

# Outspoken!

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Summer 2018

Spinal Cord Injury  
Ontario **ANNUAL**  
**GENERAL MEETING**

**AFFORDABLE and**  
**ACCESSIBLE**  
Activities for the  
Summer

Chinese Scalp  
**ACUPUNCTURE:**  
A Powerful Tool

**ASSISTIVE TECH:**  
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**14 cover story** Carolyn Acton has achieved more milestones in her life than many people could ever imagine. In the 20 years since her injury she has been a writer, counsellor, got a degree in Psychology, diplomas in Psycho Therapy and Life Coaching, studied law, and has kept physically fit. She recently followed her passion for photography and now works full time from her downtown Toronto studio.

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## Setting the Bar Higher

*Thank you to everyone who participated in our 2017-18 Annual General Meeting – in person or online - as well as to those behind the scenes who helped make it a successful gathering.*

**S**peaking on behalf of myself and the Board, we appreciated the turnout and were very happy to share with you our achievements over the past year and to bring it to a close through a well-attended AGM. I invite you to read more about it below and to take a look at our online Annual Report at [www.sciontario.org/talk-about-impact](http://www.sciontario.org/talk-about-impact).

This past year, we have been extremely active, and you have played an important role in helping achieve our goals. We have improved our reach and created powerful relationships, connected people with research, expanded our advocacy, strengthened partnerships and promoted equitable services.

But it doesn't stop there. In pursuit of our three strategic objectives – **Expand Our Impact Across Ontario, Share Knowledge and Amplify Our Community's Voice** – we are undertaking additional initiatives. After identifying service gaps, we will be evaluating how we can support a province-wide gently used equipment program. We have introduced a more efficient, timely and centralized online client intake process to ensure we can provide the same level of access and support wherever you live in Ontario.

We have launched a new website to improve access to information, and we are creating a more streamlined process to connect our community to research requests with greater involvement in the design and planning stages. We believe we have never been in a better position to be the go-to source for accurate, relevant and timely information for people living with a spinal cord injury and the wider community. We're not there yet, but we will get there!

In terms of expanding our advocacy, this past year we doubled the number of peer activists to engage with politicians, secured new members for the SCI Ontario Alliance and initiated three campaigns for equitable service and improved access to Primary Care, Mobility and Medical Devices.

As you can see, there is a lot to be proud of at Spinal Cord Injury Ontario, and it's because of our community that we've been able to move the needle. Only together can we address those urgent objectives we share, such as resolving service gaps, increasing resources, changing laws, informing research, increasing funding and campaigning for greater accessibility.

Thank you to everyone who help us move closer and closer to our vision of an inclusive and equitable Ontario.

Sincerely,  
Dr. Stuart Howe  
CEO, Spinal Cord Injury Ontario

A handwritten signature in black ink that reads "Stuart Howe".

### Attention Family Members!

We are excited about significantly expanding our Family Peer Support Program. If you are a family member of a person with a spinal cord injury, we would love to hear your thoughts on the types of support and services that would best meet your needs. Whether you are supporting someone who is newly injured or who sustained their injury years ago, your input will be helpful as we design a new program over the next few months. Let us know you are interested in sharing your insights and learning more about the program as it develops at [www.sciontario.org/familysupport](http://www.sciontario.org/familysupport). Thank you!

### Advocate for Change with Us

With a new government in Ontario, we have the opportunity to inform and inspire new and returning Members of Provincial Parliament through our Your Move, Ontario campaign. As a resident in your community, your elected MPP has the influence to represent you at Queen's Park on our shared needs for accessibility, health care, and fair and equitable services. To build a relationship with your local MPP, simply reach out and have a conversation via our online portal at [www.yourmoveontario.ca](http://www.yourmoveontario.ca).



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TO ME.  
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DIFFERENTLY?**

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SCIO 2017-18 ANNUAL REPORT

## TALK ABOUT IMPACT

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*This year, our Annual General Meeting took on a new format. We were online! As a charity, it's important for us to keep up with the times, and in this case, technology gave us a much broader reach to our members. This is always a priority for us, and using this format allowed us to reach more people than we could with our traditional get-together meeting format.*

# Annual General Meeting

### 2017-18 BY THE NUMBERS



1700

Clients Served



4542

Billable Hours



15

Direct Service Locations



100622

Members/Hours for TSS Clients



186

Peer Economic Events



167

Peer Support/Networking



2500

Programs/Sessions



128

Job Placements

Everyone who registered to participate was sent, in advance of the meeting, last year's AGM documents, the motions, the Condensed Financial Statements and a list of nominees for election to the Board of Directors.

The following is a summary of the formal part of the meeting. If you would like to view the Spinal Cord Injury Ontario Annual Report, or other associated documents, please visit: [www.sciontario.org/talk-about-impact](http://www.sciontario.org/talk-about-impact).

Once the technical aspects of participants communicating with the meeting and voting online procedures were explained, the meeting began with Bob Nigol, Chairperson of the Board of Directors, calling the meeting to order.

Stuart Howe then presented the combined Chair and CEO Report on progress that had been made during the past year. He explained a few of the many outcomes of the organization's work, categorized under our three strategic priorities:

1. **Expand Our Impact Across Ontario**
2. **Share Knowledge**
3. **Amplify Our Community's Voice**

The Spinal Cord Injury Ontario Treasurer, Mark Abraham, after reviewing the Treasurer's Report and annual financial statements said, "Our mission is to deliver and champion excellence in service, support and advocacy for people with spinal cord injury. We work directly with clients and their families and we are grateful for the government funding that we receive but we are determined to expand our reach so we can accomplish even more. However, our three main sources of revenue are not without risk – risk of government funding not being renewed, interest rate risk, and a slowed economy could all impact our financial success. We will remain focused on how best to use limited financial resources in the year ahead. I would like to thank each and every donor for financially supporting Spinal Cord Injury Ontario during the past year. I would also like to thank all of our volunteers, members and employees for your generosity and support to our organization. We simply couldn't be successful without you! Peer to Peer. Strength to Strength."

Between the end of the 2017-2018 financial year and today's AGM we have had the provincial election and a new Conservative government with a new leader was sworn into office. The question everyone is asking is, "what will this mean for me?" The Board and senior leadership team are asking the same questions for Spinal Cord Injury Ontario.



The fact is, we don't know at this time. As Mark described in his report, we have just been through yet another year of flat government grants with rising costs which puts ever-increasing pressure on the organization. Will that pressure ease or increase over the next twelve months? That we will learn over the next few months. Regardless, your senior leadership team and your Board are committed to achieving your strategic plan: increasing our impact, sharing knowledge and amplifying our community's voice.

## Election of the Board of Directors

Tom Proszowski, Chair of Spinal Cord Injury Ontario's Governance and Nominations Committee, presented the proposed Board of Directors for the next year.

He said, "Prior to presenting the slate for 2018-2019, I would like to take a moment to recognize the invaluable contribution of two hard-working and passionate volunteers who have stepped down from the Board: Vev Kline, who served on the Board and the Quality Committee for many years; and Mark Lamoureaux who served on the board for seven years and was also Ontario's representative on the board of SCI Canada. Vev and Mark's contributions will be celebrated at an event in the fall where we will also be presenting our annual awards."

It was resolved, that the following people are elected Directors of Spinal Cord Injury Ontario, to hold office until the next Annual General Meeting or until their successors have been duly elected or appointed, subject to the provisions of the By-Laws of Spinal Cord Injury Ontario and the

### Corporations Act:

**Mark Abraham**

**Marco Ferrara**

**Bob Nigol**

**Kent Bassett-Spiers**

**Heather Flett**

**Tom Proszowski**

**Craig Brown**

**Sarah Hicks**

**Cindy Scott**

**Robert Buren**

**Anita Kaiser**

**Shaun Westlake**

**Chris Channon**

**Liam McGuinty**

### The two newly elected Directors were:



#### CHRIS CHANNON

With more than 30 years' experience as a successful entrepreneur and business owner, Chris made the decision several years ago to devote his life to humanitarian work. Serving in both Africa and Southeast Asia before a fateful day in August 2014 changed his life forever.

Having received direct benefit and "lived experience"

from the services of Spinal Cord Injury Ontario, Chris hopes to give back to the community that has so impacted his life. Currently, Chris is a volunteer with University Health Network's Patient Partner Program doing whatever he can to help bring his message of patient support and awareness. He is collaborating as a member of the Fitness Centre Refresh Steering Committee at Toronto Rehab-Lyndhurst Centre working towards integrating patients back into the community. His greatest fulfillment comes from his work as a peer mentor with Spinal Cord Injury Ontario. Chris holds a bachelor's degree in Theology and has three children.



#### HEATHER FLETT

Heather is the Advanced Practice Leader for Spinal Cord Rehabilitation at University Health Network in Toronto. She has 20 years of experience in the field of spinal cord rehabilitation working as a Physical Therapist for eight years prior to her current role. In her Advanced Practice Leader role, Heather supports clinical research integration

and leads projects to advance best practices in SCI rehabilitation. Heather has been an active member of the Ontario SCI Alliance since 2010. She is a Lecturer in the Department of Physical Therapy at University of Toronto and completed an MSc in the Graduate Department of Rehabilitation Science focusing on walking outcomes following incomplete spinal cord injury.

The formal part of the meeting was closed by Bob Nigol, who said, "I want to thank all of our donors and sponsors for your support and kindness. Thank you so much to our volunteers for your generous contribution of many hours of service and to our staff for their dedicated work this past year. And last, but certainly not least, thanks to you, our members for continuing to guide us in our work and for helping us build our future!"

## Awards

Every member of our community deserves an award for their valuable support and contributions! Here, we honour four outstanding contributors who are changing the landscape, our community volunteers at the core of our services, and our long-serving members of staff.



#### ANITA KAISER – Activist of the Year

Research Assistant at Toronto Rehab's Lyndhurst Centre, Anita Kaiser tirelessly champions fair and equitable services and supports for all Ontarians. Her bold and audacious attitude has made a significant impact on Spinal Cord Injury Ontario's public policy accomplishments and on addressing systemic barriers to full

community participation. She has been active in three of our campaigns (Primary Care, Alliance Retreat Community Mobilization, Provincial Election) and part of our government relations team. She is currently leading our Quality Improvement Committee, is on our Board of Directors, and is a member of the Ontario SCI Alliance. As a trained researcher with an MSc in Rehabilitation Science from U of T, Anita also advocates for engagement of people with lived experience in SCI throughout research as a best practice. A powerful activist who amplifies our community's voice, Anita is a worthy recipient of this award.



#### APPLE CANADA: Employer of the Year

Apple has partnered with Spinal Cord Injury Ontario for two extremely successful hiring events which included 20 of our clients. One client explains, "Both Apple and I didn't know how it would work. Nothing was impossible; it was about how to make it happen." He was continually asked by Apple management, "How can we make this a better experience?" Another client shared, "I am very blessed and no one can understand how happy Apple has made me and my family." Apple embraces diversity and takes pride in ensuring its workforce reflects this. Our Employment Services recognizes Apple's approach as the gold standard in successfully accommodating employees with a disability. We are thrilled to acknowledge Apple Canada as our Employer of the Year!

TALK ABOUT  
IMPACT



### **TOM SCANLON – Vigmond Philanthropy Award**

A donor for 27 years, a former board member and an event volunteer since 2001, Tom is personally committed to Spinal Cord Injury Ontario's mission and financial health. He was recognized in 2006 with the Bill Adair Award, has been a member of the Ski Day Committee since 2001, and as its Co-Chair in 2018, helped secure

\$13,900 in sponsorship. The 2018 Ski Day event was our most successful to date, with Tom's strategies, enthusiasm, recruiting and careful mentoring of new committee members. Over the years, Tom has encouraged giving and volunteering in others while he and his wife Bonnie have also made individual and company donations. Tom embodies philanthropy in his spirit and actions and is exceptionally deserving of this award.



### **CLARITA MENDIGORIA-WATSON – Darrel Murphy Award**

This award was created to recognize a Spinal Cord Injury Ontario attendant for outstanding contribution to our Attendant Services program, our clients and fellow employees. The recipient is nominated by attendant peers for performance that exemplifies and demonstrates

commitment to our mission and vision. Congratulations to our 2017-18 recipient, Clarita Mendigoria-Watson.

Clarita has made a significant contribution to our organization in her four years. Her commitment and dedication to Attendant Services and her professional ethics are qualities that are frequently acknowledged by the clients she supports.

Clarita is keen on supporting and transitioning new clients to Attendant Services by keeping in line with the philosophy of client-centred service. She is proactive in educating clients in understanding their rights and directing them to the Supervisory Team to ensure their best interests are being met. Congratulations and thank you, Clarita!

## **Community Awards**

### **HAMILTON**

**Peer Volunteer of the Year Award - SHERI ROBERTS**  
**Health Care Professional of the Year Award - WINNIE TAM**  
**Family Volunteer of the Year Award - KRISTY LUKER**

### **KINGSTON**

**Health Care Professional of the Year Award - LAURA VINCENT**  
**Volunteer of the Year Award - NICOLE CROMWELL**

### **TORONTO**

**Peer Volunteer of the Year Award - ALEC DENYS**  
**Health Care Professional of the Year Award - SANDRA MILLS**

## **Staff Recognition Awards**



I-r Sheila Casemore, Donald Ifil, Raki Gill, Joan Gayle, Stuart Howe, Arie Kojokaro.

### **20 YEARS SERVICE**

**JOHN AGNEW, Regional Services Co-ordinator**  
**ARIE KOJOKARO, Controller**  
**ANDREA CAMPBELL, Attendant**  
**JOAN GAYLE, Attendant**  
**DONALD IFIL, Attendant**  
**MARCIA SMIKLE, Attendant**  
**VERONICA MCFARLANE, Attendant**

### **25 YEARS SERVICE**

**DECLITA BROWN, Attendant**  
**VERA HARRIS, Senior Manager**  
**THERESA POWER, Attendant**



Theresa Power and Stuart Howe at the All Staff Meeting of May 9, 2018.

## **Excellence Awards**

This year's **Employee Excellence Award** went to **THERESE ANNE SIDLER**, Regional Services Coordinator (Peel/Dufferin) and this year's **Team Excellence Award** went to Spinal Cord Injury Ontario's **REGIONAL SERVICE COORDINATORS**. Spinal Cord Injury Ontario employees nominate co-workers who have proven to be vital to the success of their department or team, and to Spinal Cord Injury Ontario as a whole. Congratulations! ●



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**AMPLIFY OUR  
COMMUNITY'S VOICE**

Expand our advocacy, strengthen partnerships and promote equitable services



# Cole Ferguson and His CREW

By Wendy Hough, Development Officer



Meet Cole Ferguson, our latest Spinal Cord Injury Ontario champion.

**M**ay 26th, along with his "Cole's Crew" of family and friends, Cole Ferguson participated in the Tamarack Ottawa Race Weekend to raise funds in support of local Spinal Cord Injury Ontario programs and services. Together they raised an amazing \$10,735. And Cole rolled the 10k race in an impressive 55:23. Well done on both counts!

Cole was not a runner before he sustained a spinal cord injury two years ago. He said, "Spinal Cord Injury Ontario has done a lot for me and I feel by taking part in the Ottawa 10k and raising vital funds and awareness for the charity, I can give something back to them. Being a part of this race is also an amazing opportunity for me to be part of my local community and to stay active, which helps my recovery."

In our first year of participation, the 2018 Tamarack Ottawa Race Weekend raised \$12,315 with only 23 runners/rollers – in addition to Cole's Crew we had two Ottawa staff members run and another great friend of



ours, George Simpson, rolled the 5k route.

There are so many ways to support people with spinal cord injuries, like participating and supporting participants in great events such as this. Cole's Crew was sponsored by two corporate partners, Caltrio Company Limited, a local Ottawa landscaping company, and Collins Barrow WCM LLP. In addition to their sponsorship, Caltrio provided team shirts to increase the team's visibility and help raise awareness of the organization, while Collins Barrow participated in an employee gift matching program – wonderful ideas! ●



## AMPLIFY your voice

A donation of \$123 provides one-on-one training of a Peer Activist.

Thank you! Your **support** moves us closer to our vision: People with a spinal cord injury living the life they choose in a fully inclusive Ontario.

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Toronto ON M4G 3V9





By Joanne Smith

# Beat the Heat with Herbs

*Body temperature changes with air temperature. For example, on hot summer days, the brain sends a signal to the spinal cord that it's overheating and danger is averted by telling the body to cool down by sweating.*

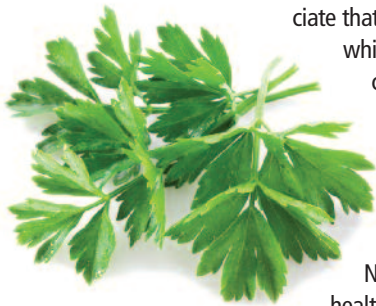
**H**owever, people with cervical and high thoracic spinal cord injuries have problems with this temperature regulation and the body may not send these signals properly, causing you to experience hyperthermia (also known as heat exhaustion). This in turn can lead to headaches, nausea, vomiting, muscle cramps and fatigue.

The best ways to reduce the risk of hyperthermia, while still enjoying the beautiful summer weather, are to avoid staying in the sun for extended periods of time and stay hydrated. I do not recommend chugging down pop and other store bought fruity drinks that are loaded with refined sugar and additives. These do nothing for your health or waistline. I also appreciate that drinking plain water can be boring,

which means you're not as likely to consume as much.

Instead, I suggest adding fresh and refreshing seasonal summer herbs to your water. They are a fantastic way to naturally boost the flavour and in turn your fluid intake.

Not to mention they contain a host of health benefits and next to no calories.



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**Here's a couple of herb infused recipes to get your hydration started!**

### Basil Limeade

- 1 cup fresh basil leaves
- ½ cup fresh lime juice
- 4 cups water (or plain sparkling water)
- pinch stevia (optional)

Combine in pitcher – refrigerate and enjoy.

### Cilantro Lemonade

- 1 cup fresh cilantro leaves
- ½ cup fresh lemon juice
- 4 cups water (or plain sparkling water)
- pinch stevia (optional)

Combine in pitcher – refrigerate and enjoy.





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## PEER CONNECTIONS EVENTS

Join your peers for fun nights out,  
and informative sessions.

### BARRIE EVENTS

#### Chair Yoga

Tired? Stressed? Join us as Stephanie Bolton leads us in chair yoga. It's a great stress reliever.

**Date:** Wednesday, August 29

**Time:** 2:00 – 4:00 pm

#### Peer Connections: Safe Stretches for Everyone

Join us as Kathy Tossios, Registered Physiotherapist and owner of Therapeutic Mobility, shows us how to stretch safely, no matter what our limitations.

**Date:** Wednesday, September 26

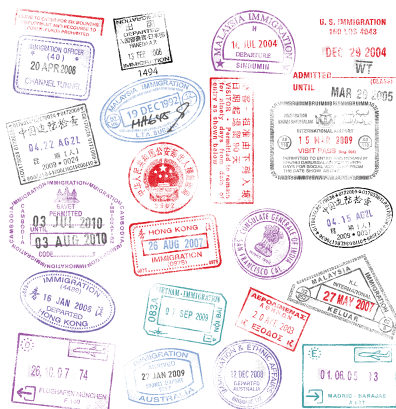
**Time:** 2:00 – 4:00 pm

#### So, You Think You Want to Travel

There are some of us who really want to go somewhere different for a week or two but we don't know where to go or how to get there. Let's listen to how some of our Peers who have been gallivanting around the world, from picking the destination to how to get there.

**Date:** Wednesday, October 31

**Time:** 2:00 – 4:00 pm



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PROUD TO SUPPORT THE PEER SUPPORT PROGRAM, LONDON REGION

LERNERS

Personal Injury Lawyers

**Location:** Ed Gilbert Room, 555-80 Bradford Street, Barrie ON L4N 6S7

**RSVP:** Charlie Warriner, Peer Support Co-ordinator

(T) 416-422-5644, Ext. 242

[charlie.warriner@sciontario.org](mailto:charlie.warriner@sciontario.org)

### LONDON EVENTS

#### Assistance Dogs

Please join us, along with special guest Donna Frezell from Golden Opportunity Assistance Dogs, to learn about owner trained dogs, as well as how to facilitate dogs into rehab. Light lunch will be included.

**Date:** Monday, August 20

**Time:** 11:45 am – 12:45 pm

#### Peer Connections: Know Your Rights

Come join us, along with Andrew Murray of Leners LLP, in a conversation that will shed some light on the legal process. Ask and get answers to your pressing legal inquiries!

Light lunch will be included.

**Date:** Monday, October 15

**Time:** 11:45 am – 12:45 pm

#### Peer Connections: Social Communication

Please join us, along with Connie Ferri and Stephanie Muir-Derbyshire, Speech-Language Pathologists from Parkwood Institute, to talk about navigating social communication after an injury and how to answer tough questions. Light lunch will be included.

**Date:** Monday, November 19

**Time:** 11:45 am – 12:45 pm

**Location:** Parkwood Institute, 550 Wellington Rd, Room 4AE-186, London, ON

**RSVP:** Julie Watson

Peer Support Co-ordinator

(T) 519-433-2331, Ext. 102

(E) [julie.watson@sciontario.org](mailto:julie.watson@sciontario.org)



For information on all upcoming events,  
visit [www.sciontario.org/events](http://www.sciontario.org/events)



# The First of Many...

By **Asghar Hussain**

**S**pinal Cord Injury Ontario's first ever Peer Connections in York region was held on Wednesday, May 30, at Hollister Limited in Aurora. At this session, we discussed topics we are interested in for future Peer Connections including local transportation, equipment vendors, Direct Funding self-managed attendant services and accessible recreation opportunities. We enjoyed great sandwiches, cheese and cookies provided by Hollister Limited.

I have been connected with Spinal Cord Injury Ontario since November 2013, after sustaining a C5-C7 spinal cord injury. While doing inpatient rehab at Lyndhurst Rehabilitation Centre in Toronto, I attended Peer Connections, but I was unable to continue once I returned home to York region because of the distance to Toronto. I am happy to have the opportunity again to attend Peer Connections closer to home, to meet other people in my area with a spinal cord injury, and to share resources as well as tips and tricks.

To anyone in York region who is interested in having this opportunity to connect and network with other people with a spinal cord injury, and to learn about different topics related to living with a spinal cord injury, I encourage you to come out the last Wednesday of every month to Hollister Limited, 95 Mary Street, Aurora, ON from 5:30 -7:00 pm

For more information please contact Charlie Warriner at:

(E) [charlie.warriner@sciontario.org](mailto:charlie.warriner@sciontario.org)

(T) 1-877-422-1112 Ext. 242 or 416 550-4148 ●



(l-r) Christine Senick, Regional Services Coordinator, York Region, Charlie Warriner, Peer Support Coordinator, Sheri Upper, Regional Services Coordinator, York Region, Kaitlin West, Secure Start Coordinator, Hollister Limited

**we've got your back**

## 2018 Ontario Election Update

By **Mariam Razi**, Public Policy Analyst, Alliances/Advocacy

*In preparation for the 2018 general elections in Ontario, Spinal Cord Injury Ontario launched its very own interactive online campaign called*

**[www.yourmoveontario.ca](http://www.yourmoveontario.ca).**

**T**he campaign raised awareness with political candidates about the importance of accessibility issues and its impact on our community. We were amazed at our community's quick and robust response to our call to action and are grateful for their support and activism in calling for an inclusive and barrier-free Ontario. For info on our campaign results please visit our Communiqué blog on [www.sciontario.org](http://www.sciontario.org).

As is the case with every election, we prepared for all outcomes, including a majority PC government, and we will be moving forward, amplifying our community's voice and ensuring representation at Queen's Park for people with spinal cord injuries in the same collaborative manner that we have been doing with every government for over 70 years.

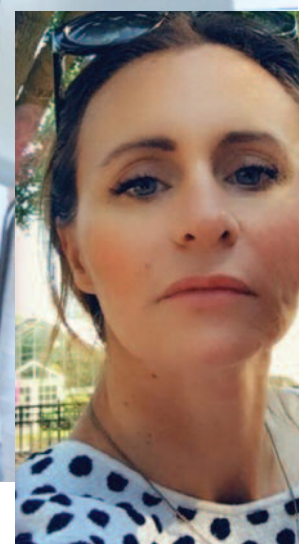
We actively monitored developments as Ontario formed its new cabinet on June 29, and will be building new relationships with the elected ministers and key ministries of interest to advance our accessibility agenda.



For more information on how you can get behind our movement on accessibility rights and join our community please visit [www.yourmoveontario.ca](http://www.yourmoveontario.ca), as we prepare for new ways to collectively engage with our newly elected government. ●

# QUIET STRENGTH

Photographer Caroline  
Acton refocuses



By **Nancy Xia**, Community Resource and Education Assistant

I had the pleasure of working with Caroline Acton during her days at Spinal Cord Injury Ontario. She was a soft-spoken person with warmth and kindness. Everyone loved her. While interviewing her for this article, I learned new things about her that were really touching. I am impressed by her strength enveloped by her gentle appeal.

At age 22, Caroline was blossoming and in her prime. She was into all kinds of sport and physical activities. Jogging, rowing and going dancing were some of her favourite pastimes. After studying Psychology at the University of Waterloo, she was accepted into law school in Dublin, Ireland, her native country where she still had many fond memories of her youth.

About three weeks into law school, Caroline and nine of her friends met up at a pub. They decided late into the night to head to a nearby dance club. While they were in a mini-bus on their way to a club, they were hit by a drunk driver. There were no seatbelts in the vehicle for backseat passengers. She was the only person who was seriously hurt. She sustained a complete spinal cord injury at the level of T4 and T5. Because she had a cold during the time of her surgery, she developed pneumonia which caused both of her lungs to collapse. She was in intensive care for a long while, not knowing if she was going to survive.

The first milestone that she passed was when her condition was no

longer life threatening. Her immediate family were not in Dublin at the time and she could not be transferred to Canada. For the faithful friends and extended family that made it to her bedside, she was unable to communicate with them due to a tracheotomy. She couldn't communicate with them because the trach was in the airway. It was the scariest and most lonely period in her life. She had always been a fashionable girl all her life, and when people cut holes in her clothes to accommodate her brace, she felt like part of who she was had been taken away forever.

Caroline returned to Canada in February 1997, where she was an inpatient at Parkwood Rehabilitation Centre in London, Ontario. By the time of her discharge, she was doing well. She realized that she still had a lot to offer and she could still enjoy life and have fun. Her resilience was beyond her own expectations. Once she was discharged and attending the outpatient program in the summer of 1997, she started to write poetry and journals that chronicled her life and her emotions. She found this to be very therapeutic. She would share her writings with others in the rehab hospital. She was very much into connecting with her peers who also found her interesting and down-to-earth. Their informal peer support sessions were very helpful to everyone's mental health recovery.

When she came back from the rehab centre, she enrolled herself in online



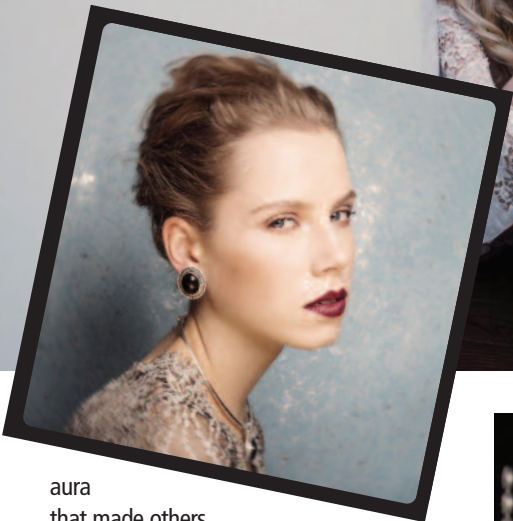
learning with the University of Waterloo. She decided to finish her degree in Psychology. She was particularly interested in Philosophy and did a minor in it, and even took online courses in Children's Literature. Trying to maintain her activity level, she did a 5K race in her wheelchair that same year.

Two years later, upon the completion of her degree, Caroline wanted to go back to law school in Dublin. However, on her return flight to Ireland following Christmas in Canada, she hurt her back again. Though it was a relatively minor injury, it required four weeks of bed rest to heal and it was detrimental enough to halt her career in Law. What followed was a year of idling and soul searching. She felt very lost at no longer having a goal in life. Every day featured the same old routine that was neither challenging nor exciting. Fortunately, she kept in touch with most of her close friends from before her injury, and her bond with her family was stronger than ever. Everyone was very supportive and encouraging. They took her to the bar and the club again. At first, she was very self-conscious about her wheelchair and how strangers perceived her, but eventually she saw it as being normal, and she was once again a social butterfly.

After she bounced back yet again, she decided to pursue a career as a counsellor. People kept telling her that she had a warm

Just when she thought everything was going well, life threw her another curveball. After working only eight months as a full-time counsellor, she developed a pressure sore and was forced to take indefinite sick leave. This time, she did not let herself get tripped up by this stumbling block. While recovering at home, she wanted to pursue her long-time interest in photography. She enrolled herself in an online diploma through an institute in Australia. Her confidence as a photographer grew with time and experience, and she realized she had a passion for it. The compliments she received from people got her thinking about opening her own studio. When her pressure sore was healed, she went back to work at Spinal Cord Injury Ontario for a period of 18 months. While she truly enjoyed her work as an employment counsellor, she had a nagging sense that she should give the photography a go on a fulltime basis. Since

July 2015, she has been working full time from her downtown Toronto studio – Poze Photographers – specializing in fashion-inspired women's portraiture, and quality, stock photography



aura that made others easily confide in her. Caroline went back to Dublin and finished a three-year diploma in Psychotherapy, along with a diploma in Life Coaching.

In 2012, Caroline started working for Spinal Cord Injury Ontario as an Employment Counsellor. Together with her teammates, not only was she able to prepare her clients for meaningful employment, she also provided them with emotional and practical support. While working closely within the SCI community, she met peers who motivated her to do more Parasport activities and they gave her information on where to access equipment. She soon started playing basketball, rowing and hand cycling on a regular basis.



images portraying people with disabilities in a positive light. Her passion for fashion was well satisfied when she dressed and accessorized her clients. This was a career choice she is pleased she pursued.

It's been more than 20 years since Caroline was injured. If her fate had not been altered, where would she be at right now, what would she be doing and who would she have become? Caroline didn't want to dwell on questions like these. All she knew was that she could still travel the world, she could still find freedom, she could still achieve what others thought was improbable, and she could still ride the tide, fall off and surface again.

Please check out Caroline's photography on her website

[www.pozephotoographers.com](http://www.pozephotoographers.com) ●



accessTOevents

**a**ccessTOevents is a new organization based in Toronto, founded by Occupational Therapist (OT) Rachael Authors. Rachael is most excited to be launching a variety of fun social events for youth and adults with different abilities in Toronto and the GTA and hopes to foster new friendships and connections as participants mingle and network with one another at future events.

Rachael has always had a passion for accessibility, working with youth and adults in a variety of different role-emerging OT settings. Rachael has experience in case management, having worked at the university level planning academic accommodations for students with physical and sensory disabilities, has completed community placements in mental health and held a management and educational role in the low vision assistive technology field. In all these roles, Rachael saw first hand how participation in social activities were instrumental in fostering a sense of community, mentorship and friendship, and in developing confidence amongst her clients. It is this experience that led Rachael in her journey to launch accessTOevents, and to

play a part in reducing social isolation, allowing clients to meet peers in a safe, casual environment at future events.

As well as working as an OT, Rachael has a creative and artistic background, having worked freelance for the past 12 years as a Professional Beauty and Special FX Make-up Artist. She has worked on everything from major events to local productions supporting major make-up brands. Rachael has always been interested in incorporating her artistry skills with Occupational Therapy and is excited to offer education in this area as make-up can be a fun and creative part of your self-care routine. Rachael has developed self-care and make-up workshops in her past OT placements and plans to offer these, as well as other fun social activities, with accessTOevents.

Please note that while Rachael Authors will be present as an OT to facilitate each event, the events will involve discussion so are best suited for individuals who are comfortable participating independently in a small group environment.

Summer 2018 events are now available! To learn about upcoming events, please visit the accessTOevents website for more information:

[www.accessstoevents.com](http://www.accessstoevents.com).

For any questions about accessTOevents, please contact Rachael directly at: Rachael Authors, M.Sc. (OT), OT Reg. (Ont.)

Occupational Therapist and Founder, accessTOevents

Tel: (905) 392-0157

Email: [rachael@accessstoevents.com](mailto:rachael@accessstoevents.com)





# Canadian Researchers Review Quality of Exercise Options for People with Disabilities

*Quality, not just quantity, important for building parasport programs*

By Canadian Disability Participation Project (CDPP), as provided by **Patty Wellborn**, University of British Columbia, and **Nicole Watts**, Canadian Paralympic Committee



**W**hile blueprints are essential for any construction project, a team of researchers—working in consultation with the Canadian Paralympic Committee (CPC)—say a clear blueprint is vital when it comes to establishing sporting programs including people with disabilities.

University of British Columbia researcher Kathleen Martin Ginis, along with a team of scientists from several universities and disability sport leaders from across North America, has been examining the quality of sport-related activities for people with disabilities.

“The opportunity for someone with a disability to participate in an organized sport continues to grow each year in Canada,” said Martin Ginis, who runs the Canadian Disability Participation Project (CDPP) from UBC’s Okanagan campus. “However, not all programs are created equal.

“While it is important to support sporting organizations in their quest to offer people with disabilities opportunities to participate in sport, it may also be time to start looking at the quality of these opportunities,” said Martin Ginis.

“Research has proven that it’s vital for people with disabilities to be active,” said fellow researcher Amy Latimer-Cheung, a Canada Research Chair in Physical Activity Promotion and Disability at Queen’s University. “Sport is proven to promote physical activity among individuals with disabilities and has the potential to empower people, create a sense of community and redefine personal identities.”

To increase the likelihood of realizing these benefits, the quality of parasport is now being addressed.

“Quality experience should stand at the core of all sport,” explained Latimer-Cheung. “Participants should feel that they belong and have a choice. They should feel challenged, successful and focused. At the same time, they should find their activities meaningful.”

The research team suggests that positive experiences like these will help people stick with sport and achieve a range of personal and performance benefits. Further effects of more people active in parasport also include a stronger system across Canada to develop more high-performance athletes.

Along these lines, the team has introduced an evidence-informed tool, called the **Blueprint for Building Quality Participation in Sport for Children, Youth, and Adults with a Disability** that can help sport organizations determine if they are offering quality opportunities. The blueprint uses up-to-date research to provide tools for building quality participation in sport programs specifically for people with a disability.

“Sport administrators, coaches and policy makers who focus on sport for people with a disability must make quality of their programs a priority,” said Martin Ginis. “They now have an evidence-informed tool to help them in their quest.”

CPC’s CEO Karen O’Neill says the organization, alongside its sport partners, will look for the best ways to incorporate the blueprint to advance the quality of opportunities available for all para athletes. “This is important work and we applaud and support Kathleen Martin Ginis and the entire team of researchers for their efforts in improving parasport development. We know the incredible positive impact sport participation can have on the lives of people with disabilities. Offering quality experiences increases the chance of creating both lifelong and high-performance athletes, which ultimately supports the development of a strong and sustainable Paralympic sport system in Canada.”

The research introduces the Quality Parasport Participation Framework, which centres on six experiential elements that act as the ‘building blocks’ of quality parasport experiences. Under those building blocks, the team identified 25 conditions covering issues like physical environments, social environments, and activities that promote quality experiences. The ultimate goal is to provide the best experience for all involved.

“Our research, and the accompanying blueprint, emphasize that a multi-pronged approach is required to ensure a quality experience for all participants,” added Martin Ginis.

This research, partially funded by the Social Sciences and Humanities Research Council of Canada and the Canadian Disability Participation Project, was recently published in the journal *Psychology of Sport and Exercise*. ●

## ABOUT UBC'S OKANAGAN CAMPUS

- An innovative hub for research and learning in the heart of British Columbia’s stunning Okanagan Valley.
- Ranked among the top 20 public universities in the world, UBC is a globally recognized research-intensive institution whose Okanagan campus was established in 2005.
- The Okanagan campus emphasizes smaller class sizes, experiential learning, and research activity for students, combining a world-class UBC degree with a tight-knit and entrepreneurial community.
- As part of North America’s most international university, the campus is home to 9,000 students representing 98 countries.

Novalte user.

# ASSISTIVE TECH

## What's Right for You?

By **Beverley Jenkins**

*Tech companies create products with the consumer in mind and a number of companies, as well as individual entrepreneurs, focus on people living with disabilities. They have created adaptive devices to help improve their customers' lives. Known as assistive technology, these apps and gadgets cover a range of complexity and include anything that can help people more easily complete everyday tasks.*

In this article, we have investigated two companies that have created devices specifically designed for people with disabilities. At first glance, they seem similar, but on further inspection they each have different applications that may be more suited to your individual needs.

If you are looking for assistive devices to make your everyday living easier, you might want to investigate what these companies have to offer.

### **Tecla Opens World of Technology for People with Disabilities**

In 2010, Komodo Open Lab created Tecla, an assistive device that helps people with physical disabilities use smart phones, tablets and smart home technology. Using Tecla, people are able to use blinking, blowing or whatever movement they have to interact with phones, tablets, computers, lights, TVs, and many other technologies.



Tecla allows an individual to interact with their iOS and Android devices, computers, and smart home systems, hands-free. This means you can use Tecla and your smart devices anywhere you are.

tecla-e is the newest version of Tecla. The cloud-connected assistive device provides users with control of their smart devices and environment. It can pair with up to eight (8) Bluetooth devices and the user can switch between them by pressing and holding one of their switches. tecla-e can control internet-enabled appliances via





Left page: tecla-e is the newest version of Tecla. The cloud-connected assistive device provides users with control of their smart devices and environment.

Right: tecla-e in use.

Below: Tecla's co-founders, Mauricio Meza and Jorge Silva, are both biomedical engineers who have years of experience in the assistive technology field.



its WiFi connection, this is done through smart home platforms/services. tecla-e has location, temperature, motion, and ambient light sensors. The information gathered by these sensors can be uploaded to the cloud and accessed through the Tecla apps for iOS and Android. The user can make this information available to family and caregiver who have also downloaded the app for extra peace of mind.

Tecla's co-founders, Mauricio Meza and Jorge Silva, are both biomedical engineers who have years of experience in the assistive technology field. Mauricio, who some of our readers may remember, used to work at Lyndhurst Rehabilitation Centre in Assistive Technology Services. He said, "I left Lyndhurst to go back to school to study business. I saw a need among clients at Lyndhurst, and I started a business plan on an accessible iPhone. After finishing my degree, I met Jorge who was working on a prototype of an iPhone that would help people with disabilities. Our idea was to make it mainstream rather than building something from scratch. It needed to be inexpensive and give people with disabilities the access to technology that they were asking for.

"All Tecla users are unique. This is why we built a device that can be used in countless different ways to encourage people with disabilities to use technology to increase their independence at work or at play. tecla-e is a device that benefits young students as much as it



benefits teens, adults and our aging population."

Komodo Open Lab, is based out of the Biomedical Zone (BMZ) at St. Michael's Hospital in the heart of downtown Toronto. The BMZ is a partnership with Ryerson University and St. Michael's Hospital which is an incubator for companies focused on health care. Here, they are able to work with clinicians doing clinical trials, other health care professionals, and be connected with health care organizations. "As we're expanding manufacturing and production, we

**Tecla currently has approximately 5,000 users, is reasonably priced at \$660, and the company has a # 1-888 support line. They also offer a 'by appointment' consultation service, which is primarily used by clinicians when they are with their client doing the set-up.**

will eventually need more space, and will find our own space out of the BMZ," said Mauricio.

Basically, the Tecla box is a hub and you can connect to anything that is switch adapted. That includes your wheelchair, phone, TV, smart appli-

ances, lights, etc. Certain things like opening doors is possible, but you would require additional/different hardware. Other Tecla devices include mountings and switches that you can blow. It is portable during the day in your chair, or you can remove it and put it at your bedside and continue using your devices in bed.

What differentiates Tecla from others is that it gives access to Apple, Google and Amazon Alexa, and Alexa can be accessed through the app whether the user has an Echo or not. Tecla also gives access to Alexa to people who aren't vocal, e.g., use a ventilator or have a strong accent, by connecting to the Alexa account and creating commands for Alexa through switches. This also works for people who have memory issues and can't remember commands. If they save the command, and press the button, Alexa will respond to that command.

Set-up is pretty simple. Mostly, a clinician will help you set up Tecla. "We work with clinicians at Lyndhurst who are assisting patients looking for products that might help them in their daily life," said Mauricio. "Everyone's needs are different, and a clinician can help tailor our product to their patient's needs."

Tecla have a lot of people who buy their product online, and they will have a family member or caregiver help them with set-up. Their website also has videos and an online course that helps with set-up.

Tecla currently has approximately 5,000 users,

is reasonably priced at \$660, and the company has a # 1-888 support line. They also offer a 'by appointment' consultation service, which is primarily used by clinicians when they are with their client doing the set-up.

The future of Tecla looks bright. The bulk of their business is in Canada and the USA, but their digital marketing and blogs are attracting people from as far away as Australia and England. They have a distributor in Germany and are looking for other partners to help expansion in Europe and Asia. And product innovations are in the works with the addition of temperature, motion, light and location sensors. They will soon be releasing monitoring systems so people will be able to follow users and the environment around them. The biggest innovation to come will be when Tecla will be able to automatically trigger lights, communicate to other public terminals like the presto system, talk to an elevator to tell it what floor you want to go to, etc. The possibilities are endless.

Komodo Open Lab has received development grants for its work, first from the Ontario Centres of Excellence and support from the Industrial Research Assistant Program. They are currently working on a pilot project with Holland Bloorview Kids Rehabilitation Hospital – made in Ontario Health Technologies for kids – to try Tecla, versus traditional assistive devices. They are testing Tecla's affordability and if, when using the device, kids can complete tasks faster, etc.

The early version of Tecla was covered by the government's Assistive Devices Program (ADP). The company is now working with clinicians to get their endorsement of the new Tecla e, to have the clinicians recommend/apply to have it on the list of products that are funded by ADP.

For more information on Tecla, please visit [www.gettecla.com](http://www.gettecla.com).



*What differentiates Novalte from other companies that produce/sell assistive products is that they can remotely service the Emitto Ecosystem from anywhere in the world. Novalte's Emitto Ecosystem is a hub and everything can run through the device including smart appliances.*



*Michael Cullen, the CEO and Co-Founder of Novalte began his career as a controls engineer – building power stations, machines and factories in Ireland.*

## **Novalte – We help our clients control their everyday surroundings**

Novalte is a company that specializes in control solutions for people with physical disabilities. They modify complex technology and offer clients easily-accessible control solutions using the best access method to control their environment. Novalte was established by qualified engineers with over 30 years of experience in the field of Biomedical Engineering and Control Solution design. They identified the need of services and their focus is to use their experience in their interactions with these individuals to provide the best solution for their safety and independence.

Michael Cullen, the CEO and Co-Founder of Novalte began his career as a controls engineer – building power stations, machines and factories in Ireland. He moved to Toronto to continue his career. It dawned on him one day, at the intersection of Yonge and Dundas, when he saw a chap who'd had a stroke, that he knew there was something in the iPhone that could help. So, he reached out to Holland Bloorview Kids Rehabilitation Hospital. He told them about his qualifications and there was a position in the Electronic Aids Daily Living – to help kids with disabilities that were non-verbal communicate using their computer and help adults live independently. Cullen worked in this position for a few years, developing customized assistive technology for patients.

After he'd moved on from Holland Bloorview, the adult clients he'd helped at the program called him and more started calling so he began to develop products for them. He then developed Emitto Ecosystem.

"I've worked in the Assistive Technology field for the last decade at some of Ontario's leading rehab hospitals for both kids and adults, helping individuals with mobility disabilities communicate, drive their wheelchairs and control their homes independently. With Emitto, I can enable clients to have greater control over their environment, and my mission is to remove barriers so everyone can access the world in which they live."

He said, "When I was at Bloorview, these systems were over \$10,000 and that wasn't practical as they all had to be customized. I came up with a system that is easily transferrable to people with different physical disabilities. And we were able to get the cost of the systems down because of that. We no longer had to physically modify the hardware, we just needed to change the software."

Novalte was born in 2014, and now has eight staff. They are located at the Design Fabrication Zone at Ryerson University. The Zone specializes in fabrication start-up companies and has the space, tools and mentors they can connect with to accomplish what they are trying to do. Novalte also has a relationship with Conestoga College in Waterloo helping with product development.

Michael said, "The Ontario Centres of Excellence grant we received is leveraging their technical expertise to help us further our development and we are rapidly growing. We are currently doing a pilot study with the March of Dimes to illustrate how our system helps people with disabilities by empowering them."



Right: Michael Cullen installing Greg's device.

Below right: Novalte in use.

What differentiates Novalte from other companies that produce/sell assistive products is that they can remotely service the Emitto Ecosystem from anywhere in the world. Novalte's Emitto Ecosystem is a hub and everything can run through the device including smart appliances. The most common requests for its operations are for door openers, accessible switches or Google voice. The others are for a hospital bed controller, switch or voice, and others are for controlling TV, off the shelf lights and plug sockets for fans. The current version of Emitto can run on power from a powerchair or from a plug socket. If you have manual chair you can use a portable battery pack. As needed, you can use a switch or voice control.

"There is no competitive product like ours on the market, that will do as many things," said Michael. "Our system attaches onto a wheelchair for access, and if there is an issue, we're able to log into the system to see what might be going on. For instance, one person hadn't plugged the Emitto into their wheelchair, and remotely, we could detect that so they could fix the problem." And if needed, they Novalte has 24/7 assistance!

The price point is \$3,200 for hardware and mounting, so the system is very competitive for anything like it on the market. As more people purchase the product, Novalte will be able to drop the price. The Emitto Ecosystem is currently sold in southern Ontario and BC. Michael said, "In order to help reduce the cost for our community, we are expanding into ageing populations who will benefit from our product. We can currently remotely record and notify loved ones when attendants are with or not with a client. That is recorded when a Bluetooth key fob detects when they walk in. There is a system attached to theirs that can send predefined messages/notification system which is very beneficial for safety and their security of mind.

Novalte is developing extensions of its product, which is proprietary at this point. We will have to wait for updates on this.

Novalte's products are not currently covered by ADP, but this is in the works and it will probably be available with ADP funding in the later part of this year.

For more information on Novalte and Emitto Ecosystem, please visit [www.novalte.ca](http://www.novalte.ca). ●



***The price point is \$3,200 for hardware and mounting, so the system is very competitive for anything like it on the market. As more people purchase the product, Novalte will be able to drop the price. Novalte has 24/7 assistance!***





# Scotiabank Toronto Waterfront Marathon 2018 / October 21st

**Spinal Cord Injury Ontario will be participating in the Scotiabank Toronto Waterfront Marathon and we would love you to join us!**

This will be the third time we will have taken part in the Toronto race. Last year 30 people ran, walked or rolled on behalf of our organization, raising more than \$22,000!

Here's a friendly challenge to see what you can do this fall; time to start your training and your fundraising!

On October 21st, you will get your chance to lace up

your running shoes. You can roll, walk or run in the 5k, half marathon or marathon. To learn how you can participate in support of Spinal Cord Injury Ontario, visit [www.sciontario.org/TOMarathon](http://www.sciontario.org/TOMarathon).

Help us deliver and champion excellence in service, support and advocacy for people with spinal cord injury with a little bit of hard work... and a lot of sweat! ●



## THE GEORGIAN COLLEGE AUTO SHOW

By **Sarah Mueller**, Regional Services Assistant

*The Georgian College Auto Show, held the first weekend in June in Barrie, is the largest outdoor, student-run automotive show in Canada. Once again, Spinal Cord Injury Ontario's Barrie office was fortunate to have display space at the show.*

**A**long with our generous sponsor, Humberview Mobility, we enjoyed two days of glorious sunshine and public interaction. Our booth was right in the thick of the action this year, located across from Ford's large display. Humberview Mobility displayed two adapted vehicles; a Ford Explorer side entry vehicle and a Dodge Grand Caravan side entry. Dwayne Gregorchuk and Rob Simon spent Friday and Saturday with us at the Humberview booth.

This year's Auto Show was more accessible for everyone, as all of the displays were on the pavement as opposed to being on grass.

On Friday, June 1, we had a client, Peter White, display his Lexus RX 350 with a robot arm that automatically puts his wheelchair into the trunk of the car for him.

Saturday brought tons of sunshine and a beautiful 2017 black Corvette, driven by our client Peter White. That's right, folks – a Corvette driven using hand controls. Who says driving with a disability can't look cool!

Saturday also brought JR Nieuwland, a physiotherapist from Skill Builders Physiotherapy and Rehab Centre in Barrie. JR was on hand to show off Skill Builders' adapted driving training car and he answered questions about hand controls and driving assessments.

All in all, the event was a great opportunity to meet new clients and see what is new in the world of adaptive vehicle modifications. ●

**Keep informed of all provincial events at**  
[www.sciontario.org/events](http://www.sciontario.org/events)





# Affordable and Accessible Activities for the Summer

By **Nancy Xia**, Community Resource and Education Assistant

## Butterfly Conservatory

### Niagara Park Botanic Garden

Over 2,000 butterflies, made up of 45 different species, call this beautiful space home. Visitors to the Butterfly Conservatory are transported to a tropical paradise full of lush vegetation, trickling waterfalls and thousands of vibrantly coloured butterflies.

It is open all year long. Admission is \$15 for adults, \$9.75 for children, and free for kids 5 years old and under. Support persons get in for free. Check this website for more info <https://www.niagaraparks.com/visit/attractions/butterfly-conservatory/>. Also check out other attractions in Niagara Parks

## Bird Kingdom

### Niagara Falls

This is one of the best things to do in Niagara Falls. You will meet friendly parrots and exotic animals. Explore the Night Jungle that is home to curious

owls, bats and fascinating nocturnal creatures. You will be amazed by the World's Largest Indoor Aviary, where exotic colourful birds fly freely in the multi-level rainforest. You also get to feed parrots as they land on your hands and shoulders.

It is open all year long. Adult admission is \$15 if you buy tickets online. More info is on their website: <https://www.birdkingdom.ca>.

## Africa Lion Safari

### Hamilton

This is rated as one of the best attractions in Canada. You will see wild animals running around your car as you drive into their territory. You will also see shows featuring the smartest birds and animals in the world. It's totally accessible.

This park is not under the Access 2 program; however, they offer both a person with a disability and their attendant 25% off their regular admission at the Ticket Booth. Adult admission is \$32.95. More info:

<https://lionsafari.com/>. *continued next page*



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It is not known how much an individual will recover after a SCI. Walk It Off designs a program that does not impose limitations. Our focus is to stimulate the non-functioning areas of the body through core strengthening and repetitive load-bearing exercise.



# Affordable and Accessible Activities for the Summer

continued from previous page



## Gliding

**Toronto, Ottawa, London, Montreal, Quebec, Calgary, Edmonton & Vancouver**

Described by many as, "the opportunity of a life-time," Freedom's Wings gives hundreds of people each year the incredible experience of soaring in a glider. Through the generous donations of their sponsors these flights are available at no cost to people with disabilities. Most of their locations across Canada also offer flights to the individual's caregiver/attendant at a discounted rate of \$90 (tax included).

The program technically runs until the snow comes. For more information on this program or to book a flight, please visit <http://freedomswings.ca>.



## Sailing

**Toronto**

Located at the Toronto's beautiful harbourfront, the Disabled Sailing Association of Ontario (DSAO) welcomes new and returning members each summer. Sailing members have access to DSAO programs, events and equipment, including boats, safety equipment, assistive devices and dockside assistance during program hours of operation. Members can sail recreationally, participate in racing, register for sailing courses, or volunteer as a companion sailor.

The program runs until the end of September. Seasonal membership is \$50 per person. Bursaries are available to apply for those in need. Each 90-minute sail outing is \$15. Please visit their website for more info <https://disabledsailingontario.com>.

## Learning to Sail

**Ottawa**

Nepean Sailing Club in Ottawa offers courses for beginners. This program introduces the world of sailing to individuals with physical disabilities. Their specially built boats and curriculum are customizable to fit many needs. Sailors should come each week ready to sail, learn and meet new people. After completing this program, sailors will have learned basic boat theory, and be able to sail a boat in low winds with a companion.

Fees: \$125 for members and \$140 for non-members. More info: <http://www.nsc.ca>.

## Parasport Ontario and Wheelchair Sport Association Ontario

There are more than 33 categories of Parasport that you can explore to increase your physical activity levels and meet new people. Check their website for local clubs near you

<https://www.parasportontario.ca/>

and upcoming events in the summer

<https://owsa.ca/programs-and-events/>.

## Canadian National Exhibition

**Toronto**

August 17 - September 3. A guest with a disability receives a 50% discount on regularly-priced CNE admission upon self-declaration of disability to CNE gate staff. This discount applies to in-person gate purchases only. If a guest with a disability requires assistance during their CNE visit, they receive complimentary admission for their support person upon presentation of an Access 2 Entertainment Card. The discount is not available online. <https://theex.com/>

## Access 2 Entertainment Card

**Canada wide**

The Access 2 card is for people of all ages and types of permanent disabilities who require the assistance of a support person at hundreds of participating entertainment, cultural and recreational venues across Canada, which includes all movie theatres. The support person gets a free admission.

A 2-year membership is \$20, and a 3-year membership is \$30. Please visit their website for more info and participating venues: <https://access2card.ca>.

## Other Suggestions:


**Free Admissions:** CNE, Ferries to Toronto's Centre Island, Local Festivals and Fairs, Arts and Crafts Shows.

**Summer Fun Guide** is an excellent search engine for everything that's happening in Ontario this summer. Website:

<https://www.summerfunguide.ca/>

**Ontario Tourism:** They will send you a copy of their 2018 Attractions Ontario guide, 2018 Ontario provincial parks guide, and the 2018 Best of Ontario guide, Festivals and Events guide and Ontario road map. To order free travel guides, please reach them at 1-800-668-2746 or [info@ontariotravel.net](mailto:info@ontariotravel.net). Website: <https://www.ontariotravel.net/en/explore>. ●



A man wearing a blue long-sleeved shirt and a grey baseball cap is driving a car. He is looking down at a smartphone in his left hand, which is resting on his lap. His right hand is on the steering wheel. The car's interior, including the dashboard and center console, is visible. The background shows a blurred green landscape, suggesting the car is in motion.

Ignore the distractions.  
Focus on the drive.  
Get home safe.

**#likelife**

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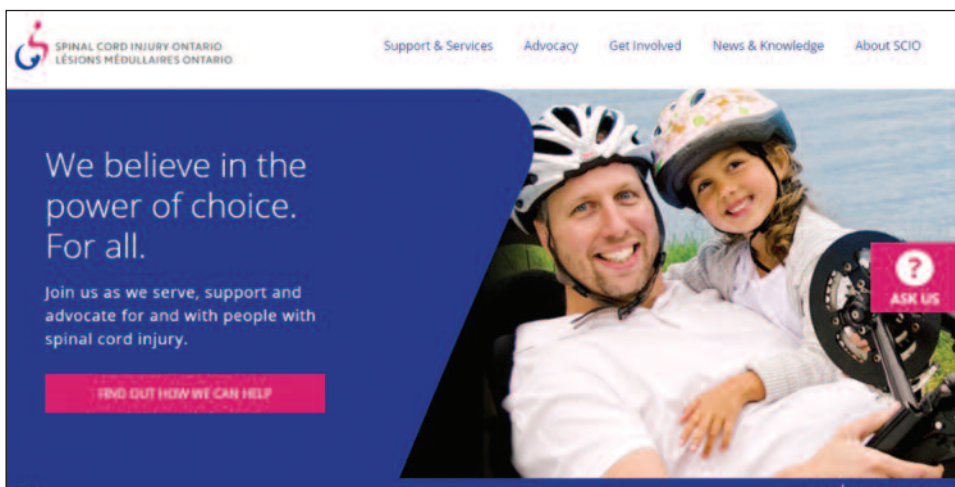
IBC  BAC



# We've had a make-over!


## Have you seen our new website?

Launched at the beginning of June, the new Spinal Cord Injury Ontario website is a slick hub of information packed with tools and information. Whether you're already part of our community or wanting to learn more about it, [www.sciontario.org](http://www.sciontario.org) is a one-stop-shop for services, events, fundraising opportunities and so much more.



<p>Looking to network with peers and gain valuable knowledge?</p> <p>CHECK OUT SCIO PEER WORKSHOPS</p>	<p>Looking for a job? Or to fill a job? Look here.</p> <p>CHECK OUT SCIO EMPLOYMENT SERVICES</p>	<p>Looking to refer yourself or a client to SCIO? We're ready.</p> <p>COMPLETE CLIENT SERVICES REFERRAL FORM</p>	<p>Looking to build a more compliant workplace?</p> <p>TAP INTO OUR CORPORATE TRAINING</p>
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### Peer Support



→ BENJAMIN KING, PEER SUPPORT VOLUNTEER

**You are not alone.**

Sometimes all we need is someone who can listen and draw from their own experience as we face a new journey in life. If you or a family member have sustained a spinal cord injury, it's natural to have a lot of questions and experience a range of emotions. We've been there, and are here to help. Our Peer Support Program matches people who are newly injured, and their family members, to people who have lived experience with a spinal cord injury, and who understand.

**HOW IT WORKS**

You and your family will be introduced to a trained volunteer, a person with a spinal cord injury or a family member, who has

**SUPPORT AND SERVICES**

**AT YOUR SERVICE**

**CONNECT**

- Peer Support
- Peer Connections Workshops
- Buy, Sell & Share

**RESOURCES**

**JOIN OUR COMMUNITY**


**“ Talk about Impact ”**

"I would like to thank the staff from the bottom of my heart! I am back at work!"

Employment Services client

**ASK US**

### Join Our Community




→ CHIEDI: PEER SUPPORT VOLUNTEER

**I like what you're doing.**

This simple thought built our community these past 73 years. And it's the thought that continues to strengthen our work - and resolve - to expand our reach and impact. We invite you to join our inspired group of change-makers - all it takes is a word from you that you want to stay in touch on our initiatives to **support, serve and advocate** for and with people with spinal cord injury. It's the thought that counts for real change.

**STRENGTH IN NUMBERS**

### Service Co-ordination



→ ANDRE CASSELMAN, SCIO STAFF

**What's your goal? We can help.**

No matter where you are on your journey or what plans you have, our experience and expertise can help you move closer to your goals. We are your greatest resource, next to you. Our staff members - many of whom have spinal cord injury - are in your community providing practical help, advocacy and assistance. If it's important to you, it's important to us.





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## 100+ Women Who Care – Sault Ste. Marie, June 2018

By **Diane Morrell**, Regional Client Services Coordinator

*If you haven't heard about 100 Women Who Care, take a minute and look them up. They have come up with a straightforward, beautiful plan to make a meaningful difference to local charities, and they're popping up all across North America.*



**S**pinal Cord Injury's Sault Ste. Marie (SSM) regional office was the recipient of the June 19 meeting of 100+ Women Who Care SSM, which raised a whopping \$13,155 for the Enhancing Independence Fund, which helps our clients purchase much needed equipment.

### **How does this group work?**

Their formula is simple and brilliant. One hundred women meet for one hour and donate \$100 each. Members can also form a team of two or four people to make a \$100 donation. The result for each event is \$10,000 or more for the chosen local charity!

### **How is the charity selected?**

All those who donate \$100 (whether individually or in teams) submit the name of an eligible organization by ballot. Ballots are collected during the meeting, and from these, three ballots are chosen at random. Attendees then vote to choose one of these three to receive all funds raised at the next meeting. It's a two-step voting process that works very well.

All funds go directly to the chosen charity. Administrative costs are generously covered by the group's executive committee.

The 100+ Women Who Care SSM was organized in May 2016, and since that time has helped to raise \$134,697 for our community.





**Past recipients include:**

- Algoma Autism Foundation
- The Soup Kitchen
- Breaking Away
- Pauline's Place
- Women in Crisis (Algoma)
- No Limits Adaptive Ski Association and SkiAbility Algoma
- Meals on Wheels
- Sault Search and Rescue

Every group operates by general guidelines, but also have the discretion to choose the rules by which they operate. The following are some of their guidelines:

- We support small, local, grassroots registered charities, foundations and not-for-profits, which operate on a shoestring budget, and are volunteer-driven, with no or limited staff.
- We are looking to donate to groups which support the most vulnerable members of our community, groups for whom \$10,000 or more will make a tremendous difference.
- To be eligible, the organization must have a registration number from the federal government.
- Funds are not to be used for infrastructure or salaries.
- All monies must stay and be used locally.

Big thanks go to the executive team for all their hard work and dedication to our community, as well as all the 100+ Women Who Care SSM.

Our world needs more kindness and compassion for each other, and 100+ WWC is doing exactly that. Let's continue to make kindness contagious.

<http://www.100womenwhocaresm.com>

<https://www.100guyswhocaresm.com/>

<https://www.100whocarealliance.org/about-us/history> ●



**Their formula is simple and brilliant. One hundred women meet for one hour and donate \$100 each. Members can also form a team of two or four people to make a \$100 donation. The result for each event is \$10,000 or more for the chosen local charity!**

## COMMUNITY EVENTS

### **Rebuilding Lives Golf Tournament – Milton**

*Come out and join us on the greens for a fantastic day of golf, friends, food and fun.*

This is a great opportunity to get together with colleagues, clients or customers in a beautiful space for an important cause.

**Learn more, register and sponsor online.**

**Date:** October 3

**Time:** 8:00 am to 5:00 pm

**Location:** RattleSnake Point Golf Club, Milton, ON

**Presented by:** Provincial Building & Construction Trades Council of Ontario/Central Ontario Building Trades and Bruce Power & Spinal Cord Injury Ontario

All proceeds support Spinal Cord Injury's work to remove barriers to progress for our clients.

To learn more about the event, and register online, visit:

<https://scio.waypointgolf.com>.

MEC Club members left to right: Kayleen Cadalin, Jessica Tanudjaja, Kaitlyn Rourke, Teresa Kattackal, Jenna MacNeil, Emma Grigor, Mehdi Hegagi Absent: Sadie Walker, Alison Vrckovnik.

# It Takes a Village

By **Chris Bourne**, Regional Services Coordinator

## *Student based non-profit provides free medical equipment to people in need*

**A**ccess to much needed medical equipment can be a key factor for improving an individual's quality of life. For people living with a physical disability, being able to access needed equipment can be a life changing event. Unfortunately, for a number of people in our community the cost of purchasing new equipment may be insurmountable due to financial constraints. The Medical Equipment Collection (MEC) Club is non-profit student run organization at the University of Ottawa that aims to provide free access to medical equipment for people who may need financial assistance.

The idea to start the MEC Club was sparked by Emma Grigor, a graduate student in Epidemiology at the University of Ottawa. She said, "As a volunteer at the Ottawa Hospital Rehab Centre, I was aware of the cost of medical equipment through my previous experiences working

with people who have a physical disability. After learning from Nathan Rusthoven, a social worker at the rehab centre, that many community based retirement homes in Ottawa have unused equipment, I realized that a student run club that served as a sort of 'go-between' by contacting these homes for equipment donations could make a real difference in people's lives."

The MEC Club, which was officially founded in 2016, is made up of dedicated and passionate undergraduate and graduate students from the University of Ottawa. The MEC Club liaises with a number of retirement homes in Ottawa, collects unused medical equipment and re-distributes it to those who need it. The Club works closely with me and Angela Clair, Regional Services Coordinators in Ottawa Spinal Cord Injury Ontario's Ottawa office. We share our client's equipment needs with The Club's team and they diligently communicate these needs to

the retirement homes they have partnered with in order to quickly locate useable equipment that meets client-specific needs. The types of medical equipment that is most commonly collected are wheelchairs, walkers, scooters, hospital beds and commodes.

I have been working closely with the MEC Club to develop this service. As a Regional Service Coordinator, I spend a lot of my time searching to find donated equipment for clients. Having the MEC Club as a source that has access to a wide range of equipment saves me a lot of time and effort. This is a fantastic resource for Spinal Cord Injury Ontario clients and our community.

The progress the MEC Club team has made and the positive impact their work has had on people's lives is encouraging. One recipient, a Spinal Cord Injury Ontario client who was experiencing financial need, had an urgent need for a scooter earlier this year. Their

team was notified and were able to quickly liaise with contacts at retirement residences in Ottawa to find a donated scooter. When he received the scooter he explained, "Before, I had a lot of difficulty going to see my family physician. Now I can go with my scooter without a problem and without delay. I can go to the pharmacy, the laboratory, the grocery store and manage on my own. Also, financially, I am saving a lot of money on transportation for trips that I would previously have had to take taxis. I feel psychologically better, and I am happier than before."

There is a clear potential for the MEC Club to continue to benefit people in need in Ottawa and even help serve as a model for other communities.

### **Connect with the MEC Club:**

**Facebook page**

<https://www.facebook.com/uottawamec/>

**Website**

<https://uottawamec.wixsite.com/uottawamec>

**Email**

[uottawamec@gmail.ca](mailto:uottawamec@gmail.ca) ●



# Dennis Burke Recognized for His Volunteer Work

By **Sarah Mueller**, Regional Services Assistant

*On Sunday, April 29, 2018, the Ontario Volunteer Service Awards were announced in the Simcoe County area. One of the recipients of the award this year was a man named Dennis Burke.*

**D**ennis received the award for his ten years of volunteering with Spinal Cord Injury Ontario, although he has volunteered a lot longer.

His volunteering days began after he sustained a complete spinal cord injury that left him with paraplegia in 1988. While he was an inpatient at Lyndhurst Rehabilitation Centre in 1988, he began giving some of the younger guys advice on everyday life. After he was discharged, Lyndhurst would often call him to see if he would speak with someone who had recently sustained a spinal cord injury.

It was through one of those individuals that Dennis met Heather Hollingshead, Regional Services Coordinator in the Barrie region. After meeting her, his volunteering was a little more structured and formal. Dennis also got involved in the Wheelchair Relay Challenges right from the beginning.

When asked what he likes most about being a volunteer with Spinal Cord Injury Ontario and in particular being a Peer Support volunteer,



*extraordinary people*

Dennis said that he liked the opportunity to meet new people. He loves to help people, whether it be by bringing his own vehicle purchasing experience to a conversation or what products work best for wound care.

When I asked Dennis what receiving the award for his volunteer service to Spinal Cord Injury Ontario meant to him, he replied, "It is nice to be recognized but I don't do it for the accolades. It is great to be a Peer Support volunteer because you're exposed to people of all abilities and it's a great way to make new friends and help people out."

Congratulations Dennis and thank you for your ten years of volunteer service to Spinal Cord Injury Ontario! You are very much appreciated. ●

## Windsor Peer Connections

*Hello, Windsor!*

**D**o you or a family member have a spinal cord injury? The provincially popular Peer Connections has arrived in Windsor!

Each month, we'll be covering topics related to everyday life. Everything from travel, relationships, mental health, bowel and bladder care... and so much more.

It's a great way to meet new people, make friends and connections, swap stories and knowledge and have a great time while doing so.

If you'd like to learn more or want to know when the next Windsor Peer Connections is taking place, visit our website:

[www.sciontario.org/events](http://www.sciontario.org/events). ●



*peer support*

# 2018 People In Motion Show Moves to Variety Village

By Frank Pozen

*The biggest thing at this year's People In Motion show was that it moved from the CNE to Variety Village. I live in south Etobicoke so that's a longer trip, but to get there, I could still use the TTC.*

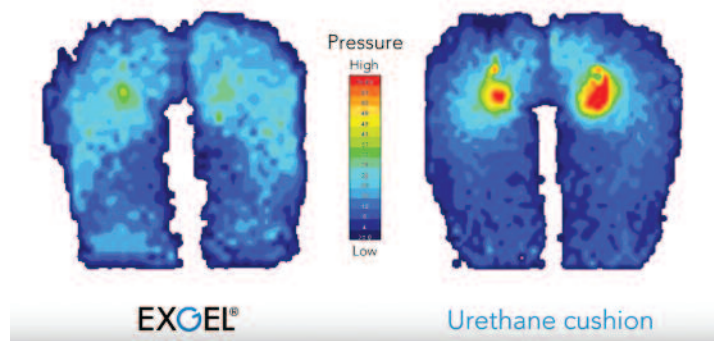


**T**he problem with the CNE is they had to have shuttle buses at Bathurst station because the streetcars aren't accessible. No such problem getting to Variety Village. I took the subway from Kipling to Victoria Park and there was a bus that goes to Variety Village. That same bus goes to Warden station which is not accessible. Someone at the show asked me about that when I told them I took the subway and bus.

I always plan in advance if I'm taking a new route. And the PIM website had the directions. It seems the TTC is starting a program where someone will travel with a Wheeltrans client and teach that person how to use the regular transit. I stopped using Wheeltrans years ago because of the wait. Not to mention the ODSP discount that City of Toronto has started. Yup, I now have a Presto card.

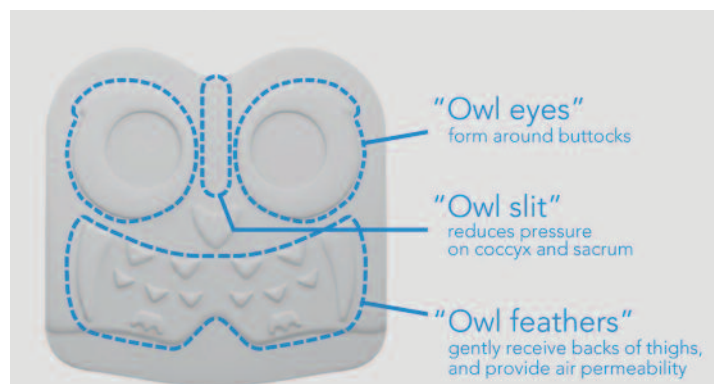
When I got to the show, it was in the Variety Village gym. I went to Permobil's booth first, because I needed their tech gurus to go over my powerchair. I have had ongoing problems with the rear casters. They told me their new casters will fix the problem. So far so good. They did a few other things, but that was the main thing I needed to be done.

I posted the above picture on my blog to thank the Permobil guys. I am also talking to their marketing people about doing some demos. The one thing we talked about is that the Assisted Device Program hasn't kept up with advancing technology. And I have two new products that use new technology.



## Exgel Seat Cushion

Everyone has a preference for seat cushions. I prefer gel but I keep having to massage the gel so it doesn't congeal. With the Exgel cushion from Japan, that will no longer be necessary. The gel will redistribute automatically to its original form. All kinds of products have been developed in recent years to eliminate pressure sores. This looks like a real solution. As I said, this product is made in Japan. And they have several varieties for the chair of your choice. The cost of the cushion depends on your choice. The Canadian distributor is LBAC Solutions in Concord. Their representative told me they are working on ADP approval. Who knows if it will ever be approved? If it was, I would order one of these tomorrow. You can contact LBAC at 1-855-275-9711. <http://www.exgel.jp/en/product/liteCushion.html> [www.lbacsolutions.com](http://www.lbacsolutions.com)





## Keeogo exoskeleton

I'm sure it won't surprise you that I have seen exoskeleton technology at these shows in the past. Usually the ones I have seen are strictly prototypes and are unlikely to ever go into production. I was very happy to see that Keeogo is trying to take the exoskeleton into production. It's still cost prohibitive but maybe if we can get programs like ADP to embrace taking this technology mainstream, we can get folks with spinal cord injuries walking again. I would like to do that.

The thing that impressed me about Keeogo is they had a Keeogo user demonstrating the product. She isn't a company owner or product developer trying to put on a dog and pony show. That's the kind of practical application I have been looking for in an exoskeleton. While I was at the show, I registered for Keeogo's testing program, and I will likely write about my experiences. I have already spoken to Keeogo and I am very interested in this. You can do that too. Go to [www.keego.com](http://www.keego.com) and you can register on their homepage. You can also contact them at 1-866-443-1010. They are located in Quebec but they have local care providers for the testing. This should be very interesting.

For more from Frank, you can visit his blog at <http://frankp316.blogspot.com>, or follow him on Twitter [@frankp316](https://twitter.com/frankp316). ●



## My Story

By Jessie Gregory

I was involved in a motor vehicle accident in 2008 that left me with paralysis – a spinal cord injury, neck and brain injury. I have irreversible damage to my spinal cord, nerve damage to my legs and hands, damage to my L4

& L5 discs and to my S1 nerve root. I now use a wheelchair to get around. The last few years I have been working very hard to walk again, which has been difficult because of my paralysis and the fact that I cannot fully feel my legs.

I used to be a very active person. I

loved spending time outdoors versus being inside. We did a lot of camping, hiking, biking, kayaking, fishing, riding our motorcycle, and I loved to keep active daily. After my accident, I thought none of this was possible anymore.

I saw the Keeogo Dermoskeleton for the first time in 2016, when I was at a Canadian Women's National Sledge hockey development camp. While there, I met Julia Hanes, who uses Keeogo.

I then participated in a research study with Keeogo at McMaster University, and with it, I realized I could walk in a normal, unrestricted manner. The amazing strength, stability, security and freedom that this device offered me has

changed everything in my daily life. I am now able to walk longer and farther, stand longer, walk stairs without assistance, carry items, pick things up off the ground and not be exhausted after performing these activities.

With Keeogo I am now able to get back to work and provide my family with the help they need in our family business, and I even do some of the activities I did before. My best achievement at the moment was climbing the 113 stairs of the Tobermory lookout tower, and I'm sure there will be more in the future! ●



Jessie Gregory using the Keeogo Dermoskeleton.







# It's a Wonderful Life

By Yasuteru Endo, R.D.T. (Ret.)

*I've been enjoying RV-ing in my class 'A' 32' Holiday Rambler since purchasing it new almost 20 years ago. I can tell you just how wonderful it is!*

I purchased it as a present to myself when I retired in 1999, as a token of all of the hard work I put into my job. RV life is very convenient for us and it is a very comfortable home away from home. For instance, our own pillows and pajamas are always with us. We can sleep in our own bed and use our own toilet, kitchen, dinette, and so forth. We are always packed up and ready to go on our next adventure.

If you have any spare time, you're always set to go travelling with no need to book planes, trains and hotels. Fortunately, in my case, the small dental laboratory that I ran for more than 50 years between Japan and Canada, is now being taken care of by my sons and daughter. I'm now part of the retiree community, so I have the privilege of taking two months in the winter and two months in the summer time to travel. To be re-tire-d, literally means it is time for the replacement of brand new 'tires' physically and let's go travelling anywhere, doesn't it? Life should be enjoyable!

I was born in 1935, and at the age of four I was diagnosed with poliomyelitis which caused my left foot to be completely paralyzed. Those of us with physical disabilities need a mobility device such as a wheelchair. I'd like to be independent, so my dream was to carry my wheelchair with my SUV, and to tow both using the RV towing all wheels down (sometimes described as a toad, or dinghy).

This system must be absolutely free from the risk from accidents. I had picked up some engineering ideas (I call it Japanese ancient and honourable technology) from my yachting days with the Disabled Sailing Association of Ontario's recreational sailing outings. In order to succeed in achieving my goal, I spent countless amounts of money and time in trial and error at a yachting supply house. My power wheelchair luckily weighs only about 200 lbs., so everything has worked very well.

I had never driven such a big 'car' in my life, so I took a week-long course on "How to handle RV's" that was offered at Okanagan University in Vancouver. In addition to this, I took a 48-hour course at Seneca College on air brakes which allowed me to have a 'Z' endorsement on my driver's



license. My motto is: "defensive driving; no tailgating." Always keep enough distance between yourself and the vehicle in front of you. Above all I have taken various seminars at RV rallies and I get plenty of advice from my road worthy colleagues. There is always time for an impromptu gathering of new friends and old, to talk about travel and fun times or to help someone with their RV problems.

What I find most interesting while driving my RV, is that you are sitting so high up, and on an open highway, it is unbelievable just how far the pavement goes just straight ahead with nothing to be seen as far as the eyes can see. But then, after the huge expanse of the prairies, you're surrounded by beautiful mountains, magnificent greenery, and breathtaking views no words can ever describe. That's why we "people in motion" need to go freely anywhere, and most RV parks do have accessible rest areas and accessible RV parking spaces. As snow-birds, we take our mid-winter flight southward, and 'fly' into the warm weather of Florida or Arizona, not only getting burned by alcohol but also enjoying getting sunburned, and devouring delicious foods and drinks. I get to try different local beers not available in Canada, and that is a big RVer's advantage! So far, I have been as far as British Columbia to the west, Nova Scotia to the east, and to most of the states in the USA.

If you're interested in exploring the freedom of RV-ing, I'll try my best to answer any of your questions and help get you on the road. Please e-mail me at [endok@vif.com](mailto:endok@vif.com). ●



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# Chinese Scalp Acupuncture: A Powerful Tool

By **Linda M. Rapson, MD**, CAFCI Assistant Professor, DFCM, University of Toronto Affiliate Scientist, Toronto Rehabilitation Institute Medical Director, Rapson Pain and Acupuncture Clinic



One of the most powerful clinical acupuncture tools is actually based on the anatomy of the brain (neuroanatomy). When I first heard of this technique back in the '70s I thought it would be impossible to send a signal from the scalp to the brain with just a thin stainless-steel needle. That was before it became common knowledge in the medical world that an electrode on the scalp could pick up a signal over the sensory cortex when a part of the body was touched. If signals can go **out** to the scalp from the brain, why can't we send a signal **in** to it?

Actually, we can.

In 2012, the Acupuncture Foundation of Canada Institute hosted a course taught by Dr. Jason Hao, an expert in Chinese Scalp Acupuncture (CSA). Hao is a licensed practitioner of Oriental Medicine (an American term) who, along with his wife Linda, trained with doctors in China who developed CSA, starting in the 1950s. Both Drs. Hao graduated as fully trained Traditional Chinese Medicine doctors and then specialized in CSA.

Dr. Hao treated seven individuals at the course in Toronto, all of whom had neurological problems, including major brain injury with left side paralysis, diffuse brain injury, stroke, Parkinson's Disease (2), cerebral palsy and Multiple Sclerosis. Remarkably, all but two patients promptly responded well to treatment at the course, which was videotaped. However, none of them had pain as their primary condition. A case of tinnitus (ringing in the ears) of ten years duration responded with a reduction in volume of 50% within a few minutes of treatment.

This was a very exciting revelation for me. As I had felt when I first learned acupuncture, I again felt like a kid in a candy store when I started to get dramatic results using this powerful technique; and I had been doing acupuncture for 38 years at that point.

This technique works very well for treating pain, as well as improving function in neurological conditions. There is some evidence published regarding its efficacy for stroke<sup>1</sup> and for treating Complex Regional Pain Syndrome (CRPS).

A 2012 paper published in the journal *Military Medicine* described two case histories of soldiers with CRPS, arguably the worst pain possible, and results of treating them with Chinese Scalp Acupuncture<sup>2</sup>. In addition, they tabulated the results of treating 14 cases of CRPS with CSA.

## Case #1

The first soldier, age 31, was shot in his right shoulder in Iraq. He had multiple procedures to clean out the wound, which led finally to a partial shoulder replacement operation. Post-op he had severe nerve pain for six months that could not be controlled by medications. Ultimately the artificial partial shoulder was removed and the joint was fused. Pain continued and

another operation was done with no relief. A full year after the injury, he was seen by a Physical Medicine specialist who was trained in acupuncture, including Chinese Scalp Acupuncture.

His right arm and thorax showed colour and temperature changes as well as "allodynia", meaning that pain was provoked by light touch that would normally not feel uncomfortable. His scalp acupuncture treatment consisted of one needle inserted into the scalp at a low angle, covering the left part of the brain where sensation in the right arm is processed and another that stimulated the tops of the left sensory and motor cortexes. The needles were twirled back and forth for several minutes throughout the 30-minute treatment. Immediately after the treatment, there was an 80-90% improvement in pain and allodynia as well as improved range of motion of his wrist. A second treatment three days later completely resolved the allodynia and 20 months later the CRPS pain had not returned.

## Case #2

An 18-year-old soldier fell on his outstretched left hand in Iraq, dislocating and fracturing his thumb. The injury required surgery and the placement of hardware to stabilize bones. He complained of pain and a tendon was sliding out of place, resulting in surgery to stabilize it nine months after the injury. He was diagnosed with CRPS six weeks after that surgery, leading to eight months of treatments that did not help. These included anticonvulsants (e.g., gabapentin), desensitization and a treatment called Fluidotherapy with a \$5,000 (USD) machine that performs the functions of applied heat, massage, sensory stimulation, levitation and pressure oscillations.

On physical examination he had a cold, mottled, claw-like hand with noticeable loss of muscle between the bones, and allodynia in his hand and two-thirds of his forearm. His nerve pain was all gone after four scalp acupuncture treatments and had not returned after 16 months. The only pain he had was "orthopedic from the original injury," that he rated as 1/10 where 10 was unbearable.

The Military Medicine paper reported on 14 soldiers who had Complex Regional Pain Syndrome and were treated with CSA, two of whom were the individuals described above. The average pain severity pre-treatment of the group of 14 ranged from 5-10/10 (average 7.3/10) and they had an average of 2.8 treatments. After treatment, nine soldiers had **zero** pain and four had 1/10 pain levels, a truly remarkable result.

In the Conclusion section of the paper the author states that, with respect to the two detailed cases, **"Notably, the pain reduction, functional improvement, and sensory normalization were fully maintained between treatments. To date, the treatment response has been sustained for as much as 20 months with no return of allodynia or decrement in function."**

There were no complications or side effects of treatment in either of these cases, lasting improvement required two to four treatments and relief was profound. In both of these cases the individual with Complex Regional Pain Syndrome acted as his/her own control, and it is unlikely to be a coincidence that their pain chose the moment acupuncture treatment was instituted to disappear or be reduced dramatically. The long follow-up period with no relapse supports this suggestion.

In conclusion, Chinese Scalp Acupuncture appears to be a safe and effective option for treating neuropathic pain.

**Next issue:** Other conditions that respond well to acupuncture. ●

<sup>1</sup> Wang Y, Shen J, Wang X-M, Fu D-L, Chen C-Y, et al. Scalp Acupuncture for Acute Ischemic Stroke: A Meta-Analysis of Randomized Controlled Trials. *Evidence-Based Complementary and Alternative Medicine* Volume 2012, Article ID 480950, 9 pages doi:10.1155/2012/480950.

<sup>2</sup> Hommer DH. Chinese Scalp Acupuncture Relieves Pain and Restores Function in Complex Regional Pain Syndrome. *Military Medicine*, 177, 10:1231, 2012





By Clark Lord

## Oh, What a Difference Eight Years Makes!

*Said the sinner to the saint, the pauper to the prince, the student to the teacher, the wiseman to the fool, the butterfly to caterpillar and the stone that the builder refused to use as the headstone.*

These are perhaps the stories of life. These are also possibly the story of my life up to this mysterious point where I currently stand. In recent history, I have undergone some sort of metamorphosis of the unusual variety. Where there was doubt there is now hope, where there was fear there is now courage. Where there was wandering there is now focus, and where there once was illusion there is now redemption. The specifics of these feelings range far and wide into many categories of my existence, but I write this because as I look back now, the original seeds for this growth were planted on the grounds of Lyndhurst Rehabilitation Centre way back in the summer of 2010, immediately following my discharge from St. Michael's Hospital for an incomplete spinal cord injury following a hit and run accident in June of that year.

All of the staff at Lyndhurst played a critical role in literally getting me up and going again. For the purposes of this piece I will make particular note of Spinal Cord Injury Ontario. From that point in my life, up until now, they have been a constant refuge and source of inspiration. I have had the privilege of volunteering with the organization in various capacities and their door is still open to me. It is for these reasons and others which I will proceed to mention that I decided to contribute what I can in my own way to them. They did for me when I could not do for myself and they continue to facilitate what I cannot. I am inspired by this organization because they are a loud voice for the voiceless, the minorities within a minority with whom I am all too familiar. My journey has taken me to many dark realities where people are literally hidden and I champion the efforts of this organization and Lyndhurst for representing a population of souls who have fallen on difficult circumstances, generally through no fault of their own.

Those were some of the practical, more immediately obvious reasons why I have made the choice that upon the event of my passing,

both Spinal Cord Injury Ontario and Lyndhurst will receive donations. I made this decision some time ago, but upon current circumstances it seems even more appropriate. The tide has turned for me so it only seems right to return something to the shore.

An undeniable truth is that Spinal Cord Injury Ontario and Lyndhurst have played major roles in my progress when they were not obliged to do so. Also, a miraculous and illogical combination of events has occurred to put me in a position to be able mentally and otherwise to pay it forward to the some of the roots of this growth. To put it in terms of the 12-step program of sobriety, which has become a daily part of my life post-accident, "If we are painstaking about this phase of our development, we will be amazed before we are halfway through. We are going to know a new freedom and a new happiness. We will not regret the past nor wish to shut the door on it. We will comprehend serenity and we will know peace. No matter how far down the scale we have gone, we will see how our experience can benefit others. That feeling of uselessness and self-pity will disappear. We will lose interest in selfish things and gain interest in our fellows. Self-seeking will slip away. Our whole outlook on life will change. Fear of people and economic insecurity will leave us. We will intuitively know how to handle situations which used to baffle us. We will realize that God is doing for us what we could not do for ourselves. Are these extravagant promises? We think not. They are being fulfilled among us, sometimes quickly, sometimes slowly. They will always materialize if we work for them."

There is a common misconception that the 12-step program is some sort of cult or a religion with another name. This is not so. For true addicts, there is simply no option but to seek a greater purpose, though it is up to the individual to determine what that is. All I can say is that most or not all of those predictions have come true for me over time. Also, both organizations

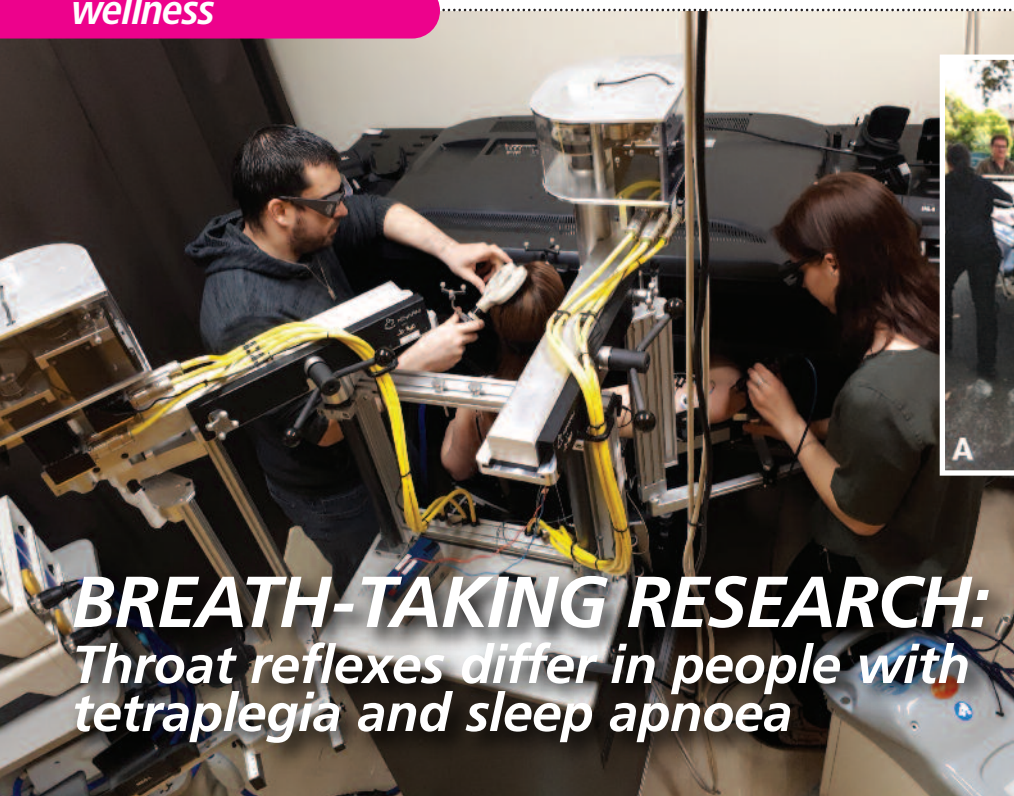
which I have chosen to give to played critical roles during my journey from addiction to sobriety and continue to do so.

"You can't give away what you don't have," as uttered by the esteemed teacher, Wayne Dyer, is another version of these concepts. In the literal, material and obvious sense this would mean money or some other physical possession. If I'm impoverished I can't give you a nickel, if I'm homeless I can't offer you shelter, etc. What it's really getting at is you can only really give away what you have inside. For example, an orange can only provide orange juice because that is what it is. If one is full of judgement, hate and delusion of one form or another they don't really have much to give no matter what the bank balance may be. I cannot say that that I am cured of these ills, but the fact is that when I was in a far different state of mind I was not willing to contribute to anyone or anything no matter how much abundance came my way. This a classic feature of depression and addiction as far as I know from experience, study and observation.

Spinal Cord Injury Ontario and Lyndhurst were critical bridges across those phases when other doors were locked. If not for their and other efforts I would likely not be where I am now and debts of all forms must ultimately be repaid to the best of one's ability. The further reality is, had it not been for these two organizations, I likely would not have made it through the other trials which were required to arrive at my current status. Not least amongst these were a lengthy lawsuit and the continuing journey to "sanity" post-addiction rehab which is now approaching the five-year mark. I don't know of any other facilities that would have been able to offer the resources that they do on these types of matters. All of course, at no cost. If I believe in anything at all, it is my privilege and duty to contribute.

There are only so many sages but this is certainly what both organizations have done on my behalf over the years. They did not know what the future held, they simply did what they could when they could and continue to do so for me and countless others. Now, whether or not they do this out of freewill or job description is up to them, it is of no consequence really. On this eight year odyssey, I cannot count the times that I have pondered, "There but for the grace of god go I." I will continue to champion the voices of the voiceless, to represent the unrepresented and to shine a light on what is hidden from the masses as best I can.

I leave you with this. What you get is what you give, and when you leave the wind is in your face, and when you return it is at your back. Journey on... One step at a time. ●



## BREATH-TAKING RESEARCH: Throat reflexes differ in people with tetraplegia and sleep apnoea

Story provided by The Journal of Physiology, Corresponding author:  
**Dr. Danny Eckert, Ph.D.**, Neuroscience Research Australia (NeuRA)

*New research published in The Journal of Physiology has indicated why people with paralysis of their limbs and torso are more likely to suffer from sleep apnoea. This knowledge could be used to develop much-needed targeted therapies.*

**O**bststructive sleep apnoea (OSA) is a sleep disorder in which the upper airway (ranging from the back of the nose to the throat area) narrows and closes repetitively during sleep. This can result in major sleep disruption and serious health consequences, including increased risk of high blood pressure and diabetes. In people with tetraplegia, which is paralysis caused by illness or injury that results in the partial or total loss of use of all four limbs and torso, the rate of OSA is over 70%. Currently, the reasons for this particularly high rate are unknown. The development of new therapies could potentially have a large positive impact on health and quality of life.

This new research sought to understand the way throat muscles react in those with tetraplegia and sleep apnoea. This will help discern why obstructive sleep apnoea is so prevalent in individuals with tetraplegia. Volunteers with OSA (with and without tetraplegia) were studied in sleep physiology laboratories in Sydney (NeuRA) and Melbourne (IBAS). Brief pulses of suction were delivered to participants via a breathing mask to simulate the airway narrowing

characteristic of OSA, with electrodes inserted into the largest muscle surrounding the upper airway, genioglossus, enabling the measurement of key reflex responses.

It was expected that the reflexes would be similar for all those with OSA, whether they had tetraplegia or not, as it was believed that they only involved processes above the injury site. However, this study showed that in several cases of individuals with tetraplegia and sleep apnoea, key protective throat reflexes were absent, or indeed led to the switching off (instead of activation) of the genioglossus muscle. These findings help to explain why OSA is so common in those with tetraplegia and sleep apnoea.

Due to the fact that this research was conducted in wakefulness and not sleep, the researchers cannot be certain that their findings translate to sleep. Regardless, their observations provide valuable insight into upper airway reflex responses, and pave the way for future physiological sleep reflex studies looking to develop effective and tolerable targeted therapies for those with tetraplegia and sleep apnoea.

Laura Gainche, one of the research investiga-



Above: A) Transporting participants from the hospital to the test room; B) JV in the test room

Left: The experimental set-up used in the study, combining the use of transcranial magnetic stimulation with a robotized exoskeleton interfaced with a 2D virtual reality environment and with a laser delivering painful stimulation to the participant's right elbow. Credit: Michaël Bertrand-Charette.

tors, commended the resilience, optimism, tolerance and willingness of all the research's volunteers, characterized especially by their first participant, JV, who sustained his spinal injury aged 16. "We were worried that nobody would take part in our long, tedious protocol. However, he just brushed it off like it was nothing, "A 2mm wide catheter in the nose? What a joke compared to the feeding tubes I had before!"

"The experimental day was intense to say the least; six people wheeled his bed up a steep slope to a test room about 100 meters away from the main hospital. Somehow, we made it through the lengthy protocol together, and it was mostly thanks to him, our first rock star patient! These participants gave us confidence that this project was feasible, and in the future the data produced will hopefully make their lives a tiny bit easier".

To see the full paper: **Genioglossus reflex responses to negative upper airway pressure are altered in people with tetraplegia and obstructive sleep apnoea**, visit:

<https://physoc.onlinelibrary.wiley.com/doi/10.1113/JP275222>.

This research was facilitated by a program grant from the Transport Accident Commission (Victoria, Australia) and a project grant from the National Health and Medical Research Council (Australia). Over 150 research staff across Australia, New Zealand, Canada and the UK worked together on the Sleep Health in Quadriplegia research program to understand the causes, treatments and impact of sleep disordered breathing in people living with tetraplegia. ●



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By Jeffrey Kerr



*The kitchen has become the social centre of the home – often replacing the living room and family room as the spot family and friends congregate.*

**N**ot surprising, people want functional, usable and flexible kitchen designs that work for everyone in the family. And an accessible kitchen is no different. It has to incorporate the unique needs of the family while preserving the warm atmosphere designed to welcome guests.

A flexible kitchen design must ensure the sink, worktop, equipment, appliances and storage can all be easily accessed and are easy to use from both a standing and seated position. Traditionally, kitchen designers focused on a compact work triangle including the sink, stove and refrigerator. But today, with more attention to everyone's needs, the triangle has to be expanded to include all work areas as well as a separate cooktop and wall oven, dishwasher and disposal of compost, recycling, and garbage.

Good design is the foundation of an efficient and accessible kitchen that maximizes independence and convenience.

Canada Mortgage and Housing Corporation has identified important considerations in accessible kitchen design:

- Kitchen layout must provide the right balance between countertop area, manoeuvring space and storage space.
- Kitchen size for someone who uses a walker or wheelchair should allow maneuvering space of 750 x 1,200 mm (30x47 in.) in front of controls, work areas and appliances. This work area can be part of the overall required minimum maneuvering space of 1,500 x 1,500 mm (59x59 in.) in the work triangle. Power wheelchair and scooter users will need a larger turning radius.
- Minimal effort design takes into account the location and relationship of all major elements within the kitchen and can include more lighting, a place to sit while working, a lower work station, and accessible storage.
- Adaptability addresses the needs of people using wheelchairs as well as those who don't. Finding an effective height for countertop, sink, cooktop, worktop and upper cabinets can be challenging. There are both high tech and low-tech design options.
- Ease of cleaning versus trends such as stainless steel has to be taken into account. Appliances, floors and countertop surfaces must be low maintenance.



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The major design elements of a universal kitchen are countertops; cupboards, drawers and pantries; sinks and cleanup areas; food preparation areas; switches and controls; interior finishing; lighting; and audibility of such things as timers and smoke alarms.

I spoke with both Randy Sora, Accessibility Design / Management Consultant at EZaccess Inc. and David Wallace, Adapt-able Design Group. Both design kitchen layouts in-house to meet the client's specific needs. He said, "I generally develop the design myself in consultation with the client and Occupational Therapist. Once we get to the general configuration and placement of appliances, storage, work areas etc., I then hand it over to the

kitchen appliances please let me know and I'd be happy to connect you with the experts I interviewed for this article.

Jeffrey Kerr, Broker, Barrier Free Real Estate Specialist,  
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kitchen designer to fine tune. They provide their input into customizing, identify hurdles that we may face or suggest additional ideas. It's definitely a collaborative process."

The Daniels Corporation, a GTA builder, provides layout options for an Alternate Kitchen within their Accessibility Designed Program, included in all Daniels' high-rise buildings moving forward. The alternate kitchen can be designed to meet the needs of people who use mobility devices and includes such features as minimum clearance of 1,100 mm between the island and kitchen; under sink clearance; and accessible counter heights, lowered to 34 inches. Appliance options include side opening oven, double door fridge, cooktop with knee clearance and a dishwasher drawer.

I talked with Deborah Damiano, the Sales Manager at Paddy's Market "The Appliance Specialist" to ask for her thoughts on accessible kitchen appliances. She said, "We work with each customer to identify their unique needs. For instance, refrigerators that are counter depth can be easier to access. The fridge on top and freezer on the bottom can also be helpful as well as swing doors or even fridge drawers that pull out. Wall ovens with swing doors are also easier to use than an oven with a drop-down door. Technology has also improved cooktops; the Induction Cooktop is extremely safe, automatically shutting off if the pot has been removed. The burners also cool down as soon as the pot is taken off the burner. The options are increasing, giving customers much more choice than in the past."

Huge advances have been made in both design and technology, helping to ensure everyone can enjoy the kitchen equally and safely. However, such changes should not be made in isolation. Professional advice, flexible solutions and long-range planning can make all the difference in the world.

The extra effort will be worth it, and as always, attention to accessibility can help in the long term with resale value.

If you'd like more information on barrier free kitchens or accessible



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# Bone Quality in Individuals with Chronic SCI



By **Lindsie Blencowe MSc CCRA**,  
Clinical Research Coordinator,  
Toronto Rehab Lyndhurst Centre

*Lidia Marini, has lived with a spinal cord injury for 37 years. She was a participant in the **Bone Quality in Individuals with Chronic SCI** study and had this to say about her experience. "I learn a lot of stuff about myself by participating in research. It was good for my bones and for my health."*

In 2006, Dr. Lora Giangregorio and Dr. Cathy Craven realized that there was very little long-term research on bone health after spinal cord injury. There were a few studies looking at the changes in bone initially after injury. At that time, it was well known that patients lose up to 50% of their bone density in the first two years after injury. But what happens to bone 10 or 20 years after injury? Do people with SCI continue to lose bone density as they age or does bone density level out at a new normal? Why do some people end up having a fracture and others do not? Are there lifestyle factors affecting bone health? Are these risk factors the same or different for people with SCI compared to the general population? Most of the studies that had previously been done were small in number, short in duration and none of them included women.

To answer these questions, the **Bone Quality in Individuals with Chronic SCI** study was launched with research funding awarded from the Canadian Institutes of Health Research. The study used two bone density measuring techniques to explore the long-term changes that can occur in bone after a SCI; dual x-ray absorptiometry (DXA, the gold standard bone density test) and Peripheral Quantitative Computed Tomography (pQCT). pQCT is a unique tool as it is able to assess bone and muscle in 3D and can provide detailed information about the density, shape, and internal structure of the bone.

The study recruited 70 people from Lyndhurst Centre, Toronto with help from The Rick Hansen Institute, who provided funding for participant transportation costs. Later, the study received funding from the Ontario Neurotrauma Foundation and Réseau Provincial de Recherche en Adaptation-Réadaptation (REPAR) to expand the study to Quebec City, where 20 more participants were recruited. In total, 90 people were followed for two years during Phase I of the study.

## Sponsors



## Study Collaborators



As the study neared completion in 2014, it was decided that it would be valuable to collect more long-term data. Post-Doctoral Fellows, funded by Spinal Cord Injury Ontario, continued the study and participants were followed for an additional three to five years in Phase II.

On June 8, 2018, a Research Tea was held for the study participants to learn about some of the study results. We have learned some exciting things so far! We have identified a new group of risk factors for fracture after SCI (see checklist). We have learned that bone density, particularly trabecular bone density (spongy inner bone), does appear to level out over time. However, the cortical bone (outer shell), continues to change shape. We also found that bone structure is related to fracture. Fractures occur more frequently in those who experience thinning of their cortical bone. In other words, even though bone density may change very little, bone structure can still change in ways that might lead to fracture. The pQCT scans also revealed some interesting details about muscle and fat which has spurred new research projects exploring how body composition (obesity, muscle, fat) after injury may be connected to changes in bone.

Finally, it was quite surprising to discover that 39% of study participants had low Vitamin D. Vitamin D and Calcium are very important for maintaining bone density. This finding has changed clinical practice by providing important evidence that all patients should take a Vitamin D supplement and eat three servings of calcium rich food each day (osteconnections.com). To view a video of the results presentation from June 8, 2018, please visit <http://sites.google.com/view/bonequalityinsci>.

So far, the articles published from the study cover the first two years of research. More results will be published in the next few years as Phase II of the project is now complete. Included in this article is a list of the publications to date, with instructions for how to find them online if you'd like to read further. If you would like to learn about the current research ongoing at Lyndhurst Centre, feel free to email us at: [TRI-SCIresearch@uhn.ca](mailto:TRI-SCIresearch@uhn.ca)

The research team would like to thank everyone who contributed to this project. Most of all, thank you to the participants as this research would not have been possible without you!

## Fracture Risk Self-Assessment

- |                                                                                                                    |                                                      |
|--------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|
| <input type="checkbox"/> Knee Bone Mineral Density < Fracture Threshold<br>(Assessed with a DXA Bone Density Scan) |                                                      |
| <input type="checkbox"/> Prior Fragility Fracture                                                                  | <input type="checkbox"/> Age at SCI onset < 16 years |
| <input type="checkbox"/> Duration of SCI < 16 year                                                                 | <input type="checkbox"/> Motor complete (AIS A-B)    |
| <input type="checkbox"/> Paraplegia                                                                                | <input type="checkbox"/> Female                      |
| <input type="checkbox"/> Alcohol intake > five servings/day                                                        | <input type="checkbox"/> Body Mass Index <19         |
| <input type="checkbox"/> Use of Narcotic Pain Medication                                                           | <input type="checkbox"/> Family History of Fracture  |
| <input type="checkbox"/> Use of Spasticity Medication ●                                                            |                                                      |



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## Giving Yourself Permission Slips to Succeed

*Joan was sitting at a round table when a hand descended over her right shoulder and slapped a piece of paper down on the wooden surface. A permission slip lay before her. Joan wondered, "Why do I need a permission slip?"*

By **Sarah Bateman**

**S**he glanced up at her colleague, Cheryl, who said, "It's a permission slip. You've been thinking about honing your presentation skills for decades. Why haven't you?"

"Why hadn't I?" Joan thought. She was right. It was her choice to dream but never act. It was her choice to exist but never take risks to improve her life. Joan was expected to give presentations at work. Her presentation style was somewhat lacking—she sometimes appeared nervous, and it was obvious to others that it wasn't an area in which she was particularly confident.

Joan noticed that her self-limiting routines and beliefs were affecting both her personal and professional life. She had to remember that her presence was significant, so she began creating her own permission slips to succeed.

**1** Her first permission slip to becoming significant and successful was allowing herself to make mistakes. This is a natural growth and learning process when we're children. If you're not willing to take a risk and possibly make mistakes, then you are not allowing yourself to change—to grow and master new skills.

Do you feel uncomfortable placing yourself in unfamiliar situations? Have you avoided seeking new responsibilities at work because you didn't want to look foolish? Research shows that it is important to become perpetual beginners. This is especially true as we age. Learning new skills makes you more flexible and ready to compete in this chaotic world. Successful working professionals are willing to become a beginner over and over again. They are willing to let go of being the expert.

There are strategies that can help you undertake new challenges. One is to break your routine. Do you find yourself often on autopilot? Are your day's carbon copies of each other? Focus your attention on trying something new. You might want to speak up more in a meeting, or seek new responsibilities at work. Find a friend or coworker to support you.

**2** Joan's second permission slip to becoming successful and significant was letting herself be heard and seen. She was practically non-existent during her early years at the office. Her first presentation was a moment of silence—she literally could not speak. Her struggles with connecting at work or in networking situations were drastically impacting her professional life. She needed to give herself a permission slip to speak up, and speak with confidence.

How would being seen and heard change your business life? Would you gain more respect from those around you? Would you be able to build trust and relationships? If you are not seen and heard, you are not known—and opportunities and promotions will pass you by because in people's minds you are not memorable.

Deciding to be seen and heard can take courage. One way to begin is to plan your intentions before you attend a meeting or meet a client. Know

what you want to contribute. Know what ideas you would like to share. In a meeting make sure you speak up early. The longer you wait to speak the harder it will be. Make eye contact with others in the room and use open body language. Be sure you are not creating a barrier between yourself and anyone else in the room. Remember, you want to be accessible at this time. Celebrate your victories so the next time it will be easier for you to speak up.

**3** Joan's third permission slip to becoming successful and significant was learning how to say no. In the office she was very accommodating; her supervisors loved her. Basically she never said no. They got into the habit of bringing her rush files, just before 5:00 pm. They would drop them at her desk and head home. Joan learned how important it was to shorten her yes list. Do you have too many YESSES in your life?

Have you forgotten the benefits of saying no? Learning to say, "no," when appropriate gives you more control over your life so you don't overextend yourself. It is a way of learning to respect yourself which will lead to others respecting you as well. Saying no gives you more time to yourself which is a precious commodity in today's chaotic world. You will have more energy and time, so when opportunities present themselves, you will be available to take them. When you have more time for yourself, you have time to determine your priorities and make better decisions which helps decrease daily stress.

### *Before saying YES, ask yourself the following questions:*

- 1) Is this something I truly want to do?
- 2) What am I saying NO to if I say YES to this?
- 3) What will I gain by going to this event or doing this task?
- 4) When I need help will this person reciprocate?
- 5) If I don't do this, how will I have better used my time?

If you decide to say no to someone, let them know as quickly as possible so they can make other plans. Maybe you can help the other person by suggesting an alternative way of doing something.

### *What aren't you giving yourself permission to do?*

What are the dreams which have escaped you until now? Since Joan began following her three permission slips she began enjoying her work life more. By allowing herself to make mistakes she felt less pressure to be perfect. She gained the confidence to learn new skills which made her more valuable to the team. When she began speaking up at meetings she learned that she had good ideas to contribute, and she was more valued by the team. When Joan said no to excessive unexpected work, she was then better able to focus on her responsibilities. If you're struggling like Joan was, give yourself three permission slips like she gave herself. They will enhance your work life, and make you a more valuable contributor to your team. ●

### **ABOUT THE AUTHOR:**

*Sarah Bateman is a widely-recognized speaker, coach, and author of, **Speak Up! Be Heard! Finding My Voice**. Drawing on her own experiences at crafting, honing, and delivering presentations, Sarah coaches entrepreneurs and business people to develop a focused message which is relatable, memorable, and succinct. A long-standing member of Toastmasters International, Sarah holds the Distinguished Toastmaster Designation. For more information about Sarah Bateman, please visit: [www.SpeakUp-BeHeard.com](http://www.SpeakUp-BeHeard.com).*





## A Memorable Masters!

By **Howie Meinzinger**

*This all started when Ken, a friend of mine sent me a note with an attachment that said, "Win a trip to the 2018 Masters," which was part of a raffle that Spinal Cord Injury Ontario was running, with the tickets to be drawn on February 15th at 3:30 pm at the Ski and Snowboard Day at Craighleith Ski Club.*

**H**e knew that I was a huge Masters fan as you can see from my memorabilia and that The Masters has been on the top of my bucket list for years. Ken knew for sure that I would buy more than one ticket to increase my odds of winning the trip. And sure enough, when the draw happened they called, "Howie Meinzinger is the winner for 2018." WOW! I called my golf buddy, Peter and screamed, "We are going to the Masters!"

The next seven weeks was a long and painful wait, but the day finally arrived and we were off to Atlanta. We actually headed down a week early to play some golf. We met up with Tom Kozlak at the Woodside Plantation where he took us through a beautiful golf community to our accommodation for the next four days. We could not believe the outstanding home that we were going to stay in, backing right onto the Plantation golf course. This dream just kept getting better and better.

Tom gave us all the help, guidance and directions so that we could get to The Masters the quickest way with no traffic which worked very well. It was easy to see that this was not his first trip to The Masters.

Day 1 arrived and we were off to The Masters and still finding it hard to believe that this dream was going to be reality. AMAZING! Everything you have ever heard about the tournament; facility, grounds, free parking, exceptional food prices and hospitality by the volunteers is absolutely correct. By the time we got to the first tee, I am only guessing but I think at least ten people had greeted us with, "Welcome to The Masters." So, Day 1 we decided we would cover the front nine and leave the back nine for Sunday. We parked ourselves on the 3rd tee and watched some of our favourites hit their tee shot. We were so close to them that we could hear the conversation the players were having with their



caddies. AMAZING! We then travelled around taking in as much as we could, and still could not believe the elevation changes on the course as you do not see that on television.

With Day 1 behind us, we were heading out to Malia's – the finest restaurant in Aiken, South Carolina, and it did not disappoint us. We knew it had to be excellent, as it was packed with local residents. What a nice downtown area; a place that you could easily call home.

Then back to the house, to plan for Day 2. We decided to park in the south free parking lot so that at the end of the day we were in the right location to make an easy exit. We went right to the Hogan Bridge, Amen Corner and took in as much as we could because there are no cameras/cell phones, etc., allowed on the grounds during The Masters, other than on practice days.

We just had to get our picture in front of the club house, as we needed more proof that we were there besides collecting all of the souvenirs: hats, golf towels, cups, ball marker, shirts, and flags, etc.

So, Day 2 and the close of the 2018 Master was around the corner and the last part of the ceremony was to put the green jacket on a deserving winner, Patrick Reed. That was the end of The Masters for them but we still had one more day and that we dedicated to playing golf at Woodside Plantation golf course. The course was very nice and we felt privileged to play it because it was technically closed on the Monday. That meant the speed of play was just the way we like to play, with no waiting on the group ahead as we were the first group off that day. Then when the final putt went in, we were off to Atlanta to end this truly dream come true adventure and head back to reality.

I would like to thank everyone involved in putting this package together and to Spinal Cord Injury Ontario for making it available. I will definitely try to win another trip next year and I am sure that the tickets will sell out early as it really is a trip of a lifetime, and one I can now check off my "bucket list."

CHEERS! ●



## A DAY IN THE LIFE... **Featuring Lubna Aslam**

**Q. What is your role at Spinal Cord Injury Ontario?**

**A.** I am an Employment Counsellor with the Employment Services Dept. I have been with Spinal Cord Injury Ontario since February 2, 2014.

**Q. What are responsibilities on a day-to-day basis?**

**A.** I start my day at 8:00 am and end at 4:00 pm. A typical work day is filled with client meetings or telephone appointments, liaising with ODSP caseworkers, networking with community partners or doing administrative tasks such as file management. The role of an Employment Counsellor is to empower jobseekers in developing short and long-term employment goals, career counselling, assisting with resumes and cover letter development, practising interviewing skills, and strategizing job search efforts. The job seekers we assist are served by a team of an Employment Counsellor and an Employment Specialist. My role is direct liaison with clients and is heavily reliant on team work. I am very fortunate to be working with very dedicated and skilled teammates, who have been very generous in educating me in my role and responsibilities.

**Q. What is the favourite part of your job?**

**A.** Letting off tiny screams of celebration when one of our jobseekers gets hired!

**Q. What do you do in your leisure time?**

**A.** I catch up on spending time with my family, and I cook and bake to relax. I also love exploring ethnic grocery stores, playgrounds and restaurants with my kids.

**Q. What motivates and inspires you every day?**

**A.** What inspires me is the remarkable stories that my help job seekers share with me, and I am grateful for the opportunity to play a tiny role in their careers as they evolve. My incredible team mates motivate me each and every day. ●

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Jim Vigmond's handshake is as firm as his commitment to helping his personal injury clients receive fair verdicts. This founding partner is also committed to his philanthropic pursuits. Among his many charitable organizations, Jim raises funds and travels to Cambodia every year to assist underprivileged women house themselves while giving them the opportunity to go to law school.

Lending a hand comes naturally. With exceptional experience in spinal cord and brain injury law, Jim knows that his legal contributions will make a profound difference in the outcome of his client's life. For Jim, their right to fair compensation isn't just of vital importance; it's his professional mission.

Jim doesn't have to be in court to talk the talk. Jim would be quick to tell you that despite all his success, nothing compares to the joy of actually being able to make a difference in someone's life.

To learn more about Jim visit  
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