

## It's a New Day at the ASCC



After an extensive applicant search, interview process and reflection for the most qualified candidate by the ASCC Board Members, Patti Rog-

ers assumed the role as the Executive Director in April of 2013.

Ms. Rogers began her tenure with

the State of Arkansas in August of 1983 working with the Development Disabilities Services Agency where she worked her way through the ranks to the Field Services Coordinator.

Patti was hired as the Client Services Administrator for ASCC by former Executive Director, Cheryl Vines in July of 1989.

While serving as the Client Services Administrator for ASCC over the last 24 years, Ms. Rogers wore "many hats". She supervised the Case Managers and support staff for the Case Management Program, served as a member of the ASCC Management Team, monitored Client Services Budgets,

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## ASCC Financial Criteria Changes

It has been many years since the agency's financial guidelines have been updated. With the new era of changes that you have already read about, here is one that is **EXTREMELY IMPORTANT** to know about since it affects you as a client of ASCC.

First and foremost, when your ASCC Case Manager calls you to schedule a visit to "update your paperwork for your file," you will need to provide your ASCC Case Manager with the same information that you provide to other agencies to verify your income (examples

include SSA award letter, checking and savings account statements, personal property assessment, payroll check stubs, etc). You will also need to provide receipts or itemized proof (from pharmacies, doctors or hospital bills) of any monthly spinal cord disability related expenses that you want your ASCC Case Manager to deduct from your NET income. If you are over income guidelines these deductions will help you.

We all know a loaf of bread costs more today than it did in 2002 when the last financial guidelines

were established. Though we have increased our guidelines, this increase would primarily affect a family of two or more (a family of 2 is now \$1422). For each additional family member \$369 will now be added to the guidelines.

We know change is hard for everyone but this change will have a tremendous impact on many ASCC clients.

Please contact your ASCC Case Manager if you have any concerns or questions in regard to this policy change.

## SPINAL CONNECTION

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## With Thanks

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**Anne Marie Zeigler**

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

Over the past few months many changes have taken place at the Arkansas Spinal Cord Commission. As I began to write my first "From the Director" article, I thought about all of these changes and transitions that have occurred: the retirement of the only Executive Director we have known over the past 24 years, a new Executive Director, a new Client Services Administrator, the retirement of one of our most experienced Case Managers, the search for two new Case Managers and a new Health Educator for the Trauma Rehab Program. So many changes in such a short time sounded overwhelming!

I do realize that changes are often difficult for everyone and new attitudes often develop as a result of these changes. However, the changes at ASCC, even though there are many, seemed so small when compared to the changes that occurred recently due to unexpected tragedies. The senseless bombing in Boston, devastation due to storms and tornados in Oklahoma and Arkansas certainly changed many attitudes. Although we cannot change the inevitable, the attitude we choose will often determine how we move forward. Many of the individuals affected by these recent tragedies had such a determined, positive attitude it made me think about how our attitude affects everything, big or small on a daily basis.

So, shortly after I assumed the Executive Director's position, I met with the Case Managers to discuss the transition and the future of our agency and to obtain their thoughts. During this meeting everyone was given a bright yellow sign to hang in their office and it was suggested they read the sign every morning prior to beginning their day. The sign said, "Attitude is Everything. Pick a Good One!"

We all have a choice every day of what impact our attitude will have on our lives and the lives of those we come in contact with during the day. Since the Case Managers meeting, all of the staff now display that bright yellow sign. We are committed to providing quality services no matter how great or small with the realization that the attitude we choose can make or break us. I challenge each of you who read this to consider the attitude you want to have each day and remember:

**"ATTITUDE IS EVERYTHING. PICK A GOOD ONE!"**

*Patti Rogers*

## It's a New Day at the ASCC

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developed ASCC Agency Policies and Procedures, and served as the agency Director in absence of the Executive Director just to name a handful of those hats.

Patti obtained her bachelors of science in education from Harding University in May 1976. She then went on to obtain her masters of science in counseling from Arkansas State University in 1978.

She has been a Licensed Social Worker with the Arkansas Licensing Board of Social Workers since 1983.

She is an active member of the Arkansas Spinal Cord Foundation, Academy of Spinal Cord Injury Professionals, and the

Arkansas Spinal Cord Injury Association.

She also services on the American Association of Spinal Cord Injury Psychologists and Social Workers Board of Directors.

We are pleased to have her leadership and guidance as ASCC moves forward in a New Era of accomplishing the ASCC Mission set forth during its insemination, "to identify and meet the unique and lifelong needs of Arkansans with spinal cord disabilities..." It's a NEW DAY at ASCC!

Please help us all in welcoming Patti Rogers to her new role as Executive Director of the Arkansas Spinal Cord Commission!

## Spina Bifida Camp



Friday morning, family members, friends and staff filled the Commons Building for the awards ceremony.

Excitement grew as the campers piled into the auditorium. Each camper received an award.

Kaitlyn Pate of Winslow was presented with the David Perry Camper of the Year award. Spina Bifida Camp is a collaborative program supported by the Arkansas Spinal Cord Commission, Camp Aldersgate and MedCamps of Arkansas.

If you missed Camp this year, and want to participate next year, be sure to look for details in our January 2014 newsletter, talk with your Case Manager, or contact Mary Jo Stanton at 501-296-1788 or 800-459-1517 or by e-mail at [maryjo.stanton@arkansas.gov](mailto:maryjo.stanton@arkansas.gov)

Another year of camp has ended and 38 campers, ages 6 to 16, had a fun-filled week.

## Evelyn Retires

Not many people can say they have worked for an organization for 35 years. It takes an exceptional individual to accomplish this sort of feat. Evelyn Wainwright happens to be one of those people.

Evelyn's career with the State of Arkansas has spanned 35 years with the last 24 years as an ASCC Case Manager in the Magnolia field office.

Over the years Evelyn has touched the lives of many clients and their families, providing encouragement and assistance whenever needed.

Evelyn's ability to always be an effective listener has enabled her to solve many problems over the years, and if there was a solution to be found she would be the one to find it.

According to Executive Director Patti Rogers, "As a Case Manager Evelyn was always there to help with a problem and her persistence paid off. She will be missed by her coworkers and the clients she served."

The Commission honored Evelyn with a retirement dinner on May 2, 2013. On behalf of the Arkansas Spinal Cord Commission, Executive Director Patti Rogers presented Evelyn with a plaque in recognition of her many years of service and dedication to the agency and to individuals with spinal cord disabilities.

The staff members also gifted Evelyn with a money tree as a token of their appreciation for her hard work, dedication and to show how she will be missed.

Whatever her future endeavors, we know that she will be successful in all she attempts and we wish her the best!



## Heat and Spinal Cord Injury

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

Summer and heat go together, at least in Arkansas.

This is a dangerous time for anyone with a spinal cord injury (SCI) because impairment of temperature regulation is a known problem in SCI. Even worse, you may not be aware of the problem until it is too late. This makes it essential that you take preventive measures to avoid becoming overheated and getting heat stroke.

Body temperature is maintained by a balance between heat production and heat loss. Sensation of hot and cold is located peripherally in the skin and centrally in the brain.

A person with a complete SCI and tetraplegia has impairment in temperature control and therefore a high risk of overheating: he or she does not sense the heat and cannot get rid of heat like an uninjured individual.

The most important mechanisms of heat loss are:

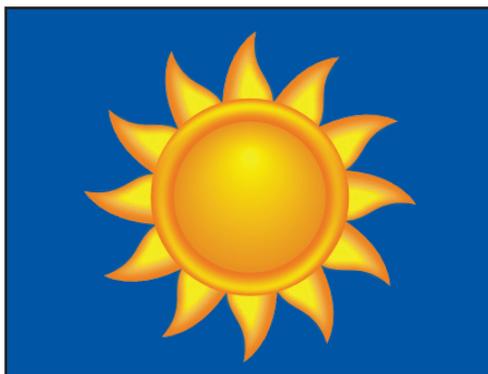
- Behavioral changes (moving to a cooler environment, changing body position, changing amount of clothing).
- Dilation of peripheral blood vessels.
- Sweating.

Individuals with SCI have trouble with all three of these mechanisms because their skin is unable to feel the sensation of heat; the body's circulatory system is not able to dilate the blood vessels of the skin; and sweating below the level of the SCI is severely impaired.

I tell my patients that it's as if they have lost half of their radiator.

Therefore, if you are in a hot environment you may be unable to sense the heat until your central core temperature has risen significantly. By the time you start feeling hot, it may be too late to cool off, so your first signs may be symptoms of heat stroke.

The symptoms of heat stroke are: headache, flushed face, nausea, tingling arms, increased respiration rate, "goose bumps" on the skin, chilliness, incoordination, dizziness, confusion, and loss of consciousness.



Complications range from breakdown of the muscle tissue, electrolyte disturbances, acute renal failure, and possibly death.

If you or somebody you know experiences this problem, medical attention should be sought promptly. Heat stroke is a medical emergency, so call 911. Until help arrives, attempt to cool the person off as much as possible. Place the person in an air-conditioned environment, remove excessive clothing, use spray bottles of water to cool the skin, and massage the skin above the level of the SCI to stimulate peripheral dilation of blood ves-



ASCC Medical Director Tom Kiser, M.D.

sels. If possible, place the person in a shower or cool bath of water to dissipate the heat and lower the body's core temperature. The best treatment, however, is prevention.

To prevent you from having trouble with heat this summer, please follow these simple measures:

1. Stay in an air-conditioned environment if the temperature is above 90° F. Have an accessible air-conditioned automobile or trailer nearby if you have to be outside and away from your home.
2. Avoid caffeinated and alcoholic beverages. Caffeine can cause dehydration and alcohol suppresses the central brain temperature sensor. Alcohol can exacerbate the problem by decreasing your awareness of the heat.
3. Wear light and removable clothing and stay in a shady area if possible.
4. Drink plenty of water and have a water spray bottle available if you have to be out in the heat.
5. Be aware of how uninjured individuals are responding to the heat. If they are sweating you are at risk of developing heat stroke unless you move to a cooler environment.

Enjoy the summer and remember to stay cool!

## Leisure Activities

It's summertime, time to get out of the house and enjoy the scenery of our great state of Arkansas! So, what activities would you like to participate in? Where would you like to go?

Did you know that 15 minutes of sunlight in the morning can help you sleep better at night? It gives your body the signal that it is no longer nighttime and shuts off the production of melatonin, a hormone that makes you drowsy. This occurs when the sunlight passes through your eyes to the brain's pineal gland triggering it to stop releasing the melatonin. So if you try this please leave off the sunglasses. Sunlight is also known to be a mood-elevator that helps fight off depression. Of course, prolonged exposure in the sun can be damaging to the skin, so if you plan to stay out in the sun you might wish to invest in some sun block.

Did you know that physical activity can release endorphins in the brain that help reduce our perception of pain and that regular exercise, even in small amounts, can relieve stress, fight off depression, and lower blood pressure?

So, what are you waiting for? If you enjoy nature or like to fish, Arkansas has many National and State parks as well as an abundance of beautiful lakes that provide wheelchair parking and wheelchair accessible picnic areas, fishing docks, and restrooms. Maybe you'd rather visit a historical site or attend a music festival near your area. Perhaps you'd rather stay closer to home, then how about planting your own garden or taking a class to learn to make crafts. These are just a few of many choices that involve getting out into the sunlight and that provide some physical activity.

For those of you who prefer to avoid the outdoor heat there are a host of indoor activities as well such as visiting a museum, visiting an art gallery, going to a play, or going to see a movie at the local movie theater. Maybe you'd have the most fun just having some friends over for a game night or to grill out on the patio. Whatever it is you like to do, like the Nike commercial says, "Just Do It." That's what is important, the fact that you are getting out, being active and enjoying life.

Granted, accessibility is an issue for persons with disabilities wherever you go, whether it is accessible parking or wheelchair access to areas and their restroom facilities. But please don't let that stop you! Whatever you enjoy doing please find a way to keep doing it or find something similar that you can and like to do.

## New Client Services Administrator

Terra Patrom assumed the role of Client Services Administrator in June replacing Patti Rogers who held the position for 24 years. Terra has spent the last three years as an ASCC Case Manager covering Pulaski, White and Lonoke counties. "I feel very confident that Terra will make an exceptional Client Services Administrator. Her excellent work ethic and strong SCI knowledge will serve her well in this position," stated Executive Director Patti Rogers.

Terra obtained her master's in rehabilitation counseling from the University of Arkansas and first began her association with ASCC when she completed her Rehabilitation Counseling internship in the Russellville office. After completing her internship in 2000, she was hired as a Case Manager in the

Little Rock office. In 2002 Terra left the agency to pursue other professional interests and returned to the ASCC Little Rock Case Management office in 2010.

Over the past three years Terra has assumed a leadership role as one of our Senior Case Managers assisting with the training and orientation of new Case Managers, providing continued mentoring of new staff, reviewing and writing Case Management policies and procedures. "Terra has excellent problem solving skills and is always looking at the big picture when making decisions on behalf of her clients," commented Ms. Rogers.

Please join the Commission Members and Staff in congratulating Terra on her promotion.

## Hunting Season

Now is the perfect time to start preparing for the upcoming hunting seasons this fall and winter.

Currently in the works is an attempt to get a disabled Elk Hunt going. Game and Fish has promised an Elk permit if a private land owner can be found to be a host for the event.

If you are interested in obtaining more information on disabled hunts or if there is anything you would like to see change with hunting or fishing, or would like to see more access to these activities please contact:

Jimmy Ashley  
1701 Airport Road, Jonesboro, AR  
72401  
jashley@suddenlink.net  
870-935-6875 or 870-919-5590.

# Hospital Stay Survival Guide

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*Q. Most long-time wheelchair users I know have had one or more hospitalizations, either for emergencies like severe urinary tract infections, or planned surgeries to deal with SCI-related issues like pain or orthopedic issues. Their stories make it sound like a hospital stay with SCI requires constantly being on guard to avoid additional complications like pressure sores, bladder and bowel problems, and non-accessible bathrooms. What should I plan for in case I need to be hospitalized?*

-Nancy

The old saying, “A hospital is no place to be sick,” is doubly true with complexities that accompany neurological issues like SCI, Spina Bifida, Multiple Sclerosis and Cerebral Palsy.

According to Cat Davis, certified rehab registered nurse of the Craig Hospital SCI Nurse Advice Hotline, any long-term health issue puts a person at a higher risk of hospitalization. “Awareness of this fact and paying close attention to your health on a daily basis to try and avoid hospitalization is the best defense,” she says.

Since emergency hospitalization can strike at any time, planning ahead is the most important thing you can do to avoid secondary complications. Here are some strategies you can use:

Designate a medical advocate. A close friend or family member can represent you, communicate with hospital staff and make decisions if you are too sick to make them on your own. Have your medical advocate available if you need non-technical, hands-on help during your hospital stay.

Make a list of key medical information. Carry it with you at

all times. Provide the list to your medical advocate. The list should include:

- Injury Level or disability, level of sensation and movement, past medical procedures and/or problems.
- Secondary complications such as autonomic dysreflexia, spasticity, chronic pain, osteoporosis, etc.
- Doctors’ names and contact info
- All medications (prescription and over-the-counter)
- Allergies – include food allergies and medications you have had a bad reaction to, as well as anesthesia
- Methods of bladder and bowel management
- Completed and signed advance health care directive. Provide a copy to your doctors and medical advocate. An advance health care directive is a document that describes the health services you want to receive if you are no longer able to make decisions regarding your care. Craig Hospital suggests starting with the “Five Wishes Advance Directive.” Also, download and complete an advance directive for your state, as regulations can vary in different states (see resources).

Medical information listed above is crucial, especially in an emergency, says Dr. Jon Arnow, an ear, nose and throat specialist from Reno, NV. In 11 years as an L1 para, Arnow has had multiple hospital admissions ranging from planned surgeries to emergency admissions for bowel obstructions. “I’m a very well known doctor in my town, and still, if I end up in an emergency room, I’m just a number,” he says. “It is incumbent on me to

articulate and explain my situation – injury level, level of sensation and movement, long-term chronic pain history, medications, allergies, current and past medical problems – so doctors can properly diagnose and treat me.”

Another important factor is choosing the right hospital, starting with the best doctor for the condition or procedure you are having, says Arnow. See Craig Hospital’s “20 Tips To Help Prevent Medical Errors” (in resources) for more on this.

Next, find a hospital with an accessible room, if possible, meaning the room is ADA compliant, especially the bathroom – more likely in newer and/or remodeled hospitals. In his 48 years as a paraplegic, New Mobility editor Tim Gilmer has had 11 different hospital stays in seven different hospitals. It wasn’t until his last stay, in 2012, that he had an accessible room. “Not only was I more comfortable, I was much more independent and less stressed, and it gave me a psychological boost,” he says.

Another crucial hospital-stay survival tool is communication – providing feedback on how you are feeling, voicing needs, questions or concerns. The most effective way to do this is to be polite. “Greeting a doctor, nurse or staff member with, ‘How’s your day going?’ is a great way to set up a bond between you and the staff,” advises Arnow. Davis adds, “Hospital professionals are people, too. Making angry demands will put them on the defensive, while making a positive connection with them will work in your favor.” She suggests saying, “I have a question/concern about this. What do you think?” This helps put health care workers in your corner.

Be vigilant about skin issues!

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# Hospital Stay Survival Guide

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Arnow explains that medical staff on a non-SCI hospital floor are not educated in the kind of skin care people with SCI require. Hospital beds have hard-coated mattresses covered by sheets that are often coarse. Immediately request padding, and if need be, request being turned on a regular schedule. “One of my first orders of business is letting the staff know I need to have some type of padding, either lamb’s wool, a pad or pressure relieving air bed,” he says.

Make sure hospital staff understands your bladder and bowel management program. Bladder management is especially important if you are hooked up to an IV line because it may be adding extra fluids to your system.

Gilmer adds that it is important to make sure your records are properly recorded. In this era of electronic records, this is even more important since records are widely distributed. “When nurses come in to check your vitals, ask

them what they are, and ask them to please read back what they have entered,” he says.

To avoid medication mistakes, ask what a medication is before taking it. Even more important, don’t allow an IV bag change, addition or injection until the nurse explains what it is and its purpose. Again, this can and should be done on a polite basis. If a medication doesn’t sound correct or you have questions, ask to speak with a doctor about it. Nurses should appreciate this because it helps them avoid medication mistakes as well.

By nature hospitals are pooling places for germs, including antibiotic-resistant germs. To avoid secondary infections, make sure staff and visitors wash their hands before they enter your room. If they don’t, it is reasonable to ask them to do so, or to put on surgical gloves.

Last but not least, have the staff put

a sign on your wheelchair stating it needs to stay within reach of your hospital bed. If you don’t, it may end up out of reach when you need to go to the bathroom.

Following these tips will help avoid secondary complications and enable you to get healthy enough to go home – where you can relax and get the rest you need to fully heal.

## Resources

*Five Wishes Advance Health Care Directive*  
[www.hopehcs.org/fivewishes](http://www.hopehcs.org/fivewishes)

*Surgery After SCI*  
[www.craighospital.org](http://www.craighospital.org)  
Click on “SCI & TBI Health Info,” “Education Modules,” “General Health Care,”; then “Documents.”

*20 Tips To Prevent Medical Errors*  
[www.craighospital.org](http://www.craighospital.org)  
Click on “SCI & TBI Health Info,” “Education Modules,” “Medical Team”; then “Documents.”

## Rigid or Folding Frame Wheelchairs

If you are in the market for a new manual wheelchair, your Case Manager can help you take the guesswork out of getting the right chair for you.

Your Case Manager will connect you with a physical therapist who can evaluate you and anticipate what type of wheelchair you will need according to your level of injury, your lifestyle, your home environment and your mode of transportation.

Yes, your usual mode of transportation and method you will use to transport your wheelchair can be the deciding factor on what type of manual wheelchair you choose to purchase.

There are two styles of manual chairs, rigid frame and folding frame.

A rigid wheelchair reduces in size by folding the back down and popping off the wheels. A folding wheelchair folds in the middle.

A rigid chair is usually lighter in weight. A folding chair has a less bumpy ride. A folding chair fits behind the seat in a car, in the back seat or in the trunk.

After removing the wheels a rigid frame can be pulled across your body and stored in the front seat. However, be advised that even after breaking down a rigid frame wheelchair, most car trunks are not

large enough to accommodate the rigid frame chair.

If you are thinking about changing styles of frames, take your mode of transportation to the wheelchair evaluation and simply try loading and unloading the wheelchair into your vehicle to see if it is easy for you or proves to be a challenge.

The right wheelchair should meet all of your needs, including how easily you are able to transport it.

A final rule of thumb, especially if you are thinking about changing between styles of frame, try it before you buy it. Remember this is a decision you will have to live with for the next five years.

# CLIENT SPOTLIGHT



## Renisha Rivers of Fayetteville, AR

**What is your level of injury or diagnosis?**

*C6-C7 Incomplete Tetraplegic spinal cord injury.*

**Where do you work?**

*Arkansas Rehabilitation Services.*

**What type of job do you have?**

*I am a Certified Rehabilitation Counselor.*

**How long have you worked at this job?**

*Almost three years.*

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

*When in graduate school, I had the opportunity to do my practicum with the Arkansas Spinal Cord Commission when I was introduced to the Arkansas Rehabilitation Services' Fayetteville office. I was offered an internship with ARS that later led to employment.*

**What type of state/federal benefits have you maintained?**

*I have a full benefits package offered through the state and I maintain Medicare.*

**What do you enjoy most about the job?**

*I enjoy making a positive impact on peoples lives. I enjoy watching and being a part of helping others achieve their goals.*

**What do you enjoy least about the job?**

*The paperwork that goes along with helping others to achieve their career goals: The paperwork process hinder's time with clients.*

**What accommodations does your employer provide?**

*I received an L-Shape desk that accommodates my wheelchair.*

**How do you benefit by being employed?**

*It gives me financial freedom that I would not have if I were receiving SSI and I have private insurance.*

**What made you decide to go back to work?**

*Not working was not an option. At the end of my injury I was in my 1st semester of college and was unsure of my career path. After my accident I received assistance through ARS where I pursued my undergraduate degree in Rehabilitation Counseling at ATU and a masters degree from the U of A.*

**How much support do your coworkers provide?**

*My co-workers are like my family. I can count on anyone at anytime for anything.*

**What are your future goals?**

*To work hard at my career and remember, if I don't do it right the first time, I will take time out in the future to do it over. I know there will be obstacles but there is always a way over them and to accept there will be failure because without failure nothing can be learned.*

**What is the most positive benefit since starting work?**

*Helping others strive to achieve goals and overcome obstacles I once faced and overcame.*

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