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SPINAL CORD INJURY BC

FALL 2026

Homegrown Change

SCI BC peer and MLA Dana Lajeunesse reflects on the experiences that shaped his path to public service

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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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Road Safety

As is so often the case when writing my Spin editorial, what I planned to write about isn't what I end up writing about because an issue, discovery, or achievement comes up that I can't ignore. This time, it is because of a tragic event, the loss of Darryl Neighbour, who was killed by a motor vehicle while crossing a crosswalk.

As an active participant in SCI BC's peer program for decades, Darryl was a beloved member of the SCI BC peer community, providing support and serving as a mentor and role model for so many. He was also a national hero and Hall of Fame Paralympic curler who won gold on home soil at the 2010 Paralympics.

Since his passing, I have received numerous messages from the broader SCI community about how much Darryl meant to them. I also heard their calls for raising awareness about pedestrian safety for wheelchair users because the accident that killed Darryl is not an isolated incident. Over the years, I have known several wheelchair users who have been injured or killed in crosswalk-related accidents, and I have heard numerous stories from staff and peers about other such accidents, including ones involving themselves.

So what can we do to improve the safety of pedestrians who use wheelchairs, scooters, and other mobility devices? There are no easy answers or solutions, but there are some things SCI BC can and will be doing, and things we should all be doing.

Pedestrian safety is a two-way street that depends on safe navigation by pedestrian and drivers alike. With streets and sidewalks everywhere getting busier and everyone seemingly becoming more impatient, we all need to slow down, be aware, and take care. Easier said than done.

More enforcement will help, too. With municipal budgets strained and so many challenges facing law enforcement, enforcing traffic violations seems to have taken a back seat. Drivers have become increasingly emboldened, ignoring speed limits and lane restrictions, running lights and stop signs, and failing to use caution at crosswalks and intersections. Similarly, pedestrians are ignoring crossing signals, jaywalking, and dangerously assuming drivers see them and will stop as they enter crosswalks.

As we enter the dark, wet, and icy fall and winter seasons, pedestrian safety becomes increasingly important. This fall we will be meeting with ICBC to discuss what we can do together to promote safety on the roads and sidewalks. Awareness campaigns and enforcement will no doubt help, but the tragic accident that took Darryl's life is a reminder for us all to take extra care and be as safe as we can out there.

—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).

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Free subscriptions are available for BC residents and health professionals:
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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.

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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.

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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.

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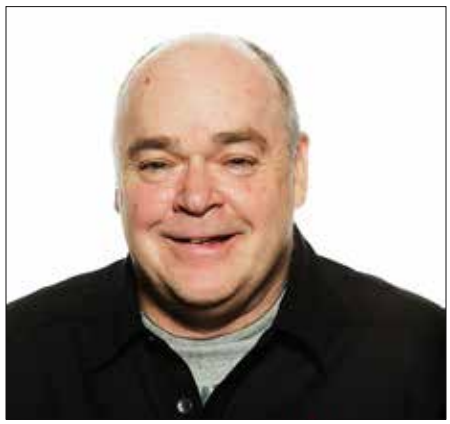
References: 1. Burns, J, Pollard, D, Ali, A, McCoy, CP, Carson, L & Wylie, MP 2024, 'Comparing an integrated amphiphilic surfactant to traditional hydrophilic coatings for the reduction of catheter-associated urethral microtrauma', ACS Omega. https://doi.org/10.1021/acsomega.4c02109. *Data from Burns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

Come feel the rhythm.

Don't miss a beat of VAMS' Strong Sessions Concert happening on November 10, 6 - 10 PM at the Roundhouse Community Centre in Vancouver! Celebrate local musicians with disabilities that play music from all different genres. Featured performers include SCI BC's very own Service Delivery Coordinator, Agasha Mutesasira, along with other artists, such as CRITTR, Route97, Simon Paradis, and more. Your ticket to a night full of excitement starts at StrongSessions2026.eventbrite.ca.

Fishing for a good time?

Reel in the fun with SCI BC and Reel North Adventures for a day of fishing at West Lake just outside Prince George. Join us on October 17 from 9 AM - 5 PM for a relaxing day on the water. Enjoy fresh air, connect with friends, refuel with snacks, and maybe even catch a big one! Whether you're casting your first line or have plenty of fishing experience, everyone is welcome. All fishing gear will be provided but bring your own lunch. RSVP to Rob at rshaw@sci-bc.ca to save your spot.



Be prepared for aging with SCI.

Monthly online events are back for The Road Ahead! From 1-2 PM every second Tuesday of the month, join SCI BC's Duncan Campbell for a discussion group where you and fellow peers can share life experiences and advice on aging well with an SCI. From 1-2 PM on the fourth Tuesday of the month, tune in for the sessions Duncan hosts with aging experts—past topics include bone health, nutrition, shoulder care, and more. Visit sci-bc.ca/the-road-ahead for more details.

NORTH FACE OUTDOOR COLLECTION

Gear up for your next camping adventure with The North Face's Universal Collection of outdoor equipment with accessible innovations. Sleep comfortably with the Universal One Bag Sleeping Bag, featuring adjustable temperature regulation and one-handed maneuvers. Magnetic closures make getting in and out smoother and easier. Another option is the Universal Wawona 3 Tent, which has a simplified set-up with equal length poles, a larger entryway to accommodate all mobility devices, and a heavy-duty mat at entry for wheelchair users. Explore the rest of the Universal Collection, including an accessible backpack and a brimmer hat at thenorthface.com.

Innovations

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

ADAPTIVE DENIM APPAREL

Add some new denim apparel to your closet with Intotum's denim collection, a disability-founded brand that creates adaptive denim clothing designed to make dressing comfortable and easier. The seated hoist band jeans are made with stretchable, soft denim and an elasticated back waist that moves with the body. The side openings provide discreet access for medical needs and practical pockets placed at the front of the jeans for ample storage. The hoist band is a unique feature that secures the pockets but most importantly can help adjust or cross legs, support transfers between chairs, and help with putting on shoes. Complete the look with the denim shacket, featuring adjustable sleeves. Concealed zips run along the armpit to the wrist to allow easy access or temperature control. Large internal pockets provide discreet storage and dedicated access points for tube feeding or medical lines. Give your wardrobe a jean-ius upgrade at intotumfashion.com.

SHRUB HUB USB SWITCH

Makers Making Change has a variety of assistive technologies in their online library to make daily living easier for people with disabilities. Over 200 devices are included in the library including the newest addition of the Shrub Hub USB Switch Interface. This device is designed for anyone who has trouble using computer features such as keyboards, mice, or touchscreens. The Shrub Hub allows you to connect up to three assistive switches into the Switch Adapter or a singular assistive switch can be plugged directly into the Shrub Hub. With this recent addition, it can help you connect to a computer and accomplish tasks like mouse clicks, audio control, and webpage navigation. Explore the full library at makersmakingchange.com.

SMART GYM SYSTEM

MAXPRO's Smart Gym System is the exercise equipment you need to boost your workouts. This cable machine can be attached to your door and has a maximum resistance weight of 300 lbs to give you the challenge you need to work out. The cables can be stretched up to nine feet and can be pulled in any angle and direction. Not only will you get access to the cable machine components like handles, straps, and door mounts, this package comes with a free Coaching App that has over 450 exercises and features like live rep counting. This equipment is a portable cable gym weighing only 10 lbs that can be carried with you anywhere you go. Get stronger and fitter by getting your own MAXPRO Smart Gym System at maxprofitness.com.

Community Highlights

FULL SAIL AHEAD AT THE MOBILITY CUP

The Mobility Cup came home to Vancouver this September for its 35th anniversary, celebrating sailors with disabilities. The event showcased the possibilities of adaptive sailing through Martin 16 sailboats equipped with technologies like sip-and-puff and joystick steering. Hosted by the Adaptive Sailing Association of British Columbia (ASABC), AbleSail Network, and the Royal Vancouver Yacht Club (RVYC), the Mobility Cup welcomed over 30 sailors, including SCI BC's Peer Health Coach, Mary-Jo Fetterly, for five days of racing on the water. In 1991, Sam Sullivan launched the Mobility Cup in Vancouver, turning an idea into a symbol of inclusion and innovation in adaptive sailing. The "Regatta of Possibility" or Mobility Cup established that anyone could sail, regardless of physical ability. Now, this is a celebration that's making some serious waves!

WHEELING FOR MAYOR

Susan Bains is on a roll… again! You might be familiar with Bains as SCI BC's current Board Member, White Rock City Councillor, a TEDx speaker on TEDxWhite Rock, organizer of BC's first Walk and Roll Accessibility Parade, or her advocacy work that led to the installation of an accessible mat on the White Rock pier. This time, she's taking one wheel further and running for Mayor of White Rock in the October 17 municipal election. Included in her election platform, Bains' vision is for White Rock to become Canada's most liveable city. "I have worked to ensure that residents, youth, and seniors have a voice in shaping our community and have a seat, because representation matters. As your mayor, I will continue to ensure feedback is heard before major decisions are made. And that the city remains open, transparent and responsive," says Bains. "To achieve [being Canada's most liveable city], we must focus on three priorities: a vibrant city, a responsible community, and a White Rock that is for everyone." We wish Bains the best of luck! Head over to togetherforwhiterock.ca for more details.

WHEELING FOR CITY COUNCILLOR

Representation matters in all of our communities and we are proud to give a shoutout to Alexis Chicoine, an SCI BC peer who is wheeling into the race for West Vancouver Council! Chicoine has over 20 years of experience helping organizations advance accessibility as a speaker, consultant, and community leader. She has been active at the local government level, serving on advisory committees, volunteering in the city, and speaking up in Council on important issues. "My disability has brought me so many strengths and it really has defined the strengths that I can bring to the table," Chicoine says. Her main approach is to combine community character, financial responsibility, environmental sustainability, and accessibility as connected principles to strengthen West Vancouver as a place for residents to thrive in life. "I believe the best outcomes come from listening first, planning thoughtfully, and working together." Learn more at alexischicoine.ca.

Dr. Nathan Adams

Dr. Rob Buren

NEW DEGREES OF SUCCESS FOR UBCO GRADUATES

Congratulations to the recent UBCO graduates who successfully completed their Masters and PhDs. Parres Holliday of Heather Gainforth's Lab received her MSc in Health Exercise Sciences. Holliday partnered with SCI BC to develop recommendations for training peer health coaches to support smoking cessations for peers with SCI. In Kathleen Martin Ginis' Lab, Drs Nathan Adams and Rob Buren defended their PhDs: Adams researched the effects and perceptions of sedentary behaviour among people with SCI (flip to page 30 on how "sitting is not the new smoking" and for more peer perspectives on this topic) while Buren studied the positive effects of mindfulness for dealing with neuropathic pain among individuals with SCI (we gave you a glimpse into his work in the Winter 2025 issue of *The Spin*).

Parres Holliday

The United Nations (UN) hosted the 19th session of the Conference of States Parties to the Convention on the Rights of Persons with Disabilities (COSP19) in New York City and SCI BC's volunteer peer mentor for youth, **AINSLEY WOOD**, was selected to represent Canada and Canadian youth. Day One brought advocacy organizations and governments together to share their priorities and the steps they had taken to achieve disability inclusion. Wood also had the opportunity to speak on a panel about workplace inclusion. "The main point I wanted to drive home was that advancing inclusion in the workplace needs to start before the workplace. Funding for support workers, healthcare, accessible housing, and transportation—all the pieces that happen around the workplace and set up our daily lives, that's where the barriers exist to workplace participation." What an UN-ique achievement for Wood—well done!

Peer Shoutouts

MARK STOCKBROCKS earned the spotlight by receiving the 2026 Courage to Come Back Award Recipient for the Medical category. After experiencing a major bleed in his brain that resulted in triplegia, Stockbrocks is transforming his lived experience to practical changes that advances accessibility across Metro Vancouver. He continues to work with SCI BC, Tetra Society, the Disability Foundation, and the Neil Squire Society to help shape inclusive communities. Stockbrocks is also an actor who advocates for more accessibility in the film industry, including championing for more inclusive sets and representation on the screen. "I was tasked with the most important decision of my life; 'Do I shrivel up and allow this fate to defeat me, or do I just walk straight through the fire and remain strong?' I knew right away that that was the only way to go."

We're ordering up a round of applause for **STEPHANIE CADIEUX**, who has been appointed to the Order of BC, the province's highest honour that recognizes individuals who have made extraordinary contributions to BC and beyond. Cadieux was first elected as a BC Member of the Legislative Assembly in 2009 and went on to serve as cabinet minister for several ministries. In 2022, she became Canada's first chief accessibility officer. Before all that, she worked for SCI BC and helped create our Provincial Peer Program. Through all her roles, Cadieux has worked hard to advance accessibility and inclusion. In addition to her roles in government and SCI BC, she has served as a member of the Diversity Advisory Committee for Global BC, and helped shape the development of ICORD and the Blusson Spinal Cord Centre as a member of ICORD's Community Advisory Panel, just to name a few of her extracurricular contributions. We are so proud to celebrate Cadieux and all the accomplishments she has achieved.

A big congratulations goes to **DR. JAIMIE BORISOFF**, who has been inducted into the Wheelchair Basketball Canada Hall of Fame. Borisoff is a two-time Paralympic gold medallist (Sydney 2000 and Athens 2004) and silver medalist (Beijing 2008) with a successful wheelchair basketball career that spanned 15 years. He helped Canada win gold at the 2006 IWBF World Championships in Amsterdam, while also earning bronze medals in 1998 and 2002. Off the court, Borisoff is the director of MAKE+ Applied Research Team at BCIT where he leads initiatives to develop assistive technologies. Now, that's a three-pointer of an achievement!

Homegrown Change

With deep ties to the Juan de Fuca-Malahat region, SCI BC peer and MLA Dana Lajeunesse reflects on the experiences that shaped his path to public service and what lies ahead in his role as Parliamentary Secretary for Accessibility.

Born and raised in Jordan River, MLA Dana Lajeunesse has deep roots in the Juan de Fuca-Malahat region he now represents on South Vancouver Island. Prior to entering politics, Lajeunesse worked in the forest industry as a tree faller and got to know his community from the ground up—literally. In 1989, at just 26 years old, his life took an unexpected turn when he fell from a balcony that had rotted through and sustained a spinal cord injury (SCI). The accident ended his forestry career and prompted a return to school, where he retrained in mechanical engineering technology, and went on to teach at Camosun College. Through teaching, Lajeunesse developed new connections and was spurred on by supporters to get involved in local politics. In 2019, he was elected to municipal council in the District of Sooke, where he served for six years. In 2024, he was elected MLA for Juan de Fuca-Malahat and later that year was appointed Parliamentary Secretary for Accessibility. Now, nearly two years into his role, we caught up with Lajeunesse to reflect on his transition to public life as an MLA, his work to date, and what comes next.

You have a long history with Vancouver Island and the Juan de Fuca-Malahat region. Can you explain your connection to this area?

I've lived here my entire life. I was born in the 1960s and grew up in Jordan River. My family is all here and we've never really had the desire to go anywhere else… one of my colleagues once said, 'Everyone, no matter what part of the province you're from, all say we're from the most beautiful part of BC and we're all right because the entire province is beautiful.'

Can you tell us about your connection to SCI BC and the disability community?

I have experience from both sides of an SCI—of what it's like to live with a spinal cord injury, and what it's like to be close to someone who has one. Seven years prior to my injury, one of my brothers suffered a similar fate. He had a logging accident and broke his back. It was devastating for my family and myself. Because of that, I thought I knew a lot about what it was like to live with a spinal cord injury, until I sustained my own and realized I really didn't know anything.

There are so many aspects of living with an SCI that aren't necessarily things you like to openly share with people who don't have that similar lived experience. As Parliamentary Secretary for Accessibility, I know how critically important it is to listen to folks with various types of disabilities and really try to understand their perspective, what their disability means, and what their needs are.

Have you always been interested in public service? How did you become involved in politics?

I had always been interested in politics but I never considered it for myself. After my injury, I had to go back to school to retrain and worked at Camosun College in mechanical engineering for the better part of 30 years. I learned a lot during my time with students and one of the things that really stuck out to me was that there was a shortage of employment opportunities in more rural areas. Forestry, mining, and fisheries were the key industries in my area but with population growth, those industries are no longer sufficient to provide for all the folks who live here. Economic development and creating more opportunities for people in rural areas that historically depended on resource-based industries became a key goal of mine. This idea got me involved from the sidelines in municipal politics and eventually the mayor of Sooke talked me into running in a by-election in 2019. I came out on top and I fell in love with being in a position to help guide decision making. In the 2024 provincial election, people started pointing at me and saying that I needed to run as MLA for the region… I gave it some thought and said, why not? I'll give it a shot. I managed to win the last time I jumped in and since then it's been an amazing experience.

What was the transition like from councillor for a local municipality to your MLA role?

It's a very steep learning curve. I've had people say that it must be like drinking from a fire hose. And to that I would say, 'Well, that was the local government. This is more like drinking from a water cannon'. Having said that though, I love to learn. The continuous learning experience is really gratifying to look back on and to compare where I was when I first came in, to where I am now.

What was your main priority when entering this role and what were some of the other key things you hoped to accomplish?

I've always wanted to have more employment opportunities for people closer to where they live. So they can spend more time with family, less time on the roads, and have more time to participate in their own communities. With the current political and economic climate, I think there's a real opportunity right now to diversify our economy and take a hard look at what people do for employment in our country. The federal government is investing in our defence and we have the Esquimalt Naval Base, so there's a lot of opportunities surrounding that. We also live on an island and there's a lot of potential to support the marine industry… There's never been a better time to look at diversifying our local economy here on both sides of the region.

What does a typical day as an MLA look like? Is there such a thing as a typical day?

It varies greatly. I have two constituency offices and while both of my regions have similar challenges, they also have their own unique situations. So, listening to people and learning what their challenges are and learning how to best address them is really gratifying. When the Legislature is in session there's so much going on and the days are quite full. We typically sit Monday through Thursday and then we have the weekend to get back to our communities. I enjoy working with my colleagues towards solutions across British Columbia and thinking about how we can develop best practices and learn how to best serve our constituents.

As someone living with an SCI, has there been any unique challenges or surprises that you've had to adjust or adapt to in this role?

There are challenges sometimes with late nights and early mornings, but I just do what I have to do to accommodate my schedule. We do have the opportunity to participate remotely if we need to and that's great if we're required to be somewhere in our constituency or in another area. We can vote remotely as well, which came into effect during COVID when we didn't really have a choice. So technology has developed a lot and that makes life easier for everyone.

How do you approach balancing your local regional and constituents needs and wants with the broader provincial perspective?

We have a rural caucus, which includes parts of the Interior as well as parts of the Island. My riding fits in between that because I'm considered part of the South Island and that gives me a unique perspective on things. From my time in local government and attending conferences with colleagues from around the province I know there are other rural areas facing similar challenges to ours—where the traditional lifeblood of communities has been resource-based and now we're having to diversify.

Premier David Eby and newly elected MLA Dana Lajeunesse head into the legislative assembly for the oath ceremony in 2024. Photo credit: Chad Hipolito, The Canadian Press

Could you speak more specifically about your role as the Parliament Secretary for Accessibility and what that encompasses?

My role is to bridge government and the community. We have the Accessible BC Act now, which aims to identify, remove, and prevent barriers for people with disabilities. [The Act] was put in motion by my predecessors. One of them being Dan Coulter, who we tragically lost last year, but I so appreciate the work that he did. We also have the Provincial Accessibility Committee which is made up largely of people with a diverse range of disabilities. Listening and learning from them to guide our decision making to create a more inclusive province has been a large part of what I've been doing. There's been a learning curve there for me because I'm intimately familiar with what it's like to live with a spinal cord injury, but learning about other folks and their unique disabilities has been a real eye opener for me. So much work has been done already but there's a long way to go.

Based on the feedback you've received, what are some of the most pressing accessibility issues facing British Columbians right now? What are some common concerns?

A lot of the work that's happening right now is about making workplaces accessible to people with various different types of disabilities. We have the President's Group which consists of about 20 industry leaders from the public and private sectors helping make that happen. There are people at YVR who are doing wonderful things to make the passenger experience better. In June, I had the pleasure of meeting with folks in Kelowna from Helen's Acres which is a farm that works with people with disabilities to grow food and provide it to local food banks.

One of the things that we need to deal with is fear of the unknown. People have preconceived notions about what it might mean for someone with a disability—such as, can they do this work or can't they? I think it's important to get those stories out and talk about all the positive things that are happening and what people are doing. Even from my own experience, having spent the first 26 years of my life as an able-bodied young man I've done all sorts of things since my injury that have inspired others but I'm just doing what I need to do. We need to be open to giving people a chance and see what they can do, because we're all capable of contributing. People are very capable of adapting to their own unique situations.

The Accessible BC Act is currently undergoing a legislative review. Will you be contributing to that review process?

Yes, I presented findings to the caucus and to the cabinet committee on the review and we are working to implement the changes that have been proposed so far. Although much has been done, there's always more to do and we'll continue to do the work to get it right. I always go back to the concept of nothing about us without us… listening to people with lived experience and learning their needs is a vital component in the creation of positive change that's necessary to create a more inclusive society.

Looking back on your tenure as MLA so far, what are you most proud of achieving?

It's hard to pinpoint any one thing, but I guess just learning and connecting with people throughout the province. I love learning and listening to people and actually trying to put myself in their shoes to best understand where they're coming from and what their challenges are.

How can people learn more about accessibility in BC and provide their input?

There's an accessibility feedback tool we strongly encourage people to use to voice their concerns and provide feedback to us to make sure no one's left behind. Learn more: sci-bc.ca/bcgov-accessibility-feedback.

What advice would you give to others in the disability community who are thinking about getting involved in politics or public office?

Jump in. I've always been of the opinion that it's hard to take an interest in something that you know nothing about, and the only way to learn about something is to jump in and try it… Public service is a great opportunity to connect with people in your communities and learn about all the amazing things that people are doing. I'm so glad that I find myself here. It's been such a gratifying experience that I wouldn't trade it for anything. ■

Back in Touch

Researchers have used a "double neural bypass" to help restore hand movement and sensation in a person with SCI.

"There was a time that I didn't know if I was even going to live, or if I wanted to, frankly. And now, I can feel the touch of someone holding my hand. It's overwhelming."

These are the words of Keith Thomas in a press release from the Feinstein Institutes for Medical Research in New York. After a diving accident in 2020 left him with a complete C4/C5 SCI, Thomas had been unable to move or feel from the chest down—until he underwent an experimental procedure to build a two-way brain-body "bridge" around the damaged area of his spinal cord.

Thomas is the first—and so far, only—person to undergo what researchers call a double neural bypass. The results, published earlier this year in *Nature Medicine*, suggest the system can do something particularly ambitious: restore both movement and sensation after SCI.

"When Keith first enrolled in the study, he couldn't lift his arms off the wheelchair. He couldn't lift his arms up to his face, and he'd have to ask for help to wipe his mouth. So, we really wanted to see, from his perspective, can we strengthen his arms? Can we help him use his hands? Can we allow him to self-feed?" explains Dr. Chad Bouton, the Vice President of Advanced Engineering and Director of the Neural Bypass and Brain-Computer Interface Laboratory in The Feinstein Institutes for Medical Research at Northwell Health in New York.

Keith Thomas can now feel touch due to a "double neural bypass." Photo credit: Feinstein Institutes for Medical Research

Bouton had been thinking about this problem for years. During his time as a research leader at Battelle, the world's largest nonprofit research and development organization, he developed a "single neural bypass"—a brain-computer interface that that acts like a bridge to carry signals from the brain around the injured spinal cord directly to muscles. The technology demonstrated that brain signals could be used to control movement in a paralyzed hand, but Bouton quickly realized that movement was only half the equation.

"Our participant was thankful to move his hand again, but he couldn't feel anything," says Bouton. "So, when I came to New York, I started to think about restoring movement and sensation together—and if possible, in a lasting way."

That's the idea behind the double neural bypass—a brain-computer interface that creates a two-way connection between the brain and body.

"A lot of people think it's called a double neural bypass because it's restoring movement and sensation, but it's actually because it's like a two-way 'highway' or 'bridge,' with an extra 'lane' which includes spinal cord stimulation," says Bouton.

Dr. Chad Bouton

This two-way bridge allows movement intentions to travel out from the brain to muscles and the spinal cord, while sensory information from the hand travels back into the brain. This is important because most brain-computer interfaces developed for paralysis have largely focused on restoring movement—for example, using a person's thoughts to control a robotic arm or stimulate their own muscles—without necessarily restoring the ability to feel what they're touching.

Building the Bridge

Building that bridge started months before Thomas entered the operating room. Researchers used functional MRI scans to map his brain and identify the areas involved in moving his arms and sensing touch in his hands. Surgeons then implanted five small electrodes in his brain: two in regions associated with arm movement and three in areas involved in hand sensation. The 15-hour surgery required Thomas to be awake for part of the procedure, allowing him to provide real-time feedback about what he could feel.

After surgery, the brain implants were connected to a computer that uses artificial intelligence (AI) to interpret Thomas's brain signals. When he thinks about making a movement—

Dr. Chad Bouton's lab

such as squeezing his hand—the implants detect the corresponding brain activity and send it to the computer. The AI decodes those signals and translates them into commands for stimulation of the muscles in his forearm, prompting his hand to move.

The sensory side of the system works in the opposite direction. Small sensors positioned on Thomas' fingertips and palm detect touch and pressure and send that information back through the system to the electrodes implanted in the part of his brain responsible for sensation. In this way, the technology creates an electronic feedback loop: Thomas thinks about moving, the system helps his body move, and information about what his hand is touching travels back to his brain.

But learning to use the system was itself an important part of the experiment. Thomas underwent extensive training and repeated calibration as researchers worked to fine-tune the connection between his brain signals, movement and sensory feedback. The team repeatedly paired his intention to move with muscle stimulation and information about what his hand was feeling. The goal was not only to help Thomas perform movements in the moment, but to encourage the nervous system to strengthen its existing pathways through repeated activity.

Making the Connection

The training translated into immediate, practical gains. Using his brain signals, Thomas could intentionally open and close his hand and perform different types of grasps in real time. He was also able to experience tactile sensations in his fingertips and around his wrist and the base of his hand, giving him a sense of touch in areas that he previously couldn't feel.

"When we combined spinal cord stimulation with brain stimulation—a process that we called cortical mirroring—we started to see this tenfold improvement in sensation," says Bouton. "And this was remarkable because we had done many months of spinal cord stimulation alone and it wasn't enough."

The results suggest that brain and spinal cord stimulation may have a greater effect on sensation when used together. Rather than simply replacing the signals that can no longer travel through the injured spinal cord, the double neural bypass reinforces communication between the two ends of the damaged pathway.

But the most significant finding came when the researchers turned the technology off, and Thomas held on to the movement and sensory gains he'd made.

"Within weeks of the surgery, Thomas was starting to move with the use of the double neural bypass. After about two months of spinal cord stimulation, he doubled his upper arm strength, and he could reach all the way up to his face. He also regained sensation in his wrist area, and all of these gains have persisted for more than two years. We've turned off the system for a few months at a time, and he still has these gains," says Bouton.

Those lasting improvements suggest the technology may be doing more than providing an assistive workaround. By repeatedly pairing movement, stimulation, and sensory feedback, the double neural bypass may also be helping the nervous system build and strengthen new neural connections—providing immediate assistance while supporting longer-term recovery.

Beyond the Bypass

That said, the approach remains highly experimental. To date, Thomas is the only person to undergo the procedure, which requires invasive brain surgery, extensive training, and a complex combination of implanted electrodes, stimulation systems, and computer technology. While the initial findings are promising, larger studies will be needed to determine whether it is safe, effective, and practical for broader use.

But the researchers aren't stopping with the implanted version. What they learned from Thomas has also

led to a second, much less invasive approach—one that could bring some of the movement benefits of the neural bypass to people without requiring brain surgery.

"Keith [Thomas] went through surgery to put the chips in the brain, and what we found out is that those signals tell you a lot about when someone wants to move their hand," says Bouton. "So, we correlated [basic arm and hand movements] with the brain activity, and we realized that could predict approximately 90% of what the brain signals were telling us in many cases. For example, 'I want to reach out and pick up this cup and take a drink' or 'pick up the granola bar and take a bite'. So, we had a kind of a eureka moment where we thought we could create a non-invasive version of the system [based on this data]."

The result is NeuStim, a wearable device developed by Neuvotion, a company founded by Bouton. Worn on the hand and forearm, the device uses AI to recognize the beginnings of an intended movement and deliver targeted electrical stimulation to the muscles needed to complete it. A clinician can tailor the stimulation to an individual's movement patterns, so the device can support movements such as opening or closing the hand.

"Think of it as an oversized Apple watch with all the computational power, microprocessors, and AI on board," says Bouton. "It's fully wearable. Someone just has to initiate movement, and before they even get there, [the device] starts to stimulate the muscles to help them complete the movement."

Unlike the double neural bypass, NeuStim does not require an implant or surgery. The device has received FDA clearance in the US and is expected to enter clinical settings there soon, with an international rollout possible as early as next year, pending regulatory approval. The initial version is intended for use with clinicians, while Bouton says the company hopes to develop a version that people can eventually use at home.

The researchers are also exploring what happens when the neural bypass connects two people, rather than one person's brain to their own body. For example, in one experiment, Thomas used his brain implants to control movement in the hand of another participant, Kathy, while sensory information from her hand was fed back to his brain.

"Thomas would use his brain implant to move Kathy's hand, and when she touched something, he could feel it," says Bouton.

The experiment also appeared to have a rehabilitative effect for Kathy. After 10 weeks of treatment, she had regained enough strength to perform everyday tasks she had been unable to do since her injury, including picking up objects, turning doorknobs, and opening the fridge. For Bouton, the experiment points to a future where these technologies could do more than bypass an injured spinal cord—they could create entirely new pathways for rehabilitation.

But for all the high-tech complexities behind the scenes, Bouton says some of the most meaningful moments have been the simplest.

"I still remember when Keith held his sister's hand for the first time three years after his injury, and he could actually feel her hand and he squeezed it."

That moment captures what can get lost amid the brain implants, AI algorithms, and electrical stimulation: the goal isn't simply to make a hand move or restore a signal. It's to help people with SCI reconnect with the people and everyday experiences that matter to them. ■

NeuStim worn on the arm to enable a participant to drink from a can of soda

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Making a Difference in the Journey of Life

A Faster Way to Go

A new study suggests that adding 30 minutes of electrical stimulation before your bowel routine could make it faster and more efficient.

Anyone with SCI knows that bowel care can be a lot of work. It can take up a significant chunk of the day, shape when you can work or make plans, and come with the ever-present worry of constipation, incontinence, or autonomic dysreflexia.

Research backs that up. In the Winter 2024 edition of *The Spin*, we covered Simon Fraser University and ICORD researcher Dr. Victoria Claydon's review of the evidence on SCI and bowel dysfunction. The evidence showed that about three-quarters of people with SCI considered bowel care a major problem, and more than half reported a moderate to severe impact on quality of life. So why isn't more research focused on making bowel care easier?

Dr. Ines Bersch-Porada has been asking these types of questions for a long time. A physiotherapist, researcher, and Head of the International FES (Functional Electrical Stimulation) Centre® at the Swiss Paraplegic Centre, Ines has worked in SCI rehabilitation for 35 years. She began using functional electrical stimulation—a technique that uses electrical impulses to activate muscles via nerve—in 1992. She quickly noticed something unexpected: when electrical stimulation was used to improve trunk stability, it also seemed to help with bowel management.

"When I first started working with functional electrical stimulation in 1992, we noticed quite early on that when we used it to treat trunk stability, users would report positive side effects on their bowel management," she says.

The observation stuck with her. At the time, however, bowel function wasn't the focus of the treatment—and the technology and scientific understanding weren't yet advanced enough to investigate the effect properly.

"It was not my primary goal," Ines says. "But it was always in my mind. We could see in the clinic that electrical stimulation has an effect on the bowel, but we didn't know how."

Over the next three decades, electrical stimulation technology became more programmable, while researchers learned more about how the nervous system regulates functions such as digestion and bowel control. Ines eventually decided it was time to take that clinical observation into the research lab.

The result was a pilot study that tested whether stimulating the abdominal muscles could make bowel care more efficient for people with chronic SCI.

A Stimulating Addition

The idea is relatively straightforward. After SCI, people may have difficulty generating the abdominal pressure needed to help empty the bowel. Using electrodes placed on the skin to deliver electrical impulses to the abdominal muscles, the resulting muscle contractions can increase pressure inside the abdomen and stimulate movement through the bowel.

Importantly, this isn't a futuristic device or an implanted system. The study used a commercially available, programmable electrical stimulator—the same general type of equipment already used in rehabilitation for things like muscle strengthening and motor learning.

The researchers simply programmed it specifically for bowel care.

For the study, 20 people with chronic SCI used electrical stimulation at home for 16 weeks. Rather than changing their existing bowel routine, participants added a 30-minute stimulation session beforehand.

"We asked all participants to stimulate for half an hour before their planned bowel management," Ines says. "This meant that, depending on their personal bowel routine, they didn't necessarily have to stimulate every single day."

Top: Swiss Paraplegic Centre. Right: Dr. Ines Bersch-Porada

That meant the treatment could fit around their usual schedules. Someone who normally did bowel care twice a week stimulated twice a week, while someone who did it every day stimulated every day.

Participants didn't have to travel to a clinic for each treatment, either. "They or their caregivers were taught how to use the equipment, and we held regular online or telephone appointments to check if everything was running smoothly and to answer any questions," says Ines.

That practical, at-home approach was important to the research team. "I don't want to set up a treatment that isn't accessible because you have to come into the clinic to do it," she adds. "Right from the beginning, we wanted this to be something that could be done at home."

Participants did, however, make five clinic visits over the 16-week study so researchers could assess their bowel and bladder function and track the effects of the stimulation.

Speeding Up the Process

The results were encouraging. After 16 weeks, participants spent an average of eight minutes less on defecation. Their bowel transit time—the amount of time it takes food to move through the digestive system—also decreased, by an average of about 32.5 hours.

That second finding surprised Ines. "I was very surprised about the transit time," she says. "In some cases, it was drastically shortened—going from nearly 100 hours down to almost 60 hours."

For comparison, she notes that normal bowel transit is generally much faster, at around 28 to 32 hours. The participants weren't back to that range, but the change was still substantial.

Participants also reported being more satisfied with their bowel management after the intervention. Many noticed less bloating and felt more secure about the possibility of incontinence.

"We had one patient with a lower-level lesion who completely stopped experiencing incontinence during the stimulation period," Ines says.

The researchers also found that the treatment was well tolerated. No serious adverse events were reported, and participants generally found the system convenient to use.

But there was an important catch: the improvements didn't stick around when the stimulation stopped.

After the treatment period, participants went through a follow-up period without stimulation. Defecation time returned to roughly where it had been before treatment. In other words, the stimulation appears to work as a tool for managing bowel function, rather than producing a permanent change.

For Ines, that's not necessarily a disappointment. "If we think about medication: you take medication, you have an effect—and if you stop the medication, you don't have an effect anymore," she says. "So why should we expect that this is something different?"

The fact that the improvements reversed after stimulation stopped also strengthens the researchers' confidence that the treatment itself was responsible for the changes.

From Pilot to Practice

Although this was a pilot study, the approach is already surprisingly close to real-world use. The equipment is commercially available, the treatment is non-invasive, and the participants in the study were able to use it at home.

As with many medical devices, however, cost remains an important barrier to access.

Bersch-Porada says the type of programmable stimulator required for the treatment costs roughly 1,000 Swiss francs (about $1,700 CAD), compared with around 100 Swiss francs (about $170 CAD) for simpler devices that are covered by insurance. The less expensive devices generally can't be programmed with the specific stimulation pattern needed for bowel care.

"I don't think training or equipment are significant issues that would negatively impact everyday implementation," Ines explains. "The main barrier is the cost of the stimulation device and the electrodes.

For people in Canada who are interested in trying this approach, Ines recommends speaking with a healthcare professional who understands electrical stimulation and can ensure the device is programmed appropriately.

That's particularly important for people who experience autonomic dys-

reflexia (AD). Because the stimulation causes the abdominal muscles to contract, it could potentially trigger an AD episode in someone with an existing bladder or bowel trigger.

In other words, while the technology itself is relatively simple, using it safely and effectively isn't necessarily as simple as buying a stimulator and turning it on.

The Road Ahead

The pilot study was designed to answer a basic question: does electrical stimulation help with bowel management, and is it practical for people with SCI to use?

So far, the answer appears to be yes. But with just 20 participants, there is still a lot to learn about who benefits, how the treatment should be optimized and whether it belongs in standard bowel care.

That's where Ines' next project comes in. Her team received a grant worth 1.2 million Swiss francs—about $2.1 million CAD—to launch a larger international study involving research sites in Switzerland, Norway, and Canada.

"We learned a lot from the pilot study and planned the next one accordingly," says Ines.

Rather than simply testing whether stimulation works, researchers will compare different types of stimulation—sensory and motor—to better understand which approach works best, and for whom. They're also planning to look at the gut microbiome—a community of microorganisms living in the digestive tract. Because it can take longer for stool to move through the bowel after SCI, changes in bowel function may also affect the health of this microbial community.

"This will give us insights into intestinal health and whether we can improve it," she says.

The Canadian arm of the study will be led by Dr. Chester Ho, a professor at the University of Alberta and Medical Director at Glenrose Rehabilitation Hospital. The team hopes to begin recruiting participants as early as January 2027, pending the necessary approvals.

For Ines, this is the kind of research that should be prioritized.

"The research my team and I conduct follows the philosophy that we want to sustainably improve care," she says. "This means we focus on current, everyday problems that most severely impact a person's quality of life and try to address them with innovative treatment methods."

After decades of seeing the potential of electrical stimulation in the clinic, Ines believes the approach is ready to move closer to everyday care. What's still needed is the evidence—and the healthcare system—to make it a routine option.

"The real question is when we will manage to firmly establish it as a standardized treatment method within the healthcare system so that the costs for the stimulators and the therapy itself are covered," she says. "Unfortunately, I don't have an answer for that yet." ■

Your Two Cents

What SCI BC peers shared during this year's Feedback February and how we're putting your ideas into action to strengthen peer support.

As an organization that has served BC's spinal cord injury (SCI) community for nearly 70 years, we know that our members are our best teachers. Your lived experience helps shape everything we do.

At SCI BC, we envision a world where all British Columbians with SCI and related physical disabilities have the support and knowledge they need to live well and be active participants in their communities.

Dr. Rob Shaw

Our community is incredibly diverse. Some members are newly injured and navigating rehab. Others have lived with a disability their whole life or are adapting to new challenges as they age. Some live in Metro Vancouver with access to a large network of services, while others live in rural communities where resources can be harder to find. Some are looking for adventure, others for information, friendship, or simply a safe space to talk with someone who understands. No two journeys are the same.

That's why SCI BC offers a wide range of peer support services. Whether you connect through monthly peer meetups, health coaching, events in the community, adaptive recreation activities, peer mentorship, or our growing online community, we want our Peer Program to be for everyone. In the past year alone, we had 9,704 direct service contacts with peers, including 329 in-person peer meetups and events and 387 online peer meetups and activities.

As we look to the future, we want our programs to be guided by more than just attendance numbers. We want to understand what matters most to you. That's what inspired our first Feedback February in 2019, and why we resurrected it as an annual event this past winter, when we invited SCI BC peers to share their experiences through focus groups and a province-wide survey.

Feedback Focus Groups

A series of eight focus groups were facilitated by Dr. Rob Shaw, who is SCI BC's Provincial Peer Coordinator Program Manager and SCI Canada's National Peer Support Program Lead. He is also a recently retired wheelchair tennis star and former Postdoctoral Fellow with UBC Okanagan's Dr. Kathleen Martin Ginis and McGill University's Dr. Shane Sweet.

To ensure we heard from a wide range of voices, Shaw hosted online focus groups for SCI BC peers in each of BC's Health Authorities (Interior, Island, Fraser, Northern, and Vancouver Coastal), as well as groups specifically for ambulatory peers and peers under 30 years old. Participants received an honorarium in recognition of the two hours they spent sharing experiences, discussing challenges, and brainstorming ideas for the future of SCI BC's Peer Program.

In total, 41 members participated, including 17 men and 24 women, with an average age of 41 years old. Their feedback revealed six key themes that will help guide the future of peer support programming at SCI BC. Here's what we heard and, more importantly, what we're doing about it.

Theme 1: Transitioning from "Sit-and-Talk" to "Something-to-Do Together"

Members told us they prefer activity-based events, experiential outings, and low-pressure environments where conversation happens naturally. One member shared, "At the pottery making event, you're all around a table, all commiserating and smashing and smushing the pottery stuff but you're also talking at the same time and looking around at what others are doing you know… So yeah, having fun while you're doing something."

While peer meetups and coffee groups remain a valued part of SCI BC's Peer Program, we're continuing to expand opportunities with experience-based events that encourage members to get out into the community, try something new, and connect with others in fun and meaningful ways.

To find out what's happening in your area, visit our events calendar (sci-bc.ca/events) or contact your local Peer Coordinator. In the past couple of years, we've introduced new activities, such as pickleball, art nights, and archery, while planning more activities people tell us they enjoy, such as camping,

live music, adaptive mountain biking, and fishing. We're always open to your ideas, so please reach out if there are events or activities you'd like to see added to the events calendar!

Theme 2: Reduce Timing and Location Barriers

Members reminded us that accessibility is an ongoing process and that not all events are equally easy to access. "I've heard feedback from other people in chairs that the parking wasn't the best and that there are a lot of hills getting up and down to the event. So, like I heard that wasn't the most ideal location," one member shared.

Another member said, "Whenever I want to participate it's always in the middle of the day when I can't attend. So, it's the timing and I think to myself why do they organize these events when we are at work."

Those who work, attend school, care for children, or juggle other responsibilities may be excluded from daytime-weekday events and miss chances to participate. In response, we've encouraged our Peer Coordinators to offer more evening events, with recent offerings including pub nights, paint nights, game nights, theatre outings, and pickleball.

We're also committed to holding events in welcoming and accessible spaces. That's why we continue to conduct site visits for new venues, helping us identify and address accessibility considerations before events so members can participate with confidence.

Theme 3: Build Systems for Connection Between Events

In addition, members told us they would like more ways to stay in touch between events. As one member explained, "I have Discord channels, I have Signal Channels, I have WhatsApp, I'm kind of like, I use all the apps. But like SCI BC doesn't really have a location where you can just chat with people (outside of events)."

This feedback was especially important for members who face barriers to attending in-person events because of location, transportation, work schedules, or health needs. While our current virtual offerings are limited, we're actively exploring new ways to strengthen our online presence and create meaningful online spaces where members can connect and support one another.

Theme 4: Improve Event Communication and Reminders

In a world full of notifications and competing demands for attention, keeping track of events isn't always easy. One member told us, "What I struggle with is because there is a lot of events, sometimes I forget what events are happening." Another shared, "I get overwhelmed sometimes when I get the same email from SCI BC about a certain service that isn't happening in my area so maybe we have to narrow emails down more to like where we live if possible."

We never want you to miss a chance to partake. We've added an "Add to Calendar" feature to our event calendar, so you can add an event to your Outlook, Apple, or Google calendar with just a few clicks.

In the last issue of *The Spin* (A New Way to Get the Message, *The Spin* Summer 2026), we shared that we are introducing text updates. This new service will send reminders about upcoming peer events in your region, as well as important updates such as schedule changes, location details, and unexpected cancellations.

Theme 5: Minimize Dependence on Peer Coordinators

Members also highlighted the important role Peer Coordinators play in creating safe, welcoming, inclusive, and meaningful experiences. Nearly three-quarters of SCI BC's staff and volunteer peer mentors live with SCI or another disability, which means they often face the same health and accessibility challenges as our members.

"I think it's hard for the staff themselves because there's not enough volunteers. They do their best, but it's always all on their shoulders," said one member, echoing concerns about what happens when Peer Coordinators step back or move on.

Another member added, "These coordinators are as busy as can be. And right now, there's a lot of communication by email from all over the region, and I was talking to one of them the other day and if they go away for a day, they come back to 100 emails. I've gotten emails from one coordinator at three in the morning until they figured out that they can set the time to send them at eight. The point being is it'd be nice if these coordinators could get some help."

In the focus groups, many members expressed a desire for groups or clubs led by SCI BC members or volunteer peer mentors, and we agree! We're always looking for peers who want to help organize and deliver events in their local communities, whether you have experience planning events or simply want to help bring people together. If you, or someone you know, is interested in helping expand peer support in your area, we'd love to hear from you.

Theme 6: Create Opportunities for Member Sub-Groups with Unique Needs

Our community is made up of people with a wide range of functional abilities, ages, backgrounds, identities, and lived experiences. Some ambulatory members (who can walk some or all of time, with or without mobility aids) reported feeling like outsiders:

"Sometimes I will admit that if I go to a general SCI BC peer event, I will go in my chair just so I feel like less of an outsider. But when I go to the incomplete [SCI] events, I feel like I can stand up and walk and people

aren't going to make the assumption that just because I look pretty regular when I walk that I'm not exhausted or sore or like all of the things that come with that."

Members told us that a sense of belonging grows when they are understood not only in their experience of SCI, but also in their other identities and circumstances. We will continue to explore ways to expand our programming for ambulatory members beyond our current online Ambulatory SCI Group. And know that you're always welcome at SCI BC events, regardless of how much support you need or don't need on any given day.

Younger members also spoke about the importance of connecting with peers in a similar stage of life, with one member stating, "Basically until right now, I have never met somebody who was under the age of 30 who also had a spinal cord injury. So, this is kind of like an amazing moment for me because it was always kind of like people in their 50s or 40s."

This summer, we added a second Whistler Adaptive Adrenaline Weekend for peers under 30, which was a great success. We're using the momentum of this event to launch an evening online peer meetup for young adult peers. As our membership continues to grow and evolve, we remain committed to creating opportunities that reflect the diverse needs of our community.

Feedback Survey

The focus groups helped us understand members' experiences and identify areas for improvement. To complement those conversations, we also surveyed members to measure the impact of our services and track peer support outcomes over time.

Last year (Measuring the Magic of Peer Support, *The Spin* Summer 2025), we introduced the SCI Peer Support Community-University Partnership, a group of researchers, the provincial SCI organizations that make up the SCI Canada network (including SCI BC), and Ability New Brunswick that aim to better understand, promote, and optimize SCI peer support programs and services. Over the past five years, the Partnership worked with Dr. Shane Sweet's team at McGill University to develop the SCI Peer Support Evaluation Tool, which measures 20 outcomes identified as most important in SCI peer support (mcgill.ca/scipm).

The feedback survey, which included the SCI Peer Support Evaluation Tool, received responses from 188 SCI BC members. Respondents represented a broad range of ages, locations, in-

SCI Peer Support Evaluation Toolkit Outcome Definitions

Outcomes	Definitions
Understanding	Sharing with someone who "hears me" and "gets what I am saying"
(Reduced) Isolation	Feeling (less) lonely
Normalization	Having the knowledge that others have had similar experiences
Community Engagement	Integration and participation in the community
SCI Knowledge	Having new information and an understanding of living with spinal cord injury
Rehab Transition Skills	Learning tips and tricks for transitioning out of rehab (e.g., finding/adapting housing, finding/adapting, transportation, etc.)
Health Skills	Learning tips and tricks for maintaining your health (e.g., managing muscle spasms, skin care, etc.)
Self-care Skills	Learning tips and tricks for self-care (e.g., dressing/undressing, bowel/bladder care, personal grooming, etc.)
Independence	One's self-sufficiency
Belief in Oneself	One's belief in their capacity to achieve things in the future
Confidence	Feeling self-assured about one's own qualities/capabilities
Dignity	A sense of worth in oneself
Resilience	The capacity to recover from difficult situations
Coping	Having strategies to minimize or tolerate stress
Positive Attitude	A positive way of thinking or feeling about life
Perseverance	One's ability to do something despite facing difficulties
Hope	One's expectations that good things will happen
Positive Mental Health	Having positive feelings about one's psychological state
Happiness	Feeling pleasure and contentment with life
Quality of Life/Well-being	One's standard of health, comfort, happiness, and overall wellness

jury types, and mobility levels, with the majority having traumatic SCI, incomplete injuries, and using a manual or power wheelchair as their primary mode of mobility.

On average, those that responded to the survey had been involved with SCI BC for an average of 11.5 years.

In-person group-based peer support sessions (25.8%) and community events and drop-ins (24.7%) were the most common peer support activities they participated in, followed by online peer support (16.5%), recreational peer group activities (16.1%), in-person one-on-one peer mentoring (7.8%), and peer health coaching (4.9%). 11.3% of respondents participated in hospital, rehab, or other inpatient settings, with the remainder participating in community or outpatient settings.

Overall, four out of five respondents reported being "very satisfied" or "satisfied" with SCI BC's Peer Support Program. Of the 20 outcomes measured, reduced isolation, quality of life, and feeling understood received the highest ratings. An incredible 92% of respondents reported feeling "less alone" or "a lot less alone" after participating in SCI BC's Peer Program. 77% said their quality of life was "somewhat better" or "better".

Peer support also strengthened community connections, with 53% reporting increased engagement in community programs, events, and activities.

The survey also pointed to opportunities for growth. Health skills, rehab transition skills, and self-care skills received the lowest ratings, highlighting areas where additional programs and support could make a difference.

Looking Ahead

The focus groups and survey reinforced the powerful impact of peer support. Members shared thoughtful ideas about how we can strengthen these connections even further. As we look ahead, our focus is not simply on offering more programs, but on ensuring we provide the right programs, in the right places, at the right times, and in ways that help peers feel supported and included.

Feedback February was about much more than collecting data; it was about listening. The insights shared by our members will help us strengthen programs, address gaps, and measure the outcomes that matter most to our community. The survey findings will also contribute to a growing body of evidence from Canadian SCI organizations demonstrating the value of peer support and help support future advocacy, funding, and program development.

More importantly, this feedback reminds us that the future of SCI BC's Peer Program should be shaped by the people who use it. We are grateful to everyone who took the time to participate and share their voice. We'll continue using the SCI Peer Support Evaluation Tool as part of our annual feedback process, and we look forward to hearing from you again next February. ■

Feedback Focus Group Results

8 Focus groups
41 participants

41 Years Old (average age)

1. Preference for activity-based events
2. More flexible event times & locations
3. Ways to stay connected after events
4. Stronger event communications & reminders
5. Creation of member-led groups
6. Additional groups with unique needs

Feedback Survey Results

188 Respondents

18-82 Years Old

"Connecting with others who truly understand has made a real difference in my life. I feel stronger, more informed, and more hopeful."

Community Engagement
53% are more actively engaged in community events

Quality of Life
77% see positive changes in their overall quality of life

Health Skills
88% learn new tips to maintain their health

Reduced Isolation
92% feel less alone

Normalization
76% feel reaassured others experience similar SCI difficulties

Mental Health
88% experience an improvement in their mental health

Confidence
63% have more confidence to reach their goals

SCI Knowledge
94% learn new info about living with SCI

A Summer to Remember

Under 30 Whistler Adaptive Adrenaline Weekend

Photo credit: Oisin McHugh

All Ages Whistler Adaptive Adrenaline Weekend

Head over to **sci-bc.ca/events** or scan the QR code for more SCI BC events.

Kelowna Summer BBQ

Kayaking in Victoria

Charity Challenge 2026

We are so grateful to everyone who was a part of team SCI BC for this year's Charity Challenge—we raised nearly $95,000 thanks to our supporters!

Purden Lake Fishing Day

Walker the Talker:

How TikTok Gave One Teen a Voice for Change

@walkerakatalker

For 16-year-old Walker Vis, TikTok is about more than just scrolling. It's a way to encourage accessibility, build confidence, and learn how to make a difference in his community.

Walker Vis is a typical teenager. He likes hanging out with friends, sitting around the campfire in the summer, going to hockey games in the winter, watching movies, and posting videos on TikTok. Unlike most teenagers however, his TikTok content focuses on "making our world more accessible" and highlights the daily challenges of living in a small town with a disability. Walker was born with a form of muscular dystrophy (MD), a group of genetic diseases that cause progressive weakness and degeneration of skeletal muscles. For the past 16 years, he has navigated the progression of his MD with primary support from his mom and stepdad at their home in Telkwa, BC.

"We never wanted to focus too much on what might happen. Our way of thinking was to not get stuck on what might be, or what's going to happen. We've always tried to focus on what we can do right now," explains Marlys Lundberg, Walker's mom. "We just kept adapting and making changes as we went until we were like, 'Whoa, now our life looks very different'." One of the first major shifts in Walker's life came in Grade 7, when he transitioned out of private school and into a homeschool program. A lack of classroom support as he entered into high school, combined with a busy schedule of medical appointments, meant attending school in person was no longer practical. A year later, Walker began using a wheelchair full-time, marking another significant change in his life. Together, these two milestones resulted in perhaps the biggest change yet: posting videos on TikTok.

"He used to go into stores and start complaining that he couldn't get down an aisle or that it was busy or that the sidewalks are rough and he would feel uncomfortable. It was really starting to upset him," Marlys recalls. "Then me and my husband, Tom, along with Walker's education team suggested that we turn it into a project. These are daily struggles for him, so how can we address them?" With help from Connor Coukell, a Supported Child and Youth Consultant at the Northwest

Walker and his friends on dirt bikes

Child Development Centre (NWCDC) in Smithers, Walker came up with the idea to create videos about places he visited in town, viewed through an accessibility lens. The project was incorporated into his Individual Education Plan (IEP) in September 2025 with the goals of learning more about video production and strengthening Walker's writing skills, while also fostering community inclusion and building self-confidence. After experiencing so much change in a short period of time, the project gave Walker a creative outlet to express some of the frustrations he felt as a new wheelchair user.

"During our first session, we made a test video [of the NWCDC] that wouldn't be published just to see how the process felt and decide if it was actually something Walker would be interested in continuing," Coukell says. When the duo met up again, they went to the local Dairy Queen and shot a video that Walker later shared on TikTok under the handle @walkerakatalker. In the video, Walker introduces himself as Walker the Talker and delivers his catchphrase: "We're back with making the world more accessible." He travels from the designated accessible parking stall through the front entrance of the restaurant, sharing one positive thing about his experience (a large parking spot) and one negative (no automatic door opener button) to the camera. This format was chosen deliberately because it ensures Walker always tries to find something that's working well, while not shying away from what isn't. To date, the video has garnered over 43,000 views and 205 comments. His account now has more than 2,400 followers, with 41 videos featuring locations in and around Smithers and Telkwa.

"Since he started doing his TikTok videos, he's had quite a few people reach out to him and there's a lot of people in town who want to talk to him," Marlys says. The response has been mostly positive. People approach Walker at community events to commend his work raising awareness or to share their own personal experiences. Local businesses, such as the Smithers movie theatre, have reached out to ask Walker to provide feedback on how they can improve accessibility. A couple of years ago, Walker was approached by local advocates and the NWCDC to participate in the planning process for a new design at Tyhee Lake, 15 kilometres southeast of Smithers. "They've done a lot of work there making it more accessible and more functional for everyone and he was a part of that process," Marlys says. "They continue to make changes at the park every year and it's really cool to see the changes happening."

Closer to home, the TikTok videos have also sparked conversations among family members and close friends about what it's like to live with a disability every day. "You don't actually see what goes on behind closed doors until you're faced with it," Marlys says. "A lot of people, even our family, have said to us, 'Oh, you're doing great. You know how to handle it and Walker's doing great.' But, they don't realize how much extra support [MD] requires. I joke that they should come spend a day at our house because it's not what you think it is." Sometimes, the realities of living with a disability mean the family has to decline invitations or change their plans. "We're been invited to places and we've had to say no because it won't work for Walker, which means it won't work for our family. We're not trying to guilt anybody or make them feel upset. It's just what it is—and many people don't understand this. The videos opened up a lot of people's eyes to our reality."

Not every reaction has been positive, however. Walker has received negative comments on his videos and has had to learn quickly how to deal with dismissive or hurtful responses. Some local businesses have expressed concerns about videos being filmed without their knowledge and shared online without consultation. Living and creating content in a small town also presents unique challenges. People sometimes feel like they know Walker, even when they don't, and his privacy is an ongoing concern. For Walker's family, who have lived near Smithers for three generations, balancing the love they have for the town with the challenges they face in accessing all that it has to offer, has been difficult. "It's tricky. It's such a nice place to live and the town really prides themselves on pulling people in, but it's really not accessible… I've heard from so many seniors that they don't leave the house or go to the drugstore because the sidewalks are terrible or there's no parking," Marlys and Walker say. "I'd like to

see [the town] have more direction and pin it down. I know they're ready to make changes, but it's hard."

As Walker's videos gained awareness in the local disability community, they came to the attention of Nancy Harris, Regional Development Liaison for Access BC, a program of SCI BC. Through Access BC, Nancy works closely with tourism associations and communities across BC to improve accessible outdoor recreation and tourism opportunities for everyone. Since 2007, Access BC has assessed and consulted on more than 1,000 outdoor spaces and trained multiple people living with disabilities to conduct assessments in the field. When Nancy saw Walker's TikTok videos, she also saw an opportunity to work together—bridging his enthusiasm with Access BC's assessment framework, universal design approach, and formalized training.

Nancy reached out to Walker and his family and was connected with his support worker, Coukell, who also serves as Chair of the Smithers Accessibility Advisory Committee. "Nancy and I have been able to coordinate a job for Walker, where she provides oversight to him in building his capacity to do accessibility assessments, and promote accessibility beyond his lived experience… and I support his work in person in Smithers for about two hours a week," Coukell says. Walker's employment is funded by the Neil Squire Society's Creative Employment Options program and the Bulkley Valley Collaborative Learning Society.

As part of his new role, Walker is currently putting together a series of videos related to Access BC and Tourism Prince George's latest initiative, Simple Solutions. This program aims to help small businesses identify and implement practical accessibility improvements for residents and visitors alike. Simple solutions could include anything from improved signage or lighting changes, to installing a grab bar in the washroom, or slowing down the closure time of automatic doors.

This summer, Tourism Prince George offered Simple Solutions consultations to downtown businesses, helping them expand accessibility through fast, tangible changes. These concepts are now being applied elsewhere in Northern BC and throughout the province. Walker's video series will promote Simple Solutions and will be guided by the principles of universal design. At the same time, he will continue to complete his Access BC training and hopefully carry out a trial assessment in the near future. "Walker is super jacked up about having a job," Marlys says. "Before he started posting videos we talked to other businesses in town about having him try things out for a day or two. Everyone was super accommodating, but in the long term it wasn't going to work. This is different. It really gives him an opportunity to use the skills he does have."

Walker and his family know firsthand that change is often unpredictable. Sometimes it happens all at once, as it did for Walker, especially in the past few years. Other times, like when you're trying to make the world more accessible, change takes longer to take hold. "With Walker's TikToks, accessibility is now in front of mind for so many more community members in Smithers and across Northern BC," Coukell says. Accessibility shouldn't necessarily be about retrofitting and adapting, it should mean considering and including all experiences from square one. TikTok has given Walker a way to share his own experience and raise awareness in ways that weren't possible before.

As his Access BC training advances and his work progresses, Walker hopes to post more videos and to continue to learn more about accessibility alongside his community. "Since he started posting, he's learned a lot. The language that he uses has evolved and his confidence level has improved. Both my husband and I are extremely really proud of him," Marlys says. Adding, "At the end of the day though, he's just a typical teenage boy that's out cruising around in his wheelchair with his friends." ■

Simple Solutions

Simple Solutions is an Access BC initiative developed in partnership with Tourism Prince George. First introduced to communities in June 2026 during National Accessibility Week, the program focuses on achievable and impactful ways businesses can become more welcoming, inclusive, and accessible to everyone. While many of these solutions are simple, their impact can be significant. With Simple Solutions, businesses should feel empowered, not burdened, to create change.

What is a Simple Solution? Some examples of simple solutions include:

- Improved signage
- Large print or braille menus
- Adding extra grab bars in washrooms
- A scent-free environment
- Introducing relaxed hours with lower sensory stimulation
- Creating an emergency plan that specifically includes planning for people with disabilities

Want to get involved or learn more? Contact Nancy Harris at nharris@sci-bc.ca.

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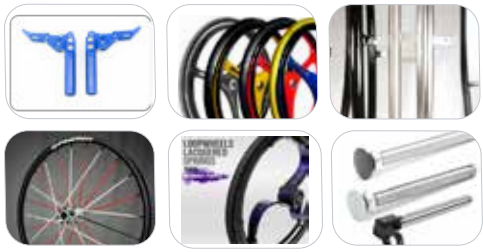

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When "Sit Less" Doesn't Sit Right

When sitting is part of everyday life, advice from headlines telling you to "sit less" isn't always so straightforward. New research is taking a closer look at what sedentary behaviour really means for people with SCI.

Imagine reading the news and hearing one of the things you do most often is harming your health. What if that thing was sitting? For years, public health campaigns have warned us about the risks of a sedentary lifestyle. But what if you're already navigating the world from a wheelchair? What if sitting isn't a habit for you to break, but a fundamental part of your daily life?

When it comes to physical activity and SCI, few people are better positioned to explore those questions than Dr. Kathleen Martin-Ginis. She is a Principal Investigator at the International Collaboration on Repair Discoveries (ICORD), as well as the Director of the Centre for Chronic Disease Prevention and Management and Professor in the School of Health and Exercise Sciences at the University of British Columbia Okanagan.

Martin-Ginis led the development of the *Physical Activity Guidelines for Adults with Spinal Cord Injury* (sciguidelines.ubc.ca). The guidelines recommend 20 minutes of moderate to vigorous aerobic activity twice a week, plus strength training for each major muscle group twice weekly to improve fitness. For additional health benefits, the guidelines recommend increasing aerobic activity to 30 minutes three times per week.

Public Health Messaging

In 2020, the World Health Organization (WHO) released updated physical activity guidelines that, for the first time, included recommendations to reduce sedentary behaviour. Martin-Ginis was encouraged to see adults living with disabilities included in the document, until she looked more closely at the evidence.

Together with Queen's University researcher Dr. Amy Latimer-Cheung and fellow ICORD researcher Dr. Christopher West, she published a commentary in the *Journal of Physical Activity and Health* scrutinizing how the guidelines were being applied to people with disabilities.

The studies WHO referenced included few, if any, participants with disabilities. Much of the available evidence focused on the health benefits of walking and other lower limb activities in people without disabilities. There was a lack of research looking at whether those effects also applied to walking with mobility aids or upper limb physical activities.

Martin-Ginis and her colleagues already had strong evidence showing that people with SCI could improve their health with significantly less physical activity than the WHO recommendation. In fact, trying to reach those targets could increase the risk of pressure injuries or overuse injuries.

Yet, after the WHO Guidelines were released, the message, 'Move more, sit less,' seemed to be everywhere. News stories, public health campaigns, researchers, and clinicians repeated the phrase. Another attention-grabbing slogan, 'Sitting is the new smoking' has appeared in the media over 300 times since 2012. But what does 'sit less' mean when much of your day is spent sitting? And how harmful is sitting, really?

Passive vs. Active Sitting

Think about how you feel spending an afternoon on the couch binge-watching television compared to cranking a handcycle down a trail. Not all sitting is created equal. That's why researchers distinguish between passive sitting and active sitting.

Sitting while your energy is low is called **passive sitting**, such as scrolling on your phone or watching television. This type of sitting falls under the category of **sedentary behaviour**, which The Sedentary Behaviour Research Network defines as waking activities performed while in a sitting, reclining, or lying posture that require very low energy expenditure.

In contrast, **active sitting** involves movement and effort. It can include playing sports or pushing your chair, as well as completing chores or transferring.

Not every form of active sitting requires a Paralympic effort.

Recent estimates suggest people with SCI passively sit for 11 to 13 hours every day. In the general population, estimates are closer to seven to nine hours daily. Over a year, that difference adds up to 1,460 additional hours, or about two months, of passive sitting.

Research in the general population has linked prolonged sedentary behaviour to higher risks of cardiovascular disease, type 2 diabetes, and other chronic health conditions. But we don't know yet if the risks are the same for people with SCI. For example, SCI can affect the autonomic nervous system, which controls functions like blood pressure, temperature, and sweating. People with SCI may not experience the same increase in blood pressure that able-bodied people experience when sitting passively for long periods.

Those differences matter. If sedentary behaviour affects people with SCI differently, public health messages about sitting may be telling only part of the story, or possibly the wrong story altogether.

Asking the Right Questions

For Dr. Nate Adams, the answer starts with listening to people with SCI. "Wheelchair basketball and people with spinal cord injury, physical disabilities, and parasport athletes have always been a part of [my] scientific journey," he says.

As an undergraduate student, Adams studied sweat responses in wheelchair basketball players. During his master's degree, he examined the effects of prolonged sedentary behaviour. When he joined Martin-Ginis' lab in 2022 as a PhD student, they quickly recognized an opportunity to bring those interests together and address a major gap in SCI research.

Just as importantly, Adams wanted people with SCI to be involved from the very beginning.

The project was guided by the Integrated Knowledge Translation (IKT) Guiding Principles, a framework developed by researchers, community organizations (including SCI BC), and peers to support meaningful partnerships and ensure SCI research is relevant and useable. "What that meant for us was as soon as we had the research question, we asked a person with spinal cord injury who's worked with us before and knew about our research to be involved," Adams says.

That person was SCI BC member Diane Rakiecki, who joined the project as a key contributor and co-author on the paper 'The meaning of sedentary behaviour for people with spinal cord injury: A reflexive thematic analysis', recently published in *Healthcare*.

To understand how people with SCI think about sedentary behaviour, Adams interviewed 12 people with SCI recruited through ICORD, SCI BC, and other community organizations. Some participants also spread the word through their personal networks.

As the team developed a five-page interview guide, Rakiecki's insights proved invaluable. "She said, you shouldn't necessarily ask if people have a job outright. Ask a more open question about what they do in their daily life, because that avoids some possible harm," Adams explains. "That's where involving a community member in the research process and design of the interview guide improved the study quality as well as the acceptability for when we actually interviewed people."

During the interviews, Adams explored what participants knew about sedentary behaviour, how it affected them physically and mentally, and what they thought about the way sedentary behaviour is portrayed in the media.

The team then used an approach called reflexive thematic analysis to identify recurring ideas and topics in the interview transcripts. These were grouped into broader themes that helped answer the research questions. Throughout the process, the team reflected on how their own backgrounds and assumptions might influence their interpretation of the data.

What emerged from the interviews was a far more nuanced picture of sedentary behaviour than the headlines suggest.

Dr. Nathan Adams

More Than a Medical Definition

Most participants were familiar with the idea of sedentary behaviour, or being a 'couch potato.'

As one participant explained, "I don't recognize it necessarily as a term that has a specific meaning, but I know what both those two words mean. So, I would say sedentary is sitting around, not moving a lot. And behaviour is just that, your behaviour of sitting."

Participants generally associated sedentary behaviour with negative health outcomes. "Well, it's not good for your heart, it's not good for your weight, circulation," one participant said.

But where did those ideas come from? "There's not one source of information that people are learning about sedentary behavior from," says Adams. Instead, peers build their understanding through a mix of interactions with healthcare providers, friends and family, and media.

The Catch-22 of Recovery and Rest Periods

When Adams asked participants how prolonged sedentary time affected them, the answers went beyond fitness. Participants described more than a dozen different symptoms, including digestive issues, bowel and bladder concerns, and the need to perform weight shifts to prevent pressure injuries. "Surprisingly often, participants discussed pain, particularly neuropathic pain," says Adams.

"Maybe I shouldn't sit so still at times. But then, on the other hand, it's a catch

22 situation. You're damned if you do, damned if you don't. Well, you [have] got to let something heal right?" said one participant. Another shared, "The less I do, the worse I feel. It's kind of a catch 22."

Sedentary behaviour wasn't viewed as entirely negative. Participants recognized that passive sitting can be restorative, such as after a wheelchair basketball tournament.

For many peers, managing sedentary behavior isn't about eliminating sitting. It's about balancing rest, recovery, movement, and symptom management.

Active on Purpose, Interrupting Sedentary Time by Chance

By and large, "participants told us I want to be more active," Adams says. Most participants could easily describe the activities they intentionally used to stay active. But few deliberately interrupted their sedentary time. Even reminders to move from smart watches were ignored.

This distinction matters because sedentary behaviour and physical inactivity aren't the same thing. Someone can meet physical activity guidelines and still spend long periods of the day sedentary.

When participants did get up, transfer, or move around, it was usually for practical reasons like managing pain or completing a task. "It's a way to try to manage symptoms, not because they think sedentary behavior is bad," Adams explains. And sometimes staying put was the more practical option.

For other participants, reducing sedentary time simply wasn't a priority. "I do know that my life takes more energy. Doing daily everyday things like going to the bathroom takes me more energy than it does anybody else."

When Sitting Becomes Part of Who You Are

When Adams shared the definition of sedentary behaviour, one participant immediately replied, "That's me." For many peers, sitting isn't just something they do. It's a literal part of their identity. Just as someone might identify as a parent, runner, or by their occupation, participants described how life in a wheelchair shaped how they understood themselves.

One ambulatory participant shared, "By being in a wheelchair, I can be more authentic with people because I'm less looking out for my own bodily functions that have been aggravated by the injury. I know that by being in a wheelchair, being able to quickly wheel to the bathroom, or whatever I know, then I can actually sit there and focus on people, and really be my authentic self. Whereas I've noticed when I'm walking a bit more, as much as that's great. It also [in] some ways makes me less authentic, because I'm also worried about taking care of myself physically."

But the connection between sitting and identity wasn't always positive. One participant described feeling like a "prisoner." Others recalled having limiting identities placed on them by other people. "My mother used to say, 'Oh, that's my wheelchair daughter,'" one participant shared. Another described being encouraged toward a "sedentary career" during vocational rehabilitation, language that seemed to narrow their options in ways that may have never happened for a non-disabled person.

Sitting is woven into countless daily decisions. Participants described carefully choosing wheelchairs, seating surfaces, and transfer strategies based on where they were going and what activities they planned to do. They also adapted their homes to make sitting easier. "I've strategically planned the places around my home with whatever it is that I need to sit comfortably," said one participant.

Social context matters as well. Some participants reported sitting more formally with visitors, while adopting more relaxed or reclined positions when alone or among close family.

For people with SCI, sitting is more than a health behaviour. It can be a practical necessity, a tool for independence, and an important part of identity.

Messaging Missing the Mark

To wrap up the interview, Adams showed participants media headlines about sitting. "This was the part of the interview where participants cussed the most," he says. "I specifically picked headlines which were more negative because we wanted to see what the reaction was to some of the really aggressive language."

A few participants said the headlines motivated them to be more physically active. Most, however, felt disconnected from the messaging. They described the language as, "blown out of proportion," ignored it altogether, or simply dismissed it as, "That's not for me."

For others, the headlines felt exclusionary and even ableist. "I know the intent of this is to keep people moving so that they are healthier. And I think that's great," one participant said. "If I think about it in depth, it makes me upset that people who can move don't. Because I would be thrilled if I could go for a walk or a run. And then if I could take it a step further, it's like, what? What the f***? Like I'm probably more fit than 95% of the people that can walk, but I'm sitting all the time. So this just doesn't apply to me."

When Adams presented preliminary findings at UBC Okanagan's Three-Minute Thesis Competition in Spring 2025, the single quote on his slide read, "Take your headline and shove it."

Among all the messages participants discussed, 'Move more, sit less,' received

Examples of negative media headlines about sitting

strong criticism. One powerchair user put it bluntly, "Very offensive to say that to someone like me, I find it offensive. Don't you think I want to move?"

Participants consistently preferred language that focused on sedentary behaviour rather than simply sitting, a distinction that better reflects the realities of living with SCI.

Sitting Is NOT the New Smoking

Despite the headlines, Adams is quick to push back on the claim that sitting is the new smoking. While excessive sedentary time may pose health risks, equating the two exaggerates the danger and is scientifically flawed. One study found smoking was linked to ten times more deaths than sitting. Among people who sat the most, there were about 190 additional deaths per 100,000 people per year, compared with more than 2,000 additional deaths per 100,000 people per year associated with heavy smoking.

For Adams, the bigger question is whether sitting itself is the problem. "Is it the sitting itself that is causing the risk or is it just inactivity?" he says. "The context of any sitting is important. Any person can think of times where they felt like being a couch potato a little too much and felt negative about it. And any person can think of times when they were really busy or active and it was a good time for them to rest."

Sitting overlaps with other factors that affect health, and we adjust our health behaviours in response to others. For example, you might eat differently after a day of activity than you would after being stuck on bed rest while a pressure sore heals.

That's why researchers still need better ways to distinguish active sitting from passive sitting before they can understand the long-term health impacts of sedentary behaviour in people with SCI.

Should You Scale Back Your Sedentary Time?

"I don't know if we're there yet," says Adams. At this point, there isn't enough evidence to say that decreasing sedentary behaviour provides the same benefits for all people with SCI that it appears to provide in the general population. Any future recommendations would need to address the barriers that make it harder for people with SCI to reduce passive sitting time.

"Modifying sedentary behavior can go in the toolbox for managing spinal cord injury symptoms," Adams says. "In an individualized way, it is worth experimenting with different sedentary timing and light activity interruptions, as manageable, to see if there are ways you can feel better in your life… We know how much people struggle with neuropathic pain, how many things they try and don't work, so it's certainly worth trying. It's a cheap therapy with limited side effects."

Chairing a Better Conversation

Who knew sitting could be so complicated! For people with SCI, sitting can mean a lot of different things. It can be rest or recovery. It can help manage your symptoms. It can make your daily life possible. It can be part of how you think, socialize, or move through the world. And sometimes, it can simply be sitting.

The sitting conversation needs to move away from scary headlines and one-size-fits-all rules and toward information that helps people with SCI make informed choices for themselves.

Until there's more evidence, an individualized approach may be the most useful one. If you're curious about increasing active sitting, you can treat it as an experiment rather than another health rule to follow. See how your body responds. Keep what works, leave what doesn't, and give your body what it needs today. While headlines may be designed to grab attention, they don't always capture the realities of living with a disability. If public health messaging is meant to improve health for everyone, it must make room for bodies, abilities, and experiences that don't fit the headline. ■

Adding More Movement with Active Sitting

If you're curious about experimenting with more active sitting, Adams has a few suggestions:

- Set a timer on your phone or watch for hourly movement breaks, or 'exercise snacks.'
- Pair movement with habits you already have. For example, do a quick stretch every time you take your medication.
- Take the brakes off your chair and go for a quick spin.
- If you're working on a computer or tablet, save your work, stretch it out, and reset.
- Keep resistance bands nearby for a quick pump.

If getting more physical active or cutting down your passive sitting is a goal you'd like support with, SCI BC's Peer Health Coaching Program can help. Open to anyone with an SCI or related disability in BC, this free program connects you with a Peer Health Coach for up to eight one-hour online sessions focused on practical, achievable health goals. Learn more at sci-bc.ca/coaching.

Tickets, Please

Live events are all about the excitement of being there, but some peers say getting accessible seats is the biggest hurdle.

Accessible seating shouldn't be a hard ticket to get. Yet for many people with disabilities, securing the right seat means dealing with conflicting information, restrictions on who you can sit with, and uncertainty about whether a seat will meet your needs. Peers share what it's really like to buy accessible seats for large live events, and how the process could earn better reviews.

BERT: It's challenging to order tickets online as many times the seating is sold out by the time you go to buy them. On the phone you can never get through until it's too late. Maybe a different way for wheelchair users to order, like a different login or phone number, would help.

There have been concerts I wanted to attend with an attendant where the seating map shows all the wheelchair seats sold, but many of the attendant seats are unsold because wheelchair users are going alone. At the last concert I wanted to attend, there were eight attendant seats left at Rogers Arena and they were losing money by not selling them. It's simple to switch places with another wheelchair user so you can sit with your attendant (I've moved for others at several concerts in the past—the view is exactly the same). Ticketmaster won't sell them because they are attached to the wheelchair seat. I've sent several emails, but no change of policy.

KYLE: I recently attended a few World Cup Games in Vancouver, but each time I had a different experience purchasing tickets. I bought two very expensive tickets through FIFA Hospitality Services. But when I got to the match, we were the only ones in the accessible seating area! Customer service told me there are always accessible seats set aside in case of issues on the day of large events. They also told me a BIG SECRET: buy a regular ticket, go to customer service on the day of the event, and get it exchanged for accessible seating. [Editor's note: Proceed at your own risk.]

AMIT: A common issue at concerts and sporting events is when the crowd stands up. If accessible seating isn't elevated, people who need to remain seated lose their view and stare at people's backs. Seating is often far from the stage, which prevents disabled people from interacting with stage artists.

Event staff often lack training on accessible routes, so we deal with locked accessible entrances, malfunctioning elevators, and paths obstructed by cable ramps or merchandise lines. I'd love to see 3D virtual seat previews that show sightlines, wheelchair clearance, and the distance to accessible restrooms and exits.

Another issue is the lack of accessibility verification, so non-disabled attendees sometimes purchase accessible seats simply because they're the last available. Resold accessible tickets should return to an accessible-only fan exchange at face value, so they remain available and affordable for disabled people.

Venues and ticket platforms could partner with recognized disability card programs (such as the Access 2 Card or local provincial disability cards). A one-time verification linked to a user profile on the ticket platform would eliminate the need to disclose medical details repeatedly and prevent misuse and scalping of accessible tickets. The Access 2 Card is already used as accessibility verification to provide free companion tickets at movie theatres, Bell Performance Center, and Massey Theatre.

Amit has started a petition calling on venues and ticket sellers to address some of the issues raised in this article. View and sign the petition: change.org/p/ensure-equal-access-for-people-with-disabilities

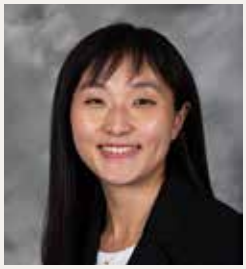
GERARD: Presales gobble up a lot of inventory of the wheelchair section, which is frustrating if you're not a member of American Express [or other loyalty programs providing presale codes]. By the time tickets go on sale to the general public, very limited wheelchair seats are left. Lately, I've noticed they block out the wheelchair section in the presale, which gives everyone a fair chance. But it's inconsistent and depends on who's producing the event. Sometimes I have a presale code and can't buy tickets because the section is blocked off.

At Rogers Arena, they have a lighting guy taking up about four accessible spots. It's very convenient to put it where they have the least seats, but they find other areas to open up restaurants. I'd encourage people to call Ticketmaster's accessible line (1-855-682-6736) ahead of the event.

Another issue is the amount of able-bodied people [in accessible seating]. I'm a Canucks season ticket holder and if I can't make it, I try to sell the ticket. So, there are some times where able-bodied people will be there for legitimate reasons, but there's a lot of abuse and no enforcement. Something needs to be better.

ask SPIN DOCTOR

"My legs get really stiff and swollen looking and I worry about my circulation. Sometimes it's hard to get shoes on. It's getting a bit embarrassing and I've heard clots could be a risk too. How can I improve my circulation and make my legs look better?"—Harry in Haney



To answer Harry's question, we turned to Dr. Audrey Chun, a physiatrist specialized in spinal cord injury medicine practicing at both G.F. Strong Rehabilitation Centre and Blusson Spinal Cord Centre in Vancouver.

Poor leg circulation can be worrisome for many persons with spinal cord injury (SCI), whether they are newly injured or living with SCI for years.

Let's start by reviewing what contributes to poor leg circulation after SCI. The autonomic system is a part of your body's nervous system that controls things like your heart pumping blood through your body and your blood vessels constantly adjusting themselves to accommodate this blood flow (tightening, widening, or letting more/less fluid pass through their walls). This system is often impaired after SCI below your level of injury. When you're upright, leg muscles also take part in pumping blood against gravity back up to your heart. When these muscles are weak, gravity often wins and blood pools at your feet, stressing the system out even more.

STIFF AND SWOLLEN

You may have already heard the word edema, which is the medical term for swelling caused by an abnormal buildup of fluid in your body's tissues. Edema can occur anywhere in your body as a result of various medical conditions. The type that occurs commonly after SCI is what we call dependent edema often in the legs, where fluid seeps out of your blood vessels into surrounding tissues because of an impaired autonomic nervous system and weak muscles as above. This swelling is usually symmetrical (the same on both sides/limbs) and when pressed upon with a finger or socks, will leave an indentation that fills back in after a few seconds after the pressure is removed.

Most cases of dependent edema can be managed by elevating your legs regularly or wearing compression stockings. It's also important to closely monitor your skin because the swelling can make your skin more vulnerable to breakdown under increased pressure. Some people with very severe edema may benefit from custom-made prescription compression stockings and/or diuretics (water pills) but these require careful evaluation and management by a doctor. Some of the more commonly prescribed medications for SCI complications are also known to contribute to edema, including gabapentin, pregabalin, nifedipine, NSAIDS, and hydromorphone, and may be worth discussing with your physiatrist (rehabilitation specialist).

CLOTS!

When blood is static, meaning when it fails to move around efficiently enough for too long, it can also become more prone to forming clots within your blood vessels. A clot forming in a deep blood vessel (deep vein thrombosis, or DVT) can become a real medical emergency. Some red flags suggesting someone has DVT include asymmetrical swelling (one leg much bigger than the other), or significant redness or warmth in the swollen area. A doctor should examine this kind of swelling immediately and will likely order an ultrasound to confirm the finding. If a DVT is found, you will be started on blood thinners to help dissolve the clot, usually for at least three months (longer if you have other relevant risk factors). Often, persons with a new traumatic SCI will receive two to three months of blood thinners at a preventative dose lower than the normal treatment dose because they are at a higher risk of forming blood clots in this early period. Timely treatment of clots can help prevent more severe complications like blood clots traveling to your lungs (pulmonary embolism, or PE).

HEALTHY HABITS

There are many other ways to improve your circulation in general. Chronic conditions such as diabetes, obesity, and heart disease can all contribute to poor circulation so it is important to maintain a healthy lifestyle (getting good sleep, a healthy diet, and regular physical activity) to keep these conditions at bay or under good control if you already have them. Smoking also constricts blood vessels and is notorious for causing circulatory problems for both persons with and without SCI. Last but not least, examine your legs regularly. Beyond the swelling and red flags for clots that we've already discussed, also look out for things like noticeable differences in temperature or pulses between your feet.

If you need help finding a vendor, peer support, or more information, contact the SCI BC InfoLine: call 1-800-689-2477, email info@sci-bc.ca or text 778-247-2477. You or your doctor can also consult the G.F. Strong Rehab Centre SCI Nav team for more medical help on this and other topics by contacting scinav@vch.ca or 672-965-1702. ■

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.

Potential Benefits of Passive Heating (Hot Tub) on Your Health

Overview: Led by ICORD researchers Dr. Jaimie Borisoff and Dr. Victoria Claydon, the goal of this pilot study is to demonstrate the safety, tolerance, and effectiveness of a 45-minute passive heating session providing a mild/moderate exercise response (warm up and 20-25 min activity equivalent) from full-body hot-water immersion in individuals with higher-level SCI (T7-C4).

What to expect: Participants will come to Dr. Victoria Claydon's lab at SFU for a single hot tub immersion session. The session will take about 3 to 4 hours. Transfers to and from the hot tub will use a Hoyer style lift. The research team will be non-invasively monitoring a variety of measurements to see how your body responds to the passive heating and if there is an exercise response. Measurements include heart rate, blood pressure, core temperature, respiration rate, oxygen consumption, and photographs of finger and toe pads.

Who can participate: You may be eligible to participate in this study if you are 19 years of age or older, have an injury level of T7 to C4, engage in a regular bowel/bladder management program, are able to perform a level transfer with minimal assistance, have received full immunization against COVID-19. More information about eligibility can be found at icord.org/hottubpilot.

Why participate: The results from this study will be used as the basis of developing a longer-term study that will allow exploration of potential passive heating to provide a mild to moderate exercise response and provide a mode of cardiovascular exercise for those who have difficulty in engaging in a regular exercise program. At the end of your study visit to the lab, you will receive an honorarium of $100 for your participation. In addition, a free parking pass at SFU will be provided and reimbursement for a taxi is available.

Location: Simon Fraser University (8888 University Dr, Burnaby)

For more information or to sign up: Please contact study coordinator James Laskin by email (james.laskin@gmail.com) or phone at (604) 200-3426.

The Joy Active Study

Overview: Led by ICORD Okanagan researcher Dr. Kathleen Martin Ginis, this study focuses on promoting and implementing physical activity guidelines for youth and adults with disabilities. The purposes of the study are to look at participation within a community-based exercise program and to better understand the experiences and perceptions of participants. They will be looking at relationships between well-being, quality participation, happiness, and physical fitness.

What to expect: Participants will take part in a 12-week exercise program following the appropriate physical activity guidelines. The program includes a session with a fitness trainer, a personalized exercise prescription, and group-based exercise sessions in the research gym. The total time commitment for testing will be four hours. Participants are also expected to do at least 24-36 hours of exercise training. Participants have the option to re-enrol in the study when 24 sessions have been completed.

Who can participate: You may be eligible to participate in this study if you are over the age of 15; are able to read, speak, and understand English; have been diagnosed with spinal cord injury or cerebral palsy or a progressive neurological disorder; are able to perform upper-body exercises, and for those with lower-body mobility where appropriate, lower-body exercises; have been cleared by a physician for moderate-to-vigorous intensity aerobic and strengthening exercises; have no medical contraindications to performing an exercise test.

Why participate: Participation in this study will encourage participants to reflect on their experiences within the program and may prompt them to recognize the potential benefits. Participants will have free access to an accessible research gym over the course of the study period.

Location: UBC Okanagan Campus (1238 Discovery Ave)

For more information or to sign up: Please contact study coordinator Aleksandra Jevdjevic by email (aleks.jevdjevic@ubc.ca).

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.**

It Starts With a Cup of Coffee

For decades, Terry Landry has been a familiar face in the SCI community on Vancouver Island. The 2026 Susan Marshall Fighting Spirit Award recognizes the difference one person can make by simply showing up again and again.

Susan Marshall was known for her resilience, humour, and unwavering commitment to the people around her. More than 25 years after her passing, the Susan Marshall Fighting Spirit Award, established in Marshall's honour by her friend Roger Jones, recognizes SCI BC members who carry those same qualities forward.

This year, that honour belongs to Terry Landry, a longtime volunteer, mentor, and advocate. When told he had won the award, Landry was surprised. "It was never something that I thought that I would receive, but I thought it was really nice that you recognize members that are outstanding like [last year's recipient] Marney Smithies."

Back in 1991, Landry was working in Indonesia when a virus caused inflammation and lasting damage to his spinal cord. During his hospitalization, his wife visited with a sign that read, "Shit happens." While the sign was meant to bring a smile, Landry took the message to heart. He explains, "If you can, just accept what you have, fight it, but also do something."

After his injury, Landry and his wife moved to her hometown of Victoria. Following a recommendation from his brother to connect with SCI BC (then known as the BC Paraplegic Association), Landry met Scott Heron, SCI BC's Peer Support Specialist in Victoria. Together, they started the longest-running SCI peer support group in BC. During a transition period for SCI BC, Landry helped keep the coffee group going so that peers would always have a place to connect. What began as casual gatherings in people's homes has grown into a monthly peer meetup in Victoria.

"It's the camaraderie, you know, when everybody gets together," says Landry. "We've known each other for so long. New members are always welcome. Some of them come and go. The Christmas party is always a great hit. We always get lots of people."

Landry has also spent hundreds of hours as a volunteer peer mentor with SCI BC, listening and sharing his experiences with newly injured peers and visiting their homes to identify accessibility barriers and ease the transition home.

"I like to help people, so I always tell them my story. When you're meeting one-on-one, you hear their story and what they're going through and then you can offer some suggestions or at least tell them your story… Peer support is a wonderful, wonderful thing that SCI BC has always done."

The coffee group may be where many people know Landry from, but he contributes behind the scenes too. Over the years, Landry has served on SCI BC's Board of Directors and Vancouver Island South Advisory Committee, "continually volunteering his time, effort, and energy to move forward the vision and mission of SCI BC," says Heron.

From 1996 to 2002, Landry served as Chair of the Board of Directors for the Victoria Disability Resource Centre and remains an active volunteer. He adds, "I was in the Navy, so I'm involved with the Legion too. In fact, I sat on their Board of Directors for quite a long time."

Another longstanding commitment of Landry's has been the Cowichan Valley Shriner's Club, where he has served as Secretary for the past 35 years. Landry is particularly proud of the organization's support for sick and disabled children. Recently, BC Shriner's helped a child from Victoria travel to Shriner's Children Hospital in Montreal for scoliosis surgery, at no cost to the family.

Landry embodies a fighting spirit in the same quiet, unassuming way Marshall did. "I said to Scott and Bert [Abbott], 'I want to thank you. I didn't expect this. You know me, I just do things.' If somebody needs something done, I try and do it. If I can't do it, I pass it on to somebody that can."

For Landry, making a difference has never been complicated. He explains, "People say, 'Oh thank you for putting on the coffee.' It's easy and I enjoy it. So I'll do it as long as I can."

Building community doesn't always require extraordinary acts. Sometimes it starts with a cup of coffee, a shared story, or a willingness to help. For decades, Landry has shown that making an impact is as simple as showing up again and again.

Nominations for the 2027 Susan Marshall Fighting Spirit Award will open January 1, 2027. 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. ■

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