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**Summer Issue**



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

**MPF** MANITOBA  
PARAPLEGIA  
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# PARATRACKS



***Newsletter of the Canadian Paraplegic Association (Manitoba) Inc.***



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### Email Addresses & Voice-Mail Extensions:

**Phone: (204) 786-4753**

**Toll-free: (800) 720-4933 (within Manitoba only)**

CPA Staff	E-mail Address	Ext
Aison Balajadia	abalajadia@canparaplegic.org	221
Adrienne Conley	aconley@canparaplegic.org	222
Willie Ducharme	wducharme@canparaplegic.org	223
Ron Burky	rburky@canparaplegic.org	224
Darlene Cooper	djcooper@canparaplegic.org	225
Jackie Armes	jaqueline.ames@canparaplegic.org	226
Agnieszka Szymanowicz	aszzymanowicz@canparaplegic.org	227
Maria Cabas	mcabas@canparaplegic.org	228
Gail Burnside	gburnside@canparaplegic.org	229
Stefan Kliewer	Stefan.Kliewer@canparaplegic.org	230
Dave Brown	dbrown@canparaplegic.org	231
Laurence Haien	lhaien@canparaplegic.org	234
Faiza Malik	fmalik@canparaplegic.org	235

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

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Canadian Paraplegic Association (Manitoba) Inc.  
 825 Sherbrook Street  
 Winnipeg, Manitoba R3A 1M5

Tel: (204) 786-4753

Fax: (204) 786-1140

Toll-free: 1-(800) 720-4933

(within Manitoba only)

E-mail: [winnipeg@canparaplegic.org](mailto:winnipeg@canparaplegic.org)

Website: [www.cpamanitoba.ca](http://www.cpamanitoba.ca)

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## *Introduction Of New CPA Staff Members*

***M***y name is ***Faiza Riaz Malik***. I have recently joined the Canadian Paraplegic Association in the role of Rehabilitation Counsellor. The primary focus of my role is to offer health promotion strategies to the CPA membership. I have a passion for working with people, particularly those who have sustained traumatic injuries and those who live with a disability. I believe that every life experience brings an opportunity for growth and learning.

I was born and raised in Pakistan and have faced challenges as a newcomer to Canada. I know from this experience that adjusting to a new situation can be intimidating. I also know that taking risks and venturing into the unknown creates resilience, confidence, and can open one's eyes to possibilities they might never have considered. I look forward to working with the CPA membership.



***M***y name is ***Dave Brown*** and I am one of the latest members of the CPA team, starting February 2016. I am a semi-retired Social Worker, born and raised in Winnipeg, graduated from the University of Manitoba School of Social Work. I am currently on the Board of Directors with the Manitoba Brain Injury Association and employed seasonally on contract with the School of Social Work. I volunteer with Palliative Manitoba and am a past Board Member of the Anxiety Disorders Association of Manitoba.

I have spent my career predominantly in the field of mental and physical disabilities, both in Winnipeg and all over the province. This has also included supervision of a team of social workers working with those individuals experiencing PTSD, depression, addiction, burns, catastrophic accidents, head injury and spinal cord injury. A primary expertise and passion has been with those surviving brain injury.

My focus with CPA will be to assist those individuals that have experienced a spinal cord injury resulting from their workplace. My years of experience with the Workers Compensation Board will allow me to better represent CPA members in navigating this system, their recovery and adjustments.

Of significant importance to me in my career has been the recognition and support of the family and caregivers supporting those that require on going physical and emotional care. I hope to maintain that very important focus.

I will be familiarizing myself with the client lists for those identified as injured at work. I will contact those that have expressed an interest in maintaining an active membership and encourage those that read this article, and feel I may be of assistance to them, to contact me at 204-786-4753, ext. 231. *(Please note that I am available on a part-time basis only).*

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# THROW US A BONE

~ By P.A. MacDonald ~

**I**n the 21st information dominated century the media has risen to become a force to be reckoned with. The news and how it is reported is now a tool for not only useful, but also useless information. It is often difficult to sort out the propaganda from unbiased journalism. The power of the media to manipulate public opinion is nothing short of awesome. The media is also a tool for public education and awareness. To their credit, they do try to provide an equal measure of access to the multitude of causes, charities and social activist organizations that plead to have their issues featured in the camera eye for the briefest of instants. I am grateful when the issue of living with disabilities is awarded some airtime, regardless of how brief that time may be.



On February 24th, 2016 I was invited to participate in a CBC sponsored workshop on accessibility in Manitoba at The Canadian Museum for Human Rights (CMHR). This event was the conclusion of CBC's "Access Denied" week long campaign featuring stories on TV, radio and digital media of Manitobans who live with disabilities and the barriers they face in their daily lives. The event was hosted by Marci Marcusa of CBC Radio One. The guest speaker was Natalie Pirson from The Independent Living Resource Centre (ILRC).



Guest Speaker:  
Natalie Pirson (I.L.R.C.)

The attendees were representatives from the various advocacy agencies and programs that deal with issues affecting people living with disabilities. The seating was in several round table groups. I was reluctant to record the names of the knights of my round table due to privacy concerns, and a great fear that if I did, I may have been challenged to a wheelchair joust before the knight was over. ☺

Before the event even began, a humorous irony presented itself. On that particular evening, in the CMHR, at a forum to discuss accessibility, the accessible washrooms were out of order. It's a good thing that after years of being in a wheelchair, my bladder has adapted by creating several extra compartments for long term storage! ☺ As long as I avoided the complimentary beverages, I would be fine!

Each table was tasked with a topic to discuss for a fixed period of time, after which, the spokesperson for that table would read out loud the result of the

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discussion. The topic would have issues pertaining to accessibility in Manitoba; then for each issue, we would float some possible solutions. There were far more issues than solutions (surprise, surprise).

***Can you guess the most universal complaint?***

If you said Handi-Transit, you have just won a gold star! If you are familiar with past articles I have written for ParaTracks, you would know that for me, Handi-Transit has been a festering sore that refuses to heal. It's nice to know I'm not the only one spending a fortune on Polysporin® and Band Aids®.

***The most common complaints raised that evening were:***

1. Inflexible schedules
2. Premature convictions in regard to no shows
3. Drivers lacking professionalism
4. In-vehicle regulations being ignored, such as drivers talking on the phone while driving, passengers and equipment not being properly fastened down, disregard for passenger comfort and medical needs.
5. Draconian registration requirements
6. Slow to no action on complaints

***For each complaint above, there were some possible solutions put forward.***

1. Deep six the current scheduling software and hire a monkey to write something better.
2. Make sure the driver went to the right address to start with.
3. Require new hires to take a training program in manners, politeness and sensitivity when handling passengers with a variety of disabilities and medical needs
4. Hire someone who is not visually impaired to review the in-vehicle video surveillance.
5. Start believing doctors when they say their patients are disabled.
6. Make sure the Handi-Tranit complaint line uses the correct postage when mailing the memos to the appropriate department.

OK, I must admit it, I'm being a bit facetious on a few of the above points, but it's only because the real solutions are not that difficult, if the will were there to fix things to start with. *Ah ha*, the elephant in the room that night was that real solutions start with political will. The provincial election was still pending at that time, yet no one even suggested putting candidates to the test on Handi-Transit and other difficulties faced by the disabled community. If we do not make noise, we are easy to ignore.

Another issue discussed that night was that the new accessibility bill requires businesses and public spaces to be brought up to code by next year. The problem is there is no enforcement model in place. There are many provincial and federal watchdog agencies that police industry and enforce the laws in areas such as food handling safety, etc. These agencies employ inspectors to investigate complaints. Yet there is nothing in place to enforce the accessibility bill. There is no one to investigate complaints and cite violations. Even if someone wanted to launch a complaint, there is no clarity on who to address the complaint to.



Event Moderator:  
Marci Marcusa (CBC Radio One)

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## *A New Pitch Is Needed*

Business owners would say that upgrading their facilities to make their public and staff spaces 100% accessible is very expensive. In today's recessive business climate, this argument is understandable. So, perhaps, the tone of the pitch should be changed a bit. We need to make business owners think of the cost as an investment rather than yet another government imposed tax on doing business.

Business owners could make the upgrades and improvements, then make a point of advertising widely that their premises are 100% accessible and people with all disabilities are welcome. Speaking as one who lives in a wheelchair, if I know ahead of time that I will fit in "Joe's Bistro", rather than taking a chance on an unknown restaurant, "Joe's Bistro" would be my first choice. If I find I am welcome and well accommodated, and of course the food is great, I will very likely become a repeat patron. So the pitch could be that accessibility can very possibly increase traffic and expand your customer base.

If the renovations could be a tax write-off at the end of the year, that would be even more incentive. I am not a tax expert so I do not know if there is a tax credit available or not. This was just another item discussed that evening.



Knights of the Round Tables,  
Circular Discussions

## *Winter Challenges*

Winter snow clearing is another issue that was discussed at length. Better snow removal could have many benefits for everyone, not just persons with disabilities. For a person who uses a wheelchair, just going to the grocery store in the winter can be a life threatening experience when there is no usable sidewalk and only a busy roadway to drive on. Bus ridership could increase if bus stops were better cleared and accessible. This would even take some strain off the Handi-Transit system in the winter months.

Other issues discussed that evening pertained to difficulties faced by visual and hearing impaired persons. At the end of the evening, it was clear that accessibility in Manitoba does not have a broad stroke, one brush solution. A number of things need to happen and to work, they need to happen simultaneously.

Generally, the evening amounted to little more than an airing out of the same tired issues that come up every year. At the end of the event, I floated an idea to Marci Marcusa that it would be a good idea if the CBC had a radio or even TV show once a week that focused on disabilities and accessibility issues. It would be a good way to help the general public understand us better and see that we are not just complaining because we want special treatment. We simply want what able-bodied people have and take for granted. She liked the idea and said she would take it into consideration at the next programming meeting. Of course, no date for the meeting was offered.

Media attention to disability issues is always appreciated. I also understand there are many deserving causes out there that also want equal air time. The problem is that donating one week a year, with little to no follow-up, is more or less throwing us a bone and hoping we adore them for it. The only way our issues will stay in the public eye would be with regular events happening throughout the year, or a regular show of some sort. So far, I suppose we just have to wait for that mythical programming meeting to happen at some point.

*Have a great summer everyone.*

*See you in the fall.* 🏠



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## Finding Wisdom in Our Wrinkles

**A**ging is an inevitable and continuous process. A child starts aging from the moment he is born and continues for the rest of life. Wikipedia defines aging as “process of becoming older”; as a result, different changes occur in our body, mind, relationships, employment and environment. It is a common thinking that these changes usually have an adverse impact on our lives, which is not always the case. It is agreed universally that aging is not preventable; however, a change in perspective towards growing older can significantly affect our quality of life.

Researchers have recently linked a greater decline in the part of brain linked to memory – Hippocampus to negative thoughts about aging. Rebecca Levy and co. researchers say in their article (Negative age stereotypes predict Alzheimer’s Disease Biomarkers) “Although the findings are concerning, it is encouraging to realize that these negative beliefs about aging can be mitigated and positive beliefs can be reinforced, so that adverse impact is not inevitable”, or in other words our attitude towards getting wrinkled can contribute to a better quality of life.

Aging with a Spinal Cord Injury poses different challenges. Some insight about what to expect can help us cope with the situation better. As Medscape, Terry and Stephen write in the article, “Spinal Cord Injury and Aging,” that a person without a spinal cord injury will experience a gradual decline in bodily functions such as loss of muscle strength and flexibility, osteoarthritis (wear and tear of joints), decrease in short term memory, changes in heart function (decreased in pumping capacity, increase tone of vessels leading to high blood pressure), lung function decay such as decreased elasticity, slowing of bowels and weakening of immune system are to name a few. These changes occur at different rates in different individuals. Some of these aforementioned changes are expected to occur earlier in people with SCI, but to begin with, it means some modification in activities of daily living. For instance, people who use manual wheelchairs may experience upper extremities pain more than other population.

In short, everyone ages, with or without SCI, at different rates. Some of the factors known to affect our aging process include our genetics, lifestyle, level of injury, age, weight, health history, level of supportive care, and other medical illnesses. It is not difficult to realize that some of these factors are well under our control and thus enable us to influence how we age. We also need to appreciate the fact that aging brings experience and knowledge which empowers us to prosper through various life stages.

This poses the question of what can be done to ensure healthy aging. In the light of research, it is identified that a positive self-perception towards aging can add to our overall well-being. This entails being more optimistic about aging and exploring the opportunities that this stage of life brings. The first step that one might take is to look at the brighter side of the picture. As we feel better about our situation, we tend to analyze our surroundings better; we make new friends, and maintain our relationships and support networks. This will add to satisfaction with life, while these friends and family can also offer support in times of need.

While coping with aging and SCI, it is important to engage in the activities that one truly enjoys. This can be as simple as playing Sudoku or cooking. In stressful times, such activities can distract a person from succumbing to the adversity. Stress is something that we cannot exclude completely from our lives. Learning various stress coping strategies can be beneficial, and will vary from person to person. It could be a yoga session, deep breathing, or as simple as laughter. Many people find helping others in need to be healing for their own stress. It can be effective to go out and involve yourself in peer activities. This does not only give a chance of helping others, but provides us with awareness of our potential to be able to empower others through our “ability and strength”.

At the same time, it is beneficial to stay aware of your health situation. Any new changes should be brought to the attention of health care providers so that they are dealt with in timely fashion. Being more aware of your injury, its implications and preventative health practices can help you guide the care plan you need. More exercise and the importance of healthy diet cannot be ignored. Such actions in life will make you feel more empowered and improve your overall wellbeing.

In brief, everyone is aging, it brings the change. Positive interpretation of this change is absolutely necessary for our lives to be happy and meaningful. The ability to demonstrate knowledge, skill, confidence, judgement and appropriate behaviours in order to live and participate actively depends on the management of our own health. CPA can help you develop and maintain these personal health practices.

If you have any questions or comments about this article, please call me at 204-786-4753 (Ext-235).

**Remember!**

***You are important.***

***Have a healthy and active summer!***

*~ Faiza Malik ~*

*Health Promotion Counsellor*

## PSYCHOLOGICAL RESILIENCE: *Why Does It Matter?*

*The word resilience* originated from the Latin word *resiliens* which mean pliant or elastic quality of a substance. Throughout the past 40 years the meaning of resiliency has gone through several stages. Initially, scholars had been focusing on the invulnerable or invincible child and psychologists began to recognize that much of what seems to promote resilience originates outside of the individual. Research led the resiliency study to factors at the individual, family, community — and, most recently, cultural — levels (Ledesma, 2014). Moreover, community and culture have an effect on resilience in individuals, and some authors have identified growing interest in resilience as a feature of entire communities and cultural groups.

Most people will encounter a traumatic experience at least once in their lives. On a regular basis we are exposed to many stresses and how we respond to these situations might vary widely from person to person. Research has shown that even in extremely negative situations involving accidents, losses, poverty, physical and verbal abuse and mental illness, individuals can manage and cope with obstacles, and have successful outcomes (Konnikova, 2016). Scholars studied protective factors that allow some people to cope better than others, and identified a key quality that has been labelled as *psychological resilience*.

Resilience has been defined as the ability to recover from negative life experiences and become stronger and perhaps even grow in the face of adverse life experiences. The American Psychological Association (2014) defined resilience as “the process of adapting well in the face of adversity, trauma, tragedy, threats or even significant source of stress” (Southwick, Bonanno, Masten, Panter-Brick & Yehuda, 2016).

Researchers identified resiliency determinants that include psychological, social, biological and cultural factors and their interaction is proven to govern how we respond to stressful situations.

Scholars reported that factors associated with

resiliency are classified as *protective factors* and help protect people from adverse situations and *promotive factors*, which authors introduce as enabling people cope better with adverse situations in the future. How we respond to stress can be either positive or negative in terms emotional engagement, thinking and behaviours. Resilience

can help people to approach stress in an adaptive way (Zimmerman, 2013). It affects how we appraise the level of risk involved and decide on the way of responding and coping effectively with given a situation.

Authors suggest that resilient people can view a stressful situation as a positive learning experience which can make them stronger. It is also important to remember that resilience is not complete. We can

develop and change resiliency over time. Resilience includes a possibility for an individual to be hurt and rebound at the same time (Marano, 2015). It allows us to refrain from blaming ourselves for what has gone wrong. Resiliency helps us to minimize the possibility of externalized blame and supports internalized strength.

Studies related to external variables associated with resilience report that a relationship is a significant factor for the individual facing adversity. The support that might come from parents, relatives or caring individuals

is a crucial factor in building and developing resiliency. The relationship might serve as a major catalyst of the transformation in one’s life and within oneself. Research has shown that individuals who



have handled antagonistic experiences with more positive outcome were people who had supportive relationships during trying times. Supportive relationships encourage and reinforce coping skills for individuals experiencing challenges and facilitate the development of resiliency.

Research also suggests that we can develop resilience in several ways, including getting enough sleep and exercise. Taking care of our mind and body helps us to effectively cope with challenges in life. It is also important to learn and consistently practise positive thinking. Learning and practising cognitive restructuring changes the way we think about negative situations, events and ourselves. Part of the resiliency building also includes building self-esteem, self-concept and learning from mistakes and failures (Konnikova, 2016). It is important to build strong relationships and to maintain flexibility. It is also important to set achievable goals that match our values and belief system.

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~ Agnieszka Szymanowicz ~  
Rehabilitation Counsellor

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- ~ Dakota Ojibway Tribal Council Housing Authority Inc. Phone: 988-5377

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- ~ Christmas Cheer Board: 669-5369.

The information above is from "A Guide to Winnipeg for Aboriginal Newcomers 2003."

## Electrical Stimulation May Improve Health And Function After Spinal Cord Injury

by Dr. Kristine Cowley

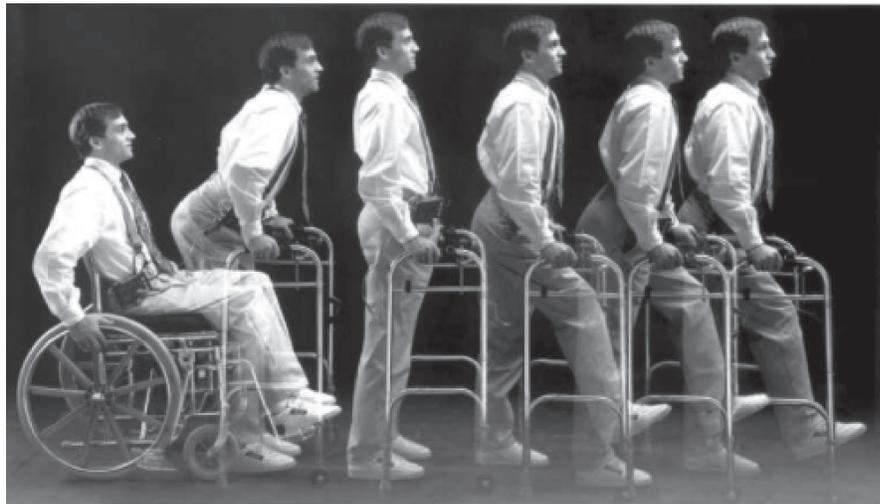
*Although electrical stimulation* to activate muscle has been around since the 1700's, a fellow named Jerrold Petrofsky received some media attention for developing a form of 'functional electrical stimulation,' or FES, that enabled paraplegic test participants to walk over-ground in the mid-1980's.

FES causes inactive muscles to contract when the non-damaged peripheral nerves ('axons') that supply the muscle fibres are given electrical stimulation. Depending on the numbers of muscle nerves and the pattern of activation, different actions can be performed, such as stepping or grasping an object with the hand.

For those with paralysis due to spinal cord injury, electrical stimulation works because it acts on nerve fibres that still communicate between motoneurons within the spinal cord and the muscle fibres that are 'below' the person's injury.

Electrical stimulation cannot work if the motoneurons have been damaged, which occurs at the site of the spinal cord injury or if a person develops a syrinx that damages motoneurons at other levels of the spinal cord.

What this means is that most people with an injury in the thoracic or cervical region would be able to use electrical stimulation to activate the leg muscles and those with cervical injury would be able to activate the muscles of the trunk as well.



**Figure 1:**  
'Walking with FES'

Petrofsky was not the first to use electrical stimulation to activate otherwise paralyzed muscles, but he was credited with developing a computer-based system that allowed participants to walk over-ground.

At the time, re-activating paralyzed leg muscles really was the most significant advance to date for those living with spinal cord injury. His work was dramatized in the 1985 TV movie starring Judd Hirsch called *"First Steps"*, in which one of his study participants used the stimulation system to walk up to receive her University degree (Nan Davis).

This work also led to the development of commercially available devices, such as "ParaStep". The basic idea behind this device is that the paralyzed person (usually paraplegic with trunk control) uses a button to activate the stimulators on their quadriceps (knee

extensor) which gets them standing, and then they can press a button on the right or left which switches off the stimulation to the quadriceps on that side and activates a sensory nerve near the knee, which then causes a 'flexion withdrawal reflex' that causes that leg to bend at the ankle, knee and hip (*see figure 1 above*).

With training, the person learns to lean forward at that time and then that would bring that leg forward as a 'step'. The quadriceps would then again be stimulated so the person could 'stand' on that leg and the process would be repeated with the other leg.

Initially it was hoped that this technology would restore normal function to those paralyzed, but for a number of reasons, widespread use and replacement of the wheelchair for mobility did not occur.

Figure 2 shows, Janni Smith (Piotrowski), a woman

with paraplegia using Petrofsky's FES device to do a 6.8 mile leg of the Honolulu marathon in 1985.

Some people paying attention to the media at this time may remember that Janni Smith subsequently married Petrofsky in 1991. Readers may also remember that Smith/Piotrowski had sustained her spinal cord injury in a shooting in 1980, for which she was awarded civil damages against her former boyfriend (millionaire Dick Minns) for allegedly hiring hitmen to have Piotrowski shot (LA Times July 21, 1994).

The hitmen had been convicted and jailed for the attempted murder but Minns had never been criminally charged and had fled the country and had not been held accountable for the civil lawsuit until his arrest in 1994.

At the time of the movie and these FES reports, other scientists were reported as being critical of Petrofsky's work because they felt it was based on too few people and that it would lead to 'false perceptions' and 'false hope'. Researchers interviewed by the New York Times said "it will be a decade and more before paraplegics will be able to get up, unassisted, and walk a few steps, and that more complicated tasks are decades away" (as cited by Colin Campbell, March 21, 1985, New York Times).

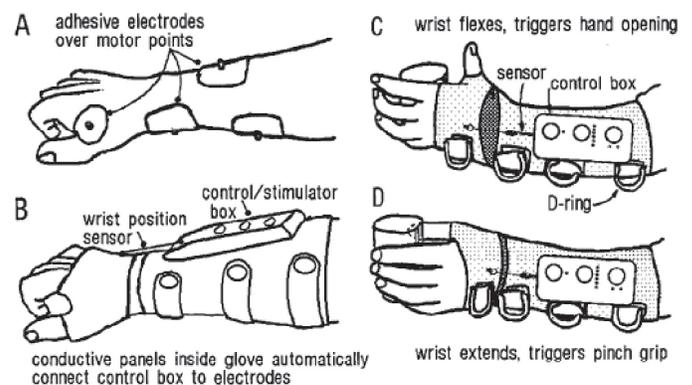


**Figure 2 :**  
*Piotrowski/Smith shown in a 1991 People magazine article while walking with the assistance of FES in the 1985 Honolulu marathon*

Fast-forward to 2016, and yes, its true, FES-walking has not become 'standard of care'. One of the more important reasons is because it is too slow to be practically useful and since the person FES-walking has to constantly use both hands it really is not an improvement over the manual wheelchair. However, important advances in FES for those living with spinal cord injury have come from these early studies. I will highlight three: FES for improved hand function, FES-Rowing for exercise, and FES for trunk control/seated balance. Both the FES hand stimulator and the FES-Rowing device were developed at the University of Alberta.

**FES for improved hand function:** The "Bionic Glove" was one of the earliest described hand function systems, and was developed by researcher Arthur Prochazka and colleagues (Prochazka et al 1997). Shown below (Figure 3), this device used wrist flexion to trigger extension of the fingers (hand opening) and wrist extension to trigger flexion (pinch grip). The system became commercially available under the name Bio-ness and retails for just over \$7500.

A new version of FES-based hand stimulator is in the final stages of development – and expected to be commercially available in late 2016. It is an advance because it can be activated by head tilts via a wireless transmitter, and is expected to retail for around \$2500. This price is much more attainable and the use of head tilts to control the device should overcome some of the issues that arose when the glove was activated by wrist movements (e.g. trying to wear the device while wheeling).

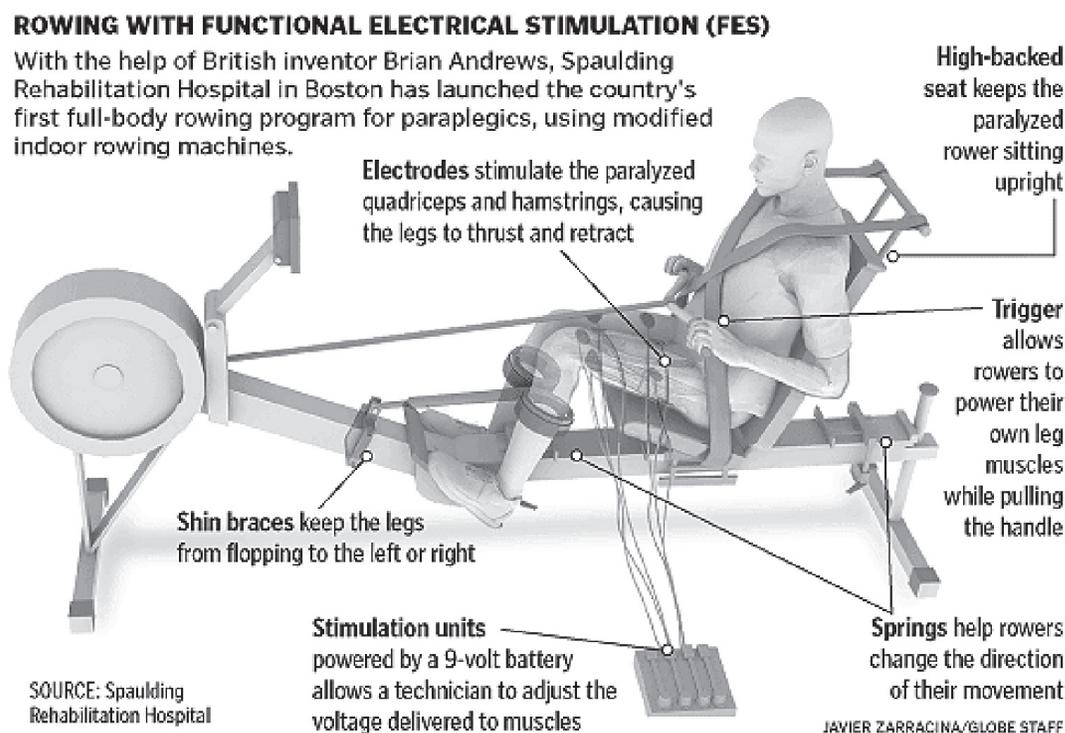


**Figure 3: 'The bionic glove'**

The FES-Rower (Figure 4) relies on electrical activation of the knee extensors and knee flexors timed with voluntary upper arm rowing to increase the

amount of 'work' being done during exercise. This system is currently only in use at a handful of locations throughout North America and Europe. The largest currently being in Boston Massachusetts. We are currently pilot testing FES-Rowing here in Winnipeg.

The rationale for using FES-Rowing is that it should provide a greater exercise stimulus than voluntary exercise alone, since the larger muscles of the leg should increase activation of the heart and may lead to improvements in cardiovascular fitness. It also should improve leg blood flow and reduce musculoskeletal decline in the legs of those performing FES-Rowing.



**Figure 4:**  
**'FES-Rowing' from boston.com**

Finally, I will mention the recent reports of FES for trunk support developed in Cleveland at Case Western Reserve University. To this point, I have been describing FES devices that rely on surface stimulators to activate the underlying muscles.

Another way to activate paralyzed muscle is to use surgically implanted nerve cuffs around muscle nerves. These cuffs can then be activated by small electrical currents via a wireless transmitter that can be controlled by a computer for feedback-based control of posture. The advantage of implanted electrodes is that they do not need to be re-applied daily and are generally stable, but the disadvantages include possibility of infection and the requirement for surgery.

Ronald Triolo and colleagues in Cleveland are exploring whether electrodes implanted in back and hip extensor muscles can be used to keep the trunk erect during seated posture in those with either

thoracic or cervical level injury. The postural control system includes a computer that stimulates the muscles when sensors (accelerometers) placed on the chest measure that the trunk has tilted forward a certain amount.

Their recent report indicates that the system can effectively bring the seated person back to upright when they are pulled forward with forces between 35% and 45% of each person's body weight. Initial results are promising in that erect sitting posture can be restored quickly (around 1 second for 35% and under 3 seconds at 45% body weight)(Audu et al 2015).

The system cannot restore posture with body pulls with forces greater than 50% body weight but one can imagine this system may become very useful for the majority of persons seated in manual wheelchairs needing trunk support. Perhaps such a device with small wearable tilt sensors and either implanted or

surface electrodes could be in commercial use within the next decade.

In summary, although the initial promise of restoring overground walking has not been realized through FES, these three examples illustrate the potential of electrical stimulation to improve hand function, exercise performance and for maintaining seated posture for those with spinal cord injury. Improvement in these three areas would go a long way to improve quality of life after spinal cord injury.

Audu ML, Lombardo LM, Schnellenberger JR, Foglyano KM, Miller ME, Triolo RJ. 2015. A neuro-prosthesis for control of seated balance after spinal cord injury. *J Neuroeng Rehabil* 12: 8

Prochazka A, Gauthier M, Wieler M, Kenwell Z. 1997. The bionic glove: an electrical stimulator garment that provides controlled grasp and hand opening in quadriplegia. *Arch Phys Med Rehabil* 78: 608-14

## RURAL TO URBAN

### *A Way Of Life Changed Forever*

The effect of a Spinal Cord Injury (SCI) is in itself a very drastic change to an individual and in most cases a life time change. Now we add a second drastic change and that's the move from a rural to an urban lifestyle. The person not only needs to cope with his/her injury but they also now have to adapt to a new life in a strange environment.

CHANGE is not something that happens overnight and for most people, change take months and years to overcome and for some it never happens. To adapt to their new life in a wheelchair some individuals turn to drugs or alcohol to cope with their disability, or continue on with an addiction they've had prior to their life changing injury.

I want to introduce you to Bob (not his real name), an Aboriginal man from a northern Manitoba Aboriginal community. Throughout his life Bob kept himself active by becoming a volunteer firefighter, working with Manitoba Hydro and taking on any other employment that was available in his northern home community. Life was good for Bob – simple, yet fulfilling. Work, volunteering and having a good time were part of his life. Being healthy and living life on a Reserve became a way of life.

That was all fine until January 2010 – the day that life as Bob knew it, would change forever. Bob was diagnosed with Pott's disease, secondary to TB in his Thoracic Area, and now has a T06 Asia A Spinal Cord Injury.

Bob struggled with his disability and the changes to his way of life. Because of his disability there are many variables that have now changed his way of life from Rural to Urban. On discharge Bob was moved into a one bedroom accessible suite in Winnipeg. He

loved his suite but here he would be alone in a strange home and have to manage for himself. With help of CPA Counsellors, Bob managed and started to adapt to his home and the needed services that were provided to him.

Bob would love to be able to move back to his home Reserve but cannot because of the lack of many needed services. Some services that he might not be able to get or that would be limited on Reserve are: daily needed home care services; bowel routine; meal preparation; getting up in the morning and back to bed at night; showering; laundry; housekeeping; accessible housing; transportation for medical appointments; rehab and the servicing of broken down equipment. These are now changes that are a daily occurrence with Bob.

At first Bob was shy and didn't know what was happening and was struggling with the fact he'd never walk again and would never be able to return to his home Reserve.

There are a few things that have impacted Bob in the last few years - the deaths of his mother, sister and nephew, all from his home Reserve. Bob couldn't attend any of the services because of the cost of the transportation. No one would come forward to cover the cost so that he could say his goodbye and have closure. Again Bob struggled. On one of my visits Bob told me, "you know Willie, I could go out there and buy a big bottle of booze and drink it all, that's how I feel. But you know what, my mother would still be dead tomorrow and I'd be sick. I'll be okay."

He added that he'll like to go back home someday for a visit but that Winnipeg was now his home.

~ Willie Ducharme, Rehabilitation Counsellor ~

# Informed Decision Making for Your Future: Labour Market Trends in Manitoba

*An ongoing issue* that we face in the Canadian Labour market is shifting trends in where the need for employees lies. This article is intended to speak to the needs of those of you who are currently searching for employment or who are considering undertaking some training or education but are not yet sure about what aspect of the Canadian economy will make the most sense to invest your time and energy into. I am not intending this to be an exhaustive list of the positions that are available currently or will likely be in the near future, but hopefully to provide you with a better grasp of what the trends are in the today's labour market so that you can make a more informed decision for your future.

It is difficult to predict changes in our economy. The recent shift in oil prices over the last 6 months and the resulting rise in unemployment throughout Alberta is a good example of unforeseen events that directly impact the availability of employment.

Natural disasters such as the event of the fire in Fort McMurray is an instance where unforeseen events impacted employment opportunity in several different capacities. Although many businesses were destroyed as a result of the fire, there has also been an increased need for workers who are able to restore infrastructure and rebuild homes within the community. At the same time much of our economy is fairly predictable and with advanced methods of capturing and analyzing trends in the data we are able to make some fairly accurate projections concerning what the future labour market will hold.

To begin, according to the Government of Canada, the trend in our country in general is mostly positive for those who are seeking employment.

For those of us who are planning to stay in Manitoba for the foreseeable future, the government publishes monthly labour market information which can be easily accessed at <http://www.gov.mb.ca/jec/lmi/index.html>. Although there have been some downward trends within our province, the long term expectation is positive.

Overall Manitoba's employment is forecast to grow by 1.2%, greater than Canada's 1.0%, ranking Manitoba second strongest among the provinces in

2017, following BC. Manitoba's unemployment is forecast at 5.8% in 2016, the lowest in Canada and tied with Saskatchewan. In 2017, unemployment is forecast at 5.6%, second lowest in Canada and following Saskatchewan.

The Government of Manitoba has released more specific projections which state that sales and services will be the area of the economy with the largest growth and therefore also the most jobs created. The next highest areas of job creation will be the business, finance and administration sector, followed by trades, transport and equipment operators. Conversely, the area "with the fewest projected job openings is natural resources, agriculture and related production occupations." With all of this data comes the caution to remember that not all parts of the province will perform the same, and although certain industries may be expanding in one geographical region they may also be cutting back in another.

The question of returning to post-secondary education with the hope that higher learning will increase your employability is one that many people face, especially when a previous area of employment (such as manual labour) has been made impossible due to an accident or injury. Statistically the government is projecting that "approximately 61 per cent over the seven-year period are forecasted to require some post-secondary education and training." This means that although post-secondary education is not absolutely necessary for becoming employed in our economy, it does play a significant role in dictating how much of the labour market you are able to access. The full document outlining the projections can be found at: [http://www.gov.mb.ca/jec/lmi/pdfs/occ\\_report.pdf](http://www.gov.mb.ca/jec/lmi/pdfs/occ_report.pdf).

At the same time it needs to be recognized that not all of us are interested in spending the time and energy to go through multi-year programs. For this reason it is helpful to consider that within the sales and services grouping of jobs, the areas that are expected to need the most new employees are "cleaners, retail sales persons, and customer and information services representatives." Most of these positions require little to no post-secondary educa-

tion (although a high school diploma is generally encouraged), and instead offer on-the-job training.

To conclude this brief assessment of the labour market in Manitoba, I would encourage you to be honest about what it is that you are looking for in a job. Projections for the coming years show that the Manitoba economy will be relatively stable and the demand for jobs will continue to be comparable to the number of jobs available. This means that for many of us there may be the luxury of selecting from a number of different interests and options. Recognizing your own priorities in finding work will create a greater degree of understanding for what is being sought, and enable you to make a better decision as you move forward.

For further information or to begin putting a plan in place, feel free to contact one of the vocational counsellors at CPA.

*~ Stefan Kliewer, Vocational Counsellor ~*

## *Did You Know...*

*That if you have something to sell, trade or give away and you are a CPA member, you can place a classified ad for free in ParaTracks?*

For information contact Adrienne Conley by emailing [aconley@canparaplegic.org](mailto:aconley@canparaplegic.org) or Phone: 786-4753 ext. 222

## **FOR SALE:**

**"Bruno awl-150"** lift for installation in vehicle. **Specifications are:** Rating: 1500 lbs. Capacity: up to 150 pounds. **Controls:** Hand operated. **Seat:** 9-14 Vdc, Motorized. **Example:** is equipped with a tall column base to accommodate the taller upright position. Can be installed left side rear or right side rear. \$1000.00. Phone: 204-555-4321.

***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](http://www.cineplex.com)

**Galaxy Cinemas** [www.cineplex.com](http://www.cineplex.com)

**Famous Players Cinemas** [www.cineplex.com](http://www.cineplex.com)

**SilverCity Cinemas** [www.cineplex.com](http://www.cineplex.com)

**Colossus Cinemas** [www.cineplex.com](http://www.cineplex.com)

**Coliseum Cinemas** [www.cineplex.com](http://www.cineplex.com)

**Empire Theatres** [www.empiretheatres.com](http://www.empiretheatres.com)

**Landmark Cinemas** [www.landmarkcinemas.com](http://www.landmarkcinemas.com)

**Rainbow Cinemas** [www.rainbowcinemas.ca](http://www.rainbowcinemas.ca)

**Magic Lantern Cinemas** [www.rainbowcinemas.ca](http://www.rainbowcinemas.ca)

**AMC Theatres** [www.amctheatres.com](http://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](http://www.access2card.ca)  
or call the CPA office and an application form will be sent out to you.

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# HAVE CHAIR, WILL TRAVEL

## PLANNING IS THE KEY WHEN TRAVELLING WITH A DISABILITY

As the top-ranked men's wheelchair tennis player in Canada, Joel Dembe has clocked thousands of kilometres while travelling to 20 countries in the past 10 years. In November 2014, when Dembe was in Colombia for a tournament, he saw first-hand that accessible travel means different things in different countries.

"It was a nightmare. I was promised that the rooms were accessible and, yes, I could get into the room, but there was a 45 centimetre (18-inch) step up to the bathroom," recalls Dembe, a Costco member who won a bronze medal at the 2015 Parapan American Games.

"In some cultures, accessible means 'Don't worry, we'll help you,' but to me, accessible means I can do it on my own. I'm quite adept at getting around, despite the fact that I use a wheelchair. I don't like having to rely on other people for help; for me, the best vacations are the ones where the person with a disability can do things on their own."

Over a billion people – about 15 percent of the world's population – have some form of disability. With an aging yet active population, accessible travel is on the rise. Yet while tour operators and hotels are providing more accommodations than ever before, many travellers with disabilities still deal with inadequate facilities, extra hassles and last-minute surprises.

Kéroul, a Quebec-based non-profit organization, has been lobbying hard for accessible tourism for 35 years. Assistant director and Costco member Lyne Ménard notes that within Quebec – which has 800,000 disabled residents, most with mobility issues – accessible travel is a lucrative niche market worth more than \$1 billion.

Kéroul's online tourist guide, *The Accessible Road* ([larouteaccessible.com](http://larouteaccessible.com)), features destinations, lodgings and activities in 17 regions across the province.

"We've evaluated 5,000 places in Quebec, and have listed 250 favourites," says Ménard, whose recommendations include Oka National Park, a family-friendly camping area about 50 kilometres outside Montreal.

"A few years ago, they began offering adapted Huttopia tents, which are very equipped and right near accessible bathrooms," says Ménard. "There are flat walking trails, and also beach wheelchairs available."

For larger gatherings, Ménard suggests renting an adapted cottage in Magog-Orford called Chalet U ([chaletsu.com/#!/home/co7n](http://chaletsu.com/#!/home/co7n)), which sleeps up to eight people.

Consulting an accessible travel expert is definitely worthwhile, notes Dembe, who carefully researches every destination himself, using online resources such as TripAdvisor. He also recommends calling directly to request

special services, such as a roll-in shower or specific hand controls in a rental car.

Before setting sail with his girlfriend on Norwegian Cruise Line in 2013, Dembe checked which itinerary offered the most accessible destinations.

"Most cruise lines have a phone number for accessibility-related concerns, and they told me which ports were accessible," recalls Dembe. However, he later discovered that getting to the tenders to get from ship to shore meant navigating several flights of stairs.

"A cruise ship can't control every experience you're going to have in each port," cautions Dembe. "They told me they had a beach wheelchair on their private island, but I had neglected to ask if I could propel the chair myself. And I couldn't; I had to ask my girlfriend to push me."

The more specific the questions you ask travel agents, the more likely you'll get everything you need, notes Shauna Petrie, an accessible-travel specialist in Mississauga, Ontario. Petrie has used a wheelchair since 1981, when she was injured in a skydiving accident. With her husband, Dave Krook, she founded their agency, Sea Wheels, 10 years ago. The couple has visited 43 countries on five continents.

"The biggest key is having enough time to ensure equipment rental, an accessible room and tours can be booked and confirmed," says Petrie. "You don't want to just show up and hope that everything's going to work out. Some of my clients don't care if the bathroom has a roll-in shower or not, but for others, that's absolutely imperative."

For families, communication is vital, insists Petrie: "It's really important that people know what their expectations are ahead of time. There's nothing wrong with families breaking up into groups, as we did on our cruise. Discuss what's important on the trip, so that no one's disappointed."

~ By Wendy Helfenbaum ~

"Reprinted with permission of The Costco Connection."



*A wheelchair-accessible yurt in Gatineau Park*

## HEALTH ALERT : WEST NILE VIRUS

**West Nile Fever** is caused by West Nile Virus that is spread with a mosquito bite. This special mosquito *Culex tarsalis* lays eggs in standing pools of water that could be found in old tires, unused swimming pools and containers containing stagnant water. The mosquito tends to bite actively in dark (sunset to sunrise) and cloudy days, especially from mid-July to September.

As expected, outdoor activities increases the exposure to mosquitoes and thus the risk for contracting WNV. These may include farming, camping, gardening, construction, etc. The symptoms can start from 2 to 15 days after being exposed to the virus and may include:

- Severe Headache
- High Fever
- Mental Confusion
- Muscle weakness
- Coma
- Paralysis

There is no vaccine or specific treatment for the disease, so the best strategy is to prevent yourself from the bite of mosquitoes. Some of such measures suggested by Manitoba Health are as follows:

- Use of appropriate insect repellent prior to outdoor activities
- Wearing light coloured and loose clothing with preferably long sleeves and pant legs while outdoors
- Reducing outdoor activities between dusk and dawn
- Use protective nets on windows and doors
- Reduce mosquito habitat by clearing standing water from your surroundings by appropriate storage of old tires, flower pots, rain barrels, etc.

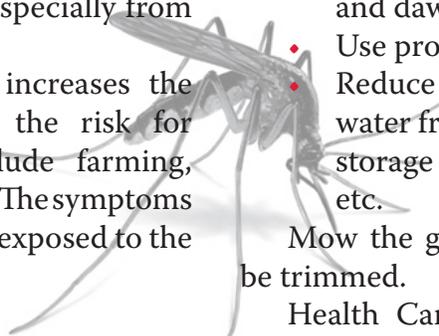
Mow the grass regularly and vegetation should be trimmed.

Health Canada has approved following active ingredients to be safe for protection against WNV as of 2013

- DEET (no more than 30% strength)
- Oil of Lemon Eucalyptus
- Soybean Oil

*Be safe and enjoy the summer!*

*~ Faiza Malik~  
Health Promotion Counsellor*



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**TIME:** 5 P.M. TO 8 P.M.

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- ~ Invite Support Staff to accompany if required
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## *Returning to the Canadian Wheelchair Basketball Nationals*

**A**rt Monforte recently emigrated from Italy and has found his way to the Manitoba Wheelchair Basketball team. When I discovered that he had been to the Canadian National Wheelchair Basketball tournament, I decided to ask him about his experience. The following is the interview that I conducted with Art Monforte.

### *Tell me a bit about your team and how wheelchair basketball works.*

Well, on our team there are 12 players including our coach, who also played in the tournament. Unfortunately 2 of our players were injured for this tournament and could not participate. Currently on our team there is a wide range of ages, from 16 all the way up to some guys who are in their 40's!

Part of the intention of wheelchair basketball is to create a place where able-bodied people can play on the same team as those with a disability or injury. Each person is assessed based on their level of ability and given a point. For instance, someone with a high level injury might be deemed to be a 1.0, whereas someone who is able-bodied would be a 4.5. You are allowed a maximum of 14 points on the court at one time. In case of any ambiguity there is a panel available that will assess a player and give them a score.

### *So you recently went to the Wheelchair Basketball Nationals in Kamloops. Can you give me some details about what the tournament looks like?*

The tournament took place over 3 days, April 22-24, and was held in Kamloops, BC this year. There were 12 teams attending the tournament from all over Canada-Quebec, Toronto, Calgary, Northern AB, etc. Within the tournament were several divisions, from the A division down to Recreation Division. The first day (Friday) we played 3 games, which was quite exhausting! On Saturday we played 2 more games and then because we had lost by that point, we watched the semi-final and final games on Sunday.

### *And what was the level of your team this year?*

This was the first year that Manitoba had been back to the National Tournament in 9 years and so this year we were in the Recreation Division. In past years, Team Manitoba has had many great players, many of whom have moved on to become successful in different professions. Our team right now is quite a mix of players, some that have been playing for a long time and some

that are just starting out. I think that we have a lot of potential but it will take some time before we can compete at the top level.

### *What was the highlight for you at this tournament?*

I think the best part of this tournament was the opportunity to watch other players. There were many players who were very skilled and it was inspiring to see them play and witness the level of teamwork that they brought. It motivated me to keep working on my own game and become a better player. I also really enjoyed the supportive atmosphere that is present on my team.

### *What are the chances that you will go to the National Tournament again next year?*

Well, it will depend a lot on funding. We did do some fundraising this year but everyone on the team had to pay for their own plane tickets. There is a constant need for funding support and I am hopeful that other organizations will notice us and help Manitoba develop their wheelchair sports programs, especially wheelchair basketball. Many of the younger players will want to continue and are hoping to go again next year. For now I hope to continue developing and learning from other players!

For more information on wheelchair basketball in Manitoba or to get involved in other wheelchair sports, please see <http://www.basketballmanitoba.ca/> or <http://mwsa.ca>

*~ Art Monforte,  
as interviewed by Stefan Kliewer ~*



# The Road to Independence.

HANA™ (Home Access Network Assistant) is a specialized home automation platform for those who want or need assistance in controlling their home environment. HANA™ can assist its users in controlling lights, appliances, doors, beds, phones, and televisions from a power wheelchair and/or bed.

***“HANA™ makes my life easier each day and is giving me more confidence and freedom – I love it!”*** – Luke Savoie, HANA™ pilot participant.

Users can choose a scanning menu, voice control, or shortcut activation to operate HANA™. The home automation platform allows for unparalleled mobility and independence, both within the home environment and outside of the home.

HANA™ also allows caregivers or family members the ability to remotely monitor and control all devices from their computer or phone.

## **Key Features:**

-Scanning Menu	<i>The default menu system is accessed by buttons and/or sip &amp; puff straw.</i>
-Voice Command	<i>Easily control the home environment with voice commands.</i>
-Favorites	<i>Quickly access commonly used commands by setting up favorites.</i>
-iOS/Android -Compatible	<i>SIRI or Google Now can be accessed for phone calls, weather, directions, simple fact finding, etc.</i>
-Caregiver Access	<i>Many devices can be activated manually or remotely by a partner/caregiver.</i>
-Drag & Drop Menu	<i>The menu is configurable via a drag and drop interface on a website.</i>
-Custom Voices	<i>Customize the menu voice recordings for personal preference and/or language.</i>
-Menu Speed	<i>The speed of the menu can be adjusted for users who have slower reaction time.</i>
-Mobile Power Supply	<i>HANA™ is powered from the chair battery and doesn't require a separate charger or power source.</i>
HANA™ Care & Support Connectivity	<i>A team of HANA™ Helpers will be ready to troubleshoot and fix any issues a user may have.</i>

Norima Innovations is pleased to announce that HANA™ is ready for installation, and orders are being filled for July 2016. For more information or to schedule a demonstration please visit [norimainnovations.com](http://norimainnovations.com) or contact Anil Kaul at 204-999-4722.



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

Mercedes Nicolas		Donald Johnston
Paul Proctor		Joaquin Silva
Greg Kyba		Thor Olson
Arthur Summers		Maurice Storoschuk

## 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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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%).

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- \_\_\_\_\_ \$25 - \$99 - Supporting Member
- \_\_\_\_\_ \$100 - \$249 - Sustaining Member
- \_\_\_\_\_ \$250 - \$499 - Charter Member
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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
- I will no longer receive membership receipts, cards, reminder notices or CPA newsletters.

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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