

## 10/19/16 Patient Education Questions

**1) Why are we having some meals in the dining room, and not the others? Why isn't everyone eating in the dining room?**

Eating in the dining room is required however some Veterans have not been participating consistently. While lunch and dinner are required to be eaten in the dining hall breakfast is served in room because people are on different care schedules. Eating in the dining room provides opportunities to interact with other veterans. Persons with new spinal cord injuries learn from people with longer standing injuries. Peers help each other by sharing information on resources in many areas of care.

**2) Is there a peer support person to talk with?**

There is not a formal program at this time. Santa Clara Valley Medical center does have a Spinal Cord injured (SCI) peer network. Within the VA Palo Alto and person with Spinal Cord injury should speak with their Social worker or Psychologist as they can be connected individually to a Spinal Cord injured peer mentor. The Paralyzed Veterans of America is also a great resource to contact and can help make peer to peer connections. Additionally, using the Web offers opportunities to follow individual SCI blogs and SCI group chats. The facingdisability.com website has a section on peer support as well as other great videos.

**3) Why do some of the Veterans I've shared a room with have Autonomic dysreflexia (AD), and others don't? What is it anyway?**

People with Tetraplegia are more prone to have AD. People with paraplegia up to the level of a T-6 injury level are also prone to AD. This is because signals from the traveling up the damaged spinal cord can be distorted and this makes it difficult for the brain to interpret them. The "normal" responses are thus altered creating different types of responses. Symptoms of AD may include; high blood pressure (greater than 170 systolic) but a low pulse, pounding headaches, and sweating above the level of the lesion. Not emptying the bladder can produce AD. It is very important to know the signs and symptoms of AD and to prevent it from occurring.

**4) How can I access the buttons on my phone with limited hand function?**

Assistant or Assistive Touch. This built-in feature is available on Android and iOS (Apple).

Use this feature to find and adjust certain settings on your device like Home, Volume, Rotate Screen, Screen shot, Pinch to zoom, etc. Tap the Assistive Touch menu and tap the setting you want to change. To access this feature go to Settings, click on Accessibility, scroll until you locate Assistant / Assistive touch. Turn on the feature. Another useful feature is the microphone icon on the onscreen keyboard. This enables the user to dictate text instead of typing with the onscreen keyboard. This is useful for sending a text message, email, or anytime your inputting words. Plan what you're going to say before tapping on the microphone icon. Speak clearly for more accurate results. Your phone may need to be set-up correctly to get this feature to work. Use Google or You –Tube to learn more about these features. If you need additional help, contact Judy in SCI OT.

**5) How can I get to speak to a chaplain if my faith is not represented by VA Chaplain Staff?**

Chaplains are cross trained in multiple faiths and are quite versatile in this regard. You can request to speak to a chaplain by speaking with your medical provider and or someone on your care team to help you get referred to Chaplain Services.

**6) I've heard the words osteoporosis and arthritis, can someone explain the difference?**

Osteoporosis is low bone mass associated with aging. The bone gets brittle and you become more at risk for a fracture. Fracture risks are higher in the back and hips. You can reduce your risk by doing weight bearing activities (i.e.- use a standing frame), and by maintaining good levels of Vitamin D and calcium.

**7) As I get older will my spinal cord injury make my arthritis worse than able bodied people?**

Your arthritis will not get worse than able bodied people, however Spinal cord injured individuals are susceptible to overusing their shoulders and upper extremities in general for wheelchair use and transfers. This overuse can predispose the bones to increased wearing and result in arthritis. It is important to both maintain the range of motion of your joints and well as strength of your muscles.

**8) I feel like I'm caught in a "catch 22". If I exercise it increases my pain but I know I'm supposed to keep myself moving. How do I achieve a balance- how much pain is okay?**

One needs to constantly balance how much exercise they do. Stretching is important to make sure your joints stay limber and strengthening insures your muscles stay strong to

they can handle the forces you need to move yourself around. You can gauge if you have done too much exercise if you have increased your pain level to the point that it takes you a couple of days to recover. The same is true with muscle recovery- while it is okay to be sore from exercise the following day as a general rule if you are still sore two days after your exercises than you most likely over did your exercise.

**9) I feel like I can't remember things as much. Is there any value in those "brain games" I've seen advertised?**

An important discovery has been that we all can continue to grow new axons (the "wires" that connect the cells in our brain) at any age we are.

However, while types of "brain games" that utilize video games can stimulate your brain this does not necessarily translate into other activities. Unless the skills are applied to tasks (not just more video games), nothing new is really accomplished. For example, a video game that requires you to memorize numbers could be helpful if you then translate it into trying to memorize and dial numbers for example on a phone.

Challenging yourself to learn new skills with things or in areas you are unfamiliar with are the best ways to keep building your mental power.

**10) Can we get the power wheelchairs that stand us up?**

Indications:

1. Criteria for power mobility has been met.
2. The patient has a specific medical indication for standing (e.g. pulmonary hygiene, bladder management etc.) as recommended by a physician with appropriate expertise.
3. The patient has specific home management or vocational goals that cannot be achieved by seat elevation.

Contraindications:

- 1) The patient is placed at an unacceptable risk for exacerbation of any significant medical condition (such as autonomic dysreflexia triggered by standing, poorly controlled postural hypotension) or development of new conditions (e.g. fractures, skin breakdown as result of increased shear forces) as a result of standing. There are also limitations in using a power wheelchair with standing function including a loss of precise seated postural control, a slower operating speed in the standing mode and longer wheelbases which may result in a longer turning radius. These longer bases may present a difficulty for the user in knowing where the back of the chair is in space. Therefore, standing capability should only be prescribed when there are specific medical or vocational justifications that cannot be met by seat elevation or with other more practical solutions.

Please see your Occupational Therapist to discuss your individual needs or for further information.