



NEWSLETTER ♦ 25th Edition ♦ Sep. 2015

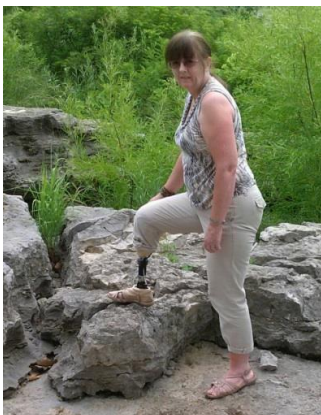
MOVING FORWARD FEATURE

Continuing to Climb

– by Belinda

This feature story is one that I had hoped that I would never have to write, but for anyone who has ever had cancer, we know that it is always a possibility. I have tried to contact as many of you as I could before releasing this news, but as group leader I feel that I need to keep you all informed. During this past month, it was discovered that I once again have cancer. This time it has taken up residence in one of my ribs. I have had a CAT scan and a PET scan and at this time no other cancer, except for the mass in my rib, can be found. The plan of action is to remove the portion of rib with the mass and then to immediately biopsy it to see if it is contained to that area or if more ribs or tissue need to be removed. I will be hospitalized for 5 days followed by 6 weeks of recovery time at home. During this time, other group members will step up and take over some of my duties.

As many of you know, I used to be a very private person. Leading the group and going on peer visits to new amputees has changed that. I have found by sharing my story that I could give comfort and hope to others. I have met many amazing people during the last few years and have made many new friends. I have often talked about how during my various bouts with cancer and the loss of my father and sister-in-law, I felt as though I had slid down into a deep dark hole and every time I reached the surface, something would push me back in. I have been asked numerous times, "What made you not just give up?" The answer for me was, "Giving up wasn't an option, because I had too many people who loved me and needed me, and I wasn't going to quit on them." Every time I was pushed back down it made me angry and I turned that anger into determination to keep climbing.



Well, it appears that cancer has snuck up and pushed me back down that hole, but I will continue to climb, and this time I have all of you in my corner. I was telling someone a few days ago that I would have to heed my own words and take one step at a time and not become overwhelmed by over thinking my situation.

I appreciate all your friendship, support, love, and prayers! I will keep you updated.



Volume 2, 2001

Dealing With Grief & Depression

– by Omal Bani Saberi, LCSW, CCHT

When a part of our body is lost, we experience a grieving process much like a death. In her book On Death and Dying, Dr. Elizabeth Kubler-Ross has outlined five stages of the grieving process that occur in conjunction with dying. These stages, in the context of limb loss, are:

1. **Denial and Isolation.** "This is impossible. It's not really happening! I feel nothing at all."
2. **Anger.** "Why is this happening to me? I'm enraged! God is unjust."
3. **Bargaining.** "If I promise to do such and such, maybe I'll get my old life back."
4. **Depression.** "I feel hopeless. Everything is beyond my control. Why bother trying? I give up."
5. **Acceptance.** "I don't like it, but the amputation is a reality. I'll find ways to make the best of it and go on."

The cycle of grief does not flow easily. Emotional recovery, like physical recovery, is based on your own timetable and other factors. These include: age, gender, circumstances of your limb loss (accident, disease, birth), how you coped with problems in your life before your limb loss, support or lack of support from family or friends, cultural values and norms, and socioeconomic factors.

The new amputee may experience feelings of depression that are difficult to ward off. What are these feelings and how can you work through them?

Signs & Symptoms of Depression

Loss of appetite, changes in eating patterns
Lack of energy
Sleeplessness or sleeping more than usual
Poor concentration
Diminished interest in enjoyable activities
Loss of interest in sex
Social withdrawal
Feelings of hopelessness, worthlessness, or inappropriate guilt
Emotions that are flat – expressed robotically rather than with feeling

Surviving Depression

Following are some suggestions for overcoming your depression, physically, emotionally, mentally, and spiritually.

PHYSICALLY

1. **Get your rest.** Each day get out of bed, get dressed, and, if possible, go out of

– Continued on Page 2 Column 2 –





AUGUST RECAP

MOVING FORWARD held two very informative meetings during the month of August. At the IN meeting, which was held on Aug. 17th at SIRH, special guest speaker Erin Myers talked to the group about her life as an AK amputee, her career with Freedom Innovations, and about prosthetic technology. The topic of the proposed changes in Medicare coverage for lower limb amputees was also discussed. If you missed Erin's presentation, she will be speaking at the group's KY meeting in October.



The KY meeting was held on Aug. 22nd at Baptist East. Joan Passanisi, a physical therapist with Baptist East was on hand to talk about the importance of physical therapy for amputees and she also answered questions from the group. A discussion was held on our many upcoming events.

We would like to thank both of our special guests for taking the time out of their busy schedules to show their support and for providing us with valuable information.

Note from Belinda Many of us were exceptionally busy this past month trying to alert amputees of the proposed changes in coverage by Medicare. I am very happy to say that the goal of 100,000 signatures needed to force further study on the proposed changes was reached. Our group played a vital role in alerting not only the amputee community, but also the media and our representatives in Washington D.C. to the potential harm that these changes would cause. I would like to extend a special thank you to group members Kelly Reitz for her work on Facebook and to Julie Randolph for helping to get the message out by email. Thank you to everyone who passed along the news to family, friends, and co-workers. Due to the combined efforts of the Amputee Coalition, the prosthetic community, amputee support groups around the country, and many others, these proposed changes will be reviewed by appropriate committees and the concerns of the amputees will be heard.

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## TEST YOUR KNOWLEDGE

Unscramble these words & use the letters in parenthesis to finish the sentence. You can find the answer on Page 6.



|               |                           |
|---------------|---------------------------|
| FMEICAPR      | ( ) _ _ _ ( ) _ _ _ _     |
| SREOMS        | _ ( ) _ _ _ _             |
| EPLESNIG GBSA | _ _ _ _ ( ) _ _ _ _       |
| NIGS LGAON    | _ ( ) _ _ _ _ ( ) _       |
| YSRTO LLGTENI | _ _ _ ( ) _ ( ) _ _ _ _   |
| RAST GGNIAZ   | _ _ ( ) _ ( ) _ _ ( ) _ _ |

Now unscramble the letters to finish this sentence:

OH WHAT FUN, A LATE SUMMER \_ \_ \_ \_ \_  
\_ \_ \_ \_ \_!!

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REMINDER TO RE-ENROLL FOR KROGER COMMUNITY REWARDS PROGRAM

NPO #15533 – This is a way to contribute to **MOVING FORWARD**. It does not take away from your Kroger points in any way but our support group receives a percentage of your purchases. Don't forget to register or re-enroll online, if you have not done so, at: krogercommunityrewards.com

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## Dealing With Grief & Depression (cont'd)

the house.

2. **Make sure you eat well** – not too many sweets. Foods with sugar will give you quick bursts of energy, then quickly let you down, taking you deeper into depression.
3. **Get involved in physical and recreational activities that do not cause you pain.** Exercise and gentle movement will release endorphins to help decrease depression.
4. **Practice deep breathing.** This will help relax muscles, decrease pain, and relax and focus the mind.
5. **Decrease alcoholic beverage intake.** Alcohol is a depressant. Eliminate other drugs that you use to self-medicate. If using prescription drugs, make sure you take them when prescribed.
6. **Accentuate your best features; don't focus on the loss.** For example, if you have beautiful skin or eyes, a bright smile, a terrific figure or a great personality, this is the time to value your assets.

### EMOTIONALLY

1. **You are not alone.**
2. **You are not to blame.** It is important that you feel the anger, because if you don't, it will lead to depression.
3. **Write letters and don't mail them.** Journal your feelings.
4. **Increase contact with supportive family and friends.**
5. **Assert yourself and communicate clearly.** Tell those around you what you need and don't need. For example, you may need to expend less energy this year; conserve your energy. Go to a movie or rent a video, especially if the weather is harsh.
6. **Tell your loved ones you are experiencing grief and talk about your loss together.** This gives your loved ones the chance to express their feelings, since they, too, have to adjust to your loss. So don't skirt around the issue, walk on eggshells or ignore the problem. Be honest and talk it out. This will give you and yours a greater chance to heal and adjust.
7. **Remember, people want to help but often don't know what to do to support you.** So ask, ask, ask! You can remain independent – but let go of the controls for now. Allow others to give to you, so you can replenish your energy.
8. Explore the potential benefits of meditation, guided imagery and hypnotherapy.
9. **Contact a support group.** If there isn't one in your area, contact the Amputee Coalition office toll-free at 1-888/AMP-KNOW for information and help.
10. **Laughter is a healer of depression, so add humor;** make light of something that is serious, and laugh at yourself.
11. **Get professional help if the depression becomes overwhelming and no small changes are occurring.** Everyone needs help at some point in his or her life. Be a positive statistic. You are worth it. If finances are a problem, call your local mental health office or the Amputee Coalition at 1-888/AMP-KNOW for information on financial resources. [Web Note: [See Prosthetic Costs and Financial Assistance for Prostheses and Other Assistive Devices](http://www.prostheticcosts.com)]
12. **Most importantly, know that these feelings will lessen over time;** however, for now, get support!

### MENTALLY

1. **Commit yourself to work with the medical staff, physicians, nurses, occupational and physical therapists, and prosthetists, even when you don't want to.**
2. **Do not make big decisions such as beginning or ending a relationship, or buying or selling a house or car, when you are depressed.** You may regret this later.
3. **Go to a psychiatrist for evaluation and medication if necessary.**
4. **Seek alternative medicine, massage, acupressure, acupuncture and hypnotherapy for pain management, phantom pain, sleeplessness, anxiety and depression.**
5. **Replace negative self-talk about your body and life with positive cognitive messages.**

### SPIRITUALLY

1. **Forgive yourself; don't judge.** Dr. Harold H. Bloomfield, co-

– Continued on Page 3 Column 2 –



## SPOTLIGHT – by Belinda

Each month in our Spotlight column, we introduce you to one of our group members. This month the light shines on a very lovely lady, Debbie Troutman. I visited her in her home for the interview, and she took me on a tour showing me all the ways that she has made her home accessible to her special needs. We had a wonderful conversation that included both serious discussion and a lot of laughter. Debbie is a very compassionate lady with a delightful sense of humor. Let's get to know her a little better .....

Debbie has lived in Clarksville, Indiana, almost her entire life. She has one daughter Jessica and 3 grandchildren: Nicole 14, Jaxton 3-1/2, and Lylah 14 months. Debbie shares her home with her adorable papillon dog named Chilly Willy. She enjoys spending time with her grandchildren and recently spent an afternoon at Silver Street Park playing with them in the splash park.

Debbie shared a story about when she first began losing her toes due to diabetes. Debbie had lost 3 toes on one foot and 2 on the other. Her granddaughter told her that her one foot looked like a 2-toed dragon and the other with 3 toes looked like a Ninja Turtle foot. She always encourages children she meets to ask her questions about her limb loss because, as we know, the more comfortable we are with our limb loss, the more comfortable they will be as well.

Debbie's compassion for others led her in to the career of nursing. She graduated with a BS in Nursing from Spalding University. She practiced nursing for 20 years working in home health and as a clinical instructor for Spencerian College. As part of the training in community health, she would take her students to the Wayside Christian Mission.

In the Spotlight column last month, I quoted Albert as saying, "When you get knocked down seven times, get up eight times." Debbie could be the poster person for that saying. In 1992, she was diagnosed with Multiple Sclerosis. She explained to me that there are different types of MS and the type that she has is called relapsing-remitting. She has flare-ups of the disease followed by periods of remission. MS is an auto-immune disease. That means that the systems designed to keep your body healthy mistakenly attack parts of the body that are needed for everyday function. The protective covering of nerve cells are damaged, which leads to diminished function in the brain and spinal column.

On Sept. 11th, 2003, Debbie's husband passed away, and as I had mentioned earlier, in 2005 she had to have 5 toes amputated. About 5 years ago, she began losing her vision due to her diabetes and MS. She has very limited vision now. Her health problems took another turn for the worst 3 years ago when she suffered a heart attack while home alone and lost consciousness. When she came to and was able to get help, it was found that she had lost blood flow to her left foot during that time. Her left foot had to be amputated. One year later she lost her right foot to osteomyelitis.

Debbie says that the vision loss is the most detrimental to her. She can no longer drive or continue her nursing career. She hopes that one day she can find a way to get back into the field of nursing. Before her limb loss, she loved to dance and would love to be able to hit the dance floor again sometime in the future. She includes cooking and gardening as her hobbies. The gardening is a new pursuit, because she says that she suddenly has developed a green thumb.

When asked about the support group, she mentioned meeting new people and learning from each other as reasons that she enjoys taking part in it. As for things that she would like to see *MOVING FORWARD* work towards are encouraging businesses to become more handicapped accessible and working with TARC to improve its TARC 3 service. She also wanted me to let anyone who has vision

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## Dealing With Grief & Depression (cont'd)

author of *How to Heal Depression*, states, "The primary reason to forgive is for your peace of mind and the quality of all your future relationships. That's what we do when we forgive – let go of the imaginary (but painful) control of the way we think things could be, and we untie ourselves from the burden of judging the way they are."

### 2. Learn to redefine yourself.

- Forgiveness. Keep your dreams and create a new definition of success.
- Accept support from loved ones while remaining independent.
- Make new rituals/memories thus creating hope for the present and future. A part of you is only physically gone or altered; the core of you is still the same. Make goals and objectives for the future and start small.
- If your religion or spirituality is important to you, become more involved with it.

### Summary

Amputation is an enormous loss and learning to adjust is a process that takes time – so be gentle with yourself. Try not to isolate yourself or withdraw from people; use your experiences to build new memories and start new traditions to reach your goals. Sure, there will be adjustments for your disability along the road to success – but it is still your path. Who you are has not changed. Always remember, you are much more than your physical experience.

### About the Author:

*Omali Bani Saberi is an above-knee bilateral amputee. She is a licensed clinical social worker (LCSW) and a certified clinical hypnotherapist (CCHT) with Master's Degrees in Social Work and Counseling Psychology. Currently, she is in private practice, providing mental health services, including counseling and psychotherapy. You may reach her by e-mail at*

[OBSPEACE@cs.com](mailto:OBSPEACE@cs.com)

### Resources:

#### National Mental Health Information Center

1020 Prince Street  
Alexandria, VA 22314-2971  
800/969-6642 (Or contact your county mental health association)

#### How to Heal Depression

Harold H. Bloomfield, MD, and Peter McWilliams

#### Coping with Limb Loss

Ellen Winchell, PhD (Available through Amputee Coalition – 1-888/AMP-KNOW)

#### On Death and Dying

Dr. Elizabeth Kubler-Ross (New York: MacMillan Publishing, 1969)

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QUOTE OF THE MONTH

"When the week ahead seems overwhelming, focus on the day. If the day at hand is causing you stress, think only of the hour. When the hour seems it will last forever, try *LIVING IN THE MOMENT*. When you feel you cannot handle the moment, count to 60 and it will be over!"

– by Christina Roberson

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## SPOTLIGHT (cont'd)

problems know that she would be glad to speak with them about ways to make their homes more accessible.

Debbie's advice for new amputees is: "Amputation can cause a big loss in mental self-esteem and sometimes people can be cruel, so it has helped me through many tough times to remember that God is always with me and he loves me no matter what I look like."

Debbie is a remarkable woman who indeed keeps getting up each time she has been knocked down. Where many people would have given up, she keeps planning ahead, and **moving forward**....

P.S. We will be holding a dance in the near future and Debbie has promised to teach me the Electric Slide. So have those cameras ready – this is one shot that I am sure you won't want to miss!!!

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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 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!**

We will continue with our discussion on meningitis this month. In the August Q&A, we talked about the different types of meningitis and concentrated on Hib disease. For the Sept. issue we will focus on the risk to teens and adults of contracting meningitis, and prevention and treatment of the disease.

Meningococcal disease is contagious. It is spread through the exchange of respiratory secretions during close contact such as kissing, sneezing or coughing on someone, and also by sharing items such as a toothbrush or lip balm. Although meningococcal bacteria are very dangerous, they cannot live outside the body for very long. This means that it is not as easily spread as a cold virus. About one in ten people carry meningococcal bacteria in their nose or throat without showing any signs or symptoms of the disease. These people can unknowingly transmit the bacteria to others.

Symptoms of meningococcal disease can vary depending on the illness, but may include a sudden high fever, pale or mottled skin, a purplish rash, feeling very sleepy, sensitivity to bright light, unusually cold hands and feet, seizures, breathing fast or breathlessness, feeling confused or delirious, severe headaches, limb joint and muscle pain, vomiting, and a stiff neck. Complications of meningitis include hearing loss, brain damage, gait problems, seizures, shock, sepsis, loss of limbs, and death.

Those at greatest risk of getting the disease are people who live in community settings such as college dorms, military bases, and children at day care centers. Approximately 600-1,000 people contract meningococcal disease in the U.S. each year. Twenty-one percent of these cases occur in preteens, teens, and young adults ages 11 - 24. One in 5 U.S. teens have not yet received their first dose of meningococcal vaccination and less than 1/3 of the first dose recipients have received the recommended booster dose.

Prevention measures include teaching our children and young adults the importance of hand washing, and of not sharing items such as drinks, straws, lip balms, eating utensils, or toothbrushes with others. We, as parents, encourage our children to share, but they also need to know when sharing is not

– Continued on Page 5 Column 1 –

LET'S GET MOVING! – by Belinda

Many amputees experience back and hip pain. Many times this can be alleviated by simply adjusting the height of your prosthesis. If your prosthetic leg is either too short or too long, it can cause much stress on your back and hips. Please contact your prosthetist if you are having back or hip pain to see if an adjustment may help. A second reason for this pain could be a poor gait. Your prosthetist can analyze your gait to see if your gait is causing or adding to the pain. They may suggest that you go to a physical therapist for gait training. Another reason for the hip and back pain may be due to lack of muscle strength. We are including this article from the Amputee Coalition that has some simple exercises to help build muscle strength in the lower back and hips.

So come on everyone . . . **LET'S GET MOVING!!**

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Common Exercise Issues

– by Cindy Asch-Martin

All of these exercises are meant to help your body stay as pain-free as possible.

As amputees, we all share common issues with our bodies being off balance. Our hips and back hurt, and we don't seem to be able to strengthen our residual limbs like we think we should. If your sockets aren't adjusted correctly to be at the same level as both hips, then you will experience a lot of soreness. If that is the case, you should have them checked by your prosthetist and have any necessary adjustments made.

Strengthening your lower back, hips, and gluteal and core muscles will make a huge difference in how well your body feels on a daily basis.

For new amputees or for amputees who choose to not wear a leg(s), you can still do core exercises, abduction/adduction exercises, back extensions and pelvic tilts to strengthen the ligaments and tendons that help to support your skeletal structure. We seem to have this notion that unless we're pumping tons of weight, nothing positive will happen. You will be surprised how much better and stronger you will feel with these simple exercise moves.

Hip Abduction/Adduction and Gluteal Exercises. | Hip abduction/adduction and gluteal exercises can be done very easily while lying on your side on either the floor or a bed. The use of gravity is a hidden bonus with exercise – it creates more resistance. Remember that your form is extremely important to get good results. Being able to do these exercises without assistance from another person, equipment, or even having to go to a gym should be a big motivator.

Plank – BK Without Prosthesis



Start Position

Core Exercises | Having a strong core will help your torso with better balance. The plank is one of the best exercises to help strengthen your abdominal muscles, as well as your erector spinae (the back muscles that surround your spine). Even if you're an above-knee (AK) or knee disarticulation (KA) amputee without your prosthesis, you can be on your quadriceps (thigh) with your arms placed shoulder width apart. If you're a below-knee (BK) amputee without your prosthesis, you can be on your knees. If you're wearing your prosthesis, you can start on your knees and work up to your toes.



End Position

– Continued on Page 5 Column 2 –

Q & A (cont'd)

appropriate and to understand why. Another important way to prevent the disease is by having your child vaccinated. In the U.S., 3 types of meningococcal disease vaccines are available. They can't prevent all types of the disease, but have been proven to be very effective. Contact your child's pediatrician to discuss when your child should get their initial and booster dose of the vaccination.

Once it is determined that a person has meningitis, treatment begins immediately with antibiotics. Depending on how serious the infection is, other forms of treatment such as anti-convulsants, breathing support, treatment for low blood pressure, and wound care for parts of the body with damaged skin may also become necessary.

In closing, I will repeat the ending of the August Q&A. I realize that childhood vaccinations is a controversial topic. My goal for this article is to raise awareness and to provide you with information. The decision whether to vaccinate a child lies in the hands of the parents. I encourage parents to discuss meningococcal disease vaccination with their child's pediatrician and to further research the topic, so that they can make an informed decision.

**Information for this article was obtained from the following sources:

The Center for Disease Control and Prevention – cdc.gov

The Mayo Clinic – mayoclinic.org

Kids Health – kidshealth.org

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## I'm Moving Forward . . .

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



Julie & Philip Randolph *moving forward*  
by attending a baseball game.

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

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Common Exercise Issues (cont'd)

Try to hold the plank for as long as you can, making sure your back is not swaying downwards – that will cause stress in your back, which could lead to injury. If you're a beginner with the plank and can hold it forever, that's usually an indication that your form is not quite right. A true beginner can only hold the correct form for 10-15 seconds. As your abdominal muscles strengthen, you'll notice that you can hold it for much longer. Once you reach that stage, add a second repetition and then a third. When you can do three repetitions for one minute each, it's time to progress to the next level.



Start Position – Your entire body should lie flat on surface

Back Extensions | Back extensions can be done with or without your prosthesis. Begin by lying on your stomach on a flat surface, such as the floor or your bed. With both legs straight and shoulder width apart, and your arms under your chin, press your legs (residual limb[s]) down firmly while lifting your upper body – hold for a count of three, then lower back down.



End Position – Lift your upper body only

Repeat this 10 times; you can do three sets of 10 with a 30-second pause between sets.



Start Position

Pelvic Tilts | Pelvic tilts are done on your back on a flat surface, with knees bent (for bilateral AK/KA amputees, put a pillow under your residual limbs – your back will have a natural arch). Tilt your hips upward and toward you, trying to flatten your back on the flat surface. Imagine a bucket of water on your lap – when you lift your gluteus, the water would spill toward you.



End Position – Push your back down into your hand or flat surface

All of these exercises are meant to help your body stay as pain-free as possible. However, the only way to accomplish this is to ensure that you are doing the exercises correctly. It is also critical to make sure that your prostheses fit comfortably and correctly. By following these steps, it will make a difference. Keep *moving forward*!

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## Thank You to the Amputee Coalition

\*\* We want to thank the Amputee Coalition for allowing us to use their articles in our newsletter. 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. \*\*



## Krafty Kids .... by Beverly

Candy corn is a classic fall treat to have...my favorite is candy corn mixed with peanuts - yummy! Not only are they great for eating but also for crafting! Whether you actually use real candy corn or just the colors, there are many art projects to make.

### CANDY CORN MARSHMALLOW POPS



I am totally ecstatic about how well my Candy Corn Marshmallow Pops turned out. I officially broke down and am allowing the kiddos to have some friends over for a get together, crossing my fingers that my stress level does not go through the

roof, ha ha. Teenagers and candy do not go well together (especially the 13-year-olds). I have made marshmallow pops in the past for other holidays but had never considered throwing them together for Autumn. Absolutely adore the candy corn look so I figured I would take a stab at making some candy corn inspired pops for their little party.

Michael's Crafts Store sale "Wilton Chocolates". They make quite a bit of chocolate. I love how bright and smooth the colors always turn out. Marshmallows and chocolate are always so tasty together too!

#### INGREDIENTS:

6 Regular Marshmallows  
1/2 cup Orange Candy Melting Chips  
1/2 cup Yellow Candy Melting Chips  
6 Sticks

#### DIRECTIONS:

Heat Candy Chips by microwaving for 30 seconds stirring and repeating until melted. Allow to cool for 2-3 minutes. Insert stick in each marshmallow. Dip marshmallow and coat 2/3 way up in melted orange candy and rotate to coat completely. Place on wax paper and cool in refrigerator for 10 minutes to set candy mix. Dip marshmallow and coat 1/3 way up in melted yellow candy and rotate to coat completely. Place on wax paper and cool in refrigerator for 10 minutes to set candy mix.

If you are looking to whip up a quick, easy and attractive treat for Autumn consider making these Candy Corn Marshmallow Pops. They are just so easy and leave little room for error.



## ... from Beverly's Kitchen

We have shared this recipe with you once before, but for those of you who missed it, we knew that you would want to give this delicious salad a place on your fall dinner table. The ingredients used help make it look really festive. Remember, you can also use your favorite fresh fruits.

### EASY FESTIVE FRUIT SALAD RECIPE

As colorful as the leaves on the autumn trees, this fruit salad disappears fast down to the last spoonful. The light dressing doesn't hide the refreshing flavors of the fruit. Pecans add crunch and the rich flavor of the harvest season.

Total time: Prep: 25 min. + chilling Yield: 12-16 servings

#### INGREDIENTS:

1 can (20 ounces) pineapple chunks  
1/2 cup sugar  
3 tablespoons all-purpose flour  
1 egg, lightly beaten  
2 cans (11 ounces each) mandarin oranges, drained  
1 can (20 ounces) pears, drained and chopped  
3 kiwifruit, peeled and sliced  
2 large unpeeled apples, chopped  
1 cup pecan halves



#### DIRECTIONS:

1. Drain pineapple, reserving juice. Set pineapple aside. In a small saucepan, combine sugar and flour; stir in reserved pineapple juice until smooth. Bring to a boil. Remove from the heat. Stir a small amount of hot mixture into egg; return all to the pan, stirring constantly. Bring to a gentle boil; cook and stir for 1 minute or until thickened. Remove from the heat; cool for 15 minutes. Cover and refrigerate.

2. In a large serving bowl, combine the oranges, pears, kiwi, apples, pecans and reserved pineapple. Drizzle with dressing; toss to coat. Cover and chill for 1 hour. Yield: 12-16 servings.

Nutritional Facts: 1 serving (3/4 cup) equals 161 calories, 5 g fat (1 g saturated fat), 13 mg cholesterol, 9 mg sodium, 29 g carbohydrate, 3 g fiber, 2 g protein

### TEST YOUR KNOWLEDGE ANSWER (from Page 2)

CAMPFIRE, SMORES, SLEEPING BAGS, SING ALONG, STORY TELLING, STAR GAZING

OH WHAT FUN, A LATE SUMMER CAMPING TRIP!!



## UPCOMING EVENTS

### Meetings:

**Sept. 21st, Monday, from 6:30 - 8:00 pm** at Southern IN Rehab Hospital, 3104 Blackiston Blvd., New Albany, IN, in the Conference Room. Group member Brittany Bley will be leading the discussion at this meeting.

**Sept. 26th, Saturday, from 2:00 - 4:00 pm** at Baptist Hospital East in the 2nd Floor Education Center.

\*\* Please watch for signs in the lobby and for an email announcement as to the room number for this meeting. Baptist East has a symposium going on that morning, so our room number is subject to change.

### Events:

**Oct. 1st, Thursday** – Give Local Louisville Campaign:

This is an online day of giving to local charities and our group is honored to be included. Please see the flyer that was emailed & is also posted on our website for details.



**Oct. 17th, Saturday** – Fall Picnic and Walk & Roll: Please plan on joining us at Sam Peden Community Park in New Albany, IN, for this fun family-oriented event. Directions to the park and details will be coming to you in the October newsletter. – Continued on Page 7 Column 1 –



### Events: Non-Group Sponsored

**Sept. 26th** – Sertoma Golf Scramble (contact Jeff Coffman for details at 812-283-3956). Funds raised from this event will be used towards making a local park handicapped accessible.

**Sept. 26th** – Brandon House Golf Scramble (contact Brittany Bley for details at 502-724-4490). Brandon House provides free counseling services to teenagers and their parents.

**Sept. 26th** – Luke 14 Event (contact Gary Rock for details at 270-763-3411 or visit their website at [luke14hodgenvilleky.webs.com](http://luke14hodgenvilleky.webs.com)). This will be an evening of activities, food, and entertainment. Admission is free for those with a disability and their family members or caregivers.

\*\* You may also find info on these events on our website at [ampmovingforward.com](http://ampmovingforward.com) \*\*

Lots of other fun activities are being planned, so stay tuned :)

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AWARENESS MONTHS FOR SEPT

Pain Awareness Month

For information on pain management for amputees: amputee-coalition.org/limb-loss-resource-center/resources-for-pain-management/

Sepsis Awareness Month

SYMPTOMS OF SEPSIS

SEPSIS

Shivering, fever, or very cold

Extreme pain or general discomfort ("worst ever")

Pale or discolored skin

Sleepy, difficult to rouse, confused

"I feel like I might die"

Short of breath

Watch for a combination of these symptoms. If you suspect sepsis, CALL 911 or go to a hospital and say, "I AM CONCERNED ABOUT SEPSIS."

For information on sepsis:

Center for Disease Control at

cdc.gov/sepsis/SepsisAlliance at sepsis.org

Sept. 7th -13th National Suicide Prevention Week

Sept. 10th Suicide Prevention Day

If you or a loved one is having thoughts of suicide, please consider contacting the resources below for ways to find help.

National Suicide Prevention Hotline

800/273-8255

suicidepreventionlifeline.org

American Foundation for Suicide Prevention

888/333-2377

afsp.org

Hope Now Hotline

1-800-221-0446

sevendcounties.org

Centers for Disease Control and Prevention (CDC)

Understanding Suicide fact sheet (2012)

cdc.gov/violenceprevention/pdf/suicide_factsheet_2012-a.pdf

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(print this page & put it on your frig as a handy reminder)

## CONTACT INFO

Call for meeting times & locations!

MOVING FORWARD Support Group

[moving4wdamputeegroup@gmail.com](mailto:moving4wdamputeegroup@gmail.com)

502-509-6780 - [ampmovingforward.com](http://ampmovingforward.com)

Facebook: Moving Forward Limb Loss Support

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