September 28, 2011 - You may have wondered why it has been over a year since you received an issue of Pushin’ On. The primary reason is a lack of funding.

For almost 30 years we have been printing and mailing this newsletter free to thousands of people through federal funding primarily from the UAB Spinal Cord Injury Model System (UAB-SCIMS) grants. Due to the rising costs associated with printing, however, we are no longer able to continue.

In this, our last printed issue, we are announcing that all future issues of Push-in’ On are to be available only in electronic format. Email list subscribers (send a quick email to sciweb@uab.edu) can be notified via email of new and updated SCI material from the UAB-SCIMS will receive electronic issues via email. Issues will also continue to be made available free for viewing and downloading over the internet (click Publications at www.spinalcord.uab.edu).

If you do not have access to either election option via home, school or public access, contact the Office of Research Services (contact information is on back cover) to purchase an issue for $3 each.

We apologize for any problems caused by this change.

- Phil Klebine, Editor

October 11, 2010 - Geron Corporation enrolled its first person in the clinical trial of human embryonic stem cells. This begins Phase 1 of the company’s research to test the safety and tolerance of the treatment.

The participant had to meet strict requirements to be entered into the study. First, the person had to be diagnosed with complete spinal cord injury between levels T3 to T11. The person also had to be injected with the treatment at the lesion site between 7 and 14 days after injury. Other requirements also applied.

The participant was admitted to one of the selected medical centers participating in the study and cleared to enroll patients.

For further information on patient eligibility for this clinical trial, please visit the U.S. National Library of Medicine at www.ClinicalTrials.gov.

SOURCE: http://www.geron.com/patients/clinicaltrials/hESC.aspx

The National Institute on Disability and Rehabilitation Research (NIDRR) recently announced the 2011-2016 grant recipients for the Model Spinal Cord Injury Systems of Care.

These 14 programs are setting the standards of excellence in care and research. Each system of care provides assistance to establish innovative projects for the delivery, demonstration, and evaluation of comprehensive medical, vocational, and other rehabilitation services to meet the wide range of needs of individuals with spinal cord injuries.

SOURCE: http://www.spinalcord.uab.edu/show.asp?durki=104757

The 2012 schedule for Abilities Expo is now available. For more than three decades, Abilities Expo has succeeded in improving the lives of Americans with disabilities, their families, caregivers and healthcare professionals. This unique forum features three days of cutting-edge products and services, compelling workshops, fun-for-the-whole-family activities and has become the leading event for the community of people with disabilities.

Abilities Expo reaches out to all ages and all sectors of the Community including wounded veterans, persons recovering from accidents, seniors with age-related health concerns, children with disabilities, individuals with mobility and spinal issues, people who have vision and hearing impairments, people with developmental disabilities and many more.

Whether the knowledge you seek is related to adults, seniors or kids, there is a series of workshops for you. Whether your challenges are mild or severe, the Abilities Expo is for you.

SOURCE: http://www.abilitiesexpo.com
Caring for a Loved One (Part II)

In Part I, you learned the common issues that often create conflict between caregivers and their loved ones. In Part II, you learn conflict resolution.

Conflict is common in relationships, especially when one is caring for a loved one. However, resolving conflicts can be a healthy way to improve relationships and reduce or relieve stress. Conflict Resolution is not about changing another’s different opinion. They are thoughts, and you cannot expect to control another person’s thoughts.

The purpose of conflict resolution is to reach a mutual agreement on a problem issue. A mutual agreement is when all sides agree - not simply a winner and loser. If you think of resolution this way, people usually respond with a willingness to succeed.

STEP 1 is agreeing on basic guidelines. Examples:
- Keep things in perspective.
- Focus on resolving one issue at a time.
- Be open, honest, clear and direct.
- One person talks at a time.
- Allow each person to respond.
- No physical contact, intimidation, or threats.
- Don’t use the “Silent Treatment” and expect others to know what you think or feel.
- Don’t dig up old issues that are not important to the issue at hand.
- Don’t use emotional blackmail by saying “if you really love me, you would…”
- Don’t over-exaggerate or use words like “always” and “never.”

STEP 2 - State the Problem: you cannot resolve issues unless everyone knows exactly what the issue is. You are more likely to have success in resolving the problem if you are respectful when stating the issue. For example, state the problem in the form of a self-expression, not a personal attack.

Focus on expressing emotion like the following:
- “I feel like my work is not appreciated.”
- “I’m exhausted because I have no personal time.”
- “I feel guilty when I take time for myself.”

STEP 3 - Listen and understanding is the hardest and most important part of conflict resolution. When two people are in an emotional argument, no one is really listening. People who talk over each other hope the loudest voice is heard, and people who are not talking are thinking about what they are going to say instead of actively listening. One suggestion is to better listener is to “repeat” in your head what is being said by the other person. That way, you stay focused on hearing what is said.

There may be times when you hear what is said but do not really understand the other person’s intent. When someone talks to you, it is natural to imply your own reasoning to what is being said. However, people often mean to express themselves differently than you might think. If you are not clear about another person’s meaning, you can easily repeat what they said and ask for more information.

STEP 4 - Follow the 5 problem solving steps:
1. clearly identify problem;
2. brainstorm for solutions to problem;
3. work together to pick one or more solutions from your list that everyone agrees offers a realistic chance for success;
4. try a solution; and
5. evaluate your solution and try another choice if the problem is unresolved.

STEP 5 - Resolution: the issue is finally resolved when the solution works for everyone.

Example of Attacking Statement:
- “You make me mad when you…”
Make requests instead of demands. Examples:
- “I would like you to take a more active role in helping with the children.”
- “I prefer that we do (something) this way.”
Examples of Demand Statement:
- “You have to start acting like a father.”
- “You are going to do (something) my way.”

SOURCE: www.spinalcord.uab.edu/show.asp?durki=22479
BIOTX Limited has now made emptying a leg bag easier than ever with the revolutionary PUMP. It’s a new power wheelchair accessory that enables users to empty their urinary leg bags directly into a toilet or urinal with just the press of a button.

The PUMP unit installs easily and quickly on virtually any power wheelchair. The leg bag outlet is attached to the “dripless” collection tube. The urine flows through the tube to a Pumping Unit. Users can turn the unit on and off with a simple switch mounted to the wheelchair. When turned on, an ultra compact 12-volt Lithium Polymer Battery powers the PUMP and lasts for up to 5 days with an overnight charge with normal use. Finally, the urine is pumped to a flexible wand.

The wand is what really sets this unit apart from the other leg bag emptying devices. When the leg bag is full, drive your wheelchair within arm’s length of a toilet or urinal. The flex Wand is pointed into the toilet or urinal. Press the switch twice to activate the Pumping Unit and urine will flow from the leg bag and exit from the tip of the Wand. When the leg bag is empty, press the switch once to turn off the Pumping Unit. Then, return the Wand to its stowed position. That’s it. It is that simple.

The PUMP finally permits people with tetraplegia to drink plenty of fluids because it allows them to empty their urinary bags without assistance. This offers greater independence by reducing the demand of caregiver. And the PUMP helps improve health by reducing urinary tract infections.

SOURCE: http://www.wheelchair-freedom.com/

Future Path Medical has created the iBag™ System for urine management. The unique iBag™ system is designed to be easy to use and install.

The System features a disposable vinyl collection bag that looks similar to other leg bags, but there is one major difference. The iBag has a low-cost sensor lining the interior of the leg bag. The sensor monitors the fluid level in the leg bag.

The WiMitter™ is connected to the sensor via snaps. The WiMitter is a wireless transmitter that sends information on the fill status and temperature of the fluid to an Internet connected computer.

The data can be transferred from the computer to another computer or mobile device such as a personal cell phone, a caregiver’s phone or to a hospital for monitoring.

The entire iBag system is aimed at improving a person’s independence, confidence and health. Those people who can empty the leg bag can be sent a signal that the leg bag needs emptying. This helps reduce the health problems that can result from urine backup. The early warning of urine temperature changes serves as an early sign of infection.

SOURCE: http://www.future-path.net/Solutions_for_Home
On March 23, 2010, President Obama signed the Affordable Care Act. The health insurance reform law is one part of the Act. The law aims to ensure Americans have secure, stable, affordable health insurance.

For people with spinal cord injury (SCI), the comprehensive health insurance reform law is the most important aspect of the Act. Although some aspects of the law have already been enacted, people with SCI can benefit greatly by the programs becoming effective over the next few months and beyond.

1. Increasing Access to Services at Home and in the Community (effective October 1, 2011)

Many people with SCI are in nursing homes or similar facilities. A high number of those people would rather live at home or a more community-friendly home.

States are to receive new federal funds to help move Medicaid beneficiaries out of institutions and into their own homes or other community settings. The Affordable Care Act provides funding for two programs supporting that goal, the Money Follows the Person (MFP) demonstration program and the Community First Choice Option program. Thirteen States will receive more than $45 million in MFP grants to start that program in their States, with a total of $621 million committed through 2016. In addition, Health and Human Services has proposed rules to allow all States to access a potential of $3.7 billion in increased federal funding to provide long-term services and supports through the Community First Choice Option program.

2. Accountable Care Organizations: Improving Care Coordination for People with Medicare Make Health Care Accessible to Everyone (effective January 1, 2012)

The Affordable Care Act includes a number of policies to help physicians, hospitals, and other caregivers improve the safety and quality of patient care and make health care more affordable. By focusing on the needs of patients and linking payments to outcomes, these delivery system reforms will help improve the health of individuals. The programs are particularly important for people with spinal cord injury who are recommended to have a community-based doctor for most medical issues along with a physiatrist (doctor specialising in rehabilitation medicine) for injury-related care.

3. Understanding and Fighting Health Disparities (effective March)

Not everyone has equal access to health care. Low-income Americans, racial and ethnic minorities, and other underserved populations often have higher rates of disease, fewer treatment options, and reduced access to care. They are also less likely to have health insurance than the population as a whole.

Disparities are documented in many conditions, including people with SCI. The result is that racial and ethnic minorities still lag behind in many health outcome measures. When they get sick, they are less likely to have access to quality health care. They are also less likely to get injury-related care along with the preventive care they need to stay healthy, more likely to suffer from serious illnesses.

SOURCE: www.whitehouse.gov/assets/documents/Pages_from_Health_Insurance_Reform_PDF-11.pdf

People with disabilities now have buy-in options for insurance with the new Pre-Existing Condition Insurance Plan (PCIP).

For decades, many people with SCI have lived with all of the worries of a “pre-existing condition.” For some people the term has meant an inability to get personal insurance coverage. The term has been a barrier to employment for people with SCI who had to choose between having insurance or having a job.

Finally, the PCIP provides new coverage options to individuals who have been uninsured for at least six months because of a pre-existing condition. Each States has the option to 1) establish its own program or 2) follow the plan that has been established by the Department of Health and Human Services in that state. This program serves as a bridge to 2014, when all discrimination against pre-existing conditions will be prohibited.

**Factors predicting depression among persons with spinal cord injury 1 to 5 years post injury.**

**OBJECTIVE:** Estimate changes in prevalence of Major Depressive Disorder (MDD) 1 to 5 years post spinal cord injury (SCI); Identify demographic, injury, and discharge factors associated with MDD at 1 and 5 years post-injury; Identify modifiers of changes in MDD

**DESIGN:** Retrospective

**SETTING:** Spinal Cord Injury Model System

**PARTICIPANTS:** 2,256 adult participants enrolled in the National Spinal Cord Injury Statistical Center between 1999 and 2004.

**MAIN OUTCOME MEASURE:** MDD as determined by the Patient Health Questionnaire-9 (PHQ-9).

**RESULTS:** Prevalence of MDD was 11.9% at 1 year and 9.7% at 5 years post SCI. Odds of MDD decreased significantly 1 to 5 years post-injury (odds ratio=1.26, 95% confidence interval=1.02, 1.56). At 1 year post-injury, the odds of MDD was greater for persons 35-55 years old at injury, unemployed, having an indwelling catheter or voiding bladder management at discharge, and higher scores on ASIA motor index. At 5 years post-injury, the odds of MDD were greater for females, persons 35-55 years old at injury, those with a high school education or less, those having an indwelling catheter, voiding, and no bladder management at discharge, and higher scores on ASIA motor index. Sex was the only significant modifier

**CONCLUSIONS:** MDD occurs commonly 1 to 5 years post SCI. Sociodemographic, injury, and discharge factors are associated with the development and changes in depression. Future research should expand upon current findings in order to identify, prevent, and reduce the prevalence of MDD after SCI.


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**Life satisfaction in people with spinal cord injury during the first five years after discharge from inpatient rehabilitation.**

**PURPOSE:** To describe the course of life satisfaction in persons with spinal cord injury (SCI) during the first 5 years after discharge from inpatient rehabilitation and to examine its determinants.

**METHODS:** Multi-Center prospective cohort study with four measurements, the first at discharge from inpatient rehabilitation, the last 5 years after discharge. Data of 162 persons with SCI were analysed. Life satisfaction was measured as the sum score of ‘current life satisfaction’ and ‘current life satisfaction compared to life satisfaction before SCI’. Lesion characteristics, functional independence, secondary impairments, pain, social support and self-efficacy were analysed as possible determinants of life satisfaction. Random coefficient analysis was used for the analyses.

**RESULTS:** No significant changes in life satisfaction were found between discharge and 2 years later, however there were significant increases from two to 5 years post discharge. High functional independence, low pain, high everyday social support and high self-efficacy were significant determinants of a positive course of life satisfaction after discharge.

**CONCLUSION:** Increases in life satisfaction were found in persons with SCI in the long run. High functional status, low pain, good social skills and high self-efficacy were related to high life satisfaction.

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 Research at Spain Rehabilitation Center**

**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 Pat Taylor at 205-934-5463 or poharet@uab.edu.

**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 5 test days. For information contact Dr. Betsy Richardson at 205-934-3345 or ejrichar@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.

**Female 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.

To find information on participating in SCI-related research at other facilities, go to http://www.spinalcord.uab.edu/show.asp?durki=21777.