Spinal Cord Injury Manitoba Inc.
Lésions Médullaires Manitoba Inc.
Formerly Canadian Paraplegic Association (Manitoba) Inc.

MPF MANITOBA PARAPLEGIA FOUNDATION INC.

April 2020 **Spring Issue**

PARATRACKS

Newsletter of Spinal Cord Injury Manitoba Inc.

Remembering

E. Arthur Braid

1934 - 2020

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Board of Directors

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

Scott Yaskiw
Donalda Amell
Ernest Ryle
Marek Rozak
Arthur Braid

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 1-800-920-4933, ext. 222.

COVID-19 AND SCI MANITOBA

Effective March 19, 2020, Spinal Cord Injury Manitoba Inc. has suspended in-person meetings and closed our office to comply with the recommendations of our federal and provincial governments, in an effort to help slow and stop the spread of COVID-19.

Despite this disruption, our staff members are working remotely so you can still reach us by calling **204-786-4753** (toll-free within Manitoba **1-800-720-4933**) and the following extensions to speak to staff directly for support or assistance you may require that is not an emergency. Staff can also be reached at their email addresses which are listed on page 23.

Ron Burky	Executive Director	Ext. 224
Adrienne Conley	Executive Assistant	Ext. 222
Darlene Cooper	Director of Rehabilitation Services	Ext. 225
Denise Balliet	Accounting Officer	Ext. 221
Kelly Tennant	Rehab. Counsellor, Health Promotion Serv.	Ext. 223
Laurence Haien	Sr. Rehab. Counsellor, Vocational Services	Ext. 234
Melanie White	Rehab. Counsellor, Vocational Services	Ext. 226
Bernard Gaudet	Rehab. Counsellor, Transitional Services	Ext. 227
Maria Cabas	Rehab. Counsellor, Aboriginal Services	Ext. 228
Gail Burnside	Rehab. Counsellor, Hospital Services	Ext. 229
Artem Dolia	Rehab. Counsellor	Ext. 230
LéAmber Kensley	Rehab. Counsellor, Indigenous Services	204-781-0313
Delcy-Ann Selymes	Rehab. Counsellor	Ext. 231

Although we hope this service disruption will be brief, we intend to continue following the guidance from health experts and Canadian SCI health specialists and will be providing regular updates and additional resources on our website at www.scimanitoba.ca.

If you have health-related concerns, please contact:

- Health Links at **204-788-8200** or toll-free **1-888-315-9257** for COVID-19 concerns and other health issues;
- your doctor; and/or
- if it's an emergency, call 9-1-1.

We value our members and we are here to help support you through these unfamiliar circumstances.

We encourage you to stay at home and follow the health authorities' directions and keep healthy.

Please visit this website for recommendations and factsheets for persons with SCI regarding COVID-19 from around the world: https://www.iscos.org.uk/covid-19-resources-

Other useful resource links related to COVID-19 for persons with SCI are:

- Christopher and Dana Reeve Foundation (USA) The coronavirus and spinal cord injury

  https://www.christopherreeve.org/blog/daily-dose/the-coronavirus-and-spinal-cord-injury
- Paralyzed Veterans of America - COVID-19: Novel Coronavirus

  https://www.pva.org/covid-19/
- ParaQuad South Australia - Coronavirus advice for our clients

  https://pqsa.asn.au/corona-virus-advice
- Shepherd Centre (USA) - Q&A: Coronavirus Disease 2019 (COVID-19)

  https://news.shepherd.org/qa-coronavirus-disease-2019-covid-9/?fbclid=IwAR2u6yVKIu%20wdd-PUXVW1rNqE30kl4fWf1QZEei44v2kHFjvQ%20H5MUkUSAlNfY
- Spinal Cord Injury Australia - COVID-19 Information and Updates

  https://scia.org.au/forum/topic/covid-19-response-and-updates/
- Spinal Cord Injury Canada - COVID-19 Guidance for the Spinal Cord Injury Community

  https://sci-can.ca/covid-19-guidance-spinal-cord-injury-community-20200312
- Spinal Injury Association (UK) - Coronavirus and spinal cord injury

  https://www.spinal.co.uk/news/coronavirus-and-spinal-cord-injury/
- US Department of Veteran Affairs (USA) - Novel Coronavirus Disease (COVID-19)

  https://www.publichealth.va.gov/n-coronavirus/

Videos:

- UNICEF (Video on Health and Wellbeing)
- Executive Director Henrietta H. Fore's video on Mental Health and Wellbeing during COVID-19 crisis

  https://www.youtube.com/watch?v=bb0uoJHNcNY

SCI Manitoba Kicks Off Their 2019 Employee Campaign

On December 6, 2019, SCI Manitoba employees held a silent auction to raise funds for United Way as part of their annual United Employee Campaign. This year their silent auction table was set up at the HSC General Hospital.

Thank you to Campaign Chair LéAmber Kensley for organizing this year's event. A huge thank you to everyone who supported us by donating items and purchasing tickets for the silent auction.

SCI Manitoba would especially like to thank the following donors for their generous support:

The Access Store

Bedazzled Jewelry & Accessories

Big Guy's Ranch and Saloon

Close Co.

Daria Zozulia – Ten Thousand Villages

Dave's Quick Print

East Indian Company Pub & Eatery

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Hoffmann's Fine Foods

Homer's Restaurant

Leonard Steingarten

Luxe Beauty Lab

Roots 37

Sorrento's Restaurant

Winnipeg Blue Bombers

Winnipeg Symphony Orchestra

Prevention and Management of Urinary Tract Infections

By Kelly Tennant

What is a urinary tract infection?

Commonly referred to as a UTI, a urinary tract infection is an overgrowth of bacteria occurring at any point in the urinary tract. They are also sometimes called bladder infections or kidney infections. A lower UTI affects the urethra or bladder while an upper UTI affects the ureters or kidneys.

Why are people with SCI at risk of UTIs?

Anyone can get a UTI, but people with spinal cord injuries are more susceptible than the general population. It is estimated that the typical person with SCI will experience 2.5 UTIs per year. Your individual risk will vary depending on your ability to fully empty your bladder, whether or not you catheterize, and how well your body fights infections.

Virtually all individuals with spinal cord injuries have a condition called neurogenic bladder, where the SCI impacts the ability of the bladder to store or void urine. Reduced bladder function leads to urinary stasis (leftover urine staying in the bladder after emptying, also called post-void residuals or PVRs). High PVRs promote the growth of bacteria in the bladder.

Using a catheter for bladder management, whether that is intermittent (straight cathing) or indwelling (Foley or suprapubic), increases the risk of UTIs because bacteria can be pushed into the urethra and bladder with the catheter.

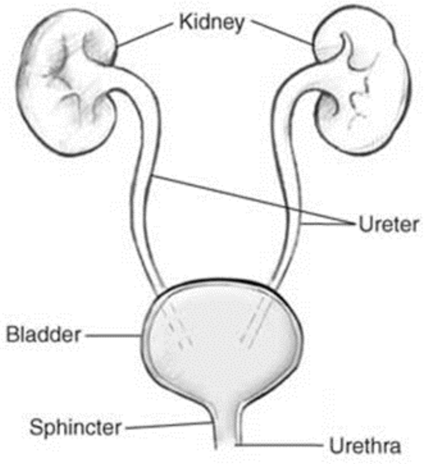
How do I know if I have a UTI?

Symptoms of a UTI will depend on your level of sensation and the severity of the infection. If you have very limited sensation, you may not realize you have a UTI until it is already very severe.

You may have a UTI if you are experiencing one or more of the following symptoms:

- Pain with urination
- Increased muscle spasms
- Increased frequency or urgency
- Feeling tired or sluggish
- Leaking urine
- Fever over 38°C
- Dark, cloudy or blood-tinged urine
- Chills
- Foul smelling urine
- Nausea
- Urine with mucus or sediment
- Headache
- Lower abdominal or lower back pain
- Autonomic dysreflexia (injuries T6 or higher)

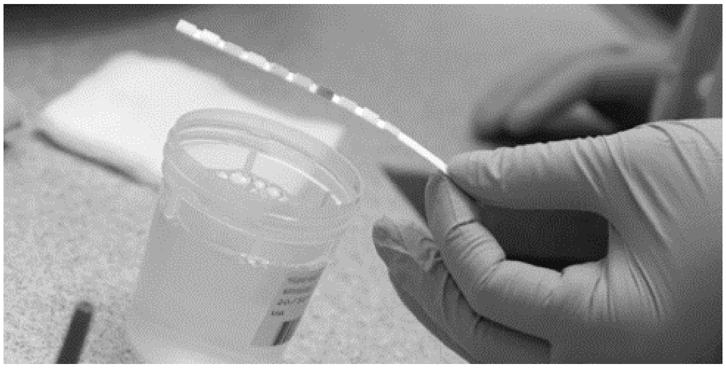
What should I do if I suspect I have a UTI?



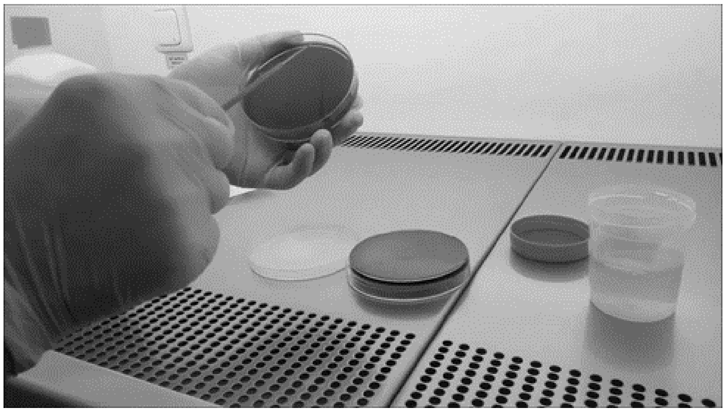
Call your family doctor at the first signs of a UTI and try to get a same-day appointment. If you are not able to get in with your regular doctor, go to the nearest walk-in clinic or urgent care centre. It is important to start antibiotic treatment as soon as an infection is confirmed as UTIs can very quickly become serious.

Important note: It is usually not necessary to go to the emergency room for a UTI unless you are experiencing symptoms of sepsis (very high or very low temperature – over 38.3 or under 36, heart rate over 90 beats per minute, breathing rate over 20 breaths per minute, elevated blood sugar without diabetes, confusion or loss of consciousness, swelling of the extremities, neck or face, and decreased urine output). If you are experiencing symptoms of sepsis, call 911 immediately.

Your doctor will have you give a urine sample, which they will test with a dipstick right away, as well as generally send to a lab for a culture. The dipstick test confirms an infection, but doesn't tell your doctor what is causing the infection. A culture will confirm the type of bacteria, but takes a couple of days to complete. You will likely leave with a prescription for a general antibiotic that tends to work well for UTIs, but if the culture results show that a different antibiotic would be better for fighting the specific type of bacteria, your doctor may call you with the results and a new prescription. If your symptoms are mild, your doctor may wait to prescribe an antibiotic until the culture results come back, and encourage you to drink more water to try to flush out the bacteria on your own. In this case, it is important to let your doctor know if your symptoms get worse.



If you are still having symptoms of the UTI after finishing the course of antibiotics or if symptoms disappear and then reappear a week or two later, contact your doctor, as you may need to try another antibiotic to completely get rid of the infection. Don't stop taking the antibiotic once you start feeling better. It's important to finish the full course of the prescription to prevent the infection from coming back. Very frequent urinary tract infections may be a sign of bladder or kidney stones, which form when the minerals in concentrated urine crystallize and clump together. Their jagged surface can be a hiding place for bacteria. Talk to your doctor if you suspect you have a stone, which is usually diagnosed via ultrasound imaging. Depending on the size, they may pass on their own, need to be "blasted" with a medical laser, or removed surgically.



What can I do to prevent UTIs?

Your best defense against UTIs is a combination of drinking plenty of water, emptying your bladder fully and frequently, and using clean technique for catheterization.

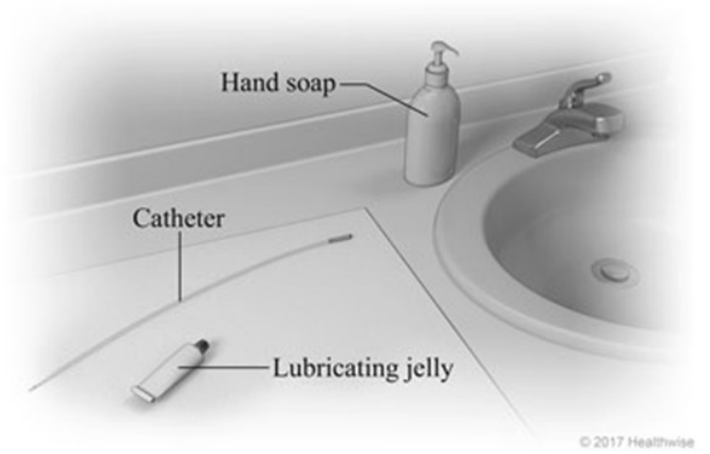
You can tell if you are drinking enough water by examining the colour of your urine. When you are well-hydrated, your urine should be clear or light yellow. If you are dehydrated, your urine will be dark yellow. This is a sign that you should be drinking more water to help flush out any bacteria that may be growing in your bladder. Aim for a total of 2 litres of water each day. Cut back or eliminate caffeine, alcohol, and sugary drinks, which contribute to dehydration.

Drinking more water will mean that your body will produce more urine. Try to empty your bladder completely at least every 4-6 hours, or more often if you are experiencing leakage or incontinence in between. If you use an indwelling catheter, you may need to empty your leg bag more often.

Use clean technique every time you catheterize. Make sure to wash your hands and the area around your urethral opening with water and a gentle soap. Many UTIs are caused by the bacteria naturally living on our skin being pushed into the bladder with the catheter. Women should wipe from front to back to avoid spreading bacteria from the anus. Avoid touching the insertable portion of the catheter, even with clean hands. Use only water-soluble lubricating jelly to lubricate your catheter before insertion. Take care to keep the tip and lid of your lube container clean to avoid contamination with bacteria, or use individual sterile packets. Never spit-lube or use petroleum-based lubricants; saliva contains bacteria and petroleum jelly may plug the catheter.

Single-use catheters are the best choice for reducing risk of infection, but if you cannot afford single-use catheters and must re-use your catheter, take the time to clean the catheter immediately after use with soap and water and allow it to air-dry completely by placing it in a clean towel or paper bag, which will allow for air flow. Consider investing in a supply of single-use catheters to use while away from home, where it can be harder to allow for proper air-drying.

If you use an indwelling catheter, make sure that clean technique is used during catheter changes, which should occur every 4 weeks. Change your catheter sooner if you have recently had a UTI or if the catheter becomes obstructed, hard, or changes colour.



What about cranberries?

This is one of the most common questions I get from clients concerned about UTIs. Unfortunately, there is conflicting evidence on the effectiveness of cranberry juice or concentrated cranberry tablets in the prevention and treatment of UTIs. Cranberry is thought to acidify urine, making it a less hospitable environment for bacterial growth as well as inhibiting the ability of bacteria to stick to the bladder wall. Although the research evidence is not conclusive, there is anecdotal evidence from many people that indicates individual benefits. Because of the risk of developing sepsis, using cranberry to treat a UTI instead of antibiotics is not recommended, but there is significantly less harm in trying to *prevent* UTIs with regular cranberry consumption. If it works for you, great! If not, keep trying other preventative measures.

One with a bit more scientific backing is D-Mannose. This is a naturally occurring sugar that is absorbed by the body much more slowly than glucose, so most of it ends up in our urine. Bacteria adhere to the D-Mannose molecules instead of the bladder walls, and are flushed out during urination. D-Mannose comes in powder form to be stirred into water and can be taken daily to help prevent UTIs or as a boost to antibiotic treatment to help treat a UTI.

Like all complementary or alternative treatments, it is best to speak with your doctor or pharmacist to ensure that any additional treatments will not interact negatively with your other prescriptions or medical conditions

References

- Garcia Leoni, M.E., & Esclarin De Ruz, A. (2003). Management of urinary tract infection in patients with spinal cord injuries. *Clinical Microbiology and Infection, 9,* 780-785.
- Goetz, L.L., Cardenas, D.D, Kennelly, M., Bonne Lee, B.S., Linsenmeyer, T., Moser, C., Pannek, J., Wyndaele, J.-J., & Biering-Sorensen, F. (2013). International spinal cord injury urinary tract infection basic data set. *Spinal Cord, 51,* 700-704.
- Model Systems Knowledge Translation Center. (2017, March). *Urinary tract infection and spinal cord injury.* https://msktc.org/sites/default/files/SCI-UTI-508.pdf
- Opperman, E.A. (2010). Cranberry is not effective for the prevention or treatment of urinary tract infections in individuals with spinal cord injury. *Spinal Cord, 48,* 451-456.
- Pannek, J. (2011). Treatment of urinary tract infection in persons with spinal cord injury: Guidelines, evidence, and clinical practice. A questionnaire-based survey and review of the literature. *The Journal of Spinal Cord Medicine, 34*(1), 11-15.
- Salameh, A., Mohajer, M.A., & Daroucihe, R.O. (2015). Prevention of urinary tract infections in patients with spinal cord injury. *Canadian Medical Association Journal, 187*(11), 807-811.
- Smith, J. & James, K. (2013). *Eat well, live well with spinal cord injury.* Paralyzed Veterans of America Education Foundation.
- University of Washington Department of Rehabilitation Medicine. (2020, February) *SCI & urinary tract infections: Intermittent catheterization.* http://rehab.washington.edu/patientcare/patientinfo/articles/sci_uti.asp
- Wagenlehner, F.M., & Pilatz, A. (2018) Preventing urinary tract infections in patients with neurogenic bladder. *The Lancet, 18*(9), 926-927.

Triathlon, a Sport for Wheelchair Users Too

By Leanne Taylor

My name is Leanne; I am 27 years old and work as a compliance officer for a pharmaceutical company. I also compete internationally in paratriathon in the wheelchair class (PTWC).

You may be wondering how a person who depends on a wheelchair competes in a sport which involves swimming, biking and running. The answer is with some special equipment and the help of a handler. My races start with a 750 m swim which I do with a wetsuit that helps my legs float and a home-made leg brace (made from a sheet of aquaplast and luggage straps) that keeps my legs from bending. Once I complete the swim, race volunteers help me get out of the lake or ocean and into my day chair. I then push my day chair into the transition zone where my handler helps me get into my handcycle. After completing the 20 km handcycle, I re-enter the transition zone where my handler helps me to get into my racing wheelchair. Then, it's a 5 km push to the finish line. That probably already sounds like a lot of work, but it takes even more than that to get a paratriathlete to the finish line. It takes a significant financial investment to afford the equipment, lots of training to be prepared to race, and a strong mindset to overcome all the challenges along the way. While the sport certainly takes a lot of effort, it also makes me very happy. I wanted to share with you the story of how I became involved in paratriathlon in the hopes that it might help you to find something that brings you joy.

On July 7th 2018, I crashed my bicycle and dislocated my vertebrae at T10/11 resulting in complete paralysis from the belly button down. I suppose that you could say that this is how I ended up in the wheelchair class of paratriathlon, but there were a few key moments in my life that really pushed me to be brave enough to compete in sport after my injury.

I often get asked how I found the time and energy to train to compete in my first international triathlon only 8 months after I was injured. This is a fair question. I was certainly very busy with physiotherapy, adapting my home, learning to drive with hand controls, and preparing to return to work. The truth is for me, triathlon training was not just another task that I had to complete in the day, it was an opportunity to feel like myself again. It made me feel strong and powerful at a time when I felt weak and unsure. It also allowed me to meet people who pushed me to work harder, be stronger, and ultimately be happier than I ever thought I would be with my life after my injury.

I'm sure that life has many more lessons to teach me, but in the short 20 months since my injury, I'd like to share with you three lessons which have been important to me.

Even in the darkest times there is still hope.

Likely many of you reading this article know you can live a happy and fulfilling life after a spinal cord injury. I am well aware of this now too, but there was certainly a time when I truly doubted that it was true. I had lost hope. Fortunately, I had my big sister to help me find it again.

I have always been close to my sister. She is 15 months older than me and has spent literally my entire life bossing me around and picking on me. Despite that, she is truly one of my favorite people in the world. When she came to visit me in the hospital I had been in the ICU for three days. Three days was long enough for me to be pretty darn confident that I was never going to walk again. It felt like the whole world had gone grey. My mom couldn't look at me without crying. Despite his unwavering support, I was afraid that I couldn't be an adequate partner to my boyfriend. It felt like with each passing minute I was adding to the list of things I could no longer do. Yet when my sister came to see me I couldn't think of those things. Perhaps it was because my brain so strongly associated my sister's face with happiness that for a moment I forgot to be sad and, in that moment, I realized that I didn't want to be sad anymore. I don't mean to imply that it is possible to return from the depths of despair simply by wanting to be happy. But for the first time since my injury I realized that it is possible to have a spinal cord injury and feel happy at the same time. For the first time, I felt hope and that same hope still gets me through rough days.

Do not accept 'average'.

When I was injured, as is the case with most people, all of the goals that had been set for me were aimed at getting me "back to average". For example, I wanted to be able to take an average amount of time to get dressed, rather than the 30 minutes it took me the first time. At the time, I was working so hard at being "average" that I didn't even notice that being "average" wasn't what I wanted. When I was a little girl I didn't dream of a future where if I worked hard, and had a bit of luck I could be perfectly average. I had always dreamed of more than that. Yet after spending weeks in the hospital, getting back to a "normal life" seemed to be all I thought about. I didn't notice this shift in goals until I was visited at the hospital by a very special person who told me that when she was in a similar situation she remembered people telling her "you can live a perfectly normal life". This was meant to comfort her, but instead it frustrated her. She had lived her whole life aiming for excellence. Why should she stop now? I'm not sure whether she knows it, but this conversation changed my life. Of course, I still had to work on getting dressed in less than 30 minutes but beyond that, I was able to focus on big goals again. I didn't just think about getting my job back. I thought about advancing my career, competing in sport (and winning), having a family; most importantly, I realized that I did not have to dampen my expectations for my life just because I was going to be living it from a wheelchair.

You'll never be "ready".

Prior to being injured, I truly thought that it was reasonable to wait "until I was ready" to take on life's challenges. It was as though I thought I would wake up one day and be smart enough and strong enough to handle anything that life could throw at me. My spinal cord injury forced me to change my mindset. The truth was, I would never feel ready to live life without the use of my legs. I would never feel ready to roll up to my physiotherapy session or my first day at work in my wheelchair. No amount of time or preparation would make me feel ready to take on the challenges ahead of me. And since feeling ready was impossible, my only choice was to do it anyway. In doing this, I realized I didn't have to wait to "feel ready" in order to press on. It was this realization that allowed me to return to work, learn to drive and compete in my first paratriathlon.

Was I ready? I didn’t feel like it, but somehow, I made it through that first day of work, and the next. I passed my driver’s test and by some miracle I crossed the finish line of my first paratriathlon. With each of these accomplishments, I become more confident to take on the next. My dream is to qualify for the Paris Paralympics and I know that while I wait at that start line a little voice in my head will say “you’re not ready for this” and I will be able to respond, “that never stopped me before”.

In the short term, I hope my triathlon career will take me to the Paralympic games. In the long term, I hope that it will help me to do something much more important. I hope that I can help to reframe the world’s perspective of people with disabilities. So often people see me and feel sorry for me. They imagine that I live an unhappy life “bound” to my wheelchair. The truth is I live a wonderful life and my wheelchair serves as a tool that helps me to do so. I have a job that I enjoy, hobbies that I find engaging, and friends and family that support me. Do I get frustrated sometimes? Absolutely. While I enjoy my racing wheelchair, I miss the feeling of my feet pounding the sidewalk on a long run. I miss feeling my toes in the sand. I miss the ease with which I used to move around. But I don’t let the sadness of these losses stop me from appreciating the joy that my life and my sport bring to me every day.

Leanne is always looking for training partners and to connect with anyone who might be interested in paratri, track, handcycle or swimming.

She can be contacted at her Instagram handle: **@leataylor8**

Medical Cannabis. Have We Gone to Pot?

by Dr. Karen Ethans, Associate Professor, University of Manitoba

Cannabis has been used for medical purposes for thousands of years; its use dates back to China in 3000 BC for various purposes including pain, spasms and seizure management. In the 1800’s an Irish MD brought tinctures of hemp to Europe from India, where he saw it used for a number of medical purposes; even Queen Victoria used it for labour pains! Sir William Osler, the “father of modern medicine”, referred to it as the “most satisfactory” treatment for migraines. Cannabis was available for use in the British and American Pharmacopeias from the later 1800’s until the 1920’s, when the reputation of the drug became negative, as it started becoming known as a drug used “by certain classes of people” for recreational purposes of getting high rather than just for medical use.

However, during the latter part of the 20th century, more pressure was being applied to government to legalize marijuana for medical purposes, as many people were finding relief from their pain, spasms, and other ailments from cannabis use. Thus in 2001, the Canadian government passed legislation to allow access to cannabis for medical reasons for certain medical issues, including spinal cord injury or disease causing pain or spasticity. People had to get physician’s authorization, and could apply to be allowed to grow their own, have someone grow for them, or get from a national supply from a government contracted source. The laws evolved over the years where in 2014, people could buy from any producer that Health Canada had licensed, as long as they had a physician authorization to do so, and later the law was reintroduced to allow people to apply to grow their own supply or designate someone to do so. The number of licensed producers in Canada has grown exponentially in the last few years, and there are now over 100. The list can be viewed on the Health Canada website. The process to apply for and obtain medical cannabis can be found on the website as well:

https://www.canada.ca/en/health-canada/services/getting-cannabis-from-licensed-producer/accessing-from-licensed-producer.html.

In October 2018, the Cannabis Act was introduced, where now Canadians could access marijuana for recreational purposes as well. With the Cannabis Act, people may go to a store where cannabis products are sold that come from licensed producers. It is still illegal to obtain ANY cannabis product from a non-licensed producer, whether that be “street” cannabis, products grown at home or by a “friend” that are not authorized by the government, or ordering online products from a non-licensed producer, including ANY products (even straight CBD oil) from the USA.

Why is getting “medical” cannabis important vs going to a recreational source? There are a number of reasons. A key one is that with the medical route, you are working with your physician to help guide you what dosing, routes, and ratios of different ingredients should be used. There are 2 main medicinal ingredients known in cannabis: THC (which gives you the “high”), and CBD (which doesn’t have the “high” effect). Both of these substances have been shown to be beneficial for certain medical ailments, and often used in combination can have additive benefits. If going through the medical route, your physician can help guide you on getting started and which types of products to use. Additionally, with using the physician to help, the other treatments for the condition (such as neuropathic pain and spasticity in spinal cord injury) can be trialed and titrated. Other reasons include being able to “write off” the cost of medical cannabis on your taxes (you can’t do this if you just by from a store), applying to your insurance for at least partial coverage of medical cannabis, being able to use oral forms of medical cannabis in public places and in institutions such as hospitals and long-term care homes, likely slightly lower cost of medical vs recreational cannabis, and usually better selection of CBD containing products through the medical licensed producers.

So how does someone access medical cannabis? Discuss with your physician to see whether this is an appropriate medicine for your condition. There is some evidence for using cannabinoids in people with SCI and neuropathic pain or spasticity. There are cannabinoid medicines that can be obtained by prescription such as nabilione (Cesamet), which contains a form of THC only, or nabiximols (Sativex), which contains both THC and CBD. However, if it is deemed by you and your physician that you should trial medical cannabis, then you would need to register with a licensed producer and your physician would need to complete a medical document to authorize you to access medical cannabis. ANY physician or nurse practitioner can do this, but it should be a health care professional that knows your medical condition and has worked with you to help manage your symptoms, so that he or she can be sure that a holistic and evidence based approach is taken to help you manage these symptoms. IF your physician or nurse practitioner is not comfortable with helping guide your medical cannabis treatment, then consideration can be given for referral to a clinician that has the expertise in this area and symptom management for your condition. As with any medical therapy, this should be done IN COLLABORATION with your primary care physician and your specialist physicians. With all of your medications or treatment you are receiving, you should be very aware of what you are using, and inform all of your health care providers of exactly what you are using such as content of THC or CBD, amount used, etc. Be sure that all of your health care providers receive the appropriate communication from your physician who is authorizing your medical cannabis.

With changes in health care delivery, it is essential for you to be vigilant in the collaborative efforts of your care providers by enhancing the communication and information sharing. The long term benefit will assist you in health maintenance and quality of life…you are in charge.

Winnipeg Transit Master Plan

By Artem Dolia

Our world is changing at an accelerating pace. As populations increase around the world, people are looking for more housing options, job opportunities and access to services, causing urban areas to overgrow. More than 50% of Canadians live in a medium to large-sized city, with 55% of Manitobans living in the City of Winnipeg. Winnipeg stands to gain by rising to the challenges and seizing the opportunities of this new world. The transportation system will be central to bringing Winnipeg into the future; it plays a role in everything from neighbourhood safety and family orientation to the efficient delivery of goods and services and commercial viability. A practical, sustainable transportation strategy will help guide decisions through changing times and will ensure that Winnipeg is poised to capitalize on opportunities.

The strategic direction set through Sustainable Transportation will be the framework for developing Winnipeg's Transportation Master Plan. The overarching objective of this Master Plan is to guide the planning, development and maintenance of a multimodal transportation system that will contribute to the sustainable development of the City and region.

Transit Master Plan's primary purpose is to dynamically analyze the needs of the new urban structure as it changes through time. The practices contained in this new dynamic approach will result in the ability to integrate land use and transportation in a more holistic manner. It will enable Winnipeg to move from the current static approach to one that will assess future transportation needs systematically and proactively.

Here are the engagement phases of Winnipeg Transit Master Plan:

Phase One: Understand current use & future vision

The project team will talk with Winnipeggers about how they currently use transit, what is important to them, and what they would like to see in the future. This information will be reported in a white paper that identifies key areas for further study during the development of the Transit Master Plan.

Phase Two: Proposed network design

In this phase, Winnipeg Transit will share a proposed network design to make transit more efficient, frequent and reliable. They will share information about how the proposed network will help people get around the City and the proposed routes that are part of the system. They will ask Winnipeggers for their feedback on the proposed network design, including proposed routes.

Phase Three: Review draft plan

The project team will share a draft Transit Master Plan with Winnipeggers and ask for their feedback. Public input will be included with the final Transit Master Plan presented to the City.

Once the final Transit Master Plan is presented to Council for consideration in spring 2020, it will be shared with Winnipeggers. Winnipeg transit will also share how input was used to shape the plan.

As part of the Winnipeg Transit Master Plan, the City of Winnipeg held discussion sessions related to potential changes to the Winnipeg Transit Plus service. These sessions have involved presentations on the significant changes being considered, followed by a question and answer periods. Four sessions have been offered in total – two on Monday, January 13, and two on Tuesday, January 14, 2020.

The purpose of the sessions was to evaluate how Transit Plus is doing and compare to best practices in North America, to assess eligibility criteria, trip prioritization and no-show policies, in contrast with industry best practices. The purpose was also to align with new proposed Accessibility for Manitobans Act (AMA) legislation about transportation. To modernize the program by making it equitable and sustainable and to integrate accessible conventional fixed-route services into our service delivery strategy.

Here are expected changes at Transit Plus scheduled to complete within one year:

1.Eliminate trip prioritization – Not compliant with legislation and not equitable

2.Change the no-show policy

- Provide an allowable number of no-shows within a rolling time frame
- Adopt a 2-hour no-show window
- Provide education and information about no-show policy
- Develop a clear list of what is a no-show to clarify the appeal process

3. Implement booking and trip delivery windows

- Provide a 20-minute time window
- Provide a 5-minute pick-up window

From October 25 to November 24, over 400 people attended Winnipeg Transit workshops, community conversations, and drop-in events and over 3,700 Winnipeggers shared their ideas online. All feedback is currently being considered, and Winnipeg Transit will share a summary report of what they heard and how it was considered when the plan is presented for Phase Three public engagement in early 2020. In Phase Three, they will be sharing the draft Winnipeg Transit Master Plan and asking people for their input.

The Transportation Master Plan will help to re-evaluate transportation planning needs, adjusting implementation as needed.

You can visit the Winnipeg Transit webpage, and under Major Projects, you can find more details about Transit Master Plan and changes in Winnipeg Transit Plus.

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. Since the last issue of ParaTracks, financial support totalling $15,382.05 has been granted. Some of the highlights follow:

- Funding was provided to cover the cost of an assessment for an SCI Manitoba member to assist them with career exploration and vocational plans. The assessment will provide insight regarding academic potential, interests and work environment that best fit their personality.

- Funding was granted for the purchase of a platform lift for an SCI Manitoba member's home. The lift will allow the member safe and independent access for their home.

- Funding was granted for an SCI Manitoba member to travel from their rural home to Winnipeg for a necessary meeting using their local handi-van service. The funding will eliminate a financial burden for the member whose only option is to use this service.

- Financial assistance to attend the International Seating Conference in Vancouver, BC in March 2020 was granted to two occupational therapists who provide services to persons with spinal cord injuries through their employment at the Health Sciences Centre. Attendance at this conference is anticipated to result in multiple, direct benefits to individuals with spinal cord injury, specifically through the translation and application of evidence-based seating and mobility practices to client care, in the areas of seating/mobility and pressure management.

- Funding was provided for the purchase of compression stockings for an SCI Manitoba member. These stockings represent a medical preventative intervention against both edema and development of further deep vein thrombosis.

- Financial assistance was granted to an SCI Manitoba member whose flooring in their home sustained water damage while they were in hospital. Replacing the damaged flooring will optimize the safety in the home for the member by removing a significant tripping hazard.

- Funding was granted for the purchase of a wheelchair cushion for an SCI Manitoba member. The cushion will provide the member with an extra level of protection from the further development of pressure ulcers.

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.

RETRAINING AFTER SPINAL CORD INJURY

By Sherry Michaluk

I am a 55-year-old woman who has faced many challenges in life. I have had many health issues that started when I was young and have continued over the course of my life. I am not a stranger to health struggles and I have tried to face them head on.

I have worked most of my adult life as my health permitted, with my last job being very physically demanding but enjoyable. I was a Resident Manager of an apartment building where I did all the caretaking of the building and grounds by myself. Over the course of a couple years I had noticed a few strange things happening with my arms that I didn't understand; my arms were tingling and becoming numb, I was unable to keep a grasp on anything for any amount of time, and I was noticing pain in my neck and back. I thought that it was carpal tunnel syndrome and at first wasn't really concerned. As time went by the symptoms became more prominent and I simply couldn't ignore them anymore. I went to my doctor and went through the lab tests and an MRI and a CT scan.

An MRI indicated that I had severe spinal stenosis in my cervical spine and I would have to undergo surgery. I was informed that this surgery was crucial because my spinal cord was being squashed between the vertebrae and paralysis was a very real danger. The surgery was scheduled for early July and I underwent cervical thorax decompression with instruments. Essentially, I had a number of vertebrae removed, two rods inserted with six screws on each side of the rods to anchor to my spine.

The surgery went well and I was sent home to recover. Three days after going home, with no warning, a bone on each side of my neck broke due to pressure from the screws. Instantly my arms completely stopped working. That was one of the most terrifying days of my life. I had faced many issues before but by far this scared me the worst. I pride myself on being very independent and self- reliant. My husband is a trucker and I'm used to being alone for long stretches at a time, so when this happened, I was devastated. I went through every emotion that you could think of all the while being consoled by my husband and children.

The medical staff felt that, with time and physiotherapy, I would regain some use of my arms but it was possible I might not get back to where I was before. This was difficult to hear and I am sure many of you have experienced that terrifying feeling of the unknown. Once I was given the all clear that the bones had healed enough, I began physiotherapy. It was a slow process and I will admit that I was frustrated, terrified, and losing hope pretty quickly. As the months of physiotherapy went on, I became stronger and regained some of the motion in my arms. I still had a long way to go, but at this time I was referred to Spinal Cord Injury Manitoba for support. I met with a gentleman named Bill Keith who was able to help me with my fears through meetings and counselling. As the months progressed he helped me to begin planning for the future. I was scared, as I had no formal training other than high school, and I was now unable to do any physical work. I had no idea what to do, or if I would be able to find employment, and that was another terrifying thought. Bill then referred me to Melanie White, who is a Vocational Rehabilitation Counsellor with Spinal Cord Injury Manitoba. Together we were able to formulate a vocational plan for my future. Melanie met with me many times to help me understand where I saw myself in the future and what resources would be available to help me achieve my plan, and she set in motion the events that have changed my life. Melanie was able to secure funding through Employability Assistance for People with Disabilities so that I could go back to school and retrain for a job that I could do. I had always wanted to work in a Receptionist/Office Assistant role and felt that this would be a good fit for me now. In January of 2019, I entered a career college

Sherry and her husband Dennis

for a Business Administration Diploma program. I have just completed the classroom component of my studies and I have successfully secured employment as an Administrative Assistant.

Our world is slowly becoming more accepting of people with disabilities in the workplace and Spinal Cord Injury Manitoba works tirelessly to advocate for us. I encourage anyone who is experiencing a spinal cord injury to reach out and ask for help. They are a wealth of information and encouragement when you may think there is no hope. I would like to take this opportunity to thank them from the bottom of my heart. I feel like I can once again look forward to the future, knowing that I now have the skills and training to be an effective and productive member of society.

Brandon Wheelchair Sports and Leisure is proud to be celebrating three successful years! We started as grass roots community group with a handful of volunteers in 2017. Now in 2020 we have a solid committee and an undeniable community presence. We have been able to offer accessible and inclusive curling and bowling each year since they started.

Within the past year tennis has been offered as an ongoing sport as well as demonstrations in boxing, fencing, and sledge hockey. We have a "try a sport day" each year with a BBQ and three different sports to try. We are looking to expand boxing and sledge hockey into more regularly attended activities.

We are starting to extend our leisure services as well and offer outings to places such as meat draws, cruz night, comedy shows, and many more. We have had a great success with doing all our activities with little or no cost (usually no cost) to the participants. We may have 4 people that attend or 24, depending on the activity and time of year.

We have been able to offer free services by running partnerships with the Society for Manitobans with Disabilities, Manitoba Wheelchair Sports Association, and CP Association of MB. We apply for funding from Government grants, organizations and public donations (through fundraising efforts) and are proud that 100% of the money going straight back to developing accessible sports. We have a vision of accessible wheelchair sports for all people in Westman.

We invite everyone (18 years old and up) to try sports and receive all the physical, mental, and social benefits of being an active community member. For more information check out our website at

http://www.brandonwheelchairsports.ca/

Ryan Sturgeon

Brandon Wheelchair Sports and Leisure President

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Functional Gains, Greater Independence

By Laurence Haien

In this article, Laurence Haien interviews Darren regarding his attendance at First Steps Wellness Centre Winnipeg Inc., the progress he's made so far and his future goals related to physical rehabilitation.

Please, tell the readers about yourself.

My name is Darren. I was born in Cartier, Manitoba. I'm twenty-years-old and single. I reside with my parents and an older sister on the Maxwell Hutterite Colony which is located about 45 minutes northwest of Winnipeg. Before my spinal cord injury, I was employed as a welder, mostly on the colony. I began welding part time when I was fourteen years old, dropped out of school at age sixteen and began welding full time then.

How did you sustain your spinal cord injury?

Well, on July 13, 2018, I was in Lac-du-Bonnet with friends. We were swimming. I took a full sprint off a dock and dived into shallow water. I remember most of the events that followed because I was not knocked unconscious. I tried to swim but was unable to because I experienced immediate paralysis.

Fortunately, my friends spotted me face down in the water, dived in, grabbed me, and pulled me to shore. I was taken to the Health Sciences Centre in Winnipeg and was diagnosed with a C-5, complete spinal cord injury. I underwent fusion surgery and was admitted to the Rehabilitation Hospital where I remained for eight months. I was discharged on March 7, 2019.

Did your parents' home undergo any modifications so you could return?

My parents' home is a bi-level, with a threshold at the front door and multiple steps to get to the main level or down into the basement. So the colony built a 25' addition to the house. I have a bedroom and adjoining bathroom with a wheel-in shower and an office. The doorways on the main level are all 36", which allows me to access the home's first floor. Additionally, a wheelchair lift was installed at the rear of the house that enables me to get into the house.

What are the effects of your spinal cord injury?

I use a power wheelchair for mobility, although I am able to wheel short distances in a manual wheelchair too. I receive Home Care services Monday – Saturday for assistance with bathing, grooming, dressing, toileting, and transfers.

How did you learn about First Steps Wellness Centre Winnipeg Inc.?

I learned about First Steps while I was a patient in the Rehabilitation Hospital. Many patients were talking about it at the time. Shane Hartje, the owner of First Steps' Winnipeg location, had previously been a patient or RR5. He attended the unit one day and introduced himself. He had not yet opened the Winnipeg location. Initially, I had considered attending First Steps in Regina but the cost would have been considerable, and, financially, I wasn't sure this would have been an option. Thankfully, Shane opened a location in Winnipeg, and I've attended since August 2019.

I'm sure some of the readers may know about First Steps. For those who don't, could you tell them a little about it?

Well, First Steps provides rehabilitation therapy to people with spinal cord injuries and other neuromuscular disorders, such as multiple sclerosis, stroke, brain injuries, and cerebral palsy. The goal is to help people improve their strength, mobility, functional abilities and independence below the level of injury.

What can people expect on their initial visit to First Steps?

I met with a therapist who assessed my movement, muscle tone, strength, and sensation, helped me establish therapeutic goals and then developed an individualized program for me.

Tell the readers about a typical day for you at First Steps.

Well, I attend four days per week, two hours per day, and always in the afternoon, as this works best for me. Someone from the colony drives me to the facility, drops me off and then picks me up after two hours. The drive takes about 35 minutes each way.

I always work with the same therapist. My day always begins with a certain kind of therapy which takes about 30 minutes, give or take. During this process, the therapist moves my limbs. This gets my mind to focus on using specific muscles. It helps my brain, spinal cord and body to communicate with one another and to create new neurological pathways. During this process, I also stretch, which helps to reduce muscle tightness. After this, we switch to my daily plan.

On Mondays, I do a lot of weight-bearing. So I go on the Power Plate which is a platform that vibrates. The Power Plate provides a high speed workout by using vibration to stimulate the muscles to contract and relax and causes the body to work harder as it tries to maintain stability on a vibrating surface.

Two staff help get me to a standing position and support me while I'm standing. The vibration gives me a full body workout. I stand for three minutes, take a rest for about one minute, stand again for three minutes, rest, and alternate until I've stood and rested for approximately fifteen minutes total.

Alternately I may lie on a massage table and my hands are placed on the vibrating platform while I do modified planks or push ups. I also use the Total Gym and do many exercises to strengthen my core muscles and legs.

On Tuesday, the routine can vary, but I spend a lot of time performing exercises to strengthen my upper body. I use 3- 6 pound dumbbells, perform flies or curls. The number of repetitions I do depends on how well my muscles have recovered from my workout the day before and how much energy and stamina I have. The day usually ends with me using a rowing machine while I'm seated in my manual wheelchair.

I don't attend the Wellness Centre on Wednesday, as I leave this day open to attend appointments, run errands and do other things. Thursdays are dedicated to working on my core. So, for example, I'm placed on a mat on my side. My therapist will ask me to roll over onto my back or onto the alternate side and we do this many times. Additionally, I do a wall routine. I sit with my back to the wall. I lift dumbbells while attempting to maintain my balance. I then end my day on the rowing machine.

On Friday, I do lots of weight-bearing exercises. I use the Power Plate which I've already described. I might also use the squat rack. Two people help me get to a standing position and place my hands on a rail in front of my body. I'm able to stand for 3 1/2 minutes, which is an improvement from when I first began doing this exercise. It's a bit challenging for me to stand upright because of issues with my blood pressure. If I stand too long, then I feel as though I might black out. So we are very careful.

What physical changes have you noticed over time while attending First Steps?

When I first began to attend, I remember feeling fatigued and weak. I often fell asleep in my power wheelchair on the way home and napped for at least an hour when I got home. It took about three months for me to feel an improvement in my energy and to grow accustomed to working out every day.

My strength has improved a lot since I first began attending. At First Steps, they start you off at a level that is suitable to your level of fitness and muscle strength, but they increase the level of difficulty as you progress. My core muscles have gotten stronger; I sit up straighter in my wheelchair. At first I could not sit up on the edge of my bed, for example. Now I am able to sit on the edge of my bed for at least five minutes without someone having to physically support me. Also I no longer need to use my arms to support me while I'm seated on the edge of my bed. I only need to use my core muscles to do this.

Before attending First Steps, I could not reach across my desk to grab something without falling forward. Now, for example, I can reach across my desk to get my water bottle without falling forward. Also my increased muscle strength has made it easier for me to self-propel longer distances in my manual wheelchair without my muscles feeling tight or aggravated afterwards, and I don't feel as fatigued.

I'm also better able to reposition myself in bed. Before I attended First Steps, I did not have the upper body strength to grab the bed rail and pull my body across my bed. Now I am able to pull my body partially across the bed so I can reposition myself. I've also noticed that before my shoulder blades were bony and winged out, and now I can see that I have more muscle mass and my shoulder blades do not protrude. My self-image has improved along with the improvements in my physical strength and the things I'm able to do for myself.

One other thing I've noticed is that my body doesn't flail the same way it did when my driver takes a corner or we're driving on rough terrain. My core muscles are able to keep me upright and to minimize the extent to which my body moves without my control.

How do you maintain your motivation?

I have to push myself. Sure, I've experienced frustrating moments, especially when my muscles are not working at the same level they did the day before. I don't like it when I am not able to perform certain exercises at the same level I did previously. My therapist helps motivate me and pushes me to do my best every day. I'm coached, supported and encouraged to work beyond my fatigue and frustration. I don't give up, and neither does she.

What rehabilitation goals have you set for yourself?

I would like to be able to transfer independently. I still need a fair amount of help with this. I need to develop more core and upper body strength. I would also like to be able to stand longer and to get my legs going. I don't know if this will be possible. For the foreseeable future I will continue to attend First Steps. It makes me feel like I'm working towards goals that are important to me and I'm improving my life. I sleep better because I am tired; I have a sense of purpose and goals that I am working towards.

Do you have any last thoughts you'd like to share with the readers?

I don't think people should just sit, do nothing, and let themselves fall back in life. They need to do something such as working to increase their strength. For me, there is no other place in Winnipeg that provides the same level of rehabilitation service to people with spinal cord injuries as First Steps Wellness Centre Winnipeg Inc. I have found that First Steps has helped me the most in terms of my physical rehabilitation after discharge from hospital.

My Memories of Art Braid

By Doug Finkbeiner

I met Art Braid in September 1971. It was the first week of law school and I was among a group of first-year law students. We were enthusiastic and nervous. Most of us were wondering whether we could handle law school. One of the courses we took was corporate and business law. We sat in the classroom wondering what this complicated stuff would be like; most of us didn't have a clue. In came our professor and he introduced himself as Art Braid.

It was a long time ago but I remember those early impressions very well. First, he was quite young. I had an image of law school professors being old grey beards. Not this guy. He had a head of red hair and it was quite long. Remember it was the 70s. We could see that he walked with crutches but in no time no one really noticed that. What I remember most was his enthusiasm. For many corporate law may seem quite dull, but not when Art is the professor. He was enthusiastic about all of it. The man even spoke passionately about corporate bylaws, bless him! He explained complicated issues in a way that even we could understand. We liked him immediately.

I couldn't possibly have known then, but Art and I were going to be working together on a regular basis for the next 48 years. More about that later.

Art's accomplishments were numerous. The list is long and his resume is exceptional. He graduated from United College [now University of Winnipeg]. Then he went to law school at University of Manitoba. But his education still wasn't finished. From there he went to the University of London, England, where he obtained a Master's Degree of Law. He practiced law for a while but decided that he preferred teaching. Many hundreds of practising lawyers in Manitoba are glad he did. He became the Dean of the law school and served on the Senate and Board of Governors at the University of Manitoba. He was appointed Queen's Counsel in 1983. And early on in his legal career he married his wife Judy Pollard and they had three children, Sandra, Kyle and Lianne. It was a busy time for Art, to say the least.

All of that is about the academic, personal and legal side of his life; but there is more, so much more. He served for years on the Board of Directors of CPA Manitoba and became its president. He was a member of CPA's national board. He was a founding member and served as trustee for 40 years with Manitoba Paraplegia Foundation. He participated in developing the building code of Manitoba. He served on numerous boards and committees of the Anglican Church and in what little spare time he must have had, he managed his son's hockey team and he served as the president of the Assiniboine Park Hockey Association. His contributions in so many different parts of our community were extraordinary. He was justly recognized with the Order of Canada in 1992.

You would never hear about this list of accomplishments from Art. He was a humble man. He tried to make the world a better place and, in his sphere of influence, he succeeded with flying colours. Giving back to the community seemed to be baked into his DNA. As his son Kyle said in the wonderful eulogy he gave, he always seemed to be at meetings. He seemed to volunteer for everything. While he was an articulate man with an exceptional vocabulary, the word "no" seemed to have escaped his attention. There is an old adage that "if you want something done, ask a busy person". No one exemplified that better than Art.

When I graduated from law school I could not have known that my relationship with Art would last so long. However, my wife Pat graduated from the school of social work and her first job was at CPA. As a result I met the wonderful group of people who were fundamental in making that organization work and again, there was Art. I was asked to join the board of CPA and Manitoba Paraplegia Foundation and Art and I served together on that board for 40 years.

But all of Art's extraordinary list of accomplishments only tell part of the story. It was his character that made him such a remarkable man. Art contracted polio when he was 18 years of age and he spent 10 months in the hospital recovering. But it didn't hold him back. In fact, he said it made him stronger. His physical disability did not define him; he simply would not let that happen. He continued throughout his life to give back to the community that he loved so much.

Whenever there were gatherings of lawyers and judges for seminars or social gatherings, people always sought Art out for a conversation and he was delighted to oblige. He made people feel special. He gave his undivided attention to whomever he spoke to and everyone enjoyed his company. As recently as a few weeks before his passing, a group of senior lawyers met for dinner to celebrate the anniversary of their call to the bar. Art was invited to join them because, well…he was Art. I am told they had a wonderful time and Art enjoyed every moment with lawyers whom he taught decades earlier.

Art was, simply stated, a good man. He was admired and respected by so many. He had a positive impact on our community in so many ways and he left a wonderful legacy. He will be missed.

Envoyy

A safer place to find respite support, elder care, personal support, home care, and so much more

Envoyy is a new app being developed by the Society for Manitobans with Disabilities (SMD) that was scheduled to be launched end of April 2020. The app will enable persons with disabilities to connect with safe, high quality care providers for services like respite, home care, and personal assistance.

Research has demonstrated the benefits of self managed care services. Unfortunately, many Canadians with disabilities struggle to hire workers for these important services. “It’s like finding a needle in a haystack,” said a participant at a recent respite forum. “When you find someone good you bend over backwards to keep them.”

SMD hopes to make that process easier and safer through Envoyy. At launch, the app will let users search through a list of service providers and filter by availability, language, and skills and certifications. When a connection is made Envoyy will let users schedule appointments, send instant messages, and pay for services within the app.

“We know how much families value their self managed care,” said Michael Barnby, Program Development Manager at SMD. “Our main goal is to make those services easier to access.”

The current priority is to build a network of service providers on the platform, Barnby said. “The success of the project really depends on building an inclusive community. We’re hopeful that direct support professionals will embrace the technology.”

Anyone interested in receiving or providing care on Envoyy can visit www.envoyy.ca to sign up.

Recognize Potential, not Limits

FSWC utilizes several different modalities to achieve your goal of improved function which might include:

* Developmental Movement Patterns
* Active Nervous System Recruitment
* Gravity Free Gait Training
* Clinical Functional Electrical Stimulation
* Whole Body Vibration Training
* Resistance Training
* Aerobic Training
* Balance Training
* Reflex Integration

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WWW.FIRSTSTEPSWELLNESSCENTRE.CA

Please head to our website to register for a **FREE 1** hour assessment.

Free Tax Clinic

You may be eligible for help at a free tax clinic offered by Manitoba Possible (formerly Society for Manitobans with Disabilities) if you have a modest income and a simple tax situation.

The free tax clinic at Manitoba Possible is currently closed due to the COVID-19 Virus, however, you can still add your name to a wait list. You will receive a call and forms will be mailed to you for completion.

You will be given a list to remind you what is needed to do your taxes. Those forms, along with your tax information, can be dropped off at Manitoba Possible at 825 Sherbrook Street in an envelope. Please make sure the name "Angel Prefontaine-Gibson" and "Taxes" are written on the envelope.

Please be advised that you have until June 1st to file your taxes.

Modest income: In general, a modest income means your total family income is less than the amount shown in the chart below, based on the size of your family. Check with your local community organization, as they may set different amounts.

Family Size	**Total Family Income is Under:**
1 person	$35,000
2 persons	$45,000
3 persons	$47,500
4 persons	$50,000
5 persons	$52,500
More than 5 persons	$52,400 plus $2,500 for each additional person

Simple tax situation: In general, your tax situation is **simple** if you have no income or if your income comes from any of these sources:

- employment
- pension
- benefits such as the Canada Pension Plan, disability insurance, employment insurance, and social assistance
- registered retirement savings plans (RRSPs)
- support payments
- scholarships, fellowships, bursaries or grants
- interest (under $1,000)

Your tax situation is **not simple** if you:

- are self-employed or have employment expenses
- have business or rental income and expenses
- have capital gains or losses
- filed for bankruptcy in the tax year (or the year before, if that return has not yet been filed)
- are completing a tax return for a deceased person

Staff Email Addresses and Phone Extensions

204-786-4753 or 1-800-720-4933 (within Manitoba only)

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Spinal Cord Injury Manitoba Inc.
Lésions Médullaires Manitoba Inc.
Formerly Canadian Paraplegic Association (Manitoba) Inc.

MEMBERSHIP APPLICATION

YES!

Count me in as a member of Spinal Cord Injury Manitoba Inc. All members receive “ParaTracks” SCI Manitoba’s newsletter and voting privileges at the Annual General Meeting.

Members also receive discounts at various health care supply stores:

Stevens Home Health Care Supplies (10% off supplies & equipment), The Access Store (10%), Northland Home Health Care (10% off medical supplies) and Disabled Sailing membership (25%).

PLEASE ENTER MEMBERSHIP FOR:

NAME:

ADDRESS:

CITY: **PROV:**

POSTAL CODE: **PHONE:**

E-MAIL:

(PROVIDING YOUR E-MAIL ADDRESS WILL HELP SAVE ON MAILING COSSTS)

SIGNATURE: **DATE:**

I wish to select the following category of Membership:

☐ MEMBER: $15–$24

☐ SUPPORTING MEMBER: $25–$99

☐ SUSTAINING MEMBER: $100–$249

☐ CHARTER MEMBER: $250–$499

☐ PATRON MEMBER: $500 AND OVER

All Monies donated remain in Manitoba to support SCI 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 SCI Manitoba functions.

☐ NEW ☐ RENEWAL

Make cheque payable to: Spinal Cord Injury Manitoba Inc.

Mail to: 825 Sherbrook Street, Winnipeg MB R3A 1M5

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By signing above, you are consenting to the use of your personal information (name and address only) by SCI Manitoba for the purposes of sending out SCI’s newsletters, membership cards and receipts, reminder notices and meeting notices. SCI Manitoba does not sell or trade personal information and does not rent out its mailing lists.

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