Spinal Cord Injury Manitoba Inc.
Lésions Médullaires Manitoba Inc.
Formerly Canadian Paraplegic Association (Manitoba) Inc.

MPF MANITOBA PARAPLEGIA FOUNDATION INC.

November 2020
Fall Issue

PARATRACKS

Newsletter of Spinal Cord Injury Manitoba Inc.

Life Moves Forward

In this issue:

ParaTracks is a publication of:

Spinal Cord Injury
Manitoba Inc.
825 Sherbrook Street
Winnipeg MB R3A 1M5

Tel: 204-786-4753
Fax: 204-786-1140
Toll-free: 1-800-720-4933
(within Manitoba only)
Email: info@scimanitoba.ca
Website: www.scimanitoba.ca

Supported by Manitoba
Paraplegia Foundation Inc.

ParaTracks is published three times per year. An online edition of ParaTracks is available on the SCI Manitoba Inc. website: www.scimanitoba.ca

Circulation: 950 copies
Estimated Readership: 2,000

Editor: Ron Burky
Layout: Adrienne Conley

Advertising Rates for
Photo-ready Copy are:
Full page: $160
Half Page: $87
Quarter Page: $55
Business Card Size: $33
Classified Ads are free to SCI Manitoba Members

Submissions, suggestions and comments are greatly appreciated—please email these to info@scimanitoba.ca or send by regular mail to SCI Manitoba at the address noted above.

Canada Post Publication
Agreement #40050723

Board of Directors

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

Morris Cheslock	*Marek Rozak*
Ghislaine Courcelles	*Ernest Ryle*
Robert Lewandowski	*Vanessa Sinclair*

WE WOULD LOVE TO HEAR FROM YOU!

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 SCI Manitoba 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 Conley at aconley@scimanitoba.ca or info@scimanitoba.ca or give her a call at 204-786-4753 or 1-800-920-4933(toll free within Manitoba), ext. 222.

Did you Know….

That if you have something to sell, trade or give away, and you are an SCI member, you can place a classified ad for free in ParaTracks? For information, contact Adrienne Conley at aconley@scimanitoba.ca or 204-786-4753, ext. 222.

COVID-19 AND SCI MANITOBA

Effective March 19, 2020, Spinal Cord Injury Manitoba Inc. suspended in-person meetings and closed our office to comply with the recommendations of our federal and provincial governments, in an effort to help slow and stop the spread of COVID-19.

Despite this disruption, our staff members continue to work remotely so you can still reach us by calling **204-786-4753** (toll-free within Manitoba **1-800-720-4933**) and the following extensions to speak to staff directly for support or assistance you may require that is not an emergency. Staff can also be reached at their email addresses which are listed below.

Although we hope this service disruption will be brief, we intend to continue following the guidance from health experts and Canadian SCI health specialists and will be providing regular updates and additional resources on our website at www.scimanitoba.ca.

If you have health-related concerns, please contact:

- Health Links at **204-788-8200** or toll-free **1-888-315-9257** for COVID-19 concerns and other health issues;
- your doctor; and/or
- if it's an emergency, call 9-1-1.

We value our members and we are here to help support you through these unfamiliar circumstances.

We encourage you to stay at home and follow the health authorities' directions and keep healthy.

Please visit this website for recommendations and factsheets for persons with SCI regarding COVID-19 from around the world: https://www.iscos.org.uk/covid-19-resources-

Staff Email Addresses and Phone Extensions

204-786-4753 or 1-800-720-4933 (within Manitoba only)

Ron Burky	Executive Director	rburky@scimanitoba.ca	224
Adrienne Conley	Executive Assistant	aconley@scimanitoba.ca	222
Darlene Cooper	Director of Rehab. Services	djcooper@scimanitoba.ca	225
Denise Balliet	Accounting Officer	dballiet@scimanitoba.ca	221
Kelly Tennant	Rehab. Counsellor, Health Promotion Services	ktennant@scimanitoba.ca	223
Laurence Haien	Sr. Rehab. Counsellor, Vocational Services	lhaien@scimanitoba.ca	234
Melanie White	Rehab. Counsellor, Vocational Services	mwhite@scimanitoba.ca	226
Bernie Gaudet	Rehab. Counsellor, Transitional—Vocational Readiness Services	bgaudet@scimanitoba.ca	227
Maria Cabas	Rehab. Counsellor, Indigenous Services	mcabas@scimanitoba.ca	228
Gail Burnside	Rehab. Counsellor, Hospital Services	gburnside@scimanitoba.ca	229
Artem Dolia	Rehab. Counsellor, Vocational Enhancement	adolia@scimanitoba.ca	232
LéAmber Kensley	Rehab. Counsellor, Indigenous Enhancement Services	lkensley@scimanitoba.ca	204-781-0313
Anne McIntosh	Rehab. Counsellor, Support for Work Related Injuries	amcintosh@scimanitoba.ca	231

Province Supports Patients with More Virtual Care Options During The Pandemic

Physicians Now Able to Provide Greater Care to More Patients With Appointments by Phone or Video: Friesen

The Manitoba government is working with physicians to ensure Manitobans can stay connected to their doctor with more virtual care options, Health, Seniors and Active Living Minister Cameron Friesen announced today.

"As we face this second wave of COVID-19, our government is supporting physicians and patients by expanding virtual care options, particularly for the elderly and patients with more complex medical issues who need more time with their physician," said Friesen. "Family doctors and specialists are helping their patients stay on top of their medical concerns and our government is working effectively with Doctors Manitoba to support physicians with these new virtual visit options."

The new options will allow both specialists and family physicians to offer more comprehensive visits virtually, with more time to take a full patient history, review the results of testing with patients and discuss treatment options. Family physicians can offer extended visits to patients over the age of 65, recognizing seniors often have more medical concerns and may require additional time with their physician than other patients.

"As we all try to limit our contact with people outside of our households, these added virtual care options mean more patients can continue to see their doctor without leaving their home," said Dr. Cory Baillie, president, Doctors Manitoba. "Throughout this pandemic, physicians have been reminding Manitobans not to put their health on hold, because delaying your care can cause complications later. More virtual visit options will help patients stay connected to their doctors and stay on top of their medical issues."

Baillie noted that when an in-person visit is needed, physicians are taking extra precautions to keep patients safe with thorough patient screening, additional cleaning, ensuring physical distancing in common areas and by wearing protective equipment.

In March, the Manitoba government acted quickly to develop time-limited virtual care options. This move was effective in allowing physicians to offer follow-up care for patients in the early days of the pandemic. The minister noted that with the global pandemic now lasting longer and with more restrictions now in place across the province, expanding virtual care is further necessary to protecting Manitobans.

Today's additional virtual visit options build on those introduced in the spring, which supported virtual care for:

- primary care and specialist follow-up appointments;
- consultations to manage acute, chronic or complex health conditions;
- primary care for residents of personal care homes;
- consultation by developmental pediatricians for families who care for children with developmental difficulties, ensuring timely access to care from home;
- chronic pain management assessments and follow-up appointments to ensure people have safe access to these care needs; and
- psychotherapy by all physicians and psychiatric care by psychiatrists.

For up-to-date information on COVID-19 in Manitoba, visit www.manitoba.ca/COVID19.

November 6, 2020 Province of Manitoba News Release reprinted with permission.

It's Time for Your Flu Vaccine

Encouraging all Manitobans to get their free seasonal influenza (flu) vaccine this upcoming fall is crucial not only for the control of seasonal influenza but is of the utmost importance as we prepare for potential co-circulation of COVID-19 in Manitoba.

To protect yourself and your friends and family from getting influenza (the flu), Manitoba Health, Seniors and Active Living (MHSAL) is encouraging all Manitobans to get their free flu vaccine EARLY fall and EVERY fall.

An annual flu vaccine is especially important for those at increased risk of serious illness from the flu, their caregivers and close contacts. This includes:

- people 65 years of age and older
- residents of personal care homes or long-term care facilities
- children six to 59 months of age
- individuals with the following chronic health conditions:
- an immune system weakened by disease or medical treatment (ex: cancer)
- cardiac or pulmonary disorders (eg cystic fibrosis, asthma)
- long-term acetylsalicylic acid (Aspirin®) therapy (for those between six months and 18 years of age *only*)
- neurologic or neurodevelopmental conditions
- diabetes and other metabolic diseases
- renal disease
- anemia or hemoglobinopathy
- obesity (body mass index = 40)
- pregnant women
- health care workers and first responders
- regular caregivers of children up to five years of age
- household contacts of anyone at increased risk of serious illness from the flu including those with infants under six months of age and/or expecting a newborn
- Indigenous peoples

Influenza Vaccine Eligibility

Manitobans 6 months of age and older who are registered with Manitoba Health, Seniors and Active Living (MHSAL) are eligible for influenza vaccine free-of-charge. MHSAL offers a high-dose inactivated influenza vaccine (Fluzone® High-Dose) to the following individuals who are 65 years of age and older **and** who are:

- Residents of long-term care facilities, including chronic care residents, OR
- Residents of supportive and assisted living housing, OR
- Clients in interim/transitional care beds, respite care clients as well as new, unimmunized residents admitted to a LTCF during the flu season, OR
- In a provincial correctional facility, including those who are newly incarcerated or transferred from other federal or out of province correctional facilities, OR
- Receiving homecare services while on a waiting list for admission into a long-term care facility, OR
- Living on a First Nation or remote/isolated community, OR
- Living north of the 53rd parallel of latitude

International students and out-of-province visitors continue to be eligible to receive the flu vaccine free-of-charge regardless of third party insurance and/or MHSAL coverage.

Pneumococcal Vaccine

Manitobans over the age of 65 should also get a pneumococcal (Pneu-P-23) vaccine at the same time as the flu vaccine. Both the flu and the Pneu-P-23 vaccine are offered at no charge for people aged 65 and older as well as to some people two years of age and older who are at increased risk of pneumococcal infection. Most people need only one dose of Pneu-P-23 vaccine. Some people living with certain medical conditions require a second dose of Pneu-P-23 vaccine; talk to your health care provider to determine if/when a second dose is required. Additionally, some individuals living with certain medical conditions (ex: HIV) may also need another kind of pneumococcal vaccine, known as the Pneu-C-13 vaccine. If you are interested in finding out more about the Pneu-P-23 and/or Pneu-C-13 vaccine, please talk to your health care provider or visit MHSAL's website (www.manitoba.ca/health/publichealth/cdc/vaccineeligibility.html) to see if you are eligible to receive the Pneu-P-23 and/or Pneu-C-13 vaccine free-of-charge.

To get your free flu vaccine and/or Pneu-P-23 vaccine, visit your local public health office, nursing station, doctor's office, pharmacy, ACCESS Centre, or the nearest immunization clinic. Remember to contact your health care provider first to check for flu and/or Pneu-P-23 vaccine availability. Remember! Check with your local pharmacist to see if they offer immunization services. Certified pharmacists can administer immunizations to people 7 years of age and older.

If you have any questions about seasonal flu or pneumococcal immunization:

Speak with a health care provider or call Health Links – Info Santé at: 204-788-8200 in Winnipeg or toll-free 1-888-315-9257

Or visit: gov.mb.ca/health/flu/index.html

Reprinted with permission from the Province of Manitoba.

Celebrating the Small Victories

By Kelly Tennant

After a spinal cord injury, the road to recovery and adaptation can seem like an uphill mountain climb. Regaining function and building strength are slow and tedious processes. Big victories can be few and far between, so it takes a lot of motivation to keep going.

Your physiatrist likely explained that improvements are expected for up to two years following your SCI, and much of this improvement happens early on in your recovery, while you are receiving inpatient supports at the Rehab Hospital. It's common to see a slowing of improvements or even a bit of a loss of function after returning home and adjusting to a schedule without daily therapies or round-the-clock personal care.

It can be easy to fall into a pattern of focusing on the impairments that remain and losing sight of all the progress that you have made. Little changes in function, such as wiggling a toe, a little tingle of new sensation, leaving the house for an outing and not having incontinence, or being able to put on your own pants can make a huge difference to your mood and quality of life! In this article, I'd like to offer some tips on recording and remembering the small victories, which added up, can result in significant positive life change.

- Set big goals, and then break those down into smaller steps. Plan a way to celebrate or reward yourself as you reach each of those milestones.
- Notice your progress. What are some things you have done today that align with your goals?
- Keep a journal. Re-reading passages from early on in your rehabilitation journey will remind you of how far you have come.
- Get your support system involved. We are always our own worst critics and someone external to yourself can see improvements that you may not notice.
- Don't downplay your progress. Talking about your success (no matter how small it seems) will encourage others to celebrate with you.
- Talk with peers. Swapping stories with others who have similar lived experiences can help you remember what it was like when you first sustained your SCI or give you perspective on how much can be accomplished if you keep going.
- Don't let a setback stop you. Progress is not always straightforward. Use a setback as an opportunity to learn and do better.

How I Stayed Sane Through the COVID-19 Summer

By Tony Topnik

It is obvious that 2020 has been a most unusual year for us all. The infiltration of Covid-19 into our lives has changed the world as we know it. I think that the greatest challenges have come to interpersonal relationships because of the restrictions and isolation that have been imposed upon us.

My current workplace has laid off many of their employees because of the pandemic. I was laid off for six months, but have recently been called back to work. During that entire time, I remained unaffected by the high levels of fear, stress and the anxiety that seems to be associated with Covid-19 isolation. For me it was not a "have-to" stay home situation, but a "get-to" one. I got a lot done around the house, and I watched my fill of movies. More importantly, I was able to take advantage of the time to strengthen the relationships with my family and friends.

Life as we know it has changed for good. Everyone on the planet is dealing with the same issues, not like when I first suffered my spinal cord injury. No one in my world understood what I was dealing with and didn't have a clue how to help me. Now THAT is isolation, and of course, being trapped in a body that doesn't do what your brain is telling it to do. The stress wasn't just limited to me, but it reached out and took hold of my family as well.

I am considered an "incomplete paraplegic". (I never realized that being incomplete was a positive thing). I was in a wheelchair, catheterized, & considered "impotent" from the chest down.

I am walking unaided now. I thank God, the diligence of the physiotherapists at the Rehab Hospital, and those in my church who prayed for me that I was able to leave the wheelchair behind me.

Impotent— a strange word. Technically it means "powerless, helpless, or without strength." Yep, that was me. If that doesn't assault your sense of masculinity, nothing will. Oh, and not just my sense of masculinity, but my sense of identity which raised deeper feelings of shame, guilt and even reduced self-worth.

Imagine going to celebrate a friend's wedding, but you are considering turning around and going home because you cannot get up onto the sidewalk because the curb is too high. Too high? Yes—it was all of four inches and I could not raise my legs high enough without losing my balance—and there was no wheelchair access anywhere. My male ego really took a hit when I had to be lifted up onto the curb. Those feelings of impotence never leave you, and it does a number on your sense of well-being and self-worth. I was trained in the hospital to go up and down stairs with crutches, but if there were no hand rails I was stuck on the wrong side of the curb.

It was like trying to storm the gates of a medieval castle. If I couldn't scale the wall, I could at least retreat to safety and brag about how brave I was for trying. But alas, no such glory for me.

Only a person with mobility issues understands what an obstacle stairs can be or how vital a wheelchair parking space is. Don't get me started about able-bodied people parking in wheelchair spots because they are too lazy to walk the extra 30 feet!

Anyway, I digress. What I am trying to say is that, now with COVID-19, we all are on the same playing field. The rest of the world is forced to deal with unwanted and unexpected changes like job-related stress, financial challenges, social restrictions and health challenges. Those of us who have sustained a spinal cord injury, regardless of severity, have had to deal with these and other stresses prior to COVID-19. I suggest that we have more experience dealing with these things than our able-bodied counterparts and with that experience, we have a head start learning to deal with life-changing health issues & stress related challenges.

Life as we know it has changed for us all, and my heart goes out to *anyone* who is struggling at this time.

Any life-altering circumstances knock us down, they raise the importance of us being patient with others and being gracious and forgiving. What seems to be crucial is being able to trust someone else to help you—because it is impossible to get back up on your own. The person who is a "lone wolf" is one to be pitied, for they are completely and utterly alone.

So how have I been able to navigate the perils of my own journey? How have I dealt with my own spinal cord issues, as well as the current COVID-19 situation? As important as having someone to trust is, being a person that does not allow bitterness into my heart is also key. If I let bitterness into my heart, I will drive away the people who can help me.

So how can I, as Rudyard Kipling eloquently put it, "*keep my head when all those around me are losing theirs*"*?* Well, I have a secret, and I want to share that secret with you.

You need to have what I have and that is peace—real peace: the kind that is not affected by events or circumstances, peace that comes from an assurance that no matter what is going on around me, my value and my worth are not changed. I have value and worth that the world can't give me, because to them, I am not whole, not physically normal.

I see my worth and my value through the eyes of God, and I know that I am secure in Him. I know my identity, who I am and what I am. This worth and value grant me the confidence to know my limitations and to be okay with them. Also, this confidence gives me the peace to keep my head in the midst of life's storms.

The most important aspect of this is that the peace is genuine. It is not a mask; it goes right to the core of my being. This confidence helps me to stay positive when the temptation is to become increasingly negative and fearful. Fear is a liar, plain and simple.

Those who know me realize that this *is not* a mask, or a social role that I play. It is a natural by-product of who I am, as I said, my identity. So maybe you are going through a difficult time right now. You are struggling. Don't be too hard on yourself. We are all at different places in our journey. Don't be a lone wolf trying to tough it out on your own. Reach out and talk to someone. Melanie at the Spinal Cord Injury Manitoba office in Winnipeg is a great resource and a wonderful listener and has been an encouragement to me.

You should know who you are, what you believe about yourself, how you can be happy through all these trials and stresses, not a victim. Can you believe in yourself when others may not? Do you trust others when they believe in you more than you believe in yourself? Can you be strong, kind and gracious? Are you looking for the same level of peace that I have?

God can grant you that peace like He has given it to me. Am I perfect? Of course not! Do the stresses affect me? Of course, they do. But I know where to turn when the pressures and trials come my way. I am talking about a relationship, not just a religion. My relationship with God is like any other relationship. It is fluid; there is an ebb and flow to it. It is my experience that God is more concerned with our progress than our perfection. This takes away the pressure to "perform", and without pressure, it is easier to grow and progress.

This lack of pressure to perform also removes the fear of failure, and the fear of not measuring up, which frees us to succeed at our own pace. The challenge is to grow and to change. Instead of being angry and bitter, I can be at peace. This makes me the kind of person that others want to be around. Hopefully I can be an encouragement, maybe even an inspiration to someone else.

As someone wiser than me has said: "I am just a beggar who has found bread, telling others where they may find it also." If you need to talk, talk to your counsellor at SCI Manitoba. Or if you want, talk to me. Just direct your correspondence to SCI Manitoba at info@scimanitoba.ca. I would love to see how I can help.

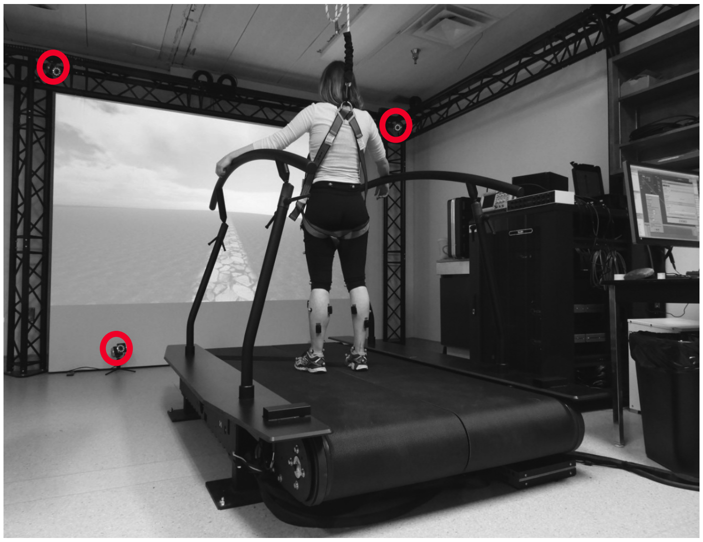
Introducing the New Human Spinal Cord Injury Research Facility for Health, Balance, and Motor Control in the Spinal Cord Research Centre at the University of Manitoba

By Dr. Kristine Cowley

It's early November and 2020 has been nothing as expected. With a very generous donation from the Will to Win, and support from the Canadian Foundation for Innovation and Research Manitoba, we were to officially open our newly developed "Human Spinal Cord Injury Research Facility for Health, Balance and Motor Control" at the Spinal Cord Research Centre in December 2019. It became fully functional at that time and we had received ethics and funding to begin some spinal cord injury research. We were to begin some pilot research testing of different methods for directly stimulating the spinal cord to increase function. We were set to begin some exercise-based research in people with tetraplegia. We were also set to design and develop a more flexible safety restraint system for wheelchairs so that we could better assess and research patterns of wheeled mobility using our wheelchair-accessible treadmills. Then of course we started hearing about this virus and well, COVID-19 happened, and we essentially had to shut down all human research. We had been recently gearing back up again but with the new surge in COVID in Manitoba, we will have to continue to delay our 'grand opening'.

In the meantime, I wanted to share some photos of the equipment we have in place and what it will allow us to do.

We have a wheelchair treadmill capable of measuring load in everyday and racing wheelchairs and hand-cycles. We have a balance assessment treadmill system that is also wheelchair accessible, can measure load, and which has a video recording system. Both are equipped with the ability to control the treadmills to assess balance, with sudden starts and stops that can be programmed in to the software that controls each treadmill. You will notice that one of the systems (below) also has a visual screen that allows us to assess the role of visual stimuli in balance and movement as well. We can use this treadmill for people with incomplete SCI who are able to walk, as well as people using everyday wheelchairs.



The ramp for the treadmill/balance assessment suite on the left is not shown. Our wheelchair-accessible scale is shown (above) in front of the treadmill (being stepped on by the person in the foreground).
We can monitor muscle activity using wireless and wired muscle sensors (EMGs) and we can record

movements using video camera-based recording of position markers on each study participant. We are not showing the stimulation equipment, but one of our research goals is to identify how non-invasive spinal stimulation during different movements and during exercise can improve function after SCI.

We have specially adapted seated rowers that use electrical stimulation of leg muscles combined with upper arm rowing equipment, shown below. There is good potential for using this form of exercise as a way to keep paralyzed leg muscles active while allowing people with SCI to perform upper body voluntary exercise. Depending on the person's level of injury, it is quite likely that this form of exercise will allow for much greater exercise 'stress' than can be achieved with only voluntary upper body activity or electrical leg stimulation-based activity alone.

We have a height-adjustable arm ergometer that allows us to test a variety of exercise interventions in order to find strategies that will allow people to exercise longer and at higher intensities so they can increase the likelihood of achieving a health benefit, either in terms of weekly calories burned with exercise or in terms of training effects in different systems (e.g. cardiovascular system).

Overall, this combination of equipment and stimulation methods exists at only a handful of sites in North America, and when we can get back in the lab and back to 'normal' we will be very excited to begin new avenues of research that will hopefully improve the health and quality of life of Manitobans with SCI.
If you have any questions about this article, or spinal cord injury research generally, feel free to contact me at Kristine.Cowley@umanitoba.ca

SCI Manitoba would like to congratulate Dr. Kristine Cowley on her recent appointment to Director of the Spinal Cord Research Centre at the University of Manitoba. Dr. Cowley is an Assistant Professor and long-standing member of the SCRC. She is very knowledgeable on the history of the SCRC and has played an integral role in its direction both research and operation wise. Dr. Cowley spearheaded the development and implementation of the unique Human Spinal Cord Injury Research Centre for Health, Balance and Motor Control laboratory located at the Spinal Cord Research Centre in the Department of Physiology & Pathophysiology at the Rady Faculty of Health Sciences, University of Manitoba.

FIRST STEPS
WELLNESS CENTRE

REGISTER ON OUR WEBSITE FOR:
1 FREE HOUR OF EXERCISE THERAPY &
1 FREE HOUR ON THE FES THERAPY BIKE!

RECOGNIZE POTENTIAL, NOT LIMITS.

FSWC UTILIZES SEVERAL DIFFERENT MODALITIES TO ACHIEVE YOUR GOAL OF IMPROVED FUNCTION WHICH MIGHT INCLUDE:

*** DEVELOPMENTAL MOVEMENT PATTERNS**
*** ACTIVE NERVOUS SYSTEM RECRUITMENT**
*** GRAVITY FREE GAIT TRAINING**
*** CLINICAL FUNCTIONAL ELECTRICAL STIMULATION**
*** WHOLE BODY VIBRATION TRAINING**
*** RESISTANCE TRAINING**
*** AEROBIC TRAINING**
*** BALANCE TRAINING**
*** REFLEX INTEGRATION**

☎ **204-505-0440**
@firststepswellnesscentre
@FirstStepsWellness

WWW.FIRSTSTEPSWELLNESSCENTRE.CA

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 SCI Manitoba. 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.

SCI Manitoba 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. Since the last issue of Para-Tracks, financial support totaling $14,235 has been granted. Some of the highlights follow:

- Funding was granted for the purchase of a back rest for an SCI Member. Having the appropriate power chair and seating components will help ensure the member's comfort and pain management and enable them to be as independent as possible in the community.

- Funding was provided for enrollment in an online course for an SCI Member as an initial step in the member's vocational planning process. This funding filled a gap where no alternate funding to enable school attendance was available. The course will help the member build their confidence, study habits and work towards academic success.

- Funding was granted for the purchase of a Smart Drive System for an SCI Member's manual wheelchair. This system will increase the member's independence and self-reliance by enabling them to propel safely and effectively up ramps, curbs, thresholds and when using their wheelchair for long distances both inside and outdoors.

- Funding was provided for the purchase of power wheelchair, backrest, cushion and headrest for an SCI Member who is not able to effectively self-propel in a manual wheelchair. This equipment and seating components will ensure the member's independence, optimize functioning and promote safety and quality of life.

Visit MPF's website at: www.scimanitoba.ca/mpf. Applications for assistance are available through the website or by email info@scimanitoba.ca or by phone 204-786-4753.

Meet the Newest Staff Member at SCI Manitoba

By Anne McIntosh

Hi—I am Anne McIntosh.

I have recently joined SCI Manitoba in the part time role of Rehabilitation Counsellor. My former career prior to my retirement was an Integrated Services Coordinator with the Manitoba Department of Families in Winnipeg West. In this role I conducted comprehensive assessments with citizens of complex needs and who faced multi barriers and may have been receiving services from a variety of programs offered by the Department of Families or the Winnipeg Regional Health Authority. I worked with these citizens to develop action plans and my work included liaising with a wide range of community agencies.

Prior to this role, I provided counselling to clients involved with Manitoba Families Community Living Disability services, Market*Abilities* and Employment and Income Assistance.

I graduated with honours from Red River College in the Applied Counselling Certificate Program. I retired from the Province in 2013 after an enjoyable 39 year career and look forward to working with you in your important role in supporting persons with spinal cord injuries.

Government of Canada's Support for Persons with Disabilities During COVID-19

In an email addressed to SCI Manitoba, the Director General of the Office for Disability Issues outlined the Government of Canada's support for persons with disabilities during COVID-19 as follows.

"The Government of Canada has taken steps to ensure that the interests and needs of persons with disabilities are being taken into consideration in the decisions and measures adopted in response to the COVID-19 pandemic. For example, in the spirit of "nothing without us" from the *United Nations Convention on the Rights of Persons with Disabilities*, the Government established a COVID-19 Disability Advisory Group, comprised of experts in disability inclusion, to provide advice on the real-time lived experiences of persons with disabilities during this crisis, the issues, challenges and systemic gaps that exist as well as the best strategies and measures to be taken.

In addition to public health guidance, the Advisory Group and the disability community have raised accessible communications and the need for engagement with persons with disabilities as a key issue. As part of National AccessAbility Week, the Government announced an additional $1.1 million in funding to support national disability organizations through the Disability component of the Social Development Partnership Program. This funding will enhance their communications & engagement activities to better address the impact of the COVID-19 pandemic on persons with disabilities.

Since the beginning of the outbreak, the Government of Canada announced a range of financial measures that benefit persons with disabilities. From May to August 2020, the Canada Emergency Student Benefit (CESB) provided emergency financial relief to students and recent graduates who were unable to work, or unable to find work, due to reasons related to COVID-19. Eligible students received $1,250 per month, plus an additional $750 per month if they had dependents or a disability, for a maximum of $2,000 per month. Other financial measures include a one-time special payment through the Goods and Services Tax and Harmonized Sales Tax credit for low- and modest-income Canadians, including persons with disabilities. The average additional benefit is close to $400 for single individuals and close to $600 for couples.

On June 5, 2020, the Government of Canada announced a one-time, non-taxable and non-reportable payment of $600, to support Canadians with disabilities for extraordinary expenses incurred during the pandemic. On July 17, the Government announced plans to make the benefit available to more people and expand the one-time payment to include approximately 1.7 million Canadians with disabilities.

The special one-time, non-taxable payment of up to $600 will be automatically issued to individuals who have a valid Disability Tax Credit (DTC) certificate provided by the Canada Revenue Agency (CRA) or are eligible for the DTC and applied for it by September 25, 2020, as well as beneficiaries, as at July 1, 2020, of Canada Pension Plan (CPP) Disability pension, Quebec Pension Plan Disability pension and various disability supports provided by Veterans Affairs Canada. Seniors with disabilities, who were eligible for the one-time seniors' payment announced on May 12, 2020, and who are also eligible for the one-time disability payment, will receive a total of $600 broken into two payments. The first batch of this payment is expected to go out to eligible Canadians with disabilities starting October 30, 2020. .

On June 5, 2020, the Government of Canada also announced a new National Workplace Accessibility Stream of the Opportunities Fund for Persons with Disabilities. This stream will provide additional funding in 2020-2021 to help Canadians with disabilities and their employers to improve workplace accessibility and access to jobs in response to COVID-19. Some of the activities supported by this fund will include setting up accessible and effective work-from-home measures, as well as expanding online training opportunities; creating inclusive workplaces, whether virtual or physical; connecting people with disabilities and employers; training for in-demand jobs; and wage subsidies.

The Government of Canada is also committed to ensuring that vulnerable populations can access the essential supplies and services that they need during this difficult time. The Emergency Community Support program will flow $350 million through national organizations that have the ability to get funds quickly to community organizations (for example, non-profits, charities and other qualified donees) that serve vulnerable populations. These organizations play a vital role in reducing barriers through delivery of groceries, medications or other needed items, or personal outreach to assess individuals' needs and connect them to community supports. This funding could also enable organizations to offer more transportation services, such as accompanying or driving seniors or persons with disabilities to appointments.

To learn more information about Canada's whole-of-government actions to respond to the virus outbreak, visit their website at www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/canadas-reponse/government-canada-takes-action-covid-19.html."

Promoting Success in Schools for Students With Spinal Cord Injuries

Introduction By Kelly Tennant

Articles by Jonathan Gustave, High School Resource Teacher

And Keri Yackel, Middle Years Resource Teacher

In this issue of ParaTracks, we wanted to take some time to celebrate the important role that resource teachers play in the lives of youth with spinal cord injuries. SCI tends to affect more adults than youth, but we do have a handful of very resilient individuals within our membership who sustained their injuries during their childhood or teen years. Having a student with a spinal cord injury may be a once-in-a-lifetime occurrence for a particular school, and resource teachers play a key role in making sure that the school environment is inclusive and accessible for students so that they can just be regular kids. I've had the pleasure of working collaboratively with a few resource teachers during my time at SCI MB, and I've asked two of them to share their perspective on supporting students with SCI.

Promoting Success in Schools for Students With Spinal Cord Injuries

By Jonathan Gustave

It begins with an email or a phone call. Other times it begins with a text message from a colleague at another school or as part of a conversation between two teachers who are catching up on how the school year is going, or with a written phone message found on your desk requesting that you meet with an administrator later in the day. Sometimes it is initiated by a parent; other times by a school division consultant. More recently, it started with an invitation to a virtual meeting. Regardless of the method of communication or from whom it comes, the information reaching a resource teacher of a given school that a student with an exceptionality (or several exceptionalities) is registering soon always initiates an intake process, consisting of multiple steps, all of which are for the purpose of determining and putting into place appropriate programming for the child.

Preparing a multifaceted plan for students with exceptionalities, such as physical, intellectual or learning disabilities, or special learning needs of a sensory, behavioural or emotional nature first and foremost involves taking a student-centered approach. The first steps we, as part of a school team, take are to make contact with the student and family, in order to get as much pertinent information as we can about diagnoses or conditions, course and activity preferences, what programming at the previous school looked like— what worked and what we should adjust the sails on. The new school will then get in contact with staff from the previous school, as well as any clinicians and support staff who worked with the student previously in order to understand the specific supports that were in place. What follows is an iterative process communicating with administration, teachers, educational assistants, clinicians which could include school social workers, school psychologists, physiotherapists, occupational therapists, speech-language-pathologists, consultants such as Teachers-of-the-Deaf, consultants for students who are blind and visually-impaired, medical teams, including nurses, doctors and specialists, etc.., developing a draft plan, going to review the tentative plan with the support team members, and then making finer adjustments to the student's Individual Education Plan (IEP), and other plans, for specific safety concerns, etc. At the secondary level, additional planning takes place to consider one major focus of teachers of students with exceptionalities—to facilitate the 'age-of-majority planning', or the preparation for the student to complete high school and have suitable supports in place upon transitioning to adulthood. Residents of Manitoba who qualify for these programs are lucky to have a variety of programs that provide vocational support to help someone obtain and keep meaningful full or part-time employment, post-secondary training, or other programming that occurs during the day. Depending on the person's needs, there are also programs that provide residential support—to obtain and maintain their home residence in the community as well as to access the community as independently as possible.

This planning phase sounds like a lengthy process, and sometimes it may be. Resource teachers work hard to facilitate this process so that the student begins school programming as soon as practical. Finally, with a student-centred plan and supports in place, the family and school team meet together for an intake meeting where we all review the supports in place for the student, the responsibilities of each person involved including those of the student. Finally, the big day arrives when the student attends their new school!

URO
Medical Supplies

THE WORLD OF CATHETERS HAS CHANGED.

ARE YOU LOOKING FOR A MORE DISCRETE, SAFE, AND EASY TO USE PRODUCT? LET US SHOW YOU THE NEW WAY TO CATH! CALL FOR YOUR PERSONAL CONSULTATION TODAY!

URO Medical specializes in products and services for people spinal cord injuries, spina bifida and other physical disabilities.

No need to make an extra stop to pick up your supplies. With expedited shipping, your products are delivered right to your door!

We work with MPI, WBC, and a number of other insurance providers to help find the best products for you!

LATEST PRODUCT TECHNOLOGIES

SUPERIOR CUSTOMER SERVICE

PEER SUPPORT

MEMBERSHIP REWARDS PROGRAM

SUPPORTING THE COMMUNITY

MANITOBA@UROMED.CA | 2042931220

UROMED.CA

School programming planning for students living with a spinal cord injury (SCI) presents specific challenges for schools. If a student living with SCI has been diagnosed with Autonomic Dysreflexia (AD), a syndrome that could result in the sudden onset of life-threatening high blood pressure due to specific stimuli, simple awareness of diagnosis is often a cause for great concern for school staff, mainly because the staff do not have experience supporting the management of AD. The second area of concern for school staff developing programming for students living with SCI is the issue of 'accessibility'. As a resource teacher of a sending school once told me during a transition meeting for a student living with SCI who was transferring to our school, "You will not look at the layout of your school and classrooms the same way ever again." The staff at SCI Manitoba, specifically Kelly Tennant, a rehabilitation counsellor, have been wonderful in supporting school staff, the students living with SCI and their families in the development of programming for these students, along with consultation to schools regarding the upgrades that will be needed to enhance student accessibility. Kelly, along with various clinicians from Specialized Services for Children and Youth (SSCY), have come to our school several times to meet with the student, their family members as well as the educational assistants, teachers, school administrators who would be working with a student living with SCI to provide a strengths-based overview of the student's abilities and needs, medical condition(s) and best practices in safety planning. This has allowed school staff and the student along with their families to develop student-specific plans with confidence. In the few weeks that followed after my first spring transition meeting for a student living with SCI who was slated to come to our school the following fall, I was involved in numerous site appreciation meetings along with various academic department heads, custodial and building trades' staff, administrators—covering every square metre of the school that our students have access to, in order to identify barriers to accessibility for students living with SCI, and to generate the solutions that would allow for greater accessibility. Unfortunately schools located in older neighborhoods in Manitoba were not built with accessibility in mind up to one hundred years ago. However, school administration, building trades, custodial staff, academic department heads and various contractors quickly responded to the accessibility needs that Kelly and I identified. Since then, we have developed various specialized safety plans, modifications to structures as well as specialized equipment and materials procured in order to support accessible programming. These include, but certainly are not limited to—automatic door openers, curb-side ramps, adapted furniture and other learning equipment in classrooms, such as in the fitness centres, foods and nutrition cooking labs, science labs, etc.

The programming plans, safety plans and Individual Education Plan (IEP) all in place, the student living with SCI was set to start the first day of school! Although the school team was quite nervous, I think we were all amazed at how quickly this student's successes started accumulating. A field trip (with their own set of additional logistical issues to adjust to) during the student's first week of school? Check. Successful weeks-long practicum placements at an adjacent elementary school (invoking additional team meetings with school staff and site appreciations to mitigate accessibility issues) as part of Home Economics Department course? Check. Meaningfully accessing high school programming, meeting IEP and other goals, earning high school credits, getting closer to graduating with a Manitoba High School Diploma, strengthening existing friendships and developing new ones? Check, check, check, check, check and check! And the list goes on and on… Needless to say, we have had many reasons to celebrate!

My Journey Working With a Student With a Spinal Cord Injury

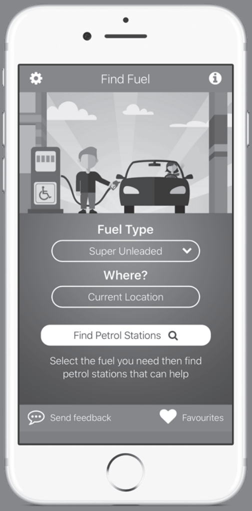
By Keri Yackel

I had the pleasure of working with Emilee for the last two years as a resource teacher at John Pritchard School. Emilee was the first student that I have worked with that lives with a spinal cord injury. This journey has been filled with its ups and downs, for both Emilee as a student, and for me as her teacher. When I first started working with Emilee, I would just do some things for her because I could do it quickly and it was just second nature for me. I realized one day, after listening to a presentation from an adult with a spinal cord injury, that I was not helping this student. I was actually more of a hindrance to her. Once I realized that, and learned to have more patience and a wait time to let her do it, she was able to gain some independence. I am glad that I had a chance to listen to this adult speak to Emilee's class about some of the things that we don't necessarily think about. Another challenge for me, was trying to figure out how she was feeling on the days that weren't going so well; how could I help her? I had a hard time trying to put myself

fuelService

Get Assistance Filling Up

Simple, easy refuelling for drivers with disabilities



Fuel Type: Super Unleaded

Where? Current Location

Select the fuel you need then find petrol stations that can help

1) Download the app
Use the fuelService app to locate your nearest participating Station.

2) Ask before you go
Use the app to contact the station to check they can help you, before you make the journey. So you can go in confidence that you will get help.

3) When you arrive
Use the app to notify staff that you have arrived.
They let you know how long they will be, then come out and fill up for you.

4) Choose how to pay
From the fuelService app click through to the Shell app to pay or you can also pay by cash or tap enabled card.

Don't have a smartphone?
Check the website fuelservice.org/findstation for instructions on how to make a simple automated phone call to do the same as the app

GET IT ON Google Play   Download on the App Store   or go to get.fuelservice.org in her shoes, and understand how she was feeling when she couldn't do things because of her accident. How was she feeling knowing at one point she was able to walk, now having to use a wheelchair, and having to have people help her all the time? As a parent of teenage daughters myself, I had a difficult time when Emilee was frustrated with grooming and personal hygiene. That frustration I understood, but at the end of the day I really couldn't put myself in her place, and I had to remind myself of that often. Another challenge for me was that things that we tried to use to help Emilee out were not always allowing her to fit in. She has difficulty with projecting her voice so we tried an amplifier. but she refused to wear it because she said that it made her look like she was working drive thru at a fast food restaurant. I had to really think outside the box to make things easier for Emilee, but also allow her to fit in. There are many logistics that need to work for the student, and need to work within the school. Our building is three stories. Simple things weren't so simple—how can Emilee get around most easily, and who can ride in the elevator with her? She has gained the independence to use the elevator on her own, a huge success in terms of independence for her.

Working with Emilee has made me realize that I need to teach all students to use their voice and ask for help, or alternately, tell people what they like and don't like. We don't always realize what we are doing, and it is okay for students to know that. I was very proud of Emilee on the day when she was wheeling home from school and her wheel went off the sidewalk because they were doing some sidewalk repairs, she asked one of the workers to help her and they did. I think this was a huge step for her and a success for everybody in terms of her knowing when to ask others for support.

Emilee may say differently, but I think I have gained a friend in this journey. She has made me realize that I should be happy with what I have in life and not take things for granted. This has made me a more resilient person. I think it has also made me a more patient and compassionate person, and teacher. Everyone has a story and you need to listen to their story; it is most likely very different from your own.

This journey has also made me learn some new things that will help me to work with other students with spinal cord injuries in the future. It does take a village to raise a child and this story definitely makes that statement true.

Life Moves Forward

By Jason De Ruyck

I grew up on a family farm near the town of Mariapolis, Manitoba. My sister, Christine, is 7 years older than me and was off to college in Alberta by the time I was 10. My brother Steven and I are only 10 months apart and, as such, we were always together.

On September 2, 1997, I was 14 years old, and had just started grade 10. Steven and I caught the bus to school that day in our neighboring town of Swan Lake. Golf practice after school was at yet another neighboring town, Pilot Mound, so we caught a ride with our friends Neil and Matthew. I feel it's worthy to note, just in case he reads this, that Neil shot an 81 on 9 holes that day. Normally our parents would pick us up after practice, but they had just started harvesting that day so we went back to Neil's house and he offered to drive us home. Unfortunately, we didn't make it.

I can remember us leaving town, and then nothing else until gaining consciousness in the upside down Plymouth. What happened? Did we wipe out on a gravel road somewhere? How long until we will be found? There was so much confusion and panic. I could hear the other guys, but I didn't know if any of us were okay. I could tell I was injured, but had no idea to what extent, and was fixated on the idea that we wouldn't be found. I later realized that this fear was unwarranted because we were on the middle of the highway, only 1 mile out of town. None of us can recall the accident.

We had been travelling west, with a grain truck ahead of us travelling in the same direction. The grain truck slowed to make a right turn, and we must have clipped the back end of it with the right passenger side of the car. Our vehicle rolled, Matthew was thrown from the front into the back passenger seat where I was. I can somewhat remember his struggle to get out of the car. My brother either worked his way out, or was thrown out.

I have hazy memories of seeing a firefighter trying to extract us from the car, and I was eventually pulled through the trunk. I remember being confused to see my history teacher there. He was also our golf coach and, true to small town, he had heard the news and hurried out to help us. A nurse who had been called in to the hospital that was preparing to receive us drove by the scene on her way. She picked up my brother and brought him with her.

The x-rays taken at the Swan Lake hospital would reveal that I had broken my left arm and a number of vertebrae. It was because of the broken vertebrae that I was transferred to the Health Sciences Centre in Winnipeg for more scans.

I had full movement of my legs and of my right arm. My left arm, however, was dead. I couldn't even wiggle a finger. A CT Scan determined the true extent of my injuries. Along with my broken arm, I had several broken vertebrae in my neck, and my skull was fractured down the middle of my forehead. An MRI revealed two more broken vertebrae in my back (T11 and T12), and gave more insight into the damage in my neck. Vertebrae C1 and C2 were dislocated, while C3,4,5 and 6 were fractured. It was at C3 where the spinal cord injury occurred.

I was in a lot of pain while in intensive care. My entire body felt like pins and needles, and I didn't want anyone to touch me. I was on a heavy dose of morphine, and my only chance at sleep was right after it was given; I was in too much pain at any other time. There was always a family member by my side—be it my mom, dad, brother, sister, aunt, or uncle. Everyone was so supportive

I knew early that my brother Steven and Neil were okay. They each spent a night in the Swan Lake hospital under observation for concussions. Matthew had also been sent to HSC and was being treated for a punctured lung, broken but stable vertebrae, and a fractured skull. Being that Matthew's skull was fractured in the back of his head, and mine in the front, we joke that we must have smashed skulls when he was thrown into the back. It's a morbid thought, but you find humour in strange things when you're in these situations.

I was fitted into a halo and back brace about 3 days after the accident. I remember a day or so later my pinky finger on my left hand started twitching. It caused quite a bit of excitement for the nurses! After a week in ICU, I was transferred to the Children's Hospital, and it was there where I celebrated my 15th birthday. The staff were all so great. They threw a party for me, and always did their best to keep my spirits up. There was one aide who would hang out and watch music videos with me. We talked about music and concerts, and it brought such a sense of comfort. I often wish I remembered their names so I could thank them for the positive impact they had on my recovery.

My injuries were so unstable that I couldn't leave my bed. I remember feeling miserable and crying about three weeks in, when a nurse asked me what was wrong. I wanted out of that damned bed. She reached out to my doctor right away and after a few x-rays, they decided I could be in a wheelchair. I wasn't able to stand, or put weight on my legs, but I could be in a wheelchair. Freedom!!!! This was such a big win.

After the first few weeks in hospital, the visitors started to fade. My mom was there every single day, and my dad and brother came every weekend. While Steven was in school, an incredible group of neighbors helped dad get the crop off. Christine came as often as she could to give mom some relief. I had an Aunt and Uncle in the city who would each come every day after work. I had so much support, and was so fortunate, but I still felt so lonely. Whenever dad and Steve had to leave, I was crushed. I missed my friends, and wanted so badly to have my life back.

I began to regain some movement in my left arm, and after 6 weeks or so at the Children's Hospital, it was time to get to work. We packed up all my stuff and wheeled on over through the tunnels to my new home, the Rehabilitation Hospital. In a few weeks, and several x-rays later, it was decided that I was ready for weight bearing exercise: that meant walking! My sister supported me to stand for the x-ray; it was the first time I had stood up in 8 weeks! What a strange, yet incredible feeling that was. With all of this news, I could start to see the light at the end of the tunnel. I knew there was still lots of work to put in, but the thought of being able to stand and walk again had me extremely motivated.

The next morning in physio, the physiotherapists prepared to have me take my first steps in two months. I rolled up to the parallel bars and they put a harness on me to keep me from falling. I didn't need it. I was able to walk the length of the parallel bars without assistance. Once I accomplished that, I knew I was going to be alright. From then on I was determined to walk as much as possible around the hospital, including all the way back to the Children's Hospital to have the cast removed from my arm. Another big moment! It was the farthest I had walked since starting rehab, regain the strength and mobility in my left arm.

It wasn't long before I could ditch the wheelchair altogether. I was also able to have weekend day trips to Ronald McDonald House, my mom's home away from home for the past 2 months. The RMDH was such a great reprieve from the greys of the hospital walls. My family will always be grateful for such a fantastic facility.

At the Rehab Hospital, I was in a room with three other patients. It was an adjustment at first from having a private room at Children's. However, over time, I really started to enjoy having roommates. There were some nights where we would all tune our TVs to the same movie and watch together. There was some comfort in knowing we were all there together, and we all had the same goal: to get home. The staff were so fantastic there as well. Spending 6 weeks in rehab created a real kinship and the sense of community I'd been missing for sure. I don't miss being in the hospital, but I do miss the people I met there.

Rehab was busy; and rehab was work, but it became fun. My physiotherapy sessions were mostly spent with other spinal cord injury patients, and amputees. All of us with different stories, injuries, and health issues. The physiotherapist I worked with was named Ian and he was so good to work with. He always seemed to know what to say to push me and could usually get me laughing. All of the physiotherapists had a great demeanor. They did such a good job of keeping us from being too serious. They were always

The daily routine was nice, and it started giving my days some purpose again.

I started working with a counsellor from SCI Manitoba. We spoke about how I was doing and what support I needed. I was a bit of a mess really. There were plenty of nights I'd cry myself to sleep, but I definitely wasn't going to talk about it. I was 15 years old. I was fine and was going to be fine. I was determined to figure it out on my own and was going to carry on with life like nothing happened. I continued to meet with the counsellors, but rarely did I open up and tell them all that I was feeling. I was sad, lonely, and felt like I was missing out on life. I knew my friends were having the time of their lives, and I was in the hospital missing out on being a teenager. I wanted to push those feelings away and wasn't ready to talk about them.

I remember the first time I was able to go home on a weekend pass. It was so quiet at the farm compared to the hospital that I could hardly sleep. I had never noticed just how quiet and peaceful it was there. It felt so good to be home but devastating to have to go back. So much so that I'm not even sure if it was worth it. I was able to go home two more weekends, and it was the same each time. Having to go back to the hospital broke me. I was a wreck.

Near the end of November, after weeks of hard work, I got the news that I could go home for good.

I was welcomed home on a Friday, and back in school on Monday. It was weird being back at school. It had been about 12 weeks that I was in the hospital and it felt like everyone at school had moved on without me. I wasn't falling back into the normal life that I was so eager to get back to. I was still going for physio twice a week, an hour away from home. This took time, and kept me from hanging out with friends and getting back to life like I hoped. It always felt like I was missing out on something.

They took my halo off on December 22, and my right arm immediately went numb This brought concern regarding the spinal cord which caused me to be admitted to the hospital until I could get another CT scan. I was told to prepare to spend Christmas in the hospital, which was heartbreaking to hear. Fortunately, I had the CT scan done on the 23rd and had the results on the 24th. I could go home for Christmas. I still had the back brace on, was fitted with a neck collar, but without the halo it still felt so strange, like my head was going to flop off.

Life was starting to move forward. My physio appointments were eventually reduced to one day a week, and by summer of 1998 they were done altogether. The physical progress was really encouraging; emotionally however, I was super closed off and wasn't wanting to open up to anyone. Friends called me out on it. Although I was trying to hide my struggles, it was obvious that I wasn't okay.

Thankfully, SCI Manitoba continued to reach out. I had to change some courses at school because I was so far behind after missing the first 12 weeks of school. They helped with career counselling, and we discussed my options. I wanted to look at a trade, preferably an electrician. With my neck, back, and shoulder being in rough shape, this wasn't entirely realistic. I had no idea what I wanted to do, and I didn't really want to think about it. So I continued to close myself off.

After I graduated from high school I didn't go to university. I spent most of the year partying, and trying to get back that lost time. I had no direction and had no idea what I was doing. My Mom encouraged me to go back to school and together we reached out to SCI Manitoba for support. I decided to enroll in the Agribusiness program at Assiniboine Community College. SCI Manitoba provided support to help me pay for tuition and books. Without their support and encouragement, I'm not sure how long it would have taken me, if ever, to get my life back on track.

I was enjoying college, in some cases, maybe more than I should have, but my grades were good and life was good. Not too far into that first year, Dad called and said my sister Christine was sick. She had been admitted to intensive care at the U of A Hospital in Edmonton. Her lungs and kidneys were shutting down and the doctors couldn't determine why. It felt like our family was going through the same thing again. Eventually, she was diagnosed with Wegener's Disease, and her lungs recovered, but the same could not be said of her kidneys. My sister needed a donor. The disease had to be in remission for two years before they'd do a transplant, and in the meantime, she was on dialysis and trying to raise a 3-year-old son.

In 2003 I began getting tested to see if I was a match to be a donor. In 2004 we were given the news that I was a good candidate. That fall I donated a kidney to my sister. I was overcome by an incredible wave of relief after the successful transplant. All the guilt and hurt I had been harbouring from the car accident just kind of went away. I was finally able to feel at ease.

2004 was also the year that I met my wife, Carly. She was, and has always been super supportive of me. Over the years, we've moved around the prairie provinces, and my involvement with SCI Manitoba has come and gone as a result. In 2011, we became a happy family of 3 after the birth of our son, Jared. Currently we live in Saskatchewan where I hold a very fulfilling position with Farm Credit Canada.

Because of the incredible support I received from SCI Manitoba, I was able to go to school. I met my wife on the first job I had as a result of my schooling, and I owe my career to the education SCI Manitoba helped me obtain.

My advice to anyone going through a difficult situation would be to develop a strong support group. Utilize the awesome team at SCI Manitoba and allow them to help you. Your life can and will be great again.

ADVERTISE IN
PARATRACKS

ADVERTISING RATES
for photo ready copy
FULL PAGE: $160
HALF PAGE: $87
QUARTER PAGE: $55
BUSINESS CARD SIZE $33
CLASSIFIED ADS FREE
To place your ad in the next
issue of ParaTracks,
Email: aconley@scimanitoba.ca
or Phone 204-786-4753 ext. 222

Circulation 1000 copies
ParaTracks publishes
three times per year

Wishing you a safe &
peaceful holiday season.

May hope, joy & good
health fill your New Year.

Spinal Cord Injury Manitoba Inc. neither endorses nor guarantees any of the products or services advertised in ParaTracks. Readers are strongly urged to investigate all products and companies thoroughly.

Spinal Cord Injury Manitoba Inc.
Lésions Médullaires Manitoba Inc.
Formerly Canadian Paraplegic Association (Manitoba) Inc.

MEMBERSHIP APPLICATION

YES!

Count me in as a member of Spinal Cord Injury Manitoba Inc. All members receive "ParaTracks" SCI Manitoba's newsletter and voting privileges at the Annual General Meeting.

Members also receive discounts at various health care supply stores:

Stevens Home Health Care Supplies (10% off supplies & equipment), The Access Store (10%), Northland Home Health Care (10% off medical supplies) and Disabled Sailing membership (25%).

PLEASE ENTER MEMBERSHIP FOR:

NAME:
ADDRESS:
CITY: **PROV:**
POSTAL CODE: **PHONE:**
E-MAIL:

(PROVIDING YOUR E-MAIL ADDRESS WILL HELP SAVE ON MAILING COSSTS)

SIGNATURE: **DATE:**

I wish to select the following category of Membership:

- ☐ MEMBER: $15–$24
- ☐ SUPPORTING MEMBER: $25–$99
- ☐ SUSTAINING MEMBER: $100–$249
- ☐ CHARTER MEMBER: $250–$499
- ☐ PATRON MEMBER: $500 AND OVER

All Monies donated remain in Manitoba to support SCI 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 SCI Manitoba functions.

☐ NEW ☐ RENEWAL

Make cheque payable to: Spinal Cord Injury Manitoba Inc.

Mail to: 825 Sherbrook Street, Winnipeg MB R3A 1M5

IMPORTANT!

By signing above, you are consenting to the use of your personal information (name and address only) by SCI Manitoba for the purposes of sending out SCI's newsletters, membership cards and receipts, reminder notices and meeting notices. SCI Manitoba does not sell or trade personal information and does not rent out its mailing lists.

For more information
Phone: 204-786-4753
Fax: 204-786-1140
Toll-free within MB: 1-800-720-4933
Email: info@scimanitoba.ca