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SPINAL CORD INJURY BC

SPRING 2026

Planting Purpose

How one SCI BC peer's pursuit of a homegrown business in the cannabis industry brought peace, meaning, and joy

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*Compared to uncoated catheters

1. De Ridder, D. J. M. K., Everaert, K., Fernández, L. G., Valero, J. F., Durán, A. B., Abrisqueta, M. J., ... & Sotillo, A. R. (2005). Intermittent catheterisation with hydrophilic-coated catheters (SpeediCath) reduces the risk of clinical urinary tract infection in spinal cord injured patients: a prospective randomised parallel comparative trial. European urology, 48(6), 991-995.

2. Cardenas, D. D., Moore, K. N., Dannels-McClure, A., Scelza, W. M., Graves, D. E., Brooks, M., & Busch, A. K. (2011). Intermittent catheterization with a hydrophilic-coated catheter delays urinary tract infections in acute spinal cord injury: a prospective, randomized, multicenter trial. PM&R, 3(5), 408-417.

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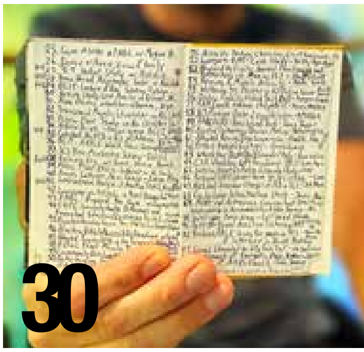
COVER PHOTO: SCI BC peer, Brent Bryska, smiles next to his homegrown cannabis.



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sci-bc.ca/info-database

Spinal Cord Injury BC

editor's message

Happy New Year?

Well, yes, of sorts. The start of the new year is marked by different cultures and institutions at different dates throughout a calendar year. January 1 is the new year on the Georgian calendar used by much of the world, but there is also Lunar New Year, Nowruz, Rosh Hashanah, and many others that occur on other dates tied to seasons, the lunar cycle, or historic events.

I was in school and university for long enough that the start of the school year will always feel the most like the beginning of a new year for me. Labour Day may not be like New Year's Eve when it comes to festivity, but it always comes with a similar mix of excitement and uncertainty about what the year ahead has in store.

For many of us, the beginning of a new year is an opportunity to start fresh, to change things up, to make plans for the year to come. This is certainly the case for what could be described as the dullest of all the new year markers: the start of SCI BC's fiscal year. Like many non-profits and governments, our operating year starts on April 1. Boring as it may be, it is an important date for us as we start fresh with a new annual budget and the anticipation of the programming that goes along with it.

This year, we will be rolling out new services, events, and partnerships. This includes new texting services that will expand the ways you can contact InfoLine and that will help provide timely information about our events and other resources during extreme weather events or disasters. We will launch a new SCI BC program navigation role that will help guide you to the services, supports, and resources that are most relevant to you. We will host a new, youth-focused adaptive adventure weekend at Whistler. We will partner with the G.F. Strong Rehab Centre's new SCI Navigation Service that will be opening up to people with SCI and health care providers throughout the province.

These new services are based on feedback many of you have shared with us. They are examples of why the feedback and ideas you provide through surveys, focus groups, and direct communication is so important and so valuable to us.

Recently, many of you participated in our Peer Program Evaluation Survey and a series of online feedback focus groups. We received a wealth of great input that will further inform the development of new or updated services, events, and information resources.

Thank you for taking the time to share your feedback and ideas. As an organization, we are on a mission to help people with SCI and related disabilities, and their families, adjust, adapt, and thrive. To keep us on mission, we need to continue receiving your input so that we can keep our programming fresh and meaningful for you. Please, keep it coming!

Happy fiscal new year!

—Chris McBride, PhD, Executive Director, SCI BC

thespin

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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.

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FINGER PENCIL HOLDER

Makers Making Change is a Neil Squire program that offers a library of assistive devices to help make daily living easy. The Finger Pencil Holder is just one of many great examples from the program. This 3D printed device allows people with limited wrist and hand movement to write comfortably. Simply wear the Finger Pencil Holder over your thumb or finger and adjust the pen or pencil height accordingly. Start writing with ease today and discover many more assistive technologies to support you at makersmakingchange.com.

Innovations

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

ADAPTIVE JUMP ROPES

Get whipped into shape with Equip Products' adaptive jump ropes. Simply hold a rope in each hand and mimic a jump rope motion for a great workout without having to add stress to your joints. The Rx Smart Gear handles offer a grip that's comfortable and secure with every swing and is made from high-quality material that is designed to last. There's a variety of options for you to choose from, including different weights, lengths, and styles. Update your exercise routine with Multi Ropes at equipproducts.com.

T-PULL DOOR CLOSER

Open the door to new accessibility solutions from Canada's T-Pull Door Closer. The T-Pull is designed specifically for people with mobility challenges, helping you to open and close doors with ease. With its ergonomic design, it provides more leverage than the average door handle and features a swiveling mechanism that accommodates different angles. Installation is easy with a kit that includes all your needs for any door type. The T-Pull comes in two versions: the retractable door closer and a manual door closer to suit your preference. Visit t-pull.com for more information.


Gentle protection,
from the start

Celebrate inclusive sports.

The OneAbility Games is an inclusive sporting event for grades K-12 to participate in adaptive sports like wheelchair basketball, blind hockey, and lacrosse. Come cheer on youth athletes from May 13-17 at the Richmond Olympic Oval and visit the resource fair, where our partner organizations from the BC Spinal Cord Injury Network will provide information on participation in adapted sports for kids and teenagers of all abilities. For more details, go to oneabilitygames.com.

Research meets community.

Join ICORD, SCI BC, Accessible Okanagan, and Praxis Spinal Cord Institute on May 11, 6-8 PM at UBC Okanagan to find out what's happening in SCI research. Wheel through interactive exhibits, hear from speakers in the SCI community, get to know researchers who work on SCI-related projects, and share your lived experience with researchers and peers. Food and refreshments will be provided. RSVP today by heading over to sci-bc.ca/community-research-night-2026.

2x the Whistler adventures.

Experience Whistler in new ways! Try adaptive activities like paddleboarding, kayaking, trail riding, mountain biking, yoga, and more at our Adaptive Adrenaline Camps. This year, we are offering a camp for peers aged 18-30 from July 10-12 and our all-ages camp from August 7-9. Good times, new friends, plus adaptive equipment, meals, and accessible accommodation all for $125/person. Interested peers can sign up for the wait list for either camp at sci-bc.ca/whistler26.

CHARITY CHALLENGE

sci-bc.ca/charity-challenge-2026

Virtual Race: June 1 - 30 | In-Person Race: June 28

Connect with Krystyna at kpangilinan@sci-bc.ca to register

WALK, RUN OR WHEEL FOR

TEAM SCI BC!

Spinal Cord Injury BC

BENEVA VANCOUVER HALF MARATHON

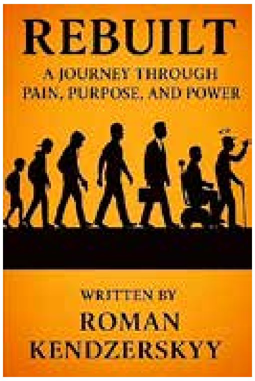
Peer Shoutouts

BC peer athletes scored big at this year's BC Wheelchair Sports Association (BCWSA)'s Athlete of the Year Awards. **THOMAS VENOS** received Male Athlete of the Year for his wheelchair tennis success, hitting new heights for a BC athlete in the Men's Open Division and winning National and International Tennis Federation (ITF) titles. **JULIA HANES** accepted the Female Athlete of the Year for her record high achievement in the shotput F33 class, while the Most Improved Athlete Award went to **PAULO GUERRERO** who continues to train for track racing with grand results, impressing coaches and inspiring teammates. Congratulations!

Julia Hanes

Paulo Guerrero

Thomas Venos



REBUILT
A JOURNEY THROUGH
PAIN, PURPOSE, AND POWER
WRITTEN BY
ROMAN
KENDZERSKYY

A novel achievement goes to **ROMAN KENDZERSKYY** on his published book, *Rebuilt: A Journey Through Pain, Purpose, and Power*. After surviving a life-changing motorcycle accident that left Kendzerskyy with an incomplete SCI, he wrote a book about his story—from growing up in Ukraine, battling addiction, building a successful career, and facing paralysis, to finding strength through recovery. "My mission in writing this book is to inspire others, especially those in the spinal cord injury community, to believe that hope, progress, and purpose are still possible, no matter the odds," says Kendzerskyy. Get your own copy at amazon.ca.

LEFT TO RIGHT: Amit Sharma and Ankit Sharma

A big mic drop for SCI BC peer **AMIT SHARMA** and his brother Ankit on the launch of their new podcast, *Living UN-Broken*. Sharma's life changed forever after a motorcycle accident left him paralyzed. His journey to enlightenment, happiness, and newfound purpose led to the creation of the podcast through which he shares powerful lessons to make the world more inclusive. Expect to hear topics on spirituality, science, and societal change with guests that range from medical researchers and politicians to community organization representatives. Tune into *Living UN-Broken* on Youtube (@LivingUN-broken), Instagram (@livingunbrokenorg), and TikTok (@living_unbroken).

DR. ROB SHAW, Canada's legendary wheelchair tennis player and SCI BC's National Peer Program Lead and Peer Program Manager, announced his retirement from tennis after this year's Australian Open. His career highlights include two Paralympic Games, gold and silver medals at the Para Pan American Games, and 54 International Tennis Federation (ITF) titles. Shaw won't be a stranger to wheelchair tennis as he'll continue to be a Wheelchair Tennis High Performance Consultant for Tennis Canada. "Tennis has given me so much and shaped me into who I am today, both on and off the court, but I am excited and ready to embrace this new life as a full-time member of SCI BC, helping individuals dealing with injuries like mine, which has been a personal passion of mine since I began my graduate studies in 2014. I am also honoured to be able to join Tennis Canada in a part-time role, to give back to the sport I love and, hopefully, encourage more Canadians of all ages to take up wheelchair tennis." Shaw served up some serious success on the court and continues to do so off it!

Community Highlights

Tse'k'wa means "Rock House" in the Dane-zaa (Beaver) language.

SCI BC'S IMPACT IS OFFICIALLY ON THE MAP WITH LATEST TOURISM RECOGNITION

SCI BC's Access BC team was shortlisted for the Innovation Award as one of the top three finalists from Tourism Industry Association of BC (TIABC). Although we didn't win the award, we were thrilled that the Tse'k'wa Heritage Society, which we nominated for the Indigenous Operator or Experience Award, was a winner! This award "recognizes Indigenous tourism businesses that demonstrate authenticity, cultivate a greater understanding of Indigenous culture, history and traditions, and contribute to the resilience of the local Indigenous community." All finalists were honoured at the 2026 BC Tourism Industry Conference in March. The theme of the conference was the "Transformative Power of BC Tourism", celebrating how cultural understanding, BC's natural and cultural assets, and working together can be a powerful force for positive change. The exceptional work showcased is greatly inspiring and helps shine the spotlight on organizations that help the BC tourism industry thrive. What a great way to honour excellence in action!

Tse'k'wa Heritage Society accepts the award at the 2026 BC Tourism Industry Conference. Photo Credit: Aspen Films

SCI BC's Access BC team

OUR EXECUTIVE DIRECTOR HONOURED WITH SFU RESEARCH AWARD

Chris McBride (left) accepts his award.

A spotlight shines on SCI BC's very own Executive Director, Chris McBride, for receiving the Community-Engaged Partnership Award as part of the 2025 Community-Engaged Research Initiative Awards from Simon Fraser University (SFU)'s Community-Engaged Research Initiative (CERi). The CERi Awards recognize commitment to positive social change. Given McBride's leadership experience with over 30 years as a researcher and research-community network builder in several disability-related institutions and networks, including ICORD and the Rick Hansen Institute (now Praxis Spinal Cord Institute), this recognition is extremely well-deserved!

RECOGNIZING GREATNESS FROM TWO ICORD RESEARCHERS

From idea to impact, Cameron Gee has been awarded a two-year Craig Neilsen Psychosocial Research Postdoctoral Fellowship to study how exercise can manage neuropathic pain and mood in adults with SCI. The Fellowship encourages early-career training and related health researchers to focus on SCI-related training. Gee will undertake his work in the SCI Action Canada Lab, with support from fellow ICORD researchers Andrea Bundon and Kip Kramer. Janice Eng is another ICORD researcher who has been appointed to the Order of Canada, a high honour that recognizes individuals from multidisciplinary areas who have made extraordinary contributions to the country. Eng is a leader in neurological rehabilitation, advancing treatments and specializes in recovery after stroke. This is research done right—congratulations to both!

Cameron Gee

Janice Eng

WE ARE
BESPOKE

NOUS SOMMES
SUR MESURE

WHEELCHAIRS

BATEC MOBILITY

PAWS

TRACK WHEEL

VARILITE CUSHIONS & BACK

LIGNORIM

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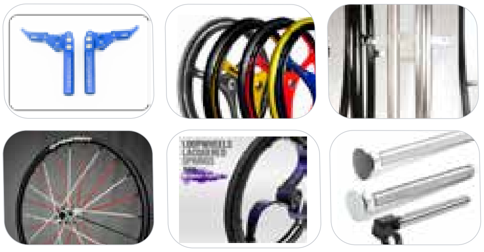

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Planting Purpose with Wheelchair Weed Craft Cannabis

How one SCI BC peer’s pursuit of a homegrown business in the cannabis industry brought peace, meaning, and joy.

“When I tell people I’m a paraplegic farmer, they just don’t get it,” Brent Bryska, SCI BC peer explains. “How can you farm from a wheelchair? What do you mean? Do you drive a tractor?” These are familiar questions to Bryska, who has been growing cannabis for over 25 years, and he is always happy to answer.

As the founder and owner of Wheelchair Weed Craft Cannabis, a cannabis production business established in 2023, Bryska farms over 700 plants on his property in Powell River, BC and distributes his product to retailers across the country. “This year is kind of where everything is coming full circle for me. I have a legitimate business, I’m a legitimate farmer, and I can share my story with people,” he says.

Bryska’s story begins in LaSalle, Ontario, where the first 17 years of his life revolved around hockey, baseball, and spending time with friends. In 1998, things took an abrupt turn when he made the decision to drive under the influence and got into a motor vehicle accident that resulted in a T4 spinal cord injury. “I was young and reckless and partying too much,” he reflects. “From the very beginning, I never really asked ‘Why me?’, because I know why me. I was drinking and driving. I looked at other people that I was in the hospital with that were in serious accidents and [they] didn’t deserve what happened to them. It really motivated me to not feel sorry for myself.”

After the crash, Bryska woke up in the hospital on life support and spent weeks recovering from an invasive back surgery and other injuries. “I had a lot of time to think in the hospital because I couldn’t move. I just stared up at the ceiling and thought about all the mistakes I made that made me end up there… I used to be very athletic, so to learn that I was paralyzed and that I’ll never be able to play the sports I loved again; that was a huge adjustment,” he says. “But at the end of the day, I could look in the mirror and say, ‘You know what, I got what I deserved’, even though that might sound harsh. It’s a mistake I made at 17 that I pay for every day.”

Eventually, Bryska was transferred to Parkwood Hospital in London, Ontario for rehabilitation. He was there for eight months and is eternally grateful to every member of the medical team who supported his rehab. “I had the most amazing nurses and the most amazing doctor at Parkwood Hospital. They helped me get through the worst time of my life,” he says. “I was two hours away from my family and friends so it was hard for them to be there all the time. My doctor, Dr. Gail Delaney, was like a mother figure to me and was very honest with me about the realities of my situation, and the realities of the medications I was on. I owe her a lot.”

In particular, Bryska recalls a moment when he confided in his healthcare team about smoking marijuana at night to help with his anxiety and sleep and they were understanding. “I didn’t want to be doing anything that was going to make my health worse, so I asked if it was ok to smoke, and I think they said something like, ‘Brent, I’m going to be honest with you—that’s the least of your worries,” he laughs.

"When I got discharged from [Parkwood] I had nowhere to live. My parent's house wasn't wheelchair accessible and I was still just a kid. They had to sell their beloved family home and buy a property to build a new home that was wheelchair accessible that I could live in. Which was amazing—but it meant I didn't have anywhere to go," Bryska says. By chance, a room was available at a group home for people with acquired brain injuries, and he was accepted despite not having a brain injury himself. "It was a real awakening for me," Bryska remembers. "I realized just how lucky I am to not have had any cognitive issues from the accident or to have hurt anyone else."

Just as he began to count his luck though, Bryska was notified his initial back surgery wasn't successful and he needed to undergo a 12-hour operation to correct the procedure. During post-op, he developed Methicillin-resistant Staphylococcus aureus (MRSA) and spent time in the ICU before fully recovering and starting a new, complicated regimen of strong medications.

"I get a lot of the side effects when I take medications," Bryska says. "I was on a big cocktail of medications and I just wasn't myself. I didn't have an appetite, I was pale, I was always tired. I wanted to get my life back on track and had heard about the Section 56 exemption."

In 1999, cannabis use was still illegal in Canada, but Section 56 granted legal access to cannabis and allowed for specific, otherwise prohibited activities with cannabis to take place if they were necessary for a medical or scientific purpose. Bryska pursued this route and worked with medical professionals to acquire his exemption. "It was in the very early stages of doctors being okay with prescribing medical cannabis. At that time, I had to try a whole bunch of different medications first before they would approve me to use cannabis. It was hard, but I knew it was the right thing for me."

With exemption granted, Bryska could grow his own cannabis for medicinal purposes and he began to learn about different methods of production. "It wasn't like it is today. Now, information is so easy to find, but back then I would go on these internet forums to ask questions and follow people who were more experienced… I'd be in my parent's basement learning how to get seeds started and then I'd go to Home Depot to get supplies or to the aquarium to get a pump and have to figure it out… I put my first system on a lazy susan so I could spin the whole thing around from my chair and work on every part of the plant," Bryska explains. "You also had to keep it all quiet too. Even though I had a medical licence, I still worried about my door getting kicked in and getting arrested because a lot of police agencies didn't know about medical licences. That was one of my biggest fears."

In 2003, Bryska and his mom took a trip to BC and the final step in getting his life back on track was set. "I had always wanted to live in BC, ever since I was a kid. I had an uncle who moved to BC when I was young and he would come home at Christmas every year and tell me about the fishing, the clean air, the ocean, the mountains… I got off the plane and I knew pretty much right away that I wanted to spend the rest of my life here."

A year later, Bryska fulfilled his childhood dream and moved to Powell River, BC, sight unseen. Never having lived alone, let alone on the other side of the country, the move challenged him in many ways. "I had to take the doors off the bedroom in my [new place] just to get in. It wasn't a perfect fit, but it didn't matter. I just wanted to be there," he says.

Powell River was also the perfect place to continue his passion for farming cannabis. Bryska built a grow house on his property for his plants and the combination of temperate climate and the secluded area yielded good results. It wasn't long before Bryska's solo venture became more mainstream. "Word got around that I have a bit of a green thumb and I started to work for various medical dispensaries across the province that would sell to medical patients," he says. "It gave me a reason to keep getting up every day and really take care of myself. A reason to get through the hard days when I was having panic attacks or PTSD issues. The plants gave me a purpose."

When he wasn't cultivating his plants, Bryska worked for Powell River Tourism. The role required him to travel to trade shows, stay in hotels, and meet new people—and much like his early ventures of growing cannabis, it pushed him to figure things out as he went. "There's a point where you just have to go out and do it. I had never driven onto a ferry before, never booked a hotel by myself, never had to get two wheelchairs from my van into a hotel room along with my suitcase. I just did it and then learned."

As Bryska started to settle into his new home on the Sunshine Coast, his story pivoted again. He developed a se-

Bryska at a Powell River Tourism expo booth vere ulcerative colitis issue and became too sick to go into work every day. During this period, he relied heavily on the solace of cultivating cannabis. "It was a really tough time for me, but I could always go into my garden and let out all of my emotions. It was very therapeutic for me. I got to use all this pent up energy and anxiety when I was pruning plants, mixing dirt, or harvesting. The plants took care of me and by taking care of them, it kept me healthy and gave me discipline. That's when things really became clear that this is what I want to do."

Bryska's original grow room turned into four, then eight, then 12. He continued to establish relationships with more medical dispensaries and demand was ever-increasing. "I was responsible for growing a lot of cannabis that helped people and I really took pride in that. That's where it started to become more like a business and a full-time job." In 2023, Bryska invested in farming full-time and Wheelchair Weed Craft Cannabis was established. As a fully licenced producer and distributor, Wheelchair Weed Craft Cannabis now sells to dispensaries across the country, such as Mendo Medicinal in Quebec, which focuses on veteran and first responder clientele; BC Weed Company, which emphasizes provincially grown cannabis; and BC Cannabis Stores (BCCS), the government-operated cannabis stores across the province.

Bryska's locally grown cannabis buds

Bryska recognizes that it can be hard for people with disabilities to visit a cannabis store in person and he hopes to implement online orders and delivery in the future. "My goal is to bring in a lot of the disabled population and bring awareness to medical cannabis and its uses for issues like muscle spasticity, anxiety, or depression."

Currently, Wheelchair Weed Craft Cannabis has 12 grow rooms with approximately 700 plants and up to five different strains growing at a time. Bryska has grown over 100 strains since he first began farming and has maintained the cultivars he personally prefers, selecting them for their unique profiles and overall experience. He specializes in hydroponic systems, which is a method of growing plants in water. "This eliminates the need for transporting soil or rock wool or anything that you would normally plant your plants into. My plants grow directly into water and we provide the roots oxygen to breathe and nutrients through an integrated high-tech delivery system. It eliminates all the dirt and all the messiness," Bryska explains. Plants start off in a net pot suspended over the water about two feet off the ground. The roots grow into the water and the whole plant grows up to six or seven feet, eye-level for him in a chair. "I used to get my wheelchair wrapped up in gardening hoses all the time and I'd be in the back of my room tied up in a garden hose for an hour trying to get untangled. And I just thought, there's gotta be a better way. Now my setup is more like a laboratory than your typical greenhouse."

Starting a business has not been without its challenges. Between growing operational costs, insurance concerns, and tedious licensing processes, Bryska is often stretched thin. "The Health Canada licensing process is very long, very stressful, and very expensive," he notes. "I'm surprised by the lack of funding or government grants available for what I'm trying to do. To build a wheelchair accessible cannabis facility that grows medical cannabis, it costs a hell of a lot of money and I've had to put everything on the line."

For Bryska, though, the risk is worth the reward. His approach to business is with the same tenacity he once brought to sports, "I have to work harder because I have these physical issues that make my job harder, but I'm going to outwork everybody. That's how I'm going to succeed." In addition, organizations like the Neil Squire Society and the BC Back to Agriculture program have provided support and Bryska secured a business loan from Community Futures British Columbia to solidify funds. As the business matures, he hopes to increase the capacity of his farm and the reach of his product.

Throughout it all, Bryska's friends and family have stood by his side. "I've got such a supportive family that would do anything to help me," he says. "Moving [to Powell River] changed the course of my life and so many other people's. I had friends come out to visit and they've loved it so much they moved out here. My brother and his wife moved several years ago. It's been a chain reaction that I didn't expect at all."

Looking back, though, Bryska can recognize the chain reaction began much earlier. Before his move, before his business, before his interest in cannabis or farming, there was a fleeting decision he made as a teenager that would change everything. "I never wanted to think I got paralyzed for nothing. I always had to look for a reason," Bryska says. "If I'm able to help other people by helping them get through the day then it makes my injury feel like maybe it had a purpose… I feel very lucky that I'm able to share my story."

To learn more about Wheelchair Weed Craft Cannabis, visit their website at wheelchairweed.com or follow them on Instagram @wheelchair_weed. ■

ask the SPIN DOCTOR

"As a manual wheelchair user, I'm used to looking after my shoulders but I started having neck problems out of the blue. I'm barely getting around, and I'm in pain even sitting at rest, or looking down at a book. I thought I was in reasonable shape and this is a real pain in the neck! Help!" —Tina in Northern BC

To answer Tina's question, we turned to Andrea Bass, RPT, Physiotherapist, Inpatient Spine Program, GF Strong Rehab Centre.

Tina, you're not alone—there are many reasons why neck pain can develop after spinal cord injury (SCI). It can be muscle related caused by posture or strain on the shoulders, positioning, and movement required for wheelchair use, or aging. Neck pain can also stem from surgery or even be caused by changes to the nerves. Addressing the underlying causes of neck pain is important for long-term relief.

Managing Underlying Causes of Neck Pain

After an SCI, many people need surgery to relieve pressure on the spinal cord or stabilize the spine. This surgery can affect nearby muscles and regaining strength in these muscles, along with those in the neck, shoulders, and upper back, is an important part of recovery.

Without proper rehabilitation, muscle weakness and imbalance can lead to long-term posture changes and ongoing pain. Even if your surgery occurred in the thoracic spine (the area from the base of your neck to the bottom of your ribs), it can still affect your neck posture and movement.

Posture and Muscle Balance

If you spend much of your day sitting in a wheelchair, it is common to develop tight muscles at the back of the neck and weakness in the deep muscles at the front of the neck. This imbalance can lead to a forward head posture, where the chin pokes forward and places extra strain on the neck and surrounding muscles.

A rehabilitation program that focuses on stretching tight muscles, strengthening the deep neck flexor muscles, and improving overall posture can help reduce strain.

Wheelchair Setup and Positioning

Your wheelchair setup plays an important role in your posture and neck health. The average human head weighs about 4.5 kg (10 lbs). When your head is positioned forward, the muscles in your neck and upper back have to work harder to support it.

Optimizing your seating position can help reduce this strain. An occupational therapist and physiotherapist can assess your wheelchair setup and recommend adjustments to support better posture.

Wheeling Technique

For manual wheelchair users, wheeling technique can also affect neck pain. Ideally, wheeling should minimize excessive shoulder shrugging between pushes. This shrugging motion, sometimes referred as shoulder hitching, can overwork muscles.

When these muscles become tight and overused, they can contribute to neck pain, shoulder pain, and headaches. A physiotherapist or occupational therapist can help you optimize your wheeling technique while a physiotherapist or registered massage therapist can help release muscle tension as well as develop a strengthening plan to optimise wheeling efficiency.

Neuropathic Pain

Not all neck pain is caused by muscles or posture. Some people experience neuropathic pain. This pain is caused by changes in the nervous system after injury, such as aging related changes or pinching of nerve roots leaving the spinal cord in your neck or back.

Neuropathic pain is often described as burning, electric, cold, or pins and needles. If your pain feels like this, it's important to speak with your doctor, as medications and other treatments may help. Other health professionals can also support management by improving strength, movement, and posture.

Building Your Support Team

Managing neck pain after an SCI often involves a team approach. Healthcare professionals such as physiotherapists, occupational therapists, registered massage therapists, doctors, pharmacists, and psychologists can all play a role.

Peer support is also incredibly valuable. Speaking with others who have had similar experiences can provide practical ideas, encouragement, and reassurance.

Neck pain after SCI is common, but with the right support it is possible to reduce pain, improve comfort, and support your long-term health.

If you need help connecting with healthcare professionals, a seating assessment, or peer support, contact the SCI BC InfoLine: call 1-800-689-2477, email info@sci-bc.ca or text 778-247-2477. ■

Game On!

Para Pickleball Gains Popularity

With pickleball's recent rise in popularity, SCI BC and Fraser Valley Wheelchair Sports are working together to ensure everyone can take a swing at this exciting sport.

In 1965, Joel Pritchard returned to his summer home on Bainbridge Island, Washington (not far from the southern BC border) to a house full of children and a day with no plans. Faced with the prospect of boredom, the family decided to play badminton on a nearby old asphalt court and improvised with the equipment they had on hand, which included a perforated plastic ball and table tennis paddles. The resulting game ended up being more fun than expected, and over the years evolved into what we now know as pickleball—the fastest growing sport in North America.

A recent survey by Pickleball Canada found that more than one million Canadians play pickleball, with official Pickleball Canada club membership exceeding 90,000 in 2025.

Participants cited fun, health, and social factors as their main reasons for playing. However, the most influential factors of pickleball's popularity go back to the game's origin, when Pritchard had to come up with an activity that was accessible to everyone, easy to learn, and required minimal equipment. At its core, these qualities enabled pickleball's rapid expansion and continue to serve as the foundation for the sport's recent popularity among players with SCI and related disabilities.

"I had heard a lot about pickleball and wanted to experience it for myself," says Rob Gosse, SCI BC peer and avid sports enthusiast. Gosse's usual line-up of sports are high-energy and adrenaline-fueled. Think, water-skiing, paragliding, and para-alpine skiing, just to name a few (as evidenced in the Summer 2023 and 2024 issues of *The Spin*).

Pickleball doesn't exactly fit into this category, but it appealed to Gosse for other reasons. "As I'm aging I find that I don't 'bounce back' as good as I used to. So [pickleball] is a much more cost effective way to be active and keep my physical fitness. It's something I can do with anyone. On sunny days I can play inside, or on rainy days I can try to find some gym time."

In January, SCI BC hosted its first Wheelchair Pickleball Try-It Night with Fraser Valley Wheelchair Sports (FVWS) and Gosse was one of the eager new players who took to the courts. "Like anything new you try, there's a learning curve. This was probably the most challenging part of the evening… [but] it was fairly new to most of us and having a small group made it great for learning the sport. I really enjoyed it."

Para pickleball, also known as wheelchair pickleball, follows the same core principles of the traditional game with a few modifications to the rules. To play, teams of one or two players use paddles to hit a ball over a net, scoring points when the opposing team fails to return the ball or when a fault is committed. In para pickleball, players using wheelchairs are allowed up to two bounces to return the ball, instead of one, and the second bounce may occur anywhere on the playing surface. During a volley (when a shot is hit out of the air before it touches the ground), the front wheels of a player's wheelchair are allowed to touch the non-volley zone. This zone is an area closest to the net and is typically off-limits in regular volley play. The recommended playing surface area for wheelchair play is 44 feet (13.41 m) wide and 74 feet (22.55 m) long. The size for wheelchair play in a stadium court is 50 ft (15.24 m) wide by 80 feet (24.38 m) long. However, most recreational players use whatever courts available to them at community centres, outdoor tennis courts, or open gyms.

Some para pickleball players opt to use sports wheelchairs for more dynamic movement and maneuvering but your everyday chair will also work just fine. Other adaptations may include Active Hands (a gripping glove), sports tape, or specialized pickleball paddles with a suction on the bottom of the handle to make it easier to pick the ball off the ground. Thus, reducing back strain and bending over (these paddles are available on Amazon).

Perhaps the most inclusive adaptation of para pickleball is the hybrid game. In this version, not all players on the court use a wheelchair. Instead, a wheelchair player partners with a standing player, and they compete against either another hybrid team or two stand-up players. In hybrid games, the para game rules only apply to players in wheelchairs. This opens the game up to everyone. "It was a great experience to be able to play it with my

Gosse and his daughter

girlfriend and her 10-year-old son,” Gosse says. SCI BC’s Try-It event embraced the hybrid model, with four wheelchair user participants, one ambulatory participant, two able-bodied players, and coaches.

Darlene Antoniuk, administrator for FVWS and parent of a para athlete, partnered with SCI BC to host the Try-It event after noticing an increase in demand for the sport and picking it up as a family hobby. “[We] started playing pickleball in our driveway two years ago. My son, who uses a wheelchair in his daily life, enjoyed playing with us. I think it’s a great wheelchair sport for many reasons,” Antoniuk explains. “The sport is growing rapidly so there’s lots of places to play, the equipment is inexpensive, it offers a good cardio workout… and it’s less jarring than tennis on the shoulders when hitting the ball because the paddles and balls are lighter. It’s also a great social event where you can meet a lot of other people with the same interest.”

Established in 2015, FVWS works closely with the BC Wheelchair Basketball Society and typically focuses on wheelchair basketball, but they’re excited to broaden their reach with pickleball and look forward to future events. “[FVWS] is open to all levels of players, from new to experienced… we have players with CP, Spina Bifida, SCI, and congenital birth defects to name a few examples,” says Antoniuk. “[One of the] main benefits is that you can play pickleball with other players who don’t need to use a wheelchair, which makes it easier to find opportunities to play.”

Sixty-one years after Pritchard’s initial conception, pickleball is more popular than ever. As para pickleball grows alongside its predecessor, it extends the reach of the sport and promotes a vision of inclusivity, accessibility, and fun.

If you’re interested in trying para pickleball keep an eye on the SCI BC events calendar and newsletter for upcoming events, or reach out to SCI BC Peer Support Coordinator Rod Bitz at rbitz@sci-bc.ca or 604-500-3900 to learn more. You can also reach out to Darlene Antoniuk at fvwheelhcarisports@gmail.com or 604-657-1823 to get connected with FVWS. To learn more about the official para pickleball rules visit Pickleball Canada online at pickleballcanada.org/para-pickleball. ■

Spinal Cord Injury BC

Champions for SCI BC

Set up your own fundraising page in support of SCI BC and make a change today

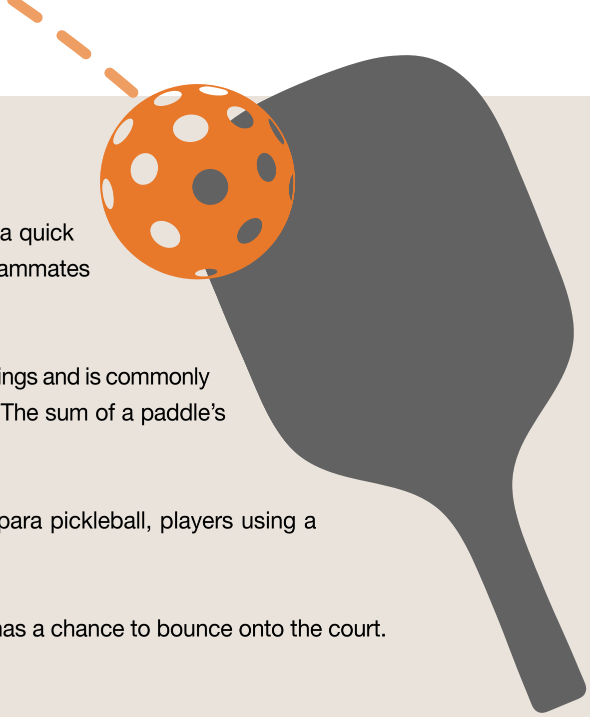
Meet **Vikas Patel**, one of our many champions who fundraised for us! The inspiration to fundraise came from his good friend Stan Yee who sustained an SCI after a mountain biking accident.

> **“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.”**

Scan the QR code to create your own fundraising page:

For support with setting your own fundraising page, please contact our Manager of Philanthropy, Krystyna Pangilinan, at kpangilinan@sci-bc.ca or 604-326-1222.

How to Speak Para Pickleball



Pickleball comes with its own rulebook—and its own dictionary. Here's a quick rundown of the must-know terms so you're ready to mingle with new teammates on the sidelines.

Paddle: A racket used to hit the ball. Unlike in tennis, this racket has no strings and is commonly made of graphite, carbon fiber, fiberglass, wood, or some combination. The sum of a paddle's width and length must not exceed 60.96 cm (24 inches) in length.

The Kitchen: The section of a pickleball court adjacent to the net. In para pickleball, players using a wheelchair can have the front wheels in the kitchen zone.

Volley: The act of hitting the ball in the air, during a rally, before the ball has a chance to bounce onto the court.

Volley Llama: An illegal volley in the kitchen.

Rally: The continuous back and forth play that occurs after the service but before a fault.

Dink: A soft, controlled shot executed from the kitchen that lands in the opponent's kitchen.

Double Bounce: A ball that bounces more than once, on one side, before it is returned.

Fault: Any action that stops play because of a rule violation. For example, the ball is hit into the net or out of bounds.

Banger: A player who hits the ball really hard (not always appreciated!).

ATP (Around The Post): A shot that goes around the post supporting the net instead of going over the net.

Pickle: A shout that indicated the serve is starting.

Pickled: Losing a game 11-0.

Pickler: A pickleball player or someone who is obsessed with pickleball.

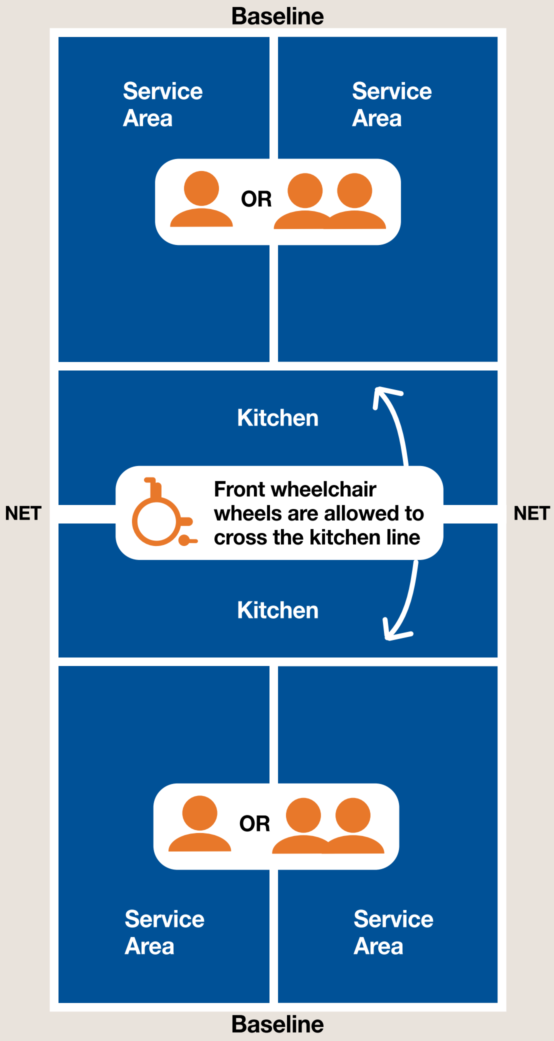
Golden Pickle: An 11-0 victory by the first server of the game.

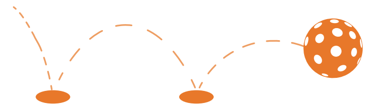
Falafel: A shot that falls short because of a mishit or a lack of power.

Nasty Nelson: A serve that deliberately hits an opposing player.

Cookie: An easy shot that is enjoyed.

Zero-Zero-Two: The starting score in doubles pickleball.





Two bounces allowed to return the ball

Stimulating a New Approach to Rehabilitation

Dr. Michael Kilgard. Photo Credit: Jonathan Zizzo

Researchers are testing a new approach that pairs rehabilitation with real-time nerve stimulation—offering insight into how recovery after incomplete SCI might be improved.

Over the years, *The Spin* has kept a close eye on neurostimulation research. And whether it's with excitement or healthy skepticism, we always have one question in mind: What does this really mean for people living with SCI?

Two new studies published by a team of Texas-based researchers add another chapter to that story. The studies, led by Dr. Michael Kilgard at the University of Texas at Dallas, paired task-focused physical therapy with closed-loop vagus nerve stimulation—a technique that delivers small bursts of electrical stimulation only when a person successfully completes a movement.

The result? People with incomplete cervical SCI made bigger gains in arm and hand strength than they did with therapy alone—and the approach may also help people perform everyday tasks up to 34% faster at home.

The Power of Perfect Timing

What makes this approach different is its timing. Instead of stimulating nerves on a fixed schedule, the system "listens" for meaningful movement and responds in real time, reinforcing success as it happens. It's a bit like giving the nervous system a well-timed nudge at just the right moment—and then letting practice do the rest.

"There have been many good ideas about how to enhance rehabilitation with stem cells and medications, but the problem with these approaches is the lack of timing," explains Kilgard, a University of Texas Professor and Director of the Texas Biomedical Device Centre. "When you take a medication that tells your brain to 'learn everything,' even during rehabilitation, then you're not really telling it what to learn. Our goal was to produce a brief burst of these neurotransmitters, as opposed to bathing the whole brain in it."

To do this, the research team developed a device that stimulates the vagus nerve—a long nerve that travels through the neck and chest to help the brain communicate with the internal organs. While the vagus nerve doesn't control arm or hand muscles directly, stimulating it can activate brain systems involved in learning and rewiring neural connections.

The vagus nerve is stimulated only when the person using the device performs a particularly good movement during therapy. The system measures each movement, such as turning a doorknob, and identifies when one stands out as better than the others.

"The idea is that by triggering a brief burst of neurotransmitters at the same time as the above-average movement, then you know you did it better," explains Kilgard. "In tennis, some serves are aces and some serves are not aces. You need to understand which serves are aces in order to get better."

After SCI, recognizing those differences can be much harder. Signals from the body may be weaker or harder to interpret because a person's sense of touch, body awareness, and the brain's chemical signaling systems can all be impaired.

"With closed-loop vagus nerve stimulation, we are feeding back the signals that are not naturally available after injury to provide gains you might not see otherwise," says Kilgard.

Testing the Technology

To test whether closed-loop vagus nerve stimulation actually works to improve arm and hand function for people with SCI, the researchers recruited 19 adults with incomplete cervical SCI and randomly assigned them to one of two groups. While both groups completed intensive physical therapy, only one group received active nerve stimulation during their therapy sessions.

The study included a sham control, meaning everyone had the stimulation device implanted—but it was only activated for the group receiving real nerve stimulation. Because most people can't feel the electrical pulses, participants usually couldn't tell whether their device was actually turned on. The therapists and researchers involved also didn't know who was receiving the real stimulation.

"So, everyone gets the device implanted. The device is communicating with a tablet. And when you perform an above-average movement, the device is activated to stimulate the nerve by sending a trigger from the tablet using Bluetooth," explains Kilgard. "If you're in sham mode, the same trigger goes, but the nerve stimulation doesn't happen. The therapist can't tell. The patient can't tell. And that's important for making sure we're controlling for the placebo effect and other forms of bias."

The implantation procedure itself is simple. It's usually done under general anesthesia and takes about 30 minutes.

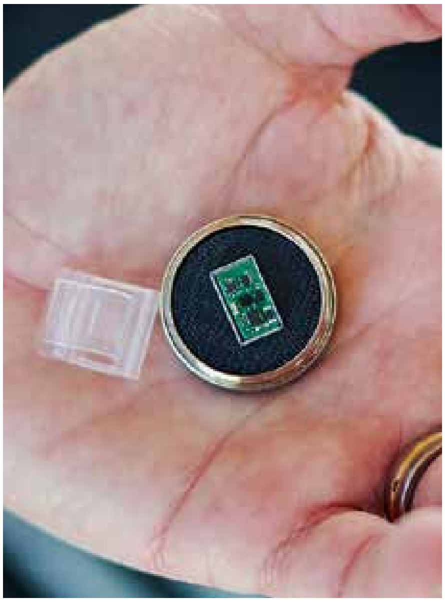
"The little chip is encapsulated in glass so it cannot touch any part of your body. We open one spot [on the neck] right over the nerve, separate the tissue, put the device in, and then close up," says Kilgard. "It's very safe and people go home the same day."

After the device was implanted, participants completed 36 therapy sessions over 12 weeks in clinic. Therapy was tailored to each person's abilities, and the exercises became more challenging as participants improved.

"Each person gets their own prescription because every SCI is unique," Kilgard explains. "So, we start with a standard assessment. We measure what they can and cannot do, and we target functions that the participants haven't been able to improve through previous rehabilitation."

To keep therapy engaging, the team used gamified exercises, where movements—like reaching and gripping—were built into video games. Sensors tracked how quickly, strongly or accurately participants moved, and

This small chip is implanted in the necks of participants over the vagus nerve.



A study participant works his way through exercises to stimulate the vagus nerve.

the system delivered stimulation only when a movement met an above-average performance threshold.

Because the stimulation is triggered automatically by the system measuring the participants' movements, a therapist doesn't need to be present for the device to work. In a follow-up study, researchers tested whether the approach could work at home.

Fourteen participants from earlier vagus nerve stimulation studies—seven with chronic stroke and seven with incomplete SCI—completed 36 additional therapy sessions at home. During each session, stimulation was paired with practice on five to 10 everyday tasks they wanted to improve, from doing up a zipper to cutting up spaghetti with a knife and fork. The researchers measured performance before and after the training.

Small Signals, Big Gains

After weeks of therapy, the researchers saw clear differences between participants who received active nerve stimulation and those who received a sham version.

People who received the real stimulation improved more in arm and hand strength, like how strongly you can pinch something between your fingers or twist things like doorknobs. They also showed gains in range of motion and functional tasks, meaning they were better able to perform real-world activities used in daily living.

The follow-up study suggests those gains may carry into everyday life: people with incomplete SCI completed the daily tasks they practiced at home about 34% faster after the therapy.

"So, what we find on average is they're making a lot of gains," says Kilgard. "Some things they get 10 times better at. Some things they get no better at. But on average they're getting 34% better, 34% faster."

Both studies also saw unusually strong participation. Everyone who participated completed all 36 therapy sessions, which Kilgard credits to the engaging nature of the games and the flexibility of program participation.

"Normally you get dropout, people get fatigued, they get bored. But, as you probably know, people like playing video games," explains Kilgard. "We [also] have tools and exercises to help keep them focused… and every person who wanted to has been able to do it at home."

Importantly, in both studies, the therapy appeared safe and well tolerated. Even after millions of stimulation pulses delivered over many sessions, researchers reported no major device-related adverse events.

A Glimpse of What's Possible

Taken together, these findings suggest that closed-loop vagus nerve stimulation could be a promising new way to improve strength, movement, and everyday function for people with incomplete SCI. And while the technology is still in the research stage, Kilgard and his team are already imagining a future where therapy like this is powered using a device most people already own: a smartphone.

"The at-home situation is preferable. To get to the clinic, you have to drive in, drive home, fight traffic, all the rest. The therapist can still contribute at home with telerehabilitation, they can check in on people and update the therapy difficulty," says Kilgard. "We imagine literally using your own phone to play these games using Bluetooth connected to the implant to trigger the nerve stimulation."

Kilgard previously helped develop an FDA-approved vagus nerve stimulation device for stroke rehabilitation, and some of those lessons have shaped this SCI implant. The new version is smaller, making surgery faster and less expensive. Still, the technology is evolving.

For example, the stroke device Kilgard helped develop uses open-loop stimulation when used at home, meaning it stimulates the nerve without knowing how successful a movement was. Future versions could move toward closed-loop systems like the one tested in this study, using cameras or motion sensors to track movements and deliver stimulation only when specific movements happen.

Meanwhile, the team is already exploring whether the same approach could work beyond arm and hand recovery. "If you can measure someone's arm, obviously you could also measure their leg," says Kilgard. "As we move from single therapy arm and hand, we want to add mobility—and we're also doing experiments to try to improve sense of touch or better bowel or bladder control."

For now, the results hint at what might be within reach when the brain gets a well-timed nudge at just the right moment. ■

Want to Learn More?

The full research papers are available online:

- *Closed-loop vagus nerve stimulation aids recovery from spinal cord injury*—published in *Nature*
  pubmed.ncbi.nlm.nih.gov/40399668
- *At-home delivery of vagus nerve stimulation paired with task-specific training improves performance of high-priority activities in persons with chronic spinal cord injury or stroke*—published in the *American Journal of Physical Medicine and Rehabilitation.*
  pubmed.ncbi.nlm.nih.gov/41707125

Hit Subscribe

Meet YouTubers from the SCI BC community sharing real life with a disability online. From outdoor adventures to accessible fitness and sharing advice, these creators prove that the best tips come straight from peers.

Joan Reid / Out-Spokin Wheels on Wheels (@out-spokenwheelsonwheels5870)

I wanted to travel all over North America. When I bought a minivan, I searched YouTube for ideas on how to make my van work for me, but there was very little information. I started my channel so people could see what I'd done and hopefully find others who were camping as wheelchair users. Now, my channel is more about my experiences on the road (good and bad!), along with hotel and campground reviews. I hope people enjoy seeing the places I go and get ideas for places where they might want to go.

The lessons I've learned aren't about running a channel, but about myself and how to overcome barriers. Yes, some barriers are caused by my disability, but many were mental barriers I put on myself. It is often very emotional travelling in a minivan, especially now that I'm older (65). I have gained mental, emotional, and spiritual strength. As hard as it is to travel this way, the benefits are far greater!

▶ 2:32/3:57

Angela & Julian Scholefield / Adventures with Angela and Julian (@AdventuresWithAngelaAndJulian)

Our channel started as a way to share our adventures with family. We started exploring and thought other people might be interested in what we do and where we go. The number one thing we post about is our outdoor adventures and getting back to doing the things that we loved prior to Julian's injury. Angela also talks about staying healthy, happy, and taking care of yourself as a caregiver.

A recent highlight was meeting Bruce Cook (@brucecook), another Okanagan peer. He posted a video on his channel about meeting and going for a ride on the Not a Wheelchair "The RIG". Viewers really enjoyed the video of Julian's first time out on The RIG.

Our goal is to inspire others to get out there no matter what and show that adventure is for everyone, regardless of age, ability, gender, or circumstance. We hope people take away that there is still hope after a life-changing event. We aren't going to stop doing what we used to do (camping, exploring, skiing), we just do it differently now. Julian has even taken on new challenges he didn't do while able bodied, like paragliding! Our mantra is: Adventure doesn't stop, it just adapts.

▶ 0:56/7:28

Mary-Jo Fetterly / Yoga, Meditation & Life Coach (@Mary-Jo108)

I started back in the early 2000s when there was really nothing on YouTube for accessible fitness. I focused mostly on adaptive yoga and things for people with SCI, like issues with caregivers. Now it's broader and I share more about mindfulness and practices for daily living. One of my most popular videos is on how to take care of your feet if you're sitting in a wheelchair or are paralyzed. Funny, the feet!

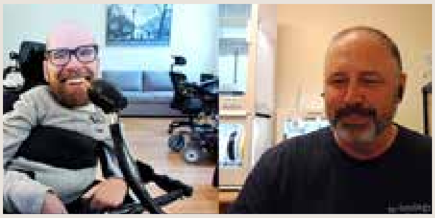
The reactions have been great, and I probably should post more videos! I hope people take away something that helps them move forward in their journey.

3:49/4:25

Partner Highlight

Ean Price & Wayne Pogue / Technology for Living (@TechnologyForLiving)

We've been posting WE Talk Tech videos for five years. We chat about a wide range of topics, including community programs, accessible travel, and, most importantly, assistive technology! We want the disability community to recognize that there are far more options available than they may realize—whether that's new technology, different ways to navigate their communities, or creative approaches to everyday barriers.



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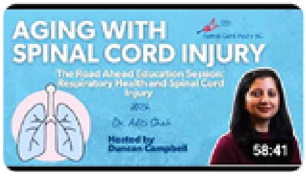
Did You Know?

SCI BC has a YouTube channel (@SpinalCordInjuryBC) where we post recordings of monthly webinars and forums.



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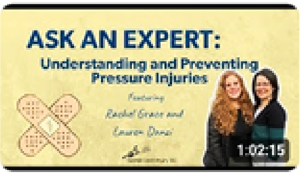
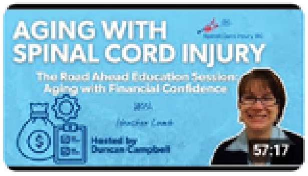
Spinal Cord Injury Ask an Expert: Financial Options Through the Life...



Spinal Cord Injury Ask an Expert: Understanding and Preventing...



The Road Ahead Education Session: Aging with Financial Confidence

Spinal Cord Injury Ask an Expert: Catheters for Free BC

WE WANT TO HEAR FROM YOU!

CONTRIBUTE TO OUR NEXT PEERSAY:

Tell us about your experience with online dating and dating apps! What's worked, what hasn't, and what tips would you give fellow peers? Email your story to thespin@sci-bc.ca for a chance to be featured in the next PeerSAY.

Function Meets Fashion

A look inside the new FashionABLE adaptive clothing guide designed with and for people living with SCI.

Clothing isn't just something you throw on. What we wear shapes confidence, identity, and how we show up in the world. For people with SCI, rehab tends to focus on physical health and learning to adjust. But what sometimes gets left in the laundry pile is everything that comes after those early adaptations.

Thriving means feeling good in your own skin—and in your own clothes. It means seeing disabled bodies represented stylishly, with options that fit your life, not just your chair. That's why we're excited about *FashionABLE: A Guideline for Adaptive Clothing Solutions for People with Spinal Cord Injury (SCI)*, a guide packed with clothing hacks, tips, and tricks that open up more wardrobe options for people living with SCI. The guide aims to enhance independence, improve quality of life, and bring confidence and self-expression through adaptive clothing for the SCI community.

Behind the Seams

FashionABLE was crafted by an interdisciplinary team of people with SCI, healthcare professionals, and designers well-versed in inclusive and accessible design. Funded through a Craig H. Neilsen Foundation grant to Dr. Andrei Krassioukov (ICORD/UBC) and Grace Jun (Open Style Lab), the project set out to tailor real solutions to real needs.

The team reviewed existing research and online content, then surveyed and interviewed 35 people with SCI and 28 healthcare professionals, gathering more than 745 minutes of discussion. Less than half of participants were satisfied with how they get dressed (40%) or what their clothing enabled them to do (46.7%). Many said they received limited education about dressing during rehab. That knowledge gap is exactly what FashionABLE is working to stitch together.

From the first pages, FashionABLE centres the voices of people with SCI. Teri Thorson, SCI BC's Manager of Peer Coaching and Outreach and a member of the FashionABLE team, reflects on her clothing experience:

"Before I acquired my SCI in 1996, I was a fashion model, dancer and worked in the software industry. How I looked and presented myself was very important to me. After my SCI, I remember specifically being told I should be wearing track pants and runners for comfort and ease of dressing. I had never owned a pair in my life and refused to conform to what I was told I 'should' wear. But it was so challenging finding clothing that was fashionable and functionable for me as a woman with complete cervical SCI (C6, tetraplegia), no hand function, doing intermittent catheterization, and trying to be as independent as I could be."

Fashion designer Chloe Angus also shares the identity shock that followed her injury. "Overnight, I went from creating exquisite ball gowns to wearing hospital gowns," she says. "For months, I struggled to adapt. Dressing, once a joy, became a daunting challenge. My wardrobe—an extension of who I was—seemed to turn against me. Clothes that once empowered me now felt impractical and unflattering. Each pair of cherished high heels, each memory of the shows they walked, became a painful reminder of what I'd lost. I avoided mirrors, unable to recognize the person staring back."

But fashion eventually became a lifeline for Angus. "Piece by piece, I rebuilt my wardrobe, discovering what worked for my new body and still expressed my style," she says. "Each outfit I wore that made me feel confident and empowered helped me reconnect with myself. Fashion wasn't just about looking good; it was about reclaiming my identity and restoring my confidence."

Inside the Guide

FashionABLE highlights that adaptive fashion isn't niche. It's an essential design approach that recognizes a diverse range of bodies and abilities. The guide showcases models of all ages, genders, and mobility levels, from wheelchair users to ambulatory peers. It's a runway that actually looks like our community.

Several SCI BC peers appear throughout the guide, modelling adaptive fashion designs and sharing their style wisdom. Peer Kirsten says, "The first thing that people see is the wheelchair. You want to be seen as an individual. You want to be seen as you. You want to be seen as the woman that you are. To me, it's really important that I have a sense of self and a sense of style."

The guide is divided into several sections, including an overview of priorities for adaptive clothing. The top priorities identified in the survey were ease of putting clothes on and taking them off (87%), comfort and movement (80%), and style and aesthetics (78%).

For peer Maria, "It comes down to the basic question: Can I get it on? Can I get it off? What I buy, what I get, either I can get it on or I can't. It's really that simple."

Buttons, zippers, and laces were the most challenging (and sometimes frustrating and fatiguing) features, while Velcro and elastics were easier. Small tweaks, like larger buttons and reinforced belt loops, can make dressing smoother. Diagrams in the guide show how caregivers can assist with dressing when someone has limited shoulder mobility.

Fabric choices matter too. Stretchy or slippery materials can make dressing easier, while reinforced elbow and cuff patches help reduce wear from wheeling. Breathable, hypoallergenic fabrics, plus removing back pockets and tags, can help prevent pressure injuries and skin irritation. Longer inseams are also helpful for a comfortable seated fit. Temperature regulation plays a role as well. Peer Declan explains, "As a quad, temperature control is an issue. Once I pick something for the day, that's kind of what I'm gonna be stuck with until next time."

And, of course, function isn't the only thing people with SCI are looking for. Style matters too. "Not fashionable! So bland! I like to be unique, [existing] adaptive fashion has been so awful. I have chosen to adapt my own clothing to express myself," says peer Oleksandra.

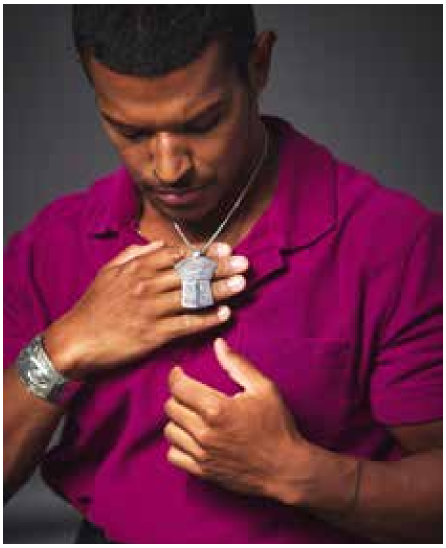
FashionABLE offers plenty of style inspiration. Gloves that protect hands while wheeling and add a pop of colour. Elastic belts that move with you. Scarves and necklaces that elevate an outfit and draw attention away from the midsection. Clip-on earrings and magnet-fastening bracelets that skip tiny clasps.

Not everyone has the budget or time in buying specialized adaptive clothing. That's why another section of the guide focuses on ready-to-wear clothes. You'll find strategies for assessing clothes in stores, modifying pieces you already own, and identifying small tailoring tweaks that can make a big difference.

"[People in wheelchairs] have to be ready to lead the pack," explains peer Joaquim. "We have to be much more assertive and self-confident in the way that we dress, and basically get them to change their expectations, as opposed to changing ours."

The guide wraps up with resources, references, and details on the adaptive designs featured throughout the guide.


SCI BC peers, Jessica Kruger and Leo Sammarelli, model different hat options.


SCI BC peer Paulo Guerrero models a First Nations crafted necklace.


A clothing design that fastens with magnets at each shoulder.

Find Your Fit

Angus hopes readers will discover what makes them feel good. She explains, "Adaptive fashion isn't about changing your style; it's about embracing it in a way that works for you now. Fashion can be a powerful tool for healing. It was for me, and I believe it can be for you too. One perfect piece at a time, you can rediscover your style and, in doing so, rediscover yourself."

Whether you're seeking solutions, inspiration, or reassurance that you're not alone, the FashionABLE guide is worth a look. Because adaptive fashion isn't just about what to wear. It's about giving people with disabilities the freedom to express who they are. And in our community, that will always be in style.

You can read or download the full FashionABLE Guide at fashion-able.info. ■

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.

Measuring Sedentary Behaviour and Pain Among People with SCI

Overview: People with SCI engage in 12-13 hours a day of sedentary behaviour, which includes sitting. Prolonged inactivity may influence pain intensity, although no one has measured how sedentary behaviour may interact with pain experienced by people with SCI. The goal of this research, led by ICORD researchers Drs. Chris West and Kathleen Martin Ginis at UBC Okanagan, is to begin to understand how sedentary behaviours could be modified to improve quality of life for people with SCI.

What to expect: In this study, people with SCI will be measured for their physical activity with watches over two weeks and they will answer questionnaires over that time period to report their daily pain. Additionally, participants will visit the lab on three occasions. The first visit will include basic health and fitness tests such as metabolic rate and maximal aerobic activity tests.

Who can participate: You may be able to participate if you have a chronic traumatic SCI, have access to a phone; use a wheelchair as your primary mode of mobility; experience chronic neuropathic pain or chronic musculoskeletal pain with a score of four or higher on a numerical rating scale; are over the age of 18; have a stable condition and are living in community; have no medical contra-indications to performing a maximal exercise test; can tolerate a four-hour uninterrupted sitting bout in your daily wheelchair.

Why participate: Participants will be offered information about their personal health and fitness that includes accurate weight, metabolic rate, maximal aerobic capacity, daily glucose patterns, sedentary behaviour, and sleep. Participants who complete all study procedures will be paid $250 for participation.

Location: UBC Okanagan Campus in Kelowna, BC

For more information or to sign up: Please visit ubc.ca1.qualtrics.com/jfe/form/SV_5zt05RTrltxYpsq

Effect of Passive Cycling on Cardiac Function and Spasticity

Overview: Using a pedalling device attached to a wheelchair, researchers in Dr. Victoria Claydon's lab are investigating whether passive cycling can improve cardiovascular function following SCI.

What to expect: Participation will involve one testing session that will take approximately two hours. Participants will be seated in a wheelchair with their feet secured via straps to the pedalling device. Using non-invasive monitoring equipment, researchers will record blood pressure, heart rate, cerebral blood flow, and breathing parameters. The wheelchair will be placed on a treadmill allowing the device to move your legs in a bicycle motion. This will be done at three speeds, each for 10 minutes, with a five minute break in-between. A short questionnaire will follow the cycling protocol.

Who can participate: You may be able to participate in this study if you are healthy; aged 19-50 years old; have sustained an SCI; have received full immunization against COVID-19 according to current Health Canada guidelines. You may be not be able to participate in this study if you self-identify as having cardiovascular or neurological disease; are currently taking any cardiovascular acting medications; have active pressure sores or use a ventilator; are pregnant, or think you might be.

Why participate: There are no direct benefits to you from taking part in the study, but the researchers hope that the results of this study will ultimately aid in the rehabilitation and quality of life of people with cardiac disease and/or SCI. At the end of your study visit to our lab, you will receive an honorarium of $50 to thank you for your participation and time. A free parking pass at SFU or ICORD will also be provided upon request.

Location: SFU Burnaby Campus (8888 University Dr, Burnaby)

For more information or to sign up: Please contact the study coordinator, Michael Ruiz-Peters by email (michael.peters@vch.ca) or phone (604) 379-3453.

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.**

Lab Legend

SCI BC peer Kyle Gieni reflects on his participation in 100 research studies... and counting.

Kyle Gieni and his list of research studies he participated in. Photo Credit: ICORD

When SCI BC peer Kyle Gieni showed up to the Community Research Night—co-hosted by ICORD and SCI BC—in November 2025, he expected free food and a chance to chat with researchers. What he didn't expect was a cake celebrating his participation in more than 100 research studies.

"People kept asking me, 'Hey, are you going to go to the research night?' And I was like, yeah, there's food, so I'll see you there," Gieni laughs. "I was just eating off my plate when they invited me up for a cake because it was my hundredth study. It's very touching to have the community recognize the participants. I'm not looking for recognition, but it's nice to be recognized all the same."

His journey in research began years ago with a recruitment poster at the G.F. Strong Rehab Centre's gym. When the Physical Activity Research Centre (PARC) opened in the Blusson Spinal Cord Centre in 2013, he became participant #1 in its long-running study, and he's been a familiar face ever since. Eventually, he started keeping track of every study he joined in a notebook.

"I'm such good friends with the researchers now," says Gieni. Over the years he's built relationships with student trainees and lab members, staying in touch after they've finished their schooling.

One of the most meaningful studies he joined involved bladder Botox as a treatment for neurogenic bladder. More than a decade later, he's still receiving Botox every six to seven months because of how effective it's been. Being able to take part in cutting-edge research in his own city is something he doesn't take for granted. He knows not everyone with SCI has access to opportunities like these, adding, "I love it. We're working on small steps and making lives easier for people."

Gieni's most unforgettable research experience came from an exoskeleton walking study. "After being told by doctors I would never walk again, it was really special to be up and walking! I did a lot of training to be ready for this project, stretching my legs and using the standing frame every day so I could be physically able to use the exoskeleton," he shared in ICORD's Fall 2025 newsletter.

Today, Gieni is still excited about every new study he joins, and he's thinking about taking his involvement even further. He's talked with researchers about being included as an author on a research paper. "It would be nice to hop on a research paper, give feedback, and be involved in the whole preparing of it. I think seeing research through a person with lived experience is very valuable." He has already begun speaking to students in classrooms about his experiences with SCI research.

Lived experience is expertise. Whether it's shaping programs, informing policy, or contributing to research, the insights and knowledge of people with SCI deepen and strengthen the work happening across the SCI community.

Gieni's advice for anyone considering getting involved? "Don't be afraid. It's very easy and everyone's really nice. Whether you've never done a study or only a couple, you can always give back to the community through research. If there's any problems, you can always opt out."

Curious about getting involved yourself? Visit icord.org/participate to explore currently recruiting studies. You can also email studies@icord.org to connect with the ICORD's study liaisons, who will match your interests and eligibility with ongoing research. And, of course, SCI BC highlights research studies in our monthly e-newsletter.

If you prefer connecting in person, there are more opportunities coming up. Peers in the Okanagan can attend the next Community Research Night—co-hosted by ICORD, SCI BC, Accessible Okanagan, and Praxis—on Monday, May 11 from 6-8 PM at UBC Okanagan (yes, there will be free food!). If you're in the Lower Mainland, simply stop by the PARC gym to work out, say hello, and meet the research teams based there. ■

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