

A STEP AHEAD

SUMMER 2025



Amputees
Queensland

CENTRAL OFFICE

Ben Mathews Playground Community Centre
47-55 Ellen Street, Logan Central Qld 4114
PO Box 31, Kingston Qld 4114

Monday to Friday 9:00am to 2:30 pm

T: 07 3290 4293 | W: www.amputeesqld.org.au
E: admin@afsg.org.au or lynda@afsg.org.au



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

From the Office!



Welcome to the Summer edition of the A Step Ahead!

I am not sure where this year has gone, I cannot believe that we are already in December and Christmas is fast approaching!

As you all know Amputees Queensland met with the Health Minister's office in relation to our request for changes to the Queensland Artificial Limb Service (QALS) Guidelines. QALS management advised us that we were required to speak to the Health Ministers Office and now the Health Minister has advised us that we are required to speak to the CEO of Metro South Health, we are in the process of following this up.

The QALS Guidelines state that they do **not** take into account or consideration an individuals quality of life, health or lifestyle. We believe that this needs to change, and that the scope of the QALS guidelines should be expanded to ensure individuals receive the appropriate prosthetic for their individual requirements, support their quality of life, health and most importantly their safety.

We will continue to follow due process and keep you updated with our outcomes.

As of 1 January 2026 the cost of memberships is going up, membership prices have been the same for over 10 years and with the rising cost of postage and resources we have made the decision to increase our membership fees. The new costs are on the back inside page, if you have any queries in relation to this please call the office.

During November we held Support Group meetings in Hervey Bay and Bundaberg, the groups will continue in those areas and we have a Social Catch up in Warwick on 12 December. All our support group meetings, social events, information sessions and news is kept updated on our website, socials and e-news, keep a look out for the new social group meetings near you!

Thank you to everybody who has attended an information session, social catch up, exercise program or an event this year, we have had a very busy year and are looking forward to continuing our programs in 2026!

As we prepare for the Christmas season several of our onsite programs will take a break, these include the FREE adaptive exercise programs which will all cease from 12 December and restart from 19 January. These sessions are fun and fully adaptive, they work on your balance and strength so we hope to see you at a session in 2026!

The office will close from lunchtime Friday, 19 December and will re-open on Monday, 12 January 2026. Throughout the closure period we will still be providing peer support as needed, the only days that we will not be operating will be the main public holidays (ie Christmas Day, Boxing Day and New Years Day).

Lastly, thank you to all the volunteers, you make a difference every day to the lives of people living with amputation, we couldn't do what we do without you.

Wishing everybody a Merry Christmas and a safe new year!



Lynda Tilley | State Coordinator

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"Any one of us could be affected by an unexpected life event or illness where peer support will be vital to our recovery and wellbeing"



Amputations in Australia

Limb amputation is one of the earliest forms of surgery, allowing a person to survive severe injuries and infections. Historically the main causes of amputation were trauma and wound infections.

However in first world countries trauma is no longer the main cause of amputations because:

- Emergency medicine has greatly improved and more limbs are saved because a person can be transported to hospital quickly.
- Some amputated limbs can now be reattached with microsurgery.
- The number of workplace accidents have dropped significantly due to Health and Safety laws.
- Surgical sterilisation techniques and antibiotics control most infections.

In a modernised country such as Australia the main causes of amputations are vascular disease and diabetes. Other causes of amputation are traumatic injuries, infections, tumours and congenital deformities.

Vascular Disease: Vascular disease occurs when the arteries in the legs become blocked. This condition can happen to anyone but is more severe in patients with diabetes. The narrowed arteries prevent the heart from pumping enough oxygenated blood to the feet, resulting in severe pain in the legs, foot ulcerations and ultimately gangrene of the toes/foot.

Diabetes: Diabetes is the cause of half of the amputations performed in Queensland. Diabetes does not just increase the severity of vascular disease it also reduces feeling in the feet and slows wound healing; resulting in foot ulcers. People with diabetes are more prone to skin infections and gangrene or sepsis may occur, resulting in amputation.



Trauma: Trauma resulting in amputation is most frequently related to motorcycle, motor vehicle and industrial accidents.

Other causes are home accidents and burns. Most upper limb amputations are caused by traumatic injury. Trauma is the most common cause of amputation for young adults. ♥



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DATES FOR THE DIARY



Happy holidays!!

Wishing everybody a Merry Christmas
and a happy and safe New Year!

Our offices will be closed across the
Christmas period from lunch time
Friday, 19 December until Monday,
12 January 2026.

JANUARY

12th Office Reopens
28th Wildlife Encounter

FEBURARY

4th Info Session
18th Info Session
25th Grocery Bingo

MARCH

4th Info Session
18th Info Session
25th Grocery Bingo

All information sessions and support group meetings will be updated on our website and our socials!

All sessions will be at our offices at Ben Matthews Playground Community Centre, Logan Central unless otherwise marked.

Sunshine Coast Support Group Get Together's will be held at Maroochy River Golf Club, 374-514 David Low Way, Bli Bli at 10am. Please RSVP admin@afsg.org.au or call 0475 052 980.

Phantom Pain

The Who, What, and Why of the Phantom!

Several studies show that between 50 and 80 percent of people with limb loss report experiencing some form of phantom limb sensation at least once, and many people say they have severe phantom limb pain that recurs regularly.

Phantom limb pain is a common problem for amputees, and if you experience it, don't hesitate to speak up about it. Many people with limb loss are familiar with it, and your healthcare professionals need to know that you are experiencing it. Be assured, no one will think that you are crazy.

Additionally, learning about others' experiences with it can allow you to see your phantom limb pain as less weird or scary, and you might pick up ideas for treatments you haven't considered. Furthermore, your healthcare team must be informed of it to help you develop a systematic approach to address it.

Mary Ann Miknevich, MD, a physiatrist with the University of Pittsburgh Medical Centre who works with patients with limb loss and moderates local amputee support groups, says her patients have reported numerous types of phantom limb pain, including, but not limited to:

- ✦ Burning
- ✦ Cramping
- ✦ Crushing
- ✦ Electric shock
- ✦ Pricking
- ✦ Stabbing
- ✦ Shooting
- ✦ Twisting
- ✦ Throbbing

Amputees also often experience other, non-painful feelings (although some can be irritating) in their missing limb, such as movement, pressure, or itching. Again, the incidence of these sensations ranges from rare to frequent.



Miknevich notes that, among her patients, if phantom sensation does not present shortly after amputation, it usually doesn't occur later.

Why phantom limb pain occurs and exactly how it does so are still unclear, although Miknevich says recent studies point to a couple of new theories. One is that neuromas—small, painful bulbs that sometimes form on damaged nerve endings—may generate sporadic nerve activity that the brain interprets as coming from the missing limb.



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The Who, What, and Why of the Phantom ... cont

“The more important theory,” the doctor says, “is that it is believed that a reorganization occurs (after amputation) in the cortex of the brain so that nerves that once communicated with the amputated limb now make new connections to muscles or other fibres in the stump.”

She adds that following peripheral nerve injury, such as occurs with amputation, the mechanism that inhibits pain signals in the spine may fail, allowing the nerves to go haywire, which could be a factor in phantom pain.

The upshot of these theories may be that phantom limb pain springs from more than one source, which could explain why healthcare professionals pursue so many different methods of treating it.

Striking Back at the Phantom

The list of potential medical treatments for phantom limb pain is lengthy, spanning non-invasive methods to deeply invasive ones. These include:

- Antidepressants
- Anticonvulsants
- Brain stimulation
- Narcotics
- Nerve blocks
- NMDA (N-methyl-D-aspartate) receptor antagonists
- Painkiller injections
- Neurectomy (surgery to sever nerves)
- Spinal cord stimulation
- Residual limb revision
- Transcutaneous Electrical Nerve Stimulation (TENS)
- Virtual reality therapy



Your physician can explain each of these treatments and outline their potential benefits, risks, pitfalls, and side effects. However, Miknevich points out two important caveats to consider before you search out treatments for phantom limb pain. First, you and your physician must determine that what you are experiencing is phantom limb pain, because psychological factors may be in play that mimic its presentation.

“One of the toughest things is to separate the emotional part of what is going on from the physical pain,” Miknevich explains. “When you are under stress or tension, all types of pain seems to be worse. If you’re already in pain, then your tolerance for anything is less; it’s like being tortured on a continual basis.”

Therefore, a discussion with your healthcare professional about all your symptoms and other potential contributors to your condition is imperative before seeking remedies for your pain.



Tai Chi

Tai Chi enhances balance, strength and coordination as well as physical and mental health. Join Phil Hopes from Ambient Training for a morning of FREE seated or standing Tai Chi, meet new people and have some fun!

You will need a water bottle, small towel and wear nice comfortable clothing that is easy to move in.

Tai Chi is a **Healthy Ageing Hub** event, empowering older people to confidently manage their own health and wellbeing in the community.

TUESDAYS

9:30am - 10:30am

THURSDAYS

10am - 11am

The last day of Tai Chi for this year will be Thursday, 18 December 2025 and will recommence on Tuesday, 13 January 2026.

Where: Ben Matthews Playground Community Centre
47-55 Ellen Street, Logan Central

This activity is supported by funding from the Australian Government



Striking Back at the Phantom ... *cont*

Second, Miknevich cautions that patients for whom phantom limb pain has been non-existent or minimal should be aware that, if it suddenly occurs or worsens, a physiological cause might be the culprit. Some of her patients have had abnormal pressure on their residual limbs, which presented as phantom limb pain, because of poorly fitting or misaligned prosthetic sockets. Others have had additional circulatory blockage causing ischemic pain, which increased the severity of their phantom limb pain. “I recently had a patient who suddenly developed phantom limb pain, and he had developed a very large neuroma in his residual limb,” she says. “It’s important if you notice a change in your phantom pain to alert your physician and your limb maker.”

A number of psychological and alternative therapies are options to medical interventions:

- Guided imagery therapy helps amputees focus on soothing mental images to alleviate their phantom limb pain, and other relaxation techniques, such as controlled breathing, offer similar approaches.
- Hypnosis may soothe some people’s pain, and distraction therapy may take their mind off it.
- Biofeedback teaches patients to control bodily processes that are normally involuntary, which may help them suppress phantom limb sensations.
- Acupuncture, which stimulates pressure points on the body with needles, has been successfully used by some amputees for relief.
- Mirror-box therapy, which shows patients a mirror image of their sound limb so they can practice “controlling” their missing limb, has also benefited some.

There are still other avenues to explore before pursuing medical treatment, including lifestyle remedies. These methods do not require a medical professional’s involvement. They include keeping a journal of phantom pain occurrences. This can help amputees identify triggers for the pain and avoid them in the future. For some, simply rubbing, massaging, or applying a shrinker to the residual limb reduces the sensation. For others, a full-body massage helps. Cold packs, heating pads, exercise, diet, and lifestyle changes (such as quitting smoking or drinking) may also reduce the frequency or intensity of the pain. Some people use more unexpected measures: Miknevich recalls a patient in one of her support groups who talked to his pain.

“He would say, ‘Go away! You are not there!’ and that works for him,” she says.

It is believed that a reorganization occurs (after amputation) in the cortex of the brain so that nerves that once communicated with the amputated limb now make new connections to muscles or other fibers in the stump.

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Beware the Phantom's Fellow Fiends

As noted in the earlier example conversation, some phantom limb pain sufferers try herbal supplements. Miknevich counsels that people with limb loss should consult with their physicians before taking any dietary supplements to ensure that the products don't interfere with or have adverse interactions with prescribed medications they are taking.

Clearly, there are almost as many ways to attempt solving phantom limb pain as there are people suffering from it. However, while herbal supplements may not be hazardous to your health (as long as you consult with your physician about their use), other dangers lurk on the fringes of acceptable medical treatments.

"There are unscrupulous people out there who are looking to take advantage of people and make money on them," Miknevich says.

She warns about promises of miracle cures for phantom limb pain. Consider that if your agony makes you desperate for relief, that desperation can make you easy prey for con artists.

Ultimately, there exists no cookie-cutter cure for phantom limb pain. It may take a combination of treatments and strategies to achieve some measure of relief. So, the best course of action is to discuss methods of addressing your phantom limb pain with others who also grapple with the condition and to consult with your physician to devise a comprehensive approach to cope with it.

Source: <https://livingwithamplitude.com/article/when-the-phantom-strikes/>





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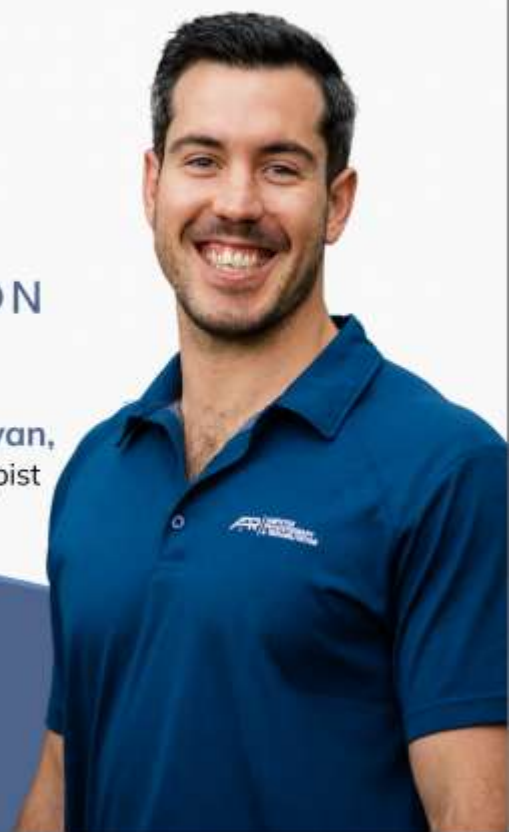


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Does Brain Reorganization Cause Phantom Limb Pain?

Researchers have long theorized that phantom limb pain (PLP) is caused by the brain's struggle to rewire itself after amputation. That hypothesis gave rise to various treatments (such as mirror-box therapy) that seek to eliminate PLP by restoring the brain's map of the body. Attempts to validate the theory have been inconclusive. But a new study in the journal *Nature Neuroscience* argues that this theory of phantom limb pain is finally settled.

Tamar Makin, a neuroscientist affiliated with University of Cambridge Medical School and one of the authors of the *Nature Neuroscience* study, summarized this line of thinking in a 2021 article. "Since the end of the 20th century," she wrote, "the prevailing theory for the development of PLP has been that of maladaptive brain plasticity." After amputation, this theory holds, grey matter associated with the missing limb gets reassigned to other tasks. This type of reorganization is known to happen in people who lose sight at an early age, with beneficial effects: Their visual cortex becomes involved in language and nonvisual sensory processing, helping them adapt to their sight impairment.

Could a similar phenomenon have a negative effect in amputees? Misrouted neural inputs from the residual limb might generate confusing signals that the brain interprets as pain. Some researchers have even characterized this process as "hijacking," with the now-dormant brain region being plundered by other organs or bodily functions that are greedy for additional bandwidth.

If PLP does indeed arise from flawed rearrangement of neural pathways, then restoring the original brain map might alleviate PLP. "Mirror-box therapy operates on this principle," Makin wrote in her 2021 piece. "Related approaches, using implicit and explicit motor imagery, aim to gradually 'reawaken' the motor representation of the missing limb, while virtual reality-based treatments aim to achieve a similar effect via improved phantom motor execution. All these techniques target neuroplasticity mechanisms as a means to reverse harmful rewiring and reinstate 'normal' sensory and motor perceptions."





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Phantom Cures for Phantom Limb Pain

Unfortunately, therapies based on the brain reorganization theory have a spotty track record. None has been clinically proven to reduce PLP at a broad level. And we now may know why: The *Nature Neuroscience* paper offers compelling evidence that limb loss does *not* trigger significant brain reorganization.

The paper describes the first-ever instance of before-and-after mapping of amputees' brains. "Participants demonstrated strikingly consistent cortical maps before and after amputation," the authors observe. "By directly quantifying [brain] activity changes across amputation, we demonstrate that amputation does not trigger large-scale cortical reorganization."



In this study, researchers conducted detailed brain scans of three individuals prior to upper-limb amputation. All performed specific motor functions (e.g. individual finger tapping, grip shapes, wrist flexing and rotation, etc.) while an MRI machine recorded the brain activity associated with each action. The same three individuals were studied again after amputation, executing the identical set of movements with their phantom limb to generate post-amputation MRI scans. These post-amputation scans were taken repeatedly over several years, to track whether reorganization occurred months or years downstream of limb loss. "Our longitudinal approach reveals no signs of topographic reorganization in the [somatosensory cortex]," the paper concludes.

To anchor their conclusions, the researchers took control readings in the participants' non-amputated upper limb as well as other body regions (lips and lower limbs) that were unaffected by amputation. The before-and-after brain readings associated with the amputated limb were essentially identical to the readings associated with unaffected body regions. There was no sign that neurons assigned to the amputated limb behaved any differently from unaffected neurons, nor any indication of neighbouring brain regions racing in to loot the bounty of abandoned grey matter. Finally, the investigators took identical readings, at identical intervals, from a control group of 16 nonamputees. Their brain scans matched those associated with the three amputee test cases.

"Our findings affirm the unaltered nature of adult sensory body maps after amputation," the paper concludes. "For phantom limb pain treatments, our study indicates that targeted muscle reinnervation and regenerative peripheral nerve interfaces do not 'reverse' reorganization or alter the cortical hand representation. For brain-computer interfaces, our findings demonstrate a highly detailed and stable representation of the amputated limb for long-term applications."

Source: Does Brain Reorganization Cause Phantom Limb Pain? | Amplitude
The full paper is available online at [Nature Neuroscience](#).

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Self-help for pain

When you live with pain it is overwhelming. An important facet of your pain management is self-help through non medical techniques to reduce pain.

The following are some steps you can take to manage your pain. Remember everyone is an individual when it comes to pain and always see your doctor or physiotherapist before starting an exercise program.

Be your own advocate

When you are actively involved in your pain management it makes you feel in control, this can alleviate feelings of hopelessness. Stay informed and active in your care; if you are unhappy with your pain management seek other options.

When you are going to appointments ask questions about the proposed treatment and why your doctor has decided on this course of action.

Relaxation

Pain is stressful therefore stress reduction is a very important tool in managing chronic pain. Everyone has different preferences for relieving stress so choose what works for you. Many people like to meditate, other like to sit outdoors and watch nature. If you enjoy hobbies such as crafts or playing a musical instrument make time for them in your routine.



Exercise

Good fitness can alleviate pain. Of course you should not overdo it but try to incorporate exercise into your routine.

Exercise such as pilates and tai-chi also can help you to relax while others have a social element such as gyms or ten pin bowling. Do not exercise too close to bedtime as it may keep you awake and always discuss your exercise plans with your doctor or physiotherapist.

Reaching out

A very important part of managing chronic pain is talking to other people about your experiences. You can join an amputee support group or a chronic pain group. You could get together with other people living with chronic pain in your community informally and share your experiences.

Self-help for pain cont...

While community involvement helps you it also helps other and you can feel better knowing that you are making a difference to somebody else's life. If you are mobile think about reaching out to those who are not able to leave their house. If leaving the house is difficult or you live in a remote area the inter has many online support groups that may be of interest to you or you could start your own online group.



Rest

Pain is worse when you are fatigued but good, restorative sleep is a very difficult when you are in pain. Look into ways to help you sleep such as cutting down caffeine, adjusting your sleeping positions, eliminating light or noise, having a suitable mattress and pillow and keeping the bedroom cool. Try to wake up at the same time everyday and do something relaxing before bed such as drinking herbal tea.

When we are anxious we tend to lay awake going over our worries. If you find yourself in the situation of worrying instead of sleeping see your doctor as anxiety treatments are available.

Some medication may cause insomnia as a side effect. If you think a medication is causing problems for your sleep schedule discuss the issue with your doctors.

Source:



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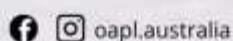
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Wildlife Encounter is a **Healthy Ageing Hub** event, supporting improved health outcomes for older people.

Date: Wednesday, 28 January 2026

Where: Ben Matthews Playground Community Centre
47-55 Ellen Street, Logan Central

Time: 10:00 am followed by morning tea

RSVP: Please contact Lynda on 3290 4293 or email admin@afsg.org.au for catering purposes



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Wednesday, 22 April 2026

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Name: _____ Surname: _____

Partner: _____

Address: _____

Suburb: _____ Post code: _____

Mobile: _____ Email: _____

Date of Birth: _____

Amputation level/s: _____

Cause of amputation: _____

Membership Contribution

Yearly membership - (1 July to 30 June)

☐ \$20 Individual

☐ \$30 Families/ Pensioner Families

☐ \$50 Organisations

☐ I would like to make a donation of \$ _____

☐ I would like someone to contact me about volunteering.

☐ I have paid via direct deposit to Heritage Bank | BSB: 638070 | Account: 11471050.
(Reference use first initial and surname).

☐ I have paid via paypal at www.amputeesqld.org.au

☐ I enclose my Cheque / Money Order to the value of \$ _____
for membership and/or donation.

Signature.....

Date:

Please complete application and return to:

Amputees Queensland Inc.
PO Box 31, Kingston QLD 4114
Email: admin@afsg.org.au
Telephone: 07 3290 4293

A man with a prosthetic leg is surfing on a blue surfboard. He is wearing a black wetsuit and is captured in a dynamic pose, leaning forward as he rides a wave. The background shows a sunset or sunrise over the ocean, with a bright sun low on the horizon and a cloudy sky. The overall mood is one of freedom and achievement.

ottobock.

“
*This is
a whole
new level of
freedom.*

Caleb

Genium X4.

#WhatsYourNextMove

ottobock.com.au