

## Busy Mom Opts for Amputation to Improve Her Quality of Life

Sydney Lloyd is typical of many young women her age. She works outside of the home, is a mom to two very active boys ages 7 and 5, and she enjoys outdoor activity. In the process, she serves as an inspiration to others, it is not intentional. Sydney is just busy living her life, so sometimes she is taken aback when others tell her she inspires them.

Sydney recounts that when she ran the 2009 Chevron Marathon in January, another runner approached her and said he recognized her from the Houston Half-Marathon in October. The runner said he was inspired by Sydney because in the October run, he was feeling ready to give up, but when he heard the clump, clump, clump of her prosthesis hitting the cement, he thought, "If she can do it, then I can do it."

"It's cool to have people say, 'you're my inspiration,' but I'm not sure how to react," Sydney says.

Although she has skied, hiked, and backpacked, Sydney said running wasn't one of her sports. "I ran one season of cross-country in high school, but it seems that when you can't do something, that's when you want to. I told myself, if I ever get a prosthesis, I want to run."

Sydney is a member of a rather unique group of amputees - those who choose to have an elective amputation. "People thought I was crazy when I talked about amputation, but there were so many things I couldn't do," she said. "It was debilitating."

Sydney's problems began after she broke her ankle in a car accident in 1992. Then she developed post-traumatic arthritis in the ankle. An injured joint is about seven times more likely to become arthritic, even if the injury is properly treated. In Sydney's case, her arthritic pain was constant and



severe, and she found herself increasingly limited not only in the many outdoor activities she liked to do, but also in routine daily tasks.

"It wasn't like the pain came on me all of a sudden; it was just slowly and slowly getting worse," she said.

Sydney explored options for pain relief such as joint replacement but eventually ruled that option out. "Then, I saw something on TV about an amputee climbing Mt. Everest, and I thought, why not amputate," she said. "I did a lot of research and spoke with doctors and prosthetists. I could have had a Symes (through the ankle joint)

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amputation, but there are more options with a prosthetic device when the amputation is higher."

Sydney was living in Colorado then and she discussed amputation with her surgeon who first suggested she undergo an arthroscopic debridement, which cleans the area of inflamed tissue and bony outgrowths. "It was the conservative thing to do. I had it done, but it hurt more, which I was warned about," she said. Sydney fell into the approximately 15 percent of patients whose arthritic symptoms are worsened after the procedure. The pain was still so intense that she was not able to wear the post-surgical boot cast.

Finally, several months after this procedure, Sydney had her amputation in 2001.

"My husband was supportive; he knew how much pain I was in," she said. Another reason for the surgery was to be able to eliminate constantly taking pills to try to stop the pain.

"When I was having phantom pain (post-surgery), I was sent to a pain management facility," she recalled. "The person there wanted to know why I didn't see him first before the amputation. But all they would have done is put me on medication. I already was taking so much ibuprofen. I didn't want to cross the line and

take narcotics. I didn't want to spend my life taking pain pills."

She explains that her approach to the amputation was different than many others who suddenly lose a limb due to trauma, or need to have an amputation to combat disease. "For me it was freedom," she said. "I like to ski, hike, and backpack, but it hurt too much. I was looking forward to doing all those things again. I went into it with a positive attitude. It was a relief to have it done."

On the five-year anniversary of the amputation, Sydney and her husband participated in a mini triathlon which involved a 1.2 mile swim, 56-mile bike ride, and a 13.1 mile run. "It's hard to find time to train for all three events, so I decided to run and have participated in four or five half marathons in the past two years," she said. "I'm not a runner; basically, I just finish the race. But I do enjoy it; it gives me a sense of satisfaction."

Sydney has been a patient of MPI since the Lloyd family moved to Houston four years ago.

"I really had a hard time getting a comfortable socket fit when I lived in Colorado. I saw three different prosthetists and we never could get the socket right," she said.

Her MPI practitioner, Stan Vrysdal, CP, said that the socket was much too large for Sydney, and she was wearing 20-ply socks to improve the fit. Stan recast Sydney and provided her a Patellar-Tendon-Bearing

(PTB) socket with an Ossur Roll-on Locking Liner that not only fits comfortably and securely, but also improves her level of mobility.

Stan also fabricated a second socket to accommodate Sydney's running foot, called the Flex-Run, which she obtained from the Challenged Athletes Foundation. "The Flex-Run improves her comfort when she runs. It's designed to give back a lot of energy and simulate what biological muscles would do," he said, adding that Sydney has a Muilenburg Prosthetics logo on the socket and t-shirts to wear during races.

"I've had good luck with the prostheses Stan made. Both sockets fit great," she said. "I wanted better quality of life and the prosthesis has done that for me."

Although Sydney's third child is due in November, she would like to participate in the 2010 Chevron Marathon. To begin training, she would like to join the Kingwood Fit, a running group that begins training in July. But with the race so soon after her due date, she wasn't sure about the running part. "I may have to walk it instead," she said.

In the future, Stan would also like to change her walking foot to one that is more responsive and suited for her amputation and activity level. In the meantime, Sydney is enjoying the freedom to move freely without the pain of arthritis and having two prostheses that enable her to not only run, but also to be fully engaged in her children's activities.

## MPI Insurance Corner - Evaluations: NO CHARGE!

**At MPI, prosthetic evaluations are conducted for free. Once an evaluation is performed and care is determined, additional documentation and a prescription are needed to qualify for insurance benefits.**

If you have (Group) Commercial Insurance and require a new prosthesis, a prescription will be necessary. Please keep in mind that sometimes commercial insurance carriers also may require a letter of medical necessity or an M.D. Certification.

- Traditional Medicaid - Each service will require a prescription from your doctor, a current Medicaid slip and prior authorization.

- HMO-Medicaid - Each service will require a current Medicaid slip, a PCP referral, a prescription and prior authorization.

- CSHCN (Children with Special Health Care Needs) - Each service will require a current CSHCN slip, a prescription and prior authorization.

- Medicare Part B - A prescription will be required for a new prosthesis.

- VA (Department of Veterans Affairs) - We recommended that you contact the VA prior to any clinic visits.

Since each plan is unique, please contact Muilenburg Prosthetics Inc. and our staff will be happy to assist you prior to your visit.

Please stop by the front desk after an appointment. This helps us make sure that everything is in order and allows us to answer any questions you may have. We'll do our best to keep you well-informed and satisfied throughout your rehabilitation program and beyond.

Para obtener esta información en español, visite [www.muilenburgpando.com](http://www.muilenburgpando.com)

# Foot Options from Endolite

Muilenburg Prosthetics Inc. offers a wide range of prosthetic feet to fit patients' varying needs. Listed below are some new offerings from Endolite. As with all prosthetics, not every foot is suitable for every individual. For more information on the proper selection of prosthetic feet, call MPI at (713) 524-3949 or visit [www.muilenburgpando.com](http://www.muilenburgpando.com).

**ECHELON®** - The Echelon is designed for the low- to high-impact K3 amputee who may enjoy occasional recreational sports. Lightweight and dynamic, the Echelon utilizes hydraulics to control plantar- and dorsiflexion. Features include:

- Independent hydraulic-controlled plantar- and dorsiflexion
- Self-aligning feature provides comfort while standing, or traversing varied terrain
- Biomimetic design to simulate more natural ankle motion
- Hydraulic ankle dorsi flexes which allows for greater toe clearance in swing phase
- e-carbon layup
- Independent heel and toe
- 275 lb. weight rating
- 36-month warranty

**ELITEVT** - This versatile foot is suitable for walking, daily sports, and high-impact activities for the K3-K4 amputee. The EliteVT offers rotation, stability, and shock absorption in one sleek design. Features include:

- Dynamic precision-engineered spring incorporates vertical compression and axial rotation
- Progressive response to axial loading, which is most similar to the elastic properties of the natural muscles
- 365 lb. weight rating
- 36-month warranty

**EPIRUS®** - The Epirus is a lightweight, low-profile, energy-storing foot with multi-axial rotation designed for low- to high-impact K3 amputees who may enjoy occasional recreational sports. Features include:

- Multi-axial rotation with tri-pod stability system



Ted Muilenburg, CP, met with Greg Mannino, of Endolite, at the national meeting of the American Academy of Orthotists & Prosthetists in Atlanta.

- Low-profile, energy-storing and return design
- Biomimetically-engineered to provide more natural ankle motion
- e-carbon layup
- Independent heel and toe
- 275 lb. weight rating
- 36-month warranty



Epirus



Echelon



EliteVT

## MPI Celebrates 60 Years with an Open House

Muilenburg Prosthetics Inc. celebrated its 60<sup>th</sup> anniversary with a week-long open house April 13-17. The event, commemorating the founding of the company by Alvin Muilenburg in 1948, was originally slated for September 2008, only two days after Hurricane Ike devastated Houston. Due to widespread power outages, the celebration was postponed until this spring.

A highlight of the open house was when upper extremity amputee and MPI patient Wilbert Carlisle demonstrated his new i-LIMB™ hand, which was fitted by his practitioner, Ted Muilenburg, CP. Ted is among a select group of practitioners in the country certified to fit the bionic i-LIMB.

The i-LIMB is the first-ever prosthetic hand that offers the use of

five fingers to bend and move, unlike previous myoelectric devices that could only open and close. These new grip options support almost all daily activities including, holding a fork, picking up a coin, turning a key in a lock, operating computer keyboards, and inserting a disc into a CD or DVD player, to name just a few.

Other events during the open house included free evaluations for patients, facility tours, displays of new products and a historical photo collection, a drawing for a \$50 gas card, and refreshments.

MPI was started in July 1948 by Alvin Muilenburg with the help of his wife, Loretta, an occupational therapist. Their son, Ted, has been president the last 18 years and continues MPI's commitment to quality and expert fitting and fabrication.





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OFFICE HOURS: 7:30 am to 5:30 pm, Monday through Thursday • 8 am to Noon, Friday

## Amputees and Health Care Professionals Learn from Skills for Life Workshop

Ted Muilenburg, CP, and Earl Fogler, CP, attended the Skills for Life Workshop in Denver Oct. 9-12, an educational event devoted specifically to issues faced by bilateral upper extremity amputees. Sessions included occupational therapy and rehabilitation issues and breakout sessions for amputees to come together and teach

each other and learn from each other how they've handled specific activities. Other sessions were for assistants and spouses to talk about their personal experiences and for case managers and lifecare planners who work with amputees. Patients also were able to learn about the newest prosthetic technology and outcomes based upon the level of limb loss.

"Earl and I were happy to attend the workshop and learn firsthand from amputees what their needs are and how we can help them with some of their functional problems," said Ted, who also gave a presentation, "Increased Independence in Bilaterals: 4 and 5 Function Wrist."

Also attending was Dr. Robert Meier, director of Amputee Services of America, LLC, Denver, co sponsor of the workshop along with Otto Bock HealthCare. Dr. Meier was the founding

doctor of the TIRR amputee clinic.

"Dr. Meier loves challenges and the challenge of helping bilateral upper extremity patients was one that he accepted," Ted said. "The seminar he presented was all built on trying to help patients."

Among the 20 amputees attending were MPI patients Randy Evett and Ron Hinzeman.

## New at MPI

We would like to take this opportunity to alert our patients, vendors, professional associates and friends, that we are returning to our roots and formally changing our company name back to Muilenburg Prosthetics Inc. (MPI). Our goal remains the same as we continue to offer the highest possible care providing hope and quality of life for amputees.

Also, we are pleased to offer **free WiFi** in our patient care rooms while work is being performed on your prosthesis. Just ask for the password at the front desk.

## One-Armed Dove Hunt Scheduled

The 38th annual One Arm Dove Hunt will be held in Olney, Texas, Sept. 11 and 12, 2009. For the past 37 years, one-armed men, women, and children have traveled to Olney from all over the United States and other countries, not only to hunt dove, but to take part in what has become "Texas' most unusual event." For more information, go to [www.onearmdovehunt.com](http://www.onearmdovehunt.com).

