



FALL 2013

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WWW.SPINALCORD.AR.GOV

Spinal Connection

Statewide Trap Shoot

The Arkansas Spinal Cord Foundation (ASCF) will host its 2013 annual Statewide Trap Shoot Competition on Saturday, October 12, 2013 at the Blue Rock Sportsman Club, North Little Rock.

Registration begins at 9 a.m. Entry fees are \$45.00 per shooter. Competition will consist of individual and team adult divisions and youth divisions (Junior 6th -8th grade and Senior 9th -12th grade).

All shooters must furnish their own shells. Lots of door prizes

will be given away, winners of the competition will receive a new shotgun, trophies and much more! A raffle will also be held the day of the event for the chance to win a 45-gallon Yeti cooler.

The proceeds from the Trap Shoot will go to the ASCF Sandra Turner Memorial Scholarship fund to benefit students with spinal cord disabilities who will be attending college or pursuing other formal education or training. ASCF would like to encourage any student with a spinal cord disability to consider

applying for a 2014 scholarship.

Scholarships will be awarded in August 2014. More information regarding the application process will be provided at a later date.

The Arkansas Spinal Cord Commission would like to encourage any client and family members who are experienced shooters to consider entering the competition.

For additional details contact your ASCC Case Manager or call 501 -683-1120.

Employee of the Quarter

Recently the Arkansas Spinal Cord Commission implemented an Employee of the Quarter Award.

Employees are nominated by other ASCC staff or ARS Administrative Specialists that provide support to ASCC. In order for an Employee to be considered, a nomination form must be completed and submitted to the Executive Director prior to the end of the quarter.

Any ASCC employee or ARS/ASCC support staff are eligible for nominations. The nominator must provide a written narrative stating why the employee nominated should receive the Award.

To receive the award the employee must meet the one or more of the

following criteria:

- Consistently performs above and beyond assigned duties
 - Developed a method or procedure to improve office efficiency/services
 - Demonstrate a positive attitude and is a positive influence on others
 - Goes out of his/her way to assist fellow employees/clients
 - Exhibits outstanding work ethics

The ASCC Management team is please to announce that Ft. Smith Case Manager Brian Kremer was voted the Employee of the Quarter for the first quarter of the year. Brian was nominated by Kim Parks, his Administrative Specialist. Brian has been the Ft. Smith Case Manager for a year. In

this short amount of time, he has earned the respect of his fellow employees and the clients on his case load.

According to Kim, "In the year he has been in the Ft. Smith office, Brian has contacted or visited with almost every client on his case load. He has gone beyond the extra mile to actually get to know his clients as people not just know their names." She also stated that his, "110% attitude shows in his work efficiency, willingness to assist, dedication and he is an inspiration to work with."

The Arkansas Spinal Cord Commission members and staff wish to express our congratulations to Brian for a job well done!

SPINAL CONNECTION

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The Arkansas Spinal Cord Commission does not discriminate on the basis of race, color, national origin, sex, religion, age or disability in employment or the provision of services.

Visit our website at:

www.spinalcord.ar.gov

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With Thanks

Donations this quarter from:

Tracy Ditzler
Brenda Chandler
Adele Wolfe Grilli
Gloria Helms

In memory of Maria Sullivan

Sherry Woolridge

Passings

Rebekah Hughes - July 1, 2013

Deborah Ford - July 7, 2013

Joyce Miles - July 18, 2013

Danny McWilliams - August 6, 2013

John McAllister - August 25, 2013

ASCC accepts tax-deductible donations. Contributions are used to assist our clients through purchases of equipment and educational resources.

To make a contribution, please contact ASCC at **501-296-1788 / 1-800-459-1517** (voice) / **501-296-1794** (TDD), or send your donation to:

**AR Spinal Cord Commission
1501 N. University, Suite 470
Little Rock, AR 72207**

From the Director

After recently having a conversation with a good friend of mine regarding accessible parking violations, I am even more determined to educate the public on exactly what the law regarding accessible parking means. The law increased the penalty for parking in a disabled parking space. The fines range from \$100 to \$500 for the first offense and \$250 to \$1000 for the second or subsequent offense. Upon receiving the second offense the court may suspend your driver's license for up to six months. Hearing this one would think people would pay closer attention to the law. However, I truly believe this is not the case in most instances and instead it is lack of knowledge on most individual's part! So I am now on a mission to increase the knowledge level of the parking abusers! So lets review a few things related to parking in an accessible parking space:

- Never park in a space reserved for people with disabilities unless the Person to whom the permit, placard or accessible parking plate was legally issued is using this parking spot.
- If you have a disabled plate or placard, never allow anyone to use it to park in an accessible parking space unless you are in the vehicle and plan to exit. Not even 'just for a minute.'
- If the plate or placard holder will not be exiting the vehicle, do not park in accessible parking – it is reserved for those folks exiting their vehicles. You can easily sit and wait in a regular space.
- Never park in the lined area next to an accessible space. It is there to allow enough space to unfold a van lift or load a wheelchair—you could block someone's ability to get in or out of his or her vehicle.
- Only vehicles that load or unload a wheelchair or other related mobility device may use those accessible parking spaces designated as "van accessible."

As Executive Director of an agency that provides services to individuals with spinal cord disabilities it is my responsibility as well as the ASCC staff to continue to remind everyone that this issue is not going to go away unless we are willing to educate and create more public awareness! If you are reading this it is your responsibility as well! The Arkansas Spinal Cord Commission developed an Accessible Parking Task Force with the intended purpose of educating the public as well as law enforcement officials. I apologize for the Task Force dropping the ball but we are recommitted and need your help. Anyone who is interested in serving on this committee please contact me. If you are unable to attend our meetings we will have a toll free number so you may call in and participate. Our primary goal is to develop Press Releases, public service announcements prior to the Thanksgiving and Christmas Holidays this year. Information regarding the Accessible Task Force meetings will be posted on the ASCC Web Site.

Be a part of this Mission!

Patti Rogers

The Commissioners Corner



John Wilkerson, Commission Chair

I'm pleased to be able to write to you all in this inaugural version of the Commissioners Corner. I decided to use the opportunity to tell you about a research initiative. However, the focus of the initiative is not the spinal cord, it's the neurological neighbor to the north, the human brain. Now, some may find it odd that I would use the space that I have allotted for this article to focus on the brain rather than spinal cord in a newsletter called the Spinal Connection which is published by the Arkansas Spinal Cord Commission. But, this project has me incredibly excited and I would like to explain why you should be excited too.

In April of this year the White House announced a \$100 million public investment for a project called the BRAIN (Brain Research through Advancing Innovative Neurotechnologies) Initiative. The entire sum of this investment (which will be split between The Defense Advanced Research Projects Agency, the National Institutes of Health and the National Science Foundation) will be spent exclusively on finding innovative ways to study the brain. However, it's worth noting that the brain and spinal cord are both fundamental

to that nervous system. These complex systems are directly connected, made from the same kind of tissue and work together so intimately that it's very reasonable to believe that indirect innovations will be made as a result of the work being done by these government agencies and the private entities that have stepped up to assist with these projects.

The 20th century is full of examples of large public investments made into research in science, technology, engineering and medicine producing unforeseen outcomes. For example, research into nuclear fission for military purposes in World War II led to a reliable energy source for millions of Americans and people around the world decades later. The missions to send our men and women into space and the moon led to countless innovations, including personal computing, Magnetic Resonance Imaging (MRI), and the CT scan. The last great project of the 20th century, the decoding of the human genome, is beginning to bear fruit currently as we begin to see medicine become more personal for the specific genetic needs of patients. My own father has recently been the beneficiary of this technology. The

precedents are literally countless. It is my sincere hope and belief that this intense research focus into the brain will produce similar unrelated innovations in spinal cord research. The truth is, we all need it to. The first decade of the 21st century saw federal research budgets progressively shrink for all areas of science. This has been compounded by the recent sequestration of the federal budget. All of this has had a negative effect on an already small public investment in spinal cord research. In the world of private business, earlier in this decade, people with spinal cord injuries lost a longtime partner when the biotechnology company Geron announced that it would discontinue its spinal cord research division. This was the world's largest private investor into the spinal cord. This means that spinal cord researchers must now find innovative ways to get projects funded and find novel ideas to try and answer complex questions related to spinal cord disabilities.

It's my opinion as a man of science that the next great challenge that faces our species is understanding the human brain, the most complex object in the known universe. Let's hope that the investigation into that frontier continues to be funded well, not only for the sake of those who have disorders of the brain, but for those who have different neurological issues. The fruits of these investments may take a long time to ripen. In fact, many of us may not live long enough to see the benefits, which is unfortunate. The people reading this will not be the last survivors of spinal cord injuries and disabilities. For those that come after us, it is my belief that this research provides a legitimate hope for living better with spinal cord disease.



Annual Flu Vaccination

By Tom Kiser, M.D., ASCC Medical Director

I dislike shots. I can remember going to the doctor as a kid and thinking that giving shots was the doctor's primary job. However, even though now that I am a doctor I know better, I still think the flu vaccination is one shot that is important. The benefits to you and society far outweigh the risks. Even though I still hate getting shots, I get mine every year because as a health care provider I want to protect my patients, and I recommend anyone with a spinal cord injury get the influenza vaccination unless you have had some type of severe allergic reaction (shortness of breath and swelling) or suffered from severe neurologic weakness after a previous flu vaccination.

The following people are at a severe risk of medical complications if they develop influenza. I have put in bold print areas which apply to all individuals with SCI, and underlined areas which may apply to some of you:

- All children aged 6 through 59 months;
- All persons aged ≥ 50 years;
- Adults and children who have chronic pulmonary (including asthma) or cardiovascular (except isolated hypertension), renal, hepatic, **neurological**, hematologic, or metabolic disorders (including diabetes mellitus);
- Persons who have **immunosuppression** (including immunosuppression caused by medications or by HIV infection);
- Women who are or will be pregnant during the influenza season;
- Children and adolescents (aged 6 months--18 years) who are receiving long-term aspirin therapy and who might be at risk for experiencing Reye's syndrome after influenza virus infection;
- Residents of nursing homes and

other long-term care facilities;

- American Indians/Alaska Natives;
- Persons who are morbidly obese (BMI ≥ 40).

Also, if you live with someone or care for someone who is at high risk of medical problems if they develop an influenza infection, you should be vaccinated to protect them. This includes family, especially, children, and caregivers.

You should get your vaccination as soon as it is available in your area, preferably by October. There are three types of flu vaccine being offered this year: The Inactivated Influenza Vaccine (IIV), the Recombinant Influenza Vaccine (RIV), and the Live-Attenuated Influenza Vaccine (LAIV). The first two are shots and the last one is a nasal spray. The LAIV, the nasal spray, can be given to anyone from Age 2 to 49 years of age and is given with a 0.2 ml spray into your nose, so if you dislike shots and you meet the criteria this may work for you. Since it has a live virus in the formula you cannot be taking influenza antiviral drugs when using the nasal spray. You have to be off the antiviral drug for 48 hours and then cannot restart the antiviral medication for 2 weeks to allow your immune system time to respond to the virus in the nasal spray. It is okay to be on antiviral influenza medication when getting the vaccination with one of the shots, either IIV or RIV.

The IIV is manufactured with eggs and can cause an allergic reaction in someone who has an egg allergy. If you are allergic to eggs, you need to discuss this with your physician. Some persons who report an allergy to egg might not be egg-allergic. Those who are able to eat lightly cooked egg (e.g., scrambled egg)



ASCC Medical Director Tom Kiser, M.D.

without reaction are unlikely to be allergic. Egg-allergic persons might tolerate egg in baked products (e.g., bread or cake). Egg allergy can be confirmed by a consistent medical history of adverse reactions to eggs and egg-containing foods, plus skin and/or blood testing for immunoglobulin E antibodies to egg proteins.

The RIV is not manufactured with eggs and can be used when someone has a severe allergic reaction to eggs. Persons with a history of egg allergy who have experienced only hives after exposure to egg should receive the influenza vaccine. RIV is egg-free and may be used for persons aged 18-49 years who have no other contraindications. However, IIV may also be used, with the following additional safety measures:

- Vaccine should be administered by a healthcare provider who is familiar with the potential manifestations of egg allergy; and
- Vaccine recipients should be observed for at least 30 minutes for signs of a reaction after administration of each vaccine dose.

However, a previous severe allergic reaction to an influenza vaccine, regardless of the component suspected to be responsible for the reaction, is a contraindication to future receipt of the vaccine. Just encourage all those around you to get it, so your exposure to the influenza virus this season will be limited.

New Employees at ASCC



One of the most important initiatives of the Trauma Rehabilitation Program is education. On July 8, 2013, we were pleased to have Heather Browning join the Trauma Rehabilitation Program as the new Health Educator.

Heather has a Bachelors Degree in English with a minor in Spanish from Henderson State and a Bachelors Degree in Psychology from UALR and is currently working on her MBA. She comes to the Trauma Rehab Program with five years of experience in state government with the Department of Human Services and is a Certified Nursing Assistant.

A native of Arkansas, Heather grew up in the Arkadelphia area. She spends her time working out, attending functions of the Union AME Church and nourishing her relationships with friends and family.

Sara Stevens, CRC joined the Little Rock Case Management team in August and is serving Lonoke County, White County, and the South Eastern part of Pulaski County.

Sara obtained her Masters Degree in Rehabilitation Counseling from UALR and is a Nationally Certified Rehabilitation Counselor. Her background in working with independent living through Mainstream, ILC will serve her well in this her new position as case manager.

Sara hails from Little Rock, Arkansas. In her free time, she enjoys spending time with those she has dubbed as her “fur babies” (4 dogs, 3 cats, and 1 ferret), crafting work such as crocheting and making her own jewelry.

Ashley Barnes joined the Magnolia Case Management office in August.

Ashley graduated from Southern Arkansas University-Magnolia in 2004, where she received a BS in Criminal Justice with a minor in Social Work. She is currently a grad student, at University of Arkansas at Little Rock (UALR), and working to obtain a Masters in Rehabilitation Counseling. She hopes to become a Certified Rehabilitation Counselor after graduating from UALR. She has experience as a Probation and Parole Officer with the Department of Community Corrections, a Program Eligibility Specialist with the Department of Human Services, as well as working with independent living through Mainstream, ILC.

Ashley and her daughter are from Urbana, AR, which is 15 miles outside of El Dorado, AR.



The Right Touch

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Hiring the right person is difficult for every employer, but that process takes on a whole new level of meaning when the potential employee is going to be your personal caregiver.

Many people with spinal cord injury (SCI) need some type of assistance with daily activities. Data from Craig Hospital in Englewood, Colo., shows 40-45% of people with SCI need personal assistance with some daily activities.

It's easy to understand that the higher the level of injury, the more care is needed. Some people may need assistance getting in or out of bed, managing bowel and bladder issues, bathing, and dressing. Driving, shopping and cleaning may be required of some caregivers as well.

Although the process of finding, hiring, training, and supervising a caregiver can be tedious, finding the right one can enhance independence and quality of life.

Wanted

The obvious first step in hiring the right personal caregiver is knowing where to find one.

There really isn't any one place that is best for finding a caregiver, but modern technology and old-fashioned techniques provide plenty of options. Newspaper ads, the Internet, word of mouth, social media, hospitals and professional organizations can all be used in the search.

If you qualify for services, you might start your search by checking with your state department of rehabilitation to see if there's a local program to help. Your hospital or primary care doctor may also know of a person or

organization to contact during a search.

Another option is to advertise in your local newspaper. A classified ad will cost money, but you can reach a lot of potential candidates. If you do place an ad, it's a good idea to advertise on weekends because it will reach the most people.

The Internet and social media are wonderful tools to locate potential caregivers. A simple Google search for things such as "personal caregiver" or "SCI caregiver" leads to various groups, organizations and even personal web pages of caregivers.

Organizations such as the National Association of Home Care & Hospice (nahc.org) and the Center for Personal Assistance Services (pascenter.org) provide plenty of great information and resources. Placing an ad on sites such as Craigslist is also an option.

People also still learn of jobs through good old word of mouth, so let people know you're searching for a caregiver and maybe even post something on Facebook.

You're Hired

It's really difficult to sum up how to interview a person who'll care for you in just a few paragraphs because it really comes down to an individual process.

There are the natural things to look at in any potential caregiver such as work history, education, experience, licenses and so forth.

Any caregiver has to be able to adapt to your needs and expectations, and that is where things get really personal. Only you can possibly know what you want

and need.

Write up a job description and be specific with what you expect from a caregiver, including hours and days per week, daily and weekly tasks, medical needs, personal needs, and personal preferences.

These are a few other interview questions the Family Caregiver Alliance (FCA) suggests:

How do you handle people who are angry, stubborn, or fearful?

- Do you have a car? Would you be able to transfer someone from a wheelchair into a car on into a bed?
- Is there anything in the job description that you are uncomfortable doing?
- Can you give me two work-related and one personal reference?

The FCA (caregiver.org) also suggests using the written job description to create a contract. This formalizes an agreement between you and the caregiver. The organization says any contract should contain the following:

- Name of employer and "household employee"
- Wages (including tax withholding) and benefits such as mileage, meals, vacation, holidays
- When and how payment will be made
- Hours of work
- Employee's Social Security number
- Duties to be performed
- Unacceptable behavior such as smoking or abusive language
- Termination (how much notice, reasons for termination without notice, etc.)
- Dated signatures of employee and employer

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The Right Touch

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A Working Relationship

A relationship between the caregiver and employer is not like other work situations. A caregiver is often your friend and employee. It's up to you to balance the two roles. The first step is to make clear a caregiver's role is helping you with daily activities you can't do for yourself, and you decide what assistance is needed.

There are times when you need to be assertive and also need to be flexible. However, a caregiver is a person too. Although you are in charge of your care, you're caregiver may have a different approach to providing quality care.

You need to be reasonable in listening and accepting different ideas and opinions. It's also nice to express your appreciation to your caregiver for the help he/she is providing.

Finally, it is important that you are understanding if your PCA has a "bad" day or makes a mistake. Hopefully, you'll find you can be flexible but still keep a professional relationship.

Finally, you can't rely on one PCA all the time. If your spouse or partner is your primary caregiver, it's important you find a way to give him/her personal time for rest and enjoyment.

Your PCA also needs days off, and unexpected circumstances may require absences from work. Therefore, you need to plan ahead. Make sure you have options and the ability to call on multiple sources if needed.

Some information for this article was provided by the University of Alabama at Birmingham Spinal Cord Injury Model System. For more information, visit: <http://spinalcord.uab.edu>

The TRIUMPH Call Center

Do you or your loved ones ever have questions regarding medical issues related to your spinal cord injury?

Do you think you needed to go to the emergency room for a health related problem and are afraid your rural emergency department will not be comfortable with issues related to your SCI?

We can help; we will connect you to a nurse or your physician or rural emergency department to a spinal cord injury specialist for timely and appropriate care.

Do you have durable medical equipment or Insurance Issues and not know where to turn? We will help by connecting you with an AR Spinal Cord Commission Case Manager or provide appropriate referral resources.

The TRIUMPH Call Center 24/7 (Tele-Rehabilitation Interventions with University-based Medicine for Prevention and Health) is coming in February 2014 and will be available to all Arkansans with spinal cord injuries and their families.

Rural Arkansans with spinal cord injuries often struggle to obtain needed services from qualified specialists. This could result in unnecessary E.R. visits, hospitalizations, costly follow-up care, and compromised quality of care.

The UAMS TRIUMPH Call Center is created to help Arkansans with spinal cord injuries overcome these barriers by providing patients and physicians with triage, emergency support, and treatment guidance 24 hours a day; answering any questions you may have and give you or your family access to timely and appropriate health care vital to your well-being.

Building upon a nationally recognized telemedicine model and drawing from 10 years of call center expertise the TRIUMPH call center will equip Arkansas's hospitals and E.R. physicians with around-the-clock service.

For example, a spinal cord injury patient is having a bladder/bowel issue they or their family can call the TRIUMPH Call Center to speak with a nurse; she will walk you through a protocol based on guidelines and standards of care for actions to address the problem. If the nurse determines that you need second level triage with a physician, SCI specialist, the call center will make that connection or will direct you to an emergency department where the physician now has the ability to call the 24/7 service over phone or interactive video and receive on-the-spot assistance on proper treatment; providing you with timely care.

Not only will spinal cord injury patients benefit from TRIUMPH, nurses and physicians will have access to UAMS developed evidence based protocols and guidelines through phone-based or interactive video on-the-spot nurse/provider-to-provider consultations. Through these consultations TRIUMPH strives to build relationships with emergency room personnel from all over the State to ensure accurate and appropriate treatment of spinal cord injury patients.

Through this service TRIUMPH aims to enhance the quality of life, increase motivation, medication compliance and support therapy goals among Arkansas's rural spinal cord injury population.

The Toll Free Number will be available and activation planned for February 1, 2014. If you have any questions please e-mail Ellen Lowery at emlowery@uams.edu.

CLIENT SPOTLIGHT



Jimmy Gray of Little Rock, AR

What is your level of injury or diagnosis?

T11 Complete Spinal Cord Injury Paraplegic due to motor vehicle accident.

Where do you work?

United Cerebral Palsy (UCP), North Little Rock, AR.

What type of job do you have?

Cartridge Technician.

How long have you worked at this job?

Seven years.

Did you use any resources or agencies to find this job?

Good will WAGE program.

What type of state/federal benefits have you maintained?

SSDI and Medicare, I currently work part-time so I can still utilize my benefits.

What do you enjoy most about the job?

Allowing time for family and personal matters.

What do you enjoy least about the job?

The way the system doesn't allow you to earn more income while receiving benefits.

What accommodations does your employer provide?

They have a lot of open spacing for accessibility, and will accommodate the needs of the individual.

How do you benefit by being employed?

Maintaining my life style.

What made you decide to go back to work?

I enjoy being able to get out of the house and go to a job, that is what I was doing before my injury and I wanted to keep that part of my life the same. I have worked all my life, and I was tired of sitting around the house.

How much support do your coworkers provide?

I have a lot of support, my co-workers take up the slack when anyone is out of the office.

What are your future goals?

I would like to go to college and become a basketball coach.

What is the most positive benefit since starting work?

I am still able to maintain my home.

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