

ACHILLES HEALS

Helping handicapped get a leg up

By SHEILA ANNE FEENEY
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Nkele Mosiane's artificial left leg is a battered warhorse, mottled with spidery cracks, creaky with an impetuously locking knee bolt and draped with a worn leather belt that chafes her opposing hip. Its color recalls dingy Silly Putty and is no match for the skin of Mosiane, a 33-year-old black single mother from Soweto.

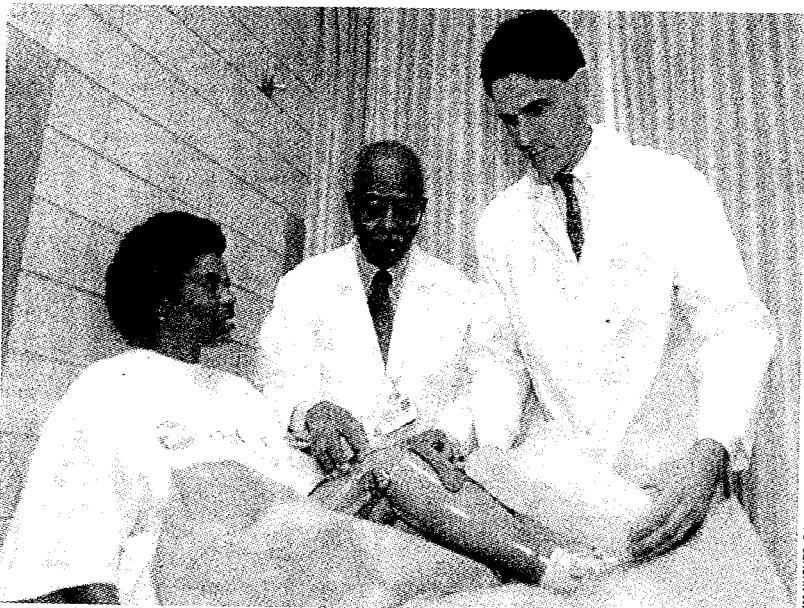
Its inadequacy is broadcast by the Saucony sneaker on Mosiane's reliable right foot. The toe box has been worn clear through, shredded from the force of 119 pounds repeatedly landing on just one foot.

Perched on an examining table of Harlem Hospital, Mosiane has only one question for Harlem's director of rehabilitative medicine, Dr. Herbert Thornhill, and NovaCare's lower-extremity prosthetic specialist John Rheinstein, who are fitting her for a free \$16,000 custom prosthesis.

"What will it look like?" she asks shyly.

"Very realistic," Rheinstein assures. "Much more natural than this. The lamination will match your skin. We have a chart with 16 different colors, and you will pick the color."

While she can wear her new leg in a marathon, most disabled runners prefer to run as they have trained. Mosiane fin-



A STEP FORWARD: Nkele Mosiane is fitted for a prosthesis by Dr. Herbert Thornhill and John Rheinstein, right, at Harlem Hospital.

ished her third New York City marathon this year in 10 hours, three minutes, a hearty improvement on her 1994 time of 12 hours and 12 minutes. Mosiane typically runs the first 5 miles with her artificial leg, then hands it off and competes the rest of the way, seven pounds lighter, on crutches.

Mosiane — whose leg was amputated at age 5 due to a birth defect — is one of a handful of international runners receiving a new free prosthesis, thanks to the Achilles Track Club.

Achilles and its supporting angels engineer a vast and endless conspiracy of good will on behalf of the disabled. Headed by its founder, the self-described "de-calfinated" runner and activist Dick Traum, the ATC gets doctors to donate their time, hospitals their rooms and support staff, and companies their goods and donations to get America — and everybody else — moving.

Hitting their stride

The 6,000-member organization is locally famous for matching volunteers with runners whose palsy, blindness or paraplegia requires them to train with a buddy, for peddling endorphin highs to disabled youngsters, and raising money for the doughy marathon participants who are often among the last to limp or roll over the finish line.

Achilles' international work is less well known. This year, the club distributed 50 Quickie Wheelchairs to disabled athletes from abroad and arranged for dozens of free vision exams.

Ophthalmic surgeon Dr. Richard Koplin, associate clinical professor at New York Eye and Ear Infirmary, has found that about one in 50 ATC visi-

LIFE'S WORK

Limbs for Life, a charity that helps provide artificial limbs for poor amputees around the world, is holding a drive to collect old and unused prostheses from 4 to 8 p.m. Wednesday at NovaCare's factory and clinic, at 5 Charlotte Ave., Hicksville, L.I. (Call 516-932-1145 for more information.) NovaCare is also holding an open house that night for health providers and amputees.

The Achilles Track Club can be reached at 354-0300.

tors from abroad has a surgical-ly correctable vision defect.

Koplin's most famous ATC patient was Pyambu Tuul of Ulan Bator's, who lost his sight in an explosion and did not see his children until Koplin's cornea transplant in 1991. The next year, the formerly disabled athlete became the first marathoner, and only member, of the track and field team for Mongolia in Barcelona's 1992 Olympics. (Tuul finished the marathon last, but 25 of the 112 runners had dropped out.)

Some ATC members from abroad receiving care here have never had a medical exam, much less any attention from a specialist.

When Thornhill asked Mosiane when she had last seen a doctor, she laughed. "Long time," she answered.

Thornhill gently explained that Americans believe in seeing doctors once every year or two. Mosiane rejoined that med-

ical care was expensive in South Africa: All told, her old leg had cost her about \$4,300 — a fortune on her salary. (She is a seamstress in Soweto's Self Help Association of Paraplegics, founded by the late Friday Mavuso, another goodwill patient of Thornhill's. After Mavuso was shot and crippled by South African police, he began the center with \$15,000 he received in a court settlement.)

Bump in the road

Even U.S. institutions and hospitals are increasingly reluctant to provide the pro bono operations that the ATC arranges, complains Koplin, due to mandates to maximize profits and cut costs. "You're pulling so many people together, and people aren't as philanthropic anymore," Koplin sighs.

A runner himself, Koplin knows well the importance of the Achilles mission. Exercise, he explains, not only improves respiratory and cardiovascular functioning and clears out mental cobwebs, but decreases the isolation that plagues a population facing astronomical rates of unemployment and more than its share of discrimination. "A lot of people will help a blind person off a bus, but not many will ask them to lunch," Koplin says bluntly.

Mosiane left Harlem Hospital rejoicing at the promise of receiving a leg that would support her weight painlessly and correct her lurching, pigeon-toed gait; a leg that should finally take her smoothly down a flight of stairs. But her new leg cannot yet take her to a marathon in Johannesburg: "They don't allow us to participate," Mosiane explains. "There's still discrimination against disabled people in South Africa."

THE PRICE OF MOBILITY

At least 1.5 million Americans have had one of more amputations, not counting lost fingers and lost toes.

Getting the next best thing to what they've lost can be life-changing. "When you have a low-quality prosthesis, it dictates how you live your life. When you have a high-quality prosthesis, you dictate how you live your life," says John Rheinstein, a lower-limb extremity specialist for NovaCare, a leading manufacturer of artificial limbs.

Artificial limbs in the U.S. can cost from a few thousand dollars to \$25,000 and are an object of much controversy between some health insurers, who have been known to insist an amputee should "make do" with cheaper limbs, and patients, who understandably want the best available. Amputees not only tend to want better limbs than insurers are willing to pay for, but want them replaced more frequently to accommodate wear, growth or weight change so they can move in comfort.

Expensive prostheses tend to weigh less, are made out of more expensive materials, such as titanium and carbon fiber, and, as a result of extensive research and development, have complex components that more closely mimic the functioning of a real limb. They are more responsive and work more efficiently, increasing the wearer's feeling of confidence and symmetry.