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PARA TRACKS

Newsletter of the Canadian Paraplegic Association (Manitoba) Inc.

Dr. Karen Ethans receives the 2014 Merit Award

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CPA Executive Director Ron Burky, Dr. Karen Ethans and CPA President John Wallis

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2014 Merit Award Presented to Dr. Karen Ethans

In 1965 the Canadian Paraplegic Association (Manitoba) Inc. initiated the presentation of the Merit Award. This award provides CPA with an opportunity to give formal, public recognition to either organizations or individuals, for their outstanding accomplishments and their contributions in support of individuals with spinal cord injuries. The Merit Award is presented each year at CPA's Annual General Meeting. The presentation includes a plaque presentation to the recipient as well as having their name engraved along with previous recipients on a permanent Merit Award Plaque that is proudly displayed in the CPA Office.

At CPA's Annual General Meeting on June 17, 2014, John Wallis, President, presented the 2014 Merit Award to Dr. Karen Ethans "for her dedication and commitment in supporting persons with spinal cord injury and other physical disabilities to achieve greater independence, self-reliance and full community participation".

Dr. Ethans is a Physical Medicine and Rehabilitation specialist with a subspecialty in Spinal Cord Injury Medicine and an Associate Professor at the University of Manitoba. She is active in teaching and research as well as the inpatient and outpatient clinical care of people with spinal cord injuries, Multiple Sclerosis and others with spasticity.

Dr. Ethans was a member of the Board of CPA for 14 years, from 1999 to 2013, and was a member of CPA's Program and Community Relations Committee.

Clinical Work:

Dr. Ethans is one of few physicians in Canada with American Board certification specialty in Spinal Cord Injury Medicine. She has been practicing in the area of rehabilitation medicine in caring for symptom management in people with SCI and MS for 15 years. She has been Director, Spinal Cord Injury Rehabilitation Program, Health Sciences Centre since 1999. Dr. Ethans' particular interests in SCI are research and clinical management of neurogenic bladder, cardiovascular dysfunction, spasticity, neuropathic pain, and erectile dysfunction. She also runs a spasticity clinic and an intrathecal baclofen pump program. In a recent publication of the "Rehabilitation Environmental Scan Atlas" published by the Rick Hansen Institute, she was recognized as being considered an "expert" in many areas of spinal cord injury medicine including neurogenic bowel, neurogenic bladder, spasticity, neurogenic pain, and pressure ulcers. She has been invited to speak both nationally and internationally on numerous areas of her clinical and research expertise.

Research Interests:

Dr. Ethans' main research interests have focused on areas of management of people with SCI and MS, mostly in symptom management. As Director of the Residency Research, she has also mentored several residents through the years, many of them winning national awards for their research projects and having important publications. In addition to resident research project mentoring, she has also directed BSC Medical students with successful projects leading to the student receiving awards and getting the project published. In her research capacity she has also been immensely involved in the Rick Hansen Institute's many projects, co-authoring important publications with them such as the "Rehabilitation Environmental Scan Atlas" and the "Spinal Cord Injury Rehabilitation Evidence" paper. She is also on the Manitoba Spinal Cord Injury Research Committee. She has had numerous grants over the past several years, many of them with interdisciplinary team members.

Teaching:

Dr. Ethans has taught medical students, residents, physiotherapy, and occupational therapy students for the past 14 years. She has been recognized numerous times personally by her students as giving excellent teaching sessions, as well as being an excellent day-day clinical teacher for students and residents on rotation with her. She has been invited to teach at a number of review courses nationally for the residents on neurogenic bladder, neurogenic bowel, and spasticity.

Dr. Ethans manages to balance all of this with her home life, where she is the mother of two busy children and a wife of another busy physician.

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Manitoba NewsRelease

September 4, 2014

PROVINCE ANNOUNCES NEW EMS STATION TO SERVE SOUTHERN MANITOBA

Families in many communities in southern Manitoba will soon have enhanced access to emergency medical services (EMS) as construction is now underway on a new EMS station in Iles des Chênes, Health Minister Erin Selby announced today.

"Communities south of Winnipeg, like Iles des Chênes, Lorette, Niverville and New Bothwell, are growing rapidly with more and more families putting down rural roots," said Minister Selby.

Construction on the new, two-unit ambulance station has just started and should be completed in 2015, Tourism, Culture, Heritage, Sport and Consumer Protection Minister Ron Lemieux noted today while attending the sod-turning event in Iles des Chênes. The 2,000-sq.-ft. facility will be equipped with crew offices and will also include overnight facilities for EMS workers including washrooms and showers.

"This investment will enhance services for residents and paramedics and presents renewed infrastructure in the community," said Kathy McPhail, chief executive officer, Southern Health-Santé Sud. "This will allow us to improve response times while using our resources more efficiently."

The median provincial EMS response time in rural Manitoba has significantly decreased to 12 minutes per call from 16 minutes per call in 2011, the minister said, adding it is expected this new ambulance station will provide additional support resulting in more consistent response times, especially in rural areas.

"This investment improves access to emergency services and brings them closer to home, which is so important to families living in these communities," Minister Lemieux said.

The minister noted this announcement builds on other recent investments in emergency services including:

* replacing the entire ambulance fleet of 160 vehicles since 1999, replacing 140 of those units again since 2009 and adding 18 new ambulances to bring the total fleet to 178 from 160 in 1999;
* training more paramedics by introducing a new advanced-care paramedic program which will begin next fall at Red River College and expanding a primary-care paramedic program at the Red River College main campus and at three rural and northern sites this year in Portage la Prairie, Thompson and Brandon;
* transitioning 25 part-time EMS positions to full-time positions by spring of 2015;
* introducing the southern air ambulance inter-facility transport initiative, which covers the cost of flights to Winnipeg for medical testing and treatment for patients who would otherwise face an ambulance ride longer than two and a half hours to Winnipeg;
* providing $9.7 million to purchase and retrofit a replacement Lifeflight jet for life saving medical care and transportation from isolated rural hospitals and nursing stations to care centres in Winnipeg; and
* providing an estimated $11 million each year to fund the full patient cost of inter-facility transports.

For more information on emergency medical services in Manitoba, visit:
www.gov.mb.ca/health/ems/index.html.

MANITOBA WHEELCHAIR SPORT ASSOCIATION (MWSA)

MWSA is committed to promoting a healthy lifestyle through sport to the people with disabilities in Manitoba. A number of fall programs have been planned:

- *Wheelchair Basketball* – Tuesday evenings beginning September 9, 2014 at the U of W Duckworth Centre, 7:00 pm – 8:30 pm.
- *Wheelchair Rugby* – Beginning in October, every Tuesday and Thursday at the U of W Duckworth Centre, 8:30 pm – 10:00 pm.
- *Junior Wheelchair Sports* – For children and youth with a physical disability, first Wednesday of every month from October 2014 – May 2015, Crescentwood Community Club , 1170 Corydon Avenue, 6:00 pm – 8:00 pm..

MWSA is also hosting a series of clinics this fall and winter such as wheelchair fencing, wheelchair basketball, and wheelchair rugby.
Details will be posted on the MWSA website.
For more information visit us at www.mwsa.ca, www.facebook.com/manitobawheelchairsports, or contact the office 204-925-5790, mwsa@sportmanitoba.ca.

A Fine Balance

Researching the fundamentals of spinal cord injuries

~ by Sean Moore ~

Reprinted with permission from Summer 2014 issue of ResearchLIFE
www.researchlife.ca

You may be giving the brain more credit than it deserves, at least where walking and running are concerned. When it comes to locomotion, the spinal cord processes information without the brain micromanaging it.

Sometime tomorrow, say when you get up from a chair and walk to get a drink, your brain will send a signal to the spinal cord that says, I'd like to get up and walk over there. Your inner ear – the vestibular system – tells the brain where in three-dimensional space the head is, and the eyes also gather and report data.

All of this information descends from the brain and is integrated within the brainstem and ultimately the spinal cord. Simultaneously, muscles are telling cells within the spinal cord how quickly they are expanding and contracting, and the feet and leg joints are reporting on the ground's slope. All this information arrives within the spinal cord, and is integrated within groups of cells called locomotor pattern generators. These cells communicate with each other and then send the appropriate information to motoneurons, to produce the rhythmic motor output we call walking. Whether you are jogging to the bus, prancing through a cocktail lounge, or strolling through a garden, cells within the spinal cord act as a metronome for your steps, telling your muscles the appropriate pattern of activity needed to do the cha-cha or dash to the bus.

Researchers are only beginning to understand how the spinal cord does this. Even less is known about how cells within the spinal cord function to allow us to balance and remain upright.

How does the spinal cord do all this? That is what researchers at the Spinal Cord Research Centre investigate from many angles. Indeed, this research is something Winnipeg is famous for, but for now only in spinal cord research circles. The centre is in the department of physiology and pathophysiology at the U of M and one of the newest department members is Kristine Cowley, who joined the faculty in 2012 thanks to a Will to Win Classic Professorship. The Will to Win Classic has been supporting spinal cord research for over 30 years and was integral to establishing the Spinal Cord Research Centre where Cowley received her graduate training in neurophysiology. Much of her previous research focus has been on understanding the fundamental workings of the spinal cord on a cellular and systems level, something she says is crucial if we ever want to help people living with spinal cord injury to walk again, or regain their ability to balance and stand.

"We tend to give the brain too much credit in terms of locomotion and balance," Cowley says. "The spinal cord is a centre of integration. And if you want to understand how a rhythmic behaviour is produced, you need to start with its simplest modular components and then work outward and upward from there."

To gain insight, we need the approach Cowley is taking – using electrophysiological tools and an *in vitro* spinal cord (a spinal cord removed from its body) to systemically map the pathways involved, and the chemical messengers used, to produce coordinated, balanced stepping.

From an organizational perspective, the spinal cord consists of both ascending and descending pathways, nerves bringing information from the brain to the spinal cord, and from the body and spinal cord to the brain. There are also cells within the spinal cord that integrate information coming in from either the body or the brain; they can influence the activity of motoneurons, which are the neurons that drive muscle activity. Much of Cowley's previous research has been to identify regions of the spinal cord important for generating and coordinating locomotor activity. For example, although the cells that generate and coordinate locomotor-like activity are distributed throughout the entire extent of the spinal cord, including regions related to your legs, trunk and arms, some regions have greater capacity than others.

"Knowing this type of information will be essen-

tial if we are to target regeneration or regrowth strategies in the future to recover function after injury," she says.

In previous research, while working as a research associate in Brian Schmidt's lab at the Spinal Cord Research Centre, Cowley investigated the role of neurons that exist only in the spinal cord, called propriospinal cells. They wanted to know if these cells could relay a locomotor command message from the brain to the neurons activating the legs during stepping. Specifically, if the long descending neural pathways in the spinal cord were severed so there was no continuous neural connection from the brain to the legs, could these propriospinal cells pick up the message at one end, and relay it on to locomotor neurons below the damaged area?

Using an *in vitro* spinal cord in which they could make precise lesions, they cut all direct descending paths on one side of the spinal cord. A bit further down the spinal cord, they cut all the descending paths on the other side of the spinal cord. The only way a message could get from the brain to the leg region would be if the message was relayed through these propriospinal cells. It turned out that after getting rid of all direct descending connections between the brain and spinal cord, and electrically stimulating the brain, the locomotor activity could still be produced. So they probed further. Since calcium is needed for synaptic transmission, Cowley removed calcium from the preparation, applied electrical stimulation in the brain stem, and nothing happened. A telling non-event: the propriospinal cells were indeed acting as messengers.

"I'm not someone who says 'wow' in the lab, but this was an interesting finding. We were the first to show this".

Part of her more recent work is seeing what kind of neurotransmitters can be used to activate these cells to increase our ability to get locomotion in both the *in vitro* and the adult *in vivo* research models. Cowley has learned a lot about these cells and how they produce basic rhythm in stepping, but much work remains.

Visit Cowley's office and she can show you a variety of videos showing paralyzed animals and people in harnesses or exoskeletons trotting or walking or jerking their legs. News sites report on these findings frequently with headlines like, "Paralyzed rats walk again".

Great. But.

"None of them can balance," Cowley says. "It's a testament to the inherent capacity of the spinal cord to be able to generate steps – but it's a bit of a parlour trick when headlines indicate that voluntary locomotion has been restored in these experimental animals. Even a completely spinalized" – scientifically paralyzed – "animal can produce stepping if you give them training or drugs or electrical stimulation. But none of them will be able to balance and remain upright."

You may come across Internet videos showing people or animals with spinal cord injuries standing upright. But the tools enabling this – epidural stimulators – are crude. It can take up to a year to try to find the correct stimulation to get any response. They can simultaneously activate flexor and extensor muscles, giving the subjects a rigid posture. The researchers don't know what they are activating or where to stimulate to get desired, useful results.

When your brain sends a command for you to stand up, we don't know what pathways it takes – for example, dorsal or ventral. And once you're standing, scientists don't know which areas remain activated in the spinal cord.

"Is there a spinal stance generator? We don't know. There is evidence from animal literature from 40 or 50 years ago suggesting it may exist. But we can use these *in vitro* preparations to understand the neural circuitry that is involved in maintaining an upright posture and responding to balance perturbations."

Understanding this will take some time. And when we do understand it, will it be enough to help someone like Cowley walk again? Maybe not. But once we know the fundamentals, once we understand balance, we can use this knowledge to design therapeutically useful interventions. These interventions may not completely restore function, but they could be used to slow the musculoskeletal decline that is currently inevitable after spinal cord injury.

Every wheelchair-bound person will develop osteoporosis in their legs at some point, and within five to eight years after injury the inevitable fractures begin; reports suggest 50 per cent or more will suffer at least one low-impact or spontaneous fracture in the decades after injury.

"This has huge social and medical costs," Cowley says.

What is more, if people with spinal cord injuries are to ever walk again, their bones must be up to the task.

If you can get people to stand with appropriate stimulation of the spinal cord, maybe you can turn the stimulator on, stand up, reach a few things, and sit down. Or maybe you can turn it on and stand up long

enough to put stress on the bones and delay or prevent the bone density loss that leads to osteoporosis.

After Cowley earned her PhD, she began collaborating with others at the U of M like Brian MacNeil in the School of Rehabilitation Medicine. They worked to develop an adult rat model of spinal cord injury to test whether their findings *in vitro* regarding the neural basis of stepping and stance and balance could be translated to the adult. This also enabled Cowley to begin investigating ways to reduce secondary complications related to spinal cord injury. Cowley developed an adult rat model with which to test activity-based therapies: for their potential to reduce osteoporosis and musculoskeletal decline after spinal cord injury. Cowley will soon begin investigating how spinalized rats respond to standing on their hind legs, while supported, on a vibrating plate. Will this preserve bone density? She will be the first to investigate this – other researchers have examined sheep and the results were remarkably positive, but the animals were not spinalized.

By combining the resources within the Spinal Cord Research Centre and the small animal imaging facility at the U of M, teams like Cowley's can investigate these potential treatments in a controlled, systematic research model that will take mere weeks in an animal model rather than the years needed to determine if the therapies work in humans with spinal cord injuries.

She also collaborates with Dr. Karen Ethans, the Medical Director of the Spinal Cord Injury programs at the Health Sciences Centre, and Dr. Barbara Shay, Head of Physical Therapy at the U of M. Together they are trying to find exercises that people with spinal cord injuries can do that will effectively lower rates of diabetes, cardiovascular disease and obesity in this population. This type of research has an almost immediate potential for clinical applications for the roughly 80,000 Canadians living with a spinal cord injury.

"In many ways," Cowley says, "Winnipeg is the ideal place for both studying how the spinal cord functions, within the Spinal Cord Research Centre, and for more clinical research, working with people living with spinal cord injury. We have a centralized spinal cord injury rehabilitation facility with long-term follow up for the province, as well as connections to community-based organizations like the provincial Canadian Paraplegic Association".

Cowley herself is the former executive director of the Canadian Paraplegic Association, a role that has influenced her research career.

Why this research? The motivations are multiple. Cowley's motivation in researching the role of the nervous system in stepping and balance comes from her general interest in figuring out how things work. After sustaining a spinal cord injury at C8, just after finishing second year university, she realized there were many physical barriers to completing a medical degree, so she decided to focus on research instead. Since she has always been interested in how things work, physiology made sense.

As Executive Director of the Canadian Paraplegic Association, she observed the many hundreds of people living out the decades after injury dealing with these multiple and currently untreatable secondary consequences of spinal cord injury. That experience motivated her in her work to reduce muscle deterioration.

Her interest in the effect of exercise on spinal cord injury comes from years competing as a Paralympic wheelchair track athlete, and seeing the benefit of training on those living with spinal cord injury.

"What's interesting is if you survey people with spinal cord injuries, they don't rank walking as their number one thing. Balance ranks higher than stepping in terms of 'what are the things each person would like to recover'. And if you think about it, it makes sense because balance affects everything we do."

Would she prefer balance to stepping?

"Yes, I'd like to stand up. But that's not motivating this. This is motivated from a number of years of looking at locomotor research and saying, 'Well, what's missing? What do we need to do?'"

She looks at her computer screen again, saying, almost to herself, "We can generate stepping, but how are we going to remain upright?"

Photo by Mike Latschislaw

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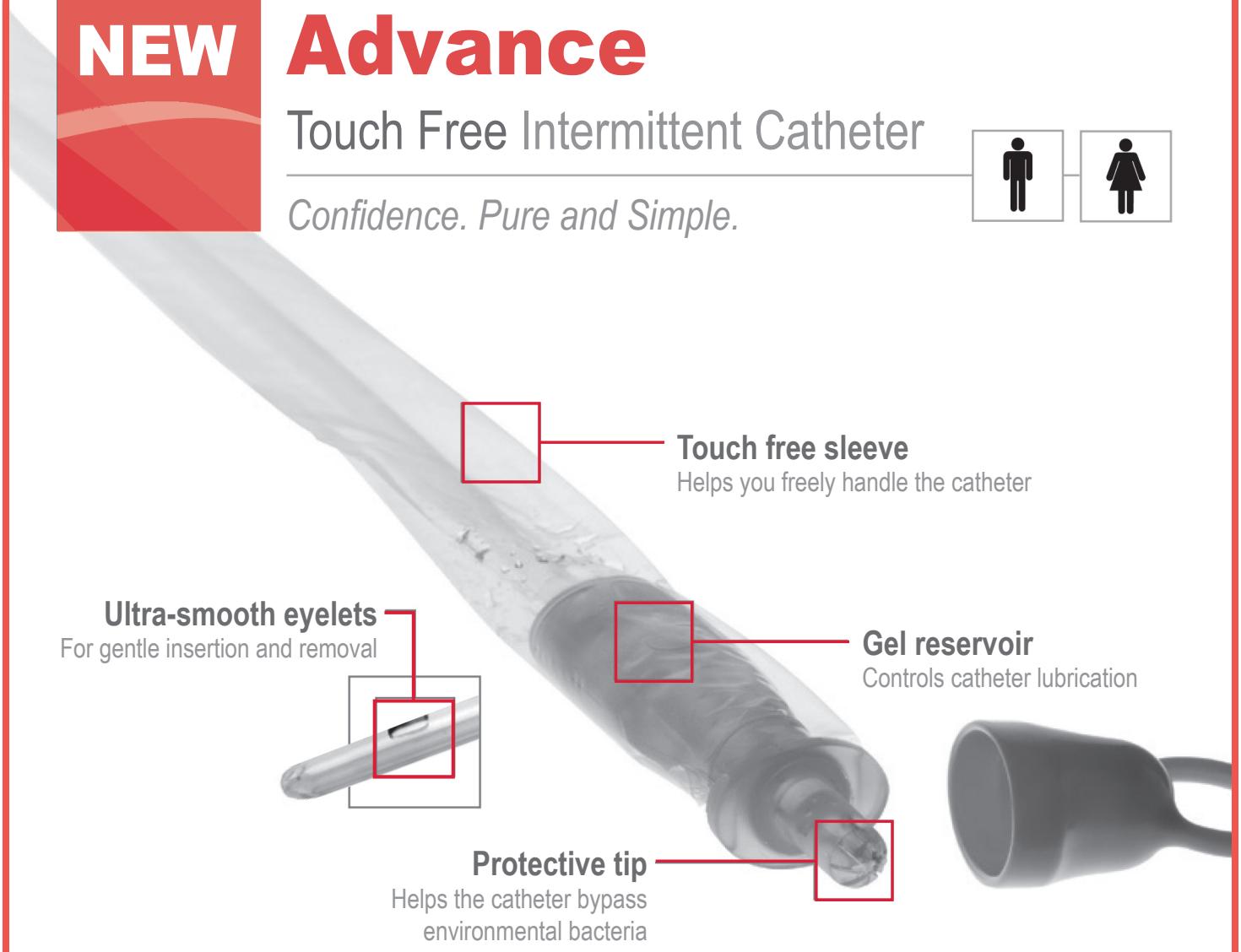

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Renovating for Better Accessibility

~ by Patti Bonas ~

The 80's called and they wanted my bathroom back. Much has changed since we built our house in 1988. Injured in 1969 at 14 (C7-T1 complete), I was used to "making do" as there was limited access to suitable products. So I went with what I knew. I was also young, strong and able to manage with just about any set-up. As I have aged, and the hormones beat a hasty retreat, I have experienced a number of debilitating physical changes. While I have made several changes to equipment and how I do things over the last 20 years, it was time for a complete renovation of our ensuite. Also, as part of finishing our basement we completed a new fully accessible bathroom too.

Since pictures are worth a 1000 words, here's what I've done, why it works, and the list of products used. Please keep in mind that everybody's situation is different and the details I've given will likely need to be altered to suit yours.

Ensuite Bath

Vanity: *(figure: 1)* Made of maple, it's hard enough to withstand moderate bumps and scrapes from my chair.

- ***Knee Space*** – 30 inches wide open under sink – ability to wheel under with room to open drawers with my manual chair. A power chair may need a couple of more inches.

- ***Vanity top height*** – 32.5 inches – lowered from 34 inches. With age I am shrinking and found my shoulders hunching and the reach uncomfortable. Note that this is lower than building code standards, which I find are too high. Also, it is only achievable by finding a shallow sink.

- ***Sink: Toto #LT191(g)*** – A wide, shallow under mount sink (this would require a solid surface countertop). I was skeptical about the amount of water it held, but have not found it a problem at all. It features a sloped front and level bottom, a rear drain (needed so knees don't hit the drain pipe), and is wide giving great arm access. Find these through a bathroom fixture dealer who sells Toto, i.e. WC Potts, etc.

figure: 1

- ***Taps*** – Find a tap with a single lever handle which projects forward. It is the easiest to reach and operates temperature and flow.

Toilet: *(figure: 2)* Kohler 'Wellworth' K-3997-RA - this is a regular height, round front toilet with a flush lever on the right, the easiest to reach in my setup. Toilets normally come with a left hand lever, so if you find yours awkward to reach this is the solution. However it is only available on a few toilet models within Kohler, American Standard and Toto brands. (The power toilet seat is a lucky hand-me-down, very old and so far its original source is untraceable). Without this, I would have chosen a "right-height" toilet for a higher, easier transfer (see basement).

Grab bars: I set my grab-bar at about 26" from the floor. Building Code specs are 30-36" from the floor which frankly, is way too high for adequate leverage and lifting of the average person. Since I have also heard this from

a big strong fellow, it is not just me. 24-26" allows a good, level shoulder grip and the added bonus of a reasonable arm rest once settled on the throne.

figure: 2

Tub: *(figure: 3)*

- ***"Soaker" style*** – A 1988 original - I chose not to replace my tub as it is the only tub in the house. Patterned after the tub area of Ten Ten Sinclair bathrooms, I used the area at the back as a seat, from which I lowered myself into the tub by handles attached to the arm rests, lifting out the same way. That type of lift is not acceptable today unless you are a much lower injury and able to recruit more muscles for the transferring.

- ***Shower Chair*** - After 25 years I changed to a shower chair. Not finding one that gave me adequate stability and posture, I had one made for my tub size with features I needed like a wide sloped seat, sturdy back & arm rests. Again, simple design and common materials.

- ***Hand-held Shower*** – This is a must for anyone in a chair. Brands for this don't matter much as you can find these systems in any big box store, as well as bathroom specialty shops. Finding one that feels good in your hand is the major consideration here.

figure: 3

Baseboards: I did not want to back up my chair and possibly break the new tile installed on the face of the tub, especially with my power chair, so I measured the height of wheelie bars, etc. that would hit the tub. I then found these aluminum tiles that suited the purpose perfectly. They were costly but not a lot were needed and the expense of replacing broken tub tiles is avoided.

Basement Bathroom

The same principles pertained to my choices in this bathroom, as you can see in the picture, except we made a wheel-in shower *(figure: 4)* complete with stand-up and hand-held shower systems.

- ***Toilet:*** - *(figure: 5)* This is a "right height" toilet – "Drake" by Toto #CST454CEF(R)(G) – again with a right hand lever. Toto is making a good toilet and most are the "right height" style.

- ***Sink and Tap*** - *(figure: 6)* The best laid plans can sometimes not work so well in practice. I found that out the hard way. The sink measurement from front to back is too much, requiring a real stretch to reach the tap. The tap has a good lever, but too vertical, which made this combined with the sink a less than perfect pair. A better sink choice would have been a shallow drop-in sink of average size such American Standard "Tropic Oval", Kohler "Maratea" K-2831-1, or "Kelston" K-2381-1. There are many single-lever taps to choose from at big box and specialty stores that have forward facing handles. The ramp idea to get into my shower is still too steep for me to wheel myself over, so a rubber dam would have been a better choice, without taking up floor space.

figure: 4

figure: 5

figure: 6

What it comes down to is thoughtful planning of what works for you. From what I have seen in my extensive searching is that there are a ton of styles of shapes in every category of fixture, so with some exploration you are bound to find the right one to fit you.

This article has focused on bathrooms – next issue, I'll share my kitchen design.

Got a good design or reno idea? Have a gizmo, gadget or tool that you have found useful beyond its original purpose? Consider sharing this with others who are in a similar position as you. No doubt if you have had a disability for any length of time, you have found ways to make things work. This could become a regular column in ParaTracks to benefit everybody.
For more information, or to share your ideas, please email me at pbonas@shaw.ca.

Disclaimer: Please note that the opinions expressed in this and other articles are those of the authors and do not necessarily represent the views of CPA Manitoba.

DISTURBING TRENDS

By: Paul A. MacDonald

I extend greetings and salutations to all fellow survivors of a summer that has passed too quickly. With autumn comes the wind of change. Baby Boomers are entering the autumn of their lives.

Over the coming years, many will be retiring and others, like me, cannot afford to retire. What is certain is that with an aging society, health and housing costs will increase almost exponentially. Support resources are already stretched thin. We are starting to see long-held taboos softened to keep waiting lists manageable. My concern is how far down the scale of ethics health and social planners will be willing to go. Will personal privacy and the right to self-determination be denied in the future due to cutbacks and sudden policy changes?

Dr. Doolittle

The Canadian Medical Association can see what is around the corner. An enormous shift in policy is a start, but that shift can be a slippery slope. Palliative care facilities are already running on shoestring budgets. It can only get worse.

Fiscal and budgetary decisions are made on our behalf, often with little consultation first. Information is everything now and those in need find that personal information is being requested too much, often by organizations that have no justifiable need to know. If a service is needed, many people would rather not challenge the information request. Medical information is private and should never be tossed around in a public domain. I have even been asked to supply my Manitoba Health number and other ID simply to purchase over-the-counter drugs at a number of local pharmacies. So how do we stop them from asking? I simply say "no" until the request can be validated. No pharmacist has given me a valid answer yet. So I go to another pharmacy. Unfortunately it's not always that easy.

August 19th
Canadian Medical Association Annual Conference

"The session ended with an overwhelming vote -- 90 per cent -- in favour of an advisory resolution that supports "the right of all physicians, within the bonds of existing legislation, to follow their conscience when deciding whether to provide so-called medical aid in dying." CBC/News

Handi-Transit Does Not Play Fare

The Handi-Transit powers-that-be decided the system for fare payment had to be overhauled. Until now there were three ways to pay for Handi-Transit trips: you could pay the driver the cash fare; buy and use Handi-Transit tickets; or use a monthly Handi-Transit pass. Effective June 16, 2014, and to the best of my knowledge without consultation of the ridership, a new policy went into play.

In May and June Handi-Transit registrants received a letter announcing the new policy effective June 16, 2014. Some registrants, including me, received the letter after the implementation date of the new program. The rules changed without the knowledge of everyone using the system, including social service agencies that have Handi-Transit users in a variety of sponsored programs where transportation costs are factored into the funding.

Handi-Transit fare payment to drivers will commence phasing out. The system will shift to a prepaid fare orientation. All Handi-Transit registrants must start a special account with Handi-Transit, and fare payments for trips will be taken out of the account itself. It works like a gift card. The user deposits a sum of money to that account, and fare payments are directly taken out from the balance in that account. When the balance reaches $0, one cannot book a Handi-Transit trip until sufficient funds are deposited into the account to cover the trip. The new policy will be fully implemented January 1, 2015. At that time, tickets will no longer be sold or accepted. People who purchase monthly Handi-Transit passes via post-dated cheques can continue using monthly passes. Drivers can still collect cash fares.

At this point I'll say that for myself, I don't have a problem with this. My great challenge in winter was trying to get to stores to buy Handi-Transit tickets. The new system means that all I have to do is transfer money via online banking. For me, this is very convenient, but troubling too.

First and foremost, the new system forces a registrant to have a bank account. It is hard to imagine anyone without a bank account these days, but those people do exist – from those who have not had good relationships with banks and are refused accounts, to people who simply don't trust banks and want nothing to do with them. We are told that we have no choice in the matter. No Handi-Transit account, no service.

It is interesting that in the Q and A section of the notice sent out in June, Handi-Transit stated that one does not need a bank account. All one needs to do is either mail them a cheque, or use a debit or credit card to transfer money to the account.

Really? Really? What bank issues those without starting accounts? Please ... someone tell me!!☺ I'll head right down there!

Drivers will still accept cash fares, but it will not be the discounted Handi-Transit fare. It will be the full adult fare. We have the option of visiting the Handi-Transit office and depositing cash directly to our account in person. Hey ... that's a big step forward! I had trouble getting to a store two blocks away in the winter to buy tickets, now I will have to book Handi-Transit to go to Handi-Transit and Hand them my money! I wonder if the round trip will be a complimentary fare? I`m sure not holding my breath! ☺

So if I follow this right, we can still pay the cash fare to the driver for our trip, but if we don`t have a Handi-Transit account set-up or money in it, we cannot book a trip. Good thinking!! ☹ One would suppose they must then plan on having vans on the streets that we can flag down like cabs! ☹

Another troubling thing about this is the presumption of guilt, much like the red light cameras. At present, when a punishable violation of the Handi-Transit code of conduct has occurred, a letter is sent to the registrant stating Handi-Transit is owed the fare from some heinous transgression the client is accused of, such as a no-show. Currently, the power to appeal before paying a penalty is still in the user's hands. Soon Handi-Transit will be able to claw the fine out of the user's account, perhaps even before the notice is received by the hapless user. If it happens to be Handi-Transit in error, the registrant will have to fight to get the money re-credited.

This system does make a lot of fiscal sense for an organization that depends heavily on public funding. I agree paying cash fares is antiquated and costs the system more money than the alternative digital option. What concerns me is that this was put in place without consultation, and it also says that at least when using Handi-Transit (which is public transit), my cash is no longer any good. In a world where pocket cash is no longer an option, I get very nervous. Don`t get me started on Bitcoins. ☹

Mail Delivery – Prove It Or lose It

The Canadian Flyer Distribution Agency or better known as Canada Post Corporation has declared that it will be phasing out door to door flyer mail delivery. This alone was not a great shock or surprise – it was inevitable in an electronic world. I am not affected because I have been using communal mailboxes for years. I live in accessible housing so I must go outside to get to the mailroom. In the winter, I only embark on that arduous journey maybe once a week. I can easily see the difficulty faced by persons with mobility challenges who are homeowners and may have to go a block or two just to get to the community super box. Elderly and persons with disabilities who do not have vehicles or have persons who are able-bodied to help run errands, will be left

dangling in the wind trying to obtain their mail.

Canada Post has indicated it may consider continuing front door delivery for persons who are physically limited. Then they went on to say that persons with valid medical reasons who cannot pick up their mail must provide private medical information from their physician to Canada Post. This is not only bad for doctors who are already up to their eyeballs filling out forms, but a great violation of confidentiality. Canada Post should take the request at face value. It is a public service, not a privilege. It is a business that should treat all their customers with dignity and respect. At the time this article was submitted, there has yet to be a change announced.

Disturbing Trend

With Baby Boomers starting to put a strain on the system, services are being rationed out thinner and thinner trying to accommodate everyone in need. It can only get worse. Yet increasingly, need to know only information is being demanded by those who have no great need to know. If we want the service, we have to divulge whatever is requested. It is humiliating. Imagine if you will, a person who may have to provide a doctor`s note just to get a reduced fare on a transit bus. That brings us back full circle to Handi-Transit. New registrants are subjected to very close medical scrutiny before the application is approved.

My point is that this is just the beginning. I fear that as time goes on, decisions about services we need will be taken out of our hands and determined by skinflint funding formulas. I don't want to see the day when a person would have to fill out a lifestyle declaration form before being granted health care services. Often decisions for drastic changes are made behind closed doors without input from the service consumers. The changes go into effect slowly in hope that no one will notice, and by the time someone does notice, the new way is entrenched and there is no going backward.

I cannot end this article without giving Handi-Transit one thumb up. There have been some leadership changes at the top and perhaps even a new vision going forward. I have a number of reasons to believe they are trying to improve the system and receiving direct input from selected riders. They are also conducting a survey of all users. I wait to hear what comes of all this. I want to be optimistic that things can and will be improved. At least, someone is listening. I just hope that someone does not have a hearing impairment!

Did you know that the Access 2 Entertainment card provides free admission for support persons accompanying a person with a disability at member movie theatres and selected attractions across Canada. The person with the disability pays regular admission.

ACCESS 2 entertainment

Participating theatres chains include:

Cineplex Odeon Cinemas www.cineplex.com
Galaxy Cinemas www.cineplex.com
Famous Players Cinemas www.cineplex.com
SilverCity Cinemas www.cineplex.com
Colossus Cinemas www.cineplex.com
Coliseum Cinemas www.cineplex.com
Empire Theatres www.empiretheatres.com
Landmark Cinemas www.landmarkcinemas.com
Rainbow Cinemas www.rainbowcinemas.ca
Magic Lantern Cinemas www.rainbowcinemas.ca
AMC Theatres www.amctheatres.com

Simply present the Access 2 Entertainment card when purchasing tickets with your support person at participating movie theatres. A support person is an individual who accompanies a person with a disability to provide those services that are not provided by theatre employees, such as assisting the person with eating, administering medication, communication and use of the facilities. This must be verified by a registered health care provider or a recognized service provider such as your CPA Rehabilitation Counsellor.

There is a $20.00 fee for obtaining the card and the card is valid for a period of 5 years from the date of issue.

Application forms are available at www.access2card.ca
or call the CPA office and an application form will be sent out to you.

Monkeys, Art and CPA

I have been fascinated by animals for as long as I can remember. As a teenager, I knew that my future would somehow involve work with animals and I would have bet on having a future in Animal Science. I was strongly influenced by the 1985 issue of National Geographic featuring a gorilla named Koko who can sign 1000 words in ASL to communicate. I was struck by the emotion she conveyed towards her pet kitten, "All-Ball", as she named her.

At age 15, I was excited to be embarking on new adult adventures and making choices in school that would impact the rest of my life. But (and this is a very big BUT), to quote the late John Lennon, "Life is what happens when you're making other plans". There is no way that I could have planned for the split second diving accident that was about to change the course of my life (and that of my family) during the summer of 10th grade high school. In the hospital, completely immobilized, with a halo screwed to my skull, I was relieved to have survived, but concerned about (just) a few things. Would quadriplegia affect my ability to experience motherhood? And what the H-E-double hockey sticks was I going to do with the rest of my life?!?

I was saddened and disappointed that there probably was no way that I could care for animals without full use of my hands. Enter CPA and Darlene Cooper - 22 years younger.☺ Darlene and the CPA team assured my continued education throughout my five-month hiatus at the Rehab Hospital, eased me back into high school by educating staff and students about SCI, set up note takers and ensured I had the adaptive equipment needed to make it all work. Despite missing a whole semester of 11th grade, I managed to finish school on schedule with my graduating class. This was quite an accomplishment in itself, but, there was more to come. This process was of course repeated at the university level as I embarked on post-secondary studies. My dream was to become the next Jane Goodall, living amongst the apes in unchartered jungle terrain. It was something I thought even CPA might not have been able to pull off (but don't tell them I said so because they'd probably have me on the next plane out to Gombe!). Since studying monkeys seemed out of reach, I figured I'd settle for the next best thing: working with small children. After all, you have to admit, children do have a lot in common with monkeys (well, my kids do anyway). I was in the midst of a Bachelor of Education when I took an art class as an elective and discovered a passion for communicating through creativity. Despite encouragement from a particular professor to change the focus of my studies in favor of a career in Arts & Culture, I figured a career in Education was a more secure form of employment.

I was lucky enough to fall on my first teaching gig in a public school where the arts were a priority – I was hired as the middle school art specialist (among other filler duties). Because I had secured a position in Art Education, it now felt right to pursue a Bachelor of Fine Arts. Once again, CPA advocated on my behalf to have the costs of this second degree funded by Family Services – Vocational Rehabilitation (now marketAbilities). For five years I taught part-time and studied part-time. Eventually (and since I just couldn't stand to see yet another ball of plasticine chucked at the ceiling), I felt strong urges to spend more time creating and less time teaching. Needless to say deciding to forgo teaching to pursue a career as a "starving artist" was risky. But I jumped in with my eyes closed because I knew I deserved to follow my heart. Que sera, sera!

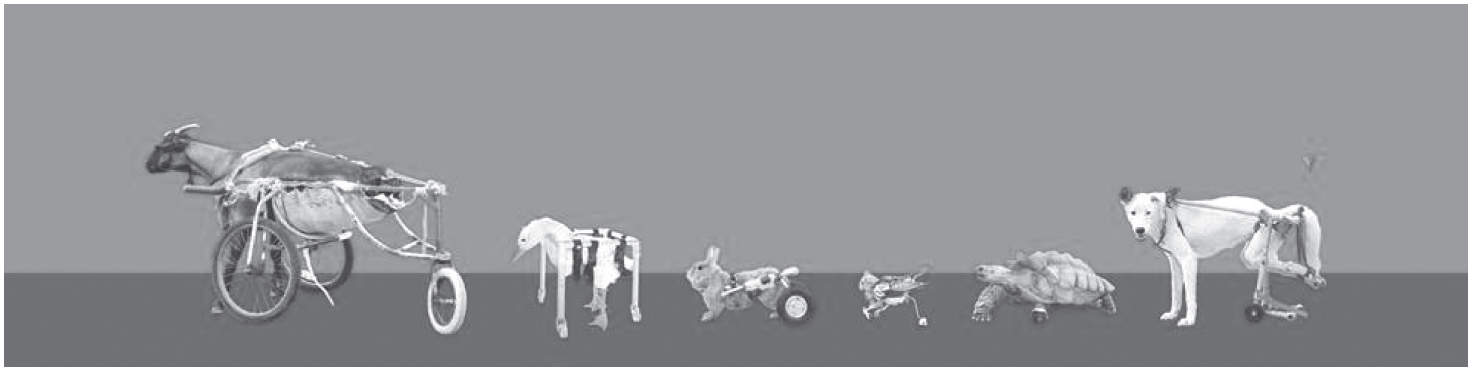
Of course, my passion for animals inevitably surfaces in all of my work which consists of mostly paintings and digital collages. I'm interested in the animal nature of humans and the humanity we connect to in animals. The project I began after graduating in 2010 was an exploration of animal emotions. That's right, animal emotions: happy crows, fish in pain, cockatoos in love and hopeful rats! I worked on this project for three years and was awarded a production grant from the Winnipeg Arts Council as well as one from the Manitoba Arts Council for the completion and printing of this project. This series, my first solo show, was exhibited this past September at la Maison des artistes visuels francophones, an artist-run center in St. Boniface. To date, I would say that my artistic career is well on its way!

The piece featured in this article is titled courage, but it's not that I feel these animals are courageous. They are animals with disabilities who have been fortunate enough to be supported by a network of indi-

viduals who care for them, creating ingenious ways for them to maintain some sense of mobility and independence. I question the difference between this situation and that of myself needing assistance in many tasks of daily living. People often remark how courageous I must be to manage to get up in the morning, be out in public with my kids or out buying shampoo for myself at the mall. To me, it's not about courage, it's about the will to live and maybe a bit of determination, and A LOT of help from others. The trait of courage seems better suited in describing those who risk their lives to save others or those who fight for justice. When viewers see this piece, I want them to question the intention of its creation. What is it to be courageous? If most would feel that an animal in a wheelchair cannot be described as courageous, then why would a human in a wheelchair be considered as such? If the goat isn't, why am I?

So here I am 21 years after injury, working indirectly with animals, in a way I would never have imagined, through a career that I fully enjoy, using a talent I discovered after injury. Courage or not, none of it would have been possible without the continued support of the Canadian Paraplegic Association!

Visit my website at www.yvettecenerini.com



Yvette Cenerini. Courage. 2014

My Story

My name is Shawna Mercredi and this is my story. I'm a single mom of seven children – yes, I said seven! Six of the children are my own and I have custody of one of my niece's. In October of 2013 I began experiencing neck and back pain. I had to drag my leg just to walk. I finally got in to see Dr. Barrington on February 6th of this year. He determined after looking at my x-rays that immediate action needed to take place. Thank goodness my dad offered to watch the children. Two days later I had surgery to fuse my C4 and C5 together but the damage to my spinal cord was permanent. I now had an injury at C4 Asia D. What did that mean? What am I going to do now? Will I be able to look after my children? These fears raced around in my head. When I was transferred to RR5 the social worker asked me if I would like to be referred to the Canadian Paraplegic Association. I decided it was worth a shot. I used to hear staff whispering about my situation and how I had seven children. They didn't think I was going to succeed. My next thought was - am I doomed?

I was afraid to meet my new Canadian Paraplegic Association counsellor because I thought she was going to judge me like so many people had before. I was discharged on April 9th and on April 16th Shannon from CPA contacted me. She offered to come to my home and meet with me. I remember thinking "here we go"! But my experience has been quite different.

Shannon came out and actually "heard" my concerns. She asked me what my goals were. I remember chuckling and saying I really need accessible housing as I have trouble with the stairs and the place I was living in was run-down and only had two bedrooms and a loft. I wanted a better neighbourhood for my kids to grow up in. I wanted to be able to care for my children and I wanted a part-time job. Seemed like a pretty tall order and there was no way she would be able to assist me.

I was wrong!! She helped me find a new accessible four-bedroom home in a better neighbourhood. Then I began to panic as I had no furniture to fill this home. How was I going to afford furniture? I was going to rent furniture which probably would have broken before I paid it off. My counsellor suggested that there may be other options. She met me at 263 Stanley Street and introduced me to the wonderful people at Operation Share.

Operation Share heard my story and helped me out. They delivered a whole houseful of furniture to my new place for less than what I was going to pay for one month of renting it. Without my CPA counsellor, I wouldn't have even known about Operation Share.

So we had addressed two of my four goals in a very short time. We now began to work on making sure that my kids were cared for. My counsellor believed in me and made me realize that I am a good mom and that I can do this – I just needed a little help. I was already connected to Metis Child and Family Services because of my niece and because my ex goes through them for child visitation. Shannon suggested respite services, so a plan was put in place.

I got a new part-time job! Boy was I scared! First I didn't know how to even do a resume and I hadn't worked in a long time so who was going to hire me? Again my CPA counsellor helped me polish my resume and even worked on interviewing skills with me one afternoon. I got the job – what a sense of accomplishment!!

Then disaster struck! My ex came to my new home four days after I moved in and started screaming and swearing. Many complaints went into my Leasing Office and I was given a written warning. My ex is no longer allowed in my home and Child & Family Services need to make different visitation plans. I was devastated. Was I going to lose everything I had work with my counsellor to gain? Again Shannon stood by my side and didn't judge me. She

went with me to the Leasing Office and met with them and she helped advocate with Child & Family Services to ensure this never happens again!

So this goes to show you that sometimes you need to address your fears and accept help. And last, but not least, that the Canadian Paraplegic Association is a valuable resource. I sure don't know where I would be without them!!! *~ Shawna Mercredi ~*

Operation Share is a charitable outreach program of Faith Church, which meets in the North End of Winnipeg. One of the objectives of Operation Share is to meet legitimate, and urgent physical needs in Winnipeg. They offer free pick-up of new or gently used items (furniture, tools, collectibles, stale business inventory, etc.) from either individuals or businesses in Winnipeg. They offer a charitable donation receipt for the fair market value of donated items. The donated inventory they receive is sold online or at auction or otherwise donated directly to families in Winnipeg in need of such items. All funds raised are used to help people in Winnipeg with necessary household repairs or to provide personal care and meet urgent needs. If you, or someone else you know, have items to donate please consider calling Operation Share at 204-415-3665 or else visit our website at opshare.ca for further information.

NEVER GIVE UP

Living with a Spinal Cord Injury and Rheumatoid Arthritis is not easy, and many people would give up. Their words would be "Why me?", "What did I do to deserve this?" For some reason I don't remember saying those words.

I was diagnosed with Rheumatoid Arthritis at the age of 35. I had two younger children and worked. My world turned upside down.

With the help of doctors, nurses, physiotherapists and medications, I was able to stabilize and live a relatively normal life.

In 2005, something changed. I was laying on my bed, watching TV and relaxing, when I started to spasm. I mean full body spasms from head to toe that wouldn't stop. I went to the hospital by ambulance (we won't talk about that heart-stopping bill!). The doctors had no idea what was going on, but they gave me all kinds of medications to calm me down. The spasms finally stopped. We got home around 4:00 a.m. and went to sleep.

All was fine until the next night at around the same time. The spasms started again so once again, off to the hospital we went. Only this time there was no stopping them.

I was sent to another hospital that had beds available (we won't get into lack of beds in hospitals!).

My body spasmed for six straight hours. I was put on life support and no one knew what was going on, despite all the tests I had, until the MRI showed my spinal cord was being pinched by my spine itself, so surgery it was.

My mind was spinning like a top, thinking "would I be paralyzed - what would I do, what's my life going to be like?".

Surgery was done and I was lying in my bed worrying, when a young man across the room from me changed my outlook. He had an accident and was a quadriplegic. He heard me when I told my husband that I like the pudding. He had his mom send his pudding over to me. His thoughtfulness changed my outlook.

All the times I could have given up I told myself that if that young man could have that type of thoughtfulness while in that situation, then I could too. You have so much to live for so get up and start moving!

I have a great support system and a great life. Three surgeries later, I have a back that's fused from top to bottom.

My message is "Don't give up – you can do anything you want to do". Keep that message in your heart.

It will probably be a lot of hard work, but believe me, it will be worth it. Life is precious. Grab it with open arms and keep up the good fight. Help someone else if you can, and if you can't, just give them a smile. "ParaTracks" helps, and so can you, in every little way.

~ Rochelle Torres, CPA Member ~

FREE SWIMMING

Open to those with Disabilities ONLY

Are you an individual with a disability (Intellectual or Physical, etc.)?
Do you like free stuff ??? Then this is for you!!!

FREE SWIMMING
is being offered at the CENTENNIAL POOL every Tuesday
from 5 p.m. to 8 p.m.

WHEN: EVERY TUESDAY
WHERE: CENTENNIAL POOL
90 SINCLAIR STREET
(SINCLAIR AND DUFFERIN)
TIME: 5 P.M. TO 8 P.M.

~ Not open to the general public during these swim hours
~ Newly Renovated Facilities
~ Wheelchair Accessible Ramp
~ Wet Chair & Hoist Available (bring own sling)
~ Invite Support Staff to accompany if required
~ FREE access to Gym Equipment available

Resolving Grief and Moving on After a Spinal Cord Injury

The purpose of this research study is to examine people with spinal cord injuries: initial knowledge about their injury, their emotional reaction to loss, their ability to openly, honestly and safely talk about grief and to learn techniques to resolve uncompleted grief in order to fully participate in life. This structured process is being delivered by the CPA Rehabilitation Counsellor(s), who are Certified Grief Recovery Specialist®, trained and certified through The Grief Recovery Institute®.

Sustaining a spinal cord injury can have both physical and psychological complications. The physical complications that can follow a spinal cord injury are better understood than the psychological ones. As we all are aware, sustaining a spinal cord injury is a major life altering event. The Grief Recovery Institute® focus has always been on assisting persons in dealing with the often overwhelming emotions caused by loss. The Grief Recovery Institute® process will assist grievers to better understand all of the different life experiences that produce grief and in particular give new injuries a safe environment to move beyond their current losses.

The study sample will consist of individuals referred for the rehabilitation treatment post spinal cord injury who agree to work with the CPA Rehabilitation Counsellor. The sample size will depend on the actual number of injuries during the

timeframe of the project. The topics discussed in each session are as follows:

A. Orientation/ Evaluation Phase (session 1-6) – goal is to increase knowledge of Spinal Cord Injury with the use of CDs and various information-sharing methods. Topics include: Understanding your Spinal Cord Injury; Anatomy of the Spinal Cord; Spinal Cord Injury: its Causes, Effects and Classifications; Tests, Surgery, Post op Devices, Secondary Complications and Prevention Techniques; Skin Care, Pressure Ulcers and Autonomic Dysreflexia; Levels of Spinal Cord Injury and Practical Advice for Coping with Spinal Cord Injury. These sessions are provided on a 1-1 basis between the facilitator and client.

B. Intervention Phase (Sessions 7-18) Facilitation of the Grief Recovery Method® Outreach group. Grief is a normal and natural response to loss. This process of Grief Recovery assists people to acquire the skills to process their grief, complete their relationship with the pain, disappointment, frustration and heartache caused by what they have experienced. The goal is to enable participants to move on and realize a less isolated and more participatory life contributing to more positive rehabilitation outcomes.

There has only been limited participation in the study to date. However, the response to the first phase has been a very positive one. The participant reports having enjoyed the one-to-one educational sessions. Watching the video on a weekly basis and having access to the written material was especially informative. The Intervention Phase will begin soon.

This study is being funded by a grant from the Rick Hansen Institute.

Important Phone Numbers to Remember

Housing:

Manitoba Housing provides subsidized housing for low income and special needs family and elderly persons. Rental rates are based on 27% of the gross family monthly income

- Manitoba Housing 105-185 Smith St. Winnipeg, R3C 3G4 Phone 945-4663

For information on subsidies and applications, visit 280 Broadway Ave. or call 945-2611.

- Winnipeg Housing Rehabilitation Corporation 60 Frances Street Winnipeg, MB R3A 1B5 Phone 949-2880

Aboriginal Specific Housing Programs

- Kenata Housing. Phone: 338-6261
- Kekinan Centre Inc. Phone: 582-0439
- Kinew Housing Corporation. Phone: 956-5903
- Aiyawin Corporation. Phone: 985-4242
- S.A.M. Management. Phone: 942-0991
- Payuk Inter-Tribal Council Housing Authority Inc. Phone:783-4891
- Dakota Ojibway Tribal Council Housing Authority Inc. Phone: 988-5377

Health

- Manitoba Health (health card) 300 Carlton Street Winnipeg MB Phone: 786-7101
- Health Links: Phone 788-8299.
- Aboriginal Health and Wellness Centre Winnipeg Inc. 215-181 Higgins Avenue Winnipeg. Phone: 925-3700
- Find a family doctor: 786-7111.

Financial:

- Employment and Income Assistance General Information line: 948-4000.
- Child Tax Benefits. Revenue Canada: 948-5700.
- Winnipeg Harvest: 1085 Winnipeg Street. Crisis Food Line: 982-3663.
- Christmas Cheer Board: 669-5369.

The information above is from "A Guide to Winnipeg for Aboriginal Newcomers 2003."

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QUARTER PAGE - $55
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ParaTracks publishes three times a year

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2002 Ford 150 Van – V8 Automatic, Air, Tilt, Cruise, 165,000 kms, Command Start, New Safety, Hand Controls, Side Door Loading of Ramp. Excellent Shape – Asking $11,500 OBO. Call Ron at 204-955-0940

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

Gladys Sobieski
Richard Cayer
William Hay
Michael Hofer
Karen Commodore
John Goundry
Danny Parisian
Patrick Buck
Gordon Mousseau
Christopher Trotter

We Need Your Feedback

What would you like to see in future issues of ParaTracks?

We try our best to publish articles and stories that are of interest to you, our members. To ensure we continue with this practice, we need your help. Without feedback from CPA members, we can't always be sure that we're providing you with the information you require.

Please take a moment to provide us with your feedback. Was there an article that was of great interest to you? What did you like about this issue of ParaTracks? What didn't you like?

Please send your comments by email to aconley@canparaplegic.org or give Adrienne a call at 204-786-4753 or 1-800-720.4933 ext. 222.

Return undeliverable Canadian addresses to:
Canadian Paraplegic Association (Manitoba) Inc.
825 Sherbrook St., Winnipeg MB R3A 1M5

PM 40050723

MEMBERSHIP APPLICATION

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

I wish to select the following category of Membership:

____ $15 - $24 - Member
____ $25 - $99 - Supporting Member
____ $100 - $249 - Sustaining Member
____ $250 - $499 - Charter Member
____ $500 and over - Patron Member

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

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

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

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

Name: _____ Signature: _____ Date: _____

Make cheque payable to: **Canadian Paraplegic Association (MB) Inc.**
Mail to: 825 Sherbrook Street
Winnipeg MB R3A 1M5

For more information:
Phone: 204-786-4753
Toll-free within MB: 1-800-720-4933
Fax: 204-786-1140
Email: aconley@canparaplegic.org

PLEASE ENTER A MEMBERSHIP FOR:

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City, Prov. _____
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E-mail address_____

(providing your email address will help save on mailing costs)

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