

Spinal Cord Injury SIG

Fall 2014



Letter from the Chair

Welcome to the 2014 Fall Edition of SCI SIG Newsletter! Please allow me to extend a warm welcome to our newest Nominating Committee member, **Rachel Tappan, PT, DPT, NCS**. Rachel joins us from the Rehabilitation Institute in Chicago where she practices in outpatient SCI care. She has excellent clinical experience, recently worked on the SCI Edge task force and already has been a great contributor to the team! Welcome, Rachel. Next June we will have two additional positions available for anyone who is interested in joining our SCI SIG group. Elections for the positions of Secretary and Nominating-committee-member will occur next Spring, 2015. For more information please see page 9 in this newsletter or contact our Nominating Committee Chair, Erin Culverhouse, for more details.

I have an exciting initiative to tell you about that will be happening later this Winter. As chair of the SCI SIG, I am regularly contacted by individuals around the country who are looking for SCI –experienced clinicians. Last year at CSM we started a sign-up list of folks who were interested in being self-identified as an experienced ‘SCI Clinician’. The intention was to post this list on our SCI SIG webpage much the same way other SIGs do (see Vestibular SIG web page). However, that roster was generated by only a small portion of our entire SCI SIG. So we have decided that we need to present this opportunity to everyone in the SIG (not just those who made it to CSM that year). Later this year we will send out an electronic survey as a way of routinely identifying clinicians with SCI experience and where they work. This survey will be quick, with specific questions concerning your years of practice in SCI, your practice environment (acute, inpatient rehab, outpatient, home care) and contact information. If you are interested, please look

for this link coming to your inbox soon! We are expecting a large volume of respondents and want to be sure that we can upload the final roster of information and be able to direct people to the SCI Clinicians around the country, within a reasonable turn-around time. This roster will be posted on our SCI SIG web page and is intended to be updated every one to two years. In addition, on that survey you will have an opportunity to note whether you are interested in participating in clinical research, should someone in your local area be in need of clinical sites for research studies. This does not mean that you are committing to do research, just that you consent to having someone contact you with more information about participating in a research study.

Our most recent newsletters have focused on sexual and reproductive function after SCI (Winter & Spring 2014). This led us to the topic of our current newsletter, which focuses on *Parenting and SCI*. **Meghan Joyce, PT, DPT** has consulted the experts (parents with SCI and their offspring!) and pulled together an impressive testimonial on the successes and challenges of parenting and SCI. This information is intended for clinicians to provide to patients who may be contemplating these important life choices after injury. And finally, our Clinician’s Corner section on page 8, highlights the work of Women’s Health Specialist **Suzanne Acheron Badillo, PT, WCS**, from the Rehab Institute of Chicago. See how Suzanne got involved with women’s health and how she best serves women with and without physical disabilities. Until next time....

Karen J. Hutchinson



KJ Hutchinson
SCI SIG Chair

SCI SIG Officers:

- Karen J. Hutchinson, Chair
- Meghan Joyce, Vice Chair
- Marcie Kern, Secretary
- Erin Culverhouse, Chair Nominating Com.
- Twala Maresh, Nominating Com.
- Rachel Tappan, Nominating Com.

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Academy of SCI Professionals September 2014 Recap



The Academy of Spinal Cord Injury Professionals (ASCIP) hosted the 2014 Educational Conference "Gateway to the Future of SCI" on September 1st -3rd with preconference sessions August 31, 2014. The conference was held at the Hyatt Regency at the Arch in St. Louis, Missouri. The programming offered exceptional educational curriculum spanning the continuum of spinal cord injury and disease and was of interest to all SCI professionals; physicians, psychologists,

nurses, therapists, social workers, case management, and chaplains. The conference provided a wide array of presentations including keynote and plenary sessions, in-depth workshops, over 90 posters, vendor hall, and opportunities for specific clinical education on key areas of SCI practice and research. Key lectures from some of the most respected professionals in the field included topics such as: *Keeping Rehabilitation Real*, *Linked: Breathing and Posture*, *Lessons from the past as we move into the future*, and *Personalized choices to die in spinal cord injury*. A highlight of the conference was "A night out with the St. Louis Cardinals" in which several ASCIP attendees attended a baseball game together which provided opportunities for networking and reuniting with old friends and colleagues. Next year ASIA and ASCIP will join to present "SCI ...And All That Jazz" September 7-9, 2015 in New Orleans, LA. For more information regarding the Academy of Spinal Cord Injury Professionals please visit www.academyscipro.org.

Submitted by Meghan Joyce, PT, DPT

Progress in Rehabilitation Research: ACRM hosts 91st Conference in Toronto Canada.

The ACRM meeting in Toronto, CA just convened with a record of 1500+ in attendance. The growing interdisciplinary conference with **SueAnn Sisto, PT, MS, PhD, FACRM** as the current chair, offered many different educational tracks following disease specific entities. For example, CVA, SCI, and Degenerative Disease had concurrent programming to meet clinician interests. And the plenary lectures had a broad rehabilitation perspective. SCI-specific programming included a preconference course on an interdisciplinary approach to exercise prescription and training, led by **Nick Evans, MS**, including **Drs. Mark Nash, Rachel Cowan** and **Scott Bickel**. Toronto Rehabilitation Hospital was well represented in the plenary Lectures, with outlines of their current research activities regarding FES and robotics rehabilitation. **Dr. Mark Bayley, MD, FRCPC** talked about the difficulties of gathering

well established clinical practice guidelines (from a variety of topics) and developing successful implementation strategies for bringing these CPGs into clinical practice. **Mark Nash, PhD**, in addition, was a 'keynote' presenter at the SCI SIG luncheon in which he delivered a spirited talk about "Wellness (in SCI Care) According to Nash". Finally, **Reggie Edgerton** delivered the Stanley Coulter Lectureship focusing on activity dependent mechanisms to improve motor function with neuromodulation. The lectureship highlighted the research being done on epidural stimulation by **Dr. Harkema**, as well as emphasized the need for the nervous system to be challenged in variable environments to facilitate motor relearning in the rehabilitation process. Overall it was an outstanding conference full of thought provoking lectures, discussions and posters. Submitted by Karen Hutchinson, PT, DPT, PhD

The logo for the ACRM 91st Annual Conference. It features the text "ACRM 91st Annual Conference" in red, a red lotus flower icon, and "PROGRESS IN REHABILITATION RESEARCH" in grey. Below this is a photograph of the Toronto skyline at sunset, with the word "INTERDISCIPLINARY" written in white on a red banner at the bottom.

ACRM
91st Annual Conference
PROGRESS IN
REHABILITATION RESEARCH
INTERDISCIPLINARY

7 - 11
OCTOBER 2014 TORONTO,
ON, CANADA

BRAIN INJURY • SPINAL CORD INJURY
• STROKE • NEURODEGENERATIVE
DISEASES • PAIN • CANCER

Parenting with Spinal Cord Injury: *Every Family Has 'Something'*

By: Meghan Joyce, PT, DPT



Meaghan Joyce, PT, DPT

Research in regard to parenting and spinal cord injury is severely limited and largely based on speculation as well our society's biased presumptions that having a spinal cord injury would have a negative impact on one's ability to be a good parent.¹⁻³ Much of the preliminary research on the impact of parental disability on a child's adjustment highlighted negative outcomes and included reporting biases, stigmatizing language, and made assumptions not based on fact.⁴ Further, early research performed on the impact of disability on parenting often addressed the disability as an independent variable, assuming that the physical impairment or medical condition present was the cause of the problem rather than deconstructing the unique factors that the disability presents.⁵ Fortunately recent research has shifted the focus from pathology to these unique problem areas and addressing specific topics such as a parent's overdependence on a child, expectations for a child to assume responsibilities that are not age appropriate, psychological adjustment and emotional stability of the child.⁶ Current literature on parenting with spinal cord injury does not support these past speculations and biases at all. In fact, children raised by parents with spinal cord injuries have shown to be equally well-adjusted, emotionally stable, socially competent, and confident as their peers raised by able-bodied parents.⁷ These findings are encouraging and not surprising; however there is still a very small body of literature on the topic in general. Despite the limited amount of research on the topic, there are numerous websites and blogs available for people with spinal cord injuries who are parents (please see list of resources on page 7).

Not one of the skills required to be a good parent is physical in nature. Compassion, patience, love and support, fidelity, honesty, loyalty can be provided regardless of ones ability to stand.
—Graham Streets, 2014



Jesse Alberi and daughter Briley (5) fishing in Montana.

It can be hypothesized one of the reasons there is limited information available regarding parenting and spinal cord injury, is because the skills and traits required to be a good (or bad) parent, are not all physical in nature. Of course, there are physical components to taking care of a child (especially early on) including picking the child up, safely holding a child, changing a diaper, preparing a meal, and physically keeping them out of danger etc. However, these aspects of the parenting process are all things that can be aided or performed by a piece of adaptive equipment [baby harness, adapted crib gate, wheelchair adaptation] or the support of another person [parent, caregiver, friend, or neighbor]. Parenting is a very complex and important practice of creating an environment in which the child can thrive emotionally, intellectually, physically, and socially. Being a "good" or "successful parent" entails providing unconditional love, support, time, care, accountability, discipline, and example. These characteristics can be provided and actively demonstrated to a child regardless of one's physical ability, or disability. This newsletter contains interviews with several parents with SCI as well as people who have been raised by a parent who had a spinal cord injury. The interviews included statements from both mothers and fathers of varying levels of injury and physical dependence. A central theme among all people who responded was that parenting with a spinal

The measure of a man is not his height, its how high he holds you. —Author Unknown

cord injury does present some unique challenges/considerations and often requires a bit of adaptability and creativity to accomplish the goals you have set forth for your child, in perhaps a modified way; however these challenges are not insurmountable. Parenting requires the same inherent traits and attributes for all of us, regardless of having a spinal cord injury.

Every Family Has Something....

One of the mothers (Kathy) interviewed during the information gathering for the content of this newsletter, shared the overarching message that she instilled in her children from a very young age. She would tell them repeatedly as they grew up that "every family has something, ours is spinal cord injury and is visible to everyone". Every single family has to work through, deal with, or experience the challenges and joys of unique circumstances. For some families, they must work through divorce, alcoholism, abuse, absence, varying socioeconomic challenges, and sometimes much worse. When you start feeling like you are the only kid in your class who has unique aspects to their family fabric, remember that every family and person have things they must work through and overcome. Kathy's children were 8 and 6 years old at the time of her injury. As a single parent with a C6 complete spinal cord injury, she raised two children on her own and graduated from law school. She wanted to emphasize to her kids how important education was and lead by example. Her kids (now in their late thirties) have become successful adults; a lawyer/architectural engineer and a clinical research project manager respectively, both of whom feel their mother's SCI enriched their upbringing rather than hindered it.

Meet the Parents: Interview of Parents with SCI



Sherown Campbell and his children Sydney (4 yrs) and Carter (2 yrs)

Five parents with spinal cord injury were interviewed regarding the rewards and challenges of parenting with a spinal cord injury and their answers are provided below. The parents represented included mothers, fathers, people with tetraplegia and paraplegia, as well as complete and incomplete spinal cord injury. The group also included those who had children prior to their injury and those who had children following their SCI.

What Challenges do you face being a parent due to a physical limitation?

- When they were babies I could not pick them up off the floor without assistance, I was always worried about dropping them. As they got older it became easier in some ways, but then I was worried about getting to all of their activities such as soccer fields that were not as accessible as they needed to be. I most often could not go alone to these activities or I would have to stay in the vehicle and watch from the truck. Now as they are driving and independent, there are fewer issues.
- Providing the physical needs for my young children was difficult for me at first. However, once I was able to drive my van, it opened up so many more doors and I felt liberated and much more involved.
- Some of the biggest challenges of being a parent are the same ones that I face personally. I have been unable or limited to helping with the regular childcare like making food, changing diapers, bathing them, and being able to comfort them through picking them up and holding them.
- Keeping up with my boys. As they are growing into adolescents I have to intentionally focus on keeping up with their activities and interests.

What things make you feel most successful as a parent?

- That the kids are doing something with their life.
- Having a goal for my children from an early age and helping them achieve them as they grow up. It was my intention to instill education and have them go to college. I felt successful in creating an environment in the home where I helped them on their homework, communicated with their teachers regularly and held them accountable to their goals and aspirations.

- One of the things that make me feel successful as a parent is the ability to still teach them things. My 4-year-old really enjoys time with me when I'm able to read books to her. I also try to make sure that I take the time to explain things that she sees in pictures and her kid movies. With our 2-year-old, I act as more of a referee between the 2 kids helping him learn what to do and not. I also love getting outside with them and use my therapy time in my walker to bring them to the park and ride their bikes. Of course we have our lazy days where we just lay in bed and watch a movie.
- Seeing my girls grow and learn things from me and thrive.
- My kids are very well adjusted and show compassion and acceptance to all people, including children in their classroom who may have a physical limitation or disability. This makes me feel very proud and successful as a parent, as through my disability I have taught them to love and accept.

What things make you feel most challenged as a parent?

- I often wonder if I will be healthy enough to keep up with them and see them have children of their own.
- When my children were small, I needed help to provide support and transportation, church, and athletics and practice.
- The biggest challenge is not being able to reach out and help them or hold them when they need me or get hurt. I know there will be more challenges to come as they get older, and I will have to substitute some of the things that I pictured doing with them now. The older they get and the better they can communicate with me, I think the easier things will get.
- Personal demons. I can sometimes get down wishing I could physically show my girls how to field a grounder, cast a fishing line, or swing a golf club instead of just explaining it.
- I feel challenged/frustrated at times that I can't perform the activities they are most interested in. My son is playing soccer and I desperately would love to show him how to plant and kick a ball, or even coach. I must rely on coaches, other dads, etc. That's the hard part, but people are there to support you. Use them, get over it.

What is your opinion of children who embody dual roles of child and caregiver?

- My children were never my caregiver. They have assisted me only in an emergency situation.
- I never wanted them to feel like they had to help me more than they would anyone else in the family.
- A kid has to be a kid. Children should not be primary caretakers if at all possible. You must rely on your community around you to help support your kids' needs that you cannot provide.
- I think that this dual role will help shape their personality and emotions as they get older. It is not something that I would have picked for them myself but I do see the positive in it. I think it will guide them in a new path where they'll be very mature and independent, but more caring at the same time. I think it will support them in thinking about others

Parent interviews... (continued)

and benefit their ability to think through things in different perspectives.

- I strive to not involve my kids in my physical care as much as possible, but of course there are circumstances that require their assistance.
- There is a line. You can't be dependent on a child to help you, or burden them to take on responsibilities that are unreasonable (like intimate cares, or bowel/bladder assistance) or age-appropriate. But I don't feel they should be totally excluded. Expose them and educate them about your injury and don't be afraid to ask for help when you need it.



Dr. Bill Scelza and family. Beatriz (wife), Domink (12yrs), Ben, Oliver (9 years).

What do you feel the most important aspect of parenting with an SCI is?

- Not dwelling on the SCI and not letting it be the focus.
- No matter what, the parent is the primary caretaker. The parent must be the person who provides the overall plan for the family. That can be done regardless of your physical capabilities through delegating to your community support around you.
- Communication. This is a common pain point in most families but even more important when that is the only unaltered tool for myself. This isn't so much for the kids, but more so for the parent working with other adults. You have to be able to communicate your needs as a parent to your spouse, family members, and daycare providers. It's also important to do it with great care because you never want any negative feelings about yourself being taken out on them.
- Being honest, don't hide your injury or your needs. You don't want to be secretive about things, children are naturally curious. It can only help them become well-rounded and well-adjusted people.

Does having a physical limitation impact your viewpoint or execution of discipline and or consequences?

- Not at all. It should not make a difference

- Absolutely. You must establish yourself as their parent through tone of voice and command if you can't physically.
- With our 4-year-old, there is a good foundation of discipline and consequences prior to me getting hurt so not a lot has changed. With our 2-year-old son, he is still learning what he can and can't do so it has been very important for anyone involved in his life to backup and support the things that I say. I'm still able to verbally discipline and use the tone in my voice to convey meaning but I do have to rely on others to enforce it if need be.
- Not really. Some aspects of having a physical disability require you to plan more and utilize tone of voice or the respect you've earned with them for them to obey you, however it doesn't really change anything. When my kids were younger it was harder to set boundaries when I couldn't physically chase after them if they were not listening or doing something dangerous.

Is there anything you feel a PT or healthcare provider could have done to prepare you for the challenges you spoke to above?

- No, because at the time that I was in rehab, I did not think that I would even get married much less have a family.
- As I recall, nobody addressed those issues with me. I would have taken any input that I could use.
- It's hard to say. Everyone parents a little differently and may put emphasis on other areas. I guess providers would just have to be open to hearing what's important to the family and assisting where possible.
- I feel that you must be a hands on parent and learn from your experiences and mistakes. I don't know that a healthcare provider could have better prepared me for being a dad, but certainly those with kids of their own could pass along parental advice or wisdom.

What advice would you give another parent with SCI regarding raising children with a physical limitation?

- Separate parenting from your SCI. As a parent the children should come first. We have to take care of ourselves but the focus should be our kids.
- Establish yourself as the parent at all times. A parent role does not require the ability to stand or walk. It means that they have to answer to you, show you their homework, and set expectations for your kids. You have to stand up for them (figuratively).
- Don't be afraid to ask for help and ask for support from your community of friends and neighbors. Find out what people's strengths are, people want to help.
- Be open to ideas. Learn to parent in new ways instead of focusing on previous thoughts. Some things may not change but you have to be ready to adapt
- Don't think about your SCI holding you back at all. It's all about positive thinking. Be yourself.
- Be yourself. Let them climb all over you. Be involved. Don't hide your injury and be open with your children about everything.

The child's perspective....

Three children of parents with spinal cord injury were also interviewed. Respondents included those whose parents were injured prior to their birth, and those who were young kids at the time of their parents injury.

How did having a parent with a spinal cord injury impact your upbringing? What is the first thing that comes to your mind?

- I would say I was much more independent than my peers at an earlier age. For example, cooking meals, doing laundry, knowing how to write a check to pay for groceries.
- I honestly don't know how having a parent with an SCI has impacted my life, because it is all I've ever known. Whenever I came across something that my father and I couldn't do, I would either make accommodations or I would change my plans. That has never bothered me, it is just something that I have always done.
- In the beginning it was frustrating -- having a parent (also a single-parent) that was suddenly more limited in the physical tasks they could perform was hard to get used to. However, it made me a stronger and more independent person. It also forced me to be more empathetic to individuals with disabilities.

How do you feel having a parent with a spinal cord injury enhanced your upbringing?

- It taught me that everyone has something to deal with, even if it is not as obvious as our family's something. I think this helped me put the struggles in perspective and become a stronger adult. I think having to be more independent and self-sufficient for certain needs at an earlier age has served me well in my adult years. Doing my laundry in college was not a shock to me.
- Having a parent with an SCI has enhanced my upbringing, because I faced different challenges and hurdles than other kids my age did, and because of that, I believe that it has given me a different outlook on life. It has made me realize that what my father has been through, a lot of people will never understand even an ounce of that kind of determination, struggle, and success. He unconsciously taught me to never give up, through his unwillingness to ever give up, himself.
- It made me more independent. As young kids, subsequent to my mother's injury, my younger sister and I were charged with a lot of responsibilities that would normally be a parent's (e.g., cooking, laundry, cleaning, grocery shopping).

What unique challenges did you face having a parent with SCI?

- Having a mom with SCI and being the only female child made it a little more challenging when my parent needed me to help with basic needs. I would say preserving and respecting the true parent/child relationship when it sometimes can become confused is important. Just because roles were sometimes reversed, for example, my mom needed help eating or getting in and out of bed, did not make me the parent. And thank goodness, because I still need her to be my mom!
- A unique challenge that I face having a parent with an SCI is

probably time. Most people just get up and go whenever they feel like it, but having a parent with an SCI requires much more time and planning. There is no "I'll be there in 2 seconds."

- My younger sister and I often had to rely on friends and other family for certain things (e.g., car rides to sports practice). However, aside from logistical challenges, I don't recall feeling that my mother's SCI created challenges-- she was just someone with physical limitations.



Christopher Kelley and his son Corban Kelley (1 y.o.) playing on the swings.

What is the most positive character attribute you have developed through having a parent with SCI?

- Sense of humor, for better or worse. It has given light to some very dark days and enhanced the sunnier days.
- I think the most positive character attribute I have developed would be the ability to understand other's situations. I may not know the ins and outs of all situations, but I at least have a glimpse into the life of what some other families may be living. I can acknowledge their challenges and understand the hardships they may have to overcome.
- Personal-responsibility and empathy.

Compared to other people you know, do you think having a parent with SCI has made you a more compassionate person?

- Yes. I try to think about people in terms of their life experience and not just one behavior or moment in time. There is an art to compassion I think, and there is a way to feel compassion for someone without having to repeat their suffering yourself.
- I do think that having a parent with an SCI has made me a more compassionate person. I want to become a nurse, so I believe that it has given me more tact and empathy than other people in the nursing field may have been equipped with when entering the profession.
- Yes, but I would say it made me more understanding than compassionate. Interestingly, I often find myself feeling generally less compassionate for able-bodied people who complain about their own challenges or circumstances.

Upcoming Conferences and Educational Opportunities



Programming Sponsored by the Spinal Cord Injury Special Interest Group

Friday February 6th 8am-10am

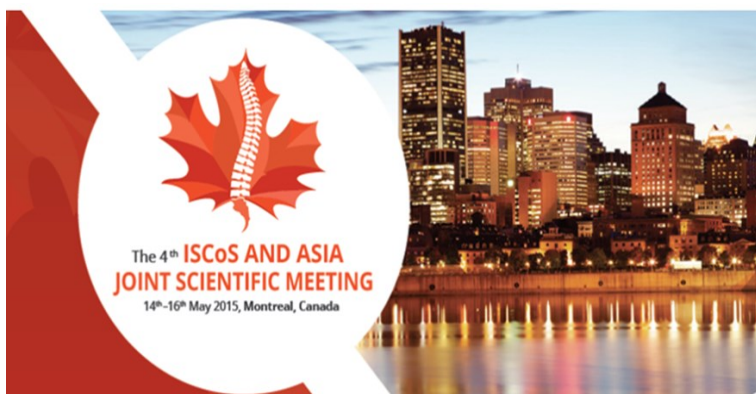
Seating: Spinal Cord Injury SIG: Problem Solving Complex Seating and Mobility Technology Needs for Individuals with Spinal Cord Injury.

Presented by: Twala Maresh PT DPT, NCS, APT, Allison Fraccia PT, ATP/SMS and Cindy Smith, PT, DPT, ATP

Saturday February 7th 11am-1pm

Obesity: Spinal Cord Injury SIG: Assessment and Management of the Obese or Overweight Patient with Spinal Cord Injury

Presented by: Karen J. Hutchinson, PT, DPT, PhD; Daniel Dale, PT, DPT; SueAnn Sisto, PT, MA, PhD, FACRM; and Ceila C. Suber, MS, RD, LD, CNSC



ASIA ANTICIPATES ANOTHER SUCCESSFUL PARTNERSHIP WITH ISCOS IN 2015

ASIA will meet with its international partner, ISCoS, for the fourth time in the great city of Montreal in May of 2015. Past combined meetings (Vancouver in 2002, Boston in 2006, Washington, D.C. in 2011) have been among the most successful in ASIA's 40 year history of presenting an Annual Scientific Meeting. The international dimension that ISCoS brings to these meetings enriches not only the scientific program, but also encourages interaction among the attendees that is of great value to all.

Parenting with a Disability Resources and Information: Websites, Blogs, & Videos

Provided by the:



AbleData: Parents with Disabilities Information Center
<http://www.abledata.com/abledata.cfm?pageid=113573&top=16046§ionid=19326>

Center for Rights of Parents with Disabilities (CRPD)
<http://www.disabledparentrights.org/>

Disaboom: Parents with Disabilities
<http://www.disaboom.com/parents-with-disabilities>

Facing Disability: Resources, Videos, and Research
www.facingdisability.com

Family Village: Parents With Disabilities
<http://www.familyvillage.wisc.edu/general/parentswdis.html>

Parents On Wheels
<http://www.parentsonwheels.com>

Parents with Disabilities Online
<http://www.disabledparents.net/>

Spinal Cord Injury Information Network: Parenting
<http://www.spinalcord.uab.edu/show.asp?durki=21699&site=1021&return=21874>

Through the Looking Glass
<http://www.lookingglass.org/>

WheelchairNet: Parenting and Using a Wheelchair
http://www.wheelchairnet.org/WCN_Living/parenting.html

Blogs and Videos

<http://www.streetsie.com/wheelchair-parents-spinal-cord-injury/>

<http://www.naric.com/?q=en/content/love-and-marriage-after-spinal-cord-injury>

<http://blogs.vancouver.sun.com/2012/06/27/fathering-biological-children-after-paralysis-from-spinal-cord-injuries/>

<http://blog.mensliberty.com/blog/bid/268315/The-Effects-of-Spinal-Cord-Injury-on-Parenting>

<http://www.facingdisability.com/spinal-cord-injury-videos/marriage-and-children/how-has-the-injury-affected-your-parenting>

Clinician's Corner: Spotlight on Women's Health Specialist Suzanne Badillo



Suzanne Aceron Badillo, PT, WCS, is the Clinical Program Director of the Rehabilitation Institute of Chicago (RIC) Women's Health Rehabilitation Program. She graduated from University of Illinois at Urbana-Champaign with a degree in Sociology in 1996 and earned her physical therapy degree at the University of Illinois-Chicago in 1998. Suzanne was awarded the Geraldine S. Taylor Fellowship at RIC in 2002 for the "Women's Health Initiative" to develop her clinical skills in the area of women's health physical therapy through post-graduate coursework and advanced clinical activities. She received her Certificate of Achievement in Pelvic Physical Therapy (CAPP) from the American Physical Therapy Association Section on Women's Health and is board certified clinical specialist in women's health physical therapy. Suzanne served as a member and Chair of the APTA Section on Women's Health CAPP-Obstetrics

committee where she worked on developing the curriculum, and she currently teaches nationally for the CAPP-OB course series. Her clinical and research interests include obstetric musculoskeletal dysfunction, pelvic floor dysfunction, pelvic pain, and osteoporosis, and she lectures locally and nationally on these topics.

What lead you to your career path in women's health?

When I was a new grad, working at RIC, I had a very diverse patient case load. My patients' diagnoses ranged from complex neurological conditions to musculoskeletal dysfunction to chronic pain. Although I loved treating patients with neurological conditions, I started to focus clinically in orthopedics/pain. I was particularly intrigued by the pregnant patients with back and pelvic pain. It was gratifying to see these women get dramatically better and more functional quickly with PT. However, I also found it concerning that I would often hear, "I didn't know there was anything I could do about this. I was told pain was just part of pregnancy." I would see these women progress well during pregnancy, but the next logical question for me was, "What happens after?" The female body goes through dramatic changes during pregnancy, delivery, and postpartum. Not to mention the changes in the woman's physical responsibilities with caring for a new baby (that gets bigger and more mobile quickly!). Now these women were coming in not only with back pain, but incontinence and sexual dysfunction as well. Yet I would hear the same remarks from women: "I didn't know there was anything I could do about this. I thought this was just part of having a baby/being a woman!" This was not acceptable! I received the Taylor Fellowship at RIC in 2002 called the "Women's Health Initiative" that allowed me get the education and clinical experience to specialize in the area of Women's Health. I expanded my practice to include the treatment of pelvic floor dysfunction (female and male), pregnancy and postpartum, sexual dysfunction, and musculoskeletal conditions in females. In addition to my time in the clinic, I also spend time educating other health providers and the community about these conditions and the benefits of physical therapy so women can have high functional expectations and stay active throughout her lifespan.

Can you tell us about your current workplace? Who is included in your 'team'? RIC has record of innovative approaches to health care, and the Women's Health Section in particular sounds very unique.

I am fortunate to work with an excellent clinical team at RIC! I am the Clinical Program Director of the RIC Women's Health Rehabilitation Program. Our team consists of 18 physical therapists, 5 physiatrists, and nurses that specialize in Women's Health. Our clinical, educational, and research focus areas are: Pelvic Floor Rehabilitation, Pregnancy & Postpartum, Women's Sports Medicine, and Female Cancer (breast and pelvic). We use a team approach with patient care to offer patients a comprehensive and collaborative evaluation and treatment plan. We have a robust mentorship program for clinicians, and many are involved in teaching and research.

If a clinician was interested in getting involved in women's health what would be a good first step?

I recommend finding a women's health PT in your facility or area to observe. We understand as PTs the educational value of clinical observation (even before we get into school!), and this continues to be true when getting into a new specialty. This can allow a clinician to reflect on their own clinical interest in pursuing this as a specialty and the feasibility in expanding their current practice. Next step is to start the continuing education courses in women's health. The APTA Section on Women's Health has a certificate program for Pelvic PT (CAPP-Pelvic) and Obstetric PT (CAPP-OB) which offer a solid foundation of didactic and practical skills. Both of these tracks cover women's health interventions for patients with neurological conditions. For example, in the CAPP-OB Advanced course, pregnancy with a SCI and parenting with disabilities, are topics specifically covered.

Clinician's Corner: Spotlight on Women's Health Specialist Suzanne Badillo (cont)

Please describe your involvement/experience treating individuals with SCI, in particular. Can you relay any particularly memorable patients/injuries and unique strategies you needed to devise to support them?

Since I started my clinical practice working with patients with SCI at RIC, I have a good background in working with this population. Although I have a primarily musculoskeletal caseload currently, I am fortunate to work in the same department with an exceptional team of clinicians that specialize in patients with SCI. I collaborate with my colleagues on interventions for patients with SCI who are pregnant, to discuss clinical considerations including positioning, energy conservation, joint protection, pain management, and body mechanics during pregnancy and with parenting. For example, I worked with the clinical team on proper positioning of a patient during Hoyer lift transfers during the later months of her pregnancy. To minimize the risk for compression of the inferior vena cava at this stage in pregnancy, we used a small pillow/towels to give her a slight bias to the left during her transfer. Other patients may be referred to me for pelvic floor rehabilitation after an incomplete SCI or a lumbar level SCI for urinary or fecal incontinence as pelvic floor strength may be emerging.

How do you feel the role of the physical therapist can support patients with SCI who become parents?

During pregnancy, the female body is continuously changing and growing, so functional mobility needs can change over the course of the year. For example, as a woman's abdomen grows, she may not be able to flex forward easily and may now need a sliding board to transfer or more assistance than before. For ambulatory patients, assistive device needs may need to be assessed as the body is changing to ensure safety and minimize excessive fatigue. For new parents (moms AND dads), PTs can assist in the functional tasks of parenting. Anyone who has taken care of a baby or small child can attest to the fact that childcare can be a sport! PTs can support parents in finding ways to best be involved in the childcare tasks and how to do so in a safe and energy efficient manner. It takes some creativity to find ways to childproof the home but still make it accessible for the parents. PTs can work with the team on adaptive equipment needs, wheelchair/seating modifications, and use of other commercial baby care products such as baby carriers and nursing pillows to find creative strategies for child care. And remember babies grow, so PTs can have a role in preparing our patients of upcoming needs to meet the demands of a developing baby!

Thank you to Suzanne for sharing your story and providing such wonderful information. Keep up the great work at RIC!

References cont'd from Page 3:

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5. Asch A, Fine M. Disability beyond stigma: social interaction, discrimination, and activism. J Soc Iss 1988;44:3-21.
6. Kopala B, Egenes KH. The physically disabled parent: assessment and intervention. Top Clin Nurs 1984;6:10-8.
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Interested in becoming more involved in the SCI SIG?

The nominating committee is looking for enthusiastic SCI professionals to run for office. Please contact **Erin Culverhouse** for more information to let us know you are interested.

Open position descriptions can be found below.

Contact Erin: emculverhouse@gmail.com, Chair of Nom Com

SCI SIG Secretary

- Maintain a record of all official actions and decisions of the SIG
- Records minutes of all SIG conference calls (1X per month)
- Attend SIG meeting with VP at CSM
- Assist the chair in preparation and submission to the board of directors for yearly plan for the SIG
- Coordinate updating policy and procedures manual with the VP of the Neurology Section as needed.
- Ensure currency of SIG website links and content every 6 months at a minimum.
- Provide for orientation of a successor.
- Rotate through being the coordinator of the newsletter.
- Assist rest of the SCI SIG with tasks as needed.

SCI SIG Nominating Committee

- Prepare annually slate of two or more candidates for each open SIG office.
- Coordinate with the executive officer and section nominating committee liaison to build ballot and conduct elections.
- Participate in monthly meeting calls.
- Assist rest of the SCI SIG with tasks as needed.
- Coordinate newsletter.

****Stay Tuned for our Spring newsletter which will focus on Aging with a Spinal Cord Injury****