

# *in*Motion

A magazine dedicated to living well with limb loss

A Publication  
of the



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Paddy Rossbach, former president  
& CEO of Amputee Coalition,  
with a young friend; both are  
lower-limb amputees.



**NEW!**

Phantom Fashionista  
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# Aging With Grace

## Great Expectations



Life is challenging enough even under normal circumstances. In the transition from childhood to adolescence, we are forced to deal with a variety of issues, such as puberty, acne, grades, dating, learning to drive and peer pressure, just to name a few (see “*Top Ten Tips to Survive High School as an Amputee*,” page 21). Then comes adulthood and beyond. Now imagine trying to handle these problems on top of coping with the loss of an arm or a leg.

**Why do some people age better than others?** Diet? Exercise? Stronger genes? All of these things are important factors for living a long life – but there’s more. What we really want is to live longer *well*, staying healthy enough to continue doing the things we love. A positive mental attitude, the ability to laugh and find the humor in situations, getting outside of yourself and helping others, working at something you love to do, and having the will to beat the odds all contribute to a long and healthy life.

The old adage “**Age is a state of mind,**” is true for everyone, but particularly for people living with limb loss. Age is not the only measure of your ability to have a positive quality of life. Age provides a way to count years, but it doesn’t measure your heart, mind or motivation.

**What do you expect for yourself?** To be able to garden, to care for your family, to be independent? Do your healthcare providers and family share these expectations? Whether expectations are positive or negative, people tend to live up to them. You must expect that a positive quality of life is possible whether you are 20, 60 or 90 years old (see “*The Doctor Is In*,” page 14).

*Bill Dupes, Senior Editor*

*“You are as young as your faith,  
as old as your doubt; as young as your self-confidence,  
as old as your fear; as young as your hope,  
as old as your despair.”*

– Douglas MacArthur



## BE AN INFORMED READER

Editorial content (articles, news items, columns, editorials, etc.) in *inMotion* often contain healthcare information. As an informed reader, you should never make a decision about managing or treating your condition without consulting your own clinicians: They know you best.

Sometimes, in our interviews with people who are amputees, the person being interviewed will say something about his or her personal experience that may not be entirely consistent with standard practice. In these cases, we print what the person said because we think it gives readers insight into that individual’s experience that we believe will resonate with others. But: We urge you to always check with your medical team before changing your own healthcare regimen.

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**Opinions** expressed in signed articles are those of the authors and are not necessarily endorsed by the Amputee Coalition.

Printed in the United States of America.

A black and white photograph of three individuals standing side-by-side against a dark background. On the left is a woman with blonde hair, wearing a light-colored t-shirt and dark shorts, with a prosthetic arm. In the center is a man with long hair, wearing a t-shirt with 'HANGER' and 'EST. 1861' printed on it, and cargo shorts, with prosthetic legs. On the right is a woman with short dark hair, wearing a patterned top and a dark skirt. The text 'IMPOSSIBLE IS AN OPINION, NOT A FACT.' is overlaid in the center.

**“IMPOSSIBLE IS AN OPINION,  
NOT A FACT.”**

Cameron Clapp  
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Carrie Davis  
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Quality for life

**Amy Di Leo** is the founder of Aim Hi Public Relations (AimHiPR.com) and has been a television and print journalist for more than 20 years.

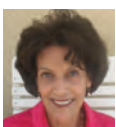


**Cheryl Douglass**

**Vera Foresman**

**Nicholas A. Furst, CPT**

**Debra Kerper** has visited more than 30 countries and has been on over 75 cruises in her career in travel for people with disabilities.



**David McGill** is the vice president of legal & reimbursement for Össur Americas.



**Carolyn McKinzie, LPN**, is a below-knee amputee and has worked as a licensed practical nurse in both acute and long-term care, and as a correctional health nurse.



**Phantom Fashionista**

**Terrence P. Sheehan**, MD, is chief medical officer of Adventist Rehabilitation Hospital of Maryland and the director of its Amputee Rehabilitation Program.



**Robert Thompson** is executive director of the Institute for Preventive Foot Health.



**James O. Young, Jr., LP, CP, FAAOP, SGT USAF (Ret.)**, is an above-knee amputee and licensed/certified prosthetist with Amputee Prosthetic Clinic.



**Sierra Younger** is an active high school sophomore with proximal femoral focal deficiency (PFFD), which requires a prosthetic leg; she enjoys golfing, shopping and attending the Amputee Coalition Paddy Rossbach Youth Camp.



## **inMotion**

A Publication of the Amputee Coalition

*InMotion* magazine publishes unbiased journalism that seeks to "empower and motivate" living well and thriving with limb loss. The magazine targets amputees and their families and is provided free electronically to all friends of the Amputee Coalition and hard copy to all subscribers. Each issue averages 56 pages in print and covers health, well-being, exercise, life issues and advocacy for amputees and their families. Stories showcase amputees living and thriving with limb loss and profile Amputee Coalition programs and services.

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**Our Mission** To reach out to and empower people affected by limb loss to achieve their full potential through education, support and advocacy, and to promote limb loss prevention.





# ***“my philosophy is simple: no excuses!”***

— **Kyle Maynard**, 2004 ESPY Award Winner (Best Athlete with a Disability)  
and motivational speaker

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# Medicare Coverage for Prosthetic Devices



**Most people think that once you become eligible for Medicare,** all of the coverage and payment problems that are pervasive in the private health insurance industry magically disappear. But in fact, Medicare focuses significant energy on reducing inappropriate payments and overpayments to healthcare providers.

With this background, recent guidance from Medicare should be of interest to all amputees who are Medicare beneficiaries.

## *New Developments Require Action From Consumers*

### The OIG Report

In 2011, the Office of the Inspector General published a report that summarized its review of payments made by Medicare to prosthetists of lower-limb prostheses. The OIG concluded that Medicare inappropriately paid \$43 million for lower-limb prosthetic claims that *did not* meet the established requirements for payment, such as missing information about the patient's ability to walk or prosthetic devices that were medically unnecessary because the patient's functional level did not correspond to the device delivered. The OIG identified an additional \$61 million in claims for patients who had no record of a visit with their referring physician in the previous 5 years. Medicare, which was criticized by the OIG for not implementing appropriate safeguards to prevent these potentially inappropriate payments, reacted. Strongly.

### Medicare's Response

- ★ As a result of the OIG report, Medicare instructed the contractors who process all Medicare prosthetic claims to more closely scrutinize what prosthetists submit.
- ★ In September 2011, these contractors sent out "Dear Physician" letters – letters to remind prescribing doctors of their responsibility to thoroughly document an amputee's condition in their medical records. At the same time, various auditing entities that Medicare contracts with dramatically ramped up their reviews of lower-limb prosthetic claims.
- ★ Using this two-pronged approach, Medicare has taken the position that the doctor's medical records – not your prosthetist's – are the key documents when determining whether a patient can appropriately receive a lower-limb prosthesis. This leads to the following quandary: Your prosthetist delivers you a prosthesis, and his or her records documenting your need may be thorough, complete and objectively perfect; the doctor, however, may have failed to adequately document in *his or her* medical records that you are capable of walking at different speeds.
- ★ When auditing that claim, Medicare will take the position that because the physician's record doesn't corroborate the prosthetist's, the payment that Medicare made for your prosthesis 6, 12 or 24 months ago was inappropriate. But since the doctor doesn't get paid by Medicare – your prosthetist does – Medicare recovers the money from *your prosthetist*, whose records may be 100 percent accurate.
- ★ As a result, prosthetists have become increasingly concerned about delivering prosthetic devices to Medicare beneficiaries.





### What does this mean for the consumer?

Many prosthetists have responded to these developments by insisting on seeing a copy of the doctors' medical records before proceeding with the delivery of a prosthesis. This can result in delivery delays for Medicare beneficiaries. The Amputee Coalition has anecdotal evidence that some doctors simply refuse to provide the detailed information set forth in the "Dear Physician" letters because of the administrative burden it places on them, which forces patients to find new physicians who are willing to do the necessary paperwork. Some prosthetists are actively educating their patients about these requirements and having the patients go to their doctors to insist on appropriate documentation prior to delivery.

### What can you do?

Be an informed and active consumer and help your prosthetist and doctor to get it right. The Amputee Coalition has developed a letter that outlines what documentation Medicare needs to have in the medical record to support payment for your prosthesis.

You can download this letter from our Web site, print it out and take it to your doctor when you go to get a prescription for a prosthetic device. This letter shows the doctor exactly what documentation Medicare is looking for in the medical record. Ask your doctor to be sure to read through this and to document your condition appropriately. This will help prevent claim denials and requests for repayment that could affect your relationship with your prosthetist. 🌀



**Download letter  
that outlines what  
documentation Medicare  
needs at [amputee-coalition.org/medicaredoc](http://amputee-coalition.org/medicaredoc).**

## inMotion

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# events calendar

## JULY

### JULY 8-14

#### National Therapeutic Recreation Week

[recreativeresources.com/](http://recreativeresources.com/)

[TherapeuticRecreationWeek.htm](http://TherapeuticRecreationWeek.htm)

### JULY 13

#### First Volley

Tennis With Adventure Amputee Camp

Bryson City, North Carolina

[opfund.org](http://opfund.org)

### JULY 14-20

#### New England Classic 500+

Woburn, Massachusetts

[diabetes.org](http://diabetes.org)

### JULY 20-24

#### National Youth Sports Week

[cdc.gov/physicalactivity/everyone/getactive/children.html](http://cdc.gov/physicalactivity/everyone/getactive/children.html)

### JULY 21

#### Muddy Buddy

Chicago, Illinois

[challengedathletes.org](http://challengedathletes.org)

### JULY 24

#### First Volley

Tennis for Shriners Hospital-Portland

Beaverton, Oregon

[opfund.org](http://opfund.org)

## AUGUST

### AUGUST 4

#### First Swing

Learn to Golf With Action Brace

Indianapolis, Indiana

[opfund.org](http://opfund.org)

### AUGUST 5-11

#### National Health Center Week

[healthcenterweek.org](http://healthcenterweek.org)

### AUGUST 11

#### First Volley

Tennis With Shriners-Springfield

Springfield, Massachusetts

[opfund.org](http://opfund.org)

### AUGUST 12

#### Muddy Buddy

Boulder, Colorado

[challengedathletes.org](http://challengedathletes.org)

### AUGUST 18-19

#### Back to Back NorCal

Sausalito, California

[challengedathletes.org](http://challengedathletes.org)

### AUGUST 18

#### Finger Lakes Tour de Cure

Watkins Glen, New York

[diabetes.org](http://diabetes.org)

### AUGUST 31

#### Will-Powered Golf Classic

Coronado, California

[cancerforcollege.org](http://cancerforcollege.org)

## SEPTEMBER

### HEALTHY AGING MONTH

[healthyaging.net/events.htm](http://healthyaging.net/events.htm)

### PAIN AWARENESS MONTH

[painawarenessmonth.org](http://painawarenessmonth.org)

### SEPTEMBER 16-22

#### National Farm Safety & Health Week

[necasag.org](http://necasag.org)

### SEPTEMBER 15

#### Jersey Shore Tour de Cure

Asbury Park, New Jersey

[diabetes.org](http://diabetes.org)

Coming up in the  
September/October issue  
of *inMotion*:

**Employment and  
the Amputee**

## →→→ WE WOULD LIKE TO HEAR FROM YOU!

Email your letters to [editor@amputee-coalition.org](mailto:editor@amputee-coalition.org) or

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# Older Amputees

## When Are Prostheses the Right Choice - And When Are They Not?

When it comes to prosthesis use for older amputees, I practice with the premise that age is irrelevant. I know this might sound naïve and unrealistic, but I have seen too many older amputees prove the theory wrong.

I remember a patient, Mr. G, who was having a “discussion” with his wife in the waiting room one day. He was a 78-year-old who had a right above-knee amputation. I had called his vascular surgeon after his surgery to ask a question about his surgery site. The surgeon asked me if I thought Mr. G could use a prosthesis. I told him that Mr. G had been hopping around the therapy gym on one leg using a walker and that I didn’t think he would have a problem using a prosthesis.

Just as I suspected, he did very well with a computerized above-knee prosthesis. In fact, the “discussion” Mr. and Mrs. G were having that day was about the fact that he was back plowing his fields. His prosthesis was getting so dirty and scratched that Mrs. G was planning to “tell the doctor.” What a great outcome and an important lesson for me and his surgeon!

The decision to use a prosthesis for older amputees depends first on their cognition, or their ability to learn, remember things, and solve problems. Someone without the proper mental capacity would only be appropriate for prosthesis use if he or she had a caregiver who could learn how to use the prosthesis and monitor all of the issues associated with its use.

Linked to the person’s ability to think is the motivation to use a prosthesis. Using a prosthesis takes the energy, patience and time of the patient and a number of professionals (prosthetist, therapists, doctors, etc.) who work with him or her. It’s also an expensive process. The patient, therefore, needs to be on board before beginning the process if he or she is to be a successful prosthesis user.

by Terrence P. Sheehan, MD

Outcomes from prosthesis use vary, depending on the initial goals of the patient and the rehabilitation team. A prosthesis can be used for everything from cosmetic purposes (to make the person “look better”) to the full range of functional purposes. For older patients with limb loss, the rehabilitation team formulates the goals based on their initial assessment of the patient’s abilities and potential. This largely depends on the patient’s other medical conditions and most recent functional capacity.

If a patient has a severe heart condition, trying to use a prosthesis can add additional stress to his or her cardiac system and result in damage or death. Unfortunately, there is no crystal ball to reveal if someone will have an untoward cardiac effect. The important thing is for the physiatrist or other qualified physician to acknowledge these medical issues and discuss the potential risks of using a prosthesis with the patient. The decision to proceed then belongs to the patient. He or she can then initiate the prosthetic process with eyes open and a realistic, agreed-upon plan.

I try to partner with my patients, rather than parent them. I am very much in favor of trying and proceeding slowly. The medical literature states that the “predictors for poor prosthetic fit” for older amputees are advanced age, cardiovascular disease, dementia and above-knee amputations. I’m not in disagreement with the stats, but I would argue that each case should be looked at on an individual basis, that the options should be presented to the patient and that the patient’s wishes should be seriously considered.

A prosthesis can indeed be a danger for some people; it can, for example, injure skin or lead to a fall if the person is unable to use it safely after training and education. It is important, however, that those providing care and direction after limb loss offer the use of a prosthesis as an option to those who can use it safely.

It’s also important that patients have multiple evaluations separated by time. Although an older person may be quite debilitated after a complex surgery and be unable to benefit from a prosthesis at that time, he or she might be ready for a prosthesis after therapy and a longer recovery period. 🌀



**>> Using a prosthesis takes the energy, patience and time of the patient and a number of professionals.**



# Cooking

## *Without Hands*

As a quadrilateral amputee who loves to eat, I'm always on the lookout for simple, good-tasting recipes that I can prepare myself.

Learning to cook again without the hands I was born with was an evolutionary process. I started by trying new ways to make simple tasks easy to do, like slicing a tomato. Over time, through trial and error, my fine motor skills improved. I gradually developed a sense of confidence, despite the time I squeezed a box of chicken broth too hard and caused it to spray all over the kitchen counter. Then there's the occasional dropped egg, broken dish or flying garlic clove. I've learned that it's wise to use non-ceramic plates when cooking and to open liquid containers over the sink. I've also concluded that such challenges are all part of the art of cooking; they aren't worth getting upset about.

The important thing is, I'm preparing good meals for myself and my family again. I now know I can do these things on my own. All I needed was patience, a sense of humor and extra ingredients in case I spilled some along the way.



### ROASTED SALMON FILLETS WITH SHALLOTS

involves baking Italian ham (prosciutto) and zesting a lemon to give the fillets more flavor. Zesting was not my favorite thing to do when I first started wearing myoelectric hands, but I discovered that a "stick" zester works well. I hold it in my left hand, pressing the end against a plate, and rub the lemon against the grater. I used a fork to squeeze the lemon for a while, but I've found that an electric squeezer gets more juice out of the fruit with less work.



by Cheryl Douglass  
with Vera Foresman





## Roasted Salmon Fillets With Shallots

### Serves Two

2 salmon fillets (12 ounces, in two 6-ounce pieces)

3 slices prosciutto or 2 pieces of thinly sliced bacon

2 tablespoons extra virgin olive oil

1 tablespoon chopped shallots

1 tablespoon lemon juice

1 1/2 teaspoon lemon zest (optional)

1 tablespoon chopped chives

Lay out prosciutto slices in a single layer on rimmed baking sheet.

Bake prosciutto or bacon in a 400° oven for about 8 minutes or until crisp. Remove from pan and cool. I have a gas oven and worry I will burn my prosthetic hands putting things in a preheated oven, so I turn the oven off before I put my hands in the oven.

Raise oven heat to 450°.

Combine olive oil, shallots, lemon juice and zest.

Place salmon on the same sheet used for baking prosciutto and bake about 6-8 minutes. Remove salmon a bit undercooked, as it will continue to cook for a few moments.

Place salmon on a serving platter and top with the shallot mixture. Crumble the baked prosciutto over the salmon.

After I bake the prosciutto, I place it on a hard plastic or melamine plate and crush it with a fork into small pieces.



**CAPRESSE SALAD** is a summertime favorite, when tomatoes are at their peak of flavor. If I'm in a hurry, I use balsamic vinegar right out of the bottle instead of making a vinaigrette dressing.

My mandolin slicer gives me great joy when I want to slice tomatoes or other fruits and vegetables. Each slice comes out perfectly in uniform thickness. I use the 7 mm slicing blade insert but if you don't have this size, use what works best for you.

## Capresse Salad

### Serves Two

2 tomatoes, sliced, lightly seasoned with salt and pepper

1/2 pound mozzarella cheese

1/4 cup fresh basil (1 or 2 leaves per tomato)

1/4 cup green onions, finely sliced

### Vinaigrette

2 cloves garlic, minced

1/4 cup balsamic vinegar

1/3 cup olive or canola oil

Salt and pepper to taste

Slice mozzarella. Freezing the cheese for 20 minutes makes for easier slicing with a knife. I've tried a food processor, a mandolin slicer and a chef's knife, and found that the chef's knife produces the best-looking slices. Explore these alternatives and see which cutting method you prefer.

On a platter, alternate tomato slices, basil leaves and mozzarella. Drizzle with vinaigrette dressing or balsamic vinegar and sprinkle green onion on top.

# Bon appétit!





# Hosteling

## *for the Young at Heart* by Debra Kerper

**S**ome baby boomers are revisiting their youth by experiencing hostels as they now travel as seniors. A stay in a hostel is most attractive to the budget-conscious adventurer. There are thousands of well-maintained hostels all over the United States and most other countries worldwide from which to choose. However, for seniors who also need to consider accessibility, the decision to include hostels as part of your next vacation may or may not be a wise choice.

Although hostels are typically considered a mainstay of the youth travel movement, seniors are increasingly enjoying their many benefits as well. Hostels are often located in some of the best real estate around, offering great access to major attractions, local transportation, cafes and restaurants. Hostels can be found in many forms, from converted lighthouses to medieval castles.

The opportunity to live in close quarters with people from many cultural backgrounds and age groups for a short time is an excellent reason to

*Hostels can be found in many forms, from converted lighthouses to medieval castles.*



give this a try. You will be surrounded by like-minded people who are looking to enjoy all that travel has to offer on a budget. Alternatively, potential drawbacks associated with hostels include lack of privacy, noise (most hostels have quiet hours) and limited bathrooms, so bladder issues faced by many seniors could be a problem.

Travelers with mobility limitations should begin their planning with research online; look for hostels that

*continued on page 20*



A wicker basket is placed on the second step of a carpeted staircase. The carpet is a light beige color, and the wooden nosing of the steps is visible. The lighting is soft, coming from the right, casting a gentle shadow of the basket onto the step below it.

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>> Check out HI-USA at [hiousa.org](http://hiousa.org).

*continued from page 18*

display the universal wheelchair symbol, indicating accessibility. Fortunately, there are many of these and the numbers continue to grow. However, as we all have different access needs and different definitions of what accessible means to us, the wheelchair symbol should be only the beginning of your research. Contact the hostel by email or phone and ask the questions that are pertinent to your situation. Be sure to find out about the bathrooms, including the availability of a roll-in shower, grab bars and shower seat. Is there room to transfer from your wheelchair or scooter to your bed? Are electrical outlets available to charge medical equipment overnight? The list can go on and on but only you know what's important to make your stay comfortable.

For those considering hostels, a good start would be to join HI-USA ([hiousa.org](http://hiousa.org)), a division of Hostelling International, and try a night or two at a hostel within the United States before venturing to foreign lands. Membership benefits include free nights, worldwide discounts, programs and activities, advance reservations, travel insurance and more. HI also maintains standards that all member hostels must follow, ensuring consistency of service when booking into different properties.

The rules that govern people with special needs and seniors who want to experience a hostel are the same rules that pertain to all aspects of travel. They include, but are not limited to, planning ahead, having travel insurance, carrying a copy of your passport, medications and health history, having phone numbers and addresses available for where you are going, bringing along tools for minor repairs to prosthetics and medical equipment and being ready for new adventures and a great time! 🌀

### Related Resources

[Hostelbookers.com](http://Hostelbookers.com)  
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# Top Ten Tips for **SURVIVING HIGH SCHOOL**

## AS AN AMPUTEE

by Sierra Younger



### HIGH SCHOOL CAN BE TRAUMATIC FOR ALMOST ANY STUDENT;

add a prosthesis and things get a lot more complicated, and at times, hurtful. Everything will get better, but for now, amputee students are stuck in the cruel world of adolescents who think “normal” means having two arms and two legs. But the truth is, amputees can do just about anything that “normal” people can do, just in our *own* way. Here are my top 10 tips for surviving high school as an amputee.

**1. BE YOURSELF.** It's a cliché, but it makes sense because when you aren't, it just gives the bullies one more thing to tease you about. Even though most adults throw the phrase around like it's nothing, it's harder than it seems. You have to work at it.

**3. LAUGH IT OFF.** Seeing other people's reactions is one of the fringe benefits of having a disability. Kids are the funniest, holding their mother's hand, their necks all twisted, looking like an owl with the most confused look on their face.

### **2. DON'T WORRY ABOUT WHAT PEOPLE THINK.**

Students, kids and adults will look and wonder why you have this prosthetic thingy that challenges their reality. If you just smile your sweetest smile, one of two things will happen: They won't know what to do and walk away, or they'll smile back, turn around and walk away, then turn around for a second look. Some people just lose their minds when they see bright, shiny things.

**4. WORK THE SYSTEM.** Yes, teachers' pets are those kids who do everything for their teachers, but you can and *should* get teachers to love you without being a full-fledged teacher's pet. If they like you, they're more likely to go easier on you. You should also get a handicap car placard, even if you don't drive yet. Placards make it easier to get from one place to another without the hassle of hunting for that close parking spot. Turn a negative into a positive.

MORE TIPS ON NEXT PAGE →→→



## →→→ MORE HIGH SCHOOL TIPS

**5. DON'T FIGHT BACK.** When someone calls you a name, your first instinct might be to throw an insult right back at them. But the only possible outcome of that game is an escalating loop of insults. Just look them straight in the eye and ask, "Do you feel cool now?" Bullying doesn't really make *anyone* cooler than the other.

**7. DON'T COMPARE YOURSELF.**

I used to compare myself to pretty models and wonder why I couldn't be "normal" like them. But "normal" is overrated. We're all perfect in our own way; there is no need to compare ourselves when we're all beautiful.

**6. DON'T SHOW ANY FEAR OR HURT.** Like those superhero movies where the villain uses the hero's weakness to grow more powerful, bullies will use your pain and grow stronger with it. If you show them it doesn't hurt you, they will grow weaker, if not bored, and move on. **Remember: Bullying is a big problem for *all* kids, but please make sure you stay safe, and tell a parent or teacher if it escalates or continues.**

**8. STRUT YOUR STUFF.**

Be proud! Stand tall, walk the way you want to walk, talk the way you want to talk and dream about everything you can be.



**9. DON'T HIDE YOUR PROSTHESIS.** Be *bold*.

With your prosthesis, you have independence. You can do anything. You can decorate it to express yourself with fake tattoos or stickers of your favorite band. It's part of you, so embrace it.

**10. HAVE PATIENCE WITH YOUR PARENTS, CLOTHES AND SHOES.**

They don't always fit right and sometimes they need some adjusting. Ha, kids with prosthetics know what I'm talking about, right? We can adapt to any situation and make things work.

At the beginning of high school, I was told every door is open to all of us, and that there is a direct connection between the amount and quality of work we produce that keeps those doors open. I plan on walking through the doors of New York University, Princeton or Columbia.

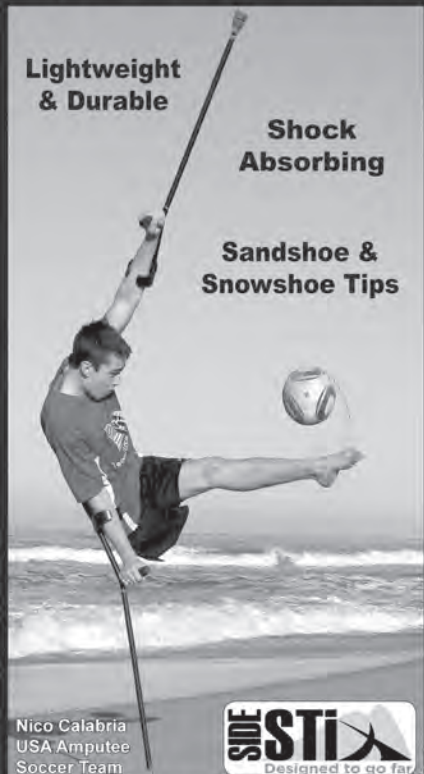
This high school drama will end someday, but a positive attitude is for a lifetime. 🌀

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# Protecting the Sound Side

Simple Solutions to Living Longer and Stronger

by Amy Di Leo

>> ***“Try not to use the loss of a limb as an excuse not to live a healthy lifestyle... stay active and try to maintain a regular fitness program and healthy diet.”***

If 40 is the new 30, and 50 is the new 40, and so on, how do we keep our bodies as healthy and young as our minds and spirits as we age? For many of us, it could be as simple as following a low-fat diet and exercising regularly. But for single-limb amputees, the key comes in the form of protecting the “sound side.”

According to Robert Gailey, PhD, PT, of the University of Miami’s Miller Medical School Department of Physical Therapy, who has been working with lower-limb amputees for nearly three decades, the first thing to consider is your prosthesis.

## **Stay Active**

“A well-fitting and comfortable prosthesis is the primary consideration that allows a person with limb loss to participate in the activities that they choose on a daily basis,” explains Gailey. He says it is essential to have a surgery that allows the muscles in the residual limb to use a prosthesis. Using the prosthetic limb and the sound limb equally will



reduce the negative effects on the natural knee and hip over time.

Gailey says that receiving appropriate gait training to use the prosthetic limb and learning exercises to maintain a healthy lifestyle are two of the most important things you can do for yourself as a lower-limb amputee. Having good posture is also vital in reducing unnecessary stress to the body.

“A major concern for lower-limb amputees is inactivity,” explains Gailey. “We know that people with a single disability, such as loss of a limb, [have an] increase in the likelihood of [getting a] secondary disability, such as obesity, diabetes and heart disease, to name a few.”

Some major studies have compared amputees’ weight with the weight of the general population over the past few years. According to the Centers for Disease Control and Prevention (CDC), 26 percent of Americans are overweight or obese, while 34 percent of people with disabilities are obese. For transtibial (below the knee) amputees, it’s 36 percent; transfemoral (above the knee) amputees, 48 percent; and unilateral (single limb) amputees, 64 percent. Gailey adds, “Some studies have found that just because a person with limb loss is overweight or obese, it does not necessarily mean they reduce the amount of time that they use their prosthesis or lack independence.”

Gailey advises his patients, “Try not to use the loss of a limb as an excuse not to live a healthy lifestyle... stay active and try to maintain a regular fitness program and healthy diet.”

According to the CDC, those physical activity guidelines are to engage in some form of exercise at least four times a week for 90 minutes. The types of exercise a person does can vary, and Gailey recommends finding something you like so you will stick to it. Many amputees prefer not to run, so he suggests walking, hand-cycling or swimming; in short, any aerobic activity that increases heart rate and burns calories. Improving cardiovascular endurance, muscle building, strength training and flexibility are all extremely important in the equation for a healthy “you” as you age.

## Achieving Balance

“The exercises that we teach people train all muscles in multiple directions to allow the leg to move forward and backward, side-to-side and in rotation,” Gailey says. “We also suggest a comprehensive stretching and flexibility program. Learning to balance with the prosthesis is also important; therefore, an all-inclusive program that addresses the core muscles and muscles within the amputated limb is important as well. Balance is not only essential for walking, but will assist with ramps, stairs and uneven terrain.”



*“Engage in core strengthening and balance activities.”*

Occupational Therapist Debra Ann Latour, BS, MEd, OTR/L, agrees that balance is a very important concept to teach amputees. An upper-limb amputee herself, Latour works with other upper-limb amputees as senior occupational therapist at Shriners Hospitals for Children in Springfield, Massachusetts. She is also president of Single-Handed Solutions, LLC (singlehandedsolutions.blogspot.com). Latour recommends beginning with the concept of balance: "Balance life activities: work, play, rest, spiritual, educational, exercise, etc. Balance activity itself: use good body mechanics, energy conservation strategies. Balance the use of your prosthesis: design, features, weight, components and tools that make the most ergonomic sense for the consumer as an individual. Engage in core strengthening and balance activities."

Why is all of this important?

Balance is not only essential for walking, but will assist with ramps, stairs and uneven terrain.



>> ***"A major concern for lower-limb amputees is inactivity."***



## Lower-Limb Concerns

Gailey says, "If you don't exercise from the beginning, certain muscles become weaker; the skeletal alignment changes. It's very difficult to catch up on what you've lost if you don't do it right from the beginning." He adds, "As we all age, our gait changes. Balance rising up out of a chair, standing for long periods of time, always relying on the sound leg – over time, the wear and tear is accelerated on the sound leg, as opposed to someone who has two good legs in which they can share the weight from side to side."

Then there are the issues that all people deal with as they age – arthritis, bone density loss and other bone-related problems that can weaken us.

According to Gailey, "Loss of bone density mass is almost 100 percent in all amputees. Recent studies have found that most amputees have between 25 and 30 percent loss of bone mass density in their amputated side hip."

Based on Gailey's review article published in a 2008 issue of the Department of Veterans Affairs' *Journal of Rehabilitation Research and Development*, 20 percent of the able-bodied population has degenerative arthritis in their knees. But 40 percent of transtibial and 60-80 percent of transfemoral amputees have degenerative arthritis in the sound limb knee.





Debra Ann Latour  
and client

## Upper-Limb Concerns

And there are other issues for upper-limb amputees, says Latour: “There have been clinical studies that suggest overuse syndromes, especially as related to the design of the harnessing component of the body-powered prosthesis. When an individual with unilateral upper-limb loss uses a prosthesis with a ‘figure of eight or figure of nine harness,’ he or she is accessing body power from the sound side to power the terminal device of the prosthesis. The sound side is also typically the dominant side and is used to complete most tasks. During bilateral activities, the sound side upper limb, especially the shoulder, is bearing most of the burden because it is controlling the assistive side.”

Latour says there are great options available to lessen the strain on the sound side: “I use an Adept terminal device in tandem with my Cutaneous Anchor Technology [a harnessless body-powered device, which she invented]. This combination is amenable for Pilates as well as weight machines, while allowing me to work symmetrically because the power is attached to the same side as my residual limb. My intact shoulder no longer has to do ‘double-duty.’ TRS ([oandp.com/trs](http://oandp.com/trs)), [Texas Assistive Devices ([n-abler.org](http://n-abler.org)) and Hosmer ([hosmer.com](http://hosmer.com)) have] developed many devices that are great for exercise, recreation and other functional activities. Many are passive and activity-specific so that the opposite shoulder is not overtaxed while using them.”

Latour explains, “There is a possibility of entrapment within the axilla (armpit) or strain from overuse; these might lead to problems such as carpal tunnel or rotator cuff damage.” Although Latour has not seen much in the way of clinical or scientific data to support this, it has been reported anecdotally from her patients during treatment. She too experiences bouts of elbow, neck and shoulder pain on her intact side. She has also had episodes of her hand spontaneously turning blue as well. Pilates and myofascial (the fibrous tissue surrounding the muscles) work has helped to alleviate it, she says.

“I strongly recommend a Pilates program for core strengthening and gentle range of motion with slow stretches for the wrists, elbows and shoulders,” says Latour. “I recommend caution with strengthening, as we don’t want to overtax the sound side, particularly if the individual is using a traditional harness with a body-powered prosthesis. I recommend using symmetry in body posturing as much as possible.”

>> ***“I recommend using symmetry in body posturing as much as possible.”***



Learning to perform activities of daily living through play.





***“Treat your body like a temple, with diet, exercise and a healthy lifestyle...”***

**>> “It’s very difficult to catch up on what you’ve lost if you don’t do it right from the beginning.”**

### **Stop the Hop**

“The number one thing I suggest to people with [lower] limb loss right from the beginning is ‘don’t hop on the sound limb when you don’t have to,’” cautions Gailey. “Everybody finds it easier when they’re younger to hop or stand on a single leg, but if they can take the extra two minutes in the morning or in the middle of the night to put on their prosthesis or use a roller device to get back and forth to the bathroom, they may be able to reduce the wear and tear on the sound limb.”

Gailey says there is no evidence that it’s true, but he does tell younger amputees that they only have so many hops in their lives, to discourage them from putting that strain on their good legs.

For upper-limb amputees, Latour offers, “If using a body-powered device with a hook terminal, be cautious of the number of elastic bands used. While a greater number will offer a stronger pinch, they will also wreak havoc with the intact shoulder.”

Living a healthy lifestyle is a lifelong quest and challenge for many. But Gailey sums up the importance of staying true to that goal for those with single-side limb loss.

“Treat your body like a temple, with diet, exercise and a healthy lifestyle,” he says. “You have to be active because that is how we all remain productive members of society, and that’s the way we are there for our families and maintain our independence.” 🌀

# Protect Yourself From

## *Medicare Fraud and Abuse*

by David McGill

When I travel around the country talking to people with limb loss/difference, people sometimes pull me aside to ask me a question. These discussions often revolve around the fear that they are being billed for something they shouldn't have to pay for, or something they never wanted in the first place.

The purpose of this article is to define what constitutes Medicare fraud and abuse and how you can protect yourself from it.

### **Fraud and Abuse**

Medicare fraud and abuse are two different but related things. **Fraud occurs** when Medicare receives a bill for services or supplies that you never got. It also includes knowingly altering claims forms to receive higher payment amounts. **Abuse occurs** if suppliers misuse codes on a claim, charge excessive amounts or bill for medically unnecessary services.

### **The Different Faces of Fraud**

Fraud can occur in different ways. For example, a supplier could bill you for something you never received. This is fraud in its simplest form. But fraud increasingly occurs as part of more sophisticated schemes.

As critical personal data (your birth date, Social Security number, name, address) increasingly migrates from the printed page to computer hard drives and the Web, criminals look for ways to steal and exploit it. By hacking into databases and using "phishing" schemes designed to get you to provide access to your personal information, these individuals can sell or use that data to submit fraudulent claims.

Sometimes the methods of obtaining your personal information are more direct. Some criminals simply walk up to you in public and offer to pay for your groceries or to provide you free services in exchange for your Medicare number. Another scheme involves calling you at home and asking you to participate in a survey, then requesting your Medicare number.

*continued on page 30*

## What You Can Do: The MSN

Every three months, Medicare sends a Medicare Summary Notice (MSN) to beneficiaries who have received covered services during that period. This form lists the dates of service for items you received, the provider of those items, the amounts that Medicare didn't cover and what you may be billed for. If you're diligent about reading the MSN, it's one way to help identify fraud and abuse.

### **"I don't recognize that provider!"**

In general, you should know the name of the provider who treats you. If you review the MSN and see that you received treatment from someone you've never heard of, something may be amiss.

However, the world of suppliers *can* get confusing. For example, hospitals sometimes contract with a private prosthetic company that rents space in the same facility. You may think you're getting a prosthesis from the hospital, but an independent supplier is actually providing it. These arrangements are legitimate, but you may not realize at the time that the company providing your prosthesis is a separate legal entity from the hospital.


Be sure to ask questions in this scenario so that you can determine whether you're (understandably) confused or something fishy is occurring. If you can't confirm that you ever received care from that supplier, call Medicare.

### **"I didn't get anything from anyone on that day!"**

You should always keep a record of any medical devices you receive and the date you received them. If your MSN has a delivery date that doesn't correspond with your records, that's a warning sign. You should also ask for a copy of the delivery sheet that the supplier is required to deliver to you whenever you receive a medical device as a cross-referencing tool.

### **"I paid for more than what this says I can be billed!"**

The MSN contains a "You May Be Billed" column that spells out your maximum financial exposure for a claim. If you paid more than that amount, you need to call the supplier immediately. Suppliers are required to have complaint resolution procedures in place. If you can't resolve the matter quickly, you should file a complaint with Medicare. Based on firsthand experience, Medicare follows up on such calls, and it requires immediate responses from suppliers.



**Medicare fraud and abuse are real problems that increase the cost of everyone's healthcare.**



## What You Can Do: The Supplier Standards

In addition to the MSN, Medicare has a list of requirements that all suppliers of prosthetics, orthotics and DME must follow. These supplier standards can also help prevent fraud and abuse.

### **“I thought this was under warranty!”**

Different parts of your prosthesis have different warranty periods. Most major components (knees, feet) have warranties of at least 1 year, and it's common for them to last up to 3-5 years. Sockets and liners tend to have shorter warranty periods, ranging from as little as 90 days for sockets to 6-12 months for liners.

Perhaps you received a new prosthetic foot on the date your records say you did and from the provider listed on the MSN. But if Medicare paid for that foot only four months ago and you received a new one because the old one broke, Medicare is paying for something that the supplier standards prohibit. On the other hand, it's important to understand that if you receive a new component within the warranty period because your physical condition changed, then the warranty wouldn't necessarily cover that situation, and delivery of the new item might be appropriate.

### **“Some stranger called me and now there's a Medicare claim for this new device!”**

With limited exceptions, the supplier standards prohibit suppliers from directly soliciting you unless you have given written permission for them to do so. The problem of direct solicitation has been particularly acute in the area of scooters and powered wheelchairs. If someone cold-calls you to try to convince you to take delivery of a medical device, particularly someone from a supplier you've never heard of before, politely take their name and number and then pass it on to Medicare.

### **“I received the item but it never worked/ wasn't necessary!”**

The supplier standards require that suppliers accept the return of substandard or unsuitable devices. If you receive something that you can't use, either because it's broken or because it wasn't appropriate, you should immediately attempt to return it to the supplier. If you don't get a prompt response, contact Medicare.

## Conclusion

Medicare fraud and abuse are real problems that increase the cost of everyone's healthcare. But by refusing to disclose your Medicare number to anyone except your physician and prosthetist, and by simply paying attention to what you receive, who gives it to you and when you got it, you can protect yourself from becoming a victim.

To report suspicious activity, call 800/MEDICARE. For more information about fraud and abuse, visit [stopmedicarefraud.gov](https://stopmedicarefraud.gov). 



**Report Suspicious Activity: 800/MEDICARE**



## Selecting and Buying a Mobility Scooter

### MOBILITY SCOOTERS HAVE BECOME A COMMON SOLUTION

for people with limited mobility or stability. However, scooters can be an expensive alternative to walkers or wheelchairs, so finding the best deal is important.

Know what you're looking for before you begin shopping. There are many scooter models available and you should look at all of their features closely. Most scooters come with three or four wheels, with the three-wheeled model being advantageous to people who need to maneuver in small spaces such as apartments. Some models are also lightweight and specifically designed to fold up and be carried in a car trunk. Consider all your options and decide which features are especially important to you, such as portability, battery life and weight of the scooter. This will help you narrow down your search once you begin.



### Related Resources

**Medicare Scooter**  
[medicarescooter.org](http://medicarescooter.org)

**Mobility Scooter**  
[mobility-scooter.info](http://mobility-scooter.info)

### [FOUR TIPS]

**1 CONSIDER THE PLACES** where you're most likely to use your mobility scooter. You may need the scooter to help maneuver around your home and plan on riding it whenever you need to move around, or you may just need it when shopping or going out. These details are important when deciding the size and weight of your ideal scooter.

**2 SHOP USING MULTIPLE SOURCES.** If you live in an area where there is not a scooter dealer near you, you may have to resort to shopping online. This may ultimately be a more economical option than buying your scooter at a healthcare store anyway. On the other hand, if you shop for your scooter at a retail store, many of them have floor models that you can take for a spin. Trying out the floor model will allow you to determine whether it is comfortable and whether you feel safe operating it.

**3 ASK ABOUT BILLING OPTIONS.** If you are acquiring the scooter out of medical necessity, many pharmacies and healthcare equipment providers may be able to bill your purchase to an insurance provider, thus lowering your out-of-pocket expense. Inquire about these options prior to your purchase.

**4 DON'T FORGET THE WARRANTY.** Most healthcare equipment, such as a mobility scooter or medical lift chair, comes with a lifetime warranty on its engine or mechanical parts and limited warranties on things like fabric or brakes. Find out the details about what is and isn't covered under the warranty of the scooter you plan to buy. 



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# The Fear of Falling

by James O. Young, Jr., LP, CP, FAAOP

**AS A PROSTHETIC PRACTITIONER** and an above-knee amputee, I see many people who want to walk and do all the things “normal” people do. Huge obstacles in achieving this goal include being unable to rise or stand and the fear of falling. The fear is real, and it cripples many amputees.

## The Fundamentals

I believe the fundamentals of independent mobility can be best learned from toddlers. Rolling over, sitting up, pulling up and generally learning all about balance. I call it maximizing your mobility. I believe that all amputees should be able to independently get down onto and up off of the floor with or without their prosthesis. Knowing how to react in a falling situation is imperative.

There are four basic characteristics demonstrated by amputees who successfully ambulate with their prostheses: **strength, balance, endurance and confidence.** Toddlercising helps to develop all of these core characteristics. Getting on the ground, rolling around, tipping over and picking yourself up allow you to hone problem-solving skills. Tipping over and rolling is a good way to learn how to fall safely.

Most people know that bracing for impact does more harm than good. Stiffening a joint in a fall often results in sprains, strains or fractures. Learning how to dissipate force by rolling into and out of a fall is valuable. It also builds confidence and reduces the fear of falling.

## Goals and Timelines

*How long does this process take?* Unfortunately, there isn't one right answer. Some people hit the ground running, while others never master or accept their prosthesis.

I like to see patients write stuff down: goals, long-term, short-term and intermediate. To figure out how to get where you want to be, you first have to know where you are. If you're planning a trip, it's easier to get to California if you start from Nevada instead of Maine. Test to determine the existing skill level to see how close you are to the goal. If the goal is realistic, plan the journey. Write down the current skill set, break down the skills required to perform the desired task and set them up as intermediate goals and determine the timeline. 🔄



## My Bag of Tricks

*I use these items for basic skills development. I teach patients to march, an efficient form of walking. Timing, stride length, posture, arm swing and shoulder rotation are all elements of sound walking.*



**TWO SCALES** are to help with weight transfers and to ensure even weight distribution.



**ATHLETIC TAPE** helps with foot placement exercises, stride length indicators, setting the heel and pulling back the knee.



**CELL PHONE** with metronome app is for timing.







## Learning to Walk

My granddaughter is one.  
I am sixty-one.  
She has two legs.  
I have one.

At first, she crawled,  
then tried to stand.

As did I.

Then she stood and was so proud.

As was I.

She took a few steps, then had a fall.

So did I.

She is short, a mere two-foot small.  
I am tall, with further to fall.

Next, she was walking,  
a few steps at a time,  
holding her mommy's hand.  
I was too, holding my walker  
with each hand.

Then came steps, up and down.  
Up was easy, down was not.  
She still crawls a lot.  
I cannot.

Outside, the walks are clear.  
The snow has disappeared.  
She tries the sidewalk,  
first up the slope, then down.  
She trips and lands,  
then bounces up using her hands.  
I shuffle along as best I can.

The grass is uneven.  
She is cautious.  
First a step, then a fall,  
but quickly, she is up, walking tall.  
So am I, without the fall.

We are both walking now.  
She goes alone or with a hand.  
I go too, at first with a walker,  
then two canes,  
down to one and now none.

Soon, my granddaughter and I will  
walk hand in hand,  
glad that we can.  
She with her two legs,  
and I with my one.  
She is one, and I am sixty-one.

— Herb Hartman, MD



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**PILATES MAT** is  
used for stretching.



**WEIGHTED BALL**  
is used for balance,  
strength and other  
core exercises.



Photo provided by Peggy Chenoweth

# staying fit! as you age as an amputee

by Nicholas A. Furst, CPT

**NO MATTER WHO YOU ARE OR HOW OLD YOU ARE,** you've got to keep moving. The human body is designed to be in motion; otherwise, our internal systems begin to malfunction, become maladaptive and can possibly shut down. We all should maintain some level of fitness throughout our years, whether for the aesthetic pleasure of exercise or simply for the sake of our health.

Whether we are working out for the sheer joy of an exercise-induced endorphin rush or fighting weight gain, we all have our reasons to start and maintain a certain level of health and exercise focus throughout our lives. Today's technology provides a vast resource of information that can provide for limitless possibilities and options for exercise, educational tools and all the motivational and physical help you'll ever need!

As an amputee, your approach to the usual lines of exercise will obviously be challenged, but the physical and biological principles of our bodies are the same. Understanding that there are no fundamental differences will allow you to find a workout program that works for you, regardless of your level of fitness training. Your physician and a certified personal trainer can help you structure a program that will be most effective for getting you to where you want to be. All of this must stem from your desire to get healthy or enhance your fitness, whichever may be your goal.

## Related Resources

**AARP: Healthy Living**  
[aarp.org/health/healthy-living](http://aarp.org/health/healthy-living)

**American Council on Exercise**  
888/825-3636  
[acefitness.org](http://acefitness.org)

**HP/HD Help**  
[hphdhelp.org](http://hphdhelp.org)

**National Center on Physical Activity and Disability**  
[ncpad.org](http://ncpad.org)





The following are **some basic tips**, but as always, you should consult your healthcare provider before starting a new exercise program.

- Always warm up with 3-5 minutes of cardiovascular exercise, and cool down with 3-5 minutes of stretching the muscles just used.
- When stretching, don't bounce; stretching should be a mild sensation, not painful.
- Stretching on the living room floor is a great way to keep the body fit. Even just tensing and relaxing muscles is helpful.
- For lower-limb amputees, lying on your stomach 15-20 minutes a day can help lessen hip flexion contractures.
- If your socket fits poorly, do not wear your prosthesis when exercising.
- If you use a prosthesis while exercising, always perform skin checks before putting it on and after taking it off to prevent tissue breakdown.

Remember, adherence and regularity are the key to enjoying the process – the end game is all about results, and the best way to achieve positive results is to apply yourself fully and with sincere commitment. Prepare yourself for the ups and downs that come on this road, and use the resources at hand to overcome any mental or physical setbacks you may encounter. The end result is worth it. 🌀



Consider **swimming and other aquatic exercise**, which offer these advantages:

- It's great aerobic exercise, which works your cardiovascular system.
- Water offers gentle resistance against movement, which improves muscle strength.
- Water buoyancy means a body weighs only about 10 percent of its normal weight, decreasing stress on joints.
- Buoyancy also helps balance and agility.
- Exercising in water is a low-impact activity.

Following a **solid diet plan** with the help of your physician or dietitian is equally as important as your exercise plan.

- Avoid foods high in sodium – sodium can cause swelling in residual limbs, thus causing problems with socket fit.
- Drink non-caffeinated fluids before, during and after workout sessions.



Photo provided by Peggy Chenoweth

You should always consult your healthcare provider before starting a new exercise program.

# *you've got to keep moving!*

# Shoes That Fit

Help You Stay Active by Robert P. (Bob) Thompson, CPed

## DOES GETTING OLDER MEAN YOU NEED TO SLOW DOWN


and worry that you're at greater risk of falling? Absolutely not. If you've been active, you can continue to engage in regular physical activity; if you're managing any medical conditions, you can continue to do all your daily activities and remain independent. As for the risk of falling, staying as healthy and strong as possible should help ease concerns, and you might consider adding strength training and balance exercises into your mix of activities. That said, you do need to pay special attention to your footwear, particularly if you have a lower-limb amputation.

Your priority at all times is to protect your sound foot. Age brings some changes that affect the sound foot, and those changes take an even greater toll if an amputee places more weight on that foot. The fat pads on the bottom of the heel, ball and toes degenerate. Foot muscles weaken and tendons and ligaments become less resilient. Your foot may ache at the end of the day, and it is more vulnerable to stress fractures and other injuries. Your foot also gets longer and wider with age, and the arch may fall and require support.

*How do these changes affect your footwear choices?*

### To provide maximum protection for your sound foot:

- ➔ Have your gait, foot characteristics, ankles and arches evaluated by a foot health professional. The results will help you make an informed decision about shoe style, material, cushioning and heel height.
- ➔ Ask your foot health professional about arch support. Is your foot rigid or flexible? An orthotic or insert can support a flexible foot with a low arch or a rigid foot with a high arch. Proper arch support will help ensure optimal alignment of the ankle joint, knee joint, hip joint, lower neck and back.



Following these simple steps can help you enjoy the benefits of an active lifestyle without the pain of footwear problems.

Learn more at [ipfh.org](http://ipfh.org).



- ➔ Wearing properly selected and fitted padded socks made of acrylic or acrylic blends can help wick moisture away from the foot. Studies have shown that they can also help prevent injuries to the skin/soft tissue of the foot caused by impact, pressure and shear forces. Such injuries are a major cause of diabetic foot ulcers.

### Now you are ready to consider shoes.

You will need to fit both your sound foot and your prosthetic foot to ensure that they work well together.

- ➔ To get the best possible fit, the Institute for Preventive Foot Health (IPFH) suggests following its integrated approach: Wear the padded socks you intend to wear in the shoes, as well as any insert or orthotic for your sound foot, when you're trying on shoes. Those who wear different heel rises with their prosthetic foot should have their prosthetist create heel wedges. Make sure you have the appropriate heel wedge with you.
- ➔ Choose shoes with a rounded toe box, strong heel counters, cushioning and non-slip soles for safety. Laces or velcro will help ensure that the shoe stays on. If you're buying shoes to engage in a specific activity and/or to wear with an activity-specific prosthesis, make sure the shoes (and your padded socks) are appropriate for the activity.
- ➔ Put on both shoes. The toes of the sound foot should have space to move around in the toe box. The prosthetic foot should fill the shoe with about one-fourth to one-half inch of extra space at the toe, just like the sound foot.
- ➔ Walk around in the shoes. Make sure neither foot slides up and down in the heel. Slippage can irritate your sound foot, making it vulnerable to blisters, cuts and other lesions; slippage of the prosthetic foot can adversely affect your gait and balance. Your padded socks can fill in some of the space at the heel, as can a heel spacer.
- ➔ As you walk, be sure that the heel height of the shoe works for you, and that there is adequate cushioning to help absorb impact. You should be able to walk smoothly and naturally, with hips level (one hip should not be higher than the other) and with a 50/50 weight distribution between the ball and the heel. 🔄



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# Pleased to Meet You

by Phantom Fashionista

FOR AS LONG AS I CAN REMEMBER, I have loved, loved, *loved* all things related to fashion. I love clothes. I love shoes. I love purses, tote bags, jewelry, scarves, hats and gloves. You name it, I love it. Perhaps it can be said that when it comes to fashion, I am an addict.

For almost the same amount of time, I have worn an above-knee prosthesis – well, not just one prosthesis, but many. Endoskeletal. Exoskeletal. SACH feet. Seattle feet. Safety knees. Microprocessor knees. And regardless of the device or componentry, I have always experienced “reverse opportunities”





(or challenges, depending on how you look at it) in finding shoes with the right heel height; or nylons that won't run from my Silesian belt; or pants that don't wear thin from the socket.

And so, with my fashionable addiction and my expertise in experiencing life with limb loss, allow me to introduce myself as the "Phantom Fashionista." Because I realize that not all prosthetically induced fashion situations (PIFS – don't you love it?) are related to lower-limb prostheses, I have engaged a cadre of other experts to chime in, from time to time, on issues unique to upper-limb prosthesis users, or menswear, for example. The *nom de plume* not only adds a little mystery to the column, but it allows me to rely on the expertise of others. So, look for the different avatars to see who the contributing "Phantom Fashionista" might be....

From here on out, I will write about my favorite fashion fixes that make living life with a prosthesis oh, so much more practical and fun! This means that I will share some tips about products that have made my life easier (and much more fashionable, of course). Or I might talk about techniques that I have learned. As for the inevitable official disclaimer, "The advice given here does not constitute prosthetic and/or medical care; any and all products reviewed or described herein do not represent a product endorsement by the Phantom Fashionista and/or the Amputee Coalition." There, that should make the lawyers smile.

Even though I think I might know a thing or two about prosthetically induced fashion situations, I realize that I am not the "be-all-that-ends-all" expert. So, I invite you to send me your questions and share your success stories with PIFS at [Fashionista@amputee-coalition.org](mailto:Fashionista@amputee-coalition.org). Either way, this section is for you and for sharing experiences that can help all of us. 🌀



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Call 315/735-1659 or visit [LegSim.net](http://LegSim.net) to see videos.

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For more info, call Joanne at 954/646-1026 or visit [fredslegs.com](http://fredslegs.com).

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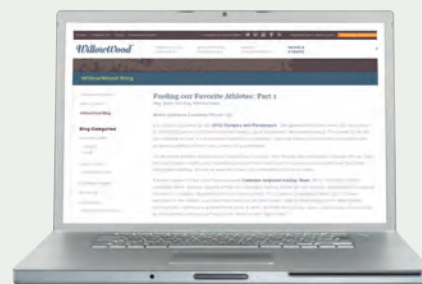
## News for You From WillowWood

For more than 100 years, WillowWood has been committed to serving the amputee community by creating high-quality prosthetic products like our Alpha® Liners and Fusion™ feet. Our goal is to help amputees live life to the fullest by providing products that are both comfortable and functional.

We decided to start sharing some of the knowledge and expertise we've gained over the years with the online community via a blog ([willowwoodco.com/blog](http://willowwoodco.com/blog)). Check with us monthly for a variety of informative topics, including:

- Amputee profiles and advice
- Interviews with experts
- Care and use tips
- Amputee resources.

Have a question or a topic you'd like us to cover? Let us know via e-mail at [customerservice@owwco.com](mailto:customerservice@owwco.com) or connect with us on Facebook ([www.facebook.com/OhioWillowWood](http://www.facebook.com/OhioWillowWood)) or Twitter (@OhioWillowWood).



To learn more about WillowWood products, ask your prosthetist or visit us online [www.willowwoodco.com](http://www.willowwoodco.com).

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## College Park Releases Tactical Soleus to Benefit Purple Heart Homes

College Park Industries is pleased to announce the new and improved Soleus foot, Tactical Edition. It was crafted especially for Dale Beatty, Iraq combat wounded veteran, bilateral amputee and co-founder of Purple Heart Homes. Available for sale in limited quantities, College Park will donate \$200 of every Tactical Soleus sold to Purple Heart Homes. This national nonprofit organization is committed to leaving no veteran behind by providing personalized housing solutions for disabled veterans and their families. The Tactical Soleus is manufactured right here in the U.S. and custom-built for the heroes among us, whether on the front line or the home front.



For more information, call 800/728-7950 or visit [college-park.com](http://college-park.com).

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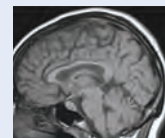


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[amputee-coalition.org](http://amputee-coalition.org)

## Volunteers wanted for research studies on the effects of limb loss or congenital absence on the brain and behavior

Individuals who have lost, or been born without one or more upper or lower limbs are sought for participation in a research database in the Rehabilitation Neuroscience Laboratory, at the University of Missouri



in Columbia, MO. Our laboratory studies the effects of limb loss or absence, with the goal of improving rehabilitation techniques. This database will allow us to contact you when we have a specific study for which you may be eligible. At that point we will provide you with the details of the study, and you will be able to choose whether or not you wish to volunteer. Participants must be 18-70 years of age, in good health with no history of neurological or psychiatric illness, living in Missouri or neighboring states (MO, KS, NE, IA, IL, KY, TN, AR, OK). There is no compensation for membership in the database.

Please leave a message for Dr. Scott H. Frey via email: [freylab@missouri.edu](mailto:freylab@missouri.edu) or by calling 573/882-3866.

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# Sixteen *STEPS*

by Juanita Clifton  
and Carolyn McKinzie



I was in relatively good health at the age of 87. But what started as a “simple” ingrown toenail eventually led to a bone infection and the subsequent amputation of my lower right leg in 2006. I underwent the amputation and had an uncomplicated recovery. I never used crutches and graduated to walking with a cane fairly quickly. The nurse at my doctor’s office told me that she would never have known I was an amputee if someone hadn’t told her.

But three years later I was faced with deciding whether to have my left leg amputated due to complications of cardiovascular disease and circulatory problems. I knew that if I didn’t, I would probably spend the rest of my life in a wheelchair. But I was still fairly active and I *didn’t* want to spend the rest of my days, however many that might be, in a wheelchair.

Adapting to the loss of my other leg has been a little more difficult than I anticipated. I still have a hard time balancing without the use of a walker. I have 16 steps to go up to enter my apartment, but I now think stairs are one of the easiest thing I do! My friends encourage me to find another place, preferably on the first floor, but the stairs are a great source of exercise and I’m going to keep on climbing as long as I can.

In some ways, the idea that I’m a double amputee hasn’t really sunk in yet. I feel like I’m still in shock and unsure of how to accept it. Some days are more discouraging than others, but I just take life one day at a time. I don’t want these amputations to bring my life to a halt, so I do as much as I can. I travel from Tennessee to my home state of Minnesota to visit with my sister and family for a few weeks every summer, as well as for the Thanksgiving and Christmas holidays. Through my sister I have become a member of the “Out to Lunch Bunch,” a dozen lovely ladies of varying ages who meet every Thursday for lunch at a local restaurant. It’s something I really enjoy and look forward to.

I miss dancing and bowling the most. If I had to describe how wearing two prostheses feels, it’s like wearing a pair of shoes that are two sizes too small, and it’s not always comfortable. But I won’t let those things slow me down – I just want to keep going! 🌀



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