

Arizona Spinal Cord Injury Association

OUR Response
in the Disability Community

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Who We Are/Our History

We are a non-profit organization dedicated to enhancing the lives of individuals with spinal cord injuries. Our goal is to promote physical, intellectual, spiritual, emotional and social recovery. The Association focuses on peer and family support, education of consumers, families, caregivers, and professionals, and linking people to vocational, social, and recreational resources.

The Arizona Spinal Cord Injury Association was founded in 1999. The organization started by providing peer mentoring to individuals with spinal cord injuries and their families. From there, the organization has grown to what it is today by providing, health, education, social recreational activities, and quality of life programs for our consumers, their family, caregivers, and professionals.



Our Opioid Response in the Community

AZSCIA is committed to providing services around: Prevention, Treatment, and Recovery

- Individuals with spinal cord injuries are disproportionately affected with Opioid Use Disorder.
 - A spinal cord injury typically requires the use of various pain-killing medications in an effort to manage pain effectively. However, data shows that after 5 days of use of an opioid, the risk of long term abuse is drastically higher.
 - Opioids are not a sustainable method of treatment for this population. Pain management is a complex issue with a wide range of applicable strategies that can be effective. The goal is to manage pain while simultaneously limiting the chance of opioid use disorder.

Shawn's Story - His Opioid Journey



Our OUD Services & Programs



Individuals with spinal cord injuries are disproportionately affected with OUD (Opioid Use Disorder). A spinal cord injury typically requires the use of various pain-killing medications in an effort to manage pain effectively. However, data shows that after 5 days of use of an opioid, the risk of long term abuse is drastically higher. The AZSCIA is committed to providing services around: prevention, treatment, and recovery.

Our core belief is that opioids are not a sustainable method of treatment for this population. Pain management is a complex issue with a wide range of applicable strategies that can be effective. The goal is to manage pain

Our organization provides various services/programs in regards to prevention, treatment, and recovery.

Some of those services/programs include:

- Opioid Reduction Program
- Free accessible transportation service
- Vetted resource list of accessible treatment centers around the Valley
- Peer mentor program including telehealth services for rural and tribal areas
- Connector with Barrow's Outpatient/ Inpatient Rehabilitation
- Educational resources including our digital toolkit, website, "OUD in the Disability Community" Folder
- Meditation & Movement Class (offered in-person & virtual)
- Various resources and videos available in Spanish

Opioid Reduction Program

In collaboration with Ability360 Sports & Fitness Center, our **'Opioid Reduction Program'** is a program that provides treatment and recovery support for individuals going through OUD. The individual will receive a complimentary membership to the fitness center, along with curated classes to build a sense of community and accountability to one another as they work the program together (virtual options available).



Transportation Services

For individuals with a disability, finding a way to get to a rehab or treatment center is often the greatest barrier to overcome. AZSCIA removes that barrier and offers **free** accessible transportation to individuals with a disability (or able-bodied individuals) who would like to get treatment.

When scheduling a ride through our transportation services, you will receive door-to-door transportation. All of our vans are wheelchair accessible and have ramps.



Connector with Barrow's Outpatient/ Inpatient Rehabilitation

We work with Barrow's outpatient and inpatient rehab coordinators to identify and link individuals with co-occurring physical disabilities to appropriate resources and care.



Various Educational Resources



Types of Pain

Having a spinal cord injury may come along with many different types of pain in different locations, including areas where there is not usually any feeling. Understanding what type of pain you have is key to choosing the right treatment. Here are the 3 different types of chronic pain that are commonly found in those with SCI.

Neuropathic Pain

Neuropathic pain ("neurogenic pain") is caused by abnormal communication between the nerves that were damaged by your spinal cord injury and the brain, where nerve signals that inform your brain how your body feels are interpreted. In neuropathic pain, it is thought that the brain "misunderstands" the signals it is getting from around the area of your injury and causes you to experience pain coming from below where you have little or no feeling. This is why a person can feel neuropathic pain in an area that otherwise has no feeling.

People often use words such as burning, stabbing or tingling to describe neuropathic pain, but neuropathic pain varies a great deal from person to person. It is often very difficult to treat, and frequently a combination of treatments must be used.


Examples of Neuropathic Pain: Spontaneous pain (pain that comes without stimulation), shooting, burning, stabbing, or electric shock-like pain; tingling, numbness, or a "pins and needles" feeling




Musculoskeletal Pain

Musculoskeletal pain is caused by problems in the muscles, joints or bones. It is a common problem for all people as they get older, including those with SCI.

Musculoskeletal pain can be caused by injury, overuse or strain, arthritic changes, or wear and tear of the joints, often from wheelchair use (including inadequate support for sitting) and/or transfers. It usually gets worse with movement and better with rest.

 Upper limb (shoulder, elbow and hand) pain is often caused by overuse of the muscles from doing transfers and pressure relief maneuvers and from pushing a wheelchair. It can occur months or many years after injury. People with higher level injuries who use computers or joysticks for many activities (reading, communicating, and environmental controls) may develop pain in the hand, arm or shoulder from overuse. Upper limb pain can make it difficult for you to transfer safely and perform other activities of daily living.

 Back and neck pain are common problems. In people with paraplegia who have had surgery to fuse their spine, increased motion that occurs just above and just below the fusion can lead to back pain. People with tetraplegia (quadriplegia) may also have back pain, especially if they are able to walk but still have weakness. People who use chin- or mouth-operated joysticks may sometimes develop neck pain.

 Muscle spasm pain happens when muscles and joints are strained from spasticity.

Examples of Musculoskeletal Pain: Bone pain, joint pain, muscle pain, and tendon and ligament pain



Visceral Pain








Visceral pain is located in the abdomen (stomach and digestive area) and is often described as cramping and/or dull and aching. It can be caused by a medical problem such as constipation, a kidney stone, ulcer, gall stone or appendicitis. Since a person with SCI may not have the usual symptoms associated with these medical conditions, it is important to see a doctor who has had experience caring for SCI patients in order to get a correct diagnosis and treatment.

Pain that comes from a visceral problem is sometimes felt in an area away from the source of the problem. This is called referred pain. One common example is shoulder pain that results from gallbladder disease.

Examples of Visceral Pain: Bladder pain, endometriosis, irritable bowel syndrome, and prostate pain. Some describe visceral pain as a generalized squeezing or aching



Prevention and Self-Care When Dealing with Chronic Pain

-  **Get treatment for medical problems.** Overall health can have a big impact on pain. Urinary tract infections, bowel problems, skin problems, sleep problems and spasticity can make pain worse or harder to treat. Keeping yourself as healthy as possible can help reduce pain.
-  **Try to get as much exercise as possible.** Getting regular physical activity can reduce pain as well as improve mood and overall health. It can also be enjoyable and distract you from pain. Your health provider can help you choose physical activities that are safe and appropriate for you.
-  **Get treatment for depression.** Depression can make pain worse. It is best treated through counseling and medication. Getting treatment for depression can help you cope with chronic pain and improve your quality of life. Peer Mentors are also a great resource to utilize.
-  **Reduce stress levels.** Stress can make pain worse or make the pain harder to cope with. You can learn to manage stress through counseling and learning techniques to help you reduce stress and tension, such as relaxation training, biofeedback and hypnosis. Exercise helps reduce stress as well.
-  **Distract yourself.** Distraction is one of the best methods for coping with chronic pain. Participating in enjoyable and meaningful activities can help reduce pain and help you feel more in control of your life, especially when pain is at its worst. When you are bored and inactive, you tend to focus more on your pain, and this can make your pain feel worse.
-  **Keep a record.** Everyone's pain is a little different. Keep a record of what makes you feel better and what makes pain worse. Understanding things that affect your pain will help you and your doctor to find effective ways to reduce your pain.
-  **Get a wheelchair seating evaluation.** Poor posture and improper seating can cause serious pain problems. Get your seating evaluated by a physical therapist who specializes in wheelchair seating. If you use a manual wheelchair, try to get a high-strength, fully customizable chair made of the lightest material possible (aluminum or titanium). Learn the proper wheelchair propulsion (pushing) technique from a physical therapist.

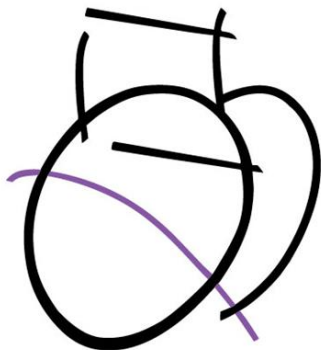
The Arizona Spinal Cord Injury Association believes that educating the SCI community, those with like conditions, and other disabilities about the risks associated with long-term opioid use is essential. People with a spinal cord injury are more likely to be prescribed an opioid than someone without an SCI. This is because four out of five people with an SCI have ongoing/chronic pain. If you want to learn more about the resources and education already available, please give us a call. We are happy to help you access what is available and provide family members, prescribers, and opioid users with information meant to keep them safe. Pain Doesn't Have to Kill.

Resources "SCI FACTSHEETS - Pain after Spinal Cord Injury" MSKTC, <https://msktc.org/scifactsheets/pain>

**More Prevention Resources available on our website at
<https://www.azspinal.org/opioid-response/prevention/>**

Questions?

We are happy to collaborate wherever we can!



Arizona Spinal Cord Injury Association

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