

June 2019

Summer Issue

PARATRACKS

Newsletter of the Spinal Cord Injury (Manitoba) Inc.

Summer Activities

for
You

in 2019



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

Martin Malchuck	Samuel Kamal
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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
SCI Manitoba 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 Adrienne at aconley@scimanitoba.ca or give her a call at 204-786-4753 or
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The 2019 Canada's Food Guide Recommendations

By Kelly Tennant

Health Canada released its new Canada Food Guide in January, and there have been a number of changes since the last revision was done in 2007. Canada's Food Guide has been around since 1942 and serves as our guide to the ideal way to eat based on current scientific and medical knowledge. For this most recent update, Health Canada based the guidelines on convincing findings from scientific reports published between 2006 and 2018. These findings are supported by a well-established base of evidence that the recommended guidelines contribute to improvements in health and they are unlikely to change in the foreseeable future as new evidence emerges.

The objective of Canada's Food Guide is to promote healthy eating and overall nutritional well-being. In Canada, poor diet is one of the three leading risk factors for chronic disease, along with tobacco use and high body mass index (BMI). Poor diet is known to contribute to the development and severity of heart disease, stroke, colorectal cancer, diabetes, and breast cancer. The impact of chronic disease is likely to continue to increase unless we take action to address and change our eating habits. This starts with changing our "food environment": the foods and beverages available in our homes, retail food outlets, and restaurants, and by learning and practicing food skills to support healthy eating.

Guideline 1: Nutritious foods are the foundation for healthy eating.

- ◆ Consume plenty of vegetables, fruit, whole grains, and protein foods – especially plant-based proteins.
 - ◇ Healthy protein choices include beans, nuts, seeds, tofu, soy milk, fish, shellfish, eggs, poultry, lean red meat, wild game, and lower fat dairy products (milk, yogurt, and cheese).
 - ◇ Shifting emphasis towards more plant-based proteins results in higher intakes of dietary fibre and lower intakes of processed meats and foods containing mostly saturated fat.
- Choose foods rich in unsaturated fats rather than saturated fats.
 - ◇ The intention is *not* to reduce total fat in the diet. Dietary fat is an important source of fat soluble vitamins, calories for energy, and flavour.
 - ◇ Consuming mostly unsaturated fats is associated with lower LDL cholesterol levels and reduced risk of cardiovascular disease.
 - ◇ Healthy fat choices include those that are plant-based such as olives, avocados, nuts and seeds and the oils made from these foods: olive oil, avocado oil, peanut oil, and canola oil, as well as fish and low-fat cuts of meat.
 - ◇ Recommended limit of saturated fat: Less than 10% of total caloric intake.



The ideal plate is composed of:

$\frac{1}{2}$ fruits and vegetables

$\frac{1}{4}$ proteins

$\frac{1}{4}$ whole grains

Source: © All Rights Reserved. Canada's Food Guide. Health Canada. Adapted and reproduced with permission from the Minister of Health, 2019.



- ◆ Drink water as the beverage of choice.
 - ◇ Water is vital for life. It is the largest component of what our bodies are made of.

Guideline 2: Avoid foods and beverages that undermine healthy eating.

- ◆ Sodium is an essential nutrient, meaning we need it for proper function, but excess sodium is known to contribute to high blood pressure and cardiovascular disease.
 - ◇ Processed foods are high in sodium and should be avoided.
 - ◇ Recommended limit: Less than 2300 mg sodium per day.
- ◆ Sugary drinks (including fruit juice), sweets, baked goods, and sugar substitutes are sources of excess sugar and contribute to dental decay, weight gain, and type 2 diabetes.
 - ◇ Healthy sources of sugars are fresh fruit and vegetables and unsweetened milk.
 - ◇ Recommended limit of added sugars: Less than 10% of total caloric intake.
- ◆ Alcohol consumption comes with health risks.
 - ◇ Alcoholic beverages can contribute a lot of calories to the diet with little to no nutritive value.
 - ◇ Drinking alcohol increases the risk of cancer, hypertension, and liver disease.
 - ◇ Reduce long-term health risks by following the limits outlined in Canada's Low-Risk Alcohol Drinking Guidelines:
 - 10 drinks a week for women, with no more than 2 drinks most days.
 - 15 drinks a week for men, with no more than 3 drinks a day most days.
 - Plan non-drinking days each week.

Guideline 3: Food skills support healthy eating in a complex food environment.

- ◆ Food skills include:
 - ◇ Knowledge
 - Read and interpret nutrition information, such as food labels
 - Evaluate marketing of foods and

- beverages
 - Safe food storage and preparation
 - Adjusting recipes
 - Growing food, harvesting wild plants and berries
 - Hunting and fishing
 - ◇ Skills in using the senses
 - Assess texture, appearance, taste, and smell of foods
 - Determine ripeness of plants and berries to harvest
 - ◇ Planning skills
 - Make a grocery list
 - Stay within a budget
 - Organize and prepare nutritious meals
 - Accommodate preferences and dietary needs of family members
 - Make good use of leftovers
 - ◇ Technical skills
 - Use tools and techniques to make meals
 - Hunt, fish, harvest, prepare, and preserve wild foods
- ◆ Food labels are changing to make the healthy choice the easier choice: Eating well is the best way to manage some of the most common secondary health conditions related to spinal cord injury, including fatigue, weight gain, constipation, pressure injuries, loss of muscle mass, and osteoporosis, and prevent development of other chronic health conditions that can have detrimental impacts on your ability to be independent.

Energy needs are individual and depend on levels of physical activity. We need to balance the energy we take in through food with the energy we expend in exercise. A more sedentary lifestyle requires fewer calories and a more active lifestyle requires more calories, so adjust your intake of energy-rich foods to fit your lifestyle.

Carbohydrates and fat are our body's preferred sources of calories. Carbohydrates should be consumed as whole grains and starchy fruits and vegetables. Whole grains are broken down in our digestive tracts more slowly than refined grains and provide longer-lasting, even boosts of energy as opposed to a spike and crash. Whole grains are also rich in dietary fibre, which helps with bowel



ORIGINAL		NEW	
Nutrition Facts Valeur nutritive Per 250 mL / par 250 mL		Nutrition Facts Valeur nutritive Per 1 cup (250 mL) pour 1 tasse (250 mL)	Serving size stands out more and is more similar on similar foods
Amount Teneur	% Daily Value % valeur quotidienne	Calories 110	Daily Values updated
Calories / Calories 110			
Fat / Lipides 0 g	0 %	Fat / Lipides 0 g	0 %
Saturated / saturés 0 g + Trans / trans 0 g	0 %	Saturated / saturés 0 g + Trans / trans 0 g	0 %
Cholesterol / Cholestérol 0 mg		Carbohydrate / Glucides 26 g	
Sodium / Sodium 0 mg	0 %	Fibre / Fibres 0 g	0 %
Carbohydrate / Glucides 26 g	9 %	Sugars / Sucres 22 g	22 %
Fibre / Fibres 0 g	0 %	Protein / Protéines 2 g	
Sugars / Sucres 22 g		Cholesterol / Cholestérol 0 mg	
Protein / Protéines 2 g		Sodium 0 mg	0 %
Vitamin A / Vitamine A	0 %	Potassium 450 mg	10 %
Vitamin C / Vitamine C	120 %	Calcium 30 mg	2 %
Calcium / Calcium	2 %	Iron / Fer 0 mg	0 %
Iron / Fer	0 %		

Calories is larger and stands out more with bold line below

mg amounts are shown

New % Daily Value footnote

Updated list of minerals of public health concern

*5% or less is a little, 15% or more is a lot
*5% ou moins c'est peu, 15% ou plus c'est beaucoup

Source: © All Rights Reserved. *Food Labelling Changes*. Health Canada, 2017. Adapted and re-produced with permission from the Minister of Health, 2019.

management. Individuals with neurogenic bowel should aim for 15-30 grams of fibre every day.

It is recommended that after a spinal cord injury, individuals increase their intake of protein in order to strengthen their skin and muscles to protect against pressure injuries and loss of muscle mass, and to help heal existing pressure injuries. Daily targets are outlined below.

- No pressure injury: 1.0 grams per kg of body weight
- Stage I or II pressure injury: 1.5 grams per kg body weight
- Stage III or IV pressure injury: 2.0 grams per kg body weight

Animal-based protein foods tend to contain higher amounts of protein per serving compared to plant-based protein foods. The new Food Guide recommends shifting our eating patterns away from primarily animal-based proteins to primarily plant-based proteins, so how do you make sure that you're getting enough protein while following this recommendation? It's important to note that it is possible to eat adequate protein while following a completely vegetarian or vegan diet, but this requires more diligence in ensuring that each meal contains two or more sources of protein, especially protein-rich foods such as tofu or beans. Vary-

ing the sources of plant-based proteins also ensures that you're eating all of the essential amino acids. If you eat meat, think about reducing your consumption by having "Meatless Mondays" or only eating meat at dinner time. Replace meat with a high-protein plant-based source. Reduce your intake of saturated fat by avoiding processed meats and choosing lower-fat cuts of meat.

Lastly, some cultural considerations

- Nutritious foods can reflect cultural preferences and food traditions.
- Eating with others can bring enjoyment to health eating and can foster connections between generations and cultures. Young children develop healthy eating skills when they watch their families make healthy choices.
- Canadians can expand their repertoire of healthy foods by exploring recipes and cooking methods from their own cultural background as well as the cultural backgrounds of others.
- The intake of traditional food among Indigenous Peoples (including that which can be hunted, trapped, fished, harvested, or cultivated), even in small amounts, has been shown to improve diet quality and reduce risk for diabetes and other chronic diseases.



I Have Paraplegia: This is My Story Part 2

By Kellea Small

In addition to what I've already talked about, there are many behind the scenes issues. I don't talk to a lot of people about these things, but it's important to talk about them here. I can walk. I don't use a wheelchair, unless I am somewhere that will require a lot of walking. In the essence of the word paraplegia, there are many people who would disagree with me. I have been asked "What are you complaining about, you can walk?" or the best "You should be grateful." As much as I can walk, it is a struggle. My body is fused from T10-L2. My torso does not move, therefore, my hips and my shoulders move awkwardly and more than they should. I have had a cortisone shot in my hip because the pain has been horrible due to a new gait. I found out the hard way that I will need a wheelchair when I travel. The walk through an airport is too much for me, but I know that now and will prepare when I travel. My body will need to get used to moving differently and right now, it is a battle. For 41 years, I moved the same way, now not so much. The more I walk, the more pain I have. It is a difficult balance to keep moving when it causes more pain, but moving is the most important thing I can do to maintain where I am at.

Bladder and bowel: As private an issue that this is, it is a huge issue for me. It's the hidden part of my disability that takes a lot of time to work through. The nerves around my bladder and bowel have been damaged so they work, but not as well. I have been on many medications for constipation and if you take too many, then you're stuck at home dealing with the outcome. If you don't take enough, then you have an entire other issue. Bottom line: bowel function will be one of the hardest things I will need to figure out. It takes up a lot of time during the day, which doesn't make some days any easier. My bladder is better than my bowel; however, there are times I cannot fully empty my bladder. This has led to a lot of specialist appointments, and I have been taught to self-catheterize when needed. As of right now, I am completing a daily log on catheterization and follow up with a nurse several times a week. It has taken almost 2 years since the accident to get to this point. There are days that I don't leave the house because I am afraid of needing to find a bathroom quickly or knowing that I can't empty my bladder. It has been nothing short of stressful; I feel the doctors might think I'm crazy. But I have been reassured that I am doing everything I need to be doing and that I will get through this.

Nerve Pain: Due to the spinal cord injury, my nerves have been damaged below T12, thus I suffer

from nerve pain. For the most part, during the day I can manage the pain. Once I am home from appointments and resting, the pain in my feet starts and moves up my legs. The best way I can describe it is that my feet feel like they are freezing and then they start to burn. This radiates up my legs. I have tried medication for the pain, but the side effects from the medication were too much to handle. I have started CBD oil and have been using it since May 2018. There are fewer side effects, but at times I can still feel nerve pain, depending on the day. I see the spinal cord doctor every 6 months and my goal for October is to work on achieving better pain management.

Weather change: It's not that I didn't believe people when they said they could feel a weather change in their bones, I simply couldn't relate. Now, I can! It's amazing how the weather can affect our bodies. Over the past few weeks with the rain and lower temperatures, I am in physical pain from my neck, shoulders, through my back and down my legs. It is like an ache that just never leaves. Once I get used to the change, my body adjusts, but it takes time. I wouldn't change living in a climate with four seasons, but I could do without the extra pain.

Weakness: I am weaker all over my body, from not being able to exercise like I used to. My lower half is very weak because of my injury, and it has taken almost 2 years to regain the strength I have today. I am not able to squat low to the floor, skip, jump or run. I don't know if that will ever get better, but I am able to do high squats and I work on planking and bridging to strengthen my core. I have recently started back to the gym; it's a slow process. My gym days now include a 20 minute walk at 2.0 mph and a 0 incline. It may not seem like much, but that's all I can handle right now. I have a goal of walking a 5km walk, and I am going to make sure I get there!

Frustration and Patience: I get frustrated very easily and I am learning not to be too hard on myself. There are many things I used to be able to do, but can no longer do. The oddest example that sticks out is that I can no longer put up Christmas lights! I can't climb a ladder. Between the weakness and balance issues, some things are just too unsafe to do. But there are still many things that I can do; that is what I focus on. My patience wears thin...especially by mid afternoon and evening. Depending on the day, how many appointments, etc., I can be ready for bed by 8pm. I have referred to myself as a "useless piece of skin" because I am overwhelmed and have done nothing with my day,



my weekend or longer. And this leads me back to frustration because I used to be active, ran around like crazy to my kids' sporting events, work and had a social life. MPI encouraged me to see a psychologist. I kept telling myself I was fine, I could handle things and that I could use my family and friends as a sounding board when needed. I was wrong. Seeing a psychologist has helped me to adjust to all the changes in my life and to see how much I have to offer. I am still Kellea, my core belief system is still the same, but my physical self is different. I have lost the confidence to walk into a room, standing tall and proud. But I am working to find that girl again. It's just taking some time.

Stages of Grief and Loss: I have been through every emotion possible over the past 2 years. Before I knew exactly what I was dealing with, I was very positive and thought I've got this. Then, reality hit and crying became an everyday thing. Through counselling, I've learned that to fully heal emotionally, I need to work through the stages of grief, which include: Denial, Anger, Bargaining, Depression, and Acceptance.



These stages are not linear and depending on the day, I can bounce back to anger, even though I have come to a place of acceptance. I realized that

trying to take my boys to the beach just isn't possible right now. I found out I have no balance when trying to walk in the sand. We never made it. I became incredibly angry thinking about the way life used to be; that's okay. I let myself be upset, found an alternative to the beach (our local pool) and have accepted that my life has changed, and I need to adapt. I will miss wearing flip flops because my toes can't keep them on anymore, but there are worse things to be upset about in life.

Pain and Exhaustion: People often ask if I have any pain in my back. I hurt everyday. That's the easiest answer. I hurt in my hip with every step I take. My back aches from morning to night. If I stand too long, my shoulders start to ache because my core is so weak. My neck pain comes and goes and when it's really bad I get to use a weight bag. The burst T12 is responsible for my abdominal muscles and once I have exhausted the muscles, they are done for the day. Exhaustion is something I am not used to. I would just push through whatever I needed to prior to the accident. Now, I can't. Once my body is done for the day; it's done. I've been told to use the "gas tank" analogy. As

soon as my gas tank is empty, there is no refilling for the rest of the day. If I have a bad night with pain, then I start the next day with only half a tank of gas. So, I have to pick and choose what events I want to attend. If I don't have the energy for something, I don't have a choice but to cancel. I make sure that I don't book too many appointments in a day; however, there are days I don't have control over when a doctor can see me. I take CBD oil 3 times a day, I use Aleve when needed and I have a heating pad at night. I try not to focus on the pain, I try not to dwell on it and I try not to complain about it. Honestly, no one wants to hear about me being sore and tired. So, I push it aside, push on through my day and do the best I can with what I have.

Work: I have been off work for 22 months. I am so very lucky that MPI has been nothing short of amazing. Eventually we will work together on a return to work plan, when my body is ready. Sitting or standing for long periods is near to impossible. So we'll figure it out as we go. I have missed out on many opportunities at work over the past 22 months. As much as people say they would love not to have to work, I would give anything to be able to work! I know that I gave 100% when I was at work and I am now dedicating that 100% to recovery. When I get back to work I will need to find a healthy balance that allows for both my work life and home life to be productive without wiping out all my energy.

Invisible disability: If you saw me sitting in my car, out for supper, or standing in a store, you may think there is absolutely nothing wrong with me. But then the questions start ... "Why do you need a handicap pass?" "Why aren't you back at work?" "Why don't you just get over it and move on?" These are questions I've been asked many times. I have heard people in my situation say it would be easier to be in a wheelchair because then people would get it. I was shocked when I first heard that statement, but I totally get it. The pain, exhaustion, bowel/bladder issues; sometimes it's just easier to say nothing. It's hard. People assume and even when I try to explain, they just don't understand. Prior to my accident, I didn't understand either.

Life after an injury/illness can be overwhelming, terrifying, upsetting, exciting and fabulous! There is no right or wrong answer. I still attend a yearly gala event with a group of amazing ladies. Although I haven't been able to dance the last 2 years, I'm hopeful that maybe one day I will be able to. I'm still there and can still share in the joy of the evening. I book a hotel room, take breaks when I need to and rejoin the group when I can. I have been blessed with having an amazing support system. My husband and my boys have



been my reason for getting up certain days and pushing myself as much as I do! They have been nothing short of amazing, helping with no complaints, listening when I'm down and always letting me know how much they love me. My family and friends have also been nothing short of amazing, offering help, listening to me complain, cry and laugh and love me for me. I am unable to do many things but being asked to join, whether I go or not, means the world to me. Life after an injury or illness will change you, but your core being doesn't change. It's taken 18 months of therapy to say that but I truly believe it.

When I was asked to write this article, I thought sure, I'll have it done in no time. It's taken me almost 2 weeks to get through this. It was harder than I thought it would be to relive the past 2 years, but it's made me realize how far I've come. It has also reminded me of how many people I had cheering me on and celebrating all the successes over the past 2 years. I have an entire team of people support-



ing me. So here's my chance to say thank you to:

- My husband, my children and my family
- My friends
- All the people who brought meals, visited me and continue to check in
- Staff at Health Science Center
- Staff at the Grace Hospital
- Dr. Barrington, best surgeon in the world
- Dr. Casey, best spinal cord doctor ever!
- Physiotherapists-Donna and Bryan
- Psychologist-Jeff
- Occupational Therapist-Ashlyn
- MPI case manager-Liz
- Chiropractor- Dr. Greg
- Urologist- Dr. Maslow
- Canadian Paraplegic Association (now SCI Manitoba)
- Family Doctor- Dr. Lacerte

I am truly blessed to have all the people as part of my team, helping me navigate the unknown. Thank you for taking the time to read this.



Shared health
Soins communs
Manitoba

Manitobans deserve a reliable standard of care, whether you live in the city, town, rural or northern community.

Shared Health was established as a legal entity in 2018 and will continue to evolve as initiatives within Manitoba's Health Care System Transformation are implemented to create an improved, simpler health care system that is able to provide better care for all Manitobans.

This provincial health organization, **Shared Health**, will lead the planning and coordinate the integration of patients centred clinical and prevention health services across Manitoba. The goal is to improve patient care and provide coordinated support to regional health authorities across the province to establish provincial standards of care for all Manitobans.

The Manitoba government is confident that better health care is within reach and is making bold changes to the health system that will make it more patient-focused, operate more efficiently and ensure it is safe, affordable and sustainable in the long term.

Shared Health is responsible for the delivery of health services at the Health Sciences Centre. Other services include:

- Emergency Response: A key component providing pre and inter- hospital care to Manitobans who are sick or injured 24 hours a day, seven days a week.
- Digital Health: Digital Health offers the community to connect health- care information and services to support improved models of care.



- **Diagnostic Services:** Manitoba's public laboratory services and diagnostic imaging are managed and delivered by Shared Health.
- **Breast Health Centre:** Services are offered to support both the physical and emotional needs of patients seeking care on their breast health journey.
- **Mental Health:** Providing a range of adult and child mental health services both in the community and hospital settings.
- **Medical Assistance in Dying (MAID):** Ensuring patients have the information needed to make an informed decision.
- **Tissue Bank Manitoba:** Working to save and heal peoples' lives through the gift of tissue donation.
- **Transplant Manitoba- Gift of Life:** Expert teams support patients and families along the journey to transplant or donation.

Shared Health collaborates with regional health authorities, service delivery organizations, communities and other stakeholders to ensure the health needs of Manitobans are fulfilled compassionately, effectively and as close to home as possible.

The regional health authorities and service delivery organizations continue to be responsible for the delivery of health services. These include:

- Interlake Eastern Regional health Authority
- Northern Regional Health Authority
- Prairie Mountain Health
- Southern Health
- Winnipeg Regional Health Authority
- Addictions Foundations of Manitoba
- Cancer Care Manitoba

The following news release is an example of Shared Health at work.

April 25, 2019

Expanded access to CT scans for Manitobans

Extended hours and walk-in availability will enable 4,766 additional scans each year

Manitoba patients requiring less-urgent computed tomography (CT) scans now have improved access to this important service with the opening of the Diagnostic Imaging Outpatient Centre (DIOC) at Misericordia Health Centre, Health, Seniors and Active Living Minister Cameron Friesen announced today.

"Our government is committed to improving access to health services and reducing wait times for Manitoba patients, including wait times related to diagnostic tests," said Friesen. "The ability to accommodate walk-in CT scans is a first in Manitoba

and will be especially significant for patients from outside Winnipeg who would otherwise have to wait and potentially travel back to Winnipeg for the test on another day."

The Manitoba government is providing \$94,000 annually to support the operations of the program. The funding will enable an additional 4,766 CT scans to be performed at Misericordia Health Centre each year.

Eligible patients will be referred to the DIOC by a health-care provider and be able to either make an appointment or access services on a walk-in basis by presenting their requisition when the centre is open. Petr Kresta, chief operating officer, Diagnostic Services, Shared Health, praised the investment and the work done at Misericordia to create efficiencies with innovative workflows.

"Patients who meet certain criteria and require less urgent CT scans will be seen at Misericordia," said Kresta. "By streamlining the referral process for CT and expanding the hours of service available to Manitoba patients, we are confident this new centre will help ease some of the demand for diagnostic services."

The new model, which will see the DIOC open on weekday evenings and Saturdays, will be assessed over the coming months. Project evaluation will include tracking the number of low-acuity patients seeking care in an emergency department who require a CT scan, costs per exam, patient and physician satisfaction and the volume of walk-in patients. If successful, a similar approach to certain ultrasound procedures will be considered in the future, added Kresta.

The DIOC is expected to improve patient flow and contribute to the Winnipeg Regional Health Authority's (WRHA) ongoing efforts to reduce emergency department turn-around times and the length of stay for patients throughout the region.

"This initiative will increase access for patients requiring less-urgent CT scans and supports our commitment to ensuring patients are able to access care in the most appropriate setting," said Gina Trinidad, chief health operations officer, Continuing Care and Community, WRHA.

The DIOC welcomes patients for appointments or walk-in services on weekdays from 8:00 a.m. to 7:00 p.m. and on Saturdays 8:30 a.m. to 3:30 p.m.

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MANITOBA PARAPLEGIA FOUNDATION INC. (MPF) NEWS

MPF funds go to work in four main areas that are not supported by any other sources in Manitoba: special projects, product testing, research and direct aid to persons with spinal cord injuries who do not have the necessary financial resources for equipment and/or services. All requests for direct aid are initiated through SCI Manitoba. Individuals must provide information on their financial status, explain why they cannot meet the expense within their own budget, and identify any other potential sources to support the request including potential for contribution from family.

SCI Manitoba thanks MPF for its continued support to improving the quality of life of persons with spinal cord injury.

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

- Financial support was provided for modifications to an SCI Manitoba member's bathroom, specifically widening of the door and installing a wheel-in shower. These modifications will enhance the safety and hygiene for this member allowing for improved quality of life and increased independence.
- Funding was provided for a pressure relieving air mattress and a tilt shower commode for an SCI Manitoba member. The mattress will allow for improved pressure relief and aid in the maintenance of the member's skin integrity. The member spends 20 hours in bed each day and the mattress will also provide structural support which will greatly improve their comfort. The tilt shower commode will allow the member to access the shower with assistance and will improve overall sitting tolerance required for the duration of the shower.
- Financial support was provided for a stair lift for an SCI Manitoba member. This lift will enable the member to safely access the basement where the family room is located which will allow them to spend more time with their

family. This will eliminate the unsafe method of "bumping" the member up and down the stairs in their manual wheelchair.

- Funding was provided for the purchase of a power add-on device for an SCI Manitoba member's wheelchair. This device would provide the member with additional support when they wheel great distances and over uneven terrain so as to allow for energy conservation and reduced wear and tear on the member's upper arms. The device would also reduce the member's risk of injury and facilitate the member's ongoing use of a manual wheelchair and the benefits that arise from self-propulsion and the compactness and lesser weight that a power wheelchair would not afford them.
- Financial assistance was granted for the purchase of a walker for an SCI Manitoba member. The walker will enable the member to walk versus being reliant on a manual wheelchair for mobility and community access. Standing upright will provide the member with a degree of physical activity, cardiovascular benefits and strengthening of leg and core muscles.

Visit MPF's website at:

www.scimanitoba.ca/mpf. Applications for assistance are available through the website or by contacting the office at:

info@scimanitoba.ca or 204-786-4753.

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Dr. Jan Brown

Leonard Steingarten



Update from the American Spinal Injuries Association Meeting regarding Neuromodulation, held Friday April 5, 2019

By Dr. Kristine Cowley

As a person working in spinal cord function and spinal cord injury (SCI) research for over 25 years, I have become increasingly cautious when I hear about the 'next breakthrough' in SCI research. However, some recent research suggests to me that some research tides may be changing. This new avenue of research is called 'neuromodulation'. I find it interesting because much of it involves non-invasive electrical stimulation of the spinal cord, at or below the site of the SCI. Second, it involves unexpected improvements including improvements in 'automatic' (autonomic) functions, such as blood pressure regulation.

A full day at the recent ASIA meeting was devoted to 'neuromodulation' or 'electrical stimulation of the human spinal cord to increase function'. As noted, there have been unexpected improvements in functions that came from the electrical stimulation. In particular, researchers are reporting some very interesting improvements in hand function, including in people with very longstanding (e.g. 12 years post SCI) and in those with motor-complete tetraplegia (quadriplegia). People who could not pick up a marble with their fingers are able to do so when they receive transcutaneous electrical stimulation at the neck. The other interesting point is that the type of electrical stimulation they are receiving is non-invasive, delivered using electrodes placed on the surface of the skin, so it does not require invasive surgeries with all the complications that can come with implanting electrical devices in the body. This work is going on in places like Seattle, in the lab of Chet Moritz, and more information and some sample videos of the research can be found here:

http://depts.washington.edu/moritlab/?page_id=718.

The other unexpected feedback about neuromodulation came from users themselves, who reported

a much better quality of life, related to improvements in blood pressure, or in fatigue, and often in areas that were not being measured by the researchers themselves. So there were unexpected improvements in general, and in areas that researchers were not looking for. A program of the people presenting at this symposium can be found here:

<https://www2.asia-spinalinjury.org/meetings/2019/guide/program/index.iphtml>.

Another point of interest is that different forms of electrical stimulation are reported to normalize blood pressure regulation. Anyone with a cervical injury knows the day to day challenges of having to deal with too low blood pressure (hypotension) and feeling weak or unable to move without passing out. And these 'lows' can alternate with periodic episodes of too high blood pressure (hypertension, autonomic dysreflexia), at different times of the day, depending on whether a person has a stone in their shoe, or a full bladder etc. Some of the improvements in blood pressure regulation were side effects of stimulation to improve walking function, and a key lab where some of this research is taking place is in Vancouver in the Krassioukov lab and originally these results were reported by the Harkema lab. Further information of the normalization of blood pressure can be found here: <https://louisville.edu/medicine/news/epidural-stimulation-shown-to-normalize-blood-pressure-following-spinal-cord-injury>.

Moving forward, I am hopeful that this mode of stimulation may be investigated to find more and better ways to improve a variety of body functions for those living with SCI.

For questions about this or other SCI-related research, email Kristine.Cowley@umanitoba.ca



Summertime Activities

by Jared Funk

I think that Mother Nature took the HBO series “Game of Thrones” a little too seriously when they said winter is coming and staying, and staying, and staying here in Manitoba. It’s almost June and I still have my sweater and heater on while curled up to the mini bonfire I have on my desk (dang that non-working thermal regulation). But the grass is turning green, and the leaves are growing on the trees so I guess that’s a sign summer is coming – fingers crossed.

Soon we will be in full summer mode and getting out and enjoying the weather, being able to wheel on the sidewalks, and getting our much needed vitamin D the natural way. With that comes all of the great things that Manitoba has to offer at summer time - the festivals and activities that you can enjoy throughout the city and the province.

I’ve compiled a list of just some of the things you can do here in the province. Some are new and some are time-tested favourites that showcase our province when it comes to summer activities.

- **The Manitoba Night Market and Festival** is ready to return for a third year! The event is held at Assiniboia Downs 3975 Portage Avenue. This market hosts about 100 different vendors, 20+ different food trucks, live music beer gardens and kids activities. Thanks to overwhelming support, they are now offering two additional events. The second event will take place on Sunday, August 11 and the third one on Saturday, September 14, start from 3 pm - 11 pm.

Check out unique local artisans, crafts, jewelry, clothing and so much more! The track will be loaded with the best food trucks Manitoba has to offer. You don't want to miss this unique event! The cost is five dollars for adults and free for children.

- **The Assiniboine Park Conservancy (APC)** is excited to announce another fantastic line-up of musical acts, movies and art exhibitions as part of the Red River Co-op Summer Entertainment Series, running June through August at Assiniboine Park. The entire series is offered free to the public and made possible solely through sponsorship support. This year’s schedule features more than 30 events including:
 - ◊ Summer Music Series (weekly musical

acts) at the Lyric Theatre (Presented by Johnston Group)

- ◊ Jazz in the Leo Mol Sculpture Garden (Presented by The Richardson Foundation)
- ◊ Art in the Park Canada Day Picnic in the Park
- ◊ Movies in the Park (Presented by Scotiabank) – returning for its third season
- This year is the **Royal Winnipeg Ballet’s** 80th season and it begins with Ballet in the Park, a treasured tradition that spans over four decades. Taking on Assiniboine Park’s Lyric Theatre stage at 7:30 pm daily from June 24 to June 26, this free, family-friendly performance is a wonderful way to experience ballet under the prairie sky.

There are many musical festivals throughout the province that showcase the great talent we have. Here are just a couple offerings:

- **JAZZ Winnipeg** - June 18, 2019 - June 23, 2019 - Featuring the hottest jazz, blues, indie rock, pop, rap, and hip-hop from around the world. <https://www.jazzwinnipeg.com/>
- **SOCA Reggae Festival** - July 12, - 14 - 2019 at The Old Market Square Winnipeg. The Winnipeg Soca Reggae Music Festival is a celebration of Soca Reggae, Calypso and revelry mixed together with Caribbean flavours. This multi-cultural event is celebrated at the Cube. <https://www.socareggaefestival.com/>
- **Winnipeg Folk Festival** - Birds Hill Provincial Park, July 11-14, 2019. The Winnipeg Folk Festival is one of North America's premier outdoor music festivals. <https://www.winnipegfolkfestival.ca/>

The downtown area has many different events held throughout the summer. Here are a couple of the events to enjoy. Check out their website for many more events happening:

<https://downtownwinnipegbiz.com/>

- **Movies on Memorial** is back this summer and they have another fantastic line up:
 - ◊ Tuesday August 6: Happy Gilmore
 - ◊ Tuesday August 13: Bring It On
 - ◊ Tuesday August 20: Dodgeball
 - ◊ Tuesday August 27: Mighty Ducks



If weather becomes an issue, the date will be the following day (Wednesday). Movies will start at sundown.

- **Fitness in the Park** - For those who like to be a little more active, downtown businesses are excited to offer another great line up of Fitness in the Park classes this summer! This year your instructors are all from Downtown Winnipeg businesses!

- ◊ Monday: Yoga at Millennium Library Park; Morfit at Memorial Park
- ◊ Tuesday: 9Round at Millennium Library Park; Morfit at Memorial Park
- ◊ Wednesday: Yoga at Memorial Park; 9Round at Upper Fort Garry
- ◊ Thursday: 9Round at Memorial Park; Morfit at Millennium Library Park
- ◊ Friday: Yoga at Millennium Library Park

Classes begin Monday June 3, 2019 and run Monday to Friday from 12:00-1:00 pm.
<https://downtownwinnipegbiz.com/programs-services/events/fitness-in-the-park/>



- **The Downtown Concert Series** would like to present: Laura Enns. Laura is a Winnipeg-based singer/songwriter who performs and records with acoustic guitar and voice. She sings in a soulful, unique, and emotional style. Laura uses her music and lyrics to fully express herself and reflect on the world around her, relationships, self-discovery/exploration, and day-to-day experiences that resonate deeply within the listener.
- **ManyFest** – “All Together Downtown” is downtown’s biggest street festival! Happening on Broadway from September 7 - 9, 2019 watch

out for: Live Music, Wine & Beer Gardens, Food Truck Wars, Giant Movie in the Park, Lights on Broadway, 10+10 Race, Electric Donkey Run, Farmers & Artisans Market, Kids Zone, and much more!

- If you haven’t been to the new Human Rights Museum, the Museum offers free general admission (does not include access to temporary exhibitions located in the Level 1 gallery) on the first Wednesday of every month from 5 p.m. to 9 p.m. Check out their website for more information: <https://humanrights.ca/>.

We can’t forget our great sports teams we have here. While there is a lot of great amateur sports going on this summer, here are some of the professional teams that that you can visit, with information on how to get tickets and parking:

- **Winnipeg Valour Soccer** - <https://www.tourismwinnipeg.com/festivals-and-events/upcoming-events/display,event/9295/valour-fc-vs-pacific-fc>, 315 Chancellor Matheson Rd, Winnipeg, MB R3T 1Z2, Tel: 204-784-7660.
- **Winnipeg Blue Bombers Football** - <https://www.bluebombers.com/>, Phone: 204-784-7448. Accessible parking.
- **Winnipeg Gold eyes Baseball** - <https://goldeyes.com/>, Phone: 204-982-BASE (2273), Ticket Master 1-855-985-5000. First come, first serve for accessible parking. Accessible door at security entrance by the accessible parking.

Our time to enjoy this great weather isn’t as long as we wish it was, but these are some of the events to go and explore within our great province, from the ones listed above to the many festivals in small towns throughout our province. So put on the sunscreen and about a half a bottle of mosquito spray, and get out there and enjoy some of these activities.





How to Take Care of Yourself as a Family Caregiver

by Maria Cabas

In the last issue of ParaTracks we discussed how a loved one's spinal cord injury affects everybody else in the family and mentioned some of the barriers and hardships they experience. Adjusting to a spinal cord injury is a long, painful process. Caring for your family member demonstrates love and commitment and can be a very rewarding personal experience. There are also potential effects of caregiving on health and well-being like sleep deprivation, poor eating habits, failure to exercise, not staying in bed when sick and skipping own medical appointments. Some family members become caregivers and devote themselves completely to fulfilling the needs of the people they care for, to the extent of sacrificing their own well-being and their enjoyment of life. That is the reason caring for yourself first is one of the most important things you can do as a caregiver. When your needs are taken care of, the person you care for will benefit too. We will talk about some tips/action steps on how to care for yourself as a family care giver.

Take responsibility for your own care.

Take a break from caregiving - get help with caregiving tasks like bathing and preparing meals.

Recognize early warning sign of stress - act to make changes. Don't wait until you are overwhelmed.

Take time off - without feeling guilty.

Stay healthy – go to your medical appointments, attend to your own healthcare needs. Engage in activities that will make you feel healthy.

Sleep well – ask for respite if need it. Waking up during the night and not getting a good night sleep will erode your health.

Eat healthy – make time to cook and eat healthy

food.

Accept and ask for help from others. Reach out for respite service or to other family members or friends.

Seek supportive counselling when needed. Talking helps, sometimes we just need to vent and not look for a solution.

Exercise regularly – even 10 minutes at a time still helps.

Set goals - what would you like to accomplish in the next three to six months, or what would you like to accomplish this week.

Nurture yourself - take a long bath, read a good book, walk in nature.

Lower your stress level - learn to use stress reduction techniques like meditation, yoga, Tai Chi.

Recognize your emotions - these are messages we need to listen to and will help us understand what is going on with us. Some feelings are more comfortable than others.

Taking care of our own needs is not being selfish. Instead, see it as an important part of the job. Only when you are able to take care for yourself, you can efficiently help others.

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A Bright Future

By Laurence Haien

In the following article, Annika reflects on the initial onset of her spinal cord injury diagnosis, its impact on her and her family, her progress, her educational program and her career aspirations.

Annika, please tell the readers about you.

I was born in Saint Vincent which is a volcanic island in the Anglo-Caribbean and lived there until I was nine years old. Then I moved with my mother and siblings to Curaçao, a Dutch Caribbean island, and remained there until I was twelve-years-old. My mother passed at that time, and I moved to Canada to live with my maternal grandmother.

What was your experience as a new-comer to Canada?

It was not easy in the sense that there was a language barrier. My speech was heavily accented, and I spoke what was considered to be broken English. It was difficult for others to understand what I was saying. Additionally, I brought customs from my country of origin. For example, it was customary in Saint Vincent and Curaçao to flag a bus down. I continued to do so when I first arrived here. People often stared and were probably trying to understand what I was doing. I didn't know that buses here had scheduled stops and that I did not need to flag them down. Additionally, I struggled in school because English was not my first language.

Tell me a little about your family.

I've been married to Sky for twenty-two years. We have two teenagers, a daughter Shoki who is seventeen-years-old and a son, Cyan, who will soon be fourteen. I have three brothers who live in Holland. We have weekly contact through WhatsApp, a free app that allows us to call, text, and video chat.

What are your interests?

Well, before my spinal cord injury, I enjoyed belly dancing, riding a bicycle, running marathons, and reading. Currently, I enjoy reading historical books and the occasional biography.

Tell me about your spinal cord injury, when you were diagnosed, your level of injury, how it impacts your functioning, and its impact on you and your family.

I was diagnosed with a C-03 incomplete spinal cord injury around October 2017. My spinal cord injury is the result of an autoimmune disease that affects my

eyes and spinal cord. Two-and-a-half to three weeks before my diagnosis, I began to experience severe headaches daily which were similar to migraines and which I had not experienced before. I went to my general practitioner, reported my headaches and was prescribed pain relievers. These were not effective for long, so the dosage was increased; but my headaches persisted.

I experienced other symptoms, too. When I woke up in the morning, often my right eye would not fully open. One day, I was driving home from work. I pressed the brake pedal and continued to press harder because I could not feel the pedal. Eventually, I realized that I had lost sensation in my foot.

Eventually, I began to experience fatigue. One morning around 2:00 a.m., my husband said, "You need to go to the hospital." At that point, I was experiencing difficulty walking. Also, he noticed that one of my eyes was not tracking normally. He called for an ambulance.



I was taken to the Emergency Department at Seven Oaks Hospital where they did bloodwork. I remember a nurse asked me to raise my arm. I said I couldn't, with the nurse saying, "You can't or you won't?" I said I couldn't raise my arm. I was seen by a doctor in the examination room who asked several questions. He

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advised me that I was not going to be admitted. I thought that was weird. I called my husband and told him that I was being discharged. He became angry and drove to the hospital. He had them bring the doctor back to re-examine me, and told the doctor to look at my eyes. The doctor did so and observed that my eyes were not tracking normally. I was then transferred to the Health Sciences Centre. Paralysis kicked in very quickly. I was unable to move from my chest to my toes and had completely lost sensation.

What were your thoughts or feelings at that time?

I wasn't scared. I thought it was just weird. I had dealt with many challenges throughout my life and my thought was this was just one more.

How does your spinal cord injury affect you today?

Well, I can't just get up and go. Everything requires planning and takes more time. I'm not able to ride a bike or drive a car right now. I experience heightened sensation. This might sound weird, but the wind actually hurts when it blows across my skin. Clothing makes me feel as though I'm being tightly hugged. The sensation of water on my body is now uncomfortable. I experience spasms and pain daily. The simplest activities can cause me lots of pain and make me feel as though I've been thrown under a bus. I cope with this by remembering how my body responded to these same activities before my spinal cord injury and this seems to give me some perspective. My pain seems to be at its worst at night when my body is at rest which can make falling asleep and staying asleep a challenge.

How do you manage pain?

With medication. It's not 100%, and I've trialed many medications over time. Right now, I want to get off one of the medications I'm on and try something else that I hope will be more effective.

How do you think your spinal cord injury has impacted your family?

I think it's impacted my husband, in particular. When I was first admitted to hospital, Sky took care of me. I felt very vulnerable, and I did not trust others to care for me. Sky had to travel for work, had to cancel some jobs to care for me, and he was also writing his dissertation during this time. It was very hard for him to meet deadlines. He was not sleeping well; he had to care for the kids, and was dealing with financial issues. It was all on his shoulders. It was also hard on the kids. They were not used to seeing me in this state. I was always the one cooking the meals, cleaning, going on bike rides with them. There was much I could not do with them. I could not be my goofy self. I was in my own world and was not as available to them as I would like to have been.

What are you doing now to improve or maintain your functional abilities?

I was recently discharged from physiotherapy. I was

told I was doing well and there was nothing more they could do for me. I attend the Cindy Klassen Recreational Complex five days weekly and have been doing so for several months. I alternate between working my upper body one day, and focusing on my lower body the next. Also, I've spoken with a personal trainer at the gym who has given me some pointers on technique. He said he would give me a deal. In June, he'll begin to work with me.

Tell me about your university program.

I'm currently attending the University of Manitoba's Inner City Social Work Program at the Selkirk Street campus. There are specific eligibility criteria for the program, including individuals who have been out of school for a certain amount of time and those who would experience issues with school attendance. The selection process was long. I was interviewed, had to submit an autobiography, and complete an assessment of my writing skills and reading comprehension.

What attracted you to the program?

When I first came to Canada, I lived with my maternal grandmother. For some reason, a social worker became involved, maybe because I was new to the country or maybe because my grandmother was considering adoption. Anyway, the social worker would do a home visit about once a month. She missed some cues in terms of things that were happening in the home at that time. My grandmother was abusive, and my life with her was not good. This inspired me to become a social worker. I want to be the voice of, and ally for, children who are new to this country and for all children.

At what point in your program were you diagnosed with a spinal cord injury and for what period of time was your training interrupted while you participated in rehabilitation?

I was attending school part-time because I was also working as an educational assistant. My program was six years and I was in my fifth year of training when I was first diagnosed. My schooling was interrupted for one year following my diagnosis.

What was it like to return to university?

I experienced a lot of anxiety. I was concerned that people might ask me what had happened and how I might respond. I was concerned about using a wheelchair and being with students who had not seen me this way before. My self-esteem and body image were affected. I had fear about having to sit for long periods of time because it would feel as though my rear end was on fire. I was concerned about the possibility of peeing myself.

How did you deal with these concerns?

I prepared my body. I made certain to use the washroom before class. I restricted my fluid intake, depending on how long the class was going to be. I went to the washroom during classroom breaks. So far this has



worked out well. I've also had to deal with being drowsy and getting back into the mindset of being a student. I spoke with Student Accessibility Services, and they provided a letter that was given to my professors regarding my need for accommodation. The letter was pretty general so I found what worked best was my speaking directly to the professors regarding my specific needs.

You're moving into your final year of the social work program starting in the fall. What will that look like?

I start an eight month practicum in September 2019 and will attend four days weekly from 9:00 a.m. – 5:00 p.m. I was interviewed and given a spot at Inspire Community Outreach Inc. which is a non-profit agency that provides services to youth and families. My understanding is that they provide services not offered by government to children/youth that experience cognitive and physical disabilities. I'm not sure that I'll be able to manage the full eight hours and will, if necessary, speak to the practicum coordinator regarding this. I recently received a new walker with four wheels and a

seat and have been slowly walking around the block to improve my stamina and capacity for walking. I'm hopeful that I'll be able to use my walker, not my wheelchair, when I begin my practicum.

What are your plans after you graduate?

I would really enjoy working in a school because of some of my own challenges. Also, I was an educational assistant for eight years in the Louis Riel School Division and worked with children who had disabilities as well as students who were new-comers to the country. Other than this, I'm not sure where I would like to work.

Do you have any advice for individuals who may be considering pursuing a degree in social work?

I think it's important for people to be aware of and to settle issues they may be carrying with them from their families of origin or things that may have happened to them that were traumatic. Counselling may be a good idea to address these issues, but it has to be with the right person. For some, it might be enough to have at least one person they can speak to who can validate their experience and feelings without judgement.

How to Take Care of Your Wheelchair

By Maria Cabas

The process of maintaining your wheelchair begins on the day that your new chair is delivered. You need to read your warranty and talk with your service provider about maintaining your wheelchair. For the wheelchair to work properly, you have to make sure that you do maintenance, by taking care of minor problems, as well as having your service dealer take care of major repairs. Store your owner's manual in a safe place for future reference.

Daily you should:

1. Clean any dirt off the wheelchair frame with a damp cloth.
2. Check the tires to make sure they are still hard. Use the bicycle pump to add air if necessary.
3. Try to keep water and dirt from getting into the bearings in the front and rear wheels (do not store your wheelchair where it will get wet).

Weekly you should:

1. Check the tires for weak or worn tread and punctures.
2. Check the rear wheels to see if they spin freely. If they wobble or make an unusual noise, the ball bearings may be worn and might need to be replaced. Tighten any parts that feel loose.
3. Clean any dirt or hair out of all 4 wheel axle housings using a damp cloth with a few drops of oil on it.

4. If the front wheels do not spin freely, they may need new bearings. Take it to a wheelchair shop to have them checked.

Monthly you should:

1. Wax the wheelchair frame to make it easier to clean open and close.
2. Check the wheelchair frame for cracks or dents. A crack may cause the frame to break.
3. Check arm rests, leg rests and hand rims for rough or sharp edges. File them smoothly.
4. Check the screws and bolts on your chair and tighten any loose ones.

Every 4 to 6 months you should:

1. Oil the centre and bottom of the x-brace with medium-weight machine oil. Oil the other pivot points on the chair.
2. Check the seat fabric and replace it if it is torn or sags. This is very important avoid pressure sores.
3. If you are using a foam cushion, check to make sure it is still springy. A foam cushion that has lost its bounce can also lead to pressure sores.

If your wheelchair breaks you may have to take it to a wheelchair repair shop. Excerpt from A Health Handbook for Women with Disabilities. <https://dmh.mo.gov/docs/dd/e4wheelchair.pdf>



For the Love of Living -- Interview with Katrina Schulz

By Melanie White

M: Please describe yourself.

K: I grew up in the small town of Plum Coulee, MB where I loved going to school because of my love of learning and the amazing friends and teachers who helped make me who I am today. I went to Mennonite Collegiate Institute in Gretna, MB for high school where I was very involved in choir and musical theater productions. I love being on stage whether singing, acting or speaking.

I am a hard-working person which has been helpful when I've gone through difficult seasons, especially health wise. I believe that vulnerability is a huge part of becoming a resilient person who is able to overcome the difficult things which one experiences in life. I am the first to admit that vulnerability and asking for help is not easy, but I find that in opening up and being honest with those around you, it makes many things so much easier.

M: What motivated you to pursue a university degree?

K: My initial spinal cord surgery happened when I was 15. I had always just assumed I would go to university after high school as furthering my education is something that is highly esteemed in my family. I never once thought having an SCI would prevent me from going to university. I realized that it changed some of my options, but it did not rule it out.

M: Why did you choose your academic program?

K: I initially chose to do the integrated BA/B.Ed. Program at the University of Winnipeg. If not for my SCI, I would've become a nurse, but since I physically could not do this, I figured becoming a teacher would also be a rewarding career that allowed me to interact with people and make an important impact on people's lives. Additionally, I chose this program because it was streamlined into 5 years which I felt was a reasonable amount of time to pursue something that I wanted to do with my life.

M: Have you ever changed your major field of interest and, if so, why?

K: After completing my Bachelor of Arts, I decided I wanted to change paths for my second degree. The reason for this was two-fold. The first reason was that, through practicum, I was beginning to see how physically demanding teaching was for me. At first I thought I was just being a baby about it, but I am still in the process of learning to listen to my body and not despise it

for the things that it cannot do. I began to look into other streams of study that would still peak my interest and allow me to work with people while being kind to my body and loving it the way it needed. For this reason, I have applied to get a Bachelor of Social Work which I believe will strike the balance perfectly for both my abilities and my passions.

M: Have you encountered any challenges related to your SCI? How did you deal with them?

K: Having an SCI is a continuous journey, but there is beauty in it. I often find that once I have one element of my injury figured out, there is another challenge that I must tread through. I have experienced the obvious physical frustrations of not being able to do what "everyone else" is doing such as hurrying to catch a bus or simply crossing my legs with ease. I am beginning to see that the notion of being "the only different one" is a lie.

I admit that university has been hard because I see so many able-bodied young adults running, walking, carrying heavy bags. I am jealous of the way they stand and balance and hurry to class and I wonder if they realize how amazing it is to be able to do those things. I hope they do. In these moments, I am choosing to look in awe at how amazing our bodies are instead of being upset about the limitations that I have. I am choosing to celebrate my body for doing many of the things that completely able-bodied adults do, but that I have to do with 10 times more effort and concentration. I am recognizing that though parts of my body are weak, I am incredibly strong for enduring surgeries and rehab and everyday life. So yes, it's a constant practice of learning to navigate life with an SCI but I truly believe that I am developing a strength that I would not otherwise have.

M: How did you pay for schooling?

K: With the help of my Vocational Counsellors at Spinal Cord Injury Manitoba Inc., I was able to apply for funding, according to my education plan, through Employability Assistance for People with Disabilities (formerly known as Market Abilities). In this way, my tuition, books and parking were all covered. It was such a blessing to have the financial stress of school completely lifted off of my shoulders.

M: Now that you've completed your Bachelor's degree, is there anything you wish you could have done



differently, or change, about your university experience?

K: The only thing I would've done sooner is to let go of my pride and allow myself to accept accommodations. I find it hard to tell professors that I am struggling with my health or having trouble accessing the classroom because of accessibility issues. I have learned that if you tell people what you need, they are so willing to help. It is not shameful to admit that you need something.

M: Where do you see yourself five years from now? What are your future career plans?

K: I have two more years of school to complete my Bachelor of Social Work. After that I would love to work as a Social Worker in a hospital in some capacity. I am also interested in doing Social Work in a context related to people with disabilities.

M: Who, or what, has influenced you most in regards to your career objective?

K: The biggest influence of my career objectives is not a person, but my passion and experiences. My SCI affects how I approach nearly every part of my life, but I never will let it limit my dreams and accomplishments. Though some of my plans have changed because of it, it has caused me to think and act creatively to be able to do

the things that I am passionate about: working with people and making a positive impact on the people I interact with.

M: Do you have any advice to give to potential students with SCI that perhaps you've wished you had known before starting your academic journey?

K: Do not let your fear of what you might not be able to do scare you. Try it. I'm not going to promise that your plan won't change but I can guarantee that with a little patience and a whole lot of kindness for yourself, you will be able to do it. You are strong and you are capable and though your SCI affects you in many ways, it does not define you and it definitely won't stop you.



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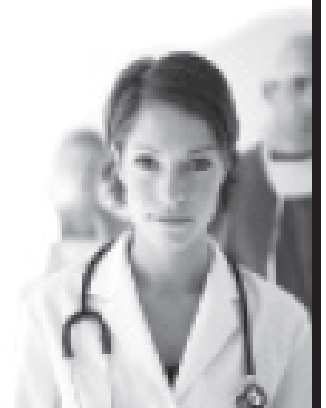
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Ochre River Rescue - Part Three

By Curtis Halbesma

Continued from March 2019 Issue ... Still in the rain, I had moved to stand under the map shelter. About 20 minutes after my 911 call ended, an ambulance and park ranger truck showed up at the same time. The paramedics said they were unfamiliar with this particular location and had trouble finding it. Through their radio I could hear that Peter had been rescued and was heading to an ambulance to take him to a hospital. They had also dispatched ATV's from the other end of the trail. The ambulance had water. Because it was a training day, the park ranger (whose name I forget) had food – a thick roast beef sandwich and fresh veggies. As I talked, I started to get quite cold (rain or shock or adrenaline calming down) so they let me sit in the ambulance with the heater on full. All three of them (parks plus the two paramedics) were very nice. The two guys said they were glad they didn't have to hike into the woods to get Peter, especially when they found out about the number of wood ticks.

They assured me that Peter was fine and was being transferred to the ambulance to be taken to Dauphin. "Any idea what's wrong with him?" I asked. No. "It better be something serious. If this is just an allergic reaction to a wood tick bite, I'm going to kill him."

The park ranger went back to the class she was training. The ambulance drivers took me to Ochre River where Brad the youth pastor from the area agreed to take me to Dauphin hospital. The ambulance couldn't take me directly because of area jurisdictions.

Along the way I could hear the chatter from the other ambulance. The patient was stable. My driver said that meant the sirens were not on. Things were fine. Then after about 10 minutes I heard "Patient in emerg." I said, "That means something has gone wrong, right?" "Yes". My heart sank and I almost started to cry. Really? After all this he's going to die after all?

I met up with Brad and he took me to Dauphin. He also guided me to the emergency room area and talked with the nurse to find out if Peter had arrived (he had just) and if we could go see him. Without too many people knowing, I started to pull wood ticks off my neck and rip them apart.

Peter's room was just down the hall. He introduced me to Lisa, a friend of his who happened to be training on the ambulance that day. He introduced me to others but the names escaped me. Lisa was very helpful. My phone had lost its charge. She brought me a charger and said that if I needed a place to stay for the night, she and her husband had a bed in the basement. I asked about our packs and the car keys.

She said a separate ambulance was bringing them - yes, our packs got their own ambulance ride. When they arrived – all wet and muddy – I asked, "Any chance you happened to grab a walking stick?" I was sure it was left behind. "Yup, here it is" as the driver pulled it from be-

hind her. Brilliant. That totally made my day.

I called Darlene with my phone (as it was being charged) and told her the story. At that point, it looked from an EKG that there might be a heart issue after all. Darlene was calm and suggested she use CAA to get the car back. Really, she was calm and collected – upset inside I'm sure, but really under control.

Allen, the pastor from Ochre River, came by to see how things were. He suggested we get Peter's car and bring it to the hospital so at least all the stuff was in one area.

I said, "But I haven't driven a standard in 25 years." "City folks," as he shook his head. He drove the standard and I drove his van. Once I started to drive I could feel the emotions from the day stirring within me.

Getting back to the hospital, before I could say hi, Peter looked at me quite focused and said, "This is a day of firsts. My first helicopter ride, ambulance ride, and now I have a catheter" Ouch.

He had mentioned before Alan and I left that he hadn't peed all day – and he drinks a lot of water. He wanted to, but couldn't. When the first helicopter paramedic arrived, he held Peter up against a tree to pee but he couldn't relax. They thought it was a shy bladder. It turns out, that is an indication of a back injury. That led the doctors to start thinking it was a spine infection and the need to send him to Winnipeg for an MRI.

As I talked with Peter about the car, I was standing close to his urine bag. It was already at 1 litre. Before long, 2 litres – it was almost full. I went and told a nurse.

When she came to empty the bag, there was almost no space left. She drained the bag from a tap on the bottom. I'm not sure if the tap got stuck or what, but when she stood up, her container was full to the brim with pee. As she walked carefully down the hall, I thought (may have said), "Really, you didn't think about doing that in two trips?" She was laughing at the situation. Before long he had drained a third litre.

Somewhere around 9 p.m., after a disappointing chicken sandwich and coffee from McDonald's, they were prepping Peter to be moved to Winnipeg. I had changed into dry clothes and was deciding what to do. (Note: when I finally took my hiking boots off, my feet smelled like yeast Oh, that's not right.) Peter caught my arm and said, "I have a team of people looking after me. Who's looking after you? You've had a traumatic day. Are you sure it's wise to drive home right now?" When I was outside delivering our packs to the car, I called a few hotels. They were booked up. One had the Jacuzzi suite available, but I didn't want to spend the money. I also thought that I'd rather learn to drive his car at night when no one is around than during morning traffic. If I got tired, I had my sleeping bag and lots of water in the car. I could pull off the road.



I said goodbye to Peter and drove home. I only stalled the car once. In the parking lot. A light was on the dash that I couldn't identify. That, along with navigating out of the lot and trying to figure out how to get to the main highway and, oops, forgot to put the clutch in.

I drove to Neepawa with a window open and the radio off (and could not figure out how to turn the heat off). Lots of thoughts about the day. Very quiet inside. Very humbled by the experience. I had needed to save my friend's life, and I did it. The 911 operator, the park ranger, the paramedics all said I did really well. I was clear and focused. I had made the right choices.

I didn't feel God's presence through the experience. I think he was so close I couldn't perceive him anymore. I had absolute certainty that he was there. He was. I was. And we were one. No discussion on decisions. They were just made.

Thankful isn't strong enough of a word. I don't know what is. There were so many moments where something could have gone wrong. If Peter and I had realised we needed help earlier, I might have run in the wrong direction – up the hill on the groomed path, thinking there would be cell coverage at the top of the mountain. The park ranger said there was no coverage going up. She said in emergency situations, you always run the path you've already been on because you already know it. And I ran to where I knew I could get help (the parking lot), not to where I hoped to get help. If I had gone the other way, I'd have run for two hours only to end up alone, without cell coverage, and needing to reverse the whole thing. There

were helicopters in the area; it just happened to be a training day. Even the weather was good – slightly cloudy and cool. Less wood ticks for Peter sleeping on the grass and an easier run for me.

When I got to Neepawa, it was raining heavily and I needed to stop for gas. I picked up some snack food and got going. There is a rest stop 10 minutes outside of town I could use. Before I got there, the ambulance – Peter's ambulance, I was sure – pulled up behind me. I let them pass and followed in their wake. I had some renewed energy, put the radio on, and drove 120 km/hr just behind them (if an animal was on the road, they would hit it before I would). I made it home sometime around 1:30 a.m.

The next morning, Gordon Stork, our regional minister, and Shawn, from Nutimik, both called me. Although it's a bit blurry, they both said, "You went through a traumatic event. This is what you should expect to go through today. Moments of uncontrollable emotion and flashes of what happened yesterday. Pay attention to what you need for yourself." It was helpful because that is what happened. I started down the path of feeling guilty for not recognizing what was happening to Peter sooner, but God interrupted my thoughts and said that would not be helpful.

I was getting ready to go to see Peter at the hospital around noon when the thought occurred to me, "What do I need right now?" The answer: sleep.

I think I got there in late afternoon.

The End.

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