ACTIVE DUTY

By Linda McLaren

RCMP Constable Laurie White will never forget the day she and her partner Constable Mike McDonald went to serve a search warrant on a man suspected for possession of child pornography. On November 27, 1998, as Constable White stood outside the man's front door, attempting to open it, the suspect fired a gun from behind the door, hitting her in the right leg. After dragging her to safety, her partner and subsequent RCMP backup administered first aid and then rushed her to the local hospital in Kitimat, B.C. Once medically stable she was flown by air ambulance to Vancouver General Hospital. She remembers the flight, "I knew my injury was serious, because only the serious cases get sent to Vancouver."

Laurie White grew up in Brockville, Ontario. After obtaining a Bachelor degree in Physical Education she completed a Master of Arts in Sports Administration. In 1996, at the age of 25, she was accepted into the Royal Canadian Mounted Police following a rigid 6 ½-month training program in Regina. and was assigned to the 16-member force in Kitimat, a small town of 11,000 people, located on the west coast of British Columbia. "Small town policing is different than policing in a large urban center. In a small town you feel like you live in a fishbowl, always on display and it takes a long time to fit in to the close knit community" says White. "I took a special interest in the area of sexual assault and was given the majority of these cases to investigate". Recreationally, Laurie skated on an amateur figure skating team, and enjoyed aerobic fitness classes, golf, and water sports. She prided herself on being in excellent physical shape.

Doctors in Vancouver found that the bullet had shattered her right distal tibia and fibula and caused extensive soft tissue damage. Despite several surgeries, they were unable to repair the damage and on the same day as the shooting, White underwent a right trans-tibial amputation. Her mother, father, and three brothers soon arrived from Ontario and the ensuing hospital stay of several weeks was an ordeal of emotions--shock, anger, and denial over the loss of her foot. Her story was followed closely by the media, with regular updates airing on TV and in the newspapers. Toward the end of her acute care stay, she had visits from several other amputees. Says White "the timing of the visits was appropriate but the questions I had were very limited. One of them offered to take off his prosthesis to show me how it worked but I didn't want to see that. I wanted to see the prosthesis and to see that he could walk-- nothing else. I wasn't ready to put myself into the same category as an amputee".

Meanwhile, her family started fact finding, in an attempt to understand 'amputation'. White's mother, Norah, recalls shifting into another gear, partly to cope with the emotions at the time. "We didn't know anything about amputation, what a prosthesis was, what lay ahead of her, and what sort of life Laurie could expect to have. We were desperate for information and our family was way ahead of her in wanting to know things". For White, the stress level in acute care was high. She found herself trying to piece together bits of information coming from different hospital staff, dealing with the media and ensuing mail from the public wishing her well, as well as facing her family members all asking various questions to gather information that she wasn't yet ready to deal with.

Laurie in media interview Vancouver General Hospital, Dec. 98

White arrived at GF Strong Rehabilitation Center on January 4, 1999, and was assessed by our core amputee team: Physiatrist, Dr Andrew Travlos, Prosthetists, Emery Homonnay and Ricky Chu, and myself, a Physiotherapist. Her right residual limb had a large draining wound and though her readiness for a prosthesis was considered borderline, she was casted for her first temporary socket: a polypropylene check socket with a sock fit, supracondylar cuff suspension, and a Safe II foot. A week later, she required further plastic surgery to pull the wound together and was never able to use this early prosthesis. While awaiting further healing, she started a daily outpatient physiotherapy program. Recognizing her need for structure and routine, we scheduled her program to start at 8 am and she spent most of the morning in rehab. She would later tell me how important this regular schedule was in forcing her to get up early, not allowing her to stay in bed feeling sorry for herself. "My early physio program focussed on regaining range of motion in my knee, strengthening my whole body, and observing the reality of other amputees in various stages of their rehab", says White. "At the beginning I was so frustrated because everyone was miles ahead of me and I just wanted to get there so badly. At the time, I thought six months would see me back at work".

Her mother and father needed to return to their jobs in Ontario. Laurie gave her mother and I permission to correspond by e-mail and I agreed to videotape her progress on a monthly basis, so her family could witness the rehab process despite being miles away. This early decision to videotape the rehab process from start to finish would later prove to be an incredible verbal and visual record of her emotional turmoil, the impatience and frustration and ultimately, her physical

accomplishments as she weathered good and bad ‘leg’ days.

By early February she was in her second temporary socket. Incredibly keen to get walking, we didn’t let her take it home with her for a week, gradually increasing her wearing time during therapy and ever vigilant of signs of stress to her fragile skin. To and from rehab she went every day by taxi, bombarded with phone calls from family, friends, and other RCMP members wondering about her progress, and most of the time, feeling emotionally drained. There were many days of tears: “why does it take so long, I can’t stand living in this big city, I’m so tired of talking about my amputation, everything I do is so awkward and this amputation is in my face every second of every minute of every day”. A highlight during this period was learning she could paint the toes of her prosthetic foot-shell.

Patience is not one of Laurie’s strong points. She is used to success in everything she does. Her personal expectations are very high and she takes pride in being a quick learner. Her low tolerance for frustration was the most challenging aspect of her personality for me to deal with on a daily basis. Says White, “ My long term goals seemed unattainable. Because I didn’t know what to expect, I couldn’t set short term goals.” Giving Laurie an exercise that was beyond her capabilities was a recipe for failure and reinforced her low self-esteem. By capturing the occasional experience of failing at an exercise during monthly filming sessions Laurie was able to truly observe her ensuing progress.

At GF Strong we use a four phase clinical pathway of care for our amputee rehabilitation. Explaining this pathway in detail in terms of milestones gave Laurie a framework of short-term goals that would become the focus of her rehab. Early short-term goals were as simple as tolerating wearing the prosthesis all day and increasing the percentage of body weight taken on her prosthesis as measured weekly using two bathroom scales.

In those early days I listened to her talk about her life and the requirements of her job, including physical strength for self-defense, and the demands of 10-12 hour shift work. I soon realized the incredible set of building blocks that were required to facilitate her to return to an active lifestyle and her work as an RCMP officer. She would need a comfortable fitting socket, fail safe suspension, a dynamic response foot, symmetrical physical strength, superb balance standing on her prosthesis, the ability to use her prosthetic leg in self defense, and the ability to jump, lunge, and sprint. Those were just the prosthetic and physical building blocks. Emotional and psychological health would be also important: she would have to deal with her amputation and the enormous sense of loss that she felt - the loss of her foot, as well as her home, her job, her friends and family so far away, her mobility, and independence. As for the work-related building blocks, Laurie would have to demonstrate competence in all aspects of policing.

Standing in the way of returning to work were two major things: the first was passing the PARE (Physical Ability Requirement Evaluation), the RCMP’s extremely rigorous entry level test of physical fitness that Laurie had passed at the conclusion of her training program in Regina; the

second was medical clearance by RCMP Physician Dr. Mary-Stewart Moore. Says Moore, "Laurie had to prove to us that she could perform frontline operational policing duties safely--safely with respect to herself, her partners, and to the public. Our biggest concern was that because she was wearing a prosthesis, there was a potential for sudden incapacitation on the job. Perhaps her prosthetic limb wouldn't work. Perhaps it might fall off, malfunction, break, or bend when it wasn't supposed to. In a small community, where she would be known, would she be targeted by the criminal element in society as a police officer with a weakness? We were very concerned for her safety". "The RCMP had heard of the BC firefighter who completed his rehab at GF Strong following his below-knee amputation (due to cancer) and had returned to his regular job. The physical fitness tests for firefighters and police officers are similar. I knew she was capable emotionally and physically to return to work. She just had to prove it" comments Moore.

Collaboration between GF Strong and the RCMP started early on in Laurie's rehab. I needed to become familiar with the PARE and her job, breaking both down into small components and evaluating the physical demands. These components would form the basis for many of my exercises even early on, when she was still using her gait aids.

In February 1999, after working with her for a month, there was no doubt in my mind that she would eventually be capable of returning to her job. She had a precise awareness of her body that made teaching her new skills a pleasure. She was tenacious, determined, and focused. What she didn't know was how long it would take to put all those physical, emotional, and psychological building blocks in place. Based on our experience with others returning to such physically demanding occupations (eg. firefighters, loggers, fishermen), the team reinforced that it would be 8-10 months before she would be ready to resume full-time work.

Neither Laurie nor her family could comprehend in early 1999 why it would take so long. Says her mother "I thought that an amputee had a nice rounded stump, and fitting over this would be a couple of inches of foam or something like a pillow or cushion, and over which would fit a comfortable prosthesis. Why would it take 8-10 months to walk on this nicely cushioned leg and how much could be involved in learning to walk and run again". "From my perspective," says Laurie, " I thought once I learned to walk, all my sports and job skills would fall into place. I didn't realize that each skill needed to be relearned right from the basics. I thought I'd get fitted with a prosthesis and that would be the end of it. I wasn't aware I would have an ongoing relationship with a prosthetist and require re-fitting over the years, for the rest of my life."

It's hard to decide which phase of her rehab was the most challenging; each phase had it's own frustrations. Until Laurie could walk unaided, which was accomplished in April, her physical frustrations were enormous. "I had to relearn everything that I knew how to do before--things I had just taken for granted. I felt so awkward and wished that I could have my hands free to carry things. I had to relearn how to get up off the floor, into a car, and how to take weight on my prosthetic leg, since my midline had shifted, having used crutches for so long. Linda put

different objects under my prosthetic foot and I gradually learnt to feel textures and their location under the foot – it all comes back to my knee joint". Emotionally there was alot going on--dealing with the shooting, the loss of self-image, being away from family and friends, feeling very isolated and most importantly, the lack of independence. Laurie had a variety of supports around her - an attentive family, friends, the public who were kept updated on her progress through regular media items, other amputees in our program, a social worker, and a private RCMP psychologist. "Being in a rehab facility in the early days with so many other amputees was a very positive thing for me. There was so much to learn in the beginning and it was a wonderful place for that. I got to meet other people and observe the various stages of rehab. This gave me a lot to look forward to," says White.

Once her wound healed she progressed from a sock fit to an Alpha liner and suspension sleeve. Early gait training was initially on a Safe II foot, and later on a Sureflex foot. Her definitive prosthesis consisted of a PTB socket with a three mm Alpha liner and suspension sleeve, and Variflex foot. By the end of phase three of our clinical pathway, she was walking unaided, had competent strength and endurance to handle 15 degree inclined surfaces, 8 degree cambered surfaces, and uneven surfaces (shrubbery, long grass) where her feet were obscured from view. She relearned how to ride a bike and visited a public swimming pool to confront access issues and to swim with and without a prosthesis.

One of Laurie's greatest strengths is her goal-focused attitude. However, this translated into an unyielding determination to exercise as hard as she could every day; in her mind, taking a day off rehab would only prolong the whole process. I resorted to devious methods, to enforce rest and a change of pace, by lying, telling her that I was leaving for a week of vacation and no one was available to cover my patients. Her mother and I collaborated to pull this off and she returned to Ontario over Easter, her first visit home. "Laurie had just gotten her drivers license back and driving the car was so exciting for her, as she reclaimed another aspect of her independence," remembers Norah.

In May, Laurie visited with friends in Kelowna for a short reprieve before starting phase four. "My friends have two young boys, who'd been told not to ask questions about my leg. As soon as I arrived their six-year old asked to see my leg. Rolling up my pant leg, their three-year old's eyes got wide and his chin dropped, exclaiming 'You're a Robot'. He thought I was very cool", says White.

Phase four of our clinical pathway is an optional work-conditioning/cardio-vascular phase for amputees who are returning to physically demanding jobs, and those who want to progress to recreational running. It would take Laurie three months (May - July 1999) to complete phase four. Throughout her rehab we spent an enormous amount of time learning to balance on the prosthetic limb, starting with balance on level surfaces and progressing to uneven surfaces, and unstable surfaces. My aim was to give her exceptional control of her device in both ML and AP planes of movement, keeping in mind her long-term desire to rollerblade and figure skate.

As part of balance training Laurie would stand, with 100% of her body weight on her prosthesis, just on the heel, just on the toe, on narrow surfaces under her mid-foot (removing the heel and toe levers), and on unstable surfaces like a mini-trampoline, rocks, and narrow elevated surfaces. My favourite indoor balance exercise for Laurie was positioning her limbs on two unstable surfaces: her prosthetic limb in hip/knee extension, resting on a mini-trampoline and her other leg elevated in 90 degrees of hip/knee flexion, positioned on a wheeled stool. Once she could maintain this posture, I increased the difficulty by asking her to push the stool in a 180-degree arc of movement around her prosthetic limb. For combined demands of strength and balance she performed a one-legged sit to stand on her prosthetic side, first on level surfaces (floor), then on unstable surfaces (eg. rock, mini-trampoline).

Stable/unstable balance exercises Phase 3, April /99

We started early self-defense activities that would challenge her cardiovascular system - rapid alternating leg kicks and punches into a pillow that I held at different heights, while we walked up and down our hallways. At this stage she started going to a local gym, after her morning at rehab, to exercise her upper body and continue the cardiovascular work on exercise machines. “I couldn’t believe how out of shape I felt,” says White.

Phase 4 - Repetitive kicking for cardiovascular training, May 99

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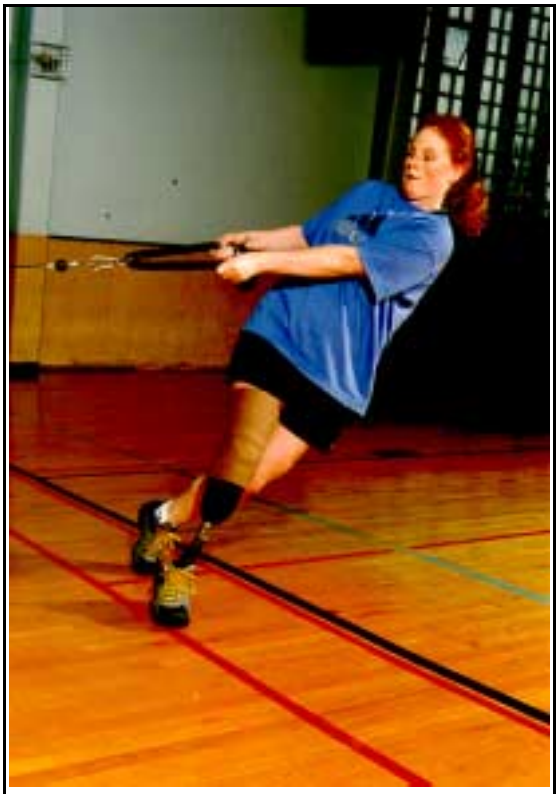
The primary goal of Phase 4 was to pass the PARE. This timed test challenges cardiovascular fitness and physical strength by simulating a chase of a suspect over a variety of obstacles followed by the physical wrestling of the suspect, pushing and pulling their body weight to physically contain them. The test is comprised of a six-lap obstacle run, an 80-lb pull station, an 80-lb push station, and a 100-lb dead lift and carry task.

I mocked up each of the stations of this test in my physio treatment space and we worked on her technique first at a walking pace. This required elements of flexibility, eye-foot co-ordination, strength, balance, and clearance of her right leg over obstacles. "One of the hardest stations for me was the vault over the waist-high barrier, simulating a jump over a fence during a foot-chase of a suspect. When I first saw Linda's mockup barrier that was 2 feet off the ground, I looked, and looked, and looked and thought I'm never going to be able to get over that. It's too high," remembers White. "I was so frustrated."

Practising the PARE vault - July/99



Phase 4 - 80 lb pull station practise, July 99

We prepared for the push-pull weight station, which simulates 'physical wrestling with a suspect' by having Laurie drag increasing amounts of weight walking sideways, and doing resisted walk exercises, our arms locked together as we pushed and pulled each other in all directions. Together these exercises would give her control, reactive balance, and strength on the medial, lateral, toe, and heel of her prosthetic foot under a load.

To increase her residual limb's tolerance to landing on her prosthesis, she progressed to jumping from heights and light jogging. We video-taped these exercises and analyzed them together, as Laurie was becoming increasingly observant of her own technique and what needed improving. Soon after she started jogging, Laurie developed problems with anterior distal tibial pain, and a sense of pistoning during swing phase. "It's a very insecure feeling to sense that your prosthesis isn't staying firmly on your limb, just before landing on it," says White. "Several sockets were made," remembers

Emery Homonnay, " with various modifications to either give more support proximally or pad distally, and we changed her from the three mm standard Alpha liner to the custom six mm liner, to provide more anterior distal cushioning. Advising her to back off from the high demand exercises as well as the afternoon gym routine was not a welcomed option. We lost a month to socket changes. An x-ray of her residual limb would confirm that an asymmetrical bone chip was likely contributing to her anterior distal pain. High doses of anti-inflammatories, local icing, and modifications to the exercise program, all helped bring the inflammation under control. The loss of confidence in suspension during dynamic swing phase was addressed by attaching a narrow supra-patellar figure-eight strap to her socket, under her Alpha suspension sleeve. This augmented suspension greatly increased socket security.

Competent on my mock-up stations, she was now ready to use the real PARE equipment, set up in a full-size gym at the RCMP headquarters complex, conveniently located 5 minutes from GF Strong. She would attempt the PARE test three times. The first time was a trial; with Laurie only just capable of jogging, it would give us hard data on her lap times for the obstacle course. Her cardiovascular stamina needed a lot of work, as she 'died' on the fourth lap, walking the last two laps. None the less she completed the whole test. Video-taping the walk-through was helpful in making the other members of her team, particularly the prosthetists, aware of the demands placed on her amputated leg and prosthesis.

The second attempt, in June, was an emotional disaster. Her mother was visiting at the time and there was enormous pressure to complete the test. Her cardiovascular stamina had improved as she was now running. As she rounded the track on the obstacle course, she tripped on a vaulting jump and completely lost her momentum. She had failed to complete the test. In tears, she stormed out of the gym. I will never forget the contrast of sounds: the echo of her footsteps and heavy breathing, the crack of the horizontal beam falling to the floor, the smash of her purposeful kick of frustration into the marker pylon, her gut-wrenching sobs, the click as I turned off my video camera, and finally an eerie silence. My eyes met those of her mother in a long gaze of understanding: our work was not yet done.

July 1999 was month seven of her rehab and the toughest month for me. Laurie was not a pleasant person to be around. After the PARE disaster she was verbally negative and struggling to stay focused. She did not want to practice for the PARE and hated everything associated with the test. The timing of the third test was crucial. It was agonizing for me knowing that all the physical and prosthetic building blocks were in place; her ability on each of the obstacles was technically perfect. What alluded her was that magical day that every athlete strives for--perfection on race day, after months of hard practice.

She had been driving herself hard; the one thing that was missing from her rehab at this point, was rest, and it dawned that she was becoming exhausted from the intensity of her mental focus and the constant exercise. She was adamant that she was returning to Ontario for a holiday in August. During the last week of July, in an attempt to at least get her into the gym, I baited her

with the suggestion that she redo only the six-lap obstacle part of the test to see if her lap times had improved. She agreed, and by the start of her fifth lap, I knew she would complete the test: her movements were smooth and flowing, and her clearance over the obstacles was perfect. Because Dr. Moore wasn't in attendance we didn't know right away whether her performance would be considered a pass. Laurie left for her much deserved holiday. Several weeks later when Dr. Moore viewed her performance on video, I would recall nothing of our conversation, except hearing the words: "she's passed".

In September 1999 she returned to Vancouver and GF Strong, admonishing all of us, with "I don't want to stay one day longer than I have to". There were more freckles on her tanned face, her lovely smile and laugh came easily again, and most importantly, she looked rested. Says her mother, "It took Laurie that full six weeks of being home in Ontario to really relax. I don't think a couple of weeks would have done her much good. She needed this extended period to rest before she could look ahead to the next stage, that of resuming work."

During September her final socket was fit and fabricated, and then duplicated to provide her with five prostheses, all utilizing the same Alpha liner interface, suspension sleeve and supracondylar strap, but with different foot components. Her everyday/work prosthesis and her backup prosthesis were fit with a Variflex foot; her figure skating prosthesis was fit with a Sureflex foot; her adjustable heel height prosthesis had a Total Concept foot, and her water prosthesis had a Safe II foot.

Though she had passed the PARE, she still had to prove her competence to Dr. Moore in other aspects of policing. This meant demonstrating her proficiency at gun handling by completing a timed test of shooting accuracy from different positions (standing, kneeling, and prone). The lack of plantarflexion on her prosthetic limb affected her balance in the prone position and required subtle positional changes. She also completed a timed test of high-speed police car driving and maneuvering, challenging proprioception and the reaction time of her right prosthetic limb. And she had a final meeting with her Psychologist. Laurie was now confident in her abilities and had fulfilled all the requirements: "I knew I could do these things--I aced the tests and I proved myself to Moore."

Also in September we finally got to address her figure skating. Ricky Chu, and I went to the ice rink, toting several prosthetic feet in a duffel bag. Being out on the ice for the first time since her amputation, with expectations running high, Laurie was hit with yet another reality check. "I was so tired of having to relearn everything from scratch," she recalls. "I didn't want to lift my other leg off the ice, it felt so foreign to me. I couldn't get my body over top of my right skate. I was nervous about falling onto my outside skate edge and tipping over." Her Sureflex foot ultimately would provide the right heel/toe support once aligned for her skate boot. Despite prior planning, issues invariably crop up to ruin the enjoyment of that first-time recreational experience. I would remind her frequently over the nine months that sorting out the first time issues requires time and patience. And like every other activity we'd done together, I broke her skating down into

components to practice. Around the boards of the ice rink she went, hanging on, gingerly feeling how much push off, how much vertical control was still there, progressing to skating backwards, gentle cross-overs, and finally attempting single leg glides on her right leg. With first-time experience frustrations acknowledged, she had accomplished the last of her rehab goals. Was it to her standards? No. Was it perfect the first time? Absolutely not. Would it require more practice? A begrudging, frustrating yes.

In October 1999, back in Kitimat, Laurie started her graduated return to work (GRW) program. "I'd been away from Kitimat and my job for just about a year, and the idea of starting back was overwhelming," says White. Dr. Moore and I had discussed this GRW process in detail. I felt it was important that the RCMP understand how returning to Kitimat was about returning not only to work, but also to her active lifestyle. For her GRW to be successful Laurie also needed time to resume other aspects of her life and learn to balance her energy expenditure. I recommended that Laurie start back at four hours per shift, resuming the two days on/two nights on, four days off work routine. Every two weeks, her work time was increased by two hours. She would complete her GRW on-schedule and was back to full-time work in December 1999 (12 hour day shifts and 10 hour night shifts). She had also resumed figure skating with her precision team. It was exactly one year since she had lost her foot.

Graduated return to work in Kitimat, October 1999

Mike MacDonald, her Supervising Officer who dragged her to safety the day of the shooting, remembers originally believing that her decision to return to Kitimat wasn't a good idea. "I never doubted her ability to return to duty, I just didn't know if this was the right place. It meant returning to the location of such a traumatic event in her life and being constantly reminded of it. This event has caused me some personal difficulty, as well as other members that were there the day of the shooting. I realize now that the support of her co-workers, friends, and community has assisted her in dealing with this, and Laurie's courage, positive attitude, and success has helped me deal with this event and put it behind me", says Constable MacDonald.

After leaving GF Strong, Laurie and I kept in touch as I continued to be interested in the tiny, irritating issues that I knew would crop up. She consistently expressed frustration with the fatigue she felt when walking on her Total Concept foot. It's single axis design did not offer the

heel and toe support of her Variflex foot and made her feel like she was limping. While nice to have for the convenience of changing heel heights, functionally it was not meeting her needs. Passing this feedback on to Ricky, we discussed other options. He recommended the Allurion - it's low profile, combined with an angled adapter on the pyramid, offered the maximum pylon length to provide good toe support in high heels.

In June 2000, she returned for a check-up. Her sockets were still fitting well, and were duplicated to provide her a new "high-heel" cosmetically finished prosthesis with an Allurion foot. Her first steps on this foot in 2 ½-inch heels confirmed that we had problem-solved appropriately. The stiffness of the Allurion was comparable to her Variflex foot. She was taught how to dorsiflex the foot for lower heels. I tested her on a new outcome measure that I'd started using, the Community Balance Scale. She scored a perfect 85. The most difficult part of this test for her was hopping two metres on her prosthesis and controlling the stop in perfect balance

During her visit in June, we discussed the future. What are her new challenges, 18 months after her amputation? There are obligations to her Kitimat and greater RMCP communities who provided enormous support during her rehab. As an RCMP member she is frequently invited for speaking engagements and community support appearances. These easily take away from her personal time and finding a balance is a challenge. "She has become a powerful role model for women, especially young girls in her community. It makes me very proud to see the positive effect she has on people, as well as upon the image of the RCMP," comments Mike MacDonald. "We are all very, very proud of her."

Another big challenge is finding a balance between energy expenditure and fatigue. "Before my amputation I could get by on six hours of sleep. Now I need eight hours, and I really sleep hard. In the early evening, I hit this wall of fatigue. When that happens I know I don't stand as straight, my walking doesn't feel as precise, and I drag my toe. I can push through this wall but I pay for it the next day, so most of the time it's not worth it. It's tough accepting that this is part of my life now and that this will not likely improve," says White. Laurie has had to compromise at work to spend her energy wisely. " I take off my gun belt when I'm at the office. It weighs about 15 pounds and takes too much energy to wear when I'm inside. I drive our police truck rather than the cars--the higher seat to floor height in the truck is more comfortable for my right leg. By parking my police truck on the main floor at work (normally reserved for the public) I manage to avoid numerous trips up and down the stairs, which allows me so spend my energy on other things," says White. "I've also changed my police footwear, from a heavy pair of gortex lined boots to a lighter weight boot".

What would Laurie like more of, in her life? A couple of things come to mind--more time spent <u>not</u> talking about the amputation and her prosthesis. "I still get stopped alot at the grocery store, at the gym, and at airports when I'm traveling. I don't hide the fact that I wear a prosthesis, but people stop me to talk about it. I've had three airport security people look at my bared leg, asking if they could touch it, as if the pylon is going to cave in, revealing a hiding place for drug

transportation purposes," she says. Another wish is for more spontaneity in her life. "Everything I do just takes more time, particularly sports. I miss the spontaneity I had before. I change my clothes more frequently now because I sweat so easily. It's the little things, like changing my shoes or changing from one prosthesis to another - everything just takes more time".

What's ahead for Laurie White? Perhaps more exposure as a public personality, or perhaps more anonymity. In 2001 she will exercise her choice to move to a new community in Canada, having fulfilled her five-year commitment in Kitimat. She will make choices about continuing in front line policing, or changing her career focus to that of drug work, fraud, or undercover work.

Asked what was the single most important theme of Laurie's successful return to work, Dr. Moore felt it was "the collaboration and communication by all those involved. An easier, less risky outcome would have been finding her a desk job in another capacity. The biggest challenge was to go above and beyond; no stone was left unturned in achieving this outcome. She is the first police officer in Canada, wearing a prosthesis, to return to front-line duty."

As her physiotherapist the most significant theme throughout Laurie's rehab was balance. She achieved a high level of physical balance enabling her return to the sports she loves, and to her job. Still to come, I think, is an emotional balance. The greatest challenge for her will be finding a balance between her public and private lives, her sports, new relationships, and the energy expenditure that all those things require.

Early on in her rehab Laurie told me "the biggest thing is to prove to myself what I'm capable of doing, because I don't know at this point. I'm learning there's such a long process ahead of me, and I'm proving things to myself every day. I have to do this for my own peace of mind". As her physiotherapist, I know without even asking her, that the most important theme of this story, is that Laurie White proved it to herself, first and foremost, that she is capable of resuming her life and her job. Choices and decisions will always be hers to make.

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Back Row: Jeff McDonald Bain RTPO, Linda McLaren, PT, Dr. Andrew Travlos, Glen Obara RTPO Front Row: Ricky Chu CP, Laurie White, Emery Homonnay CP. Missing Anita Skihar, SW and Scott Hamilton, RTPO

Information for this article was obtained from personal communication with Constable Laurie White, Norah White,

Constable Mike MacDonald, Dr. Mary-Stewart Moore, Ricky Chu CP, Emery Homonnay CP, and from medical charts and rehab video text transcriptions.

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