

thrive

Living Well
with Limb Loss

ISSUE # 25

SERIOUSLY FUNNY

Comedian

Courtney
Gilmour

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to Your
DOCTOR

Tips for Best
Outcomes

Problems
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With Clarity and Confidence for Best Outcomes

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Seeds for Change

April is Limb Loss and Limb Difference Awareness Month, a national initiative for Canadian “amputees” as most of us call ourselves. It’s always an important month for storytelling, particularly to community leaders, government representatives and policy-makers.



thrive founder and publisher, Jeff Tiessen

It’s a month for sharing our lived-experiences, where things like accessibility, healthcare and prosthetic funding are concerned. And a time to talk about our physical and mental health. It’s a month dedicated to more than 225,000 Canadians living with limb loss or limb difference, a number that is expected to nearly double by 2050.

It’s a month to focus on supporting peers and advocating for those who need it. And it’s a month to remember, that although our community is painted with a rather broad brush in April, we are all very different, at varying ages and stages, with unique stories of successes and struggles to tell... more like a canvas of very fine strokes.

Your unique story has the power to support other amputees in our community, particularly those feeling disconnected, isolated and alone. Your story can be a beacon of hope for those at the beginning of their journey and a reminder that there is plenty of life to live after limb loss.

Share your story with us here at *thrive* so that we can share it with others, with your permission of course. And appreciating what Limb Loss and Limb Difference Awareness Month represents, advocating and educating needn’t, and shouldn’t, be relegated to just one month. *Thrive magazine* is here to facilitate that all year long.

It’s kind of like that parable-like question: “When’s the best time to plant a tree?” Answer: “Twenty years ago... or today!” Keep planting those seeds for change.

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.

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GLUCKSTEIN
LAWYERS

ÖSSUR FOUNDER PASSES AWAY



Össur Kristinsson passed away recently at 81. The Swedish certified prosthetist and orthotist was born with a congenital transtibial limb difference. He started an O&P clinic in Reykjavik, Iceland – still in operation – before creating prosthetic giant Össur which today operates in 36 countries worldwide with more than 4,000 employees.

With a list of award-winning accomplishments to his credit as an inventor, the invention of Iceross – the world’s first silicone liner – may be the crowning achievement. The Iceross liner became the standard of care for limb comfort and socket suspension. “His entrepreneurial spirit remains in our DNA to this day and we will proudly keep his legacy alive,” the company said on LinkedIn.

MILES A Master Chef

Gordon Ramsay’s popular, pint-sized cooking competition series “MasterChef Junior” Season Nine will feature 10-year-old Miles, a kid whose limb loss is not limiting his big dreams. Watch for him Mondays this spring on Fox TV or Hulu. Miles’s food dream is to write a cookbook for kids.



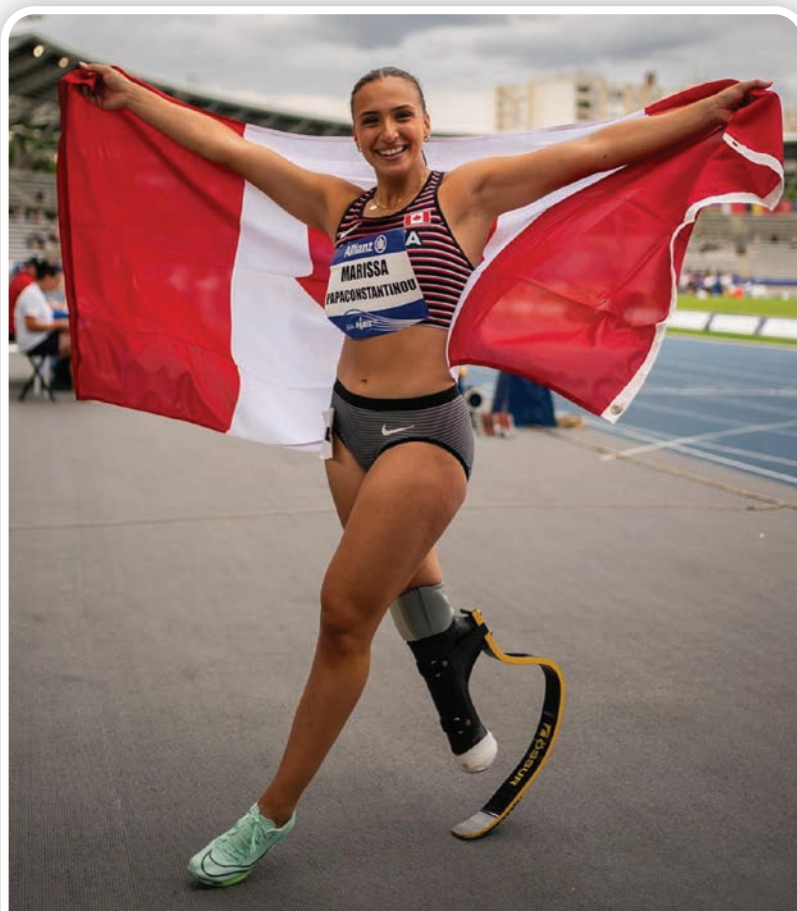
MONEY Matters

For years, Canada's para-athletes have been asking why they don't receive money for medals at the Paralympic Games while their Olympic counterparts receive financial rewards. It appears that those questions have been answered.

The Canadian Paralympic Committee (CPC) has announced a new program that will recognize Canadian Paralympians for podium performances, providing a financial reward for medals won at the Paralympic Games. The new "Paralympic Performance Recognition" program will reward Paralympians the same amount that Olympians receive: \$20,000 for winning a gold medal, \$15,000 for a silver medal, and \$10,000 for bronze. It will be in place for the 2024 Summer Games in Paris.

An initial \$8 million endowment created by CPC's philanthropic partner, the Paralympic Foundation of Canada, will launch the program with lead donor Sanjay Malaviya contributing 50 percent of the funds through the Malaviya Foundation. The federal government's investment is \$2 million, lead by Carla Qualtrough, Canada's Minister of Sport and Physical Activity and a three-time Paralympic bronze medalist.

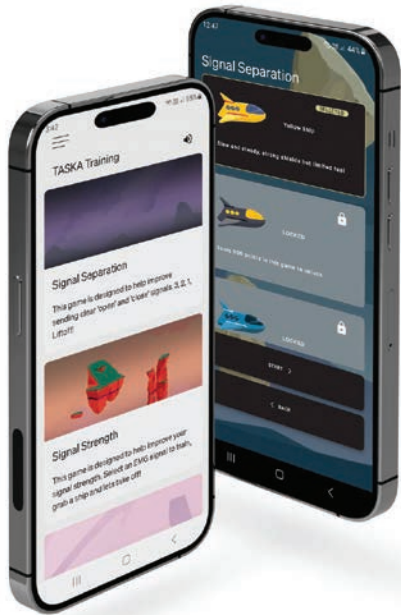
The Malaviya Foundation's total contribution of \$4 million is one of the most significant donations in Canadian Paralympic sport history.



ANOTHER STEP FORWARD FOR PROPRIO

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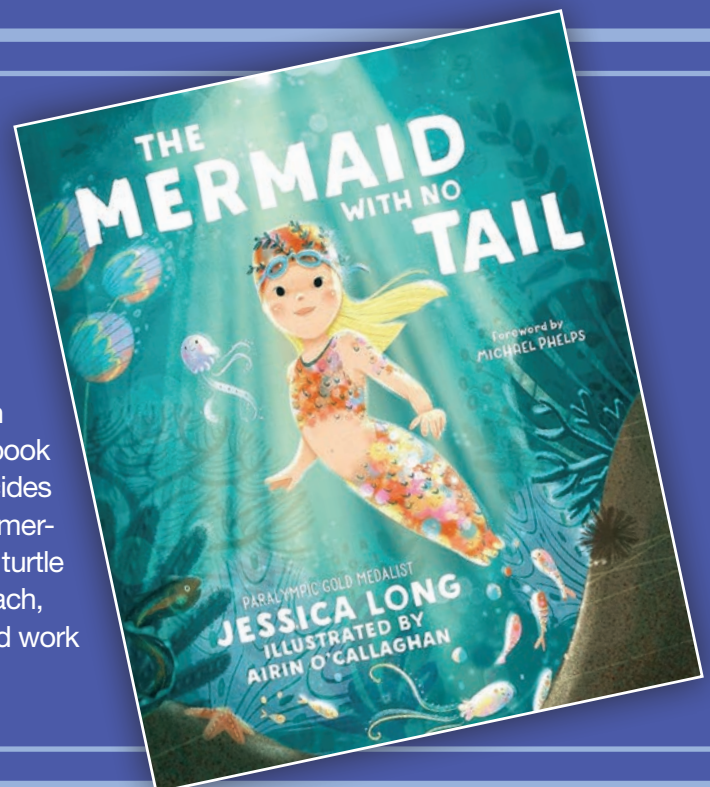
Gaming Meets Prosthetic Hand Function



TASKA Hand wearers can now hone signal accuracy and improve the control of their prosthesis with three fun games on the MyTASKA app. Wearers can refine clear open and close signals and practice EMG (electromyography) proportional control. Tell TASKA which one is your favourite.

The Mermaid with No Tail

U.S. Paralympic gold medal swimmer Jessica Long celebrates the power of being different and dreaming big in *The Mermaid with No Tail*. Dive into this illustrated picture book based on Jessica's story, where a mermaid with no tail decides she wants to compete in the Mermaid Games. The other mermaids make fun of her for being different. But her adoptive turtle parents are supportive and encouraging, and her shark coach, Phelps, teaches her to swim using just her arms. With hard work and a good attitude, the mermaid of course, wins the day.



STUDY PARTICIPANTS WANTED

Researchers at West Park Health-care Centre in Toronto are conducting a study to help develop a physical activity program for individuals with lower limb amputations. Leg amputees, and caregivers and health professionals for someone with lower limb amputation, are invited to participate in a virtual focus group or workshop. For more information, contact physicalactivity@westpark.org or (416) 243-3600 ext. 2715.



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APRIL IS
**LIMB LOSS
AND
LIMB DIFFERENCE**
AWARENESS MONTH

PAINT IT ORANGE

APRIL is officially designated as the month to raise awareness about limb loss and limb difference across Canada and the United States. The colour orange symbolizes Limb Loss and Limb Difference Awareness Month.



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Amp Pants from No Limbits

No Limbits is a team of people with disabilities creating products that they wished existed earlier. The products are made by adaptive people. The founder, Erica Cole, found herself unable to wear her prosthetic leg at one point because all that she wanted was to wear a pair of jeans. Nothing would fit over her prosthesis and so, sick of sweatpants, she cut the pant leg off and stuffed what remained into her socket. Very bad idea... stump sores ensued and she was out of her leg for months.

While she was healing, Erica started altering her pants to work for her in a different way. For starters, she sewed zippers into her jeans to accommodate her prosthesis. Unknowingly, she was creating adaptive clothing. And as requests from amputee friends came for the same, Erica started a small alterations business.

She launched the first No Limbits product on Kickstarter – at the time called the Amp Pant, which became her bestselling product. Not long after, Erica appeared on the TV show Shark Tank explaining to the “sharks” how few accessible



clothing options there are for disabled people. Erica landed partners.

The company's Adaptive Unlimited Pant line is designed for anyone with a lower limb difference that makes traditional pants hard to wear or uncomfortable. That includes people with a prosthesis, leg brace, knee brace, ankle-foot orthosis (AFO) and lymphedema. Check them out at no-limbits.com.

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An Ordinary Checklist for a Successful Life

“In this world, an ordinary life has become synonymous with a meaningless life.”

~Brené Brown

As I see it, there are two types of people out there. There are those who read goal attainment books and feel inspired, and me.

The former will read the anecdotes about all those underdogs who beat the odds and managed to achieve health and wealth and prestige beyond their wildest dreams, and will say to themselves, “Wow! That could be me!” They’ll feel enlightened, invigorated, and revved up to make a change. And then there’s me.

While I may initially pick up such a book with genuine interest, my desire to whip my life into shape will invariably do an about-face leaving me anything but inspired. If I say anything to myself as I read, it’s more likely to be a string of ego-deflating curses than a yearning-filled “one day that’ll be me.”

I actually discovered my aversion for success books by accident. Charged for work with the task of developing an on-line course on the topic of goal attainment, I began to do some research.

At first, it all seemed dandy. To-do lists? I can get behind those. Articulating a vision for the future? Check, check! But then, as I started to delve a bit more, I began to sink into a mire of confusion amid all the contradictory advice.

Make to-do lists and then prioritize them by urgency. No, not by urgency, by importance, because that's the way to a meaningful life. Except that to-do lists are actually now passé, so chuck those altogether. It's the "less is more" mindset that will breed success.

Just make sure you're not spending too much time planning your tasks, because that takes you away from working on them. Although, most failed projects could have been saved at the planning stages. Some planning is crucial before embarking on any project. You would have known all of this had you properly colour-coded your task list in the first place!



The more I delved, the more aware I became of an undercurrent of shame that was slowly simmering inside of me. It was the feeling that something was dreadfully wrong with me if I was not willing to do whatever it takes, like the underdogs in the books.

Didn't I have any faith in the universal laws that turned out Oprah and J.K. Rowling and an endless stream of other success stories? Why, it might be as simple as manifesting my destiny with positive thinking, or mindfulness, or a cream cheese bagel for all I knew.

No dice. Guess I'm just not built for success.

And yet at some point, maybe just for fun, I began to consider an alternative: What if most of the people I know are more like me – you know, busy with life, proud of themselves, happy with "good enough," and satisfied with work, even if it's not tremendously lucrative or glamorous?

What if others don't view themselves as a rags-to-riches tale waiting to happen and instead walk around with their heads held high simply because they are proud of the ordinary lives they are living?

It felt subversive, empowering, and indeed nothing short of revolutionary.

Success doesn't have to mean a coastal beach house or getting up to speak in front of a crowded audience where everyone knows just who you are and what you do.

There is a quieter, softer form of success.

I began crafting my own definitions and principles of success. Things along the lines of:

- If you have one person in your life who you genuinely care about and who genuinely cares about you, you're successful.





“Success is what you make of it – even if that means simple, boring, ordinary, everyday life.”

- If you have one more positive thought today than you had yesterday, you’re successful.
- If you have just one thing to be proud of, or to be grateful for, or to celebrate, even if it’s just the fact that you didn’t rip anyone’s head off even though you had a miserable day, you’re successful.

Don’t get me wrong; I’m all for setting and achieving goals. I’m also all for striving to become the next one-in-a-million success story, if that’s what floats your

boat. But if it isn’t what floats your boat, that’s no indicator of your personal worth, or lack thereof.

It’s a sad sign of the times that success is measured in extraordinary terms only. It’s as if the benchmarks of ordinary, mundane success have now been rendered obsolete, or worse: something to feel ashamed of.

It takes heaping amounts of courage to step back from the grandiose expectations of what success books tell you that life

could be and say that what you already have is enough. Maybe even more than enough. But in truth it is.

So, if you, like me, are an “un-successful” type, the type that reads about the super successful people of our world with little more than a reaction of “that’s nice,” remember that great potential for success lies in your own backyard.

Success is what you make of it – even if that means simple, boring, ordinary, everyday life.

ABOUT THE AUTHOR:

Orit Wittenberg is a Jerusalem-based writer, editor, and mom. When she’s not working on creating content to help people live better, more meaningful lives, you’ll find her playing with her three young boys, or playing piano, or painting, or painting her two young boys as they play piano.

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"I joined PAAC to share some of my amputee experiences from the past 31+ years with the hope of helping new amputees learn to navigate this life with a little more ease. I also want to connect with others in a shared sense of community where we can learn from each other and grow. This life can be as amazing as any other and I enjoy helping my fellow amputees not only realize it, but embrace and celebrate it as well."

SCAN NOW
TO JOIN!





STRAIGHTEN UP **The TRUTH About POSTURE**

By Megan Williamson, BA, CPT



“Megan, you have such great posture!” I get this a lot and surprisingly so. To be honest, I can’t take all the credit; I grew up a dancer and good posture was drilled into me for hours every day and for years of my life. I can however take credit for maintaining my good posture.

Now that I’m not dancing every day, I spend my time coaching clients with disabilities of all kinds (which requires mostly a lot of standing), hiking my neighbourhood, sitting at my computer for hours daily, and working out in the gym.

I am constantly thinking of how I can make use of posture-improving habits. I think of it while I drive; I think of it while waiting in line at the grocery store. I even think about it when I’m washing my dishes after dinner! I’m always trying to be aware. Since I have started working more at a computer, I notice that I have to stay on top of my posture and be more conscientious than ever before. If I didn’t consciously work on my posture every day, I would eventually start to see it decline. And the fact of the matter is, this is true for everyone regardless of how you spend your days.

So, why can’t we just focus on posture improving movements when we’re being physically active and hope that it will keep everything in our bodies in the best alignment possible? Let’s consider

this: How many times a week are we doing exercises or activities to practice these movements?

For me, I tend to get in three workouts every week that focus on resistance training. That’s 3-4 hours per week that potentially works on posture. With about 120 waking hours in my week, that’s less than three percent of my time spent on my posture.

Do you think this will make much of a difference? The short answer is no.

Don’t get me wrong, exercise programming can help with any muscular imbalances you may have; however, if you want to make any sort of substantial improvement, then we need to be consciously working on it every day, even outside of exercise time.

I would also like to clarify that good posture isn’t all about aesthetics. It is also about functionality. A very well-respected coach in my industry once said, “If it looks right, it flies right.” This is especially true with functionality in our bodies.





GET AN ASSESSMENT

Reach out to us, or another fitness professional, or a physiotherapist or a kinesiologist, for advice (with respect to your abilities) on what you can focus on to help improve your posture over time.

When it comes to posture, the bottom line is that the biggest positive adjustments will be made over time by small daily efforts. Try choosing one thing to focus on for the next few weeks, whether it be to consciously drop your shoulders down away from your ears, or to bring your head back over your C-spine and tuck your chin slightly.

Remember, start small and be consistent; it's the little changes that make the biggest difference.

LIFESTYLE MAKES A BIG IMPACT

The truth: our bodies aren't designed to sit all day. The body is meant to be squatting, jumping, running, lunging, reaching, pushing and pulling. Whether your use of a chair is mobility-related or a requirement of your work, it can create a ton of imbalances in the body which leads to poor posture which can then lead to pain or injuries later in life.

Another factor affecting our posture that we must consider is the aging process. As we age, the body starts to deteriorate (brutal, but true). We start to lose muscle mass and the lubrication in our joints. This can lead to compression of the spine and a decreased range of motion of our joints.

IMPROVE WITH SMALL CHANGES

Now that, hopefully, I've convinced you of how important posture is, **how can we be more conscious of our posture from day to day?**

Check yourself out in a mirror and take notice. Or better yet, get someone to take some side-profile photos of you to look at. Pictures don't lie and they are a great way to see where improvement can be made.

Some people might require an appointment with an occupational therapist to make adjustments to wheelchair positioning or for recommendations to share with your prosthetist or orthotist. It's a great practice to continue visiting every so often. I would especially recommend this if you have had any physical body changes such as significant weight fluctuations or maybe you have started a new exercise routine.

For exercise ideas, workout programs or a consultation, visit oceanrehabandfitness.com.

Follow Megan's programs with an [Ocean Insider Club membership subscription](#).



ABOUT OCEAN REHAB AND FITNESS:

Megan Williamson is a certified fitness coach through the National Academy of Sports Medicine and the head coach at Ocean Rehab and Fitness. Alongside her team, she offers adaptive training for those living with spinal cord injuries and many other physical disabilities. Her mission is to make exercise inclusive for everyone regardless of limitations.

*Posture is how you hold your body.
There are two types:*

DYNAMIC POSTURE is how you hold yourself when you are moving, like when you are walking, running, or bending over to pick something up.

STATIC POSTURE is how you hold yourself when you are not moving, like when you are sitting, standing, or sleeping.

Static Posture



Dynamic Posture

9 TIPS

for Better Posture

*Medically Reviewed by
Melinda Ratini, MS, DO*

1 Don't Be a Slouch

It adds to the stress on your spine.

That puts a strain on the bones, muscles, and joints you need to hold your backbone in place. But lousy posture isn't just bad for your back. A constant slump presses your organs together, and makes it harder for your lungs and intestines to work. Over time, that'll make it hard to digest food or get enough air when you breathe.





2 Straighten Up

A great way to prevent posture problems? Stand up tall. You'll feel better and look better. Pretend you're standing against a wall to measure your height. Hold your head straight and tuck in your chin. Your ears should be over the middle of your shoulders. Stand with your shoulders back, knees straight, and belly tucked in. Don't let your booty or hips stick out. Straighten up so you feel like your head stretches toward the sky.

3 Don't Slump at Your Desk

It's comfy to slouch – maybe even lean back and swivel a bit. But it's a posture no-no. Try this instead: Sit all the way back in your chair. Place a small, rolled-up towel or lumbar cushion behind your mid-back to protect your spine's natural curve. Bend your knees at a right angle and keep them the same height, or a bit higher, than your hips. Place your feet flat on the floor.

4 Beware of 'Text Neck'

On your smartphone all day long? Take a minute to stretch your neck. When you tilt your head down to check messages it really strains your spine. Over the course of a day – or year – that can add up. For a better view, lift the phone up and move your eyes, not your head.

5 Save Heels for a Big Night Out

They might be fashionable yes, but they're a posture problem. Pumps and stilettos thrust the base of your spine forward, which over-arches your back. That can change the way your backbone lines up and puts pressure on nerves, which causes back pain. Sky-high shoes also put more weight on your knees. Choose a lower, chunky heel for daily wear.

6 Exercise and Tone Your Abs

Too many pounds around your belly puts added stress on your back. You need strong muscles to support your spine. A well-designed workout plan will keep your body and spine in tip-top shape. And that's important. Try non-impact exercises like tai chi.

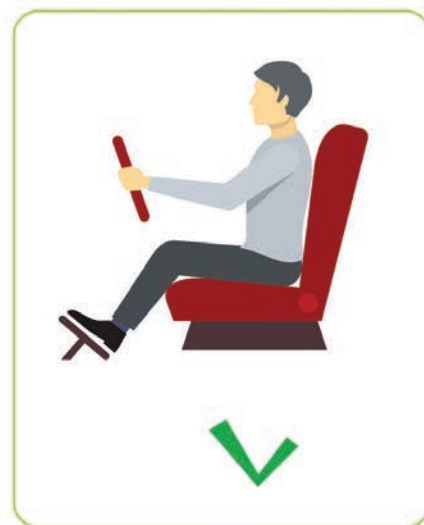


7 Hit the Hay the Right Way

Naptime is no excuse to slack. Skip the soft, saggy mattress. Choose a firm one that helps hold your spine's natural shape. Side sleeper? Bend your knees slightly but don't hug them. Place a pillow under your head so it's level with your spine. Back sleepers should ditch the thick pillow and opt for a small one under the neck.

8 Don't Be a Low-Rider

Sure, it's cool and comfy to recline during a long drive. But it isn't great for your posture. Instead, consider sitting more upright. Try not to lock your legs. Bend your knees slightly. They should be at hip level or a tad above. Don't forget to put a pillow or rolled-up towel behind you for support.



9 Check for Problems

You probably know if you slouch or not. If you aren't sure, here's a quick way to tell. Place the back of your head against a wall. Move your feet six inches out from the baseboard. Your tush should touch the wall. Your lower back and your neck should be about two inches from it. If not, talk to your doctor about ways to improve your posture.

SOURCE: WebMD. The WebMD Medical Team works closely with a network of doctors and health experts across a broad range of specialties to ensure content is accurate and helps website visitors live a healthier life. More at wedmd.com. Always consult your doctor for any health concerns.





Speak to Your Doctor

with Clarity and Confidence
for Best Outcomes

By Max Warfield

Communication is vital for navigating the many challenges of modern healthcare, and amputees will suffer if they underestimate their own role in it. Patients need to depend on themselves; not to know medicine like a doctor, but to be precise when conveying what they are feeling.

The goal of everyone is good health, but healthcare is becoming more complex. Physicians do their best work when they have the utmost clarity as to what issue they are addressing. And so, it's important that patients speak with carefully chosen words and listen intently too. Confidence in what one knows about their body like no one else can is important too, even when there is fear and uncertainty.

Extreme examples of healthcare missteps are quick to find online. As an erratic example, to demonstrate to diabetes patients how to use a syringe, staff used an orange into which they injected insulin. They later found out that a patient was injecting oranges and eating them to get the medicine — a clear misunderstanding.

Amputees deal with pain, one of the trickiest symptoms to describe and treat. Pain is the body's warning signal. When painful symptoms first arise, patients and healthcare providers need to work together to identify and address the underlying cause. On occasion, there is no quick medical or surgical cure and in the case of chronic pain, treatment goals may shift from resolving the pain to reducing and managing it.

Types of pain commonly described by amputees, related to the amputation, can be felt as tingling, burning, stabbing, pressure, aching and pulsing, among others, and may go from distracting to disabling. Pain can be difficult to describe in a short visit to the clinic. Over time, chronic pain can become a disease in and of itself, creating notable changes in the body, particularly the nervous system. The best way forward for help

starts with a good relationship with a family doctor.

"Every doctor/patient relationship is very different, there being so many different personality combinations," says Dr. Lilian Vivas, a Physical Medicine and Rehabilitation specialist (also known as a physiatrist) who works with amputee patients. "Demographics are varied in my Toronto practice... very multi-cultural to be sure. Different backgrounds, education, medical literacy, age, communication styles — any of these can change the doctor/patient relationship."

A doctor's communication and interpersonal skills encompass the ability to gather information in order to facilitate an accurate diagnosis, counsel appropriately, give therapeutic instructions, and establish caring relationships with patients.

One of the patient frustrations that Dr. Vivas hears the most is: "You don't know how I feel. You can't understand because you have all of your limbs. What do you know?" she's even been asked. She responds with an acknowledgement that she understands that not being an amputee herself, she does not "know."

But she does know that there are unique difficulties with the acceptance of the loss of a part of one's self. "In that struggle," she explains, "if you think about the stages of grief, one is anger, and it does come out in some of my patient visits. That is one reason that amputee peer support is crucial."

Describing pain, amputation pain, Dr. Vivas notes, "can be difficult. I think a better way for me to understand it is to ask, 'how does it affect your day?' Or, 'how does it affect what you

are doing?'" Then I mentally rank it. Some patients will say, 'Oh, it just bothers me, but it doesn't stop me.' I'll put that to the 1-3 category in my brain. 'It kind of stops me, but then I push on.' That's a 4-6. 'I can't do what I want to do.' A 7-9. If their pain is bringing them to tears, I determine that to be a 10.

"The descriptor is most important. 'What does it feel like to you?'" Also, open-ended questions can be difficult to answer for patients, and multi-culturalism adds a communication difficulty as well. What do I mean by pain? Other cultures may view it differently. Pain can be much more descriptive in their own language and cultural context. In English, one can only say, 'pain'. In Cantonese for example, there is other vocabulary which may help the doctor to understand more. But, describing pain in some cultures comes with a fear of displaying weakness and as such, doctors might not get an accurate answer."

There is also the issue of unfamiliarity. Most doctors don't have a lot of amputee patients. That can be a mental hurdle for both the patient and the physician. "A doctor/patient relationship is two-sided," Dr. Vivas describes. "Doctors get



comfortable with what they see, and can be uncomfortable with what they don't see. So, it's good for amputees to remember that most physicians may not have experience with amputation. Here's where advocating for their own care becomes so important, sharing that 'I have phantom limb pain. It feels like this. It really affects my life, and I can't answer your on-a-scale-from-1-to-10 question, but I think I need some treatment'."

Dr. Vivas is well aware that another challenge for both patient and physician is time constraints. Psychiatrists have longer appointments, up to 30 minutes. Family physicians don't have the luxury of that amount of time with a waiting room full of patients. "When a patient feels rushed, it's a seed for bad communication which can lead to patients feeling like they are not being heard. That's a system issue; not a physician issue."

As for the system, Dr. Vivas suggests the creation of a pain descriptor severity sheet for amputees, with suggested words to describe the situation and a way to properly organize thoughts, and questions, on pain. Some health institutions issue similar pocket guides for doctors, centered around optimizing patient visits with suggested key phrases, active listening, important questions for collecting patient history, 'teach-back' explanations and a visit summary with an opportunity for questions.

"If we start a relationship on assumptions and we're wrong about that assumption, the relationship is not going to achieve an optimal outcome."

Some hospitals are using other initiatives for physicians along the same vein, like the RESPECT model, an acronym, which in many ways could be useful for patients too.

R

Rapport: Connect on a social level. See the patient's point of view. Consciously attempt to suspend judgement. Recognize and avoid making assumptions (same goes for the patient).

E

Empathy: Remember that the patient has come to you for help. Seek out and understand the patient's rationale for his or her behaviours or illness. Verbally acknowledge and legitimize the patient's feelings (here's where concise communication by the patient is key).

S

Support: Ask about, and try to understand, barriers to care and compliance. Help the patient overcome barriers. Involve family members if appropriate. Reassure the patient that you are and will be available to help (for patients, making a list before the appointment can be helpful).

P

Partnership: Be flexible with regard to issues of control. Negotiate roles when necessary. Stress that you will be working together to address medical problems (good advice for patients too).

E

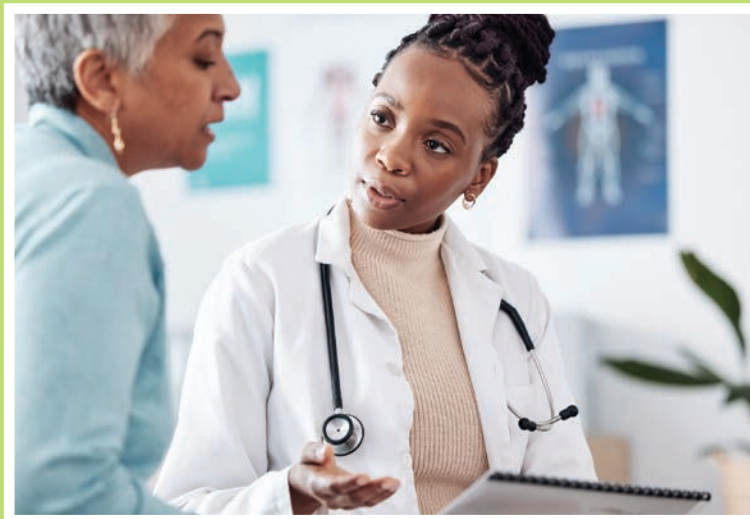
Explanations: Check often for understanding. Use verbal clarification techniques (same for patients; ensure you're understood).

C

Cultural Competence: Respect the patient's culture and beliefs. Understand that the patient's view of you may be defined by ethnic or cultural stereotypes. Be aware of your own biases and preconceptions. Understand your personal style and recognize when it may not be working with a given patient (insight into our own biases as patients is important too).

T

Trust: Self-disclosure may be an issue for some patients who are not accustomed to Western medical approaches. Take the necessary time and consciously work to establish trust (trust that your physician has your well-being in mind; communicate your fears).





On a mission to make people smile

In the tiny town of Worcester, South Africa, lives a dentist with a knack for turning frowns upside down. She paints, dances, cooks and takes care of her daughter, husband and two dogs. But things haven't always been easy for Antoinelle. In 1996, during her first semester at dental school, a train accident changed the course of her life.



To learn more about Antoinelle and her amazing story, visit: go.ossur.com/stories

Dr. Vivas makes a point of always describing the logic behind her treatment choices to her patients. “In my practice, we try physical modality first. I tell my patient, ‘If I can help without prescribing anything and that works – great.’ Then we have already exhausted all the things that do not include medication. A script pad is easier; just ‘take this for a few days and hopefully the pain will go away.’ That would be easier than pressure or towel therapy, things like that, but the easiest way doesn’t always make the best way.”

Treatment is always a collaboration. “If we start a relationship on assumptions,” Dr. Vivas shares, “and we’re wrong about that assumption, the relationship is not going to achieve an optimal outcome. A good example – a patient lost a finger. He works in manual labour. I asked him, ‘Do you want something functional? It would look like a mechanical hand.’ He said ‘No, I just want it to look the same.’ He didn’t care about the function. I assumed he would want it to be functional because that’s what I would want in life. But he wanted it to be cosmetic. We can’t assume what the patient will want because that’s what you yourself would want.”

As the complexity of healthcare grows, the emphasis of high-level communication increases. Hospitals are placing responsibility for clarity on their staff, but the patient must return an equal effort as well. “Not enough self-advocacy causes issues,” maintains Dr. Vivas. “Sometimes the patients say, ‘The doctor will fix it for me.’ But a lot of times we see it’s actually the patient that needs to do their work. The patient has to be invested in their own health. Diabetes, for example, and the mentality of ‘I know I should change something in my life.’ A change might be the difference between starting insulin or not. Or hypertension... ‘Maybe I



should change how much sodium I eat.’ Difficulties surrounding those ‘I should’ mentalities are hard to unpack.”

Another challenge for doctors is the plethora of information on any condition available online. With patients who spend endless hours researching their condition to tell their doctor how they should be treated, Dr. Vivas asks to read the article. “I want to know what they are reading. It’s possible that I missed something. When I am quite sure what they are saying is not correct, I defer to ‘my education and my experience’ for treatment. I’m open to different ideas, but I make sure that the patient knows that good health is our goal in the end. It needs to be a collaborative mentality and the patient must be involved. With a collaborative effort, I think a lot of communication problems are solved.”

Hospitals that use a similar approach as Dr. Vivas’s treatment style often refer to it as “Teach-back” or “Show-me”. All doctors know the importance of explaining issues and treatments in a manner that patients understand. The teach-back method is a way of checking comprehension by asking patients to state in their own words what they need to do about

their health. Teach-back studies have shown that it improves patient understanding and adherence, decreases call backs and cancelled appointments, and improves patient satisfaction and outcomes. Physicians with concerns that this would require more time were surprised to learn that data showed average visit lengths decreased with teach-back.

This is but one tool where issues are many. Doctors face their quota of trials: patients who present an extraordinarily long list of symptoms; patients who unfairly complain that they are never listened to; situations, where despite thorough testing, a specific diagnosis is not evident; or where there is a need for decreased dosage with which the patient is unhappy.

Sometimes patients struggle to express their concerns and needs clearly. Conversely, physicians can overestimate their communication skills. Most complaints about doctors are related to issues of communication, not clinical competency.

Collaborative communication is a dynamic relationship – a two-way exchange of information. Listening, explaining, and having empathy are three important factors in increasing healthcare outcomes. Patients are the benefactors, but patients must do their part too.

PREP WORK

Spend some time preparing for your doctor appointment to ensure that you communicate your condition to your physician as effectively as possible.

DESCRIBING PAIN: *Achy, Burning, Stabbing, Piercing, Raw, Cramping, Throbbing, Tiring, Heavy, Tender, Shooting, Sickening, Gnawing, Heavy, Hot, Sharp, Splitting, Exhausting, Dull, Radiating.*

FOR BETTER OR FOR WORSE

Are there activities that make your pain better or worse?

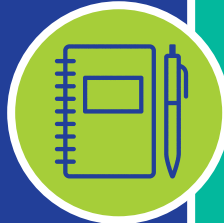
What time of day is your pain better or worse?

What have you tried so far to help? (eg. medications, creams, physical therapy, surgery, etc.)

Does it seem like something specific triggers your pain?

FIVE WAYS TO HELP DESCRIBE YOUR PAIN

1. Keep a pain journal
2. Focus on the sensation
3. Understand the pain scale
4. Describe your limitations
5. Keep track of when it gets better or worse



DAILY LIVING QUESTIONNAIRE

- Are you able to work?
- Are you able to engage in social activities?
- Can you exercise?
- How is your sleep?
- Are you able to shop for and prepare meals for yourself?
- Are you able to do chores like laundry and cleaning?
- Are you able to drive?
- Are you able to manage your medication schedule?
- Are you able to pay your bills?
- Are you able to dress and bathe?
- Can you climb stairs?

Be Honest.

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.

Seriously Funny

Comedian

**COURTNEY
GILMOUR**

Courtney Gilmour is a Canadian stand-up comedian, whose performances often include life experiences as a congenital triple amputee. Among her most meaningful achievements, she was the first female winner in the 19-year-history of the Homegrown Comics competition for emerging Canadian comedians at Montreal's Just for Laughs festival in 2017. Courtney says with a laugh, "Isn't it crazy that there were no funny women before me."



A television writer and a finalist on Canada's Got Talent, Courtney was a JUNO-nominee (Comedy Album of the Year) in 2023 for her debut album "Let Me Hold Your Baby". She is one of Canada's most unique voices and sought-after comedy talents.

Her solo show "Congratulations! Stories of Achievement, Embarrassment & Self-Worth" debuted at the Toronto Fringe Festival in 2019 and was met with sold-out shows as well as multiple awards. "It was a storytelling show about some of my best professional accomplishments happening during one of the toughest times in my life," she says. "It was about balancing comedy success while struggling with things like anxiety and a really rough break-up. Being vulnerable doing stand-up comedy is one thing, but I was divulging personal demons and secrets that I'd never said out loud before. It was an awesome experience but honestly, I don't know what compelled me to do that."

She has written for and made appearances on This Hour Has 22 Minutes and most recently she can be seen on two episodes of CTV Comedy's Roast Battle Canada. You can catch Courtney touring around the country at Yuk Yuk's Comedy Clubs and hear her on SiriusXM and CBC LOL.

The 40-year-old comedian sat down in a café in her Toronto neighbourhood with *thrive* publisher Jeff Tiessen to talk about her life on and off the stage as someone living with life-long limb difference.

thrive: *Who on earth chooses stand-up comedy as a profession?*

Courtney: Great question. I think people who are deeply unwell!

thrive: *Did you choose comedy as a profession, or did it choose you?*

Courtney: I always felt that there was a performative quality to my personality, but I never knew exactly what I needed to do to tap into it. Growing up, I tried different arts, like dancing and singing. I just had this feeling that there was something about me that wanted to perform. I just didn't know what it was. It's not like I always wanted to be a stand-up comic. I didn't even know it was an option. It just all happened accidentally.

thrive: *How does standing on stage telling jokes to strangers happen by accident.*

Courtney: My first time was at a fundraiser that I was helping to organize. I was making arrangements with the professional comic who was the headliner. The comic said, "You sound like you have a good sense of humour. Would you be interested in doing a five-minute opening spot?" I was taken aback but it piqued my curiosity, so I said "sure" and wrote a five-minute set. I'm so glad I didn't film it. I would hate to watch that back or expose anyone else to it.

thrive: *Was it that bad?*

Courtney: No, but I wasn't really sure what I was doing. In the moment, I felt really good. I was lucky that my first experience was with family and friends there to support me. I found out much later that there wasn't always going to be the soft landing for my jokes like I had with an audience of people who all knew me. I knew I was funny, but I just needed a little push and I got it. I've actually always been quite shy and very introverted. My jokes were always little side comments. I'd use the Internet to be funny. It was safe.

thrive: *So, at some point I imagine, you tell your parents that you want to make a career from comedy? And they said?*

Courtney: They were supportive but were probably like most parents when it comes to a child pursuing the performing arts. "How will you ever make money?" "What did you go to school for then?" "It's one thing to be funny, but are you funny enough to make this a full-time thing?" I understood their concerns. But they trusted my judgement. My parents and I have extremely different worldviews and we disagree on a lot of things, but we are a supportive family.

I did see how difficult it was for them to see me talking about very personal things on stage and in public. But I never invited them to dank open mike nights. Once I started making money, and doing theatre shows, and not just dingy basements, they were a little bit more relieved... like "okay, this is legit." I only invited

"I'm always telling people to keep the change, and people think that I have a very generous spirit. In reality, it's just more convenient for me."

“I get asked if I’m a Thalidomide baby. That really bothers me because how old do they think I am?”

them to Just for Laughs tapings and CBC Galas. It gave them the impression that what I do every day is perform for thousands of people.

thrive: *When you’re talking about these dank basements, is there a raw, not-for-prime-time side of your humour that we don’t see on YouTube?*

Courtney: When people look me up, they’re only seeing a polished, squeaky-clean version that is for theatre or filmed for television or recorded for radio. When I do dark and dirty performances, I feel more uncensored and I love that. It’s about performing for different audiences and doing different types of material. My voice sounds like a cartoon squirrel to a lot of people, and I love the contrast of delivering raw material. It really catches people off guard... scathing things coming from my sweet demeanour. I just love it. It allows me to explore different parts of my personality. It’s really liberating.

thrive: *What does it feel like standing in the wings ready to go on stage? What’s going through a comedian’s mind?*

Courtney: It depends on the show really. Generally, there’s a bit of anxiety. But once you’re doing comedy full-time and you’re on stage every night it feels very second nature. The nerves die down a little bit. You’re excited. Once you get out on stage, then you’re golden, good to go.

thrive: *How would you characterize your style of humour?*

Courtney: I would describe it as observational, anecdotal, things from my own life. Encounters with people and how I live my day-to-day life.

thrive: *Sticking with your material, and disability humour specifically, what makes a joke about disability funny? How do you pull that off?*

Courtney: I think that the funniest jokes about disability in my life are the ones that are relatable to the audience from their vantage point. It’s about my own experiences. If I’m making a joke about someone, it’s about able-bodied people ... like Uber drivers and some of their dumb questions. The audience can see themselves as that person. It’s funny to them because it’s calling out something that they don’t pay attention to regularly in their everyday lives. Pardon the pun, but it’s disarming. When I’m doing comedy that is more dark and dirty, I go into things like sexuality for example... something that audiences don’t often associate with people with disabilities. “Wow, she dates? Crazy.”

thrive: *But there is a sensitivity to humour about disability in the disability community itself. In this age of unfiltered social media feedback, how do you manage that?*

Courtney: It’s interesting, I don’t get a lot of push-back from the disability community. But the occasional time that I get criticized, it’s from people who are not disabled, telling me, you shouldn’t joke about that. But they’re not part of our community? What I know very well is not having two hands and a right leg. If I’m delivering material about encounters that my blind friends or my deaf friends share with me, I make sure to do a little bit of extra research to make sure I’m using proper terminology and speaking from a place of being educated about their disabilities.

thrive: *A strange question maybe, but did you have a “normal” childhood? Like girl guides, ballet, and no institutions?*

Courtney: Ha! Yeah, no institutions. I would say it was pretty normal. My parents wanted me to experience things that I was interested in. I did do ballet, and church activities, and swimming and skiing. I really wanted to try everything to see if it was for me. A lot of the time it wasn’t. I spent most of my childhood using prosthetic arms. Hooks and then myoelectric ones. Ballet is a really hard thing to do with two prosthetic arms. But I wanted to try it.

I was really hyper-independent, even to my own detriment sometimes. I probably should’ve asked for help at times, but I didn’t. There was this narrative in my head that I had something to prove. What that meant to me, was never complaining about things and not asking for help. Like I said, to my detriment sometimes for sure. I wouldn’t recommend that approach. There’s nothing wrong with asking for help. I’m still a little bit like that, less so but very stubborn. It’s second nature to me. But I’m trying to be better.

thrive: *You say you’re getting better, meaning asking for help?*

Courtney: Yes. Here’s an example. ATM machines. Putting the card all the way into the slot is no problem, but pulling it out is a pain. If I’m carrying tweezers with me, I use them to pull it out. But generally, I’ll just grab somebody off the street and ask for help. I have no shame in that. I guess, really, it comes down to a lot of soliciting.

thrive: *Great comedy material no doubt, but I read that you’ve considered cutting hand jokes from your performances. Why?*



Art by Naz Nahidi

Courtney: I think about that a lot. It's not that I don't ever want to mention it, but a lot of things make up my identity. And in comedy, I don't want to be just the no-hands-joke girl. I don't want to feel like that's the only thing I'm funny about? Sometimes I get on stage and I don't want that to be the first thing I talk about. It can be very mind-numbing using it as an icebreaker every time just because I know what everyone's thinking. I really want to trust myself with other material too, and trust that the audience will appreciate it. It's about trying new things. Seeing what sticks. It's not about disowning that part of my identity; I just don't want it to be the whole thing.

thrive: *Much of your material is about everyday encounters. How about encounters with strangers that aren't funny to you?*

Courtney: Assumptions without basis. Assumptions that I can't drive a car. Why would you assume that?

Assumption that it takes a really long time for me to get dressed. Preconceived notions. Those really bug me more than anything else when it comes to my abilities. Generally, people have the bare minimum of expectations. I live alone with my cat, and people are surprised that I don't live with my parents or with a caregiver.

Being watched in public. I get flustered quickly when people are behind me in a line waiting and I'm struggling to get what I need out of my purse, which I have way too many things in. Then I get less coordinated. Nobody can function properly when being stared at. And getting praised unnecessarily for doing ordinary things. And people's many colourful approaches to asking what happened to me? It amazes me. I would never go up to someone in a wheelchair and ask, "what happened to you?" I think, often, it's people's aversion to uncomfortable situations for them. It's not a bad thing to be

uncomfortable. It's a learning moment. But I'm not going to walk on eggshells around someone like that. My amputations are congenital. I don't have any trauma attached to it. I don't have any emotions invested in losing something, but for those who do... ?

thrive: *The entertainment industry. I've gathered it's tough for women. Add to that a woman with a disability. Can you pull back the curtain on that a little bit?*

Courtney: Thankfully we've come a long way. There are so many more funny women on TV and on stage. I am so bored with the narrative of "women aren't funny". The man with his arms crossed in the audience, there's nothing I can do to change that guy's mind. If he doesn't think women are funny, I doubt he thinks disabled comics are funny. There's a stigma around "disabled comedians" – kind of like we are one-trick ponies and that's all we talk about. But four comics in a row can talk about their genitals and their Tinder dates and that's okay? It's not a booking problem for me because I'm a woman or have a disability. But I'm not for everyone, like every comic is not for everyone.

thrive: *Bad days at the office. Everyone has them. What's that like for you?*

Courtney: The sooner that a comedian understands that bombing at some point is inevitable, the better. It's going to happen but it's not the end of the world. The more experience that you have, the more gracefully you can bomb. You go down with the ship or you switch gears to more sturdy material that you know generally works. I don't even know how to describe it. Well, maybe I do. It's like plummeting without a parachute. It requires a lot of healthy self-talk.



PARAGOLF Pathways

By Joe Millage

ParaGolf Ontario (PGO) is creating pathways to make it much easier for amputees and others with limb difference to participate in the great game of golf.

With assistance from the Province of Ontario – Ministry for Seniors and Accessibility, and committed partners in Golf Canada, Golf Ontario, ParaSport Ontario and the PGA of Canada, PGO is paving those pathways with resources and education.

New opportunities are being welcomed by individuals, families and organizations that represent golfers and potential golfers across a wide array of disabilities once thought to be barriers to participation.

PGO is also supporting golf facilities with education for teaching professionals, volunteers, equipment manufacturers, retailers and fitters.

ParaGolf Ontario began as the Ontario Amputee Sport Association (OASA) in the early 1980s, a prominent member of Sport for Disabled – Ontario. Together with a network of other provincial disability sport organizations, OASA provided opportunities for amputee athletes, and athletes with limb difference, to compete throughout the province and earn their way onto provincial, national and Paralympic teams.

As many parasports grew in prestige and popularity, the early 2000s saw many of these sports integrated into “mainstream” provincial sport organization (PSO) competitions such as those hosted by Swim Ontario and Athletics Ontario.

Photo: Kristin Streff, Lincoln Journal Star



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In that same decade, Sport for Disabled – Ontario became Paralympics Ontario, and then renamed again to ParaSport® Ontario. Then Executive Director Cathy Vincelli envisioned and trademarked the name ParaSport which is now used internationally.

The concept of integration with Ontario’s PSOs was progressive, but in not all cases productive. The base of para-athlete participation began to decline. A number of PSOs struggled to provide the necessary resources and expertise to recruit and train amputee athletes, and those with other disabilities, in their respective sport.

It was in that era that, with sports for amputees like swimming and track and field and others moving to PSO governance, the volunteers at OASA moved to focus specifically on golf. With a new mandate, the association’s name was changed to ParaGolf Ontario to reflect the new direction and ensure that golfers with disabilities had events in which to compete and network with peers.

Historically, amateur golf has always had a “handicapping system” to allow golfers of varying abilities



Photo: Tampa Bay Times

to compete equitably. Courses have several tee decks to accommodate power differential, and with friendly play there are numerous ways to ensure inclusion for all.

In practical terms however, inclusivity has not truly been embraced. Women, juniors and persons with disabilities too often have had limited access to tee times, and cost is certainly a significant impeding factor as well.

But the golf world is changing, and quickly. New formats such as SIM golf and target games like TopGolf and PopStroke are growing rapidly in popularity. The “First Tee” program encourages early entry to the sport with a purpose-built program for children aged 4–12. Golf Canada has invested significant resources to support inclusivity as a pillar of its First Tee program.

ParaGolf Ontario is pleased to report that golf professionals, coaches, and program directors are on board. These golf leaders are welcoming of resources that expand their capacity to teach the game.

Internationally, the European Disabled Golf Association is leading the way in getting golf included on the Paralympic Games program.

In Ontario, with an Enabling Change grant titled “Driving Toward Inclusion”, ParaGolf Ontario is confirming the belief that “everyone wins when everyBODY plays.”

For more on paragolf – the fastest growing parasport for players of all ages and abilities – connect with ParaGolf Ontario at paragolfontario.ca or the Canadian Amputee Golf Association at caga.ca.



Photo: Kristin Streff, Lincoln Journal Star



Photo: Michael Schneider

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The Low-Down on Liners



Liners function as the interface between the skin and the inner socket wall to protect the residual limb and provide comfort. Liners are available in a range of designs to suit different residual limb conditions and activity levels.

Thrive readers were asked “How do you like your liner?” While the consensus was quite good, there were some consumer questions around fashion, fit and function. So, we looked to liner manufacturers for answers.

Editor’s Note: Previously published in thrive magazine, and due to popular demand we’re happy to share it again.

Q. Fashion. Aren’t there more colour choices?

A. While your favourite shirt may be available in a multitude of colours, liners are usually limited in colour offerings due to manufacturing processes. Not all fabrics may take or hold dyes well through the manufacturing process, especially when combined with gel, silicone and urethane interface materials.

Q. Function. How do I prevent pooling?

A. Breathability and sweat are common concerns for amputees. There are liners that work to manage or evacuate the sweat from the prosthesis. One-way valves on the socket help generate a better vacuum and more secure fit. It reduces the damaging effects of motion on damp tissue.

Q. Function. Is there such a thing as a breathable liner?

A. Breathable technology for drier skin and socket security has been introduced which works by letting air and perspiration that are often trapped between the liner and skin to escape. Heat management technology is being used to pull heat away from your limb throughout the day and during high activity.

Q. Fit. Are they all made the same?

A. Not all liners are designed the same. Liner profiles represent the shape of the residual limb more closely inside of the liner, whereas the outside of the liner looks tubular in shape. Different manufacturers have differing thicknesses. Some companies also pre-flex their liners and suspension sleeves.

Q. Stink. What can I do to prevent odour?

A. Unless a liner has specific properties to eliminate or control odour, the best rule of thumb is to make sure liners are being cleaned daily



and disinfected weekly. At the end of each day, wash the liner with water and a body soap that does not irritate the skin. Allow the liner to dry on a drying stand overnight. Once a week, disinfect the liner by wiping the gel with ethyl or isopropyl alcohol and allow the liner to dry overnight.

It's also important to take care of your skin in this area too. Wash daily with a simple, unperfumed soap (ideally pH balanced) and rinse thoroughly to remove any soapy residue before drying. Use a lotion for dry skin and be sure that any damaged skin is properly cared for.

Q. Noise. As in controlling embarrassing bodily function sounds from my leg?

A. Noise usually comes from a liner that's either too loose or

becoming loose during the day. Moisture and air can get trapped inside (between the liner and the residual limb) and is then expelled when you're walking.

Make sure that your liner fits properly. Socket trim lines might need adjusting to provide support to the liner and help prevent moisture and air from getting trapped. Also, make sure that your residual limb surface and the liner surface are as dry as possible before donning.

Ask your prosthetist about liner options that are right for you and be sure to let your clinician know of any fitting issues.

NOTE: Many common household or bath products, including soaps, deodorant, perfumes, aerosol or alcohol sprays, or abrasive cleaners, may cause or contribute to skin irritation. In the event of a bacterial infection, discontinue use of the liner immediately and see your family physician, prosthetist or a dermatologist.



SHAPE OF THINGS

There are different profiles for transtibial and transfemoral liners. Liners tend to be thinner behind the knee to reduce bunching when the knee is bent and to allow for easy bending. All profiles have different patterns of thickness throughout to provide comfort for various residual limb shapes.

Uniform: Protection is provided down the front of the liner where the shin is thinner and behind the knee for easy bending.

Tapered: Best for conical-shaped residual limbs, the interior of the liner narrows as it moves down due to the changing thickness of the interface material.

Contoured: Suited for a prominent shin that needs cushioning on either side of the shinbone.

Progressive: A combination of Uniform, Tapered and Contoured profiles that accommodates a broad range of residual limb shapes.

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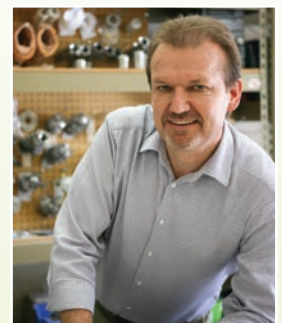
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The GROCERY STORE is **MY** Battlefield

*Minor Aggressions
can Take a Major Toll*

By Rouzalin Hakim

As an amputee, I think I speak for many of us in the disability community when I say that we face a variety of unique physical and emotional challenges. Some of those challenges are easier to overcome than others. I have overcome many of those in my journey, but this is my personal battlefield.

Before I begin, I want to be transparent with whomever is reading this. This topic is surprisingly difficult to write about. Not due to the topic itself, but because I don't know how many readers will relate.

If you're just tuning in for the first time and haven't read my previous editorials in *thrive magazine*, here's a bit about myself. My name is Rouzalin, and I am a two-plus-year above-knee amputee who quite often finds herself experiencing every possible stage of this recovery process. The ups, downs, and in-betweens, as well as the ones hidden around the corner that no one prepares you for.

My life was completely twisted upside down two and a half years ago, and when I woke up, I had no idea what it would now be like. So, I took it upon myself to share my journey from day one right to this moment.

As most of you can relate, in the beginning I had no idea what to expect and how to deal with things as they unfolded. So many questions ran through my mind

that I couldn't even keep track of my thoughts at some points. However, two years later, I know one thing for sure: nothing is linear. We don't go through stages of recovery in sequence. Sure, we might not feel the stages as deeply as we once did, but they're certainly visited just as often.

So, what does my life as a two-year amputee look like? As you know, everyone leads different lives, and this is what I've created. In the beginning stages, I was more lost and confused than I ever imagined I would feel in my lifetime. The grief led to deep depression and anger, so much anger. I had led such a healthy and happy life, and it was all taken away from me within minutes. Everything I had worked for and dreamt of was seemingly stripped of me, and I was not okay with that. I didn't have anyone to turn to because I didn't think anyone would understand, and even if they did, there was nothing they could do to help.

Nothing was going to change, and it was extremely difficult to accept. I had to adjust every detail of my life to adapt to one that I didn't want. I'm wired to change the things I don't want in my life. If I didn't like a job, I would work hard to get a new one. If I didn't like a certain circle of friends, I would socialize and create new ones. If I didn't like the environment I was in, I would change it to one that brings me happiness. But this, an amputation, how do you change this? You don't; you change you! I've said this before,

and I'll say it again, I've come to be reminded that we are extremely resilient beings. We can be up to the challenge whether we know it or not. Allow me to shed some light on that.

Time can be our worst enemy or our best friend. While I was slowly healing both physically and mentally, I was also doing some incredible things without even knowing it. I started back to work virtually, connecting with some colleagues. I tested new prosthetic devices which was really exciting. I went back to the gym. I started to write for *thrive magazine* which has become my new passion. I learned how to run again which was exhilarating. I even bought myself a new motorcycle! I've traveled alone, won awards, and even started volunteering as a peer visitor.



I've found that no matter what I'm doing, it doesn't seem that big in the moment, but looking back and reflecting paints an incredible picture of all my unfathomable accomplishments over the last two years. I'm very proud of who I've become and what I've done since my injury. But, day to day, I still face so many challenges. I can work on myself as much as possible, but I cannot change others.

I live alone and take care of my day-to-day tasks on my own, so I'm often out by myself. I've never seen another amputee anywhere in my community, so as you can imagine, I get quite the looks when I'm out and about.

I wish it stopped at just looks, but I get pointed at, stared down, and asked some incredibly rude questions. It tears me to pieces when a child is pointing and staring while asking their parents "what's wrong with that lady's leg?" The kids I can forgive; they don't know any better. They come from a place of innocence and pure curiosity. The adults however, sometimes make me wonder what's wrong with the world.

Those little actions, whether verbal or nonverbal, from others we encounter every day are certainly bothersome, and sometimes I just say to myself "whatever" to wash it away. Yet, together and over time they add up and take a toll. Constant reminders of our differences. Those subtle offences can even be quite unintentional by well-meaning others, but noticed by me. The grocery store is my battlefield. I feel like I'm in a fishbowl when I'm there.



People don't realize how much that can affect us for the remainder of the day or maybe longer. Some unsolicited questions have no boundaries and can pierce our most tender wounds. I want to lash out and scream that it is none of someone's business and to please adopt some decency and respect for others – me in particular. But I must remind myself that I can't control the actions of others. I can only control myself.

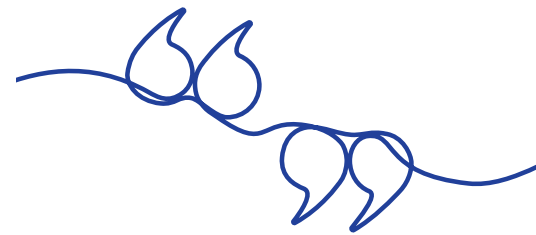
Nonetheless, it still breaks my heart and takes a toll on my self-esteem. Sometimes I carry that wound with me for days. I wish people would realize that we are just as human as they are.

At one point it was getting so hard for me to simply grocery shop, that I was driving over an hour away from home to a more secluded town, where I wasn't getting bothered as much.

It's a rare occasion when I go out without getting some sort of comment from someone. I must also point out too, that sometimes I get really cool comments from

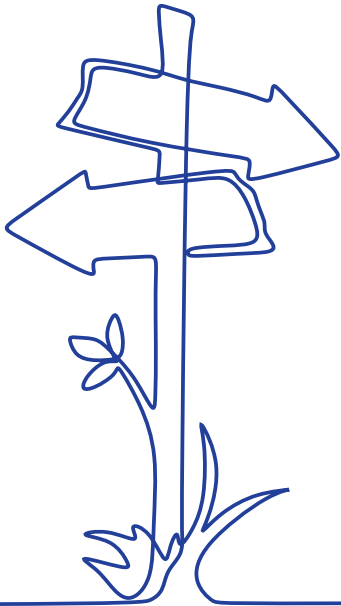
strangers. People have stopped me to ask to take pictures of my leg because it's so unique. I've customized it to suit me and I'm really proud of it. I've had car wrap designers ask me for advice on the "look." In Mexico, the locals were in awe of my prosthesis and I got treated like royalty because of it.

Whether it's a flattering compliment or a gruesome question or comment, it still makes me feel different. I've learned though, that different is not always bad. It's hard to digest, but this is my life now and I can do endless things with it.



"I've come to be reminded that we are extremely resilient beings. We can be up to the challenge whether we know it or not."

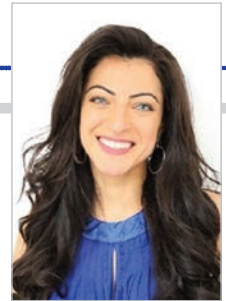




Yes, it's more difficult for us but I believe we are so much stronger than we give ourselves credit for. We have the ability to overcome those everyday micro-aggressions and the insensitive grocery store shoppers we encounter. Once you build confidence by owning who you are, you become unstoppable. You're entitled to the feelings you have, no matter what they are. But never forget how strong you can be.

The best part of this journey is reflecting back and being grateful for what you've overcome. Appreciate yourself. Life will always challenge you but if you can rise above what you can't control, then you can rise above anything. Be proud of yourself for passing through your hardest moments while everyone around you might have thought you were fine. Stay true to yourself.

Regardless of where you are in your journey, if you have questions or simply want to reach out for any reason, contact me at writing2roz@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.

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Version 2 - NOV. 8, 2023



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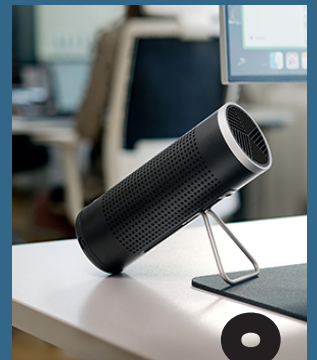
02



03



04





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– Jacqueline Woodson



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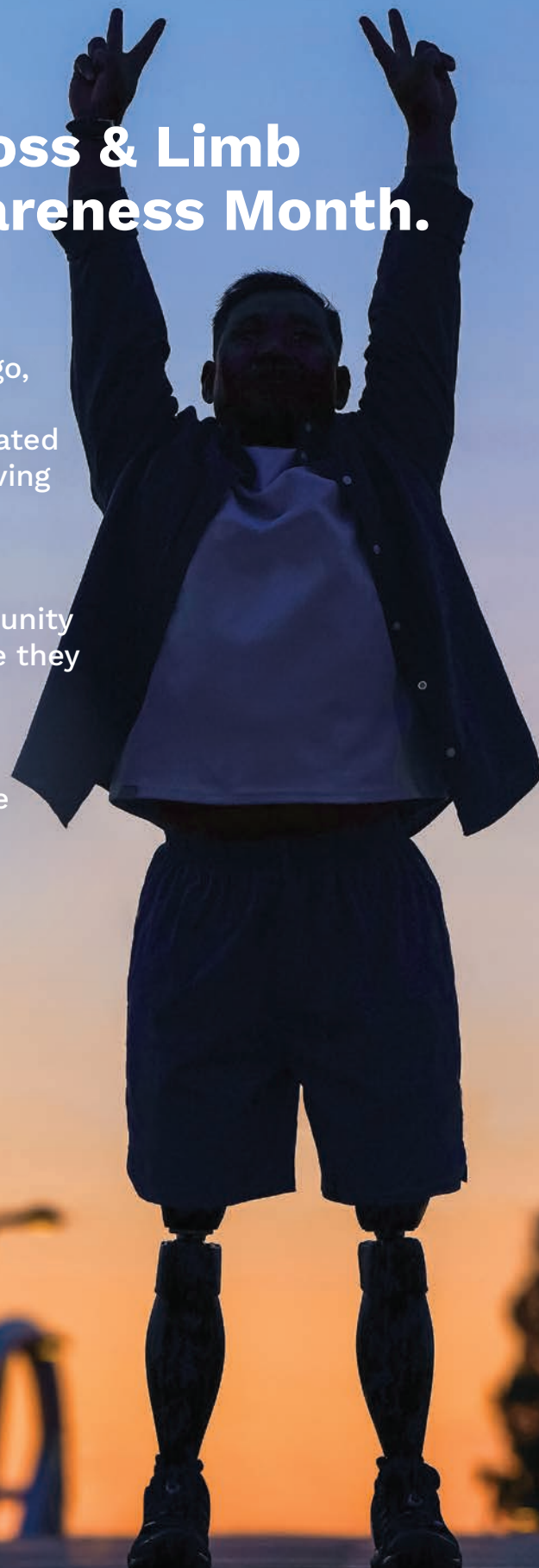
Since its inception 14 years ago, **Limb Loss & Limb Difference Awareness Month** has illuminated the unique needs of people living with limb difference.

At Ottobock, it's our favorite month to acknowledge community members, regardless of where they are in their journey.

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