

# thrive

Living Well  
with Limb Loss

ISSUE # 20



## DRIVE TIME

Adapting  
Vehicles for  
Amputees



## HOME GYM Toolbox

## Travel TIPS



## 30-DAY Activity Challenge

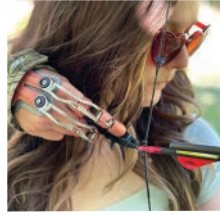
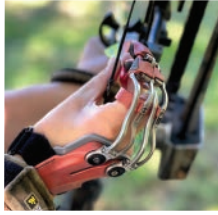


## Darda Sales

Motherhood  
Mobility  
& More







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## WELCOME

*“Humour is... perspective, an awareness that some things are really important, others not; and that the two kinds are most oddly jumbled in everyday affairs.”*

– Christopher Morley, *Inward Ho*



Parenting. Perspective. Humour. Three words that might best sum up what this issue has to offer. Darda Sales shares about her life as a child with an above-knee amputation and now a mother herself. She gives voice to some of the worries of many parent-to-be amputees.

Rouzalain Hakim takes us all back to our one-year “ampu-versary” as she reflects on her first year as an amputee. Her return from rehab story speaks to feelings and fears that many of us felt as we crossed that milestone marker. And as Rouzalain now knows too, a shifting perspective finds hope and happiness with time and effort and acceptance, and community.

And laughter. A helpful and healing river that runs through it all... finding fun in the face of tough times and in our own unique amputee selves, and allowing those we trust to do the same. Facts and figures about the mental and physical effects of laughter are featured for you in this issue as well.

Parenting. Perspective. Humour. I shared a story with Darda when we were talking about how our kids respond to questions about their amputee parent. Mine used to often get asked – maybe they still do as adults I don’t know – “how’d your dad lose his hands?”

As they became increasingly bored with that question they took to entertaining themselves really with fantastical new accounts of my injury... from a terrible lid-slamming BBQ accident on a ridiculously windy day to corporal punishment for my prolific stealing affliction as a young kleptomaniac (I’m paraphrasing of course, but the crux of their tales is true).

Wrong maybe, but funny I think. A new perspective for sure. Good parenting or bad on my part for laughing? You be the judge.

Jeff Tiessen, *publisher*  
jeff@thrivemag.ca

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# 3D Technology

## BREAKING BARRIERS

By Michael Kissinger, [www.uvic.ca](http://www.uvic.ca)

University of Victoria alumnus Michael Peirone has witnessed the impact that receiving a prosthetic device can have on a person. In February 2020, he helped set up a clinic in Kenya and recalls a visit from a seven-year-old boy named Bin-Amin.

When Bin-Amin was three years old, he fell into a pile of burning goat dung, resulting in severe burns and partial amputations to all four limbs. He had to rely on his mother for most tasks, including feeding himself. After trying on a custom-made prosthetic hand, he immediately began walking around the room, smiling and shaking hands with his mother.

"It's one of those stories where it just shows you how helpful this prosthetic hand can be to someone," said Peirone, who is CEO of the Victoria Hand Project which designed the device. "He just wanted to pick up things around the workshop and see that he had a hand again."

Originally launched as a research project by UVic mechanical engineering associate professor Nikolai Dechev, the Victoria Hand Project (VHP) now works with partners in 10 countries, designing and developing low-cost 3D-printed prosthetic devices for amputees in need. VHP helps set up clinics with 3D-printing equipment where clients can receive their device in a short amount of time at a price tag of \$100 USD.

Until now, the focus has been on countries like Kenya, Guatemala, Nepal, Haiti and Cambodia, where there is a gap in prosthetic healthcare. Thanks to a \$1-million TD Ready Challenge award, VHP is now extending its reach to help upper-limb amputee children in remote and under-served communities in the U.S. and Canada where access to prosthetic care can be a barrier.



Seven-year-old Bin-Amin was all smiles after receiving his 3D-printed prosthesis at a clinic in Kenya.

## Reader Writes

I just read about five of your magazines during my recent visit to my prosthetist. I am a Registered Psychotherapist and would like to be a resource for you. I am hopeful we can work together. What an amazing resource for such a thriving community! (See what I did there.)

Stacey Smith, MA, RP

**EDITOR'S NOTE:** You'll meet Stacey in our next issue with the introduction of our newly-formed Experts Team that will be ready and willing to help you with any limb loss and limb difference questions.







## GRANT FOR MULTI-LIMB AMPUTEES

As part of its mandate to support amputees across Canada, The War Amps recognizes that those with multiple amputations have challenges and costs that are higher than average.

Such costs could include daily living aids, physiotherapy or massage therapy, transportation, home maintenance and renovations, clothing modifications and self-care like physical activity.

As such, the venerable organization is offering an opportunity to apply for a one-time grant of up to \$3,500 to support additional costs faced on a daily basis. It's hoped that the grant allows recipients to take steps towards meeting an immediate need related to their amputations.

Applicants are asked to briefly describe how the grant will help to offset challenges and related costs regularly incurred as a multiple-limb amputee. For more info call 1-800-250-3030 or visit [www.waramps.ca](http://www.waramps.ca).

## SIMPLE SOLUTION for Odour and Irritation

A common problem for amputees is irritation, odour and infections related to prosthetic liner use. Beyond regular cleaning with soap and water and alcohol wipes, there are few options to combat the problem. The Liner Wand may be one of those solutions.

The Liner Wand contains Apocrine™, a patented cleaning and decontaminating solution designed to leave a barrier coating on the liner surface. The effectiveness lies in the process of combining isopropyl alcohol – a disinfecting agent – with silver titanium which is known for its bacterial-fighting properties.







A word of caution: although not damaging to the liner, Apocrine may stain some liners a yellow or brown colour. Learn more at [www.thelinerwand.com](http://www.thelinerwand.com).





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# FILM SERIES FOR Partial-Hand Amputees

Naked Prosthetics manufactures four devices for finger and partial-hand amputees to restore the ability to perform daily tasks, support job retention, and encourage an active lifestyle. The prosthetic firm has also created a Finger and Partial-Hand Amputee Peer and Support Group to fill a long-standing gap in peer support for these amputees.

The company recently released a short film series that follows the journeys of four of its wearers. Stu, Darrel, Cara and Zach share their experiences with the hopes of encouraging those who are currently going through a difficult time:

### “A Door Opens”

featuring Stu C. wearing a two-digit MCPDriver  
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### “Back to Myself”

featuring Darrel C. wearing an MCPDriver  
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### “Together”

featuring Cara B. wearing two PIPDrivers  
[www.bit.ly/31UiWK6](http://www.bit.ly/31UiWK6)

### “Our Future”

featuring Zach T. wearing four GripLock Fingers  
[www.bit.ly/3bdNfQY](http://www.bit.ly/3bdNfQY)

Reach out at [info@npdevices.com](mailto:info@npdevices.com) or  
360-915-9724 for more information.

## PUBLIC SUPPORT IS KEY

Ten-year-old Malcolm loves music, and thanks to The War Amps Child Amputee (CHAMP) Program, he received a specially-made device that helps him play the piano. Devices like these help child amputees participate in a wide range of activities. Thanks to the public's support, The War Amps covers 100 percent of the cost of recreational limbs and devices.







## DID YOU KNOW?

**Amputation, as you know, is not prejudiced by gender, race or socio-economic status. Here are five celebrities that might surprise you to know are, or were, amputees.**

Singer Ella Fitzgerald, often referred to as the "Voice of Jazz," had a double leg amputation in 1993. It was her diabetes that made the amputations necessary. Iconic actress and socialite Zsa Zsa Gabor had her leg amputated above the knee in 2011. She had an untreatable infection.

Def Leppard drummer Rick Allen was racing his Corvette through Sheffield, England, in 1984 when he crashed it into a brick wall. He was lucky to survive the accident, but it cost him his left arm. The drummer learned to play one-handed and carried on.

Politician Ted Kennedy Jr., who is the nephew of former President John F. Kennedy, had his right leg amputated in 1973 after doctors found bone cancer. And baseball fans may remember major league pitcher Dave Dravecky who suffered a career setback in the late 1980s when he was diagnosed with cancer in his left arm. Doctors eventually had to amputate. Dravecky became an author and public speaker.



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## AMPUTEE HELPING AMPUTEES

Alaric, who was born without his left arm below the elbow, set up a lemonade stand this summer to raise awareness and funds for The War Amps. He raised \$200 for the association, carrying on the legacy of “amputees helping amputees.”

## Beating the Odds

In partnership with the Challenged Athletes Foundation and Major League Baseball, comes the inspiring true story of Landis Sims, a 16-year-old baseball player who is missing both hands and feet.

*Landis: Just Watch Me* documents the young athlete over eight years as he tackles his goal of making his Varsity team with guidance from some of Major League Baseball’s best, including pitcher Joe Musgrove and Manager Joe Girardi as well as heroic Wounded Warriors. With no hands, no feet and no limits, *Landis: Just Watch Me* will have you cheering.

For more visit [www.landismovie.com](http://www.landismovie.com).



## Home of PATRICK ANDERSON



The Township of Centre Wellington has officially unveiled its “Home of Patrick Anderson” signs, making the township among only a very few municipalities across Canada to honour a hometown Paralympic athlete in such a way.

Centre Wellington council joined the Elora Public School Grade 7 students who presented the idea to council – Lily Brown, Helena Kogen and Mya Hunt – and their teacher, Andy Speers, for the official unveiling of the sign. A previous *thrive* cover story, Anderson is a three-time Paralympic Games champion in wheelchair basketball and the pride of Fergus.



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# Taking Stock in Laughter

*“Laughter is nature’s gift for coping and for survival.”*

Laughter Therapist, Enda Junkins, LCSW, LMFT, BCD





By Allan McCarthy

**People laugh at the darndest things. And in the darndest places. Have you ever been within earshot of laughter in a hospital waiting room, a church sanctuary, or maybe worse yet – a funeral home? Or maybe it was you doing the chortling. Awkward.**

These are not funny places, but people will laugh in serious situations or even at times when they're down in the dumps. Amazingly, many of us do.

We laugh when we really need it most if we let the body do what comes naturally. Laughing to lift gloom is like screwing up your face to take medicine and finding out that it actually tastes good. "Laughter through tears," has been called the perfect emotion. A society becoming more depressed needs a natural, effective solution to combat woes and laughter can be that solution.

Unfortunately, most people tend to stop laughing when they feel the blues, and when really down, they stop doing anything emotional at all. They don't laugh; they don't cry; they don't get angry. They are totally and miserably numb.

Human beings need to feel our feelings, and when we don't for any length of time, we become miserable. And while laughter is valued as a good thing, it is unfortunately undervalued and underestimated as a natural way of taking care of ourselves.

But within the last decade or so, patients, doctors and healthcare

professionals are all finding that laughter may indeed be the best medicine. The medical community is acknowledging that maybe Mother Nature did not provide us with laughter just for grins. She gave us laughter to heal our bodies and our emotions so we can cope with life as we experience it.

### The Best Medicine

Laughter may indeed be the best medicine. Finding humour in a situation and laughing freely with others can be a powerful antidote to stress. It is also a very good coping mechanism when you are suffering.

Many people find that maintaining a sense of humour is useful for better quality of life. Our sense of humour gives us the ability to find delight, experience joy, and to release tension. This can be an effective self-care tool.

For many years, medical professionals have recognized that those patients who maintained a positive attitude and shared laughter responded better to treatment. Laughing is known to help our respiration, circulation and digestion, lower blood pressure, reduce stress hormones, increase muscle flexion, and boost immune function by raising levels of infection-





fighting T-cells, disease-fighting proteins called Gamma-interferon and B-cells, which produce disease-destroying antibodies.

Laughter also triggers the release of endorphins, the body's natural painkillers, and produces a general sense of well-being.

"If you took what we now know about the capability of laughter to manipulate the immune system, and bottled it, it would need FDA approval," says Dr. Lee Berk, a preventive care clinician, medical research scientist, psychoneuro-immunologist (the study of how psychological factors, the brain and the immune system interact to influence health), and professor at Loma Linda University in California.

### Share a Smile

Laughter is infectious. Hospitals around the country are incorporating formal and informal laughter therapy programs into their therapeutic regimens. In countries such as India, laughing clubs – in which participants gather in the early morning for the sole purpose of laughing – are becoming as popular as Rotary Clubs in Canada.

Humour is a universal language. It's a contagious emotion and a natural diversion. It brings other

people in and breaks down barriers. Best of all it is free and has no known side reactions.

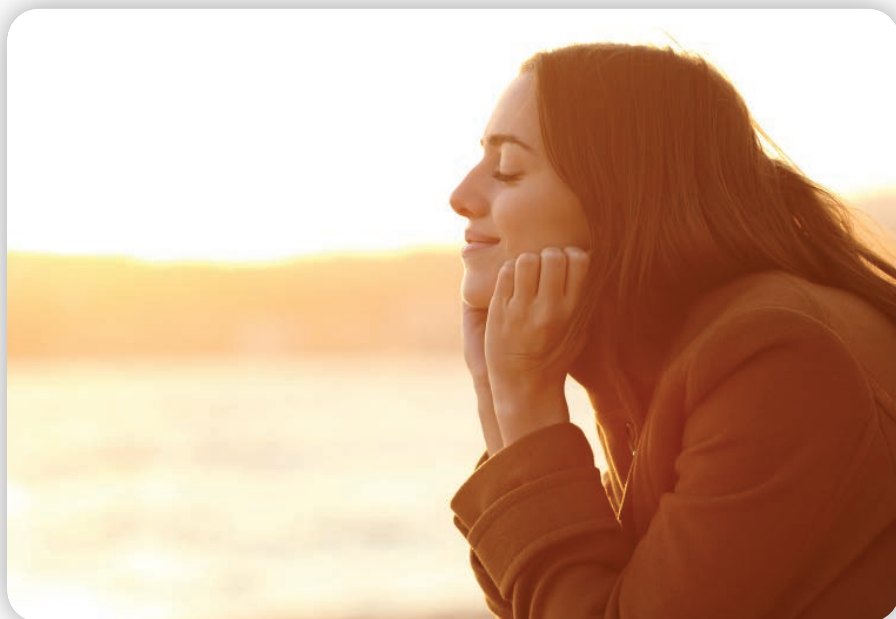
### Laugh Therapy

Laughter brings in positive emotions that can enhance – not replace – conventional treatments. And laughing is aerobic, providing a workout for the diaphragm and increasing the body's ability to use oxygen. A belly laugh is equivalent to "internal jogging." Laughter can provide good cardiac conditioning especially for those who are unable to perform strenuous physical exercises.

Belly laughing results in muscle relaxation too. While you laugh, the muscles that do not participate in the belly laugh, relax. After you finish laughing, those muscles involved in the laughter start to relax.

In addition to reducing stress hormones and strengthening our immune system, humour helps us "forget" about aches and pains for a while too. And frequent belly laughter empties our lungs of more air than it takes in, resulting in a cleansing effect similar to deep breathing.

"Laughter is powerful, important and a wonderful addition to the therapeutic journey when presented as an option by a therapist who is well trained," reports Edna Junkins, MSW, LCSW, BCD, and a laughter therapist. "Laughter in therapy does not refer to jokes in therapy nor does it minimize a client's issues," she explains. "It is one of three major forms of catharsis in therapy that also include tears and anger release. As feelings are accessed, crying, anger work and talking are often necessary along with laughter. Emotions are held in the body and all means of catharsis are necessary to heal. Laughter is the perhaps the most important because it releases







*“While laughter catharsis does not change the facts, it does change the way one relates to the facts.”*

three emotions: anger, anxiety and boredom.”

While laughter catharsis does not change the facts, it does change the way one relates to the facts. Life’s most tragic and bizarre occurrences contain things which may strike one as personally absurd if one is able to look for them. The absurd is often a trigger point for laughter. Underneath the layers of unresolved pain, we possess a strong biological drive toward joy and the capacity to generate it (Montagu, 1989).

Laughter can help the social part of your life too. It can make you feel much more confident in public and help you better relate to others.

### Source of Laughter

If you seek out the humour in your everyday life, it will be there. None of us can live with other people without discovering amusement in both expected and unexpected places. People are funny whether they mean to be or not.

Toys are great fun too. Even for adults. It’s not a dumb thing to do. Perhaps you’ve forgotten that toys are entertaining, stress relieving, and just pure fun... no thinking required.

Seek out companions who laugh a lot and you’ll laugh a lot more too – remember, laughter is contagious. Watch funny movies and TV programs. Read amusing stories when possible or listen to comedy

on audio tapes in the car. If you’re laughing, you aren’t as likely to find yourself driving at ramming speed.

“Finding the things that spark your sense of humour and enjoying them often offers the reward of on-going laughter,” maintains Junkins. “If for some reason you can’t do this and all else fails, just fake laughter. Enjoy ‘pretend laughter’ by making the sounds of laughter and moving your body as you laugh. Your body will benefit and your perspective will change. If you do it enough, real laughter should kick in.”

So – why not do yourself a favour right this very minute? Throw back your head and laugh for absolutely no reason at all.



# Certified to **DRIVE**

## **Getting You and Your Vehicle ROAD READY**

By Deborah Melamed, Occupational Therapist with Driver Rehabilitation Certification

*Submitted by DriveLab Inc. with contributions from The War Amps*

**Whether you are already a licensed driver who has recently become an amputee, or an amputee going for your driver's license for the first time, you will likely have questions. Will you need special devices on your vehicle? Will you need special driver training? What will obtaining or renewing your driver's license look like? Will you have any restrictions on your license?**



Of course, most amputees are still able to drive. Depending on the level of amputation, some individuals can still drive unmodified vehicles. For those who cannot, there are modifications available for most vehicles that can accommodate different levels of ability.

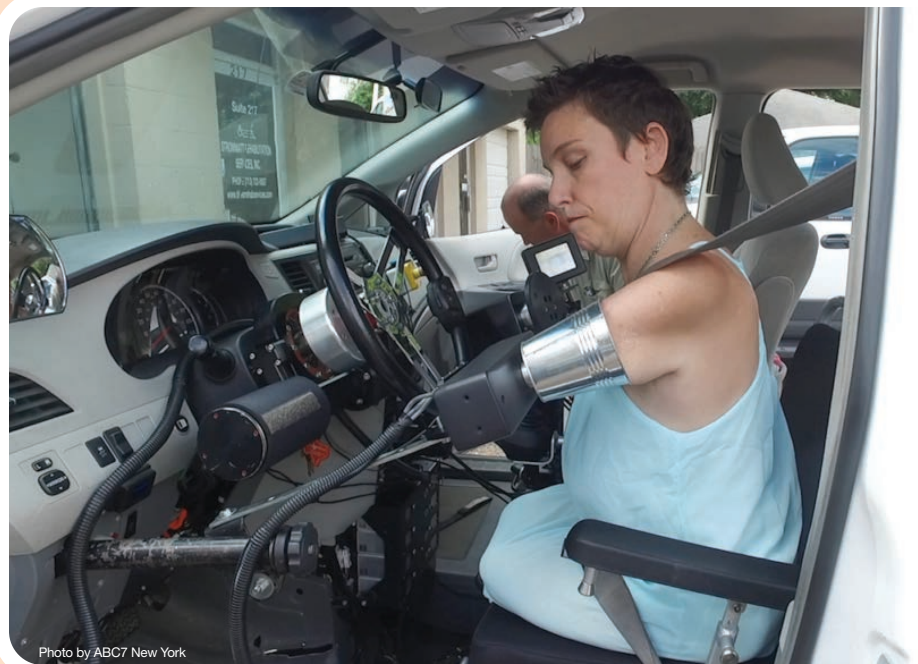
Driving is an area under provincial, rather than federal, control. Therefore, the criteria differ for each province. In many cases there are no specific provincial procedures. Rather, there are guidelines for motor vehicle offices, so experiences may vary from city to city within a province. In some cases, obtaining a driver's license may not necessitate any special requirements. In other cases, a Ministry official may presume that some, or all, amputees must undergo a special assessment.

## THE PROCESS

Obtaining a driver's license is a lengthy procedure for anyone, and for an amputee that process can be even more extensive. You may be required to be assessed at a rehabilitation centre or hospital, which sometimes have long waiting lists. Be sure to start early and allow yourself plenty of time to go through each step of the process. Knowing what the process entails in advance and preparing ahead of time can prevent some of the frustration and disappointment that can result if you are not prepared.

Throughout the process you might have to deal with individuals who, understandably, have little or no knowledge of amputation. Individuals might not be aware of your capabilities and thus, question your ability to drive safely. They could suggest or even insist that you undergo an assessment or more testing than you personally feel is necessary.

Driving carries very serious responsibilities – driving is a privilege, not a right. Therefore, although you may feel certain procedures are unnecessary, you have to do what is reasonably requested to prove your ability to operate a vehicle safely. Knowing in advance which devices you need will certainly help and speed up the process.



## ADAPTIVE EQUIPMENT

There are several types of adaptive driving devices and modified equipment that can assist amputees with safe operation of a vehicle. In most cases, the adapted equipment involves compensation for the inability to reach and operate primary driving controls like the accelerator, brake and steering wheel, and secondary ones like the wipers, turn signals, and lights.

**Right Lower Extremity** (above or below knee): Left foot accelerator or hand controls for brake and accelerator, spinner knob.

**Bilateral Lower Extremity** (above or below knee): Hand controls for brake and accelerator, spinner knob, emergency brake extension, chest strap.

**Upper Extremity** (right or left): Steering device, modified gear shifter and secondary controls.

**Triple or Quadruple Limbs:** Additional modifications can be made including reduced-effort steering system, servo brake and accelerator control, and joystick driving systems.

Adaptive driving equipment and vehicle modifications are available for most vehicles. An occupational therapist (OT) and Driving Instructor working in driver rehabilitation can assist in making the correct vehicle choice and will provide a comprehensive Functional Driving and

Adaptive Equipment Assessment to determine amputees' ability to drive. Driver rehabilitation training is required with any adaptive driving equipment recommended.

## EQUIPMENT ASSESSMENT

A Functional Driving and Adaptive Equipment Assessment (FDA) consists of two parts – an In-Clinic, completed by an OT, and an In-Vehicle with a Driving Instructor and an OT. The In-Clinic includes an

assessment of physical, cognitive, attention, visual/spatial/perceptual capability and knowledge of the rules of the road.

The In-Vehicle/Adaptive Equipment Assessment is done in the Driving Instructor's vehicle, equipped with a secondary brake for safety and numerous adapted driving controls to trial. Adapted driving controls are selected that are best suited for each client. After the FDA, an equipment plan is prepared by the OT for the client and the Driving Instructor.



## DRIVER TRAINING

In-Vehicle Training Sessions come next, with the Driving Instructor. If primary vehicle controls are modified, it generally takes longer to acquire the skills necessary to safely operate the vehicle. The safe operation of secondary adaptive controls typically takes less training time. Just like no two individuals are the same, nor do two people learn the safe usage of adaptive driving controls in the same timeline.

Some of the more common primary adaptive devices such as hand controls or left foot accelerators take most drivers eight to 15 hours of training time. One of the challenges for experienced drivers is unlearning “automatic” driving movements. A driver learning to use a left foot accelerator will often attempt to press the pedals with their prosthetic leg on their right side.





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## EQUIPMENT PRESCRIPTION

A Re-Assessment after training is done by the OT and the Driving Instructor. Once it's determined that the client is safe to operate a vehicle with the adapted driving equipment, the OT prescribes the appropriate modified equipment. An Adapted Driving Equipment Prescription is required for the vehicle modifier to install the equipment. A list of vehicle modifiers is provided to the client to select the modifier of their choice.

A Post-Vehicle Modification Fitting Checkout is done by the OT and/or the Driving Instructor to ensure the prescribed equipment has been installed according to the OT's instruction and that the client is satisfied with the adaptive equipment.

The OT is required to inform the provincial government's transportation ministry of the client's driver status for adaptive equipment for primary controls. This will place a restriction on the client's driver's license in that it is valid only with the use of adaptive driving controls. Ministries may also require the driver to complete a provincial on-road driving test at a Drive Test Centre.

**For more information**, including a complete list of available devices, provincial government contact information, and provincial lists of vehicle modification centres, contact The War Amps for the Licence to Drive booklet at [nac@waramps.ca](mailto:nac@waramps.ca) or call 1-877-622-2472.

**About DriveLab:** As a leader in Driver Rehabilitation since 1998, DriveLab Inc. continues to be committed to the education, awareness and advocacy of its clients. For more information regarding its services, consultations, referrals and education seminars, contact [info@drivelab.ca](mailto:info@drivelab.ca) or call toll-free 1-814-413-7483.

## Participants Needed for: Research studying sex and gender differences in lower limb amputees

### Study Purpose

Study differences in the perspectives and priorities of males and females with lower limb amputations, aiming to improve quality of life and health care outcomes for lower limb amputees.

### General Eligibility Criteria

- Have single, lower limb amputation
- Have ability to walk with prosthesis
- Be between 19 and 90 years old
- Not have other conditions severely affecting ability to walk
- Not have osseointegrated prosthetic implant

### Study Name and Number

Studying Sex Differences in Lower Limb Amputee Priorities and Gait • H21-00778

### Study Details

*Participation is entirely online, involving:*

- Online survey
- Follow-up interview on Zoom
- Time commitment: 3 hours
- Participants will be compensated

### Scan for More Information:



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# All About the **BOUNCE**

## Darda Sales Shares Signature Stories

Photo by Shannon Nell

**When Darda Sales dipped her foot into the world of competitive swimming she found her lane. But she didn't stay in just one lane. Never afraid to fail, for her, life is all about learning. She learned how to raise children as an above-knee amputee mom. A recent Western University Ph.D. graduate, her resume also reads researcher, coach, classifier and advocate for athletes with disabilities, particularly swimmers with her work at Swim Ontario. Darda recently shared some of her bounce-back life lessons learned in an interview with thrive publisher Jeff Tiessen.**



**thrive:** *Let's start with motherhood. Tell me about your kids.*

**Darda:** I have three children. My son Dezmin Peter is 11 and my twin daughters Quinlyn and Maclyn are nine. My girls are active. They love to swim and play soccer. My son is a little bit more of a video games buff. Both my husband Brad and I were Paralympic athletes so we try to push him toward activity without being overbearing sports parents.

**thrive:** *Is there one most like you, and most like your husband?*

**Darda:** Maclyn is very determined when she sets her mind to something like me. She's quick to laugh and have a fun time and she is fearlessly competitive when the situation calls for it. Brad and Dezmin Peter are more deliberate, and focus on details, particularly in conversations. They like activity in spurts whereas me and my girls could just go all day, everyday.

**thrive:** *Sticking with being a mom, and an amputee mom, when you were expecting for the first time were there fears and worries specific to being an amputee?*

**Darda:** We had a few. My husband is also an amputee. I'm traumatic; he's congenital. There was a concern about the genetic component of my husband's disability. People were asking us if we were "going to find out." We said 'no' because if one of our children, or all our children, were born with limb loss or difference, we thought we'd be the perfect parents for them.

**thrive:** *Other concerns?*

**Darda:** I knew from other women that your centre of gravity changes, and you gain weight, and I was concerned what that would be like for me as an above-knee amputee. I spent time researching pregnancy

and lower limb amputation and had a midwife going through school to be a nurse at Western University in London with access to all the research databases. She found just one blog from a below-knee expectant mom. Essentially, there was no research on what to expect.

I talked to my prosthetist and said 'surely I'm not the first woman who is an above-knee amputee who wants to start a family. Do you have anyone I can talk to?' Again, the only person he could connect me to was a below-knee amputee. I knew it wasn't going to be the same experience as I was going to have.

There was nothing for me to refer to. I wasn't sure how long I'd be able to wear my prosthesis. What about balance? What about hopping and how that could affect how I carry my baby. There really were no answers. I wore my prosthesis until I was seven months pregnant. My husband said to me one day that that was enough because I wasn't walking properly which could cause me damage in the long run.

**thrive:** *Was a wheelchair never a consideration?*

**Darda:** Well, strangely, not really. Up to that point in my life I'd never used one. I became an amputee when I was three, in the 1980s, and was that kid whose mother was told that "as soon as you can get her into a prosthetic leg, she wears that prosthetic leg." Life for me was always getting up in the morning, putting on my leg and wearing it for 16 hours until I took it off at bedtime.

But now I had to find a wheelchair and learn how to move around in it, and learn how to care for a baby in it.

**thrive:** *How about challenges once your kids were born that would be unique from typical moms?*

**Darda:** The story begins before they were born actually. I was in labour for 56 hours with my son before having an emergency C-section. I wanted to have my girls naturally, but other circumstances prevented that. After two pregnancies, I was having issues with my hip on my amputation side and had an X-ray of my pelvis. I saw the problem immediately. I had an adult pelvis on my sound side, but it was child-sized on my amputated side. I only learned later that because I lost my limb before I went through puberty, and because my residual limb is so short and I didn't bear weight on it, the bone never grew.

Bones grow through weight-bearing and pressure. And I didn't have that. No wonder I couldn't have our son naturally. He just wasn't fitting through there. I'm now working with my physiatrist to make these things known.

Once they were born, and growing and developing, we did think about how we would run after them. I got a child backpack complete with a child leash as a registry gift (laughs). But kids want to feel safe. We just taught them early on that in certain situations their hand had to be on mine or Brad's.

**thrive:** *So, getting back on your feet so to speak after each birth, how long did it take?*

**Darda:** That was a concern too. How long would it be until I was back in my prosthesis? How was I going to look after my kids when I was not wearing my leg? My mindset at the time was that it was all about my prosthesis and not a wheelchair. But my wheelchair, in many ways, helped me be a better parent. In my wheelchair I can go for long walks with my kids. I can keep up with them when they're on their scooters. I could take them to the park with one on my lap or pushing the stroller. And still today, when going for a walk I'll use my wheelchair. I never did go back to being a prosthetic user exclusively.



My residual limb never returned to its pre-pregnancy shape and my baby hip is starting to bare some wear and tear. My plan was to have the babies, lose the weight and jump back into my leg. But that's not what ended up happening.

**thrive:** *For amputees who resist using a wheelchair even for convenience at times or even for better access ironically, what do you say now about that?*

**Darda:** I'm fortunate to have both. There are times when my prosthesis is so helpful. I can go to a friend's house that is not accessible. For carrying groceries, I put on my leg. But I have the option of the chair to use for activity when my leg is not fitting well. I feel weird sometimes about it, almost like I'm double dipping.

The culture that I grew up in, with the idea that you must wear a prosthesis, I now believe limited me in some ways. A wheelchair would have been good for going for walks with my friends. Hop in my chair, push myself there and join them.



Photo courtesy of Darda Sales

**thrive:** *You refer to the importance of activity in your life and your family's life a lot.*

**Darda:** I was blessed with the ability to be a high-performance athlete, but activity in general is so important for all of us, including amputees. If I want to keep walking, I have to keep moving. Being active and keeping myself strong will determine how long I can keep walking with a prosthesis. Physical activity is a stress reliever for me too! I like the way I feel when I'm feeling strong. For me it is a lifestyle thing. My personality is a competitive one, but it's so important for me on a day-to-day basis to be active.

**thrive:** *Let's talk about that competitive personality and where it took you athletically.*

**Darda:** When I was really young I met three Paralympians who really inspired me. I can remember where I was but I don't remember who they were. I was nine years old and it was my very first swim meet.

They were getting ready to represent Canada at the 1992 Paralympics in Barcelona. I knew nothing about competitive swimming and they recognized that I knew nothing. They gave me my first cap and goggles. They were so excited about being Paralympians and that got me excited. 'Yeah I'd like to do that too.' But I had no concept as a nine-year-old what that really meant. But I learned quickly.

In 2000, at the Paralympic Games in Sydney, my relay team won the gold medal in the 4x100 medley. I swam freestyle and the anchor leg. Then Athens in 2004. Silver in the same event. I didn't medal in Beijing four years later



Photo courtesy of Canadian Paralympic Committee

and compartment syndrome in my forearm prevented me from competing in 2012 at the Paralympics in London. And that was the end of my swimming career. Shortly after that I was pregnant with my son.

**thrive:** *But that wasn't the end of your Paralympic story, was it?*

**Darda:** Basketball came after my first child. I knew I needed something to keep active. I didn't want to just sit on the couch. I had friends who played wheelchair basketball. I was so terrible at it at first, but I loved the challenge because it was so different than swimming. I was learning every day. I liked the team aspect, but I didn't like the team aspect... I deal well with my own mistakes but not so much with others'.

My strength from swimming translated to quickness on the court. My coach encouraged me to try out for the national team which I didn't make the first time, but kept training and trying. I then had my girls and used wheelchair basketball to get back in shape after my pregnancy. Five months later I made the national team. I competed at the 2016 Paralympic Games in Rio on the Women's National Wheelchair Basketball Team where we placed fifth. We won the World Championships two years prior in 2014. After Rio, it was time to move on from competitive sports.





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**thrive:** *You said earlier that your husband was an elite athlete as well. Did you meet Brad through swimming?*

**Darda:** Well, yes and no. It's complicated (laughs). Brad was a national swimmer as well. Our families first met when we were four years old at a War Amps' CHAMP swimming lesson program at Parkwood Hospital in London. Our families used to go to those things. Our parents kind of knew each other but that was the extent of it.

We both qualified for nationals many years later. My mom and I were on the plane flying from Toronto to Regina when she noticed the boy sitting behind us, who looked so familiar. It was Brad. We hadn't connected for about 10 years. We were both new to the national scene at the same time and both came from small clubs. We just started hanging out together and here we are. I grew up in Sarnia. He grew up in Woodstock. So, we kind of met when we were four and then on a plane and then in the pool. See what I mean about being complicated?

**thrive:** *What makes you happy?*

**Darda:** When I feel like I'm making a difference. Feeling that I'm having an impact. Professionally, that's why I keep doing what I do. I love to see change. And I'm not worn down by the fight yet. I'm still very optimistic and hopeful. And I get enough glimmers of success to keep me going. Anything worth doing is going to be hard. Sometimes you have to look really hard for the reward though. But it's worth it.

**thrive:** *How about frustrations? Let's call them your pet peeves.*

**Darda:** Where do I begin (laughs)? Let's stick to my amputee life. Uninformed parents. I hate that whisper and grab thing. It drives me bananas.

Here's a good example of what I much prefer. This summer I was

walking into the library. I'm wearing shorts and a little kid comes running up behind me with, "Hey you, why are you wearing that?" I said I got in a farm accident when I was little and this is how I walk now. His mom came trotting behind him offering to explain that her son asked her why I had that leg and she told him she didn't know and suggested he ask me. That's perfect. That's what I like. I want people to be curious in a respectful manner. Yes my leg looks different. I know. It's fine to recognize that. I would much rather that than the parent who grabs the kid and says don't look. How can you not see that I'm walking on a post. But personal questions... not so much. My personal business is none of someone else's business.

**thrive:** *Why do you think this is still so difficult for some in our society?*

**Darda:** I think we're still afraid of "the different." As much as our society is moving toward inclusion, bodily or functional difference can still be uncomfortable for some unfortunately. There is still this ideal of what a "normal" body looks like... two full legs, two full arms, you see where you're going, you stand up tall and you speak clearly. It's an expectation. Outside of that, it makes us uncomfortable.

Another reason too I think, is that we tried to hide it for so long. For centuries. If you had an impairment or a functional difference you tried to cover it, or stayed at home and didn't go out in public and you weren't considered to be a contributing member of society. That is shifting. We're seeing more people with differences in positions of leadership, and in the media.

The other thing, for me, is that 80-90% of the population has not experienced a significant impairment. Of course, we want them to be more accepting but we need to give them some grace when it comes to understanding the 10-20% of us.

**thrive:** *How do your kids respond to questions from strangers or schoolmates?*

**Darda:** They've only ever known me as an amputee of course. My kids sometimes see themselves as my ambassador. My girls especially. They take pride in talking about my robot leg and that I got in a farm accident. They try to head things off at the pass before they get to me. They do get offended and defend me when kids at school are "stating the obvious" in some shape or form.

When my kids draw pictures of me they draw me with one leg. I'd be upset if they didn't. That would mean they aren't accepting of me for who I am. And that would mean they would not be accepting of other people for who they are, and that would be a problem for me. But we'll see what happens when they're high-school age... they'll be too cool to defend me!

**thrive:** *You are so articulate and so passionate about all that you do and you share that as a motivational speaker. What's your signature message?*

**Darda:** It's evolved over the years, but for me 'it's all in the bounce.' It's not how you fall, but how you come back that truly matters. There were so many situations in my life where things didn't go as expected but coming back from those produced amazing things. People don't remember how you fall; they remember how you come back. That's what I draw from my experiences to share with audiences.

**thrive:** *Not everyone might have that same bounce as you do?*

**Darda:** Everyone goes through tough times at times, whether you have a disability or not. How do we learn from that? I'm totally fine as a mature adult to fail at things. What's important is learning from it. The only time you fail is when you fail to learn. That's what I instill in my kids too. That's how I coach my athletes



as well. We can learn something from every situation. That's what's in the bounce. I'm a professional bouncer you might say (laughs).

**thrive:** *For your amputee sisters, those who have undergone an amputation in adult life and didn't hit the adult world running like you did being a child amputee, what advice do you have?*

**Darda:** Connect with the amputee community and learn from others who have lived experiences similar to what you are about to. Medical professionals are great and play an important role. But those who are living it are those who are going to be able to give you those day-to-day secrets and nuggets that make life easier. And they will be able to truly empathize with you. They know about bad days. They know that it sucks to wear a

prosthesis some days. They get it. They can help you learn how to live life better. They'll encourage you.

But this goes, really, for all amputees. There is so much we all don't know. And even though we have the Internet, the answers are not all there. Pull strength from those who are living it. Ask questions of them that you may not be able to ask elsewhere.

We are allowed to have bad days.

Sometimes, we in the disability community try to put on a brave face all the time because we don't want to be seen as complainers. We want to be seen as functionally able, so we can't complain.



Photo by Shannon Nell

That's not reality. Finding people who are empathetic is so important. When they tell you, "Yeah I've been there but there are better days ahead," they know it and it's true.

A woman with a prosthetic leg is performing a sit-up exercise on a patterned rug in a gym setting. She is wearing a grey tank top and colorful leggings. The background shows gym equipment and a logo for Ocean Insider Club.

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# TOOLBOX to SUCCESS

**How to Create Your Own  
Home Gym for Under \$100**



By Megan Williamson, BA, CPT

## If someone told you that you need a bunch of fancy gym equipment to get in shape... THEY TOLD YOU WRONG.

A lot of the time when I'm training clients in corporate 'big box' gyms, I only use fancy equipment simply because it is there and quite honestly, I know that my clients are paying a membership to be using it!

Don't get me wrong, fancy equipment is nice! It gets the job done and can be very accessible to use. However, if a client wanted to exercise at home instead, I could deliver just as good of a workout as they would have had if we were in a fully equipped gym.

This is great news for those who may not always be able to get to a gym or have access to one. But here is a fun fact: Some folks don't work well with at-home workouts. They need the environment of a gym to motivate them, or the socializing that comes along with it.

This is great too! The trick is to learn what works for you and to do just that.

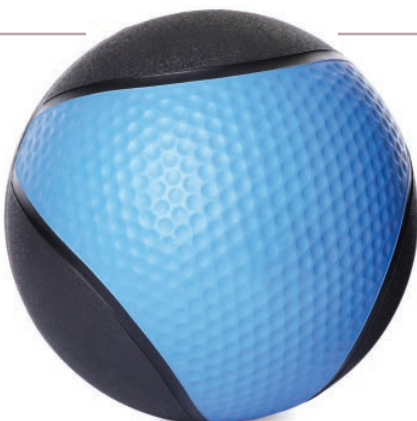
### SUCCESS LOOKS DIFFERENT FOR EVERYBODY.

If you know that you are the type of person who is limited by factors preventing you from getting to the gym (such as travel, accessibility, motivation issues due to weather, etc.), then having a space in your home set up for exercise may be your ticket to success.

### HOME WORKOUTS... WHERE DO I START?

Here is a great list of tools that anyone can use to accomplish a great home workout.

**1) Therabands** These come in different colours which represent different levels of resistance. They are very versatile, and I love using them for home workout programs. They can be tied to things, made into loops, or strapped around your wrists if you have any grip issues. **HACK:** *physiotherapists typically give these out in strips so that you don't have to commit to buying the whole box. Otherwise, there are selection packs with about three or four different resistances on Amazon for \$13 CDN.*



**2) Medicine Balls** These range in price depending on the weight and brand. I think most people are good to start out with a two-lb ball and go from there. I love these for core work and arm strength exercises. *A two-lb medicine ball on Amazon will run you about \$10-15 CDN.*



**3) Dowels** I got my dowels cut at a hardware store! It doesn't really matter about the circumference size, but make sure to cut the length longer than the span of your arms. Also make sure that you get the dowel sanded when they cut it at the store to avoid any splinters. *My dowels were \$3 CDN each at Home Hardware.*

**4) Dumbbells** These are great to have, especially for building upper body strength at home. Dumbbells challenge the muscles differently than bands do. I suggest getting a package with different weights, since you will probably want to increase your weight a bit as you progress so that you don't plateau. *Amazon has a package of dumbbells with one set of each 3, 5 and 8-lbs for \$45 CDN. Keep in mind that a set is two dumbbells.*



### 5) Hook Grips

I recommend hook grips for those who have compromised grip strength. These don't need to be fancy, especially for home workouts. *Amazon has these for \$16 CDN a pair.*

**MEET MEGAN** Megan's love and interest in human movement began young. She grew up on Vancouver Island as a classically-trained competitive dancer, which eventually led to her teaching her own classes by the age of 14. Aiming to pursue a career as a choreographer, she enrolled at the University of California at Irvine and completed her BA in Dance.

After graduating from UC Irvine, she leveraged her professional dance training to transition into the extremely competitive fitness industry in Los Angeles, where she became a personal trainer at Equinox. It was during this time that she started to recognize her passion for rehab and adaptive exercise coaching.

She returned to Vancouver to create Ocean Rehab and Fitness with a mission to bridge the gap between rehab and fitness. Megan's most recent venture has been the creation of the "Breaking Barriers: fundamentals of training clients with physical disabilities" course which provides other fitness professionals with the skills to successfully coach those with physical disabilities.



*"I am grateful that every day I get to be a part of people's success stories: helping educate and show them that disabilities have no boundaries when it comes to fitness," she says.*





Photo courtesy of Ocean Rehab and Fitness

***So, there you have it folks!  
These are the essentials that  
I highly recommend having to  
create the most effective home  
workout.***

If you work out at a big box gym or community centre, it will most likely have the items that are more gym-specific like the medicine balls and dumbbells.

Keep in mind that you may not need everything from this list – start with something that's easy like a Theraband and see how that changes your workouts. You can always gradually add to your toolbox later to create more dynamic home workouts.

***For exercise ideas or workout programs that feature the equipment above, visit [www.oceanrehabandfitness.com](http://www.oceanrehabandfitness.com). And you can follow Megan's programs with an Ocean Insider Club subscription. You'll recognize all these tools as she uses them in all of her Home Workout Programs.***



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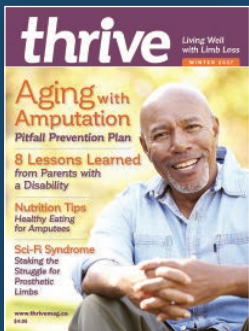
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# Learning To Thrive

## One Year After Our Amputation

By Rouzalin Hakim and Mathew Levinson

**Part three in a four-part series from two new amputees on their journey from the familiarity of rehabilitation to the unknowns of home. Rouzalin and Mathew share their fears and challenges – both physically and emotionally – and their progress as well, as they meet the tasks and trials associated with learning to live with limb loss.**

### **Rouzalin and Mathew**

Our first year came with many changes, hurdles, and milestones. It could get overwhelming at times but we were sure to take it one day at a time. The first few months post-amputation dragged on for what seemed like forever. But once we got back into the swing of things, life started to catch back up with us.

It was a fine balance of having the patience to wait for the proper prosthetic device, support and living situation, and still continuing to listen to our bodies and rest when it was telling us to. From prosthetic trials to new activities, our first year was a big learning curve in understanding our limits, our comfort levels and how we could thrive. Showing ourselves compassion and patience was so important for us. We learned every day.



## Rouzalin

It's only fitting that I write about being a new amputee on the exact date that marks my one year as an amputee. August 30, 2021, was the day that changed my life forever! So many times in the past year I dreaded this upcoming day, as if wishing it never came would make my accident less real.

Not the case. Not for me and not for others who have experienced a life-altering trauma. As any of us can recall, there are so many adjustments, and milestones, in the first year. I still feel every emotion that I experienced in the hospital and rehab – all the worries, fears, anxiety and so much more.

However, day-to-day I started to fill with improved emotions as I came to the stage of acceptance. At the beginning of my journey, I thought the biggest hurdle to overcome would be physical. But in fact, it was more mental for me than anything.

It's still unfathomable to me though, just how resilient and adaptive we can be... doing things we never thought we could achieve or overcome! It's like I'm living it firsthand but watching it all happen from afar. This year has hands-down been the most memorable and impactful one of my whole life. I've learned more about myself in the past 12 months than I could have imagined.

In just the past few months alone, I've been lucky enough to experience several amazing milestones starting with receiving my microprocessor knee. I was living in a mechanical leg and getting along well enough, but my journey really took a turn for the better once I was introduced to my new knee. I was immediately filled with a sense of independence and trust in my step. I felt

a rush of hope and reassurance. That feeling of comfort and safety led to a more uplifting attitude in general; things became possible for me again.

My independence was something I always cherished and held very dear to me, so when I thought I lost it with my accident I thought I'd never be the same again. However, I feel it returning more and more with passing days, especially when I started to expand my comfort zone: going to places I didn't think I would go to again, and reaching out to more friends. Not every day glowed with radiant sunshine, but they slowly started peeking out more often.

As a new AK [above-knee] amputee I had only experienced the horrors of winter. As summer arrived, I planned on taking full advantage of it. I was always an outdoorsy person; I love hiking, biking, running, climbing, caving, pretty much anything that got me outside. For the first few months of my recovery, I feared anything and everything, ESPECIALLY outside. But we adapt.

I tested boundaries when I felt ready to challenge myself, like walking on different terrains, going farther than usual, or even carrying more things at one time. Small goals lead to big victories that made me feel accomplished and confident.

Another huge milestone, and a true turning point, was traveling alone. I was so intimidated. Everything about the thought of travelling by myself scared me – the rush of airports, the distant walking, long standing, cramped aisles, and even the reactions when I would have to go

*"It all comes down to understanding, listening to, and supporting my body... try to find things, people, and routines that keep your mind and body in check."*



through security. I think travelling for anyone right now can cause added stress and anxiety, but for me it was magnified. Yet, arriving to see my friend across the country and spending time in nature was a triumph for me and fed my independence some more.

As the calendar turns to year two, I worry a little less about my mental health and focus more on my physical changes. Most of the amputee peers I've spoken to have inspired me with their drive and positivity, simply remarkable people. However, no matter how positive my outlook, I can't ignore

how my body feels every day. I feel more new aches and sores than I know what to do with. And since we are all so different and so individual, I wonder how I can really know what to expect?

I have been quite consistent with rehab and staying active. I have a morning routine that includes resistance band work and weights workouts that were introduced to me at the rehab centre. I do my best to work on strengthening my body to compensate for my amputation. I do short evening walks with my neighbours if my body and

the weather permit. They give me that extra push I need to get out there. I find that overthinking sometimes deters me from actually doing. I try my best to just get up and get going. If I change my mind mid-way down the street so be it, but once in motion we often stay in motion.

It all comes down to understanding, listening to, and supporting my body. After all, our health is most important. Try to find things, people, and routines that keep your mind and body in check. Your body will thank you for it.

## Mathew

The first few months home from rehab came with quite the learning curve. Not only getting settled into my new life, but getting settled into my new body, with a prosthetic leg.

What started with a test socket when I was discharged from rehab, turned into a second test socket, before turning into a more permanent socket and finally my everyday prosthesis. That didn't happen overnight. One of the most important things that I had to learn was to be patient with the process. I learned to understand that my prosthetist was there to help me and that things take time to perfect – especially when it comes to a device I'm going to be relying on every day. My prosthetist is the expert.

But as much as our prosthetists are the experts, there's no amount of advice, feedback, or direction that they can give that can influence how you truly feel in your device. When it came time to trial the prosthesis I truly tried to tap into my own inhibitions and reactions. How were my body and mind interpreting the prosthesis? How much did I

trust it? How natural did it feel? How comfortable was the fit? Was it conducive to my lifestyle? All important things to consider.

I remember the day that I selected the prosthesis that I wanted to be my everyday leg. I could hardly sleep the night before my appointment. I was so excited to see it, try it on, and see what I could do with it. A few hours after arriving at the clinic I was on my way with my new leg. It was game time.

I spent the next two months learning what my new leg could do – both in physiotherapy and at home. It was winter so I couldn't do much outdoors, but in physio I continued to work on some basketball dribble drills, added some soccer dribbling skills and even some football running (walking actually) routes.

But I didn't let the cold weather stop me from trying the winter



activities I love. I woke up one morning at the family cottage to a fresh foot of snow with one thing on my mind – snowboarding. I didn't have a specific boarding knee yet, but I had all my gear at the cottage and there was a little toboggan hill nearby. I figured I had to give it a go.

I wandered over to the hill with a speaker for the vibe and some cousins for help strapping on the



*"But my work was something on my mind since day one. It was a goal that I felt would make me feel like I was truly back to being myself."*

board. I was ready. Nervous, but ready. I shim-mied over to the edge of the hill and have never experienced such an adrenaline rush snowboard-ing as I did sliding down that 10-foot slope. It was amazing. I did it again, and again, and again.

After getting the need for getting back to mul-tiple sports out of my system, the next step in my recovery had nothing to do with my actual steps at all. It had to do with my job.

I was fortunate to be working in a position before my injury that I could hopefully contin-ue working in now. But it had been over eight months of recovery, rehab and appointments. So, there was a lot of rust. The plan was to ease back into it. Starting at half-capacity, then ramp-ing up to full-time as I got more comfortable and gained more energy. I was excited, but nervous that I had lost my touch. Would I be able to per-form at the level I did before? Eight months is a long time off.

But my work was something on my mind since day one. It was a goal that I felt would make me feel like I was truly back to being myself. I nev-er thought I would say I would be excited about 9 to 5, but I was. My first few weeks back were great, but that's not to say they didn't go without a hiccup. I would get tired very easily, and so it was hard to stay focused.

My manager was amazing in accommodating my needs to allow me to work irregular hours. I would recommend to anyone who is going back to a job after recovery and rehab time to be hon-est with your colleagues. Let them know when you're strained or stressed. At the end of the day your health should take priority over your work. I was lucky enough to be surrounded by great people who advocated for that sentiment day-in and day-out.

## FARABLOC Reduces Phantom Limb Pain



FARABLOC fabric is a cloth-like, clinically-proven pain relief system. Providing electromagnetic field (EMF) protection, FARABLOC users report less pain, faster wound recovery and better sleep.



Invented 30+ years ago to combat phantom limb pain.



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[www.farabloc.com/amputee-stump-sock](http://www.farabloc.com/amputee-stump-sock)

Presented by:

Össur

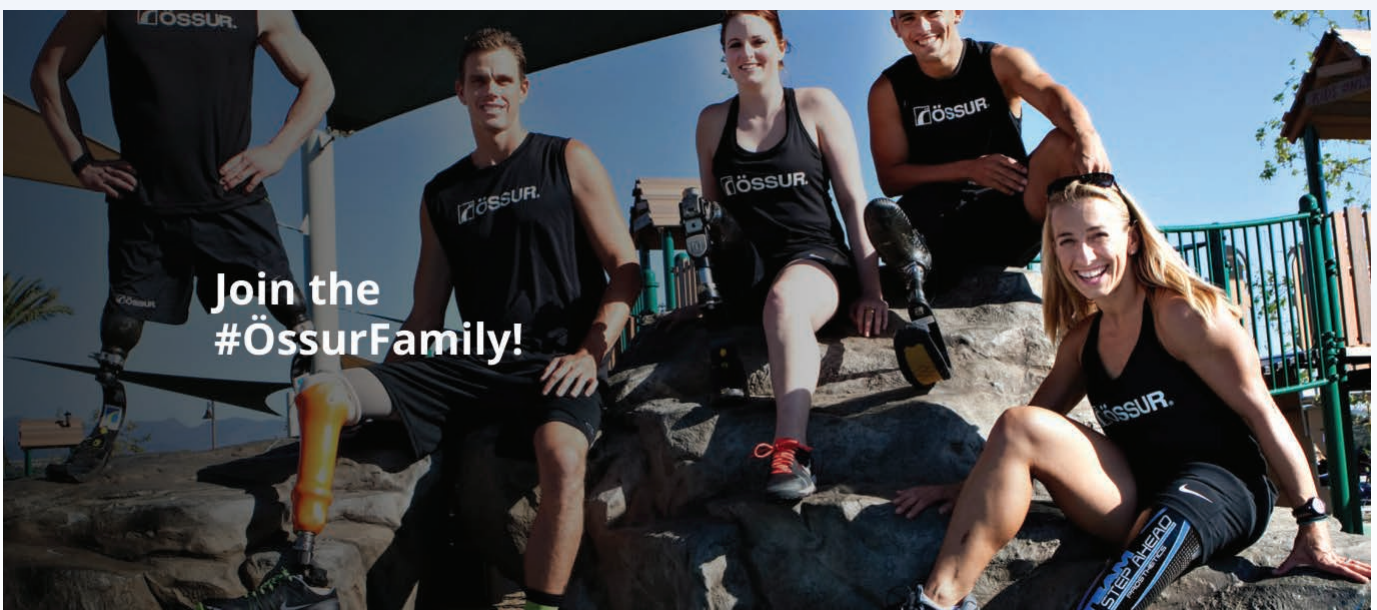
## Join the #ÖssurFamily!

**At Össur, we know that we are better together. We have a passion for helping people pursue a Life Without Limitations.**

**We celebrate different ideas, perspectives and backgrounds. We are committed to creating a culture of acceptance and belonging, while proudly serving a diverse, global community. To make a difference in this world, we embrace differences within the world.**

**We invite all members of the limb different community to apply for opportunities to represent the Össur Family.**

- Are you passionate about living a #LifeWithoutLimitations?
  - Do you want to help raise awareness, inspire, motivate and influence others?
  - Do you have a positive attitude and enthusiasm for Össur and our products?
  - Are you willing to promote the Össur brand and products on your personal social media accounts?
  - Are you comfortable speaking in front of people and experienced in making presentations to the public?
  - Do you have a schedule flexible enough to participate in Össur events when requested?
  - Are you able to present the Össur brand in a professional manner?
  - Are you an adult over the age of 18?
- If you answered YES to these questions, we would love to hear from you!
- Complete our inquiry form to receive more information at [www.ossur.com](http://www.ossur.com) (click Join the #ÖssurFamily at bottom).**



**Join the  
#ÖssurFamily!**

**Össur welcomes adults of all ages, abilities, and limb difference.**





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# Going Somewhere?



## TRAVEL TIPS FOR AMPUTEES

By Aristotle Domingo

**If you never traveled with a cane, walker, wheelchair or crutches before your amputation, traveling – especially by air – can be intimidating for some. Fear not! The Amputee Coalition of Toronto has prepared an “amputee tip list” to help you navigate the ins and outs of travel whether it’s by air, land or sea.**

Probably, the most daunting task for amputees traveling for the first time is packing. Let’s face it, packing for travel is a daunting task for most anyone. Traveling with assistive devices or a prosthetic limb calls for some added planning. Here’s what we recommend.

A “Medical Bag” is one that you can carry on the flight with you. If you don’t have one yet, put one together and carry it with you even on day trips or short getaways. Check with the airline company and the Travel Security Administration (TSA) to ensure that you are allowed to carry a medical bag in addition to your personal carry-on allowance, and what can go in it. It’s generally okay, but check with the airline and the TSA yourself to be sure.



### Bagged Goods

- **Anti-bacterial Cream** – Overuse of a prosthesis, especially an ill-fitting one, can cause skin abrasions. Protect abrasions or cuts with an anti-bacterial cream.
- **Band-aids** – Always carry band-aids... different sizes, even better!
- **Soap** – If you use a liquid soap to clean your liner, bring it but don’t exceed the allowable liquid limit for the flight.
- **Clean Towel** – Always handy to wipe your limb, dry your liner, or clean your prosthesis of any debris or dirt.
- **Plastic Bags** – Bring a bag to protect your prosthetic limb or any parts that shouldn’t come in contact with water or sand.
- **Contact Sheet** – Names and numbers for prosthetic facilities in the area in which you are traveling is a good idea.
- **Extra Ply Socks** – Your residual limb can fluctuate in volume throughout the day. It is best to have extra ply socks on-hand so you can adjust accordingly.
- **Extra Liner** – If you wear a liner on a regular basis, bring a spare. A small hole or tear could spell disaster especially if you rely on maintaining a vacuum for suspension.
- **Duct or Filament Tape** – Great for repairing something quickly until you get to a professional in the area.
- **Spare Suction Valve and Tubing** – If you have a vacuum system, it’s always good to carry a spare suction valve and tubing with you. You’ll need a professional to replace the parts, but at least you have them in case of an emergency.





## TIPS FOR TSA TIME

Prosthesis checked. Bags packed. Medical bag in tow. Ride to the airport booked. And soon begins the tedious airport affair of going through security with a prosthetic device. Here are some tips focused on getting you through the Transportation Security Administration (TSA) as smoothly as possible.

Depending on your situation and what you have requested with the airline prior to your arrival at the airport, you have two options for proceeding to the TSA:

- 1) Wheelchair Assistance which is probably the most efficient and fastest way to go through TSA for new lower limb amputees, and
- 2) On Your Own in which you still can use the express line. If a TSA employee questions your use of the express line, simply explain that you wear a prosthesis (wearing shorts usually comes with “no explanation needed”).

Let the TSA agent know if you can't remove your shoes quickly and that you'll require a pat-down (if wearing your prosthesis). You'll require a pat-down since your prosthesis will likely trigger the alarm.

The agent will explain the procedure before he or she begins. You can ask for a private screening area for the pat-down. A TSA agent will bring your bags to that area. If using wheelchair assistance, the agent will help you to the area and wait for you.

If you don't mind doing a pat-down at the X-ray machine area, you can ask to sit in a chair. If you chose to stay in your wheelchair, you can remain in it for the pat-down.

The TSA agent is required to test for traces of explosives (uses a wand with a piece of paper). They may run that over your hands, belt, parts of clothing, your shoes and prosthesis. You may be asked to lift a portion of your clothing for better access to your prosthesis. You are not required to remove your prosthesis. Even removing any clothing or belt that holds your prosthesis is not required during the trace sampling. Again, the TSA agent will explain the process before they begin. If you need more privacy, request a private screening.

### Contact TSA Cares

More questions or concerns? TSA Cares is a dedicated helpline that assists travelers with medical conditions. Contact TSA Cares at least 72 hours before your trip. The representative can tell you what to expect during the security screening process. You may be referred to a passenger support specialist who is trained in helping individuals with specific needs.

To request a passenger support specialist, call 1-855-787-2227 or visit TSA's Passenger Support website at [www.tsa.gov/travel/passenger-support](http://www.tsa.gov/travel/passenger-support) for more information.

You can also download the TSA Notification Card to fill out prior to your arrival at security to give to the TSA agent doing the screening if you choose. The card will inform the agent of your medical condition and devices more discreetly for privacy.



## Carry-on Rules

The same carry-on rules apply to medical bags so do not include restricted items such as scissors and nail clippers, corrosive materials, etc. Check with the airline and TSA about what items are allowed in a carry-on baggage.

## Assistive Devices

If you use a wheelchair, walker, cane or crutches, make sure it is in good working condition before you travel with it. Bringing a folding cane is recommended. They are inexpensive, travel light and come in handy when you need that extra support. This is especially important when you've been walking or standing on your prosthesis longer than you are used to.

## See Your Prosthetist

Make an appointment to see your prosthetist before you go for a general maintenance check on your prosthesis:

- Tighten up loose screws from your daily wear.
- Listen for any unusual sounds that suggest a worn-out or broken component.
- For upper limb amputees, check your cables and/or harness.
- For above-knee amputees, check your belt.
- Check your socket for a proper fit.
- Order any items you might need to replace before your trip.

## Call the Airline

If flying to your destination, call the airline before you travel to arrange for any assistance you may need at the airport:

- Explain your situation and ask if they can assign you a seat with more leg room (for lower limb amputees). The bulkhead seating often has the best leg room. However, if the emergency exit is there, you cannot sit there.
- If you require assistance between the check-in counter, TSA and your gate, let them know ahead of time. This can save valuable time. Waiting for a golf cart or wheelchair at the check-in counter when you are running late for your flight can be really stressful!
- Ask about carrying a medical bag. Most of the time, it is not considered one of your "one carry-on and one personal items" or an extra carry-on that you have to pay for.

## Self Check

Last but not least, do an overall self check:

- **Prosthesis** – You do not want to get in the car or on the plane to find out that your prosthesis has a problem. A good visual inspection should do since your prosthetist looked at it already, right?
- **Socket** – Clean your socket with a mild non-perfumed soap and a washcloth before departing.

Dry it with a clean soft cloth or let it air-dry. Remove any debris that could clog your vacuum system or pin-lock system.

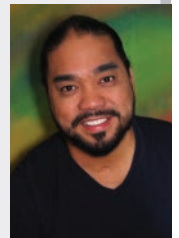
- **Suspension and Liner** – Check for holes. Even a pinhole can cause your vacuum system to fail. Make sure that your suspension has grip. Belts, cables, straps, Velcro, and harnesses should be checked too.
- **Prosthetic Cover** – If you wear a prosthetic cover, check for tears, cracks, or loosely glued areas. Make sure that your prosthetic cover is suitable in specific conditions where you are traveling and what you will be doing.
- **Medical Bag** – Have your medical bag ready. Carry with you any documentation from your medical professional declaring your need to have these items.

## Make sure that you are ready to have fun on your trip!

*The Amputee Coalition of Toronto welcomes all amputees in Toronto and the surrounding GTA. Join the ACT support group for more information on meetups, events, and a safe space to share your journey. Visit [www.amputeecoalitiontoronto.ca](http://www.amputeecoalitiontoronto.ca) for a variety of other terrific topics for living life well as an amputee.*

## ABOUT THE AUTHOR:

Aristotle Domingo's journey to amputation began when his mom found him passed out, unresponsive. What ensued was 15 years of struggle. He had his left leg amputated below the knee in 2017, and his right in 2019 changing his life for the better. The athlete, actor and advocate is the founder of the Amputee Coalition of Toronto, and recipient of ParaSport® Ontario's 2020 Ambassador of the Year Award.





# Seeking Participants

## for a Survey on Amputee Health and Social Needs

to help develop an action plan to address the most important health and social care needs of Canadians with limb loss.

**Survey Length:** maximum 45 minutes

**Adult Canadian Residents with:**

- 1) upper and/or lower limb amputation(s)
- 2) good understanding of English or French

To participate, please access the online survey at:

**[www.sondage.crir.ca/redcap/surveys/?s=3WEH8HHDRXD4HTYY](http://www.sondage.crir.ca/redcap/surveys/?s=3WEH8HHDRXD4HTYY)**



**ENGLISH**



**FRENCH**

**PRINCIPAL INVESTIGATOR:** Diana Zidarov, Ph.D.

*Institut universitaire sur la réadaptation en déficience physique de Montréal (IURDPM)*

514-340-2085, ext. 4711; [diana.zidarov.ccsmtl@ssss.gouv.qc.ca](mailto:diana.zidarov.ccsmtl@ssss.gouv.qc.ca)

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Québec

*This study has ethical approval  
from Centre de recherche  
interdisciplinaire en réadaptation  
du Montréal métropolitain*

## Invitation to Participate in Research

**PROJECT TITLE:** Barriers and facilitators to community accessibility in people with lower limb loss.

**GOAL:** Identify how natural and built environments impact accessibility for people with lower limb loss.

**PARTICIPANTS:** People with lower limb loss (anonymous).

**ONLINE SURVEY LENGTH:** 15 to 20 minutes

We are seeking people 18 years of age and older with a lower limb amputation at the level of the ankle and above. Amputation can be on one or both sides, and at least three months post-amputation. Prosthesis user. No longer receiving rehabilitation to use the prosthesis. Able to provide informed consent and understand English.

If you meet these criteria and would like to participate, please scan the QR code below (or copy and paste into your web browser) to access the letter of information and the online survey.

**[www.uwo.eu.qualtrics.com/jfe/form/SV\\_OVD3yerWE7kpcTc](http://www.uwo.eu.qualtrics.com/jfe/form/SV_OVD3yerWE7kpcTc)**



Western  
HealthSciences

Dr. Susan Hunter, PT, PhD, *Associate Professor • School of Physical Therapy, Faculty of Health Sciences • University of Western Ontario*  
Elborn College, 1201 Western Road • London, ON N6G 1H1 • Tel: 519-661-2111, ext 88845 • email: [susan.hunter@uwo.ca](mailto:susan.hunter@uwo.ca)

Presented by:

**Ottobock**

# Understanding YOUR IP Rating

**We hear about IP ratings across a variety of different products and industries. If you've ever dropped your smartphone into water you might have heard about them. But what do they mean, and how do they impact prosthetic devices?**

IP codes and ratings (Ingress Protection codes) outline the degree to which a device is protected against intrusion, contact, corrosion, dust and water. Common products that hold IP ratings are electrical sockets, lightbulbs and automotive parts. This standard is set by the International Electrotechnical Commission (IEC) to provide users with an understanding of their devices beyond vague descriptors like “waterproof” and “water-resistant,” because there are varying levels within each of those terms.

Each number that follows “IP” has a specific meaning. The first digit indicates the level of protection that the enclosure provides against solid objects like dust and sand. The second digit rates a device's protection against liquids and uses a scale of 0 (no protection) to 9 (high-pressure water from different angles).

## Why Do Prosthetic Devices Need An IP Rating?

IP ratings are extremely important for prosthetic devices because as part of everyday human activity they come into contact with solids and water. Where a device can go is crucial information in deciding what's the best option for individuals seeking a prosthetic limb. For example, if a prosthesis user wants to spend time in/around water, the IP rating of a product would be a huge deciding factor.



## Ottobock Options When It Comes to IP Ratings?

Let's focus on Ottobock's Microprocessor Knees (MPKs). These are intuitive prosthetic devices for above-knee amputees who utilize a small microprocessor to continuously process data as the user moves. The device must be protected from outside irritants to preserve the data in the microprocessor.

**Ottobock X3: IP68 Rating...** the X3 has the highest rating of any MPK on the market, and no other MPK shares this rating\*. An IP68 rating means it's protected from dust, sand, dirt and water. It is waterproof and corrosion-resistant in salt, fresh, and chlorinated water. Uniquely, the X3 does not have a risk of corrosion!

**Ottobock C-Leg 4 and Genium: IP67 Rating...** the IP67 rating means these two MPKs are protected from dust, sand, dirt, and temporary submersion in freshwater. Both are water-resistant, but not corrosion-resistant. The revolutionary C-Leg has helped over 100,000 users walk confidently since its introduction 25 years ago.

**Ottobock Kenevo: IP22 Rating...** the Kenevo is protected from objects greater than 12.5 mm in size. It is not waterproof or corrosion-resistant, but it is protected from light water spray. It's an MPK designed for low-activity users.

**So, why is this important information?** Having detailed information is key in making an informed decision about which prosthetic device makes sense for each individual user so they can go where they want to go with confidence. **For more information, scan the QR code.**

\*Wisner, N., Mileusnic, M., Sreckovic, I., & Hahn, A. (2016).





**ottobock.**

# ***NEW:* Dynion**

Confidence without  
compromise.



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Scan the QR code to  
learn more or talk to your  
prosthetist about a free trial!







# *thrive* 30-Day Activity Challenge

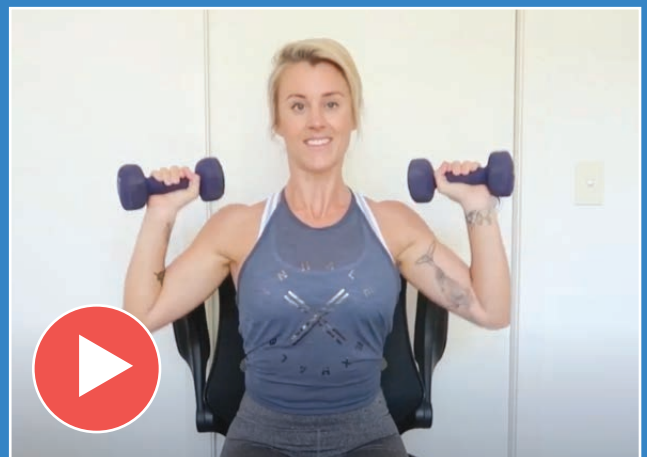
**JUST FOR THE “HEALTH” OF IT!**

Fall is almost here. Always a good time for new routines.

How about some new healthy habits? Take the *thrive* challenge to get more active with us for 30 days. Then, it's all you after that.

Our official start is October 1st, but start your 30 days any time. We'll share a little motivation on our socials every day in October... like the activity videos here. Do a new activity each day or repeat ones you like instead. In any order you like is fine. It's all up to you.

We'd love to follow your progress. Post on your socials and tag us at #thrivemag or #thrive30Day. Let's get physical together!



Go to [www.thrivemag.ca/videos](http://www.thrivemag.ca/videos)





### **Day 1** *Can't Stop the Feeling Seated Dance Fitness*

Fitness dance at Pineapple Dance Studios is for all levels! Get your core engaged and your sweat on.

### **Day 2** *Full-Body Stretching for Good Posture*

Join Kelly from FitnessBlender.com for 30 minutes of feel-good stretching that will make your muscles feel great. Improves tone, range of motion and posture.

### **Day 3** *15-Minute Yoga Flow*

Join Mel and Rebecca from Popsugar Fitness for a relaxing work-out. Downward dogs and sun salutations.

### **Day 4** *Static Stretches for Flexibility/Range of Motion*

Join Kelly from FitnessBlender.com for another 30 minutes of feel-good stretching.

### **Day 5** *10-Minute Home Workout for Seniors*

A full-body home-workout for seniors from The Body Coach TV. Just 10 Minutes. Repeat as you wish.

### **Day 6** *Full-Body Workout with Dumbbells*

A million subscribers can't be wrong! Join Mr. and Mrs. Muscle to get stronger, fitter and leaner using dumbbells! It's low impact with modifications for all levels.

### **Day 7** *Kickboxing and Dance Cardio Mash Up*

Love kickboxing and cardio dance? Body By Simone has the perfect workout for you with this 30-minute calorie-burner.

### **Day 8** *15-Minute Bodyweight Workout*

Good for beginners. Let your body be your gym with this no-equipment workout. It's quick, fun, and will torch calories while toning you all over.

### **Day 9** *Park Bench Workout for Outdoor Fitness*

In the park? At home? No matter where you are, use the equipment around you to work your core and stability and give your abs a little burn at the same time.

### **Day 10** *Seated Upper-Body Workout*

Take a seat with Ashley for a full upper-body workout for all abilities and ages.

### **Day 11** *Fitness for Seniors – No Equipment Needed*

Join physiotherapist Mike for a stand-up workout for folks over 60. 40 minutes. No equipment. Get stronger and improve your flexibility.

### **Day 12** *Yoga/Pilates Blend for Flexibility and Toning*

Another 30 minutes with Kelly from FitnessBlender.com for stretching to improve tone, range of motion and posture.

### **Day 13** *Gentle 20-minute Workout for Better Mobility*

A gentle workout for people of all ages with Dr. Ben Kim. Especially suitable for seniors or those with limited mobility.

### **Day 14** *Cardio Calorie Burner with Low Impact*

Join Lucy on her virtual beach for a 10-minute, low impact, cardio, full-body calorie shredder with no jumping.

### **Day 15** *Stay-Home Workout with Nicole*

Nicole will help you stay fit at home with great instruction for exercises to do inside, or in your backyard.

### **Day 16** *A Daily Routine for Home Exercise*

A daily full-body joint mobility routine. Follow along at home for just 23 minutes each day.

### **Day 17** *Seated Pilates to Help Your Knees*

A routine for anyone who's not able to get down on the floor to exercise but wants to build leg strength and manage knee pain.

### **Day 18** *Frisbee Fun for Fitness*

Ultimate Coach Rowan teaches Frisbee skills. Learn the basics of the most common throws: the forehand, backhand, scoober and hammer.





### **Day 19** *Up and Away with Stand-Up Paddle Boarding*

Stand-Up Paddle Boarding Champion Berni Seidl has some basic tips to get you out on the water on your SUP in no time.

### **Day 20** *Take to the Sidewalk for Some Jump Rope*

On the hunt for a safe, effective, and FUN high-intensity workout? Look no further than jumping rope with Brandon.

### **Day 21** *Spikeball is the New Game in Town*

To all SPIKEBALL newbies, here's how to play with some PRO TIPS to up your game!

### **Day 22** *Go Old-School with Hula Hooping*

Hula hooping is a great workout that you can ease into. A great workout for the abs, obliques and arms.

### **Day 23** *Pickleball for Beginners*

Picking up the paddle for the first time? If so, here are the rules and scoring, and tips and tricks for beginners.

### **Day 24** *Hitting the Range*

If you are new to golf or just want to learn some basics about hitting farther and straighter with your driver, these beginner golf tips are for you!

### **Day 25** *Exercise: The Garden Variety*

Gardening is actually great exercise. It's true! You can grow your own food and burn calories. Find out how!

### **Day 26** *Get a Grip with Bouldering*

Bouldering is one of the best full-body anerobic and aerobic workouts you can get and an alternative to weight training.

### **Day 27** *7 Family Beach Ball Games*

Play these fun outdoor beach ball games with kids and family. Add a laundry basket as a soccer net and cones for relay races. Beach ball volleyball is awesome.

### **Day 28** *Let's Shoot 3 on 3*

Gather up friends and family. Hoops lovers are really getting into 3x3 basketball.

### **Day 29** *Workout on Water*

Learn kayaking basics like proper entry/exit, holding a paddle, paddling forward and backward and making a turn. Plenty of places to rent one.

### **Day 30** *Here Birdie, Birdie*

A great way to get active in your backyard, badminton is easy to play.

### **Bonus Day** *Have a Go at Hackysack*

A fun game to practice and play alone or with friends and family, kicking around a Hackysack develops agility and coordination. Play anywhere. The game travels well.



# CANADIAN CONNECTION

*The Ottobock C-Leg® is the original microprocessor knee. Since its launch in 1997, the C-Leg has set the standard for every other knee available, and is the world's most studied prosthetic device.*

*But the Germany-based prosthetics company's first "bionic" leg was actually the brainchild of two Canadian researchers.*

In the early-1990s University of Alberta researchers Kelly James and Richard Stein helped change the world of prosthetic componentry for above-knee amputees with the C-Leg – the world's first fully microprocessor-controlled knee. It functions like a real knee which transformed how amputees walk by adapting to their movement in real-time.

In the '90s, the C-Leg was ahead of its time. Microprocessors were not commonplace. When UAlberta spin-off company BioMech Designs took the knee to market it had trouble selling it... until developers from Ottobock saw it, understood its potential and bought its rights.

Today, 25 years later, the C-Leg is still an industry leader. Since its creation, it has helped over 100,000 people around the world to walk better, easier, safer and more naturally.



*1950: Company founder Otto Bock at the balancing device for above-knee amputees.*

“We don’t stop  
playing because  
we grow old.

*We grow old  
because we  
stop playing.”*

– Anonymous





A woman with a prosthetic leg is walking outdoors on a paved path. She is wearing a white long-sleeved top and white shorts. Her prosthetic leg is white with a colorful, artistic design on the lower part. She is smiling and looking towards the camera. The background is a blurred green landscape with a white rope barrier.

ottobock.

# The new C-Leg 4.

## What's new with the C-Leg 4 update?

### Even more reliability

- Supported descent on ramps and stairs
- Stumble Recovery Plus is active at all times
- Support for sitting down
- Improved performance with short and quick steps
- Training function helps you learn to use the prosthesis and optimize use

### Next-level personalization

- More customization options for MyMode Plus
- Customizable shield cover insert so you can personalize the look of your prosthesis
- A new Midnight Shadow color option

### Intuitive user experience

- Deep sleep mode saves battery for more extended use
- Redesigned charger allows one-handed operation



Scan the QR code to  
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Albert Yu-Min Lin, Ph.D.  
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