

A STEP AHEAD

WINTER EDITION 2026



CENTRAL OFFICE

Ben Mathews Playground Community Centre
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Monday to Thursday 9:00am to 4:30 pm
Friday 9:00am to 2:30pm

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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 Winter Edition of A Step Ahead!!

Let's hope you are staying warm in this cooler weather, we can definitely feel the chill at night down here in Brisbane!

We are pleased to announce that we have received continued funding from Brisbane South PHN for our Healthy Ageing Hub and will be able to continue providing our fortnightly information sessions and FREE all abilities exercise programs throughout 2026-2027.

The Tai Chi and Fun & Fit classes are very popular, fun and fully adaptive, they work on balance, flexibility and strength. We have several of our members who come along and enjoy the classes.

The fortnightly Healthy Ageing Hub information sessions cover topics of interest for the whole community and look at driving requirements, exercise physiology, dietetics, diabetes management and limb different topics of interest plus much more. For more information on upcoming sessions please visit our website under the Events tab or on our socials.

The popularity of our FREE chiropractic clinic continues and we have added more chiropractor's to the schedule so that we can treat more people. If you would like to see a chiropractor please call the office on 07 3290 4293 to make an appointment. The first appointment will take around 1 hour and the following appointments are 1/2 hour. You do not need to bring anything other than yourself.

We are holding Amputee Social Catchups throughout July in Rockhampton, Bundaberg and Hervey Bay. All the dates and venues are on page 25. If you have any queries in relation to our Social Catch Ups please do not hesitate to contact the office.

Just a reminder that if you would like to share your amputation or limb difference journey you can contact me at the office or via email lynda@afsg.org.au. The sharing of your journey helps to raise awareness of amputation or limb loss, it help support individuals who have just lost a limb by seeing the accomplishments, resilience and strength that people have and how they find new ways to accomplish every day tasks.

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

Lynda Tilley, State Coordinator

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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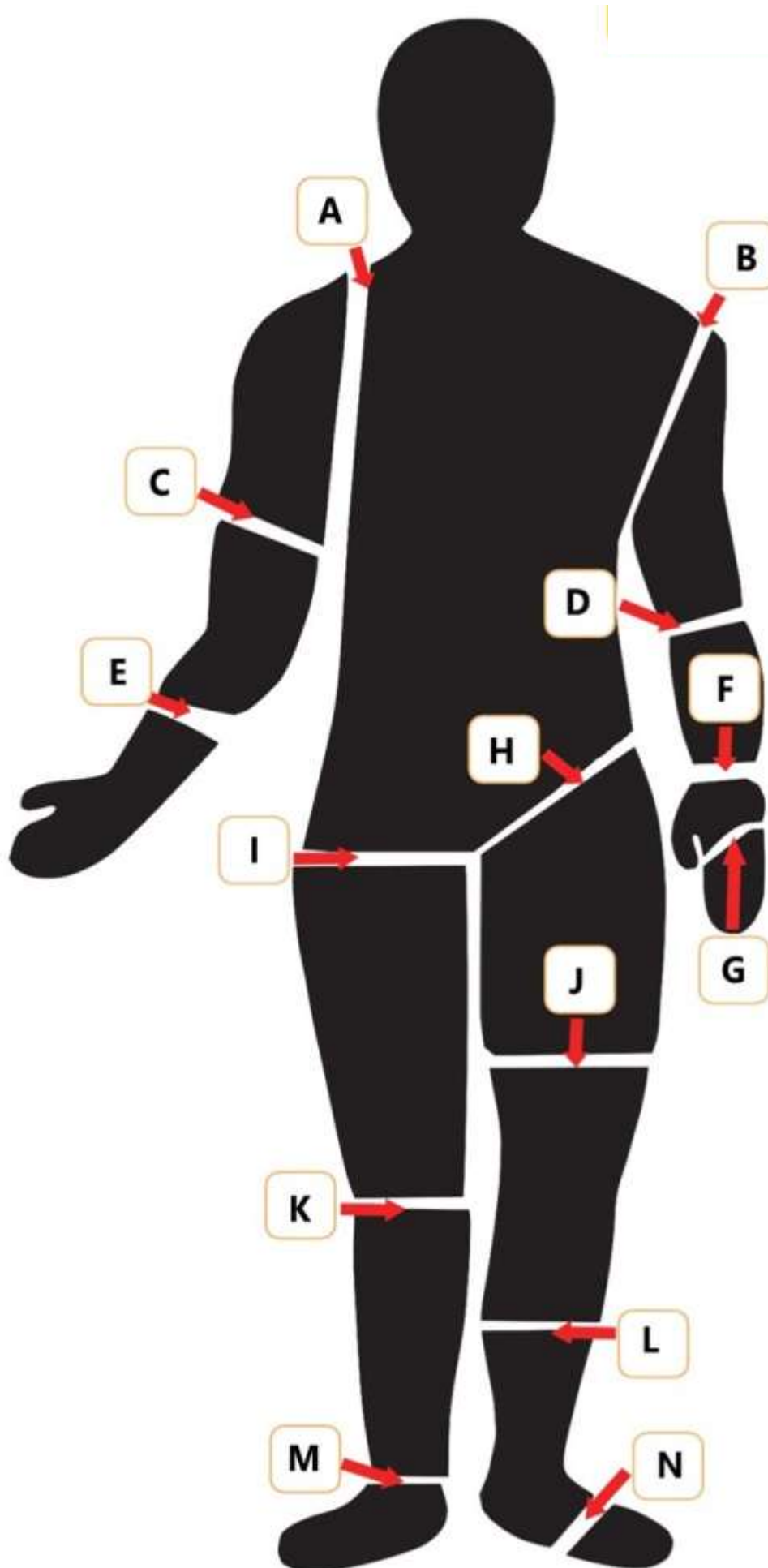


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Amputation Levels & Names



A: Forequarter

B: Shoulder disarticulation
(through shoulder)

C: Trans-humeral
(above elbow)

D: Elbow disarticulation
(through elbow)

E: Trans-radial
(below elbow)

F: Wrist disarticulation
(through wrist)

G: Trans-carpal
(partial hand)

H: Hemiplevectomy
(through hip)

I: Hip Disarticulation
(through hip)

J: Trans-femoral
(above knee)

K: Knee disarticulation
(through knee)

L: Trans-tibial
(below knee)

M: Ankle disarticulation
(Syme)

N: Partial foot
(Chopart)

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DATES

FOR THE DIARY

Weekly Activities

Mondays

Tai Chi (10:00am to 11:00am)

Tuesdays

Chiropractors (appointments 9:30am to 12:30pm)

Thursdays

Fun & Fit (9:30am to 10:30am & 10:45am to 11:45am)

Wear comfortable clothes and bring along a water bottle.

Monthly Activities & Information Sessions ...

June

14th Sunshine Coast Get Together
17th Open House morning tea
24th Grocery Bingo

July

12th Sunshine Coast Get Together
21st Rockhampton Support Group
22nd Grocery Bingo
23rd Bundaberg Support Group
24th Hervey Bay Support Group

August

9th Sunshine Coast Get Together
26th Grocery Bingo
29th Annual General Meeting & Lunch

All information sessions and support group details will be updated on the 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 sunshinecoast@afsg.org.au or call 0475 052 980.

** River Cruz Café, 3 Quay Street, Bundaberg Central. RSVP Jan Baldock—0409 492 363

Amputees and the Ageing Process

After more than 15 years as a lower left leg amputee following synovial sarcoma cancer, I thought I had found my rhythm with mobility. Then Covid hit, and one split-second accident changed everything.

I slipped on a toy, went down hard into the splits, and severely injured the knee on my sound leg. Since then, I've been battling osteoarthritis, bone density loss, and now osteoporosis — challenges I never anticipated when I first adapted to life with limb loss.

As amputees age, many begin experiencing secondary physical issues that can include knee pain, hip pain, back pain, and degenerative joint conditions. For lower limb amputees especially, the body spends years compensating for altered movement patterns and uneven load distribution. Over time, that wear and tear adds up.



Research has shown amputees may face an increased risk of osteoarthritis and bone density loss due to reduced mechanical loading on certain bones and joints. Less weight-bearing stress can weaken bone over time, increasing the risk of fragility fractures, particularly in the hip and femur.

Recently, I attended an online amputee support group meeting where graduate student Lydia Moylan shared research she's conducting on osteoarthritis and osteoporosis in amputees.

Moylan is part of the University of Michigan's Master of Science in Orthotics and Prosthetics program. During the Zoom discussion, she asked amputees about their lived experiences with arthritis, mobility changes, and aging.

"Amputees have over a 70 percent chance of developing osteoarthritis," Moylan explained during the discussion, noting that factors can include reduced mobility, disuse, lack of muscular activation, and limited rehabilitation following amputation.

She also discussed how altered weight-bearing through a prosthetic socket can change how force is distributed through the body, reducing stimulation in areas like the femoral neck and proximal tibia — both critical for maintaining bone strength.

For Moylan, the topic is personal as well as academic.

After learning about a history of osteoarthritis in her own family, she became increasingly curious about how degenerative bone disease might impact amputees even more significantly over time.

"The thing about an amputation is it's going to have lasting effects on the biomechanical principles of how you walk," said Moylan. "That alone is going to change how your bones are structured."

She also noted that researching these conditions in amputees can be difficult because so many overlapping health factors are involved. Pain, mobility limitations, aging, prosthetic fit, muscle loss, and activity levels all influence one another.



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Amputees and the Ageing Process cont.

Another major contributor is what many amputees know as “overuse syndrome.” When a limb is missing, the rest of the body compensates with every step, transfer, and movement. Over decades, those repetitive stresses can contribute to joint deterioration throughout the body.

Bone density loss is another often overlooked concern. Bones remain strong through consistent mechanical loading and activity, but as mobility decreases with age, maintaining bone health can become more difficult.

While aging with limb loss presents unique challenges, there are proactive ways amputees can support long-term mobility and bone health, including:

- Strength training, especially for the hips and core
- Balance and stability training
- Regular bone density monitoring
- Maintaining proper prosthetic fit and follow-up care
- Fall prevention planning
- Accepting adaptive tools early, such as canes or trekking poles

Aging with limb loss does not have to mean decline. Like every stage of the amputee journey, it requires adaptation, awareness, and support. With a proactive plan and continued movement, amputees can continue thriving well into their later years.



Article: By Kim Ousley, *Amplitude* (May 2026)

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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. Generally you may start with a prosthetist from an amputee clinic based in the hospital while you are having rehabilitation. The prosthetist will make you an interim limb.



Photo: AmpCamp 2017, Amputees NSW

Your prosthetist will provide you with education in regard to your residual limb and as well as provide prosthetic hygiene, correct application of the prosthetic limb and will work 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.

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.

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Choosing your prosthetist cont.

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.

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?

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?

When you consult with a prosthetist they will usually examine your residual limb 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 residual limb 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 residual limb.

At this point you should discuss component choice and which components best suit your needs and your budget.



Source: Information for people living with amputation.

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Simply join or renew your current membership by 5:00pm on 31 July to go in the draw to win one of the following prizes!

1st prize: \$100 gift voucher

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3rd prize: \$25 gift voucher

4th prize: One year free membership

All memberships paid between 1 May and 31 July 2026 will automatically be entered into the draw!

The prizes will be drawn at our offices at Logan Central on Monday, 3 August 2026

Winners will be notified by phone.



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www.amputeesqld.org.au/membership



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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 residual limb. If you are happy to proceed a cast can usually be made during your first appointment.

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

The residual limb 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 residual limb 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 residual limb does not make contact with the socket before the final socket is made.

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.

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



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Fitting a Prosthetic Limb cont.

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 residual limb 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.

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. 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.

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. Exoskeletal limbs also work well for active children as the cover is very durable.

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. Note also that it is important that the liner is not damaged or torn either.

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 residual limb skin. In below knee amputees a residual limb 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 residual limb size without the socket falling off or becoming too tight. Socks also allow perspiration to be absorbed rather than causing the socket to slip.



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Socks and sheaths cont.

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.

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.

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 residual limb's surface and relieve pressure points.

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

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 residual limb 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 residual limb relieving pressure and rubbing.

Many prosthetic limb styles use the vacuum created by a silicone liner to hold the residual limb 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 residual limb is held in by the suction created by the silicone. Liners can be implanted with skin treatments to reduce skin irritation.

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 residual limb 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 residual limb.

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 residual limb 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 residual limb with your prosthetist and primary care doctor rather than assuming the type of liner is the problem or the solution to pain.



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Amputee Social Catch Ups

You are invited to join us for morning tea!

Meet new people, share experiences and build community. Family, friends and caregivers are welcome!

We have social catch ups at the following locations:

Rockhampton

Date: 21 July 2026
Time: 10:30am
Address: Gus' Coffee Stockland
Shop 120/ 331 Yaamba Road, Rockhampton

Bundaberg

Date: 23rd July 2026
Time: 10:30am
Address: River Cruz Cafe
3 Quay Street, Bundaberg Central

Hervey Bay

Date: 24th July 2026
Time: 10:30am
Address: Lighthouse Café, The Boat Club
Buccaneer Drive, Urangan

**Please RSVP to Lynda on 07 3290 4293 or
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Notice of Annual General Meeting



Notice is hereby given that the Annual General Meeting of Amputees Queensland Inc for the 2025-2026 financial year will be held at Ben Matthews Playground Community Centre, 47-55 Ellen Street, Logan Central on Saturday, 29 August 2026 at 10:30am

Nominations for seven (7) positions on the Management Committee are hereby called for and should be made on the nomination form. Members unable to attend are able to submit a Proxy Vote. If insufficient nominations are received prior to the meeting, nominations may be called for on the day.

Time: 10:00am (for 10:30am start)

Venue: Amputees Queensland Inc
Ben Matthews Playground Community Centre,
47-55 Ellen Street, Logan Central

RSVP is essential. RSVP to Judi Corrigan, Secretary by Friday, 21 August 2026 on (07) 3290 4293 or email admin@afsg.org.au for both the Annual General Meeting and the Luncheon.

Buffet Lunch will follow after
the Annual General Meeting



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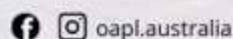
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Whether you go traditional, colourful, or completely over-the-top, we can't wait to see your table!

Selection of two roasted meats, roast potatoes, vegetables, gravy, bread roll and dessert buffet.

Raffles, lucky door prizes and more!
Bring your friends and family!

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

When: Friday, 17 July 2026

Cost: \$20 per person (m) | \$30.00 per person (nm)

Time: 11:30am for 12pm lunch

RSVP: Monday, 10 July 2026 on 3290 4293 or
Email admin@afsg.org.au



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Aitkenvale, **Townsville** QLD 4814

Phone 07 4775 1323

www.sssprosorth.com.au



REGISTERED
NDIS
PROVIDER



THE AUSTRALIAN
ORTHOTIC PROSTHETIC
ASSOCIATION **CERTIFIED**

GROCERY BINGO

**Grocery Prizes | Lucky Door Prize | Raffles
Lunch | Onsite Parking**

- When:** Wednesday, 24 June 2026
Wednesday, 22 July 2026 (Christmas in July)
Wednesday, 26 August 2026
- Time:** 9.00am (9:30am heads down)
- Cost:** \$15 per person
(includes 20 games, lunch & a lucky door ticket)
Over 18's only
- Where:** Ben Mathews Playground
47-55 Ellen Street, Logan Central

RSVP is essential for catering purposes.

RSVP to Lynda on 3290 4293 by the Friday before each Bingo session.





LEADING EDGE PROSTHETICS

Offering a
modern clinic and
contemporary
service to suit all
your prosthetic
needs.

FREEDOM

MOBILITY

PERFORMANCE

WELL-BEING

For further information or to make an
appointment call (07) 3890 7788
U3/6 Palmer Place, Murarrie, QLD 4172
leadingedgeprosthetics.com.au

Find us on  



THE AUSTRALIAN
ORTHOTIC PROSTHETIC
ASSOCIATION MEMBER



ISO 9001 QUALITY
Certified System



FREE

Chiropractic Care

Did you know that Chiropractors may help with neck pain, headaches, shoulder pain, back pain, arthritis, stiffness and soreness.

Date: Every Monday

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

Time: 10am to 1pm (by appointment only)

Please contact the office for an appointment on 3290 4293.



MEMBERSHIP APPLICATION



☐ New

☐ Renewal

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 adventure.

ottobock.

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

Caleb

Genium X4.

#WhatsYourNextMove

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