

# thrive

Living Well  
with Limb Loss

ISSUE # 31

## TRAVEL PLANS

Prepping  
Your  
Prosthesis

## EREZ Avramov

*Changing the  
Resiliency  
Conversation*

## POOR SLEEP

Untangling  
the Knots

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## Unsung Legacy

We are amputees, or members of the limb loss or limb difference community, whichever you prefer. That makes us part of Canada's greater disability community too, a community that recently lost, arguably, our country's most famous wheelchair user... an unknown hero to most of our community.



*thrive* founder and publisher, Jeff Tiessen

Ron Turcotte, the Canadian jockey whose name is forever linked with Secretariat's historic Triple Crown victory in 1973, died at age 84 at his home in New Brunswick this summer. Over 50 years ago, Turcotte guided "Big Red" through one of the most extraordinary campaigns in racing history. Together they swept through the Triple Crown at record speeds in each race, times that still stand uncontested today.

At the time, Secretariat's dominance made Turcotte a household name. His achievements brought him worldwide acclaim. He became the first member of the Thoroughbred racing industry appointed to the Order of Canada. Induction in Canada's Sports Hall of Fame followed. A statue immortalizing he and Secretariat was erected in his hometown of Grand Falls, N.B.

Here's his connection to us. Turcotte's racing career ended abruptly in 1978 when he was thrown from his mount at Belmont Park resulting in paralysis from the waist down. He then became a tireless advocate for injured riders, fundraising for disability programs, and lending his voice to the Permanently Disabled Jockeys Fund.

Turcotte amassed more than 3,000 victories over the course of his career, yet it is the three in 1973 that remain his defining achievement. He will be remembered for his brilliance on the racetrack, and for those who knew him, his dignity, resilience and compassion in the decades that followed.

The news of Turcotte's passing is sad, and so is the fact of his unsung legacy in our community... a reminder to celebrate our disability champions while we can.

Jeff Tiessen  
Publisher, *thrive* magazine

**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 author and Canadian Disability Hall of Fame inductee, is a respected advocate within the amputee community and healthcare fields as well.

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# CANADIAN PRIDE



The War Amps has launched a new series of address label designs featuring iconic Canadian symbols like moose, maple syrup, and hockey jerseys. Always practical and personal, War Amps address labels are now perfect for showing off your Canadian pride too.

## NEW HOOK IN TOWN

Fillauer's upgraded ETD2 now features machined metal fingers for enhanced strength, durability, and even touch-screen compatibility. The ETD2 still delivers the performance that users rely on like wide-opening fingers for versatile grips, water-resistance, friction pads for a secure hold and easy Bluetooth adjustments.







## KNEE Replacements ON THE RISE

Arthritis affects 4.6 million Canadians and almost all knee replacements in Canada are because of osteoarthritis. Amputees, particularly those with a unilateral (one-sided) lower limb amputation, face a significantly higher risk of developing osteoarthritis (OA) in their sound limb due to altered biomechanics and increased stress on that limb. Asymmetrical loading can lead to degenerative changes in joints like the knee and hip.

The mechanics of movement change after amputation and contribute to the increased prevalence of OA in the sound limb. Amputees commonly report knee pain in their intact limb, which can be an early indicator of degenerative joint changes.

Strategies to mitigate this risk include optimizing prosthetic fit and alignment, using advanced prosthetic feet with improved push-off, and gait retraining for more balanced weight distribution. Preventive and management strategies also include early diagnosis. Amputees should not dismiss pain as an inevitable consequence of amputation – early diagnosis and treatment of OA are crucial.

## *Lace Up for* **DIABETES**

Join thousands for Sun Life Lace Up to End Diabetes across Canada virtually or in-person up until November 14, 2025, World Diabetes Day. Walk 5K and help raise funds for the more than four million people in Canada living with diabetes.

Lace Up is brought to your community by your community, where volunteer champions will be promoting physical activity and celebrating the efforts of the Blue Crews that have reached their fundraising goals. Hosted at dusk, each participant walks five kilometres and lights the sky blue to raise awareness for diabetes.

Can't join an event? Join virtually and receive the same benefits. Every dollar raised is a step towards supporting the work of Diabetes Canada. Gather your Blue Crew and Lace Up.

The more you raise, the more you earn! Check out the cool glow in the dark rewards that will keep you motivated and have you showing up to the event in style. For event details visit <https://www.diabetes.ca>.



# CHAMP TURNS 50

The CHAMP Program, which stands for Child Amputee (CHAMP), is celebrating its 50th anniversary in 2025. The War Amps program provides support to child amputees and their families, offering financial assistance for prosthetic limbs, peer connections, and educational seminars. The program was established in 1975 by veteran War Amps members and has empowered an estimated 25,000 young amputees since its inception.

## Campaign Focuses on the “Invisible Class”

A new public awareness media campaign from Ottobock is targeting travel and the mobility challenges that come with it for many in the disability community.

Titled the “Invisible Class”, Ottobock is shedding light on barriers that 1.3 billion people with disabilities worldwide encounter when traveling. The initiative also encourages the world to come together to make travel accessible for all, not just some.



Travel difficulties can take the form of lost or damaged wheelchairs at airports, inaccessible transport and lodging, and more incomprehensible issues. “On top of that, there’s the lack of awareness among employees who often do not know how to help or react appropriately,” explains Martin Böhm, Chief Experience Officer at Ottobock.

“With the Invisible Class campaign, we are using our global reach to create a platform for social discourse,” Böhm adds. “Accessibility is not a privilege, but a right. Together, we can transform travel into an inclusive experience in which no one is left behind.”

The campaign is also running online in over 15 countries on Google, Instagram, Facebook and TikTok. Using #InvisibleClass, 50 global Ottobock brand ambassadors are sharing their personal experiences, providing travel tips and encouraging people to share their ideas on social media channels. For more, visit [ottobock.com/en-ca/invisible-class](https://ottobock.com/en-ca/invisible-class).



# Canada's Largest Fundraising Campaign for KIDS with a DISABILITY

"Together We Dare" is the largest fundraiser in Holland Bloorview's history, and the largest fundraising campaign for paediatric disability in Canadian history.

Toronto's Holland Bloorview Kids Rehabilitation Hospital has launched the ambitious \$100 million fundraising campaign to shape the future of disability healthcare for kids. It centers around the centre's ambassadors as they playfully issue dares to potential supporters like: pay attention, speak up, try something new.

"At Holland Bloorview, we dare to dream big and create a world where kids everywhere have opportunities to dream, play, and belong, no matter who they are or where they live," said Sandra Hawken, President and CEO.

The campaign will establish the Centre of Excellence in Childhood Disability to transform healthcare and create a more inclusive world for children with disabilities by fuelling world-leading care, unlocking new discoveries through research, and building a more inclusive world for children with disabilities.

Says Honorary Chair Sheriauna, a Holland Bloorview ambassador: "I know what it feels like to be a kid wondering if the world will make space for you. And I know how powerful it is when someone dares to believe in you before you believe in yourself. That's why I'm daring you to stop looking away... because avoiding difference doesn't make it disappear."

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# Navigating the Disability Tax Credit

The War Amps has released its new Disability Tax Credit (DTC) booklet which provides updated guidance on the application process given recent changes by the Canada Revenue Agency. Navigating the Disability Tax Credit Certificate was created to help amputees and their medical professionals with applying for the DTC by explaining the steps to complete the new digital application form as well as the T2201 paper form. Amputees or their caregivers can reduce the amount of federal income tax they pay by claiming the DTC. To request your free copy of the new DTC booklet (digital and print options available), contact [info@waramps.ca](mailto:info@waramps.ca).



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# On the Road Again

## LEARNING TO DRIVE as a Senior Amputee

By Bob Ungar

**Seven years ago, at the age of 71, I became a double below-knee amputee. Two months later I took my first steps on my new legs and was walking unaided within a year. Being retired and having music and woodworking as hobbies, I didn't need to give up many of my activities at all.**

But the one activity that I did have to abandon was driving, and I wondered if it would ever be possible for me to get a B.C. driver's licence.

A fellow amputee and mentor informed me that my vehicle would need hand controls installed. In that moment, the possibility of driving became a reality. This infor-



mation set me on a path that started with my GP's prescription for hand controls, to a competency assessment by a road safety officer, to a driver education course offered by a company certified to give instruction on hand controls.

My first driving session involved executing circles in a parking lot – a

simple enough task – but for me, not having been behind the wheel of a car in about two years, just that act of driving was liberating and exciting.

Naturally, there was some anxiety to overcome, especially when faced with driving on unfamiliar roads, in unfamiliar areas, and using an unfamiliar mechanism. It was an altogether new way of driving and took a mental and emotional adjustment.

Nevertheless, the stress was balanced by a sense of progress. I learned how to use the spinner knob and thumb-controlled indicators. I learned “down” for the accelerator and “forward” for the brakes with my hands. It felt like the first time that I learned to drive so many years ago.

I also had to figure out the most comfortable and effective position in the driver's seat. With a small vehicle and cramped front seat space the best way was removing my right leg to avoid any danger of pressing the accelerator or the brakes by accident.

The best part of it all was that I had control of a vehicle again, and my brain adjusted to it. As driving became more familiar, we ventured into traffic on the highway, over bridges and out in varied weather conditions.

After 15 sessions I was ready for my road test, which I passed readily, and two years and eight months after my amputations, I received my driver's licence!







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## Research Study

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IMPACT-L3 is a pilot study to test the feasibility of an intervention that aims to increase physical activity and self-efficacy.

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# Popping the Question

## *When is it Okay to Ask?*

By Jeff Tiessen, PLY

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**She heard it in my tone. “That was a little rude,” my wife suggested from the kitchen as I closed the front door. “Who was that?” she questioned.**

She has heard the question hundreds of times before and has heard my answer just as many times, sometimes shared with courtesy and sometimes not... “So, what happened to you?” Being a prostheses-wearing double-arm amputee, being asked what happened to me by strangers is a staple of weekly life.



On this day it came on my doorstep from a missioning Jehovah Witness as he handed me an invitation to a special Easter Open House. I get regular visits from the good folks of the Kingdom Hall, but this Saturday it wasn't my regular guy Ed.

I like Ed... his brother was an amputee. Each visit we stand on the stoop and exchange a few pleasantries. He reads me a scripture passage or two, then talks a little Armageddon and then he's on his way. He's just doing his job, I get it. And maybe I'm a little flattered that he's so intent on recruiting me to the Kingdom.

But the new guy put me off and left me wondering again: "when is it okay to ask?" I suppose I was a little short with him. I felt he popped the question a little prematurely. Granted, there are no written rules of etiquette or decorum or appropriateness when it comes to asking someone how they lost their hands, or use of their legs, or sight, or whatever. But like most things in life, timing is everything isn't it?

Don't get me wrong... I'm quite fine with the question. I think it's perfectly natural for someone

to wonder "what happened" (although I don't think I'd ever dare to ask someone how they got to be so overweight!). My issue comes down to "when" it's okay to ask someone, "What happened to you?"

Maybe the first criterion is some familiarity, like, at least knowing my name before asking how I lost both hands. Yes, let's start with that question first! "Hi, my name is... and what's yours?" Or even... "Can I ask you a question about your arms?"

Oh, and I should mention, after hearing my abbreviated account of my encounter with way too much electricity, the new Jehovah Witness gentleman was very pleased to inform me that I will be getting my hands back upon arrival in the Kingdom of Heaven. Perhaps I shouldn't have been so curt!

*What's your take? When do you think it's okay to ask you what happened to your missing limb? Email me at [jeff@thrivemag.ca](mailto:jeff@thrivemag.ca). I'd love to hear your opinion or approach.*



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# THE POWER OF *Intention*

## *Habit Over Motivation*

By Timothy James

I was the “fat kid” growing up, and I’ve struggled to find the motivation to lose weight and lead a healthy lifestyle my whole life.

I first realized that I was fat when a teacher asked for a volunteer to play Santa in a grade three Christmas play, and a classmate loudly blurted out, “Tim’s already got the belly!” I was mortified.

I turned to food to numb my embarrassment. I discovered the emotional rollercoaster known as bingeing... a rollercoaster which I would struggle to get off of for my entire life.

I can pinpoint the exact moment when I told myself enough is enough. I was cleaning up the crumbs around an empty box of cinnamon buns, and I decided right then that I’d clean up my act too! “Tomorrow will be different!” I promised. I finally found the motivation to stop the bad habits. “Tomorrow,” I thought, “will be the day I start a healthy diet and daily exercise!”





But tomorrow never came. The next day I was back at it again with the sweets, far sweeter than anything the gym or a healthy lifestyle had to offer. Only after the sweets were gone did I feel motivated to clean up my act. Motivation was never there in the moments I needed it most. I've discovered that motivation was the last thing I needed. Motivation is trash.

## WHY IS MOTIVATION TRASH?

We all think motivation is what drives action, but in many cases it's the other way around – actions create motivation.

Have you ever felt like you didn't want to go to the gym, but once you put on your gym shoes and walked out the door you felt motivated? That's an example of motivation coming after the action.

Motivation should never be the sole force driving your actions because it is a temporary emotion. You can't feel motivated all the time. Motivation was not going to save me from my cycle of bingeing. I knew exactly what I needed to do (lose weight), but I didn't know how or why I wanted to do it.

I needed to connect to the intention, or the why, behind my goals before I could determine how to follow through on them. I also needed something that required very little willpower or motivation. What I needed was a habit.



HABITS

## POWERED BY HABIT AND INTENTION

Habits are at the center of everything we do; most waking hours are spent executing one habit after another without even thinking about it. Get out of bed, make the bed, make coffee, drive to work.

Habits are essential for our daily lives to run smoothly. Because they are so engrained in our brain, there is little thought or resistance that occurs when executing our daily routine. In my case, I knew that I needed to create a habit to get off the couch. I wanted to create a habit of a daily fitness routine at the gym.

But before I could create a habit that would stick, I first had to connect with the intention behind it. A powerful intention is something bigger than just yourself. It's connected to a higher purpose. A habit infused with a powerful intention is what gets me to those workouts even when I'm not feeling motivated to go.

## INTENTIONS GIVE AND TAKE POWER

Intentions are so important because a poorly-developed intention can actually drain your energy. When I was stuck in the binge cycle my intention was "to lose weight because I don't want to be a fat slob."

This intention sucks! For two reasons: the first problem is that it is not connected to a higher purpose. It's all about ME, ME, ME! Secondly, it's framed in a negative way that reinforces the belief that I am a fat slob. A negative intention like this destroys my self-confidence and willpower.

INTENTION



## SET A POWERFUL INTENTION

I knew that I needed a more powerful intention to carry me through when temptation reared its ugly head! My new intention: I want to get in shape to have a healthy life and age gracefully, and inspire others to do the same. This intention is connected to a higher purpose, something greater than just myself.

Laying on the couch eating cinnamon buns hurts not just me but those around me as well. This intention gave me the energy I needed to follow through on my goals and build the right habits into my daily life when motivation was nowhere to be found.

To create a powerful intention, think about how to connect your goals to something bigger than yourself... taking care of your family, helping your local community, or anything you want it to be.

## STICKING TO A HABIT

I found that the best way to stick to a habit is first to understand what a habit really is.

Every habit consists of three parts: cue, routine, and reward. Cues are the trigger for a habit to begin. My morning alarm triggers my morning habit. Having a routine takes the motivation and decision-making out of the process... no energy wasted on the internal debate about if or when I'm going to the gym. I just follow the process.



## THE THREE-MINUTE RULE

For the least mental resistance to starting a new habit, strive to have the shortest cue time possible. A cue time of three minutes or less is my golden rule. This leaves very little time for willpower to falter.

Don't want to exercise? Make putting on your workout clothes the cue that starts your routine. Once dressed for fitness and you are in motion you'll be well on your way to getting that workout in!

## START SMALL

The real secret to creating a new habit is to start out small. When I started working out, I told myself that I would go to the gym and exercise for five minutes. After that I would leave. I only planned to show up. I wasn't worried about the benefits of exercise; I was focused on building the habit. Build the habit first and let the rest come naturally.

The truth is, even now when I don't want to work out, at the very least I'll go to the gym for five minutes. Even if all I can manage to do is breathe, that's okay because I'm keeping my momentum going and my habit intact. Of course, I almost always stay for more than five minutes.

# REWARD

## REWARD REINFORCES THE HABIT

The last stage of any habit is the reward stage. In the case of exercise, the reward for me is feeling energized and focused, and getting the rush of feel-good endorphins that follows a good workout. Every time I go to the gym it becomes easier to go back because I reinforce the link between the cue and the reward in my brain. Writing out a habit with a pen and paper has been shown to dramatically increase follow-through. The more cues we have, the greater your chances for success.



## WORKING OUT CHANGED MY LIFE

After I replaced my unhealthy habit of bingeing with the healthy habit of working out, I quit smoking, lost weight, and started making healthy diet choices. Now, instead of opening a box of cinnamon buns when I'm stressed, I grab my gym bag and head out the door. And it all started by stepping foot in the gym for five minutes a day.

If you want to make fitness part of your daily life, stop relying on motivation this instant! Get connected to the intention behind your goals and make it about something bigger than just yourself. Create a habit of going to the gym or hiking or practicing yoga or doing whatever exercise you enjoy... and the shorter the cue time to begin your fitness routine, the more likely you are to follow through.

Start small. Build the habit before worrying about the actual workouts. After you have created a habit of exercising, experiment to find a workout plan that you find fun and can follow consistently.

And remember, motivation often comes after the action and not before. Just get started already!



### ABOUT THE AUTHOR:

Timothy James is a health and wellness coach specializing in weight loss and lean muscle gain. Published with permission of Tiny Buddha. For daily wisdom, join the Tiny Buddha list at [www.tinybuddha.com](http://www.tinybuddha.com). You can also follow Tiny Buddha on Facebook, Twitter and Instagram.

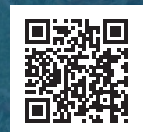


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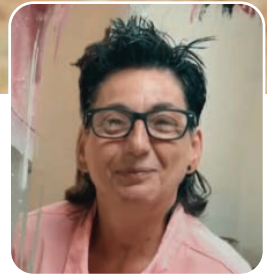


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# Centering Gravity for Lower Limb Amputees

By Lynn DeCola

**I'm an above-knee amputee with over 30 years of personal and professional experience in orthotics, prosthetics, and amputee care. I am a Certified Prosthetist Orthotist (CPO), Technician, Mental Health First Aider, and Amputee Coach.**



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Over the years, I've had the privilege of working with amputees in their homes, rehabilitation centres, doctors' offices and hospitals, giving me a well-rounded understanding of the challenges that amputees face in everyday life. Today, I focus on helping amputees across North America through in-person and virtual appointments, as well as Zoom sessions, offering education, guidance, and peer support.

In this installment, I'm addressing something that can affect how we stand, walk, and feel in our bodies after limb loss: the change in our center of gravity.

Whether you've just started using a prosthesis or you have been living with an amputation for years, understanding how your balance has shifted can help you move more confidently and safely.

ly. What follows here is geared specifically toward individuals with a single lower limb amputation. With this type of amputation, our body naturally shifts its balance toward our sound side.

After a lower limb amputation, your body's center of gravity naturally shifts upward and toward your sound side. This change affects your balance and the way you move.

It's completely normal to feel off-balance or notice differences in how you stand, walk, or even sit. These changes are experienced physically, but they require adjustments in how we think about our body and movement.


That's why having a well-fitting socket, good suspension and proper alignment matters. These elements don't just make your prosthesis feel more comfortable;

they make it possible to transfer weight more safely and evenly onto your prosthesis. Without that solid foundation, your body may instinctively avoid loading the prosthetic side, leading to instability, overuse of your sound limb, and a higher risk of falls.

Working with your prosthetist and physical therapist, wearing proper footwear, and using appropriate assistive devices if needed can help you regain your balance and rebuild your confidence.

It's also important to focus on transferring your weight evenly onto your prosthesis. This helps improve your stability, protects your sound limb from overuse, and allows you to move with more control and less effort.

Remember, it's a process, and each step forward counts.



*Proper socket fit, suspension, and alignment don't just make your prosthesis comfortable. They build the foundation for balance and safety.*

If you or someone you care about is facing amputation or prosthetic challenges, I invite you to join Amputees Preparing Amputees 4 Life ([facebook.com/groups/872511703389474/](https://facebook.com/groups/872511703389474/)) for guidance and support, or reach out to me directly at [facebook.com/Improvingqualityoflifeafteramputation](https://facebook.com/Improvingqualityoflifeafteramputation) for affordable coaching. **Learn more about Lynn DeCola by visiting <https://lifelongprosthetics.com>.**





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# *Untangling the Knot* of POOR SLEEP

By Allan McCarthy

**Features of good health are as varied as individual faces, but the load bearing cords of good diet, proper exercise and healthy sleep are essential for everyone. With poor sleep, doctors find many source strands pulling into a tight, difficult to unravel cluster.**







Being an amputee means sleep can be even more problematic, as many common aggravating factors come with limb loss. To unwind this knot successfully, the sleepless often need to turn to more than one specialist for help.

Alarming, insomnia is quite common. “About a quarter of the population has insomnia, and in the amputee population it is higher,” tells Dr. Mark I. Boulos, Staff Neurologist at Sunnybrook Health Sciences Centre in Toronto and sleep science researcher. “Statistically, over 50% of amputees suffer from insomnia, almost double that of the general community.”

Dr. Boulos explains that insomnia in the amputee population is higher because of a number of factors, and there are specialists who can address each of these issues.

“There are some well-established therapies right now – including medications, and also something called Cognitive Behavioural Therapy for Insomnia (CBT-I),” offers Dr. Boulos. “If one became an amputee through trauma, CBT-I may be beneficial for managing some of the non-sleep issues as well... such as anxiety and depression.”

For someone who might lie in bed for a really long time and not fall asleep and makes up for it by staying in bed late, CBT-I restricts the amount of time in bed to, say seven or eight hours. Another component of CBT-I is breaking negative associations between the sleep

environment and wakefulness.

“Your bed is for sleep,” Dr. Boulos emphasizes. “It’s not for looking at the clock. It’s not for worrying. We need to basically break the cycle for someone just lying in bed. Don’t bring your work – like your laptop – into bed. That’s for a different space in the house.”

Another CBT-I component is sleep hygiene. “Create a dark, quiet environment, a good routine,” he says. “This therapy also works to change automatic unhealthy negative thoughts like repeating, ‘I can never sleep’. Therapists teach people how to relax their mind and prepare for sleep. There are some CBT-I apps available too.”

Proper rest is essential for physical and mental health, facilitating heart function, sound learning and good memory, aiding our immune system and metabolism, and more. It’s complicated with early risers,

late-night sleepers and short sleepers (possibly due to genetics) and with sleep patterns changing as we age. Yet it is vital, as sleep deprivation is linked with heart disease, stroke, anxiety, diabetes, sepsis, high blood pressure and even car accidents.

Issues that may affect an amputee’s sleep are commonplace: chronic pain, anxiety, altered body representation, depression, and Restless Legs Syndrome. Typically, the psychological and physical trauma of amputation is often linked to unsettled sleep for amputees.

Higher levels of anxiety, negative thoughts, and feelings of insecurity are widespread with amputees, which all contribute to sleeplessness. Even in the phantom limb, amputees can experience symptoms that imitate Restless Legs Syndrome, a sensation that worsens in the evening or overnight. Amputees might also have to deal with neuroplastic changes in the brain after amputation which can influence body perception and sleep patterns. Ongoing research is adding informative data about these causes and bringing new treatments.

Dr. Boulos shares that there are medications which help with insomnia as well. “Usually you will use both, CBT-I and medication. Dual Orexin Receptor Antagonist (DORA) drugs came out recently and work very well, but they can be habit forming. They help chronic insomnia by changing the

## COGNITIVE BEHAVIOURAL THERAPY



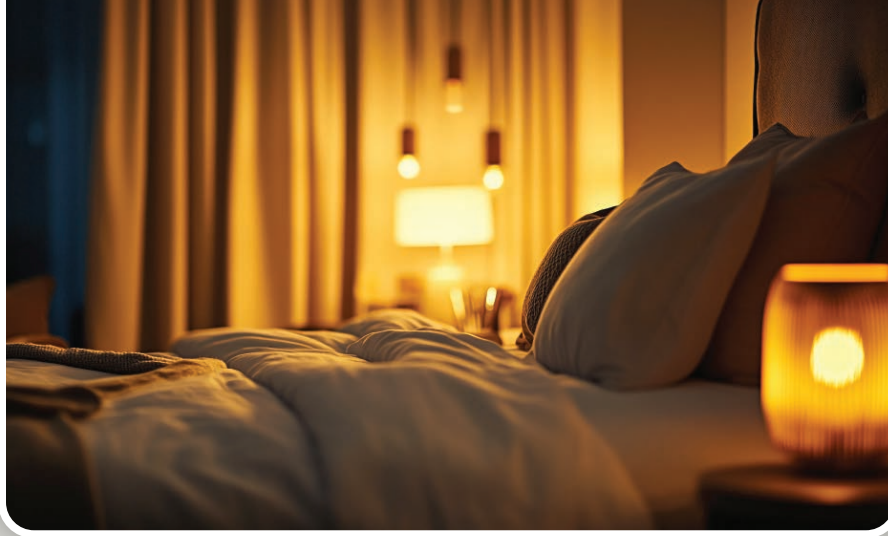
Thoughts



Feelings



Behaviours



pathways that give rise to insomnia. It works over time and can be beneficial in the long run.”

Sleep issues are unique to each individual and patients might need to see a specialist about an underlying problem as well as learning good sleeping skills.

“We always screen for everything, all disorders,” states Dr. Boulos. “If someone is just having a hard time sleeping, we refer them to a sleep specialist for a sleep study. ‘Do they have an underlying sleep problem?’ This guides their treatment, for example, chronic pain, sleep apnea, Restless Legs Syndrome or insomnia. Pain is at the forefront for many individuals, and we try to optimize pain management. Sleep apnea, a period during which breathing stops or is markedly reduced, is common. Amputation by itself does not increase sleep apnea, but comorbidities such as diabetes could increase that risk.”

Many physical problems can ruin sleep but sometimes it can be a mental health issue. “If an amputee is suffering from PTSD or nightmares,” says Dr. Boulos, “we take a look at the source. ‘What is the underlying cause of this person’s sleep disturbance?’ Because of the trauma, a psychologist might be the best route.”

Dr. Nicole Vincent is a Registered Psychologist at the Pain Management Unit of Nova Scotia Health in Halifax. “Keys to good sleep health,” she describes,

“usually involve approaches that balance three main systems: sleeping at the right time (matching our internal ‘body clock’), using enough energy and wakefulness so that there’s a need for sleep (our ‘sleep drive’), and learning ways to shift out of a high alert state (our ‘stress response’) so that the body can feel safe to rest and sleep. We have more restorative deep sleep when these three systems are working together.” Dr. Vincent adds that “Often, getting to the bottom of ongoing sleep problems will mean exploring how those three systems are being disrupted and finding ways to realign them.”

The study of sleep is both illuminating and enigmatic, as there is a mystery to it. Dr. Vincent reminds that we have to remember that sleep is a biological process. We don’t have control over whether it happens, but we can provide the right conditions to allow it to happen. “Just like our digestive system, we don’t have control over when our body chooses to metabolize food, but we wouldn’t eat rocks and expect it to work well,” she analogizes. “So, we put our efforts into providing the right conditions and let

the body do the rest (sleep or not sleep).

“Sleep problems don’t need to be a life sentence,” insists Dr. Vincent. “There are ways to get help. For example, if medication is contributing to disrupted sleep, it would be worth talking to a doctor or pharmacist about the timing of the medication or alternative options. A physiotherapist can help find safe and effective ways to move, stretch, and exercise during the day. An occupational therapist can recommend sleep positioning and bedtime equipment like body pillows or wedges to reduce posture-related pain and discomfort. If trauma or stress experiences are contributing to nighttime wakefulness, there could be a benefit in meeting with a therapist trained in trauma-focused therapy like a psychologist, counsellor, or social worker with specialized training.”

When chronic nightmares are a problem, Dr. Vincent advises finding a therapist trained in Cognitive Behavioural Therapy for Nightmares (CBT-N). If ongoing pain is disrupting sleep, it would be worth connecting with a local pain self-management service in your area or sourcing some online resources (e.g. [poweroverpain.ca](http://poweroverpain.ca)). “Activity Pacing” is another pain management strategy for frequent pain flare-ups or when pain intensifies when at rest.





Developing good new habits can be essential as well. Dr. Vincent can testify to the fact that amputees often report being very tired at bedtime but can't fall asleep because of busy minds or pain or both. "People with limb loss carry a high mental load just to navigate everyday life," understands Dr. Vincent. "They are faced with everyday planning and preparing, problem solving, and advocating for their needs more than the average person. This can be stressful and mentally exhausting. The brain is working hard and needs time to settle from this high alert state."

She advises that it is essential to implement a calming bedtime routine, maybe even an hour before lights out, to help reassure both body and mind that it's safe to rest. "The busy mind needs some convincing evidence that it can go on break. Routines are important, like dimming the lights, reducing sounds, brushing your teeth, reading, or some gentle stretching," she offers. She adds that "incorporating mindfulness exercises or relaxation practices, such as deep breathing, visualization or muscle relaxing, will help both the busy mind and with pain."

Yet, some sleep truths sound counter-intuitive. "Even if the night goes poorly for sleep, it's still important to stick with a regular wake-up time," counsels Dr. Vincent. "This helps keep the sleep drive and internal body clock in sync and optimizes deep restorative sleep," she explains.

But a regular wake-up time can be tricky, because our instincts tell us that we must make up for the lost sleep, to sleep in, or to nap. "This is where our instincts betray us when it comes to healthy sleep practices," she acknowledges. "The average person needs about 15 hours of wakefulness for our sleep drive to kick in. So, if we try to make up for a bad night's sleep by sleeping in later or sleeping during

the daytime, and we still aim to go to sleep at the same time that night, it's not going to work well. This is the 'feeding our digestive system rocks' analogy."

But as many amputees know, sometimes a nap is needed to make it through some days. Even so, Dr. Vincent still stresses the importance of ensuring that you build up your sleep drive and to do that, delay your regular bedtime by the amount of time that you slept during the day. "So, if I take a one-hour nap at 2:00 p.m., to build my sleep drive I need to plan to go to bed at 11:30 p.m. instead of my regular 10:30 p.m. bedtime" she illustrates.

"But watch out," she cautions. "Your internal body clock will try to convince you that you're tired enough for the regular 10:30 bedtime, but your sleep drive won't be sufficient to help you get into a deep sleep. Without the strong sleep drive, your sleep might be light, non-restorative, and easily disrupted by other stimuli like sounds, pain, hunger, or bathroom needs."

Dr. Vincent believes amputees should not get down on themselves for facing this struggle, a battle that even academics want to understand better. More research is needed on how sleep is impacted by limb loss and what might be the best treatment approaches. "It's important that people with limb loss understand that struggling with sleep doesn't mean that you've failed – it means your body has been through a lot! Sleep problems are very common with limb loss, and it will take time to adapt, but you will adapt. Offer yourself patience, support and kind words. Practicing this self-compassion can

be empowering and therapeutic. And you don't have to do this alone; there are professionals that can help."

This fight can be a marathon, not a sprint, and there are many resources to tap into to help. Dr. Vincent recommends [mysleepwell.ca](https://mysleepwell.ca) as a reliable online resource. Also, the [poweroverpain.ca](https://poweroverpain.ca) website is a fantastic free resource with live and recorded workshops from clinicians across Canada along with self-guided courses, videos, self-assessments and more.



Dr. Boulos deems that people should not be embarrassed by sleep problems. Instead, he encourages all to be proactive in seeking help. "If you're having trouble sleeping, reach out for help early on. Avoid a vicious cycle of worsening sleep. There is no shame. It might mean reaching out to more than one specialist, as the problem can be inter-connected."

The complications of sleep are a testament to the complexity and the beauty of the brain. That said, there are a lot of people who are available to help, even other amputees with similar symptoms. There is no shame in reaching out.



# EREZ Avramov

## Changing the Conversation on Resiliency

*Interview with Jeff Tiessen* .....

Erez Avramov, nicknamed the “Man who Refuses to Die”, is an internationally-recognized resiliency expert who’s been trained and shaped by life’s most challenging adversities. Three near-death experiences and an elective amputation have given Avramov a unique perspective on life.

Deeply driven to explore human potential, Avramov has uncovered the inner workings of resiliency and is the founder of Life Rebuilder Academy. He shares his methods with his clients and audiences so others can harness the power of adversity and transform their lives as well.

Avramov changes the conversation from “why did this happen?” to “how can I use it to transform my life?” Avramov was a recent guest on the Life & Limb podcast hosted by thrive publisher Jeff Tiessen and what follows are some highlights from that interview.



**thrive:** *Let's start with your nickname. You're no stranger to adversity and trauma. You were close to numerous blasts as a soldier, and then three near-death experiences. A near-fatal car accident, a crash on a motorcycle training for a monumental race, and then what you say was your toughest challenge, a heart attack that brought you closer to mortality than any of the others. Hard to believe, but this is your story right?*

**EREZ:** When somebody else describes it, it's almost a scene from a movie or a book or something. And because I'm on the other side of these particular events, I think I'm able today to share more of my perspective in retrospect versus when I was immersed in those traumatic events. Going through a traumatic event, be it with our health or a relationship or even financial, it doesn't matter. It shakes up our life in a drastic manner.

There is a process we have to go through. Our level of preparation and support will dictate the outcome. I was introduced to the "muscle of resilience" from a very young age. I grew up in a country, Israel, that is very volatile by nature. I left almost 28 years ago. I am programmed to push my human boundaries and go beyond them. Since I was 15 years old, I went on solo adventures in the amazing deserts of Israel. I served in an elite commando unit in the Israeli Air Force where we were trained to ignore feelings of fear and danger and go where no one will dare. This is a human-based approach to how we would interact in life. It was the unpredictability of life and understanding that sometimes even what we figure to be our path or plan, life has a very different plan.

**thrive:** *So, how did that translate or apply to the trauma that you experienced here in Canada?*

**EREZ:** That's where I feel resilience comes into play. When you're in the midst of a crisis is where the real test begins. But I also understand how difficult it is to see it when you're in the midst of it.

**thrive:** *But three times, and maybe more as a soldier. Does it compound or are there lessons learned in each that helped with the next, or were you just thinking "What? Again?"*

**EREZ:** That's a beautiful question. And I know for some people who go through several events, it becomes sometimes a question of "Why is this happening to me? Why am I again in this situation?" The compounding effect for me was to stop asking that question. Because the question of "why" I found to lead nowhere. It's a dead-end road. When you start to venture into the why and you're looking for reasons, very quickly you start to point fingers at yourself. "What did I do wrong? How did I end up here?" I found this to be a very traumatizing cycle. You're not going to find an answer because that answer often doesn't exist.

**thrive:** *Let's lean into life as an amputee and the years of recovery before your amputation. Multiple surgeries, intense pain and your decision to have your leg amputated below your knee. How did you make such a decision which I'd presume to be really, really difficult?*

**EREZ:** It was a very, very difficult decision. And just to put things in context a little bit, I'll share how I ended up even asking, "should I amputate or not?" I was involved in a very traumatic car accident in 2011.

A head-on collision with a fully loaded semi-truck catapulted my life on a journey like no other. It was in a snow storm here in British Columbia on a notorious highway leading from Vancouver to Kelowna. I hit a patch of black ice. My car spun out of control into a concrete median that separated the two lanes. I hit with such velocity that it launched the car into the air. I landed on the roof of the car, sliding into the opposite lane, straight into the truck. I was stuck in that vehicle for two and a half hours before the rescue team was able to come.

I was trapped between the dashboard and the engine which crushed my leg. Multiple injuries. I broke all my ribs, my sternum was broken exposing my heart, internal bleeding,





When I proposed elective amputation, my first orthopedic surgeon felt that it was the biggest mistake I could make. “More surgeries and then make a decision,” he said. I refused. I spoke with other people who went through fusions and different types of reconstructive surgery. They were in and out of hospital all the time and struggling with complications and infections. I had so much pain at that point, I was ready. The amputees who I spoke to gave me

a lot of confidence in the direction that I was about to go.

**thrive:** *Despite being very singularly focused on the amputation, you loved adventure and the risks that come with it. How did that impact your recovery and identity, and pathway forward as an amputee?*

**EREZ:** I love the question. It was an incredible journey. It was all about survival and recovery. It was a precision approach throughout my whole process. For me, it was like a military operation. I knew the discipline that was needed. But my life changed. It changed the way I would show up as a father. And I remember waking up and seeing no leg below the knee; that’s when I broke. That’s when I understood that if I keep fighting all the time, this will be a very difficult journey. I said it to myself, but I couldn’t act on it. What I did was exactly the opposite because I didn’t know how to really let go. I actually doubled down on my fighter identity. That’s when my ego really took a hit.

**thrive:** *Have you ever regretted the decision to amputate?*

**EREZ:** I had some complications after the surgery. It took about three

months to get a prosthesis fitted. I had a lot of skin issues and I suffered tremendously from phantom limb pain. I was warned ahead of time and I researched it. But, oh boy, when it came, that was the worst pain I’ve ever experienced in my life. It was horrific. I thought prior to the amputation I was in terrible pain. This was a whole different category of pain. I wouldn’t say that I questioned the decision because I knew there was a way to work with phantom limb pain.

I knew that there were no guarantees for a good recovery, or an easy recovery. But it changed my life for the better. It was the best decision for me that I’ve made.

**thrive:** *You’ve talked about experiencing the “darkest night of the soul” but you also say that that darkest night has the potential to be our greatest gift with the right tools. That’s probably hard for people to appreciate when they’re in those dark times. What are those tools and how did you find them?*

**EREZ:** For me there was a very powerful process of self discovery. I realized very quickly that it doesn’t matter how much I tried to manage what was going on, my mind could dictate my ability to participate in a healthier way and move through the process. That doesn’t mean that it resolves it immediately though.

With trauma, I believe a lot of our old patterns rise to the surface and manage our worldview, like what’s possible and what’s not. When we become victim-oriented, my God, this is a feast for the mind. That’s when you go down that dark night of the soul and it’s very difficult to come out of it. And I was in that horrible place, dark and hopeless. And those thoughts become belief systems which can run your life.

dislocated arm, broken leg in 17 places. It was a horrific accident. Surgeons initially thought to amputate above the knee, but they saved it. But, my ankle, which was crushed, became my nemesis.

I was in a wheelchair. The pain was unbearable on all fronts. That’s when I really had to contemplate my options? Surgeons wanted to try this and try that. And that’s when I started to understand that advocating for my own health is really important. I appreciated that what doctors recommend comes from their experience. But I wanted my life back.

**thrive:** *What kind of research did you do before deciding on an elective amputation?*

**EREZ:** It was about a year and a half of preparation. I took to learning how the body works, and how the mind works... it was almost PhD-level research... to understand what it means to live with an amputation. I interviewed a lot of amputees, active amputees, and I said, “Wow, if I even have 50 percent of their capabilities I’ll be a happy camper.” The openness from the community, and from prosthetists, allowed me to understand what day-to-day life looks like.





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*“It’s not about what happened to you; it’s how you deal with it. As amputees, we have to advocate for our own health. If we don’t, we limit our opportunities.”*

I owe a great debt of gratitude to neuroscience, spirituality and eastern methodologies around mindfulness for helping me understand that we all create a story in our mind and then we create a life to represent that story. I came to understand so well what is needed to recover properly... lifestyle habits, nutrition, sleep, stress management, relaxation. I chose to be very, very precise on those fronts. But that choice requires a transformation and that is something I accepted as a challenge.

**thrive:** *Resiliency. There’s a general understanding of the term, but you’ve modified it. I want to ask you what resiliency means to you?*

**EREZ:** The traditional definition of resilience is to bounce back, going back to the state that you were in before. If your thought pattern is to go back to where you were prior to crisis or trauma, you’re not going forward. I’m a student of life and I’m very curious about it, and when I started to dive deeper into the academic world of resilience I just couldn’t agree with academic research. When you think about resilience in life, how we develop it, and it as a skill set, it’s developed in the trenches, not by reading books.

There’s a process to develop it in a very powerful way that allows you to transform. That became my passion and my guiding light. I find that resilience is about bouncing forward, not bouncing back. It’s about self love and compassion and empathy more than anything else.

**thrive:** *Let’s wrap up with what you are doing now, professionally.*

**EREZ:** My career has changed several times since my accident and amputation. I’ve moved into more public speaking and training for corporations and for individuals. I offer a helpful resource called the Resilience Assessment. It’s complimentary. It gives an overall picture of where you are right now in four areas of life, including health and relationships. Then we can create a roadmap using systems and tools that I have developed.

I’ve also created an online course on Mirror Therapy for phantom limb pain from my personal experience. Mirror therapy can be an awkward therapy module. There just isn’t a lot of research to support it. No scientific explanation. With mirror therapy, essentially, the missing limb is hidden and the patient mimics what is seen and felt in the sound limb. Concentrating on the healthy limb, you mindfully mirror those thoughts toward your missing limb.

There are no guarantees. It may not work for everyone. It’s not a magic pill. But it has been proven to be a very powerful process that can at least alleviate some phantom limb pain. In my situation it eliminated it from a scale of nine to 10 all the time to almost zero. It’s not medical advice. It’s me personally sharing

how to do it. But I did work with a doctor and a physiotherapist to develop the course. It’s on Udemy. Just go to Udemy and search Mirror Therapy. For the resilience assessment go to my website [www.erezavramov.com](http://www.erezavramov.com).

**thrive:** *Any final words of wisdom?*

**EREZ:** Yeah. It’s a joy to share. I found that one of the biggest factors for success is reaching out and asking for help when you need it. It took me a while, but today I don’t hesitate. If I need help, I ask for it immediately. And it’s not about what happened to you; it’s how you deal with it. As amputees, we have to advocate for our own health. If we don’t, we limit our opportunities.

But we are all different and we all have our conditional ways of how we deal with the unexpected – there’s no right or wrong. There’s only a choice and we are the ones that make it. We are so much more than our physical bodies.



Photos courtesy of Erez Avramov



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# Motherhood

## Navigating Pregnancy and the Postpartum Period

**A new guide created by researchers from Barber Prosthetics Clinic and the University of Toronto, with funding provided by The War Amps, aims to help amputee moms prepare for pregnancy by planning ahead.**

Planning ahead starts with talking to your prosthetist early on to discuss your pregnancy and how it might impact your prosthesis use. Consulting with other healthcare professionals, such as your physiatrist, your oncologist (if you have one), or the healthcare team at the hospital where you'll give birth, is also beneficial. Assessing your support network is important too, discussing how they can help, whether that's with nighttime feedings, household tasks, or emotional support.





During pregnancy, common conditions such as residual limb volume change, fatigue and pain can impact the ability to use a prosthesis. Swelling and weight gain can lead to discomfort, pain, skin breakdown, and difficulty fitting into a prosthesis, often made worse by heat during summer pregnancies. Pregnancy also alters balance, raising the risk of falls. Taking extra precautions and using mobility aids, such as a cane, may help lessen these risks.

The guide offers in-depth advice from other amputee moms and professionals on a variety of topics from mobility and devices to prosthesis management, labour and delivery, caring for the baby, to mental health, and more.

Staying active during pregnancy is beneficial but can be limited by swelling or discomfort. Changes in mobility might necessitate the use of additional aids such as crutches or a wheelchair. Some women found a wheelchair to be beneficial in the later stages of pregnancy.

“Don’t be afraid to use different types of mobility devices that can help you,” offers one of the moms who participated in the research. “We have this stigma in the amputee world that you have to wear a prosthesis, and there are times when I do. But I have learned that there are times where I’m better in my [wheel]chair.”

Another mom advises: “Ask all the questions you need to ask... to whomever might be able to best help you, whether it’s your doctor, or maybe somebody who’s had kids and has the same amputation as you. Ask the questions to make you feel comfortable before or while you’re in the experience.”

The guide notes that prosthetic fit issues may necessitate regular visits with a prosthetist during pregnancy. If access to a clinic is limited, other options might include home management strategies like



wearing compression socks, adjusting sock thickness, and using ice or heat to help maintain fit and comfort during and after pregnancy.

The guide also addresses many changes and challenges associated with the first year postpartum and provides strategies to navigate this new phase. In the first few weeks after childbirth, it can be challenging to wear a prosthesis. Researchers propose options like renting or borrowing a wheelchair or walker, or even scooting on your bum or walking on your knees.

And after pregnancy, reversing prosthetic adjustments made during pregnancy might begin within the first three to six months. Postpartum, it can take six to 18 months for volume changes to stabilize.

Pregnancy can be an emotional rollercoaster too, and managing it as a lower limb amputee can add extra challenges. The guide’s creators are not mental health professionals but understand the importance of mental well-being and identify some strategies to help new moms navigate the mental and emotional aspects of pregnancy.

Women in the study found

mobility limitations to be among the most emotionally challenging parts of their pregnancies. The researchers emphasize the importance of finding low-impact alternatives to maintain mental and physical health which can help moms adjust and adapt.

A strong support network is invaluable during pregnancy. Emotional challenges can be significantly reduced with the right support. In addition to family and friends, health-care providers are key members of this team.

The guide also emphasizes the benefits of connecting with other amputee moms. Prosthetists or amputee organizations can make those connections. Social media can too.

And with respect to common mental health challenges such as anxiety and postpartum depression, the researchers recommend finding the mental health resources needed and advocating for your needs or having someone advocate for you.

To download the full 28-page complimentary guide to receive comprehensive information and support for your pregnancy journey with a prosthesis, go to <http://barberprosthetics.com/research/pregnancy>.

# Our Own Little Worlds

By Tony Korosak



***Hello thrive friends, it's golf-loving amputee Tony Korosak here again! As many readers already know, in 2023 I contracted cellulitis which turned into gangrene resulting in a below-the-knee left-leg amputation to save my life.***

I have another update to share on how life has been for me post-amputation. Like many people, I find myself checking out social media every so often and a few weeks ago I came across a video that confused me. The video was shot in a rehab facility and featured a non-amputee individual with two functioning legs who was wearing a special device that simulated an amputee walking. I must admit, I was a bit offended when I first watched it.

The individual having a “simulation” of what it’s like to walk with a prosthesis does not amount to what someone who has actually lost a limb experiences. They won’t feel the discomfort, phantom pain and the mental, emotional and physical complexities

that come with being an amputee. At the end of the simulation this individual can walk away on his two legs.

While I understand that it is nice to see people trying to understand what an amputee experiences, there must be a better way to educate and spread awareness for our community.

Throughout my almost-60-years on earth I’ve noticed that we tend to get consumed in our own little worlds. The hustle of our careers, trying to live our biggest and best life, the non-stop clock of raising a family... it happens to all of us. My amputation gave me no choice but to take a pause and look at the world around me. While I now move more slowly and have less of my

body, I feel that I am experiencing life more fully. While the world around me is running a marathon, I am walking at a pace that allows me to experience things more completely.

Here’s an example of what I mean. I was out driving and stopped at a stop sign when I saw someone fall who appeared to be unable to get up. As I looked around no one went over to help. People saw what had happened, and one man even yelled “someone should get some water” but continued to walk by without stopping to assist. I pulled over and got out of my car to help. As I approached the fallen individual, I noticed that he appeared to be homeless. When he looked at me, with the most



innocent expression he said, “Hey man, do you know you’re missing a leg?”

I have to admit, it made me chuckle. I was unable to help him up but I was able to flag down a passing police car to take over the situation. Sharing this story is not to highlight me but to bring attention to the sad lack of compassion I witnessed. Many are so stuck in their own little worlds and aren’t seeing the actual world around them. I wondered, ‘If I fell trying to help him, would anyone stop and help me?’

An update on my amputation. This summer I shared with my medical team that the heat caused a lot of volume changes in my limb – according to my team that seems to be the number one issue among leg amputees. Going out for even the shortest walk in this summer’s heat shrinks my limb quickly which makes it difficult to walk.

As a result, I have to use a cane for extra support and stability. I cannot stay outside for too long due to a sweaty socket and I wonder if my body will ever be able to handle this heat again.

In my last installment in *thrive magazine*, I shared some of my mental health challenges and how I am working through the grief, sadness, anxiety and depression that one who has had an amputation might experience. I’ve realized that it is not an easy journey, but I am taking steps to navigate all of these new challenges the best way I can as I adjust to life with limb loss. It takes time. It involves setting realistic goals and very importantly, learning to celebrate even small successes.

Recently someone asked me, “What is the perfect life?” I rephrased the question, ‘What do you define as perfect?’ Is there such a thing, I wonder? The

initial question brought me back to a childhood friend who wanted the “perfect life” which at the time involved being envied for money, travel, having the biggest house and fancy cars.

A fellow amputee shared that he and his wife had a life without financial worry prior to his amputation. However, after his amputation he began questioning “What is the life that you leave behind?” I understood what he was talking about. Most of us are conditioned to think about financial abundance.

But I am now seeing that when we actively work to be a better person, focus on giving and receiving, on acceptance and forgiveness, and leave our own little worlds to see people around us, maybe that’s when we start to truly live. I feel that a “perfect life” is one that is full of compassion, one in which I experience the world around me and connect with the people who share this planet with me.

Losing a limb has its challenges, physical and emotional, and how you treat yourself is important. Finding grace is an attitude. It may not come easily or quickly. Sharing my personal story and struggles always leaves me with thoughtful introspection and growth. My problems are not over but I am learning to be resilient, have faith and believe that the power of grace is around me in the darkest times.

Being open to the road ahead can be hard at times when faced with uncertainty. The urgency to control situations that are not of our choosing can present negative results. I look at my blessings... I’m alive and I get to experience the world with my family by my side. Amputation made me slow down, but I’ve learned to see each day as a blessing.

**Stay Well. Stay Healthy. @al3gup**



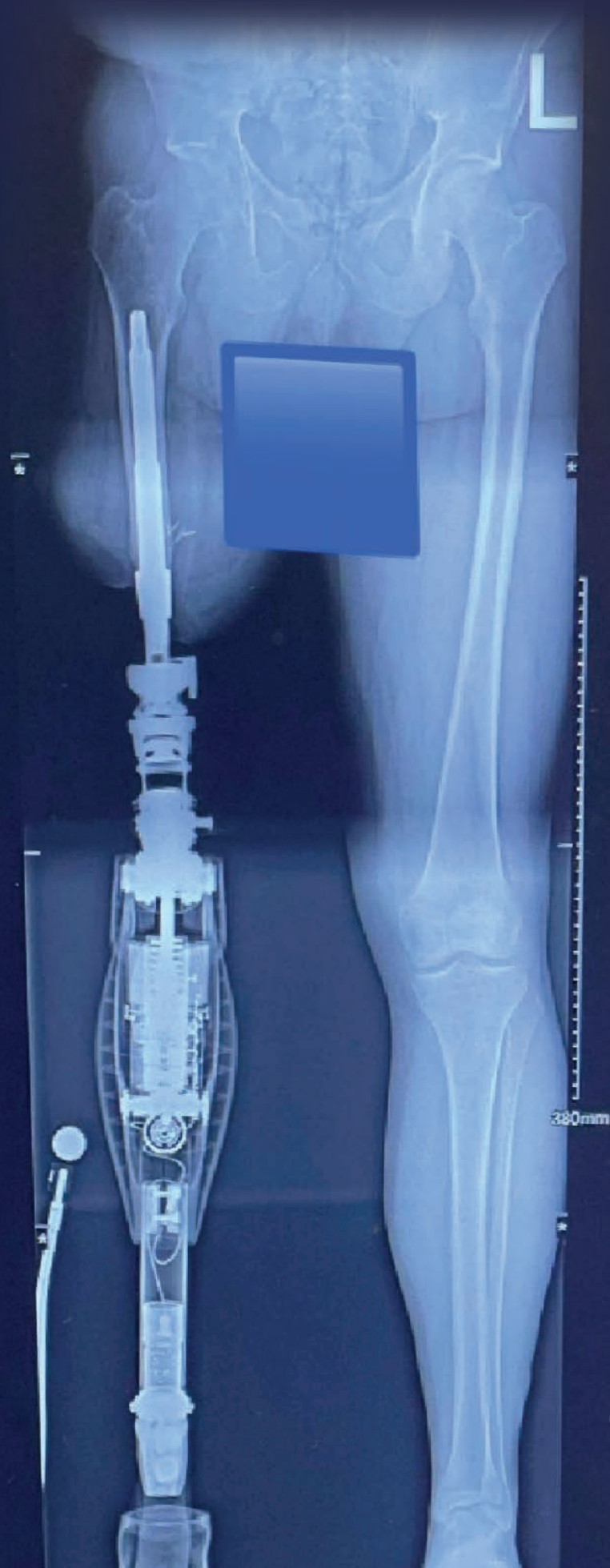
By Max Warfield

**In 2019, Pierre Desjardins was a 23-year-old registered veterinary technician in Sudbury, Ontario. He was going through battles with his health hitting one wall after another, making for some tough decisions. He was diagnosed with osteosarcoma. His cancer grew into a sizable tumour in his leg. He believed that he was getting a knee replacement, which escalated to an above-knee amputation. The next couple of years were filled with multiple socket trials (sub-ischial, Hi-Fi socket, ischial containment) without true comfort. Then doctors discovered a spot on his lung, followed by chemotherapy and terrible side-effects. Life was bleak.**

In 2023, Pierre is living in London, Ontario. He went back to school and was working in Human Resources. He was on the other side of chemotherapy, a veteran of many surgeries and doing much better, yet still struggling with his leg.

"I had a traditional prosthetic socket," Pierre tells, "tried different types, but for my level of activity it

# Osseointegration





# A NEW CONNECTION



just was not working. It was a lot of sweating, lots of chaffing, lots of blisters, even a bloody groin. I was not where I wanted to be with activity – you know, veterinary work, hiking and camping, the gym, stuff people in their twenties would be doing. I was told, ‘If you are in pain, take it off and take two or three days without your leg.’ Well, that just wasn’t feasible for me. I had things I needed to get done. That had gone on for about four years.”

Pierre wondered if there were any new options that would be a fit for him. “Healthcare choices can be intimidating,” he admits. “I joined amputee groups on Facebook, amputee this and amputee that, and you hear stories.” That’s how he heard about osseointegration.

The term ‘osseointegration’ was coined in the 1950s by Swedish professor Per-Invar Brånemark when he researched the capacity to integrate human bone with titanium metal. Its origins were in dental implants and the pioneering work of the University of Toronto’s dentistry professor George Zarb, trained by Brånemark.

Osseointegration is now an advanced reconstructive surgery technique for amputees. The

implant connects directly with the bone of the residual limb for the purpose of better body awareness and superior balance and gait.

The procedure inserts a titanium implant into the marrow space of the bone. The rod becomes integrated over time to become part of the bone. The other end of the implant extends through the soft tissue for direct attachment to the prosthetic device.

Osseointegration is said to offer recipients improved function and mobility without pinching, sweating, muscle weakness and skin irritation. Osseo bone-anchored prostheses can be implanted in the humerus (upper arm bone), radius or ulna (forearm bones), femur (thigh bone), or tibia (lower leg bone).



“My then-girlfriend, now wife, is an RN [Registered Nurse] and she started the osseo research for me,” Pierre continues. “I learned about Dr. Robert Turcotte in Montreal. I spoke with my prosthetist, asking about the steps to explore if this was an option for me and if it was covered by OHIP? Had it not been covered, I would not have followed through with it.”

Pierre’s prosthetist connected him with Dr. Dudek in Ottawa who was overseeing the osseo program that was emerging in Ontario for amputees. Dr. Dudek deemed that Pierre was a candidate. The program would begin the following year and Pierre was put on the list. “That’s when the ball really got rolling,” he remembers. “I wanted this, even if it meant that I’d be one of the first ones. I was done in 2024.”

Kirsten Woodend, PhD, emeritus professor of nursing at Trent University, flew to Australia for the implant in 2018, choosing to travel where osseointegration procedures were available at that time.



"I had a bad fracture that was not healing," shares Dr. Woodend. "I was weighing osseointegration against having a higher amputation, and osseo was the better choice. It gives my limb a longer length, which helps too."

Presently, Dr. Woodend is sourcing funding to research aspects of medicine that include making difficult healthcare decisions, and osseointegration self-management.

"We would like to develop an improved Patient Decision Aid that is scientifically based," Dr. Woodend explains. "What we need to do is partner with people who have had

in favour of osseointegration list benefits like better function (particularly for those with a short residual limb), restoring a sense of freedom and confidence (distant parking spaces and nighttime trips to the bathroom), improved comfort (sitting on a chair or toilet), pain-free long walks (increased daily step counts by 50-80%), better agility on uneven ground, a decrease in phantom pain, improved bone density, improved body alignment (less back pain from standing for long periods), no socket-related issues, increased strength, and better range of motion.

osseointegration and find out what they learned and where they got their information and what it is that they would have liked to know. Then they won't have to rely on social media and learn all sorts of weird things; they will have an evidence-based decision tool to work their way through that decision. I am a medical researcher, and I don't know how the average person without that privilege does it."

Those who have made the difficult decision

There are drawbacks too. Osseointegration can be cost prohibitive. There are rejection and infection risks – to the bone and the residual limb. There is a lifelong commitment to a twice-daily maintenance regimen of cleansing. Bacteria-filled environments like lakes and pools are off-limits. A periprosthetic fracture can occur around the implant. And there is a limit with respect to some forms of physical activity. The drawbacks are real but not unacceptably frequent or insurmountable.

Dr. Woodend, a Peterborough resident, reports that she got a bone infection after her osseo procedure in Australia and had follow-up visits with Dr. Turcotte and Dr. Dudek in Montreal and Ottawa respectively.

"Even though I have a chronic bone infection as a result of osseo, mine is still a happy story," she notes. "I start my morning with a good long walk – could not have done that without osseointegration. It is just wonderful to get out for a long walk; it helps me mentally, too. I'm out with my horses getting hay out of the barn, cleaning stalls, doing all of those things. I've been up to 14,000 steps in a day since my hip replacement, which was the opposite leg. I average 10,000 or so a day. I spend a lot of time at my desk, so I have to make a concerted effort! This says a lot about osseointegration – that I'm able to maintain this level of activity at my age," chuckles the septuagenarian.

She deliberated on the bone fracture issue but was confident in her decision. "There are a lot of fail-safes with it," she says. "For instance, I have a rotation adapter in my ankle that

***"I found that superficial infections are almost inevitable. I treat mine with antibiotics. There are challenges. But do I regret my decision? Not for a moment!"***

**– Kirsten Woodend, PhD**



***“I feel so much more independent. I am doing things that I never would have done with a socket. I can go for an hour-long walk with my dog. I can hike without pain.”***

**– Pierre Desjardins**

will rotate first. There are bushings with pins which will break if there is too much rotation. Another level of safety comes with a cone inside the implant that connects to the bushings that connects to the prosthesis and another two pins which will break if rotated too far. There are at least three levels of fail-safe that will prevent that rotational fracture.

“I’ve found that superficial infections are almost inevitable,” Dr. Woodend continues. “I treat mine with antibiotics. There are challenges. But do I regret my decision? Not for a moment! Now I don’t have to work through a socket to create movement. With osseo, your energy is more directly applied. Also, if you look at how the femur is aligned with the socket, it is more in line with your other leg. Before osseo, my leg had become very small. My muscle was small, but now my leg is every bit of the other. With osseointegration, I had the chance to develop the muscle. Sitting is easier. When I had a socket, people would

get used to me standing behind my chair during meetings because it was so uncomfortable.”

In St. Catharines, Peggy Humber was working with CAD (computer-aided design) and upholstery when she became an amputee from an accident. She tried sockets but suffered. “It was OK,” shares Peggy, “but it didn’t give me a lot of security and I suffered a lot. I didn’t have stability or surefootedness. I walked kind of diagonally rather than straight. Because my leg was so short, the socket pushed on my ischium and created pressure. I was a competitive bike racer before so I was used to some pressure, but this caused a lot of discomfort. My unorthodox walking was also causing a lot of back pain. I was arching my back to get around, and I knew I would eventually need a wheelchair.”

With only 23 cm of femur, and muscle on her back, quad and hamstring ripped away by her injury, Peggy decided to go to Australia

in 2016 for the osseo procedure. “My osseointegration procedure had no rejection or infection. Nothing. No issues at all. You have to be conscious of germs and take care of your stoma. I use water and a chlorhexidine wash, a solution that a surgeon uses before surgery. I buy it at my pharmacy. But you do have to be in tune with what’s going on with your stoma,” she acknowledges.

Peggy explains that she now walks from the center of her pelvis, more naturally. She has a micro-processor knee and adds that her alignment is more like what it’s supposed to be, and her back problems are gone. She enjoyed curling before losing her leg and has returned to the sport at the St. Catharines Golf & Country Club as a wheelchair curler. Her and her husband are also avid kayakers with frequent trips to Georgian Bay and as far away as Lake Superior and Baja, Mexico.

“I retrofitted my 17-foot kayak to fit me,” Peggy details. “But it is an activity that easily accommodates a prosthetic limb. I carry a triage kit with my chlorhexidine wash and always wash my leg right away. Everybody thinks this is a huge risk, but I remind them that I have been doing it for years. You simply have to be a responsible osseointegration user.”

Pierre also had a good experience. No rejection and no infection for the healthy 28-year-old patient. It was a year and a half from his first consultation to the surgery date and he took his first steps on his new leg just 17 days after receiving the implant.





He concedes that the surgery was painful and for the first few days he waded into some regrets, thinking, “What have I done?” But once his pain came under control, he rationalized: “Understandable, considering they just jammed a huge rod up into my femur.”

As far as walking on it, Pierre says there is absolutely no discomfort, no pain. “People ask me, ‘Because there is a big rod in your femur and you’re putting pressure on it, do you feel it pushing, pulling, putting pressure?’ I feel nothing. If I close my eyes and I walk, I feel nothing.”

Pierre has no regrets now. “I feel so much more independent. I am doing things that I never would have done with a socket. Now I can go for an hour-long walk with my dog. I can hike without pain. And every step is not so uncomfortable. A piece of plastic is not jamming me in

the groin. Four months after my surgery, we took our first trip to Cuba and I swam in the ocean. The salt water is very therapeutic for the wound; I recommend it.”

With respect to anxiety around breaking the bone that can accompany an osseointegration procedure, Pierre is not spending much time worrying about it. “High impact activities like skiing, running, skipping rope are discouraged – nothing high-impact that will push that rod deeper in. But stepping off a deck – that’s fine. It’s anything repetitive.”

He also uses a microprocessor knee, the Genium X3, and with the osseointegration and a brand-new leg he jokes that his “honey-do” list has doubled in size because his wife knows he can do a bunch more things than he could before osseo.

Pierre explains that he has a much better sense of where his leg is in space. “If I’m stepping on grass or on rocks, I feel that right

up through my femur and I feel the different textures.”

Osseointegration can be a new life, and is a new field for prosthetists too, a specialty. Peggy is appreciative of her Niagara-based prosthetic firm for understanding how different an osseo amputee’s needs are, and for sending one of its prosthetists to Australia to study under Stephan Laux and Dr. Munjed Al Muderis.

Pierre is his prosthetist’s only osseointegration recipient. “He thinks it’s cool and is eager to learn. My other prosthetist in Ottawa, the one who has been with me during my journey, educates other prosthetists about osseo. They need special toolkits for osseointegration. There are things that have to be done yearly on my pin. I was in Ottawa for my one-year check-up and I think they now have eight or nine other osseo amputees. The best thing anyone can do is to just educate yourself about osseointegration. Even if you think you wouldn’t go through with it, at least talk to your prosthetist about it. Get educated and then from there, make your own educated decision if it’s right for you.”

To learn more, visit  
<https://osseointegration.org>.

#### 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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# Pickleball

## IT'S A REALLY BIG DILL

By Brenda McCarthy

**Combine equipment that is typically associated with tennis, badminton and ping-pong, and throw in a plastic ball with holes and what do you get? You get a popular new sport that was actually invented in 1965 by three Washington dads to entertain their kids. Despite the name, the sport of pickleball has nothing to do with actual pickles, but “getting pickled” means losing a game without scoring a point.**

Pickleball is a great sport for amputees. It's highly accessible for players with lower or upper limb loss and enjoyable and inclusive for a wide range of abilities. Amputees can play on a prosthetic leg or in a wheelchair, and can compete alongside able-bodied players in mixed-ability settings.

The physical, mental, and social benefits are plentiful, and include improved balance, mobility, and community connection.

It's a great workout for the heart and lungs, boosts overall health, and improves strength and movement. It's a friendly sport, serving up a social outlet.

What's more, it normalizes limb loss by way of easy participation with and against non-amputee friends







and competitors. Many pickleball clubs offer open play sessions where disabled and non-disabled players can compete against each other.

That extends to amputees who use wheelchairs too, and in fact, some organizations offer wheelchair pickleball divisions. And in recreational games, modifications such as allowing two bounces for some players – wheelchair users or ambulatory alike – or using a foam ball make the game accessible for all. Pickleball is less about speed and power than about strategy and precision.

The game is played on a smaller court than tennis, and its popularity has surged due to its adaptability for various ages and fitness levels. And it's affordable. You don't need expensive specialized equipment, prosthetic or otherwise, to play pickleball. Beginner and intermediate players do just fine on an everyday prosthesis, although you might want to turn to a running blade if you get serious about taking your game to a highly competitive level.

There are a bunch of reasons for pickleball's sudden gain in popularity. It's a much lower impact activity than other racquet sports. The monetary investment needed to start playing is relatively low compared to other sports. Paddles and other equipment are fairly inexpensive and the sport is played at affordable venues like community and recreation centres rather than at private clubs only. And like tennis, pickleball

can be played both indoors and outdoors. Add to that, it's easy to learn.

The sport has become really popular among aging Canadians because it offers all the fun of tennis without all of the physical demands. Those same qualities make it a great option for amputees who want to stay active. And again, pickleball is known for being an inclusive sport that is welcoming of players of all ability levels.







# Prepping Your Prosthesis

**By Tanya Rabe**  
*Travel Consultant & Accessibility Specialist*  
*Right Foot Adventures*

**Traveling as an amputee is incredibly rewarding, but it comes with a few extra steps in the planning process. The good news? With the right preparation, you can set yourself up for a smoother, more comfortable journey.**

*Here are some ways to prepare before heading out on your next adventure:*

1

## **Schedule a Prosthetist “Tune-Up”**

**(my favourite tip)**

Before any big trip, book an appointment with your prosthetist. Think of it as a pre-travel checkup for your prosthesis. My prosthetist blows out the dust from my knee components before I travel — something small that makes a big difference.

Even if your limb feels fine, a tune-up ensures minor issues don’t turn into big problems while you’re away. Ask your prosthetist to check alignment, socket fit, and wear and tear on key parts. A little maintenance before travelling can save a lot of stress later.





2

## Record Adjustment Tutorials on Your Phone

Here's a tip that offers peace of mind: when your prosthetist makes minor adjustments — like turning your foot out, tightening your arm straps, adjusting swing phase, or fine-tuning alignment — record the process on your phone. Having a video means that you'll know exactly what to do if something feels off during your trip. It's far easier to follow a quick demo than to recall instructions when you're tired or stressed.



3

## Ask for Local Prosthetist Contacts

Another smart step is to ask your prosthetist for a list of colleagues in the city or country you'll be visiting. Many belong to international networks and can connect you with trusted practitioners abroad. If something unexpected happens — a broken component or socket issue — you'll know where to turn instead of scrambling to find help.



5

## Listen to Your Body on the Road

Preparation doesn't stop once you're packed. Travel days can be long and demanding. Heat, swelling, or a lot of walking might lead to skin irritation or socket discomfort. Bring along whatever helps you manage those challenges — whether it's an extra liner, pain relief medication, or simply building downtime into your itinerary.



4

## Create an Amputee-Specific Packing List

We all make packing lists, but amputees need to take our lists one step further. Beyond clothes and toiletries, think about your prosthetic care routine and what you rely on daily.

Some essentials to consider...

- **Tools:** Allan key, small screwdriver, duct tape (a lifesaver for quick fixes).
- **Skin care:** Salve, anti-chafing products, antibiotic cream, moisturizer.
- **Prosthetic supplies:** Extra liners, socks, sleeves, and anything you use regularly.
- **Tech gear:** Chargers, plug adapters, spare batteries, or power packs for powered components.



Keep the most important items in your carry-on in case your luggage gets delayed.

## FINAL THOUGHT

Travel as an amputee is possible — and incredibly rewarding — but it does require thoughtful preparation. From a prosthetist tune-up to packing the right tools, each step you take before leaving home helps build confidence and peace of mind. With the right planning, you'll spend less time worrying about your prosthesis and more time enjoying the adventure.

**Do you have a travel story, question, or tips that you'd like to share? Send me an email: [tanya@rightfootadventures.ca](mailto:tanya@rightfootadventures.ca). Looking for accessible destinations? Visit [www.rightfootadventures.ca](http://www.rightfootadventures.ca).**

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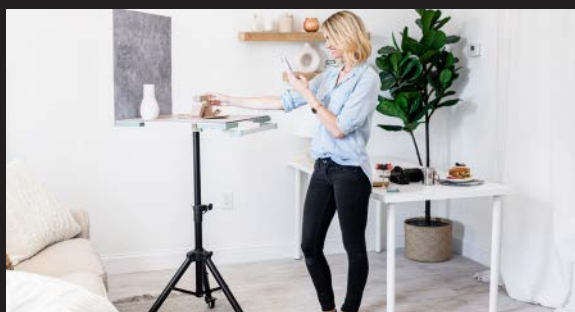
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FINAL WORD

*“The most  
beautiful thing  
you can wear  
is confidence.”*

– Blake Lively





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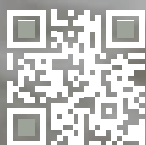
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