What did you think about when you were first told you had a spinal cord injury (SCI)? You may have thought about your family, money, work, sex, and many other things. You may have thought, “why me!” You may have also believed that you would soon be back to your old, “normal” self. If you are reading this article, however, you are probably not one of the few individuals who actually fully recover from injury. So, what are you thinking about now that you are living with SCI? This is an important question.

Adjustment is defined as adapting to a new condition. There are two areas of adjustment for individuals with SCI. First, you face coming to terms with the reality that you are a person with a new spinal cord injury. Second, you face a life-long process of adapting to the unique issues that arise after injury. Individuals who adjust well to their injury and adapt to the unexpected events in their lives are generally healthy, active, and happy. People who do not adjust well to their injury tend to be more unhealthy, inactive, and unhappy.

How do you know whether or not you are adjusting well to your spinal cord injury? The answer to this question may not be clear. The first thing to look at is how long you have been injured. It is understandable for individuals who are newly injured to have health problems. It commonly takes time for people who are newly injured to build enough strength to be able to participate in a full range of daily activities. Also, no one is expected to be happy when they are first told that they have an SCI. It is natural to grieve after a personal loss such as no longer being able to walk or use your hands. It takes time to get used to this loss. "When I was first injured, it was hard to grasp exactly how long I would be in this condition," says Preston Scarber, who has had C5 tetraplegia since the age of 14. "I had broken bones before, so I didn’t immediately realize that even after the bones healed, I would still be in for a life-changing experience. About six months after my injury, I acquired a more complete view of my new existence. Although difficult to face, this assessment allowed me to set goals in order to obtain my desires."

Although the adjustment process is different for everyone, it may take up to a year to accept the realities of being injured. If you
have been injured for a year or more, you can begin to look into other areas to find out whether or not you are having problems adjusting to spinal cord injury.

**Problems in Adjustment to SCI**

Centuries ago noted philosophers such as Epictetus and Confucius argued that what happens to people is not as important as how they think about those things. This means that what you *think* directly influences how you feel and how you act when something happens to you. Today, many counselors and psychologists teach this basic philosophy as a way to help people improve their way of living. Chart 1 is your guide to see how your thinking process can contribute to health problems, an inactive lifestyle, and feelings of unhappiness.

An *event* is when something happens to you. Everyone agrees that spinal cord injury is one of the most devastating of all traumatic *events*. An SCI can dramatically change your life. When you are first injured, you do not know what it means to be a person with a spinal cord injury.

Individuals who are newly injured do not usually know the facts about living with SCI. As a result, many make partially false or completely false assumptions about their new condition. These are really a series of unrealistic ideas, or *irrational beliefs*, about what life is like after injury. When you are having problems adjusting to your injury, it may be because you are holding on to these ideas for a prolonged length of time. You may have also accepted other unrealistic ideas as truth. Some examples of a few commonly held irrational beliefs are listed below:

- My life is over because I cannot live with any type of SCI.
- I must be able to walk and use my hands if I am ever again going to be happy.
- I am less of a person because of my injury.
- Because of my injury, it is now impossible for me to ever work or have a family.
- No one will accept, respect, or love a person with SCI.
- Everyone will take advantage of me because I cannot defend myself.

An emotion is what you are feeling. As you can see in Chart 1, your *emotional* response, or feeling, depends on what you think after an event. Feelings are neither good nor bad. It is normal to feel excited at times and sad at times. You may feel both sad and excited at the same time. Individuals who are newly injured may have extreme feelings like depression, anger, fear, and/or other emotional responses. These feelings are normal for someone who is newly injured.

The longer you keep false, unrealistic, irrational beliefs, the more likely it is that you are not adjusting well to your injury. This is because your feelings that are based on irrational thoughts usually lead to *unhealthy behavior*. If you continue to be depressed for a long period of time, you may isolate yourself from others and not take care of yourself. If you are angry, you may yell, scream, and verbally or physically abuse those around you. This can lead to further isolation because no one will want to be around you. If you are afraid, you may not want to participate in enjoyable activities. Often, individuals with a history of substance abuse may return to their old pattern of self-destructive behavior. Others may start drinking or taking drugs, but substance abuse is only an attempt to escape feelings.

These types of unhealthy behavior almost always lead to *unhealthy results*. When you neglect your personal care, you put yourself at high risk for developing a wide range of health problems like respiratory complications, urinary tract infections, and pressure sores that may take weeks, months, and even years to completely heal. These are very serious problems and, if ignored, limit your ability to participate in activities. In some extreme cases, you may die. If you use or abuse drugs and/or alcohol, you can develop other health problems, complicate existing health problems, put yourself at high risk for further bodily injuries, and jeopardize your relationships with others.

**Healthy Adjustment to SCI**

Now that you understand how negative, irrational thinking leads to unhealthy behavior, you can use Chart 2 to help you develop healthy ways of responding to events.

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*continued on next page*
No matter what the event, you know that it triggers ideas, thoughts, and/or beliefs. One of the major keys in adjusting to SCI is identifying the unrealistic, unfounded information and false assumptions. Next, you work to replace your irrational beliefs with rational beliefs that are based on true, realistic information. You can help yourself correct irrational beliefs by not…

… using always, never, and black-or-white thinking;
… over exaggerating (making something small into something big or something big into something impossible);
… focusing only on the negatives and ignoring the positives;
… thinking things “should” or “must” be a certain way; and
… trying to predict the future.

Here are some examples:

Irrational Belief - My life is over because I could never live with a spinal cord injury.

Rational Belief - Although I hope that my injury is not permanent and I fully recover, I know that many people do live with all types of injury.

Irrational Belief - I must be able to walk and use my hands if I am ever again going to be happy.

Rational Belief - I would prefer to walk and use my hands, but I know that my happiness depends more on “who I am” and not on what I can or cannot do physically.

Irrational Belief - Because of my injury, it is now impossible for me to ever work or have a family.

Rational Belief - Although there are some limits to what I can do physically, many individuals with SCI lead very satisfying lives. They have jobs; they have families; and I can too.

Once you begin thinking more rationally, you will have an emotional response, or feeling, that is different from those feelings that are based on irrational beliefs. Feelings based on rational beliefs often lead to more healthy behavior. But what is healthy behavior? It is the action that you take to improve your life. For example, healthy behavior is using good problem solving skills to adapt to the everyday problems that are part of living with SCI. This process is as simple as A-B-C.

A. Define the problem as clearly as possible.
B. Brainstorm: make a list of as many possible solutions as you can.
C. Review your list and pick a solution that you think is best.
D. Try out your solution.
E. Ask yourself, “Does it work?”
F. Try another solution if your problem is not solved.

More than likely, you will soon begin to notice more healthy results. When you take better care of your personal health, you have more of an opportunity to get out in the community and participate in enjoyable activities. You can work to solve the problems that prevent you from doing all those things that you desire. You may soon discover you are living a healthier, happier, more satisfying life.

Motivation

You may find it easier replacing your irrational beliefs if you have motivation for change. Individuals who are newly injured are usually motivated to participate in physical therapy by a desire to fully recover from their injury. When you do not fully recover, this motivation fades. Individuals who adjust well to life after their injury are then motivated by other personal desires. These desires are different for everyone, and only you can find purpose in your life. You might start by finding motivation to be healthy. This improves your chances of going to school, work, having a family, and being active in the community.

“When I get discouraged about my situation, I focus on the things I can control and the ways I can make it better,” says Shirley Estill, who has had T12 paraplegia since the age of 16. “Of course, I have times when I feel sorry for myself and indulge in self-pity. Then after a good cry, I move on to the things that make me feel better, like playing with my children or sharing a special moment with my husband.”

Conclusion

Your thoughts, feelings, and behaviors cannot change overnight. It takes time to adjust to life after injury. By avoiding irrational beliefs, you give yourself more opportunities to succeed and be more hopeful about your life. After all, you have control over what you feel by choosing how you want to think about your situation. You can be happy, but it will only happen when you work to make it happen.

Note

Adjustment to SCI: It’s all in Your Head was written by the editor and based on the technique of Rational Emotive Behavioral Therapy (rebt.org) and is to be used as a guide through the process of adjustment to SCI - not for treatment of any physical, emotional, and/or behavioral condition(s).
Q I’ve been injured for 10 months. My two young daughters don’t mind that I’m now in a wheelchair. But I think my wife is having a problem adjusting to my injury. What can I do?

A Since you don’t say what kind of problems your wife is having, it is difficult for me to address your question directly. However, I will discuss what you can do to help ease her adjustment to your personal changes as well as the changes required within the relationship.

You mentioned that your daughters have had little difficulty adjusting to your spinal cord injury (SCI). Children are naturally curious and have the ability to ask questions. They ask a lot of questions because they make few assumptions about your condition. This changes as children grow up. Adults become more inhibited by their own beliefs and often jump to conclusions. The problem is that these beliefs are often incorrect. It is important to note that the process of adjustment to your injury is similar for both the spouse and the person with spinal cord injury (see page 1). After all, you are both affected by your injury. You can help your wife identify the assumptions that she is having about your injury. The two of you can openly discuss how these thoughts are affecting your relationship. In time, hopefully, the two of you can reach a mutual understanding of how, together, you can overcome the situation and strengthen the relationship (For a specific example, see the next question).

Remember, the key to every successful relationship is communication. Open communication requires patience and trust on behalf of both partners. Did you and your wife communicate openly prior to your spinal cord injury? If you did, then there is a strong likelihood that you will return to your former manner of communication, and you will probably find that her adjustment to your injury will come along given time. However, if your communication style was based more on fear, mistrust, and deception, then both of you may benefit from professional counseling to help you improve your communication.

Q Last year my husband had a car accident and now has C5 tetraplegia. Is it possible for me to be the primary caregiver without losing the romantic intimacy that we share as husband and wife?

A Your concern is very real and one that many couples struggle with after an injury. Unfortunately, the answer is not so easy and will depend on two things.

First, it depends on your ability to “compartmentalize.” This means you put something, like a task or a thought, aside (in a box or compartment) for a specified period of time. Couples who keep the dual roles of spouse and caregiver separate are most successful. One way to do this is to have a routine that keeps the caregiving activities apart from those of a spouse/partner. Another way is to have a specific area or room devoted to intimacy and 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 husband are feeling romantic, you will be better able to see yourself as his wife and partner, and not as his caregiver.

The second thing to look at is what type of resources you have available. Many couples choose to avoid the overlapping roles entirely by hiring a personal care attendant (PCA*). This way, the spousal relationship is not affected by the caregiver role. You can find a PCA by placing an ad in the paper or putting up flyers at your local churches, hospitals, or assisted living facilities. If you live close to a college or university with a nursing school, you may find a student interested in being an attendant. However, many people cannot afford a PCA without financial assistance. You may qualify for programs that can help. Some agencies that you might contact are your state Vocational Rehabilitation office, your local Independent Living Center, the Department of Veteran's Affairs, and your private insurance carrier. Usually insurance will only pay for "skilled nursing care" and not attendant care. If you are going to receive any financial settlement for your injury, be sure to include your expected lifetime costs for a PCA.

Note: Dr. Rivera is a Rehabilitation Psychology Postdoctoral Fellow with the UAB Department of Physical Medicine and Rehabilitation.

* To receive your free InfoSheet #6 on Personal Care Attendants, send a self-addressed stamped envelope to the address on page 8 or download free from the internet at http://www.spinalcord.uab.edu/show.asp?durki=21479.
There was a lot of response to the last issue of Pushin’ On. Many readers of “It Takes Work to Get a Job” called for information on Vocational Rehabilitation Services (VRS). Many readers of “Incentives to Get You Working” were surprised by the work incentives offered by the Social Security Administration (SSA). However, most everyone wanted to know more, so this article briefly highlights other incentive programs that may help individuals with spinal cord injury (SCI) maximize their independence.

**Plan for Achieving Self-Support (PASS)**

PASS is a little known SSA program that allows individuals with disabilities to prepare a written plan to use money to reach an employment goal. You can qualify for a PASS if you answer “yes” to all of the following questions:

1. **Do you want to work?**
   
   You must write a plan that outlines what kind of a job you are seeking, what kind of training or education you will need to prepare for the job, and what, if any, related equipment or supplies you may need for the job.

2. **Do you have a disability?**
   
   You will be asked to provide written proof of your disability. A general letter from your doctor outlining your medical condition may be necessary.

3. **Do you have or expect to have another source of income besides Supplemental Security Income (SSI)?**
   
   A PASS allows you to keep Medicaid coverage and use SSI income to cover the cost of living expenses. You do not lose SSI if your assets are beyond the set limit, which is usually $2,000 for one person and $3,000 for a couple. You get to use other money from Social Security, Social Security Disability, a part-time job, or other income to save and spend toward your goal of employment. This includes work-related expenses like books, tuition, job training, wheelchairs or other adaptive equipment. You can also save money to start your own business or for a down payment on a car or van.

The PASS program can be complicated and has strict regulations. You should make an appointment with a Social Security representative to talk with someone who is familiar with PASS. For more information, call 1-800-772-1213 or go to [www.ssa.gov/online/ssa-545.html](http://www.ssa.gov/online/ssa-545.html).

**Buying a Car or Van**

Lack of transportation is a major issue for many individuals with SCI. Public transportation does not exist in all areas and is often limited and unreliable where it does exist. There are some people who could, and would, drive if they had the money for a car or van. The problem is many cannot afford the high monthly payment for a car or van. However, most large automakers such as Chevrolet, Ford, and Chrysler offer extended financing for people with disabilities to help bring down the monthly payment. Those who qualify get extended financing from between 72 to 96 months. This means you can stretch payments for up to three years longer than most payment plans. Automakers may also provide a small rebate (usually up to $1000) for selected adaptive equipment. Talk to your area dealership if you are interested because every program is different.

**Home Financing**

Owning a home is the American dream for most people. This is usually a dream never realized by many people with disabilities because they have low to moderate incomes and limited savings. Fannie Mae's HomeChoice program helps individuals with disabilities overcome these obstacles. The Fannie Mae Foundation works with lenders, mortgage insurers, state and federal government agencies, and nonprofit organizations across the country to help find various programs to assist with down payments, closing costs, cost for modifications, and other costs necessary to buy a home. This process is very complex, so talk to a professional if you want to buy a home. To find a housing counselor in your area, contact Fannie Mae HomePath® Services at 1-800-732-6643 ([www.homepath.com](http://www.homepath.com)) or the National Home of Your Own Alliance at 1-800-220-8770.

**Conclusion**

The overall goal for most individuals with SCI is to have all those things that most everyone wants in life: a job, family, and a home of their own. There are many more programs available to help you reach your goal. Many of these programs are hard to understand. You may have to provide proof that you have a disability. You may be asked to provide personal financial information. Before you can qualify for a program, you must know the process and requirements of the organizations providing the assistance. It is up to you to investigate all of the programs to find and use the ones that are right for you. When you reach a point when you are truly as independent as possible, you will see that it was all worth the effort.
This column provides an update of current research being conducted by the UAB Rehabilitation Research and Training Center on Secondary Conditions of Spinal Cord Injury. The work is supported by grant #H133B980016 from the National Institute on Disability and Rehabilitation Research, Office of Special Education and Rehabilitative Services, U.S. Dept. of Education, Washington, DC.

This is an ongoing study being conducted by Dr. Timothy Elliott and Dr. Richard Shewchuk from the University of Alabama at Birmingham. The information found in this article may change. For information on participating in this study, call 205-934-3283 or email rtc@uab.edu.

This is an ongoing study of the long-term effects of the relationship between persons with spinal cord injury (SCI) and family members who serve as their caregivers. The goal of this study is to reach five broad objectives:

- To gain a better understanding of the physical and emotional relations between care needs of persons with SCI living at home and the physical and emotional health of their caregivers over a one-year period.
- To determine how attitudes of persons with SCI and their caregivers systematically relate to health and quality of life outcomes over time.
- To gain a better understanding of how persons with SCI living at home and their caregivers see a variety of problems that they are likely to encounter over the course of a year.
- To determine the usefulness and the cost effectiveness of videoconferencing as an in-home therapy treatment.
- To gain information that can be used to identify individuals at risk for physical and emotional secondary complications of SCI.

**Methodology**

Participants age 18 and older are being recruited within the Birmingham, Alabama metropolitan area. Individuals having an SCI for at least six months can participate if they also have a family caregiver living with them.

Those selected to participate are visited in their home before they begin in the study. Project staff members review each participant’s personal history and physical health. Both the person with SCI and their caregiver are tested on current psychosocial functioning and social problem solving abilities. They are given the Mini Mental Status Examination to detect possible mental difficulties. Anyone lacking the ability to understand the questions being asked and those with signs of significant impairment are excluded from further participation. Finally, participants are also asked to identify important problems by doing an index card-sorting task (Q-sort). These cards have problems written on them, and participants are instructed to stack the cards in any way and label each stack of sorted cards. A staff member records the individual problem statements comprising each sorted stack so that the information can be used later.

The selected participants are randomly placed in either an education-only control group or an intervention group. Those in the control group receive scheduled educational mailings of information regarding adjustment to SCI. The materials focus on self-care and services available in the general area. The control group is also asked to telephone the project coordinator for other information or advice.

Persons assigned to the intervention group are taught to use a videoconferencing device, which is provided free and installed in their home by the project staff. All family members are then coached within a problem-solving format to address the specific problems identified in the Q-sort obtained on the first home visit. The project coordinator schedules monthly appointments via videoconference to meet with the person with SCI and caregiver to review current progress and provide further problem-solving training.

The project coordinator revisits all participants after six months to complete a second assessment. The measures from the first assessment are repeated. Information is gathered from the participant’s self-report and subsequent contact with caseworkers and clinics (if needed). All participants are paid a small sum for their involvement at the first and final assessment.

**Preliminary Data**

A set of 25 participants has been enrolled in this ongoing study. Of the 25 caregivers, 23 are female and 2 are male. 7 are African-American caregivers and 18 Caucasian.

*continued on next page*

**Note**

This is an ongoing study being conducted by Dr. Timothy Elliott and Dr. Richard Shewchuk from the University of Alabama at Birmingham. The information found in this article may change. For information on participating in this study, call 205-934-3283 or email rtc@uab.edu.
The average age of the caregivers is 49, with a range from 20-81 years of age. Caregivers have an average of 12.3 years of education, with a range of 6-18 years. Most of the caregivers are wives, followed by mothers, grandparents, siblings, and others (husbands, fathers, daughters, friends). 12 caregivers are employed (10 full-time, 2 part-time) and 13 are not. A majority, 19, of the caregivers is married. 2 are not married, 2 divorced, and 2 widowed/sepertated.

As for persons with SCI, 18 are male and 7 female. 12 people have cervical injuries, 12 thoracic, and 1 lumbar injury. 15 injuries are complete with 10 incomplete. 7 persons are African-American and 18 Caucasian. The average age of persons with SCI is 40 with a range of 18-72 years of age. The average education is 12 years with a range of 3-18 years. 3 people with SCI currently have jobs (2 full-time, 1 part-time) and 22 are unemployed. 12 are married, 11 are not married, 1 separated, and 1 divorced.

**Anticipated Research Results**

Past research indicates that problem solving abilities of persons with SCI and caregivers are directly associated with the occurrence of preventable secondary complications in the patient (e.g., pressure sores, urinary tract infections). This is also true for depression and acceptance of injury as well as caregiver adjustment. Those participating in the intervention group are expected to have less depressive behaviors and fewer secondary complications than those persons and caregivers in an education-only control group. The use of videoconferencing is also expected to be a cost-effective tool for promoting psychosocial health services. Finally, this study is expected to provide insight into the nature of the relationship between caregivers and persons with SCI by examining the unique ways in which members of each group perceive and understand the problems they encounter.

**Conclusion**

Once completed, the information from this study may result in the development of useful intervention materials that can be used in identifying and treating persons living at home who are at risk for secondary complications. Through this intervention, this information may then help health care systems reduce costs while improving services.

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**Registration for UAB RRTC Teleconference on Aging with SCI**

**Agenda:** Speaker will address topic for about 55 minutes followed by up to 30 minutes of Q&A.

**Sponsors:** UAB Department of Physical Medicine & Rehabilitation, UAB RRTC on Secondary Conditions of Spinal Cord Injury.

**Cost:** Registration is free. Callers are only responsible for the cost of long distance telephone charges to area code 205.

**Credit:** CRC/CCM & RN credit pending. Specifics on how to apply for credit will be mailed with registration confirmation. (administrative processing fees for credit certification may be charged)

For more information or to register, go to [www.spinalcord.uab.edu/show.asp?durki=35346](http://www.spinalcord.uab.edu/show.asp?durki=35346) or email [scirsctc@sun.rehabm.uab.edu](mailto:scirsctc@sun.rehabm.uab.edu), type in Subject, “Registration for Teleconference,” and include the information requested below in the Body of the Email.

**Topic:** Aging with SCI: What the Practitioner Needs to Know (for professional audience*)

**Speaker:** Bryan J. Kemp, PhD, Director of the Rehabilitation Research and Training Center on Aging with Spinal Cord Injury, Rancho Los Amigos National Rehabilitation Center, Downey, California.

**Time:** February 6, 2001, 3pm ET/12pm PT

* Consumers may also participate, but registration is required. Informational handouts and the Teleconference phone number will be provided after Registration Form is received.

**Mail To:** RRTC on Secondary Conditions of SCI 619 19th Street South - SRC 529 Birmingham, AL 35249-7330

**Fax Registration Form To:** 205-975-4691

**2001 Teleconference Registration Form**

**Pre-registration is Required! (Limit of 30)**

| Name | | |
| Address | | |
| City | State | Zip |
| Email | | |
| Daytime Phone | | |
| Fax Number | | |

Advance Question for Speaker

Complete and return this registration form at least 2 weeks prior to the desired Teleconference.

Do you wish us to reply by Mail ____ Email ____ Fax ____
Announcements

Web Resources

Pushin' On, published twice a year, provides information on spinal cord injury to individuals with SCI, their family, and rehabilitation service providers. It is distributed free of charge. Reprints are permitted with prior approval. Alternate formats available on request.

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RRTC Project Director: Amie B. Jackson, MD
Editor: Phil Klebine, MA

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Postmaster send change of address to:
Office of Research Services
UAB Spain Rehabilitation Center
619 19th Street South - SRC 529
Birmingham, AL 35249-7330
Phone: 205-934-3283 or TDD 205-934-4642
Email: scirtc@sun.rehabm.uab.edu

Pain Treatment

UAB is seeking volunteers for a clinical trial for the treatment of pain among individuals with spinal cord injury. Payment for participation is available with free evaluation and medication. For details contact Dr. John Putzke at putzke@uab.edu or 205-934-3454.

Pushin' On is also available on the SCI Information Network web site at www.spinalcord.uab.edu and the Fax Information System at 205-975-8376. Call from your phone/fax machine and follow the voice menu options to receive various materials. The web site and fax system offer other free SCI materials like Research Review, Research Update, and 18 InfoSheets on secondary conditions of SCI. Alternative formats are available.

SCI Email Distribution - You can be notified via email as new and updated SCI material from UAB becomes available; email scirtc@sun.rehabm.uab.edu and type "subscribe to SCI email distribution list."

Resources

Caregiver Issues

COFFEE: www.nahc.org/
COFFEE: www.caregiver.org/
COFFEE: www.spinalcord.uab.edu/show.asp?durki=22535
COFFEE: www.craighospital.org/C_Research/c21_longtermCareGivers.html
COFFEE: www.newmobility.com/review_article.cfm?id=79&action=browse
COFFEE: www.newmobility.com/review_article.cfm?id=271&action=browse

Adjustment to SCI

COFFEE: www.altarfire.com/
COFFEE: www.lsi.ukans.edu/rtcil/depress.htm
COFFEE: www.spinalcord.uab.edu/show.asp?durki=21682
COFFEE: www.craighospital.org/C_Research/c10g_quality.html
COFFEE: www.newmobility.com/review_article.cfm?id=14&action=browse
COFFICE: www.shepherd.org/shepinfo/depts/research/abstract/layabstr/l_mls.htm
COFFICE: www.shepherd.org/shepinfo/depts/research/abstract/layabstr/l_mort.htm

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RETURN SERVICE REQUESTED

Video

After SCI - The Return to Yourself from the Paralysis Care Network, The Turnstone Center, 3320 N Clinton, Fort Wayne, IN 46805. Phone 219-483-2100. Free to individuals with SCI.

EatRight for SCI Weight Management - UAB is asking individuals with SCI to participate in a weight management and wellness program. Free 12-week series of nutrition classes, exercise sessions, and sample menus. Free evaluation. Participants must be injured for at least one year, approximately 15% or more above the ideal body weight, and able to visit UAB once every week for 12 weeks. Transportation service is available upon request. For details contact Dr. Yu-ying Chen at yychen@uab.edu or 205-934-3329.

SCI Health Education Multimedia Series - UAB has a series of slideshows available FREE on computer CD and at www.spinalcord.uab.edu/show.asp?durki=28921. Current topics include Functional Goals following SCI & Preventing Pressure Sores through Skin Care. Three more topics are coming in 2001. Call 205-934-3283 or email scirtc@sun.rehabm.uab.edu for more information.

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