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thespin

SPINAL CORD INJURY BC

SUMMER 2014

the incomplete issue

Putting into perspective the mixed blessings of life with incomplete spinal cord injury

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AN incomplete AFFAIR

High anxiety and mixed blessings have been the cornerstones of my life with incomplete quadriplegia.

– by Richard Holicky

Looking back at the past 25 years, I see my life with incomplete SCI as a wild affair with a mistress who has been by turns voluptuous, incredibly jealous, sultry, and vengeful. At her best, she has been an incredible seductress. At her worst, she's been hell-bent on making me pay dearly for any transgressions or infidelity.

When I got to rehab in 1989, the prognosis wasn't bright. My C5 fracture left me unable to touch my chin with either hand, let alone feed myself.

Yet five years later I was going through my days doing the stuff of life—cooking, cleaning, vacuuming, gardening—unassisted and, more often than not, standing up. I drove to work in a van with a lift and once there, walked to the bathroom on crutches. My injury had become so incomplete that I was often called a fake quad and occasionally, almost apologetically, referred to myself as one.

I didn't travel to some far flung destination for stem cell surgery or some other exotic, miracle procedure. I didn't turn my life and future over to a higher power. Nor do I possess indomitable will and determination. I simply believe that chance left me with an incomplete injury.

My optimism soared two months into rehab when sensation and ability started coming back. I'd go to bed at night wondering what improvement I'd get the next day. I'd be ecstatic if more movement came, and down in the dumps after two or three days of no change. It was to be my life for several years. Quite the rollercoaster ride—manic depression on the installment plan.

I didn't know what to think when I took those first few shaky steps in the parallel bars a year after injury. It was several days before I trusted them enough to tell anyone. I didn't know what these steps meant, or if they would disappear or get stronger. I didn't know whom I could share these feelings and fears with. Each step meant more hope with no guarantees, enormous expectations with little reality, and more distance from my SCI friends—and yet no genuinely new access to the mainstream which I craved a return to.

These are all the small flashes of my incomplete experience: no peer group, little certainty, nothing to trust, lots to be thankful for. High anxiety and mixed blessings.

Beyond the initial elation I experienced after those first few steps was a great deal of ambivalence. They demanded that I bust my butt for another year or two to see if anything would come of this latest trick. But what I wanted was a life, not more therapy; a job, not an endless series of appointments and exercise schedules. What I wanted was some certainty about my future.

I was weary of the big tease. I was tired of having my life on hold. I wanted to have some fun, to make some plans. I wanted to be rid of the anxiety. I was in my 40s, and I wanted answers to the existential teenage questions of who and what I was.

Instead, what I got were a host of new insecurities that were layered on top of the ones that originally came with SCI, not to mention all those that I had lived with since long before that fateful day. Am I doing enough to maximize return? If I find work, can I still pursue walking and getting more function? Do I have the money for all this therapy? How will I know when I've reached maximum function?

After watching me shuffle along in a walker for three months with no improvement, a veteran physical therapist told me I was wasting my time. Six months later, a different PT had me walking some with crutches. Who knew? No one had all the answers, so I had to find them and define them for myself.

Dealing with pressure and misunderstanding from friends, family and significant others became more of a chore as I made more of my own treatment decisions—which therapies to pursue, which to reject. "How can you know you're maxed out?" they would ask. "How can you be sure?"

Well, I couldn't be.

As long as I was experiencing return, I could stay in some denial and avoid depression. On the other hand, the incompleteness—because I couldn't predict the future—bred more anxiety. Quite a trade-off: anxiety for depression and a player to be named later. Reality is for those who can't handle drugs, denial or that Elvis lives.

Fritz Perls, the noted German-born psychiatrist and psychotherapist who died in 1970, claimed that our task in life is not to rid ourselves of anxiety, but to learn to live with the anxiety that constitutes life. Ah, yes, the human condition. I cursed it then, and occasionally still do.

As I approached maximum function and a physical plateau, depression and anger began to return. Slowly I began to realize that it was probably time to throw in the towel and start getting on with life.

Once I made that decision, friends and family would inevitably want to know why. "So, you're just going to give up?" they would ask. I knew they meant well, but I'm sure these questions always had more to do with their own acceptance of seeing me in a chair. After three years, I knew what the score was and so my answer usually included some mention of a concept called reality.

But still, as it had from the beginning, the seduction of more return of function continued to whisper. "Why can't I have just a little more?" I would find myself asking. My incompleteness had been borrowing for several years; now the loan was due with interest coming in the form of some serious blues. Rehab shrinks I know say this is pretty common, putting off initial intensity of pain, loss and adjustment as something to deal with down the road.

What tempered all these negative emotions for me was that player to be named later—the realization and acknowledgment of how truly lucky and blessed I've been. Yes, it's true that I've always needed to wear a leg bag. I spend over two hours every other day doing bathroom ablutions. I've never had much sexual function without pharmacology. But when friends with complete injuries teasingly disowned me as a fraud and suggested I got off with a mere flesh wound, I grudgingly agreed and felt a bit guilty.

After all, for years I could get up a couple steps, walk through a two foot doorway or stand up to reach something on the top shelf. I worked nine to five, rafted, skied, travelled at will, camped and rode a tandem bike. It was a life in full, based on optimism and irrational exuberance that was my coping strategy. I lived alone for years, did stuff, built stuff, gardened and maintained home and yard with very little assistance.

And it's safe to say that the freedom that came from standing and the ability to ambulate short distances and some stairs literally changed my life. I highly doubt my wife and I would have ever been able to get together had I not been able to walk some. Stairs and architectural barriers alone would have made effectively wooing her difficult if not impossible.

But back then, few places were inaccessible to me, and my level of function provided a sense of confidence that made most anything seem possible. I could travel by myself for weeks on end and I lived freely with few modifications to home or vehicle. Transfers were mostly standing pivots, which meant I could get into full size SUVs with little problem, and most of the cooking I did was done standing up. I convinced myself that transferring with my legs would save my shoulders.

My wife and I painted rooms together, hung photos together and built shelves together, all at eye level. For weight control and mental health I walked daily on a treadmill for 30 to 40 minutes. I still had quad plumbing, but I functioned as a para and was always extremely aware of my good fortune and how much larger my world had become. I marvelled at the

***THEN AND NOW:** Gardening and other chores were a little easier for me a couple of decades ago. These days, I'm sitting a lot more.*

will, strength and resourcefulness of people with complete injuries and limited function.

Of course, it turned out that my charmed existence was somewhat temporary. I began to feel the toll of age and years of sitting. When my shoulders began hurting enough for me to begin limiting what I did, I bought a pair of power-assist wheels on the cheap from eBay, though at the time I told myself they were for "sometime down the road."

About the same time—five or six years ago—things began to change, and my world started to become considerably smaller and different.

I began to experience system failures: first a bad gall bladder, then scar tissue on the cord which began to inhibit function and increase spasticity, then uncontrollable spasms that led to implantation of a baclofen pump, then another surgery due to complications with the pump, followed by a mild stroke and yet another pump failure. As for my power-assist wheels, "down the road" showed up in less than a year, with the neck surgery—much quicker than I ever envisioned. The wheels were quickly paired with a ramped van.

Each setback slowly chipped away at my function, optimism and confidence; bouncing back became more challenging each time. The neck surgery, the pump surgeries and the stroke all involved two to three week hospitalizations, and a couple also required in-home care and PT.

Getting over surgery at 62 and older was much more difficult than original rehab at 42, and not just physically. I was quickly aware of both waning will and discipline. Following the stroke my trunk muscles weakened—either from the stroke or simply and more logically, from aging and overuse—and the spasticity increased to new and often overpowering levels.

Following very short walks on the treadmill, I'd experience full body spasms so strong they took a six foot tall, muscular PT struggling mightily to overcome them and keep my pudgy, five foot seven body upright. I no longer felt safe negotiating my way from the bottom of my stair glide to my basement chair, or trust my ability to get on and off the treadmill, much less safely use it. I thought it prudent to stop walking.

I quickly began losing strength in my legs, which made transfers more difficult and tenuous. Extra pounds replaced daily exercise, exacerbating the problem. Trunk weakness left me so floppy I could no longer roll over on my own and now relied on a slatted headboard to help me turn in bed. I found myself mentally preparing for each transfer, struggling to sit up straight, and getting ready for bed by 8:30 or 9:00 after once again wincing throughout the day with intense shoulder pain—the bitter residue of crutch and treadmill walking. I knew that I'd soon need to start driving from my chair, as the transfer to the driver's seat became more tenuous each day. My PT repeatedly lobbied me to give up the power assist wheels and buy a power recliner.

And the costs continue to mount. Following another surgery and a struggle to find a tolerable and effective dosage to control another bout of severe spasticity, I've found the cost of exercise, denial and irrationality now seems to be new frontiers of pain approaching debilitating levels.

Today, I'm still a fake quad, but I'm growing much closer to the genuine article every day. I suspect the pain, the fatigue and the shoulder problems are in no small part due to walking and standing and pushing the limits. Had I not done so much for so long, I suspect my world might have stayed larger, safer and more pain-free considerably longer.

I'd been warned about the possible price I'd pay and have to admit the estimates have been all fairly accurate. I now find myself filled with feelings of anxiety similar to those I felt a year out of rehab when I didn't know where my limits might end. Now, on the downside, I fret about how severe my limitations will become along with some of the same feelings of denial I felt early on. In turn, that invariably leads me to a resolution to do something about it.

Recently, I began a significant two day-a-week exercise regimen, coupled with near daily use of a table-top handcycle, therabands and stretching. Within a week or two I noticed marked improvement and ease with transfers, dressing, balance and most all other aspects which constitute the stuff of life. About the same time I began meeting with a PT to address my failing skills, which I quickly realized were failing due to de-conditioning.

At the end of our first session, after seeing me move about, stand and walk in the bars some, she allowed that I had "potential." I was instantly hooked, longing to convince and console myself in the belief that with enough work, effort, will and discipline I could once again get back to where I once was. In turn, these thoughts triggered my inherent insecurity and eagerness to please or not disappoint the expectations of others. With newfound confidence and a bit of encouragement of my regained skills, I once again asked myself if I just gave up.

Of course, this type of rosy thinking leads to overconfidence, occasionally resulting in a call to the local fire department to get me back into my chair. The firefighters know my name and are kind enough to forgo using the siren or lights. And of course, I once again remember the concept called reality, which precipitated throwing in the towel twenty years ago. And the voice—reason, logic or perhaps age—questions if once again striving to regain mobility and function will be worth all the effort, commitment and anxiety. "Do I really want to do this?" I ask myself.

And so the inner conflict continues to roil around inside me. My days now feel suspiciously like the first few months of rehab, filled with uncertainty and anxiety. I sense the possibility of hired assistance in the not-so-distant future.

I also know I'm not the first crip to experience these losses and ravages of aging and overuse, and frequently engage in gallows humor with other geezer wheelers, if only to ease the sting.

We, all of us, able-bodied and disabled alike, age; few who wheel independently for years get off pain-free or superlimber. It's a helluva thing, gettin' old. I continually remind myself that life with disability is a constant negotiation requiring grace, humour, good sense, self-knowledge, and a realistic awareness of one's capabilities and function, at the very least for safety's sake.

Yes, looking back, I see my wild affair with the mistress of incompleteness with some regrets.

Yet even knowing all the hard lessons she's taught me, and all that she's cost, I suspect if she came knocking today I'd probably go all wobbly, get out my wallet, and be seduced all over again. ■

Richard Holicky is a writer and editor who lives in Denver, Colorado. He's currently a Community Editor at New Mobility *magazine, and has previously written for* The Spin.

Do you trust your doctor?

The potential of stem cell therapies for chronic SCI has been a source of hope for many. But by Canadian medical standards—and those of most other western countries—stem cell therapies are far from being ready for use. The bottom line is that we don't know if they're safe (there have been many cases of disastrous consequences), let alone if they work. Clinics in less regulated countries that offer stem cell and other unproven therapies do so for a hefty fee, convincing people of their safety and effectiveness through the use of emotion-evoking patient testimonials instead of solid science.

Despite the risk, many people with SCI, including many Canadians, travel abroad for these unproven therapies, including stem cell transplants, often ignoring the advice of their doctors and other health care providers in the process.

There are many possible reasons for this—for example, a sense of self-determination and impatience with the slow process of stem cell research on the part of those who travel for the therapies, highly effective emotion-evoking marketing techniques employed by the foreign clinics selling these therapies, and media reports about these therapies that are either unethical or not based on fact.

Two UBC researchers—Dr. Judy Illes and Dr. Brian Kwon—want to better understand how the trust relationship between doctor and patient is affected by the discussion of experimental therapies for SCI. By listening to the perspectives of individuals with SCI and of doctors who care for individuals with SCI, they hope to form evidence-based guidance for doctors who are in the critical path of responding to patient questions about experimental treatment options such as stem cells for SCI.

The researchers are seeking English-speaking adults over 19 years of age with SCI from across Canada and the United States to participate in a 30-minute interview, which can be conducted by telephone, in person, or by Skype. The purpose of this interview is to learn more about the kinds of questions you ask your doctor about experimental therapies like stem cells.

Regardless of how you feel about medical tourism, or if you've ever travelled or are considering travelling abroad for stem cell or other unproven therapies, you'll be interviewed with impartiality, without judgement or condescension, and with privacy guaranteed.

To participate in or learn more about this study, please contact Karen Jacob, National Core for Neuroethics, by email at karen.jacob@ubc.ca or by phone at 604.827.3690.

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INCOMPLETE SCI:

You're not alone.

Recently, one of our peers who's lived with an incomplete injury for just a couple of years had an opportunity to meet a few others who also have incomplete SCI. The encounter was an eye opener for him—up to that point, he hadn't realized that there were so many others like him out there in the community, and that the challenges they struggled with were so similar to his own.

This is the essence of the incomplete problem: incomplete injuries are becoming more and more common; they bring complex challenges—they bring high incidence of pain, fatigue and other health issues; they lead to uncertainty over how much functional recovery to strive for; they are poorly understood by the public; and, compared to other more obvious and disabling levels of SCI, they bring a sense of isolation and few opportunities for peer support. On the surface, people with incomplete SCI appear to be the lucky ones, but this belies the very real challenges masked by what is often an invisible disability. As one of SCI BC's Peer Coordinators has been known to say, "If it was just about the walking, spinal cord injury would be easy."

Here at SCI BC, we're trying to change that, and we'll be looking for ways to expand our services to make them even more available and relevant to people with incomplete injuries. Please check out the Events section at www.sci-bc.ca to learn more.

The most important message, we think, is to let you know that you're not alone. We hope that the preceeding story by Richard Holicky helped clarify that for you. But we also want you to know that so many other British Columbians share your challenges. We asked four of our peers for a brief account of their lives with incomplete injury, and all four responded enthusiastically, agreeing to share details about their injuries and the challenges they've met head on. Our thanks to Tristan Smyth, Fernando Romero, Kristina Shelden, and David Parke for selflessly sharing their stories for our readers' benefit.

– Chris McBride, Executive Director, SCI-BC

Tristan Smyth, Vancouver

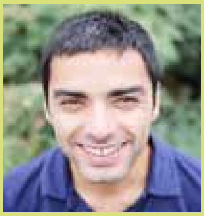
Wheelchair athlete
Age: 27
Age at Injury: 24
Injury Cause: Skateboarding accident
Injury Level: L1-T12 incomplete

I have gradual return of some muscle function in my legs, but little to no return in my calves, feet, and glutes. I can walk, but without the ability to push with my feet, I can't run or jump. I'm slower than most people. If I walk or stand for too long I feel it in my knees, then cramping in my quads the next day. I used a wheelchair before I began walking and for a while after, then mixed with using a cane. Now I just need to make sure I take breaks and rest and try not to put myself in situations where I have to walk too far. Regarding bowel and bladder, I digitally stimulate, use catheter for emptying, but probably not as much as I really should.

I don't like to think I'm better than someone else. It's just a different set of things to deal with. But yeah, it could always be worse. Sure, there are definitely good things about appearing able-bodied, but at the same time I don't look obvious. So I feel like maybe I have to explain myself too often, or feel guilty making use of disability aides and benefits in the public eye. Initially with recovery and with the uneducated public perception, as soon as people see you're walking again they assume you're "healed" and everything is better now. Then there's times where people around you forget when you're out doing something, and you end up getting left behind because you can't keep up or need to take a rest. It is what it is, though, and I don't like to complain.

You can't change what's already happened. You can only look forward and make the most of what you can do. You don't really have a choice. I'm busy now with other things to think about. I still miss skateboarding. But yeah, I'm doing something new now with wheelchair racing.

Check out my athlete Facebook page www.facebook.com/tristansmyth86 , and "like" it if you want to follow what I'm up to with racing.



Fernando Romero, Vancouver

SCI BC Contract Peer Services Manager
Age: 42
Age at Injury: 30
Injury Cause: Mountain biking accident
Injury Level: C6–C7 incomplete

I regained lower limb movements before being transferred to GF Strong from Vancouver General Hospital—about two weeks after I was injured. My functional return is significant—when people ask for percentage, I say 85 percent because I do have some functional limitations and loss of function. I have general weakness of the left half of the body, and my hand function is limited to about 50 percent, both left and right. I also have lost body mass—my hands lost a lot of muscle and my wedding ring slips off often, and an overall loss of about 30 pounds which I can't add back on. I'm extremely susceptible to cold, which causes significant increases in spasticity and full body rigidity. In cold, my drop in core temperature is fast—hyperthermia can set in very quickly. Sleep, or the lack of, is an issue, and spasticity issues wake me regularly—every time I roll over, I wake. I am easily fatigued and experience chronic fatigue issues as well.

I have some gait abnormalities and balance issues, and it's difficult to walk on uneven surfaces and up or down stairs. Bowel issues include constipation and irregularity, and I also have inconsistent urinary function—voiding is difficult always. Sexual function is almost normal.

I have neuropathic pain, every day and all day long. This is by far the worst part of having an SCI, and very common with incomplete SCI. It never goes away; it impacts every single aspect of my life. People who don't have pain don't understand what this pain is like—they have no idea how encompassing it is.

Even with these issues, I feel incredibly fortunate to have what I have now. I work with people whose level of injury is very similar to mine and some are using a sip and puff chair. Am I happy? Yup. Do I get frustrated? Of course I do, but I have never complained of where I am today in terms of recovery. I have always done the complete opposite. I have always made an effort to speak positively especially when speaking with others with an SCI because I know how shitty it is; I know what's it's like to be in chair and not be able to pick up your own fork to feed yourself. Although my time in that situation was brief, I remember it vividly.

The downside of an incomplete injury for me is, mentally, I feel my body should be able to do a lot more, but I have to accept that physically it can't. There is a huge discrepancy between mind and body when dealing with the physical aspects, and that is freaking frustrating. Emotionally, it has been a roller coaster; psychologically it has been very difficult. I've had to confront many, many issues and it hasn't been easy. Some I have yet to deal with, and I may never, but that's my life. I have developed some coping skills but some days life in general is a challenge. You throw in all the issues I have to deal with on a daily basis due to my SCI with the everyday challenges of being a parent, working, and commuting, and things can get tough.

In terms of meeting all these challenges, I wouldn't use the word successful. I cope and strive to meet the challenges head on and see what happens the next day.

A couple of people I know call me the walking wounded, and there are many of us out there. We are not alone, many people have these issues, physical and psychological. The circumstances are different but how we deal with them, that is what it is. We don't advertise it; we generally try to hide the fact because we don't want people feeling sympathy for us. I don't need empathy either, but what I would like is for people to understand—that's all.

Kristina Shelden, Vancouver

Personal Injury Resource Coordinator
Age: 30
Age at Injury: 24
Injury Cause: Motor vehicle accident
Injury Level: C4-C5 incomplete

My functional return ended up being somewhat miraculous. I was five weeks at VGH, only seven weeks at GFS, and I walked out. Well, limped out. Today, for the most part, my disability is invisible. I do have a permanent limp, but visually that is the only noticeable sign. I can walk, but it's largely dependent on my fatigue levels. Sometimes I can only make it to the bathroom and back. But other days I'm much more mobile. I've actually even managed a trip backpacking through Spain.

I don't rely on any mobility devices. But now that I'm almost six years post injury, I do regret denying myself access to that help. Sometimes I desperately wish I had, the fatigue gets so intense. I do have permanent tone, spasticity, nerve pain, and patchy sensation as well.

My bowel and bladder have returned to almost normal although I am still quite susceptible to UTIs. I do still have challenges, but I am seriously grateful for the return I have had.

Regarding sexuality, I want to be blunt because I worry there are others out there like me who are feeling alone in this. Sexual function is a challenge. My body no longer responds as it used to. I can no longer orgasm, and I need lubrication now, as well. I wonder sometimes if it's now become a mental problem, as can be the case with many women, spinal cord injured or not. Or if, in fact, I've simply lost that function. The biggest trouble I've found is that once the confidence is shaken, it's hard to find your footing again. It's also hard because I've found there isn't a ton of research out there in regards to this important, if not entirely comfortable, topic.

I certainly feel fortunate to be incomplete. But every injury has its challenges. And it's difficult to even apply the word 'fortunate' to a spinal cord injury. I find it creates an instant urge to compare oneself to others, and comparison is never a good plan—especially when it comes to the unique differences of each SCI. It's more about accepting the challenges you're individually faced with, and learning how to deal with, or overcome them.

Among my biggest challenges is fatigue. I simply don't have the energy to do everything I want to do. Another challenge is being 'invisibly' injured. On the outside, I seem like a perfectly healthy young woman. At most, people think I've hurt my knee or sprained an ankle. And even for people who know and love me and have gone through the last six years with me, it's still a struggle to understand that I constantly face challenges they're unaware of. Never mind what it's like to deal with the general public. For example, I can no longer take transit. I get glares and get into arguments when I use the handicap seating. I have difficulty standing on a bus in motion and have fallen before. And when I do manage to make it through the whole scenario, by the time I get to my destination I'm too pooped to do anything but fall asleep. I've been made to cry from customs agents, people who thought I'd illegitimately parked in handicap parking stalls, and even friends who just couldn't wrap their heads around it.

And lastly, one of the biggest challenges is myself, and the very fluid diagnoses of "incomplete". Learning to accept my limitations and potential limitations hasn't been easy—especially since no one could or can tell me how limited I would or will be. I am a mystery and I find that difficult, because there is no closure. I've lived with 'possibility' and 'potential' and 'who knows, maybe you will' for so long now that it's left me in a no man's land of acceptance. In fact, this resulted in a pretty serious breakdown over the winter. I'd been saying "my injury" for five years. This very small but important word had a huge impact on me emotionally. "Injury" implies that one will get better. It's temporary. And it very well could have been for me. But after five years it finally came crashing down on me that I was, in fact, permanently disabled. I didn't realize that after five years I could emotionally crash as deeply, if not deeper, than I had at the initial outset.

Things are improving. I now know how to better respond to strangers who challenge my disability. I aim to educate rather than be hurt by their ignorance. I try to respond with kindness. I've developed long-lasting and incredible friendships with people who have proven themselves to be understanding. The fatigue is an ongoing challenge, but as I age I find it's less important to me to get out and do as much anyway.

I'm grateful for my level of recovery. But I think I will always strive to improve what I have even more. I think this is a double edged sword; this insatiable need for more. I think it's part of the reason I recovered

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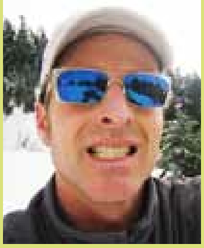
as well as I have, and yet I think it's holding me back in an emotional sense from feeling at peace with what I've got. All I know is that this is a process. And my ultimate goal is to find a balance between my drive and my acceptance. I wouldn't say I'm there yet, but I would say I'm on my way.



David Parke, North Vancouver

Film technician, Recreation Studies student at Langara College
Age: 48
Age at Injury: 44
Injury Cause: Mountain biking accident
Injury Level: C5-C7 incomplete

My return has been significant overall, with 20% reduced sensation in feet and hands. I'm able to walk for hours without aid, though descending stairs is problematic. I am independent with respect to bowel and bladder function, and sexual situation.

I do have neuropathic pain throughout my body, night spasms and sleeplessness, burning pain in hands and feet, proprioception issues, poor coordination, and poor fine motor skills with hands—very frustrating when dressing. I also deal with depression and fatigue.

That being said, things have gradually improved. I am more used to this new body and I realize how my luck was incredible based on conversations with professionals in the field. I feel fortunate to be alive and incomplete, though my symptoms and disability are invisible. I'm hugely grateful for the luck of circumstance; to walk, feed myself, go to the bathroom independently.

The invisibility of my disability is the most challenging. Working and providing for my family is the biggest challenge today. My employer won't accommodate me, and government offers less than I thought to assist with securing employment. I am funding school in hopes of working in a new career, but meanwhile raising a family on a meager income which is unsustainable. All of this has drained our retirement and investments. The government and my family doctor don't view me as being disabled or eligible for receiving tax benefits. I am still an incomplete quadriplegic; it doesn't stop or instantly improve as there are daily struggles regardless of good returns.

It's a frustrating place to be; I want to work 30 hours a week in a position that can accommodate me, leaving me time to look after my family. It's not just like starting over, but it's a challenge with my age and a disability that is invisible and unsupported by government, my doctor, and employers.

Despite this, I want to stress that I appreciate everyone and everything way more than I knew possible.

David Parke is undertaking a massive bike ride from Dease Lake to Vancouver as a fundraiser for SCI BC programs and services. You can read about his ride on page 30, and check out his progress online at www.sci-bc.ca/ride-for-spine.