VOLUNTEER INFORMATION

To Whom It May Concern:

Our mission is to provide access to cutting edge technology, which is typically cost prohibitive, to enhance neuro-recovery and quality of life for individuals who have neurological disorders or mobility impairments.

To volunteer for the Program, please contact:

Primary Contact:
Amanda Boxtel, Executive Director
Email: Amanda@bridgingbionics.org
Cell: (970) 379-0721

Amanda will email you the paperwork to complete.

VOLUNTEER PAPERWORK
All volunteers must complete the following paperwork before being trained to work with clients and the equipment:

- Volunteer Application
- Waiver
- Media Release

Please bring the original copies with you to your first scheduled training session.

Contingent on client demand, we schedule 5 full days weekly in two facilities in Snowmass Village and Glenwood Springs.

Please show up 15 minutes early for your volunteer sessions to assist with set-up and greet clients.

Please take a moment to read through the following information:

CLIENT COST

Bridging Bionics Foundation is a charitable outreach to encourage locals with mobility impairments living in the Roaring Fork Valley and I-70 corridor to attain a better quality of life. Bridging Bionics Foundation will conduct ongoing fundraising activities to sustain the program and offset the cost for physical therapist training and compensation.

- **One-Year Annual Donation Recommendation**
  A one-time *annual* minimum program fee of $500 to participate in the program is recommended.
  (Sponsorship applications are available upon request.)

Checks made payable to:

Bridging Bionics Foundation
PO Box 3766
Basalt, CO 81621

CANCELLATION FOR CLIENTS

We appreciate a 48-hour cancellation notice from your scheduled appointment. It is difficult accommodating schedules and canceling appointments affects other clients.

VENUES

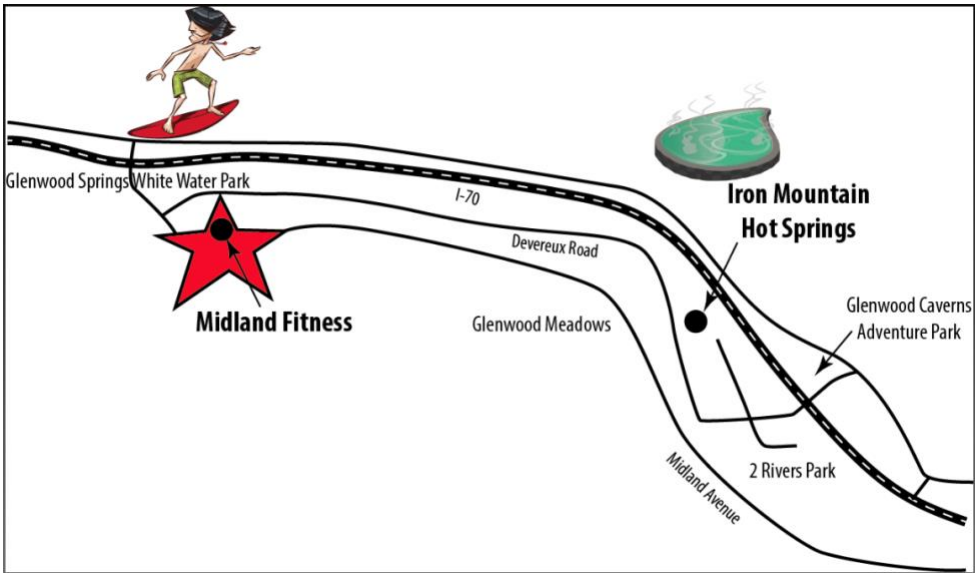
Directions:
The address for a Google Maps search is: **2605 Dolores Way, Carbondale, CO 81623**.

Midland Fitness

(970) 945-4440
100 Midland Ave, Suite 250
Glenwood Springs, CO 81601
info@midland-fitness.com

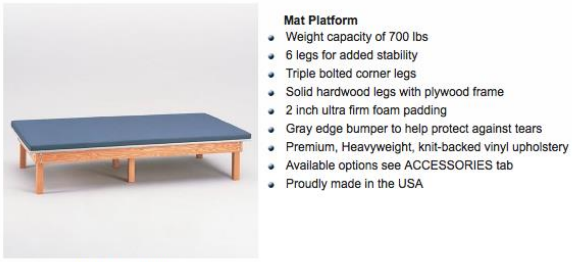
Hours of Operation

Monday – Thursday	5:30 am – 9 pm
Friday	5:30 am – 8 pm
Saturday	6:30 am – 12 pm
Sunday	Closed



DESCRIPTION OF SOME OF THE EQUIPMENT WE USE
The equipment, which is available for clients to use include:

- **A raised physical therapy platform mat** for client evaluations and to make transferring from a wheelchair easier.



240 - Mat Platform

- **A Galileo Neuromuscular Tilt Table and Smart Mano** Galileo's side-alternating stimulation systems are a whole-body tool that has shown great results providing neuromuscular training and recovery. In the last 10 scientists have also shown that the brain and the spinal the ability to learn and relearn after neural injury with repetitive activity-based interventions.

  Instead of activating the muscles voluntarily, the of Galileo is to evoke involuntary muscle contractions. happens directly through using the afferent and nervous system to induce thousands of reflexive muscle contractions - all in a matter of minutes.

  - **Clinical Treatment Advantages of the Galileo**
    • Reduction of spasticity and management
    • Optimizes neuromuscular recovery and accelerates early rehabilitation

Dumbbell powerful functional years cord have highly

principle This efferent

Tilt Table

Galileo Delta Tilt Table
Muscle training for individuals who are unable to stand without support.

- Engages afferent and efferent reflex-based muscle stimulation
- Recruits small & large antagonistic muscles in lying to standing position
- Improves muscle balance, function, power and force
- Provides 4,500 contractions in 3 minutes at 25Hz

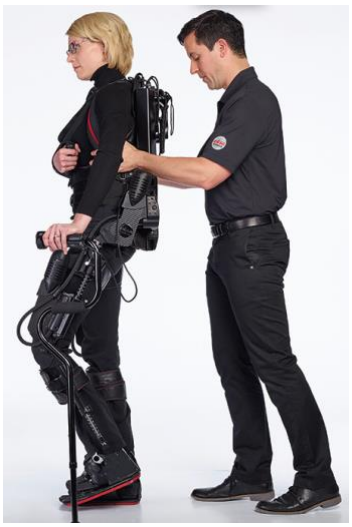
- **Spinal Cord Injury**
  - Reduction of spasticity and management
  - Improvement of neuromuscular recovery and plasticity
  - Improvement of balance muscle function, force and power
  - Improvement of blood flow
  - Improvement of circulation and the lymphatic system
  - Higher bone mass and osteoporosis prevention
  - Back pain treatment and prevention
  - Whole-body stimulation in a laying, sitting and standing position

For more information on the Galileo, please visit the website: http://stimdesigns.com.

- **Galileo Mano**
  The Galileo Mano dumbbell systems are used for the hands, arms and shoulders to reduce spasticity or used to alleviate movement restrictions and circulatory disorders and improve motor function or invigorate the muscles.

- **An EksoGT™ Bionic Exoskeleton Suit**

  EksoGT™ is a wearable bionic suit which enables individuals with any amount of lower extremity weakness to stand up and walk over ground with a natural, full weight bearing, reciprocal gait. Walking is achieved by the user's weight shifts to activate sensors in the device, which initiate steps. Battery-powered motors drive the legs, replacing deficient neuromuscular function.

  - Provides a means for people with as much as complete paralysis, and minimal forearm strength, to stand and walk
  - Helps patients re-learn proper step patterns and weight shifts using a functional based platform
  - Facilitates intensive step dosage over ground

  EksoGT is a gait training exoskeleton intended for medically supervised use by individuals with various levels of paralysis or hemiparesis due to neurological conditions such as stroke, spinal cord injury or disease, traumatic brain injury and more. With medical clearance, it typically facilitates walking for people with a broad range of motor abilities and sizes; which may include up to C7 complete, any level of incomplete SCI, and non-or pre-ambulatory individuals post-stroke.

  - Accommodates an unprecedented spectrum of patients in motor ability
  - Everyone medically cleared who has passed physical examination has walked in their first session
  - Designed for utility and ease-of-use in a clinic setting

  For more information on EksoGT, please visit the Ekso Bionics website at: http://eksobionics.com.

- **An Indego® Bionic Exoskeleton Suit**

  Like the Ekso, the Indego Therapy Kit enables clinicians to conduct over-ground and task-specific gait training. Indego offers features that set it apart as a tool for therapy for those with spinal cord injuries, including a lightweight modular design (just 26 lbs.), functionality (it's versatility allows clients to wear their own shoes for training inside and outside on uneven surfaces), intuitive controls with a wireless operation, fast charging light weight batteries that allows continuous extended use, and a variable assist mode that offers clinicians innovative gait therapy options. Future advancements will enable our therapists to offer an even more efficient therapy regimen. Parker hopes that Indego will soon be FDA approved to 'turn on' its functional electrical stimulation capabilities, and by early 2018 they hope the device will be FDA approved for individuals with mobility impairments who have sustained a stroke.

  For more inforamtion on Indego, please visit the website at:
  https://eksobionics.com/ekso-indego-therapy/

INFORMATION ON CLIENT USE OF EQUIPMENT

Before using ANY equipment, all clients must first schedule a session with a physical therapist.

- For the Galileo Neuromuscular Tilt Table and Smart Mano Dumbbell, typically two 30-minute sessions with a PT is required before a client is officially signed off to transition to use the equipment independently or with a helper.
- For the EksoGT or the Indego – bionic exoskeleton suits – a scheduled session with a physical therapist(s) will be required at all times. The client will first be evaluated by a physical therapist to determine if the client meets the inclusion criteria to walk in the device. The clinical evaluation will typically last 30 minutes, followed by a 45-minute walking session.
- We recommend that all clients get in the habit of first stretching and using the Galileo Neuromuscular Training System in preparation to walking in the bionic exoskeleton suit. The Galileo will help reduce tone and spasticity, while increasing circulation. A 15-minute session will be adequate time on the Galileo Tilt Table prior to walking in the EksoGT.

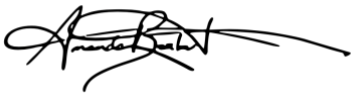
We encourage clients to show up early for their sessions to use the restroom, complete necessary paperwork and stretch.

PHYSIOLOGICAL BENEFITS

We have discovered and documented the benefits of using a combination of the *Galileo Neuromuscular Vibrational Tilt Table* and *Smart Dumbbell* (http://stimdesigns.com), with the bionic exoskeleton suits. Functional gain and improved fitness is evidenced by

- Greater heart rate and increased oxygen uptake
- Significant increase in joint range of motion
- Multi-system stimulation: motor, sensory, nervous, brain, cardiac (increased circulation), and digestive (bladder/bowel efficiency and regularity)
- Decreased spasticity
- Improved mental acuity and alertness
- Improved sleep
- Decrease in neuropathic pain
- Improved self-reported quality of life, motivation to exercise, and overall health and wellness
- Reducing the risk of secondary health complications.

On behalf of the Bridging Bionics Team, we look forward to seeing you in Snowmass or Glenwood Springs!



Amanda Boxtel
Executive Director
Bridging Bionics Foundation

Facebook:
https://www.facebook.com/bridgingbionics
Instagram:
https://www.instagram.com/bridgingbionics/
YouTube:
https://www.youtube.com/channel/UC9wcgE2TZJtW2KoGnXQWgmA/featured
Website:
http://bridgingbionics.org

HELPFUL INFORMATION FOR COMMUNICATING WITH INDIVIDUALS WITH DISABILITIES

The Ten Commandments for Communicating with People with Disabilities

1. When talking with a person with a disability, speak directly to that person rather than through a companion or sign language interpreter.
2. When introduced to a person with a disability, it is appropriate to offer to shake hands. People with limited hand use or who wear an artificial limb can usually shake hands. (Shaking hands with the left hand is an acceptable greeting).
3. When meeting a person who is visually impaired, always identify yourself and others who may be with you. When conversing in a group, remember to identify the person to whom you are speaking.
4. If you offer assistance, wait until the offer is accepted. Then listen to or ask for instructions.
5. Treat adults as adults. Address people who have disabilities by their first names only when extending the same familiarity to all others. (Never patronize people who use wheelchairs by patting them on the head or shoulders).
6. Leaning on or hanging on to a person's wheelchair is similar to leaning on or hanging on to a person and is generally considered annoying. The chair is part of the personal body space of the person who uses it.
7. Listen attentively when you're talking with a person who has difficulty speaking. Be patient and wait for the person to finish, rather than correcting or speaking for the person. If necessary, ask short questions that require short answers, a nod or shake of the head. Never pretend to understand if you are having difficulty doing so. Instead, repeat what you have understood and allow the person to respond.
8. When speaking with a person who uses a wheelchair or a person who uses crutches, place yourself at eye level in front of the person to facilitate the conversation.
9. To get the attention of a person who is deaf, tap the person on the shoulder or wave your hand. Look directly at the person and speak clearly, slowly, and expressively to determine if the person can read lips. For those who do lip read, be sensitive to their needs by placing yourself so that you face the light source.
10. Relax. Don't be embarrassed if you happen to use accepted, common expressions such as "See you later" or "Did you hear about that?" that seem to relate to a person's disability. Don't be afraid to ask questions when you're unsure of what to do.

Source: National Center for Access Unlimited, 155 North Wacker Dr. Suite 315 Chicago, IL 60606

Wheelchair Etiquette

1. The key concept? Focus on the person, not on his or her disability.
2. It is appropriate to shake hands with a person who has a disability, even if they have limited use of their hands or wear an artificial limb.
3. Always ask the person who uses a wheelchair if he or she would like assistance before you jump in to help. Your help may not be needed or wanted.
4. Don't hang or lean on a person's wheelchair. A wheelchair is part of his or her own personal or body space, so don't lean on it, rock it, etc.
5. Speak directly to the person who uses the wheelchair, not to someone who is nearby as if the wheelchair user did not exist.
6. If your conversation lasts more than a few minutes, consider sitting down, etc. to get yourself on the same eye-level as the person who uses the wheelchair. It will keep both of you from getting a stiff neck!
7. Don't demean or patronize the person who uses a wheelchair by patting him or her on the head.
8. When giving directions, think about things like travel distance, location of curb-cuts and ramps, weather conditions and physical obstacles that may hinder their travel.
9. Don't discourage children from asking questions of a person who uses a wheelchair about their wheelchair. Open communication helps overcome fearful or misleading attitudes.
10. When a person who uses a wheelchair "transfers" out of the wheelchair to a chair, pew, car, toilet or bed, do not move the wheelchair out of reach. If you think it would be best to move it for some reason, ask the person who uses the wheelchair about the best option for them.
11. It is OK to use expressions like "running along" or "let's go for a walk" when speaking to person who uses a wheelchair. It is likely they express the idea of moving along in exactly the same way.
12. People who use wheelchairs have varying capabilities. Some person who use wheelchairs can walk with aid or for short distances. They use wheelchairs because they help them to conserve energy and to move about with greater efficiency.
13. Don't classify or think of people who use wheelchairs as "sick." Wheelchairs are used to help people adapt to or compensate for the mobility impairments that result from many non-contagious impairments. Some of these are, for example, spinal cord injury, stroke, amputation, muscular dystrophy, cerebral palsy, multiple sclerosis, post-polio, heart disease, etc.
14. Check your assumptions! Don't assume that using a wheelchair is a tragedy. Wheelchairs when they are sell fitted and well-chosen are actually a means of freedom that allows the user to move about independently and fully engage in life.
15. Don't pet guide dogs or other service animals...they are working.

Source: http://www.wheelchairnet.org/wcn_townhall/docs/etiquette.html

Person First Language

People-first language is a form of linguistic prescriptivism in English, aiming to avoid perceived and subconscious dehumanization when discussing people with disabilities, as such forming an aspect of disability etiquette.

The basic idea is to impose a sentence structure that names the person first and the condition second, for example "people with disabilities" rather than "disabled people", in order to emphasize that "they are people first". Because English syntax normally places adjectives before nouns, it becomes necessary to insert relative clauses, replacing, e.g., "asthmatic person" with "a person who has asthma." Furthermore, the use of *to be* is deprecated in favor of using *to have*.

The speaker is thus expected to internalize the idea of a disability as a secondary attribute, not a characteristic of a person's identity. Critics of this rationale point out that separating the "person" from the "trait" implies that the trait is inherently bad or "less than", and thus dehumanizes people with disabilities.
Source: http://en.wikipedia.org/wiki/People-first_language

Person with a disability	Handicapped/Cripple
Person with _CP, MS, Spina Bifida	Victim of
Little person	Dwarf
Person of short stature	Midget
Person who is deaf	The Deaf/Stone Deaf
Person who is hard of hearing	Deaf & Dumb
Person who uses a wheelchair	Confined to a wheelchair
Wheelchair user	Wheelchair bound
Person with mental, cognitive or emotional disability	Mentally ill, Crazy, Mentally Disturbed
Person with learning disability	Slow/Stupid/Retarded
Person who is developmentally disabled	Retard/Stupid/Slow
Person with Cerebral Palsy	Spastic
Person who is blind	The Blind