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Association Canadiénne des Paraplegiques

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PARATRACKS

Newsletter of the Canadian Paraplegic Association (Manitoba) Inc.

Overcoming the Odds

In This Issue:

I can actually do things : Trevor Brown, pg. 12

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

Clarence Bear
John William Leyland
Jeremiah Day
David Harper

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 Adrienne at aconley@canparaplegic.org or give her a call at 204-786-4753 or 1-800-920-4933, ext. 222.

Staff Introductions - Resiliency Workshop

My name is **LéAmber Kensley**, and I am a Métis woman who has been involved in the social service sector for 15+ years; I am experienced in counselling, crisis management and administration. I completed my Advanced Bachelor of Arts in Psychology and Criminology, at the University of Manitoba and I am currently working on a Certification in Rehabilitation Counselling. I am a volunteer board member for our local Speculative Fiction conference, Keyon Inc. and a founding member and current Treasurer for Institute For International Women's Rights, Manitoba.

My name is **Bill Keith**. I joined CPA as of last June 2018 as a Rehabilitation Counsellor. I retired from the Correctional Service of Canada after thirty-one years of service where I worked as a Parole Officer, and for the last eight years of my career as a certified Correctional Programs Officer specializing in the area of substance abuse. I was trained in group facilitation and during my career I worked with a variety of clients, helping them to understand their behaviour and to set attainable goals for the future in the community.

In my position with CPA I am facilitating a program entitled "Resiliency". The objectives are to help participants bounce back from trauma and setbacks in life. This program focuses on helping individuals develop mental skills that will assist them to move forward rather than be held back. The program helps individuals understand themselves and to find ways to overcome personal obstacles.

The **Resiliency programs** are taught to a variety of organizations which include: paramedics, doctors, military personnel, firefighters and ordinary citizens who have experienced some type of trauma. One of the exciting things about this program is that Resiliency is a learnable skill and that anyone can master and apply it to their life and teach it to others.

I am very impressed with the dedication and professionalism of the CPA staff who care about the sharing or resources that impact the well-being of others in the CPA community.

If you are interested in learning more about new group programming please call your Rehabilitation Counsellor at 204-786-4753.

Pressure Injury Prevention

By Shannon Thomas RN MN, IIWCC, Clinical Nurse Specialist, WRHA Home Care Program

Did you know?

In Canada, the overall prevalence of pressure injuries across all health care settings is 26% and approximately 70% of these wounds were considered preventable. [1] Clinical practice, published literature and expert opinion articulate that nearly all pressure injuries are preventable. [2]

What is a pressure injury?

A pressure injury is localized damage to the skin and/or underlying soft tissue usually over a bony area, or related to a medical or other device. The injury can present as intact skin or an open ulcer and may be painful.[3]

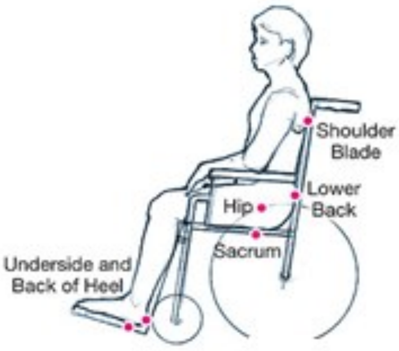
What causes a pressure injury?

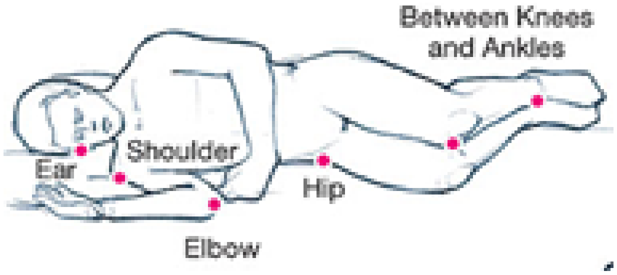
A pressure injury occurs as a result of intense and/or prolonged pressure or pressure in combination with shear.[3] Constant pressure on the skin impedes blood flow to the skin which leads to tissue damage as a result of cell death. Shearing occurs when the skin remains in place while the other tissue layers slide against each other, causing damage to the deep tissue. A pressure injury is usually caused by sitting or lying in one position for a prolonged period of time.

What are the common areas for a pressure injury to occur?

For individuals who use wheelchairs, pressure injuries often occur at the following sites: shoulder blades and spine, back of arms and legs that rest on the chair, and tailbone or buttocks.

Common sites of pressure injuries for individuals who spend a significant amount of time in bed include: back or side of head, ears, shoulder blades, lower back, hip or tailbone, skin between knees and ankles, and heels.





What increases the risk of developing a pressure injury?

- Immobility (may be related to poor health, spinal cord injury (SCI), or other medical conditions)
- Loss in sensation in skin (may be related to SCI, neurological disease, etc.)
- Inadequate nutrition and hydration (sufficient fluids, protein, calories, nutrients, vitamins are required to maintain healthy skin)
- Inadequate blood flow to tissues (may be related to diabetes and vascular disease which can cause tissue damage)[4]
- Frequent or long periods where skin is exposed to urine and stool.

What steps can you take to prevent a pressure injury?

- Repositioning in bed every two hours and when sitting, your weight should be shifted every 15 mins.[5]
- Wheelchair push ups (if you have the upper body strength to raise body off seat)
- Work with your occupational therapist (OT) to select an appropriate seating surface (like a specialty cushion), transfer devices, and mattress support surfaces to redistribute pressure.[1]
- Consider a wheelchair with a tilt to relieve pressure (work with an OT to select an appropriate wheelchair for you)
- Minimize friction when changing positions or moving in bed (if possible, roll or lift with your body to avoid dragging yourself across the sheets otherwise, ensure caregivers use sliders and other transferring devices. Work with an OT to determine the most appropriate transferring techniques for you)

Skin care tips

- Inspect your skin daily. Notify your health care provider as soon as possible if you find any red, purple, and painful or open areas of skin and avoid pressure to that area.
- Keep skin clean and dry. Immediately clean urine or stool from skin to prevent skin breakdown.
- If skin is red or purple do not rub or massage.

Minimize layers of padding/linens under your body and smooth out wrinkles.

If you have a wound and you or your caregiver are having difficulty managing it at home, then Home Care Services might be an option. For more information call the Home Care Central Intake line at 204-788-8330.

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Handi-Transit Update

By Thor Sigurdson

Scheduling Software Project

Winnipeg Handi-Transit has been working on the development and implementation of a new scheduling software and client management system. The new system will help to increase overall efficiency of the operation. Where the old scheduling system gives a fixed schedule once it is set, the new software will allow for a more dynamic schedule that the system can update as changes occur to make use of resources that would otherwise be wasted. Handi-Transit clients will be able to access their accounts through a new website giving them greater flexibility in how they interact with Handi-Transit.

Name Change

Since the name Handi-Transit was first adopted in 1977, there have been many changes in our understanding of disabilities and the language used to describe persons with disabilities. The introduction of new legislation, Accessibility for Manitobans Act, and its continued development provides clear direction on the use of inclusive language when referencing services for the disability community. A new name for Handi-Transit is one step towards a more inclusive environment for all Winnipeg residents. Last fall, Handi-Transit asked the public for its ideas and suggestions for a new name. Their suggestions were reviewed by the Policy Advisory Committee which narrowed the selection. The City then asked Winnipeggers to choose from among three options. The new name will be announced in the second half of 2018.

Discontinuation of Three Stair Practice

As of January 1, 2019, Handi-Transit drivers will no longer maneuver an occupied manual wheelchair up or down steps at a registrant's pick-up or drop off locations. An independent assessment of the practice was done in 2017 and found that maneuvering an occupied wheelchair up or down stairs posed a significant safety risk to both the drivers and passengers. Existing registrants who are currently provided this service will need to make modifications to provide an accessible level entrance or make alternate arrangements to meet the drivers at the bottom of the stairs. Earlier this year Handi-Transit sent letters out to all affected addresses known to them informing them of the change in practice. The letters also provided information regarding funding sources that may be available to homeowners and landlords to make a residence more accessible as well as lists of local businesses that will build, sell or rent wheelchair ramps for homes. Links to these documents are available on the Winnipeg Transit website on Handi-Transit's "What's New?" page. (https://winnipegtransit.com/en/handi-transit/whats-new/)

The Power of Peers

By Dan Joanisse

I broke my neck by diving into, and firmly planting my head, on the bottom of a pool in 1991, which, the kind doctor at the emergency room explained to me the next day, resulted in a compression fracture of my fifth cervical vertebra. But the broken vertebra wasn't the bad part - bones heal, after all. The real concern was for the damage to my spinal cord, a complete lesion, allowing motor and sensory function above the mid-chest, with only crude use of my arms and no control over my hands and fingers. At 18 years of age, I had no real experience with loss and no skills for dealing with the journey that lay ahead. Fortunately, I was not alone in my recovery, and my uninformed beliefs about living with a disability would eventually be transformed in a way that I could never have anticipated in those early days.

I spent six months in hospital learning to manage the physical and practical aspects of my spinal cord injury, and while I was pleased with my progress and excited to finally be returning home with my family, internally I was vibrating with fear and feeling ill-prepared for life outside the hospital. What if something went wrong? How would I spend my days? Would I ever have a girlfriend again? Would I ever be able to live independently? But there was no avoiding discharge, and I returned home in late November that year, the beginning of what I recall being an especially cold and nasty Manitoba winter.

To be sure, my stay in hospital was miserable, but whenever I reflect back on that period in my life, I feel quite lucky because of two critical things that happened during that time, even though I failed to fully appreciate their impact until many years later.

First, I had the good fortune of becoming a member of an exclusive club of people who sustained traumatic spinal cord injuries in the summer of 1991. We were all around the same age and developed a strong bond because of our shared experience. Although it was a very difficult period for each of us, we knew we could talk about things amongst ourselves that would have been near impossible to discuss with people outside of the club. The feeling of acceptance within our group was invaluable, especially because we all felt so different from our former selves, and at the same time, different from everyone around us. The ability to try and fail, without ridicule or judgement, was motivating and enormously liberating.

That is not meant to diminish the support I received from my family and friends, which I can say without hesitation was second to none. Nor is it meant to demean the efforts of the physicians, nurses, unit assistants, physical and occupational therapists, whose daily support and encouragement were invaluable. The club provided a kind of support that was simply not available elsewhere. Sadly, some members of that club have since passed away, but the bonds established that summer have never faded.

The second critical thing to happen while I was in hospital was meeting Arnie Schryvers, who at that time was the hospital-based rehabilitation counsellor from CPA Manitoba. Arnie's role as a member of the interdisciplinary rehab team was to provide supportive counselling, link people with the necessary resources, and start planning for discharge. But Arnie's impact extended well beyond what his job title and role would have suggested. He was the first person I met following my injury who was actually living with a spinal cord injury. Watching Arnie operate a computer keyboard and mouse, transfer into and drive his vehicle, and move around in his wheelchair allowed me to start thinking about what my life could be like. Arnie was married and working full time, and watching someone with a similar level of injury doing the things I worried I would never be able to do, was enormously inspiring, and it started a slow process of challenging my beliefs about living with a disability. Arnie was one of the most impactful figures in my rehab, and recovery because, through him, I began to see that it was possible to lead a fulfilling and meaningful life after SCI.

One of the critical resources arranged by Arnie before my discharge was meeting with his colleagues at CPA, community counsellors Greg Winmill and Mark Wherrett, and vocational counsellor Darlene Cooper. Greg and Mark, both wheelchair users, assisted with the transition from hospital to the community, and helped me sort out a number of issues that arose in the early years. They were key in getting me driving again, and connecting me with wheelchair sports, where I met so many other truly remarkable people. I was involved with wheelchair rugby for many years, both as a player and coach, and I found the experience of travelling with other quads to tournaments in Canada and the US to be incredibly enlightening and rewarding.

At the same time, Darlene encouraged me to start thinking more seriously about my future, and after an initial assessment and a few meetings with her, together with funding secured through VRDP (the provincial vocational rehabilitation program, today known as MarketAbilities), I was soon testing the waters with a couple of first-year Arts courses at the University of Manitoba. I was initially doubtful about my ability to get around the large Fort Garry campus, especially during the winter months, but Darlene was an excellent 'cheerleader' along the way and helped me figure out solutions to all the roadblocks. In the spring of 1997, I graduated with a Bachelor of Recreation Studies (BRS) degree from the U of M, and I have been happily employed ever since.

After leaving the U of M, I spent two years managing the Parking Permit Program at the Society for Manitobans with Disabilities (SMD), then spent one year working for Travel Manitoba at the Forks. In the summer of 2000, I joined CPA and worked in several different positions, including 3 years as the hospital-based counsellor and 3 years as the vocational counsellor. I left CPA in early 2008 to take a position with the province's Claimant Adviser Office (CAO), where for ten years I conducted medicolegal investigations and represented dissatisfied MPI claimants against their insurer at hearings before an administrative tribunal. And while I feel fortunate to have had such rewarding experiences over the course of my career, the success I have enjoyed has not been achieved alone. My wife, Liz Watson, has been at my side for nearly twenty years.

I met Liz while working at the Forks in 1999, and we have been together ever since. We married in 2006 and will celebrate our 12th wedding anniversary in September. She is an amazing partner and immensely talented photographer and graphic designer. We have had many adventures together, the most recent of which has been unfolding over the last year. As she has dual citizenship, Liz and I had talked often about moving to the US to escape the Manitoba winters, and last year she applied for and was offered a position in the marketing and communications office of a prestigious charter school on the Big Island of Hawaii. It seemed an outrageous idea at first, but the more we talked about the pros and cons, the more we realized we would be fools to pass up this opportunity. So we decided to make the move - she resigned from her job in Winnipeg and moved to Hawaii last October, and I left my position at the CAO earlier this year to join her in Hawaii. It has been a challenging year, being apart for nearly 6 months, but we are together again, with our 2 dogs Lincoln and Isla.

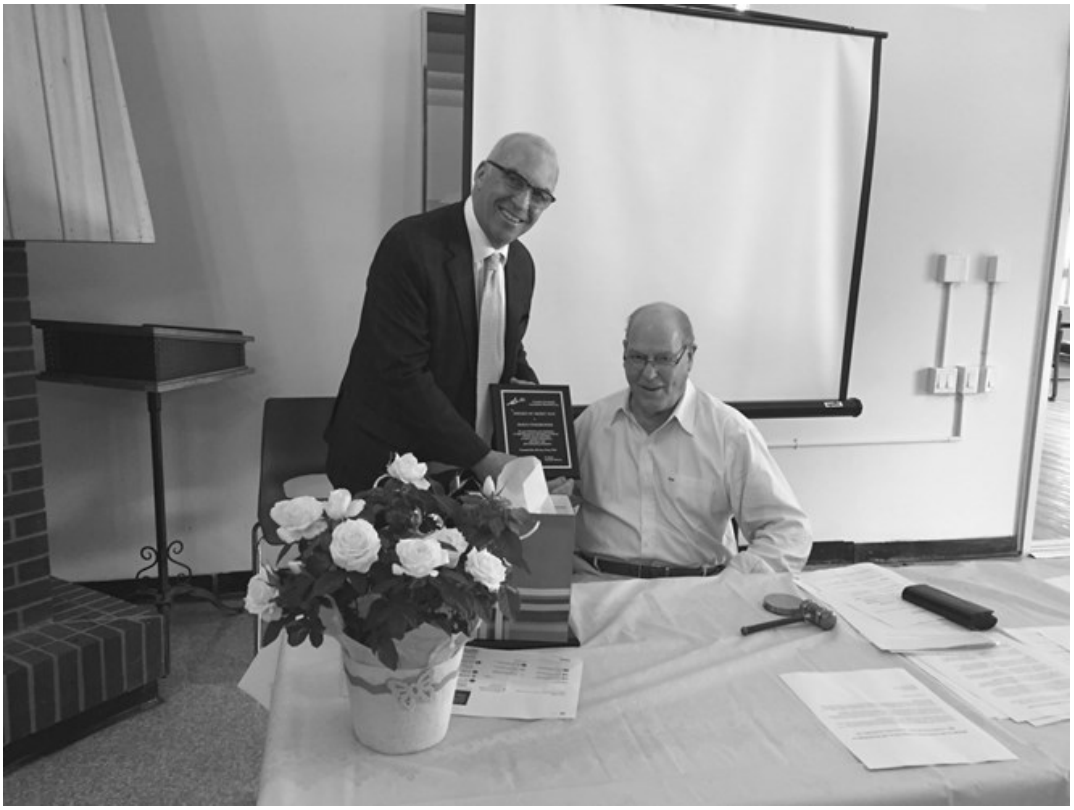
Despite the earthquakes and volcanic eruptions at Kilauea earlier this year, and the recent flooding from Hurricane Lane, things are going well. Liz is enjoying and excelling at her new job, and we both are looking forward to a snow-free winter. Since I have to go through the sponsorship process, I have not been able to work yet in the US, but I hope to start working again towards the end of the year once I receive my authorization card. In the meantime, I have been trying to expand my skills by learning about web development and computer programming/coding. I have already completed several courses in JavaScript, as well as HTML and CSS, and plan on continuing along this path. Not sure where it will lead but these skills are in high demand so it can only help me find employment when the time comes.

Today, more than 27 years after sustaining my injury, I am especially grateful for all the help and support I received over the years from the people at CPA. In my view, their guidance and assistance are as essential and relevant today as they were during my own recovery and rehabilitation many years ago.

2018 Merit Award Presented to Doug Finkbeiner

By Art Braid

In 1965 the Canadian Paraplegic Association (Manitoba) Inc. initiated the presentation of the Merit Award. This award provides CPA with an opportunity to give formal, public recognition to either organizations or individuals, for their outstanding accomplishments and their contributions in support of individuals with spinal cord injuries. The Merit Award is presented each year at CPA's Annual General Meeting. The presentation includes a plaque presentation to the recipient as well as having their name engraved along with previous recipients on a permanent Merit Award Plaque that is proudly displayed in the CPA Office.



Doug Finkbeiner and CPA Board Member/ MPF Trustee Art Braid

At CPA's Annual General Meeting on June 19, 2018, Art Braid, CPA Board Member, presented the 2018 Merit Award to Doug Finkbeiner ***"for his dedication and commitment in supporting persons with spinal cord injuries and other physical disabilities to achieve greater independence, self-reliance and full community participation."***

Please read on for Art's full presentation to Doug.

"It is my pleasure and honour to have been asked to make the presentation of the Award of Merit to an individual whose contribution to the organization spans a continuous period of 38 yearsl Needless to say, the acknowledgement of his service is long overdue.

I think that it was in 1975 that a young Social Work graduate named Patricia Hedley joined CPA as a rehabilitation counsellor. This is the same year that a law graduate named Doug Finkbeiner was called to the bar. What a wonderful confluence of circumstance. It wasn't long before the two them wed. Pat excelled as our vocational counsellor for five years and when she left, her legacy to CPA included a new member of the Board of Directors, her husband Doug. And what a legacy it has been.

Thus began an unbroken tenure of service to CPA from 1980 to the present day. The year after Doug became a board member of CPA he accepted the position as President and Chair. He held this leadership position for five years plus an additional three further years as board member. When he became President and Chair of CPA he also became a trustee of the Manitoba Paraplegia Foundation. He has been the President and Chair of MPF continuously for the past 22 years. That's 27 of the past 38 years as a leader of CPA or MPF. I know of no other organization that can boast of such a record of dedicated service by one individual. In MPF he has seen the capital grow from less than $100,000 to $2,000,000 if we include the one million dollar endowment held for CPA's benefit by the Winnipeg Foundation.

The foregoing is enough in itself to earn the Award of Merit but Doug's contribution is more than just board of directors or trustee functions. If CPA and MPF had an honorary solicitor it would be Doug. He has been called upon on numerous occasions over the years to give legal and other advice and to prepare and file documents. I know that the variety of legal matters in which he has been involved include such things as insurance, employment, wills and estates, security agreements and trusts, to name but a few. All this has been done without fee by an individual who has an extremely busy and successful law practice with one of the largest law firms in Manitoba. Doug is not just any lawyer however; he has been recognized in Best Lawyers in Canada Peer Review since 2016 and was named "Lawyer of the Year" by Best Lawyers for Corporate Law in 2017 in Winnipeg in 2013 and 2017. During most of his time as Chair of MPF he also served as managing partner of his law firm. Yes, he can command a very large hourly fee for service; but he has always had time for CPA and MPF; and that time has come without thought of reward.

During his tenure with MPF Doug has been very active in the profession and in volunteer work. He was a bencher and President of the Law Society of Manitoba and has been extensively involved with the United Way of Winnipeg serving as chair of various divisions and heading up the entire campaign as Chair in 2012.

And thus ladies and gentlemen it gives me greatest pleasure to present, on your behalf, the 2018 CPA Award of Merit to someone that I am proud to call friend and colleague, a person who truly cares for the human condition,

Doug Finkbeiner."

The Key of English

By Laurence Haien

In this article, Laurence Haien interviews Won about her experience learning English as a Second Language.

CPA: Tell me about yourself.

Won: I was born in South Korea. My mother, brother and sister still live in South Korea. I came to Winnipeg 15 years ago with my husband and daughter who was two-years-old. Two of my children, a son and daughter, were born in Winnipeg. My son is seven-years-old and my daughter is twelve.

CPA: How long have you lived with a spinal cord injury and how does it affect you?

Won: I have lived with a spinal cord injury for about two years. I use a manual wheelchair. I cannot use my legs. Sometimes I have spasms in my legs. It is uncomfortable.

CPA: Do your children speak Korean?

Won: My daughters speak Korean; my son does not. I will teach my son to speak Korean.

CPA: Why do you want your children to speak Korean?

Won: I'm more comfortable speaking with my children in Korean, especially about things that are more emotional.

CPA: Did you study English while growing up in Korea?

Won: Yes, I learned English in middle and high school. I took it for six years, two – three times a week for about one-and-a-half hours for each class. Mostly, I took reading and grammar. Rarely did I speak English.

CPA: So, did you speak English when you came to Canada?

Won: When I came to Canada, I spoke a little bit of English. Reading and writing were a little better than speaking. I could not understand spoken English, almost nothing.

CPA: Did you complete the English Benchmark testing when you came to Canada and what were your results?

Won: Yes, I completed the English Benchmark testing when I came to Winnipeg. Reading and writing were 5 and speaking was 4. The testing was done about 10 years ago.

CPA: Tell me about learning English now.

Won: I have not learned much English. I need to learn English because my kids use English. This is comfortable for them.

CPA: Where have you taken English?

Won: I took it at the Winnipeg Public Library one time per week starting six months ago for three month. I took two sessions.

CPA: Tell me about your classmates. How many were there? What languages did they speak? Were there an equal number of women and men?

Won: There were about twenty students. They spoke Russian, Portuguese, Chinese, Korean, and some African languages. There were the same number of men and women in the class.

CPA: Tell me what it was like to take English.

Won: It's so hard. The classmates came from many countries. Their pronunciation was different. They had accents. It made it difficult for me to understand. My listening skills are not good. I lost my confidence. I was afraid to speak. I did not understand what they were saying and how to answer their questions. I was afraid to make a mistake and to look foolish.

CPA: What did you do in class?

Won: In class, we spoke in groups of two. The teacher decided what we would talk about in each class. We talked about culture, food, and our childhood. In one class, we talked about sleep. I learned in some cultures it is believed that God would take children who do not fall asleep and stay asleep.

CPA: Where did you take English next?

Won: Then I went to the University of Winnipeg for about three months for two evenings every week.

CPA: Tell me about the class.

Won: There were about twenty-five students, same number of men and women. They came from Russia, Brazil, Mexico, Africa, Korea, and France. My teacher came from India. She spoke with an accent. Everyone has an accent. It was difficult for me to understand her, sometimes. Speaking was most important in this class.

CPA: What happened in class? What did you do?

Won: The teacher decided the subject for each class. Culture was one of the subjects. In Korean culture, we do not celebrate Christmas in the same way as you do in Canada. On December 25th, gifts are only given to children, not adults. We decorate, just a little bit and we have a normal supper, nothing big.

We learned about polite speech. For example, you would say could you please tell me the story, not tell me the story.

CPA: Did you have homework?

Won: Yes, I had vocabulary and writing. The teacher gave us a link to a website with vocabulary. We had to learn the words and how to use them. The teacher would also ask us to write about something, like, why did you take this class?

I said that I took the class because I have grief. I need to concentrate on something else. I also took the class to communicate with friends, social workers, doctors and CPA.

CPA: Did you have tests?

Won: Yes, but only at the University of Winnipeg. The tests were on vocabulary, listening, writing and sometimes speaking. I had to give a presentation on why I took the class.

CPA: Did you find taking English to be difficult?

Won: Yes, it was hard. I felt that the classmates' level was higher than mine. They understood what the teacher was saying because they answered her questions correctly. It made me feel anxious.

CPA: But you kept going. Why?

Won: I had to forget my situation, having a spinal cord injury and other things.

CPA: What did you learn about yourself by taking English?

Won: I need to study more. My English level is not high enough. My English is better now, and I can communicate with doctors and other people.

CPA: Do you have advice for anyone who is thinking about improving their English?

Won: You have to have conversations with someone, often. Speaking is most important. If you have fear and are anxious, you cannot speak about anything. I am shy. My husband speaks better than me, but he does not have fear or anxiety. He's friendly and has to use English for his work.

CPA: How would your life be easier if you spoke better English?

Won: I could help my children with emotional things. I worry that in the future my children's English will be better, and I will not be able to talk to them about more complicated things. I could make more friends. It makes me feel better, and life would be better. I could work.

CPA: What will you do to improve your English?

Won: I have an English-speaking friend. She is my favourite friend. I listen to her good words. We meet one time per week and speak English. I watch television and learn English while doing this. I could read

English magazines and books. I could speak English with my family. I could take another English class.

CPA: How does your family feel about you taking English?

Won: They are happy because I can understand more detail. I'm developing myself.

Thank-you, Won. Your confidence and ability to communicate in English has improved in the short time that I have worked with you. I hope you take pride in your efforts and accomplishments. You are a good example to other CPA members whose first language may not be English and who may be inspired by your story to take classes to improve their English. As you said, speaking is important. It opens opportunities.

Donna Wruth - Her life Journey

By Jared Funk

Okay, I'm not going to lie; I've seen and met some impressive athletes in my lifetime. I have been all around the world and played in many, many different tournaments and major events and none of the athletes I've met in my travels hold a candle to Donna Wruth's accomplishments.

I came into work a couple of Mondays ago and saw these two old scrapbooks (you know the ones that are like held on with tape and have about hundred articles in them dating back to the late 60s) and was asked to write this article on a woman named Donna Wruth who had recently passed away. Unfortunately, I had no idea who she was so I cracked open these time capsules and start reading about all of Donna's accomplishments and I was blown away.

I was lucky to be able to track down Donna's sister, Sheila Kuzmicki, who had a wealth of knowledge on all of her sister's accomplishments over the years, and let me tell you the list is long.

Donna was 17 years old in August 1968 when she had her accident that gave her a thoracic injury. She was a very energetic lady and

would not let this slow her down one second. To give evidence to that, while still in hospital in 1969, she went to the Western games and medaled in shotput, slalom, and discus; then came back home and went back to the hospital for rehab. (I would have loved to be a fly on the wall when the doctor asked how her weekend was). She then attended the Hamilton games in 1969 and brought home 8 Gold medals at that tournament. She did this all within the first year of her accident - resiliency is an understatement for this lady.

For the next six years she attended all of the National Wheelchair Games that were held throughout Canada and in that time amassed 27 gold medals, 3 silvers and 3 bronze medals in events ranging from the shotput, discus, club throw, slalom, table tennis, javelin, the 50 and 100 m sprint. Some of her major highlights were: in 1972 she went to Heidelberg, Germany for the Paralympics in table tennis and won a bronze medal there; was asked to play on the Woman's Team Canada basketball team in 1978 and came back with a gold at that event, along with the 1979 Pan Am wheelchair games in Rio de Janeiro. In 1974 she also won the Manitoba Order of the Buffalo Hunt (chosen by the Premier of Manitoba) and the Female Athlete of the Year Award -The Eric Willis trophy.

The list goes on and on of her sport accomplishments, but that was just one part of Donna's life. She finished high school as soon as she got out of the Rehab. Hospital. Right after that she went to Red River College to get her stenography diploma. She got a job working full-time at the Manitoba Health Services Commission and began teaching in the typing pool for a couple of years. She then got a job at the same place in the investigative reporting area helping finding those who were addicted to medical drugs and reporting to the Commission. She loved her job and excelled at it. Donna was very humble with all her winnings - not even letting her work know why she had to take off days until one day they finally asked her what the reason was why she needed time off; her answer "I have to go to the Paralympics."

Donna was really close to her family which included 7 brothers and 1 sister. In the late 80s she retired and moved back to the farm in Erickson to be closer to her family. There they set up a little cabin for her because independence was a main priority in her life and she wanted to maintain that. She lived in Erickson for many years; then moved to Brandon and lived at the Lions Manor and loved it, because not only did she have her immediate family she loved nearby, but she had also created an extended family at the Manor. Donna also had a love for music - while she was in the Rehab. Hospital she got a guitar and self-taught herself how to play it and continued to entertain her friends and family. She spent the rest of her years camping and fishing with her sister and also volunteering at the Brandon Food Bank, always giving back to the community.

Donna said that sports gave her the quality of life she had. It gave her desire to push herself, and create great friendships. I think that it was her drive and determination to keep pushing herself that created those qualities for her. Her grit and never-quit-attitude are some things to admire and her legacy will live on in the hearts of those she's inspired.

Overcoming the Odds

Innovative equipment helps a man with quadriplegia regain independence and get back to work

Written by: Laura Johnson, Two Rivers Marketing - Submitted By: Bobcat Company

Trevor Brown positions his hands on the controls of his Bobcat® compact track loader and turns the key. The engine roars to life. He reverses the machine out of its storage spot, then directs it to a nearby pasture to install a fence – all from the seated position of his wheelchair.

A quadriplegic, Trevor, 50, uses a radio-remote-control-operated T595 compact track loader to scoop snow, level ground, dig post holes, move brush and more on his tidy Manitoba acreage.

"It brings back a huge piece of my life that I can actually do things again and make a difference," Trevor says.

Unexpected change

In 1991 Trevor quit his woodworking job to launch a custom cabinetry business called Tailored Cabinets and Design, running it out of a shop on the family acreage. His wife, Charlene, helped with the work, and a Bobcat 743 loader helped the couple do the rest – removing barrels of wood scrap from the router and handling other farm tasks. The business grew. They hired a few workers and, over the next 15 years, completed hundreds of kitchens.

In late 2007, however, Trevor scheduled a routine surgical procedure after suffering from neck problems. He woke up paralyzed. The doctor had botched the operation, and Trevor went from running a thriving business to fighting for every breath as a quadriplegic in the intensive care unit.

"When Trev was injured it was a huge shock to us," Charlene says. "He would just go, go, go. Always busy, always building something. Just devastating because we both realized that this was a huge change."

Trevor remained in the hospital for the rest of the winter to adjust to his new condition. The couple's two children, aged 12 and 16 at the time, pitched in around the farm, but Charlene was left to do much of the acreage work herself.

"There was a lot for me to learn in order to run things on my own," Charlene says. "We were questioning whether we could make things run and keep going. He was always looking for ways to make my jobs easier."

The Browns decided to upgrade to an S185 skid-steer loader with an enclosed cab in 2008 so that Charlene would have heat for snow removal and air conditioning for summer work. That spring, Trevor was discharged from the hospital and returned home with the hope that he might regain some function.

"As months went by, I began to realize that I'm not getting better, I'm not recovering," Trevor says. "I began to think 'OK, where are we going to go from here?'"

"Most things I couldn't do anymore. I came into my world of tools and equipment, and I couldn't touch any of it for years. I loved my work. It was the hardest thing to find myself lying in bed all of a sudden, not able to move. It's a long recovery, just emotionally, to see what I lost that day."

Trevor's paralysis completely changed the cabinet business. Work came to a standstill, and he had to let his two employees go. But Trevor was determined to find a way to stay in woodworking. He had purchased a computerized woodworking router earlier in 2007 and began focusing his efforts on programming the system with his designs.

Although Trevor can no longer do custom kitchens from start to finish, he and Charlene now cut cabinet components for other contractors using the digitalized designs. Trevor programs the router, and Charlene loads the wood for cutting.

Remote-ready machine

While Trevor had found a way to stay in the woodworking business, he had yet to regain his independence on the acreage and saw the toll it was taking on his wife.

"Her workload was so incredibly heavy, and I saw that. Broke my heart," Trevor says. "I guess right from day one after the injury, I began imagining, 'How can I make this easier for her?' I've always been a hands-on guy with equipment and with tools so I thought right away, 'Well, what kind of equipment do we need that can help us through some of these challenges?'"

That's when Trevor noticed a sticker on the S185 that said, "RC ready" and learned from his dealer that Bobcat Company offers a radio remote control kit for its compact loaders.

"The remote control was in the forefront of my thoughts during all those years," Trevor says. "That was one of my goals: to eventually get the remote control and be able to operate the machine without being in the machine, from the position of my chair."

Because of his condition, Trevor has to remain in a custom-molded wheelchair to avoid health risks. The remote control would let him operate a Bobcat compact loader and attachments as normal while staying safely seated in his chair. The Browns began saving money and were able to upgrade to an M2-Series T595 compact track loader with a radio remote control kit in December 2016.

"I can grab this thing off the countertop and put it over my shoulders, start the machine and go," Trevor says. "It's been a game changer for me because for quite a few years, I've had to sit here not able to tackle the jobs that I'm looking at on the yard and now I have a way to do it."

Charlene says Trevor struggled in the past to ask others for help with physical tasks around the farm. Being able to now do the work himself has boosted his self-esteem.

"When they put the remote on Trev and he started driving this thing on the yard, the look on his face was just priceless," Charlene says. "Just the sense of awe for him, that now he had a powerful machine to do big things. He's not waiting anymore for anybody. His sense of independence is just boosted 500 percent. Doing things well and doing them right – this machine is just the perfect thing."

Attachments provide versatility

The first job Trevor took on with his remote control machine was clearing snow from the acreage's large driveway. Semi-trucks make weekly deliveries to the woodworking shop, so the area must remain accessible. Snow bucket and snow blade attachments let Trevor push the snow at multiple angles, giving him versatility.

"It's really nice to be able to push the snow sideways with the snow blade, and then we'll use it as a box blade if you put those sides forward," Trevor says. "This winter, I could sit in the yard in the van where it was warm and clear snow from the van. I'll often be busy for more than a day, sometimes after every snowfall."

The Browns live next to 55 acres of hardwoods, and Trevor uses the loader and a utility grapple attachment to remove fallen trees and transport them to his sawmill.

"It's been hard for me to sit in a wheelchair without my arms, but this is where the grapple comes in," Trevor says. "We go in and clamp on with the grapple and just take it right out of the bush. I set it right on the sawmill and get pretty close to position. Took a lot of the hand labor out of moving these big, heavy logs."

The grapple is also helpful for moving hay and manure, Trevor says, while an auger with an 8-inch bit helps install fence posts for new cattle pastures and horse corrals. The snow bucket plays double duty in the off-season months by hauling raked pine needles from the pine grove and barrelfuls of wood scraps from the router.

To prepare for a concrete pad outside the barn last summer, Trevor used a bucket to dig a trench around the location, fill it with gravel and pack it down. Trevor says the machine's rubber tracks provide better flotation on the barnyard's soft dirt than his previous skid-steer loader, and the 2-Speed travel option improves his productivity.

"With the (multiple) speed controls, I can operate really accurately," Trevor says. "When I'm moving a bucketful across the parking lot, I can be in a fast speed, and when I get close to the building and I'm cutting something, I can just switch it and go down in speed. That gives me time to work the controls and operate."

The radio remote control system and new machine have brought back an adapted sense of normalcy to Trevor and Charlene.

"We're usually up and out all afternoon and all evening," Trevor says. "We work like we used to, all day long. And there's seldom a day where we're going in before 10 in the evening. I grew up on this farmyard since 1971. We just enjoy the country living, the rural life. We can't imagine ever moving away. With my injury, the equipment becomes a really important part of us being able to keep up and keep on top of the work that needs to be done on a daily basis.

"To learn how to operate this machine through the remote has been a lot of fun. It's probably been the most fun I've had from a seated position in a wheelchair for nine years. Just because of what I can get done."

A Voice from Aleppo - Zahida Ibrahim

By Bernie Gaudet, With Hevin Ahmad, interpreter

BG: Can you tell our readers where you are from?

ZI: I was born in the town of Afrin, Syria, located in the Aleppo District. I went to the city of Aleppo to study high school. There I met my husband, Muhammed. We stayed in Aleppo for 16 years.

BG: Did you have any further education? What type of employment did you have?

ZI: I only have my high school degree but started working at a pharmaceutical company shortly after graduating. There was some on the job training for the Information Technology work that I was involved

BG: When did you leave Aleppo?

ZI: You're familiar with what has been happening in Syria? Yes, Civil War. We were hearing more and more about bad things happening to people we know. There were no opportunities for our children in Afrin or Aleppo. In 2011 we decided as a family that we would leave for Turkey and claim refugee status.

BG: From Turkey, did you choose to come to Canada, or to Winnipeg?

ZI: No, the United Nations High Commission for Refugees makes that determination. They asked if we were willing to come to Canada. We said yes and were then told that we were going to Winnipeg.

BG: When did you end up in a wheelchair?

ZI: January 7, 2016 – a black day.

BG: Yeah, you remember the exact date.

ZI: It was a Friday, 2:30 am.

BG: What are the biggest challenges you are facing right now?

ZI: There are many. For example, simple things at home, moving around like I am used to, doing something in the kitchen. Or if one of my daughters is sick, I don't feel I can help her as much as what I would like to. All of my lifestyle has changed.

BG: What differences, if any, have you noticed so far between how people with disabilities are perceived in Syria, Turkey and Canada?

ZI: When I became a paraplegic, I was in Turkey. I believe that if this would have happened while we were still in Syria it would not have been good because people with disabilities are not treated well there. The people in Turkey treated me very well. The doctor was also so good, I believe. I received help from many different people and from the government, as well. When I moved to Canada I was hoping to be completely recovered. Obviously, that's not the case. People have helped here, followed up on different aspects of my care but, for example, the specialist and two neurologists I've seen here haven't given me any hope that I can walk again. This is very disappointing. I thought that in Canada I might find a solution to my condition but this is not the case.

BG: Yes, I agree. Coming to terms with reality is an important first step, and often difficult. But it is equally important to realize the potential that each of has; to keep in mind what is possible and to strive towards that.

ZI: Yes, I am beginning to see that now. The last time I went to physiotherapy was much better. We started working on different exercises and it was good. I felt stronger.

BG: Good! I have one last question. What are your goals for immediate future for yourself and for your family?

ZI: The first and most important thing is to ensure my daughters complete the education and go on to university. They can study what they want. My eldest daughter would like to be a surgeon, for example, the second daughter wants to study dentistry. I and my husband need to study English. After that I would like to look at my options to see what I can study and work at later on.

BG: Yes, CPA will be assisting you to explore your options for further study and work. Thank you very much for your time, Zahida.

Zahida, her husband and three daughters came to Winnipeg as refugees in December 2017.

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 injury.

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

- Funding was provided for the purchase of a padded shower chair and a ceiling track for a CPA member who was unable to access the shower in their bathroom. Instead of having bed baths once per week, the member will now have access to proper showering which will help with their feelings of dignity and self-esteem, and also help prevent skin breakdown.

- Financial assistance was granted for the purchase of a backrest and cushion for a CPA member. The backrest will provide the member with postural support, comfort, pressure management and pain management.

- Financial support was provided for the purchase of padded calf straps, a headrest replacement strap and arm troughs for a CPA member with a high level injury. Their original headrest strap was worn and frayed and was becoming ineffective in its use. Padded calf straps, instead of the regularly issued firm calf pads, are more comfortable and will not cause any pressure areas.

- Funding was provided for a custom backrest, a power chair joystick, a two-wheeled walker, a tub bench and a one-touch can opener and bottle opener for a CPA member. The backrest will increase the member's seating tolerance while the walker and tub bench will assist the member in accessing their washroom and facilitate safe transfers. The member is unable to open jars and cans due to limited hand function and the one-touch can opener and bottle opener will enhance their independence and possibly decrease the need for home care for all meal preparation.

- Financial support in the form of a combination grant / loan was provided for the purchase of an accessible van for a CPA member. As the member and their spouse live in a rural setting, having an accessible mode of transportation is essential to achieve full community participation by allowing the couple to visit their children and families, attend medical appointments, church, etc.

- Funding was provided for the installation of a ceiling track in the living room of a CPA member's apartment. The ceiling track will allow the member to be transferred to their couch and offload in different positions from either their bed or wheelchair. The ability to frequently change positioning within their living environment will promote faster healing of extant pressure ulcers and provide them with the opportunity for prevention of future pressure ulcer development.

- Financial assistance was granted for the construction of a ramp for a CPA member who requires a safe means to enter and exit their home. This ramp requirement will assist the member with progressing towards greater independence in their life.

- Financial support for the purchase of a seating system (custom cushion and backrest) was granted for a CPA member. By continuing to sit in an unsupported seating system, the member's posture and balance will continue to deteriorate which may lead to skin breakdown, increased deformity and improper position. The cushion and backrest will not only provide the much needed support to the member but will also allow them to continue to self-propel a manual wheelchair and complete many of their daily activities.

- Funding was provided for the purchase of offset door hinges for a CPA member's home. These hinges will facilitate the member's safe entry and exit from their home and reduce the risk of injury to their hands due to collisions with the door and door frame.

Funding was granted to cover the cost of bowling for members in the Westman area. Engaging people with spinal cord injuries and other disabilities in the community to participate in sports and leisure programming has a host of benefits including mental health, physical health, vocational and social benefits. Funding was also granted for the design and startup of a website to promote the Brandon Wheelchair Sports and leisure group.

Visit MPF's website at: www.cpamanitoba.ca/mpf. Applications for assistance are available through the website or by contacting the CPA office at: winnipeg@canparaplegic.org or 204-786-4753.

Living Well After a Diabetes Diagnosis

By Kelly Tennant

Approximately 11 million Canadians are currently living with diabetes or prediabetes, and every 3 minutes, someone new is diagnosed[1]. Although there is no cure for diabetes, it can be effectively managed, helping to prevent secondary complications of the disease, such as lower limb amputation, blindness, and nerve damage.

What is diabetes?

Diabetes is a chronic (long-lasting) disease in which the body either cannot produce insulin (Type 1) or isn't properly using the insulin it does produce (Type 2). Insulin is a hormone produced by the pancreas that controls the amount of glucose (sugar) in the blood by either turning it into energy or storing it as fat[1]. The insulin dysfunction of diabetes thus causes the sugar to continue to circulate in the bloodstream rather than being used. Chronically high blood sugar levels can lead to damage to the blood vessels themselves as well as the organs and nerves throughout the body. Parts of your body that rely heavily on good blood flow, such as your skin, eyes, and brain are especially at risk of damage due to diabetes.

What is the difference between Type 1 and Type 2 diabetes?

Type 1 diabetes is commonly known as juvenile diabetes, because most people who are diagnosed with this type of diabetes are children, although it can develop during adulthood. Type 1 diabetes occurs when the immune system mistakenly attacks and kills the insulin-producing cells of the pancreas, and no, or very little, insulin is released into the body to process glucose. About 10% of people who have diabetes have Type 1 diabetes[1]. The treatment of Type 1 diabetes always involves insulin and careful meal planning additionally helps regulate blood sugar levels.

Type 2 diabetes used to be known as adult-onset diabetes, but now that more and more children are being diagnosed with this type of diabetes due to lifestyle issues, it is not as commonly thought of as an adult-onset disease. Type 2 diabetes develops when the body can't properly use the insulin that is produced by the pancreas (insulin insensitivity) or does not produce enough insulin to manage high levels of blood sugar. This form of the disease is related to poor diet, obesity, and lack of physical activity or exercise. About 90% of people with diabetes have Type 2 diabetes[1]. Depending on the severity of the disease, Type 2 diabetes can be managed with insulin, another medication called Metformin, or through diet and exercise.

There is a third type of diabetes called gestational diabetes, which can affect women during pregnancy. Approximately 9% of pregnant women will develop gestational diabetes[2], with the risk being highest for women with risk factors for Type 2 diabetes. For some women, gestational diabetes is temporary condition, but about half of women will go on to develop Type 2 diabetes. Managing your gestational diabetes well during pregnancy decreases the likelihood of developing Type 2 diabetes afterward.

How do I know if I have diabetes?

It is not always obvious that you have diabetes. In fact, many people with Type 2 diabetes showed no symptoms prior to diagnosis. That is why it is important to check in with your family doctor at least yearly to monitor your blood sugar levels. This is especially true for people over 40, those who have a family history of diabetes, and anyone who has risk factors for Type 2 diabetes such as poor diet, overweight/obesity, or lack of physical activity/exercise. The earlier your diabetes is diagnosed, the less potential there is for long-lasting damage to your health.

Some common signs or symptoms of diabetes are[1]:

- Unusual thirst
- Frequent urination
- Weight change (gain or loss)
- Extreme fatigue or lack of energy
- Blurred vision
- Frequent or recurring infections
- Cuts and bruises that are slow to heal
- Tingling or numbness in the hands or feet
- Trouble getting or maintaining an erection

Some of these symptoms of diabetes overlap with the physical effects of spinal cord injury. If you begin to notice new or worsening symptoms, this may be a sign that you are developing diabetes and it is important to see your family doctor and get checked out.

How is diabetes diagnosed?

Diabetes can be diagnosed in a number of ways[3]:

1) **Fasting blood glucose.** This is a simple blood test, generally done in the morning after you have fasted overnight. A level of 7.0 mmol/L or higher means that a person has diabetes.
2) **A1C level.** This is a blood test that measures the

amount of glycated hemoglobin (A1C) in your blood. A level of 6.5% or higher indicates diabetes.

3) **Oral glucose tolerance test.** This test involves fasting overnight, then drinking a very sweet drink containing 75 grams of glucose. Blood is drawn prior to drinking the glucose drink, and 2 hours afterward. A blood glucose level of 11.1 mmol/L or higher 2 hours after drinking the glucose means that a person has diabetes. This test is most commonly used to diagnose gestational diabetes.

4) **Non-fasting blood glucose level.** If you are exhibiting clear signs of diabetes, such as those listed above, your doctor may take a non-fasting blood glucose reading. At a level of 11.1 mmol/L or higher, diabetes is confirmed.

What treatments are available?

Depending on the type and severity of your diabetes, your doctor will recommend different treatments. Type 1 diabetes requires lifelong insulin replacement therapy because the body is unable to make its own insulin. Insulin replacement involves multiple daily injections of insulin or continuous administration of insulin via a pump. It is critical that people who have insulin-dependent diabetes check their blood sugar levels frequently. Generally, it is recommended that checks are done before each meal, at bedtime, prior to exercising or driving, and anytime hypoglycemia (low blood sugar) is suspected[4]. Blood sugar level testing is done using a drop of blood from the fingertip placed onto specialized strips inserted into a small handheld machine that reads blood glucose levels in a matter of seconds. The test kit is small and easily portable, allowing individuals to test their blood sugar anywhere.

Type 2 diabetes may or may not require insulin. Many cases of Type 2 diabetes are managed well with diet and exercise. Some people with Type 2 diabetes may need to take a medication called Metformin, which decreases glucose production in the liver and makes the body more sensitive to the insulin it is able to produce[5]. In cases of Type 2 diabetes where the pancreas is not able to produce adequate insulin, insulin replacement therapy will be used.

Maintaining a healthy diet and exercise regime is important for all people with diabetes. Paying attention to what, when, and how much you eat all play an important role in regulating your blood sugar levels. Reducing (but not eliminating) carbohydrates, choosing whole grain carbohydrates and starchy vegetables over refined carbs, and increasing your intake of fresh vegetables are good places to start.

What resources are available if I'm struggling to manage my diabetes?

The Youville Diabetes Centres located in St. Boniface and St. Vital provide education and resources to adults in the Winnipeg Health Region who are living with Type 1, Type 2, or gestational diabetes[6]. The diabetes care team includes Certified Diabetes Educators who are registered nurses or dietitians, a counsellor, and foot care specialists (nurse and podiatrist). A referral to the Youville Centre must be made by your family doctor or endocrinologist.

The Reh-Fit Centre on Taylor Avenue[7] and the Wellness Institute at Seven Oaks Hospital[8] both offer educational programs on nutrition and exercise for people diagnosed with diabetes. The Reh-Fit Centre's programs are free for members and a $10 cost for non-members, while the Wellness Institute programs are free to all.

If you are struggling to manage dietary changes suggested by your doctor, they can refer you to a primary care or public health dietitian. This cost is covered by Manitoba Health, but waitlists are long. Private practice dietitians are generally able to see patients much more quickly and may not require a doctor's referral, but do charge for their services. Some of the cost may be covered by your extended health benefits plan. A list of private practice dietitians can be found by visiting the College of Dietitians of Manitoba website[9].

If you only have one or two questions, the Dial-a-Dietitian line puts you in touch with a registered dietitian who provides free nutrition and healthy eating information over the phone. Call 204-788-8248 in Winnipeg or 1-877-830-2892 toll-free[9].

CPA offers targeted education on nutrition and pressure ulcer prevention for members who have been diagnosed with diabetes. We can help you develop skills to better manage your diabetes and help put you in touch with resources in your area such as dietitians, Certified Diabetes Educators, or foot care nurses.

How can I avoid developing diabetes?

If you have a family history of diabetes or your doctor has told you that you have prediabetes, it is important to make changes to your diet and exercise habits to prevent developing diabetes. A diagnosis of Type 1 or Type 2 diabetes is lifelong. There is no cure. However, in the case of Type 2 diabetes, there are ways to lower your risk of developing the disease.

Healthy behavioural changes that result in a loss of 5% of your initial body weight can delay or prevent Type 2 diabetes from developing[1]. Making specific dietary changes such as eating fewer carbohydrates, choosing whole grain carbohydrates over refined grains, reducing your intake of added sugars, and managing your portion sizes can all contribute to weight loss and improved overall health. Regular physical activity or exercise are also important in reducing your risk of developing diabetes by helping you maintain a healthy weight and improving your cardiovascular function. Some people with prediabetes may also benefit from taking the medication Metformin in addition to healthy behavioural changes to help prevent the development of Type 2 diabetes[1].

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6. Youville Diabetes Centre. www.youville.ca
7. Reh-Fit Centre. www.reh-fit.com
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9. College of Dietitians of Manitoba. www.manitobadietitians.ca

Winnipeg Regional Health Authority Changes

By Maria Cabas

The Winnipeg Regional Health Authority sends flyers to people in Winnipeg with important information. Health services are shifting October 3, 2018. Knowing where to go when you need help will improve your health care.

For doctors or clinics: Doctors and walk-in clinics provide the right care for everyday health concerns that do not require emergency or urgent care, such as:

- Minor illnesses, flu, rashes or infections
- Diagnosis and specialist referral
- Ongoing management of health conditions and preventive care
- Prescriptions, vaccinations and inoculations

If you need to find a family doctor please contact the Family Doctor Finder. Call(204) 786-7111 or Toll free 1-866-690-8260 or www.gov.mc.ca/health/familydoctorfinder

Urgent care: Urgent care at Victoria Hospital is open 24 hours a day, 7 days a week to address urgent but not life-threatening health concerns such as:

- Illnesses, injuries or infections requiring same-day attention
- Dehydration
- Cuts that won't stop bleeding
- Injured limbs that might be broken or sprained

An additional urgent care clinic will open at Seven Oaks General Hospital.

Emergency: Emergency departments in acute care hospitals are open 24 hours a day, 7 days a week to address the most serious and life-threatening health issues. Call 911 or go to emergency for issues such as:

- Stroke/facial weakness/extremity weakness
- Heart attack/chest pain or tightness
- Unable to wake/unconscious
- Sudden onset of severe headache or confusion
- Seizure and/or severe head injury
- Severe difficulty breathing or trouble speaking
- Uncontrolled or severe bleeding
- Major trauma such as loss of limb
- Severe allergic reaction
- Severe burn.

If your issue is not life-threatening, you may wait longer at an emergency department because more serious cases will be given priority.

Mental health services and support: If someone is experiencing a mental health crisis, there are two options:

Voluntary: Call the Mobile Crisis Service at (204)940-1781 or go to the 24-hour Mental Health Crisis Response Centre at 817 Bannatyne Ave.

Not voluntary: Call 911 or go to an emergency departed, especially if the person is at risk of hurting themselves or others.

Still unsure of where to go?

Call Health Link at (204)788-8200 or toll free 1-888-315-9257.

To find a clinic or health center near you visit wrha.mb.ca

From : http://healingourhealthsystem.ca/

Energy use after spinal cord injury: are tetraplegia-specific energy guidelines needed?

By Dr. Kristine Cowley

For everyone, energy consumed in food or beverages (Calories, kcal) needs to be matched by our energy use (activity and exercise) or we will end up storing the extra energy as fat. A few years ago, we started examining resting and exercise-based energy use in people with tetraplegia. One of the articles that stemmed from this research was just published (Shea et al. 2018), and some key findings are presented here.

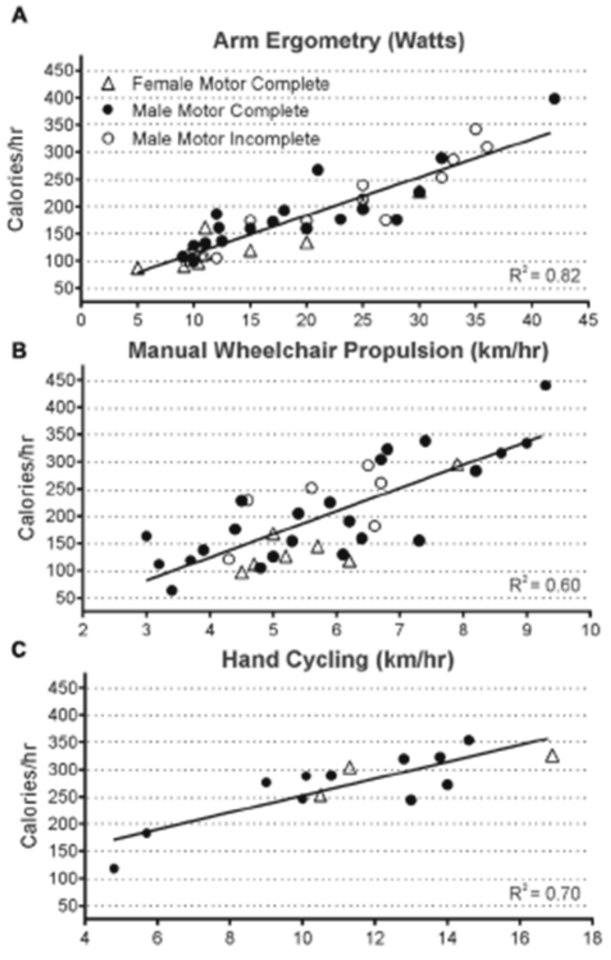

FIGURE 3 | Steady state energy use and power output were well correlated during all modes of exercise measured in 125 exercise trials of arm ergometry (**A**, $p < 0.0001$, $n = 70$ trials), wheeling (**B**, $p < 0.0001$, $n = 39$ trials), and hand cycling (**C**, $p = 0.0002$, $n = 16$ trials). Data from all three groups were pooled since the slopes of each group's line were not significantly different (male and female motor complete, and male motor incomplete).

Specifically, we measured resting energy in 25 people with tetraplegia (C4/5 to C8; quadriplegia/cervical spinal cord injury) as well as energy use during three types of exercise (arm ergometry, wheeling & hand-cycling). We focused on those with tetraplegia because they are the most at risk for type II diabetes, obesity and cardiovascular disease compared to those with paraplegia and because there are few studies of people with tetraplegia. We observed that people with tetraplegia used a lot less energy at rest compared to what is predicted from able-bodied data, based on the person's age, sex, weight and height (22% less for men or women). Nine study participants had resting energy use less than 1200 Calories/day.

We measured exercise-based energy use over the range of intensities that our study participants could maintain without having to stop because of fatigue. The graphs on the right (labeled Figure 3) show the energy data for women (empty triangles) and men (black circles) with motor-complete injury and for those with incomplete injury (empty circles). As you can see, energy use is quite low, even at the highest levels that study participants were able to maintain, ranging from as little as 50 Calories per hour to between 300-400 Calories per hour. For comparison, bicycling at 16-19 km/hr would require about 480 kcal/hr for a 175 pound able-bodied man (Ainsworth et al. 1993). We formatted these graphs so that anyone with tetraplegia can use them to estimate their energy use when exercising at the intensities shown.

The other item from the paper to highlight concerns total daily nutritional energy consumption guidelines and tetraplegia. Anyone with spinal cord injury (SCI) knows that they need to eat less, but SCI-specific nutrition guidelines do not exist. So, if you go to a nutritionist as a person with an SCI and ask how many food Calories you should eat, you are typically told to eat fewer calories than suggested for your age, sex and height, but no one can give a very good answer on HOW MUCH LESS? Therefore, we estimated total daily energy expense (TDEE) for a range of activity in tetraplegia and compared them to their matched predicted values if they were able-bodied. As you can see in the graph below (labeled Figure 6), total daily energy expenditure values for sedentary through moderate levels of activity in tetraplegia fall well below predicted for the general population. Keep in mind that these are averages, and the nine study participants with resting energy use less than 1200 kcal/day will be the lower half of these values. The entire measured range of TDEE is shown on the right, where you can see that some people use only about 1000 kcal/day. So the first conclusion from this work is that we very likely should develop tetraplegia-specific nutritional guidelines for those needing only VERY LOW Caloric energy consumption. Such guidelines would attempt to ensure, based on carefully selected food choices, that those needing around or less than 1000 kcal/day meet their daily minimum requirements for mineral and vitamin micronutrients.

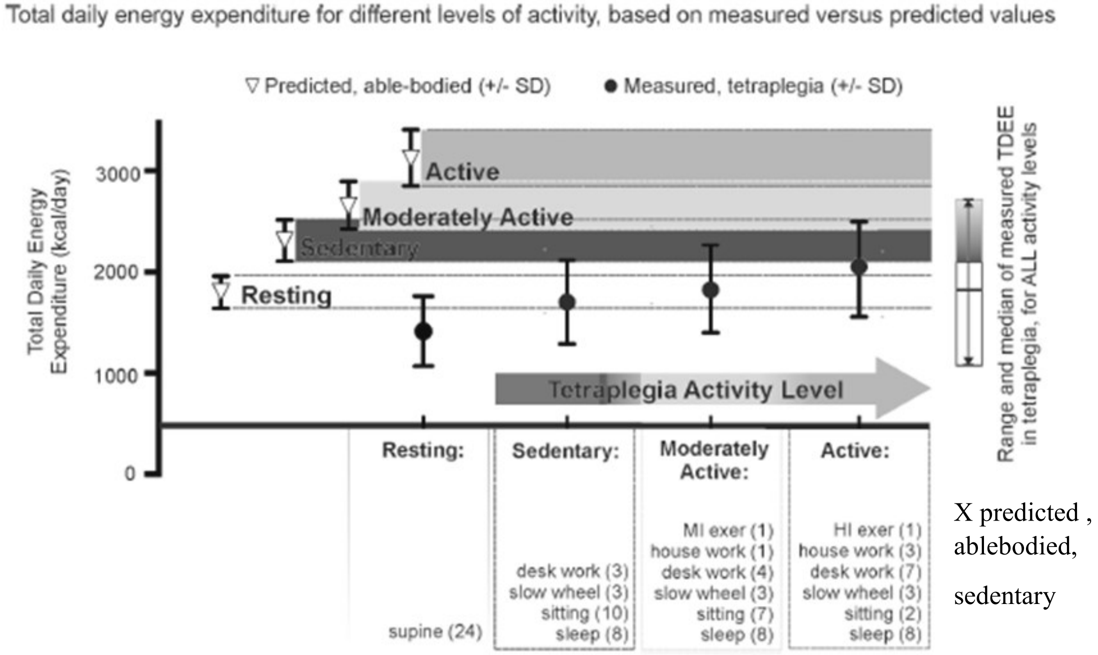

FIGURE 6 | Mean and standard deviation of total daily energy expenditure (TDEE) based on average measured tetraplegia energy consumption demonstrates the low levels of energy expenditure even with very high levels of activity. For each level of activity, the differences were significant between the measured tetraplegia-values and the predicted able-bodied values ($p = 0.0024$ for sedentary, $p = 0.0003$ for moderately active, $p < 0.0001$ for active) but were NS between the measured active and predicted sedentary groups. *t*-Test comparison of total daily energy expenditure at rest was also significantly different ($p = 0.0031$).

Any male with motor-complete tetraplegia can use this chart to provide an estimate of total daily energy consumption based on activity level. So, for example, if you use a reputable online food intake calculator, such as the one at nutritiondata.com, https://nutritiondata.self.com/tools/calories-burned, and enter your data (gender, age, height, weight) and 'sedentary' for activity level, you will get a predicted daily total for Caloric energy to consume. So, once you have your 'predicted' value, you can multiply it by the factors shown in the chart below each 'Tetraplegia Activity Level' (0.74 – sedentary; 0.79 - moderately active; 0.88 - active). So if we use the example of a 45-year old, 5'11" male, weighing 150 pounds, the nutritiondata site would say he should consume 2298 kcal/day, when we choose a 'sedentary' level of activity. Based on looking at the amount of 'activity' you do, you can choose whether you think you are sedentary, moderately active or active. If you think you would be moderately active, doing 1 hour of exercise daily plus the equivalent of one hour of housework and wheeling for about 3 hours per day then you would multiply the 'predicted' value times the appropriate factor (in our example this would be 2298 x 0.79 = 1815 kcal/day). These numbers are based on averages so will over-estimate the numbers for those on the lower end of the range and will under-estimate those on the higher end of the range of values. We did not have enough female study participants to develop a female-specific chart, but the fractions provided here can serve as a starting point when making comparisons to the 'predicted' TDEE found for your age, gender height and weight.

In summary, those with tetraplegia can use the information provided here to estimate how much energy 'burned' when exercising with common forms of exercise available to those with SCI. These findings also support the need to develop tetraplegia-specific energy-balance guidelines that reflects the unique situation of those living with tetraplegia. This is especially important for those with tetraplegia operating at the very low end of the energy use range that we observed.

Please direct any comments or questions to Kristine.Cowley@umanitoba.ca

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Ochre River Rescue - Part One

By Curtis Halbesma

Peter and I had a pastor's gathering at noon on Tuesday, May 10th, up at the Ochre River church. Given that it is quite close to Riding Mountain, we decided to hike Monday afternoon and camp overnight. This would give us a chance to go camping and try out some of our new gear. Because we had to be at the gathering by noon (and at Brad's home, the local youth pastor, just before that to have a shower), we decided to climb up the mountain on the first day. We could hike downhill, and thus be faster, on the way out. This meant starting at the north end of the Ochre River trail. There was no parking lot on the map for this entrance, but it seemed like there should be one so we gave it a try. We followed the lines on the map (sketchy directions, at best) and, sure enough, found a parking lot.The trail from the north entrance to the first official camping spot was a 10.7 KM hike. For us, this should be easy. However, it turned out this part of the trail had not yet been cleaned up from winter. Blocking the trail were a lot of branches which were constantly poking or cutting up our legs and arms. For some reason, my skin doesn't seem as tough as Pete's, I end up with more cuts than he does.

There were also a lot of wet, mucky areas that forced us to either walk carefully on the edge of the trail or cut a new path through the scrub brush. Not enjoyable, but part of the hike experience. There were an incredible number of wood ticks. Every five minutes or so, we would pull half a dozen off our legs. I'm not sure why, but they seemed to prefer Peter over me. It took us a couple hours to get to the first camp site. It was longer than I expected. From that point on though, the trail was groomed. We decided to try for the next site, 4 ½ km away. After about an hour, Pete said his ego wanted to get to the site, but there was another voice telling him to turn back. I liked the sound of the second voice. From where we were talking we heard the sound of rushing water. We climbed a hill to find a winding mountain stream beside a small grassy plain. We stopped there for the night

The next morning we got up around 5:30. Pete said he had a pain in his chest under his lower right rib. We asked all the "Left arm? Heart issue?" questions. He also said his feet were numb. We ate breakfast and packed up to go. I was ready before he was, which was odd. I'm usually the slow one. As we started the return hike, he said he felt foggy. He seemed sad. I grabbed his hand to walk him up the first hill. "Come, on, you can do this. And don't you dare tell anyone I'm holding your hand as we walk." "In other cultures they do this all the time." "Well, not in ours." We walked to the Cairn Cabin junction, which was not far. He laid down on the grass and asked me to put my pack under his feet. He said it felt like his feet were asleep. Numb. I don't recall if he said they felt like pins and needles or not. Truthfully, I didn't fully process what he said. I didn't stop to think about what the sensation might be like. We chatted for a bit, then he got up and we kept walking Just before the Ochre Trail campsite (the one we passed the day before), there is a mountain stream that needs to be crossed. We stopped to take off our boots and walk through. With the packs on, the rocks are quite uncomfortable. I crossed first, dropped off my pack, and went back to help Pete. I told him I would carry his pack and he could use my walking stick. Part way over, he cursed a little and got down on all fours. He felt he had cut his foot (I don't remember seeing a cut, but clearly something had hurt him). Once we both got across, we walked up to the camp site junction and he stopped to rest and check his feet. He asked if his ankles were swollen but I didn't see anything. I went to refill the water bottles with the water filter as it was the last good point to get water. It took a long time to fill the bottles. As we got going again, he said the numbness was moving up his legs.

The 10km back to the car was the ungroomed trail. There were areas of swamp, muck, and lots of scrub brush. As we went along, Peter was increasingly unstable on his feet. He was stumbling back and forth. He said he didn't know if his feet were stable until he put his weight on them. My full attention was on him. He was starting to whimper as he stepped. At first it was quite annoying. "Please stop that sound," I kept thinking. Eventually I realised this was indicating something more significant. My big, strong friend was frustrated, hurt, and probably scared.

At one point he said, "When we get to the car, we should probably go to the hospital and have this checked out, don't you think?" There wasn't a sense of panic or fear between us, just an alertness to pay attention. There were a couple of spots where I told him to hold on to my pack for balance. I kept offering my walking stick but he refused. Crossing one stream, I slipped on a rock and landed in the water. Once my boots were soaked, I was less concerned with dryness and was more willing to walk through shallow swamp. This was helpful when helping Pete navigate watery areas. On that same crossing, Peter slid and landed flat on his back on a rock. Actually, the pack is what hit the rock, but it didn't look like a good fall. The next day, he told me that at that point the numbness traveled faster and things went downhill.

As the next hour progressed I kept looking for a place to stop but the terrain didn't provide a spot. How Peter got through one wet area walking on logs, I don't know. Coming up from a ravine, I could see him swaying too far backwards. I grabbed his pack and pulled him forward. Once up he said, "I don't think I can rely on my knees anymore." My silent prayers were, "Lord, we need a place to stop and need it now." I wondered if I needed to run for help. Maybe 15 minutes later, Peter eyed a small bed of grass under a large tree. He tossed himself down and said he needed to rest for a bit. Then he said, "The numbness is up to here" – pointing to his lower ribs. I thought, "What", When did that happen? Above that line is your heart and lungs. Those need to keep working. What will happen if the numbness reaches them?"

I told Peter I was going for help. There was no cell coverage on the mountain so I was going to run until I could call someone. ...

To be continued.

Part One

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