



Spinal Connection

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From the Director ~ Terra Patrom

In the last newsletter, I provided you information on Legislative Acts that have a potential impact on you as a resident of the State of Arkansas. As we look to the future, I also want to outline another Legislative Act since you may receive information via mail in its regard in the future from the Department of Finance and Administration (DF&A) - Office of Motor Vehicle. We will also send reminders via our Facebook and Website as information on Act 236 becomes available.

Act 236 amends the law concerning license plates for persons with a disability. When I first heard of this Bill during session, I thought... Why would you change the words on a license plate? Let's look back at some history to bring us to today.

A while back, a bill was presented that changed driver's licenses/state I.D.'s to include a symbol/code that would identify you as a person with a disability to the police, fire, rescue staff, etc. on your driver's license/state I.D. This symbol/code also allows for cross-checks between the disabled license plates/placards and the person identified on their driver's license/State I.D. as the person who is qualified to use the license plate/placard. If you look at your license/I.D. you will see your plate/placard number identified on there.

ACT 389 was also introduced several years ago that made technical corrections to ensure respectful language is used to

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Donations

The Arkansas Spinal Cord Commission accepts tax-deductible donations to support ASCC.

Send your donation to:
AR Spinal Cord Commission
1501 North University Ave.,
Suite 470
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Events & Groups

Hot Springs Area Support Group - 3rd Wed. each month at Spa Area Independent Living (SAILS)

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conform with Arkansas Code style. As an example, this introduction created a change to verbiage in our Legislative Mandate from 'spinal cord disabled Arkansans' to 'Arkansans who have congenital or acquired spinal cord dysfunction'. This Act created respectful language changes under many Agency and/or Department mandates.

This brings us to today...

With Act 236, the word 'disabled' is removed from the disabled license plates as they currently exist. Per this Act, individuals that currently hold a license plate/placard that displays the word "disabled" are not required to return nor required to apply for a new the special license plate with the Department of Finance and Administration. Individuals with a qualifying disability will receive correspondence from DF&A-Office of Motor Vehicle at a later date in regard to the issuance of a new special license plate that does not display the word disabled.

Hence the main take away from this notification is you can continue to utilize our license plate as it exists until further information is provided by DF&A- Office of Motor Vehicle.

New plate mockup
(for demonstration
purposes only)



Acknowledgments

The ASCC would like to acknowledge donations made to the Commission...

- Thank you to James Kovalyshyn of Ward, AR.

In Memory of Robert Ruckle:

- Ms. Lottie and Mr. Paul Gregory of Jacksonville, AR
- Ms. Christiana and Mr. Michael Holland of Saratoga Springs, NY

Sleep Disorder Breathing and Spinal Cord Injury

Medically Speaking

Thomas Kiser, MD

If you struggle with poor sleep at night, daytime drowsiness, headaches in the morning, poor concentration and low energy levels, you may have Sleep Disorder Breathing (SDB). Other signs are if your family and/or caregivers notice loud snoring and/or spells when you stop breathing for a short period while you sleep, or if you wake up feeling short of breath. The percentage of people with spinal cord injury (SCI) who have SDB is three to four times higher than in the general population and may be as high as 60% of those with a cervical SCI and tetraplegia. The risk also goes up if you are overweight, smoke and drink alcohol.



SDB is divided into two broad classifications: central or obstructive. Central SDB is due to a lack of respiratory effort due to a decrease in central drive to breath during sleep. Obstructive SDB, also known as obstructive sleep apnea (OSA), indicates inadequate respiratory effort against a narrowed or occluded airway. A sleep study can determine which type of SDB you have. This article will focus mainly on OSA, although management techniques in Central SDB usually require the use of positive airway pressure (PAP), whereas OSA may be managed with other techniques discussed later.

Patients with cervical SCI suffer from multiple neurologic issues that impair the ability of the ventilatory system to compensate for physiologic challenges, including neuromuscular weakness, decreased lung volumes, abnormal chest wall mechanics, frequent use of CNS suppressants (baclofen, valium, Ditropan, etc), and an unopposed parasympathetic system promoting airway narrowing. But even these issues do not completely account for the increase in airway obstructions during sleep, particularly since the ability of the central nervous system to activate the throat muscles which open the upper airway is typically not impaired after SCI. Many explanations have been offered, and it is likely that the increased incidence of OSA does not reflect a single mechanism, but rather reflects a complex interaction between multiple variables. Factors include the previously mentioned direct consequences of SCI, plus increased nasal resistance, increased soft palate volume, and neuroplastic changes in the respiratory control system. The underlying mechanisms may also dynamically change during progression from acute to chronic SCI. The electromyography activity of an important pharyngeal dilator muscle, the

genioglossus (GG), showed that SCI is associated with fundamental changes in the way that the GG muscle responds to airway collapsing pressures, which predispose the airway to collapse and is one more part of the complex physiological sequela that leads to OSA after SCI.

What is to be done? One thing is not to ignore it. Adverse consequences of SDB in patients with SCI are a higher risk of stroke, cardiovascular disease and early death. A sleep study needs to be conducted and then a management strategy to manage SDB needs to be developed. However, the current diagnostic approach of SDB in patients with SCI may be challenging for patients with limited mobility and high care needs during an overnight sleep study in a sleep lab. You will need to make sure the sleep specialist is aware of your special needs such as a specialty bed, a turn schedule, and bladder and bowel issues. Finally, the use of positive airway pressure (PAP) may be difficult to adapt to and may require additional equipment modification, provider training, and patient education to improve appropriate use. Alternative therapies may be helpful and can be as simple as sleeping on your side rather than your back, use of a mouth/teeth device to reposition your jaw, or the use of oxygen at night. The final option would be to consider surgical management to open up the airway to minimize airway obstruction.

Of course, prevention is far preferable and taking the personal steps of losing weight, not smoking (yet another reason) and avoiding alcohol may all help. If you address your risks of SDB and if diagnosed with SDB you manage it effectively, you can improve the quality of your sleep, decrease your risk for cardiovascular disease, and get back your daytime energy and alertness.

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

- Rowland L. Duncan 01/29/18
- Kayla A. Elliott 09/02/18
- Amy L. Cunningham 09/11/18
- Dereke L. Watson 03/13/19
- Jill E. Everett 03/15/19
- Lee A. Mathis 04/15/19
- James R. Corbitt 04/18/19
- Donald J. Hunter 04/22/19
- Yvonne Bailey 05/04/19
- Johnny Lowery 05/12/19
- Tony L. Mayo 05/18/19
- Robert E. Ruckle 05/23/19
- Gary L. McNabb 05/30/19
- Kenneth Armstrong 06/04/19
- Earl D. Bowman 06/22/19

Have a medical question?

Experiencing issues and need immediate answers?

TRIUMPH Help Line

1-855-767-6983

FREE 24 / 7 Access

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

New Staff Spotlight: Darline Tucker

Darline has a Master's in Rehabilitation Counseling and is a Certified Rehabilitation Counselor. She currently covers North Central AR, including: Baxter, Cleburne, Fulton, Independence, Izard, Jackson, Marion, Sharp, Stone, and Van Buren. We wish her a warm welcome and hope you will take a moment to get to know her a bit in the Q&A below.



What led you to this field of work?

After working as a Beautician for 11 years, I decided to start college in my 30's. I was interested in obtaining a career in a field where I could work assisting individuals with disabilities. I guess it must have been my "calling" as I have been busy at work in this field now for 20 years. It is fulfilling to aid others to overcome some of the unfortunate struggles that life throws at them and ultimately help them towards achieving a higher level of independence.

What is your experience as it relates to this position?

Ten years working with Division of Developmental Disabilities (DDS) and another ten years with Division of Services for the Blind (DSB) has given me experience in many facets of case management, including but not limited to needs assessment, outreach, referrals, and goals for independence.

Where did you grow up?

I was born and raised in Kalamazoo, Michigan until the age of 15 when my parents moved the family to Bald Knob, Arkansas... Talk about culture shock! We moved from a large city to a very rural area with very little to offer as far as entertainment or social activities. But I grew up out in the country and eventually became accustomed to the people, accent, and area. Now, I love where I reside and would not want to live anywhere else.

Favorite place(s) you have visited?

I had the privilege of visiting Washington D.C. to attend a National Rehabilitation Conference during my employment with DSB and this was a great experience. During my free time in the afternoons and after classes adjourned, I went to tour the monuments, the Capitol, the National Mall, and some of the Smithsonian Museums. I will never forget this wonderful opportunity.

What are your interests and/or hobbies outside of work?

I can't really say that I have any "hobbies" per say, but I do love to go to flea markets and hunt for bargains. I also enjoy traveling and hope I get to do more of that in the future.

Do you have any favorite books/movies/plays?

My favorite movie is "Fried Green Tomatoes." I can't say that I have a favorite book but am a bit of a sap and love to read historical romance books.

What do you feel passionate about? What are some causes you care about?

I am passionate about supporting an individual's basic human rights and am against the maltreatment of children, the elderly, or those with disabilities.

What is something you still have left to check off your bucket list?

I want to travel, at least to visit all the unique and fascinating places here in the U.S., and possibly venture to see some of the world. I would love to see Europe, Spain, Greece, the Caribbean Islands, and other interesting destinations. Traveling seems to satisfy my "gypsy soul" and is definitely number one on my bucket list!

Anything else you wish the reader to know about you?

I have a positive outlook towards my new position with the Arkansas Spinal Cord Commission as a Rehabilitation Counselor/Case Manager. I am actively striving towards acclimating to the job duties, getting to know my co-workers, and continuing to learn more about the clients and how the agency works to assist them. I want the clients on my caseload to feel free to contact me regarding any issues they are experiencing, and rest assured that I will put forth my best effort to aid them towards resolutions to effectively meet their needs.

Beat the Heat

We're well into Summer and the heat indices are regularly above 100 degrees Fahrenheit. As such, it's incredibly important to keep cool. Here's a few tips on staying cool during the Summer:

- Drink plenty of fluids; don't wait until you're thirsty; avoid alcohol and caffeine as they promote dehydration; keep cold beverages on hand
- Dress in lightweight, light-colored clothing; wear a hat and sunglasses; take an umbrella to shield you from the sun; wear plenty of sunscreen on exposed skin; seek out shaded areas when outdoors
- Take cool showers; use a cool compress; avoid warm foods and heavy meals
- Stay indoors in air conditioned rooms; seek out air conditioned public places if necessary, such as a shopping mall, library, or free museum
- Never leave children or pets in unattended vehicles.





U.S. ARMY CORPS OF ENGINEERS

NEWS RELEASE

BUILDING STRONG®

Release No: 85-19
Release: Immediately
June 26, 2019

Contact: Laurie Driver, 501-324-5551
laurie.T.Driver@usace.army.mil
Media after hours: 501-563-6835

CORPS NOW ACCEPTING APPLICATIONS FROM MOBILITY IMPAIRED DEER HUNTERS

LITTLE ROCK, Ark. - The Army Corps of Engineers is accepting applications for our 2019 Arkansas special deer hunts that provide hunting opportunities for mobility impaired hunters. The hunts are organized on specific days from mid-October through early December at a number of Corps lakes and properties throughout Arkansas.

The application period will close Aug. 15 and will be followed by a drawing in September to award the available hunting opportunities. Applicants may apply for up to three different hunt locations, with successful applicants limited to one awarded hunt.

To be eligible, an applicant must have a permanent physical disability that impairs mobility and requires physical assistance from ambulatory or adaptive devices such as wheelchairs, crutches, prosthesis, or other similar devices. Disabled veterans or active duty military with at least a 50% physical disability which severely limits mobility as evaluated by the Department of Veterans Affairs may also be eligible. A doctor's verification letter must be submitted along with the application.

To request a package which includes a list of hunt locations, dates, and harvest methods or to clarify eligibility requirements please contact Gerald Judge, district forester for the Corps' Little Rock District, at 501-324-5675, or by email at gerald.p.judge@usace.army.mil.

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700 West Capitol, Little Rock, AR 72201
<http://www.swl.usace.army.mil/Media/NewsReleases.aspx>



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Arkansas Spinal Cord Commission
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Telecommunications Access Program (TAP)

Could you use an iOS, Android, or other assistive device to better communicate with friends, family, or colleagues? If so, be sure to check out the TAP program! They have recently added Android devices to the list of available equipment. Check the eligibility requirements and apply at: <https://arktap.org/eligibility/>



The Telecommunications Access Program (TAP) provides free telecommunication equipment to eligible Arkansans who are deaf, hard of hearing, deafblind, or who have a speech, visual, mobility, or intellectual impairment. TAP removes the barriers to telecommunication access through the provision of accessible communication technology.

Phone: 501-686-9693 | Toll Free: 1-800-981-4463 | <https://arktap.org/>