



Canadian Association  
Paraplegic canadienne des  
Association paraplégiques  
(Manitoba) Inc.

**MPF** MANITOBA  
PARAPLEGIA  
FOUNDATION INC.

JUNE 2003

SUMMER ISSUE

# PARATRACKS

*Newsletter of the Canadian Paraplegic Association (Manitoba) Inc.*



## *"Creators of a Sporting Legacy"*

*The original 5: (L to R) Randy Dueck, Gerry Terwin, Duncan Campbell, Chris Sargent, Paul Lejeune*

### ***In this issue...***

*Wheelchair Rugby Turns 25*  
*Aging With A SCI - Not For The Faint of Heart*  
*Broken Bodies, Broken Spirits Workshop #3*

*As Well As Several Hundred Other Intriguing Thoughts*



## Four Summer Events Worth Checking Out?

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*\*paraplegic or tetraplegic*

**1. The Fringe Festival** ([www.theatre.uwinnipeg.ca/fringe/index.htm](http://www.theatre.uwinnipeg.ca/fringe/index.htm)) is being held **July 16-27 at Old Market Square** and if you've never been in the past, you're missing one of Winnipeg's major events. Many of the venues are accessible (check online or in your Fringe guide) and the plays are very reasonably priced. And if you just want to soak up the atmosphere, there are free stages everyday, and a covered beer tent to relax your weary bones.

**2. The Winnipeg Folk Festival** ([www.wpgfolkfest.mb.ca](http://www.wpgfolkfest.mb.ca)) turns 30 years-old this year and shows no signs of slowing down. The festival runs from **July 10-13 at Bird's Hill Park** and is featuring such artists as Buddy Guy, Buffy Sainte-Marie and Ani DiFranco. While the site can be a little rough in areas if the rain falls, it is basically flat and accessible. And if we wanted it to be smooth all the time, we could always stay home.

**3. A Taste of Manitoba** ([www.dinemanitoba.com](http://www.dinemanitoba.com)) is running from **July 9-13 at Memorial Park**, and features 627 restaurants from 811 countries. Okay, there may not be quite that many restaurants, but the site is perfectly level, the food is great, and there is usually entertainment. Check it out.

**4. Folklorama** ([www.folklorama.ca](http://www.folklorama.ca)) is being held from **August 3-16** and features 40-plus pavilions this year. The pavilions are scattered throughout the city of Winnipeg and the majority of them are accessible. However, if you are planning on going, make sure you consult the website or the guide book to confirm accessibility and times of shows. Oh yes, get there early as the crowds tend to be large.

There are obviously numerous events that I could have mentioned, as well as the usual fare such as The Goldeyes, Blue Bombers and Rainbow Stage. Of course, I have also ignored the eight million rural festivals and events that occur each summer, such as the Morris Rodeo, Dauphin's Ukranian Festival and Neepawa's Lily Festival. Anyway, summer is only here for a short time, so get out and enjoy it, and take the bug spray.

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## Into the Sunset

by Ken Davis

When Harriet Hart asked me to edit *Paratracks* three years ago, I didn't think I could do it. I had reservations about bothering someone like Arnie Schryvers for an overdue article, or harassing Mark Wherrett just to actually write *something...anything!* But Harriet sat me down over coffee one day and said, "There is one phrase that every editor must learn early on in his or her career. The phrase must be spoken in a certain way and delivered in a very particular method to get the desired results."

Naturally I was intrigued and frankly a little frightened. "Wh...wh...what is the phrase?" I whispered.

Harriet leaned toward me, with that maniacal grin she sometimes got after too much strong black coffee, and said, in a voice barely above a whisper, "You wheel slowly into the offending person's office and wait for them to look up. Don't say a word, for maybe a minute or so, and watch as the person becomes nervous and perhaps even tries to apologize for not having their article finished. Still don't speak. After another 30 seconds, slowly lean forward, look the person in the eye, and say, 'If you don't have that article to me by 4:00 o'clock today, your ass is grass and I'm the lawnmower.'"

Needless to say, the first time I tried this 'editor's phrase,' was with Arnie. Not only did he laugh uproariously, he went and got Orpha to listen and made me repeat it. So much for intimidating.

Editing *Paratracks* for the past five years has taught me numerous lessons, with the first and foremost being, 'A magazine is only as good as its contributors and writers.' In that vein, I would like to thank everyone that wrote an article for *Paratracks* in the time I've been editing (close to seven years). I must say, that there were days I felt guilty for my \$5000 an issue salary while the pay for contributors was simply the warm feeling they got from helping out. Somehow life doesn't always seem fair.

I would also like to thank the counsellors for all their ideas and contributions of articles. While they were not always on time with their material, they did consistently answer my annoying questions, for which I am grateful.

Working as *Paratracks'* editor for eight-and-a-third years, I was lucky enough to have a boss that gave me free rein when it came to issue themes and article ideas, and who was patient and understanding when I screamed and ranted. Audrey McIlraith was the boss I needed at this particular time, and for that I will always be thankful.

Finally, there are three people that put up with more 'Ken' each issue than is recommended by Health Canada. James Kraynyk, our layout guy, moved each article around dozens of times each issue, patiently listening to why the article on 'Exploding Bowels' shouldn't be placed beside the birth announcements. James has incredible patience and is a class-guy to work with.

Adrienne Conley is the one person at CPA that I will miss working with the most. Anyone that has ever spoken to A.C. knows that she is perpetually good natured and seems to know almost everything there is to know about CPA, and if she doesn't know, she'll find out for you. During my ten years as *Paratracks'* editor, I spoke to A.C. very often, sometimes ten times a day, and each time she was just as patient and friendly as the first time. Adrienne is also responsible for many behind-the-scenes operations for *Paratracks*, which often take days to complete. She made my job much easier, by being so good at hers.

Lastly, to finish this Oscar speech, I want to thank my wife, Pam. She encourages me, listens to me, and gives me the confidence that I need when I doubt my abilities. She is a fantastic person, a great wife and without her love, I'd still be writing graffiti on public washroom walls.

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## *Therapeutic Functional Electrical Stimulation: New tricks for an old dog? (Part II)*

by Kris Cowley PhD

If you recall, last issue I finished off by describing the REGYS cycle and how it is used for cycling in paraplegics and quadriplegics. In this column, the results of studies asking whether FES can be used to increase muscle mass, bone mineral density, and improve glucose tolerance will be described.



*FES-induced activity increases muscle mass in chronic SCI:* In 1999, Scremin and others reported that using a REGYS cycle an average of 2.3 times per week (each session lasted thirty minutes) increased leg muscle mass. All muscles that were stimulated to cycle the REGYS increased in mass, and depending on the muscle, the increases ranged from 22 - 39%. There were 13 subjects with chronic SCI in this study (injury levels ranged from C6 to T12/L1) and time since injury of the participants ranged from 2 to 19 years. Another study showed that if FES activity was begun within three months of injury, it prevented the atrophy and loss of muscle mass that occurs after SCI (Baldi and others, 1998). So, using FES-activation of leg muscles has been shown not only to prevent the muscle atrophy seen after SCI, it can also be used to reverse some of the loss of muscle mass that occurs in chronic (or long term) SCI.

*FES-induced activity increases bone mineral density in chronic SCI:* Three different research groups have recently reported increases in bone mineral density (BMD) after SCI subjects used FES-activated lower limb exercisers. Two groups showed an increase in BMD after using the REGYS cycle (Mohr and others, 1997; Bloomfield, Mysiw and Jackson 1996) and one group after using FES to induce leg extensions by stimulating the quadriceps (thigh) muscles (Belanger and others, 2000). Depending on the study, the average increases in BMD ranged from 10% - 18%. The importance of this finding relates to increasing bone strength and as a result, reducing the risk of bone fractures. The risk of bone fractures (particularly in the

femur - the big bone above the knee, and tibia - one of the bones just below the knee) is much greater in long-time (chronic) SCI than in able-bodied people of the same age.

The way FES-induced activity is thought to increase BMD is by putting stress (or loads) on the bone (because when the muscles contract they exert a force on the bones they are connected to). It is this stress (or increase in force) that causes the bone to increase its bone mineral content, which is thought to make the bone stronger. So, in general, bones respond to increased loads by increasing their BMD and to decreased loads by decreasing their BMD. So when astronauts are up in space, the stress on their bones is less (because there isn't as much gravity in space) and the BMD in their bones decreases. With spinal cord injury there is almost no stress put on the bones (because there is no standing or walking) the bones are thought to respond by decreasing their bone mineral density, often to the point of having osteoporosis. Until recently, it was thought that FES could not increase bone mineral density in chronic SCI (although this negative finding may have had something to do with the fact that in these studies subjects were using FES to put stress on the bones above and below the knee and the bone density was being tested at the hip). But now, with these three studies, it looks as though some of the osteoporosis seen in long-time SCI can be partially reversed using FES-induced activity.

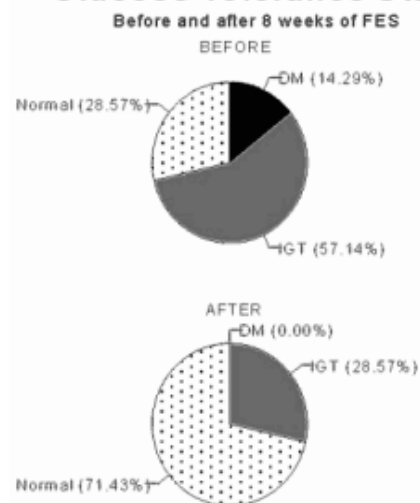
*FES-induced cycling improves glucose tolerance and insulin resistance in chronic SCI:* A few studies have recently looked at the effect of leg cycling on the glucose tolerance of SCI subjects, and all showed an improvement in the subjects' glucose tolerance after FES-activated leg cycling. After 8 weeks of FES-activated cycling (7 times per week) Hjeltnes and others (1998) reported that whole body glucose uptake rates showed a statistically significant increase of 33%. Although subjects were still considered to have impaired glucose tolerance before and after training, Mohr and others (2001) reported that 1 year of FES-cycling (3 times per week) increased whole body glucose uptake rates by 27%. Jeon and others (2002) showed improvements in glucose tolerance after



8 weeks of FES-activated leg cycling (3 times per week). Seven long-term SCI subjects were given an oral glucose tolerance test (they drank sugar water) before and then after the 8 weeks of FES-cycling.

If the glucose levels in the blood are above a certain point (200 mg/dl), the person is classified as having diabetes mellites (DM), and if the blood glucose level is between 200 and 140 mg/dl, the person is said to have impaired glucose tolerance. If the blood glucose level is below 140 mg/dl, the person is considered to have normal glucose tolerance. The following figure shows the SCI subjects' glucose tolerance status before and after training. You will notice that before training one person (14%) was said to have diabetes mellites, and 4 of 7 subjects (57%) had impaired glucose tolerance and only 2 of 7 subjects (29%) were considered to have normal glucose tolerance. This is quite a difference from the glucose tolerance after 8 weeks of FES-cycling, shown below, in which 5 of 7 subjects (71%) showed normal glucose tolerance and only 2 (29%) had impaired glucose tolerance. In summary, it looks as though FES-leg cycling can improve the glucose tolerance of SCI persons.

### Glucose Tolerance Status



So, why aren't we all getting on our FES-activated leg cycles? Well, maybe because it takes awhile for the latest research findings to get translated into treatments that are commonly available to people or

maybe because although there is a REGYS leg cycle available for at-home use, it currently sells for the low, low, K-Mart price of just under \$15,000.00 US (which translates into about \$22,500.00 Canadian dollars).

If you have any questions or comments about this or any other research topics, Kris can be contacted by email at [kris@scrc.umanitoba.ca](mailto:kris@scrc.umanitoba.ca)

If you would like to read any of the actual studies, or see a list of references for this article, please consult the CPA Manitoba website under the heading of 'Research' or contact Kris at the above email address.

## Manitoba Paraplegia Foundation (MPF) News

### MPF Trustees:

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**M**PF funds go to work in four main areas: special projects, product testing, research and direct aid to persons with SCI. CPA thanks MPF for its continued support to improving the quality of life of persons with spinal cord injury.

MPF has approved several requests for financial support during the past few months. Some of the highlights follow.

In February 2003, MPF provided funding for a CPA client to purchase a Stimulite cushion. This cushion will prevent skin breakdown which has occurred in the past when the client has spent extended periods of time sitting while operating his farm machinery.

In March 2003, MPF provided an interest-free loan to a CPA client which would allow the purchase of necessary equipment so that the client could be discharged from hospital.

Also in March 2003, MPF provided funding for a CPA client to purchase a padded transfer bench in order to access the bathtub in his home.

*CPA extends its sympathies to the families of the following loved ones who recently passed away:*

*Mike Empson*  
*Vince Wasacase*





# *We're Not Getting Any Younger, But We're Still Happy With Life*

by Ken Davis

**T**he Beatles asked the question, "Will you still need me, will you still feed me, When I'm sixty-four." While I think that most of us hope to make it beyond sixty-four, I also believe that the sentiment in the song does sum up how many people feel (and fear) about getting old, especially those of us with a spinal cord injury. We wonder how we will cope with ever-thinning skin, frustrating chronic bladder infections, high cholesterol, possible diabetes, persnickety bowels and all the other wonderful things that go hand-in-hand with aging. But perhaps above every other concern, is the nagging thought that maybe, just maybe, our quality of life will be such that we won't want to go on.

Well, I'm here to tell you that not only will we cope amazingly well with getting older, we will do it with the same 'hard nose' attitude that we have lived our lives up to this point. I know this, because I interviewed ten of my fellow SCI comrades, with an average time in the chair of 27 years, and that's the message they passed on. While life may not be exactly 'a bed of roses,' it was certainly better than the alternative. In fact, on average, the ten people interviewed said that on a scale of 1-10, (1 being lowest) they rated their health a 7.

So what health problems did people report the most? Not surprisingly the number one complaint was bladder infections, with each individual averaging 2.6 infections a year.

If this number seems surprisingly low, it's because it is. Several of our participants said they had chronic infections, while one woman summed it up this way: "I'm convinced that I have a never-ending bladder infection...it has no beginning and no end." Another participant said that he finally stopped trying to fight the infections with antibiotics and instead "tried to beat my infections with huge amounts of fluids...it has been 8 years or more since my last medically treated infection." Finally, two participants were having so many bladder problems they switched to indwelling catheters after years of managing on condom-drainage.

To prevent bladder infections, various natural products have been touted in the past few years as being very useful. This list includes such things as cranberry juice, d-mannose (a bacteria inhibitor), uva ursi (a natural diuretic), apple

cider vinegar, and many different Chinese herbs. But what do the experts say on bladder care? Exactly what they've said all along: "Drink plenty of water (minimum 8 cups a day), maintain good hygiene, quit smoking, increase antioxidants (Vitamin C, B6 and E) and see a doctor if you think you have an infection."

Next-up on people's list of ailments came skin problems, including pressure ulcers. Almost all of the 10 participants have had skin breakdown at one point or another since being in the chair, and 6 of the 10 said they've had to be more diligent in keeping an eye on their skin as they get older. Once again each person has had to find what works best for him or her. One individual actually went so far as to have her tail-bone "shaved." She said that the initial idea of having the bone shaved, followed by five weeks in bed "horrified" her, but she hasn't had any skin problems since the operation.

On the more conventional side, it seems that most people simply try to limit the amount of time they spend in their chair. "I do not allow my skin to break down and as a result my time has to be very structured" is how one participant described his situation, while another was frustrated at how her skin has changed over the years. She summed up her situation this way: "My routine consisted of being up and in my chair for 16 hours a day (without getting off my butt for

any break in between). I have recently decided to make more of an effort at consistent time intervals to relieve the pressure."

When it comes to dealing with problem skin or pressure ulcers, there is no miracle cure, only prevention. Practice good hygiene, check your skin daily or twice daily (morning and evening), quit smoking, drink lots of fluids, keep your weight under control and simply be aware of the fact that as you age, your skin will be much more susceptible to breakdown.

The literature on aging with a spinal cord injury informs us that shortly after becoming disabled, "our bones begin to lose minerals and become less dense," thereby making us more susceptible to Osteoporosis and possibly broken bones. A bad spasm, a fall during a transfer or even slightly

## *Our Participants' Statistics*

*# of Participants - 10*  
*Men to Women Ratio - 6/4*  
*Average Age of Participant - 45.9*  
*Average Age When Injured - 18.9*  
*Youngest Participant - 27*  
*Oldest Participant - 73*  
*Highest Injury Level - C1/C2*  
*Lowest Injury Level - L1*  
*Average # of Bladder Infections Per Year - 2.6\**  
*Total # of Broken Bones - 12*  
*Average # of Annual Visits to Doctor - 3.7*  
*Average # Given When Participant Was*  
*Asked to Rate Him/Herself (1-10) on Healthiness Scale - 7*

*\* - 3 Participants Said They Were Chronically Infected*



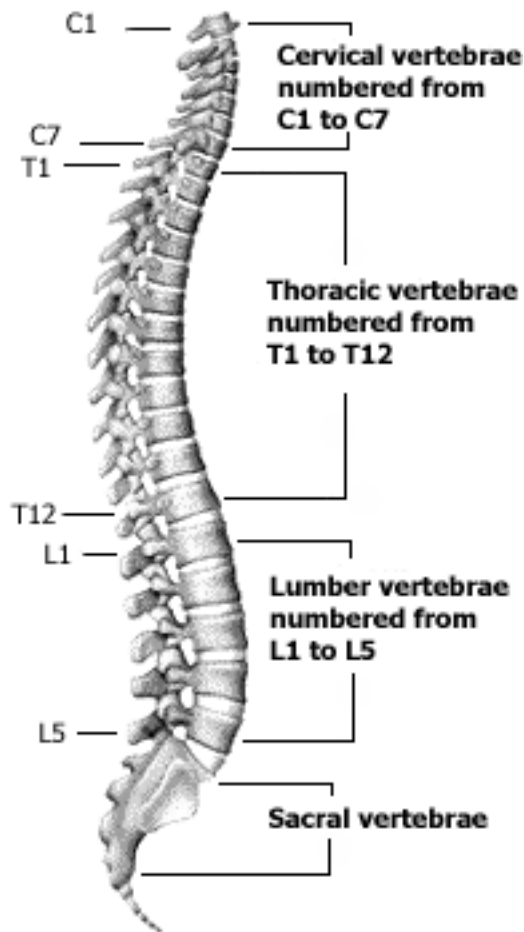
too much strain during a 'range of motion' exercise, and bones can break. Following this thinking, I asked our 10 participants "if they had ever broken a bone, and if yes, please give details?"

Between our 10 individuals there have been a total of 12 broken bones, including arms, wrists, ribs, hips and legs. Amazingly though, most of the broken bones occurred between 3 individuals! In fact, one guy has broken his legs three times, while another individual has broken his wrist, ribs and leg. Fortunately though, most people reported no long-term effects, except for one person who broke his hip several years ago. He says that because there was nothing the doctors could do to help him, he still suffers a great deal of pain and finds it hard to spend much time in his wheelchair.

When it comes to dealing with Osteoporosis, there is also good news however. The rapid bone loss that we initially experience after the accident usually tapers off after about two years. This means that people that have been in the chair "30 or 40 years really don't have any more Osteoporosis than those hurt less than a decade."\* In fact, only 1% - 6% of people with spinal cord injury will suffer a fracture that is brittle bone related.

So what can we do to help slow down the process of bone mineral loss? 1) Start exercising, especially "weight bearing or resistance exercises. 2) Eat more calcium. This includes milk, cheese, shell fish and calcium enriched fruit juices, just to name a few. 3) Get more Vitamin D, whether it be from the sun, or from eating green leafy vegetables. 4) Quit smoking. It accelerates bone loss. 5) Limit alcohol intake. It also speeds up bone loss. 6) Finally, if you are a woman that has been through menopause, estrogen supplements might help. Obviously consult a doctor regularly however, as there can be side effects from estrogen.\*\*

The next topic I quizzed our participants on was 'stress.' Does 'stress' affect how we are feeling, sleeping, and performing our day to day tasks? The answers I received to this question were extremely varied. One person said, "I think stress is a killer and I mean that literally," while another person added, "I am a classic worry wart...It stresses me out and makes me tired and irritable." Finally, a third respondent explained her body's reaction to stress this way; "Work stress, family strain and lack of sleep affect my



health dramatically." At the other end of the spectrum, one male said he actually liked stress at work, while several others said that stress played no part in their daily lives.

What researchers in Britain have discovered is that the longer a person is in a wheelchair, the more fatigue they experience. While this fatigue can be either physical or psychological, both can eventually lead to severe medical problems. So how should we deal with fatigue and stress? The experts say you should: Lighten your load during the day, get plenty of rest, eat well, exercise, socialize with friends and set goals.

How did our respondents fare? Five of our participants either work or attend university, while almost all of the participants cited family and friends as their major source of recreation and stress relief. However, the one category where everyone fell short was in the area of exercise. Only one participant exercises on a regular basis, while several said they

wanted to but had trouble finding the time, and a few others had 'range of motion' done every morning.

What can we conclude from this 'scientific' study? That people with spinal cord injuries are aging as well as the general population, and if they take care of themselves they should still be around when they are 'sixty-four' and much older. They have basically the same amount of complaints as the aging general public, just perhaps in slightly different areas. And finally, just like everyone else, able-bodied or not, they are trying not to let their health slow them down or dictate their lives. But, just like everyone else, there comes a time when reality kicks in and we find ourselves avoiding situations that take too much energy or leave us drained for a day or more. It's simply a fact of life; we're not as young as we used to be.

*\*Unfortunately, recent data shows that bone loss does continue years after the date of the injury. Just at a slower rate.*

*\*\*As I was about to send this article to the printer, I was informed that all studies pertaining to bone mineral loss have been performed upon men. There is only one study to date looking at bone mineral loss in women, and those results are not readily available.*



## *“Broken Bodies, Broken Spirits”*

*May 14-17, 2003*

*by Renata Marsden*

In July of 2001, CPA Manitoba held two workshops in what was known as the “Broken Bodies, Broken Spirits” series, held for Aboriginal CPA members. During May 14-17, 2003, CPA held their third workshop in the series, and as before it was funded by the Aboriginal Healing Foundation. The most recent workshop was held at the Winnipeg Ramada Marlborough Hotel, with Aboriginal members attending from across Manitoba.

The objectives of the “Broken Bodies, Broken Spirits” workshops are to help CPA Aboriginal members begin the journey to overall health, and together with their families develop trusting, committed relationships. To successfully live and/or care for a person with special needs, that trusting, committed relationship must exist.

The history of Aboriginal people has long been portrayed from a white historian’s point of view, which is vastly different than the actual experiences that people are now sharing. The workshops were designed to inform Aboriginal members about the history of colonialism and the unfortunate legacy of the residential school system and how both have transformed Aboriginal people’s views. The Residential school experience has had a lasting negative effect on the Aboriginal population that is very apparent right up until today. CPA, with AHF’s support, is working towards healing the combined challenges that members face, namely having a physical disability, and the Spiritual challenges that have surfaced from being institutionalized.

Clayton Sandy of Manitoba Training, Education and Youth coordinated the workshops, with Belinda VandenBroeck of Wabung Abinoojiiag also presenting. Sandy and VandenBroeck shared their knowledge with the members on workshops like, “Historical Overview,” “Transition of Cultures,” and “The Need to Heal.” Each day members were given an indepth portrayal of history and how it has affected people today. Videos and other visual presentations were also positively responded to throughout the 4-day workshop - one of which was Jim Smith’s presentation on humor and how we can see it as part of coping to life’s smaller bumps along the way.

One daily practice during the workshop was the

sharing circles, held each morning and closing out the day. An invaluable part of healing, this environment was created so that people could be heard, supported and respected. Participants shared their thoughts and stories, some of which will be forever etched in the memories of many. Perspectives and insights for others were also heightened at this time of the “Broken Bodies, Broken Spirits” workshops.

In the end, new acquaintances were made and appreciation for each other was verbally acknowledged by most of the participants. “Culture Day”, which was the wrap up, was lead by Calvin Pompana. Participants were given the opportunity to learn about Aboriginal Culture, lifestyle, hearing and sharing their stories. This was a successful workshop that many will take with them on their healing journey.

Throughout the “retreat,” Mark Nabess of Double Sun Productions was filming the participants and presenters for a video he is producing for CPA to guide other communities/CPA divisions to hold their own workshops. It will provide a sense of the environment and the people that will benefit from the workshops. I am working with Mark as an interviewer and compiling the resource booklet to accompany the video, which will be completed at the end of August. These packages can also benefit Aboriginal members who are hoping to bring the workshops to their communities, bring awareness to their leaders and their community while healing.

The fourth and final workshop will be held on June 18-22, in conjunction with Aboriginal Solidarity Day at The Forks. CPA would like to thank Clayton and Belinda for their successful workshop and offer a special thanks to past and present participants. Your contributions will not only benefit yourselves but your family, community and much farther. We look forward to the next workshop and hope to see many more Aboriginal CPA members. If you are an Aboriginal CPA member and would like further information on the “Broken Bodies, Broken Spirits” workshops, please phone Roger Traverse, Project Assistant at (204) 786-4753 or outside Winnipeg Toll Free at 1-800-720-4933. To read more on the BBBS workshops please visit [www.cpamanitoba.ca](http://www.cpamanitoba.ca) or more on the Aboriginal Healing Foundation- [www.ahf.ca](http://www.ahf.ca)





## Ask Uncle Spine

**D**ear Uncle Spine: I have a spinal cord injury and have come to expect low tolerance for physical activity. But, hey, I'm only 35 and feel 65. I'm more pooped than ever doing my run-of-the-mill ADL. Any ideas how I can put a little pep back in my tank?

- Andro

Andro, spinal cord injury whacks your metabolism in ways we're just coming to understand. Paralysis seems to accelerate the process of aging across all body systems. Your bones really are like those of an elderly man, due to osteoporosis. Your skin isn't as resistant as it once was, and your body mass is less, meaning it's slower to heal. This may account for recent pressure sores you never used to deal with. Your cholesterol is probably too high, you may be on the road toward diabetes and your immune system is stressed out. On top of all of this, you are almost certainly hypogonadal – that is, your testosterone levels are low.

The usual Rx for being run down is to eat better, stop smoking, take calcium supplements and antioxidant vitamins (C and E) and get more exercise. As many people discover, that's not always good enough. Here's another possibility: jack up your male hormones (testosterone). Reportedly, three in four men with SCI have low testosterone.

In the general population, testosterone replacement therapy (TRT – monthly shots, skin patches or gels containing testosterone) improves muscle and bone mass, increases strength and one's sense of well-being. TRT has been used for many years to treat memory loss, depression and anxiety in men. There is some positive clinical experience – including reduction of some of your symptoms, Andro – associated with boosting testosterone in SCI men.

A recent University of Georgia study showed that TRT reduced loss of muscle protein in men with SCI. Helen Hayes Hospital in New York is now recruiting paras to test the effects of testosterone.

Researchers have established a strong link between sex hormones and tough-to-heal skin breakdowns. A high protein diet helps recovery but is not enough to reverse the catabolic (destructive) process. Low testosterone levels appear to hasten the loss of lean body mass, which works against healing. Paraplegics are sometimes prescribed testosterone for pressure sores. Oxandrolone, a drug that is similar to testosterone, also stimulates recov-

ery, in part by increasing lean body mass. Building body mass is also said to be good for the immune system and the heart.

Meanwhile, the hormone story is not for men only. Women have also been given testosterone to improve energy, well-being and libido. The level of estrogen (the female hormone) may also affect physical activity and brain function related to learning and memory. A study from the University of California, Irvine, showed that estrogen replacement therapy in older adult women may have positive effects on both physical and mental health. The link to SCI makes sense but hasn't been fully tested.

A simple blood test can determine whether your testosterone level is low. If it is, discuss your options with your doctor. Be aware that there are some possible side effects of TRT – your skin might get oily or break out.

*This column first appeared in the April issue of New Mobility.*

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# Computer Occupations

by Regan Block

**F**or this issue I would like to fast track you from getting started with computers to having a career using one. I've interviewed two CPA members that I often bump into (literally sometimes), to give you a snapshot of two types of jobs in Information Technology (IT), and then I would like to tell you about my job, also in IT.

Stefan Isfeld, a T5 paraplegic, is a Web Specialist for the Main Branch of the Credit Union here in Winnipeg. After his injury, CPA (with Vocational Rehabilitation Services funding), sponsored him to take Computer Science at U of M and then he went to Emily Carr College in B.C. where he took courses in sound, video, and painting.

Stefan landed his job at the bank through a friend (he also nailed the interview in ½ an hour). His day consists of creating standards on how to build web sites, designing, reading business specifications, meeting with clients, and showing demo's for clients. He also does upgrading (not through school) through the almost infinite resources available on the Internet. Stefan estimates that once out of college, someone who 'codes' would have a starting salary of around 35K and would max out at around 64K but only 22K (starting) if you strictly design web pages.

Some of the benefits of working for this company he notes are the experience, the access to technology and the resources available; hardware and software that one would probably never get a chance to user working on your own. Of traits that one should possess to excel in this field, he says that you should be logical and like knowing how things work. To sum up the industry, Stefan, an ex diesel mechanic, says that "Software is really nothing more than machinery; you are just using bits and bytes."

Brad Robertson (T8) is a Software Developer for EISI in Winnipeg. He went to school at Keewatin Community College in The Pas, where he completed the 2 year Computer Programmer Analyst diploma program. He learned the languages C, C++, Assembler and PowerBuilder. CPA (with Vocational Rehabilitation Services funding), paid for the course and also purchased a computer for him to work at home as well. Both jobs he held as a programmer he got through friends. Brad notes that "It seems you almost have to know someone to get your foot in the door."

As a software developer, your duties are to design and develop software. He says, "I've been assigned the lead

developer position on a few projects lately. This involves delegating work to other members of the team, being responsible for keeping the project on track and you must communicate this with the project manager. If there are questions regarding work that is to be done then you either have to answer them or get the answers to the questions. This may involve going to numerous meetings on a daily basis." A couple of the benefits he noted are the ability to work from home if you need to and having flex time where you can come and go when you want as long as you are getting your hours in. In Winnipeg, the starting wage is about 40K, but you can expect to top out around 80-90K.

Brad adds that if you are willing to relocate to Toronto, Calgary or Vancouver then the wages are a bit higher. In closing, he says that to be a software developer you need to have strong problem solving skills, be motivated, a self starter, good at communicating and working with others. It also helps to be strong in the mathematic area.

As for myself (T10), I'm a Test Analyst and have been around software development for years, but never enjoyed writing code. In 1998, I took Microsoft Word and Excel through SDM and got an excellent work experience at Hewlett Packard (who eventually hired me as a contract employee). In 2000, I also took Visual Basic Internet Site Developmt and Business Math at the U of W Continuing Education through a program (which CPA provided information about and referred me to) called TAP-IN. Shortly after that, I got a job placement at Ceridian Canada to test software for a brand new web based payroll application which was in the very early stages of development and I have been there ever since (as a Ceridian employee).

My day consists of writing and running software testing scripts (affirming that written code meets business specifications and user expectations), attending design meetings, logging & retesting bugs, and improving testing processes. The benefits I notice working in this development team is the respect, motivation, job satisfaction and taking on new challenges. Starting salary is around 32K and tops out around 52K. I think that "software testing is not a well know career but it is a very important as you are the last line of defense between the company you work for and the user." To work in this type of job, I also believe that you should have a keen interest in computers, know the Microsoft Office



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products, enjoy working in a dynamic and stressful (sometimes) environment, and like having fun.

So if you feel you are up to these kinds of careers in IT, please contact a CPA counselor. There is a world of opportunity in IT as I've only scratched the surface.

### Other links

[www.celero.ca](http://www.celero.ca) Stefan's work address and his personal website is [www.ogreforce.com](http://www.ogreforce.com), [www.eisi.com](http://www.eisi.com), and [www.powerpay.ca](http://www.powerpay.ca).



*Regan Block is a Test Analyst at Ceridian Canada Ltd. and is a CPA Board Member.*

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# Wheelchair Rugby Celebrates 25 Years

by Dan Joannis

The Manitoba Wheelchair Sport Association (MWSA) hosted the *2003 Canadian Wheelchair Rugby National Championships* at the *University of Winnipeg Duckworth Centre* from *May 9<sup>th</sup>-11<sup>th</sup>*. The timing could not have been better, given the sport has its roots right here in Winnipeg and is celebrating its 25<sup>th</sup> anniversary this year.

In 1977, five local wheelchair athletes – Duncan Campbell, Gerry Terwin, Chris Sargent, Randy Dueck and Paul Lejeune – developed a sport for quadriplegics and inadvertently set in motion a series of events that would catapult their game onto the international stage. “We had no idea what would become of our team-sport for quads when we put it together, but I am now – and I know my co-developers are as well – very proud of wheelchair rugby at all it's levels,” said Campbell, the only still-active player from the original group. “Rugby has given me so much through the years – the chance to compete, the camaraderie of team sports, lifelong friendships, and the chance to encourage young players to get involved and reap the benefits which the sport offers.” Campbell now lives in BC, while Terwin, Sargent and Dueck live in Winnipeg but are no longer involved in the sport. Paul Lejeune passed away in December 1997.

Wheelchair rugby – originally called murderball – is a fast-paced, hard-hitting and exciting sport, and its physical, highly strategic nature have made it the fastest growing wheelchair sport in the world. Though there are similarities with stand-up rugby, wheelchair rugby incorporates elements of a number of other sports as well, including hockey and basketball. It's played indoors on a regulation-size basketball court, using a volleyball with four players (male and female) per team who compete for possession of the ball and try to score goals by carrying the ball over their opponents' goal line.

“What sets wheelchair rugby apart from other sports for athletes with a disability is the level of contact that occurs

between competitors,” says long-time Team Manitoba player Alex McLean. “The athletes really appreciate and thrive on the physical aspects of the sport, and it's certainly a big part of the appeal for spectators. I don't know of any other setting or context where it would be appropriate and acceptable for people to cheer when someone gets knocked out of their wheelchair, but that's exactly what happens in wheelchair rugby.”

Despite the rapid growth of wheelchair rugby both in Canada and internationally, the average person on the street has never heard about the sport. “When I talk about rugby, people are pretty amazed and generally want to know more about how we play,” explains McLean. “And while there really isn't a



*The original 5: (L to R) Randy Dueck, Gerry Terwin, Duncan Campbell, Chris Sargent, Paul Lejeune*

lot of awareness right now, that's all changing.”

As the home of wheelchair rugby, MWSA was especially proud to bring the sport back to Winnipeg for the 2003 Canadian Wheelchair Rugby National Championships to help celebrate the sport's 25<sup>th</sup> anniversary. During the Opening Ceremonies for the tournament, Campbell, Terwin, Dueck and Sargent were presented with gifts acknowledging and commemorating their significant contributions to the early development of the sport. Today, wheelchair rugby is played in more than 45 countries around the world and is fully recognized by the International Paralympic Committee.



*Garett Hickling from BC slams into opponent*

To learn more about wheelchair rugby or to get the results of the 2003 Canadian Wheelchair Rugby National Championships, please call the MWSA office at (204) 925-5790 or visit the Canadian Wheelchair Sports Association's website at [www.cwsa.ca](http://www.cwsa.ca).



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## *Axle Grease*

*by Ken Davis*

**W**hat a spring! There was that little 'dust-up-in-the-desert', SARS in Toronto (twice), Mad Cows in Alberta, West Nile Virus everywhere, the provincial election and serious talk of decriminalization of marijuana. I can't wait to see what summer is going to bring....In Texas, a project called 'Mission Connect' is underway to try and reconnect the spinal cords of test-sheep. It features 5 medical institutions, 11 different operations, 10 million dollars and dozens of doctors and nurses....While doing online research for an article about sex toys modified for the disabled, I came across pledge forms for the 5th Annual Masturbate-a-thon. You actually get pledges, and people sponsor you by the minute. Now that's something I could have REALLY done well at as a teenager. Oh yes, all proceeds go towards women's health organizations in Toronto....I recently picked up Travel Manitoba's 2003 Vacation Guide and Accommodation Guide and was very impressed with the accessibility information provided. It will definitely make it easier planning my summer getaways....The University of Winnipeg is offering a telecourse this September entitled, "Introduction to Disability Studies." It falls under the discipline of Sociology....The Winnipeg Public Library is now offering an amazing service - library books delivered and picked up from your home, FREE OF CHARGE! If you are elderly, sick or disabled you are eligible for the service. Call Olivia at 986-

6475....Finally a decision about the Via Rail Snafu. The Canadian Transportation Agency has finally come to the logical conclusion and determined that there are 14 "barriers to the mobility of persons with disabilities." Unfortunately, after spending millions to buy inaccessible cars and millions more modifying them to make them more inaccessible, the Canadian Taxpayer now gets to pay millions more to correct the mistake. Who is in charge of these guys? Wile E. Coyote?...There is a group of quads in Ontario that are flying Sailplanes. For the uninformed (like me before I read the article) Sailplanes are the same thing as Air Gliders, those big beautiful plane-like-things that fly without a motor, thousands of feet in the air. Count me in as someone who would love to try....So you pull into the mall parking lot and just happen to notice the 25 year-old jock take the last disability parking spot, and then saunter into the mall while flexing his pecs. Do you A. Key his car or B. Catheterize straight into his gas tank or C. Slap a bright red sticker on his windshield that says 'No, I'm NOT disabled, I just took this parking spot to show that I don't give a damn and I am very, very important?' Personally, I still favour 'B', but if you would like to choose 'C', call 1-888-700-4476. 10 Stickers are \$10 and you need a Visa if you use this method to order....As this is my last issue, I would like to say thanks to everyone for reading. Lorne will take over in the fall with fresh ideas and boyish charm, and I will be a faint memory.

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