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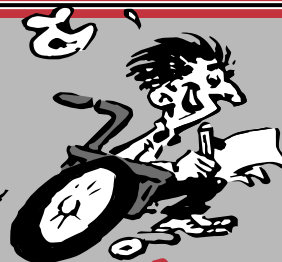
**MPF** MANITOBA  
PARAPLEGIA  
FOUNDATION INC.

**August 2007**

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

**Summer Issue**

# PARA TRACKS



*"Every time you ask yourself if you can make a difference,  
remember this answer: You bet you can." -Bill Porter-*

## **IN THIS ISSUE:**

- 2007's recipient of the CPA Manitoba's Merit Award, Arnie Schryvers pg. 5
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- Career Connections- a retirement and a change of history (centre page)
- We have the highlights of Wheels in Motion and A Day at the Beach
- And our Volunteer Spotlight is on Val Reith and her dog Saxon



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**Circulation 850 copies**

**Estimated Readership: 5,000**

**ParaTracks publishes  
three times a year**

**ParaTracks is a publication of:**

**Canadian Paraplegic  
Association (Manitoba) Inc.**

825 Sherbrook Street  
Winnipeg, Manitoba R3A 1M5

**Tel:** (204) 786-4753

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

**Supported by Manitoba  
Paraplegia Foundation Inc.**

**Circulation:** 850 copies

**Estimated Readership:** 5,000

**Editor:** Ron Burky

**Layout:** Mike Nickle

### **Advertising Rates:**

Advertising rates for photo ready copy:

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**Canada Post Publication  
Agreement #40050723**

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

Wesley Francois

Alice Lounsbury

Akhiav Ibrahim

Grace Shaw

James MacCoy

Sophie Stallard

Robert Gagnon

Bruce Pritchard

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*\*paraplegic or tetraplegic*

## MANITOBA PARAPLEGIA FOUNDATION INC. (MPF) NEWS

### *MPF funds go to work in four main areas:*

*Special projects, product testing, research and direct aid to persons with spinal cord injuries. CPA thanks MPF for its continued support to improving the quality of life of persons with spinal cord injuries.*

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

### *During the month of March 2007:*

- ☞ Funding was provided for the cost of a customized backrest, cushion and cover for a CPA member in order to provide adequate pressure relief and position to assist in preventing further skin breakdown.
- ☞ Funding was provided to CPA for the purpose of product testing a piece of equipment not available locally. The equipment is a wheeled shower/commode chair which folds, is light and easy to transport for traveling. It will be determined if this is a product that CPA could recommend to its members for travel purposes.

**MPF Trustees**  
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Robert Carr  
Isabel Auld  
Lawrence Cohen  
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Ernie Hasiuk  
Randy Komishon

- ☞ Funding assistance was provided to CPA to help offset costs of printing and distributing ParaTracks and distributing Total Access to all CPA members.

### *During the month of May 2007:*

- ☞ Funding was provided to help with costs which allowed the CPA Director of Rehabilitation Services to attend a meeting out of province for the purpose of creating a new Rehabilitation Counselling Association of Canada.

### *During the month of June 2007:*

- ☞ Funding was provided to cover the cost of printing the "Guide to Pressure Ulcer Prevention" manual. This manual is distributed to persons with spinal cord injuries in Manitoba. It provides valuable information which assists with reducing the number of persons who develop pressure ulcers.

You can 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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# Volunteer Spotlight – Saxon



Saxon is one of the CPA team every Wednesday. He is a Certified Pet Therapy dog and has completed his training through the St John's Ambulance Program.

Saxon has been participating in the therapy program at adult services Health Science Centre, for the past five years. He has completed 650 hours over this time frame.

He began his career at the General Hospital Health Sciences Center and is currently involved in the therapy at the Rehabilitation Hospital.

Other activities worth mentioning are that

Saxon is a movie star! He was a valued member of the cast in the movie "Shall We Dance". He is in commercials on T.V...

Saxon and his Master / Slave were recognized by the Lieutenant Governor, of Manitoba, the Honorable John Harvard, and presented with the St John's Medal of Honor for their volunteer work.

Congratulations Val Reith and Saxon!!



## All Charities Campaign.

On June 20, 2007 CPA (Manitoba) Inc. received a cheque in the amount of \$1668.80 from the All Charities Campaign. This campaign provides current and retired employees of the Manitoba government and its affiliates with an annual convenient method of giving to registered charities of their choice.

For many years CPA (Manitoba) Inc. has been a recipient of a portion of the funds raised through the All Charities Campaign which celebrated its 40<sup>th</sup> year in 2006 with pledges topping \$1.6 Million!



## Will-2-Win

The Will-To-Win Classic held its 24th annual charity golf tournament on July 10th & 11th. This tournament has raised over \$900,000.00 for spinal cord research which has contributed significantly to the establishment of the Winnipeg Spinal Cord Research Centre. Will-To-Win and CPA would like to give their heartfelt thanks to all you volunteers that helped to make this years event such a success.



CPA honours staff members Greg Winmill and Darlene Cooper for 20 years of dedicated service to CPA and its members.





# Arnie Schryvers - A Beautiful Heart

It just happened to be reading “A Beautiful Mind”, the biography of the mathematical genius John Nash. It puts me in mind of another genius – Arnie Schryvers. Only Arnie’s genius lays in his ability to transform his caring into constructive action.

Every year for twenty-odd years Arnie was faced with some forty newly injured spinal cord injury patients and their families. His job was to guide them through their period of initial devastation and help them discover the wealth of opportunities life still presented for a rich and rewarding future. Not an easy proposition – it takes patience, perseverance, tact, sensitivity, knowledge, and a whole lot of caring. Arnie’s unique capacity to functionalize his empathy enabled him to help hundreds of people with SCI. It wasn’t all during working hours, and it didn’t stop with his retirement.

I learned last Sunday that in Old Testament times, hospitality was characterized by setting aside time to devote to your guests and giving them your undivided attention – something not too common in today’s hustle-bustle world, and certainly not a habit of mine. Looking back, though, it is how Arnie treats people. They remember him as being approachable, the way he made you feel you were heard, and he tolerated whatever you had to say, even when he didn’t necessarily agree with you.

Arnie analyzed things from the spinal cord injured person’s point of view, and he pushed incessantly at team conferences at the Rehab Hospital and at CPA, to gain what was best for the client. Arnie’s methodical persistence in approaching extended tasks is evident in his day-to-day life. I

believe he has read the entire series of Wilbur Smith novels (over thirty epic African adventures) in order; I know he has typed the list of every song, and its reference number, for every one of the one hundred CDs in his CD carousel. He is playing each game of Free

Cell starting from Game 1 and going up consecutively. When planning the totally accessible retirement cottage (mansion?) on Lake of the Woods, Arnie had it all worked out on paper before the sod was turned.

So, what does the retired Arnie do for excitement, you ask? He’s President of the Cottage Owners Association, on the Board (Past President) of the Northwest Independent Living Services in Kenora, he talks to young hockey players about spinal cord injury and hockey safety. He provides sensitivity training to attendant care workers in the area and plays host to a seemingly endless stream of relatives, friends and neighbours.

But Arnie would readily admit that he couldn’t have done it without his life partner, Orpha. When they met she was a nurse on R4. When they got married she moved over to the newly created outpatient program. On their way home every night they would discuss spinal cord injury issues. At the conclusion of their careers, they retired together. How fitting then, that their CPA Merit Awards hang side by side on the wall above the bookcase in the sunroom – acknowledging and recognizing their outstanding contribution to the work of CPA (MB) Inc., and their untiring efforts to advocate for changes that would benefit people with spinal cord injuries, a group that they cared so much about and displayed a passion to serve.

-George Dyck-



*On June 19th, Arnie Schryvers became this year's recipient of the CPA (Manitoba) Inc. Merit Award. He's seen here with his wife Orpha who received the Merit Award in 1990.*



*Arnie with young hockey players who raised \$3,600 in support of Hockey Night In Canada's "Shoot For A Cure" fundraiser*



# Wheels in Motion

**This year's Event** was held on June 10th at the Forks and was a tremendous success, pulling in a grand total of \$32,500.00!! Top Individual fundraiser was Doug Barker with \$10,200.00.

The net funds raised at the Winnipeg event as well as all Wheels in Motion events throughout Canada, support projects in the host community that improve the quality of life of Canadians living with spinal cord injuries and also fund research in support of a cure.

The Event attracted approximately 200 people on a bright and sunny Winnipeg day!

There were 15 Teams in the Relay with approx. \$19,000.00 raised. Team CPA were the Relay winners (best time). The Relay was run Top Notch and all participants had a great time while getting a glimpse into the everyday struggles of people in wheelchairs through participating in various everyday challenges while in a wheelchair.

The Walk/Roll portion of the Event was wonderful and took in beautiful scenery, such as the Bridge by the Salisbury House, then the River Walk behind the St. Boniface Hospital, over the Norwood Bridge and back through the Forks to the Scotiabank Stage! (approx. 4 km.)

The 17th Wing Military Band played pre-event and were wonderful!

Our new emcee Jayme Doll (Global Television) did a wonderful job!

We had fantastic and very inspirational speeches from our Honourary Chair -M.P. Steven Fletcher, Rick Hansen Ambassador - Art Braid and our very special Event Chair - Sharon Oakes, who did an amazing job organizing a small but very committed organizing committee consisting of: (Sharon Oakes, Kim Warburton, Tess Bernacki, Jake Smellie, Ken Faulder, Tyler Walsh and John Wyndels)! Their commitment to the lives of people with SCI is amazing and they cannot be thanked enough!

*-Ron Burky-*

To view more pictures from this years event visit [http://nikthavisone.com/wim\\_2007/](http://nikthavisone.com/wim_2007/)



CPA Relay Team, from left to right... Colin Mathieson, John Wyndels, Art Braid, Ron Burky and Ed Giesbrecht, (kneeling behind the wheelchair)



CPA Relay Team Captain - John Wyndels holding the First Place Relay Trophy

*by*  
**Kristine Cowley,**  
*PhD.*

## Tendon Transfers to Restore Lost Function after Spinal Cord Injury

**T**his installment will be a brief description of tendon transfers used to restore arm and hand function in quadriplegics. In addition to tendon transfers, researchers and physicians have recently started to use electrical stimulation (neuroprosthesis) to improve arm and hand function in quadriplegics.

Tendon transfers have been around for many decades as a surgical attempt to improve function, for many different forms of paralysis. The basic idea is that you remove the attachment point of one muscle (by cutting the tendon), and then re-insert the tendon onto a different site, so that when the brain says to contract that muscle, it will still do it, but now it will cause a new movement. In reality, a whole muscle usually isn't transferred. Rather only part of the donor muscle/tendon is transferred so that some muscle function is left at the 'old' location.

Functionally, the benefit of reconstructive surgery may include improved ability to write, complete catheterizations, dress, self-feed, drive, lift objects, button, turn dials, propel their wheelchair, catch objects overhead, turn in bed and swim (Rabischong et al. 1993). However, the many reported studies, over 40 documented studies, hand reconstructive surgery is not common practice in many spinal units and its importance in improving hand function still remains controversial (Forner-Cordero et al. 2003).

When a tendon is transferred, its former action will be weakened so it is essential to select the proper muscles (with enough strength) for transfer.

### **Do tendon transfers successfully restore function and improve quality of life?**

There is some debate in the research literature regarding whether or not tendon transfers benefit those who receive them. Guttman (1976), McSweeney (1969) and Bedbrook (1969) believed that only a small percentage of tetraplegics (5%) benefit from hand surgery because they re-adjust the function of their arm and hands if properly rehabilitated, while other authors like Moberg (1975) state that 75% of tetraplegics can obtain benefit from hand surgery.

It seems as though the results can be highly variable. Depending on the specifics of each transfer, such as the amount and quality of intact function, the

choice of available donor muscles (which will depend on the level of injury), the suppleness of joints, and the presence of intact sensation, outcomes can vary tremendously.

One concern in the literature is the possibility that the transfer does not function as desired because of too-loose or too-tight tension when the 'new' muscle is re-attached. The use of electrical stimulation during the surgery can be used to evaluate the transfer and the tension of the 'new' muscle to help minimize disappointing postoperative results.

### **How do tendon transfers work and what kinds are there?**

Tendons are the strong cords that connect muscle to bone. In tendon transfers, part of the tendon of a donor muscle (that is still under voluntary control) is moved to a new site, so that when the person contracts the 'old muscle', the contraction causes a 'new' movement. Basically, a tendon transfer repositions the tendons of a working muscle so that they take over the functions of a paralyzed muscle. This enables the working muscle to do what the paralyzed muscle can no longer do.

For example, in the upper arm, the triceps muscle is used to straighten the elbow. The larger deltoid muscle pulls the arm backwards and forwards away from the body. If the triceps muscle is paralyzed but the deltoid still works, surgeons can split the deltoid muscle and graft a portion of it to the triceps. This restores elbow function without greatly reducing shoulder function.

The most common tendon transfers are usually broken down into the following three outcome goals:

- pinch
- pinch and grip
- elbow extension

### **Planning for a tendon transfer**

Usually, a tendon transfer is not scheduled until at least a year after injury, to be sure that the person has re-gained all the function in their arms and hands that they are likely to recover after spinal cord injury.

Before surgery is scheduled, several assessments



must be made, including:

- Identifying which muscles still work and measuring how well they work to determine whether they can be used in the transfer
- Assessing the individual's abilities to see which functions need to be restored
- Matching available muscles with functional requirements
- Determining if an additional procedure such as a joint fusion or electrical stimulation implant is needed to restore function
- Verifying that the individual has a strong support system that can provide the care needed during rehabilitation after surgery
- Assessing the individual's motivation and commitment to the process
- Determining which surgeries should be performed, when, and in what order

#### **More details:**

##### **Elbow Extension**

The ability to bend and straighten the elbow adds to a person's independence, so this is often the first surgery to be performed. In most cases, a portion of the deltoid muscle in the shoulder is used to provide elbow extension. The back (posterior) portion of the deltoid is brought down toward the elbow. Because the deltoid portion is not long enough to reach the attachment point in the lower arm, a graft can be taken from an upper leg muscle (fascia lata) to provide the necessary length. In some cases, the biceps muscle in the upper arm is used instead of the deltoid muscle. After the surgery, the arm is immobilized in a slightly bent position for up to four weeks. When the cast is removed, a hinged brace is used to allow a gradual stretching and strengthening of the muscles. Initially, the brace is worn night and day, but as the individual gains the ability to fully extend the arm, the brace is worn only at night.

Tendon transfer, to achieve elbow extension, is done on one arm at a time because the arm is totally immobilized during rehabilitation. This means that the person becomes even more dependent on others for the simple activities of daily living. However, the results can be impressive, according to the literature. It can eliminate the need for many adaptive devices and enable the person with tetraplegia to propel a wheelchair, to move independently from bed to chair,

to shift weight within a chair or bed and to reach up and outwards.

##### **Key Pinch**

Restoring key pinch enables the individual to grip items between the thumb and the hand. This greatly enhances the ability of the person with quadriplegia to accomplish activities of daily living, such as writing or feeding themselves. In this surgery, one of the forearm muscles (brachioradialis) is grafted to the tendons that move the wrist and thumb. The surgeon may also stiffen the joint so that when the wrist is extended, the grip forms automatically.

These two surgeries significantly improve hand and arm function in many patients, providing them with much greater independence.

##### **Electronic Implants / Neuroprosthesis**

A relatively recent advance uses an electronic implant, similar to a pacemaker, to stimulate muscles. One example is the 'bionic glove' developed by Arthur Prochazka in Alberta.

The potential advantage of this method is that it uses the person's existing muscles to make movements, without the need for extensive surgery. The disadvantage is that the muscle isn't under the voluntary control (by the brain), and therefore relies on positioning to start and stop the electrical stimulation. Also, it hasn't achieved widespread use and so, although there are positive reports in the literature, it is difficult to find specialists and the needed equipment is rare and expensive.

The use of neuroprosthesis, whether implanted, or surface electrodes, appear to benefit persons with C5-C7 level tetraplegia. The studies consistently demonstrate improvements in pinch, grip strength, and ADL functioning and general satisfaction with the use of the device, although the study subject numbers are relatively small. Ongoing compliancy and use of the devices on a long-term basis continue to be problematic. Stated reasons for discontinuing use include with the length of time and the amount of assistance required to don and doff the device.

The studies also consistently report both mechanical/electrode failure and adverse medical complications. Many of the devices are only available in specialized rehabilitation centres, where access to rehabilitation engineering is available. In addition, many of the devices continue to be only available in



clinical trials. The overall cost to use the device continues to be great when factors such as cost of the device, the extensive training period required and staff to support the program.

### **Possible Complications and Expected Outcomes of Tendon Transfers**

Because tendon transfers use the patient's own tissues, the risk of infection is lessened. The length of the surgery (approximately six hours) also increases the risk of postoperative respiratory problems. Also, there is a possibility that the newly attached tendons can tear, thereby increasing the surgery and recovery time. Even without complications, tendon transfers require an extended period of rehabilitation.

Continued strengthening and improved motor re-education may result in functional gains and continued improvement for up to a year after the surgery. However, in most patients, function changes little af-

ter 6 months. Outcomes are substantially influenced by postoperative therapy and by motivation and expectations. Without good therapy and patient motivation, good results are less likely.

So, overall, tendon transfers appear to be a rather lengthy and difficult procedure, but there does seem to be some overall benefit in select groups of people. Although there are not large numbers of those who have undertaken these tendon transfers, I would encourage anyone thinking about the surgery to seek out and speak to those who have had them done.

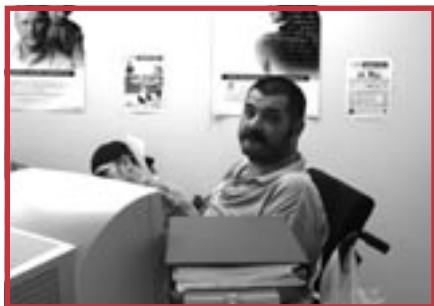
Most of what you have read here comes from the following three websites:

[http://cord.ubc.ca/scire/pdf/SCIRE\\_CH5.pdf](http://cord.ubc.ca/scire/pdf/SCIRE_CH5.pdf)

<http://www.spinalcord.org/html/factsheets/tts.php>

<http://www.emedicine.com/plastic/topic356.htm>

## **JOB JOURNEYS UPDATE**



As of December 18, 2006, the Canadian Paraplegic Association (Manitoba) Inc. in conjunction with the Federal Government launched the "Job Journeys" program. Job Journeys is designed to assist CPA members who are looking for employment, either full time, part time or volunteer. The program also provides assistance for people who need computer training or other skill development relating to the work they wish to pursue. In addition, Workability Workshops are available to assist clients in identifying and resolving barriers to employment. Resumes are also updated and prepared with cover letters customized for employment opportunities.

A total number of 29 people have been involved in the program to date. Two participants are enrolled in a computer training course, one participant is returning to Red River College, four are engaged in volunteer work at various locations, two people are employed full time and one person is employed part time. Two people have attended interviews and are awaiting offers of employment.


*-Bill Delorme-*





# CAREER CO

## Thank You and Farewell to George McLeod

n March 30, 2007, George celebrated his retirement send off with colleagues from Career Connections, representatives from other community based service agencies and friends from the government's Department of Family Services.

Happy go lucky George. The pictures say it all!

George had been the General Manager at Career Connections for the past nine years. His spirit will be missed, at Career Connections, in the community groups like MSEN, at the employment round tables and other collaborative initiatives.

We always knew where George was sitting at meetings. It was the table making the most noise, having the most fun or perhaps getting the most work accomplished. The jury is still out.

I have had some interesting dealings with George over the years. I remember calling

George and asking him to do an assessment in industry for one of our members we felt would make a great job coach. Initially George didn't know what to expect when we made a date to meet at Career Connections to discuss the possibilities.

Well the rest is history...

Career Connections proved to be an excellent training ground. Carl worked here for 18 months, then moved on with the skills he had gained to manage Prairie Skills in Deloraine for two and a half years.

Carl is now self-employed owning "Champion Backhoe Services" – doing what he loves. He has returned to an occupation more in line with what he was doing prior to his spinal cord injury in 1998. Champion Backhoe Services provides services in south western Manitoba and Eastern Saskatchewan.

*Carl Champion, Dayle Hughson  
and George McCleod*



*Norm Magnusson (Vocational Rehabilitation Team  
Leader - Family Services & Housing),  
George McCleod and Dave Fisher (Director-  
Employment & Income Support  
Services for Persons with Disabilities-  
Family Services & Housing)*



# CONNECTIONS

## Changing History

Heather McCallum is the first female Executive Director to manage Career Connections or formerly ARM Industries Inc. The founding Executive Director George Wroblewski would be thrilled. He hired Heather prior to his departure and retirement in 1979. I know this because I was among the staff of ARM Industries at this point in time. It was a great place to start one's career.

George was a progressive thinker and would applaud Heather's performance and accomplishments. George was also a risk taker. Imagine he hired both of us and we're still around. Dale Hughson came to the organization during this period also. Dayle is Director of Marketing and Special Projects. It might be interesting to note that Heather's life partner Murray also was employed in this agency for several years and at one point occupied the position of Executive Director.

## Community Partnerships

Career Connections has been our traveling staff's home away from home for 20 years. We are always made welcome, as are our members, when we go to Brandon to have meetings. They provide the use of office space at their facility so we can complete community intakes and meet our members who live in the southwest area of the province.

We appreciate Carl's willingness to share his return to work story. It is a perfect example of how flexible service delivery personnel, understanding funders and appropriate client centered goals; yield successful outcomes, full participation, and work life satisfaction for persons with spinal cord injuries.

We thank George and all the Career Connections employees for their support of the Canadian Paraplegic Association. Our working relationship has been and is excellent.

*-Darlene Cooper-*



*At left is Carl Champion, owner of "Champion Backhoe Services", and Executive Director Heather McCallum. We wish you every success as the new Executive Director and look forward to working with you in the future.*

*Dan Joannis, Jodi Roney and CPA member Chancellor having a meeting*







# Big Shoes

30 years ago a young Electrical Engineer walked through the doors of the Health Sciences Centre to begin a career developing, modifying and installing electronic devices. That young fellow was Scott Bentham and little did he know where his career would lead him. Adaptive equipment for disabled persons was in its infancy and the computer era had not yet arrived.

In the beginning Scott was responsible for most of the repairs to electronic components of the wheelchairs for SMD as they got their wheelchair program up and running. In the early years one of the most memorable tasks Scott undertook was to attach 12 volt electric motors to a manual wheelchair and, yes you guessed it, build a power wheelchair. SMD quickly got this program on its feet and with technology becoming more advanced Scott became more innovative with his special brand of talent shining through. He installed power door openers for private residences, 1010 Sinclair Housing as well as the numerous Fokus and Satellite units. In many cases he developed the systems that would allow even the most severely disabled to operate these and many more electronic devices. Starting with the primitive environmental controls requiring manual activation, Scott conceptualized and fabricated the sophisticated environmental control systems of today which are operable by what is now known as the sip and puff method. In fact Scott developed three generations of increasingly more sophisticated and comprehensive environmental controls.



With all this going on Scott was still the voice on the other end of the phone when someone called Rehab Engineering with an electronic problem or a hiccup in their environmental controls. He was the guy who said we can do that or we can try. We can try usually meant he would have to come up with an answer to a problem he had never encountered before. Scott made the electronics department user friendly for those who were calling even when they were not sure of what the right questions were to ask.

This is just a brief sketch of the gentleman who retired June 2007 and he leaves behind some big shoes to fill. Good Luck Scott, you will be missed and we hope you will enjoy many more of your favorite CoffeeCrisp bars.

-Al Schultz-

## *Always Have a Dream*

*Forget about the days when it's been cloudy,  
But don't forget your hours in the sun...*

*Forget about the times you've been defeated,  
But don't forget the victories you've won...*

*Forget about mistakes that you can't change now,  
But don't forget the lessons that you've learned...*

*Forget about misfortunes you've encountered,  
But don't forget the times your luck has turned...*

*Forget about the days when you've been lonely,  
But don't forget the friendly smiles you've seen...*

*Forget about the plans that didn't seem to work out  
right,  
But don't forget to always have a dream.*

-Larry S. Chengges-



# Bruce Pritchard Remembered

On the afternoon of April 20<sup>th</sup>, 2007, in a small corner of the Health Sciences Centre, a quiet gathering was held among family, friends and staff to remember Bruce Pritchard and to officially unveil a new piece of exercise equipment.

Bruce sustained a spinal cord injury due to a fall in June 2005 and was transferred to the SCI program at the Rehabilitation Hospital in mid-August, where his easy-going style and caring nature won him the friendship and respect of staff and patients alike. Despite the challenges ahead, Bruce worked diligently every day to learn new skills and techniques, and to gain strength and independence for his eventual return home with wife Noreen. Sadly, Bruce passed away unexpectedly in the early morning hours of February 11<sup>th</sup>, 2006, leaving all who knew him in stunned silence.

Ironically, on the day of Bruce's passing, he and Noreen were scheduled to attend a fundraising event at the Niakwa Village Safeway located at 2 Alpine Avenue just east of the Fermor Avenue and St. Anne's Road intersection. The funds raised were to have been used to help offset the costs associated with home renovations and the purchase of medical equipment, but with Bruce's sudden passing it was necessary to decide on a new approach. In recognition of the amount of time and effort Bruce expended in the physiotherapy department during his rehabilitation, Noreen approached Safeway about the possibility of using the money to purchase new exercise equipment that would benefit all the patients at the Rehabilitation Hospital. Safeway was immediately impressed with the idea and an agreement was subsequently reached with the Health Sciences Centre, which contributed the remaining funds, to purchase the equipment.

The new equipment – an Equalizer 1000 Series universal exerciser – is now housed in the physiotherapy department at the Rehabilitation Hospital, and is specially designed to allow both ambulatory and wheelchair users to exercise simultaneously without needing to make substantial changes to any settings. The Equalizer is an important addition to the existing physiotherapy program as it has taken the place of two older exercisers that were in need of replacement. In its brief tenure to date, the Equalizer has already surpassed expectations and has frequently been the

subject of enthusiastic reviews from both staff and patients. A gold plaque honouring Bruce Pritchard was permanently affixed to the exerciser shortly after its arrival.

Through its We Care Program, Safeway has raised more than \$12 million for local charities in Canada. For more information about Safeway or the We Care Program, please visit [www.safeway.ca](http://www.safeway.ca). For more information about the Equalizer exerciser, please visit [www.equalizerexercise.com](http://www.equalizerexercise.com) -Dan Joanisse-



*The Equalizer and Bruce's family (back row) Lauren Alcock, Melonie Cleutinx, Noreen Pritchard, and Darlene Cleutinx. In the front row are Liberty and Paisley Alford.*

*"And as we let our own light shine, we unconsciously give other people permission to do the same. As we're liberated from our own fear, our presence automatically liberates others." - Nelson Mandela, Long Walk to Freedom*



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

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

## VISITABILITY

On May 11th through 13th, I attended the VISIBLE Housing Think Tank held here in Winnipeg. The goal of the Think Tank was to develop a Framework for Action on Visitability in Canada. Visitability aims to increase livability by integrating basic accessibility features into single-family homes for all people. Delegates from across the country attended with presenters coming from both Canada and the United States.

### So what makes a home VISIBLE?

- ☞ At least one accessible entrance with a 36 inch (91.4 cm) wide door.
- ☞ A minimum of 32 inch (81.3 cm) clear door opening width inside the dwelling.
- ☞ A wheelchair accessible half bath on the main floor

### What has to be done to make VISIBLE housing the reality?

- ☞ Stress the impact related to isolation, costs related to having people leaving their homes for nursing homes and depression due to lack of social contact.
- ☞ The public needs to be aware of their housing options in order to make informed decisions. With people living longer there are more age related disabilities occurring. Many of the people who are now building homes have grandparents, parents, aunts and uncles who experience difficulty when coming to visit. University design programs need to create curriculum for students to encourage accessibility in the built environment. This initiative will grow active citizens through education and community partnerships.
- ☞ The correlation needs to be made between longer hospital stays and healing at home in a VISIBLE environment, as well as the need for VISIBLE homes to reduce the number of older adults moving to formal care home settings when it may not be necessary to give up their independence.
- ☞ The future requires more community support to facilitate 'aging in place' which could reduce some stress in the hospital setting possibly translating to faster healing times due to increased well being in home setting and ability to get back to work faster.

-Greg Winmill-

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# ACCESSIBLE HOUSING



We all know how difficult it is to find affordable, accessible housing in Winnipeg, especially when you have a low to moderate income and have specialized needs related to disabling conditions. We are trying to solve this problem.

In September 30, 2001 a joint venture of the Federal and Provincial Government was developed to increase the supply of affordable housing rental units and new housing available in Manitoba. The total contribution of \$73.8 million was the Government's original agreement for 5 years. This has been extended until 2008. The new energy efficient infill "Homes for Sale" project, developed here in Winnipeg's inner city, has become very popular in the community. These new single-family homes have been constructed and built to Manitoba Hydro's Power Smart standards.

The selling price for these houses is around \$83,700.00, with the condition to live in that house for 10 years. If you move out prior to the 10 years you will have to pay an additional \$70,000.00 that was covered in the program grant. To qualify you need to have a disability and a net income for the household under \$45,379.00 per year.

The website for this topic is [www.nehp.mb.ca](http://www.nehp.mb.ca) or call Karen Giesbrecht at 783-2758.

On May 15, 2007, one of our CPA clients became the first proud owner of an infill house in the North End. The house is an accessible, energy efficient, one level, 3 bedroom home. The heating system is in the floor and the appliances are all energy efficient. It is around 1,275 sq feet. and the laundry facilities are on the main floor. There is lots of open space, and an accessible kitchen area with a counter top stove. It also has a big back yard with front and back entry. The windows are dual glazed, low Energy, argon filled panes making the year round energy costs minimal.

The photos show the house and the team of people involved in the final stage of the transition. From left to right, Ralph Mueller, construction site manager, John Hunt, real estate agent, Maria Cabas, CPA Rehabilitation Counsellor, Aboriginal Services and Gail Stapon, real estate agent.

I would like to say "Thank You" to all involved for helping to make this project a success.

- Maria Cabas-



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*-Anonymous-*

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\* 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.

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



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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**

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## IMPORTING VEHICLES MODIFIED FOR DISABLED ACCESS

With the Canadian dollar rising in value, more and more people are looking into purchasing vehicles in the United States and importing them into Canada. The CBC National News recently ran a story outlining the huge savings that can be obtained on some vehicles. I personally know of one individual from Alberta who did his homework, got all the paperwork in place, and then drove to Montana where he purchased a Nissan Pathfinder for \$10,000 less than it would have cost him in Canada. This made me wonder. Is it possible to save money on importing a vehicle modified for disabled access? The answer is yes. However, you really have to do some homework first.

Transport Canada's web site [www.tc.gc.ca](http://www.tc.gc.ca) can supply you with some of the information needed for importing a vehicle into Canada from the U.S. Their home page offers a quick link to "Vehicle Importation". You then click on "From the United States" and the explanation begins. However, vehicles modified to meet the needs of physically disabled persons have a category all their own. In other words, even though an unmodified Dodge van may be eligible to import into Canada, not all Dodges modified for physically disabled persons qualify.

To see a list of modified vehicles that qualify for import you will need to click on "List of Vehicles Admissible from the United States". This will take you to the Register of Imported Vehicles (RIV) web site. Here you click on "check your vehicle against the List of Vehicles Admissible from the United States". This will take you to a 20 page PDF document. On page 13 you'll come across a very small section entitled "Disabled Access Vehicle Conversion".

PAY VERY CLOSE ATTENTION TO THIS SECTION! Only the modified vehicles listed in this section will be allowed into Canada. Confused yet? Don't worry, the web sites also lists toll free numbers you can call for assistance. If you don't have basic computer skills you may want to enlist the help of someone who does.

The RIV websites can help coach you through the intricacies of bringing a vehicle into Canada. For example, did you know daytime running lights have not been mandatory in United States? You'll have to make this modification to your U.S. vehicle if you wish to register it in Canada. This is just one example. The RIV web site will explain the documentation fees you must pay. Also remember you may be responsible for GST and for the PST on the vehicle you are importing. Don't ask me how you can be charged PST on a vehicle you didn't even buy in Canada but you can. You'll also be responsible for the \$100 excise tax if your vehicle is equipped with air-conditioning. Check to see if any duty will be charged on the vehicle you wish to import. Currently, a vehicle imported from the U.S. that was manufactured in the U.S. is duty-free.

All of this may seem very intimidating. So, do your homework to determine if all this work will provide you a worthwhile savings. If you want an example of modified low-floor van prices in United States, check out [www.cummingsmobility.com](http://www.cummingsmobility.com). They operate from the Minneapolis area. Then, get out your pocket calculator and currency converter and crunch some numbers. You may not do as well as my friend in Alberta, but there is a real potential to save thousands of dollars in some cases.

-Greg Winwill-

### To whom it may concern

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# Day at the Beach 2007

The 7th Annual Day at the Beach celebration, hosted by Canadian Health Care Products with support from the Manitoba Wheelchair Sport Association and the Canadian Paraplegic Association (Manitoba) Inc., was held on July 20th this year from 10:00 am - 4:00 pm at Grand Beach. The event is becoming a tradition. For the 7th straight year people with disabilities and their families and guests get together and see the latest mobility and sports equipment, enjoy a barbecue, play games, participate in challenges to win prizes, or just visit and have a good time while taking in the beautiful weather this summer has to offer. This was my second year at this celebration and I saw many old faces but also some new ones. In total, approximately 150 people were in attendance throughout the day to participate, make new memories, take pictures, and enjoy a hot day by the lake.

I am always amazed by the number of volunteers and staff involved in organizing and providing such a tremendous experience from the beginning of the day right until the end. People – many people – make this day a success, from directing traffic and visitors, working at the registration booth, organizing the various games and challenges, preparing and serving all the food and drinks, operating the speed boat and helping people in and out of the water, monitoring the safety of all participants on land as well as in the water. The recreation coordinators, Vi and Clayton, the nurses, unit assistants and therapists from the Rehabilitation Hospital, help prepare the clients every year so that new people, still ‘fresh’ from their spinal cord injuries, have a chance to see all the possibilities



*Aaron Wollman*

and to see that there is life after disability. All through the day people are trying different wheelchairs, scooters and hand cycles, water skiing and tubing, swimming and kayaking, or just cooling off with a nice cold beverage. There were many prizes given away at the end of the day – not a single person left empty handed. Aaron

Moseley-Williams received the Doug Grant award for having participated in nearly all of the activities. Jake Smellie, co-owner of Canadian Health Care Products and the man whose passion it has been to make this event a reality since its inception, dedicated this year's event in honour of James Kraynyk, who passed away in January this year. James was a big supporter of Day at the Beach and his family were in attendance this year handing out baby trees to be planted by recipients in James' memory.

When informed about this article, Jake modestly and humbly explained that he is not an important person during Day at the Beach – instead, Jake expressed his gratitude and appreciation not only for the support from the staff and volunteers, but also for the participants. The Day at the Beach is truly an enormous undertaking and all who are involved in this endeavour are to be congratulated. And despite his reluctance to accept any credit, we all know this day would not be the same without Jake and his co-owners, Wade Scott and Joe Perry. Thank you for the 7th straight successful Day at the Beach!!

*-Maria Cabas-*



*Jake Smellie and Aaron Moseley-Williams*



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