MINDFULNESS | MENOPAUSE | OZEMPIC

thespin

SPINAL CORD INJURY BC

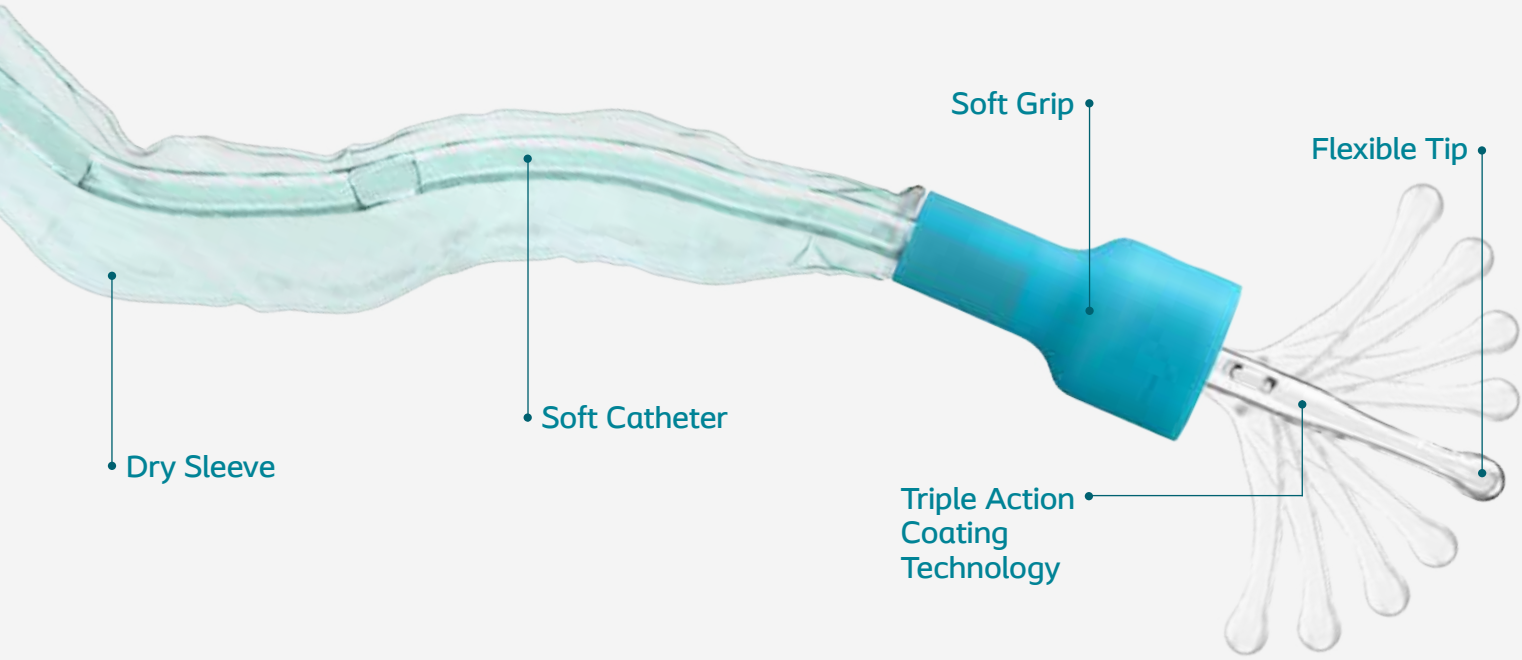
WINTER 2025

The Stoke Continues

With help from the skateboarding and SCI communities, SCI BC peer Emerson Corduff is redefining how he rides and sharing his passion with others

SpeediCath® Flex

Every Innovation
Makes it Easy For You



Try *SpeediCath® Flex* catheter for men!

Experience the comfort of a dry-sleeve, flexible tip, designed with ***Triple Action Coating Technology*** to help reduce friction and minimize urethral damage[1] while catheterizing. The practical, discreet design of SpeediCath Flex catheters fit effortlessly into your daily routine.

Order a **FREE*** ***SpeediCath*** *Flex* sample today!

visit.coloplast.ca/SampleFlex

1-866-293-6349

Scan the **QR Code** to sample.

* Limitations apply

1. Compared to uncoated catheters.

SpeediCath® Flex is indicated for use by patients with urine retention and patients with post void residual volume (PVR) due to bladder dysfunction. The catheter is inserted into the urethra to reach the bladder allowing urine to drain. The product is for male patients only. Patients performing self-catheterization should follow the advice of, and direct ques-tions about use of the product to, their medical professional. Before using the device, carefully read the product labels and information accompanying the device including the instructions for use which contain additional safety information. The SpeediCath product is for single-use only; discard it after use. If you experience symptoms of a urinary tract infection, or are unable to pass the catheter into the bladder, contact your healthcare profes-sional. The risk information provided here is not comprehensive. To learn more, talk to your healthcare provider. For more information call Coloplast Corp. at 1-866-293-6349 and/or consult the company website at www.coloplast.ca.

Coloplast Canada, Oakville, ON L6H 0H2/ 1-866-293-6349/ www.coloplast.ca PM-37496

Coloplast

contents

WINTER 2025

features

departments

CONTRIBUTE TO OUR NEXT PEERSAY: Do you or someone you know have a YouTube channel about SCI or a related physical disability? Let us know by emailing thespin@sci-bc.ca for a chance to be featured in the next Peersay.

COVER: SCI BC peer, Emerson Corduff, sits in his Lounge longboard for adaptive skateboarding.

Reframing Help

When I started in my role back in 2010, SCI BC was undergoing a big change and I was tasked with leading a renewed focus on peer support and information services. Our mission statement at that time was "to assist people living with spinal cord injuries, or a related physical disability, to achieve independence, self-reliance, and full community participation."

While that statement sounded good, it didn't fully capture the spirit of the new direction the organization was heading, so early on, we set to work on a new mission statement. In short order, we came up with the one we have now, which we often shorten as "to help people with SCI (and related disabilities) and their families adjust, adapt, and thrive."

Interestingly, there was only one word that took some time to agree on: help.

The concept of help in our society is a curious thing. On the one hand, to offer or provide help is seen as a noble thing. It implies capacity, strength, and an upper hand. On the other hand, to need or receive help implies inability, weakness, of being lesser than. By extension, to be independent is seen as an ideal state for which help is not needed, while to be dependent is an undesirable, precarious state we want to avoid. So when we used 'help' and removed 'independence' from our mission statement, some felt we were portraying people with SCI as helpless souls who can't succeed without our help.

I've wrestled with this tension over the word help a lot, so I was thankful to a longtime friend and disability leader who, over a drink on a patio this past summer, shared her ideas for reframing help and how this could benefit people with disabilities and create stronger communities.

The reality is we all need help from time to time: none of us have all the skills, knowledge, or capacities to be fully independent or do everything on our own, and we are more effective and efficient when we accept help from others.

Getting past societal pressure to be seen as strong and independent by rejecting help and discovering the benefits that come from learning to accepting help is a theme that emerges frequently in the stories we share in *The Spin*. Peers in these stories often reflect back and wish they'd learned earlier to ask for and accept help because doing so has allowed them to be more active, engaged, and, paradoxically, independent as they are more in control of their lives.

Our society can learn a lot the from these peers. We all can. We need to appreciate that giving and receiving help are natural parts of the human condition and help make for strong, connected, and healthy communities. It's no different for SCI BC. If we are not here to help, why are we here? But we can't be here without help from our members, partners, and supporters.

As we enter the new year, let's resolve to adjust our attitudes toward help so that we can all thrive in a society that embraces it.

—Chris McBride, PhD, Executive Director, SCI BC

thespin

The Spin is the quarterly magazine of Spinal Cord Injury BC. An online edition of *The Spin* is available on the SCI BC website (www.sci-bc.ca).

Executive Editor ..... Chris McBride
Assistant Editor/Designer ..... Sophie Ni
Assistant Editors ..... Alison Brierley, Jocelyn Maffin, Lydia Wood & Veronica Allan

SUBSCRIPTIONS
Free subscriptions are available for BC residents and health professionals:
T: 604.324.3611 TF: 1.877.324.3611 E: thespin@sci-bc.ca

ADVERTISING
Advertising rates and a publishing calendar for *The Spin* are available online at sci-bc.ca/thespin. You can also email thespin@sci-bc.ca or call 604.324.3611.

SUBMISSIONS
Submissions, suggestions and comments are greatly appreciated—please email these to thespin@sci-bc.ca or send by regular mail to:
Assistant Editor, *The Spin*
Spinal Cord Injury BC, 780 SW Marine Drive
Vancouver, British Columbia V6P 5Y7

Publications Mail Agreement #: 40684573
ISSN #: 1922-9445
Return undeliverable Canadian addresses to:
Spinal Cord Injury BC, 780 SW Marine Drive
Vancouver, British Columbia V6P 5Y7 T: 604.324.3611
To update/change delivery address, email thespin@sci-bc.ca or call 604.324.3611.

SCI BC HEAD OFFICE
780 SW Marine Drive, Vancouver, British Columbia V6P 5Y7
T: 604.324.3611 TF: 1.877.324.3611 F: 604.326.1229
E: info@sci-bc.ca

REGIONAL PEER CONTACTS
Greater Vancouver/Fraser Valley: Rod Bitz, Peer Program Coordinator
T: 604.500.2900 E: rbitz@sci-bc.ca

Kamloops/Okanagan: Tyler Tingle, Peer Program Coordinator
T: 604.326.1227 E: ttingle@sci-bc.ca

Okanagan: Sonja Gaudet, Provincial Peer Coordinator
T: 250-308-2983 E: sgaudet@sci-bc.ca

Okanagan: Scott James, Provincial Peer Coordinator
T: 250-308-1997 E: sjames@sci-bc.ca

Metro Vancouver: Teri Thorson, Manager, Peer Coaching and Outreach T: 604.714.4185 E: tthorson@sci-bc.ca

Metro Vancouver: Ryan Clarkson, Peer Program Coordinator
T: 604.714.4185 E: rclarkson@sci-bc.ca

Metro Vancouver/BC: Duncan Campbell, Aging with SCI Peer Coordinator T: 604.326.1215 E: dcampbell@sci-bc.ca

Nanaimo: Bert Abbott, Manager, Peer Mentor Program
T: 250.616.1186 E: babbott@sci-bc.ca

North Shore/Sea to Sky: Peter Chisholm, Peer Program Coordinator
T: 604.739.5913 E: pchisholm@sci-bc.ca

Victoria: Scott Heron, Peer Support Specialist
T: 250.812.0773 E: sheron@sci-bc.ca

SCI BC is grateful for the financial support of the BC Gaming Commission and the BC Paraplegic Foundation.

We acknowledge that *The Spin* is created on the traditional and ancestral territory of the Coast Salish peoples—Squamish, Musqueam, and Selilwitulh (Tsleil-Waututh) Nations. Our provincial work takes place on the territories of Indigenous peoples who have lived on and cared for the land for time immemorial. We are grateful to work, share stories, and connect in these spaces.

SCI BC InfoLine: 1.800.689.2477

Innovations

New products, devices, and aids to daily living that might make a difference in your life...

RYSE SMART CURTAINS

Let RYSE's SmartCurtain open or close your curtains with one smooth, effortless motion. This device works with any curtain rod and is designed for a wide range of curtain styles, including ones with rings, tab tops, pockets, or grommets. Simply hook the product to the rod and it's all set up to use! Download the RYSE mobile app for more control, such as setting up schedules to fit your routine, controlling your curtains from anywhere, or using voice control by asking Alexa, Google, or Siri to adjust your curtains. With up to one year battery life on a single charge, SmartCurtain is built to last. Don't close the curtains on this product: head over to ca.helloryse.com to get your own SmartCurtain.

WHEELCHAIR ACCESSIBLE ELECTRIC VEHICLE

Kia unveiled the PV5 WAV, a new wheelchair accessible electric vehicle that aims to set a new standard for this class of vehicles. The PV5 WAV is designed for wheelchair users, families, and caregivers to enjoy a convenient, comfortable accessible ride together. The inclusive design features include a side-entry with a ramp to allow safe, easy boarding from the sidewalk, an adjustable seat to make more room for a wheelchair or additional passengers, a layout that allows caregivers to assist wheelchair passengers from the side, and a universal belt fastening system specifically meant for wheelchairs. The van will launch in Europe and Korea first with an expected global release in 2026. Stay tuned at worldwide.kia.com/int/pv5.

ADAPTIVE CLOTHING

Expand your wardrobe with MagnaReady, an adaptive clothing company that features magnetic button closures for all of its women's, men's, and kids' collections. Explore the wide range of clothing options, including outerwear, tops, and bottoms that are perfect for anyone with limited mobility or dexterity challenges. There's no need to fuss about buttons and zippers as the discreet magnetic placket allows for quick and effortless dressing while looking stylish. These adaptive clothes are designed for daily life: from wrinkle-resistant dress shirts to cooling-tech polos, MagnaReady are high-quality apparel you can rely on. Add function and fashion to your closet at magnaready.com.

ASSISTIVE HAIR DRYER HANDLE

Browse through Makers Making Change's Assistive Device Library to find a 3D printed device designed to help make your daily life better at no or little cost. The library includes over 200+ devices, including the Assistive Hair Dryer Handle. The adaptive handle is designed for people with limited hand mobility and the larger surface provides a more comfortable grip. To attach the assistive handle to the hair dryer, cut a strip of Velcro to loop through the 3D printed handle and tighten the strap until the handle feels secure around the hair dryer handle. For other day-to-day assistive device to aid your life, visit makersmakingchange.com.

Protect the urethra,

the first line of defence against UTIs

GentleCath Glide™ with FeelClean Technology™ intermittent catheters cause **30% less damage[1]* to human urethral cells.**

convatec

GentleCathGlide™

Scan the code to learn more and request your free samples today.

convatec.ca

References: 1. Burns, J, Pollard, D, Ali, A, McCoy, CP, Carson, L & Wylie, MP 2024, 'Comparing an integrated amphiphilic surfactant to traditional hydrophilic coatings for the reduction of catheter-associated urethral microtrauma', ACS Omega. https://doi.org/10.1021/acsomega.4c02109. *Data from Burns et al.

Help shape our peer program.

Have your say this Feedback February! SCI BC is hosting online focus groups with peers in every region across BC to hear what's working in our peer program, what could be better, and what you'd like to see next. We're particularly interested in hearing from peers under 30 years old, peers who are ambulatory, and spouses/family members of people with SCI. Email Jocelyn at jmaffin@sci-bc.ca for the schedule and to sign up for a session.

Try our new Dance Flow classes.

Join us for a special virtual dance session with Harmanie Rose from the comfort of your own home. Log on from 6-7 PM every Monday from January 12 to February 6 and enjoy imaginative prompts to warm up your body and get you dancing. Harmanie has been dancing, teaching, and creating space for people with all abilities to explore the world of dance for over 20 years. Visit sci-bc.ca/events for more details or email Teri at tthorson@sci-bc.ca.

Sit-ski with Whistler Adaptive.

Whistler Adaptive Sports Program offers alpine sit-skiing lessons for anyone looking to try winter sports. Whether you want to learn to sit-ski independently or enjoy the experience with a guide, one-on-one sessions are tailored to each participant's skill level with an option for drop-ins. Snowsport equipment is included for all adaptive lessons, all you need to do is dress warm! Head over to whistleradaptive.com/sit-skiing for more information.

Greg Stewart


Julia Hanes


Tiana Hesmert


William McCreight

Celebratory high fives to BC Para athletes who competed like natural born champions on the court, field, and water this fall.

Rolling in with a shoutout to the toughest wheelchair rugby players on the court, **WILLIAM MCCREIGHT** for playing on Canada Development (men's team), along with **JESSICA KRUGER** and **TIANA HESMERT** on Northern Lights (women's team). Both teams competed in Division 2 of RugbyMania 2025, a wheelchair rugby tournament held in Prague. Canada Development took home the gold with the final match score of a 51-45 win over Italy, while Northern Lights placed 8th.

GREG STEWART and **JULIA HANES** launched their way to the podium at the World Para Athletics Championships in India. Already a two-time Paralympic gold medalist, Stewart won his first World's gold with a season's best 16.69 meter in the men's F46 shot put. Hanes had a massive throw of 7.51 metres to win her first ever Championship medal, bronze in the women's F33 final event. Talk about a record-breaking throw of an achievement!

ANDREW DAVIS cruised his way to success with a bronze medal at the 2025 Mobility Cup, an annual international adaptive sailing competition. A total of 32 sailors came to Montreal to compete in Martin 16 boats, a boat designed for the needs of people with physical disabilities. Keep an eye out for next year's Mobility Cup as our partner, Adaptive Sailing Association of BC, will host the 2026 Mobility Cup at Jericho Beach in Vancouver from September 8-12, 2026 for its 35th anniversary.

We know that all peer athletes gained invaluable experience by participating. They demonstrated great teamwork and sportsmanship, and proudly represented BC and Canada at both the national and international stage. Well done!


Jessica Kruger in action


Andrew Davis accepts his award

Peer Shoutouts

An "inkredible" shoutout goes to **MURRAY SIPLE**, a multi-disciplinary artist known as WALLETMOTH. He appeared as a featured panelist at Artistry in Action, a New York event celebrating accessibility in art. Siple shared his background in street art, adaptive surfing, and documentary filmmaking, alongside other artists with disabilities to spark conversations of creativity, accessibility, and adaptive expression.

A royal congratulations to **JOSH DUECK**, Paralympic Champion, sport advocate, Freestyle BC Executive Director, and former SCI BC staff member, on being awarded the King Charles III Coronation Medal by Senator Margo Greenwood. The Coronation Medal was created to mark the coronation of His Majesty King Charles III and recognizes the outstanding individuals who have made a difference in their community. "Receiving the King Charles III Coronation Medal is a massive honour, and frankly put, it fills my heart," said Dueck. "I'm humbled to be recognized alongside so many incredible Canadians doing meaningful work. The sports world, especially the ski and outdoor community, has given me so much more than a career. It gave me a lifeline, a sense of purpose, and a place to belong. I'm just grateful for the chance to give a little bit back to the people and the mountains that shaped who I am."

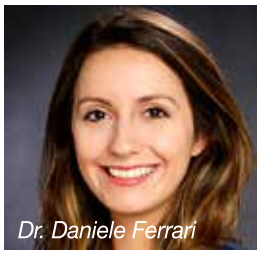
Seed2STEM Co-Chairs Dr. Corree Laule (middle left) and Cheryl Niamath (middle right) accept award from City of Vancouver.

CITY OF VANCOUVER RECOGNIZES AN ICORD PROGRAM FOR ITS RECONCILIATION EFFORTS

ICORD's seed2STEM program, which enables Indigenous youth to participate in STEM research, has been awarded with the City of Vancouver's Leadership in Reconciliation Award. The program offers paid research internships in universities and hospital labs with support, such as travel bursaries and equipment loans, to eliminate barriers to participation. Since 2018, 142 Indigenous students were placed in 112 research labs in UBC and SFU, along with health institutions like BC Children's Hospital and BC Cancer Research Centre. Amongst the participants, 88% of grade 12 students from the program advanced their education by enrolling in a post-secondary institution, with 76% choosing to study in STEM fields. Learn more about the program at icord.org/seed2STEM.

Community Highlights

Dr. Alanna Shwed



Dr. Daniele Ferrari

TWO ICORD POSTDOCS ACKNOWLEDGED WITH HEALTH RESEARCH BC TRAINEE AWARDS

Dr. Alanna Shwed and Dr. Daniele Ferrari are postdoctoral fellows from ICORD who received the 2025 Research Trainee Awards from Michael Smith Health Research BC. This award supports postdoctoral researchers in building their careers in BC and aids in fostering discoveries that improve the health of our communities. Shwed's project aims to build better research partnerships between researchers and people with lived experiences by developing a long-term support system at ICORD, making SCI research more relevant, impactful, and effective. Ferrari's project focuses on exploring how Granzyme B contributes to itching in aging skin, which will improve the quality of life for older adults with chronic itch.

LEFT TO RIGHT: Stan Yee and Vikas Patel

SCI BC RESEARCH PARTNER NAMED CANADA RESEARCH CHAIR

A big congratulations to Dr. Heather Gainforth, who has been appointed to the Canada Research Chair as the SSHRC Tier 2 Canada Research Chair in Research Coproduction and Implementation Science. Canada Research Chairs are a federal program designed to retain cutting edge researchers in Canada's universities. Gainforth's work focuses on supporting people with an SCI to thrive after their injury and engaging the SCI community throughout the research process. "In my work, for example, it's not about doing research for people with SCI, but doing research with them to ensure our research is relevant, useful, and impactful," says Gainforth. Her newly appointed role allows for more dedicated time for community-engaged research through which she aims to support transformational change in the SCI research system and how it meaningfully engages with research users.

AN SCI BC PEER LEAVES A LASTING FUNDRAISING IMPACT THROUGH CYCLING

Vikas Patel biked from China to Turkey to raise funds for SCI BC's programs and services. The inspiration to fundraise came from his good friend Stan Yee who sustained an SCI after a mountain biking accident. Patel started his journey in Beijing, China and cycled through eight countries. The Silk Route was a biking tour Patel had always planned to ride, and he thought it was a good idea to use this opportunity to raise awareness on the challenges Yee faced while living with an SCI. "I… was impressed that [SCI BC] really focuses on getting people with spinal cord injuries the immediate support not only for the injury, but also the community support to live as full a life as possible with the injury," says Patel. He recently ended his 9,100 km journey in Istanbul, Turkey, having completed 83 rides and raising over $13,000 for SCI BC. We are so grateful Patel went the extra kilometre to support SCI BC—quite literally!

WE ARE **BESPOKE**

NOUS SOMMES **SUR MESURE**

WHEELCHAIRS

BATEC MOBILITY

PAWS

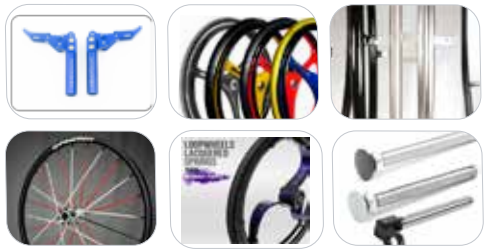
TRACK WHEEL

VARILITE CUSHIONS & BACK

LIGNORIM

TIRES

LOCKS, WHEELS, PUSHRIMS & AXLES



ACCESSORIES

OFFERING A FULL PRODUCT LINE !

...and a host of other products from fine manufacturers around the world.

OFFRANT TOUTE UNE GAMME DE PRODUITS !

...et toute une gamme de produits additionnels de première qualité.

137 Buttermill Ave
Concord, ON L4K 3X5

t. (416) 661-4499
e. 49@49bespoke.com

49BESPOKE.COM

Mind Over Matter

A new research review points toward mindfulness as a promising tool for people with SCI to alleviate pain and improve mental wellbeing.

If you live with SCI, chances are you also live with some degree of pain. Across the scientific literature, 68% of people with SCI report experiencing chronic pain—and up to 84% of Canadians with SCI have reported that they were "not usually free of pain."

You don't need us to tell you that pain is a common experience for people with SCI. But what you might not know is that pain and mental health are inextricably linked. Chronic pain is linked with an increased risk of depression and anxiety, while poor mental health can make pain feel worse. This cycle can quickly deteriorate overall health and quality of life, making treatments that target both pain and mental health an important priority for the SCI community.

In recent issues of *The Spin*, we've covered a variety of therapies that have the potential to help you manage your pain and boost your mood—from exercising in the real world to simulated walking in a virtual one. But we're always on the lookout for new developments, and a newly published research review from a team of medical doctors and researchers based at the University of Chicago and Mayo Clinic points to mindfulness as a promising solution to your pain problems.

Mindfulness is focused on observing your own thoughts, emotions, and physical sensations without reacting to them. It involves paying attention to the present moment and accepting what you think and feel without judgement. For example, meditation and yoga are common mindfulness-based practices.

"Our original motivation to conduct this meta-analysis came from a question posed by a patient, who was wondering how meditation may help with pain caused by SCI," says Dr. Mohamad Bydon, MD, a Professor and Chair of Neurological Surgery at the University of Chicago and Stahl Professor of Neuroscience in the Wallman Society of Fellows, who led the study team.

"As we initially looked into the literature, we noticed only a handful of papers focused on meditation as a treatment for SCI pain. However, when broadening our search, we found an extensive amount of literature showing how mindfulness-based interventions—like meditation—caused relief in populations suffering from chronic pain and mental health conditions," he explains. "Given the correlation between pain and overall mental wellbeing in people with SCI, we felt it was important to systematically analyze the current literature to assess whether mindfulness-based interventions could serve as an accessible, non-invasive alternative for addressing pain and quality-of-life concerns in patients with SCI."

Dr. Mohamad Bydon

To do this, the research team examined all the published research they could find on mindfulness-based interventions as a treatment option for pain, anxiety, and depression among people with SCI. They identified seven studies published between 2008 and 2021. Collectively, these studies included 419 participants with SCI who participated in one of four mindfulness-based interventions: yoga, mental imagery, biofeedback, and mindfulness meditation.

Considering the collective evidence, the research team concluded that patients undergoing mindfulness-based interventions experienced improvements in pain. They also found that mindfulness practices show potential for managing anxiety and depression.

"This is because these interventions not only aim to reduce pain intensity and discomfort, but also some of the psychological experiences surrounding pain that may amplify the physical experience," explains Bydon. "For pain, mindfulness-based interventions may help manage pain perception, enhance coping strategies, and reduce the emotional distress that accompanies chronic pain. For mental health, these interventions can increase self-awareness and resilience, while encouraging acceptance of difficult emotions over avoidance or rumination."

Despite its potential benefits, Bydon was quick to note that the current evidence on the use of mindfulness-based interventions is limited. "Not only are there few published studies, but also a lack of consistency in the specific interventions assessed and the patient-reported outcomes used to quantify changes," he says.

While different types of mindfulness practices were tested in each study, with variation in how often and how long participants engaged in each one, what stood out most to Bydon was the impact of consistent practice on treatment success.

"In studies that emphasized daily or at-home practice, outcomes tended to be more favourable towards mindfulness-based interventions," explains Bydon. "This suggests that the regular integration of mindfulness into daily life may be more important than the specific format or duration of the intervention given."

Although the evidence is limited, Bydon believes the link between chronic pain and mental health outcomes in patients with SCI highlights a strong need for further research into mindfulness-based interventions as a dual treatment option.

"Next steps in this area of research would be larger-scale trials," he says. "There is a need for greater consistency in the outcome measures used, additional investigation into whether any specific mindfulness-based interventions hold greater promise than others, and clarification of the optimal timing for intervention. This will allow for stronger conclusions to be drawn."

Additional research exploring the relationship between pain and mental health in the context of mindfulness would also benefit the SCI community, he says.

One researcher who is tackling this topic head-on—and who has personally experienced the benefits of mindfulness for pain management with SCI—is Robert Buren. Buren is a PhD Candidate at the University of British Columbia Okanagan under the supervision of SCI Action Canada Lab Director, Dr. Kathleen Martin Ginis. A mountain biking accident in 2008 resulted in Buren's T7 paraplegia, and he has been on a journey to cure his pain ever since.

"After three years of trying all the recommended first-line medications for neuropathic pain and finding the side effects worse than the actual pain, I stopped my meds and decided to channel all of my focus and efforts into sport," explains Buren. "Of all the things I had tried to solve my pain since breaking my back, exercise was the thing that helped me the most. Even if I had pain, while I was working out, I was distracted from it, and the many benefits of exercise—getting my heart rate up, sweating, sleeping better, socializing with other athletes—all helped to reduce the pain intensity."

Within five years, Buren became the first paraplegic in Canada to complete an IRONMAN triathlon (226 km). Three years after that, he earned second place at the IRONMAN World Championships in Kona, Hawaii. But he knew that endurance sports weren't a long-term strategy for managing his pain.

"As great as sports were for me on many levels, they didn't fix the root cause of my pain problem," he says. "I was also concerned that long-distance endurance racing may not be something I could sustain indefinitely."

As part of his journey to cure his pain, he started listening to an audio book called *Mindfulness Meditation for Pain Relief* by Jon Kabat-Zinn. The book includes guided meditations that he would do every morning before he got out of bed. He explains, "After a month or two, I noticed that my pain was improving, which led me to want to dig deeper."

His PhD research is focused on trying to find effective strategies for long-term pain relief and recovery for SCI pain. "Essentially, I'm trying to solve SCI pain," says Buren.

Buren noted that while Bydon's review is an important contribution to SCI research, the findings could have been strengthened by including (in addition to yoga) other published SCI studies that also rely heavily on mindfulness practices for their delivery, such as mindfulness-informed cognitive behavioural therapy, interdisciplinary rehabilitation programs, and Qigong.

Robert Buren

Robert Buren at the 2016 Ironman World Championships in Kona.

Robert Buren mountain biking at the 2021 Dunbar Summer Series. Photo credit: Jeff Etue

"Admittedly, researching and treating SCI pain is a complex endeavour. Our personal, injury and coping characteristics differ so much that it's difficult to know where to focus," says Buren.

Key to Buren's research is the focus on neuroplastic pain. Although pain symptoms may still present as neuropathic after the spinal cord has healed or stabilized, he believes that in many cases it is likely to become neuroplastic or learned pain. He believes this knowledge is a potential game changer for people with SCI living with neuropathic pain sensations.

"When I looked back over 17 years since my injury, I realized that no one ever said to me, 'we think we can cure SCI pain,' nor have I come across any mind-body focused SCI studies that have the objective of curing SCI pain. Rather, the primary focus of research and treatment appear focused on aiming to mitigate pain symptoms," he says.

"I believe it's crucial that moving forward we focus on trying to solve SCI pain. Instead of assuming that our initial diagnosis of neuropathic pain caused by injury or disease is permanent, what if after a few months we confirm the SCI has healed, or is stable, and open ourselves to the potential that the neuropathic pain symptoms, such as burning, stabbing, or pins and needles sensations, have become learned, or neuroplastic? With the mindset that pain might be reversible, we can test strategies to potentially solve or unlearn the pain," says Buren. "As long as the predominant stance remains that SCI pain can't be solved, then it likely never will be. And that's something I cannot accept."

If you're one of the 200 people with SCI in Canada that completed the Canadian SCI Pain Survey, then you're already familiar with Buren's work. In addition to the survey, in the fall of 2025, Buren led a behavioural change study to evaluate a set of innovative mind- and body-based tools for adults with SCI pain aimed at solving SCI pain. Using pain reprocessing therapy as the core educational tool of the program, the seven-week intervention included a combination of group training and individualized coaching sessions to help participants find tailored, non-pharmaceutical solutions for their musculoskeletal and neuropathic/neuroplastic SCI pain.

We'll bring you the results of this research, as well as the findings of the Canadian SCI Pain Survey, in an upcoming issue of *The Spin*.

In the meantime, you can do some personal research and exploration. From movement-based approaches like Qigong and yoga to deep mind-based work like meditation and pain reprocessing therapy—incorporate them into your daily routine and see if, over time, mindfulness can help to reduce your pain. ■

ask the SPIN DOCTOR

"I've had trouble managing my weight for a while now. It's starting to affect my transfers and exercise is difficult with my shoulder injury. I hear about Ozempic everywhere lately, is it an option for someone with SCI? The side effects I've heard about make me nervous." —Nic in New Westminster

We asked Dr. Ian Rigby, MD FRCPC, Diplomate of the American Board of Obesity Medicine, Emergency Medicine doctor and SCI Peer.

I'm not surprised you're asking about Ozempic in this situation, Nic, as this and other weight loss medications have revolutionized how we approach the treatment of unhealthy weight. A few years ago, my wife and I were sitting in the airport waiting for a flight when I noticed a 12-foot digital billboard with the caption, "Ask your doctor if Ozempic is right for you." As an obesity medicine doctor, I thought, "Here comes the rush…"

The medicine we're talking about here is semaglutide, a once-a-week injectable medicine that comes in two forms. Ozempic is the form Health Canada approved for the treatment of diabetes, and Wegovy is the one for weight loss. They are the same drug, and which one is used clinically is unimportant.

"Is Ozempic right for you?" can be a challenging question. With all medications, we want to use them in situations where the benefits outweigh the risks and side effects. When using semaglutide for weight loss, we say that the medication is "indicated" for people with a body mass index (BMI) greater than 30 or for people with a BMI greater than 27 and with other medical conditions that would improve with weight loss (such as diabetes, high blood pressure, etc).

This definition can be challenging for those of us with an SCI. First, BMI is a crude tool that requires only height and weight measurements to screen for unhealthy weight. In the SCI population, BMI is often not an accurate measurement. Many of us have decreased muscle and bone mass, and as such, the BMI calculation often causes us to miss people who actually have an unhealthy weight. Furthermore, measuring height and weight in SCI can be impractical. Thus, your doctor may use other approaches to decide whether semaglutide may be an appropriate treatment.

Does it work? Yes. Depending on what study you read, the average weight loss for a patient using a top dose of semaglutide will be between 15 and 20% of their body weight. Granted, none of us are the average of a study. Some will lose more and some will lose less. Regardless, this is a profoundly effective therapy.

Perhaps the most important way semaglutide works is by causing the hunger and appetite circuits of our brain to make us less hungry. Second, it signals our stomach and small intestine to slow down, and we feel full earlier when eating. Finally, semaglutide also improves the body's glucose metabolism which is used to treat diabetes, but may cause small weight loss benefits.

So, if semaglutide is so great, why isn't everyone on it? First, there are some medical conditions that don't go well with this medication. Your doctor would review your history regarding certain types of thyroid cancer, endocrine issues, and types of pancreatitis that would exclude you from using it. Second, these medications really require a long-term commitment to use. The best of our studies show that if people stop semaglutide they will regain about two-thirds of the weight they lost over the next year. Those numbers will vary person to person, but the overall message is that this is an ongoing treatment.

Then there is the issue of cost. Currently few drug insurance plans cover weight loss medications. In Canada, we are waiting with bated breath as Ozempic is going to potentially become available in a generic version in the spring of 2026. We are expecting the cost of this medication to come down but don't yet know how profound that decrease will be.

There are also side effects of semaglutide, mostly related to the way the medication slows the forward motion of the stomach and intestines. Approximately 20% of people experience nausea, vomiting, constipation and/or diarrhea, often with starting the medication or increasing the dose; side effects usually settling down over a short period of time.

As you've probably guessed, Nic, these are challenging side effects in our SCI population. Constipation can be a trigger for autonomic dysreflexia, and diarrhea is a completely unpleasant experience when living with an SCI.

There are a couple of good principles to help limit the risk of gastrointestinal effects:

- Make your meals smaller and more frequent, which will decrease the risk of nausea.
- Avoid high fat food, as it tends to decrease forward motion of our stomach and intestines and lead to worsening nausea and constipation.
- Before you start the medication, it is useful to

have your bowels in good working order with adequate fibre and lots of water.

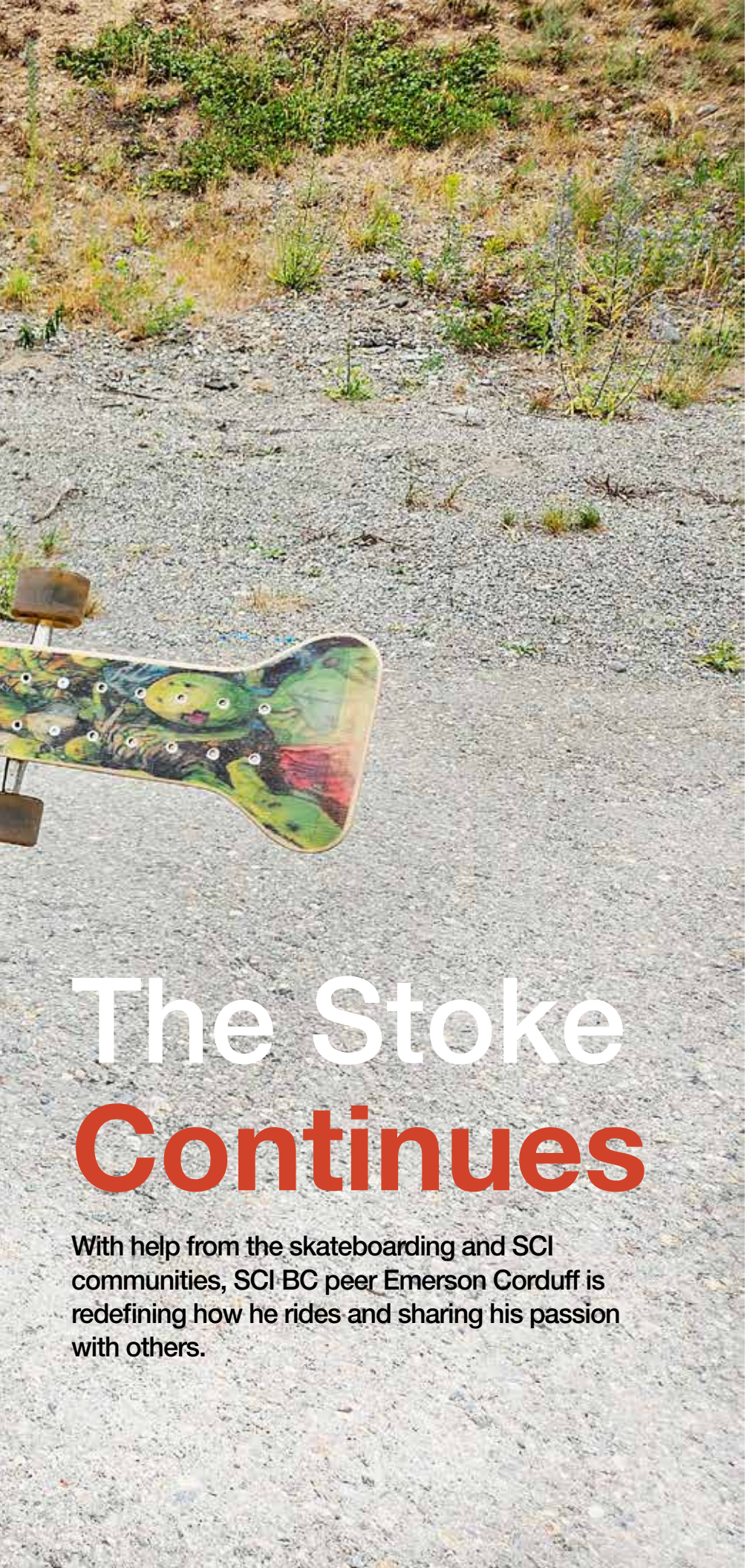
- These medications often signal us to drink less. So, set a timer on your phone to remind you to drink water regularly, which is particularly useful to avoid constipation.
- Finally, if these medications are causing severe or persistent side effects, please speak to your doctor as decreasing the dose will often address these issues.

The image on the right is one of several infographics created by an expert consensus group that provide easy to follow guidelines for managing gastrointestinal effects of the medication—you can view them at sci-bc.ca/glp1.

These new weight loss medications are a powerful tool for our health, but the best results happen together with good nutrition and physical activity. Good nutrition (especially adequate protein), and regular physical activity maintains our strength, muscle mass, and metabolism during weight loss which are key aspects of good health and independence.

So, if you're struggling with unhealthy weight, is Ozempic an option? The answer is nuanced, but it may be worth asking your doctor if it is right for you. ■

A guide on how to minimize the risk of gastrointestinal effects. From Gorgojo-Martinez, Mezquita-Raya, Carretero-Gomez et al. Journal of Clinical Medicine. 2023 12(1). doi.org/10.3390/jcm12010145



The Stoke Continues

With help from the skateboarding and SCI communities, SCI BC peer Emerson Corduff is redefining how he rides and sharing his passion with others.

Giant's Head Mountain is an Okanagan, BC landmark. Located in Summerland, this former ancient volcano has been shaped by centuries of glacial activity to now reach over 200 metres elevation and offer panoramic views of the surrounding Okanagan region. When making a summer visit to the mountain you might be taken aback not only by the beautiful scenery, but the surprising sound of skateboard wheels grinding on asphalt.

The Giant's Head Freeride is an annual downhill longboarding event that brings together athletes and enthusiasts from across BC and beyond to compete in downhill races on the 2.1 kilometre vehicle access road winding around Giant's Head. Amongst the crowd gathered for this past summer's event was SCI BC peer Emerson Corduff.

For the unfamiliar, a longboard is a type of skateboard with a longer deck designed for stability and used for cruising, downhill racing, and freeriding. "Nothing gives you the same feeling as going down a hill on your skateboard and feeling the G-force and the wind go past your shoulders as you tuck down the hill," Corduff says when describing his love of skateboarding. Corduff, who grew up in Vernon, BC, started skating after saving up enough money to buy a longboard for his 14th birthday.

"My buddy and I would take it down hills and try to figure things out for ourselves, but it's not easy… there was a poster up at one of the skate shops for a 'Learn to Stop' session. I showed up one day and happened to be the only kid there. It was awesome. It was just a group of guys spending their free time teaching kids how to skateboard. They probably spent 40 or 50 evenings with me going over how to slide, how to corner properly, how to grab your board in the right place," reflects Corduff on those early days.

With practice, Corduff started to improve and began competing in races throughout BC, the Pacific Northwest, and the SMR (San Marcos Road) freeride in California. His skills and his skating com-

LEFT: Corduff at the Maryhill Fall Freeride in Washington. RIGHT: Corduff and his friends from the skateboarding community.

munity continued to grow as he pursued his passion for longboarding into adulthood. "Everyone is just stoked on people learning things and getting involved in the sport. Even if you're new, they want to talk to you and hear about your ideas and input," he says. "You're probably going to mess up and fall a lot, but if you're not falling, you're not learning."

Corduff knows the meaning behind this mindset all too well. In 2023, he was involved in a vehicle roll over accident while working at a local ski hill that resulted in a T9 SCI. Shortly after the accident, he was transported to G.F. Strong where he began rehab and the difficult journey of learning about life with an SCI. When asked about this period of time, Corduff unexpectedly smiles. "My skate community was there from the first day I was injured," he says. "A lot of people are from Vancouver so they were there right away and overwhelmingly supportive… Calgary is also a big hub for skaters and I had a lot of friends drive over to visit for the night and then drive back the next day for work. People were bending over backwards to help us. They're friends, but they're really more like family in the way [we] help each other."

Nigel Corduff, Emerson's dad, was the first person to learn about his son's injury and remembers how the skate community jumped into action. "Nobody wants to get that phone call. I was driving to Vancouver and [still] had five and a half hours to get to where Emerson was… When I found out he was awake at Vancouver General and alone I picked up the phone and called one of the skateboarders and told him the news. He was really choked up, but just asked, 'What do you need from me?' And he was there right away, in typical skateboard fashion," he explains. "When I got there, the longboarders had saved a parking spot for me and gave me a hot cup of tea. They showed me where to go and I went into Emerson's room and—I couldn't believe—[he was] smiling! Someone had snuck in a kitten who was walking all over Emerson and tickling his face. It was a world of ICUs and elevators, compromises and money, and a lot of stress. But we got through it and the skateboarders were there all the time."

During his stay at G.F. Strong, Corduff met Ryan Clarkson and Marta Pawlik, SCI BC Peer Program Coordinators, who introduced him to SCI BC. Similarities between the skate community and the SCI community were immediately apparent. "The willingness for people to talk about anything and to be able to connect with everybody is awesome. Everybody's included and it doesn't matter what your situation is, you can hang out and be yourself," Corduff says. For the last two years, he's attended the SCI BC Whistler Adrenaline Weekend to meet other peers and explore other adrenaline-fueled hobbies like mountain biking, rock climbing, and kayaking, but his passion remains with skateboarding.

Following his injury, Corduff wasn't sure if he would return to skateboarding, and if he did, what would it look like? Local Kimberly, BC skater, community mentor,

LEFT: Corduff trying new adpative sports at SCI BC's Whistler Adrenaline Weekend. RIGHT: Jody Willcock

and Berley Skate skateboard manufacturer, Jody Willcock, heard about Corduff's injury and began working on a solution. "Twenty years ago I was approached by a competitive sit skier to help build a summer cross training device [that would] mimic ski racing on a skateboard," he explains. "I stored the molds because of their odd nature and the time put into them… after Emerson's accident, [we] pulled the old molds out again for another pressing."

This time, Willcock updated the prototype with triaxial glass, a strong flexible fibreglass often used to make skis, and incorporated Hollowtech, a production method that reduces weight by using composite materials instead of traditional wood. The result was a lighter, more agile, and more versatile design. "I didn't talk to anyone about it, not his dad, no one. I wanted it to be Emerson's choice whether he rode this or not."

In 2024, less than a year after his SCI, Corduff and his dad decided to go to Kimberley to visit Willcock and attend the Sullivan Challenge—the longest running downhill skateboard race in the world. "I was really worried," Corduff's dad recalls. "[Emerson] used to compete in this event and now he was going to be on the sidelines. This was kind of a make or break for his recovery as a person."

After a seven hour drive, they arrived at Berley Skate and were greeted by the skate crew. "We were going there just to watch the event and I wasn't going to be racing. But as soon as we rolled around to the factory everybody was there and they had this big pressed out board. Before my dad could even park the car, I was on it getting pushed down the alley," Corduff says. "I had been thinking about getting back into adaptive skating, but I hadn't talked to anyone about it. Then we showed up and they surprised me with this. It was wonderful."

A year later, Corduff and Willcock discussed how adaptive skateboards could benefit so many more people and they began refining their initial prototype. They landed on two main models: The Lounge longboard and a racing longboard. The Lounge model is for leisure riding and is designed to carve corners smoothly using the weight and momentum of the rider's body. A seat, similar to a sit ski bucket, is affixed to the top of the board which allows users to socialize with friends in an upright position while they ride. "I want to make it as affordable for the community as possible, "Corduff says. "It shouldn't be for just a select group of people. I want it to be for everybody. You should be able to just cruise around outside or go down the road if you want to, not in your wheelchair."

The Lounge is currently available for pre-order as a standardized board deck that can be customized to meet your personalized needs or wants. Additions like foot pans, custom board length, or e-propulsion methods are all considerations. It can be used by people with SCI as well as anyone who may have balance or coordination limitations, mobility issues, or just want to try something different.

The racing longboard model is still in development, but features a more stream-

The Lounge longboard, with key features of all wood construction for durability, waterproof triaxial glass shell, easy to grab handles, and a foot scoop.

line design, side panels and leg straps for safety, a shorter board for speed, and a disc brake system connected to hand controls. "I've ridden on the [current racing prototype] on a couple of my local hills, on the Maryhill course down in Washington, and on Knox Mountain in Kelowna," Corduff says. "It felt pretty crazy going downhill again. My first time luging after my accident was at Maryhill, which I had actually never even skated before. I was riding down the hill and at some point just thought, 'Ok wow, we're actually here now'… It was awesome to get the adrenaline pumping and have that feeling again."

At present, Corduff races alongside able-bodied riders, but he hopes adaptive racing will gain more popularity and recognition.

"There's something called the Stoke," Corduff's dad says. "It exists in the longboard community and it's not a fake thing at all. This tragedy has happened but life goes on and the Stoke continues… [it's] an environment where Emerson can excel and grow into whatever kind of future he wants." For Corduff, this future is already taking shape. He's committed to improving adaptive longboard designs and sharing them with as many riders as possible so the sport can grow. He also hopes to compete in the World Roller Games, the downhill skateboarding equivalent of the Olympics, when adaptive racing is recognized as its own event.

In the meantime, Corduff has his sights set on conquering Giant's Head Mountain. "That one is a little daunting," he admits. "Some of the falls aren't great if you mess up." Still, he knows better than most that falling is all part of learning.

You can connect with Corduff on Instagram at @thesk8erlounge or by email at sk8erlounge@gmail.com. The Lounge longboard is now available for pre-order! Learn more at thesk8lounge.com. ■

Feeling the Heat

With guidance from peers, clinicians, and researchers, women with SCI can embrace menopause with confidence.

"Menopause is the one life stage that all women will go through," explains Margaret Conquest, a tetraplegic peer and sexual health educator. While not all women, or individuals assigned female at birth (AFAB), will have children, everyone with functioning ovaries will eventually experience menopause.

Conquest partnered with SCI BC to deliver Life After Tampons, a cheeky online workshop series where women with SCI talked openly about menopause. We recapped the series in the Ask InfoLine column in the Fall 2024 issue of *The Spin*.

For Teri Thorson, SCI BC's Manager of Peer Coaching and Outreach, the timing was perfect. "When I started experiencing symptoms, it was challenging to find information about spinal cord injury and menopause," says Thorson. "It took me three years to meet someone who I felt could listen to me and properly address my [menopause] symptoms, and consider that they weren't disability-related, they were menopause-related. When I talked to peers, they had the same experience. Women are struggling."

Teri Thorson and Margaret Conquest

Women's Health Research Gap

In Canada, women make up about one-fifth of the SCI population, yet women's health research has a long history of exclusion. Until 1997, researchers in Canada weren't required to include women in clinical trials at all. When women were included, their results were rarely analyzed separately, making it impossible to know if diagnoses or treatments worked differently for women. Pre-clinical studies often relied solely on male animals because female hormones were considered "too messy" to study.

These gaps show up everywhere, not just in reproductive health. Heart disease is the leading cause of death for women, yet women make up less than a third of the participants in cardiovascular trials. The result? Higher rates of misdiagnosis, delayed treatment, and more adverse drug reactions.

And the gap persists. A review of research funded by the Canadian Institutes of Health Research (CIHR) from 2009-2023 found that less than 10% of projects mentioned sex or gender, and only 7% focused on women's health. In 2025, the U.S. National Institutes of Health (NIH), the world's largest health research funder, was directed not to approve grants mentioning 'gender' or 'women'.

Women deserve accurate, affirming information about menopause. That's why Thorson and Kate McBride, Clinical Nurse Specialist with Vancouver Coastal Health's Sexual Health, Rehabilitation Service and Adjunct Professor with the Faculty of Applied Science in the University of British Columbia (UBC) School of Nursing, teamed up to form a working group of clinicians and persons with SCI to start filling the gap, and in 2025, with support from the BC Rehab Foundation, Thorson, Conquest, Dr. Kerstin Gustafson, Dr. Viet Vu, and Dr. Stacy Elliott presented a workshop on menopause and SCI at the 64th International Spinal Cord Society (ISCoS) Annual Scientific Meeting in Sweden.

Conquest says her own journey motivates her work. "I want women to make choices out of an abundance of information, not fear."

Menopause Basics

Many misconceptions surround menopause. **Premenopause** spans the years after puberty when menstrual cycles are generally regular. What most people call 'menopause' is actually **perimenopause**, the transition that begins when the ovaries start shutting down.

Perimenopause can start up to 10 years before a woman's final menstrual period, meaning some enter this phase in their mid-30s. Fluctuating estrogen and progesterone levels change bleeding patterns: heavier periods, longer cycles, skipped periods, or doubled-up cycles. Conquest calls this the "chaos zone", when many classic menopause symptoms first appear.

Dr. Kerstin Gustafson

Menopause itself is defined as 12 consecutive months without a period, or when treatments or surgery stop ovarian function. The usual age range is 45-58, but autoimmune conditions, primary ovarian insufficiency (POI), polycystic ovarian syndrome (PCOS), or surgical removal can trigger earlier onset. And after you reach menopause, you enter **postmenopause** for life.

Before bleeding changes, many women notice other symptoms. Diagnosis relies on self-reported symptoms, rather than blood tests, as estrogen levels fluctuate daily.

Dr. Kerstin Gustafson, OBGYN, Medical Director of the Complex Menopause Clinic, and Board Member of the Canadian Menopause Society says, "It's important to have that dialogue with your primary care provider and rule out other things." Bleeding changes could be caused by fibroids, polyps, cancer, or ovarian cysts, each requiring different treatments.

"You know your body well. If things are different than they were before, if something is changing, that's always a good opportunity to be attentive. Notice what's changing, document it, and take that to your care provider," says Gustafson. The table below shares a list of menopausal symptoms from the Menopause Foundation of Canada. You can download a menopause symptom tracker online at MenopauseFoundationCanada.ca.

"What complicates things more is that there's 30 possible symptoms of menopause and some people would argue more. It's going to be different for each person," says Gustafson. Less common symptoms include brittle nails, itchy ears, altered tastes, shaky voice, ringing in the ears, new or more sensitive allergies, changes to breast size, and more. Most symptoms improve over time, but genitourinary symptoms (more on these shortly) won't resolve without treatment.

Conquest's own transition was abrupt. "In my late 30s/early 40s, I started experiencing symptoms of what I thought was early menopause. My periods changed, I had vaginal dryness, my mood was off, and I just wasn't feeling like myself. My family physician even said, 'It's a little early to be worrying about this.'"

Feeling shut down, Conquest sought out a gynecologist-run private hormonal health clinic. "What they give women, which is really intoxicating, and it was really intoxicating for me, was time. Like an hour and a half of time to just say what's going on," she says. At the same time, she had persistent UTIs and was started on a cocktail of meds. Her bleeding intensified so severely she needed a blood transfusion. A biopsy revealed cancer.

"I ended up going for a hysterectomy and ovary removal, and that threw me directly into instant menopause, which is more abrupt and more severe," says Conquest. "My symptoms became legitimate only because I had cancer."

Physical	Mood & Mental Health
• Hot Flushes and/or Night Sweats • Period Changes • Body and Joint Aches • Fatigue • Headaches and/or Migraines • Skin and Hair Changes • Heart Palpitations • Dry Eyes • Dry Mouth and/or Dental Complications • Weight Gain/Changs in Body Fat Distribution • Changes in Body Odour	• Anxiety (Nervous, Stressed) • Depression • Low Mood • Low Confidence • Mood Swings • Low Motivation or Energy • Crying Spells • Panic Attacks • Irritability • Anger
Genitourinary & Sexual Health	**Cognition & Sleep**
• Vaginal/Vulva Dryness, Itching, Burning • Painful Sex • Urinary Incontinence/Leaking Urine • Urinary Urgency • Urinary Tract Infections (UTIs) • Low Libido/Sexual Desire • Sexual Arousal Issues	• Brain Fog • Sleep Disturbance • Forgetfulness • Concentration Issues • Short-term Memory Challenges • Poor Word Finding • Slower Processing Speed

Potential menopause symptoms. Source: Menopause Foundation of Canada.

Women First

The focus on SCI can obscure the unique challenges women face at the intersection of sexism, ableism, and ageism. "If you have someone coming into your clinic presenting with sweating, increase in bladder infections, or pain during intercourse and they're of the age of 35 to 65, consider them a woman first," says Thorson.

Like Thorson, Conquest knows the struggle. "Women are quickly shut down when advocating because they're already tired of knowing everything there is to know about their body when it comes to having a spinal cord injury. Menopause is in addition to all the stuff they've been advocating for already. They have advocacy fatigue".

Dr. Stacy Elliott is a Clinical Professor in the Department of Psychiatry and Urologic Sciences at UBC, Princi-

pal Investigator at ICORD, past Medical Manager of the BC Centre for Sexual Medicine, and Co-Director for the Vancouver Sperm Retrieval Clinic. She echoes, "You're a woman first, and a woman with spinal cord injury second. All the changes that happen for women are going to happen, plus the consequences of the spinal cord injury. The spinal cord injury may exacerbate it or make it worse, but it doesn't mean it's caused by the spinal cord injury."

Genitourinary Syndrome of Menopause

Estrogen receptors are everywhere—the bladder, vulva, brain, bones, even the inner ear—so declining estrogen affects multiple systems. **Genitourinary Syndrome of Menopause (GSM)** describes the range of symptoms that affect the genital and urinary systems. When estrogen levels drop, the tissues of the vulva, vagina, and lower urinary tract become thinner, drier, and more sensitive.

Without treatment, GSM symptoms tend to get worse over time. However, GSM is incredibly common. Symptoms may include dryness or itching, decreased lubrication, lower bladder capacity and sensation, increased urinary urgency and incontinence, less arousing sexual contact, impaired ability to reach orgasm, and painful sex. Women with SCI may find inserting catheters more difficult.

For women with SCI, more frequent or hard to get rid of urinary tract infections (UTIs) may be the first sign. As estrogen drops, so does collagen, hyaluronic acid, elastin, and blood flow. The vaginal microbiome becomes less acidic, skewing the balance of good and bad bacteria. "The GSM symptoms are very similar to chronic neurogenic bladder from spinal cord injury," says Dr. Viet Vu, G.F. Strong Physiatrist with fellowship training in SCI Medicine and Clinical Assistant Professor in UBC's Division of Physical Medicine and Rehabilitation.

Between the Sheets: Sexuality and Intimacy

Untreated GSM can impact sexual arousal and desire. Many women with SCI already experience reduced lubrication, and perimenopause can exacerbate this. Pain during sex may not be felt as pain but as spasms, autonomic responses, or other unexpected body signals.

Estrogen plays a role in regulating libido, so sexual interest may rise and fall in ways that feel unpredictable or frustrating. Hot flushes (also commonly referred to as hot flashes), sleep disturbance, mood changes, weight gain, and shifting body image can influence desire. Small adjustments like experimenting with positioning or using plenty of lube can help. Practices like mindfulness and regular exercise can improve sexual confidence and comfort.

Elliott emphasizes the biopsychosocial nature of sexuality, "Your general health has to come first. When you're stabilized, you're more prone to wanting to be sexual." Conquest encourages women and their partners to think about what 'hits the gas' (increases desire) and what 'hits the brakes' (shuts desire down). Casual touch, cuddling, cute underwear, and romantic behaviours can hit the gas. But the biggest payoff often comes from reducing brake-hitting factors, like stress, distractions, uncomfortable clothing, or feeling rushed. Comfortable, consensual, pleasurable sexual activity, with or without orgasm, can even improve blood flow and reduce symptoms.

Hot and Bothered: Vasomotor Symptoms

Up to 80% of women in perimenopause experience **vasomotor symptoms**, such as hot flushes, sweating, nausea, anxiety, and heart palpitations. For women with SCI, episodes may feel different. Sweating is the body's main cooling system, so those who don't sweat below their level of injury may get hot and stay hot. Others experience the opposite: waking up drenched in sweat or removing layers during the day. Most vasomotor symptoms last six months to two years and usually lessen over time, but for some unfortunate few, can go on for decades.

What's surprising is where these symptoms actually begin: the brain. The hypothalamus regulates temperature and other bodily functions. And it's full of estrogen receptors. When estrogen levels decline, the hypothalamus overreacts to tiny temperature changes, triggering hot flushes.

For women who also experience autonomic dysreflexia (AD), this can feel confusing or even scary. "Hot flushes should not increase your blood pressure, unless the hot flush is causing the AD," explains Vu. On their own, hot flushes usually don't elevate blood pressure (and may even lower it), unless they set off an AD trigger. Some research even suggests women with SCI experience fewer hot flushes. Vu's advice is to stick to the basics: know your baseline, check your AD triggers, and take your blood pressure.

Common hot flush triggers include spicy food, caffeine, smoking, alcohol, and hot weather and environments. Like many women, Conquest paused drinking wine after noticing it triggered her hot flushes. Dressing in

Dr. Stacy Elliott

Dr. Viet Vu

layers, wearing loose-fitting clothes, and carrying a cooling cloth, spray bottle, or fan can help you handle hot flushes on the go.

Vasomotor symptoms aren't just uncomfortable. Women who experience more frequent or intense vasomotor symptoms have a higher risk of heart disease. Conquest says, "We're already as people with spinal cord injuries at a high risk of experiencing cardiovascular disease." Gustafson elaborates, "Women should be attentive about their hearts all the time. Heart disease is the biggest killer of women overall. We also know that when women have a cardiac event, they're less likely to be diagnosed and treated than men." Lifestyle changes, blood pressure management, and medication for hypertension can all help lower cardiovascular risk.

'Menopause Brain': Cognition, Sleep, and Mood

Estrogen's influence stretches beyond the hypothalamus. It also affects the hippocampus, brain stem, and amygdala—the regions that help regulate memory, sleep, and mood, respectively. "The neurotransmitter we usually think about for brain function, wellness, and happiness is serotonin," explains Vu. Estrogen decline disrupts neurotransmitters like serotonin and dopamine and changes how the brain uses glucose, its primary fuel source. The result? A brain that's working harder with fewer resources.

During perimenopause, the brain's volume can temporarily shrink by as much as 30% as it adjusts. "The brain suffers a little bit throughout the menopausal transition while it tries to get itself sorted out. And that's where that damn brain fog comes from," Conquest laughs. The reassuring news: brain volume rebounds after menopause, and many mood changes improve as hormones stabilize.

But what does 'brain fog' actually feel like? It's a catch-all term for slower thinking, difficulty focusing, forgetfulness, and those maddening moments when a word is on the tip of your tongue. "Women are worried that they're developing dementia when it happens because they associate these cognitive changes with dementia, but it's not actually associated with future dementia," Vu reveals.

For many women, perimenopause overlaps with the busiest, most overextended years of life, especially for mothers juggling work and caregiving for elderly parents. And because the hypothalamus (which controls our circadian rhythms) is affected by declining estrogen, it becomes harder to relax, fall asleep, and stay asleep. Add sleep-shattering hot flushes to the mix, and the brain fog only thickens.

"Spinal cord patients are at higher risk for sleep disordered breathing like sleep apnea," says Vu. But with medical appointments already packed with bladder, bowel, skin, and pain concerns, sleep often gets pushed aside. Treating sleep disorders, building a routine, and practicing good sleep hygiene can make a noticeable difference.

Menopause is also a vulnerable time for mental health. "Women in perimenopause are more at risk for new onset of anxiety and depression and increased risk for recurrence of previous anxiety and depression," explains Gustafson. Women who have experienced premenstrual syndrome (PMS), premenstrual dysmorphic disorder (PMDD), or postpartum depression may be especially vulnerable because their systems are more sensitive to hormonal shifts.

Fortunately, these cognitive, sleep, and mood issues should fade within a few years of a woman's final menstrual period. Many women report greater life satisfaction postmenopause.

New Body Composition

Women spend years learning to make peace with their bodies, just in time for them to change again during perimenopause. Maybe you suddenly need a wider wheelchair, transfers are more difficult, or your clothes rub in places they never used to. While declining estrogen doesn't directly slow metabolism, it does change how and where you carry weight.

During the menopausal transition, women without SCI gain an average of 1.5 pounds per year. Muscle loss is one of the biggest culprits. With less estrogen to maintain muscle mass, women lose muscle and thus burn fewer calories at rest (muscles require more energy to maintain than fat). At the same time, fat distribution shifts. Lower estrogen means more visceral fat, the type of fat stored around the abdomen. More visceral fat increases the heightened cardiometabolic disease risk people with SCI already face.

Dropping estrogen also affects leptin and ghrelin (the hormones that tell you when you're full and hungry) making appetite signals less reliable. In addition, insulin resistance, already a challenge for people with SCI, becomes more likely with menopause.

While these body changes can impact confidence, understanding what's happening physiologically and adopting supportive habits can help avoid the shame often tied to women, weight, and aging.

Breaking Point: Bone Health

Being a woman and living with SCI both have major effects on bone health. Bone density peaks in your 20s, declines slowly in your 30s, and rapidly declines during perimenopause and the five to ten years post menopause. Women without SCI lose about 10% bone density on average.

With SCI, the bones thin rapidly within two to three years of not weight-bearing. After that, bone density plateaus. What we don't yet know, Vu explains, is how these two patterns interact. Do women with SCI lose even more bone density during perimenopause, or does the SCI-related plateau continue? The research simply isn't there yet. We do know that aging women with SCI are

more prone to fractures or breaks in the leg bones, whereas osteoporosis usually occurs in the spine and hip for women without SCI.

Osteoporosis happens when the body loses too much bone and/or doesn't build enough new bone. "Estrogen helps with decreased bone resorption, or bone breakdown," Vu says. When estrogen levels fall, the cells that break down bone (osteoclasts) become more active, and the cells that build bone (osteoblasts) can't keep up.

While evidence specific to women with SCI is limited, hormone therapy is one of the few options with strong evidence for slowing menopause-related bone loss.

Hormone Hysteria

"Menopausal hormone therapy is using estrogen, with or without progesterone, to manage menopausal symptoms," says Gustafson. Also known as hormone replacement therapy (HRT), **menopausal hormone therapy (MHT)** has a long, controversial history.

In 2002, the Women's Health Initiative (WHI) shared findings suggesting that MHT increased the risk of breast cancer, blood clots, stroke, and heart disease. MHT was slapped with a 'Black Box' warning and plummeted, leaving millions of women without alternatives. Before this, about one-third of menopausal women used MHT.

It took nearly two decades to untangle the misunderstanding. The WHI study included women in their 50s, 60s, and 70s. The average age of participants was 63, meaning most were past the typical menopause transition (usually ages 45-58). Including older women, who have higher cardiovascular risks independent of MHT, skewed the results.

A large body of research now shows women starting MHT within 10 years of menopause onset and before age 60 gain significant benefits. Early use may even reduce breast cancer risk. Starting MHT more than 10 years after menopause onset carries higher risks and should be discussed with your care provider.

In November 2025, the U.S. Food and Drug Administration (FDA) removed the 'Black Box' warning from MHT. Gustafson welcomes the changes and hopes Health Canada will follow. Dr. Céline Bouchard, President of the Canadian Menopause Society states, "For too long, an outdated warning increased anxiety and discouraged women and clinicians from discussing hormone therapy. The FDA's action reflects research and clinical evidence that, for properly selected women, modern menopausal hormone therapy offers significant benefits with low absolute risks."

So, what do you need to know? "Luckily in 2025 there's a lot of both hormonal and non-hormonal options," says Gustafson. "There are very few medications that hormone therapy would have an interaction with and even a lot of our non-hormonal treatments have few interactions."

Four reasons to prescribe MHT:

1. Treating vasomotor symptoms
2. Preventing and treating osteoporosis
3. Replacing hormones for people with premature or early menopause, until they reach the age of menopause
4. Treating GSM with vaginal estrogen

She adds, "Other symptoms may be helped with hormone therapy, but these four have the best evidence that they help. Right now, we don't recommend hormone therapy for prevention of any condition other than osteoporosis."

Systemic estrogen helps with hot flushes, sleep disturbances, and bone health. For those still menstruating who also want contraception, a combined birth control pill can provide systemic estrogen (though oral estrogen is processed through the liver and may increase blood clot risk).

Unlike systemic estrogen (taken via patch, pill, or gel), vaginal estrogen is applied topically (to the skin) minimizing entry into the bloodstream. Vaginal estrogen comes as daily creams, pellets used a few times each week, or flexible rings that stay in place for months. Most women remain on vaginal estrogen long-term. Some experience temporary irritation as the vaginal microbiome adjusts. Vaginal estrogen is required to treat GSM.

Four categories of non-hormonal, pharmaceutical treatments:

1. **SSRIs and SNRIs:** Low-dose antidepressants effective for vasomotor symptoms
2. **Oxybutynin:** An older medication for overactive bladder that is also effective for vasomotor symptoms
3. **Gabapentin:** Commonly used for neuropathic pain, Gabapentin reduces hot flushes and improves sleep
4. **NK3 inhibitors:** The newest option and the first targeted therapy for menopausal vasomotor symptoms, NK3 inhibitors act directly on the brain pathways responsible for hot flushes and improves sleep

No supplements are currently recommended for menopause itself, despite marketing claims. If you choose to try them, speak with your care provider and look for third-party testing.

Many topical products can support GSM comfort (MHT is needed to treat the root cause of GSM). Vaginal lubricants provide comfort during sexual activity or masturbation. Some water-based lubes can actually dehydrate the skin; silicon-based lubes may be preferred (but avoid them with silicone toys). Vaginal moisturizers, especially those with hyaluronic acid (yes, the same ingredient you find in facial skin care products) help draw water to the skin when used regularly. You don't need a prescription, but you may have to ask at the pharmacy counter. And if you have some functional ability, pelvic floor physiotherapy can improve GSM symptoms.

What's a Gal to Do?

Lifestyle habits matter. "Estrogen is not going to fix everything, but it plays a big role. Being on hormone therapy

is not going to fix your sleep, for example," says Vu. Nutrition, movement, sleep, mental wellness, and managing SCI complications are essential.

For Conquest, it's all about consistent, simple, unsexy strategies over time: "In your 20s, the things that you do lifestyle-wise will set you up to go through the menopausal transition and make it much easier down the road, especially if you're a woman with a spinal cord injury and you aren't able to weight-bear at all. Managing your bone health early on is the difference between having a good quality of life later or not."

There's no evidence-based 'menopause diet', but prioritizing protein, fibre, and a modest calorie deficit (if weight loss is a goal) may help. Because calorie needs for people with SCI are lower, work with a physician or dietitian to do this safely. Weighing yourself can be difficult with mobility barriers, so Conquest suggests monitoring waist-to-hip ratio instead (you can measure lying down). Reducing alcohol, caffeine, and smoking may ease symptoms.

For bone health, Vu advises, "A healthy diet, calcium rich foods, and vitamin D. Because we live in Canada, you can't go wrong with vitamin D year-round." People with SCI often get more frequent bone scans, providing a helpful baseline heading into perimenopause.

Movement of any kind is beneficial. It can ease hot flushes, sharpen thinking, reduce stress, and support bone, muscle, and heart health. Resistance training is particularly important for slowing bone loss. The Physical Activity Guidelines for Adults with Spinal Cord Injury recommend starting with 20 minutes of moderate-to-vigorous aerobic activity twice per week, plus three sets of 20 reps for each major muscle group twice per week.

Taking charge of your health is important, but finding knowledgeable care can be challenging. Gustafson shares, "I realized that as an OBGYN I got very little training on management of patients with spinal cord injury, some information about pregnancy, but not on any of the other medical complexities… We know that medical practitioners feel ill equipped to manage menopause on the whole. If you take patients and then add another medical complexity, it would be almost impossible for them to find care in the community."

That's why the opening of the Complex Menopause Clinic at BC Women's Hospital in 2025 matters. Serving patients in BC and the Yukon, the clinic offers virtual and in-person appointments. "It's been perceived as a need for a long time, but to actually have a clinic open and see the demand and the actual numbers of people that are benefiting from our services has been great," says Gustafson. Anyone who is experiencing menopausal symptoms can be referred by their primary care provider. The clinic has one accessible exam room and is continuing to expand accessibility.

Gustafson adds, "If something doesn't feel right, you should be respected in bringing that forward and having an open discussion [with your care provider] about all the possible causes of your symptoms. Look at the whole person rather than just the spinal cord injury."

Period!

Conquest believes menopause is a conversation we should all be having. "It is no different than talking about puberty to children or childbirth to teens. It can inform you as you go about your everyday life because you're going to encounter women who are in menopause in your life even if you aren't," she says. Peer support, she adds, is invaluable. "Just being able to name it and talk about it can take an awful lot of the heaviness away from it."

Despite challenges, Conquest sees menopause as an opportunity. "As much as it may seem like doom and gloom, I think it's an exciting time. Women should, if they can, come into this season with a little bit of curiosity and excitement about what they can do to live their very best life. Cause now that I'm about three years post-menopause, I am living my literal best life. I have never been healthier and it's a good time to be me."

Kate McBride, RN, MSN

The Next Chapter

The recent ISCoS workshop on menopause and SCI represents initial work that addresses the urgent call to action to improve the health care experience of women with SCI during perimenopause and menopause. Critical to the work going forward is a project to develop consensus on where to focus efforts to fill the menopause and SCI health research gap. This is why SCI BC's Thorson and McBride are leading a collaboration of clinicians and persons with SCI with a vested interest for a project funded by the Praxis Spinal Cord Institute titled, *Perimenopause/menopause and persons with spinal cord injury: Co-creating priorities for clinical practice, research and knowledge translation.*

The core project team of Thorson, McBride, Rachel Nicoletti (Sexual Health Clinician), and Dr. Elliott has already conducted surveys and held a workshop to identify the top ten priorities and recommendations for further research and knowledge translation. We will share the results of their work when it is ready, and will keep you posted on the future work that comes from it.

Find a list of resources compiled by the experts in this article at sci-bc.ca/feeling-the-heat-resources. ■

Participate in Research

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

At ICORD (International Collaboration On Repair Discoveries), SCI research is also about improving bladder, bowel, and cardiovascular health; taming pain and autonomic dysreflexia; enhancing sexual health and fertility; new assistive technologies; wheelchair design and ergonomics; and much more. In other words, it's about maximizing recovery, independence, health, and quality of life. But it doesn't happen without you. That's why SCI BC and ICORD are partnering to help raise awareness and increase participation in world-leading research. Working together, we can make SCI research more meaningful and move it along at a faster pace, and we invite you to be a part of it.

Patterns of Respiration: Paced and Sleep Breathing Dynamics in SCI

Overview: ICORD researcher Dr. Claydon and her research team at SFU are interested in studying how SCI may impact the relationship between breathing and cardiovascular function, and to characterise the interactions between breathing-related cardiovascular regulation and obstructive sleep apnoea.

What to expect: Participation in this study will involve one visit to the laboratory at SFU (testing at ICORD may be possible), and two nights of sleep testing from the comfort of your own home. During the in-lab visit, participants will be asked to breathe at various frequencies, and the at-home protocol involves wearing a garment containing sensors during sleep. Participants will also be asked to complete two sleep questionnaires online. Overall, participants will be involved for a minimum of four days to complete the protocol in its entirety.

Who can participate: You may be eligible to participate in this study if you have an SCI that is sustained at least one year ago and are able to transfer to a testing bed independently or with assistance; are at least 19 years old; are able to communicate and understand instructions in English; and have received full immunization against COVID-19 according to current Health Canada guidelines. You may not be able to participate in this study if you are using a ventilator to breathe or using a positive airway pressure (PAP) machine during sleep.

Why participate: We hope that the results of this study will provide a better understanding of the SCI-associated risks of developing cardiorespiratory complications. You will receive an honorarium of $20 to thank you for your participation and time. A free parking pass at SFU or ICORD will also be provided upon request.

Location: The study will take place at ICORD (818 West 10th Avenue, Vancouver) or the SFU Burnaby Campus (8888 University Dr, Burnaby).

For more information or to sign up: please contact the study coordinator, Rebekah Lee, by email (rebekah_lee@sfu.ca) or call (778) 782-8513.

Low Oxygen Therapy as a Cardiac Treatment for Improving 24-Hour Blood Pressure Stability

Overview: This study, led by ICORD researchers Dr. Andrei Krassioukov and Dr. Chris West, aims to characterize the cardiovascular responses to low oxygen therapy in people with complete and incomplete cervical SCI. Low oxygen therapy is the repeated exposure to mildly decreased oxygen and has been shown to have various effects on the body, including improved hand, lung and lower limb function in individuals with spinal cord injury.

What to expect: This study will take place over 7 visits separated over a total span of at least 11 days. The total time commitment is approximately 11.5 hours. The research team will measure your blood pressure, heart rate, and breathing at rest, and assess the health and function of your heart, blood vessels, kidneys, and nervous system during breathing tests and head-up tilt in the first visit. You will be sent home with a blood pressure monitor to track changes in your blood pressure throughout the rest of the day and the following night, and a sleep monitoring device to wear that night to determine if you experience episodes of low oxygen during sleep. The following visits will begin the low oxygen therapy intervention. Full description can be found at icord.org/oxygen-therapy.

Who can participate: You may be eligible to participate in this study if you are 19-65 years old; have sustained a traumatic cervical SCI (at or above T1 level) at least 12 months prior to the testing date; and are proficient in English.

Why participate: In this study, we will test whether breathing low oxygen for a short period of time improves the function of the heart, blood vessels, kidneys, and brain. Participants will be paid $500 for completing this study.

Location: This study will take place at ICORD/Blusson Spinal Cord Centre (818 West 10th Avenue, Vancouver), and the UBC Okanagan Campus (1238 Discovery Ave, Kelowna BC).

For more information or to sign up: Please contact study coordinator Scott Thrall by email (sthrall@student.ubc.ca) or at (250) 807-8083.

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 **icord.org/research/participate-in-a-study.**

Carrying the Spirit Forward

Meet Marney Smithies, the recipient of the 2025 Susan Marshall Fighting Spirit Award.

You know that feeling when you enter a room and immediately feel welcome? Some extraordinary people make that possible, quietly including everyone even while navigating their own challenges. Susan Marshall was a C5 quadriplegic whose "fighting spirit" left a mark on everyone she met. After her passing in 1999, her friend Roger Jones established the Susan Marshall Fighting Spirit Award to carry her legacy forward.

You may remember last year's recipient, Dan Duffy. This year, we're thrilled to celebrate someone who embodies that same resilience: Marney Smithies.

Smithies discovered the power of peer support through wheelchair basketball. At the age of 16 and still in rehab, a peer invited her to practice. She worked out how to transfer into a car and get to the gym. It turned out to be an invitation that changed everything.

"If it wasn't for sports, I don't know if I'd be alive or not. It was that impactful when I look back," she says.

That first experience sparked a lifelong love of sport and staying active. Smithies and her team won gold at the 1996 Paralympic Games in Atlanta, and she also competed at the 2025 Canadian Wheelchair Curling Championships.

"When you're involved with sports, whether it's local or the Paralympic level, you realize how many people it takes, like all the volunteers," she says. "Once you start volunteering, you realize this couldn't happen without volunteers." She credits her mother as a big reason she volunteers today. Smithies scorekeeps at wheelchair rugby games and volunteered at the 2025 Vancouver/Whistler Invictus Games.

Many peers know Smithies and her friend Kim Egger as co-founders of South Fraser Active Living (SFAL). Launched in 2017, SFAL grew from their shared desire to stay active and build community for those with disabilities in the Fraser Valley.

"We have created a community of peers helping peers," says Egger. "Not only do we host activities, but we work with peers to reduce barriers that prevent them from actively engaging in the community. Where others see barriers, Marney sees possibilities."

From coffee chats to local advocacy, SFAL keeps peers moving and connected. Smithies notes that the group is always open to new people.

Marney Smithies and Kim Egger

"The peer-to-peer thing is really invaluable. If you have a question, there's somebody in the group that can answer. You just have to get the question to the right person," Smithies explains.

Smithies also makes the most of the opportunities around her: She's a regular in the Tetra Society's woodshop, participates in ICORD studies, and runs the virtual Get Wild Dance Class hosted by SCI BC.

When Egger first met Smithies, she was struggling with PTSD and adjusting to life with SCI. Egger recalls, "I was absolutely terrified, but Marney was incredibly welcoming and helped me feel safe… She exemplifies a fighting spirit, not only in overcoming her own adversity, but in her genuine desire to help others do so as well."

Fellow nominator Bert Abbott adds, "Marney reminds us that the fighting spirit is not only about overcoming adversity, but about choosing joy, building community, and lifting [up] others along the way."

Smithies reacted to the news of winning the Fighting Spirit Award with characterisitc humility: "I'm pretty shy, so I wouldn't be seeking attention or seeing myself being a nominee. [When I found out], I was like, 'Oh that's really sweet. Thank you for thinking of me.' When I got injured, it was a low time. Now 40 years later, I'm proud of the person I've become. It's not easy to accept help or even admiration, it's kind of a weird thing."

Nominations for the 2026 Susan Marshall Fighting Spirit Award open January 1, 2026. The award includes a $1,000 cheque and will be presented at SCI BC's Annual General Meeting. Learn more at sci-bc.ca/awards. ■

CHAIRstuff

A supply company by people with SCI — for people with SCI.

Chair Stuff has your back...and front!
We understand bladder and bowel issues first hand. Our team, made up of people with disabilities, stays connected with the local SCI community.

With quick turnaround times, a wide product range and competitive prices, we've got you covered!

Our products include:

- Urinary Catheters
- Bowel Products
- Wound Care Products
- Ostomy Supplies
- Daily Living Essentials

CONTACT US

Call, **text**, or **email** us for free product samples, to discuss your needs or to order more supplies:

+1 604-876-4133

info@chairstuff.com

chairstuff.com

I have been ordering my colostomy supplies, catheters, and leg bags through Chair Stuff since 2001. ***My stuff is always on time and that's pretty great considering I live 900 kms away!***

— Crystle

I switched over to Chair Stuff from one of the bigger companies, which was more expensive. ***I like dealing with Steve because he's a dude in a chair who's got his own business. Anytime I need supplies, they're delivered to my door.***

— Kevin

SAM DANNIELS
Owner

STEVE MILUM
Owner & Founder

Spinal Cord Injury BC

When you support Chair Stuff, you support SCI BC.

Chair Stuff is proud to continue our long-term sponsorship with SCI BC.