



Canadian Association  
Paraplegic Canadienne des  
Association Paraplegiques  
(Manitoba) Inc.

**MPF** MANITOBA  
PARAPLEGIA  
FOUNDATION INC.

**August 2008**

**Summer Issue**

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

# PARA TRACKS



**Team Manitoba  
Takes the Bronze for 2008  
But Hungry for Next Year's  
Top Spot Pg. 14**



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- ~Govt. of Manitoba Commits \$3 Million to SCI research and Community Services Pg. 2**
- ~Information on the Acute Care Phase of the Recovery Rehab. Process Pgs. 6-11**
- ~ Randy Komishon is Presented with the 2008 Merit Award Pg. 5**



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



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***\*paraplegic or tetraplegic***

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

**George Dyck**

**Jim Grant**

**Linda Elke**

**Janet Fiddler**



**Al Nicholson**

**Brad Hughes**

**Marianne Erbach**

## 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 are as follows:

#### *During the month of March 2008:*

- ☞ Funding was granted for the purchase of therapeutic compression stockings to minimize existing edema in lower extremities, which will allow a CPA member to maintain daily activities without an increased need for bed rest.
- ☞ Financial support was provided for the purchase of ceiling track lifts for two CPA members who reside within an area of the province where their regional health authority does not provide ceiling track lifts. These lifts will allow just one caregiver to assist with transfers on and off beds and for repositioning while in bed.
- ☞ Funding was provided for the purchase of a Stimulite cushion for a CPA member. This cushion will provide the member with skin protection while eliminating maintenance issues associated with air filled and gel filled cushions.
- ☞ Funding was granted for the purpose of product testing a Roho cushion which is non-medical and suited toward long-haul truckers or people who require comfort for sitting on bleachers, etc. These cushions sell at a lower price than the ones earmarked

as medical goods. By testing these cushions, CPA can determine if they are adequate as a secondary cushion (which is not covered under any provincial health plan). If these cushions do provide adequate skin protection while sitting in a vehicle, CPA members would find them far more affordable than the medical Roho.

#### *During the month of April 2008:*

- ☞ Funding assistance was provided to a CPA member for upgrading an older model of environmental controls to a new Empson 3 environmental control which will allow the member to control their TV, DVD, VCR, cable box, audio amp/tuner and CD player.
- ☞ Funding assistance was provided to a CPA member for the purchase of an electronic door lock and opener. This will allow the member to answer the door and allow caregivers and visitors access to his apartment, as well as allowing him to come and go independently to and from his home.

### MPF Trustees

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*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.



**Kelly Carr, OTReg(Mb)**  
**Occupational Therapy Services**

**Ph – (204) 669-5055**  
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\*\*\*\*\*

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*Providing OT services to SCI in Manitoba for over 25 years*





## Premier Gary Doer Announces “Going Forward Together”

### The Government of Manitoba's Contribution to Spinal Cord Injury Leadership in Manitoba

**On** February 29, 2008 at the Manitoba Legislative Building, Premier Gary Doer was joined by Rick Hansen, representatives from the Canadian Paraplegic Association (Manitoba) Inc. and individuals from the spinal cord injury community, to announce the Government of Manitoba's commitment of \$3 million over the next five years in support of spinal cord injury research and community services.

“Manitobans were touched and inspired by Rick's Man In Motion World Tour and today we mark its 20<sup>th</sup> Anniversary by continuing to support his vision,” said Doer. “We also recognize the incredible work that is being achieved in spinal cord research and we're going to continue supporting these efforts by contributing \$3 million for more research and quality-of-life initiatives that help to improve the lives of Manitobans living with a spinal cord injury.”

“We're grateful to Premier Doer and the Government of Manitoba for providing the leadership that will help to advance research, remove barriers and improve the quality of life of people living with spinal cord injury,” said Rick Hansen, president and CEO of the Rick Hansen Foundation.

“I feel honoured to help represent the Canadian Paraplegic Association (CPA) Manitoba, as a past provincial and national president of the Canadian Paraplegic Association (CPA),” said Art Braid, who is currently a Director on the Board of CPA Manitoba. “At least half of these funds will be used for research in all its applications. There will be a Manitoba Research Solutions Team, of diverse membership, that will work closely with a national Research Solutions Team, to ensure that funds are spent in Manitoba where they will do the most good. Similarly, on the service side there will also be a Solutions Team, led by CPA Manitoba, that will determine where gaps in service to Manitobans with spinal cord injury are and ensure that they are closed.” said Braid.

“I think it is wonderful,” said Winnipegger Brad Boisselle, commenting on the significance of the new funding initiative. Boisselle, a 45-year-old industrial arts teacher, had surgery in 2001 to remove a benign tumour from his spinal cord. It ended his days as a heavy equipment mechanic. He spent a long time in a wheelchair but now walks well. Much of his body was once paralyzed but feeling has now returned to all but his back and the balls of his feet. “If this would have happened to me 10 years (earlier), I'd still be in



*Premier of Manitoba Gary Doer shakes hands with Art Braid, Director on the Board of CPA Manitoba and Rick Hansen*

a wheelchair,” Boisselle said, noting doctors knew to rush him into surgery and what follow-up procedures to use. Rehabilitation services, including rehabilitation counselling, offered by CPA Manitoba, have played an important role in his life.

Art Braid summed up his thoughts, commenting, “CPA Manitoba is pleased that Rick's continuing efforts in the field of spinal cord injury are showing results in Manitoba. We are happy to be collaborators with him in this most worthwhile initiative and we thank Premier Gary Doer for his leadership in once again demonstrating, in a tangible way, his Government's commitment to improving the quality of life of all Manitobans.”

### FOR SALE:

**2002 Ford Van E159 Econoline XL.** Hand controls, wheelchair tie-downs, wheelchair lift, power driver seat. Safety done April 16, 2008. Asking \$15,000. Contact Jack at 781-1961

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## CPA (MANITOBA) INC. BOARD OF DIRECTORS UPDATE

**At CPA's** Annual General Meeting on June 18, 2008, President John Wallis thanked those Board members who were retiring from service with the following words:

*"Our volunteer board is, of course, a most important part of the organization's success. As President and Board chair, it is a humbling experience to be a part of the group that sits around the board table with the vast repository of knowledge, wisdom, and experience – not to mention commitment and generosity – that they bring to the table."*

*To those Board Members who are retiring from service this year, please accept our special thanks for your years of service and contribution. You will be missed, and your contributions have been and will be valued."*

### **Resignations from the Board were accepted from:**

#### ***Andrew Carrier:***

Andrew served 4 years on the Board and the Operations Committee. Andrew's area of expertise was human resources and he brought a vast amount of skills and knowledge to the table.

#### ***George Dyck:***

George served a total of 29 years on the Board. During these years he served as President and on many committees, including the Program & Community Relations Committee. George's wisdom, ideas and suggestions provided valuable continuity and history.

#### ***Rudy Niebuhr:***

Rudy served 6 years on the Board and the Program & Community Relations Committee. Rudy brought many years of experience gained through physiotherapy practice with people with spinal cord injuries.

#### ***Harvey Pollock:***

Harvey served on the Board and Program & Community Relations Committee for 7 years over two terms. Harvey's legal expertise, particularly in the area of spinal cord injuries is invaluable.

### **Nominations to the Board were accepted from:**

#### ***Shannon Guerreiro:***

Shannon graduated in 1989 as a registered nurse and held her first nursing position on RR4 at the Health Sciences Centre providing care to persons who sustained a spinal cord injury or amputation. It was during that time that Shannon states she was fortunate to meet such impressive, resilient and influential individuals as Tony Mann and Arnie Schyrvers. In 2006 Shannon returned to the Rehabilitation/Geriatric program as the Manager of Patient Care.

Shannon acquired her Bachelor of Nursing degree in 2007 and is currently enrolled in the Masters of Nursing Program at the U of M. Shannon's past Board experience includes Vice Chair of the Board of Directors for Women's Health Clinic and Board Member for the North End Women's Centre.

Shannon states as a nurse it has been her mandate to care for persons with spinal cord injuries, to treat and prevent the complications that can result from a spinal cord injury and other physical disabilities, to alleviate pain and suffering and to assist these individuals to achieve independence and self-reliance. She is looking forward to further assisting persons with spinal cord injuries and other disabilities in achieving full community participation.

#### ***Nicole Dubois:***

Nicole graduated in 1989 with her diploma in nursing and immediately started working at the Health Sciences Centre Rehabilitation Hospital SCI Unit from 1989 to 1997. She left the SCI Unit in 1997 to develop acute nursing skills. She completed the Nephrology Nursing program and started working on the Hemodialysis unit. There she met a Northern Nurse who intrigued her with her stories of working in the North. Nicole made her first trip to Oxford House in the winter of 2000 and discovered her love of the North. For the next two years Nicole divided her work between HSC and Northern Nursing. She earned her Bachelor of Nursing and pursued a full time career in Northern Nursing.

Nicole returned to the Rehabilitation Nursing and began a position at the HSC Rehab. Outpatients Clinic in 2006. Nicole recently passed the Canadian Nurses Association Rehabilitation Nursing exam and is proud to say that she is one of the first nurses in Manitoba to be certified. Her varied experience has worked well with her new position at Rehabilitation Outpatient Clinic and she is committed to the education and prevention of spinal cord related complications.



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### **multichair 4000**

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### **multichair 4000tx** (Patent Pending)

- Waterproof nylon cloth back, Fold-back locking padded arms, Seamless padded Ensolite seat cushion, Adjustable swing-away footrests, Four 4" diameter casters with wheel locks
- It folds up and packs in a black nylon carrying case that complies with FAA requirements for carry-on luggage, goes through the airport X-ray machine, even tow it behind your wheelchair



### **multichair 4020 & 4024**

- Two 20" or 24" diameter wheels with coated handrims, Solid rubber tires, Toggle wheel locks, Stainless steel quick release axles, Aluminum axle blocks, Two 5" diameter casters with total-lock brakes
- See multichair 4000 for additional details



### **multichair 4020rx** (Patent Pending)

- Fold-back adjustable locking padded arms, Seamless padded Ensolite seat & back cushions, Two 20" diameter wheels with coated handrims, Solid rubber tires, wheel locks, Stainless steel quick release axles, Aluminum axle blocks, Two 5" diameter casters with total-lock brakes
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## 2008 Merit Award Presented to Randy Komishon

*The Canadian Paraplegic Association (Manitoba) Inc.'s Merit Award was initiated in 1965 to recognize organizations, supporters and persons with spinal cord injuries who have made a contribution to the Association either through their personal efforts or as an example of successful rehabilitation.*

This year's Merit Award was presented to Randy Komishon at CPA's Annual General Meeting on June 18, 2008 by John Wallis, President of CPA Manitoba. John stated that "the recipient of this year's award embodies so much of the spirit that makes CPA what it is. At the heart of CPA Manitoba is a quiet, yet purposeful and passionate commitment to our members and our mission. That commitment and dedication from staff and volunteers is what has built and what sustains the organization. Showing a commitment and dedication to service to his community, he has shown leadership not only within our organization, but within his church, community, profession, and as a devoted family man."

Randy became a CPA Board member in 1989 after finishing his Law Degree and Call to the Bar of the Manitoba Law Society. He was elected as President of the Board in 1996 and served in this position for 8 years. Randy also represented CPA Manitoba as our Corporate Board Representative on the National Board of CPA for 9 years and represented CPA Manitoba on the Board of Ten Ten Sinclair Housing Inc.

Randy's commitment to volunteer work began at an early age – his parents encouraged him to volunteer in school to

help in reading programs (also "voluntold" by his teacher to clean blackboards as a reward for his conduct in the school yard!). Through the years, Randy has provided countless hours of volunteer work in several areas, including:



- ✧ Service work through his Religious studies program at St. Amant Centre
- ✧ Jesuit Teachers Transition Committee for St. Paul's High School and College
- ✧ Language Arts study assistance for new Canadian Students
- ✧ Establishing and participating in "Christmas for Disadvantaged Children," run by the University Fraternal Organizations each Christmas

Randy was recognized with the "With Great Boldness" Award given by the Lutheran Church Canada for his work at the Board and Committee level.

Randy continues to volunteer in sports and school programs for his children and looks forward to his continued commitment to his work with the Lutheran Church.

Randy, his wife Sandra, and two children, Andrew and Leah, reside in East St. Paul, Manitoba.

***Congratulations, Randy!***



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## ACUTE CARE PHASE OF THE RECOVERY REHAB. PROCESS

### What to Expect on RR5

***Once you have been admitted to the Health Sciences Centre, Rehabilitation Hospital on RR5, the real work begins!*** Within the first few hours a nurse will admit you and do an assessment. At this time you will be given a "Welcome to Rehab" booklet, which will provide you with an overview of what we do here, the people who will be involved in your program and what you can expect. Within the first week you will have met with your Physiotherapist and Occupational Therapist, as well as our Recreational Therapist. Each discipline will complete their own assessment so that they can tailor your program to fit your needs.

Once they have determined your learning requirements, the nurses will begin teaching you and/or your family how to manage your care. They will teach you about bladder and bowel function, and skin management, especially the prevention and treatment of pressure sores. They will continue to assess and monitor you for complications of your injury, such as urinary tract infections, pressure areas, respiratory complications, autonomic dysreflexia and deep vein thrombosis. They will also teach you how to do these checks for yourself.

By your second week you will have your appointments and therapies scheduled at regular intervals throughout the day, during the week. The days are busy and your schedule will be full. The expectation is that you will attend all therapies and educational sessions. The more involved you are with your rehabilitation program the more successful you will be. This is the time to learn, ask questions and make mistakes! On weekends there is no scheduled therapies, we encourage you to use this time to rest and visit with family members. As early as possible in your program you will be encouraged to go out on passes; first a day pass, but then weekend (overnight) passes as well. This is a good way to see how you manage in your home environment. This will help you to determine what modifications your home will require to make it possible for you to be independent.

Early in your admission the nurses will teach you about your medications; most patients will be taking their own medications prior to discharge. The nurses and unit assistants will also teach you and encourage you to direct your care so that upon discharge you will be able to teach your care providers about your

individual care requirements, or be able to meet your own care needs.

We begin to think of your discharge from the minute you arrive on the unit. We want you to think and plan for it as well. It may seem light years away but it is closer than you think. RR5 is just one stop on your path to community living and you will want to make the most of the time you spend with us in rehab.

*~Shannon Gurreiro~*

**Manager, Patient Care Rehabilitation/Geriatrics**



**Jeff Cook, Carol Petras,  
Dave Sjoberg and Nicole Dubois**

### Physiotherapy and Spinal Cord Injury

***"Physiotherapy...it'll move you"***. That's the slogan of my professional association, the Canadian Physiotherapy Association (the *other* CPA...I'm not sure who got the acronym first). It pretty much describes my involvements with those who have sustained a spinal cord injury. As a physical therapist, from the moment I meet a newly injured person, I'm thinking about how that person's movement can be improved. Now this movement can take many forms: from taking breaths or coughing to walking or being up in a chair for the first time...all stuff that we take for granted...all activities that may be significantly impaired with an injury to our spinal cord.

My involvements can include passively moving a patient's limbs. It may involve teaching a client's family or friends how to safely move their loved one from a bed to a chair. Sometimes it involves training an injured





## ACUTE CARE PHASE OF THE RECOVERY REHAB. PROCESS (CONT-)

person some new technique for accomplishing an “old” task like climbing a curb...except this time it needs to be done while seated in a wheelchair. For some, “going to physio” means that they’re working on their gait; this time, learning to walk involves braces and canes. Getting moving again takes many different forms.

Physiotherapy and rehabilitation are not the same thing, but they are significantly related. I agree with the philosophy of Craig Hospital in Denver that goes something like this: after a life changing event like a spinal cord injury, rehabilitation is about getting back into the world and returning to a good life. I’ve witnessed this process and have been inspired by the many examples of the resilient and tenacious human spirit. I’m privileged to be a part of their journeys. These people have moved



**Kevin Black & Rudy Niebuhr**

*~Rudy Niebuhr~*

**Clinical Advisor, Amputees & Spinal Cord Injuries  
Physiotherapy Services**

## Occupational Therapy

An Occupational Therapist focuses on how a person will return to doing the activities he/she/needs/wants to do following his/her injury. The Therapist often works as a member of a multi-disciplinary team that works towards the client’s goals. In the hospital setting, the goals are often focused on learning how to take care of oneself from a wheelchair level, how to maneuver the wheelchair in the environment, and determining how to set up the home to accommodate the wheelchair.

The Occupational Therapist will begin with an assessment of the client to determine his/her previous level of function, the home/community/social envi-

ronment in which the client usually lives, the activities the client usually participated in, and the client’s current level of function. If indicated, the Therapist will also set up a wheelchair and cushion for the client to trial and will prescribe a wheelchair and cushion to use when the client first leaves the hospital. At this time, a wheelchair can be obtained through the Society for Manitobans with Disabilities (though selection is limited) or through a vendor of medical supplies if the client has funding.

Depending on the level of injury, an Occupational Therapist will help the client re-learn to dress and wash him/herself, feed him/herself, move between different surfaces (e.g. wheelchair to bed), complete kitchen tasks and maneuver in the wheelchair. It is important that clients try to do as much as they can for themselves when they are in the rehabilitation setting, so they can practice and work out any problems while there is a team of people to help them problem-solve. The Occupational Therapist will also assist with determining what equipment may be helpful to maximize the client’s abilities.

Home modifications may be needed for a client to return home, and the Occupational Therapist will be able to provide input about simple modifications (e.g. building a ramp, widening doorways). Larger modifications usually need the involvement of a contractor. It is very helpful if the client or family member can give accurate descriptions of their home, as it is better to identify issues early.

Should you have any questions about Occupational Therapy and Spinal Cord Injury Rehabilitation, please do not hesitate to contact the Occupational Therapy Department at Health Sciences Centre at:  
204-787-2786.

*~Kathy Richen~*

**Occupational Therapist**

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## ACUTE CARE PHASE OF THE RECOVERY REHAB. PROCESS (CONT.)

### The Spinal Cord Injury Outpatient Clinic

Once our spinal cord injury (SCI) clients reach their rehabilitation goals, and a discharge date from the Rehabilitation Hospital is scheduled, a CPA Rehabilitation Counsellor - Hospital Services, will take the client on a tour of the Spinal Cord Outpatient clinic and introduce them to the staff. The clinic provides a continuum of health services for clients with spinal cord injuries from Manitoba and Northwest Ontario. The services include physiatry assessment and diagnosis to assist and manage problems and disability as a result of spinal cord impairment. This service uses education, advice, direct management of issues and, when needed, will refer clients for additional assessments to investigate and treat health issues.

We also provide a Skin and Wound Management Clinic. The goal of this service is for surgical referral, medical management of pressure ulcers and prevention of skin breakdown in our SCI population. Our SWAT team works in partnership with the client, the client's vendor and the Skin and Wound Management Clinic to address pressure management difficulties, and the authorized therapists assess clients' mobility and seating needs.

Kidney (renal) failure used to be the leading cause of death for individuals with a spinal cord injury. Today with the improved methods of bladder management, there are fewer and less severe complications with the kidneys. All our SCI clients are entered on a renal registry where they will have an annual urologic check up. This annual assessment with a physiatrist and clinic nurse is recommended for people with spinal cord injury to prevent long-term complications, wellness promotion and monitor progress over time.

Our Spasticity Clinic addresses issues related to abnormal muscle tone from brain or spinal cord disorders such as stroke, multiple sclerosis, transverse myelitis, cerebral palsy and brain and spinal cord injuries. Patients with spasticity often have pain, limited movement and muscle contractures. Fortunately, many of these conditions are treatable. Available treatments include medication management, splinting, physical and occupational therapy, motor point blocks, botulinum toxin injections and intrathecal pumps.

*~Nicole Dubois~*

**Outpatient Clinic Nurse**

### Therapeutic Recreation ~ Spinal Cord Injury Rehab Unit

Recreation is a proven therapeutic tool utilized in hospitals, clinics, and communities everywhere, helping individuals to restore and improve their abilities. Recreation and active living are essential to personal health. Therapeutic recreation nurtures growth, acquisition of life skills and independent living for those with a disability. It reduces isolation, loneliness, and boredom.

At Health Sciences Centre, a Recreation Coordinator works as a part of the interdisciplinary spinal cord team providing service for SCI in-patients through the use of groups or individual interventions tailored to an individual's needs and interests.

Upon admission to the SCI unit, the Recreation Coordinator will meet with a patient to find out what their recreation needs and interests are. The Recreation Coordinator may then provide therapeutic interventions to improve abilities, well-being and

independence in positive leisure pursuits through:

- ✧ Leisure education to promote life-long recreation skills and attitudes.
- ✧ Opportunities for participation in recreation activities to promote health and personal growth and maintain physical, emotional and mental well-being, during hospital admissions.
- ✧ Community re-integration assistance and support in removing physical and psychological barriers that prevent participation in community recreation programs.

Services include: Leisure assessment; Leisure counseling; Leisure education; Community awareness; Referrals to appropriate community agencies; Supported community re-integration; Therapeutic play; Individual/group therapeutic recreation programs;



## ACUTE CARE PHASE OF THE RECOVERY REHAB. PROCESS (CONT.)

Inpatient recreation activities; Skill teaching; Socialization. Therapeutic recreation is recreation with a purpose; that is to improve peoples' quality of life.

~Clayton Carriere~  
Recreation Coordinator

### Aboriginal Services

The Canadian Paraplegic Association (Manitoba) Inc. supports Aboriginal people with spinal cord injuries to become as independent as possible when they return and integrate into the community.

As the CPA Rehabilitation Counsellor - Aboriginal Services, my role begins with participating in the discharge conference while the clients are still in the Rehabilitation Hospital and preparing to go home. Once they are discharged from the hospital, I follow-up with people in the community and help them to deal with changes and adjustments in every aspect of their life. It is difficult to be isolated from family and familiar surroundings. Aboriginal clients also deal with cultural differences as well as physical distances. I try to make the transition to their new lifestyle less stressful.

The rehabilitation process in the hospital helps to prepare Aboriginal clients for discharge; however, the real test of life is to be able to use the new skills they have learned and to adapt them to their new lifestyle while living in the community; whether they choose to return home to their Reserve, to another Reserve, or to remain in Winnipeg to support their rehabilitation process. This is a challenge, as they are now without the support of all the medical staff, nurses and doctors who were available 24/7.

The rehabilitation process in the community begins when the client leaves the hospital. Transportation can be a big issue, especially if the clients live in a 'fly-in' only community. The struggle to adjust to living with a disability begins once they arrive home. Everything seems to be quieter in the community - more peaceful than the hospital where there is noise 24 hours a day. They also don't have the specialists' support to attend to new challenges. Now at home, they need to start to apply what they have learned in the hospital and use or adapt what works for them to live as fulfilling a life as they choose.

The spinal cord injury has changed the client's lifestyle; however, it is not the end of the life, even though it sometimes feels that way during the

rehabilitation. Depression and emotional toll is normal in any grieving process, especially in rehabilitation for spinal cord injury. Some people experience these feelings in different levels of intensity but everyone has to go through the process of healing, even if it is hard and painful. Somebody said to me that the first 1 – 2 years are the hardest ones when living with a disability but it only gets better after that. It is very important to know that Aboriginal clients are not alone and that they have a team that works together to support them. This team is comprised of family and friends, the Bands, the nursing station on the Reserve and other community service providers.

CPA's rehabilitation counselling focuses on the holistic approach to our clients' needs. Based on each client's plan, and on their level of injury, we develop realistic and achievable goals and we include them in a community rehabilitation plan. We focus on CPA's Core Services such as:

**Accommodation** – finding an accessible place to live (we all know how hard it is to find an accessible place to live in Winnipeg), or making a home on the Reserve wheelchair accessible with ramps and washroom / bath modifications.

**Health and wellness** – follow up conferences with the client and medical appointments are scheduled for 3 months and 1 year after discharge. It is also very important to find a family doctor. It is critical to take charge of your health by taking care of oneself to prevent pressure ulcers by drinking plenty of water, cathing regularly to prevent bladder infection, monitoring the changes in one's body, and directing your home care staff to ensure proper personal care.

**Sexuality** – having a sex life, family planning are important aspects in everyone's life.

**Personal adjustment** – learning to deal with and later to accept your disability. Initially re-learning to dress, feed, transfer from wheelchair to bed and reverse, relearning your body's functions, adjusting to body image, dealing with potential issues such as addictions, mental health issues and the distance from services.





## ACUTE CARE PHASE OF THE RECOVERY REHAB. PROCESS (CONT.)

**Equipment and supplies** – how to order supplies, where to order them and what to do if your equipment needs repairing, what kind of wheelchairs, cushions, computer-voice activated programs and environmental controls are available when required.

**Family and significant relationships** – family and friends have to adjust to the client's new lifestyle and understand the rehabilitation process, as well as heal and adjust.

**Spirituality** – we tend to either get closer or distance ourselves from our higher power after we experience a life crisis like spinal cord injury - elders may be a very important resource.

**Education and/or return to work** – going back to school, or going back to work need to be considered and discussed with CPA vocational services staff.

**Transportation** – getting a driver's license, using hand controls for driving, modifying vehicles, and applying for Handi-Transit, are steps toward independence.

**Recreation** – living a healthy lifestyle; getting involved in wheelchair sports, volunteering in your community, playing and having fun, add to your life satisfaction.

**Financial** – identifying potential sources of income to assist with living in the community and meeting your basic needs for health and safety.

**Other issues** – member identified issues.

Empathy, caring, respect, trust, confidentiality, acceptance of other's choices, a non-judgmental attitude, understanding and respecting the Aboriginal culture and spirituality are just a few of the values I use each day in my work. I believe in team work, cooperation and partnerships with the Aboriginal client and their community. I try to empower each individual to achieve self independence and to use all of their hidden talents. I support their need to prioritize issues and to work through them until they are resolved. I love to see Aboriginal clients with spinal cord injury succeed in their pathway towards independence and I am here as a resource, to motivate and help them achieve their goals.

*~María Cabas~*

**CPA Rehabilitation Counsellor  
Aboriginal Services**

## Transitioning with Ten Ten at 1010 Sinclair

Amongst the myriad of post spinal cord injury learning interests is the idea of rebuilding independence. While what this means on a daily basis will differ a bit for everyone, the two essential elements that provide an opportunity to live independently in the community remain the same. They are a welcoming built environment – a dwelling that makes sense in terms of accessibility - and a service package that meets each individual's needs. Ten Ten Sinclair Housing Inc. is a long standing option for learning on both these fronts as one transitions back to one's community – or decides to live in a different part of the community.

The 75 unit apartment building at 1010 Sinclair Street is the focal point for supporting individuals with disabilities in their transition from institutional environments to community living. While the building is now over thirty years old, the design of the one bedroom apartments still provides for basic accessibility. A number of apartments have enhanced

features such as power door openers, differing counter heights, and a variety of little changes developed with tenants over the years that simply put, work. The entire property is designed for learning about life from a seated position, including things such as appropriate window heights, an automated entry system, and container gardening. It is not unusual for tenants who come to 1010, while their own home is being modified, to learn about specific practical features that they can have incorporated into their own renovations.

While the physical environment is an important reason to view 1010 Sinclair Street as a transitioning option, it is more important to realize that you are committing to participate in the Learning Through Living Program. This is the vehicle through which we provide transitional supports for people with disabilities to acquire the knowledge, skills, and resources they need for independent community living. The program includes: service planning and co-ordination; experiential learning services; attendant



## ACUTE CARE PHASE OF THE RECOVERY REHAB. PROCESS (CONT-)

services; housekeeping services; housing planning services; and exit planning.

The “learning through living” approach is one that is driven by you the tenant. It is based on experiential learning and may be as structured as you want it to be. That means you will decide what you would like to accomplish and what support you need to do so. There are no “classes” per se. Our work with you is based directly on your needs, abilities, and wants. Generally, staff roles are not to make decisions for you, but to ensure you understand the consequences of your choices. Attendant services are “tenant directed”. Staff role in these instances is to provide physical assistance with activities of daily living that you may be unable to perform yourself – on your direction – within the umbrella of safe work practices. You will also learn from your peers at 1010, some of whom you may know from your rehabilitation process. Building confidence in the performance of a variety of physical tasks comes from experience with our attendant staff, as well as your peers in the building. That is the “experiential” part of 1010.

The Ten Ten environment is intended to support independence, and is guided by the Independent Living Philosophy (ILP). The ILP is an approach to community living designed for those who have demonstrated the capacity and interest in managing their own affairs, and who accept the risks and responsibilities of independent decision-making. Independence refers to the ability to take responsibility, to take risks, and to direct and make decisions in daily living. Independence does not necessarily refer to the physical ability to complete activities of daily living.

It is also important to emphasize what Learning Through Living is not. It is not a medical service. Medical needs are the responsibility of the tenant – just like anyone else living independently in the community.

Tenants who are interested in the Learning Through Living Program may be invited to do a “test drive” with a short-term assessment. This is usually for a four month period that gives the prospective tenant an opportunity to evaluate whether or not this

program makes sense for them. Similarly, it gives Ten Ten an opportunity to assess whether or not the tenant is a good “fit” for learning in this environment.

There are a variety of service models in the community. At 1010 Sinclair Street we use a shared care type service model. Fundamentally, that means a group of tenants are sharing a pool of attendant care staff. However, tenants will have the opportunity to learn about other service models in the community.

In a nutshell, Ten Ten Sinclair Housing Inc. provides an accessible environment and a service package that assists people with their adjustment to their changed ability. Tenants reside in their own apartments, manage their apartment like anyone

else, pay rent, and share attendant services according to a shared-care model of service. People may be tenants for as little as two or three months, or as long as three or four years. However, it is not permanent housing for people

with disabilities, but rather a building and program for transitioning back to the larger community. It is important to remember that not all the apartments at 1010 Sinclair Street are rented to people with disabilities. This is in keeping with our value of community integration.

For more information you may call us at 339-9268, or visit our website at [www.tenten.mb.ca](http://www.tenten.mb.ca)

While we have written about transitional housing today, Ten Ten Sinclair provides independent living support services at six other sites in Winnipeg, and promotes the development of accessible housing in general. That can be a subject for future ParaTracks.

~Ken Cassin~

**Managing Director, Ten Ten Sinclair Housing Inc.**

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by  
*Kristine Cowley,  
PhD*

## AN OVERVIEW OF S.C.I. RESEARCH IN WINNIPEG

Research

This installment of ParaTracks will feature an overview and some examples of the spinal cord injury-related research that has been going on recently in Winnipeg.

As most of you are probably aware, we have a Spinal Cord Research Centre (SCRC) here, which involves people doing research in both basic science as well as more applied studies.

I tend to break SCI-related research down into three broad areas - basic research that addresses questions trying to figure out how to treat the injury itself (this area includes regeneration studies), studies to increase the functional capacity after injury (this would include training studies in incomplete injuries - like body weight supported treadmill training), and finally research that addresses questions or problems that are secondary consequences of the injury (e.g. can osteoporosis be treated or prevented, or can spasticity be effectively treated). Of course, if we could treat the injury itself, we wouldn't have to deal with the applied secondary consequences, but in the absence of treating the injury, addressing these problems or research questions can have significant impact on peoples' lives and health. If we can actually reduce the number of cases of, or treat many of these secondary complications, people living in wheelchairs could potentially live longer, healthier lives, with less injury and disease. For example, live lives with less shoulder pain, fewer broken bones, and fewer problems related to cardiovascular disease or diabetes.

On the basic research side, in Winnipeg, one of the key questions is 'how does the spinal cord produce locomotion, without a spinal cord injury?'. When we think about locomotion, we don't think that much about the spinal cord, but the spinal cord plays a critical role. You've all heard the saying - walking around like a chicken with its head cut off - well that comes from the observation that the spinal cord is able to both produce locomotion, or walking, as well as coordinate the muscle activity between the left and right and between flexors and extensors within each leg.

A lot of the basic research I have been involved with lately concerns trying to figure out the balance between long direct paths that tell spinal cord cells to produce walking, and the short neural circuits that exist completely within the spinal cord. We want to find out

if these short circuits can be used to relay the signal to walk, in the absence of the long direct pathways. This question is important for several reasons. For one thing, if researchers can successfully figure out a way for regeneration to occur reliably, it is more likely that short re-growth will occur rather than long re-growth of particular neurons. Therefore, if we can tap into, or use these neurons that exist only within the spinal cord to transfer the signal to walk to the cells within the spinal cord that generate the walking pattern, then we would be able to restore walking. Another reason is because, in the absence of regeneration, perhaps those with incomplete injuries might be able to tap into these neurons and circuits. What I mean by that is that if we can figure out the conditions under which these cells are active, then perhaps we can artificially activate them, using drugs, or training, to boost the signal to these cells or within these cells and thereby improve the walking function of people with incomplete spinal injuries. The answer so far, using our very young rat spinal cords is that, yes, these short neuron circuits can be used to relay the signal from the brain to the hindlimbs, in about 30% of cases.

The question we are currently working on is to see if the same can be said of adult rats, and then secondly, we would like to identify the specific neurons that help to transmit this signal in the neonatal rats, so we can figure out how and when they are activated.

Others working in basic research in Winnipeg, in the SCRC are interested in figuring out which interneurons are important in locomotion, how they work, and when they contribute to locomotion. Now, I'll turn to some examples of more applied studies that have been undertaken in Winnipeg.

In the Spinal Cord Injury Clinic, Drs. Karen Ethans and Alan Casey have been working on several questions lately. These include the use of botox to reduce bladder spasticity (and you thought botox was only to get rid of wrinkles!). They've been working with Dr Robert Bard, who is a urologist at the Health Sciences Centre. Basically, for those with bladder spasticity that is severe, and that doesn't respond to any other type of prescription pill treatment - these people can receive injections of botox directly into the bladder wall, which reduces the unwanted bladder spasticity and restores continence to people living



with severe incontinence. So far, it appears to be fairly effective, and they've recently finished participating in the first double-blind, multi-centre, controlled trial in Canada, which is necessary if this treatment is going to be approved by Health Canada and covered as a health care expense. The treatment is effective for about 6 months, and these injections have translated into very significant life changes for people who formerly had to deal with severe incontinence. Subjects receiving botox report being able to take jobs, go to school, or travel on vacation. Before treatment with botox, these people were often effectively housebound, or severely limited in what they could do. I believe a new botox trial is scheduled to begin soon, and Dr. Ethans asked me to mention that if people are interested they can call Tracey about it - 787-2725.

Some of the other work they've done lately concerns various prescription drug trials to better treat spasticity in both the bladder, as well as other trials to reduce leg spasticity. One trial that just finished tested whether the drug nabilone (a cannabinoid) was able to reduce leg spasticity, and it appeared to be quite successful.

Other research Drs. Ethans and Casey have been doing concerns the blood pressure changes that occur in persons living with paraplegia or quadriplegia when taking drugs to treat erectile dysfunction. They determined that sildenafil caused a significant drop in blood pressure in quadriplegics. The relevance of this is that clinicians can now let potential patients know of this possible side effect, as well as tell the patient what to do if it occurs before prescribing the drug. They are interested in a similar study to assess whether Cialis has the same side-effect.

So, those are a few examples of what Drs. Ethans and Casey have been working on, there are other projects involving baclofen pumps to treat severe spasticity.

Ed Giesbrecht, working in the Occupational Therapy section of the School of Medical Rehabilitation has been interested in determining whether different types of mobility aids can improve perceived quality of life and functions. In particular, he compared the use of power wheelchairs to manual chairs with power assist wheels. Interestingly, although there weren't that many functional differences, this study found that the perceived quality of life was better using power chairs rather than the power assist wheels. I should mention that the study subjects were all power wheelchair users,

accustomed to this form of mobility and that the power assist wheels/manual chairs had been used for only a few weeks. He intends to do some further work in the next year in this area.

Some applied research that I have published recently includes examining whether breastfeeding is impaired in women with spinal injury above T6 - since full breast sensation is often claimed to be required to initiate the let-down reflex during breastfeeding. This question had never been addressed in the literature before, and it turns out that it is indeed possible for women with impaired breast sensation to breast-feed for extended time periods - although they may require more active mental contribution or drugs to assist them in stimulating the let-down reflex. I also published on some new equipment to allow women with no trunk support to independently physically care for infants.

CPA, in response to the drastic effects of untreated pressure sores that have been occurring to CPA clients in recent years, recently launched the STEP UP pressure sore prevention program. The program uses comprehensive education, counselling and referral to positively change the ideas

and behaviour of people at risk for developing pressure sores. The study has been ongoing for about 10 months, with 17 participants still in the program. At the end of the pilot, hopefully subjects will not have any ongoing pressure ulcers, and will be assessed for risk of developing future pressure sores. Risk for developing pressure sores is assessed using a series of questionnaires and behavioural assessments. I don't believe the subjects have yet completed the education components of the program, and so I can't summarize any findings as yet, but the interim results appear to be positive.

So, that is an overview of some of the research going on in Winnipeg, and I am hopeful that with the new 1.3 million in research funding recently announced for Manitoba will increase our ability to conduct SCI-related work here. It is my understanding that proposals to compete for that research funding will be requested early in the new year, with successful projects beginning in spring of 2009.

As a final comment, if anyone would like to be added to the potential research subject database in Winnipeg, they can call Tracey in the Spinal Cord Injury Clinic at 787-2725.

*"and you thought botox was only to get rid of wrinkles!...  
...people can receive injections of botox directly into the bladder wall, which reduces the unwanted bladder spasticity and restores continence to people living with severe incontinence."*



# WheelChair Curling

Team Manitoba for 2008 – 2009 is comprised of Arlene Ursel, Michael Alberg, Dennis Thiessen and Chirs Sobkowicz. This was the first year the team had curled together and in fact, for Arlene this was her first year of curling period. Our aim was to be competitive but still have fun on and off the ice and trust me, we did have a lot of fun. We knew we had many obstacles to overcome to become competitive since this style of curling was completely different to what some of us were familiar with when we were able to curl without the need of a wheelchair. A couple of differences in wheelchair curling are that you use a stick to throw the rock and there isn't anyone to sweep the rock for you so your aim and control must be more exact than in standard curling.

Our first goal was to win the spot as Team Manitoba so that we could represent the province in the upcoming Canadian National competition which was being held in Winnipeg for 2008. Since we were a new team with little experience we knew that it would take some extra effort on our part to not only have a chance at being the top wheelchair team in Manitoba but also to put on a good showing at the Nationals should we be fortunate enough to win the provincial competition. With the help of our spouses, families, and friends who helped maneuver us over snow banks and ice ruts in order to get us into the curling rinks and also position the rocks for us once we were on the ice surface, we implemented a practice schedule that we thought might help us achieve our goal. During our practice rounds we were also fortunate to have many able bodied teams willing to compete against. I can assure you we gave all of them a game to remember and we would like to give our thanks to them for their support.

The Manitoba Curling Association ran a competition for all of the eligible teams in the province in February 2008 and we were able to take the top spot undefeated. With our new bolstered confidence we then went on to begin training for the

National competition with the assistance of Elaine Owen from the Manitoba Curling Association as our coach.

The Nationals were our new target and we were no longer satisfied with only putting on a good showing but we were after a top spot in the competition. Prior to this year, Manitoba had only won one game at the Nationals in all the years it had sent a team to

compete. We were determined to show the rest of Canada that Manitoba was a province to be reckoned with at all levels of curling, not only at the Scotts and the Tankard. The Canadian National Wheelchair Curling competition was held at the end of March with teams coming from every corner of the country. All of those extra hours spent at the curling rink certainly paid off for us. At the end of the round robin competition during the



*Left to right is:  
Dennis Thiessen, Chris Sobkowicz,  
Michael Alberg & Arlene Ursel*

Nationals, Team Manitoba was tied for first place with Ontario and British Columbia. In the semi finals with the score all tied up in the final end, Ontario managed to draw their last skip rock into the house inching out the Manitoba rock which was counting at the time and would have given us a shot for gold. We would have to settle for a bronze this year but all that has done is to make us hungrier for the top spot.

One of the amazing things witnessed during the Nationals was how well all of the competitors did curl regardless of their level and severity of injury. The one thing that this sport does need is more participants. If you think you can't be a competitive athlete because you use a wheelchair, or your level of injury is too high, then you should think again. Come out and try curling.

With the 2007 – 2008 season now behind us and with a medal to show for our efforts, our target is gold for 2009 and should we be privileged enough to represent Manitoba again, I know that the rest of Canada will not be taking Manitoba for granted when we wheel on to the ice.

*~Michael Alberg~*



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## CPA Staff Changes

### *Farewell to.....*

**Elizabeth Lobban**

#### **Rehabilitation Counsellor, Hospital Services**

After many years of employment with CPA Manitoba, Liz has moved on. Liz was employed in various term positions over a span of 15 years and demonstrated her vast skills and expertise in several positions including Research Assistant, Project Coordinator and most recently Rehabilitation Counsellor, Hospital Services. Liz's invaluable knowledge and experience with spinal cord injuries will be greatly missed. Her dedication to client services and independent living were indeed her passion. *Congratulations, Liz. We will miss you!*



### *Welcome to.....*

**Ramona Santos-Fearn**

#### **Rehabilitation Counsellor, Vocational Services**

Ramona joined the staff at CPA on May 20, 2008. Ramona had been employed at the Children's Hospital prior to accepting this position. She looks forward to meeting the members who are pursuing vocational goals and working with them to ensure successful completion of their goals.



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### STAY THE COURSE

I sit, I sit, and watch the world pass me by  
I think, I think, was I not supposed to die  
I'm not getting any younger, and recovery did not take  
I still cannot walk, and my body still aches  
I sit back and think, why am I still here  
Was it a mistake, does God sit and jeer  
My body is spent, I'm a burnt out shell  
I gave up on miracles, and watched as my spirit fell  
My family and friends, well they still have hope  
But nothing can fix me, not even the Pope  
But I'm not alone, in this world of pain  
My children and parents, they feel the same  
Their pain is different, they don't feel the burn  
Mom says "Live Right", Dad says "From mistakes you must learn"  
It hurts them so, when my tears fall like rain  
But I must let the grief out, lest I go insane  
My boy, he wishes, that he could strike me out in three  
My daughter, well she still has no doubts about my recovery  
Memories they flood me, each moment, each and every day  
So many I cherish, others, they just won't go away  
Because I'm still the same, just the same ole me  
My mistakes are still real, they didn't die with my body  
Some have stopped my healing, others have robbed my heart  
Some took away my woman, my best friend and counterpart  
But now that's enough, enough crying and feeling blue  
I must get back that fire, transform the old into the new  
Because it's never too late, to get yourself back on your feet  
I gotta shake off the dust, find my desire to make dreams concrete  
I'll never get better, if I just sit in despair  
I must look at my whole card, must find a way to repair  
For I've tried the drugs, and I've tried the booze  
But playing that game, I'm destined to lose  
Because all is not lost, I still have a chance  
A chance for a fun life, a chance for romance  
I must get back that fervor, feel the heat of battle  
To face my SCI like a warrior, not run to the doctors and tattle  
It is true and it always helps, to write your game plan down  
Thoughts materialize, you'll smile instead of frown  
So with that last thought, with that touch of inspiration  
I'm off to feel the sun, I choose heaven instead of damnation  
I will find my inner strength, I will find the force  
I just have to remember, Ben, stay the course  
You must stay the course.

*Ben Anderson*

*Date of accident November 27, 2004 7:38 p.m*

Ben Anderson also submitted a poem in the May issue of ParaTracks, which was entitled "The Story of My Life". He informed us that the poem should have been titled "My Life". ParaTracks appreciates any poetry or motivational quotes.

**"KEEP THEM COMIN' !!!" Mike Nickle**

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