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July/ August/ 2012

Quote of the Month:

Believe in yourself and all that you are. Know that there is something inside that is greater than any obstacle. Christian D Lawson

Editor's Message

Hi Everyone and hope you are staying warm and dry. I read in the Press that there is a lot of flu going around so hope everyone is taking care. Margaret told me that there was a low turnout for the Pre Xmas Luncheon as so many were ill, so hope most of you are on the mend now. Our Christmas Function will be on November 18th and details will be in the next Newsletter.

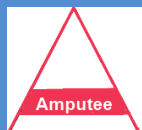
I have been watching the Olympics and am so proud of our team and am anxiously awaiting the start of the Paralympics and cheer them on. That Oscar is something isn't he?, and is quite an inspiration to both disabled and other athletes as well. We get a lot of coverage but I don't get to see much video of our athletes as of course it is all Americans here in Florida. but I do read the Press and Herald each day so can keep up.

As you can see we have been making some changes in our Literature, website, and of course the Newsletter. I hope you like them and would appreciate some feedback on everything. All the Literature at the Limb Centre, hospitals, and Drs offices, have also been changed and updated. At the Luncheon our banner was hanging on our new and beautiful stand which was donated by the Sadler Family in Memory of our Dear Friend Bill. It was made by a local carpenter and what a lovely job he did on it.

We are also looking for some pictures of you folks showing what you do in your lives. It doesn't have to be anything fancy like running a marathon-hahaha,-but just everyday things you do. I would like to make a collage of them so we can show them at our Awareness Campaign and show the General Public that we don't just sit around. I would appreciate hearing from any of you with your permission to use them.

We still need some volunteers for the Awareness Campaign which will be held in November so please contact me if you are interested in perhaps manning a booth, giving a little talk to a group, or just helping planning events.

Until next edition, please take care, stay safe, and see your Prosthetist if any problems.



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Affiliated with Amputees Federation of NZ Inc.

1..Subscriptions...A gentle reminder that subs are well overdue and the Society would appreciate those members whose subs are outstanding, making good the arrears at the earliest opportunity. In the next Newsletter there will be a red dot at the top of the page to remind those who are in this category.

2..Welfare Fund...The Society wish to remind members that a limited Welfare Fund is available to assist those members who are suffering financial difficulty to help pay for such items as firewood, meeting electricity payments etc. Any application should be made in writing to the Secretary for consideration by the committee at the next district meeting.

It goes without saying that any such applications received will be treated in the strictest of confidence by the committee. Applications should be addressed to the Secretary of the Society. All of us face challenges at different times in our lives and the committee would encourage those members who are doing so to reach out ask for help from our Amputee "family".

3..More Mobility...Located on the corner of Clarence & Princess Streets in Riccarton and run by the friendly, helpful team of Kim & Russell, this shop is an interesting place to visit.

They have a wide and varied range of scooters, walkers, mobility aids and generally helpful products suiting the disability sector.

The Society has a credit with the store and the committee are encouraging members to consider More Mobility when anticipating any purchase in this field. Any written applications, addressed to the Secretary, for assistance will be treated in confidence and considered by the committee at the next district meeting. The committee will assess each application on it's merits and are looking forward to providing some assistance to as many members as the credit will allow by helping them to access product that may assist them in their daily living.

Have some free time? We need some people who would be willing to be visitors to other amputees who cannot get out or just out of hospital with a new amputation. It is so comforting in many ways to talk to another amputee with the same level of loss as you are and greatly helps get people started on their new paths in life. We have all been there folks and all needed that support in the beginning.

If you are able to give some of your time please let Margaret know and she can add your name to our list. Right now only a few people are doing this and it is hard to match folks up as to age and level of amputation. Perhaps we should start an Adopt a Buddy system and even if you just call a person and check in with them once in a while it would mean so much. Let me know what you think about this idea!!

Correct treatment of common diabetic foot infections can reduce amputations

Diabetic foot complications are the most common cause of lower extremity amputations and half of all patients who have a foot amputated die within five years. Most amputations can be prevented with proper care of diabetic foot infections, suggest new guidelines released by the Infectious Diseases Society of America (IDSA). A multi-disciplinary team – including infectious diseases specialists, podiatrists, surgeons and orthopaedists – can best address the complicated care of diabetic foot infections, the guidelines note. Poor treatment of infected foot wounds in [people with diabetes](#) can lead to lower extremity amputation, and about 50 percent of patients who have foot amputations die within five years – a worse mortality rate than for most cancers. But about half of lower extremity amputations that aren't caused by trauma can be prevented through proper care of foot infections, note the new IDSA diabetic foot infections guidelines, which are being published today in the journal *Clinical Infectious Diseases*. Because people with diabetes often have poor circulation and little or no feeling in their feet, a sore caused by a rubbing shoe or a cut can go unnoticed and worsen. As many as one in four people with diabetes will have a foot ulcer – an open sore – in their lifetime. These wounds can easily become infected. Unchecked, the infection can spread, killing soft tissue and bone. Dead and infected tissue must be surgically removed, which, if the infection is extensive, can mean amputation of the toe, foot, or even part of the leg. Nearly 80 percent of all nontraumatic amputations occur in people with diabetes – and 85 percent of those begin with a foot ulcer.

The guidelines emphasize the importance of rapid and appropriate therapy for treating infected wounds on the feet, typically including surgical removal (debridement) of dead tissue, appropriate antibiotic therapy and, if necessary, removing pressure on the wound and improving blood flow to the area. Many patients with foot infections initially receive only antibiotic therapy, which is often insufficient in the absence of proper [wound care](#) and surgical interventions, the guidelines note. The new guidelines include 10 common questions with extensive, evidence-based answers, which the panel that wrote the guidelines determined were most likely to help a health care provider treating a patient with diabetes who has a foot wound. The first step is to determine if the wound is infected, which the guidelines note is likely if there are at least two of the following signs: redness, warmth, tenderness, pain or swelling. About half of ulcers are not infected and therefore should not be treated with antibiotics, the guidelines note. People with infections do need antibiotic therapy and those with a severe infection should be hospitalized immediately. There is quite a bit of over-prescribing or inappropriate prescribing of antibiotics for diabetic foot wounds, which doesn't help the patient and can lead to antibiotic resistance," said Warren S. Joseph, DPM, co-author of the guidelines and consultant for lower extremity infectious diseases at Roxborough Memorial Hospital, Philadelphia. "The guidelines note that when antibiotics are necessary they should be discontinued when the infection is gone, even if the wound hasn't completely healed."

Source: [Infectious Diseases Society of America](#)

The First 12 Months After Upper-Limb Amputation

Your life has changed – you've lost an arm. Now what? What will you be able to do? How will others see you? Will life ever be "normal" again? While it is overwhelming to face so many unknowns, be reassured that there are many people and organizations that can help guide you and your family along the path of recovery and rehabilitation. Over the next 12 months, your life is likely to include several recurring themes: medical care, emotional challenges, prosthetic care, and emotional and physical challenges.

Emotional Challenges

__Limb loss has a significant emotional impact on both the individual and his or her family. It is important to understand the range and intensity of feelings you may experience during the first 12 months, and perhaps longer. Many people overlook or avoid the opportunity to talk with a counsellor and address the reality of the grieving process. Emotional recovery is a experience with no set timeframe. Some people feel that they quickly reach a level of acceptance following their injury or surgery, only to find themselves pulled feelings of grief when they least expect it. Establishing a comfortable, honest dialogue with a licensed counsellor, social worker, psychologist, or support group should occur within the first 3 months of your recovery.

Prosthetic Care

Most new amputees are referred to a prosthetist after their surgical sutures or staples have been removed. In some hospitals, an immediate post-operative prosthesis is applied by a prosthetist in the operating room so that from the moment a person awakens from amputation surgery, he or she, is wearing a prosthesis. In either case, it is important to understand that you will probably be working with a prosthetist the rest of your life.

In one of your earliest meetings with a prosthetist, while your residual limb is healing and creating new circulation pathways, you may be fit with a shrinker, made from fabric or silicone. It looks like a sock but its function is to help reduce swelling in the residual limb , compress the tissue, and build tolerance to pressure. Even after you begin wearing a preparatory prosthesis, you will continue to use a shrinker during the first year when you are not wearing your prosthesis.

The first month of your recovery is often when you learn the most about integrating a prosthesis into your life, before you get used to doing things without a prosthesis. Your prothetist will spend a significant amount of time discussing your goals, your history, and teaching you about learning about prosthetic options and components. It is vital to establish open communication and trust with your prosthetist. Help him understand your life by discussing your work, family, and recreational activities.

Occupational and Physical Therapy

An occupational or physical therapist will play a key role in guiding your rehabilitation.

The therapist and the prosthetist work together to create a treatment plan that moves you through the three phases of therapy: pre-prosthetic, interim prosthetic, and post-prosthetic. During the first month the focus is on you wearing a prosthesis. In the second or third month you begin learning to use a preparatory prosthesis and work on repetitive drills and controls training. More complex tasks are added after you receive your final prosthesis and are moving toward the 12-month mark.

Building a positive working relationship with your therapist gives you a secure place to practice both new and familiar tasks before trying them in the real world. This will help build confidence with your body and the use of your prosthesis. Let your therapist know the goals you have for your recovery and different exercises and prosthetic components to accomplish your goals. After the first 12 months of therapy have been completed, it is important to remember that you can revisit therapy later, when you try new activities or prosthetic components.

One year after losing your arm, you will have learned a great deal about adjusting to life as an amputee and a prosthesis user. You will have discovered new ways to approach both simple and complicated tasks. And, most importantly, you will have a team of supportive people – professionals, family and friends- that will continue to help you set and reach new goals in in your rehabilitation.

by Dan Conyers, CPO, and Pat Prigge, CP

Dan Conyers, CPO, National Clinical Director, supervises a nationwide team of prosthetists at Advanced Arm Dynamics' Centres of Excellence. Conyers has more than 28 years of experience in prosthetics and orthotics and has been an upper-extremity specialist for 16 years. He involved in International research and development projects, design consulting, and beta testing with scientific groups, component manufacturers and individual researchers.

Patrick Prigge, CP, is the clinical manager for Advanced Arm Dynamics Midwest Centre of Excellence in Waterloo, Iowa, and the North Central Centre of Excellence in Minneapolis, Minnesota. He has been an upper-limb specialist with ADD since 2008.

Never seen before Mobility products in NZ

Hi

We are a new company bringing never seen before products into NZ in order to make a drastic change to those with mobility impairments.

Could you please take a moment to view our website - at the moment we have 3 products; a stair climbing wheelchair, a petrol powered 3-wheeled trike that allows a wheelchair bound user total mobility by having the option of driving themselves anywhere at normal road speeds, and a portable mobility scooter that weighs only 25kgs (including batteries) and can be folded up and wheeled behind if necessary similar to a suitcase.

Please visit our website: www.easyaids.co.nz we are sure you will be quite surprised by the uniqueness of these products. We have full manufacturers support and authority to distribute in NZ.

Rather than advertising in bulk media which allows us to keep costs to a minimum we feel it's more direct to contact organisations such as yours so that you may pass this information onto those that need it.

We welcome any feedback with regards to these products.

Kind regards
Neil Langford
Easy Aids
Making life easy!
info@easyaids.co.nz
0800 EASY AS (327927)

Reuse and Recycle Household Goods

- Old CD jewel cases make great splatter-proof recipe-card holders or coasters to hold drinks and protect furniture. Glue felt to the bottom to absorb moisture and prevent scratches. You can even decorate them by painting the inside of the cover or inserting a photo.
- [Pantyhose](#) are repurposing all-stars. Stuff a pair of old hose with soap slivers and voilà: soap on a rope! Store potatoes, onions and garlic in old hose (clean, of course) and hang them in your pantry to promote good air circulation and keep them fresher longer. You can also use pantyhose to store and protect rolls of gift wrap. Just hang them in your closet with one roll in each leg.
- You can also use the "bladder" from box wine as a travel pillow. When emptied, just rinse out and inflate with air.

A man and his wife, moved back home to Tennessee, from Ohio. The husband had a wooden leg, and to insure it in Ohio cost them \$2000 Per year! When they arrived in Tennessee, they went to an insurance agency to see how much it would cost to insure his wooden leg. The agent looked it up on the computer and said: "\$39.00." The husband was shocked and asked why it was so cheap to insure in Tennessee compared to \$2000 in Ohio! The agent turned his computer screen towards the couple and said, "Well, here it is on the screen.... It says: 'Any wooden structure, with a sprinkler system above it, is \$39.00.'" You just have to know how to describe it!

(HILLBILLIES know how"to git'er done")

Web Sites

**Amputee Society of
Canterbury & Westland Inc.**

www.amputeeinfo.co.nz

The Amputee Federation of NZ

www.af.org

Amputee Information

www.mossresourcenet.org

International Diabetes Federation

www.idf.org

Parafed Canterbury

www.parafedcanterbury.co.nz

Disability Awareness in Action

www.daa.org.uk

Amputee News

www.amputeenews.com

Disability Rights Commission

www.drc-gb.org

UN Programme on Disability

www.un.org/issues/m-disabl.asp

WEKA-NZ Disability Info

www.weka.govt.nz

Disabilities Information Service

314 Worcester Street, Christchurch

PO Box 32-074, Christchurch

(03) 366-6189

(03) 379-5939

9.00am - 4.30pm

dis@disinfo.co.nz

Amputee Coalition (USA)

www.amputee-coalition.org

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Graham Flanagan

Office administrator

Pauline Afitu
www.nzalb.govt.nz

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