Saturday, December 7, 1957, started as an ordinary day on my parents’ farm near Elrosa, Minnesota. At age 19 and 2 years out of high school, I was planning to work on my dad’s farm until I could join the Army when my brother Leo returned from Germany. My plan was to go into farming after completing my military obligation. I had a girlfriend and was in the prime of life.

As usual, I got up at 6 a.m. and did my share of the usual chores and had breakfast. I anticipated working on our 4-H project to saw firewood to heat the old District 127 schoolhouse where the Elrosa Stars 4-H Club held its monthly meetings and activities. My younger twin brothers, Dennis and David, and I left to go to Uncle Paul Heinze’s farm to help saw the firewood.

We were joined by other 4-H club members and our cousin Jerome Heinze and Uncle Paul. Uncle Paul had an old platform lumber mill saw and a smaller 30-inch circular saw used to cut slabs into kindling wood.

It was a snowy, cold December morning. Everything was going along fine. I was feeding the saw. Others were pitching and stacking blocks or bringing slabs to the table to be sawed. We were nearly done when we discovered that some of the piled slabs were frozen together with snow, sawdust and ice.

Jerome used a tractor to loosen the pile. He gave the slab a gentle poke to break it up, which didn’t work. A heavier poke sent the entire pile tumbling toward me and the saw. I stumbled while trying to get out of the way and fell into the running 30-inch circular saw. My left arm was cut off through the wrist and my right arm was cut off through the elbow.

It was an accident. No one was at fault. But what a shock to everyone! Fortunately, no one panicked.

I remember the blood spurting out of my arms as my heart pumped. Uncle Paul helped me up and tried to staunch my bleeding.
arms while Dennis ran to the house to get towels and sheets, which they tightly wrapped around my arms to stop the bleeding.

In 1957, there was no 911 phone line or ambulance service. Jerome got the car to take me to Sauk Centre Hospital. They bundled me into the back of Uncle Paul’s 1952 Plymouth. I was in the back seat with my arms up while my uncle raced the 17 miles to the hospital with the car lights on and honking the horn while passing everything on the road. Cousin Jerome was my nurse en route to the hospital. I never did pass out. My body was in shock. I still remember everything that happened.

I credit the quick thinking and the fast action of those around me and our 4-H first aid training for stopping the bleeding. I thank God, my 4-H friends, Drs. Grant and Neitfelt and the staff at St. Michael’s Hospital in Sauk Centre for saving my life.

Because my accident was considered a “previous injury,” it was not until 1983, when insurance laws changed, that my limb repairs and replacements were covered by my health insurance at 80 percent. Since my parents did not have medical accident insurance on me at the time, a neighbor and 4-H club parent initiated the Art Heinze Trust Fund to help with future medical, prosthetic and educational expenses.

Many county and state 4-H clubs and other organizations contributed to the campaign. By September 1958, a total of $6,900 had been raised for my future needs. I was amazed and grateful for everyone’s financial support, as well as their cards, letters, prayers, encouragement and confidence in my future. I am thankful for the kindness and generosity of the people of Elrosa, Stearns County and Minnesota.

I recuperated at Sauk Centre Hospital for 16 days, then was discharged while arrangements were made for me to enter Gillette Hospital (then called Gillette State Hospital for Crippled Children) in St. Paul for rehabilitation and the fitting of artificial limbs. My parents and family took care of me until I entered Gillette Hospital on January 10, 1958. I was discharged on April 10, after a total of 90 days.

Gillette had a very complete and intensive rehabilitation service team. It consisted of Dr. Grant from Sauk Centre, the Gillette orthopedic surgeon, nurses, aides, orderlies, social workers, a vocational rehab counselor, a prosthetist, and recreational, physical and occupational therapists.

Within 3 days of entering Gillette, I was fitted with a crude but functional prosthesis, which was worn over my left residual arm. This allowed me to activate a cable that opened and closed a hook so I could feed myself, brush my teeth and go to the bathroom. My left elbow was not damaged, so I became predominantly left-handed.

The temporary prosthesis, operated by shoulder action, gave me some independence. I felt like I had just won the lottery. I will never forget the helplessness and hopelessness I felt when I was dependent on others for my every basic need. But I still could play harmonica. I did not have a disability playing my harmonica, which was held to my mouth via a wooden stand.

As my therapy progressed and my residual arms healed, I was fitted with my permanent left, below-elbow prosthesis, which was more functional and durable than my temporary prosthesis. I was also evaluated by the vocational rehabilitation counselor and found to have interests and aptitudes in various fields, including occupational therapy (OT).

After recovering from two shaping surgeries for my right arm and again enduring physical therapy, I was fitted with my permanent right, above-elbow prosthesis. Now I had two hook hands and was ready to take on the world. After continued intensive training in occupational therapy, I could:

- Type 20-25 words per minute
- Hold a dancing partner
- Drive a car
- Ride a bicycle
- Dress myself
- Tie my shoes
- Feed myself
- Don and doff my prostheses
- Open cans and cook
- Blow my nose
- Clean myself after using the bathroom
- Play cards
- Write
- Turn pages
- Make change
- Wash and iron clothes.

I could do most of the tasks people need to do in life to live independently and comfortably. But when I was discharged back to our farmhouse, I still had a lot to learn.
Since there wasn’t much that I was able to do on the farm, my dad thought I might sell fire extinguishers for his farm insurance agent. We visited the agent, made the deal, and I was in business the next day. The sales job got me out of the house and mixing with the public. Most important, it gave me a purpose and an opportunity to do something worthwhile and earn my keep. I kept the job through all 5 years of college. As a salesman, I had no disability.

In September 1958, I enrolled in the Agriculture Education Program (Ag Ed) at the St. Paul campus at the University of Minnesota, but I was also interested in OT. I volunteered at Gillette Hospital and enjoyed working with the patients, and my occupational therapists at Gillette encouraged my interest in OT. Before my sophomore year, I transferred out of Ag Ed and into Pre-OT.

In rehabilitation, it is not what you have lost, but what you have left and how you use it. At the end of my 2-year pre-OT program, I applied for OT school. During the summer of 1961, I learned that I was not accepted into the highly competitive University of Minnesota (UM) OT program.

Mr. Lepley, my favorite OT instructor at UM, suggested that I apply to the University of North Dakota (UND) OT program, as they were trying to recruit male students. With Mr. Lepley’s aid, I was invited to interview at UND and was accepted. I completed the program, did a pre-clinical internship and three regular internships and graduated with a BS in Occupational Therapy in May 1963.

I was ready for a paying job, but job-seeking was a little stress-provoking. Would anyone hire an occupational therapist with two hook hands? I applied at St. Mary’s Hospital in Minneapolis because I did an internship there and they knew of my ability and my disability. I worked there for nearly a year. Then, in 1964, I was recruited to come to Thief Falls River, Minnesota, to establish a new OT department at Northwest Medical Center.

It was scary to start a new OT department as the only occupational therapist in the area and with only 1 year of experience. But I felt that there must be some divine intervention at work because I was a small-town boy at heart and always wanted to work in a smaller rural hospital. Thief River Falls, population 10,000, is now a regional medical center in northwest Minnesota.

In 1966, I supervised the establishment of therapeutic activity programs in eight area nursing homes in five counties. In 1969 and 1971, Rehab Services expanded again when our hospital added a 90-bed nursing home and a comprehensive mental health unit with complete OT services. In 1980, OT services were provided to school students with disabilities. It has been gratifying to be a pioneer in rehab.

In July 2003, I officially retired as director of occupational therapy at Northwest Medical Center, after nearly 40 years of service. I still do consultations with arm amputees, give lectures on disability awareness and train therapists to work with arm amputees. I am still active in my community, church, scouting and other volunteer organizations. It is my way of paying back. I often say my accident was a blessing in disguise.

During my senior year at UND, I met Joan Linneman. Joan and I were married on April 18, 1964. As of 2009, we have been married 45 years. We have three sons and three grandchildren.

I am happy to say that I have had a very successful 46-year career as a registered occupational therapist. I thank my hometown for helping achieve this success and thank God for giving me a good life. Winston Churchill once said, “You make a living by what you get, but you make a life by what you give.”

Photos courtesy of Art Heinze.

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Tips for Upper-Extremity Amputees

1. Don or doff prostheses by putting them on and taking them off over your head. This is especially useful for bilateral upper-extremity amputees because it’s easier to see what to do, unlike trying to swing your residual limb around like someone trying to put an arm through a sleeve of a shirt.

2. Learn how to master the use of your prostheses to maximize your independence in activities of daily living (ADLs). Prostheses only function when you understand how they work and practice using them. You can’t drive a car if you don’t know how to steer, shift gears, apply brakes and so forth, and you can’t be a good driver if you don’t practice driving techniques. Learning to do ADLs with your prostheses is no different.

3. Secure proper adaptive equipment or self-help aids such as slip-on shoes, button hooks, door and sink handles versus knobs, car steering rings, etc.

4. Put your belt into your trousers before donning them or use elastic waistbands.

5. Purchase “hook-friendly” products such as toothpaste tubes with flip-top lids, liquid soap in pump bottles, thick flat handles for eating or cooking utensils, lever door handles, or push or chin-touch switches. Use a wrist flexion unit while wiping, and use flushable hygiene wet wipes over toilet paper after toileting.

6. Tuck your shirttails between your legs to hold your shirt down while pulling up your trousers.

7. With your prostheses, consider putting half of a rubber band on at a time to build tolerance and increase hook grasp.

8. Initially, using prostheses takes lots of practice. If you don’t succeed the first 25 or 50 tries, try and try again.

The above techniques can be seen demonstrated by Art Heinze in a teaching DVD entitled The Use Of Upper-Extremity Prostheses. For more information, visit armamputee.com.