Be Proactive

Let me take the time to remind everyone that voting is a way to make your voice heard. It doesn’t matter which side or to whom you cast your vote, as long as you vote. Right now, you have a bit of downtime to review all the candidates before the general election takes place in the Fall.

Here are some key things to remember about voting:

1. Make sure you know where your voting precinct is located. If you have moved from one county to another county in Arkansas, you should update your address with the County Clerk four (4) days prior to the election. The County Clerk will either take your new address over the phone or ask you to complete a new Voter Registration Application Form.

2. All precincts should be accessible per the ADA. If you have any accessibility concerns related to your voting precinct, please call your local County Clerk’s Office or 1 (866) OUR-VOTE immediately. This will provide time for any necessary changes or modifications to ensure accessibility requirements are in place or the location moved to a more accessible voting location.
3. Make sure you have a valid identification card that is current.

4. If you need assistance with registering to vote in the State of Arkansas (because you moved to Arkansas or have never registered to vote) you are required to complete a new Voter Registration Application 30 days prior to the election. You can also contact your ASCC Case Manager. They will be able to assist you with the Voter Registration Application process.

Remember, voting is your right. It is a privilege that is seen as a duty by many. It is our way to speak out about what we want to see take place. Yes, each vote is our personal opinion, but expressing that opinion is what keeps us free. When we as a society lose that right, we are no longer free.

2020 U.S. Census

The United States Census of 2020 will be the 24th U.S. Census since it began in 1790. The 2020 Census will count every person living in the U.S. and U.S. territories.

Participating in the census is required by law. A complete and accurate count is critical for you and your community, because the results of the 2020 Census will affect community funding, congressional representation, and more. You should receive an invitation by mail to complete the 2020 Census. This will be the first year it can be completed online using a unique Census ID (found in your invitation letter).

More Information: https://2020census.gov/
Managing Pain in SCI

“Life is not fair” and “In this world you will have trouble” are two statements I think about a lot when I deal with spinal cord injured patients in the clinic and at the hospital. Not being able to move arms and legs should be enough of a problem to deal with, but adding neuropathic pain can make it overwhelming.

In my last article, I discussed shoulder pain, which can be considered “above level” pain. In today’s article I want to discuss “at level” and “below level” pain which are caused by the spinal cord injury (SCI) itself, rather than by overwork or overuse. Unfortunately, it is much more difficult to manage. The “below level” pain, similar to phantom pain in an amputated limb, presents as a hard to describe pain. Most patients describe it as a “pins and needles” feeling, similar to when a foot falls asleep, or as hot/burning or cold/icy sensation. It is usually constant. If patients think about the “below level” pain it gets worse, but if they ignore the pain, and focus their mind onto thinking about something else, it usually is less painful. The statement I hear from a lot of my patients is: “Doc, it is always there, but I have learned to live with it, and I can choose to ignore it”.

The “at level” pain is described by most patients as a feeling of pressure or tightness, like a belt wrapped around them at the level of their spinal cord injury -- shoulder region in a cervical SCI, or chest in a thoracic SCI. Others describe the “at level” pain as a hypersensitive region where normal touch is painful. These pains are due to the intact spinal cord and brain wrongly interpreting the sensation signals that use to come from the body prior to the spinal cord injury.

What can you do to manage these types of pain, which are mainly an abnormal nervous system response to nerve and spinal cord injury? Movement and deep rubbing of the painful limb can be helpful by teaching your mind and body to interpret the pain differently, which is why virtual reality and/or visualization techniques can help. Another method is distraction with biofeedback technique or hypnosis to focus the mind on something besides the pain. A lot of my patients find that if they can get their mind involved on a problem or focused on a project, such as reading a book or working on a hobby the pain will be reduced. However,
when they sit down to relax and watch TV or lie down to sleep it often gets worse.

Medication can also help. The usual over the counter pain medications of acetaminophen or ibuprofen are of little benefit. Topical numbing medication helps some people, especially with at level pains. The Lidoderm patch can also help somewhat, but it is expensive and not medically approved for this type of pain. Gabapentin (Neurontin) and pregabalin (Lyrica) can decrease the pain and make it more tolerable. Many patients use them at night when trying to get to sleep or when they first get up to decrease the pain to manageable levels. Narcotic medication can help with pain, but the relief is usually short lived, because the body acclimates to the narcotic and the pain starts to increase again. The choice, then, is to go up on the narcotic dose -- with increasing side effects cognitively and more problems with constipation -- or learn to find other ways to cope with the pain and taper off of the narcotics. In my experience, most patients who decide to pursue narcotics still have pain, and also have multiple side effects (sedation, constipation due to the narcotics, and increased fatigue) and even complications like pressure sores or bowel impactions. So, in general, I recommend not using narcotics, because the risks outweigh the benefits.

Marijuana products are another option, but there are still few scientific studies to guide their use. I have written about this in a past article [Spring 2019]. The risks are addiction, cognitive decline, weight gain, lung damage if smoked. My patients who have used marijuana, report only a mild decrease in the pain, but they do find they don’t care as much and are able to tolerate the pain better. They report that products with more THC cause a “head high”, while cannabinoids (CBD) cause more of a “body high” and sometimes help their spasticity.

Our sincere condolences to the friends and family of...

Thomas L. McMillan 01/02/19
Johnny R. Washington 03/14/19
Patricia L. Obrock 03/25/19
Robert L. Guy 06/01/19
Donald K. Eberly 06/15/19
Frank Eddy III 07/22/19
Larry O. Shrader 08/04/19
John D. Moore 08/08/19
Charles E. Douglas 08/15/19
Judy M. Little 09/05/19
Shannon L. McGee 10/06/19
Cheryl Thompson 11/08/19
JoanEtte Cording 11/17/19
Stacy D. Darnell 11/26/19
Kenneth B. Cooper 12/01/19
Karen A. Stewart 12/07/19
Stanley Allmon 12/13/19
Robert K. Bryant 12/16/19
Larone Smith 12/16/19
Frankie Hawkins 12/17/19
Jonell Stumpf 12/18/19
Vanassa Mayes 12/30/19
Gerald Garibay 01/12/20
Jack C. Laymon 01/20/20
Deborah Foreman 01/22/20
Andrea Beckman 01/24/20
Gregory Lemke 01/24/20
Anthony Stewart 02/24/20
Amanda Browning 03/01/20
Irving Johnson 03/12/20
Tony Brewington 03/20/20
Ronald Keeling 03/20/20
Kipling Jackson 03/23/20
Another medication with some potential benefit is lithium, which has been used for people with psychosis. It has been used to manage pain and is believed to modulate the gray matter and enhance neuronal regeneration and differentiation. It can be used in spinal cord injury to mitigate pain and has been used for a 3-month course in some pain clinics with some success. I have used it in two patients, with some benefit. However, it is difficult to dose and needs frequent lab checks and close follow up. Intrathecal pain medication and better control of spasticity with an intrathecal baclofen pump or a narcotic pain pump can be considered if all else fails.

If you struggle with pain and have tried medication and distraction with no success, you could consider a referral to psychology and/or a biofeedback therapist, to learn biofeedback and self-hypnosis. In my experience, most patients learn over time to manage their pain better, but it doesn’t go away. They tell me it is always in the background if they think about, but they have learned to not think about it. “I don’t go there, Doctor”. I admire these patients, because they have overcome the injustice and trouble of neuropathic pain. The pain may never be eliminated but it can be managed.
COVID-19 (Novel Coronavirus 2019)

As you are likely aware, the novel (or new) coronavirus, officially called COVID-19, has been spreading throughout our state. For individuals with a spinal cord injury or disability, the immune system’s response and ability to fight off bacteria and viruses may be significantly lower. With over 600 cases as of April 2, it’s more important than ever to follow the guidelines provided by the Centers for Disease Control & Prevention (CDC) and Arkansas Department of Health (ADH). Be sure to focus on you and your family’s physical and mental health during this time. Our Case Managers are restricted from making personal visits at this time; however, we are still answering phones and working with vendors to take care of your needs. Please don’t hesitate to reach out to us!

ADH recommends the following steps to help protect yourself and others:

◆ Wash your hands often with soap and water for at least 20 seconds.
◆ Practice social distancing. Avoid close contact with others, especially those who are sick, by keeping at least 6 feet between you and others.
◆ Stay home if you are sick, except to get medical care. If you think you have been exposed to COVID-19 and develop a fever, cough, or shortness of breath, call your health care provider. Your physician will decide if testing is necessary based on your symptoms and known exposures.

ADH has activated a call center to answer questions from health care providers and the public about the novel coronavirus. During normal business hours (8:00am – 4:30pm), urgent and non-urgent calls, please call 1-800-803-7847 or email ADH.CoronaVirus@arkansas.gov. After normal business hours and weekend calls, needing immediate response, please call 1-800-554-5738.

More Information

ADH: https://www.healthy.arkansas.gov/programs-services/topics/novel-coronavirus

CDC: https://www.cdc.gov/coronavirus/2019-ncov/

ASCC 2020 Conference - Save the Date!

The Arkansas Spinal Cord Commission is pleased to announce that it will hold its biennial spinal cord injury/disability conference on Thursday, October 15, 2020. The conference will be held at the Benton Event Center located at 17322 I-30, Benton, AR 72019. More information will follow in our next quarterly newsletter. In addition, you can always access the latest available information on our website as well as our Facebook Page.
Arkansas Spinal Cord Foundation announces the Sandra Turner Memorial Scholarships for Spring 2021 with a “CALL FOR APPLICATIONS.” We encourage those wanting to further their education to apply. ASCF’s mission is to improve the quality of life for persons with spinal cord injuries and those who live with challenges associated with spinal cord diseases such as Spina Bifida, Multiple Sclerosis, ALS, and Spinal Spondylosis. A large part of fulfilling our mission is to help individuals like you to achieve their education goals.

Applications for the Spring semester are due by September 15, 2020. Applications for the Fall semester are due by March 15, 2021. We encourage any individual with a spinal cord disability who is enrolled or planning to enroll in college or vocational/technical school to take this opportunity to apply for assistance.

Scholarship application and instructions for completion may be downloaded from the ASCC’s website at https://ascc.ar.gov/.

Eligibility Requirements:

- Must be an Arkansas resident.
- Must have a medically documented spinal cord disability and be a client of ASCC.
- Prior acceptance to a college, university, or vocational/technical training program. This will include undergraduate or master’s level programs.
- Must complete and submit the ASCF Sandra Turner Memorial Scholarship application and all required documents.

All applications will be reviewed by ASCF’s Scholarship Selection Committee.

For additional information or questions contact Mandy Carmack by calling (501) 247-1977 or sending an e-mail to mandy@asilr.com.

Deadline for applications is on or before September 15 (for the Spring semester) and on or before March 15 (for the Fall semester).
Telecommunications Access Program (TAP)

Could you use an iOS, Android, or other assistive device to better communicate with friends, family, or colleagues? If so, be sure to check out the TAP program! They have recently added Android devices to the list of available equipment. Check the eligibility requirements and apply at: https://arktap.org/eligibility/

The Telecommunications Access Program (TAP) provides free telecommunication equipment to eligible Arkansans who are deaf, hard of hearing, deafblind, or who have a speech, visual, mobility, or intellectual impairment. TAP removes the barriers to telecommunication access through the provision of accessible communication technology.