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SPINAL CORD INJURY BC

WINTER 2017

Inner Strength

Taekwondo Master Michael Sirota champions the therapeutic benefits of martial arts





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COVER PHOTO: Master Michael Sirota takes SCI BC Peer Ryan Schweizer through some basic Taekwondo techniques (photo by Maya Pankalla)



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Don't miss a moment.

View photos from our SCI BC events at:
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A legacy of positive impact & change.

The closer I get to 60, the younger it seems. But reflecting back over SCI BC's storied history, 60 years represents a remarkably long track record of service delivery excellence and innovation—a long history of helping British Columbians and their families adjust, adapt and thrive as they deal with a new injury or struggle with the challenges of living and aging with a disability.

In 1945, Lt. John Counsell and other WWII veterans who sustained an SCI during active duty formed the Canadian Paraplegic Association to create specialized care and services for people with SCI, and to help build a world that was more accessible and inclusive of people with physical disabilities. Twelve years later, Lt. Counsell worked with BC veteran Ed Desjardins to establish what was then called the Canadian Paraplegic Association (BC). The iconic Stan Stronge was hired as the organization's first employee and, soon after, Doug Mowat was hired as its first Executive Director. A legacy of positive change and impact was initiated in those early days, and has carried on ever since.

As only the fifth Executive Director of this great organization, it is a challenge and honour to continue the legacies established by my predecessors. Over the last six decades, our name has changed a couple of times, and the way we have delivered our services has changed considerably.

However, what we do and why we do it has not—the magic of peer support and the power of information will always be at the core of what we do, and helping our members adjust, adapt, and thrive will always be why we work so hard everyday in communities throughout the province.

There are many things that make SCI BC unique. Our long history, our provincial reach, our direct and innovative services, and the contributions our members make by participating in our services. The fact that more than half of our staff members are themselves people with disabilities is unique and helps to ensure the relevance and impact of our work.

We know that to truly achieve our goals, we must collaborate with others, be it other community service organizations, government, private sector, or research partners. We have had and continue to have a wealth of each. There are too many to list here, but current examples include our BC SCI Network partners (BC Wheelchair Sports, BC Wheelchair Basketball, the Neil Squire Society, and Sam Sullivan Disability Foundation); our SCI Canada federation members; the Province of BC; the City of Vancouver and many other cities and regions throughout the province; sponsors such as Murphy Battista, YVR Airport Authority, Coloplast, and others; Vancouver Coastal Health and their SMART fund; WorkSafeBC; ICBC; the Rick Hansen Institute and Rick Hansen Foundation; and UBC's world leading ICORD SCI research centre at the Blusson Spinal Cord Centre. And so many more.

Despite the challenges of running a provincial nonprofit organization these days, it isn't hard to get motivated to come to work each day and continue to make a difference.

That we are known for doing a lot with a little is a reflection of the passion and commitment of our great team, exceptional partners and supporters, and our diverse, active and engaged membership throughout the province. As we enter our seventh decade, we will continue to ensure that, in the words of one of our members, "SCI BC is the 'go to' place for information and support from people who really know what you're going through and how to help you get back to real living."

- Chris McBride, PhD, Executive Director, SCI BC



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ERGOJOYSTICK

ErgoJoysticks are innovative, ergonomic wheelchair joystick handles that are designed to be easier to use and more comfortable for anyone with reduced dexterity. There are three different styles to choose from—Panther, Stingray and Aero—depending on the user's needs and abilities. As well as being ergonomic, the ErgoJoystick has air holes to help the hand breathe. The device was designed by quadriplegic Joe Olson to provide a better control solution for power wheelchairs. He used 3D CAD software to model the palm of his hand, and then created a large, moulded surface that replaced the knob of his existing joystick. It was such a personal success that he decided to set up shop commercially. Currently, he is modelling the palm of every customer, but he concedes this is resulting in a high cost, and so he's exploring the option of developing a one-size-fits all, mould-based alternative. Check them out at www.ergojoystick.com.

GO WHEELCHAIR

LayerLAB's GO wheelchair project seeks to revolutionize the wheelchair industry. The sleek design can be entirely customized by end users, who map and submit their personal biometric data on an easy-to-navigate app. At that point, the major frame and seating components of the chair will be 3D printed and combined with a set of standard components (wheels, etc.) with a total turnaround time of three weeks. The resulting wheelchair is intended to accurately fit the individual's body shape, weight and disability to reduce injury and increase comfort, flexibility, and support. The GO wheelchair, which is not yet commercially available, is the brainchild of Benjamin Hubert of design agency Layer, which teamed up with 3D-printed software titan Materialise. More detail can be found at www.layerdesign.com.



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Innovations

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Want a simple solution to get off the asphalt? The Freedom Trax FT1 is a motorized track system that can transform your manual wheelchair into an off-road vehicle capable of traversing sand, snow, gravel, mud, hills and bumps. Using it is as simple as wheeling your chair onto the FT1's platform and locking yourself into place. The FT1 is controlled by a single joystick, and its powerful lithium ion battery provides an eight kilometre range with a maximum speed of five kilometres per hour. Weight capacity is up to 115 kilograms. Visit www.freedomtrax.com for details and to see a video of the FT1 in action.



Room for Debate



“Here, let me get that for you!” Many readers are used to hearing this type of unsolicited help from strangers. Do you appreciate the offer, or find it frustrating? For SCI BC Peer Codi Punnett, it’s the latter, as she recently explained in a post titled *See My Abilities Not My Disability* on her blog, *Help Codi Heal*. “What I want people to understand is that every offer of help is a reminder that my disability is seen before I am,” she wrote. “Every question of ‘Can I do that for you?’ makes me think that you don’t see my capabilities; it makes me think that you don’t see me as an equal.” We polled our SCI BC Facebook community to see if they agreed—and got an earful, both for and against, in response. (Note: entries have been edited for grammar, spelling, and clarity.)



People try so hard to be nice and helpful and do everything they can to help. But after years of it, I am now looking at this as if they are stealing parts of my life by helping too much and doing the stuff I should be doing that makes for a full life. —*Martin Schikora*



I was taught to hold the door for others and I will not stop! You must be the one person out of a million that wants me to slam the door in your face or make you catch the next elevator! If that’s the case you need to speak up and tell me that you can do it yourself! —*Judy Hill*



As a wife of a quad (he passed away 1.5 years ago), I know what you mean. Can I share something from the other perspective? Ultimately, people are asking to help someone with a disability out of the kindness in their hearts. Darrel tried to always remember that and he wound up letting people help him most of the time when they offered...He told me he felt there were ample times for him to exercise his independence, and yes, there were. He also said that he much preferred the world to be filling up with kindness rather than the energies of people who stared at him or ignored him because of being in a wheelchair. —*Kipawa Harder*



As I read it, Codi’s post is about a lot more than just social niceties. Her experiences echo many of mine—the relentless offers of help with basic everyday tasks tell her about how she is seen as a person with a disability in the world. When was the last time a stranger offered an able-bodied stranger assistance putting one foot in front of the other? To walk up a short incline? What about if a stranger offered you help with a job you’d trained to do, and wouldn’t take no for an answer?...It sounds to me like her article is about another social custom altogether: Don’t assume. Don’t jump to the conclusion that what I’m doing is difficult, even if it’s unfamiliar. Treat me as an equal in your social world by affording me the same anonymity you enjoy. Respect my decision-making abilities enough to afford me the general standard of needing help you apply to any other stranger—unless I’ve fallen, look distressed, or am struggling with something obvious, let me go about my life. —*Jocelyn Maffin*



I love your late husband’s outlook. I do the same. I have nothing to prove to anyone. I enjoy the help and it opens doors of communication. —*Camile Flosi Araujo*



I disagree wholeheartedly with this. This person is young and will age in her chair. I am not old but neither am I a young woman anymore, and I look for and cultivate people who will help me with things that give me longevity. My shoulders will last only so long...Get over it. Live and stop being constrained by the fact that you’re in a chair. —*Gail Ferrier*



...as a person with a disability and a wheelchair user, I take every opportunity to educate others in a non-evasive, indirect and kind way. When people ask if they can help me put my chair in the vehicle, I politely decline and tell them I’ve got it handled and then thank them for asking. By thanking them for asking, my intention is they’ll pick up on that and will always ask before doing. —*Wendy Cox*



True, but then there’s those that over-help. They do it for you without even realizing they’re taking a bit of independence away. I will ask for or accept help too, but I’ve had people telling me lately, “It’s OK, I got it” then they just do it for me. I understand they’re helping but in some ways they’re not. —*Sandra Stuart*



It is difficult to change people’s mindset overnight; however if there is a chance to create awareness or educate them, then the opportunity should not be lost. I feel that such gestures come from a good place in the heart... —*Tabassum Chagani*



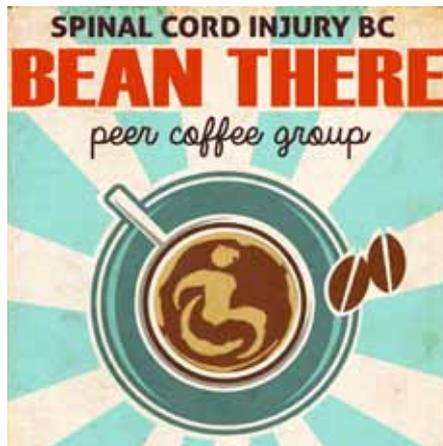
Personally, I prefer offers of help than guilty, furtive glances by people too stunned by their own fear and ignorance to know how to behave like a decent human being. —*Feral Fae*

Visit facebook.com/SpinalCordInjuryBC to join in on this and other conversations. Plus, check out www.helpcodiheal.com for Codi’s ongoing insights into life with SCI and her response to the overwhelming attention, both good and bad, she received after publishing this post—see “Reclaiming My Anonymity.”



Root for the home team.

For the past 15 years, the best wheelchair rugby club teams have battled in Vancouver at the Vancouver Invitational Wheelchair Rugby Tournament. What started as a small competition at Burnaby's Bonsor Recreation Centre has grown into an eight to twelve team annual event at the stunning Richmond Olympic Oval. Join BC Wheelchair Sports for the 2018 tournament March 9 to March 11. Visit www.wcrugby.com to learn more.



Hot topics over hot coffee.

Warm up with a cup of joe and some friendly conversation with like-minded peers at one of our Bean There coffee groups throughout the province. Swap your best SCI stories and insights, share successes and laughs, connect with old friends and make new ones. Develop a support system and have a coffee on us! Check our online event calendar at www.sci-bc.ca/events/ to find the next gathering near you.



Science thriller theatre.

Where do science, nature and spirituality intersect? Realwheels' upcoming production of *SEQUENCE* by Arun Lakra explores questions of determinism vs. free will via two stories that interweave like a strand of DNA. Head to Presentation House Theatre between March 15 and March 25 to catch this extraordinary piece of Canadian playwriting, or visit www.realwheels.ca and search for upcoming shows for more details.

Staying Power

We're fortunate to have some incredibly loyal advertisers in *The Spin*. Many of our advertisers have consistently graced our pages for years. Of these, none have had more longevity than Vancouver accountant Walter Gagen.

Walter has been in public practice since 1996—and he's been advertising with us for nearly as long, first in the pages of our previous publication, *Paragraphic*, and for the past eight years in *The Spin*. During that time, he's been a valued Peer as well, and he's freely shared his extensive knowledge of Canadian tax law, the Disability Tax Credit, and the intricacies of CSIL—in stories in our publications, and during various SCI BC forums and events.

Walter tells us that advertising with us just makes good business sense—and it also allows him to show his gratitude for the assistance we provided him after his own injury.

"Advertising in *The Spin* gives me great exposure to really good clients out in the community—the type of clients who I can really help navigate our tax and disability supports systems with my combination of professional and personal experience," he says. "With my best clients, I strive to be both an accountant and a mentor. And advertising also allows me to continue my support for and give back to an organization that has helped me so much in the past."

We're grateful to Walter, and all of our many advertisers. Their support helps us bring *The Spin* to your mailbox four times per year. For more information about Walter and his services, visit www.gagen.ca—or, as usual, you can see his ad on page 16.



"Sorry" is what we say to Simon

In the last issue of *The Spin*, we introduced you to some of our most musically-talented peers. In the process, we made a couple of factual errors about Simon Paradis of Halfmoon Bay. We incorrectly reported his injury as T12-L1 quadriplegic (this should have been T12-L1 paraplegic). We also incorrectly described his musical genre as "folk" when it should have been "blues". Our apologies, Simon.



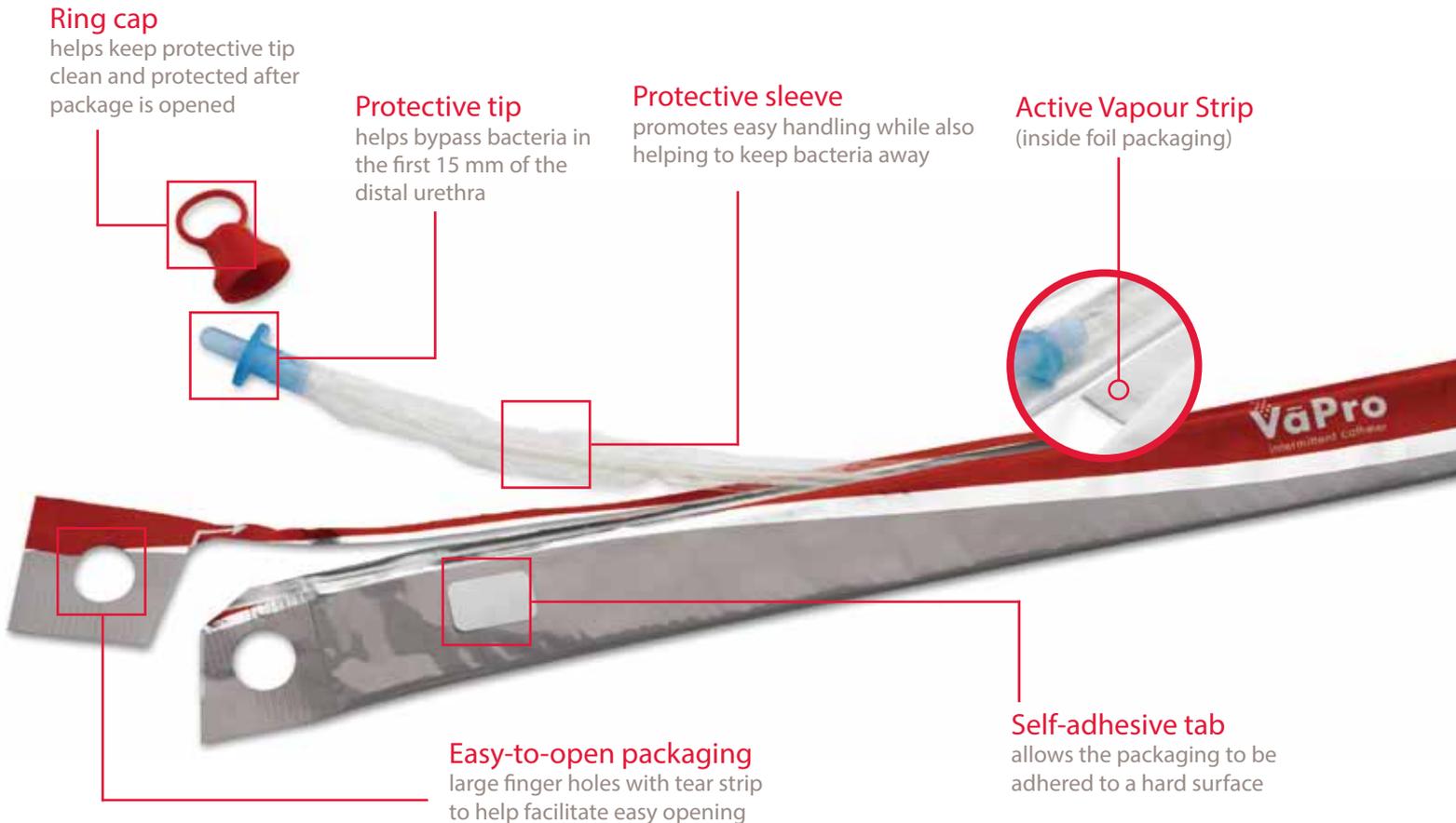
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Prescription for Fitness



Dr. Kathleen Martin Ginis works with UBC Okanagan PhD student Rob Shaw

New exercise guidelines for people with SCI take the guesswork out of creating a personalized stay-in-shape program.

PHOTO COURTESY UBC

In October, researchers at UBC Okanagan rolled out a world first: a set of internationally-developed guidelines intended to improve fitness and cardiometabolic health for people with SCI.

The guidelines, created by Dr. Kathleen Martin Ginis and her colleagues, were developed through a scientifically valid and collaborative process involving leaders in this area of research, SCI community organizations, and people with SCI.

Why are these guidelines so important? For one, there's just so much misinformation about exercise as it relates to the general public. Yes, there are some credible standards out there—for example, the World Health Organization recently completed specific cardiovascular exercise guidelines. But their benefit to people with SCI is limited. SCI affects people's physiology in ways that can render general guidelines completely inappropriate and even dangerous—the pitfalls include upper body overuse, skin breakdown, autonomic dysreflexia, and overheating. And when you factor in that SCI is not the same in everyone (different

levels and completeness of injuries have profoundly different impacts on different people), it becomes clear that applying any general exercise guidelines to people with SCI just isn't practical or safe.

The work by Martin Ginis and her team actually builds on a previous ver-

sion of fitness-specific guidelines that she developed while working at McMaster University in Hamilton. After moving west to Kelowna in 2016 to take her present position at UBC Okanagan, Martin Ginis began to work on expanding the guidelines with even more up-to-date evidence for an international audience. She and her team carried out an extensive, rigorous, and collaborative scientific process involving international researchers and community partners. SCI BC is proud to have been included as a community partner in this process.

At the heart of this process was an in-depth review of 200 previously published studies that examined the effects of cardio and strength exercise routines on cardiorespiratory fitness, muscle strength, bone health, body composition and cardiovascular risk factors for people with SCI.

But Martin Ginis realized that wasn't enough. Stakeholder groups (such as SCI BC) and, most importantly, people with SCI were also consulted.

"This was critical to ensure that what we developed was appropriate and useful for people with SCI," says Martin Ginis.

The guidelines

Fitness

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 a week

+

3

sets of strength-training exercises for each major functioning muscle group, at a moderate to vigorous intensity

2

times a week

Cardiometabolic health

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 a week

One of the consumer experts with SCI consulted was UBC Okanagan PhD student Rob Shaw, who is quadriplegic.

“As someone living with an SCI, I provided a unique perspective on potential barriers that may arise during the dissemination of these guidelines,” says Shaw. “It was important for me to make sure that the voices and opinions of community members living with SCI were heard during the international panel meeting to ensure that the guidelines and their dissemination reflect the needs of the end-user. I can feel confident using these guidelines because I know that someone with SCI was involved in developing them.”

As a world-ranked wheelchair tennis player, Shaw is deeply committed to maintaining his physical fitness and health. “Without having guidelines, it’s really challenging to know if you are doing too much or too little exercise,” he says. “These guidelines provide a baseline value which people can create exercise goals around and can be con-

fidant knowing that the exercise they perform is indeed beneficial. I hope that these guidelines will encourage people with SCI to exercise more because clearly these guidelines highlight that a little can go a very long way when it comes to exercise and our health.”

As Shaw notes, the guidelines, unlike so many exercise guidelines for the general public which set out optimal exercise requirements, present minimal amounts and types of exercise that have been demonstrated to have positive effects on health and fitness. This is important, because minimum guidelines present more readily achievable targets for people.

As you can see on the previous page, the guidelines are very concise and specific. Martin Ginis explains that this is for an important reason. “These exercise guidelines have been systematically developed,” she says. “And we are now able to say that this specific dose of exercise is safe and can have significant fitness and cardiometabolic health benefits for adults with SCI.”

Cardiometabolic illnesses—cardiovascular disease, diabetes and even obesity—are among the leading causes of death in adults with SCI.

Of course, the problem with guidelines is that they, in and of themselves, don’t change behaviours. To affect change, they need to be promoted and supported, which is where community organizations like SCI BC will play an essential role.

Using the guidelines, we will work with our research and community partners and members to develop programs, services, and information resources that will help you and others in all regions of the province meet (and exceed) the minimum exercise guidelines.

Meanwhile, we hope you take a closer look at the guidelines, think about how you can achieve them, and discuss them with your doctor or other allied health professional, as well as with your peers. Your health and fitness are at stake. ■

Visit www.sciactioncanada.ca to see the full page version of the guidelines.



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INNER STRENGTH TRAINING

Ten years ago, Master Michael Sirota led a series of ground-breaking self defence workshops for in- and out-patients at GF Strong. Now, with Para Taekwondo set to make its debut at the 2020 Paralympics and Therapeutic Martial Arts programs taking hold around the world, a growing number of supporters want to see the classes make a comeback.



Vulnerability is a vicious cycle. You lack confidence—you're an easy target. You're an easy target—you lack confidence. The closed circuit is powered by insecurity, whether you're a teen trudging through the social swamps of high school, a solo traveller navigating unfamiliar neighbourhoods, or one of the roughly 15 percent of Canadians living with a disability, wondering just how you'll fare in a physical confrontation.

For every heroic story of a wheelchair user thwarting a robbery—yes, this very takedown was captured on security cameras in a Vancouver convenience store in 2010—there are tens of others marked by confusion and fear. Last year, in our SCI BC community alone, one Peer suspected she was being followed. Another had his vehicle stolen. And a third received aggressive online messages from someone known to him. It's no secret that people with disabilities are more vulnerable to abuse, intimidation, and attacks. Even if a physical assault never occurs, the feeling of helplessness in a close-call situation can be traumatic in itself.

More than three decades ago, when he was being bullied in school, that same sense of vulnerability ate away at a 12 year old Michael Sirota. His parents, first generation immigrants from the former Soviet Union, signed him up for Martial Arts to help build up his self-esteem. It worked.

"If you can believe in yourself, then you can take care of yourself and protect yourself," says Sirota, now a seventh degree internationally-certified black belt, and the head instructor and owner of Sirota's Alchymy Martial Arts & Life Skills Centre. The school, with locations on South Fraser and in Steveston, aims to facilitate personal empowerment through its programs for all abilities. Alchymy (or alchemy) is, after all, the process of taking something and turning it into the extraordinary, often in a seemingly magical process of transformation.

Sirota is a gentle teacher. Yet behind the easy smile and colourful vacation-mode shirts, the Master is a force to be

reckoned with. Come at him and he'll prove your greatest foe, locking you in an instant arm hold that has you begging for your life. But question your own abilities, and he'll be your biggest champion.

"I believe everyone can do it," says Sirota, recalling a time when a man in a wheelchair, who had no arms and only one short, slightly-mobile leg, showed up to a class. "The man used his head to move his wheelchair. And he showed up to the course and said, 'Can I do martial arts?' And I'm like, 'Absolutely!'"

Although there are hundreds of styles of martial arts, as far as Sirota could tell, none of them had been recontextualized for people with disabilities. So the Master took a hands on approach to teaching "hands off" techniques. When, nearly 20 years ago, he recognized that several kids in his martial arts classes were somehow "different" (as per the language of the day), he armed himself with a library card and read every book he could find about autism, developing a program to fit his pupils' specific needs. After a few years, Sirota expanded his new Therapeutic Martial Arts teachings to various ability groups, including people with visual impairments.

"It was the same thing," recalls Sirota, a master in both Taekwondo and Hapkido, and in finding ways to adapt them. "I had never even spoken to a blind person, so I blindfolded myself and figured out how to teach and how to communicate. I continued to do my research and just kind of went for it, and we started to do that program."

Later that year, at a self defence demo to the Pacific Assistance Dogs Society (PADS), Sirota connected with BC Paraplegic Association counselor Vivian Garcia. Together, they envisioned a multi-class self defence course for people with SCI. As far as Sirota could

TOP: Master Michael Sirota in his Vancouver dojang. MIDDLE: Intrepid SCI BC Peer Kirsten Sharp gets put through a series of exercises by Master Sirota. BOTTOM: SCI BC Peer Ryan Schweizer looks for an opening as he practices techniques with Master Sirota.



tell, it was completely uncharted territory—not just in British Columbia, but anywhere in the world. Before he set out to teach a gymnasium full of paras and quads how to block, strike, and finger lock, Sirota spent days in his dojang sitting in a chair.

“You’re looking at this person and you’re like, ‘How is that person going to do that?’” says Garcia, a T5 quadriplegic. “If you’ve got crazy spasms and low dexterity, how are you going to put your fingers in somebody’s throat and stop them from breathing when you can barely stand on your own? And for whatever reason, Michael was able to see through all of that and say, ‘We can just do it this way.’ And we did! And it worked!”

The 15 member class, comprised of 20-somethings and sexagenarians, paraplegics, quadriplegics and individuals

with cerebral palsy, was such a hit (and not just literally) that Sirota and his volunteer instructors came back for another two seasons of sessions in 2008. Participants paid a nominal fee for what they assumed would be self-defence demos. They received a life-changing experience in return.

“We had quadriplegics with some hand mobility able to knock people down,” recalls Garcia. “It was fantastic. And the amount of inspiration and people feeling better about themselves! Their confidence levels were going up. Some who were afraid to go out beforehand weren’t afraid anymore. And one guy kicked the ever-living hell out of somebody in an elevator. The guy went to rob him, and the guy had been taking these classes and beat the ever-living crap out of him. It was awesome.”

Other participants who had been afraid to go out by themselves gained a new level of independence. One particular student in his mid-30s had been injured over a decade earlier. Since then, his parents had barely let the man out of their sight, afraid to have him leave the house alone in his chair. Not surprisingly, they accompanied their son to Sirota’s self-defence classes.

“When they saw that he was able to protect himself, I think he was allowed to freely go other places,” says Garcia. “And he should have been going other places for 15 years! But his parents were so afraid that something bad might happen. In his case, he got the freedom to move on. I haven’t seen him since.”

Since the classes, Sirota’s Therapeutic Martial Arts students have included people with SCI, cerebral palsy and

5 Basic Self Defence Tips for Wheelchair Users

“You don’t need strength to be able to protect yourself,” says Master Michael Sirota. These effective manoeuvres can help people with varying degrees of mobility assert their confidence and ward off an attack.

As with any skill, repetition is key.

“The more you practice, the more you develop confidence in your abilities and in yourself,” says Sirota.

Rehearsing these basic techniques—ideally in a martial arts facility, rather than on friends or caregivers—will help to strengthen the body and build the muscle memory necessary for a quick response in case of attack. It can also help you to read a situation.

“If they have a weapon and they’re asking for your bag, give them the bag,” says Sirota. “You don’t know the mental state of that individual. It’s like that even after years of training, especially with weaponry.”

(Illustrations by Sari Maani)

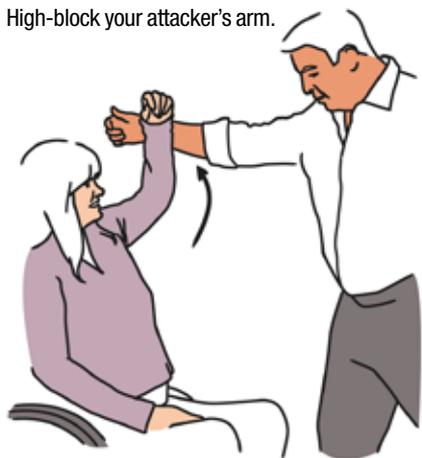


Watch the instructional videos at youtube.com/spinalcordinjurybc.

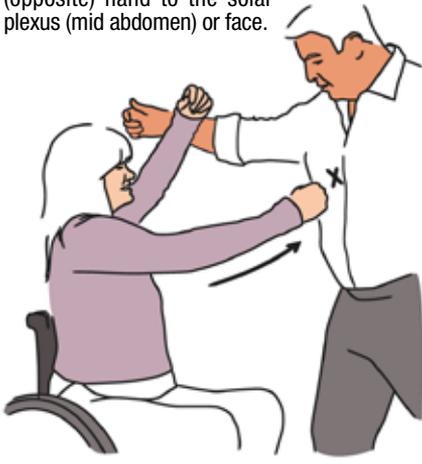
BLOCK & STRIKE

Scenario: An attacker is coming to strike or grab your head-on.

High-block your attacker’s arm.

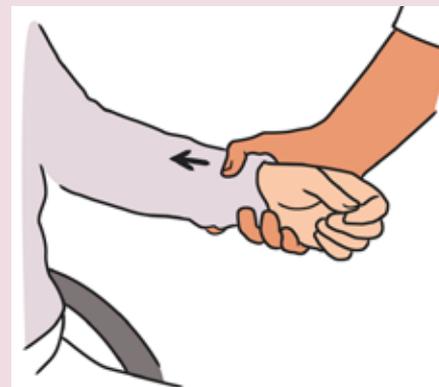


If you can, strike with your free (opposite) hand to the solar plexus (mid abdomen) or face.



WRIST GRAB ESCAPE

Scenario: An attacker grabs you by the wrist.



Escape against (or towards) the thumb across your own body, twisting and pulling your arm towards your opposite shoulder or ear. If you’re not using your other hand to brace yourself and are able to freely manoeuvre it, you can use both arms to help free yourself. For a two-handed wrist-hold, the same counter-thumb principles apply.



brain injury, all looking for anything from increased self-esteem and a release of negative emotions, to improved range of motion, core strength, and motor skills.

“Physically, we’ve seen a lot of improvement in fine motor skills, gross motor skills, control of their body, even people with MS being able to control their body parts,” says Sirota. “The classes are fairly challenging. If they believe they can do it or want to do it, we’ll make it happen.”

Sirota still teaches students with disabilities at his school, but he’s keen to see group sessions for people with SCI make a comeback. And he’s not alone. Melissa Jugdeo, a Recreational Therapist at GF Strong and a fellow martial artist with a third degree black belt in the Meibukan Gojyu Ryu style of traditional Okinawa Karate, is no stranger

to the therapeutic benefits of the ancient techniques. As a youth, she took up self-defence as a means of building confidence and self-esteem. Years later, she resumed her training at the Port Coquitlam Dojo, honing her skills and self assuredness for future world travels.

“I was recently in Japan at an international gathering for our master, and our style is always promoted as inclusive for people who have injuries or at any age,” says Jugdeo. “But nothing’s really been developed yet for our Meibukan Gojyu Ryu style, especially not wheelchair karate. So I was thinking my work here as recreational therapist, supporting folks to learn adapted leisure skills, can really tie into my personal passion as well, and that I could maybe develop adaptation for our style—wheelchair karate for paras and amputees. It’s

just the idea of making it more accessible for the population.”

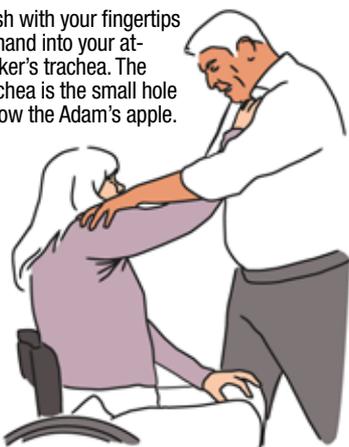
She’d like to see her clients, and people from the wider SCI community, learn basic self defence techniques, such as blocks, strikes, and basic forms (or katas). And she believes PARC (Physical Activity Resource Centre) in Vancouver could be the perfect location for a new martial arts pilot program for people with SCI.

“For sure it would bring increased confidence, self esteem, focus, emotional control, and awareness of self and others, and there’s a physical health aspect to it,” says Jugdeo. “But there’s also some of the same benefits as meditation, because when you do the forms it’s like ‘moving meditation’—focus and concentration, both physical and emotional. Mind, body, spirit balance is the goal. And then there’s also a sense of belonging.”

HOLD ESCAPE: TRACHEA STRIKE

Scenario: An attacker grabs your shoulder, hair, neck, or other body part, with one or both hands.

Push with your fingertips or hand into your attacker's trachea. The trachea is the small hole below the Adam's apple.



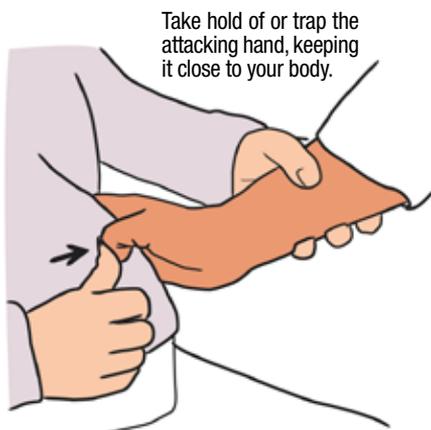
With their trachea under enough pressure (pushing forward and down is most effective) your assailant will begin to gag and move away, leaving you time to escape or strike.



HOLD ESCAPE: THUMB PUSH

Scenario: An attacker grabs your shirt or lapel, but you're too far to reach their trachea.

Take hold of or trap the attacking hand, keeping it close to your body.



Push your attacker's thumbnail into their hand, pulling the hand in towards you to create added pressure. (Under enough pressure, the thumb ligaments can snap.) Once in pain, your assailant will instinctively pull away.



DETERRING YOUR ATTACKER

Scenario: An attacker is approaching you from the front, or returning for a repeat attack.



Use your wheelchair to your advantage, evading your attacker or steering your chair towards them to prevent them from coming closer. Ram your attacker's shins. Use the power and speed of your chair to catch them off-guard and off-balance. Your aggressor will be forced to concentrate on their own body rather than on continuing the attack.



And with local champions like Master Sirota, that sense of acceptance is slowly making its way around the globe. After Sirota expanded his practice to all disability groups a decade ago, he reached out to international organizations, empowering instructors from more than 30 countries to start similar Therapeutic Martial Arts programs at home. Thanks in large part to Sirota's globalization efforts, Para Taekwondo will debut as an official Paralympic sport in 2020, enabling individuals with upper limb amputations or deficiencies to compete at a high level in the sport.

Sirota believes that, in time, there will be Paralympic opportunities for wheelchair users as well. He's doubtful the next few Games will see a champion from his own gym, explaining that he can't find anyone who fits the current limb deficiency profile to train with him. But he's optimistic that, as the Para Taekwondo regulations expand to include other disabilities, the understanding of and demand for adapted

■ **Want to see Sirota's top self defence tips in action?**

View our latest video at youtube.com/spinalcordinjurybc

■ **Interested in learning self defence techniques in Vancouver?**

Visit sirotasalchymy.com or contact Melissa Jugdeo at melissa.jugdeo@vch.ca.

■ **Want to give martial arts a try elsewhere around the province?**

Check out martial arts studios in your community. "Martial arts instructors will often take on students even though they may not have the experience," says Sirota. "Be up front and instructors will learn with you."



martial arts will grow. For now, he's stepped back from the Paralympics, choosing to divert his energies from the politics of organized sport back to the therapeutic aspects that got him started in the first place.

"It's a personal journey, in the way of self discovery and personal growth,"

says Sirota. "From the sport point of view, it has all the characteristics of physical development. But it's not really a competitive environment. There's no competition—the competition is only within yourself of how much you can accomplish and how far you want to achieve and grow." ■

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1957

In 1945, the Canadian Paraplegic Association was formed by seven WWII veterans who sustained SCIs during active duty. Led by retired **Lt. John Counsell**, CPA was a group of “members helping members” return to productive community life. Counsell eventually teamed up with BC veteran **Ed Desjardins** to create a Western Canadian division, and in 1957, CPA (BC) came to life. Two years later, **Stan Stronge** (below right) became the first employee of the organization (renamed later to the BC Paraplegic Association, or BCPA).



The focus of the newly-formed Association was working with every newly-injured British Columbian to help them regain as much independence as possible. Meanwhile, in the community, our efforts resulted in full driving privileges for people with disabilities, and cast a light on the lack of employment opportunities for people with SCI. During this decade, with the leadership of the **CPA Women’s Auxiliary**, our first post-secondary scholarships were created.



TOP: In the 60s, we encouraged our members to demonstrate their abilities in the workforce. BOTTOM: **Doug Mowat**, our first Executive Director, who led our Association for more than three decades.



60 YEARS OF SCI COMMUNITY SERVICE

1957 · 2017

Member and CPA (BC) director **Lloyd Chamberlayne** started the Lloyd’s Loan Program with a hand-controlled car available for loan to people with SCI. Below, BCPA’s **Wayne Moser** (left) and **Norm Haw** demonstrate the program’s first lift-equipped van.



The 70s saw BCPA contribute to several key milestones, including Vancouver’s adoption of building code accessibility bylaws, the creation of the **BC Wheelchair Sports Association** and the **BC Coalition of Persons with Disabilities** (now **Disability Alliance BC**), and establishment of a hand control-equipped vehicle rental program. In 1976, **Doug Mowat** and **Garth Pither** of Premier Cablevision founded our major funding partner, the **BC Paraplegic Foundation**.



A partnership between CPA (BC) and the Vancouver South Lions Club resulted in the construction of the **Lions Paraplegic Lodge**—a housing development intended to be a stepping stone between rehabilitation and the community. In the photo above, **David Blair** poses next to the Paraplegic Lodge at its later redevelopment in the 1990s.

We were among the first supporters of **Rick Hansen’s Man in Motion World Tour**, which was completed in 1987.



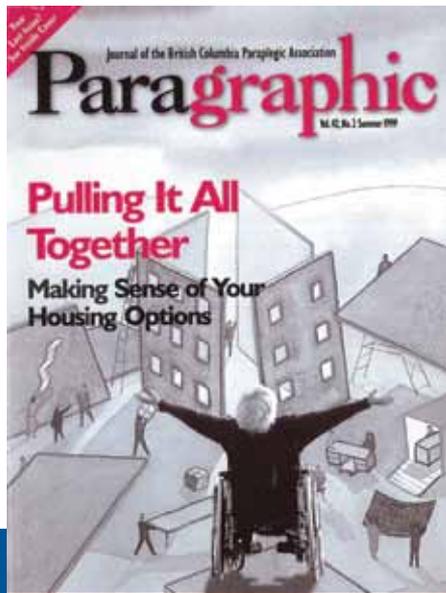
The 80s was a great decade for advances in awareness and accessibility. Accessible taxis were introduced in Vancouver. The **Creekview Housing Co-op** opened its doors to allow community living for people with quadriplegia. In 1981, people with disabilities were incorporated into BC’s **Human Rights Code**. **Rick Hansen** completed his epic **Man In Motion World Tour**. And **Expo ’86** offered a model of accessibility for visitors. We were there to play a role in all of these milestones.



TOP: CPA (BC) played a consultative role in the planning of **Expo ’86**, which showcased accessibility and high-tech innovations for people with disabilities. BOTTOM: The **Stan Stronge Pool**, BC’s first fully accessible and equipped swimming pool, opened at **Pearson Hospital** in 1980.



In the 1990s, we renewed and strengthened our commitment to providing relevant information to Peers and members across the province. The *Paragraphic* magazine was at the forefront of our communication efforts.



In the 90s, we solidified old partnerships and forged new ones in order to enhance rehabilitation, research and quality of life initiatives for people living with SCI. New school safety programs, housing initiatives such as **Noble House**, and accessible transportation improvements were some of our areas of focus. Working hand-in-hand with BC Transit, our efforts helped to bring a fleet of **low floor buses** to the Lower Mainland city streets—the first program of its kind in Canada.



TOP: In 1990, we changed our name to the BC Paraplegic Association. BOTTOM: Not surprisingly, our staff were ready outside of our offices when one of Vancouver's new **low-floor buses** first took to the streets.



TOP: Our **Peer Support Program** was created in 2001. BOTTOM (left to right): Program architects **Stephanie Cadieux** and **Brad Jacobsen**, along with mentor **Kirsten Sharp**.



The decade of Peer Power! A new program, started under the leadership of Stephanie Cadieux and Brad Jacobsen, created a revitalized and vibrant community that honoured the original vision of “members helping members”. Featuring events such as “Bean There” coffee groups, regional BBQs, and the Bus Stop Hop, along with daredevil activities like bungee jumping and skydiving, the program encouraged Peers to thrive in their communities throughout BC.



Developed in partnership with TransLink, our annual **Bus Stop Hop** debuted in 2002 to help people with new injuries get familiar and comfortable with using public transit.

We have renewed our commitment to working in partnership with **ICORD** and BC researchers, with a focus on furthering research that promises health and quality of life improvements for our Peers.



So far this decade, we've harnessed the power of **community and technology** to support Peers. A new magazine (*The Spin*), the comprehensive **InfoLine Service**, the **Virtual Peer Support group**, a **Sexual Health website**, accessibility assessments of BC's outdoor recreation areas: these are just some of the ways we've improved the lives of Peers in the 2010s. We also changed our name to **Spinal Cord Injury BC** to reflect the growing diversity within the ranks of the people we serve.



2017...

...and beyond. Breakthroughs will happen. Quality of life will improve. Opportunities will arise. And yet, challenges will remain. We pledge to be there, to help our Peers reach their goals and overcome those challenges for as long as they remain.

Why Number Two Is Priority 1

SFU Researcher Dr. Victoria Claydon recently completed an ambitious three-year study on bowel care, and its relationship to autonomic dysreflexia and quality of life. The results are eye-opening.

Four years ago, Dr. Victoria Claydon, who specializes in cardiovascular function after SCI, set out to answer some basic questions about bowel care and its impact on autonomic dysreflexia (AD) and people's quality of life. Claydon, who is an ICORD researcher and an associate professor at Simon Fraser University, knew that bowel management is a common trigger for AD for people with injuries above T5. But she wanted to get a better handle on the extent of the problems and, in the process, understand how people's bowel management affects their quality of life.

A better understanding, she reasoned, could make it easier to target aspects of bowel care that could be modified to lessen the risk of AD—and improve quality of life.

With her colleagues, she developed a survey to consult the best experts in the field—individuals living with SCI. Given the very personal nature of bowel care, it's probably not the easiest subject for people to answer questions about. Nevertheless, over the course of three years, 287 individuals committed to taking part in the survey. Of these, 210 answered every question.

The majority of respondents—55 percent—were Canadian. Their ages ranged from 20 to 84, with time since injury ranging from eight months to 49 years. Approximately 67 percent of respondents had an injury at or above T7 (making them at risk for AD), and the majority of injuries (63 percent) were incomplete.

Any way you look at them, the results paint a stark picture of just how big of an issue bowel care is for people with SCI. Bowel management was a problem for 78 percent. It interfered with personal relationships for 60 percent of respondents; 62 percent said it prevented them from staying away from home. The normal bowel care duration was greater than one hour for 24 percent of respondents. About 33 percent reported experiencing bowel incontinence at least once a month. Of those with injuries above T7 and at risk for AD, 74 percent had AD symptoms during bowel care. AD interfered with activities of daily living in 51 percent.

"We learned a lot from this project," says Claydon. "I think we had the sense before we started this survey that bowel care represented a source of frustration for individuals living with SCI. However, I think the level of concern and the extent of the need for improvement in bowel management has been underestimated. The negative impact of bowel care on quality of life was profound. Bowel care was reported to have a worse effect on quality of life than bladder care, sexual dysfunction, pain, spasticity, using a wheelchair for mobility, and skin integrity concerns."

Another result that resonated with Claydon was the confirmation of just how often bowel management is a trigger for potentially deadly episodes of AD (see sidebar for the physiology behind this connection). "About two thirds of those surveyed had high-level injuries

that put them at risk of experiencing AD, and of these, 79 percent reported symptoms of AD that were triggered by their bowel care, including 32 percent who experienced palpitations,” she explains. “Those who experienced AD during bowel care commented that episodes of AD interfered with their social activities, activities of daily living, work, exercise and sleep.”

Perhaps one of the most eye-opening findings for Claydon was that, despite a high level of dissatisfaction with bowel care, and frequent and troublesome episodes of AD, 71 percent of respondents had not made any changes to their bowel care for at least five years.

“This,” says Claydon, “highlights gaps in bowel management education, and raises questions about current guidelines for bowel management. Ongoing support and education is essential for continued effective bowel care management, especially as changes in gastrointestinal and cardiovascular function occur over time after injury and with aging, demanding ongoing adaptations to routine management protocols. Our study demonstrates

BOWEL CARE & THE LINK TO AUTONOMIC DYSREFLEXIA

We asked Dr. Claydon to explain in lay terms how and why bowel care is a trigger for AD.

“AD is complicated,” she says. “It occurs in people with high-level SCI, at or above the fifth thoracic level, because in these individuals the nerves that control blood pressure and the heart beat can be damaged.

“When there is a sensory stimulus, like a full bowel, the sensory information is passed along the nerves from the bowel to the spinal cord. Here, these signals trigger a reflex that excites the blood pressure-controlling nerves in the spinal cord, and causes them to send signals to the blood vessels that make them constrict, or narrow. When the blood vessels narrow, the blood pressure increases.

“Fortunately, the body has blood pressure sensors that prevent blood pressure going too high, telling the brain to send signals down the spinal cord that turn off the vasoconstriction. This is where the problem lies in people with injuries at high-levels in the spinal cord, where the nerves that control blood pressure run. These signals to turn off vasoconstriction cannot pass through the injured area, and so don’t reach the blood vessels. This means the blood vessels stay constricted, and so the blood pressure stays high, until the sensory stimulus is removed, in this case by emptying the bowel.”

the need for better information and resources about this topic for individuals with SCI and their caregivers, and better consideration of where individuals with SCI and their caregivers obtain information about this topic.”

There are other important findings of the study that Claydon points out. The negative impact of bowel care on quality of life was greater in those who took a long time to complete their program, or who had more severe AD. Bowel care was also associated with poorer quality of life in those with higher level injuries, those with more complicated (more techniques) bowel care routines, and those with more severe fatigue.

“We also found that 71 percent of individuals intentionally restricted their fluid intake to help with their bladder management, despite the risk of worsening blood pressure control through poor hydration, and worsening bowel care by exacerbating constipation,” she adds.

But Claydon says there is good news: now that she and her colleagues have a better grasp on these issues, they can suggest some ways to improve bowel care immediately, and can also move forward with research intended to find ways of improving bowel care and associated quality of life.

“As a first step, we would encourage individuals living with SCI to discuss their bowel care and any associated cardiovascular concerns with their caregivers, to see if there are measures they can take to improve it,” she says. Among the possibilities are finding ways to optimize bladder care that rely less on limiting fluid restriction, and implementing strategies to reduce both the time taken to complete bowel care and the number of approaches needed to complete bowel care.

“We also have two new projects that will help address these concerns,” continues Claydon. “The first is a study that is looking at whether we can better manage episodes of AD that are triggered



The negative impact of bowel care on quality of life was profound.

—Dr. Victoria Claydon



One of the next steps Dr. Claydon and her colleagues will take is to continue a trial intended to determine if the use of lidocaine (a topical anesthesia) during bowel care can block the stimuli that can trigger autonomic dysreflexia.

during bowel care, and whether this will improve quality of life.”

This study involves a trial to determine whether using a lubricant gel that contains local anaesthetic can block some of the sensory stimulus triggered by bowel care and, in the process, prevent or reduce AD episodes. Participants wear a blood pressure monitor while they conduct their usual bowel care, with privacy, in their own home on two different days. On one day they will use the medicated lubricant, and on the other day they will use a regular lubricant without anaesthetic. (Note that this study is currently seeking participants; see page 33 for more details.)

“We also just received funding from ICORD and the Rick Hansen Foundation to further examine the barriers that limit individuals with SCI making changes to their bowel care,” says Claydon. “In this project, we will conduct interviews with individuals with SCI, their families, and caregivers to examine the barriers that limit making changes to their bowel care. This will increase our understanding of barriers to change, establish a rationale for further more in-depth research, and generate a framework for

change for affected individuals, caregivers and health organizations that will guide improvements in bowel management.” SCI BC is pleased to be a partner in this research project.

In the world of SCI research, studies examining the secondary complications of SCI often take a back seat (with apologies) to projects that focus more on a “cure” for SCI. But as this study by Claydon confirms, the priorities of people

living with SCI are often at a disconnect with SCI cure research. We commend her and her colleagues for tackling issues like this.

We were curious about Claydon’s personal motivation to conduct a study like this—particularly given the length of time required to complete it.

“That’s what research is all about,” says Claydon. “Recognizing that it can be a long and tumultuous journey, but trusting that the idea is important, and that ultimately the results will help transform understanding and improve people’s lives. I think there are often two main reasons why researchers pick a particular area to study. One is that the area is intellectually stimulating—there is a puzzle or a problem that intrigues and piques their attention. The other is that there is a sense that the answer will have meaning, either to an individual, society, or a body of scientific understanding. We embarked on this project for both reasons.”

As this issue of *The Spin* was going to press, Claydon’s research was about to be published in the *Journal of Neurotrauma* with the title of “A community perspective on bowel management and quality of life after spinal cord injury: the influence of autonomic dysreflexia”. See www.liebertpub.com/overview/journal-of-neurotrauma/39 for more details. ■

HOW THEY DO IT: PARTICIPANTS’ BOWEL CARE STRATEGIES

Dr. Claydon’s study also revealed some interesting facts about how and when respondents performed their bowel care. Among those findings:

- 53 percent of respondents completed their bowel care in the morning
- 51 percent completed their bowel care routine at least once per day
- 47 percent performed their routine while seated on a commode
- 61 percent completed their care independently
- From a range of 11 possible bowel care techniques, 43 percent used two or three methods in combination to complete their routine, 37 percent used between four and 10 methods in combination to complete their routine, and only 20 percent used a single method.
- The most common techniques used were digital stimulation (59 percent) and manual evacuation (45 percent).
- The duration of typical bowel care was greater than 30 minutes in 42 percent, and greater than one hour in 24 percent.
- Only 63 percent used diet/lifestyle management to enhance their bowel care.

ask the SPIN DOCTOR

"I'm hoping someone can tell me all about the joys I can expect with my impending journey through menopause," writes GH from Vancouver. Dr. Viet Vu, physiatrist at GF Strong and Clinical Assistant Professor in UBC's Division of Physical Medicine & Rehabilitation, was happy to shed some light on this issue.



Ladies! Let's talk about sex, baby!

If you can remember this 90s song from Salt-N-Pepa, then you're likely in your 40s and nearing menopause. Not as sexy, right? My mom had it really bad. The house was kept at a near freezing temperature, her hot flashes were miserable, and she was miserable to me and my siblings.

But menopause doesn't have to be scary.

An article I read described menopause as the ovary's failure to produce estrogen. I believe a healthier way of viewing menopause is that it's Mother Nature's way of looking out for us. Can you imagine getting pregnant at 50 years old, much less 60? In order to keep us pregnancy-free in our mid-life, Mother Nature turns down the production of estrogen.

Prior to menopause, if your cycles are regular, your period occurs every 28 days. Typically, an estrogen surge results in ovulation each month around day 14 of your cycle. If the egg is not fertilized, you complete the cycle with menstruation. This goes on for decades, with the exception of pregnancy.

Over time, as estrogen levels decrease, periods become more irregular. Welcome to perimenopause. You might start recognizing symptoms of decreased energy, sleep disturbances, and irritability (but really, who doesn't feel like this in their 40s?). Peri means near or around, as in perimeter. This is what clinicians consider as your transition into menopause.

By definition, you're considered to be in menopause after a year without having a period.

So what does menopause look like when one has a SCI? Generally, it's not that different than the way it appears for most women, according to at least one expert on the subject, Dr. Claire Kalpakjian at the University of Michigan. One of her recent research papers concludes, "Results suggested that women with SCI experience greater symptom bother in certain areas, but that patterns of symptom bother across menopause and transition through menopause and age at final menstrual period is similar to their (non-SCI) peers."

There are reports that say that women with SCI will experience menopause at a younger age, and others that say, with or without SCI, menopause will occur around age 50 for most women. I say, start the clock and monitor your periods when it starts becoming irregular. Jot down in one of those small pocket calendars or your smartphone when you start your period as day one and see if your cycles are

around 28 days apart. If you start missing months, or if your cycles are shorter or longer, tell your gynecologist about it. It's important to come well-equipped and informed as to when your menses started to change and how it's changed.

What about the classic hot flashes or, as they're called in medical circles, vasomotor symptoms? Their exact cause is complicated and only partially understood, but suffice it to say that they appear to be triggered by a lack of estrogen in the hypothalamus, an area of the brain responsible for temperature control. Remember, not all women will have crazy hot flashes. If anything, women with SCI have reported fewer vasomotor symptoms! But keep in mind, if you're prone to high or even low blood pressure, these may make hot flashes worse. Sweating can be affected by SCI, so the combination of hot flashes and sweating can certainly disrupt your sleep.

In addition to insomnia, other symptoms to track and record throughout menopause are decreased sex drive, lower energy level or fatigue, and aches and pains—remember that these could be caused by other problems, such as thyroid issues, anemia or even fibroids. Lastly, women with SCI report more UTIs during menopause. Why? Possibly because of the underlying neurogenic bladder combined with vaginal dryness. It's not clear. Do stay on top of bladder management and get a urinalysis when you suspect a UTI.

So what's next? There are ways to treat menopause symptoms. Hormone Replacement Therapy (HRT) was a common treatment for menopausal symptoms until it was discovered that it also increased rates of heart attacks, stroke, breast cancer, and blood clots. Women have to be very judicious when choosing to take HRT. Non-pharmaceutical options exist, such as eating soy products (soybeans or soymilk) that have plant estrogens. Of course, there are supplements like Vitamin D and calcium that are good to take even before menopause for bone health. This is also a great time of your life to consider committing to a healthier lifestyle. Incorporate an exercise program throughout your week to keep your heart and blood vessels healthy. Track your food intake as decreased estrogen can mean an increase in weight.

Above all, don't despair. Dr. Christiane Northrup, author of *The Wisdom of Menopause*, writes, "The perimenopausal lifting of the hormonal veil—the monthly cycle of reproductive hormones that tends to keep us focused on the needs and feelings of others—can be both liberating and unsettling." She goes on to describe menopause as a "Renaissance of your life." I can see how the reshuffling of hormones and chemicals in our bodies at the midpoint in our lives could help us to refocus on being the stronger, wiser women we have worked so hard to become.

To discuss more about menopause, you can talk to your doctor, including your physiatrist.

SOFT LANDINGS



This February, Olympic enthusiasts will get to see snowboarders and skiers jumping higher, farther and with more twists and turns in their repertoires than ever before. One catalyst for this new level of aerial mastery is the amazing work of SCI BC Peer Aaron Coret.

Many of our readers have heard of Vancouver's Aaron Coret, who rebounded from his own devastating SCI to play a central role in transforming the world of ski and snowboard aerial competition. Since 2006, Coret's innovative airbags have allowed competitors to explore new and rarer air in a much safer environment.

But what our readers might not know is that Coret has hardly been resting on his laurels. Working with his partners, he's been advancing the concept of airbag training in remarkable ways. And so, against the backdrop of growing anticipation for this February's Winter Olympics and Paralympics in Seoul, we paid Coret a visit to find out how he's been pushing the envelope of airbag development around the world—and to get his thoughts on business and entrepreneurship for people with SCI.

Coret was injured in February 2005. At the time, he was midway through his integrated engineering degree at UBC and a high-level snowboarder who spent almost all of his free time in Whistler, perfecting his aerial techniques.

"I was snowboarding in the Blackcomb terrain park in Whistler, doing a switch backside corked 540 over a 50-foot jump," says Coret. "It's a trick that normally I could do first run of the day, no problem, but I lost control on take-off and I ended up landing on my neck."

The result was C5-C6 quadriplegia.

"The idea of not being able to snowboard anymore was the hardest reality I've ever had to face," he says.



PHOTO COURTESY UBC

But it wasn't long before Coret began to think less about what he couldn't do and more about what he could still do. And it was in his hospital bed that he came up with an idea for a snowboard airbag that would take some of the risk out of trying and practicing bigger and more complicated stunts. He described his vision to his best friend and fellow UBC engineering student, Stephen Slen, and the two set their sights on making it become a reality.

"After going through rehab, I went straight back to school to finish off my degree," he says. "As part of our final design project, Stephen and I made a prototype for a snowboard airbag landing that allowed skiers and snowboarders the opportunity to try any trick they wanted to without fear of consequence."

The project's completion in 2006 eventually led to the 2008 formation of the duo's company, Katal Innovations. At the time, there were plenty of flat airbag systems readily available for snowboarding and freestyle skiing, along with BMX and other jumping sports. But Katal's approach was different.

"At the end of the day, landing on a flat airbag could only help so much when the real landing is on a downslope," says Coret. "Stephen and I realized this when we started our company, and that's why, from day one, were never interested in designing flat airbags. Our design was completely focused on downslope airbags. That difference initially set them apart from the competition."

In 2010, Katal debuted a custom "Landing Pad" or LP that captured viewers' imaginations around the globe during the Vancouver 2010 Winter Olympic Games opening ceremonies. That exposure led to an "Invention of the Year" nomination from *Popular Science Magazine*, and an invitation to speak at TEDxVancouver 2011.

By that time, Katal was successfully marketing various versions of its LPs, large and small, to resorts and facilities around the globe. In particular, they had good success with a smaller, more affordable bag that could be set up on a flat surface, but still offered a downslope.

But cracks in the market began to appear. "We had some good success with our new designs," says Coret. "We made

The Progression Airbags team celebrates the installation of a huge landing pad at the dryland training facility in Park City, Utah. From left to right: Marc-André Tarte, Aaron Coret, Marie Le Bihan, and Stephen Slen.

a few sales and did a few tours in Europe, but by that time our competitors had already saturated the market, and that was also about the time the airbag honeymoon phase was ending.”

Coret and Slen knew that the next generation of landing pads had to offer an even more real-world experience—they needed to find a way of matching the dryslope or practice experience to the real environment of an actual snow jump landing, so that airtime and landing were identical.

The breakthrough came two years ago, when they were contacted by Marc-André Tarte, a former professional snowboarder originally from Quebec who had also gone into the airbag business with his Squamish-based company AcroBag.

“We got an email from Marc asking if we had seen the dryslope training facilities that had been built in Japan using their own custom-made downslope landing airbags,” says Coret. “He wanted to know if we were interested in collaborating on a better product. We had twice tried to discuss partnerships in the past, but could never agree on how to work together. But this new opportunity was bigger than either of us was able to do on our own, and it seemed that our individual skill sets were well aligned for this new opportunity.”

The collaboration came to fruition in the form of a new company, Progression Airbags. Tarte, who Coret describes as a “natural salesman”, took on the role of sales manager. Slen became project and operations manager, and Coret became the lead airbag designer.

“It’s really a perfect synergy that has allowed us to move into this market space quickly and establish ourselves in such an opportune time, just before the 2018 Olympics,” says Coret. “Progression Airbags is definitely the main focus moving forward.”

The company’s lead product is a huge, 200-foot-long airbag that weighs in at around six tons (it can be broken down into separate pieces for easy mobility). It allows for an incredibly realistic aerial experience, with the added benefit of a much softer and safer landing if something goes wrong in the quest for rarer air. Not only that, it’s designed to be used year round, even in the total absence of snow—perfect for elite competitors honing their tricks in preparation for the Olympics and other major events.

The company’s first four installations were completed in 2017. One is at the Maximise dryslope facility just outside of Montreal, which is training central for many Team Canada members. Two others are up and running in the USA—

one at Mammoth Mountain in California, and the other in Park City, Utah. Another was just completed in New Zealand. And a pre-Olympic training installation is currently underway.

There’s been nothing but rave reviews from the high-level competitors who have tested the air with these installations. No one knows for sure, but it’s safe to say that many of the world’s most promising Olympic medal contenders have trained at one of these three installations.

Not surprisingly, Coret is eagerly awaiting this year’s Winter Games.

“It would be a really big deal for us if the airbags we have delivered in the last few months have a clear and visible impact on the progression of the Olympic athletes,” he says. “To be honest, I’m most excited to watch the women’s big air and slopestyle. The guys, even without the airbags, were already nearing the ceiling of how many spins and flips one can do on a snowboard. But since our airbags hit the market, I’ve seen videos of women stepping up their game. It’s only been very recently that women started doing double corks in contests and only a handful of women were doing them. But now, I believe you will see double corks in the majority of women’s slope style and big air runs, and probably triple corks will be in the not-too-distant future.”

The Progression Airbag at the Mont Maximise dryland training facility, just north of Montreal





The Progression Airbag installed on the slopes of Mammoth Mountain in California

Coret also believes his company's products are making training for these kinds of events a much safer proposition for elite athletes—but he adds a caveat. "The airbags make it safer to train on, that's for sure," he says. "And they can definitely help riders perfect their tricks before they try it on snow for the first time. But it also enables riders to try more difficult tricks, even some perhaps beyond their ability level. Ultimately, the riders have to make responsible decisions, and accidents are going to happen regardless."

Moving forward, Coret says Progression Airbags will continue to market older Katal Innovations landing pads, but clearly, the main interest lies in the most recent innovation.

"The focus now is definitely selling and renting airbags for use on snow or at dryslope facilities, as well as consulting on dryslope facility design and selling dryslope material. We're also looking at partnering with some of these facilities and possibly opening our own dryslope training centres. However, there are even other options outside the ski and snowboard industry, such as trampoline parks, that our skills would lend themselves to and we could consider."

At the moment, Progression Airbags has become the leader in the field in

a very short period of time. But Coret says they are prepared for competition. "There are currently eight or more airbag companies that build airbag products for safety in the action sports world, and we can feel them nipping at our heels trying to get into this market. Our recent successes seem to be making it rather difficult for them, but it's only a matter of time until we are dealing with competitors. If our email box is any reasonable measure, it's safe to say there's a lot of demand out there for what we do."

Did Coret ever dream he would have this type of success?

"Yes, but I don't mean to sound overconfident. More like naïve. It's the dream of success that drives the entrepreneur. Without it, there is no drive to take the risk and put in all the hard work."

However, he concedes that it has been a difficult journey at times. "Once you take the risk and put in the hard work, and the dream doesn't immediately materialize, optimism can surely fade. That was certainly the case for me. I kept my hope alive as year after year we seemed to make at least a little bit of progress towards this dream, though honestly, these last few years have been more and more difficult to carry on. I had to weigh this opportunity against everything else. Getting an engineering job, having some

good income and having a more balanced life were things I was pursuing actually quite heavily, even within the last year. The onset of our recent meteoric rise to success really came at the time that I had actually set as my make or break point. It's been a long road, but I'm really happy to say that the dream that started it all is no longer a dream. We are making it happen."

What's next for Coret?

"Try and have a more balanced lifestyle," he says with a laugh. "Get away from my computer screen, do some more physical activity, get out more into the world, do some travelling. Most importantly, I need to figure out a way to escape winter as much as I can. I'm in search of that magical beach somewhere with my name on it! But I think all quads are in the same boat. Perhaps an SCI resort? I think that would be cool."

He also has a message for other would-be entrepreneurs who might be reading this.

"There's no question that operating your own business can be hugely rewarding, seeing an idea that you bring into the world making a difference and hopefully padding your pocket as well! However, I would strongly recommend anyone considering starting a business to learn a bit of what it takes to bring a product to market and how to properly analyze the business opportunity you are proposing. Businesses take a lot of time and effort, and you want to make sure that you're spending that time and effort wisely."

Success, for Coret, has meant sacrifices. But he wouldn't change a thing.

"I think Mark Twain really put it best when he wrote, 'Twenty years from now you will be more disappointed by the things you didn't do than by the ones you did do. So throw off the bowlines. Sail away from the safe harbor. Catch the trade winds in your sails. Explore. Dream. Discover.'" ■

Visit www.progressionairbags.com for more information about Aaron Coret and his innovative work.

Mental Block

Dr. Swati Mehta, a researcher at the University of Regina, wants to improve access to mental health services for people with SCI with an online program that provides guidance and coaching in the comfort of your own home.



If you've ever dealt with depression or anxiety at any point in your post-injury life, or believe you're currently dealing with either or both as you read this, you're far from being alone. Sixty years of helping people adjust to and cope after SCI have made that clear to all of us here at Spinal Cord Injury BC. But the link between mental health issues and SCI is also confirmed by a great deal of credible research.

Several studies have found that roughly 30 percent of people with SCI experience *clinically significant* levels of depression or anxiety, or a combination of both, at some point in their post-injury lives. When you expand to include people with SCI who report having symptoms of depression or anxiety, that number jumps to almost 50 percent. In fact, one study that followed people with SCI over the course of a year found they were four times more likely than non-disabled people to experience depression disorder. Even for those without symptoms of depression or anxiety, feelings of low self-esteem, isolation, and negative body image are common.

Despite this, help appears to be difficult to obtain. In 2014, a cross-country study led by Laval University's Dr. Luc Noreau concluded that almost 60 percent of Canadians with SCI do not have their emotional counselling needs met.

The result is often a vicious circle of declining health, both mental and physical, according to Dr. Swati Mehta, a post-doctoral research fellow in the psychology department at the University of Regina.

"These issues not only cause an emotional burden on the individual, but can also influence management of other secondary conditions after an SCI," explains Mehta. "For example, chronic anxiety has been significantly correlated with other secondary conditions such as chronic pain and sleep interference. Increased distress has been shown to result in slower recovery during the rehabilitation process and greater rates of rehospitalizations."

Mehta believes that part of the solution for better access to mental health services is an online

service that provides mental health guidance and coaching—and she’s now in the process of testing that hypothesis. Using a format and materials adapted from a similar, successful initiative in Australia, Mehta is now offering an eight-week online course to any Canadian with an SCI.

This course, which is operating under the umbrella of a highly successful online therapy program already underway at the University of Regina, is intended to bypass one of the biggest hurdles people encounter when accessing traditional mental health services—simply the difficulty of getting to a physical location for face-to-face counselling. It’s an obstacle for even those living in cities where such services exist, and one that is particularly magnified for those who make their homes in small towns and rural settings.

“I think this solution offers a convenient option for people who might be experiencing barriers to accessing traditional mental health services,” says Mehta. “Also, it allows people to work on their wellbeing at their own pace. Sometimes, when you access traditional services, you have to allocate one to two hours of your day to attend the session, and appointments may only be available during office hours, which means some people have to take time off from work. The internet-delivered option that we offer allows the individual to work at their own pace; they can break each week’s lessons down to 10 minute intervals which are easier to digest and also less of a daily burden.”

As a PhD student at Western University in London, Ontario, Mehta became

intrigued with the power of the internet as a tool for mental health. As she completed her PhD, she found herself admiring the work of Dr. Heather Hadjistavropoulos, a professor at the University of Regina. In 2010, Hadjistavropoulos spearheaded development of the university’s renowned Online Therapy Unit, which offers free online therapy courses for depression and anxiety, while conducting research and educating therapists in the delivery of internet-based therapy.

At the heart of the Online Therapy Unit work is cognitive behaviour therapy, or CBT—a type of talking therapy that research has shown to be a powerful tool to help some people manage their anxiety and depression by changing the way they think and behave. CBT aims to help people recognize when they make negative interpretations of events and situations in their lives and behavioural patterns that reinforce their distorted thinking, and then develop strategies to avoid these negative thoughts.

Mehta knew that Hadjistavropoulos had tried internet-based CBT in other at-risk populations with great success.

“She has received great, positive feedback from her clients in other populations. Ninety-five percent of her clients say they would recommend the program to a friend. Her work has shown that this program helps to improve long term outcomes in various populations including chronic pain, fibromyalgia, cardiac, cancer, and emotional distress.”

When the opportunity arose, Mehta jumped at the chance to take a position at the University of Regina. Since then, she’s been working with Hadjistavropoulos (her postdoctoral supervisor) and the Centre for Emotional Health at Macquarie University in Sydney, Australia, to repurpose materials developed at that institution for use specifically with people with SCI. In September, Mehta debuted the course under the umbrella of the Online Therapy Unit’s website (www.onlinetherapyuser.ca).

“It’s an eight week program that aims to provide skills for managing emotional

wellbeing after SCI,” she explains. “The guided course consists of five lessons, do-it-yourself activities, and case vignettes based on experiences of people with SCI. The lessons cover information like education about symptoms of depression and anxiety, unhelpful thoughts and practical strategies to manage them, evaluating physical symptoms of how anxiety and depression manifest, practical skills for overcoming some of the behavioural aspects, and how to improve motivation and get more involved.”

Along with the online lessons, course participants have the option of participating in weekly check-ins with Mehta either through email or telephone.

The course also provides guidance and resources on other essential skills for persons with SCI, including effectively communicating with health care professionals, managing chronic pain, and improving sleep hygiene.

Mehta says some of the most powerful components of the course are the vignettes or stories from people with SCI, which make it easier for course participants to challenge their own depression-skewed views.

“You don’t have to have clinically significant symptoms of depression or anxiety to feel under pressure from the stressors in everyday life. The program is there to help participants learn skills that can be used in normal everyday situations. For example, one of our participants commented that, since his injury, he sometimes feels bad that he hasn’t been able to take his kids out to some activities they previously did as a family. And these passing thoughts can make him feel isolated and decrease self-worth. But through the program, he was able to see that there are other new activities they’re able to engage in together, and though his wife might take the kids to some of the activities alone, he still feels fulfilled and connected.”

The biggest challenge for Mehta at the moment is to get the word out to people who might benefit from the course, and make the course even more effective by providing their feedback.



Dr. Swati Mehta (left) and Dr. Heather Hadjistavropoulos

"Anyone in Canada that has sustained an SCI, both traumatic and non-traumatic, is able to participate," she says. "It's meant for everyone, not just those that are experiencing symptoms of depression and anxiety."

She also encourages people with SCI to get in touch with her even if they don't want to formally participate. "Everyone is in a different stage of life, and some lack time or have other priorities. But I would really appreciate any feedback so that I can figure out how I can make the program more accessible. All feedback, even negative, is always important in the process of making improvements that may end up helping others."

Spouses or caregivers can also take part to give their perspective on how their lives have changed.

"I think the biggest reason people should get involved in the study is to become empowered and increase their ability to exercise control over meeting their care needs in a way traditional services can't allow," says Mehta. "Another reason is to help us contribute to the understanding of wellbeing among those with SCI. Everyone has different experiences and needs in their life. Participating in the study can help provide changes and improve the system for other people in the future."

She estimates it takes about 20 minutes to complete the initial survey, and then about an hour a week to do the lessons. At the end of the course, participants complete a 40-minute post-treatment assessment. Additionally, there is a three-month follow-up. She adds that the time commitment for spouses and caregivers is much less.

Initially, the service is being offered and evaluated as a research project—Mehta hopes to publish the data and, if successful, hold workshops to help other clinicians understand the power and potential of the online intervention.

"We will anonymize the information we collect to ensure confidentiality, and pool the data to examine if the intervention helps to improve participants' outcomes," she says. "Also, we hope to examine which types of individuals are likely to benefit from this, and why. We do need to confirm that this is a program that will be helpful and acceptable for people with SCI."

Given positive results, Mehta says the ultimate goal will be to create a permanent home for the program, as well as expand into other settings across Canada. "For our next step, Dr. Hadjistavropoulos and I would like to work with SCI clinicians, administrators, and persons with lived experiences to figure out a way we can implement this program in SCI rehabilitation programs and the community," she says.

To sign up, visit www.onlinetherapyuser.ca/sci. ■

Recently, the Royal Society of Canada honoured Dr. Mehta with the Alice Wilson Award for her work to improve access to mental health services for people with SCI. Mehta's research has also been recognized and supported by several prominent Canadian funding agencies, including the Canadian Institutes of Health Research (CIHR) and the Saskatchewan Health Research Foundation.



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SCI research is about much more than test tubes, stem cells, and a far-off cure.

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Bowel Care and Cardiovascular Function After SCI

Overview: Dr. Victoria Claydon and her team recently conducted a survey of bowel care practices and cardiovascular responses to bowel care in individuals with SCI, and learned that bowel care and blood pressure control were areas of frustration following injury. Now they are testing the effect of a medicated lubricant on blood pressure changes during bowel care routines conducted at home.

What to expect: The study involves two at-home visits (the length of time per visit will vary depending on bowel care duration). Participants will have complete privacy for the duration of their bowel routine, and will be asked to complete questionnaires before and after.

Who can participate: To take part in this study, you must be over 18 years old and have a high thoracic or cervical spinal cord injury that was sustained at least one year ago.

Why participate: Ultimately, this research may help provide clearer guidelines for bowel care practices, but in the meantime, you will have the opportunity to meet with the study's Nurse Continence Advisor and can receive up to \$200 for participating in the study.

Location: Your involvement in the study will take place at your home (if this is not convenient or desirable, other options are available).

For more information or to sign up to participate: You can watch a short video about the study at bit.ly/bowelstudy. To sign up or obtain more information, contact the study coordinator, Vera-Ellen Lucci, by email (vera-ellen_lucci@sfu.ca) or call 778.782.8560.

SCI Self-Management Mobile App

Overview: Led by ICORD researcher Dr. Ben Mortenson, this study will evaluate the effectiveness of a self-management intervention that features the use of a self-management app to help people with SCI attain self-selected goals and improve personal management of health.

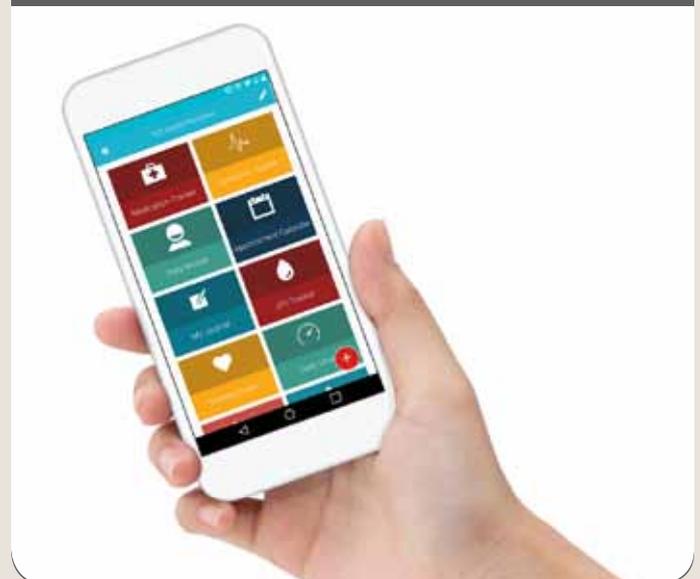
What to expect: You will be asked to complete a series of questionnaires and, where applicable, two interviews over four data collection sessions. The study will involve multiple contacts and ongoing use of the mobile app. Data collection will take between 5.5 to 7.5 hours and additional app usage will take between 10 to 60 hours.

Who can participate: You may be able to participate in this study if you are 19 years of age or over; can speak, read, and write in English; were discharged from an inpatient rehabilitation facility following SCI at least one year ago; are living in a community setting; have reliable access to the internet; are capable of providing your own informed consent; and have not previously used a self-management app focused on SCI.

Why participate: Most people with SCI develop secondary complications, and mobile applications for self-management have been shown to be effective in patients with other chronic health conditions, but have not been assessed for patients with SCI. A mobile app could be an effective means of improving self-management skills in people with SCI. You will be compensated for participating in this study.

Location: The study will take place by phone/Skype or, for participants in Metro Vancouver, in person at any place that is convenient for you.

For more information or to participate: please contact the study coordinator, Leena Chau, by email (leena.chau@ubc.ca) or phone 604.714.4108.



Learn more about what makes ICORD one of the biggest and best SCI research centres in the world, and the research they are doing, by visiting www.icord.org/research/participate-in-a-study

British COLUMBIA

“It is such an important topic for so many of us and I found Dr. Negraeff’s coverage (of neuropathic pain) very interesting and complete in the broad sense that my questions I had for him were answered along the way. I must say that the virtual group meeting makes it so much easier when we don’t feel like leaving the comfort of home.”

—Hubert Zawadzki, Vancouver

“Glad to see this peer support video conferencing growing and evolving. Very important for those of us who live outside of the city, or places where there are no face-to-face get-togethers.”
—Kenn Quayle, Gibsons



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For anyone that can’t always make it to our events in person, this is for you! It’s as simple as calling in or logging in using a phone, smart phone, tablet or computer. The groups typically meet two to three

times a month, for either an expert-led presentation or an open “Bean There” group discussion. You can always find out about upcoming Reach Out! virtual meetings at www.sci-bc.ca/events. Contact Teri Thorson, group coordinator, at tthorson@sci-bc.ca for more details.

“I really like the concept. I realized as I was listening that I was finally connected to a network of people who really ‘get it’...It fits for my work schedule, and also eliminates all the other barriers to coming out to face-to-face events (all those things you probably know too: energy, time, driving long distances, parking, finding dinner, and late night drives home only to be up and out for work the next day!) I enjoy coming out to events—but I have to be really selective about when and how often...so online bridges the gap and would facilitate me participating more often.”

—Georgina Hackett, Coquitlam

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Powerful twin motors, true six-wheel-drive and superb stability allow the Magix6™ to traverse curb cuts, gravel, mud and a range of obstacles. The Magix6™ is also an ideal indoor chair—omni-directional front and rear drive wheels allow for a zero turn radius, providing mid-wheel drive chair manoeuvrability in the tightest of spaces.

The seat base, back and armrests of the Magix6™ are all easily adjustable to accommodate paediatric to adult sizes, providing flexibility for users' changing needs as they grow older.

TO FIND A MAGIX6™ DEALER, PLEASE CALL 1-800-403-9019.
ASSISTABILITY IS THE EXCLUSIVE DISTRIBUTOR FOR NEW LIVE SARL MAGIX IN CANADA.

Magix6™

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