

A STEP AHEAD

AUTUMN EDITION



Amputees & Families
Support Group Qld Inc.

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We would like to thank InHouse Print & Design for the printing of our quarterly newsletter. Please contact them for all your printing requirements.

Disclaimer: AFSGQ does not provide specific medical advice or endorse any specific treatment, technology, company or device. Consumers are advised to consult with their healthcare professionals.

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FROM THE OFFICE



Happy new year and welcome to the Autumn Edition!

After the last few months of fires across not only Queensland but the majority of the east coast of Australia the rain has been a lovely reprieve and much needed in many areas.

The Amputees & Families Support Group Qld Inc were pleased to be able to help the Queensland Rural Fire Services by donating soaps, shampoos, conditioners and other assorted items that we had in excess for their care packages.

I have a couple of updates for members who are accessing our Pharmacy Subsidy Scheme as there have been changes to the way the medications are dispensed and the eligibility criteria. If you are taking several medications you could still be eligible but check with the pharmacist next time you visit and they will be able to clarify this for you.

Just a reminder that if you are under 65 you need to transfer to the NDIS because as of 1 July QALS will NOT be funding anybody who is NDIS eligible. If you have any queries please call the office to discuss.

At this time if you are over 65 you will still access QALS for the time being for your prosthetic needs. Once you are over 65 you can access My Aged Care. My Aged Care is the starting point to access Australian Government-funded aged care services.

As you get older, living independently in your own home can become more difficult. If you're finding it harder to do the things you used to, you can ask for some help at home. Asking for help doesn't mean losing your independence; it's quite the opposite. Getting a little help with daily activities means you can stay independent in your own home for longer. In fact, a little support can lead to a much better life.

Help at home is different for everybody and will depend on your needs. It may mean getting help with shopping and cooking or it could be receiving personal care to bath, dress, and get in and out of bed. It may also even mean getting home modifications to improve your safety and movement around the house.

If you need assistance and you are over 65 you will need to contact My Aged Care. You can call the My Aged Care contact centre on 1800 200 422 (free call).

A handwritten signature in blue ink, appearing to read 'Lynda'.

Lynda Foulis
State Coordinator

The Amputees and Families Support Group Qld Inc is partially funded by Queensland Health.



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DATES FOR THE DIARY

MARCH

- 4th Healthy Habits & Staying on Track + Morning Tea*
- 13-16th AMP Camp, Cobbity NSW
- 16th Northside Support Group^
- 25th Grocery Bingo @ 9:30am*

APRIL

- 1st Open House Morning Tea*
- 4th Picnic in the Park
- 20th Northside Support Group^
- 22nd Grocery Bingo @ 9:30am*

MAY

- 6th Mother's Day Lunch @ 11:30am*
- 18th Northside Support Group^
- 27th Grocery Bingo @ 9:30am*

JUNE

- 3rd Open House Morning Tea*
- 15th Northside Support Group^
- 20th Winter Solstice - TBA
- 24th Grocery Bingo @ 9:30am*

JULY

- 1st Physical Activity & Seniors + Morning Tea*
- 20th Northside Support Group^
- 22nd Grocery Bingo @ 9:30am*
- 29th Christmas in July

AUGUST

- 5th Open House Morning Tea*
- 17th Northside Support Group^
- 27th Grocery Bingo @ 9:30am*
- 29th Annual General Meeting & Father's Day Lunch*

Please see the enclosed flyers for further details in relation to events or functions. If you have any queries please do not hesitate to contact the office on 07 3290 4293 or email admin@afsg.org.au.

* Denotes functions at Logan Central Community Centre.

^ Denotes functions at Pine Rivers Bowls Club, Francis Rd, Bray Park. All queries please call Paul Harris on 0472 598 999.

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Every Dollar Counts...What is Available!

Every magazine we will include information on concessions that are available for you to access further if they are required. <https://www.qld.gov.au/community/cost-of-living-support/concessions>

One of our members was able to utilise funding through My Aged Care to have an air conditioner installed in the house due to challenges with body temperature. If you too need assistance, speak to your My Aged Care provider.

Medical Cooling & Heating Electricity Concession

The Medical Cooling and Heating Electricity Concession Scheme helps with electricity costs for people who have a chronic medical condition, such as multiple sclerosis, autonomic system dysfunction, significant burns or a severe inflammatory skin condition, which is aggravated by changes in temperature.

It currently provides \$340.85 (including GST) per year to eligible applicants (eligibility is reviewed every two years).

Eligibility

You must:

- be a Queensland resident and have a qualifying medical condition and need cooling or heating to stop your symptoms becoming significantly worse. Qualifying medical conditions include:
 - multiple sclerosis
 - autonomic system dysfunction
 - loss of skin integrity or sweating capacity
 - severe compromise of functioning such as mobility at extremes of environmental temperature
 - hypersensitivity to extremes of environmental temperature leading to increased pain or other discomfort or an increased risk of complications and live at your principal place of residence, which has an air-conditioning or heating unit. The applicant and/or legal guardian of a minor with a qualifying medical condition must:
 - hold a current Pensioner Concession Card or a current Health Care Card and
 - be financially responsible for paying the electricity bill.

If you are already receiving the [Electricity Rebate](#) or other energy concessions, you can apply for this concession. Full details of eligibility for the concession including qualifying medical conditions, are listed on the application form. Your medical specialist must fill out the medical certification section.

How to apply

To apply, complete the MCHecs application form by calling 13 74 68 or email concessions@smartservice.qld.gov.au to be sent a copy.



Join us for a monthly Catch Up



Feel like getting out of the house, relaxing and enjoying the company of others? Then come on down and visit us for our monthly catch ups in the Logan Central Community Centre!

On the first Wednesday of every month we have an open house! Come down, enjoy a free cuppa, morning tea and have a chat.

Dates: Wednesday, 4 March 2020 (Guest speaker)
Wednesday, 1 April 2020
Wednesday, 6 May 2020 (Mother's Day Lunch)

Where: Amputees & Families Support Group Qld Inc
Logan Central Community Centre
9-11 Jacaranda Avenue
Logan Central

Time: 10:00am - 12:00pm

Cost: FREE





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\$10 per book = 20 games

When: 26 February 2020
25 March 2020
22 April 2020

Time: 9.30am for 9:45am start

Where: Logan Central Community Centre
9-11 Jacaranda Avenue
Logan Central

RSVP: 3290 4293



Amputees & Families
Support Group Qld Inc.

Your Prosthetist & Prosthetic Limb Fitting

Your prosthetist

If you have been assessed as suitable for prosthetic use you will consult with a prosthetist regarding the making of a prosthetic limb. The prosthetist designs, produces, fits and maintains prosthetic limbs. Prosthetists work in the public health system and in private practise. Depending on where you live you may start with a prosthetist based in your hospital while you are having rehabilitation.

Your prosthetist will provide you with education in regard to stump and prosthetic hygiene, correct application of the prosthetic limb and works with your physiotherapist to achieve the best outcome for you. They will also advise you on the limitations of your prosthesis, funding bodies and specialised components for recreational activities and work. Your prosthetist is the person to contact if you have any questions or needs relating to the fit, function or repairs to your prosthetic limb.⁽¹⁾

Choosing your prosthetist

In Queensland amputees can choose their own prosthetist after rehabilitation. Those who start with a hospital made prosthetic limb choose their prosthetist for continuing services. The most successful prosthetist and client relationships are built over time, so your prosthetist can become familiar with your unique needs. While recommendations from other amputees are valuable you may prefer a different personality and skill set in your prosthetist than another amputee. The following list contains questions to think about when choosing a prosthetist.

Convenience: You will need to visit the premises quite often so location is important. Also look for conveniences such as parking, building access and appointment availability. Keep in mind how you could get to appointments without a car^(2,3)

Rapport: Talk to different prosthetists to see who you feel most comfortable with. Does your prosthetist listen to you and address your concerns? Are you treated respectfully by all the staff? Do you feel comfortable

discussing problems with your prosthesis or does the prosthetist become dismissive or defensive?

Decision making: Do you like to be a partner in the decision making process? Look for a prosthetist that uses their knowledge to inform and guide you to make appropriate choices. Do you feel pushed towards components or given a 'hard sell' on items you do not need?^(2,3)

Experience and knowledge: Ask about the experience of the staff and if they specialise in your type of prosthesis. Can they answer questions and address concerns to your satisfaction? If they cannot answer a question do they source information and provide it to you at a later date?

Expectations: Does the prosthetist provide you with realistic expectations of your prosthesis? Are you provided with material outlining components and appropriate usage? Does the prosthetist tell you when your expectations are unreasonable and guide you to more suitable solutions?

After care: Does the prosthetist provide information on prosthesis care and maintenance? If you have concerns about fit and function are they addressed quickly or was the process drawn out? Are you contacted for regular maintenance visits?^(2,3)

When you consult with a prosthetist they will usually examine your stump and take details of your medical history. They should discuss your goals, suitable components and lifestyle factors that will affect your choice of components. They will need to record the size of your remaining foot and the type of shoes you wear, your stump circumference and where a prosthetic knee will be placed. The prosthetist will also decide at this stage how the limb will be held on, this will be determined by issues such as the level of amputation and the length of your stump. At this point you should discuss component choice and which components best suit your needs and your budget^(2,4)

Fitting a prosthetic limb

Once you have decided with your prosthetist on what type of prosthetic limb and components you need the building and fitting can begin. The first stage is to cast a realistic model of your stump. If you are happy to proceed a cast can usually be made during your first appointment.⁽⁴⁾

Casting is done in two ways. The first method uses plaster of paris on bandages. The bandages are wrapped around the stump and then removed when the plaster has set. The prosthetist then fills the mould with plaster creating an exact replica of your stump. The second method uses a special camera which scans the stump and transfers the images to a computer operated carving machine to carve a replica of the stump out of solid material.⁽⁴⁾

The stump replica is used to make a socket. Most sockets are resin however other materials such as carbon fibre are available. Resin is a two part liquid that hardens into a strong plastic when mixed together (resin cannot be poured straight onto a stump as it heats to over 180 degrees when hardening) You may have a 'check socket' cast. This is a temporary socket made of clear acrylic plastic. The prosthetist will use it to look for pressure spots or areas where the stump does not make contact with the socket before the final socket is made.⁽⁴⁾

When the prosthetic limb is completed you will return for a fitting and trial. The prosthetist will watch how you walk to look for any problems and make necessary adjustments. They will then show you how to 'don' (put on) and 'doff' (take off) the prosthesis and liner. They should also give you instructions on how to maintain the limb and the limitations of the prosthesis.^(1,4)

Your first prosthetic limb will not have a cosmetic cover so that adjustments can be made frequently. As you become more active your stump will likely change in shape requiring several sockets in a relatively short space of time. Once the stump has stabilised your prosthetic limb should last for several years provided you maintain it as directed.^(1,4)

Most modern prosthetic limbs are designed to be "endoskeletal" this means they are like a human limb with a sturdy skeleton for support and a soft outer layer. When your stump has stabilised a cosmetic cover (cosmesis) can be fitted to the prosthetic limb. The cosmetic cover is made to match as close as possible to the shape and colour of your natural leg.^(1,5)

Depending on your lifestyle, work and recreational activities, three basic types of cosmetic covers are available: hard plastic, foam with removable stockings for colour, or foam with a silicone/vinyl 'skin' for colour.⁽¹⁾ Some people prefer the appearance of the componentry and choose to not have a cosmetic cover, this has become quite popular as it is the preferred appearance for amputee athletes. For others realism is very important: cosmetic covers that are very realistic including skin colour matching are available.⁽⁶⁾

For those amputees whose activities could damage a foam cover; a prosthetic limb with a hard fibreglass exterior may be recommended. This is called an 'exoskeletal' prosthesis and is strengthened by its hard cover (like a crab hence the name) Some examples of activities that need a exoskeletal prosthetic limb include regular exposure to salt water, welding or other types of "dirty" work, as well as weight considerations.⁽⁴⁾ Exoskeletal limbs also work well for active children as the cover is very durable.^(1,5)

The most appropriate cosmetic cover for your prosthetic limb will be decided by you in consultation with your prosthetist.

Avoid wearing your prosthesis if you develop pain or the prosthesis is damaged. Continual prosthetic use can make the pain worse or cause a serious injury.



Socks and Liners

Socks and liners are an important part of wearing a prosthetic limb. A socket on its own is too hard to be worn comfortably without some kind of soft interface between it and the stump skin. In below knee amputees a stump in a hard socket is likely to form painful pressure points, sweat excessively and create friction rubbing on the skin. Socks and liners allow normal changes in stump size without the socket falling off or becoming too tight. Socks also allow perspiration to be absorbed rather than causing the socket to slip.⁽⁷⁾

Socks and sheaths

Socks are used to protect the stump from friction and to help keep the socket fitting snugly. Socks can be cotton, wool or synthetic. The advantage of natural material socks are that sweat is taken away from the skin, however modern synthetics and blends are catching up with natural fibres in terms of moisture absorption. Socks come in a variety of thicknesses (ply). This allows an amputee to mix and match plys to make a good socket fit and accommodate minor stump changes.⁽⁷⁾

Nylon sheaths are an optional supply that are used as a moisture and friction barrier between the skin and other socks. Sheaths are similar in appearance to traditional hosiery but are specially made for prosthetic use.⁽⁷⁾

Gel socks are a layered sock with an outside fabric layer and a layer of silicone or similar material in the middle. The advantage of these types of socks is that the silicon can mould to the stump's surface and relieve pressure points.

Multiple socks can be worn at once to account for stump volume changes but see your prosthetist if you find yourself needing many socks at once, as a change in socket may be needed.⁽⁷⁾

Liners

Two common liner materials available for amputees are silicone and pelite. These liners both achieve the same outcome: flexible cushioning that adjusts to the shape

of the stump and muscle movement. Your choice of liner will be made in conjunction with your prosthetist as the design of your prosthetic limb will influence the type of liner that can be used.

Liners made from silicone are an alternative to socks or they can be used in conjunction with socks to provide a good socket fit. The material used to make the liner is soft and can conform to the stump relieving pressure and rubbing.^(7,8)

Many prosthetic limb styles use the vacuum created by a silicone liner to hold the stump in the socket. This is achieved by the addition of a lock and pin. The pin attaches to the liner and the lock is built into the socket. The wearer can then use the pin to lock the liner to the socket creating a firm hold. The stump is held in by the suction created by the silicone. Liners can be implanted with skin treatments to reduce skin irritation.^(7,8)

The other common type of liner is a pelite liner. Pelite is a kind of foam that can be heat moulded to the replica of the stump made in casting. These liners are soft but hold their shape. There are pelite alternatives on the market that use plastics; sometimes called a "flex socket" these are made in the same way as a pelite liner by heating and moulding over a cast of the stump.⁽⁶⁾

The choice of liner will alter how the socket is made. If you do not like the type of liner you have it is usually necessary to remake the socket to accommodate a different type. Changing liner types is not a decision to be taken lightly as the stump becomes accustomed to a liner. Changing liner type does not appear to have any added benefits for many amputees (unless they have an allergy to the liner material) and some amputees find the change intolerable.

Always investigate the cause of pain or discomfort in your stump with your prosthetist and primary care doctor rather than assuming the type of liner is the problem or the solution to pain.⁽⁹⁻¹⁰⁾

Prosthetics for lower limbs

While prosthetic limbs do not function as well as natural limbs, they can be very effective. Most people are able to resume much of the physical activity they had prior to the amputation.⁽¹⁾ With the appropriate selection of prosthetic components and physical rehabilitation many amputees return to independent mobility and become confident prosthetic limb users.

After amputation surgery you will want to get back to daily living as soon as possible however you must wait until the stump is healing well and the swelling has stabilised. Your readiness for a prosthetic limb is decided on a case by case basis in consultation with your rehabilitation team but it typically takes six to eight weeks for the stump to be ready. You will use your first prosthetic limb to undertake walking practice and work with your physiotherapist to strengthen your residual limb. Arm amputees will use their first prosthetic limb to develop hand skills whilst the stump undergoes change.^(1,11)

Your first prosthetic limb is often provided by the prosthetic service in your nearest public hospital. This prosthetic limb will not have a cosmetic cover due to the amount of adjustments needed in the early stages of rehabilitation. Walking will cause significant stump changes for a period of four to six months therefore your first prosthetic limb will need multiple adjustments while the stump stabilises and your walking improves.

At the beginning of your prosthetic limb training you will need to use a walking aid. As your walking with a prosthetic limb improves you may be able to walk without any walking aids.^(1,11)

During prosthetic limb training you will be shown how to care for your stump and you may require assistance with pain management or experience phantom pain sensations. The length of a prosthetic limb training program varies depending on the individual for most amputees it will take several months for the stump to stabilise and mobility to improve.^(1,11)

Components of a leg prosthesis

The components chosen for your prosthesis will be based on a range of needs such as your weight, activity level, the level of amputation, work, where you live (for maintenance) and your other leg and knee/s. Your prosthetist will guide you through the components on offer and assist you with choosing components. High end components may not be best for you: you may find you prefer the durability and easy maintenance of lower tech options.^(1,12,13) The following is a basic description of common lower limb components.

Socket: The socket holds the stump and distributes weight. Most modern sockets are made from urethane resin. To determine the correct shape the socket will be cast either by putting plaster on the stump or by scanning the stump into a computer by using a camera-like device.^(1,11)

Suspension: The suspension holds the socket onto the stump. There are multiple kinds of suspension including cuffs, leather belts, corsets, vacuum suction, liner with pin, and elastic sleeves.^(1,11)

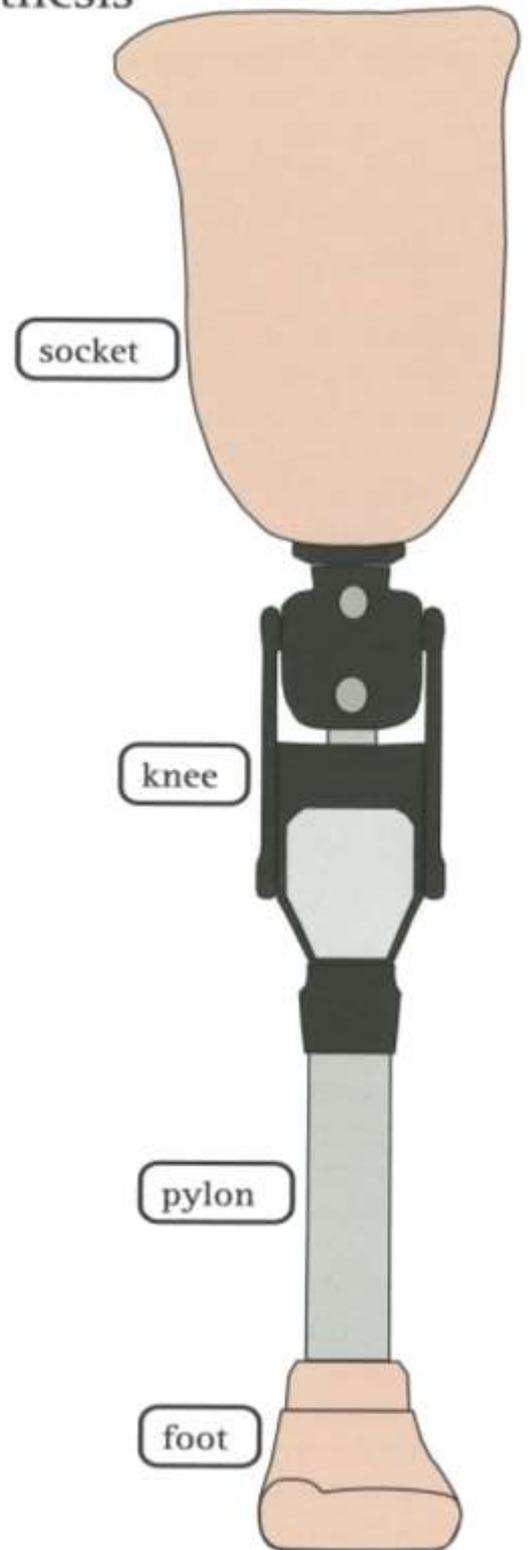
Knee: Mechanical knees have hinges that swing when you walk to create a more natural gait. Knees with multiple axes are more stable and allow faster walking than those with only one axis. If you have difficulty with stability, safety knees are available.^(12,13) Hydraulic knees have fluid filled cylinders and pistons to allow different walking speeds.⁽¹¹⁻¹³⁾ Hybrid knees that combine mechanical hinges with pneumatic cylinders are available.

Foot and ankle: There are numerous feet available from wood to titanium. Ankles are not always needed however they are an option for those who want an adjustable heel height.⁽¹¹⁾

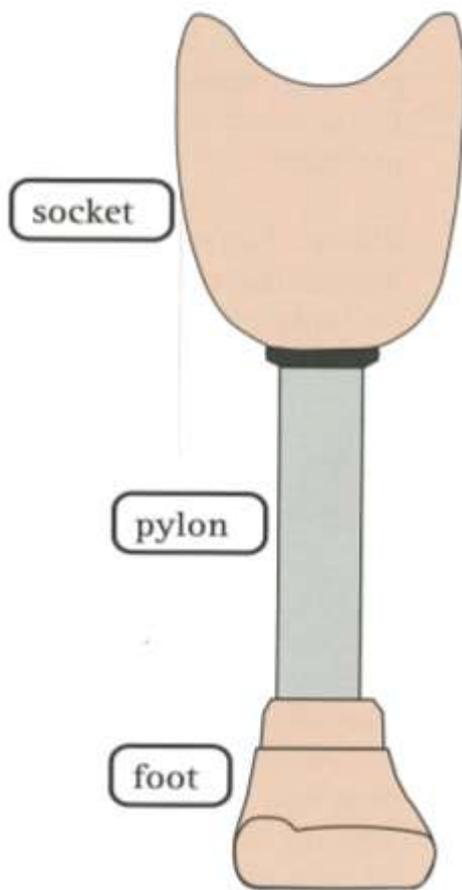
Pylon: Pylons create the length required for your limb and depending on their type can absorb shock and torque as you walk.⁽¹¹⁾

Components such as rotators are available and may suit your needs, your prosthetist can advise you on additional components.

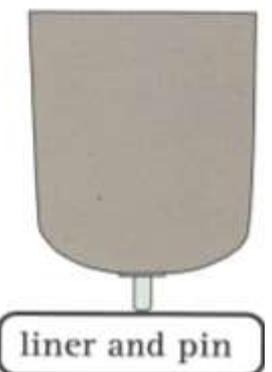
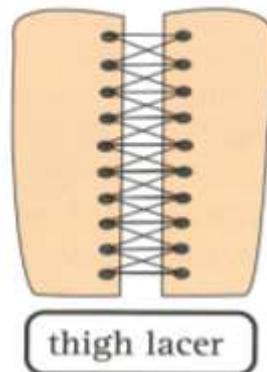
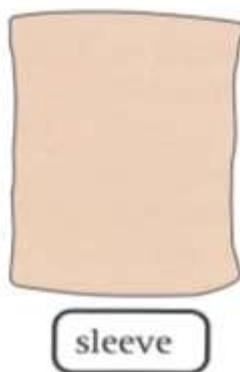
An above knee prosthesis



A below knee prosthesis



Suspension types



Prosthetics for upper limbs

The hand is a very complicated thing, far more so than a foot or knee, as a result upper prosthetic limbs can only duplicate a limited range of movements of the hand. Even if you choose to not use a prosthetic limb you will still need training in one armed techniques to maximise your independence.

You need to undergo careful assessment and be involved in discussions with your rehabilitation specialist, physiotherapist, occupational therapist and prosthetist if you wish to use a prosthetic limb. Aspects such as medical fitness, physical potential, current functional abilities and the tasks you wish to accomplish using the prosthetic limb need to be fully reviewed. Discussions will also cover the types of components and terminal devices that will best meet your needs, the limitations of a prosthetic upper limb, as well as its benefits and your level of commitment to an intensive training program.⁽¹⁾

If a prosthesis is not appropriate, you may still require training in one-handed techniques, strengthening and exercise programs to maintain a good posture and referrals to agencies who assist with driving retraining, work rehabilitation and support and peer groups.

Once you decide to proceed with a prosthesis, a training prosthesis will be custom made for you. When completed, an intensive training program will be coordinated for you by your occupational therapist and physiotherapist so that you are able to maximize the usefulness of your prosthetic limb. The details of the program depend on the level of the amputation, your general fitness and need for adapted skill training. During this time referrals to specialized agencies for driving and so on will be organized if required.⁽¹⁾

Components of an arm prosthesis

There are three types of arm prosthesis: body powered, electric (myoelectric) and cosmetic/passive. Body powered and electric arm prostheses produce the same outcomes of basic arm/hand functions. Cosmetic arms

are designed for a realistic appearance but cannot move or grip objects.

Socket: The socket holds the prosthesis onto the stump. Most modern sockets are made from resins. To determine the correct shape the socket will be cast either by putting plaster on your stump or by scanning your stump into a computer using a camera-like device.^(1,14)

Harness and Control Cables: The harness and cables control movement of the prosthetic. The harness transfers movement of the muscles to the cables which in turn control the prosthetic resulting in quite complicated systems. Electric arms (myoelectric) do not use harnesses and cables; instead sensors inside the socket pick up muscle movements which are transferred to small motors in the prosthesis.⁽¹⁵⁾

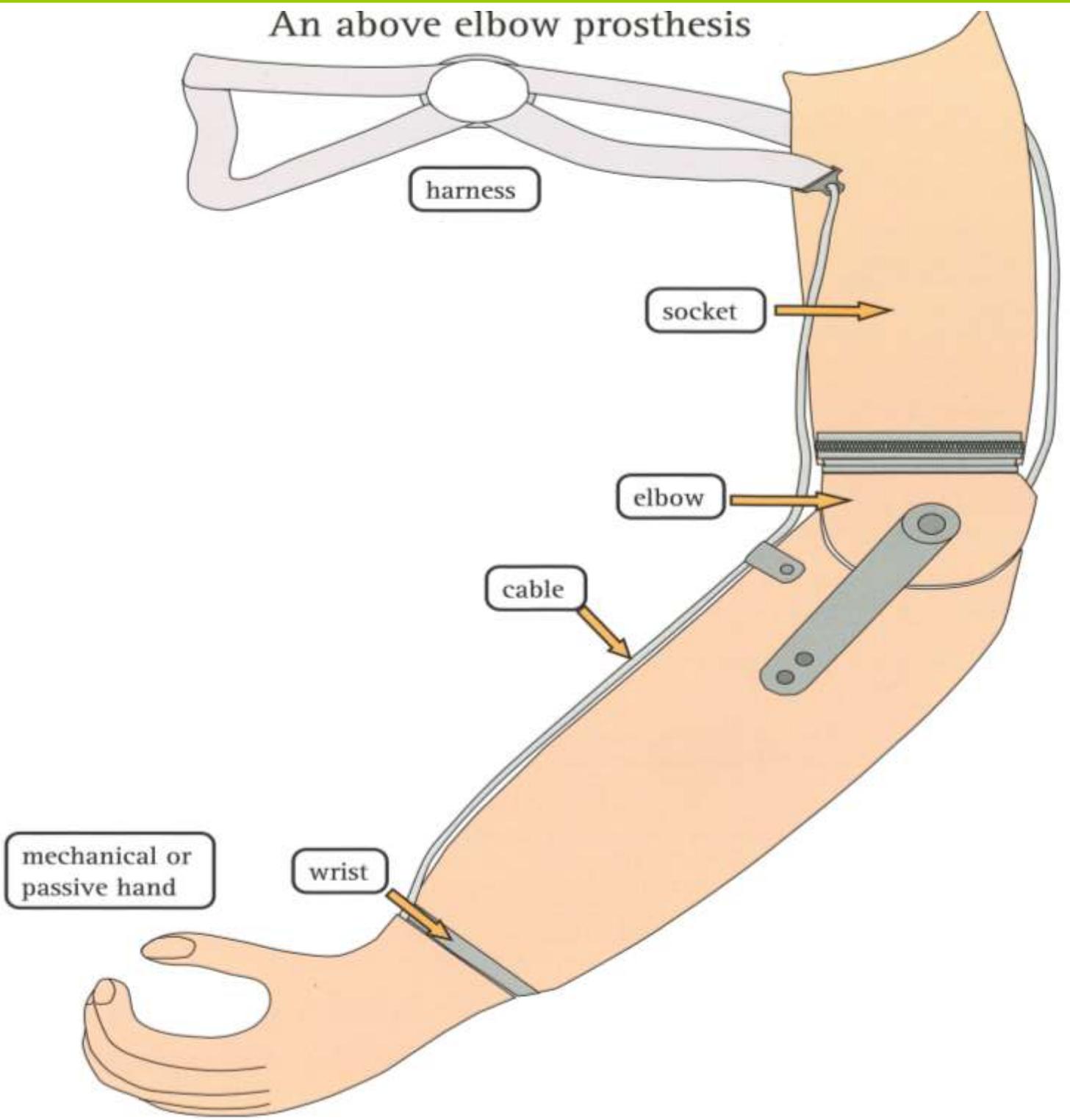
Elbow: Elbows use hinges to flex and depending on the level of amputation may be body/electric controlled or manually positioned with the other hand.⁽¹⁵⁾

Wrist: The use of wrists allow the changing of terminal devices and also lets the user position a terminal device before use.⁽¹⁵⁾

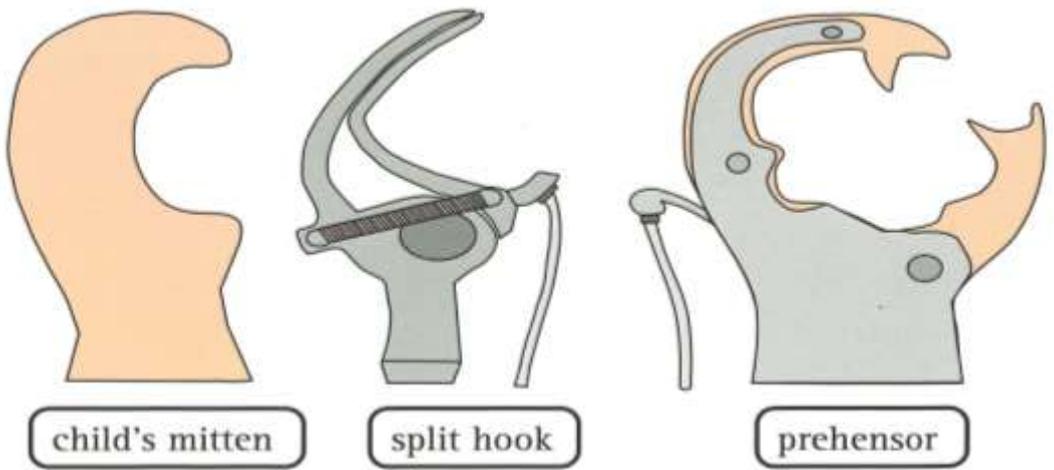
Terminal Device: The terminal device comes in three basic forms mechanical hook, mechanical hand and cosmetic hand. Mechanical hands can open and close providing basic grip. Non-mechanical cosmetic hands look very realistic but remain in a fixed position.⁽¹⁾ Hooks can open and close like a pincer allowing gripping and the ability to lift objects. Manual workers often prefer hooks because they can be used in conditions that would stain or damage the cover on a prosthetic hand.⁽¹⁵⁾

All terminal devices are interchangeable, for example, if you use a mechanical hook, you can replace it with a cosmetic hand. The choice of a terminal device and wick type meets your needs will be discussed with you at the time of your definitive prosthetic prescription.⁽¹⁾

An above elbow prosthesis



Terminal devices



References

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- 3 Beattie W: *Choosing a Prosthetist* In: First Step Volume 2 2011 [internet cited 2013 Nov 22] Available from: http://www.amputee-coalition.org/first_step/firststepv2_s2a02.html
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This Article was taken from "Information for People Living with Amputation" by Queensland Health. If you would like a copy of this book please contact the Amputees & Families Support Group Queensland Inc on 07 3290 4293 or via email admin@afsg.org.au and we will arrange for a copy to be sent to you.



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Picnic in the Park

Bring your family and friends and join us for an Easter Picnic in the Park!

MASSIVE Easter Egg Hunt | Games |
Lunch (chicken, salads, bread rolls, dessert & a drink)

Hop over to Tygum Lagoon
(Park Road, Waterford West)

Saturday, 4 April
10:30am - 12:30pm

Easter Egg Hunt

The egg hunt will start promptly at 11:00am so don't be a sad egg and miss out!

Cost: \$10 adults (includes lunch)
Children under 10 FREE

RSVP: Friday, 27 March
admin@afsg.org.au

BYO picnic rug & chair!!





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When: Wednesday, 4 March 2020
Wednesday, 1 July 2020

Topics: Healthy Habits & Staying on Track - March
Physical Activity and Seniors - July

Time: 10:30am to 11:30am

Where: Amputees & Families Support Group
Logan Central Community Hub
9-11 Jacaranda Avenue, Logan Central

RSVP: One week before each workshop to 07 3290 4293 or
email lynda@afsg.org.au

All workshops will be followed by FREE morning tea!



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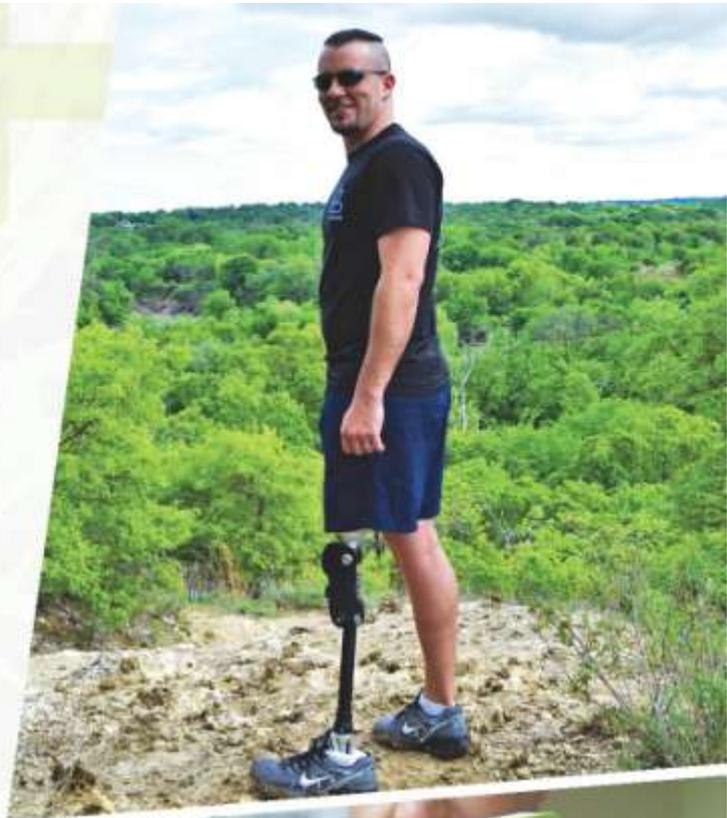
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Wednesday, 6 May at 11:30am

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Buffet lunch | Assorted desserts | Raffles
Mother's Day Stall | Lucky Door Prizes

\$10 per person

Amputees & Families Support Group Qld Inc
Logan Central Community Hub
9-11 Jacaranda Avenue, Logan Central



Amputees & Families
Support Group Qld Inc.

RSVP: admin@afsg.org.au or phone 3290 4293
Bookings essential. Limited numbers

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more than golf

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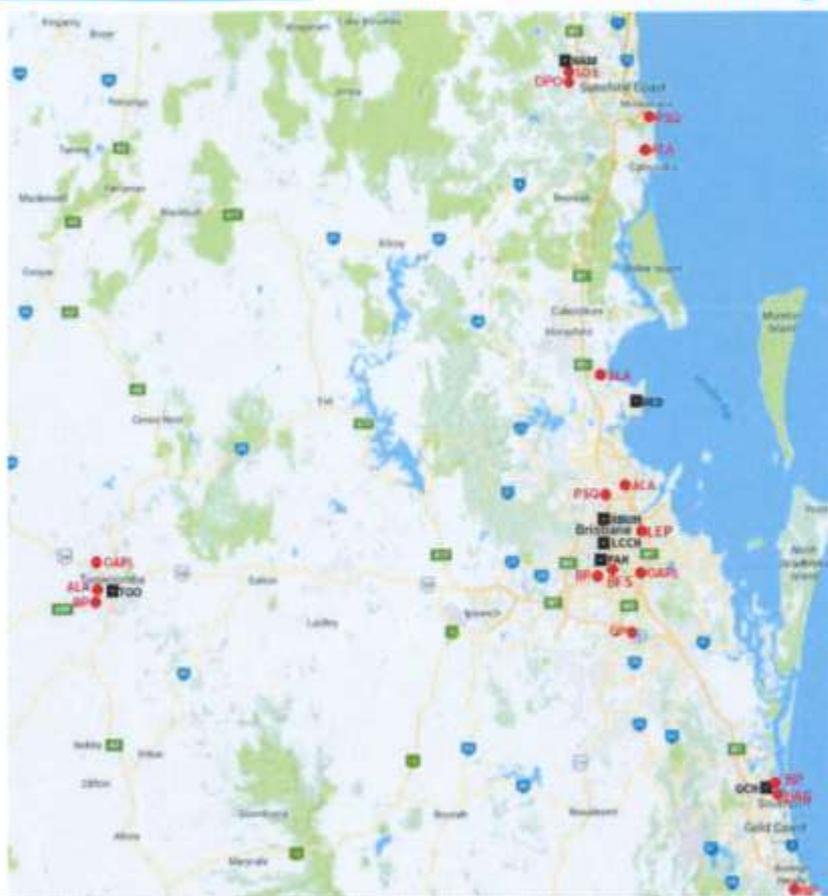
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BAR	Barry Leech Prosthetics and Orthotics:- Ph: 07 5532 0506 Email: SEQadmin@BarryLeech.com	7 Pinter Drive, Southport 4215	Main Facility
BFS	Brisbane Footwear Services Ph: 07 3391 2066 Email: info@BFSPedorthics.com.au	128 Logan Road, Woollongabba 4102	Main Facility
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PSQ	Prosthetic Solutions Queensland:- Ph: 1300 423 338 Email: info@ProstheticSolutions.com.au	Unit 2 / 20 Valente Close, Chermside 4032 Unit 1 / 66 Jessica Boulevard, Minyama 4575	Main Facility By Appointment
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for membership and/or donation.

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