The year 1970 seems like a lifetime ago. Richard Nixon was president, and the United States was still embroiled in the Vietnam War. We also celebrated the first-ever Earth Day, and the voting age was lowered to 18 years. Also in 1970, the Spinal Cord Injury (SCI) Model Systems Program was started with one center, Good Samaritan Hospital in Phoenix, Arizona, as a demonstration project. This project demonstrated the value of a comprehensive system of care for persons with spinal cord injury and led to the development of the SCI Model System program.

To become a SCI Model Systems Center, a center must submit a grant proposal to the National Institute on Disability, Independent Living, and Rehabilitation Research. The proposal details the quality of care delivered at the Center, as well proposes research studies that will add to our knowledge about SCI. Those centers with top-ranking grant applications become SCI Model Systems Centers for the next five-year grant cycle. There are currently 14 SCI Model System Centers, and Shepherd Center is honored to have been among these for the past 35 years since 1982.

Each of the SCI Model System Centers collects data related to the individuals with SCI who are admitted to their center, and that data is then submitted to the National SCI Database. For an individual’s data to be included in the database, they must meet certain criteria, including:

- having an injury as the result of a trauma
- being a resident of the area served by a Model System Center at the time of their injury
- being a U.S. citizen or non-citizen who is expected to continue living in the area served by a Model System Center
- being admitted to the Model System Center before the completion of their acute rehabilitation
- being admitted to the Model System Center within one year of injury
- completing acute rehabilitation at the Model System Center

The availability of this information through the National SCI Database helps us to understand the patterns of SCI, as well as what outcomes are expected when people receive comprehensive care. This information also allows us to track information about SCI in the United States, such as:

- the number of people in the country who are living with SCI – 314 million
- the number of new cases of SCI each year – 17,000
- the proportion of men versus women who experience SCI – 80 percent versus 20 percent
- the average age of injury – 42 years
- what types of accidents most commonly lead to SCI – vehicle crashes, 38 percent

Information is collected about the individual’s condition at admission and at discharge from the rehabilitation center. This data is called Form 1 data. In addition, information is collected through telephone or mail surveys at the first anniversary of the injury date, and every five years thereafter; this data is called Form 2 data.

continued on page 7
Meet Shepherd Center’s SCI Model System Advisory Board

The Spinal Cord Injury Model System at Shepherd Center is privileged to have the input of an outstanding Advisory Board. The Advisory Board consists of individuals with SCI, health care professionals and members of the general public who have a depth of experience and expertise related to spinal cord injury.

The Advisory Board meets twice annually, and is available throughout the year to provide expert insight, discuss concerns or assist in resolving issues. The Advisory Board reviews the aims of Shepherd Center’s research projects to provide feedback with the goal of increasing their relevance to persons with SCI. The Advisory Board also assists in tracking progress toward achieving the aims.

Meet the Shepherd Center SCI Model System Advisory Board:

**Pete Anziano**
Pete Anziano is the lead peer support liaison and instructional designer in the Spinal Cord Injury (SCI) Rehabilitation Program at Shepherd Center. For the past 10 years, Mr. Anziano has worked in acute, post-acute and community settings, sharing knowledge with people new to SCI or those looking for specific insight. Mr. Anziano assists in peer support program development, oversees selection and training of mentors, matches patients and family members with appropriate mentors and plans or supports annual community events sponsored by the department. He also co-treats with nurse educators, therapists and exercise specialists at Shepherd Center. He participates actively in research projects that involve patient-centered care and peer involvement.

**Andrea J. Buhl, MSN, RN, FNP-BC**
As senior vice president of clinically integrated medical programs at Sedgwick Claims Management Services, Inc., Ms. Buhl oversees several of Sedgwick’s managed care solutions, including telephonic and field case management, clinical consultation (24-hour nurse-triage call center) and behavioral health. Her attention to detail and dedication to customer service has been instrumental in developing cutting-edge programs designed to provide injured workers with the most effective and appropriate level of care. Ms. Buhl has worked at Sedgwick since 2007, prior to which she worked as a registered nurse in the critical care environment. She also is a board-certified family nurse practitioner (FNP) and is experienced working in primary care. Andrea graduated with a bachelor of science degree in nursing from the University of Utah and obtained a master of science degree in nursing from Duke University.

**Nathan Cope, M.D.**
D. Nathan Cope, M.D., is an internationally recognized physiatrist and psychiatrist who has been a leader in head and spinal cord injury treatment and rehabilitation for the past three decades. Dr. Cope has served on the Executive Committee of the Central Virginia Chapter of Case Management Society of America, the Executive Committee for the Commission for Case Management Certification and previously on the National Workers’ Compensation Advisory Board for Shepherd Center. She has lectured extensively and authored numerous articles on case management.

**Jo Carter, RN, BSN, CCM**
Jo Carter is the vice president of network services for Paradigm Outcomes. She is responsible for the day-to-day management of Paradigm’s national networks of workers’ compensation catastrophic nurse case managers and physicians. She received her bachelor’s degree in nursing from the Medical College of Virginia. She also is a board-certified case manager. She has held numerous nursing positions, specializing in catastrophic and neuroscience care, care coordination and long-term planning. Ms. Carter has served on the Executive Committee of the Central Virginia Chapter of Case Management Society of America, the Executive Committee for the Commission for Case Management Certification and previously on the National Workers’ Compensation Advisory Board for Shepherd Center. She has lectured extensively and authored numerous articles on case management.

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Zack Craft, ATP
Zack Craft directs the rehabilitation technology and complex care services for One Call, specializing in assistive technology for severely injured employees. Mr. Craft and his team of rehabilitation specialists, technicians and cross-functional specialists serve patients who have sustained complex and/or catastrophic injuries, such as brain and spinal cord injuries, severe wounds, amputations and similar life-altering conditions. He and his team travel the country, evaluating patients in rehabilitation centers of excellence and visiting their homes to determine the best home-based treatment approach. Before joining One Call, Mr. Craft spent a decade in the engineering field and has designed products for use in physical therapy.

Nancy Edwards
Nancy Edwards was born in Connecticut and moved to Little Rock, Arkansas, when she was five years old. In her teen years, she moved to Beirut, where she finished high school. Her international travel and exposure shaped the woman she would become. Ms. Edwards graduated from Duke University with a bachelor of arts degree and then earned a bachelor of science degree in nursing from Columbia University. After a year in Italy, Ms. Edwards became a nurse at Emory Healthcare in 1972. Ms. Edwards first worked on a surgical oncology unit. She also held roles in otolaryngology, plastics and ophthalmology. Her last unit was same-day surgery and outpatient recovery in the hospital.

Polly F. Hale
Polly Hale is the manager of medical management services for Builders Insurance Group. In December 1972, she earned a master’s degree in rehabilitation counseling. Upon graduation, she was admitted to Eta Rho Pi Honor Society for health-related studies. Ms. Hale has 42 years of professional experience in disability management and rehabilitation counseling. Before joining Builders Insurance Group, Ms. Hale served as the director of managed care and catastrophic disability for the Georgia Board of Workers’ Compensation and has been a member of the State Board’s Advisory Council since 1990. She served as chair of the case management and rehabilitation section of the steering committee for the State Board’s Annual Educational Seminar.

Deborah G. Krotenberg, Esq.
Deborah G. Krotenberg, Esq., is the division director of managed care and rehabilitation at the Georgia State Board of Workers’ Compensation. She also serves as the overflow board mediator in the alternate dispute resolution division. Before serving at the Georgia State Board of Workers’ Compensation, Krotenberg was a partner at Zirkle & Hoffman, LLP, an insurance defense litigation firm. She represented employer/insurers and claimants where there was no conflict. Previously, she was an attorney for Alex Byars, Esq., practicing in workers’ compensation representing claimants.

Melissa Kovacsy
Melissa Kovacsy is the founding member and leader of ProSight’s workers’ compensation claims division. Ms. Kovacsy manages primary, excess and occupational accident claims for the company. Together, with centers of excellence like Shepherd Center, ProSight is able to deliver the best possible care to the most seriously injured employees of its policyholders to achieve the best possible outcomes. Ms. Kovacsy’s 30 years of experience have given her exposure to and expertise in all aspects of claims management, including reinsurance, compliance, coverage, subrogation complex medical management, litigation, comprehensive bill review, and most of all, customer service and satisfaction.

Jodi Loud, RN, BSN, IMF, CCM, CLCP, MSCC
Jodi Loud, RN, BSN, IMF, CCM, CLCP, MSCC, is a home office consultant on spinal cord and brain injury in the major case unit at Hartford. In this role, Ms. Loud travels the country meeting with workers who have been catastrophically injured to assure they receive the best care and outcomes. Ms. Loud also works to settle these complex claims. She is a registered nurse, with a bachelor of science degree in nursing, and she is a certified case manager, life care planner and Medicare set-aside consultant. Loud has worked in workers’ compensation for 17 years.

continued on page 5
New Studies Aim to Provide Non-Invasive, Accessible Therapies for People with Spinal Cord Injury

BY KERRY LUDLAM

Two post-doctoral fellows at Shepherd Center’s Hulse Spinal Cord Injury Lab are leading studies that aim to refine and enhance current therapies used for people who have sustained a spinal cord injury. One study will focus on the recovery of upper-extremity movement, while the other study will focus on improving walking function.

Enhancing Corticospinal Excitability to Improve Functional Recovery

Funded by a grant from the Nielsen Foundation, Jennifer Iddings, Ph.D., is leading a study that will compare two types of non-invasive brain stimulation – transcranial direct current stimulation (tDCS) and transcranial pulsed current stimulation (tPCS) – to determine which type has a greater influence on activating nerves with the hope of restoring some level of movement in the upper extremities of people with a cervical (neck) spinal cord injury. Research has shown that tDCS, which involves direct continuous current, improves upper-extremity function in people with SCI. A recent study in people without a disability showed that tPCS – which uses pulsed current stimulation rather than continuous direct current – may have a larger effect on neural excitability. But this approach has not yet been tested in people with SCI. Dr. Iddings’ study will change that.

“We want to determine which type of stimulation most enhances the excitability of the motor cortex — the region of the brain that controls voluntary movements — to harness any remaining neural connections with the hope of helping participants who have sustained a spinal cord injury to regain some movement, particularly in the upper extremities,” Dr. Iddings says.

The study is a randomized, crossover study, meaning that each subject enrolled in the study will participate in a single session of each type of stimulation — tDCS and tPCS — and a sham control, as well as arm and hand training. The study consists of five total sessions, each of which will last three to five hours and include both testing and treatment. During stimulation, two sponges will be placed on the participant’s head. The device will apply a small amount of painless electrical stimulation to the head for 30 minutes to increase excitability in the regions of the brain that control arm and hand function. These brain changes are aimed at improving the effectiveness of arm and hand training, which involves grasping, moving and releasing objects. For each session, the stimulation settings or the location of the sponges will be changed, but the stimulation will still feel the same. One of the sessions will involve sham, or fake, stimulation.

“We’re hopeful the study will provide us with valuable information on what type of stimulation is most effective, as well as the best method of electrode placement,” Dr. Iddings says. “Our goal is to optimize the stimulation paradigm.”

Participant recruitment will begin in late summer/early fall 2017. Participants must:
• Be 18-65 years of age
• Have a cervical (neurological level C1-C8) SCI occurring more than six months ago
• Have any severity classification (ASIA/ISNCSCI A, B, C, D)
• Have self-reported functional limitation in at least one upper limb
• Have the ability to voluntarily move a thumb or index finger (visible twitch) of both upper limbs
• Have the ability and willingness to consent to participate in the study and authorize the use of their protected health information

For more information or to express interest in participating, contact Jennifer Iddings, Ph.D., at 404-367-1239 or jennifer_iddings@shepherd.org.

Combined Influence of Transcutaneous Spinal Cord Stimulation and Locomotor Training on Spasticity and Walking Outcomes after Spinal Cord Injury

Stephen Estes, Ph.D. is leading a study that hopes to build on the effectiveness of a common therapy in spinal cord injury rehabilitation — locomotor training. Body-weight-supported locomotor training uses specialized body-weight-supported treadmill and harness systems. In locomotor training sessions, the participant is suspended in a harness over a treadmill while either a specially trained team or the robotic system moves the participant’s legs to simulate walking. Locomotor training may work to “awaken” dormant neural pathways by repetitively stimulating the muscles and nerves in the lower body.

Dr. Estes’ research, which is funded by the Wings for Life Spinal Cord Research Foundation, seeks to determine the effectiveness of combining non-invasive stimulation of the spinal cord (transcutaneous spinal cord stimulation) with locomotor training for reducing involuntary muscle activity (spasticity) and improving walking function.

“Our thought is that electrical nerve stimulation will stimulate the sensory fibers in the spinal cord and rebalance the circuitry that has been damaged,” Dr. Estes says.

Spasticity affects 70 to 80 percent of individuals who have a spinal cord injury. It includes involuntary muscle reactions to volitional movements, pain and touch.

“Depending on the individual, spasticity can be good and bad,” Dr. Estes says. “But we see that it can impair functional goals in people with a spinal cord injury, which is why we want to find a way to reduce it.”

During the study, participants will have clinical assessments, as well as electrical and biomechanical analyses of muscle activity for four weeks while participating in standard locomotor training with their
People with Spasticity Related to Spinal Cord Injury Invited to Participate in Survey

Researchers in the Crawford Research Institute at Shepherd Center are recruiting people who have spasticity, spasms, muscle stiffness, tone or clonus related to spinal cord injury (SCI) to participate in an online survey. The questionnaire, which takes 15 to 20 minutes to complete, asks about the participants’ spinal cord injury, the qualities of their spasticity and what things make their spasticity better or worse.

The purpose of this study is to assess how spasticity is experienced by individuals with SCI, which characteristics of spasticity have the greatest impact on activities of daily living and the perceived value of current treatment strategies. The results are anonymous and will be used to set research priorities in the design of new studies of the treatment of spasticity. Researchers hope the study will guide future research to look at very individualized spasticity management.

To participate in the survey, please visit https://is.gd/SCIMS_Spasticity_Survey. For more information, contact Cathy Furbish at 404-350-7591 or cathy_furbish@shepherd.org
Research shows Shepherd Center’s peer support program helps boost confidence, ease the transition home and lower hospital readmissions.

People with spinal cord injuries (SCI) and their families often feel unprepared to return home and deal with the many challenges related to accepting and living with such injuries.

At Shepherd Center, educating patients has always been a priority, especially as it relates to helping them recognize and guard against skin, bladder and bowel issues — the leading causes of readmissions among people with SCI. Until recently, clinicians have been at the helm of patient education. But it seems there might be a more powerful messenger — peers who, like newly injured patients, have faced a life-changing injury and the realities that accompany it.

With grants from the Patient-Centered Outcomes Research Institute (PCORI) and the Robert W. Woodruff Foundation, Shepherd Center has developed, implemented and is now evaluating the effectiveness of efforts that engage peers throughout the continuum of care. Shepherd Center is the first rehabilitation hospital to integrate such a multi-tiered peer support program for people with SCI.

“It’s really based on the concept that people learn better from someone they feel is like them and who has ‘been there, done that,’” says Julie Gassaway, RN, MS, director of health and wellness research at Shepherd Center and the PCORI research initiative.

Shepherd Center’s peer mentoring efforts focus on building patients’ self-efficacy — the belief that they have the know-how and skills to do the things required to manage their condition. Interventions to promote self-efficacy include one-to-one peer mentoring, peer-directed patient education and patient portal for use post-discharge.

“The goal for people with SCI when they leave the hospital is to be able to self-manage conditions that are associated with their injury,” Gassaway says. “They need to know how to recognize early signs of a problem and take the necessary steps to prevent it or minimize the severity.”

Peer mentors work with nurse educators to teach patients about skin issues, bowel and bladder management, prevention of urinary tract infections, high blood pressure, blood clots, spasms, infection control and more. Peer mentors also assist with patients’ psychosocial adjustment.

“Seeing peers model how to live successful and happy lives while managing all the associated issues that come with a SCI plus using a wheelchair, that’s pretty powerful for our patients,” says Minna Hong, manager, Peer Support Program.

To date, research shows Shepherd’s patient-centered, peer-led education initiatives are more effectively engaging patients. For example, people in peer-led self-care education classes showed significantly more signs of being positively engaged compared with those participating in the standard, lecture-style classes. In turn, they are more prepared to recognize and take steps to manage problems.

“We are giving patients the confidence to problem solve and care for their health needs, whether it be bowel, bladder or skin issues, and the belief that they can go back to some of the activities they used to do — of course, within their new normal,” says Pete Anziano, instructional designer and peer support coordinator.

In addition to being available when requested by patients, peers have become thoughtfully integrated throughout Shepherd Center. Clinicians have embraced the contributions of peer mentors in the rehabilitation process.

“It’s become part of the organizational culture,” Hong says. “We are fortunate that Shepherd Center supports this kind of innovation.”

“We already see improvements in self-efficacy, much higher levels of engagement in the education classes with patients asking more questions and participating in discussions, and it’s clear that it’s making an impact on hospital readmissions, too,” says Mike Jones, Ph.D., vice president of research and technology at Shepherd Center.

The Shepherd team is still collecting and analyzing data and determining how these strategies can be replicated elsewhere. For more information about Shepherd Center’s peer support program, please visit www.shepherd.org/resources/SCIpeersupport.
Beyond providing high-quality, comprehensive care to people with SCI, another obligation of the SCI Model Systems Centers is to conduct research that can contribute to improvement of care and quality of life for people with SCI.

In the current grant cycle, in addition to participating in studies that are led by other centers, Shepherd Center is leading two studies that are funded by through our SCI Model Systems grant. The first is a study to gather information about a training program that could potentially be done in the home setting to improve walking ability and balance. The second is a survey study to learn more about how spasticity impacts life after SCI (see article on page 5), including how it may interfere with and/or benefit the ability to do functional activities.

In addition to the SCI Model Systems Centers and the National SCI Database, another aspect of the SCI Model Systems Program is the Model Systems Knowledge Translation Center (MSKTC). The MSKTC develops fact sheets that provide information of particular importance for people with SCI. Available fact sheets provide information on topics such as spasticity after SCI, safe transfer techniques, wheelchair information and employment after SCI, just to name a few. For more information visit the MSKTC website at www.msktc.org/sci.

From the time of admission to a SCI Model Systems Center and throughout the years that follow, the clinicians and researchers at SCI Model Systems Center work to provide the best quality of care and to collect the evidence needed to continue to progress in the advancement of that care. All the while, information about the natural course of recovery from SCI and the development of treatments to promote recovery are shared among centers, with individuals who have SCI and with the public. Together, the network of SCI Model Systems Centers, the National SCI Database and the MSKTC represents a coordinated effort to improve the lives of people with SCI.

**Athlete Continues to Set Big Goals after Spinal Cord Injury**

Brett Gravatt of Chula Vista, California, recovers his competitive fire with the help of Shepherd Center’s Spinal Cord Injury Rehabilitation Program.

**BY PHILLIP JORDAN**

Brett Gravatt, 21, is a rising track star for Team USA. This January, he was selected to train, in residency, with the U.S. Paralympic team at the Olympic Training Center in Chula Vista, California. Six days a week, he trains among the best U.S. athletes in their sports. A wheelchair racer, Brett sprints in the 100-, 400- and 800-meter events. He’s attempting to qualify for nationals, to be held at UCLA in June 2017. If Brett places highly enough there, he would make the U.S. national team heading to London for this July’s World Para Athletics Championships. Brett’s ultimate goal is the 2020 Summer Paralympic Games in Tokyo.

“It’s all about pushing yourself,” he says. “Big goals open your eyes. Why not shoot for the stars? Your motivation dies out without a goal.”

Brett knows something about big goals. In 2014, as a sophomore on Penn State University’s soccer team, he scored an eye-popping, game-winning goal in that fall’s NCAA tournament.

One month later, Brett’s professional soccer dreams were over. Over Christmas vacation, he sustained a T-6 spinal cord injury in a snowboarding accident.

“It was a process to recover that competitive fire again,” Brett says.

What helped, he says, was getting into an aggressive physical rehabilitation routine in Shepherd Center’s Spinal Cord Injury Rehabilitation Program after transferring from the University of Virginia Medical Center.

“Nothing can prepare you for how grueling and taxing that is, mentally as much as physically,” Brett says. “But you learn habits. You see results and you feed off the progress.”

He also had access to Shepherd Center’s sports program, the largest adaptive sports program in North America. There, Brett got a glimpse of how his competitive desire could be applied in new sports.

Brett returned to Penn State and served as a student coach for the soccer team. He also trained in the university’s Ability Athletics program and tried out for the 2016 Rio Games – coming within one spot of making the U.S. Paralympic team. That’s nothing but fuel for Tokyo 2020.

“Finding this athletic pursuit has given me focus and direction,” Brett says. “You never truly understand how strong you can be, what you’re capable of, until adversity hits you.”
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

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.

The Shepherd Center Recreation Therapy Program encourages all former patients and their families to participate. We hope you’ll join us!

HEALTH & WELLNESS CLINICS
These clinics are for individuals with a spinal cord injury, C-6 or below, and other disabilities with similar physical function. The clinics provide the opportunity to become physically active and gain insight to achieve a well-balanced lifestyle. Sports and activities vary.

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For more information, contact Gustavo Duran-Monge at 404-350-7797 or Gustavo_Duran-Monge@shepherd.org.

OVERNIGHT HORTICULTURE TRIP

WHO: Anyone interested in learning more about plants and gardening
WHEN: September 8-9, 2017
WHERE: Unicoi State Park and Lodge in Helen, Georgia
COST: $25

Registration is required. Contact Wendy Battaglia at 404-350-7785.

COMMUNITY HUNTING TRIPS
Various hunting opportunities are offered throughout the year. For more information, call 404-350-7790.