

Step back, just a little bit

Rehab has the potential to go on for a very long time. It's even more time away for the one you love and a huge learning curve for both of you. Your job is to *let them learn*. Of course it is important to support them, show them love and be there to cheer them through therapy, but you have to give them space to learn (and do) on their own.



Julie's Journey

A DORM ROOM

When I went to the rehab hospital, I was grateful to be in a private room. It turned out that I was only in that room because there were no ward rooms available at the time I "checked in." I was not at all keen to be in a room with anyone else; I wanted privacy and not to have to hear others suffer like I was.

In the end, being moved to a room of four (right outside the nurses' station) allowed me to ask more questions, hear more information (often too much), talk to fellow SCI survivors and get help when others could not reach their call buttons. My husband didn't feel supremely comfortable being a visitor there; he felt he was invading others' privacy, which made him go home earlier than I wanted each visit. It meant that he wasn't there every time I wanted his help. Maybe, in the end, it forced me to be a little bit more independent?

Communicate with your people

Everyone will want to know how your loved one is doing. Once they are in rehab, the improvements are not that easy to spot day-by-day, so your response will be something like “they are getting better.” Most people have no way of relating to what “SCI better” means and they will likely think that the person is learning to walk again!

One thing people will not ask is how *you* are doing. It will take time before you notice this — at first you’re just glad that people are inquiring about the recovery and are offering “to help if you need anything.” This, actually, is not helpful because it puts the onus on you to reach back out and ask for help. So try to act on the offer while it is still hanging in the air — have a little list ready (in your head) of things that you need help with, like picking up a car from an oil change, clearing the driveway on a day when you know you won’t be home, getting your kids on the bus in the morning or picking up a short list of groceries. Don’t be afraid to ask; most people really *do* want to help, they just don’t know how.



Julie’s Journey

A POST-RECOVERY PERSPECTIVE

Something that I learned more than a year after my injury was how my husband was feeling about his role in my recovery. As my number one, he really kept my life and our family going — no pressure there! One day, he told me how only two people asked him how he was doing. Only two — one friend and his therapist. That’s all. Although he didn’t realize it at the time, this hurt. So as you go about caring for your loved one, try to remember yourself in all of this. See a therapist, too, and try to be open with your friends and your family — you can even ask them to check in on you from time to time. Your energy and emotional bank is not bottomless, after all.



BLADDER & BOWELS

I distinctly remember being in my hospital bed in the trauma unit and watching the urine as it left my body through a tube connected to the catheter bag. I realized that if I took a deep breath I could actually “move” the urine to go down the tube faster. I thought that was pretty cool, but I’m a biology teacher, so I think words like “sphincter” are cool.

But my point is that I was getting to know my body in a new way. Before the collision that caused my SCI, I had a pretty good connection with my body; I knew when I was hungry, tired, hormonal, pregnant...

My SCI has required that I learn about my body in a whole new way – and be comfortable with it at the same time. Pre-SCI, bowels and bladder stuff happened without too much thought or organization. Now, dealing with it has become incredibly intimate, something that has required a whole new mentality.

While in rehab, the nurses were very excited about the possibility of teaching me how to use a catheter on my own. For a long time, I was not at all thrilled about it and put it (and them) off for as long as possible. But learning to do intermittent catheterization (pretty much anywhere now) has given me the independence to go almost anywhere, except for the odd house that doesn’t even have a closet big enough for a person in a wheelchair to get some privacy.

The bowel stuff is a bit tougher to manage, but you will get there. It won’t happen overnight; in fact, it will likely take months to get into a routine that you (and your bowels) are comfortable with. Shit happens. And at the beginning, in places and ways that you would not wish on your worst enemy.

But it gets better when (not if) you get more comfortable with your body. Pay attention to little signs, things that your body is trying to tell you, like foods to eat in order to avoid delays, how much (or what) to drink and medications that change how your body functions (like antibiotics).

Trust me, you are going to be sticking your (gloved) fingers in places you would never have imagined before. You may need the assistance of a nurse, or a professional caregiver; the more comfortable you are with your body, the easier it will be for them to help you. But you will get used to it, you will get better at it and you will start to develop the freedom you need to carry on with your life.

LOA: Leave of Absence

Speaking of struggling... Everyone struggles the first time they go home. An LOA is a way to learn what you don't know and yet have the ability to go back to rehab and say to your therapists/nurses, "What about...?"

You likely won't have nursing care 24 hours a day when you are home for good, so an LOA will help you "practice" being home. Some rehab hospitals have units that are designed for an LOA (called Independent Living Units) and you can ask to go home for a weekend, too. You will learn about the impact of travel (in a car, often for the first time), getting in and out of bed and just the mental stress of adjusting to the next phase of your recovery. You have to go home eventually, so why not practice that, too?



Julie's Journey

GOING HOME

Two months into my four-month hospital stay, I came home for a weekend. My husband and his friends had moved our bed to the main floor to make a new bedroom out of the former dining room. Other furniture had been moved to give me space to get around, but it was tight. Aside from all the physical discomfort I was still experiencing, the emotional toll of coming home hit me hard. I would never be able to walk around our property independently, enjoy the trees and help out with our large vegetable and fruit gardens. Even travelling up and down the long gravel driveway would forever depend on the season and the weather. Going home should have been joyful, but instead it really hit hard.



HBP IS AD IN SCI FROM UTI

One of the physiological anomalies of an SCI is the effect it has on blood pressure. Blood pressure regulation can become difficult if you have an injury of T6 or higher. You may experience low blood pressure (90/55) due to the lack of messaging to your lower body. No messages to the muscles means they can't contract to help push blood back up to the heart and head. This often causes dizziness, feeling of lightheadedness and blurred vision. Although all of these symptoms are uncomfortable, they are not necessarily deadly.

The opposite is true of high blood pressure in SCI patients. This is what is known as AD – Autonomic Dysreflexia – which is caused by discomfort or pain that the body cannot sense or respond to. AD causes elevated blood pressure, which can lead to stroke, cardiac arrest or other deadly conditions.

It was three and a half years post injury before I really experienced the true effects of AD. It happened when I had one particularly awful UTI. The infection had caused my bladder to produce blood which, in turn, had started to clot. The blood clots blocked the catheters I was using and I was not able to empty my bladder. Of course my body did not like this, my bladder getting fuller by the minute, and I started to feel the effects of AD. My blood pressure was increasing, I was red in the face, starting to sweat and getting a really bad headache. By this point we were on our way to the hospital; I knew I needed help to get the clots out.

This was a scary time for me. At the hospital, I quickly explained my situation and they brought me into an exam room where they proceeded to use a number 18 three-way catheter so they could flush my bladder and suction the clots through the catheter at the same time. It took a serious amount of suction from a large syringe to get the clots out. It also took a couple of days (and some killer antibiotics) for everything to settle back to normal. Do not mess around when AD happens. Figure out the source and get it looked after ASAP

Carry a card in your wallet, one that explains AD, since not all emergency staff will understand the condition.



Julie's Journey

ROBOT GOALS

From the very first day I rolled into the physio gym at rehab, I knew I wanted to get into the Lokomat. There was a young woman up and “walking” in it and she looked so happy. I asked my physiotherapist assistant (PTA) about it and once I learned that it was not something that I could just get up and do, that robot became one of my goals. Before I was able to be up in that machine, I had to learn how my body managed blood pressure as well as muscle spasticity – I got “trained” on the tilt table. Along the way, though, I came to understand the benefits of robotic therapy – it wasn’t just for the fun of being upright. There is a great amount of research and understanding about the physiological and psychological benefits of robotic therapy. It doesn’t just make you look cool. It feels fabulous to stand upright, it’s good for your bones (weight-bearing activity) and you can give and get a hug while standing.

What is FES?

FES stands for Functional Electrical Stimulation, a technology you should try to get access to. FES stimulates muscle groups (similar to a TENS machine) through the input of electrical stimulation to the nervous system. Many pieces of FES technology (typically cycling ergometers) can also be purchased for home use, which allows for more opportunity to use it. Typically, FES is used for leg, buttock and abdominal muscles, but is also used for arms and shoulders. FES may help with bone density, as well as maintenance of (or even an increase in) lean muscle mass, decreased fat deposits, improved circulation and cardiovascular conditioning. Some people also report decreased spasticity. If you have insurance, your company should back the purchase of FES – don’t accept “no” as an answer to your request.



T4 SISTERS

I was lucky to be able to attend rehab as an outpatient. Parkwood has a gym that has very reasonable membership rates that include use of the FES bike. With four bikes in a row and an hour of literally being stuck there, you have time to make conversation and get to know one another. It just so happened that my Thursday time slot coincided with three other women who also had T-level injuries. We were the T4 Sisters; meeting weekly to share what was new, give and take advice. It really was one of the best things to happen to me. Over time, even though I had an FES bike at home, I still went to Parkwood to ride there. It was more than just the physical therapy; it was the social time, advice and camaraderie that made me do the three-hour drive (round-trip) almost every week. It became an essential part of my therapy.

Should I continue physiotherapy when I go home?

Your body still needs lots of help as it heals. At this point, it is important to remember that YOU are still the most important person in your recovery. You have to be comfortable with the therapist you choose. Once you get home and are settled, you will need to make a new routine for your physio. No longer will you have someone setting up your therapy time and writing it on the board beside your bed. Physio, once you are home, is even harder than in rehab because now *you* have to make it happen. You have to find a therapist, arrange to get there as often as you can and work hard.

How will physiotherapy continue to help me?

Physio is your key to recovery — because you *will* continue to recover. Your balance will improve, which means you will be able to reach closer to the floor and feel comfortable doing so. Your manual dexterity may improve and you may be able to fold laundry. Your blood pressure will level out more quickly and you'll be able to stand in a standing frame for longer. Your upper body strength will improve so you can do transfers that you may have not thought possible. Every little bit will make a difference. Given even a small chance that your neural pathway will be restored, making your body try to work is the only way to know how much recovery you will get. You have to try.



Julie's Journey

FOUR YEARS AND STILL WORKING ON IT

It's been four years since my injury. In those four years, I have been lucky to have physiotherapy at least one day a week. Some weeks I have had energy to work hard, others, not so much. But, every once in a while, I get to say to Marc and Bill, "I wasn't able to do this before, was I?" Some things seem very trivial, like putting two hands out in front without falling forward. But others lead me to think that there is more to come. Which makes me want to tell you not to give up. You don't know what you are capable of until you try and try again. No matter what doctors say, you won't know what your body can do (or re-learn how to do) until you make demands and have higher expectations. I plan to continue my weekly therapy so that I am as strong as I can be in my core and shoulders — it makes everyday tasks (like transfers) easier.



Julie's Journey

JUST KEEP SWIMMING

For me, being in the pool was the most freeing experience. It got me out of my chair and I didn't have to rely on someone else to be active and try to move my body. I was a swimmer before my accident, but you don't have to have been to try it out. Ask your therapist to help you. Many rehab locations will have a pool and someone certified to do pool therapy. It's hard to say for sure how much, but a lot of my muscle recovery is from being in the water. You will be able to do things in the water that you can't do on land — yet. That is the surprising thing; if you can move this particular muscle in the water, then you can work on getting it to move on land. Swimming is also a fabulous cardiovascular activity and you won't overheat while doing it!



Julie's Journey

STURDY UNDERWEAR

When I was in rehab, my Occupational Therapist was a highly knowledgeable, strong and soft-spoken man. I distinctly remember a conversation about clothing choice. We talked about comfortable pants that don't have seams, shoes that don't dig into feet and sturdy underwear. Sturdy underwear?? I had not really understood what that meant or why "sturdy" was the adjective chosen. But now I know. When it comes time to use a catheter on the toilet and you have to pull down and up your underwear while sitting on it at the same time, you will understand that sturdy is what it needs to be; otherwise, you'll put your thumb through the lacy bits and they won't last long at all!

Insights from the OT: Gary Lee Tai Fuy, BSc, OT

"Do not compare yourself to your roommate or anyone else in rehab. Wondering, 'When can I achieve that?' and 'Why can't I do that?' will only get you down on yourself. People will have more or less severe injuries and different American Spinal Injury Association (ASIA) scores. Age, previous fitness level, other injuries and medical conditions will complicate your achievements in therapy. Making comparisons can cause you to become angry and lead to depression. Keep a list of your own achievements and watch the list grow!"

How do I access Peer Support?

Peer support is invaluable. When you find it, you will have the opportunity to talk candidly with someone who has “been there.” They can relate to what you’re going through. It’s important because you will meet people who have sustained an injury and gone on to live a fulfilling life.

A Peer Program Co-ordinator from SCIO will help match you with an individual who can share personal experiences, help you gain more confidence and understand the little details and the big picture of living with a spinal cord injury.

SCIO will help you make arrangements to meet with a peer support volunteer in person or over the phone. If the match doesn’t feel comfortable, they can help find you another option. If you are not currently an SCIO community member, it is easy to register on their website at www.sciontario.org/join. Not all personalities and circumstances align. Do your best to find a peer before you leave rehab, because there is a lot to talk about before you go home.



Julie’s Journey

SUPER DAVE

I met Dave Willsie when I was about a month into my rehab at Parkwood. He had been asked by a mutual friend to stop in and see me, so I was not expecting him. It turned into the most memorable visit of my whole time in recovery. Dave was a guy living his life with a C-spine SCI (C6 Incomplete), using a manual wheelchair and running his own lumber business with his brothers. Did I mention that he was the team captain of the Canadian Wheelchair Rugby Team?

But it wasn’t the celebrity that I remember most. It was Dave, just a guy in the same boat as me. We had only just met, but we talked about everything – nothing was off the table. He made me feel comfortable and I knew I had to be brave in order to ask some questions about stuff I was concerned about. Catheter stuff, bowel routine, going home, work, relationships, sport and the importance of peer support – we talked about it all.

Dave was injured when he was 27. He learned everything he needed to know about living life with paralysis from his rugby teammates. They played together, rode roller coasters together and travelled on all the “accessible” airplanes, staying in all the “accessible” hotels around the world. There is a lot to be said for team sports.



NEW "SPORTY" FRIENDS

I have made some amazing friends by trying new sports. Well, I guess the sports are not new to me, but I have a new way of doing them. Skiing, biking and kayaking are all things I have done before, but doing them all with your arms (and little core) sure makes them challenging. My point, though, is if I had not given them a try, I would not have met these amazing women who have done so much with their lives, regardless of the fact that they have a disability. So give it a try; you never know where it will take you and who you will meet along the way.

Peer Perspective

MICHELLE (C5-C6 INCOMPLETE) AND YOUTUBE

When I got home, I kept talking to the SCIO peer volunteer, but I also wanted to find a community of more peers. Because I couldn't get out on my own yet, I started searching things up on the internet. What I found were a lot of SCI peers on YouTube. I am so thankful to all the people with quadriplegia who opened up their lives and shared how they do things. Everything from how to hold a fork by weaving in between your fingers to applying makeup.

It's a mind set — I didn't think I would be able to travel until I saw that other people like me were doing it. We went to Florida and it was that first trip that helped me realize that I am capable of using a manual chair, not just a power chair. My YouTube peers gave me something to do that was constructive — research. It fed my desire to learn how to overcome the challenges that I was facing. It gave me hope.

- Have you noted how to describe your “normal” appearance (such as your normal blood pressure), so when changes happen you have a basis for explaining to medical teams how things are different?

Sex

- Have you talked about sex with your therapist or nurse/doctor?
- Are you talking to your partner about it?
- It will happen; be prepared for figuring things out.
- Do you have access to resources and information about sex and SCI?
Ask before you leave rehab.



Julie's Journey

CATHETERS

Most pharmacies do not regularly carry catheters (especially small town pharmacies). There are so many different sizes and types that they would need a whole wall and, let's admit it, they would not make a great display! If you know exactly what you need – the style, size and brand – then your pharmacy will usually special order them in for you. Otherwise, the best advice is to order online. Find an online retailer that delivers free of charge – most do so within a day or two of ordering. You will likely get to try several different kinds while in rehab, so be sure you do before you get stuck on one brand. They vary in price and quality, so make sure you are happy with them before you are stuck with 99 more catheters that you don't really like!

GOING HOME – OR MAKING A NEW ONE

Being Home

Moving home will evoke a huge range of emotions from happiness to fear. Planning to return home needs to start well in advance. Have a partner, family member or friend help out with this planning. You may have an OT or social worker on your team who will be able to assess your needs for managing in your current space or finding a new one. An SCIO Regional Services Co-ordinator can also help you plan for what you need. Getting your physical space set up and ready for your return is one thing, but remember that returning home will take a toll on your emotions.

How do I start planning for going home?

There are several options that you will need to consider before going home. Do you need to renovate? These may be big (long-term) or small changes just to get you comfortable in your current home. But big or small, both take time, so be sure to plan for that.

Maybe you need to consider moving? If your current home is not going to work, you'll have to look elsewhere. Options include a rental space (apartment) or something like a long-term care facility or supportive housing.



Julie's Journey

SLEEPING IN THE DINING ROOM

Because I was living in a 110-year-old two-storey farmhouse at the time of my accident, installing an elevator or stair lift was not very practical. All the bedrooms were upstairs, so we made some changes to our living arrangements. The dining room was large enough to become a bedroom for my husband and me, so we put the dining table into the kitchen. We left the piano to act as a divider, so looking through the door you saw it instead of our bed. Our bookshelves were emptied and became closet shelves – open, mind you! We put lights up on either side of the bed and placed pull-down curtains in the windows. For hanging clothes, we put a small clothing rod on the wall to add to our “open concept” closet. We made do – but how I missed being able to tuck my kids in at night.



Julie's Journey

PAIN MANAGEMENT

After four years, I have yet to figure out how to turn off my pain. Certainly it is less than it was at the beginning and I have learned some triggers, but unfortunately what works for some does not work for others. I have tried meditation, massage, medication (including narcotics), medical marijuana and acupuncture. I seem to have found a balance now, but I also have identified some things that intensify pain. First – infection. UTIs cause pain to be unbearable, like, go-to-bed-and-stay-there pain. Second – fatigue. Overdoing it never helps. Third – diet. Some foods seem to trigger more pain events. My advice? Keep track of when your pain rating is high; if you can pay attention, maybe you will learn what your triggers are.

Professional Points: Personal Support Worker (PSW)

This person (or these people) may very well become the most helpful in your new life. Depending on your needs and who you hire (either privately or through a public health care company), they may be able to help you with everything from stretching and bathing to laundry and cooking. It is their job to help you do the things that you used to do, but are not able to do yourself, yet.

What is Attendant Care?

The OT assigned to your case will assess your need for attendant care, which includes assistance from a trained Personal Support Worker (PSW) or “Attendant” for Activities of Daily Living, such as showering, getting out of bed and bowel routine.

If you have insurance (from a Motor Vehicle Accident, for example), this will be referred to as attendant care. Insurance will pay the wages of this person so long as you have been assessed as needing this type of care. At this time, the insurance company may send their own OT to reassess. If you do not have insurance, there are agencies in Ontario that provide attendant services on a government-funded or a fee-for-service basis, which you can register for.

core stability and your blood pressure stabilizes, things like lifts or elaborate commode chairs may not be necessary. If you have the means, you can rent, see how you like it and then go from there.

There are other medical supplies, such as catheters, that you may require on an ongoing basis. You'll get an understanding of your needs and options in rehab, with samples to determine what works best for you.



Julie's Journey

ON THE ROAD AGAIN

It took me a full six months to get back behind the wheel. Both of our cars were manual, so we had to buy an automatic. We purchased a Mazda 5 — it was by far the most popular vehicle driven by people with the same type of injury as mine (T4). What is great about it is the sliding back door and the height of the driver's seat — no need for a lift, just a transfer board. I opted not to have the robot arm that puts your chair into the car; it takes up space and is permanent. I wanted the option of putting that bucket seat back in and I needed space for my two kids and their friends.

Learning to drive with hand controls was pretty easy. After my cognitive assessment, the instructor showed me how the controls worked. I transferred into the driver's side of an instruction car and off we went! Get on a list as soon as you can; this means getting permission from your doctor to begin the process. There was a wait list for driving lessons at my rehab facility, so that, combined with winter weather and the MTO wait time, meant it took me six months!



Julie's Journey

FANCYPANTS

A fact of your new life is that your bowels and bladder will not always co-operate. While in rehab, I had the experience of rolling from the cafeteria all the way back up to the 4th floor with a trail of urine behind me – little did I know I was sitting on a very wet seat cushion. When you get home, this type of event becomes even more inconvenient. The best way to make sure you keep your pants dry and clean is what I call “fancypants.” They are really just adult-size diapers, but my husband came up with the term fancypants because I was not at all happy calling them diapers. It won't just be your bladder that doesn't co-operate – your bowels will turn against you at times as well. Developing a routine takes patience. Don't be afraid to wear fancypants. It will give you peace of mind and maybe there's a bit of Murphy's Law involved – if you are wearing them, then you won't have an accident; it's when you are not that you will. It won't be for the rest of your life and everyone is different, but you'll need to be patient with yourself sometimes.

Insights from the Case Manager: Kelly Gillis, RN

“Problem solving becomes very important in this new SCI world. Insurance treatment plans need to be written by someone qualified and claims can often be denied; a case manager can help make an alternate plan.”



Julie's Journey

ME, THE CASE MANAGER

About a month after I came home from Parkwood, we had a follow-up meeting with my nurse case managers. They had driven up to our house from London and we met for about an hour. By this point, I had worked out where I was doing physio, what kind of car we would buy and had submitted most of my extra expenses from my time in hospital to the insurance company. After they left, I turned and looked at my husband and said, “That was an expensive meeting!” We paid for their time to drive, for mileage and for the meeting time.

It was then that I decided to take on the role of the case manager. For over four years, I have been making appointments, taking notes, keeping and submitting receipts, paying bills and purchasing equipment. It made me feel productive and in control. Not that case managers don't have a role to play; they do, but I wanted to take it on and “cut out the middleman,” so to speak. In talking with others who have been their own case managers, they would agree that it was initially helpful to have someone to guide you, answer questions and make decisions about equipment and therapists.

What is Attendant Care?

This part of your claim will cover the costs of an attendant — someone to provide you with assistance with your everyday tasks. In order for a family member to be paid to assist you, your family member must not only show an economic loss, but must also be qualified to supply the assistance. This is the latest legislation which simply states in order to collect this benefit, the person supplying the care has to *have experience and work in that field* (so for example, a PSW, nurse or paramedic). If they are staying home from their job to supply care and therefore are suffering an economic loss, they would be considered eligible by insurance for some compensation, but likely not the full amount of lost wages. On the other hand, a store clerk, insurance adjuster, lawyer or fry cook would not qualify, for example. If the family member was not working at the time of your accident, they will not be paid to look after you. Hiring a qualified PSW will require proper documentation (such as a college certificate). (See Personal Support Worker for more details.)



Julie's Journey

FUTURE COSTS

When someone says "insurance is paying for it," YOU are paying for it. It is amazing how different you will feel about that money when you are writing the cheques. It may seem like a lot of money, but \$1 million does not go very far when you have a major injury. Remember that it is in the best interests of the insurance company not to pay out the maximum on your policy, so you will have to fight. It will seem easy at the beginning; they will want to support you (as you have a "catastrophic" case) but, as time goes on, the insurance company will want to keep as much of that money as possible. After four and a half years, I have finally obtained a reasonable attendant care settlement from my insurance company.

and pain down the road. Also check out SCIO's resources on skin health, including a new edition of *Preventing and Treating Pressure Sores*.



Julie's Journey

TIME IS STILL A FACTOR

When I came home from rehab, I was still using a mirror to help with catheterization (in bed). My bowels needed a suppository and milk of magnesia in order to move, but I had no skin issues at all.

Four years later, I can use a catheter (without looking) anywhere – even in a car. My bowels move every day (sometimes several times a day) with just digital stimulation – no more milk of mag! I have had pressure sores from my knee touching the opposite leg just while sleeping, as well as burns! As for sex, we are still working things out – but communication really is the key.

Things change. Don't be afraid to do things differently – it will lead you to greater independence and a sense of control.

Sex and Sexuality

Our sexuality is such a personal thing. Some of us have grown up completely at ease with masturbation, talking about sex and expressing oneself sexually. And then there's the rest of us! With a spinal cord injury, it may require a deeper exploration into yourself and your sexuality to reach a level of comfort. It's an important endeavour – one that may bring up unease – but can be explored by being honest with yourself, your partner and your health care team about your goals and desires. Your new relationship with your body after sustaining an SCI will take some time to grow, and your sexuality is just as important now as before your injury. When you come to a new place of comfort with sex and sexuality, you can share and develop trust with a partner. Honest communication is crucial, both to dispel myths and to establish shared goals and expectations.

There are a lot of resources out there and more being developed regularly to keep the conversation about sex and sexuality going and provide the



TRY EVERYTHING

There is a lot to do when you use a wheelchair. The only excuse is the one that you make. Do try – and try anything. No matter what age you are, there is something out there that you can do to be active, fit and most importantly, social.

Post-accident I have kayaked, bowled, danced, sit-skied (nordic and downhill), swum, thrown axes, shot arrows (and rifles), biked, as well as played tennis, ping-pong, snooker and badminton. I've also tried rolling on all types of surfaces – indoor rubber track, outdoor gravel track, packed trail, snow, lawn, sideroad, paved shoulder...

Some sports were easier than others; all have been wonderful. There is no need to go out and buy specialized equipment – beg, borrow or rent before you make decisions about what you like best. I first borrowed a hand bike – and getting back out on the road was a wonderful feeling! This winter, I plan to ski and have found a group of women with wheelchairs all interested in joining me!

RETURN TO WORK

For many who are newly injured, returning to work is near the top of the list of questions about the future. It will be one of the last steps you take on your way from “recovering” to “recovered.” With so many other issues to work out, learning all the ins and outs of returning to work falls a bit lower down on the priority list. It is worth noting that it will happen differently for everyone. Some will, given enough time, return to the job they had before their SCI. Others will need to (or choose to) have a whole different plan of attack — a new job, working part time, starting a business or not working at all.