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Winter Issue



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

**MPF** MANITOBA  
PARAPLEGIA  
FOUNDATION INC.



# PARATRACKS

*Newsletter of the Canadian Paraplegic Association (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 has approved several requests for financial support during the past few months.*

*Some of the highlights are as follows:*

### *During the month of October 2014:*

- ☞ Funding was provided for the purchase of a transfer bench for a CPA member. This transfer bench will allow the member to transfer into the bathtub for bathing vs. having to rely on sponge baths.

### *During the month of December 2014:*

- ☞ Financial support was granted to a CPA member for assistance with modifications to the member's home. These modifications will allow the member to become independent and be a more active member of their family. The member will be able to transfer in and out of bed and provide their own personal care in an accessible washroom.

*Visit MPF's website at: [www.cpamanitoba.ca/mpf](http://www.cpamanitoba.ca/mpf)*

*Applications for assistance are available by contacting the CPA office.*

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## Career Cruising, A Career Planning Tool

**Career Cruising** is a computer-based career exploration and planning tool which was developed in Canada. It is a helpful resource for individuals at various stages in their work life. This includes high school students who are considering post-secondary education, college and university students who want to learn more about careers in their field of study, and adults who are unemployed or those considering career changes.

An essential part of the career planning process is being aware of your interest and skills. "Matchmaker", "My Skill" and "Learning Styles" inventory help you to identify your interests and skills and match them to suitable career paths.

Once you have completed the initial assessment process you can go on to look at Career Profiles which provides up-to-date information on hundreds

of different occupations. When you explore specific occupations you will be provided with job specific information such as core task, working conditions, earnings, and education and training requirements. You can also look at interviews with real people who are currently in the occupation.

For those of you who are ready to enter the job market, Career Cruising provides valuable information to get you started, including labour market information, resume writing, interview skills and jobs search tools.

Career Cruising can be used by anyone who has internet access. The Canadian Paraplegic Association (Manitoba) Inc. has a site license for the program.

*Call your CPA Vocational Counsellor if you are interested in trying it out.*

# WHEELCHAIR MAINTENANCE & CLEANING

*Maintaining a wheelchair* means keeping its moving parts and upholstery clean, and its wheel locks and wheels well adjusted. Wheelchair Services provides maintenance and repair services for people issued chairs from the program. *However*, the consumer is responsible for basic maintenance and cleaning of the wheelchair.

## Cleaning Your Wheelchair:

Dirt and mud build-up on the inside of your wheelchair greatly affects its performance.

- Spray the chrome or painted metal parts with a mild cleaner, and wipe all parts clean.
- Make sure to get into the hard to get areas where dirt usually builds up. Dirty moveable parts don't work well together and cause the parts of your wheelchair to wear out a lot faster.
- During the winter months, wash away road salts that can damage the metal parts.
- If you have leatherette type upholstery, spray cleaners work well.
- If you have nylon upholstery, a brush, mild soap and water will work.

- If you have any telescoping tubes on your wheelchair, rubbing them with paraffin or candle wax will allow them to slide more easily.
- Make sure the wheel axles are clean and free of hair, string, etc. which can make the chair hard to propel.

## Basic Maintenance:

- If you have pneumatic tires, they should be checked for proper inflation. The pressure requirements are written on the side of the tire.
- Check and tighten brake screws regularly.
- Put a few drops of oil on the centre bolt of the chair under the seat.
- Check for excess play in both the rear and caster wheels.

From SMD- <https://www.smd.mb.ca/uploads/ck/files/services/ManualWheelchairBrochure.pdf>  
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# MANITOBA WHEELCHAIR SPORT ASSOCIATION (MWSA)

**Who we Are:** Manitoba Wheelchair Sport Association (MWSA) is a non-profit organization whose mission is to help build confidence in individuals who have a physical disability. We do this by providing a variety of sport and leisure activities such as wheelchair basketball, wheelchair rugby, Mini-Paralympian Program, and wheelchair dance, to name a few.

**School Demo Program:** MWSA delivers a school program all over Manitoba and NW Ontario to promote adaptive sports in the community and create awareness for sport and recreation for people living with a physical disability.

**Sports:** Our organization's mandate is to introduce, promote and develop athletes participating in wheelchair rugby and wheelchair basketball. We also provide grassroots introduction of adaptive sports in partnership with its' respective Provincial Sports Organization. MWSA promotes multisport through the Mini-Paralympian Series.

## Programs:

### **Wheelchair Rugby:**

- Weekly practices open to the public
- Recreational program
- Provincial Team program

### **Wheelchair Basketball:**

- Weekly practices open to the public
- Recreational program
- Provincial Team program
- Canada Games program

### **Wheelchair Tennis:**

- Weekly practices open to the public
- Recreational program
- Provincial Team program
- Tennis MB Tournament Circuit Sanctioned

## **MWSA is proud to partner with:**

- Canadian Paralympic Committee – [www.paralympic.ca](http://www.paralympic.ca)
- Sport Manitoba – [www.sportmanitoba.ca](http://www.sportmanitoba.ca)
- Wheelchair Basketball Canada – [www.wheelchairbasketball.ca](http://www.wheelchairbasketball.ca)
- Canadian Wheelchair Sport Association – [www.cwsa.ca](http://www.cwsa.ca)
- Bridging the Gap Canada – [www.btgcanada.ca](http://www.btgcanada.ca)
- Cerebral Palsy Association Manitoba, Canadian Paraplegic Association (Manitoba) Inc., Independent Living Resource Centre, Sledge Hockey Manitoba, Society for Manitobans with Disabilities (SMD), Tennis Manitoba, Basketball Manitoba

**Social Media:** For further details and to follow what's happening in the wheelchair sports community in Manitoba, check us out at [www.mwsa.ca](http://www.mwsa.ca) or "like" us on Facebook under "Manitoba Wheelchair Sport Association".

# Regina Hostel Accommodations

The Regina Qu'Appelle Health Region provides Hostel Accommodations at the Wascana Rehabilitation Centre in Regina, Saskatchewan. These hostel rooms are available to clients and patients of the Regina Qu'Appelle Health Region and relatives of those receiving treatment. These accommodations are also available to members of CPA Manitoba.

## **Hostel Features:**

- Private rooms/washrooms
- Private showers
- Wheelchair accessible
- Television room
- Shared Kitchenette
- Laundry Facility
- Within walking distance to a shopping mall and Wascana Park
- Excellent cafeteria and confectionery on site
- Kitchenette with microwave, toaster, kettle and refrigerators
- TV Lounge and recreational areas with exercise bikes, pool table, shuffle board, ping-pong and more
- Plug in parking also available

## **Admission Criteria:**

- Must be of legal age (18 years old).
- Must be medically stable. There are no medical staff on duty.
- Must be independent in all aspects of self-care (i.e. Transfers, managing medications, transportation to and from appointments, etc.).

## **The Hostel offers:**

- Wake-up calls
- Telephone in each room

## **Clients are Responsible for:**

- Their own meals.
- Room rental fee (unless they have prior approval from a sponsoring agency).
- Agreeing to the basic guidelines or conditions of stay. This ensures the comfort of all staying at the Hostel.
- Transportation to and from acute care hospitals.

**For Reservations or More Information, Phone: 306-766-5797 or Fax: 306-766-5799**

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# The Vocational Assessment

*Erika Bewski*, Supervisor, Vocational Rehabilitation Program and the Employment Preparation Centre, Society for Manitobans with Disabilities, shares her thoughts regarding the purpose and value of the vocational assessment, one of the services offered by the Employment Preparation Centre.

## **What is a vocational assessment? What is its purpose?**

A vocational assessment provides participants with an opportunity to get a snapshot of their aptitudes, interests, academic skills along with some vocational and career ideas. It is suggested that participants attend when they are at their best physically and medically to ensure they perform at their peak and that the results reflect their best effort.

## **How do individuals access a vocational assessment? Who covers the cost?**

Participants are referred to the Employment Preparation Centre by their vocational counsellor or case manager. Individuals eligible for the services of the Canadian Paraplegic Association or another designated agency, such as the Vocational Rehabilitation Program, Society for Manitobans with Disabilities and who have been enrolled with the marketAbilities Program, Manitoba Jobs and the Economy, will have the cost of the vocational assessment covered by the Provincial Government. In some cases, a third party payor, such as Manitoba Public Insurance, may cover these costs.

## **What do participants do during a vocational assessment? Who guides the process?**

Initially, the process is guided through a consultative process that occurs between the participant and his/her vocational counsellor or case manager, who then makes the referral to the Employment Preparation Centre. This consultative process adds structure to the process that follows with the vocational evaluator. The more specific the referral, the more individualized the vocational assessment. The vocational assessment may include all or some of the following: an assessment of academic skills, aptitudes, vocational interests, labor market information, work-related habits and attitudes, such as, punctuality, attendance, personal grooming, ability to follow instructions, etc.

During the vocational assessment, the participant is paired with a skilled and supportive vocational evaluator. Because a vocational evaluation can be anxiety-provoking for some, an attempt is made to create a relaxed and supportive environment with no more than six individuals participating at any given time. There is no pass or fail for the vocational assessment. A series of standardized tests are administered and scored by the vocational evaluator, who then prepares a report outlining the results of the assessment.

## **Should participants do any preparation before commencing a vocational assessment?**

There is no need to prepare. The vocational assessment is intended to provide an individual with information about themselves that they will be able to use to develop a vocational plan that identifies their vocational goal and the steps they need to undertake to realize the vocational goal.

## **How long does it take to complete a vocational assessment?**

The comprehensive vocational assessment typically takes five days to complete. There is flexibility, though, to accommodate for disability or other issues that may arise.

## **What happens after the vocational assessment is completed? What kinds of things do individuals learn about themselves afterwards and how is this information helpful?**

After the vocational assessment is completed, the vocational evaluator prepares a report in which the results of the standardized testing, the individual's workplace habits/attitudes, labour market information, and recommendations arising from this information are outlined. This information is then shared during a follow up meeting with the participant and the referral source. This information is intended to help individuals learn about their strengths and interests and serve as the basis for the creation of a vocational plan in which a vocational goal is identified.

## **Will the vocational assessment results tell participants what work or education program they should pursue?**

No. The results of the assessment may confirm that an individual is already on the right path vocationally or it will generate ideas to be considered further by the participant and the vocational counsellor in the development of a vocational goal.

The Employment Preparation Centre is located on the second floor of 825 Sherbrook Street and is part of the Society for Manitobans with Disabilities. The vocational assessment occurs in a relaxed and informal setting and the standardized tests are administered by skilled and supportive vocational evaluators. While the vocational assessment is not intended to prescribe a vocational path for participants, it can provide valuable information regarding an individual's academic skills, aptitudes, and work related interests and serve to inform and direct subsequent steps in the vocational planning process. C.P.A. members who are interested in exploring the vocational assessment are encouraged to contact their Rehabilitation Counsellor, Vocational Services.

## *CPA Kicks Off Their 2014 Employee Campaign*

*On November 5, 2014 CPA held their United Way Employee Campaign Kick-off Event which featured a United Way Guest Speaker, Lunch from King's Head Pub & Eatery, Silent Auction and a "Family Feud" contest – CPA vs. SMD.*

*Thank you to Campaign Chair Shannon Dupont, who once again did a tremendous job in organizing this fun-filled event! A huge thank you to everyone who attended and supported this very worthwhile cause! A big thank you to EPC staff for participating in Family Feud.*

**CPA would especially like to thank the following donors for their generous support:**

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

## STEM CELLS AND TUMOURS

Dr. Kristine Cowley

*Stem cell treatment causes very large growth of nasal tissue in woman's back: but does not improve either sensation or function.*

**Woman develops spinal tumour eight years after receiving stem cell transplant:** In this issue, I will tell you about a young woman who developed a spinal tumour after receiving a stem cell transplant. The woman had sustained a spinal cord injury, leaving her paralyzed from the waist down, without sensation, at the age of 18. Three years after her injury, she opted to receive a transplant of cells taken from her nose (thought to contain olfactory ensheathing cells and neural stem cells) in an attempt to improve her function and sensation. Eight years later, after developing severe back pain, it was determined that she had a very large growth in her spinal cord where the implant had been placed.

**Some improvements in either sensation or function were reported in study participants that had received stem cells harvested from their nose, but the studies were 'uncontrolled':** It is unclear from this research article whether this woman had been part of the initial study or had chosen to have the surgery outside of the research trials, but the type of transplant she received was of cells harvested by trimming off portions of tissue that lined her nasal cavity. These pieces were then cut up and implanted into her spinal cord. In the initial clinical studies (Lima et al 2010, Lima et al 2006), some participants showed improvement in their level of sensation. Two people in the first study and about half in the second showed improved sensation such that they could feel a few more inches below their initial injury. They also reported that there was motor improvement in participant's legs, such that some implant recipients could elicit voluntary contractions of certain muscles (e.g. hip flexors, gluteal muscles). However, for the second study, all participants received extensive walking training, starting by walking with braces with assistance in parallel bars.

**Initial research studies did not include control groups that received surgery alone or training alone:** In order to do these implants, three procedures were performed – the first was to open up the back and expose the spinal cord at the site of the ini-

tial injury and 'clean up' any obvious scar tissue in the spinal cord, the second was to clip out pieces of the nasal tissue and then in the third step they insert the chopped up nasal tissue back into the person's spinal cord. One of the problems with these initial studies was that they were not controlled for the effects of doing a surgery that also 'cleaned up' the damaged spinal cord tissue. To be a controlled trial, they would have needed to include a similar group that did not receive cell implants but did receive the surgery itself, to determine if that alone improved sensation for some study volunteers. A further complicating factor was that the study participants received extensive rehabilitation and so the control group should also have received similar levels of rehabilitation in order to see whether this type of training alone might lead to improvements in ambulation or motor function. This is important because the spinal cord itself may have a pretty good capacity for motor training – for example cats with complete surgical lesion of their spinal cord can be trained to take several steps on a moving treadmill without any type of surgical implant, and can maintain an upright posture for several steps before falling down [e.g. (Barbeau & Rossignol 1987)]. Humans with even chronic levels of injury can show improvement with training (Wernig & Muller 1992).

**Unlike heart or kidney transplant recipients, those who receive stem cells from their nasal cavity will not need immunosuppressant drugs:** There are several reasons why the researchers had chosen to implant cells harvested from the lining of the nose. First, they can be harvested from the person with the injury and therefore the people receiving the implants will not have to take immunosuppressant drugs for the rest of their lives. Second, among other cell types, these implants contain two types of cells that are thought to improve function in rats (olfactory ensheathing cells, OECs and neural stem cells, NSCs). Olfactory ensheathing cells normally exist throughout our lives as a source of myelin or insulation for new neurons that convey our sense of smell. Therefore the thinking behind using these cells was so that they might re-myelinate or 're-insulate' neurons at the lesion site that may still be alive but have lost their insulation (myelin). The neural stem cells taken from the lining of the nose normally serve to convey the sense of smell over our lifespan and the hope for

---

the neural stem cells was that they might function as a 'bridge' between the neurons descending from above the lesion to cells within the spinal cord below the lesion.

**Woman receiving nasal cells did not improve in either function or sensation:** Eight years after the stem cell implant, the woman returned to the same institution that had initially treated her after the car crash that caused her initial injury in the US. She had progressively worsening lower back pain at about the level of her injury. When the doctors examined her they found a very large growth within her spinal cord (almost two inches in size) at the site where she had received the olfactory cell implant. At that point in time, it was unknown if the tumour was cancerous and so they operated on her back to remove the growth. Fortunately, the growth was not cancerous and was removed and then examined to determine what kinds of cells it contained. Also of interest was the fact that the woman had not achieved any improvement in either function or sensation as a result of the transplant. So the implantation did not benefit her at all, and certainly the pain and surgeries involved should be considered a reason against this type of stem cell therapy.

**Even small growths can have devastating effects if at cervical levels:** Fortunately, this woman's initial injury was at T10, which means that the growth would have had to become very very large before she would have had significant loss of muscle function. In contrast, many of the people in the original studies of this procedure had cervical level injuries, which means that even very small growths can cause major losses in function of the arms and hands. Four of the first seven people who volunteered for this procedure in the initial report had injury levels between C4 and C7. In their second paper 13/20 were injured at levels between C4 and C8. This highlights the need to think very carefully about the types of things that may go wrong with cell transplant therapy and then perhaps choose volunteers with only those levels of injury that can withstand some degradation in spinal function (e.g. low thoracic level injuries) before a severe loss of function and impact in their daily lives would occur. This woman's tumour-like growth was non-cancerous but it did contain bits of bone and tiny nerve branches and it had other types of cells that were secreting a "thick copious mucus-like material" (Dlouhy et al 2014) and it took up 4 cm (almost two segments) of

her spinal cord, which in the cervical region would be the equivalent of going from a C8 to a C6 injury, etc, and which would have devastating reductions in function for any person having this size and type of growth.

**For more information about stem cell treatments and what they may or may not offer, see:**

[http://www.closerlookatstemcells.org/Top\\_10\\_Stem\\_Cell\\_Treatment\\_Facts.html](http://www.closerlookatstemcells.org/Top_10_Stem_Cell_Treatment_Facts.html)

In summary, I think this report **highlights the need** for very careful and controlled studies investigating the effects of various stem cell treatments, as well as the need **for very long-term follow up studies to make sure the implants remain safe.** To put this in perspective, animal studies typically occur over a few weeks or months and then the study ends, with no long term follow up to see the long duration effects in animals. They are not followed to see if their improvement in function or sensation is maintained over time, nor are they followed for longer time periods to see if they develop growths at the implant sites. Since humans typically live for many decades after injury, this is an important point.

If you have any questions or comments about this or any other SCI-related research topic please contact [kris@scrc.umanitoba.ca](mailto:kris@scrc.umanitoba.ca)

#### References:

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# iQ CATH

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## An enlarged prostate

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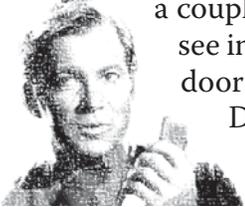
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# THE AGE OF INFORMATION

*By: Paul A. MacDonald*

***At last, it is finally 2015.*** Why should that be a big deal? Well, for starters, we survived the 2012 Mayan Apocalypse, the Y2K thing and a 15 year exile from the N.H.L. If my count is right, we have also dodged a couple of major asteroid collisions! When I was a teenager and told about the wonders I would see in my lifetime, the music video, compact disc and a computer small enough to fit through the door of my house were all I expected. When I was lucky enough to visit “Tomorrow Land” in Disneyland, the video phones and 360 degree movie just blew me away! At the risk of aging myself, I will say that the technological highlight of my youth was getting a set of Walkie Talkies with a range of 1/4 mile. The notion of a cell phone was the stuff of science fiction. “Beam me up Scotty”!



Today, we carry an array of devices that are often smarter than many of their users. The Internet has gone from being cool to being a tool. Sadly, those hover boards we saw predicted in “Back to the Future 2” and the time travelling DeLorean still elude us. What we do have is much more than most Boomers ever expected to see in their lifetime. Tablets, superphones and shortly “wearable technology” such as smart watches, Google goggles and smart rings; will be sending our aging laptops to the Old Processors Home. I have 3 old desktop towers that now make a fine coffee table! 😊 At one time it took 50 years before something could be classified as an antique. Now, it only takes 2 version generations ... or about 3 years, if it’s electronic.

## **We Need logical laws in a Digital World**

In an earlier article I wrote about smart phones and Apps. I covered the usefulness as well as security concerns they pose. Whenever a new product hits the consumer market, there is a very small window of time before the bad guys find ways to abuse it in a criminal sense. It is a very bad idea to not have a security app on your device. There are many that provide a lot of protection free, and if you want the premium version, it will have more perks.

This brings us to a fact of rapidly evolving technology - social conventions and laws evolve much slower than our high tech world. Most of the current laws were written at a time when the Age of Information was little more than a kid on the street corner selling newspapers. The issue of cyber bullying is a prime example of laws that need to keep up with new technology.

As an obese child, I was bullied. I very much remember the dread I felt every day when I had to go to school. I remember the great feeling of relief when I reached the safety of my home. Sadly, this is not the case for today’s young people. They are under the gun 24/7, often by people they have never met. The feeling of being trapped with no foreseeable way out has led to heartbreaking suicides. I’m encouraged to see our law makers finally addressing this issue, even if it did take some high profile tragedies to create the political will.

## **Security Is the Casualty of Convenience**

Society in general will adapt and trust new technology quickly, perhaps too quickly. More convenience is the desire, but it also leads to vulnerabilities that become the target of opportunistic criminals. I would not recommend using banking Apps, or soon to be introduced Apple Pay for iPhones or NFC systems on Android devices. These new technologies are intended to replace credit and debit cards by paying directly from your device. I will wait a few years until all the exploits have been discovered by victims who were too quick to trust.

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## Instant Search Warrant Apps.....

.....*don't exist!*

Some smartphone security Apps will tell you where your lost or stolen phone is and maybe even provide a picture of the person trying to get into it, but the police cannot act on information obtained through an App. That is a relief because I, for one, would not want the police kicking in my door because my next door neighbor has a stolen phone. So, even if you know where the phone is and what the person looks like, you are stuck handling it on your own. The solution ..... don't lose the phone (well D'u☹), but in case you do, be sure to have your data backed up and have a way to remotely wipe the device if there is no hope for getting it returned.

I have 3 Android devices & my lady has 2. We have been using 2 security Apps for a few years now and we have never been let down by them. There are many very good, free apps out there. You can view their rankings at <http://www.androidauthority.com/best-antivirus-android-apps-269696/>, but, if you don't feel like doing the research, the 2 that we use are "Lookout" & "Malwarebytes".

**Lookout** is an App that will take a picture of the person trying to get past the lock screen and it will send you an email with the picture and a small map showing where the phone is (within 100 meters). It allows you to back up your data and provides the ability to remotely wipe the data off the device. It is also a Real Time antivirus scanner that will scan all incoming Apps and do scheduled scans. The free version is all I have ever needed.



**Malwarebytes** is an anti-virus program that is often used by I.T. pros on networks and workstations. On the phone or tablet, it will scan incoming Apps and downloads automatically, and it has a "Privacy Advisor". It will show you what your installed Apps have permission to use on your device. If a flashlight App has permission to receive and make phone calls without your knowledge - I suggest either have a good long distance plan, or get rid of it.



Beware of McAfee which has a very similar Icon in the App list. My professional and private experience with it does not allow much confidence in its ability to protect. For iPhone users ... sorry, you're on your own ...I'm an Android guy! ☺

## The APPLE of My Eye Wish List

Now that I have gotten all that out of the way, the real topic here is Apps developed for people with disabilities. Sorry, I should have said the lack of Apps developed for people with disabilities. Come on you coding geeks, we are a rapidly growing consumer base. I now present my wish list for Apps that would improve the quality of life for persons with life challenges.

### A HANDI TRANSIT APP

There are several different Apps available for Winnipeg Transit riders, but nothing for HT users. Why? If someone was to take this on, here are a few suggestions:

- The ability to book, confirm and cancel HT through the App.
- Send in a last minute notice if circumstances beyond your control that would lead to a no-show violation. An overnight snowfall and un-shovelled walk is all it would take for the driver to refuse the pick-up.
- If your ride is running late, the App can tell you approximately how much longer you have to wait. Maybe you do have time to go to the washroom and not miss your ride!
- Notification of the balance remaining in your payment account.
- The ability to directly pay for your trip through the App.
- The ability to send in a complaint or a compliment directly from the App.
- Information on the service including a list of the pickup points that HT stops at. At a large mall, one may not know which door the driver will be at to pick up.

I cannot speak for all of you, but I would be very willing to pay for an App that would do all that.

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## ACCESSIBILITY M'APP

Have you ever arrived at a venue and not known in advance which door the ramp is located at, or even if there is a ramp? We know that a disability requires pre-planning whenever we want to go somewhere. Most public venues have information posted online, but it's not the easiest thing to do a Google search on your phone sitting in front of a staircase in -30 C weather. A few years ago I heard that a project had been started to produce something like this, but so far nothing has come of it. To be really useful and worth the asking price, these basic things should be in the software.

Searchable venues provide internal and external facility maps which would show:

- Which door(s) have ramp(s)
- Where the handicapped parking stalls are
- Where the accessible elevators are
- Where the accessible washrooms are located
- Where drinking fountains are located if available
- The hours of operation
- A contact link to the on-site security or maintenance staff

## A SIGN OF THE TIMES....

Device designers have been very aware that it is simply good business to build accessible functionality in their latest products. I agree that most people with disabilities do not want extra privileges or even special products just for them. If I want a Sony smartphone and I have a visual impairment, I don't want Sony to make a disability version, I want the same model everyone else has. Hence, we have text-to-speech, now a common function found on many devices!

Have you ever found yourself in the company of someone with hearing loss? If one does not know ASL, communication is difficult and awkward. I would like to see someone take on the challenge of creating an App that would act as a translator. A person would speak to you in sign, and the App using the phone's camera could monitor the hand gestures and either print the text on the screen, or convert to audible speech. In turn, your words are then turned into ASL therefore completing the two way communication.

I don't see this as a big leap. Currently Apps are in development and being tested to be universal translators for the world's most common languages.

## PILL WIZARD

There are already some Apps out there that help to identify pills, but the results you get are based strictly on your own visual description of the pill. This can be very inaccurate. I would like to see an App that after it has taken a photo of the pill, it queries multiple online databases to provide accurate information about the drug, including warnings. For people who must take many different pills a day, some perhaps expensive, this App could save not only money, but a trip to the emergency room, too.

As an added feature, the App could record all your medications including the dosage schedule. This information would prove valuable in emergency situations when paramedics or E.R. staff need to know what a patient is using before providing any treatment.

Is this too farfetched? I think not. Some banks are already allowing you to make deposits by just taking a picture of a cheque. There are several good Apps out there for quickly identifying and locating music, using little more than a 30 second sample taken at any point in the tune!

The Age of Information is exciting and scary. I wish I had the time and brains to code these things myself, but like most people, I am a user, not a developer. I am hoping this article plants a seed or two and we will soon see these ideas flower and flourish into Apps that will help not just people with disabilities, but everyone. I can't wait. 🚶

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# ACCESS IDEAS IN KITCHEN DESIGN

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~ by Patti Bonas ~

***The 80's called again*** and this time they want my kitchen back. They'll have to wait though while we take a break from the past year of 2 bathrooms and a finished basement. We built this house to our specs and for accessibility 27 years ago and so I got exactly the kitchen I wanted. As I have aged and my abilities have changed, there are some things I would change but many features I would keep.

***Here are some you may find useful.***

## ***The working island:***

The island I designed is the best thing we could have done. One side is at a lower, comfortable working height (for me 28"), is open underneath and has a sink. The other side is higher with bar stools for my husband and guests. It is my kitchen "command post" and would always have these design features:

- Built in storage convenient for heavy or frequently used appliances.
- Electrical outlets and a smaller utility sink.
- Additional drawers or cupboards on each side for other storage purposes.

If you don't have the room for an island these features could be incorporated into one side of a "U" shaped kitchen, or a section of a linear counter.



In addition to the island we do have the usual kitchen sink at standard counter height in the same section as the stove. Access for that is a flat floor, clear opening under the sink, hidden behind closed doors.

## ***Cupboards and Drawers:***

We installed a set of upper cupboard depth cabinets at floor level and that is where dinnerware and glasses are stored. Otherwise all lower cabinets are drawers not cupboards. Drawers can roll out where contents are in clear view and easier than trying to bend over and reach into the back of shelves. We did install the usual upper cabinets and simply lowered them a couple of inches so that I could reach the first shelf. The other shelves are used for lesser used or seasonal items.



## ***Pantry with roll-out shelves:***

This is a huge asset to any kitchen as it allows such easy access to a lot of goods. The roll-out shelves fully extend offering easy access to all contents. The upper shelves store items not frequently used, accessed by reachers, or used when somebody is around to assist.

***Side by side fridge:*** A side by side means a narrower, less cumbersome door to swing out of the way when opening. The roll-out shelves on our newer fridge are also very useful making it easier to reach things. The

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higher shelves are accessed like the pantry. How far the door swings open is also important - the wider the swing the closer you can get your wheelchair to the shelves. KitchenAid had the door with the widest swing. It also did not have a shelf on the bottom of the door so there was clearance to get even closer.

**Range with front controls:** I reached over a stove with a pair of tongs for 30 years. When we bought a new stove we got one with the convenience of front controls. The ceramic top is also easy to slide pots on and off of counter tops. I recommend keeping your stove in the same counter as your sink so that filling and draining pots won't require heavy and potentially dangerous lifting. A wall oven and countertop stove are another option but will take up more space than a single range.

Got a good design or reno idea? A gizmo, gadget or tool that you have found useful beyond its original purpose? Consider sharing this with others via *ParaTracks*. For more information or questions about this article please email me at [pbonas@shaw.ca](mailto:pbonas@shaw.ca).

## Disability Tax Credit

The disability tax credit (DTC) is a non-refundable tax credit offered by the Canada Revenue Agency to reduce income tax payable on your income tax and benefit return. A person with a severe and prolonged impairment in physical or mental functions may claim the disability amount once they are eligible for the DTC.

According to the Canada Revenue Agency “the purpose of the DTC is to provide for greater tax equity by allowing some relief for disability costs, since these are unavoidable additional expenses that other taxpayers don't have to face. Being eligible for the DTC can open the door to other federal, provincial, or territorial programs such as the registered disability savings plan, the working income tax benefit, and the child disability benefit”.

For more information, visit Canada Revenue Agency's website at: [www.cra-arc.gc.ca](http://www.cra-arc.gc.ca) or contact your CPA counsellor.

## 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.

Please take a moment to provide us with your feedback. Was there an article that was of great interest to you? What did you like about this issue of ParaTracks? What didn't you like?

Please send your comments by email to [aconley@canparaplegic.org](mailto:aconley@canparaplegic.org) or give Adrienne a call at 204-786-4753 or 1-800-720-4933 ext. 222.

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# My Story of Survival

*My name is Cherise Griffin* and this is my story of surviving a spinal cord injury and how I did not let my injury bring me down. In 2001 I was a 23 year old mother of a 20 month old little girl named Desiree, was 6 months pregnant, had been in a stable relationship for a few years and was working with my family's company, L.J. Baron Realty, as a Real Estate Agent and Administrator since graduating from Red River College in Business Administration a few years prior. Life was on a perfect path!

All that came crashing down on October 6, 2001. It was a beautiful sunny and unusually warm fall day and it was also the day my life and the life of my family would change forever. On my way to drop my daughter off at her grandmother's I lost control of my car on a rural gravel road and hit the ditch. The funny thing was that as it happened I thought that it wasn't going to be that bad...boy was I wrong! I remember telling Desiree that we were going to hit the ditch but not to worry because everything would be ok and daddy would come pull us out. The next thing I remember was that I was flying. It was the weirdest feeling because I knew I was flying but I couldn't feel my body at all. I had been ejected from the car when the driver's side door came ajar from the impact of the car hitting the ditch. I was not wearing my seatbelt because of my pregnancy as it was uncomfortable to wear because of my belly and I honestly thought that all those bad things that you hear happening to people only happen to everyone else...not ME. I thought I was invincible and boy was I wrong! I landed 50 feet from the car in a farmer's field, unable to move or to get help for my daughter or myself.

Men who were building a Turkey Barn across the field heard the impact and saw the cloud of dust and came to investigate. They quickly called the ambulance and my family, as they knew me. Desiree, because she was buckled into her car seat, was thankfully unharmed. Unfortunately our worst nightmare became a reality when it was confirmed I suffered a C5/C6 complete, Asia A spinal cord injury. I would be a Quadriplegic for the rest of my life, unable to feel from my chest down, with limited arm and finger movement.

At the Health Sciences Centre I had surgery to stabilize my vertebrae and was placed in ICU for 2 long agonizing weeks. Because of my pregnancy I could not be given loads of pain meds or even Methylprednisolone to prevent more damage to the spinal cord from the inflammation. Those days were utter hell. The pain I cannot even describe. It was unbearable and I remember just wanting it all to stop.

Two weeks later, once I was stable, I was moved to the Step Down Unit and then to the Rehab. Hospital where the journey navigating through my new life would begin. Un-

fortunately, I could not start my rehab until I gave birth. So 2 ½ months post injury and around 1 ½ months since arriving at Rehab. I miraculously gave birth at Women's Hospital to my beautiful baby boy, Dominic!

This was when reality set in. I had so many questions. How was I going to care for this little 6 lb. baby as well as my daughter? How could Dominic possibly stay with me at the Rehab. Hospital? Who would care for him while I was doing my rehab? Well, thankfully a team of dedicated professionals helped us navigate this and put a plan together so Dominic could stay with me in my room at the Rehab. Hospital with the help of Healthcare Aides dedicated to help us 24/7. This enabled me to be able to bond with my son and at the same time, work on gaining strength through rehab. instead of him being away from me with my husband and Desiree at our home in Teulon.

Rehab. was long and hard but after 10 long months Dominic and I joined my husband and Desiree in our new life together.

As I am writing this I am thinking back and so many emotions hit me. I feel sadness that I was away from Desiree for most of those 10 months and missed many of her milestones, but happy that I had family caring for her who did a great job. One thing that has helped me through my darkest days has been that in reality it could have been so much worse. I could have sustained a head injury, a higher spinal cord injury or my daughter could have been injured or both of us even killed. I feel grateful for being able to see beautiful sunsets, smell the flowers and spend time with my family and friends. I am alive and happy to be able to share my story with all of you!

After being discharged from the hospital I knew one of the first things I wanted to do was get behind the wheel again. I craved independence and knew that getting my license back would allow me to be able to experience it once again, so in 2004 I passed my drivers test and began driving my wheelchair accessible van. What a great feeling that was!

Even though some parts of my life were going fine, my new life was hard to adjust to and my relationship with my partner deteriorated as he was physically and emotionally abusive to me. I was strong and knew I deserved better but was terrified about how I could do it on my own and be a single mom. In 2007 I gathered enough courage and did the best thing for my kids and myself. I left my husband and started my next journey as a single mom in a wheelchair. It was a challenge dealing with my disability and being a single mom to a 7 and 5 year old, that's for sure, but I did it. I am also very thankful to my family and friends as well as nannies that supported me throughout it



all.

From the beginning of my journey I decided that I was not going to be defined by my disability. My life was more than that. There were a lot of things that I could not change but there still were some things I could! I was determined to do something that would be a challenge but also help me feel like I was contributing and making a difference.

I decided to run in the local Municipal Election for the position of Town Councillor. I mailed out pamphlets and made many phone calls to residents as well as listened to their concerns. After a long campaign, Election Day was finally here. I was nervous and excited to hear the news but I did start to second-guess myself. Could I handle the job with my disability? Then the phone call came in...I had won! I was now an Elected Municipal Official. I was ecstatic! I have since run in two Municipal Elections and am proud to say that I have been a Municipal Councillor in Teulon for 8 years and I was most recently elected in October 2014 to serve another 4-year term. I thoroughly enjoy working on different boards and committees, meeting new people and cultivating those relationships as well as getting out and making a difference.

A few years after being elected to Council I was read-

ing our local newspaper and saw an ad from our local Credit Union seeking new board members. After much thought I decided to put my name in and was delighted to be one of the newly elected members. Wow...I was one of the Board of Directors of Sunova Credit Union, one of the largest in the Province of Manitoba! What an amazing learning experience it was. I received a lot of training over my years there, met some amazing people and it was an experience I will always remember.

Throughout my journey there have been many ups and downs. Yes, my injury was a defining moment in my life but it has not defined me. Has my journey been easy? Not at all. Was I nervous about trying new things and worried about failing? You bet! But that did not mean I couldn't try to live a fulfilling life full of happiness.

Now 13 years post-injury I look back at those days right after my accident as I lay in the hospital scared of my unknown future and how I was going to be able to function. I remember thinking and wondering what my life was going to be like and I could not have imagined living the life I have and being as happy with where I am and how much I have accomplished in the face of adversity.

~ Cherise Griffin ~

## *Volunteer Profile - Jessica Kennedy*

***One of the success stories of CPA members is a young lady named Jessica Kennedy.*** In 2014 she received the **Volunteer of the Year Award** from Independent Living Resources in Winnipeg at their Annual General Meeting Gala. The following is an extract from their summer 2014 Newsletter called OPTIONS which was published on line at their website:

[http://www.ilrc.mb.ca/newsletter/2014\\_Summer.pdf](http://www.ilrc.mb.ca/newsletter/2014_Summer.pdf).

### **Volunteer Profile**

This issue of Options features Jessica Kennedy as the volunteer profile. Here is what she had to say about herself:



***How did you come to be involved/volunteer with ILRC and how long have you been with us?***

I came to be involved/volunteer with ILRC because years back I worked with the Able Sail Manitoba program and I wanted to give back to the community as a volunteer and get more work experience and meet other individuals.

***In your words, what are you doing in volunteer work and what have you enjoyed most?***

I have been doing some reception experience (answering phone calls, keeping track of the employees in and out, giving out and accepting PACE applications), faxing, filing, photocopying, organizing/folding pamphlets, as well as putting together pamphlets in envelopes for the different programs offered here in the ILRC. I did some typing, using Word 2013, and I have sat in on one class for the afternoon that is a part of the PACE program to get a better understanding about the PACE program.

What I have enjoyed the most is ... I really don't want to cancel anything out because I enjoyed all the duties I was assigned to!

***What has your experience been like being involved/ volunteering with us and what have you learned?***

My experience has been very good. The duties were a great experience as well as the people here, because they have made this a very inviting experience for me to be here and I believe that is important because it makes me look forward to being here. Throughout my volunteering here at the ILRC I have learned how to use my communication skills, I learned how to retrain myself to do some faxing, photocopying, and I have learned a bit about myself, like I am more of a people person but I do work well on my own!

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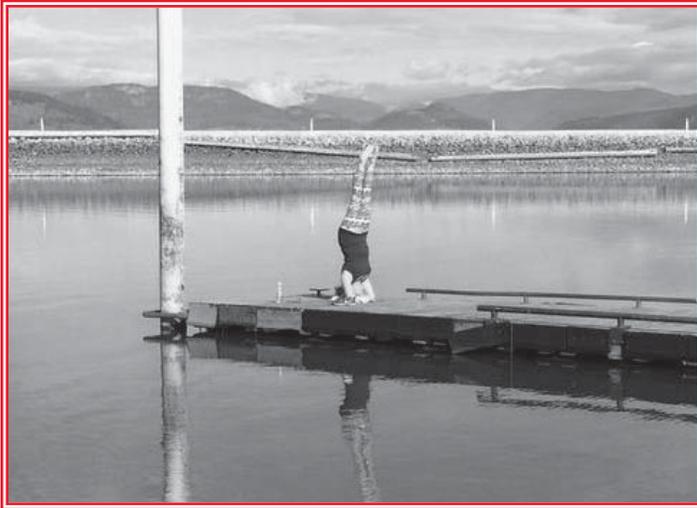


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# Centred

*Monica resides in Brandon and is employed as a Psychiatric nurse in a mental health services intake role with the Child and Adolescent Treatment Centre. She has a twelve-year-old daughter, Emily, a supportive family, a dog, Milo, and a cat, Kins. Monica reflects on living with an incomplete spinal cord injury.*



## *Monica's story . . .*

### *When and how did you sustain your spinal cord injury?*

It was April 30, 1993: a single motor vehicle accident. The driver was impaired. I sustained a burst fracture at L-03, and underwent a spinal fusion from L-02 – L-04. I spent three months on RR4 (then the spinal cord injury unit of the Rehabilitation Hospital, Health Sciences Centre). Rehab, was a busy time, so my time was occupied and prevented me from giving too much consideration to the circumstances related to my injury.

### *What are the current effects of your spinal cord injury?*

I experience loss of sensation in my left leg and foot, difficulty with balance and walking. I occasionally trip and stumble and have problems with dorsiflexion in my left foot. I have lots of back pain and experience this 24/7, although the intensity varies daily. I experience muscular and neuropathic pain, lots of sleep disturbance and have battled anxiety and depression.

### *Are there triggers for your pain?*

Any kind of viral or bacterial infection such as having the cold or flu, or any physical injury, even menstruation will trigger neuropathic pain episodes. All of these magnify the pain I experience. During a severe episode, I am likely to experience a shooting, electrifying pain

that feels as though I am being stabbed with a hot poker on the bottom of my left foot. Sometimes I feel it in my calf or in my toes. I imagine it's like being administered a Taser.

If I am in public or at work, I try to mask my pain. It's difficult not to grimace; it takes a lot of energy. I put to use relaxation skills and a bit of mind control. One of the challenges is that this is not a static injury. The effects vary daily. It's unpredictable, but every year gets better, as my confidence improves and I care less about what others might think.

### *Have you shared information about your incomplete spinal cord injury with friends, family, employers or co-workers?*

I have shared information selectively. Friends and family members are aware. I consider this information to be my personal health information and maintain a clear boundary around this. I always consider the risk/benefit of sharing this information.

### *What do you do for self-care?*

I have tried everything. For the past five years, I have been practicing Yoga, including Core Yoga and Yin Yoga. My favorite is flow style Yoga which is a consistent movement style yoga moving from one pose to the next using breathing during the transitions. This practice has been very beneficial, the core yoga helps to keep my abdominal muscles strong which helps to compensate for the weakness in my lumbar area so my back muscles get some help and my daily endurance has improved. I attend a Yoga studio three lunch hours weekly, as well as Monday evenings and Saturday mornings. This enables me to connect my mind, body, and breathe. It is very centering. The mindfulness which is central to yoga has been very helpful. I also do a daily meditation. I sit on the floor, rest my hands on my knees, take a few deep breaths, and check in with my body. I find spots of tension in my body and consciously allow the muscles to let go. My daily yoga practice (outside the studio), including the meditation, takes about 15 – 20 minutes. This practice enables me to tolerate my pain better and decreases my anxiety. I experience much anxiety because of the unpredictable nature of my spinal cord injury. I walk, but I am not crippled. I have back pain

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but do not use a wheelchair for mobility. I feel a need to perform because I want to appear normal. My disability is hidden. Yet, I take medication to manage some of my symptoms, including my sleep disturbance. Occasionally, I will also go for a massage or physiotherapy. I keep my nails looking nice and look forward to my nail appointments as my treat to myself once a month.

***Tell me about your vocational path. Were there any challenges to achieving your vocational goal? If so, what were these challenges and how did you overcome them? What support did you have?***

I obtained a Bachelor of Arts with a major in psychology. I had hoped to pursue a Master's Degree in psychology, but life intervened. I had a child and did not want to move out of province to pursue further education. I subsequently moved up North. Because employers up North were prepared to consider someone with a related degree and some experience, I ended up working in psychogeriatrics in a community mental health setting.

Eventually, I moved back to Brandon and was hired for a casual position with mental health services. Typically, the educational standard for those working in mental health is possession of a social work degree, psychiatric nursing degree or a Master's Degree in psychology. Eventually I became frustrated because I lacked a professional identity. I spoke with a colleague who told me that I would love psychiatric nursing. I subsequently enrolled in and graduated with my degree in psychiatric nursing in February of 2008.

Thankfully, I received funding for my education from the marketAbilities Program, which covered my tuition, books and other expenses. My biggest challenge: pain. It was as though I was carrying around this ball of pain all the time. I was burning the midnight oil regularly, as I wanted to keep pace with the other students and to do my best. Sitting for long hours in class was very difficult. It boiled down to a choice: Do I or don't I tell my professors about my disability? I did. I subsequently brought to class my own chair with ergonomic features and good lumbar support. I was not trying to stand out and was not attention-seeking. It came down to being kind to myself. I wrestled with, "Why am I choosing to be in pain and not trying other options?" I was tired of being stoic and self-conscious.

***Have the effects of your spinal cord injury impacted your family life or personal life?***

Yes. Throughout my daughter's life, I experience guilt. I am an involved mom and would have loved to be

able to put on a pair of skates and skate with her, to pull her on a sled, or to give her an airplane ride. I had to set these activities aside and watch other people do these activities with Emily. I did go skiing with her. We took some lessons together and progressed to bigger slopes. While skiing I was unable to stop and sustained a fracture to my tibia. I was too stubborn and proud and took an unnecessary risk because I was tired of being held back from doing what I wanted to do. I sustained my spinal cord injury when I was nineteen; I was unable to pursue many of the physical activities that were of interest to me then and which many of my age-mates were doing. My doctor has since cautioned me against pursuing activities where I do not have full control.

I have a full life, though. I have my daughter, my partner Neil, a huge extended family, my pets, pay my own mortgage, have a rental suite, and own a vehicle. I am so thankful that I have an education that has enabled me to do work that I enjoy. There is no doubt that I have increased costs associated with living with an incomplete spinal cord injury. Not only do I need to be able to support myself and my child, but I also must factor in medications which total at least \$500.00 monthly; contract workers I must hire to maintain my home, such as snow clearing; spring and fall yard clean up and even dog walking in the winter-time, as I cannot afford to slip and fall. There are many things as a home owner I would like to do for myself but my limitations just will not allow me to safely do that.

I have not had to explain anything to Emily regarding my physical limitations. She has never known anything different. We work well as a team. There is a chore list. By working together, we can get lots done. We are like a machine. I have difficulty bending and picking up the dishes from the dishwasher. I am the brains of the organization and co-ordinate the activities. Emily takes the dishes and puts them away. She takes out the garbage and mows the lawn. Chores are broken down into activities, with each of us having our tasks.

In terms of partners, most have found out about my limitations just by observing me. I don't say too much about it. I really don't like it when people look at me with compassion or pity. I have struggled in romantic relationships. I felt for many years as though I have defects. I have wondered why a partner would choose someone like me who has all these difficulties. This has been the most difficult thing. I think this may be true for lots of people who have disabilities. There was a time when I could not see how I would be able to support myself and my daughter independently but I am doing that now - and quite successfully I might add! My current partner

helps considerably when he is in town but he lives on a farm an hour and a half away and works as a driller on an oil rig so his ability to help me maintain my home is limited.

***How would you define adjustment to living life with a spinal cord injury? What has made it possible for you to adjust? Do you still grieve? Do you think adjustment is different from acceptance?***

Yoga has helped me with self-acceptance. I have learned not to judge myself and not compare myself to others. Yoga has taught me to accept where I am at now in achieving certain poses, and this has spread to every aspect of my life. It has been a very healing practice. It feels good to accept where I'm at. Adjustment: it's been hell, to be honest. It's not a smooth, linear path. It's highly individualized, but I think there are common issues for all people.

For a long time I put off grieving. I tried many things, including medication, exercise, and developed some bad habits to cope. Now, I know what I need and what does and does not work for me. I have learned to make myself a priority and to care less about what people might think.

I think that adjustment and acceptance are closely

intertwined. I've had some good supports and resources that helped me believe that I could be independent. Yes, I've pondered practical things, like: Who's going to shovel the snow? How can I pull, push, or carry luggage? Where will I work? What will I have left that the accident did not take from me? Let's face it: I cannot do any physical labour. Having an incomplete spinal cord injury removed a whack of employment options. I need a job that is cerebral, and I have that now. But, with my job comes certain risks, including compassion fatigue and vicarious trauma. It can be emotionally and mentally wearing at times but also very rewarding.

***Summary:***

Monica's reflections suggest that adjustment to living life with an incomplete spinal cord injury has come in stages and involved much trial and error until she found what worked best for her. A meaningful career has enabled her to be financially self-supporting. Increased confidence and diminished self-consciousness about asking for what she needs, less concern about what others might think, and commitment to a regular practice of yoga has served to liberate her and to promote a life that is balanced and centred.

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SPINAL CORD  
INJURY  
ONTARIO

LÉSIONS  
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ONTARIO



Our client, Spinal Cord Injury Ontario (SCI Ontario), is a not-for-profit charitable organization of and for people with spinal cord injuries. With 70 years of collective expertise in assisting people to rebuild their lives, the organization is an established leader in its field providing ongoing, life-long resources for people with spinal cord injuries, their families, friends and service providers. SCI Ontario is a vibrant organization with an annual budget of \$10M, 170 staff and 17 regional offices offering various programs and services including peer support, advocacy, community navigation, employment and attendant services. SCI Ontario's activities are funded through private and public donations, government grants, fundraising and member dues. SCI Ontario values and recognizes the contributions of its employees and takes pride in supporting a work-life balance and being a workplace of choice.

With a vision of *championing excellence in service, advocacy, and quality of life for people with spinal cord injuries and a mission to assist persons with spinal cord injuries and other physical disabilities to achieve independence, self-reliance, and full community participation*, SCI Ontario is seeking an inspiring:

## Chief Executive Officer

Reporting to the Chair, Board of Directors, Spinal Cord Injury Ontario, and to the Chair, Board of Directors, Ontario Paraplegic Foundation, the Chief Executive Officer will build, share and advance a vision that captures the imagination of stakeholders through service delivery innovation.

With an impressive track record of leadership excellence, the ideal candidate will be a visionary planner able to transform organizational strategy into programs and best practice. Equally important will be the need to strategically forge, nurture and build collaborative relationships and partnerships with private and public stakeholders, donors, funders and partners including the Boards, staff, government agencies, policy makers, and the scientific, medical, research and volunteer communities.

If you are seeking a rewarding leadership environment where you can shape a bright future by assisting people to rebuild their lives after their injuries, empowering and inspiring staff, creating innovative solutions to systemic barriers and developing best practices, please forward a resume and covering letter in confidence to: Robb Callaghan, MBA, Email: [rcallaghan@medfall.com](mailto:rcallaghan@medfall.com) Tel: 289-238-9079 Fax: 905-357-2601

*Given the essence of Spinal Cord Injury Ontario, lived spinal cord injury experience will always be considered an important criterion among the criteria that are part of any given leadership search. SCI Ontario is an equal opportunity employer dedicated to achieving accessibility in employment for persons with disabilities, while ensuring inclusive, barrier-free selection processes and work environments. Reasonable and appropriate accommodation will be provided during the recruitment process upon request and addressed confidentially. We thank all applicants; however, only those under consideration will be contacted.*

Executive Leadership Search

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**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.



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or call the CPA office and an application form will be sent out to you.

Return undeliverable Canadian addresses to: \_\_\_\_\_

PM 40050723

Canadian Paralegic Association (Manitoba) Inc.  
825 Sherbrook St., Winnipeg MB R3A 1M5

## MEMBERSHIP APPLICATION

**YES!** Count me in as a member of the Canadian Paralegic Association (Manitoba) Inc. All members receive "ParaTracks" CPA (Manitoba) newsletter and voting privileges at the Annual General Meeting. Members also receive discounts at various health care supply stores – Stevens Home Health Care Supplies (special pricing for supplies & 10% off equipment), The Access Store (10%), Northland Home Health Care (10% off medical supplies) and Disabled Sailing membership (25%).

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).**

**CPA (Manitoba) Inc. does not sell or trade personal information and does not rent out mailing lists. Personal information is provided to a third party only for the purpose of sending out CPA's newsletters.** If you have any questions, please call the CPA office.

- I do not consent to CPA using my personal information as noted above and I understand that
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Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Make cheque payable to: **Canadian Paralegic Association (MB) Inc.**

Mail to: 825 Sherbrook Street  
Winnipeg MB R3A 1M5

For more information:

Phone: 204-786-4753

Toll-free within MB: 1-800-720-4933

Fax: 204-786-1140

Email: [aconley@canparalegic.org](mailto:aconley@canparalegic.org)

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