

thrive

Living Well
with Limb Loss

ISSUE # 35

Mike Laughlin TRIAL BY FIRE

Canada's
Prosthetic
Funding
Problem

NO Villains
NO Heroes

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A man with a prosthetic leg is bending over to help a dog out of the water. The man is wearing a dark blue long-sleeved shirt and grey shorts. He has a prosthetic leg on his right side. The dog is a black and white speckled breed, possibly a Border Collie, and is standing in shallow water. The man is holding the dog's back to support it. The background shows a body of water and some greenery.

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ISSUE # 35

FEATURES

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Mike Laughlin

Trial By Fire



No Villains. No Heroes.

No Solutions to Canada's Prosthetic Funding Problem

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WELCOME

I think it's safe to say, I've been working in the equity and inclusion space since I was 11 years old, when I joined the amputee community... answering questions from strangers and navigating my own inclusion.

In addition to publishing *thrive*, today I work more formally in disability inclusion education producing e-learning courses and facilitating workshops and webinars. Most of the content focuses on how bias, language and inspirational narratives impact us personally.

One topic that's always included in my educational efforts is ableism. Our investigative editorial piece this issue dissects our country's prosthetic funding problem, and in editing it, ableism often came to mind.

Ableism is a system of beliefs. It privileges typical bodies as normal or ideal. It favours non-disabled individuals over those with disabilities. It lives in our beliefs and our actions. It can be a monumental barrier to equitable treatment... and in this case, our case, perhaps to our prosthetic care.

Essentially, there are three types of ableism: Mundane, Unconscious and Enlightened. What I learned about the prosthetic funding problem from our interviews is that Mundane Ableism – the “couldn't care less” kind – could be in play here. But definitely not for all players in this puzzle.

In other instances, Unconscious Ableism – the “asleep at the wheel” type – might be afoot too, but again, not for all. Most players are aware of the conundrum that is marginalizing amputees. And similarly, Enlightened Ableism – the “not walking the talk” brand – could ring true for some too... when we talk a good game but persist with inequitable practices.

You be the judge on which, or whether any, apply in this perplexity. If it does, “where” ableism resides becomes an important piece of the puzzle.

Jeff Tiessen
Publisher, *thrive magazine*



thrive founder and publisher, Jeff Tiessen

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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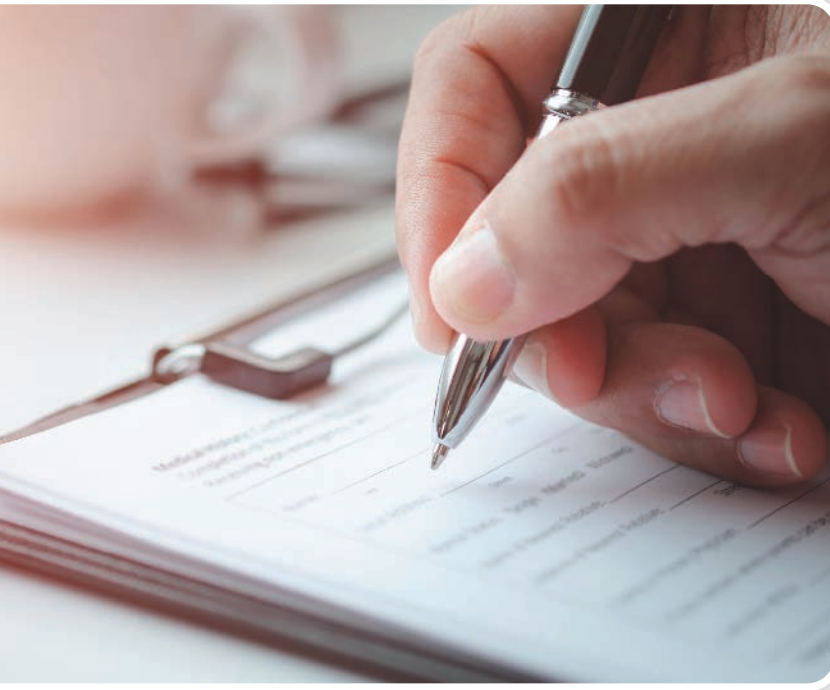
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IT'S PERSONAL



When it comes to prosthetic feet, users and clinicians have a lot to choose from. A recent study compared powered versus nonpowered options. Participants tested the feet and were asked: Which one would you choose? Perhaps surprisingly, 79 percent preferred one of the two non-powered options. Conclusion: There is no “gold standard” assessment to determine which device is best suited to an individual user... factors in the decision can include clinical judgment, a person’s goals and abilities, and previous prosthesis use. The researchers noted that there are more than 300 commercially-available prosthetic ankle-foot devices.

DO YOU NEED PROTECTION?

New prosthetic protection is now available from Ottobock. The ANKLE GAITER is a covering that pulls over the foot shell, shielding against dirt, dust, sand and splashed water, like when showering. It’s designed to protect against fresh, salt, and chlorinated splashed water. And it defends against trouser snags. For more details, ask your prosthetist.



PARALYMPIAN SWAPS SPIKES FOR PICKS

Three-time Paralympic track and field medallist Stefanie Reid has become a leading advocate for integrating figure skating into the Winter Paralympic Games. She discovered the sport during her time on the British celebrity TV show *Dancing On Ice*. In interviews with the Associated Press and CBC Sports, Reid shared that she has transitioned her athletic drive to the ice, working with a prosthetist to develop a specialized prosthetic foot designed for balance and control and confidence over her edges. “We’re learning as we go and figuring out how to make it work,” she says.

Reid was born in New Zealand but grew up in Toronto and attended Queen’s University in Kingston, Ont. She won a bronze medal for Canada at the 2008 Beijing Paralympics. She switched her sporting allegiance to Great Britain ahead of the 2012 London Paralympics in keeping with her parents’ British heritage.



TERRY FOX’S Legendary Leg Replicated

A team at Winnipeg P&O has fabricated a replica of the prosthetic leg that Terry Fox wore during his Marathon of Hope to raise funds for cancer research over 45 years ago. The team worked with the Terry Fox Foundation’s Manager of School Runs for Saskatchewan and Manitoba to repair and bring the iconic leg back to life.





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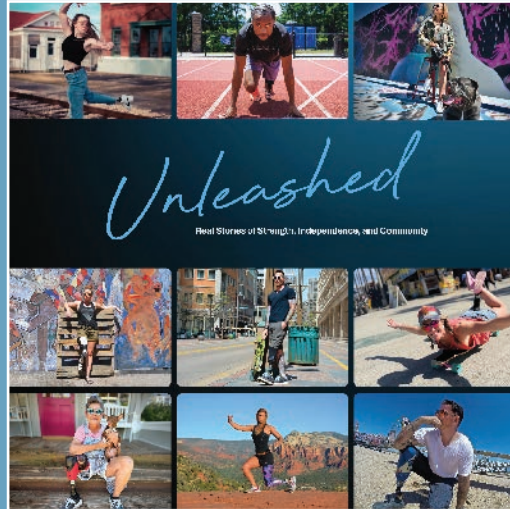
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UNLEASHING

Stories of Strength and Resilience

Reflecting PROTEOR's commitment to community connection, the prosthetic manufacturing firm has launched *Unleashed: Real Stories of Strength, Independence, and Community*, a collection of personal stories that elevate voices, experiences, and perspectives from the limb loss and limb difference community.



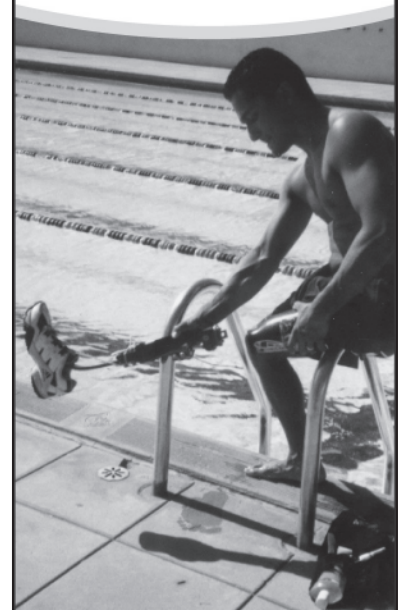
The anthology reflects PROTEOR's belief that meaningful innovation and impact begin by listening to the people who experience prosthetic care firsthand. *Unleashed* brings together 20 personal stories, offering an honest look at life, movement, challenge and possibility. Rather than defining individuals by a device, diagnosis, or moment in their journey, the book creates space for people to tell their stories in their own words for the broader O&P community.

"*Unleashed* started with a very simple idea: give people the opportunity to tell their stories and make sure we are listening," said Sharon Gwynn, Manager, Community Impact & Strategic Communications at PROTEOR USA. "But through this process, it became clear that the responsibility goes beyond simply sharing those voices. If we want to truly serve this community, we need to be present in it, learn from it, and create opportunities for people to help shape what comes next."

Available in hard and soft cover on Amazon (paperback: \$42.05 USD).



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The Rebuild

Constructing Beyond What Was Lost

By Andrew Haley, MBA, MA, PLY



“Goodbye toes.” Those were the last words I remember saying before surgeons removed my right leg. I was six years old. I knew what was about to happen, although I’m not sure I understood what it would mean.

Adults have a way of explaining impossible things in ways they hope a child can carry. But there are some realities no six-year-old can truly comprehend. You can explain surgery. You can explain cancer. You can even explain that a leg has to come off. What you can’t explain is what it feels like to wake up different.

I remember saying goodbye to my toes because, to a six-year-old, they were my leg. They wiggled. They ran. They climbed. It never occurred to me that I wasn’t just losing my toes. I was losing the life I knew.

Not because everything would suddenly become impossible, but because everything would become unfamiliar. For years, people assumed that the hardest part of my story was losing my leg. It wasn’t. The hardest part was learning that losing something doesn’t end when the surgery does.

Loss keeps introducing itself. It shows up the first time you try to stand. The first time you fall. The first time someone stares a little too long. The first time another child asks, “What happened to your leg?” The first time you realize that you’re different.

Then, just as life began to feel normal again, cancer returned. I was eight years old. This time it wasn’t my leg. It was my lungs. Once again, I found myself in a hospital bed. Once again, my family lived with uncertainty. Once again, I was reminded that life can change in an instant.

Looking back now, I don’t think those years taught me that life is unfair. They taught me something much more important. Life doesn’t promise that hardship only

knocks once. Sometimes, just when you’ve rebuilt, another storm arrives.

Over the years, I discovered something else. The leg was only my first experience with loss. Life has a way of making sure that we all become familiar with it. Not everyone loses a limb, but everyone loses something. A parent. A spouse. A career they loved. A friendship. Their health. The future they imagined.

Loss doesn’t compare itself. It simply arrives, uninvited, and asks each of us the same question: Who will you become now?

For a long time, I answered that question by trying to become the person I thought everyone expected me to be. I wanted to fit in. I wanted people to stop noticing the prosthesis before they noticed me. I wanted to prove that losing my leg hadn’t changed me.

Looking back, I realize that I was fighting the wrong battle. Of course it changed me. How could it not? The boy I had been before cancer was gone. The real challenge — the one that took me years to understand — was learning to become someone new without believing I had become someone less.

There’s a difference. One is loss. The other is identity. We often confuse the two. A loss changes your circumstances. Only you get to decide whether it changes your worth. Over the years, I discovered that rebuilding is not something that happens in one dramatic moment. It happens through thousands of small decisions.

Research in psychology has explored why some people are able to rebuild after significant adversity.

Psychologists Richard Tedeschi and Lawrence Calhoun studied what they called post-traumatic growth — the idea that after experiencing major challenges, some people discover new strengths, deeper relationships, and a renewed sense of purpose.

That lesson didn't arrive all at once. It arrived in ordinary moments. Learning to balance again. Learning to swim. Getting back into the pool when I was afraid. Finding confidence one small victory at a time. We don't always find confidence before we act. Sometimes, confidence is created because we act.

I learned that rebuilding rarely happens through one giant breakthrough. It happens through small decisions repeated every day. One step. One more attempt. Eventually those small victories became bigger ones. For me, World Championships, Paralympic Games and a gold medal.

People often assume that standing on top of a Paralympic podium erased everything that came before it. It didn't. A gold medal doesn't erase cancer. It doesn't erase fear. It doesn't erase the six-year-old boy who whispered, "Goodbye toes."

Today, standing in front of an audience, I rarely think about my leg. I think about the people sitting in front of me. Someone has just received a diagnosis. Someone is grieving. Someone is worried about losing their job. Every audience is carrying invisible losses.

That's why I no longer believe my story is about cancer or winning a gold medal. Those are chapters. The real story is about rebuilding.

I've come to believe that rebuilding is one of the bravest things that a person can do. It doesn't happen all at once. It happens in ordinary decisions. Trying again. Asking for help. Choosing hope over bitterness.

More than forty years have passed since I said goodbye to my toes. If I could go back and sit beside that frightened little boy, I wouldn't tell him that everything was going to be okay. Life doesn't work that way.

Instead, I'd tell him this: "You're about to lose something you'll never get back. But one day you'll discover that what you build will matter even more than what you lost."



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.



New Parts. Old Parts.

Amputation Does Not Mean a Blank Slate

By Lynn DeCola, CPO
*Lifelong Prosthetics
Amputee Coaching & Support*



Losing a limb later in life, like at any stage in life, places a great deal of attention on what comes next – the prosthetic device. For leg amputees, knee and foot components usher in an entirely new way of thinking about mobility. But there is something very important to remember. The prosthesis may be brand new. The body wearing it is not.

Everything that you lived with before your amputation comes with you into prosthetic rehabilitation. Previous injuries, arthritis, muscle weakness, tightness, balance difficulties, movement habits, compensations, and years of wear and tear have not left you.

Neither has your previous activity level or physical history. Maybe you favoured one leg because of pain or an old injury. Maybe you've lived with back pain for years. You might be living with arthritis. Maybe you were already relying on a cane or a walker before amputation.

When someone receives a prosthesis, walking is not just about learning to use the new leg. It's more complicated than that. The prosthesis has to work with the body that already exists.

That body may have spent months or years compensating for a painful, weak, unstable, or impaired limb. During that time, a lot of extra demand may have been placed on the healthier leg or on arms and shoulders, or on one's back for mobility, transfers, or daily activities. By the time amputation occurs, some of those areas may already have experienced considerable strain or overuse.

After amputation, the body has to adapt again. Balance changes. Weight distribution changes. The muscles around the hips and core are asked to work

differently. That's why we need to look at the whole person, not only the missing limb or the prosthesis.

Previous Activity Level is not the Whole Story

One important question is: "What was limiting you before your amputation?" For some people, the period of time before the amputation might actually have been one of the least active times in their lives. Pain, weakness, instability, wound care, or other problems with the affected limb could have significantly reduced mobility.

After rehabilitation and prosthetic care, some might become more active than they were in the months or years leading up to the amputation. That does not happen for everyone, but it is a possibility.

Sometimes it's the Person. Sometimes it's the Prosthesis.

A properly-fitted socket, good suspension and prosthetic alignment can have a significant effect on comfort, stability, balance, energy use, and gait. If the socket is uncomfortable, or the prosthesis is not securely suspended, or the alignment is not working well, the user can appear to have difficulty with strength, balance, endurance, or walking.

But sometimes something that looks like an "amputee problem" might be a prosthetic problem,

a physical problem, or a combination of both. For healthcare professionals who don't work with amputees regularly, that distinction is not always obvious. Communication between amputees, prosthetists and other members of the healthcare team is vital.

Safety Remains Central

Safety does not mean limiting someone or deciding in advance what they can or cannot accomplish. It means understanding someone's history, identifying potential problems, and helping build mobility in a way that is appropriate for their body, health, environment, and goals. Walking farther or faster is not the only measure of progress.

Balance matters. Protecting the remaining limb matters. Protecting shoulders, hands, back, and other joints matters. A secure, comfortable prosthesis matters. And recognizing when something is not working matters.

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.



Personal Goals

Two people might have the same level of amputation, but their physical histories, health considerations, lifestyles, and goals are likely completely different.

One might want to return to work. Another may want to safely navigate their home. Someone else may want to travel, garden, or return to sport. Someone else is simply focused on standing safely at the kitchen counter. Success doesn't look the same for everyone.

Different bodies. Different histories. Different challenges. Different goals. Prosthetic rehabilitation is part of the journey, but really, it's not the starting point. We need to start with a lens on each individual's unique life in their body. The prosthesis may be new. The person wearing it comes with a history. And understanding that history is key to helping new prosthesis wearers move forward as safely as possible.

A large advertisement for the Fillauer Black Iron Trainer. The background image shows a man with a beard and a black cap lying on a black exercise machine, using a prosthetic arm to grip a barbell. The machine is labeled 'Black Iron Trainer'. In the bottom left corner, the Fillauer logo is displayed with the tagline 'inspired by you'. On the right side, there is a dark blue text box with white and red text.

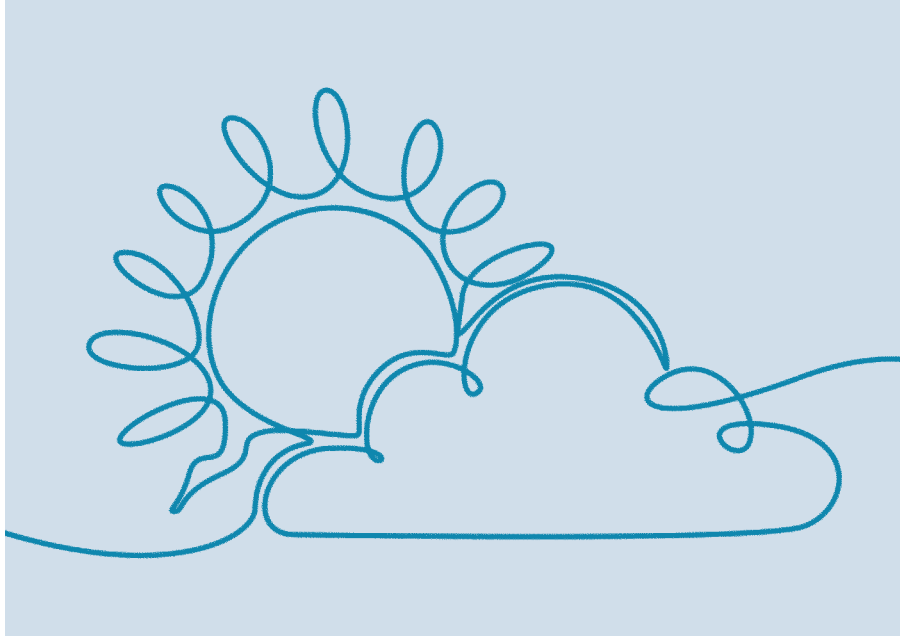
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My Promise of Honesty and Hope

By Tony Korosak



My writing has always been about sharing honest stories about the struggles we amputees face, while still leaving readers with a sense of hope. I've come to understand that there can be plot twists, and to get through the unforeseen we must always have hope.

At 60 years old, I should be coasting toward a well-earned retirement. Instead, I am fighting a system that feels designed to fail me; I am trapped in a bureaucratic nightmare. I live with Type 2 diabetes. A severe infection resulted in a below-the-knee amputation. I wear a prosthesis and suffer with a painful neuroma in my residual limb.

For decades, I was the definition of a loyal employee. But when my medical condition progressed to this point, my company said “good-bye” to me. I asked for modified duties — a reasonable request to keep earning a living with my mobility limitations. The answer? “No.”

Trying to find a new job at 60 is already a challenge: ageism. Then add an amputation and chronic nerve pain to the mix. Employers do not see my decades of experience; they simply see a liability.

With my income cut off, I looked to the support systems designed for situations like this, or so I thought. My insurance company ended my Long-Term Disability benefits. With nowhere else to turn, I applied for the Canada Pension Plan Disability Benefit. I was denied. I prepared an appeal, waited months, and was denied again.

Frustrated and confused, I researched how these decisions are actually made. What I found was a devastating realization. The people who are deciding whether I am “disabled enough” to qualify are bureaucrats and nurse practitioners reading my paperwork at a desk somewhere... people I've never met who don't see the physical reality of my amputation, holding my financial future in their hands.

It's been a soul-crushing cycle. I've paid my taxes and played by the rules my entire life. Yet, when I need the safety net, I'm left stranded. I am not looking for a handout; I'm looking for the dignity and support that I've earned by working and living honestly my whole life.

But here's where the hope comes in. Even though the system has slammed every door on me, it has not taken away my voice. I know that I'm speaking for thousands of others who are suffering in silence, fighting the same invisible battles. Revealing the fractures in the system is the first step toward fixing them. I refuse to let my dignity or my future to be stolen.

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.



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TRIAL BY FIRE

MICHAEL LAUGHLIN

By Jeff Tiessen, PLY

Canada's first and only full-time, above-knee amputee firefighter, how Mike Laughlin got there is truly a remarkable story.

In his mid-20s, Mike was badly injured in a snowmobile accident but recovered and returned to firefighting. Shortly after his 30th birthday, he came home to find that his girlfriend had taken her own life... a tragedy that saw his grief turn into a battle with addiction.

Life tested him again in his 30s when he collided with a deer on his motorcycle. He emerged from that catastrophe with multiple injuries, including the loss of his right leg above the knee.

He defied even greater odds this time to return to the Kingston Fire and Rescue Department. His book, *Untapped 60*, offers an honest and unfiltered account of his journey to here.

Mike joined *thrive* publisher Jeff Tiessen for an exclusive interview about his trials and triumphs and where they have led him.

thrive: *Your book is about turning adversity into growth and self-discovery. It's really honest and you didn't shy away from sharing about pain and struggle and vulnerability in your life. The name, Untapped 60, where did that come from and who's the book for?*

Laughlin: It's been said – not scientifically proven – that when you're at your worst, you can give up or you can dig deeper. Some believe that there's 60 percent to dig into to keep going. For me, laying in a ditch, there was that moment when I was like, "Okay, that's it." I wanted to close my eyes and just give up. But somehow, I tapped into that 60 percent. It's there. I know it is. I've done it.

Who's the book for? My goal is to share with anyone how to dig into that 60 percent when times are really hard, or at their worst. Some people just need a nudge. They don't realize that they have the capability to get started on the right path.

thrive: *Raised on a farm, you've said that your love for horsepower and steel began as a young kid. Anything with an engine! Then, ironically I suppose, the freedom of a motorcycle is what took your leg from you, right?*

Laughlin: Actually, it was a deer. I was riding, still light out, on a Kingston back road. It's known to have a lot of wildlife, so I wasn't going fast. I saw a flash of brown coming out of the ditch. It ran right into the side of me, putting me into a speed wobble. I got control of the bike again but a 90-degree turn in the road was right on me. My back tire caught the loose gravel and the bike shot out from under me. I bounced off the road into a deep ditch. My leg snapped at the knee. The bike landed on top of me.

I remember thinking, "I've done it again" because I'd been in a bad accident once before. I thought I was going to die in that first one. Surviving that one, I was gonna fight until I couldn't go anymore. One leg is holding on by some skin.

“If you have a chance to stop and help someone, stop and help. You could change everything in that moment for them.”

There’s blood. I used my belt for a tourniquet. I found my phone and called the fire department. I screamed, “I’m in the ditch on Northshore Road at the end. If I go unconscious, that’s where I am. Come get me”. Seventeen minutes later they were there. I had thrown bike parts and my helmet up onto the road to help them find me. When I heard the sirens, I thought, “Okay, I might make it through this.”

But while waiting in agony, a car stopped and a little old lady came to the edge of the road and looked down. It was a pretty gory scene. She climbed down the ditch and put her arms around me. It’s exactly what I needed. I was alone in a ditch telling fire dispatch to tell my family that “I love them. I’m gonna die.” She

changed everything. I speak about her often... telling others to be that person that she was for me. If you have a chance to stop and help someone, stop and help. You could change everything in that moment for them.

thrive: *As you shared on thrive’s Life & Limb podcast, what happened next was also a gamechanger for you right?*

Laughlin: It was. When the ambulance’s back doors opened up at the hospital, and this still chokes me up, there was a human tunnel of fire department personnel waiting for me. As my gurney wheeled past them, everybody said their thing to me. And at the end was the Fire Chief who leaned over and said: “Mike, no matter what happens, you’ll always have

a job at Kingston Fire.” Wow, right? I was a thirty-something-year-old man thinking I had just ruined my entire life... and not the first time that I’d thought that, but that this time I’d really done it. I really needed to hear that at that moment.

thrive: *After your leg was amputated, did a different reality ever occur to you... maybe that promise might be hard to keep considering your profession?*

Laughlin: Absolutely. Everyone sees my leg injuries, but I also broke my neck in two spots and my back in three. When the doctor said, “Mike, we’re going to amputate your leg”, I cried and grieved with my family for about an hour and then said to myself: “Okay, I can’t change this outcome. It’s happening whether I like it or not.” But it was an immediate new identity for me. I wasn’t Mike Laughlin, the hockey player, the firefighter, anymore. That’s who I was.

thrive: *But today you still are a firefighter. What did that road back look like?*

Laughlin: For me, I was Mike Laughlin the amputee with something to prove. My prosthesis represented more than a mobility device. It was a renewed sense of purpose and passion. When I found out that there was no such thing as a full-time, above-knee amputee firefighter, I told the chief, “We gotta get this done. I want to be a firefighter again.” And he



Photo by John Savits

replied, “Well, it’s never been done before. It’s a tricky situation, but if you can pass the physical test that you did when you started, you can keep your job.”

I trained my butt off. The guys at the department trained with me every day. I destroyed the test! I wanted it so badly.

thrive: *So, this is pass or fail; there’s no participation badge here. There must have been so much on the line for you?*

Laughlin: My entire identity was at stake. “Am I still Mike Laughlin, the firefighter?” If I failed, I felt like I’d be seen as a failure. So, when I got the news, it was like getting my life back. And my identity changed again, but this time it included my new leg as my power, my superpower.

thrive: *Working backwards in time to other trauma in your life before becoming an amputee, in your book you wrote about Jen, your girlfriend who took her own life. You’re very honest about it, and particularly about the spiral of addiction that ensued. You write about finding your way forward through self-awareness and self-care. How did you cultivate resilience in that tragic time in your life?*

Laughlin: It was the lowest time of my life for sure. Not only did I feel guilty for what happened, and I know I’m not supposed to, but at the time I felt like it was my fault. I let it happen. I let someone I loved, lived with, commit suicide. I’d been addicted to painkillers after my first accident, a horrific snowmobile crash, and I fell off the wagon because I didn’t know how to deal with it. I couldn’t even mask it like some people do.

With substance abuse, it’s a lot about not dealing with things properly. No exception with me.



I spiralled out of control to the point where I got arrested for buying illegal painkillers. And you think that’s rock bottom, and then there’s a trap door, another rock bottom. And I’m a firefighter, right? I’m supposed to be helping the community.

My friends and family intervened. I needed someone to wake me up. I decided to change my life and started doing little things to get back on track. I started training again, working out, eating properly, phoning a friend, staying in the right lane. Back to basics.

thrive: *Speaking of family. You’re now married with two kids. Angela, your wife, you say you met in the wrong place at the right time. What do you mean?*

Laughlin: I was in a rehab hospital learning how to be an amputee.

After my physio one morning I was out for a little hallway stroll in my wheelchair. No prosthetic leg, down to about 150 pounds, a neck brace and no shirt. I looked like Joe Dirt in a wheelchair.

I’m a 36-year-old single guy. I stopped in front of a room and there she was... the most beautiful woman I’ve ever seen showering a palliative care patient with kind, caring words and compliments. I thought, “This can’t be real, an angel too?”

I got caught watching her. We made some small talk. I got her name, headed to my room, looked her up on Facebook, and messaged her. I think that’s called creeping. I took a shot and asked her for a date. She accepted, I figured to humour me. It didn’t go well. She completely ghosted me for two months afterward... and then I got a second date, a second chance. Her condition: “This time maybe just pump the

“In firefighting, when you get to a call, not everything’s going to go your way... Firefighters can’t call someone else. We have to keep going until we find the answer.”

brakes a little bit, Mike.” I did and we were married two years later. We have a seven-year-old boy, and Angela had a daughter when I met her, who’s high-school age now.

Yeah, honestly, all the things that I went through from amputation, PTSD, depression, drug addiction, and everything in between, ultimately led to meeting Angela and now living my best life. I love my new life. Maybe it was the right place at the right time.

thrive: *I often ask my podcast guests about “resilience”. It can mean something very different to different people. How about for you, what does that word mean to you?*

Laughlin: Resilience. I mean, it’s something that was instilled in me at a young age, with living on a farm and working hard every day. There are always setbacks. Learning how to keep going. In firefighting, when you get to a call, not everything’s going to go your way. But you still have to find a way to fix the problem. Firefighters can’t call someone else. We have to keep going until we find the answer. Never giving up. It’s just always been part of my life.

thrive: *What’s on the horizon for you... any new projects or adventures?*

Laughlin: The biggest change

is my life is speaking... I’ve been doing a ton of public speaking, keynotes. I went professional this year. It’s more than just getting up on stage and speaking though. Selling myself or asking for money is the tough part for me. I’m learning and getting better at it.

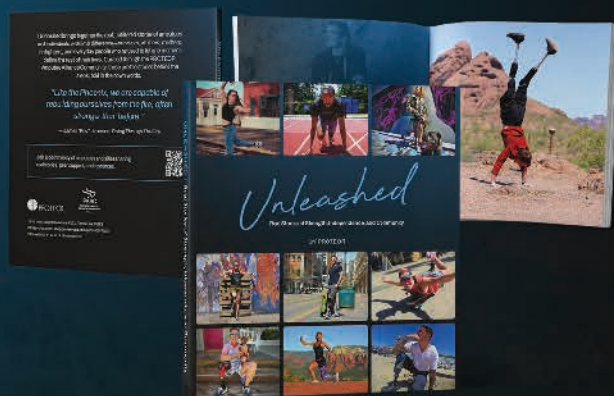
And I’m still working on *Untapped 60*, growing the website, and putting a lot of work into the courses.

And I’m keeping up my jujitsu twice a week. It’s humbling, not something that I was good at, and still not. And I coach my son’s baseball team. That’s a lot of fun too. He starts hockey this year, which is going to be great. I’m going to be a hockey dad. Life’s great.



Unleashed

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Unleashed brings together the real, unfiltered stories of amputees and individuals with limb difference: survivors, athletes, mothers, firefighters, and everyday people who refused to let one moment define the rest of their lives. These are the stories behind the steps, told in their own words.



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— James "Roy" Jimerson

GIVING BACK

A portion of proceeds from every copy of Unleashed sold goes toward organizations that support individuals living with limb loss, providing resources and support to those who need it.



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Cryoablation

Putting the Freeze on Neuroma Pain

By Lise Diebel
Communications Advisor
Hamilton Health Sciences



Richard Wiens

When Richard Wiens lost his left leg to cancer 40 years ago, he was determined to return to his life as he knew it. But despite his resilience, life was never quite the same because of a neuroma that formed in his residual limb, causing decades of chronic, debilitating pain.

"I couldn't sleep well for years because the pain was so bad," explains Wiens, age 80, adding that neuroma pain also made it challenging to use his prosthesis.

When a nerve is cut, it can form a thickened bundle of nerve tissue called a neuroma. If the neuroma becomes overly sensitive, it can cause pain that has traditionally been very difficult to treat.

That bundle of nerve tissue can form after an amputation, causing severe pain in the form of intense sharpness, burning, or electric shock-like sensations. This fairly common complication of amputation can last a lifetime, interfering with everything from work to relationships, and can contribute to exhaustion, stress, anxiety, and depression.

Like many post-amputation patients with neuromas, Wiens visited a pain clinic and tried powerful medications and surgeries in search of relief, with no luck.

But thanks to a novel procedure for treating post-amputation neuroma pain at Hamilton Health Sciences' Hamilton General Hospital (HGH), Wiens is living pain-free for the first time in four decades.

Cryoablation is a minimally invasive procedure that takes just 20 minutes to perform. It involves tiny cuts instead of a large surgical incision, and most patients return home the same day. It's performed by an interventional radiologist, who uses ultrasound to precisely target the neuroma with small probes rather than surgery.

An extremely cold probe is used to freeze the nerve that's sending pain signals from the amputation site. The nerve is then allowed to thaw, and freezing and thawing is repeated. By damaging the part of the nerve that transmits signals, the process disrupts the nerve's ability to carry pain messages to the brain.

Because nerves eventually grow back, cryoablation isn't a permanent fix. But by reducing or blocking pain signals, cryoablation can bring relief for several months or longer while the nerve slowly heals. In Wiens's case, it brought relief for over a year. The pain has started creeping back, says Wiens. He plans for another treatment.

Setting Up for Success

So far, about 35 HGH patients with post-amputation neuroma pain have received cryoablation treatment. Patients are benefitting from "close to an 85 percent success rate in eliminating or significantly reducing pain," says Dr. Zain Badar, the radiologist who suggested trying cryoablation for amputees experiencing neuroma pain.

"These patients are ready to continue their rehabilitation journey but can't tolerate the pressure of a prosthesis on their amputated limb," says Dr. Sharon Grad, a Hamilton-based physiatrist who specializes in amputee rehabilitation. "It's a huge frustration for them."

Building on the success of cryoablation, HGH has become the first Ontario hospital to offer an official cryoablation program to treat debilitating pain in patients who have had an amputation. “It worked for me, 100 percent,” enthuses Wiens. “It’s unbelievable. For the first time in years, I’ve been able to sleep through the night.”

Grad has seen many patients over the years, including Wiens, whose lives were deeply impacted by severe neuroma pain. Their pain persisted despite powerful painkillers and treatments like corticosteroid injections, which can help calm irritated tissue and reduce inflammation, and phenol injections which disrupt the nerve’s ability to send pain signals.

When medications and injections didn’t work for Wiens, he underwent several surgeries to trim the affected nerve, only to see it grow back. In search of relief, he then tried a surgically-implanted spinal cord stimulator, a device that uses electrical impulses to disrupt pain signals before they reach the brain. For Wiens, it brought no relief. Another surgery to remove the neuroma ensued. “Nothing worked until I had cryoablation,” he maintains.

Quality of Life

“Neuroma pain can make it impossible to wear a prosthesis, get a good night’s sleep, return to work, or enjoy simple pleasures like walking,” offers Grad.

Michelle Bisaillon, 35, has undergone three cryoablation procedures at HGH this year. “I have multiple neuromas in my stump, which is why I required three procedures,” explains Bisaillon. Treatments were scheduled several months apart to give her time to recover between procedures.

A social worker, Bisaillon was diagnosed with acute myeloid leukemia at age 14, and developed



Hamilton Health Sciences’ interventional radiologist Dr. Zain Badar treats a patient with cryoablation.

septic shock that led to a partial amputation of both feet. Complications persisted with her right foot, leading her to choose a below-knee amputation at age 18. In her early 20s, when muscle separated from bone at the amputation site, she required a second surgery. That’s when her neuromas first developed.

Constant pain made wearing her prosthesis challenging. “But I’m

very stubborn,” admits Bisaillon, who tried different pain-relief options with little success. “Regardless of the pain I was in, I would still wear my prosthetic leg.” Bisaillon noticed less pain after her first two cryoablation procedures and hopes her most recent treatment will bring even more relief.

The Verdict

While results from patients treated so far look promising, studies are needed to gauge this treatment’s success over time. “We don’t know how long the pain relief will last because this treatment option is so new,” tells Grad. “We expect that at some point in the future, the pain will return and we’ll need to repeat the treatment. But we’re hopeful this could be a durable treatment option that offers patients long stretches of meaningful pain relief.”

While cryoablation is new for post-amputation neuroma pain, Hamilton Health Sciences has used it for several years to treat patients with vascular malformations, which are an abnormal tangle of veins that can cause pain and swelling. It has also been used in cancer treatment for the past few years to destroy tumours without surgery.

“The uniqueness of this treatment for patients with amputations isn’t in the technology, because we’ve had it for several years,” says Badar. “It’s how we’re using it to help a new patient population so they can hopefully move on with their lives.”

NO Villains. NO Heroes.



By Max Warfield

Canada's Prosthetic Funding Problem

The healthcare system in Canada serves to heal and restore, to act as a safety net so Canadians don't drown in debt through illness or injury. For those who are, or who become, an amputee, it often fails. After decades of being a crack in the system, it's become a gaping hole.

EDITOR'S NOTE: Prosthetic funding is essentially a provincial matter in Canada with different systems and formulas in each. This article focuses primarily on the situation in Ontario, with the conversation to continue in future issues profiling the circumstance in other provinces.

Prosthetic care (unlike fully-covered knee or hip replacements) is classified as "assistive devices" or "out-of-hospital equipment" meaning that prosthetic limbs reside outside of standard universal coverage. Anything medical or "assistive" outside of essential services is deemed to be at the discretion of the province. This has resulted in a thorny tangle of vines of various rules and qualifications across the country.

Even those with deep institutional knowledge struggle to navigate the system. Tracy MacCharles, a former Ontario Member of Provincial Parliament and Minister, responsible for accessibility and women's issues,

became an above-knee amputee at age 59. Despite decades of experience in public administration, the healthcare hurdles as an amputee were foreign to her.

"If you're new to limb loss," states MacCharles, "it's a feeling of overwhelm and a feeling of shock when you find out how little is funded."

MacCharles recalls meeting another one of her surgeon's patients soon after her amputation, a full-time nurse in Ontario's healthcare system. "She was fitted with the same kind of device as I have now," MacCharles describes. "Her private insurance paid a couple of thousand dollars of what was a \$138,000 bill. Why so little?," she asks rhetorically. "Because she had turned sixty-five and the fine print in her insurance policy read that when you turn sixty-five, you get less coverage. There's shock number one.

"Then she flips over to the provincial system," MacCharles continues. "The Ontario Ministry of Health, through its ADP [Assistive Devices Program] only pays for basics, so at most, covers up to \$10,000 of any type of leg. That leaves a huge gap. How does that gap get filled?," MacCharles again asks out loud. "Her mother died, and she used her inheritance to pay the rest."

MacCharles found it tremendously difficult to navigate the system after her amputation. "As a new amputee, your prosthetist will help, of course. They do the submissions to ADP because we don't know how to navigate or advocate for ourselves, especially at first. Then we wait. It feels, actually it is, much different than the healthcare most people receive."

MacCharles wasn't asked about the cost of her prosthetic device, but she did offer that the extended warranty on her microprocessor knee costs over \$20,000 alone. So, who paid for that? "Not my insurance," she answered, "and the Ministry of Health didn't pay for it either. There's a lot of things that our government

generally will not fund," she revealed. "They don't fund shower legs. They don't pay for repairs. They don't acknowledge what we need on a day-to-day basis for safety and security."

MONEY MATTERS

To fully appreciate MacCharles's reference to ADP paying "at most... up to \$10,000 of any type of leg," it's important to understand that the ADP's out-of-date and out-of-touch payment procedures have not budged in nearly 20 years, with no regard for the evolution of prosthetic devices in technology and price.

Toronto-area certified prosthetist Marty Robinson, a practitioner of 35+ years, spoke to the vast price range for lower limb prostheses. "The least expensive below-knee leg, a rudimentary prosthesis with basic componentry, one liner, one sleeve [two of each are standard issue], basic foot, no cosmetic cover, just a pylon, is about \$7,500 and ADP pays about \$5,000. And there's a possible contribution of \$1,000 from The War Amps.

"A middle-of-the-road below-knee prosthetic limb is about \$12,000," he proceeds, "at the high-end \$25,000. For above-knee amputees, the basic-necessity leg is about \$15,000 with \$8,500 coming

from ADP coverage. At the absolute other end, the most expensive end, our clinic has dispensed an above-knee prosthesis that was \$140,000 including a \$25,000 extended warranty. ADP paid only slightly more than a basic-necessity limb, at about \$10K."

Therein lies the inverse relationship. Better, safer and more functional componentry can be provided but the ADP does not keep pace based on its capped funding, rooted in component codes established nearly 20 years ago when prosthetic technology was far from what it is today.

"An above-knee prosthesis equipped with the entry-level microprocessor knee (MPK) costs approximately \$68,000, and a higher-end MPK can be up to \$115,000, and in both cases, ADP tops out at about a \$10,000 contribution," Robinson explained. "Plus extended warranties for MPKs from \$11,000 up to \$25,000, which adds three years to the three that it comes with for a total of six."

Of note, for safety reasons, manufacturers have deemed the "end of life" for a microprocessor knee to be eight years, at which point the product suppliers will no longer service the knee for maintenance or repairs. It would need to be replaced.

"Today, an acceptable entry-level prosthetic foot costs about \$1,100,"





Robinson continued. “But a much more functional everyday foot can cost up to \$12,000. For solely a foot of any value, ADP pays only \$439. If it is a foot-ankle component, ADP pays no more than \$520, a foot-ankle-shank component, \$950 at most. None of these reimbursement numbers approach 75 percent of the component.”

A long-misunderstood fraction in the prosthetic payment process in Ontario is “75 percent”... the amount that ADP leads amputees to believe that it pays on the cost of a new limb every three years. It is not true. It was true 20 years ago when a prosthetic elbow cost \$1,500, and not \$8,000, and that’s just for a body-powered component. Today’s upper-limb prosthetic inventory is stocked with myo-electric elbow options as well.

“Seventy-five percent is really misleading,” confirmed Robinson. “ADP does cover 75 percent of the socket itself, that hasn’t changed, but after that it falls to outdated maximum ceilings for all components, and limited access, like only two liners in a three-year period.”

Thrive reached out multiple times to Ontario’s Ministry of Health, specifically its Assistive Devices Program leadership, requesting information about prosthetic cover-

age for this article but did not get a response.

MORE THAN A DEVICE

A prosthesis is not a gadget or a novelty. Nor should it be a luxury. It’s a means to mobility, independence, safety and quality of life. It’s also a component of one’s identity. Gen Y (thirty-something) amputee Emery Vanderburgh describes having pet names for most things in her life, taking delight in personifying random objects. But never her prosthesis. “Realizing that my prosthetic device wasn’t in my weird crew of characters made me understand that it is an integral part of making me feel whole,” she explained in a contribution to *thrive magazine* shortly after her amputation a number of years ago.

An amputee without a prosthetic limb can be challenged to contribute to certain aspects of family life or to work – to participate. Brittany Pousett, a prosthetist and PhD candidate at the University of British Columbia in Vancouver, is researching this very topic.

Pousett’s current project is exploring the real-world impact that access to funding for prosthetic treatment has on community participation and everyday life.

She defined “prosthetic treat-

ment” as “access to a comfortable socket, a suitable primary prosthesis, a back-up prosthesis and/or an activity-specific prosthesis.” Her research reports that funding has not kept pace with advancing technology for better outcomes at home, work and play. “It is critical to make funding decisions based on evidence of real-world impact on the lives of people who use prostheses,” she sums.

Stephanie Lamontagne is an Advocacy Case Manager with The War Amps. “One of the barriers to adequate prosthetic coverage in Canada,” she defined, “is ‘sci-fi syndrome’ – the mistaken belief that modern artificial limbs function like non-amputated limbs or imagined, futuristic implants.”

Lamontagne elaborated by cautioning that when governments and insurers believe prosthetic limbs provide superhuman ability, they fund only basic limbs and regard more “sophisticated” ones as a luxury. In reality, prosthetic technology cannot fully replicate lost function.

“Appropriate prosthetic care helps people access services, contribute to their communities and workplaces, regain quality of life and avoid serious, costly injuries,” continued Lamontagne. “By funding the appropriate artificial limb, it is less likely that the amputee will experience further complications requiring additional care, which in turn reduces demand on a strained healthcare system.”

Funds for this essential service are lacking and regulations are highly convoluted. Provincial healthcare billing for amputees’ prosthetic needs is distorted by outdated models and antiquated pricing, confused by differing health policies – each province with diverse eligibility rules, cost-sharing formulas and dollar caps.

Other entities have their own rules as well, such as territories and federal programs (Indigenous Services, Veterans Affairs Canada, Workers’ Compensation), social assistance

programs and private insurance providers, all adding further layers of complexity. There is a lack of agreement as to what the government's standard of "basic function" means, leading to claim denials and lengthy appeals. An inequity exists as to who is considered to be covered (a distinction between service and device) in Canadian healthcare.

ON THE FRONTLINES

Those working in the system want improvement too. Frontline healthcare providers like Robinson live the problem every day. Regarding discussing money owed with patients and clients, Robinson said emphatically: "I hate that part of the job."

"A person comes into our clinic expecting that this is all covered," he shared. "Someone completely new to this is not aware of the cost. Even with the partial funding from ADP and some from The War Amps and some from private insurance, the client obligation amount is often still substantial," Robinson illustrated. "And many are seniors. A lot of these people don't have insurance. Awareness about the cost of prosthetics and the patient's responsibility is definitely lacking."

Add to that, Robinson persists, the responsibility of asking the elderly, or any patient or client, for up-front cash falling to prosthetists... in some cases 50 percent of the client portion before the fabrication of a limb can begin. "That's blowing people away. And it's a really tough conversation for clinicians to have to initiate.

"We'd prefer to separate ourselves from that part of it," Robinson emphasized. "We want to focus

on functionality and establishing relationships. The look on their faces gives it away – they had no idea they would be responsible for this. Some say, 'Oh well, ADP pays', which as described, is very misleading. That conversation goes south as soon as we talk ADP and components, with the maximum ceilings, and what our patients are looking at, like for example, \$3,500 to \$4,500 out-of-pocket on just a foot component. We've had people walk away and never come back. We don't want prosthetics to be like buying a car."

Robinson reiterated: "It's an outdated ADP policy that is based on what the Ministry perceives to be an entry-level conventional component that is 'good enough'. And that's based on entry-level products that were available almost two decades ago. Not even inflationary increases have been addressed."

A PIECE GONE MISSING

Yet, while paying a below-market-value amount for prosthetic devices, it's no secret that Ontario's Ministry of Health has other competing health priorities, with positions being eliminated due to financial pressures. This has other unfortunate repercussions.

"Our team has become smaller," offered Robinson. "An important player on our clinical team when I started in the profession was the social worker. He or she was that person who looked at a patient's new life holistically and sought out answers to questions like: 'Where's the money coming from?' 'Do you have money set aside?' 'How are you going to get home accessibility

equipment or renovations?' 'What's covered by the government, by insurance?' The social worker was the quarterback for all of that."

With larger institutions being the exception perhaps, the support of a social worker to help guide new amputees has all but disappeared.

"Social workers," explained Robinson, "were instrumental in helping amputees navigate the funding system, helping them advocate for themselves, and dealing with the trauma of limb loss at the same time. Much of that falls to the prosthetist now. It's tough because of the strong interpersonal relationships we develop with our patients that become muddled by financial complications."

RETURN ON INVESTMENT

The War Amps' Lamontagne sums it up quite succinctly. "Insufficient access to prosthetic care is a significant barrier faced by Canadian amputees. Many Canadians would be shocked to learn that those who lose a limb are not adequately covered by private health insurance or public healthcare, and several provinces provide no funding whatsoever for medically-prescribed artificial limbs. The War Amps fills the gaps in funding where it can, but as a charity that relies on public donations, these funds can only go so far."

Throughout the last several years, The War Amps has engaged in advocacy campaigns in several provinces to improve the government healthcare funding available to amputees for prosthetic devices. In Ontario, The War Amps has advocated for reform to the Assistive Devices Program, which as Lamontagne stated, "is creating hardship for many Ontario



“There’s healthcare money available for all kinds of other things, but somehow this has been deemed as not a significant part of healthcare.”

– Marty Robinson, C.P.

residents due to the current gaps in support. We are in communication with the Ontario Government in hope of securing a commitment to update and enhance prosthetic coverage.”

In Robinson’s experience, an up-front spend translates to amputees being more active. “They’re back participating and contributing to society,” he voiced. “They’re going back to work. They’re joining their families at their kids’ and grandkids’ soccer games. They enjoy better mental health. They’re not tapping into their retirement savings. There’s healthcare money available for all kinds of other things, but somehow this has been deemed as not a significant part of healthcare.”

HEALTH EQUITY

MacCharles agrees. “The up-front cost may be higher, but the benefit from improved gait safety, reduced falls and fractures – that’s money right there. But is there an appetite to really look at that?,” she quizzes.

For MacCharles, a major concern is health equity. “If you need a knee replacement in Ontario and many other provinces, you see a specialist, have the surgery, get post-operative care, and receive rehab therapy. All of that is covered by our universal health system. But if you lose a limb, or have a congenital limb difference, it’s not the same deal. That’s one of the principal problems, how we treat people differently. I used to work in government as a bureaucrat leader and a politician, I’ve worked in the private sector too, so I’ve seen it from all angles. Governments are

reasonably slow-moving institutions unless there’s some political fire.

“Provinces have used their discretionary authority to create no less than thirteen different public regimes for covering the cost of prosthetic care across Canada,” she added. “It doesn’t make sense,” MacCharles asserted. “What then is the role of the Federal Government?” she interrogates. “It’s important to note too that prosthetic care is a lifelong process, not a one and done.”

A WAY FORWARD

MacCharles and the Amputee Coalition of Canada (ACC) proposed the idea of establishing and publishing a pricing/funding schedule for regular review, “so we can get out of this mess of a dated twenty-year-old fee schedule,” she argues. “Another action... longer term work with ACC,” of which she is a Board Member, “and with clinical partners and other stakeholders.” ACC has made two presentations to ADP this year and is hopeful for meaningful short and long-term changes to prosthetic funding.

MacCharles is also a proponent of the Federal Government assuming a role in the funding conundrum to establish national standards as a solution. “The Federal Government could be taking on the senior’s pain point (seniors on social assistance lose all ADP support when they go on CPP), like how they have funding programs for veterans and indigenous peoples. OPC might engage in that issue as well.”

OPC is Orthotics Prosthetics Canada. It is a national non-gov-

ernment certifying body for prosthetic and orthotic practitioners, and technicians, that develops and upholds national practice standards and advocates for public protection.

Emma Holmes, a certified orthotist, is a member of OPC’s Board of Directors. “I am hopeful that there is a turning point in orthotic and prosthetic (O&P) funding in the future,” reports Holmes. “Funding is a big barrier. Why aren’t the chains moving? Well, we’re not seeing much improvement in healthcare across the board,” she qualified.

“There are so few of us in the O&P community,” continued Holmes. “The scale of our ability to argue, both from a user and a professional provider perspective, is challenged by that as well.”

Among a number of internal committees supporting the work of OPC, there isn’t one that is dedicated to addressing the funding issue. Its efforts are focused on awareness and education.

“No, there’s no specific home for this at this point,” Holmes confirmed. “That said, we have a Partnership and Advocacy Committee, but it focuses on increasing awareness of our profession with physicians, physiotherapists and occupational therapists. Maybe funding will be part of what it does in the future.”

STEPPING OVER STATUS QUO

Canada currently lacks a centralized, real-time national limb loss registry. However, an alliance of O&P professionals has begun conceptual and administrative work on such.

Because of its absence at present, advocacy groups and researchers rely on modeled estimates based on older provincial health data and Canadian Institute for Health Information hospital records. The number 227,000 represents identified amputees in Canada, a 2014 estimate still cited today.

“We feel that the time for the government to initiate more funding options is long overdue, but we’re here now, so the time is now,” advocates MacCharles, who also sits on an OPC committee called “Day on the Hill”. This volunteer team promotes the O&P profession to federal politicians with an awareness event on Parliament Hill, an opportunity to cultivate federal champions for appropriate care.

“Perhaps the OPC, and other groups, should push on the international rights for persons with disabilities,” MacCharles suggested, citing the UN Convention. “That would plant the seed that Canada is not meeting its obligations, and that the Federal Government should be expected to work with provinces and territories to establish a new system that is more supportive and equitable – fair – for amputees. What’s the cost of not making progress?”

Like The War Amps, another association that has initiated conversations with Ontario’s Ministry of Health to facilitate change to the prosthetic funding problem is the Ontario Association of Prosthetics & Orthotics (OAPO). In keeping with its ongoing behind-the-scenes work with the Ministry, and sensing progress, OAPO declined the invitation to be interviewed for this article. That said, upon the request for a status statement at minimum, the following was provided: “OAPO continues to engage constructively with the Ministry of Health’s Assistive Devices Program on the urgency of updates to the



prosthetics funding formula. We are working to ensure that patients are able to access the prosthetic treatments they need to live independently and maintain a high quality of life.”

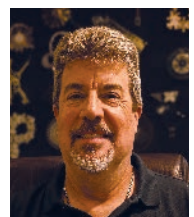
Alarming, funds continue to tighten for provinces and The War Amps, worsening the prosthetic funding issue rather than improving prospects for the future. Reviews of funding tend to arrive at redistributing existing funds rather than expanding budgets to actually meet needs.

There is no chair upon which a villain within the prosthetic funding paradox sits. The perplexity lies at the feet of the empty chair — the absence of an influential champion for this cause, a hero to push through the static door for meaningful change. Who will be the protagonist that fashions elevated funds as a reality? Who will deliver, at minimum, a decently equitable model that underpins the quality of life for amputees that this country publicly and politically aspires to uphold?

WHAT’S YOUR STORY?

Our voices and stories as prosthetic-wearing amputees just might be the most impactful means for change. Perhaps we are the heroes of influence that our limb loss community needs in this battle for equitable healthcare. Send us your “paying for my prosthesis” story to share with the associations representing us. A repository of personal impact stories just might carry the might for us to fight above our weight and size. Share with our publisher directly at jeff@thrivemag.ca. Practitioner and advocate stories welcomed.

ABOUT THE AUTHOR Max Warfield is *thrive magazine’s* lead feature writer, an author of numerous novels and an avid disc golf enthusiast. Always eager to dig deep into his assignments, he excels at exploring real-world problems and solutions and how they impact or serve the amputee community.



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PODCAST

Compelling Stories and Expert Advice



HOSTED BY
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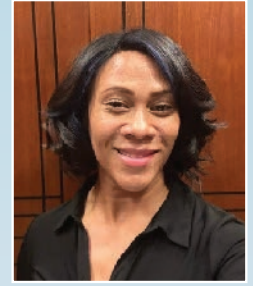
David Burton
*Navigating Amputee
Life On-Board*



Megan Williamson
*Defying Age
with Movement*



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*Firefighter's Triumph
over Trauma*



Larissa Camp
*Domestic Violence
and Limb Loss*



Greg Westlake
*Championing
Lifelong Learning*



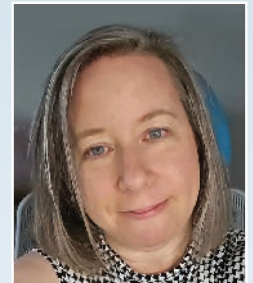
Courtney Gilmour
*Normalizing Disability
with Comedy*



Unstoppable Tracy
*Taking Action on
Attitude Change*



Christa Couture
*Living Life after
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Tanya Rabe
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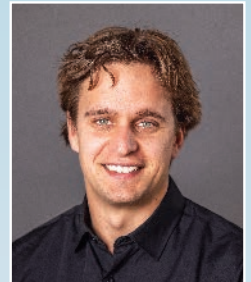
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*The Hero
Mindset*



Jakob Kepka
*Cycling for
Ukrainian Amputees*



Kevin Gray
*Connections to
Limb Loss*



Lucas Arsenault
*Championing
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Dionne Chambers
*Legal Lens on
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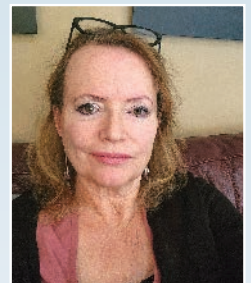
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*50 Years of War Amps'
CHAMP Program*



Kirsten Woodend
*Power of
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Lynn DeCola
*Coaching Us to
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Tracy MacCharles
*Charting Her
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*Conquering His
Own World*



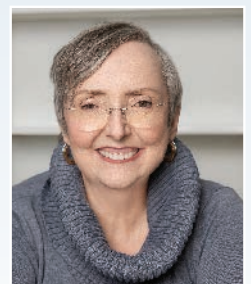
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*Advice for Her
Future Self*



Roz Hakim
*Balancing Life with
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Angie Sandow
*Born Different.
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Accessible London for Real

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



When talking about accessible travel, there can be a big difference between what looks accessible online and what actually works once you arrive. And what works well for one person may not work the same way for someone else, even in the exact same destination.

I recently had travellers return from London, England, one of whom uses a power wheelchair. Their overall feedback? London was incredibly accessible.

Transportation was a huge positive. At train stations, assistance was easy to arrange. Staff escorted them to the platform, placed a ramp for boarding, and radioed ahead so someone was waiting at their destination. Buses were accessible, and London's famous black taxis gave them another option when needed. FYI, all black taxis in London are wheelchair accessible! True story.

They travelled to Windsor, Greenwich and Richmond, visited the Tower of London, took the Uber Boat along the Thames, explored Piccadilly Circus and even saw *Les Misérables* at the Sondheim Theatre.

What stood out most for them was the people. They repeatedly commented on how willing people were to help and how often assistance was offered without them having to ask.

But accessible travel rarely comes without a hurdle or two. Upon arrival, they plugged in the powerchair charger and it was fried. Not exactly the ideal way to start a vacation! Fortunately, they found an amazing local company that delivered a European charger, that worked, the very next day. That company is now at the top of my contact list.

Their accessible hotel room presented another challenge. Prior to booking, we had obtained photos of the accessible bathroom to ensure that the room would meet their needs. Once they arrived, however, they discovered that the toilet was too close to the sink to transfer properly.

One of the challenges of planning accessible travel is that sometimes a picture just doesn't tell the whole story. It looks perfectly workable in a photograph, but a traveller's needs can make the reality very different. Thankfully, the same local company that helped with the charger, had a shower commode on wheels that solved the problem.

Their biggest caution was Heathrow, a very big airport that calls for a lot of walking. However, the ground crew member handling the powerchair boarded the aircraft to show them photos of it properly crated for their return home.

No matter how much preparation goes into travel, there can be hurdles whether you have accessibility requirements or not.

Being a traveller requires patience and flexibility. Plans change. Things break. Sometimes the accessibility is not quite as accessible as expected. You problem solve, adjust and keep going.

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.

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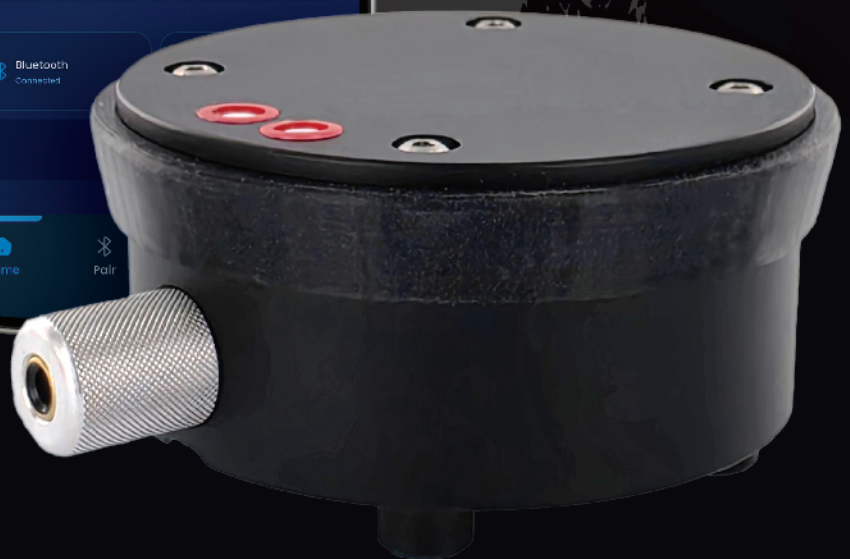
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is my lipstick.”*



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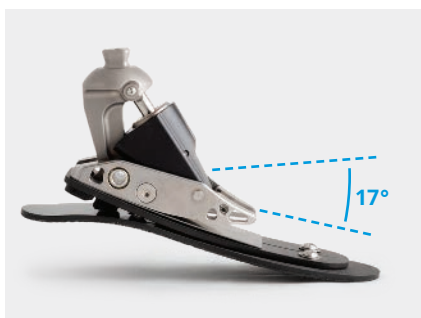
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