March 6, 2013 - Government (budget) cuts begun March 1 will impact many segments of life for people with disabilities, according to Ray Cebula, senior Extension faculty member of Cornell University School of Industrial and Labor Relations' Employment & Disability Institute.

“For Americans with disabilities, sequestration impacts everything from education to transportation, housing and health care programs, due to the nature of these across-the-board cuts,” he said in an interview.

An estimated one in 10 Americans is disabled. Millions of Americans with disabilities are served by federal programs impacted by the sequester.

“Approximately 15,000 special education teachers could lose their jobs, resulting in larger class sizes. 70,000 children, many of them disabled, would be dropped from Head Start programs,” Cebula said.

Federal program spending cuts called “the sequester” were made law in 2011 by the Budget Control Act and went into effect on March 1. If the sequester continues to 2021, federal budget deficits would be reduced by more than $1 trillion, according to estimates.

Due to staffing changes related to sequester, Cebula said, Social Security Administration decisions on disability claims are expected to take two weeks longer. Decisions on disability hearings could take month longer.


February 7, 2013 - Companies that employ people with disabilities reap numerous benefits, according to a new report prepared by The Conference Board Research Working Group for Improving Employee Outcomes for People with Disabilities – a project funded in part by the Cornell University School of Industrial and Labor Relations’ Employment & Disability Institute. Key findings in the report:

• Managers who have supervised an employee with a disability are overwhelmingly likely to recommend hiring workers with disabilities.
• Over ninety percent of consumers are more favorable toward companies that hire people with disabilities.
• More than one in ten Americans has at least one disability. This share of the U.S. population is only expected to grow.
• Providing federally required accommodations for disabled employees is not expensive. In fact, in many cases employers had no direct costs.
• People with disabilities and their families represent a population of 54.7 million and earn an estimated $269 billion, representing a significant market in the U.S.
• Eighty-seven percent of consumers agree or strongly agree that they prefer to give their business to companies that employ people with disabilities.
• Employers need to develop improved metrics to further advance the hiring, engagement and promotion of employees with disabilities, including veterans.


**Participate in UAB-SCIMS Research**

The Effects of Virtual Walking on Pain in Spinal Cord Injury Patients - The University of Alabama at Birmingham Spinal Cord Injury Model System (UAB-SCIMS) seeks participants for testing a 3D-video simulation as a cost effective, home-based treatment option for neuropathic pain. Candidates must live in Alabama, be 19-65 and at least three months out from initial injury, and have chronic neuropathic pain at or below the injury level. Participants will receive payment for participating in the study. Contact Juliette Galindo at 205-934-3345 or jgalindo@uab.edu for more information.
Weight Management and Spinal Cord Injury: Nutrition
by Ceren Yarar, PhD

Research is clear that proper nutrition is a key factor in reducing obesity in the general population. Yet, there is limited research on the nutritional needs of people with spinal cord injury (SCI). So what do you do? Here are some answers to important questions to get you started.

Do I need to ask my doctor before changing my diet?

Absolutely! No popular diet program considers a person’s specific healthcare needs. Likewise, research only provides suggestions on what might be beneficial for a group – not the individual.

You must consider how your diet directly affects all of your health-related concerns. So you should talk to your doctor before changing your routine to help avoid problems.

What do I need to ask my doctor?

Ask your doctor to recommend a professional dietitian. This is because doctors know medicine, but dietitians (sometimes called nutritionist) know nutrition. A dietitian can help you understand the available SCI research and help you plan a diet to meet your needs.

Ask your doctor about following the Dietary Guidelines for Americans 2010 if dietary counseling is not possible. These Guidelines are not based on SCI research, but they are updated regularly to reflect the latest research findings in the general population.

How do I change my diet to lose weight?

You lose weight if you consume fewer calories than you burn, so you need to determine your daily calorie needs. What is half of your desired target body weight? Use that number in the formula (right) to figure the number of calories you need each day as a starting point to reach your target for weight loss. If you want to lose weight, reduce your daily calorie intake by 200-300 calories or participate in exercise programs.

How do I change my diet to improve my health?

You should adjust your diet to meet your calorie needs while eating a variety of healthier foods. The nutritional needs chart (see next page) can be your guide. It offers the daily recommended intakes of a variety of nutrients. There is also a check marking what nutrients positively affect some common problem issues you may have. Finally, you will find a few foods that are among the highest in nutritional benefit.

You might also consider a few behavior changes.

• Eat only when you are hungry.
• Eat healthy snacks between smaller meals so that you have something every 3 to 4 hours instead of every 5 to 6 hours.
• Stock your kitchen with healthy convenience foods and ready-to-eat snacks.
• Avoid eating late night.

How does nutrition improve problem issues?

Everything you eat and drink affects your health. However, your diet should meet some of the unique concerns of people with SCI.

Water should be your drink choice! It helps with preventing urinary tract infection, regulating bowel management, and keeping skin moist and supple. In addition to drinking water, fresh vegetables and fruits contain water.

Protein is essential to muscle and skin health. People who do not exercise regularly usually need only the recommended daily intake of protein. You may need

<table>
<thead>
<tr>
<th>Formula for People with Paraplegia</th>
</tr>
</thead>
<tbody>
<tr>
<td>1/2 Your Target Weight x 28 = Daily Calorie Intake to Reach Target Weight</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Formula for People with Tetraplegia</th>
</tr>
</thead>
<tbody>
<tr>
<td>1/2 Your Target Weight x 23 = Daily Calorie Intake to Reach Target Weight</td>
</tr>
</tbody>
</table>
more protein if you are more physically active. The increase is needed to gain and maintain the muscle mass. Your doctor may also recommend more protein if you have a pressure ulcer.

There are two types of fiber. Soluble fiber helps firm stool and reduce diarrhea. Insoluble fiber helps prevent constipation and infections of the gut. Remember to gradually adjust fiber intake to help avoid diarrhea and constipation.

Your diet should include a healthy balance of vitamins and minerals, but there are a few that are very beneficial.

- Calcium - your risk for developing osteoporosis increases as you age, especially if you are a woman. This increases your risk for bone fractures. Calcium helps reduce that risk.
- Vitamin D – it is essential for your body to absorb calcium. You get Vitamin D through diet, multivitamin supplement, and sunlight absorbed through the skin. However, you may not sufficiently absorb vitamin D through the skin below your level of injury. This means you need at least 10-15 minutes of daily sunlight on skin above your level of injury.
- Vitamin B12, folic acid and iron – they are needed to produce red blood cells and hemoglobin. This is essential in supplying oxygen to maintain the health of your skin and other organs.
- Vitamin C and zinc – they help your body fight infection and promote skin, muscle and bone health.

**Is diet all I need to do to be healthy?**

A healthy diet plays a key role in weight loss and overall health, but exercise adds even greater benefits. Health benefits of exercise are covered in the next issue of Push-in’ On.

### Author Bio:
Ceren Yarar has a BS in Physical Therapy and a PhD in Neuromechanics. She is currently a post-doctoral fellow at University of Alabama at Birmingham Nutrition and Obesity Research Center. Her research interest is to optimize exercise and nutrition strategies for metabolic and cardiovascular disease prevention in individuals with spinal cord injury.

**Note:** The facts stated in this article are taken from multiple research studies with research results published in multiple scientific journals. For references, please contact the editor (see next page).
The Phubby™ phone cubby conclusively eliminates the phumble by merging the anatomical wonders of a kangaroo and new-age fabrics. Just slip your hand through the Phubby™ and it is ready to act as a pocket cubby for your phone. Once your phone is in the cubby, the active wear Phubby has a special Lycra/Spandex mesh fabric with ‘touch’ technology that allows wearers to view and operate their cell phone without removing it from the cubby. Your cell phone is only a cufflink away, and you can slide your phone in and out of the concealed pouch as needed.

The Phubby is available in multiple colors with adjustable sizing band for medium to larger wrists

SOURCE: http://www.phubby.com

The FreeWheel is your ticket to safely and quickly roll on any type of terrain and not worry about bumps in the sidewalk, dirt, stones, mud or snow. It is the MUST HAVE piece of adaptive equipment for active outdoor users of a manual wheelchair with rigid footrest.

The FreeWheel comes with all you need to set it up on your chair. The initial installation may take about 15 minutes. After that the FreeWheel quickly and securely clamps to the solid footrest of your rigid-frame manual chair. Once attached, the FreeWheel gently lifts your front casters off the ground turning you into a 3-wheel, all-terrain chair.

With the FreeWheel you can safely push over surfaces that would typically be impossible! Instead of struggling or popping “wheelies” to go over grass, curbs, or down dirt trails, you can now safely push over almost any obstacle.

Not only does the FreeWheel make it easier to push yourself, it makes it easier for anyone who is pushing you and you’ll feel much more secure being pushed.

When you are not using the FreeWheel you can store it on the perch on the back of your chair.

SOURCE: http://www.gofreewheel.com

The University of Alabama at Birmingham Spinal Cord Injury Model System (UAB-SCIMS) provides Pushin’ On twice annually as an informational resource for people with spinal cord injury (SCI). Pushin’ On is available to subscribers via email and to everyone via the UAB-SCIMS website at www.uab.edu/sci. UAB-SCIMS Program Director: Amie B McLain, MD. Editor: Phil Klebine, MA