

## Executive Director Cheryl Vines Retires



For many of you, Cheryl Vines has been the only ASCC Executive Director you have ever known. On March 28, at her retirement reception, Cheryl bid farewell after 24 years of dedicated service to the agency and the State of Arkansas.

Agency staff, Commission Members, professionals, and friends gathered together to join her in celebration wishing her a wonderful retirement.

Beginning her tenure as Executive

Director in April 1989, Ms. Vines has worked tirelessly to protect the rights of individuals with spinal cord disabilities to ensure they received the appropriate services to enable them to live independently.

Under Cheryl's leadership many achievements have transpired over the years. Some of the agency's accomplishments include the implementation of the ASCC newsletter, computerization of the client registry, summer camp for children with Spina Bifida, development of the Shirley McCluer Education and Resource Center on Spinal Cord Injury, national recognition of the agency in the field of spinal cord disabilities, and ASCC is currently the lead agency for the trauma rehabilitation program.

Because of her extensive experience  
*See Executive Director Retires On Page 3*

## ASCF Sandra Turner Memorial Scholarship

The Arkansas Spinal Cord Foundation (ASCF) is pleased to announce the second Sandra Turner Memorial Scholarship. The \$1,000 scholarship will be awarded to an Arkansan who lives with a spinal cord disability and is pursuing a college degree or other vocational training pursuit.

Last year's winner of the Sandra Turner Memorial Scholarship was Robert S. Neeley. Congratulations Robert!

This year's scholarship will be awarded in August, in time for the start of the fall semester.

Eligibility requirements include:

- Arkansas resident
- Lives with a medically documented spinal cord disability
- Has been accepted to a college, university or vocational training program for the fall semester
- Complete and submit an ASCF Sandra Turner Memorial scholarship application and

required documents by June 14, 2013.

If you would like to apply for the scholarship, an application is available on the ASCC website at [www.spinalcord.ar.gov](http://www.spinalcord.ar.gov).

For additional information contact:  
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 ASCF Scholarship Selection Committee  
[mcranford@whiti.net](mailto:mcranford@whiti.net)  
 903-826-3318

## SPINAL CONNECTION

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[www.spinalcord.ar.gov](http://www.spinalcord.ar.gov)  
or e-mail us at:  
[ascc@arkansas.gov](mailto:ascc@arkansas.gov)

## With Thanks

Donations this quarter from:

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*In Memory of Nicki Honeysuckle*

**Charles and Irene Honeysuckle**

*In Honor of Donald Hughes*

**Jewel Hughes**

*In Memory of Ben Vaughn*

**Randall and Teresa Vaughn**

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

This is my last Report from The Director. As you read this, I have retired from my position at the Commission and am moving on to the next chapter in my life, returning to my home in California.

Why would I leave? As the old proverb says, all good things must come to an end! And what a good thing the past 24 years have been for me in leading the Arkansas Spinal Cord Commission.

I came to the Commission as a very 'green' California girl, with a love for rehabilitation and spinal cord injury. Who would guess that I would move to the state with the only Spinal Cord Commission in the country at the time! It felt like a perfect match!

So for the past 24 years I have lived my dream job, working to help Arkansans with spinal cord disabilities live as independently as they choose. The Commission has always been about helping people accomplish their goals, not setting goals for them.

I have had opportunities to be part of some pretty amazing things over the years: Helping to pass the Americans With Disabilities Act, primary seat belt law, medical equipment tax exemption and the wheelchair lemon law. Doing research with the CDC on the incidence and prevention of secondary conditions in people with SCI and Spina Bifida. Working with other state agencies to develop the Alternatives for Adults with Physical Disabilities waiver, conduct injury prevention education, and establish the rehabilitation component of the Arkansas Trauma system.

But my favorite times have been sharing the lives of Arkansans who live with spinal cord disabilities and the people who care about them. Helping someone get to the right physician to get surgery, watching our kids frolic at Camp Aldersgate, finding amazing technology that opens the world for people and celebrating lives well lived.

I've loved sitting down with ASCC Case Managers to move ideas to services, like our regional loan closets and our website. Trying to find and cobble together resources that our clients need, no matter where they live or how much money they have.

Many people have shaped these experiences but three stand out. My dear husband Harry who brought me to Arkansas and was a disability advocate in his own right, and the two ladies who made ASCC what it is, our founder Jane Smith and Medical Director Shirley McCluer. They had high expectations of what ASCC could be and I hope that we have measured up in reaching at least some of them.

I leave the Commission in good hands. We have an exceptional group of Commission members and a wonderful staff, who, to a person, are committed to the clients we serve and making differences in your lives.

Thanks to each of you who have shared your lives, your knowledge, your experiences and your ideas with me over the years – I could not have done this without you and I will always cherish your friendships and the times we've shared.

But now, I'm off to the beach!

*Cheryl L. Vines*

## Executive Director Retires

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tise and knowledge of spinal cord disabilities and rehabilitation the Arkansas Spinal Cord Commission has also been awarded numerous national grants to assist with the provision of resources and services to individuals with spinal cord disabilities.

In September of 2012, Cheryl was recognized by her professional peers at the Academy of Spinal Cord Injury Professionals conference receiving the Essie Morgan Excellence Award, a national award given for leadership in the field of spinal cord disabilities.

Even though she has spent hours and hours managing the Arkansas Spinal Cord Commission, Cheryl still finds the time to serve on local, state and national boards and

organizations such as the Spina Bifida Support Group of Arkansas, Arkansas Spinal Cord Foundation, the Paralyzed Veterans of America Education Foundation and The Central Arkansas Library System. Cheryl is also a member of the Arkansas Therapeutic Recreation Society, American Spinal Injury Association, The Academy of Spinal Cord Injury Professionals and the National Wheelchair Basketball Association, was a founding member of Arkansas ADA Roundtable, serves on the Arkansas Disability and Wellness Advisory Board, and is a Board member of the City of North Little Rock ADA Grievance Board.

Annette Stacy, daughter of ASCC founder Jane Smith, refers to Cheryl as “the voice of the Arkansas

Spinal Cord Commission.” Cheryl has carried on the legacy and goals of her mentor and friend Jane Smith, but will not be forgotten for her own accomplishments.

“It was a bitter sweet day but our staff is committed to continue Cheryl’s legacy. She has put her heart and soul into developing a strong commitment to our clients and building the positive reputation of this agency,” commented Client Services Administrator, Patti Rogers.

Our deepest thanks to Cheryl for her dedication, insight, and commitment to Arkansans with Spinal Cord Disabilities. Please join the Commission members and staff in wishing Cheryl well in her retirement.

## What You Should Know About TAP

The Telecommunications Access Program (TAP) has been helping Arkansans with disabilities gain access to the telecommunications network since 1995. This program has made it possible for over 10,600 individuals that are deaf, hard of hearing, deaf-blind or who have visual, mobility, speech or intellectual disabilities communicate over the telecommunications network to family, friends and business associates by providing specialized telecommunications equipment. TAP is always looking for and adding to our current equipment list in order to ensure that the devices we provide will enrich the lives of our customers regardless of the challenges they face when trying to access the telecommunication network.

Until July 1, 2011, TAP was funded by a \$0.03 surcharge on all landline phone lines. But on that day, we began collecting \$0.01 on both landline and wireless phone lines. As a result of this change in fund-

ing, on May 1, 2012, TAP began distribution of wireless phones and accessories to our customers in addition to our landline phones which we still offer as a choice for those that need that option.

With the addition of wireless phones, our customers are able to select from a wide variety of smart phones and have access to information concerning accessibility features and free apps on available phones. The service provider for these wireless phones is Sprint. For example, if someone has mobility limitations available features to make their wireless phones easier to use include: Automatic answer, Call answer, Automatic redial, One-touch dialing, Speaker phone, Voice dialing, Voice recognition for menu selection, Tabs/Indents, Non-slip keys and controls, Easy tabletop operation, No-slip grips, Hands free operation, and Data functions support.

TAP customers are given the option

to order their cell phone online through a special website that was setup in conjunction with the service provider, Sprint, or if they do not have internet access then we have paper packets that allow them to choose and order equipment.

Program eligibility is based on Arkansas residency, personal telecommunication service (TAP does not pay for a person’s phone service), a disability that is certified by a qualified professional and an income eligibility of \$50,000 or less to receive the equipment free. There is a shared cost option for those that do not meet income eligibility.

To contact TAP for more information or to obtain an application, please call us at 1-800-981-4463 or 501-686-9693 or email us at [ars.tap@arkansas.gov](mailto:ars.tap@arkansas.gov). You can also visit our website at [www.ace.arkansas.gov](http://www.ace.arkansas.gov) to see examples of equipment we offer as well as to download an application.



## Botulinum Toxin and Management of Spasticity in Spinal Cord Injury

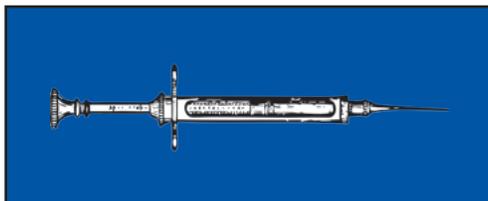
By Tom Kiser, M.D., ASCC Medical Director

There are several methods of managing spasticity in individuals with spinal cord injury and each method has its advantages and its disadvantages. Oral medication is easy to take because it comes in pill form, but has to be taken 3 to 4 times a day and has the side effects of drowsiness and fatigue. The intrathecal baclofen pump, which delivers baclofen right to the spinal fluid is another option. The baclofen pump can avoid the drowsy side effects of oral baclofen, but requires surgical implantation, which is expensive. It must be refilled about every 3 to 6 months, and if the pump or its catheter malfunctions, the resulting spasticity and withdrawal symptoms can be serious. The intrathecal baclofen pump is much more effective in reducing the spasticity and tone in the legs than in the arms.

Another treatment option for spasticity is botulinum toxin. Botulinum toxin is a neurological toxin that binds to the nerve in a muscle and decreases the muscles' response to nerve input. It can be injected into a spastic muscle that is causing problems and decrease the spasticity in that specific muscle. Botulinum toxin is expensive, and requires multiple injections into the muscles with a needle. Repeat injections are needed about every three months to keep the spasticity under control. Botulinum toxins can also be used by an urologist, a bladder specialist, to inject the bladder, decreasing the need for oral medications to prevent bladder leakage. This can help avoid the dry mouth and constipation that often accompany oral bladder medications. The effect of botulinum toxin on the bladder smooth muscles is of longer duration than its effect on the skeletal muscles in your arms and legs. Some individuals are able to go about 6 months

before needing another injection of the toxin into their bladder.

In my clinic, I use botulinum toxin in individuals with spasticity who have local spasticity (in one to two muscles) that is causing problems with mobility (i.e., transfers or gait) or positioning in wheelchair or the bed. Sometimes the injections help a patient who is in rehabilitation overcome a specific barrier to their therapy such as ankle spasticity or hamstring spasticity, which is hampering the ability to walk and stand. Other times it is a spastic arm which is impairing their ability to drive their power wheelchair or feed themselves. The injection of botulinum toxin may decrease the



need for oral medication and make it easier for them to do their self-care and to stretch their muscles more easily. For those who have more general spasticity, I recommend either oral medication or placement of the intrathecal baclofen pump, but if there are still one to two muscles which are problematic, the addition of botulinum toxin can prove to be helpful.

Botulinum toxin comes in several forms. In the United States the available botulinum toxins are: Botox (onabotulinumtoxinA) and Dysport (abobotulinumtoxinA), both type A botulinum toxins, and Myobloc (rimabotulinumtoxinB) a type B botulinum toxin. In my experience all the toxins have been equally effective, and the choice of which one to use is based on insurance coverage and availability of the toxin to my clinic. The dosing differs and is usually based on the



ASCC Medical Director Tom Kiser, M.D.

symptoms, the muscle being injected, and the desired effect of the injections. The injection of botulinum toxin takes some training and the decision on which muscles to inject needs to be done with an idea of what that muscle does and what you want to accomplish with the injection. The use of botulinum toxin is usually combined with a therapy program to improve range, function or accommodate a new splint, because after three months the effect of the botulinum toxin will fade and the spasticity will return, and unless you have been active with stretching, walking or splinting, you will not have profited from the injection. So, if you have had botulinum toxin injections in the past with no benefit, you need to realize that the choice of sites to inject, the dosage used, and the therapy or activity after the injections have a lot to do with the response to the injections. The urologist usually does the injections into the muscle wall of the bladder via a cystoscope. The biggest risk of this procedure is the risk of a bladder wall or urinary tract infection.

If you are having problems with spasticity, discuss your symptoms and available treatment options with your doctor. There is good information on-line, but there is also a lot of misinformation. Talk to other people with spinal cord injuries who have used different oral medications, who have a baclofen pump, or have tried botulinum toxin to get their input before deciding for yourself what treatment options you want to pursue.

# SCI Research: An Update, Part 2

In the first part of this article, a direct method of treating spinal cord injuries, cellular transplants, were described. In this section, two different indirect strategies will be discussed. The first involves superstructural exoskeletons that help to support and move the body. The other involves devices called human-machine interfaces which work to merge a machine with a part of the body.

## Exoskeletons

These devices are variants of exoskeleton designs produced by military contractors funded by the Defense Advanced Research Projects Agency.

Over the years, governmental agencies such as the Department of Defense have done great work in basic research and technological development that have provided the private sector with platforms upon which consumer devices can be affordably constructed.

One such innovation in this field is an exoskeleton called eLegs and is produced by Ekso Bionics in California ([www.eksobionics.com](http://www.eksobionics.com)). Ten different clinical trials are being performed in facilities across the nation including the Shepherd Center in Atlanta, TIRR in Houston, and Craig Hospital in Denver.

A competitor to this device is the ReWalk system produced by Argo Medical Technologies ([www.rewalk.com](http://www.rewalk.com)). This company is based in Israel but clinical trials are being performed in the United States by United Cerebral Palsy, the Veterans Administration, and Moss Rehab in Pennsylvania.

The aim of both companies is to provide increased mobility to people with paraplegia with devices that are either affordable

or covered by insurance.

## Human-Machine Interfaces

The devices listed above are great technological advances for people with paraplegia, though because they require physical input from the upper body to operate the exoskeleton, neither will be able to be used by people without trunk control or upper extremity function.

The human-machine interface may be able to bridge this gap. One such interface is being studied at the University of Louisville that involves direct electrical stimulation of the spinal cord. One case study has been done on a person with paraplegia who showed increases



in lower extremity mobility, assisted walking, and improved bladder and sexual function (<http://louisville.edu/research/offices/technology-transfer/medschool/news-archive/paraplegic-man-stands-steps-with-assistance-and-moves-his-legs-voluntarily>). Much more research needs to be done before this treatment could be considered a reliable therapy for people with any level of spinal cord damage.

Another type of interface bypasses the spinal cord altogether. Scientific teams across the world are putting forth great effort to connect assistive devices directly to the human brain. Noninvasive brain controlled wheelchairs have been developed by both Toyota in Japan

(<http://www.wired.com/autopia/2009/06/toyota-wheelchair/>) and by academics in Lusanne, Switzerland (<http://actu.epfl.ch/news/neuroprosthetics-the-mind-is-the-pilot/>).

However, more invasive means are being taken to provide greater control over more complicated devices by other research groups.

A Department of Defense project called Revolutionizing Prosthetics was featured in an episode of 60 Minutes recently ([http://www.cbsnews.com/8301-18560\\_162-57559345/breakthrough-robotic-limbs-moved-by-the-mind/](http://www.cbsnews.com/8301-18560_162-57559345/breakthrough-robotic-limbs-moved-by-the-mind/)). It involves an advanced prosthetic arm and a person who allowed two electronic sensors to be implanted directly on the surface of her brain that could be connected to the arm through connections in her skull.

The most ambitious project at this time is called the Walk Again Project (<http://www.walkagainproject.org/>). Their aim is to merge the above technologies such that a person could control a full body exoskeleton by connection with the brain. This would eliminate the need for physical input from the upper body and allow people with paraplegia, quadriplegia and other high level spinal cord diseases greater accessibility to their environments. Dr. Miguel Nicolelis, one of the lead researchers for Walk Again, has made a public goal of rolling out the project in 2014 at the World Cup Soccer Tournament in Rio De Janeiro. It remains to be seen whether or not this goal is realistic, but it's safe to say that all of these researchers are doing great work and making advances in technologies that will affect the lives of everyone reading this copy in the near future.

# Client Connections at Your Local Library!

This month, all ASCC Case Managers received a listing of all of the libraries in their regions. This information is broken down by county and town, and by library branch. What you can find is information on libraries in your area that can mail materials to you, deliver materials to you, or have materials ready for someone to pick up if you can't get into the library. Most libraries are eager to help ASCC clients in anyway they can. Some libraries, mostly due to finances, are unable to offer things like mailing of materials and delivering. One thing is for sure, your local library has many interesting and up-to-date items for you to enjoy! Did you know that most libraries have DVDs, Audio Books, E-books and more?

Library technology has come a

long way. If you have a PC or E-Reader at home, you can quickly download books, magazines and more from the comfort of your home by simply entering your library card number. If you don't have a library card, you must obtain one. Each library requires a card to borrow anything. Luckily, there are some great libraries that are willing to work with our ASCC clients to obtain a card. All that is asked of you is when you call your library, please identify yourself as an ASCC client and ask for the contact person on your list. If there is not a person listed, the library is not yet participating in the program.

If your local branch can mail materials to you, it will be your responsibility to get the items returned ON TIME and at YOUR

expense. Media mail is very inexpensive, and you can purchase postage for it right from home and hand the package to your mail carrier. Now that's convenience!

We are working with the libraries to ensure that all clients, regardless of age or mobility capability, have access to current books and other materials. Given the great strides in technology, sometimes that new book is just a 'click' away!

If you can't wait for the information from your Case Manager or have questions about your branch, feel free to contact Kim Phillips at 870-268-0425 for more information.

Enjoy your library... it's the best free resource for all types of information!

## Yogurt & You

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You hear them a lot in TV ads, but most people have no idea what the words "probiotics" and "digestive enzymes" really mean.

The basic thing to know is that there are two things that can help anyone's diet and could prove to benefit those who struggle with intestinal problems.

### Gut Germs

Probiotics is a fancy term for the bacteria in your gut. (Wait ... what?) Yes, there is a ton of bacteria in your intestines, and it serves an extremely important job.

Through processes like fermentation, they help in breaking down the food you throw into your body. These bacteria help keep you healthy and regular by beating up toxin-producing bacteria and aiding the digestive process.

Want a little fun fact? There are more bacteria in your gut than there are cells in your body. That's more than a trillion microorganisms. If you ever have symptoms such as diarrhea, gastroenteritis, inflammation, irritable bowel, or colitis, probiotics could help you.

### It's Alive

The most common probiotic is found in yogurt.

If you look at the type you are buying, you'll find a section of the container that says which kinds of live cultures are in your food. These are the good-guy bacteria! Don't be afraid that your yogurt is "alive;" it's just trying to help! Another thing is to think about concerning probiotics is prebiotics. This is simply food for the probiotics.

The best way to explain how prebiotics work is that it is a non-digestible food/pill that can increase the amount of good bacteria in the gut to improve your health. You can buy prebiotics in pill form, but you'll also find natural forms of the prebiotics such as chicory root and garlic.

### Break It Down

Along the same lines as probiotics and prebiotics are digestive enzymes.

This is a little easier to explain. These are additives in the form of the enzymes responsible for breaking down components of your diet. For example, the human body is not technically built to process as much dairy as our diet wants us to eat. The enzyme lactase, responsible for breaking down the dairy sugar lactose, is present in a smaller level in the

*See Yogurt & You On Page 7*

# Finally! Sports for Students with Disabilities Deemed a Civil Right

For the first time, federal officials are telling school districts that they must offer students with disabilities equal access to school sports. In guidance issued on January 25, 2013, to school districts across the country, the U.S. Department of Education's Office for Civil Rights (OCR) said that children with disabilities have the right to participate in their school's extracurricular activities under Section 504 of the Rehabilitation Act.

The agency said that students with intellectual, developmental, physical and other types of disabilities should be afforded opportunities to play for their school teams with modifications, aids and services as needed. In cases where accommodations would "fundamentally alter" the game or create an unfair advantage, federal officials said schools are obligated to create separate, but equally supported opportunities for kids with disabilities to participate. Examples could be a wheelchair basketball league or unified teams where students with and without disabilities compete

together, they said. "Sports can provide invaluable lessons in discipline, selflessness, passion and courage, and this guidance will help schools ensure that students with disabilities have an equal opportunity to benefit from the life lessons they can learn on the playing field or on the court," said Education Secretary Arne Duncan.

While students with disabilities have a right to participate in school sports, the Education Department made clear that they might have to meet certain standards of skill or ability in order to join a team so long as the criteria are not discriminatory. The guidance spoke specifically to the responsibilities of elementary and high schools, but the Education Department said that colleges have a similar obligation to offer access.

Advocates for inclusion in school sports said the move could do for students with disabilities what Title IX did for women.

Students with disabilities have rea-

son to celebrate as they gain some headway in their fight for better health, and greater participation in school activities.

The benefits of providing all students opportunities for exercise and sports participation go beyond justice and individual opportunity. Inclusion in athletics is how children learn from each other, build social skills and optimize their growth and development. In the new guidance, OCR states that while a school district is entitled to set requirements for its athletic activities as to skill, ability, and other benchmarks, it must provide necessary aids, services, or reasonable modifications for students with disabilities, unless doing so would fundamentally alter the nature of the activity.

For additional information about this exciting change, go to:

<http://www.ed.gov/news/press-releases/us-department-education-clarifies-schools-obligation-provide-equal-opportunity-s>

## Sign Up for Spina Bifida Camp!

This fun filled week-long residential camp for children ages 6 to 16 is located at Camp Aldersgate, a quiet, rustic area in west Little Rock near Baptist Health Medical Center.

ASCC clients with any type of spinal cord disability are welcome. There is no fee for this week of camp.

This year's camp is June 16 through June 21, 2013, but you need to sign up now.

We only have room for 40 campers, and acceptance is based on a first-come, first-served basis so the earlier you submit your application the better chance you have of

being accepted. The deadline for applications is May 15, 2013.

Camp activities include: campfires and singing, canoeing, fishing, arts and crafts, swimming, and nature hikes. Activities that focus on creating more of a personal challenge include an accessible challenge ropes course, hand and/or foot driven catamarans, adapted archery, and a big hit with older campers, SCUBA diving.

Applications and brochures were sent out in March. If you have questions regarding camp, or if you did not receive your application, call Mary Jo Stanton at 501-296-1788 or 800-459-1517 or email at [maryjo.stanton@arkansas.gov](mailto:maryjo.stanton@arkansas.gov).

## Yogurt & You

*Continued From Page 6*

human body.

Another fun fact! This is why many people are lactose intolerant. In addition, up to 80% of the Asian population is lactose intolerant.

The simple way to fix this is to introduce more enzymes to the body to assist in the metabolism of foods. For me, when I'm having a dairy-crazy day or if my stomach is feeling gassy, I will try a lactase enzyme supplement just to calm things down a bit.

Using probiotics, prebiotics, and digestive enzymes can help with stomach pains and digestive irregularity. Try to take advantage of these in your diet.

# CLIENT SPOTLIGHT



## LeDanté Walker of Hot Springs, AR

**What is your level of injury or diagnosis?**  
*C4-C5 Incomplete Spinal Cord Injury Tetraplegic due to a motor vehicle accident.*

**Where do you work?**  
*S.A.I.L.S – Spa Area Independent Living Service, Hot Springs, Arkansas.*

**What type of job do you have?**  
*Counseling Support Manager and Waiver Advocate.*

**How long have you worked at this job?**  
*Three years.*

**Did you use any resources or agencies to find this job?**  
*I went to S.A.I.L.S. to use their computer lab to apply for another job and while I was there the director offered me a position on the Board of Directors. I was later offered a job.*

**What type of state/federal benefits have you maintained?**  
*SSDI, Medicaid, and Medicare. Since I work part-time my earnings are low enough to keep all of my benefits.*

**What do you enjoy most about the job?**  
*Helping other people with disabilities maintain their independence.*

**What do you enjoy least about the job?**  
*Having my earnings limited in order to continue receiving my benefits.*

**What accommodations does your employer provide?**  
*A raised desk, a phone headset, and an iPad. They are willing to provide whatever I need to perform my job.*

**How do you benefit by being employed?**  
*It allows me to provide for myself and feel a sense of inclusion within normal society. It helps to supplement my income to cover living expenses.*

**What made you decide to go back to work?**  
*The cost of living. I could not afford to live on my benefits alone. James 2:17 says, "So you see, faith by itself isn't enough. Unless it produces good deeds, it is dead and useless." It is good to have faith in yourself, but what are you doing to show God you trust Him. We as disabled people can sit around and wait on life to get better, but what are we willing to do to make life better. I used to tell myself no matter what I do it can only be half as good. Not realizing the fact that my half was as good as it needed to be because it was my best.*

**How much support do your coworkers provide?**  
*100%. I have really good support from all of my coworkers. They are the best people I've known since my injury.*

**What are your future goals?**  
*To be better tomorrow than I am today.*

**What is the most positive benefit since starting work?**  
*Being able to provide things, financially, for my children.*

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