

SPECIAL 60TH ANNIVERSARY EDITION

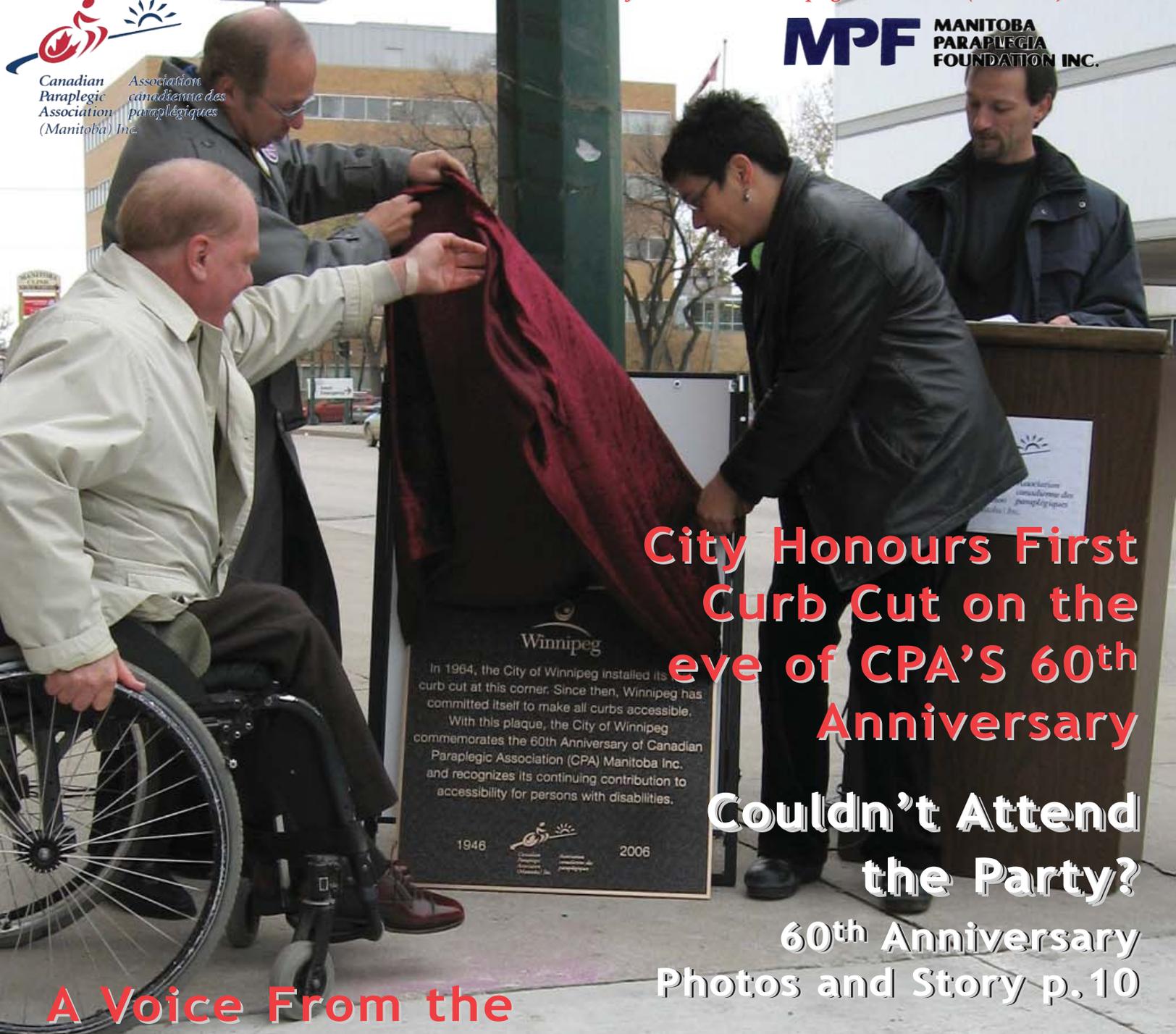
PARATRACKS



Newsletter of the Canadian Paraplegic Association (Manitoba) Inc.

MPF MANITOBA
PARAPLEGIA
FOUNDATION INC.


Canadian Paraplegic Association (Manitoba) Inc.
Association canadienne des paraplégiques



City Honours First Curb Cut on the eve of CPA'S 60th Anniversary

Couldn't Attend the Party?

60th Anniversary Photos and Story p.10

A Voice From the Past Pleads...

"Cripples are Human too."

The Wheelchair Evolution, Revolution ...soon redundant?



Mayor Sam Katz Honours Winnipeg's First Curb Cut

ParaTracks is a publication of:

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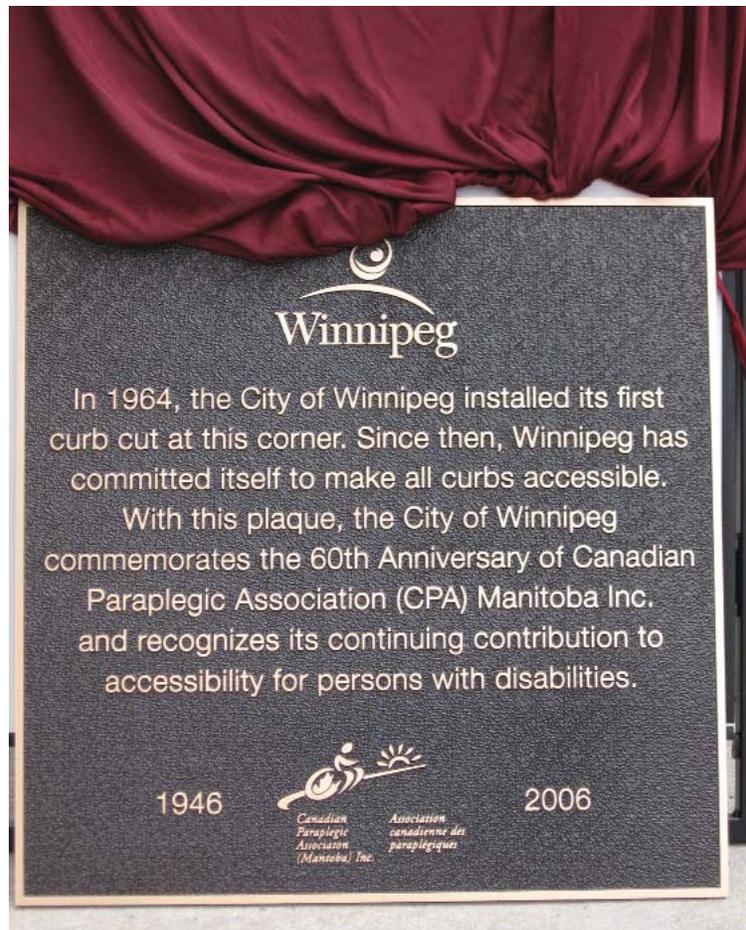
John Wyndels *

**paraplegic or tetraplegic*

His Worship Sam Katz, Mayor of Winnipeg along with Councillor Jenny Gerbasi, Chair of the Winnipeg Access Advisory Committee were on hand with Art Braid, CPA (Manitoba) Inc. Board Member on Wednesday, October 18th to unveil a plaque commemorating Winnipeg's first curb cut.

The plaque will be installed by the City of Winnipeg at the corner of Sherbrook Street and Bannatyne Avenue outside of 825 Sherbrook Street to recognize the commitment of the City to make all curbs accessible, while also commemorating the 60th Anniversary of CPA (Manitoba) Inc.

Winnipeg's first curb cut was installed at this corner, to link the Health Sciences Centre Rehabilitation Respiratory Hospital with the Society for Manitobans with Disabilities building which houses CPA (Manitoba) Inc.



CPA extends its sympathies to the families of the following loved ones who recently passed away:

Ben Reimer

Ted Worden

Russell Hawrychuk

Audrey Oshanyk

George Rochon

Danny Hamilton

Dennis Keough

Patricia Gallagher

Kevin Keough





Farewell

by Lorne Chartrand

As odd as it is to be saying my farewell in this special 60th anniversary edition of ParaTracks, it does afford me the opportunity to remark on the evolution of CPA in Manitoba. At its inception in 1946 CPA was a gathering place for people with spinal cord injury. The majority of spinal cord injury survivors at that time had one other thing in common; they were war veterans and they were very aware of the concept of strength in numbers. It made sense for them to stick together, both for the camaraderie and for the purpose of advocacy. In the beginning, this strategy paid off as there was an instinctual understanding of the government's obligation to this group of survivors.

In the 60 years since, however, CPA has evolved into a service and advocacy organization that empowers *the individual*. Funding streams and social programs are now available that put people back in their own homes or shared-care institutions such as TenTen Sinclair or Fokus Housing following spinal cord injury. For others, self managed care is an option that allows the caregiver to accompany the individual outside the home, increasing their independence in multiple environments. The ability to manage one's own attendant care staff is also an attractive option for many people.

As survival rates have increased since World War II, so too have rates of employment and the likelihood that spinal cord injured persons will lead fulfilling and satisfying lives, thriving as any other person in their chosen community. CPA services and support have indeed assisted members to lead lives infused with independence, self-reliance and full community participation. Society too, has become more accommodating and CPA members are increasingly going places where those with spinal cord injury have never gone before!

That is the path that I have cho-

sen to follow. Moving away from the shared care accommodations arranged for me through CPA and into the community on self-managed care will provide me with a greater degree of independence and flexibility in all that I do. While all arrangements have their own advantages or disadvantages, self-managed care is attached more to the individual than to the place in which they live. In the communications industry one needs to be dynamic and flexible and attendant care needs to be responsive to those conditions. Once those person-

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al needs are met I can concentrate on the freelance journalism career I had always intended up on. I owe a lot of thanks to CPA for supporting me in getting this far!

For the past 11 years I have been closely involved with CPA (Manitoba) Inc., as board member, employee and editor of this newsletter. Everything I have experienced with CPA has helped me to grow professionally, creatively and intellectually. If you have been a regular reader of ParaTracks over the last three years you will know that I have a passion for world affairs and the human condition. There truly have been times when I had to scrap the first few drafts of this editorial page because it had nothing to do with spinal cord injury! Eventually, it became obvious that it was time for me to focus on the issues at the forefront of my consciousness. (First and foremost...

the global environment, which may have already been so devastated that it will be unable to sustain life beyond our own generation... that, and murderous warfare and genocide; everywhere that it occurs.)

So with this edition of ParaTracks I say goodbye for now and hope you have enjoyed our relationship over the past three years. I know I have, and in some ways it's hard to leave. One thing I won't miss is the ubiquitous laptop computer attached to me as though by umbilical cord... I'm feeling a real need for some time away from e-mail and voice-activated communication! My hope is that you haven't heard the last of me. I suppose I'm quite confident in that regard as I have some video projects on the horizon that will be of interest to the same community that reads this newsletter.

And speaking of this ParaTracks, I was afforded a unique opportunity to serve both as Communications Coordinator and editor of this newsletter fresh out of college. From the very start I realized it would be important to go through the archives of material stored away at the CPA office. I had no idea of the extent of material that we would discover and it was then that the idea for a 60th anniversary celebration was born. I'm certain the archival material will continue to provide inspiration to Teresa and Ron and everyone else that continues to inform the public about our issues. The photos, videos and stories of the past 60 years brought the evolution of this organization to life before us. ParaTracks was a voice of strength and leadership and a vital source of information since it was launched in 1964. I feel both proud and privileged to have my writing stand alongside those whose commitment and dedication made CPA Manitoba what it is today.

Take care, Meegwetch, Ekoseh!

Sixty Years of Spinal Cord Injury: Research milestones and other lifestyle-related trivia



by Kristine Cowley, PhD



1940's

For those injured during the Second World War, life was not expected to last very long after spinal cord injury - the most common cause of death: urinary tract infection and kidney damage. As a result of improvements in medicine, spinal cord injury is no longer an immediate death sentence. Many with spinal cord injury can expect to live a relatively normal life span. Although medicine has not advanced to the point of a 'cure', and there are many health issues that continue to plague daily life of those living with spinal cord injury - there have been some significant advances.

- **Penicillin** - although penicillin had been discovered in 1928, it was not tested and mass produced until the mid-1940's. So, since urinary tract infections were the biggest killers of those living with spinal cord injury, the introduction of penicillin meant that those returning to Canada at the end of the war might actually live more than a few years.

1950's

Everest & Jennings developed the first powered wheelchair marketed in

North America.

1952 - the beginning of wheelchair sports occurred with the first competitive games held at the Stoke Mandeville Rehabilitation Center in England.

1960's

For those injured anytime up to the seventies, it meant you would be using an Everest and Jennings manual or power wheelchair, using condom drainage for bladder emptying (if you were male) or an indwelling catheter for women. For some men, penile erection was achieved using implants that could be pumped full of air. A person using a wheelchair would be a rare sight and wheelchair access to the streets and public buildings was almost non-existent.

1970's

The use of catheters for clean intermittent catheterization and drainage of the bladder became more widespread - at first, mainly for women, but by the late-eighties and early nineties, clean intermittent catheterization had generally replaced condom drainage and other methods for those with enough hand function to use this method.

1975 - Bob Hall competed in the Boston Marathon, drawing media

attention to the idea of competitive sport for persons with SCI.

Wheelchair Rugby, or Murderball originated in Canada in 1977. In fact, it started in Winnipeg, Manitoba - by these five guys:

Duncan Campbell
Randy Dueck
Paul Lejeune (deceased)
Chris Sargent
Gerry Terwin

By the mid 1970s, Errol Markheim at Sopur in Germany, Jeff Minnebraker at Quadra in California, and Rainier Kuschall in Europe, all latched on to the next evolution of manual chairs, creating lightweight, aluminum, highly-adjustable chairs (aluminum worked well for airplanes and beer cans, so why not wheelchairs?). What followed was a wave of better-designed, more efficient chairs so that those who wanted to get out and live actually could begin to do so. Some other wheelchair companies founded by spinal cord injury individuals included: Marilyn Hamilton (Quickie), and Bob Hall (New Hall's Wheels).

1980's

Universities were seeing more and more students with spinal cord injury, most often in Arts faculties but some in more lab-based faculties such as Sciences and Engineering as

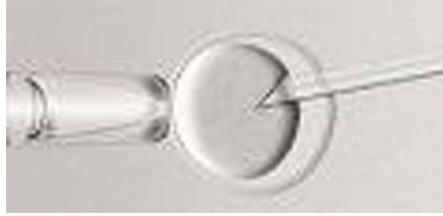
well. Vancouver was leading the way in terms of physical access in public buildings, but other provinces, such as Manitoba, were beginning to follow suit, including requirements for making public buildings accessible to those using research control and wheelchairs.

- 1981 - Albert Aguayo and colleagues, working in Montreal, showed that nerves from the central nervous system (the brain and spinal cord) can regrow, given the right type of growth environment. Aguayo's discovery set the stage for the next 25 years of research: hundreds, if not thousands, of people are now working on the problem of figuring out how we can tease the injured spinal cord into re-growing both motor and sensory fibres that are damaged in spinal cord injury.

- 1987 - Hughes Barbeau, and Serge Rossignol, also working in Montreal, showed that, with training, cats with chronic spinal cord injury could regain their ability to walk over a moving treadmill - showing for the first time, the plasticity of the spinal cord, disconnected from the brain. What this meant was that if we could re-train the spinal cord to walk, in the complete absence of any connection to the brain, then perhaps more could be done to improve the recovery of function when some connection was left between the brain and spinal cord - such as in incomplete spinal cord injury.

- About the same time (1988), in Germany, Laufband therapy was developed. Basically, in Laufband therapy, people with spinal cord injury who had been injured for a few years or more, and who could only move one or a few muscles of their legs, were put in a harness, with part of their body weight supported,

and helped to walk over a treadmill. With training, they all improved their ability to walk, with many then achieving the ability to walk over ground,



without a harness (but often with crutches). The improvements lasted beyond the training, and the subjects continued to walk in their homes. This research also highlighted the fact that the spinal cord could adapt, and - with the right type of training - improve a person's function, even after several years of injury.

1990's

If you were injured in the eighties, nineties or beyond, ultra-lightweight wheelchairs have become the norm, power chairs have vastly improved in their maneuverability and flexibility and many public buildings are wheelchair accessible. Injections or drugs like Viagra are now used when needed for penile erection, rather than permanent implants.

- Recently, there has been an increase in the understanding (because there is now enough of a history of people living many decades after spinal cord injury) that there are many 'early-aging' and over-use related issues for those with SCI, such as shoulder injury, spinal curvature, kidney disease and osteoporosis. Ironically, there are also many 'under-use' or inactivity-related issues for those with SCI, such as a much greater risk for obesity, type 2 diabetes, high cholesterol and coronary vascular disease and stroke.

- Long-term, multi-centre trials showed that the use of steroids immediately following spinal cord injury actually does not improve a person's outcome after spinal cord injury.
- Mapping the human genome was completed - its potential for making genetic modifications within the nervous system and coaxing injured neurons within the spinal cord to regrow or re-myelinate is enormous - but still the realm of science fiction.

2000's

- Human trials to implant various types of 'stem' cells (olfactory ensheathing cells, bone marrow cells) into the site of spinal cord injury began, with the hope that post-injury function will be improved. These cells are a form of stem cells in that they are in a stage of under-development, and the hope is that they will take on properties of nerve cells, given the proper environment, and contribute to regeneration in damaged spinal cords. The careful trials are at the stage of making sure that implants are safe, and will not cause further harm, and are not yet addressing whether they may actually improve function.
- The use of botulinum toxin (botox) to treat severe bladder hyperreflexia increased, allowing many with SCI to re-enter community life.

So, as we see 60 years since the beginning of CPA in Manitoba, we can ask ourselves whether anything has changed for those living with SCI, and I think the answer is that life is better now than it was 60 years ago. It is my hope that life for those with SCI will continue to improve, over the next few decades.

Manitoba Paraplegia Foundation (MPF) News

MPF funds go to work in four main areas: special projects, product testing, research and direct aid to persons with SCI. CPA thanks MPF for its continued support to improving the quality of life of persons with spinal cord injury.

MPF has approved several requests for financial support during the past few months. Some of the highlights follow.

During the month of July 2006:

- » funding was provided for the cost of repairs/additions to a motorized wheelchair which was returned to the equipment pool by a CPA member and was in the process of being passed on to another CPA member.
- » funding was provided to cover the cost of a custom frame lateral support for a wheelchair to provide a CPA member with postural correction for pressure relief.
- » funding in the form of a loan was granted to assist a CPA member with the purchase of a shower chair.

During the month of September 2006:

- » financial support in the form of rental assistant for a CPA member trying to secure proper housing.
- » funding to cover the cost of tuition and books for a CPA member to attend post-secondary education.

During the month of October 2006:

- » financial assistance to cover ½ of the cost of a wheelchair lift for a van donated to a CPA member.
- » funding to purchase a mattress overlay for a CPA member.
- » Diamond sponsorship for CPA (Manitoba) Inc.'s 60th anniversary celebration.

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Visit MPF's website at:

www.cpamanitoba.ca/mpf

Applications for assistance are available through the website or by contacting the CPA office.



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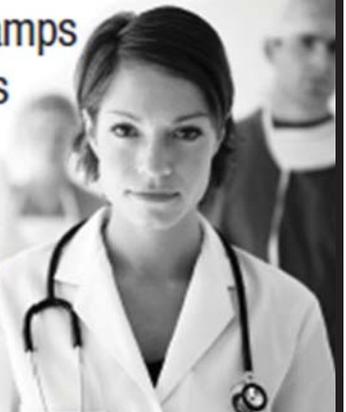
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Walking in Heaven

Written by Debbie Whyte in Tribute to Ben Reimer.

Don't cry for me because my time is done,
For I'm walking and running up here in the sun.

The pain and the suffering that went on and on,
Is far from my thoughts as I face this new dawn.

My angel has brought me to this wonderful place,
Where old friends and loved ones, met me with grace.

There's no bills, no taxes, no stresses or worries,
No appointments, or time-tables, no need to hurry.

So here will I walk in God's brilliant, bright light,
In this glorious place, where there's no end in sight,

Where peace and contentment fill up my days,
And my spirit grows on in most wonderous ways.

Now I'll watch over you as I wait at Heaven's door,
And when God says it's time, I will greet you once more.

Ben proudly displays his Bronze Medal presented to him for winning third place in the Javelin Throw at the Second British Commonwealth Paraplegic Games, August 1966. As a competitor in the Commonwealth Games in Jamaica in 1966, Ben was the first Canadian to compete in these games. He passed away August 11, 2006.

VOLUNTEER SPOTLIGHT

On the heels of our successful 60th Anniversary Celebration, who better to highlight in our Volunteer Spotlight than those hardworking individuals who made the 60th Anniversary Celebration such a successful event!

Their hard work and dedication started well before the event itself. This committee held its first meeting in November 2005—nearly one year before the event was held! From that point forward, they continued to meet on a regular basis to make sure that CPA (Manitoba) Inc. celebrated its 60th Anniversary in style.

They were willing to delve into any task—whether it was reviewing archived photos and newsletters, writing letters, seeking sponsorships,

donations, and prizes, selling tickets, producing videos, brainstorming ideas, or drawing on their memories for dates and names, or even learning how to use an old film projector in order to watch archived CPA filmstrips. While many people were enjoying the sun of the beautiful Manitoba summer, these individuals were attending meeting after meeting, never venturing far from their email in order to stay connected with all of the quickly unfolding details related to the event.

A great big Thank You goes out from CPA (Manitoba) Inc. to this spectacular group of volunteers: Lucy DeLuca, Derek Legge, Lorne Chartrand, and Co-Chairpersons Patti Bonas and John Wyndels. *Editor's*

note: the entire committee would also like to acknowledge the tireless contributions of CPA's Teresa Johnson. "We couldn't have done it without you Teresa!"

And a special note of thanks to our "committee members in absentia." Even though they have moved away, both Arnie and Orpha Schryvers and Harriet Hart were able to keep in contact via email, and were willing to offer some necessary input even from their far away locations.

While we have spent much time this year focusing on all the wonderful accomplishments CPA (Manitoba) Inc. has made in the past, this group of volunteers shows that the spirit in which CPA (Manitoba) Inc. was created in 1946 is still alive today in 2006!



YESTERDAY, TODAY, TOMORROW...PARATRACKS AND CPA (MANITOBA) INC.

Since its launch in 1963 ParaTracks (and the relatively short-lived *Son of ParaTracks*) has been keeping CPA (Manitoba) Inc. connected with its members.

Looking into the history of CPA (Manitoba) Inc. through the lens of ParaTracks shows us that while many of the concerns of the past have been overcome there are some that remain. CPA (Manitoba) Inc. has continued to grow and change and will continue to communicate with the members of CPA through ParaTracks as future challenges are met.

1960s “Perhaps even greater things can be expected from the decade ahead, and since I may not be here to write in retrospect, would like to be permitted to conjecture...the next few years will bring improved housing and special accommodation for the disabled so that the young quad will not have to spend his life in an old folks home...architectural barriers in buildings will be largely eliminated... electronic gadgets to improve the self care and function of quadriplegics will open up a whole new world and be in common use...many of the surgical procedures now being done on dogs and monkeys will be available to paras and quads so that nerve impulses will be able to bridge that spinal cord lesion...the Dick-Tracy-type individual space cars will replace the wheelchair and permit the para to hover or flit to his heart’s content.” *A.T. Mann, 1965*

“We arrived an *hour* early...only to be told that I *could not* be taken on the bus by Greyhound personnell....” “Against company rules.” Nothing more, nothing less was said – no other alternative was given nor way to resolve the situation. It took me a moment or two to digest this – and then carefully I explained that I had come *down* to Minneapolis by bus, and had received assistance in getting *off* the bus. The gentleman on duty only reiterated his previous statement, but at my insistence, relented enough to go and speak to the Manager....came back with the same comments – but added further – *anyone assisting me would be fired!* Now what??” *June 1965*

“Action on Wheels’ was the theme chosen for the paraplegic athletes who participated in the first International competition of wheelchair sports held in Canada. And the action reverberated in many parts of the University Campus where the athletes were housed, the competitions scheduled, the medals presented, the hosting arranged, the meetings held and the activities co-ordinated leaving most of us out of breath...It was a sensational week of “fun and games” and now that it’s over we wouldn’t have traded it for anything!” *August 1967*

1970s “It may still be slow and laboured – and even a bit discouraging at times – but the battle against barriers is showing some definite signs of progress. Recent additions to the list of building which people in wheelchairs can enter include such local landmarks as the Museum of Man & Nature, the Winnipeg Inn, the Assiniboine Park Conservatory, and St. Stephen’s Broadway United Church! We also have a promise that the new Manitoba Theatre Centre will have suitable facilities...” *Fall 1970*

1980s “CPA Manitoba Division has filed a complaint with the Can. Human Rights Commission alleging that the Chief Electoral Officer in fact discriminated against paraplegics, quadriplegics and other wheelchair users through the inaccessibility of many of the polling stations in the Sept. 4th federal election” *February 1985*

“On April 1st CPA will take a major step in its support of research when it launches the Spinal Cord Injury Research Unit in Winnipeg, Manitoba.” *February 1985*

1990s “In the wee small hours of the morning of March 15, 1990, the Manitoba Legislature passed a host of bills on the final day of its sitting. Buried among these was one which CPA members have been waiting for many years...This bill will require handicapped parking spaces to be set aside by private parking lot owners such as shopping centres, restaurants, etc. and provides heavy fines in the \$50-\$100 range for people who park in these

places without displaying signage indicating their eligibility.” *April 1990*

“CPA Unveils Counsellors Training Manuals...Several years ago the rehabilitation supervisors identified the need to create a set of training materials that were CPA specific and could be used both to orientate new staff and also serve as resource materials for experienced counselors. In 1992 CPA’s National Office secured funding for this project from 3 federal government departments...a steering committee was formed, chaired by Harriet Hart...The final product consists of 10 manuals...the manuals are available in 3 formats – print, audio tape, and disc. They are currently being translated into French.” *Sept. 1994*

2000s “Low floor (Easy Access) buses are proving to be a convenient and practical means of transportation for wheelchair users, such as myself. One of the greatest benefits of using low floor buses is the integrated service. I’ve always been a strong promoter of integrating persons with disabilities into the mainstream of society. So what does that mean in terms of service? I can now ride a bus with regular working stiffs, grandmothers, spiked hair punkers, mothers pushing carriages with howling babies and everyone else who makes up the social fabric of our fine city.” *March 2002* by Don Onofriechuk

“In July of 2001, CPA Manitoba held two workshops in what was known as the “Broken Bodies, Broken Spirits” series, held for Aboriginal CPA members. During May 14-17, 2003, CPA held their third workshop in the series, and as before it was funded by the Aboriginal Healing Foundation...The objectives of the “Broken Bodies, Broken Spirits” workshops are to help CPA Aboriginal members begin the journey to overall health, and together with their families develop trusting, committed relationships.” *June 2003.*

For those of you interested in more in-depth stories of the founders and builders of CPA (Manitoba) Inc, please call Teresa at 786-4753 ext 223 and request a copy of our 60th Anniversary Yearbook

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CPA (Manitoba) Inc.



City Councillor and Access Advisory Committee Chairperson Jenny Gerbasi brings greetings

Members, supporters, staff, and friends gathered in celebration of CPA (Manitoba) Inc's 60th Anniversary on October 19, 2006 at York, The Hotel.

Minister Gord Mackintosh--newly appointed Minister of Family Services and Housing and Minister Responsible for Persons with Disabilities--brought greetings on behalf of the Province of Manitoba while Councillor Jenny Gerbasi, Chairperson of the City of Winnipeg Access Advisory Committee greeted the crowd on behalf of the City of Winnipeg. Though he could not attend in person, Steven Fletcher, Member of Parliament recorded a special greeting for the occasion congratulating CPA on the 60th Anniversary and reflecting on the importance that CPA played in his own life as well as the lives of others.



The Honorable Gord Mackintosh and Ernie Hasiuk doing the 'mirror hand motions gag'...



Art Braid demonstrates...



MC & Host Al Rae yuks it up w/Dean Jenkinson... The CPA Song

Guests were treated to the musical talents of Greg Lowe. Emcee Al Rae along with special guest Dean Jenkinson added levity to the evening with their collective comedic genius.

The program of the evening consisted of several videos including a documentary that told the story of the creation in Winnipeg of the sport of wheelchair rugby. It featured clips from the documentary film Murderball and interviews with Manitoba's Murderball Pioneers: Gerry Terwin, Randy Dueck, and Chris Sargent as well as a



John Lane accepting Founders' Award for Leadership



Harriet Hart received the Builders' Award for Service Excellence, with presenter Darlene Cooper



Graciously hosted by YC



Celebrates 60th in Style

montage of footage from the 1967 Pan Am Paraplegic Games, and a tribute to the founders and builders of CPA who have passed on before.

CPA Manitoba was fortunate to have been provided with copies of episodes of the Rick Mercer Report in order to see some examples of spinal cord injury as it is depicted in the media today in juxtaposition to some of the historical material. Segments included Rick's hiking journey with Vancouver Mayor Sam Sullivan, and Rick's experience in a scrimmage with the Canadian Sledge Hockey Team.



Musician Greg Lowe warms the crowd



..."The Firm Handshake"

Two cornerstones of CPA were honoured for their achievements with two special awards presented that evening. Darlene Cooper presented Harriet Hart with the Builders' Award for Service Excellence in honour of her invaluable contribution to enhance the quality of rehabilitation services in Manitoba as Director of Services 1987-2000. Art Braid presented John Lane with the Founders' Award for Leadership in honour of his dedication, guidance, and gifted service as Executive Director 1976-1994.

The dinner was a great success, thanks largely to the generous support of the corporate and community sponsors of the event.

A great deal of planning and organization went into the event, and all the details were handled by a volunteer committee consisting of Derek Legge, Lucy DeLuca, Lorne Chartrand, with help from Arnie and Orpha Schryvers, and Harriet Hart. The committee was headed by Co-Chairpersons Patti Bonas and John Wyndels who both committed a great deal of their time and

energy to the event. Without the help of this dedicated group of individuals we would not have been able to enjoy such a wonderful celebration.

Now, having celebrated some of the achievements of CPA and its dedicated members, staff, and volunteers over the years, we have the opportunity to look to the future and to follow in the tradition of those who laid the foundation of CPA Manitoba and those who built upon it.



Longest-serving CPA board member And Founders' Award presenter Art Braid



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Going Mobile: The Origin and the Evolution of the Wheelchair

by Ed Giesbrecht

You have to get in the game. If you can't get in, you can't participate. The majority of people get where they want to get by walking ... that's the way the game's set up! When the ability to walk is challenged, due to paralysis, 'the game' becomes an exclusive club. Finding a way back into the game can be difficult. One approach is to try and replace the lost function of walking. Woods and Watson indicate that, during the first half of the 20th century, rehabilitation of individuals with SCI focused on the use of crutches and leg braces (or calipers) as a means of returning people to a state of 'normalcy' thereby adapting *the individual* to their world: "wheelchair use symbolized either the failure of medicine to find a cure, and/or that the wheelchair user had given up."¹

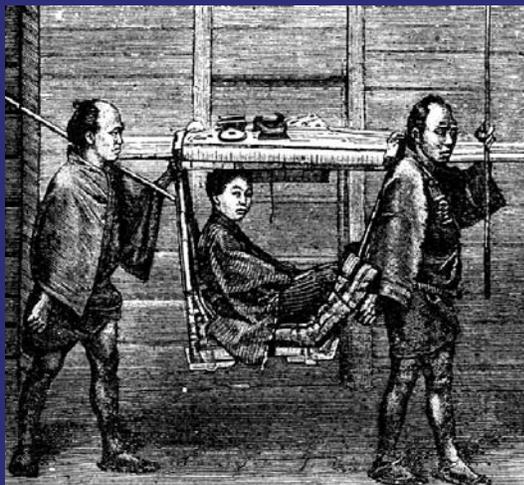
However, wheelchairs do provide another alternative to get back in the game. Equipment designed to allow people to get around, without the need to "walk", has been around for ages. It is interesting that before the 1900's, this option was reserved for either the very wealthy (who were above walking) or the 'invalids' (who were incapable).

In the distant past, royalty rode in palanquins and rickshaws, while the disabled were moved in a wide variety of makeshift wheelbarrows. Three-wheeled carts provided an easier method for the 'passenger' to steer, but still relied on the benevolence of others to do the mule work. During the 1600's, those who were either fascinated or desperate concocted a selection of self-propelled vehicles, such as the one pictured below.

The emergence of the "modern" wheelchair style in the 1800's, following the return of injured soldiers in the American Civil War, provided a



Built by Stephan Farfler, c. 1655.¹



modicum of independent mobility. The two large drive wheels were located in front, allowing the user to propel and steer simultaneously. While this configuration allowed good maneuverability in tight spaces indoors, it proved to be particularly difficult to use outside where the user needed to perform wheelies and maneuver over obsta-



Connecticut wheelchair, 1871.³

cles. This configuration was later revised, locating the large drive wheels at the rear, and two smaller casters in front. However, the wheelchair remained a heavy, clunky machine that was difficult to push and awkward to transport and store. In the early 1900's, several changes occurred to the wheelchair design. The massive number of veterans from the two World Wars (along with medical advances, such as Penicillin, that increased survival rates after SCI) had produced a huge demand, and identified a need to reintegrate these individuals into the game.

Concurrently, the concept of mass production (epitomized by Henry Ford and his assembly line) meant increased availability of wheelchairs at a reduced cost.

Modifications to wheelchair construction decreased the weight by half, including the use of tubular steel frames and spoked wheels with rubber tires (which had become economical and abundant due to the popularity of the bicycle in both America and Europe). A folding frame showed promise, allowing the wheelchair to be transported and stored with greater ease.



Early 20th century wheelchair.³

Herbert Everest (who became paraplegic following a mining accident) and Harry Jennings (a mechanical engineer) were the first to consolidate these ideas and



produce a viable and affordable wheelchair in 1933. In fact, they went on to such considerable success that eventually antitrust proceedings would be needed to allow competitors a fighting chance in the market!¹ The configuration of the manual wheelchair has remained relatively constant since that time, although improvements in frame design and construction materials have produced lighter and stronger wheelchairs (often on the tails of advancements in bicycle technology).

Power wheelchairs have a relatively shorter history. While various forms of motorized transportation crept into the market in the early 1900's, the powered wheelchair was not patented until 1940, and it was the late 1950's before they became commonly available. These early powerchairs were essentially variations on the Everest & Jennings manual wheelchair, with an electric motor attached, often operating at only a single speed. Despite the promise of use in all environments, these chairs were really only appropriate for indoor applications. Improvements in mechanical components of electric motors and electronic controls resulted in improved performance of power wheelchairs – as well as a wider variety of options for driving operation. The advent of computer microprocessors further advanced the options available. The scooter has gained popularity in the last few decades as a less-expensive means of mobility for individuals who don't require a comprehensive seating system.

The power wheelchair and scooter provided individuals with mobility limitations an alternative to the manual wheelchair. The choice of manual or power mobility provided new options, and allowed greater flexibility in selecting a device to best fit the users' needs, activities of choice, and environments of use. Sometimes, however, one device does not meet all these needs. A relatively recent development is a 'hybrid' of the power and manual wheelchair – the Pushrim-Activated, Power-Assisted Wheelchair, or PAPA^W. This is a manual wheelchair that incorporates an electrical motor in each of the rear wheels. The user propels the chair using the pushrims (like a traditional manual wheelchair), but the motors are engaged each time, adding an additional 'push'. This makes each 'push' easier, stronger, and more effective. There are

several PAPA^Ws commercially available in Canada, including the E-motion (distributed by Invacare) and the Extender (distributed by Quickie).

A research study was recently conducted at the University of Manitoba, in the School of Medical Rehabilitation, investigating the benefits of using a PAPA^W. Individuals who used both a manual wheelchair and a power wheelchair/scooter (depending upon what activity they were engaged in) were asked to try using a PAPA^W instead of their power wheelchair. Afterwards, they rated their performance and satisfaction with each device. The study participants identified some advantages to this new technology. The PAPA^W was much easier to transport and maneuver in small spaces, compared with the power wheelchair/scooter.

Participants identified the experience of using the PAPA^W as enjoyable and providing a sense of accomplishment and control. They reported that the PAPA^W enabled them to perform activities for which they normally would have needed a power wheelchair/scooter. However, study participants also found limitations in using the PAPA^W. It still required a certain degree of strength to propel (compared to the power wheelchair) and it required sufficient coordination in both arms to provide control and to brake. The study participants also agreed that effective use of the PAPA^W depended upon proper adjustment of the device (fine-tuning the electronics to fit the needs of the user) as well as adjustment of the user (learning to use the chair and adapt their technique). For more information on this research study, you can visit <http://hdl.handle.net/1993/263>.

Selecting any mobility device (whether it is a manual wheelchair, power wheelchair, scooter, or PAPA^W) is a complex process. When we purchased our last vehicle, we did lots of research beforehand, but ultimately we took each van for one test drive (and not even in our own neighbourhood!) before making a choice. Choosing the 'right' wheelchair should involve trying it out in the places where you will actually use it, and performing the activities that you actually plan to do. Then changes can be made to tailor the chair to meet those needs. Selecting a wheelchair requires time and effort in final adjustments, but this is time well-spent, as good equipment choices can make it easier to get back into the game.



Everest & Jennings Traveler c. 1933.³





Roboquad... Making the Wheelchair Irrelevant

by Lorne Chartrand

You know the routine... you hear the key in the door, the squeak of the hinges, a set of keys hits the table and the familiar voice says, "good morning."

"Morning" you mumble, "put the coffee on..." you plead, as you grapple with the idea of consciousness.

Before long the rest of the routine is underway; the attendant rolls you into the thin carbon-graphite and neoprene exoskeleton. As your skin contacts the electrodes built into the inner surface of the suit, they fire up the receptors -- artificial nerve endings -- that are implanted throughout your body and are attached to a grid that terminates in your cerebral cortex. The suit isn't so much controlled as it responds to your wishes. You sit up in bed and help the attendant to attach the rest of the straps.

So, what are you doing today? You ask.

"I was going to go for a run... how about you?"

"That sounds great," you respond, "help me strap on the electronic muscle and heart stimulator, so I can get some cardio going..."

With pride, you look down at your finely tuned physique... a shudder runs down the back of your neck as you remember the old quad belly that weighed down your self-esteem like an anchor on an oil tanker.

"What do you think," your friend asks (you barely think of him as an attendant anymore), "3 miles through the park?" he asks.

"Don't be a loser... 10 miles... AROUND the park, TWICE."

"Easy for you... sometimes I think I'd like to break my neck and get one of those gadgets."

"Yeah, well, what I gain in endurance doesn't make up for the other stuff that science hasn't solved yet."

As you bolt for the door, you nearly trip over the old power wheelchair you haven't used for months...

"You've got to get rid of that... it's pretty much useless!" He laughs.

"Praise The Creator... last one home buys breakfast!" And you're out the door.

Science fiction? Partially; a recent CBC.ca story reported that a B.C. company is two years away from producing a robotic suit that could help paraplegics and stroke victims to walk again.

What I found most exciting is that this equipment was conceptualized as a response to spinal cord injury, not something that just happened to benefit to our population. I've added the electronic stimulation and the potential for cardiovascular training; however, a robotic suit controlled by brain waves is such an advance that anything is now possible.

It seems reasonable to expect that your bones, ligaments and muscles would benefit from weight-bearing etc., and boring range of motion exercises could be a thing of the past. What cries out to me the most is the possibility of going anywhere anyone else can. Some of the biggest downsides of living with limited mobility is the repetition of activities, the absolute inability to access certain environments and feeling the same aches and pains every day from, well... sitting on your ass.

Freedom Medical Robotics of Richmond is working with B.C.'s provincial government and with doctors at

Vancouver's GF Strong Rehabilitation Centre on the new technology. When I discovered this story I wondered if Canada was leading the way in developing an exoskeletal

Predictably, the American project was originally intended for military use while the HAL-5, like the Canadian project, is intended to restore mobility due to paralysis. The story reported that the American suit, "has already been developed."

Robotics Engineer Doug Kind heads up the B.C. project. He says the medical community was skeptical at first, but has become more confident this technology has the potential to restore the ability to walk for some.

It's a thin, wearable robotic exoskeleton that uses 32 sensors to assist a person to walk,

using a combination of battery power and power from their own body.

"It will happen. It's not a question of 'if' now, it's a question of how long it will take for the production pieces to get to a point where everyone says, 'Oh yes, that's normal now.'"

Armed with prototypes of the new suit Kind's team is already working with paraplegics, sorting out the complexities of balance, human motion and safety.



device or if similar projects were being pursued around the globe. Googling, "robotic suit" revealed stories from the US and Japan where similar technologies are being developed.

The HAL-5 (human assisted limb) is being developed at Tsukuba University while the American project is called BLEEX (Berkeley Lower Extremity Exoskeleton) and is located at the Robotics and Human Engineering Laboratory at the University of California-Berkeley.



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Cripples Are Human Too

A paralytic holds up a mirror image we see, for once, not his faults, but our own.

The following story appeared in *Caliper*, CPA National's first newsletter, in 1946, the year the association was born. While the word, "cripple" is virtually gone from mainstream society it is still tossed around as a playful word when disabled persons refer to themselves with friends or even sometimes just for shock value...

The writer hits upon the critical idea that widespread public acceptance of the

abilities of disabled persons is the first barrier to overcoming disability. That, in fact, "disability" lurks to a greater degree in the environment (both physical and social) than in the individual. Recognizing this was crucial to all advocacy efforts.

Society has progressed light years in the modern era and disability rights are becoming seen, widely as inherent rights and there is a greater buy-in at all levels

of that concept. A convention to protect the rights of persons with disabilities is now waiting ratification by member states of the United Nations with the hope this sentiment is embraced... and enforced... throughout the world.

The writer is not credited, other than the closing note... which shows the article being first published in *Coronet*, 1938.

- Lorne Chartrand

The other day as I sat in a barber's chair a badly deformed man laboriously hobbled past on the street. One of the waiting customers remarked to another, "Wouldn't you hate to be in his shape?"

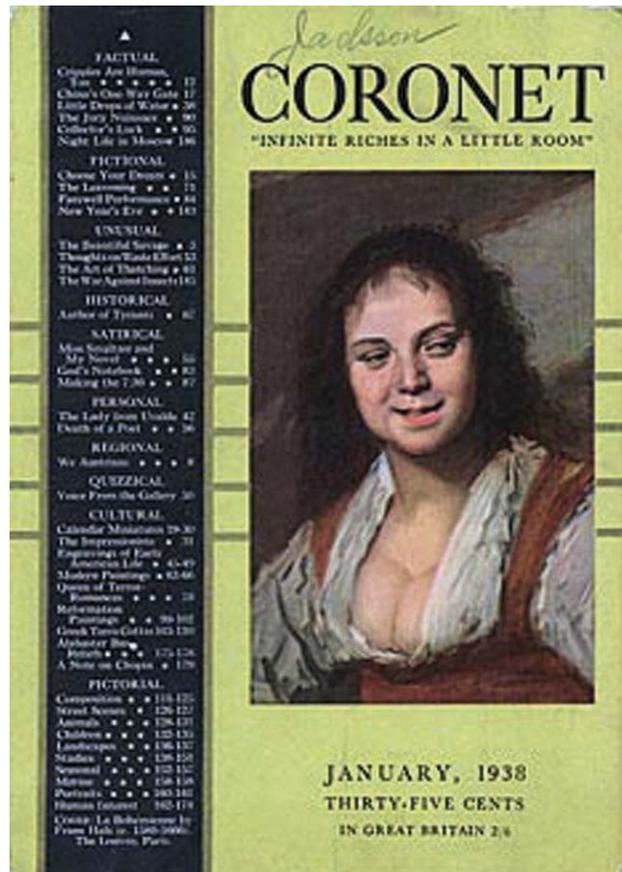
"I'd commit suicide," his young friend laconically replied.

I had an impulse to shout "you're a liar!" Though his attitude is not very unusual, and would have probably found an echo in my own view five years ago. No doubt the mind harboured by the vigorous body that I then possessed would have professed a preference for death "or anything" to such a condition. But since an attack of infantile paralysis has left that body crippled I find life just about as interesting as ever.

The principal disadvantage of my condition is not directly a physical one at all. It is that so many people insist on regarding the cripple as being utterly different from themselves -- somewhat of a freak mentally as well as physically -- and cannot bring themselves to look upon him as an ordinary human. These defects are apparent at a glance, while others are sometimes never found out. Therein lies the difference.

The restricted activity of the cripple limit somewhat his circle of friends; but the attitude of others also tends to keep him at a distance. In his presence they become embarrassed or awkward, or shy, or over-voluble, or stickily sympathetic. Upon being introduced to him even the most tactful persons will at times lose their usual air of self-possession.

In the presence of the cripple who is a stranger, you often feel that some effort at condolences expected of them. I've learned to forestall such unwarranted displays of sympa-



thy to a large extent by taking the offensive at once when speaking to a new acquaintance. Whereas I formerly sat back and waited for the opening question which inevitably came -- "what seems to be your trouble?" or "how did I ever get into such a shape?" - I now try to get the conversational ball rolling on some topic of broader interest.

It is understandable that people may have a slight natural aversion to any avoidable contact with cripples. There is in the public mind an unconscious association of mental and physical infirmity. Therefore people are likely to believe subconsciously that the latter must necessarily be accompanied with the former. They do not actually think about this and would deny it should you ask them. But the prejudice is nevertheless there, as evidenced by the sometimes contemptuous connotation of the word "cripple" itself.

Employers do not usually like to employ cripples even for jobs requiring little activity, though in this age of specialization there are many positions which may be held by anyone else, other things being equal. The cripplee should not, as a rule -- and does not wish to be -- in a position which entails much direct contact with the public, such as that of a salesman. But the fact that a man's stumps around on an artificial leg or two does not in any way impair his mental efficiency. He may possibly be a more valuable employee than the average man, since his spare time is more likely to be used for self-improvement, and he frequently compensates for his physical shortcoming by acquiring an unusual degree of proficiency in doing those things for which he is not handicapped.



Since I have been trying to make my way in the world again after a long period of hospitalization, the exaggerated gulf between the able-bodied man and the lame one has become more marked than before. I now get around very well, though by no means gracefully, with the aid of crutches and braces. One day I went to a certain man whom I did not know in answer to a help-wanted ad. His eyes seemed to say, after quickly looking me over, "what do you think you could do?" And from a face containing a smile of amused tolerance he told me that the position had already been filled, although I subsequently learned that a later applicant had received the job. I had considered myself well qualified for this place; but he was not interested in my qualifications. The fact that I was crippled apparently precluded any chance I might have had, although it would not have interfered in the least with the actual performance of the work.

Fortunately most people do not take such an unreasoning attitude; indeed some go to the opposite extreme, ostentatiously "helping" the crippled by making him a victim of direct charity instead of letting him stand on his own wherever possible. No thinking cripple either expects or wants any deference or special privileges given him because of his infirmity. He does expect to be given credit for having normal mental faculties -- an expectation in which he is often disillusioned. All he asked is an opportunity to compete with others on the basis of merit, without any prejudice for or against his lameness entering into consideration.

Tactfulness is at times found unexpectedly. A cabdriver

with whom I recently rode, instead of making conversation with such drivel as, "what a pity for such a young man to be crippled like that!" (an exclamation of which I am heartily sick, having variations of it literally dozens of times), pleasantly remarked that I had a nice looking pair of crutches. This was said in the same manner one might have used to complement a well-chosen suit or cravat, and since I had just put a fresh coat of varnish on my crutches, the comment was appreciated.

It is very easy to adjust oneself to the physical limitations of being a cripple, for the loss in activity is more than offset by the increased stimulus to mental and other less strenuous pursuits. But the working out of a harmonious relationship with society is not so simple. The cripple is after all human; consider his lameness a big fault, if you will, but remember that even you have shortcomings which, were they as outwardly obvious as his, would cause you much greater difficulty. Daily life would be more pleasant for us as well as those who come in contact with us if people would simply use the same speech and tactics in dealing with cripples as with anyone else, instead of treating us beings apart from the normal run of humanity. Incidentally, they might occasionally be repaid by making a valued acquaintance. Someone has said that no place can be so lonely as a crowd. I say that no one can feel such a sense of isolation as the cripple surrounded by a world of robust and exuberant fellow-men who refuse to accept him as a person with normal thoughts, desires, hopes and dreams.

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