February 16, 2010 - Hotels.com, the largest provider of lodging worldwide, today announced new site features that help travelers easily search for and reserve hotel rooms online with specific accessibility needs in mind. Hotels.com is one of the first travel Web sites to address this growing need for consumers.

Hotels.com users can now search for lodgings in the U.S. that offer wheelchair-accessible pathways, accessible showers, Braille signs, and/or telephone equipment for the deaf. Customers using the online reservation page can also request a room with specific accessibility features. All such requests will be reviewed by the Hotels.com customer service agents, who will contact the traveler directly to confirm the reservation or to offer to locate a similar room at an equivalent rate at another hotel.

The new search features are only the latest way Hotels.com helps consumers “stay smart.” With a 24-hour call center, the best of breed loyalty program welcome rewards, Price-Match Guarantee™, millions of user reviews, no change or cancel fees, and now increased search options, it has never been better to book with Hotels.com.


March 11, 2010 - Michael J. Astrue, Commissioner of Social Security, today announced the agency is providing helpful health care information and website links to the more than three million individuals who apply each year for Social Security and Supplemental Security Income (SSI) disability benefits. The web site links take disability applicants to two U.S. Department of Health and Human Services (HHS) web sites – www.healthfinder.gov where they will find information and tools to help them better understand and cope with their conditions; and www.healthfinder.gov/rxdrug where they may be able to get help paying for prescription drugs.

The web site at www.healthfinder.gov provides detailed information about specific diseases. For example, an applicant with breast cancer, rheumatoid arthritis, Alzheimer’s disease, diabetes, or other diseases can go to the site to gather information about diagnosis, symptoms, treatment, ongoing research, and local resources available to people with those diseases.

The web site at www.healthfinder.gov/rxdrug links people to the Partnership for Prescription Assistance, which directs people to information on reduced cost or free prescription drugs offered by drug companies, state and local governments, and local organizations.

The helpful health care links also are available on Social Security’s web site at www.socialsecurity.gov/applyfordisability.

Between 40% and 45% of people with spinal cord injuries (SCI) need personal assistance with some daily activities. The majority have tetraplegia and often need assistance getting in or out of bed, managing bowel and bladder issues, bathing, and dressing. The lower the level of injury, the less assistance is needed.

Most often, a parent, spouse or other close family member is the first to provide personal care following injury. Although this initial care and attention is normal, it is not generally recommended for the long-term. If at all possible, it is best to have a paid Personal Care Attendant (PCA) provide the majority of long-term care while a loved one provides occasional care.

Unfortunately, many people with SCI have no option other than to rely on a family member for daily assistance. Whereas a PCA is an employee, a caregiver is the term used for an unpaid family member who is primarily responsible for the care of a loved one.

There is no “typical” family following SCI. Each situation is unique, and each caregiver and the person they care for will eventually create a system of care that works best for them.

For couples, it is very important to keep the partner/spouse role separate from the caregiver role. One way to do this is to have a routine that keeps the caregiving activities separate from those of a partner. Another way is to have a specific area or room devoted to intimacy - where no caregiving tasks are performed. Keeping the two roles as distinct and separate as possible will help you to avoid confusing and blurring the roles in your mind. When you and your partner are feeling romantic, you will be better able to see yourself as a romantic partner and not as a caregiver.

Couples need to also work to maintain equality within their relationship. Both partners need to make significant and meaningful contributions with every day issues such as parenting, various household chores or money management. This equality will help caregivers not to become resentful of being “overwhelmed” with daily responsibilities or duties.

Most couples face obstacles early after injury. For most adults, pre-injury life is routine, familiar, and comfortable. People usually have established views of what they consider “normal,” and they generally have defined notions of their relationship.

In most cases, pre- and post-injury routines are very different for caregivers and their spouses or partners. Like many other aspects of life post-injury, changes in views and established routines are usually necessary in adapting to life after injury.

Again, each family is different, so every family will not necessarily experience the same problem issues. As a caregiver, however, you may experience many of the same issues as others. Research has shown that caregivers generally report problem issues with:

1. the negative attitude of the person with SCI;
2. personal feelings of guilt;
3. lack of appreciation for being a caregiver;
4. not enough time for personal activities;
5. having to say “no” to the person with SCI; and
6. feeling overwhelmed.

People with SCI express problems with:

1. wanting to walk;
2. sexual function;
3. pain;
4. bowel and bladder function;
5. lack of money;
6. not being able to do simple tasks; and
7. being anxious.

The two groups express very different problem issues despite being in a similar situation, dealing with the aftermath of injury. Obviously, such differences can lead to conflicts in the relationship.

In the next issue of Pushin’ On, Part II of this article will offer couples the tools to resolve conflict with these issues and more. In resolving such problem issues, you can develop a healthy relationship that centers on open communication and an understanding of life after injury.

**SOURCE:** www.spinalcord.uab.edu/show.asp?durki=22479
The iPhone offers a variety of features that make it more accessible to those with impaired physical and motor skills.

In addition to the standard touch dialing, the iPhone offers Voice Control. Simply speak the name or telephone number of the person you want to call and iPhone starts dialing. Voice Control also knows the music in your iPod, too. Ask your iPhone what song is playing (and hear it answer). Tell it to play your favorite album. Even have it play more songs like the one currently playing.

The voice control can be utilized through headphones. The iPhone comes with a stereo headset with a high-performance microphone “capsule” built into the cable. The headset lets you control music playback and answer and end calls using the microphone capsule as a clicker. In addition, the iPhone offers all of the same features wirelessly using Bluetooth capable headphones.

There is also a built-in, hands-free speakerphone. You can use it to make phone calls, listen to voice mail, music, podcasts, and video.


If you need to be truly hands-free with your iPhone, you need a secure holder. Luckily, Thought Out has interchangeable iPhone and iPod holders to fit almost any need.

You can get a tripod mount for stable and clear videos and photos with complete 360 degree rotation. The Desk Top stand can be rotated and secured into position while keeping cables easily accessible. The Car Mount holder includes multiple mounting options that will let you decide where to install among endless mounting locations. There is a universal desktop holder that has a 3 foot soft, flexible coil to form and securely mount into any position.

Finally, The Handle Bar Mount is the ultimate rotating mount for your motorcycle, bicycle or even your wheelchair.

You can use the holders and accessories in multiple combinations, and they are made for your iPhone or iPod touch with a case or skin.

SOURCE: [http://thoughtout.biz/](http://thoughtout.biz/)

Conquest trikes are motorbikes that are wheelchair accessible. Built with new 1170cc BMW R1200 motorcycles, they have been engineered and proven over many years to deliver performance, maneuverability and driveability directly from your wheelchair. The Conquest is a fully outfitted touring bike with superior ergonomics and a long list of quality standard features, which include:

- Remotely controlled lowering and rising ramp, using push-button key fob
- 2 button Klicktronic thumb-operated semi-automatic gear change
- 6 forward gears and reverse
- Hydraulically controlled front and rear disc brakes with single lever operation
- Electronic Parking brake
- Wheelchair docking system with push-button release mechanism

The new health insurance reform law aims to ensure Americans have secure, stable, affordable health insurance. The new law includes 9 insurance market reforms that are designed to provide immediate protections and greater choices for Americans with disabilities.

1. Eliminate Discrimination in Obtaining Health Insurance
   Health insurance reform legislation will prevent any insurance company from denying coverage based on a person’s underlying health status, including genetic information.

2. Make Health Care Accessible to Everyone
   By expanding health insurance to all Americans and providing premium assistance to make it affordable, health insurance reform will significantly increase access to a choice of health insurance plans for individuals with disabilities. This will enable individuals who are employed to keep their jobs rather than giving up employment in order to receive Medicaid benefits.

3. More Affordable Choices
   Health insurance reform will create a health insurance exchange so you can compare prices and health plans and decide which quality affordable option is right for you and your family. In addition, some plans would provide a new voluntary insurance program that helps families deal with long-term care costs if a loved one develops a disability.

4. Expand the Medicaid Program
   Health insurance reform will expand the Medicaid program to more Americans, including people with disabilities. This expansion will assist low income adults who have disabilities but do not meet the stringent requirements of the SSI program to receive Medicaid coverage.

5. Lowering Costs by Rewarding Quality and Cutting Waste
   Provide Deep Discounts for Medications in the Medicare “Donut Hole”: For individuals with disabilities who are dually eligible for Medicare and Medicaid, prescription drug coverage through Medicare Part D leaves them at risk of hitting the “doughnut hole,” or the gap in prescription drug coverage. In an historic agreement, the drug industry has agreed to provide individuals with a discount of at least 50% for medication costs that fall in this coverage gap, saving thousands of dollars for some enrollees.

6. Financial Relief for Low-Income Medicare Beneficiaries
   Health insurance reform will simplify the application process for financial support for low-income Medicare beneficiaries. It will also increase premium subsidies and decrease certain copayments for Medicare’s drug benefit.

7. Preventive Care for Better Health
   People with disabilities are less likely to receive preventive care and are more likely to be diagnosed with screenable cancers at a later stage. By ensuring that all Americans have access to preventive care and investing in public health, health reform will work to create a system that prevents illness and disease instead of just treating it when it’s too late.

8. Improve Care for Chronic Disease
   One in every 10 Americans experiences a major limitation in activity because of a chronic condition. Health insurance reform will encourage innovations in the treatment of these diseases to prevent disabilities from occurring and progressing.

9. Promote High Quality Care
   Health insurance reform legislation will establish medically driven priorities and standards on quality, require quality reporting by hospitals, and provide incentive payments for high quality performance. As a result, people with disabilities will have better information to support their health care choices.

SOURCE: www.whitehouse.gov/assets/documents/Pages_from_Health_Insurance_Reform_PDF-11.pdf
**Research Reviews in SCI**

**Bladder Management After Spinal Cord Injury in the United States 1972 to 2005**

**PURPOSE:** Studies have shown that bladder management with an indwelling catheter for patients with spinal cord injury is associated with more urological complications such as stones, urinary infection, urethral strictures and bladder cancer. However, little is known about actual bladder management for these patients in clinical practice.

**MATERIALS AND METHODS:** Using the National Spinal Cord Injury Database, the bladder management method was determined at discharge from rehabilitation and at each 5-year followup period for 30 years.

**RESULTS:** At discharge from rehabilitation (24,762 patients) the selection of bladder management with a condom catheter decreased steadily from a peak of 34.6% in 1972 to a low of 1.50% in 2001. The use of clean intermittent catheterization increased from 12.6% in 1972 to a peak of 56.2% in 1991. Indwelling catheter use initially decreased from 33.1% in 1972 to 16.5% in 1991 but increased to 23.1% in 2001. Of 12,984 individuals with followup data, those originally using an indwelling catheter for bladder management were unlikely to switch to another method, with 71.1% continuing to use an indwelling catheter at 30 years. Individuals using clean intermittent catheterization and condom catheterization at discharge home did not continue to use these methods with only 20% and 34.6% remaining on the same management, respectively.

**CONCLUSIONS:** Over time bladder management with clean intermittent catheterization has increased in popularity. However, only 20% of patients initially on clean intermittent catheterization remained on this form of bladder management. More research on the safety of each of these methods needs to be performed to provide better guidance to aid with this decision.

**SOURCE:** Cameron AP, Wallner LP, Tate DG, Sarma AV, Rodriguez GM, Clemens JQ. J Urol. 2010 May 15.

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**Bladder cancer in spinal cord injury patients**

**STUDY DESIGN:** Retrospective review.

**OBJECTIVE:** Spinal cord injury is a known risk factor for bladder cancer. The risk of bladder cancer has been reported at 16-28 times higher than the general population. Earlier studies have identified indwelling catheters as risk factors. We examined the characteristics of bladder cancers in a spinal cord injury (SCI) population.

**SETTING:** Long Beach VA Hospital Spinal Cord Injury Unit, Long Beach, California.

**METHODS:** We reviewed SCI patients seen and diagnosed with bladder tumors between January 1983 and January 2007. Data collected included time since diagnosis, method of diagnosis, form of bladder management, pathologic type, treatment of the tumor, and outcome.

**RESULTS:** A total of 32 patients with bladder cancer were identified out of 1319 patients seen. Tumors found were 46.9% squamous cell carcinoma (SCC), 31.3% transitional cell carcinoma (TCC), 9.4% adenocarcinoma, and 12.5% mixed TCC and SCC. The primary form of bladder management was 44% urethral catheter for a mean of 33.3 years, 48% external catheter for a mean of 37.4 years, and 8% intermittent catheterization for a mean of 24.5 years. Nineteen patients had a known method of cancer detection with 42% found on screening cystoscopy.

**CONCLUSIONS:** The pathologic makeup of the tumors is similar to that reported earlier. Over 50% of patients diagnosed with bladder cancer in our population did not have an indwelling catheter. This suggests that the neurogenic bladder, not the indwelling catheter, may be the risk factor for bladder cancer. Urologists should consider diligent, long-term screening of all patients with SCI for bladder cancer and not just those with indwelling catheters.

**Pushin’ On** is published biannually and provides information on spinal cord injury (SCI) to individuals with SCI, their families, and service providers. It is available via mail or found at www.spinalcord.uab.edu. It is distributed free of charge to its target audience. Alternate formats of this publication are available on request.

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**Participate in SCI Related Research at Spain Rehabilitation Center**

**The Effects of Virtual Walking on Pain in Spinal Cord Injury Patients:** Must be over 18 years old and have SCI related pain at or below the injury level. $25 Visa gift cards for each of two test days. For information contact Dr. Betsy Richardson at 205-934-3345 or ejrichar@uab.edu.

**The Effects of Nicotine on Pain in Spinal Cord Injury Patients:** Must be over 18 years old and experience SCI related pain. We are seeking participants who are both smokers and non-smokers. $50 Visa gift cards are given for each of two test days. For information contact Dr. Betsy Richardson at 205-934-3345 or ejrichar@uab.edu.

**One-Day Study on Relationship Between Neurologic Exam and Bladder Function:** Participants must be 19 to 60 years of age and 6 months to 12 years post SCI. Participants will receive $225 upon study completion. For information contact Peg Hale at 205-934-2224 or pohahle@uab.edu.

**Participants are needed to study a new method to measure motor recovery after a spinal cord injury:** Participants must be at least 19 years old, have an incomplete SCI for over 3 years, and be able to be tested at Spain Rehabilitation Center. $25 Visa gift cards will be provided to participants for each visit. If interested, contact Pat Taylor at 205-934-5463 or poharet@uab.edu.

**Participants are needed to study a new method to measure thoracic and lumbar muscle strength after a spinal cord injury:** Must be at least 19 years old, be medically stable, have no fever, have no external immobilizing devices; have any SCI other than a complete cervical injury; and be able to be tested at Spain Rehabilitation Center. For information contact Pat Taylor at 205-934-5463 or poharet@uab.edu.

**Participate in a Project to Improve the Symptoms of Mood in Spinal Cord Injury (PRISMS):** Participants must be between 19 and 64 years of age and at least 1 month following injury. Women may not be pregnant or breast feeding. Participants will need to visit Spain Rehabilitation Center for a baseline interview, 5 clinic visits and a 12th week final assessment clinic visit. A final 24 week follow-up assessment will be done by phone. Participants who complete the entire project receive up to $475. For information contact Jan Troncale at 205 996-5014 or jtroncal@uab.edu.

**Participants are needed for a study on electrical stimulation of skeletal muscle after spinal cord injury:** Individuals must be between 19-60 years of age and have a motor complete spinal cord injury. You will receive $75 upon completion of this 3-day study (each visit lasts about 1 hour). You cannot be taking medications for osteoporosis. For more information, please contact Dr. Scott Bickel at 205-934-5904 or bickel@uab.edu.