



**Jefferson** | Magee Rehabilitation

Regional Spinal Cord Injury Center of the Delaware Valley  
NIDRR-designated

# *Spinal Cord Injury Manual*

A publication of the  
Regional Spinal Cord Injury Center  
of the Delaware Valley

The Regional Spinal Cord Injury Center of the Delaware Valley provides a comprehensive program of patient care, community education, and research. It is a federally designated program of Thomas Jefferson University and its affiliated institutions of Thomas Jefferson University Hospital and Magee Rehabilitation Hospital.



# Spinal Cord Injury Patient-Family Teaching Manual

**A Publication of the  
Regional Spinal Cord Injury Center  
of the Delaware Valley**

Researched and prepared by the clinical  
personnel of Thomas Jefferson University  
Hospital and Magee Rehabilitation Hospital

Available online at:

[www.spinalcordcenter.org](http://www.spinalcordcenter.org)

© 1993, 2001, 2009 Thomas Jefferson University. This publication is the property of Thomas Jefferson University. All rights reserved. This Manual is intended for use in a total system of care that meets all applicable CARF standards for SCI Centers. Neither Thomas Jefferson University Hospital, nor Magee Rehabilitation Hospital is responsible for any liability, claims, demands or damages asserted to be the result, either directly or indirectly, of the information contained herein. The use or reprinting of any part of this manual requires the express permission of Thomas Jefferson University.



## Dedication

The Handbook Committee of the RSCICDV gratefully acknowledges the assistance and dedication of all who contributed to this manual, and all the others who worked so hard to make this Handbook a reality.

Lori Bennington, RN  
Amy Bratta, PT, DPT, NCS  
Sharon Caine, PT  
Catharine M. Farnan, RN, MS, CRRN, ONC  
Dawn Frederickson, BSN  
Karen Fried, RN, MSN, CRRN, CCM  
Colleen Johnson, PT, NCS  
Nicole Krafchek, PT  
Cynthia Kraft-Fine, RN, MSN  
Marlene Kutys, MSW  
Linda Lantieri, PT, ATP  
Frank Lindgren  
Mary Grace Mangine, OTR/L  
Dina Mastrogiovanni, OTR/L, ATP  
Vilma Mazziol, LPC  
John Moffa, RT  
Mary Patrick, RN (**Editor**)  
Evelyn Phillips, MS, RD, LDN, CDE  
Marie Protesto, RN  
Julie Rece, RN, MSN, CRRN, CWOCN  
Katheleen Reidy, PhD  
Jessica Rickard, CTRS  
Margaret Roos, PT, DPT, MS  
Susan Sakers Sammartino, BS  
Mary Schmidt Read, PT, DPT, MS (**Editor**)  
Patricia Thieringer, CTRS  
John Uveges, PhD  
Cheryl West, PT, DPT

This publication is supported in part by Thomas Jefferson University, a grant received from the National Institute on Disability and Rehabilitation Research (NIDRR), Office of Special Education and Rehabilitative Services (OSERS), U.S. Department of Education, Washington, D.C. and by the Geoffrey Lance Foundation.



# Master Glossary

## Introduction

<b>Affiliated Institutions</b>	Members of the RSCICDV include (Thomas Jefferson University, Thomas Jefferson University Hospital and Magee Rehabilitation Hospital).
<b>Community Reintegration</b>	A program to facilitate your transition and return to home, work, school, neighborhood, etc. to enable your active involvement and participation in the community.
<b>Comprehensive Rehabilitation</b>	Provides a range of rehabilitation services from a multidisciplinary team including inpatient, outpatient and follow-up care as well as a variety of specialized services.
<b>Federally Designated SCI Center</b>	A Center with an emphasis toward SCI that has been awarded grants by the National Institute on Disability and Rehabilitation Research to collect data on all persons admitted with SCI and participates in spinal cord injury research. The data collected includes demographic data (age, cause of injury, date of injury, race, sex, etc), level of function, medical complications, medical expenses, quality of life and surgery.
<b>Model Spinal Cord Injury Center</b>	A Center recognized by the National Institute on Disability and Rehabilitation Research as a “Center of Excellence” in providing care to persons with spinal cord injury, including emergency medical services, acute care, rehabilitation, lifetime follow-up care and community reintegration.
<b>Multidisciplinary Team</b>	A team of specialists who plan and provide medical treatment toward assisting you in becoming as independent as possible during and after rehabilitation. The team includes physicians, nurses, physical therapists, occupational therapists, speech pathologists, recreational therapists, dieticians, psychologists and social workers or case managers.
<b>NIDRR</b>	National Institute on Disability and Rehabilitation Research. This is the government agency that designates the Model Spinal Cord Injury Centers and provides grants to collect data and participate in research.
<b>RSCICDV</b>	Regional Spinal Cord Injury Center of the Delaware Valley

## Spinal Cord Injury

<b>Cervical</b>	The area of the spinal column and cord that is in the neck.
<b>Coccyx</b>	The area of the spinal column that is called your “tailbone.”
<b>Complete spinal cord injury</b>	A spinal cord injury where there is no sensation or movement below the neurologic level of injury. Nerve impulses are not transmitted throughout the spinal cord.
<b>Extension (extend)</b>	To bend backward.
<b>Flexion</b>	To move or bend forward.
<b>Incomplete spinal cord injury</b>	A spinal cord injury where there is sensation, movement or both below the level of injury. Intact areas allow nerve impulses to transmit throughout the spinal cord.
<b>Ligament</b>	Soft tissue that connects two bones together.
<b>Lower Motor Neurons</b>	The nerves that branch from the spinal cord to the muscles.
<b>Lumbar</b>	The area of the spinal column and spinal cord that is in the waist region.
<b>MRI (Magnetic Resonance Imaging)</b>	A scanning or imaging test that allows specialists to see which part(s) of the spinal cord or other parts of the body has been damaged.
<b>Neurologic level of injury</b>	The lowest area of the spinal cord where sensation and movement are still detectable.
<b>Occipital Area</b>	The area on the back of your skull between the ridge and base of the skull.
<b>Paraplegia</b>	The result of an injury to the spinal cord in the thoracic, lumbar or sacral area, which results in a loss of sensation and movement in the trunk and legs.
<b>Rotate</b>	To turn or twist.
<b>Sacral</b>	The area of the spinal column and cord that is located in the small of the back.
<b>Stable spine</b>	An injury to the spinal column that does not affect the ligaments.
<b>Tetraplegia</b>	The result of an injury to the spinal cord in the cervical area, which results in a loss of sensation and movement in the arms, trunk and legs.
<b>Thoracic</b>	The area of the spinal column and cord that is located in the rib cage area.

<b>Upper Motor Neurons</b>	The nerves that make up the brain and spinal cord.
<b>Unstable spine</b>	An injury to the spinal column that results in damage to the ligaments, causing the vertebrae to shift.
<b>Vertebrae</b>	A series of bones located in our back, which provide support for standing, flexibility for bending and protection to the spinal cord.
<b>Bladder</b>	
<b>Bladder</b>	A hollow, muscular organ where urine is stored.
<b>Bladder Management Program</b>	A program developed to allow the effective elimination of urine and maintain a healthy bladder.
<b>Bladder Retraining</b>	The techniques used to promote bladder control.
<b>Bladder Scanner</b>	A non-invasive ultrasound machine that can accurately measure the amount of urine in the bladder.
<b>Catheterization</b>	A procedure where a small tube is inserted into the bladder, through the urethra, to empty it. The tube may be immediately removed or remain in the bladder for a period of time.
<b>Continence</b>	The ability to hold urine and control elimination.
<b>Diuresis</b>	Elimination of unusually large amounts of urine.
<b>Dysreflexia</b>	A potentially life-threatening rise in blood pressure associated with a full bladder. Symptoms include: a pounding headache, profuse sweating and a flushed appearance.
<b>Dyssynergia</b>	Difficulty passing urine because the bladder and sphincter work against each other.
<b>Fluid Restriction</b>	Limiting fluid intake to no more than two liters per day.
<b>Incontinence</b>	The inability to hold urine.
<b>Kidneys</b>	Organs that filter fluid waste products from the blood and produce urine.
<b>Neurogenic Bladder</b>	Difficulty eliminating urine resulting from an illness or injury to the brain, spinal cord or nerve supply to the urinary bladder.
<b>Over-Distention</b>	A bladder that is disproportionately full and stretched.
<b>Reflux</b>	Urine backing up into the kidney.
<b>Residual Urine</b>	The amount of urine left in the bladder after it is emptied.

<b>Sphincter</b>	A muscle surrounding the bladder opening that allows expansion and contraction, causing it to open and close.
<b>Spinal Shock</b>	A period of time after injury during which all spinal reflexes are absent.
<b>“Triggering”</b>	Stimulating reflex urination by tapping over the bladder.
<b>Ureters</b>	Long tubes that go from the kidneys to the bladder.
<b>Uretero</b>	The place where the ureters enter the bladder. Also known as the vesicle junction.
<b>Urethra</b>	The tube that goes from the bottom of the bladder to the outside of the body, draining the urine out.
<b>Urinary Tract Infection</b>	An infection in the bladder or urethra.
<b>Urination</b>	The process of allowing urine to pass out of the body.
<b>Bowel</b>	
<b>Areflexic</b>	Flaccid bowel where the muscle has no tone. This is marked either by constant oozing of stool or digitally removal of stool.
<b>Bowel</b>	The organ through which solid waste passes out of the body.
<b>Bowel Routine</b>	The method and scheduled time of day that bowels are emptied.
<b>Constipation</b>	Difficulty in the elimination of stool from the bowel, resulting in a very hard stool.
<b>Diarrhea</b>	Very soft, watery bowel movements.
<b>Disimpaction</b>	Manual removal of stool from lower bowel.
<b>Digital Stimulation</b>	Gently rotating a finger in a circular motion against the anal sphincter wall to relax the muscle. This relaxation helps stimulate the bowel to have a timely and complete bowel movement.
<b>Hemorrhoids</b>	Enlarged veins in the rectum and anus due to hard stools, straining or pressure during elimination.
<b>Impaction</b>	Stool blockage that occurs if bowels are not routinely emptied or regulated.
<b>Laxatives</b>	Medications used to help evacuate stool. Ordered by a physician or nurse practitioner. (Ex: Senokot®)

<b>Rectum</b>	Lowest part of the bowel.
<b>Reflexic</b>	Spastic bowel with reflexes still present. Muscle has tone.
<b>Sphincter</b>	A muscle surrounding the anus that allows expansion and contraction, causing it to open and close.
<b>Stool (Bowel Movements)</b>	Solid waste eliminated by the body.
<b>Stool Softeners</b>	Medication used to soften stools and prevent impaction or constipation. Ordered by a physician or nurse practitioner. (Ex: Colace ®)
<b>Suppository</b>	Medicine that is inserted into the rectum, which irritates or stimulates the nerve endings to promote a bowel movement.
<b>Respiratory</b>	
<b>Bronchioles</b>	Small air sacs within the lungs.
<b>Bronchus</b>	Pathway that air follows into each lung.
<b>Diaphragm</b>	Muscle that helps with breathing.
<b>Emphysema</b>	Abnormal lung condition.
<b>Expiration</b>	Act of exhaling.
<b>Incentive Spirometry</b>	Device used to assist with deep breathing.
<b>Inspiration</b>	Act of inhaling.
<b>Postural Drainage</b>	Technique of positioning the body to drain secretions from the lungs.
<b>Quad Assist Cough</b>	Manual technique using hands underneath the rib cage to assist in clearing secretions.
<b>Respiratory Treatment</b>	Inhaler or aerosol medications used to open bronchioles.
<b>Secretions</b>	Mucus in the lungs.
<b>Sputum</b>	Material coughed up from the lungs.
<b>Tracheostomy</b>	A plastic tube surgically implanted to open the trachea to the lungs.

## Respiratory Dependent

<b>Assistive Cough</b>	A technique used to help individuals cough more effectively.
<b>Blood Gas</b>	A blood test to determine how well an individual is breathing.
<b>Broncho-dilator</b>	A medication that relaxes and opens the airways.
<b>Broncho-relaxer</b>	A medication that relaxes the airways.
<b>Bronchoscopy</b>	A procedure where a tube is inserted into the person's lungs, allowing specialists to see what is occurring. The procedure may be used to make a diagnosis or as a way of removing secretions that may be trapped in the lungs.
<b>Chest Percussion</b>	A method of using your hands to clap on a person's chest wall and back in an effort to make it easier for the secretions to be drained.
<b>Cuffed Tube</b>	A type of tracheostomy tube that has a balloon on it. This balloon provides protection to the airway and decreases the amount of air that escapes.
<b>Endotracheal Tube</b>	A tube that is inserted through the nose or mouth into the trachea, providing a passageway for air to be delivered either by a ventilator or an Ambu <sup>®</sup> bag.
<b>Expiration</b>	The process of exhaling carbon dioxide and other waste products.
<b>Inspiration</b>	The process of taking in air.
<b>Manual Resuscitator</b>	Assisted ventilation using a bag that is attached to the trachea and gently squeezed. This squeezing pushes air into the lungs.
<b>Mode of Ventilation</b>	The method that the ventilator uses to deliver a breath. There are several different ways that the breath can be delivered. These include: assist control mode, control mode and synchronized intermittent mandatory ventilation.
<b>Assist Control Mode</b>	The ventilator will help the individual take enough oxygen to meet his or her needs. When the ventilator is set on this mode, the person can work with the ventilator, depending on how tired he or she may be. The ventilator will make sure the prescribed number of breaths and the prescribed amount of air is given.
<b>Control Mode</b>	The ventilator will do all the work of breathing for the individual. The ventilator will make sure that the individual gets the prescribed number of breaths and the prescribed amount of air.

<b>Synchronized Intermittent Mandatory Ventilation (SIMV)</b>	The ventilator is set for the minimum number of breaths that a person needs to take. In between breaths, the person can breathe on his or her own, and the ventilator will be triggered to make sure that he or she is receiving the prescribed amount of air.
<b>Non-Cuffed Tube</b>	A type of tracheostomy tube that does not have a balloon on it. This allows air to escape and does not assist in protecting the airway.
<b>Non-Fenestrated Tube</b>	A type of tracheostomy tube that does not have a hole cut into it, allowing air to escape to the upper airway. This hole, or fenestration, allows the individual to speak.
<b>Oxygen Saturation</b>	The amount of oxygen that the blood is carrying through the body.
<b>Postural Drainage</b>	A procedure that assists the person to mobilize secretions, by utilizing different positions. These positions make it easier to drain the lungs.
<b>Respiratory Rate</b>	Number of breaths that an individual takes, either on his or her own, from an Ambu bag or through a ventilator.
<b>Sensitivity</b>	The amount of effort that an individual needs to take to trigger the ventilator into the inspiratory phase.
<b>Tidal Volume</b>	The amount of air that an individual takes in without using his or her maximum effort.
<b>Tracheostomy Tube</b>	A plastic tube that is inserted into the trachea, providing a passageway for air to be delivered either by a ventilator or an Ambu bag.
<b>Weaning</b>	A decrease in the assistance that the person is receiving from the ventilator. This can be a decrease in the amount of breaths, the amount of air or the amount of time spent on the ventilator.
<b>Ventilator</b>	A machine that delivers air to a person either through an endotracheal tube (ET tube) or a tracheostomy tube.

## Skin

<b>Circulation</b>	Blood flow.
<b>Débridement</b>	Method to remove dead skin.
<b>Eschar</b>	“Scab” or dead tissue.

---

<b>Incontinence</b>	Uncontrollable bowel or bladder function. Also referred to as an “accident.”
<b>Laceration</b>	Cuts.
<b>Maceration</b>	Irritation.
<b>Non-blanchable</b>	No blood flow.
<b>Perineal area</b>	Genital area.
<b>Perspiration</b>	Sweat.
<b>Prominence</b>	Stands out.
<b>Prone</b>	Lying on stomach.
<b>Regulate</b>	Control.
<b>Sensation</b>	Feeling.
<b>Supine</b>	Lying on back.
<b>Susceptible</b>	Prone, more likely to occur.

---

## **Cardiovascular**

---

<b>Arteries</b>	Large blood vessels that carry oxygenated blood away from the heart to other parts of the body.
<b>Autonomic Dysreflexia</b>	Response of the body to stimulation below the level of injury marked by symptoms such as high blood pressure, sweating, “goose bumps,” nasal stuffiness, pounding headache or a combination of these symptoms.
<b>Autonomic Nervous System</b>	Primarily made up of fibers from spinal nerves and can be subdivided into two divisions: sympathetic nervous system and parasympathic nervous system. Each division balances the activity of the other to keep the body functioning.
<b>Capillaries</b>	Very small blood vessels that connect to arterial (arteries) and venous (veins) systems.
<b>Cardiovascular</b>	Pertaining to the blood vessels and heart.
<b>Constriction</b>	To squeeze or compress.
<b>Deep Vein Thrombosis (DVT)</b>	A blood clot.

---

<b>Embolism</b>	A blood clot that detaches and travels through the body.
<b>Orthostatic Hypotention</b>	Lowering of the blood pressure when changing positions (e.g., from a lying position to an upright position).
<b>Parasympathic</b>	The parasympathic division of the autonomic nervous system is concerned with maintaing bodily functions during ordinary circumstances that are not stressful (e.g., food digestion and urination).
<b>Sympathic</b>	The sympathetic division of the autonomic nervous system is concerned with bodily functions while under stress (e.g., the body sweating as a means to cool down).
<b>Veins</b>	Blood vessels that carry waste-filled blood back to the heart.
<b>Nutrition</b>	
<b>Calorie</b>	A unit of food energy.
<b>Carbohydrate</b>	Mainly sugars and starches, which together constitute one of the three principal types of nutrients used as energy sources (calories) by the body. Carbohydrates come in simple forms such as sugars and in complex forms such as starches and fiber.
<b>Constipation</b>	Infrequent (and frequently incomplete) bowel movements.
<b>Diarrhea</b>	Unusually frequent or unsually liquid bowel movements. Excessive watery evacuations of fecal material.
<b>Digestive System</b>	The organs that are responsible for getting food into and out of the body and for making use of food to keep the body healthy. These include the mouth, esophagus, stomach, liver, gallbladder, pancreas, small intestine, colon and rectum.
<b>Dysphagia</b>	Difficulty in swallowing.
<b>Fat</b>	With proteins and carbohydrates, fat, also known as lipids, is one of the three types of nutrients used as energy sources by the body.
<b>Fiber</b>	Sources of foods high in fiber are fresh fruits and vegetables, whole-grain breads and cereal grains. Dietary fiber can have many benefits including promoting bowel regularity, lowering the level of cholesterol in the blood and easing conditions such as hemorrhoids. Also known as bulk or roughage.

---

<b>Large Intestine</b>	The part of the digestive tract that comes after the small intestine. Large because it is wider than the small intestine.
<b>Metabolic Rate</b>	The rate at which an individual burns calories. This rate is affected by an individual's genetics, and to a greater degree, his or her physical activity level.
<b>Nutrients</b>	Any substance in the diet that provides nourishment to the body.
<b>Peristalsis</b>	The rippling motion of muscles in the digestive tract. In the stomach, this motion mixes food with gastric juices, turning it into a thin liquid.
<b>Protein</b>	One of the three types of nutrients used as energy sources by the body, the other two being carbohydrate and fat.
<b>Small Intestine</b>	The part of the digestive tract that extends from the stomach to the large intestine.
<b>Zinc</b>	A mineral essential to the body. Food sources high in zinc include meat (particularly liver and seafood), eggs, nuts and cereal grains.

---

## Activities of Daily Living

---

<b>Dressing Stick</b>	This device makes dressing and retrieving items easier for those with decreased range of motion. It has a small C-shaped hook at one end and a larger hook at the other end.
<b>Long-Handled Sponge</b>	This device allows those with decreased range of motion to reach down to the lower body or back for bathing activities.
<b>Portable Hand-Held Shower</b>	A device that allows those who will be seated during showering to hold the shower head in their hand.
<b>Reacher</b>	This device allows those with decreased range of motion or an inability to reach items to retrieve them. It has a trigger device that is hand operated for closing the "jaws" around objects.
<b>Sock Donner</b>	This allows those with limited hand function or limited trunk mobility or balance to pull socks or stockings onto their feet. The sock is placed onto a plastic trough and the donner is placed next to the foot. Cord handles are attached to the donner. Continued pulling of the device brings the sock up over the heel and onto the calf.

---

## Equipment

<b>ADL ( Activities of Daily Living )</b>	The things we normally do in daily living including any daily activity we perform for self-care (such as feeding ourselves, bathing, dressing, grooming), work, homemaking and leisure.
<b>Cast</b>	A protective shell of plaster and bandage molded to protect a broken or fractured limb as it heals.
<b>Contractures</b>	Shortening of the skeletal muscle usually results in the inability of the joints to extend fully. Contractures restrict the range of motion (ROM) of a joint.
<b>EADL ( Electronic Aids for Daily Living )</b>	<p>Electronic devices that allow you to perform activities of daily living. EADL's allow you to control doors and windows, shades, fireplaces, hospital beds, call bells, TVs, VCRs, radios, fans and computers.</p> <p>EADL can be activated by moving any body part, or by respiration (breathing), sip n puff or phonation-voice activation / recognition.</p>
<b>Edema</b>	The swelling of soft tissues as a result of excess water accumulation.
<b>MAFO</b>	Molded Ankle Foot Orthosis.
<b>Orthosis</b>	A device that is worn to correct or prevent joint deformity, provide support for ambulation, lesson weight bearing force or assist movement.
<b>ROM (Range of Motion)</b>	The range through which a joint can be moved, usually its range of flexion and extension.
<b>RSCICDV</b>	Regional Spinal Cord Injury Center of Delaware Valley.
<b>Spasticity</b>	A state of increased tone of a muscle (and an increase in the deep tendon reflexes).
<b>Splint</b>	A device for the immobilization or support of a joint or limb.
<b>Weight Shift</b>	The process of reliving pressure on bony prominences.

## Mobility

<b>Abdominal Binder</b>	Elastic band worn around the torso to help prevent low blood pressure associated with changes in positioning.
<b>Abduction</b>	Movement of an extremity away from the body.

---

<b>Adduction</b>	Movement of an extremity toward the body.
<b>Attendant</b>	Someone who assists with daily needs. (Can be hired help.)
<b>Dorsiflexion</b>	Backward flexion of either the hand or foot.
<b>Flexion</b>	Movement of a joint upward.
<b>Heterotopic Ossification</b>	Calcium build up around a joint.
<b>Joint Contractures</b>	A permanent contraction or shortening of a muscle due to spasm fibrosis or paralysis.
<b>Mechanical Lift</b>	A piece of durable medical equipment that aids in transferring an individual from one surface to another.
<b>Myotome</b>	Mapping of the body according to spinal levels.
<b>Osteoporosis</b>	Loss of bone matter.
<b>Pneumonia</b>	Inflammation of the lungs characterized by chills, cough and fever.
<b>Postural Hypotension</b>	Low blood pressure associated with changes in position.
<b>Pronation</b>	Turning of the hand so the palm faces downward.
<b>Spasticity</b>	Hypertension (over-activity) of a muscle of sustained increased muscular tension.
<b>Supination</b>	Turning of the hand so palm faces upward.
<b>TEDs</b>	Tight stockings worn on the legs, either short or long, to aid in increasing the circulation and decreasing the possibility of blood clots.
<b>Tenodesis</b>	An attempt to promote greater finger dexterity by passively closing the hand and raising the wrist. Used primarily to grasp and retrieve objects.
<b>Transfers</b>	Moving from one surface to another. (e.g., From a wheelchair to a bed, or a toilet to a wheelchair)
<b>Weight Shifts / Pressure Relief</b>	A change in body position either by performing tilt back, lateral, push-up and forward shifts when in a wheelchair. This process helps relieve pressure from bony prominences.

---

**Psychology**

---

<b>Addiction</b>	A physical or psychological need for a substance.
------------------	---

---

<b>Alcohol</b>	Examples include beer, wine, mixed drinks, and liqueur. Alcohol is a central nervous system depressant, which can cause problems in judgment, muscular coordination and drowsiness.
<b>Anxiety</b>	A feeling of apprehension and fear, which can lead to physical symptoms such as an irregular heartbeat and sweating.
<b>Case Manager/ Social Worker</b>	A person who coordinates the services that a patient receives. Some case managers/social workers provide counseling as well.
<b>Community Reintegration</b>	A program to facilitate your transition and return to home, work, school, neighborhood, etc. to enable your active involvement and participation in the community.
<b>Depression</b>	Low spirits. A treatable condition where, without treatment, an individual often undergoes a never ending cycle of low self-image and low spirits. Symptoms of depression include lack of appetite, lack of emotional expression (flat affect), social withdrawal and fatigue.
<b>EAP</b>	Employee Assistance Program.
<b>Hallucinogens</b>	Examples include marijuana, ecstasy, LSD and PCP. Although some of these drugs may not be physically addicting, these drugs may cause psychological dependence
<b>Independent Living</b>	Enabling an individual to live in a setting that is as non-institutional as possible.
<b>Neuro</b>	A prefix that refers to nerves.
<b>Neuropsychological</b>	Psychological disorders that result from nerve damage in the brain.
<b>Narcotics</b>	Drugs used to control moderate to severe pain which can lead to physical and psychological dependence. Examples include Morphine, Demerol, Percocet, Roxicet, MS Contin. These drugs should only be used under the supervision of a physician.
<b>Peer Mentor</b>	An individual with a medical condition similar or identical to your own and who has special training to provide advice and support.
<b>Physical Dependence</b>	A physiological state that occurs with regular drug or alcohol use and results in withdrawal symptoms once the drug or alcohol use is stopped.
<b>Psychological Dependence</b>	The mental belief that a drug or alcohol is needed in order for the body to function as a result of repeated substance abuse.

---

<b>Psychologist</b>	A professional who provides supportive counseling, relaxation training, stress management and family counseling to help you understand and cope with your disability and changes in your life.
<b>Psychiatry</b>	A medical specialty that focuses on the prevention, diagnosis and treatment of mental illness.
<b>Psychology</b>	The study of the mind and mental processes as they relate to an individual's personality and his or her social interactions.
<b>Stress</b>	A strong sense of feeling overwhelmed. Repeated exposure can dramatically affect heartbeat regularity and blood pressure.
<b>Vocational</b>	
<b>ADA</b>	American with Disability Act - laws that prohibit discrimination against persons with disability.
<b>Community Reintegration</b>	A program to facilitate your transition and return to home, work, school, neighborhood, etc. to enable your active involvement and participation in the community.
<b>hireAbility</b>	A nonprofit organization that matches qualified people with disabilities to job openings in the Delaware Valley at no cost to the employers or applicants.
<b>Housing and Rental Assistance Program</b>	Program under the U.S. Department of Housing and Urban Development (HUD) that makes rent-subsidized housing available to low income disabled individuals.
<b>OVR ( Office of Vocational Rehabilitation ) or DVR ( Department of Vocational Rehabilitation )</b>	State agency that is designated to help persons with disabilities prepare for, start and maintain a career. Pennsylvania is OVR, whereas the corresponding agency in New Jersey and Delaware is DVR.
<b>Patient Learning Resource Center</b>	Center located at Magee that offers books, magazines, pamphlets, audio and videotapes, films and large-type materials about disabilities and rehabilitation to patients and family.
<b>SSDI ( Social Security Disability Income )</b>	Disability benefits which may be available to you that are provided by the Social Security Administration.
<b>SSI ( Supplemental Security Income )</b>	Federal program (under the Social Security Administration) to provide low-income persons with disabilities an income and medical benefits.

---

---

**Vocational Counselor** A professional who will assist you in returning to work or school. One who will help to initiate and coordinate services that are needed to help you resume work or attain new vocational goals.

---

**Vocational Services** Services made available throughout your rehabilitation to assist you in returning to work or school.

---

**Work Tolerance** A program of physical therapy designed to help persons with disability meet the physical demands of a specific job.

## Recreational Therapy

---

**Community Reintegration** A program to facilitate your transition and return to home, work, school, neighborhood, etc. to enable your active involvement and participation in the community.

---

**Peer Mentors** A person with spinal cord injury who has been trained in peer counseling skills.

---

**Quality of Life** An important consideration in medical care, quality of life refers to the patient's ability to enjoy normal life activities.

---

**Recreational Therapy** A program designed to help persons with disabilities answer questions and concerns regarding how their disability effects their participation in sports and other activities. You are evaluated by a certified recreational specialist who provides an individualized program to meet your leisure needs.

## Travel and Transportation

---

**ADA** Americans with Disabilities Act.

---

**ACTAA** Air Carriers Transportation Access Act.

---

**DOT** Department of Transportation. Federal and state agencies that deal with transportation issues often use these letters as their short name. The Federal agency has power to regulate some aspects of the services airlines, buses, trains, paratransit agencies and car manufactures provide to disabled individuals.

---

**FAA** Federal Aviation Administration. A Federal agency that, among other duties, issues regulations to ensure that persons with physical disabilities enjoy the benefits of travel.

---

<b>Hand controls</b>	Special hand devices used to drive cars without using the foot pedals. These assistive devices allow some individuals with disabilities to drive their own car or van.
<b>IMAT</b>	International Association of Medical Assistance to Travelers.
<b>Paratransit</b>	Federally subsidized mode of transportation for individuals with physical disabilities. Services are provided through state or regional agencies such as SEPTA, New Jersey Transit and DART.
<b>U.S.C.</b>	United States Code, a compilation of the Federal Laws of the United States of America.

  

<b>Sexuality</b>	
------------------	--

---

<b>ADA</b>	Americans with Disabilities Act.
<b>ACTAA</b>	Air Carriers Transportation Access Act.
<b>DOT</b>	Department of Transportation. Federal and state agencies that deal with transportation issues often use these letters as their short name. The Federal agency has power to regulate some aspects of the services airlines, buses, trains, paratransit agencies and car manufactures provide to disabled individuals.
<b>FAA</b>	Federal Aviation Administration. A Federal agency that, among other duties, issues regulations to ensure that persons with physical disabilities enjoy the benefits of travel.
<b>Hand controls</b>	Special hand devices used to drive cars without using the foot pedals. These assistive devices allow some individuals with disabilities to drive their own car or van.
<b>IMAT</b>	International Association of Medical Assistance to Travelers.
<b>Paratransit</b>	Federally subsidized mode of transportation for individuals with physical disabilities. Services are provided through state or regional agencies such as SEPTA, New Jersey Transit and DART.
<b>U.S.C.</b>	United States Code, a compilation of the Federal Laws of the United States of America.

## Follow-Up

---

<b>Paratransit</b>	Federally subsidized mode of transportation for individuals with physical disabilities. Services are provided through state or regional agencies such as SEPTA, New Jersey Transit, and DART.
<b>PCP</b>	Primary Care Physician or family doctor.
<b>SCI Follow-Up Care System</b>	A clinic that provides lifetime follow-up care to all persons with spinal cord injury and is located at Magee Rehabilitation Hospital.
<b>Wheels</b>	Federally subsidized modes of transportation for those individuals with physical disabilities going to and from medical services. Eligible persons must qualify for Medicaid in order to use this service.

---



# Comments and Feedback

The staff of the center has recently spent a lot of time and effort in revising this manual. However, we realize that those who are actively reading and using the manual can improve it. As a part of our program of continuous quality improvement, we ask you to help guide our efforts to improve the manual.

In the next section of the chapter are two forms. The first form is an overview by chapter that seeks to identify those areas of the manual that could benefit the most from additional work. We also seek to identify any major areas of concern that have not been addressed.

The second section is a more focused questionnaire that has as its goal the specific items that should be targeted. For example, should an item be added to the glossary or the definition changed. Should a drug be added to the discussion of bowel programs?

The more specific the comments are the more likely that we will be able to make the improvements that form the basis of your idea. By communicating with the Regional Spinal Cord Injury Center of the Delaware Valley, however, users grant us permission to use any information, suggestions, ideas, drawings or concerns communicated for any purpose we choose, commercial, public or otherwise, without compensation or acknowledgement whatsoever.

Thank you for taking the time to assist us in improving this manual.

Sincerely,

SCI Manual Committee

Regional Spinal Cord Injury Center of the Delaware Valley  
Thomas Jefferson University Hospital  
132 S. 10th Street  
375 Main Building  
Philadelphia, PA 19107

# Feedback Form

Rate each chapter by placing an “X” on the scale underneath the term that best captures your opinion. Using the next page, provide specific comments regarding your ratings. Feel free to make copies of the next page.

	No Opinion	Fair	Satisfactory	Good	Excellent
<b>Credits / Front Matter</b>					
<b>Table of Contents</b>					
<b>Introduction</b>					
<b>Spinal Cord Injury</b>					
<b>Bladder</b>					
<b>Bowel</b>					
<b>Respiratory</b>					
<b>Respiratory Dependent</b>					
<b>Skin</b>					
<b>Cardiovascular</b>					
<b>Nutrition</b>					
<b>Activities of Daily Living</b>					
<b>Equipment</b>					
<b>Mobility</b>					
<b>Psychology</b>					
<b>Vocational Services</b>					
<b>Recreational Therapy / Resource Guide</b>					
<b>Travel and Transportation</b>					
<b>Sexuality</b>					
<b>Spinal Cord Injury Follow-Up Care System</b>					
<b>Master Glossary</b>					

# Suggestions and Comments

Chapter: \_\_\_\_\_

Page(s): \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Any terms that need to be added to the glossary? How would you define the terms?

Any section or paragraph that was not clear?

Any drawing or sketch that would help to illustrate the material being covered?

Any additional topic that should be covered?

Any questions you have that you feel should have been answered by the manual?

What is the question?

What is the suggested answer?

Any references that should be added? Any other resources that should be mentioned?

**By communicating with the Regional Spinal Cord Injury Center of the Delaware Valley, however, users grant us permission to use any information, suggestions, ideas, drawings or concepts communicated for any purpose we choose, commercial, public or otherwise, without compensation whatsoever.**

