Spinal Connection

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5800 W 10th St, Suite 108
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Executive Director
Terra Patrom
Newsletter Editor
Adam Burnstone

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From the Director ~ Terra Patrom

The Sky's The Limit

We would all enjoy a breath of fresh air if the battle over Monthly Capped Limits were revisited regarding medical and incontinence supplies. Generally, your insurance covers for up to $250 of "Medical Supplies" per month. Keep in mind, medical supplies are different than "Incontinence Supplies." Here are some examples. Medical Supplies are items such as urinary catheters and ostomy supplies. Incontinence Supplies are items such as diapers, pull-ups, and Chux (blue pads). Medicare and Medicaid both cover medical supplies. You are somewhat lucky if you have Arkansas Medicaid. Under Arkansas Medicaid, you are allowed a monthly capped limit on incontinence supplies. Whereas Medicare or "Medicare Advantage" plans provide NO monthly incontinence supply coverage.

Problem is, since COVID-19, the price of these items has skyrocketed. A box of gloves pre-COVID-19 was around $6. That same box today costs an average of $20. Hence, the increased cost creates a reduction in the QUANTITY of normal monthly medical supplies you receive. This monthly threshold should be revisited to determine a new threshold based on current pricing.

Then, there's the whole bathroom situation. Medicare does not cover bathroom equipment. Medicaid does, to an extent, if it is deemed medically necessary. Not to mention that 'prevention'

Contact Information

Phone: 501-296-1788
Toll-free: (800) 459-1517
Fax: 501-296-1787
Email: ascc@arkansas.gov
Website: ascc.ar.gov

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5800 W 10th St.
Suite 108
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The national suicide and mental health crisis lifeline is live.

In this issue…

on the front end is not covered, e.g. - pressure relieving mattresses such as a low air loss mattress. You must first develop pressure sores before the potential for coverage of this item is even broached with your insurance. Many of the Medicare/ Medicaid Rules have become so stringent it seems like an almost impossible task to elicit change.

Here are some good things to know. A recent legislative change I cheered for was Act 758 of 2021. This allowed for expansion of the prescription limitations in the Arkansas Medicaid Program. Adults on the program can have 6 prescriptions per month. The MAIN kicker is Medicaid can NO LONGER count certain medications for specific conditions or treatments as part of the 6 prescriptions per month. This Act is in effect. Examples of excluded prescriptions are medications for high blood pressure, high cholesterol, blood disorders, and inhalers for breathing disorders - to name a few. For more information, see DHS Press Release. Is the Act perfect? No, but it is a great start to elicit change.

The QUIET kicker is to ask for an 'Extension of Benefits' when certain issues arise that may require you to cath more or need that extra antibiotic for an infection. Some pharmacies and medical supply companies know about this and the paperwork necessary to qualify for this benefit. Extension of Benefits have been around for quite a while. Know this and ask about it if you have extended needs.

So… where am I going with this? I titled this 'The Sky's the Limit'. Then, I started talking about different supplies, what's covered, what's not, what to ask for, etc. Well, NOW is the PRIME time to talk to your Legislators. Let them know what your needs are and changes they might elicit through this Legislative Session. After all, they are here to serve you - the citizens. Make your needs be known! Voice your concerns. Go to https://openstates.org/find_your_legislator/ to find contact info for your Legislators.

Bone Health and Osteoporosis in Spinal Cord Injury

Thomas Kiser, MD

The risk of fractures with aging in a spinal cord injury (SCI) is very high: approximately 2-5% of the SCI population will experience a fracture per year and 25%-50% will have a fracture during their lifetime. The risk of a fracture, particularly in the legs, increases with aging after a spinal cord injury. Loss of bone mass after SCI is very rapid in the first several months after the SCI and then slows down to a rate of bone loss similar to the non-SCI population with aging. However, due to the initial large bone loss during the acute phase of the SCI, the bone density reaches the fracture risk level earlier. The fragility fractures that happen are below the level of the neurologic level of injury and are usually in the knee and ankle area. I have had patients who experienced spiral fractures in the lower leg with only minimal trauma, such as bumping their foot on a doorframe or an elevator door as they drove through it in their power wheelchair. They often did not notice a problem until swelling was noted in the leg, foot, and ankle. They usually then went through a multi-step workup before the fracture was found, as they did not think a minor bump could have caused a fracture.

The osteoporosis that occurs after a SCI is a difficult condition to manage. Early medicinal treatment strategies that attempted to slow the rate of bone loss acutely were not successful, but only demonstrated benefit for a short period. Once the treatment was stopped, the bone loss dropped to the same level as if they were never treated. However, over time studies addressing bone health have shown the need for both medication and long term therapy interventions. The treatment strategies needed to improve bone health after SCI have significant risks of complications, are time consuming and are expensive. There are now new Consortium for SCI Clinical Practice Guidelines that have recently been released by the Paralyzed Veterans of America. The new guidelines provide needed recommendations and information to more constructively improve bone health and I want to share the information from this publication with the Arkansas SCI community. There are are two parts to the recommendations: assessment through labs and imaging and treatment through medication and long term therapy interventions.

Labs and imaging:

It is recommended that a laboratory assessment for bone health be included with routine lab to help properly assess your risk of osteoporosis and rule out other causes of bone loss. The bone health lab that is recommended at your physician's office should include the following: a Vitamin D level, ionized

calcium level, intact parathyroid hormone, Hemoglobin A1C, Thyroid Stimulating hormone (TSH) and 24-hour urine collection for calcium and creatinine excretion. All this lab can be checked with a simple blood draw, but the 24 hour urine collection will require you to collect all your urine in a container for a day and may be a challenge for some people who have poor bladder control or leakage.

To assess bone mineral density (BMD), testing is recommended with a dual-energy x-ray absorptiometry (DXA) scan of the total hip, proximal tibia, and distal femur to get a baseline and assess fracture risk. Then repeated DXA scans should be done at 1- 2 year intervals after at least a year of therapy. As an alternative to DXA scans, peripheral quantitative computed Tomography (pQCT) or quantitative computed tomography (QCT) imaging of the lower extremity can be used to monitor bone health in adults with SCI. Treatment without a DXA scan can be considered if the risk of a fall or a pressure sore is so increased with getting on and off the DXA scan exam table that the risk of the test is greater than the benefit. The recommended Vitamin D goal is > 80 nmol/l or 32 ng/ml in SCI. Treatment to increase your Vitamin D level is to use a Vitamin D3 (cholecalciferol) supplement with 25-50 mcg/day (1000-2000 IU/day) dose. Levels should be checked in 12 weeks after starting to ensure good response and then checked annually. Calcium intake of 750-1000 mg/day from food and/or supplements is recommended, but food calcium intake is more effective. If you are at risk of calcium oxalate kidney stones, oral calcium supplements should not increase your risk if you follow a low oxalate, low protein, low salt diet.

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

Carl E Hudson Jr., 01/09/22
Wannell Bradshaw, 01/17/22
Nanette C. Newton, 04/08/22
Bertha Neal, 05/30/22
Kimberly Stone, 07/27/22
Xiaorui Shao, 08/01/22
Vicki Nutt, 08/03/22
Adam J. Rayborn, 08/12/22
Damarcus E. Rideout, 08/21/22
Ronald D. Edmisten, 09/07/22
William H. Battle, 09/09/22
Louise Johnson, 09/17/22
Cody A. Wright, 09/21/22
Steven Hart, 09/29/22
Cameron Honorable, 10/01/22
Jerry Boone, 10/06/22
Marguerite Gilmore, 10/07/22
Arnetta Davis, 10/21/22
Julian East, 10/24/22
Dale Velinsky, 10/24/22
Alysia D. Ashley, 10/30/22
Samuel Johnson, 11/24/22

Treatment:

Restorative interventions that are helpful:

1. Standing frame activity for 1 hour 5 times a week for at least 2 years to slow the BMD decline.
2. Functional electrical stimulation with cycling or rowing with visible strong contraction against some resistance for at least 30 minutes, 3-5 days per week for at least a year to see an effect on BMD.
3. Neuromuscular electrical stimulation to deliver a visible strong contraction against incrementally increasing resistance such as during standing activity or pushing against a fixed object that provides resistance for at least 30 minutes, 3-5 days per week for at least a year to effect BMC. There are three recommended medications that may be helpful:

1. Oral alendronate;
2. IV zolendronic acid; or
3. Subcutaneous denosumab.

They all need to be taken with adequate calcium intake and appropriate Vitamin D levels. The focus of treatment is on improving bone density in the total hip, distal femur and proximal tibia. If after two years the treatment is not helping, then it needs to be reassessed. There is a risk of oral jaw necrosis (bone death) and atypical fractures with prolonged use of these medications, so an oral exam for any exposed bone or poor oral hygiene is recommended before starting therapy. Consider a drug holiday after 5 years of alendronate and after 3 years of IV zolendronic acid. However if your fracture risk is very high or you have had an osteoporotic fracture, 7-10 years of treatment with alendronate or 6 annual doses of IV zolendronic acid is recommended.

It is important to have a discussion with your doctor about the risks and benefits of drug therapy that takes in consideration your values, preferences and comorbidities when selecting which therapy to use.

Highlights: 2022 Spinal Cord Injury & Disability Conference

In October, we held our biennial SCI/D Conference at the Benton Event Center. The conference featured presentations on a range of topics, from the latest SCI medical research to an exploration of the healthcare industry's approach to sexuality and intimacy after SCI. We were also thrilled to host four-time Paralympic Medalist, Mike Schlappi (pictured on the right).

Also at the conference, a drawing was held to win a free Quickie manual wheelchair for ASCC Clients who were in attendance.

We would like to congratulate Austen Colclasure as the winner of the drawing!

Pictured (from left to right):
Mandy Nunnery, Sunrise Medical Rep.
Austen Colclasure, ASCC Client
Terra Patrom, ASCC Executive Director

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