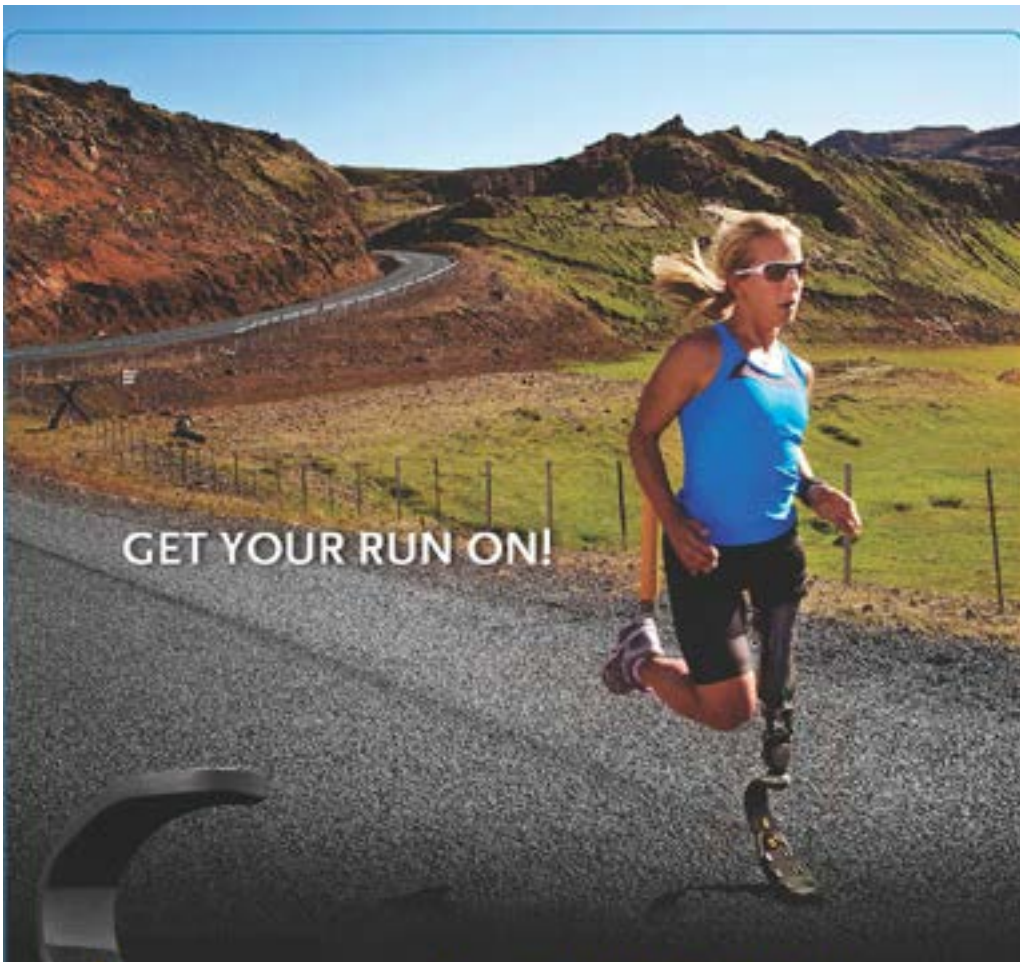


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**Journal of the
Amputees Federation of New Zealand Incorporated**



MARCH 2013



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*The opinions expressed in this
Journal are not necessarily those
of the Amputees Federation of NZ Inc.
unless stated as such.*

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**AMPUTEES FEDERATION OF
NEW ZEALAND INCORPORATED**

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EDITORIAL

Welcome to our “new look” magazine -we hope you like it!

As we approach the 100th issue of *Purpose* later this year, it is timely that we reflect on where it all started.

It began when the NZ Civilian Amputees Association (as we were then called) published a journal named *Conquest* in the 1960s. The first issue in January 1965 brought a message from President Gordon Trotman that the inauguration of the quarterly journal was “*a new venture into hitherto uncharted seas for us, but one which I feel can further the objects of our Association by providing a constant means of communicating news and ideas, and, at the same time, acting as a forum for the expression of opinions*”. He stated that the Association was based upon common interests and “*in order to promote such interests it is necessary to convince others who have no real conception of the problems - physical, psychological and financial - which an amputee must overcome*”. It is interesting that for the ten years or so that *Conquest* was published, each issue consisted of approximately 90 pages, more than half of which consisted of sponsors’ advertisements.

After some ten years of being without a journal of any sort, *Purpose* was introduced in July 1980. In the first issue, the Editor stated that although *Purpose* was not the ideal name, it would do for the introductory issue. However, an alternative has not been forthcoming and so it has continued.

In *Purpose* No.19 in November 1986, I reflected on the meaning of the word and its relevance for us as amputees. “*The Concise Oxford Dictionary gives as meaning of the word ‘purpose’ - ‘intention to act, resolution, determination’.* As amputees, perhaps we need a little more of this ‘determination’ built into our characters than the average fellow citizen. How much easier it is if we have ‘determination’ at the time of our first fitting and subsequent wearing of an artificial limb; how much easier if we ‘intend to act’ and lead full lives, regardless of our disability.” Yes, I’m certain that our choice of the word “*Purpose*” was an excellent one!

We would welcome your comments and/or suggestions on how we can continue to improve *Purpose*. In particular, we would appreciate you putting us in touch with any potential sponsors.

By the time you read this, the chances are that our National Conference (15-17 March) will have come and gone, together with the Give it a Go: Focus on Youth activities. Both events are shaping up to be even better than last year; full coverage with photos will be included in the next issue of *Purpose*.

Until next time, take care.

Lorraine Peacock

NEWS FROM OUR SOCIETIES

Auckland & Northland - The Christmas/End of Year Barbecue held in December 2012 was well attended. Mervyn Monk from the NZ Artificial Limb Service and our two young achievers were our guests, with Mervyn and Chris Ross cooking the Barbecue. A lovely afternoon was enjoyed by all. Our AGM will be held on Sunday 10 March.

Waikato, Bay of Plenty & Districts - Due to a loss of funding we have lost our paid Field Officer position temporarily; efforts are under way to rectify this in the near future. We now own two mobility scooters. One is on long-term use at the moment. The other is ready for short-term use by our members - including members who visit Hamilton from other areas. We recently held a successful AGM at which we welcomed two new committee members. Funding is our challenge for the coming year- we have been fortunate to add a Funding Officer to our Committee.

Hawke's Bay/East Coast - Following a very tasty shared lunch, a very successful AGM was held at the Baptist Church Hall in Havelock North. Unfortunately none of our Gisborne members were able to attend because of distance; however plans are in place to improve our liaison and contact between areas. It is pleasing that our committee remains the same and in good heart with ideas and initiatives to extend our society in 2013.

Taranaki - The AGM for this Society is to be held in Eltham. For further information regarding this and other matters contact the Secretary (p13).

Manawatu - The mailout via the Limb Service to amputees in the wider Manawatu/Whanganui area achieved a gain in membership. The AGM is set for Sunday 3rd March with a social gathering and meal to follow. At the AGM a review discussion will allow those present to indicate interest and support for a range of member activities to be organised. With conference in Wellington it is hoped additional members will avail themselves of the opportunity to attend

Greater Wellington Region - No doubt the Committee is finding itself fully occupied with arrangements for the forthcoming National Conference.

Nelson & Marlborough - An informative meeting with guest speakers from the Wellington Limb Centre took place in November and a Christmas BBQ, together with croquet golf, was a great success. Motueka was holding a Quiz Night on 23 February with support from the Motueka Fire Brigade.

Canterbury & Westland - A brand new year and exciting times are ahead for our members. Mervyn Monk was our guest speaker at our AGM on 24 February and our newsletter continues to provide great reading. In June we hope to have one or two members speak at the Amputee Coalition of the USA National Convention in Orlando to give a brief overview of the wonderful things we are doing for our members in Canterbury & Westland.

Otago & Southland - The year started off with a good attendance at the AGM on 2 March to welcome the Hon Jo Goodhew as guest speaker. Dating back to 2012, we congratulate two of our Committee members - Tony Wilson on winning the NZ Amputee Golf National Tournament (see p6) and Holly Robinson for winning gold in the AWD amputee grade in shotput, javelin and discus at the NZ Schools Athletics.

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

SUPPORT YOUR DISTRICT AMPUTEE SOCIETY IT SUPPORTS YOU!

UK STUDY

Wellbeing of Partners of People with an Amputation

This research aims to examine the experiences for partners (aged 18 and over) of people who have an amputation. Participants will be asked to fill in a questionnaire, which should take between 20-30 minutes. The questionnaire includes questions relating to:

- Degree of involvement in the health care and rehabilitation of a partner
- Social support available
- Any negative or positive changes experienced since a partner's amputation
- The relationship with a partner

The findings of this study are intended to provide information about how health professionals can better support people and their partners following amputation. The study has been screened and approved by the Faculty of Health/Faculty of Sciences Ethics Committee at Staffordshire University, UK.

If you would like to see the questionnaire it can be viewed at:

www.surveymonkey.com/s/amputation

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 60page 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)

WILSON HITS EVERY GREEN IN ONE

(Excerpts printed with permission from the Otago Daily Times)

He's left-handed but he plays golf right-handed and hits with his left hand back-handed. Confused? Tony Wilson isn't. He is the New Zealand amputee golf champion and is pretty handy with a golf club.

Tony, who is a member of the Twelve Oaks Golf Club at Mosgiel (near Dunedin) and plays off a 29 handicap, has been playing for the past five years.

He won the NZ championship for amputees over two rounds in Christchurch, at the Windsor Golf Club. He finished at the front in a field of 24 golfers, after he had finished runner-up in a couple of the previous tournaments. He uses right-handed clubs but with no right arm below the shoulder, he can only hold the club with his left hand and he hits back-handed. It is the only way he can hit, as left-handed clubs would be too difficult to control. He said ball control was not too bad but the main problem was getting enough power with his driver. His longest drive is just under 200m. "You can't use a driver as well. Just quite can't get the control with it and be able to get all the power into it," he said. He said his short game was the best part of his game, and he used a conventional putter.



Tony lost his right arm in an accident in May 1978 when a truck he was driving collided with another truck in the Manuka Gorge.

Swinging away - NZ Amputee Golf Champion Tony Wilson shows his golfing style.

(Photo courtesy of the ODT)

(When you consider the cost of green fees, cart rentals, golf carts and balls, it is hard to believe that the game of golf originated in Scotland.)

LETTER TO THE EDITOR

Dear Lorraine

I am trying to locate a New Zealand woman called Christine who is a lower limb (single leg) amputee. I do not have her surname so realise this is a difficult task. I have been told she originated from Gisborne. She would now be in her 50s. In 1980, Christine worked in a fish factory in a small village in Iceland called Faskruds fjordur. I worked in that same village in 1977 and 1978 and am the admin person for a facebook closed group called Faskruds fjordur Overseas Workers 1977-1986. This page was set up in March 2011 by several New Zealanders and Australians who were in a group of English-speaking overseas workers recruited by the Icelandic Freezing Company in London to work in Faskruds fjordur in 1977. This was the first year of the arrangement and other similar groups of overseas workers followed until 1986. The purpose of the group is to relive memories through sharing of photos and relevant information. Also, to connect with each other and the villagers. The page may be of interest to overseas workers who were in Faskruds fjordur and the villagers themselves.

I am wondering if Christine has had some contact with the Amputees Federation. I know it is a long shot but I have found that it is worth following any possible lead. Gradually we are finding more of the approximately 90 mainly NZ and Australian girls who worked in the village. Are you able to help?

Susan Chisholm (email: susanchisholm7@hotmail.com)

(Postal address available from the Editor)

NZ ARTIFICIAL LIMB SERVICE CLIENT SATISFACTION SURVEY 2012

Fifty-one percent of those contacted (813 in total) took part in last year's satisfaction survey conducted by Research NZ.

The survey set out to

- Describe the circumstances in which the New Zealand Limb Service's clients had become amputees.
- Measure their satisfaction with various aspects relating to their artificial limb.
- Describe the extent to which they had visited Limb Centres/Regional Clinics, and their satisfaction with the service provided.

The key findings (an overall satisfaction result of 95%) showed that the service provided by the NZALS continues to be rated highly with its current customers.

(A more detailed analysis can be obtained from the NZALS or the Editor)

STURLEY'S DETERMINATION EXEMPLIFIES FORCE VALUES

(Excerpts printed with permission from the Manawatu Standard)

Corporal Jason Sturley has worked his way back to frontline fitness after losing his leg four years ago. His determination to recover is among the reasons he was awarded the NZ Defence Force Person of the Year award. The NZDF Person of the Year award is given to the person who has best exemplified defence force values of courage, commitment, comradeship and integrity in the past 12 months.

After training and working in a number of disciplines, including gaining his private and commercial pilot's licence, working as a mechanic and then training to be a horticulturist and working in a nursery, Palmerston North-born Corporal Sturley joined the armed forces eight years ago. Starting out as a private, Corporal Sturley was on deployment in the Solomon Islands in 2007 when he had an accident and badly injured his leg. Eighteen months later, suffering from septicemia, he was faced with the decision of having his leg removed. It was amputated below the knee. Corporal Sturley decided to watch, as part of the "letting go process". After it was gone, he just wanted to get on with learning to walk again, "Learning to walk is a mission," he said. His military training proved useful - he was used to marching heel to toe, so he quickly recovered from a common problem amputees face of swinging their leg from the hip, and was soon swimming and learning how to run again.



Since re-entering the army, Corporal Sturley has worked his way back up, last year passing his junior non-commissioned officer test and being promoted to corporal. He now works in the 2nd engineer workshops where he is in charge of the repairs section.

He will soon head to California, having been selected to compete in the United States Marine Corp Paralympic trials, individually in swimming, shooting and archery, and as part of a team in a swimming relay, volleyball and basketball. It is his hope that he will be deployed overseas on the front line again in the near future.

(Photo courtesy of Fairfax NZ)

HOW TO HELP PREVENT SKIN/SOFT TISSUE INJURIES TO THE FEET

by Robert P Thompson (Reprinted with permission from inMotion Vol.22)

Self-care of the foot is vital for everyone, especially for those who have had a lower-limb amputation or are at risk for one. Injuries to the skin of the foot and/or the fat pads can interfere with mobility; they also can lead to damage to underlying blood vessels, nerves, tendons, ligaments and other foot structures. That damage can lay the groundwork for limb loss.

The importance of skin/soft tissue management is stressed as a means of protecting feet from damage. Protective measures are advised to protect:

- The outer layer of skin (epidermis) from chafing and abrasion;
- The underlying layers of skin (dermis and hypodermis) from pressure (your body weight on your feet) and shear forces (movement of your foot inside your ordinary sock and shoe);
- The fat pads on the heel and ball of the foot and underside of the toes, which are especially vulnerable in seniors and those who have had a lower-limb amputation.



Until age 30, fat pads are thick, strong and supple, and the feet are mostly problem-free. But as we age, our foot muscles become weaker, tendons and ligaments become less resilient, and our foot or feet may ache by the end of the day.

By age 50 or so, many people have lost as much as 50 percent of fat pads, and the skin around the foot may have thinned considerably. The result: The foot is more vulnerable to damage from impact during walking and other activities, and to blisters, cuts, bruises and other forms of skin/tissue damage.

To help prevent injuries to the foot skin and fat pads, and to manage any problems you may already have, the following is suggested:

- Inspect your foot or feet daily – once in the morning when you wake up and once at bedtime. Check the top, bottom and sides of your feet and between your toes. Use a mirror if you can't turn your foot over to look at it. You can also ask a family member or friend to help you.
- If you see any lesions (cracks, cuts, blisters), tend to them immediately with antibiotic cream and a wound dressing (gauze bandage or a Band-Aid). See your doctor immediately if there is any sign of infection.
- Be aware of bruises, which is a sign that injury has occurred below the skin. A bruise often precedes tissue damage, so you should consider it a warning sign

of potential problems to come, especially if it takes a long time to heal.

- Feel for lumps; temperature differences (one part warm, another part cool); pain, burning, tingling or numbness, which are signs of neuropathy; or loss of hair on your foot or leg, which can signal reduced blood flow. Any of these signs mean your foot is at risk. See your doctor or a foot health professional immediately.
- In addition to foot inspections, wash your foot or feet in lukewarm – not hot – water daily. If you have neuropathy, use your elbow to test the temperature of the water. Make sure you wash between your toes and then dry your foot thoroughly, including between the toes.
- Apply a thin film of skin softening lotion to the top and the bottom of your foot. Don't apply lotion between your toes because it facilitates rubbing and irritation.
- Cut your toenails carefully. Trim straight across and soften the edges with an emery board to reduce the chance of developing ingrown toenails. Don't cut your toenails yourself if you have neuropathy or other foot problems related to diabetes.
- Never trim corns or calluses with a sharp implement such as a razor blade, knife or nail clipper; one slip of the hand can lead to a lesion or worse.
- Wear properly selected and fitted padded socks that provide terry fabric under the fat pads beneath your toes, the ball of the foot and the heel. Peer-reviewed, published studies have shown that wearing clinically tested padded socks can actually help prevent injuries to the skin/soft tissue of the foot, which is a major cause of diabetic ulcerations.
- Wear shoes with non-slip outsoles that fit properly, so that your foot can't move around in the shoe and become irritated. To get the best possible fit, wear the padded socks you intend to wear in the shoes, as well as any inserts or orthotics prescribed or recommended by a doctor or foot health professional, when you select and purchase shoes, that way you are unlikely to have fitting problems afterward.
- Select shoes and padded socks made for the specific activity in which you will be involved. Make sure the shoes are shaped like the shape of your feet (no pointy tips) and correctly sized, as described above.
- Try not to wear the same pair of shoes every day. Rotating shoes every other day allows your shoes to dry out from the perspiration absorbed from your foot the day before.
- Change your padded socks daily or more often if you are very active.

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ARISING TO THE OCCASION

(Reprinted with permission from inMotion Vol.22)

How to Stand from a Sitting Position without Using your Arms

(Bilateral Below Knee)



If you're a new amputee or simply out of practice, it is recommended to have someone nearby to help you (or to act as padding!) should something go wrong. It's also advisable to do some form of leg exercises beforehand, to strengthen your leg and gluteal muscles.

First, move to the edge of your seat.

Ensure that your feet are a comfortable distance apart – not too close together or too far apart. Make sure that your feet are not too far away from your body. Ideally, your legs should be positioned at a 90 degree angle.

Get a feel for where your feet are.

Try and feel that the center of your foot (or feet) is on the ground.

Practice pushing down on your feet while you are still sitting.

When you're ready, push down on your feet while leaning forward at the same time. Lean as forward as you need to go (without toppling over), pushing down on your feet at the same time.

Once up, breathe in and enjoy the view!

How to Sit from a Standing Position without Using your Arms

(Bilateral Below Knee)

What goes up, must come down. It is recommended to use fixed seating to begin with, such as a wheelchair with the brakes engaged. Until you become more confident, for the first few tries it's a good idea to stand so that you can feel the chair against the back of your knees (or thighs, depending on how tall you are!)

Bend from the knees (the way they tell you to do when lifting something heavy), leaning forward slightly, but not too much.

Try to remember that the chair has not miraculously moved all of a sudden! Yes, it's still there!

Still bending, slowly lower yourself into the chair. That's it - well done!

SOME INTERESTING STATISTICS

(From the Annual Report of the NZ Artificial Limb Service)

As at 30 June 2012 the service catered to 4,236 current patients registered with the New Zealand Artificial Limb Service throughout New Zealand. The group was made up of 74% males, and 26% females. In ethnicity, 73% were New Zealand European, 13% Māori, and 7% were from the Pacific Islands. A variety of other ethnic backgrounds made up the remaining 7%.

Of the 4,236 patients, trauma accounted for 49% of amputations, vascular failure 28% (including diabetes/vascular 13%), 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 (88%) of the limb service patients, with 12% 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 of the hand or fingers find prostheses useful. Amputations in the forefoot and of the toes are best dealt with by orthotics services.

A REQUEST FOR SPONSORS

If you know of anyone who would be prepared to advertise in *Purpose* and thus support a worthwhile cause, please ask them to contact our Marketing Officer at info@af.org.nz.

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 info@af.org.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.

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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.**