

# AXIS

A NEWSLETTER OF SHEPHERD CENTER  
PROVIDER OF MEDICAL TREATMENT, RESEARCH AND REHABILITATION



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FALL 2016

## Making Research More Meaningful

Clinicians and researchers partner with patients in pragmatic clinical trials at Shepherd Center.

**By Edelle Field-Fote, PT, Ph.D., FAPTA, Director of SCI Research and Co-Project Director, Shepherd Center SCIMS Program**



Edelle Field-Fote, PT, Ph.D., FAPTA

When a young person thinks about having a career in research, he or she may envision days spent testing exciting new ideas. As a rehabilitation researcher, this involves testing new ways to help people with disability move and function in daily life.

For many years, rehabilitation researchers have designed studies in a way that is much like the studies done by drug companies, using a design called the randomized clinical trial (RCT). An RCT is designed to test cause-and-effect relationships, and for this reason, it is often referred to as an "explanatory study". However, more and more, we are understanding that the RCT design may not be the best approach for rehabilitation research. The major drawback of the RCT approach is that many of the elements of an RCT study are different from the way things work in the real world of the clinic. For this reason, the ability to apply the findings from a RCT to a clinical setting may be limited.

There are a number of elements that make the RCT different from the real world of clinical practice. For instance, in an RCT there may be strict criteria about who may be included in the study. This strict inclusion criteria means the results may not be applicable for people who are not exactly like those who were in the study. For example, the inclusion criteria may allow participation only by people between two and six months after injury. Another difference is that the treatment delivered as part of the RCT may not be practical in the real world, or

the treatment may be delivered in a way that is not practical in the real world. For instance, a treatment that requires expensive, high-tech equipment and highly trained personnel is not likely to be widely available in a real-world setting.

An increasingly popular alternative to the RCT is the pragmatic clinical trial (PCT), sometimes also called a "practical study". In a PCT, the study is not designed to test cause-and-effect relationships, but instead to help make choices about practical options for treatment. The treatment is delivered in settings where everyday care happens, and it can be delivered to a diverse range of participants who represent the variety of ways that people with the disability might appear. An important element of the PCT is that the measures used to determine whether the treatment is valuable must be measures that are meaningful to the patients who are participating.

The clinicians at Shepherd Center are known for their contributions to improving the care of individuals with spinal cord injury. They also have a long history of involvement in research. For this reason, partnering with the clinicians to do research studies at Shepherd Center was the obvious route to take when we, the researchers, received research grants from the Department of Defense (DOD) and the National Institutes of Health (NIH). These studies combine the most valuable elements of both the RCT and PCT designs, rather than being strictly one or the other.

The study funded by the DOD will help determine whether adding non-invasive brain stimulation to fine-motor training improves

hand function more than fine-motor training alone. Shepherd's expert occupational therapy clinicians will provide fine-motor training using the approach they have found to be most useful. The non-invasive brain stimulation that

*In a PCT, the study is not designed to test cause-and-effect relationships, but instead to help make choices about practical options for treatment.*

will be added to the treatment uses a relatively inexpensive and widely available device. If the results indicate non-invasive brain stimulation makes the training more effective, then this could make the approach practical for use in a clinical setting.

The NIH-funded study focuses on the potential value of whole-body vibration. Working alongside Shepherd Center staff involved in locomotor training, this study will evaluate whether this widely available device has a meaningful influence on reducing spasticity and increasing the effects of locomotor training.

By combining our efforts, the clinicians and researchers at Shepherd Center make up a team where the whole is greater than the sum of its parts – and with practical benefits for making real-world care the best it can be.

## Data Collection Provides the Foundation while Output Serves Many Users: The Spinal Cord Injury Model System in 2016

By Lesley M. Hudson, MA, Co-Project Director



Lesley M. Hudson, MA

As Shepherd Center's current five-year Spinal Cord Injury Model Systems (SCIMS) cycle comes to an end this fall, we're examining how data meticulously collected at 20 sites nationwide

translates into meaningful outputs for important users – individuals with spinal cord injury (SCI), researchers and clinicians, to name just a few.

This system collects a significant amount of information on patterns of injury, starting with a history of injured individuals before their injury through acute hospitalization, long-term rehabilitation, and finally, return to home, family and community.

Two elements are essential in this process: The questions being asked during data

collection must reflect the activity taking place in the treatment of traumatic SCI, and the data must be collected accurately, comprehensively and in a timely fashion. The National Spinal Cord Injury Statistical Center in Birmingham, Alabama, has the responsibility for analyzing the data collected at the funded sites. The center issues reports, and many researchers and clinicians benefit from the knowledge they contain. But of equal importance is the knowledge translation effort aimed at individuals who have sustained injury, their families and friends, and by extension, the general public. To this group, the data is personal. It is about their lives, and the products produced for their benefit are critical to their long-term health and survival.

I have written before about the fact sheets available on the website of the Model Systems Knowledge Translation Center (MSKTC), but because this resource is so valuable and updated continuously, I believe it bears repeating here. The 14 current

grantees have worked diligently, through their Knowledge Translation Committee, to produce useful information on a series of topics that have been identified as important by both clinicians and individuals with SCI. There are about 20 fact sheets on the website now, and as the current grant cycle closes, several more will be added. All of this information can be found at [msktc.org/sci/factsheets](http://msktc.org/sci/factsheets).

I urge you to use this as a constant source of important information. Feedback is welcomed, and a means of communicating with the staff at the MSKTC is provided at this site.

It has been my great pleasure to have been associated with the Shepherd Center SCIMS project since 1982, and as I retire from Shepherd Center after 40 years, I am excited about the future of this program, and SCI research and care delivery, in general.

## Shepherd Center Awarded Grant to Continue its More than 30-Year Legacy as a Spinal Cord Injury Model System Center

Shepherd Center is one of 14 federally designated SCIMS centers.

In its ongoing commitment to improving the lives of people with disabilities, the U.S. Department of Health and Human Services has awarded a five-year grant to Shepherd Center to continue its longtime status as a Spinal Cord Injury Model System (SCIMS). The department's National Institute on Disability, Independent Living and Rehabilitation Research (NIDILRR), which sponsors the program, announced the designation of Shepherd Center as the Southeastern Regional SCIMS

Shepherd Center is one of 14 spinal cord injury treatment facilities in the United States to receive the designation in NIDILRR's latest grant competition.

NIDILRR awards the grants to institutions that are national leaders in medical research and patient care and provide the highest level of comprehensive specialty services from the point of injury through rehabilitation and re-entry into full community life.

Shepherd Center has been designated a SCIMS since 1982, operating as the Southeastern Regional Spinal Cord Injury Model System Center.

"Model Systems centers provide services to people with spinal cord injury that go beyond basic care," said Edelle Field-Fote, PT, Ph.D., FAPTA, director of SCI Research and director, Shepherd Center SCIMS Program. "Shepherd Center has so many amazing programs that provide services far beyond the basics, including the Transition Support Program, the ProMotion gym, the lymphedema treatment program, Beyond Therapy® and recreation therapy, just to name a few. With all these great programs, it's no wonder Shepherd Center consistently ranks so highly in this grant competition."

Designation as an SCIMS Center provides many benefits for Shepherd Center patients with spinal cord injury. For example, the grant supports various research projects.

Research funded by the new grant will investigate whether non-invasive brain stimulation can help improve walking ability in people with SCI who have limited walking function, Dr. Field-Fote said. In addition, Shepherd Center will collaborate with other SCIMS Centers on research projects.

"We are grateful for the input of many Shepherd Center employees who contributed information to the SCIMS grant application," Dr. Field-Fote said. "We are also thankful for our patients, many of whom volunteer to participate in our research. We look forward to working with our patient volunteers in the 2016-2021 SCIMS grant cycle."

For more information on SCIMS, visit [shepherd.org/research/model-system-of-care](http://shepherd.org/research/model-system-of-care). People who are interested in participating in Shepherd Center research may complete an intake form found here to start the process.

## Researchers Announce Promising Results in Study of Regenerative Medicine-Based Treatment for Complete Cervical Spinal Cord Injury

Recently injured patients treated with a higher dose of the stem cell treatment are showing motor function improvement.

Asterias Biotherapeutics Inc., a California-based biotechnology company focused on regenerative medicine, announced interim clinical trial data recently, revealing motor improvement in patients with complete cervical spinal cord injury who were treated with a higher dose of the company's regenerative-medicine based treatment.

Shepherd Center is one of the sites for the SCiSTAR Phase 1/2a clinical trial, and one of Shepherd's study participants was among the cohort, or group, treated with a 10-million-cell dose of Asterias' AST-OPCI (oligodendrocyte progenitor cells derived from federally approved stem cell lines). Previous study participants received a 2-million-cell dose to assess safety.

While Asterias noted that it is early in the study, results show four of the five patients in the higher-dose group have gained at least one motor level of improvement within 90 days of treatment. Also, as targeted in the study, two of the five patients in this group have achieved two motor levels of improvement on at least one side of their body, the company reported.

"Shepherd Center clinicians and researchers are encouraged by these interim positive results and hopeful that this clinical trial will result in a treatment that will improve the lives of people with spinal cord injury," said Donald P. Leslie, M.D., medical director of



Donald P. Leslie, M.D., medical director of Shepherd Center

Shepherd Center and the principal investigator for Shepherd Center for this clinical trial.

Steve Cartt, chief executive officer of Asterias, said: "The results to date in the 10-million-cell cohort, while still early, demonstrate meaningful improvement in motor function, particularly in the use of a patient's hands, fingers and arms, which is critically important for a patient's quality of life and ability to function independently. We are quite encouraged by this first look at efficacy results and look forward to reporting six-month efficacy data in January 2017.

"We have also just recently been cleared to begin enrolling a new cohort and administering to these new patients a much higher dose of 20 million cells," Cartt added. "We look forward to begin evaluating efficacy results in this higher-dose cohort in the coming months."

Researchers are measuring patient improvements with the ISNCSCI neurological classification scale widely used to quantify functional status of patients with spinal cord injury (SCI). Previous research shows that patients with complete cervical SCI who show two motor levels of improvement on at least one side may regain the ability to perform daily activities such as feeding, dressing and bathing.

The independent Spinal Cord Outcomes Partnership Endeavor (SCOPE) recommended the SCiSTAR study's efficacy target based on recently published data (Steeves et al., *Topics in Spinal Cord Injury Rehabilitation*, 2012). SCOPE is affiliated with the American Spinal Injury Association, which is headquartered at Shepherd Center.

The SCiStar study is funded in part by a \$14.3 million grant from the California Institute for Regenerative Medicine (CIRM).

### About the SCiStar Trial

The SCiStar trial is an open-label, single-arm trial testing three sequential escalating doses of AST-OPCI administered at up to 20

million AST-OPCI cells in as many as 35 patients with sub-acute, C-5 to C-7, motor complete (AIS-A or AIS-B) cervical SCI. AST-OPCI is administered 14 to 30 days post-injury. Patients are being followed by neurological exams and imaging methods to assess the safety and activity of the product.

Additional information on the Phase 1/2a study, including trial sites and eligibility criteria, can be found at [www.clinicaltrials.gov](http://www.clinicaltrials.gov), using Identifier NCT02302157, and at the SCiStar study website ([www.scistarstudy.com](http://www.scistarstudy.com)).

All clinical trial participants at Shepherd Center must be patients who are admitted to Shepherd Center for rehabilitation. Also, clinical trial eligibility requirements apply. Medical professionals are invited to promptly refer patients for assessment to determine whether they are appropriate for admission to Shepherd Center. Contact Shepherd Center Admissions at (800-743-7437) or [admissions@shepherd.org](mailto:admissions@shepherd.org).

To read an extended version of this article, visit <https://goo.gl/Ns8ZhD>

For more information about Asterias, visit [asteriasbiotherapeutics.com](http://asteriasbiotherapeutics.com).

## Transition Support Program at Shepherd Center Aims to Keep Patients at Home Sweet Home

Shepherd Center's Transition Support Program strives to prevent avoidable rehospitalization and promote health and safety in the home for patients after they are discharged from the hospital. The most common reasons for rehospitalization following discharge for people with a spinal cord injury are respiratory or urinary tract infections. For people with a brain injury, infections and other neurological complications, including seizures, are most common.

Shepherd Center's case management teams refer patients who may be at risk for these complications or other home safety issues to Shepherd Center's Transition Support Program. Patients referred to the program during their treatment and rehabilitation at Shepherd Center are provided education and guidance tailored to meet their needs.

Each patient is assigned a case manager who provides regular contact with the patient and family after discharge and is available to them by phone or video conference. Of those patients referred to the Transition Support Program, 6.2 percent reported re-hospitalization during the first 90 days, which is presumably a high-risk timeframe as support systems and routines are being established. The Spinal Cord Injury Model Systems data indicate annual rehospitalization rates of 30 percent, and research shows rehospitalization rates within nine months of discharge for traumatic brain injury are as high as 28 percent.

One of Shepherd Center's strategic priorities is to be the nation's leader in promoting health, wellness and neurorecovery following spinal cord injury, brain injury or multiple sclerosis. So, the Transition Support Program is vital to ensuring Shepherd Center meets this important objective.

Transition Support Program case managers provide these services for patients and clients:

- Guidance toward self-advocacy for medical and accessibility needs
- Assessment for early prevention of medical complications
- Home safety recommendations
- Reinforcement of knowledge and skills learned in hospital-based rehabilitation programs
- Guidance on effective medication management
- Wellness management plans to prevent avoidable rehospitalization
- Identification of local community support services (financial, healthcare, wellness, etc.)

**Shepherd Center's Transition Support Program also provides some services for all patients to help them transition successfully to their communities. These include:**

### Peer Support

**Peer Support is integrated into all aspects of Shepherd Center's continuum of care to ensure that patients thrive and achieve the highest levels of independence when they return home. The Peer Support team includes four professional staff members and an expansive network of volunteer peer supporters in metro Atlanta and throughout the United States. Peer supporters provide guidance, strategies and advice regarding a wide range of issues specific to spinal cord and brain injuries.**

### Vocational Services

**Vocational Services helps patients navigate their return to a productive and successful working life after they leave Shepherd Center. Vocational counselors assist patients with job searches, resume development, interview strategies, and, when needed, a staff member will accompany a patient to job-site evaluations to ensure accessibility.**



Shepherd Center's transition support team includes case managers, vocational counselors and peer liaisons.

**For more information about the Transition Support Program,** contact Laura O'Pry, clinical manager of Shepherd Center's Transition Support Program. You can reach her at [Laura\\_Opry@shepherd.org](mailto:Laura_Opry@shepherd.org).

## Phoenix Rising

Natalie Barnhard's relentless drive carries her through more than a decade of healing.

By Mia Taylor



Natalie Barnhard

At 24 years old, Natalie Marie Barnhard had the world by the tail.

The bright, ambitious, New York resident had just landed a job as a physical therapy assistant, obtained a massage therapy license, was on the hunt to buy a home and had a great boyfriend.

For as long as she could remember, Natalie's passion had been helping others, and all of the hard work was paying off as she established a career in her chosen field.

But just three months after receiving her massage therapy license, while working at a local physical therapy practice, Natalie's life took a turn that put her on a very different path.

The day that changed everything began like any other. It was about an hour and a half into her shift at work, and Natalie was helping a patient on a leg extension machine. The machine, which was not bolted down properly, came crashing down onto Natalie – all 600 pounds of it. It took several people to free Natalie, who as she lay there, sensed that the damage to her body was catastrophic.

"Just from my background in physical therapy, I knew it was bad," she recalls. "I couldn't even feel the weight of my body on the ground."

Natalie was taken to the hospital where she was placed in intensive care. Her neck had been crushed so severely that Natalie sustained C-5 spinal cord injury. Doctors told her she had a less than 5 percent chance of walking again.

The days and years that followed were painstaking. It was a time filled with long periods of stillness, anger and sadness, punctuated by hard-fought steps forward.

There were three months of not being able to speak because one of her vocal cords had been partially paralyzed. She spent one week on a ventilator, and it would be about three years before she would be able to perform even the simplest functions independently again.

Natalie began her recovery in Buffalo, New York, where she spent about two months before deciding to continue treatment at a facility that specialized in spinal cord injuries. She flew by medical jet to Shepherd Center.

"Coming to Shepherd Center was by far the best decision I ever made," Natalie says. "They

get you up and get you moving whether you like it or not."

Looking back on this time, Natalie describes it as the most difficult journey of her life. But it took her to a place she never thought she'd be again – helping others to heal.

Natalie spent about a decade focused on rehabilitation. After her initial, three-month inpatient treatment at Shepherd Center ended, she moved into a local hotel and continued recovery in the hospital's Beyond Therapy® program.

"When she first got here, Natalie was significantly weak," says Shepherd Center occupational therapist Patti Pasch. "She couldn't move her arms very much, but over the course of time, her arms started getting stronger."

During the time they worked together, Pasch says, there were triumphs and dips, as happens with all patients. But Natalie persevered.

Pasch taught Natalie to be the captain of her own ship, showing her how to do as much as possible independently.

"I used to say: 'If I feed you a fish, I feed you for a day. If I teach you to fish, I feed you for a lifetime,'" Pasch recalls.

The message was received loud and clear. Natalie doggedly pursued recovery and over time began doing her own makeup again, brushing her teeth, feeding herself and washing her face. She also improved her balance, strength and endurance, says exercise specialist Gustavo Duran-Monge.

Ultimately, through all of her efforts, Natalie improved the quality of her life and grew more knowledgeable and self-directed.

"Natalie was someone who had a lot of drive prior to injury, who slowly rose up like a phoenix, to go beyond her injury," Pasch says.

Today Natalie has mobility everywhere above her chest and some mobility in her trunk.

But her story doesn't end there. At a juncture where some people might have recoiled from the world, focusing on the challenges before them, Natalie has chosen to reach out further, viewing her experience and injury as a platform from which she can make a change.

"My heart and vision is to take my knowledge from being a therapist, a healer, and my experience as the patient with an injury to help other people in our community who need and deserve the best care possible," Natalie says. "I want to use my unique perspective to truly change lives."

Her drive to help others has taken many forms. An active member of the United Spinal Association, Natalie established a local chapter of the organization in order to bring more national resources to Buffalo's spinal cord injury community. She is also the regional chapter coordinator.

Natalie regularly gives speeches and was recognized with a 2015 Women of Influence Award by Buffalo Business First. She also recently was given Distinguished Alumni awards at both Trocaire College and Villa Maria College, where she gave the commencement speech this past May.

Amid all of this, Natalie also started her own thriving foundation, Wheels With Wings, to encourage and advocate for people with spinal cord trauma, as well provide funding for the specialized medical care needed with such an injury.

"Knowing how difficult and costly it is to get the medical services you need after a spinal cord injury, I wanted to have an organization that could immediately help individuals who suffered this catastrophic injury by providing quality-of-life grants for things insurance would not pay for," she says.

To date, Wheels with Wings has raised more than \$200,000 and given away more than \$150,000 in grants.

And still Natalie's dreams have not been fully realized. Her sights are now set on creating a neurological recovery and wellness institute in western New York, a place where those with spinal cord injury can exercise and access various modalities to improve their health and wellness.

"I've had the privilege and the blessing of being able to go to numerous recovery centers," Natalie explains. "Unfortunately, Buffalo does not have anything state of the art. Shepherd Center has inspired me to help people in my community. I feel that's my purpose in life."



Natalie works with exercise specialist Josh Zotnick in Beyond Therapy®.

## Set It So You Don't Forget It

Tetra Alarm app makes scheduling life easier for people of all abilities.

By David Terraso

Think about the simple act of setting an alarm on your phone. On a smartphone, you might have to dial, or slide the numbers up and down, which can demand that you move your fingers with precision. With the steps involved, many people with spinal cord injuries (SCI) often have a tough time with the built-in alarm functions of a smartphone. Unfortunately, the app versions haven't been much better. Designed for people with full manual ability, many of them are difficult to use for someone with limited dexterity.

Enter Tetra Alarm, a new app available for free in Google Play, the online marketplace for Android apps. It is set up so you just need to select a box corresponding to a particular time. Tetra Alarm is not only a useful tool for people with SCI, but also for people who have other injuries or chronic illnesses that have affected their memory and cognitive function.

"A lot of our patients who have brain injuries or multiple sclerosis have trouble remembering to do things on a certain schedule. We developed Tetra Alarm to make it easy for them to schedule recurring reminders within one app," says Adina Bradshaw, MS, CCC-SLP, ATP, a speech-language pathologist at Shepherd Center.

"For example, our patients who have spinal cord injuries may have to do a weight shift every 30 minutes from 8 a.m. to 8 p.m.," she adds. "To do that on a typical alarm, you would have to set 24 separate alarms so it will go off every half hour. Tetra Alarm allows you to set it once, and it will continually go off every half hour. It will stop at 8 p.m., and then the next morning it will automatically start again at 8 a.m."

Bradshaw teamed with Leah Barid, OTR/L, ATP, a Shepherd Center occupational therapist, to design the app. Software engineer Scott Bradshaw of Chillaxing Software developed the app. Funding to develop Tetra Alarm was provided by the Rehabilitation Engineering Research Center for Wireless Technologies (Wireless RERC) a collaboration between Shepherd Center and Georgia Tech, funded by the National Institute on Disability, Independent Living and Rehabilitation Research in the U.S. Department of Health and Human Services.

"The Tetra Alarm project represents a unique opportunity to leverage the frontline clinical knowledge of Shepherd's therapy staff to identify a patient need and to design/ implement a solution," says John Morris, Ph.D., the director of the Wireless RERC's App Factory project. "Adina and Leah have decades of cumulative knowledge in the rehabilitation and assistive technology fields. Their expertise is critical to the success of this project."

Another feature of Tetra Alarm is its ability to use multiple types of alerts, as well as remind the user why the alarm is going off in the first place. Alerts can be provided via text, vibration or a user-selected sound, much like other similar apps. But Tetra Alarm has a bonus feature.

"A lot of people will have an alarm going off, but then can't remember why it's doing that," Bradshaw says. "Tetra Alarm allows you to record the reason for the alarm with your own voice."

One of the main benefits of Tetra Alarm is that it allows for more independent living.

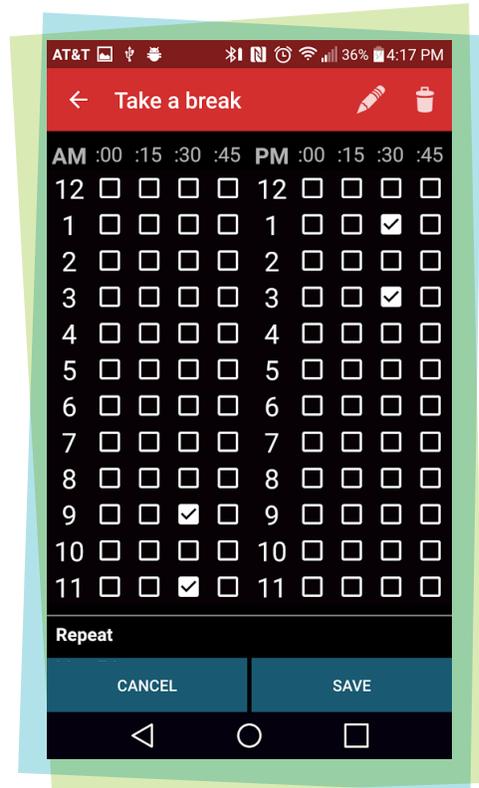
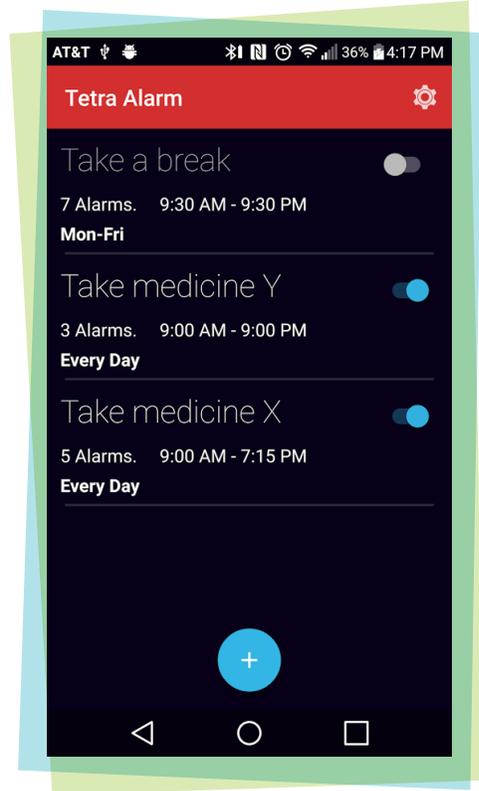
"Tetra Alarm can allow users to manage their medications," Barid says. "It can remind them to drink water. It can remind them to shift their weight, perform bladder care, anything that needs to be done at regularly scheduled intervals. They can easily program the alarm without having to have someone else remind them. This allows for privacy."

Thus far, the buzz on Tetra Alarm has been positive.

"User feedback has been phenomenal," Bradshaw says. "We have had more than 100 downloads in a month. Even people who do not consider themselves tech savvy have made a point to tell us they use it in their sessions with their patients because it's so easy to use that even they can use it."

Tetra Alarm allows users to set reminders to take medications, complete weight shifts and other tasks that are common in people with injuries or chronic illnesses.

Download Tetra Alarm here:  
<http://bit.ly/2epiHdD>



## Former Patient Finds New Ways to Pursue Lifelong Hobbies

Bobby Ryals, of Kathleen, Ga., finds joy in everyday life.

By Phillip Jordan



Bobby Ryals

Two decades ago, Bobby Ryals, 40, was a competitive, athletic 19-year-old centerfielder for Georgia Southwestern State University's baseball team. Then, suddenly, he wasn't.

Bobby sustained a spinal cord injury in a car crash that paralyzed him from the waist down.

"At Shepherd Center, the biggest thing I learned was that I could still do just about anything I want to," Bobby says. "It's just about adapting and figuring out new ways to do certain things."

One of the first activities Bobby learned to do was water ski, something he's still passionate about 20 years later. Just last year, he added snow skiing to his sports resumé, thanks to an intense five-day training session in Breckenridge, Colo., by the Alpine Adaptive Scholarship Program, which was founded in cooperation with Shepherd Center. Halfway through the first day, Bobby was skiing independently. By day two, he was already seeking more difficult terrain higher up the slopes.

"Being an athlete is something that does not go away – the drive and the competitive spirit," he says. "So to

find a new way to stoke that fire, that was great. I wanted to be the most successful guy in the program!"

Today, Bobby, a professional risk manager for State Farm Insurance, shares his story with schools and youth groups, focusing on choice and consequence. He also has found a way to stay involved in baseball through the years, both as a coach and mentor. On the first Saturday of August, Bobby hosts Bobby's Backyard Whiffle Ball Tournament in his hometown of Cordele, Ga., to raise funds for a program that sends low-income schoolchildren home with food for the weekend. Last year, 38 teams raised \$3,500.

If Bobby's life – sports, work, giving back – doesn't seem all that unique, well, he says, that's kind of the point.

"Walking isn't the only miracle that's performed at Shepherd Center," Bobby says. "I live such a normal life. I enjoy my family. I work 50 hours a week. I have fun on the weekends. I think that's the true testament to what happens at Shepherd Center. My life is really no different than anyone else's."

# AXIS

AXIS covers news and information about research, medical treatments, healthy living and events for people who have experienced spinal cord injury, brain injury or a related neurological condition.

It is published twice a year.  
Questions? Call 404-367-1306

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Supported in part by a grant from the National Institute on Disability, Independent Living, and Rehabilitation Research. U.S. Department of Health and Human Services, Washington, D.C., for the Southeastern Regional Spinal Cord Injury Model System at Shepherd Center in Atlanta, Georgia. Grant #90SI5002-01-00.

If you would like to make a gift to support the work you have read about, please contact the Shepherd Center Foundation at 404-350-7305 or visit [shepherd.org](http://shepherd.org).



## Shepherd Center

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**The Shepherd Center Recreation Therapy Program encourages all former patients and their families to participate in its upcoming events in 2017.**

**We hope you'll join us!**



**What:** 26th Annual Adventure Skills Workshop

**Who:** Whether you are newly injured and attending for the first time or an Adventure Skills veteran coming back for more, be assured that you'll have the opportunity to explore new activities, learn new skills, meet new people and have fun at our annual Adventure Skills Workshop.

**When:** Registration opens February 14, 2017  
May 19-21, 2017



**What:** 36th Annual AJC Peachtree Road Race - Wheelchair Division

**Who:** Whether you're a spectator or a racer, this annual event has become a favorite July 4th tradition. Showcasing more than 75 elite wheelchair athletes from around the world, the Peachtree is one of the largest, most competitive 10K wheelchair races in the country. Registration and qualifying time required.

**When:** Registration opens February 1, 2017  
July 4, 2017

**For more information, contact [Sabrina\\_Evans@shepherd.org](mailto:Sabrina_Evans@shepherd.org) or 404-350-7375**