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# *in*motion

The Living Well With Limb Loss Magazine



Cover photography by Diana Simonetta, LTL Photography

## Employment

**Dealing With Limb Loss  
in Job Interviews**

**Getting Ahead in the Rat Race:  
Resources for Finding a Job or  
Enhancing Your Career**

***April Is Limb Loss Awareness Month***



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# Employment

## Reinventing Yourself

Bill Dupes, Editor-in-Chief



**About 50 million Americans** – nearly one in five – have some form of disability that impacts mobility, vision, hearing, cognitive functioning, mental health and chronic conditions. They are the nation’s largest minority group. We’ve come a long way, but people with disabilities still face barriers – both physical and social.

Much has been done to physically integrate people with disabilities. We have closed-captioning, signs in Braille, and ramps and designated parking for people with mobility issues.

But that’s the easy part. Perspectives are harder to change.

Diversity is usually discussed in terms of ethnicity, cultural groups or sexual orientation. When people with disabilities are recognized, it’s often in terms of extremes, either as objects of pity or inspiring superheroes to be admired for their achievements.

Both of these stereotypes are wrong.

Disability should be viewed with a perspective of possibilities rather than barriers. People with disabilities often experience situations where an alternative approach is required to achieve their goal. How many times in history has taking a different path or “thinking outside of the box” led to a solution no one else has discovered before?

Access to employment is a fundamental right for everyone, including the 2 million Americans living with limb loss or limb difference. A job can provide financial stability, help maximize our potential and enable us to achieve our dreams. As Americans, we possess a range of vocational opportunities to make the most of our talents and succeed in a chosen career – and people with disabilities are entitled to the same opportunities.

It is not surprising that most people who undergo amputation would prefer to simply return to their former jobs, or at least a similar position. For others, however, the loss of a limb may provide them with the challenge and inspiration to reinvent themselves and seek a new direction for their lives and career.



*“Employers have recognized for some time that it’s smart business to have a diverse workforce – one in which many views are represented and everyone’s talents are valued. Well, disability is part of diversity.”*  
~ Thomas Perez, U.S. Secretary of Labor

### 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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# I'mPOSSIBLE

Since she was a little girl, Carrie Davis knew she was unique. Born without her left arm, she often wondered "Why me?" She longed to be known for her contributions, not what she was missing.

A prosthetic wearer since she was nine months old and long-time Hanger Clinic patient, today Carrie is the face and personality of AMPOWER, the leading peer-to-peer support network for those living with limb loss or difference. Carrie finds the answer to "Why me?" through helping others.

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*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 in hard copy to all subscribers. Each issue 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.

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# Amputee Coalition Hill Day

by Dan Ignaszewski



Contact us at 888/267-5669 or [State@amputee-coalition.org](mailto:State@amputee-coalition.org) to find out how **YOU** can get involved in your state.

**H**ave you ever been denied coverage for a prosthetic device or had to fight for the prosthetic care you need? Have you had to pay thousands of dollars out of pocket because your insurance has a cap or restriction on prosthetic care? Shouldn't we make sure research continues to advance prosthetic technology and patient care for amputees?

Do you want to help do something about it?

Now's your opportunity to make a difference!

In 2012, the Amputee Coalition designated April as Limb Loss Awareness Month to empower amputees and provide us an opportunity to raise awareness about the limb loss community. Help us celebrate the Amputee Coalition's anniversary by making this year's Limb Loss Awareness Month unforgettable!

The Amputee Coalition has held Hill Days in Washington, D.C. previously and saw hundreds of amputees attend from around the country.

Individuals, families, support groups and providers have helped spread the word and get the community involved.

The Amputee Coalition continues to make sure the consumer's voice is heard on important issues. Most recently, in 2015, the Amputee Coalition worked with the community and partner organizations to stop the Medicare LCD Proposal that would have fundamentally changed prosthetic care for amputees.

The Medicare LCD Proposal is an example of what happens when we share one unified voice. More than 15,000 letters were sent in to the White House, Medicare and members of Congress during the fight on the Medicare LCD, and more than 110,000 individuals signed the White House's "We the People" petition. Thanks to the community's involvement, Medicare agreed not to enact the LCD and is forming an interagency workgroup this year to work toward appropriate coverage.

We want to continue to build on the momentum we started last year as a unified voice that saw huge success, but we can't do it without you!

**On Wednesday, April 20, 2016, the Amputee Coalition is holding a Hill Day in Washington, D.C.**

We encourage everyone to attend so we can share a unified voice on issues affecting the limb loss community. Hill Days provide us an opportunity to have a large visible presence on Capitol Hill and to help educate elected officials on issues affecting the limb loss community.

This year, the Amputee Coalition's Day will focus on key issues, including:

- Insurance Fairness for Amputees and improving access to prosthetic and custom orthotic care through the Insurance Marketplace





- Funding for research and programs that improve the lives of amputees
- Legislative changes to the Local Coverage Determination Process to make them more transparent and ensure we don't see another proposal like we did in 2015.



For more information on the Limb Loss Awareness Month activities, visit [amputee-coalition.org](http://amputee-coalition.org).

The Hill Day is an all-day event. We will begin with a morning session, where you will be handed your schedule, materials and information, and we'll talk through ways to communicate with your elected officials. Meetings will occur throughout the day as we're able to schedule them with the congressional offices.

We're encouraging attendees to arrive the night before and travel back no sooner than the evening of April 20. If you're unable to attend, we will be providing a virtual Hill Day option.

If you have any questions or if you're interested in participating in the Amputee Coalition's Hill Day, please contact us at [Federal@amputee-coalition.org](mailto:Federal@amputee-coalition.org) or toll-free at 888/267-5669, ext. 7102. Once you've confirmed you will be attending, we will need your full name and address so that we can start scheduling meetings for April 20.

This election year, we need everyone to come together to share a unified voice so that we can make a difference! Join us in Washington, D.C. on Wednesday, April 20 and together, we'll make sure that issues affecting the limb loss community are heard! 

# SHOW YOUR METTLE

## During Limb Loss Awareness Month

This year, Show Your Mettle Day will be on Saturday, April 23, 2016. We hope that all amputees will proudly wear and show their prosthetic devices on this day. The concept is simple – to show your “mettle,” the ability to cope well with difficulties or to face a demanding situation in a spirited and resilient way, by showing your “metal” prosthetic device or wheelchair.

We are also encouraging all amputees (who feel comfortable) to post a photo of yourselves wearing your prosthesis, or just living your lives if you do not use an assistive device, throughout the month of April, and tag us on Facebook, Instagram and Twitter using “#showyourmettle.”

The Amputee Coalition is hoping the community will consider holding fundraising events in April to benefit the Amputee Coalition and its mission to empower people affected by limb loss to achieve their full potential. Holding a fundraising event, like a walk/run/roll in your community, is not only a chance to raise limb loss awareness, but an opportunity to give back to the amputee community.

The Amputee Coalition has put together a kit available for download to help get you started that includes easy-to-follow steps to organize your walk/run/roll, a guide to donating and more to help get you started.

*For more information on how you can celebrate #showyourmettle, visit:*  
[amputee-coalition.org/wp-content/uploads/2014/09/2015-llam-walk-run-roll.pdf](http://amputee-coalition.org/wp-content/uploads/2014/09/2015-llam-walk-run-roll.pdf)






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30<sup>th</sup>  
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Visit us at  
[amputee-coalition.org/conference](http://amputee-coalition.org/conference)

Celebrating 30 years of  
the Amputee Coalition and you.

# LIMB LOSS EDUCATION DAYS 2016



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2016 Limb Loss  
Education Day Series

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*"No other local gathering is as powerful and as important in educating, connecting people with local resources, and promoting healthy and fun adaptive recreation to the limb loss community."*

~ Susan Stout, president & CEO,  
Amputee Coalition

Amputee Coalition's Limb Loss Education Days are wonderful opportunities to connect with knowledgeable experts, adaptive recreation leaders, exhibitors and the limb loss community near you!

For more information, visit:  
**[amputee-coalition.org/lled](http://amputee-coalition.org/lled)**



Join us in 2016  
in the following  
cities:

**Houston, Texas**  
*Saturday,*  
**March 26, 2016**  
**9am-4pm**

**Memphis,  
Tennessee**  
*Saturday,*  
**September 17, 2016**  
**9am-4pm**

**Sacramento,  
California**  
*Saturday,*  
**October 22, 2016**  
**9am-4pm**

*\*Dates  
subject to  
change.*



**30<sup>th</sup>**  
**Anniversary**

30 YEARS SERVING THE LIMB LOSS COMMUNITY

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## March

**NATIONAL KIDNEY MONTH**  
kidney.org

**NATIONAL NUTRITION MONTH**  
eatright.org/nnm

**SAVE YOUR VISION MONTH**  
aoafoundation.org/  
supporters/save-your-vision-month

**10**  
**World Kidney Day**  
worldkidneyday.org

**19**  
**Phoenix Tour de Cure**  
Phoenix, Arizona  
diabetes.org

**First Drive**  
Allentown, Pennsylvania  
opfund.org

**22**  
**American Diabetes Alert Day**  
diabetes.org/are-you-at-risk/alert-day

**26**  
**Limb Loss Education Day – Houston**  
Houston, Texas  
amputee-coalition.org

**29**  
**First Swing**  
Dallas, Texas  
opfund.org

## April

**FOOT HEALTH AWARENESS MONTH**  
apma.org

**LIMB LOSS AWARENESS MONTH**  
amputee-coalition.org/events-programs/  
limb-loss-awareness-month

**NATIONAL CANCER CONTROL MONTH**  
cancer.org

**NATIONAL MINORITY HEALTH MONTH**  
minorityhealth.hhs.gov/nmhm14

**OCCUPATIONAL THERAPY MONTH**  
promoteot.org

**2**  
**Ironman 70.3 California**  
Oceanside, California  
challengedathletes.org

**3 – 8**  
**National Disabled Veterans Winter Sports Clinic**  
wintersportsclinic.org

**7**  
**World Health Day**  
who.int/campaigns/  
world-health-day/2016/  
event/en

**9**  
**Coastal Bend Tour de Cure**  
Corpus Christi, Texas  
diabetes.org

**10 – 16**  
**National Volunteer Week**  
pointsoflight.org/  
signature-events

**11 – 14**  
**AgrAbility National Training Workshop**  
agrability.org

**16**  
**McKeever's First Ride**  
Lawrenceville, Georgia  
opfund.org

**17**  
**Tucson Tour de Cure**  
Tucson, Arizona  
diabetes.org

**20**  
**Hill Day**  
Washington, D.C.  
amputee-coalition.org

**23**  
**Show Your Mettle Day**  
showyourmettle.org

**24**  
**World Meningitis Day**  
comoonline.org

**18**  
**Pay It Forward Day**  
payitforwardday.com



**Note:** Dates listed for events are subject to change. Check Amputee Coalition online calendar and listed Web sites for current information.

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## 5 Reasons to visit [MobilitySaves.org](http://MobilitySaves.org)



1. Find supporting data to get your device paid for

2. Stay updated on issues that affect you as a prosthetic patient

3. Be inspired by others living healthy lives and share your story

4. Learn about the study proving orthotic and prosthetic care saves money

5. See how amputees rallied when their prosthetic care was threatened

## The Study that Started [MobilitySaves.org](http://MobilitySaves.org)

A major study, commissioned by the Amputee Coalition with support from the American Orthotic & Prosthetic Association, shows that Medicare pays more over the long term in most cases when Medicare patients are not provided with replacement lower limbs. O&P professionals have learned the positive outcomes from the Dobson DaVanzo study, which proves that timely O&P intervention results in fewer co-morbidities and lower total healthcare costs for both patients and payers. Share this significant news by using the educational tools provided at [MobilitySaves.org](http://MobilitySaves.org). Mobility Saves Lives And Money!

## The Results

### Lower Limb Prosthetics

The prosthetic patients could experience better quality of life and increased independence compared to patients who did not receive the prosthesis at essentially no additional cost to Medicare (or other payers).

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# WHO IS YOUR AMPUTEE HERO?



## LIVING A LIFE OF JOY

by Tom Coakley

So often heroic status is attained from the grace and style with which heroes lead their everyday lives as amputees thriving in our day-to-day world. Amy Dolphin is my “everyday” amputee hero, an amputee herself, but most importantly, a single mom with three children, two of whom are also amputees. Her grace and optimism are contagious to family, friends and ordinary strangers in the street.

I was one of those strangers. An amputee myself, she spotted me, in shorts, my own limb catching her eye. With family in tow and sporting an infectious smile, Amy said, “Well, another member of the amputee family.” Totally surprised by this family of three out of four amputees, I stood and gave Amy a hug and began a conversation with the family. Needless to say, I was bowled over by the



*Amy Dolphin with her daughter, Molly.*

amputee coincidence, but I was even more captivated by Amy’s positive attitude and zest for life.

The “coincidence” is a diagnosis called congenital absence of the tibia. Amy’s maternal grandfather had the condition and Amy’s mom, while unaffected herself, proved to be a carrier. While not foreseen, Amy’s first son, Patrick, now 15, required an amputation, while Robby, her second son, was free of the condition. But the condition returned with Molly, now age five.

Amy works for the state of Pennsylvania, but her first and foremost commitment is to the physical and psychological well-being of her family. She loves to cook, and enjoys biking and playing outside with her kids and their friends. Amy notes, “My kids are my life. They make me laugh every day. I want them to grow up knowing they can do whatever they put their minds to. That’s my goal. I want them to be confident and morally conscious.” Amy’s heroism is not only what she does as a productive amputee and amputee caregiver, but how she goes about her everyday living. Her enthusiasm and zest for life is contagious. A rising tide lifts all ships and Amy’s spirit is a continual rising tide for all of us. 🌊

### Who is your amputee hero, and why?

Whether they’re an amputee or not, the special person who inspires you to live well with limb loss can be a relative, a friend or someone you’ve never met. We invite you to send us an article (350 words or less) for consideration to be included in *inMotion* (editor@amputee-coalition.org).



# Do You Have Phantom Limb Pain?

**If so, you might be eligible for a research study that aims to decrease and/or resolve phantom limb pain in people with an upper- or lower-limb amputation.**

The purpose of this research study is to determine if putting local anesthetic (numbing medication) through one or two tiny tube(s) placed next to the nerve(s) that go to an amputated limb will decrease and/or resolve phantom limb and residual limb pain. The procedure, device and infusion are all FDA approved and have been used for over 20 years to decrease pain immediately after surgery.

Participants will receive \$100 following each catheter insertion plus \$50/day during the 6-day infusion(s), up to a maximum of \$800/subject.

This study is being conducted at the University of California (San Diego, California); Cleveland Clinic (Cleveland, Ohio); Walter Reed National Military Medical Center (Bethesda, Maryland); Veterans Affairs Palo Alto Medical Center (Palo Alto, California); and Naval Medical Center (San Diego, California).

- **No surgery involved**
- **Either lower or upper limb amputations**
- **Only a single 2-4 hour visit to the treatment center (2nd visit optional)**



**For more information, please call or email:  
858.242.6017 · [phantompain@ucsd.edu](mailto:phantompain@ucsd.edu)**

# Treating Phantom Pain With Cryoablation

by J. David Prologo, MD

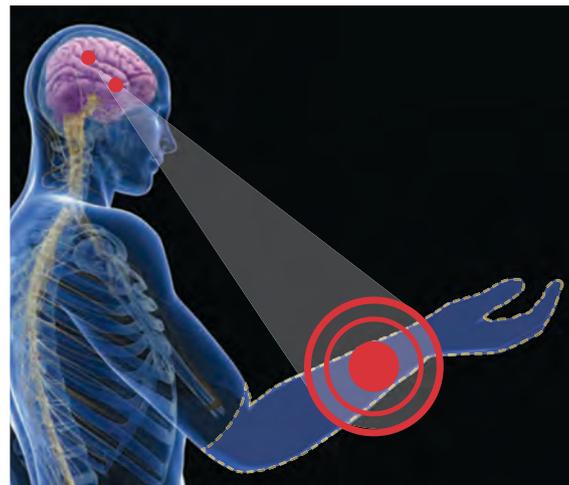


FIGURE 1

**P**hantom limb sensations are sensations felt by people with amputations that seem to be arising from the part of the limb (or other body part) that has been removed. They can be excruciating or painless.

## → Where does phantom limb pain come from?

Following interruption of the nerve that supplied the removed body part, a complex reorganization takes place. Normally, the nerve would take signals from that body part and send them to the brain. For example, if one steps on hot coals, the nerve sends the signal to the brain that the foot is burning (Figure 1).

When that neural pathway is interrupted by amputation, several things may happen. A scar (neuroma) may form at the end of the nerve, other nerves may become confused by the missing limb and send out false signals trying to make sense of the new situation, the brain may reorganize itself in response to missing input from the amputated limb, or other nerves may get “ramped up” by the missing limb and feed into the pathway.

The situation can be likened to some event happening in a family. The person closest to the event, the transected nerve, is disoriented and trying to send out emergency messages that something has happened. The brother and sister are between the event and the parents (in this case, the brain), so they send messages to the parents about what they think happened, which isn't quite right. The aunts and uncles who aren't even involved chime in with their two cents from afar, which further confuses the situation. Meanwhile, the parents (the brain) try and make sense of the situation with all of this conflicting and confusing input from everyone. They also try to help by sending out their own signals, which only adds to the chaos (Figure 2).

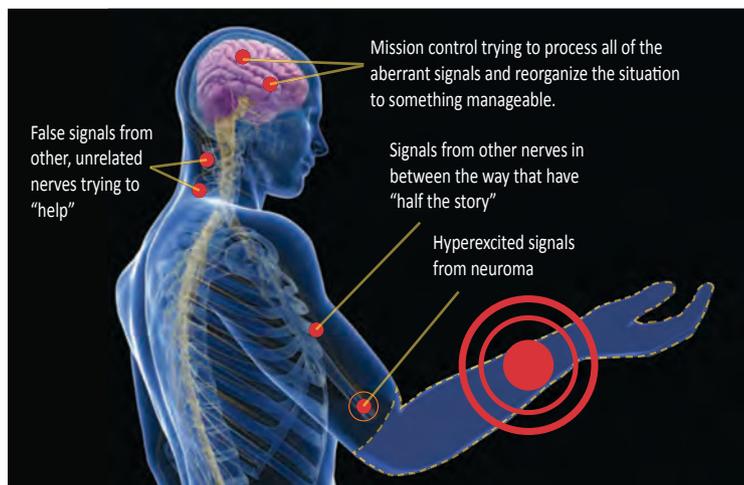


FIGURE 2

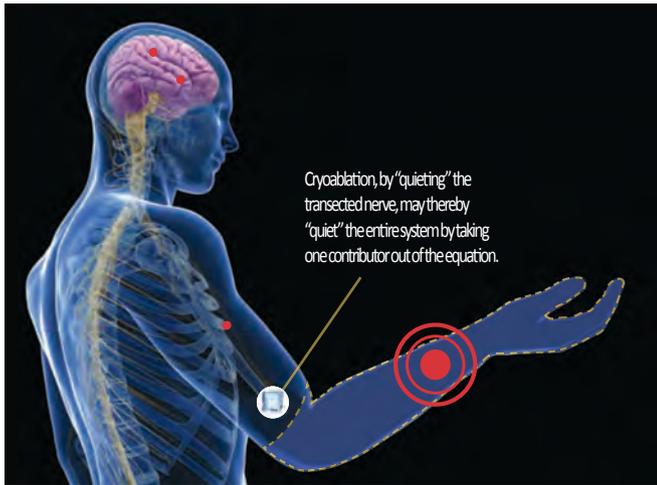


FIGURE 3

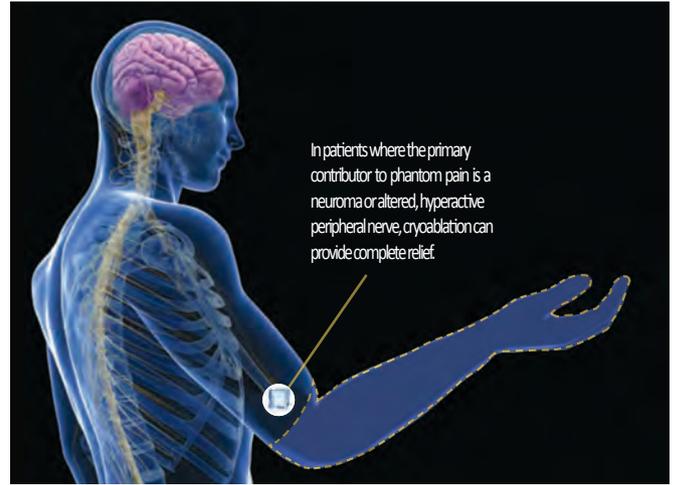


FIGURE 4

### ➔ Why has phantom limb pain been so hard to treat?

Just as each family is unique, so is it likely that each phantom limb pain patient is unique – and input from any one of these points different. That is, in one family the aunts and uncles may be providing the majority of the input and thereby shape the situation that way (by being loud, or ever-present, and so on). In another family, the person to whom the event occurred may drive the situation by being heard the most. In our analogy, this would be the neuroma. To date, it has been difficult to generate a “blanket treatment” that addresses all of the potential inputs.

### ➔ What is cryoablation therapy?

Cryoablation, or cryoneurolysis, is a technique used to stop nerve signals. For this therapy, doctors use a needle that creates an oval-shaped area of ice after insertion into a particular location (in this case, near residual nerves). It has been used to treat pain for many years. Recently, doctors have begun using image guidance to target nerves for cryoneurolysis, which has allowed us to target many more nerves than can be treated without image guidance.



View these videos at:

**Easing “Phantom Limb” Pain**

[news.emory.edu/stories/2015/11/hspub\\_phantom\\_limb\\_pain/campus.html](https://news.emory.edu/stories/2015/11/hspub_phantom_limb_pain/campus.html)

**CT Guided Cryoablation for the Treatment of Phantom Pain**

[youtube.com/watch?v=ORQKe7tTyFo](https://youtube.com/watch?v=ORQKe7tTyFo)

### ➔ How does cryoablation help phantom limb pain?

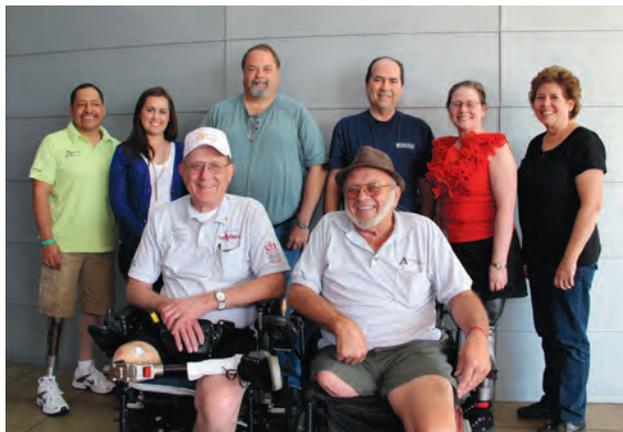
Cryoablation stops the signals from the transected nerve (Figure 3). As explained above, though, this is not a cure for everyone. This is specifically not a cure for patients with super-loud “aunts” or “parents” (phantom limb pain being driven by other nerves or the brain). However, even in these situations patients can get some relief by quieting one of the inputs “in the room.”

### ➔ Is cryoablation a form of surgery?

No. Cryoablation is performed with a needle through the skin under image guidance.

### ➔ Has cryoablation been proven in studies to be effective?

Emory University School of Medicine conducted a 25-person trial, in which – overall – patients were found to have symptom improvement following the cryoablation. The procedure was proven safe and doable in this trial. A larger trial will be needed to prove that cryoablation is scientifically superior to current treatments, and to better identify which patients are likely to respond. That trial will also be led by Emory investigators. 



# Starting a Support Group

**A**s a new amputee, individuals will face a variety of emotions ranging from depression to being fairly well-adjusted. This is where peer-to-peer support groups will play a major role in the lives of these individuals. Support groups offer individuals facing a new challenge a venue to express themselves with others facing similar challenges. For new amputees, this may be their first opportunity to spend time with other amputees, eliminating the feeling of being all alone.

According to research, there are certain elements essential for peer support groups to be successful.

## STEP ONE

The first step is ensuring adequate planning and preparation before the first meeting. This includes securing a location and a means of advertising to the target population. The location should be accessible to all, regardless of amputation level, with adequate space allotted for those who may be in wheelchairs and/or scooters. Additionally, setting a very specific time for the meeting must occur alongside with determining the locations. Once the location is secured, it is time to start advertising to your target population where they are. This means getting the information out to rehabilitation facilities, medical offices, O&P offices and/or any place that will reach the individuals you are seeking to attend your group.

## STEP TWO

Secondly, ensuring the safety and confidentiality of each participant must be made clear to all. This can be accomplished by clearly stating that the discussions that occur during the meetings are to remain in that room with no outside disclosure of information given outside the meetings. It will be helpful to have this in writing and dispersed to attendees.

## STEP THREE

Thirdly, creating an agenda for each meeting to include subject matter experts to coincide with specific topics of discussion will be essential in keeping the interest of the target population. Making contact with professionals such as physical therapists, occupational therapists, prosthetists, medical professionals, etc., will increase the beneficial nature of your meetings.

## STEP FOUR

Finally, identifying a team to assist in the planning and execution of meetings will be key to avoiding burnout. Taking turns to make the arrangements for meetings will allow for instances you are unable to attend as well allow you to have someone to bounce ideas around with.

Remember, as a registered support group, the Amputee Coalition is here as a resource for you. Patience and persistence will be your keys to success! 



For more information, visit:  
[amputee-coalition.org/  
support-groups-peer-support](http://amputee-coalition.org/support-groups-peer-support)



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# COMBATING CAREER CHANGE

by Leif Nelson, DPT, ATP, CSCS



**C**esar Jimenez, a high school distance runner and self-taught gymnast, had his heart set on being a Marine. Born in Andulusia, Columbia, Jimenez immigrated as a child to Queens, New York, along with his family. In 1964, at the age of 17, accompanied by his mother, he went to the recruitment station in Woodside Queens and enlisted in the United States Marine Corps.

Looking back, Jimenez says he joined the Marines because he “was never going to be a lawyer or a doctor. I was focused on a career in the military, and it was going to start in the infantry.”

Two years along the way, his path was abruptly derailed. Serving in Vietnam, based in Chu Lai, he was shot in the leg in combat during Operation Utah. After emergency surgery was performed in theater, he was air-transported to the military hospital at Clark Air Force Base in the Philippines. Jimenez sustained additional surgeries, but after gangrene set in, the only course was a right below-knee amputation.

Soon after, Jimenez was transferred to recover stateside to the now-decommissioned Philadelphia Naval Hospital. After medical retirement from the military, Jimenez wanted to support himself financially. He was also determined to commit himself to a new career to ensure his own mental well-being.

With the help of friends back home in New York City, he soon found a position



that matched his skills and interests. He thrived as a quality control officer in a small 15-employee service company, using the organizational skills and the laser-focused drive he had gained in the military, and found satisfaction in this new career.

The Veterans Health Administration (VHA) and the Veterans Benefit Administration (VBA) offer supportive Vocational Rehabilitation programs to eligible veterans, including those with combat-related injuries. Sharon Barton, Vocational Rehabilitation counselor at the Hunter Holmes VA Medical Center STAR Program in Richmond, Virginia, explains more specifically: “Services can include assistance with job training, employment accommodations, résumé development and job search skills coaching.” Barton adds that services offered to veterans meeting eligibility criteria also include “assistance with starting a business, independent living services, and education and career counseling.” The aim of these programs is to help veterans and service members who, unlike Jimenez, are unable to do it all on their own.

During this time, Jimenez sought out desk work as much as possible. He was combating the available technology of the time, which included a heavy prosthesis suspended with a waist belt that required frequent tightening. Jimenez notes that as a 50-year user of the VA, technology has progressed significantly, in “pounds, not ounces.”

After 20 years in the quality control business, Jimenez decided to work helping fellow veterans, and changed careers, this time by choice. Jimenez joined the VA NY Harbor Healthcare System (VANYHHS), Manhattan Campus, working in the Prosthetics and Sensory Aids, Environmental Management and Engineering Services.

During this time, he was fitted with his first carbon fiber lightweight prosthesis, suspended without a waist belt or any straps at all. Neil Carbone, lead prosthetist at VANYHHS, remembers fitting Jimenez with his first pin-locking liner and suspension sleeve prosthesis: “Besides being less bulky, the switch to a pin system

provides him better suspension, making his prosthesis feel even lighter.” This lightweight carbon prosthesis allowed Jimenez to work on his feet for 23 more years before walking away into retirement. “We try to provide devices that are stronger and lighter to make our veterans stronger and lighter,” Carbone adds. This mantra helped Jimenez, at age 55, ice skate for the first time with his daughters.

Stopping in at VA recently for a tune-up, the recently retired Jimenez learned about the annual VA-sponsored *Pedals of Honor* cycling clinic in New York’s Central Park, one of a number of adaptive sports programs organized by Dr. Jonathan Glasberg, prosthetics clinical coordinator, VA NY/NJ Healthcare System. Dr. Glasberg says, “Adaptive sports can be crucial for our patients who have either retired or are unable to work. They counter the unfortunate, yet common, downward spiral into a sedentary lifestyle.”

Jimenez immediately connected to cycling, and signed up for the twice-per-week follow-up sessions with local community partner Achilles International, at first using loaner equipment to log endless miles. His VA team acknowledged his goals and worked with him to design and fit his own custom handcycle. “Jimenez is the example of why we do this,” says Dr. Glasberg. “We reintroduced sport, he got reintegrated, and now he’s reinvigorated.”

Now a member of the Achilles International Freedom Team and finisher in both the NYC and Marine Corps Marathons, Jimenez works with younger aspiring athletes to share the tips and tricks he’s learned in combating the streets on three wheels, as well as on two feet. 🌀

## Related Resources

**VA New York Harbor  
Healthcare System**  
[nyharbor.va.gov](http://nyharbor.va.gov)

**VA Vocational Rehabilitation**  
[benefits.va.gov/vocrehab](http://benefits.va.gov/vocrehab)



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# Dealing With Limb Loss

All of us living with limb loss in 2016 are comparatively fortunate. While in the U.S. there still is no such thing as universal access to quality healthcare, for the most part we do benefit from advances in health science, including improved understanding of rehabilitation and management of limb loss, advanced prosthetic technology and widely available information for adjusting to life after amputation. More than that, however, we live in a world where limb loss is increasingly accepted as a not necessarily disabling condition. Growing awareness of the real capabilities of amputees is attributable to several factors – a curious media culture, the growing popularity of para-sports, highly visible spokespeople, etc. – and with that awareness has come improved acceptance of amputees in the workplace.

Of course there are still times, places, groups and individuals that hold on to outmoded prejudices and just plain silly ideas. I can't imagine there is any amputee without at least one story to tell about just how silly our four-limbed counterparts can be. About my own prosthetic leg, I have been asked:

*"So, is that, like, you know, like bionic and stuff?"*

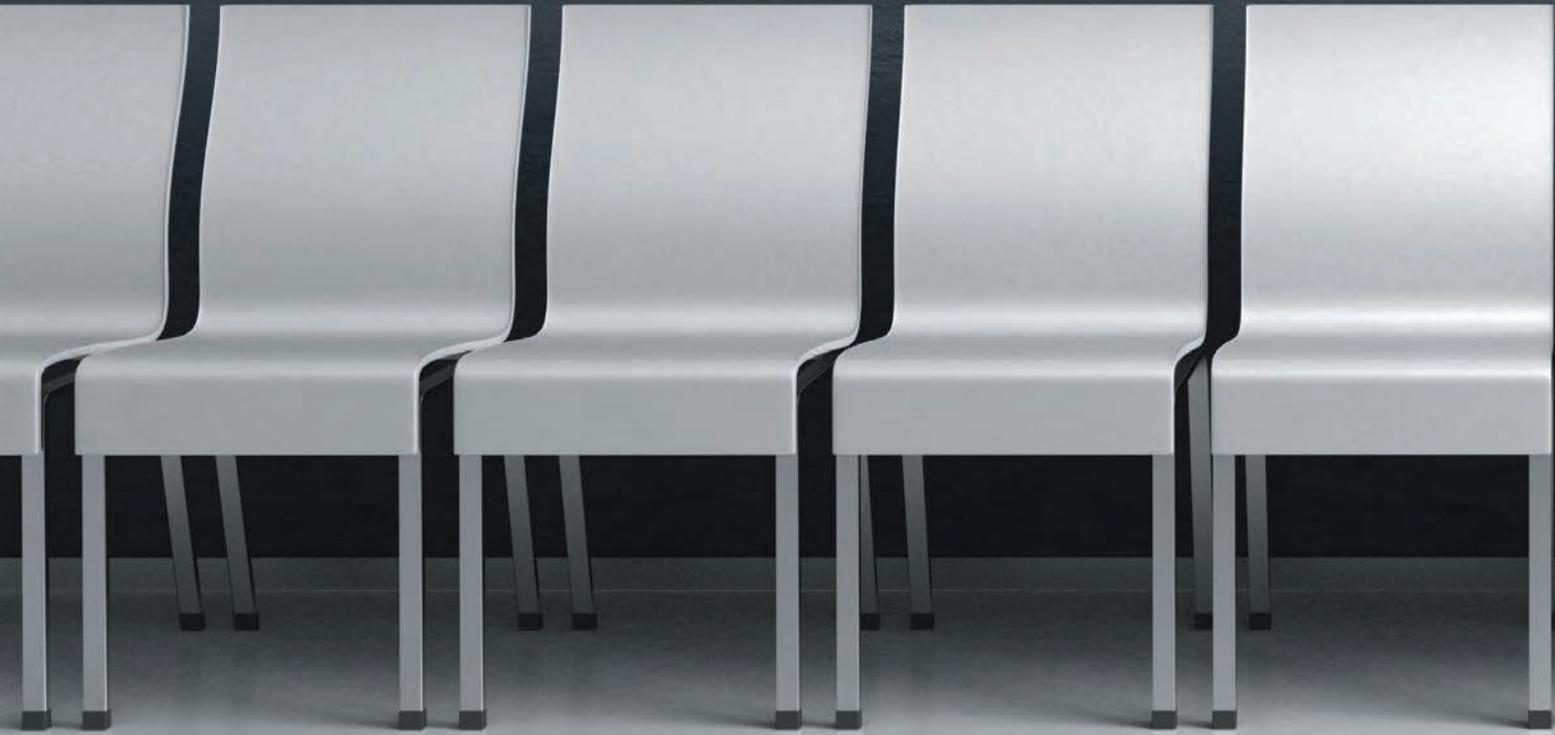
About my foot, I have been asked:

*"Why do you put a sock on that if it doesn't sweat?"*

About myself altogether, I have been asked:

*"Do you get tired of people asking about your leg?"*

Seriously.



by Tony Philips

# in Job Interviews

But the occasional display of silliness is one thing if it happens in public. It's something else entirely if it happens in the workplace. For many of us, especially those of us seeking to re-enter a career following recent limb loss, the fact of our difference can be intimidating and downright befuddling, and how we do or do not present ourselves can have a weighty influence on whether or not we re-enter the workforce at all.

## So how should we deal with the issue of limb loss in an interview?

At the very gateway to our workplace prospects, too many of us are uncertain about what to say or whether to say anything at all.

I culled the following tips from various sources, including a veritable tome of stories provided by amputee friends and colleagues who were all too eager to share their own experience. There is no one right answer to how you should handle the issue of limb loss in an interview. What might be right for some is not right for all and ultimately, your choice, your comfort and your own sense of dignity should carry the day. That being said, here are a few things worth considering.

### 1. Disclosure is optional.

This really can't be stressed enough. You are under no obligation to disclose a disability to a prospective employer. The Americans with Disabilities Act prohibits general inquiries about disabilities,



health problems, and medical conditions. Many application forms will ask questions like:

*Are you able to perform the essential functions of the job you seek with or without reasonable accommodations?*

Some applications also ask that you describe any reasonable accommodations you would request.

If you are, in fact, able to perform the essential functions of the job, reply “yes.” If you require accommodations, reasonableness is important. I have one leg. It is reasonable for me to move around every half-hour to maintain good circulation to my residual leg. It would not be reasonable for me to ask that half of my job description be assigned to someone else.

But whether or not you disclose an amputation *per se*, there may be no hiding it. In long pants, I usually pass. If anyone notices my gait at all, they don’t comment on it. Most people in my professional life learn that I’m missing a leg when they ask what happened, thinking I’m injured. Sometimes people notice my ankle when I’m sitting at a desk but that’s uncommon. How often do you look at your coworkers’ ankles?

My friend, Sara Koehnke, was born with no right hand. She can’t expect her missing hand to go unnoticed in an interview. She tells me the handshake is always the most awkward moment in an interview. “When I reach out with my left hand,” she says, “usually people will look confused and do a little hand shuffle, or else they’ll reach out with their left hand to meet mine. Some will actually reach out with their right hand, noticing that I reached out to them with my left hand flipped over to meet their right. Every now and then, however, someone will go out of their way and *before* I even reach, they’ll reach out with their left hand. Those people are good eggs.”

Koehnke is an elite performer in her division of paratriathlon, a member of Team USA and a lifelong competitive athlete. She works full-time, as she has her entire adult life, and maintains a grueling year-round training regimen. Despite the fact that she is literally without limitations, she knows that interviewers frequently assume she can’t perform functions that are, in fact, no challenge at all. Her experience as a woman in her 20s with one hand is different from mine, and how she handles the issue of disclosure is determined by unique factors of her own experience.



In the end, how you handle the issue is absolutely up to you. Disclosing your limb loss might open doors but there's no reason to dwell on the topic if it isn't relevant.

## 2. You care more about your limb loss than anyone else does.

This isn't really a tip, but it's worth bearing in mind when deciding how you deal with interviews and other workplace settings. People are naturally curious creatures and, given the opportunity, they might want to ask all sorts of things about your missing limb or limbs. Some of their curiosity is innocuous enough: How did you lose it? When? Does it still hurt? ... On the other hand, some of it is just asinine: How do you sleep?

However, over time even the most curious lose interest. After you've spent a few days working next to a colleague with a missing limb, you get used to it; honestly, most of your prospective colleagues care less about your anatomy than they care about your performance as part of the team. Chances are that's all your

prospective employer cares about. Don't stress yourself out worrying that you need to talk about it at all. You are more than an amputee.

## 3. Answer the question you SHOULD have been asked.

As job candidates, we all tend to forget that we aren't just being considered – we're also considering. Employers decide whether or not they want us but we also get to choose if we want *them*. So if a given employer asks a question about your disability, remember that a) it's probably a question they're not actually allowed to ask, b) refusing to answer it on those grounds might do you no good and thus c) you can provide an answer that's much better than the question.

For instance, an interviewer is not allowed to ask, "How are you going to do this job with one hand?" but that doesn't mean they won't. If they do, there's no reason to validate

their ignorance with assurances like, "I can do it, I promise. Want me to show you?" You are not a circus animal. How you do your job is not a spectacle for the masses, mouths agape, to marvel and coo at.

Instead, you could answer your lawless interrogator:

*"You might be wondering about my ability to perform the essential functions of the job and I assure you I have no limitations that will prevent me from excelling at it."*

If that answer doesn't redirect the interview, it's probably a job you don't want.

Koehnke related a case from her own experience that would be hilarious if it weren't supremely offensive. As a high school student, she interviewed for a cashier position at a supermarket; at one point in the interview, the store manager said, "People in this town aren't ready for you to touch their food."

It's worth noting that the town in question was Highland Park, Illinois, in the shadow of Chicago, and that



Sara Koehnke graduated from high school in 2008. We're not talking about the backwoods or the mists of time.

At any rate, the interviewing manager apparently talked himself into a case of progressivism after musing that he had once hired a woman with "a hand like yours," and she turned out to be "the best cart pusher I ever had."

Bewilderingly enough, he made a tentative job offer to Koehnke, asking when she would be available to take a pre-employment drug test. She politely declined, saying she wasn't interested in working there, which is a darn sight more dignified than I might have been!

Again though, the point is that an interview is a chance for two parties to consider one another – employer and employee. This is true for all prospective employees, but it is particularly important to bear in mind for employees with unique needs.

#### 4. Be honest with yourself.

This tip might be the most important of all and it's not always easy to follow. All of us living with limb loss make accommodations for our different abilities all day, every day. Knowing what you can and can't

do in the workplace doesn't mean you can't be a good candidate for the job you want, even if it means you might have to do it differently than your coworkers.

I work from my two-story home and my office is on the second floor, which is nobody's fault but mine. I wish I had an HR department to complain to. As it is, I climb stairs all day. It's something I *can* do, but I'm a 50-year-old man with one knee. I sure don't *like* doing it. If I were interviewing at a company with a two-story office building and no elevator, I would express a desire to work on the ground floor if at all possible.

Simple accommodations are enough to allow me to perform the functions of practically any job I can see myself doing. But then there are many jobs I can't see myself doing. If it involves shovels, ladders or pedals, I'm not the right man for the job. I wish that weren't so but limb loss is a fact, my wishes notwithstanding. I will never apply for a job as a ditch digger, house painter or pedicab driver.

If you've been in the workforce as an amputee for any period of time, you have almost certainly encountered your own limits, whatever they may be, and knowing your limits is a healthy thing. But if you're looking to re-enter the workforce following an amputation you



## Related Resources

**The Americans with Disabilities Act**  
[ada.gov](http://ada.gov)

**U.S. Department of Labor, Office of Disability Employment Policy**  
[dol.gov/odep](http://dol.gov/odep)

**Job Interview Tips for People With Disabilities**  
[work.chron.com/job-interview-tips-people-disabilities-6998.html](http://work.chron.com/job-interview-tips-people-disabilities-6998.html)

might not yet know how taxing a given job can be. The truth about limb loss is that it does change us and although you will still be yourself after adjusting to your new body, you won't necessarily be an identical copy of your former self. What you *could* do and what you *can* do might be very different.

There are numerous resources available online to let you know what to expect in a job interview. For the most part, the modern workplace will present you with the same hurdles as everyone else. The stresses of one's job tend to be the same, regardless of one's limb count. Bosses are either overbearing or indifferent. Coworkers are either zealots or deadbeats. Schedules are unrealistic, paychecks are too lean, customers are unreasonable and vendors unreliable. Such is the world and it doesn't change just because you lost a limb or two. That can get you down, but it can also reassure you. You lost a limb, but the world goes on.

If you're looking for work, know that the strange, imperfect world we inhabit is no less strange or imperfect for anyone. How you face it is up to you. Know your rights, know your limits and pursue your future with confidence. Your employer and coworkers will respond more to your performance than to your disability. 🌀



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# Getting Ahead in the Rat Race:

## Resources for Finding a Job or Enhancing Your Career



**A** According to the U.S. Chamber of Commerce, American businesses are facing a growing multimillion worker shortage. Experienced workers are aging and retiring faster than they can be replaced, foreshadowing the end of the baby boomer generation's reign over the workforce. As a result of this anticipated shortage, businesses may eventually turn to alternative labor pools, such as seniors and people with disabilities, to fill many of these positions. The time has come for the disability community to take advantage of this opportunity to prepare themselves for new or different careers.

Deciding on a career can be difficult for people of any age or ability; assistance in exploring employment options can be a valuable resource. Proper knowledge of job hunting, résumé writing and interview etiquette can make the difference in the job going to you or the next person in line. Even after securing the job, one must be able to properly function in the workplace and seek ways to improve one's performance and potential.

Since 2002 the U.S. Department of Labor (DOL) and Social Security Administration (SSA) have partnered to establish and evaluate the Disability Program Navigator (DPN) program within DOL's One-Stop Career Centers. The Navigator conducts outreach to the disability community and organizations that serve them, provides expertise and information on SSA work incentives and employment support programs, and provides assistance on navigating the programs and services that impact their employment (transportation, housing, healthcare, etc.). 

ONE-STOP CAREER systems help those in need of financial independence – people with disabilities, teens and seniors – create résumés and access the One-Stop Job Match System. They do this by offering:

Electronic filing of unemployment claims

Use of computers, printers, fax machines, phones and copiers

Labor market information

Career planning and counseling

Scholarships for school/training

Job postings and referrals

Seminars on job searching, résumé writing and interviewing.

### Related Resources

#### AARP

[aarp.org/work](http://aarp.org/work)

#### ADA Web Search Portal

[adata.org/ada-document-portal](http://adata.org/ada-document-portal)

#### America's Service Locator

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

#### CareerOneStop

[doleta.gov/usworkforce/onestop](http://doleta.gov/usworkforce/onestop)

#### Center for Veterans Enterprise

[vetbiz.gov](http://vetbiz.gov)

#### Cool Works

[coolworks.com/older-bolder](http://coolworks.com/older-bolder)

#### Disability Program Navigator Initiative

[doleta.gov/disability/new\\_dpn\\_grants.cfm](http://doleta.gov/disability/new_dpn_grants.cfm)

#### DisabilityInfo.org

#### Experience Works

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

#### Federal Employment of People With Disabilities

[opm.gov/policy-data-oversight/disability-employment](http://opm.gov/policy-data-oversight/disability-employment)

#### Job Accommodation Network

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

#### JobAccess

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

#### National Caucus and Center on Black Aged, Inc.

[nca-aged.org](http://nca-aged.org)

#### Senior Community Service Employment Program

[doleta.gov/seniors](http://doleta.gov/seniors)

#### SeniorServiceAmerica.org

#### State Vocational Rehabilitation Programs

[parac.org/svrp.html](http://parac.org/svrp.html)



# Dressing for Success

by Harleen Chhabra Gupta

**W**hen I was in college and still new to the U.S., I found interviews a nerve-wracking experience. After several mock interviews and résumé workshops, my confidence increased. However, I didn't know how to address my amputation during the process. My career counselors advised that there was nothing to worry about because of the equal opportunity and anti-discrimination laws that protect amputees. But I was still unsure of one major part of the interview preparation process – how to dress. Should I wear a passive but cosmetic prosthesis? Or should I wear a functional one? Or should I wear none at all?

After experiencing multiple interviews (and with a 90 percent success rate – I got all but one of the jobs I interviewed for) and spending over a decade in corporate America, allow me to share wardrobe ideas and some tips I follow on dressing for success as an upper-limb amputee.

For special occasions, such as an interview or a high-profile presentation at work, my motto is to never highlight my difference. By no means does that imply that I am not comfortable with myself. However, to me it's all about achieving the business results by avoiding any unwarranted distractions. Since I am used to handling most daily work without a functional prosthesis, I would avoid putting it on for the duration of the special event. I would wear my cosmetic arm, which easily gets into most of my full sleeve business jackets without the need of any alterations to the sleeve hole.

### **TIP: Review and recruit**

If I am handling a presentation, I would also take time to review the on-site set-up of the room, make sure I can operate all the equipment with one arm, and recruit one or two coworkers to help out beforehand in case I need extra help. That saves time and serves my motto well, as everything gets done in a seamless manner.

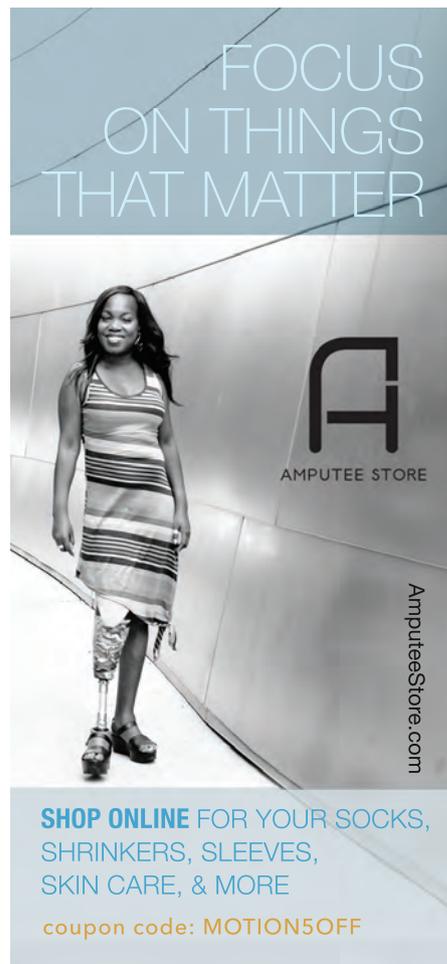
### **TIP: Beware of sweat!**

In the Houston heat, one time I came close to losing my passive arm in the middle of a presentation! The silicone sleeve that has the hook which locks into the socket to keep the arm in place started slipping. I had to find natural-looking postures to hold onto and support my left arm. Humor doesn't come naturally to me, so I am not sure what I would have said if I hadn't been able to hold onto my arm! You can rest assured that since that day, I have never underestimated the importance of powder while putting on my passive arm.

For day-to-day office wear, I prefer sleeveless dresses or tops that pair up with skirts or pants. I then drape a scarf over or put on a cardigan. That gives me the flexibility of wearing a functional or a passive prosthesis, or not wearing one at all. With most office rooms making way for cubicles, finding a room to take off or put on a prosthesis can be a challenge. I have used mother's rooms, prayer rooms, restrooms and even my car.

### **TIP: Be culturally sensitive**

People from different cultures react differently to those who are different. Although one can expect a certain degree of reserve when it comes to broaching the subject of limb loss at work (thanks to professional courtesy and employment laws!), I have been around people who have asked me about my arm before they asked my name, as well as people who have waited years to broach the subject. For that reason, I prefer to cover my residual limb, especially in a professional environment. 🌀



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# Partial Foot Amputations: Standard Orthotic and Prosthetic Interventions

by Pete Seaman, CLP

**P**artial foot amputations (PFAs) are performed more frequently than the other two common levels of lower-limb amputations: transtibial or transfemoral. The typical levels at which PFAs are performed include: removal of one or more toes (phalanges), dislocations at the metatarsalphalangeal joints (MTPs), across the metatarsal bones (TMAs), or proximal to the metatarsals at the Lisfranc (tarsometatarsal) or Chopart (transtarsal) levels, just distal to the ankle bones.

The orthotic or prosthetic devices used to help partial foot amputees protect the remaining portion of their foot (residuum) and return to normal functionality largely depends on: the level of amputation, the amputee's physical condition

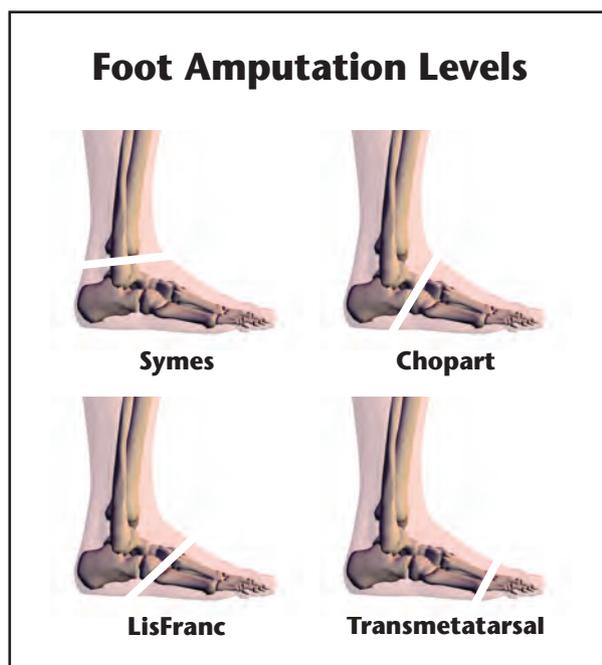
and activity level, and the condition of the soft tissue in the weight-bearing areas of the residuum.

Hopeful outcomes of orthotic or prosthetic interventions for individuals experiencing PFAs include: limiting further complications, such as: skin breakdown and additional limb loss; restoring the amputee's pre-amputation function; maximizing gait energy/efficiency; and maintaining support and balance during standing and ambulation.

Regardless of the corrective device(s) you are fit with as a partial foot amputee, the type and proper fit of your footwear is of extreme importance. Consideration should be given to wearing high-top shoes – to increase containment and stability – and in-depth shoes, which allow increased space for the fitting of various corrective devices. Loose-fitting shoes can result in undesirable movement of your residuum in the shoe, while tight-fitting shoes can create unwanted pressure points. Shear forces and areas of high pressure can both lead to skin breakdown, a condition that Type II diabetics need to be especially watchful for.



Various orthotic and prosthetic devices are available to help partial foot amputees achieve their goals. The level of PFA is a major determinant for whether a partial foot amputee will be fit with a below-ankle or above-ankle device.



**BELOW-ANKLE:** typically used for amputation levels at the toes or the MTP joints. These interventions are incorporated into the affected side shoe. They include custom insoles, toe fillers, carbon fiber plates and shoe modifications involving the incorporation of steel shanks or rocker bottom soles into shoes.

- **Custom insoles:** typically made of a combination of layers of various foam, cork or plastic materials, they cover the full length of the shoe and conform to the sole of your residuum.
- **Toe fillers:** fabricated using foam, they are incorporated into the patients' insoles, filling the void in the shoes created from the loss of portions of the foot due to amputation.
- **Carbon fiber foot plates:** shaped like and fit under the affected side shoe's insole, providing rigidity to the sole similar to steel shanks.
- **Steel shanks:** a piece of metal (spring steel) incorporated between the outsole and insole of the affected side shoe to provide rigidity, decreasing sole flexion and aiding in forward propulsion while walking.
- **Rocker bottom soles:** modifications made to the sole of the affected side shoe, causing it to progress more easily from heel strike to toe-off.



**ABOVE-ANKLE:** typically used for partial foot amputations at the TMA, Lisfranc or Chopart levels, where the majority of your foot's lever arm has been lost. These interventions include: AFOs (ankle/foot orthoses) and silicone "slip-on" sockets, and may incorporate some of the below-ankle devices listed above.

- **AFOs:** orthotic devices, typically made of plastic or laminated materials, including carbon fiber. The distal portion of an AFO fits inside your shoe while the proximal portion fits over your lower leg. AFOs provide stability to your ankle, helping to transfer forces generated while standing and walking from your partial foot to your lower leg.
- **Slip-on sockets:** this rubbery device, sometimes referred to as a "Chicago boot" or "Lange prosthesis," is made from materials such as silicone or urethane. They are pulled on over your remnant foot and resemble an intact foot with toes. These devices fit into your shoe, fully filling it out and may be used in tandem with either a steel shank or carbon fiber foot plate incorporated into your shoe.



More detailed information regarding all of these devices is available online. Be sure to speak to your orthotist about the options most suitable for your particular situation. 

Photos courtesy of Center for Prosthetics Orthotics, Inc. and Emerge Prosthetic Arts.



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Photo provided by Martin Bionics

by Jason T. Kahle, MSMS, CPO, FAAOP, and Capt. M. Jason Highsmith, PhD, DPT, CP, FAAOP

**T**he past 10 years have seen some of the most significant developments in above-knee (transfemoral) prosthetics. Microprocessor knees, for instance, allow people who use an above-knee prosthesis to walk faster, safer, become more independent and get closer to achieving the activities they performed prior to amputation. Technology continues to evolve, giving amputees the ability to wear the prosthesis longer, do more, and demand more from their prosthesis. Greater comfort, less perspiration, less impinging in uncomfortable areas, adjustability and improved control are concerns of the prosthetic user today. These socket interface concerns are emphasized with newer technology, like microprocessor knees. The ischial containment socket was introduced more than 30 years ago. While the ischial containment socket greatly improved gait and comfort compared to the sockets of that time, it still

presents many problems for the user. These problems are mostly related to the inability to adjust to daily volume changes and high trim-lines that are uncomfortable, limit motion, create heat and perspiration and interfere with simple tasks like going to the bathroom and getting in and out of a car.

### Past and Present Research on Transfemoral Sub-Ischial Vacuum Socket Interfaces

In 2002, Kahle questioned the need for higher trim-lines with a case study, using a fluoroscope (moving X-ray) to examine the effect of lowering high socket walls (trim-lines). High trim-lines reportedly improve control, but make a socket uncomfortable and limit range of motion. The introduction of vacuum-assisted suspension offers improved control over the socket and prosthesis, which allows the opportunity to

lower the trim-lines and make more comfortable sockets. Kahle and Highsmith were contracted by one of the first companies to make a liner specifically for above-knee vacuum sockets (Southern Bone and Joint) to examine the effect of vacuum and the limits of a sub-ischial socket (low trim-lines well below the groin) compared to ischial containment (high trim-lines well above the groin). The results of these studies have been published in medical journals. In summary, in a properly designed socket, lowering trim-lines can be beneficial and most users prefer it.

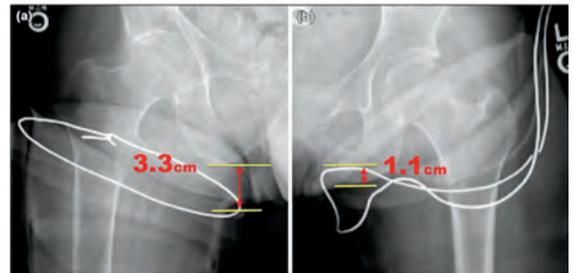
Many companies now make liners that allow your prosthetist to make a vacuum-assisted socket at the above-knee level, and lower the trim-lines, similar to the techniques used in the clinical trials. The traditional ischial containment socket with high trim-lines is being challenged as the “ideal” way to fit amputees by many prosthetists and prosthetic manufacturing companies. The evolution of the above-knee socket is happening right now with the recent introduction of many new advanced technologies.

### Cutting Edge Prosthetic Socket Interface Techniques

Several companies and research teams are pushing the limits of traditional above-knee ischial containment socket design. These techniques have been recently introduced and are all currently available for your prosthetist to learn and for you to try if you are a candidate.

### biodesigns HiFi Transfemoral Socket Interface

biodesigns CEO Randall Alley, CP, introduced the High-Fidelity (HiFi)<sup>™</sup> Femoral Interface System into the field in 2011, after having great success with both his upper- and lower-limb HiFi Interface designs in his own clinic and on DEKA's Luke Arm Project, funded by DARPA. The predominant design differentiation with the HiFi Interface System is Alley's focus on the underlying bone for control, suspension, improved outcomes and overall patient health. While other sockets focus on simple limb encapsulation and ignore the femur's role, Alley's patented and patents-pending compression and tissue release technology recognizes and embraces the critical medical necessity of skeletal loading for delaying the onset of osteoporosis as well as the physiological and neurological benefits of a more direct connection to one's prosthesis. Significant additional clinical benefits include a sub-ischial design, increased comfort, greater propulsion, improved range of motion and proprioception, reduced energy expenditure, improved rotational control, reduced pistoning, improved gait symmetry and stability.



Sub-ischial (a) compared to ischial ramus containment (IRC) (b) and the relation to the pelvis using X-ray. A sub-ischial socket's trim-lines will be significantly below an IRC socket, using vacuum. A lower trim-line will offer improved comfort and range of motion while not compromising function. Courtesy JRRD.



Because HiFi Interfaces are sub-ischial, wearers report increased walking/sitting comfort, increased range of motion and greater freedom of movement.



The HiFi Imager is a key to the success of the system as patients are able to provide feedback during the casting/scanning of their socket.

Another key component to the HiFi Interface System is the use of the patented HiFi Imager. The Imager allows patients to provide critical feedback during the casting/scanning of their limb, in essence partnering with the clinician in the design of their interface. Finally, HiFi Interfaces are unique because the design can be used with all suspension techniques and can be adjusted on both a macro and micro level, enabling patients to precisely adjust not only their volume, but also their bone position. The HiFi Interface is available for both upper- and lower-limb wearers.

### LIM Infinite Transfemoral Socket Interface

LIM Innovations is an orthotic and prosthetic design company that has set out to improve comfort, freedom and access to care. Their foundation is built upon improved socket design to improve outcomes and pressure distribution by providing a socket that can be fit quickly and can adjust in size, shape, alignment, suspension system and tension. The Infinite Socket™ is a custom-molded four-strut design combined with an advanced textile brim and tensioner to contain/control the skeleton and soft tissues across a varying volume. Adjustments can be made by both clinicians and patients to manage long-term and day-to-day fluctuations. The pivoting and sliding connection between the struts and base provides even greater flexibility in adjustability as well as shock absorption and energy response. The Infinite Socket's dynamic frame, together with a textile interface that is low in friction, anti-microbial, durable and washable, has led to hundreds of enthusiastic users.

The Infinite Socket achieves biomechanical control and appropriate pressure distribution through multiple custom components, including an ischial seat, proximal brim, four struts, and a flexible inner distal cup. Selective zones of compliance, shock absorption, and structural support are designed to optimize pressure distribution while providing dynamic control. Improved pressure distribution of the system is engineered to provide better function, control



Showing the anatomical fit of the custom-molded Infinite Socket TF C1. This illustration shows one embodiment but an advantage of this dynamic modular socket system is to have various suspensions and fitting shapes or approaches that can be applied, such as a sub-ischial brim option.

and safety while maximizing comfort across different activities and volume change.

Suspension options include pin lock, lanyard, seal-in suction, and seal-in elevated vacuum. The carbon fiber used in the Infinite Socket is 0-90 twill weave carbon in a thermoplastic acrylic (PMMA) matrix, which allows the clinician to reheat, reshape and remold the struts to accommodate major changes in shape or volume of the residual limb.

### Northwestern University Flexible Sub-Ischial Vacuum (NU-FlexSIV) Socket

The Northwestern University Flexible Sub-Ischial Vacuum (NU-FlexSIV) Socket (Figure A) was developed with funding from the DOD to provide above-knee prosthesis users with



Northwestern University Flexible Sub-Ischial Vacuum (NU-FlexSIV) Socket

a more comfortable socket. The NU-FlexSIV Socket has lower proximal trim lines that do not impinge on the pelvis (Figures B-E); is flexible so muscles can move comfortably within the socket as they contract during activity and splay during sitting (Figure F); and is held securely to the residual limb by active vacuum as well as compression of an undersized liner and socket. Using undersized compressive silicone liners helps to stiffen the residual limb soft tissue for effective force transfer between the limb and prosthesis. Active vacuum helps to further eliminate relative motion between the socket and limb, in part, by stabilizing residual limb volume. Socket stability during walking has been confirmed in preliminary gait analyses by lack of excessive lateral trunk flexion during prosthetic limb mid stance (Figure G). Preliminary evidence also confirms improved socket comfort compared to ischial containment sockets. Clinical experience fitting this socket to nearly 150 patients confirms these research findings. A clinical trial to further assess the NU-FlexSIV Socket, also funded by the DOD, is currently underway.

## WillowWood One System

Initiated through a Veterans Administration grant, the WillowWood® One transfemoral socket system was designed and developed over a three-year period and included clinical testing with over 40 amputees. The system includes a fabric-less Alpha SmartTemp® liner, a gel sock, a seal, an optional LimbLogic® vacuum system, and a definitive socket with removable brim. A major difference the One System offers is that it seals internally to the socket and limb separately. Current internal sealing mechanisms depend on the residual limb maintaining contact with the socket, which can be disrupted by the position or volume changes of the limb, thus breaking the seal and losing suspension. In the One System, a brim is used to maintain one end of the seal in contact with the socket, while the other end of the seal conforms to the residual limb, enabling consistent suspension. Subjective data collected from questionnaires revealed that users were able to put the prosthesis on in the morning and did not have to repeatedly adjust throughout the day.

The system's Alpha SmartTemp® liner is made with material that absorbs heat from the limb. The liner's ability to control heat and perspiration



This cutaway model shows how the WillowWood One system creates two seal points for secure vacuum suspension.



This close-up of a prosthesis using the WillowWood One System shows that the prosthetic knee can be placed more closely to the position of a natural knee when the LimbLogic pump is placed on the side of the socket instead of at the bottom.



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## The Newest Technology | continued from previous page

was tested in a recent double blind randomized clinical trial and found to significantly reduce both. The results were published in the October 2015 issue of the *Journal of Prosthetics and Orthotics*. Additionally, research conducted as part of the VA project found that elevated vacuum improved residual limb blood flow and skin health compared to non-vacuum suspension methods.



Left: The Socket-less Socket uses compliant fabric-based materials, enabling it to truly conform to the user. No more static socket shape. No more rigid ischial seat. And no more loss of suction.



Right: The Socket-less Socket can be micro-adjusted in real-time to the user, allowing for immediate patient feedback during the fitting process.

### Martin Bionics Socket-less Socket

In 2012, Martin Bionics was invited by NASA to transition its fabric-based socket designs into the space program to help them mesh exoskeletal robotics and astronauts. The program's success resulted in the discovery and creation of fascinating new materials and methods for meshing man and machine. Using the NASA-based hammock-fit technology, the Socket-less Socket uses lightweight compliant fabric-based materials to replace the rigid plastics conventionally used to make prosthetic sockets. This eliminates a rigid ischial seat and static socket shape, allowing the Socket-less Socket to truly conform to the user. "The uncomfortable areas that have plagued traditional sockets are now eliminated, and users find the brim and adjustability of this socket to be ultra-comfortable," says creator Jay Martin, CP, FAAOP.

The Socket-less Socket allows a prosthetist to custom fit a transfemoral socket typically in just one appointment, eliminating the need for antiquated casting, modification and iterative test socket fitting methods from the past. It can be micro-adjusted to the user in real-time with direct patient feedback, giving more control over how the socket fits. Its design provides excellent femoral capture and control for both long and short limbs. Donning no longer requires the limb tissue to be pressed or pulled into a static socket shape; instead, the fabric-based socket can now be wrapped *around* the limb, making donning much simpler, especially for seniors.

### Science, Evidence and Evolution

The absence of evidence is not the evidence of absence. While these companies have introduced technology, in prosthetic and amputee research the science of a new technology usually lags behind the commercial-ability. Research is expensive and not all prosthetic manufacturing companies have the resources to invest in high-dollar research programs and clinical trials.



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While they all need to strive to support research around proving the effectiveness of their product, it is important to be patient with that process. Using mechanical logic and clinical experience to invent and test a product is common in prosthetics. Unfortunately, the largest funding agency of research (NIH) has fallen short of delivering the money necessary for prosthetics research. The DOD recently funded Kahle and Highsmith, as well as the Northwestern group, to examine alternative socket designs. Many of the companies mentioned above are also pursuing self-funding research into the effectiveness of their products. Knowing the science and evidence behind a product is important; while the user’s preference still seems to be the strongest evidence we have in prosthetic and amputee research.

### Conclusion

New technology is needed, as we are still far away from truly replacing a limb. New prosthetic socket interface technology offers the potential of improving your use of an above-knee prosthesis. To learn more about each of these transfemoral socket interfaces, start by speaking to your prosthetist. Some of this technology has only recently been introduced, so if your prosthetist is unfamiliar with the technology, that’s OK – you can learn together. These companies are developing training programs and disseminating their knowledge, technique and technology to prosthetists all over the world. A qualified prosthetist will be trained in anatomy, biomechanics, engineering aspects, gait and the knowledge of fitting any transfemoral socket. The specific technology discussed in this article may be good for you as a user. However, there is still no recognized “gold standard” for fitting prosthetic interface sockets; it may take some trial and error on your prosthetist’s part and patience on yours.

If you’re interested in trying these new technologies, it’s important to remember that there has to be a medical necessity as defined by your physician. This means that just because it sounds good, it doesn’t mean your insurance will cover it. The time to discuss alternatives with your prosthetist is when you are having problems with your current socket interface. It is then your responsibility to explain to your physician why you require a new socket interface, for which he will write the prescription. Your prosthetist will help you communicate with your physician. 🌀

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# You Can Do It Too!

by Patrick Scoles

**I**f you ever find yourself doubting about your future, about your place in life and what you want to do – if you have a loved one who is struggling with the healing from their loss of limb, both outside and inward, consider this – I once had someone during my childhood tell me I couldn't do something I wanted to do...but I proved them wrong.

For a point of reference, I became an amputee due to a birth defect just before my 19th birthday.

When I was very young, I wanted to become a peace officer in Texas. I attended and graduated from a regional law enforcement academy. I asked the sheriff in the department I worked for at the time if she would deputize me. She said yes, provided I passed everything an able-bodied person had to. After passing exams and taking on a grueling obstacle course, I became a deputy sheriff/jailer.

The tragedy of 9/11 compelled me to volunteer with a fire department. I didn't pass some evaluations during the fire academy, but I became a medic, and the assistant chief found a function for me, with my own apparatus, and served for seven years overseeing the on-scene rehabilitation of our bravest battling

fires. I was awarded Firefighter of the Quarter and a Unit Citation for Valor during my service.

I was presented with an opportunity to join a state military force, but I was informed when I turned in my enlistment application to expect a "no." However, a day before my birthday, I received my enlistment into the Texas State Guard.

I now serve in the U.S. Air Force Auxiliary as a squadron safety officer and assist in aerospace education and professional development.

Why am I telling you this? I don't want to sound heroic or someone more special than I deserve. Believe me, I encounter heroes every day at my regular occupation serving our nation's veterans.

When I want to accomplish a goal, I never ask for special favor or accommodation. I work hard and get what I want. I'm very proud to serve the people of my communities and America at large.

If you have goals in mind, run full speed after them! Never allow anyone or anything to deter you from what you want to do in this life! 

# Did You Know?

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- In 2015, 110 children attended our youth camp – FREE of charge; thanks to our generous donors, we are able to pay for round-trip airline tickets and the full camp tuition
- Connects new amputees with a certified amputee peer visitor; individuals are matched based on similar level of amputation, age, sex and life experiences
- In 2015, our peer visitor program visited over 1,000 new amputees (an increase of 10 percent from 2014)
- Provides amputees with virtual support and networking opportunities through social media (the largest amputee social media outlet in the world)
- Publishes *inMotion*, a bimonthly magazine for amputees and caregivers, completely free of charge to subscribers
- Has a resource center that provides comprehensive information and connects people who need assistance to resources in their community
- Has a call center that provides real-time interaction with certified resource center specialists to help address issues, concerns or questions
- Holds at least three Limb Loss Education Days each year, with an average of 100 attendees at each event; each of these events has at least three educational sessions, a small vendor area and a lot of amputee networking opportunities
- Holds a National Conference annually, with approximately 1,000 attendees, including amputees, caregivers, family members, providers and industry professionals
- Will celebrate 30 years of serving the amputee community in 2016
- Established April as Limb Loss Awareness Month in 2012
- Established Show Your Mettle Day as the last Saturday in April to encourage amputees to show their courage and independence by showing their metal (prosthetic and assistive devices)
- Publishes *First Step*, a comprehensive resource guide on adapting to and living with limb loss, and remaining productive and independent
- Publishes a resource guide, *Insurance Coverage & Reimbursement: How to Be Your Own Advocate*, to help explain your insurance options, ensure you receive adequate prosthetic coverage, and empower you to play a role in your own healthcare
- Advocates on behalf of all amputees; in the face of growing challenges with insurance coverage, reasonable travel requirements and advancements in patient care and technology, we ensure amputees' voices are heard (#NotALuxury)
- Works with research partners to improve patient care (both physically and emotionally) for amputees, including our Well-Being project and PALS program
- Works with research partners to prevent primary and secondary limb loss, raise awareness of these issues and improve patient outcomes
- Provides scholarships to amputees (the Christina Skoski, MD, Scholarship and the Scott Decker, MD, Memorial Scholarship) to assist with college tuition, as well as the Bridge to Ability Scholarship to help new amputees attend our National Conference
- Works with over 250 support groups across the country.

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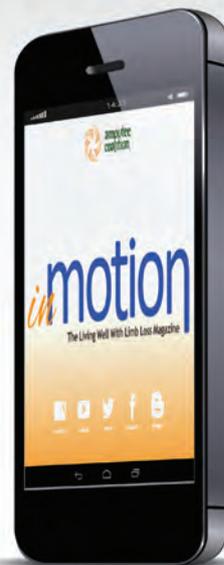
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