In addition to the relationships developed with ACA-certified PAVs, new amputees at WRAMC have benefited from visits from amputees associated with a variety of supportive groups. For example, the VA/DAV National Disabled Winter Sports Clinic, Disabled Sports USA, Paralympic team members, and the Achilles Track Club have engaged the imagination of many new amputees to participate in a variety of recreational events. Weekly, there are local opportunities for new amputees to learn about or participate in running, golfing, kayaking, and skeet shooting. Not to be forgotten is the fact that, by design, the majority of recent military amputees have been co-located on the same ward at WRAMC where those amputees who are months out from their trauma can help support those who may be only days or weeks out from their injuries. This co-location also facilitates out-patient amputees to return to visit the newer arrivals.

In summary, the peer amputee visitation program has been a very active and vital part of the overall amputee patient care program at WRAMC. The WRAMC amputee care team is very open to including additional peer amputee visitors, particularly those who are ACA-certified. Also, it would be helpful to have additional female amputee peer visitors, including those with upper- and lower-extremity amputations. When amputee patients leave WRAMC and return to their home communities, they also receive information about local amputee support groups listed in the ACA support group database. In addition to WRAMC, other military medical treatment facilities, either in the Army or among the other military services, may wish to begin or strengthen their peer amputee support services. If so, the names of the appropriate people to contact can be provided so that they can begin a dialogue toward the establishment of focused peer amputee visitation programs.

Through its National Peer Network, the ACA has repeatedly demonstrated that a visit or phone call from a trained peer may be the turning point in the recovery process for a new amputee. Contact from someone who has survived a similar amputation and returned to an active, if somewhat changed lifestyle, gives hope at a time when it is most needed.

Continuing to have a strong support system in place – i.e., family and friends – is one of the most important elements in adjustment to limb loss.

Dick and Barbara Nickle show off some of the “tools of the peer visitor’s trade” – inMotion magazines.

Giving Back
Couples Who Peer Visit

Dick and Barbara Nickle show off some of the “tools of the peer visitor’s trade” – inMotion magazines.

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Unfortunately, the initial shock of amputation often leaves family members overwhelmed and asking the same questions as the new amputee. “Why?” “Who’s to blame?” “What will become of our family now?” Couples who peer visit recognize that successful recovery from amputation is a “family affair.”

The new ACA Certified Family Visitor designation was created in response to the needs of family members to have someone to share experiences with and the success of couples who were already conducting peer visits as a team. Family members receive certification by completing an ACA peer visitor seminar.

The day after Dick Nickle lost his leg to a drunk driver, his wife Barbara retired from her job in the rehabilitation industry to be his caregiver. “We partnered early on,” Dick says, “so when we were eventually invited to do peer visits for people with limb loss, we did some of them together.”

Dick and Barbara Nickle became ACA-certified peer visitors at the 2003 ACA Educational Conference & Exposition in Boston. At the 2004 conference in Nashville, Dick and Barbara became peer visitor trainers and trained their first 18 peer visitors on the last day of the conference.

Having his wife along for peer visits is a real asset, Dick adds, especially when there are female issues to discuss. “In a few cases, I dropped out and Barbara continued with that person,” he says.

Inspired by the work being done by the Nickles, Georgia and Robert (Bob) Foltz are doing informal peer visiting with new amputees and their spouses they meet at the prosthetist’s office. “We haven’t done anything ‘formal’ yet as a couple,” Bob says, “but we believe that an amputee and his or her spouse who have gone through the amputation and rehabilitation process together can be of great benefit.”

“One person is truly trying to protect the amputee, while at the same time, if the amputee is used to being independent, they want to do everything for themselves, as I did,” adds Georgia. “I did not get to meet Barb and Dick until after I had completed rehab, but it helped me to see that there are no limits on doing what I wanted to do, and it helped Bob to see that he didn’t need to protect me and wait on me.” They point out the importance of understanding the balance between letting someone be as independent as possible and helping them when they ask for help. Fortunately, Bob and Georgia were able to achieve that balance together.

“I had something a lot of amputees don’t have – a very patient, loving husband,” Georgia says gratefully. “True, when he finds out I have been up on the stepladder again, he just grits his teeth and shakes his head, but he also tells people with pride that very little slows me down. That, I think is the value of couples going as peer visitors. We have a perspective to offer that others don’t.”

The peer visitation program at the Walter Reed Army Medical Center (WRAMC) Amputee Care Center includes families from the beginning since these young amputees are frequently surrounded by parents, siblings, and a spouse. The WRAMC visitation program differs from those in the civilian world in that the traumatic amputations may be accompanied by significant other injuries, such as vision impairment, hearing loss, or burns (please see the related article on page 26).

In the early days when the patient is in ICU, the peer visit focuses on providing support and information to the family. Peers visit often and talk with many, if not all, amputees and their family members on the ward during each visit.

One couple became involved at WRAMC after seeing a 2003 article in The Washington Post and spontaneously visiting a young bilateral amputee. They found that ACA certification was required to continue making visits, however, and the husband completed that certification in 2004. Now actively involved in peer visiting, the couple reflects on those experiences: “Our reason for making the visits is to offer support to new amputees [and families] and to help them know that life can be normal and successful if you concentrate on what you have left and not on what you have lost. The young people we visit – in almost every case – have two things in common. They are thankful to be alive, and they are trying their best to get on with their lives. It is indeed heartening to follow the progress of the new amputees from the time they return from war severely injured to the day they get their first new limbs and then … when they have become reasonably proficient in the use of those new limbs. We are especially uplifted when a patient leaves ICU and is able to go to one of the regular wards.”

To bring an ACA peer training seminar to your area, contact Susan Tipton at 888/267-5669, ext. 8132.