

**AMPUTEES FEDERATION OF  
NEW ZEALAND INCORPORATED**

# ***PURPOSE***

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



**MARCH 2010**

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# GUEST EDITORIAL

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No. 89 – March 2010



After almost twelve years on the New Zealand Artificial Limb Board it is time for me to step down and a time also to reflect on my term. There have been many developments over the years most to comply with government requirements and not noticed by the client, other changes have meant an enhanced service to amputees.

For a long time each of the five Limb Centres in New Zealand operated largely as separate units; now there is a more cohesive approach reflecting a true national service with more sharing of ideas and training throughout. In the last few years a process has been developed to measure the progress of new lower limb amputees from the time of their first fitting. This is proving useful for the physiotherapists to monitor progress. It seems it is also a confidence booster for

the amputee when their progress is confirmed, sometimes at a time when confidence is low and progress seems slow. As amputees we know that learning to use a prosthesis can be daunting so any confirmation of how well one is doing is appreciated.

A prescription policy is now in place to ensure that the most suitable componentry for each prosthesis is selected ensuring that the limb is right for the amputee. However there is some responsibility on the amputee to discuss in detail with the prosthetist one's lifestyle, type of work whether it be in employment, within the home or work in the voluntary sector. It is also important to make known current hobbies and other interests. The expectations of an amputee can sometimes be very high and it is a steep learning curve to discover what is achievable. Sometimes a complete return to pre-amputation lifestyle is not always possible.

As amputees we are very fortunate to have a Board that is interested in our welfare and committed to providing the quality service that we do enjoy.

I wish Kerry well as she takes up her position on the Board and I hope she will find the work as rewarding as I have.

Jenny Thompson

*(As the Federation's nominee on the Board, Jenny has been a superb advocate for amputees and will be very much missed. Kerry Wilfred-Riley's appointment to the position takes effect from 1st March - Ed.)*

## NEWS FROM THE REGIONS

**Auckland & Northland** - A Christmas barbecue at the Auckland Limb Centre on 22 November was well attended and new faces were welcomed. Their committee is well aware that the first time attending any of their functions is always a challenge but once friendships and support systems have been formed, this becomes easier.

**Waikato, Bay of Plenty & Districts** - A "chin wag" and BYO finger food was the order of the day at their AGM early in February. A meeting in Ngatea Gardens on 17 April was the next function planned.

**Hawke's Bay/East Coast** - Some changes at the helm are likely at their AGM in late February; we look forward to hearing how it goes.

**Taranaki** - 30 attended the luncheon in Hawera in November. Sadly their President, Chris Fromont, did not make the final of the Attitude Awards (*my apologies for getting your name wrong in the last Purpose, Chris - Ed.*). Their Treasurer for five years, Margaret, was to stand down at their AGM on 28 February but they were hoping she would remain on the committee.

**Manawatu** - The Christmas lunch at Bethanys was a great social success, with many new and old faces having a good catch-up. The AGM was planned for 28 February. Two longstanding members, Linda Young and Luke Saunders, were sadly farewelled.

**Wellington Regions & Wairarapa** - Nothing to report from this Society; we hope they are still managing to tick along.

**Nelson & Marlborough** - We're looking forward to meeting Amy Hindley and William Miles as their delegates at the forthcoming conference.

**Canterbury & Westland** - A very successful Christmas function yet again thanks to committee member, Margaret. It has been lovely to see and meet some new members at functions and also at the Burwood Physiotherapy Pool.

**Otago & Southland** - There was a good turnout of members at functions held at the end of 2009 - the meeting and dinner in Invercargill, the golf day at Riversdale, and the Christmas barbecue. The AGM is planned for 6 March and everything is well in hand for the conference in Queenstown which they are co-hosting with the Federation.

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

**SUPPORT YOUR DISTRICT AMPUTEE SOCIETY  
IT SUPPORTS YOU**

## MEDICAL BREAKTHROUGHS - BIG AND SMALL

*(By Elan Young, from inMotion, reprinted with permission of Amputee Journal)*

The scientific frontier that leads to medical breakthroughs is never dull. Medical advancements that improve people's health and well-being are important reminders that there is still so much to discover - and still so much to be hopeful about when it comes to healing illnesses and injuries. Certainly not all medical advancements lead to cures, but even products and discoveries that lead to simple improvements in the quality of life for someone with a chronic illness or physical limitation are reminders of what science can achieve. Short of re-growing human limbs (though some think this will be possible one day), there is an array of recent medical advancements that offer new hope for people with limb loss or those who might otherwise have no option than amputation.

Most people might think that amputee soldiers returning from Iraq or Afghanistan have lost limbs as a result of improvised explosive devices (IEDs). In fact, a bone fractured that is exposed to open air is one type of injury that can also cause limb loss. Osteomyelitis is a bone infection that affects far more soldiers serving in the Middle East than it does living in the U.S. Because of dangerous multi-drug resistance, when doctors treated injured soldiers through standard antibiotic means, many of the soldiers contracted methicillin-resistant *Staphylococcus aureus* (MRSA) or *Staphylococcus aureus* (SA) and ended up losing a limb that might have been saved. As a result, doctors began using an older method of treating bone infections, but in a new way, with positive results. Doctors have for many years treated compound bone fractures by putting large doses of antibiotics into bone cements to provide a localized treatment that would otherwise be toxic to the body. For the first time, doctors are using this treatment method to treat *Acinetobacter baumannii*, the bacteria responsible for causing osteomyelitis. Now this infection can be treated without increased risk of acquiring MRSA and related staph infections. The treatment is expected to prevent many unnecessary amputations among soldiers serving in the Middle East.

Another MRSA related advancement that targets the increasing prevalence of this deadly bacterial strain is a blood test with a 2-hour result time. The key reason that this bacteria is so dangerous is because it wreaks so much damage to the body's bones and vital organs within such a short amount of time that it is often too late to save a person's limbs or prevent their death. Before this test was available, doctors and patients had to wait 48 hours for blood test results; for MRSA patients, every hour of delayed treatment can mean the difference between life and death or amputation.

Some medical breakthroughs are stunningly simple, such as the nausea patch for patients undergoing chemotherapy. Based on the same concept of motion sickness patches, the nausea patch releases a steady dose of a drug with the active ingredient granisetron, which blocks serotonin receptors and diminishes nausea. The drug itself was already in use, but only in a tablet or injection form. The patch can be an effective guard against queasiness for about 5 days, and it is amazingly simple to administer.



Othertimes, medical breakthroughs are not a result of a new drug or invention, but rather a new observation about an older treatment - even when used to treat something else entirely. This is exactly what happened when researches discovered that salsalate, a drug similar to aspirin, can have a positive effect on blood sugar levels in diabetics, and has a lower risk for stomach bleeding, unlike aspirin. The drug has actually been used for over 40 years to treat joint pain, such as in cases of rheumatoid arthritis. New research suggests that the drug can lower blood sugars both before and after people eat, which is great news for people with diabetes. In fact, some are hopeful that this non-steroidal' anti-inflammatory drug (NSAID) may even help prevent type 2 diabetes, especially in young people with obesity.

Curbing obesity is no longer just in the realm of lifestyle changes. It's commonly known that obesity causes a greater risk of developing type 2 diabetes, but it's harder to entice people away from high calorie foods and sedentary lifestyle that lead to obesity, even when they desire a change. This is one reason why researchers are trying to find ways to prevent or reverse obesity through other means than diet and exercise. Recent research suggests that this may be possible with the help of a citrus-derived flavonoid called naringenin. This study, conducted on mice, indicates that this flavonoid can induce the liver to burn rather than store fat, despite caloric intake. The naringenin also lowered triglyceride and cholesterol levels while normalizing glucose metabolism and preventing insulin resistance. Research is now being conducted to see if naringenin can prevent heart disease.

Diabetes can result in a multitude of serious complications, which is why so much research is focused on diabetes treatments, including its complications. One of the more serious complications of diabetes is critical limb ischemia (CLI), a severe condition of peripheral arterial disease (PAD). PAD results in pain and sores in one's extremities due to decreased blood flow. People with CLI usually need the help of a vascular specialist, since diet and exercise alone may not be enough to reverse the disease or



prevent amputation. However there are times when vascular surgery is not an option or has already been performed unsuccessfully. To help patients who are severely at risk for amputation, there is a new medical procedure under study that is showing improvements with loss of blood flow due to ischemic artery disease. The study involves autologous bone marrow cell (aBMC) transplants for patients at risk for amputation. In the recent study, in patients whose limbs were salvaged, blood flow was restored and they no longer had pain. A doubleblind placebo controlled study is underway, and researchers are hopeful that this technique may in fact spare many people unnecessary pain and disruption from amputation surgery.



Over 60 percent of amputations are the result of complications of diabetes, including foot ulcers resulting from CLI. Another emerging clinical research trial suggests that stem cell therapy has the potential to reverse the infection of foot ulcers that can lead to amputation. The trial involves collecting adult stem cells derived from the blood of a patient affected with CLI and injecting them into the patient's calf muscle. The

clinical trial outcomes showed that within several weeks after injection, blood flow is improved, allowing chronic sores to heal. Once the new blood vessels begin restoring proper blood flow, patients may begin to feel overall improvements in circulation and decreased pain.

Different research in the area of diabetic foot wounds comes from Queensland University of Technology in Australia, where scientists are touting new studies that suggest that oxygen treatment can prevent amputation from diabetic wounds. Specifically, the research found an increased rate of wound healing when patients were given hyperbaric oxygen therapy, which involves putting the patients in a chamber with pressurized oxygen. The study only modelled this treatment of oxygen and not oxygen without additional pressure.

The use of oxygen made its way into other medical news with a new technology that measures the amount of oxygen located near a patient's foot wound. The technology's usefulness is based on a research study that monitored oxygen levels surrounding patient's ulcers over 6 months and accurately predicted which ulcers would heal. The device can produce a measurement in 15 seconds, and the positive predictive value healing was 100 percent. This means that doctors can have a greater degree of accuracy in determining the location of amputation as well as whether or not

amputation is needed. For example, patients may only need to have several toes removed instead of an entire foot. The technology is useful because of its ease and accuracy, while ensuring that the best decision is made for the course of treatment, especially in cases where the doctors are inclined to take a more aggressive approach than what is truly necessary.

It is true that an ounce of prevention equals a pound of cure, and new drugs and technologies cannot substitute for lifestyle habits that might prevent chronic illnesses that lead to amputation. Nonetheless, any research that attempts to discover medical breakthroughs that improves a person's life in big (and even small] ways is worth the time and money spent to get there.



**Winners in the National Skeet Event (November 2009)**

Back Row: Trevor Manson, *President NZ Clay Target Assn*, Keith Butters (*Wellington amputee*), Shane Ashfort (*Hastings Amputee*), Derek Haggerty  
 Front Row: Phil Edwards (*Otago Para*), Tony Brogden (*Auckland Para*)

**O**UR THANKS to Pub Charity and the McKenzie Trust for their recent grants. Without such assistance, our functioning and support to District Societies would be severely limited.

## IN THE NEWS

Former President of the Amputees Federation, Liz Rogers, and her husband John made the Regional News page in the *Otago Daily Times* at the end of last year in an article which described their involvement in Wanaka's marine emergency first response team. Liz and John moved to Wanaka from Christchurch five years ago and as they



(Photo courtesy of ODT)

both had their boatmaster's and radio operator's certificates, they offered their services as part of the marine roster. As part of the team, they were one of three private boat owners who were on call 24 hours a day during January.

Helping people and saving lives is a cause close to the Rogers' hearts. John is a former rescue diver and had to call on all his resources to save Liz's life 12 years ago after she was attacked by a tiger shark while snorkelling in Fiji. Liz's left leg had to be amputated but the couple returned to Fiji to dive a year after the accident.

## SOME SKIN CARE HINTS from Liz Rogers

Vitamin E massaged into a scar 3 x daily once the swelling and bruising has resolved reduces the scar tissue and smoothes the skin. You can also take Vitamin E orally as well. People need to ask the advice of a health professional (eg. Chemist) as to how long to take it. I had a very puckered scar where my socket fits and was quite concerned. It is now fairly smooth following this treatment. Arneca was excellent in reducing the bruising initially.

- Epsom salt baths are good for skin health - one handful of epsom salts in a bath every 2-3 days and a good soak. Epsom salts are best bought from a garden centre or farming outlet as it is far cheaper than the chemist. Lots of amputees have skin problems with minor infections etc and this is such an old remedy but still very effective.

**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](mailto:lorrystan@xtra.co.nz)

**VISIT** the Federation's website at [www.af.org.nz](http://www.af.org.nz) It contains a wealth of useful information and "visitors" to the site number around 3,000 every month.

## INTRODUCING TOM NAUGHTON

Treasurer of the Amputee Society of Hawke's Bay/East Coast Inc.

(Reprinted from Out on a Limb, Newsletter of the HB/EC Society)

I have been a below knee amputee nearly two and a half years. My troubles originated from a compound fracture of my ankle, when I was eighteen years old. A severed artery caused a lack of circulation; as time went by I suffered a wound on that leg and it became an ulcer that wouldn't heal. In the end it meant amputation before my whole system was poisoned; it was hard to accept but a relief once done.



I was a joiner by trade, then a maintenance carpenter at the Tomoana Freezing Works. Being made redundant, I became self-employed.

In years of late my work became largely Health Board and ACC work entailing fitting handrails, building ramps and wet floor bathrooms.

I have three adult children who are very supportive of me. My hobbies have ranged from table tennis, gymnastics, social pool and snooker to amateur winemaking. The latter entails crushing grapes - that's alright with two legs; with one leg it is a sight to behold.

The Amputee Society has introduced me to a lot of new people. It is an education - when you think you are the only one with problems, then you find everyone has their problems and often they can solve yours.

(We would love to hear from readers who have a story to share through Purpose. Do get in touch - Ed.)

## SPORTS ACHIEVERS from 2009

Congratulations and well done to the following:

- Jessie Reynolds and Sarah Fuhrer who participated in the Australian Paralympics Youth Games in September. Jessie, who is a right above knee amputee, won a bronze medal in the 400m freestyle. Sarah, who is a bilateral above knee and right elbow amputee, won gold in the 200m freestyle. They are both preparing for the World Junior Amputee and Wheelchair games in the Czech Republic.
- Amputee cyclist Paula Tesoriero won the women's road race at the UCI Para-Cycling Road World Championships held in Bogogno, Italy, and won bronze in the women's individual time trial.
- Kate Horan competed at the IWAS Athletes World Championships in Bangalore and won silver in the 100m and 200m.
- Sophie Pascoe won gold in the 100m and 200m individual medley and 100m backstroke and 100m butterfly at paralympic championships in Brazil. She also received a variety of Canterbury Sportsperson awards of the Year.



## SECONDARY CONDITIONS RELATED TO PROSTHETIC USERS

(By Robert Gailey, from inMotion, reprinted with permission of Amputee Journal)

The majority of people with limb loss or deficiency have an active and satisfying quality of life. Approximately 68 to 88 percent of amputees wear a prosthesis at least 7 hours a day to aid in mobility and performing everyday activities. The vast majority of amputees who use a prosthesis tend to walk with at least one deviation or problem as a result of improper prosthetic fit or alignment, lack of proper gait training, development of poor habits or compensation for a physical limitation. As a result, an increased load or weight is often placed on the intact limb due to the altered walking pattern, which in turn often causes discomfort or pain in the joints and may result in some form of degenerative joint disease or disability. Three of the most common secondary complications in lower limb amputees due to compensatory and/or altered stresses are osteoarthritis, osteoporosis and back pain.



Osteoarthritis is the most common form of arthritis. It causes pain, swelling and reduced motion in the joints as the result of a break-down of the cartilage in the joints. Cartilage is the slippery shock-absorbing padding that covers the end of the bones in the joint. About 20 percent of the general population has osteoarthritis of the knee and hip due to age, excess weight or joint injuries. Research indicates that 40 percent of people with a single below-knee amputation have osteoarthritis in the sound (intact) knee. Even worse, 60 to 75 percent of people with an above-knee amputation have osteoarthritis in the sound knee. A recent study reported that 80 percent of people who have used a prosthesis for more than 45 years will have

knee pain. Osteoarthritis in the sound side hip occurred in about 45 percent of below-knee amputees and 73 percent of above-knee amputees within an average of 47 years after the amputation. An average of 18 percent of all amputees had osteoarthritis in the amputated side hip.

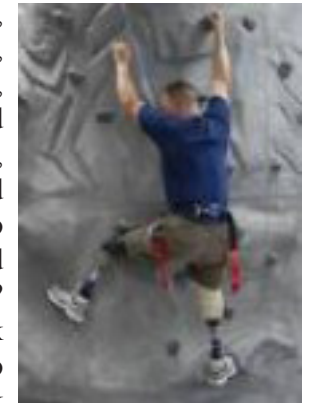
Osteoporosis is a condition where bone density is decreased, increasing the risk of fractures. In the general population, 10 million people have osteoporosis and another 34 million people are at risk - 68 percent of these combined groups are women. Risk factors include family history, gender (women are at greater risk), age, low calcium, smoking and lack of physical activity. For people with limb loss, the reduction of weight bearing through bones on the amputated side limb becomes an additional risk factor. In fact, 80-90% of all long-term prosthetic users have a reduction of approximately 30%

in bone density in the amputated side hip. There appears to be a relationship between amputees' age at the time of amputation and the time they were examined by the doctor. However there was no correlation to bone density with residual limb length or the length of time after amputation. Additionally, no research suggests that people with limb loss experience a greater number of hip fractures than the general population.

Low back pain is very common in the general population. It is estimated that 70 to 85 percent of all people experience back pain at some point during their life, and 15 to 45 percent report having back pain each year severe enough to prevent normal activity. People with limb loss have been found to have significantly more low back pain. Approximately 50 to 60 percent of amputees will have moderate to severe back pain. The majority of people with limb loss experience back pain within 2 years after their amputation.

Although the information presented in this article may suggest that the loss of a limb will result in a lifetime of medical problems, studies show that the majority of amputees who lose a limb early in life go on to live long and productive lives. The new generation of people with limb loss positively appears to have higher expectations concerning their performance of daily tasks and recreational activities.

They want to work, play and live life without limitations, enjoying the benefits that can come with increased activity, such as better general health and overall well-being. However, as activity increases and is sustained over time, there should be a concern for long-term effects to the body. For example, will amputees who are more active during their youth and early adulthood pay the price in later years with respect to increased risk of degenerative joint changes to the sound limb, the remaining joints of the amputated limb, or the spine? Although the risk of degenerative joint disease and low back pain does increase after amputation, there is little evidence to suggest that the amount or type of activity increases the risk of secondary conditions after amputation. Therefore, it is suggested that prevention is the best treatment for those who will be using a prosthesis for many years.



Therefore, it is suggested that prevention is the best treatment for those who will be using a prosthesis for many years.

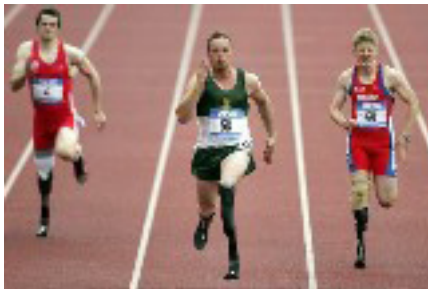
(All figures quoted in this article relate to the USA)

*As a result of the workshops conducted by the Federation in 2009, approximately half of NZ's 21 District Health Boards now have in place guidelines for discharge planning for amputees returning home from hospital; others are well on the way to completing guidelines. We are grateful to the Ministry of Health for funding this significant project.*

# 10 STEPS TO REDUCE THE RISK OF INJURY

1. Be sure that your prosthesis fits comfortably at all times.
2. Be sure that your prosthesis and sound limb are of equal height; avoid having your prosthesis shortened.
3. Walk with an equal width of walking base and don't favour your sound leg.
4. Avoid hopping excessively on your sound limb when not using your prosthesis. Use crutches around the house when not wearing your prosthesis.
5. Stand with equal weight distributed between limbs; avoid favouring your sound limb.
6. Maintain good posture while sitting or standing.
7. If pain is present, use a cane to reduce excessive stress to the knee or back.
8. Maintain a nutritious diet and retain your appropriate body weight.
9. Exercise regularly, incorporating a strengthening, stretching and cardiovascular endurance programme, with your doctor's permission.
10. Maintain a regular appointment schedule with your doctor, prosthetist and physical therapist.

## PARALYMPICS NZ/SPARC-PM SCHOLARSHIP



Recent news from the NZ Artificial Limb Board is that Graham Flanagan (National Prosthetics Manager) and two other senior staff have been awarded a SPARC (Sport and Recreation NZ) scholarship worth \$12,000 to assist with their preparation to support high performance amputee athletes.

GOOD LUCK TO OUR AMPUTEE PARALYMPIANS!

**P**UBLICATIONS 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)

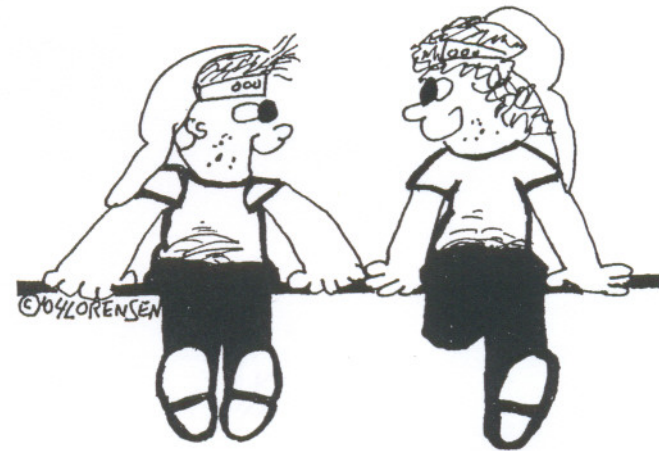
## WOODEN LEG INSURANCE

*(Responsibility for this item rests with the Amputee Society of Waikato, Bay of Plenty & Districts Inc.)*

A man and his wife moved back home to West Virginia from Ohio. The husband had a wooden leg and to insure it back in Ohio cost them \$2000 per year! When they arrived in West Virginia 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.' The husband was shocked and asked why it was so cheap here in West Virginia to insure it because it cost him \$2000 in Ohio. The insurance agent turned his computer screen to the couple and said, 'well, here it is on the screen, it says: Any wooden structure, with a sprinkler system above it, is \$39 .... You just have to know how to describe it!'

*Laughter is the best tonic around and you don't need a prescription for it.*

"THAT'S SO COOL.....  
ONE LEG GROWS SLOWER THAN  
THE OTHER FOR YOU HUH?"



*Smile awhile and while you smile another smiles  
and soon there's miles and miles of smiles, all because you smile.*

## AFFILIATED DISTRICT SOCIETIES

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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.**