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Living Well
with Limb Loss

ISSUE #34

Angie Sandow

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for the Sound Side

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Angie Sandow

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Overuse Injury Prevention

For the Sound Side

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WELCOME

I love to travel. I love adventure travel. And most trips begin with an adventure... that being airline travel itself. "Airline travel is easy for people with disabilities," said no one with a disability ever... well, certainly no one with a disability that I know.



Being a double arm amputee, with aluminum hands, it all starts with the kiosks at check-in. Not a chance. Those screens refuse to recognize my hands as something that could possibly be part of a human appendage. And so, the search for help begins. I have no problem asking for help, but I don't need a lesson in how the screen works, which is predictably how the session begins. I need the assistant's fingers to do the work which often calls for a demonstration first. "Watch." Tap, tap, tap. "See what I mean."

As our accessible travel expert Tanya Rabe points out in her "Cleared for Takeoff" article in this issue, seat selection is important. Meant mostly for wheelchair and mobility aid users, it's critical for me too. Operating two prosthetic hands and elbows requires space. Room to operate and airline seating conflict. The best that I can do is ensure that I have an aisle seat for a little more space – to the chagrin of my wife who, by default, takes the middle seat for the team.

Once settled into my aisle seat, flight attendants are generally quite sensible. But, sometimes, there's one who just doesn't get it. Like just recently. With the beverage cart nudged up right beside me, and a quick exchange of pleasantries with the attendant, I requested the pretzels over the cookies. With absolutely no room to reach out to collect my snack, my wife intrinsically grabs them for me. And with that, the attendant looked to my wife and asked her, "And what would he like to drink?" And so, the adventure continues.

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.

thrive Living Well with Limb Loss

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thrive magazine is published three times a year by
DT Publishing Group, Inc.

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All material submitted to the magazine becomes the property of *thrive magazine*.

Canadian Postmaster: Please send address changes to *thrive magazine*, P.O. Box 327, Stn. Main, Grimsby, ON L3M 4G5.

U.S. Postmaster: Please send address changes to *thrive magazine*, P.O. Box 2660, Niagara Falls, NY 14302-2660.

Subscriptions: 1-year (4 issues) is \$18.00 (orders outside of Canada and the U.S. add \$12.00 U.S.).

2-year (8 issues) is \$30.00 (orders outside of Canada and the U.S. add \$24.00 U.S.).

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Canada

Funded by the Government of Canada.

Publications Mail Registration #10293
Canadian Mail Agreement #40069170
Printed in Canada

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GETTING AN EARLY START



It's widely accepted that children who are fitted at a young age accept a prosthesis more readily. Infants and young children can benefit from early prosthetic fittings in several ways, particularly with balance when learning to sit up and starting to crawl. Getting used to its weight and feel helps ready them for later fittings. And in the case of two-year-old Tommy Darrach, a prosthetic arm can perform simple functions early on, like holding a toy.

The Prince Edward Island toddler was born without his left hand and forearm and is learning to use his new limb, which he received with help from The War Amps. Enrolled in The War Amps Child Amputee (CHAMP) Program, Tommy is eligible for financial assistance for prosthetic limbs and devices, as well as peer support, as he grows.

"Our son is only two but knowing that we have this program to lean on will be such a game changer for him," says Tommy's mom, Ashley. "We feel so supported and grateful to be a part of the CHAMP Program!"

The CHAMP Program was created in 1975 by war amputee veterans to benefit children across Canada living with limb loss. The legacy of "amputees helping amputees" remains a hallmark of the program.

Learn more at waramps.ca.

NATIONAL O&P DAY



National Orthotics and Prosthetics Day (NOPD) was established to celebrate and recognize the incredible impact of orthotic and prosthetic professionals across Canada. An initiative of Orthotics Prosthetics Canada, this year's theme is "More Than a Device." Share how your practitioner or device has positively impacted your life on Instagram... tag @opcanada_official with hashtags #NationalOPDay and #LifeWithMyDevice or submit a video at opcanada.ca/page/NOPD.

Join the NOPD virtual celebration on September 18th on Zoom. Everyone is welcome! Register at the same url above.

ENERGY CONSUMPTION

A certified peer support visitor with the Amputee Coalition of Canada, Brett Bourne created a private, peer support group on Facebook called Re-Connect Manitoba. While Bourne and his fellow peer visitors in the group do not claim to know everything, they do like to explore things that are misunderstood about living with limb loss.

One recent topic shared on the group page centered on something that Bourne didn't expect after becoming an amputee which is, how much more energy it takes to walk compared to people with two natural limbs.

Bourne offered a rough idea based on amputation level: Below-knee (transtibial) – 25 to 40% more energy; above-knee (transfemoral) – 40 to 75% more energy; and bilateral above-knee – up to 300% more energy. "And that's on level ground," he emphasized. "Things like uneven terrain, hills, prosthetic weight, and residual limb length can make a big difference." He shared with his group that sometimes walking slower is more about managing energy for the whole day than not being able to walk faster. "So, take a break or choose the elevator for good reason," he advises.



Photo courtesy of Canadian Paralympic Committee

Canadian medal winners Chloe Dunbar (left) and Sheriauna Haase (middle).

AMPUTEE SPRINTERS

Top Podium Together

Sheriauna Haase and Chloe Dunbar both had breakout performances in their first Commonwealth Games. Finishing 1-2 in the women's T47 100-metre track event for arm amputee sprinters, Toronto's Haase claimed gold with a Canadian record time of 12.23 seconds. Brooklyn, Nova Scotia's Dunbar raced to a new personal best time to grab silver, crossing the line in a time of 12.33 seconds.

The Glasgow 2026 Commonwealth Games brought together athletes from across the Commonwealth to compete in 10 sports and six parasports. The Commonwealth Games is the first, and only, international games to integrate a parasport program with full medal status.

"I'm so grateful to have won gold," Haase said. "I can't believe that it's around my neck." Said Dunbar, "... to do it with Sheriauna makes it so special. I used to run with my prosthetic [device] because I was nervous of what people would think. Then I saw Sheriauna running without her arm and being confident with who she was. That has made me the person I am today."

CANADIAN Limb Loss Registry

Canada currently lacks a national registry of individuals with limb loss and limb difference (LLD). Without national data collection, it is difficult to understand regional differences in care, including prosthetic interventions and rehabilitation. A team of Canadian researchers have gathered insights from the LLD community about creating a Canadian LLD registry to improve research, healthcare delivery, and advocacy.

While challenges regarding privacy, infrastructure, and sustainability still need to be addressed, the group agreed on a strategy to start planning a registry. A Canadian registry would support advocacy efforts, enhance clinical care, encourage collaborative research, and provide essential data about care nationwide to ensure that the health and social care needs of the LLD community are met. Work is continuing to create and fund a Canadian LLD registry.



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The Life I Didn't Choose

is the Life that Shaped Me

By Andrew Haley, MBA, MA, PLY



The moment that changed my life happened when I was just six – an age far too young to think about the future or imagine who I might become. At that age, you don't picture careers or dreams or the life ahead of you. You just live. You play. You exist in the moment. And then without warning, everything changed.

Everything that I knew about myself, everything I assumed about my life, shifted in a way that I couldn't understand. I didn't have the language for it. I didn't have the perspective. I just knew that life was suddenly different.

I didn't grow up imagining that I would become a swimmer. I didn't have visions of international competitions. Swimming wasn't a dream – it wasn't even an idea. It became part of my life only because my disability forced me to find a new way forward.

The pool wasn't a plan. It was a lifeline. It was the one place where I didn't feel limited, where I didn't feel defined by what I had lost. In the water, I could move again. I could breathe again. I could begin to rebuild a version of myself I hadn't met yet. I didn't choose swimming because I wanted to be an athlete. I chose it because I needed a place to heal. And in that healing, I found a path that shaped my future, my identity, and eventually, my legacy.

Loss changes you. It forces you to confront questions that you never thought you'd have to ask. It strips away the version of yourself you were comfortable

with and leaves you standing in front of a blank page. And in that moment, the question that matters most is simple: "What now?" Not "Why me?" Not "What could have been." Just, "What now?"

That question is the beginning of becoming someone new. It's the moment that you stop trying to be who you were and start figuring out who you're becoming.

People often think legacy is built through achievement – medals, titles, awards, recognition. But legacy begins much earlier, in the quiet moments when you're forced to adapt.

Adaptation is not glamorous. It's not celebrated. It's not posted online. Adaptation is the moment when everything shifts and you have to figure out what comes next. It's when life doesn't look like the way you expected. It's when you have to become someone you weren't prepared to be.

Nelson Mandela once said, "I never lose. I either win or learn." Adaptation is the learning. For me, adaptation meant rebuilding my identity from the ground up. It meant learning to stand again – literally

"Recovery is where you rebuild your footing and your confidence. It's where you learn that strength isn't the absence of struggle – it's the decision to rise anyway."



and figuratively. It meant accepting that my story wasn't going to look like the one I had imagined.

Recovery isn't pretending that you're fine. Recovery is learning to stand again. It's slow, messy and humbling. Recovery is where you rebuild your footing and your confidence. It's where you learn that strength isn't the absence of struggle – it's the decision to rise anyway. Recovery teaches you the values that shape your character: humility, perseverance, courage, clarity. Recovery is where you meet the real version of yourself – the one who rises slowly, rebuilds quietly, and keeps going even when no one is watching.

Recommitment is where the story shifts from survival to intention. It's the moment that you decide: "This is who I am now. This is the life I'm building. This is the legacy I'm choosing."

For me, recommitment meant embracing a new identity – not just as an athlete, but as a leader – now someone who could turn personal adversity

into collective strength. It meant understanding that legacy isn't built through perfection. It's built through alignment – choosing actions that reflect values and purpose.

Legacy is built in the choices that no one sees. It's built when you show up even though you're tired. It's built when you choose integrity over convenience. It's built in the conversations where you listen instead of defend. It's built in the decisions where you choose courage instead of comfort.

Legacy is not a highlight reel. It isn't what people remember about your achievements. Legacy is what people remember about you.

Your legacy is being shaped right now. Not someday. Not eventually. Today. In the choices you make, the way you respond to the moments you didn't choose. The moment that changed my life at six didn't define me. How I responded to it did. What moment in your life shaped who you're becoming today?

About the Author

Above-knee amputee Andrew Haley is a Paralympic gold medal-winning swimmer and a world champion. An internationally-recognized keynote speaker, he inspires action through powerful stories of resilience and adaptability to help leaders and teams embrace change, overcome adversity, and perform at their best. To learn more visit: Andrewhaley.ca.



Feeling Stuck

Is Not Prosthetic Progress

By Lynn DeCola, CPO



Not every challenge after amputation is obvious. And not every situation improves just by waiting it out or getting used to it. This I know from lived-experience as an amputee, clinician, and amputee coach. Each situation is different but there are common experiences that we all go through at different points in our journey. Here are some examples.

- You're waiting on insurance approval, or a device or socket replacement, but you don't want to "bother" your prosthetist to get the status.
- You need an adjustment and you're in pain or uncomfortable, but it's difficult to get an appointment.
- You keep getting prosthetic adjustments, but nothing is improving.
- You're told that you're a "difficult fit" but how do you get a second opinion?
- You're experiencing chronic socket discomfort that is affecting your ability to wear it.
- Your prosthesis feels heavy.
- You're experiencing balance issues, falls or a fear of falling.
- Your prosthesis is sitting in the corner or in the closet.
- You find yourself being compared to other amputees and their progress.

- You feel like you are not being seen or heard by your prosthetist.
- You feel that you might hurt your prosthetist's feelings by being honest about the device or the care.

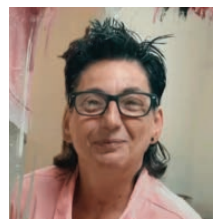
These situations can leave you feeling frustrated, confused, and questioning yourself. Prosthetic care is a process and not everything goes perfectly. Sockets don't always fit the first time. Alignment adjustments are often needed. Scheduling can be difficult, and providers are busy.

But there is a difference between process and feeling stuck. If you're not making progress, not comfortable, feeling unheard, or your mental health and quality of life are being affected, it's worth reaching out to your practitioner or an advocate to find out why. Sometimes it's just about understanding what actually is going on.

I hope you're having a good leg day. If not, it might be worth taking a closer look at why.

About the Author

Lynn DeCola, CPO, is an above-knee amputee with over 30 years of personal and professional experience in prosthetics and amputee care. An Amputee Coach and Mental Health First Aider, she hosts the Amputees Preparing Amputees for Life group. Learn more at lifelongprosthetics.com.





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DON'T
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Angie Sandow

Born Different. Built STRONG.

By Jeff Tiessen, PLY

Born with limb difference and a breast cancer survivor, Angie Sandow is a professional speaker and humourist who captivates audiences of all ages. With a powerful story of resilience, she turns life's curveballs into laugh-out-loud stories that inspire to live boldly, try new things, and never let labels define you.

Finding strength in adversity, and in her love for music, football and motorcycles, she's a big proponent of "getting out of our comfort zones", emphasizing that "accountability resides within." She's also a singer, songwriter and shreds on guitar in her band Lefty and the Goons.

Angie has never been short on retorts. When Toronto's Newstalk 1010 radio show host Jerry Agar asked his listeners the thought-provoking question "What life-changing event changed the direction of your life?" Angie's answer was instant. "A breast cancer diagnosis. It forced me to stop waiting."

For years, she had wanted a motorcycle. Like many people, she kept putting it off. There was always a reason. Work. Timing. Life. The "right day" would come eventually. "Then cancer arrived and taught me something important," she explains. "The right day isn't guaranteed."

So, she stopped waiting. She got the motorcycle. "At 50, I went through a radical mastectomy, chemo, and was exposed to more medical terms than anyone should have to memorize," she shares. Somewhere in the middle of that storm Angie decided that life was too short to wait for the "right moment" and learned to ride a motorcycle with one hand. "I had been playing guitar using a prosthetic device since I was a pre-teen, so it was time to add something new."

Angie was born with Poland Syndrome, a rare congenital condition which resulted in the right side of her upper torso being underdeveloped. No pectoral muscle, a smaller shoulder, a limb difference – missing a hand and a wrist essentially – just to name a few of her physical disparities. "My right eye drifts," she adds. "It just never got the memo to catch up with the rest of me," she laughs.

Angie learned early that people often judge what they don't understand. She grew up navigating a world that often focused on what she couldn't do rather than what she could. She knows firsthand what it feels like to be judged, bullied, excluded, underestimated, and told what is or isn't possible. Rather than allowing those experiences to define her, Angie used them to build resilience, determination, empathy, confidence, and a sense of humour that would carry her through life's next challenges. Yet, life continues to test those lessons.

Shortly after taking to the road, *The Globe and Mail* published a story about how she rides a motorcycle with one hand which generated some reader sentiments. One comment stuck with her, not because it was cruel or meant to discourage. "It was an honest opinion, and I don't think the individual had any malicious intent," she reasons.

“But it did illustrate what judgment looks like.”

The comment questioned whether Angie could safely stop a motorcycle; whether she could be insured and whether anyone had really thought this through. “All fair concerns... if you don’t know the full story,” she concedes.

The comment began: “While I admire this remarkable woman for her tenacity and bravery, I fear this will end badly for her and others in the community as well.” The commenter continued, “There is no way this person would have passed her driving test if it had been done properly... I wonder how on earth she is possibly going to obtain the insurance.”

Angie’s response to it? “The truth is, the comment wasn’t really about motorcycles at all. It was about how quickly we judge when something looks unfamiliar.”

The lesson? “We should never let others’ judgments or doubts determine what is possible for us. People will always have opinions, but if I had listened to the people who thought I couldn’t ride a motorcycle, play guitar, or pursue my dreams, my life would look very different today. Don’t let someone else’s perception of you become your reality. Ability is more than what people see.”

Labels came early for Angie. As a girl growing up in the ’60s, she was called a tomboy for playing hockey and tackle football by some, and a “freak” by others. “I never liked labels – unless they were on a good rock album,” she jokes. “I learned how to prove people wrong... repeatedly. Nothing fueled me more than showing them otherwise.”

She wasn’t raised as being different, always encouraged to



Angie’s stories led to an award-winning documentary, *ANGIE: Tales of Determination*, and her book *From Chemo to Throttle*. The documentary and book are what led to her speaking engagements.

One of those stories harkens back to elementary school. When softball was introduced in gym class, Angie’s teacher told her that she couldn’t catch and couldn’t partic-

ipate despite Angie’s argument that she played hardball with her dad in the backyard. “When my dad heard about that, he set her right. But it was experiences like that that would just drive me nuts and one of the reasons why I would hide my arm. Another reason was that I got so sick and tired of, ‘Hey kid, what’s wrong with you?’”

But her response to personal questions about her limb difference evolved as she aged, prompted particularly by an encounter while performing in her AC DC tribute band. Her band was doing a charity gig for Toronto’s Sick Kids Hospital. Angie uses a small, almost indistinguishable, prosthetic device that holds her guitar pick. “There was a little guy standing with his father, and I heard him shout, ‘Look at her little hand. Look at her little hand dad.’ The kid was beaming. When we took a break, his dad

go out and get it done and reach for the stars. But growing up, girls didn’t play hockey; they didn’t play football. To play those sports, she had to play with the boys. “I would go to local rinks in my full goalie gear, mask included, and say that my name was Angelo,” she tells. “I would tend to hide my arm behind me or I’d fold my arms because I didn’t want to be rejected. Nobody noticed my right side even though my arm was shorter. People see what they want to see.”

Before becoming a full-time professional speaker, Angie spent 35 years in the corporate world and proved that “the best leaders hire with their ears, not just their eyes – by listening to people’s potential instead of judging their cover page.” It was observations like this, and a lifetime of answering to her difference, that built a healthy repository of storytelling material for Angie.

“Some people collect stamps, spoons, or even motorcycles,” she starts. “I collect stories – the kind you don’t expect to live through, let alone laugh about. My life has been a master-class in overcoming adversity with grit and laughter.”



"Age and difference don't limit us – they give us better material."



told me that that's the first time his son had smiled in a long time. Hearing that gave me some new perspective, and I became more comfortable sharing a little bit about my arm."

Angie understands that she's part of a very special club that no one ever hopes to join. "There's nothing I could do about my cancer diagnosis either, but 'what am I going to do with it?' is what I came to. I approached the diagnosis as another chapter. To this day, I know that it has really helped me be more empathetic to others and their situations, more understanding and patient. Cancer helped me really grasp onto how fragile life is." And she tried to find humour in it.

"Life can get very serious, especially in today's world," she professes. "It seems like we're surrounded by negativity. It's easy to be negative, right? It's hard sometimes to be positive. That's why I try to put humour into my story. Of course, there are things that we've been through that aren't so funny, but so many of the strange things people say to us can be."

Angie jumps to a card game story to make her point. "It's my turn to shuffle and a woman takes the cards from me and says, 'It's okay, I'll shuffle for you.' I take them back. 'No, it's okay,' I say. 'I can shuffle the cards', and I hear 'Are you sure?' I'm thinking, 'I've been doing this for 50-some-odd-years... yes, I'm sure', but I keep my mouth

shut and keep smiling. Someone else chimes in with, 'You know, somebody in my family has deformed fingers and they can shuffle cards too. It amazes me.' Really? Now, I'm just laughing in my head and wanting nothing more to win the hand so I can move to the next table."

While Angie tries to find humour in those encounters and attitudes, she's quick to emphasize that we need to be accountable in how we receive them. "It's what we do with them and how we respond to them," she often reminds herself. "I'm still a work in progress with this. I still get really upset sometimes when I'm judged on what I can and can't do."

"So, through my speaking I hope that by sharing some of my tales and everything, I encourage people to get out and do whatever it is, ride their motorcycle, you know, write their own story. And I think that being social is one of the most important things that you can do to help yourself and your mental health."

Angie acknowledges that she's been pretty hard on herself her entire life, and finding humour in uncomfortable or embarrassing sit-



uations helps to soften feelings and demands. "I'm now giving myself permission to get down as long as I pick myself back up. Humour is a great pick-me-up," she reiterates. "And taking a step backwards sometimes is not failure, especially as my body ages. I don't see it as being a failure anymore. It's about being accountable for how I handle things that come my way."

And with that, Angie punctuates her story with a question for others: What's one time in your life when you overcame adversity and proved someone wrong – including yourself? And maybe more importantly: What are you still waiting for?

To hear more from Angie Sandow, listen to her guest episode on thrive's Life and Limb podcast at <https://thrivemag.ca/podcasts/episodes> or visit her website at laughswithangie.com.

Making Mental Notes

Journaling for Better Health

By Max Warfield



Jotting down your thoughts on a piece of paper or in a digital space sounds simplistic. But written language is powerful and complex. For amputees who feel like the world is too chaotic, or are on a journey of healing from trauma, a confirmed method for dealing with intense emotions is to find a healthy way to express yourself.



Taking the time to become acquainted with journaling as a mental health tool is free and can be done on your schedule. Its benefits are proven by science, yet it does have pitfalls that are to be respected.

In an exclusive interview with *thrive magazine*, Alexandra Froese, M.Ed., a Registered Psychologist at Horizon Psychology & Counseling Services in Saskatoon, shared her experience and expertise around journaling for improved mental health.

thrive: *People journal for all kinds of reasons, but at the core of it, why do we journal our thoughts and experiences?*

Froese: It is fascinating that we have this ability to create stories. We are storytellers. Sometimes we share our everyday stories with others, and other times, the story is only in our own mind. We have an internal dialogue. An ongoing commentary that we might not even know how to tell ourselves. Journaling has to do with understanding our world, and ultimately, who we are as humans. And it has to do with creating an experience of safety.

thrive: *Is there a “best way” to journal?*

Froese: The medium – the ‘how’ – can differ. Some people find it helpful just noting stand-alone words. Some like complete sentences and some find it helpful to just do bullet points. For some people it is doodling

or drawing – more of a mind-map of what is going on, using graphics to sort things out. It differs... just like the way we make decisions. When we journal, we’re making decisions. We might be drawing circles to find relationships between various concepts or ideas. Some people like to do video recordings; some like audio recordings. You don’t need beautiful handwriting or perfect grammar to write something profound. It’s important to lower those expectations. And ask, “Does this feel safe and useful for me?” It might be most useful to start journaling with a mental health professional, especially if journaling is not a prior experience.

thrive: *Let’s talk about the benefits. How is journaling good for our mental health?*

Froese: Research tells us it helps. It provides increased emotional awareness, because we turn our attention to our thought patterns, our body sensations and emotions. Then what happens is the person can

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better understand their needs. Such as, “I feel anxiety” which means “I need more safety or I need more clarity in my life.” Then there is more opportunity for action. It gives us the chance to act, the freedom to act.

thrive: *Writing thoughts down sounds easy, but choosing what to write might be difficult, right?*

Froese: One of the challenges with journaling is getting started. Ultimately, journaling is the practice of bringing our mindful attention to what already is within our lives.



We have a default mode in our brain that is constantly in action even when we are not focusing on a specific task. It is also described as mind-wandering.

We might be reflecting on ourselves, we might be remembering the past or considering the future – that’s

part of our default mode network brain. We are solving problems all of the time. This is what we do when we ruminate. When we journal, we become still and break from that activated default mode, that rumination, and we move into mindfulness and intentional regulation of our life. So, journaling is a mindfulness activity. It brings attention to stories, memories, emotions, and problems that are coming forth. It’s an opportunity to name things the way they are, to explore how we want to respond to them, and reflect on our values. “What do I care about?” “What is the life that I want to live?” “Who do I want to be within these circumstances?”

But with that, sitting down to start a journal can be very difficult. We may be aware that we carry a lot within ourselves. We may feel like there’s so much inside... so many thoughts and feelings. Turning towards that can be difficult. And there is no instant joy that comes out of it. Or clarity. We need to walk through the messiness of a subject. That can be quite overwhelming at times. If it becomes too overwhelming, a mental health professional can help you tend to it.

thrive: *When you advise patients to journal, what do you suggest to begin?*

Froese: Generally, we use three approaches in my practice. One is journaling focused on values. Reflecting on our values... understanding what those values are, and learning the actions that express those values in our lives. For example, “What are some of the things that could be worthwhile to try with my life based on the values that I have?” The journaling approach, in psychology, is acceptance and commitment therapy.

Second is a gratitude journal. It is well researched. It is focused on balancing the activity bias in our minds. Our tendency is to look for threats, to be “better safe than sorry.” It’s easier to be negative about the future. The gratitude journal is the contrary to that bias in our minds. And for that reason, it may be difficult for some. People sometimes say that it feels inauthentic or it’s a forced positive. But in reality, we need that. We need balance with our dread response system.

Gratitude journaling is more structured, with prompts to help us notice the things we love and appreciate. That’s the beautiful part about it. We become more present, not only with suffering, but with things that are beautiful and good in the world which can be hard sometimes. Gratitude moments can ground and soothe, arriving as a structured calm. It’s very different from expressive writing.

The third approach is self-compassion journaling. We focus not only on the mindful aspect with what is going on in life, acknowledging the suffering and the pain, but also connecting with the common humanity of suffering. It creates a sense of what struggle feels like for other people too. A sense of, “I’m not alone.”

Those three approaches offer the structure and prompts to start integrating journaling into a routine, whether it’s making reflection a part of your mornings or evenings or a Sunday night before the new week or with the beginning of a new season. There really isn’t a right way. It is what’s comfortable, what’s acceptable, what’s sustainable over time. The “how often” varies on what works, and how useful it is.

For the full article, which addresses privacy worries and offers other cautionary notes, go to thrivemag.ca/resource-library/health-activity or scan the QR code.



About the Author

Max Warfield is *thrive magazine*’s lead feature writer, an author of numerous novels and investigative essays. Always eager to dig deep into his assignments, he excels at exploring real-world problems and solutions and how they impact the amputee community.



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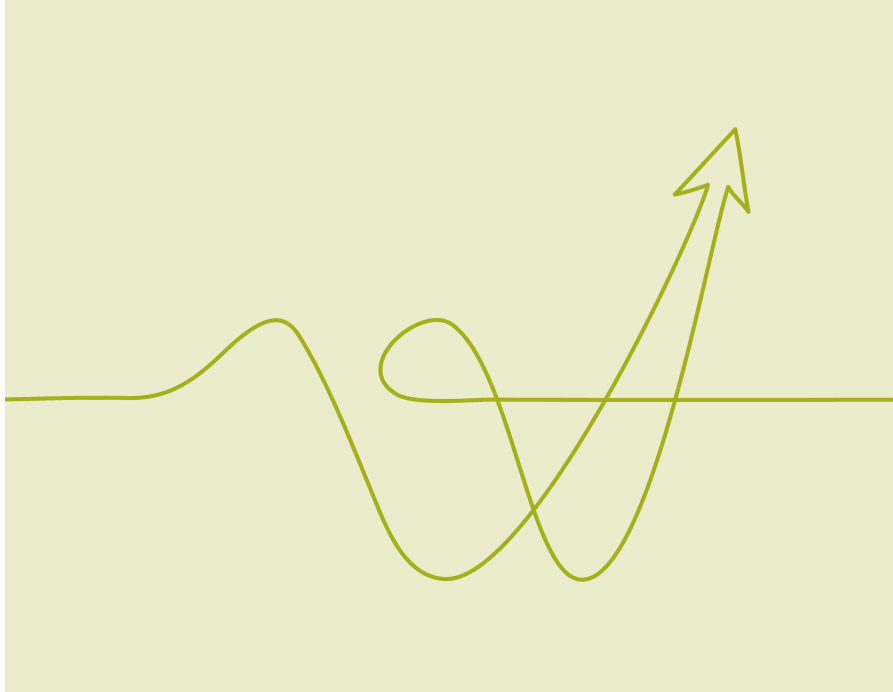


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Reminders

for Everyday Restarts

By Tony Korosak



Being an amputee, there are days when nothing about it is easy. It takes strength to keep going and live a life not determined by your amputation. Currently, I am experiencing one of those times that calls on every bit of my might.

A few months ago I began to feel pain in my stump. I shared this with my prosthetic team. Ultimately, an ultrasound uncovered a neuroma the size of a toonie.

A neuroma is a painful bulb of tangled nerves that form inside the limb after an amputation. The severed nerves are still alive and with nothing to connect to, end up forming a mass which causes a lot of discomfort.

After discussions with my doctor, it was decided that a series of injections might break up the neuroma in hopes of avoiding surgery. The multiple injections each week are quite painful too, but as someone who is still looking forward to getting on the golf course this season I'm hoping that they work.

Walking has become painful, so my outings are mostly limited to medical appointments. Most days I am on the sofa with my prosthesis off and stump elevated. So, to make things easier for myself I try to always plan ahead... my "Tony's Tasks" list, reminders of things that make life a bit easier for myself and others around me.

Such as, when entering an establishment I pan the

room for an aisle seat to ensure that I have the option to stretch my leg or stand up if I'm uncomfortable. I try to keep a safe distance from others when I'm out to avoid someone bumping into me and losing my balance. And, before leaving the house, I double check my equipment kit – pump, cane, extra liner and towel for sweat.

Yet, while there are challenges, there are always uplifting experiences to be found on those not-so-great days. Meeting other amputees and sharing experiences has been so helpful in my everyday healing. And there's always this... great parking with my permit.

The road to recovery takes time. Some days I feel like I'm getting my rhythm back and then suddenly there's a plot twist. But every time that I hit a roadblock I think about how far I've come.

If you are in the midst of a setback and needing a restart, understand that it may take time but there is a path to find your way back once more, as you've done before.

Stay Well. Stay Healthy. @algup

About the Author

Before becoming an amputee in 2023, Tony Korosak had successful careers in the automotive and pharmaceutical industries. As a below-knee amputee, he has shifted his focus toward educating fellow amputees. A regular contributor to *thrive*, he shares his journey of acceptance and independence. When he isn't writing, he is enjoying a round of golf or exploring ways to engage with the world.



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OVERUSE Injury Prevention *for the* SOUND SIDE

By Folarin Babatunde
PT PhD, MScSEM,
MScPT, BScPT

After lower limb loss, your “sound” or “unaffected” side often becomes your workhorse — taking extra load during walking, stairs, carrying, transfers, and daily tasks. Same goes for upper extremity limb loss too.

For leg amputees, overloading isn’t just a walking issue: prosthesis users load the intact limb more than the prosthetic limb during sit-to-stand, squatting, and lifting. This practical guide explains why overuse happens and, most importantly, gives a step-by-step sequence that you can follow to protect your sound limb (and your back and shoulders), and stay active.

Why Overuse is so Common

Overuse isn’t about being “weak.” It’s usually about repeated extra loading – often thousands of small “reps” every week – on the intact side. It’s especially common when the prosthetic side is uncomfortable, unstable, or limited in certain tasks. Optimizing your prosthetic fit and function can reduce compensation and help distribute load more evenly.

Here’s where that extra load comes from...

Gait Asymmetry: it’s common to rely more on the intact limb for stability and propulsion when walking.

Daily-Task Mechanics: research shows that intact-limb overloading also shows up in sit-to-stand, squatting, and lifting.

Fatigue and Attention: as you tire, your body defaults to the quickest, strongest strategy – usually the unaffected side.

Prosthetic “Off Days”: socket discomfort, skin irritation, or instability shifts load back to the unaffected limb.

Life Roles: parenting, work, travel, put daily demands on the unaffected side.

Overload on the sound side can be seen in pain in the hip, knee or ankle, low back pain and shoulder or neck pain, especially with upper-limb loss or with mobility-aid users.

Takeaway: technology can help, but in practice, it works best after you’ve stabilized comfort, reduced load spikes, and improved task mechanics.



Overuse Warning Signs

- Pain that worsens from week-to-weeks, not just after one busy day.
- Pain that changes how you move (limp, avoiding stairs, shorter steps).
- Swelling, locking, or “giving way” in the unaffected knee/ankle.
- Low back pain and stiffness that increases with standing/walking.
- Shoulder pain with transfers, carrying, driving, or mobility aid use.
- A clear pattern: “I’m fine on quiet days, but flare after big days.”

The 24–48 Hour Rule: Soreness that settles within 24–48 hours is usually okay. However, pain that doesn’t settle by day two or keeps increasing means your load needs adjusting.

7-Step Protection Plan

STEP 1 • Check mechanical drivers and fix comfort/fit first.

WHY: If the prosthesis is uncomfortable or unstable, the unaffected side will keep compensating no matter how strong you are or feel.

GOAL: Stop forced compensations by restoring comfort, stability, and confidence in the prosthetic side.

ACTION ITEMS:

- Identify your top two overload situations (Stairs? Long walks? Transfers? Lifting?).
- If any of these are present, treat them as priority:
 - Socket discomfort
 - Skin irritation
 - Prosthesis feels “off”
 - New “limp day” patterns
 - Instability on slopes/turns/curbs
- Arrange a prosthetist check (fit/alignment/liner/suspension) plus a quick PT gait/task review too.



STEP 2 • Reduce load spikes (the fastest trigger for overuse)

WHY: Load spikes are what turn mild aches into persistent overuse.

GOAL: Calm symptoms and stabilize baseline load so pain isn't being “re-triggered” weekly.

ACTION ITEMS:

For 7–10 days, keep load steady:

- Avoid “big step-count” days.
- Avoid sudden new hills/stairs/carrying loads.
- Increase just one variable at a time (e.g. distance or speed or terrain or load).



STEP 3 • Fix daily-task mechanics (highest return)

WHY: Intact-side overloading happens during sit-to-stand, squatting, and lifting, so technique changes can reduce overload across thousands of repetitions.

GOAL: Reduce daily micro-overload reps by improving technique.

ACTION ITEMS: Week 1 and 2 (5–10 minutes daily)

- Sit-to-stand “even load” practice:
 - Try to keep your feet level.
 - Slow the last 20% of the movement.
 - Aim for a “balanced push,” not a “launch” from the intact leg.
- Hip-hinge lifting practice (load close to body with controlled tempo).
- Step-down practice (low step; focus on slow and controlled movements and avoid “dumping” body onto the intact knee).



STEP 4 • Build the load-sharing engine of unaffected hips, trunk and calf.

WHY: Once mechanics are cleaner, strength and endurance make the new pattern sustainable.

GOAL: Increase capacity to share load so the intact limb isn't the default “power leg.”

ACTION ITEMS: Weeks 2–6 (2–4 sessions/week)

- Glute strengthening for pelvic stability and control.
- Trunk endurance for anti-rotation/anti-side-bend control.
- Intact calf/foot endurance to support walking economy and balance.



STEP 5 • Protect shoulders early (upper-limb usage)

WHY: With upper-limb loss, the remaining arm often absorbs years of extra work. Shoulder pain is common on the unaffected side. For finger/partial-hand loss, complaints include regular stump sensations and limited wrist range of motion – mobility and symptom management matter.

GOAL: Prevent shoulder/wrist overload and keep transfers, carrying, and daily tasks sustainable.

ACTION ITEMS: Weeks 2–8+

- Build scapular endurance (mid/lower traps, serratus anterior).
- Gradual loading for carrying and transfers.
- Reduce heavy single-arm carries (split loads; use backpacks/carts).
- Maintain wrist mobility with partial-hand/finger loss.

STEP 6 • Add real-world conditioning (graded exposure)

WHY: Many people relapse when they return to stairs/hills/carrying without a progression plan.

GOAL: Make gains durable in real life (work, parenting, travel, uneven terrain).

ACTION ITEMS: Weeks 4–8+ (1–2 function sessions/week)

- Curbs and slopes gentle practice (controlled)
- Graded/controlled carries (balanced loads)
- Longer walks (flat first, then uneven)
- Remember to keep the “one variable at a time” rule.



STEP 7 • Consider technology upgrades (only if needed after Steps 1–6)

WHY: Component changes work best when comfort is stable and you know your main triggers and goals.

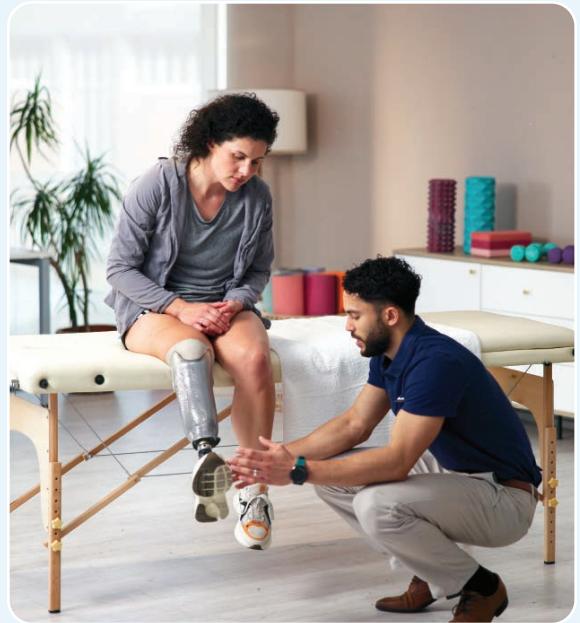
GOAL: Refine mechanics and reduce compensations when fundamentals are already solid.

Things to Consider (any time after Week 6):

- Persistent hip/back compensation despite training.
- High activity demands (work, travel, uneven terrain).
- Transfemoral users struggling with stairs/slopes/energy cost.

Protecting the unaffected side isn't about doing less. It's about doing things in the right order. Start by fixing mechanical drivers, stopping load spikes, cleaning up daily-task mechanics, and then building strength and real-world capacity. If needed, refine prosthetic technology after the basics are stable. That's how you stay active while protecting your intact limb, your back, and your shoulders.

For a **ONE-WEEK STARTER ROUTINE**, see the article online at thrivemag.ca/resource-library/health-activity or scan the QR code.



Questions for your PT or Prosthetist

ASK YOUR PT:

- Where am I “dumping load” onto the intact side (walking, stairs, sit-to-stand, lifting)?
- Which 2–3 strength targets will reduce my compensations fastest (hip, trunk, calf)?
- What is a safe weekly progression for steps, hills, and carries?

ASK YOUR PROSTHETIST:

- Is alignment contributing to asymmetry (especially on slopes/turns)?
- Are there component options that might reduce hip/back compensation for my goals?
- If I'm considering bone-anchored options, how might that change loading and muscle demand?

ABOUT THE AUTHOR: Folarin Babatunde, PT PhD, is a physiotherapist, researcher and educator with expertise in evidence-informed rehabilitation, performance training and community reintegration for people living with limb loss. He is the Owner/Principal at Cogent Physical Rehabilitation Center, a physiotherapy, rehab and wellness clinic. A former Western University Assistant Professor, he provides practical, real-world rehabilitation solutions after limb loss. For more information, visit cogent-rehab.com.



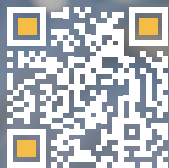


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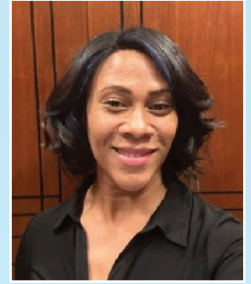
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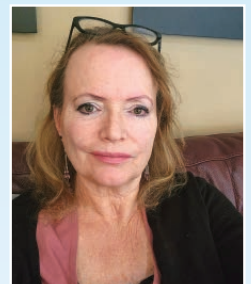
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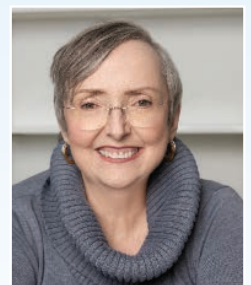
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Cleared for Takeoff

By Tanya Rabe
Right Foot Adventures
*Travel Consultant &
Accessibility Specialist,
ACTA DEI Committee Member*



When it comes to accessible travel, I get asked about flying more than anything else. Taking a flight takes strategy. It's more than just packing a suitcase and checking in online. Here's what I do to keep things stress-free and comfortable.

Do your homework. Double check everything before you click "book" and always book fares that have flexible change/cancellation policies. Each airline operates under its own rules, especially regarding wheelchairs. Check the airline's policies on battery types, weight restrictions and dimensions.

If you are a prosthesis user (be it arm or leg), seat selection is incredibly important. Many Canadian airlines have their own policies for assigning accessible seating. Take the time to look into this. Do you need extra leg, or arm, room? Find out what each airline offers and secure a seat that works for you.

As an above-knee amputee, I always note that wheelchair assistance is needed on my travel profile.

Wheelchair assistance can be very helpful. It doesn't necessarily mean that you need a wheelchair, but it allows you to pre-board (I always walk to the plane) giving you extra time and space to get your bags into the overhead bin and settled into your seat without rushing. Boarding pressure is real!

I usually do need wheelchair assistance for arrival. My stump swells during flights. When my socket

doesn't fit properly it can lead to painful rubbing, and sores, from that long walk to Baggage Claim or the Customs line. But if you don't need it, just tell the attendant that they're free to help someone else! It's better to have it and not need it than need it and not have it.

Another common question: "Do extra limbs count as medical devices?" Again, this is somewhat airline-specific, but most of the time you can put an extra limb (or two) in the overhead bin without extra charges (medical accommodation).

If traveling with numerous extra limbs for different activities, the airline might check them as medical baggage. Be sure to secure your limbs carefully before handing them over.

Advocacy and pre-planning go a long way. Know what you need and don't be shy about asking for assistance.

PRO TIP

Save the link to the website's accessibility section for easy access.

Do you have air travel tips? Join the Right Foot Adventures Travel Club and share your experiences! Email me at tanya@rightfootadventures.ca or visit rightfootadventures.ca.



Pickleball

Rally Time for Confidence and Connection

Pickleball has quickly become one of Canada's most popular recreational sports — and for people living with limb loss, it can be an enjoyable way to stay active, build confidence and connect with others.

A cross between tennis, badminton and table tennis, pickleball is played on a smaller court with a light-weight paddle and perforated plastic ball. The game can be played as singles or doubles, making it easy to adapt to different abilities, fitness levels and mobility needs.

One of pickleball's biggest advantages is that it doesn't require the sustained running that comes with most other racquet sports. The smaller court means less distance to cover.

For lower-limb amputees, pickleball can provide an opportunity to work on balance, agility and weight shifting — all important skills for everyday mobility. Moving from side to side, stepping forward and backward, and reaching for the ball can help develop coordination and body awareness.

For upper-limb amputees, the sport can also offer opportunities to practice reach and hand-eye coordination and controlled movements. Adaptive equipment such as different paddle grips, and individualized techniques can make the game even more accessible.

Most importantly maybe, with pickleball, players can progress at their own pace. Beginners can focus on simply getting the ball over the net, while more experienced players can increase their speed and movement.

While there are plenty of physical benefits, pickleball is inherently social, particularly when played as doubles. Joining a recreational league or community pickleball group makes for meeting new people, new friendships and being part of a team.

For someone who might have become less active following an amputation, returning to a recreational sport can be a powerful confidence booster. Learning a new skill and discovering that your body can adapt can help shift the focus from what's been lost to what is still possible.

Start slowly and consider working with a physiotherapist, occupational therapist or adaptive sports professional if you have concerns about balance, mobility or your prosthesis. And most importantly, don't worry about being good at pickleball right away. Find a welcoming group, grab a paddle and give it a try. It's a fun new way to rediscover what your body can do.

For **GETTING STARTED TIPS** for a great first experience, see the article online at thrivemag.ca/resource-library/sports-recreation or scan the QR code.



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the sunshine,
there’s gotta
be a little rain
sometime.”*

– Lynn Anderson





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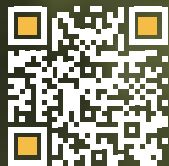
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