



# THE CORD

## SPINAL CORD INJURY E-MAIL NETWORK



*"I should have contacted you months ago. Thank you, thank you, thank you. The hits just keep on coming. I sent out a couple thank you's so far, but, the response has me sitting here going WOW! It's going to take me quite a while to go through all these responses and I'm sure that I'll find a supplier from this list to handle my orders." ~ Dwight*

*"Thanks so much for this forum. I've received some invaluable responses to my email which has helped me make some tough decisions." ~ Debbie*

These are just a couple of quotes from people who have asked a question from the SCI E-Mail Network. Anything from where can a product be found to places to vacation, can be discussed. Disability items such as wheelchairs, ramps, and standing frames, have been donated or sold through the network. Information and experience in dealing with medical procedures and protocols are often requested. While the advice of a physician is always first and foremost, it always helps to hear from someone who had a similar experience or procedure—someone who has been down that road.

The E-List now includes over 250 Magee SCI Peers, Magee Alumni, SCI survivors, and family members. SCI Coordinators use this list to communicate to members what is going in the SCI community, what topic is being discussed at the monthly SCI Resource Group, and any relevant information that comes across their desks. What has made this email network so important is the helpful information shared from person to person because of

living through the same situations.

The SCI E-Mail Network grew from the Magee SCI Peer Program. The Magee SCI Peer Program is a group of people who have lived through a spinal cord injury, illness or dysfunction and have successfully transitioned back to their lives. The peer program was started in the 90's. As the peer program grew, the number of e-mails on file grew. Along with peer e-mails, Magee alumni e-mail addresses along with other SCI survivors who are interested in all the information shared through this network have been included.

*From the wife of a former patient, "Just wanted you to know how grateful we are for all your e-mails. Could you add our son to your list?"*

As the SCI E-Mail Network is used it is obvious there is a need to start ones for all the programs: Amputee, Stroke and Brain Injury. It is a great way to share resources and solicit information from the best sources – those who have been there and done that.

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Thomas Jefferson University



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## RESEARCH & EDUCATION

### RESEARCH PARTICIPANTS NEEDED!

The Spinal Cord Injury Center at Jefferson and Magee is looking for individuals with SCI to participate in a research study to examine the reliability of a spasticity and joint position test.

The participant will be asked to:

- Have 2 separate physical therapists perform a spasticity and joint position test on your legs.
- Come back into Magee a week later to have the same 2 physical therapists test spasticity.

If you:

- Have a traumatic spinal cord injury
- Level of Injury T12 or higher
- Willing to come to Magee Rehab Hospital for 2 outpatient visits
- 3 or more months post injury

If interested, please contact **Mary Schmidt-Read** at **(215) 587-3151**.

### EFFECTS OF TWO DIFFERENT FES CYCLING PROGRAMS

The Spinal Cord Center at Jefferson and Magee, along with researchers from the University of Sciences, are conducting a study to learn how different cycling programs may help adults with spinal cord injury. We are looking at the effects that may decrease your risk of cardiovascular (heart) disease and other health problems including: the strength and make-up of the bones in your legs; the size and strength of your leg muscles; the amount of fat-free tissue in your body; and your cholesterol levels and nutritional status. The study will require you to cycle with FES for 1 hour, 3 times a week at Magee's Outpatient center for 6 months. You will also have testing completed at 3 different time points: 1. before starting the cycling, 2. after cycling for 3 months, and 3. after cycling for 6 months. Some testing will be completed at Jefferson.

You are eligible to participate in the study if you:

- Are 18 to 65 years old (but women must be premenopausal)
- Have a spinal cord injury and are unable to move your legs
- Can attend 60 minute training sessions 3 times per week for 26 weeks at Magee's Outpatient Center
- Can attend data collection sessions 3 times
- Have no major medical problems
- Have not broken a bone in your leg in the past 3 months
- Are not pregnant

For more information, please contact either **Therese Johnston**, PT, PhD, MBA (Principal Investigator) at **(215) 596-8682**, **Marilyn Owens**, R.N. (Study Coordinator) at **(215) 955-6579** or **Elizabeth Watson**, PT, DPT (Senior Physical Therapist) at **(215) 218-3900**.

### UPPER EXTREMITY STUDY

The Regional Spinal Cord Injury Center at Thomas Jefferson University Hospital and Magee Rehabilitation has developed a research tool to measure improvements in arm and hand function in persons with cervical spinal cord injury (neck region). We are seeking volunteers to help us make sure that the scale is valid (measures what it is supposed to measure). **Research participants must have sustained a cervical spinal cord injury.** Subjects will be required to come to Thomas Jefferson University Hospital or Magee Rehabilitation Hospital on either 1 or 2 occasions for about 1½ hours each visit. Those who participate will be reimbursed for time and travel and provided with free parking.

The research tool is called the Capabilities of the Arm and Hand in Tetraplegia (CAHT). The validation and reliability of this scale is very important because it will be used in future clinical trials to measure improvements in upper extremity function. To date, there is no reliable measurement for clinicians to use. This is a very important study and **we need your help.**

If you are interested in participating, please contact **Mary Patrick** in the Spinal Cord Injury Research Office at Thomas Jefferson University Hospital at **(215) 955-6579** and we will be willing to answer any of your questions.

## STUDY OF ASSISTIVE TECHNOLOGY FOR MOBILITY IN SCI

The combined efforts of SCI Center staff from both Thomas Jefferson University and Magee Rehabilitation Hospital continue to support a new multicenter study entitled "Investigation of Assistive Technology for Mobility used by Individuals with a Spinal Cord Injury". Working together with SCI Centers in Pittsburgh, Georgia, Chicago, Washington DC, Ohio and Northern New Jersey, we are investigating the impact of policy changes on customizability and features of wheelchairs, and the number of working wheelchairs an individual owns. To collect this information, we are looking at the specifics of an individual's wheelchair usage, relative to the type of wheelchair they were provided, the amount of wheelchair breakdown, the skill of using the wheelchair and quality of life measures for the individual using a wheelchair for primary mobility. Since it

has been shown that reintegration into society following a disability depends on access to appropriate and adequate assistive technology such as wheelchairs, we hope to investigate the effects of the types of presently supplied wheelchairs and how they may be contributing to a person's functional limitations, even more so than the person's disability itself. The information (or data) collected over the four years may then be helpful in effecting policy change, relative to prescriptions and funding for wheelchair mobility equipment.

If you are interested in participating or would like more information, please call **Mary Patrick, RN, RSCICDV Project Coordinator** at **(215) 955-6579**.

Those who participate will be reimbursed for time, travel and parking.



## NEW PUBLICATIONS/PRESENTATIONS BY RSCICDV STAFF

- Alexander MS, Biering-Sorensen F, Bodner D, Brackett NL, Cardenas D, Charlifue S et al. International standards to document remaining autonomic function after spinal cord injury. *Spinal Cord* 2009; 47(1):36-43.
- Alexander MS, Anderson KD, Biering-Sorensen F, Blight AR, Brannon R, Bryce TN et al. Outcome measures in spinal cord injury: recent assessments and recommendations for future directions. *Spinal Cord* 2009; 47(8):582-591.
- Blight A, Curt A, Ditunno JF, Dobkin B, Ellaway P, Fawcett J et al. Position statement on the sale of unproven cellular therapies for spinal cord injury: the international campaign for cures of spinal cord injury paralysis. *Spinal Cord* 2009; 47(9):713-714.
- Datta S, Lorenz DJ, Morrison S, Ardolino E, Harkema SJ. A multivariate examination of temporal changes in Berg Balance Scale items for patients with ASIA Impairment Scale C and D spinal cord injuries. *Arch Phys Med Rehabil* 2009; 90(7):1208-1217.
- Ditunno J, Scivoletto G. Clinical relevance of gait research applied to clinical trials in spinal cord injury. *Brain Res Bull* 2009; 78(1):35-42.
- Ditunno PL, Patrick M, Stineman M, Ditunno JF. Recovery patterns are observable, predictable and reflect therapist-measured assessments of how well a person is able to perform specific tasks. *Spinal Cord* 2009; 47(4):347-348.
- Ditunno PL, Ditunno JF, Jr. Walking Index for Spinal Cord Injury (WISCI II): scale revision. *Spinal Cord* 2009; 47(4):349.
- Farnan C, Patrick M. Saline instillation: helpful or harmful? *Advance for Nurses* 2009; 11(26):13-14. 2009.
- Harvey L, Marino R. The walking index for spinal cord injury. *Aust J Physiother* 2009; 55(1):66.
- Linassi G, Li Pi SR, Marino RJ. A web-based computer program to determine the ASIA impairment classification. *Spinal Cord* 2010; 48(2):100-104.
- Marino RJ, Scivoletto G, Patrick M, Tamburella F, Read MS, Burns AS et al. Walking Index for Spinal Cord Injury Version 2 (WISCI-II) with repeatability of the 10-m walk time: inter- and intrarater reliabilities. *Am J Phys Med Rehabil* 2010; 89(1):7-15.
- Schreiber AL, Fried GW, Formal CS. Normalization of central cord syndrome spinal cord injury urodynamics after intrathecal baclofen therapy: a case report. *Neuromodulation* 2009; 12(14):310-314.

## ANOTHER EXPANSION OF THE MAGEE LOCOMOTOR TRAINING PROGRAM!

Magee's *Locomotor Training Program* is nationally recognized as a leader in this state-of-the-art therapeutic intervention. The Locomotor Training (LT) Program has been active since Magee participated in a NIH (National Institute of Health) sponsored clinical trial for use of this therapy with acute incomplete spinal cord injury, over 12 years ago. Since then, Magee became the co-founder of the Christopher and Dana Reeve Foundation NeuroRecovery Network (or NRN), a national network of clinical and fitness facilities that offer this standardized activity based therapy under specific guidelines.

Over the years, Magee staff have expanded the use of this program for persons with all types of neurological diagnoses, and the program was expanded to serving both inpatients and outpatients. This year, Magee took another step forward by adding two additional body weight support machines of a different model, which include a robotic component for moving of the legs instead of staff. This system is also controlled by parameters determined by a skilled therapist. By offering both types of LT through our 4 systems – "manually assisted LT and robotic LT" – Magee has the capacity to serve more individuals simultaneously, as well as aggressively progress them through the evolution of their neurological recovery.



### DIAPHRAGM PACING SYSTEM

The Regional Spinal Cord Injury Center of the Delaware Valley (RSCICDV) at Thomas Jefferson University Hospital and Magee Rehabilitation Hospital is excited to announce a program available for those with ventilator dependent spinal cord injury, the NeuRx Diaphragm Pacing System™ RA/4.

The NeuRx RA/4 System is designed to help patients breathe by stimulation of their diaphragm muscles. Intramuscular diaphragm electrodes are implanted using standard laparoscopic surgical techniques. The implanted electrodes are connected to an external

stimulator that delivers repetitive electrical stimulation to the patient's diaphragm causing it to contract. As a result the patient will inhale in a manner similar to natural breathing. A physician will program the Stimulator so that it produces the right stimulation patterns. The user simply connects the device to the implanted electrodes and turns it on for use; no other controls are necessary for operation.

If you feel you may benefit from this procedure and may be interested or you would like further information on this new device, please call the RSCICDV office at **(215) 955-6579**.

### NEW PHYSIATRIST — CHRISTINA V. OLESON, MD

Regional Spinal Cord Injury Center of Delaware Valley, Thomas Jefferson University Hospital

**Title:** Associate Professor of Rehabilitation Medicine  
Jefferson Medical College, Thomas Jefferson University

**Address:** 132 South 10<sup>th</sup> Street, 375 Main Building, Philadelphia PA 19107

**Telephone:** 215-955-4489

**Research:** *Publications*

After completing her fellowship in Spinal Cord Injury Medicine, Dr. Oleson began her career as an Assistant Professor of Physical Medicine and Rehabilitation at the University of Alabama at Birmingham, serving as the Director of the Spinal Cord Injury Program as well as the Intrathecal Baclofen Program. During her tenure there, she also held the rank of Associate Scientist in the Center for Metabolic Bone Disease. In 2008, she joined Dartmouth-Hitchcock Medical Center as an Assistant Professor in the Department of Orthopaedics where she served as key resource for spinal cord injury care in rural New England, expanded the Intrathecal Baclofen program and was an active member of the multiple sclerosis team.

Dr. Oleson's research interests include neurological recovery in spinal cord injury and functional outcome measures, as well as immobilization osteoporosis and vitamin D deficiency.

She has served as a manuscript reviewer for the journal *Spinal Cord*, was a member of the focus group for the Autonomic Standards Development Project of the American Spinal Injury Association and the International Spinal Cord Society. She was a member of the review committee for the Consortium Guidelines in Early Acute Management of Traumatic Spinal Cord Injury for the Paralyzed Veterans Association of America. She has authored peer-reviewed papers and chapters on spinal cord injury and metabolic bone disorders and presented at meetings both nationally and internationally.

**Education:**

A.B. Harvard College, Cambridge, MA

M.D. University of Massachusetts Medical School, Worcester, MA

**Postgraduate Training:**

Internship: North Shore Medical Center, Salem, MA

Residency: Thomas Jefferson University Hospital, Philadelphia, PA

Fellowship (Spinal Cord Injury Medicine): Rehabilitation Institute of Chicago and Northwestern University Hospital, Chicago, IL

**Board Certifications:**

Physical Medicine and Rehabilitation

Spinal Cord Injury Medicine



Attending Physiatrist  
Christina V. Oleson

## ONGOING RESEARCH OF THE RSCICDV

### Current

1. Investigation of assistive technology for mobility used by individuals with spinal cord injury. *Sponsor: NIDRR supported through SCI Model System of Care*
2. UAB Index of Motor Recovery – Validation of an outcome measure for motor recovery in incomplete spinal cord injury. *Sponsor: NIDRR supported through SCI Model System of Care*
3. Development and validation of the thoracic-lumbar control scale to measure strength and coordination of trunk muscles. *Sponsor: NIDRR supported through SCI Model System of Care*
4. Development and validation of the Capabilities of Arm and Hand in Tetraplegia (CAHT) measurement for upper extremity function. *Sponsor: NIDRR supported through SCI Model System of Care*
5. Spasticity and Joint Position Testing in Individuals with SCI. *Sponsor: Regional Spinal Cord Injury Center of the Delaware Valley*

### Completed Clinical Trials

1. A 15-Week, Randomized, Double-Blind, Placebo-Controlled, Parallel-Group, Multi-Center Trial of Pregabalin for the Treatment of Chronic Central Neuropathic Pain After Spinal Cord Injury. *Sponsor: Pfizer Pharmaceuticals*
2. A United States multi-center study to assess the validity and reliability of the Spinal Cord Independence Measure (SCIM III). *Sponsor: Craig H. Neilsen Foundation*
3. Restoration of walking after spinal cord injury – Reliability of the maximal WISCI level. *Sponsor: National Institute on Disability and Rehabilitation Research (NIDRR)*
4. A phase II, double blind, placebo-controlled, multicentered study to assess the efficacy and safety of HP184 at 100, 200, and 400 mg doses administered orally once daily for twenty-four weeks in adult subjects with chronic spinal cord injury. *Sponsor: Aventis Pharmaceuticals*
5. Peripheral denervation following spinal cord injury (Using MRI to study nerve function following spinal cord injury). *Sponsor: American Paraplegia Society*
6. Open-label extension of double-blind, placebo-controlled, parallel group study to evaluate safety, tolerability and activity of oral Famipridine-SR in subjects with chronic incomplete spinal cord injury. *Sponsor: Acorda Therapeutics.*
7. Restoration of walking after spinal cord injury - validation of the Walking Index for Spinal Cord Injury (WISCI) scale for hierarchical ranking. *Sponsor: National Institute on Disability and Rehabilitation Research (NIDRR)*
8. Study the effects of Body Weight Supported Treadmill Training in acute incomplete spinal cord injury. *Sponsor: National Institute of Health (NIH)*
9. A phase I/IIa dose-ranging study to evaluate the safety, tolerability, and pharmacokinetics of BA-210 and the neurological status of patients following administration of a single extradural application of Cethrin® during surgery for acute and cervical spinal cord injury. *Sponsor: BioAxone Therapeutics, Inc.*
10. A four-week, prospective, randomized, double-blind, placebo-controlled trial to assess safety, tolerability, Pharmacokinetics and preliminary efficacy of AV 650 in patients with spasticity due to spinal cord injury. *Sponsor: Avigen*

### GADGETS FOR INDIVIDUALS WITH SCI

<http://www.apple.com/ipodtouch/features/voice-control.html> - has information about the voice commands for the iPod touch, the iPhone also has voice commands for various things.

<http://www.rollingrazor.com/home/1-bp> - this is a great razor for the C5, C6, C7 population to utilize.

Do you have any tips or gadgets that make doing things with your disability more manageable?  
Please share them at [sdibeler@mageerehab.org](mailto:sdibeler@mageerehab.org).



## SPINAL CORD INJURY PATIENT EDUCATION MANUAL NOW AVAILABLE IN SPANISH!!

The Regional Spinal Cord Injury Center of the Delaware Valley (RSCICDV), a NIDRR designated Model System of SCI Care and a partnership between Magee Rehabilitation and Thomas Jefferson University Hospital, has maintained a comprehensive spinal cord injury educational manual for the past 20 years. Periodically, this educational tool has been updated and revised to remain current and available to assist the learning of information about a newly acquired spinal cord injury for both our patients and family/caregivers. Over the past two years, the English version has once again been totally revised, including new graphics, etc. And now, thanks to the generosity of the Craig Neilsen Foundation, we are able to offer the same manual in a full Spanish version. This translation, as the English version, is available for FREE and can easily be accessed on-line at [www.spinalcordcenter.org](http://www.spinalcordcenter.org), the official website of the RSCICDV, or through the Magee website under the Spinal Cord Injury Program. This method of dissemination offers the material for use by anyone around the world. Specific chapters can be downloaded or printed, or the entire manual. Feel free to browse!

## SPINAL CORD INJURY SUPPORT GROUPS

### SCI PEERS, sharing experiences

The SCI-Peer Consultant Group provides individuals who have suffered a SCI the chance to learn from those who have rehabilitated following such an injury.

Magee can match peers based on injury level, social situations, age, gender, marital status, recreational interests and

vocational experience.

To request a peer consultation, or to volunteer as a mentor, contact **Marie Protesto** or **Sonya Dibeler** at [peers@mageerehab.org](mailto:peers@mageerehab.org) or **(215) 587-3174**.



### SCI RESOURCE GROUP

This group provides education, recreation and support opportunities to individuals with spinal cord injuries. Traditionally, meetings are held at Magee on the second Thursday of every month at 6 p.m. in the Second Floor Conference Room.

However, social outings are scheduled based on availability and pricing.

We are always looking for new topics. If you have an idea for a topic or would like more information, please call **Marie Protesto** or **Sonya Dibeler** at **(215) 587-3174**, or e-mail [peers@mageerehab.org](mailto:peers@mageerehab.org).

### SCI FAMILY PEERS

Family Peer Mentors are family members and/or loved ones of individuals who have sustained a SCI and have successfully transitioned to living life with a disability. They are volunteers who are specially trained to guide and provide SCI related information and experiences to families and loved ones of newly injured individuals.

Mentoring can be done in the form of participating in the family group which is held twice monthly at Magee or contacting a new family by telephone or face to face if possible. Given the geographic area Magee serves, we attempt to be creative and flexible with mentoring requests.

The SCI Family PEER Group meets two

Wednesdays a month at 6 p.m. in the 5<sup>th</sup> floor lounge on the Spinal Cord Injury Unit at Magee Rehabilitation Hospital. This group is open to inpatients and outpatients.

For more information or to become a Family Peer Mentor, please contact **Ruth Black, LCSW** at **(215) 587-3030** or [rblack@mageerehab.org](mailto:rblack@mageerehab.org).



# WHEELCHAIR SPORTS

## MAGEE WHEELCHAIR SPORTS TEAMS

### BASKETBALL: MAGEE SIXERS SPOKESMEN

Practices are held every Tuesday and Wednesday evening from 6:30 pm—9 pm (Sept.—May). Tuesday practices are geared for new and developing players while Wednesday practices are reserved for veterans. Contact: **Binh Scott at binhscott@yahoo.com** for more details.

Locations: Tuesday—Finley Playground Recreation Center (7701 Mansfield Ave., Phila, PA 19150)  
 Wednesday—Carousel House (corner of Belmont Ave. & Avenue of the Republic, Phila, PA 19131)

### RUGBY: MAGEE EAGLES

Practices are held Tuesday evenings from 6:30 pm—9 pm (Sept.—May). Contact: **Andy Robinson at EaglesRugby@me.com** for more details.

Locations: Carousel House (corner of Belmont Ave. & Avenue of the Republic, Phila, PA 19131)

### SOCCER: MAGEE KIXX

Practices are held every other Sunday from 12:30 pm—3:30 pm (Sept.—June).

Practice locations vary, so please contact **sdibeler@mageerehab.org** for details.

### TENNIS: MAGEE FREEDOM

Practices are held each Sunday from 12 pm—2 pm (10 am—12 pm in the summer).

Location: Cherry Hill Racquet Club (1820 Old Cuthbert Rd., Cherry Hill, NJ 08034)

### RACING

The team meets at 10 am on Saturdays during the summer at the Philadelphia Rowing Program for the Disabled boathouse on Martin Luther King Jr. Drive in Philadelphia. Call **(215) 587- 3412** for details.

### SOFTBALL: MAGEE PHILLIES

The team practices from Spring through the fall. Contact **James Falls at james.falls@va.gov** for details.

Magee Wheelchair Sports are always looking for volunteers who would like to learn more about wheelchair sports and help our teams at practices and tournament. If you have any questions or would like more information on any of our teams, please call **(215) 587-3412**.

Our wheelchair athletes recognize how fortunate we are to have a rehab hospital such as Magee fund our sports program, and we give back to the community by performing outreach events in the Philadelphia area. This season our teams performed demonstrations at the following universities: Temple, Widener, West Chester, Stockton College (NJ), University of the Sciences, University of Pennsylvania, and Drexel University. Our athletes have also lectured to students at the Franklin Learning Center, Temple, and Jefferson University.

Physical activity is an integral part of physical and psychological well being. Everyone, regardless of ability or disability, should have access to recreation, so we plan to actively recruit new athletes to join our teams. If you already play a wheelchair sport and would like more information about our program, or if you are interested in a leisure activity that we do not yet offer, please contact us!

Magee Rehabilitation is looking to expand its adapted sports program by adding more recreational activities for the disabled community. We encourage everyone to become involved in physical activity, whether it is in a competitive sport or at an intramural level. Please join us as we add more recreational opportunities in the coming months and years.

If you would like Magee to consider adding a specific activity to our program, please call **(215) 587-3412**.



#### RACING

Philadelphia Marathon  
 Phila, PA  
 Nov. 20-21, 2010

#### POWER SOCCER

Magee Invitational  
 Riverwinds, NJ  
 Oct. 30, 2010

#### BASKETBALL

Magee Sullivan Classic  
 Riverwinds, NJ  
 Dec. 4-5, 2010  
 Philadelphia, PA  
 Feb. 2011

#### RUGBY

Slippery Rock, PA  
 Nov. 2010  
 Magee Beast of the East  
 Riverwinds, NJ  
 Nov. 13-14, 2010



## COMMUNITY PROGRAMS

### LEGAL CLINIC FOR THE DISABLED

**The Legal Clinic for the Disabled provides free legal services to low-income people with physical disabilities in Philadelphia, Bucks, Chester, Delaware and Montgomery Counties, Pennsylvania.**

Since 1990, the Legal Clinic for the Disabled, a 501(c)(3) non-profit corporation with offices at Magee Rehabilitation Hospital, has helped thousands of people. We help victims of domestic violence get legal protection from their abusers. We represent victims of identity theft and consumer fraud. We help parents and care givers access

healthcare for their children. We write wills, powers of attorney and living wills. Most of our clients experience physical limitations in their daily activities, and many have suffered catastrophic injuries or illnesses like stroke, spinal cord or brain injury, multiple sclerosis, cancer, advanced diabetes, glaucoma, AIDS, amputation or epilepsy. Our services help them overcome legal problems and continue living comfortably and independently in the community.

*For more information about our clinic, please visit our Web site at:*  
**[www.legalclinicforthedisabled.org](http://www.legalclinicforthedisabled.org)**

### LEGAL CLINIC TOPICS from Rodney Warner

The Family Medical Leave Act (FMLA) provides for individuals, under certain conditions, to take unpaid leave from employment due to medical reasons without losing their jobs. The law requires certain employers (with 50 or more employees) to give certain employees (who worked for at least 1,250 hours over the previous year) unpaid time off for the birth or adoption of a child, or to care for themselves, a spouse or an immediate family member with a serious medical condition. The federal Department of Labor (DOL) has issued some recent words of wisdom concerning the FMLA. The DOL, which is the agency that enforces the law, has issued a "clarification" of the definition of "son or daughter" under the law.

The law explicitly covers situations where there is a biological relationship to the parents, or where the child is adopted, a

stepchild, a foster child, a "legal ward," or a child of a person standing "in loco parentis." Though many of us parents feel loco at times, "in loco parentis" is a legal term meaning that an adult has intentionally assumed the obligations and responsibilities of parenthood, without officially doing so.

In other words, an employee may qualify for FMLA leave for the care of a child, even if there is no biological or legal connection to the child, as long as the employee is acting "in loco parentis." This may cover single parents, unmarried and same sex couples that, traditionally, would not be considered "parents."

For a more in-depth analysis from the U.S. Department of Labor, go to: [http://www.dol.gov/WHD/opinion/adminIntrprtn/FMLA/2010/FMLAAI2010\\_3.pdf](http://www.dol.gov/WHD/opinion/adminIntrprtn/FMLA/2010/FMLAAI2010_3.pdf)



### SPINAL CORD SOCIETY

The Spinal Cord Society is a large grass roots organization with thousands of members throughout North America and other countries. Its goal is cure of chronic spinal cord injury paralysis. The Spinal Cord Society puts 100% of its funding into research for the cure of spinal cord dysfunction. The Spinal Cord Society meets at Magee Rehabilitation Hospital on the 6th floor at 1 pm on the first Saturday of every month. If you would like to support this research, consider attending one of these meetings.

For more information, please contact **Chris Cellucci** at [cellucci@ursinus.edu](mailto:cellucci@ursinus.edu) or (610) 296-7429, or **Dennis Ledger** at [dledger@csc.com](mailto:dledger@csc.com) or (856) 468-4401.



## THINK FIRST

To help prevent disabling head and spinal cord injuries among children, teens and young adults, Magee's Think First Program holds dynamic presentations at schools. Our program is part of the nationally coordinated Think First program. Presentations consist of a video, injury prevention lessons and testimonials from adults with disabilities.

If you have a spinal cord injury or brain

injury and are interested in changing behaviors and saving lives, please consider joining Think First and speaking to students. Since Magee values your experience we will reimburse you for your time.

If you are interested or know of a school that would like to host one of our assemblies, please call **Joe Davis**, Think First Coordinator, at **(215) 587-3400**.

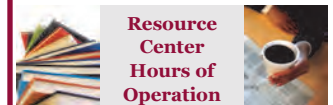
## PATIENT RESOURCE CENTER

The Patient Resource Center is located on the 6th floor. Feel free to stop by. We have tons of interesting fiction, a number of best seller books including notable books that made Oprah Winfrey's Book Club list. There are about 600 leisure/romance/mystery novels to choose from as well as a broad selection of relevant professional periodicals. You may have noticed that we have three computers spaced just right for patient, visitor and

staff access and to supplement these resources, we also have an assortment of DVDs .

Please allow us the opportunity to provide you with extraordinary customer service and an enviable user friendly environment.

You may contact **Venus Bradley** at **(215) 587-3146** with any questions, concerns or suggestions.



Resource  
Center  
Hours of  
Operation

Monday, Tuesday,  
Wednesday & Thursday

9:30 am - 8:00 pm

Friday

9:30 am - 5:00 pm

Saturday & Sunday

12:00 pm - 5:00 pm

Hours are subject to change.

## CONSUMER ARTICLES

### CRUISIN' TO BERMUDA by Mark Chilutti



After missing a cruise 2 years ago from being sick, then having the Christmas trip to Rome cancelled by the snowstorm of the century, I was quite overdue for a vacation. Thankfully, Hurricane Danielle, no matter how hard she tried, could not screw this one up!

I have always wanted to visit Bermuda and a cruise seemed like a great way to do it. The trip began with plans made about 6 months ago, so to insure an accessible cabin with an ocean view would be available. We cruised with Royal Caribbean before and were very pleased with them, so decided to go with them again. We have found their rooms to be the best, and all of their accommodations to meet my needs.

The *Explorer of the Seas* leaves from Bayonne, NJ, so the thought of being able to jump in the car, drive up the New Jersey Turnpike, and get on a big boat seemed like a great plan, and, let me tell you, it was! The port was only about 5 miles from the turnpike, and very easy to find. There was plenty of accessible parking, the terminal was accessible, and they have a line for folks with disabilities

that gets you on the boat quickly and easily.

Our room was very nice. There was plenty of room to move around, the light switches were accessible from bed (much better than hotels!), and the bathroom was great, including a roll in shower. I always take a small seat pad with me for the shower, and was glad I did, as the built in shower seat was very small and very hard. My \$7 seat cushion made all the difference to make sure that my skin would be safe, and I would be clean. I don't consider myself high maintenance at all, but I do want to be able to sleep in a bed that I can access, use the bathroom, and take a shower. This room allowed me to do all 3 **very comfortably and safely**.



We boarded the boat on a Saturday afternoon, and departed at about 5 PM. After checking the room out we went up on the top deck for a great view of New York and watched the celebration as we left the port. Our first dinner was at 6:30 and was great, followed by the opening show. It is so easy to get around on the boat, which makes it a great choice for those of us in

wheelchairs, or with other mobility impairments, as all of the areas were very easy to reach.

After a great Sunday at sea, relaxing, hanging out on the deck, taking a nap, and getting caught up on some long overdue reading, we were looking forward to arriving in Kings Wharf, Bermuda on Monday morning. We attended the port preview talk so we could ask if the ferry in to the towns was accessible. It was, and that made the time off of the boat very easy for us.

After docking, we strolled over to catch the 45 minute ferry ride to the old, historic town of St. Georges. The ferry cost \$4 each way and was easy to enter/exit. Now, I did say the "old, historic town" and old meant not so easy to get around in a wheelchair. We still managed to check out some shops, see some historic things and had a great lunch by the water. It was not the easiest to get around, but there was no doubt that all of my pushing meant I had already worked off last night's dessert!

We got the ferry back in the afternoon, and, since our ship was docked in Bermuda overnight, we could take our time seeing things before getting back on the boat. We were docked in the *Royal Naval Dockyard*, which was very easy to get around, with all of the shops and factories wheelchair accessible. We saw about half of the attractions that afternoon, and figured we would see the rest the next day.

On Tuesday morning we caught the ferry again, and took a quick 20 minute ride in to the beautiful town of Hamilton. This was a much better place to be as there were curb cuts all over town, the shops were accessible, and it was much easier to get around. We strolled, shopped, and ate, then jumped back on the ferry. We finished the rest of the dockyard, by making stops in the glass factory where we got to see some great work being done, the rum cake factory (free samples!), and strolled through a really beautiful garden.

The boat was departing at 4:30 that afternoon, so we got back onboard, having felt we just visited a beautiful place. Bermuda is a small island, so, even though we were only there for 2 days, we got to see a lot. Other folks on the cruise went to beaches, water parks, or took organized tours. No matter which direction people went in, everyone seemed to talk about how beautiful, clean, and safe it was.

Our time on the boat was well spent. I felt very comfortable and relaxed. In addition to time spent hanging out on the deck, I played in trivia contests each night (movies and music), visited different lounges for live music, spent time in the casino (a little too tight for a guy in a wheelchair!), and just enjoyed being in a warm place!

If you have ever been on a cruise before, or talked with

people who have, the one thing you always hear about is the food, and this cruise did not disappoint! There is food being served all day that is included in what you have already paid. Whether you like formal meals, or casual ones, the options are plentiful! Personally, since I get dressed up for work five days a week, I prefer to go casual.

Every night we ate in the *Windjammer Café*, where I could wear shorts, show up when we wanted, and leave when we were done. It was set up buffet style and very amusing watching some people act as if buffet was a verb! Our waiter Sid looked for us every night. He greeted us with a smile, always came up to carry my plate, and had drinks on the way to our table as soon as we got there. The options included everything from steak to sushi, burgers and pasta, and everything in between. The desserts were amazing too, and hard to pass up!

For those that prefer to dress up, there were 4 nights that were casual in the main dining room, but, casual still meant slacks. The other night was formal, which required a jacket and tie, or tux (yes, some people really wear tuxes!). We have done the main dining room before, and it is quite entertaining, but, for this cruise, I just did not want to get dressed up!

Having now taken 3 cruises, I really believe that they are a great way for those of us in wheelchairs to travel. The boats are easy to get around, and the staff really does go above and beyond to make it an enjoyable trip. I would really encourage folks to look at this cruise, or one just like it too, since it was so easy to just get in to the car, take a short drive, and board the ship. If you needed to bring a portable shower chair or any other equipment along, you could do that really easily too.

The only bad part of the cruise was having it end! But, even the final steps were so easy for us. Royal Caribbean has a special lounge for those of us with special needs to wait in and get help leaving the boat. They called for us to depart at 9:35 that morning. We left the boat, got our luggage, passed through customs, jumped in the car, and were home in our driveway at 11:30, even after a stop for gas and soft pretzels (I love to travel, but I am still a Philly boy!).

All of us have already learned that life can change in an instant, because it has. But, that should not stop us from getting out and enjoying life to the fullest. I work hard so that I can play hard, and I am not going to let being in a wheelchair stop me from seeing the world. I hope you won't either!

*(Mark Chilutti is a T-5 paraplegic, 14 years post injury, and uses a manual wheelchair. He works full time at Magee Rehabilitation Hospital, and is not connected to Royal Caribbean in any way. He may be contacted by email at [mchilutti@mageerehab.org](mailto:mchilutti@mageerehab.org))*