

**AMPUTEES FEDERATION OF
NEW ZEALAND INCORPORATED**

PURPOSE

**Newsletter of the
Amputees Federation of New Zealand Incorporated**



JULY 2011

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EDITORIAL

No. 93 – July 2011

As amputees, we all have individual hurdles to climb and battles to overcome. They are part and parcel of life as an amputee and affect us in many different ways, depending on the type of amputation we have and not least of all our age!

As the only organisation in New Zealand which represents amputees, this Federation has its own battles. I'm sure those who founded our group would say that any problems amputees face today are nothing compared with the battles they fought on our behalf more than 60 years ago. And won! Some of our not-so-young members will well remember meeting the full cost of their artificial limbs, as well as paying for stump socks and repairs to their limbs. In April 1947, Dr Duncan Cook, the Director of Health Benefits, is quoted as saying "It was not thought wise to remove the financial obligation entirely from the amputee. The granting of 100% benefit for new limbs would create an insatiable demand, the factory would be flooded, and the machinery for implementing the benefit might thus break down." (*A Challenge with Purpose - A History of the first 50 years of the Amputees Federation of New Zealand Incorporated*). Although, in 1948 the Government announced that it would meet 80% of the cost of a new limb, it wasn't until 1964 that the then Minister of Health announced that the full cost would be met. All as a result of intensive lobbying by the founders of this Federation.

The battle faced by the Federation today is that of attracting and retaining members and over recent years some of our smaller District Amputee Societies in particular have been under threat of going into recess. Although each Society is autonomous and there are limitations to what the Federation can do to help, we have made a concerted effort in recent months to revive and support those Societies in need. Special meetings have been held and although attendances have not been as large as we would have liked, those who have turned up have been keen to give their support. A National Training Workshop was also held in Wellington in May where representatives from all but two District Societies, including three newly appointed Secretaries, met for a day to go over some of the administration and governance issues facing Societies. It was a worthwhile and productive day which will be repeated on a regular basis.

The future of our organisation lies with the young amputees of today and we are realistic enough to acknowledge that we have nothing to offer but support and advice when needed and fellowship. But surely these qualities in themselves are worth passing on from one to another? Our National Conference next year will include a Youth Forum - an initiative which we hope will help strengthen the base of this Federation.

Go well

Lorraine Peacock

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NEWS FROM THE DISTRICTS

Auckland & Northland - At a social afternoon on 12 June, members had the pleasure of meeting Oscar Reinoso, an a/k amputee from Argentina, who was three weeks into a three month visit to NZ to meet his new grandchild. Oscar has been an amputee for two years and is already skipping and playing tennis. July promised to be a busy month with a trip to Whangarei and a Mid Winter Christmas Luncheon.

Waikato, Bay of Plenty & Districts - Momentum is building towards taking part in the Waikato Health & Disability Expo in Hamilton on 16/17 September where they hope to promote awareness of the Society and educate visitors on what it means to be an amputee.

Hawke's Bay/East Coast - James Ward (President) was a valuable participant at a National Training Workshop. It is hoped that next year's National Conference in Napier will provide some stimulus to this Society.

Taranaki - At a meeting at the Stratford RSA club rooms in Stratford, guest speaker Kevin Bromwell demonstrated new and old mobility equipment for amputees. A warm welcome to new Secretary, Tracey Rees.

Manawatu - On 12 June, 17 members met at the Rendezvous restaurant to have lunch and farewell Christine and Donald Clark. The venue was disability friendly, with excellent food and good service. President John Byrnes presented Christine and Donald with some Australian dollars to spend in Perth.

Wellington Regions & Wairarapa - We hope to be able to give you updated news in the next issue of *Purpose*.

Nelson & Marlborough - It is pleasing to report that this Society has a renewed lease of life, with a new committee appointed at their AGM in April. New secretary, Claire West, advises that a successful meeting was held on 18 June, with Blenheim members braving atrocious weather to drive over the Whanamoia hills to Nelson. A dinner with two guest speakers is planned for October.

Canterbury & Westland - News from the shaky city is much the same, with aftershocks on a daily basis giving the community at large some very nervous times. Many families are still displaced and it seems are destined to spend the winter in temporary accommodation. Along with the rest of NZ, Cantabrians are very much in our thoughts.

Otago & Southland - Two first-class speakers shared their experiences at the AGM in March - Rory McSweeney who competed in the javelin event at the World Championships in Christchurch, and Dale Radford, physiotherapist, who was a volunteer in earthquake-devastated Haiti.

Newsletters of District Societies are displayed on the Federation's website (www.af.org.nz), along with plenty of other useful information.

SUPPORT YOUR DISTRICT AMPUTEE SOCIETY IT SUPPORTS YOU

OBITUARIES

Betty Goulden QSM - The history of the Federation records that Betty Goulden of Christchurch was the first woman to hold office in the NZ Civilian Amputees Association (later the Amputees Federation of NZ). Betty was elected to the position of Secretary-Treasurer at the 7th Annual Conference in May 1953 and held that position until 1956 when the conference decided that a Working Executive Committee should all reside in Wellington. In latter years, when Betty was not a delegate for Canterbury/Westland at conferences she was a keen observer. Betty, who was a Life Member of the Canterbury/Westland Society, passed away at Dunedin (where she had been relocated following the February earthquake) on 21 March 2011 at the age of 91.

Bob Smith of Dunedin was President of the Federation from November 2005 until March 2009. He was appointed President of the Otago/Southland Society in 2005, retiring from this position in March 2011. Bob was a valued friend and mentor of all amputees and his sage advice on many matters was highly respected. Bob passed away on 10 June 2011 aged 78.

PUBLICATIONS available (no cost) from the National Coordinator or District Society Secretaries

A New Challenge - Advice for New Amputees (a 32 page booklet)

An Ongoing Challenge - A 60 page publication which covers a wide range of topics and includes personal profiles of 10 amputees.

A Challenge with Purpose – A History of the first 50 years of the Amputees Federation of NZ Incorporated (275 pages)

The Amputee Society of Otago & Southland Inc. – The first 60 years (146 pages)

VISIT the Federation's website at www.af.org.nz It contains a wealth of useful information and "visitors" to the site number over 3,000 each month.

6th ANNUAL CONFERENCE - MARCH 2011

The Brentwood Hotel in Wellington was the venue for this year's Conference held during the weekend 25-27 March. The Hon. Tariana Turia, Minister for Disability Issues, who officially opened the Conference on Friday evening, spoke about and answered questions relating to a number of issues, the main topic of discussion being that of employment. Mrs Turia said that being employed was vital to independence, as well as important for self-confidence and self-esteem. She agreed that it was important to focus on what people were able to do rather than what they could not do and for employers to have access to this information. The Friday evening concluded with some good open discussion when District Societies reported on activities and accomplishments within their regions.

The business session of the weekend took place on Saturday morning, with good healthy debate on a variety of subjects. Officers elected for the forthcoming year were Wally Garrett (President), Simon McMillan (Vice President), Lorraine Peacock (Coordinator/Treasurer), and Janis Bourne (Auckland), Chris Fromont (Taranaki), Jenny Thompson (Wellington) and Wayne Vass (Southland) as Committee members.



(Photo by Janis Bourne)

pathological pain conditions and had been trialled by the CCDHB as a post operative pain management tool for phantom limb pain. John's presentation was about Mindfulness and his experiment of having participants focus on their breathing and the number 'one' captivated his audience and proved relaxing.

This session was followed by an update on current issues facing the New Zealand Artificial Limb Board presented by Mervyn Monk (Chief Executive) and Claire Johnstone (Chairperson).

On the Saturday evening, a presentation was made to Mr Graeme Hall who had retired earlier in the year as Chairperson of the NZ Artificial Limb Board. A sightseeing coach tour on the Sunday morning concluded an enjoyable and productive weekend.

Educational and information sharing sessions followed on Saturday afternoon. Maria Polaczuk (Occupational Therapist) and John Moffat (Psychologist) of the Pain Management Service at the Capital & Coast District Health Board gave interesting and enlightening presentations on innovative treatments for phantom limb pain. Maria's presentation centred around Mirror Visual Feedback which had been reported to be useful for a variety of

GIVE IT A WHIRL!

by Rod Oakley of Dunedin (Reprinted from An Ongoing Challenge)

Born in London on 5 August 1940, I am the oldest of four children. I joined the British Army in 1963 as a member of the Royal Army Medical Corps and trained in the army as a State Registered Nurse. I spent 30 months in the Far East, 18 months of which was on active service in Borneo. On return to the UK, I met a very attractive army nurse, to whom I have been married for 44 years. I left the army in 1969, completed Registered Psychiatric training in 1971 and emigrated to New Zealand in 1973. In 1981, I had an above elbow amputation of my right arm after crashing a hang glider. At the time, I was told by Limb Centre staff: "Don't make any great changes or get rid of stuff until after one year". Sage advice! Having been a target shooter, I was about to dispose of my rifles.



When you become an amputee you can easily think that life, active life, is over for you. Nothing could be further from the truth. The world is still available to you, with a bit of adaptation. With the inspired help of the staff at the Dunedin Limb Centre, who constructed a device to go on my prosthesis, I have been able to fly a Cessna 152 solo and also do my PADI (Professional Association of Diving Instructors) Open Water Diver Certificate. I have been into sailing and gained the Ocean Yacht master qualification. Most of the major centres have specifically designed yachts for people with a disability and personnel bursting with enthusiasm to see you under way.

One of the sports that is most easily done by amputees is shooting. It is a binge of frustrations as you strive for perfection which nobody ever achieves. But it is so much fun trying. Sadly, its image with the public is a poor one, brought on by endless crime dramas, with people bursting into rooms with extended arms clutching pistols. The reality of club shooting is so different. Safety is paramount and the atmosphere calm. New people are welcome and club guns are for the new chum to try the game out. The cheapest style is with air guns. These are precision items capable of extreme accuracy, not the B.B. gun your uncle used to have. There are so many types of shooting that there is bound to be something to grab you. What can't I do? Well, before the accident I was into white-water kayaking and I can't do that any more. I'm not saying there is no loss in becoming an amputee; each individual will have some limitation imposed on them. But if you have a strong desire to do something, give it a whirl!

NZ Amputee Golf Open Auckland 26-28 October 2011



The New Zealand Amputee Golf Open 2011 is to be held at the Aviation Country Club on 26-28 October 2011. The Aviation Country Club is a full 18 hole golf course situated within easy walking distance of the Auckland International Airport, with extensive views of the Manukau Harbour. The course has challenges for all levels of golfers from a par 5 533m to some very challenging par 3s. For more details and registration form, see their website www.amputeegolf.co.nz

HELP US TO HELP OTHERS

Just one paragraph in your Will can help us to assist other amputees:

*"I give and bequeath to the
Amputees Federation of New Zealand Incorporated
the sum of"*

Thank you for your support. We are dependent on your goodwill and donations.

LETTERS TO THE EDITOR and any other contributions to *Purpose* are very welcome. If you have anything to share with readers, please send it to the Editor at 213a Bay View Road, St Clair, Dunedin, fax to (03) 455-9547, or email to lorrystan@xtra.co.nz

Our thanks to the Rehabilitation Welfare Trust for their generous donation towards the cost of our National Training Workshop.

CONFERENCE 2012

It is likely that next year's National Conference of the Federation will be held in Napier on 23-25 March. The weekend will include a Youth Forum for our younger members. Watch out for details and a registration form in the next issue of *Purpose*!

LEARNING TO LIVE WITH LOSS OF A LIMB

(Reprinted from website www.stuff.co.nz/dominion/post/news)

Of all the traumatic earthquake stories to emerge from Christchurch's rubble, Brian Coker's was one of the more horrifying. Pinned in a stairwell in the Pyne Gould building, the last thing he remembered was rescuers cutting his trousers as they crouched next to him in a tiny gap in the wreckage. The 52-year old was anaesthetised and his legs were amputated with the only tools to hand - a hacksaw and a Leatherman knife - as aftershock followed by aftershock rattled the pancaked building. He was not the only one. Eight people had limbs amputated at Christchurch Hospital in the days immediately after the quake. Three of them lost more than one limb. Further down the track, survivors who had major orthopaedic surgery to repair a limb might choose to have it removed after all, to put an end to chronic pain.

Amputations seem like an anachronism; a throwback to some boggy World War I field hospital where medics, supplies and time were all in short supply. But though the circumstances of Brian Coker's amputation might be exceptional, the procedure is not. Every year, about 400 people lose limbs - eight a week, or about one each day. Last year, at least 32 of those people had more than one amputation. Nearly 90 per cent of all amputations are of the leg, with below-knee more common than above-knee. In total, there are more than 4,000 amputees living in New Zealand at the moment - each of them having experienced the same physical and emotional loss that quake amputees are now dealing with.

STATISTICS OF INTEREST

(Reprinted from the Annual Report of the NZ Artificial Limb Board for the Year Ended 30 June 2010)

New Referrals - During 2009/10, the number of new patients referred and registered at the New Zealand Artificial Limb Board was 399 compared with 398 for the previous year. Of the new referrals, 64% were male and 36% female. The under-20 years group was 3%, 33% were between 20 and 59 years, and 64% were over 60 years. New Zealand Europeans made up the largest group at 68%, with 16% being Maori, 8% Pacific people, and a range of others making up the remainder.

Those 399 newly registered had 454 amputations, which included 32 people with more than one amputation. Half the amputations (50%) were at the below knee level, with 32% being above knee, and 6% being upper limb amputations. A range of minor categories made up the remainder, e.g. hip disarticulations, through-knee amputations.

All Current Patients - As at 30 June 2010, the service catered to 4,183 current patients registered with the NZ Artificial Limb Board throughout New Zealand.

The group was made up of 74% males, and 26% females. In ethnicity, 73% were New Zealand European, 13% Maori, and 7% were from the Pacific Islands. A variety of other ethnic backgrounds made up the remaining 7%.

Of the 4,183 patients, trauma accounted for 48% of amputations, vascular failure 29% (including diabetes/vascular 14%), congenital limb loss 11%, and a variety of other causes such as infection and malignancy made up the remaining 12%.

Lower limb amputations of various types accounted for the bulk (87%) of the limb service patients, with 13% having amputations of the upper limb. As a generalisation the limb service is concerned with lower limb amputations anywhere between the mid-foot and the hip, and upper limb amputations between wrist and shoulder. Only a very few patients with amputations in the hand or of the fingers find prostheses useful. Amputations in the forefoot and of the toes are best dealt with by orthotics services.

RECENT PARALYMPIAN AMPUTEE SUCCESSES

(From Paralympics New Zealand Newsletter June 2011)

Oceania Record - Joe Flavell - Men's Shotput F42

Swimming NZ Swimmer of the Year with a Disability - Sophie Pascoe

Australian Athletics Championships, Melbourne 1-17 April 2011

Holly Robinson - Silver Medal in Women's Javelin (PNZ Record) and Bronze Medal in Women's Shotput

Arafura Games, Darwin, 7-14 May 2011

Rory McSweeney - Gold Medal in Men's Javelin

BT Paralympic World Cup, Manchester, 26-29 May 2011

Sophie Pascoe - Gold Medal in 100m Breaststroke

WHICH ARE YOU?

Once upon a time there were four people named Everybody, Somebody, Nobody and Anybody. When there was an important job to do, Everybody was sure that Somebody would do it. Anybody could have done it but Nobody did it. When Nobody did it, Everybody got angry because it was Somebody's job. Everybody thought that Somebody would do it but Nobody realised that Nobody would do it. So it ended up that Everybody blamed Somebody when Nobody did what Anybody could have done in the first place.

Are YOU an active member of your Society?

Old age is like everything else, to make a success of it you have to start early

STRETCHES TO HELP MAINTAIN or IMPROVE LIMB FUNCTION

(With acknowledgement to First Step, a publication of the Amputee Coalition of America)

Knee Flexor or Hamstring Stretch

Keeping your hamstrings (located behind the knee and thigh) stretched will enable your knee on your residual limb to fully straighten. This is very important for prosthesis use because it will enable you to fully extend your knee during walking or running.



- 1 Sit on the edge of a sofa or similar type surface, preferably something harder.
- 2 Point the leg you will be stretching directly in front of you.

3 Hang the opposite leg to the side.

4 Lean forward gradually until you feel resistance in the back of the extended leg.

5 Do not bounce during this stretch.



Hip Flexor Stretching (Two Positions)

These muscles (located on the front of the hip and thigh) often become tight from sitting too much, making it difficult to stand up and walk with a prosthesis. Stretching these muscles is crucial for good standing posture and for walking correctly. If the hip flexors are too tight, your back and sound leg will work hard to compensate for them and may themselves be injured by the additional stress.

Prone (Face-Down) Position



- 1 Lie comfortably on your stomach.
- 2 Place a rolled towel under your leg above your knee if you are a below-knee amputee or close to the end of your residual limb if you are an above-knee amputee.
- 3 Make sure you have enough leverage to feel a stretch on the front of your hip and thigh.

You have reached middle age when all you exercise is caution

Supine (Face-Up) Position

1 Sit on the edge of your bed or mat.

2 Lie back, while grabbing the opposite leg from the one you want to stretch.

3 The residual limb that is being stretched should be hanging in the air.

4 Pressure should be applied downward to the residual limb by another person or a weighted object, such as an ankle weight.



Elbow Flexor and Extensor Stretch

Decreased use of an arm that has been amputated below the elbow is common, which occasionally leads to elbow tightness. However, full elbow range-of-motion is important for increased function, especially when a prosthesis is being used.



Flexor Stretch

1 Lay your residual limb horizontally on a table or hard surface with a rolled towel under your arm just above your elbow.

2 Apply downward pressure to the end of your residual limb until a stretch is felt.



Extensor Stretch

1 Bend your residual limb at the elbow as far back as possible.

2 Apply pressure to the back of your forearm below the elbow until a stretch is felt.

Shoulder Stretching

Any person with an amputated upper limb at any level has a greater chance of having limited shoulder motion due to decreased activity. It is important to make sure that shoulder motion is maintained within functional limits for future use of that residual limb.

LIVING WITH A LIMB DIFFERENCE -

Some helpful hints for new amputees in particular but maybe of some use also to the not so “new”. (*Reprinted from Amputee Journal, Vol.18 No.4*)

Talk to members of your healthcare team - Keep your health care team informed of any changes in your activities, diet, pain, residual limb or emotions. What may seem insignificant to you may be important to them, especially during the period shortly after your surgery. If the members of your healthcare team catch a problem early, they may be able to solve it with minimal pain and expense.

Establish attainable goals - Don't expect to be “leaping small buildings in a single bound” the first week after your surgery. With the help of your rehabilitation team, set smaller, achievable goals on a day-to-day basis that will help you eventually achieve larger, more complex goals on a week-to-week basis. Early on, for example, you might work on safely performing sit-to-stand transfers as a component of preparing to walk to and from the bathroom independently. Then as your strength and abilities improve, you can change your goals accordingly. Discuss these goals with the members of your healthcare team; they should be able to tell you what is reasonable.

Develop new habits - Try to establish new routines for the care of your residual limb and prosthesis. It takes two or three weeks for an activity to become ingrained as a habit. Performing the same activities in the same way at the same time of day should help you develop patterns of activity that you will continue to perform regularly with minimum thought and effort. At the same time, these habits could have a profound impact on your life. For example, performing skin checks before donning and after doffing your shapemate and/or prosthesis can help prevent skin breakdown problems. This can help you minimise skin injuries that could cause you severe pain, prevent you from using your prosthesis, limit your mobility, and even lead to life-threatening infections. If you have diabetes, preventing such injury is especially important.

Do your exercises - The benefits of an established exercise programme are endless and include improved circulation, endurance, strength, weight control, flexibility, balance, emotional outlook, independence, and overall quality of life. Take the time to learn and perform your exercise programme. Then talk to your physio to find a way to maintain your programme after you are discharged from formal therapy.

Be careful about your position - If you maintain the same position, such as sitting in a chair, for an extended period of time, your body will start to conform to that position. Your muscles and tendons will shorten, and pretty soon you won't be able to straighten them. This situation is called a contracture. To prevent or limit contracture formation, it is important to periodically stretch in the opposite direction of a maintained position. Lying on your stomach for 15 to 20 minutes a day, for example, can help you minimise hip flexion contractures caused by excessive sitting.

Practice energy conservation - Taking a break in the middle of the day can allow you to be more productive later in the afternoon. If you separate a larger project into two or three smaller activities with rest periods in between, you will still get the job done but will not be exhausted when you finish it. If you have long distances to traverse, you might use a manual or power wheelchair to help cover the distance so that you will have the energy to enjoy dinner when you get there. Look at your daily activities, and see if they can be modified to make them easier for you and more efficient. Even though you use leg prostheses, for example, you might do some things about the house in a wheelchair so that you will have the energy to wear your prosthesis when you go outside. If you have bilateral lower-limb amputations, you might make your bed while sitting on it without your prostheses so that you don't have to walk around with your prostheses on. This can help you conserve your energy for later in the day.

Realise that you are not alone - Become involved in a local peer support group. Don't reinvent the wheel, instead, learn how other amputees have solved problems and are dealing with issues. Support groups can provide information on community resources for transportation, equipment, home renovations, etc. Many groups are open to spouses, friends and significant others. Talk to your family and friends about your concerns and goals. They won't know what's going on unless you tell them and involve them.

If you smoke, quit - The vaso-constrictive effects of a single cigarette can last for up to two hours after you have finished smoking it. This reduces blood flow and the delivery of oxygen to your extremities and healing tissues. The effect is magnified if you also have diabetes or vascular disease. Talk with your doctor about safe, effective methods to help you kick the habit.

MOTOR ASSIST HAND

Mathew Jury from Lower Hutt Company “5th Element Ltd” is currently developing a motor assist hand for arm amputees that is targeting improved practical functionality over existing hands available. This hand works with Myosensors or new non-invasive sensor materials being developed to trigger hand movement. See the initial work at www.5el.co.nz.

This project needs your help. Mat needs to talk with those that have an existing claw or hand system to better understand the issues you face on a daily basis. The initial focus is on below elbow amputees. The interview would happen at a place that suites you best. Mat is travelling the lower half of the North Island and Auckland area to complete this important task for the project. The 2nd phase of the project is to have a number of “Test Pilots” to try these hands in early 2012. You can contact Mat by email at mathew.jury@5el.co.nz.

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**REMEMBER THAT YOU'RE NOT THE
FIRST PERSON TO HAVE LOST A LIMB -
MANY OTHERS HAVE PASSED ALONG
THE SAME ROUTE AND ACHIEVED
CONSPICUOUS SUCCESS.
IF YOU WISH TO DO THE SAME,
YOU ARE MORE THAN HALF-WAY THERE -
THE REMAINDER IS AS EASY OR AS
DIFFICULT AS YOU MAKE IT.**