

July 2020

Summer Issue

# PARATRACKS

*Newsletter of Spinal Cord Injury Manitoba Inc.*



## Catch of the Day!

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## **WE WOULD LOVE TO HEAR FROM YOU!**

### **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 Conley at [aconley@scimanitoba.ca](mailto:aconley@scimanitoba.ca) or [info@scimanitoba.ca](mailto:info@scimanitoba.ca) or give her a call at 204-786-4753 or 1-800-920-4933 (toll free within Manitoba), ext. 222.

### **Did you Know....**

That if you have something to sell, trade or give away, and you are an SCI member, you can place a classified ad for free in ParaTracks? For information, contact Adrienne Conley at [aconley@scimanitoba.ca](mailto:aconley@scimanitoba.ca) or 204-786-4753, ext. 222.

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## COVID-19 AND SCI MANITOBA

**E**ffective March 19, 2020, Spinal Cord Injury Manitoba Inc. 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 continue to work 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 below.

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](http://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->

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# Coping with COVID-19: Self-Care / Wellness Activities

By Melanie White

Life as we know it has changed drastically over the last few months due to the social distancing guidelines and protective measures that have been put in place to help reduce the spread of COVID-19 and flatten the curve. Many of us are now working from home, while others have been laid off and have no choice but to rely on government benefits just to make ends meet in the interim. To those who have continued to attend their workplace in order to provide the essential services and products that we all rely on throughout this difficult time- your hard work and dedication does not go unnoticed and many thanks to you for all that you do.

Those of us with children are now wearing multiple hats at the same time and are juggling to balance working full-time from home while caring for and teaching their kids. Our children may be feeling confused, scared, and bored as they no longer have the opportunity to interact with peers in their age group (unless they have a sibling close in age). They are likely missing their friends and extended family (as we all are), as well as the structure of school and/or daycare. Parents who rely on extended family for much needed breaks from parenting every so often no longer have that option. While we can connect with our family and friends via social media platforms, FaceTime, or apps like Zoom it is just not the same as being able to see one another in person (without having to worry about keeping a safe distance and staying inside our invisible bubbles).

Even as the Government of Manitoba unveils the phases of reopening, many are hesitant to return to some semblance of normalcy due to fears of contracting or spreading COVID-19 to loved ones; some of us would prefer to continue to shelter in place and only venture out into the public for essentials, just to err on the side of caution. As the saying goes: it is better to be safe than sorry. We have no idea when life will return to “normal” so it comes as no surprise that during these uncertain times many individuals feel significant amounts of stress or burnout. For those of us who are

now spending most of our time at home, this is a great opportunity to make a conscious effort towards incorporating healthy habits into our lives that we don’t typically have time for... self-care.

While simple in theory, self-care is neglected by many and not considered a priority because there “just isn’t enough time” in the day to take care of all of our responsibilities as well as make time for ourselves. But what happens when we forget or refuse to take time for ourselves? After a while we may begin to feel exhausted, irritated, unmotivated, overwhelmed, and just generally unhappy. We put ourselves at risk for falling into negative thinking traps and may find ourselves over (or under) eating, neglecting (or slacking on) our hygiene, having difficulty falling (and staying) asleep, and unable to focus. Engaging in self-care/wellness activities can help nourish us physically, emotionally, mentally, and spiritually. Self-care can also be practical (crossing things off or your to-do list) or social (interacting with others). Practicing wellness activities regularly can help us to regain a sense of calm and control over our lives. It can also lead to feeling more relaxed so that we’re able to live in the moment and be present when spending time with loved ones.

Ideally, we should try to do at least one self-care activity per day, but in order to do so we must be intentional and make our own wellness a priority. This may sound impossible but don’t worry; some activities can be done in as little as thirty seconds to five minutes and have no (or minimal) cost. If you’re a parent try to include your children whenever possible, or set up other activities, and practice self-care with or in front of them. Modeling self-care will help your children learn effective coping strategies that they can carry with them into adulthood. Try to choose wellness activities that are of interest to you, as what works for one person may not work for another. For example, someone who is more extroverted may choose to plan an activity that involves getting together with others (which looks different right now), while those of us who are more introverted may feel the need to set aside some time to





be completely alone (which is very difficult these days, unless you live by yourself). If you're not sure where to start and are looking for some ideas on how you can take better care for yourself, please see the list below for suggestions. The list is not comprehensive, so feel free to get creative, and remember:

*"Taking care of myself doesn't mean 'me first' it means 'me, too'." - LR. Knost*

*"Self-care is giving the world the best of you, instead of what's left of you." - Katie Reed*

- ♦ Listen to music
- ♦ Dance
- ♦ Sing
- ♦ Get outside and enjoy the sunshine
- ♦ Ride a bike
- ♦ Stretch
- ♦ Take a bath (add bubbles or bath bomb for ambience) or shower
- ♦ Read a book/magazine
- ♦ Listen to an audiobook or podcast
- ♦ Watch a movie
- ♦ Paint/draw
- ♦ Grow a garden
- ♦ Look at old photos (or take new ones)
- ♦ Take a nap/sleep in
- ♦ Go for a drive
- ♦ Call a friend (or reconnect with an old one)
- ♦ Give yourself a manicure/pedicure
- ♦ Clean a closet/pantry/cupboard
- ♦ Wear something that makes you feel good
- ♦ Put on makeup
- ♦ Play a card or board game
- ♦ Treat yourself (buy something nice online or get take out/delivery from your favourite restaurant)
- ♦ Try guided meditation (YouTube has some great videos)
- ♦ Journal (write down things you're grateful for or jot down your emotions)
- ♦ Pet an animal



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## The Show Must Go On

Anne Nelson learns to heal and thrive after sustaining a spinal cord injury through her love of dance and performing.

By Damjana Alverson

*"I hope that anyone reading this sees that putting your mind to something is so powerful and can allow you to accomplish things you never thought were possible." Anne Nelson*

In May 2016, Anne Nelson, now 23, of Madison, Alabama, had just finished her freshman year at Auburn University pursuing a Bachelor of Science in nursing with a minor in dance. She was happy to be home for the summer to spend time with family and friends.

Then, on June 23, she experienced the unimaginable. While sitting in the backseat of the car with her seatbelt on, she was in a car crash. The seatbelt malfunctioned. Anne was launched forward, resulting in an incomplete T-11 and T-12 spinal cord injury (SCI) and a broken right arm.

First responders rushed Anne to Huntsville Hospital, where her arm was stabilized, and she was admitted to the Neuro Intensive Care Unit for exploratory surgery on her abdomen and a spinal fusion. A few days later on July 3, Anne transferred to Shepherd Center.

"I remember the day after I arrived, the annual AJC Peachtree Road Race was happening outside," Anne recalls. "We got up early to watch and cheer, and I remember thinking how empowering it was to see all the athletes in wheelchairs participating in the race."

That positive outlook carried Anne through her rehabilitation at Shepherd. Lisette Tiller, PT, DPT, CLWT, a physical therapist at Shepherd Center, worked with Anne in Shepherd Step, a program that aims to help individuals with motor incomplete SCIs regain the highest possible functional level of walking.

"She was a fighter," Tiller says. "Her ability to be patient with herself and focus on accomplishing as much as possible one day at a time was an inspiration."

Anne spent about 10 weeks at Shepherd Center which included six weeks in inpatient and about four weeks in the Spinal Cord Injury Day Program. She fondly remembers the outings and recreational therapy she participated in with her fellow patients.

"I really appreciated the practical skills we were taught during outings like how to ride public transportation, push a shopping cart at Target or travel on an

airplane," Anne says. "I was also able to do art therapy. Doing any type of creative activity has always brought me joy, so being able to get back into that at Shepherd was really therapeutic for me."

Anne's love of creative expression helped fuel her determination to continue one of her other passions – dance.

"I've been dancing now for about 14 years," Anne says. "After my injury, I thought that my dance life may be over.

Then, I met a member of

the Shepherd Center wheelchair basketball team, Laurel Lawson, who introduced me to a physically integrated dance company called Full Radius Dance in Atlanta. That's when I saw dancing in a wheelchair was possible and I might as well try it!"

Anne returned home to Madison, Alabama, in September 2016, determined to keep up her rehabilitation therapy and continue pursuing dance. After taking just one semester off of school, she returned to Auburn in January 2017.

"I met with my dance professor and told her I wanted to complete my minor in dance regardless of my injury," Anne says. "Even though she had never worked with a dancer in a wheelchair before, and I had



Photo Credit: Jeff Eldridge



never danced in a wheelchair, we were both excited to take on the challenge.”

By the middle of Anne’s first semester back post-injury, her dance teacher asked her to come up with her own choreography to teach the class. The piece was a big hit – so much so that they decided to present it at the National Dance Education Organization Conference, an annual event dedicated to advancing dance education centered in the arts.

“We were so proud of what we had created,” Anne explains. “The performance was successful, and I even ended up creating a solo version of it titled ‘Unpaved.’ I got to perform that piece for Auburn’s 2018 annual dance concert.”

Anne proudly claims the title of the first person at Auburn University to dance in a wheelchair. The next challenge she is taking on is a form of dance called aerial silks where a dancer performs aerial acrobatics while suspended in the air using silk fabric.

“It’s probably the hardest thing I’ve ever done in my life,” she says. “I love using the challenge as part of my physical therapy right now.”

In addition to continuing to try new types of dance and physical therapy, Anne completed her minor in dance in May 2018, and she plans to complete her nursing degree on schedule in May 2021. But she does not want to focus too much on the future.

“My biggest takeaway from my injury is to take everything in life one day at a time,” Anne reflects. “A lot of people get caught up in thinking about the fact that they are paralyzed and that this will prevent them from living life to the fullest. Or they are impatient with the healing process and want to give up. I promise that if you get up and try to accomplish something each day, you will get closer to where you want to be tomorrow.”

Anne hopes that her story can help inspire and motivate people whether they have sustained an SCI or not.

“I think of what has happened to me and how I live my life as living out a story that others can see and apply to their own situations,” Anne says. “I hope that anyone reading this sees that putting your mind to something is so powerful and can allow you to accomplish things you never thought were possible.”



**By Damjana Alverson**

### **About Shepherd Center**

Shepherd Center, located in Atlanta, Georgia, is a private, not-for-profit hospital specializing in medical treatment, research and rehabilitation for people with spinal cord injury, brain injury, multiple sclerosis, spine and chronic pain, and other neuromuscular conditions. Founded in 1975, Shepherd Center is ranked by *U.S. News & World Report* among the top 10 rehabilitation hospitals in the nation. In its more than four decades, Shepherd Center has grown from a six-bed rehabilitation unit to a world-renowned, 152-bed hospital that treats more than 935 inpatients, 541 day program patients and more than 7,300 outpatients each year.

*Reprinted with permission from Shepherd Center*



# COVID-19 AND SCI. It's been a crazy spring...

By Dr. Kristine Cowley

**B**ack in January when the new virus outbreak in China came to our attention on the nightly news, each one of my three kids (who are now adults), on different evenings asked me if I thought this was really going to turn into a world-wide pandemic. I foolishly reassured them, saying - “no, we should be fine as long as we nip it in the bud if or when it gets to North America”. How wrong my guess was. Everything possible has gone virtual, there will be no mass return of students to colleges and universities in the fall .... some things seem to make no sense – restaurants can re-open yet universities remain mainly closed. We still don't know what's going to happen with public schools. I think it's mainly about making sure we don't spread the virus to those most vulnerable. Which brings me to our topic – COVID-19 and SCI: are and how are people with SCI more vulnerable? Rather than guessing, like I did with my pandemic predictions for my kids, what does the research tell us? What do we know from experiences in other countries? How can we use that information to keep us ‘safer’? When we started hearing about COVID-19 and SCI there was a lot of guessing but very few facts. There were three main concerns:

1 – Am I at increased risk to get COVID-19 because I have an SCI?

2 – If I have an SCI and contract COVID-19, is it an automatic death sentence?

3 – Will ‘they’ withhold treatment from me, if I do get really sick from COVID-19, because I have an SCI?

It turns out that the short answer to these questions is no, but there are some ‘caveats’ that anyone with an SCI should be aware of. We reviewed every article that has been published on SCI and COVID-19 since the pandemic began and will summarize the main findings here. We will not deal with observations made about outbreaks in the hospital during initial inpatient rehab, mainly because most people with SCI do not start reading ParaTracks until they are back living in the community. The only thing we will say is, contrary to what researchers thought, most people with SCI that did contract COVID-19 while in hospital did NOT do worse than the general population that contracted COVID-19 while in hospital (Lopez-Dolado, 2020). The biggest problem was that people with SCI showed fewer symptoms initially, and the biggest one was unusual weakness, and that identify-

ing people with SCI that had COVID-19 was often delayed because it was assumed that their fever was due to a urinary tract infection (UTI).

**1 – Am I at increased risk to get COVID-19 because I have an SCI?**

So the short answer is no. The SCI itself does not make you immuno-compromised and more likely to ‘get’ the virus than other people. However, you do need to think about increased risk of transmission because you use your hands for everything. In other words, you touch the elevator button that everyone else touched, then you touch your pushrims, then you touch your pants, and when transferring, you may also touch your cushion. So even if you go home and wash your hands, your pushrims and pants and cushion are still contaminated, so you need to wash those too.

**2 – If you have an SCI and you contract COVID-19, is it an automatic death sentence?**

So, again, the short answer is no. However, if you have a secondary complication (e.g. diabetes, high blood pressure, obesity), then you are at increased risk of developing serious complications. Also for people with tetraplegia, because your respiratory muscles are not working properly to begin with, anything that seriously affects breathing will make your situation worse, you have the potential problem of not having any ‘reserve capacity’. Having said that, we now know from research coming out of Italy, that even people with C4-level tetraplegia can recover from COVID-19 (without needing to be on a respirator).

**3 – Will ‘they’ withhold treatment from me, if I do get really sick from COVID-19, because I have an SCI?**

This was a big concern when everything was going crazy in Italy and New York and even in Ontario and Quebec, because people were concerned that if the medical systems became overwhelmed, the hospitals would have to decide who ‘deserved’ a respirator and who did not. Obviously people with SCI were concerned that they would rank ‘low’ on that list and if a decision had to be made between Joe with an SCI and Joseph without, they would give the respirator to Joseph, because he had a better likelihood of survival. We cannot say what the future will hold, but to date, in Canada, because we have kept the numbers low, we have not had to answer that question. Also, as far as I





have seen, there is no ‘rule’ to exclude people with SCI for treatment for COVID-19, but this is a valid concern that people need to remain vigilant about moving forward.

### **Lessons learned from research in Spinal Cord Injury and COVID-19 for people living in the community**

The biggest issues related to COVID-19 and SCI seem to be delayed diagnosis because fever is assumed to be due to UTI, rather than COVID, and that people with SCI present with ‘weird’ symptoms, including increased spasticity, gastrointestinal issues (e.g. diarrhea) and general weakness. The good news is that even people with cervical level SCI seem to recover at a level similar to the general population, provided they do not have the underlying conditions of obesity, high blood pressure or type II diabetes that puts people at higher risk for more severe forms of the disease. To date, most reports indicate that people with SCI do not develop any cough, but they do develop pneumonia. So the lesson for people with SCI is that they may not present with the typical symptoms of COVID and that they should make sure their health care providers rule out COVID if they are sick, so they can receive the appropriate treatments and support as soon as possible, rather than be treated for the ‘usual’ SCI-related problems.

From what we have learned so far, we recommend that people with spinal cord injury get tested for COVID-19 if they are feeling unwell and have fever or symptoms resembling a UTI infection; given that the most common symptom in SCI patients with COVID-19 has been fever and weakness. It is important to note that no patients were reported having a dry cough, the second most common symptom in COVID-19. Moreover, no patients required mechanical ventilation or intensive care. To date, no SCI patients have died due to COVID-19 related complications that have been reported in the research literature. Even though many communities impose restrictions on testing, we are pointing out here that if you think you have COVID-19, you should strongly advocate that you be tested for it.

Although the ‘voice’ of this article is from Kris Cowley, much of the research and writing came from Juanita Garcia. If you have any questions about this, or any other SCI-related research question, feel free to email me at [Kristine.Cowley@umanitoba.ca](mailto:Kristine.Cowley@umanitoba.ca). Also, please contact me if you would like the references this article uses.

## **New Supports for Canadians with Disabilities to Address Challenges Related to COVID-19**

June 5, 2020—Ottawa, Ontario

The Government of Canada is providing support to help people with disabilities deal with the extra expenses they are facing during the COVID-19 pandemic. This support includes a one-time payment to certificate holders of the Disability Tax Credit, a new National Workplace Accessibility Stream through the Opportunities Fund for Persons with Disabilities, and new investments through the Accessible Technology Program.

### **One-time payment for persons with disabilities**

A special one-time payment of \$600 will be automatically provided to individuals who are certificate holders of the Disability Tax Credit as of June 1, 2020. The payment will be provided to eligible Canadians without an application or attestation. It will be non-taxable.

Seniors who are certificate holders of the Disability Tax Credit and are eligible for the Old Age Security (OAS) pension and/or the Guaranteed Income Supplement (GIS) will have their payments adjusted accordingly. Seniors who are certificate holders of the Disability Tax Credit and eligible for the OAS pension will receive a payment of \$300, in addition to the special COVID-19 one-time OAS pension payment of \$300. Those who are certificate holders of the Disability Tax Credit and are eligible for the GIS will receive a payment of \$100, in addition to the combined \$500 from the special COVID-19 one-time OAS pension and GIS payments. With this new support and these special payments announced last month, all seniors who are certificate holders of the Disability Tax Credit will receive a total of \$600.

For certificate holders of the Disability Tax Credit who are under the age of 18, the special payment will be made to the individual who is considered primarily responsible for the care and upbringing of the child for the purposes of the Canada Child Benefit. In cases of shared custody, each parent will receive \$300. Where a child who is a certificate holder of the Disability Tax

Credit is maintained by an agency and the Children’s Special Allowances are paid for that child, the special payment will be made to that agency.

*For more information, visit the Government of Canada website at: [www.canada.ca](http://www.canada.ca)*



## Catch of the Day

By Laurence Haien

**I**n this article, Laurence Haien, Senior Rehabilitation Counsellor, Vocational Services, interviews Artem Dolia regarding his enjoyment of fishing. Artem currently fishes from land but hopes eventually to purchase a boat and fish on the water.



**Artem, you introduced yourself to the membership in ParaTracks a few years' ago when you began working at SCI Manitoba. For those who didn't read your introduction or who may have forgotten, could you tell them a few things about yourself?**

Sure. I was born in Zaporizhia, the capital of south-eastern region (Oblast) of Ukraine in 1981. Just as Canada has provinces, Ukraine has regions. Zaporizhia is a large city with a population of approximately 750,000. The city is an industrial centre with many factories, including steel, automotive, and electronic. The Cossacks originated there.

The region is flat and windy. It's about a two hour drive from the Azov Sea. Summers are hot and can reach 40 degrees Celsius; winters are mild with temperatures ranging from 0 degrees Celsius to -10 Celsius. We were able to grow peaches, pears, plums, apricots, apples and cherries on my parents' property.

My sister, Daria, is five years younger than I. She's married to Max and has three children, Anna (8), Elijah (4) and Mark (9 months). My father, Nicolai, worked at the steel factory in Zaporizhia and is retired. My moth-

er, Natalia, worked at a facility similar to Manitoba Hydro. She is also retired.

I moved to Canada from Ukraine in 2017. I'm single and live with my family. I began to work at SCI Manitoba in 2018 as a rehabilitation counsellor assistant. Currently, I'm employed as a rehabilitation counsellor vocational enhancement.

**When did you first develop an interest in fishing?**

I was young, probably about 9 or 10-years-old. It was my father who introduced me to fishing because he liked to fish. We went fishing on the Dnieper River that runs through Zaporizhia. Since then, I go fishing as often as possible. Even my spinal cord injury couldn't keep me away from fishing, although my participation in fishing was interrupted for a few years while I recovered from my spinal cord injury.

**What do you enjoy about fishing?**

I like the sensation of the fish taking the bait, tugging at the line and then resisting as I try to reel them in. I enjoy eating the fish afterwards. I also enjoy spending time with my father and the peace and tranquility of being near water and looking at the scenery.

**Who do you fish with?**

Usually, I go fishing with my father. Sometimes, my mother tags along because she likes to watch us fish. I've also gone with friends.

**Other than a fishing rod, do you use other equipment?**

I use a fishing rod and lure or bait. My fishing rod is not adapted, as I've been able to manage this without any modifications. Sometimes, though, my father will assist me to reel in a particularly large and energetic fish from the river or lake.

**How do you decide where to fish?**

Well, my father and I collaborate on this. We'll look at different sites on Google Maps and then drive to the site to determine if it's accessible for me. I use a wheelchair for mobility. So, I need a flat surface near



the water's edge where I can park. Sometimes, it's hard to locate an area that is flat and close to the water. Then, we fish and bookmark the spot later if we like it.

### **Do you fish year round?**

Yes. I've fished at Lockport, Selkirk, Lake Manitoba, and the Assiniboine River during the winter. We own a gas-powered auger to cut through the ice, a gas heater, tent, and fish finder. So, we remain warm and comfortable. Sometimes, though, it's difficult to drive the van onto the ice because of snow drifts, the steepness of the slope towards the river or lake. In these situations, I'll remain in the van while my father goes fishing. Surprisingly, we have found the fish to be plentiful during the winter and quite large.

### **Do you have a favourite time of year to fish? Why?**

I enjoy fishing during the spring, especially at the beginning of the season around May 10th. I find that the fish are plentiful as they journey from the rivers to the lakes.

### **Tell the readers about the types of fish you've caught in Manitoba?**

We've caught pike, perch, walleye, and catfish.

### **What are your favourite fish? Why?**

Well, I have several favourite fish for different reasons. In Ukraine, catfish are not plentiful. Catfish tend to be very strong, regardless of their size. They put up a good fight, and I enjoy the challenge of struggling to reel one in. They are my least favourite fish to eat, though. Pike can grow quite large. We've caught several up to 60 cm. long and weighing up to 3 kg. It's very satisfying to catch a fish that will feed the entire family. I particularly enjoy the taste of pike and perch.

### **Who in your family prepares the fish, and how do they do this?**

Usually my mother and sister prepare the fish. Nothing complicated. They flour the fish; add some salt and then pan fry it.

### **Do you have any advice for members who have considered but have not yet tried fishing?**

My advice is that people contemplating fishing should

just do it. I think they'll be hooked when they get their first bite and feel the resistance on the line while the fish struggles to get away. Like me, they may also enjoy releasing fish back into the water.

It's important, too, that beginners know they have to purchase an annual license for fishing. For Manitoba residents 18 – 64 years-old, a yearly fishing license costs \$25.00 plus tax. People also need to review the Manitoba Anglers' Guide [https://www.gov.mb.ca/sd/pubs/fish\\_wildlife/angling\\_guide.pdf](https://www.gov.mb.ca/sd/pubs/fish_wildlife/angling_guide.pdf). This outlines the rules and regulations related to fishing. For example, fish over 70 cm. must be released, sturgeons which are endangered must always be released, and only four perch are allowed per person.

### **Any last thoughts about fishing you'd like to share with the membership?**

Don't hesitate, enjoy. You won't know until you try. The warm seasons in Winnipeg are short, so get busy and go fishing. Who knows what you'll catch?







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## School After SCI

By Danique Dupuis

**H**aving a spinal cord injury is a learning curve, to say the least. In February 2017, I became a T4 paraplegic after a snowmobiling accident. Things like *catheters*, *autonomic dysreflexia* and *casters*, that I had never heard of before, became part of my everyday life and new reality. After my discharge from HSC, I spent two years training at First Steps Wellness Centre in Regina, Sk. I was determined to get as much function from my body after my injury. I moved back to Manitoba during the spring of 2019 to start a new chapter of my life. I always had an interest in accounting, so I applied for a one-year accounting program at Red River College. Having been injured during my senior year of high school, I had no idea what kind of adaptations I might need. I had not been around large groups of people on my own in a while which made me nervous. All that nervousness seems silly now that the year flew by and that I graduated. The experience was very positive and I was surprised by how easy the transition was for me. I put together a few tips hoping that I can help some of you who are considering going back to school.



### Meet with Accessibility Services counsellor

I met with Lori Walkow, the manager of Exam Accommodations and Assistive Technology at RRC. She helped me identify the areas where I may need adaptations and went through the other services they provide that could be helpful, like height adjusted desks, priority seating in classrooms and exam accommodations, to name a few.

### Avoid the rush

The campus store gets crazy busy the first week of school. Save time by buying your textbooks or other course materials a few weeks in advance or you can even order them online to avoid long lines.

### Scope out the campus

Visit the campus in advance to have a better idea of which ramps are the best, where is the best spot to park or get dropped off, which bathrooms work better for your needs, where your classes will be and where the nearest elevators are.

### Lessen your load

Ask Accessibility Services to get the PDF copy of the textbooks you bought. That way, you can access all your textbooks from your laptop and you won't have to carry around all those heavy textbooks (which is easier on the arms when you are wheeling around!).

### Make friends

I was worried that having a disability would make me an outcast or would be a barrier between me and my classmates. I was very wrong. People were kind and treated me as an equal. Some were curious and asked me why I was in a wheelchair, but most people never asked.

### Get an accessible locker

I didn't know accessible lockers were even a thing before I went back to school. They are shorter and are wall mounted so that you can wheel under them. The ones at Red River College were conveniently located near the elevators and bathrooms. Having a locker was especially helpful during the winter because I could keep my winter jacket in there instead of bringing it with me everywhere. I also kept a box in my locker with a few extra catheters and some meds that I take during the day in case I ever accidentally ran out of them.

### Studying online

Due to the pandemic, I finished my last term online. It was an adjustment, but definitely do-able. My advice for switching to online classes: keep a routine (wake up at a decent time, get dressed, eat), take breaks from staring at screens, email profs for clarifications, keep a list of assignments and their due dates to make sure you stay on top of things.

*Special thanks to Employability Assistance for people with Disabilities for funding my education!*



# Working Out At Home: How to get started and keep it going

By Kelly Tennant

**I**n the November 2019 issue of ParaTracks, I covered accessible fitness facilities throughout Winnipeg. Unfortunately, COVID-19 necessitated the closure of all gyms and recreation facilities, prompting many regular gym-goers to figure out how to replicate their exercise routine at home. Or perhaps you've never been much of a gym rat, but have been thinking about working out at home and just don't know where to start. Either way, the following article will provide some tips and tricks for getting started and staying motivated to reach your fitness goals, all from the comfort of your living room.

First, some guidelines around exercise after SCI.

The following guidelines were developed by a group of researchers led by Dr. Kathleen Martin Ginis at the University of British Columbia and Dr. Victoria Goosey-Tolfrey at Loughborough University, UK, experts in physical activity and spinal cord injury.

## **For cardiorespiratory fitness and muscle strength benefits, adults with SCI should engage in:**

- At least 20 minutes of moderate to vigorous intensity aerobic exercise 2 times per week.
- 3 sets of strength exercises for each major functioning muscle group, at a moderate to vigorous intensity, 2 times per week.

## **For cardiometabolic health benefits, adults with SCI are suggested to engage in:**

- At least 30 minutes of moderate to vigorous intensity aerobic exercise 3 times per week.

## **Getting started:**

No one needs to build an at-home gym in order to work out effectively at home. Depending on your goals, you may not need any equipment at all!

## **The basics:**

- 1) Comfortable, breathable clothing to work out in. Cotton is recommended. Bulky seams should be avoided, especially on seating areas, as these can contribute to pressure injuries.
- 2) Time. Carve out the time to meet the require-

ments above and stick to your schedule. Exercising consistently is the best way to see changes in your health and fitness.

- 3) Water. Hydration is critical to feeling well while you exercise and after. Keep a water bottle where you can easily access it and expect to need to drink more water on hot days.

If you're doing flexibility, cardio, or bodyweight strength training, this is all you need for an effective workout at home. If you'd like to push yourself further, add on some simple equipment such as free weights (with Active Hands if you have reduced hand function), wrist/ankle weights, or resistance bands such as Therabands. Grabbing a couple of cans of food can make a quick substitute for 1 lb weights. If you're trying to replicate a gym or physiotherapy experience, consider investing in a larger piece of equipment such as a recumbent stationary bike or arm cycle ergometer. Sometimes you can even find these gently used and save a little money.

## **Staying motivated:**

The more your workout becomes part of your daily routine, the more likely you will be to stay motivated to keep working out long-term. Think about the who, what, where, when, and why of your ideal workout plan.

## **Who –**

- Do you prefer to work out alone or have a workout buddy?
- Do you want to work with a physical therapist or personal trainer to design a workout program or would you like to make one up yourself?
- Does following along with a workout video help keep you motivated?
- YouTube is a great source for SCI-friendly exercise videos. One of my favourites is Adapt to Perform, where the inventor of Active Hands, Ben Clark, who lives with quadriplegia, offers beginner and advanced cardio, interval training, and yoga workouts.

## **What –**

- The workout you enjoy will be the workout you keep doing.



- Did you fall in love with a specific piece of equipment at the rehab hospital or your favourite gym?
  - Think about investing in something similar for home use. Recumbent stationary exercise bikes and arm cycle ergometers are budget-friendly options. A set of free weights or resistance bands don't take up much room in small-spaces.

#### Where –

- For a home workout, this could mean a dedicated space in your home where you have equipment set up or stored, or could be outdoors in nicer weather.
- Try not to hide your workout equipment away. If you see it every day, you are more likely to use it every day.
- Position your workout space where you can watch TV or look out a window while you work out. This is a tried and true method used by many gyms.
- If music helps get you moving, make sure to have a way to blast your tunes in your workout space.

#### When –

- Many people find that the easiest time to work out is in the morning.
  - You'll typically have better energy levels after a full night's sleep and it's less likely that other distractions will pop up and ruin your workout plans, as can happen if you plan to work out later in the day.
- Some people, however, find that an afternoon or evening workout works better with their schedule, may give them a much-needed boost of energy later in the day, and helps them sleep.
  - Just make sure that you have at least an hour of time between the end of your workout and trying to sleep, otherwise the endorphin rush of exercise may make it hard to fall asleep.

#### Why –

- Think about your goals for exercise.
- Do you want to lose weight, get stronger, be more flexible, or improve your cardiovascular health?

- In addition to the physical benefits of exercise, working out can give you a mental boost as well, increasing your concentration, improving your mood, and helping with sleep.
- Exercise is a great treatment for stress relief, allowing you to focus on your body's movement and breathing rather than anxious thoughts, similar to meditation.
- Researchers have even found that for people with mild depression, regular exercise can be as effective in decreasing their depressive symptoms as anti-depressant medication, and exercising while taking antidepressants can boost their effects (Blumenthal et al., 2012).

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## Ochre River Rescue: Part Four

By Peter Berg

*Readers may recall the intriguing three-part story we ran last year about SCI Manitoba member Peter Berg's helicopter rescue from Riding Mountain National Park. We are excited to be able to continue Peter's story with his arrival at the Dauphin Regional Health Centre Emergency Room.*

The Dauphin ER wasn't too busy when I arrived. I was ushered right in to a treatment room, probably because I had a suspected heart attack, and had experienced a blood pressure crash in the ambulance. Overall I wasn't feeling too bad at this point. I was awake, and lucid, and not in pain . . . I just couldn't move my legs much. The doctor was a lady, and she began to do a workup to assess my heart. (I would later meet her daughter, a nurse in the city) I donated blood, 12 vials in a batch at one point, for analysis. They performed an EKG test. They listened, and poked, and prodded. Within a couple of hours it became clear that I had no indication of a heart condition. They set up a saline IV in case what I had was just an electrolyte imbalance from a severe case of dehydration.

Meanwhile a staff member came and got my information for the admission process, and I was put in the care of a young nurse named Vanessa. She is a bit short, but makes up for it with a very large cheery personality matched to her bright pink shock of hair. Vanessa tended to my needs through the afternoon. The backpacks from the woods arrived some time after I did, and were stuffed in a corner of the treatment room. A roommate arrived during the afternoon, a gentleman who was suffering with various complications of an illness, and on this day chest pains as well. We talked a bit during the down times between procedures, and he had also lost a daughter not much older than my Catherine in recent months.

Allen Unger arrived to visit me. Allen is the pastor of Ochre River Baptist Church, where the pastors' gathering had been held earlier in the day. He stayed with me for a couple of hours, and we talked and joked. Eventually Curtis made it to the hospital. His ambulance was from Ochre River and this was out of their territory, so they had dropped him on the highway and Brad Muller from Ochre River had driven him to Dauphin. He arrived flustered and very glad to see me alive.

It wasn't long before our conversation turned to what to do about the car. Here was my station wagon, parked and locked at the trailhead, with an expiring parking permit on it. We were afraid it would get towed, or vandalized, or somehow incapacitated so it

wouldn't be retrievable. We had to get it to Dauphin. Once in town, I knew a couple of people whose houses we could park it at for as long as necessary for someone from camp to mount a rescue mission. Allen offered to drive Curt to get the car.

Curt looked up in panic and blurted "But I haven't driven a standard transmission car in 28 years!" Allen shook his head and snorted, "City boy." They decided to drive and get the car. Allen would drive it back to Dauphin, and Curt would follow in Allen's automatic car. They left on the errand, appreciating some time together as they only really see each other rarely at the pastors' lunches, and this would allow them to get to know each other a little better. They were gone about 2 hours.

Meanwhile, I was getting steadily more uncomfortable. I had not peed since mid-morning. In fact, when my mountain man rescuer had reported in and we were waiting for assistance, he asked me if there was anything he could do for me, I asked if he could help me pee. He propped me against a tree and held me there with a big bear hug while I tried. I couldn't, and I put it down to holding it for a long time and a colossal case of stage fright. During a pause in the carry-out I had made a second attempt without success.

On arrival at the ER, they had given me a urinal jug, and encouraged me to try while propping against the side of the bed. I tried several times through the afternoon, getting nothing out. The saline IV had not helped with this issue. In the late afternoon, Vanessa announced that the doctor had ordered a bladder scan for me. The machine they use for this is a version of an ultrasound like what is used for in utero baby images, but housed in a small portable machine and configured to discern how much fluid is in a person's bladder. Vanessa scanned my bladder and asked, "Do you need to go?"

"Yes," I whimpered, "but I can't." I explained that it had been sometime in the morning that I last was able to relieve myself. She said, "We need to do something about that." And as simple as that I was on my way to my first ever urinary catheter.

The Foley catheter comes in various lengths and is a semi-rigid tube inserted into the urethra. Once the





end is in the patient's bladder, part of the tube is inflated and a ball forms at the bladder end to secure the device. An extension hose and graduated collector bag are attached to the outlet and a valve allows fluid to flow. The Foley that Vanessa selected seemed unnecessarily long. Sizes from 8" to 26" were available in the ER, according to the marks on the storage shelves, and I think I got one of the longest sizes. I was a bit concerned with the diameter of the tubing, but I very seriously wondered if it might not poke out my nose if inserted fully. I hoped it was clean.

Urine did indeed begin to flow as soon as Vanessa attached the collector bag. 500ml collected before Vanessa even managed to put the remains of the catheter kit away, and by the time I was finished draining a few minutes later 3 full litres had collected and she had already emptied the collector bag once. The insertion process was not as uncomfortable as I imagined it might be, but the relief that followed was absolutely indescribable.

Meanwhile, the doctors were trying to determine what was wrong with me and a second doctor began to test reflexes, strength, and sensation in my legs and get a detailed description of the extent of the numbness. This was where they began to think that a spinal issue might be at the root of my problems. They began to talk about my condition as a possible transverse myelitis, and started to make plans to move me to Winnipeg's Health Sciences Centre for further diagnostic testing. I need to stop and salute the lady who was my attending physician, as I understand she made absolutely heroic efforts to get me accepted at HSC and transferred there with all haste. A helicopter transfer was ruled out, but it took her something like 12 spirited phone calls to gain acceptance of an ambulance transfer that evening. It was set up and called off at least once.

Meanwhile, Curt had checked local hotels for space and found none. He concluded he would have to make it home that night in order to make it to work the next day. He was resigned to driving the car. On the Monday, he had been asking questions and trying to remember how to pilot the manual-transmission car. He was glad he did. He told me later he stalled the car once in the hospital parking lot, then made it the rest of the way home. He said goodbye a little after 21:00, steeled his resolve, and walked out to the parking lot to confront his demons and the infernal machine that would take him home. My transport was finally arranged and I was on an ambulance by 21:30, and on my way to HSC.

Transports from Dauphin are routine for the ambulance staff. Which is not to say they are well-liked. There is a hand-over process for the crew to take over an ambulance and ensure the appropriate equipment and supply inventory is in the unit and prepared for action. The drive time for the transfer is 4 hours each way, with the processing time at the Winnipeg hospital in the middle of the trip, and another handover process at the end. A smooth transfer already requires a full 12-hour shift, and it can be longer if there is any friction on the trip.

My ambulance crew started into the rainy darkness with me, and drove into the night. I sent Curt a text asking him to text me when he arrived home safe. I drifted off to sleep for a little while. We stopped in Neepawa for a quick break for the driver, then continued on. Curt also stopped in Neepawa for a break, and when the ambulance pulled in he realized it was my transfer. He followed the ambulance to the city, then broke off for home. He texted me shortly after I arrived at HSC to say he got home safe. His text also said "You can keep your car. It takes too much thinking to drive."

After Neepawa I slept for a little over an hour, then came to as we drove through Headingley and into the city. As we drove along Portage Ave. the EMTs were getting progressively more nervous. How busy would the ER be? How long would they have to wait? Once, my attendant confided, they had been required to attend at the HSC ER for over 8 hours waiting for a patient to be admitted. Hope started to bubble up in them when there were no ambulances lined up outside, and when the door opened before them and they pulled in to the unloading area with no one ahead of them they were positively giddy. HSC processed my transfer paperwork immediately and I was in a bed in their ER within 10 minutes of leaving the ambulance, and they were free to go. I wished them well. "We'll get something to eat here, and then we'll have to stop on the way home again for my partner, but otherwise it's straight home and done!" my attendant confided. I had arrived in Winnipeg. It was 01:30.

### *More to come in future issues.....*

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## Manitoba Paraplegia Foundation Inc. (MPF) News

**M**PF 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 totaling \$14,737 has been granted. Some of the highlights follow:

- Funding was granted for the purchase of a platform lift for an SCI Manitoba member's home. The lift will allow the member to return to their home after their hospital stay and be able to safely and independently enter and exit their home.

- Funding was granted for the purchase of power assist technology for an SCI Manitoba member's manual wheelchair. The member wheels to and from their home to their workplace and this technology will allow them to continue to reap the benefits of outdoor exercise and maintain independence. At the same time, this will protect the member's shoulders from progressive damage and loss of function, as well as prolong the ability to move about independently without a power wheelchair.

Visit MPF's website at: [www.scimanitoba.ca/mpf](http://www.scimanitoba.ca/mpf). Applications for assistance are available through the website or by email [info@scimanitoba.ca](mailto:info@scimanitoba.ca) or by phone 204-786-4753.

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

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