

Personal Perspective: Small Steps toward Big Gains

Dave Carver once heard a comment spoken by retired football player Terry Bradshaw that made a permanent impression: "Your worst day alive is better than your best day dead." This sentiment helped Dave as he endured the worst day of his life.

On July 27th, 2013, Dave and his wife attended a concert in Brooklyn featuring Robert Plant. During the event, he became dizzy, passed out, and fell on his head. The result—he sustained an incomplete spinal cord injury (SCI) at level C4, and was unable to move from the neck down.

While recovering from his injury, Dave, a self-described 'nonstop ball of energy' pondered whether he would ever again be able to do the things he enjoyed. As executive director for a major pharmaceutical company, he traveled extensively, including trips to Europe, Moscow, and Istanbul. Dave devoted his spare time to softball, coaching three girls' fast-pitch softball teams, and pitching for his team at work.

Dave knew that staying active and involved meant maintaining his positive attitude. Having survived his "worst day alive," he decided to concentrate

on making each day better than the one before. He knew rehabilitation was essential to achieving his goals.

As an inpatient at Kessler Institute for Rehabilitation, the early days of therapy were extremely challenging. "Even the simplest tasks were difficult," he explained. "I was shocked by how little I could do, but soon learned to appreciate small successes, that over time, became bigger ones." A seemingly tiny improvement, such as the ability to move one finger, meant he could turn the pages on his Kindle and read on his own. Within a few weeks, he had gained enough strength and movement to operate a mouse and surf the web.

After his inpatient rehabilitation, Dave and his wife, Penny, returned to their home in Madison, New Jersey, and he continued outpatient therapy at Kessler Institute. He also volunteered for Kessler Foundation's clinical research studies.

"I decided very early in my rehabilitation that I would gladly participate in any study that would help others," Dave said. "Some good has to come out of my injury. Even if the results don't benefit me directly, research has the power to help scientists gain knowledge and develop treatments that will improve recovery and independence after SCI." Eighteen months after his injury, Dave joined a study conducted by the Northern New Jersey Spinal Cord Injury Model System, a federally funded collaborative project of Kessler Foundation, Kessler Institute, and University Hospital.



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In this study, the first of its kind, Foundation scientists are examining the effects of an experimental combination therapy—an assisted-walking program that has been shown to improve mobility in individuals with SCI, plus an oral medication. The drug, which is approved for use in people with multiple sclerosis, is being tested in those with SCI. Some study participants receive the medication; others get a placebo.

While on the medication, all participants receive assisted-walking therapy at Kessler five days a week for 10 weeks. For assisted walking, participants are suspended in a harness over a treadmill, while specially trained therapists move their legs to simulate walking. Time on the treadmill is immediately followed by over-ground walking therapy and balance training. The intensive, repetitive exercise stimulates the nerves involved in walking, enabling individuals to regain some of their ability over time.

In this ongoing study, Foundation scientists are comparing the effects of combination therapy versus the effects of the assisted-walking program alone. They analyze changes in walking distance and speed, strength, balance, functional ability, pain, quality of life, and other measures. The results will be published once the study is complete, according to Trevor Dyson-Hudson, MD, director of Spinal Cord Injury Research. “People like Dave contribute greatly to the success of our research,” said Dr. Dyson-Hudson, “which aims to improve the care for individuals with spinal cord injury nationwide.”

Meanwhile, Dave strives to regain strength and mobility. He continues his outpatient therapy at Kessler Institute, working with therapists and a personal trainer to practice walking and improve his balance. He has advanced to using a walker to go from Kessler Institute’s lobby to the outpatient

gym. One year ago, four steps were the most he could manage with his walker. Now he spends the weekend strolling around his neighborhood.

Gaining strength and mobility has helped him return to some of his former passions. Last summer, David became an assistant coach for the Madison youth softball program—serving as a player

agent, webmaster, scheduler, and field manager. “I really enjoyed getting back on the field for the first time since my injury,” he exclaimed. “Although my physical ability is limited, I can still run a practice and help all of our players as they prepare to come to bat.” As he progresses in his rehabilitation, Dave plans to continue his involvement with fast-pitch softball.

Two years after his injury, Dave accomplished a major milestone right in his own home. Wearing his arm crutches, with a therapist behind him (and Penny filming him from the top step), David climbed the stairs to the second floor for the first time since his injury. As he ascended each step, he applied what he had learned in years of therapy. “Lock with the right, step with the left, step with the left, go straight, and push up,” he chanted. Triumphant, David reached the top. Not content to stop there, he descended the stairs and repeated the climb again.

Once he accomplishes one goal, Dave immediately focuses on another. “I expect to abandon my wheelchair and walk again. I expect to return to work,” he declared. “I accept that my injury will prevent me from regaining one hundred percent of my strength. But I do not accept that my injury will prevent me from being the best I can be. I know I have a long way to go in my journey to recovery, but I’m proud of my progress and believe that I will continue to get a little better every day, for the rest of my life.”

To watch Dave climb stairs at home for the first time since his injury, visit <https://www.linkedin.com/pulse/world-aint-flat-when-youre-wheelchair-dave-carver?trk=prof-post>



Connections is published semi-annually by the Northern New Jersey Spinal Cord Injury System (NNJSCIS) for people with spinal cord injuries and their families. The purpose of this publication is to share information on the services available at the NNJSCIS for the treatment and support of those with spinal cord injuries, as well as to highlight developments in SCI research. This publication is funded by the National Institute on Disability, Independent Living and Rehabilitation Research (grant #90SI5011). Kessler Foundation, Kessler Institute for Rehabilitation, and University Hospital constitute the NNJSCIS.

www.KesslerFoundation.org

www.kessler-rehab.com

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ASK THE EXPERT: Bowel Management for People with SCI

Monifa Brooks, MD, a physiatrist at Kessler Institute for Rehabilitation, specializes in the care of individuals with SCI.



Monifa Brooks, MD
Kessler Institute for
Rehabilitation

Why do people with SCI have problems with their bowels?

Our digestive system has many muscles. Some of these muscles move food and waste (also referred to as “stool”) through the digestive tract. Other muscles help keep waste inside our bodies or help us push out waste when we’re ready to have a bowel movement. Our digestive muscles are partially controlled by the brain, which sends signals to the bowel muscles through the spinal cord. When the spinal cord is damaged, waste no longer moves normally through the digestive tract, and we may lose the ability to choose when and where to empty our bowels.

What kinds of bowel problems do people with SCI have?

Different problems occur depending on the level and completeness of the SCI. People with injuries above L1 may have bowels that are hyperreflexic or spastic, meaning the muscles that hold stool inside the body are held tight most of the time. When a reflex is triggered, the muscles relax and waste comes out. This reflex can be triggered at any time, causing bowel accidents. People with injuries below L1 have flaccid bowels, where the muscles are relaxed and loose. Waste moves more slowly through flaccid bowels and can become hard and dry, and incontinence can occur because the opening to the rectum (the place where waste is stored before it leaves the body) is not held closed.

What is a bowel program?

A bowel program is a set of things you do to make sure your bowels are emptied fully, on a regular basis, and at times and places that are appropriate. Bowel programs include diet and fluid intake recommendations, a schedule for regular emptying of the bowel, medications where appropriate, and techniques (such as stimulation of the rectum) to stimulate bowel movements or remove waste from your rectum.

What bowel program do you recommend?

Each person’s program is different because it depends on their injury, medical conditions, and lifestyle (including diet). For people with hyperreflexic bowels, I typically suggest something I call the 3-2-1 program. This includes taking one tablet of Colace 3 times per day, two tablets of Senokot 6-8 hours before performing the bowel program, and 1 suppository or mini-enema during the bowel program. Colace keeps the stool soft, Senokot helps the stool move down the digestive tract, and the suppository or mini-enema relaxes the opening to the rectum and stimulates contractions that help push out the stool. For people with hyporeflexic bowels, I typically recommend consuming adequate fiber (through dietary intake or with the help of supplements like Metamucil) to keep the stool formed (rather than soft and shapeless) and emptying the bowels twice a day to reduce the likelihood of an accident. Performing the bowel program on a regular schedule is important to successful management. Discuss your specific situation with your doctor to determine the program that’s most appropriate for you.

What are some signs that my bowel program may need to be updated?

Consult with your physician if you are having accidents, constipation, watery bowel movements, smaller bowel movements than usual, or when the process of emptying your bowels is difficult or is taking considerable time. Greater than usual spasticity or episodes of autonomic dysreflexia (a condition where your blood pressure gets very high) are also signs that something is wrong in your body, and could be related to bowel problems.

Additional resources:



Managing Medical
Complications After SCI
[https://www.youtube.com/
user/KesslerFoundation](https://www.youtube.com/user/KesslerFoundation)



Bowel Function after
Spinal Cord Injury:
A Factsheet from
the Model Systems
Knowledge Translation
Center. Available from
[http://www.msktc.org/
sci_factsheets/Bowel_
Function](http://www.msktc.org/sci_factsheets/Bowel_Function)



Adapting to Life after SCI:

Excelling in the Workplace, My Journey

I'll never forget the day that shaped the rest of my life. Having just ended my junior year at Ramapo College, I was home enjoying the beautiful May afternoon. The year was 1988, seven years since an auto accident had left me a quadriplegic. Suddenly, the phone rang. I heard the voice of the public relations manager from the New Jersey Nets, with whom I had interviewed a few weeks prior. Excitement and relief washed over me as he said that I was chosen to intern with the club that summer.

The internship would give me work experience to help me choose my path to a fulfilling career. Although the internship was unpaid, I was thrilled to face the challenges ahead of me.

But I felt some pangs of self-doubt as well. I was still adjusting to living life as a person in a wheelchair, and the inherent challenges—physical, emotional, and societal—that come with it.

This was prior to the Americans with Disabilities Act, which set guidelines for equal access to nearly everything—including parking, employment, and workplace accommodations. I was venturing into the unknown. I questioned: Would I be able to handle the tasks and physical aspects of the job? Would fellow employees treat me fairly? Was there a “ceiling” to any advancement due to my disability?

I went in with a plan: be myself and approach this job, and any others that followed, by working hard and proving that I could perform the job, disability or not. Equally important, I wanted everyone to feel at ease. Let's face it, at that time, not many people with disabilities were in the workplace, so some co-workers would likely be uncomfortable with my presence.

I decided to use a bit of humor to let my co-workers know that I was comfortable in my own skin and that it was okay to treat me as an equal. I did not consider myself a person with a disability employed by a professional sports team. No, I was just like everyone in that office. My purpose was to learn the ropes of the career I had chosen in order to earn a wage of my own.

That initial internship stretched into working games during the basketball season, where I



Author Michael Smith, a wheelchair user, enjoying a ball game with his family at Fenway Park in Boston, Massachusetts

was introduced to a wider group of people. After another high profile internship with a major local television station, I was convinced that I'd found the path that my career and life should take.

Soon after, I landed an entry level job in the box office at the Meadowlands Sports Complex. Although I didn't consider it to be an optimal position, I kept plugging away to improve my visibility. I worked hard and made myself available for anything that my superiors requested of me.

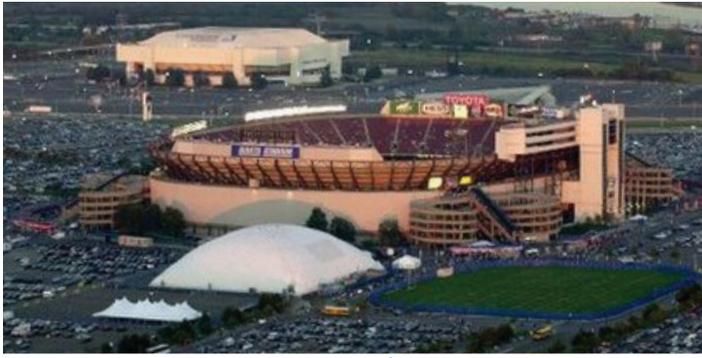
This was my chance to change the perceptions about people with disabilities in the workplace, and specifically, about my abilities. I could enlighten people about how I was more than capable of doing the job, disability or no disability.

The best compliment anyone could ever give me is that they do not see me as a person who uses a wheelchair. Seeing me as a fellow worker or their boss was a major breakthrough because they were listening to what I had to say, not where I was saying it from.

One important factor in developing good working relationships is to be an exemplary employee. If you need to seek some kind of accommodation, being an excellent employee and having earned the trust of your superiors makes asking for assistance easier. Speaking from experience, I cannot stress enough how vital this trust is to healthy working relationships.

Because of my determination and the open-mindedness of management, I was able to work my way up the organizational ladder—becoming the ADA Manager at the Meadowlands. I am proud

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Meadowlands Sports Complex, East Rutherford, New Jersey

to say that for nearly 25 years, I had a career that I loved. It gave me a sense of self-worth, enhanced my quality of life, and enabled me to support my wife and son.

Although I'm now retired, my many friends and warm memories will be with me forever. Through a process of constant learning and teaching, I showed that all people with disabilities want a fair chance...a fair chance to show that given a level playing field, they can perform as well as anyone else—and even excel—in the workplace.

Michael Smith, injured in an auto accident in 1981 at the age of 17, went on to become the ADA Manager of the Meadowlands Sports Complex. He is an ardent speaker and writer on living with spinal cord injury and other disabilities. Michael is a member of numerous boards and committees that are dedicated to improving accessibility and quality of life for people with disabilities. He lives in Waldwick, New Jersey with his wife, Angela, and son, Luke.

This was first published online in the Kessler Foundation blog in 2015. 

Video: Managing Medical Complications After Spinal Cord Injury

Medical complications, such as changes in bowel function, pressure ulcers, and pneumonia are common after spinal cord injury (SCI). These conditions can have a significant impact on day-to-day activities and quality of life if they are not managed properly, and can result in rehospitalization, and in some cases even death.

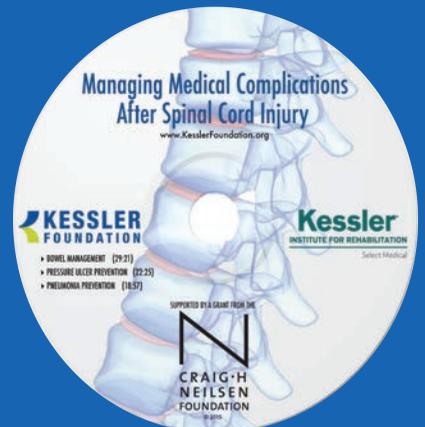
The purpose of this educational video series is to provide information to individuals with SCI and caregivers on the management and prevention of some common medical complications that are associated with SCI.

Topics covered are: Bowel Management, pressure ulcers, and pneumonia.

These conditions were chosen because of their prevalence, impact on health, function, and quality of life, and the significant role that education plays in their management and prevention.

This video series is intended for educational purposes only and should not be considered medical advice. It was made possible by a grant from the Craig H. Neilsen Foundation, as well as support from the National Institute on Disability, Independent Living, and Rehabilitation Research (grant# 90SI5011), and Kessler Foundation.

Scan QR codes to view videos online at:



DVD Playlist



Bowel Management



Pressure Ulcer Prevention



Pneumonia Prevention

IN THE COMMUNITY:

Kessler Institute's Peer Mentor Program Ron Moore



To help people with SCI and their families navigate the physical and emotional adjustment process that takes place after SCI, Kessler Institute for Rehabilitation offers a volunteer Peer Mentor Program. Kessler's program started in 2005 with a group of 12 men and women who'd adjusted to living with paralysis, and wanted to help people with new injuries and their loved ones. The Peer Mentor Program is managed by Ron Moore, peer counselor, with support from Michele Ward, the coordinator of the Spinal Cord Injury and Ventilator Dependent Program.

The Peer Mentor Program provides support, advice, and resources for people with SCI and their families in several ways:

One-to-one mentoring. A person with SCI is paired with a peer mentor who has a similar level of SCI and cause of injury, so experiences can be shared and addressed on a comparable level. Efforts are also made to match family members with caregivers who're facing similar situations. The number of meetings with the mentor and length of participation in the program are flexible, depending on the person's wants and needs. Most relationships with a peer mentor begin during inpatient rehabilitation, but people are welcome to join the program at any time. Our well-qualified mentors are selected based on their personal qualities (kindness, friendliness, and a willingness to share personal information to help another) and go through training every year to ensure readiness for their mentorship role.

Monthly Peer Mentor/Recreation Therapy Support Group Meetings. These meetings, which are co-ordinated with recreation therapist Gwenn Vilade, take place in the therapy gym at Kessler Institute's West Orange campus on the 2nd floor. They're held from 6:00 to 7:30pm on the last Thursday of each month from January through October, and the third Thursday in November. Refreshments are served. Sample topics include accessible public transportation, adaptive sports, accessibility of sporting events and concert venues, and returning to work or school.

Online Forum. A new feature of our program is a Facebook group that enables people with SCI to ask questions and get advice from those with experience living with a comparable injury. Announcements about programs and links to valuable information and resources are also posted. The group is open only to members so that participants may feel comfortable sharing personal stories.

To participate in these programs or for more information, contact *Ron Moore at 973.243.6912 or rjmoore@kessler-rehab.com*

The Peer Mentor Program has provided support and advice to many of Kessler's patients over the years. Courtney Eicholtz, a former participant and now a mentor herself, put it well when she said:

"As a patient, I found the program invaluable in my adjustment to SCI. And as a peer mentor, it's very rewarding to be able to help others through the process. If you are looking for guidance or just need to talk, we are here for you."

MEET THE STAFF

Improving the lives of people with spinal cord injuries depends on the efforts of a team of professionals who have dedicated their careers to care and research.



Meet **Rachel Byrne, MA**, research coordinator for Spinal Cord Injury (SCI) and Outcomes and Assessment Research at Kessler Foundation. Byrne joined the research team in 2007 as a research assistant after earning her Masters' degree in psychology, and assumed her current position in 2008. "I feel so fortunate to work with such inspiring researchers and participants on important topics of study for the SCI community," says Byrne.

Byrne has managed studies on a range of topics, including various quality of life projects, and the Northern New Jersey Spinal Cord Injury System's contributions to the national Spinal Cord Injury Model System database—the largest in the world of its kind. Byrne is the "glue" that holds many of the Foundation's research projects together.

She monitors data collection and follow-up, and takes steps to make certain the information collected is as complete and accurate as possible. Byrne's efforts help scientists make the best use of the data that research participants have generously provided. "My goal is to ensure that all research is carried out ethically, efficiently and accurately," she summarizes.

Byrne also serves as a liaison between Kessler Foundation and Kessler Institute for Rehabilitation, and supports the activities of researchers by assisting with requirements for human subject protection, grant applications, and scientific publications and presentations. "There are many ways for people with SCI to participate in research, and I welcome any questions people have about opportunities at Kessler." Byrne can be reached at SCIResearch@kesslerfoundation.org. 



Meet **Margaret Jones, MD**, and **Olivia Park, MD**, SCI fellows at Kessler Institute for Rehabilitation and Rutgers-New Jersey Medical School. The SCI Fellowship Program enables physicians to gain knowledge and experience in addressing the unique needs of people with SCI. Drs. Jones and Park provide specialized medical services to people with SCI at Kessler Institute for Rehabilitation, and collaborate on research projects with scientists at Kessler Foundation. Dr. Jones attended Tulane University School of Medicine, and completed her residency at the University of Washington. "I apply my skills as a college athlete and former Varsity collegiate coach to coaching my patients with spinal cord injury to meet their functional goals," says Dr. Jones. "The team at Kessler emanates excellence and I feel so fortunate to learn from the experts here." 



Dr. Park graduated from the Medical College of Wisconsin, followed by a residency at the Rehabilitation Institute of Chicago. "The welcome I received from physicians, therapists, researchers, ancillary staff, and patients allowed me to quickly integrate into the team that provides the exceptional patient care that Kessler is known for," says Dr. Park. "I'm excited to see what we can accomplish together."

The SCI Fellowship Program is supported by The Craig H. Neilsen Foundation, which plays an important role in training the next generation of SCI clinicians, and helps ensure access to high-quality care for people with SCI. The fellows are mentored by Steven Kirshblum, MD, who is medical director and director of SCI Services at Kessler Institute for Rehabilitation. 

SAVE THE
DATE



A Consumer Conference for
People with Spinal Cord Injury

Friday, September 23, 2016

9:30 AM – 4:30 PM

Kessler Conference Center
Kessler Institute for Rehabilitation
1199 Pleasant Valley Way
West Orange, NJ 07052

For more information, go to
www.KesslerFoundation.org/SCIConference

As part of our efforts to help people with SCI stay healthy, several members of our Northern New Jersey SCI System team have shared their expertise in factsheets that are available for free download on the web.

Bladder Health after SCI



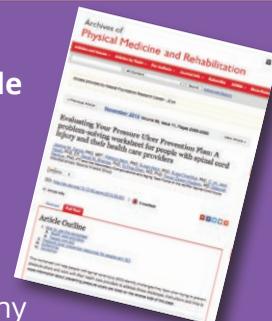
<http://www.msktc.org/sci/factsheets/bladderhealth>

People with SCI often have difficulty with bladder control. This fact sheet explains different methods of bladder management. These include using tubes that are inserted into the urethra only when needed to drain the bladder (intermittent catheterization), tubes that stay in the body (in-dwelling catheterization), and techniques that use pressure to help the bladder empty. Pros and cons of each method are presented. This resource may be particularly helpful for people with recent injuries and their loved ones, to help them understand why bladder problems are occurring and what management options are available. This fact sheet was written by two experts, Todd Linsenmeyer, MD, and Steven Kirshblum, MD, of Kessler Institute for Rehabilitation and the NNJSCIS. 

RESOURCE REFRESH: Bladder Management and Pressure Ulcer Prevention Resources

Evaluating Your Pressure Ulcer Prevention Plan: A problem-solving worksheet for people with SCI and their health care providers

[http://www.archives-pmr.org/article/S0003-9993\(15\)00217-8/fulltext](http://www.archives-pmr.org/article/S0003-9993(15)00217-8/fulltext)



Pressure ulcers are sores that develop near bony areas of the body when pressure or other forces cut off the blood supply to the skin or muscle. During rehabilitation, people with SCI are taught many different strategies for preventing pressure ulcers, including frequent weight-shifts, using special cushions or mattresses, checking their skin for signs of damage, and maintaining good nutrition. These strategies require knowledge, technology, and sometimes the help of others to implement successfully in the “real world”. This factsheet is designed to help people with SCI and their health care providers (therapists, doctors, and others) identify challenges to implementing pressure ulcer prevention strategies, so they can work together to find solutions and maximize success. Jeanne Zanca, PhD, MPT, and Trevor Dyson-Hudson, MD, wrote this fact sheet in collaboration with SCI experts from other rehabilitation centers. 

Surgical Alternatives for Bladder Management Following SCI

http://www.msktc.org/lib/docs/Factsheets/SCI_Bladder_Surgery.pdf



Sometimes people with SCI have problems with their bladders that make the use of traditional bladder management methods (like catheterization) difficult or impossible. These difficulties can lead to frequent accidents or harm the kidneys if urine is not able to be emptied appropriately. In some situations, surgery may be helpful. This factsheet describes the pros and cons of surgical procedures that use part of the intestine to enlarge your existing bladder or create a new, artificial bladder to redirect urine flow. People with SCI who are having difficulties with bladder management, and are interested in discussing surgical options with their health care providers will find this particularly helpful. Todd Linsenmeyer and Steven Kirshblum wrote this factsheet. 

CAREGIVER CORNER: Tips for Establishing a Successful Caregiving Relationship

Jeanne Zanca

Conducting research on caregiving gives me the opportunity to speak with people who have spinal cord injury, and the family members and hired caregivers who assist them on a regular basis. Much discussion centers on the importance of the caregiving relationship and the interpersonal dynamics that can drive success or failure. The following wisdom they've shared with me may be helpful to others:

1 Set expectations early. Being “on the same page” is very important for a team to function well. From the beginning, be specific about: what care tasks are needed and when, caregiving schedule (including arrangements for time off—particularly for family caregivers), how much notice is needed for changes in schedule, “ground rules” about cell phone use, handling of personal mail, reserving personal space for both parties, and any other topics of concern. The person requiring assistance and the caregiver should share in setting expectations that are mutually agreed upon. Checklists, contracts, or other mechanisms for documenting these expectations can be helpful reminders. Being able to refer to a previously agreed upon list can make discussions less awkward later if something isn't happening as planned.

2 Respect each other's expertise. Each member of the care team brings something to the table. Those who have lived with disabilities for awhile have learned what works well for them and what doesn't, and which subtle signs and symptoms may mean something is wrong. Caregivers may be in a better position to observe certain things the person with the disability cannot see. Pay attention and share what you observe. Being open to new ways of doing things can help both of you to be successful.

3 Step back and re-assess the big picture. Ask each other: how did the day go for you? What worked well? What could have been better? It's easy to get caught up in the details of day-to-day care. Taking some time to think about how things are going in general can help identify challenges and solutions that may improve many aspects of the care experience.

4 Explain not only WHAT needs to be done, but WHY. Handling supplies correctly can prevent infections that could be deadly. Where an item is put away can make the difference between a person with a disability doing something independently and being stranded. Explaining WHY something needs to be done a certain way can prevent perceptions of being “picky” or “bossy”. Explaining why something is important gives value to caregivers' efforts, conveys respect for their contributions, and increases the likelihood that things will be done the “right” way.

5 Acknowledge when things don't feel right. Explaining how to do something is not easy. People learn in different ways and everyone has misunderstandings at times. Watch each other for signs of uncertainty or frustration (furrowed brows, sighs, negative language or tone of voice). If something feels wrong, acknowledge it. A person directing care could say, “It seems like I am not explaining this well—how can I do this better?” A caregiver could say, “I don't feel like I am doing this right—can you tell me what I should be doing differently?” Getting these issues out in the open early on can avoid creating bigger problems.

6 Treat each other as you would like to be treated. Say please and thank you. Use a kind tone of voice and respectful language. Be patient. Acknowledge that everyone has good days and bad days. By treating each other well, the good days will far outnumber the bad. 

IN THE NEWS:

New Research Project Aims to Help People with SCI Get Back to Work

For many people with SCI, returning to work is a major challenge. Their rates of unemployment are much higher than in the general population. While states have vocational rehabilitation (VR) programs designed to help people return to work, the types of services they offer vary widely. Little is known about what services would be most helpful for people with SCI. A recent grant from the Craig H. Neilsen Foundation will help us determine the optimal timing for intervening, and the best services for getting people back in the workplace.



Trevor Dyson-Hudson, MD, and **John O'Neill, PhD,** of Kessler Foundation are working with Steven Kirshblum, MD, medical director and director of SCI Services at Kessler Institute for Rehabilitation, to establish a new program to help people with SCI compete successfully in the job market by preparing them during their inpatient rehabilitation.



The Kessler team includes a resource facilitator and peer employment mentors who will collaborate with the New Jersey Division of Vocational Rehabilitation Services. This program plans to serve 50 newly injured patients over two and a half years. The goals are to place 30 former patients in competitive employment, and to have the project completely self-sustaining after three years. If the program proves successful, it will serve as a model for the establishment of similar programs to help people nationwide.

To learn more about current services available through New Jersey's Division of Vocation Rehabilitation Services, call 609.292.5987, email dvradmin@dol.state.nj.us, or visit: <http://www.jobs4jersey.com/jobs4jersey/jobseekers/disable/> 

Kessler SCI Professionals Share Their Expertise at ASIA Meeting in Philadelphia

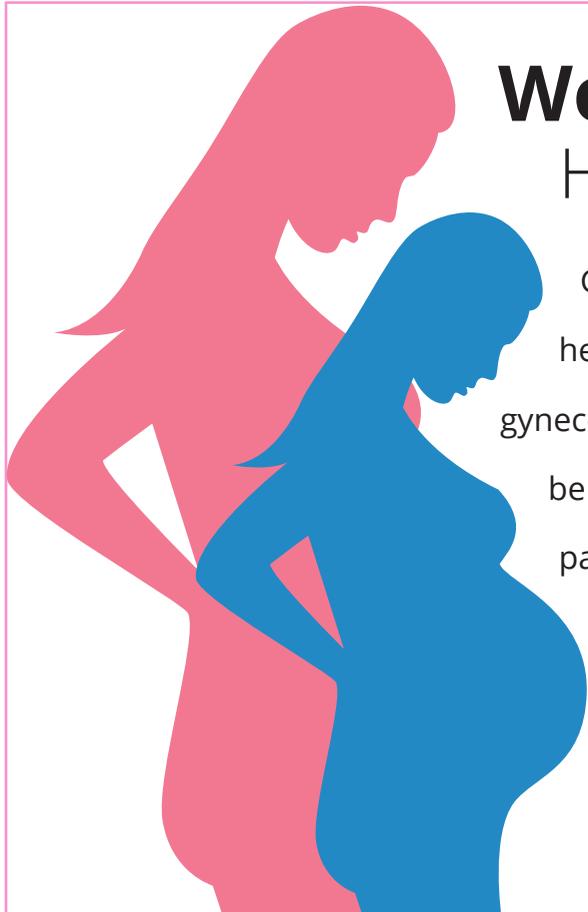
Kessler clinicians and scientists were in Philadelphia, PA, in April for the 2016 Annual Scientific Meeting of the American Spinal Injury Association (ASIA). ASIA is a major provider of educational services and clinical standards for professionals dedicated to spinal cord injury care and research.

The highlight of the four-day meeting was **Dr. Steven Kirshblum's** delivery of the Distinguished G. Heiner Sell Lectureship, named for Dr. Sell, who died in 1981 during his ASIA presidency. Dr. Kirshblum, an international expert in spinal cord medicine, is director of SCI services and medical director at Kessler Institute for Rehabilitation. Dr. Kirshblum inspired attendees with his lecture, "When You Come to a Fork in the Road: Lessons Learned and a Map for the Future."



Kessler researchers presented findings from their studies at the Northern New Jersey SCI System. Amanda Botticello, PhD, MPH, discussed "Geographic Variation in Long-Term Outcomes Following SCI", and Denise Fyffe, PhD, talked about "Racial/Ethnic Differences in Wheelchair Breakdowns and Consequences in SCI". Gail Forrest, PT, PhD, joined experts in robotics research to present "Exoskeleton-assisted Walking: Current Evidence and Clinical Translation". Jeanne Zanca, PhD, MPT, contributed to "Understanding What We Do: Improving SCI Research, Clinical Education, and Practice through Better Specification of Treatments", a course aimed at improving the standard of care for SCI.

Kessler clinicians and their colleagues shared their expertise in treating individuals with tetraplegia. Isa McClure, MAPT and Gabriella Stiefbold, OT, ATP, moderated a three-part Rehab Standards course on "Comprehensive, Interdisciplinary Upper Extremity Evaluation and Treatment". Karyn Baig, PT, DPT, taught an informative session on "Integrating Yoga into a Plan of Care for SCI". Learn more from this podcast: <https://soundcloud.com/kesslerfoundation/16dec15-integrating-yoga-with-spinal-cord-injury> 



Women with SCI: Help us Find Great OB-GYNs

Getting regular checkups is a critical part of staying healthy after SCI, but finding an obstetrician or gynecologist who is welcoming to women with the injury can be a challenge. If you've had a positive experience with a particular provider, please contact us at:

SCIResearch@kesslerfoundation.org to share your experience. We'll use this information to connect other women with SCI to providers who can meet their needs. Thanks so much for your help!

Seeking Participants with SCI and Chronic Pain for Web-Based Research Study

Experiencing CHRONIC PAIN after SCI? This RESEARCH opportunity is for YOU! Kessler Foundation researchers are studying how well two different kinds of web-based education programs reduce the extent to which chronic pain interferes with daily life and well-being. If you've had SCI for at least one year, and moderate to severe pain for at least 3 months—you may be eligible to participate. The study involves an in-person or telephone meeting with a physician, questionnaires, 1.5 hours of weekly online classes for 10 weeks, and homework assignments. Participants may receive up to \$570 compensation for their time. For more information, please contact **Jeanne Zanca, PhD, MPT, at:**

JZanca@kesslerfoundation.org, and ask about the study:

"Improving Functioning in Persons with Chronic Pain Post-SCI through Virtual Classroom Education".



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