

inMotion

September/October 2011
Volume 21, Issue 5

A Publication of the
Amputee Coalition



amputee
coalition

saving limbs. building lives.



**Not Just
Surviving,
But Thriving**

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Finding Your Own Pathway to Thriving

"Over every mountain there is a path, although it may not be seen from the valley."

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Whether you are born with a limb difference or lose a limb to an injury or disease, how you deal with it will largely determine the quality of life you will have.

This issue features the stories of people with limb loss or limb difference who have learned to not only cope but thrive, from Mountain guitarist Leslie West who has reinvented himself with a new tour and album, to Brian Washington, the first amputee to graduate from the U.S. Navy's Civilian Police Academy.

It is truly remarkable to see how other people adapt to their situations. Each person chooses his or her path to recovery and thriving in life, with its own set of unique twists, turns, setbacks and triumphs.

But why do some people who have lost a limb spiral downward, while others survive the loss, rebuild their lives, and, ultimately, even reach a high level of success in their personal and professional lives?

Although fear and pain are unpleasant experiences, they are healthy devices that protect us from danger, alerting us to be careful and to avoid doing something

that may cause harm. However, when fear of the unknown causes new experiences to be avoided, we stop growing. The more a feared situation is avoided, the scarier it becomes. Alternately, each time we do something we fear and experience success, it becomes easier. But confronting and challenging fear is one of the most difficult tasks anyone can face.

Rehabilitation after an amputation can be filled with many frightening challenges. For example, learning to trust and rely on a prosthetic limb can be a traumatic experience. Finding the courage to do what you fear can help you attain levels of ability never considered possible.

You can expect to try, fail and try again in the process of relearning skills, discovering new abilities and confronting limits. Most people will consider giving up. But keep in mind that the fight to reclaim your life is worth it. Be patient with the process. Be compassionate toward yourself. Be curious about your limits. Laugh at your failed attempts. Don't compare your progress to someone else's. But, most importantly, don't ever give up!

If you work with courage, patience and curiosity, in spite of pain and fear, in spite of setbacks and unexpected outcomes, you can creatively find a way to live fully and joyfully. And thrive.

Bill Dupes, Senior Editor

inMotion

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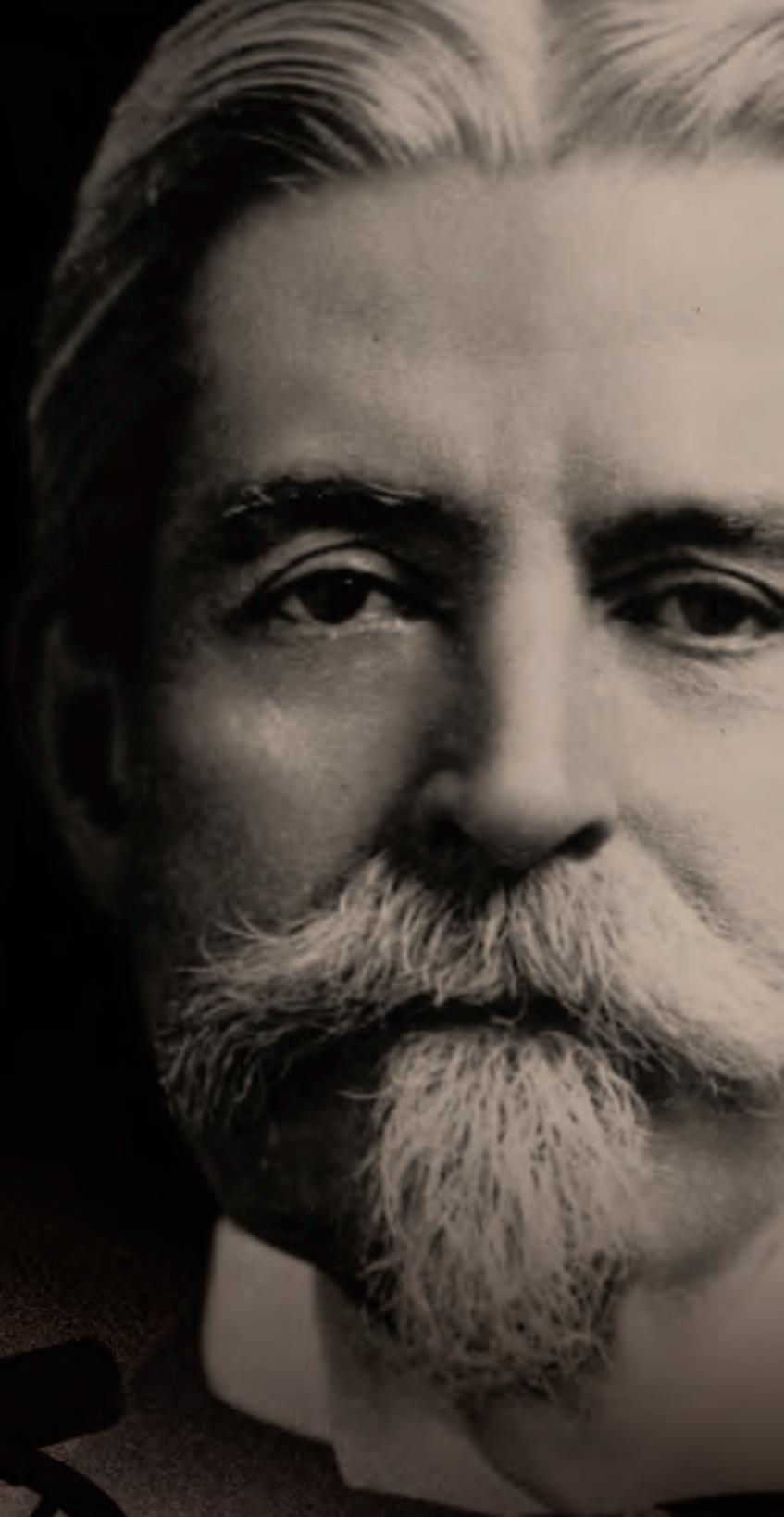
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inMotion

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Vera Foresman



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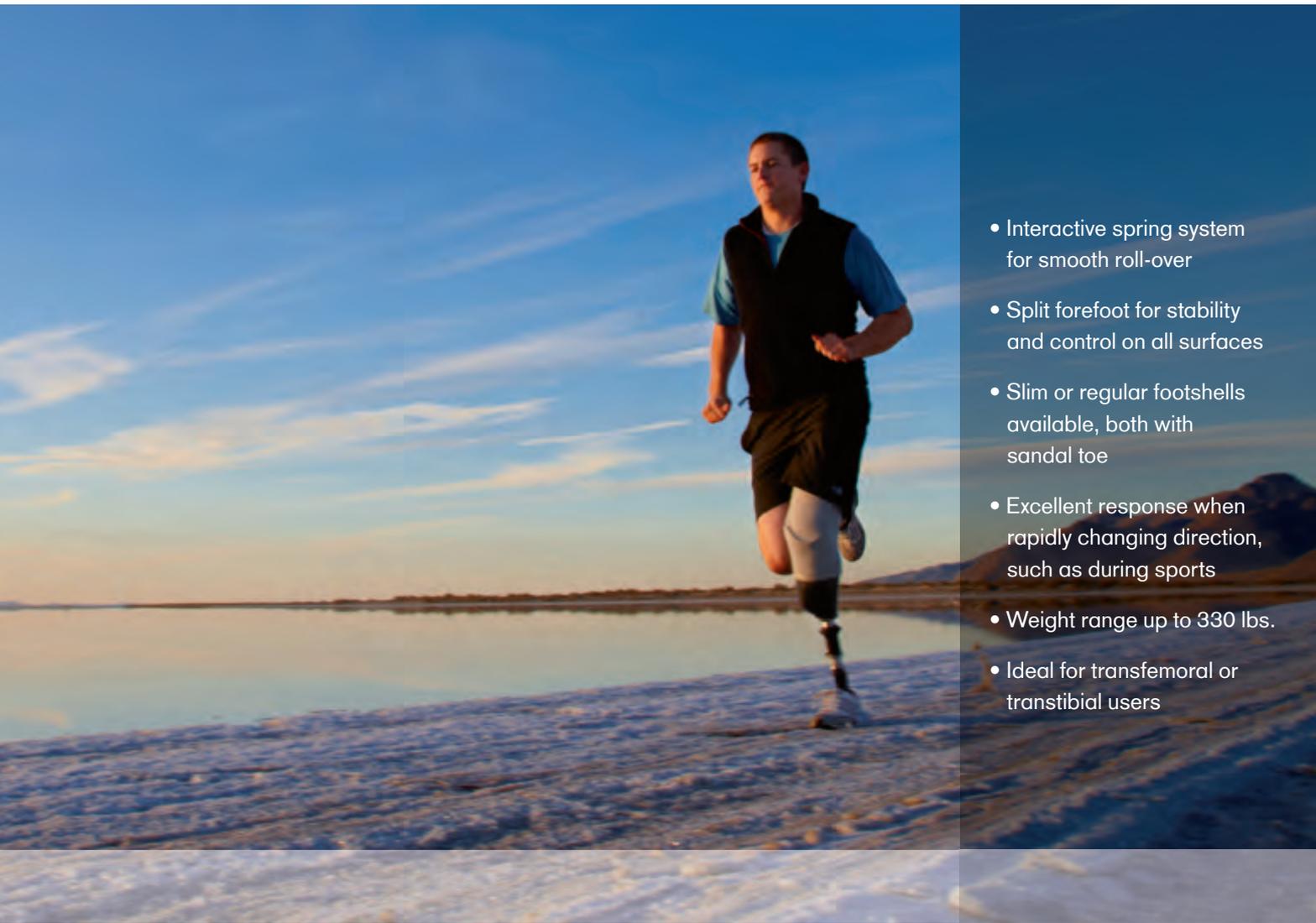
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QUALITY FOR LIFE

Get Involved and Stay in Touch How You Can Make a Difference

by Dan Ignaszewski

With autumn upon us, the leaves are turning, schools are back in session, most state legislatures are in recess until next year, and Congress is getting back to work after a trying summer filled with a number of difficult debates. There are still very important issues affecting the limb loss community where you can make a difference. Simply by staying involved and keeping in touch with your congressional leaders, you can be a leader in the limb loss community, and we very much need this leadership right now.

The Amputee Coalition has continued to work at the state level to pass insurance fairness for amputees. With laws now on the books in twenty states, this is a great opportunity to reinvigorate the fair insurance access campaign in your state and to touch base with your local elected officials to encourage them to introduce or reintroduce this important legislation. Fall is the time when groundwork is laid for a successful state campaign, and we need your help to do that. Recently, Delaware passed their law after first talking with local legislators in the fall of 2009, which led to the introduction of the bill in 2010, meetings in the fall of 2010, and ultimately the passage of the bill in 2011. Utah passed their bill in 2010, and they used the fall of 2009 to meet with legislators, find compromises and build support before the 2010 session. In the fall, you have a great opportunity to meet with your local elected officials and ask for their support and leadership on an issue that's important to you and the thousands of amputees throughout your state.

In addition to the state efforts to achieve fair insurance access, the Amputee Coalition continues to work to pass similar legislation on the federal level. We are partnering with other organizations to build momentum on this important issue. The Insurance Fairness for Amputees Act was introduced in the Senate earlier this year (S. 773), and we are working to reintroduce the bill in the House in the fall. You can help by sending an e-mail, filling out an online form on a legislator's Web site or giving their office a call and asking them to support this effort. We currently have bipartisan support from a couple of Senators who have signed onto S. 773, but we need more! By contacting your Senators and simply asking them to sign on as a cosponsor of S. 773, you can help build support. By contacting your Representatives, you can ask them to support the House version of the Insurance Fairness for Amputees Act when it's introduced, which will help generate support and lead to further pressure to introduce the bill soon. These actions are very simple and are very effective in getting action from your elected officials. It takes only a few minutes to

send an e-mail message, and these messages do make a difference.

Beyond the fair insurance access issue, and as we've mentioned in previous articles, there are also issues of interest to the limb loss community in the federal budget. The number one budget issue affecting the limb loss community are the devastating cuts in funding that are proposed for programs and resources that are currently provided by the Amputee Coalition to serve the limb loss community. Congress has historically directed certain funds to the Centers for Disease Control and Prevention (CDC) for limb loss. This funding is in jeopardy in the President's budget proposal, which consolidates several disability funding lines into one line with little direction on how those dollars are to be spent. By contacting your member of Congress on this issue, you can help not only the limb loss community, but millions of individuals living with other disabilities throughout the country also affected by these budget proposals. We are asking Congress to stop the CDC consolidation of line items in the National Center on Birth Defects and Developmental Disabilities (NCBDDD) until a needs assessment can be conducted and a plan has been established to ensure the disability community is not forgotten in these tough budget times. On the budget, we ask that you contact your members of Congress and tell them that you are opposed to the budget consolidation for disability services as it has been proposed and that you want Congress to direct the CDC to work with the groups affected by this consolidation to come up with a more workable plan. (For the exact wording of a request, please sign onto the Amputee Coalition's Web site in the Advocacy Action Center.)

The Amputee Coalition is also working on a number of issues related to healthcare reform implementation, Medicare coverage and competitive bidding, Medicaid coverage and proposed cuts, and veterans issues and coverage options, all of which have the potential to impact the limb loss community.

With all of this activity at both the state and federal level, there are plenty of opportunities for you to make a difference. You can easily search online to find out who your legislators are, and many elected officials have simple forms you can fill out online to let them know how you feel about these and other issues that are important to you. The Amputee Coalition is here to help you, and if you're interested in getting in touch with your legislators, you can contact the Amputee Coalition's government relations department – we'll be able to provide you with information about specific issues so that you can contact your state legislators or members of Congress to express yourself on issues important to the limb loss community.

Please get involved and stay in touch, and use this time to make a difference for yourself, the limb loss community and other Americans at risk for amputation. 

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2011 Amputee Coalition Paddy Rossbach Youth Camp Offers Traditional and New Activities

What do airplanes, campfires and buses have in common? Well, not much, unless you attended the Amputee Coalition Paddy Rossbach Youth Camp this July. This year the Amputee Coalition brought together 97 campers from 33 different states for an amazing week of fun and learning.

The 12th annual camp had a lot to celebrate. We received the most camper applications in history (121). We were able to fill the camp by March. But most importantly, we were able to provide a life-changing camp experience to these 97 youths. This camp was made possible through the support of many donors, sponsors and volunteers.

This year we were excited to host Landon Donovan, LA Galaxy soccer star. Landon led several soccer games with the campers and also participated in many of the other camp activities. Bianca Kajlich, star on CBS' *Rules of Engagement*, attended camp and continued the theater program for a second year. And of course, what would camp be without the traditional camp activities like swimming, zip lining, canoeing and a campfire with camp songs and skits?

This year, the Amp1 standup amputee basketball team led several basketball sessions for our campers. The team taught the campers about this new standup amputee basketball concept and shot a few hoops with the campers. The camp Lodestone sponsor, WillowWood, hosted the camp's first-ever Minute-To-Win-It game show. Campers

got a chance to participate in this fun and exciting game modeled after a popular television game show. WillowWood employees also volunteered their time to organize the event and run the games.

The camp received a variety of media coverage, including two TV stations covering campers from Knoxville for the first time. A total of 17 different news outlets covered this year's camp program. Coverage like this will help us continue to reach out to more amputees and recruit additional campers for the 2012 camp. Several campers will be giving interviews in the next few weeks.

Applications for the 2012 camp will be available starting in December. Remember to get your application in quickly to avoid being placed on the waiting list.

Although we had 121 applications, we were only able to accommodate 101 campers due to space (4 were unable to attend for personal reasons). As the demand for the camp grows, we need your continued support to help us expand our program and ensure that no interested youth is left on a waiting list. If you are interested in supporting the camp or hosting a fundraiser, contact our development office (888/267-5669) and learn how to set up an event. 



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The camp would not be possible without the financial support and volunteer efforts of many individuals. We want to recognize and thank all those who have contributed to make this camp happen and change the lives of those young amputees who attend each year.

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A Week of Many Firsts for Kalley Stevens

by Marijke Brick

Kalley Stevens is a bright, outgoing 12-year-old who recently experienced a week of many firsts: her first airplane ride, first trip away from her family and the first time she had ever been around other kids who are amputees. Kalley, and 96 other campers with limb loss or limb difference from throughout the United States, attended the Amputee Coalition Paddy Rossbach Youth Camp in Clarksville, Ohio, from July 23- 27.

The camp offers youths from the age of 11 to 17, who have limb loss or limb difference, the opportunity to enjoy a full range of sports, recreation and social activities. Some of the activities the campers enjoyed this year included fishing (one of Kalley's favorite pastimes), swimming, zip lining, canoeing, basketball, a rock wall and archery. Two of the most exciting events at camp this year included soccer clinics held by World Cup soccer competitor Landon Donovan, who plays for the Los Angeles Galaxy, and a performing arts program that offered acting instruction

by camp counselor Bianca Kajlich, star of CBS' *Rules of Engagement*.

The 5-day summer camp inspired campers to take on new challenges, be independent, test themselves and build new friendships. Kalley looked forward to many of the activities at camp, but what she looked forward to the most was meeting other kids with amputations.

"I met a girl from Texas at the airport and we had a great time, even though she kept knocking off my baseball cap," she laughs. They were constant companions for the entire week.

Kalley was a little reserved when she first came to camp because she didn't know what to expect, but it didn't take her long to reach out to other campers. According to

Melanie Staten, communications manager for the Amputee Coalition, "Another girl, Lalkia, was shy and withdrawn but Kalley was determined to make her laugh and include her in things. I watched her and she really went out of her way to help Lalkia."

Some activities, like the rock wall, seemed impossible to Kalley at first but giving up was not an option. The pride she felt when she climbed the wall to the top lasted the entire day and motivated her to try more new things. When she went canoeing for the first time, she was so flustered she got a nosebleed and had to go back to shore. In spite of her embarrassment, she was determined to learn how to manage the canoe – and she did. Canoeing actually became her favorite activity that week.

Kalley has many interests and ambitions. She wants to be a published writer when she grows up or perhaps a biologist, zoologist, psychologist or psychiatrist. The confidence and sense of achievement that she gained during her time at camp will go a long way toward helping her meet all of her life goals. She's already seen a difference at school.

"When I was little, I wore dresses and shorts all the time but as I got older I felt self-conscious about it and wore long pants," she says. "At camp, I wore shorts and it felt great! I'm not as self-conscious anymore. I may even wear shorts to school."

Five days of camp gave Kalley, and 96 other children with limb loss and limb difference, so much more than a cool "What I Did Over My Summer Vacation" essay. Kalley would probably laugh, but the word that best describes her experience is "empowering." She summed up her time at camp this way: "If I hadn't come, I would have missed out on a lot." 🌀

Photo provided by Marijke Brick



Camp Is a Rewarding Experience in Many Ways

by Michael Amsel

Natalie Brady, 14, of Toms River, New Jersey, recently completed her second summer at the Amputee Coalition Paddy Rossbach Youth Camp in Clarksville, Ohio, and she can't wait to go again next year.

"It was so much fun meeting new people and catching up with my old friends," Natalie says. "We came away with each other's phone numbers and we are all friends on Facebook. I love to share stories with the people I met there."

Natalie is a multi-talented teenager, participating in sports and performing arts, singing in the school chorus and playing the piano. All this despite being born without a left hand.

Natalie's determination and ability to overcome a handicap earned her a scholarship to the camp. She says she loves the camp because all of the kids have similar problems.

"At camp, I'm not the odd man out. It's a real release for me because I'm not being judged," Natalie says. "Everyone can identify with me because they have all walked in my shoes."

Terry Brady, Natalie's father, agrees: "She is very comfortable and not self-conscious there. As much as she has overcome any issues, it's still there. But when she goes to camp, it evaporates."

The camp offers challenging activities that build campers' confidence regardless of their skill level. Camp Director Derrick Stowell says the biggest benefit is in exposing the kids to other amputees. "A lot of kids come and have never met another amputee," Stowell says. "Coming here allows them to know they are not alone."

Tyler Carter of Topton, Pennsylvania, had his right knee amputated when

he was one year old. Now 17, he is a superb skier, plays on the Brandywine Heights High School tennis team and is adept on a skateboard. Tyler is in training to represent the United States in the ski competition at the Russia Paralympics in 2014.

He is also studying film production and music video and showing great promise, as evidenced by his new YouTube production, "Amps Just Want to Have Fun."

"Tyler is very mature for his age," says his father, Dr. Edward Carter. "He was a leader in training at the camp this summer and is hoping to come back next year as a counselor. This was his fifth summer and he just loves it there."

Tyler says he tries to be a role model at the camp and help some of the young amputees who are struggling to adjust to a demanding world. "I've always liked helping people," says Tyler, who will be a high school senior this year. "I want everyone to get the experience that I have gotten and I feel like it is my role to give back. Some kids are new to being amputees and I try to teach them that you can be whatever you want to be. You just have to work hard and be dedicated."

World Cup soccer star **Landon Donovan** gave a clinic to the campers and was impressed at their mobility and skill level. "It's amazing what the human body can do when it needs to and what the human mind can do," Donovan says. "Their spirit is infectious and it's really fun to be around them."

The campers were absolutely delighted about the opportunity to play a pick-up game with Donovan, the all-time leading scorer for USA Soccer and now a member of the LA Galaxy.

"He's such a nice guy and it was a very



Natalie Brady



Tyler Carter



Landon Donovan

Photography by Barbara Pennington

rewarding experience for us,” says Tyler Carter. “He showed us the skills and it was nice being on an equal playing field.”

“I’ve always loved Landon Donovan, so the experience was really cool,” says Daniel Carroll, 16, who plays defense on his high school team in Woodbridge, Virginia, after losing his right arm in an automobile accident in 2004.

Donovan first became interested in amputee causes after Andre Kajlich, brother of his ex-wife Bianca Kajlich, lost his legs when he was hit by a subway in Prague, Czech Republic. Andre served as a camp counselor and Bianca, star of CBS’ *Rules of Engagement*, instructed campers in acting classes.

“The beauty of the theatre classes is you get to express yourself. You can be anyone you want to be,” says Tyler. “Bianca is such a good person, and I know the kids appreciated her taking time out of her busy life to teach us.”

Diego Lemos, 13, was hit by a school bus on April 30, 2010, and had to have his left leg amputated. He attended the camp for the first time that summer and gave his new prosthesis a test, playing basketball and pushing hard through the obstacle course. Cheers of fellow campers provided inspiration. “You bond with the kids at the camp at a different level than you would at school,” Diego says.

This summer, in his second trip to the camp, Diego really blossomed. “Diego has grown up and matured, and the camp has been a huge part of his development,” says

his mother, Tina Montoya-Lemos. “Last year, he had just gotten his prosthesis and was unsure of himself. But this year he did almost all of the activities at the camp and really loved it.”

Diego will be a 7th-grader this fall at Bear Creek Elementary school in Denver, Colorado. He says the camp really “put things into perspective for him.” He adds, “You see some of the other kids who have lost multiple limbs and it makes you realize your accident could have been so much worse.”

Tina Montoya-Lemos says the bus accident that caused her son to lose his leg has taught him to appreciate life more: “In Diego’s own words, it was a blessing in disguise.”

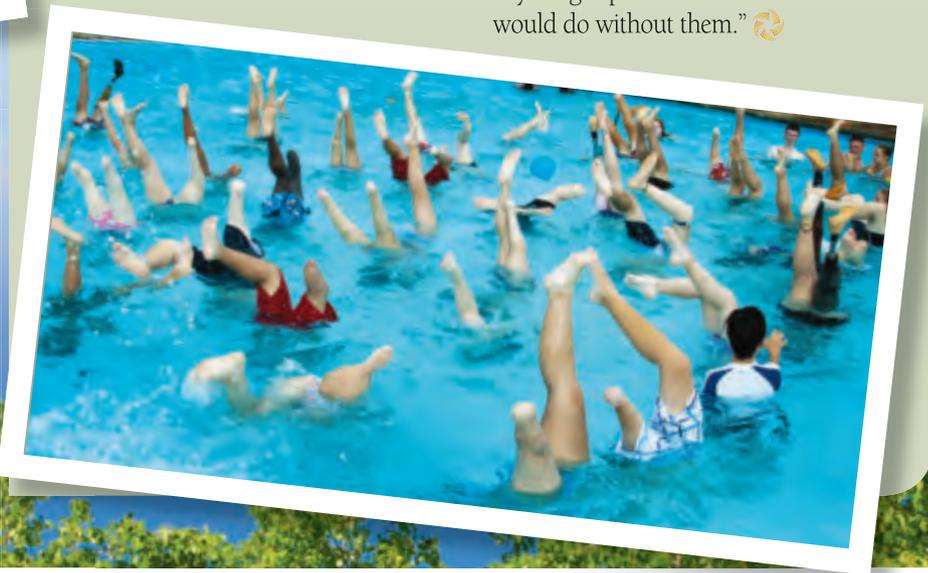
Like Diego, Natalie is looking forward to going back to school in the fall and renewing friendships. She will be attending Toms River High School North. Although Natalie has made great progress, things weren’t always easy, especially in her early years.

“When I was younger, kids would stare and ask questions,” Natalie says. “I came to realize as I got older that this is something I have no control over. It’s just something that I have to accept and learn to live with. That’s my approach.”

Natalie says she is indebted to her parents (Terry and Kathy) who gave her exposure to numerous activities growing up and provided much love and support: “They’ve been behind me all the way. They’ve made me believe that anything is possible. I don’t know what I would do without them.” 🌀

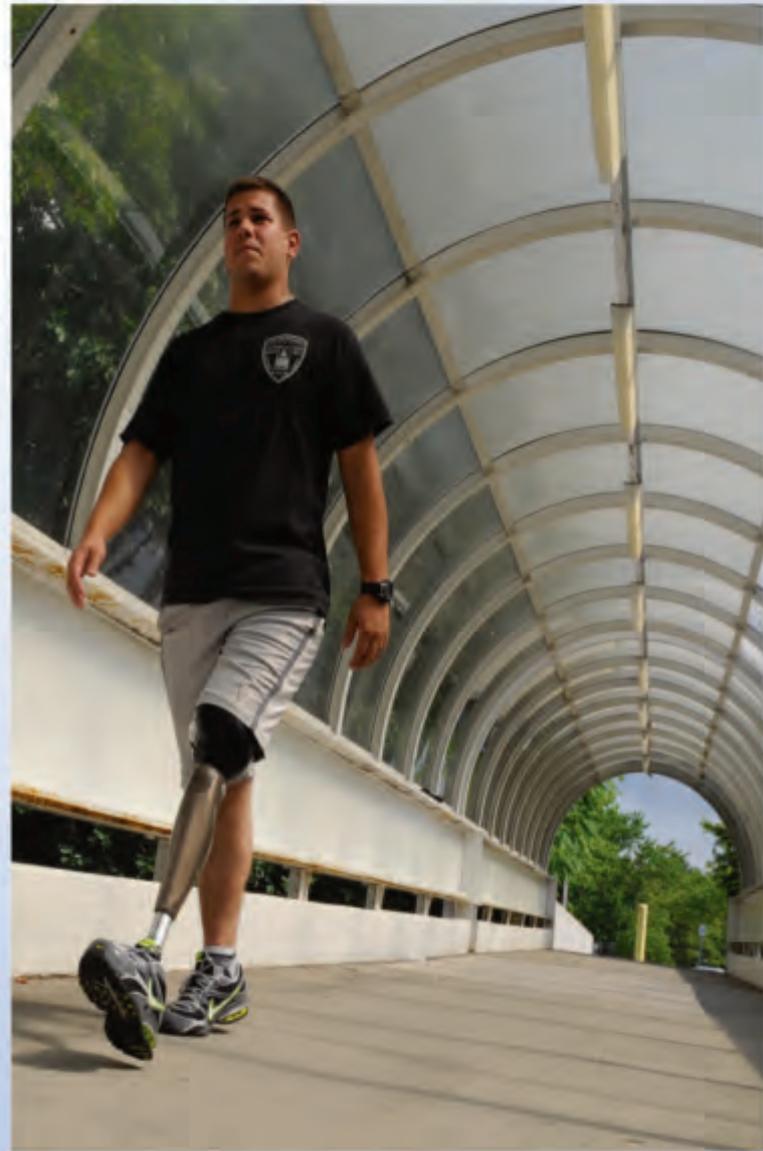


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THE OTHER SIDE OF THE MOUNTAIN

Legendary rocker Leslie West reinvents himself with a new album and upcoming tour

by Kortney Wesley

One of the greatest compliments a man can receive is being truly appreciated for his work. Legendary guitarist and front man Leslie West, of Mountain fame, has seen his share of ovations and accolades, performing with such greats as Van Halen, The Who and Jimi Hendrix. West has always been in the spotlight. His face and brand appear on T-shirts, music videos and even in video games. Leslie has virtually been immortalized in the music industry. It would be easy

to think that this man has it all – a great career, talent and a loving family. But a fulfilling career can also come with tremendous obstacles. Now, Leslie owns a new image – that of an amputee.

Earlier this year, Leslie lost his leg to diabetes, but that's not holding him back. He has a new album coming out and will hit the road with veteran guitarists Uli Jon Roth and Michael Schenker in October for the 3 Guitar Heroes tour. *inMotion* Magazine caught up with Leslie and his wife, Jenni West, recently for an interview about his amazing career and current challenges.

inMotion: Leslie, you've always lived life large, but diabetes is a tough opponent.

Leslie: Yes. I'm 65. I have a great career with a lot of experiences. I had the great honor of sharing the stage with Jimi Hendrix and several other greats. I'm friends with Ozzy Osbourne and Howard Stern. This diabetes thing isn't going to get me down – but it did get my leg. Over the years, I knew the challenges with my weight and the disease, but after years of therapy and treatments, I lost most of my right leg above the knee.

inMotion: Can you tell me about losing your leg?

Leslie: On Saturday, June 17, I was in Biloxi, Mississippi, and my leg started to swell and my foot went septic. I was admitted to a hospital down there and the doctors worked for 2 days to save my leg. The infection was spreading throughout my body, so we made the decision to amputate to save my life. Actually, it was Jenni who made the decision, and I think it was the right decision. She's been with me every step of the way.

inMotion: Jenni, studies show family caregivers are critical to recovery and readjustment after limb loss. You two are clearly a team. How has Leslie's limb loss impacted you?

Jenni: I see Leslie and remember that he needs me and I need him. It's as simple as that. If he can get outta bed each morning, so can I. This new life has been a huge adjustment. We've been married 2 years and spent the last year trying to heal a diabetic heel ulcer that started in March 2010. After multiple surgeries, including femoral bypass surgery and six stents in the leg to return blood flow to the foot, diabetes finally cost him his leg.

inMotion: This had to have been a difficult experience. I mean, you two were virtually newlyweds.

Jenni: There is nothing more heart-wrenching than to see someone you love fight so hard to keep doing what he loves. Music is part of Leslie's soul and we are grateful



Leslie and his wife Jenni

he still has his talent and can perform. Now we want to help heal other people's wounds with his music. That's why we want to "pay it forward" with a concert to benefit the Amputee Coalition.

inMotion: Leslie, what do you see about Jenni and your relationship that's changed since you lost your leg?

Leslie: I think Jenni is stronger and she makes me stronger. They say God never gives you more than you can handle; you have to believe that. There are days when I didn't feel like putting on the brave face. I know there are days she wants to say "Screw it," but she doesn't, and neither do I.

I cried a couple of ... times, in the beginning. I'd look down and say, "Where is it?" I can feel pain in my missing leg. Phantom pain – it's amazing how the brain works.

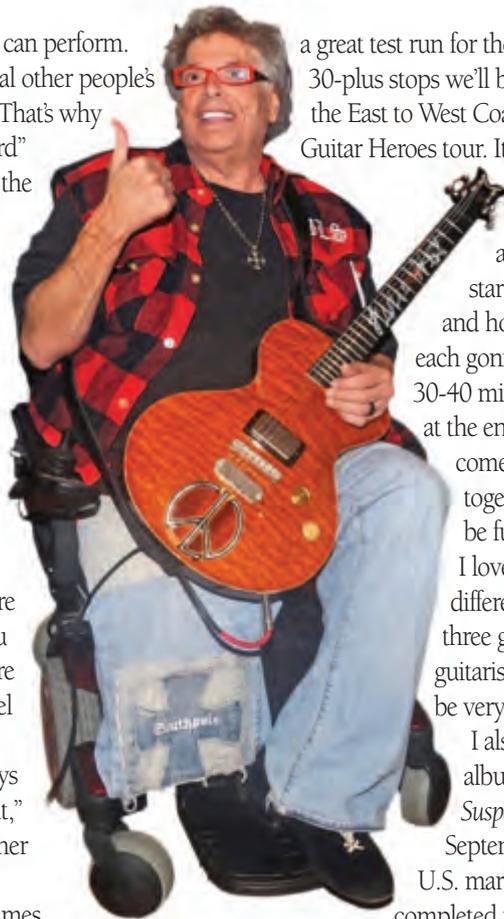
I remember when I first woke up after surgery. I asked Jenni, "What's that?" She said, "It's your residual leg." I thought "Oh, they gave it a nice name. I mean, I thought residuals were the royalties you get for making a hit song."

inMotion: Jenni, is he always joking around?

Jenni: He continually keeps the mood light. He even cheers up people who come to visit him. We have a huge outpouring of well-wishes from the music community. A particular highlight was Ozzy calling Leslie to say, "What the ... happened, man? My dad used to say, after 50, the warranty runs out."

inMotion: So what now for Leslie West?

Leslie: My motivation and passion right now is to get back onstage. I made my first public appearance after the amputation, in mid-August, at the Rock N' Roll Fantasy camp in New York City. Jenni said it was



a great test run for the upcoming 30-plus stops we'll be doing from the East to West Coast for the 3 Guitar Heroes tour. It'll be Uli Jon Roth, Michael Schenker and me. We

start in October, and hopefully we're each gonna play about 30-40 minutes, and then at the end we're gonna come out and play together. It's gonna be fun and exciting. I love those guys. It's different generations, three generations of guitarists, so it should be very interesting.

I also have a new album, *Unusual Suspects*, due out September 20 in the U.S. market. I actually completed it before I lost

my leg. It's an album full of talent, with collaborations with other guitar legends like Slash, Zakk Wylde and ZZ Top's Billy Gibbons, to name a few.

But I really can't wait to return to the stage with this fall tour. The details for the tour haven't been worked out, like getting onstage.

inMotion: What sort of challenges are you facing with performing now?

Leslie: A lot of things I used to take for granted, like tour buses, steps, bathrooms and chairs. Getting used to this massive wheelchair isn't easy. I am working to get into a prosthetic leg and will soon. I've fallen, been frustrated, and miss the little things, you know? It really surprised me to learn how weak my arms are. Learning to transfer my weight from the chair wasn't all that simple. It's not like I was in the gym or anything. I was too busy playing my guitar. Now, everything has to be evaluated. Are the restrooms wheelchair-accessible? How do you get into a tour bus on one leg? Just because a building is wheelchair-accessible, I'm learning, doesn't mean its

handicap-friendly! The Amputee Coalition has been really helpful in [helping] us find an accessible tour bus. I'm working on getting my sound pedals and chair for performing onstage for long periods of time with one leg.

inMotion: Sounds like you're determined. No one will be surprised to see you performing on stage this fall.

Leslie: My manager has been trying to put together a tour "for ages" like 3 Guitar Heroes for a long time. So when the opportunity came up, I hopped on board. That's right – the guy who just had his leg amputated. These guys are monster players and this should be a lot of fun. The tour kicks off October 6 in Norfolk, Connecticut, and will wrap up in Las Vegas on November 11. There will be special guests and surprise appearances by additional artists. It's going to be a blast.  Photography by Bobby Banks



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About Leslie West

“These guys don’t show up to play on everybody’s albums,” West declares. “They’re all stars in their own right, and fantastic players – every one with their own sound and style, and about as far from ‘the usual suspects’ as it gets.”

Leslie West has commanded one of the biggest, boldest electric guitar tones known to man, from Woodstock, which introduced his group Mountain to the pages of music history, to his riveting new album, *Unusual Suspects*. His voice is even more recognizable – a powerful mix of honey and gravel that falls somewhere between Otis Redding and King Kong.

At age 65, West stands undiminished on *Unusual Suspects*, a proud mix of blues, rockers and ballads that puts his songwriting skills at the fore in tunes like the hard-rocking “Mississippi Queen” flashback “Mudflap Mama” and the sweet, soulful love song “You and Me.”

West’s title for the album was inspired by his handpicked roster of A-list six-string co-stars, which includes ZZ Top’s Billy Gibbons, Slash, ex-Ozzy Osbourne foil Zakk Wylde, blues-rock firebrand Joe Bonamassa and L.A. session giant and Toto leader Steve Lukather. The other distinguished guest is drummer Kenny Aronoff, whose powerhouse style has made him a first-call accomplice for John Fogerty, John Mellencamp, Willie Nelson, Rod Stewart and many others.

They also have deep musical and personal connections to West. He and Mascot/Provogue labelmate Lukather, who adds acoustic guitar to the piano-based boogie “One More Drink for the Road,” have been friends for decades. As for Gibbons, he and West met during ZZ Top’s first major tour,

when Gibbons’ band got its big break opening for Mountain. Slash, of Velvet Revolver, Snakepit and Guns N’ Roses fame, has cited West as an influence on his own brawny playing. Ditto for Wylde, who affectionately refers to West as “Dad.” And Bonamassa was so moved by West’s earlier recording of Willie Dixon and Eddie Boyd’s blues standard “Third Degree” that he requested they cut it again for *Unusual Suspects*.

The album was named *Unusual Suspects* because very rarely do you get an assemblage of this pedigree of players on one album. West’s legacy as a musician was built by injecting rocket-fueled guitar into classic Mountain performances like “Mississippi Queen,” “Nantucket Sleighride” and “Theme From an Imaginary Western” – all still part of his live concerts. Several of his new songs, including *Unusual Suspects*’ opener “One More Drink For the Road” and “Legend,” were written by West’s longtime friend and former classmate, Joe Pizza.

Another unexpected spin is West’s take on Willie Nelson’s “Turn Out the Lights.” On *Unusual Suspects*, West, Slash and Wylde weave a triple-threat of acoustic and electric guitars into the tune for a blend of ferocity and feeling unlike anything the song’s author ever imagined.

“Standing on Higher Ground,” which Gibbons brought into the studio, was completed with West and producer Fabrizio Grossi. The song is a highlight for West, who

shares, “Only Billy Gibbons can come up with an intro that sounds like Hendrix and ZZ Top combined at the hip.”

But despite its stellar guest turns, the heart and soul of *Unusual Suspects* lies with West’s own wildly original playing and singing. “When it comes to the guitar, I could never play fast, so I learned to make every note count – to be sure every lick has something to say. I believe in having a big sound and leaving space between notes; that space is like the point where the music stops in an Alfred Hitchcock movie. It builds tension and raises the question, ‘What’s gonna happen now?’ Plus, I love to feel the speakers move the air. The heavy sound it takes to make that happen really does it for me.”

West’s tonal awakening came when his first group, soul-rock outfit the Vagrants, opened for Cream in New York City and he heard the wall of sound generated by Eric Clapton’s Marshall amplifiers. Hendrix was also an early influence on his sonic sculpting.

As luck had it, West’s upstairs neighbor in the Manhattan apartment building where his family lived was Waddy Wachtel. Today, Wachtel is one of the world’s top session men. Back then, he was the guy who taught West to play and sold him his first Les Paul Junior, the instrument West favored through his Mountain years. He currently plays a Leslie West signature model made by Dean Guitars. 



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The journey to reclaiming your life is hard. No two amputees share the same experience, confront the same obstacles, or achieve the same level of ability. And yet, you are not alone.

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they are or what they want in life – that they don't have to settle for anything less than what they wanted in life before their amputation.

But the Amputee Coalition doesn't want to simply help people with limb loss to cope; we want to see them rebuild a life through which they can thrive.



Dancing With Heart

The simple inspiration of 12-year-old Paulina Fuller

by Amy Di Leo

*“Dancing with the feet is one thing,
but dancing with the heart is another.”*

– Author unknown

“I remember holding Paulina in the airport, waiting for the plane and looking down at this adorable child with odd-looking legs,” Lorraine Fuller recalls. “I shrugged to myself and thought, ‘So what, she’ll never be a dancer, but I am so in love with her, who cares?’”

What Lorraine didn’t realize more than a decade ago was that the little girl she was taking home from Russia actually *would* become an award-winning, scholarship-earning, influential young dancer.

Born in Vladimir, Russia, about 70 miles east of Moscow, Paulina was adopted by Bob and Lorraine Fuller of Clifton, Texas, when she was 10 months old. Referred by her pediatrician, they found help for her at Texas Scottish Rite Hospital for Children (TSRHC) in Dallas, which specializes in treating children with orthopedic conditions.

“She has an extremely rare anomaly with her left foot placed at her knee level,” explains Tony Herring, MD, TSRHC’s chief of staff and Paulina’s orthopedist.

“With the ingenuity of our prosthetists, we were able to capture the motion of her foot so that she can control that prosthesis. Her right foot was not functional and required amputation,” he adds.



Before long the Fullers noticed their daughter's love of music and, against the advice of her pediatrician, they enrolled Paulina in dance classes just before her third birthday.

Paulina says she doesn't know why she loves to dance; she "just does." She has also said that dancing is "like breathing" for her. Lorraine says her daughter "will often dance until her legs are bleeding." Paulina adds, "It hurts, but I don't notice that, or that they are bleeding – until I stop." Paulina likely also doesn't notice the reaction she gets from the audience when she's on stage, as she seems to be in her own happy place when she dances.

"Paulina's commitment absolutely amazes me," says Mandy Dudik, choreographer at Central Texas Academy of Performing Arts in Clifton, and Paulina's dance instructor for the past 5 years. "When you meet her in person she is quiet and reserved, but when she gets on stage she explodes with passion and personality. She leaves everyone who is watching emotionally moved in some way."

Paulina says dancing simply makes her feel happy. Onstage, her million-dollar smile and confidence give no indication this pre-teen is actually shy and introverted. She explains through a conversation with her dad, "When you're performing, everyone is watching you – why isn't that a problem?" She replies, "I want them to *watch* me, just not *look* at me."

At 12, she's already made a name for herself at dance competitions, raking in awards and kudos from around the industry. Two years ago, Paulina began attending dance conventions "Monsters of Hip Hop"



Paulina Fuller

and "The PULSE on Tour." Paulina won lifetime scholarship awards at each event. The PULSE scholarship was awarded by Emmy-award winning choreographer Mia Michaels of *So You Think You Can Dance*.

Although her favorite dance style is hip-hop because "it has more action to it," Paulina also performs tap, jazz, freestyle, ballet and pointe. She dances both with and without prosthetic legs and explains, "I prefer dancing without them for solos because I dance better. But in group dances, I do better with them."

Because the ankles of Paulina's prosthetic legs did not bend, she was told she would never do pointe, the style of classical ballet in which a dancer uses "pointe" or toe shoes and dances on the tips of her toes.

But determined 9-year-old Paulina didn't like to be told no.

In Paulina's words, "I wanted to do pointe, so I asked Dr. Herring and he made it happen." She drew a picture of some pointed legs for him and a short time later the prosthetists at TSRHC made her first set of specialized pointe legs.

"Paulina's regular prostheses are very specialized to work with her foot on the left," explains Dr. Herring. "I don't know of another child here [at TSRHC] or elsewhere who has such a prosthetic modification. In addition, her dancing prostheses, which are for 'en pointe' toe work in ballet, are truly unique."

So unique that Capezio, a specialist manufacturer of dance shoes, apparel and accessories, just crafted Paulina a pair of one-of-a-kind pointe shoes. She recently toured the Capezio warehouse and

offices outside New York City and enjoyed a shopping spree at the famed dance apparel company's flagship store on Broadway in Manhattan.

Paulina has met interesting people and has many funny stories. And whether she realizes it or not, she has already changed others' lives just by being her.

Nearly 10 years ago while waiting to be served at an ice cream shop, Paulina was busy chasing her older brothers, not realizing a Vietnam veteran in a wheelchair was watching. Later he approached them with tears in his eyes and shared that the determined little girl running around on her two prosthetic legs had inspired him. He had given up on his prosthetic leg long ago, but seeing Paulina made him realize



The Fuller family (left to right): Paulina, Lorraine, Bob, Wesley, Shiloh and Marceli

that if she could do it, he could too. He planned to try again and not give up this time.

One of Paulina's favorite stories happened when she was just a baby and hadn't yet been fitted for her first prostheses. She and her mom were at a grocery store checkout. While Lorraine loaded the groceries onto the counter, Paulina sat in the cart with her legs tucked under her skirt. Lorraine explains, "Paulina calls her right leg 'Stumpy' and her left leg 'Toes' because there are two fused and one separated toe on the end of her tiny partial foot. The end of Stumpy is very ticklish and she loves to have it tickled." She continues, "An older lady behind us was talking to Paulina in a sing-song baby voice asking, 'Where's that little foot, where's your foot?' So Paulina stuck out Stumpy to be tickled. The look on the woman's face was priceless. She ran off before I could compose myself enough to say anything."

Another time when Paulina was a toddler, a man without a hand was shopping in the same store with them. Lorraine explains that Paulina kept asking her loudly where his hand was. Lorraine recalls, "I explained he didn't have one. But we kept running into this same man. Finally, exasperated that she was not getting it, I pulled off her

right prosthetic leg, pointed to it and said, 'Where's your foot?' She looked at his arm and her leg and said, 'Ohhhh!' The man almost fell over laughing. I guess he'd never seen a parent use that technique before."

It's obvious Paulina has an amazingly supportive family unit. Besides her older brothers Shiloh and Wesley, Lorraine and Bob adopted a boy from Poland named Marceli, who was born without legs or his left arm, when Paulina was in second grade. The Fullers clearly teach their children to focus on what is possible.

In the words of Dr. Herring, "The most important thing is not to dwell on what might be missing, but to marvel at what the child can do with what they have. After all, a child doesn't recognize any difference from another child until 2 or 3 years of age. They instinctively learn to make the most efficient use of what they are born with."

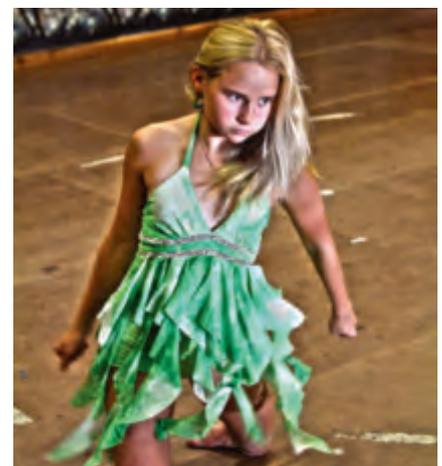
Today, Paulina's influence and inspiration certainly stretch to all those who come in contact with her, including prosthetic technician Robert Carlile, CPA, CTPO, who works with Paulina at TSRHC. Robert, an amputee himself, says he admires Paulina's drive and passion to let nothing stand in her way. He goes on, "I would love for all children to see [her] story of dance and be

inspired to reach their goals the way [she has]."

Dance teacher Dudik echoes Carlile's sentiment: "The fact that she's wearing prosthetics or that she has no legs is not important. [When Paulina is on stage] all you can see is a beautiful dancer that takes you into her world where anything is possible."

Although it's a challenge to convince her that she may be an inspiration to others, Paulina does have some words for anyone who might have doubts about their own abilities: "Of course you can. You've just got to try! And if you already tried, then try again." Clearly, that is Paulina's way. 🌟

Photography by Lauren Bullock Titworth



I'm Ready for the Rest of My Life!

by Tom King

"There is no medicine like hope, no incentive so great, and no tonic so powerful as the expectation of something better tomorrow."

— Orison Swett Marden

Hope.

The hope deep within Jen Lacey's soul drives her these days, especially since a 9 a.m. phone call from Jamey French on May 6, 2011. French, the former director of development for the Amputee Coalition, called Lacey at home in Jackson, Mississippi, to tell her she had been accepted as a Bridge To Ability scholar for the Coalition's June 2011 conference in Kansas City, Missouri.

"At that moment when Jamey called, things changed and started falling into place for me," Lacey says. "I knew then I was going in the right direction."

In October 2010, she decided to have a left below-knee amputation after 10 years of agony, during which she had experienced 17 surgeries, struggles with depression, infections, changing medications, different doctors and chronic pain. Her surgery was scheduled for June 8, less than a week after the June conference. She applied for a Bridge scholarship before her amputation, which was a little unusual, French says.

Lacey knew the amputation was coming, but wanted to meet other amputees, talk with them and see what their lives are like. "I was being filled with support and energy and feeling alive again at the conference," she says. "The energy was so positive. The people I met there embrace and live their lives to

the fullest. I knew I was going to be OK."

Lacey's ordeal began on June 13, 2001. She had finished her junior year at the University of Maryland. She was driving a friend's mini-bike near dusk. "I was going to teach my friend's girlfriend how to ride and change gears, so I headed down the street to warm it up and someone yelled my name," she recalls. "I looked around and they took my picture. The flash blinded me. I hit a speed bump at the

wrong angle and the bike flipped. I landed by a curb and the bike landed on my left ankle and foot and crushed them. I knew it was bad. I could see bones sticking out."

She was in a hospital for more than 2 weeks. She went home for the summer to recover and was back in school by the fall.

On August 8 Lacey had outpatient surgery to remove metal from her leg. They didn't get it all, and she returned on August 31 for another surgery. That's when she developed a staph infection. "I was in severe pain. The incisions broke open. I kept passing out and went into septic shock and almost died. They said I was an hour from losing my life." She recovered and began classes in September. "Yep, made four As that fall," she recalls. With pain, crutches and a wheelchair, she kept at school and graduated in December 2003 with a degree in psychology.

Why not an amputation when it happened or shortly thereafter? "I was 22 then and I didn't want to hear anything about an amputation, but it was in the back of mind," Lacey admits. "I was told that it would be a good choice for me because of how extensive the injury was. I chose to fight. My whole life was ahead of me. I really thought each surgery would help. I was in so much pain, but I refused to let this leg and the pain take over my life. I would go to bed and cry into my pillow and wouldn't let people know. Even with the meds, the pain was still about 8 or 9 on the scale."

In those 10 years from the accident to the amputation, Lacey didn't slow down much. This determined young woman worked at Children's National Medical Center in Washington, D.C., as an intern





Jen Lacey and Dave Ellis

and then full-time; she hiked, biked, went snow skiing, scuba diving and whitewater rafting and traveled abroad, including a climb to the Mayan ruins in Guatemala. She moved to San Diego and for 18 months worked 60 to 70 hours a week as the managing director of the Children's Rainforest Project. Finally, in August 2008, her body "just gave out."

"I went into a deep depression and wouldn't leave my house for days; wouldn't answer the phone and didn't eat much," Lacey says. She and her boyfriend Dave Ellis, now her husband, finally returned to Michigan in August 2010 and moved in with her parents, allowing them to catch up financially on medical bills, and her parents have helped her through the amputation surgery and the recovery. "My parents are the most giving, selfless and kind people in the world, and I am so grateful to have them," she says.

Ditto for Dave, who has been beside her all the way. "He's an amazing man, my rock," Lacey says.

They were married on March 5, 2010, in Playa Del Carmen, Mexico. "We got married and I danced all night long and was crying from the pain," Lacey says. "I couldn't walk for weeks after my wedding day. And I started thinking: Is this all my life is going to be? We want to have children. I knew I couldn't stand more surgeries and outside of amputation there was no hope. If we have a chance to have a future and a life, amputation was the answer."

After returning to Michigan, she did the "Jen thing" – she got busy doing research and learned of the Ertl procedure, which is described as: A fibular stabilization procedure where the opposing bundles of cut muscle tissue are sewn to small holes drilled into the end of the bone of the residual limb. The major significance of this procedure is the increased surface area available for loading. Because the muscle has been directly attached to the bone, it remains active, thus maintaining its mass or even increasing in size.

That led her to Dr. Christian Ertl, who, she discovered, was just

2 hours from her home at Bronson Methodist Hospital in Kalamazoo. After their second meeting she decided to have the amputation. "I had no hope for the future and hope is a powerful thing," Lacey says. "I decided the amputation would give me my life back, and it will, eventually."

Two weeks after her amputation, her leg started swelling. The infection and swelling had split it open and the pain was awful, she remembers. Another surgery. Dr. Ertl cleaned it out and packed the leg on June 29 and did a follow-up surgery on July 3.

"I'm starting to get my strength back," Lacey says. "I'll also be helping others. This all happened for a reason and my passion is helping others. I've already been mentoring people online to help them through the amputation process and I will be a certified peer visitor as well."

"I haven't gone through a mourning period for my leg like some people do," Lacey says. "I knew this was going to be a very long road and I'm almost at the finish line. I close my eyes and I envision the day I am going to be able to walk normally. You go through a lot of ups and downs with an amputation. Every day is a struggle and you have to do your best to stay positive."

"Hope really is at the center of my life," she adds. "When you feel no hope, your world is dark and your future is bleak and for me this was paralyzing. Having no hope is the lowest you can feel as a human being. The conference truly brought me back to myself. I have so much fire and passion inside of me. I am ready for the rest of my life!"

Photos provided by Jen Lacey

CrutchAbility

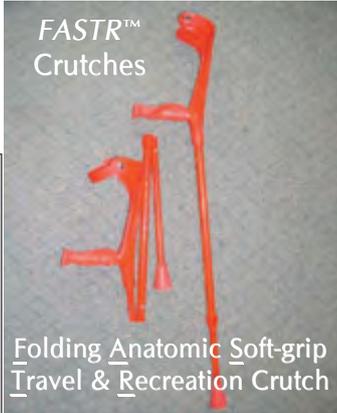
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The Definition of Persistence

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n. 1. the quality or state of being persistent; staying or continuing quality. n. 2. determination.

JIM THOMPSON

- Lives in Joplin, Missouri
- Married to wife Shirley for 52 years
- Father of four and has 10 grandchildren, 11 great grandchildren
- Author of *Going to the Hospital Can Be Hazardous to Your Health*
- Creator of the Shower Protector

Life has been one challenge after another for Jim Thompson. But the idea of giving up never crosses his mind. In 1987, at age 51 he was mowing his lawn and noticed both legs were hurting and very swollen. A trip to the hospital resulted in aortobifemoral bypass surgery. That was the first of 23 surgeries that led to a right below-knee amputation on June 22, 1988.

Complications necessitated surgery to remove the bypass, and he was given a 5 percent chance to survive. He did, but a kidney was damaged and ultimately lost, and he's been on dialysis since 2009, three times a week. He has survived a staph infection, collapsed lungs, bankruptcy and losing their home. All of this led to his new book, *Going to the Hospital Can Be Hazardous to Your Health*. After 62 surgeries in 23 years, he felt the need to share his story. You can find his book at goingtothehospital.com.

Jim and Shirley moved into a small 1920s farmhouse in Joplin in 1992 to be close to their kids. He added a guest house, putting his building contractor skills to work again. "I did everything – the wiring, the plumbing, all of the work with just one leg." He mows his lawn using his power wheelchair. He also builds Web sites, like the one for his Army artillery unit at



redscarclub.com. They were together for 6 years in the 1950s and Jim's Web site keeps them together.

In 2005 he and Shirley began Thompson's LLC to market a product he developed: the Thompson's Shower Protector, designed for fellow amputees and those with a medical need for leg protection while showering. Today, it is sold in 49 states and eight countries. You can learn more about "The Protector" at thompsonslc.com.

What is your outlook on life? "I've been dead three or four times now, but I'm too busy to die. A lot of things went wrong with me, but the doctors did a lot of things right or I wouldn't be here. I don't look like I'm almost 75 and I don't feel it."

What has been your biggest challenge? "Life itself has been my biggest challenge, but I attack it with my own personal philosophy: Go to the ocean and swim out as far as you can possibly swim; then, when you're so tired that you just can't swim another stroke – turn around and swim back."

Is there something you still want to do that you haven't done? "Grow old with my wife – my best friend. I've been 21, then 35 and 40 and 50, but I've never been 80 or 85 or 90. I'm looking forward to it." 

Photo provided by Jim Thompson

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Skiing Black Diamonds

How to Learn Resiliency, Teach It to Others and Conquer Your Own Mountains

by Carolyn Cosmos

“I thought my career would be over,” says Brian Washington, 31, of his below-knee amputation in 2009 and his plans to work in government security or law enforcement.

Brian interrupted college studies to join the United States Air Force after the attacks of 9/11. “I wanted to protect people,” he explains. He became a military police officer, served 6 years and led a tactical team.

While stationed in Iraq, Brian developed pain in his left leg. Medical tests later showed the problems were life-threatening. “I chose amputation rather than risk death,” he says.

Compounding the blow, a law agency Brian had hoped to work for now

rejected him in spite of his new degree in criminal justice. He set new goals – “I wanted to be running again in 6 months” – but he was devastated.

His father, Mike Washington, says, “I was depressed; he was depressed. But I listened, pushed him to look for the silver lining, and said it’s not the end and he shouldn’t give up.”

Carol Washington, his mother, adds, “He was mourning the loss of a limb, at first angry – ‘Why me?’ – going through all the stages of the grief process. We were there at each stage and helped him work through it. I said, ‘If I could trade places with you, I would.’”

“My parents were beside me the whole time and my dad helped find a great physical therapist and prosthetic company for me,” Brian says.

He adds, “If I got down, my mom would say, ‘Whatever happened to the 13-year-old boy who went off to military school and came out a 1st Lieutenant and president of the Ski Club?’ I had so many goals in high school and college. They

tried to keep me on that same track.”

Two other things contributed to his recovery, Brian believes. First, “I had a lot of discipline from the military,” he explains. His high school was the Valley Forge Military Academy in Pennsylvania. It taught lessons in goal-setting and teamwork. The Washington home reinforced them.

Expectations for Brian and his sister were clear. “We had high standards in our family,” his mother says. “And giving back was part of the family culture. I volunteered and took them with me. I’m proud of that. Soup kitchen. Fundraising for a hospital.” His father adds, “Boy Scouts, football. Our daughter danced in the ballet. We were involved in the community.”

A second positive force, Brian believes, was meeting others with limb loss. “In 2010, I went to my first Amputee Coalition conference. I met people who gave me information, shared stories about hardships, talked about goals. They even talked about companies they had developed.”

"I knew I could sit back on my butt, but meeting so many people who hadn't done that helped me restructure my life," Brian says. He went back to work on a Master's degree in International Peace and Conflict Resolution.

One of the first courses Brian took after his amputation involved a trip to Costa Rica and a 3-mile hike. Rough terrain. "I felt that if I stayed focused I could do it. I did. I love challenges. In high school I learned to ski in one day. If somebody tells me, 'You can't,' I want to do it even more."

But Brian's biggest challenge of all still lay ahead.

Captain Steven Rose is a military instructor in Norfolk, Virginia; this summer, he took on a group of people who wanted to become Navy MPs with civilian status.

Candidates must successfully run a horrific timed obstacle course just to get into the program, but one trainee who did that promptly failed his first test. He ran a mile and a half in 18 minutes. The limit was 17.

Rose says, "The other Captain and I were screaming and yelling at him. I understood he was wearing a knee brace and I thought it might help to adjust it, so I said, 'Let's see that brace.'"

The trainee was Brian Washington; when he rolled up his left pants leg, Rose says, "I looked at the other Captain." No amputee had ever gone through the course before. Rose says, "I told Brian, 'I'm going to push you. You're going to give me 100 percent.' He gave me 110."

In the end, Brian aced the test in 15 minutes. He passed the firearms requirement of shooting a weapon balanced on a knee by inventing a new way to do it.

"Brian has heart, determination. He goes right into the tough situation. He motivated the other students, the staff, and he motivated me," Rose says. "He'll be a good officer."

And so, on Friday, September 9, 2011, Brian Washington became the first amputee to graduate from the Navy's Civilian Police Academy.



Brian Washington

As for his long-term goals – and he does have them – Brian says he wants to finish his degree, do a good job for the Navy, and "use my MA in public affairs. I hope to be able to help other people, to become a diplomat or work at the United Nations."

He also wants to go back to frequenting black diamonds – the ski trails with the steepest drops, the slickest ice and the toughest challenge.

Is this kind of coping and accomplishment beyond most of us?

Not at all, says Catherine Mogil, a professor at the University of California Los Angeles. She's co-developer of a national resiliency training program.

The FOCUS program (Families Overcoming Under Stress) is being used at 20 military bases across the country dealing with the stress of multiple deployments. Studies show FOCUS works – and its lessons can be learned by anyone.

"We teach what some families do naturally to promote resiliency, so when an adverse life event happens, people can bounce back," Mogil says.

Regarding Brian's story, Mogil says, "The first thing that stands out

for me about this family is their beliefs about the world." She adds, "Their belief system says there is life outside the family culture and we can be of service there. We volunteer together. We give back. We are part of something bigger than ourselves."

FOCUS tries to help people raise their families that way, but any individual old or young can look to something larger and try to be of service, "clearly an important part of Brian's ability to bounce back," Mogil says.

The Washingtons openly share both grief and optimism, Mogil observes. FOCUS teaches families to develop a "shared narrative" about problems, to talk about ways their lives can be painful and their difficulties overcome.

Having a broad network of support helps. FOCUS teaches people to create more than one "family" –

an extended kin group or a work family, a neighborhood group, a family of people who share beliefs or similar experiences.

"In a life-altering moment, when you see that life is fragile, having those networks there is important," Mogil explains.

So FOCUS encourages hobbies, team sports and extracurricular activities: "They're protective," Mogil says. "If someone or something goes away, you can say, 'Well, Aunt Susie is still here for me' – and so is soccer practice."

Other protective factors include clear family expectations, learning to set goals and the ability to find meaning in trauma – to say something such as, "Well, I'm a stronger person because of this."

Brian's own advice? "I know how it feels to have your life changed by an amputation. But don't let it stop you. Look at other people who made headway. Set your goals and then let yourself feel pride when you achieve them." 

Photo provided by Carol Washington

No Turning Back

A journey from survival to success

by Elizabeth Bokfi

Although the media tends to focus on the more common forms of cancer (breast, prostate and colon), the rapidly growing statistics of limb loss as a result of cancer receive less coverage. For patients who must undergo amputation surgery as a life-saving measure against cancer, it's a double-whammy diagnosis. Not only are they learning they have cancer, but they are dealing with the reality that they will lose a part of themselves, and all that this implies in terms of mobility and motor skills.

Some patients never recover emotionally from the loss, succumbing to feelings of defeat and loss of quality of living. Then there are the ones who accept the hand that was dealt them, and turn it around to their own advantage, going on to achieve great personal growth and success in all other aspects of their lives.

For Petra Tepper of New Jersey, at a time when her young adult life was just beginning and full of promise, the diagnosis of synovial sarcoma in her right leg couldn't have been more devastating. Diagnosed in 1986 at age 26, Tepper was told amputating her right leg above the knee was her best option for survival.

Waking up from surgery at Memorial Sloane-Kettering Cancer Center in New York City, Tepper's first recollection was meeting Paddy Rossbach, nurse and peer visitor for amputees, and an amputee herself. Rossbach was then in the process of building ASPIRE (Adolescent Sarcoma Patients Intense Rehabilitation with Exercise), an organization dedicated to helping children and young adults return to an active lifestyle following amputation. Rossbach eventually served as president and CEO of the Amputee Coalition from 2001-2008.

Tepper was inspired. Ten days after her surgery, she was discharged, sporting a temporary leg fashioned by the hospital prosthetist at her insistence. With no rehabilitative therapy other than learning to use crutches, she left the hospital facing a daunting life challenge and 6 months of chemo, determined to not let it get her down.

"I remember being a patient on the women's ward...the orthopedic unit being full," recalls Tepper. "My roommate had been diagnosed with end-stage breast cancer. She told me I should do whatever I had to, to go on living [and that] she would never see her kids grow up."

That's not to say there weren't moments of difficulty for her. "I had an issue with body image," Tepper says. "I was self-conscious about not having a lower limb, and didn't want people to stare at me or feel awkward around me. It wasn't [how] I had envisioned my future, and my new lifestyle was challenging. I had to finish my chemo, learn to walk on a permanent prosthesis, how to dress, shower safely, drive and deal with expenses while being out of work. Friends and family were always about for my well-being. I kind of just went along with this being my lot in life. Don't get me wrong, they were very



Petra Tepper at Machu Picchu in Peru

It is estimated that in 2011 there will be 1,596,670 new cases of cancer diagnosed between both sexes of the American population. This number will continue to grow each year, as the country's medical diagnostic technology continues to improve and American lifestyle habits continue along an unhealthy course.

emotional times to go through, but this is when friends and family pull together.”

Having undergone chemotherapy in March 1987, Tepper’s defining moment arrived when she attended the U.S. National Amputee games in Tennessee, in July that year.

“Paddy had urged me to participate in the games, but I felt like I couldn’t do it,” Tepper recalls. “I guess I was still feeling self-conscious. I do have an athletic background, playing college softball. Not having gone back to work yet, I did have time and traveled to Tennessee with a friend to watch the games. Well, what did I see? Not the games, but the people/athletes who were enjoying and competing at the games. I said, ‘I can do this!’ There were amputees and disabilities of all shapes and sizes. The organization actually let me partake in some events such as a walk-on in the javelin, shot put and discus. That September I received an invitation to join the U.S. Amputee Athletic Association – and my traveling began.”

Just 18 months post-amputation, in 1988, she attended the Australian National Amputee Championships with the New York team. Her first trip involved four stops before a bus ride that brought her to Adelaide.

“It took 40 hours of travel time from my door to the hotel,” Tepper says. “This was 23 years ago, back before 9/11; the airlines didn’t have as tight a security [system]. I didn’t experience any patdowns as I do now. I remember there were ample wheelchairs available in Los Angeles for anyone who wanted them during the layover.” That same year Tepper traveled to England and Seoul,



Korea, with the Paralympic team, hopping over to Japan for a visit with family residing there at the time.

Between participating in bicycle fundraisers and returning to night school, earning an Associates in Nursing in 1999, Tepper continued to squeeze her schedule full with travel. Her long list of travel experiences includes South Africa, Zambia, Botswana, Panama, Peru, Germany and the Antarctic. Through all of this, she managed to earn a Bachelor of Science in Nursing, becoming Orthopedic Nurse Certified in 2005.

Proof that life does move forward after adversity, Tepper’s travel experiences demonstrated to her what she was capable of doing, despite her mobility impairment, and also highlighted society’s changing attitude toward disability.

“I don’t ever feel discrimination when I travel,” Tepper says. “My biggest concern is allowing enough time to get through security lines. When it’s warm, my prosthesis is visible so it alleviates some of the guesswork for TSA personnel. [They know] why the alarm goes off. Some of the patdowns are a little familiar, but it’s necessary to ensure safety for all travelers. I’m always asked if I would like the patdown in privacy.

“My biggest concern is taking my extra leg onboard as a carry-on. These legs cost a lot, not easily replaced if lost or damaged, so I don’t check it [as baggage]. Sometimes I get detained for the extra leg, mostly in the U.S. I usually sit in the back of the plane; this doesn’t bother me unless I need to get to a connecting flight. On one occasion we were traveling for a weekend to Texas for a wedding, with a connecting flight in Tennessee. I had only carry-on luggage and notified the flight attendant I would need assistance or ground transport to make the connection. It didn’t happen. Missed the connecting flight, had to take two other flights to get to Austin. Did barely just make it to the wedding.

“I try to allow myself plenty of time. Most of the time I travel with someone, but have traveled alone and feel very comfortable doing it. Giving yourself plenty of travel time is the best advice I would give, and packing as light as you possibly can.”

Time and travel really seems to heal all. For Tepper, it’s a tonic that works.

“Without travel, I would never experience the thrill of seeing the sights I have seen, or met the people I have met,” she says. “I have walked on the path of Sir Ernest Shackleton in the Antarctic; seven continents, one step at a time.”

Photography by Laura Cummings

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Amputee Patient Comfort and Compliance

The O&P EDGE and the Amputee Coalition are proud to present the results of our inaugural amputee patient survey.

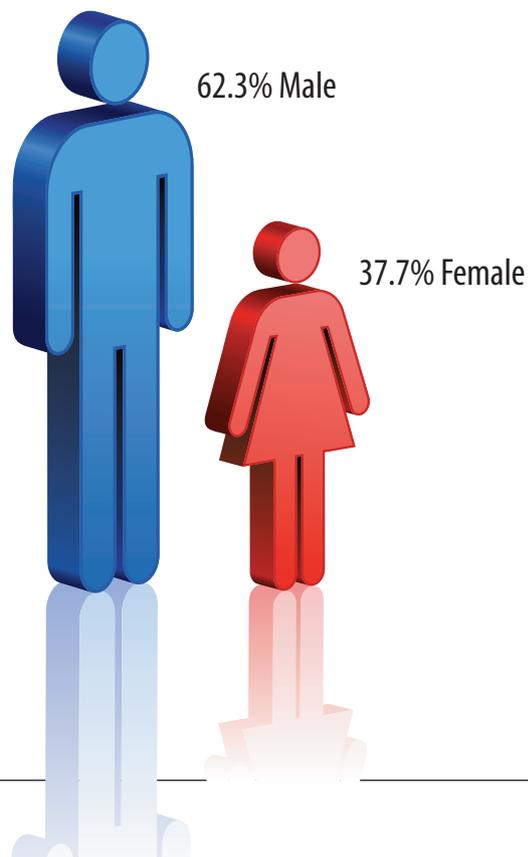
The purpose of this survey was to gain a better understanding of amputee behavior related to prosthesis wear. Specifically, we asked patients with limb loss and limb difference to report on their prosthesis wear habits, as well as their level of comfort when wearing a prosthetic device. For those who elect not to wear a prosthesis, we asked individuals why they made this choice.

In May 2011, the Amputee Coalition sent survey invitations to 8,000 individuals, who were selected randomly from its consumer database. **More than 1,200 people completed the survey, for a response rate of 15 percent.**

We hope the results, which appear on the following pages, will provide O&P practitioners useful information that they can use to help inform clinical care and improve patient outreach efforts.

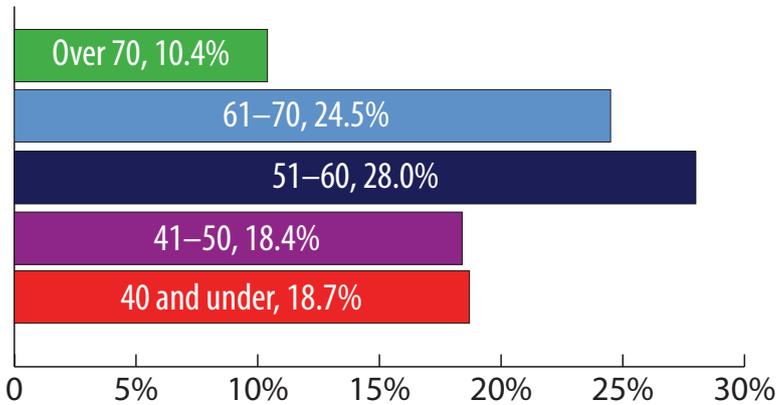
This survey and summary were written jointly by The O&P EDGE and the Amputee Coalition.

Gender

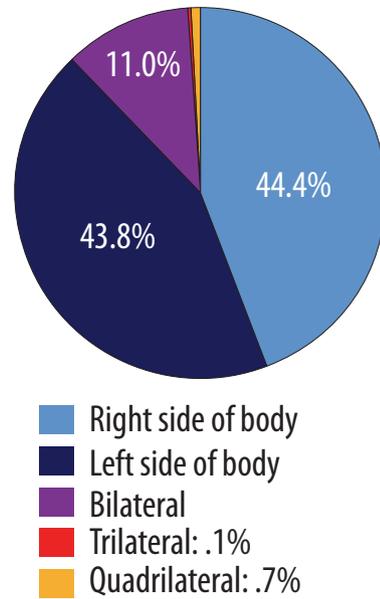


Respondent Demographics

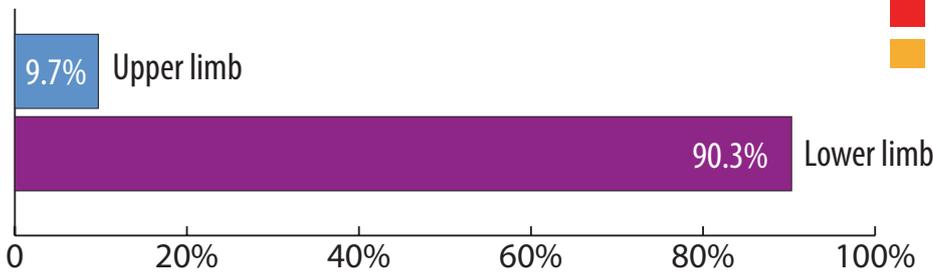
Age



Amputation Site



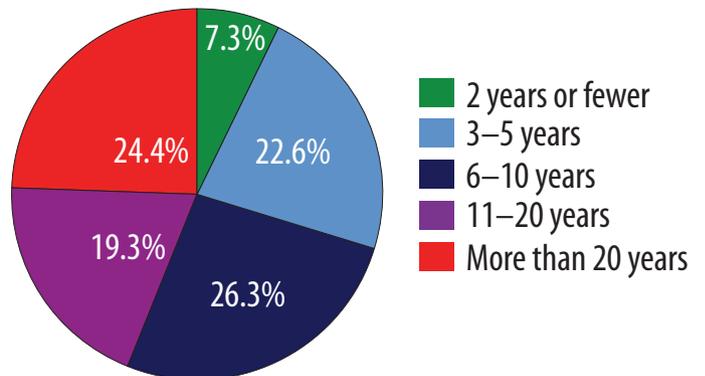
Level of Limb Loss



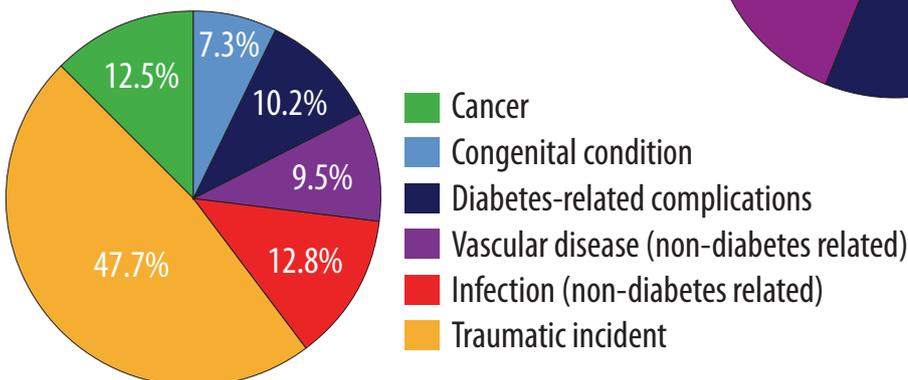
Respondent Demographics

The majority of respondents—62.3 percent—were male, and 81 percent of all respondents were over the age of 40. Most had experienced a lower-limb loss. Suffering a traumatic incident was the most-cited cause of limb loss (47.7 percent), followed by non-diabetes-related infection (12.8 percent) and cancer (12.5 percent). Nearly 93 percent of respondents have been living with limb loss for more than two years, which indicates that the responses are, by and large, based on patient experiences beyond the initial adjustment to living with limb loss.

Number of Years with Limb Loss



Cause of Amputation



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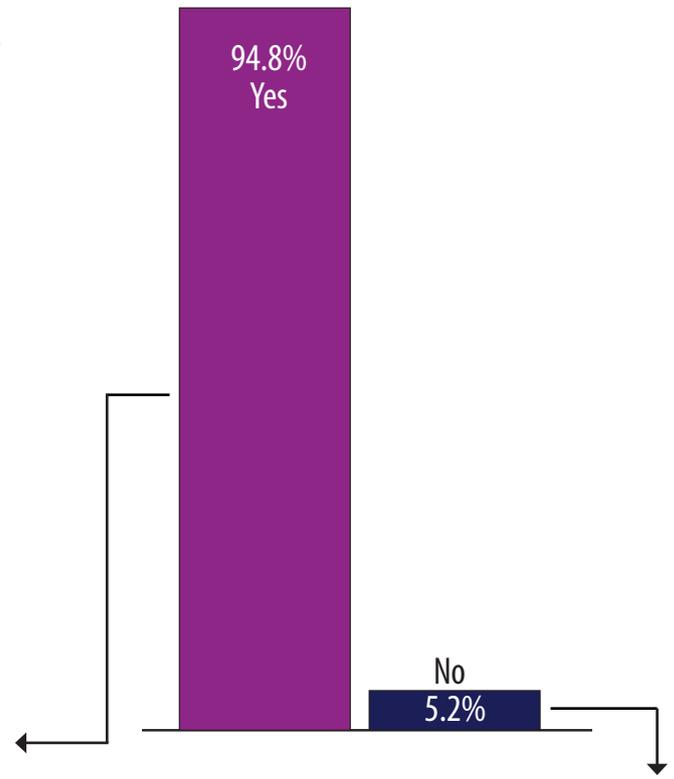
Prosthetic Device Wearing Habits

Wearing Habits

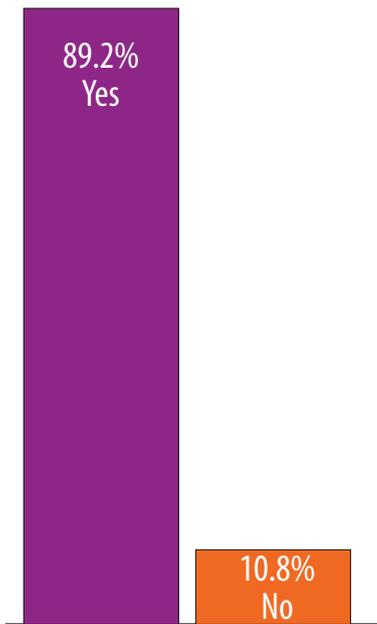
In answer to the first question, “Do you have a prosthetic device?”, nearly all of the respondents—95 percent—have a prosthesis and 81 percent were either satisfied or very satisfied with it (see pie chart on pg. 36). Of the relatively small percentage of those who do not have a prosthesis, the primary reasons cited were that they either “didn’t want one” or were “satisfied with other types of assistive devices.” Other assistive devices that individuals reported using were manual wheelchair (57.1 percent), crutches (42.9 percent), and electric wheelchair or scooter (35.7 percent). When asked about other types of assistive devices they use, respondents were encouraged to check all that applied, thus the results represent the overall percentage of respondents who use each of these devices. Of the 5 percent (60 individuals) who said they do not have a prosthesis, 17 attributed it to cost or noted that their insurance won’t cover it.

Respondents who have a prosthetic device tend to wear it regularly. Only 10.8 percent of those who have a prosthesis said that they do not wear it regularly, and of those, 76.5 percent indicated that they “found it easier to perform daily tasks without it.” Reasons for not wearing a prosthesis were evenly split—35.3 percent said they don’t like the way the prosthetic device looks, and 35.3 percent cited lack of comfort. *(Editors note: In this question, participants were also encouraged to check all answers that applied to why they do not wear their device regularly and may have chosen more than one answer.)*

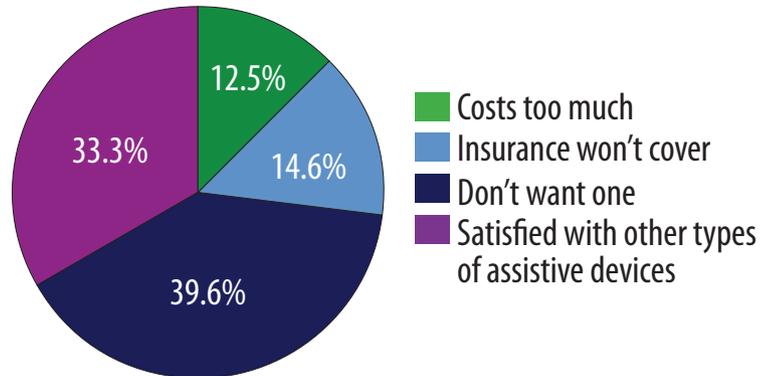
Do You Have a Prosthetic Device?



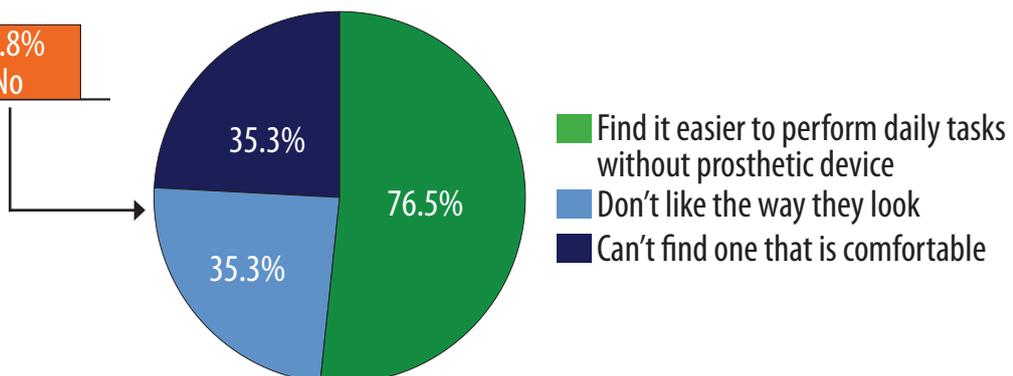
Do You Wear Your Prosthetic Device Regularly?



Reasons for Not Having a Prosthetic Device



Reasons for Not Wearing a Prosthesis



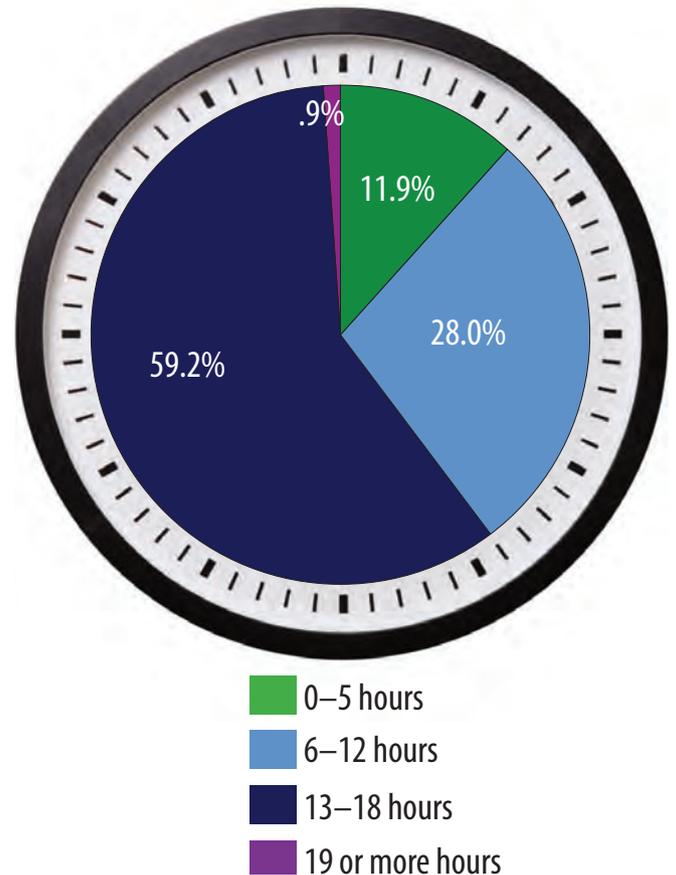
Time Spent Wearing Prosthetic Device

Time Spent Wearing Prosthetic Device

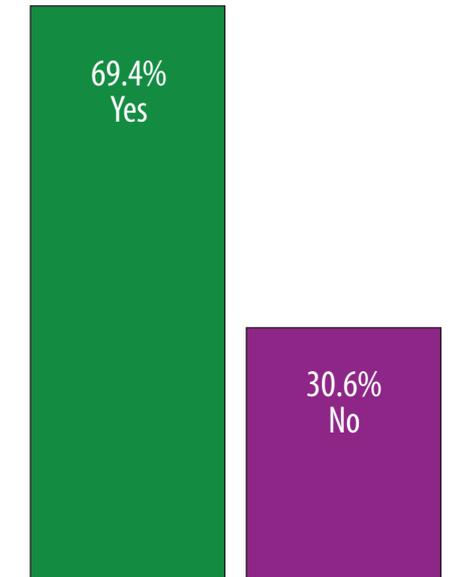
Of the respondents who report wearing their prosthesis regularly, 82.7 percent indicated that they wear it daily, and more than half of those wear the device at least 13 hours per day, indicating that for these users, wearing a prosthesis is an integral part of their daily lives. Of the 17.3 percent of respondents who report wearing their prosthesis fewer than seven days per week, responses were fairly evenly distributed between one through six days per week.

In terms of care provided, **nearly 70 percent reported that they felt they had received sufficient training on using their prosthetic device, which may play a factor in time spent wearing the prosthetic device.**

Average Number of Hours per Day Using a Prosthetic Device



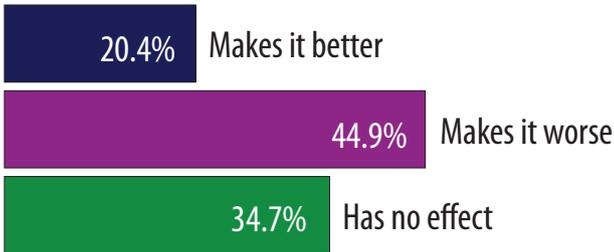
Did you receive a sufficient amount of training on using your prosthetic device?



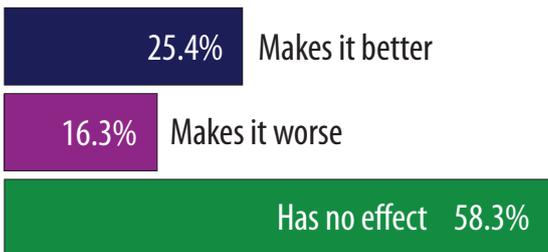
In terms of compliance, only 9.3 percent cited pain, and only 8.6 percent cited discomfort, as having “a lot” of impact on deciding whether or not to wear their prosthesis.

Wearing Habits, Comfort, and Pain

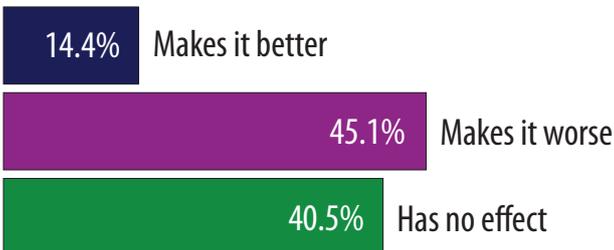
Effect of Wearing Prosthesis on Residual Limb Pain



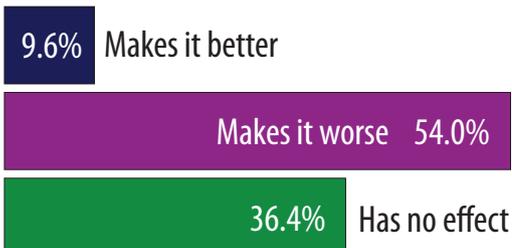
Effect of Wearing Prosthesis on Phantom Limb Pain



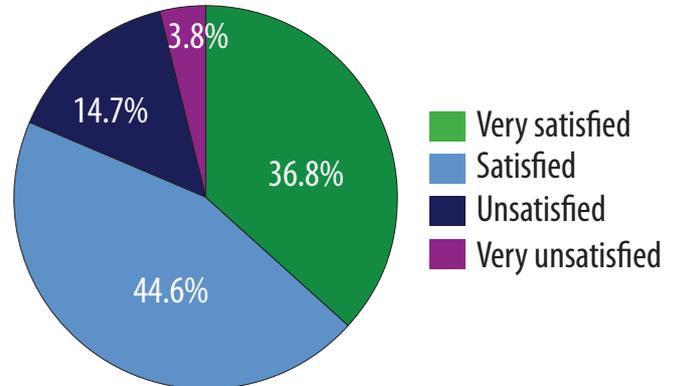
Effect of Wearing Prosthesis on Joint Pain



Effect of Wearing Prosthesis on Muscle Pain



Overall Satisfaction with Prosthetic Device



Although just over 80 percent of respondents who report wearing a prosthesis felt satisfied or very satisfied with their prosthetic device, some respondents reported that wearing a prosthesis increases joint and muscle pain.

Impact of Pain and Discomfort on Wearing Habits

When asked about secondary conditions related to prosthesis wear, 82.4 percent of the individuals reported a secondary condition, with phantom pain being the most common. As shown in the series of graphs to the left, respondents thought that all of these conditions, with the exception of phantom pain, were made worse by wearing their prosthetic device. However, in terms of compliance, only 9.3 percent cited pain, and only 8.6 percent cited discomfort, as having “a lot” of impact on deciding whether or not to wear their prosthesis. Therefore, it appears that the effects of wear on secondary conditions and issues of pain and discomfort have little bearing on compliance.

Next Steps

The O&P EDGE and the Amputee Coalition hope that surveys such as this one provide O&P professionals information that will help them to improve the overall patient experience related to prosthetic device use. This information can be used to reach out to patients and facilitate patient-practitioner communication.

This survey is just a touchstone. **As practitioners, what data would you like to see regarding patient care?** More arms-, hands-, feet-, or knee-specific data? Clinically based data? Activity level versus prescribed prosthetic solution? Please send your feedback and comments to Karen Henry at karen@opedge.com

O&P EDGE

About the Survey

Survey results had a margin of error of ± 3 percent at a 95 percent confidence interval, meaning that 95 out of 100 times, these results are correct within 3 percentage points. The margin of error represents the degree of accuracy within the survey and for each question. Since this survey had a margin of error of ± 3 percent, items for which there is less than a 6 percent difference between responses fall within the margin of error and cannot be assumed to represent a true difference.

A man wearing a blue t-shirt, khaki shorts, a blue baseball cap, and sunglasses is mowing a green lawn. He is using a black and red lawnmower. He has prosthetic legs that are green and black. The background is a dense line of green trees.

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The Stark Law: What Amputees Need to Know

by David McGill

Imagine, for a second, that the vascular surgeon who performed your amputation also owns a prosthetic facility. You go to the surgeon's office for a follow-up visit a week or two after your surgery and he or she tells you that your limb has healed enough to start the prosthetic fitting and delivery process.

You are excited – getting off of crutches and onto a prosthetic leg is a rehabilitation step that at the same time makes you nervous and opens the door toward regaining a level of independence and function that you've been lacking.

The surgeon writes you a prescription for a new prosthesis, and hands it to you. He or she also gives you a sheet of paper containing the names and addresses of several local prosthetists. The surgeon circles one of the names and says, "I've seen patients have excellent results with this group in particular. You can obviously go to any of the individuals on this list, but this is the one I'm most familiar with." What the surgeon *doesn't* say is that he or she owns the prosthetic facility, and is the boss of the prosthetist employed by the surgeon's company to run it.

Is this legal? Can a physician refer you to a prosthetic facility that he or she owns, either in whole or in part? To understand the answer to these questions, you first need to know about the Stark Law, which was created to address exactly these kinds of situations.

This article addresses the following issues: (1) What does the Stark Law prohibit and what does it permit? and (2) How does it potentially affect your prosthetic care and treatment?

The Stark Law & Prosthetics

The Stark Law prohibits doctors from referring Medicare and Medicaid beneficiaries to an entity in which they or an immediate family member have an ownership interest. The statute's purpose is simple: to prevent doctors from overprescribing certain types of treatment based on their equity in another healthcare business.

The statute lists 10 different kinds of "designated health services," including prosthetics, which are subject to the prohibition. Importantly, however, if the designated health service fits within one of the many – 21, to be exact – exceptions built into the law, then the physician can deliver those items to patients in a facility he or she owns without violating Stark.



One of those exceptions is for “in-office ancillary services,” which has three elements: the first relates to *where* the prosthetic services are provided; the second relates to *who* provides them; and the third sets forth requirements for appropriately *billing* those items. As long as a doctor provides prosthetics to a patient consistent with the requirements of the in-office ancillary services exception, the doctor has not committed any Stark Law violation.

My Doctor Refers Me to His or Her Facility: Is This a Good Thing?

Now that you know that a physician can legally refer you to a prosthetist who works for him or her at a facility the physician owns*, where does that leave you? Simply knowing that a particular practice is legal doesn't mean that your analysis as an informed patient should stop. This leads us to the more important question: How does the doctor's right to send you to his or her own prosthetic facility help or hinder your prosthetic care and treatment?

*Again, to be clear – the arrangement is legal as long as the doctor sets it up in strict compliance with the “ancillary services” exception in the Stark Law.

The answer, like so many things in life, is “It depends.” From a purely mechanical perspective, receiving treatment at a prosthetic facility owned by a doctor is no different than receiving treatment at a facility owned by businessmen or by prosthetists.

In both instances, the prosthetists need to be certified. (In 13 states, they must also have a state license.) In both instances, the business has to apply to a Medicare-contracted entity (the National Supplier Clearinghouse) to obtain a National Provider Identifier number that permits it to bill Medicare and Medicaid. In both instances, the business has to

successfully complete an accreditation process mandated by Medicare. Simply put, if you walked into a prosthetic facility owned by your physician, you really couldn't tell the difference between that on the one hand, and a practice that wasn't doctor-owned on the other.

But – and this is the important point – just because your doctor has an ownership interest in a prosthetic facility doesn't mean that the quality of care you receive there is demonstrably better (or worse) than care provided at an independent facility. The skill of the *prosthetist* and the rest of the prosthetist's team will determine whether you receive a well-fitting prosthesis.

Now that you know that a physician can legally refer you to a prosthetist who works for him or her at a facility the physician owns, where does that leave you?

So the equation is fairly simple: If your doctor has a quality prosthetist working for him or her, that might be an excellent place to go to receive your care; if the prosthetist is less skilled, your results will reflect that as well. In the end, the issue with a doctor referring you to his or her facility isn't that there's some sort of objective evidence that care provided there is better or worse than care provided at an independent facility; it's the fact that the doctor's referral carries so much weight. As I've written about before in a slightly different context, such a referral

is especially persuasive because of the “skill by association” phenomenon.

Skill by association is a simple concept: A healthcare provider I trust tells me that there’s another specialist that *he or she* trusts. I logically assume that the quality of the specialist mirrors that of my physician. The problem is that when the doctor, in fact, owns the specialist in question, he or she has a personal financial incentive for me to go to that specialist for care, *regardless of the quality*. This isn’t to say that doctors who own practices don’t care whether their patients are prosthetically successful or not – clearly, they do. But their ownership interest in the prosthetic facility arguably makes them something less than a truly objective decision-maker in that regard. And the potential lack of transparency about *why* the doctor may be referring you to a specific prosthetist is something that you need to know.

There does appear to be a growing trend of physicians owning prosthetic facilities in the United States. At a national conference of orthotists and prosthetists that I attended in late September, I was asked on numerous occasions about the Stark Law and the legality of referring patients to a doctor-owned facility, and I heard others talking about it at length as well. So the issue isn’t going to disappear unless Congress decides to amend the Stark Law, which is unlikely to happen anytime soon.

Once you resign yourself to the fact that this is the current reality, you need to ask yourself, “What should I do, now that I know this?” The answer is, you need to be aware of it, and you need to take charge of the situation by bringing it to the surface.

When your doctor recommends that you go to a specific facility, it’s completely appropriate for you to ask whether he or she has any ownership interest in that business. If you’re already at the facility, it’s completely appropriate for you to ask the prosthetist if he or she is employed by a physician/physician group or to identify who the owner(s) of the business are.

When your doctor recommends that you go to a specific facility, it’s completely appropriate for you to ask whether he or she has any ownership interest in that business.

Conclusion

The Stark Law does permit doctors to refer their patients to a prosthetic facility they own, provided they set up the arrangement consistent with the requirements of the “ancillary services” exception. Your job as a patient is to understand *when* that’s happening, so that you can decide whether you’re comfortable with that kind of arrangement or not. If you are, then receiving care at the physician-owned location is an informed choice you’re making. If you aren’t, then you’ll look for treatment elsewhere. Either way, it’s *your* choice, and you’re making it based upon a complete understanding of the relationships between the relevant parties.

As I wrote in my “skill by association” blog post several months ago:

[t]he only people who have a vested interest in changing things are the ones who are in many ways the least equipped to do so – the pain-pump-pushing, emotionally shattered new amputees who have to deal with the person sitting next to them talking incomprehensibly about artificial limbs.

Is that fair? Probably not. Losing an arm or leg is one of the most disorienting, disempowering experiences a person can have. However, at some point after our amputations, we have to take that first step toward reclaiming control of our lives. This seems like as good a place as any to start. 🌀

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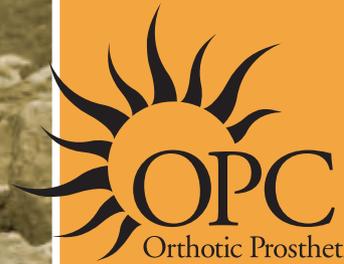
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Osseointegration: Examining the Pros and Cons

by Carole St.-Jean, CP(c), and
Natalie Fish, BSc (PT)

What is osseointegration?

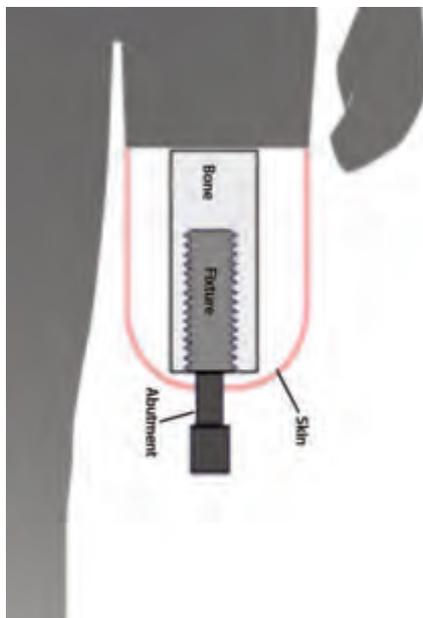
Osseointegration is derived from the Greek word *osteon*, which means bone, and the Latin *integrare*, to make whole.

In fact, osseointegration is an alternative method of attaching a prosthetic limb to an amputee's body.

When was this attempted?

The first attempts at osseointegration were begun in Sweden in the late 1950s by Dr. P.I. Brånemark with dental applications. The technique was then applied to facial prostheses such as ears, noses and hearing aids, and subsequently for joint replacements in the hand and silicone prosthetic attachments for thumbs and fingers.

In the 1990s, Professor Rickard Brånemark's team applied this technology to transfemoral amputees as well as upper-limb patients. Since that time, the Swedish team from the Sahlgrenska University Hospital and Integrum AB in Gothenburg have fitted approximately 200 amputees worldwide. Osseointegration is also



performed in other parts of the world, including England, Germany and Australia.

How does it work?

Osseointegration consists of a two-stage surgical procedure. This is the most commonly used technique (OPRA: Osseointegrated Prosthesis for Rehabilitation of Amputees), which was originally developed by Brånemark.

In the first stage, a threaded titanium implant is inserted into the marrow space of the bone of the residual limb. The implant is called a "fixture." This fixture will become integrated into the bone over time; in other words, it will become part of the bone.

In the second stage, which takes place 6

months later, a titanium extension known as an "abutment" is attached to the fixture and brought out through the soft tissues and skin. The prosthesis can then be directly attached to the abutment.

With both stages of surgery a very strict rehabilitation program is required. Professor Brånemark's team

has defined a regimented protocol to ensure a successful outcome. Part of this protocol includes a very gradual and progressive weight-bearing on the prosthesis. This begins with technical aids and aims for complete integration of the prosthesis into daily activity over a 6-month period.

A safety component called a "failsafe" is integrated as a prosthetic component and will release itself to prevent fracture of the bone or excessive forces on the implant if a fall occurs.



What are the advantages?

- No socket – therefore, no sweating or skin irritations caused by the socket
- No pain, pressure or discomfort caused by the socket
- Easy to don and doff the prosthesis
- Excellent suspension
- No restriction of hip movement
- Comfort in the sitting position

- Osseoperception – a more natural sensation of the prosthetic limb
- Increase of bone and muscle mass

What are the disadvantages?

- Long rehabilitation process: in total, it may take up to 18 months for the entire process to be complete
- Risk of infection
- Risk of fractures and loosening of the implant
- Poor cosmesis due to permanent abutment
- No high-impact activities permitted, such as running or jumping
- Swimming in public facilities is not recommended
- Daily care of the abutment skin area is required

Who is it for?

Originally, this technology was recommended for transfemoral patients who experienced complications when using a conventional socket-type prosthesis. These

difficulties may have had varied causes such as allergies, obesity or skin problems.

Medical conditions such as osteoporosis, diabetes, peripheral vascular disease, hip contractures or excess weight (more than 110 kilograms, or 242 pounds) are all contraindications for this approach.

This technology can also be used for upper-limb amputees.

Further developments

In the United Kingdom, clinical testing is being performed for a one-step surgical implant procedure called Intraosseous Transcutaneous Amputation Prosthesis (ITAP); this would shorten the rehabilitation process.

In Germany, from 1999 to 2009, about 37 people underwent the Endo-Exo Femur Prosthesis procedure. This intramedullary prosthesis (implant) has a unique spongiosa (porous) metal surface for osseointegration, which is implanted without cement, and therefore provides a different approach.

Is osseointegration a promising treatment for amputees?

In a study done in the 1990s and later in 2001, lower-limb amputees reported that the main reasons for not wearing their prosthesis, aside from energy expenditure, were socket-related problems such as discomfort, perspiration and skin problems.

Therefore, eliminating the need for a socket could virtually eliminate many of the reasons for not being able to use prosthesis.

As one can conclude, there is still a lot of research and development to be done in this field. The technique is still in evolution and there are many exciting possibilities for the future. This procedure has not yet been performed in the United States or Canada. 🌐

Editor's Note: This article is intended for educational purposes only. The views represented in this article are not necessarily those of the Amputee Coalition.

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COOKING *Without Hands*

by Cheryl Douglass with Vera Foresman



For a quadrilateral amputee like me, the hardest part about preparing a meal isn't the cooking itself – it's shopping for the ingredients. Picking up items off the grocery shelf and checking out can be a challenge. But once you have managed to bring home what you need, preparing the meal isn't so hard – it might just take a little longer.

Standing in the kitchen as I prepare a meal can be an issue too. At first, I could stand on my prosthetic legs only for about 10 minutes at a time before needing to take a break. Now that I have regained my core strength and have more experience using kitchen utensils, cooking is much easier and more fun.

With the help of just a few special pieces of kitchen equipment, I can finish a meal in an afternoon. I prefer doing a few dishes ahead of time so I can enjoy the dinner conversation.

USEFUL KITCHEN UTENSILS

Magnetic knife holder. I use a wall-mounted magnetic knife holder that allows easy access to my knives and preserves the blade from damage that can occur when knives are stored with other utensils in a drawer. All sorts of these holders can be found online.

Vase pottery jar. I keep my cooking utensils on the counter in a ceramic vase that is within easy reach. Not having to fish for something in a drawer speeds up the preparation time.

Pepper grinder. I love my battery-powered pepper grinder, which switches on when turned upside down – no need to search for buttons. (Trudeau Elite Graviti Pepper Mill)

Three-nail cutting board. The plastic board has borders and is anchored by suction cups. The three nails sticking up in one corner of the surface hold the item you want to cut securely in place. I can even slice tomatoes on these nails. (Patterson Medical has a variety of choices.)

RECIPES

Choosing the right recipes for a meal that are both easy to make and satisfying to taste is important. The beauty of the Goat Cheese and Potato Salad recipes is that they can both be prepared the day before or in the morning before serving.

Here is a savory three-course meal that even a chef with prosthetic hands and legs can make in no time and your guests will love.



Marinated Goat Cheese

6 ounces fresh goat cheese
Black pepper to taste
3 tablespoons olive oil
1/2 cup finely chopped fresh tarragon or
1 1/2 tablespoons dried tarragon
1/2 cup finely chopped fresh chives or
scallions
1 teaspoon fresh thyme or a pinch of dried
thyme
Raspberry vinegar to taste
Serves 3

Directions

Place goat cheese on serving plate.
Brush one tablespoon olive oil on cheese.
Add pepper to taste.
Combine tarragon, chives and thyme.
Sprinkle over cheese.
Add remaining olive oil and raspberry
vinegar.
Serve with crackers or French bread.
The hardest part is tearing the plastic
cover off of the goat cheese! I also found
that the first time I made this, I didn't chop
the chives and tarragon finely enough and
it tasted more bland.



Trout With Almonds

2 whole (10 ounce) trout
Salt and pepper to taste
1/4 cup flour
4 tablespoons butter
1/2 cup slivered almonds
2 tablespoons lemon juice (Squeezing
lemon juice into a measuring cup makes it
easier to pour evenly over trout)
1 tablespoon chopped fresh parsley,
optional

Directions

Squeeze lemon.
Rinse and pat trout dry.
Season both sides with salt and pepper to
taste. Dredge trout in flour.

Heat 2 tablespoons butter in a skillet over
medium heat until just bubbling. Add
almonds. Stir continuously about 4 minutes
until barely brown. Set pan aside.
In separate skillet, heat 2 tablespoons
butter until melted. Add trout, flesh side
down and brown; flip and brown on skin
side. Lower heat to medium and cook for
about 5 minutes or until cooked through.
Never overcook trout because it will dry
out and get tough.
Remove trout to a serving plate. Pour on
lemon juice.
Pour butter sauce and almonds over fish
and sprinkle with parsley.

Warm Potato Salad (Pommes a l'huile)

Vinaigrette ingredients
2 tablespoons Dijon mustard
2 tablespoons shallots
2 chopped garlic cloves
1/4 cup fresh parsley, chopped (can also
add chives, green onions or basil)
1/4 cup red wine vinegar
3/4 cup oil
Salt and pepper to taste
1 pound Yukon potatoes cut into cubes or 1
pound red potatoes cut in half, boiled
mesclun or fresh spinach

Directions

Combine first 5 ingredients, then add oil.
Whisk. Pour over hot potatoes, reserving
some for salad greens. Allow potatoes to
come to room temperature, occasionally
tossing with 1/2 cup dressing. Add greens
to remaining dressing and toss.
Place mesclun or spinach on serving plat-
ter and add potatoes on top.
There you have it. Whether or not you still
have the hands you were born with, I think
you will enjoy trying these recipes. 🌀

Photos provided by Cheryl Douglass



Ode to a Prosthetic Leg

*Here I sit, wishing to stand;
looking at equipment that came from a can;
wondering, why me, with this thing
in my hand.*

*Not wanting to sit, but wishing to stand,
I slipped my small limb into that
piece of can;
then up and on, I whisked away,
like any man.*

Herb Hartman

May 2011

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News From the Amputee Coalition of Canada

by Natalie Fish, BSc (PT)



Coalition des amputés du Canada
Amputee Coalition of Canada

The Amputee Coalition of Canada (ACC) continues to grow and develop.

The ACC has been working together with the Franklin Fund for a number of years and since the beginning of the year we have been solidifying our partnership. With Paul Franklin as our fundraising chair, we are excited to announce our involvement with the Heroes Hockey Challenge. This exciting charity event features National Hockey League (NHL) alumni and members of the Canadian Forces playing in five cities: Vancouver, Edmonton, Toronto, Montréal and Halifax. The cities were chosen based on their size and proximity to major military bases or strong connections to the Canadian Forces and the NHL. Heroes Hockey Challenge will schedule a hockey game between the NHL alumni and soldiers from the Canadian Forces. In each city we will be hosted in the main venues used by the NHL and all net proceeds raised through this event will go to the Amputee Coalition of Canada and the Princess Patricia's Canadian Light Infantry (PPCLI) Foundation, and through it, the PPCLI Regimental Fund and other participating military charities. We are excited to be part of these exciting events throughout Canada and look forward to spreading our message through this truly

Canadian medium. For more information, please visit heroeshockeychallenge.com.

We are also working on updating our Web site at amputeecoalitioncanada.org. The site now features more information on the Coalition, its policies, programs, services and activities. Also, we have just launched ourselves into the world of social media! We invite you to follow us on Facebook and LinkedIn.

The Amputee Coalition of Canada now offers two of the Amputee Coalition's proven programs at no charge to Canadians who have suffered limb loss: the Peer Visitor Program and the Promoting Amputee Life Skills (PALS) Program. The ACC is grateful to the Amputee Coalition and Johns Hopkins Bloomberg School of Public Health for facilitating and supporting the implementation of these programs in Canada. The number of Canadians who undergo amputation each year is significantly smaller than the United States and yet they face many of the same struggles and challenges as others south of the border. Until the Amputee Coalition of Canada was created, no other Canadian organization offered similar programs designed to support the needs of persons affected by limb loss, specifically designed to improve their quality of life through a

focus on learning, self-management and active community participation.

The ACC is now offering two new programs:

The Freedom Through Sport Program was developed by the Franklin Fund-Northern Alberta Amputee Program and consists of Active Amputee Clinics organized around different sporting and recreational activities to increase the awareness of fitness, sports and recreation opportunities for active people who have undergone amputation.

The creation of the **Canadian Amputee Research Awards** will provide funding for amputee research into innovative technologies and treatment techniques for people who have undergone limb loss. Currently, there is very little Canadian funding for research to improve the quality of lives of people with limb loss. 🌀

The mission of the ACC is "To provide educational tools and programs designed to support the needs of persons affected by limb loss as well as improve their quality of life through learning, self-management and active participation within the community."

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For Filip Carroll, a transtibial amputee, the waterproof feature aids him as an active lifeguard instructor. Being able to wear his LimbLogic VS prosthesis at the pool without concern allows him to remain focused on his students.

"While instructing, I transition from poolside to in the water constantly. I don't have to think or worry about getting my limb wet or not," shares Filip. "Having the reliability of the vacuum suspension and it being waterproof, I can confidently demonstrate techniques and thoroughly instruct my students safely."

The system's handheld remote-control unit is not waterproof and should never be exposed to water.

For information, contact your prosthetist or WillowWood at 800/848-4930 or www.willowwoodco.com.

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SleeveArt® prosthetic leg covers were developed for BK amputees, but are now available for AK amputees as well. If you don't like the full leg look, stand by. We are developing an MPK cover to be available soon.

To learn more about SleeveArt® prosthetic covers and laminating sleeves, please visit sleeveart.com. If you don't have a computer, just call Joanne at 954/646-1026 and she will mail you some information.

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Then I learned about the LegSim as a possible alternative to a prosthesis and decided to give it a try.

I've had my LegSim for over 18 months now, and I couldn't be more satisfied! It's much less tiring to use than the prosthesis, and so much more comfortable! I would encourage any amputee who is having difficulty using a prosthesis to try the LegSim. I did, and haven't looked back since!

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To see the product in motion, visit freedom-innovations.com/walktek.



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September-October 2011

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