



Canadian Association
Paraplegic Canadienne des
Association Paraplegiques
(Manitoba) Inc.

MPF MANITOBA
PARAPLEGIA
FOUNDATION INC.

PARATRACKS



Newsletter of the Canadian Paraplegic Association (Manitoba) Inc.



"Among her accolades Irene was awarded Outstanding Woman Athlete at the 1967 Centennial Games in Montreal, and chosen by the Manitoba Sportswriters & Sportscasters' Association as the first female recipient of the Errick F. Willis Memorial Trophy for outstanding Woman Athlete of the Year for Manitoba in 1967/68."

In This Issue

Patti Bonas

gives tribute to Irene Howard (Miller)

1932 - 2015 pg.19

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~ CPA Welcomes its Newest Staff Member - Tara Mamchuk pg. 20

~ Planning Your Future with a Power of Attorney pg. 3

~ Focus on Education - Getting Your High School Diploma and Continuing Education pgs. 6 & 7



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Visit CPA's website at www.cpamanitoba.ca



Canadian Paraplegic Association
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www.cpamanitoba.ca

and click on **DONATE**.

From here you can make a donation by credit card directly to CPA (Manitoba) Inc.

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MANITOBA PARAPLEGIA FOUNDATION INC. (MPF) NEWS

MPF funds go to work in four main areas that are not supported by any other sources in Manitoba: special projects, product testing, research and direct aid to persons with spinal cord injuries who do not have the necessary financial resources for equipment and/or services. All requests for direct aid are initiated through CPA. Individuals must provide information on their financial status, explain why they cannot meet the expense within their own budget, and identify any other potential sources to support the request including potential for contribution from family.

CPA thanks MPF for its continued support to improving the quality of life of persons with spinal cord injuries.

MPF Trustees

Doug Finkbeiner, Q.C (President), Arthur Braid, Q.C (Vice-President), James Richardson Jr. (Treasurer), Dr. Lindsay Nicolle, John Wallis, Dr. Jan Brown, Dr. Kristine Cowley

MPF has approved several requests for financial support during the past few months. Some of the highlights are as follows:

During the month of February 2015:

∞ Financial support was provided for a seating system for a CPA member. This custom backrest and dynamic backrest adjustability components would provide the best pelvic, lower back and lateral support for the member, which would alleviate the member's neck and shoulder pain. This will allow the member to continue his full time employment and full participation in the community.

During the month of March 2015:

∞ Funding assistance to attend the Occupational and Physical Therapy Management of Spinal Cord Injury Conference in September 2015 was granted to

an occupational therapist who provides services to persons with spinal cord injuries on a daily basis through her employment at the Health Sciences Centre.

∞ Funding was granted to a CPA member for modifications to their home. These modifications include widening of the home's bathroom doorway, which will allow the member to gain access to the bathroom, as well as a roll-in shower and a lowered wheel-under sink.

Visit MPF's website at: www.cpamanitoba.ca/mpf
Applications for assistance are available through the website or by contacting the CPA office.

BECOME A CPA MEMBER TODAY!

Your membership dollars support us in our efforts to:
Remove barriers in the community, publish the newsletter ParaTracks and provide rehabilitation counselling services to our members.

Please take a moment to fill out the application on the back cover and send in your membership today!

Thank you for your commitment to the vital work of our member-based organization!

iQ CATH

Are you having difficulty passing an intermittent catheter?



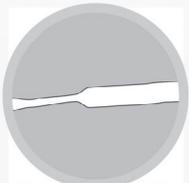
Bulges

in the urethra prevent an easy passage of the catheter and increase the risk of injury.



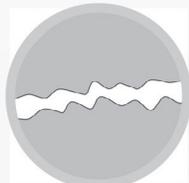
An enlarged prostate

or a spastic sphincter make passing the catheter into the bladder even more difficult.



Strictures

(urethral contractions) may make the usage of a traditional catheter impossible.



Scarring

after micro traumas result in a more difficult passage for the catheter.

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POWER OF ATTORNEY

The following is an excerpt from a booklet developed by the Seniors and Healthy Aging Secretariat, The Public Trustee and the Community Legal Education Association (CLEA). This is intended to provide general information only. How the law affects you depends on your individual circumstances. Also, the law may change from time to time. If you have a legal problem or need specific advice, it is best to consult a lawyer. The next issue of ParaTracks will feature information on Health Care Directives.

Planning Your Future:

Everyone should anticipate the possibility that at some time in the future they may not be able to manage their own affairs.

People can make arrangements in advance so that if they become physically or mentally incapacitated their financial affairs are handled properly.

This type of planning has two major advantages. First, although you will give up control over your affairs when you are no longer capable of handling them, you will have the satisfaction of knowing you have ensured that they will be managed properly. Second, whoever has been entrusted with this responsibility will benefit from knowing your wishes. There are a number of ways in which a person's affairs can be managed once he or she is no longer capable. A common method of doing this is by a power of attorney.

The Functions of a Power of Attorney:

A power of attorney is the legal authority contained in a written document that allows someone else to manage your legal and financial affairs. Although this power can be very broad, it does not allow a person to make health care or other personal decisions. A power of attorney may be useful if you are unable to adequately manage your affairs due to limited mobility or an extended absence.

The person who transfers the power is called the donor, and the person receiving the power is called the attorney. An attorney need not be a lawyer. The person you choose may be a trusted friend or relative, a spouse or common-law partner or a trust company. Whoever you choose, the person will be legally obligated to act on your behalf if he or she accepts the appointment.

It is also important to note that when you give someone power of attorney, you retain the right to manage your own affairs. You are still free to deal

with any property, bank accounts or investments that are included in the power of attorney.

Requirements:

Almost anyone can be chosen as an attorney, as long as he or she is age 18 or more and mentally capable. A person named as an attorney does not have to accept the responsibility and may refuse to act in that capacity.

The only requirements for being a donor are that you be an adult and mentally capable to understand the consequences of your decision. You must be mentally capable of understanding what a power of attorney is and what authority you are giving to the attorney.

The document itself must be in writing and signed by you. While the document must bear your signature, it need not be signed by the person chosen as attorney. The document is usually signed by a witness. The witness should not be the spouse or common-law partner of the attorney. There are specific rules for witnessing an enduring power of attorney.

Duties of the Attorney:

An attorney must always act in accordance with the instructions in the power of attorney. Further, the power granted must always be used for the donor's benefit, and no other purpose. The attorney must keep accurate records of all transactions concerning the donor's affairs.

Types of Powers of Attorney:

A power of attorney may be detailed or broad. The scope of the authority granted to an attorney depends on the type of power given. There are two types of power of attorney: general and specific power. A power may also be temporary or enduring.

Specific Power of Attorney:

This is used to grant a power of attorney for a specific task, such as selling an asset. The power granted to the attorney is limited to the specific task, as detailed in the power of attorney document. The power ends when the task is completed or if the donor becomes mentally incapable.

General Power of Attorney:

A general power of attorney allows the attorney to make decisions concerning all of the donor's business and financial affairs. The attorney has the authority to manage the donor's banking and investments, and sign all documents with respect to the donor's property. This type of power of attorney also ends if the donor becomes mentally incapable.

Enduring Power of Attorney (EPA):

This type of power of attorney allows the attorney's authority to continue even if the donor becomes mentally incapable. An EPA can be granted only while the donor is mentally capable and must be witnessed. It must contain a statement that its authority will continue even if the donor becomes mentally incapable. Some of the rules about EPA's follow. Information on acting as an attorney for someone else can be found in the Public Trustee's publication entitled "Enduring Power of Attorney: A Guidebook for Donors and Attorneys". A copy can be requested from the Public Trustee at 204-945-2700 or on its website at www.gov.mb.ca/publictrustee.

Execution:

An EPA must be witnessed by a person qualified to perform marriages, a judge, justice of the peace or a magistrate, licensed physician, notary public, lawyer or police officer.

This witness should sign a document swearing under oath that he or she saw the donor sign, and that the donor was apparently mentally capable at the time. This document, called an Affidavit of Execution, is then attached to the EPA.

If the donor is physically unable to sign the power of attorney, or is unable to read, he or she may direct someone else to sign it for them. This also must be witnessed by a qualified witness.

Attorney:

The donor must be mentally capable when the EPA is signed and may appoint any person over the age of 18 who is mentally capable to be the attorney. An exception to that rule is that the attorney may not be an undischarged bankrupt.

The donor may appoint more than one person. If they are to make decisions together, the donor must say so in the EPA. Otherwise, the attorneys will be considered to act consecutively, with the second named person having authority to act only if the first named is unable to do so.

Before signing the EPA, the donor should ask the proposed attorney whether he or she is willing to act. Should the donor become mentally incapable and the attorney has begun acting, the attorney must act as directed in the EPA. In that case, the attorney may only resign with the permission of the Court of Queen's Bench.

Accountability:

The EPA may contain the name of a person to whom the attorney must account on a regular basis. If no person is named, the attorney must account to the donor if he or she is mentally capable, or if not, to the donor's nearest relative. This ensures that there will be someone watching over the attorney's actions.

Springing Power of Attorney:

A springing power of attorney is designed to come into effect at some time in the future. For example, the donor may provide that the EPA will only come into force if the donor is declared by a doctor to be mentally incapable. The attorney may only act after the springing event has happened.

The donor may also name a person (called the declarant) to declare that the event has occurred, which brings the springing power of attorney into effect. The written declaration of the declarant is attached to the EPA, and presented to banks or financial institutions to prove that the attorney has authority to act.

The Public Trustee:

It is possible that The Public Trustee of Manitoba may be appointed as committee for a person, even though that person had previously made a valid EPA. This could happen because the donor

has since become mentally incapable, and no one knows of the existence of the EPA. It could also happen when an attorney is managing the donor's affairs pursuant to the EPA, but others, such as family members or care-providers are concerned that the attorney is not managing properly and in the donor's best interests.

If the Public Trustee is appointed as committee in these circumstances, the provisions of The Powers of Attorney Act provide that the EPA is suspended while The Public Trustee conducts an investigation. The purpose of the investigation is for The Public Trustee to determine whether the donor's best interests will be served by returning authority to the attorney, or by terminating the EPA.

When the investigation is complete, The Public Trustee will advise the donor, the attorney and the donor's close relatives of its decision. If the decision is to return authority to the attorney, The Public Trustee will return any assets in its possession belonging to the donor, and will end its involvement. If the decision is to terminate the EPA, the Public Trustee will provide reasons for the decision, and will offer to refer the matter to the Court of Queen's Bench if the donor or attorney disagree.

If the donor or attorney do not ask to have the matter referred to court, or the court upholds The Public Trustee's position, the EPA will be terminated and The Public Trustee will continue to act as the donor's committee in accordance with the provisions of The Mental Health Act.

Termination of EPA:

An EPA may be terminated in one of several ways, including by the death of the donor or the attorney, the bankruptcy of the donor or the attorney (unless the power of attorney provides otherwise) or the involvement of the Public Trustee. As long as the donor is competent, he or she may revoke the EPA in writing at any time.

An EPA is a very valuable and important planning tool. It should be properly prepared and executed, preferably with the assistance of a lawyer experienced in this area of the law.

Frequently Asked Questions:

My mother granted an EPA to my brother, and she is now mentally incapable. I don't believe my brother is acting properly. What can I do?

You should first ask the attorney for a full accounting of everything he has done as attorney. If you don't receive it, or aren't satisfied, you can apply to court to force the attorney to account, or be removed as attorney. You could also apply to be committee of your mother in place of the attorney. As a last resort, you could ask to have The Public Trustee appointed as committee of your mother.

How can I prevent the misuse of a power of attorney?

It is a good idea to put a clause in the power of attorney document to provide that the attorney regularly give an accounting of your finances to you and/or someone else you name. If you don't name someone to whom the attorney must account, your closest relative is entitled to ask for and receive an accounting from the attorney. As long as you are mentally capable, you can revoke the power of attorney at any time by giving written notice to the attorney.

If I fill out a power of attorney form with one bank, will this cover my account and mortgage at another bank?

No. Every bank has its own power of attorney form. A form from one bank will relate only to your dealings with that bank (and its branches). It will not cover your dealings with another bank. Also, bank powers of attorney are not EPAs, unless they are witnessed by a qualified witness. If you have a valid EPA, you will not need a bank power of attorney because the EPA will cover all of your assets, including those in a bank or other financial institutions.

Can the person I name as attorney sell my house?

Yes, if you have granted that power to your attorney. You can grant power of attorney for a specific task (e.g. banking, paying bills or selling your house). Or you can grant a general power, over all or most of your financial affairs. This could include selling your home.

However, there are some exceptions to this rule. For example, if the house is jointly owned, both owners must consent to the sale. Also, if you gave power of attorney to your spouse or common-law partner, the power of attorney is not valid for the sale of the marital home.

It's Not Too Late to Graduate

A high school diploma is the minimum requirement for those of you who are looking for employment or considering post-secondary education. If you are over 18 and do not have your complete grade 12, what are your options?

Some of you may have heard about the GED or General Education Equivalency. This can be obtained by taking a test at an Adult Learning Centre. A GED does not give you a high school diploma but recognizes that you have the learning equivalent of the average high school graduate. It is accepted in place of a high school diploma by many employers. For those individuals looking for work that does not require post-secondary education this may be sufficient.

However, the GED will not be enough for those individuals considering post-secondary training. A better choice would be a Mature High School Diploma. A regular high school diploma requires 30 credits. A mature high school diploma requires 8 credits. Four credits must be at the grade 12 level including grade 12

English and Mathematics. If you have been out of school 10 years or less, high school credits previously attained can be added to achieve the 8 credits.

For more information, you can contact:

Adult Learning and Literacy
350 - 800 Portage Avenue Winnipeg, MB R3G 0N4
Phone: (204) 945-8247
Toll Free 1-800-282-8069 ext. 8247
Fax: (204) 948-1008
Email: all@gov.mb.ca

Or on the internet

www.edu.gov.mb.ca/AEL/ALL/directory.

If you require assistance or direction in considering your options, contact CPA and ask to speak to a Vocational Counsellor. It's not too late to graduate!

~ Lynda Walker ~

Rehabilitation Counsellor, Vocational Services

Did you know that the Access 2 Entertainment card provides free admission for support persons accompanying a person with a disability at member movie theatres and selected attractions across Canada. The person with the disability pays regular admission.



Participating theatres chains include:

Cineplex Odeon Cinemas www.cineplex.com
Galaxy Cinemas www.cineplex.com
Famous Players Cinemas www.cineplex.com
SilverCity Cinemas www.cineplex.com
Colossus Cinemas www.cineplex.com
Coliseum Cinemas www.cineplex.com

Empire Theatres www.empiretheatres.com
Landmark Cinemas www.landmarkcinemas.com
Rainbow Cinemas www.rainbowcinemas.ca
Magic Lantern Cinemas www.rainbowcinemas.ca
AMC Theatres www.amctheatres.com

Simply present the Access 2 Entertainment card when purchasing tickets with your support person at participating movie theatres. A support person is an individual who accompanies a person with a disability to provide those services that are not provided by theatre employees, such as assisting the person with eating, administering medication, communication and use of the facilities. This must be verified by a registered health care provider or a recognized service provider such as your CPA Rehabilitation Counsellor.

**There is a \$20.00 fee for obtaining the card
and the card is valid for a period of 5 years from the date of issue.**

Application forms are available at www.access2card.ca
or call the CPA office and an application form will be sent out to you.

Finding Your Way

What is my path? What will I become? These are important considerations for everyone. For individuals who have sustained a spinal cord injury, these questions can be daunting. Although the effects of spinal cord injury vary from one person to the next and are tied to the level and degree of injury completeness, individuals may live with some or all of the following: chronic pain, spasms, urinary or bowel issues, reduced stamina, physical limitations, or reliance on others to meet their personal care needs.

Your concerns are understandable but not insurmountable. Some people may feel inclined to avoid or delay discussions related to education and training because of fear, uncertainty, or feeling that these things may not be realistic or achievable. I would encourage you to challenge yourself: feel the fear and do it anyway, as this may help you to shed notions about what may or may not be possible for you and to develop goals that will transform your life.

A starting point involves connecting to a vocational counsellor at CPA. The vocational planning process is a complex, non-linear process that is highly individualized. It is not my intention here to address the vocational planning process but, rather, to provide some information regarding funding for vocational pursuits, such as education and training. Your vocational counsellor can assist you to explore your vocational interests and to develop a plan to realize your vocational goal.

The marketAbilities Program of Manitoba is a cost-shared program between the provincial and federal government that assists persons with a variety of disabilities, including spinal cord injuries, to pursue education, training and employment. The program exists only in Manitoba.

For those who want to pursue education to prepare for a job that reflects their interests and abilities, the marketAbilities Program will consider financial requests to cover such things as tuition, books, transportation, and basic school supplies. Alternate funding options are available to meet disability-related needs for those attending educational programs and can cover things such as, note-takers, adaptive equipment, voice-activated software, exam accommodation, and tutoring.

There is, however, a process to access marketAbilities Program funding. This process takes time and requires mutual planning between the CPA member and their vocational counsellor. Individuals must be enrolled with the marketAbilities Program by their vocational counsellor. This planning process culminates in the creation of an individual vocational plan. The individual vocational plan identifies the CPA member's vocational goal and the responsibilities the vocational counsellor and the CPA member commit to achieve the goal. The vocational plan is submitted to the marketAbilities Program and enables the CPA member to be placed on a wait list for funding consideration. For persons whose educational goal involves multiple years of training, the wait list for funding consideration is at least one year.

For those of you contemplating education, training, or employment, contemplate no more. Contact your vocational counsellor. If you do not have a vocational counsellor, ask to be connected to one so the exploratory process can begin and you can develop a plan to create the life you want.

~ Laurence Haien ~
Senior Rehabilitation Counsellor, Vocational Services



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MEDichair **the home medical equipment specialists**

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What you should know about Autonomic Dysreflexia

Reprinted from the March 2006 issue of ParaTracks

– Original was reprinted with permission from the GF Strong Rehabilitation Centre, Vancouver, BC and BC Paraplegia Association (source: Parapgraphic: BCPA quarterly – November 2005 issue)

Autonomic Dysreflexia (ot-toe-NAWM-ick dis-re-FLEX-ee-ah) is a medical reaction that can be seen in anyone with a spinal cord injury above the T7 level. It is also known as dsyreflexia, hyperreflexia, A/D or AD.

Autonomic Dysreflexia is a sudden nervous system response to something that irritates your body. It is a **MEDICAL EMERGENCY** that raises blood pressure so high, it can cause a stroke or death if not take care of right away. Autonomic Dysreflexia can be life threatening, so it is very important that you know exactly what AD is, what causes it, and how to treat it.

COMMON CAUSES

AD is caused by anything that would normally cause you pain or discomfort below your level of injury. A problem with your bladder is the most common cause. AD will go away as soon as the cause is removed.

Here are some causes of AD, with the most common causes listed first:

- full bladder (caused by a plugged or twisted catheter)
- full bowel or constipation
- bladder infection (Urinary Tract Infection) or bladder stones
- medical tests done on the bladder (cystoscopy)
- pressure sores
- fractured bone (or other traumatic pain)
- hot and cold temperatures
- sunburn
- tight clothing and/or shoes
- genital stimulation, ejaculation, or pressure (sitting on your testicles)
- severe menstrual cramps or labour and delivery
- abdominal medical condition (appendix, gall stones, kidney stones, stomach ulcers)
- some drugs (digoxin)
- ingrown toenails

COMMON SYMPTOMS

Most people with AD feel some of these symptoms:

- sudden, severe rise in blood pressure
- pounding headache
- change in heart rate

- blurred vision
- an “aura”
- flushed skin above the level of injury
- goosebumps or shivering above the level of injury
- sweating above or below the level of injury
- pale skin below the level of injury
- stuffy nose
- anxious feeling

WHAT TO DO IF YOU HAVE AUTONOMIC DYSREFLEXIA

1. Sit up if you are laying down to help decrease your blood pressure.
2. Loosen clothing, legbag straps, and shoes.
3. Find and remove the cause:
 - a. Check for **BLADDER** problems: empty bladder with in/out catheter; check for kinks in tubing; check for full legbag; change foley catheter.
 - b. Check for **BOWEL** problems: do a rectal check – if there is stool, remove it manually: use xylocaine gel to decrease potential stimulation which could cause your blood pressure to rise even more.
 - c. Check for **SKIN** problems: do a full and thorough skin check from top to bottom, front to back: check buttocks, feet, toenails, etc.; use a mirror and/or get someone to help.
 - d. Seek **MEDICAL ATTENTION**: A physician should be notified immediately because this is a medical emergency. If you can't find the cause, **GO STRAIGHT TO THE NEAREST HOSPITAL**. Remember, not all health care providers will know how to treat Autonomic Dysreflexia, so bring in your wallet-sized card (see next page).

PREVENTION

You may not be able to prevent AD entirely, but there are steps you can take to reduce the likelihood of it occurring:

- do regularly scheduled bladder and bowel programs
- do routine skin checks and nail care
- avoid extreme hot and cold temperatures
- take medications as prescribed

Some people get AD more often than others. If you get episodes of AD regularly, talk with your doctor. Your doctor may provide you with medication to help prevent and manage it.

Anytime you begin to feel the symptoms of AD, you know that your body is trying to talk to you. AD can be an early warning sign for you to check your body and fix whatever is wrong. Keep track of your symptoms and causes so that you can figure out what your body

is trying to say. Many people who have had dysreflexia know exactly what is going on by the way the symptoms show up. Once you know what caused your symptoms, you will be able to treat it quickly and effectively.

If you have any questions about Autonomic Dysreflexia, or anything else related to your spinal cord injury, call the Health Sciences Centre Spinal Cord Clinic at 204-787-2365.

MEDICAL ALERT – AUTONOMIC DYSREFLEXIA (AD)

AD is a potentially life threatening complication of spinal cord injury above T7 level. It is caused by an unopposed sympathetic nervous system response to noxious stimulation below the level of the injury. Blood pressure may rise dangerously. The most typical cause of AD is distended bladder. Other causes could be distended bowel, pressure sore, ingrown toenail, etc.

Symptoms may include elevated blood pressure (normal after SCI may be 90/60), headache, sweating, flushed face, anxiety, and bradycardia. Treatment is to remove the cause. Once the cause is removed the BP will return to normal immediately.

Autonomic Dysreflexia Treatment

1. Raise the head of the bed by 90° or sit person upright.
2. Monitor BP every 5 minutes.

3. Check for sources of AD: drain bladder first, consider using topical anesthetic jelly for lubrication of catheter.
4. Check rectum for stool. Apply anesthetic jelly to rectal wall before manipulation. Use digital stimulation to promote reflex defecation.
5. Check for other sources of AD such as ulcer, fracture, ingrown toenail, etc.
6. If SBP is above 150 mmHG after above checks, give captopril 25 mg sublingually x1. Advise patient to avoid swallowing until tablet dissolved.
7. If SPB still greater than 150 mmHG at 30 minutes post-captopril then give immediate release nifedipine 5 mg capsule via the bite and swallow method.
****** ONLY IN A HOSPITAL SETTING******
8. Repeat nifedipine 5 mg bite and swallow 15 minutes after the initial nifedipine dose if SBP still greater than 150 mmHG.
9. Consider intravenous agents for hypertension if hypertension is refractory.



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Thursday, September 10, 2015

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More Information to Follow

If you have any questions, please contact:
Kim Tomchuk (204) 339-9268 ext. 238 ktomchuk@tenten.mb.ca
Ute Graham (204) 339-9268 ext. 233 ugraham@tenten.mb.ca

Well Fed Instead of Only Meds

The Quest for Pain Management through Nutrition



As the expression goes, “an apple a day keeps the doctor away.” If only this orchard-based philosophy could keep pain away too! Well believe it or not, some pain remedies for individuals with spinal cord injuries may be found at the farmer’s market or the grocery store as opposed to the pharmacy. I am by no means saying that food is a substitute for pain medication. However, various studies have demonstrated a link between good nutrition and decreased pain symptoms. According to Smith and James (2013), “nutrition can provide ways to reduce pain impulses within the nerves, limit the brain’s perception of pain, and stop local tissue damage without some of the negative side effects associated with pain medications”. I recognize that this “food as medicine” concept sounds far-fetched but if you are having trouble managing your pain, why not give some of the following suggestions a try...

Eat anti-inflammatory foods

Inflammation is the “body’s attempt at self-protection; the aim being to remove harmful stimuli, including damaged cells, irritants, or pathogens - and begin the healing process” (MNT, 2015). So why might anti-inflammatory foods be encouraged if inflammation is seemingly positive with its healing nature? In a nutshell, too much of a good thing is in fact too much. Pain, heat, redness, swelling, and loss of function are all examples

of acute inflammation, which serve as clues that something is wrong in the body. These symptoms cue us to modify our activity, rest or seek medical treatment. However, these symptoms may enter an endless cycle of chronic inflammation which can be very damaging to tissues and lead to chronic pain. Minimal consumption of fruits and vegetables paired with large quantities of processed grains (e.g., white bread), dairy, and processed food (e.g., deli meat, TV dinners, chips, etc.) can trigger chronic inflammation in the body and joints - resulting in chronic pain. “Oily” fish that are high in fatty acids such as herring, mackerel, salmon, and sardines help to reduce inflammation. Ginger, garlic, cumin, cayenne pepper, and chili peppers also have an anti-inflammatory effect.

Consume foods with Calcium, Magnesium, Potassium, B Vitamins

Calcium

Calcium deficiency is linked to muscle cramps as well as leg, bone, and neck pain. When there is talk of calcium, people tend to think only of dairy. However, calcium is found in many other foods that you might not expect. Almonds, sesame seeds, and greens such as broccoli and kale all contain high amounts of calcium. And yes, yogurt is a good choice too.

Magnesium

Magnesium deficiency is linked to inflammation as well as muscle dysfunction, mood issues, and sleep disorders. In contrast, magnesium can help to minimize muscle cramps, spasms, myalgia, and osteoporosis pain. Get your magnesium intake from a wealth of options such as salmon, black beans, spinach, tomatoes, pumpkin, and quinoa to name a few!

Potassium

Potassium contributes to the function of cells, organs, and tissues in our bodies. Potassium

deficiency may be an underlying cause for pain in the abdomen, legs, and joints. Muscle cramps and weakness may also be the result of low potassium. Avocados, bananas, apricots, spinach, salmon, and white beans are all foods with high potassium content.

B Vitamins

There are 8 B Vitamins. In particular, Vitamin B6 “plays a critical role in pain management by making pain-inhibiting neurotransmitters” (Smith & James, 2013). You may wish to consult with a dietician or doctor regarding B Vitamin supplements. Foods such as grass-fed beef, sardines, bananas, avocados, carrots, and brown rice are all great sources of B Vitamins.

Eat Foods High in Tryptophan and Phenylalanine

Difficult to pronounce but easy enough to incorporate in one’s diet, these amino acids support natural pain killers in the body.

Phenylalanine prevents the breakdown of endorphins, a natural pain killer that helps to reduce pain and depression. More specifically, endorphins “block pain signals moving through the nervous system”(Smith & James, 2013). Cheese, chicken, fish, turkey, eggs, lentils, and sesame seeds are all rich in phenylalanine.

Tryptophan paired with nutrients such as Vitamin B6, Vitamin C, and magnesium increase production of the natural pain killer serotonin. Serotonin increases one’s tolerance to pain. Tryptophan is found in eggs, salmon, and turkey.

Drink 6 – 8 cups of water a day

I imagine you have heard this one time and time again! If you keep your body hydrated and make a point of incorporating good fats from foods such as avocado, fish, and nuts into your diet, your joints will be well lubricated which can help to minimize pain as well as wear and tear. Not to mention that water can help flush out toxins. In contrast, carbonated beverages tend to be high in phosphorous which deplete minerals that help to alleviate spasticity, cramps. and tension. I



recognize that it can be hard to get motivated to drink water. It will get easier if you make it a habit. Consider drinking a tall glass of water first thing in the morning when you get up or take a few sips of water at every commercial break when you watch TV. Make sure to take a water bottle on outings too. You may not feel thirsty but the truth is that when you do feel thirsty, you are actually dehydrated. For extra appeal, you can add a slice of lemon, lime or cucumber. With summer on its way (I hope!), take advantage of raspberries being in season, crush them and add them to your water.

Healthy eating is certainly not the “*end all*” when it comes to pain management. However, making healthy food choices on a regular basis could make a difference. Whether you are considering a small or big change with your diet, it is ideal to consult your doctor or a qualified professional such as a dietician.

~ Tara Mamchuk ~

Rehabilitation Counsellor, Vocational Enhancement

Sources:

- Smith, J. & James K. (2013). Eat well, live well with spinal cord injury.
- Medical News Today (2015). What is inflammation?. Retrieved on April 24, 2015, from http://www.medicalnewstoday.com/articles/248423.php#what_is_inflammation
- The Free Dictionary (2007). Inflammation. Retrieved on April 24, 2015, from <http://medical-dictionary.thefreedictionary.com/inflammation>

The Accessibility for Manitobans Act “Everybody’s Business”

The Accessibility for Manitobans Act (AMA) became law on December 5, 2013. Its purpose is to provide a clear and proactive process for the identification, prevention and removal of barriers to accessibility in the public and private sectors.

Barriers to accessibility are the daily reality for many Manitobans with a range of abilities. Some are born with a disability. Others develop a disability through accident, illness or as part of the aging process. Nearly every Manitoban has a disability, knows someone with a disability, or will acquire a disability in the coming years.

The AMA recognizes that physical, attitudinal and systemic barriers prevent Manitobans from going places, using services and getting information. The barriers faced by persons with disabilities are widespread and span such key sectors as housing, transportation, community support, civic participation, employment, education and commerce.

Creating a more accessible environment will benefit all Manitobans, but particularly those who live with disabilities. This landmark legislation will nurture diverse, age-friendly communities, help meet the demands of the labour market, and create a more accessible Manitoba for everyone!

Manitoba’s Human Rights Code ensures people with disabilities have the right to the same opportunities as all Manitobans. The AMA will complement the Code by establishing standards to achieve accessibility, not only for persons with disabilities, but all Manitobans.

Accessibility standards are the building blocks of real, measurable and effective changes to accessibility. Under the AMA, accessibility standards will be developed in five key areas of daily living:

- Customer Service
- Information and Communication
- Transportation
- Employment
- Built Environment

Each standard will have its own set of require-

ments and timelines that will be developed with representatives from the disability community, business, municipalities and other stakeholders, as well as a thorough and transparent public consultation. The Government identified customer service as the first priority area.

There is no benefit to creating barriers to individuals, business or society. Nor are barriers created out of necessity. Barriers are the result of a lack of understanding and appreciation of the significance these obstacles play in the daily lives of many individuals. Unintentionally, providers of goods or services may create barriers that adversely affect a large number of potential clients and consumers. The business case to remove barriers is strong: According to the Bank of Canada, people with disabilities have an estimated annual spending power of about \$25 billion across Canada.

The customer service standard focuses on policies, training and good communication practices that can address the lack of awareness about persons disabled by barriers, limited knowledge about human rights and disability accommodations, and the significant under-estimation of the current and latent economic contributions of persons with disabilities as customers and producers.

The Government’s proposed Customer Service Accessibility Standard is currently posted at the Disabilities Issues Office website, www.gov.mb.ca/dio. We encourage people to provide us with their views. This is the final stage of public comment before the standard is finalized and brought to the Cabinet for final approval as a regulation.

The next area of standard development is employment. The government is currently involved in a number of initiatives to better prepare persons with disabilities to enter the workforce. The development of an employment standard will assist more persons with disabilities to secure and retain employment.

The employment standard will require employers to ensure accessibility across all stages of the employment life cycle. By proactively removing barriers, employers can help create accessible

workplaces which allow employees to reach their full potential. Accessible employment processes mean that employers can access an untapped pool of talent. An Employment Standard Development Committee made up of persons with disabilities, government representatives and members of the private sector will be formed and begin discussions in the near future.

Standards will be introduced incrementally, with a timeframe for implementation determined by the complexity of the area. The intention is to proceed in a reasonable manner with due consideration to all sectors affected.

The implementation of accessibility legislation is an immense task that requires long-term commitment and strong government leadership. Education will be a key component of introducing legislation. It will ensure greater awareness of the benefits of full accessibility and create a clear understanding of the obligations organizations will have under standards established by the Act.

In 2001, the Government released its founding policy document related to persons with dis-

abilities, Full Citizenship. In it, the first Minister responsible for Persons with Disabilities stated,

“Our government and our society have been challenged: we must remake our institutions in a way that allows persons with disabilities to fully participate in our society. Our challenge is to become a more inclusive society, so that all Manitobans can enjoy the rights and exercise the responsibilities, of citizenship”

Those words are as true now as they were then. Although great strides have been made, considerable work remains to be done. The AMA alone will not eliminate every barrier, but it is an important step in making Manitoba more accessible by preventing new barriers and implementing long-term plans to remove existing ones. The government looks forward to working with all Manitobans in making the vision of an inclusive society a reality.

~ John Wyndels ~
Disabilities Issues Office



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Disclaimer: Please note that the opinions expressed in this and other articles are those of the authors and do not necessarily represent the views of CPA Manitoba.

MOBILITY MINEFIELD 2015

VOTE FOR MANITOBA'S WORSE SIDEWALK

~ By P.A. MacDonald ~

It is summer! We claimed victory over another winter and now we reap our rewards: mosquitos, road repairs, and forest fires.

I am very anxious to get back outside and not spend a lot of time indoors writing articles right now ... so... I will be merciful and spare all my loyal readers from my usual literary rambblings exploring disabled issues and ponderous quests to enlight and delight eye weary readers! ☺

Every spring CAA Manitoba runs a campaign to compile a list of the worse roads in Manitoba, or at least according to the people who have to drive on them. Much to the delight of auto suspension repair shops, St. James, Ness & 1st Street in Winkler seem to top the list often. At the time this article was written, CAA has yet to post this year's results. I have it on good authority that the winner this year is a northern highway that is so bad that even the local wildlife can't use it. If you would like to see results for this and previous years, use this link:

https://www.caamanitoba.com/community_worst_roads



The list of bad roads reported to CAA is then turned over to municipal and provincial authorities. As difficult as it is to believe, some of the worse roads do get a higher priority on the repair schedule. I'm certain that the determining factor is where can traffic be jammed up for the longest time while doing the fewest repairs. ☺

Trying To Get To a Bus Stop on Jefferson



This is all well and good for car owners or anyone who has to drive for a living, but, what about the rest of the motoring public? What about people who have to depend on wheels instead of legs? I'm talking sidewalks. A routine trip to the grocery store can easily be turned into a time consuming ordeal if a sidewalk suddenly decides to have you for lunch.

I have seen and negotiated sidewalks in many parts of Winnipeg and however bad the street may be, the sidewalk is even worse – buckled slabs of concrete that create a mountain range to cross and crushed broken curbs that will present a wheelchair user's face with a bad case of road rash. I'm talking about sidewalks that will bring you to a high curb and no way around it. I have seen areas where the planners seem to think gravel is as good as concrete for a surface. I recently got stuck in gravel.

My vote would go to Mountain Ave. between McGregor & McPhillips. It doesn't matter if you use the North or South sidewalks. Each presents its own challenges. If you are an adrenaline junkie, I would say strap yourself in and wear a helmet. Oh, please make sure your phone can be easily reached when you are upside down and your chair is on top of you!



Near RR crossing on Mountain Ave.

A close second would be Pembina Hwy south. Between the U of M & St. Norbert, one may have to cross the street multiple times because of vanishing or crumbled sidewalks. Quite simply put, the sidewalk comes to an abrupt end. You will proceed over a high curb or onto soft dirt if you don't stop in time. When I lived in southern California I saw something similar, but these were freeway overpasses that partially collapsed in earthquakes. If they didn't have the access ramps blocked, some fools would go right over the edge at the top of the rise.

Snake River Canyon? Nope. Pembina Hwy

Leap Of Faith?... Pembina Hwy



We cannot blame earthquakes. It's our infrastructure and our wheels can and should squeak as loud as car wheels, if you know what I mean. My proposal is this: I would like people to start sending me their vote for the worse sidewalk, preferably with some pictures. In the fall, I will present a top 10 list and write about it. I will also be submitting all the results to local authorities and with elections coming up, I will remind them that disabled people vote too!

So please submit your votes & pictures to:

MobilityMinefield.Manitoba@gmail.com



That's it ...

*I'm on my way back out the door. I wish you all a safe & happy summer!
Go out & snap me some pictures! 📷*

2015 ANNUAL GENERAL MEETING

The Board of Directors of the
Canadian Paraplegic Association (Manitoba) Inc.

cordially invites you to attend its

Annual General Meeting



Canadian Association
Paraplegic Canadienne des
Association Paraplegiques
(Manitoba) Inc.

TUESDAY, JUNE 23, 2015

5:00 p.m. Hors d'oeuvres

5:30 p.m. Business Meeting

Merv Thomson Room, 1010 Sinclair Street, Winnipeg

Meeting Agenda:

Reports from the President/Executive Director and Treasurer.

Elections will be held for positions on the 2015/2016 Board of Directors.

Presentation of 2015 CPA Merit Award

Guest Speakers: Jared Funk and Shanna Semler

*Topic: Changing Minds, Changing Lives:
The important role of sport in the lives of
persons with physical disabilities*

Reception (Coffee & Dainties)
to follow the Annual General Meeting



Do you have MS or a spinal cord injury? Do you suffer from overactive bladder?



**(feelings of urinary urgency, frequent
urination or incontinence)?**

A new type of drug has been approved by Health Canada to treat overactive bladder (Mirabegron by Astellas Pharma Canada Inc.). Research studies have shown it to be effective and safe for treating overactive bladder in the able-bodied population. We are testing how well this drug works for people with neurogenic overactive bladder (caused by damage to your spinal cord), to be able to offer better treatments.

Participation in this study is for 10 weeks, and involves taking either the new drug (Mirabegron) or placebo ("sugar pill") orally once daily. There are four study visits to RR2 in the Rehab Hospital at HSC. You will have two urodynamic assessments, two EKGs and have a sample of your blood and urine taken twice during the study. You will need to complete a bladder diary and a 24 hour urinary pad test twice during the study.

A small honourarium will be provided to participants to help cover travel and parking costs.

**Please contact our Research Nurse,
Tracey at (204) 787-2725
or email tolafson@hsc.mb.ca
for more information.**

A Tribute to Irene Howard (Miller)

1932 – 2015

I recall vividly the first time I met Irene. It was 1969 and I was a newly-injured 14 year old, lying in halo traction in the Children's Hospital.

One night, as my friends were leaving, in rolled this tall, slender, gorgeous blonde woman. Before privacy acts there was an informal network through CPA or the Manitoba Wheelchair Sports Association that connected experienced persons with SCI to the newly-injured still in hospital or Rehab. I proceeded to bombard her with the million questions I had about living life from a wheelchair. She patiently and quietly answered them. As I look back I realize what Irene brought me that night was hope and a vision for my future in a wheelchair. She was my role model and mentor.

Irene's journey began with a T12 injury from a car accident at 21 years of age. CPA was in its early years and the Manitoba Wheelchair Sports Association did not yet exist. She would be among the early advocates for our rights to physical access, sports and employment.

Irene volunteered most of her life, sitting on the Board of Directors of the Manitoba Wheelchair Sports Association from its inception; the Organizing Committee of the first ever 1967 Paraplegic Pan-Am Games; the CPA Board of Directors; and was active in the Alpha Iota Sorority.

She met Ken Howard through his volunteer work with Manitoba Wheelchair Sports Association and they later married. She also enjoyed a lengthy career as the Receptionist with BA Robinson until she was 65.

Irene was as beautiful on the inside as the outside. Quiet spoken and polite, Irene did not seek attention, but make no mistake – this woman was a fierce and formidable opponent in a number of sports. She was an outstanding athlete competing



at the national and Olympic level for two decades, travelling the world for sport and racking up a long list of medals in track and field, swimming and archery.

Among her accolades Irene was awarded Outstanding Woman Athlete at the 1967 Centennial Games in Montreal, and chosen by the Manitoba Sportswriters & Sportscasters' Association as the first female recipient of the Errick F. Willis Memorial Trophy for outstanding Woman Athlete of the Year for Manitoba in 1967/68.

Also proud of their citizen, Irene's home town of Gimli honoured her in 1968 with an "Irene Miller Night", presenting her with the Gold Key to the town. Medals and recognition would continue during her competitive years.

Irene embodied strength and grace. She lived a long, full and productive life leaving behind a legacy from which we have all benefited. It was an honour to know her and remain her life-long friend.

~ Patti Bonas ~



Patti Bonas and Irene Howard

CPA Welcomes its Newest Staff Member

I'm Tara Mamchuk, the newest CPA staff member *at your service!*

I have been part of the CPA team since March 2015. Despite my “newbie” status at CPA, I am no stranger to social services. Most recently, I worked as a Women’s Counsellor at W.I.S.H. Inc. (now operating as Bravestone Centre), a long-term shelter for women and children who have left abusive relationships. I was also previously employed with Macdonald Youth Services in a Specialized Individual Placement group home for girls. In these positions, I supported my clients in dealing with trauma, addiction, mental health issues, relationship issues, and the list goes on. I have also volunteered on Klinik Community Health Centre’s crisis lines and the provincial suicide lines.



I hold two university degrees – a Bachelor of Arts (Honours) degree in Psychology from the University of Manitoba and a Master of Arts in Counselling from the University of North Dakota. While completing my Master’s degree, I worked at the UND Women’s Center in a role in which I discovered leadership skills I never knew I had. This experience was very empowering and I hope my clients will also feel empowered in our work together as they learn more about themselves and strive towards their goals. I look forward to meeting you, CPA members!

*~ Tara Mamchuk ~
Rehabilitation Counsellor, Vocational Enhancement*

We Need Your Feedback

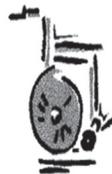
What would you like to see in future issues of ParaTracks?

We try our best to publish articles and stories that are of interest to you, our members. To ensure we continue with this practice, we need your help. Without feedback from CPA members, we can’t always be sure that we’re providing you with the information you require.

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

Jericho Moneyas	Jagdish Malik
Claude Lafond	Ross Wood
Armand Belanger	Myles Scharf
William Merrett	Adeline Gouschuk
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I wish to select the following category of Membership:

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All Monies donated remain in Manitoba to support CPA (Manitoba) Inc. An income tax receipt will be issued for any amount over \$15.00. Sustaining, Charter and Patron Members will receive recognition of their generous contribution in the context of events such as our Annual General Meetings or in the programs of other CPA (Manitoba) Inc. functions.

**** IMPORTANT **** According to Canada's Personal Information Protection and Electronic Documents Act, commencing January 1, 2004, all businesses and organizations are required to obtain an individual's consent when they collect, use or disclose their information. **Unless you indicate otherwise by checking the box below, signing and returning this form to CPA, you are providing a form of consent that permits CPA to use the information you provide on this membership form for the purposes of sending out membership receipts and cards, reminder notices with membership applications and newsletters as noted above. You are also consenting to having your name listed in CPA's Annual Report (Sustaining, Charter and Patron members).**

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