visitor Training Class* at the VA Hospital in Louisville. The class was instructed by Cathy Sandrella, a Physical Therapist who specializes in working with amputees and who is also an AC and VA certified peer visitor trainer. The class was very informative and included discussions about the 6 phases of recovery and the role of the peer visitor in each stage, communication techniques, and rules specific to the VA Hospital. Class participants also took part in role playing exercises to help familiarize them with the different situations and questions they may face during a peer visit. After successfully completing the training class and registering with Volunteer Services at the VA, class participants will be called upon to do peer visits with new amputees at the hospital. We are truly honored that we were asked to take part in the training and look forward to providing support to the veterans at the VA Hospital. Also, *MOVING FORWARD* is working to put together some of our Care packages to distribute when members go on a VA peer visit. If you would like to contribute items for the Care packages, please contact us.

On Sat., Aug. 23rd, our monthly meeting was held at Baptist East. We welcomed two new members to the group, Wanda Baird and Cheryl Calhoun. Wanda's daughter and son-in-law were also in attendance.

The main topic of discussion was "Living with Diabetes". Group members shared their experiences dealing with the disease and told of the impact it has had on their lives. We discussed the symptoms, treatments, and complications of diabetes and the need for self-monitoring and staying up-to-date with check-ups by your physician. We also discussed the need for amputees to pay special attention not only to their sound foot but also any sores or irritations that develop on their residual limb due to wearing their prosthesis.

Julie announced that at the Sept. meeting held at Baptist East a representative from *Mathes Diabetes Center* will be giving a presentation on *Diabetes Education*. More information about this special presentation can be found in the **UPCOMING EVENTS** section.

Gary talked to the group about the need for changes in KY laws to insure that amputees get the

– Continued on Page 5 Column 1 –

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

isometric exercises, exercise in extreme heat or cold.

### **Beneficial Activities**

Moderate activity such as walking, daily chores, gardening, fishing. Moderate dynamic lifting, stretching. Activity in moderate climate.

### High Blood Pressure

**Caution!** Very strenuous activity, heavy lifting or straining and isometric exercise.

### **Beneficial Activities**

Most moderate activity such as walking, moderate lifting, weight lifting with light weights and high repetitions, stretching.

### Nephropathy (Also refer to blood pressure guidelines)

**Caution!** Strenuous activity

### **Beneficial Activities**

Light to moderate daily activities such as walking, light household chores, gardening, and water exercise.

### Peripheral Neuropathy

**Caution!** High-impact, strenuous, or prolonged weight-bearing activities such as walking a long distance, running on a treadmill, jumping / hopping, exercise in heat or cold, weight-bearing exercise when you have a foot injury, open sore, or ulcer.

### **Beneficial Activities**

Light to moderate daily activities, exercise in a moderate climate, moderate weight-bearing activities that are low-impact (e.g. walking, cycling, swimming, chair exercises). Moderate weight-bearing exercises like walking are okay once foot ulcers have healed.

**\*\*Those with peripheral neuropathy need to have appropriate footwear and should check their feet every day.**

### Autonomic Neuropathy

**Caution!** Exercise in extreme heat where dehydration can occur, activities requiring rapid changes in movement that may result in fainting. Talk to your doctor before starting an exercise program – you may need an exercise stress test.

### **Beneficial Activities**

Mild to moderate aerobic activities and resistance training, but increase the length of time you exercise slowly. Follow your doctor's recommendations.

### Retinopathy

**Caution!** Strenuous exercise, activities that require heavy lifting and straining, breath holding while lifting or pushing, isometric exercise, high-impact activities that cause jarring, head-down activities.

### **Beneficial Activities**

Moderate activities that are low impact (e.g. walking, cycling, water exercise), moderate daily chores that do not involve heavy lifting, straining, or the head to be lower than the waist.

### Peripheral Vascular Disease

**Caution!** High-Impact activities

### **Beneficial Activities**

Moderate walking (may do intermittent exercise with periods of walking followed by periods of rest), non-weight-bearing exercise: swimming, cycling, chair exercises.

### Osteoporosis or Arthritis

**Caution!** High-Impact activities

### **Beneficial Activities**

– Continued on Page 5 Column 2 –

## RECAP OF AUGUST (cont'd)

prosthetic devices that they need. He told about speaking with Terri Ross, a group leader from Paducah who is very active in the fight for prosthetic parity in KY. Gary also explained the difference in which laws the State can regulate and which ones are under Federal regulation.

During the business portion of the meeting, announcements were made about the upcoming Norton Hospital event, the Support Group holding an additional monthly meeting which will be held at Southern IN Rehab Hospital in New Albany, and an email was read from Joe Riffe, who spoke at our "Show Your Mettle" dinner, regarding a speech he will be delivering at Stanford University. Updates were given on our treasury, website, and newsletter.

Belinda discussed the need for holding fundraisers for the group. She told of the expenses involved in operating *MOVING FORWARD* including Federal and State filing requirements for Not-For-Profits, liability insurance, and expenses for the newsletter, group events, and for the Care packages. Two upcoming fundraisers were discussed, one being a Yard Sale and the other a Walk/Run/or Roll. Plans were made for both events. Kelly will be chairperson for the yard sale, while Belinda will chair the Walk. Belinda asked that Philip be named Co-chair of the Walk. By unanimous vote, Philip was voted to hold that position. You will find details of both events in the **UPCOMING EVENTS** section of this newsletter.

~~~~~

## HEALTHY EATING FOR DIABETICS

For the next few months, we will be including some healthy eating tips and recipes from the American Diabetes Association.

### Diabetes Meal Plans and a Healthy Diet

#### What is a Diabetes Meal Plan?

A diabetes meal plan is a guide that tells you how much and what kinds of food you can choose to eat at meals and snack times. A good meal plan should fit in with your schedule and eating habits.

Some meal planning tools include:

- The plate method
- Carb counting
- Glycemic index

The right meal plan will help you improve your blood glucose, blood pressure, and cholesterol numbers, and also help keep your weight on track. Whether you need to lose weight or stay where you are, your meal plan can help.

Looking for meal plans? [Sign up for our Recipes for Healthy Living resource. It's free!](#)

People with diabetes have to take extra care to make sure that their food is balanced with insulin, oral medications (if they take them), and exercise to help manage their blood glucose levels. This might sound like a lot of work, but your doctor and/or dietitian can help you create a [meal plan](#) that is best for you. When you make healthy food choices, you will improve your overall health and you can even prevent complications

– Continued on Page 6 Column 1 –

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

Moderate daily activities, walking, water exercises, resistance exercise (e.g. light lifting activities), stretching.

\*Adapted from [I Hate to Exercise, 2nd edition](#), by Charlotte Hayes, MMSc, MS, RD, CDE. ©American Diabetes Association

Additional Resource: [See our "Complications" page](#) for detailed discussions of these conditions.

~~~~~

## AMPUTEE COALITION SideStep

A Guide to Preventing & Managing Diabetes & Its Complications

### Learning to Live Healthy With Diabetes

Diabetes self-management training should be a critical part of your medical plan. In fact, it's now widely believed that medical treatment of diabetes without good self-management training is not acceptable. To learn these skills, many people turn to diabetes educators.

Diabetes educators specialize in helping people learn to self-manage their diabetes. They include nurses, dietitians, pharmacists & podiatrists (foot doctors), among others. These healthcare professionals can help you resolve problems & develop coping strategies.

The American Association of Diabetes Educators (AADE) is dedicated to delivering quality self-management training for people with diabetes or pre-diabetes. AADE has identified seven actions that are critical to diabetes self-management. They are called the **AADE7 Self-Care Behaviors**.

They are:

- Healthy eating
- Being active
- Monitoring
- Taking medication
- Problem solving
- Reducing risks
- Healthy coping

What does this mean for you? It means that your diabetes educator will:

- Teach you how to work healthful eating & physical activity into your daily activities
- Teach you to check your blood sugar
- Help you understand how your medicines work
- Give you the ability to solve problems & adjust emotionally to diabetes

**Healthy Eating & Being Active** Making healthful food choices, understanding portion sizes, & learning the best times to eat are important in managing diabetes. Obesity is often linked to amputations & other health problems because it decreases circulation (blood flow). With proper meal planning & enough physical activity, you can largely lower your risk for these problems.

**Monitoring** It's critical to check blood sugar every day. Diabetes educators can help you determine which blood sugar meter best meets your needs, show you

– Continued on Page 6 Column 2 –

## HEALTHY EATING FOR DIABETICS (cont'd)

such as heart disease and some cancers.

There are many ways to help you follow your diabetes meal plan. Some ways are:

- [Creating your Plate](#)
- [Carbohydrate Counting](#)

These two meal planning methods are different but hopefully one is right for you.

### What is a Healthy Diet?

A healthy diet is a way of eating that reduces risk for complications such as heart disease and stroke. Healthy eating includes eating a wide variety of foods including:

- vegetables
- whole grains
- fruits
- non-fat dairy products
- beans
- lean meats
- poultry
- fish

There is no one perfect food so including a variety of different foods and watching portion sizes is key to a healthy diet. Also, make sure your choices from each food group provide the highest quality nutrients you can find. In other words, pick foods rich in vitamins, minerals and fiber over those that are processed.

People with diabetes can eat the same foods the family enjoys. Everyone benefits from healthy eating so the whole family can take part in healthy eating. It takes some planning but you can fit your favorite foods into your meal plan and still manage your blood glucose, blood pressure, and cholesterol.

~~~~~

## Fruits

Wondering if you can eat fruit? Yes! Fruits are loaded with vitamins, minerals and fiber just like vegetables.



Fruit contains carbohydrate so you need to count it as part of your meal plan. Having a piece of fresh fruit or fruit salad for dessert is a great way to satisfy your sweet tooth and get the extra nutrition you're looking for.

### What are the Best Choices?

The best choices of fruit are any that are fresh, frozen or canned without added sugars.

- Choose canned fruits in juice or light syrup
- Dried fruit and 100% fruit juice are also nutritious choices, but the portion sizes are small so they may not be as filling as other choices.

Tips:

### For Carbohydrate Counters

A small piece of whole fruit or about 1/2 cup of frozen or canned fruit has about 15 grams of carbohydrate. Servings for most fresh berries and melons are from 3/4 - 1 cup. Fruit juice can range from 1/3 - 1/2 cup for 15 grams of carbohydrate.

Only 2 tablespoons of dried fruit like raisins or dried cherries contain 15 grams of carbohydrate so be cautious with your portion sizes!

- Continued on Page 7 Column 1 -

## Learning to Live Healthy With Diabetes (cont'd)

how to test your blood sugar level, & teach you to use the test results to adjust your self-management routine.

**Taking Medicine** Your healthcare team will determine which medicines you should take & explain how they work. This will partly depend on the type of diabetes you have.

**Problem Solving** Managing changes in blood sugar levels is vital to managing diabetes. Diabetes educators can help you move from beginner to expert as you learn to recognize & respond to hypoglycemia (very low blood sugar), hyperglycemia (very high blood sugar), & sick days.

**Reducing Risks** Because of your increased risk for many health problems, you need regular eye, foot & dental exams. You also need to learn how to do regular self-exams. In these cases, the meaning of the word "regular" depends on the advice of your healthcare professional. For instance, daily foot exams are vital if you have lost some or all feeling in your feet. The Centers for Disease Control & Prevention estimates that foot-care programs that include regular examinations & patient education could prevent up to 85% of diabetes-related leg, foot & toe amputations.

**Healthy Coping** Diabetes educators can help you identify problems you might face while treating your diabetes. They can provide support by encouraging you to talk about your concerns & fears. And they can also help you learn what you can control & offer ways for you to cope with what you cannot control.

Regardless of the situation, diabetes educators can give you the tools & strategies you need to live your life to the fullest.

For more information about AADE or to find diabetes educators in your area, go to [www.diabeteseducator.org](http://www.diabeteseducator.org).

~~~~~

## UPCOMING EVENTS

The month of September is going to be a very exciting one for our support group. There are several opportunities being made available to our members that are sure to be both educational and motivational!

**Sat., Sept. 13th** - *MOVING FORWARD* is having a Yard Sale to raise funds for our Care Package Project and to help with our other expenses. Kelly Reitz is chairperson for this event. It will be held from 8:00 AM - 1:00 PM at the Westport Road Church of Christ, 4500 Westport Rd, Louisville. We would appreciate any donations of merchandise for the sale, and if you would like to arrange for pick-up or drop-off of items, please contact Kelly at 812-572-7955. We will be setting up for the sale at 7:00 AM, if you would like to help, but we also will be needing help throughout the day.



**Mon., Sept. 15th** - *MOVING FORWARD* will hold its first monthly meeting in Indiana at Southern IN Rehab Hospital, 3104 Blackiston Blvd., from 6:30 - 8:00 PM in the Education Conference room. This will provide

- Continued on Page 7 Column 2 -

## HEALTHY EATING FOR DIABETICS (cont'd)

Fruit can be eaten in exchange for other sources of carbohydrate in your meal plan such as starches, grains, or dairy.

### For Plate Method

If using the plate method, having a small piece of whole fruit or a 1/2 cup of fruit salad for dessert is a great complement to the non-starchy vegetables, small portion of starch and protein foods that are on your plate.

### For Using the Glycemic Index

Most fruits have a low glycemic index (GI) because of their fructose and fiber content. Melons and pineapple have medium GI values as do some dried fruits such as dates, raisins, and sweetened cranberries.

Overall, fruit is encouraged when using the glycemic index to guide food choices — so enjoy.

~~~~~

## Harvest Chicken Salad

Makes: 8 servings  
 Serving Size: 2/3 cup  
 Preparation Time: 20 minutes  
 Cooking Time: 10 minutes  
 Chilling Time: 30 minutes



### Ingredients

- 1 lb. boneless, skinless chicken breasts (tenderloins removed and saved for another use)
- 3 cups water to cover
- 4 peppercorns
- 1 small Gala apple, unpeeled & diced
- 1/2 cup halved red seedless grapes
- 1/2 cup sliced dried apricots
- 1/4 cup dried cherries
- 2 celery stalks, diced
- 1/4 cup minced red onion

### Dressing

- 1/3 cup nonfat mayonnaise
- 1/4 cup plain nonfat yogurt
- 1/2 tsp. honey
- 1/2 tsp. orange zest
- 1/4 tsp. freshly ground black pepper

### Directions

1. Place chicken in a large skillet. Cover with water. Add peppercorns. Bring to boiling and then lower heat, cover, and simmer for 9 to 10 minutes. Remove chicken from water; set aside on a plate to cool. Discard water. When cool enough to handle, cut chicken into cubes or strips.
2. In a large bowl, combine chicken with the apple, grapes, dried apricots, dried cherries, celery, and red onion.
3. For dressing, combine ingredients. Add dressing to salad, mix well, cover, and refrigerate for 30 minutes for the flavors to meld.

~~~~~



## QUOTE OF THE MONTH

"Although the world is full of suffering, it is also full of overcoming."  
 -- Helen Keller

## UPCOMING EVENTS (cont'd)

amputees in our area who are unable to travel to Louisville for our meetings an opportunity to meet and discuss issues, receive information, hear presentations on various topics, and to make new friends. All amputees, their family members, friends, and caregivers are welcome to attend.

**Wed., Sept.17th** – Norton Healthcare has invited us to attend "A Conversation with Josh Bleill." This event will take place from 6:00 - 8:00 PM at The Olmsted, 3701 Frankfort Ave. Louisville, KY. Josh is an Indiana native who now works for the Indianapolis Colts. He will talk about losing both legs while serving in the Marine Corps in Iraq, and the challenges both mental and physical that he has overcome. He is sure to inspire you with his enthusiasm, joy, and sense of humor as he discusses his journey. He is author of the book One Step at a Time. They have also asked us to have an information table at this event. We will be distributing info about *MOVING FORWARD* and brochures from the *Amputee Coalition* before Josh's speech. Doors will open at 5:00 PM that evening.

**Sept. 27th** – The Louisville monthly meeting of *MOVING FORWARD* will be held from 2:00 - 4:00 at Baptist East. We will have a special guest, Nikki Olenik from *Mathes Diabetes Center*, who will be giving an educational presentation on diabetes. She will discuss the causes, symptoms, self-management techniques, healthy meal planning, treatments, and complications of the disease. If you, a friend or family member has diabetes, or if you would just like to learn more about it, this is an opportunity for you to receive this valuable information which could have a positive impact on the lives of diabetics. We encourage you to attend and bring a friend(s) or family member(s).

**\*\*Special note:** At this time, our meeting will be held in Rooms PDR (Public Dining Rooms) 1 & 2 instead of Room 2B, due to a symposium being held at Baptist East which is to be over at 2:00 PM. Signs will be posted from the Education Center and along the way showing you how to get to the meeting. You will receive a reminder of the meeting the week before, so please look at the room number just in case we are able to get it moved back to Room 2B or 2G.

### LOOKING AHEAD TO SOME OCTOBER EVENTS:

**Sat., Oct. 4th** – The American Diabetes Association will hold a Step Out / Walk to Stop Diabetes at Waterfront Park in Louisville. The walk begins at 10:00 AM and there will be a Health & Wellness Festival from 9:00 AM - Noon. Free blood glucose and vision screenings will be provided and there will be a children's activity area. For more information go online to [diabetes.org](http://diabetes.org).

**Sat., Oct. 18th** – *MOVING FORWARD* will hold its 2nd Annual Walk & Roll at Community Park on Grant Line Rd in New Albany. This year in addition to the 1-Mile Walk & Roll around the lake, a 5K will be offered to walkers or runners. Registration will begin at 10:00 AM with the walk beginning at 11:00 AM. A picnic will follow beginning at Noon. Details are being finalized, so we will be sending out a flyer in a few weeks with the details.



## Q & A – by Belinda Jacobi

Our Q&A section is provided so that our readers can submit a “?”, and then I, in turn, ask some of the members of the group for a response. From time to time, I also do some research from various informational sources so that I can better respond to the submitted question. I am not trying to provide medical advice, but just trying to help amputees who are in search of some answers. As always, I encourage you to talk to your family doctor, specialist, or prosthetist about your concerns. **Do not be afraid to ask them questions.**

This month the following question was submitted, "I read the list of symptoms of diabetes that were in the last newsletter. What type of symptoms did some of the members of the support group experience that let them know that they needed to be checked for diabetes, and how do they manage their diabetes?" I asked several members of the group and was really surprised by the answers that I received. All but one said that they didn't notice any symptoms, that they were diagnosed after a routine blood test. Mike was the only one that said that he had been experiencing the symptoms of extreme thirst and weakness. A family member had recently purchased a blood glucose meter at a yard sale and wanted to see if it worked. She tested Mike and he had an extremely high reading. He followed up with his doctor and was then diagnosed as being diabetic after a blood test. So to me these responses are telling us that **WE ALL NEED TO GET AN ANNUAL BLOOD GLUCOSE TEST.** If you do not have insurance coverage, there are ways to get this test at no charge. Many of our area hospitals have health fairs, where they provide free screenings for many different health concerns. In the **UPCOMING EVENTS** section of the newsletter, you will find that free blood glucose screenings will be given at the American Diabetes Association Walk coming up in October. Usually these are a Fasting Plasma Glucose Test, which means that you are not to have anything to eat or drink for 8 hours before the test. It is a good idea to call the number provided for these events to see if there are any special instructions before you go. I encourage you to take advantage of these screenings, because diabetes can be a manageable disease with early detection. I also encourage you to attend our Sept. meeting to hear the presentation from Mathes Diabetes Center. If you learn even **ONE** thing while attending, that may make a **HUGE** difference in learning to better manage or in preventing you from getting diabetes. The 2nd part of the submitted “?” will be answered in the October newsletter. Please keep those questions coming. You can submit them to me by phone or email.

\*Research for this article was done on the American Diabetes Association website: [diabetes.org](http://diabetes.org).



**TEST YOUR KNOWLEDGE ANSWER** (from Page 2):  
MONITORING, PHYSICAL FITNESS, OBESITY, MEDICATION,  
BLOOD-SUGAR, DIETITIAN

SELF MANAGEMENT IS CRITICAL IN SUCCESSFULLY  
LIVING WITH DIABETES.

## J'm Moving Forward . . .

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

Sam Gaylord, a proud member of the United States Marine Corp, VVA Service Officer, author of 2 books, avid golfer, bilateral below knee amputee, stroke survivor, husband, father, grandfather, and a member of *MOVING FORWARD* Support Group.

Sam "Moving Forward" to the 18th hole.



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



## CONTACT INFO



- MOVING FORWARD* Support Group  
[moving4wdamputeegroup@gmail.com](mailto:moving4wdamputeegroup@gmail.com)  
502-509-6780  
Website: [ampmovingforward.com](http://ampmovingforward.com)  
Facebook: [Moving Forward Limb Loss Support](#)
- Belinda Jacobi, President  
[belindajacobi@yahoo.com](mailto:belindajacobi@yahoo.com)  
812-620-3694
- Kelly Reitz, Vice-President  
[Kjreitz2012@gmail.com](mailto:Kjreitz2012@gmail.com)  
812-572-7955
- Beverly Gaylord, Secretary  
[gaylordm@aol.com](mailto:gaylordm@aol.com)  
812-989-4177
- Julie Randolph, Treasurer / Newsletter Editor  
[jbrsweepta@yahoo.com](mailto:jbrsweepta@yahoo.com)  
812-557-3970
- Mike Portman, Board Member-at-Large  
[mdportman712@gmail.com](mailto:mdportman712@gmail.com)  
502-262-8344