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(Manitoba) Inc.

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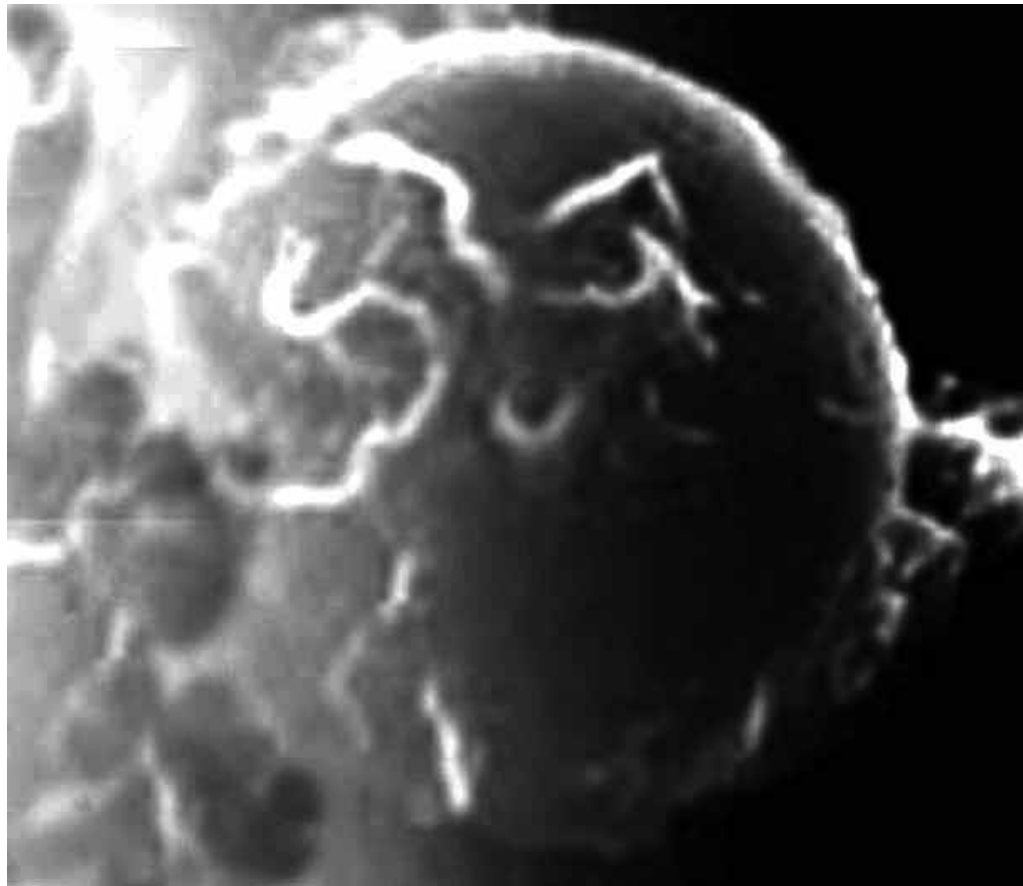
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SPRING/SUMMER ISSUE

ParaTracks

Newsletter of the Canadian Paraplegic Association (Manitoba) Inc.



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Divide**

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AND... Everything You Need to Know about "Day at the Beach"


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825 Sherbrook Street
Winnipeg, Manitoba R3A 1M5

Tel: (204) 786-4753

Fax: (204) 786-1140

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

E-mail: winnipeg@canparaplegic.org

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**paraplegic or tetraplegic*



Existential Angst or... Fear and Loathing at 40

by Lorne Chartrand

ex·is·ten·tial·ism a chiefly 20th century philosophical movement embracing diverse doctrines but centering on analysis of individual existence in an unfathomable universe ...

Fate is full of surprises, isn't it? I was blindsided recently by a collision of dates that sent me into an existential tailspin that I think is worth relating. Between February 28th and May 1st I marked three big anniversaries; 10 years since my spinal cord injury (SCI) occurred, my 40th birthday and one complete year as Communications and Public Education Coordinator for CPA Manitoba. At face value, only the latter should have any relevance to how I look at the world. In reality, it goes much deeper than that...

Living with SCI affects more than biological function; the emotional strain of everyday life is felt deeply by many. Recognizing the seething quagmire that passes for rehabilitation for so many, CPA (Manitoba) Inc. has developed a program for newly injured, persons, called "Reclaiming Selfhood", in which people share their pains and attempt to extend the completeness of their rehabilitation and address the existential concerns (psychological adjustment to disability) that have since emerged in my own life. In addition, growing inter-

est in these types of issues has led to an "information session" held in Brandon in May, addressing relationships. (See inside for details on both programs.)

Employment also is a difficult prospect for some people with SCI. Some are able to overcome a variety of "disincentives to employment" that exist in society while others don't. Each struggle is a deeply personal story of adaptation to SCI. What follows is basically a barstool conversation, which I can justify by my unique situation. My personal perspective on living and working with a high-level spinal cord injury is something that most able-bodied persons would only get by dropping in on Internet chat forums populated - nearly exclusively - by those who live with SCI.

So here goes...

When I was first injured on March 15, 1995, I was virtually convinced there would be a cure for SCI within five years. Mistake number-one; most organizations involved with rehabbing SCI discourage the misplaced hope that this entails. It can be seen as escapism and a vehicle that enables putting off the crucial and immediate struggle to

E-MAIL ADDRESSES & VOICE-MAIL EXTENSIONS:

Phone: 786-4753

<u>Staff Name</u>	<u>E-mail Address</u>	<u>Ext.</u>
Roslyn Dooley	rdooley@canparaplegic.org	221
Adrienne Conley	aconley@canparaplegic.org	222
Lorne Chartrand	lchartrand@canparaplegic.org	223
Audrey McIlraith	amcilraith@canparaplegic.org	224
Darlene Cooper	djcooper@canparaplegic.org	225
Greg Winmill	gwinmill@canparaplegic.org	226
Pauline Wood Steiman	pwood-steiman@canparaplegic.org	228
Yvette Rivera-Colmant	colmant@canparaplegic.org	229
Colin Mathieson	cmathieson@canparaplegic.org	230
Dan Joannis	djoannis@canparaplegic.org	

Please note that Dan Joannis can be reached at the following telephone number: Dan Joannis (204) 787-2026

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

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rehabilitate body and mind. What prevented an emotional breakdown in my life was that small voice somewhere in my consciousness that constantly reminded, "You know this may not happen..."

Ten years later, I still maintain a hope that 'the cure' will be soon, and that one day I will walk again. I know I'm not alone in my hope - this is the expressed intent for fifty percent of net proceeds of the Rick Hansen Wheels in Motion event (in Winnipeg on June 12 at The Forks, Scotiabank Stage).

So, in the meantime I resolved to improve myself and to hone the best of my abilities. I am most passionate about journalism and storytelling, however, through advocacy efforts I am able to affect society in a positive direction. It's all about targeting the appropriate audience. I have moved on and carved out a place where I can contribute to the world.

The problem is fatigue and "playing through the pain." Trust me, I've dealt with sports injuries and they're not nearly as persistent as the aches and pains that accompany spinal cord injury. Fitting a high-level spinal cord injury and full-time employment into my life means that fatigue is something you simply live with. In my first ParaTracks editorial I wondered if I could withstand the strain. Honestly, sometimes I still wonder...

Now for the existential part; here I am, forty, employed and single, with a spinal cord injury - I spend a lot of time thinking about life, legacy and what, in the end, it all means. All of my life I believed my life would follow the traditional path - a relationship, children, a house and home and a retirement where I would look back on my accomplishments and feel proud of what I've left behind.

But none of that has happened.

As much as I love my job, all my accomplishments seem to ring hollow without a romantic partner to share them with. My recent string of milestones has left me feeling empty inside but I'm at a loss as to what to do about it. I feel paralyzed more so in my consciousness and self-perception than in my physical abilities.

I've always been almost neurotically shy when it comes to approaching the opposite sex. When attracted to someone, my best overture has always been to avoid eye contact and blurt out the silliest thing I can possibly think of. Now, however, I'm completely at a loss. Going against everything that rehabilitation programs try to instill, my personal body image stops me cold. I know a relationship is possible; I experienced one that, when it ended, left me completely devastated. That was five years ago, and now, like a line from an REM song whose name escapes me, I "can't get there from here." An incurable romantic, I've always tended to invest myself deeply and as a result, the sting of broken dreams goes just as deep.

Is this a shameless use of my position and this column in a

desperate bid to find something in life to cling to? You bet it is. I've wanted to do it since taking over as editor of this newsletter. The thing is, I know I'm not alone. So much of spinal cord injury lies beneath the surface, like an iceberg whose full expression is concealed by the waters of everyday existence. As always, I'm using my personal life to communicate the reality of living with SCI.

Certainly, there are many who achieve lives of, independence, self-reliance and full community participation - I envy them deeply (and I should be the last one to edit an issue on relationships and sexuality - thank God my predecessor did a series on them. He continues to thrive on the subject in a hilarious fashion... so, for now I'm in off the hook!)

So, like other writers who lay out their lives on the canvas of human consciousness, I choose to deal with my struggle in the public light. As I said in that editorial one year ago, "Reaching an audience somewhere out there may be my only refuge from the humongous challenges of my new position. I should add that this now extends to life in general, and I'm so glad that you - members and clients and others who are concerned with SCI - are out there.

One final note; when looking back on our lives, I think ultimately what is more important than our legacy is the kind of world we're leaving for future generations. Have we done

something that makes a difference? Is our society humanitarian? Do we do our best to help others who are in desperate times? Judging by the current state of world - with media reporting the greed of those who embezzle millions, while service agencies become watered-down by insufficient funding and countries reach across the globe, inflicting pain and suffering upon millions, and on and on... I wonder if those soldiers who sacrificed their lives, protecting what they believed was good in the world, would accept that this was what they had died for.

With those happy thoughts, I have to say that life is good - if not complete. I do realize that many people without spinal cord injuries struggle with the same incompleteness in their lives. I guess I'm still hoping that things will turn around - and that goes for the state of the world as well.

For now, I will continue to listen to stories, to try to understand the complexities and what lies beneath the surface - looking for hope in others. It is the stories of a culture that reflect its values, its essence and its struggles. It is up to all of us to care for what our neighbors and our communities are thinking and feeling. After all, governments don't make change - people do; but change can't happen unless people share and discover common concerns.

There is a wonderful example of that in this issue. Please check out CPA Member Doug Barker's story on stem cell research. If Doug's appeal creates change, then there is hope in one small corner of the world. Look for more from Doug on the CPA Manitoba Web and ParaTracks site soon.

Read on.

"That was five years ago, and now, like a line from an REM song whose name escapes me, I can't get there from here."



Day at the Beach 2005 » Friday, June 22, 2005, 10:00 a.m. - 4:00 p.m.

by Lorne Chartrand

Summer in Manitoba is a very short and sweet season. As the days get warmer and warmer, most of us take every opportunity we can to get away from the city and head for the province's outdoor playgrounds; campgrounds, cottages and of course the beach. For many people with mobility difficulties, however, a beach presents barriers (wheelchair + sand = disaster) that leave them gazing longingly at the water's edge. For some, just getting to a beach is a logistical nightmare.

Enter, Canadian Healthcare Products "Day at the Beach" event. Providing transportation, to the boat launch area at Grand Beach, organizers continue to make this day of fun in the sun free of charge for anybody who wants to attend. The day represents a chance for participants to plunge into a high-octane day of activities and sports equipment (I'm vowing to try tubing behind the power boat this year Jake!), there's free food and refreshments (no need to pack a lunch) and an army of volunteers to get people out of their wheelchairs and into recreational equipment that they can use on land or dive right in!

Working with the Health Sciences Centre Rehab Program, Day at the Beach also makes sure that people who are in-hospital, and are willing and able to attend, get out of the hospital to join in the fun. This is often a very special day for these people who get a chance to experience fantastic leisure activities firsthand and understand what is possible for the

future. Of course, it also allows them to establish peer relationships with those of us who attend regularly.

The concept of Day at the Beach was originated by Jake Smellie and the late Doug Grant. The purpose of the event was to create recreational and sporting opportunities for people with physical challenges. Canadian Health Care Products is honoured to carry on this event in memory of Doug Grant and his passion towards creating opportunities for people with challenges. Each year, a participant showing the determination and willingness to adapt to challenges is presented with the Doug Grant Memorial Award.

Canadian Health Care Products has, each year, strived to present the latest innovative recreational products and opportunities available around the world. This event shows true community leadership and demonstrates a spirit for others to follow. This year's fifth annual event is shaping up to exceed the previous years attendance of approximately two hundred participants.

If you have never attended A Day at the Beach, this year is a must. CPA (Manitoba) Inc. congratulates Jake and everyone at Canadian Healthcare Products for this truly inspired event.

Please call Mary at 832-9963 to book transportation or for further information.

See you at the beach!!

Beat the Heat Silver Eagle Products: COOL!

Here's a product that addresses the inability to regulate body temperature that accompanies spinal cord injury. Silver Eagle Products were originally designed for motorcycle enthusiasts who also needed to extend the body's ability to withstand the elements of summer.

All Silver Eagle products are made of a patented, three-layer evaporative cooling fabric that works with your body's heat and tap water to improve upon the body's natural cooling process. The company claims that soaking the garment in water for a few minutes to keep your core body temperature several degrees lower for hours.

They have a variety of products including hats, dew-rags... is even products for your pet!

More about the product at: <http://coolingapparel.com/>

There's also Canadian distributor you can visit at: www.exaconinc.com or contact,

EXACON INC.

Address: 254 Thames Road East,
Exeter, Ontario N0M 1S3

Telephone: 519-235-1431

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5th Annual Day at the Beach

July 22, 2005 » 10:00 a.m. - 4:00 p.m.

Rain Date: July 29, 2005 » 10:00 a.m. - 4:00 p.m.

at

Grand Beach (West Beach - Boat Launch)

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- ❖ BARBECUE
- ❖ GAMES, CHALLENGES AND PRIZES



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Please come, stay the day and join in the fun...Drop in anytime during the day...
it's come and go as you wish... Although you have to be there to win a prize...
See you at THE BEACH...



Part Two: Spinal Cord Injury, Diabetes and Heart Disease: What can be done?

by Kristine Cowley, PhD

OK, so for those who laboured through last ParaTracks article on the risks of diabetes and cardiovascular disease, you'll remember that yes, unfortunately, all of us using wheelchairs for mobility are at greater risk for developing diabetes and/or heart disease. Great! So, now what?

NOTE: For this article, when I refer to a calorie, I am talking about the Calorie, which is equal in energy terms to a kilocalorie - when you see a calorie on a food label they are talking about a kilocalorie.

Can anything be done?

Well, definitely, it's a lot more difficult for those of us who use wheelchairs than it is for our able-bodied counterparts to maintain or lose weight (or more precisely - fat). But, when successful, a low percent body fat definitely relates to greater health and reduced risk of developing heart disease and diabetes. So, here's all the rigorous scientific research you're going to hear in this article - YES - if you can decrease your body fat and/or increase your fitness, it can translate into better health.

And of course you're saying, "Thanks genius, tell me something I didn't already know!"

How much should I weigh?

Well, the answer to that really isn't known, but the outcome of reduced body fat that comes from decreasing food intake and/or increasing physical activity is one of the biggest indicators for better health. As far as body weight goes, if you have a spinal cord injury and you weigh as much as you did before you sustained that injury, you're most likely over-fat. I say this because after injury each person usually loses muscle and bone mass, and although it's sometimes hard to figure how much; 10 -15 pounds is probably not an unreasonable guess at how much lean body mass each person loses. However, if you have a lot of spasticity and maintained your thigh size then maybe you wouldn't have lost as much muscle mass - you'll have to make an estimate.

Balancing food intake and energy output.

It's all about the equation - you need to spend more than you make. What do I mean by that? Well, since we're not talking about money management - we actually do want to spend as much as (or more) than we make. In terms of energy, we want our daily intake (in calories) to equal or be more than our daily energy expenditure (our caloric output). So, if you're trying to maintain your weight you need to spend as much as you take in. If you're trying to lose fat, you need to spend more energy than you take in. Yeah, I know - it's not rocket science - but for those living with a spinal cord injury, it's a

lot harder than it looks to maintain this energy balance.

How much energy do people using wheelchairs use?

Let's face it - on the energy expense side, it doesn't take very much energy to push a wheelchair, and yeah, OK, maybe you do a couple or even ten transfers a day - how many calories

do you think you burned? Not very many. If you're a higher-level injury, and use a power chair, you burn even fewer calories. To put this in perspective, our basal energy needs - resting metabolic energy requirement, if you've heard that term - is about 1200 calories a day. 1200 calories is a heck of a lot less than the 1700-2500 calories the press talks about for 'normal' daily food/energy requirements for women and men. Out of curiosity, I kept track of my daily intake a few months back and was surprised to discover that I ate about 1300-1500 calories per day. I wasn't losing weight and I wasn't doing any extra physical activity other than just getting myself around - just the usual

activities of daily living - and, although I was trying not to eat a bunch of junk, I wasn't being overly diligent. What's my point? - I didn't need much by way of calories to maintain my weight.

I think here is a good place to mention that if your food intake exceeds your energy requirements by 100 calories a day - then, in one year you will gain just over 10 pounds (4.7 kg) in body fat! 100 calories is not much. In fact, an Oh Henry bar (57 g - the size you buy - and one of my favourites) contains 263 calories, 13 grams of fat, and 37 grams of carbohydrates - so, you would only need to eat about 1/3 of that bar to consume the 100 calories. Another way to look at this is if you only need 1300 calories a day, an Oh Henry bar is about 20% or 1/5 of your daily energy needs.

So, if you are unable to engage in any real form of physical activity then you really do not need many calories per day to maintain your body weight. In addition, if you cannot engage in any form of physical activity, then, realistically, it is only on the energy input side of the scale that you can make changes to better your health and reduce your risk of developing heart disease and/or diabetes.

OK... OK... thanks for the cheerful news; what can I do?

Well, in general, if we are as typical as the average North American then we likely get enough protein, too many saturated fats, not enough dietary fibre, and too much highly processed simple sugars.

General dietary guidelines suggest we need about 0.8 g per kg of protein per day to meet our basic needs - that's a general guideline, for people who are able to walk. There are no real specific guidelines for people living with a spinal cord



**"If you just can't
stomach bran buds
there are other ways
to get fibre into your
diet..."**

injury, but it is thought that about 0.5 g/kg is sufficient to maintain our basal energy requirements. However, for lack of any real data, and, as long as there are no other health issues that would interfere with protein metabolism (e.g. kidney problems), it shouldn't be detrimental to consume 0.8 g/kg of protein per day.

How much is that? If you weigh 55 kg (121 lbs) you need about $55 \times 0.8 = 44$ g (about 1.5 ounces) protein per day. If you weigh 65 kg (143 lbs) then you need about 52 g (just under 2 ounces) protein per day. Not much right? - So you're probably getting enough protein, but I encourage you to keep a record, add it up and check it out. There are many good websites that will analyze your foods for you.

What about fat? Well, current guidelines suggest you keep the calories from fat to less than 30% of your total calories per day. So, let's say you're eating 1300 calories per day, you should then be getting no more than $1300 \times 0.3 = 390$ calories from fat. There are 9 calories in each gram of fat so 390 calories is equivalent to about 43 g fat - which again, is really not very much. To put this in perspective, a large french fries from MacDonald's contains 22 grams of fat - about half the daily requirement for a 1300-calorie diet.

Now, on to carbohydrates. In general, the typical North American diet contains too many simple sugars and not enough complex carbohydrates. Complex carbohydrates are found in whole grain foods and many vegetable and fruits whereas simple sugars are found in processed foods like white bread, potato chips, etc. Eating a wide variety of fruits and vegetables has been shown to reduce the risk of heart disease and avoiding simple sugars (like glucose or table sugar) is related to reducing risk of developing diabetes.

So, now, if the goal is a 1300-calorie per day intake, how many calories, in carbohydrates, is that? Well, if we use the example of the 65 kg person, who needs about 52 grams of protein, and each gram of protein contains 4 calories ($52 \times 4 = 208$ calories) and we've used up 390 calories in fat, we're left with $1300 - 390 - 208 = 702$ calories. So, since 1 gram of carbohydrate provides 4 calories of energy, we have $702 / 4 = 175$ grams of carbohydrates to eat. And now... for another example, a 355 ml can of coke contains about 36 grams of carbohydrates, all in the form of simple sugar (with no fibre), whereas an apple contains about 19 grams of carbohydrate, 3.3 of this is dietary fibre. What that means is that the net carbs equals $19 - 3.3 = 15.7$ grams. So, an apple is going to go a lot further in satisfying your hunger than a coke, contains fewer calories, and has way more fibre than that sugary soda.

You may be saying "Net carbs?" Well, usually when you are counting up grams of carbohydrates, dietary fibre isn't counted (since we can't digest insoluble fibre), so when you're looking at the food labels you can take the grams of carbohydrates and then subtract off the grams of fibre to figure out how many grams of carbohydrates you are eating.

What's the word on fibre? Current recommendations are 20-35 g fibre per day. People who live in less industrialized societies eat a lot more than that. Typical North American diets supply about 12 g fibre per day. Considering that people who are spinal cord injured are less active and have less 'motility' in their digestive system, and fibre speeds up the

'transit' time of food in our guts, we for sure should try to get enough 'roughage'. So pull out those bran buds - 1/3 cup of those babies contain 12 g fibre - enough to bring a diet low in fibre (at 12 g per day) to a sufficient daily amount of 24 g, nicely in line with the daily dietary recommendations. Now if you do take this suggestion to heart - do it slowly - to avoid constipation... and the other problems related to increasing dietary fibre intake too quickly and there are plenty of websites and resources listing the amount of fibre in various foods - it's worth it to take a look.

The other thing is that after injury we lose a lot of muscle mass, which is where our bodies store our digested carbohydrates (when we have an excess), and insulin is the agent that makes this happen. If you want to put less stress on the insulin storage system - the old adage of eating more often but less each time is a good guideline to follow - and can be done regardless of injury level.

The final thing about diet I wanted to mention occurred to me only recently, as I was chewing on a late night snack of chocolate chips. Since people living with spinal cord injury use up relatively few calories, and since there are so many bene-

fits of getting in enough foods that provide value to our health (like cancer-fighting fruits and vegetables), really, if we tried to pick our daily foods by what we should be getting, we'd probably be more than full, and wouldn't have very much room for all the other stuff. Of course, the trouble with this idea is having a plan and finding healthy - and satisfying - alternatives to snack food.

One suggestion might be to go through the produce section at the grocery store and pick out your favorite fruits and vegetables and start thinking of *them* as snack food. You're not going to replace chocolate with celery, but you might replace snack foods with fresh

pineapple, mangoes, strawberries, raspberries, peaches... you get the picture. Fruit and nut mixtures -- trail mix -- can replace potato chips, etc. (except there may be a calorie count to consider here too). Try combining your absolute favorite fruits into a fruit salad and eat this when you are craving snack food. Forget about the price of expensive and exotic fruits, just drop your snack food budget and you will suddenly have more funds available for the best fruit that money can buy! Well, having a plan is the first step (pardon the pun).

On the energy output side of the scale...

Anyone who has used a manual wheelchair knows that it's easier to propel a chair on a level surface than it is to walk (provided you have enough arm strength). If you use a manual chair, you don't have the same opportunities to try to maintain some level of fitness without doing some form of very directed exercise (obviously a person in a wheelchair can't do the old 'walk up one flight and down two' while at work). But, depending on your injury level, this may mean fitting in such things as chair push-ups throughout the day (No, I don't mean pushing your chair up and down off the floor - I mean pushing yourself up off your seat). I know, sounds ridiculous, but if it's possible for you to do, it can relate to increases in strength - I attempted this as part of my New Year's plan and did notice a difference in triceps strength after a few weeks.



Nonetheless, it's sometimes difficult to fit physical exercises into a person's daily routine. It requires more effort (and generally cost) to commit the time and to have the equipment needed to maintain fitness if you have a spinal cord injury. If you use a power chair the situation is even more complicated. I've mentioned the benefits and costs of FES-assisted exercise in the past, and for those who can, increasing strength with the yellow-bands has been reported by many to translate into benefits (right Greg?), using a VERY low resistance arm ergometer has been reported by others to help them during the long winter months (right Arnie?). Finally, there's the issue of the shoulder injuries that interfere with daily life - never mind an exercise program. I am familiar with that issue, so I can understand the comment. After having three bouts of shoulder injury in the past year and a half, I have resolved to maintain lifting weights 2 times a week to prevent them from plaguing me again (so far, after 3.5 months - so good).



break - how are the exercise attempts of a C8 quad like her going to amount to anything worth bothering about?" (...and the other half of you are saying - "oh, good lord, if I hear another word about exercising I'm going to turf").

Commentary aside, studies have shown that increasing physical activity (e.g. circuit training or an arm ergometer regimen) of sedentary people with spinal cord injury can improve their cholesterol profiles and measures of glucose intolerance. Amounts like 2-3 times per week at moderate intensity have shown improvements.

My final comment relates to the amount of energy used by various exercises - not much is really known about the amount of calories burned for a given activity for those that are spinal cord injured - but I thought I would include the following as an example for those interested and able to use this form of exercise. A recent article I read measured the amount of calories burned during arm-cranking exercise performed by persons trained and spinal cord injured. Depending on the level of effort, between 6.5 and 9.5 calories were used per minute - 6.5 calories per minute at about 55% of maximum effort to 9.5 calories per minute at about 75% max. So, if you exercised at 55% for 30 minutes - that would burn $30 \times 6.5 = 195$ calories. If you then add in spurts of increased activity amounting to 15 minutes ($15 \times 9.5 = 142.5$) you could burn another 142.5 calories totaling 337.5 calories. So, it would take some effort, but if you have enough voluntary muscle function, and a keen desire to either maintain or increase your level of fitness (and lose body fat), it can be done.

Let the games begin...

Really - can a spinal cord injured person get enough exercise to make a difference?

Recommendations from the US and Canada general press (or the movie "Supersize Me" - where I get all my diet and exercise information) suggests we need at least 150 minutes of exercise per week to promote a healthy life. So, if you can, there's the plan. I consider it training, *training to be alive at 55*.

Yeah, you're right, the statement is probably overkill, but it is true that maintaining fitness and strength directly relates to better health and reduced risk of cardiovascular disease and type II diabetes. Now you're saying - "gimme a

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.

During the month of February:

- » funding was granted to cover the cost of a low air-loss mattress for a CPA member. This mattress is on loan until the CPA member no longer requires it.

During the month of March:

- » funding was provided for the purchase of a TENS unit (transcutaneous electrical nerve stimulator) for a CPA member. This unit was proven effective in relieving the member's pain.
- » funding was granted to CPA (Manitoba) Inc. to support the position of Communications and Public Education Coordinator. This position contributes to the organization's capacity to acquire, retain and utilize volunteers, educate the community about issues related to persons with spinal cord injury, better serve CPA

members and generate public and corporate support that will contribute to the sustainability of the organization.

- » funding was granted to cover the cost of customized backrests for two CPA members whose seating needs were complex and demanded a specialized intervention that is uniquely available through equipment vendors.

During the month of April:

- » financial support was provided for the research study titled "Pilot Study: Are currently available outcome measures reliable and response to the differences in the occupational performance of lightweight and ultra-light wheelchair users?" The results of this research will be used to determine if the most appropriate wheelchairs are being provided that support wheelchair users to participate fully in the occupations of their daily lives.
- » funding was granted to cover the cost of a tub transfer bench for a CPA member who is unable to transfer

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directly into and out of a tub for bathing. This bench will optimize the member's safety and independence.

- » funding was provided to cover the cost of repairs to a motorized wheelchair for a CPA member. The motorized wheelchair had been on loan to another CPA member but was returned to CPA when the member passed away.

Visit MPF's website at:

www.cpamanitoba.ca/mpf Applications for assistance are available through the website or by contacting the CPA office.

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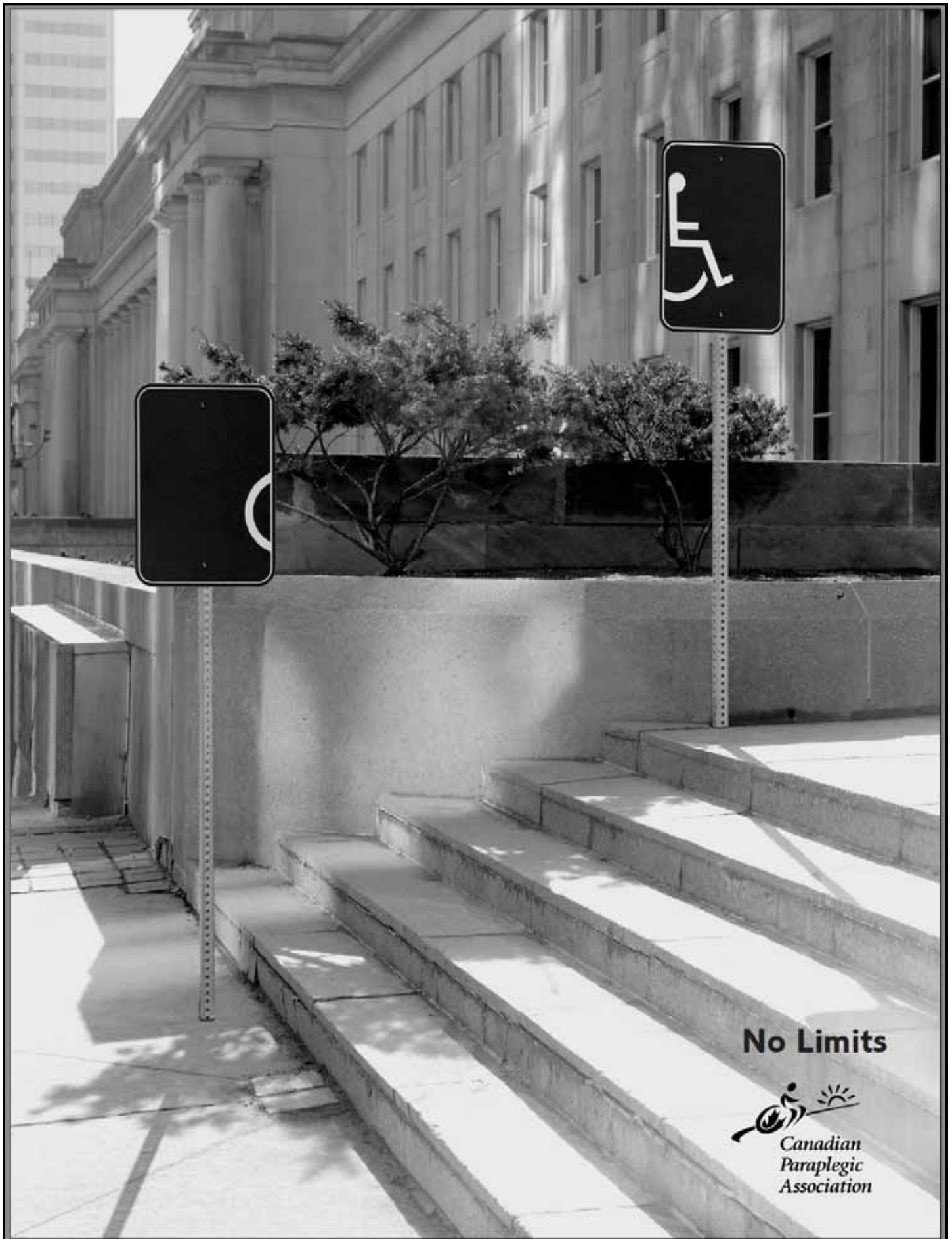
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Mathieson Back on Track

by Kevin Black

I'm sure we can all remember last year when we heard on the news or perhaps from a friend that Colin Mathieson had been prevented from competing in the 2004 Paralympics games that were held in Athens Greece in the summer of 2004. Many people had wondered what would happen to Colin's career and when he would next compete. Colin's invite, then, to the inaugural Paralympics World Cup from May 12-15 in Manchester, England, came as a sweet surprise to everyone. Colin even wondered if he was being "punk'd" by some practical joke and friends.

The invite turned out to be legit and Colin was invited to race in the 100m and 200m sprint events. This event marks Colin's first major international competition in two years and he competed against some of the world's best from over 41 different countries including Great Britain, China, USA, Australia, South Africa, and Canada. Colin hasn't lost much speed during his layoff as he turned in sixth place finish in the 100m sprint and seventh in the 200m.

Later this summer Colin will be competing in the Canadian Paralympics Championships, July 24-26 in Regina and the European Paralympics Championships, Aug 17-28 in Espoo, Finland. I know I'm not alone when I wish Colin the best of luck for these upcoming events.



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Stem Cells...Are We Ready?

by Doug Barker



ParaTracks is proud to include the following perspective on stem cell research from CPA member Doug Barker. While ParaTracks encourages contributions from members, the opinions expressed within membership contributions do not necessarily represent the views of CPA (Manitoba) Inc. or ParaTracks magazine. Comments may be directed to paratracks@canparaplegic.org or directly to Doug at: www.freewebs.com/questionforthespinalinjurycure

Stem Cells are hope! They are a medical marvel which may one day unlock the prison of Paralysis and many other terrible diseases and afflictions forever. What makes them unique is that they can potentially develop into any cell type in the body. They have the theoretic capability to act as the body's 'repair system'. Scientists think they can divide without limit and replace other damaged cells. When a stem cell divides, it can either remain a stem cell or turn into another type of cell such as a brain cell, muscle cell or red blood cell. What this means is that stem cells could potentially repair damaged heart tissue, spinal cord damage, stop and/or reverse the effects of Parkinson's, ALS, Stroke, Alzheimer's, repair a damaged kidney and multitudes of other horrible afflictions associated with human suffering. Sounds great, doesn't it? There is a catch... there is always a catch; that is the human experience. Moral dilemmas often stand in the way of progress.

But before we get to that, how do stem cells work?

Somatic Cell Nuclear Transfer (SCNT)

SCNT (Somatic Cell Nuclear Transfer) involves removing the nucleus of an unfertilized egg cell, replacing it with the material from the nucleus of a "somatic cell" (a skin, heart, or nerve cell, for example), and stimulating this cell to begin dividing. Once the cell begins dividing, stem cells can be extracted 5-6 days later and used for research.

Source: CAMR (coalition for the advancement of medical research)

How is SCNT Different from Reproductive Cloning?

The aim of reproductive cloning is to create human beings by cloning human embryos.

Source: CAMR (coalition for the advancement of medical research)

The brightest minds on the planet have unearthed the theoretical potential of stem cells. Dr. Harold Varmus, former Director of the National Institutes of Health testified before the U.S. Congress on December 2, 1998 on the promise of Embryonic Stem Cell research. Embryonic stem cells are different than those found in all young and adult beings or 'Adult Stem Cells'. Embryonic stem cells are 'pluripotent', meaning they can turn into virtually any cell type in the body. Adult stem cells, as far as they know so far, are not 'pluripotent'. Adult stem cells can and will be pursued vigorously to unleash their potential. Embryonic stem cells, currently at the forefront of scientific discussion and controversy, contain an enormous potential that many scientists and researchers alike agree have a greater potential than the adult cells. There is a possibility they could, in a much shorter period of time, relieve the suffering of hundreds of millions of people worldwide. The catch? Morality and ethics. Living as a C-5/6 quadriplegic for twelve grueling years, I found myself wrestling with these two words. I have intense-

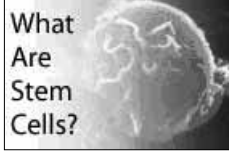


Photo by NIH

"We all have moral intuitions. Concerning embryonic stem cell research, the question that we face takes a familiar form: does the end justify the means?"

ly researched the subject and found a couple of paragraphs from the International Society for Stem Cell Research that I thought would help clarify 'the catch'. They are as follows:

"Ethics is not a specialized body of knowledge. Ethics is a conversation about questions. In that conversation, everyone has a place. We all have moral intuitions. Concerning embryonic stem cell research, the question that we face takes a familiar form: does the end justify the means? In some moral situations, one or more of us might answer that question in the affirmative. For example, someone might conclude that the end of teaching lifelong lessons to a child justifies imposing discipline as a means. In other situations, it may seem that the end does not justify the means. Most of us would not approve of robbing a bank as a means to the end of helping the poor."

"In the case of embryonic stem cell research, the end that scientists hope to achieve is the relief of human suffering. That this is a humanitarian and worthy end is not in dispute. The controversy is about the means, namely, the consumption of donated embryos. More particularly, embryonic stem cell research and therapy would use donated embryos that, by virtue of donor instructions, will never enter a uterus. Is it permissible to use those means to that end? Ancient religious texts provide little guidance. The ancients did not understand embryology, did not imagine that scientists might create and nurture what we now understand as embryos in the laboratory. Nor can we get an answer from laboratory experiments. There is no test for whether an embryo is a person. Instead we are left to our own devices, to our own moral reasoning."

So, in short this means that we all have to make up our own minds. My opinion? (I knew you would ask), is this. I do not know where human life begins. There are multitudes of opinions out there, each having their own merits depending on what you believe. I believe science has proven that once fertilized, an egg cell becomes an embryo, and contains all the genetic information needed to form a human being. The question then would be....is this the beginning of life? Some faith-based opinions would say yes, this is the beginning of life. Others might argue that life begins with consciousness. To quote Rene Descartes "I think, therefore I am".

It often seems that people speak out against Stem Cell Research without examining all the facts. I urge you to educate yourself on the topic before you form an opinion one way or the other. With the quality of life for millions of humans at stake we should not blindly follow current trends. One quote that blew me away came from Maura McCarthy-Stanford, a Catholic mother of a diabetic child. It aired May 25, 2005 on Nova Science Now. She was describing her feelings on embryonic stem cells. She said: "To me, that ball of cells is the miracle of possibility. It's the possibility of becoming a human being if it ends up implanted into a woman, it's the possibility of becoming cells to be put into my

daughter because she needs to be cured of diabetes, it's the possibility of becoming nerve endings for spinal cords so that somebody can walk again. It hasn't made it's mind up yet of what it wants to be and therefore it is the possibility of all different kinds of life, whether it is new lives or saved ones."

The fact is that no one on either side of the argument really knows for certain where life begins. My opinion, and maybe a controversial one to some is this. Does the end justify the means? I believe it does in the case of 'Therapeutic Cloning' or SCNT and discarded embryonic stem cells. There is a major source of excess embryonic stem cells from In Vitro fertilization clinics for the purpose of fertility treatments that, if not used for research, would otherwise be destroyed. Some people argue that it is against their faith to destroy one life to save another. Others, afflicted by disabling conditions reject the infringement of opinions of others on their personal fate. I can't and won't even try to change their opinion. My Christian faith is also very strong, yet I ask, "How do we know God didn't create those discarded embryonic stem cells in a bid to advance science and end multitudes of human suffering?" Maybe he has heard our cries and our prayers and thinks we have suffered enough. If you do not have, live with or work closely with someone who is affected by one of these afflictions, you cannot know the anguish. But know this! In a split second, it could be you, your spouse, your son, your daughter or a close loved one needing treatment that does not yet exist. I believe that if the excess cells are being discarded anyway, therefore eliminating the 'potential' for a human life, then it would be irresponsible for us as compassionate human beings to discard a 'highly potential' opportunity to advance science in the hope of ending horrendous human suffering. The 'life' in question, would - through the process of extremely important and potentially lifesaving research - have served a lifetime of purpose.

How do we go about this? First of all we ban 'Reproductive Human Cloning' right away. There is virtual unanimity supporting a legally enforceable ban on all forms of this type of cloning. We support 'Therapeutic Cloning' or SCNT. We need sustained government support to aid in this forward moving and highly potential research. The Canadian Government, through the CIHR (Canadian Institutes of Health Research), has set up strict bioethical guidelines for all Government funded stem cell research. A Stem Cell Oversight Committee has been set up to monitor all Government funded research to ensure strict ethical guidelines are followed. Read more at:

<http://www.cihr-irsc.gc.ca/e/1487.html#?> Certainly it is inevitable that some rogue scientist will clone a human. We probably won't be able to stop that. However, the science is here, we need to embrace it, and police it. Because a crook uses a knife in a robbery, does that mean we all have to lose our ability to spread butter? Again, common sense has got to lead the way. The United States' watchdog is the NIH (National Institutes of Health), who have also set up strict

bioethical guidelines for all U.S. Government funded research projects. Read more at: <http://stemcells.nih.gov/info/basics/>

Some states, such as California, believe that Government is handcuffing researchers and are branching out on their own with overwhelming public support for embryonic stem cell research. The state of California is doling out 3 billion dollars over the next 10 years, dwarfing the Federal Government's entire output in the same area of research. I hope Canadian politicians will put a higher priority on curing all forms of Paralysis as they begin to understand the urgency of our situations.

The Canadian Government currently authorizes about five million annually for stem cell research according to a report by Global National on May 24, 2005. This is nothing when you

**"In a split second, it
could be you, your
spouse, your son, your
daughter or close loved
one needing treatment
that does not yet
exist."**



put it beside 'misspent' monies. I have friends with SCI who are suffering imminent kidney failure. Time is running out for them and has already run out for many. Case in point, Christopher Reeve. Because of my faith, I am not afraid to die. To lose this body/coffin that I am in would actually be a blessing. But, I don't want to die yet. I want to walk my daughter, who is sixteen now, down the aisle someday, dance with my wife again, go boating with my son who is fourteen, feel my dogs' fur when I pet them. I

want to go to the washroom without a nurse and a homecare aid in attendance, get up without the use of a machine to plunk me in my wheelchair, feel the wind and warmth of the sun again and have the excruciating, endless pain go away. I

will never get used to looking at my body and not be able to feel it. Twelve years in a chair, the physical changes to my body are horrific and humiliating. It is so hard to ask someone over and over again for things like a simple glass of water. At only 40 years old, I want that 'normality' that I used to have - and envy in the majority of you - back again. More importantly, I do not want anyone else to have to experience even one hour of the effects of paralysis. What keeps me going? Hope! Hope is the CPA, the Rick Hansen Institute, the University of Manitoba Spinal Cord Research Center, research at the University of Alberta, CRPF, ICHORD, research at Seoul National University, the China SCI Network, the Miami Project to Cure Paralysis and multitudes of other organizations, foundations and everyday people striving toward the common goal, 'The Cure'.

Hope arrived on May 20, 2005 when Professor Hwang Woo-suk of Seoul National University shook the scientific world by announcing in the International Journal of Science that he succeeded in yielding, through nuclear transfer, 11 immune-matched human embryonic stem cell lines derived from patients with spinal cord injury, juvenile diabetes and a genetic human deficiency called hypogammaglobulinemia. The research would one day enable doctors to cure patients of devastating diseases and afflictions using their own cells and tissue, therefore eliminating the rejection issue, Prof. Hwang explained. Timothy Caulfield, Research Director of the Health Law Institute at the University of Alberta said in an

interview on CBC Newsworld that he thought this research, now a reality, was a "Far off Dream".

In my twelve years in a wheelchair there has never been so much excitement in Spinal Cord Research. It certainly appears as if help is on the way. I really hope that Canada doesn't lag behind other countries who are currently in much more advanced stages of research and getting closer everyday to 'human clinical trials'. I realize the importance of approaching cautiously, but I also understand all too well the urgency and desperation of hundreds of thousands of Canadians living a nightmare and staring down death every day. Can the Canadian Government look us in the eyes and say they are doing everything they can? Everyday? I don't believe they can. Canada's first stem cell legislation came into effect with the passing of Bill C-6, the Assisted Human Reproduction Act, which passed in March 2004, but already needs major revision as a result of the South Korean breakthrough. The Bill permits the use, under strict licensed guidelines, of 'surplus' human embryos from in-vitro fertilization treatments to be used for very limited research, and still bans 'Therapeutic Cloning' or 'Somatic Cell Nuclear Transfer'. In fact the legislation, 'criminalizes' therapeutic cloning with a \$500,000 fine and up to 10 years in prison. Still handcuffing researchers! What kind of message does this 'in reverse' attitude send to our most brilliant scientists and researchers.

Once again, endless debate continues, while other countries forge ahead. Don't try and tell me that if any of our lawmakers had a child with a severe spinal cord injury and South Korea had the cure that they would not jump through

hoops to get their loved one's the treatment they need. We need sustained Government support with an ethical, 'move forward' approach to keep Canada in step with the world and the science resulting from this amazing research. When people become independent again, the Government will be paid back ten fold in tax dollars by putting people on disability benefits back to work again. Not to mention the recognition by scientists, researchers and the afflicted, as the alleviators of chronic human suffering! Sometimes I can't help but wonder if the negative attitude towards research for the better quality of human life, isn't being fuelled by companies or people that stand to lose monetarily from the end of many types of human suffering??? Think about it!

We have been down this road before in a sense. We have sent our young sons & daughters off to numerous wars to fight for freedom, not knowing exactly what we were getting into or what the outcome would be. But we went anyways. We knowingly sacrificed their lives in a bid to end human suffering and ensure a bright future for generations to come. We have another opportunity in front of us right now. What can you do to protect yourself or a close loved one from a possible life with Paralysis? Support the scientists and researchers who are feverishly working towards the cure. Donate to research and ask your Member of Parliament on an ongoing basis to make curing Paralysis a 'Priority'. My question is...are we ready? My answer? Yes, we are!

Doug Barker

www.freewebs.com/questforthespinalinjurycure/

Members Come Together in Westman

by Liz Labban

After two years of huge support for Brandon's annual "Walk 'N Roll" fund and awareness raising event organizers began to consider how the funds could best be used to serve persons with spinal cord injuries in what is becoming widely known in Manitoba as the Westman region. In consultation with CPA Manitoba, a survey was conducted in order to assess what members in the region would find helpful. A need was recognized for information sessions on various aspects of living with spinal cord injury and the myriad of associated concerns.

As a result, the first of a planned series of these sessions in the Westman region was held in May at the River Bank Discovery Centre in Brandon. Participants traveled from surrounding areas like Hamiota, Sandy Lake, Neepawa and Carberry. The topic "relationships" was the focus of the group. CPA members Liz Lobban and Monica Desjarlais, who both live with spinal cord injury, facilitated the group discussion and presented various examples and components of relationships.

The presentation included information on the contextual spinal cord injury.

environments in which relationships develop, such as within families, in communities, through recreation and spirituality. Interactive activities and discussion followed to identify positive and less positive aspects of interpersonal relationships,



Liz Lobban and Monica Desjarlais lead a discussion on relationships

the characteristics of positive self-esteem, levels of communication, including self-talk, concluding with the group sharing personal examples of positive/negative experiences with relationships. The Peer interaction of the group allowed all participants the opportunity to learn and share their thoughts with other individuals living with spinal cord injury.

June 22nd is the next evening information session in the Westman region. The topic will focus on "Aging with SCI". Rudy Niebuhr, Physiotherapist from the Health Sciences Centre Rehabilitation Hospital will facilitate the group. All those residing in Western Manitoba are encouraged to attend. We would like to thank "Walk 'N Roll" for their support in funding the Westman information sessions for individuals and families living with

Computer Resources for People with Disabilities

by the Alliance for Technology Access

Forward by Stephen Hawking

Hunter House; 4th edition (Sept. 2004)

384 pp 12 Charts & 32 Photo illus



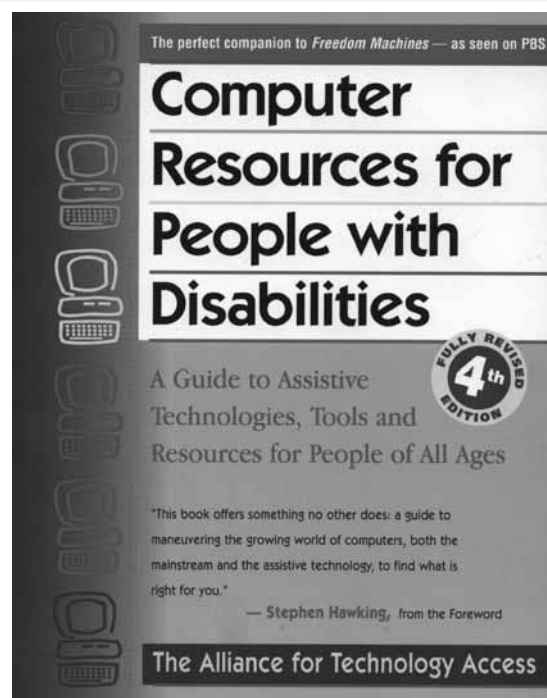
by Ed Giesbrecht

Computers can open up a wide range of possibilities and opportunities. In the past month, I have used my computer to order ink for my printer, reserve a campsite in South Dakota, submit my tax return, pay bills at my bank, get minute-by-minute updates on the NFL draft, play solitaire and write this article. Many people talk about the world as a 'global community' - where physical distance has become insignificant with the advent of the personal computers. However, if you have difficulty operating a computer, you are shut out of this network - effectively creating a barrier to community participation. *Computer Resources for People with Disabilities* is a book written with the intention of helping individuals overcome these barriers, and make computer use a pleasure, rather than a frustration (although once you gain access to a computer, you also gain access to the inevitable frustration of viruses, crashes and blue screens!).

Most of us common folk don't have a clue what we're looking for in a computer to begin with. The whole task becomes even more overwhelming if you have trouble using the computer 'as is'. When most people are in the market for something new (whether it's a car, a dog, or a spouse) they generally resort to the same strategy - ask an expert (i.e. someone who's obtained a few before ... unless it's a spouse). Fortunately, a lot of us have a 'computer geek' friend who can talk us through the basics of purchasing the computer itself.

Unfortunately, your typical street corner computer geeks don't usually have an appreciation for 'alternatives' to traditional computer access. *Computer Resources for People with Disabilities* is a step-by-step guide that walks you through the process of identifying what your needs are and suggesting some alternatives you might want to consider to make using the computer easier (or just possible). It is written in a very readable way, without being condescendingly simple. The book follows a logical sequence - from figuring out what your goals are and what barriers exist to identifying potential solutions to funding and follow-up services. Each chapter provides background information and concludes with a worksheet to help readers identify their own relevant issues.

A large section of the book is dedicated to describing specific problems, hardware/software that might provide a solution, features to consider, approximate cost and vendors that sell the equipment. Information about alternative keyboard options (i.e. different styles, shapes and sizes; on-screen keyboards) and mice (i.e. trackballs, touchpads, and switches) is included. There is general information, although not extensive, regarding Voice Recognition technology. In addition, adaptations for visual and other impairments - like screen-readers, text-to-speech, and magnifiers - are also included. The book touches on a few other 'technologies' - like environmental controls, but the main focus is computer access. There is a fairly comprehensive listing of vendors, as well as



resources and references.

There are many positive features to this guidebook. It is written in a respectful manner, and promotes independence - individuals identifying their own needs and obtaining their own solutions. The recommended solutions are typically appropriate and reasonable. It guides the reader through the entire process of identifying, obtaining and maintaining computer access solutions. The worksheets prompt the reader to identify - and write down - the issues that are relevant to them personally. The book covers a wide variety of potential barriers and limitations (although primarily related to physical disability).

For many, this guide will provide the necessary information to help them gain good access to their computer. Some people may find that they still need a little technical assistance - to get the different bits and pieces to work together properly; to provide some training (to minimize the aggravation factor); or to identify some more 'high-tech' solutions if the stock ones are less than satisfactory. Surprisingly, there are a number of Canadian vendors and resources included, but the book was written south of the border, and some of the information (such as funding and legislation) won't apply to us.

The price on the cover (\$25 US) doesn't seem outrageous, although I don't know how much it sells for locally. A quick scan on the internet indicates that the price drops considerably if you order on-line (i.e. Amazon.com). A review like this one would benefit with feedback from people who've used the book to find some solutions on their own, so let us know what you think!



Pilot Project "Reclaiming Selfhood": The Power of People and Participation

by Darlene Cooper, Dan Joannis and Dr. Marvin Brodsky

The pilot group named "Reclaiming Selfhood" began in August 2004, and represents phase two of a program that began with the financial support from Rick Hansen Wheels In Motion (RHWIM) Quality of Life funding. The program demonstrates the direct impact that Wheels In Motion events are having in the communities in which they are held. Half of net proceeds go towards improving the quality of life of people with spinal cord injury (SCI) and the other half is directed to research. CPA Manitoba has, for the past two years, received a portion of the net quality of life proceeds from Winnipeg's Wheels In Motion event, which has made this group possible. Phase I of Reclaiming Selfhood was funded by 2003 Wheels In Motion quality of life proceeds.

In the initial phases the program explored the expressed needs of individuals with SCI and researched material and methods of assisting this group with adjusting to disability after the traumatic event of a spinal cord injury. The outcome of Phase I was to implement an interactive group for people living with and in the process of adapting to SCI.

The group employs a variety of modalities to encourage participants to share their lived experience of spinal cord injury and what

meaning they give to this experience.

Participants have found the program extremely helpful and have generated ideas for expansion. Individualized psychological counselling sessions (versus group intervention) were identified as a service that would enhance adjustment to disability for new injuries in the future as well as the development of a family support group.

A positive outcome of information shared in the group is increase community participation.



"The group has totally changed my outlook on life"
- Effie Loubardias.

Effie Loubardias and Allan Lasko. Al is a member of Manitoba's provincial team, which has competed in national and international events.

Effie has taken the opportunity to try wheelchair curling and shooting.



"I curled prior to my injury and I never thought I could curl again - I loved curling. I was delighted to learn that people who are wheelchair users curl."

Group participation is voluntary, however present participants believe the activity ought to be mandatory for people with SCI in the Rehab. Hospital. Members transitioning to their homes have chosen to continue to attend the Wednesday afternoon groups which run from 2:00 to 4:00 p.m.

The initial groups involved discussion on chapters taken from the book by Gary Karp "From There to Here" copies and disseminated with permission. These are accounts written by people living with SCI who have documented their individual experiences and how their lives unfolded post injury.

Talking about others' experiences allowed the group to "tune in" to their own thoughts and feelings and share them if/when they felt comfortable.

The group identified a variety of topics for discussion such as: sexuality, relationships, self-image, self-confidence, goal setting, family adjustment issues, equipment and housing concerns, societal attitudes, reaction to illness and traumatic events, to cite a few examples.

Christmas at 'The Rehab' 2004

The suggestion for a seasonal social came from group members and was facilitated with the assistance of our Peer Committee - Al Schultz, Ken Davis, Yvette Cenerini, Brad Boisselle and Lucy DeLuca. It was a great forum for casual sharing and the development of new relationships for CPA members.



Group facilitator Dan Joannis with participant Arlene



Pam, Alexis and Ken Davis (peer committee) pause for a family photo.



Kayleigh, Lori, and Janelle attend festivities with Jeff Bobula



The Doc's Perspective

by Dr. Marvin Brodsky

In many ways the group experience was an eye opener for me. Although I had had some experience with people post spinal cord injury, it was not until this group experience that I realized the myriad of personal experiences that they go through on a daily basis from getting out of bed, to using toilet facilities to the self-consciousness they often experience when other people stare at them or whisper comments about them.

The group facilitators consisted of Darlene Cooper, Director of Rehabilitation Services, Dan Joannis, the liaison from CPA, and myself, a Clinical Psychologist. The group covered numerous topics including the above-mentioned plus important aspects of their lives such as depression over their new status, finding one's way back into society which included possible occupational endeavors, dating, sexuality, and taking risks.

The group had a core of individuals who were regular attendees, but we also made it open for others to join. In this way many of the older members served a mentoring function for the newer participants. One of the major benefits of attending group is that almost all of the members came to recognize that they are not alone. Help is available for them. They also gained a sense of acceptance by others and the group facilitators.

Anyone interested in learning more about Reclaiming Selfhood should contact Darlene Cooper at: 786-4753 ext. 225

Spinal Cord Injury, Community Inclusion, & Well-Being

Persons with Spinal Cord Injury are needed to participate in a study that examines the relationship between environmental factors, community inclusion, and psychological well-being.

This brief survey is available online, and telephone assistance is available. A survey package will be mailed to those who prefer a paper version. Your time and participation is appreciated.

Researcher: Paul Falconer, Ph.D.(cand.)
Northcentral University
505 W. Whipple Street, Prescott, Arizona
Telephone: (617) 983-2021

Email: paulfalconer@comcast.net
Online Survey: www.freewebs.com/mobilitysurvey



Making Sweet Music With Your Home PC

by Regan Block

Hello all and welcome back. I've been waiting to do this article for some time since my passion in life is music. Music reaches us all and for some people, like me, music can motivate you to learn how to play a song or maybe even inspire you enough to write your own songs. This month's article is not designed to teach you how to play any particular instrument nor to explain music theory (I'm still trying to figure out what the Cycle of Fifths are myself); what I hope to accomplish is tell you all about a few pieces of music software, hardware requirements and some fun things you can record.

First, some background on my interest in music; I started playing electric guitar when I was 16 but never really got the hang of it until several years later. When I was injured at 21, I tried to think of a cool desk job that I would enjoy and the one thought in my head was to be a recording engineer. So when I could finally afford to, I purchased a four-track cassette recorder. This led me on a chain of events that continues to this day. Soon after I bought got my house, I built a recording studio in my basement, learned the art of recording from books and magazines, and found someone to mentor me - my good friend Don (who, coincidentally, owned his own recording studio 1 block from my house). Don and I tracked (recorded) bands, mixed and mastered the tracks, and I also did tape duplication. We also did some post-production for films and I got to meet some real Hollywood stars to boot! I don't do very much recording anymore - but I do jam with some friends a couple times a month and I still practice electric guitar.

Making music today

Nowadays, almost everything you hear on the radio and TV has been recorded digitally (there may have also been an analog or tape stage at some point but I won't discuss analog vs. digital here). What does 'recorded digitally' mean? It means that the individual instrument tracks, the mixing of these tracks and the mastering (final tweaking and conversion) have been all processed on some form of computer system.

For the home user, recording digitally means that we can do all of these processes on our PC (although Macintosh is the preferred system by the Pros). Here is what you will need: A computer with enough hard drive space (20 GB free is good), a decent sound card and some software for recording and

creating music. Any two to three year-old computer and hard drive will be in the ballpark. What I did for a 'decent' sound card back in 2002 was to purchase a 'full retail' version of the SoundBlaster Audigy Platinum EX soundcard. It was much more expensive than a regular sound card (\$400CAN) but it came with a separate connection box and a six foot cable so that I never had to reach behind my computer to make audio connections. A few other things you will need at this stage are a microphone, some decent quality speakers, a CD player and some cables.

The retail version of my soundcard also came bundled with full versions of the following programs: Fruity Loops, ACID, and Steinberg - Cubase™. Fruity Loops allows you to create drum patterns as well as other instruments quickly and easily using a musical grid. ACID can create loops from your favorite song (you will need to copy the song from a CD to your hard drive first). Cubase is a sequencer program that includes many instruments. A sequencer is a song arranger, which can either be programmed in steps or actual notes.

Getting Started

So what kind of music can you make with these tools? You'd be surprised. Creating a song can be accomplished by first creating some drum patterns in **Fruity Loops** grid. If you can

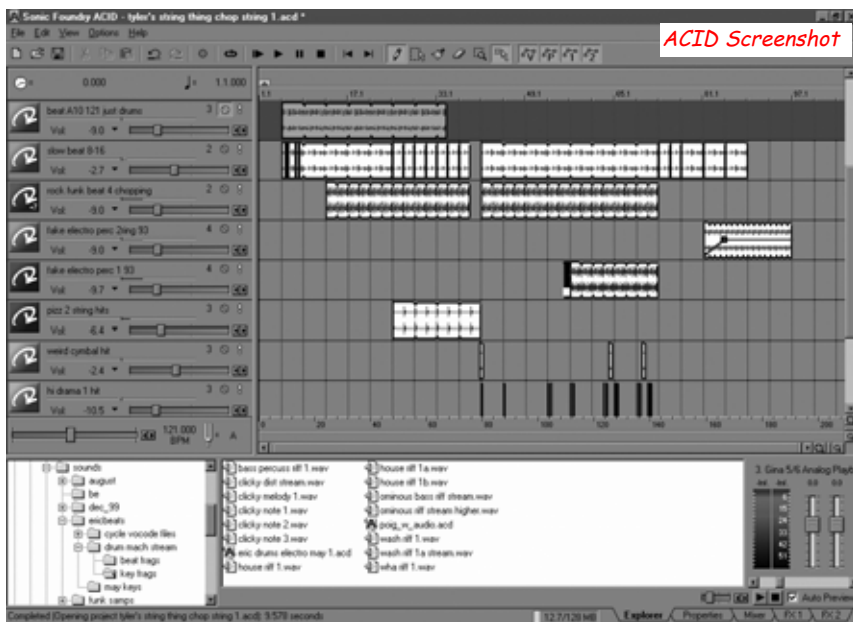
use a mouse you can play an instrument. Start the basis of his a song by first selecting a drum, like a kick drum, and then placing it in the pattern grid by left clicking on the 1, 5, 9 & 13 sections. Remember to always count to 4. If you make a mistake, right click on the bad beat. Then add a snare drum pattern to complement the kick drum at 3, 7, 11, & 15. Now you have a groove going! With Fruity Loops, you can add as many percussion sounds as you like and also change the way they sound



Fruity Loops Screenshot

by selecting different instruments or adding effect like reverb and delay etc. The only problem I found with these programs is that the controls (icons for knobs especially) are so small that at times they can be a pain to use. Thank goodness for the Undo function.

If there is a great drumbeat from a band you dig and you have a song idea that would go over that, you should use **ACID** to sample the beat and loop it... just like all those rap songs you can't get away from. You can load the song you want to sample from the CD player (or download it if you need



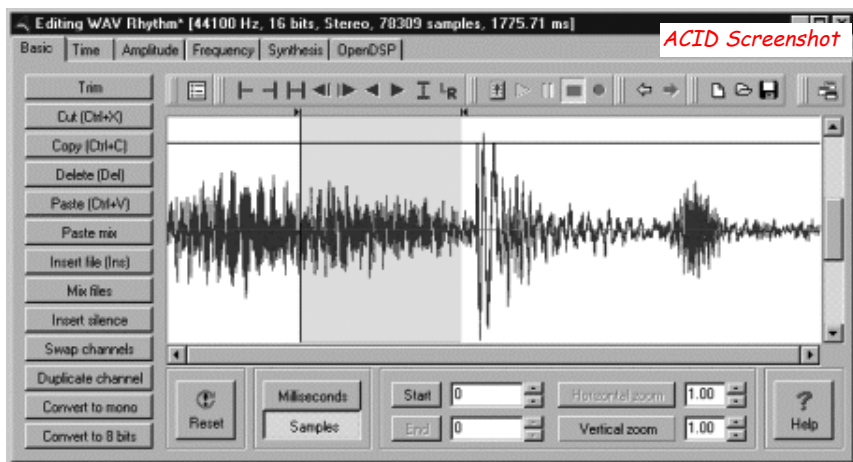
adjust the beginning of the loop so that as soon as you start the song you hear the first beat. Save that. Now go to the end of the loop and play with the end point of the loop. Keep playing it until it sounds right - count 1,2,3,4,1...on the second "1" the loop will restart. Save that. If you feel adventurous, you can get a few different loops and then copy and paste them into different parts of your song. By the way, you don't have to sample and loop just drums...you can sample anything like guitar, vocals and bass - whatever.

Before we go any further, you must get used to saving songs in a particular format (like 'wav' CD format or the smaller mp3 format) and with importing and exporting sound files. If you create a bass loop in ACID and want to use it with the drum pattern you made in Fruity Loops, you'll have to import the bass loop into Fruity Loops with a File > Import command. Another thing you will most likely run into at this point is the tempos of the 2 different parts. Simply put, you will have to stretch in ACID (or shrink) the loop so it fits the drum track. How can you tell if it doesn't sound right? Imagine a train wreck coming out of you speakers! This matching tempos process can be tricky, but with practice there will be no collisions coming out of your speakers. Our song is almost complete.

It's time to add some vocals. Don't be afraid to record your voice. If you think it won't sound good, here is your chance to use studio magic just like the pros. Using any basic program, like the Creative Sound Recorder that comes with most sound cards, you can record your vocals to the computer using the basic microphone that comes with your computer (you may have to play with your Control Panel settings to get you microphone input to work). With your backing track playing in the background, try a few takes of vocals - if you like the take (or even parts of it) save it as take 1, take 2 etc. You can even do just the first verse or chorus by themselves. You will have to do some editing similar to what you would do with ACID, but this time you are just cleaning up the beginning and ending so that only the vocals remain.

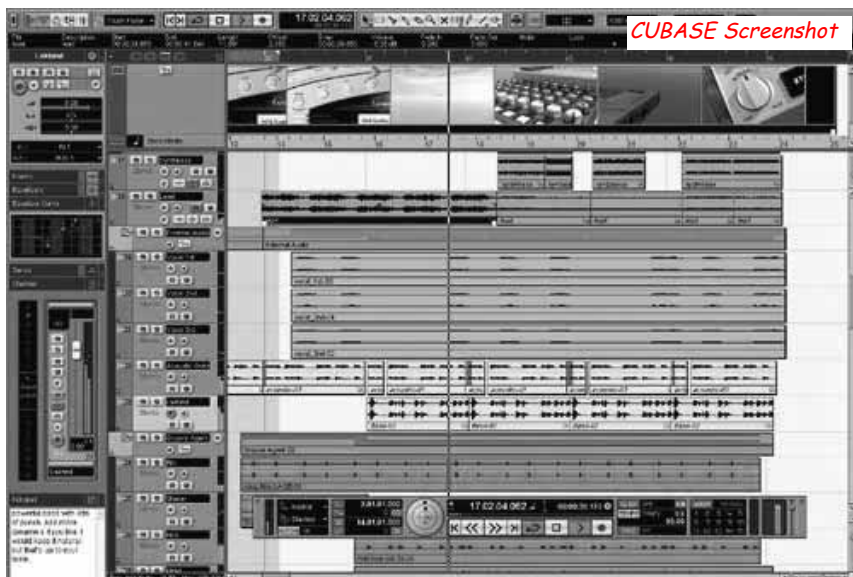
Let's mix it all together in **CUBASE**. Import each of the rhythm tracks, instrument tracks, and vocal tracks into individual channels on the mixer. Press a play icon to see that all the tracks are still in sync - if not, you should be able to move one of them left or right to adjust the timing in the channel until it sounds correct with the other channels. Save it as a 'master with no effects' now, because you will always need a basic copy of the song before you go crazy with effects. Effects are reverbs, echoes, modulation (shorter time delay effects), equalization, left/right panning, and level setting. You don't need to do all of these things, but they are fun to play with.

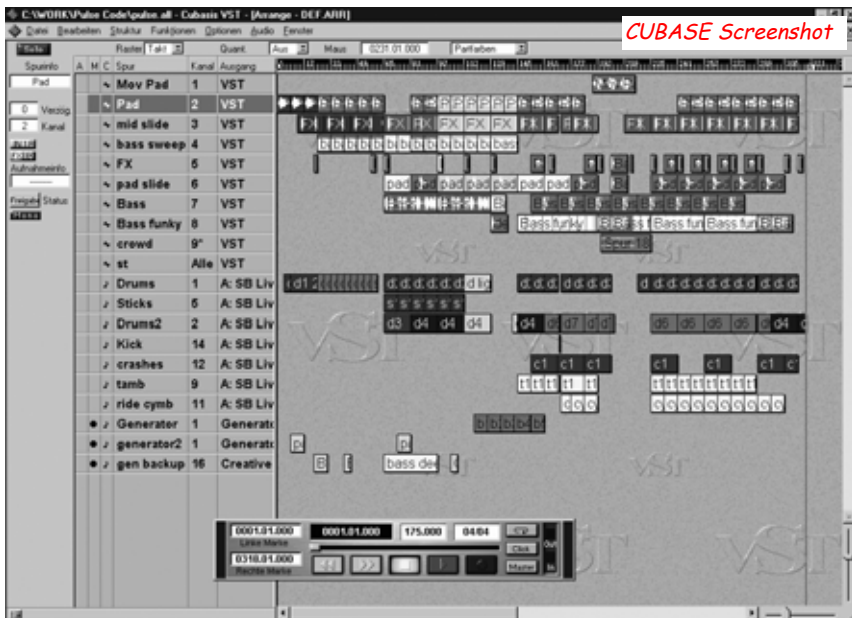
Here is your chance to spice up those vocal tracks with some 'Chorus' (to make them sound fuller) and some 'Reverb' (to get that slick studio



to) into ACID. Now, in the window of the song you just loaded, select the drum or rhythm section you want to loop and get it to repeat. Does it sound right? Probably not... You are going to have to edit the loop to get it perfect. First

the background, try a few takes of vocals - if you like the take (or even parts of it) save it as take 1, take 2 etc. You can even do just the first verse or chorus by themselves. You will have to do some editing similar to what you would do with





CUBASE Screenshot

sound). Don't forget to 'Undo' if you mess something up. When you are happy adding all the fun stuff, listen to the song in the mixer - keeping in mind the levels of each track in relation to all the others and to make level adjustments. Save

this final mix as 'Master' and you are done!

Now I hope I didn't lose too many of you with my simplified version of the home recording process, but rather, I intrigued you enough to give it a try sometime when you're bored with your computer. There is so much more I could say about music recording software, techniques, playing instruments and the music business in general. Music is my passion and it keeps me going when times are good, bad, or somewhere in between. Please refer to the following links for information and free demos of the products I mentioned. Have a great summer and if you do get a song recorded, I'd love to hear it.

Links:

SoundBlaster Audigy: Search for Audigy
www.soundblaster.com

ACID www.sonicssense.com/sfoundry.htm

Fruity Loops www.fruityloops.com

Cubase - Search for Cubase www.steinberg.net

Cool Edit Pro (This is the mixer, editor that I use)
www.softpedia.com/get/Multimedia/Audio/Audio-Editors-Recorders/Cool-Edit-Pro.shtml

Northern Guide Dogs Inc: "A Gift of Freedom"

Northern Guide Dogs Inc. is accepting applications from prospective clients who wish to obtain an assistance dog. Assistance dogs are guide dogs for the visually impaired, hearing ear dogs for the hearing impaired, service dogs for all other disabilities, as well as therapy dogs for institutions, organizations and individuals; as well as any combination of the above. Those who qualify for the program received both the animal and the required training without charge. If you or anyone you know is interested in becoming a student with Northern Guide Dogs Inc. and work towards receiving one of these "Gifts of Freedom," check out their website at <http://members.shaw.ca/guide-dog/> or give them a call at 1-877-669-8493 or 1-204-239-8975



Northern Guide Dogs Inc. is a nonprofit organization started by President Geoff Fierce, who is legally blind and hearing impaired. Fierce says the inspiration to form a nonprofit organization to supply assistance animals free of charge to those in need came to him in a dream. For that dream to continue Geoff appeals to the community to chip in.

"Whether it is by giving financially or through volunteering as a Foster Parent during the first year of an Assistance Dog's life, a Puppy Hugger, a Dog Walker or any other little

task that you wish to help us out with... every small step toward making this dream come to life will go toward rewarding someone who looks to be partnered with one of these special dogs."

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and much more

'Keep the Romance Alive'



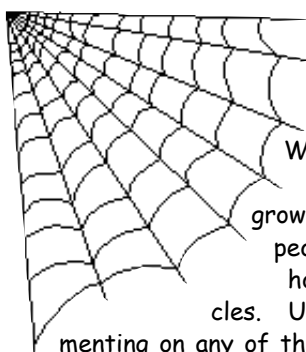
Congratulations Ryan!

Ryan Sturgeon Graduates with "Great Distinction" from Brandon University at the convocation on May 29, 2005, with a 4 year Bachelor of Science Honours Degree in Psychology. Ryan has been awarded a scholarship to continue his studies. His long-term goal is to become a clinical psychologist. Congratulations, Ryan!



Ryan is the founder of the Brandon "Walk 'N Roll" annual fundraising event to heighten awareness about spinal cord injuries. This year's event will take place June 17th at the River Bank Discovery Centre. Registration at 4:30 p.m.

WEBMASTER'S CORNER



Welcome...this is your friendly neighborhood webmaster with the spring/summer edition of Webmaster's Corner.

The number of hits continues to grow. This is always nice to see that people are visiting and reading. I hope everyone is enjoying the articles. Unfortunately, still no one is commenting on any of the articles so that it is still disappointing. Feedback to these articles is always greatly appreciated.

As always everyone is welcome to start their own conversations, share your own experiences, express your thoughts or talk about anything. And if you have any disability-related events you would like to be posted in the calendar, feel free to send me a message.

Just a reminder, registration in the News Forums is FREE. (I promise not to send out any unwanted e-mail.) Feel free to comment on any articles posted. As well... feel free to start your own topics or polls.

You can get to the News forum by either going to CPA Manitoba's homepage at www.cpamanitoba.ca and clicking on News, OR by going to the following address:

www.cpamanitoba.ca/forums/index.php?act=home

CPA Manitoba Homepage: www.cpamanitoba.ca

If you'd like to see any particular categories added to the forum, please feel free to mail to me at:

webmaster@cpamanitoba.ca

Husky and MOHAWK:

A great reason to gas up Canadian!

Look for an exciting new program from participating Husky/Mohawk Gas retail outlets. At select stores there will be a special graphic displayed, indicating full service for motorists with disabilities at self serve prices. Pull up to any pump and show your Handicap placard and a customer service representative will be pleased to assist you. For the coffee lover this service isn't limited to only gas, they will also be happy to pick up a coffee or any other product offered in their stores at no additional cost. Call ahead for participating locations and for a list of all stations you can visit their website at www.huskyenergy.ca and click on the retail link, or call Husky at 1-800-661-3835.

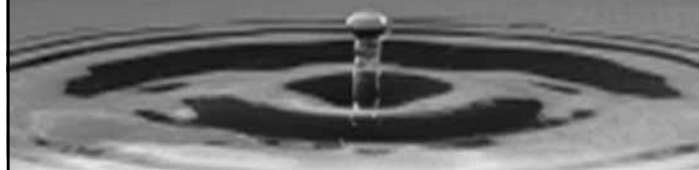


CPA extends its sympathies to the families of the following loved ones who recently passed away:

Morris Cartman
Ernest Dufresne
Arlene Dryburgh
Peter Wach
Ray Forzley



Legacy gifts to the Canadian Paraplegic Association...



...are future gifts, from your estate or life's assets

...need not cost you anything today

...can provide current and future tax benefits to you

...are a means of perpetuating your legacy of caring

...help others, forever.

CPA (Manitoba) Inc. is a participant in the Leave a Legacy Manitoba program. For more information, call the CPA office or visit our website: www.cpamanitoba.ca



Do you use a manual wheelchair **and** a power wheelchair/scooter, depending upon the activity?

You may be able to participate in a research study using an innovative product in wheelchair technology.

Power-assisted wheels make it easier to push a manual wheelchair further distances, over rough surfaces, and up ramps. Study participants will be asked to use the power-assisted wheels on their manual wheelchair for three weeks, and evaluate whether they are as satisfactory as using a power wheelchair/scooter.



If you meet the following criteria, please contact me:

- Your health is generally stable
- You live in Winnipeg (or within 75 kilometres of the city)
- You use both a manual wheelchair and a power wheelchair or scooter

Investigator: Ed Giesbrecht

Phone: 977-5630 Email: giesbre3@ms.umanitoba.ca

An honorarium is provided to all participants who complete the study.



For Sale - Fully electric bed, 1 1/2 years old, new controls. \$900 obo 942-1004. Ph. Norma @ 942 1004 or 771 3810

For Sale - All items like new, used eight months.

- » Single Restonic power bed. Fully adjustable, with "wave" control & "massage" \$1200
 - » Two full-length bed rails \$50
 - » Two half bed rails \$25
 - » Manual Wheelchair 20 in. wheels, 20 in. wide seat. Tilts back, full foot rests \$1200
 - » Jay cushion \$20
 - » standard wheelchair \$200
 - » Bath bench 30 in. wide by six in inches w/backrest \$20
- Call Gordon 338-2152 (Middlechurch)

For Sale - Track for sling lift - Contact Ken at 895-1793 or ken.sommerfield@shaw.ca

For Sale - Scooter - New batteries w/ charger, swivel seat, arm rests, basket. Asking \$1000. Bev 489-5608

For Sale - 1996 Caravan low-floor conversion van. 94,000 kms, asking \$28,000. Contact Sydel @ 339-1370

For Sale - Wheeled commode chair and bath transfer bench. Offers. Call Dale, 475-0953

For Sale - Van for sale in Thompson, 1998 Chevrolet full size extended van with wheelchair lift. call Boris (204) 677-4724

For Sale - Invacare 9000 XDT Manual wheelchair with hydraulic recline, 22" width, like new. \$1200 obo. Allan 336-0267.

For Sale - 1985 Ford van with wheelchair lift, asking \$2,500. 10 year old porch lift, offers? Contact Keith @ 837-6546

For Sale - 1994 Ford E150 Van, 6 cyl. (full size cargo van) 66,500 kms, with a Braun Swing Away Wheelchair Lift. Asking \$14,000. Safetied, A/C, Cruise Control, Tilt Steering, Rear Heat, Remote Starter, Pwr Sliding Door w/locking Fender Switches, Reclining Front Bucket Seats. Center and Driver's floor area dropped 4 inches. Vehicle serviced regularly (records available on request) Van can be driven from wheelchair or from van's bucket seat. Ph: 586-0715

For Sale - 1992 Volkswagon Eurovan GL 5 cyl. with a Ricon Unilite Wheelchair Accessible lift installed new Dec 98 plus a 6-way power seat base. Low mileage 150,000 safetied. Seats 5 plus wheelchair. Asking \$9000 obo. Phone 339-5072

For Sale - 1997 Grand Voyager RICON Activan Wheelchair Van 70,500 kms, A/C, pwr windows, keyless entry, remote start, new tires, new battery. Safetied. Lowered floor-air levelling-power sliding door-power fold out ramp \$28,000. negot. Contact Louise Olson 204-452-6904

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BBQ and freezer packages

Order by telephone or fax

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).

I wish to select the following category of Membership:

_____ \$15 - \$24 - Member

_____ \$25 - \$99 - Supporting Member

_____ \$100 - \$249 - Sustaining Member

_____ \$250 - \$499 - Charter Member

_____ \$500 and over - Patron 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.

**** IMPORTANT **** According to Canada's Personal Information Protection and Electronic Documents Act, commencing January 1, 2004, all businesses and organizations are required to obtain an individual's consent when they collect, use or disclose their information. **Unless you indicate otherwise by checking the box below, signing and returning this form to CPA, you are providing a form of consent that permits CPA to use the information you provide on this membership form for the purposes of sending out membership receipts and cards, reminder notices with membership applications and newsletters as noted above.**

CPA (Manitoba) Inc. does not sell or trade personal information and does not rent out mailing lists. Personal information is provided to a third party only for the purpose of sending out CPA's newsletters. If you have any questions, please call the CPA office.

- ☐ I do not consent to CPA using my personal information as noted above and I understand that I will no longer receive membership receipts, cards, reminder notices or CPA newsletters.

Name: _____ Signature: _____ Date: _____

Make cheque payable to:

Canadian Paraplegic
Association (MB) Inc.

Mail to:

#211 - 825 Sherbrook Street
Winnipeg MB R3A 1M5

For more information:

Phone: 204-786-4753

Fax: 204-786-1140

E-mail: aconley@canparaplegic.org

PLEASE ENTER A MEMBERSHIP FOR:

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