



Great Tips. Well Linked.

Disability.LifeTips.com

Category: 2 tip rewrites

Subcategory: 2 tip rewrites

Tip: Adaptive Driving Equipment

There is adaptive driving equipment available for patients that may have otherwise lost the ability to drive. A knob on the steering wheel makes turning the wheel and controlling the vehicle easier. A left-hand gas pedal can also be installed for patients with problems with the right foot or leg. The right-hand gas pedal is left installed, so that other drivers may use the vehicle. The driver uses a switch to move the control over to the left-hand gas pedal. The brake is worked with the left foot. There are also pedal extensions, so that the gas pedal and brake pedal are easily reached. Other adaptive driving equipment includes hand brake controls and accelerator buttons on the steering wheel. These allow patients with the inability to use their legs or patients with weak legs the ability to drive safely. Special seats can also be installed. The seats are power seats and move forward, backward, up and down.

Category: Amputee

Subcategory: Amputee

Tip: Amputee Life: Living Alone

Family and friends like to protect the people they care for. When a family member or friend suffers an injury that causes an amputation later in life, family and friends feel they must protect the injured person. This includes doing everything for that person. An amputee can easily adapt to living on his or her own, without constant help and supervision from family members and friends. Adaptions may include learning to do thing with one hand or arm and getting up and down steps with one foot or leg—at least until a prosthetic device has been created. Even with a prosthetic, because there is no feeling in that part of the body, the amputee must learn how to adapt to using it. A person tends to adapt much quicker if she or he does not have someone doing everything for him or her. At the same time, a person may prefer having help, as she or he feels it gives him or her stability—they will eventually start trying things on their own.

Category: Baby Boomer Life

Subcategory: Baby Boomer Life

Tip: Baby Boomer Exercises: Chair Yoga

Yoga is used to strengthen physical and mental abilities. Many people use yoga to keep their bodies in shape. There are many different types of breathing and stretching exercises that can be done from a sitting position in a chair. Yoga exercises stretch and strengthen muscles, which in turn, keeps the body fit and able. When beginning a yoga session always start with the basics so that you do not injure yourself. Start off with a few deep breathing exercises. Breathe in deeply and slowly for 10 seconds, and exhale slowly out for ten seconds. Do this 10 times for relaxation and better focus. Then move on to wrist and elbow stretches and ankle and leg stretches, if you can. As a person progresses, she or he can move to full body exercises as appropriate. Chair yoga can be done anywhere a person sits—in front of the television, on a plane, on a bus, during breaks at work. The individual exercises are short and simple. Even when starting out with a breathing exercise, a series of yoga exercises can be done in 10 to 15 minutes.

Tip: Baby Boomer Resource Guide

According to BabyBoomerResource.com, a baby boomer turns 50 every seven seconds. Baby boomers were born between 1946 and 1964 and there are 76.1 million Americans born in the “baby boomer generation.” Compared to their parents, baby boomers are much healthier. This allows the average baby boomer to live into and beyond his or her 80s. This means that more people at an advanced age need resources for many things, such as finding a smaller home, travel and more. Some of the things that can be found on online resource guides include: Retiring Baby Boomers Baby Boomer TravelSafe Surfing on Social Network Websites Scams and PhishingReverse Mortgages Baby Boomer Health IssuesElder Care Information Social Security InformationMedicare Living TrustsNostalgia Toys, Music, and Collectibles AgingCaregivers Food & NutritionGeriatrics GrandparentingSenior Legal Issues Long Term CareNursing Home and Assisted Living Vision and HearingPrescription Drug Benefits Veterans AffairsRecreation Activities Affordable Living Options

Category: Caregivers

Subcategory: Caregivers

Tip: Caregivers: Taking Care of a Cancer Patient

Taking care of a cancer patient can be rewarding and stressful at the same time. While it feels good to be able to take care of a loved one at home where he or she can be comfortable, it can be stressful on the cancer caregiver. Advanced cancer patients require round-the-clock care--depending on the type of cancer and medications prescribed, the caregiver may have to wake up many times during the night to give the patient medications or check vital signs. Cancer patient caregivers should also make sure they have all of the emergency contact information where it can be found. If there should be an emergency and the cancer patient needs to be transported to the closest

hospital and that hospital is not the treating hospital, the doctors will need to know all of the medications that the cancer patient is on. The doctors will also need to know about any medical treatments the cancer patient is undergoing (such as chemotherapy). The cancer patient caregiver should be sure to get plenty of rest and take care of him or herself. Hospice staff can come in to help the cancer patient caregiver and give the caregiver a break for a few hours. Hospices also offers overnight care, so that the primary caregiver can get some rest and be at full working potential during the daylight hours.

Category: Children With Disabilities

Subcategory: Children With Disabilities

Tip: Children with Disabilities: Living with a Child with a Disability

Living with a child with a disability can be challenging at times, whether the disability is physical or intellectual. Extra care must be taken for children with disabilities, which may include more doctors' visits than the average child, special diets, physical therapy either at home or at a physical therapist's office and special education classes. In addition to the obvious, the parent of a child with a disability must also deal with the emotional side of things. Children at school can and do say things that might hurt someone's feelings. A child without a disability may shrug it off or may even fight with their taunter, but a child with a disability may be confused and hurt, not realizing that other children taunt everyone and she or he is not being singled out. Also, some adults do not know how to act around children with disabilities and may stare or point, causing the child with the disability to feel uncomfortable and unaccepted. The best thing a parent can do is to explain to the child that people do not understand and sometimes do not think about hurting another's feelings. If the school allows it, parents of children with disabilities may be able to set up an educational seminar where parents of children with disabilities speak about the various afflictions such as cerebral palsy, having to use a wheelchair, blindness, deafness, and brain damage and how it affects the ability to learn. Parents can also give students tips on how to help a child with a disability—whether it is help reaching something, help getting up a hill in a wheelchair or help with schoolwork.

Tip: Children with Disabilities: Special Olympics

The Special Olympics started out as a venture in Eunice Kennedy Shriver's backyard in the early '60s. By 1968, there were 40 locations where children with disabilities could go to play sports—this is when the Special Olympics was born. Special Olympics is a nonprofit organization that has turned global. It now has a presence in almost 200 countries, and with seven world-region offices, it is still expanding in order to reach more children with disabilities. The Special Olympics allows children with disabilities to participate in sport activities that they would otherwise not be able to participate in. This

gives the children a sense of accomplishment and acceptance—they participate in athletic events, just as everyone else does. Special Olympics also provides free healthcare screenings. The participants get medical attention they may otherwise not have access to. People around the world help realize Ms. Shriver's vision: “to improve the lives of people with intellectual disabilities everywhere, and, in turn, transform the lives of everyone they touch—building a better, more accepting world for all of us.”

Tip: Children with Mental Disabilities

Most times, a child's mental disability is complicated by other problems, both physical and emotional. The biggest physical problems are difficulty with hearing, sight and/or speech as these further complicate the child's attempt at communication and learning. Prior to the '80s, parents, on the advice of professionals, would institutionalize a child with a mental disability. Sometime during the '80s (depending on location), training school-type institutions were deemed unconstitutional and children and adults were transferred to group homes. A group home has a family setting. Generally, no more than six children or adults were housed in group homes. These homes are staffed with people who are trained to take care of the various physical and emotional problems that a person with a mental disability may have. Now, parents are encouraged to keep a child with a mental disability at home and to get the child involved in the community. Most states guarantee that a child with a mental disability gets educational and other services at the expense of the public. A child with a mental disorder should have a comprehensive evaluation to determine what his or her strengths and needs are. These tests include general medical tests, neurological tests, psychological tests, hearing/speech/vision tests and physical therapy. The test results are discussed with the family and the school and are used to develop a treatment and education plan. Children with mental disabilities often have the ability to learn—they tend to learn slower. It takes more repetitions of certain material for that child to grasp the concept of what is being taught. Children with mental disabilities can grow into adults that contribute to the community—they can learn skills to hold a job, manage a bank account and do their own shopping.

Category: Coping With Blindness

Subcategory: Coping With Blindness

Tip: Coping with Blindness: Assistive Technology

There are many different types of assistive technology available to give blind people access to books, computers and other electronic devices. These programs work on an off-the-shelf computer or personal data assistant (PDA). Electronic book readers also allow blind people access to books in a form other than Braille. Video magnifiers (closed-circuit television or CCTV) project magnified images onto a video monitor, a TV

screen or a computer monitor. The text can be changed from black on white to white on black, making it easier for someone who is not completely blind to read. If the user doesn't have enough vision to read for a significant amount of time, eye fatigue and other physical problems may be present. Prior to purchasing a video magnifier, the individual should have a low-vision evaluation. A low-vision specialist can also help determine which video magnifier is appropriate. Optical character recognition (OCR) systems scan printed text, then convert it to recognized characters and words and sends the information to a synthesizer, which then "reads" the scanned document. OCR systems also use a spell checker and a lexicon, much like a standard word processing program, and will fix spelling errors on the fly, so that the correct word is read back to the listener. Magnification programs for the computer screen are also available, though many sites are programmed with a "change text size" button. When the user clicks on this, the text becomes larger or smaller, depending on the person's needs.

Tip: Coping with Blindness: Scholarships

There are many disability scholarships for people with disabilities who want to attend college. In the past, it was difficult for a person with a visual impairment to attend college—there were not any technological advances to help with reading texts and college entrance exams were a burden on students with a visual impairment. With the new technology allowing people with a visual impairment the ease of reading text, more people are able to attend college. Many places offer scholarships for the visually impaired. These scholarships generally have very little in the way of requirements. The National Federation of the Blind offers many scholarships for the visually impaired, ranging from a few thousand dollars to up to \$12,000. The Kenneth Jernigan Scholarship is given once a year by the American Action Fund for Blind Children and Adults and is a \$12,000 scholarship. This scholarship is for students who wish to work in the area of changing perceptions regarding the capabilities of the blind in the United States and throughout the world. No additional restrictions are placed on this scholarship. The Charles and Melva T. Owen Memorial Scholarship is a \$10,000 scholarship awarded in honor of Charles Owen in loving memory of his blind wife. There is no limitation on the field of study, except that "it shall be directed towards attaining financial independence and shall exclude religion and those seeking only to further general or cultural education." The National Federation of the Blind offers two \$7,000 scholarships with no restrictions (other than having a visual impairment). The Hank LeBonne Scholarship is offered to people with a visual impairment. There are four scholarships available, each for \$5,000. There are no other restrictions. These scholarships are offered by Mr. LeBonne because he loved life and loved the National Federation of the Blind. His last wish was that his remaining assets were to be used to help people with a visual impairment have the same opportunities in life that he enjoyed.

Category: Deaf Living

Subcategory: Deaf Living

Tip: Cochlear implants

A cochlear implant uses a microphone, a speech processor, a transmitter and receiver, and an electrode array. The electrode array collects impulses from the stimulator and sends them to different regions of the auditory nerve. These four parts are contained in two pieces. One of the pieces rides behind the ear and the other is surgically implanted under the skin. Cochlear implants are good for a person who is profoundly deaf or is severely hard of hearing. The implant does not restore normal hearing, but allows a person who is deaf or severely hard of hearing to hear a representation of sounds in the environment. Unlike hearing aids, the cochlear implant does not modify sounds. The cochlear implant bypasses the damaged portion of the ear and directly stimulates the auditory nerve. The signals are sent to the brain by the auditory nerve and the brain recognizes the signals as sounds. Cochlear implants may be used for both children and adults. Most children who receive the implants are between two and six years of age. When a person is fitted with a cochlear implant, she or he must go through therapy to learn or relearn how to hear. It will take time and practice to learn or relearn how to interpret the sounds being sent to the brain.

Tip: Deaf Living: Organizations

There are many deaf organizations containing material about deafness and hearing impairment. These organizations are listed on two pages:
<http://www.cio.noaa.gov/hpcc/access/nohear.htm> – this is a government page and contains links for the National Association of the Deaf, Association for Late Deafness in Adults, the Alexander Graham Bell Association, American Society for Deaf Children, American Hearing Research Foundation and the USA Deaf Sports Federation.
http://clerccenter.gallaudet.edu/Clerc_Center/Information_and_Resources/Info_To_Go.html/184.html – this page is the Laurent Clerc National Deaf Education Center at Gallaudet University. This page contains information for deaf and hard of hearing children and young adults, including: Help for Babies (0 to 3) Educate Children (3 to 21) Transition to Adulthood Hearing Loss Information Language and Literacy Hearing & Communication Technology Laws Resources The Clerc Center provides information regarding the family's role in a deaf child's life, finding services, language development, information on hearing technology and information for educators. Some of the workshops provided by the Clerc Center are very valuable for educators and parents and include: Cochlear Implant Education Literacy and Language Development Workshops Social and Emotional Health Workshops Science and Math Workshops Educational Technology Workshops Transition Workshops Visual Phonics Workshop

Tip: Hearing Impaired Assistance

Assistance for the hearing impaired comes in many forms, from telephone equipment and audiovisual equipment to service dogs for the hearing impaired. Employers must provide assistance for the hearing impaired, so that the hearing impaired can get a job. An employer must provide TTY telephones or audio amplifiers if a hearing impaired employee needs that to complete a job. An employer must also allow the hearing impaired to bring an interpreter or a service dog on the job. Assistance also comes in other forms that are used in everyday life. When speaking to a hearing impaired person, if that person does not have a hearing aid or other mechanical assistance, speak clearly and slowly, but not so slow that it is difficult to follow conversation. Many hearing impaired people can easily read lips. Also, keep in mind that because a person is hearing impaired, this does not automatically mean that person is also mute. Often, a person with a hearing impairment loses his or her hearing later in life and has already learned how to speak. Sometimes, a person that has been deaf or has had a hearing impairment from birth also learns how to speak, but he or she cannot hear him or herself speaking.

Tip: Hearing Impaired Disability

Sometimes, hearing people think that a person with a hearing impairment cannot do everything that a hearing person can do. Most of the time, though, a hearing person does not even realize that person may have a hearing impairment because of hearing aids. Even without hearing aids, a hearing-impaired person can still do all of the things a hearing person can do, even talking on the telephone. With hearing aids and amplifiers, or even cochlear implants for the severely hearing impaired, it is difficult to tell that a person even has an impairment. There are also support groups and resources for the hearing impaired. These support groups can help determine what kind of hearing aid works best (recommendations), discuss whether cochlear implants were worth it to someone who has them, talk about overcoming obstacles (such as learning how to hear with cochlear implants) and where to get financial aid for the hearing impaired. Financial aid can be used for college and to purchase any special equipment needed to help the hearing impaired attend college.

Category: Disability and Attorneys

Subcategory: Disability and Attorneys

Tip: Choosing An Attorney To Help You With Your Disability Claim

Before you decide whether you will use an attorney's assistance to process your Social Security Disability claim, be sure to do some investigative work first. If you look in your local Yellow Pages, under "Attorneys", you will see advertisements stating whether a law office accepts disability claims or not. That is just the first step.

Next, it is very important that you (in some it takes working up some nerve first) call to see what their success rate is in winning disability cases. They may not tell you the truth, but sometimes you can at least speak to the attorney themselves. This gives you the opportunity to "feel out" whether you even wish to work with them or not.

You will be speaking with this person possibly once a week for up to the next two years, it is imperative that you feel that you can trust them and work well with them. Speaking to them briefly over the telephone first, saves you a trip to their office for the initial consultation, and removes some of the pressure you might feel to hire them or not while there in front of them. It's not always necessarily a good decision to go with the "nicest" or "most courteous" law firm either. You will want them to be somewhat aggressive in court and on the telephone while working on your claim. My own personal experience was not so much that I had a "nice" attorney, but that he had fought & won the previous case before mine with the same judge that my case was assigned to. The judge called him and approved my case over the telephone to avoid having to listen to him argue a case with him again. I was very fortunate to have the legal representation that I had. I hope the same for you.

Tip: Reconsidering Hiring An Attorney If You Decide To Appeal

If you haven't looked into hiring a lawyer before this point, you may now wish to consider seeking out the services of a legal firm. Many attorneys work on Disability claims on a contingency* basis. When and if you win your request for SSD, you will have to pay them a percentage of the "back-pay" that you are awarded, for the work that they did for you. If you used an attorney's services and win your case, Social Security usually routes the award check directly to the attorney. They then will call you to come in to their office, ask you to sign the check over to the firm, they will take out their fees, then cut a new check for you for the remainder of your award.*** If they give the check to you to cash, they will direct you how much you owe them once you have cashed it, and you have very little time to pay them. Most attorneys will not take a chance of being "stuffed" though and opt for the prior. I personally suggest double-checking all amounts that you are charged before paying your bill, right down to the last telephone call charge. Yes, they charge you for every phone call, usually in 15 minute increments. This will be explained further on another tip…

* Contingency basis: A Law firm waits until after you win your case or after they win it for you, and are issued an award payment from Social Security to accept payment for their services.

** Back-pay: Monies that you will be issued starting from the date that you first applied for Social Security Benefits, until the date that you win your case.

*** Award: The amount of money that Social Security has figured by a percentage of the income you earned during the previous 10 years (or so) that you are owed. The benefit amount that you will be paid each year comes to you in the form of what is called "an award letter".

Category: Disabled Veterans

Subcategory: Disabled Veterans

Tip: Disabled Veteran's Forum

There are several forums on the Internet for disabled veterans. These forums are for disabled veterans to communicate with other disabled veterans. Information regarding how to file claims and benefits available for disabled veterans is also available on disabled veteran's forums. <http://www.hadit.com/> - this website has a number of forums dealing with disabled veterans' issues, including health problems, psychological problems, PTSD, benefits and more.

<http://www.veteranstoday.com/modules.php?name=Forums> – this website also has a number of forums. Some of the forums on VeteransToday.com include fallen warriors, finding a veteran, fraud issues, reunions, coping, PTSD and medical alerts.

<http://www.VeteransToday.com/modules.php?name=Forums> – this website includes a forum and articles of interest to disabled veterans. Some of the articles include a rating schedule, changes to a rating schedule and the time frame for the VA to process disability claims. <http://www.americanwarlibrary.com/personnel/disabled.htm> – this website provides a forum for discussion of military service connected disabilities.

Category: Life After a Spinal Cord Injury

Subcategory: Life After a Spinal Cord Injury

Tip: Autonomic Dysreflexia: Definition

Autonomic dysreflexia, which is also known as hyperreflexia occurs in patients with a spinal cord injury at a T-5 level and above. A person that suffers from autonomic dysreflexia has an over-active autonomic nervous system. This condition can come on suddenly and may lead to seizures, strokes and death. It should be treated as an emergency situation. Autonomic dysreflexia generally happens when an irritating stimulus is presented below the level of the spinal cord injury. An overfull bladder is enough to trigger it. The stimulus of the irritating condition sends nerve impulses to the spinal cord. The impulses travel up the spinal cord, but get blocked by the lesion at the level of the injury. The impulses cannot reach the brain, so a reflex is activated. This reflex increases activity of the sympathetic portion of the nervous system, which then results in spasms and narrowing blood vessels. This, in turn, causes higher blood pressure. The nerve receptors in the heart and blood vessels send a message to the brain, which then sends a message to the heart slowing down the heartbeat and dilating

the blood vessels above the level of the injury. Blood pressure cannot be regulated because the brain cannot send messages below the level of the injury.

Tip: Hyperreflexia Symptoms

Hyperreflexia (autonomic dysreflexia) can be caused by anything that may be painful or uncomfortable after the spinal cord injury. An example is an overfull bladder or a bowel full of gas. Hyperreflexia can be a life threatening condition, as it affects blood pressure, and the blood pressure cannot be controlled. Symptoms of hyperreflexia include:

Pounding headache (caused by the elevation in blood pressure)Goose

PimplesSweating above the level of injuryNasal CongestionSlow PulseBlotching of the SkinRestlessness Other simple things that could cause hyperreflexia are things most people do not think twice about, such as skin irritations, wounds, pressure sores, burns, pregnancy and ingrown toenails. There are also causes that are not quite as simple, such as broken bones and appendicitis. If a patient notices symptoms of hyperreflexia, he or she should get to the hospital as soon as possible. To help prevent complications, according to calder.med.miami.edu, the patient should do the following Remain in a sitting position, but do a pressure release immediately. You may transfer yourself to bed, but always keep your head elevated.Since a full bladder is the most common cause, check the urinary drainage system. If you have a Foley or suprapubic catheter, check the following:Is your drainage full?Is there a kink in the tubing?Is the drainage bag at a higher level than your bladder?Is the catheter plugged? Catheters must be changed if drainage does not start within two to three minutes. If there is no problem with the bladder or the catheter, check for pressure sores, ingrown toenails and fractured bones.

Tip: Spinal Cord Injury Facts

The CDC shows that as of 1998, almost 200,000 people in the United States live with a disability that is related to a spinal cord injury and that about 11,000 people have a spinal cord injury each year. More than half of the people with a spinal cord injury are between 15 and 29 years of age. Age plays a part in the causes of spinal cord injuries. In people who are under 65 years of age, vehicle accidents are typically the cause of the spinal cord injury, while falls cause people over 65 years of age to suffer from a spinal cord injury. Of those under 65 years of age, sports and recreation activities are about 18 percent of the causes of spinal cord injury. A spinal cord injury may also present secondary conditions such as pressure sores, respiratory problems, urinary tract infections, spasticity and scoliosis. Another problem with spinal cord injury patients is hyperreflexia.

Tip: Spinal Cord Injury Statistics

A spinal cord injury is an injury that happens when sudden force is put on the spinal column, such as in a vehicle accident or a sporting accident. According to the Spinal

Cord Injury Information Network, there are about 40 spinal cord injuries per million people in the United States. This means that there are about 12,000 new cases each year. As of 2008, there were 229,000 to 306,000 people living in the United States with a spinal cord injury. Spinal cord injury statistics report that these injuries occur at an average age of 40 years (since 2005, prior to that, the average age was 28.7 years). Also, 80.9 percent of spinal cord injuries happen to males—though the website does not say, it may be because males are more involved in rough sporting activities and other high-risk events. Since 2005, 42.1 percent of spinal cord injuries were caused by vehicle accidents. Falls are the next most common cause, then acts of violence (usually gunshot wounds), followed by sporting activities. Over the years, the proportion of spinal cord injuries due to sporting events has declined. For those with a spinal cord injury, about 58 percent were employed prior to the injury. Only about 12 percent of those who have suffered a spinal cord injury return to some type of employment, though that rate goes up for each year post-injury. By post injury year 20, about 35 percent of spinal cord injury patients are re-employed.

Category: Living In a Wheelchair

Subcategory: Living In a Wheelchair

Tip: Living in a Wheelchair: Grab Bars

Grab bars for bathrooms can be purchased at any medical supply company and at most big-box home improvement stores. The grab bars should be mounted where they are easily reached by a person in a wheelchair. They should also be placed at a height that the person can use them easily for support in maneuvering from the wheelchair into the shower or from the wheelchair to the toilet. Grab bars can be placed on both sides of the toilet, if needed, and on all three walls of the shower, if needed. When purchasing grab bars, do not get flimsy plastic or stick-on grab bars—be sure to get grab bars that can be screwed into the wall, as they offer the most weight-bearing support. Purchase the proper length for the area the grab bars are going to be used. Do not buy a short one for the long side of the shower or tub—buy a longer grab bar instead of buying two shorter grab bars. If you do not have a shower chair, you should also purchase a shower chair so that you do not have to lower yourself into a tub. The grab bars combined with a shower chair can give some wheelchair users much more independence.

Tip: Wheelchair Disability

There are many disabilities that a person in a wheelchair can have—from cerebral palsy at birth through a debilitating illness later in life. Sometimes a disability can temporarily put a person in a wheelchair. Wheelchairs are not just for those who have no use of their lower extremities, but for those who may have trouble walking any distances or

those who tire out easily because of muscle and nerve degenerating conditions. An example of a nerve degenerating condition that many people do not consider is diabetes. If the diabetes is advanced enough, or if the person suffers from a temporary disability where the nerves are affected, diabetes may not allow the nerves to regenerate. While people who have nerve problems may be able to walk, they may not be able to walk very far. Wheelchairs make it possible for people with any type of disability to leave the house, visit the mall, and do many other things that require extensive walking.

Tip: Wheelchair Patients

Wheelchair patients may have a life-long disability or may have a short-term disability. If a person has a long-term disability, he or she may have an electric wheelchair. The padding on the wheelchair for someone with a long-term disability, such as multiple sclerosis or cerebral palsy is generally thicker. The chair is also made specifically for that person in order to reduce pressure sores and the uncomfortableness from constant sitting. Wheelchairs are made for all types of disabilities, including tilt wheelchairs. A wheelchair patient may also have a short-term disability or may be recovering from surgery and may need a wheelchair until he or she regains lower-limb functionality. Wheelchairs can be purchased through any medical supply store or via prescription from the attending physical therapist. When purchasing a wheelchair or if insurance provides a wheelchair, a wheelchair patient should be sure that the wheelchair is a good fit based on height and weight.

Tip: Wheelchair Sports

Many sports, such as baseball, basketball, rugby and football can be adapted to a wheelchair sport. The rules are modified to provide for the wheelchair. For example, in football, the field is only 60 yards long and 22 yards wide. First downs are every 15 yards instead of 10 yards. Games are 50 minutes—two 20-minute halves, with a 10-minute half time. There are no fumbles. A tackle is a touch with one hand above the waist. Wheelchair sports provide people in wheelchairs with exercise and the ability to meet new people and make friends. Both exercise and the ability to create and maintain friendships can help with the ability to cope with living in a wheelchair. It also provides the person in the wheelchair with upper body exercise. Exercise provides weight control and upper body strengthening, and helps to boost a person's overall health.

Category: Living With Cancer

Subcategory: Living With Cancer

Tip: Living with Cancer: Coping

Coping with cancer can be an emotional roller coaster that leaves the cancer patient and his or her caregivers emotionally drained. This can possibly lead to depression and thoughts of suicide. There are many online sites with forums and support groups and support groups “in real life” that can help with coping with cancer. Additionally, some patients and caregivers have learned that certain actions go a long way in helping with coping with cancer and staving off depression: Look for more information when problems arise when bad news is presented. Talk with others and share concerns when a problem arises. Try to lighten up and see the humor in a tough situation. On some days, just try not to think about the illness. Keep busy to distract yourself from being sick. If reliable information shows a change in treatment is needed, do it without delay. Re-examine life, but still enjoy activities and visiting with people. Using all of these methods may or may not work for each individual. Each patient and caregiver should do what works for that individual person. Some people are very private and may not like talking to others about their illness—talking to the doctor or other health professional can help, or finding an anonymous group of cancer patients or caregivers can take the place of talking to someone you know. When working online, you can always use a screen name to protect identity and privacy. The patient and the caregiver still get the benefits of talking about the illness without “attaching” the illness to his or her person.

Tip: Prostate Cancer Facts

The prostate gland is located under the bladder in males only. It surrounds the neck of the bladder and the urethra. The prostate is about the size of a walnut. There are three glands necessary for reproduction. The prostate gland is one of them, and it is the gland that is responsible for producing sticky, milky fluid of acids and enzymes to house the sperm in the semen. This fluid makes up for about 15 percent of the semen. Prostate cancer starts in the cells of the prostate gland, but can spread to the bladder, colon, rectum, bone and other parts of the body. A blood test and physical exam can help to discover prostate cancer. If it is caught early enough (at least before it spreads, but preferably earlier), it can be cured. About 189,000 men in the United States are newly diagnosed with prostate cancer each year. Though one in six will be diagnosed with prostate cancer, only one in 30 die from prostate cancer. About 96 percent of the men diagnosed with prostate cancer live at least five years. About 75 percent of the men diagnosed with prostate cancer live at least 10 years. In most cases, prostate cancer will not be symptomatic until it is very advanced. Once a male turns 50, he should have prostate screenings each year. Chemotherapy and radiotherapy can be used to kill prostate cancer cells if caught early enough. The prostate can also be surgically removed in order to try to keep the cancer from spreading.

Category: Living With Chronic Pain

Subcategory: Living With Chronic Pain

Tip: Chronic Pain Relief: Exercising and Chronic Pain

Inactivity lends to weakening of muscles, including the heart. Inactivity also leads to a higher risk of high blood pressure, high cholesterol and diabetes. Exercising can help ward off those problems, in addition to fatigue, stress and anxiety—but when suffering from chronic pain, exercise is the last thing on anyone's mind. According to Edward Laskowski, M.D., of the Sports Medicine Center at the Mayo Clinic, lack of exercise may contribute to chronic pain. When planning an exercise program to help deal with chronic pain, start out slowly. Start out with some simple stretching and a few minutes of endurance and strength training exercises. Increase the length of each exercise over time. Exercise releases endorphins, which are natural pain relievers made by the body. It also builds strength and flexibility of muscles, which is an important part of controlling pain from arthritis. Prior to getting started, consult your doctor or a physical therapist. A physical therapist can help design a safe exercise program to fit your needs. The physical therapist can show you certain exercises to help with joint pain and other chronic pain. Other exercises such as meditation and yoga can also help a person relax and dissipate stress. Even when starting slowly, exercise can make a difference in as little as three weeks.

Tip: Chronic Pain Support Groups: Online Groups

There are many chronic support groups on the Internet—this is good for people who wish to remain partially anonymous. It also gives a person suffering from chronic pain an outlet that is somewhat private and allows him or her to share incidents that he or she may not want to share with close friends and family members. Chronic pain support groups also provide contact with others suffering from the same type of chronic pain—these people can understand your condition, and will never tell you that it's all part of your imagination. One online chronic pain support group provides message boards and a chat room where members can give and receive support regarding his or her condition and other issues relating to that condition. Some topics on the support boards include a place to make introductions for new members (newbies), a message board to post when a person is doing worse than usual, or can share if he or she is scheduled for surgery and recovery updates. Pain discussion forums allow users to post and vent about chronic pain, the doctor, physical therapy treatments, and also allows users to share in coping techniques that have worked for others. Most forums also have a general message board where users can discuss off topic things, such as a summer trip, kids, grandkids, the garden or whatever he or she wants to talk about.

Tip: Pelvic Floor Pain: Definition and Statistics

The pelvic floor is the pelvic diaphragm, which is the sphincter mechanism that controls the lower urinary tract, upper and lower vaginal supports and internal and external anal sphincters. The pelvic floor is made up of mostly muscles and ligaments. It holds everything in place. The system of muscles and ligaments can be torn or can weaken

through aging, menopause, connective tissue disorders, giving birth to several children, prior pelvic surgery and other degenerative neurologic conditions. When weakened or torn, organs can shift, bulge, push outward or push against each other. Pelvic floor pain disorders include: involuntary loss of bowel control urinary incontinence constipation rectal pain vaginal and/or rectal prolapse pelvic pain/trauma sexual dysfunction (Dyspareunia, Aparaunia) According to the University of Southern California's Center for Colorectal and Pelvic Floor Disorders, more than 50 percent of women aged 55 and older suffer from one or more of the above disorders due to pelvic floor disorder. Many women underreport the condition because of embarrassment. One in every three women will suffer sphincter muscle damage due to vaginal childbirth.

Category: People With Multiple Sclerosis

Subcategory: People With Multiple Sclerosis

Tip: Lower Back Pain Treatment

There are options other than surgery for lower back pain treatment. The goal in treating lower back pain is to not only decrease the pain, but to allow patients to resume or continue doing normal activities. Treatment options include drugs, physical therapy, exercises (back), and other non-traditional therapies such as spinal manipulation and acupuncture. Inversion therapy is when the patient hangs upside down while supported by his or her ankles. This allows gravity to decompress the discs and nerve roots in the spine. Tables—called inversion tables—are often used. Inversion tables gradually tip the patient's head down while the patient is supported by his or her ankles. Because inversion therapy increases the blood pressure in the head, those with high blood pressure, heart disease, eye diseases (such as glaucoma) and those who are pregnant should not use inversion therapy. Prolotherapy is sometimes used for lower back pain. Sugar solutions are injected into painful ligaments to stimulate production of connective tissue and reduce pain. Prolotherapy may not have much effectiveness in treating lower back pain alone, but it may work well when combined with other treatments.

Category: People With Parkinson's Disease

Subcategory: People With Parkinson's Disease

Tip: Exercise for Parkinson's

Maintaining muscle tone and function can help with some of the symptoms of Parkinson's Disease. If a patient is on medication for Parkinson's, an exercise program designed for that patient's particular symptoms can complement that treatment. Prior to

starting an exercise regimen, a patient should visit his or her doctor or physical therapist, as the doctor or therapist can help determine which types of exercises will best benefit the patient. In addition to 10 tips (link: <http://www.cnsonline.org/www/archive/parkins/park-03.html>) to help a Parkinson's patient walk and keep balance, there are exercises to help with the following: Standing Sitting Lying down on the floor or a firm bed Better balance Walking Turning Getting in and out of a chair Getting out of bed Using arms and hands Safety in the bathtub and on the toilet Speech and chewing difficulties These exercises and tips can contribute to a safer environment for the Parkinson's patient. They should be used in addition to medications advised by a doctor or physical therapist.

Tip: Information on Parkinson's Disease

Parkinson's Disease is a chronic, progressive disease, which means that, as time goes on, the symptoms of the disease become more advanced. Because some patients have problems with psychological adjustment to the diagnosis, additional difficulties can manifest: Persistent high levels of anxiety Hypersensitivity Social withdrawal Inability to tolerate frustration Anger Depression If a patient is suffering from the psychological changes, he or she should speak to a doctor regarding treatment of both the disease itself and the psychological issues. Patients with Parkinson's Disease have motor function degradation and loss because the brain does not produce enough dopamine, which is what keeps the joints lubricated. In addition to physical and psychological treatments, drug treatment is available. Drug treatment aims to produce dopamine, and while it won't make the disease go away, it will have a considerably favorable effect on the symptoms of Parkinson's Disease.

Tip: Parkinson's Disease Treatment: Protective Treatments

In addition to drug treatment for Parkinson's Disease, there are also protective treatments. Drug treatments are symptomatic treatments, as they treat the symptoms of Parkinson's Disease. Protective treatments or neuroprotective therapies try to stop the disease, or at least delay the start of the disease. The substantia nigra is the part of the brain that is involved in the production of dopamine. Dopamine is the substance that keeps the joints lubricated. Cell loss in the substantia nigra is the actual cause of the symptoms of Parkinson's Disease. Neuroprotective treatments have been found to have some positive effects early in disease onset. Selegiline inhibits the enzyme MAO-B. MAO-B breaks down dopamine, so the inhibition of MAO-B prolongs the dopamine action in the brain. While this drug has not been proven to stop Parkinson's Disease, in theory, it should slow the disease. Coenzyme Q-10 affects the energy-generating mechanisms in cells. Cells must have energy to live and to work. Mitochondria is what gives the cells energy (it is the cell's "batteries"). Because the coenzyme Q-10 affects the cells, it can possibly help treat Parkinson's disease by "forcing" the cells to continue doing their jobs, which is producing and dispersing dopamine.

Category: Social Security Disability

Subcategory: Social Security Disability

Tip: A Better Shot at an Appeal

Upon a little local investigation, I found that quite a few people were approved for Social Security Disability when they applied for an appeal, based on their psychological state rather than their physical limitations. Once you have gone for so long without being able to contribute to the household expenses and housework, your view of yourself you're your mental state could be changing, feeling that you may have become a burden those around you. Be sure to explain all of these feelings, IN DETAIL, on your application for an appeal. Start saving counseling appointment receipts, diagnosis explanations from your doctors, and print-outs from the pharmacy listing new medicines you may be prescribed along with dosage directions.

Tip: Apply For Social Security Disability Without An Attorney

The process of applying for disability benefits has become much easier due to expert organization at the Department of Social Security. Whether you use the telephone, the website, or visit your local Social Security office, you will find everything you are looking for easily, due to a thorough, posted listing of departments and topics.

First and foremost, remember that patience is a virtue. There are many individuals who frequent the Social Security office for applications for lost Social Security cards, retirement benefits and due to one's inability to work. When contacting them, have your Social Security number and notebook handy, and write down who helped you and what date and time you called or visited. The application is very long and can be picked up at their local office, or sent to you in the mail.

It is much easier to take it home to complete it and take it back to turn it in, if you can get the time. Once completed, make a copy of all pages for your own records.

Regarding your doctor's bills and letters: keep the originals and mail the copies, or vice versa ONLY IF they absolutely require originals.. You will need them again.

It is possible to obtain any x-rays you may have had done just for the asking, as it was you or your insurance company that paid for them. Most times, you will have to physically visit the office to sign a release form to get them. The doctor or hospital keeps a copy of the x-ray report in your record. Simply follow instructions on the Social Security application while filling it out, step by step, and be sure to double-check that you did not miss anything. One missed answer can add on processing time. Allow at least eight to twelve weeks for them to receive your application, to review it, and for them to get a letter regarding your status back out to you, unless your local office tells you it will be longer. Follow up with the person you submitted it to if you haven't heard anything after the suggested amount of waiting time. Be aware; the process has taken

two to three years for many applicants. If there are any major changes to your health in the meantime, notify your Social Security office regarding the changes. Any errors could cost you many months of added waiting time.

Tip: Contacting & Locating The Social Security Office

To begin your application for or to ask questions about Social Security Disability, you may call your local Social Security office, or call the national toll-free number 1-800-772-1213.

To find your local Social Security office telephone number in the telephone book, look under "U.S. Government Offices", usually in a blue section in the front of your "Yellow Pages" telephone book. Where I live, it is in a section called "Government Listings", right before all of the "City Of ____" and "State Of ____" listings. The name is officially "Social Security Administration".

The website address (also called a URL) is at: <http://www.socialsecurity.gov>

For general information and services, the Social Security office is open from 7:00 am until 7 pm.

You may also listen to pre-recorded information 24 hours a day, which many times will answer general questions when you call the nationwide toll-free number.

The TTY number to call is 1-800-325-0778.

Information is available in Spanish as well as English.

Tip: What You Need To Take When You Apply For Disability At The Social Security Office

When you go to the Social Security office to apply for disability, remember to have everything with you that you think you MIGHT need to have. You can shorten the process time by having certain information with you when you apply, such as: All of the months and years that you worked for the past 15 years, from the start date to the date you left, and why & a description of what you did; Names, addresses and phone numbers, and visitation dates of the doctors, counselors, caseworkers, hospitals, labs for testing, and clinics that you have visited in relation to your reason for disability, Names, dosage, and side affects, if applicable, of all your medications; Copies of any medical records from your doctors, therapists, caseworkers, hospitals, and clinics that you already have in your possession; Copies of any laboratory and test results that you already have in your possession. If you do not have them, arrange to get them before you visit the Social Security office. You will not need actual x-rays, only the reports from

once they had been read.

Category: Staying Organized and In Control

Subcategory: Staying Organized and In Control

Tip: A Special "Disability" Space, and a Notebook!

While waiting for the answer to your disability payment request, don't let your guard down and allow these priorities to be "put on the back burner"... Take that period of waiting time to make sure that you have everything you will need to keep the application process flowing. You will need detailed information regarding every single doctor you have seen from the time your problems began, even if it is not related to your the illness that you are requesting disability payments for. Find a table top, desk, or shelf that you can keep all of your x-rays, doctor statements and bills, release papers from any hospital or doctor's visits.

It is just as important to maintain a special notebook, designated for your "disability" notes. You should be keeping a legible listing every telephone call you've made, how long you spent on the telephone (holding or not), with the date, time, person's name that you spoke to, person and department you may have been transferred to, and results of the telephone call. You will be very happy you've kept these records when you receive a bill from your attorney, if you should decide to hire one, billing you for each quarter of an hour increment!

Tip: Applying For Social Security Disability Without An Attorney

The process of applying for disability benefits has become much easier due to expert organization at the Department of Social Security. Whether you use the telephone, the website, or visit your local Social Security office, you will find everything you are looking for easily, due to a thorough, posted listing of departments and topics.

First and foremost, remember that patience is a virtue. There are many individuals who frequent the Social Security office for applications for lost Social Security cards, retirement benefits and due to one's inability to work. When contacting them, have your Social Security number and notebook handy, and write down who helped you and what date and time you called or visited. The application is very long and can be picked up at their local office, or sent to you in the mail.

It is much easier to take it home to complete it and take it back to turn it in, if you can get the time. Once completed, make a copy of all pages for your own records.

Regarding your doctor's bills and letters: keep the originals and mail the copies, or vice versa ONLY IF they absolutely require originals. You will need them again.

It is possible to obtain any x-rays you may have had done just for the asking, as it was you or your insurance company that paid for them. Most times, you will have to physically visit the office to sign a release form to get them. The doctor or hospital keeps a copy of the x-ray report in your record. Simply follow instructions on the Social Security application while filling it out, step by step, and be sure to double-check that you did not miss anything. One missed answer can add on processing time. Allow at least eight to twelve weeks for them to receive your application, to review it, and for them to get a letter regarding your status back out to you, unless your local office tells you it will be longer. Follow up with the person you submitted it to if you haven't heard anything after the suggested amount of waiting time. Be aware; the process has taken two to three years for many applicants. If there are any major changes to your health in the meantime, notify your Social Security office regarding the changes. Any errors could cost you many months of added waiting time.

Tip: Calling Social Security On The Telephone

When calling Social Security on the telephone, keep in mind that there are hundreds of people all across the United States most likely calling at the very same that time you are. Be patient. Make sure that you have your Social Security number right in front of you before you dial the phone. When you call, they advise you how long your wait will be, so you can place the call on your speaker phone if you have one, and do things while you are waiting. The toll-free nationwide phone number is 800-772-1213. The best time to call them is either right at 7 am, or to wait until after 5:00 pm. The office is open from 7 am until 7 pm (as of April 2009 anyway). Many folks assume that the Social Security office closes at 5 pm, so that will give you an advantage in calling, since you now know that they are open till 7 pm.

Keep in mind that your initial application for social security disability will have to be done in person or on the computer. If you are not physically able to pick up an application, you can call them and ask them to please mail you an application.

Tip: How Can You "Survive" If You Can't Work?

Although you may wonder how you'll make it: paying for your home, utilities, food, and even your sanity, you must trust that there are ways. Sometimes the stress alone of being in so much pain could make you not want to get out of bed and sink into a depression. Your inability to be a useful part of your family and community may, at times, overcome you with feelings of inadequacy, you have to push on. Trust in your Higher Power, talk to people who really do care about you, a family member, real friends, a counselor, or a minister. You can survive, and with help, you can still be somewhat happy.

Check at your local United Way office. They can give you valuable resources to contact that will provide links to where you can get free or low cost food, & help with your bills. Contact the Department of Human Services (or welfare), though you might cringe at the thought, they may provide you with medical and food resources. If you cannot continue to work, that is the test. If you CAN work, then that will be your challenge with Social Security Disability, and they will expect you to find any way you can to support yourself and earn money. If you can earn money, it might hurt your chances of being approved for SSD benefits. But, if in fact you truly cannot work, or are advised by your doctor NOT to work, because working will worsen your condition, then you have no recourse but to contact these resources that are there to assist you in circumstances such as this; and then you can pursue the disability benefits that are entitled to you.

Tip: How Can You Survive If You Can't Work?

Although you may wonder how you will make it, paying for your home, utilities, food, and sanity, you must trust that there are ways. Sometimes the stress alone of being in so much pain or your inability to be a useful part of your family and community overcomes you, you have to go on. Trust in your Higher Power, talk to people who really do care about you, a counselor, or a minister. Check at your local United Way office. They can give you valuable resources to contact that will provide links to where you can get free or low cost food, & help with your bills. Contact the Department of Human Services or welfare, though you might cringe at the thought,

If you cannot continue work, that is the test. If you CAN work, then that will be your challenge with Social Security Disability, and they will expect you to find any way you can to support yourself; but if you cannot work, or are advised by your doctor NOT to work, because working will worsen your condition, then you have no recourse but to contact these resources that are there to assist you in circumstances such as this.

Tip: Keep Copies and Receipts of EVERYTHING

Please remember this very important tip: ALWAYS make a copy of EVERYTHING you turn into Social Security! It is very possible that Social Security could lose all of your paperwork, with the thousands of applications that they receive everyday. Also remember to make a zerox copy of the Social Security forms that you fill out. Make a folder for yourself and keep EVERYTHING, including all correspondence that you receive from Social Security, in one SAFE place. I strongly suggest getting a fire-proof box or container for these documents. Your entire future livelihood depends on this paperwork.

All forms, letters, or documents sent to Social Security should be sent by certified mail, "return receipt requested" or taken in to your local office in person. If Social Security

loses your application for SSD along with ALL of those doctor's letters, forms, & receipts, you will have to have proof that you turned it in on time, or that you turned it in at all. Can you imagine having to start from scratch and get copies of all of that AND filling out the application ALL OVER AGAIN??! If you take something in, in person, or if you send it in the mail, make sure you get a receipt.

Here's something I learned from another website:

Social Security sends forms to you with a self-addressed, no postage needed, envelope. (Which I used, and I guess I was really lucky that my forms weren't lost!) It said, if you use this envelope and they say they never got the forms, you will have no proof that you mailed it. I strongly suggest that you take it to your local Social Security office, where they stamp everything "received" with the date while you stand there, (at least they did when I went).

Category: Stroke Recovery

Subcategory: Stroke Recovery

Tip: Stroke Prevention

If a person has already had a stroke, he or she should still take measures for stroke prevention, as another stroke could strike at any time. If a person has not had a stroke, he or she can help prevent the risk of stroke by removing certain risks from his or her daily life. Get your blood pressure checked regularly. Blood pressure can be controlled with medication and lifestyle changes such as a healthy diet, exercise, and maintaining a healthy weight. Exercise and maintaining a proper weight also helps to prevent diabetes. People who have diabetes also have a higher risk of having a stroke. Quitting smoking also helps lower the risk of stroke. Smoking affects blood pressure and the heart and can be a contributing factor to stroke risk. Atrial fibrillation, which refers to an irregular heartbeat, can cause clots that lead to stroke. Medication is prescribed to reduce the chance of clotting, thereby reducing the chance of stroke. Other things leading to stroke include high cholesterol, excessive alcohol use, and genetic risk factors. If stroke runs in a patient's family, the patient should constantly monitor blood pressure, weight, and cholesterol to help reduce the risk of stroke.

Tip: Stroke Recovery: Disability Products

A stroke can affect a patient in many different ways, from paralyzing one part of the body to paralyzing an entire side of the body. In some cases, stroke may cause weakness in the entire body or may cripple the entire body. There are many products on the market to help stroke patients become more independent. For the kitchen, there are scooper plates and plate guards to help make eating much easier for stroke patients

with limited upper limb mobility. For daily living and prevention of pressure sores, a variety of gel mattresses, bed wedges, positioning pillows, and air beds are available. Some air beds (which are usually found in hospitals, but can be specially ordered) have an automatic “turner” that will air up one side, turning a patient to the left or right or allowing the patient to lie flat on his or her back. The time frame for each turn can be programmed into the bed. For bathing and dressing, shower chairs and dressing aids are available to help stroke patients become more independent while caring for themselves. Gait belts, wheelchair accessories, and bed canes can also help stroke patients become more independent. Using the right disability products and assistive devices can allow stroke patients to have much more independence and not have to rely on caregivers for everything. Depending on the severity of the disability caused by the stroke, these devices may even allow stroke patients to become completely independent in the home.

Tip: Stroke Rehabilitation: Statistics and Rehabilitation

Stroke is the leading cause of long-term disability in the United States—over 4 million Americans are currently living with the effects of stroke. According to the National Stroke Association, 25 percent of stroke patients recover with minor impairments and only 15 percent die shortly after the stroke. The percentage of survival after the second stroke is only 14 percent. Rehabilitation in the form of medication, exercise, and change of lifestyle is vitally important for people who have suffered from a stroke. Only 10 percent of stroke patients completely recover after the first stroke. Recovery depends on the amount of damage done to the brain, the skill of the rehabilitation team, and the timing of the rehabilitation. The earlier rehabilitation begins, the more likely it is that survivors will regain lost abilities and skills. Cooperation of family and friends is also pertinent in stroke rehabilitation and recovery. Stroke rehabilitation does not stop when the patient feels better. Once a person has had a stroke, he or she must make the change of lifestyle for the rest of his or her life in order to prevent a possible second stroke.

Tip: Stroke Treatment: Drug Treatment

There are some drugs that can help with stroke treatment by reestablishing blood flow to the brain. Thrombolytics are drugs that help to reestablish blood flow by dissolving the blood clots. In order for thrombolytic therapy to be effective, it must be given as soon as possible. A name brand for a “clot-buster” drug is Activase®. Activase® was approved for marketing in June of 1996. It contains an enzyme that is normally found in the body. This enzyme converts plasminogen into another enzyme to break down blood clots. This drug can be injected into the patient. Patients that receive Activase® within three hours of the beginning of the stroke are 33 percent more likely to recover from their stroke. In 2004, the FDA started to allow doctors to use Medical's Merci®. This medication is good when it is too late for Activase® to be effective (after about three hours, Activase® loses its effectiveness). Merci® removes blood clots in the larger blood

vessels and restores blood flow to the brain.

Category: Workers Disability

Subcategory: Workers Disability

Tip: Are You Starting To Think That You May Be Legally Disabled?

When feeling so poor that you're thinking that you almost can't go on, go to the Emergency Room or at the very least see a Doctor, as soon as possible. For any company to allow you time off of work, you must have documentation from physicians and/or specialists proving that you cannot work due to a physical or mental limitation. You will need letters on their letterhead paper, not just a note on a prescription pad, detailing your symptoms, and how long you will need to be off of work.

If you are not currently employed, start looking for clinics where you can make payments or pay on a sliding scale, because you will need to be visiting your new doctor many times before an application for disability pay from your job or from Social Security Disability would be considered. Documented visits to specialists and/or counselors will be necessary as well. It is beneficial to keep a notebook or calendar with contact names and topics. You will be very fortunate to have a family member or loved one that can support you while you continue through this process, as well as a support system to turn to for help, for an understanding ear or comforting hug. It can be difficult to follow-up on all the telephone calls, trips to appointments, and paperwork to be completed, while you are feeling so ill.

Tip: Requesting Disability Pay From Your Employer & Documentation

Before attempting to apply for disability from your job, you must be unable to perform the tasks to which you were trained for or tasks that have had experience with. This includes being unable to perform other duties that they could assign you in the name of "light duty". To request disability from your workplace, you must already have had quite a few days away from work, or "sick days". The Human Resources Department at your place of employment is usually efficient in keeping records of when you were off, how long, and why (but don't expect them to give you documentation!) Employers do not want to pay you for time when you are not there, and disability from work can go on for a very long period. Don't expect your request to be easy.

The day you decide to ask for disability, be sure you have made an appointment with to speak to the appropriate person for at least half an hour of so of their time. Bring with you all of your information regarding dates of visits to your doctor, and practice what you

will say as to why you feel you can no longer work. It's not easy!

Accompanying "doctor's excuses" that you may have previously turned in when you returned to work is good to have again as proof to show your employer and then, if needed, to your disability caseworker if necessary. Again, remember to keep copies of doctors notes and visits for your own records; never hand over all of your documentation to someone else at any of your meetings. So many times, we hand over our excuse for being absent from our doctor to our supervisor before we have made a copy for ourselves! Keeping copies of anything you give to your employer is a very good practice to begin. Hopefully, you have already noted your days off and why on your own calendar. If not, go back and try to remember the days and reasons you were off work. (before your meeting with your employer or anyone regarding disability). Write detailed descriptions in a notebook or at least briefly on your calendar.

The reason you have been absent many times, should be the same reason that you are requesting disability pay, otherwise you will have difficulty getting your employer to agree to paying you disability. If they think that you are being dishonest, they will do everything in their power to avoid paying you extended disability pay. (Yet another reason why documentation is so very important.) Once the time that you have had off from work has passed, you cannot go back and say that you made up another reason or that you were embarrassed to tell them the truth. You will be required to have been up front with them from the time you started having difficulty until the time you request disability coverage. Your credibility will be ruined and you may have a problem getting your workplace to cooperate with you in making sure you are paid properly for days off due to your health problem.

This poor credibility and conflicting information could then be passed on to a Social Security Disability caseworker or your attorney, if your inability to work comes to this. You are expected to be able to provide documents regarding how often you were unable to be present at work, and the reason you called in "sick", and why you feel you will not be any better for very long time. When you reach the point at which you feel you can no longer endure working due to psychological or physical problems, it is necessary to prove this by the times you were actually not able to work in the past.