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Cover Photo by WheelchairTraveling.com
The Pain That Never Stops,” which ran in our March 2017 issue, elicited several helpful responses from readers who shared their experiences in dealing with neuropathic pain. That story focused mainly on interviewees’ drug choices for pain relief. Also, many of the respondents reported relying heavily on activities that distract from pain (exercise, listening to or playing music, enjoying nature, doing internet research, etc.).

But some readers contacted me after reading the article and reported using different drugs than those mentioned. One reader, Ken Braswell, wrote that he has been having good results with Lyrica (pregabalin), which was FDA-approved in 2012 for treating neuropathic pain in SCI. Tom VanderMolen also uses Lyrica regularly as one of his treatment meds, as well as hydrocodone, and when the pain gets super bad, he will use a low-dose fentanyl patch (Warning: fentanyl is one of the most powerful and addictive drugs).

Research has shown that quite often taking more than one drug for neuropathic pain is more effective than relying on a single drug. The latest research indicates that three types of medications are most effective in treating neuropathic pain: anti-seizure meds (gabapentin and pregabalin); antidepressants (amitriptyline); and opioids (hydrocodone and tramadol). However, since each person’s response to drugs varies, other non-FDA-approved meds may work, too. Further studies dealing with the SCI population are needed.

Margaret Mann finds that intrathecally delivered morphine, as well as baclofen, controls her pain, which is both neuropathic and musculoskeletal. She says that these drugs, when delivered by way of an implanted pump, do not make her drowsy, whereas taking them by mouth does. Most of the drugs mentioned above have a known side effect of causing drowsiness or sometimes temporarily impaired thinking. Deborah Gregson echoes Mann’s experience in a second-hand way: “My mom has had good success with a baclofen pump, too, and it greatly reduces side effects of oral meds.”

The most surprising report came from Roanne Kuenzler, who participated in a 2006 clinical trial run by Dr. Christine Sang, director of Transitional Pain Research at Brigham and Women’s Hospital in Boston. Dr. Sang is an expert in SCI and neuropathic pain, and much of her research focuses on trying to find new pharmaceutical treatments, like dextromethorphan, a common cold medicine ingredient. Mucinex DM, for instance, contains just 30 mg of this ingredient, but Kuenzler, as a subject in Dr. Sang’s research, found that a high dose of 700 mg/day of dextromethorphan does a good job of controlling her neuropathic pain. This does not mean we should all run out and buy up massive amounts of Mucinex DM. Consult your doctor, and remember, everyone responds differently.

If you are thinking we are relying too heavily on drugs for pain relief, the good news is that both massage and acupuncture have been shown to give neuropathic pain relief as well. But, as it is with meds, one treatment is not enough. This kind of pain just keeps coming. Finding out what works best for you requires diligent research and careful collaboration with your doctor.

— Tim Gilmer
Lilly Longshore is a writer, a speaker and an advocate for those with physical disabilities and vision impairments. Passionate about traveling, she is determined to continue her adventures via wheelchair and share the world of possibilities available to those of every ability through her writing. As mother of a visually impaired son, she is the current parent representative on the Board of Trustees for the Washington State School for the Blind. You can learn more about her at www.lillylongshore.com.

Paralyzed at 14, Ashley Lyn Olson is an access advocate and accomplished author, editor, public speaker, photographer, videographer, website developer and entrepreneur. She created wheelchairtraveling.com in 2006 with the mission to empower people with limited mobility, their friends and loved ones to access the world of adventure and travel. It is the first online community and largest database for accessible travel, with over 8,000 resources and hundreds of writers worldwide. She has a great passion for life and the people, places and things that shape it.

Seth McBride is a writer living in Portland, Oregon. When not serving as the news editor for New Mobility and writing features, he tries to stay as active as possible, whether it’s wheelchair rugby or handcycling in the summer, or skiing in the winter. This past summer he played on the U.S. Paralympic rugby team in Rio. His writing interests typically include anything related to fitness, physiology, sports and adventure, but he appreciates a good story on just about any subject. Writing for New Mobility, he finds that disability is just a small part of a larger story.

Richard Holicky has been writing for NM since 1991. He worked full-time in the Craig Rehabilitation Hospital Research Department for several years and since 1997 as a consultant. In 2010 he was instrumental in creating, then facilitating, the three-part Reinventing Yourself study, which focuses on dealing with the lifestyle changes that come with SCI. Holicky has also penned an SCI caregiver’s guide and Roll Models, a “survivor’s manual” for people with new spinal cord injuries. Holicky has served on the boards of local CILs and NSCIA. He lives in Denver with his bride, Jeannie Dunham, and Leo, the attack cat.
I identify with a lot of what these women are saying about the need to explore and be creative.

Pleasure: Always Possible
Beautiful article about women’s sexuality and paralysis [“Women’s Pleasure,” February 2017]. As a man living with a C5-6 spinal cord injury, I identify with a lot of what these women are saying about the need to explore and be creative. Pleasure is always possible.

Rafe Eric Biggs
Via newmobility.com

Example of True Love
Christine and Jerrod are a wonderful example of true love [“Conversations About Sex,” February 2017]. I have to admit that I teared up when I read the part where Jerrod said, “You never know, that [person with a disability] could be the love of your life.”

Lisa-Marie Paull
Via newmobility.com

Check Local Access Laws
Sadly, if [fitness centers] provide the mandatory minimum accessible parking spaces, and a curb cut, ramp, etc., they believe they are meeting all the access laws. Look into the local access laws in your area. Sometimes they are actually more strict than the federal laws. Also, depending upon where you live, your local recreational facilities may have a gym and workout equipment you can access better.

Linda Hutchinson
Via newmobility.com

Focus on the Manufacturer
As a wheelchair user I scan the internet — YouTube, Quest magazine, and of course NEW MOBILITY — for the latest and the greatest advances in mobility devices and other disability aids [“Consider Keeping That Mobility ‘Miracle’ to Yourself,” February 27 blog, newmobility.com]. Just because you personally don’t have a use for a particular device doesn’t mean that someone else won’t. I’m all for passing it along and sharing these amazing contraptions with my nondisabled friends because I want them to never forget that wheelchair users are everywhere and can do amazing things. But mostly I want inventors to stay focused on our needs and desires as a growing population. If we think that an item is overpriced or non-functional in the real world, then the person we should be sharing our angst with is the manufacturer of that product!

Joanne Szwed
Via newmobility.com

We Are Our Best Advocates
I totally agree on advocating for yourself in getting anything that you need, not only for equipment, but also for accessibility in the places you want/need to go to [“Getting the Equipment You Need and Learning to Self-Advocate,” February 2017]. No one else is a better advocate for disabled individuals than ourselves. Don’t be afraid to speak up, demand (politely) and be bold.

Rosalie Hannigan
Via newmobility.com

Fitness Centers Fail Us
I’ve tried talking with various fitness centers on purchasing wheelchair accessible equipment and available help for wheelchair users, but they charge extra for the assistance and feel getting the equipment isn’t cost-efficient [“New Pilot Fitness App Launched,” News, February 2017].

Roscoe Jenkins
Via newmobility.com

Medicare Available Under 65
When I sold health insurance many years ago, some people only wanted to purchase health insurance when there was a need, or after the fact … money was chosen to be spent on things that could be seen and enjoyed — before health insurance [“How the ACA Protects People With Pre-existing Conditions,” February 10 blog, newmobility.com]. This culture of “no money in,” just “money out,” created pre-existing conditions. Car insurance has to be purchased before an accident, not after.

My SCI rehab at Shepherd Center included info to apply for disability, and it was 24 months after receiving disability benefits that Medicare became available (for under 65). I chose Cobra health insurance with my employer for the 24-month period, then enrolled in Medicare and a Medicare Advantage plan after much research. I had no pre-existing conditions since I remained insured without a lapse in coverage. Some people receiving disability benefits who are under 65 for many years don’t understand that Medicare is available [in this way]. The cost is much lower on Medicare plus a supplement and/or Advantage plan. Someone in our SCI group is paying three times the premium amount on ACA than I paid and am now paying on Medicare, even though I’m 30-plus years older.

Barbara Delia
Via newmobility.com

Correction
We regret we omitted ABL Denim from the resources list in our March cover story on fashion. Visit abldenim.com to see their latest designs.

Feedback
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Nick Dupree, Disability Activist Who Helped Others, Dies

Disability rights activist and writer Nick Dupree passed away in New York City on Feb. 18 at the age of 34. A vent user with an unknown rare metabolic disorder, Dupree became an activist at the age of 19 while living with his family in Mobile, Alabama. In an attempt to keep receiving personal care services in his home after he turned 21, he started “Nick’s Crusade,” which made local, state and national news.

In 2003 Alabama decided to serve a small number of vent users turning 21 in their homes. By 2008 Dupree had decided to leave Alabama for the more-generous New York City, and for love. He moved in with his partner, Alejandra Ospina, and their apartment became a center for writers, artists and activists with disabilities.

When Hurricane Sandy ravaged New York in 2012, Dupree and Ospina elected to shelter in place. Dupree understood the risks, but also understood the risks of going into a hospital where medical staff would not know how to meet his needs. Then the Con Edison Manhattan power station exploded, disrupting their power for days. They had stocked up on food, water and supplies, and a personal care assistant/friend stayed with them, but with no power or water, their situation became dire. Ospina posted a Facebook status requesting assistance, and activists across the nation networked to raise money. Eventually friends purchased and drove supplies, including marine batteries, to their apartment from out of state.

Despite the nurturing love of Ospina and being at the center of a supportive circle of friends, Dupree’s required level of care was overwhelming for the couple, especially when personal assistants would fail to show, and they separated last spring.

Dupree moved into a nursing home, which he had been able to avoid for almost 15 years, and then to a series of hospitals, eventually succumbing from sepsis.

In 2008, the year he had moved to New York City, when temporarily residing in an institution, Dupree wrote this stanza that captured his experience of moving

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People in the News: Madison Ferris Cracks Broadway Ceiling

On March 9, The Glass Menagerie opened at the Belasco Theater in New York City, thereby adding a new act to the city’s theater history — Madison Ferris, an actor with muscular dystrophy, became the first wheelchair user to perform a major role in a Broadway production.

Ferris plays the part of Laura Wingfield, a young woman subjected to her mother’s meddling in her romantic life, in this latest revival of Tennessee Williams’ 1944 family drama. Starring alongside Ferris is multiple Oscar and Emmy winner Sally Field as Amanda Wingfield, actor-director Joe Mantello as Tom Wingfield, and Finn Whitrock as the Gentleman Caller.

Ferris studied theater at Muhlenberg College in Allentown, Pennsylvania, acting in a number of plays, performing with an all-woman sketch comedy group, and dancing with a campus improv company. After graduation she moved to New York City to pursue a career on the stage, joining two dance performances by the French choreographer Jérôme Bel before being cast by director Sam Gold in The Glass Menagerie. Both Bel and Gold are known as experimentalists in the worlds of dance and theater, where, especially on Broadway, nondisabled actors often play the few roles that feature characters with disabilities.

Williams wrote Laura as having “a barely suggested disability” that contributes to a “fragile” temperament. By casting a wheelchair-using actor, Gold upends the way Laura is traditionally played, making the disability more visible, while giving Laura a power and playfulness that has been absent in previous productions. In an interview with the New York Times, Gold said: “She doesn’t have to act like she’s vulnerable … there’s a wheelchair that gets to do that vulnerability for her. … She gets to have agency, and she gets to be the kind of woman I’d rather see onstage.”
from a place of pain and isolation to the possibility of love:

I’ll work it out
love is not the enemy.
The sun is cresting over metallic dunes again
and I pray, one day
the scales will level out.

Dupree lived as fully and as well as our systems of care allowed, and the way he lived his life has helped others. He is survived by his partner Alejandra Ospina, his mother Ruth Belasco, and his younger brother, Jamie Dupree.

**Montreal Allots $1.6 Million for Business Accessibility**

In late January the city of Montreal announced a $1.6 million program to improve wheelchair accessibility in its commercial business industry. Currently an estimated 60 percent of the city’s businesses are not completely accessible, and this new program is expected to help make 40 businesses a year for five years more accessible.

“The Business Accessibility Assistance Program will improve the quality of life of the entire community, which is a constant concern within the Montreal urban agglomeration,” said Mayor Denis Coderre. “Helping senior citizens and persons with reduced mobility shows respect for differences as well as highlights the abilities and potential of each member of the community.”

Not everyone agrees that Montreal is doing enough. “The city expects that approximately 40 projects per year will be funded this way,” wrote Toula Drimonis for the Daily Hive. “Good news, but that’s it? Forty businesses per year? That’s way too small of a number for people lacking access to get excited over.”

Still, it’s surprising that a city would set aside funds to help its businesses become accessible at all. The U.S. model — where accessibility is a civil right and part of the cost of doing business — puts the cost of voluntary compliance on businesses. Currently there is no Canadian version of the Americans with Disabilities Act, although over the past year, the nation has been moving toward creating a Canadians with Disabilities Act.

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- $10 pays for metro card for a member advocate to meet with their elected officials in Washington, D.C. during Roll on Capitol Hill.
- $20 pays for a year’s printing and postage for a subscription to New Mobility.
- $30 provides a New Beginning Backpack filled with resources to someone living with a new spinal cord injury.

Your donation helps United Spinal continue to offer our members resources and advocacy that make life better by providing priority access to personalized problem-solving for living with spinal cord injuries and disorders, a subscription to our award-winning membership magazine New Mobility, and other valuable benefits, including representation in local, state, and national advocacy.

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Q. After having another Friday night with friends ruined due to a lack of access at our favorite neighborhood watering hole, I need to find out what regulations might be in place regarding accessible seating for wheelchairs. I found that the ADA covers fixtures like tables as long as they are bolted to the floor, but could find nothing about the movable tables of differing heights that are found in so many public places. As background, I use a power wheelchair and often find myself unable to join my friends if an establishment is furnished with tables designed for standing patrons or those sitting on stools.

That is not my only concern. A lot of restaurants are placing their booths on raised platforms, making transfers difficult and eating at the end of the table impossible because my wheelchair is on a lower level than seating at the table. They are also in very inconvenient locations; having the back of my chair bumped by wait staff moving in and out of the kitchen is annoying, to say the least.

It is also a bit intimidating to be parked in what feels like a forest of tall tables and standing customers clustered around our lone accessible table. It is even worse if I have forced people to move in order to clear a pathway so that I could reach that location. Am I being unreasonable in thinking that I should be given a space to park my wheelchair where I can actually see and enjoy what is happening?

Who came up with the ADA guidelines regarding table heights? It seems that no one takes into consideration the amount of space needed for parking wheelchairs. Am I wrong to think that most or all of these conditions are in violation of some regulation or law? If I am right, what can I do about the situation?

— Seeking a Seat at the Table

The law governing these situations is the Americans with Disabilities Act. The federal Department of Justice maintains the text of the law and guidance concerning its implementation on the ada.gov website and in publications directed toward the entities that are covered. This includes those that are identified in Title III of the law as public accommodations, such as your favorite “watering hole.”

People with disabilities are not to be segregated or isolated but should be able to enjoy any of the activities taking place on the premises. If at a sports bar or venue with live entertainment, that means being able to watch the screens or view and hear the performers. To facilitate that, businesses are required to maintain a path of travel to wheelchair accessible spaces that are a minimum of 30 by 48 inches and clear of the walkway, whether at tables or in some other type of seating arrangement.

The design standards found in the law have been developed over a long period of time in cooperation with both government and private entities. The dimensions found in the law and its guidelines when it comes to table height and clearances are a compromise that should work for the majority of people who use wheelchairs. Updates occur after consideration of public comment regarding the need for any proposed changes.

The design standards require that a minimum of 5 percent of all fixed features — including counters, bars, tables and seating — needs to be accessible. Where movable features are used in lieu of fixed, that same percentage and relevant dimensions would apply.

If you believe that your local place of business is not in compliance, there are a couple of steps that you can take. The first, and perhaps quickest, would be to discuss the issue with those in charge so that they are aware of your concerns and the law. Printing a copy of the ADA Guide for Small Businesses, or providing them with the URL so that it can be accessed online at the DOJ website, should allow the establishment to take the necessary steps to gain compliance and make it easier for you to join your friends. If the table height of the accessible tables creates a problem for you, point out that there are adjustable tables available that would improve access for all customers.

If you face resistance to your suggestions, it may be necessary to file a complaint or initiate a lawsuit for violations of the ADA and similar state laws, if there are any where you live. Contact your state’s nonprofit Disability Rights Network to determine what laws are in effect and to seek assistance if you decide to take formal action.

Resources

• National Disability Rights Network, ndrn.org/en/about/paacap-network.html
• DOJ Title III regulations, www.ada.gov/regs2010/titleIII_2010/titleIII_2010_regulations.htm#a203
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Vlogging to Help the World

China Dixon is not your average YouTube vlogger. Reluctant for years to share her life publicly, Dixon, named after Chynna Phillips of Wilson Phillips and raised by her grandma, is a C4-5 quadriplegic and social butterfly from North Platte, Nebraska, who finally decided to start her own YouTube channel earlier this year.

Dixon was a freshman in high school when her injury occurred in 2005. She crashed her car on a country road less than two miles from home. “I was thrown out of the vehicle and found in a field by a neighbor.”

She returned home after four months at Craig Hospital and finished high school. Since graduation, Dixon has been working towards her associate’s degree in addition to working with organizations such as Disability Rights Nebraska for career assistance. But no matter where she ends up working, Dixon believes her calling is to educate others about spinal cord injuries. “I was injured for a reason. I really want to help anyone who is struggling. Motivational speaking is my eventual goal … I wanted to reach a bigger audience with my story,” she adds, which is exactly why she finally started to record and share her life.

So far, Dixon has posted a variety of videos on topics like going back to school, experiencing vertigo, life goals, her injury story and more. “What I really want is to share my life with a spinal cord injury. I want to share progress on goals I’m working toward, self-feeding videos, physical therapy, standing and Q-and-As. I also want to document having fun and going out.”

“In the end, I just want to reach anyone who feels like they can’t overcome their hardships and to let them know that they can,” she says. “With baby steps, things do get better.”

Watch Dixon’s videos: youtube.com/channel/UCC2ymCenRUBu8LtOIR3yuA/feed

The Swiss Take on Stair-Climbing

Stair-climbing wheelchairs are far from a new concept. We’ve all heard of the iBot, the stair-climbing wheelchair sold by Johnson & Johnson from the 1990s. Now a completely new design has been created by students at the Swiss Federal Institute of Technology in Zurich, Switzerland.

Called Scewo, their stair-climbing wheelchair balances on two wheels much like the iBot, but what makes their version different is that it has two treaded rubber tracks mounted on the bottom of the chair, giving the chair much needed stability as it climbs. Thanks to these and its wide base, it can even climb spiral staircases. The tracks can even be used at ground-level for snow and sand.

While the chair is still in prototype-mode, the students have teamed up with a manufacturer with the goal of mass producing the Scewo by the end of 2018. Keep track of the latest Scewo updates here: scewo.ch.

A Podcast Worth Queuing

Choosing the next podcast you’re going to listen to can be a big decision. Let us help. Check out The Overcome Podcast, hosted by Humberto Gurmián, an Emmy-award winning journalist and quadriplegic. Gurmián, who was injured in a surfing accident, interviews people with spinal cord injuries in captivating 50-minute candid interviews.

Listen at humbertogurmilan.com/overcome/
Alleviating Health Risks of Chronic Inflammation

Inflammation, which is certainly no stranger to people with spinal cord injury, is part of the immune system’s first line of defense against the invasion of microorganisms such as bacteria and viruses. Once microbes are detected as foreign to the body, immune cells such as macrophages (literally meaning “big eaters”) are rapidly activated to help defend the body. When these “big eaters” encounter an unwanted microorganism, they engulf it and at the same time release substances into the space around them, which not only prevent the infection from spreading, but also alter the blood vessels near the site of infection, causing increased blood flow to the area and the entry of immune cells. These effects account for the swelling, redness, pain and heat symptoms of inflammation.

So what we’ve just described is a good thing, correct? Inflammation helps protect the body — when it’s short term. The problem with inflammation is when it is prolonged, it wreaks havoc on the body — and people with SCI tend to be systemically inflamed. This chronic inflammation can then contribute to decreased immune function, making us more susceptible to infection (such as colds, flu, bladder and respiratory infections), difficulty losing weight, neuropathic pain and depression. Some factors that contribute to our chronic inflammation are stress, pain, intake of certain medications and poor diets.

With regard to diet, certain foods cause acidity in the body, which in turn cause inflammation. To reduce diet-induced inflammation, avoid sugar (cakes, cookies, candy, soda pop, refined carbohydrates), artificial flavors/colors/sweeteners, trans fats (prepared salad dressing, packaged foods, fast/deep fried foods) and reduce your intake of red meat. Instead focus on eating foods and spices that have an alkalinizing or anti-inflammatory effect. To help reduce your inflammation, try to incorporate these anti-inflammatory foods into your diet on a regular daily basis: omega 3 fatty acids (salmon, mackerel, fish oil, flax seeds/oil), green leafy vegetables, fruit, ginger, turmeric and lemon water. Here’s an easy recipe for anti-inflammatory turmeric tea that you can drink every day!

Anti-Inflammatory Turmeric Tea

1 cup hot water
1 tsp ground turmeric
squeeze fresh lemon juice
½ tsp honey

Combine everything in a mug and stir well. If necessary, adjust certain ingredients slightly to your taste to get a pleasing flavor.
Coaching high school football in Texas is a grind. There’s no way around it. The season starts at the beginning of August with that annual right of passage known as two-a-days. Foundations and expectations for a long season are branded into players. If you make it through August, you might have what it takes to make it through the season. In College Station, the August highs average just a few degrees under triple digits, and any given day could easily spike to 105. There’s isn’t much shade on the football field, which is why you’ll find Kyle Walsh rolling between the hash marks in his power chair with a wet towel draped around his neck. Walsh doesn’t sweat, but he also doesn’t miss practice. Walsh is the offensive line coach for the College Station High School Cougars. In Texas, the high school regular season runs 10 games, and if your team happens to be very good, as Walsh’s teams often are, there’s the potential for another six playoff games. That’s a full NFL regular season. This year, College Station’s season ran 15 games, right up through the state semifinal, where they lost a 31-30 heartbreaker to Calallen High School of Corpus Christi. That game was played on Dec. 9, 105 days after the Cougars opened their season with a 56-7 thrashing of CE King. Walsh worked six days a week for the entire season, as he’s done every season for the past 18 years.

Football, Full Circle

Of the events in Kyle Walsh’s life, it’d be understandable to assume that the day he rolled his truck, breaking his neck, leaving him a C6-7 quadriplegic, would’ve had the most impact. But when looking at the road Walsh’s life has traveled, paralysis appears more as a bump than a fork.

More impactful on this life’s course was a day when Walsh was barely into elementary school, and he began lobbying his parents to let him play tackle football. “We were living in Atlanta at the time,” Walsh recounts, “and they had a league with full pads for 6 year olds. I begged them to let me play.”

He must have had a good argument, or the idea of a 6 year old tromping around in pads was too cute to ignore, because his parents relented, and a lifelong passion was born. Walsh would play football throughout his childhood.

The family moved to Texas before his freshman year of high school, and he began playing for the A&M Consolidated Tigers, a team that “was just starting to get good,” when Walsh got there. The head coaching position had been taken over by Ross Rogers, son of the hall of fame high school coach, Gene Rogers. Rogers quickly built the program into a powerhouse. The Tigers had four consecutive 14-win seasons from 1989 to 1992. Walsh was around for the first three of those.
The teams of his sophomore and junior seasons were loaded with players who would be offered Division-I college scholarships. Much of the standout talent had graduated by the time that Walsh’s senior year rolled around, and the season got off to a bumpy start. Two early losses forced the team to refocus. “Definitely, having a loss allows you to examine yourself as a player. Good teams take the bad things that happen to them and make the changes necessary to improve and keep moving,” says Walsh.

That 1991 squad was a good team. According to Ross Rogers, Walsh was their best player. He was a 5-foot, 11-inch, 205-pound center, a leader on an offensive line “that wasn’t particularly big, but they just kept getting better and better,” as the coach puts it. The team, with more work ethic than inherent talent, made a run through the state playoffs and capped a magical season with one final win: a 35-16 shocker over Carthage in the state championship game. “We were underdogs, they were undefeated,” Walsh says. “I guess on paper we shouldn’t have beat them, but we beat a lot of teams we shouldn’t have beat that year.”

After high school, Walsh continued working his butt off, enrolling at the University of Texas, and playing football as a walk-on for the Longhorns. He wasn’t big enough to compete as a center in D-I college football, so he remolded himself into a long snapper. He was midway through his freshman season as the backup long snapper, a position that involved a lot of practicing and zero minutes of actual game time, when he rolled his truck on the way home from College Station.

A complete SCI at C6-7 led Walsh to a hospital, rehab, and a long summer relearning how to live in a body that no longer operated as it used to. “Those values I learned playing football [of being willing to set high expectations and work hard toward uncertain success] definitely allowed me to deal with my injury,” Walsh says.

He’s not diminishing the impact of his own paralysis or inflating the importance of a football game. To Walsh, adversity, whether life-changing or seemingly minor, can be handled in a similar manner: by learning what you can from it, adapting how you do things, and working to move past it.

By the following fall, he was ready to enroll back in school at UT. He studied history and special education and started thinking seriously about coaching football.

When he graduated from UT, he got a job back at his old high school as a special education teacher. Ross Rogers, the coach he’d played under years before, was still leading the program at A&M Consolidated. Rogers decided to see if Walsh, who he describes as “a student of the game,” would come onto the team as an offensive line coach. For Walsh it was a no-brainer, an opening to get back into a game that he’d been passionate about since he was 6 years old.

Enter Audra and Family

These days, some 18 years after he started coaching, football is not the only thing in Kyle Walsh’s life. He is a husband and a father. He met his wife, Audra, in the foreign language section of a Barnes and Noble in College Station.
Walsh needed a Spanish book. Since his accident he had taken up scuba diving. It was beautiful and relaxing, just the kind of thing that an overworked coach can look forward to at the end of a long season. He was leaving in a few days on a diving trip with a local organization that provided adaptive scuba instruction. They were going to Belize, and he wanted to pick up a book to help him communicate while he was there. Problem was, all of the Spanish books were on the top of the shelf, out of his reach. He looked around the foreign language section, doing the usual analysis of who to ask for help, when he spied a pretty young lady with auburn hair sitting in a chair on the edge of the section. Kyle almost missed his chance. She got up and left while he was working up the courage to go talk to her. To his everlasting luck, she’d forgotten her bag. She almost ran into him when she came back to get it. He asked for help grabbing the book, and they struck up a conversation.

Walsh realizes that the fact that Belize is an English-speaking country does not lend credence to his story. “I swear I didn’t know it at the time,” he says. “I definitely needed some help, I just may have been selective about who I asked for help.”

He and Audra met up after he got back from Belize, and soon started dating. They were married less than two years later. Today, the Walshes live in a nice house only a few minutes from where Kyle teaches and coaches. They have two kids, 6-year-old Adalee, and 5-year-old Eli. During football season there are rarely enough hours in the day, so Walsh goes to bed late and wakes up early.

A man of perpetual motion, Walsh’s seemingly indefatigable nature serves him well in his life’s myriad roles. At times, the role of coach and father blend together. “He’s cute with the kids, he’ll go into the backyard and set up obstacle courses for them, and time them going down the slides and around the yard,” Audra says.

But most of the time, Walsh inhabits whatever world is most interesting to his children at the moment. He goes to his daughter’s dance classes, reads books with her, and plays interstellar protector with his son. Stars Wars is the craze of the moment. “He doesn’t necessarily see the wheelchair,” Walsh says of his son. “I think he thinks I could take down Darth Vader. He loves for him and me to go fight the bad guys.”

The family tries to go to the beach every summer, and they enjoy going to support other school sports throughout the year. In many ways it’s a normal life for a family deeply involved in their community. Still, the schedule of a high school coach can be hard on a family. During the season, Walsh is at the school more often than he is at home. He credits Audra for keeping their lives intact during the season. Audra admits that life can be difficult during those months, but she’s often reminded why her husband does what he does. “We live in a fairly small town. I often see people out who say, ‘oh you’re coach Walsh’s wife, he coached my son,’ or ‘he mentored my son,’” Audra says. “That definitely helps me keep a good attitude about everything.”

**Commitment + Dedication = Success**

The College Station Cougars practice after school from 4-6 pm. It is a high-tempo affair, and Walsh (who normally uses a manual chair) uses a power chair so he can get around the grass quickly enough to keep with the pace of practice.

After practice, the coaches retire to the video room. Walsh is in charge of the video, which the coaches dissect for an hour or so. On practice days, Walsh is usually home around 7:30 at night.

Thursdays Walsh attends the JV games and doesn’t get home until 11:30 or 2, depending on the location. Friday, the most important night of the week in many Texas towns, his return is always later. On Saturdays Walsh is back up at the school, as the players do a yoga session to recover and then watch the last night’s game film with the coaches. Sunday is for rest.

If you think that such a schedule would be tough for anyone before even factoring in the difficulties of living with quadriplegia, you would be right. Then there is the difficulty of surviving practice in the Texas heat without proper thermo-regulation. And the difficulty of staying active and healthy while dealing with shoulder problems. Also, getting 17-year-old, 200-plus pound football players to believe you can teach them proper blocking technique when you don’t have full use of your hands, let alone the rest of your body. There is the simple time suck of bowel, bladder, and personal care.
Whether it’s using a wet towel and being careful about hydration; riding an e-stim exercise bike every other morning to work his cardiovascular system while resting his shoulders; using video, other players and coaches as demonstration aides, while demonstrating enough knowledge and patience to earn players’ respect; or simply being willing to accept help for some of the things that quadriplegia complicates; Walsh navigates his life’s difficulties as he does the game of football, one piece at a time.

The long grind of the season is fitting for a man who loves the process as much as Walsh does. Football isn’t just about the brightness of the lights on Friday night. It’s about everything you do during the week, during the season, and the offseason, to position your team to have success under those lights.

Walsh has had a lot of success in his football career: the state championship as a player, district championships as a coach, late runs into the state playoffs, high school linemen he’s coached who’ve been given scholarships to play D-I college football.

To find out what makes Walsh a good coach, you have to ask those around him. “Passion,” Ross Rogers answers. “He’s always been a people person, he’s going to give everything he’s got to help kids improve, which is exactly what coaches are supposed to do.”

Steve Huff, who has known Walsh for 17 years, coached with him under Rogers at A&M Consolidated, and recruited him to help start the football program at College Station when it opened in 2012, puts it this way: “I was always amazed by his mind, the guy’s unreal, incredibly smart. He can walk into a video room and pick things up immediately,” says Huff. “He is just one of those guys who has the ability to get things done in very few steps.”

When Walsh is asked about his success, his own strengths as a coach don’t even merit mention. He refers to the values that coaches at College Station try to teach to their players: character, commitment, sacrifice and effort. He cites his parents for instilling those values in him from a young age. He talks about his faith. He praises his wife and all of her sacrifices. He talks about all the great coaches he’s had the opportunity to play and coach under. He talks about the players, and how hard they’ve been willing to work.

This deflection doesn’t come off as a sort of false modesty that afflicts so many leaders of men, but rather a genuine belief that the community of people who’ve surrounded him throughout his life have had as much of an impact, if not more so, on his success than his own contributions. Maybe that’s why he decided to coach in the first place: to help pass a little wisdom on to the next generation, to show them that when adversity inevitably comes your way — whether in football or in life — a critical mind, a willingness to adapt how you do things, and a lot of hard work can keep you moving forward.
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Aging is inevitable, always full of surprises and often not what we expect. New Mobility reached out to a sample of aging wheelchair users, most retired after long careers and active lives, to see how they were faring and gather their impressions. What were their biggest challenges, surprises, coping strategies and fears?

What we heard was somewhat predictable, but also surprising: Many were surprised they were still around and doing as well as they are.

Coping strategies ranged from faith in God to staying organized, relying on experience and hard-earned knowledge, being inherently optimistic and positive, and having strong marriages or relationships. More than a few cited support groups or having a strong support system as being particularly helpful.

Each faced a crisis or turning point in their 50s or 60s — a blown out shoulder, serious weight gain, cancer, a stroke, long-term confinement due to skin problems, etc. Each could have given up and faded away. Instead, they relied on inner strength and resilience to face the challenge and soldier on.

Fears and concerns ran the gamut, from further deterioration of skin to increasing money problems. Predictably, several spoke of worrying about nursing homes in their future.

### LAURA KELLY, 59, T1-2 INCOMPLETE PARA, 44 YEARS POST-INJURY

**Biggest challenge:** Weight control. Over the years I gained one to two pounds each year, until about five or six years ago I weighed in at 177 and had an “oh no” moment — it was more the number than how I looked. I’m active, independent and healthy, but there’s no way I can burn the same calories as a nondisabled person. I was only taking in 1,400 calories a day and had to drop off another 300 calories a day to lose weight. Over the course of about two years I dropped 44 pounds and got down to 133. Ideally I should probably weigh 130, but now I weigh between 135 and 140, and I’m happy enough with that.

**Biggest surprise:** I am still here, almost 45 years after my injury, and not just alive, but active, healthy and doing well!

**Coping Strategies:** Being organized; group support. It is good to be in a group of people all dealing with the same problem, be it SCI, raising kids or losing weight. I try to stay active mentally, socially and physically, and have a good network of friends and family. I also have medical professionals I can call on for support. Having so much experience is most helpful. My friendships with other SCI women over the years have been invaluable. It’s wonderful to have this network of intelligent women with similar histories and challenges to turn to for advice and support.

**Biggest Fear:** Falling and breaking bones. Many of my friends, now over 50, have broken something in the last five years. My left tibia had a spiral hairline fracture from a nasty twist, so I’m cautious, especially with various transfers. I’ve taken some nasty falls and feel lucky that none resulted in a broken bone. Osteoporosis runs in my family, so now even my arms are affected, and I take medication.

### CHRISTINE TIMMINS, 67, C4-6, 39 YEARS POST-INJURY

**Biggest challenge:** Skin problems. I’ve had 12 ischial surgeries, used various ROHO cushions, two different Ride cushions, and now I’m on my second or third generation-cushion from Aquila Corp. I can no longer sit up for 12-15 hour days, nor can I get up every day. I never fully healed after the last surgery and probably won’t. I’m constantly trying to find a happy medium of what I can continue to do and what I have to let go. It’s frustrating.
Finding good caregivers and the money to pay for them is also a huge challenge, as well as money for many of my necessities. Being retired makes it even more challenging. I’ve gone through all my savings and now rely on my retirement and state assistance for home health. **Biggest surprise:** Improved ADA accessibility, the internet and cell phones. **Coping Strategies:** Strong faith in God. I feel his love and grace daily. I was lucky enough to be born with a “Pollyanna attitude” where I almost always see the glass half full instead of half empty, which is most helpful during hard times. My mantra is: Breathe in — feel gratitude; breathe out — offer thanks.

I stay busy in retirement, even though I’ve mostly been confined to bed. I listen to books on tape, get things done with a laptop, and stay active in my church by leading and participating in several ministries. I also maintain a newsletter for a service dog organization and wrote a book titled, *The Upside of Down*, which can be found on Amazon.com. **Biggest Fear:** I know I can stay busy while lying in bed, but it’s not my wish to do so. I also try not to think what might be down the road.

**BARRY LEAVELL, C5-7, 43 YEARS POST-INJURY**

**Biggest challenge:** Cancer. I was diagnosed with cancer in my neck last year. I had surgery to remove my saliva gland and 27 lymph nodes, two of which had cancer. During surgery, I was fused at C3-4 due to deterioration above my original injury level.

Next came seven weeks of alternate regimens of radiation and chemo. The radiation was very difficult, burning my mouth badly and wiping out my taste buds. Everything tasted bad and I ended up with a feeding tube. The radiation also destroyed my immune system, almost totally wiping out my white blood cells.

Because the radiation destroyed the small blood vessels in my throat, I have difficulty swallowing and must do several different exercises daily to help me swallow. The lymph node surgery caused a good deal of inflammation and tightness. **Biggest surprise:** Good news — I just finished up six weeks of range of motion PT to loosen up my shoulder and recently began playing tennis in a wheelchair tennis league! **Coping Strategies:** The doctor said if I did the treatments, I’d have an 85 percent chance of getting better. I’ve never been a quitter. I had good care and a good support system. I’m retired and have a pension. My wife was very helpful and her support went a long way. Also, a neighbor helped me out a lot with transportation. Because of the fusion I was unable to

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transfer independently and couldn’t have done all the treatments without them. I’ve had a full life, did a lot of sports, wheelchair dancing, scuba diving. All that helped out a great deal, as well as having the support system of people in my situation giving suggestions and resources — a huge help physically and psychologically.

**Biggest fear:** What will I do when I can’t take care of myself?

BOB FELKER, 69, T10, 49 YEARS POST-INJURY

**Biggest challenge:** Orthopedic issues.

My shoulders. About 12 years ago I took a nasty fall and ripped all the tendons in my shoulder. It wasn’t repairable; the other shoulder was worn out as well. I’ve had four shoulder surgeries and did PT after each of them, and continue to do some. I’m currently doing PT for shoulder and elbow issues, primarily arthritis. I went from a manual chair to a power assist chair, which remains my primary chair. The shoulder issues have affected my transfers and I now typically use a power chair for the more difficult transfers and things like shoveling snow — because the power chair is more stable.

**Biggest Surprise:** How much we need to self-advocate. I see many different doctors and some of them are giving me conflicting recommendations. We need to be well-educated in all aspects of our injury and not rely on the professionals to know everything that’s going on. Just last week I obtained some previous CT scan reports for my personal records and read about an abdominal aortic aneurysm. This is potentially life threatening, yet three doctors who had reviewed it never mentioned it to me.

**Coping Strategies:** Letting go of the idea that I can work harder to get stronger and accept the fact I’m aging. Losing independence makes life more difficult, but I’ve tried to modify my activities and equipment to allow me to maintain a decent quality of life. I’m very fortunate to have a good marriage, a good support system and good resources. Knowing other gimps has been tremendously helpful. Even though their individual issues may be different, it’s somehow comforting to know I’m not the only one experiencing problems.

**Biggest fear:** Skin problems. I need to be super-vigilant to prevent breakdowns. I’m very cautious now in my transfers and diligent in my weight shifts. Fatigue, of course, is an ongoing issue. Like most of us, I have worked hard to maintain my independence and am fearful of losing it.
NEW MOBILITY

JACK DAHLBERG, 68 C6-7, 49 YEARS POST-INJURY

Biggest challenge: Increasing vulnerability of my skin. I have to monitor it constantly. One of the upsides of being dependent is that I have help monitoring it. The high resolution cameras with phones make it much easier to keep a close eye and spot problems. I split my time between Denver and the Gulf Coast of Florida and have difficulty finding accessible skin care outside of major cities.

Biggest surprise: After nearly a half century on wheels, it’s remarkable how good I feel.

Coping Strategies: Knowledge. My job is a life-care planner and expert witness in catastrophic injuries, so I’ve had to learn a lot over the years. I’ve learned to listen closely to what my body is telling me and respond accordingly; if you don’t, it can lead to big problems.

My work has always had peaks and troughs, but I’ve been very busy the last 18 months. I still enjoy what I’m doing and have no plans of retiring soon, though I know I’ll have to slow down at some point.

It also helps that I’ve had a good life, am OK financially, optimistic, don’t dwell on negatives and have a great support system: a wonderful significant other, Jo Ann; a very close and supportive immediate and extended family; and a large circle of friends.

Biggest fear: I’ve had the same primary care physician for the past 40 years and am very concerned about what happens when he retires or dies. I also have some anxiety about finding good home care as the economy heats up and people move on to better paying jobs. My biggest concern is wrapping my head around living in a nursing home — very scary.

CHARLOTTE HEPNER, 66, T11, 34 YEARS POST-INJURY

Biggest Challenge: Pressure sores, high cholesterol and blood pressure, worn-out shoulders, hands riddled with arthritis, not enough money, and then I’m diagnosed with having a stroke in my eye. Recently my doctor told me that my cord is collapsing on itself in the cervical area and could cause problems. It just seems like there’s nothing to count on, so it can be pretty scary sometimes. But apart from some occasional blurry vision, the stroke had no long term consequences. It mainly affects the worrying part of my brain more than anything, thinking that it can happen again.

I suspect all the wheelchair racing and dancing in earlier years contributed to my shoulder and arthritis problems, but I don’t regret doing them; they were fun and made me feel good, then … and now.

It takes me a lot longer to do things now and it’s harder to do them. I can’t take food out of the oven safely, so I stay away from oven cooking so I don’t drop something hot on myself; cleaning, especially up high or down low is quite painful; I have a good deal of hip pain that sometimes can be just overwhelming, even with a morphine pump.

Biggest surprise: We’re all still here. But through it all, I don’t feel old — my brain’s still telling me I’m young.

Coping Strategies: Helping other people or getting on the riding mower and mowing the grass. My husband, John, who’s also in a chair, helps me; we help each other. Gimps helping and learning from each other also is a big help. I still see people from my days with Dancing Wheels. We have lots of gimp friends as well as John’s old clients from his repair days. I have a lot of friends, stay socially active and am fairly optimistic and positive.

My dog, Olive Oyl, a black Lab I’ve had for 10 years, helps the most. We go for walks and sit by a neighbor’s pond while she watches whatever dogs watch, and I read a book. When the pain gets really bad, Olive helps me feel better. She’s a wonderful companion; I just love that dog.

I’ve had a full life with few regrets and that helps. Who knows what’s to come in the future? That’s the zest for life.

Biggest fear: Losing Medicaid. The rules are tight in Ohio and I had to quit my part-time job; Medicaid never told me that whopping $300/month was too much of an income. CareSource now manages our Medicare and Medicaid.

SUMMING UP

In summary, no one ever said aging is easy, especially with a serious long-term disability. Our respondents have been through a great deal. But no one in our sample was looking to move to a state with assisted suicide and ending it all. They have learned how to ride the rapids and navigate the rough water.
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From our nation’s capital to the sunny beaches of California, the United States of America is packed with scenic and historic destinations suited to every whim you can imagine. This month we make our way from coast to coast, exploring five unique, accessible, affordable places you’ll want to visit on your next vacation.

WASHINGTON, D.C. — EASY ROLLING AND AFFORDABLE
BY LILLY LONGSHORE

After a recent family reunion in Ohio, I piled in the van with my husband, son and my sisters and headed over to Washington, D.C. It had been years since my last visit. The biggest change for me since then was that I now use a wheelchair for mobility. During the 350-mile road trip, I wondered what would I be able to do in our nation’s capital? A lot, I soon learned — so much that I simply could not do it all!

The entire city is on a planned, geometrically pleasing grid, something George Washington oversaw in 1791. Not only is it a lovely layout, but navigation is logical and easy. I chose to stay at a hotel outside the city near the Shady Grove Metro station in Maryland, taking advantage of one of the best public transit systems in the nation. I rolled aboard the Metro Redline for a 30-minute commute into D.C. to visit the multitude of museums and attractions, many admission-free.

The National Mall and Memorial Park is a 1,000-acre national park bookended by the Lincoln Memorial on the west and the U.S. Capitol on the east. Twenty-six miles of accessible walkways and eight miles of bike trails crisscross the park. With easy pathways plus help from my distance-runner husband when my arms fatigued, I got around quite nicely.

Of the more than 70 monuments and memorials in the National Mall, I made sure to visit the most famous. The Lincoln Memorial was a thrill. The sculpture of Lincoln is so detailed — his face especially life-like — that it was spellbinding. I was not prepared for the enormity of the memorial itself. Pictures do not capture it. The Jefferson Memorial’s colonial style was stately and quite fitting, as it echoed the manner that Jefferson himself used in designing both Monticello and the capitol building in Richmond, Virginia. The Washington Monument reflected in the glassy water of the Lincoln Memorial Reflecting Pool was spectacular. But wheeling through the park, past the World War II Memorial fountain and sculptures, the Vietnam Veterans Memorial wall with nearly 60,000 names engraved on it, and the 19 bigger-than-life steel soldier statues of the Korean War Veterans Memorial, caused me to pause. I recognized the many sacrifices, large and small, made by so many people during those wars, including my father and my only brother.

Just west of the Mall lies scenic Theodore Roosevelt Island. In 1930 the island was transformed from neglected farmland into a natural monument to our 26th president. This 88-acre park, run by the National Park Service, includes part of the 18-mile wheelchair accessible Mount Vernon Trail, which follows the Potomac River to Mount Vernon. Although very near the city, it was refreshing to roll through the deciduous woods, over a bridge along the trail, listening to exuberant birdsong.

All of the Smithsonian museums are accessible and admission-free. Forced to narrow down my selection due to time constraints, I chose to explore the National Museums of American History; Natural History; and the Air and Space Museum. I am
Sure I did not thoroughly cover each museum I visited — they are stuffed with exhibits and information.

The American History Museum’s highlights for me were the star-spangled banner — the flag that inspired Francis Scott Key to write our national anthem — and Dorothy’s actual ruby-red slippers from *The Wizard of Oz*.

The Natural History Museum featured the Hope Diamond in its extensive National Gem Collection, a thrill to see. I also loved the stroll through the live butterfly pavilion, watching colorful winged creatures flitting about. This museum also has a very cool hands-on science discovery room for kids — great entertainment. There were so many exhibits on oceans, wetlands, dinosaurs, geology and more that it was hard to tear myself away from the place.

Among the many fascinating exhibits at the Air and Space Museum, the Apollo 11 display surprised me. I couldn’t imagine going to space in such a tiny container with meager comforts. I found new respect for the bravery and fortitude of astronauts after seeing this exhibit.

Popular museums that charge for entry include the National Geographic Museum ($15) which displays topnotch exhibits on worldwide travel, science, nature and exploration; and the Newseum ($25), a museum of journalism history with exhibits on subjects and events such as 9/11, the Berlin Wall, the Journalists Memorial, and “First Dogs: American Presidents and their Pets.”

Washington, D.C. was very easy to navigate in a wheelchair, fascinating to explore and offered a huge variety of activities for everyone in our group.

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*Tips from a Local: Washington, D.C.*

*By United Spinal Member, Harsh Thakkar*

If you need a break from the museums and history on the National Mall, you’re just a short roll or metro hop from Washington, D.C.’s lively Chinatown. Don’t let older roads and buildings deter you from checking out some of the city’s better bars and hangouts. One of my favorites is Bar Louie, on 7th St. NW. They’ve got good drinks, good food, a solid happy hour and more than enough space to accommodate a big group of wheelchair users, even when things are busy. It’s also a great place to pregame a show or concert at the Verizon Center, located just across the street. The Verizon Center is really accessible and the staff is well trained and helpful when it comes to helping people with disabilities.

For something a little more off the beaten path (but not too far), plan an afternoon in Rock Creek Park. Congress carved the 1,754 acre park out of north D.C. in 1890, making it the nation’s third national park. Today it offers a bounty of options for all types of visitors. It’s a great place for handcycling, or just a pleasant roll through 32 miles of trails. You can check out historic Civil War buildings, visit the National Zoo, catch a show at the Planetarium or just wander around and relax.
Hot Springs National Park in Arkansas is one of my favorite destinations because every season offers something special. In spring and summer, it’s outdoor fun; autumn presents colorful foliage; and winter provides mesmerizing holiday light displays that twinkle and shine.

In addition to natural beauty, Hot Springs is full of historic significance. Nestled in the picturesque Ouachita Mountains, its scenery and unique geothermal springs inspired President Andrew Jackson to sign a law setting this 5,550-acre area aside for recreational use in 1832, making it the first national recreational reserve.

The waters of the natural hot springs surface at 143 degrees and have been hailed for their healing, medicinal value. From the late 1800s through the 1930s, bathhouses were erected and became the trend for relaxation and health. Over decades, these bathhouses were frequented by celebrities, athletes and famous historic figures, such as Wyatt Earp, Jack Dempsey and Harry Truman. Taking advantage of the spas to soothe sore muscles, major league baseball teams, including the Boston Red Sox and the New York Highlanders (now Yankees) held spring training here well into the 20th Century. Today, visitors can get a look back at the origins of spring training and the legends who played here by following the wheelchair-friendly Baseball Trail and using a free app that shares bits of history depending on your location.

Observing Bathhouse Row on Central Avenue, I appreciated that each historic bathhouse reflects its individual architectural style. The elaborate Fordyce Bathhouse, which now acts as the visitors center for Hot Springs National Park, is completely wheelchair-friendly. Its grand lobby with a Renaissance-style fountain under a stained-glass skylight conveyed me to another era. Several floors house the museum that displays medical and therapeutic spa equipment, Arkansas’s first gymnasium, cooling and dressing rooms, and the music room. I found the basement displays of the Fordyce Springs, which supply the bathhouse with thermal mineral waters, to be especially fascinating. Most bathhouses are still open in some capacity — one is an art gallery, another a gift shop. Both the Buckstaff and Quapaw Bathhouses still provide spa services and are accessible.

The iconic and wheelchair-friendly Arlington Hotel towers over downtown. It entertained notable guests such as Franklin Roosevelt, Babe Ruth and Tony Bennett. The Arlington is the largest hotel in Arkansas with over 600 rooms, a spa, swimming pools, shops and the Crystal Ballroom. The décor of its historic bar transported me to the 1920s with its velvet chaise lounges and ornately carved wooden lampstands. Historic rooms at the Arlington range widely in price. The good news is there are five king-bed rooms with roll-in showers available for $105-$115 per night.

Across from the Arlington is the Grand Promenade, a half-mile wheelchair-friendly brick walkway. It runs between Bathhouse Row and the foot of Hot Springs Mountain. I passed folks playing checkers at one of the game tables, an inviting place to spend an afternoon. A natural hot spring fountain is at the south end of the promenade for drinking and filling bottles. Through wisps of steam, I could see the Open Hot Springs flowing behind the Maurice Bathhouse along this lovely historic path.

The curving, forested road to the top of Hot Springs Mountain provides striking views of the National Park, the rolling Ouachita Mountains, and tufa rock formations. Hot Springs Mountain Tower — 216 feet tall — crests the mountain. It includes a gift shop and is completely accessible via elevators.

Flea markets are not often found in national parks, but they are in Hot Springs. I had great fun exploring outdoor vendors

There are 212 islands on the man-made Lake Ouachita.
The William J. Clinton Presidential Library and Museum, located in downtown Little Rock, Arkansas, is a scenic hour-long drive from Hot Springs and allows you to get up close and personal with an important time in American history.

The Library and Museum, which is part of the Clinton Presidential Center, is found within a mirrored, bridge-like structure on the banks of the Arkansas River. The Center and the nearby Clinton Presidential Park Bridge sit in the 33-acre Riverfront Park; the wheelchair-friendly Clinton Presidential Park Bridge crosses the Arkansas River and closes the 15-mile scenic loop of the Arkansas River Trail, a pedestrian and bicycle path that winds through Little Rock, over the River to North Little Rock, and back again.

One can spend hours interacting with permanent exhibits that include an exact replica of Clinton’s Oval Office, one of the specially-built limousines he used, and a time-line of exhibits from each year of his presidency. The Museum hosts three to four temporary exhibits that bring American art, culture and history to life. Be sure to explore the beautifully manicured grounds surrounding the center, which nurture one of only 11 saplings from Anne Frank’s family tree that were planted in America.

The campus has convenient accessible parking, and the paths and walkways in and around the building are easy to navigate in a wheelchair or with a mobility device. For details: www.clintonlibrary.gov.
**NEW MOBILITY**

**THE MARVEL OF MOUNT RUSHMORE**

**BY TIM GILMER**

Driving from Denver to Mount Rushmore for an early summer vacation, I asked my then-6-year-old grandson Cooper, who had just learned about a handful of American presidents, which one had the largest nose. He answered with the only name he remembered, “George Washington.”

“Right. How long was his nose?”

He measured his nose with a little finger and held it up for inspection.

“Wrong,” I said. “Washington’s nose was 20 feet long, and you’ll see for yourself in a few hours.”

While the Grand Canyon is among the natural wonders of the world, Mount Rushmore stands out as one of our greatest man-made creations. To say it was carved out of stone only hints at the enormity of the process that culminated in four enormous presidential busts — of Washington, Jefferson, Lincoln and Theodore Roosevelt.

The “carving” took place over 14 years and involved the labor of over 400 men who managed the dynamiting and removal of more than 450,000 tons of rock. When the money ran out and the dust settled in 1941, each face stood as tall as a six-story building atop a mountain of stone in a remote corner of South Dakota. Mount Rushmore is not only well worth going out of your way to see, it is even more fascinating to learn the details of the story of how it was created. More than 3 million people visit annually, many of them international travelers.

The viewing area is large and spacious, totally wheelchair accessible, and the King Kong-sized presidential faces dominate not only the memorial itself, but a good portion of the roads and byways that lead to and from the memorial.

The story of the massive artistic engineering process is told in huge mural-sized historic black-and-white photos inside the Lincoln Borglum Visitors Center, a must-see attraction adjoining the viewing area and amphitheater. Also on the grounds is a bookstore, the Sculptors Studio, and the Lakota, Nakota, and Dakota Heritage Village.

The area surrounding the memorial is worth at least another day of exploration. Scenic drives and byways immerse you in the beauty of unusual rock formations and the pristine Black Hills. US 16A, also known as Iron Mountain Road, is a fabulous slow-motion rollercoaster ride (in your car) through one-lane stretches of divided highway that surprise you with unexpected views of Mount Rushmore from different angles, including one through a solid rock tunnel. Round a corner and suddenly, to the west, you’ll see the distant Wyoming plains.

Iron Mountain Road is part of the Peter Norbeck Scenic Byway, renowned as one of the best scenic drives in the nation. It connects with Custer State Park via state highways 87 and 89, where deer and buffalo can often be seen at the side of the road. The town nearest Mount Rushmore is Keystone, a small village with numerous gift shops and touristy stores and cafes that bustle in the summer and lie quiet in winter.

For accommodations, TripAdvisor has a good list of possible places to stay, but wheelchair users will find their best bet is the K Bar S Lodge, where many rooms afford a view of distant Mount Rushmore from a private balcony. Wheelchair accessible rooms with roll-in showers range from $150-$200 during the busy season, and it is best to book early, months in advance. An octagonal breakfast building with walls of windows provides a view of the nearby forest, and the food is very good.

It’s possible to fly in to Rapid City, about 30-45 minutes from Mount Rushmore National Park, for a spendy $450-$500 per person (from the West Coast), but many visitors prefer to fly instead to Denver for half as much, then rent a car and make the seven-hour drive to Mount Rushmore, and continue west to the Grand Tetons and Yellowstone National Park. It’s a ton of driving, but fully appreciating the grandeur of these wonders is not to be missed.

As we drove out of the Black Hills and settled into the vast Wyoming plain with its long-distance views and not a soul in sight, a faraway freight train silently plodded along, seemingly forever, beneath cumulous clouds. Cooper, remembering a line from a book I had read to him a week earlier, remarked, “The train and the clouds are having a race to see which can go slower.”
As you enter Sequoia National Park on U.S. Highway 198, you are greeted by four giant sequoia redwoods, the “Four Guardsmen.” The ancient trees are usually the first stop for visitors, but I cruise right by, knowing this is only the beginning, and there is so much to see. Together, the two neighboring parks cover almost 1,400 acres in California, with some of the world’s oldest, biggest and most beautiful trees — not to mention lush fields, deep caves and unparalleled scenery.

The Tunnel Rock historical marker lets me know I have officially arrived. When the park was established in 1890, a section of this road was blocked by an enormous rock, so it was chiseled out to allow people to pass. The road has been diverted around the historic rock, but visitors are welcome to get out of their vehicles for a closer look.

Continuing the scenic drive brings me to the Giant Forest, home to the famous General Sherman Tree, the largest in the world at 275 feet tall. From the accessible parking space and shuttle stop, the paved trail to the base of the tree is less than 0.2 miles with very little grade change. A side trail goes up to a viewing platform and ends at stairs which lead to the general parking lot.

Another trail that goes off from the General Sherman Tree is the Congress Trail, one of my favorites. It is fully paved but with a number of inclines, so wheelchairs with power assistance do better. The time is worth it as the trail loops around dozens of Giant Sequoias, including the Lincoln Tree, Washington Tree, General Lee Tree, and clusters of trees known as the Senate and the House; of course the President Tree is also nearby.

Across from the Giant Forest Museum and Sentinel Tree, many wheelchair-using visitors will enjoy hiking the Big Trees Trail around Round Meadow. This trail was modified to be level and firm, and during the spring and early fall, the foliage is particularly scenic. The Beetle Rock Trail, just south of the museum, leads out to a huge, mostly flat rock that resembles a beetle’s back. I found I was able to climb this rock to some degree, with caution, in both a manual and power wheelchair. The thrill of the climb was exhilarating enough, and the epic view at sunset made it all that more worth it.

Tips from a Local: San Luis Obispo

By United Spinal Member, Brook McCall

About two hours west of Sequoia and Kings Canyon National Parks, ample charm and a fresh maritime breeze await you in idyllic San Luis Obispo, California. This sophisticated little town serves as the gateway to the bountiful natural beauty of California’s central coast. With abundant sunshine and predictably comfortable weather, it is easy to embrace the area’s open-air lifestyle.

Agricultural roots and a refined palate make eating well in San Luis Obispo a given. On Thursday evenings, a world-renowned farmers market closes the streets of downtown. Locally grown produce, handmade goods, live music, and Santa Maria style barbecue bring out the community and visitors alike. A few blocks away, historic Mission San Luis Obispo de Tolosa has stood since 1772. With free Friday concerts, the adjacent Mission Plaza rocks out from June to September and plays host to frequent food, craft and beer festivals.

Just outside of town, the vine covered rolling hills of the Edna Valley welcome you to taste wines that have earned the area recognition. Many of the spacious tasting rooms offer fully accessible lowered bar heights, private tables, or picturesque patio seating options.

About a 15-minute drive south to the coast reveals white sandy beaches and rolling sand dunes — while the northern coast, in contrast, is home to a ruggedly magnificent rocky shoreline. In either direction, numerous paved or wooden plank wheelchair accessible paths, boardwalks and embarcaderos allow for access to spectacular ocean views.
trail itself is a paved half-circle with a couple of inclines.

Moro Rock/Crescent Meadow Road splits off just behind Giant Museum. You enter into a waterfall of ferns, as if the Giant Sequoias were not breathtaking enough, and drive alongside Moro Rock by the Roosevelt Tree. Keep driving right through a tree at Tunnel Log on the way to Crescent Meadow and Tharp’s Log Cabin, but be mindful of other vehicles.

As you continue northward on Highway 198 into Kings Canyon National Park, it becomes apparent why the famous road is known as Generals Highway. About an hour north of General Sherman Tree, you can’t miss Grant Grove, home to the 268-foot tall General Grant Tree, the second largest in the world behind the General Sherman. This giant tree was also named after a famed Civil War general, Ulysses S. Grant, who went on to be the 18th president of the United States. Grant Grove is also home to Panoramic Point, a spectacular viewpoint overlooking the Sierras at the end of a short path. Two additional overlooks lie just a few miles from the Kings Canyon Visitor Center and Grant Grove Village.

Beyond Grant Grove, the forest begins to diminish in the High Sierras due to natural elements and the aftermath of recent wildfires. Despite the scorched earth, the land remains fertile and alive with life. Streams run down the rocks, at times merging into falls, circulating rich minerals into the Kings River. Tree saplings spring out of rock cracks pried open by ancient roots.

Only a couple of designated overlooks exist along Kings Canyon, though there are a number of places to pull over. One section overlooks the deepest canyon in all of North America (8,200 feet deep). I had to pull over several times to get close to the edge to take pictures. The raw beauty was astounding. As the Kings Canyon Scenic Byway makes its way to the valley’s belly, layers of the crumbling rock are replaced by a lush landscape, and the Kings River becomes more vivid than ever. Cedar Grove Visitor Center and Village are near the road’s end.

Grizzly Bear Falls, a short trail, and Roaring River Falls Trail, a little longer, both lead to falling water. At autumn’s end, it was surprising to see the falls fully raging. My favorite trail in Cedar Valley is where the Zumwalt Trail and the River Trail connect. Zumwalt Trail links to the short Muir Rock Trail, or a more direct trailhead for Muir Rock is an option with adjacent parking.

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The River Trail is barrier-free and wide, but many underlying rocks and roots create bumps. The rushing river will make you stop in awe of its majesty and the mighty power of water.

If you don’t mind a little driving, there are a number of hotels and motels with varying levels of accessible options within 30 miles of the parks. Or, if you want to sleep under the giant trees, you can reserve one of the park's many accessible camping spots or book an accessible room at one of two lodges in the parks.

Wuksachi Lodge, located in the Giant Forest area of Sequoia National Park, is the only option with roll-in showers. The Lodge has two suites with roll-ins and five or six rooms with the same. Rates range from about $185 to $350 per night, depending on the season. If you can do with a transfer bench, John Muir Lodge, located in the Grant Grove area of Kings Canyon, has three accessible rooms with transfer benches and is more affordable — $115 to $155. There are also cabins in the park, but none are fully accessible.

For least expensive rates, go after Labor Day and before Memorial Day. A ranger recommended coming between January and early March, but said to reserve early regardless, as accessible rooms do go quickly.

**SANTA CRUZ:**
SPARKLING GEM ON THE PACIFIC COAST
BY ASHLEY LYN OLSON

At the northern tip of Highway 1, an hour and a half south of San Francisco, lies the world-famous beach town of Santa Cruz, known for its unique charm. Santa Cruz was established in 1769 when Father Fermín de Lasuen built Mission Santa Cruz, the 12th mission in California. Today you can visit the fully preserved Mission, now a historical landmark, at the edge of downtown.

While downtown, check out the diverse selection of shops. Marini’s, a candy shop founded in the early 1900s, specializes in chocolates. I recommend trying the many hot chocolate recipes. Streetlight Records is also downtown and is the place for selling and buying old and used music, including LPs and 45s. Just around the corner is the quirky, modern barrier-free Felix...
Kulpa Gallery, open Thursday through Sunday.

The Santa Cruz Beach Boardwalk is an oceanside amusement park built in 1907 and the city’s most famous attraction. Every Friday night a free music concert is set up on the beach close to the Boardwalk. Countless carnival games sprawl out along the paved promenade overlooking the beach, with a full indoor arcade building. The classic wooden roller coaster is the centerpiece of the park, but this ride along with all others have not had any access modifications.

Overlooking the Santa Cruz Beach Boardwalk is another historical landmark, the Santa Cruz Municipal Wharf. A few shops are located here, but mainly restaurants with picturesque views. At the end of the Wharf is Stagmaro Brothers Restaurant and Fish Market, one of the city’s oldest businesses. A newer establishment is the Vino Prima Wine Bar, located on the second level and accessible by elevator. The main reason visitors flock to the Wharf is to see the many noisy sea lions that call this place home. The best spot to see them is a viewing hole at the end of the wharf.

Next to the Beach Boardwalk is a beach mat that extends a few hundred feet onto the beach. Another is a little further down, between the Wharf and Dream Inn Hotel, and one more is located at the Santa Cruz Harbor, where a beach wheelchair is commonly kept. If you can’t get a hold of that chair, or simply want your own, local nonprofit Shared Adventures rents a beach chair for $40/day (see Resources). At the harbor there is also a fully operational lighthouse and a couple of good places to eat. The Crow’s Nest has tasty food and is one of my favorite spots to see them — it overlooks the harbor at the ocean’s edge. Check out the rooftop patio, accessible by a wheelchair lift, and stop in on Thursdays for a $25 prix fixe menu.

Santa Cruz is world-famous for surfing. One place to watch surfers in action that few know about is Pleasure Point, off East Cliff Drive, but most visitors go to the West Cliff Drive near the Surfing Museum. The nonprofit museum relies on donations to keep doors open to its 100 years of surfing history. West Cliff Drive is also a scenic 3-mile stroll along Lighthouse Field State Beach, with views of the Santa Cruz Wharf and Boardwalk.

Natural Bridges State Park, at the end of West Cliff Drive, provides overlooks and trails to unique ocean landscapes. The Arboretum at the University of California, Santa Cruz has lots of native plant life. The Neary Lagoon has a floating boardwalk on a peaceful, freshwater 14-acre marsh with various ducks, coots and other foul flock. At the Beach Boardwalk, get on the Santa Cruz Beach Train and take an open-air ride through the Santa Cruz Mountains under coastal redwoods to Henry Cowell Redwoods State Park and explore some of the paved trails there. Tickets are $31 for adults and $22 for kids 2-12; kids under 2 ride free.

Tips from a Local: Santa Cruz

BY UNITED SPINAL MEMBER, CINDY RANII

Some call Santa Cruz “Berkeley by the Bay” — street performers, vendors and all manner of diverse folks are a part of the sidewalk scene. Pacific Avenue, in Santa Cruz’s downtown, has wheelchair friendly curbcuts on every corner. Cafes and boutiques provide great opportunities for browsing or buying. Book Shop Santa Cruz, a premier independent bookshop, is a great way to spend an hour or two.

For a modest-sized town, Santa Cruz has a wealth of movie houses: Cinema Nine is known for big screen features, and the DelMar, Nickelodeon and River Front Twin feature indies and foreign films. All cinemas are downtown within three blocks of each other. Santa Cruz also has an extremely active music scene. Grab a free copy of Goodtime newspaper for a listing of all the local venues and performers.

I recommend staying at the Pacific Blue Inn, a bed-and-breakfast hotel (also on Pacific Ave.) near the beach, owned and operated by wheelchair users Deb and Joe Quigg. It features nine en suite rooms, each fully accessible. Rates vary from $189 to $289 per night. Driving north toward the Bay Area on scenic Highway 1, stop for lunch in Davenport at Roadhouse Restaurant and Inn and enjoy the relaxed ambiance of the Central Coast.
Helping Families be Families. MV-1 is the only mobility vehicle built from the ground up for accessibility, comfort and safety. Unlike conversion minivans, the MV-1 has successfully completed a battery of specific FMVSS crash tests, making it the only mobility vehicle recognized by the National Automotive Dealers Association (NADA). Contact your local dealer to see why more families are switching to MV-1.
In addition to offering multiple peer support options and regular events, the Greater Kansas City Spinal Cord Injury Association co-hosts one of the nation’s largest disability expos, the Midwest Ability Expo [below]. Last year’s event drew almost 200 exhibitors and thousands of attendees and this year’s figures to be bigger and better.

Serving scenic San Diego, Imperial, Riverside and San Bernardino counties, the Southern California Chapter of United Spinal Association is there to help anyone with a spinal cord injury or disease find the resources and services they need. Like many chapters, members fly to Washington, D.C., to advocate for SCI at United Spinal’s Roll on Capitol Hill [below].

GET CONNECTED!
United Spinal has more than 50 local chapters nationwide, connecting people with SCI/D to their peers and fostering an expansive grassroots network that enriches lives.

To find a chapter near you, or to find out how you can start one where you live, go to www.unitedspinal.org or call 718/803-3782 ext. 7410
The hottest ticket in Connecticut last year was the Spinal Cord Injury Association of Connecticut’s Twilight Gala [right]. With dancing, food, guest speakers and an auction, the event raised over $30,000 to support the chapter’s mission of supporting people with spinal cord injuries and diseases.

United Spinal Association of Virginia is one of the many chapters to offer a certified peer mentoring program [above]. Trained chapter members reach out to people with new SCIs to provide the support and resources needed to ease the transition back into the community.

United Spinal Association of Houston connects individuals living with disability, caregivers, hospitals and healthcare professionals, DME manufacturers and suppliers, and others. The chapter has a huge peer network, knowledge of all the latest resources and fun events (like “Let Your Super Hero Out” day [left]).

*Not Pictured: Our Hawaii and Puerto Rico Chapters
Mission

United Spinal Association’s mission is to improve the quality of life of all Americans living with spinal cord injuries and disorders (SCI/D). Membership in United Spinal is open to anyone with an interest in SCI/D. For more information on the benefits of joining, visit www.unitedspinal.org or call 800/404-2898.

ALASKA
Providence Alaska Medical Center
Anchorage, AK 99508; 907/562-2211

ARIZONA
HealthSouth Rehabilitation Hospital Spinal Cord Injury Program, Mesa, AZ; 480/567-0350
Barrow Neurological Institute at Saint Joseph’s Hospital and Medical Center, Phoenix, AZ; 602/406-3000

CALIFORNIA
Dignity Health - Northridge Hospital Medical Center, Center for Rehabilitation, Northridge, CA; 818/885-8500
Rady Children’s Hospital San Diego - Division of Pediatric Rehabilitation Medicine, San Diego, CA; 858/576-1700
Sharp Rehabilitation Center, San Diego, CA; 858/939-6709
Sutter Rehabilitation Institute, Roseville, CA; 916/878-2588

COLORADO
Craig Hospital, Englewood, CO; 303/789-8800

CONNECTICUT
Gaylord Specialty Healthcare, Wallingford, CT; 203/284-2800
Hospital for Special Care, New Britain, CT, 860/827-2761
Mount Sinai Rehabilitation Hospital, Hartford, CT; 860/714-3500

DISTRICT OF COLUMBIA
Medstar National Rehabilitation Hospital, Washington, DC; 202/877-1000

FLORIDA
Brooks Rehabilitation Hospital, Jacksonville, FL; 904/345-7600
Pinecrest Rehabilitation Hospital, Delray Beach, FL; 561/498-4440

GEORGIA
Emory University Hospital Center for Rehabilitation Medicine, Atlanta, GA; 404/712-7593
Rehabilitation Hospital Navicent Health, Macon, GA; 478/201-6500
Shepherd Center - Southeastern Regional SCI Model System, Atlanta, GA; 404/350-7645

HAWAII
Rehabilitation Hospital of the Pacific, Honolulu, HI; 808/531-3511

ILLINOIS
Marianjoy Rehabilitation Hospital, Wheaton, IL; 800/462-2366
Memorial Medical Center, Springfield, IL; 217/788-3302
Schwab Rehabilitation Hospital, Chicago, IL; 773/322-2010
Shirley Ryan Ability Lab, Chicago, IL, 312/230-1000

INDIANA
Parkview Rehabilitation Hospital, Fort Wayne, IN; 260/373-4000
Rehabilitation Hospital of Indiana, Indianapolis, IN; 317/329-2000

KANSAS
Mid America Rehabilitation Hospital, Overland Park, KS; 913/491-2400

KENTUCKY
Cardinal Hill Rehabilitation Hospital, Lexington, KY; 859/254-5701
Frazier Rehabilitation Institute, Louisville, KY; 502/582-7490
Gateway Rehabilitation Hospital, Florence, KY, 859/426-2400

LOUISIANA
The Gilda Trautman Newman Rehabilitation Center, New Orleans, LA; 504/899-9511
Touro Rehabilitation Center, New Orleans, LA; 504/897-8560

MASSACHUSETTS
Spaulding Rehabilitation Hospital, Charlestown, MA; 617/573-2770
Weldon Rehabilitation Center at Mercy Medical Center, Springfield, MA; 413/748-6840

MARYLAND
Adventist Rehabilitation Hospital of Maryland, Rockville, MD; 240/864-6132
International Center for Spinal Cord Injury at Kennedy Krieger Institute, Baltimore, MD; 888/554-2080
University of Maryland Rehabilitation and Orthopaedic Institute, Baltimore, MD; 410/449-2500

MICHIGAN
Mary Freebed Rehabilitation Hospital, Grand Rapids, MI; 800/528-8989
DMC Rehabilitation Institute of Michigan, Detroit, MI; 313/745-1055

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United Spinal Association
MISSOURI
Ability KC, Kansas City, MO; 816/751-7812

MISSISSIPPI
Methodist Rehabilitation Center, Jackson, MS; 601/981-2611

NORTH CAROLINA
Carolinas Rehabilitation, Charlotte, NC; 704/335-3558

Cone Health Inpatient Rehabilitation Center, Greensboro, NC; 336/832-8153

Vidant Medical Center, Greenville, NC; 252/975-4100

Wake Forest University Baptist Inpatient Rehabilitation Program, Winston-Salem, NC; 336/716-2011

WakeMed Rehab Hospital, Raleigh, NC; 919/350-8861

NEBRASKA
Madonna Rehabilitation Hospital SCI Rehabilitation Program, Lincoln, NE; 402/489-7102

QLI - Spinal Cord Injury Program, Omaha, NE; 402/573-3700

NEW HAMPSHIRE
Northeast Rehabilitation Hospital Network - Neuro Centers, Salem, NH; 603/893-9478

NEW JERSEY
Bacharach Institute for Rehabilitation, Pomona, NJ; 609/748-5480

Kessler Institute for Rehabilitation, West Orange, NJ; 973/252-6367

NEW YORK
Helen Hayes Hospital, West Haverstraw, NY; 845/786-4000

Mount Sinai Medical Center, New York, NY; 212/241-6500

Rusk Rehabilitation at NYU Langone Medical Center, New York, NY; 212/263-6012

St. Charles Hospital Rehabilitation Center, Port Jefferson, NY; 631/474-6011

Strong Memorial Hospital of the University of Rochester, Rochester, NY; 585/275-2100

Sunnyside Rehabilitation Hospital, Schenectady, NY; 518/382-4560

The Burke Rehabilitation Hospital - Spinal Cord Injury Program, White Plains, NY; 914/597-2500

OHIO
Metrohealth Rehabilitation Institute of Ohio, Cleveland, OH; 216/778-3483

Summa Rehabilitation Hospital, Akron, OH; 330/572-7300

OKLAHOMA
Integris Jim Thorpe Rehabilitation Network, Oklahoma City, OK; 405/951-2277

OREGON
Legacy Rehabilitation Institute of Oregon, Portland, OR; 503/413-7151

PENNSYLVANIA
Allied Services Integrated Health System Spinal Cord Injury Program, Scranton, PA; 570/348-1360

Healthsouth Rehabilitation Hospital of Altoona, Altoona, PA; 800/873-4220

Moss Rehabilitation Hospital, Elkins Park, PA; 215/663-6000

Spinal Cord Program at The Children’s Institute, Pittsburgh, PA; 412/420-2400

UPMC Rehabilitation Institute at Mercy, Pittsburgh, PA; 800/533-8762

SOUTH CAROLINA
HealthSouth Rehabilitation Hospital of Charleston, Charleston, SC; 843/820-7777

Roger C. Peace Rehabilitation Center, Greenville, SC; 864/455-3779

Roper Rehabilitation Hospital, Charleston, SC; 843/724-2800

TENNESSEE
Patricia Neal Rehabilitation Center, Knoxville, TN; 865/541-3600

Vanderbilt Stallworth Rehabilitation Hospital, Nashville, TN; 615/963-4051

TEXAS
HealthSouth RIOSA, San Antonio, TX; 210/691-0737

Houston Methodist Hospital, Houston, TX; 713/394-6000

Texas Health Harris Methodist - Fort Worth, Fort Worth, TX; 817/250-2029

Texas Rehabilitation Hospital of Fort Worth, Fort Worth, TX; 817/820-3400

TIRR Memorial Hermann Hospital, Houston, TX; 713/799-5000

UT Southwestern Medical Center - Rehabilitation Unit, Dallas, TX; 214/493-0597

UTAH
University of Utah Health Care Rehabilitation Center, Salt Lake City, UT; 801/585-2800

VIRGINIA
Inova Rehabilitation Center at Inova Mount Vernon Hospital, Alexandria, VA; 703/664-7924

UVA - HealthSouth Rehabilitation Hospital, Charlottesville, VA; 434/924-0211

VCU Spinal Cord Injury Rehabilitation, Richmond, VA; 804/828-0861

WASHINGTON
University of Washington Harborview Medical Center: Northwest Regional Spinal Cord Injury System, Seattle, WA; 206/221-7390

WISCONSIN
The Spinal Cord Injury Center at Froedtert and The Medical College of Wisconsin, Milwaukee, WI; 414/805-3000

Organizational Members
Florida Spinal Cord Injury Resource Center
Tampa, FL; 813/844-4711

Miami Physical Therapy Assoc., Inc.
Miami, FL; 305.444.0074

NextStep - Atlanta
Alpharetta, GA; 770/722-4239

NextStep - Kansas City
Overland Park, KS; 913/451-1500

NextStep - Orlando
Sanford, FL; 407/571-9974

Project Walk - Bay Area
Fremont, CA; 510/623-1924

Project Walk - Boston
Stratham, NH, 603/583-5119

Project Walk - Houston
Missouri City, TX; 281/410-8348

Project Walk - Mt. Laurel
Mt. Laurel, NJ; 484/900-1563

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I became paralyzed on Aug. 13, 2013. There was nothing overly traumatic about it. I had gone in for a major spine surgery with an amazing neurosurgeon. We anticipated that I would be up walking the next day, but when I woke up from the eight-hour surgery, I discovered that I was paralyzed. One of my earliest concerns after that discovery was about what would happen to my law practice. Would I still be able to do my job?

Perry Mason in Training
My path to law school was a long one. I didn’t grow up knowing that I wanted to be a lawyer. I didn’t go to college knowing that either. It wasn’t until I sat in one of my first classes on my first day of law school that I knew that this was where I belonged. It was during law school that my back started to cause some serious problems. I was born with a tumor on my spine, so back problems were nothing new to me. I had my first spine surgery at 18...
months and my first major surgery at 10 years old. When I was 10, the doctors removed most of the tumor, which was the size of a grapefruit, and preserved my ability to walk and saved my bladder function. So while my back was always an issue, it was never a prominent problem.

But during law school things changed. I started needing to use a cane to walk. I hated that and tried to avoid it at all costs. I hated that I couldn’t wear heels. I wanted to look cute like all the other female attorneys in their smart suits and fancy shoes. What I wouldn’t give to go back to having those be my biggest worries!

Out of law school I knew I wanted to work as a defense attorney, and I ended up being hired by one of the area’s best, known as “the Perry Mason of Palm Springs.” I only worked for him for about a year, but he taught me so much, including how to have confidence in myself. Maybe I needed a cane, but that didn’t affect my intellect or ability to provide a rigorous defense for our clients.

Eventually, I struck out on my own. Only one client gave me a hard time about the cane. He was a young man who was accused of many crimes, including gang allegations. He was in custody, so he hadn’t seen me in person prior to his family retaining me. When I went to see him, he looked at me and said, “What’s with the stick?” I gestured to my cane and said, “Oh this? I use it to give me street cred. You don’t think it works?” We both laughed, and it was never an issue after that.

From Cane to Chair
When I became paralyzed, I didn’t know what to expect. I was hospitalized for six weeks, during which time I had another surgery and about four weeks of rehabilitation. I hadn’t expected to be in the hospital for more than a few days, so I hadn’t told many of my clients. They kept calling me and emailing me about their cases and I kept responding, without mentioning that I was in the hospital. My job is to keep my clients calm, to take the burden off their shoulders and to find solutions to their cases. They didn’t need to know that I was sitting in a hospital room and not in my office.

Thanks to a great support team, I only lost one client while I was in the hospital. His case was moving quickly before I was hospitalized, and we were approaching trial. My being in the hospital would have been a setback to his case, so I had a duty to notify his family. He was incarcerated so I could not contact him directly. They chose to seek representation with a different attorney to keep the case progressing. I never blamed them for making that decision.

Would my clients think I was incapable now that I was in a wheelchair? I had mixed reactions from other lawyers.

About eight weeks after becoming paralyzed — only two weeks after I returned home from the hospital — I was back in court. Was that fast? Yes. But I didn’t want to sit around the house. I wanted to get back into my normal routine as early as possible. Plus, I didn’t really have the option to not go back to court; my clients’ freedom was still at risk. Focusing on their needs motivated me to learn how to adapt quickly.

I was so nervous on my first day back in court. It felt like it had been an eternity. I didn’t know what people would think. I didn’t know what my clients would think. Would they think I was incapable now that I was in a wheelchair? I knew rationally that the two shouldn’t be connected, but we do not live in a perfect society. I had mixed reactions from other lawyers: Some acted like they didn’t notice the wheelchair, some seemed very concerned, but most people just wanted to make sure I was OK.

I was still so new in my recovery that I was not yet fully independent. I had a caregiver drive me to court and help me. It felt weird to me that, on the one hand I was in charge of people’s freedom, but on the other hand, I needed help even getting to court. My assistant became my caregiver and drove me to court for almost a full year. I didn’t believe that the paralysis was permanent, so I refused to get hand controls or a lightweight wheelchair. Almost exactly one year post-injury I bought hand controls for my car and received my lightweight chair, so I could be fully independent and not need anyone to help me get to and from court or my office.

In my chair I didn’t have the insecurities I had when I used the cane. Having already learned to deal with not wearing heels and other superficial things helped. When I was still walking, I had amassed a collection of really cute and brightly colored oxford shoes. I would wear conservative, dark suits paired with my bright shoes, which helped me to feel stylish. Now, when I take cases in downtown Los Angeles, I normally take the Metro and a bus transfer to one of the courts. One time, as I was waiting for the bus transfer, a different bus driver actually pulled over, opened her door and called out to me that she loved my shoes. It was nice to be noticed for my fashion choices, rather than my wheelchair.

Everyday Problems
Being a lawyer in a wheelchair versus being a lawyer with a cane has taught me many things. Near the top of the list is how inaccessible many courtrooms are. They are crowded with people, briefcases and chairs. It is hard for me to squeeze through places to check in with a clerk or to go speak with my client or the district attorney. Many of the older courthouses have desks that are so high that even if I do make it to the clerk to check in, they can’t see me until I either say something — and even then, they sometimes don’t hear me — or until the courtroom deputy or another lawyer gets their attention for me. I was in a courtroom in an older courthouse and the judge actually came down off the bench to where I was to apologize for how inaccessible her courtroom was. Her courtroom deputy had to move chairs around for me to even get through to my spot at the counsel table, and even then it was a tight squeeze. I was embarrassed that the judge would come down to apologize to me, as if she had anything to do with the design of the room. But apparently her father had recently become a wheelchair user, and she was learning how inaccessible many places were.
Many of the biggest obstacles I face at the courthouse are the same issues that wheelchair users face every day: a lack of accessible parking, overcrowded elevators, rude people. Worse than the courthouses are the jails. When I need to visit clients in jails, many of the “accessible” attorney booths are not very accessible.

I once went to visit a female client accused of embezzlement. She knew that I was a wheelchair user, so there was no surprise there for her. The deputies said the booth was accessible, but I was barely able to squeeze in. The way the room was situated, there was no room for me to turn my chair to face her. I was able to transfer to a metal stool that was bolted into the floor in the center of the booth. When I was done, I transferred back to my chair, but I had to reach behind me to open the heavy door. I was trying to maneuver to reach the door and also be able to open it, and I got wedged in. The guard called on the phone in the booth to tell me that my time was up. However, the phone was on the wall next to the door and about five feet off the ground. I couldn't even reach the phone to tell him I was stuck. While my client watched (who knows what she was thinking?), I struggled to get free from the attorney booth. Several minutes and a few curse words later, I finally managed to make it out of there. When the guard very angrily asked why I didn’t answer the phone and told me I was late leaving the booth, I even more angrily told him about my struggle. I then went and called the head of the jail, who was very apologetic and promised that the booth would be remodeled. They did actually widen the booth so I am now able to visit clients there.

The New Reality

I was worried about the effect of being seated constantly during trial. I hate that I am not able to stand when addressing the court, as that is a sign of respect. I hate that I cannot stand to salute the flag in the courtrooms where that happens. But, one does not need to stand to be respectful. Most judges adapt along with me, and instead of having sidebars at the bench, which is usually at least a foot over my head, we all go to the hallway to talk.

As the saying goes, “where there is a will, there is a way!” Instead of standing at a podium, I place it next to me and place my papers on it while questioning witnesses or talking to the jury. My office is basically paper-free, and I have all files stored electronically, so I do not need to lug many things to the courthouse with me. I have a cup holder on my chair that I use to hold my clicker when doing opening or closing statements.

My investigator loves to point out that jurors are usually fascinated watching how easily I move around. Plus, being in a wheelchair is almost an advantage in one regard: Jurors project “vulnerability” onto me because of the wheelchair, but they see that I am not afraid of my clients and conclude that maybe they shouldn’t be afraid of them either. This is especially true in assault, robbery or gang-related cases.

For the most part, other lawyers are very compassionate and help me when needed, but one time when I returned to the courtroom for a forgotten item, I came across an ugly scene. Another female attorney, sitting in a rolling desk chair, said to another attorney, “If I’m seated in this chair on wheels, do I get special permissions too?” When she noticed that I was right there, she immediately turned red and stammered, “I am just kidding.” I am the first to use humor as a tool to protect myself, and admittedly have made a lot of jokes about just wanting a seat in the courtroom, but this was not funny.

I didn’t say anything because I was so caught off guard that I didn’t know what to say. It hurt my feelings, of course. But it was just so ignorant. I should have told her that I would gladly trade places with her and have to lean over the rail to talk to my clients rather than be in my wheelchair.

What I have gone through on this journey has added a level of patience and compassion, which has benefited me in the way I handle my cases and clients. And while it definitely would be easier if I didn’t have a disability, I love my job and am grateful every single day that I am able to do it.

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The most common question I hear regarding innovation in mobility products relates to power chairs, and it’s not a positive one: Why are power chairs so behind the times when it comes to technology? After all, considering the advent of smart phones (computers in our pockets) and self-parking cars, why don’t power chairs use more advanced technologies?

It’s a valid question, and the answer is an optimistic one. But to get to the answer, we have to understand the past, present and future of power chairs.

A Brief History of the Power Chair

The concept of the power chair goes back more than 100 years, to 1912, when a combustion engine was added to a cart-like device called the “Invalid Tricycle.” Following its quick failure, George Westinghouse, a driving force in modernized electricity, produced drawings around the same era for an “electric wheelchair,” but he was unable to bring his vision to fruition before his death in 1914. In 1916, the first commercial power chair was produced, but its high cost prevented any practical success.

The concept of the power chair all but disappeared until 1953, when Canadian researcher George Klein assembled a team to motorize folding manual wheelchairs for WWII veterans. By 1954, Klein had a reliable system that used a controller, batteries, a hand control and two motors — the concept that runs power chairs today. While Klein’s design was a ground-breaking success, it was Everest & Jennings that copied the system, launching its U.S. model, the 840, in 1956.

During the 1970s, power chairs were fragile, with limited capabilities, regarded by manufacturers and society as an institutional device. Although power chairs slowly progressed over the years,
there were no huge leaps in innovation until the 1980s. At that time, however, the independent living movement demanded more, and that’s when steady innovation truly began. Still, it wasn’t until about 2000 when major advancements culminated, and the power chair became a tremendous tool of independence, with power seating, high-speed motors, extended battery range and suspension as common features.

By 2006, though, major funding and coding changes dramatically slowed access to power chairs by consumers and innovation by manufacturers. Funding cuts reduced coverage across the board and eliminated many advanced technologies altogether. The tragedy of this was that many other technology sectors were booming with breakthroughs that could have benefited power chairs — from battery innovations to advanced electronics — but the funding cuts curbed most of them. It would be 2010 before funding had stabilized enough to regain steady innovation.

Fortunately, for consumer protection, power chairs have been placed under increasingly stringent regulatory processes over the years. They are now considered an FDA Class-II Medical Device. This regulatory process affects all aspects of a power chair, from concept to manufacturing. Along the process, aspects like safety and durability are tested and proven — and it all takes time. Based on the complexity and regulatory success of a component or power chair product, it can take two to five years to move from concept to finalization, causing a sometimes unavoidable lag in feeding mainstream technologies into the FDA-regulated power chair market.

Finally, Technology is Catching Up
The good news is after years of slow progress, the power chair industry is back on track when it comes to innovation. Since 2015, we’ve seen major manufacturers introduce advanced technologies that are truly changing lives. Permobil has made gyroscope tracking technology standard on its F- and M-Series models for improved drive control. Quantum has its iLevel system that mechanically stabilizes the power base when the seat is elevated, allowing walking speed and height over varied terrain. And, Quickie’s SEDEO Ergo seating uses biometrics for advanced power positioning. Across the board, we also see Bluetooth integration for controlling electronic devices; ultra-advanced drive controls; USB ports for hand-held devices; and ever-enhanced suspension for terrain handling.

Yet there’s still a ways to go. By 2020, we should be poised to see new motor technologies, extended-range batteries, further-advanced suspension, increased smart phone and environmental interfacing, and even electronics that connect with the cloud for diagnostics, updates and servicing.

So the answer to the question of why are power chairs lagging behind technologically is currently a positive one: They are finally getting there!
All over the world, the nondisabled public tends to see a person in a wheelchair as one of life’s losers, the unfortunate butt of a cosmic joke. In places like Africa, you are a loser by being cursed by evil spirits or punished by the gods. In the U.S., it’s subtler. It’s that weak smile of acknowledgement you get in the elevator which means, “There but for the grace of God go I.” That person exits the elevator feeling like a winner just by encountering you.

With Donald Trump, we now live in a winning-is-everything world. Love him or hate him, the man clearly knows how to win. And there is no second prize: You win or you lose. If you are seen as an automatic loser because you are disabled, what better way to shatter that image than to win!

But can you win? Can you win big? Yes, my friend, you can. You just have to know the rules.

First off, what’s holding you back? You’re too damn nice. You hide your social self-consciousness behind a wall of niceness. You're perfectly happy to sit in the back of the room in the wheelchair section and be quiet, elated that you got in the room at all.

The go-to man when it comes to winning big is the famous 16th century Italian thinker, Niccolò Machiavelli, whose name is synonymous with cunning, guile and grabbing power. Most people have never read his famous success manual called The Prince. Here are some high points that can put you on the road to winning today!

“Politics have no relation to morals.”

Boom! There it is in a nutshell. Politics means, in this context, winning in any arena of life, especially the arena of money and a ritzy lifestyle. Stop thinking that you are a good person either because of, or in spite of, your disability. No one cares! To move up the ladder of life, you must learn the art of deception and subterfuge. Say you and Dave are up for the same promotion down at the office. Unless you act, Dave will win. It’s survival of the perceived fittest. You can defame Dave, as in, “Boy, did you smell Dave’s breath this morning? Whew! Pass the Scotch!” When specious rumors fail, just lie. “You didn’t hear it from me, but Dave is a registered pedophile. Looks like one, right?” Everyone starts shunning Dave and voila! He’s out. Don’t worry. He’ll get over it sooner or later.

“Men are so simple and so much inclined to obey immediate needs that a deceiver will never lack victims for his deceptions.”

People want to be deceived! By deceiving them, you are doing them a favor. For instance, stop flinching any time someone calls you a hero. Just play a damn hero! When people at a cocktail party just assume you were wounded in Iraq or Afghanistan, don’t correct them. Just say, “Nah, it was nothing …” They’ll feel good for days having met such a brave soul. They’ll even throw money into your Kickstarter campaign to make a movie about your life. Do you think they’re going to doubt your intentions? You’re a hero!

“The vulgar crowd always is taken by appearances, and the world consists chiefly of the vulgar.”

Appearances mean everything. Just because you are in a wheelchair, don’t go out in public in sweatpants and a Lil’ Wayne T-shirt. Overdress. Go down to Clothing Liquidators and buy an Armani knockoff for $20 and a fake Rolex for $10. Women can buy flashy costume jewelry for a pittance. The “vulgar” crowd won’t know the dif. I have a urologist who has a picture of a $300,000 Lamborghini Aventador in his office. Most patients don’t ask if he owns it. They just mumble, “Man, this guy is loaded!”

“It is better to be feared than loved, if you cannot be both.”

Four hundred years before it showed up in every mob movie ever made, Machiavelli coined this phrase. But how can someone in a wheelchair make others fear for their lives? One, tell people about your prison record. Two, act like you’re right on the verge of going postal. You can scare people just by shouting at them. Or, if those fail, threaten to sue and hand them a card from the biggest law firm in town. Trump does this whenever someone crosses him. Most people quickly settle.

So, there you have it. Get to winning. And when you have won something big, let us know. Or just send us a picture of a new Lamborghini. We’re easily impressed.
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Mohammad Sayed’s Wheelchair Man Is Based On His Own Life Story

Born in Afghanistan, Mohammad Sayed had an extraordinarily difficult young childhood, but took that trauma and used it to create Wheelchair Man, a superhero based on his own experiences.

Sometime probably in 2002, Sayed’s mother died of cancer when he was 5. “Eleven days later I was seriously injured. It was so traumatic that I don’t really like to go into the details,” says Sayed, now 20 and an American citizen living in Boston.

Having no way to care for his quadriplegic young son in a war zone, Sayed’s father took him to a hospital and left him there. “After six months my medical needs had all been seen to — I have a spinal cord injury and I can’t walk now, I’m in a wheelchair — but since I didn’t have anywhere else to go, they gave me a bed in the corner of a ward where I lived with the other patients. That was my home.”

Then he was adopted by Maria Pia Sanchez, an American nurse, who probably saved his life. “The doctors said that if I had stayed in Afghanistan, my life expectancy would have been 18. Now I’m 20, so I’m definitely making progress.”

And now he’s developed a company, Rimpower.org, that develops assistive tech devices and also publishes his comic, Wheelchair Man. “I want to motivate people in wheelchairs, especially kids, to not give up on their dreams. Whatever they want to do, they’ll do it 10 times better than if they had their legs because the pain and struggle that we go through makes us stronger.”

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