

ACHIEVING MOBILITY



3
TIPS

MOVING FORWARD

Chicago's Team Reeve leads by example, united in support of greater mobility for those in need

PHOTO: PRIVATE

Arthritis in winter
Moving is the best medicine



Orthotics
Guiding you to greater mobility



Pain management
For the whole person

CHALLENGES

One of the basic American principles is the **right to movement**.

Movement is freedom

We are free to move throughout our vast country and, with the passing of the ADA in 1990, Americans with mobility limitations have the right to access and participate in their communities. According to the U.S. Department of Health and Human Services, there are approximately 62 million people with disabilities in the United States. The definition of disability currently includes not just a person's physical impairment, but restrictions in social participation, the social and physical limitations of the environment and a person's social and financial resources.

During the last 50 years a significant change in the concept of health has occurred. This change is due in part to advancements in technology, life saving endeavors

and a trend toward health promotion. In 2001 the World Health Organization (WHO) updated the definition of health as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity." This is a colossal shift in thinking because the current definition of health includes participation.

The right to pursue happiness

The ability to participate in one's community, to pursue one's chosen life is included in the WHO's definition of health. Now the world's definition of health aligns with the American unalienable right to pursue happiness.

Yet Americans continue to struggle for access to appropriate treatment and equipment, which limits them from participating in their communities. It appears the U.S. health care system (private and public) can create unhealthy



Ann Eubank, MSSW, OTR/L, ATP
Executive Director, Users First Alliance

lifestyles by denying appropriate treatment or equipment. One may go as far as to say the lack of access to health care services creates an oppressive environment for Americans with mobility issues. Oppression is defined as "systematically subjecting citizens to political, economic, cultural or social degradation because they belong to a social group."

The opposite of oppression is empowerment. Each American—and it is the American way—must speak out for their right to movement and participation. Health

is not the goal of life; it is a means or a resource to enable one to have control over life. To have control over one's life is to be empowered, another American principle. In other words, empowerment defeats oppression.

As the American health care system grapples with the ability or willingness to provide appropriate services allowing freedom of movement, it is important Americans remember our rights and values. We have the right to movement and to participate in our communities how we choose. There is nothing luxurious about a mobility limitation, nor of the treatment or equipment necessary to provide independent movement. It is not a luxury to be able to move—it is a right.



WE RECOMMEND



Erin Kinahan
Helping others,
one day at a time.

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Capsaicin Content

INSIGHT

Treat the whole person, not just the pain

Treating the whole person, not just the pain, is the essence of successful pain management for those suffering with chronic conditions.

Pain is a very complex phenomenon, as many with persistent pain know all too well. Not only is pain a physical and medical condition, proper treatment often requires psychological and social support to help patients cope effectively.

Naturally, the goal of treatment is to achieve significant pain relief, but improving overall functionality and quality of life is a critical element for success. For many, being able to continue working and pursuing normal family life activities is a key therapeutic outcome.

Multidisciplinary pain care

At recent American Pain Society annual meetings, several panel presentations covered the benefits of the multidisciplinary pain care approach. This concept is gaining wide acceptance as physicians appreciate more readily that pain is a multifaceted phenomenon that impacts every person differently and can cause varying levels of disability. Success with pain medications and other treat-



Naturally, the goal of treatment is to achieve significant pain relief, but improving overall functionality and quality of life is a critical element for success.

ment approaches, therefore, can fluctuate from patient to patient. While drugs play an important role in treatment, incorporating cognitive-behavioral and physical therapies and other approaches is the major therapeutic advantage for treating the whole person, not just the pain. Research is showing that integrated, multidisciplinary pain care yields the best long-term outcomes—medically, psychologically and socially.

Multidisciplinary pain care teams in hospitals and other settings address patients' physical, functional, behavioral, socioeconomic and medical issues concurrently. Regular follow-up is an important feature. In many treatment programs, patients are encouraged to transmit pain diaries for advice and correction, or to send photos of physical issues. Some programs utilize vigorous and physical rehabilitation programs in which patients are given physical and psychological tools to control and perhaps prevent their pain from returning.

Translational research

Another key development in the pain field is increasing support for translational research, which refers to translating scientific discovery into practical applica-

tions. The approach encourages scientists and clinicians to study diverse aspects of pain with the ultimate goal of moving from laboratory discovery to eventual adoption in clinical practice. Pain is a strong model for translational research that involves multiple disease processes, such as fibromyalgia, arthritis and diabetes. The ultimate goal of translational pain research, therefore, is to develop practical clinical interventions to help achieve significant pain relief.

Pain researchers and clinicians are optimistic that emphasis on translational research will steer more federal dollars into pain studies. This is exciting news for those with chronic pain and their families.

The clinicians and researchers who belong to the American Pain Society believe multidisciplinary pain care is improving the quality of life and functionality through appropriate combinations of drug treatment, cognitive-behavioral therapy, exercise and physical therapy. In addition, greater emphasis on translational research soon may help increase badly needed funding for pain research and the hope it provides.

TIP

1

BOOST PAIN RELIEF WITH ENDORPHINS FROM EXERCISE

5

STEPS TO PAIN RELIEF

Learn about your arthritis pain.

➔ Patient education is potentially the most critical therapy in arthritis pain management.

Rehabilitate your body.

➔ Regain posture and exercise regularly.

Help yourself at home.

➔ Stay warm, get cool and rest in the comfort of your own home.

Consult non-physicians.

➔ Managing pain often involves taking control of your body. Acupuncture, massage and ultrasound are three methods to try without prescription.

Calm the mind to calm the body.

➔ Easing anxiety, reducing emotional distress or depression and getting better sleep may help reduce pain, improve the ability to enjoy life again, and increase the ability to cope and improve psychological well-being.

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July 8-10, 2011
Schaumburg
Convention Center



INSPIRATION

Chicago's **Erin Kinahan** talks to us about spinal cord injury, helping those with limited mobility, and her work with the Reeve Foundation.

TIP

2

HELP OTHERS
HELP YOU

On a mission to help and educate

The advancements in mobility seen in this report are helping people every day, but just as important are the personal achievements being made by those with limited mobility.

In Chicago, attorney Erin Kinahan works with the Christopher and Dana Reeve Foundation to fundraise for the mission to educate caregivers and patients of spinal cord injury. Erin is the perfect person to help; her own spinal cord injury gives her the unique position of knowing what needs to be done.

A bad car accident on a road trip out west to see the University of Wisconsin play at the Rose Bowl in California left her paralyzed from the waist down and abruptly changed the course of her life. But it did not set her back. She finished college, went to law school, and now practices law in the city.

■ **How is Chicago improving the way that people in wheelchairs get around?**

☞ They are improving public transit. Seventeen years ago, at the time of my injury, they only had a few buses that were acces-

sible. Now, in addition to stair access being revamped, the els are changing for the better as well. A lot of businesses are grandfathered in with no ramps, but sometimes you can call ahead and ask people to help. Most people will help.

■ **What advice can you give to someone who has experienced a spinal cord injury?**

☞ The most important lesson I learned was to direct my own care. I have to be vocal about what I need. Others might not know.

■ **You are not just providing**

inspiration, you are also helping. Tell us about your work with the Reeve Foundation.

☞ I remember when Christopher Reeve was injured. I was heartbroken. But I sat back and watched him change the world in terms of spinal cord injury, and I thought I wanted to help too. So, when I became aware of the Reeve foundation, I decided to help.

Here in Chicago we find people to sponsor runners for the Chicago Marathon to raise money for the Foundation. We have one major fundraiser each year fea-

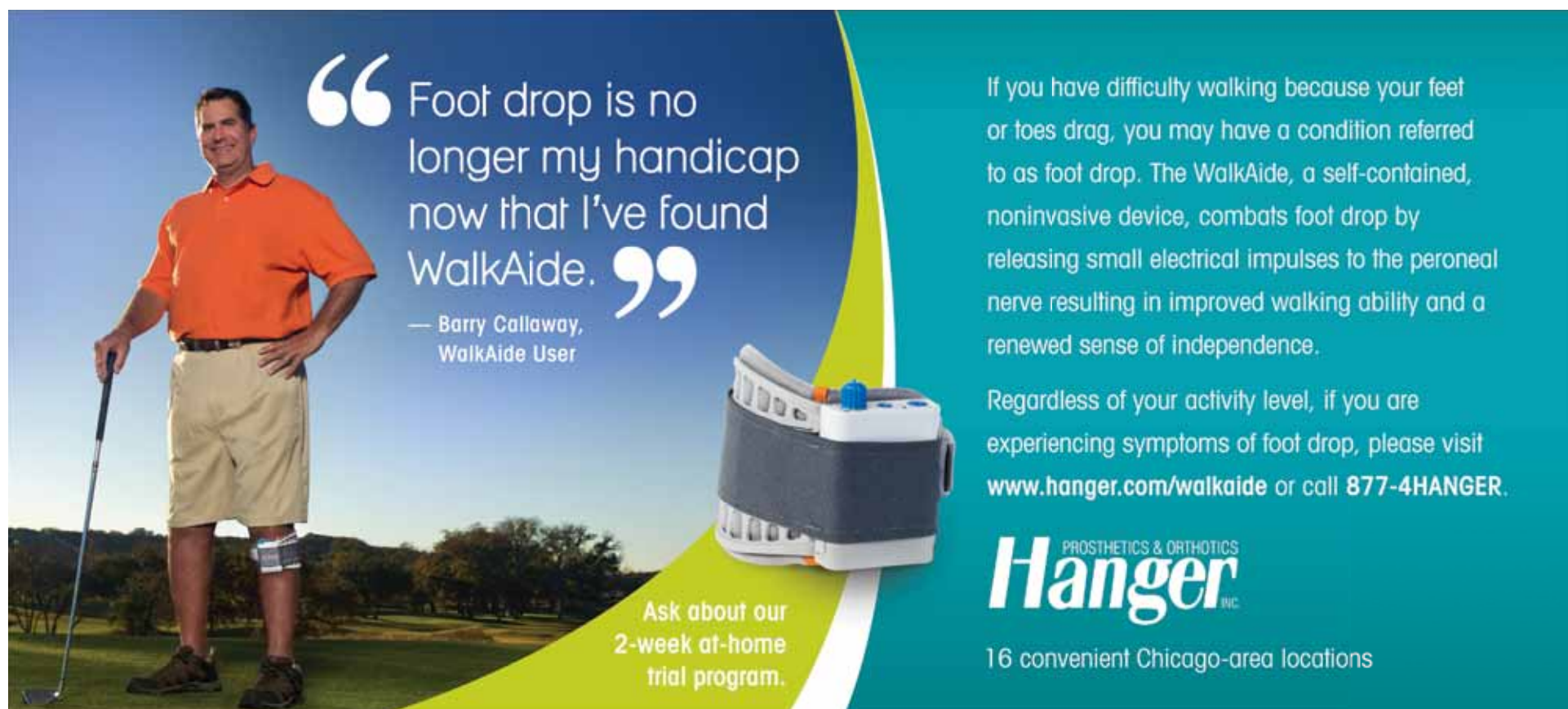
turing comedians. We also have educational programs that bring together researchers and patients.

■ **How can people help those with disabilities in general?**

☞ Always ask if someone needs help. Some people may think it's offensive, but always ask. The person could probably use a little help but might not feel comfortable, so always ask.

TONY HYMES

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“Foot drop is no longer my handicap now that I've found WalkAide.”

— Barry Callaway, WalkAide User

If you have difficulty walking because your feet or toes drag, you may have a condition referred to as foot drop. The WalkAide, a self-contained, noninvasive device, combats foot drop by releasing small electrical impulses to the peroneal nerve resulting in improved walking ability and a renewed sense of independence.

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INSPIRATION



A TRUE VOLUNTEER
Erin Kinahan at the annual Chicago Comedy event hosted by the Reeve Foundation.
PHOTO: THE ATELIER
PHOTOGRAPHY, CARA GARBARINO



In August 2008 I suffered a rare variant migraine that resulted in hemiplegia, a form of paralysis on the right side of my body that contributed to a condition known as foot drop. The foot drop prevented me from raising and lowering my foot, causing an unsteady gait when I walked. As an active and independent person, this was devastating for me; however, with my son and close friends' love and support, I was more determined than ever to regain my independence.

Last fall I heard about the WalkAide, a small medical device that uses electrical stimulation to combat foot drop. When my Hanger Prosthetics and Orthotics practitioner Amy Peters first fit me with the WalkAide, it was like a miracle. The moment I was able to walk with a normal gait for the first time since suffering from paralysis, I was overjoyed with hope. I knew the WalkAide was the answer to my prayers.

The WalkAide has given me back my independence, restored my mobility and completely changed my life. Thanks to the WalkAide, I no longer focus on the paralysis, but on my purpose in life – to Motivate, Inspire, and Empower others with the prayer of HOPE that is within us all.

Reverend Blisse'tt, Chicago, Illinois

NEWS

OUTDOOR WALKING IN WINTER AIR HAS MANY BENEFITS

Just because the trees are bare and there's a chill in the air doesn't mean you have to forgo your daily walks outside for the dreaded treadmill.

Anything but! In fact, outdoor walking during winter may have surprising benefits for people with arthritis. Walking in winter air can:

■ Keep bones strong.

Like bears, people tend to hibernate during the winter and, as a result, get too little sunlight, explained Lynn Millar, PhD, a physical therapist and professor at Andrews University in Barrien Springs, Mich. That's too bad for bones. Sun exposure triggers vitamin D production in the skin, and bones need the "sunshine vitamin" to make the body absorb bone-strengthening calcium properly. Not getting outside during winter months slows down production and decreases the body's store of vitamin D.

"Vitamin D is important for keeping bones strong; it's particu-



WALKING FOR A CAUSE Chicagoans join forces for the fight against arthritis.

PHOTO: ARTHRITIS FOUNDATION CHICAGO CHAPTER

larly important for people with arthritis who take corticosteroids, because they have an increased risk of brittle bones," said Millar. Going for a winter walk and getting 15 minutes of sun on your face and hands two to three times per week should suffice for getting enough

sun for vitamin D production.

■ Improve mood.

Sunlight and just being outdoors can do wonders for lifting your mood, said Millar. Spending time with friends walking can have positive effects on mood and decrease

provide an effective, easy-to-stick-with therapy for mild-to-moderate depression, said the researchers, especially for those who experience side effects from prescription treatment options.

■ Motivate.

You are more likely to complete a workout on a walking route if you walk outdoors, simply because you need to return home or to your car, said Millar. On a treadmill, however, you can hit 'stop' as soon as boredom strikes.

■ Burn calories.

Outdoor walking through the park or around the neighborhood on a cold day won't burn any more calories than walking on a warm summer day, but walking in the snow will. "You expend more energy because it's harder to move your feet in the snow, and you lift your legs a little higher," she explained.

DENISE LYNN MANN

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1 Independent human clinical study (Los Angeles, 2008).

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INSIGHT

Arthritis more prevalent in women

The term “arthritis” encompasses more than 100 diseases and conditions that affect joints, the surrounding tissues and other connective tissues.

Arthritis can cause mild to severe pain in the joints, as well as joint tenderness and swelling. Approximately 46 million Americans have some type of arthritis or related condition.

The various forms of arthritis and related conditions can affect anyone, no matter what your race, gender or age. However, it is especially important for women to be educated about these diseases since they affect women at a much higher rate than men. Sixty percent of all people who have arthritis are female, and several of the more common forms are more prevalent in women.

Osteoarthritis

Osteoarthritis, also known as



THE JOLLY JOINTS TEAM Even their canine companion lends support.
PHOTO: ARTHRITIS FOUNDATION CHICAGO CHAPTER

degenerative joint disease or OA, is the most common form of arthritis. Of the nearly 27 million Americans who have osteoarthritis approximately 16 million are women. Women usually develop OA after age 40. It causes damage to cartilage and bones, causing joint pain, swelling, stiffness and loss of function.

Fibromyalgia

Fibromyalgia is a syndrome characterized by widespread musculoskeletal pain. It is associated with generalized muscular pain and fatigue, loss of sleep, stiffness and sometimes depression and/or anxiety. Fibromyalgia is a form of soft tissue or muscular rheumatism, which means no joint deformity

occurs. An estimated 3.7 million Americans have fibromyalgia; the figure may actually be higher since some of its symptoms may be found in other conditions such as chronic fatigue syndrome (which is also more common in women).

Rheumatoid arthritis

Rheumatoid arthritis (RA) usually strikes women between the ages of 25 to 50, but can occur in children. RA is a systemic disease that can affect the entire body. An abnormality in the body’s immune system causes it to work improperly, leading to inflammation in the lining of the joints and other internal organs. Chronic inflammation can lead to deterioration, pain and limited movement. Approximately 1.3 million American adults have RA, with women outnumbering men 2.5-to-1.

Many other arthritis-related conditions and connective tissue disorders also affect more women than men. Raynaud’s phenomenon, scleroderma, Sjögren’s syn-

drome and polymyalgia rheumatica are just a few conditions that may not be as prevalent as others described here, but are still health problems that should be treated in conjunction with an experienced health care team.

THE EDITORS OF ARTHRITIS TODAY
editorial@mediaplanet.com

- Save the date**
 2011 Arthritis Walk
 Chicago, IL
 Saturday, May 21st, 2011
 8:00 am



TIP
3
SLEEP TO RESTORE ENERGY AND REST YOUR JOINTS



BRACING: ONE TREATMENT OPTION FOR ARTHRITIS

Braces are devices designed to stabilize a joint, reduce pain and inflammation, and help the people wearing them to build stronger muscles.

Braces are made from an array of plastics, metals, leather and moldable foam. Many types of braces are available for people with osteoarthritis.

Some braces, such as pre-made elastic and neoprene knee braces, are available over-the-counter at drug and medical-supply stores.

Typically, off-the-shelf braces come in a range of sizes. You may need to try different styles or sizes to find one that fits comfortably and works for you.

Other braces, such as functional knee braces, may be custom-designed and fitted especially for you by a health care professional who specializes in orthotics—the science of developing devices designed to help weakened limbs function better. A physician, orthotist, or physical or occupational therapist will take into consideration your individual

circumstances, as well as the part of your body affected by OA, before incorporating bracing into your treatment plan.

Although bracing on its own seldom is enough to relieve all symptoms a person with OA may experience, properly prescribed and accurately designed braces can be a beneficial part of a treatment plan.

THE ARTHRITIS FOUNDATION
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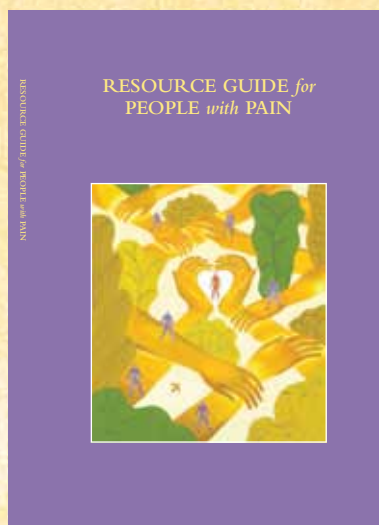
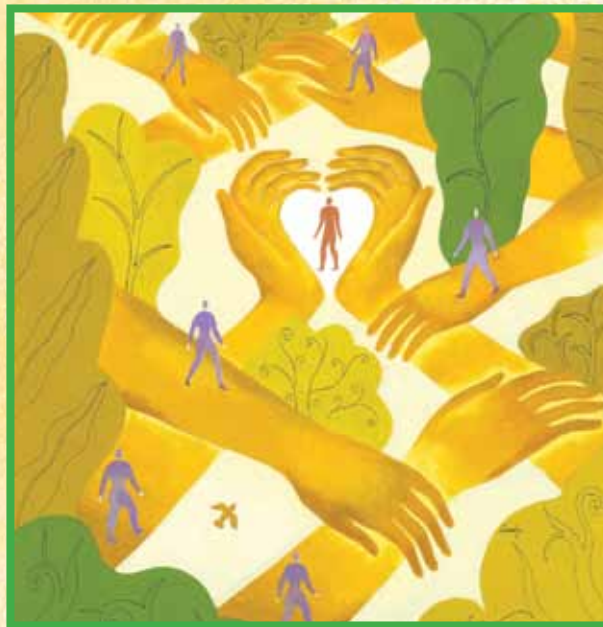
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