

# Purpose

Journal of the



**Amputees  
Federation**  
of New Zealand  
Incorporated

November 2014

# UNITY®

## Sleeveless Vacuum

The only advanced vacuum system designed for use with Össur Seal-In® and Flex-Foot® technology, including low profile and microprocessor solutions\*.

- Enhances knee range-of-motion and comfort.
- Eliminates the risk of losing vacuum due to sleeve punctures.
- Elevated vacuum assists in maintaining constant limb volume and sustains comfort throughout the day.
- Quick and easy to achieve and release vacuum.
- Integration of the vacuum pump and Flex-Foot technology creates a light weight and high performance system.

\*Unity is only recommended for use with sleeveless Seal-In V® technology.



Re-Flex Shock™



Re-Flex Rotate™



PROPRIO FOOT®



Vari-Flex®



LP Vari-Flex®



LP Rotate™

## **PURPOSE**

**No.103**

**November 2014**

**Published by  
Amputees Federation  
of New Zealand Inc.**

Registered with the  
Charities Commission  
(CC26629)

for income tax  
deductibility of  
donations

**Editor  
Lorraine Peacock QSM**

**213a Bay View Road  
St Clair, Dunedin 9012  
Phone (03) 455-6347**

**Email  
info@af.org.nz**

**Website  
www.af.org.nz**

**Contributions welcome.  
Deadlines for articles and  
advertising material is  
15th February, June  
and October each year.**

## **Included in this Issue**

The National Executive	2
Guest Editorial	3
News from our Societies	4
MOH Funding	5
Introducing Rob Eaglesome	6
Skin Care for Amputees	7
Publications	8
The History of Prosthetic Limbs	9
National Conference	10
Boccia	10
NZALS News	10
Profile - Kerry Wilfred-Riley	11
Affiliated Amputee Societies	12

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

Our sponsors who advertise in this  
Newsletter help pay for its publication.  
Please give them your support!

# AMPUTEES FEDERATION OF NEW ZEALAND INCORPORATED

## The National Executive

### Acting President

Mr John Ealand  
Blenheim

### National Coordinator And Editor of *Purpose*

Mrs Lorraine Peacock QSM  
213a Bay View Road  
St Clair  
Dunedin 9012  
Phone (03) 455-6347  
Fax (03) 455-9547  
Email *coordinator@af.org.nz*

### Committee

Mr Wally Garrett  
New Plymouth

Mr Rory McSweeney  
Dunedin

Mr Chris Ross (Marketing Coordinator)  
Auckland

Mrs Diane Walsh  
Havelock North

### Nominees to the NZ Artificial Limb Service

Mrs Kerry Wilfred-Riley  
Ms Paula Tesoriero

### Hon Solicitor

Mr Lindsay Trotman LL.M(Hons)  
Palmerston North

### Federation's Website *www.af.org.nz*

## GUEST EDITORIAL

Many people suggest that the global system developed to interconnect several billion devices through a protocol suite is one of man's greatest inventions. Now I'm not talking about the GCSB's ability to spy on New Zealand and the world but I am talking about the internet - that handy source of detailed information many of us use every day. However, is it one of the biggest curses for amputees and the health care sector in general? I believe so. Our ability to sit down with our computer or smart device and troll millions of pages of information at our fingertips is fantastic but is our ability to understand such information adequate? The ability to quickly jump online and browse - the latest creations of Ottobock and Ossur, to read about a little girl receiving the first 3D printed hand, the numerous pages of information surrounding medical breakthroughs to surgically recreate or bionically reattach an arm or leg, the hundreds of pages about people and their success stories surrounding limb loss – are all disconnecting us with reality. Yes, it would be great to be able to be one of these medical breakthroughs, to have everything rose-tinted, but these stories and bits of information represent just a small proportion of the worldwide population. Yet as the information is readily available and often goes viral, it can create an illusion and we perceive it to be far more 'normal' than it actually is.

In New Zealand we are lucky in the fact that we have ACC and the MOH, whereby the majority of limb services are free of charge and we all have access to them. I believe what we have here in little ole Aotearoa is not too bad when you consider the billions of people worldwide. This became apparent on recent trips to Vietnam, Cambodia and Thailand where, by walking through villages I was looked at as if I was the six million-dollar man. Many of these people had never seen an artificial limb before and were astonished, amazed and excited to see what is available and exists throughout the world. How these people view us foreigners is how we often perceive information available on the internet. We feel we have the 'right' to whatever we want, that we should be graced with the latest and greatest technology. However, we should assess and review what we see and listen to those entrusted in making the correct choices for us - not all we see is right or specific for us. If we continue self-diagnosing, or determining that we want or are owed everything that is available on the internet, this great invention will become a greater curse than I believe it already is. We should think ourselves fortunate that we already have limbs that are functioning, albeit at times to a minimal extent. We have the privilege to go to a Limb Centre; there are people out there who would give their left arm for our prosthetic right.

*Chris Ross*

## NEWS FROM OUR SOCIETIES

**Auckland & Northland** - On Saturday 4 October committee members, amputees and their supporters met at the Mokaba Cafe, Quay Street, Whangarei, to present Sherilyn Hurman, former Physiotherapist at the Whangarei Base Hospital, with a plaque and flowers. The Society is grateful for the 30 years of service that Sherilyn has dedicated to amputees and their families over the years and wishes her all the best for the future. Sherilyn leaves Whangarei Base Hospital with new horizons in her view but would like to continue to be involved with amputees, who have become her passion. *(Janis Bourne, Secretary)*

**Hawke's Bay/East Coast** - Everything seems to be ticking along nicely in our region. We have gained a few new members over the winter months; some are new amputees and others have moved to the district or renewed their membership after a time of absence. It's really encouraging to see the numbers climbing and new people bringing with them a wealth of skills and knowledge. The work of our Field Officer, Geoff Hansen, has been a large contributing factor in the recent positive changes. We have been very grateful to receive a grant from the Lottery Board which will help to fund Geoff's ongoing employment. Currently we are looking forward to our water fitness programme starting up again for the spring. Thanks to a generous grant from the Napier City Council, we have been able to employ two experienced instructors. The members who participated last time really enjoyed the fun and warm water exercise. Another project coming up is our fund-raiser garage sale, coordinated by Colin Blakesley. We've had great support and are looking forward to a successful sale. We have a huge variety of goods to sell as well as a BBQ and cake stall. We will be anxiously watching the weather forecast that week! The year is rapidly reaching the summer months and Christmas will be looming. To all amputees, families and Societies, we wish you a very Happy Christmas and 2015. *(Diane Walsh, President)*

**Manawatu** - The committee is working very productively as shown by the success of two recent events. On 20 July, the chat with Rod Haines who was born without arms was truly inspirational and an extended afternoon tea that followed meant great fellowship was enjoyed. The traditional midwinter luncheon was held on Sunday 14 September at the AQABA and members from Levin, Wanganui and Pahiataua travelled to attend; both the food and company was great. The next event will be a Christmas luncheon and the committee is looking ahead to a summer outdoor activity and making our presence felt at the Wellington conference. *(John Maher, Secretary)*

**Greater Wellington Region** - We are slowly finding our feet, and I'm delighted to report we have Ken Te Tau filling the role of Field officer. Ken is based at the Limb Centre on clinic days to help and assist amputees and is becoming a valuable resource - offering support, a listening ear and even a cup a tea. We are also in the

process of organizing a date for a social get together amongst our members as we would love to put faces to names amongst our members. *(Kate Horan, President)*

**C**anterbury & Westland - We have had a reasonably quiet time in recent months but we had a very successful mid-winter function. Our Xmas function will be held on 30 November at the Hornby Working Men's Club. *(Eileen Poppellwell, Secretary)*

**O**tago & Southland - We are coming up to a busy time of the year with the usual annual events taking place - quadrant multisports, golf and barbecue (8/9 November), and the Invercargill meeting and dinner (15 November) which is always popular with Southland members. Visitors to the south are very welcome!

**N**ewsletters of Regional Societies are available on the Federation's website ([www.af.org.nz](http://www.af.org.nz)), along with plenty of other useful information.

<p><b>SUPPORT YOUR REGIONAL AMPUTEE SOCIETY IT SUPPORTS YOU!</b></p>
--

### **MOH FUNDING**

Equipment and Modification Services (EMS) is one of many services funded by the Ministry of Health. These services help disabled and older people, including their families, whanau or support people, to live as independently and safely as possible. Earlier this year the MOH introduced a new process whereby an Impact on Life questionnaire is used to establish a person's need. It is expected that for primary amputees it will be a requirement that the questionnaire is completed prior to discharge from the hospital. However, if you live in the community and your circumstances change, i.e. your disability affects how you live (e.g. managing your daily tasks, keeping safe), you can complete a questionnaire by contacting a Community Health Service assessor (occupational therapist or physiotherapist). The EMS assessor will then use a Prioritisation Tool which will ultimately determine whether funding is available for the equipment or modifications you are considering. If funding is approved, the EMS assessor will start the process to get your equipment or modifications under way. You can obtain further information from [www.health.govt.nz](http://www.health.govt.nz) and by searching *EMS prioritisation tool*.

<p><b>LETTERSTO THE EDITOR</b></p>
------------------------------------

<p>and any other contributions to <i>Purpose</i> 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 <a href="mailto:info@af.org.nz">info@af.org.nz</a>.</p>
---

<p><b>Have you any comments on this issue's Guest Editorial?</b></p>
--

## INTRODUCING ROB EAGLESOME

by Geoff Hansen

*(From the Newsletter of the Amputee Society of Hawke's Bay/East Coast)*

Rob Eaglesome & Tina live in Wairoa in a lovely cottage that has a modern/vintage juke box in the lounge and plenty of sheds. Rob is a dedicated member of the Wairoa British Motorcycle Club. Back in 2009 Rob rode a Harley Davidson Dyna Super Sport 1450 & Tina had an 83 Harley Davidson 1340 Shovel Trike painted cream and black.

The story begins with Tina's daughter Jade suddenly getting "Good posture syndrome", a rare autoimmune disease in which antibodies attack the lungs and kidneys, leading to bleeding from the lungs and to kidney failure. It may quickly result in permanent lung and kidney damage, often leading to death. Diagnosis is often not reached until very late in the course of the disease. Jade was 19 and was flown to Wellington and on arrival was diagnosed with 5% lung capacity and both her kidneys had failed. Three times during Jade's stay in intensive care Rob and Tina were asked to turn off life support which they vehemently refused, saying Jade was a strong girl and would recover. On Jade's 26th day on life support the doctors noticed a slight improvement and after a 3 month stay in ICU she was well enough to be transferred to a ward. The family was all tested for availability and compatibility for a donor kidney; however none were suitable. In desperation Rob the step-father asked to be tested and it turned out he matched in 5 of 6 compatibilities which



was enough for Rob to be his step daughter's donor. Jade had endured dialysis and chemotherapy and was told she would never be a mother (since proved wrong!).

On 15 February 2010 Rob donated a kidney to Jade and as is often the case it takes the donor longer to recover than the recipient. On April 16 after recovering from surgery Rob was off on his bike to Gisborne; however 50kms north of Wairoa around Moerere, Rob was forced across the road by a car performing a U turn and hit an approaching van. The bike caught fire as did Rob himself, fortunately he was not burnt alive but suffered multiple injuries including 12 broken ribs, broken

sternum, broken femur, both arms injured, one with compound fractures the other with serious dislocation resulting in Rob's elbow being in the middle of his triceps. Rob was awake but has little or no memory of this time or much of his early days in hospital when his left leg was amputated below the knee. He remembers being told by the surgeon he had catastrophic injuries. Rob had 2 days in Gisborne Hospital but was flown to Hastings due to the severity of his injuries. He spent 5 weeks in hospital and after pleading his case to be released, he was. However he has endured 5 more operations since leaving hospital, the most recent being in February this year. It took Rob 18 months before he walked again with numerous procedures having to be redone to ensure the best stability for him. Even with all this Rob is still riding a Harley having recently purchased a 2011 Rocker.

*(An inspiring story! Ed.)*

## SKIN CARE FOR AMPUTEES

*by Liz Rogers*

One of the challenges of being an amputee is learning how to maintain skin integrity. In other words learning how to look after your skin in all conditions. Some people have few such problems whilst others seem continually challenged. Most people, through trial and error develop both preventative measures and treatment which suits them. These thoughts may be useful for those of you who are reasonably new amputees.

### *Some common Causes of Skin Breakdown*

There are many causes for skin breakdown. The following is not a complete list but some of the more common causes.

- A poorly fitting limb
- Heat and perspiration
- Loss or gain in weight affecting the fit of a limb
- Underlying debilitating condition e.g. diabetes, peripheral vascular disease etc.
- The aging process where the skin is not as elastic and takes a while to heal
- Abrasions through injury

### *What can you do about it?*

Problems with skin on the residual limb can have quite an impact on mobility for some people, particularly if you need to take the limb off for any period of time.

The following are some thoughts which focus on how to retain skin integrity.

- A critical aspect is ensuring that the limb you have fits well. If you are suffering from reddened areas and/or skin breakdowns an important first step is to visit your Prosthetist who can assess whether the skin breakdown is related to the fit of the limb. Many skin problems are able to be successfully resolved at this stage.
- You may need to leave your limb off for a while to allow the area time to heal.
- Ensuring that your residual limb is clean and dry. This is more a challenge when

involved in sport or in hot weather. Taking a wet and dry towel and the powders and potions you usually use with you when you are involved in this activity so that you are able to take your limb off to wash and dry it, is important.

- Applying 'Derma Prevent' to the residual limb, to reduce the perspiration and prevent chaffing. This is available in NZ, from the Limb Centres (and replaces Prantal Powder available previously).
- Taking additional precautions e.g. when you know that you may be at risk to skin breakdown through an activity, apply a protective pad over the area which is most likely to be affected e.g. Blister Block to prevent this occurring. In NZ these can be bought from the supermarket or chemist.
- Tea Tree oil and Crystaderm have been found to be effective for small superficial breaks in the skin which you may be reluctant to cover. Tea tree oil has antifungal and disinfectant qualities which facilitates healing and doesn't tend to make the skin tender as may occur when you cover such an area for any length of time with an occlusive treatment e.g. Blister block. Crystaderm is a mild form of hydrogen peroxide which heals skin and leaves it supple.
- There is also a range of skin preparations which sports people use to prevent chaffing and some of these may be beneficial.
- If skin breakdowns persist for no apparent reason, another avenue, which could be explored is to be seen by a Dermatologist (skin specialist). There may be some underlying condition which is causing the skin breakdowns and needs to be treated.

It is important to first trial a small amount of any untried skin product on your skin (not on your residual limb) and leave it for a day or two to see whether you have any reaction to it. If there is a skin reaction no further applications should be made.

*(Many thanks Liz - I'm sure most of us experience skin breakdown from time to time - Ed.)*

**OUR THANKS** to the Rehabilitation Welfare Trust for their donation towards the cost of the publication of *Purpose*.

**PUBLICATIONS** available (no cost) from the National Coordinator or Regional 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 11 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)

## THE HISTORY OF PROSTHETIC LIMBS

*(Reprinted from Amputee Journal Vol.26 No.3)*

Ancient history contains references to prosthetic limbs in stories and poems, but some of the earliest historical accounts of prosthetic limb use were recorded in Greek and Roman times. For instance, there's the historical account of Marcus Sergius, a Roman general who lost his right hand while battling in the 2nd Punic War. Famously, he had a replacement hand fashioned out of iron for the purpose of holding his shield and was able to return to battle and continue fighting. In the year



2000, researchers in Cairo, Egypt, unearthed what they believe to be the oldest documented artificial body part - a prosthetic toe made of wood and leather. The device, found attached to the nearly 3,000-year-old mummified remains of an Egyptian noblewoman, is a good representation of how little prosthetic limbs have changed throughout history.

*(This prosthetic toe dates back to between 950 and 710 BC)*

With the exception of very recent times, prosthetic devices have been constructed of basic materials, such as wood and metal, and held to the body with leather attachments. To show how little prosthetic limbs have advanced through most of history, consider the artificial hands and legs of the Dark Ages - nearly 2,000 years later. Armored knights of this era often relied on iron prosthetic limbs, usually crafted by the same metalworker who made their armor. These bulky limbs were admittedly not very functional and were actually used more for the purpose of hiding the lost limb, which was considered at the time to be an embarrassing deformity. Most famously attributed to seafaring pirates, peglegs with wooden cores and metal hands shaped into hooks have actually been the prosthetic standard throughout much of history. While Hollywood has exaggerated their use of hooks and peglegs, pirates did sometimes rely on these types of prostheses. The required materials for these devices could be scavenged from a common pirate ship; however, a trained doctor would have been rare. Instead, the ship's cook typically performed amputation surgeries, albeit with poor success rates.

In the early part of the 16th century, French military doctor Ambroise Pare, also famous for his work with amputation techniques, contributed some of the first major advances in prosthetics seen for many years. Pare invented a hinged mechanical hand as well as prosthetic legs that featured advances such as locking knees and specialized attachment harnesses. Around 1690, a Dutch surgeon, Pieter Verduyn, later developed a lower leg prosthesis with specialized hinges and a leather cuff for

improved attachment to the body. Amazingly, many of the advances contributed by these two doctors are still common features of modern day prosthetic devices. With the advent of gaseous anaesthesia in the 1840s, doctors could perform longer, more meticulous amputation surgeries, allowing them to operate on the limb stump in such a way as to prepare it for interfacing with a prosthesis. Advances in sterile, germ-free surgeries also improved the success rate of amputation procedures, increasing the need for prosthetic limbs. As artificial limbs became more common, advances in areas such as joint technology and suction-based attachment methods continued to advance the field of prosthetics. Notably, in 1812, a prosthetic arm was developed that could be controlled by the opposite shoulder with connecting straps - somewhat similar to how brakes are controlled on a bike.

The National Academy of Sciences, an American governmental agency, established the Artificial Limb Programme in 1945. The programme was created in response to the influx of World War II veteran amputees and for the purpose of advancing scientific progress in artificial limb development. Since this time, advances in areas such as materials, computer design methods and surgical techniques have helped prosthetic limbs to become increasingly lifelike and functional.

*You can't take it with you ... or can you?* A common cultural belief - one held during various periods throughout history - is that a person who loses a limb during his or her time on Earth will remain limbless in the afterlife. To avoid this fate, amputated limbs were commonly saved for later burial along with the rest of the body.

**NATIONAL CONFERENCE  
and GIVE IT A GO! 17-19 April 2015**

Programme and Registration Forms will be available early December  
from our website [www.af.org.nz](http://www.af.org.nz) or from the National Coordinator

**BOCCIA**

This is a game of skill and strategy and is a truly inclusive sport for all. Similar to lawn bowls and petanque, Boccia is a non-contact target sport that is played indoors on a smooth rectangular court and can be played as individuals, in pairs or teams of three. For more information see Boccia New Zealand's website [www.boccia.org.nz](http://www.boccia.org.nz)

**NZ ARTIFICIAL LIMB SERVICE**

The Amputees Federation of NZ was sorry to receive news of the resignation, as from the end of January, of Mervyn Monk, Chief Executive Officer.

During his time with the Limb Service, the support and empathy  
Mervyn has shown towards amputees has been greatly appreciated.

## PROFILE - KERRY WILFRED-RILEY

(from *An Ongoing Challenge*)

In August 2001 I was hospitalized with an unexplained illness. Within twenty-four hours my kidneys had failed and my blood pressure was non-existent; this in turn, caused severe septicaemia and as a result I had to have both of my legs amputated below the knee. All the fingers on my left hand were removed and three from my right hand. After the operations were done my health steadily improved and after four months I was able to return home. The next year was spent attending



hospital, Physiotherapy and Limb Centre appointments. It was hard work at the time but well worth the effort. With my new prosthesis I am now able to walk well, and with financial assistance from the Lottery Board I drive a car with hand controls.

As my rehabilitation progressed I wanted to return to work. I had spent the last twenty-five years working alongside people with disabilities in a variety of roles, so with this in mind I approached the Amputee Society to do some volunteer work. This work evolved into a part-time job and I am now the Field Officer for the Amputee Society of Waikato, Bay of Plenty & Districts and the Amputee Society of Auckland & Northland.

In my travels around the upper North Island I have visited many people who have undergone amputations of various kinds. Often there was nothing in their life experiences to assist them with the challenges they faced. Some of the questions I have been asked are the same ones I asked twelve years ago. How do we recover from an amputation? Where do we go from here? How do we face the challenge to live a life different from the one that we have always known? Within all of us lies great courage and fortitude; it comes to the fore at such times to help us move forward and always supports us in our endeavours to lead productive and purpose-filled lives. Help is always at hand through the Regional Amputee Societies and the Amputees Federation. Most of the members have lived with an amputation for many years, and can assist with information, counselling and peer support. In truth, I am continually inspired by the amputees that I meet every day. Their courage and commitment to move ahead in spite of the unfamiliar road they travel is truly an inspiration to all of us.

*(Kerry is the Amputees Federation's Nominee on the NZ Artificial Limb Board)*

## AFFILIATED AMPUTEE SOCIETIES

Region	Secretary/Contact Person
Auckland & Northland	Janis Bourne P O Box 71171 Rosebank Auckland 1348      Phone (09) 833-8057
Canterbury & Westland	Eileen Popplewell P O Box 26-148 Christchurch 8148      Phone (03) 349-9415
Hawke's Bay/East Coast	Colleen Kelly 12B Otatara Road Napier 4112      Phone (06) 844-3289
Manawatu	John Maher 27A Alfred Street Palmerston North 4414      Phone (06) 354-7023
Nelson & Marlborough	Claire West 5 Cape View Nelson 7010      Phone (03) 545-1410
Otago & Southland	Lorraine Peacock 213A Bay View Road St Clair Dunedin 9012      Phone (03) 455-6347
Taranaki	Tracey Rees 143C Wills Road New Plymouth 4312      Phone (06) 755-4346
Waikato, Bay of Plenty & Districts	Lee Cook (President) P O Box 15-130 Dinsdale Hamilton 3243      Phone (07) 846-3177
Greater Wellington Region	Kate Horan (President) 40 Kahurangi Heights Aotea Porirua 5024      Phone (04) 237-7500

**Visit our Website at [www.af.org.nz](http://www.af.org.nz)**

## Triton

### Learning from nature

When developing the Triton prosthetic feet, our engineers made mobility their priority. They worked together with amputees to create a comprehensive family of products that meet the various demands of an active lifestyle. Thanks to the innovative design, the Triton feet are suited for a broad range of applications. They offer excellent functionality even under high load.



## Pure Sport.

### With the new 3S80 Sport knee joint

There is nothing like the satisfaction you get after a good run. The new 3S80 Sport knee joint, with the proven rotation hydraulics principle, enables the user to simply run again.

Whether it's for jogging or sprinting, the new sport prosthesis – in combination with the 1E90 Sprinter carbon spring foot – is perfect for running sports and is approved for a body weight of up to 100 kg.

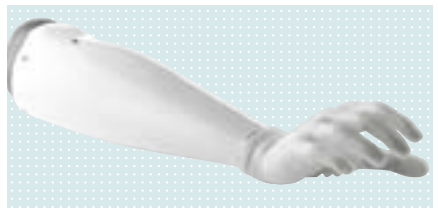
The locking function of the new sport knee joint gives the user a secure stance--especially helpful for warming up and stretching exercises.

## Michelangelo

### Using advanced technology to help you reach your potential

The Michelangelo® Hand is the most technologically advanced and functional prosthetic hand available. As the heart of the new Axon-Bus® prosthetic system, it offers unrivalled benefits and new freedom of movement for the user. This is our vision of innovation-technology for the benefit of people.

Ottobock Australia  
62 Norwest Boulevard  
Baulkham Hills NSW 2153  
T +61 2 8818 2800 F +61 2 8814 4500  
E [healthcare@ottobock.com.au](mailto:healthcare@ottobock.com.au) W [www.ottobock.com.au](http://www.ottobock.com.au)



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.

