



# Spinal Connection

## Spinal Connection

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Spinal Connection is published quarterly by the Arkansas Spinal Cord Commission.

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Spinal Connection is an official publication of the Arkansas Spinal Cord Commission. The Commission was established by Act 311 of 1975. On July 1, 2019, the Commission became a public health program under the Arkansas Department of Health as initiated by the Transformation and Efficiencies Act of 2019 (Act 910).

## From the Director ~ Terra Patrom

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### **Fall is Here! Time for 2022 ASCC Spinal Cord Injury/Disorders Conference**

The Fall season is here! With that comes the Arkansas Spinal Cord Injury/Disorders biennial conference. This event will be held at the Benton Event Center, in Benton, AR. This is a great opportunity to network, meet other individuals living with a spinal cord injury/disorder and learn up to date information from outstanding speakers from model rehabilitation systems. For this conference, I focused on targeting top notch speakers on the topics of SCI Research and Sexuality.

Other areas of concentration revolve around hidden resources that are available to our clients but under-utilized and a new passion of mine, consumer protection. Amid COVID-19, a significant number of clients that have fallen prey to scams, endured neglect, abuse, and were taken advantage of without any forethought to knowing this is happening to them. In areas such as this, it is very important for you as a client or your health care provider to know what your rights are and how to access services available to assist you.

Lastly, but definitely not least, I want to highlight our Keynote speaker. He's a Hall of Fame athlete, Paralympic Gold Medalist, and author. Mike Schlappi will provide an inspiring motivational

## Contact Information

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AR Spinal Cord Commission  
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## Trauma Rehab Call Center

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1-855-767-6983  
(FREE 24/7 Access)

Help & Information  
for Arkansans with Spinal  
Cord Injury & Healthcare  
Providers

## Call or Text 9-8-8

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The national suicide and mental  
health crisis lifeline is live.

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session on his journey through life thus far. His concepts of “the personal bullet” and “Personal Response–Ability” show why he chose to prove “just because you can’t stand up, doesn’t mean you can’t stand out.”

I hope you can join us at this biennial event. It’s a free educational event to clients and one guest (family member/ caregiver). Clients also have an opportunity to be the lucky winner for a Quickie Manual Wheelchair that Sunrise Medical will draw during a raffle for a client conference attendee. I want to take this opportunity to thank Sunrise Medical for their continued support to our clientele attending the conference. Healthcare Providers can attend for a nominal fee and attain CEU’s. Some CEU’s will require post-approval. Pre-approvals pending for CCM’s.

For ease of registration, we have provided the QR code below. From your smart phone camera, hold your device so that the QR code appears in the viewfinder, then click the pop-up notification or banner.



Please note: Registration will close at 4:00PM on Monday, October 17th.

### Planning a Bowel Program - Part 2

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[Article reprint: Winter 2019 edition.]

Medications can change a bowel program and must be reviewed with a health care professional if a change in your bowels are noted or a problem develops. Oral medications can change the stool consistency or modify how fast your stool moves through the colon. How your guts respond to medication, diet and fluid depends on whether you have an upper motor neuron (UMN - usually above L1) bowel, or a lower motor neuron (LMN – usually at or below L1) bowel.

Suppositories, or rectal medications, are used to stimulate peristalsis in the descending colon in UMN bowel and produce a scheduled bowel movement. To start the bowel program, rectal stimulation (a

gloved -non-latex is preferred- lubricated finger to manually relax the anal sphincter) or stimulant or osmotic medications (miralax, magnesium, senna, etc.) can be used. Rectal stimulation is used in an UMN bowel as a way to turn on the colon contractions in the descending colon to start the process of the feces moving.

Suppositories do not work well in LMN bowels, so manually clearing the rectal vault is necessary for a LMN bowel. Manual clearing is done by inserting one or 2 fingers in the rectum, to break up the stool in order to get the stool out of the rectum. You will need to establish a good routine to train the bowels, and a rectal check at the time of each in/out catheter for the bladder can help avoid unexpected bowel movements.

Diet and activity play a big role in bowel function and management. It is important to first look at your current diet. Fiber is important. Foods that are high in fiber can absorb liquids and help increase stool bulk. High-fiber foods are beans, fruits, vegetables, and whole grain cereals or breads. It's best to get the dietary fiber you need from a variety of food sources. A starting goal is at least 15 grams of fiber each day, but It is important to increase your fiber intake slowly to allow your bowel to adjust. Activity such as abdominal massage in clockwise motion or body movement (such as shadow boxing or wheelchair push-ups) can help move stool in the colon towards the rectum.

There are no foods that consistently cause diarrhea in everyone. Some people find fatty, spicy, or greasy foods cause diarrhea. Other people report that caffeine found in coffee, tea, cocoa,



**Thomas Kiser, MD**

chocolate, or soft drinks can cause diarrhea. If you are lactose intolerant, drinking milk or eating ice cream can be a cause of diarrhea. Diarrhea-causing bacteria can contaminate different foods as well. Gas in the digestive tract may cause uncomfortable feelings of fullness, bloating, and pain. If you're having problems with too much gas, you may want to cut back or cut out foods associated with gas. These include beans, broccoli, cabbage, cauliflower, corn, cucumbers, onions, and turnips. Medication such as beano (alpha-galactosidase) or simethicone may be of some benefit to decrease the effect of gas, but does not always help.

Fluid intake is one of the keys to a good bowel program. If you have an UMN bowel you need to drink plenty of fluids every day to keep your stool soft and prevent constipation. If you have a LMN bowel you may need to drink less to achieve harder more formed stools. Fiber tends to absorb water and bulk up your stool so titrating it can firm up your stools if they are too loose. In an UMN bowel, drinking enough is especially important if you're eating more fiber, and a good standard to shoot for is 64 ounces of water a day. Drinks, like coffee, tea, cocoa, or soft drinks can function as a diuretic and cause a loss of fluid by increasing urine output, so be careful with these liquids. If you exercise or the weather is hot you will lose fluid via sweating so you may need to drink more at those times. Some people may need to limit how much they drink because of their bladder program.

No single bowel program is right for everyone. Every person with a spinal cord injury has a different diet, activity level, routine, medication list, and life schedule. By working with your healthcare provider and developing a bowel management program, you can begin to set up a normal schedule for passing stool. This will give you control of your life and increased confidence when you are out in the community. A colostomy or a cecostomy are surgical options that can be discussed with a physician if you are not having success, and they are options that can be considered if nothing else is working for you.

### **Our sincere condolences to the friends and family of...**

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Glen D. Simco 01/02/22  
Dennis J. Catron 01/08/22  
Jerry L. Woods 01/10/22  
Thomas Gragson 01/19/22  
Thelma M. Carlton 01/25/22  
Earl H. Platt 02/17/22  
Christopher R. Price 03/17/22  
Charles I. Rodgers 04/10/22  
Carolyn Harbort 04/17/22  
Hanna D. Overbey 05/11/22  
Melinda Carney 05/15/22  
Robert Baker 05/24/22  
Betty Odgen 06/10/22  
Danyell Williams 06/16/22  
William Quinn 06/19/22  
Ronald R. Beard 06/29/22  
Mark W. Jumper 06/30/22  
Ricky Paris 07/09/22  
Richard Young 07/16/22  
Cheryl A. Huston 07/26/22  
Champagne Hudson 08/02/22  
Robert Epps 08/12/22  
John Askins 08/26/22  
Lawrence Gibson 09/18/22

## SCI/D Conference - Speaker Spotlight

### Sexuality and Intimacy After Spinal Cord Injury

A look at a personal journey through the impact of spinal cord injury on sexuality, intimacy and quality of life as well as an exploration of the healthcare industry's deficit in providing patient centered care regarding these topics.

**Tammy Young, MSN**, is the Clinical Nurse Expert for the SCI program and Lead Nurse Educator at the Shepherd Center, Atlanta, GA.

**Polly Hopkins, MS, OTR/L, CLT**, is the SCI Therapy Manager at the Shepherd Center, Atlanta, GA.

**Pete Anziano**, is the Peer Support Manager for the Spinal Cord Injury, Acquired Brain Injury Family, SHARE Military Initiative, Demyelinating Disorders, and Limb Loss peer support programs at the Shepherd Center, Atlanta, GA.

**Learning Objectives:** ♦ Identify two ways sexuality and intimacy impact quality of life after spinal cord injury. ♦ Identify one weakness in healthcare practices. ♦ Identify one means of overcoming barriers in current practice.



### If You Can't Stand Up, Stand Out!

Mike Schlappi shares his personal story of the accident that changed his life, the lessons and takeaways of his experiences culminating in his journey to winning multiple Para Olympic gold medals.

**Mike Schlappi** is a Hall of Fame athlete, Gold Medalist, MBA, author, and Certified Speaking Professional.

**Learning Objectives:** ♦ Explain the concept of "the personal bullet." ♦ Explain the concept of "Personal Response-Ability." ♦ Explain the importance of change.



### An Owl's Spine, A Woodpecker's Tongue, Zebra Fish & Spinal Cord Injury

An in-depth presentation on current Spinal Cord Injury medicine research that can affect outcomes and create a brighter future for those living with SCI/D.

**Jeffrey Berliner, DO**, is the Physician Director of SCI Research at Craig Hospital in Englewood, CO.

**Learning Objectives:** ♦ Explain what is Autonomic Dysreflexia and how it is treated. ♦ Define stem cells and how they are obtained. ♦ Describe how neuromodulation is utilized to help individuals.



### Protect Yourself: How Do You Know and What Do You Do

Abuse, violence, and crime victimization has immediate and long-term effects on a persons health and wellbeing. This session will present information about recognizing violence/abuse, reducing risk, steps to support safety and where to get support if needed.

**Roberta Sick, LPC**, is Director of the Violence Prevention and Intervention efforts for University of Arkansas' Partners For Inclusive Communities program.

**Learning Objectives:** ♦ State three risk factors of violence and three protective factors to prevent it. ♦ List three ways that violence can affect health and ways to address it. ♦ Identify at least three quality resources to get more information and support.





**Spinal Connection (Fall 2022)**  
**Arkansas Spinal Cord Commission**  
**5800 W 10th St, Suite 108**  
**Little Rock, AR 72204**

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- ▶ Job Openings
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- ▶ Information Shared from Vendors
- ▶ Accessible Parking Laws
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