



Model Systems
Knowledge Translation
Center

Coronavirus / COVID-19

STAY HEALTHY

Help Individuals with Spinal Cord Injury, Traumatic Brain Injury, and Burn Injury Stay Healthy during the COVID-19 Pandemic

Model Systems Knowledge Translation Center (MSKTC)

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MSKTC Project Director

American Institutes for Research

Disclosures

- The contents of this presentation were developed under a grant from the National Institute on Disability, Independent Living, and Rehabilitation Research (NIDILRR grant number 90DP0082). NIDILRR is a Center within the Administration for Community Living (ACL), Department of Health and Human Services (HHS). The contents of this presentation do not necessarily represent the policy of NIDILRR, ACL, HHS, and you should not assume endorsement by the Federal Government.

Learning Objectives

- Use the free research-based resources developed by the Model Systems Knowledge Translation Center (MSKTC) to help individuals living with spinal cord injury (SCI), traumatic brain injury (TBI), and burn injury to stay healthy during the COVID-19 pandemic
- Understand how the MSKTC has worked with Model System researchers to apply a knowledge translation (KT) framework to make these resources useful to the end-users
- Understand principles in effectively communicating health information to support individuals with SCI, TBI, and burn injuries

Session Overview

- Model Systems Knowledge Translation Center (MSKTC) background
- Example MSKTC resources to help individuals with spinal cord injury (SCI), traumatic brain injury (TBI) and burn to stay healthy during the COVID-19 pandemic
- KT strategies to communicate health information and to ensure high quality and usefulness of the MSKTC resources
- Tour of the MSKTC website
- Questions and discussion

MSKTC Background

- Funded by National Institute on Disability, Independent Living, and Rehabilitation Research, Administration for Community Living, US Department of Health and Human Services
- Provides knowledge translation (KT) supports to the Model System Center Programs
 - 14 Spinal Cord Injury (SCI) Model System Centers with 1 Data Center
 - 16 Traumatic Brain Injury (TBI) Model System Centers with 1 Data Center
 - 4 Burn Model System Centers with 1 Data Center

Goals of the MSKTC

- Enhance the relevance and visibility of Model Systems research
- Communicate Model Systems research effectively to stakeholders

Main Audiences of MSKTC

- Individuals with SCI, TBI, and Burn and Their families
- Practitioners and Clinicians
- Policymakers and Advocacy Organizations
- Researchers





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- Traumatic Brain Injury ▾
- Burn Injury ▾
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Access Spinal Cord Injury Resources

- Spinal Cord Injury (SCI)
Access Spinal Cord Injury Resources
- Traumatic Brain Injury (TBI)
Access Traumatic Brain Injury Resources
- Burn Injury
Access Burn Injury Resources
- Events
Connect with us at a conference!

What is the MSKTC?

Welcome to the Model Systems Knowledge Translation Center (MSKTC). The MSKTC is a national center that helps facilitate the knowledge translation process to make research meaningful to those with Spinal Cord Injury, Traumatic Brain Injury and Burn Injury. [Learn More >](#)

INJURY TYPE & RESOURCES



Spinal Cord Injury



Traumatic Brain Injury



Burn Injury

Example MSKTC Resources to Help Stay Healthy During the COVID-19 Pandemic

Example SCI Resources to Help Stay Healthy during the Pandemic



Autonomic Dysreflexia



Bladder Management



Depression and SCI



Exercise and Fitness & SCI



Gait Training and SCI



Managing Bowel Function



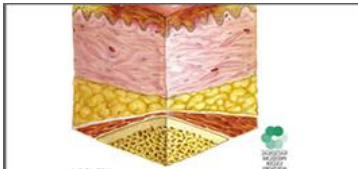
Managing Pain after SCI



Respiratory Health and SCI



Safe Transfer Techniques



Skin Care and Pressure Sores




Spasticity and SCI




Wheelchair Information

Example TBI Resources to Help Stay Healthy during the Pandemic



Alcohol and TBI




Balance Problems



Cognitive Problems



Emotional Problems After TBI



Fatigue & TBI



Headaches



Loss of Smell or Taste




Relationships After TBI




Sleep & TBI



TBI & Depression



Spasticity & TBI



Vision Problems

Example Burn Resources to Help Stay Healthy during the Pandemic



Exercise After Burn Injury



Healthy Eating-Adults



Healthy Eating-Kids



Itchy Skin After Burn Injury



Managing Pain



Psychological Distress



PTSD



Resilience



Scar Management



Sleep Problems



Wound Care



Sun Protection After Burn Injury

Links to the MSKTC COVID-19 Resources

- Web page: <https://msktc.org/example-msktc-resources-help-stay-healthy-during-covid-19-pandemic>
- Example MSKTC SCI COVID-19 resource flyer: https://msktc.org/sites/default/files/MSKTC-SCI_COVID-19-Resource-Flyer.pdf
- Example MSKTC TBI COVID-19 resource flyer: https://msktc.org/sites/default/files/MSKTC-TBI_COVID-19-Resource-Flyer.pdf
- Example MSKTC Burn COVID-19 resource flyer: https://msktc.org/sites/default/files/MSKTC-Burn_COVID-19-Resource-Flyer.pdf

Different Types of MSKTC Consumer Resources



Factsheet



Slideshows



Infocomics



Hot Topics



Videos



Quick Reviews



Factsheets in English and Spanish



Bowel Function After Spinal Cord Injury

March 2015

What you need to know

A spinal cord injury can lead to bowel problems.

- You may have problems moving your bowels.
- You may pass a stool when you are not ready.
- These problems can cause pain and discomfort.
- When eating, you may feel full or bloated.
- Bowel problems can contribute to being unable to control bowel movements.

A bowel program can help you to control your bowels and prevent bowel problems.

Understanding your bowels

Your stomach and small intestine pull nutrients from the food you eat. The rest of the food becomes stool in your colon and rectum and leave your body through your anus. This process may be tough for you. For example, you may have a difficult time passing stools. This is called "constipation." Or you may not be able to pass a stool. This is called "stool impaction."

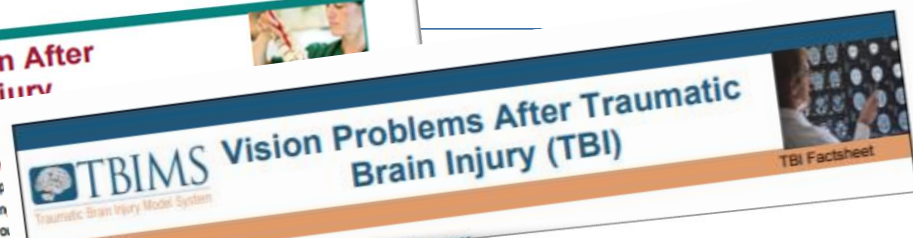
Spinal cord injuries may cause tightness or looseness (flaccidity) in the muscles of the sphincters, and pelvic floor. The degree of looseness may be related to the severity, completeness and level of your injury. If you have an injury above T11/T12, then the muscles of the sphincters and pelvic floor may be tight, a constipation. If your injury is level T11/T12, these muscles may be loose, which leads to incontinence. People with incomplete spinal cord injuries may have more muscle strength and therefore have fewer bowel problems than complete injuries.

What is a bowel program

A bowel program is a plan to retrain your bowels. A bowel program specifically for your situation is an important part of this retraining.

- The level and completeness of your injury
- Description and pattern of bowel problems
- Past and present medical problems

The Spinal Cord Injury Model System is sponsored by the National Institute on Disability and Rehabilitation Research, Office of Special Education and Rehabilitative Services, U.S. Department of Education. (See <http://www.msktc.org/sci/> for more information).



TBIMS Vision Problems After Traumatic Brain Injury (TBI)

April 2014

What you need to know

Your vision is important for your safety and quality of life. Traumatic brain injury (TBI) can cause vision problems that affect your ability to see and understand what you are seeing.

What is vision

We often think about vision in terms of what we see, but vision is much more than just seeing. It is the process of taking in information from the world around us and making sense of it. Vision is involved in many of our daily living activities, from reading to driving to recognizing faces.

How are vision problems caused

Many members of your family may have vision problems. They can be caused by a variety of factors, including genetics, eye disease, and head injury. Traumatic brain injury (TBI) can cause vision problems that affect your ability to see and understand what you are seeing.

What are common vision problems

There are a variety of common vision problems that can be caused by TBI. Some of the most common types of vision problems include:

- Blurred vision
- Double vision
- Decreased visual acuity
- Increased tearing
- Light sensitivity
- Nausea and vomiting
- Scotomata (blind spots)
- Visual hallucinations
- Visual perseveration
- Visual neglect
- Visual spatial dysfunction
- Visual tracking problems
- Visual memory problems
- Visual perceptual problems
- Visual processing problems
- Visual search problems
- Visual-spatial dysfunction
- Visual-spatial neglect
- Visual-spatial perception
- Visual-spatial processing
- Visual-spatial memory
- Visual-spatial organization
- Visual-spatial planning
- Visual-spatial problem solving
- Visual-spatial reasoning
- Visual-spatial communication
- Visual-spatial social interaction
- Visual-spatial self-awareness
- Visual-spatial self-regulation
- Visual-spatial self-management
- Visual-spatial self-direction
- Visual-spatial self-monitoring
- Visual-spatial self-evaluation
- Visual-spatial self-reflection
- Visual-spatial self-critique
- Visual-spatial self-improvement
- Visual-spatial self-empowerment
- Visual-spatial self-actualization

How can these vision problems be treated

Many of the visual problems caused by TBI can be treated. Some of the most common treatments include:

- Close objects
- It may take time to adjust to the new vision
- Printed letters
- It may be difficult to read
- It may be difficult to write
- It may be difficult to drive
- It may be difficult to work
- It may be difficult to play sports
- It may be difficult to travel
- It may be difficult to go to school
- It may be difficult to go to work
- It may be difficult to go to the doctor
- It may be difficult to go to the bank
- It may be difficult to go to the grocery store
- It may be difficult to go to the post office
- It may be difficult to go to the library
- It may be difficult to go to the museum
- It may be difficult to go to the park
- It may be difficult to go to the beach
- It may be difficult to go to the mountains
- It may be difficult to go to the city
- It may be difficult to go to the country
- It may be difficult to go to the ocean
- It may be difficult to go to the desert
- It may be difficult to go to the forest
- It may be difficult to go to the mountains
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- It may be difficult to go to the desert
- It may be difficult to go to the forest

The Traumatic Brain Injury Model System is sponsored by the National Institute on Disability and Rehabilitation Research, Office of Special Education and Rehabilitative Services, U.S. Department of Education. (See <http://www.msktc.org/tbims/> for more information).

Adaptive Sports and Recreation

December 2016

Introduction

If you have an SCI, adaptive sports and recreation may be key to your lifelong wellness. These activities may also help you to engage with your community. Many options are available:

- Outdoor recreation activities (for example, adaptive kayaking, fishing, or snow skiing)
- Performing arts (for example, adaptive dance group)
- Individual sports (for example, wheelchair racing or hand cycling)
- Team or competitive sports (for example, wheelchair basketball, wheelchair tennis, quad rugby, or sled hockey)

Even if you have never taken part in sports before, you can find an adaptive activity that is right for you!

Importance of Adaptive Sports and Recreation

An SCI does not have to keep you from being active. Adaptive sports and recreation are good for your health. Without such activity, you may be at higher risk for physical and mental health problems, such as obesity, heart disease, and depression. You may also feel left out if you do not engage in enjoyable activities. Others may assume that you cannot be active just because of your injury.

Adaptive sports and recreation can help you get past these challenges. People with SCI who are involved in adaptive sports and recreation in the community are more likely to:

- maintain a positive mood and prevent depression;
- feel more included and empowered in their communities;
- connect with positive mentors and peers with SCI; and
- hold a steady job.

The Spinal Cord Injury Model System is sponsored by the National Institute on Disability and Rehabilitation Research, Office of Special Education and Rehabilitative Services, U.S. Department of Education. (See <http://www.msktc.org/sci/> for more information).

Infocomics in English and Spanish

Traumatic Brain Injury and Headaches

ALMOST A FULL YEAR AFTER MY TRAUMATIC BRAIN INJURY (TBI) HEADACHES WERE STILL AFFECTING MY LIFE.

MORE THAN 30% OF PEOPLE HAVE HEADACHES FOR SOME TIME AFTER THEIR INJURY.

BUT I'M GETTING AHEAD OF MYSELF, HERE'S WHAT WAS HAPPENING...

WHY IS IT GETTING WORSE WHEN I TRY TO GET TO WORK?

PAIN FROM HEADACHES CAN MAKE IT HARD TO FOCUS AT WORK.

CAN I LEAVE EARLY? I HAVE A BAD HEADACHE.

ANOTHER ONE? MAYBE THESE ARE FROM YOUR INJURY?

I HADN'T THOUGHT THAT!

Traumatic Brain Injury and Sleep

JAVIER HAS A HARD TIME FALLING ASLEEP AND HIS LACK OF SLEEP MADE HIS ANXIETY WORSE. HE ALSO BECAME FATIGUED AND IRRITABLE EASILY, IT REALLY MADE OUR LIVES HARDER.

TOO LITTLE SLEEP CAN INCREASE DEPRESSION AND MAKE AUTO ACCIDENTS MORE LIKELY.

OUR BODIES MAKE CHEMICALS THAT HELP CONTROL OUR SLEEP CYCLES. A TBI CAN CHANGE THE WAY THAT THESE CHEMICALS AFFECT US.

WHAT ARE YOU DOING UP? IT'S 3 AM!

I COULDN'T SLEEP SO I GOT UP TO WATCH A MOVIE AND HAD BEER OR TWO TO HELP ME.

I DIDN'T REALIZE THAT THIS WAS STILL HAPPENING. MAYBE WE SHOULD TALK TO DR. CUSHING?

THAT'S A GOOD IDEA. CALL HER TOMORROW.

<http://depts.washington.edu/tbicomic>

Emotional Changes After a Traumatic Brain Injury

"EMOTIONAL LABILITY"

SOME PEOPLE WITH TBI MAY HAVE INTENSE MOOD SWINGS. THEY MAY GO FROM FEELING HAPPY TO ANGRY TO SAD VERY QUICKLY. USUALLY THEY CAN'T CONTROL THIS.

SOME PEOPLE WITH TRAUMATIC BRAIN INJURY OR "TBI" OFTEN HAVE A HARD TIME CONTROLLING THEIR EMOTIONS.

"EMOTIONAL LABILITY" CAN BE CAUSED BY DAMAGE TO THE PARTS OF THE BRAIN THAT CONTROL EMOTION.

DR. CUSHING TOLD ME THAT MY EMOTIONS WILL PROBABLY BECOME "MORE NORMAL" AFTER THE FIRST FEW MONTHS.

SO WHAT CAN I DO?



FOR NOW MY FAMILY AND I ARE TALKING TO COUNSELORS TO HELP US COPE.

THAT'S GREAT! COUNSELING CAN HELP YOU MANAGE YOUR EMOTIONS BETTER. THERE ARE ALSO MEDICATIONS THAT CAN STABILIZE MOOD.



IF YOU OR YOUR LOVED ONE ARE EXPERIENCING THIS, THE FIRST STEP IS TO TALK TO YOUR DOCTOR.

HOW CAN YOUR FAMILY HELP?



GREAT QUESTION! HERE'S A LIST OF A FEW THINGS YOU CAN DO TO HELP...

1. REMAIN CALM. AVOID REACTING EMOTIONALLY.
2. GENTLY CHANGE THE SUBJECT OR SUGGEST DOING SOMETHING ELSE.
3. GET THEM TO A QUIET AREA. THIS WILL HELP THEM REGAIN CONTROL.
4. GIVE THE PERSON A CHANCE TO TALK CALMLY.
5. ACKNOWLEDGE THEIR FEELINGS.
6. PROVIDE FEEDBACK GENTLY AND SUPPORTIVELY AFTER THEY REGAIN CONTROL.

<http://depts.washington.edu/tbicomic/>

Narrated Slideshows

View our slideshow on understanding itchy skin after burn injury, why it occurs, ways to talk about it with your health care team, and strategies for managing it.

To watch the slideshow in full screen mode, click the full screen button located at the far bottom-right corner of the video. Once you click the button, the video will expand so that it covers the majority of your screen.

To exit full screen mode, simply press the **Esc** button on your keyboard or click the full-screen button again.



The screenshot shows a video player interface. At the top, the MSKTC logo is displayed with the text 'Model Systems Knowledge Translation Center' and 'SCI • TBI • BURN'. Below this, a blue banner contains the title 'Itchy Skin After Burn Injury' and the subtitle 'A resource for individuals with burn injury and their supporters'. A large play button is centered over the banner. Below the banner, a grey box contains the text: 'This presentation is based on Burn Injury Model System Centers Program research and was developed with support from the National Institute on Disability, Independent Living, and Rehabilitation Research (NIDILRR). Visit www.MSKTC.org for additional Burn Injury resources.' At the bottom, there are logos for NIDILRR, AIR, Mason University, and brainline.org.

Video Products

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Spinal Cord Injury

Traumatic Brain Injury

Burn Injury

Knowledge Translation

For Grantees

HOME > SCI > HOT TOPICS > BOWEL_FUNCTION > BOWELS CONTROL YOU

Don't Let Your Bowels Control You

Part of the Hot Topics Series: Managing Bowel Function After Spinal Cord Injury



Managing Bowel Function after SCI Videos

Click on the images below to view videos on *Managing Bowel Function after SCI*



Featured Video: Managing Bowel Function after Spinal Cord Injury

Time: 19:46



Mental Challenges of a Spinal Cord Injury

Time: 1:15



Research on the Causes of Constipation

Time: 1:42




Fecal Incontinence

Time: 0:56

The Brain Injury Family Intervention Feelings Checklist



Managing Pain: Shoulder Exercise for People with SCI



you're going to do shoulder elevations. So you're going to start with your down arm at your side then bring it up to shoulder level and you're

01:38 / 03:41

Hot Topic Modules (Factsheets, Videos, Slideshows)

Exercise after Burn Injury

View our slide show on understanding how exercise can enhance recovery and quality of life after burn injury.

To watch the slideshow in full screen mode, click the full screen button located at the bottom right of the video. Once you click the button, the video will expand so that it covers the majority of the screen.

To exit full screen mode, simply press the Esc button on your keyboard or click the full screen button again.



Exercise After Burn Injury

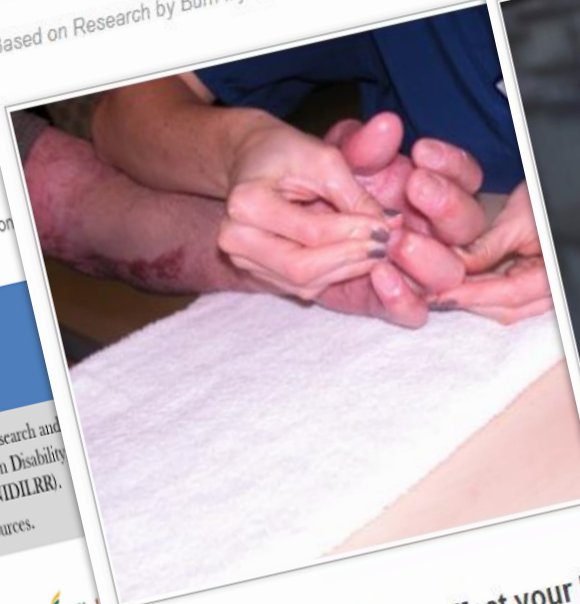
A resource for individuals with burn injuries.

This presentation is based on research and clinical practice developed with support from the National Institute on Disability and Rehabilitation Research (NIDILRR). Visit www.msktc.org/burn for more resources.



Exercise after Burn Injury

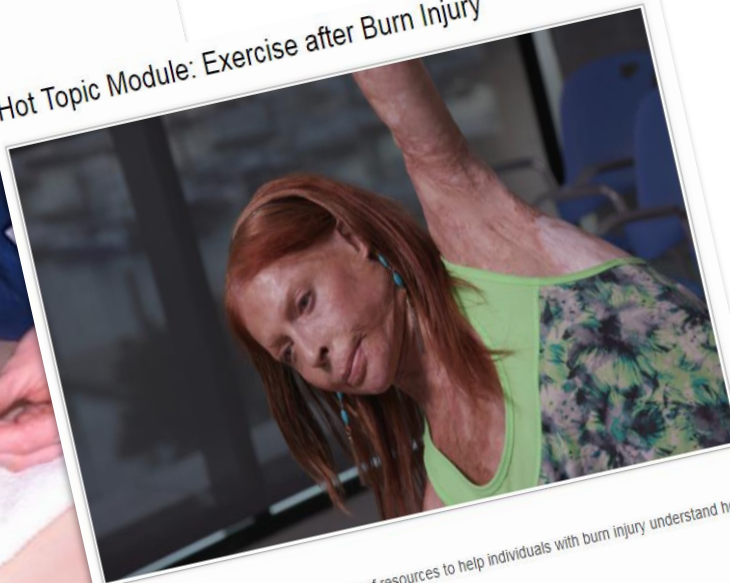
Based on Research by Burn Injury Model Systems



How does a burn injury affect your body?

A burn injury causes stress to your body. Your heart and lungs may not be as strong. Remember that muscles get weaker when you rest probably caused you to lose some muscle. For every pound of muscle lost, you lose 10 pounds of strength.

Hot Topic Module: Exercise after Burn Injury



This Hot Topic Module consists of a suite of resources to help individuals with burn injury understand how exercise can enhance their recovery and quality of life.

Resources

Featured Video and Short Video Clips

Exercise After Burn Injury

Our featured video and short video clips highlight three burn survivors who share the profound experience of beginning an exercise routine after burn injury. They also include the perspectives of health care professionals at the Boston-Harvard Burn Injury Model System center, who explain the importance of and strategies for exercising after burn injury.

Additional Resources on Exercise After Burn Injury

Other Free Research-based Resources

- Facts and figures
- Model System database information
- Systematic reviews
- Publication database
- KT toolkit



Applying KT to Communicate and Develop Health Information Products

Lessons learned from the MSKTC

Knowledge Translation (KT) Defined

KT is defined as the exchange, synthesis and ethically-sound application of knowledge—within a complex system of interactions among researchers and users—to accelerate the capture of the benefits of research . . .

—Canadian Institutes of Health Research



Applying KT in Developing MSKTC Resources

- Understand consumer needs through KT research
- Establish a clear purpose
- Empower and support decision making
- Manage emotional impact
- Use plain language writing
- Have clear organization
- Use images to enhance comprehension
- Conduct consumer testing
- Obtain Model Systems researchers' input and approval
- Translation into Spanish
- User feedback for continuous improvement

Understanding consumer needs to identify topics



Model Systems
Knowledge Translation
Center

February 2018 DRAFT

4. Please let us know other traumatic brain injury topics that you would like to learn about, starting from the topic you are most interested in:

- 1.
- 2.
- 3.

5. If you have more than 3 topics in mind, please use the box below for additional topic suggestions and/or comments:

A large rectangular text input box with a blue anchor icon on the left, a refresh icon at the top center, and a list icon on the right.

Establish clear purpose

- Writers need to understand why patients and families need a product
- Readers should be able to easily identify the purpose of a health information product and what they can do with the information.



Empower and support decision making

- Include information to help users make decisions or take actions.
- Information should be action-oriented whenever possible, presented in terms of actions taken by a clinician, patient, or family member to address the medical need.
- For example, a factsheet discussing an effect of the injury (such as bowel dysfunction) should focus on the steps taken to manage the effect and reduce its impact rather than focusing on the effects of the injury on normal function.

For most audiences, this rule applies:

**Never tell something
that I can not do
anything about.**

Managing emotional impact

Typically, patients and family members do not view information objectively but through an emotional lens.

Strategize around the emotional impact

- Be aware of potential emotional reactions to the amount or nature of information that may affect motivation to continue reading and/or act upon the information provided.
- Recognize and limit “worry-producing” content.
- Present information in a way that increases patient or family member self-efficacy.
 - Include positive coping approaches to outcomes that are outside the control of the patient or family member

Strategize around the emotional impact



Use qualifiers, e.g., “for most people” or “sometimes”



In general, avoid scare tactics because they are not helpful



Unavoidable negative info should be tempered positive coping and encouraging statement

Strategize around the emotional impact: Examples

[function loss or negative outcome] can be embarrassing or making you feel isolated. However many people have found ways to overcome these feelings

Thinking about possibilities can be frightening. However, being aware of possible problems gives you the chance of avoiding them or act quickly to reduce their impact

Plain language writing: True or False?



Writing in plain language is a federal law.



Plain language is watering down or dumbing down.



Plain language is all about how many words that writers use and how difficult the words are for readers to understand

Plain language writing

- Plain language writing focuses on helping readers quickly:
 - Find what they need
 - Understand what they read
 - Act appropriately on what they understand

Plain language writing guideline



Use medical terminology sparingly only to assist patients in clinical settings



Define and explain physiology, anatomy or complex concept with images and pictures when appropriate



Use everyday words in place of technical jargons



Avoid ethnocentric analogies and metaphors



Use simple sentences and present tense when possible

Have clear organization



What is the topic?



What is the takeaway?



What do the words mean?



What questions does this answer?



Where can I learn more?



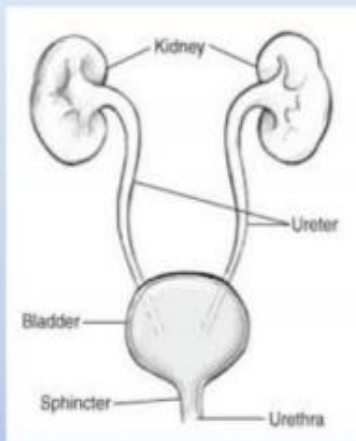
Where does this information come from?

Use images to enhance comprehension

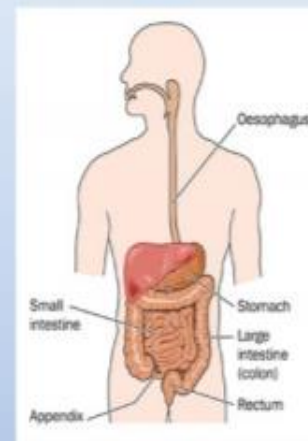
- Anatomical diagrams should show where the anatomy is located in the body by showing the anatomy within an outline of the body
- Anatomical diagrams should be simple and easy to read
- Use labels for only the items that are being discussed in the resources
- Images should be concrete not conceptual
- Avoid using photos evoking negative emotional reaction. Use diagram instead

Effective and ineffective graphics

Effective and Ineffective Graphics



Reader doesn't know where anatomy is located.*



Better: Anatomy has physical context

Consumer testing

- Have a clear purpose: Do the resources help make patient decision easier?
- Assess comprehension
- Confirm usefulness
- Determine and manage emotional reaction
- Ensure cultural, gender, ethnical appropriateness
- Obtain feedback for improvement



Quality assurance to ensure quality

- Model Systems project directors' review and approval

Source


Our health information content is based on research evidence whenever available and represents the consensus of expert opinion of the TBI Model System directors.

Source




Our health information content is based on research evidence whenever available and represents the consensus of expert opinion of the SCI Model System directors.

User Feedback for Continuous Improvement

Select Language ▼ Text Size: A A



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TBI FACTSHEETS

Alcohol Use After Traumatic Brain Injury



English PDF 

En Español PDF 

On this page:

- Alcohol and brain injury recovery
- Alcohol, brain injury and seizures
- Alcohol and the risk of having another brain injury
- Alcohol and mental functioning
- Alcohol and mood
- Alcohol and sexuality
- How much alcohol is "safe" after TBI?
- Alcohol and medications
- What about using other drugs?

Alcohol use and TBI are closely related. Up to two-thirds of people with TBI have a history of alcohol abuse or risky drinking. Between 30-50% of people with TBI were injured while they were drunk and about one-third were under the influence of other drugs. Around half of those who have a TBI cut down on their drinking or stop altogether after injury, but some people with TBI continue to drink heavily, which increases their risk of having negative outcomes.

After TBI, many people notice their brains are more sensitive to alcohol. Drinking increases your chances of getting injured again, makes cognitive (thinking) problems worse, and increases your chances of having emotional problems such as depression. In addition, drinking can reduce brain injury recovery. For these reasons, staying away from alcohol is strongly recommended to avoid further injury to the brain and to promote as much healing as possible.

Facts about TBI and alcohol


Alcohol and brain injury recovery


- Recovery from brain injury continues for much longer than we used to think possible. Many people notice improvements for many years after injury.
- Alcohol slows down or stops brain injury recovery.
- Not drinking is one way to give the brain the best chance to heal.
- People's lives often continue to improve many years after brain injury. Not drinking will increase the chance of improvement.

Alcohol, brain injury and seizures

- Traumatic brain injury puts survivors at risk for developing seizures (epilepsy).
- Alcohol lowers the seizure threshold and may trigger seizures.

Share:


English PDF 

En Español PDF 

Factsheet Feedback

We'd like to know what you think about our factsheets. Please click the button below to provide feedback.

Provide Factsheet Feedback



Become a MSKTC Ambassador

Become a MSKTC Ambassador

1. Use MSKTC resources in your practice
2. Share MSKTC resources with patients and families
3. Use social media or other channels to share MSKTC resources with your networks
4. Contact the MSKTC for media toolkits with sample newsletter messages, social media postings and email templates



Tour of the MSKTC Website

Tour of the MSKTC Website

www.msktc.org



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INJURY TYPE & RESOURCES



Spinal Cord Injury



Traumatic Brain Injury



Burn Injury

Questions?



Contact Information

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Thank you!

The contents of this presentation were developed under a grant from the National Institute on Disability, Independent Living, and Rehabilitation Research (NIDILRR grant number 90DP0082). NIDILRR is a Center within the Administration for Community Living (ACL), Department of Health and Human Services (HHS). The contents of this presentation do not necessarily represent the policy of NIDILRR, ACL, HHS, and you should not assume endorsement by the Federal Government.