



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

**MPF** MANITOBA  
PARAPLEGIA  
FOUNDATION INC.

MARCH 2006

SPRING ISSUE

# PARATRACKS



*Newsletter of the Canadian Paraplegic Association (Manitoba) Inc.*

## *Images to Remember Reflecting on 60 years of CPA Manitoba*



## *Writers and Photographers Wanted*

### ***In this issue...***

CPA Manitoba Announces First-Ever Story/Photo Contest

Regan Block says farewell

Human Trials for Treating SCI: Are they safe?

Finding Your Sea Legs With Disabled Sail Manitoba



## CPA Manitoba Turns 60!

ParaTracks is a publication of:

**Canadian Paraplegic Association (Manitoba) Inc.**  
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](mailto:winnipeg@canparaplegic.org)

**Website:** [www.cpamanitoba.ca](http://www.cpamanitoba.ca)

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*\*paraplegic or tetraplegic*

**D**id you know that CPA Manitoba is 60 years old this year? It's true. Things got started in Toronto after the end of World War II. One of the greater outcomes of this war, in addition to the freedom of Europe, was improvements in medical science that increased the likelihood of survival for any person who sustains a spinal cord injury.

As you all know, we haven't looked back since. After leading the way to freedom in Europe, these brave souls continued the freedom march at home. Their efforts resulted in improved medical and rehabilitation services, better pensions and, perhaps most importantly, increased awareness in the medical community and throughout society of their abilities and potential.

CPA started in eastern Canada in 1945, the same year the war ended and soldiers returned en masse from the battlefields. The forefathers of this organization acted quickly in securing support so that so that they and their comrades would determine the course of their own lives, and achieve independence, self-reliance and full community participation.

Manitoba wasn't far behind, and in August of 1946 a paraplegic club started at Deer Lodge held its first board meeting at which George W. Hutchins of Richardson & Co. was elected Chairman and Tony Mann, Secretary-Treasurer. Official charter was granted in 1948.

Since then, CPA Manitoba, its staff, clients, members and a huge cast of supporters and stakehold-

ers have worked hard to continually elevate the quality of life for people with SCI, both in our province, across Canada and internationally.

In a nutshell, that's the story of CPA Manitoba. Certainly, there were great leaders who paved the way for all of us, but there was something more; people with SCI who sought only to live fulfilling lives, raise families and take their place within the communities of their choosing.

In that spirit, CPA Manitoba is planning some special events in recognition of 60 years of this coming together and we want your photos and stories to share with both the CPA family and the wider world.

***See page 10 for more details on how you can share your special memories, through either pictures or stories, that have something to say about living with spinal cord injury.***



### Cover Photo

While pouring through dusty old boxes of archived photos we found many amazing images from CPA's early days. None were quite as striking as the photo you see on the front cover of this issue. The image magnificently captures a moment of poise and promise. Problem is, we have been unable to identify the javelin thrower or the photographer. If you can identify the person, event, date or photographer we would love to give this photo the credit it deserves. Who knows? Perhaps it's a story for our contest...

If you can solve this mystery, please call the CPA office (786-4753) or email: [winnipeg@canparaplegic.org](mailto:winnipeg@canparaplegic.org)



## Meet Ron Burky

**S**ixty years ago my parents were just meeting. They later married and raised a family of six children including my four older brothers and one older sister. Over the years, I worked on our family farm and, as my brothers would say with a proud smile, "in the trenches", for our small family construction business. My father had a strong work ethic and though it was hard work for him and each of his sons, it was something we were all proud of. After graduating from the University of Manitoba I have been working in social services for the last twenty years. It has been rewarding to work for organizations such as Boys and Girls Clubs of Winnipeg, Society for Manitobans with Disabilities and the Children's Hospital Research Foundation, among others. Most recently, I have held Executive Director positions with Big Brothers Big Sisters of Winnipeg, and the Manitoba Brain Injury Association.

Sixty years ago CPA Manitoba was just beginning. As this publication goes to press, articles are being submitted that provide an update on a variety of activities that celebrate our 60th Anniversary. This historic milestone has afforded me, as the new Executive Director, the opportunity to get a glimpse of the history of CPA Manitoba while we plan our anniversary celebration. I am inspired as I continue to learn more about the hard work and dedication of staff and volunteers who served CPA over the last sixty years. I encourage you to join the celebration by taking part in one of our activities this year.

Over the coming year CPA Manitoba will not only honor our past accomplishments but also continue to build upon our service to our community. CPA Manitoba has developed long-term initiatives as part of an overall strategic plan that challenges us to build upon three important areas: Professionalism, Funding and Expansion and a Stronger Image.

Moving towards professionalism...CPA Manitoba is recognized for having a highly trained staff. In fact, our Rehabilitation Counselling staff credentials are among the highest in the CPA Federation. We continue to attract and hire qualified individuals and we have carried on with this commitment to support our staff through development and mentoring programs.

Moving towards funding and expansion...CPA

Manitoba is grateful for the financial support provided by all of our current funders, sponsors and donors.

Through the years, our Association has developed a strong reputation for delivering quality programs effectively. While we continue to cultivate our stable funding base, we are proactively developing funding



opportunities from new sources. Some examples of current and future activities include third-party fundraising, such as chocolate sales and a small business campaign. All of our funding initiatives help to ensure that needed programs and services are in place in the years to come.

Moving towards a stronger image...CPA Manitoba is well underway with this initiative. A Communications Plan is in place to ensure that our key message is consistently presented. Important information about CPA Manitoba and our mission continues to be successfully delivered through a variety of methods including: print materials such as ParaTracks newsletter, website, high-profile special events, direct presentations in the community and so much more.

I recently brought my oldest of my three sons, to work with me for a day to learn about my job and what CPA is about. He had a first-hand opportunity to see CPA of the present. He saw dedicated staff and volunteers who are, as I can say with a proud smile, "in the trenches" doing good work.

Sixty years from now, it would be good to know that the issues involving SCI had long ago been resolved and that there was no need for associations like CPA to advocate for eliminating barriers to full community participation. Until that day comes, I look forward to being a part of a team of staff and volunteers committed to serving CPA Manitoba. I know it will offer me a chance to work hard at work worth doing.





## CH-CH-CH-Changes... CPA MB Welcomes Two New Employees

**I**t's been a year of big changes for CPA Manitoba. With Ron Burky's move to Executive Director, an opening was created at the Communications and Public Education Coordinator's position. Once again, the successful applicant brings a multitude of skills and training from Red River College. As well, a new Rehabilitation Counsellor, Aboriginal Services with a multitude of experience will be a welcome addition to CPA Manitoba's Rehabilitation Services team.

Without further adieu:



### **Teresa Nickerson: Communications and Public Education Coordinator**

I am very excited to be here at CPA. Since I started at the CPA office on January 9th, I have been meeting many new people and learning a lot about CPA. My name is Teresa Nickerson, and I am the Communications and Public Education Coordinator.

I am a graduate of the Creative Communications program at Red River College with a major in Public Relations, and I am currently working towards finishing the final courses to complete my Bachelor of Arts degree in Communications from the University of Winnipeg. I have experience working with non-profit organizations in communications and special events fundraising.

I am particularly excited to be involved with CPA in this milestone year. Through my work on CPA's 60th Anniversary I have had the opportunity to look through CPA's archives. By looking at the photos and newsletters of years past, I have been able to see the great history of this organization. It has been a learning experience to see CPA's history from 1946 through to 2006 documented in snapshots. I look forward to helping CPA reflect on past accomplishments and look forward to the future through my involvement in the 60th Anniversary Celebrations this year.

I look forward to meeting many new people and being involved with such a great organization. I hope to meet many of you soon.



### **Maria Cabas: Rehabilitation Counsellor, Aboriginal Services**

On January 3, 2006 I became a new addition to the CPA Manitoba staff. My name is Maria Cabas and I work as a Rehabilitation Counsellor and act as a resource to our Aboriginal population. It is a great honour and I look forward to assisting clients through the rehabilitation process.

I have always loved working with people; adults, children, the elderly; and from different social, cultural and religious backgrounds. I love people in general; I am what is called a people person.

I was born and raised in Romania; more specifically in Transylvania. Every time I meet someone new I have to tell

them the real story about Dracula and the vampire. I never saw a vampire in my life, but anything is possible...

Almost 17 years ago I left my country and moved to the U.S. where I went to school and worked in South Dakota. I have degrees in counselling for chemical dependency, science and I'm a registered nurse. I've also been certified as a Counsellor level 3, which is the highest level attainable internationally.

During the years I spent in the U.S. I had the privilege to live and work on a reservation where I made many friends. My training and friendly personality were my best assets in healing many broken hearts and helping many people to recover from different situations.

I believe there is a reason for everything. It was not an accident that I worked as a counsellor with family, adolescents and children in Teckakwitha Treatment Centre for years on the reservation. The openness and honesty of the Native American people took my breath away and I love their culture, history and spirituality. They welcomed me and made me feel as a member of their family. I had the honour to participate in different spiritual-religious Native American activities from Sweats to Sun Dance, Pow-Wow, and Healing Ceremonies. I met many wonderful people, spiritual leaders, medicine men and women, memories of whom I will cherish and carry with me forever. I received a White Eagle Feather from the Sisseton Native American community in appreciation of my work.

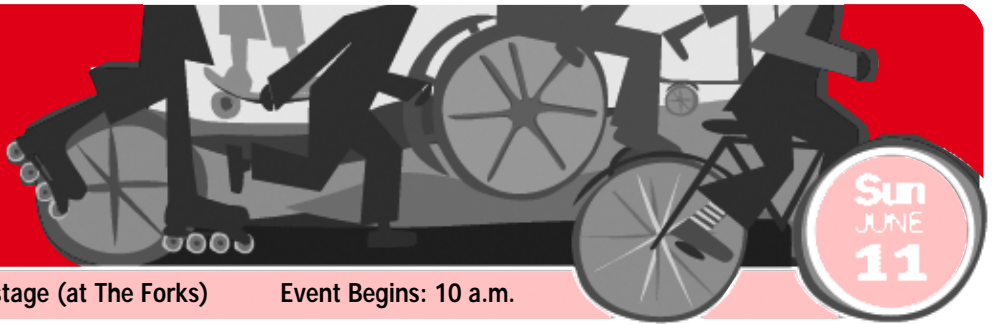
I have also worked in the Kenaston Treatment Centre in Canton- Sioux-Falls, South Dakota, providing one to one counselling, rehabilitation planning and relapse prevention, group therapy, public speaking, education, and general relationship counselling.

My journey eventually led me to Winnipeg, where I have worked in the mental health field for many years with different organizations like Salvation Army, Amba House Inc. and Lifeworks Inc.; from residential care to counselling juveniles and prisoners as well as the rehabilitation process of people with physical disabilities and mental issues. I served on the Board of the Directors for Independent Living Centre for people with Disability in Vancouver. Also I am a member of the Board for River Day Care. I volunteer at the International Centre - teaching English as a second language.

My journey continues with CPA Manitoba. I am humbled and honoured to be able to serve and assist the people in our community. My CPA Manitoba co-workers are wonderful people with lots of knowledge, patience, understanding and great partners in helping others. Thank you for accepting me so openly in to the CPA Manitoba family. I am a hard worker and a great motivator who is not afraid to ask for help when necessary. I am very patient, a great listener, knowledgeable and willing to do everything in my power to help people. I am here for the clients of CPA Manitoba. We are all related. God bless you all always.

# Rick Hansen WHEELS IN MOTION

Presented by  
**Scotiabank**



Registration: 9 a.m. at the Scotiabank stage (at The Forks)

Event Begins: 10 a.m.

Do you know where you will be on June 11, 2006? How about at the Forks, having fun and raising awareness and funds at this year's Winnipeg Rick Hansen Wheels In Motion event?

The Rick Hansen Wheels In Motion event was started in 2003 and is held across Canada to raise awareness and funds in support of people with SCI. Half of the net proceeds from each RHWIM event are used within

the community they are raised to support quality of life needs in the communities in which the funds are raised. A portion of funds raised in Winnipeg in previous years have been used to support the development of the "Reclaiming Selfhood" group program.

Rick Hansen showed the world that he anything is possible when you set your mind to it as he wheeled for two years, two months, and two days and raised \$26 million to support research and improve the quality of life of people with SCI.

This year marks the 4th year for the WHEELS IN MOTION event.

A competitive element has been added with both the 5K and 10K race and special prizes are available to be one by those who register and fund raise online. The competition will heat up another level with the Invacare Wheelchair Skills Challenge taking place at the conclusion of the walk/run. For those looking for a casual walk to show support, there is also a noncompetitive course.

Race day registration is available starting at 9 a.m.

For more information, or to get involved in this year's Wheels In Motion event here in Winnipeg, contact Teresa Nickerson at the CPA office, 786-4753 ext 223.

Mark your calendars! We hope to see you there!



*Two of our favorite Mascots!*



*The scenic Esplanade Riel*



*Hosts Lorne Chartrand and Global TV's Derrick Oliver*

## Merit Award

**A**s we reflect on the history of CPA, one large part of CPA's history is the presentation of the Merit Award. For more than 40 years, the Merit Award has been presented to several deserving individuals and organizations whose outstanding efforts need to be recognized.

In 1965, the first Merit Award was presented to George Dyck for his "outstanding contribution to the work of this Association and his untiring efforts for the benefit of his paraplegic friends." Most recently, the 2005 award was presented to the Will to Win Golf Classic committee "for its spirit and dedication in the creation and continuation of an inspirational

event that enables research, scholarship and discovery of advances that improve the quality of life for persons with spinal cord injury."



*CPA Merit Award in the hands of its first-ever recipient, George Dyck.*

The Merit Award recipient demonstrates outstanding qualities, is

an example and inspiration to others, and works on behalf of individuals with spinal cord injury or other disabilities.

To all CPA Members-we would like to hear from you. If there is someone who you feel is exemplary in their work and is worthy of receiving the Merit Award, please submit their name to the CPA office prior to May 1, 2006. You can call the office at 786-4753, email [winnipeg@canparaplegic.org](mailto:winnipeg@canparaplegic.org), or send your request by mail to the CPA office attention MERIT AWARD.



## Experiments On Humans To Treat Spinal Cord Injury: (If it seems too good to be true - it probably is)

by Kristine Cowley, PhD

**H**uman trials to treat spinal cord injury?? Today? Where? Who? Do they work? Are we really ready to start treating humans? This article is devoted to the topic of experiments in humans to treat spinal cord injury.

In last ParaTracks, we reprinted a summary from the world's first international meeting for clinical trials on spinal cord injury, hosted by ICORD and held in Vancouver in February 2004, to discuss how clinical trials might be organized for human treatment of spinal cord injury. One of the reasons for this conference was because human trials to treat spinal cord injury have started popping up in various locations around the world. This article includes some questions to ask when considering whether these treatments work.

Only a handful of human trials have been reported to date, some in international and respected scientific journals and others that have been discussed in the popular press or in web chat rooms, but are not being reported using normal research channels (journal articles, presentation at scientific conferences), and are not being assessed in any rigorous scientific way at all. Dr. Huang Hongyun's work in China appears to be an example of the latter.

Personally, I'm all for moving treatment for spinal cord injury forward, but I think it needs to be done carefully so that first, people are not wasting their time, energy, and resources on an ineffective treatment, second, and more importantly, people shouldn't be made worse by any experimental treatments.

So, questions to consider for any human treatment include: Does it work, even a little? Is this success very clear, and is it repeatable, in animal models of injury? Can the treatment make a person worse? Is it properly controlled so that the tester doesn't know if the person did or did not receive treatment? This is important because sometimes our desires and prejudices interfere with how we interpret what we are seeing (both ways - it can put things in a more positive, or a more negative light). If the treatment does improve a person's function, by how much? Does it make a person feel one inch more of their body, or can they feel their entire body and get up and stand? If the person's sensation is only improved by a small amount - is the treatment worth it?

Any mild to moderate improvement would have to be considered in relation to each person's situation, (e.g. being able to move your legs but not stand may be reason enough for one person to seek treatment but not enough for another). Of course, cost will play a role. What are the long-term effects in animals so we can know what will happen several years down the road for humans? What has to be done to maintain the treatment, and what are the side-effects? Are they worth it? For example, do people have to take steroids to suppress their immune system for the rest of their life because of the treatment? If sensation is restored, is it normal, or abnormal and painful?

Normally, when a new drug is being tested for use in humans, it goes through various stages of development and testing, and one of the most basic and important ones is to

show that the treatment is safe, and that it won't make people worse. The next step is to look at effective doses and then whether the treatment actually makes people better. Not all of the studies that have been done in humans are going through this rigorous testing. In some cases, there is no ethical approval at all.

Dr Huang (and Dr Alan Mackay-Sim's controlled treatment discussed below) relies on implanting olfactory ensheathing cells into the site of the damaged spinal cord. This treatment is based on animal experiments done in rats. Researchers showed that if you took nerve-like cells that traveled from the nose to the part of the brain that detects smell, and that if you then injected these cells into the rats' damaged spinal cords, the treated rats recovered some function. These experiments were controlled so that they could compare treated to untreated rats, and they showed that treated rats improved and recovered more function than untreated spinal cord injured rats. Now, although the treated rats performed better than the untreated ones, they did not recover complete function.

One of the potential advantages of using olfactory ensheathing cells as a treatment is that these cells can be harvested from the patient, so that unlike other transplant procedures (e.g. heart transplants), these patients wouldn't have to take immunosuppressants for the rest of their lives. I should note that the animal research showing improvement after injection of olfactory ensheathing cells used only adult cells, not fetal cells. For some unexplained reason, Dr. Huang uses olfactory cells from aborted human fetuses (rather than harvesting and culturing cells from the person being). There is no animal research showing that fetal olfactory cells are an effective treatment for spinal cord injury.

The work of Dr. Huang is being carried out in Beijing, China. If you read Maclean's magazine, you may have noticed an article last year about a chuck rider from Saskatchewan who was on a waiting list to go to China and have olfactory ensheathing cells implanted into his spinal cord by Dr Huang. He is a quadriplegic and spends many hours per week standing, doing electrical stimulation and general exercises to keep in shape, and to prevent the normal bone and muscle atrophy seen after spinal cord injury (SCI). His goal is to recover and ride the chucks again, and the only way he sees himself having any chance of that is by going to Dr Huang for this procedure, which costs over \$20,000 US, and has a waiting list in the hundreds. So, the big question is, does the procedure work?

The short answer is no.

Only anecdotal reports and testimonials claim the treatment to be safe and effective.

To date, Dr Huang has published only one report on his procedure in humans, and its point is that there is no difference in the ages of the people being treated; but what is most important is whether anyone, as a result of treatment, gets better, and that question is not clearly answered by his report. If present at all, any improvements are very small and there are no patients receiving mock treatment (to compare



to those who receive the 'real' treatment). Also, the testers are not blind as to who received treatment (so their own wishes can influence the results). Most definitely, people are not getting up out of their chairs and walking away.

Dr. Huang now claims to have treated over 300 patients, all with no adverse effects. One would think that after having treated over 300 patients, that if there were good results, they would be shown in the research literature. As far as we know, there were no 'phase I trials' to see if the treatment is safe and there were no 'controls' - fake or sham treatments to see if any improvements were because of tester bias.

I think this online quote, from a reporter who interviewed Dr. Huang says it best:

*"To me, the most disturbing sign was Huang's evasiveness. He pleaded repeatedly that patients needed to be treated: "These are suffering, dying people. I am a surgeon. The first thing is to save lives and alleviate suffering." Though this sentiment may be genuine in Huang's case, such evasions are a classic mark of the charlatan. Alternatively, he asserted that important types of controls (for example, surgery that mimicked the operation but injected not cells but salt water) would be dangerous and unethical. He insisted repeatedly that the procedure is safe."*

I think having several hundred people on a waiting list to receive a treatment, without showing that it works, is unethical.

Now to the next question; is it safe?

Well, according to Dr. Huang, there have been no negative side effects or adverse reactions, however he publishes no details of this. Others working in the field of spinal cord injury have had serious concerns about this work. One group, (Dobkin etc.) asked seven people from the US, who had already decided to go to China to receive this treatment, if they could test them to see whether their treatments worked. The seven received assessments before and after going for treatment. Dobkin etc. also documented any other reactions around the treatment. Of the seven people with SCI, who traveled to China to receive Dr. Huang's implants, five ended up with severe infections and/or meningitis after implantation.

Now, in relation to whether any one got better as a result of treatment, using objective assessments of sensory, motor and functional ability criteria, not one of these seven persons showed any improvements. So, there was no increase either in level or degree of sensation, no improvement of existing muscle function or any new muscle function, and no increase in any of their ability to carry out their normal activities of daily living.

Also of interest in Dobkin's report is that one of these seven people received implants into their brain. Why Dr. Huang chose to implant aborted fetal cells into the brain of a person with high-level quadriplegia remains unknown.

Since there are reportedly over 1000 people on Dr. Huang's waiting list for this treatment, there is no shortage

of people waiting to pay \$20 000 US to receive a treatment that has not been objectively shown to cause improvement. Also, since this treatment has been shown to cause serious side effects (e.g. meningitis), until some clear and objective evidence comes forward to show it safely works, this treatment should not be recommended to anyone.

In contrast to Dr. Huang's work, a group in Australia, led by Dr. Mackay-Sims, appears to be taking a more rigorous scientific approach to determining whether implanting olfactory ensheathing cells is safe, and then effective, in humans. They have started with a very small group. You don't want to treat more than you need to, to find out if something is safe, in case it turns out to be unsafe. They are using three experimental subjects and three controls, all with spinal cord injury. All subjects had been injured at least 6 months, so were stable and not expected to improve on their own. All subjects chosen were thoracic level injuries based on the rationale that if they did get worse, losing some trunk muscle function would be less devastating than a quadriplegic losing more hand or arm function. All testers were 'blind' as to whether the subject being assessed had received the real or fake treatment. To date, these subjects have been followed for one year after being implanted with their own olfactory ensheathing cells, and none of them have gotten worse, in terms of spasticity or pain, or ability to carry out their activities of daily living. Also, none have shown any improvement in sensation or motor function.

Despite the fact that the majority of this article points out some weaknesses of recent human research, I do think we are moving closer to possible effective human treatments that would improve people's function. But I don't think we are ready yet. Any improvements that have been shown in animals are not yet so good that we would expect people to fully recover if we started applying them in humans. Also, there is much to be done in combining approaches, and in making sure we follow the animals for longer time periods after treatment. Whenever I am asked if there will ever be a 'cure' for spinal cord injury I am reminded of my grandfather.

When my grandfather was born people traveled by horses and electricity was really just coming on the scene - I remember him describing how each family had to wire their own homes after the electricity workers came and brought a line into the farmyard - there was no running water, and he saw two world wars and a great depression. By the end of his life he had flown to Europe a half a dozen times, spent a dozen winters in Florida, and running water, electricity and motor vehicles were a given. He would look at me, and say, "you know it's really very amazing, that such a small injury can cause so much trouble". If asked, he would tell you that he has never ceased to be amazed at the changes that occurred over his lifetime. So, who knows what the future holds? Perhaps a treatment that actually improves function for those living with SCI. Provided we have political and environmental stability, the future surely holds promise.



**"...there is no shortage of people waiting to receive a treatment that has not been objectively shown to cause improvement"**

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## 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](http://www.cpamanitoba.ca)



## For Your Googling Pleasure: Recent Studies in Humans to Treat Spinal Cord Injury

**WHO DID THE STUDY:** Tarcisio Barros

**WHERE:** University of Sao Paulo

**WHAT:** 8 people with complete SCI from gunshot wounds implanted with a piece of their own leg nerve into their injured spinal cord, with some growth factors. Observed over a 5-year recovery period.

**RESULT:** No improvement, as tested by magnetic resonance imaging of the cord, pin prick and other sensory and motor testing of the patient.

**WHO IS DOING THE STUDY:** Proneuron Biotechnologies

**WHERE:** Israel, and in Belgium

**WHAT:** 16 patients within 14 days of initial SCI received their own activated macrophages (white blood cells that had been incubated outside their bodies with their own skin - to make the cells more like spinal cord cells). At the time of implantation these 16 patients had been ASIA A (motor and sensory complete) injuries.

**RESULT:** This trial was only meant to look at safety, but they reported that 5 patients did show improvement in sensation and motor function. Three moved to ASIA C (motor and sensory incomplete), and two to ASIA B (sensory incomplete, motor complete).

**PROBLEM WITH INTERPRETING THIS**

**RESULT:** These 5 people may well have shown improvement without the treatment, since they were given the implants within two weeks of injury.

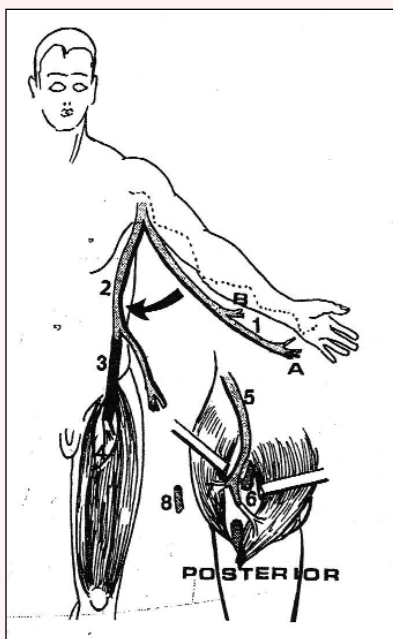
**WHO IS DOING THE STUDY:** Carlos Lima

**WHERE:** Lisbon's Egaz Moniz Hospital

**WHAT:** 7 people with ASIA A or ASIA B SCI, injured at least 6 months earlier received their own olfactory

ensheathing cells. He reported that patients had somewhat improved bladder and bowel function, reduced spasticity, but minimal to no improvement in light touch sensation or motor function. One patient got worse.

**COMMENTS:** This study did not include untreated controls and the testers were aware that subjects had received the treatment.



**WHO IS DOING THE STUDY:** Brunelli, G.

**WHERE:** Brescia, Italy

**WHAT:** 2 people received 2 different treatments. In the first, a man's ulnar nerve (which runs from the shoulder to the outside of the hand and supplies muscles of the arm and outer hand) was dissected out all along the arm and then inserted under the skin of his trunk and re-inserted into his buttock, thigh and hamstring muscles. The second patient had her sciatic nerve cut (which supplies the leg muscles), and re-inserted into one of the nerve roots that comes out of the vertebrae above her spinal cord injury. Both patients were reported to re-gain the ability to move their legs, and to be able to walk with walkers.

**COMMENTS:** The man who had his ulnar nerve re-inserted to his leg muscles will have lost all the function and sensation normally associated with that ulnar nerve (arm and hand function). Basically, this treatment completely ignores the spinal

cord below the injury and only attempts to restore the movement of three muscles. Although it was interesting that voluntary activation of these three muscles was restored, is being able to move three muscles really an effective human treatment for spinal cord injury?



## 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.*

**M**PF has approved several requests for financial support during the past few months. Some of the highlights follow.

### During the month of September 2005:

- » funding was provided for the cost of a customized inclined platform lift, which would allow a CPA member access to the bathroom and bedroom on the second level of his home. As a result, the member will require less attendant care and will gain more freedom and flexibility in his day-to-day activities.
- » financial support was provided to assist with the costs of supplies, property taxes and home insurance for a CPA member who was newly injured and was without any source of income.

### During the month of November 2005:

- » funding was provided to cover the cost of a two-month trial at the

Aquatic Centre for a CPA member. This assistance will greatly improve the member's quality of life by providing the opportunity to become more physically active.

- » funding was granted to cover the cost of product testing a new piece of equipment by CPA. The Guardian Pressure Monitor is used to check air pressure of Roho cushions and will allow CPA staff to assess this device before recommending it to members.

### During the month of January 2006:

- » funding was provided for the cost of rental, delivery and set-up of a pressure guard mattress for a CPA member for a one-month period. This mattress will prevent further pressure ulcer damage and will allow current pressure ulcers to heal.
- » financial support was provided to cover shipping costs for a ceiling track lift to a CPA member. This lift was donated to CPA on the condition

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that shipping charges be covered. This financial support resulted in a CPA member receiving a very expensive piece of equipment at no charge.

Visit MPF's website at:  
[www.cpamanitoba.ca/mpf](http://www.cpamanitoba.ca/mpf)

Applications for assistance are available through the website or by contacting the CPA office.

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# Story and Photo Contest Announcement...



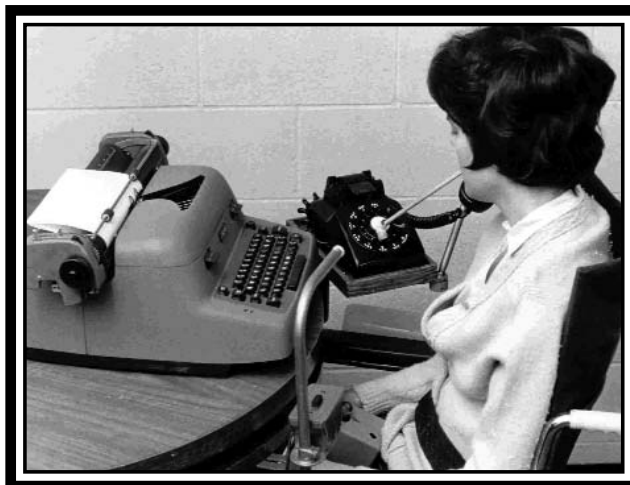
**T**o celebrate CPA's "Diamond Anniversary" and recognize 60 years of CPA in Manitoba, we will be planning a 60th Anniversary celebration dinner to be held in the fall. Stay tuned for more details in the next issue of ParaTracks...

In celebration of 60 years of providing services to Manitobans

with spinal cord injury, CPA is also holding both a story and photo contest. These contests are open to anyone who has an association with CPA: members, clients, staff, board, families, and related service providers.

Do you have a funny tale to tell, a heart-warming memory to share, or a story that could inspire others? We believe that every one of our CPA members and friends has a story to tell and we want to hear from you!

Selected stories and photo entries will be featured in a 60th Anniversary Anthology that will be revealed at our 60th Anniversary Celebration. Photos will also be on display at this event.



*On the Job*

## Story Contest

Come on, make us laugh, make us cry, send us your best stories to help us celebrate our past 60 years and look forward to the future of CPA in Manitoba. The best part is, you will have the chance to win one of three great prizes! (Additional prize details will be announced in the future.) Your story can be any length, any style, any format. It can be funny or serious, the choice is yours.

You want to write but don't know where to start? Here are some ideas to get you writing:

» Do you have a fond memory of

CPA's past that you want to share with others?

» Do you have a story about the way that someone has inspired you?

» Do you have a story about a child, grandchild, niece, or nephew who said something incredibly wise, uplifting, cute, or inspirational?

» Is there a situation that makes you laugh every time you think about it?

The winning entries should be inspired by CPA's mission statement:

*Assisting persons with spinal cord injury and other physical disabilities to achieve independence, self-reliance and full community participation*

## Story Contest Entry Details

» Stories must be your own original creation.

» Maximum word count is 1500 words, but there is no minimum word count. (A 100 word story could be just as powerful as one that's 1500 words)

» Submissions will be accepted via email and regular mail. Emailed stories should be sent to:

[tnickerson@canparaplegic.org](mailto:tnickerson@canparaplegic.org)

Mailed stories should be sent to CPA office:

Canadian Paraplegic Association (MB) Inc.

ATTN: Story Contest

211-825 Sherbrook St.

Winnipeg, MB R3A 1M5

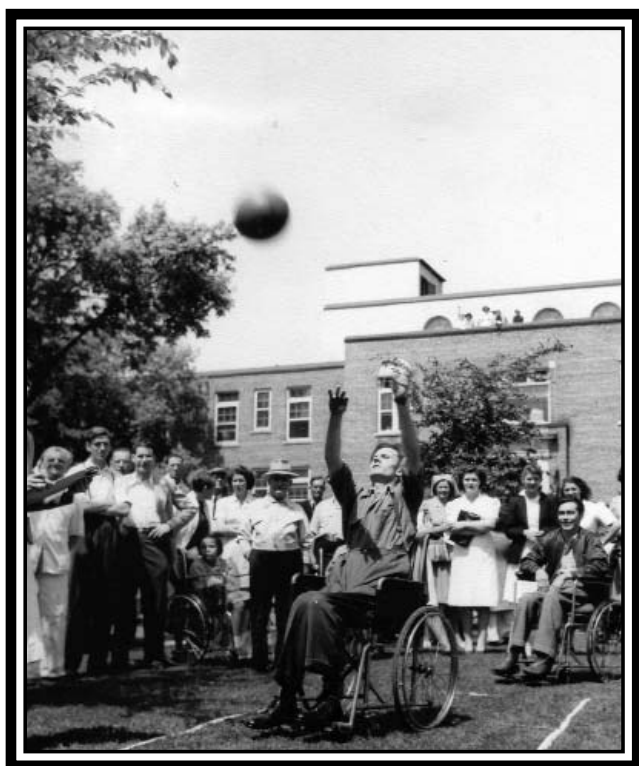
» Make sure to include your contact information including Name, Address, Phone Number, Email Address.

» Multiple entries are welcome!

» Deadline for entries is June 30, 2006.

» Typed, double spaced entries would be encouraged, but **ANY ENTRIES WILL BE ACCEPTED.**

» Judging will be done by an impartial judge.



*An Action Shot*



## Photo Contest

For those members and friends of CPA who are more visual, the anniversary activities also include a Photo Contest. Photos may show participation in work, recreation, sport, and in everyday or unusual activities depicting accessibility challenges overcome or yet to be met. Photos may be serious or humorous. Giving your photo a title is optional.

Submissions will be judged on quality, impact, creativity, and prizes will be awarded for the top three entries. So get out your camera and get snapping!



*Busy People at Rest*

## Photo Contest Entry Details

» Photos must be your own original creation, however, photos do not need to be new.

» Photo submissions will be accepted by mail only. Mailed photos should be sent to CPA office:

Canadian Paraplegic Association (MB) Inc.  
ATTN: Photo Contest  
211-825 Sherbrook St.  
Winnipeg, MB R3A 1M5

» Make sure to include your contact information including Name, Address, Phone Number, Email Address.

» Multiple entries are welcome!

» Deadline for entries is June 30, 2006

» Enlarged photos to 8"x10" size would be encouraged, as this would assist us with displaying your creation at our 60th

Anniversary Celebration, but **ANY SIZE PHOTOS WILL BE ACCEPTED.**

» Judging will be done by an impartial panel of judges.

## Here's a story from CPA's past, to start things off...

### How ParaTracks Began

Ever wonder where the name ParaTracks came from? Turns out it was a group effort, and obviously some of you might have your own story about how that happened. Here's what we found in our archives from ParaTracks, Vol. 2, No. 5, May 25, 1964. Wonder why they ever dropped that graphic?

### Masthead

The committee formed to judge the entries for a new masthead and some difficulty in choosing one particular entry which they thought would be suitable for our newsletter. As a result some of the ideas were combined in the name "Para Tracks" and the design you see were chosen.

In the final selection a total of nine entries were considered. We are grateful to the contributors for the thought and ideas which they offered. Special mention should go to Sgt. Don Luton, a graphic artist with the RCAF, for starting us out along the "right track"... also mentioned are Steven Zaplatynsky, Alex Oback and George Dyck for their ideas in both the name and a design. The final drawing was done by Ed McKibbin, employment officer of the Society for Crippled Children and Adults.

Because this was very much a group effort, it was impossible to select a winner. As a result the committee was left with the problem of disposing of two wheelchair narrowers [Ed note: What the heck is that?] In their sage wisdom the recommendation was that the two narrowers be placed on the loan service of CPA to be available to any members of the Association who may require the use of the wheelchair narrower during holidays, travel, or other special purposes.

Our thanks for all your help. We trust you will approve of the committee's choice and agree with their decision.



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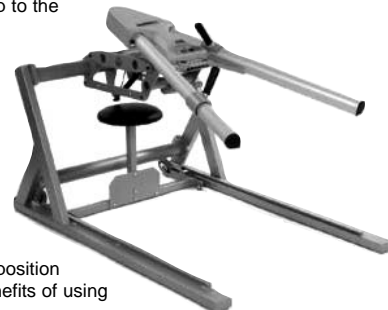
## Other Gadgets

The **VitaGlide Pro** will give you the best upper body toning, shoulder strengthening, and cardiovascular workout that you will receive from any upper body conditioner in the market! The linear "push-pull" motion of the **VitaGlide Pro** targets virtually every muscle in the upper body, from the "love handles" all the way up to the trapezius area.

- \* Select from 7 levels of resistance to ensure the ultimate cardio burn.
- \* Can be easily raised or lowered by an impressive 11 inches to accommodate virtually any wheelchair and/or user height.
- \* Robust steel frame enhances durability to ensure consistent, reliable performance in the multi-user commercial setting.
- \* The perfect fit for any Gym, Physical Therapy Center or Rehabilitation Clinic.

The **VitaGlide Pro** is equipped with a built-in roll-away seat that is easily moved into position for non-wheelchair users. This unique feature allows everybody to experience the benefits of using the **VitaGlide**.

**VitaGlide Pro Dimensions:** Length: 62", Width: 39", Height at Entry Point: 32" Raised / 20" Lowered, Total Height: 33" Lowered / 45" Raised, Weight: 285Lbs.



## Tired of Brakes That Don't Work?

D's Locks is the solution for you.

D's Locks are hub locks for manual wheelchairs. They take the place of either Push-Pull or Scissors style brakes currently offered. D's Locks work independently of the tire by locking the wheel at the hub.

Tire types and air pressure no longer matter. Your wheels can be locked securely in place, regardless of tire condition. Because D's Locks lock at the hub, they are the answer to suspension chairs. They mount completely out of the way, so thumbs stay intact.

Additionally, the brakes are no longer the widest part of the chair. D's locks add no width to the chair, and wheels can be taken on and off with the locks engaged. D's Locks can be self-installed in usually less than an hour, with no special tools.



## Medical Supplies



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**Magic Cleanse™**  
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**Cran Magic™**  
A natural Cranberry product that reduces urinary tract infections. Current research indicates that components of Cranberry are able to inhibit bacterial adherence to cells of the urinary tract. Other ingredients included: Antioxidant nutrients (Vitamin C, Vitamin E, Zinc), Parsley, FOS, Green Tea Extract, UVA URSI.

www.theaccessstore.com



## What you should know about: Autonomic Dysreflexia

(Reprinted with permission of the GF Strong Rehabilitation Centre, Vancouver, BC and BC Paraplegic Association (source: Paragraphic, BCPA quarterly- November 2005 issue)

**A**utonomic Dysreflexia (ot-toe-NAWM-ick dis-re-FLEX-ee-ah) is a medical reaction that can be seen in anyone with a spinal cord injury above the T7 level. It is also known as dysreflexia, hyperreflexia, A/D or AD.

Autonomic Dysreflexia is a sudden nervous system response to something that irritates your body. It is a MEDICAL EMERGENCY that raises blood pressure so high, it can cause a stroke or death if not taken care of right away. Autonomic dysreflexia can be life threatening, so it is very important that you know exactly what AD is, what causes it, and how to treat it.

### COMMON CAUSES

AD is caused by anything that would normally cause you pain or discomfort below your level of injury. A problem with your bladder is the most common cause. AD will go away as soon as the cause is removed.

Here are some causes of AD, with the most common causes listed first:

- » full bladder (caused by a plugged or twisted catheter)
- » full bowel or constipation
- » bladder infection (Urinary Tract Infection) or bladder stones
- » medical tests done on the bladder (cystoscopy)
- » pressure sores
- » fractured bone (or other traumatic pain)
- » hot and cold temperatures
- » sunburn
- » tight clothing and/or shoes
- » genital stimulation, ejaculation, or pressure (sitting on your testicles)
- » severe menstrual cramps or labour and delivery
- » abdominal medical condition (appendix, gall stones, kidney stones, stomach ulcers)
- » some drugs (digoxin)
- » ingrown toenails

### COMMON SYMPTOMS

Most people with AD feel some of these symptoms:

- » sudden, severe rise in blood pressure
- » pounding headache
- » change in heart rate
- » blurred vision
- » an "aura"
- » flushed skin above the level of injury
- » goosebumps or shivering above the level of injury
- » sweating above or below the level of injury
- » pale skin below the level of injury
- » stuffy nose
- » anxious feeling

### WHAT DO YOU DO IF YOU HAVE AUTONOMIC DYSREFLEXIA

1. Sit up if you are laying down to help decrease your blood pressure
2. Loosen clothing, legbag straps, and shoes
3. Find and remove the cause:
  - a. Check for BLADDER problems: empty bladder with

in/out catheter; check for kinks in tubing; check for full legbag; change foley catheter

- b. Check for BOWEL problems: do a rectal check-if there is stool, remove it manually; use xylocaine gel to decrease potential stimulation which could cause your blood pressure to rise even more
- c. Check for SKIN problems: do a full and thorough skin check from top to bottom, front to back; check buttocks, feet, toenails, etc.; use a mirror and/or get someone to help
- d. Seek MEDICAL ATTENTION: A physician should be notified immediately because this is a medical emergency. If you can't find the cause, GO STRAIGHT TO THE NEAREST HOSPITAL. Remember, not all health care providers will know how to treat Autonomic Dysreflexia, so bring in your wallet-sized card.

-- See page 19 for wallet card.

### PREVENTION

You may not be able to prevent AD entirely, but there are steps you can take to reduce the likelihood of it occurring:

- » do regularly scheduled bladder and bowel programs
- » do routine skin checks and nail care
- » avoid extreme hot and cold temperatures
- » take medications as prescribed in

Some people get AD more often than others. If you get episodes of AD regularly, talk with your doctor. Your doctor may provide you with medication to help prevent and manage it.

Anytime you begin to feel the symptoms of AD, you know that your body is trying to talk to you. AD can be an early warning sign for you to check your body and fix whatever is wrong. Keep track of your symptoms and causes so that you figure out what your body is trying to say. Many people who have had dysreflexia know exactly what is going on by the way the symptoms show up. Once you know what causes your symptoms, you will be able to treat it quickly and effectively.

*If you have any questions about Autonomic Dysreflexia, or anything else related to your spinal cord injury, call Bev Davis at The Health Sciences Center, Spinal Cord Clinic, at (204) 787-2365.*

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

Pegi Morgan Hayes  
Gordon Graham  
Loretta Irvine  
Daniel Hauff  
Alexander Crate  
Doug Baylis

George Rochon  
Bruce Pritchard  
Robert Chartrand





# "See You Around" Regan Block Says Farewell

by Regan Block



I recently decided that it's time to put my technology column to rest. I felt that I have covered most of what's out there and didn't want to start rehashing topics I've already covered. It's been fun doing research, trying out new stuff, writing the articles and hopefully providing a useful service to you all. As technology constantly improves, it seems that a lot of the products we use keep getting better. That being said, before I go, I'm

going to update you on what I've been using as of late.

**Voice Activated Software:** not doing much at all

**Smart Phone:** last year I got a Nokia 6820i that I find indispensable. It has a full keyboard that flips out which allows me to easily enter appointments, notes, addresses and my favorite - text messaging. I waited for the time when Rogers allowed me to upgrade the phone and it only cost me \$125.00 with a 2 year plan.

**Palm Device:** nothing right now...my cell phone covers most of the functions I would use in a palm operated device but I won't rule one out sometime in the future.

**Home Automation:** so far the same basic setup I described last year is still in use except that I got rid of the motion sensor in the bathroom as my cats kept setting it off at weird hours. Lately though, I've noticed some lights are tuning on without me programming them to do so. I'll soon be calling X10.com help desk to see if there is some way to refresh the system.

**Computer and Peripherals:** my latest PC was built by a local computer vendor and is an AMD 64 bit processor running at 3.4 gigahertz. It seems funny that with all that speed I still seem to be waiting a lot of the time; it must be that computers haven't caught up to my brain yet. I also got a 19" LCD monitor and I find that the eye strain and headaches have gone completely (I had an LCD at work too which helps). I'm about to buy a wireless keyboard and mouse but haven't decided to go with a USB or Bluetooth interface. I guess I'm just waiting for the best deal on eBay.

**Work:** same job but assigned to an older client / server product that works with different makes and versions of databases and operating systems - challenging but still fun. Lately, we have been using Microsoft Excel for all kinds of crazy but time saving applications. I would recommend to you to take an advanced Excel course to unlock the potential of this program.

**Late Breaking News:** I just got an automatic vacuum for my birthday. It's called the Roomba and is available in Canada. I find that with all that it works great and especially well on pet hair but the downside is that it requires regular cleaning otherwise it won't even start. Still, with the maintenance in mind, the Roomba can vacuum a room or most of your place on one charge and when the battery runs low, it finds its home base, and starts recharging itself for its next use. Check out [www.irobot.com](http://www.irobot.com) for more details.

Time to go. I hope that you have learned some new tricks over these past 3 years and that life has become more tolerable. It certainly has for me.

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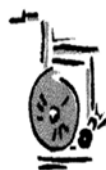
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Roslyn Dooley	<a href="mailto:rdooley@canparaplegic.org">rdooley@canparaplegic.org</a>	221
Adrienne Conley	<a href="mailto:aconley@canparaplegic.org">aconley@canparaplegic.org</a>	222
Teresa Nickerson	<a href="mailto:tnickerson@canparaplegic.org">tnickerson@canparaplegic.org</a>	223
Ron Burky	<a href="mailto:rburky@canparaplegic.org">rburky@canparaplegic.org</a>	224
Darlene Cooper	<a href="mailto:djcooper@canparaplegic.org">djcooper@canparaplegic.org</a>	225
Greg Winmill	<a href="mailto:gwinmill@canparaplegic.org">gwinmill@canparaplegic.org</a>	226
Al Schultz	<a href="mailto:aschultz@canparaplegic.org">aschultz@canparaplegic.org</a>	227
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Dan Joanisse	<a href="mailto:djoanisse@canparaplegic.org">djoanisse@canparaplegic.org</a>	229
Colin Mathieson	<a href="mailto:cmathieson@canparaplegic.org">cmathieson@canparaplegic.org</a>	230
Liz Lobban	<a href="mailto:llobban@canparaplegic.org">llobban@canparaplegic.org</a>	

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

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call us at the office... See You There!**

# Finding Your Sea 'Legs' with Disabled Sail Manitoba

by Lawrence Mazur



*"The pessimist complains about the wind; the optimist expects it to change; the realist adjusts the sails".  
-William Arthur Ward*

**W**ith the 2006 sailing season quickly approaching, Disabled Sail Manitoba Inc. (DSM) would like to make you aware of all the exciting things available at our Fort Whyte Centre (FWC) location. For the uninitiated, we would like to explain this unique recreational adventure and for those that have been a part of FWC and DSM, what we hope to offer this summer.

DSM provides the experience of sailing, for relaxation or sport, to persons with disabilities. Our sailboat is the Martin 16, which is designed and built for people with a wide range of disabilities. If you have a mild disability or are tired of clamouring around on a large boat, this is the perfect outing. The boat also provides the high-level quad an opportunity to use a sip and puff system to take complete control of the boat. For those somewhere in the middle, we offer an 'auto helm' that operates the same as a joy stick on an electric wheelchair. Lifts are provided to get you in and out of the boats, and trained staff will assist you wherever possible. You will never be alone unless you wish to sail off for a moment of quiet joy. Rest assured there will always be someone looking out for you from a distance.

Once you get a handle on your sailing skills, you will want to try our second facility at the Pelican Yacht Club (PYC) in Ninette, Manitoba. At PYC two boats are maintained for the summer. Additional boats can be brought in, if required. For the perfect weekend get away, we have partnered with The Ridge Camp and Conference Centre, located but a five minute drive away on the other side of the lake. The Ridge Camp and Conference Centre provide completely accessible accommodations with all-inclusive meal packages, all at a very reasonable rate.

For those who do not know, Pelican Lake is located smack in the middle of vast Manitoba wheat fields, about two hours southwest of Winnipeg. This location was the site of Mobility Cup 2004 that saw sailors with disabilities from all corners of the world. Mobility Cup has become "Canada's showcase" for the development of sailing programs for people with disabilities. Both local and national media have shown interest in the Mobility Cup and the event is well publicized. Many have claimed this location to be the best they have sailed in the 10

year history of Mobility Cup

As you read this, you might wonder if sailing is something you are able to do. We encourage you to look at this as an outing, a way to leave your disability on the dock, to enjoy the freedom of the open water. It's a leisure activity that's unparalleled as a thrilling and independent experience.



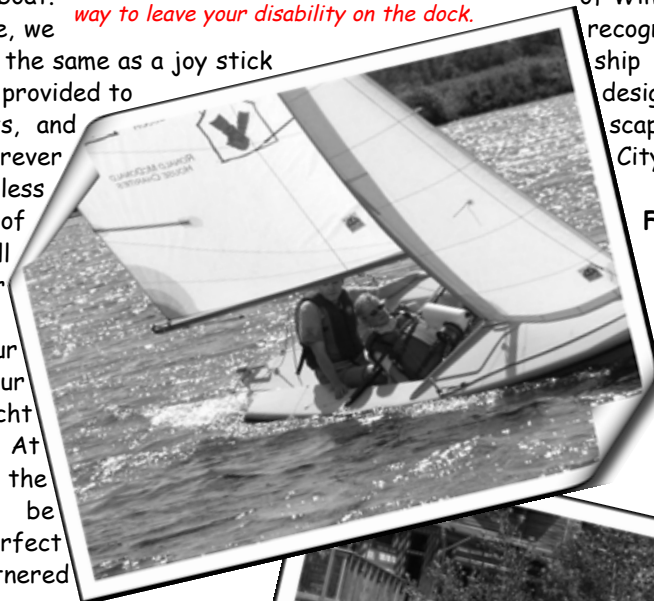
*We encourage you to look at this as an outing, a way to leave your disability on the dock.*

DSM is currently looking for members interested in enjoying peace and tranquility on the water, as well as those with a competitive streak interested in the racing side of sailing. Please check out our web site at [www.disabled-sailing.ca](http://www.disabled-sailing.ca) or call us at 832-6088 for more information. I will gladly tell you why you need to become part of this rapidly growing recreation and sport as

Recently, Fort Whyte was rewarded for their accessible design with a City of Winnipeg Accessibility Award, which recognises FWC's "community leadership in the application of universal design and accessible outdoor landscape." The award was presented at City Hall.

## For more information contact:

Lawrence Mazur  
Disabled Sail Manitoba Inc.  
c/o Fort Whyte Centre  
1961 McCreary Road  
Winnipeg, MB. R3P 2K9  
[www.disabled-sailing.ca](http://www.disabled-sailing.ca)





**DSM is currently looking for members interested in enjoying peace and tranquility on the water, as well as those with a competitive streak interested in the racing side of sailing. Please check out our web site at [www.disabled-sailing.ca](http://www.disabled-sailing.ca) or call us at 832-6088 for more information.**



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Phone: (204) 925-4599**

**Tache Medical  
75 Goulet St.  
Phone: (204) 235-0914**





## "Hello My Cheeky Wee Monkeys"

by Lorne Chartrand

I recently made the switch from Late Night with Conan O'Brien to the undeniably more entertaining The Late Late Show with, "TV's Craig Ferguson". Why is that important you ask? As a creature of habit it was a big deal for me to switch the dial over to Ferguson's thick Scottish-brogued monologue from the tired, repetitive, "antics" of Conan O'Brien. Pathetic but true; TV is a great companion of mine and it's good to wind the evening down with a humorous look at the world... I don't think I'm alone.

My reward, as many of you have also probably discovered, has been 15 minutes of sheer torturous fun as every evening Ferguson's monologue goes careening along at breakneck speed, darting this way and that and finally coming to its conclusion with a point of some kind (imagine that...). It's the kind of tale you could hear in any local pub anywhere in the United Kingdom (but especially in Scotland or Ireland) in the wee hours of the morning... after having downed a few too many pints of stout... In my world travels (before SCI) I learned to appreciate the sense of humor of the overly lubricated Anglo, and, well... let's say I was exposed to it a lot.

Ferguson has since become somewhat of a hero to me, and I see myself in his image to a certain degree... I love to tell stories as I'm sure you know by now and I'm also fond of weaving a few images together into a final product that's, well... something else. I've decided to move my own, "monologue" to the end of the issue from now on though as there actually is some important businesslike stuff that I should be communicating at the beginning of the magazine.

So, to steal a line from Ferguson, "Sit back, relax... unbuckle your pants..." here goes this month's rant.

When Clint Eastwood's Million-Dollar Baby was released last year, it met with shock and outrage from many people with spinal cord injury. I was happily oblivious to the outrage until a co-worker came to me visibly upset about the film and asked if I'd seen it yet. Seeing that she was near bursting with emotion I invited her to reveal "the big ending," knowing that this would change the impact of the movie for me.

As most of you know by now, the story is about a female boxer who is reluctantly taken on by Eastwood's character, a crusty old manager who becomes increasingly, yet grudgingly, attached to his fighter. Long story short, the fighter becomes a huge success until she sustains a spinal cord injury at the hands of an unscrupulous opponent during her first title shot. Eastwood's character is devastated while the fighter decides that she would rather take her own life than live as a high-level quadriplegic.

This is tough stuff for organizations like CPA whose mission is invested in championing the abilities of those who live with SCI and encouraging support from government and soci-

ety in general.

Dreading the impact this might have on my sometimes fragile psyche, I shrank from my responsibility as a journalist to take in this piece of cinema. I also knew that publishing an editorial on the film would spoil it for readers who hadn't seen it yet... robbing them of the chance to receive its impact on their own terms. On the CPA web site I reprinted an editorial about the movie, letting someone else deconstruct its message.

In the back of my mind I knew that eventually I would have to suck it up and go see the flick for myself. Recently, I did just that. Thankfully, there was no saving grace for the film and its message, and I am happily disgusted by how it portrays life after SCI.

So, just as I became prepared to tackle the issue, my own crisis occurred. In December I experienced - what I felt - was a serious health crisis of my own. After a visit to the emergency ward I contemplated my own mortality as never before and realized how precious our time on this planet really is. (Happily, I am fine. My symptoms seem to have been borne of an overactive imagination -- however, I have quit smoking. As I write this it's been over a month.)

We are all born into a certain time and place and during our time we witness and experience all the fascinating beauty, horror and wonder of mankind's

existence on this planet. The beauty is that no one person's experience is the same as any others. We learn about history, the wonder and complexity of life, the birth of civilization and the growth of technology that makes life easier with each generation. We are also lucky enough to live in an age where we know infinitely more about the comings and goings of civilizations before us than in any other era past. The future, however, remains a glorious enigma.

Technology is available to make the lives of persons with disabilities more enjoyable and productive (case in point, my ability to write this article without any assistance - by using voice dictation software. It would be a painful experience for anyone to take dictation of my thoughts while I twist them into something that makes sense for you - trust me it's painful for me!).

If we are lucky, we are able to watch our families grow and age; parents, who were once our teachers and leaders, grow older and eventually look back to their children for support in their twilight years; sons and daughters (or nieces and nephews in my case) begin to develop their characters and become adults, we watch them move into adulthood and engage the same challenges we face today.

Human pageantry also exists on a more global scale; conflicts escalate into great clashes that eventually end and force leaders to come to terms with each other. The global



*I'm your host, TV's Craig Ferguson..."*



community occasionally comes to the aid of impoverished, disease stricken or violently repressed neighbors in great expressions of compassion for our brothers and sisters.

The concept of awe at the spectacle of the cycle of life and the rise and fall of civilizations is as old as the concept of civilization itself. The Egyptian Book of the Dead, as translated by Normandi Ellis proclaims "The essence of life is brilliant, dazzling. I cannot explain such miracles, yet I embody them daily. Though I can not remember my birth and shall forget my death, I live in the midst of wonder."

This is all great drama and it alone is enough to inspire us to overcome great injury or despair. There is more fighting spirit in anyone than they will ever know until they find themselves in danger or hardship.

In short, life is precious for many reasons (insert yours here) - not the least of which is simply to witness the human drama all around us. What Million-Dollar Baby portrays is someone who reacts to SCI without even taking a chance on reengaging life. The film portrays the struggle with SCI as a losing battle. The film overemphasizes isolation and medical complications... the character is bedridden, suffering septic sores and strapped to a wheelchair that she cannot control on her own. She is shown leaving neither the hospital nor the nursing residence where she was, truly, 'confined'.

This is more than an inaccurate portrayal of life with SCI, it damages the image of those with SCI and contributes to a public misconception - which is already considerable - through the terrible image it portrays of people living with SCI. Certainly, there are people who succumb quite quickly to complications resulting from injury, but this has largely been overcome, and many people go on to do amazing things despite their injuries.

Certainly many who sustain a spinal cord injury fall prey to dark moments, but in my 10 plus years of dealing with SCI, I have met more people who are inspired and determined to live life to its fullest and have inspired me to do the same. Perhaps Mr. Eastwood would consider producing a film that portrays this side of the story... something that would contribute in a positive way to the narrative of human existence.

Which brings me back to Craig Ferguson.

On the last Monday in January, Ferguson opened The Late Late Show with a monologue for his father who had passed away on the weekend. The entire show became an enormously touching wake for a father that the performer was not prepared to say goodbye to (who ever is?). He described his last moments with his father - who knew he was dying.

Ferguson opened by saying, "I feel the deal that I made in the time that I've been here is to come out and talk about what's on my mind. And if I didn't do this it would be shameful. So I've got to do this tonight." The monologue was both touching and humorous and masterfully told. In the end he shared his final moments of his father's life with us. "When I left my dad, we got it straight. I said goodbye to him. I couldn't speak so I... a gesture came to me which I felt worked and I think he knew it as well. I punched my chest and threw him my heart..." repeating the motion, Ferguson threw his heart to the camera and said, "goodnight Dad".

So, life is wondrous and mystifying and precious. It's how we live it that gives it value. It seems Mr. Eastwood's world is cold and dark and Mr. Ferguson's is bright, warm and touching. Check Craig out sometime, he's back to his cheeky self...

## Autonomic Dysreflexia -- CARRY A CARD IN YOUR WALLET

... continued from page 13

*Cut out the following information on AD and carry it with you in your wallet. Talk with your doctor about it and use the card to help guide medical staff to help instruct your care.*

<b>Medical Alert - Autonomic Dysreflexia (AD)</b> AD is a potentially life threatening complication of spinal cord injury above T7 level. It is caused by an unopposed sympathetic nervous system response to noxious stimulation below the level of the injury. Blood pressure may rise dangerously. The most typical cause of AD is distended bladder. Other causes could be distended bowel, pressure sore, in-grown toenail, etc.	<b>Autonomic Dysreflexia Treatment</b> 1. Raise the head of the bed by 90° or sit person upright. 2. Monitor BP every 5 minutes. 3. Check for sources of AD: drain bladder first, consider using topical anesthetic jelly for lubrication of catheter. 4. Check rectum for stool. Apply anesthetic jelly to rectal wall before manipulation. Use digital stimulation to promote reflex defecation. 5. Check for other sources of AD such as ulcer, fracture, in-grown toenail, etc.
Symptoms may include elevated blood pressure (normal after SCI may be 90/60), headache, sweating, flushed face, anxiety, bradycardia. Treatment is to remove the cause. Once the cause is removed the BP will return to normal immediately.	6. If SBP is above 150 mmHg after above checks, give captopril 25 mg sublingually x1. Advise patient to avoid swallowing until tablet dissolved. 7. If SBP still greater than 150 mmHg at 30 minutes post-captopril then give immediate release nifedipine 5 mg capsule via the bite and swallow method. ****ONLY IN A HOSPITAL SETTING**** 8. Repeat nifedipine 5 mg bite and swallow 15 minutes after the initial nifedipine dose if SBP still greater than 150 mmHg. 9. Consider intravenous agents for hypertension if hypertension is refractory.

**If not delivered, return to:**

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