Disclaimer

This Peer Mentor Training Manual is an informational and educational manual provided by National Rehabilitation Hospital ("NRH") to provide general information on a spinal cord injury peer mentoring program. Information in this manual is provided solely for informational and educational purposes only and is not intended nor implied to be the diagnosis or treatment of a medical condition or a substitute for professional medical advice relative to your specific medical conditions. Always seek the advice of your physician or other qualified health provider prior to starting any new treatment or with any questions you may have regarding your medical condition.

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INTRODUCTION

This peer mentor training manual was developed as part of the Rehabilitation Research and Training Center on Spinal Cord Injury (RRTC on SCI): Promoting Health and Preventing Complications. The aim of this manual is two-fold:

1. To provide prospective peer mentors with educational materials that will help them to carry out their peer mentoring activities
2. To serve as a resource for anyone who is interested in starting a peer mentor program and would like to incorporate these materials in their training

The focus of this training manual is on three topics:
- Peer mentoring,
- Prevention of medical complications, and the
- Promotion of physical activity and exercise.

While most peer mentoring programs include a vast array of topic areas, we will focus on these three in our training.

The manual is only one element of our comprehensive training efforts. Apart from a careful recruitment of peer mentors, peer mentors receive individual instruction and weekly supervision by the RRTC team and SCI Life Consultant. Additional training material (e.g., Power Point slides, video clips, Resource lists) has been compiled on a CD ROM and is available for download from our RRTC web site at www.sci-health.org.
CHAPTER 1: THE ROLE OF THE PEER MENTOR

Part A. Understanding peer mentoring

Learning goals for Part A:

- To learn what peer mentoring means
- To understand what peer mentors can and cannot do
- To learn what makes a good peer mentor

What is Peer Mentoring?
The word “peer” simply means someone who is similar to you, be it in age, gender, race, education, or disability. For example, a peer could be a friend, a fellow student, someone you work with, or someone with interests like yours. “Mentoring” simply means serving as a trusted counselor or teacher.

When we talk about “peer mentors” in the context of spinal cord injury (SCI), we mean people with SCI who have learned from their own experiences. They are knowledgeable about resources and living with SCI, and they would like to pass this knowledge on to people who are newly injured. In other words, a peer mentor is someone who has a SCI, is living successfully with it, and has experience with handling the same or similar situations that you may encounter upon your discharge from the hospital.

Peer mentors may be paid employees or work as volunteers at rehabilitation hospitals or community-based organizations such as Centers for Independent Living. Most serious and responsible peer mentor programs choose their peer mentors carefully and provide them with comprehensive training and supervision by experienced health care professionals.

Peer mentors most often work with other individuals who have a newly acquired SCI. Throughout this manual, the term “mentee” will be used to describe these individuals and their relationship to the peer mentors. These individuals are called “mentees” because they are the ones that peer mentors are ‘mentoring’ and working with.

What Peer Mentors Do?
Peer mentors can help others with SCI in many ways. For example, they can help individuals learn about valuable community resources, help them deal with barriers in the environment, teach them about their disability, and provide emotional and social support. This section describes some of the ways peer mentors can help. Peer mentor activities include some of the following:

- Providing information about the impact of SCI
- Helping prevent medical complications
- Advising about therapies, exercise, and healthy living

In addition, peer mentors can also help:
- Find ways to get around using public transport
- Provide emotional support
- Advise about relationships and sexuality
Providing Information About the Impact of SCI

Peer mentors can offer firsthand knowledge about SCI and the impact that it has on health.

Based on their personal experience, peer mentors can provide information that is not readily found in the materials available from the hospital. For instance, they can explain how the spinal cord injury affected them when they first went home from the hospital. They can explain how they felt, what they thought was particularly difficult, and what they did to overcome these difficulties.

Helping Prevent Medical Complications

Peer mentors can also talk about what they have learned that has helped them to avoid common medical problems associated with their SCI. They can provide advice about when and where to seek help. They can show mentees how they do things and what they do to prevent medical complications. For example, a peer mentor might show their mentee how to transfer safely from a bed, or a chair to a wheelchair, how to ensure that clothes don’t put too much pressure on areas of the body that are prone to pressure sores, how to avoid dehydration, and how to perform self-catheterizations.

Advising About Therapies, Exercise, and Healthy Living

Physical activity and maintaining a healthy lifestyle are as important for people with SCI as for anyone else. Based on their personal experiences, peer mentors can assist their mentees with exercises that physical, occupational, or recreation therapists or nurses have shown them. They can explain why these exercises are necessary and what benefits can be gained from doing them regularly. They may also help to make sure that the exercises are done correctly.

In addition, a peer mentor might accompany their mentee to the gym or help with doing exercises at home. Peer mentors may be actively engaged in physical activities such as tennis, basketball, skiing, or sailing, and can show their mentees where to find sports and recreation activities that match their interests and needs.

Peer mentors may also provide advice on what to eat and drink in order to stay in good shape and to prevent medical complications, such as urinary tract infections or skin breakdowns.

What Peer Mentors cannot do

Peer mentors typically are not doctors, nurses, therapists, or other health care professionals, nor are they professional counselors. In addition,

- Peer mentors should never be seen as substitutes for health care professionals because they cannot and should not diagnose problems or treat mentees.
- Peer mentors cannot be personal assistants. They should not be expected to run errands for their mentees, or to help with personal care needs.
- Peer mentors cannot solve the family, social, work, school, financial, physical, or other life problems of their mentees. If mentees need professional support, peer mentors can encourage them to talk with a psychologist, social worker or trained counselor.
- Peer mentors should not be seen as substitutes for your family or friends. They cannot be the only source of emotional support or friendship.
- Peer mentors cannot make decisions for their mentees. Their role is to talk about their experiences, their solutions, and their ways of doing things. Their own, personal approaches may not always be the best for the mentee.
- Peer mentors cannot be the only source of information or advice.
What makes a good peer mentor?

It is important that peer mentors have some critical qualities. These qualities include being:

- Reliable and dependable
- Trustee
- Knowledgeable
- Resourceful
- Active

What are critical peer mentor communication skills?

Just like with any type of relationship, the mentoring relationship has to develop over time. It is important that enough consideration is given to building trust and a sense of reliability into the mentor-mentee relationship. Open and clear communication is necessary to achieve this.

When the first contact is made with a new mentee, it is important to listen carefully to what the mentee’s needs might be, to explain clearly what peer mentors can or cannot do, and how the program works. It is very important that potential mentees are very clear about the intentions and goals of the program, so that they don’t have unrealistic expectations that may lead to disappointment down the road.

Similarly, it is important that the peer mentor is accepting and does not pressure individuals into the program. Peer mentoring may not be the right thing for everyone. Or it may simply be not the right time. Most of all, good listening skills and good knowledge are the strongest selling points of the program. Good communication is also characterized by asking questions to clarify what the other person is saying, to answer questions directly, and to demonstrate a professional attitude and behavior.

Boundaries between mentor and mentees may have to be worked out and clearly defined. Sometimes more than one mentor needs to work with a mentee. Not everyone can know everything, and certain topics and issues may be better discussed between another mentor and the mentee.

Clearly, it is important that the mentor keeps information shared by the mentee confidential, or private. More information on issues of confidentiality will be discussed in Part D. Obtaining research information. The main point to remember about keeping information confidential and private is not to share mentee information with anyone outside of the research team. Not family, friends, or other individuals with SCI. The mentor needs to make it clear to the mentee that some of the information shared with their peer mentor will be discussed in team meetings with program supervisors and other and team members only.

You can follow the introduction script below to help you “break the ice” with a new mentee.
Hi___________________,

How are you doing today? My name is [PEER MENTOR NAME] and I work as a peer mentor here at [NRH] [insert your organization’s name here].

Do you have a few moments?

I would like to tell you a bit more about the Peer Mentor Program, and leave a little brochure behind in case you would like to learn more about it or contact us.

I have a spinal cord injury just like you. I have had this injury for several years and have learned to live well with it. A few years ago, I started my work here as a peer mentor. A peer mentor helps people who are new to their injury to find answers to questions they may have. We also keep in touch with people once they leave the hospital when more questions may need to be answered.

Here at NRH we are very much concerned that you learn as much about your injury as possible. The more you know, the better you will live with the injury and the more mobile you will be. We also want you to stay healthy. That's why we can show you tips and tricks on how to avoid complications such as skin breakdowns or urinary tract infections. We work with the physicians, nurses, and therapists here at NRH to provide you with the best possible information.

Also, we are happy to meet up with you, be it in your home or somewhere else. We can show you how to get around in the city by public transportation. For example, we could show you how to use the Metro system or the Metro Access system.

We can also show you how you can be active with your injury. We can show you what sports you can play, where you can find information about sports facilities, and what public areas are accessible.

There is a lot more I can tell you about our program if you are interested. Do you have any questions for me?

I will come back in a few days to see how you are doing and to see if you may have any questions for me. Also, if you are interested in taking part in our program, we will arrange that for you.

Here is a short brochure that contains some of the information I just gave you. It also has some telephone numbers that you can use to get in touch with us. Or you can also let your nurses or therapists know you would like to speak with us and we will come to see you.

Take care, and talk with you later.
Key points to remember:
- Introduce yourself and provide the potential mentee with clear contact information
- Explain the goals of the program clearly, so it will not lead to misunderstandings and disappointments
- Be accepting -- don’t pressure people to enter the program
- Listen carefully to what the mentee has to say and what his/her needs are
- Keep information confidential but state that you have to share some information with the peer mentor team and your supervisors
- Clearly state your role and boundaries
- Explain that sometimes other peer mentors may work with the potential mentee
- Be professional in your attitude and behavior towards the potential mentee
- Help the mentee to express her or his support needs
- Carefully prepare and plan for meetings with the mentee and be reliable

Training Exercise:
A new patient with a C4 level spinal cord injury named John has been admitted to the hospital. A nurse on the unit talked to John about peer mentoring and asks you to get in touch with him. You decide to see John on the unit the next day. How do you introduce yourself and how do you explain what peer mentors do?
Part B. Working in a Team

Learning goals for Part B:

- To learn the importance of working in a team
- To learn how to build and maintain a good relationship with team members

As a peer mentor, you will work with a number of different people. This group of people includes the SCI Life Consultant, the Project Director, or Principal Investigator (who is the director of all the peer mentoring activities) and other peer mentors. Direct your immediate questions and concerns to the SCI Life Consultant, who will be your supervisor. The SCI Life Consultant will provide day-to-day management of the Peer Mentor Program. If you have a question or concern related to the program itself, first address it with the SCI Life Consultant. The SCI Life Consultant in turn will closely communicate with the Project Director who will map out solutions to problems, and who will work with you to solve issues in the best interest of everyone.

Attendance and being on time
One of the most important keys to good performance as a peer mentor is to be reliable and dependable. Keep a diary and calendar and make sure that you attend planned meetings. Also ensure that you will be on time for these meetings. If you know that you are going to be late, call ahead and let the SCI Life Consultant know because delays harm the team. The team cannot progress and the Peer Mentor Program will fail to have a positive impact. Others will depend on you as a peer mentor: your mentees, your fellow peer mentors, and the rest of the project team.

It is also important to demonstrate to other employees at NRH, especially the clinical staff, that you take your role seriously, and that you consider it a job. Make sure that you work out transportation arrangements on time, plan ahead, and be prepared for meetings – be it with the project team or with your mentees. Also, be active and contribute to the agenda and discussions of meetings. You are very important to the progress of the team and the project, as well as the care the hospital provides to both inpatients and outpatients with SCI.

Everyone can run into difficulties and may need to cancel or reschedule meetings on short notice. Make sure that you inform your supervisors and team leaders as soon as possible. Absence without notification/explanation shows a lack of reliability and respect for others. If it occurs repeatedly, it may lead to being let go.
The keys to a good relationship with the team:

- Keep in regular contact with your supervisor and regularly update her/him about your mentoring activities
- Attend regular meetings to monitor progress
- Keep your supervisor informed about changes in the mentor-mentee relationships, problems with collecting data, difficulties with contact and communication, etc.
- Work out a joint understanding of expectations between you and the other team members
- Prepare clear questions to ask at meetings
- Consider your supervisor a partner, not someone who seeks to control you or your work
- Be respectful and open with others
- Be well prepared for meetings with updates, notes, completed data collection forms, timesheets, etc.

Keep in mind that all team members are busy people like you are. They cannot do your job in addition to their own. Work with them as good, responsible team players.

Key points to remember

- As a team member, it is important to share your experiences with your supervisor(s) and other team members
- Make sure you attend meetings regularly
- Be on time, reliable, and accurate in your work, as other team members depend on you to be so.

Training Exercise:

You and your supervisor disagree on how to deal with mentee Patrick’s refusal to see a doctor to deal with recurrent pressure sores. How do you resolve the situation?
Part C. Working at the National Rehabilitation Hospital

Learning goals for Part C:

- To learn about the environment in which you will meet the mentee for the first time
- To learn how to maximize the peer mentor experience in this environment

Wearing an Identification and/or Name Tag
As an employee of the National Rehabilitation Hospital (NRH), you will be issued an Identification badge and/or a name tag. Please make sure that you have this identification with you at all times when you are at NRH or on the grounds of Washington Hospital Center (WHC). In case you forget your name tag, you need to report to the Security desk in the main lobby to get a day pass.

Personal Appearance
Peer mentors, as employees at the National Rehabilitation Hospital, are not only a part of the hospital team, but also represent the culture, work ethics, and public face of the hospital. It is important to remember that your appearance is a representation of the organization as a whole. People can make assumptions about the quality of services the hospital provides based on what they see and experience. We do not ask you to wear business attire (for example, suits, ties, or dress skirts); that would be contrary to the informal relationship between peer mentors and their mentees. It may be required at rare events, such as conference presentations or other more formal meetings. What we do ask is that your dress, grooming, and personal cleanliness is appropriate, sets a good example for your mentees, and reflects well on yourself and NRH.

Key points to remember:
- Make sure you are dressed appropriately for working at NRH
- Wear your name tag when on hospital grounds

Training Exercise:
Explain your role at NRH to other staff members. What would you say? How would you describe the activities you are involved in?
Part D. Obtaining Research Information

Learning goals for Part D:

- To learn about the informed consent process and where to obtain trainings necessary to be involved in research
- To understand the need for research and data collection as part of the peer mentoring process
- To learn about the proper ways to collect, manage, and store data in accordance with the law

What is Informed Consent and why is it necessary?
Every peer mentor who works with NRH inpatients will be required to take part in an annual online Institutional Review Board (IRB) training program through Medstar Research Institute. This Medstar / Washington Hospital Center / National Rehabilitation Hospital IRB training provides individuals with certification to be involved in research. The training makes sure that peer mentors understand the process of obtaining informed consent from their mentees, who are study participants. The training also ensures that peer mentors will learn about the importance of confidentiality and safety when collecting research data.

“Informed consent” is a process where we ask participants to voluntarily agree to (or consent to) participate in our study or research project. We call this “informed” consent because we have to make sure that anyone who is thinking about participating in our research is fully informed of what is involved in the study. This includes telling potential participants about the risks or benefits of participating, the confidentiality of the personal information they share during the study, and what they will need to do during the study (study procedures). Only after they have been fully informed and had a chance to ask any questions, will we then ask if they voluntarily agree to participate in the research study.

By signing and dating an “informed consent” document, a person agrees to participate in the research study. This informed consent document will describe the study, explain the risks and benefits of participating, and explain what a person needs to do as a voluntary participant in the research project.

You will be asking potential participants to join the research project, and will have to go through the informed consent process with anyone who is interested. Legally, the only way that peer mentors can go through the informed consent process and have contact with study participants is if they go through the Medstar Research Institute (MRI) Human Subjects training. This training covers issues on informed consent and can be found online at [http://www.medstarresearch.org/departments/ora/cbt/intro/cbt01.htm](http://www.medstarresearch.org/departments/ora/cbt/intro/cbt01.htm)

Confidentiality issues
You will also need to participate in annual online HIPAA training. HIPAA training covers information on protecting the privacy and security of the personal and confidential patient information that is obtained by peer mentors. As a part of the informed consent process described above, peer mentors will also explain to all potential participants the ways that the research project will be using, protecting, and securing the confidentiality of their protected health information, or PHI. This mandatory online HIPAA training can be found at [http://www.medstarresearch.org/departments/ora/HIPAA/hipaaintro.htm](http://www.medstarresearch.org/departments/ora/HIPAA/hipaaintro.htm)

Why we need to collect data
We collect data for several reasons. First, we would like to know whether the Peer Mentor Program works, and whether meetings and conversations with mentees help them to prevent medical
complications, lead healthier lives, and be more active. Then, we would like to know how satisfied the mentees and the mentors are with the program. And finally, we would like to learn from everyone involved about how we could improve the Peer Mentor Program.

**What type of data do we collect?**
The peer mentors collect two types of data. Every week they complete a Medical Complications Tracking Form (MCTF) for each of their mentees (see Appendix). This form contains questions about the most frequent medical complications, about therapies mentees may be receiving at the time, and about the strategies or actions peer mentors choose to support their mentees, be it through providing information or demonstrating skills to prevent medical complications. The second type of data is an Exercise Log. Peer mentors record information about the physical activities and exercise habits of mentees over time.

**What to do with the forms**
It is very important to not put names, addresses, phone numbers or any other personal information on the data forms that are being collected. You may use the initials of the mentee’s name, but **NEVER** write down the full name. This is because during the informed consent process, potential participants (mentees) were told that their personal and protected health information (PHI) would be kept confidential, or private.

Make sure to keep the forms in a secure place. **Don’t** leave them behind. **Don’t** share the forms with anyone who is not part of the project. **Never** share one mentee’s form with another mentee. **Don’t** use a mentee’s name in public, or talk about a mentee in public.

The forms may be used to discuss one mentee’s progress with other peer mentors. However, make sure not to do this in public spaces, and ideally limit these discussions to weekly project planning meetings at NRH where it will be required to share mentee information with project supervisors on an ongoing basis.

When collecting data it is of greatest importance to pass on data collection forms to the individual designated on the project team to manage and store data forms. Peer mentors should feel free to make a photocopy of the form for their own records and planning as long as they remember not to include any personal identifiers, such as names or addresses on the form.

Before the form is given to the project data manager, make sure that every question/item on the form has been filled out correctly and that no information is missing. Also, ensure that this information is collected regularly, as is required by the project.

All data forms will be kept in secure, locked filing cabinets in locked offices and data will be transferred into password protected computer databases.

The quality of the program and the knowledge to be gained from it depends on the peer mentors and their ability to do an excellent, accurate, and thorough job in collecting the data.

Below is a script that can help with collecting the necessary project information on a regular basis.
Script for regular assessment of secondary conditions

Use Medical Complications Tracking Form (MCTF) and go down the list

First time talking with mentee:

Hi _______________________.

As you may recall, we are interested in the Peer Mentor Program to reduce the likelihood of medical complications as people get discharged from the rehabilitation hospital. In order to see if this really works, I have to ask you some of the same questions every week. This is also an opportunity for you to let me know if you need any information or have questions about how to do certain things that could avoid these complications.

The things we are talking about are pressure sores or skin breakdown, infections of your bladder or the urinary tract system, problems with breathing, depression and anxiety, pain, and whether you had to go to hospital for treatment of any of those conditions. I will also ask you whether you had physical or occupational therapy. In addition, I will write down what we discussed today. For example, I will make a note if I showed you how to safely transfer to and from the wheelchair, or I will write down what information I gave you.

This helps us to track the progress you are making and it improves our Peer Mentor Program. After we are done with these things, we can talk about other issues as well.

Do you mind if I go over the list now?

- Did you have a pressure ulcer/UTI/Respiratory Problem/Pain/Depression or Anxiety
- How is your…?
- Have you felt very depressed over the past week?
Tell me more about it…

[If no, move down the list and check ‘no’]

Let me tell you a little bit about how

- to avoid a pressure ulcer
- to avoid a urinary tract infection
- or any alternative topic

Let me show you how

- to transfer safely
- to give instructions
- to do a pressure release
- or any alternative topic

Second and future times talking with mentees:

As you remember from last time, I have to go over a list of questions first. Last time, we talked about [insert what was talked about]. Did that help in any way?
If they had a pressure ulcer/UTI/Respiratory Problem/Pain/Depression or Anxiety
How is your…?
Have you felt very depressed over the past week?
Tell me more about it…

[If no, move down the list and check 'no']

Let me tell you a little bit about how
• to avoid a pressure ulcer
• to avoid a urinary tract infection
• or any alternative topic

Let me show you how
• to transfer safely
• to give instructions
• to do a pressure release
• or any alternative topic

Do you have any questions for me? Is there anything you would like to know about …..?

Training Exercise:
You will meet a new mentee for the first time. She is interested in participating in the project and would like to take part in the research part of peer mentoring. What do you have to consider before you can complete a contact form or Medical Complications Tracking Form (MCTF) for her?

Key points to remember
• Annual online human subjects protection and HIPAA training are required to work on the research project
• Obtain signed informed consent and HIPAA documentation from every participant before collecting data: make sure that participants understand the purpose of the study, their rights, what is required of them, their risks and benefits, and that they can terminate participation at any time.
• Be accurate and thorough in completing all the data collection forms
• If there are incomplete data collection forms, follow up with the mentee to get accurate data and records
• Be sure to collect data when they are supposed to be collected
• Keep the protected health information (PHI) of your mentees confidential and secure – Do not use the name, address, or telephone numbers of individuals, or any other PHI on data collection forms
Part E. Goal Setting and Problem Solving

Learning goals for Part E:

- To learn about goal setting and problem solving
- To learn about how to assist mentees with developing goals
- To learn how to support mentees in reaching their goals

What is goal setting?
In many ways goal setting is the heart of the matter of the peer mentoring process. Peer mentors support their mentees in setting goals and in their attempts to meet these goals. Goals may be defined and set in many different life areas. There may be health, education, employment, activity, or recreation and leisure goals. Sometimes goals can be quite daunting. It can sometimes seem nearly impossible to reach a goal or to even find ways to approach it. This is where systematic goal setting, problem solving, and peer mentoring come into the picture.

Why is goal setting important?
Learning how to set goals and to find ways to achieve them is an important part of the rehabilitation process and the return to an independent life. Peer mentors play a critical role in helping their mentees to think about goals in their lives, and how they can achieve them.

Below are some typical responses from individuals right after their injury. Peer mentors can address these sentiments with advice on how to set and achieve goals that can help overcome these thoughts.

“I don’t know where to start.”

The immediate time after the injury requires so many adjustments and learning of new skills that it may be very difficult to even contemplate setting personal goals. Often it may be difficult to figure where to start. One important area for goal-setting is health. Starting out by setting health-related goals can lead you to goal setting in other life areas as well, such as education, employment, and family life. If one knows how to stay healthy and to prevent medical complications, it is easier to set and achieve goals in other life areas as well.

“This is way too hard.”

Goal setting is not necessarily easy. Many people first start out with goals that are too ambitious or unrealistic. Some people with SCI start out with, “My goal is to walk out of this hospital.” Focusing on this goal may keep them from immediate goals they need to address to take care of themselves and to stay healthy. Setting more modest immediate goals is important to reach more complex or ambitious goals in the future. Setting more modest goals first introduces the process of goal setting in a more manageable way. Individuals learn that they can set goals and achieve them. Peer mentors play an important role in helping mentees (a) to identify realistic, immediate goals, (b) to devise strategies to reach these goals, (c) to explore alternative strategies, and (d) to provide feedback and encouragement to their mentees about how well they are doing.

“I will never manage.”

It is quite typical that people get discouraged or overwhelmed when they are confronted with too many goals at once, when goals are poorly defined, or when they are set too ambitiously. Sometimes,
people feel even simple goals are too daunting, especially when reaching them requires them to do things differently compared to the time before the injury. Again, peer mentors can be supportive in terms of setting realistic goals and in suggesting a step-by-step approach to reach them. They can help mentees to think about the order in which action steps ought to be taken.

“I have tried everything.”

Sometimes people feel they have tried everything to solve a problem or reach a goal, and this perception may keep them from exploring alternative strategies. Peer mentors can help mentees sort out what has been tried, what did not work, why it did not work, and may suggest new, fresh ways of approaching a problem and reaching a goal. At times, though, it may be necessary to focus on a different goal first to rebuild confidence and a sense of achievement.

“I always fail.”

Nobody always fails even though people may feel like that at times. It is important that peer mentors point out what mentees have achieved, the successes they have had, and the steps they took to accomplish their goals. The very fact that people leave the hospital and now live in the community is a tremendous achievement. It is important to remind mentees what brought them to their present situation and how far they have come. Therapy plays a big part, but so has their personal strength and their ability to do the things necessary to gain as much independence as possible.

“Are we there yet?”

Sometimes people do not even realize what they have achieved. That is why it is important that peer mentors provide positive feedback on achievement. Also, it is human nature to assume that we reach a goal and then we are done. Goal setting, however, is a life-long process. While we are achieving intermediate goals, there are always new goals and new strategies to learn.

The critical steps of goal setting

Peer mentors can help their mentees to go through a sequence of planning steps, such as the one that follows:

“When you have become clear about the goal you wish to attain, you need an action plan to spell out the steps needed to reach it. In other words, it will answer the question,

‘What do I have to do to achieve my goal?’

The steps in planning your actions can be broken down as follows:

1. Clearly define and spell out your goal. Many action plans fail not because of the strategies used to reach the goal but because the goal is unclear.
2. Start with what YOU are going to do NOW. Don’t postpone those things you can do immediately to put you on the path of goal setting and problem solving. Also make sure that you identify things that YOU can do. Don’t expect others (for example, healthcare professionals, friends, society as a whole) to fix it. You’ve got to start the process, and then they can assist you.
3. Be very specific about the steps you will take to reach your goal. For example, do not think, “I’ll TRY to see a doctor about the pain in my shoulder soon,” but instead, “I WILL call my doctor’s office to make an appointment as soon as possible and explain how the pain makes me feel.”
(4) Arrange the action steps in a logical sequence.
(5) Develop a review process as part of your action plan.
(6) Have a plan B and C and identify alternative strategies.
(7) If you accomplish one goal, move on to the next.

Peer mentors can provide feedback, information, and encouragement to work through problem solving processes.

**Key points to remember:**
- Peer mentors are not health professionals and do not take the place of your doctor or therapist
- Peer mentors perform an important role in the rehabilitation of people with SCI
- Peer mentors can help serve as role models, information providers, and motivators to help people with SCI actively take part in their rehabilitation and stay healthy

**Training Exercise:**
*Your mentee tells you that she really would like to go to college but she is afraid that she would miss too much time because of UTIs or pressure ulcers. Also, she feels overwhelmed by the thought that she may not have the right assistance to get to and from the university and to help her with note taking. How would you help her to address these issues using a goal setting and problem solving approach?*
CHAPTER 2: MEDICAL COMPLICATIONS AND PREVENTION

Learning goals:

- To understand the causes of the most common medical complications after SCI
- To understand which information to provide to mentees in order to help them avoid these complications
- To learn which demonstrations to show to mentees to avoid complications
- To understand that the recommendations provided on the following pages are generally accepted guidelines which may differ for each mentee based on their level and completeness of injury, personal lifestyle, and the advice of their doctors, therapists, and other health care providers. Please advise each of your mentee to check with their doctors regarding what the best course of action is for them.

People with SCI may experience a range of secondary medical complications as a result of their injury. Some of the most common are listed in the box below:

- Pressure ulcers (also known as pressure sores)
- Urinary tract infections (UTI) or other bladder problems
- Autonomic dysreflexia
- Bone problems
- Connective tissue problems
- Difficulties with bowel management
- Cardiovascular Disease (CVD)
- Pain
- Fatigue
- Spasticity
- Depression

This training manual will focus specifically on pressure ulcers, urinary tract infections and autonomic dysreflexia.

Peer Mentoring and Preventing Medical Complications
Each peer mentor brings their own life experiences to the job. Each will have different levels of comfort and knowledge regarding these complicated medical issues. Sharing your related experience is key to building a trusting relationship and is at the heart of the peer-to-peer experience. But none of the peer mentors will be doctors and therefore must not offer medical advice.

A checklist of the most common relevant secondary conditions will be part of your peer mentor training. This same checklist will be part of the material you should share with each of your mentees. One of your responsibilities as a peer mentor is to raise awareness of these issues among your mentees. With the information that you provide, your mentees then have the responsibility to make medically-related decisions on their own.
Description and Prevention of Secondary Conditions

Pressure Ulcers

What is a pressure ulcer?
Pressure ulcers, also commonly known as pressure sores, are the most common medical complication after SCI. Pressure ulcers are also referred to as decubiti, decubitus ulcers, bedsores, or skin breakdowns. They occur after SCI due to the lack of movement or sensation in certain parts of the body, and the change in circulation and blood flow.

A pressure sore is an injury to the skin and the tissue underneath it. Sitting too long or improperly in one position too long, or laying or applying too much pressure in one particular area will begin to cut off the blood flow to that area. Without proper blood flow to that area the tissue becomes starved for blood, oxygen, and vital nutrition. Without these three main components the tissue begins to die and a pressure sore starts to form.

Normally the nerves send a message of pain or a feeling of discomfort to your brain to let you know that you need to change positions, but the damage to your spinal cord keeps that message from reaching your brain. This is where pressure relief plays a major part, because by relieving pressure from one part of the body, it can help to keep the sore from forming there.

How can I tell if I have a pressure sore?
Anyone with a SCI must do routine inspections of their skin. First signs of pressure sores can be redness or breaking of the skin. Persistent and continual redness in an area is a pressure sore. Sometimes, the affected area may feel warmer than the surrounding tissue. Darker skinned people may have discoloration around the area, or it might appear darker in color. Untreated skin sores can mean several weeks of hospitalization, bed rest, or even surgery. A pressure sore is serious – It must not be ignored.

The following table shows you the main causes of pressure sores, gives some examples of how they can develop, and provides some demonstrations and advice that can be passed on to mentees.
<table>
<thead>
<tr>
<th>Causes</th>
<th>Examples of how they develop</th>
<th>Advice</th>
</tr>
</thead>
</table>
| Prolonged pressure on a specific area of the body | • Sitting or laying over a long period of time without shifting position  
• Clothing, braces, or hard objects that put pressure on the skin (for example, safety pins, buttons on slacks, objects in pockets, catheter connectors, zippers, tight shoes, or large seams) | Inspect the skin 2x/day. The first symptom is a reddened area of the skin. Remove the pressure and the redness should fade within fifteen minutes. If persistent redness in the area continues, this is a pressure sore. |
| Bruises and scrapes               | • Bumping things or falling  
• Hitting your feet into doors or walls  
• Dragging your buttocks while transferring                                                                 | Inspect the skin and remove pressure on the bruise or scrape until it is healed            |
| Prolonged wetness on skin         | • Perspiration  
• Stool or urine  
• Moisture of any kind can cause chafing of the skin  
• Band-Aids may also cause excessive accumulation of moisture under the protected area | • Avoid anything that may lead to accumulation of moisture on the skin, such as Band-Aids or any other type of bandage.  
• If wetness is due to bowel or bladder incontinence, clean and dry area as soon as possible, and as often as necessary. |
<table>
<thead>
<tr>
<th>Burns</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Sunburns</td>
</tr>
<tr>
<td>• Hot water, as in a bathtub or shower or a hot water pipe</td>
</tr>
<tr>
<td>• Carrying hot foods or placing hot liquids on your lap</td>
</tr>
<tr>
<td>• Kitchens stoves when cooking</td>
</tr>
<tr>
<td>• Picking up or touching hot foods or drinks, such as pizza, fried chicken, or coffee</td>
</tr>
<tr>
<td>• Electric blankets, hot water bottles or heating pads; sunlamps, cigarettes</td>
</tr>
<tr>
<td>• Sitting on hot objects, such as rocks or concrete in the sun</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Burns</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Always use sun block when in the sun for more than 20 minutes at a time.</td>
</tr>
<tr>
<td>• When preparing bathwater always test water temperature with your hand or elbow first</td>
</tr>
<tr>
<td>• Ask for assistance when carrying hot foods or beverages</td>
</tr>
<tr>
<td>• If an accident occurs and a blister develops, seek medical attention immediately</td>
</tr>
</tbody>
</table>

| Frostbite | Exposure to a cold environment | Always dress warmly and in layers when going outside in cold weather |

### Information and demonstrations to give to the mentees

The information provided is a general rule and should be considered a starting point of reference. Each area discussed can be different for each individual depending on level and completeness of injury.

**How to prevent pressure sores:**

- Check skin 2x/day (morning and afternoon) using a mirror or assistance
- Make sure to be positioned properly in the bed at all times
- Make sure to keep a good body position to release pressure and prevent sores from forming (mentees may need to be fitted for custom wheelchair seating to accomplish this)
- Make sure to turn or be turned about every two hours (in Bed)
- Make sure that there is a cushion or padding to prevent boney areas (knees, ankles) form being in direct contact with each other. The key is to distribute pressure. Use a wheelchair cushion that distributes pressure evenly. Check to see that you do not bottom out in the cushion.
- Make sure not to sit more than 15 minutes without pressure release. This is the starting point. You can increase time; however, you must monitor your skin closely.
- Make sure to transfer carefully and controlled to avoid chafing/friction to your skin
How to deal with pressure sores after they have formed:
Contact/advise healthcare provider at first sign of pressure sore.

- Keep pressure off the sore!
- If a blister is formed:
  - Maintain good hygiene – rinse with saline (salt) water, and pat dry
  - Cover with a light gauze or breathable band aid.
- If there is an open wound:
  - Maintain good hygiene – rinse with saline (salt) water, and pat dry
  - Apply medication and cover with light gauze
- Talk to the mentee about their diet and remind them about the importance of balanced and nutritious meals. Remind them about the importance of getting enough protein (in foods such as meats and fish), caloric intake, vitamin A (in foods such as carrots, sweet potatoes, and spinach), vitamin C (in foods such as citrus fruits, and leafy greens), zinc (in foods such as beans, nuts, and grains) and water
- Discuss with the mentee their current mattress, wheelchair cushions, transfers, pressure relief techniques, and turning techniques for possible causes
- Alternate Air Pressure Mattresses (ask a health care provider about this)
- Remind the mentee about the importance of avoiding smoking and alcohol

Demonstrating to mentees safe wheelchair transfer technique to prevent pressure sores when transferring from a wheelchair:

- First bring the wheelchair as close as possible to the object you are transferring to.
- Put the brakes on the wheelchair
- Place the palm of your hand on the object being transferred to (Use your fist if the object is higher than the wheelchair)
- Lean forward, and lift, putting your weight on the dominant arm, and swing your lower body to the object
- Head hop relationship
- Once there, lift and place your legs accordingly

Demonstrating to mentees how to do pressure release:

- Make sure that complete pressure is taken off of bony prominences for one minute to allow blood to re-circulate to tissue.
- Multiple methods include:
  - Tilting the wheelchair
  - Leading to the side (do not forget that you must do both sides)
  - Leading forward
  - Pushing your body up into the air
- Repeat every 15 minutes (This is the starting point. You can increase time; however, you must monitor your skin closely)
**Autonomic Dysreflexia**

**What is Autonomic Dysreflexia?**
Autonomic dysreflexia, also known as hyperreflexia, is a state that is unique to certain patients after spinal cord injury. Patients with spinal cord injuries at Thoracic 6 (T6) level and above are very susceptible. Autonomic dysreflexia (AD) is an imbalance autonomic nervous system causing an abrupt onset of an excessively high blood pressure. AD can develop suddenly and is potentially life threatening and considered to be a medical emergency. If not treated properly and correctly, it may cause seizures, strokes, or even death.

**How can I tell if it is happening?**
- Pounding headaches
- Goose pimples/bumps
- Sweating above injury
- Nasal congestion
- Slow pulse
- Blotching in skin
- Hypertension (pressure greater than 200/100)
- Flush (redness) face
- Seeing spots
- Chest pains
- Trouble breathing
- Anxiety
- Cold and clammy skin

**Autonomic Dysreflexia**

<table>
<thead>
<tr>
<th>Causes</th>
<th>Examples of how they develop</th>
<th>Advice</th>
</tr>
</thead>
</table>
| Bladder | • Urinary Tract Infection  
• Drainage bag: Overdistention of bladder due to kinked or clogged catheter | • Do self-catheterization regularly at scheduled time  
• Avoid UTI by cleaning hands before catheterization, keeping catheters sterile, and drinking plenty of water.  
• Make sure drainage bag is not clogged, is placed below the level of the bladder, and has no kinks in the tubing. |
<table>
<thead>
<tr>
<th>Bowel</th>
<th>Constipation/Impaction</th>
<th>Maintain a regular bowel program.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Distention during bowel program (digital stimulation)</td>
<td>Digitally empty bowel if necessary.</td>
</tr>
<tr>
<td></td>
<td>Hemorrhoids</td>
<td></td>
</tr>
<tr>
<td>Irritants below level of injury</td>
<td>A noxious or irritating stimulus below the level of injury often causes AD</td>
<td>Remove the irritant or have the bladder or bowel problem resolved</td>
</tr>
<tr>
<td></td>
<td>Most often a bladder of bowel problem</td>
<td></td>
</tr>
<tr>
<td>Clothing</td>
<td>Restrictive (too tight) or excessive (too much) clothing</td>
<td>Do not wear too many layers of clothing or clothing that is too tight (for example, tight pants)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Do pressure release to prevent pressure on skin from sitting in wrinkled clothing.</td>
</tr>
<tr>
<td>Burns</td>
<td>Sunburn</td>
<td>Avoid overexposure to the sun.</td>
</tr>
<tr>
<td></td>
<td>Hot Water</td>
<td>When preparing bathwater always test water temperature with your hand or elbow first</td>
</tr>
<tr>
<td>Skin</td>
<td>Pressure Sores</td>
<td>Avoid pressure sores by doing periodic pressure releases, wearing clothes that are not too tight or too loose. (See section on pressure sores)</td>
</tr>
</tbody>
</table>

**Information and demonstrations to give to the mentees**

**How to prevent episodes of autonomic dysreflexia:**
For those with an indwelling catheter,
- Keep the tubing free of kinks
- Keep the drainage bags empty
- Check daily for grits (deposits) inside the catheter.
- When in an intermittent catheterization program, self-catheterize as often as necessary to prevent overfilling.
• When spontaneous voiding occurs, make sure an adequate output is available.
• Carry spare clothes and an intermittent catheter kit when away from home.
• Maintain a regular bowel program.
• Perform routine skin assessments.
• Have yearly re-evaluations.

**How to deal with an episode of autonomic dysreflexia:**
Treatment of autonomic dysreflexia must be initiated quickly to prevent complications.
• Remain in a seated position, but do a pressure release immediately. Keep head elevated.
• Since a full bladder is the most common cause, check the urinary drainage system.

When dealing with a Foley or suprapubic catheter, check the following:
• Is the drainage full? If yes, empty it
• Is there a kink in the tubing? If yes, un-kink it
• Is the drainage bag at a higher level than the bladder? If yes, move it to a level lower than the bladder
• Is the catheter plugged or clogged? If yes, unplug/unclog it

If the catheter is not draining within 2-3 minutes, it must be changed immediately. If a Foley or suprapubic catheter is not present, perform a catheterization using lidocaine jelly if possible, and empty your bladder.

If the bladder has not triggered the episode of autonomic dysreflexia, it may be bowel-triggered. Perform a digital stimulation using lidocaine jelly and empty the bowel. When symptoms occur during digital stimulation stop immediately and resume after symptoms subside.

If your bladder or bowel is not the cause, the cause might be:
• A pressure sore
• An ingrown toenail
• Clothing that puts pressure on the skin
• A fractured bone

*When unable to find the stimulus causing autonomic dysreflexia, or all attempts to fail to address the problem, immediate emergency medical treatment is needed.* Not all physicians are familiar with autonomic dysreflexia, so it is recommended to carry a card describing the condition and the treatment required. Such information can be obtained from the Paralyzed Veterans of America (PVA) for a small fee at [http://www.pva.org/cgi-bin/pvastore/products.cgi?id=1](http://www.pva.org/cgi-bin/pvastore/products.cgi?id=1)

**Demonstrating to mentees how to do pressure release:**
• Make sure that complete pressure is taken off of bony prominences for one minute to allow blood to re-circulate to tissue.
• Multiple methods include:
  o Tilting the wheelchair
  o Leading to the side (do not forget that you must do both sides)
  o Leading forward
  o Pushing your body up into the air
• Repeat every 15 minutes (This is the starting point. You can increase time; however, you must monitor your skin closely)
Urinary Tract Infection

The image on the right illustrates the urinary tract system.

What is a Urinary Tract Infection (UTI)?

A urinary tract infection is common after SCI – only respiratory infections occur more often. The urinary system consists of the kidneys, ureters, bladder, and urethra (see image). Urine is made in the kidneys, drains through the ureters and collects in the bladder. When the bladder is full, urine is emptied out of the body through the urethra. Normal urine contains fluids, salts, and waste products, but it is sterile and free of bacteria, viruses, and fungi. An infection occurs when microorganisms, usually bacteria from the digestive tract, cling to the opening of the urethra and begin to multiply. Most infections arise from one type of bacteria, *Escherichia coli* (*E. coli*), which normally lives in the colon.

In most cases, bacteria first begin growing in the urethra. An infection limited to the urethra is called urethritis. From there bacteria often move on to the bladder, causing a bladder infection (cystitis). If the infection is not treated promptly, bacteria may then go up the urethra to infect the kidneys (pyelonephritis).

The urinary system is structured in a way that helps to keep infections out. The ureters and bladder normally prevent urine from backing up toward the kidneys, and the flow of urine from the bladder helps wash bacteria out of the body. In both sexes, immune defenses also prevent against infection. But despite these safeguards, UTIs still occur and using a catheter, which is quite common after SCI, puts individuals at a greater risk of developing a UTI.

How can I tell if I have a UTI?

UTIs are typically diagnosed after a doctor tests a sample of urine for pus and bacteria. A “clean catch” urine sample is needed requiring careful washing of the genital area and collecting a “midstream” sample of urine in a sterile container. This is done to prevent bacteria from around the genital area from contaminating the sample. In the urinalysis, white and red blood cells and bacteria are examined. Bacteria are then grown in a culture and tested against different antibiotics to see which drug works best against the bacteria (sensitivity test).

UTI Risk Factors:
- Indwelling catheters
- Dehydration

UTI Symptoms:
- Fever
- Chills
- Leakage
- Increase in spasms of leg, abdomen, or bladder
- Dark urine
- Feeling the need to urinate more frequently
- Nausea
- Headaches
- Feeling lousy or tired
- Mucus in urine or cloudy urine
- Bad smell in urine
- Blood in urine
UTI Action Steps:
- Clean hands and urethral area before catheterization
- Only use intermittent catheter once unless it can be sterilized between uses
- Practice sterile catheterization procedure
- Make sure to drink plenty of water to keep hydrated

Information and demonstrations to give to the mentees

How to prevent UTIs:
- Make sure to drink enough fluids, especially water and unsweetened cranberry use
- Keep genital area clean
- Change underwear every day
- Use dye-free laundry detergent
- Avoid caffeinated beverages
- Wear condoms when having sexual intercourse

How to deal with UTIs:
UTIs are treated with antibiotics prescribed by a doctor. The choice of drug and length of treatment depends on the patient’s history and the urine tests that identify the offending bacteria. Even though a UTI can be cured with 1 or 2 days of treatment if it is not complicated by an obstruction or nervous system disorder, many doctors still have their patients take antibiotics for the full dosage period (usually a week or two) to ensure that the infection has been cured completely. So even if there are no more symptoms of a UTI after a couple of days on antibiotics, it is very important to take the entire dosage prescribed by the doctor.

Key points to remember:
- Never provide medical advice to mentees, other than a recommendation to see a health care provider
- Peer mentors can provide information to mentees about the causes of certain medical complications and then monitor for these conditions using the medical complications checklist regularly
- Always recommend that mentees who report a medical complication contact their physician immediately

Training Exercise:
Your mentee reports frequent urinary tract infections. What do you do? What information do you give to him/her?
CHAPTER 3: BEING PHYSICALLY ACTIVE TO STAY HEALTHY

Learning goals:

- To understand the benefits of regular exercise and physical activity in SCI
- To learn different types of exercises that adults with SCI can do
- To be familiar with some goal setting techniques that can be used with mentees
- Understand unique physiological response to exercise with level of SCI and completeness of injury

Exercise and physical activity is something that is often overlooked by individuals with SCI. People who are able bodied usually at least get some physical activity everyday by way of walking or climbing stairs. Individuals with SCI who use wheelchairs do not have this routine benefit. A lack of daily physical activity and routine exercise produces a higher risk for skin breakdowns, weak bones (osteoporosis), chronic pain, heart disease, high blood pressure, diabetes, and obesity. In addition, a lack of physical activity may also contribute to depression.

What are some of the benefits of exercise?
The following are some of the known benefits of exercise:

- More energy
- Stronger muscles
- Greater endurance
- Greater well-being
- Control body weight
- Fight depression

Does your body respond the same way to exercise after a SCI as it did before the SCI? - It depends on level of injury and completeness.

- Muscles (movement of arms and legs). You can only work muscles that are still neurologically intact. Muscles that do not contract are not able to send blood back to the heart
- Heart. It is difficult to stress the heart if it does not receive an increase in blood return to the heart.
- Lungs. Increased strength of the diaphragm and other muscles that help you breathe can increase the ability and amount of air that you bring into the body.
- Autonomic Nervous System (automatic control system). Can be significantly affected by your level of injury if above T6. Examples include:
  - Heart rate
  - Blood pressure
  - Sweating
  - Autonomic dysreflexia

What are the different types of exercise a person with SCI can do?

- Aerobic conditioning
- Weight lifting
- Balance activity
- Stretching
- Assisted exercise
  - Functional Electrical Stimulation
  - Assisted walking
**Aerobic or Cardiovascular Exercises**

Aerobic exercises are those activities that may cause sweating, and an increase in heart and breathing rates. When doing aerobic, or cardiovascular, activities, it may become hard to talk because you are working so hard and getting out of breath. Some examples of aerobic exercise include basketball, tennis, or wheeling around a track.

Exercises for cardiovascular health also tend to be those that are repetitive, such as a stationary handcycle. This pertains to manual chair users, both paraplegics and tetraplegics. For quads who use power chairs or who do not have the arm strength to handcycle, an alternative is the ERGYS stationary bike. The bike, through electrical stimulation, enables the SCI individual to receive a workout by way of functional pedaling.

The following are some of the benefits of aerobic exercise:
- Improves endurance
- Increases and improves blood flow to the heart and other muscles that are being used
- Helps prevent pneumonia since more air moves through more parts of the lungs
- Reduces blood pressure
- Increases circulation of HDL, or good cholesterol
- Improves the body’s use of sugar
- Reduces stress

**Strengthening Exercises**

Exercising the upper body to increase muscle strength includes activities such as lifting weights, using weight training machines, or working with elastic bands. For individuals with SCI, it is important not to overwork the upper body with strengthening exercises. While sore or tired muscles are normal to a degree after a workout, too much soreness may cause difficulty transferring later in the day. Once a comfortable workout level is obtained, muscle groups should be worked out on alternating days.

**For Paraplegics:** Barbell exercises are excellent – bicep curls, shoulder shrugs and shoulder press.

**For Quadriplegics:** Weights which can be attached to one’s arm with Velcro are widely available at sporting goods stores.

The following are some of the benefits of weight lifting (strengthening) exercises:
- Increases the strength of muscles and bones
- Improves the body’s use of sugar in the blood
- Helps in performing daily tasks and recreational activities more easily

**Stretching and Flexibility Exercises**

Stretching exercises help to stretch various muscle groups and include activities such as yoga, or flexibility exercises like toe touches. Range of motion exercises learned in therapy are also good stretching exercises. Routine stretching and flexibility exercises are important as increased flexibility can make it much easier to carry out everyday tasks, such as transferring and dressing.

The following are some of the benefits of stretching and flexibility exercises:
- Helps with balance
- Can prevent injuries and contractures
- Improves range of motion

**In any case, it is important to consult physician before pursuing any exercise program.**
Exercise Goal Setting
Following are some steps to follow that can help peer mentors to set some realistic goals with mentees.

1. Identify resources
   What is out there? What are some of exercises that mentees can do, based on their level of injury? What is easily accessible for the mentees?

2. Find out what the mentee would enjoy doing
   What are the mentee's interests? What types of exercise and physical activity did s/he do before acquiring a SCI? Does s/he prefer indoor or outdoor activities? Competitive, or non-competitive?

3. Work out a plan
   Where can the activities be done? When can then be done? In the morning, afternoon, or evening? What is most convenient for the mentee and his/her schedule? With whom can s/he exercise?

4. Set realistic goals
   What can realistically be accomplished?

5. Start slowly
   Don’t overdo it. Instead, work on gradually increasing either the frequency (number of times/week) or time (minutes/day) spent exercising.

6. Have fun
   Make exercise routines fun by doing a variety of exercises (stretching one day, strengthening the next), or the same exercise in a different setting.

7. Share your experiences
   Peer support can help for those times when personal motivation may not be enough.

Key points to remember
- Exercise has many positive effects on the health, independence and well-being for people with SCI
- Try to do a mix of some aerobic, strengthening, and stretching exercises
- Before starting an exercise program, see a doctor to identify suitable exercises and an appropriate exercise routine/schedule
- Start slowly and set realistic exercise goals
- Don’t overdo it. Overdoes injuries are common

Training Exercise:
Your mentee wants to play basketball. What do you do? What are the things she/he needs to know about?
APPENDIX: PEER MENTOR SELF TEST

Please check your knowledge on peer mentoring. Check whether answers are true or false!

TRUE       FALSE

(1) Peer mentors are health professionals

(2) Peer mentors can give medical advice

(3) Peer mentors can explain what to do to prevent medical complications

(4) Peer mentors need to stick with their mentee no matter what

(5) It is important that peer mentors are
   A) Active
   B) Resourceful
   C) Trusted
   D) Knowledgeable
   E) Reliable
   F) All of the above

(6) The information that mentees share with their mentors is confidential

(7) Peer mentors are social models for their mentees

(8) In case a problem occurs between mentor and mentee, the peer mentor should:
   A) Work it out with the mentee
   B) Wait until the situation gets better
   C) Report back to the supervisor to discuss the nature of the problem

(9) Peer mentors need to continue to learn more about SCI whenever they can

(10) Peer mentors only talk to their mentees, never to family members
Comments?

Please submit comments on this manual to

Ms. Inger Ljungberg at inger.h.ljungberg@medstar.net or by calling 202 877-1694

Don’t forget to check our website at www.sci-health.org for additional training material such as PowerPoint presentations, handouts and program updates.

If you want to use this manual for training purposes, kindly let us know.

Thank you!