

*in*Motion

A magazine dedicated to living well with limb loss

A Publication
of the



Employment and Financial Issues

Getting Back
Behind the Wheel
PAGE 34

Preventing Carpal
Tunnel Syndrome
PAGE 18

Tips for the
Business Traveler
PAGE 22

**Kurt Yaeger Discusses
Employment Challenges
as an Actor**

PAGE 26



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Employment and Financial Concerns

Questions and Answers



For over 25 years, the Amputee Coalition has provided information and support to amputees, their families and healthcare providers. To further serve the needs of our constituency, we expanded our mission in 2005 to include an advocacy program to influence public policy regarding the fairness of prosthetic coverage.

The questions most frequently asked by amputees who contact the Amputee Coalition relate to concerns about payment coverage for costs related to prosthetic fitting and associated services, home and vehicle modifications, and durable medical equipment (DME) such as wheelchairs, ramps and other adaptive devices.

Other frequent questions include requests for information about finding resources for assistance in financial planning, finding a job or filing complaints regarding losing employment due to disability discrimination. These issues all have two common elements that are eternally linked – money and jobs.

Access to employment is a fundamental right for everyone, including the 2 million Americans living with limb loss or limb difference. A job can provide financial stability, help maximize our potential and allow us to achieve our dreams. As Americans, we possess a range of vocational opportunities to make the most of our talents and succeed in a chosen career; those with disabilities are entitled to the same opportunities. But approximately two-thirds of Americans live from paycheck to paycheck. And living with a disability means you are more likely to be unemployed, even in prosperous years.

It is not surprising, then, that most people who undergo amputation are happy to be able to simply return to their former jobs, or at least a similar position. For others, however, the loss of a limb provides them with the inspiration to reinvent themselves and seek a new direction for their lives and careers (*see page 26*).

This issue also addresses questions and concerns commonly expressed by people with limb loss, from tips for business travel (*see page 22*) and managing diabetes on the job (*see page 16*) to avoiding the risk of carpal tunnel syndrome (*see page 18*).

We hope that you will find this issue both enjoyable and informative.

Bill Dupes, Senior Editor



"Every day I get up and look through the Forbes list of the richest people in America. If I'm not there, I go to work."

– Robert Orben

BE AN INFORMED READER

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

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

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I'mPOSSIBLE

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Surfing, skateboarding, hanging with friends. Cameron Clapp epitomized "California teen" until one night when, in an instant, his life changed. At 15, Cameron was struck by a train. He lost both legs and his right arm.

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contents

September/October 2012

Employment and Financial Issues

26

Post-Amputation Employment
When Losing a Limb Means Finding Yourself



32

Rural Solutions
A Model of Success



On the Cover

Image of Kurt Yaeger provided by Kurt Yaeger.

sections

- 16 The Doctor Is In
Managing Diabetes at Work
- 18 Upper-Limb Perspectives
Preventing Carpal Tunnel Syndrome
- 22 Travel & Accessibility
Tips for the Business Traveler
- 24 Growing Up as an Amputee
Mind Over Matter
- 34 Technology Solutions
Getting Back Behind the Wheel
- 37 Tech Review
A Step in the Right Direction
- 39 Phantom Fashionista
You Can Enjoy Both Form and Function!
- 40 Living With Limb Loss
Can't Work? You May Qualify for Social Security Disability Benefits
- 42 Exercise and Fitness
Your Feet in the Workplace

departments

- 3 Message From the Editor
- 10 Advocacy in Action
- 14 Events Calendar
- 45 Technology Showcase
- 46 Advertiser Index

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Dan Berschinski, a bilateral amputee, is the founder and CEO of Two-Six Industries LLC, a service-disabled veteran-owned small business, as well as a member of the Amputee Coalition Board of Directors.



Sean Brame is an honor roll student at Red Land High School, Lewisberry, Pennsylvania, a member of the varsity swim team, a Life Boy Scout and a quadrilateral amputee, as well as an Amputee Coalition-certified peer visitor.



Nancy Klobassa Davidson, RN

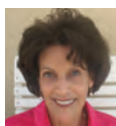
Amy Di Leo is the founder of Aim Hi Public Relations (AimHiPR.com) and has been a television and print journalist for more than 20 years.



Guy Hanford is the director of marketing for MobilityWorks, a mobility dealer headquartered in Akron, Ohio.



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



Tom King is a freelance writer based in Knoxville, Tennessee.

Amy Lane, OTR/L, CDRS, is a clinical instructor in the School of Health and Rehabilitation Sciences at the University of Pittsburgh.



Dennis Liotta, a partner at the law firm of Edgar Snyder & Associates, has over 20 years of experience helping people with physical and mental disabilities get Social Security disability benefits.



Peggy Moreland, RN



Phantom Fashionista

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inMotion

A Publication of the Amputee Coalition

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

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inMotion is published six times a year by the Amputee Coalition, 900 E. Hill Avenue, Suite 290, Knoxville, TN 37915-2568. Send address changes and other requests to the Amputee Coalition at this address. Print subscriptions to *inMotion* are \$24 per year. This publication (journal article, etc.) was supported by the Cooperative Agreement Number 1U59DD000904-01 from The Centers for Disease Control and Prevention. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the CDC, the sponsoring organizations, or the Amputee Coalition. It is not the intention of the Amputee Coalition to provide specific medical advice but rather to provide readers with information to better understand their health and healthcare issues. The Amputee Coalition does not endorse any specific treatment, technology, company or device. Consumers are urged to consult with their healthcare providers for specific medical advice or before making any purchasing decisions involving their care. No funding from the CDC is used to support Amputee Coalition advocacy efforts. ©2012 by Amputee Coalition; all rights reserved. This magazine may not be reproduced in whole or in part without written permission of the Amputee Coalition.



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



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Quality for life



The Amputee Coalition's Newest Educational Event Is Coming Soon to a Location Near You!

Limb Loss Education Days

Amputee Coalition's Limb Loss Education Days are designed to bring high-quality patient education and recreation to the local level where amputees live, work and play. The LLED series will include an OPAF First Clinic that is selected with the help of local support group leaders, and is offered *free of charge* to *all* amputees and their families.

"Our goal for some time has been to offer these workshops in various regions of the country for the convenience of amputees," says Kendra Calhoun, president & CEO of the Amputee Coalition. "We want to reach amputees who have not attended our National Conference, while also staying connected to our longtime friends who are regularly present at our programs."

Limb Loss Education Day - Greater Washington, D.C. Area

Saturday, September 29, 2012, 11am-3pm

Taking place in celebration of the grand opening of the new Amputee Coalition headquarters!

9303 Center Street • Manassas, VA 20110

Limb Loss Education Day - Dallas, Texas

Saturday, October 20, 2012, 9am-4pm

Bachman Therapeutic Recreation Center

2750 Bachman Drive • Dallas, TX 75220

Limb Loss Education Day - San Antonio, Texas

Saturday, November 10, 2012, 9am-4pm

The Aquatic Center at Palo Alto College

1400 N. Villaret Blvd. • San Antonio, TX 78224

Limb Loss Education Day - Southern California

Saturday, December 15, 2012, 9am-4pm

Palm Desert YMCA Tennis Courts

43930 San Pablo • Palm Desert, CA 92260

Limb Loss Education Day - Phoenix, Arizona

Saturday, January 12, 2013, 9am-4pm

Disabilities Empowerment Center (SpoFit)

5025 E. Washington Street • Phoenix, AZ 85034

Limb Loss Education Day - New York, New York

Saturday, February 16, 2013, 9am-4pm

Smilow Research Center (NYU Medical Center)

522 First Avenue • New York, NY 10016

Limb Loss Education Day - Dayton, Ohio

Saturday, March 23, 2013, 9am-4pm

Wright State University Natatorium

3640 Col. Glenn Hwy • Dayton, OH 45435

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Alana Nichols, 2012 U.S. Paralympian, Basketball

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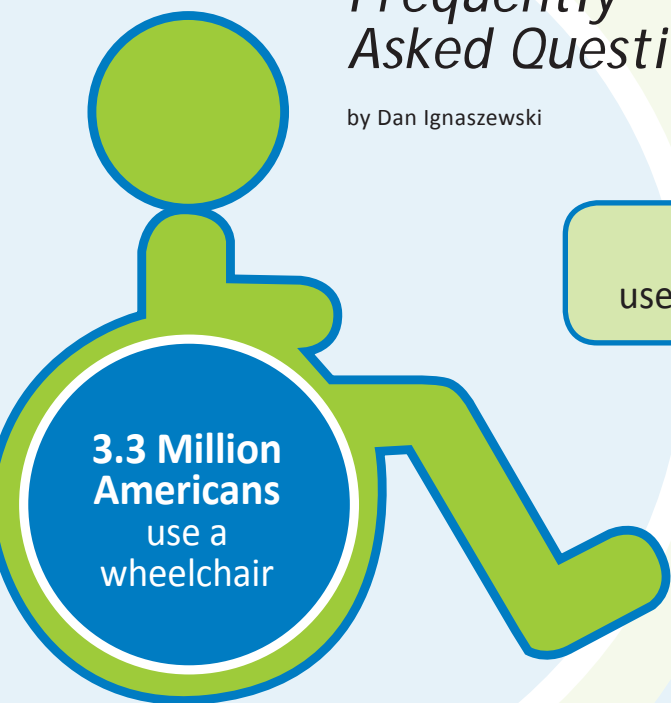
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ADA & Employment

Frequently Asked Questions

by Dan Ignaszewski



3.3 Million Americans
use a wheelchair

10 Million Americans
use a walking aid (cane, crutches, walker)

Q What is the American Disabilities Act of 1990 (ADA), and how does it apply to a person with limb loss seeking employment?

A | To answer this question we went to two major sources: the federal government and the Job Accommodation Network (JAN), an organization dedicated to assisting employers and potential employees with job accommodation under the ADA.

The ADA gives civil rights protection to individuals with disabilities, including veterans, similar to those provided to individuals on the basis of race, color, sex, national origin, age and religion. It guarantees equal opportunity for individuals with disabilities in public accommodations, employment, transportation, state and local government services and telecommunications.

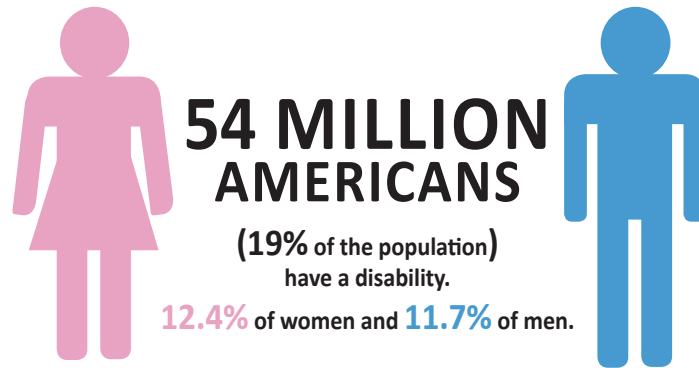
Q How do I determine if I'm covered under the ADA's definition of a person with a disability?

A | According to the statute, disability is defined as:

- ... A physical or mental impairment that substantially limits one or more major life activities of the individual
- ... There is a record of such an impairment, or
- ... The person is regarded as having such an impairment

Q Do I meet the ADA definition even if I don't feel "impaired" while I'm using a prosthesis?

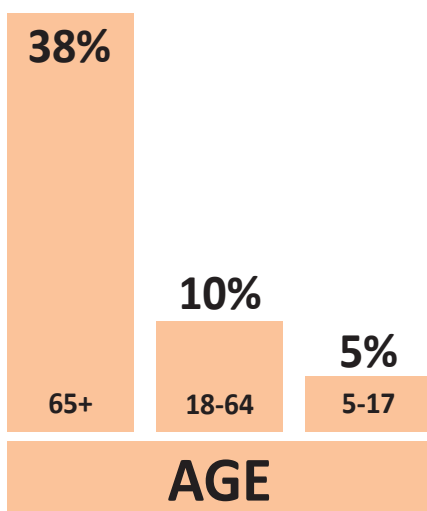
A | Yes. The ADA does not allow the use of a prosthesis to make a person with limb loss ineligible for protection under the ADA.



Q Does this mean the employer must alter the workplace in the way that I ask in order to meet its “reasonable accommodation” obligations under the law?

A | The employer does have some flexibility in meeting its obligations under the reasonable accommodation regulation. For example:

- Employers can choose among effective accommodation options and do not always have to provide the requested accommodation
- Employers do not have to provide accommodations that pose an undue hardship
- Employers do not have to provide as reasonable accommodation personal-use items needed in accomplishing daily activities both on and off the job
- Employers do not have to make an accommodation for an individual who is not otherwise qualified for a position
- Employers do not have to remove essential functions, create new jobs or lower production standards as an accommodation.



Q If I’m protected by the ADA, what does this mean for my employment?

A | Once you are documented as a person with a disability, an employer is required to make reasonable accommodations to make it possible to employ you. They cannot discriminate against you because of your disability.

EMPLOYMENT

71.5% of Americans without ambulatory disability between the ages of 18-64 are employed; this means that 28.5% of the able-bodied population is unemployed.

By comparison, only 25% of the ambulatory disabled population is employed, which means that 75% of the ambulatory disabled population is unemployed.

Less than 20% of wheelchair and walker users are employed.

It's important to understand the types of accommodations an employer may make in order to meet the standards for equal employment opportunity.

TYPES OF ACCOMMODATIONS THAT MAY BE MADE BY AN EMPLOYER

➔ Gross motor impairment

- Modify the worksite to make it accessible
- Provide parking close to the worksite
- Provide an accessible entrance
- Install automatic door openers
- Provide an accessible restroom and break room
- Provide an accessible route of travel to other work areas used by the employee
- Modify the workstation to make it accessible
- Adjust desk height if wheelchair or scooter is used
- Make sure materials and equipment are within reach
- Move workstation close to other work areas, break rooms and restrooms

➔ Fine motor impairment

- Implement ergonomic workstation design
- Provide alternative computer and telephone access
- Provide sensitivity training to coworkers and supervisors



➔ Upper-limb amputations (finger, hand or arm)

- **KEYBOARDING/DATA ENTRY:** One-handed keyboards, typing tutorials for one-hand or missing digits, speech recognition software, large-key keyboards, foot mouse, touch pads, trackballs, head pointing systems
- **WRITING:** Grip aids, writing cuffs, action arm orthotic devices, recording devices for note-taking, note-takers, clipboards
- **USING TELEPHONES:** Speaker phones, telephones with programmable number storage, phone holders, headsets
- **GRIPPING TOOLS:** Grasping cuffs, grasping orthoses, ergonomically designed tools, vibration-dampening tool wraps and gloves, vises, positioners, foot controls, pistol-grip attachments, digital distance measuring devices
- **LIFTING ITEMS:** Portable material lift equipment, tailgate lifts, hoists, lift tables, compact lifting devices
- **CARRYING ITEMS:** Lightweight carts, shoulder bags, scooters with carrying baskets, other powered carts
- **FILING PAPERS:** Lateral files, carousel rotary files, rulers as pry bars, other reorganization (e.g., reduce the number of files per drawer)
- **HOUSEKEEPING/CLEANING:** Lightweight vacuum cleaners, backpack vacs, long-handled cleaning aids, grasping cuffs
- **DRIVING:** Steering knobs, power-assisted steering, grip gloves, steering wheel covers, remote engine starters

➔ Lower-limb amputations (toe, foot or leg)

- **CLIMBING:** Stair lifts, wheelchair platform lifts, climbing wheelchairs, rolling safety ladders with handrails, work platforms, hydraulic personnel lifts
- **STANDING:** Stand supports, task stools, anti-fatigue matting, rest breaks, sit/stand stools
- **LIFTING/CARRYING:** Material-handling lifts, cranes, hoists, powered carts/scooters, hydraulic lift carts, lift tables, tailgate lifts, lightweight carts with large wheels
- **DRIVING:** Hand controls, automatic clutching systems, left-foot gas pedals, automatic transmissions, designated parking modifications
- **WALKING:** Canes, crutches, rolling walkers with seats, wheelchairs, scooters



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SEPTEMBER

PAD AWARENESS MONTH

vascular-disease.org/raising-awareness-stay-in-circulation-campaign

PAIN AWARENESS MONTH

painawarenessmonth.org

SEPTEMBER 15

**First Volley Adaptive Tennis Clinics
with Mutual Amputee Aid Foundation**
Encino, CA
opfund.org

SEPTEMBER 22

TODD Field Day
Minneapolis, MN
opfund.org

SEPTEMBER 29

Amputee Coalition Open House
First Climb with Ronnie Dickson
Manassas, VA

SEPTEMBER 30

**Jordan Thomas Foundation
2012 Low Country Boil**
Chattanooga, TN
jordanthomasfoundation.org

OCTOBER

NATIONAL DISABILITY EMPLOYMENT AWARENESS MONTH

dol.gov/odep/

NATIONAL MRSA AWARENESS MONTH

worldmrsaday.org

NATIONAL PHYSICAL THERAPY MONTH

apta.org/nptm

OCTOBER 1

**Jordan Thomas Foundation
2012 Golf Classic**
Chattanooga, TN
jordanthomasfoundation.org

OCTOBER 2

World MRSA Day
worldmrsaday.org

OCTOBER 13-19

Million Dollar Challenge Ride
San Francisco/San Diego
challengedathletes.org

OCTOBER 21

San Diego Triathlon Challenge
La Jolla, CA
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OCTOBER 27

First Volley Adaptive Tennis Clinic
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inMotion

A Publication of the Amputee Coalition

Volume 22, Issue 5
Published six times a year by

Amputee Coalition
900 E. Hill Ave., Ste. 290
Knoxville, TN 37915-2568
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Coming up in the
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A man with a prosthetic leg is sitting on a large rock in a field of tall grass. He is wearing a red and black jacket, sunglasses, and brown sneakers. The prosthetic leg is a Motionfoot, which is a carbon fiber leg with a hydraulic ankle and a carbon fiber sole plate. The background shows a field of tall grass and some trees in the distance.

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Managing Diabetes at Work

by Nancy Klobassa Davidson, RN, and Peggy Moreland, RN

When you were first diagnosed with diabetes, your doctor probably told you to eat your meals around the same time each day, check your blood sugar at certain times and exercise and sleep regularly. But what if you work a rotating shift and your hours may be all over the clock? Throw in some overtime and you may forget what day of the week it is, let alone remember whether or not you have taken your diabetes medication.

It might be more difficult for people with type 1 diabetes to work different shifts than a person with type 2 diabetes, but there are a few oral diabetes medications (sulfonylureas that stimulate the pancreas to produce insulin) that can cause you to have a low blood sugar.

Here are some tips to managing diabetes at work:

- Speak with your **physician** on how to manage your diet, exercise, medication and self-monitoring at work.
- Keep a **detailed record** of meals, activities, sleep, work hours, medications and blood sugar. This will help you spot blood sugar patterns so that you can make adjustments as needed.
- Always bring your **blood sugar meter** with you. Check your blood sugar a few times during the shift to see if you need to raise or lower your blood sugar readings if you are on insulin. You may need to make changes to your diet and medication for each shift that you work.
- Let your **supervisor** know what your needs are to allow time to take a break to check your blood sugar or to eat a snack.
- Carry a **planned snack** for every shift to maintain your blood sugar. Bring along an extra snack in case your blood sugar drops.
- Match your **medications** to your meals. Taking your medication regardless of when you eat can lead to swings in blood sugar levels and low blood sugars. Talk to your doctor if you are having swings in blood sugars (highs and lows). Your doctor may consider switching you to long-acting insulin or extended release medication.
- If you're **physically active** at work, be aware of the potential effect on your blood sugar. Physical activity means that your blood sugar is absorbed more quickly and you may need to adjust your eating schedule accordingly. 🔄



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Preventing Carpal Tunnel Syndrome



by Amy Di Leo

These and other prevention tips can help you fight carpal tunnel syndrome.

*Advice for
single upper-limb
amputees*

According to the National Institute of Neurological Disorders and Stroke, carpal tunnel syndrome or disorder (CTS) is the most common and widely known of the entrapment neuropathies, in which the body's peripheral nerves are compressed or traumatized. CTS is pain, weakness or numbness that occurs in the wrist, hand and fingers, and sometimes radiates up the arm. It is caused when the median nerve, which runs from the forearm into the palm of the hand, is pressed or squeezed at the wrist. Although there is no definitive data showing how many people suffer from the disorder, it's clear that the effect on single upper-limb amputees can be worse if they don't take extra precautions.

Occupational therapist Margaret F. Wise, OTR, CHT, of Upper Extremity Specialists, Dallas, Texas, who has worked with upper-limb amputees for more than 30 years, says that a big concern for many of her patients is independence. With only one fully functional arm, protecting that arm is paramount. Though Wise says she sees many more complaints of shoulder problems, most likely caused by harnesses, CTS is also a big issue.

Some causes are awkward positioning of wrists when doing tasks, such as driving without a spinner knob. Additionally, poor posture, keyboarding with hands in extreme flexion or extension, lifting and carrying heavy items in an awkward manner, prolonged use of vibrating tools, needlework, holding a book for long periods of time or even sleeping in a position with wrists bent can contribute.

Hand pain and numbness of the thumb, index and middle fingers are some of the telltale signs of CTS, but they can also be symptoms of other maladies. There are several ways for you or a doctor to tell whether what you're experiencing is, in fact, CTS, and the testing is simple. A doctor may ask you to hold your elbow straight and bend your wrists all the way down and hold them that way for 30 seconds to a minute. The test is positive if your numbness increases. Next, you may be asked to hold your elbows straight to isolate the median nerve; then the doctor will tap over the median nerve to see how your body

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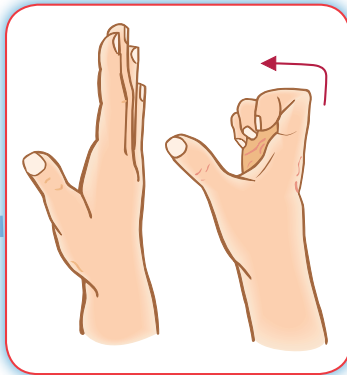
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continued from page 18



"Claw" Position

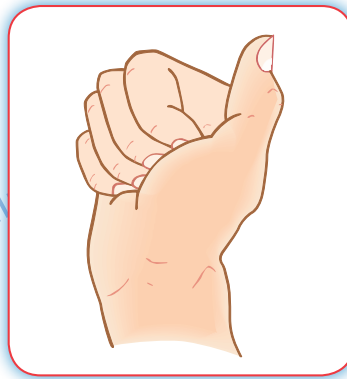
Hold your fingers straight.

Bend your fingers without bending large knuckles.

Your fingers should look like a claw.

Do this _____ times.

Do this _____ times a day.

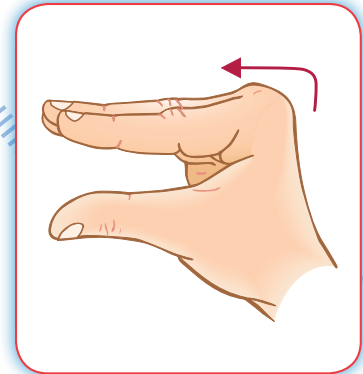


"Full Fist" Position

Bend your fingers at the big knuckles, middle joints, and fingertips into the palm of your hand.

Do this _____ times.

Do this _____ times a day.



"Duck" Bill Position

Bend your large knuckles while keeping fingers straight.

Do this _____ times.

Do this _____ times a day.

responds. But the gold standard in testing is the Electromyogram (EMG) Nerve Conduction Study, where tiny needles are inserted into the wrist to check for nerve strength and impulse speed.

"A strong core and strong posterior shoulder girdle muscles help facilitate proper posture and safe positions of the wrists and hands," Wise explains. She teaches several strengthening exercises to her patients, such as tendon gliding: "Sit with hands open and fingers straight up. Slowly fold the fingers down toward the palm, not making a fist, making more of a flat fist. Next, roll the fingertips down to the base of the knuckles and back up, as if scratching a blackboard. Finally, make a fist and open it. Then, with arms out and elbows straight, bend the wrist up and down. Then, turn your arms over and repeat. Repeat each of these exercises five to seven times to help keep your tendons and muscles supple."

Besides the strengthening exercises, Wise suggests taking mini-breaks while doing repetitive

motions. "When reading, consider propping the book on a pillow in your lap," she adds. "When typing, consider adjustable lap trays and other ergonomic tools, making sure the wrists are in neutral position and don't lean forward or on the desk. Try not to grip the steering wheel too tightly when driving. These little tweaks can go a long way to preventing painful CTS from striking your sound side from overuse."

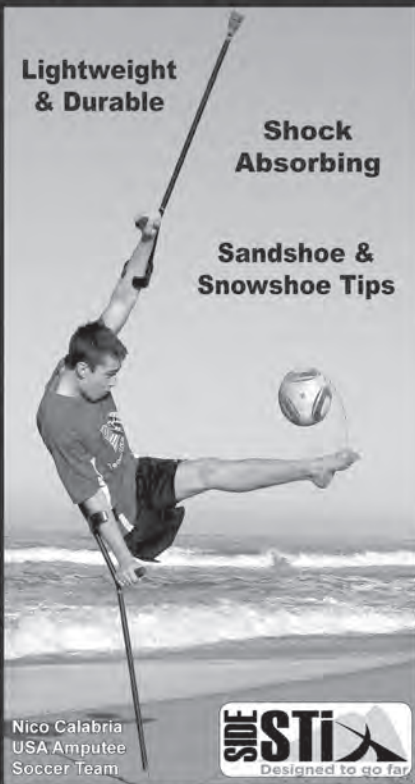
A CTS diagnosis doesn't necessarily mean you're headed for the operating room. Wise believes wrist splints can work wonders for alleviating the pain and discomfort associated with the disorder, especially for newly diagnosed patients. She develops custom-fitted splints for her patients that keep wrists in neutral position. She develops custom-fitted splints that keep wrists in neutral position for her patients. "Be sure the wrist isn't flexed or extended and the fingers are able to move around freely. A model that extends through the palm to the mid-forearm works best," says Wise. 🌀

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by Debra Kerper

M

MANY CHALLENGES FACE TODAY'S BUSINESS TRAVELER, including long security lines, cancelled or delayed flights and carry-on baggage restrictions. These challenges are multiplied when you're also dealing with limitations caused by a disability. This is the time when having good organizational skills and being proactive kicks into high gear.

➔ Plan ahead

Make business travel plans as early as possible and avoid last-minute arrangements, as this can restrict your options. Choose nonstop flights when available. Arrive at your destination several hours before your first scheduled meeting. It's even better if you can arrive the day before, to give yourself plenty of time to get used to your new surroundings and to be well-rested for your work ahead. Make sure your travel documents are in order and easily accessible. Be sure to confirm your flight before leaving for the airport. Reconfirm your hotel reservations and any special requests you may need to accommodate your disability.

➔ Rental cars

Renting a car may present a problem for the business traveler who drives with a left-foot gas pedal. I have yet to find a rental car company that will provide one of these. They do install hand controls at no additional cost but if you have never driven with hand controls, I do not recommend doing it for the first time in a strange city. Be prepared to figure out how you will get around at your destination. If you use a wheelchair or scooter, be aware of what your transportation options are and take into consideration any extra time that you may need. Wait time for accessible taxis and buses may be longer than normal.

→ Travel light

Packing for a business trip presents its own challenges because it is important to be well-groomed and have a neat appearance from the time you arrive to the time you leave. Buy travel clothes in no-wrinkle fabrics that keep their shape from early morning to late at night. This works especially well for wheelchair or scooter users. Pack light and use lightweight luggage. If you have difficulty navigating through an airport with luggage, ask for a skycap to assist you. They can provide help for people with walking limitations as well as for those using mobility aids. Take them up on their offer of a wheelchair if you're comfortable with that, as this will also provide you with expedited service through security lines. Visit the Transportation Security Administration (TSA) Web site (tsa.gov/travelers/airtravel/specialneeds) to learn the rules for packing toiletries and other carry-on items.

→ Pre-Check Program

If you're a frequent business traveler, find out about the TSA's new Pre-Check Program currently being tested in 18 major airports across the country. Even though you may still need to be hand-screened due to prosthetic devices, pre-check will allow you to avoid the long lines, keep your jacket or sweater and belt on and leave your computer in your bag. This program is currently being offered to travelers with very high status in mileage clubs or who have applied through the Custom and Border Patrol Global Entry Program at globalentry.gov.

Having good organizational skills and being proactive can assist in your business travel.

→ Better safe than sorry

If you're doing a presentation or attending a trade show, ship large items or materials ahead of time to your hotel or meeting destination. Be sure to advise the hotel or meeting coordinator to be on the lookout for your packages. Have a copy of any PowerPoint presentations on a flash drive in case your computer goes down at the last minute.

Business travelers should always have travel insurance. This will protect you and your company's investment from the unexpected. You will be offered the opportunity to buy travel insurance when you purchase your airline tickets online. You can reap maximum protection for a minimal investment, so "don't leave home without it!" 🌀



Mind over Matter



Sean (left) has been an advocate for amputee rights since 2006

by Sean Brame

The only person
who can tell
me no is myself.
I must push
myself to be the
best that I can be!

President Franklin Delano Roosevelt once said, “The only thing we have to fear is fear itself” – but what do you do when your fears become reality? I am a 16-year-old quadrilateral amputee, and like any 16 year old, I want to drive a fancy car and make a lot of money. I see my friends getting their first summer job and being able to buy new things while I just sit at home. My problem isn’t that I don’t want to work, but it’s hard for me to find a job that I can perform because I cannot stand for long amounts of time on my prostheses. Since I only have one finger and a quarter of a thumb, I cannot work at a job that demands fine motor skills.

One of my biggest fears is that I will not be able to find a full-time job when I graduate college. I have taken advanced math classes to help me prepare for college and my dream career – designing prosthetics for kids like me. I would be able to relate to the kids and that would make the design process so much easier.



My disability makes it harder for me to achieve my goals, but it won't stop me from changing the world.

I'm not worried that I will not be successful in my career choice.

I worry that I will not be given the chance. Because of my pre-existing condition, I am a liability. With unemployment on the rise and a poor economy with no end in sight, my disability makes me less marketable.

I had a soccer coach who had polio as a child, leaving him with one leg shorter than the other. He loved sports but he couldn't play like the other kids, so he focused on his schoolwork. He used to tell me that I have to prove to others that my mind is more important than my body. That message stays with me today as I am trying to gain more independence.

My plans for success start with determination. The only person who can tell me no is myself.

I must push myself to be the best that I can be, because if I'm not the best, why would an employer hire me?

I don't want to depend on food stamps and welfare – I want to be able to live on my own as an adult. I wasn't put on this earth to just sit around. I want to make a difference. I want my life to mean something. Sixty years from now, I want students to open up a history book to see what I accomplished and how I changed the world.

My life is a little harder than most, but challenges are what make life so rewarding. My disability makes it harder for me to achieve my goals, but it won't stop me from changing the world. And I think we all can agree the world needs a little changing. ♿

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Post-Amputation

When Losing a Limb Means Finding Yourself

After living through a traumatic accident, especially one that results in a permanent, visible reminder such as an amputation, it's not uncommon to encounter deep questions about what is most important in life. Some find comfort in returning to familiar routines and going back to their old jobs. For others, however, going back to the old routines is unthinkable.

A common experience for many amputees is a period of intense physical pain. Coupled with emotional isolation or depression, the experience of losing a limb can serve as a powerful catalyst for reconnecting with forgotten dreams and career ambitions; before they know it, some amputees find themselves boldly pursuing new careers in the wake of their loss. Sometimes, the devastation of losing a limb can provide the right conditions for amputees to reinvent their lives.

Each of the amputees profiled below took away something valuable from their darkest days during recovery, and subsequently transformed their careers – and their lives – for the better. As they demonstrate, the journey to pursue a new career often means redefining success from financial gain to personal fulfillment.

Kurt Yaeger as Greg the Peg

Employment

by Élan Young

Photo provided by Kurt Yaeger



Kurt Yaeger preparing for filming on the set of *Sons of Anarchy*.

Testing His Limits

For actor **KURT YAEGER**, the seeds of a performer were planted long before the motorcycle accident in 2006 that rendered him a below-knee amputee. As a professional BMX biker, he had his first brush with acting when he auditioned for what he thought would be a stunt role on Nickelodeon's *Maximum Rocket Power Live*, a live-action extreme sports play. The next thing he knew, he was memorizing lines and performing in front of audiences of up to 5,000 nightly.

Yaeger can still be found testing his limits on a BMX or a motorcycle, but since his accident he's shifted his focus to acting, which also provides a satisfying emotional and intellectual challenge. Now with a role as Greg the Peg on *Sons of Anarchy*, Yaeger is happy, has achieved a notable level of success and seems poised to receive his big break. But like many amputees, the road to this new life was studded with pain and hardship.

After 25 surgeries, Yaeger describes his body as "broken." At first, the pain was constant and unbearable, to the point that he deliberated for

a long time about how he would take his own life. "This wasn't some desperate act that I thought about for 10 minutes during a bad day," he confesses. "The level of pain I was in makes me shudder when I remember it. Fortunately, I had many people taking care of me and I couldn't disregard their efforts. I had to put aside the desperate situation I found myself in to begin the process of mental recovery."

The journey to become an actor began when a friend posted Kurt's picture on the Amputees in Hollywood Web site (amputeeresource.org). Kurt was surprised when he was called by a casting agency and landed a small part in the movie *Charlie Wilson's War*. The experience gave him confidence and insight. "After that, I figured that life is too short not to go after big dreams, so I decided to give up everything for a full-time career in the entertainment industry," says Yaeger. He started at the bottom and slugged his way up. "I think one of my first jobs was something I found on Craigslist.org; it paid \$50 dollars and I had to drive

an hour to get there and return home. So basically I worked for free," he remembers. A few years later, he landed his first lead role in the movie *Tenderloin*. From there, he landed roles on CBS' *Without a Trace*, *General Hospital*, *The Bold and the Beautiful*, two movies on the SyFy Channel and *Dolphin Tale* with Morgan Freeman. Anything seems possible to him, regardless of him missing a limb.

Yaeger has fought for every opportunity to act. Some roles feature him as an amputee, but he's landed more roles that have nothing to do with his limb loss. In the process, he's become a strong advocate for Hollywood's inclusion of more actors with disabilities in any role. Although he can cite grim statistics that point to persistent discrimination against actors with disabilities, the facts only seem to fire him up more. "Wherever there is discrimination, there is also opportunity," says Yaeger. "So, get into a local play, student film or commercial class, have fun and see if it's something you want to pursue."

Paying It Forward

KIMBERLY MCCASKILL was living in Germany when a drunk driver hit her car in 2002. Her leg was so severely damaged that, after 25 surgeries, she finally opted to have it amputated. Losing her leg and being confined to a hospital in a foreign country was traumatic enough, but during that time, she also lost her husband of 6 years when he confessed he couldn't be married to a "handicapped" person. Isolated, estranged from her mother at the time, and unable to spend much time with her then 3-year old daughter, she lacked what many in her situation rely on most – family.

During the physically and emotionally painful year spent between her hospital bed and in-patient rehabilitation, she relied upon the kindness of the medical staff, whose care for her went above and beyond the call. They were her surrogate family and a lifeline to a complete recovery.

"[They] touched my life and encouraged me," McCaskill recalls. "They did an amazing job." When she eventually recovered, she realized that her interactions with them had inspired her to pay it forward by becoming a nurse herself. With only three courses that transferred from her previous Business Administration degree, she returned to school for a BS in nursing and hopes to continue and get her PhD in nursing.

Now that she's a practicing nurse, she draws upon the support she received as a patient and provides that for others. Occasionally, she even gets to perform peer visits for other amputees in her hospital who are struggling, depressed or

Kimberly McCaskill's decision to become a nurse was inspired by the medical staff who treated her during her recovery.

fear they may never walk again. They get to see someone who has been through the same struggle and come out on the other side, successful, happy and adjusted. "I'm now 10 years post-amputation, living my amazing new life and career with my husband of 4 years. I couldn't imagine life any other way," she says.



Photo provided by Kimberly McCaskill



LESLIE MOONEY's life as an amputee began in 2010, over two years after the car accident in 2007 that caused several injuries and intense pain, precipitating her decision to amputate her right leg below the knee. With each operation meant to alleviate the pain, she had new hope, but each procedure ultimately failed. Eventually Mooney was diagnosed with Complex Regional Pain Syndrome (CRPS); her days became a blur of going to work and coming home to take pain medication. "What a life to live," Mooney recalls. "My life prior to the accident was active. I scuba dived, kayaked, hiked and biked. I loved the outdoors."



Achieving and Sharing Her Dream

Leslie Mooney and Doc, the mascot of Towson University.

At the time of the accident, Mooney had finally decided to go back to school, hoping to complete her AA and then her BA. Then everything came to a halt, including Mooney's long-held dream. For years, she had put off going back to school because as a successful customer service and operations manager, she felt tethered to the good salary. "Through the years, I dabbled at college classes, taking one or two at night while still working full-time," she says. But the longer she was in her job, the better she became at it and the more promotions she received.

With her life on hold because of the surgeries, she finally decided to become an amputee so she could move on. During her recovery, she reflected on her life and came to the conclusion that it wasn't what she had always dreamed of. She began to imagine a new life once she was walking again and made the leap to become a full-time student. This time, nothing was going to stop her.

At age 47, Mooney is one year away from achieving her dream, and will soon have a BS in psychology from Towson University. But the journey to get the degree doesn't end with classes and homework – Mooney is also fulfilling her goal of sharing her story with others. She was invited to join the Delta Alpha Pi Honor Society, an organization specifically for students with disabilities who maintain a minimum 3.1 GPA, and she gladly accepted. As an ambassador for the organization, she hones her public speaking skills and reaches hundreds of students and faculty through talks about limb loss, general disability issues and the challenges of being a student with a disability on a college campus.

Going back to school has taught her that she enjoys sharing her experiences with others and being involved in college leadership activities. She is hoping that her new internship working with the New Student Programs for Campus Life will lead to full-time employment after graduation where she can continue to positively impact the lives of others through this role she has carved out for herself.

A Career With a Personal Perspective

PATRICK LOGAN, a certified prosthetist/orthotist and vice-president of the Mary Free Bed Orthotics and Prosthetics Corporation in Grand Rapids, Michigan, has seen many people change their careers post-amputation. As a professional, he is also in the unique position of being able to draw from his own experience of losing his limb as a young adult, an experience that changed his life and gave him the motivation to pursue an O&P career.


Logan had several degrees under his belt in electronics, electrical engineering and economics, and was pursuing another degree in accounting when his world was turned around by an ATV accident that resulted in a 7-month hospital stay, 13 surgeries and the amputation of his right leg below the knee. Even after recovery, he experienced pain from his residual limb, which was covered in split-thickness skin grafts, making it difficult to stand for long periods of time. Depression crept in, and he found himself uninterested in his studies and work, frustrated by the prosthetic technology that was available then. "I found the feet to be nonresponsive, the components heavy and the socket interfaces generated a lot of heat and friction, which resulted in skin breakdown," he says. "I realized the only way to change the situation was for me to take action and change the direction of my life." Instead of continuing on his path to become a CPA, he found himself back in school, working on a degree in orthotics and prosthetics.

After nearly 21 years in his field, he still enjoys helping amputees rehabilitate in all areas of their lives. "The best thing is knowing that if I am successful, even more people like myself will have a better opportunity to return to active, productive lives," Logan says.

"I realized the only way to change the situation was for me to take action and change the direction of my life."



As an amputee, Patrick Logan has a unique perspective in helping others return to full, productive lives.



Patrick Logan offers these insights to anyone wondering if a career change is right for them:

What kinds of things should an amputee thinking about a career change also consider?

LOGAN | The most important consideration is, why a career change? Is it simply because you feel that your amputation no longer allows you to fit in at your former job? If so, first look and see if that is truly the case. Second, see if there is adaptive equipment available to do your job.

If you still want to change jobs, determine if it is a change for the better and whether it is a job that you will be physically capable of doing. ADA requirements only specify that reasonable accommodations should be made to allow people with disabilities to do work they otherwise could do – not give them jobs they would be incapable of doing anyway.

What kinds of challenges and opportunities exist for amputees who are embarking in new career fields?

LOGAN | The most obvious challenges are the physical demands of learning to function without a limb, as well as facing the new limitations that sometimes accompany limb loss.

There is also the fact that, depending on the level of loss, your physical appearance may change, and you may find yourself getting attention, even from well-meaning people, that you would prefer not to have. There is also the unfair assumption from some that the loss of your limb may make you less capable to perform duties that have no relation at all to your amputation.

In terms of opportunities, what begins as a disability can open your mind to new ways of thinking. It can make you familiar with careers that you didn't know existed. It can make you aware of problems that you didn't know needed solving. All of these things can guide you to a new and potentially more rewarding career. 🌀



Considering
a Career
Change?

Photos provided by Patrick Logan



Rural Solutions

by Tom King

A Model of Success



There's a man in Iowa with a big smile who's driven more than 800,000 miles in 23 years to all 99 of the state's counties. His work is his passion. Chuck Larson is his name. He's a rural rehabilitation specialist for Easter Seals Iowa's Rural Solutions program, working out of Des Moines.

What is a rural rehabilitation specialist?

Among other aspects of his job is one major one: he works with farmers who have lost limbs – hands, arms, legs and feet – to make sure they can continue to farm. Chuck has worked with more than 1,250 families through the years. His work goes beyond assisting amputees – but that is the largest percentage of his clients.

The Easter Seals' innovative Rural Solutions program was the first of its kind in the United States when it began in 1986. At the time, encouraging and helping farmers with disabilities to remain in farming

was an unusual and questionable concept. In addition to working with the farmers, Rural Solutions also supports farm family members with disabilities. The program was so successful that the U.S. Department of Agriculture modeled its own program, the AgrAbility Project, on the example established by Rural Solutions. Today, more than 30 states have similar programs based on what Easter Seals is doing in Iowa.

Chuck, age 71, was a Missouri cattle farmer for a while and had three fingers amputated. He understands the challenges of having to make adjustments and accommodations. He helps farmers with making the needed adjustments – assisting them with prosthetics, modifying

Today, more than 30 states have similar programs based on what Easter Seals is doing in Iowa.

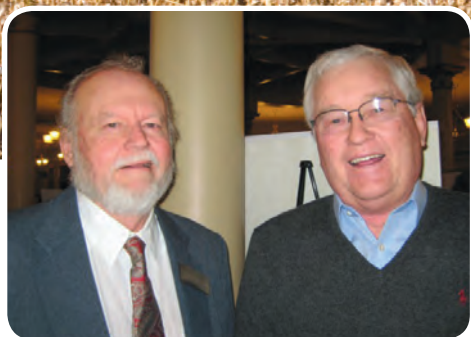


Photo provided
by Chuck Larson

Chuck Larson (left) and Bill Sandquist (right)

equipment and even counseling, talking with, and getting them involved in community support groups.

One of the many farmers he's helped is Bill Sandquist, who for 56 years has owned and run a 1,600-acre farm near Ames, Iowa. He grew corn and soybeans and fed about 6,000 head of hogs a year through 2005. In December of that year, Bill, then 68, was diagnosed with an inoperable, fast-spreading tumor in his lower right arm. Two days after the diagnosis, the arm, from the elbow down, came off. "It was life or limb and I chose life," Bill says. "But I am a stubborn Swede and knew I was not going to give up on farming – but I didn't know exactly what to do next. How do I farm with half of an arm gone?"

Bill's daughter-in-law had heard about Rural Solutions and made a phone call.

"Next thing I know, here comes old Chuck down the road in his old red pickup truck in early February 2006," Bill remembers. "I wasn't yet ready for help and I didn't want to talk with anyone. In fact, I imagine I was rude to Chuck. But he didn't just go away. He was respectful and persistent, and in time I was open to his help. Chuck is just an ordinary person with an unordinary desire to help farmers like me continue to farm. Many others wanted me to retire and give it up. Chuck believed in me. He was an advocate for me."

Chuck worked with Bill to find the right prosthesis (an adapted Trautman prosthesis that included a leather shoulder saddle strap) that would withstand the daily grind of farm work and be comfortable. He modified the hand controls on Bill's ATV, switched the hand controls in his big combine to foot controls and suggested other modifications. Today, Bill is 74 and credits his wife of 56 years, Coleen, and Chuck for making it possible to continue farming.

"The psychological support, advocacy and modifications provided by Chuck have all helped me to fulfill a dream – continuing to farm with a disability," Bill says. "This guy is one of a kind."

Chuck was honored earlier this year as Iowa's Direct Support Professional (DSP) of the Year by the American Network of Community Options and Resources (ANCOR), the largest support organization in America for people with disabilities. He was nominated for the honor by his supervisor at Easter Seals, Tracy Keninger, director of Rural Solutions/Assistive Technology.

"He's a legend in this field, and not just here in Iowa," Keninger says of Chuck. "He brings passion to the job every single day. His experience is second to none. He's a unique professional, helping us carry out a unique concept – working with amputees and other farmers with disabilities." 🌾

Related Resources

AgrAbility
fyi.uwex.edu/agrability

Easter Seals
easterseals.com

National AgrAbility Project
agrability.org

Rural Assistance Center
raconline.org

Getting Back Behind the Wheel

by Amy Lane, OTR/L, CDRS, and Guy A. Hanford

Driving a vehicle is an independent living skill that we often take for granted. People who have temporarily or permanently lost the ability to drive realize firsthand the loss of independence, autonomy and day-to-day functioning. For those who are attempting to enter, engage or retain employment, the lack of independent transportation causes a substantial impediment to their vocational pursuits and financial security. Finding a job in today's economy can be tough. It is even tougher when one lacks transportation.

Returning veterans who have been wounded in the Middle East conflict often experience similar challenges. Limb amputations, burns, brain injury, post-traumatic stress disorder and other physical, cognitive and emotional injuries need to be considered in one's quest for independent transportation. Just as the number of civilians who are unsure about returning to driving after an injury, the thousands of injured returning American troops may not even realize their potential to return to driving, unless given the proper evaluation, training and equipment options.

Determining Suitable Vehicle Adaptive Equipment

A cost-effective method in determining the most suitable vehicle adaptive equipment is to work with a driver rehabilitation specialist (DRS), who will consider a person's particular set of functional needs and abilities. Certified driver rehabilitation specialists (CDRSs) have undergone specialized education and training and have obtained a specialty certification from the Association of Driver Rehabilitation Specialists (ADED). They are knowledgeable in planning, coordinating and implementing driving services for individuals who are exploring adaptive equipment and transportation options. While many driver rehabilitation specialists hold certification as a CDRS, certification is not required to practice driver rehabilitation.

Driver evaluation and training programs are offered in a variety of settings, such as rehabilitation hospitals, outpatient therapy departments, university-affiliated programs, state-operated facilities, Veterans Administration (VA) hospitals or independent private driving schools. Professionals who work in this field often are ADED members and abide by its best practices. Driver



photo provided by MobilityWorks



VEHICLE MODIFICATIONS

- Mechanical hand controls
- Left-foot accelerator
- Reduced-effort steering or braking systems
- Joystick driving systems
- Servo brake and accelerator controls
- Steering devices, such as a spinner knob, amputee ring
- Emergency brake extension
- Turn signal crossover
- Modified secondary controls (turn signals, lights, etc...)
- Accessory mirrors to minimize blind zones
- Seat belt extension
- Pedal extensions
- Wheelchair securement systems
- Scooter lifts and stowage devices
- Wheelchair lifts
- Van conversions
- Transfer/turning seats

rehabilitation programs typically offer comprehensive clinical and behind-the-wheel evaluations. On-road evaluations use information gathered from the clinical assessment and may include the use of adaptive driving equipment, if indicated. Additional education, training and vehicle modification recommendations are completed based on the driver's performance.

Proper Installation of Vehicle Adaptive Equipment

The installation of adaptive driving equipment and vehicle modifications should be completed by modifiers who adhere to guidelines established by the National Mobility Equipment Dealers Association (NMEDA). This organization is dedicated to expanding opportunities for people with disabilities to drive or be transported in vehicles modified with mobility equipment. It is

recommended to work with a dealer that is certified by the manufacturers of the equipment to install and service the modifications, in addition to being an NMEDA Quality Assurance Program (QAP) participant.

Available Funding Options

Funding options for driver rehabilitation, adaptive equipment and vehicle modifications can be limiting. Insurance companies vary and may reimburse in certain regions and in certain situations. It is worth contacting specific insurance companies to investigate if the provider will cover these services. Worker's compensation or automobile insurance companies may cover the associated costs if the need for these services and vehicle modifications are due to a work-related or automobile-related accident. Vocational rehabilitation

provides services to people who have a disability that presents an impediment to employment. These agencies may assist in funding driving-related services for those who have plans to prepare for, enter into or retain employment.

Opportunities for Veterans

The VA may provide funding for veterans who seek transportation options. The VA offers an Automobile Adaptive Equipment (AAE) Program for the purpose of enabling veterans to enter, exit or operate a motor vehicle. The veterans must be evaluated by a DRS for all vehicle modification needs and AAE needs. For service-connected veterans needing a modified accessible vehicle (for wheelchair or scooter accessibility), the VA recently increased its one-time Automobile Grant Program to \$18,900. Veterans who think they may qualify are encouraged to contact the prosthetic department at their nearest VA medical center.

Finally, some automobile manufacturers offer rebate programs, up to \$1,000, toward the purchase of eligible adaptive mobility equipment for new vehicles. A qualified mobility dealer can provide further details about the mobility assistance programs and procedures for reimbursement.

Driving and independent transportation is instrumental for one's participation in life activities. Whether that life role is a student, parent, worker or active-duty service member, the need and desire for independence remains the same. Adaptive driving equipment and vehicle modifications, with proper education and training, provide a multitude of options for those desiring independent mobility. Collaboration between drivers, family members, healthcare providers, driver rehabilitation specialists and NMEDA equipment dealers is critical to ensure the safety of those using adapted motor vehicles. 🌀

Related Resources

Adaptive Driving Alliance
adamobility.com
623/434-0722

**Association for Driver
Rehabilitation Specialists**
driver-ed.org
800/290-2344

**National Highway Traffic
Safety Administration**
nhtsa.gov
888/327-4236

**National Mobility
Equipment Dealers
Association**
nmeda.org
800/833-0427

Learning to Drive, Again

I used to drive with
my right leg and one hand.

Now there is no right leg.
I have two hands.

The driving teacher was nice,
but the tests were hard.

Distance vision, abstract forms,
and reaction times were tested.

With one hand on the knob on the steering wheel
and one on the handle to the gas and brake,
I had to start and stop,
within six seconds, like a movie take.

Once I mastered the test car,
the real car and road awaited.

The engine started.
The car began to roll .
I hoped it was under my control,
but honking horns said no.

Cars to the left of me,
cars to the right,
cars in front of me,
then next was a light.

Green, yellow, red,
I wished I were further ahead.

The parking lots were fine.
The side streets were okay.
The main streets were very busy,
but the highways were a step away.
My first solo was to work,
a careful journey of a mile.
Like a teenager learning to drive,
it made me smile.

It took time to feel in control.
The days, the weeks and the months passed by,
but I continued to try.

Now a few years later,
I drive like days of old,
with one hand on the knob
and one on the handle,
I go.

— Herb Hartman, MD



A STEP in the RIGHT Direction

by Dan Berschinski

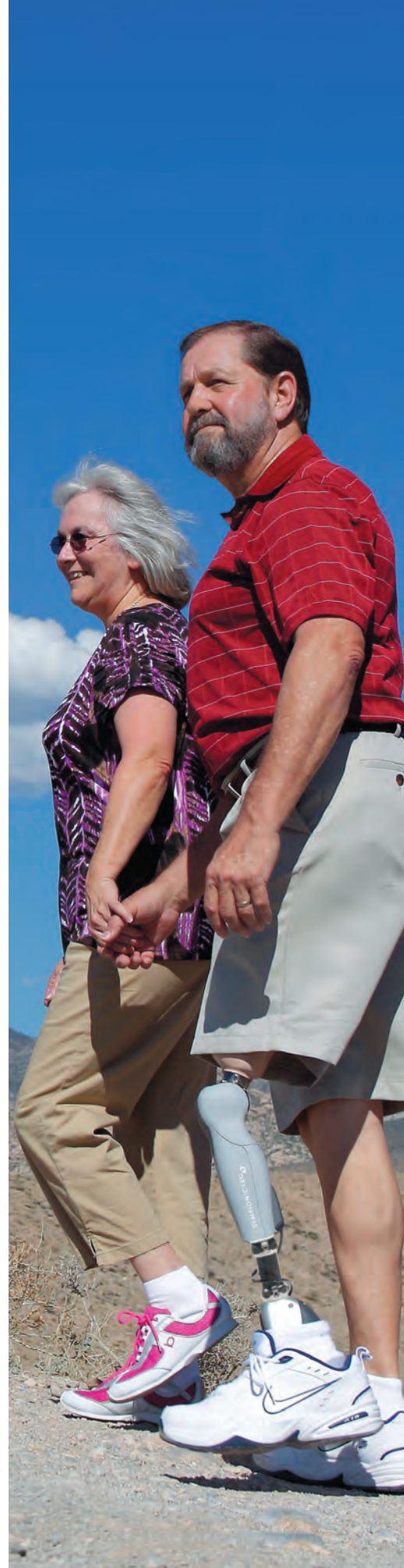
What makes a leg? Well, for an able-bodied person, a leg is composed of muscles and tendons, bones and blood, joints and nerves. These tissues and structures join together to create a phenomenally capable system. Our ankles extend and flex to meet the rise and fall of the ground, and our knees bend and stabilize to keep us moving forward – but what happens when we, as amputees, are forced to replace this highly evolved system with man-made components?

A quick look at modern prosthetics will show us that engineers first build a foot, then they build an ankle and, finally, they build a knee. These three individual components are then bolted together and, voila! We now have a new prosthetic leg.

While modern prostheses are quite impressive, above-knee amputees are still forced to slap a couple of individually designed components together as a replacement for what used to be a perfectly balanced system of muscle and bone. Thankfully, the engineers at Össur have recognized this shortfall and are moving above-knee prosthetics in a new direction.

The newest offering from the well-known prosthetic manufacturer Össur is the Symbionic leg. Born from the question of what would happen if you paired a microprocessor-controlled Rheo knee with a microprocessor-controlled Proprio ankle, the Symbionic leg is the world's first commercially available knee and ankle system. Much like a natural leg consists of an ankle working in conjunction with a knee, the Symbionic leg harnesses the capabilities of each machine and turns them into a proficient unified package.

The Proprio ankle, a mainstay of Össur's product line, has improved over the years into a high-performance ankle. A combination of sensors, software and actuators give it the ability to adapt to any walking surface. The ankle's Terrain Logic™





>> *A combination of sensors, software and actuators give it the ability to adapt to any walking surface.*

artificial intelligence (AI) samples ankle motion over 1,000 times per second and responds accordingly. The result is an ankle that is stable on almost any kind of terrain.

Like the Proprio, Össur's Rheo knee is a tried-and-true-system with a large fan base in the above-knee population. Its sleek packaging and advanced magnetorheological hydraulic (magnetically controlled, or "smart," fluid) system result in a knee with great stability. When the knee detects a stumble, the "smart" fluid in the knee thickens, creating resistance and keeping the user upright and off the ground.

Individually, both the Proprio and the Rheo are impressive devices, but the Symbiotic is more than just the sum of its individual parts. By pairing the two devices into a single unit with one battery pack, one control interface and a custom package of artificial intelligence, Össur has shown that it is committed to moving prosthetics into a new phase of development.

Simply pairing a knee with an ankle and hoping for the best is no longer good enough. Instead, manufacturers must focus on providing a purpose-built package of components that work as a system, much like the original limbs that these bionic limbs are attempting to replace. The technology still has a long way to go, but for now, the Symbiotic leg is a step in the right direction. 🌀



You Can Enjoy Both Form and Function!

by Phantom Fashionista

Because I have a thing for fashion and because I have experienced life with limb loss for 37 years, I am thrilled to share some practical knowledge I've learned as an above-knee amputee (or transfemoral for you technical folks). But beyond that, I am even more excited that I have heard from *you* about your solutions to prosthetically induced fashion situations (PIFS) that you've experienced. I will share those PIFS in future Phantom Fashionista articles!

Every journey begins with a single step – when that step is taken with a prosthetic foot, the journey gets a lot more interesting. And when that journey is taken with a prosthetic foot that won't stay in the cute flats that you want to wear to that special meeting or that much-awaited date, that journey takes on an entirely new dimension of “interesting.” Because this article is kick-starting a series of articles on all things related to shoes, let me first share some amazing things I've discovered that help my prosthetic foot stay in shoes, regardless of the make, model or style.

Three words: **Shoe. Repair. Store.**

Like a good prosthetist, a good shoe-repair store is worth its weight in gold. Because the stereotypical “practical shoes” and I were never meant to form a lifelong union, I've found that a good shoe-repair store can make even the most fashion-forward shoes practically functional. Whether it's having a much too-well-worn pair of shoes resoled or adding a small heel to make a pair of flats conform to my prosthetic foot's clearance of three-fourths of an inch, these repairs not only save me money but allow me to use shoes that already work for me.

As in choosing any service, take the time to find the right store to do the work for you. Ask your prosthetist for referrals, ask your friends, reach out to local or national amputee support groups. And when you visit the shoe-repair store, tell them what you need and come prepared with your prosthetist-supplied “wish list,” detailing technical aspects (heel height – remember?) to consider.

“Like a good prosthetist, a good shoe-repair store is worth its weight in gold.”



Zipper and shoe-repair stores: two great things that go great together! As a child of the '70s, I loved the black fashion boots that my mom paired with her wrap dresses and have spent nearly 30 years searching for the right fashion boot to replicate her style. In my journey, however, I have discovered that all boots are not created equal. They either have full zippers for easy donning and doffing but have sky-high heels or have no zippers but have the perfect heel height! So, when I finally found boots with the correct heel height, I didn't let the fact that they didn't have a zipper stop me. Instead, I took them to my much-trusted shoe-repair shop, explained my situation and was ecstatic to learn that they could insert zippers! The result? Boots that look fabulous and are functional, to boot (no pun intended).

We're onto something fabulous, so send me your PIFS about shoes or shoe-related contraptions to Fashionista@amputee-coalition.org! 



Can't Work?

You May Qualify for Social Security Disability Benefits

by Dennis Liotta, Esq.

>> Improve your chances of being approved for SSD benefits by learning about the process and taking the correct steps to apply.

If you or someone you love lost a limb, you know that the challenges are both physical and emotional. If the amputation and other serious medical complications prevent you from working, the challenges can also be financial.

You may qualify for Social Security disability (SSD) benefits. If approved, you will receive cash payments, and in some cases, medical coverage – which can make a big difference if you are struggling with piles of bills and no paycheck.

However, with the volatile economy, the Social Security Administration (SSA) is being flooded with applications for SSD benefits. The SSA currently denies more than three-quarters of initial applications – even for those who are truly disabled and can't work.

You can improve your chances of being approved for SSD benefits by learning about the process and taking the correct steps to apply.

Determining Eligibility

Unfortunately, losing a limb doesn't automatically mean you will qualify for SSD benefits. The SSA considers you to be 'disabled' if you can answer "yes" to the following questions:

- Do you have a physical or mental condition that prevents you from working?
- Do you have a disability that prohibits you from working in any capacity – not just in the job you held previously?
- Has your disability lasted – or is expected to last – for at least one year? Or, is the disability life-threatening?
- Do you have an earnings record that shows you have paid into the Social Security system within the past five years? If you have never held a job, you may be eligible for Supplemental Security Income (SSI) benefits.

Supplemental Security Income (SSI) benefits

Keep in mind that the SSA requires medical records and details about your amputation. You will be more likely to qualify if you suffer from other multiple conditions that keep you from working at all. For example, if you suffer from severe diabetes, and you lost your leg from complications with your diabetes, you may be eligible to collect SSD benefits.

The Application Process

To get started, contact the Social Security Administration at 800/722-1213, visit ssa.gov to file online, or make an appointment at a local Social Security District Office.

The SSA will evaluate your claim based on:

- Your average individual monthly earnings (you can work part-time and still qualify, but your gross monthly income cannot exceed \$1,000)
- The severity of your condition(s)
- Your work history
- Age, education, etc.

The claims process can take 120 days or more. Those approved receive SSD benefits after their sixth full month of disability. If approved, your SSD payments are retroactive from the date you were evaluated as disabled. The money you receive is based on your average top earnings over the past 15 years of your work history. Note, however, that your SSD medical benefits do not kick in until the 29th month from the date you're considered disabled.


Application Denied? What to Do Next

If the SSA denies your initial application, don't give up. But, you must act quickly. You only have 60 days to appeal. You can reapply after that time period, but the process starts all over again.

If you appeal the decision, you'll go to a hearing, which can take anywhere from 12-18 months. Typically, it takes a judge several months to issue a decision. If that doesn't work, you can move on to the Appeals Council. The average processing time for the Appeals Council is 18-24 months. If you exhaust all other appeals, you can pursue a case in federal court.

While you can represent yourself at an appeal hearing, you may want to consider contacting an experienced attorney to guide you through the process. You will definitely need an attorney at the federal level.

Sometimes the SSA will terminate your benefits if they believe you've earned too much money or your condition has improved. If your benefits are stopped, you can appeal within 60 days (10 days to continue receiving checks while the appeal is pending). However, if you don't win your appeal and you continued to receive SSD checks while your case was pending, you will have to pay back the money you received.

If you want to hire an attorney to help you cut through the red tape, make sure the lawyer has experience handling SSD claims, a track record of success, and preferably a contingent fee policy so that you don't pay unless you're approved for benefits. 

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52% of Adult
experience sore



Your Feet in the Workplace

by Robert P. (Bob) Thompson, CPed

Protecting your feet in the workplace is paramount. And if you are an amputee, be certain that you especially take steps to protect your remaining sound limb!

The Institute for Preventive Foot Health's (IPFH) 2012 National Foot Health Assessment study conducted by The NPD Group found that 52 percent of adult Americans – that's 115.4 million people – experience sore feet after working all day, and more than half of those respondents admitted that their sore feet have negatively impacted their job productivity! Because of their foot problems, 3 percent reported having missed at least one day of work, 1 percent missed more than a week at their jobs, and 2 percent were disabled for more than 30 days. According to the U.S. Department of Labor's Bureau of Labor Statistics (BLS), 63,180 ankle-

related injuries and 49,100 foot and toe injuries were reported, requiring a median of 8 and 7 days, respectively, of time off from work to recover. Lower-limb sprains, strains, fractures, bruises and contusions made up the bulk of those injuries. If there's any good news, it is that, statistically, very few lower-limb amputations result from industrial accidents.

Michael Shereff, MD, director of the Division of Foot and Ankle Surgery and professor in the Department of Orthopaedics & Sports Medicine at the University of Florida College of Medicine, has reported that, across all job and industry categories, lower-limb injuries increase in young and inexperienced workers (55 percent of injured employees are under 30 years old and 65 percent of employees have less than 5 years of work

Americans

feet after working all day



experience); injuries are most common on Mondays, decreasing throughout the rest of the week. Also, they increase before lunch and again in late afternoon.

Wherever you work – in an office, retail store, factory or on a construction site – the IPFH recommends using an integrated approach to the sizing and fitting of the shoes you wear to work: a padded sock (a clinically tested padded sock would be best); an insert for arch support and/or foot biomechanical correction if needed; and a shoe that fits around your foot/sock/insert with ample length, width and depth at the toe box, and with a low heel. Have *both* of your feet measured and size your shoes to the longer measurement. Shop late in the afternoon, when your feet are likely to be enlarged to their maximum size.

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Common Workplace Hazards and Injuries

HAZARD		INJURY
Falling and rolling objects	➔	Crushed or broken bones, amputations, cuts and punctures of legs, ankles, feet or toes
Chemicals, solvents	➔	Chemical burns, skin irritation, chemical exposure
Electrical current, high voltage	➔	Electrical shocks, fatal electrical exposure
Extreme cold	➔	Frostbite, permanent tissue damage or loss
Slips, trips and falls	➔	Back sprains, ankle sprains, broken bones, paralysis or other disabling injuries
Wet environments	➔	Slips and falls, back sprains, ankle sprains, strains, paralysis or other disabling injuries

In the manufacturing and construction industries, personal protective equipment (PPE) for the feet includes shoes with steel toes, non-metal plastic toes, metatarsal guards, slip-resistant, dielectric and conductive soles, cold environment, heat-resistant, chemical-resistant, blood-borne pathogen protection and fatigue-protection varieties. But no one shoe can handle all environmental circumstances. So be sure to assess your worksite and select a shoe that is

comfortable, durable, has an anti-slip sole and will appropriately protect you from the most significant hazards where you work. Work boots should fit snugly around the heel and ankle and high-top boots should be laced up fully to help stabilize and protect your ankle from injuries. And if you must stand for long periods of time at your job, gel insoles or an anti-fatigue ergonomic foot mat might be something you should consider using as well. 🌀

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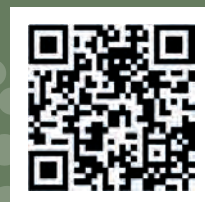
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College Park Industries	13
Comfort O&P	41
Disabled Motorcycle Riders	44
Endolite	17
Fillauer	48
Fourroux Prosthetics	21
Fred's Legs	45
Hanger Clinic	4
Hartford Walking Systems	45
Motion Control	15
Össur	2
Otto Bock HealthCare	7
Scott Sabolich	47
SideStix	20
Thomas Fetterman, Inc.	43
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TRS	43
WillowWood	45


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A full-page photograph of a male golfer in mid-swing on a golf course. He is wearing a light blue polo shirt, dark cargo shorts, a white cap, and white sneakers. His left leg is a black prosthetic. The background is a lush green golf course with trees.

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