



Canadian Paraplegic Association
Association canadienne des
paraplégiques
(Manitoba) Inc.

MPF MANITOBA
PARAPLEGIA
FOUNDATION INC.

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Fall Edition

PARATRACKS

Newsletter of the Canadian Paraplegic Association (Manitoba) Inc.



CPA's Colin Mathieson: A Man On The Move

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CPA Manitoba's New Website

Accupuncture: Is it for you?

and more info than your brain can process.



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www.cpamanitoba.ca

The Canadian Paraplegic Association (Manitoba) Inc. is very pleased and excited to announce the launch of our new website at www.cpamanitoba.ca. This project has been in development since earlier this summer, and we are confident that anyone directing their Internet browser to our new address will appreciate the changes in the design, layout and content of the new website.

Although CPA Manitoba has had an online presence since June 2001, the site was housed within the CPA National website framework and used a template-based design which simplified maintenance and administration, but limited flexibility and restricted control over certain features. With the new website – designed and developed by CPA member James Kraynyk – we intend to provide comprehensive information about spinal cord injury and related issues, identify CPA staff and services, as well as highlight some of the many resources available in the community to support Manitobans living with SCI.

In particular, we are thrilled to offer new content on the website, including downloadable versions of the ParaTracks newsletter, the CPA membership form, and the annual report, as well as information about the history of CPA and its founding members. And in accordance with our French Language Services policy, selected articles and information will also be available in French. We are equally delighted to report that the site has preserved links to the National website's most popular



features, including the 'Message Board', 'Weblinks', 'Shop and Swap', and 'Real Time Chat'.

Despite the official launch, however, certain areas of the site remain 'under construction', and we ask for your patience until these features are operational. Among the incomplete items are pages dedicated to (1) the latest research, (2) local news stories, and (3) information on the Manitoba Paraplegia Foundation, as well as an opportunity to register for our email list, a links section, a spotlight on members, a column for member contributions, and an online catalogue for viewing CPA merchandise. Other elements are under consideration, so don't hesitate to contact us if you have any suggestions.

The new website is an important tool in CPA Manitoba's strategy for delivering information services that are relevant and meaningful to our members. As such, we are committed to creating and maintaining a website that truly reflects the expressed needs and desires of all who have an interest in spinal cord injury – whether a client, member, volunteer, staff or other stakeholder. Your feedback is essential in this process, and will help us develop a plan for future development of the website. Please use the 'Feedback' feature to share your thoughts. Good or bad, your comments are genuinely appreciated.

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

*John Voth
Robert Vowell
Mike MacWilliam
Carl Nodwell
Martha McIvor*



*Goerge Vogt
Jean-Marie Theriault
Joseph Roland Cadotte
Paulette Houle*

My Say

by Ken Davis

This is the climax issue in our three part series on sex and we conclude with an excellent article on facilitated sex. Overall, I feel that *Paratracks* offered several outstanding articles on many varied sexual themes this past year, and the response from you, the reader, seemed to be positive.

As a final gesture to our readers on this topic, I thought I would take advantage of the Everything To Do With Sex Show that was at the Assiniboine Downs this weekend and report back. There are a couple of phrases that immediately come to mind if I want to accurately describe the show, and they would be; “What the-” “You put it where?” “Say again?” and “That’s got to hurt.”

The show consisted of several dozen companies from across Canada displaying their ‘wares’ on two floors, and answering any questions a curious consumer might have. There were also fashion shows, toy shows and seminars by Winnipeg’s own Miss Lonelyhearts.

For me there were two main questions going into the show: “What are these companies offering?” and more importantly, “Could a disabled man or woman use the product?” First let’s answer the initial question.

They were offering everything, starting with more dildos and vibrators than you could shake your...well, anyway there were a lot. The dildos came in various sizes, shapes and colours, while the vibrators were another story. They all had amazingly humorous names, with many coming from the animal kingdom, such as Crystal Rabbit, Rascally Rabbit, Rockin’ Rabbit, Jack Rabbit, Snow Leopard, Diving Dolphin and Ultimate Beaver. Each product varied in size, colour, movement, speed and button placement. The prices were not cheap either, with many costing well over a hundred dollars.

For the guys, they were offering a vast array of soft plastic and latex ‘vaginas.’ No, seriously. These came in various colours and shapes, with many that were self-lubricating or moved using batteries. Of course there were the usual array of blow-up dolls and other similar toys. Perhaps one of the more simplistic, but practical products for men, were the different types of ‘cock rings.’ These were basically thick rubber bands that go around the base of the penis and testicles, to help keep the blood in that area during sex, to help maintain an erection. I guess it beats the duct tape I use.

As for couples, there were many booths displaying sexy lingerie, massage oils, edible lubricants, sex games and even edible body paints. Perhaps one of the most unique items I noticed for couples was a Sex Swing, an actual swing that one partner sits on during sex. Wouldn’t a hooyer lift do the same thing?

As for the answer to my two questions, the first one is obvious. The products offered covered the gamut from sexy in-the-bedroom lingerie to padded handcuffs and leather whips. But “could a disabled man or woman use the products?” I think a man, woman or couple, whether they are disabled or not would be limited only by their lack of imagination or their inhibitions. Some of the products would obviously be of no use to a disabled individual with limited hand function due to small buttons, but the majority of the products could easily be used by anyone. And remember, most companies now offer mail order or on-line service, so you would never have to see a sales clerk.

As for the rest of this issue, it is an eclectic collection of people profiles, tech information, medical material, and other assorted stories. I hope you enjoy.

Meet Des Hathaway

Hello, my name is Des Hathaway and I am the new Vocational Rehabilitation Consultant with CPA’s newly established Ventures Division. I joined CPA on June 4, 2002, moving down the hall from the Society for Manitobans with Disabilities, where I was a Work Experience/Employment Counsellor.



My role at CPA is to provide vocational rehabilitation services on a fee- for-service basis for persons with spinal cord injury and other physical disabilities who have third party

fundors, such as those clients who are injured in a motor vehicle accident and covered by Manitoba Public Insurance. I am also offering CPA Ventures rehabilitation services to other Canadian insurance companies, for their claimants who live in Manitoba. I look forward to working with the CPA Ventures clients and also to helping develop this fee-for-service arm of CPA (Manitoba) Inc.

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Let's Talk About Sex, Baby: Part III

Facilitated Sex

The Next Frontier In Sexuality?

by Mitch Tepper

Gerrad and Laurie (not real names but real people) developed an online relationship over a two-year period. Casual turned intimate, and intimate turned hot. After 24 months of mounting passion, they decided it was time to cross the digital divide and meet flesh-to-flesh. Their plan was to consummate their relationship in person.

After great anticipation, their dream of being together in the biblical sense was thwarted by the realities of their disabilities. Gerrad has a neuromuscular disease resulting in overall physical weakness. Laurie has quadriplegia. While she had enough biceps strength to help Gerrad get on top - the only position he can thrust from - they weren't able to position their body parts for intercourse.

Gerrad and Laurie came to me for advice. They were both aware that good sex and strong intimacy can happen in the absence of vaginal intercourse, and had explored other options for sexual expression. Recognizing that simple touch and closeness satisfies many people, they were still intent on having intercourse. After brainstorming about different positions and assistive devices, we talked about asking a personal care assistant to help.

Gerrad was open to the idea. For several reasons, Laurie wasn't quite as comfortable. She didn't want a third person - likely one of her female PCAs - present during these most intimate moments, and broaching the subject seemed risky. She not only feared that her PCA might refuse, but that a positive reply would make their day-to-day working relationship awkward. And there were underlying issues surrounding her disability. She questioned why Gerrad would want to go through all this trouble when, in her eyes, it would be easier for him to have a sexual relationship with a nondisabled woman, and she worried that Gerrad might like the sensation of her PCA's physical assistance as she positioned him.

For Gerrad and Laurie, and for most people with disabilities, this is uncharted territory. On the surface, one might jump to the conclusion that their difference in comfort levels is gender-related. Isn't it every heterosexual man's fantasy to be with two women, and wouldn't any disabled woman feel jealous or threatened by the presence of an attractive nondisabled woman? One might also conclude that this has something to do with their age of onset of disability. Gerrad's disability arrived before he was an adult, and he has relied on assistance for many years. Laurie's came later in life, and she might not be as comfortable accepting help.

But the truth is that we don't know if these or any other speculations have validity because there is little published research exploring the use of PCAs to help with sexual expression.

Three's A Crowd

One day Laurie gathered up the nerve to ask one of her PCAs if she would put a condom on Gerrad. The PCA felt the request was plain and brave, although at first she thought Laurie was joking. The PCA decided that it was just part of being mature, and she agreed to assist. Then help with the condom progressed to help positioning Gerrad for intercourse. This PCA completely understood their situation and was very willing to help.

In practice the situation became too clinical for Gerrad. Accurately or not, he sensed awkwardness on Laurie's part; he says he saw it in her eyes and felt the tension in her body. Concerned about her well-being, he was unable to maintain his erection. But once they were positioned, they asked the PCA to leave the room. When they called her back for help, Gerrad says he felt the tension rise again.

Laurie feels that their sexual relationship was good while they were alone, but uncomfortable the second her PCA entered the room. It wasn't so much awkward, she says, but as if sex had become a job. She also says she would prefer help from someone who is more experienced.

"I can't lift my head to see what needs to be moved where," Laurie says. "Gerrad can't either. I need someone who can take charge".

If I were a therapist and not just an educator, I might guess that Gerrad and Laurie, to some extent, projected their individual discomfort onto the situation. Yet Gerrad felt that another occasion, with a different attendant, was even more clinical as the PCA put on rubber gloves and reminded them both that this wasn't part of her job. She had reluctantly agreed to help because it was important to Laurie. Gerrad says he couldn't ignore the fact that there were three people in the room trying to accomplish what is usually done by two.

Informal Researches

Determined to learn if using a PCA to facilitate sex is a common occurrence, as believed by a small core of sex and disability advocates, I did some informal research of my own. I put a call out to half a dozen listservs asking for the



experience of other people with disabilities who had tried facilitated sex.

One young woman with cerebral palsy wrote with some humour that she and her boyfriend with muscular dystrophy discussed asking a PCA for help but broke up instead of following through. She was evidently comfortable with the idea, but he was not. She acknowledged that facilitated sex is a complex issue, but also that if she were in love with someone, she would ask for help. Sadly, no one else volunteered their experience.

I also reached out to Ray Aguilera, personal assistance services coordinator at the Berkeley Centre for Independent living. I thought if sex facilitated by PCAs was going on anywhere, it would be happening in the Bay Area, where there is unusual openness about sexuality. But if it is happening there, it's primarily undercover, no pun intended.

Although Aguilera says that Berkeley CIL doesn't formally address sexuality issues, he has been able to use his previous experience in sexual health education to provide information informally to members of his community.

"I've had four or five men approach me about how to ask for this kind of assistance", Aguilera says. "Oftentimes their PCAs are female, so the men are afraid the PCA may feel threatened or sexually harassed if they were to approach them. It's really a double-edged sword for people. They don't want their request to be rejected by the PCA because they want or need sex; at the same time, they may be terrified of a positive response because of how that could affect their relationship with the PCA."

Aguilera says his female consumers have never broached the topic with him, but suspects that probably has more to do with his being a man than that women feel more discomfort addressing the issue.

I asked Aguilera if the topic of facilitated sex was ever included in the interviewing and hiring of PCAs. Evidently not. The disabled people he knows who have negotiated this kind of assistance usually discuss it after establishing a good working relationship with the PCA.

"I generally encourage people to be up-front about their needs," says Aguilera, "but many of my consumers are still afraid to ask for assistance with partnered sex or masturbation." While he thinks that help with masturbation may be more common than with partnered sex, he, like me, is relying on intuition.

In general, facilitated sex and details of personal sexual activities are seen as private matters. While most of the responses to my informal survey were supportive of exploring this subject, one respondent said that in her opinion, when two people need assistance with intimacy it's no longer intimacy.

She said she would choose celibacy instead, and assured me that "no lady would dare share." She asked why I couldn't just research rats instead of concerning myself with people's private lives.

I acknowledged that not having sex is a valid choice, and that I have the utmost respect for the hundreds of women and men who have shared the most intimate details of their sexual lives with me. As for rats, they're a little weak at shedding light on the social and emotional aspects of sexuality.

More to the Story

There is more to the story of PCAs facilitating sex than just lending a hand. The potential is great for complicating what is usually simple.

Russell Shuttleworth is a medical anthropologist studying how men with cerebral palsy negotiate sexual relationships, and was a PCA for 16 years. He says most of the men in his research who have been successful in sexual relationships insist that it's essential to risk rejection.

But when does assertiveness in asking for sexual assistance cross the line to sexual harassment? When is taking a risk seen by a PCA as an unwelcome proposition?

And what about the employment relationship between a disabled person and a PCA, or the intimate relationship between the partners? If both partners have an assisting attendant, then the circle grows. If one or both partners are under 18, yet a new set of considerations arise. An additional level of complexity is added by relationships taking place in a hospital, nursing home or other institution.

Gerrad and Laurie are adults living in the community, but their experience with assisted sex has been a mixed bag and anything but simple. Their sex together without intercourse was fun, but when they tried to add intercourse to the menu it turned out to be much more work and added pressure than they'd expected. Had PCA-assisted sex been a more accepted and known option, Gerrad and Laurie might have been able to make it work to their advantage. As it is, they are a couple no more.

Addressing the complex issues of PCA-facilitated sex is truly the next frontier in sexuality, and in disability research and advocacy.

Mitchell Tepper, PhD, MPH, is a sexuality educator, researcher and advocate, and the founder of SexualHealth.com.

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Manitoba Paraplegia Foundation (MPF) News

Manitoba Paraplegia Foundation (MPF) funds go to work in four main areas: special projects, product testing, research and direct aid to persons with SCI. Starting with this newsletter issue, CPA member Kris Cowley, Ph.D., will be writing articles on various topics from a research perspective. Kris's work at the Spinal Cord Research Centre is currently supported by Will to Win Golf Tournament proceeds, which are administered through MPF.

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Acupuncture: Can a pin prick do the trick?

by Kris Cowley, Ph.D.

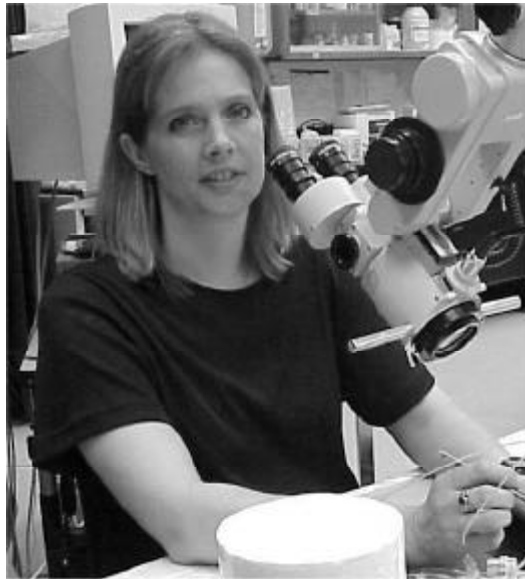
What is acupuncture? Acupuncture is the stimulation of special points on the body, usually by the insertion of fine needles. It originated in the Far East around 2000 years ago, and only recently have western cultures begun to take a serious look at the effects of acupuncture for treating various symptoms, including pain.

How does acupuncture work?

I am not going to try to explain acupuncture according to the principles of traditional Chinese medicine, mainly because I know essentially nothing about such things as yin and yang. Rather, I will stick to a more 'western' explanation of how acupuncture works.

Basically, when a very fine flexible acupuncture needle is inserted into specific sites in the body, rotation or electrical stimulation of the needle activates or 'turns on' specific nerve fibres that then send a signal to the spinal cord. Once the signal reaches the spinal cord, other nerve cells are activated and these in turn set up a 'gating effect', such that later input from other sensory fibres (e.g. pain fibres or bladder afferents) is reduced. Part of this 'gating effect' is thought to involve sending a nerve signal to the brain and another back to the spinal cord. The idea is that if you first stimulate these nerve fibres with acupuncture, you set the spinal cord up so that later input (from the bladder or pain stimuli) is 'ignored'.

If a person had shoulder pain from an overuse injury, a physical therapist could do acupuncture in the appropriate shoulder area so that the intensity of the painful stimuli coming from the shoulder injury gets 'turned down' when it reaches



the spinal cord and then the pain signal isn't as large when it reaches the brain. In this case, acupuncture would not be used as the primary treatment for the overuse injury - I'm just using it as an example to explain how acupuncture might work.

Although it is less well understood, the idea behind acupuncture and limiting pain and bladder spasticity after spinal cord injury is thought to similarly involve reducing the effect of afferent/sensory input. Thus, the pain being perceived by the brain is reduced, or the bladder spasticity is reduced because the signal coming in

from the sensory nerves, doesn't have the same effect on nerve cells within the spinal cord after acupuncture. As I noted above, the 'gating effect' of acupuncture is thought to involve sending a signal to the brain and then another back to the spinal cord.

The problem is that if you have a C6 spinal cord injury and you are receiving acupuncture in the pelvic region (which stimulates nerves that go into the spinal cord far below the level of your spinal cord injury), how exactly does the signal get sent from the spinal cord to the brain and back? In order for acupuncture to work below the level of the spinal

cord lesion, some aspect of 'gating' would have to occur at the level of the spinal cord without requiring the signal to go to and from the brain. The research articles I read relating to spinal cord injury and acupuncture did not address this issue.

What does the research literature say about acupuncture and treating some complications of spinal cord injury?

When I searched the medical research literature, acupuncture came up for two treatments relating to spinal cord injury - chronic pain and bladder hyperreflexia. There really weren't that many articles relating to acupuncture and spinal cord injury (in comparison to the hundreds for other topics such as spinal cord injury and osteoporosis). There was only one article relating to acupuncture and bladder hyperreflexia, by Hongo and others from 2000. The article by Hongo and others reported that in the 13 subjects, the average bladder capacity increased from 76 ml before treatment to 148 ml after the 4th acupuncture treatment. In some cases, autonomic symptoms were reduced after acupuncture (which may not really be a good thing - especially if these symptoms are used to signal when it is time to go!). So, overall, an average increase of 75 ml (about 2.5 ounces) is not much, and if you look at the values for each of the 13 subjects, it looks like most had very little change and only 2-3 subjects showed any real increase (so most may not have had much effect). However, if there was a change, it was usually observed after the first treatment, so, if you're thinking about trying acupuncture for this purpose, it would only take a few sessions to see if there was any effect for you.

There were also few articles relating to the treatment of chronic pain after spinal cord injury using acupuncture. In an article by Nayak and others in 2001, 22 people with chronic pain received 15 acupuncture treatments. About half reported a reduction in their pain symptoms after treatment, but 27% reported an increase in pain that was still present 3 months after treatment. The 22 subjects in this study had various forms of pain including deafferentation or central pain (55% - burning tingling or aching below the level of the spinal lesion), musculoskeletal pain (23% - e.g. overuse injuries above the lesion), and mechanical pain (10% - a sharp aching pain at the site of the spinal cord injury). Curiously, those that had deafferentation or central pain were less likely to report a benefit from the acupuncture (42% of those with central pain indicated a benefit whereas 80% of those with musculoskeletal pain reported a benefit).

Neither of these studies included separate control groups for comparison, and in both cases the effectiveness of acupuncture in treating the symptoms of either pain or bladder

hyperreflexia seems mediocre at best. Nonetheless, if you've tried everything else, and nothing seems to work, acupuncture is supposed to be a safe treatment, with little or no negative side effects. If you do seek acupuncture treatment, the yellow pages lists certified and accredited acupuncturists, often associated with physiotherapy clinics.

What do others say about acupuncture?

While writing this article, I got some input from Dr. Karen Ethans at the Health Sciences Centre and from a practising acupuncturist/physiotherapist at the River East Physiotherapy Clinic (Cindy Grant). Dr. Ethans indicated that she has often recommended it for pain localized to a specific area (e.g. at the level of the spinal cord injury), but also notes that one pitfall of acupuncture is that it makes one rely on someone else for treatment. Thus, in contrast to other pain management techniques (e.g. TENS or stretching) which can be done independently at home, acupuncture requires the intervention of a professional. However, people who find it helps may not mind being dependent upon a physiotherapist/acupuncturist for treatment. Cindy Grant indicated that she had used acupuncture on at least one spinal cord injured person for treating bladder overactivity. In addition, she was familiar with the acupuncture protocol used at Lyndhurst hospital to treat deafferentation or central pain in spinal cord injured persons, and she seemed interested in trying the acupuncture protocol on any who might benefit from it. When I searched through the medical literature, I did not find any reports on the relative success of Lyndhurst's acupuncture intervention for managing deafferentation/central pain, so we will have to wait to see what Lyndhurst's success rates are.

So, will a pin prick do the trick? The literature says maybe, maybe not. Will it work for you? Maybe. If you have tried acupuncture, or try it in the future and would like to provide some feedback, feel free to mail it to CPA or email it to me at kris@scrc.umanitoba.ca

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2nd Annual Day at the Beach

Canadian Healthcare Products, in partnership with the Manitoba Wheelchair Sport Association (MWSA) and the Canadian Paraplegic Association (CPA), hosted the second annual **Day at the Beach** event on Friday July 12th, 2002. The day was a phenomenal success, and it was clear from the number of participants in attendance that news of last year's inaugural gathering had generated a great deal of interest.

The weather was spectacular – a beautiful sunny day with temperatures climbing above 25°C, and a refreshing breeze blowing in from the lagoon at Grand Beach Provincial Park. The program was equally impressive: a variety of sport demonstrations were organized throughout the day, complete with some of the province's top wheelchair athletes on hand to answer questions and provide encouragement. An assortment of sport and recreation equipment was also available for trial – including a sitski for waterskiing, a 2-person tube for tubing, canoes and kayaks, handcycles, lightweight sport wheelchairs, 3-wheeled racing chairs – as well as some of the latest everyday mobility products available.

In addition, games and activities were scheduled at regular intervals during the afternoon to keep the festivities lively, such as the obstacle course, quick draw, and the water relay – a real crowd pleaser. A dedicated team of 15 volunteers was available to ensure that every participant had an opportunity and the appropriate level support needed to try at least one game or activity.

Congratulations to Raquel Godin on receiving the first-ever “Doug Grant Memorial” plaque for her inspiring and determined efforts throughout the day. The plaque, to be awarded annually at the **Day at the Beach** event, was established in memory of Doug Grant, former Executive Director of the Manitoba Wheelchair Sport Association who passed away in August 2001.

Special thanks to all the volunteers and sponsors for their support - the Manitoba Wheelchair Sport Association, Sierra Courier, and the Canadian Paraplegic Association.

Hope to see you at the beach next summer for the
3rd Annual Day at the Beach!



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Voice Activated Software

by Regan Block



Voice activated software lets you talk to your computer instead of typing. As you speak, your words are transcribed onto your screen and into your documents or e-mail messages. The software can also be used to give commands to your computer.

Components and Requirements

Although most of the computers available today will have more than enough processing power to operate voice activated software, you should use the following guidelines as minimum system specifications:

- ✓ Intel® Pentium® II / 400 MHz processor (or equivalent AMD processor)
- ✓ 128 MB RAM
- ✓ 300 - 500 MB free hard disk space
- ✓ Microsoft® Windows® operating system (XP, Millennium, 2000, 98, or 95C)
- ✓ Creative® Labs Sound Blaster® 16 or equivalent sound card supporting 16-bit recording
- ✓ Microsoft® Internet Explorer 5 or higher
- ✓ CD-ROM
- ✓ Headset microphone (normally included with software)
- ✓ Speakers (required for playback of recorded speech and text-to-speech features)

The 2 most popular voice-activated software products are *Dragon NaturallySpeaking* by Scansoft and *ViaVoice* by IBM. Although some commands vary, each one offers a similar package of applications (word processing, text/email reading, Internet usage/navigation) for a basic price of approximately \$130.00 CAN. Higher priced versions offer better headsets, and include features such as larger, more specialized dictionaries (ie. medical, legal) and expanded support for earlier editions of MS Word, Excel and Outlook/Outlook Express.

Installing and Operating

After installing the software and connecting the headset, you must complete the software tutorials. This process is critical because the tutorial lessons 'train' the program to recognize your particular speech patterns (how you pronounce words and form sentences). As some tutorials may take an hour or more, be patient, consistent, and speak with a clear voice – these factors will help produce the best and most accurate results. If the program repeatedly has difficulties with some of your words, you can adjust the settings to increase the programs 'word-guessing' accuracy.

Once you're all set up and using the voice activation software, you will likely notice some important changes from using a keyboard and mouse. Spelling errors are few and grammatical errors are plenty – you'll become accustomed

to proofreading your work. Initially, it's a good idea to dictate some of your own writing instead of reading from newspaper and magazine articles – since the words, phrases, grammar, proper names and places are familiar, you'll undoubtedly find greater success.

Editing and Navigation

Keep your "quick reference card" nearby, as you will quickly need to learn your editing commands. Phrases such as 'scratch that', 'undo that', 'select line', 'new paragraph', and 'next line' are the most common.

Cool Trick – Voice Macro

A macro is a command that automatically performs a series of individual tasks in a specific sequence, so a voice macro could, for example, insert your whole mailing address into a letter with a single voice command - 'my address'. This makes some complicated tasks much faster and more accurate.

Other Programs

If you're into gaming, especially online-gaming, you'll need to check out Microsoft's *Game Voice*. This hardware/software package consists of a stereo headset/microphone, an 8-button control pad, and software that manages both chat and voice command features. When hooked up, this baby allows you to chat with your buddies and/or taunt you enemies in an online game while changing weapons with several user created voice commands. If you think faster than you type, the Sidewinder add-on is for you.

Although I don't own it yet, apparently Microsoft's Office XP has built-in voice activated components. There are two modes of operation: dictation mode, which allows users to add text to documents and email, and voice command mode, which allows users to access menus and commands using voice input. For example, with a simple voice command, you can add formatting to text by issuing the following vocal instructions: 'bold', 'center', 'font', 'Tahoma'. If anyone has tried the voice activated features in Office XP, I would appreciate some feedback on how well it works.

Conclusion

If using a keyboard and mouse slows you down, or if you simply want to boost productivity, voice activated software may be the answer for you. For more information, please refer to the websites listed below.

Links

Dragon NaturallySpeaking -

<http://www.scansoft.com/naturallyspeaking/>

ViaVoice - <http://www-3.ibm.com/software/speech/>

Sidewinder Game Voice -

<http://www.gamevoice.com/gamevoice.asp>

Microsoft Office XP - <http://www.microsoft.com/office/>



MEDICAL MEMO

by Arnold L. Schryvers

This issue will describe the last of the "complications" that occur with the urinary tract. Methods of "prevention" and definitions of some common tests will also be stressed.

Perineal Pressure Ulcers

Definition: Pressure ulcers around the female urethra and/or labia.

Causes: Caused by irritation and pressure from an indwelling catheter.

Signs And Symptoms: Swelling, open sore areas and redness in the perineum.

Treatment: Bed-rest to remove pressure from the area until healed. If the pressure areas tend to recur, another means of bladder management may need to be considered.

Prevention: Keeping the perineal area clean and dry will help prevent pressure ulcers. The catheter should be pulled forward and taped to the upper thigh to avoid sitting on the catheter.

Autonomic Dysreflexia or Hyper-reflexia

This is not a complication of the Urinary Tract System, but a means whereby individuals with a spinal cord injury above T6 can be alerted to medical complications they may have in areas where they have no sensation or movement. If Autonomic Dysreflexia or Hyper-reflexia is not given notice and treated, it can become so severe as to cause death.

Definition: Over-activity of the sympathetic autonomic nervous system. This nervous system is located in the thoracic spinal cord and normal control of the sympathetic nerves is lost when there is a spinal cord injury above T-6 level. The nerves of the autonomic nervous system are concerned with temperature control, urination, sweating, heart-rate, blood pressure and numerous other functions.

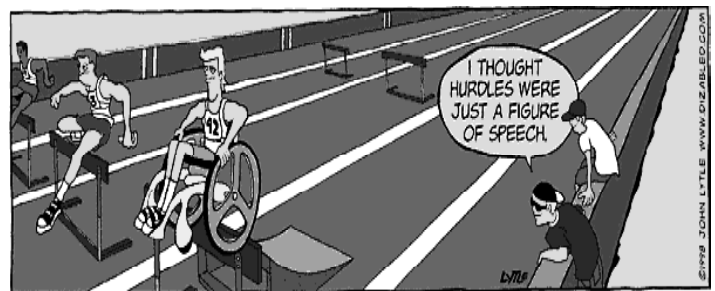
Causes: The most common cause of autonomic hyper-reflexia is a distended bladder due to a blocked catheter or condom. Not voiding or allowing the bladder to get too full between catheterizations may also cause symptoms. Other causes are urine infections, bladder or kidney stones, and sometimes urological procedures such as catheterization or cystoscopy. Autonomic hyper-reflexia can also be caused by other urological reasons such as distended bowel, pressure ulcers, burns or a fracture.

Signs and Symptoms: The symptoms usually

experienced are severe throbbing headaches, profuse sweating and "goose pimples" above the level of the injury. They may also include blurred vision, nasal stuffiness and flushing of the face and neck. At this point, blood pressure can rise dangerously high and the heart rate slows down.

Treatment: The symptoms will be most severe with a distended bladder and treatment must be immediate. Check for the cause of the symptoms and remove it (irrigate or change the indwelling catheter if blocked) or check for a twisted condom. If urinary retention occurs with distention and inability to void, catheterization to drain the bladder is required urgently. If the person is lying down, get them into a sitting position for blood pressure decreases in the upright position and headache will be less severe. If the symptoms seem to be due to causes other than the bladder, check for possible causes. If the bowel is distended, disimpact it. When a pressure ulcer has developed, remove pressure from the area.

Prevention: This crisis can occur at anytime, anywhere. Those with a spinal cord injury above the level of T-6 (and their families) should be aware of the symptoms and the appropriate action to take to relieve the symptoms as discussed above. If the cause is uncertain, despite following the above instructions, consult your physician.



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Meet Jacqueline Dunning

My name is Jacquie Dunning and I am 71 years old. I've been in a wheelchair about twenty years due to severe arthritis in my spine and hips. I was born near Lake Winnipeg and was raised in the city. While I jokingly call myself a 'city indian,' I am actually French Metis.

Around thirteen years ago my husband, myself and our two teenage sons moved to Thompson. My husband had burned out working as an addiction counselor, and I was bedridden from extreme pain in my spine, hips and knee. One of my daughters and her husband offered to take us in and care for us. We stayed with them for eight months, while my husband rested up and got a good job with Addictions Foundation Manitoba. Soon we began to look for an accessible house or apartment, but quickly learned that it was almost impossible.

We ended up in a very dreary non-accessible place, with the carpet being a dark, gloomy green and the walls a dirty beige. There wasn't even room for a wheelchair, so my family had to even carry me to the washroom. My bed was level with the window, so I had to keep the blinds and window closed even in the summer. This was because drunks would pass directly outside my window and on some occasions even stop to fight. I was afraid they would fall right in on me.

In order to enter or leave the apartment, my family had to carry me up and down seven steps in the wheelchair. It was hard on all of us. I was also very lonely, as I was alone all day and I started missing my family back in Winnipeg. This situation lasted for a few years. I know there are many people in the same situation on the reserves, who have to just sit there. This should not be happening in this day and age. One day while lying there feeling terrible, I prayed and committed myself to God's will. I told Him that I was willing to continue living that way if he so desired. I felt like my life was over, but God had other ideas.

A few days after that prayer, an aboriginal woman named Marie Seaton, who I had met at the Salvation Army church, called me. She asked me if I would like to go to a CPA meeting. I didn't think I could attend, as I could only bear to sit for a half hour at the most. Plus, I told her, I know nothing about CPA or committee meetings. But she convinced me to try. That evening they were trying to form a committee, and they elected a chairperson. The next time I went to a meeting, I discovered that the chair had resigned, and suddenly they asked me if I would chair the committee. I had never been involved in CPA before and knew nothing about chairing a committee, but I agreed to try.

Shortly afterward, the aboriginal representative for CPA in Thompson quit. Harriet Hart, who I had only met a short time before, started phoning me from Winnipeg to see if I could find an aboriginal disabled person to fill the position.

Well it happened again! She asked me if I would do the job. I felt I could not do anything and I knew nothing about the various disabilities or CPA. She asked me to try and I said, "I will."

As I think back, it is amazing to me that I would even try. I was an uneducated stay-at-home mother of eleven children

and had never worked outside the home before. But I did try, and Harriet brought me into Winnipeg for courses in disability studies and taught me the operations of CPA. She always found a place for me to lie down if I needed, and she got me into computer classes and typing classes.

I suggested to my husband that we might be able to buy a house, now that I was earning some money. At least a place that I could get in and out of. We found one shortly afterward. I was so angry at the situation that I had gone through, that I began to call radio stations and voice my opinions on the lack of accessible housing in Thompson. I also went to civic pre election meetings to address the serious situation of very little accessible housing for aboriginals in the North.

Harriet came out and set up an office for me in my home with all the needed equipment. I was the new Aboriginal Representative for CPA for Thompson and Northern Regions. I began my job by visiting the various disability agencies and discovered that they didn't seem to know what each other did. So SMD and I began to form an inter agency committee, that proved very successful.

Around that time, I was on a committee that became aware of a government program offering money for accessible housing. We were lucky enough to secure the money and we built an accessible 26 unit housing complex. There were many problems along the way, but we did it. I was one of the lucky ones that moved in when it was completed.

Eight years ago my husband and I moved back to the city. Since then, I have sat on the boards of Ten Ten Sinclair and CPA. I am presently sitting on a committee that is in the process of attempting to build an accessible housing unit for disabled aboriginal people who have 'fallen through the cracks.' The goal is to try and rescue people, then assist them to better their lives. I feel I can assist in this as I can identify with those problems physically and I have also lived in inaccessible housing.

I know there are a lot of people in worse situations than mine, and I am so proud of those with serious disabilities who





have made a good life for themselves. I still live with a lot of pain and added problems, but I try to keep going. I do not want disabled people to suffer the way I did. I believe that being involved really helped my pain and I feel that because Harriet Hart and CPA took an interest in me, I was enabled to have a better life. I'll always be thankful to God, CPA and

Rick Hansen who made it all possible financially. Also those who were so kind and helpful to me.

So I say to all those who are suffering and feel helpless, help is on the way!

I wish you all health and happiness.

COLIN MATHIESON: *Man On The Move*

by *Grant McDonald*

Colin Mathieson is an accomplished 23 year old. Born with Spina Bifada, Colin hasn't allowed his disability to slow him down. He is a world-class athlete, works for the Manitoba division of the Canadian Paraplegic Association and attends the University of Manitoba in pursuit of a degree in Education. Needless to say, days are long, but Colin is thoroughly enjoying himself.

Colin relates that, at about the age of 10, he became interested in wheelchair athletics. He joined a recreational program of the Manitoba Wheelchair Sports Association and, thus began the start of a love of track. Inspired by Rick Hansen's trek around the world, Colin decided that a more competitive program was needed. Sandra Ready Gardiner became his first coach, and after she relocated to Ottawa, Colin began training under Jean La Roche, coach of Canada's National Paralympic team. One main obstacle had to be hurdled – Jean was located at the University of Sherbrooke in Sherbrooke, Quebec. Technology came to the rescue.

The novelty of this arrangement is that Colin is coached primarily through email. His training regimen is laid out and Colin is responsible for training himself with Jean providing suggestions and guidance over the Net. Jean and Colin supplement the online training with hands-on instruction at various competitions throughout the year. From April through August, Colin trains daily at the Max Bell Centre at the University of Manitoba.

A sprinter, his specialty is any race under 50 seconds – the 100, 200 and 400 metres. Colin has gold medalled for six consecutive years at Canada National Championships and earned bronze in two events at the recent World Championships in Lille, France. When asked about his most satisfying performance, Colin relates an incident in a semi-final heat in a 1996 competition. He was competing against Jeff Adams,

the Canadian champion. Colin had never managed to defeat Jeff in any previous event and was trailing Jeff in the home stretch. However, just before the finish line, Jeff, assuming victory was his, let up. Colin found a little extra and overtook Jeff just before the finish line. Hard work was rewarded!

Participating in track at the world-class level has brought Colin many rewards other than the thrill of victory. He has travelled the world, and, in his words, "has seen a lot of interesting places and some that weren't so interesting!" In conjunction with his work at CPA and his contacts within the

athletic community, Colin travelled to Trinidad as part of a team to assist persons with disabilities there. This was a rewarding experience and shed additional light on the situation of people with disabilities in developing countries.

In his spare time, Colin pursues a number of diverse interests – one of which is most anything automotive. With training in auto mechanics, Colin hopes to design and modify a motorcycle

for his personal use. He viewed a working model while in Los Angeles and is presently tinkering with the idea. Self-lowering stabilizer wheels that deploy when braking are the solution; however, the transition from theory to workable is a challenge.

At 23, Colin realizes that his track career is time-limited. Shoulder stress is already becoming a problem; however, Colin

is aiming for the 2004 Olympics in Greece. After that, it will probably be retirement. In speaking of his achievements, Colin is quick to mention the support of his parents and brother and sister. His father has coached him at times and his success could easily be termed a family affair.

Colin presently works as the Barrier Free consultant at CPA. Eventually, he

hopes to become a teacher. Given Colin's drive and determination, this shouldn't present a problem.





Assistive Technology for people with SCI

by Ed Giesbrecht

Assistive Technology, or AT, can provide access for people with a spinal cord injury in many areas of life. Wherever your goals or interests lie, AT can help bridge the gap between what you want to do and what you are able to do. AT can range from very “low tech” (like projection rims on a wheelchair or a speaker phone) to very “high tech” (like voice recognition software or computer-operated environmental controls).

Choosing to use a AT can depend on many different factors: comfort level with technology, cost, size, support availability, ease of use, and reliability, just to name a few. It can sometimes be difficult to know if a Assistive Technology is appropriate or even available. If you are frustrated with not knowing what is available or possible, there are resources in the community that can help you discover options and make informed decisions about AT. You might want to explore whether AT can help you:

- Move around more efficiently or easily in a manual or power wheelchair;
- Use a computer for leisure, education or work;
- Control equipment in your home or workplace;
- Participate in sports, leisure or community activities;
- Communicate more effectively or efficiently;
- Operate or ride safely and comfortably in a vehicle (including specialty vehicles such as snowmobiles, riding mowers, golf carts, etc.);
- Overcome a barrier to greater participation and quality of life.

There are a variety of resources in Manitoba that have expertise in these areas, and want to help you achieve your goals. Below is a partial listing of services that specialize in Assistive Technologies. It is not exhaustive, but contacting them may address your concerns, or point you in the right direction.

Rehabilitation Engineering at Health Sciences Centre (Electronic and Mechanical Assistive Technologies – EMAT)



The Electronic and Mechanical Assistive Technologies section provides customized electronic and mechanical aids for adults with physical disabilities. These include automotive adaptations, scooter and wheelchair modifications and seating, environment controls, communication aids and many

other devices to enhance daily living.

Contact Information:

Mechanical Devices contact Paul at 787-2370

Electronic Devices contact Scott at 787-2367

E-mail: emat@hsc.mb.ca

Website: <http://www.hsc.mb.ca/placecard14.htm>

Communication and Environmental Systems Leasing Library (CESL) at Deer Lodge Centre

The purpose of CESL is to enhance communication abilities and enable independence for adults living with communication difficulties, and related physical problems. This leasing library provides communication and related environmental equipment to adults throughout Manitoba on a short-term basis at a reasonable cost. A speech-language pathologist and an occupational therapist evaluate the client. Other consultants are used as needed.

Contact Information:

CESL Library, Deer Lodge Centre

2109 Portage Avenue, Winnipeg, MB R3J-0L3

Phone No.: 831-2568

Website: <http://www.deerlodge.mb.ca/cesl.htm>

Assistive Technology Access and Resource Centre (ATARC) at Health Sciences Centre (Occupational Therapy Department)

The services offered at the ATARC can help people to access a computer using adaptive hardware or software, move around using power wheelchairs or scooters, or independently operate lights, television, telephone and home appliances through



environmental control systems. An assessment of each client's assistive technology needs is conducted by an occupational therapist and a rehabilitation engineering specialist (with computer engineering skills) with input as needed from other disciplines. Following the assessment, the client and involved team members together identify priorities and an action plan. The services may include training, environmental evaluations, recommendations and assistance with obtaining equipment.

Contact Information:

Phone: 787-1757

Fax: 787-1101

E-mail: atarc@hsc.mb.ca

Website: www.hsc.mb.ca/atarc/



Employment and the Canada Pension Plan

by Scott Byiers

Are you afraid to even think about returning to some kind of paid employment because of your Canada Pension Plan Disability Benefits? There was a time that if you were in receipt of Canada Pension Plan Disability Benefits and earned any income whatsoever, your entitlement to benefits ceased. However, in recent years there have been quite significant changes made to the Canada Pension Plan.

For example, did you know:

- 1) recipients of Canada Pension Plan Disability Benefits are allowed to earn up to \$3900 from employment in 2002 before they have to inform CPP. In addition, earning \$3900 does not automatically mean that your entitlement to benefits will cease.
- 2) Canada Pension Plan has a vocational rehabilitation program that can provide assistance to recipients to help them return to work.
- 3) if your Canada Pension Plan Disability Benefits are stopped because you have returned to work that you may be able to reapply for benefits using a fast track application if you have a recurrence of your disabling condition. This is available for up to five years after your benefits have ceased if you have to stop working because of your original disability.
- 4) volunteer work does not have to be reported to Canada Pension Plan Disability Benefits unless you are specifically asked about it.
- 5) you do not have to inform Canada Pension Plan Disability Benefits of your attendance or enrolment in a school or training program prior to completing the program.

From my ongoing contact with the Rehabilitation Case Managers at the Canada Pension Plan, it is my impression that they will make every effort to consider people's individual circumstances. They have also agreed to meet with any individual CPA members who might be interested in getting more information about the Vocational Rehabilitation Program, and to answer any questions or address any concerns that might be holding you back, in consideration of employment. If you chose, you can make these arrangements through a staff member at CPA or contact their Rehabilitation Case Managers directly at:

Sue Allardyce (204) 984-0749,
sue.allardyce@hrdc-drhc.gc.ca

Glen Coutts (204) 983-4120,
glen.coutts@hrdc-drhc.gc.ca

Claudette Dupont (204) 983-6167,
claudette.dupont@hrdc-drhc.gc.ca

The CPP toll free information line for Manitoba and Saskatchewan is 1-800-461-3422.

If you have had an interest in considering some form of employment but are concerned about your CPP benefits, I encourage you to obtain further information about how current regulations and the services available through the Vocational Rehabilitation Program would relate to your specific situation. You may find that you have more options than you originally thought.

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How Many Architects Does It Take To Make A Campus Accessible?

by Lorne Chartrand

Many of you will have seen the media coverage of my struggles with Red River College and the sad lack of accessibility on campus. Since television news stories don't allow for much detailed explanation, I decided to write an article that I felt explained my situation more accurately, and it ran in the student's newspaper, *The Projector*. Here is my story.

Seven years ago I sustained a spinal cord injury, which left me in a wheelchair. Every day since then, I have experienced challenges in pursuing a "normal" life. When immersed in my work in the Creative Communications program, I forget about my disability, and I become just another journalist (maybe a damned good one – time will tell). However, the lack of acceptable access to the new campus reminds me of my "difference" every time I exit or enter the building. The clumsy chair lift at the building's only entrance holds up pedestrian traffic as I make my way up the stairs. My movement through the only entrance to the new campus makes all of those people, held up by my passing, witness to this sad affair.

I should have suspected something was up last year when meetings to discuss concerns over Red River College's Princess Street Project were held in locations inaccessible by wheelchair. My mistake was to think that in this day and age such an ambitious project - the most energy efficient structure in the galaxy - would include seamless and sensible accessibility for persons with disabilities – mainly but not exclusively wheelchair users. In the industry, this is known as "barrier free design" (BFD).

I continued to hold this idealistic outlook until journalists began asking me to comment on the lack of accessibility at the new shrine to technology we would eventually call a campus. Since I hadn't actually seen it, my response was to refrain from comment until I could determine whether or not such a problem existed. I informed administration that I was being asked to comment and that I would like to be brought up to speed on plans for accessibility.

I was eventually given contact information for the architectural firm that was overseeing the project. On June 4, Colin Mathieson, a BFD consultant from the Canadian Paraplegic Association (CPA), and myself, visited the offices of Corbett Cibendel Architects and we went over the blueprints for the project with Martin Skulman. What followed was a two-hour discussion about various aspects of

accessibility at the campus. The largest obstacle, we informed them, was the chair lift, which would provide the only point of access for wheelchair users.

For those that don't know, a chair lift is a mechanical device consisting of a platform, which a wheelchair drives onto, and is then locked in place. The lift also requires a key to operate, as well as to prevent tampering and satisfy insurance concerns. For anyone whose hands are affected by their disability, this means that assistance is needed every time they need to use the device. Since this lift is at the only entrance to the building, anyone in a wheelchair would need the assistance of campus security to be "allowed" to enter or exit the building. In my case, it is conceivable that I would need to go through this process in excess of ten times a day!

Such conditions radically reduce what disabled persons hold as the most precious of commodities – independence. Not to mention that it could conceivably take five to ten minutes to coordinate this movement or in the case of malfunction, I would simply be unable to enter or exit the building - period. An emergency situation could be life threatening.

The simple solution to this problem is to look to the simplest of technologies – a temporary access ramp. However, even if the temporary ramp never comes to fruition, one thing is for certain, and that's that the existing lift will rarely, if ever, be used once the facility is complete. The reason being, given the choice, no person would choose the awkward chair lift over a level, accessible entrance with automatic doors, that is slated for completion by next year.

A week before the beginning of classes I was invited for a tour of the Princess Street Project. I was shocked to discover that most – possibly all – of the recommendations made in June were apparently ignored. Adjustable tables – a simple, low cost accommodation – were not installed in any of the computer labs or newsroom. Although we were not able to see the radio or television studios, I am doubtful that the adjustable height control panels were installed. I was never informed of any of our input that was acted upon. I felt used and wished I had added my voice to the discontent many students expressed last spring. My apologies to you all.

The Corbett group *seemed* to appreciate all of the concerns we raised in June. They suggested that a temporary ramp could be constructed which would provide access through the area which would eventually become the atrium. I pointed out that this might interfere with construction at that location and could be extremely dangerous. Corbett responded that barriers



could be provided to ensure the safety of that entrance. Ironically, this is the reason – along with an apparent refusal of government services to provide funding – Corbett gives for refusing to build a temporary ramp now that it has become an issue.

In the end, it is my decision whether to bite the bullet and suffer the difficulties of using this device or to make a statement by deferring the academic year until a better system is put in place. Deferral is a sacrifice. It means losing the momentum of a dynamic two-year program, as well as the camaraderie and support of those people I went through “first year hell” with. Giving in, however, would leave no one to advocate for all persons with disabilities who lack the confidence, courage, or ability to make such a statement.

Since this initial article was written, movement has been made on improving accessibility. Unfortunately, significant accommodations are proving difficult. After initially making arrangements to defer, I have since returned to classes while those in charge scramble for an adequate solution. I have chosen to adopt a “wait and see” position until arrangements are finalized.

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Axle Grease

The Fish didn't win the championship and the Bombers look shaky on a good day. It makes me long for the days of the WHASo the Feds first batch of marijuana, grown in an old Flin Flon mine, had to be thrown out. It seems that it wasn't the potency of the Bob Marley, but the uniformity of the weed wasn't up to governmental standards....Rumour has it that Christopher Reeve will be running the anchor leg of the 4 x 100 metres for the Americans in the next Olympics....While surfing the internet one evening, I came across a disability e-zine called 360mag.com. It had a listing of all the wheelchair accessible brothels in Nevada. A useful piece of information for all the bachelors out there....Know what I really hate? Those power doors that operate by pushing a button. There's nothing worse than sitting there pushing the button like an idiot and nothing happening....A great new book on the market is *Building a World Fit for People*, which looks at the lives of 21 building designers from around the world, with each designer having a different disability. The book was inspired by Ron Mace, a wheelchair using building designer that coined the phrase, 'universal design'Here's a story to bring a smile; It seems that an organization in Chile looked at the overall work performance of several thousand workers in many different fields. What they discovered astonished them. Workers with disabilities (any type) were more constant in their work, make fewer requests, are more punctual, take fewer medical leaves, and are more productive than their able-bodied work mates....One last international tidbit, not so cheery. Romanian gang members, living in Spain, have been charged with smuggling disabled people into the country and then forcing them to beg for the gang. Some people were being left at traffic lights up to ten hours a day, then forking over the money to the gang....Did you know that the Assiniboine Downs built a brand new elevator two years ago and it only goes to the second floor? Anyone in a wheelchair wanting to go to the third floor must ride up in an old cargo elevator used for garbage. It is the most disgusting 16 square foot area I've been in since my first apartment....Anyone

seen the clip for the new show, "Birds of Prey" on the Space Channel? Batgirl is in a wheelchair, and by the look of her, I can only guess it was a horrible fashion accident that put her there....Restaurant choice of the month: The White Tower. A Greek restaurant on Roblin Blvd with huge portions and reasonable prices....Have a great Holiday Season.

CPA's First Annual Innovative Technology Contest Winners

Congratulations to the two winners of CPA's First Annual Innovative Technology Contest, Al Schultz and Wayne Ficek. Al receives a \$100 gift certificate from Pic n' Del and Wayne a \$50 gift certificate from Al Castell's Computers. Thanks to everyone that entered and a big thanks to our two sponsors.

E-MAIL ADDRESSES & VOICE-MAIL EXTENSIONS:

Our staff E-mail addresses and voice-mail extension numbers are as follows:

		<u>Ext.</u>
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Scott Byiers	sbyiers@canparaplegic.org	225
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Darlene Cooper	djcooper@canparaplegic.org	228
Des Hathaway	dhathaway@canparaplegic.org	227

Please note that Arnie Schryvers and Dan Joannis can be reached at the following telephone numbers:

Arnie (204) 787-2026

Dan (204) 975-3278

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

Visit CPA's site at www.cpamanitoba.ca



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

For Sale - 1990 Ford Wheelchair Conversion Van. 4 captain chairs, fold-out bed, \$4900. See it at 2659 Pembina Highway or call 1 269-2557.

For Sale - Trust-t Electric Outdoor Wheelchair Lift – custom made 72” rise. Two call/send controls – 2 ½ years old – ex. cond. Pd. over \$6000, asking \$3800 obo. Call Mary Anne at 837-6493.

For Sale - Golden Technologies Power Lift & Recline Chair – dusk brown. Less than 2 yrs. old. Ex. cond. Pd \$1350, asking \$795 obo. Call Mary Anne at 837-6493.

For Sale - Used Crow River Lift – fits full size van. Very Good Condition. Asking \$1000. Phone Alberta at 1-204-646-2474.

For Sale - 1988 Ford Wheelchair Conversion Van. 189,000 kms. Raised roof, floor lowered 4 inches, back seat bench (fold-out bed). Includes Crow River wheelchair lift (electromechanical). Q-strait tie downs and extras. Safetied May 29/02. Asking \$14,000. Call 885-6060.

For Sale - 10 ft. folding ramps – ½ price - \$300.00 (new \$750.00) Call 885-6060.

For Sale - 1993 Chevrolet Astro, complete with a Ricon Unilite wheelchair lift, six-way power seat base and hand controls. PS, PW, rear heat and air, all-wheel drive, ABS. 68,000 km. Good condition. Asking \$18,000.00. Call Paul at 786-6786.

For Sale - 1990 Pontiac Grand Prix LE 3.1 V6, 2 door Coupe, Light blue, hand controls, automatic, cruise control, air conditioning, new safety, 226,000 kms. Very Good Condition. \$2,000 in recent repairs. Owned vehicle since 1992 - have all repair receipts. Asking \$3,000 obo. Phone 256-7476.

For Sale - 1994 Dodge Caravan Sport - Raised roof, side entry Ricon lift, air, cruise, tilt, remote start. Excellent condition - 223,000 kms. Asking \$10,000 obo. Call Ken at 1-204-325-9802 or 1-204-325-3530.

For Sale - 1981 Dodge Ram B250 van modified for wheelchair use for sale. Vangator wheelchair Lift. Power drivers seat. Passenger seat on manual tacks. Raised sport roof with sun roofs. Annual rust proofing by Rust Check. Record or original invoices of all work done since 1981 available. Photos available on request. \$5,000.00 OBO. Phone: (204)-339-3708; (204)-787-2026
Email: aschryvers@canparaplegic.org

For Sale - Used Ricon Lift – fits full size van. Very Good Condition. Phone Bev at 1-204-537-2281

Wanted - an 8 row by 8 row Roho. Fairly new is preferable. Call 885-2369

NOTICE:

Please join us on November 28th at the Rehab. Centre Auditorium for a Musical Meet & Greet with Bob Egan of the band "Blue Rodeo" sometime between 12:30 and 3:00 p.m. (exact time to be announced - please check our website: www.cpamanitoba.ca or call CPA at 786-4753 as the date nears). Bob is CPA's Ambassador and has a professional background in industrial psychology. He will be in Winnipeg on tour with Blue Rodeo at this time. For info on Bob Egan, see his website at www.bluerodeo.com/bob.html

Presentation by Gary Karp

by Scott Byjers

On July 29, 2002, I had the pleasure not only of attending a presentation at the Rehab Hospital at the Health Sciences Centre by author and speaker Gary Karp, but also of spending some further time with Gary afterwards.

Himself a wheelchair user, Gary was injured in a fall at age 18. He is the author of two excellent books, *Life On Wheels: for the Active Wheelchair User* and *Choosing a Wheelchair: A Guide for Optimal Independence*. *Life On Wheels* has been described quite accurately as a comprehensive look at the modern disability experience and includes chapters on medical concerns, health, home access, sexuality, and what I believe to be a truly excellent chapter on the experience of disability. *Choosing a Wheelchair* guides the reader through a selection process of a wheelchair for optimization of mobility.

His presentation at the Health Sciences Centre was personal without being maudlin, motivating without being preachy and in the end, dare I say it, inspirational. I personally enjoyed Gary's discussion of typical stereotypes of disability including object of pity or extraordinary individual. Gary emphasized that, from his perspective, he is in no way a hero or extraordinary person and he clearly demonstrated that he is no object of pity.

After his presentation, I was able to spend a couple of hours with Gary, an experience I found very enjoyable as he is an intelligent, honest and amusing conversationalist. In addition to his books, Gary also maintains a website: www.lifeonwheels.org which is definitely worth a visit and which provides links to other sites of interest.

If not delivered, return to:

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

MEMBERSHIP APPLICATION



YES! Count me in as a member of the Canadian Paraplegic Association (Manitoba) Inc. All members receive "ParaTracks" CPA (Manitoba) newsletter, "Total Access" CPA National Magazine and voting privileges at the Annual General Meeting. Members also receive discounts at various health care supply stores – Stevens Home Health Care Supplies (special pricing for supplies & 10% off equipment), The Access Store (10%), Northland Home Health Care (10% off medical supplies), Disabled Sailing membership (25% discount) and student rate membership at the Joe Doupe Fitness Centre (\$91/year).

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| <input type="checkbox"/> \$100 - \$249 - Sustaining Member | |

All Monies donated remain in Manitoba to support CPA (Manitoba) Inc. An income tax receipt will be issued for any amount over \$15.00. Sustaining, Charter and Patron Members will receive recognition of their generous contribution in the context of events such as our Annual General Meetings or in the programs of other CPA (Manitoba) Inc. functions.

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Mail to: #211 - 825 Sherbrook Street
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For more information:

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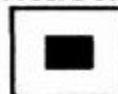
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