

## Climbing to New Heights After Lower Limb Loss: An Interview With Chad Jukes



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I am so pleased and honored to be able to interview Chad Jukes, renowned mountain climber, for this issue of *Rehabilitation Nursing*. Chad is a resident of my hometown in Colorado, and he graciously sat down with me to answer some personal questions about his life.

KM: Chad, you are currently known as the last living man to climb to the top of Mt. Everest. And you completed this feat with a lower limb amputation and using a prosthetic, which is even more remarkable. Tell us about that journey from loss of your limb to conquering Everest.

CJ: After my injury, I discovered that I had contracted MRSA in my calcaneus. When I was first offered the option to have my right leg amputated below the knee, I thought my doctor was crazy. Why would I ever choose to have my leg amputated?! I reached out to the first place I thought of...strangers on the Internet. I was quickly contacted by Malcolm Daly, a climber who had made a similar decision.

Malcolm told me that if I chose to amputate I would definitely be able to climb and that he had made the decision that he would rather be "an amputee than a cripple."

His words completely changed my perception of living with amputation. From then on, the idea of amputation was freeing, and it became one of the easiest decisions I've had to make.

Within 2 months of my amputation, I was climbing with Paradox Sports, a fledgling nonprofit organization. They introduced me to traditional rock climbing, ice climbing, and mountaineering.

Really, there was a very natural advancement of skills and experience that led me to climbing Mt Everest.

KM: Were you an experienced climber prior to your amputation, or was that a new hobby? How long have you been climbing? And why mountain climbing? Wasn't there an easier sport?

CJ: Before my amputation, I was a recreational rock climber. I was limited to small routes 100 feet or less in height. My amputation acted as an impetus to push me deeper into the world of climbing and advance my skills.

Regarding the why.... It's a hard question to answer in a sense. Climbing can be construed as a very frivolous and selfish endeavor; I put myself in harm's way, and once I stand on top of something, no great thing has been accomplished. I haven't cured a disease; I haven't improved anyone's life....

Rather, I climb because it is a remarkable and fulfilling experience for me, and I love sharing that experience with other amazing people. I find the act of climbing to be quite mindful and cathartic, and many people with PTSD, myself included, have found the act quite helpful.

KM: I think that our rehab nurse readers would be interested in the type of prosthesis you use for your climbs and how that works for you. Would you talk a little about that?

CJ: I have spent the past 10 years fine-tuning the system I use for climbing. The trickiest part of any prosthesis is the socket. I climb using a pin-lock system, which provides me with great security and simplicity, ensuring that my leg always stays on (it's generally bad to have your leg fall off thousands of feet above the ground) and that my suspension system doesn't fail in the wilderness. In the past few years I have gone to the RevoFit system from Click Medical, which uses the BOA system to allow great adjustability in the size and shape of my socket. This eliminates the need to stop mid-climb to add or remove fitting socks and ensures a better fit.

On ice, I use a custom prosthetic foot. It is simply the front piece of a crampon modified to attach to a pylon so I can secure it to my prosthesis.

KM: Was the Everest trip filmed or documented? How could our readers learn more about your story?

CJ: We had Dave Ohlson, a documentary filmmaker and doctor (he graduated from med school on our summit push), along on our expedition. He filmed the entire expedition and is currently working on putting together a film.

KM: I understand that you have another big climb coming up in Ecuador this summer, with a group called ROMP (Range of Motion Project). Can you tell us about that?

CJ: I will be joining an amazing and diverse team of amputee and able-bodied climbers to climb Antisana, an 18,714-foot volcano, in Ecuador. I am thrilled to be a part of this expedition, which is raising money and awareness for ROMP. I believe quite strongly that the ability to walk and the access to the technology needed should not be a privilege for the few. ROMP's mission is to bridge the divide by providing prosthetic services to those who would not normally have access. They currently operate in Ecuador and Guatemala. You can learn more at [rompglobal.org](http://rompglobal.org)

KM: You have overcome many obstacles to get to this place in your life. What advice would you give to persons with lower extremity amputation and the rehab nurses who care for them?

CJ: Amputation does not mean the end. Disability does not need to be as limiting as it may seem. Sure, I cannot run 2 miles as fast as I could with two legs. Sure, I still have days where pain limits my capabilities. But I can still perform at a higher level than most, because I chose to push myself to those levels.

I would encourage rehab nurses to understand this and encourage their patients to find what they enjoy and to accept the life that they are now facing. Yearning for two legs would have gotten me nowhere.

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Readers are encouraged to visit the journal website at [www.rehabnursingjournal.com](http://www.rehabnursingjournal.com) to learn more about Chad, see pictures, and get links to Chad's climbs and news interviews.