thrive

Living Well with Limb Loss

ISSUE #2

Standeven and the GIFT of Adversity

FITNESS Mistakes

Wheelchair Fit Fashion & Function



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ISSUE#23

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WELCOME

Raising Our Voice

Each issue of *thrive* is different. Different people, places and products. But this one is especially different. We do try to keep some things the same for each release – a couple of full-length features and a variety of regular departments. This issue is no different in that regard.



thrive founder and publisher, Jeff Tiessen

This edition is different from others in its voice. Here at *thrive* we always strive to be an authentic voice for Canada's limb loss and limb different community. And we are always mindful that our community is not one of broad-brush strokes, but a canvas of fine strokes depending on ages and stages in life. In our pages we work to ensure that the voices of different demographics are heard, from youth to seniors, parents to practitioners.

The voices in this issue share very personal perspectives and point of views, sensitive lived-experiences and hard-earned expertise. Their stories are not meant to be cathartic or sensational. On the contrary, each is shared with compassion and purpose, intended to support fellow amputees who may be struggling, or have struggled, with similar scenarios with suggestions and solutions.

These voices have another unique quality about them too. They are self-determined, leaning heavily into self-advocacy and contributing to our own healthcare decision-making.

The phrase "Nothing About Us Without Us" is now commonly used by disability community advocates to remind decision-makers of their responsibility to learn from and be accountable to those most impacted by their decisions.

I really like the sound of our voices.

Jeff Tiessen, publisher • jeff@thrivemag.ca

ABOUT THE PUBLISHER: Disability Today Publishing Group, a disability community leader for over 30 years, is known for its quality publications, and compelling editorial. The publisher of *Alignment* for Orthotics Prosthetics Canada, and a host of in-house magazine and book titles, the media firm is led by Jeff Tiessen, an amputee of 45+ years. Tiessen, a three-time Paralympian, award-winning journalist and Canadian Disability Hall of Fame inductee, is a respected advocate within the amputee community and healthcare fields as well.

thrive Living Well with Limb Loss

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Barbie POWER

Hi, it's Erez. I want to share a fun little project that turned into a wonderful collaboration with my daughter Leigh, who is now 16! She wrote about it from her perspective, and I've added mine.

Leigh: It was 2015, and I was obsessed with Barbies – as are many eight-year-olds at that age. I was the proud owner of an extensive collection of these dolls, ranging from flat-footed Barbie to colour-changing mermaids.

To me these dolls weren't just something to play with as a young child, they were something that taught me about expanding my imagination and dreaming big. Barbie was a role model to many young girls around the world, showing us that you can do whatever you want and be whoever you want to be.

Erez: When Leigh was eight years old one of her Barbies had an accident – one of her legs snapped off. The damage was unrepairable. She came to me crying: "Aba (dad in Hebrew), my Barbie had an accident and I need you to fix her leg just like the doctors fixed yours.

Two years prior I had elected to have my right leg amputated below the knee due to a horrific accident that was disabling and left me in constant pain.

With tears in her eyes, she said "Aba, I don't understand why or

how that would happen; wasn't Barbie meant to be invincible?"

I reminded Leigh of the movie Dolphin's Tale that we watched together before I shared with my daughters my decision to have my leg amputated. "I remember that Aba. Now we can do the same with Barbie – let's build her a new leq!"

That afternoon we improvised an emergency operating room and collected different tools and materials that would be used to build Barbie her million-dollar leg. Metal wire, clay, superglue, drills and different pliers were used to build Barbie her new leg.

Leigh: It seemed like a silly idea at first, amputating a doll, but if my dad had done it, why couldn't Barbie? I remember building the leg out of wire and clay, and despite all the bumps and cracks and crevasses, it looked perfect to me. We drew designs and decorated the leg with colourful markers before attaching it to her plastic knee.

Despite what some would think is a "flaw", Barbie's prosthesis made her an even better role model than before, embodying bravery and perseverance, and simply being unapologetically herself."

Just like my dad is.

Barbie Fashionistas Doll Mattel celebrates diversity with unique Barbie dolls that encourage real-

world storytelling and open-ended dreams.

Mattel recognizes the importance of representation and is doing the work to inspire the next generation.

Dolls reflecting physical disabilities, including dolls with a wheelchair and with a prosthetic leg, were added in 2019.



Editor's Note: Erez Avramov's personal story was published in a 2017 edition of thrive magazine, which included the decision process for his elective amputation. Today, he is a business strategist, leadership coach and keynote speaker. Learn more about Erez at erezavramov.com.



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Amputee Character Breaks Barriers on Netflix



The animated entertainment industry scripted a new first this year with authentic writing and casting of a disabled character in a live-action film. This is according to RespectAbility, which had a hand in creating the series, assembling the talent, and shaping the portrayal of disability. Mech Cadets, which debuted on Netflix in August, 2023, features a crutch-using, above-knee amputee character. One of the galactic heroes who's been chosen to bond with Robo Mechs from space and defend Earth against alien invaders, the character was scripted by limb-different filmmaker and writer Ashley Eakin.

It is voiced by actor and comedian Josh Sundquist, a leg amputee and crutch-user himself. The new Mech Cadets comic-book series is also now available from Boom! Studios.

Musk Muses Robo Amps

Reported by Amal Jos Chacko, Interesting Engineering

Elon Musk, the visionary entrepreneur behind Tesla and SpaceX, has never been one to shy away from audacious ideas. Having taken inspiration from science fiction and pop culture, Musk is now determined to bring television's "Six Million Dollar Man" from the 1970s into reality, reported *Fortune*.

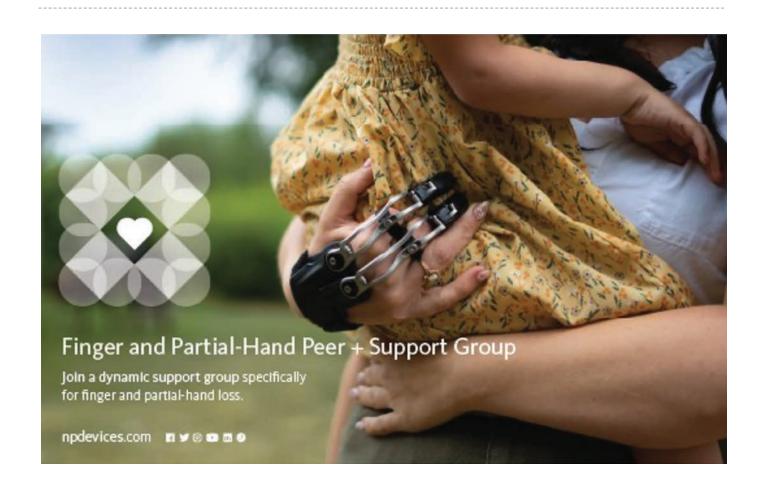
Combining the efforts of Tesla and Neuralink, Musk aims to design advanced prosthetic limbs powered by brain chips that could potentially give amputees a "cyborg body that is incredibly capable." During a Tesla investors meeting, Musk expressed his vision for this project, stating, "I think it would be incredible to potentially help millions of people around the world, and give them an arm or leg that is as good, maybe better than, a biological one."





PARTIAL PEERS

Connecting with people who have gone through similar experiences can be an incredibly powerful source of comfort, compassion, and strength! This goes for partial hand amputees too. Share your story and join the conversation – you don't have to go through it alone. Find additional support and peer communication by joining a community of amazing partial finger and hand amputees, prosthetists, therapists, and caregivers at facebook.com/groups/fingerandpartialhandamputees/.



Devices for Every Passion CAMPAIGN



This summer, Fillauer launched an exciting campaign highlighting its extensive range of activity-specific TRS devices. If you already use one, showcase your device with @Fillauer in a post on Facebook, Instagram, or LinkedIn for a chance to win a Fillauer Swag Bag!

From sports to hobbies, the campaign is intended to support your passion with solutions with a different device featured each week on social media. For example, fuel your weightlifting

passion with products like the Black Iron Lite Pivot TD for lightweight aerobic workouts and training, and The Black Iron Master designed for high-performance, heavy-duty weightlifting. Follow #DiscoverYourPassion or visit Fillauer.com.

University Grads Adjust Solid Sockets

Vessl Prosthetics co-founders Sydney Robinson and Oleksiy Zaika are refining their design of a socket for amputees that automatically adjusts. The two met in the Medical Innovation Fellowship program at Western University, where they learned that a main concern for amputees is poor socket fit.

"The prosthesis might fit really nicely when first fitted, but our bodies are always changing," Zaika explains, "The problem is that residual limbs shrink or swell from the heat or the cold or even from what someone ate the day before."



Robinson adds that even a small change in fit can cause noticeable problems. "Amputees who we've spoken to have all said that they need a socket that fits absolutely perfectly, and notice even just a one percent change in the size of their leg relative to the socket," she reports.

The duo is creating a socket with rigid and stable panels, a solid shell with modular looking pieces that adjust as the limb needs it. The prosthetic socket is still in the development phase, with Vessl predicting that it will be ready by the end of next year. They are trying to get the product covered by insurance, "so that it is not just for a very niche demographic that can afford it," Zaika elaborated.

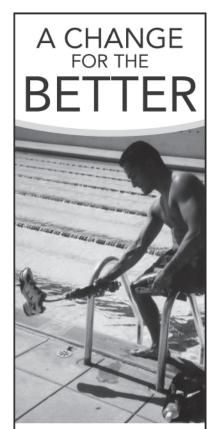
Manual adjusting sockets do exist but require the user to be very aware of how it is fitting their limb throughout the day. Vessl's device, called the Isoform, uses a pressure system that automatically adjusts to the limb throughout the day to maintain a tight fit without unnecessary pressure points.



TIGER-CATS TEAM UP WITH WAR AMPS

For more than 40 years, The War Amps and the Canadian Football League have shared a special tradition – the annual public service announcement (PSA) saluting the League's support of The War Amps Child Amputee (CHAMP) Program.

Windsor's Abel Walker, born missing his left arm, is a member of the CHAMP Program and The War Amps' 2023 National Ambassador. The eight-year-old joined Hamilton Tiger-Cats players Duke Williams and Dylan Wynn to film this year's War Amps PSA which will be broadcasted during TSN's football telecasts starting in October, including the CFL Playoffs and the Grey Cup. "For us, knowing that CHAMP will pay for the [prosthetic] limbs that Abel needs means that he can enjoy the same activities as other children," said Abel's mom, Cortney.



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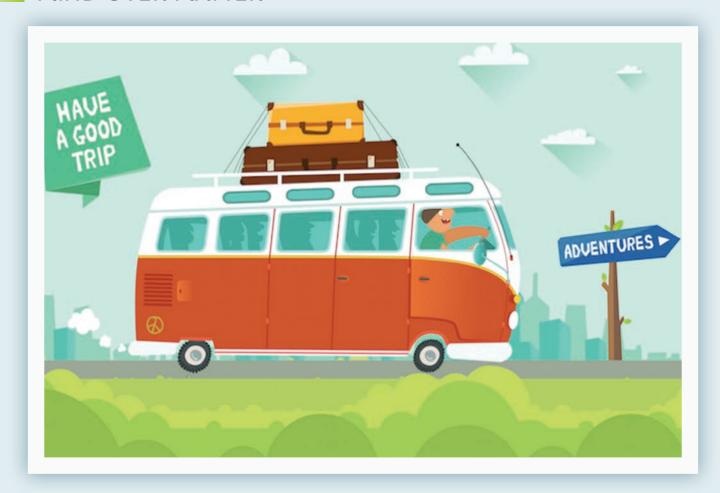


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Micro Adventures

Fun Get-Aways without Traveling Far

By Sebastian Solberg

"One way to get the most out of life is to look upon it as an adventure." ~William Feather

I live for exploring the world, trying new things, and meeting passionate people. As a filmmaker I'm verv fortunate to be able to do all these things from time to time, and I just love it!

However, this is only a small part of my work. I also often find myself stuck in front of a computer for weeks at a time editing - no nature, no people, no exploring. Just me and a computer.

It's easy to get bogged down by all of the day-to-day pressures and get stuck in a continuous cycle of work and life commitments. But, having new experiences and pushing ourselves out of our comfort zone on a regular basis is essential for growth, balance and happiness.

When I'm itching for adventure and have been stuck in front of the computer for a few weeks or months I find myself looking at Facebook, Instagram, and all the

social media sites in an attempt to tame my craving for exploration.

But this never works. Instead, I just see people going away on incredible adventures abroad, having the time of their lives, while I'm in the office working away on the computer, wishing I could join them.

This just puts me in a slump, as I know I have so much work to do that I'll have no time to go abroad for a week or two and explore.

I then heard about micro adventures from a guy called Alastair Humphreys, an adventurer, author, and motivational speaker. He encourages people to go outside, get out of their comfort zone, and live life to their full potential.

A micro adventure is close to home, overnight or for a couple of days, cheap, simple, and most importantly a lot of fun!

I decided to give it a go and attempt my own micro adventure over a weekend. I went swimming in freezing cold water holes, cooked dinner on a fire, explored the coast-line, found new townships, played football on the beach, and made new friends.

It was insanely fun, and it fulfilled a lot of my cravings for adventure, while still only being a few hours away from my apartment. And after having such a rewarding experience, I decided to put together my top 10 tips for anybody who, like me, craves adventure but doesn't always have the time for a trip.

1 Go somewhere you've never been before but close to home.

Many avid travelers have been all over the world but often haven't made time to explore their own back yard. There are wonderful places close to home to be discovered.



2 Go with a friend or family member who also enjoys adventure.

With so many distractions in today's society, we don't give ourselves the time to just sit and chat. A micro adventure is the perfect opportunity for this!



3 Turn your phone off and just take in your surroundings.

It's amazing what we miss when we spend so much time looking down at our phones. Instead, look up, breathe deep, and smile! Be present and not distracted.



4 If you can, find a spot to make a fire and cook your dinner on it.

There's something very primal and rewarding about this experience.

5 Be a tourist in your own country.

Be curious, excited, and willing to learn. It's amazing how everything looks so different when you're a tourist.





- 6 Go for a dip, even if it's a quick one. If you can find a pond, lake, stream or the sea, jump in, even if it's freezing. You'll feel great afterward!
- 7 Do something that scares you (while still being safe).

When I went on my last micro adventure we set up a rope swing at the top of a hill. It was terrifying, but it felt awesome! An adventure is never



complete until you do something that scares you a little.

8 Be open-minded and friendly to everyone you meet on your adventure Positivity is contagious and makes you feel good too.



9 Bring a camera to capture your favourite moments.

It's awesome being able to share your micro adventure experiences with others and inspire them to go on their own.

The secret to micro adventures is to do them often.

Try and make them a weekly or at least monthly thing. Create a list of all the wonderful places near you that you'd like to visit and then go when you've got an evening or weekend to spare.

ABOUT THE AUTHOR: Sebastian Solberg is a multi-award winning filmmaker from New Zealand and now based in Great Britain. He has directed and shot commercials, music videos, documentaries, and short films all around the globe. His latest short film Modern Man has won numerous awards including "Best Comedy Short." Visit his video blog at www.you tube.com/sebsolbergfilmmaker.



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For Stelly's Secondary School student Andrea Swallow, a shy, blond-haired girl growing up in Victoria, British Columbia, possibilities in life were boundless. As a Stelly's Stinger, she immersed herself in running and dreamed of working with animals. Significant life decisions were on the sixteenyear-old's horizon.

Schooling and career choices pressed upon her heavily when she felt overwhelmed and underprepared to deal with them. She experienced angst from the usual teen grief - like the anguish of both real and imagined parental pressure to succeed, fear of being judged, desire to look good and fit in socially, pressure to drink or do reckless things to be popular, and of course, the dread of embarrassing situations.

All the while, her social, athletic and academic endeavours felt terribly competitive. Life felt so daunting and dramatic. Then she became an amputee, a survivor of a motorcycle accident.



The pressure went from a stone in her shoe to a slab of granite the size of Squamish's Stawamus Chief pressing upon her shoulders.

Decades later, Andrea lives a happy life enjoying beautiful B.C. She loves being a mom, works at the local secondary school, volunteers, runs. An above-the-knee amputee, she is the National Peer Visitor Coordinator for the Amputee Coalition of Canada and busy as an advocate with Amp Unity Canada and various amputee support groups that provide volunteer peer visitation.

She is doing great. She navigated the minefields of young adulthood as a relatively new amputee. When recently asked, "If it were possible, what would you tell your younger amputee self?"... a litany of thoughts flooded her mind.

"I would say," she starts, "the world can be unkind to those who look 'different' and being on the receiving end of such unfairness will sometimes cut deeply and knock you down — but be reassured, it has absolutely no relation to who you are. You decide who you are. Imperfection is what is so captivatingly beautiful about this world and all it encompasses."

She pauses. "What I wish I had known? I wish I had known that there are many ways that trauma impacts our body and mind. The way that it alters your sense of being, your nervous system, emotional responses, the

way you communicate, and how you navigate and perceive the world around you." When led to the topic of adversity Andea responded with a reminder to herself that adversity has the capability to bring both despair and joy, liabilities and assets, misfortune and gifts. "Healing requires us to feel all emotions, including the difficult ones. The more it unfolds and the less you avoid it, the more you diminish the fear and negativity and encourage self-acceptance and growth. Resiliency is a double-edged sword, a true asset and an incredible life skill, but acquired through hardship unfortunately."

She believes maintaining good mental health is crucial. "I am thirty-five years in as an amputee,

'movement is medicine"

"find others with lived experience"

but it still surprises me a bit," she says, speaking about mental health. "I am proactive, aware and engaged, and yet my emotional health can still be challenging. I am a huge advocate of taking care of myself. I can talk about it, but when it comes to applying it, to how you move forward in life, it can be difficult. There is no template; we are all different."

She would also tell her younger self to "allow yourself rest and grace from being strong and independent all the time. It takes great physical and mental fortitude to live with limb loss, so go easy on yourself when you feel weak or vulnerable. We are resilient and we are human too. Always remember that mental health care is vital. Dealing with daily chronic pain, trauma, societal barriers and stigmas - including our own - and a challenged healthcare system can diminish our psyche and resiliency. Safeguard and invest in your mental and emotional health with the same care you do for your body."

Andrea felt alone in the beginning. It was pre-internet days and there were limited opportunities to connect with other amputees.

"Back then, there was a lack of support in Canada, particularly in Victoria, which is really small. I had to navigate by myself back then; there were no in-person support groups. A lot has changed. I don't know that I always did it the right way — the most healthy way, or the best way. I don't know. So, yeah, there are times I wish I knew what I know now when I was younger.

"Soon after my accident, a nurse

suggested The War Amps Child Amputee Program and I told her to sign me up. Right away I knew what a difference the support made, a group where I actually belonged. It was a place to fit in somewhere after massive trauma. It was great; however, I was only offered two or three annual Western seminars with the CHAMP program. There was a small support group here in Victoria thirty-ish years ago, one that lasted a few years until it gradually dwindled to nothing. When that dropped off, I wondered 'where do I fit in?' I didn't have a community anymore. It's a lonely journey at times."

Being an amputee teen was especially lonely for her, yet she has good memories. "Not only was I very lucky to have family and community rally around me after my accident, I also had incredible support from my teachers and staff at my high school. They were empathetic, respectful and concerned about how best to support my adjustment back into mainstream high school life. This

was new for all of us.

"I would want my younger self to fully realize that there is understanding and peace in finding others with lived experience. The community is vast, generous and compassionate and can provide more than you can discover on

your own. Whatever you do, do not isolate yourself from connection to others. I would tell myself to 'volunteer'. Giving of yourself has an underlying and quiet reciprocal nature that ends up subtly softening the hardships we endure, reminding us that we belong and always have something to contribute."

Andrea always loved running. She found solace in staying fit and would tell her younger self to embrace it even more. "Movement is medicine," Andrea says. "Never underestimate the simple way that movement can quickly sidetrack a low mood, help process difficult emotions and remind us that we alone have the ability to reset and support ourselves."

That said, she hesitates to use the words "physical activity" or "exercise" when speaking to new amputees. She observes that some can feel deflated or discouraged because they don't consider themselves athletic, or have no interest in being active. "Movement can be as simple as 10 extra steps in a day, chair yoga, talking to your neighbour at the end of the driveway, tending to garden pots, going to the grocery store - any little action that propels you to not stay stagnant



in body or mind," she explains.
"It's too easy to get stuck in life
when you struggle with constant
cycles of pain or mobility challenges or financial hardships or
lack of resources."

Andrea also emphasizes the importance of creating small habits or opportunities that help form a new relationship with your body to learn how it operates with an amputation for comfort and confidence in it. "Appreciate what it can do, distracting from what it can't do. Becoming attuned to how it functions and what it needs helps us develop more of a proactive approach to looking after it when situations arise.

"Also, advocate for yourself. There is no template for life with limb loss and information can be overwhelming at times. It is a strength to ask for what you need and if you require support. Find someone you trust. Sometimes our support network will need direction on how to provide the help we actually want or need. It's okay to be honest and clear about this. You are worth this. And remember to draw on the positive and joyful aspects of life. Fuel your mind and soul with more of these moments."

Andrea would also speak to her younger self about "loss"

and how it challenges everything someone has been and previously known. "One size certainly does not fit all, nor is there any handbook," she asserts.

"Have compassion for yourself. Talk about it. Write about it. Rip it up. Walk it out. Cry it out. Do what you need to, to express yourself. It will evolve and gradually soften. Avoid comparison. Amputees achieving grand physical accomplishments is not a realistic representation of what life is like for the vast majority. We are individuals with truly distinct stories, doing the best we can with what we've got. Climb your own mountains. Even when our bodies and minds are challenged beyond what we think we can control or handle, we still have choices. The elusiveness of autonomy and independence during setbacks can be disheartening but the way we respond is ours to choose. Listen to what feels right for you. Understand that healing is your responsibility - this is where you have power."

While Andrea admits that challenging times can seem neverending, her amputation, in a strange sort of irony, forced her to step out of a comfort zone which built confidence in her along the way. Adversity contributed to her struggles with anxiety and depression.

But it also lent to her fierce desire for independence and brought her the gifts of compassion and strength, and an unwavering love for life, diversity and simple things.

"The bottom line," she sums,
"is that it takes enormous effort
to look after the ever-changing
needs of a body that compensates so extraordinarily. Some
days you will win at this. Other
days you will feel like you're
desperately failing. This is normal.
The more we actively participate
in the journey and explore ways
to support it with bravery, humour, vulnerability and a heck
of a lot of tenacity, the more we
thrive."

"have compassion for yourself"

Younger amputees can benefit so much by listening to those who have traveled before them. Seniors have savvy and a lot of wisdom to offer, even if they became an amputee in later age. **Dr. Kirsten Woodend** has held academic administrative positions (Dean, Associate Dean, Director) at both Ottawa and Trent University, and is on the board of directors for the Amputee Coalition of Canada. Her accident came much later in life.

When she hears, "If I could tell my younger self", she thinks of

learning to be more patient. To live in the moment. "I felt such angst in how long my healing was taking," Kirsten remembers. "I was always pushing and pushing. Now I teach nursing students who get their knickers all twisted into knots over nothing. I see all of that wasted energy — like I would do early on in my amputation recovery."

Doctors told her that the complications from her motorcycle accident meant there would be a two-year recovery period before she could even think about working



again — advice she would have nothing to do with. She pushed herself to be back much sooner. For her, it helped to write poetry. Two of her poems were published in peer-reviewed publications.

Kirsten experienced great healthcare and mentorship, yet she says that she refused to fall into the trap of being a "good little leg amputee," meaning relying on caregivers rather than finding her own way. "Many amputees feel less important," she describes, "like broken parts. Yet, we the amputees are the most important part of the healthcare team. It is a constant fight to find your own way, which is difficult, because it is so easy to just nestle into relying on the system."

Thanks in part to Kirsten's positive attitude and drive, she found the strength to be resourceful during her painful and long recovery. "If you feel that your healthcare team or support groups aren't working for you, look around. Try something new that does work," she recommends.

She has seen how less-positively-minded others have struggled. "How easy it can be to wallow and doom-scroll on Twitter and become tied to the negativity of it all. Amputation is not fun. It is bad. But you have to rise up. Find what is good around you."

Climbing Back into the World

By Kirsten Woodend, PhD, RN, MSc

It's hard to get back into the world when you've been broken.
It's not so much the challenge of your mangled restructured body – you can control how you cope with pain, how hard you push yourself forward.

You think the "system" is set up to support you as you surmount these challenges; in reality it adds another set of hurdles to those you are already trying to clear.

You suffer a multitude of indignities in the process of body repair; mostly, these are inevitable – though many did not need to happen. Surprise, surprise. These indignities do not end when you leave the hospital. If anything, they become more challenging, more deeply hurtful.

It's amazing how, in other's eyes, you suddenly become a child incapable of coping mentally or physically; how often you are patronized in "your best interests"; how often, in the name of caring, you are prevented from exploring what you are capable of;

how is it OK that your colleagues have been told not to talk to you about work to protect your sick leave and recovery. (at what point did I become incapable of making these decisions for myself?); how invisible you are as you negotiate your walker through the aisles in a store; how many places are inaccessible to you. How ...? How ...?

But worse than this are the barriers to reengaging in your life. The decision is not yours (remember you are a child again) – it rests in others' hands. You need to smile and "play nice" to ensure that all the forms and letters you need are signed, that all the correct boxes are ticked so that more barriers to re-entry are not "triggered." It feels like a never-ending game of "whack-a-mole."

Do I not have enough to cope with?
I want to contribute
to the world again.
Why do you insist
on making this
so difficult for me with your low expectations
and your petty bureaucracies?
Don't you want me back?

Sending My Regrets

Like in any age group, some seniors sit themselves on pedestals and preach, which can be off-putting to the young and uninitiated. Some young people simply and foolishly reject any counsel from seniors. But when generations respect one another, ideas and experience can be passed between, both ways, and understanding is nurtured and grows.

Without knowledge sharing, we are all more inclined to regrets. Regret behaviour is becoming a growing area of study in science.

"Regret is a comparison-based emotion of self-blame, experienced when people realize or imagine that their present situation would have been better had they decided differently in the past," say Marcel Zeelenberg and Rik Pieters of Tilburg University.

Consumer regret has long been studied by economic establishments such as schools of business. Today it is studied as a mental health area. Regret is a reflection-based emotion that arrives late in development (arises roughly at the age of seven).

"People have a natural tendency to focus on the foregone instead of the obtained," add Zeelenberg and Pieters. "The mere act of choosing already produces a sense of immediate regret accompanied by an increased attractiveness of the non-chosen alternative."

Missed opportunities cause rumination with emotional distress in the short run but with motivational benefits in the long run.

Other research has grouped

regret into four different types: Foundation regrets — regrets from not working to lay down a foundation. Moral regrets — doing the wrong thing. Connection regrets — wishing we made room in our schedule for someone. And Boldness regrets — not taking the leap through the window when it was presented (*The Power of Regret* by best-selling author Daniel H. Pink).

A significant statistic emerged. Regrets of inaction outnumber regrets of action two to one, a ratio that increases as people age. One reason for this is that many action regrets can be undone or produce things of value even when considered a mistake. Regrets of inaction seem less beneficial when wrong and sting more.

Pink makes the following suggestions:

1 Look Inward

Reframe how we think about our regrets. We speak to ourselves more cruelly than we'd speak to anyone else. Practice self-compassion.



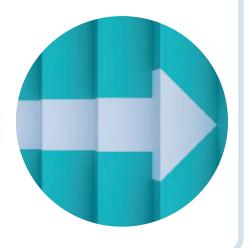
2 Look Outward

Practice disclosure. Sharing your emotions is a form of unburdening. We can make sense of regret through talking or writing.



3 Move Forward

Extract a lesson from your regret. Create distance to help yourself process.



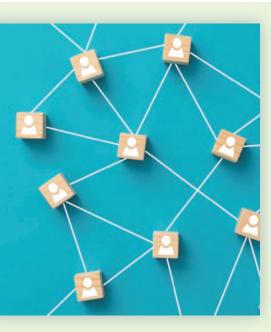
Arm amputee **Ralph Billing** also lost his limb later in life. An arm amputee, he went through a range of emotions after his injury, namely, "Why me?" and "Woe is me!" before settling on "Life must go on."

With that mantra in hand, the Ontario man pressed ahead with the same vigour that he applied to his ladder-climbing corporate life. He inherited his father's business acumen and drive. He energetically grappled

with obstacles associated with his amputation, always in his own way, whether it was by tossing a prosthetic limb into the closet or by enlisting his best attribute, that being working at it harder.

Now 85, after a long and very successful career with General Mills and other business ventures, Ralph looks at his life – amputation and all – joyfully. "I have great relationships. Put the utmost effort into finding those," Ralph would tell his younger self.





Anne Bell is a retired schoolteacher from Toronto. She too became an amputee later in life, her left leg. Anne is quick to offer this advice to young people: "Don't be too hard on yourself. Some days, unexpected obstacles would just send me into a tailspin. I remember my prosthetic training. I was so excited. I remember all of the little steps... and I was so excited for each one! I was getting my new leg. I would be walking without an aid. I would be getting back to work — what I thought would be a normal life. Then, I tried the new leg and it didn't work properly. I was back to a walker. I got really upset. Now I realize, don't be too hard on yourself — there will be setbacks at times. You move on again.

"My other thing is to listen to other amputees. They are the best source of support. I was lucky. My neighbour was an amputee. He gave me the best advice. When I would ask him things like, 'Should I try this?' he'd always say, 'At least, try it! The worst that will happen is that you won't be able to do it.' When people would ask what I was doing I would answer, 'Trying to be just like my neighbour!'

"I also have a huge support network, which I really think is key. They encourage me. I went back to teaching after my amputation. The kids were great. They were so curious. They asked to see my new leg, and asked questions. Kids hold nothing back... 'Is your leg going to grow back? Did it hurt when it happened?' They would come to my desk and knock on my prosthesis for attention. I was open to their curiosity which was very significant for me."

Anne also explains that when she first went back to work, she was afraid to ask for accommodation. "Now I can do it, but I couldn't then. I think, before, why couldn't I just say, 'I can't do that?' I do regret not being strong enough to say that, but I wasn't in the right frame of mind. Like doing yard duty in the winter at school on a new prosthetic leg. It was icy. Dangerous for me. I should have spoken up; but I never did."

Experienced amputees can offer new perspectives. What they would tell their younger amputee selves after years down the road is so valuable for others to hear, to understand and in which to find comfort, trust and hope. The road to recovery can be a journey without end. But it need not be laden with pitfalls and surprises only. It can be spectacular too. So say many who are seasoned travelers, pioneers and peers, on that pathway.

ABOUT THE AUTHOR:

Max Warfield was born in Ridgefield, Connecticut, now making his home on the southern shores of Lake Ontario.



A correspondent for the Lockport Union Sun & Journal and the Niagara Gazette, Warfield has also written and published numerous novels.



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Get the Wheelchair You Need and Why You Should

By Kimberley Barreda

Has this ever happened to you? You're having a great time, out somewhere far from home, and snap... a piece of your prosthetic leg breaks. Or you wake up in the morning with a swollen leg, or you've overdone it and now you have a skin breakdown. Or, odder but true, it's fallen off while skydiving and it's just gone. Now you're stuck, unable to walk.

Now what? How do you get to work? Or school, or your other commitments? In a perfect world, you'd plop your rear end into a nice, comfy, modern, beautiful wheelchair and go about your day.

Yes. I said it. In a perfect world, every leg amputee – in fact everyone with a mobility impairment – would have a wheelchair. And not only would they have a wheelchair, they'd have the very best for them.

Here's why. You owe it to yourself, your family, every disabled person (past, present and future) and society, to thrive.

I KNOW!!! Who knew being an amputee had such an obligation attached to it?

It seems far-fetched, but it's true. When a disabled person is out and about, people look at us as representatives of all disabled people whether we like it, or accept the responsibility, or not.

If the most common sight of a disabled person includes struggling in outdated equipment, that visual becomes, and remains, what is perceived as normal for disabled people.

Our obligation is to change that visual so that the hospital wheelchair or struggling person sticks out as jarring, temporary, something wrong, needing to be corrected.

As a disabled person, playing the hand we're dealt is the only option we have. If it's not a winning hand, we can still play it not to lose. Having the right adaptive equipment is the first step in that plan.

The underlying principle is simple. You may be familiar with this business success truism: "Don't dress for the job you have; dress for the job you want." It's a truism because it's true.

In our case, the thriving with disability success truism is: "Don't get the wheelchair for the life you have; get the wheelchair for the life you want." This applies to other disability equipment as well. Consider them as investments and insurance policies for your best life and the best life of other disabled people.

If you've never purchased a wheelchair, hopefully you get the most appropriate one for you, the first time. This is vitally important as it may be the only chance you get.

Knowing the difference. An ultralight chair, whether rigid or folding, is absolutely what you want for many reasons, the first one being the weight. In fact, it's one of the most important factors. A titanium wheelchair frame is under eight kg, compared to a hospital chair

at 20 – 25 kg. That is a massive difference which matters in every area of use, from pushing yourself to loading it in your vehicle.

Folding or rigid is a matter of preference and transportation. Both fold or break down into compact sizes to fit in a trunk. Rigid chairs are easiest to load from the driver's seat, by popping off the wheels and pulling the frame in. Most folding frames also come with quick release axles, so you can change out the wheels to fit terrain, weather, style and weight. Carbon fibre wheels are strong and lightweight and offer multiple options for tires including knobbies, solids and slicks from major brands such as Primo, Kenda and Schwalbe. Options for push rims include the new, ash wood rims from lignorimusa.com, with multiple shapes and colours so you can find the perfect fit.

Frames and wheels/rims come in a bazillion colours, so you can look fabulous while you live fabulously.

For those who can't push a chair, check out the spectacularly futuristic Whill electric vehicle (whill.inc/ca). If you've flown recently, you may be familiar with them as they're in many airports. You'll feel like a time traveler in it. So. Very. Cool.

Don't even think about a hospital chair for a few reasons. First - your obligation to live well to help other disabled people by living well and looking spectacular. Because, second, they're just not viable for day-to-day use. Besides the weight, they're designed for other people to push you. The backs and sides are high and the wheel hub is behind the seat so that the person pushing can control it safely. You are literally just a passenger. Which brings you back to the first reason. Nothing screams independence and strength like pushing yourself,

controlling where you will be, and when.

Knowing these details will help when you're placing your order. To most CRABs (Currently Regarded as Able Bodied) a hospital chair is exactly the same as an ultralight everyday chair. In fact, they often think everyday wheelchairs are racing or sports chairs because they have no actual life experience using one, and all wheelchairs look alike to them.

When they see a wheelchair user on TV, it's usually in a sports story or a medical story. Polar opposites, with no in-between.

That lack of nuance is sometimes combined with a government "attitude" of making sure you never get more than what it "thinks" you should. And worse, medical model adherents who know better than you what is best for you WILL haunt you if you're not prepared, possibly forever.

Again, refer back to reason number one. Having a fabulous chair not only helps you live your best life, it helps others get the equipment they need because you are normalizing it.

Be aware. You may encounter a practitioner who is approving, prescribing or measuring you for a wheelchair, who doesn't know what they don't know and may have goals that are different from yours. They work for a business, medical facility, government, or an insurance company. The only one looking out for you for sure and always, is you.

You, knowing what you need, and being ready to make it happen, will save you time, money and aggravation. The very best way is to know exactly which wheelchair you want, specifying why. You can get all the specs for each chair from the manufacturer's website, and Youtube is a good resource for learning about fittings and function.

My first chair makes for a perfect example. As an AK/TK bi-lateral amputee, my prostheses were horribly disproportionate. The sockets were



very long because my knee joint needed three additional inches to mount below my actual knee. The bottom had to be made shorter or I would have been far too tall.

The people who did the measuring for my wheelchair insisted on me wearing my legs for the sizing, so my chair was completely messed up. It was long and off-balance, and essentially useless. Every time I tried to push, the front end would pop up because all my weight was in the wrong place. Ask anyone who knew me then. They'll remember the giant purple wheelie sedan. I had to live with that mistake for three years until I was able to get a new one.

I fought to get it, because as far as "they" were concerned, I already had a chair. The fact that it didn't fit me didn't matter. The box on the checklist was ticked. Luckily, my doctor teamed up with me and we got a medical change prescription.

When I finally did get one that fit, properly measured, and easily transported, it changed my life. No more missed work (which equated to being fired). No more adding an extra fifteen minutes to dress my legs, which adds up to a LOT of hours over a lifetime (91.25 hours a year... yes, I did the math). No more pain. It was a complete and total

win, and I don't regret never putting legs on again. Not even for a second.

Now, you might want to avoid this battle and be tempted to "go along to get along" and accept a wheelchair that isn't the best fit for you. Don't do it. As hard as it is, put yourself first. The reality is, tomorrow it is you who has to live

with decisions you made today.

I get it. It goes against everything we are as Canadians. As a disabled person, when you're on the receiving end of a grant, program or other gift, the sense of obligation to take the most basic equipment, or put the least strain on the system, or feel that you're lucky to get anything at all, can be overwhelming. It can lead you to accept whatever is offered when you really need something different. We don't want to appear ungrateful or greedy, and something is better than nothing, so we settle. I know that feeling, I've been there. I've done that.

The problem, when we do that, is that we not only lose for ourselves, we lower expectations for everyone else. There's a reason the instructions on a plane tell you to put your own oxygen mask on before helping others.

The same applies here. If your equipment doesn't fit you, you won't thrive with it. You'll use it less often, or less spectacularly. Actually, going for the cheapest often ends up costing more in the long run, either in needing a new chair, or lost opportunities for you to succeed.

When it does fit you, the opposite happens. You thrive and people notice. And in thriving, you're helping others reach that same level.

You are also saving money in the health system, by not allowing others to waste it in your name with the wrong equipment, and by not creating additional issues caused by not having the options in the first place.

The bottom line is this: if you need a wheelchair, and if you're a lower limb amputee you do, getting the best one for you not only helps you, but it helps others and it helps society. It's common sense.



ABOUT THE AUTHOR:

Kimberley Barreda is an award-winning media, marketing, and advertising consultant with over 35 years of experience. She specializes in connecting brands and businesses with disabled consumers via socialarchitect.com and mediability.pro, the online presence of IMAGE Management, the longest-running specialty talent agency in North America. An established media personality, author and website developer, the former fashion model and television actor has jumped out of airplanes and driven race cars. A water-skier, snow-skier and kayaker, Kimberley is living the reality of her renowned slogan: "my life is better than your vacation".



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Shirleen Campbell, BSc, PT, is a member of the Canadian Physiotherapist Association and works almost exclusively with amputees, mostly in the area of prosthetic gait training. She's been doing this work her entire career. As a physiotherapy student, her course work introduced her to a variety of populations but it was an amputee program that confirmed for her that working with the limb loss population was exactly what she wanted to do. "I still love what I am doing 30 years later," she emphasizes. In an interview with thrive publisher Jeff Tiessen, she talks about a wheelchair as a mobility option for prosthetic-wearing amputees.

thrive: What exactly do you do?

Shirleen: I am an assessor for the Assistive Devices Program [Ontario] which I do in clinical settings and with home visits. I get referrals from many different sources, prosthetic clinics included.

thrive: With respect to wheelchairs as a mobility option for amputees, do you prescribe them?

Shirleen: I am very familiar with wheelchairs but I don't prescribe them. That falls to an occupational therapist (OT) who is trained as a mobility assessor. I've seen wheelchairs that are very appropriate for an amputee, and I've seen those that are not. It is very much based on the individual's need. The way Ontario's Assistive Devices Program (ADP) works is that if you require, or

will use, a wheelchair for six months or longer it is prescribed. So, for someone who only needs it for three months let's say, it's not the best use of ADP money and a rental is more appropriate. ADP will pay for both a prosthesis and a wheelchair if a functional reason for both is shown.

thrive: So, how is "six months or longer" determined?

Shirleen: Those who really benefit from a chair are people who need it as a back-up. Those who shouldn't be doing any kind of hopping on one leg. Amputees with cardiac conditions, diabetics, people with neuropathy and skin issues, any kind of ulcers, people with COPD... they all need some kind of back-up.

And then there are those who use a prosthesis in their home and can

walk short distances with it but need something for longer distances.

Some with fatigue issues may need it for rest when they're in their community, where there may not be anywhere else to sit, or they have pain issues. Trans-femoral amputees get tired faster. A rollator works too.

A wheelchair is also beneficial as a transfer aid for trans-femoral amputees too. They can be fully functional with a prosthesis but use a wheelchair to get out of bed, or to the toilet at night.

thrive: On the flip side, are there scenarios where you wouldn't recommend a wheelchair?

Shirleen: I sometimes question if some with traumatic amputations need one. If they have no problem with their upper body or sound leg, I encourage them to use crutches when needed. Here's why... a lot of wheelchair sitting leads to tightening of the hips which is detrimental to gait pattern. If your hip is tight, what can result is loss of good extension, and back pain, and then the amoutee starts compensating for that. Especially, again, for above-knee amputees. Sitting for long periods makes alignment harder to achieve, and the knee doesn't release the way it is designed to, and it changes gait and the way they move. Full extension at the hip and knee makes a huge difference. You stand up straighter. You have better balance when your hips aren't tight. You're up over top of your feet and not leaning over them, or back.

thrive: Staying with traumatic injuries, residual limbs can be quite compromised with complications for weight-bearing.

Shirleen: If the pain is because of ambulating on both limbs, using crutches without the prosthesis would alleviate that. Same for skin breakdown. What's most important is that when someone can't wear a prosthetic device for whatever reason, there is a

mobility option. For some it may be a wheelchair and for others it may be crutches.

thrive: I've heard it said that "crutches are dangerous"?

Shirleen: That's not a fair global statement. Someone who uses crutches needs good balance, good proprioception, good upper body strength and shoulder stability. Long-term use is not good because elbow, wrist and shoulder injuries can show up down the road.

But they're good as a back-up option when someone isn't wearing their prosthesis... and was trained to use crutches correctly so they know how to swing through, how to get up and down stairs safely, how to maintain balance with a rail and without a rail, how to get up and off a curb, and across different types of terrain. Especially with forearm crutches with which you can walk on pretty much anything. They're good for keeping the leg in a more natural position, and good for cardio too. Axillary crutches versus forearm crutches - it's a user-specific choice.

I have a client who has a prosthesis, a wheelchair, crutches and a rollator. Crutches are for her stairs and letting the dog out when she doesn't have her prosthesis on. She uses her wheelchair in the morning and when she can't wear her prosthesis. The rollator gives her a place to sit when she goes out. She's using all four devices in a functional manner.

thrive: What about a mom who wants to keep up with her kids at the park? Is it reasonable for both a prosthesis and a wheelchair?

Shirleen: Absolutely! Endurance issues because of balance and energy expenditure to walk longer distances with a prosthesis are very real.

thrive: Any other cautionary wheelchair notes?

Shirleen: Moving over uneven ground with a wheelchair is a consideration. If the goal is to get someone back to their pre-accident level of function, relying too much on a chair early on can impact their return to their active life.

As mentioned, prosthesis wearers shouldn't spend too much time in the chair because it makes using the prosthesis more difficult. My rule of thumb is if you use both, you need to be stretching... standing, laying on your back, whatever it may be. This, actually, goes for anyone who spends a lot of time sitting. We are not designed to sit; we are designed to be up and moving.

thrive: How about wheelchair fit? One size doesn't fit all. right?

Shirleen: Make sure it is prescribed for you. People come in all different shapes and sizes. There are all kinds of things to consider like width, height and weight, and

intended use... for home or for outdoor use. A chair that is too tight can lend to bad posture, hips get rolled in, and skin and pressure issues can follow. Make sure the cushion is right for you. OTs know what is best depending on skin condition and how long one will be sitting. A supportive back rest is important. Centre of gravity is important to prevent tipping and for balance. Measurements should include chair frame height, back height, and armrest positioning. For example, chairs with the armrests placed further back - for pulling up closer to tables - don't always work when it comes to transferring out of the chair with their arms behind them.

And maintenance is very important too... pet hair gets caught around the casters. Brakes and bearings need upkeep and tire tread needs to be checked. A once-a-year maintenance check is a good idea. Call a vendor or an OT or a rehab assessor for a referral for service.

CHOOSING A CHAIR

Need help looking for a wheelchair? Individual needs require an individual approach. What's your lifestyle? How do you work, live and play? Motion, a wheelchair supplier, has the experts to assist you, and works closely with funders across the country that can assist with costs. Motion helps you narrow down your best options in five easy steps at motioncares.ca.

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STEP 4: Incline. How will you navigate entry and exit ramps?

STEP 5: Summary and Results. A selection of options for you.

To learn more, speak with a Motion representative. Motion will go to work to understand your specific needs, and offer advice.



By Megan Williamson

Being a specialist who works with people living with disabilities, my ideal client is someone who wants to improve their quality of daily living. I absolutely love being able to coach clients along their journeys to achieving better mobility, more strength, and improved body awareness.

These tips are for anyone to consider along their own health and wellness journey, whether you have a coach or not. Having knowledge of what helps us succeed, and what doesn't, can save so much time and effort. It's my pleasure to share five of these from a coaching standpoint.



NOT WARMING UP BEFORE STRENGTH EXERCISES

This one is so important. Many people skip a warm-up for one of the following reasons: it's boring, don't have enough time, think it takes away from their actual workout, or don't think they need it.

I'm here to tell you that not only does everyone benefit from a proper warm-up, but it also improves your strength gains! A warm-up is just that – preparing your body for the movement to come, whether it be strength training or endurance.

By bringing blood flow to our muscles and focusing on working through a full range of motion for the joint before adding load or intensity, we can immediately decrease our risk of musculoskeletal injury as well as make every set count toward improving our strength.



2

NOT PERFORMING UNILATERAL MOVEMENTS

A unilateral movement is an exercise using a single arm or single leg. It is an absolute must to include in your strength and mobility programs. I doubt that there is even one human walking this earth that doesn't have an imbalance of some sort in their body.

To give an example, my right hip muscles and quadriceps are much stronger than my left side because it's my power leg when I snowboard. I frequently stretch out my tight and "overused" quad and really focus on strengthening my left side.

A client with an amputation, of course has a more "affected" side. Working this side on its own is crucial for making strength or movement pattern gains. Take lower limb amputees who wear a prosthesis for example. They need to fully bear weight on their prosthetic leg for proper gait patterns with walking or running.



What happens when we stick with only bilateral movements? The stronger side tends to take over and doesn't let the non-dominant side be challenged enough to make as many strength gains. It is important to recognize that this unilateral training starts in the brain, where new neural pathways are created to complete these unilateral movements. The more we practice, the stronger these neural connections become. And because we are only as strong as our weakest link, being able to strengthen our non-dominant or more affected side helps us improve our performance in daily tasks and decreases the risk of injury.

NOT FOLLOWING A DAILY STRETCH ROUTINE

Ever noticed how crawling babies move with such ease? They can pull themselves up from a deep squat with no issue, roll over in one motion and slide through the splits into an army-like crawl. Baby bones haven't yet hardened like adult bones but there is another reason. Babies' bodies haven't yet seen the effects of habits, posture, sport,



disability (for some), inactivity or activity, that takes a toll on muscles and joints.

As we go through life and grow into adults, our bodies tell the story of how we spend our time. Wheelchair users tend to have chronically tight hip flexors and pectoralis muscles. Single leg amputees tend to have tight and overworked soft tissues in their sound leg because of carrying most of the load.

We can help balance our bodies by stretching areas that are tight or overactive. This in turn helps retain a healthy muscle length-tension relationship which decreases our risk of musculoskeletal injuries. It also helps to improve posture and performance in daily activities like gardening or playing with the kids.



BEING A WEEKEND WARRIOR

There are many different ways we can exercise depending on our goals. We can change things like frequency (how many times a week we work out) and duration (how many exercises we perform) of our workouts.

When I was in my twenties I used to work in conventional gyms and regularly see people who would only workout on weekends. Some would stay for hours on end, Saturday and Sunday. Then, for the rest of the week, they wouldn't come to the gym at all.

Studies show that when it comes to neural strength gains, practicing more frequently is key. So, these "weekend warriors" were not setting themselves up for much progress.

Taub, the behavioural neuroscientist who studies neuroplasticity, states that "training should



be done in increments; and work should be concentrated into a short time, a training technique called massed practice," which he has found far more effective than long-term but less frequent training.

Aiming for more frequent, consistent training sessions clustered together in a shorter amount of time will bring the most benefit when it comes to rewiring the brain and body for better movement patterns, increased strength and increased mobility.

5

NOT TRACKING YOUR PROGRESS

We can get frustrated when we don't see results from our hard work. Without having data and ways of measuring our progress, we can be terrible judges of how far we have come.

I see this a lot with my clients. They come to me and express feelings of frustration because they aren't where they thought they would be with their rehab or fitness goals.

I show them my notes from our session progress and review what they were accomplishing three months ago, six months ago, and maybe even a year or two ago. Often, the client is surprised at how far they have actually come.

These reminders are very helpful for a couple of reasons. For one, they help us to stay focused on our goals. When we see that we have in fact made progress over time, it can bring encouragement to continue the work.

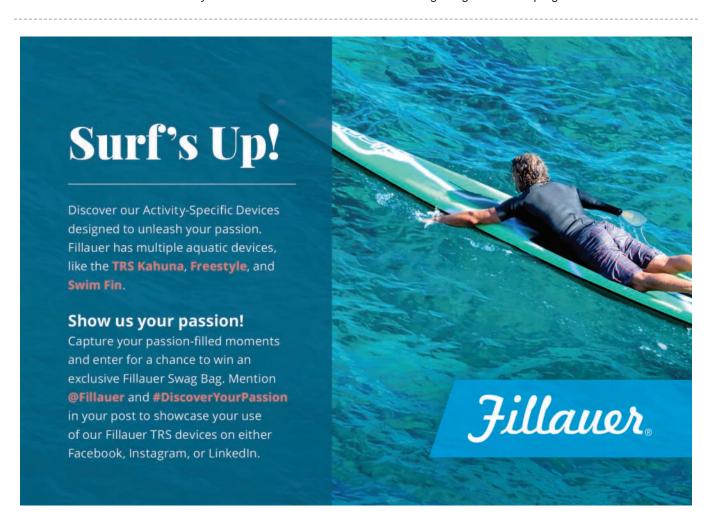
It can also help us with self-compassion. Without recording our progress, it's very easy to think that we haven't done enough, or to "not remember" the other milestones we've made along the way.

I recommend a training journal for keeping weekly records of your journey. It can also be a great way to see where some things may not be working for you, and things in your program that need to be adjusted.

For exercise ideas, workout programs or a consultation, visit www.oceanreahandfitness.com. Follow Megan's programs with an Ocean Insider Club subscription.

This article is a guide only and is not necessarily applicable to everyone.

Please talk to your doctor for recommendations before beginning an exercise program.







Dr. Tamar Packer and Dr. Brian McKenna encourage anyone with diabetes and vascular disease to take their socks off for foot checks when visiting their family doctor or other healthcare provider.

Targeting PREVENTION of Diabetic Foot Amputations

Ontario has some of the highest rates in the world for diabetesrelated foot amputations, with lower Hamilton having the highest rate in its region of the province.

To combat foot amoutation due to diabetes and/or vascular disease among its residents, Hamilton Health Sciences (HHS), together with the Greater Hamilton Health Network (GHHN), launched the Socks Off

campaign.

The GHHN, made up of healthcare providers and organizations responsible for delivering coordinated patient care in Hamilton, Haldimand and parts of Niagara, aimed the campaign at family doctors and other healthcare providers in lower Hamilton. The initiative encourages practitioners to routinely check the bare feet of their patients with diabetes and vascular disease... hence the campaign's name, Socks Off.

A complication of diabetes and vascular disease is poor circulation, which can lead to serious problems, starting from something as simple as a cut or crack in the skin.

"Through the campaign, we're encouraging primary care providers to routinely check these patients' bare feet for cuts, blisters, cracks, callouses or other sores that could lead to a serious ulcer and amputation," says Dr. Tamar Packer, chief of family medicine for continuing and postacute care at HHS, and the GHHN's clinical advisor for the hospital. "Feet can't be properly assessed if socks are on," she explains.

Campaign materials include an implementation package for family doctors and healthcare providers that streamlines the steps involved in seamlessly incorporating screening, early intervention, timely referral and patient education into their workday.

Other community partners in the campaign include paramedics, diabetes care programs, research programs, home and community services as well as some private wound, chiropody (foot care) and vascular clinics.

Socks Off also promotes the HHS/GHHN Lower-Limb Preservation Integrated Care Program, which aims over time to reduce the amount of lower leg and foot amputations in its city through a more coordinated, integrated and patient-centred approach. This includes regular foot checks, early identification, timely assessment, best-practice treatment, ongoing monitoring, cardiovascular risk management, wound prevention strategies, and patient education.

"By routinely checking patients' feet we can help prevent up to 85 per cent of amputations and other complications related to poor circulation," says Packer, adding that people with diabetes may not be aware of foot injuries because they've lost feeling in their feet due to poor circulation. "Simply asking our patients how their feet are doing isn't enough. Feet can't be properly assessed if socks are on."

Hamilton Health Sciences vascular surgeon Dr. Fadi Elias sees diabetic patients in the later stages of infection, when surgery is a last resort to try and avoid amputation. "I hear their stories and I review the treatment pathways that eventually brought them to my office," says Elias. "Unfortunately, there are often many points in their healthcare journey where the disease's progression could have been slowed down by early intervention that didn't happen."



Diabetic foot screen test.

A key priority of the Socks Off campaign is health equity and the need for all people to have a fair chance at achieving good health. "This campaign provides an opportunity to really impact inequities in Hamilton in terms of health and wellness, as well as to collaborate with some of the top partners in the city," says Dr. Brian McKenna, a family doctor and deputy lead physician at the Hamilton Family Health Team, with a membership

that includes 165 family doctors, their practice teams, and 250 other healthcare workers in the city.

As part of the campaign, primary care providers are being encouraged to make their patients partners in care. "There are three pieces of advice that primary care providers should give to diabetic patients," says Dr. Perry Mayer, medical director of The Mayer Institute in Hamilton, a centre of excellence in treating diabetic feet.

By following three steps every day, 85 percent of diabetic foot problems can be prevented, maintains Mayer.

STEP 1 – Always wear shoes, even indoors. Shoes protect feet from wear-and-tear or cuts that could lead to infection or amputation. And shoes need to fit well so that they don't rub against the skin, causing sores.

STEP 2 – Moisturize your feet every day. "Moisturizing helps keep skin supple, so it is less likely to crack or break," explains Mayer. "This helps prevent an ulcer from developing that could lead to a potential amputation."

STEP 3 – Check your feet every day, including between your toes. "If you see any sign of a wound developing, you need to get off your feet right away and call your healthcare provider for an appointment," he emphasizes. "I can't stress enough how important it is for people to get off their feet immediately. Unfortunately, if patients don't offload right away and get their wound examined and cleaned by a healthcare professional, nothing is going to work for them."

And, patients should take the initiative with their primary care provider by asking for a foot check at appointments, adds Mayer. "As soon as you get into the examination room, take off your socks. It's a reminder for the primary care provider to check your feet."

The GIFT of ADVERSITY

Recovering from trauma, raising a family, thriving in her chosen career and becoming a four-time world para-taekwondo champion once seemed impossible to Lisa Standeven, a girl from small-town Alberta.

But her book, The Gift of Adversity – Stories and Strategies to Turn Trials into Triumphs, holds proof that our lives need not be dictated as much by the adversity that befalls us, but by the decisions that we make in how to move forward after each setback.

With her genuine and down-to-earth nature and sense of humour, Standeven treats readers to real talk about the burden of adversity and the opportunities that it can provide.



The Gift of Adversity is a collection of stories and strategies that began as a means of healing after a workplace accident claimed Standeven's dominant hand. Confronting physical and emotional damage was only the beginning of her journey. The more she healed, the more she grew, setting new goals and reaching new heights.

The book is an account of Standeven's journey. Although the stories are uniquely her own, the emotions and challenges are common to many human experiences. The recalling and recounting of life's setbacks bring to light many valuable lessons.

Each chapter concludes with tangible tools (personal homework for the reader) for everyday reflection and recommended strategies to turn trials into triumphs.

Her messages are these: You have everything you need to succeed. Have the courage to embrace your true self and shine your unique light in the world. Each challenge brings gifts of learning, humility, and inspiration. No one does it alone. Build a winning team with people who lift you up and support your goals and dreams. And remember, no summit marks the end of your growth. The journey continues.

Here is how her book begins (an excerpt from The Gift of Adversity).

PROLOGUE

By Lisa Standeven

As I lay, heavily medicated in a hospital bed, I can hear only the sound of my new husband softly weeping, while my mother consoles him. "I'm okay," I mumble as I drift back to sleep.

The next time I wake, I hear him arguing with the doctors about how much of my hand to amputate. "The stump (I hate that word) is useless," they say, "and will only limit options for prosthetics." My husband argues that I wouldn't want my arm to atrophy.

I am reminded of a time I met a friend of my dad's, who had lost part of his arm in a gravel conveyor. I was struck by the disfigured appearance of his limb. It wasn't the absence of his hand and forearm that unnerved me, but the shocking lack of muscle tissue surrounding the bones that were left. It begged the question, "Why keep such a frail appendage?" The doctor said my husband is

foolish, but they don't know him. They won't win. They asked me if I understand my options. I do, but I don't care. I agree with Kenny, because I know my husband and I know what atrophy looks like. I fall back asleep. Sleep feels better than atrophy. Sleep feels better than thinking, remembering, deciding.

I know that I am in surgery, but thankfully, I cannot wake.

Late at night, the glow of the hallway light illuminates my room. Kenny is asleep in the armchair. Someone has brought an ottoman for his feet and a blanket to cover him. I can't recall how long I have been here, but I haven't been alone. Sleep drags me back to the soft, comfortable abyss of denial.

Finally, the haze begins to lift. The soup that the nurses

brought me smells good, but I refuse to eat. I look to my right hand. It is, after all, my eating hand. The skilled hand. The writer. The holder. The thrower. The artist. My right hand, the eating hand, is gone. I looked to my left hand. It is delicately probed and tubed and taped, with an intravenous needle sticking into it.

I hate needles. I can't even look at them. I used to run to the girl's washroom in grade school when everyone else bravely lined up for their immunization shots. I'm still a bit of a wimp that way. So, eating is clearly off today's agenda.





"Sometimes I grieve for that young woman... She seems so young and innocent to me now. Slow pitch tournaments. Curling irons and big hair. Clapping songs I learned at Brownie Camp."

My sister is there, being chipper and helpful, as though her positive attitude will magically change my mind, or even my body. She spoons the food to my mouth. At this moment, I can't help but see Mary Poppins, complete with hat and umbrella, twirling and singing. "A spoonful of sugar helps the medicine go down." I reflect on my own disgusting display of self-pity and pick up the spoon. Now the look of that damned IV destroys my appetite.

The visitors come and go. Flowers. Cards. Magazines that I won't read, because my turning hand is gone and I can't look at the IV in my other hand. Then the urge to urinate presents me with a new problem. How absurd, I think.

There I go thinking again. I desperately try not to do that. Remembering makes me feel sick. The sound of the fan and the engine slowing, as it encountered a foreign object. The sickly smell. The scream that I had never heard before. That bastard fan that took my hand haunts my dreams. I smile and tell them, "I'm okay," not really believing it.

It took a long time to recall the events of that cold November day. I would often wake with the recollection of the fan and my hand, engaged again. Perhaps this is where I began to realize how visceral my dreams were. I don't remember dreams as much as feel them. I wake with them playing out like live theatre. The truth always found its way to me, but it didn't often make its way out. I caught it, before I said too much or relived too much.

Sometimes I grieve for that young woman befuddled by morphine and shock. She seems so young and innocent to me now. Slow pitch tournaments. Curling irons and big hair. Clapping songs I learned at Brownie Camp. Such are the insignificant losses, compared with the three pounds of skin and bone that was incinerated after my surgery. And yet, those things run through my head every time

I caught a glimpse of my missing hand, and more so when I saw the reflection of my new abbreviated body in the mirror.

I still grieve for the people who knew the old me, because so much of her left when her hand disappeared. It was heartbreaking to endure, but what choice did I have? I couldn't have known how that empty, echoing experience of my life would fill to overflowing with abundance and learning and excitement and love. I had no clue. I only knew that my eating hand, my page turning hand, my ass wiping hand was gone. And that bit of truth carried a heavy weight.

Sound familiar? Of course not. There's not much chance that this story is like yours. What might



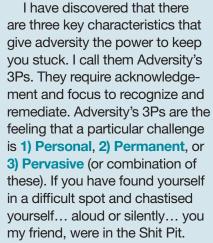




"This book is about how to reframe life's difficulties and move forward with confidence and conviction. Within its pages are stories and strategies to use as tools to turn your adversity into advantage, and build exactly the life that you dream."

sound familiar is the emotion, the feeling, the sense of despair. You see, we all have that story, a crisis or set of circumstances that have brought us to our knees, figuratively or literally. There is a strong likelihood that you felt very alone, as you went through your toughest challenges.

Here's the thing. The human condition is fraught with challenges, failures, and losses. The more living we do, the more challenges befall us. It's simply the law of averages. So why do some people appear to rise above, while others stay stuck in the shit pit? That is what I will share with you in *The Gift of Adversity*, because I've taken my turn in it, and decided never to get stuck again. This book is about how to reframe life's difficulties and move forward with confidence and conviction. Within its pages are stories and strategies to use as tools to turn your adversity into advantage, and build exactly the life that you dream.



Perhaps you are still there. Maybe you wallowed through the mess and never want to go there again. Look back at the stinking cesspool and wonder what can be learned from all that agony. The fact is, you don't need to stay stuck, but you do need to know how to extricate yourself from the adversity that life will throw your way, and transmute any future adversity into opportunity and grace.

Stories and messages within the pages of *The Gift of Adversity* should be enough to get you out of your shit pit, but the more work you invest, more abundance and fulfilment is available.



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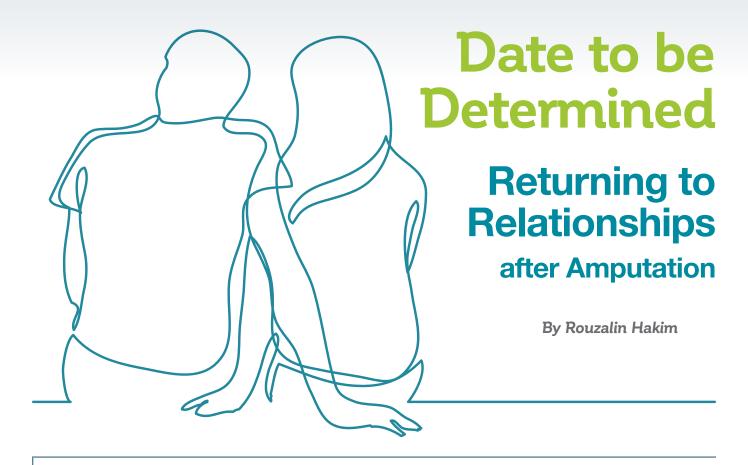












Please note. The perspective that I'm sharing with you comes from the journey of a fairly new amputee. My experiences in the last two years as an amputee, which are my first two years as an amputee, have been filled with endless new beginnings... many that I have shared in my previous editorials here in the New Beginnings department in thrive magazine.

My life was dramatically altered after my motorcycle accident in 2021. And to my surprise, a new person emerged. Believe me when I say, whatever you are facing or faced as a new amputee, I've likely experienced as well.

Shock, resentment, discomfort, loneliness, depression, strength, capability, pride, and so many more things in between. Admittedly, I am the "Queen of Emotions!" But, I've managed to regularly surprise myself when it comes to overcoming the things I never thought I could or would.

I've returned to the gym and get this, competed in fitness competitions with fully-abled women.

I started a new job that requires me to be in the office full-time. I've shared my life as a writer, hoping that it will make a difference for others, and me. I've been a presenter at prestigious events, been a guest on several podcasts and featured in magazines too. I have been fortunate to say the least, and for that I am grateful. I've been blessed many times over in the past two years.

And still, there is one department in life that I cannot seem to return to – a relationship. This is heartbreaking to express, yet I don't think I'm alone. I've visited this place in my mind many times, and I cannot pinpoint why

this is so hard for me to do. Why do I feel so unsafe? Why do I feel unworthy? Why do I feel like I would just be a burden? Why do I feel so uncomfortable in my own body? Will this ever fade? Will I ever feel ready? Why can some people continue their search for love, while I can't bring myself to even hope?

I have not always been this insecure or closed to the idea of love. In fact, before my injury I was a hopeless romantic. One who would daydream about a successful career and a big loving family with someone special meant just for me. Years ago I followed my heart across the globe to live with

my fiancé (at the time) in Australia. I bought a house built for a family in hopes that one day we'd fill it with one. And somehow, I now find myself lonelier than ever. I can't bring myself to daydream anymore.

When you've lived one way, in one body, with one view, then how can things remain the same after trauma? A relationship is hard as it is. I sit with my fears and insecurities every day. How do I start to share that with someone who I don't know? What should my expectations be, now that life is different?

I hear from others, with all kinds of different disabilities, that it's still the same as before. As much as that's a relief to hear, it's also hard for me to believe. That takes me to an even more doubtful place in my mind – am I the only one struggling with this?

I have attempted dating since my accident. Ironically enough, I dated right after leaving rehab. I had met him while I was a physical therapy patient, and he was visiting family at the hospital. I thought to myself, "what better of a person to connect with than someone who's seen me at the lowest part of my journey."



We dated briefly, but of course it was too difficult... for me. I was dealing with infinite changes and challenges. As much as I wanted to be in the relationship, I couldn't. I was experiencing too many emotions and I was constantly mentally and physically exhausted. I felt guilty about not being able to be a good partner.

I was on my first leg and was hardly walking. I utilized my minimal energy to adapt to my own surroundings, and my anxieties were multiplied. But maybe it was about something that no one else - not others with disabilities and not even healthcare professionals - brings up and that's intimacy! With so many physical insecurities, I couldn't imagine what it would be like to be that vulnerable with someone. I was the first amputee that he had dated so I didn't know how it would be for either of us.

For us who wear a prosthesis, we all know how helpful it is in our daily lives. But when we take it off, for me, it's an instant reminder of what once was! How can I be so raw with someone else, while I'm still trying to deal with it myself?

Two years later, and most of those doubts remain. I'd like to say everything is great and all is well, but that's not the case. I am very proud of how far I've come and of all that I've accomplished but unfortunately, I still have the same insecurities. The same questions run through my mind, although not as often. I still wonder to myself if I will ever be ready, or feel safe enough again, for a relationship. I still don't have an answer.

I reflect a lot on my journey and I'm astonished how resilient we can be. I've overcome so much. Even after endless breakdowns (still to this day), and moments of weakness that lasted days, and seas of self-doubt, and storms of frustration, I learned a very important thing and that is to be patient with myself.

As I said, a new person emerged from this ordeal. So, I give her time... time to heal, time to grow, and time to find her way back to love.

I'd love to hear your thoughts and experiences on this touchy topic. Helpful advice for me and maybe others too. Reach out to me on Instagram @1_bionic_beauty. Or connect with me by email at Writing_Roz @gmail.com.



ABOUT THE AUTHOR:

As a relatively new amputee (2+ years), working through new emotional and physical challenges informs Rouzalin



Hakim's work as a peer mentor and freelance writer, regularly contributing to *thrive magazine*. She volunteers at trauma centres, and represents her community as an actor, model and podcast guest.

LOCKED AIRTIGHT in Sand and Sea

Coyote's Contribution to Prosthetic Technology

By Jeff Tiessen

For most, bionic hands, running blades, and slick socket art represent the shining stars of the prosthetic stage.

Media attention to these prosthetic celebrities confirms it for the casual observer.

But prosthetic technology need not always be super sophisticated. If simple science solves a fit or function problem with a solid solution, that too stands as technological innovation. When the curtain is pulled back on the articulating hand, the energy-returning ankle or foot, or the socket's undercarriage, their exposed workings are a collaboration of mostly unheralded and glamourless parts.

And like a transmission, or an oil filter, or a fan belt in your vehicle, a parts problem makes for a no-go scenario.

In the world of lower limb prosthetic devices, a good example of an important but lesser-appreciated piece of the final product might be the Air-Lock. Its importance stems from its ability to create socket suction and reduce up-and-down movement (pistoning) of the residual limb within it. The component's airtight seal prevents air from entering the socket's bottom.

One of the industry's most popular units is the Coyote Air-Lock, a dual-suspension pin system designed to combine the comfort of suction suspension with pin security.

It works like this: the pin firmly attaches the liner to the airtight lock at the bottom end of the socket. With the socket holding the limb stably in place, the only place for trapped air to go is out the top. As the limb moves and takes up more space, it creates pressure and pushes more air out, creating negative pressure, also known as "suction."

The Coyote Air-Lock was born out of the need for a better product for one man's own prosthetic care. Prosthetist and orthotist Dale Perkins and his son Matt Perkins, both of whom are amputees, founded Coyote Prosthetics and Orthotics 25+ years ago. Needless to say, their passion for developing technology to improve prosthetic fit and function is very personal.

When launching his firm, Dale was acutely aware of amputees' struggles, and felt that there were limited solutions on the market for amputees. While his clients liked the convenience and security of a lock, many were experiencing discomfort because of it. In response, he envisioned an airtight lock mechanism with added suction to decrease the distal distraction on the limb, which it does.

"We are innovators and creators of orthotic and prosthetic devices and products that are used by practitioners across the globe," notes the elder Perkins. "Our mission has always been to provide the function, comfort, and outcomes that we would expect for ourselves and our families through exceptional devices, techniques, and service."

The Perkins's Air-Lock is water resistant and designed to stand up to the elements so amputees can live more active lives and participate in whatever activities life

brings. James Wilson, a Coyote customer in the United Kingdom, is a testament to that.

Wilson, known to many on social media as the Legless Wanderer, is a months-at-a-time traveler and needs reliability from his prosthetic legs. "One of the common fails," he shares, "was the locking mechanism. There were times I'd have to use a hammer or brick to bash the leg until the lock disengaged, or even worse, resort to forcing water into the liner so my stump could get out of the leg."

He admits that he is guilty of putting his legs in unsuitable environments but maintains the attitude that the leg should put up with whatever he wants to do and not the other way around. And when in warm climates for long periods of time, fitting issues like pistoning or knee movement were exacerbated.

Upon his return from a longer trip, he decided to investigate how his prostheses were built and if there was a cost-effective way of solving the problems. "I looked at 3-D scanning and printing and every kind of lock and casting method available. I found a lot of options if you have an unlimited

found the Coyote Air-Lock, and it ticked the box of what I needed."

But he was apprehensive at first. "I was a little skeptical that a plastic lock would hold out, so I carried a full complement of spares should the lock fail and

simply did whatever I wanted to do "

But he didn't need them, even after noticing that his stump wasn't sitting deep enough in the socket. The pin would only engage a couple of clicks. Not enough. "So, I dismantled the lock to find what was wrong," Wilson recalls. "The bottom of the lock housing was full of sand and dirt. I cleaned it out, and even with some scarring on the lock from the sand, it functioned like new."

From sand to sea, Wilson is an avid scuba diver. He and his Coyote Air-Locks have notched over 300 dives. "Never once has it jammed," he says. "So far, the lock has held up to everything I have thrown at it. I have every confidence that it won't fail." That is a true testament not just to the technology but to the technologists behind it.

For more information on the Air-Lock and other Coyote products, visit coyotecares.com or coyote.us.



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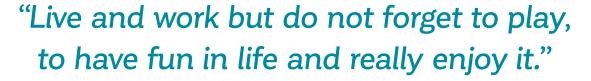
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