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Lésions Médullaires Manitoba Inc.
Formerly Canadian Paraplegic Association (Manitoba) Inc.

MPF MANITOBA PARAPLEGIA FOUNDATION INC.

March 2021 Winter Issue

PARATRACKS

Newsletter of Spinal Cord Injury Manitoba Inc.

In this issue:

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Submissions, suggestions and comments are greatly appreciated—please email these to info@scimanitoba.ca or send by regular mail to SCI Manitoba at the address noted above.

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

George Armstrong
Brian Church
Stanley Dudar
Margaret Irvine
Edwin Mendoza
Mary Anne O'Brien
Peter Starr
Jan Suizko
Harold Swick
Steven Toth

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 or info@scimanitoba.ca or by phone 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 or 204-786-4753, ext. 222.

COVID-19 And SCI Manitoba

Effective 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 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.

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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Employees Working At Home Due to COVID-19

Since the pandemic began in mid-March 2020, public health officials have asked Canadians to stay at home to help minimize the spread of COVID-19. As a result, an unprecedented number of employees have been asked to work at home.

Employees who worked at home in 2020 due to COVID-19 and meet certain conditions, will be eligible to deduct home office expenses (work-space-in-the-home expenses, office supplies, & expenses such as employment use of a cell phone, long distance calls for employment purposes, etc.).

Who is eligible?

You are eligible to deduct home office expenses you paid if you meet the following conditions:

- you worked more than 50% of the time from home for a period of **at least** four consecutive weeks in 2020 due to COVID-19
- the expenses were directly related to your work

However, you **cannot** deduct home office expenses if all of your expenses were or will be reimbursed by your employer. You will find below examples of eligible and non-eligible home office expenses. Additional home office expenses you may be able to deduct can be found on the CRA website.

Eligible expenses

Eligible expenses include:

- rent paid for a house or apartment where you live
- electricity, heat, water or the utilities portion of your condominium fees
- home internet access fees
- maintenance (minor repairs, cleaning supplies, light bulbs, paint, etc.)
- supplies (stationery items, pens, folders, sticky notes, postage, toner, ink cartridge, etc.)
- employment use of a basic cell phone service plan
- long distance calls for employment purposes

Non-eligible expenses

You **cannot** claim any of the following:

- capital cost allowance
- mortgage interest
- principal mortgage payments
- home internet connection fees or the portion of fees related to the lease of a modem/router
- capital expenses (windows, flooring, furnace, etc.)
- office equipment (printer, fax machine, briefcase, laptop case, or bag, calculator, etc.)
- monthly basic rate for a landline telephone
- cell phone connection, or license fees
- purchase of a cell phone, computer, laptop, tablet, fax machine, etc.
- computer accessories, (monitor, mouse, keyboard headset, microphone, speakers, webcam, router, etc.)
- other electronics (TV, smart speaker, voice assistant, etc.)
- furniture (desk, chair, etc.)

There are **two options** available to calculate your home office expenses:
Option 1 – Temporary flat rate method
Option 2 – Detailed method

Option 1 – Temporary flat rate method

The Canada Revenue Agency (CRA) has introduced a temporary flat rate method to calculate your home office expenses for 2020 for employees who worked from home in 2020 due to COVID-19 and paid home office expenses for which they were not reimbursed. If you use this method, your employer is not required to complete Form T2200S, Declaration of Conditions of Employment for Working at Home Due to COVID-19 or Form T2200, Declaration of Conditions of Employment, and you are not required to keep documents to support your claim. If you do not use this method, you must have your employer complete Form T2200S or Form T2200 and you must keep your supporting documents.

If you are eligible, you can claim $2 for each day that you worked at home during the four week period plus any other days you worked at home in 2020 due to COVID-19, up to a maximum of $400. Enter the amount of your claim on line 9939 of Form T777S as well as line 22900 of your tax return.

Option 2 – Detailed method

If you choose to use the detailed method to calculate your home office expenses, you must meet **all** of the following conditions:

- You worked more than 50% of the time from home for a period of **at least** four consecutive weeks in 2020 due to COVID-19.
- You have a completed and signed Form T2200S, Declaration of Conditions of Employment for Working at Home Due to COVID-19, or Form T2200, Declaration of Conditions of Employment from your employer.
- You kept all your supporting documents in case the CRA asks to see them later.

Note: You cannot claim any expenses that were or will be reimbursed by your employer.

Reprinted from Canada Revenue Agency website—for more information visit https://www.canada.ca/en/revenue-agency.html

From A Distance

By Artem Dolia

In the following article, Laurence Haien interviews Artem Dolia about his recent experience as a distance education learner.

Please tell the readers about yourself.
Well, I was born and raised in Ukraine. I sustained a complete spinal cord injury after a diving accident in 1999. Initially, I used a manual wheelchair for mobility but have transitioned to use of a power wheelchair in the last three years. I have self/family managed home care. I came to Canada in 2017 and have lived with my sister, brother-in-law, their three children, and my parents since.

I have a master's degree in power engineering and a bachelor of social work degree. I worked as a program coordinator for the Mennonite Central Committee for twelve years before coming to Canada. I began my employment with SCI Manitoba in 2018, first, as a rehabilitation counsellor assistant and more recently as a rehabilitation counsellor, vocational enhancement.

How did you become a distance education learner? From which educational institution do you take your distance education courses?
My supervisor presented me and several co-workers with a professional development opportunity. This opportunity entails enrollment in the rehabilitation essential skills certificate program as provided by the University of Maryland Eastern Shore. I have one course remaining to complete the certificate.

Tell the readers about the main difference between distance education and on campus learning?
I find, in some ways, distance education can be less stressful. You do not have to travel to and from campus and could, therefore, dedicate more time to study. However, I find that you lose the personal contact with students and professors, and this can be a source of stress.

What kind of equipment or technology do you require for distance education? What kind of technical skills does a distance learner need?
Let's see. I required high-speed internet, a laptop or desk top computer, and a camera. Students need to have basic computer skills, including knowledge of Word, Excel, and Power Point. They need to know how to navigate the internet. It's helpful to have some ability to trouble-shoot technical problems, even though I have access to technical support from the university.

An online teaching application called Blackboard Learn was used and enabled students to access lectures, online chats with other students or the professor and to sit examinations. High-speed internet is required to access this application. You have to have a good internet connection; otherwise, you experience interference and potential loss of connection.

Examinations require a lockdown browser and a camera. This enables the professor to monitor students while they sit examinations.

How do you communicate with professors and other students? What challenges are associated with this type of communication versus in person communication?
Communication occurred through e-mail, the online Blackboard, and through video chat. You can use your cell phone for all of this communication, too. Again, one of the challenges was the loss of personal interaction with the professor.

How many classes do you enroll in at one time?
I took one class at a time. But students had the option of enrolling in additional classes, depending on their personal situation and capacity.

How often do you attend online class?
Attendance depended on the course. Some courses required attendance every day, others every second day, and some only twice weekly.

Are lectures posted online and are they pre-recorded so you could you watch them more than once? If so, does this facilitate learning and remembering?
Lectures were posted online. Sometimes we had a video lecture to watch every week. The lectures might be live or pre-recorded. If they were pre-recorded, you had the option of watching them more than once which I found helpful. Each week students were given tasks with completion dates. Often, we had several chapters to read weekly.

Are the distance education courses structured as well as those you took when attending a post-secondary education institution? If not, what challenges does this present and how do you work around these?
This depended on the professor who developed and presented the course. Some courses were better organized than others. Those that were less well organized created challenges. There were times when the book or reading material was not readily available, and I fell behind. This meant that I had to spend more of my personal time reading so I could catch up.

How are examinations written and submitted? How do professors ensure students don't cheat?
As I mentioned before, exams were completed online. Usually, they consisted of multiple choice questions. The midterm exams typically had 50 multiple choice questions; the final exam 100 questions. The exams were time-limited. Of course, you had a lockdown browser & your camera had to be on so the professor could monitor students while they took the exam.

In my opinion, multiple choice examinations can be harder than short answer or essay style exams. By this I mean that the pool of responses from which you could pick were often very similar to one another. You had to select the answer that best matched what you read in the text book or that came from the lecture material. So, it helps to have a good memory for detail.

Do you find distractions at home such as, family members and their activities can interfere with your study time? How do you manage this?

Absolutely! Although I have my own room a work station established, it wasn't unusual for someone to be knocking at my door. I could hear my niece and nephews speaking loudly, screaming, or playing. Sometimes, they wandered into my bedroom while I was studying, watching a lecture or participating in a video chat.

I had to speak with my family members on several occasions and ask them to keep the noise level down and not to interrupt me when my door was shut.

Of equal importance, I found that I had to manage my time and consider family needs in doing so. For example, I had to schedule my exams when I knew people would be out of the house. Also, I found the best time to study or read was after 8:00 p.m. when the household was quiet and the children had gone to bed.

How do you juggle distance education while working? Are there any challenges regarding this?

This could be challenging and not always easy. After working a full day, I had to get into the routine of completing my assigned readings, studying, and preparing essays and various written assignments. There was less time to rest, relax, and spend time with my family. I had to be organized and budget my time. It's not easy. But it's manageable so long as you have the desire, discipline, and motivation.

What are the positives associated with distance education?

Well, I didn't have to travel to and from an educational facility which can be time-consuming and energy draining. This gave me more time to dedicate to my studies. There is also some degree of flexibility that you don't experience when attending an educational facility. You set up a schedule that is more compatible with your needs and capacity. In some ways, distance education is less stressful because you don't have to dress and groom and prepare yourself as you would if you were attending school. You also have the option of taking additional courses and really customizing your program to meet your needs versus having to adjust to a schedule established by the university.

What are some of the challenges associated with distance education?

I mentioned previously that there are impediments to getting to know your fellow students and the professors than would be true if you were attending on campus. I think this is also an impediment to developing a school spirit. There is less opportunity to hear the differing opinions of students which means that you don't necessarily develop a broader perspective on issues, as your own opinions are rarely challenged or expressed.

I think for people who are extroverted this can be a huge challenge and render their educational experience less than satisfying. Some individuals learn best when they have a more personal relationship with their instructors and have opportunities to interact directly with other students. For individuals who are less social and more introverted the adjustment to online learning can be less stressful.

Would you recommend distance education to others? Why or why not?

I would recommend distance education to others, especially now because post-secondary educational opportunities are limited because of the pandemic. Most post-secondary facilities are providing online teaching only. For me, I could not say that distance education is easier or harder than attending on campus. It's manageable but, again, depends on your motivation, self-discipline and ability to create and comply with a self-imposed schedule of study.

I should mention, too, that English is not my first language. This created an additional level of stress and challenge. I found that I usually had to read and re-read material to understand it, particularly since the material was written in a formal and academic manner. This was also true with lectures. If the instructor spoke quickly or did not articulate clearly, I had less understanding of the material. If the lecture was pre-recorded then I might have to watch it several times. This also meant that I had to dedicate more time to learning the material than my fellow students whose first language was English.

What qualities does a distance learner require to be successful?

I think distance learners have to be disciplined, self-motivated, and focused. But I think all post-secondary students require these same qualities. You're advised in advance of the due date for assignments, essays, and examinations. Whether you're prepared or not is entirely up to you. You have to establish a schedule of study and stick to it.

Distance learners also need to be patient. You should anticipate there will be challenges with technology, such as, a lost connection, a poor connection, or a system failure. You need to have basic computer skills and knowledge of several programs. It also helps to have troubleshooting ability for these eventualities.

Finally, distance learners need to have some degree of tolerance for stress and pressure. Family and personal responsibilities can and will interfere with and interrupt your learning schedule. You have to be flexible and adaptable. When interruptions occur, you may have to sacrifice sleep or personal time to catch up with your school work.

Do you have additional thoughts regarding distance education?

Nothing is impossible so long as you have the desire, discipline, and commitment to pursue post-secondary education as a distance learner.

A Pandemic Life

By Randy Dueck

In the following article, Bernie Gaudet interviews Randy Dueck about life during the pandemic.

Can you begin by telling the readers a little about yourself; your background story?
Born and raised in Winnipeg, and still here. I've spent most of my life as a C-06 and C-07 quadriplegic.

When I was 17, I was injured in a motor vehicle accident while returning from the first Folk Festival held at Bird's Hill Park. During my stay at the Rehabilitation Hospital, I was a problem for the psychologist on the ward as I wasn't going through the "stages", i.e. denial, depression and so on. There was no denying it though—walking was out of the picture.

As for depression, I felt none. There were too many new things to learn. I studied Calculus to keep from getting bored, which for some reason disturbed that psychologist. There were also many interesting people who I encountered while there. Many of them were doing things in their wheelchairs that you wouldn't believe without the testimony of your own witness. I remember the first time I saw the wheelchair basketball team practicing in the "Big Gym" at the Rehab. I just about fell out of my chair. They were zoomin' around the court at running speed, dribbling the ball and shooting layups. They had one guy that could "swish" fifty percent of his shots from centre court! I knew I had to get involved even though I was a "quad". Then I met Gerry Terwin who got me started in sports. From there I worked hard at Track for several years, played on that same basketball team, the volleyball team, and was one of the founders of Quad Rugby (Murderball). I became the first Canadian quad to do a full marathon.

No, I didn't ignore my studies during that time. I had planned on getting my degree in Physics but that part of the University of Manitoba was not accessible in those days. My second choice was Electrical Engineering, but same problem. I decided to pursue and obtain a B.Sc. in Computer Science. I've worked in that field ever since and then married later in life.

How long have you worked at your present job at the Western Canada Lottery Corporation (WCLC)?
I've worked at WCLC for ten years as a Software Developer. Before that I've held various positions in areas like Banking and Process Automation among others.

What effect did the COVID-19 pandemic have on your employment situation?
Financially very destructive. I was in the hospital recovering from surgery to my arm when the pandemic began. When I was released from the hospital I was laid off along with others due to the impact of COVID-19 on the company's business. My finances were already affected by my stay in the hospital. As it turned out I only needed to collect one month of EI as my position at WCLC was reinstated. However, that month caused me to delay my application for CPP benefits until the next fiscal year which resulted in the loss of several months of CPP.

What effect did it have on your family?
My wife and son were visiting family in Colombia when COVID-19 was declared a pandemic and many airports were shut down for international travel. This resulted in them being stuck there which had a very large financial impact on us. Getting them back here was a lengthy and frustrating process.

How are you coping as the situation evolves?
At present I'm not very much affected by the situation.

What supports did you think were helpful in moving forward, especially for someone with a disability?
The one good thing was financial support from the Manitoba Paraplegia Foundation Inc. through SCI Manitoba for a SmartDrive. This is a small motor attached to the back of my Ultralite wheelchair. I can activate it anytime my arms need a rest or there's a steep hill to climb. It's a real lifesaver, given the injuries to my arms.

What do you think was lacking in your experience as a person with a disability?
It is my opinion that my rehabilitation and that of others was cut short to make room for a potential wave of COVID-19 patients that never materialized. I saw the planned discharge dates of some people moved up a month or two. For my own situation I think I needed more time to build strength and ability prior todischarge.

How do you think things could have been handled better?
I think the government has been overprotective of average people at the cost of damaging the economy and the finances of its citizens. At the same time they haven't done enough to protect vulnerable people in long term care homes. For most healthy people this flu doesn't appear to be life threatening, although the damage to the economy could negatively impact them. But for people with preexisting conditions and the elderly it is dangerous (as is the type of flu we normally see every year though COVID-19 is worse). They could have been a lot stricter with regulations for people working in those facilities. Maybe the deaths would have been fewer.

The Right Way to Go: Developing and Perfecting A Bowel Routine That Works For You

By Kelly Tennant

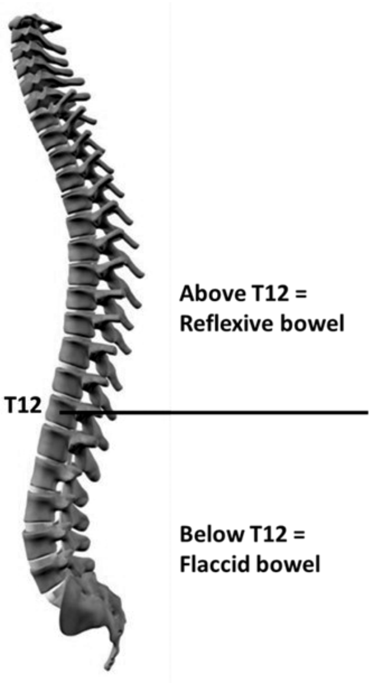
Most people with spinal cord injury or disease experience some loss of bowel control, a medical condition called neurogenic bowel. Up to 95% of individuals with SCI experience constipation and 75% have experienced episodes of bowel incontinence. While it may not be possible to completely eliminate the possibility of either of these conditions, their incidence can be significantly reduced by developing a bowel routine that is individualized for your personal circumstances, being consistent with the things that work, and knowing when to switch it up.

How does a spinal cord injury affect bowel function?

When a spinal cord injury damages the connections between the body and the brain, it means that you are less able to sense when your bowel is full, less able to hold in a bowel movement, or have difficulty relaxing the anal sphincter to initiate a bowel movement. A bowel routine includes any method you use to plan your bowel movements so that you can ensure that your bowel is emptied on your schedule, allowing you to go about your day without worrying about having an accident, an effect called "social continence".

Where do I start when developing a bowel routine?

The first thing to determine is what type of neurogenic bowel you have. The type of neurogenic bowel will determine the problems you are likely to encounter, what kinds of medications work, and the frequency of bowel evacuation.



Generally, people with SCI above the T12 level will have a "reflexive bowel", meaning that the defecation reflex that initiates a bowel movement is intact because the nerves from the lower spinal cord to the bowel have not been directly damaged. However, due to the higher-level spinal cord damage, there is a loss of voluntary control over bowel emptying. A reflexive bowel may spasm unpredictably, either holding in a bowel movement when you would like to have one, or opening unexpectedly and causing incontinence.

The other type of neurogenic bowel is called a "flaccid bowel" and generally occurs in people with SCI below the T12 level. With a flaccid bowel, the nerves from the spinal cord to the bowel have been damaged, and the defecation reflex is no longer intact. As the name suggests, the bowel and sphincter muscles are flaccid or lax. This means that peristalsis, the movement of digested food through the intestines, is slower and less effective and the sphincter has a harder time holding in stool. This combination results in constipation and incontinence.

If your injury is right at T12 or incomplete, you may find that you experience a combination of reflexive and flaccid bowel traits. This further highlights the importance of designing your bowel program around your individual body's needs.

What do I need to keep in mind when developing or modifying my routine?

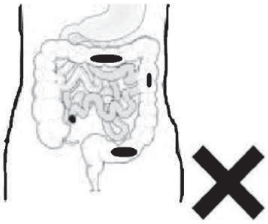
There are 5 key aspects to a successful bowel routine: Time, Place, Amount, Consistency and Trigger.

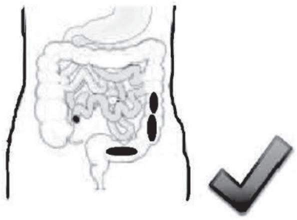
Time: The first aspect, time, refers to how often and when you perform your routine. If you have a reflexive bowel, you will want to do your bowel routine every day or every other day. Consider your bowel habits prior to your SCI. If you used to only have a bowel movement every other day, your body will want to fall back into a similar pattern. Try to avoid going more than 3 days between bowel movements as the longer stool sits in your intestines, the more water is reabsorbed from it, and dry stool can lead to severe constipation called impaction. If you have a flaccid bowel, you will want to do your bowel routine every day, or even multiple times a day. Due to the slow nature of a flaccid bowel, it takes longer for stool to reach the colon, so it is more difficult to evacuate the bowel fully with each attempt. People with flaccid bowel are especially at risk of constipation because of how slowly the bowels move.

As for when you do your bowel management, this depends on your personal preference, your school or work schedule, when your attendants are available to help, and how long your routine takes. The key to timing is keeping it consistent across days. Your bowel will, over time, adapt to a schedule of regular emptying. Certain activities can stimulate peristalsis, making it easier to have a bowel movement. The gastrocolic reflex occurs when the stomach is full and stimulates the movement of digested food through the intestines. Timing your bowel routine for 20-30 minutes after a meal will increase your success in emptying. Exercise also stimulates peristalsis, so you may have better success timing your bowel routine after a workout. New research has shown that even walking, for those who are able, can improve bowel management (Chun et al., 2020).

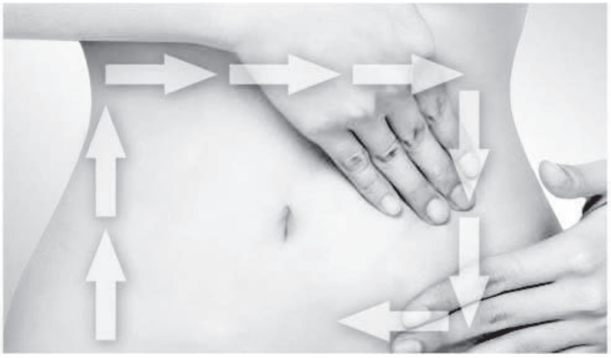
Place: The second aspect, place, refers to where the stool is in the bowel. If the stool is too high, your body won't be ready to evacuate it when you do your routine, but it may move down later on at an unwanted time. Conversely, if the stool is too low, you may experience incontinence before getting to the toilet. Doing your routine at a set time will help ensure that the stool is in the right place in your intestines—low enough to evacuate all at once, but not so low that a bowel movement happens before you're ready. The diagram below shows, on the left, some stool ready to evacuate and more stool located higher up in the bowel (in the transverse colon). This individual would have a small bowel movement now followed by incontinence later on, as the rest of the stool moves down into the rectum. On the right, the entire contents of the bowel are positioned for evacuation.

Positioning and abdominal massage can help move stool into the right place. Use gravity to your advantage. If you're able, perform your routine while sitting on a toilet or commode. If you prefer to do your routine in bed, lie on your left side, as stool travels towards the left side of the body on its way through the transverse colon.





Abdominal massage can be performed prior to or during your bowel routine. Using the back or heel of your hand or a tennis ball, apply gentle but firm pressure in one area and then release, progressively following the direction of movement of the stool, up the right side, across the belly just below the ribcage, and down the left side. Abdominal massage can manually move stool into position in the rectum.

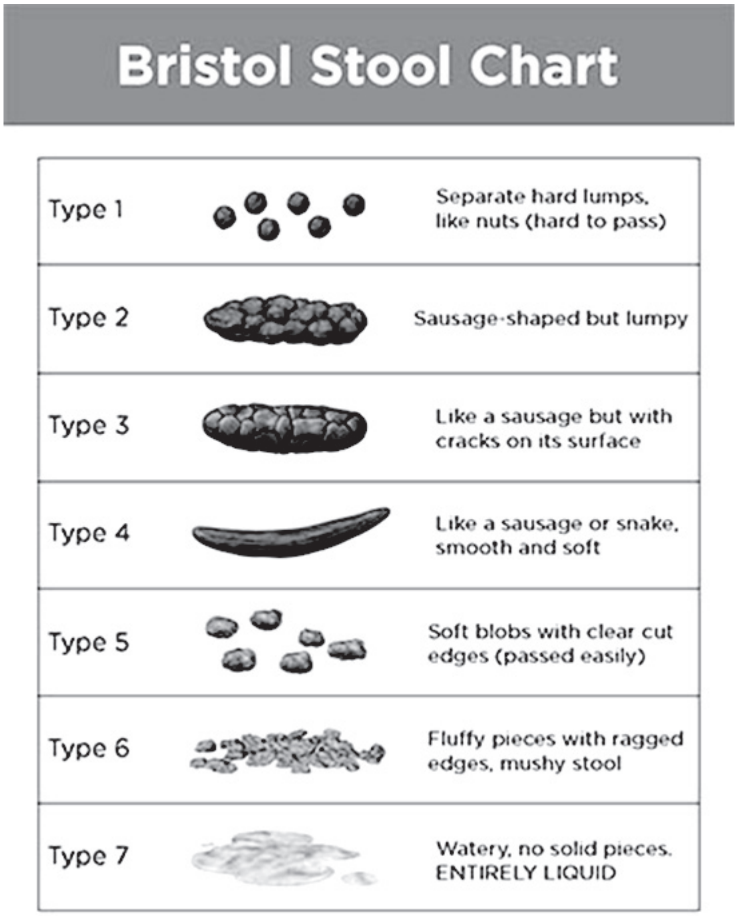


Amount: The example in the "Place" diagram above also illustrates the importance of paying attention to the amount of stool you produce in a bowel movement. Your body will produce an amount of stool that is directly related to the amount of food you have eaten. If you are eating large meals, you should produce larger bowel movements. If your bowel movements are small, this is a sign that stool is either sitting too high in the bowel and may result in incontinence later, or that constipation has set in. By paying attention to the amount over time, you will learn what is typical for you and be able to spot potential trouble early on.

Consistency: The ideal consistency of stool will also depend on whether you are managing a reflexive or flaccid bowel. For a reflexive bowel, the goal is stool type 4 on the Bristol Stool Scale. Stool should be fully formed but soft enough to pass easily. If stool is too soft, it can stick to the walls of the intestine and cause difficulty in emptying the bowel completely. Soft stool can also pool in the rectum, increasing risk of constipation for people trying to manage a reflexive bowel.

For a flaccid bowel, you want to aim a little firmer, ideally for type 2-3. Soft stool increases the risk of incontinence as it is not as easily held in with a flaccid sphincter. Anyone utilizing manual disimpaction as part of their bowel routine will also want to aim for this level of firmness of stool, as it makes it easier to hook and remove pieces of stool.

Very soft stool or lots of mucus can be a sign that you are using bowel stimulants too aggressively, or something in your recent diet is a strong stimulant for you. Very hard stool that is difficult or painful to pass, or that looks like type 1 on the Bristol Scale, is a classic sign of constipation. The best remedy for constipation is drinking more water, but the use of stool softeners and eating a high fibre diet full of fruit, vegetables, and whole grains can help, especially if you find that drinking more water complicates your bladder management. In addition to fibre, other types of foods will directly affect the consistency of stool. It can be helpful to keep a food/stool diary to identify foods that are "softeners"



Bristol Stool Chart

Type 1	Separate hard lumps, like nuts (hard to pass)
Type 2	Sausage-shaped but lumpy
Type 3	Like a sausage but with cracks on its surface
Type 4	Like a sausage or snake, smooth and soft
Type 5	Soft blobs with clear cut edges (passed easily)
Type 6	Fluffy pieces with ragged edges, mushy stool
Type 7	Watery, no solid pieces. ENTIRELY LIQUID

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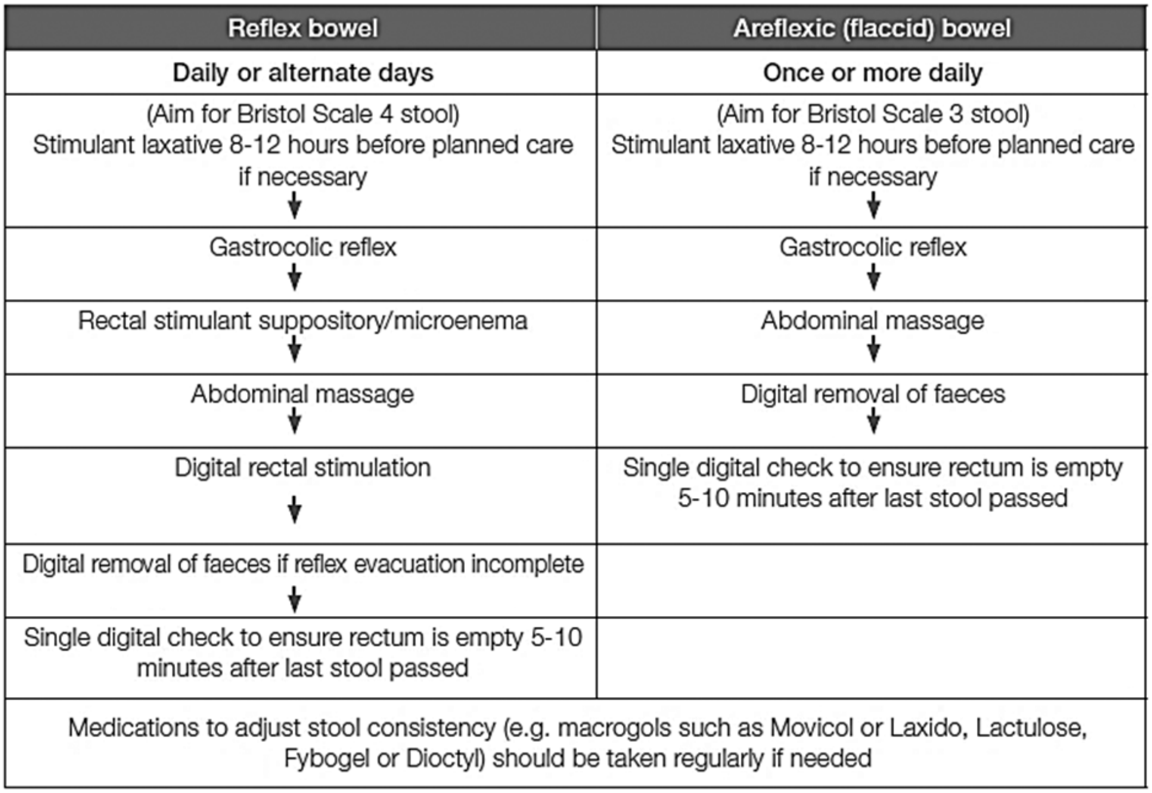
or “firmers”. As everyone reacts a bit differently to foods, you may find that something that is a firmer for you, such as cheese, is a softener for someone else. Judicious use of these foods will help you adjust your stool consistency as needed.

Trigger: In terms of your bowel routine, a trigger refers to a stimulus that helps you initiate a bowel movement. Figuring out an effective trigger for your body will give you control over when and where you have a bowel movement.

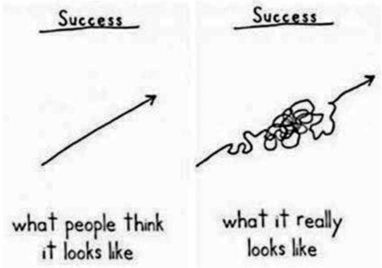


Reflex bowel	Areflexic (flaccid) bowel
Daily or alternate days	**Once or more daily**
(Aim for Bristol Scale 4 stool) Stimulant laxative 8-12 hours before planned care if necessary ↓	(Aim for Bristol Scale 3 stool) Stimulant laxative 8-12 hours before planned care if necessary ↓
Gastrocolic reflex ↓	Gastrocolic reflex ↓
Rectal stimulant suppository/microenema ↓	Abdominal massage ↓
Abdominal massage ↓	Digital removal of faeces ↓
Digital rectal stimulation ↓	Single digital check to ensure rectum is empty 5-10 minutes after last stool passed
Digital removal of faeces if reflex evacuation incomplete ↓	
Single digital check to ensure rectum is empty 5-10 minutes after last stool passed	
Medications to adjust stool consistency (e.g. macrogols such as Movicol or Laxido, Lactulose, Fybogel or Dioctyl) should be taken regularly if needed	

For a reflexive bowel, a trigger will stimulate the defecation reflex and relax the anal sphincter. This is most commonly done with stimulant medications in suppository or enema form. These medications, when inserted into the rectum, irritate the inner lining of the intestine and stimulate peristalsis so that stool moves into the rectum. For some people, the fullness of the rectum will be enough to trigger the anal sphincter to relax. For others, the sphincter may need another stimulus, such as perianal digitation (stimulating the outside of the anus with a gloved finger or toilet paper), digital stimulation (insertion of a gloved and lubricated finger up to the first knuckle in a swirling motion and/or gently pulling the sphincter open), or manual disimpaction (inserting a gloved and lubricated finger far enough to hook and manually remove stool).

In contrast, because a flaccid bowel lacks a defecation reflex, medications like suppositories that work by stimulating this reflex don’t produce a robust effect and therefore it is more difficult to “trigger” a bowel movement. Management of a flaccid bowel may rely on more frequent attempts to evacuate the bowels and the use of manual disimpaction for removal of stool.

And lastly, remember that designing and perfecting a bowel management routine takes time and lots of trial and error. Your body will change over time and your routine will need to be adjusted accordingly, especially if your spinal cord injury happened recently or if you are aging with a spinal cord injury. This diagram, created by comedian Demetri Martin, perfectly captures the complexity behind success. Keep this in mind as you push through the harder aspects of developing a routine and you will eventually be rewarded with success.



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- Managing your Bowels after Spinal Cord Injury: A Guide to Upper Motor Neuron Bowels, Queensland Spinal Cord Injury Service
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- Pelvic Health Solutions, https://pelvichealthsolutions.ca/for-the-patient/constipation/

Rob’s Archery Journey

By Robert Cox

I went to Heartland Archery one day in October 2002, just to see what it was like. I started shooting after they gave me some guidance on how to hold the bow and the way that the arrows were positioned. At first it was hard for me to even hit the target as I was not sure of the distance. They started me off at a 10 metre distance and I then worked my way back to 20 yards or 18 metre distance for indoor shoots. While I was shooting, a man by the name of Roger Garrard was watching me and said that I was picking it up really fast. I told him that the only shooting that I ever did was with the camps I went to as a child. Roger then said that with some coaching, I would be able to get better at it. He said “it was like taking clay and molding it to make something better”. Roger saw that I wasn’t holding the bow in the correct manner so he stayed and helped me with that and also helped show me what I needed to do with my arms while shooting. After he showed me, I continued shooting and I liked it enough to go back to Heartland a number of times afterwards.

I went to my first tournament in January of 2003. I didn’t do well but I liked competing and found that it was something that I could do from a wheelchair. I did not know at the time that I was the first wheelchair archer shooting at these events. It was a challenge for me to be able to shoot, know where I had to shoot, and who would be able to help me along the way. The more I got into it, the more I really liked it and I started getting good scores. It wasn’t the same as some of the other archers but I thought I was doing well.

In March of 2003 was the first time that I shot at a provincial indoor tournament. There were archers from all over the province at this event. I was very nervous and did not want them to think that I was an inexperienced archer. It turned out that I did better than I thought I would. I just remembered what Roger was telling me and I had a good tournament. I did well in the round of shooting and I also did well in Match Play.

I was unable to participate in shooting for a while as I had operations in 2004 and 2005. I was not able to come back to shooting until the winter of 2007. It was then that I was told as a joke “You have not shot until you shoot outdoors”.

I took that as a challenge and started shooting outside which was not easy. I went from shooting one distance indoors to shooting four different distances outdoors in any given day. I had to learn on the fly and this did not come easily for me. I was able to get to the point that I was selected for the Provincial Team for the outdoor season for the first time. I was not sure how to take this because I wanted to be able to make Manitoba proud for choosing me. I went to outdoor Nationals with Team Manitoba. It was the first time of many that my adopted family, the Hebert’s, and their store, Bonded Health and Mobility Services, got me my first of two Bowtech Bows for the Nationals. Although I didn’t feel worthy of it, I was asked by the team to be the flag bearer for the opening ceremonies. We started shooting for the total commutative scores; this is the first time I had competed against other wheelchair archers face to face.

We shot for a week. On Saturday of that week in July 2007, they were naming off the archers who would be going to the different World Archery Events in other countries. They started with the Recurve Team, then they named the Compound Team, and after that they started naming the team that would go to Korea for the Para World Games. They named the other archers who were there for Team Canada, then they announced “our newest member from Winnipeg, Manitoba—Robbie Cox”. I didn’t know at first that it was me they announced! One of the archers from my team said it was me and that I needed to go the middle of the field where the other Para Archers were so that all could see who was going. The only thing I could really do was cry! I was so shocked that I was selected for the World Team after my first year of shooting outdoors. On the last day of shooting I was able to take the Gold Medal for Manitoba.

Then it was off to Korea for my first ever out-of-country event for any sport that I’ve participated in. I made it to the quarter finals in the individual event and did well in the Team Event. The only match that Canada lost was against Host Country Korea in the Semi-Finals. We were able to win Bronze for Canada at the very first team event that Canada ever participated in at the Worlds. Kevin Evens, Bob Hudson and I made a good team that year.

In the winter of 2008 I was getting ready for the Paralympics that would be held in China for the summer games. I worked hard all winter and won Gold in the Indoor Nationals that year which helped set me up for the outdoor season. The Hebert Family played a big role in getting me to the Paralympics Trials in Toronto. There were four archers vying for two spots to go to China in August and the two ended up being Kevin Evens and me. I was the Alternate but for me being part of the Paralympics program in my second year was such an honour, The next few years I was able to set four Canadian Records. Two of the records were set in 2009—one was the 25 metre 566 out of 600 records and the other was the Indoor Canadian Record of 584 out of 600. In

2010 I was able to set two more records—the Canadian Open Record of 587 out of 600 (all of these shoots were with the 10 ring being no bigger than a dime) and the other record was a Team Event Record that I was in with two other Archers from Manitoba—Keenan Brown and Austin Taylor. The three of us shot 234 out of 240 and it was the MICA Event. I was the only wheelchair shooter in this event. It was an honour that they asked me to shoot with them. I was able to continue for the next few years, shooting both indoors and outdoors and was able to go to three more World Events.

In 2012 just before the Paralympics, I was in the Czech Republic where I was shooting at the Czech Cup. It was a good event and I was able to come away with the Gold Medal. This was a good set-up for what I was really focused on—the 2012 Paralympics in London, England. I was up against other great archers for a spot for the Paralympics program. Again it came down to Kevin Evens and me to be a part of the Paralympics Program for Team Canada. I was the Alternate again, but Kevin is a great shooter and it was an honour to back him up.

In 2013 I thought my Archery was coming to an end. I started to get sick and I had to deal with a lot of medical problems. Surgery after surgery was needed to fix the problems that were plaguing me and my health. I was not able to do the thing that I loved. Pulling back a bow would have caused a lot of damage to my abdomen and my body needed time to heal from the surgeries.

In October 2019 the doctors said that I could go back to archery. I am not sure if it was all of the time off, but I came back with a fieriness for shooting like I never had before. After shooting for a few months, I decided to go the 2020 Vegas shoot with some of the archers from my club here in Selkirk, Manitoba. We train out of the Harvester Outfitters who turned part of their building into an indoor range for us. I had gone to the Vegas shoot in the past, but this year I wanted to see if I was really ready to come back to the level that I was once at.

I was there for five days and I shot very well—my score was 885 out of a total of 900. I came back just before COVID-19 hit and this put a damper on how I was feeling about not being able to shoot. But we found different ways to practice and we were able to do more shoots as the restriction levels of COVID-19 made it easier. I was able to get the indoor Provincials and indoor Nationals done. I won Gold in both. Then we were able to shoot the outdoor Provincials and I was able to win Gold in that event as well. I was also able to set a new Canadian Match Play Open Record—147 out 150. This helped me get ready for my first ever World Archery Indoor Cup of the Americas. I made it to the semi-finals where I shot against a great archer from Ecuador. Then I was against a great archer from Mexico. The Gold Medal match was a very hard fought match. It could have gone either way. I was up by one point but then he came back and tied it. It went that way for two ends of play. The way it was going I was thinking it was going to come down to a one arrow shoot off with the closest arrow to the centre of the target. I knew that he was shooting well. I got lucky with a shot in the 4th end where my arrow just got the 10 ring and that put me up by one point, but again he tied it in the 2nd end. I was sure that he was going to do it again in the 5th end too. Then it came down to the last arrow. I knew that anything could go wrong just like in the other semi-final match where the archer from Brazil was on his last arrow and up by two points but somehow hit his release and the arrow went wide of the target. I was down to my last shot and I was thinking of what had happened to the archer from Brazil. I was hoping not to make the same mistake. They told me that it was my turn to shoot. I took my time. The target I was shooting at was a lucky spot as it was giving me the 10's that I needed. I was focused and then I took the shot. It was the longest few seconds that I think I ever went through! They came back and said it was dead centre 10. All I could do was cry. I am so happy that I was able to bring a Gold Medal back for Canada.

I am hoping that I am able to keep going this year and that we will be ready for the Tokyo Games this summer. I have been the back-up twice now and I hope that I get to be the archer that shoots on the line for Canada. I am happy that I am back doing a sport that I love. I am very thankful for my family and friends and the Archery community as a whole for being there for me as I take this journey to wherever it leads me.

An Accessible Future

By Madeleine Lavin

Canadian Living spoke with AccessNow founder and CEO Maayan Ziv about the importance of accessibility in our world. Maayan, who uses a wheelchair herself, has changed the way we related to the built environment in cities and communities around the world. Through her own experience living with muscular dystrophy, her work as a photographer and now as an app developer, she's truly made her mark.

Canadian Living (CL): How did AccessNow get started? What motivated you to create this platform?
Mayan Ziv (MZ): AccessNow started out of my own experience as someone who was born and lives with a disability. Throughout my life I have used a wheelchair, and I often face barriers to accessibility, whether grabbing a cup of coffee across the street or travelling to a new city. There are so many different barriers in the world that stop people like me who use wheelchairs, or other people with disabilities, from navigating those spaces. AccessNow was a response to my own experience and my own frustration with growing up in a world that wasn't really built for me. It's now grown to be a platform that shares and highlights the reviews and experiences of people throughout the world, people both with and without disabilities.

CL: What does accessibility mean in the context of the service your app provides?
MZ: For people with disabilities, accessibility – a basic need and human right – is such an integral part of the way that we live our lives. The meaning of accessibility can be quite personal, but generally, it's a concept of inclusion and a design principle that ensures people of all abilities are able to engage with and be involved in our world.

For me, it's about being able to navigate the built environment, but it can also be about awareness, online tools, digital accessibility, especially for the blind or low-vision community, and even public policy – how we design our policies and systems to be inclusive for people with disabilities.

CL: How does the app work? Can you give us an overview of its features?
MZ: The platform allows people to search for places, as you would on any map-based application, but from an accessibility point of view. It's a mobile app, first and foremost, as well as a web platform. Users can search for places like restaurants, hotels, stores, parks, government buildings or offices, hospitals and schools to find answers to their specific accessibility questions or concerns.

Users can also add new places or post reviews based on their experiences with accessibility. The more people who contribute to the platform, the more powerful it becomes. Our goal is to be able to map the entire world from the perspective of accessibility—so far we're in 34 countries. It's through a combination of crowd-sourced, grassroots efforts by individuals and small communities as well as larger partnerships with companies and organizations that spaces are mapped on our platform.

CL: How quickly did it become this global community, and were you surprised to see how fast the app's reach expanded around the world?
MZ: It's one of the most exciting and rewarding pieces of work that I get to do at AccessNow. When we started in 2015, it was just in time for the Parapan Am Games in Toronto and I wanted to make sure that AccessNow would be ready for people to use when they were visiting Toronto, maybe for the first time, with many of them having disabilities themselves. There was an immediate response from the community, affirming that this was important & a need that didn't just speak to my personal experience, but was reaching people around the world. That, to me, was a very inspiring moment—to see how people were able to share their own experiences and use the platform to raise their own voices and concerns about the importance of accessibility.

CL: In what ways has AccessNow grown since its inception?
MZ: We started out focused on accessibility related to specific mobility needs, and have since expanded to ensure our platform supports people of all different experiences. The app now includes tags, such as braille or sign language, scent-free spaces, quiet spaces and gender-neutral washrooms.

CL: How has the app changed in response to the COVID-19 global pandemic?
MZ: It definitely changed and broadened our definition of accessibility. We realized that in focusing only on getting out and around, we were missing out on an opportunity to share information about places and experiences that were available from home. It led to our newest feature on the app, Access from Home.

CL: What are the benefits of creating a more accessible world?
MZ: Accessibility benefits every single person on the planet. When we design things that are accessible, they are more inclusive. For example, stop announcements on public transport in Toronto were advocated and fought for in court by someone who is blind, and now we can all benefit and make use of that feature. Curb cuts were designed and advocated for by someone using a wheelchair who could not get off the sidewalk to cross the street. Now we can use them to push strollers or carts. There are so many examples of things in our world that were designed first to be accessible for people with disabilities that we all now benefit from. If we took that approach from the beginning, we would see a bet-

ter-designed world and a more inclusive one.

CL: What can we as Canadians do to support greater accessibility in our communities, to be better allies and to make our communities more inclusive?
MZ: There are so many resources online, especially on social media, that are creating awareness and sharing information about the importance of accessibility and the disability-led narrative. Being informed is the first step. The second is realizing that we all have a part to play in the inclusion and ensuring spaces are diverse and welcoming, and it's no different when we think about accessibility. We can each contribute, whether it's by informing people, adjusting language or designing customer-care policies.

CL: Is there an achievement related to your work with AccessNow that you're most proud of?
MZ: I recently received the Governor General's Innovation Award. In the moment, I felt like maybe it was too soon to be recognized because I haven't yet accomplished the things that I believe need to happen. But it also validates the concern and amplifies how important accessibility is. I take the opportunity to be recognized on behalf of the community as a chance to raise awareness.
CL: You're also an accomplished photographer – how did you get into that?
MZ: I started taking photos in high school on a trip to New York City. When we arrived, the airline had broken my wheelchair and I couldn't get around with the rest of my class. So I started taking pictures of different intersections and corners of the city since I couldn't really do what we had planned. By the time I was in university, I reached out to some modelling agencies and started building my book. Pretty soon, I was networking and getting a little bit of attention based on the fact that I wasn't really like anyone else. Photography will always be my first love.

CL: What is your most memorable project?
MZ: One of the most special moments for me was an opportunity to combine my worlds: my black-and-white editorial style and a project focused on children with disabilities going to camp. I worked with a group of photojournalists—I was the only one with a disability, and each of us were assigned to different accessible Easter Seals camps across the country. As a person with a disability myself, the photos I took hit a bit differently because I come from that world, I understood who those kids were because I was one. Telling stories about the importance of accessibility from an authentic lens, as opposed to as an observer from the outside, was really a very different special moment for me.

CL: How has your photography influenced your advocacy work, or vice versa?
MZ: Working in the photography industry is where I first started to raise my voice about my own issues. At the time, and even still, it remains a male-dominated, able-bodied industry. Through my work as a photographer, I found a way to communicate my perspective of the world—from the view of someone sitting on a wheelchair. I come from an arts background so I'm always thinking about how things are perceived and communicated, and how we can use storytelling to bring people into a narrative and invite them to be a part of something new.

Written by Madeleine Lavin— As featured in Canadian Living January/February 2021 Issue— Reprinted with permission

Community Outreach

By Gail Burnside

SCI Manitoba was very fortunate to recruit three professional women who have agreed to assist us with providing outreach services to our members over 60 years of age. Barbara, Bonnie and Jeannette have previous experience in delivering services to SCI Manitoba members. This outreach will allow increased contact with SCI Manitoba's senior population during the increase of COVID-19 cases and the increased isolation regulations (Code Red).

Training for these volunteers was provided via Zoom. They were given a script, a coding sheet and CORE orientation for documentation purposes and for the tracking of service hours. They also received Personal Health Information Act (PHIA) training. Any specific issues that require follow up will be related to the Acting Director of Services and assigned or passed on to the appropriate counsellor(s).

As of January 31, 2021, our three community outreach volunteers have been very diligent in contacting our members who are 60+ years. Barbara, Bonnie and Jeannette have contacted 202 individuals. A total of 60 hours of service were provided. The feedback from the seniors that have been contacted has been positive. Members appreciate the human contact, a reconnection for some to SCI Manitoba and the resources or information that may be provided.

Thank you so much Barbara, Bonnie and Jeannette for your time and dedication to Spinal Cord Injury Manitoba!

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 Para-Tracks, financial support totaling $14,737 has been granted. Some of the highlights follow:

- Funding was granted for the purchase of grocery store gift cards for members on limited or fixed incomes during the holiday season. This benefitted the mental health of members and provided access to food items that may otherwise have been unobtainable.

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

Introducing...Accessible Sports Connection Manitoba

By Colleen Moyer

Hi, my name is Colleen Moyer, I am in the last semester of my Bachelor of Kinesiology and Recreation Management at the University of Manitoba. For my practicum, I knew I wanted to focus on Accessible Sport because I know the positive impact sport has on people's lives and I think everyone should have the opportunity to participate in sport. This is why I chose to complete my practicum with the Accessible Sport Connection Manitoba (ASCMB). You may not have heard of ASCMB and I hadn't either until I started my practicum. I would like to share with you what I have learned about this new organization.

ASCMB is volunteer driven and truly believes that every person should have access to Sport and Recreation. The team consists of former Paralympic Athletes, Coaches and disability community allies from Manitoba Wheelchair Sports Association, Manitoba Possible, Manitoba Cerebral Palsy Sports Association and Manitoba Blind Sports Association. The group came together when current ASCMB President and Team Manitoba Wheelchair Basketball coach Jarrett Yaworski was thinking of ways to unite our Accessible Sport community. His idea was realized in the Fall of 2019 when ASCMB hosted H.E.A.R.T. (Honouring Excellence and Recognizing Togetherness) and inducted the founders of Accessible Sport in our province to the newly founded Manitoba Accessible Sports Hall of Fame.

Our Vision

We envision a *unified space* where Manitobans of all abilities have equal access to Sport & Recreation.

We will achieve this through *leadership*, *collaboration* and *innovation* as the Heart of accessible sport and recreation in Manitoba

In 2020 ASCMB gathered virtually to create a strategic plan. We spent hours brainstorming ways to make our community stronger and discussing how to increase the number of people participating in Accessible Sport and Recreation in Manitoba. I know when I hear the words 'strategic plan', I think how boring!! But that was not the case with this, it was extremely interesting to be a part of the creation of something new for persons with a disability.

One of our main goals for 2021 will be to create a website that hosts *all the Accessible Sport and Recreation programs and resources available in Manitoba!* It is difficult to find information online about Accessible Sport and Recreation programming. Trust me, I've done the research!

By creating a central hub of information we hope to see a more active and connected community.

Now that you have heard about how fabulous ASCMB is, you might be inspired to join me and get involved. With the support of a grant from the Government of Manitoba we have begun working towards our second goal of 2021, which is gathering our community and creating connections. From January through to the end of March, we are hosting virtual conversations entitled Disabled People Talking. We want to hear your experiences in sport and recreation so we might learn how to better assist Manitobans with a disability to participate in sport and recreation. I have learned that these conversations are much needed. Our community carries a wealth of perspectives and stories and there is still so much to learn from everyone's experiences. I am loving every minute of it.

Thank you for reading, I hope you have learned something and are now as excited about ASCMB as I am!

You can find us on Facebook or Instagram @ascmanitoba or contact us by email at mbaccessiblesport@gmail.com We look forward to connecting with you!

Ochre River Rescue Part Five: HSC ER

By Peter Berg

In the Summer 2020 issue, Peter's story ended with him arriving in Winnipeg by ambulance from The Dauphin Regional Health Centre Emergency Room. We're excited to continue his story….

It was pretty quiet in the HSC ER the night I came. By the time I arrived at 1:30 a.m. the night shift was already on the downslope. Nurses and Unit Assistants bustled around and checked in with me from time to time.

For privacy the diagnostic and treatment area is sectioned off into cubicles around the edge of the space, with solid walls between the beds and a curtain across the front of each. They all face into the nursing station at the centre of the area. Patient records are kept on computers at the nursing counter, one for every two cubicles. I slept briefly and fitfully through the night, with plenty of time to watch the comings and goings.

As I looked around the ER, it dawned on me that everyone there seemed to be under 30 years of age. I watched, and thought back, and the only person I could remember who had looked older was the triage nurse. Two thoughts went through my mind: First, "Why am I being cared for by children? Where are the adults?" and then, "When did I get old? I did not mean to do that."

The testing began through the night. They had already taken numerous vials of blood in Dauphin, and they repeated the process and added a few new tests in Winnipeg. I didn't keep close track, but I'm sure I donated 30 vials of blood to medical science, including one marathon bloodletting of 12 at one time. By this time I already had an IV line in my left hand, and one was installed in my right forearm as well.

Not too far into the morning, I was taken away for a spine MRI. They used a type of tarp to slide me from the ER bed to the stretcher. Once in the MRI suite, a sheet of rigid plastic like a giant cutting board was produced, and they transferred me first to a different stretcher, then to the bed in the actual imaging machine. Then it was into the claustrophobic donut on a motorized track and "hold very still for the next hour." They took some images without contrast agents, then put those into my bloodstream and

made others.

The machine clunks and ticks and churns as it works, sometimes in repetitive patterns. Your molecules are polarized and then a magnetic field is passed over them. The polarized cells modify the magnetic field, which induces charges in a coil on the opposite side of the patient. A computer then converts the electric currents to recognizable images. They are very particular that metal can't go in the MRI. You have to inform them of any implants you might have, and the technicians check that you don't have any metal in your clothing, or in your skin in the form of piercings, or otherwise on your body. It is not clear why from the posters and labels, but apparently bad things can happen when the very powerful magnetic field interacts with ferrous metals. The bad things are not described, so it is left to one's imagination what the effects might be. I had recurring visions of being violently thrown against the side of the machine when the magnet grabbed onto the eyelets on the drawstring of my track pants, and then spinning rapidly around the donut-shaped behemoth like a cat that had fallen into a flushing toilet.

After an hour of stifling sneezes, coughs, and throat tickles and trying to remain rigidly immobile in the most relaxed possible way, I rode out of the machine on the motorized track. Then it was on to the cutting board and tarp, back to the bed in the ER, once again via two different stretchers. Not an E-ticket ride like the helicopter, but an adventure nonetheless.

After the MRI, doctors started to come to see me. The specialists here work in teams, with senior doctors supervising residents. Much of the communication comes through the residents. Two sets of doctors were looking at the MRI images. They showed up all the damage and abuse I've heaped on my back over the years. I have a herniated disk between the L4 and L5 vertebrae, which was apparently halfway squeezed out to the right. Apparently that's better than forward or toward the back; less debilitating. There was some discussion between the neurosurgeons and neurologists as to whether that could be causing or contributing to my symptoms. It took a few hours, but the doctors decided it doesn't account for the full extent of my problems. The neurosurgeons plan to see me in a few weeks to discuss if surgery will be necessary later. With the neurologists back in the driver's seat, a brain MRI was scheduled for later in the day.

By afternoon I started getting visitors. A friend came by, then another who was on a break while working in the hospital. The nurse then announced I had four visitors, although I was only allowed two at a time. There was a male and three females. She didn't know who they were. I said, "Well, if one of them is my wife, I would very much like to see her. The rest can fight it out among themselves who comes in what order." My wife Darlene and my daughter Stephanie were the first to come in. Apparently my three youngest children had been too anxious to go to school that day with their dad in hospital and with so little useful information to answer the inevitable barrage of questions.

"We brought you an Iced Capp from Tim's." Darlene announced. Unfortunately I was on an order to take nothing by mouth, as they were still considering back surgery for me at that point, and I couldn't drink it. A broad smile crossed Stephanie's face. "Yessss!" she said, and pumped her fist in the air. She began to drink from the cup. With love, I am sure.

Stephanie seemed a bit nervous but generally OK. Darlene was fairly calm. Once Stephanie left, having finished ¾ of the drink, my daughter Caroline was then next in. She seemed very afraid and hung back from me. I smiled, and convinced her that I was not contagious, and that she shouldn't be afraid, and she began to relax. I managed to hold her hand for a little while before she bolted from the room. When my son David came in he seemed subdued. He warmed to me over time. Curt also arrived while David was there.

I think David had just left or quickly left when the UA came in to look for ticks on me. We mentioned that ticks had been an issue at Riding Mountain, and that I had not been able to inspect the area under my underwear for any that might have attached. Sure enough, we found an attached tick under the leg band of the underwear. The UA put it in a specimen bottle and finished the inspection.

When he turned back to grab the specimen jar, he knocked it off the bedside tray, and it burst open on the floor. The tick was gone! Curt, Darlene, and the UA searched the floor and the bed frame on hands and knees, and I shouted helpful encouragement and advice from the bed. No dice. They couldn't find the tick. Ryan, the UA, left the bottle in case it turned up, and retreated in shame and defeat.

Nurses coming in behaved nervously and stayed only for short periods of time as word got out about the loose tick. We started to wonder who it would eventually find and attach to. Then, just before he left, Curt spotted the tick on the wall. We captured it and tried to give it to Ryan so he could redeem himself, but he had gone off shift and couldn't be found.

It wasn't long after that I was moved to GH6-38, but not before eating. My first meal was brown bread with a cheese slice on it, some diced canned peaches without any sugar in them, and a carton of milk. Not a stellar culinary effort.

Later that evening, they took me for the brain MRI. The docs hadn't discussed it with me, so it was unclear if it was simply intended as a presence/absence test or if they had some more complex purpose in mind. The process is much the same as for the spine, the main difference being that a cervical collar is bolted on to the machine bed to restrict head movement. The collar includes a prism mounted over the eyes, allowing you to look at your toes for entertainment during the imaging process. Thankfully this image took only 20 minutes or so to complete.

I am pleased to report that the MRI confirmed the presence of a brain. The doctor later said that the test can't confirm function of the tissue, but I am keeping that tidbit of information to myself.

More to come in future issues….

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