It is with a great deal of pleasure that I am able to report that the University of Michigan has been able to maintain its status as one of 14 Spinal Cord Injury (SCI) Model Systems around the United States. Researchers in the Department of Physical Medicine and Rehabilitation (PM&R) in collaboration with our colleagues at the Ann Arbor Center for Independent Living (AACIL) received a five year, 2.4 million dollar award from the National Institute on Disability and Rehabilitation Research (NIDRR), U.S. Department of Education, to conduct research that improves the lives of persons with spinal cord Injury (SCI).

Dr. Tony Chiodo and I will continue to serve as Co-Directors for the grant and will provide leadership to this project. We are being joined by co-investigators Drs. Tulsky, Kalpakjian, Meade and Rodriguez from the Department of PM&R as well as Dr. Cameron from the Department of Urology and Dr. DiPonio from the Ann Arbor VA. The grant also benefits from the support and collaboration of Dr. William Chey from the Division of Gastroenterology at the University of Michigan Hospital and Health Systems, Dr. Noreen Clark from the UM School of Public Health and Center for Managing Chronic Disease, and Dr. Andrei Krassioukov MD, PhD, FRCPC, Associate Director and Scientist, at ICORD and the GF Strong Rehabilitation Centre, University of British Columbia.

While in the last cycle we worked to promote quality of life after SCI by preventing and treating depression, this time our grant focuses around understanding and preventing complications of neurogenic bowel and bladder. The importance of this topic for individuals with SCI was emphasized by our SCI Model Systems Advisory Council Members and AACIL colleagues. However, it was the clinical relevance of the issue and belief that we have the expertise here at UM to address gaps in the research and make a difference that led to its final selection as the focus of our system.

One concept in the existing literature, in particular, resonated with us and influenced the design of project activities. In 1997, Stiens and colleagues wrote, “It is crucial to remember that the patient must take a leadership role in building a bowel program that incorporates a life-compatible bowel care schedule. Our job is to educate him/her about altered physiology after SCI and to empower him/her to construct a bowel care regimen that he/she can live with” (page S-86).

The two research studies in the UM SCI Model System focus on understanding and addressing not only physiological factors (such as injury level or severity) that influence bowel and bladder management and complications, but also the contextual factors and personal behaviors that effect health and quality of life. Other SCIMS project activities include continued involvement in the national SCI database, involvement in collaborative modules in partnership with other SCI centers around the United States, and dissemination and knowledge translation activities.

The UM-SCIMS has been successfully funded since 1985 and provides a “home” to all persons with SCI who receive their care at the University of Michigan Health System. We work to regularly keep in touch with those interested in being part of our SCIMS family, to monitor clinical issues and collect key
Remembering and Celebrating Steve Birch
An Interview with his wife, Patty Zuba

Steve Birch passed away on Aug 15, 2011. This article is based on the thoughts and memories shared by his wife, Patty Zuba, on Steve’s life, the joy they shared and the difficult decisions that they made along the way. Patty and Steve were married for 20 years and have one son together, Joshua. Steve is also remembered and missed by his daughter, siblings, parents and a huge number of friends.

Tell me a little bit about Steve and how he acquired his spinal cord injury:

It was August 19th 1990 when Steve Birch went to Michigan International Speedway with his best friend. They were “partying” - like most people do at the races - and they might have been partying a little more than normal because it had been raining all day, delaying the race several times. During one such delay, Steve and his friend saw several ladies slipping-and-sliding in the large mud puddles so they decided to do the same thing to get attention. Unfortunately, when Steve tried to slip-and-slide, he ended up losing his balance and actually dove into a 4-inch mud puddle. This caused a spinal cord injury (SCI) at the cervical C5-6 level as well as pneumonia from swallowing water and mud during the accident.

Prior to his injury, Steve had been divorced and had a 9 year old daughter and spent weekends with her as well as visiting with his parents, siblings and friends. He worked full time at a book binding company on the large presses. Steve loved the outdoors. He enjoyed hunting, fishing and camping, as well as sports - especially U of M sports. Unfortunately, since his divorce, he also spent much of his time “partying” - using drugs and drinking.

I will never forget seeing the referral “30 year old C5 spinal cord injury and pneumonia secondary to diving into a 4 inch mud puddle”. As an occupational therapist on the Rehab Unit, my initial thought was “what an idiot” – at least until I met him on intensive care. Steve was laying there in a halo jacket, trying to communicate with others while having the “inconvenience” of being orally intubated. He did a great job at mouthing words and communicating with his facial expressions.

How did Steve react to and handle his SCI?

Despite everything that had happened to him, Steve was determined to make “the best out of the situation” and was going to fight to get his life back together. Although he was not proud of what had led to his injury, he knew that he could only blame himself for the situation and he was going to use this as an opportunity for a new beginning.

Steve spent 5 ½ months at the University of Michigan hospital and rehab center. He had a lot of friends and family who always supported him and who helped him to laugh and to keep a positive attitude. He worked very hard to be as independent as he could so he did not have to burden his family or friends.

Despite his limitations from his injury, Steve was discharged to an apartment in Milan that was in close proximity to his grandparents, aunt, and most importantly, his daughter. Although he was scared to leave the hospital and start his new life, he was determined to be independent again. He continued occupational and physical therapy at MedRehab to maximize his function and later went to the UMHS return to work program (CORH).

Five months after his discharge Steve was able to get back to work for his old employer, though in new
position (now as Quality Control Technician) since he could no longer work on the bindery presses due to his SCI. He wound up using the Milan transit system to take him from his apartment to his job and back home again. It wasn’t until two years later that he wanted to get his own vehicle and be able to drive again. Steve was so proud of himself because he was able to successfully complete driver’s training and purchase his very first ever brand new vehicle. Michigan Rehabilitation Services helped with the funding for the vehicle modifications.

During all this time Steve was able to remain sober and drug free. He also continued to spend time with his daughter every other weekend.

Tell me about your relationship

After he was discharged from inpatient rehab, Steve and I began to develop a real friendship which continued to grow. After he had gone back to work, he asked me to go to his annual work party as his “date” and from that time on we knew we were meant to be a couple. Steve’s disability did not keep him from doing what he wanted to do! We traveled, camped, fished, went to concerts and basically did what most couples do.

Although he did not initially want to have another child because he felt he would not be a good dad to an infant because of his limitations, we did agree to try. After about three years of trying to get pregnant we were blessed with the greatest gift ever, our son Joshua. Steve was able to see that his disability did not interfere with him being a father! Joshua would many times settle down when he was crying with the sound from Steve’s power wheelchair or even the sound of his voice.

I will never forget the looks on Joshua’s and Steve’s faces when Joshua climbed up daddy’s lap for the first time. I do not know who was happier. Steve loved spending time with Joshua teaching him how to do things that any father would teach - especially the fact that “what really matters is the person inside and not what you may see on the outside,” and that “if you want something you have to work hard for it and it will happen.”

What happened with Steve’s health and what choices did he have to make?

Steve remained pretty healthy until right after the birth of Joshua then began to experience one medical complication after another. First, they found a cancerous tumor in his left kidney. For treatment, he had a nephrectomy which eliminated the cancer.

Three years later Steve noticed that his functioning was getting worse, which he learned was likely related to shifting of his original spinal stabilization. As a result, he underwent emergent surgery of his spine - a C3-T3 posterior spinal fusion after which he spent time on the rehabilitation floor again to regain his independence.

Shortly after the surgery, he began to experience frequent episodes of pneumonia secondary to aspirating his food. Steve had to make the decision to either have a feeding tube placed or have continued pneumonias from aspirating on food. He chose to get the feeding tube but could not give up eating completely. As a result, he continued to struggle with several hospitalizations due to aspiration pneumonia.

The accumulation of the aspiration pneumonias and continued need to smoke “for his nerves and stress management” led to additional scarring of his lungs, which now required “a rest break” through the use of a CPAP machine at night. Since Steve could not tolerate anything on his face and was unable to remove the CPAP mask independently, he chose to have a tracheostomy and to use night-time ventilation. This gave his lungs a chance to rest while he was on the vent and allowed him to conserve energy for breathing on his own throughout the day. He made this plan so he would have more energy to spend the precious time he wanted to spend with Joshua and me.

It worked for about 6 months. But on August 1st of this year, Steve had 2 massive seizures that left him unresponsive for days as a result of sepsis. After being on just about every antibiotic imaginable, Steve finally started to wake up. Unfortunately, his kidney began to fail and when they attempted to put a stent in it to improve functioning, they found a large tumor in his bladder.

Now we were faced with going to surgery again to remove the tumor as well as being on the ventilator permanently - something Steve did not want to do. He was too weak and was too tired to fight any more. He had had 21 years more of a life than he should have had from his first accident and he did not have it in him. Steve was so brave to have made this decision - he knew he would be leaving Joshua and I behind but he did not want us to fight anymore with his declining health or be a burden to us because he could no longer be independent. He could not eat, he had no energy to breathe and now he had to fight cancer again.

We had many talks at the bedside and we let the doctors know his wishes to come off the ventilator and to not have the surgery to remove the tumor. In his final days, Steve, Joshua, Erica (his daughter) and I prayed and reminisced about our life together as a family. We were all able to tell each other what we wanted and needed to.

Steve was so brave and independent even in his final hours of life. He did not give up - he just went to his new life. As our son Joshua said, “Do not cry Mom. Dad is free now. He can walk again and not be sick anymore.”
Anti-Depressants, Depression and Spinal Cord Injury

By: Anthony Chiodo, MD

**Q** What is an anti-depressant?

**A** An anti-depressant is a medication used to treat mood disorders, such as depression and anxiety.

**Q** How do these medications work?

**A** The most common anti-depressants work by decreasing reabsorption of important chemicals in the brain, called neurotransmitters. Often the neurotransmitters that are targeted are serotonin and norepinephrine, as depleted levels of these chemicals appear related to depression.

**Q** How effective are these medications?

**A** There is some controversy about the effectiveness of the anti-depressants with regard to what symptoms are improved and to what degree they are improved. Some studies show that in patients with major depression, only about 30% are effectively treated with the first medication prescribed. An additional 30% of patients may respond if changed to a different medication or if another medication is added. There is some question whether patients who only have depressive symptoms and don’t have major depression are effectively treated by these medications at all. In addition, there is little research on the effectiveness of anti-depressants on populations other than young able bodied females. One of the reasons for our recent study of anti-depressants in spinal cord injury is that no controlled trial of these medications in a population of people with spinal cord injury is unknown.

**Q** When should I consider taking an anti-depressant?

**A** It is rare that someone will go through their entire life and never experience an episode or period of decreased mood. Psychosocial and personal setbacks are common, and may lead to a transient decrease in mood. Managing these episodes rarely requires the use of medication.

However, an anti-depressant should be considered if symptoms of depression including low mood, lack of motivation, social withdrawal, sleep disturbance or appetite disturbance interfere with daily functioning. Daily functioning includes work, family life, health, and interest in hobbies and recreation. The minimal length of time in which problems should have continued before medication should be considered is generally thought of as about two weeks, although this is just a rough guideline. Clinical decision-making is commonly dependent on the patient’s situation and severity of symptoms.

**Q** What are common side effects?

**A** Common side effects of anti-depressants include drowsiness, nervousness or anxiety, insomnia, decreased appetite, weight gain, dry mouth, and sexual dysfunction. Psychological side effects include emotional blunting, apathy and difficulty maintaining emotional attachments. Medications that effect norepinephrine uptake might also increase blood pressure. A rare but worri-

**Q** Are anti-depressants the only treatment for these symptoms?

**A** Psychological counseling is an appropriate treatment for patients with depression. The addition of an anti-depressant will depend on whether strategies developed in counseling are effective in preventing depression from interfering with daily functioning. In addition, depression may interfere with the patient being able to take advantage of the interventions in psychological counseling so that medication will be used together to maximize effectiveness.

**Q** Are there problems that mimic depression that need to be evaluated prior to starting an anti-depressant?

**A** Yes, and that is why the starting of an anti-depressant begins with an evaluation with your doctor. A variety of health problems can cause similar symptoms, including low thyroid levels, low testosterone levels in men, anemia, chronic viral infection just to name a very few. Your doctor will need to evaluate you to be sure you don’t have any of these common problems before starting you on medication.

**Q** Once the medication is started, how long does medication treatment usual last?

**A** Current research shows high rates of reoccurrence of depression among patients who stop using anti-depressants. Therefore, it is important that the factors that contributed to the onset of depression be considered before a decision is made. Most clinicians would support continued treatment for at least 6-12 months as an optimistic estimate, with longer treatment for patients who experienced more severe symptoms at the time of onset.

**Q** Are anti-depressants used for problems other than depression?

**A** Yes. Tricyclic anti-depressant medications are used to relax the bladder in patients with an over active bladder. They are also used at low dose as a sleeping aid. Serotonin and norepinephrine reuptake inhibitors such as venlafaxine and duloxetine have been shown to have some effectiveness in the treatment of neuropathic pain after spinal cord injury.
Emotions and Self-Management of Spinal Cord Injury

By: Lisa Konkol, MPH & Linton Cuff, B.S.

Along with a spinal cord injury (SCI) comes uncertainty and change—change in the way you care for yourself, change in the way you do things, change in how often you interact with health care professionals, change in plans for the future, and change in emotions.

Many of these emotions are negative and may include anger (Why me?) or depression (I can’t do anything anymore or What’s the use - I can’t do what I want to do). It may be hard not to have a depressed mood when you have a spinal cord injury. Fears and concern about the future, about maintaining independence, and about family may bring on depression and low self-esteem. But holding on to the belief that nothing can be done is a guarantee that nothing will be done. Such beliefs create a cycle of hopelessness and depression, leading to greater disability and poor health outcomes.

The good news is that you can do something. What you do is determined by how you think about your emotional health, your SCI and your responsibility for actively making changes in your life. Your thoughts affect how you handle or manage your SCI. Dealing with a SCI means learning skills to manage it and part of being an active self-manager is learning to deal with your emotions.

While studying people with conditions like arthritis, diabetes, and stroke, researchers have found that people can learn ways to deal with symptoms of emotional stress like depression, fear, or uncertainty. Beneficial techniques include focusing on deep breathing, visualizing a peaceful place, or even meditation. By setting a goal to practice these skills, people have been shown to be able to improve their confidence in their ability to manage stress while reducing symptoms of stress and depression. Research also shows that active self-managers are better able to deal with their negative emotions and improve overall well-being. While few studies currently exist on the effectiveness of self-management skills among individuals with SCI, it is clear that the way we deal with our emotions can play a role in our health outcomes and quality of life.

Of course, preferences for the types of self-management strategies that people with SCI are willing to try may also play a role in dealing with emotions, particularly in the prevention or management of depression. Because very little is known about the problems that are associated with the treatment of depression for individuals with SCI, we can’t provide a definitive list of what things that can be done to deal with it.

However, UM SCIMS researchers, in partnership with those at the University of Washington and The Institute for Rehabilitation Research (TIRR) in Houston, Texas are now beginning to take a closer look at the preferences of individuals with SCI in order to get a better idea of how to approach the treatment of depression in this group. A total of 206 respondents were asked about their likelihood in engaging in various depression management strategies. Overall, researchers found that participants preferred to manage their depressive symptoms through a moderately-hard aerobic exercise program as opposed to other forms of treatment such as medication or group counseling. Prior experience with one form of treatment over another seemed to influence treatment preference. The researchers also discovered that educating patients with SCI about the various types of treatment and their effectiveness may improve treatment outcomes.

These findings suggest that preferences for treatment may be a key to understanding what will or will not work. The research also serves to emphasize the importance of patient-centered health care and shared decision-making between patient and provider in the treatment of depression. For the future, we can learn from what has been done to deal with depression and apply techniques of self-management to those with spinal cord injury.

Dealing with a spinal cord injury means learning skills to manage it. Part of being an active self-manager is learning skills to deal with your emotions.
Update on our 2006-2011 Research Projects

By Martin Forchheimer, MPP and Denise Tate, Ph.D., ABPP

As we at the UM SCI Model Systems begin work on our new grant, we are also completing work on the research projects that we conducted during the past five years. Our funding agency, the National Institute on Disability and Rehabilitation Research (NIDRR), required that all SCI Model Systems conduct one local project and participate in at least one multi-center study (also referred to as a module). Most sites participated in two or three of these multi-center studies; we at U-M participated in five, more than any other Model System, and also extended the scope of our local, or site-specific project. Below is a description of these studies, their current status, and our plans for completion.

Assessment of the Efficacy of Venlafaxine XR® as a Preventative Therapy for Depression and Pain Following New SCI.

Many people with SCI suffer from pain and depressive symptoms following their injuries. This study was a trial of the antidepressant medication venlafaxine XR (Effexor XR®), evaluating its efficacy in treating mild to moderate symptoms of depression and reducing pain in people with SCI. In order to evaluate the effects of the drug in managing these symptoms, subjects either received Effexor XR® or an identical looking placebo. Neither the subjects nor the researchers knew which they were receiving until after the completion of the trial. Currently, 15 people have completed this trial. We plan to have 16 when the study is finished.

What have we learned so far? First, recruitment for this trial was far more difficult than we had expected. Similarly, the study was complicated because a significant number of subjects who entered it did not complete it. Some experienced side effects and others were not satisfied with their reduction in symptoms. Still other participants did not comply with the study’s rules and had to leave the trial. As researchers, our primary concern is with subjects’ safety, so if there was any doubt, subjects were removed from the trial. The side effects (such as dizziness, headaches, and rashes) that subjects experienced were often mild and not always a result of taking the medication. Study investigators will soon be analyzing the data to determine the impact of Effexor XR® on depressive symptoms and pain.

Retrospective Study of Patients with Spinal Cord Injury in Acute Rehabilitation

A smaller site-specific study was completed, looking at the experience of depression and pain among persons during their initial inpatient rehabilitation for SCI. This study used medical records to review symptoms of depression and pain as well as the medications prescribed for these during inpatient rehabilitation. We found that approximately 28% of those with SCI had moderate to severe symptoms of depression when admitted to rehabilitation and 69% reported having pain. In addition, 24% of inpatients with SCI received medication for depression upon admission, which increased to 38% by discharge. Pain medications were received by over 90% of patients at both admission and discharge. While there were no differences in depression symptoms between those whose injuries resulted from traumatic and non-traumatic causes, those with traumatic SCI tended to have more pain and received more pain medications.

Measuring Health Related Quality of Life in Spinal Cord Injury

While Health Related Quality of Life (QOL) is an important outcome which has been evaluated in people with SCI for years, the measures that are used have typically been developed among other populations. As a result, they often fail to address key aspects of life for individuals with SCI. This study’s goal was to develop an SCI-specific measure, focusing on the physical components of QOL. This multi-center study was led by Dr. David Tulsly at U-M and included researchers at Boston University, the Kessler Institute for Rehabilitation, Craig Hospital, Mount Sinai Medical Center, and the Rehabilitation Institute of Chicago. During the study’s initial phase, focus groups of people with SCI and various rehabilitation professionals were conducted at the various sites. The responses generated during these focus groups determined the topics and potential items to be addressed by the new measure. Large sets of items were developed. These were then tested with approximately 800 subjects, including 135 from U-M. Based on these interviews, a much smaller set of items were developed for a final measure which would use a computerized adaptive testing methodology. Depending upon subjects’ responses to the initial questions, others questions may be asked or skipped. Each subject is thus only asked those items that are most relevant to their situation. Testing of this refined instrument was conducted this past summer. The results are currently being analyzed. One article was published on the development of the new measure and others are in process.

Motor Recovery Index: A validation of an Outcome Measure in Incomplete SCI

The goal of this study was to validate a measure of motor recovery, the UAB Motor Recovery Scale, among people with incomplete SCI. This multi-center study was led by researchers at the University...
of Alabama-Birmingham in collaboration with us, TIRR Memorial Hermann Medical Center in Houston and Magee Rehabilitation Center in Philadelphia. Approximately 80 people from U-M participated in this study and data collection was completed this past summer. Assessments were conducted by April Saval, a Physician Assistant specializing in SCI care and two Physical Therapists. Analysis is expected to be completed this winter. No results are available yet.

**Development and Validation of the Thoracic-Lumbar Control Scale to Measure Strength and Coordination of Trunk Muscles**

The purpose of this study was to develop and evaluate a tool for assessing thoracic (trunk) muscle function, as the existing ASIA assessment system does not take into account trunk strength or functioning. This multi-center study was participated in by the same Model Systems as the Motor Recovery Index Study (above). Data collection was completed this summer, with 42 people participating at U-M. As with the Motor Recovery Study, no findings are available yet. We hope to complete analysis this winter.

**The Natural History of Depression after Spinal Cord Injury**

The study explores emotional responses during the first year after SCI, focusing on depression, grief, and pain. This was a multi-center study led by researchers at the University of Washington and coordinated here at U-M by Dr. Claire Kalpakjian. TIRR Memorial Hermann Medical Center is the third participating Model System. Subjects completed interviews while they were inpatients and again 12 months later. Those who are depressed when first interviewed also completed interviews after 3, 6, and 9 months. 42 people have participated from the U-M. Currently, 12-month interviews are being completed. One key study finding is that the degree to which people feel that pain interferes with their lives rather than the severity of pain itself is predictive of whether people will be depressed. A conference presentation was done based on these findings, by Lin-tom Cuff of our staff. A paper is currently being written on which both Mr. Cuff and Dr. Kalpakjian will be authors.

**Participation Modular Study**

The purpose of this study was to evaluate a number of instruments that assess community participation and determine which is the “best measure”. It was also focused on determining if a new instrument could be developed by combining items from the existing measures. This multi-center study has been led by researchers at Craig Hospital and coordinated locally by Dr. Denise Tate and Mr. Martin Forchheimer. 635 people with SCI participated in this study’s interviews, including 72 from U-M. In addition to Craig and U-M, the other participating Model Systems were: the Shepherd Center, MetroHealth in Cleveland, Boston University, Mount Sinai Medical Center and the Kessler Institute for Rehabilitation. From the research conducted so far, it appears that there is no single best measure. Some instruments ask about specific activities while others focus on respondents’ opinions about the quality of their participation. Both types seem to have value. So far, one paper has been written based on this study, by Martin Forchheimer of our staff. We hope to publish more results based on this study’s data in the coming months.

**Project to Improve Symptoms and Mood after Spinal Cord Injury (PRISMS)**

In addition to these studies conducted through our SCI Model Systems grant, NIDRR funded a large-scale collaborative study through the Model Systems to evaluate the effectiveness of Effexor R® in reducing symptoms of Major Depression in individuals with SCI. The PRISMS study, as this was called, was led by researchers at the University of Washington and directed locally by Dr. Denise Tate. It also involves the University of Alabama-Birmingham, the Rehabilitation Institute of Chicago and the Baylor Institute for Rehabilitation. This project is similar to our site specific study of Effexor XR® except that rather than evaluating the effectiveness of Effexor XR® for treating mild to moderate symptoms of depression, it evaluates whether the drug is effective in reducing symptoms of severe depression. While definitive conclusions from this study cannot be drawn until completion of the trial, one paper based on its findings has been published and several others are in progress.
Navigating Mental Health Services
Linda Berlin, LMSW

Suppose you’ve been feeling down, depressed or sad day-after-day for weeks or months. Or maybe you’ve been feeling so anxious or so angry about things that it is affecting the way you live your life. Or maybe you’re grieving your loss of functioning, the loss of a loved one, or the loss of an important relationship, but it continues to bother you and your friends don’t seem to understand. What if you’re really struggling to adjust to unwanted changes in your life and you’re not sure where to turn?

You may have thought about getting some help, but it just seems too difficult to reach out and find it, and where would you even start, anyway? Besides, mental health services are for people who really have serious mental problems, right?

You might be surprised if you knew how many “regular” people with “ordinary” problems seek these types of services, and are genuinely helped by them. It takes courage to take that step to reach out, and it takes extra energy to figure out how to go about it, but you can do it! Here are some suggestions for finding the services that can make a difference in your life.

The general process
Gather a few names of mental health practitioners to contact. These may include psychologists, psychiatrists, social workers or counselors. While they all address mental health issues, psychiatrists have a medical degree and the ability to prescribe antidepressants or other medications while psychologists and social workers focus on working with you to manage your feelings and emotions using psychotherapy (i.e., “talk” therapy).

It is a good idea to get more than one referral name. Remember, no two therapists are alike and you need to find one with whom you feel comfortable.

After you speak with or visit a therapist, if for any reason you feel it is not a good match, or don’t feel comfortable opening up to that particular one person, consider contacting someone else. Do NOT give up on the therapeutic process. Remember, psychotherapy is about you finding the help and support you need, so focus on finding someone who can provide that.

At the initial phone call, feel free to ask about the therapist’s fees and their experience with your particular kind of issue, and how he or she generally prefers to work with that issue. If their answers make sense to you and you want to proceed, make an appointment; otherwise call the next name on your list.

So, how do you find a good therapist?
• If you have private health insurance or Medicare, call your insurance provider and ask what services are covered, the cost, and request the names of therapists who accept your insurance or who are considered “in network.”
• Make an appointment with your primary care doctor. Describe your issue frankly and ask for referrals and recommendations.
• Ask your clergy person. Perhaps he or she can help you directly, or can refer you to someone.
• Speak with friends or people in the community who have successfully dealt with difficult situations to see if they can recommend someone.
• Search the internet. Note that “mental health services” are often referred to as “behavioral health services”.
• Check the Michigan Mental Health Networker’s website. They list providers in Michigan by county: http://www.mhweb.org/. They have listings for both agencies and therapists. Within each county, there are listings for Child and Adolescent Services, Mental Health Treatment Services, Self-Help and Support Groups, and Substance Abuse Treatment Services. Each listing has further details on types of treatment offered, fees, provider type, and more.
• Dial 2-1-1 on your telephone. 2-1-1 has counseling information and referral services for the following counties in Michigan: Lapeer, Macomb, Monroe, Oakland, Washtenaw and Wayne. Other states also provide 2-1-1 assistance.
• Check out goodtherapy.org and give it your zip code or city to find therapists in the area. Each provider has posted a short description of their philosophy and specialty along with contact information. Many state that their fees are negotiable.
• If you are a student, your school probably has a low-fee student counseling or mental health center. Call or visit them.

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Preserving the Zest in Your Life

By Sheila Starks

As an individual who has been living with SCI for many years, I have struggled with depression and loss. Strong emotions are normal after an SCI or any dramatic change in life. Denial and shock are particularly common following the onset of injury.

From time to time, you may experience crying spells and feelings of doom and gloom. You will also entertain negative thoughts. These are normal. What is not normal is to stay like this for extended periods of time. If you find this happening to you, talk about your feelings. Holding them in may be toxic. Don’t think you need to be strong and handle everything yourself. Find someone to help.

If you find yourself down or depressed most of the time, you need to ask yourself: “Who is the most important person in my life?” The answer should be “me”. The process is then to focus on taking care of “me.” While other people are important, it needs to start with you – you can’t be there to fully help others unless you are emotionally healthy yourself.

Many people, though, are not depressed but just don’t know what to make of SCI or what to do next. Just remember, people want to be validated. Do you hear me? Do you see me? Am I worthy of your attention (if only for a little while)?

Take time to really listen to yourself and your own feelings and desires.

The following thoughts and suggestions are based on my experiences as well as those that I have seen to be helpful for other people. While some may sound like clichés, they are tried-and-true ways of approaching life and managing your emotional health.

Focus on being positive. If you want to remove the dark clouds that hover around from time to time, it is important that you challenge your mind to think positive. Life is not always fair; however, we can make the best of it by choosing to pick out the good in every situation. Choosing to be thankful is a start. If you woke up this morning, you have another chance to make it a good day and live your best life.

Build networks, friendships and support. No man is an island. We need one another.

We cannot do life alone. Choose to have positive people around. Uplifting people help to empower, inspire, and motivate. They are a joy to be around. Smile more and you will notice most will smile back at you. A smile is contagious and inviting. Watch your tone when speaking to people. Often times it’s not what you say, but how you say it. You attract more bees with honey; that means people are more apt to accommodate you when you speak nicely to them.

Take care of yourself. Exercise and working out are good for muscle tone, heart rate and maintaining healthy weight. It’s important to note that healthy eating promotes healthy living. Sports are good for competition, fun, and spectating.

Learn to direct and manage your own care. This is another way to reduce depression levels. The task is challenging, but doable and rewarding. We must learn to swallow our foolish pride and ask for help when needed. We will “have not” if we “ask not” and we will not keep it if we do not learn to ask nicely and develop respectful relationships with those who provide assistance.

Find ways to calm your mind. Relaxing with the assistance of massage, imagery, deep breathing, hot tub, sauna, aromatherapy, soft music, or even a spa experience (if you can afford it), can help set the mood for revitalization of energy and allow you to refocus yourself. Meditation, prayer and quiet time relieve stress and helps with sound decision-making. Reading stimulates the mind and keeps us in tune with current events. Cleaning up clutter allows one to think better.

Experience new things. Travelling is excellent for a change in atmosphere, meeting new people and experiencing different cultures.

Appreciate life. Strive to appreciate each season as it arrives. Spring brings the emergence of new life. The rain washes away the starkness of winter. Everything is green and growing. Birds are chirping and singing. The sky is clearing. The sun is shining and the temperature is warming up. Take a walk or stroll in your wheelchair. Summer is fun-in-the-sun time. The trees are beautiful and the sun shines down brightly, warming your body and bones. In fall, the air is crisp and the leaves show their different colors. Winter is cold and snowy, yet scenic. Let us appreciate, celebrate and enjoy nature. These are simple pleasures we all can take advantage of to lighten the mood. Set aside time every day to try some of the aforementioned suggestions. Most of them don’t cost a thing. Take it one day at a time.

Just breathe. Inhale and exhale slowly. Try not to let worries become the focus of your life. Focus on what you can do while continuing to build the life you want. Recognize that change takes time, that depression is a real thing that needs to be addressed and managed in order to make room for happiness. Be gentle with yourself but continue to try new things and to work on moving forward. Realize that you are not alone and that life has a way of working things out, though how it does so may not be the way you necessarily expect or want.

Bet you’ll feel better. After a while troubles will roll away like water off a duck’s back. You’ll be better able to handle whatever life throws your way. Now remember to have fun, to focus on “good thoughts” and learn to laugh at yourself. Make it a good day and let’s count our blessings.

Sheila has been living with C-6 tetraplegia since 1990. Since that time, she has worked to manage her health, attendants and depression while raising a daughter and completing school. She is an active peer support person and advisory board member at the Rehabilitation Institute of Michigan, a member of Warriors on Wheels (W.O.W.) and a bowler with Sportsability.
Sharina Finley Jones: Ms. Wheelchair Michigan 2011

By Eric A. Appleberry, DDS, MS

It was June 25, 1985. I was five years old and had gone with my fourteen year old sister to her babysitting job in the neighborhood. I was watching cartoons while my sister ran bath water for the youngest child. I heard the seven year old boy across the room say something; I turned to look at him. He was holding a gun, “Run or I’m going to shoot you!”

“I ran,” Sharina said, “then Pop, and I felt a burning in my waist—then just the strength of my arms holding me up.” It was a violent household and the wife had gotten a 22 caliber pistol out in case she needed to defend herself. She had left it on the floor where the young son found it the next day.

Sharina’s sister quickly carried her home. She was first taken to Pontiac General Hospital, but due to the seriousness of her injury, was transferred to the University of Michigan. There she received treatment and initial rehabilitation for her T-12, incomplete, spinal cord injury. But Sharina especially credits her parents for their strength and persistence in helping her adapt to life with an SCI. They did not isolate her inside the home but instead had an attitude of ‘of course you can’ have a normal life—and found other kids with whom she could play.

The most significant problem Sharina had was with her home district school system. In spite of her skill at taking care of herself well (e.g., she was adept at doing transfers and intermittent self catheterizations), the school administration required that she have an aid with her at all times. They also would not allow her onto the playground with the other kids; she had to stay on the sidewalks. The administration even tried to transfer Sharina into a special education class for children with developmental and behavioral disabilities, which fortunately her parents were able to get stopped.

The final resolution to the school situation was, after the family’s home was lost in a fire, to relocate to Otterlake, Michigan [a little north-east from Flint].

Sharina and Grover

Perhaps it was Sharina’s “Think beyond the chair” way of fully embracing life that won her the Ms. Wheelchair Michigan title … The pageant is not a beauty contest. Instead it focuses on the abilities, endeavors and achievements of women in wheelchairs.

There Sharina was not treated any “differently” from her classmates. And following her parents “you can do normal things” approach, Sharina has done that and more.

After high school, Sharina went on to Oakland University, where she earned a BA in marketing. Not stopping with that, she earned an MBA degree at Wayne State University in 2008. While still in school she accepted a position doing marketing management for Ryder Systems [a trucking company, which also provides advanced supply chain and distribution system services to many other companies].

In the spring of 1999 Sharina met the love of her life, Grover Jones, III. They exchanged vows and celebrated their wedding May 1st, 2010.

A goal of Sharina’s, to walk with braces, also had her working hard at an “assistant-guided-and-weighted” treadmill training program at the Rehabilitation Institute of Michigan (RIM), in Detroit. Her efforts paid off in that she saw much improvement in her leg muscle support capabilities—and she was able to dance the “first song” dance with her husband at their wedding.

Unfortunately, in 2010 Sharina also developed dysautonomia, a syndrome in which the sympathetic (exciting) and parasympathetic (relaxing) nervous systems are not regulated well—and can unpredictably and quickly cause body extremes (e.g., very high blood pressure and rapidly beating heart then changing to a very slow pulse rate and not enough blood pressure to even sit up without fainting). The cause of this syndrome is neither well understood nor easily treated—and the long term course it takes varies with the individual. Sharina was in-and-out of the hospital from last August until February of this year, affecting her reliability at work. She regrettably had to resign her position with Ryder Systems.

In the past few months the problem has moderated some (she says she was told...
the syndrome sometimes “settles down” after one to two years), which gives her hope—and inspiration to get back into the physically very active life she has always maintained. She hand cycles five times a week, swims, power lifts, and in the winter, mono skis.

Sharina also entered seven events in this year’s Thunder in the Valley Games, a track & field event held in Saginaw that is sponsored by the Michigan Paralyzed Veterans of America. She placed in the Gold category in shot put, discus, javelin, air rifle and hand cycling, and in the Silver category in archery and power lifting.

Regarding SCI adaptation, Sharina notes that since she was injured at such a young age, she grew up learning to do things with her SCI situation (and didn’t need to relearn everything, as an older person would). Adaptation for her was just part of “normal development.”

Perhaps it was Sharina’s “Think beyond the chair” way of fully embracing life that won her the Ms. Wheelchair Michigan 2011 title at the early March pageant held at Aquinas College, in Grand Rapids. The pageant is not a beauty contest. Instead it focuses on the abilities, endeavors and achievements of women in wheelchairs. Sharina learned of and became interested in the pageant while at RIM, which also sponsored her for the event.

As the new Ms. Wheelchair Michigan, Sharina travels across the state, visiting advocacy groups and making public appearances to create awareness, acceptance and understanding of people with disabilities. She would like to help newly injured individuals become comfortable enough to be socially involved, helping them towards a fulfilling life.

As the new state titleholder Sharina participated in the Ms. Wheelchair America 2012 pageant, also held in Grand Rapids, during the first week of August, at the Amway Grand Plaza Hotel. In this event Sharina placed 1st Runner Up to the title! She also received the People’s Choice Award, as the audience’s favorite contestant.
Continued from page 8

What if I don’t have insurance or only have Medicaid?

It can be more difficult to find the services you need if you do not have health insurance or have Medicaid, but you need not give up. Here are some ideas:

• If you live in southeastern Michigan, the following offer low cost mental health services:
  • Packard Health, 3174 Packard Rd, Ann Arbor, 734-971-1073
  • The Corner Health Center, 47 N. Huron St, Ypsilanti, 734-484-3600
  • Catholic Social Services, 4925 Packard Rd, Ann Arbor, 734-971-9781

• Those with severe and chronic mental health needs in Washtenaw and Livingston counties may qualify for community mental health services: call Access, in Livingston: 800 615-1245 or 517-546-4126, in Washtenaw 800-440-7548 or 734-544-3050. Access will screen and refer to available resources.

• Universities often have low-fee or sliding scale training clinics that accept non-students. Look them up. For example, the University of Michigan has a Psychological Clinic, 734-764-3471, http://www.psychclinic.org. Eastern Michigan University has a low-fee clinic, 734-487-4987, http://www.emich.edu/psychology/dept-psychology-clinic.html

• The National Alliance on Mental Health (nami.org) has local chapters and support group meetings. http://www.nami.org/

Finally, many therapists have sliding scale fees and are willing to work with you: you must to speak up and inquire if he/she is willing to negotiate the fee.

Please Note: If you are in a crisis situation and are seriously thinking about harming yourself or someone else, please seek immediate help. Go to your nearest emergency room. Call the Suicide Prevention Lifeline at 1-800-275-TALK (8255), or 1-800-SUICIDE (784-2433).

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New and Ongoing Spinal Cord Injury Research at the U of M

The University of Michigan is a leader in research to improve life for individuals with SCI. Some of our studies are conducted through the SCI Model Systems, which is funded by the National Institute on Disability and Rehabilitation Research, while others have different funding sources. In addition to the recently renewed SCI Model System, at least three new grants have been funded in the last year. Below is a brief description of each. Be sure to continue to watch for more information about these exciting studies and how you might get involved.

Addressing Self-Management Skills through Electronic Gaming: Meeting the Needs of Underserved Individuals with Spinal Cord Injury

Project Director: M. Meade

In this project we are working to create an electronic gaming application to facilitate skill development and promote the ability of individuals with SCI to manage their health and interact more readily in home, health care, and community environments. Serious games (games designed for other than pure entertainment) based on the development of self-management skills have been created for asthma, diabetes, and promoting physical activity. They have been demonstrated to be effective in improving self-care, minimizing secondary conditions, and decreasing health care costs. Using the self-management program Health Mechanics as a conceptual base, researchers and programmers at the University of Michigan will create a game application for an iPod Touch that will appeal to young males with SCI, particularly those from racial and ethnic minority populations. At the current time, we are looking for young males (age 16 to 24 years old) with SCI with a good sense of humor and familiarity with video games to serve as members of the Advisory Board for the project. If you are interested, please contact Dr. Meade at nameade@med.umich.edu or (734) 936-7055.

Evaluating the Effectiveness of Health Mechanics: A Self-Management Program for Individuals with Spinal Cord Injury

Project Director: M. Meade

For individuals with SCI, secondary conditions can limit independence, decrease functioning, prevent community integration and lead to expensive treatments and rehospitalizations. However, most can be prevented or minimized with appropriate management — including performance of health maintenance behaviors and compensatory strategies. Health Mechanics is a self-management program created by Dr. Michelle Meade to teach individuals with SCI skills that will help them to keep their bodies healthy and to manage their life given their physical impairments. The basic skills or tools that are taught in this program are attitude, self-monitoring, problem-solving, communication, organization, and stress management. This pilot study will test whether receiving the self-management intervention improves self-regulatory skills and quality of life as well as reduces number of secondary conditions. Recruitment for this study has begun. If you are interested in participating, or if just learning more, contact Laurie Carr at laca@med.umich.edu or 734-763-0534
Sleep Apnea and Spinal Cord Injury
Project Directors: R. Sitron and K. Bauman

A new research study at the University of Michigan will evaluate the benefits of using a home-based monitoring strategy to improve the diagnosis of sleep disordered breathing in patients with SCI. Evaluations in a sleep lab are difficult for people with spinal cord injury because of poor accessibility and lack of ability to do usual night time cares while in the sleep lab. Under the direction of Drs. Robert Sitron and Kristy Bauman of the Division of Pulmonary Medicine and with the assistance of Drs. Chiodo and Rodriguez of the Department of Physical Medicine and Rehabilitation, this Department of Defense funded project will use home monitoring to examine the incidence of sleep disordered breathing and associated clinical features, and determine the impact of treatment on health and quality of life. Investigators hope that this method of evaluation will allow better management and improve the health of patients with SCI.

2011-2016 UM SCI Model Systems
Project Directors: D. Tate and A. Chiodo

The (new) Spinal Cord Injury Model Systems involves three separate studies that monitor and work to understand and promote the health of individuals with SCI. The National SCI Model Systems Database is one of the largest databases on individuals with disabilities in the world. Individuals with SCI are consented soon after their injury and followed longitudinally for over thirty years. The information they provide about their life and health provides a very rich source of information which greatly influences both clinical care and other research in the field.

In addition, two site-specific projects were proposed related to bowel and bladder management. As mentioned in Dr. Tate’s opening article, these two studies will attempt to broaden the understanding of the many factors related to maintaining bladder and bowel health after SCI while integrating a patient’s personal perspective with that of current medical recommendations.

The overall purpose of the first site-specific study is to enhance our understanding of personal and injury characteristics, prescribed treatment, environmental support, and health behaviors related to bladder and bowel complications in persons with SCI as well as the role of these complications in explaining QOL. 450 adults who have lived with SCI for at least 5 years will be recruited to participate in this study. Most information will be collected over the telephone on a single occasion. A subsample of 40 individuals will be asked to participate in a more in-depth assessment of their life and health.

The second site-specific study will evaluate the efficacy of a newly developed self-management program, Health Mechanics, to develop and improve bladder and bowel management skills among persons with new SCI. Program participation is expected to prevent bladder and bowel related medical complications (e.g., constipation, leakage), leading to enhanced social participation and QOL. Individuals who agree to be part of the program will be randomized to either the usual care control group or the experimental intervention and will be followed for one year. The intervention group will receive self-management training via telephone, so that distance from UM Hospitals should not interfere with participation.

Continuing studies
Validation of the SCI-QOL:

This study is validating new measures of emotional, social and physical health for use with people with traumatic spinal cord injuries. Participants will complete four interviews over a six-month period. Each interview will take approximately 1 hour. For additional information, contact the Study Coordinator, Siera Goodnight at 734-763-4485 or send an e-mail to: PMR-UMROAR@med.umich.edu.

Improving Measurement of Patient
Reported Rehabilitation Outcomes:

This multi-site study is testing a set of new outcome measures for use in research and clinical practice. Participants can have spinal cord injuries, traumatic brain injuries or have experienced a stroke. This study will take 4-5 hours on each of two days. For additional information contact Julie Grech at 734-763-3805 or send an e-mail to: PMR-UMROAR@med.umich.edu.

SCI Research Registry:

The SCI Research Registry allows people with SCI who are interested in participating in clinical or survey research to find out about studies that are being conducted and makes it easier for investigators conducting new studies to locate potential subjects. Any individual with a SCI is welcome to join. Access to the Registry is controlled to ensure your safety and confidentiality. For more information or if you want to join, contact Linton Cuff at 734-936-9344 or send an e-mail to: PMR-SCI-All@med.umich.edu.
Some Final Thoughts about Emotional Health and SCI

By Michelle A. Meade, Ph.D.

One of the biggest myths surrounding a spinal cord injury (SCI) is that it automatically leads to DEPRESSION. Many people in our society become caught up in the idea of “better dead than disabled” – a perspective often reinforced by films and television shows. As a result, people react to the diagnosis of SCI without really knowing what it means.

In reality, the damage to the spinal cord can result in functional limitations that range from needing a ventilator to breathe to being able to walk. Similarly, the emotional response to SCI can range from panic and depression to brief periods of adjustment and then return to “normal life.” It is important to note that more intense emotional reactions are not necessarily associated with more severe injuries – it may be the individual who is walking who suffers the greatest emotional distress and the person with high level tetraplegia who views his injury at this as a new experience and challenge. It seems then, that it is other factors that impact and are linked to various levels of emotional distress. These may include overall coping skills and resilience, history mental health issues, experiences of pain or other secondary conditions, and/or social support and general resources.

But while SCI and disability may not result in depression, depression will, if untreated, likely result in disability. When we think of major depression (as opposed to depressive symptoms) what we consider is how the feelings or experience impacts the various areas of our lives. Does feeling down or depressed, for example, lead to difficulties with relationships or taking care of yourself or going out and doing things? And while a SCI also usually results in a change in what you can do and how you do it, rehabilitation is all about finding new ways to approach problems and accomplish goals. Depression and other mental health issues, in contrast, can limit your ability to accomplish goals or your motivation to do so.

In addition, depression can directly impact your physical health and wellness. Many people know that when we feel sad or down we may be less likely to eat healthy meals or more likely to engage in bad habits such as smoking. Few people realize, though, that depression can also have a direct impact on physical health. For example, research has demonstrated that mental distress can have a negative effect on cardiac health, leading to high blood pressure, weakened immune functioning and even increasing platelet reactivity. Depression has also been found to intensify pain, worsen fatigue or decrease mental clarity.

It is for these reasons that emotional health is so important. While new data suggests that the actual rate of individuals with new SCI who experience major depression is only about 10%, many people (whether they have a SCI or not) experience depressive symptoms, including feeling down or having low levels of interest or pleasure.

For most of us, how we feel influences what we do. If we feel tired or discouraged, it is harder to get out of bed to go to therapy or to meet a friend. We may be less likely to exercise and more likely to eat a junk food rather than a salad. In contrast, if we are feeling that what we are doing has some impact, whether on ourselves and our health or on someone else, it is easier to continue. Suddenly meeting someone two or three times a week to work out seems doable and the other things we have to consider and plan for – be they a bowel program or increased time to get dressed or the public bus system – seem much more manageable.

As health care providers, we want people to be healthy – both physically and emotionally. When we talk about emotional health, we are talking about an individual’s ability to manage their life and work towards being happy. It is finding hope. It is discovering or creating a sense of purpose – that reason to get up in the morning and bother moving through your day.

So when someone asks how you are feeling or how you are doing emotionally – whether it is your physician or a psychologist on the rehab floor or a peer mentor – it is not because they think you are weak or crazy. It is because they recognize that SCI brings with it many challenges and when those challenges seem overwhelming or you don’t have the skills or resources to handle them, they become barriers. However, if the challenges are recognized, broken down into smaller components and addressed (either alone or with the assistance of others), handling the SCI and everything associated with it becomes manageable. Addressing emotional health makes sense then as a first step to insure that people are optimizing health and functioning.
Upcoming Events and Announcements

At the University of Michigan

December 9, 2011: Robert Sitron, MD, to present Sleep Apnea and Spinal Cord Injury

Dr. Sitron will present on “Sleep Apnea and Spinal Cord Injury” at noon in room 2C224 at the University Hospital in Ann Arbor, Michigan. Dr. Sitron is a Professor in the Division of Pulmonary and Critical Care Medicine in the Department of Internal Medicine here at the University of Michigan. This presentation will be recorded and posted on our website. For more information, contact the SCI Model Systems office.

May 11, 2012: James Rae Day

This year, the UM Department of PM&R will honor Dr. Ted Cole during James Rae Day on Friday, May 11, 2012. James Rae Day is the Department’s annual scientific and professional education day. The guest speaker will be Frederick M. Maynard, M.D., former UM PM&R faculty member, who will speak on spinal cord injury. The event will be held at the Sheraton Hotel, 3200 Boardwalk, Ann Arbor and registration is required. For more information, contact Judy Pence at 734-763-5421 or jpence@med.umich.edu.

Announcements

Toastmasters at the Ann Arbor Center for Independent Living

A new Toastmasters Club has formed at the Ann Arbor Center for Independent Living. Toastmasters provides a supportive and positive learning environment in which members have the opportunity to develop or improve their skills related to communication, public speaking and leadership. Refining these skills will assist members in advocating for themselves and others and help them to express themselves clearly in job interviews, professional presentations, social situations, and other interactions. This is a great fit with the mission and purpose of the CIL!

AA CIL Toastmasters meets the 1st and 3rd Thursday of each month, from 12:30 to 1:30 pm, at the Ann Arbor CIL, 3941 Research Park Drive in Ann Arbor (734 971-0277). Meetings are open to the public and guests are welcome. Cost is $20 to join and $36 every 6 months. For more information, please visit http://aacil.toastmastersclubs.org/

Dr. Chadd joins the Faculty in the UM Department of PM&R

The U-M SCI Model System would like to welcome Dr. Edmund Chadd into his new role as Assistant Professor in the Department of PM&R and Attending on the SCI Service. Dr. Chadd conducted his undergraduate work at Princeton University in New Jersey then moved to Ann Arbor, where he completed medical school, residency and his Spinal Cord Injury Fellowship here at the University of Michigan. He conducts a spinal cord injury clinic two or three days a week (Tuesday pm, Wednesday am and periodic Thursday afternoons) at the Burlington Building (325 E. Eisenhower Pkwy, Ann Arbor). To make an appointment, call 734-936-7175.

American Academy of PM&R honors Dr. Tony Chiodo

Dr. Tony Chiodo, Co-Director of the UM SCIMS, was selected as Distinguished Clinician the American Academy of Physical Medicine and Rehabilitation. The award is given to a member who is judged by his peers as having made outstanding contributions to the field in the clinical and academic realms and for providing service to the organization.

Reminder

The presentation Functional Restoration of the Upper Extremities in Patients with SCI given by Kevin Chung, MD, Professor, Department of Plastic Surgery, University of Michigan, Ann Arbor, Michigan, is available for viewing on our website or at http://dipcsumich.com/scimslecture/

New Column – UM SCIMS Alumni News– To Begin

The SCI Access Newsletter would like to be able to include news and advice from you, our alumni, in future newsletters! The new column will be a regular feature which will focus on sharing the significant events, triumphs, accomplishments and passages that you have faced. While we may edit what you share, it is important to us to highlight your experiences and share them with others who may have gone through rehab at the same time.

If you would like to be considered, forms are available on our website or through clinic. Please include information about your injury, when you went through inpatient rehab at the University of Michigan and the information or advice you would like to share.

If you have questions, or would like to be sent a form to complete, please contact Ms. Connie Pines at 734-763-9773 or PMR-SCI-All@med.umich.edu. Thank you!

Moving Forward,

continued from page 1

information to allow us to conduct research and clinical trials and to enhance clinical care. We also partner with our colleagues at the AACIL and organizations throughout Michigan to share information on best practices, research findings and independent living while fostering community participation after SCI. The UM SCIMS project is guided by advice from two internal groups including physicians and clinicians from all disciplines serving those with SCI and an external advisory board including a large number of persons with SCI. Housed at the North Inghalls Building since 1985, we also welcome our readers’ opinions and comments about our project and our products. Please visit our website at www.med.umich.edu/pmr/models/sci and let us know what you think by sending an E-mail to PMR-SCI-All@med.umich.edu.

A Big Thank You!

The research team at The University of Michigan Spinal Cord Model System would like to extend our deepest gratitude to you - our dedicated and unselfish research participants. Thank you for so much for giving your time and sharing your personal experiences with us. We greatly appreciate the trust you place in us when you provide your personal information, thoughts and feelings.

We also appreciate your patience during clinic appointments and telephone interviews. We know that your time is valuable and appreciate your sharing it.

Finally, we want to let you know how important the information and feedback that you provide to us really is. It is the basis of our research and the foundation on which we build our efforts to improve outcomes and quality of life for individuals living with spinal cord injuries.

Again, special thanks to you all!

Thank you all so much for sharing your time, stories and insights. Every little bit helps. Special shout out to those of you who have done the long, multiple choice surveys with me! You are wonderful and it has been a pleasure knowing you. Sadly, I will be leaving the Model Systems for grad school this fall but will never forget you. My life has been impacted by all of you in a huge way and I can’t thank you enough.”  Kathleen Donnelly BSN, RN

“Thanks to all of you who continue to inspire and enlighten me regarding the daily challenges you face. I admire the manner in which you do so, with grace and dignity.” Connie Pines RN, CCM

“I have been deeply touched by each & every one of you who served as a research subject in one of our depression studies. You have willingly opened up & allowed me to see and feel the highs and lows, laughter and tears. I feel honored to have known you.”  Linda Berlin MSW, LMSW

“Thank you for participating in our research program. Your involvement helps to provide knowledge in the treatment and care of individuals with SC1, and has impressed upon me the power of resilience!”  Linton Cuff, BA

“Thank You for all you do, because without you, our research could not continue. You all make it possible for us to help improve the quality of life for persons with a spinal cord injury.” Lisa Konkol, MPH