

March 2002

Spring Edition

PARATRACKS

Newsletter of the Canadian Paraplegic Association (Manitoba) Inc.



In this issue....

Let's talk about Sex, Baby

Low-Floor Buses

Meet the new MWSA Executive Director

plus 10,000 other amazing words!!



Meet Felicia Johnston

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**paraplegic or tetraplegic*

Hi. I am Felicia Johnston, the new Aboriginal Services Rehabilitation Counselor, and I started at CPA in November. Most people who see me, think I'm Aboriginal, but I'm actually multi-cultural. My lineage is Aboriginal, Scottish and Ukrainian to name a few. I have a Bachelor of Arts degree in Native Studies with a minor in Psychology. I also have a Bachelor of Social Work degree. I plan to pursue a Masters degree in Social Work.

I was born in Dauphin, Manitoba and spent my childhood living in several towns (Thompson, Flin Flon, Creighton) to name only a few. I also spent many years on my Grandparents' farm, north of Dauphin. I lived briefly on the Ochapowace Indian Reserve, now called Ochapowace First Nations, in Saskatchewan. When I was ten years old, my family moved to the "big city" (Winnipeg) for employment purposes.

What has influenced me the most in my life has been the fact that my Aboriginal heritage, to a certain extent, was taken from me. My mother, who is Aboriginal, went to a boarding school. I am the second generation affected by those schools. My mother never has learned her language, so I have never been able to collect on my heritage. If this world were a fair and just place, I would be bilingual and would have been taught through the school system to be proud of my Aboriginal roots. Instead of being proud, I was embarrassed as a child to be part "Indian" or a "half-breed" (Hey, I'm not a cow). The Indian was portrayed in books and in movies as a "savage" who rode around on horses killing white people. They went around howling or going, "awe awe awe awe; awe awe awe awe!" Consider my amazement, when I went to a History of Canada university course, in Brandon, Manitoba, and was taught something entirely different. It was the beginning of my enlightenment, to the causes behind the negative image of



Aboriginal people in Canada, and the causes of many of the social problems that Aboriginal people in Canada face today.

I've spent many years working with Medical Services while I was getting my education. I have experience working with the policies that affect each and every one of us as Aboriginal people. In my experience, there seems to be no real reason behind the policies that have to be followed within a government agency. All I was told as an employee, was that I had to conform to the rules. These policies frustrated me for years, and that's one reason why I went into the field of Social Work; to help people in any way that I can in the area of policy. I am not afraid to ask why policies are the way they are. I may not get answers to my questions, but it doesn't hurt to ask.

The reason I pursued the job I am in today, was because it was a job that offered me the opportunity to work with Aboriginal people. I do not have specific experience in working with disabled people, but now that I have met many of you, I am happy that this job kind of jumped out at me. I am inspired by the courage that I see in the daily battles and successes of living as a disabled person. My hope, in my position at CPA, is to make a positive difference in the lives of the people that I work with. Please do not hesitate to call me for any reason. I look forward to meeting or talking to you all.

My Say

by Ken Davis

When I first took the job editing *Paratracks*, I joked that if you didn't like the magazine, you could always use it to line your bird's cage or cat's litter box. I've recently discovered that most people didn't realize I was joking, and instead of reading it, have been . . . well, you get the picture. So, in an effort to actually get people reading *Paratracks*, we've decided to go in a slightly different direction. Starting with this issue and continuing on with the two issues that follow, we are going to take a look at sex and the disabled. We will be running articles on relationships, sex from a spinal cord injured female's perspective, pregnancy, child rearing, facilitated sex, a spinal cord injured male's perspective, drug induced erections, and many other articles that will hopefully answer questions that people have, and in many ways educate everyone. I think it's only fair to warn people however, that many of the articles will be explicit and may use words that offend people, such as penis, vagina, breasts, orgasm and maybe even Alliance Party of Canada.

Once you've read the three excellent articles on sex in this issue, I ask you not to line the bird's cage yet, but to keep on reading. The reason being that we have several other high quality articles, such as: Geoff Green's piece on technology and how it will change our lives in the future, Don Onofriechuk's Low-Floor Bus article, a remarkable story about how Don Ross overcame the odds by Grant McDonald and many more.

On an entirely new topic, we are proud to have two new advertisers with us, *Discreet Boutique* and *Monique's Health and Beauty*, to join with our regular advertisers that have been extremely supportive in the past couple years. Also, when you use one of our advertisers' services, tell them where you saw the ad, as most businesses like to know their money isn't being wasted.

Finally, coming in the next issue is something that should interest everyone. *The Future is Now* is a contest offering great prizes. Watch for it.

Letters to the editor can be mailed to:

Ken Davis

755 Buckingham Road

Winnipeg MB R3R 1C3

or emailed to Ken Davis at spinaldamage@shaw.ca.

Housing Project

by Virginia Mills

Some of you will recall from a past *Paratracks*, that I had mentioned the problems of housing for Aboriginal people with spinal cord injuries and that something needed to be done. Well, something is finally happening! Through a group effort from CPA, Ten Ten Sinclair Housing Inc. and Aboriginal community representatives, a proposal to explore the feasibility of establishing an emergency transitional housing program in the City of Winnipeg, was submitted to Human Resources Development Canada's *Supporting Communities Partnership Initiative* (SCPI). SCPI's mandate is to address the issues of transitional, emergency shelters and food banks for people who are either homeless or at a high risk of homelessness. Many Aboriginals with spinal cord injuries and other mobility impairments, who do not meet the tenancy requirements of Ten Ten Sinclair Housing Inc., are at a high risk of homelessness for various and complex reasons. It is our long-term vision, therefore, to facilitate the development of transitional emergency housing, with in-house culturally appropriate, structured programs, to assist those individuals to be at a lesser risk of becoming homeless and become more self-sufficient.

The SCPI proposal was recently approved and on February 1, 2002, Gail Finkel, a well-qualified consultant, was hired to complete the feasibility study. Following that, she will write a comprehensive funding proposal to HRDC for the emergency transitional housing facility. Sustainability, for ongoing operational costs, will be a critical piece that the feasibility study will need to address. While this is an ambitious three-month endeavour, something is finally being done and I will keep everyone posted on the progress. If there are any questions, comments, or ideas, please forward them to Audrey McIlraith or myself.

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

Terence Tod
Stuart Corner





Let's Talk About Sex, Baby: Part I

Women and Sexuality after SCI

by Audrey McIlraith

So our Paratracks Editor, Ken, eagerly approached me with this idea – let's dedicate the next few issues of our newsletter to dating and relationships, sexuality, pregnancy, and parenting. "Great idea!," I replied, "Go for it!"

So he did. He solicited some great articles on pregnancy for this issue, but then called me and said, "We seem to be missing a step – we need an article about what happens *before* pregnancy...and I'd like a female's personal perspective for this issue. Who can we ask to write?" "Umm," I paused, "umm," I paused some more and then finally retorted, "I don't know, Ken, but I'll ask around. This isn't going to be easy..."

He then casually suggested, "maybe you can write it – you're a female with SCI, and you're married. So get frisky with your hubby on the weekend and report back on Monday..." I quickly and patiently repeated, "I'll ask around Ken..."

Well, I'm sure you've figured out by now who lost that battle! I did ask around, and asked, and asked, but not surprisingly, there were no takers – no one wanted to write. So I decided that if I wrote, I quite certainly was *not* going to share my 'intimate' experiences, but could share some interesting comments made to me over the years, coupled with various perspectives and information that I've researched on issues related to sexuality and relationships. I must first emphasize, however, that I do not claim to be an expert on the subject, and that what you are about to read is merely a reflection of information that I thought was interesting and relevant. So here goes...

Once upon a time, women with disabilities – particularly those who use wheelchairs – weren't expected to date or have sex or get married. People didn't think of women with disabilities as having sexual needs and desires, or as being sexually active. While that attitude has definitely improved in recent years, there still remain some unfortunate misconceptions about women with disabilities' sexuality, and ability to have meaningful relationships. Too often women with disabilities are made to feel that they should not be interested in sex, or that others will not be interested in them

as a sexual partner. For example, I recall one time, not long after I became disabled, that a male friend I knew from back in high school remarked to me during what he thought was an insightful discussion, "why don't we try going out together...I'm not very good in bed anyway!" I was flabbergasted, and needless to say, MY interest in HIM diminished rather quickly! Kidding aside, his attitude and ignorance about sexuality and disability is not atypical in mainstream society.



Cheryl & Darrell Schindle and Family

In general, romantic opportunities are still much harder for women with disabilities to come by than for non-disabled women, and studies have found that men with disabilities are more likely to marry than their female counterparts. This may be because there may be fewer opportunities for women with disabilities being regarded as attractive and strong, or as able to fulfill a nurturing role. And when a

woman with a disability does find a partner, she's often considered one of the lucky ones. In fact, I recall far too many instances in which others have been surprised to learn that I was married, and then commented that my husband "must be really special." My response? Maybe I must be really special because it ain't always easy for me to deal with his quirks! Yes, I do love my husband - quirks 'n all - but it's always interesting to twist others' perspectives.

Fortunately, women with disabilities (more so younger women) "are saying no...to the societal attitudes and messages that have devalued them and told them they aren't beautiful, that they aren't normal, that they will be lucky if a man loves them, and that they shouldn't have babies." I believe that when a woman becomes spinal cord injured, she not only needs to ignore society's negative messages about what constitutes beauty, health, and normality, but she absolutely needs to learn to accept and love herself as she is, in order to feel good about her sexuality. I realize that for some, this is easier said than done.

So how does one come to a place of healing and acceptance of self after SCI? According to one woman quoted in New Mobility magazine, "If we can figure out how to take control of our lives, then a woman's attitude about herself and her disability can change." Another woman talks



about feeling disconnected from her body in reaction to years of surgeries and rehabilitation, but through the process of recovering from her accident, recognized that she needed to reintegrate who she was and accept her body instead of separating physical body from mind. In other words, she saw no need to hide disability, but accepted it and integrated it into her whole being. I believe this is similar to my experience, which was boosted through peer support. Being around others with SCI who were self-confident and didn't attempt to hide their disability, who dated, had relationships, or were married helped renew a sense of hope for myself. I started feeling better about myself, accepted my disability, and then recognized that I, like any other woman, had a right to express my sexuality.

What about sexual activity? Since a SCI affects virtually every system of the body, many people with SCI have serious concerns about how their injury affects their ability to participate in and enjoy a sexual relationship. Sexual function is controlled by parts of the central nervous system (CNS), particularly the brain and spinal cord. Interruption to the CNS through injury to the spinal cord will, therefore, have some effect on sexual function. With this in mind, there are two messages I wish to convey:

- First, life does not end if there is a change in sexual patterns after SCI. As a matter of fact, life is not all about sex (I can just hear the sarcastic remarks now.) What is most important is how one feels about oneself and the relationship with a partner, regardless of whether this relationship is sexual in nature or not. A nurturing relationship can take many forms, so whatever seems satisfying and pleasurable to a couple is acceptable as long as they mutually agree.

- Second, sexual activity is a healthy, normal, and gratifying aspect of life and relationships, both before and after injury, and sexual feelings and responses are normal, healthy aspects of one's self and one's body. Sex is a very personal thing and there are no rules or magic formulas – whether you're disabled or not! After SCI, however, you have to learn and understand what your body can do and how your body can respond, and you need an open mind to learn what works for you and your partner. For some people, sex after SCI has become more visual, and touch, whether hands or tongue, is all part of relearning what makes them happy. Sharing honestly with a partner is important - tell your partner the parts of your body that are still sensitive and tell each other what is pleasing. If you are with an understanding partner he will help you explore your own

body to find out what you both enjoy.

Just for the record, most women with SCI *can* achieve orgasm. Only those women with low level, complete paraplegia who do not have any sensory, motor or reflex function in their lower sacral nerve roots seem to be neurologically unable to achieve orgasm. According to Dr. Marca L. Sipski, the neurologic pathway that allows orgasm in women with SCI is uncertain, but she believes, based on research, that orgasm is a reflex response of the autonomic nervous system and may not require a connection with the brain. Her research demonstrated that women with SCI who achieved orgasm, did so about 50% of the time, and in about twice the amount of time as non-disabled women, using genital stimulation for both groups. The descriptions about how the orgasms felt were similar in both groups, as were heart rates, blood pressure and breathing responses. Consequently, Dr. Sipski suggests that women with SCI who want to achieve orgasm should be patient, since it might take twice as long to achieve as compared to before SCI. She says you need to learn what works for you, to be comfortable experimenting, and to have your partner work with you - to know that you want to have orgasms, and what type of stimulation you like. She also mentions reasons for inability to achieve orgasm that goes beyond SCI. These include medications that impair function, depression, inability to relax, partner issues, or thinking too much about trying to have an orgasm, how you look, or whether you will have a bladder accident rather than simply enjoying your sexual activity.

In summary, it's important to try not to take sex too seriously, but to have fun, experiment and enjoy it. You have a right to express your sexuality, and you have a right to access information that helps you and your partner to understand options and alternatives in sexual activity. This information may come from a health care professional, from books, articles, or videos (don't forget the CPA library), and even from reputable and reliable internet sources.

So there you have it – now what are you waiting for?

References:

- CPA rehabilitation staff
- *FORWARD, Spinal Injuries Association, Issue No 454, October 2001*
- *New Mobility, March 2001 (The Women's Issue: Reclaiming Our Bodies)*
- *"Opening Doors to Quality Health Care – A Guide for Women with Spinal Cord Injuries Knowing the Issues – Knowing Your Rights" – brochure is available at CPA*
- *Spinal Cord Injury Information Network (website)*

Pregnancy in Women with Spinal Cord Injury

by Dr. Karen Ethans

Really? Is it possible? Of course it is. But it's amazing how many people, even those in the medical field, don't know that. Since fertility in women is based on hormonal balances rather than on needing certain neurological inputs, fertility is completely normal after SCI. However, there are a few issues that a woman who endures a SCI should know about pregnancy:

Fertility

1) First of all, many women experience a delay in return of their menstrual cycle after a SCI, for up to 6-12 months. This is normal, and it should return to a regular cycle within a year or a bit later.

During Pregnancy

1) *DVT* – Women with SCI are at higher risk of getting clots in the veins of their legs, called “DVT” or deep vein thrombosis. Pregnancy makes that risk even higher. Therefore it's important to keep the legs moving, whether that means the woman doing that herself, or someone doing it for her. Also, pressure stockings should help reduce the risk. Leg swelling or “edema,” is also more common, both in SCI and in pregnancy, so putting the legs up when possible and wearing the stockings can help.

2) *Bladder infections and incontinence* – Women with SCI often have a neurogenic bladder, and as the baby increases in size, it can push on the bladder, causing accidents (incontinence). As the end of pregnancy draws nearer, many women find they need to catheterize more often to prevent incontinence, or even rarely use a Foley catheter for a few weeks. Also, urine infections may be more common, and it's important to get these treated, as infected urine is more likely go backwards to infect the kidneys, when there is pressure on the bladder from the baby.

3) *Autonomic Dysreflexia (AD)* – This can occur in people with SCI with lesions at T6 or higher. It is caused by any noxious stimulus below the injury, and can result in severely high blood pressure, headaches, or even coma, stroke, or death. A woman with a SCI at or above T6 needs to make her obstetrician aware of what AD is, and even how to treat it.

4) *Mobility problems* – As a woman gets further along

in pregnancy, it gets harder to move around. Some women with low or incomplete injuries, who are able to walk before pregnancy, find they need to use a wheelchair in the last term of pregnancy as their balance becomes poor. Those that could dress, transfer, and do other things independently often find they need more help as they get larger. Therefore, planning for these issues is useful with such things as increasing home care, or family help in the third trimester.

During Labor and Delivery

1) *Lack of awareness of the onset of labor* – Signs of labor are not always recognized in females with SCI. Contractions may not be felt, or they may just be felt as a dull ache. When the water breaks, it may be mistaken for urinary incontinence or vice-versa. A headache from autonomic dysreflexia or increased spasticity may be the only signs of the onset of labor. The woman and/or her caregivers should be taught how to feel the abdomen to feel for contractions of labor.

2) *Autonomic Dysreflexia (AD)* – Once again, it is important to stress that AD is extremely common and can be very dangerous in labor and delivery. Those women at risk (injuries at T6 or above) should consider an epidural to help avoid this. Induction of labor is possible, but should only be done if those with lesions T6 or above get an epidural first.

3) *Vaginal delivery* – There is no good reason why a woman with SCI should need a Caesarean section any more than someone else. The only reasons not to have a vaginal birth, include the normal obstetrical indications, and if AD is uncontrolled despite medications. With vaginal birth, those that cannot push may need help getting the baby out with forceps or a vacuum device.

Post Delivery

1) *Breastfeeding* – Women with SCI can breast-feed, even tetraplegics, with or without different aids. The Occupational Therapy department can be helpful to design pillows or other devices to help with this. The soreness of the nipples from breast-feeding can also trigger AD. Preventing chaffing can be helped by using Lanolin on the nipples. If this becomes a problem every time the baby feeds,



medications for AD or a rest from breast-feeding may be needed, and breast milk can be obtained by using a pump. Occasionally women with SCI do not experience the “let-down” response with breast-feeding and nasal spray with oxytocin may be needed.

2) **Perineal pain/breakdown** – After an episiotomy or tear, the increased pressure on the area from sitting in a wheelchair can lead to increased risk of breakdown. The area should be inspected frequently, and if it starts to break down, the woman needs to get off of it as much as possible. This perineal breakdown may also be a trigger for AD.

3) **Baby handling** – This may be difficult, especially for women with tetraplegia. Occupational Therapy and Rehab Engineering can be very helpful by supplying equipment, modifying cribs, change tables, strollers, and suggesting positions and other ways to handle the baby.

Certainly this list of problems that can arise in pregnancy after SCI is not comprehensive. A woman who has a SCI and becomes pregnant should have access to input from various team members – a knowledgeable obstetrician who has experience with SCI or is willing to learn, and a physiatrist and nurse who have experience with SCI. Other team members should include Occupational Therapy and Rehab Engineering for adaptations, obstetrical and lactation nurses, anesthesia if the lesion is at or above T6, and any others that need to be involved. However, pregnancy and having a baby is one of life’s most wonderful events, and health care professionals should be trying not to interfere too much, in order to make this event as natural as possible for the woman and her family.

A fairly good resource on the internet for this topic is:

www.spinalcord-injury.com/newpregpage.html



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'Keep the Romance Alive'

Mark Wherrett Moving On



It is with fond memories and great appreciation for his many years of service that we announce the official departure of Mark Wherrett from CPA Manitoba. After more than 16 years as a Rehabilitation Counsellor, Mark took a leave of absence to explore other opportunities, and we are happy to report – though not at all surprised to learn - that he has carved out a successful new career, based in his home town of Dryden, Ontario.

Fortunately, Mark has not severed all ties to Winnipeg, as he remains involved with the Manitoba Wheelchair Sports Association. Recently, Mark stopped by the CPA office and shared some stories of his travels, down the back roads of Manitoba and Northwestern Ontario. It was clearly evident how he enjoyed meeting and working with clients during his years with CPA, and make no mistake - Mark spent a great deal of his time on the road visiting clients. From the most remote locations in the North, to the isolated, almost forgotten farmhouses in the South, it is unlikely that any other CPA counsellor in Canada could cover such an expansive territory.

Congratulations Mark, and all the best in your new career!

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1-800-720-4933

Visit our website: www.canparaplegic.org





A Pregnancy Diary

by Monica Desjarlais

Perhaps one of the defining moments of my pregnancy came at the Christmas party, when I heard my husband's voice come sailing out over excited chatter, "*Can you BELIEVE that Monica has put on 35 pounds?*" As I was just about to pop another cheese ball into my mouth, all heads turned my way to check the reaction...I'm sure I turned as scarlet as Santa's suit! He meant no harm; it's just that we're both new at this expecting a baby thing, and he thinks the 35 pounds is in all the *right* places anyway!

We are riding it out, as do all expectant parents, with all the little ups and downs associated with pregnancy. Being a L3 Incomplete Paraplegic, with a spinal fusion from L2-L4, there seems to be a little more to this pregnancy than hormone changes, appetite cravings, and wardrobe replacement. As we reach the end stages (month 8 already!), there are more considerations and accommodations than ever that need to be made. There were a few emotional moments, as I pulled out my canes again (after being mobility-aid free for 8 years,) replaced the existing shower stool with a "sturdier" version, reduced my workload and suffered through days of bed rest over the holidays. It sure is tough becoming more and more dependent on my spouse and family supports again, after so many years of hard work to regain and maintain my independence. Sometimes it feels as though the years of experience battling and eventually learning to manage fatigue, attitudinal barriers and pain as best I could, just aren't helpful anymore. A strange and eerie feeling of regression and backtracking to earlier days of rehab captures me from time to time. This pregnancy experience is a whole new ball game, and I'm smack dab in the middle of it...without a coach!

We live in The Pas, with a much reduced access to specialty health care services. On the first visit to my family doctor, he confirmed the exciting news that we were going to have a BABY! It wasn't long, however, before that excitement turned to nervous energy about the impending 9 months. Not only did my husband and I have a lot of questions relating to being a pregnant, Incomplete Paraplegic, so did the doctor! Of special interest and concern, I've

identified the following issues that appeared to be paramount in everyone's minds:

- 1) **Carrying the baby** – Will it become too tiring and painful on the weight-bearing vertebrae in my lower back to endure 9 months? Will I end up on bed rest or using a wheelchair?
- 2) **The spinal fusion** – Is it stable enough to hold out for 9 months of wear and tear during the pregnancy, or is there a great risk to the fusion?
- 3) **Paralysis** – Are there any risks that I could become "more paralyzed"?
- 4) **Medications for pain control** – How will I manage neurogenic pain associated with my SCI during the pregnancy?
- 5) **Bladder concerns** – Will urinary tract infection and incontinence become an issue?
- 6) **Labour and delivery** – Should an elective cesarean section be performed or do we try for a vaginal delivery? In the event of a vaginal delivery, will reduced strength from my injury create complications?
- 7) **Anesthesia** – Can an L3 Incomplete Paraplegic with a spinal fusion have an epidural? In the event of a cesarean section, can a local anesthetic be used or will general anesthetic be used?



In my attempts to have these questions answered, I'm sure I saw every available doctor in our small community. My family doctor referred me to the obstetrician (one of the few specialty services we have available to us) who immediately began discussing a cesarean section with us. The issue of 'c-section' versus vaginal delivery appears to be the biggest debate in terms of how to get the best chance of a positive outcome for both the baby and me. Initially, I was completely convinced that I would have to have this major surgery and was getting very nervous about the recovery time, nursing after a 'c-section,' emptying my bladder after abdominal surgery AND coping with a newborn. However, a few short months later and a few more medical consultations, and a vaginal delivery is considered.

An earlier MRI (I had one just a few short

months before becoming pregnant) allowed for a consultation with an orthopedic surgeon, who from a bone specialist perspective, reported that the fusion was solid and stable. He noted that 'yes,' I would be putting his handiwork to the test with this pregnancy, but there was no reason to think it would be adversely affected. He also didn't feel that becoming "more paralyzed" was an issue. That was good news!

Next came a consultation from an obstetrician in Winnipeg, who has loads of experience delivering babies for women with spinal cord injuries. After an hour on the telephone reviewing all the options for labour and delivery, he was confident that I would be a good candidate for vaginal delivery (well, as good as other non-injured women would be...we never know with these babies...sometimes they just won't come that way!). He noted that if my injury were a lot higher (in the cervical region) and my lower extremity impairment more severe, there would have been cause for more concern and different considerations and choices would likely be made. He was concerned about the bladder issues, given that labour and delivery pose threat to able-bodied women's bladders and suggested that perhaps a Foley catheter be used near the end of the pregnancy. The bladder issue will be monitored closely throughout the end stages of my pregnancy. I also found out that antibiotics during pregnancy for UTI are safe and that if I had a neurogenic pain flare-up, I could take the odd analgesic, under the direction of my doctor. Taking as little medication as possible during pregnancy is recommended.

A third consultation with a midwife, who had experience delivering babies for moms with disabilities, confirmed for the doctor here in The Pas that I should be entitled to a trial of labour before a 'c-section' is performed. That was good enough for me. I've decided to give the natural birth a go, and if it doesn't work out – then I can have a 'c-section.' It sounds like the route most women take, doesn't it? Maybe I'm not so different after all!

I thought I couldn't possibly be seen by any more practitioners until I received word that my because of my insistence on having a birthing plan in place at the hospital where I'll be delivering, I will be having one last consultation with the anesthetist. He says that in the event of a 'c-section,' I'll have to have general anesthetic and be completely asleep

for the actual birth, as a spinal anesthetic is not possible given the level of my injury. Although a 'c-section' is always

a possibility with any pregnancy, we hope we won't have to go this route to end up with the same great result – a new healthy baby! The birth plan is complete. All we have to do now is wait until you-know-who tells us s/he is ready to experience the outside world! So, between doctor's appointments, ultrasounds (my favorite part...it's so cool!) pre-natal classes, and putting together furniture for the nursery...I've got one exhausted husband on my hands...not to mention me! From what experienced parents tell us, the REAL work hasn't even begun!

I hope that my sharing my pregnancy diary with you, will have helped answer some questions that other Incomplete SCI women may have when thinking about starting a family. The more you know, the less overwhelming things seem, and the more you know, the more you want to keep learning. If you're pregnant, or are thinking about becoming pregnant, don't be afraid to be assertive with your quest for information and assistance in

generating a list of ALL the options for women with SCI and optimum health during pregnancy, labour and delivery, nursing and infant care. We know every SCI is different and we can't make informed decisions about our health without doing the research, asking the right questions and taking a good look at the information available to us. What better time to make your health a priority, than when you're sharing it with someone else?

Having a spinal cord injury doesn't mean that pregnancy and delivering a healthy baby (either way) isn't possible for you. Having an SCI and pregnancy does, however, require special considerations and care. Don't feel you have to take this roller coaster trip alone. Discuss all your fears, concerns, excitement and joy (there's LOTS of this too!) with your partner, practitioner, friend, CPA Counselor, or a CPA Peer Support Person who has also faced the challenges of SCI and pregnancy.

So, any day within two weeks of March 13th will be the big day for my little family...wish us luck! Until then, I'll continue to tote around my extra weight proudly and will skillfully avoid being seen popping any more cheese balls into my mouth!

Thanks for reading!



Kris and Monica

Manitoba Wheelchair Sport Association

2002 Upcoming Events



<u>Location</u>	<u>Event</u>	<u>Date</u>
ATHLETICS		
Winnipeg, Manitoba	Cargill Indoor Games	February 2nd & 9th
Winnipeg, Manitoba	Boeing Indoor Games	February 28th – March 1st
Windsor, Ontario	Windsor Classic Indoor Games	March 22nd – 24th
Atlanta, Georgia	National Team Training Camp	April 1st – 10th
Orlando, Florida	International Track Challenge	April 29th – May 5th
Sherbrooke, Quebec	IPC World Trials	May/June
Winnipeg, Manitoba	Manitoba Marathon	June 16 th
Toronto, Ontario	Metro Challenge	July 7 th – 12 th
St. Ives, France	World Championships	August
WHEELCHAIR RUGBY		
Montreal, Quebec	Invitational Wheelchair Rugby Tournament	February 8 th - 10 th
Saskatoon, Sask	Wheelchair Rugby Developmental Clinic	February 15 th – 17 th
Vancouver, BC	Vancouver Invitational	April 5 th – 7 th
London, Ontario	CDN Wheelchair Rugby National Championships	May 3 rd – 5 th
TENNIS		
Abbotsford, BC	Abbotsford Indoor Open	February 22 nd 24 th
Montreal, QU	Defi Sportif	April 26 th 28 th
Stoney Creek, ON	Canadian Open	June 20 th – 23 rd
Vancouver, BC	B.C. Open	July 19 th – 21 st
SHOOTING		
Winnipeg, MB	Polar Bear Shooting Championships	January 18 th – 20 th
Toronto, ON	2002 Crosman Air Gun Grand Prix	February 15 th – 17 th
BASKETBALL		
Lorette, MB	CDN Wheelchair Basketball League Tournament	January 5 th
Burlington, ON	Burlington Viper Cup	March 1 st – 3 rd
Vancouver, BC	CDN Wheelchair Basketball Junior Nationals	March 29 th – 31 st
Winnipeg, MB	CDN Wheelchair Basketball League Finals	April 19 th – 22 nd
Montreal, QU	CDN Wheelchair Basketball Nationals	May 17 th - 19 th
RACQUETBALL		
Vancouver, BC	Canadian Racquetball Nationals	May 20 th - 25 th



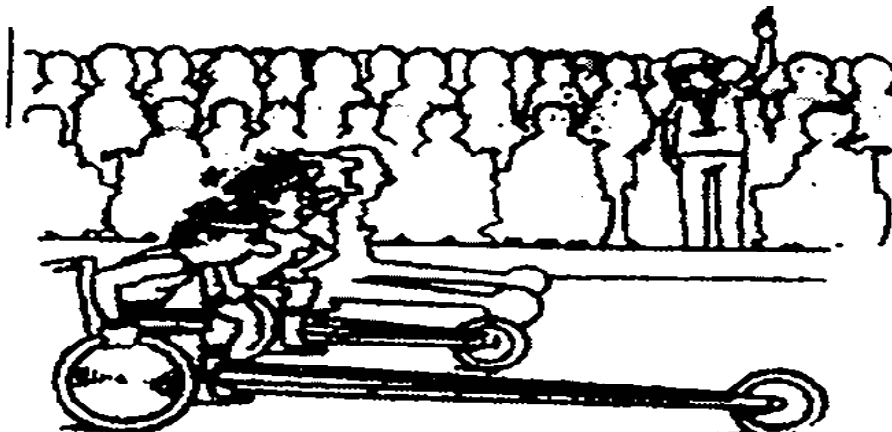
Meet Tricia Klassen

I am pleased to introduce the new Executive Director of the Manitoba Wheelchair Sports Association, Ms. Tricia Klassen.

To those who have had even the slightest involvement with wheelchair sports in the last twelve years, Tricia is no stranger. Shortly after receiving a Bachelor of Recreation Studies (BRS) degree from the University of Manitoba in 1990, Tricia was offered and accepted the position of Technical Director with MWSA, which she held for eleven years (1990 – 2001). Throughout those years, Tricia was also a regular aerobics instructor at several local fitness centres.

Last year, Tricia spent ten months (Feb – Nov 2001) in the Cayman Islands working for Fitness Connection as an Adult Fitness Coordinator / Personal Trainer.

On behalf of our clients, members, volunteers and the rest of the staff at CPA, I would like to congratulate Tricia, and wish her every success in her new role with MWSA.



"NO FAIR! HE'S A LOT CLOSER TO THE FINISH LINE THAN THE REST OF US!"

Field of Dreams Foundation Supports Junior Wheelchair Athlete

Manitoba Wheelchair Sports Association would like to thank the Winnipeg Goldeyes Field of Dreams Foundation for generously supporting our Junior Wheelchair Basketball Program. Thanks to their gift, junior wheelchair athlete Casey Mennell will receive a new sports wheelchair for basketball.

Casey Mennell is a 14-year old student at Grant Park High School, and he is a key member of the junior basketball squad. During his three years with the team, Casey has shown a great deal of improvement and is quickly developing into a promising young athlete.

Despite being the youngest player at both the 2000 and 2001 Canadian Wheelchair Basketball Junior National Championships, Casey was instrumental in helping Team Manitoba bring home the bronze medal each year. However, this year, Casey is looking forward to helping Manitoba capture gold at the championships being held in Vancouver, BC from March 29th – 31st, 2002.

"Casey has the potential to become one of our future wheelchair basketball stars", says coach Bill Johnson, who recently selected Casey as a member of Team Manitoba, which will compete at the 2003 Canada Games being held in Bathurst-Campbellton, New Brunswick from February 22nd to March 8th.

Since its inception in 1995, the Field of Dreams Foundation has raised almost \$300,000.00 for children's charities in Manitoba. Funds are raised during the Goldeyes' season through a number of sources, including the annual golf tournament, pre-season fund-raising dinner, memorabilia

auctions, fan donations, speed pitch booth proceeds, the sale of 50/50 tickets at all home games, and massages and haircuts at the ballpark.

Thank you Winnipeg Goldeyes and the Field of Dreams Foundation for helping Manitoba's developing wheelchair athletes reach for their own dreams.

Manitoba Paraplegia Foundation (MPF) News

MPF funds go to work in four main areas: special projects, product testing, research and direct aid to persons with SCI. 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 few months. Some of the highlights follow.

In September 2001, MPF sponsored 70% of the cost for an Occupational Therapist who works in the Spinal Cord Injury Unit and Seating Clinic at the Rehabilitation Hospital of the Health Sciences Centre, to attend a Seating and Mobility Conference in Toronto. The therapist reported that she attended workshops specifically related to spinal cord injuries and seating, especially mattresses and specific seating issues. She added that she values the partnership the SCI Unit has with CPA, and that she frequently consults with CPA staff and she believes that our clients benefit from this collaborative support.

In October 2001, MPF cost-shared with Social Assistance to purchase a bed for a newly injured individual

who was ineligible for a hospital bed from Home Care.

In November 2001, MPF purchased an Access Guide to support a CPA member and volunteer who actively advocates for accessibility in his rural community. The Access Guide provides the latest information on Manitoba's Building Code and is an excellent resource for architects and builders.

In December 2001, MPF provided funding for a client with an incomplete SCI to obtain railings for the front steps of her home. Without these railings, the woman required assistance to come and go from her house – now she can independently access her home.

In January 2002, MPF provided a small grant to the SCI Unit at Rehabilitation Hospital of the Health Sciences Centre for the purchase of educational materials for persons with SCI. The booklets, developed through the Paralyzed Veterans of America, provide excellent information about dealing with autonomic dysreflexia and bowel management. They will be used as a supplement to existing information on these topics. The booklets will be provided to select persons who would benefit most.

MPF Trustees:

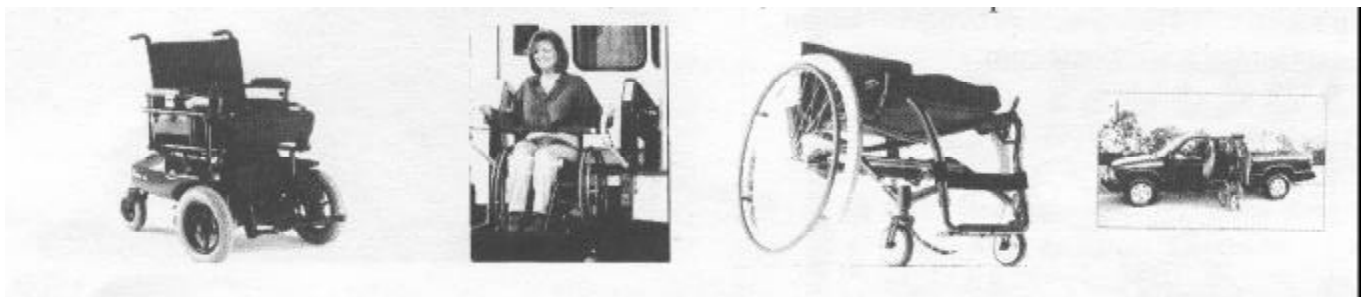
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A MEDICAL ODYSSEY

by Grant McDonald

On January 31, 2000, Don Ross decided to dust the snow off the walk before his dinner guests arrived. As he worked, he felt a pain in his chest; however, he felt that it could wait until after dinner. During the meal, a guest convinced him to seek medical attention and drove him to the Grace Hospital. Thus began Don's and his wife, Jean's, medical odyssey.

Don, age 79 at the time, and his wife, Jean, had always been an active couple. They had hiked throughout North America, Europe and Asia. Avid downhill skiers, they also enjoyed canoeing, tennis, golf and other outdoor pastimes. However, the next two years would see them embark on a totally different type of journey.

Don's hospital visit was unproductive. Tests showed his heart to be functioning just fine, but the pain persisted. Subsequent hospital visits and a trip to his family doctor also proved fruitless. Finally, in March, a rheumatologist was consulted and a bone scan ordered. After the scan, Don found his condition quickly worsening. That same day, his legs weakened noticeably and during the evening, he lost his ability to stand.

It was back to the Grace Hospital for a myelogram, which revealed a spinal tumour. Cancer was suspected and surgery was ordered for the next day at the Health Sciences Centre. After the surgery, tests proved the tumour to be noncancerous; however, an infection required eight weeks of treatment. Don was subsequently transferred to the Post Acute Neurosurgical Unit at the Seven Oaks Hospital to continue his recovery. Don was now a paraplegic!

Jean was at Don's side every step of the way. Never a bystander, Jean was attempting to glean all the information she could from family friends. Isabel Auld, a family friend, helped guide Jean through the medical maze and Jean refers to Dr. Lionel Israels of the Cancer Care Clinic as a "godsend." Hospital staff throughout their ordeal were supportive and delivered excellent care.

At Seven Oaks, Don's recovery progressed slowly. Consideration was given to placing Don in a personal care home. Jean would have none of it. Then, in late June, Art Braid, a C.P.A. Board member, visited Don. Art and Don had become friends while serving on a church board. Art suggested that Don should seek an opinion from Dr. Karen Ethans, head of the Spinal Cord Unit at the Rehabilitation Hospital.

On July 13, 2000, Don transferred to the Rehabilitation Hospital and physiotherapy commenced under the guidance of therapists Rudy Niebuhr and Fedra Salias. Initially, Don was transferred using a hoist but quickly progressed to a

sliding board and learned to transfer to the family car. Physiotherapy sessions lasted three hours daily and, at first, were draining. Don persisted and found himself strengthening. Jean became Don's cheerleader and wrote prophetically on August 9, 2000, "Don will walk again!". On August 12, Don consciously moved his legs for the first time since surgery. To celebrate, Don and Jean toasted the occasion with goblets of apple juice! A week later, Don was assisted to a standing position between parallel bars and was standing within two weeks.



Meanwhile, Jean was manning the home front as well as visiting Don daily. Their house was sold and a condo and wheelchair purchased. A porch lift was installed and accessibility modifications were made. Jean was making the home that she believed Don would return to.

Don continued to progress rapidly. Within two months, he was walking between the parallel bars without assistance and soon began using a walker. A month later, he managed 153 steps in a walker with minimal help from his physiotherapist. In December, Don climbed up and down stairs. Hospital discharge was being planned and Don spent Christmas at home. Finally, January 19, 2001, Don went home permanently while continuing his rehabilitation as an outpatient at the Rehabilitation Hospital. Nine months later, Don ended all hospital treatment.

Today, Don walks with a single cane and drives without hand controls. To improve and maintain his physical functioning, Don works out regularly at the Kinsman Refit Centre, walking about a half-mile each visit.

Don and Jean went through a life-changing experience. Don showed immense courage and determination while Jean provided the support and encouragement essential to his success. Both Jean and Don give great credit to those that gave them such great support – their friends and family as well as all hospital staff. Of particular note are Dr. Lionel Israels, oncologist at the Cancer Care Unit at the Health Sciences Centre, physiotherapists Rudy Niebuhr and Fedra Salias of the Rehabilitation Centre and Dr. Karen Ethans of the Spinal Cord Unit.

Jean feels that she and Don have been blessed by three miracles – the first being Don's diagnosis of a noncancerous tumour, the second being Art Braid's timely intervention and the third being Don moving his legs for the first time. However, the larger miracle may be that Don and Jean had each other in their individual time of need.



Geoff's Gigabytes

by Geoff Green

Everyone is familiar with sci-fi movies, whether it is *Star Wars*, *2001: A Space Odyssey*, or something done more recently. The one thing they all have in common is great futuristic gadgets. Guess what? Some of them are almost here. So let's fast-forward five or ten years, and take a look how computer technology and the magic of science will be woven into your everyday life.

- Your refrigerator will know when you're running low on milk and remind your hand-held device so that you can pick up a quart on the way home. While at the grocery store, you'll pick up the milk, toss it in a bag, and leave; a radio-frequency tag on the item will charge your account automatically.

- Your car dealer will detect car problems remotely and correct them by downloading software repairs directly to your car over an Internet connection. A portable, miniaturized storage device will store all the information in a data base.

- You'll interact with appliances via speech recognition that will understand requests in context—not just type for you—and digital assistants will give you thoughtful advice. Computers and digital phones will have global positioning capabilities, so you can get information on products as you browse through stores.

- Is that a TV or a computer you're looking at? In 2010, they're one and the same. Flat-panel monitors are in most

rooms of the house, all connected to the Internet and to an "information furnace" that controls heat, lights, audio and video. TV-quality video conferencing will let you work from home and allow the grandparents, two time zones away, to see the kids.

- While you are at home, security and safety issues would be enhanced using cameras outside, that tell you when visitors are at the door, and sensors will warn you if the kids stray near the poison ivy. Inside, all this information travels across existing phone lines or AC wires or via radio frequency. Your input? A keyboard, if you wish, but voice commands work well too.

- If you are going on a trip, car PCs provide door-to-door driving instructions, route you around accident sites, and find restaurants and book hotels on vacations. Flat panels in the back seats keep the kids occupied with video games, TV shows and interactive geography lessons.

- Simplifying the personal computer is also a high priority. Researchers are now working on an interface that will recognize users visually and present customized interfaces. Using that customized interface, your computer would perform functions only for you, allowing for better security and privacy.

The future will provide many changes in technology and this was just a sampling of some products and how they may impact the way our society functions. Think of the freedom for all disabled individuals.

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My Experience With 'Easy Access' Buses

by Don Onofriechuk

Several years ago when I first heard about all the money that Winnipeg was spending on low floor buses, I must admit, I was one of the skeptics. “Why not put the money into Handi Transit?” “What wheelchair user in his right mind would use a low floor bus when the snow is flying in ‘Winterpeg’?” But now, I must humbly admit, I was wrong. Low floor (Easy Access) buses are proving to be a convenient and practical means of transportation for wheelchair users, such as myself.

One of the greatest benefits of using low floor buses is the integrated service. I’ve always been a strong promoter of integrating persons with disabilities into the mainstream of society. So what does that mean in terms of service? I can now ride a bus with regular working stiff, grandmothers, spiked hair punkers, mothers pushing carriages with howling babies and everyone else who makes up the social fabric of our fine city. And I will never appreciate this more than when I’m together with a few able bodied friends who are Transit Tom regulars and want me to go somewhere with them on the spur of a moment!

I’ve been a regular Easy Access bus user for a few years now, but I also have the advantage of living downtown, where almost every major bus route crosses. Also, I’m a power wheelchair user, and for a lazy person such as myself, that means no hand wheeling long distances to bus stops! But in spite of my advantages, I believe that using an Easy Access bus can be viable in many instances for almost any wheelchair user.

One of the key elements is getting to know which routes and scheduled runs use Easy Access buses, because not all routes yet do, but the number of low floors is steadily increasing as the city continues adding new buses to its fleet. Also, Winnipeg Transit now uses Easy Access buses consistently on certain routes, and for the routes and run schedules, there is a ton of information. If you’re an Internet user, check out www.winnipegtransit.com. It’s an outstanding site with detailed maps, time schedules, and the runs that are accessible are identified with the familiar “access for disabled persons” symbol. All published schedules, as well as the ones posted at the bus stops, identify the stop times for both Easy Access and regular buses. All of this does involve a fair learning curve for the novice user.

So how practical is it to use an Easy Access bus? Last Saturday my friend and I decided to go see a movie at St. Vital Centre. It was too late to book Handi transit (even if the trip could be scheduled) and getting a wheelchair taxi on a Saturday night could take an hour or more. So I checked the bus schedule, estimated when the Route 55 bus would be at the nearest bus stop, and proceeded to the bus shelter



about two blocks from my place. Even though it was -20 outside, the bus shelter was heated and the snow was cleared around the bus stop. Within a few minutes, we were on the bus and in half an hour, we were at St. Vital Centre. Returning home, we didn’t have to worry about how late it was, because Easy Access buses on this route are scheduled well into the a.m..

What can be problematic? The clamp doesn’t always work every time and for some wheelchairs, it doesn’t work at all. In that case, it’s necessary to tie down your wheels with straps. If you have a lot of snow and muck on your wheels, you can bet the bus driver won’t be too happy about having to do it! However, it’s absolutely essential to have your wheelchair secured. In my case, my wheelchair is the older model with the large wheels and the clamp works for me most of the time.

Another problem is maneuverability. It’s difficult to turn around inside the bus in order to position the rear wheels into the clamp, especially if there are people sitting across from your space. In addition, many of the buses now have a pole installed in the way of the right wheelchair space area, so that standing passengers can secure themselves. But it does create a real problem for wheelchairs, especially if you’re trying to turn around. With the tight schedules, you don’t want to hold up the bus for a lot of time. I deal with this problem by backing onto the bus right from the outside, but it does take some very careful maneuvering to get into either of the two wheelchair spots.

How about receiving assistance from the bus driver? My experience has been that almost all drivers are very courteous and more than willing to assist you when asked to do so. But,



on rare occasions, I do encounter a bus driver who needs an attitude adjustment. A while back, I had a driver who told me “you really should have an attendant with you to assist you” when he grudgingly tilted up the seats at my request so I could park and secure my chair. I really didn’t need to hear that! Another driver refused to accept my fare when I offered to pass it to him. Due to my limited reach, I couldn’t drop it into the fare receptacle. After a few tense moments, he held a piece of cardboard in front of me and told me to drop the money on it. He then dropped the fare into the receptacle with the cardboard. Because the bus was crowded and people were boarding, I bit my tongue. But, just my luck, I got the same driver a few days later, and he proceeded to do the same thing. I couldn’t take it anymore, and so with all the restraint I could muster, I asked him if he thought I had some kind of communicable disease? He nervously replied, ‘that his union had instructed all drivers not to handle any passenger money, under any circumstances!’

Another problem can be passengers who don’t want to give up their seats at the front at the bus. One time as I was getting onto the bus, the driver asked a little gray-haired lady if she could move to another seat to accommodate my wheelchair. She gave the driver a chilly stare that could have scared the devil himself! She wasn’t going to budge from her seat, for any amount of money. The driver looked at me and said, “Maybe we better use the other side.” Without the slightest hesitation, I agreed!

I do agree that Easy Access buses aren’t for everyone, and for those who need door-to-door transportation and don’t mind advance bookings, Handi transit is hard to beat. So, is converting the city’s fleet to low floor buses worth the money? For those of us who value integrated services, and enjoy the luxury of ‘spur-of-the-moment’ decisions, you bet it is!

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Axle Grease

The only thing missing from the Olympics this year is WWF wrestling. At least we know that's fixed beforehand....“Aidan Assist” is the name of the power-wheelchair-using, chainsaw-swinging newest “Highway Heroes” character from Fisher-Price. They designed it in conjunction with a disability toy advocate team at the National Lekotek Centre. It is being billed as the only “differently-abled” action figure on the market....For the not so testosterone driven child, there is still the wheelchair using “Share a Smile Becky” available in most fine toy stores....I can proudly say that after four months with my new blow dart gun, there are only half-a-dozen holes in the wall, and they were all put there by my wife!....What’s with the free transit that is supposed to replace the skywalk system? Is the City going to provide the service or not?....The marijuana being grown in the Flin Flon mine is almost ready. I’m hoping my round bale will show up any day now....After reading a British disability magazine, I realized that disabled people all over the world are angry about the abuse of wheelchair parking spots....After watching the five part series, *Quest for the Bay*, it dawned on me that I hadn’t heard whining like that since the batteries on my nephew’s Rock-n-Roll Elmo went kaput....You can get a great little handbook on crime prevention for the disabled, simply by calling 613-563-2581. It was created by CAILC (Canadian Association of Independent Living Centres)....According to stats released by the Worker’s Compensation Board in 1997, “Persons with disabilities represented a 2.27% participation rate in Canada’s labour force, a decline from previous years.” No matter how you twist that number, it is disturbingly low....*The Onion*, a satirical online magazine, recently released their list of “Rejected Euphemisms for the Disabled.” A few of my favourites are ‘The conveniently parked,’ ‘The pleasant to be around,’ ‘Pinnacles of human perfection’ and my fave, ‘Prey.’.... Can anyone explain why the disability symbol has been taken out of the theater section of the Winnipeg Sun? Is every theater accessible now? Not-bloody-likely....A doctor at the Rehab recently mentioned that patients not showing up for scheduled appointments is a too regular occurrence. If you can’t make an appointment, let someone know, for there are dozens waiting for the opportunity to see a doctor....Finally, for those Thai food fans, there are now two accessible Thai restaurants on Osborne Street. Food worth wheeling for.

Basic Emergency Evacuation Tips for Disabled Persons

The Manitoba Fire Code requires high-rise office and residential buildings to have a fire safety plan. The fire safety plan identifies the emergency procedures in case of fire. It covers issues such as instructing occupants on the procedures in case of a fire alarm, notifying the fire department, and evacuating occupants. This should include provisions for persons requiring assistance due to cognitive or physical limitations, which may make it difficult for them to evacuate the building in the event of a fire.

Building owners should provide an assistance list, to be located at the building’s fire alarm panel, which fire crews will use if necessary. The fire alarm panel is generally located at the front lobby, or main entrance of the building.

To discuss special provisions for persons requiring assistance, please contact the person or management firm responsible for the building.

If you have questions or concerns about fire and life safety, contact the Fire Prevention Branch at 986-6358.





For Sale - Outdoor Lift -Medichair Trust vertical platform lift. Paid \$5800, asking \$3000. Seldom used, in very good condition. Call 287-8067.

For Sale - 1992 Volks Wagon Euro Van. It has a 6-way swivel seat and a Braun wheelchair lift, asking \$10,000. Call 1-204-375-6062 or 1-204-375-6720 or email gakado@mts.net

For Sale - Wheelchair Bags Custom made to fit your wheelchair. Reasonably priced. Call Marcia at 474-2039 for more info.

For Sale - Single Electric Bed with bed rails. Invacare Synchronizer brand. Good cond. -3 yrs. old. Asking \$500. Call 204-261-8469.

For Sale - 1985 Chevy Van 75,000 original kms. Camper conversion. Golden Boy "swing" wheelchair lift. Will sell as a unit or sell the lift separately. Call Paulo at 779-6678. Asking \$5000.

For Sale - 1990 Ford Wheelchair Conversion Van. 4 captain chairs, fold-out bed, \$8950. See it at 2659 Pembina Highway or call 1269-2557.

For Sale - Liberty Concord Stairlift (not a wheelchair lift). Asking \$1500 plus costs for removal and installation. Call 895-8975.

Wanted - older full sized van with low mileage and good body. Must have wheelchair lift, and either raised roof or lowered floor. Hand controls not necessary, but would be nice addition. Please call Tim at 334-3907.

For Sale - 1988 Chevrolet Van (blue), wheelchair accessible, 162,500 kms. Asking \$1000.00 OBO. Requires some body work and repairs to safety. Contact Colleen at 474-1959.

For Sale - 1994 Chev G10 Van with Raised Roof - 94,000 km. heat & AC have rear controls, cc, tilt, pw, pdl, abs brakes, stabilizer hitch. Safetied, new tires, service records avail. Crow River w/c lift (electro mechanical) with inside and outside controls, power side door. Excell. cond. Asking \$23,000 obo, Call Shirley @ 475-2068 or 975-3269.

For Sale - Two used handcycles - asking \$800 each. Call 589-8955.

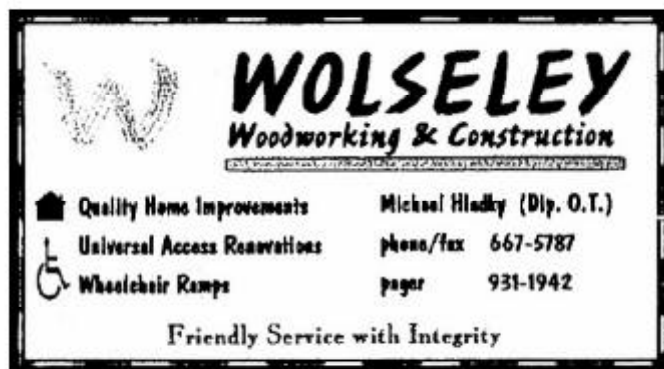
For Sale - 1993 Dodge ¾ ton window van. Comes with 6-way power seat base, electric power door openers with toggle switch on dash and key entry on outside of vehicle. Also has electric bench seat which folds down into bed. All Q-straint tie downs, lots of extras. Van is very clean and excellent vehicle for recently injured or wanting to transport someone with mobility impairment. Safety recently completed. Asking \$10,000.00. Phone Wayne in Kenora at 807-468-2857 (days) or 807-468-5305 (evenings).

For Sale - Residential Incline Wheelchair Platform Lift (Concord I.P.P-RE) - Lightweight modular aluminum rail, rack & pinion drive system, safety brake, adjustable platform angle, fold-up safety barrier arms, under pan safety sensor plate, power 110 volt converted to 12 volt DC. Capacity 500 lbs, rated speed approx. 15 ft/minute. Emergency lowering, constant pressure directional control. 12' of track (can be shortened, but not extended, 2 surface mounted call stations. Installation, Service & Owner's manual supplied. Asking Price \$6,000.00. Call 204-937-3160.

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Visit CPA's site at www.canparaplegic.org/mb/



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- ☐ Basic \$10.00 without subscription to "Total Access" CPA National Magazine.
- ☐ Basic \$15.00 including subscription to "Total Access" CPA National Magazine.
- ☐ Supporting \$20.00 (includes subscription to "Total Access" and \$5.00 donation).
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- ☐ I would like to make a further donation of _____ to support the work of CPA.

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