Over 8,000 lives changed and counting. Learn how iLevel® can change your life.

quantumrehab.com
Whether your day is ordinary or extraordinary, the Onli catheter is there for you.

Count on the Onli catheter to help you at the right time. The Onli catheter fits with your daily routine — an easy to open and easy to use hydrophilic catheter designed for smooth insertion with reduced spills and no staining.* The Onli catheter is designed for no mess, no fuss — ready to work with you, whatever the day may bring.

For more information or a sample, call 888.740.8999 or visit hollister.com/onli.

Ready. Simple.

STAND OUT even when you’re SITTING DOWN

Visualize your own küschall® K-Series attract™ wheelchair at kuschallUSA.com/standout
FEATURES

14 PLANES, TRAINS AND AUTOMOBILES There’s more than one way to get from here to there. KENNY SALVINI breaks down the accessibility of the most popular transportation options.

19 NO STORK? NO PROBLEM. KATE MATELAN knows she wants to have a child, but as a quad she isn’t sure which route to take. She shares her decision-making journey to help you on yours.

35 ROLLING WITH ECUADOR’S PRESIDENT SETH MCBRIDE introduces you to Lenin Moreno, the first wheelchair user to be elected a country’s head of state since 1944.

COVER STORY MAKING YOUR HOME ACCESSIBLE 25

Our reporters share ways to make the accessible home of your dreams more of a reality. MARK SMITH tackles historic homes, RICHARD HOLICKY finally upgrades his bathroom, SONNY ALI brings his home into the 21st century, ALEX GHENIS takes a DIY approach and CHARLES SCHWAB breaks down the benefits of additions. Also, IAN RUDER reports on the Wheel Pad, a new option to ease the transition from rehab to home.

DEPARTMENTS

4 BULLY PULPIT 12 HOW WE ROLL
5 CONTRIBUTORS 40 PARA/MEDIC
6 LETTERS 42 INNOVATIONS
8 NEWS 44 ERVIN
10 SCI LIFE 48 CRIP BUZZ
Nothing defines a person’s priorities better than how that person spends money. President Trump’s 2018 budget proposal clearly shows that his priorities do not include people with disabilities, poor people and children, to name a few. That may seem like an unfair generalization, especially to those who voted for Trump, but numbers do not lie. The hard truth is that Trump’s budget is all about reducing money spent on the most vulnerable populations. Worst of all, the president, his administration and supporters seem completely unaware of the devastating effects.

“We are not kicking anybody off of any program who really needs it,” White House Budget Director Mick Mulvaney told reporters after the budget was unveiled.

Try telling that to Rachel Doboga, 30, who has ALS. She warns that the administration’s proposal to completely eliminate funding for the National ALS Registry will kill the hope that she and thousands of others with ALS have had over the past few years. “We saw a potential for life-saving research when the National ALS Registry came into existence,” she writes in the June 9 edition of the Huffington Post [“Trump’s Budget is a Death Sentence for the ALS Community”]. But if Trump’s defunding goes through, it will eliminate clinical trials, information gathering and 13 studies currently exploring causes of ALS. “I never imagined that the fight for a cure would be undermined by my own president,” writes Doboga.

Or try telling Susan Connors, president and CEO of the Brain Injury Association of America. “All individuals with brain injury should have timely access to high quality, accessible, affordable, patient-centered health care. President Trump’s cuts to brain injury services and supports, coupled with the pending threat related to the repeal and replacement of the Affordable Care Act, is a step in a decidedly poor direction,” she writes in response to the budget cuts. A press release from the BIA declares: “The ramifications, if realized, will be catastrophic — especially to those living with disabilities.”

That means not only people with ALS or traumatic brain injuries, but anyone with a severe disability, including spinal cord injuries: Trump wants to defund the Reeve Foundation Paralysis Resource Center, home to popular supportive programs like Quality of Life Grants and the NeuroRecovery Network — a network of cooperative rehab centers whose mission is to develop and provide activity-based therapies.

Then there’s Medicaid, which will take the hugest cut of all — more than $600 billion over the next several years. Virtually any Medicaid program whose purpose is to support people with disabilities with home-based services is in jeopardy, while nursing homes and institutions will be given priority.

And then there are underprivileged children, who have the least political power. Food stamps and after-school support programs will be cut, along with childcare for low-income parents attending college.

So who are the beneficiaries? Where will the money go from the billions cut from programs that benefit the most vulnerable? To the military, exclusionary wall-builders, and the wealthy: those whose taxes shrink while their portfolios grow. These are Trump’s true allies — the winners. The rest of us — unless we do something about it — are losers.

— Tim Gilmer
Alex Ghenis is a C5-6 quad living in Berkeley, California. He currently works on a variety of issues for people with disabilities, including environmental justice, economic empowerment, and how we can maintain employment while keeping our benefits. Outside of work, Alex performs poetry and enjoys events ranging from activist get-togethers to live sports games. He has been writing for *New Mobility* and *Life in Action* for several years and doesn’t plan to stop anytime soon.

By day, Kate Matelan is a promotional copywriter for QVC, but by night, she’s a freelance journalist who covers more than home shopping. Kate is known for her smarts, style, and candid SCI musings. When she’s not writing, you’ll find her whipping up a new creation in the kitchen, being a full-time aunt, or wheeling along local trails with rap music blasting. As a Bucknell University grad, Kate will always be proud of her orange and blue.


Mark E. Smith, a power chair user of over 40 years, is a general manager within the mobility industry. Holding a master’s degree in creative writing, he’s the author of five books, as well as countless articles and columns within disability media and mobility trade publications. Mark’s work around mobility technology ranges from design to education to advocacy, including his work on Capitol Hill, lobbying to protect access to vital funding. Mark lives with his wife and two daughters in the Pocono Mountains. His experiences are often chronicled via his weekly blog, PowerchairDiaries.com.
Cool Cooper
Kelly Harrington
via newmobility.com

How About More?
Maybe they can find something for pressure sores and a device that can help [someone] transfer from their power chair to another chair or sofa. Keep up the fantastic work ["Rory Cooper …"].
Tim Leaphart
via newmobility.com

New Products Too Expensive
For these to be so expensive just plain rules out the majority of people that would benefit greatly from these great bits of equipment ["Cool New Products Unveiled at ISS," May 2017]. I am paraplegic and would love to be able to buy the things that could make life that little bit easier.
Simon Malone
via newmobility.com

Aussies Pay More
Not even close to what we pay for the same stuff here in Australia. US$350 ROHO cushion is about AUS900. Even when our dollar was worth more than the U.S. dollar, we paid a lot more.
Peter Lane-Collett
via newmobility.com

Travel Invention
I travel by air from Tennessee to Newfoundland every month for work. I take a large suitcase ["Best Travel Products for Wheelchair Users," May 16, 2017, newmobility.com]. I made a small hitch and attached it to my wheelchair’s axle. I have to take my backpack off the chair to hook the suitcase to the hitch, but it’s not a problem. After dropping the suitcase handle on the hitch, I put the backpack on the back of my manual chair and off I go. The shortness of the suitcase handle limits how much I can turn, but it hasn’t been difficult to get around. It backs up well, too. I have another backpack I keep my laptop and things in, which I use a bungee cord to strap around my neck so it doesn’t fall out of my lap. So far this arrangement has worked well for me.
Jim Harris
via newmobility.com

More Power to Sam Schmidt
As a paraplegic who drives a [Corvette] Z06, I find it awesome that others with more severe injuries can experience the same feeling of excitement and liberation from driving a sports car! ["Former IndyCar Driver Sam Schmidt Races Mario Andretti," May 19 News, newmobility.com] Most of life slows down when you use a wheelchair, so it’s incredible to have a release where that isn’t the case. Way to go, Sam and Arrow [Electronics]!
Aaron Hastings
via newmobility.com

Stillness Brings Clarity
Yes! The opportunities for stillness abound in paralysis — literally. Stillness exists for the nondisabled world as well, and paralysis helps us see and be still with great clarity [Importance of Self-Reflection," May 19 blog, newmobility.com].
Arwen Bird
via newmobility.com

Kudos for Alaska Airlines
I’ve been flying fairly regularly for many years and I’ve never had damage to my chair (granted, it’s manual, not power) nor have I had any incidents such as have been described recently in the media ["My Recent Experience Flying With My Power Chair, May 5 blog, newmobility.com]. I fly Alaska Airlines almost exclusively, and they do an excellent job and are very polite and respectful. I know everyone can’t use them, but I like to give them a shoutout for their excellent service.
Kathy M. Stice
via newmobility.com

Trumpcare Link Lacking in Facts
I normally appreciate the information from your newsletter; however I do not appreciate articles that use only scare tactics without facts as to why we should act. I am referring to the “Stop Trumpcare” [action alert link], which is short on factual information. I am willing to change my opinion based on facts, not scare tactics.
Under Obamacare our ability to obtain a much needed new wheelchair from Medicare for our quadriplegic son became horrendously difficult as Obamacare eliminated DME providers in our state by making it too expensive and difficult for them to participate. The company we must deal with now has a monopoly and have been very difficult to work with as a result. Please stick to the facts and not a political agenda.
Sheryl Huffman
via newmobility.com

EDITOR: Readers often don’t realize that the elimination of local DME providers is a national trend caused not by Obamacare, but by a Medicare policy called “competitive bidding,” which awards regional contracts to larger companies with the lowest bid. New Mobility was one of the first to sound the alarm about competitive bidding, with articles such as "Getting Equipment Gets Harder" and "At What Cost, Savings," which ran in 2008, two years before the passage of Obamacare. Further, NM’s parent organization, United Spinal Association, has led the fight against including complex rehab equipment in competitive bidding — it is, in fact, our signature issue. The American Health Care Act (aka Trumpcare) and Trump’s proposed budget are disastrous for our already struggling community. For more information, please visit newmobility.com’s News section.
Life is unpredictable... your power wheelchair shouldn't be

www.amysystems.com
Phone: 888-453-0311 / Fax: 877-501-8458 / info@amysystems.com
Trump Budget Proposal Slashes Disability Services

On May 23, the Trump administration released its proposed $4.1 trillion federal budget, which boosts defense, border and infrastructure spending while making large cuts to a number of programs and services that would directly affect the millions of Americans living with a disability.

The proposed budget includes $72 billion in cuts directly targeting Social Security Disability Insurance and Supplemental Security Income. There are $610 billion in cuts to Medicaid, on top of the $839 billion in cuts already proposed with the American Healthcare Act, under deliberation in the Senate. More cuts target affordable housing programs and the Supplemental Nutrition Assistance Program, both of which are used by significant numbers of people with disabilities. In addition, the Amputee Coalition Limb Loss Resource Center and the Christopher & Dana Reeve Foundation Paralysis Resource Center would both lose their federal funding entirely.

Trump made campaign promises not to cut Social Security, but the administration claims that this budget “does not cut core Social Security benefits.” In an interview with NBC, White House Budget Director Mick Mulvaney said that SSDI “is not what most people would consider to be Social Security.” Mulvaney has argued that the reduced spending on SSDI would come through stricter review of SSDI applications and encouraging work for SSDI recipients.

Trump made campaign promises not to cut Social Security, but the administration claims that this budget “does not cut core Social Security benefits.” In an interview with NBC, White House Budget Director Mick Mulvaney said that SSDI “is not what most people would consider to be Social Security.” Mulvaney has argued that the reduced spending on SSDI would come through stricter review of SSDI applications and encouraging work for SSDI recipients.

Alexandra Bennewith, vice president of government relations for United Spinal Association, says there is “a big misconception” in regards to SSDI abuse. “The Social Security Act’s disability standard is one of the strictest in the world,” she says. “Most applicants for Social Security disability benefits are denied. Fewer than four in 10 SSDI applications are approved, even after all stages of appeal.” Bennewith says that the proposed budget “is devastating to millions of disabled Americans.”

Kelly Buckland, the executive director for the National Council on Independent Living, was scathing in his criticism of the budget. “The president’s budget proposal is irresponsible and would be detrimental to many of the programs and services people with disabilities rely on,” Buckland says. “The programs that support our health, well-being, and independence have been targeted, with proposed funding for these programs being brought to unrealistic and dangerously low levels. If enacted, hundreds of Centers for Independent Living may be forced to close, and people around the country will die from the cuts to Medicaid. The results of this budget would be disastrous.”

The budget process now moves to Congress, which has final authority over federal spending.

First Solo Handcyclist Competes in Race Across America

At press time, three American handcyclists were scheduled to compete in endurance cycling’s most grueling challenge, the Race Across America, during the month of June.

André Kajlich, a double amputee from Edmonds, Washington, would be the first handcyclist to compete in the solo race. Doug Henry and David Baily, both former professional motocross racers with paraplegia, would be racing as part of the four-person Legends of the Road team.

The RAAM dubs itself “The World’s Toughest Bicycle Race” and has the stats to prove it: 3,000 miles across 12 states with 175,000 feet of total elevation gain. There are no stages in the RAAM. The clock starts when the riders leave Oceanside, California, and doesn’t stop until they reach the finish line in Annapolis, Maryland. Solo riders have a maximum of 12 days to complete the race, and teams have a maximum of nine days.

Henry and Baily are looking to add their names to a select few handcyclists who have crossed the finish line in the team version of the race. In 2009, Vico Merklein, Patrick Doak, Carlos Moleda and Dr. Hannes Koeppen became the first handcyclists to complete the race as part of Team Can Be Venture. In 2012, Thomas Frühwirth and Manfred Putz upped the difficulty by completing the race as a two-person team. Until this year, no solo handcyclist has attempted the RAAM.

For André Kajlich to even qualify for
the RAAM was a major accomplishment in an athletic career that includes Ironman World Championships, a U.S. Paratriathlete of the Year award, and becoming the only wheelchair athlete to ever complete an Ultraman (double the distances of an Ironman). To be eligible to compete in the RAAM solo race, Kajlich had to complete a handcycle time trial of over 400 miles in 24 hours. He expects the actual race to be something else entirely.

“This is a serious level up from anything,” says Kajlich. “If I were to just try to go 12 days on 90 minutes of sleep a night, even if I did nothing all day, it would probably be the hardest thing I’ve ever done, and here we are trying to cover 3,000 miles in the same 12 days.”

**FacingDisability.com Unveils Redesigned Website**

FacingDisability.com, the landmark website for families facing spinal cord injuries, has reinvented itself with a new design that features a cleaner look and a more engaging user experience. The redesign promotes faster connections to the website’s massive library of more than 2,000 original, high-quality HD videos that focus on personal experiences in which people with spinal cord injuries and members of their families answer real-life questions about all aspects of living with paralysis.

“The idea is to enable people with new spinal cord injuries to encounter a broad range of other people who have been coping with paralysis for years,” says Thea Flaum, president of the nonprofit Hill Foundation and creator of the website, which was launched in 2011. “Our videos are highly-shareable, free of charge.”

The medical information on the site is also more easily accessible: Intuitive navigation and enhanced search help users quickly sort through the 600 videos that feature top SCI experts answering important health questions.

An updated, newly-curated resources section is now a faster, smarter guide to spinal cord injury information and support on the web. The unique Peer Counseling program matches people who sign up with “someone like you” who has been dealing with paralysis for years. “Connecting with the life experience of others often helps people find their own strength and support,” says Flaum.

---

Keep your essentials **on hand while on the go** with this great **backpack**!

- Works with most chair styles
- Easy-open zippers
- Ample storage
- Mesh pockets great for water bottles or other often-used items
- Durable construction
- Helps spread United Spinal Association’s active lifestyle message

**United Spinal Association**

800.404.2898, ext. 7203
www.unitedspinalstore.org/united-spinal-wheelchair-backpack/

Just $19.95!
Glenneisha Darkins, 25, never imagined becoming a painter. An athlete, she played on the women’s basketball team at Florida Agricultural and Mechanical University, and dreamed of playing basketball overseas. But while driving home to Miami in 2010, Darkins was involved in a car accident that left her a C1 quadriplegic and vent user.

“I was incredibly angry and bitter at what had happened to me,” she says. “I was very difficult to work with and reluctant to get up and get used to being in my wheelchair.” But within a couple of years, Darkins reached a turning point. “I started to talk to myself more and to God, and I began to read. I began to notice changes—how I see things, think about things and knowing where to best let out my frustrations.”

Darkins also kept a notepad to express her emotions. Those notes were translated into a book, *Freedom Chair: An Open Diary of a Quadriplegic*. Darkins switched her major to psychology and switched schools to Florida International University. Perhaps more importantly, while she was writing her book, she discovered another art form, painting.

“I discovered art by browsing on YouTube while I was bored writing my book,” she laughs. “As I was browsing, I saw someone who was also in my position, painting with his mouth. Once I saw that, I was extremely inspired and motivated to create my own pieces.” Darkins mainly paints nature, animals and portraits.

“I’ve realized that my purpose in life is not just to inspire people with my voice, but also with my art regarding my life as a quadriplegic and as a black woman.”

See her paintings at instagram.com/glen.neisha or find her book on Amazon.

Sci Life

Own the Beach

A tiny company based in Foley, Alabama, Beach’N Buggy’s makes powered beach wheelchairs. Three beach models are offered: the Hammer Head, which lets you roll with your legs out straight, the Sand Crab, a 40-inch-wide four-wheel design, and the Lobster, a narrower upright model. All cost $6,000. Check them out at www.beachn-wheelchairs.com.

‘Wheelchair Wanderings’ Begins

At the age of 18, Caitlin Lisle became an incomplete paraplegic after falling off a horse. “My biggest fear was that I would lose my independence,” she says, but within a handful of months, she was back on campus at the University of Sydney in Australia, studying towards her veterinarian degree. After graduating and working in the field, Lisle began to become jealous of her traveling friends.

“It’s a very Australian thing to go traveling for a long period of time. I felt like I didn’t want to miss out on this Australian rite of passage just because of my disability.” At the age of 29 she quit her job to travel and started her blog, Wheelchair Wanderings. Since December 2016, she has traveled through Germany, the Netherlands, London and Paris, and has already gathered several traveling tips, including nixing trying to wear a backpack. “It totally shifts your center of balance.” Follow her at www.facebook.com/Wheelchairwanderings/
Our Mission
VetsFirst leads the way in advocating for veterans living with disabilities and ensuring they achieve the highest level of independence and quality of life.

Our History
As a program of United Spinal Association, VetsFirst has a long and illustrious history assisting and representing veterans and their eligible family members. United Spinal—a VA recognized veterans service organization—strives to ensure the organization remains an instrument for veterans.

About VetsFirst
VetsFirst brings to bear seventy years of expertise in helping America’s veterans with disabilities, their spouses, dependents, survivors and other eligible family members receive health care, disability compensation, rehabilitation and other benefits offered by the U.S. Department of Veterans Affairs. We supply direct representation, proactive legislative and regulatory advocacy, individual support and counseling services, guidance on education and employment, timely news and information and valuable self-help guides.

VetsFirst advocates nationally for all generations of veterans, including individuals living with post-traumatic stress disorder and traumatic brain injuries. Our advocacy efforts go far beyond offering words of support and encouragement. We take this fight to Capitol Hill to bring attention to issues that matter most to the men and women who proudly served our country.

Timely Support
We connect with thousands of veterans and active military servicemen and women annually through our call center and online help desk, Ask VetsFirst. Our staff takes the time to address each inquiry, offering guidance with questions on military separation, claims appeals, and state benefits. Visit http://helpdesk.vetsfirst.org/ to submit your questions and receive quick response from our knowledgeable staff.

Valuable Resources
In addition to providing individual support and counseling services, VetsFirst offers timely news and information across the spectrum of issues presently impacting the veterans community, including state benefits, separating from the military, as well as exclusive feature stories on military health care and VA funding and compensation.

Our Core Beliefs
VetsFirst’s priorities are based on three core principles that will improve the lives of veterans with disabilities.

Community Integration and Independence—We support policies that help veterans with disabilities reintegrate into their communities and achieve independence.

Timely Access to Quality VA Health Care and Benefits—We support improved access to VA health care and compensation and pension benefits that are the lifeline for many veterans with significant disabilities.

Rights of Veterans with Disabilities—we believe that discrimination against disabled veterans that produces barriers to housing, employment, transportation, health care, and other programs and services must be eliminated.

www.vetsfirst.org
United Spinal member Rob Wudlick had no idea he had a knack and a passion for advocacy when he broke his neck in a diving accident six years ago. Yet in the spring of this year, Wudlick, 33, helped secure $6 million for SCI research in Minnesota. How quickly things change.

Finding His Voice

A year to the day after Wudlick was injured, he found himself testifying in front of the Minnesota Senate’s Health and Human Services Committee for the first time. Up for debate was an initiative to create stable funding for SCI research in the state. Wudlick, a C4-5 quad, had no experience advocating, but he didn’t hesitate to step up when the father of a friend from rehab approached him. “I really didn’t know anything about politics other than the general process,” remembers Wudlick. “I went into it thinking, this is kind of a no-brainer. How would you not support spinal cord research?”

To his surprise, the bill did meet resistance — some of it even coming from within the SCI community.

With that began a five-year journey that culminated this May with the Minnesota Legislature agreeing to allocate $6 million over four years to fund SCI research. Over those five years, Wudlick got a crash course in advocacy and politics and discovered how much he enjoyed them.

“I think the toughest part was figuring out the strategies that work,” he says. “The question was: How do we make our voices heard in the most effective and efficient way? We thought just showing up in committee hearings was how it’s done. Really, it’s done by office visits with key representatives and senators, following up on that, and crafting your message the right way.”

He learned to adjust when strategies failed and also learned the keys to gaining traction in the state legislature.

“We were doing Capitol Rotunda Rallies and a lot of people would show up, and there would be a great vibe, but the whole time that you’re meeting and rambling with each other, you’re not actually out there having your voices heard by the people who are making decisions in the state,” says Wudlick. “So, we shifted our focus away from that tactic and more to having people come in when they can, meet with their representatives and senators, and having people show up at committee hearings that matter.”

In 2015, the Minnesota Legislature enacted the Minnesota Spinal Cord and Traumatic Brain Injury Research Program, allocating $500,000 a year for research.

As part of the effort, Wudlick, his friend’s father, Matthew Rodreick, and others from the Minnesota SCI community, founded Get Up Stand

MIRACLE INFLAMMATION CURE: I take turmeric pills every day and it has really helped with my muscle and nerve pain. Its active ingredient has anti-inflammatory properties.

HIRING TIP: When I look to hire an attendant, I focus on finding someone whose personality meshes well with mine and who is ready to learn, someone who is competent for the physical tasks.
Up to Cure Paralysis, a nonprofit dedicated to SCI research, in 2014. The organization has grown from 10 to over 60 members and played a key role in the recently passed legislation. More than just a driver for SCI research, the organization is heavily invested in the community, with many resources, including a peer mentoring program that is run in partnership with United Spinal’s Minnesota chapter, MNSCIA.

“Seeing the research grants and then seeing the research carried out has been incredibly rewarding,” says Wudlick. “It took us four or five years to get the bill passed, and now, seeing the results come in, that’s pretty amazing.”

In addition to discovering his passion for advocacy, Wudlick’s involvement has had another unintended effect: “I’ve become a research nerd,” he says. He devours any news and research articles on SCI research and says he is thinking about going back to school in a related field. Even without the credentials, he’s found he can hold his own with researchers. “I was at a peer review as a consumer reviewer last fall, started talking about research with some researchers, and they asked, ‘Where are you from?’” Wudlick recalls. “They were surprised I didn’t have an advanced degree in the field.”

“Ever since I came home almost five and a half years ago, I’ve worked out three days a week with the ABLE Program at Courage Kenny Rehabilitation here in Minneapolis. It’s part of the Neurorecovery Network of rehab hospitals and wellness centers and offers cutting edge options. I do locomotor training for 45 minutes, an hour and a half of electrical stimulation, using NMES, and then mat exercises and adaptive equipment, three days a week. ‘It’s made a huge difference. I can use my joystick most of the time now and have a lot more core stability. I can even do leg presses. I’ve also noticed a decrease in pain, which is huge. Until recently my insurance paid for it. Now, as part of my advocacy efforts, I’m working to get more reimbursement for adaptive fitness.”

**ALTER EGO**

**Gym Enthusiast**

An outdoorsman before his injury, Rob has made working out an integral part of his life post-SCI. If he’s not lobbying at the capitol, there’s a good chance you’ll find him pushing himself to the limit in the gym.

“Can’t Live Without:”

I’ve used the same mouthstick for my iPad since I was injured. I like that it’s lighter than most I see today — that way my muscles don’t fatigue.

**WHY I JOINED UNITED SPINAL:** I got involved with the local chapter here in Minnesota because I wanted to make a change and get the state to pass an initiative that would allocate money for SCI research. Getting involved with national advocacy efforts and receiving direction from United Spinal’s public policy team has been invaluable.
A side from a handful of flights and a couple of road trips from Washington down to Southern California to see family when I was growing up, the only independent travel experience I had prior to my injury in 2004 was a rather monotonous tour through the cornfields of Iowa with my college girlfriend one summer. In a way, that lack of prior experience has served me well, because it’s allowed me to take my extensive travels as a C3-4 quad at face value.

Over the last five years, I’ve accumulated roughly 10,000 miles on road trips in vehicles of all kinds. Just in the last 12 months alone, I’ve managed to ride trains up and down sections of both coasts and had nearly a dozen flights in and out of airports all over the country. As you might expect, those travels have come with varying degrees of struggle and success. Let’s compare and contrast each mode of travel.

**Planes: Feast or Famine in the Not-so-Friendly Skies**

There is no way to overstate the tremendous upside of air travel. We live in an age where, every single day, people are able to get from one side of the country to the next in four or five hours, giving them a chance to expand their world as well as their perspective. Unfortunately for us, traveling by air with a wheelchair is made exceptionally difficult due to the industry’s current problematic protocol.

Many of us already have a personal story of an airline mishandling our equipment or have heard something similar from a friend. It all starts with putting your chair under the plane where it’s often not a question of if your chair will be broken, but when — and how badly. Add to that the damage that can be caused by the cumbersome transfers in and out of the clipboard-on-wheels they call an aisle chair, and you’re looking at a potentially troublesome start to your vacation.

“It is what it is, you just have to build a process around it,” says Todd Stabelfeldt, a C4 quad from Port Orchard, Washington. The database manager and owner of C4 Solutions travels extensively for his business and approaches his preflight preparation as only a computer programmer could — with a systematic routine that tries to eliminate as many unnecessary variables as possible.

Well before he leaves, Stabelfeldt notifies his local wheelchair rep and touches base with the mobility vendors, hospitals and rehab centers at his destination in case things go badly. On the day of, he makes sure to have face-to-face conversations with anyone who will have contact with his chair and even leaves a walkie-talkie attached for constant updates. “It’s all about establishing relationships,” he says.

Having good communication skills and a well-thought-out system makes all the difference. That, and avoiding certain airlines. I made the mistake of choosing United
Airlines for my first flight and wound up spending 11 of my 14 days on the East Coast without my chair at all. Stabelfeldt says he’s had the most luck with Southwest, and I can say that my experiences with Alaska Airlines have been remarkably better than that first trip.

In a time crunch or for short trips, you really can’t beat the range and expediency of air travel. Once you develop a system and learn to navigate current airline protocol, flying gets easier. If time isn’t an issue, there are plenty of other ways to get from point A to point B without having to be separated from your wheelchair and expose yourself to unnecessary risks.

**Pro Tip:** To make transferring onto the plane easier, check out the Comfort Carrier from Broadened Horizons. It is a heavy-duty vinyl, Hoyer-like sling with sturdy handles strategically placed for a more comfortable team transfer.

**Trains: Relaxing Travel in Close Quarters**

I took the train home from Portland last year and was instantly hooked. Between the smooth ride and watching large swaths of the countryside zip past your window, it’s easy to lose track of time.

“It’s a very relaxing mode of travel,” says Billy Price, a C5-6 quad from a three-story fall in 1996. An avid traveler who had already tackled numerous flights and road trips, Price got the idea for an extended train trip in 2013 from the Steve Goodman song, “City of New Orleans,” about the train of the same name that travels from Chicago to New Orleans.

What Price noticed first was the stark contrast between the check-in protocol at the train station and what he was used to at the airport. “It’s so refreshing to be able to show up and not have the incredible scrutiny you have to go through when you are flying,” says the co-founder and namesake of his adaptive shoe company, Billy Footwear. There aren’t endless lines with scans and TSA pat-downs digging through your stuff.

The boarding process itself is simple. Many cars have collapsible lifts built into the railcar doors. The cars, however, are only accessible enough to get you into your designated area, so you don’t quite get the same freedom to roam between cars like nondisabled travelers do. While the wheelchair spots in passenger cars feature more than ample space to wheel around and stretch out, the accessible sleeper cars are pretty tight. “It was fun, but it was definitely … a cozy ride,” he says.

Prior to his ride on the City of New Orleans, Price ambitiously chose the two-day Empire Builder leg that travels from Seattle to Chicago over a 48-hour period for his test ride. The accessible sleeper room had barely enough room for his wheelchair between the two convertible seats and the toilet, which was separated by a thin curtain. The toilet itself was inaccessible for anyone who needs assistance with their bowel program, says Price, who made do by wedging his commode next to his seat. Being confined to such a tight space began to wear on the travelers over time.

“Twenty-four hours was awesome,” he says, “but by the time 48 came around, we were ready to get off the train.”

Another perk of riding the rails are the discounted rates they
have available. Not only do wheelchair users get discounted accessibility fares, Amtrak offers cheaper companion fares as well. They also give AAA discounts, which come in handy if you are traveling with a couple of people and one of them happens to be a member.

Traveling by train is an infinitely more laid-back way of getting around and a more tranquil and passive way of exploring the countryside. But if you really want to maximize your sightseeing experience, your best bet is to do it on the road.

**Pro Tip:** For real history buffs looking for a unique way to explore, check out the “Trails & Rails” program, a partnership between Amtrak and the National Park Services that incorporates park guides on the trains themselves. It’s a great way to experience historic landmarks from the comfort of your seat.

**Automobiles: Freedom and Flexibility over the Long Haul**

There is no method of travel that gives you as much freedom to explore every nook and cranny of our diverse landscape as the good old open road. Unlike air and rail travel, road trips give you the freedom to choose your route as you go. You’re not tethered to cities with train stations and airports. “It’s nice to not have to rely on public transportation or spend a ton on a rental van,” says Scott Martin, a C3-4 quad I met in Ojai on one of my trips up Route 101 from Southern California.

With most of my trips, I hit the road without a hard itinerary, just a handful of destinations and a general timeline, sometimes booking hotels on my way to the next destination. The obvious downside is that you might have to settle for less than ideal accommodations. Roll-in-showers aren’t always available, which is why Martin brings a shower chair as well as a sliding transfer bench.

Martin’s injury in 1986 didn’t keep him from chasing his dream of racing professionally all over the Southwest as the navigator in a Class 1 Unlimited off-road rally car, like the ones you’ll see in the Baja 1000. His career in racing led him on many trips in vehicles of all shapes and sizes, and he was kind enough to give me a breakdown of each.

Minivans: While not quite a VW bus, your adaptive van can substitute for the ultimate road mobile. But for long trips, tight spaces are not your friend, and it’s easy to get weary after a while. Maximizing space by adding a roof rack or cargo carrier from Yakima or Thule gives you just a little more breathing room.

Motorhomes/RVs: Motorhomes give you the ability to bypass hotels and simply sleep wherever you park, but adaptive ones can be difficult to find, costly to rent and are significantly more expensive to buy. Because of their size, you’ll still need another way of getting around.

Party buses/shuttles: These are by far Martin’s favorite because they are the best of both worlds — mobile enough to get around town, yet spacious enough to bring plenty of extra

---

**The all New Action Trackchair® NT Series**

about the NT Series

Rugged track drive system can handle ALL TERRAINS
- soft or muddy walking paths
- steep hills
- large surface irregularities and
- any other barrier to true accessibility

Drive it into your van and venture off to sporting events, shopping, the beach and so much more. The key to this revolutionary new design is “versatility through adjustability”.

The **Trackchair® NT Series** is available in a wide range of color combinations, five different sizes, a variety of accessories and modifications are available.

Your urban off-roading partner is waiting for you.

To find a dealer near you visit

**www.actiontrackchair.com**

or **Call 507.532.5940**
equipment. You can often find them fairly cheap with relatively low miles on sites like eBay.

Probably the biggest downside overall are the long hours spent getting from one place to the next. Throw into the mix frequent bathroom breaks, stops for gas, and a little morning or afternoon traffic, and you have a recipe for declining morale for all involved. Most times I’ve found that moods lift upon arrival at your final destinations. A great view helps, too. And coffee.

**Pro Tip:** A cell phone loaded with the right apps can make road tripping infinitely more enjoyable and easier. Try Waze to maximize the efficiency of your routes and avoid slowdowns, and make sure to load up with good music and lots of podcasts to pass the time.

**The Bottom Line: Explore. Stretch Your Comfort Zones.**

At the end of the day, there is no perfect form of transportation, but that’s part of the fun. There are downsides that come with all modes of travel for wheelchair users, but you shouldn’t let that keep you from experiencing the rich and beautiful world we live in. With a fair amount of planning, patience and persistence, you will create memories to look back on for years to come.

---

**Resources**

**Planes**
- Comfort Carrier from Broadened Horizons, www.broadenedhorizons.com/comfort-carrier

**Trains**
- Discounts for Passengers with Disabilities and Companions; www.amtrak.com/passengers-with-disabilities-discounts
- Trails and Rails, www.nps.gov/subjects/amtraktrailsandrails/index.htm

**Automobiles**
- Motorvation, www.newmobility.com/?s=motorvation
- Waze, www.waze.com
Use CEO-TWO® Laxative Suppositories as part of your bowel program. These unique CO₂-releasing suppositories allow you to control your bowel function and prevent constipation and related problems, such as autonomic dysreflexia. Regain confidence in social and work situations by avoiding embarrassing accidents with CEO-TWO!

Many laxatives and suppositories are not reliable and are unpredictable. Having secondary bowel movements when you least expect it with such products is not at all uncommon.

CEO-TWO works reliably within 30 minutes. These unique suppositories are even self-lubricating, making their use as easy and convenient as possible.

- 3 year shelf life
- Reduces bowel program time to under 30 minutes
- Water-soluble formula
- Does not cause mucous leakage
- Self-lubricating
- No refrigeration necessary
- Individually wrapped and easy to open
- Unique tapered shape makes retention easier, providing satisfactory results every time

ORDERING INFORMATION:
Box of 2 suppositories ............ NDC #0283-0808-11
Box of 6 suppositories ............. NDC #0283-0808-36
Box of 12 suppositories .......... NDC #0283-0808-12
Box of 54 suppositories .......... NDC #0283-0808-54

ORDER BY PHONE
1-800-238-8542
M-F: 8:00 a.m. – 4:30 p.m. ET

ORDER ONLINE
www.amazon.com

CEO-TWO is a registered trademark of Beutlich® Pharmaceuticals, LLC. CCA 469 1114
Ditch the popcorn and excessively large soda — starting a family on wheels takes a bit more thought than Seth Rogen’s on-screen character drunkenly spreading his seed in the movie, *Knocked Up*. We’re talking real life family planning — bun-in-the-oven style — for chair users. Whether it’s the old fashioned way, in vitro fertilization, surrogacy or adoption, there are many ways to grow a family.

Let me be clear: We chair users can carry our own children or get our partner pregnant. Let’s debunk the no-can-do myth right here, right now! However, sometimes those options aren’t feasible, available or safe. To each her own, including myself.

I’m 29, going on 30, and in a it-looks-to-be-going-there relationship. Regardless of where it ultimately ends up, I’d like a family of my own with my future partner. Not to mention, having kids is even more top-of-mind considering my age.

As a C7-T1 quad, I know I can physically carry a child, but I also know my individual body can’t handle the stress. I know me best, and you know you best. I know how my body reacts from just a UTI, throwing me for a dysreflexia loop and creating an antibiotic intestinal nightmare. I know my bladder diversion goes a little haywire just from bloating once a month. I see how sensitive my skin gets just from wearing certain clothing, causing me to go into protective skin mode. I know the intense spasms and elevated heart rates I get from surgery. And I also know how I hate having people help me with any more than they already do. Add a baby into the mix and all of that will only be heightened — not exactly how I envision carrying a child. I’m strong, but I also know my physical and mental limits.

**KNOCKED UP**

(So Many Ways to Grow a Family)

BY KATE MATELAN
Still, I’m not a doctor, and I wasn’t totally sure who to ask or what to expect. What information do I need to know in my own journey to parenthood? What hurdles will I face — physically, emotionally, financially? Is there something I should be doing now to ensure baby-making goes more smoothly in the future? Who the hell can answer these questions for me?

In my quest for answers, I spoke to a variety of chair users who had been through different processes or were in different stages of family planning. What I discovered was options, lots of them. And, coincidentally, decisions — lots of them, too.

The Traditional Way
Would I like to have a kid with my future husband the old fashioned way? Of course. Does it bother me that I can’t/shouldn’t have my own child? Definitely. Will it feel a little more sterile when we start our family? Probably. But in talking to others on wheels who faced these same questions, I do know this: The process is worth it for the right reasons with the right person.

When I spoke to Allison Vear, a 32-year-old T12 para, she had some of the same concerns for herself during pregnancy, especially in her third trimester. She conceived with her husband the traditional way, but that came after carefully mapping out the start of her family. Being on wheels and being a rehab doctor herself helped, as she knew the right questions to ask and what to expect.

“For my husband and me, timing was our main discussion. It was less about me carrying the child and my fertility,” she says. “Pre-planning and finding a provider that was also comfortable with me before I became pregnant was key. I wanted to talk through what I’d need and what would be different during the course of my pregnancy and delivery.”

Similarly to Vear, Joey McTigue, a C4-5 chair user from an auto accident, also hopes to go the traditional route with his spouse. While he can ejaculate, his orgasm rate is around one in 10, making it difficult to sync with his wife’s ovulation schedule.

They’re currently giving the old fashioned way about a year, in hopes of not needing additional outside help. But they’re also being realistic about what may need to happen in the future and how not getting pregnant during ovulation can be disappointing.

“My wife and I communicate well. It’s one of the most important pieces of an open and comfortable relationship,” says McTigue. “To be responsible future parents, we need to talk about the process and keep talking about it. We can re-evaluate as we continue and change our timeline if we need to. Every situation is unique, including ours.”

If the traditional route does not work out, the McTigues may consider an alternative way forward, such as in vitro fertilization. This is what David Jones, 33, and his wife have done.

Just a Little Bit Different
Jones, a paraplegic from a gunshot wound to his thoracic vertebrae, spoke about starting a family with his wife of 10 years. “We can still accomplish the same goal [of hav-
ing kids] — it’s just a little bit different.”

Jones, who was a dad-to-be during our initial chat, researched different treatments, processes, and challenges via other chair users and online resources. He and his wife decided to start with the least expensive and least invasive methods first. More to come on the financials, but this is a smart start to putting a baby on board.

Anejaculation (the inability to ejaculate during sex) and sperm motility are issues many males with SCIs face. For Jones, sperm count was good to go, but motility was slower.

After intrauterine insemination and a few non-SCI complications during the process, he and his wife ultimately ended up conceiving via in vitro fertilization with his sperm.

The decision to pursue IVF didn’t come lightly, as they made a significant financial investment to not be limited to the number of insemination attempts. Depending on your insurance, financial standing, and other factors, you may only have a certain number of times you can keep doing IVF.

Important tidbits to know up front: You can choose masturbation, penile vibratory stimulation, and/or electroejaculation to get a semen sample for whatever assisted reproductive techniques you and your partner choose. However, if your tadpoles are not viable, getting a donor from a sperm bank is another option.

Check out the Miami Project’s in-depth look at how dysreflexia plays a role in these processes, as well as your options for assisted reproductive techniques at www.themiamiproject.org/wp-content/uploads/2015/07/male-fertility-booklet-2010-lowres.pdf. Also read about Glen and Monica Dick’s epic journey to parenthood in “Fathering Elaina,” found after the main story at newmobility.com/2011/02/anything-for-baby/.

Some Other Options
If getting pregnant and carrying a baby isn’t possible for you or your partner there are other avenues, such as surrogacy. Two types exist, each with its own laws and regulations by state: traditional surrogacy, where the egg from the biological mother is removed and fertilized with the sperm of the father or donor and carried by the surrogate.

Harvesting your eggs may seem a little bit scary since the fertility drugs can have side effects or put undue stress on your body. Plus, retrieving the eggs after ovarian induction — the process of using hormones to stimulate your ovaries to produce multiple eggs — may also cause dysreflexia.

Adoption is another approach. Hopeful parents with disabilities can face a number of obstacles, including discrimination and prejudice when headed down this path. However, many prospective parents with disabilities have chosen this route, so the path is much easier than it used to be. When considering international adoption, you’ll need to be mindful of certain countries having age, marriage and disability restrictions. Domestic adoption and foster care may have their
own limitations or require extensive advocacy, but they can be alternative routes.

For a deeper dive in all things adoption, check out "Disability and Adoption" at www.spinalcord.org/disability-and-adoption-building-a-family/.

Communication and Costs
Beyond the mechanics of getting knocked up or choosing an alternate approach, the emotional side of planning your pregnancy can be trying. The extended period of time for research, procedures, tests, surrogate searches, insemination attempts, legal paperwork, and IVF attempts may be taxing. Additional stress, pressure, and roadblocks aren't easy, which is why having a strong partner, solid support system, and involved medical staff makes all the difference.

“The biggest thing is being up front and honest with your partner. Talk to your spouse and come up with a plan. Talk through some of the seemingly negative things and make sure you're on the same page. Once you have a unified, strategic plan, the rest is just execution and tactics,” says Jones. Both he and Vear concluded that initial plans may need some readjusting or additional help as the process develops.

Being in tune with each other's comfort levels, expressing your feelings, and being nimble enough to rearrange “the plan” all play into the emotional pieces of beginning a family. As a control freak and expert planner, this is an aspect of family planning I know will be hard for me. However, knowing it now will help me prepare for the future.

Cost is also an important piece of the pregnancy puzzle. Every case is very much one of a kind, but some ballpark costs put it into perspective.

- Initial tests, procedures, equipment, treatments: Upwards of $3,500, maybe more depending on the couple and methodology.
- Sperm donors: $400-$700 per vial.
- IVF (may or may not include medication costs): $12,000-$20,000 per try.
- Surrogacy (agency costs, lawyer fees, insurance, surrogate, etc.): $100,000-$120,000.
- Adoption: $38,000-$48,000.

That’s a lot of cash to have one kid, or two depending on the treatment, especially when many people want to grow their family over time. Insurance plans may cover the cost of some of these treatments and methods, or offer more reasonable prices than an out-of-pocket approach, but there can be limitations, loopholes, and uncovered options. It’s best to make a phone call to work through your individual insurance setup.

Payment plans, nonprofits to help with surrogacy costs, and other means of assistance do exist. Start a GoFundMe page if you need to. If having a child is something you and your significant other want to do, try to make it happen with any and all channels.

As Jones says, “Fortunately we were able to budget for our pregnancy. Our doctor offered discounts for cash payments and had tiered pricing for various IVF cycles. Everything was very detailed and took a lot of consideration — do some shopping around to pick the best doctor you can possibly find, and then consider the financial component.”
Ready? Set? Family!
If all of this hasn’t scared you off yet, then you might be ready to be a parent. Parenthood is both costly and scary, whether on or off wheels. However, having a disability and tackling the intricacies of family planning certainly generates its own considerations and can cause extra hurdles.

My best advice? Talk about it! The more people I spoke to, the more comfortable and knowledgeable I became on the subject. Read blogs, comb through medical research, hit up disability forums and resources. Reach out to people who have been through the process.

Just as many of us share our story about our disability or how we were injured, people on wheels are usually open to sharing what to expect when expecting — and before the actual pregnancy as well.

I’m still in the before stage, but from my research and conversations thus far, I landed on gestational surrogacy as my method of alternative family planning. I would prefer biological kids. Also, I understand the process isn’t foolproof or painless, so I have to be open to changing my course or to some short-term medical monitoring and discomfort. By being more prepared now, I’ll hopefully be able to plan ahead for me and my partner.

My boyfriend jokingly claimed, “With a stoic demeanor and impeccably good looks, he listened as she outlined our options.” I laid it all out on the line when he initially asked because I know the road to having a baby of my own won’t be easy, albeit worthwhile. I need a partner by my side who can be an equal and supportive counterpart — I’m not willing to compromise on any aspect of that.

Will I ensure he reads this article? You bet. Will he have more questions afterwards? Most likely. I do, too! There’s more to learn about my specific plan because each approach is individualistic. But most importantly to him, will he love the part where I mention his self-proclaimed good looks? Absolutely.

Let’s hope our future kids have a little more humility than he does.

Resources
- Disabled Parenting: Blogs, Resources, Adaptive Parenting Equipment; www.disabledparenting.com
- “Fathering Elaina,” found after “Anything for Baby” at newmobility.com/2011/02/anything-for-baby/
- Initiative for Women with Disabilities, NYU Langone Medical Center; nylanlogan.org/locations/initiative-for-women-with-disabilities
- Parenting After SCI, etc., United Spinal Association Research Center; www.spinalcord.org/resource-center
- Sexual Dysfunction Clinic for Men, Shirley Ryan AbilityLab; www.sralab.org/services/sexual-dysfunction-clinic-men-sci
- Initiative for Women with Disabilities, NYU Langone Medical Center; nylanlogan.org/locations/initiative-for-women-with-disabilities
- Parenting After SCI, etc., United Spinal Association Research Center; www.spinalcord.org/resource-center
- Sexual Dysfunction Clinic for Men, Shirley Ryan AbilityLab; www.sralab.org/services/sexual-dysfunction-clinic-men-sci
- Initiative for Women with Disabilities, NYU Langone Medical Center; nylanlogan.org/locations/initiative-for-women-with-disabilities
- Parenting After SCI, etc., United Spinal Association Research Center; www.spinalcord.org/resource-center
- Sexual Dysfunction Clinic for Men, Shirley Ryan AbilityLab; www.sralab.org/services/sexual-dysfunction-clinic-men-sci

For Home AND On-The-Road
VA contract V797D-30180
GO-ANYWHERE Chairs
“When Ya Gotta Go, We Go With Ya!”
Different models to meet specific needs!
www.GoesAnywhere.com | Sales@GoesAnywhere.com | 800-359-4021
Contact VMI to learn more about the industry’s most spacious wheelchair accessible minivans.

Call or visit us online to find out about promotions to help offset the cost of a van!

vmivans.com | 855-VMI-VANS
but an inaccessible home can easily break your heart. This month we’re focusing on ways to help you fall back in love with your home by improving access. From the techie overhaul, to the classic remodel to the DIY home hacker, there’s more than one way to modernize the home of your dreams.

THE BATHROOM CONUNDRUM:
To remodel or not to remodel? That is the question, and Richard Holicky has an answer.

THE HISTORIC REMODEL:
Mark Smith wasn’t about to let a 19th century staircase stand between him and the second floor. He reports on platform lifts.

THE TEchie APPROACH:
The voice controlled home is here, and Sonny Ali shares how it has changed his life for the better.

THE TEMPORARY SOLUTION:
Ian Ruder checks out the Wheel Pad, a temporary accessible housing solution for people with new injuries.

BLUEPRINTS:
Accessible designer Charles Schwab shares plans for the accessible add-on of your dreams.

HOME HACKS

While you’re waiting on your winning lottery numbers, Alex Ghenis has some budget solutions to boost your home’s accessibility.
To remodel or not to remodel, that was the question; whether it is wiser to risk injury to life and limb, or spend outrageous fortune in the quest for safety and convenience. When my bride and I moved in to our home 18 years ago, I was a highly functional and independent quad, capable of any transfer necessary to get to where I wished to go. Looking to keep disability as much in the background as possible, I chose to use the smallest bathroom in the house as “mine,” a 6.5 by 4 foot galley with a 30-by-30 inch shower tucked onto one end.

The room was accessed via a narrow hall so tight that the bathroom door needed to be rehung so it opened out into the hallway in order for me to wheel in. The toilet faces the shower, so I would simply do a standing pivot to negotiate my way from the throne to a bath bench in the shower, then drag my chariot over to the shower to transfer and dress. Then I would muscle the commode chair into the shower stall so the toilet would be accessible to all.

Eight surgeries and a minor stroke later, the transfers were not only becoming progressively more challenging, but also downright dangerous. Throughout my 60s, I found myself losing more and more strength and function. Some days the transfers required a slide board; other days I needed the slide board and help — help that wasn’t always around. Finally I broke down, got over myself and hired an attendant. However, the size of the room was simply too small for two people.

I considered various options: slings to get me from the throne to the shower and back; a commode chair on a track to do the same; a full remodel with a roll-in shower. In the end, a full bathroom remodel seemed to make the most sense practically, financially and functionally.

**THE PROJECT**

The bathroom abuts a small bedroom with a small closet on the bathroom wall, which would provide the space needed for a roll-in shower. I did my research, checked out numerous local contractors and sought bids from several. Bids came in between about $12,000 and $20,000, considerably more than what I had anticipated or wished to spend. Fortunately I had the funds, though I could think of countless other things I would rather blow money on. I decided to proceed with the $12,000 bid, only to find out a building permit required an asbestos check, which came back positive, requiring abatement, which would total another $6,000.

I decided to check out a handyman solution and forgo a permit. I found someone willing to do the work who gave me an estimate of $7,000. Despite my trepidations, I hired him. My misgivings stemmed primarily from the experience of flooded hotel bathrooms due to poorly installed roll-in showers and the fear of the project dragging on for weeks on end. A quick Google search on roll-in showers found a trove of useful information. As luck would have it, the tile store I used also sold a roll-in shower pan favored by the accessibility pros who had given me bids. I passed on all this info to my handyman, Bob, who assured me he could have it done in two weeks, three at the most.

Bob began with gusto the following Monday morning, filling the house with loud banging and the sound of doors con-
stantly opening and closing as he hauled debris out to the rented trash bin. Within days he had removed old walls and tile, reinstalled plumbing to a different wall, removed and re-placed old, rotted-out flooring and installed cement board in preparation for tile. To my surprise and relief, Sydney, a large musclebound man, arrived to install the shower pan. Sydney told me he had worked for his father for years and had insta-lled countless roll-in showers. I purchased a 3-by-4 foot pan for $750, the narrowest recommended width, to fit my compact space that installs directly over the floor joists, making it flush with the floor.

The work progressed from there, though markedly slower than the demo job. We made several practical and aesthetic changes along the way, including my decision to re-tile a narrow laundry room that abuts the shower area, adding both cost and time.

Meanwhile I’d been doing bowel programs in my bedroom, sponge baths in a small sink, and washing my hair in the kitchen sink, all of which got old quickly. Two weeks dragged on through a third, but eventually the bathroom became usable once again. It was time for a wet run.

The first thing I learned is that a 28-year-old chrome E&J shower/commode chair is really heavy and hard on my 70-year-old shoulders. When wheeled on the shower pan, the tires don’t always grip the slanting surface well. I quickly had Bob install a couple of grab bars so I could pull myself along as well as push. The second thing was that the shower pan drains very well, especially with the shower curtains fully drawn. The third thing was that after three weeks, a long hot shower on a crisp November morn felt really good!

Re-tiling the hallway, small closet and narrow laundry easily added $1,500 in labor and materials. I’ve also come to learn that shower kits, with watertight, white acrylic walls can also be purchased for as little as $450. The kits can easily be installed in a couple of hours, way less than tiling, resulting in substantial savings. In hindsight I probably could have done the bathroom alone for about $8,000 or $9,000, possibly less. However, maintaining domestic tranquility dictated using tile anyway. But learn from my oversights, check out acrylic kits and maybe save yourself both time and money.

Despite costing a bit more than I wished to spend, the remodel was worth the price, which left me wondering why I didn’t opt to do it sooner. The room is now far easier to use, especially with a wider door and a power chair. It’s also far more attractive and way easier on the eyes.

---

**HOME HACK**

**SAVE YOUR BACK, BOOST YOUR PRODUCTIVITY:**
**POSTURE-FRIENDLY COMPUTER SETUPS**

Between not fitting under desks and forcing users to lean forward to use computers, wheelchairs often lead to bad posture, which in turn leads to pain. Good posture can be the key to relieving that pain. For example, I sit higher up with my tilt-recline power chair and there’s no way to tilt down low and still feel comfortable working. I used to just put a laptop on my lap, but even that made me hunch forward and caused shoulder pain. There had to be a better way.

Well, I’ve found a couple hacks to sit more upright in a taller chair that might work in your home. The first is to keep a laptop in your lap and use a wall-mounted TV as a monitor. Just connect an HDMI cable (and maybe an adapter) from your laptop to your TV. Now you’ve got a huge monitor to work with and you’ve removed the stress on your neck and shoulders. The second is to elevate one of your desks or tables. A quick search for “furniture risers” or “bed risers” online shows affordable tools that fit under the legs of a desk, and you can even improvise with something else around the house. I have one friend who uses $2.99 heavy-duty plastic planters he found at a Goodwill. Figure out the right height for your monitor and the right one for your keyboard and watch your posture improve.

— ALEX GHENIS
ADD ING A WHEELCHAIR PLATFOR M LIFT TO A STAIRCASE

BY MARK E. SMITH

When my wife suggested to me three years ago that her dream was to buy a 19th-century historic home, my reaction was mixed. On the one hand, I believe dreams are meant to be fulfilled, and I wholeheartedly support my wife’s passions. On the other hand, as a lifelong wheelchair user, I wasn’t convinced of the practicality. After all, we had a fully-accessible ranch-style home I’d designed and built 13 years earlier. Life was easy and good, right down to my beloved roll-in shower. However, in my mid-40s, looking for my next life change and adventure, I was intrigued by my wife’s dream of a “forever home.” I’d enjoyed growing up on rural land, and the thought of an old farmhouse on acreage seemed a tantalizing break from development living. But would I — a 21st century power chair user with CP — be able to reside in a 19th-century home?

As we began looking at homes, my accessibility concerns proved true. On the east coast, in our region, single-story homes are extremely rare — non-existent in the circa 1900 era. We found countless dream homes, but all were multiple-story, with grand staircases. They would make great settings for a remake of Gone with the Wind, but how could they be practical for a power chair user.

After several months of looking at homes and frustration, I finally realized all was not lost and, in fact, I became inspired by the challenge of making a historic home wheelchair accessible.

The biggest hurdle? How to get from the first to the second floor. Bathrooms and kitchens are relatively easy to make accessible; however, getting a power chair to a second floor would take some thought, expense, and technology.

I began by looking into residential elevators. While wonderful and appropriate for my mobility needs, they had major drawbacks. First, an elevator needs a shaft, so a physical space and substantial construction were needed. Second, such an elevator costs around $50,000, which is a lot to put into such a niche aspect of a house, likely putting it over market value. Lastly, an elevator takes months to order and install, with a lot of unknowns when retrofitting a 100-something-year-old home.

With an elevator ruled out, I turned to incline platform lifts. If you’re familiar with a conventional stair lift that uses a chair on a track, it’s the same concept, only instead of a chair, it’s a platform that you roll your wheelchair onto and travel up the staircase. The cost is around $15,000, and as long as the staircase is of appropriate dimensions, installation takes less than a day. With this technology researched, I knew that if my wife and I could find the right home, with the right staircase, we could install such a lift.

As our house hunt continued, we paid special attention to staircase layout and dimensions. The incline platform lift I wanted, manufactured by Harmar, required a straight-up staircase — no bends! — that was wider than 37 inches with at least 57 inches of floor space at the landing. After spending over a year looking, we found our dream home, built in 1829, with a staircase that appeared compatible with adding a Harmar incline platform lift. We purchased the home, and the lift was installed with a few predictable hurdles when working with an older home — wall studs weren’t on center, and the overall width of the staircase varied by an inch from top to bottom, making a tight fit at points. Nevertheless, the lift worked!

The biggest challenge ended up being not with the lift, but the weight of modern full-size power chairs. Some full-power seating, complex rehab power chairs weigh in at 400 pounds unoccupied, so it’s easy to exceed the lift’s 500-pound weight capacity. Fortunately, I’m slender and have a compact power chair that works within the lift’s capacity. However, for most individuals, a manual wheelchair is the most compatible mobility product for this type of lift.

As home projects tend to go, adding an incline platform lift to a 19th-century farmhouse wasn’t without its challenges. But for the first time in my life, I have an accessible multistory home. Although this isn’t a practical project or living arrangement for everyone, I have observed that the cow pasture does appear greener from the second floor.
A T5 paraplegic with two young boys, a wife, a full-time job and a nonprofit to run, I can use all the help I can get around the house to stay on top of things. With that in mind, I decided to go all-in on the emerging smart tech revolution when I remodeled our house to make it more accessible following my injury two years ago. When going the smart home route, there are a number of good options — Amazon's Echo, Google's Home, Apple's HomeKit — all voice-operated, cloud-based, artificial intelligence smart home solutions, each with slightly different options. The Echo retails for $179.99; Google Home for $129; and Apple's HomeKit can run off any iOS-using device. All three require the purchase of compatible home appliances.

I decided to go with Amazon Echo, a simple black cylinder that sits on my dresser and serves as the central brain connecting an array of applications and appliances to help my family with day-to-day tasks and also help me live more independently. In addition to my main Echo, I have numerous Echo Dots placed throughout the house (Echo Dot is the smaller, speakerless version of the Echo, which retails for $49.99).

Right out of the box, after the initial set-up, all you have to do to use the Echo is utter its wake-up word, “Alexa.” Once someone says the magic word, the Echo will listen and try to answer whatever question, or do whatever task is commanded next. I can ask Alexa how long my commute will be, what the weather forecast is, or what's on my calendar. Alexa's responses are almost instantaneous — giving me the quickest route to the office, or advising me to dress warm because the weather forecast suggests a drop in temperature. My wife uses Alexa to order pizza delivered or to call Uber. We use it to set timers, reminders, and to keep track of our grocery list. My kids use it to help with checking their math homework by asking, “Alexa, what is 12 times 12?” The list of things Alexa can do is simply amazing and grows with each update. Or if you're looking for a Bluetooth speaker to play your music library from your tablet or smart phone, Alexa can do that, too. The sound quality is better than you'd expect.

What makes the Amazon Echo a truly marvelous tool for people with spinal cord injuries is its ability to integrate with third-party smart-home solutions. The list of third-party solutions continues to grow daily, but here are a few solutions I've integrated with the Echo to simplify my daily life.

- Integrating my Echo with Phillips Hue smart lights gives me the ability to control my kitchen, living room, and master bedroom lights with simple voice commands. “Alexa, turn off the kitchen lights. Alexa, turn on the bedroom lights.” I replaced the vast majority of my home’s standard lights with Philips Hue lights that are controlled by Alexa. My kids tend to leave lights on wherever they go, but now I can turn everything off with a simple voice command.

The Amazon Echo (left) and Dot (right) can be used to turn lights off and on as well as tap into your favorite playlists or answer trivia questions.
Integrating my Echo with the Harmony Hub and Universal Remote Control gives me voice control of my entire media center. I can say, “Alexa, turn off the TV,” as I’m getting ready for bedtime. Or I can tell Alexa to turn on Netflix if I feel like binge watching *Breaking Bad*. One feature I really like is being able to turn off my entire living room media center from the comfort of my bedroom. With Echo, you don’t have to be in the same room as the appliance you want to control — you can do it from anywhere you have an Echo or Echo Dot.

Integrating my Echo with the Samsung SmartThings Hub gives me the ability to turn lamps and other appliances on and off. Whatever I plug into a SmartThings Smart Outlet is at my command. You can also swap out your standard light switches with SmartThings Smart Switches to allow them to be controlled by the Echo. I control a floor heater and table fan that are plugged into SmartThings Smart Outlets.

Integrating my Echo with Nest allows me to turn up the AC or heater with a simple voice command. Being able to control my Nest thermostats with my voice and keep my house just the temperature I want is my favorite feature. “Alexa, turn the downstairs heater to 70 degrees.” Larger homes with dual climate zones can be controlled independently.

I’ve been using Amazon Echo and the third-party smart home solutions for over a year now, and I’m truly grateful for this technology. For me, the ability to issue voice commands, without having to transfer into or out of my wheelchair and do the work manually, has saved me an incredible amount of time and frustration.

RESOURCES

- Amazon Echo, www.amazon.com/echo
- Google Home, madeby.google.com/home
- Phillips Hue, www2.meethue.com
- Samsung SmartThings Hub, www.smartthings.com
- Nest, nest.com

HOME HACK

“FOR ME, THE ABILITY TO ISSUE VOICE COMMANDS HAS SAVED ME AN INCREDIBLE AMOUNT OF TIME AND FRUSTRATION.”

Opening doors can be tricky for the disability crew. Maneuvering wheelchairs and reaching handles is an art, pushing spring-loaded doors takes strength and coordination, and those of us with limited finger function and dexterity have a tough time turning circular doorknobs or keys on door locks. To get around the difficulty of holding and using keys, look for a lock that uses a number pad or has a remote. These used to be cost prohibitive, but have come way down in price and can be purchased for less than $100.

With the lock down, the trick is getting the door open — often in unfriendly spaces. One solution is putting in lever-like handles. Levers, which can be bought at any hardware store and installed easily, make things smooth for people with some arm function but no dexterity.

Another solution is to add a loop or other door-extender to pull a door closed, and adding a doorstop with some spring to bounce the door back toward you. In the January *New Mobility*, fellow gimp “MacGyver” Brian Johnson shared how he built a Thighmaster-like device out of wood and a compression spring, mounted it to the wall, and used it to bounce the door closed.

— ALEX GHENIS
After his initial rehab stay following his spinal cord injury, Riley Poor was ready to go home and start adjusting to his new reality. The only problem was, his home wasn’t ready for him. He didn’t have an accessible place to live, and he couldn’t find temporary accessible housing. Poor, a C5-6 quad, ended up moving into a hotel and living there with caregivers for eight months while he found permanent housing.

It’s a dilemma that is growing more and more common as insurance providers refuse to pay for longer rehab stays, but one that two Vermont architects think they may have solved. After watching what Poor went through, family friends (and husband and wife) Julie Lineberger and Joseph Cincotta teamed up with Poor to conceptualize and then design and build the Wheel Pad: a temporary accessible housing unit on wheels.

“What if there had been an accessible bedroom and bathroom that Riley could have attached to his mom’s house, or his dad’s house, just so he wouldn’t have been isolated while he figured out his plans,” explains Lineberger. “Our theory is that people heal better more quickly when they’re surrounded by people who love them, rather than being isolated in a hotel room.”

The Wheel Pad offers just that — an elegant 220 square foot trailer on wheels with an accessible bedroom (with room for a modest desk) and bathroom that can be easily hooked up to a house or stand alone in a driveway or yard. The Wheel Pad is designed to connect to a home by a back door, a sliding door or even a window. With two extension cords connected to a power source and an insulated hose connected for water, you are all set. The unit has a tank for two months of sewage or can be connected to a sewage line. All of that in a compact size that allows it to be transported without a commercial driver’s license. “We’ve made it the smallest it can be and still be attractive,” says Cincotta. “It’s very easy for any pickup truck to take it where you need to go.”

The design won World Architecture News’ 2016 Small Spaces Award, and Lineberger has won multiple contests and nearly $40,000 for her business plan that centers around the Wheel Pad. She used that money to build the first Wheel Pad and says it will perpetually be on loan to a family in need.

She is confident Wheel Pad is “the quickest, least expensive way to get you back in your home.” At $3,000/month with a six-month lease, or $60,000 to purchase, the Wheel Pad isn’t cheap, but Lineberger says that is still significantly cheaper than paying for a hotel room, like Poor did. Her research showed that the lowest average monthly cost for an accessible room and the associated utilities and costs in the United States was approximately $3,700/month. She has applied for a grant to build three Wheel Pads for veterans and compare the cost of them living there over two years to the
cost of them living elsewhere. She has also started pitching the Wheel Pad to insurance companies.

Both she and Cincotta are confident that once insurers and others see the Wheel Pad in use, it will catch on. “I really think the more that this becomes in use, it’s going to save insurance companies money,” says Lineberger.

Poor is excited by the Wheel Pad’s potential and can’t wait to see how it evolves. “It’s great that it provides a viable option for people to have some privacy while they’re having to completely remodel their home or figure out their plans,” he says. “Obviously, it’s not for everybody, but it’s a great option, and there aren’t many options out there. Hopefully it can expedite the process for some people of getting back to their lives.”

As of press time, Cincotta and Lineberger are still looking for the Wheel Pad’s first resident. They had someone lined up to move in this April, but it fell through at the last moment. If you are interested or want to find out more, visit www.wheelpad.com.

Wheel Pad provides privacy when people have to remodel their home, and since the bathroom is the width of the structure, it’s surprisingly functional.
After a spinal cord injury, a family will often have an immediate need for a fully accessible bed and bath suite at home. Most families may not have the resources or the time to build an entirely new home or economically remodel the existing interior, but there are a number of reasons why an accessible addition may be a superior alternative.

**Benefits of a Home Addition Over a Home Remodel/Modification Include:**
- Bed and bath activity areas can be designed to suit the needs of the individual with SCI/D and those of the caregiver(s).
- Doorway connections can be created, eliminating hallways.
- Space can be designed for required lift types.
- Structural supports for a ceiling lift will be more cost effective and practical.
- Pocket doors, hardware and vanities with knee space can be created per your specific needs.
- Curb-less showers and wet rooms are easier to create.
- Fewer in-home interruptions can benefit recovery and rehabilitation.
- A separate entry door keeps assistants from walking through the house.
- Separate zoned HVAC is possible with point of use water heaters.
- Grab bars, wall hung toilets with footrest clearance are easily included.
- Natural views and landscaping can enhance views, creating a soothing inside-outside connection.

**Construction Benefits of an Addition Can Include:**
- New plumbing with larger pipes will remove shower water faster than in older homes.
- Modifying an existing window into a door passage minimizes damage to the existing home thus avoiding additional repairs.
- An addition keeps the existing home cleaner and quieter inside.

Charles M. Schwab is an architect who has specialized in fully accessible and universally design homes for over 20 years. His website is www.universaldesignonline.com/
Experience Abilities Expo!

Achieve greater independence through:

- Latest products and services
- Expert-led workshops
- One-on-one engagement
- Revitalizing sports
- Kid-friendly fun
- Adaptive dance
- Service animals
- Daily living aids for seniors

FREE ADMISSION

www.AbilitiesExpo.com
Register online today. It’s free!

Houston
August 4-6, 2017

Toronto
January 19-21, 2018

Boston
September 8-10, 2017

Los Angeles
February 23-25, 2018

San Mateo
October 27-29, 2017

New York Metro
May 4-6, 2018

DC Metro
December 1-3, 2017

Chicago
June 29-July 1, 2018
Victory.

On the night he won Ecuador’s presidential election, Lenín Moreno sat atop the stage with a microphone in his hand, salt and pepper hair coiffed perfectly, as it always is. Television cameras captured the scene as the 64 year old led the crowd in song.

_Venceremos! Venceremos! Mil cadenas habra que romper!_  
(We shall overcome! We shall overcome! A thousand chains we’ll have to break!)

He was flanked by his wife, father, Vice President Jorge Glass, and Raphael Correa, the current president, who had led Ecuador for the past 10 years. Moreno sat in front of his retinue and sang, smoothly and powerfully, like a balladeer, while a sign language interpreter danced and signed to the crowd.

_Venceremos! La miseria sabremeos vencer._  
(We shall overcome! We know how to overcome misery.)

The scene might have appeared cheesy if it had been dominated by the bullish persona of Correa, who stalked the stage just to Moreno’s left, wearing a grin two sizes too large. Correa succumbs easily to the stereotype of populist strongman, but as politicians go, Moreno offers something more genuine than his predecessor. He wore a thick scarf of emerald green draped gracefully around the shoulders of his sport coat and a pale blue shirt with the top two buttons undone. In between lyrics, he smiled, looking supremely comfortable in his own skin. Moreno’s paraplegia appeared rather subordinate to the scene as a whole. It’s not that you don’t notice the wheelchair, it’s just that you notice Moreno first. The lyrics of overcoming, when sung by such a man, seem less political theater and more like a statement of fact.

An Unknown Rises

“Power comes with a stroke of fortune and you should quickly leave it behind. But while you are in that space, you must take advantage of it to realize your dearest ambition. For me, that was to promote the rights of the disabled.” — Lenín Moreno, in a 2013 interview with The Guardian.

The list of circumstances Lenín Voltaire Moreno overcame to reach his present position as the first wheelchair user to be elected head of state of a country since Franklin D. Roosevelt begins with his birthplace. Nuevo Rocafuerte is a small town, inaccessible by road, located deep within the Amazon jungle on the border with Peru, far closer to the biodiversity of Yasuni National Park than to the country’s political power center in Quito.

Moreno’s parents were both educators. His father was a professor involved with integrating the indigenous community into the local schools. “Dad had socialist ideas and mom had liberal ideas. They liked to read a lot; for dad, it was Lenin,
for mom, Voltaire,” Moreno explained.

He adopted his father’s socialist leanings, joining the “Movement of the Revolutionary Left” while a university student. However, his political ideology didn’t prevent him from going into the business world and building a career in sales and marketing before moving to a government tourism post. If his path had continued uninterrupted, it’s unlikely that Moreno would have strayed beyond the comfortable confines of the upwardly mobile. But that changed in 1998.

Moreno was in a grocery store parking lot in Quito when two men approached and demanded his wallet and his car. He handed over his wallet, but one of the men shot him, and the bullet impacted his spinal cord, paralyzing him. Moreno’s biggest issue with his injury was chronic pain, something that left him both unmotivated and depressed. He had a few hard years before noticing one day that as he laughed at a friend’s joke, for a few moments he didn’t notice his pain. The revelation led him to laughter therapy, and he found that by integrating humor into his everyday life, he could lessen and move past his pain.

Despite his injury, Moreno was lucky, in that he was already an educated, successful businessman at the time of his injury. His relative wealth and connections allowed him to escape the life that awaited many Ecuadorians with disabilities at the time — one of familial dependency.

Moreno went back to school and studied both medicine and psychology before finding his niche in public administration and graduating at the top of his class. He worked for a while as a disability envoy for the Ecuadorian government, then as a motivational speaker, author, and eventually created a foundation — Eventa — that promoted the integration of humor into everyday life.

In 2005, he returned to his revolutionary ideals, joining the forajidos, a popular protest movement against the government of then-president Lucio Gutiérrez, who had originally come to power in a coup. The forajidos were successful in helping to topple Gutiérrez, paving the way for the wide-open 2006 presidential election.

Moreno’s political career began when Correa, the presidential candidate for the newly created Alianza Pais, a leftist political party, selected him to be his vice-presidential running mate. If you’re thinking that student radical, businessman, SCI survivor, laughter therapy devotee, government administrator, motivational speaker, revolutionary is a rather odd path for one to travel to a vice presidential bid, you wouldn’t be alone. At the time, a U.S. diplomatic cable about the move, later released by WikiLeaks, was titled “Correa Selects Unknown Running Mate.”

Outside of Ecuador, Moreno was unknown. Inside the country, he was known primarily for his work as a motivational speaker and his books on laughter therapy. But Moreno’s friendly, accessible nature and penchant for breaking into song at political rallies endeared him to Ecuadorian voters. Correa won in the second round of the 2006 elections, and Moreno was propelled to the highest levels of government office.

Riding a reputation as motivational speaker and joke-teller to the office of vice president was indeed an unusual path, but compiling a body of work as an advocate for disability rights on his path to the presidency may be even stranger, especially in a
country where the disability rights movement had been more or less nonexistent before Moreno rose to political prominence.

**Finding a Cause**

“We were in no way prepared for what we would find: human beings left abandoned in virtual caves, in cages, with silence as their only companion and death, their only hope. Human beings, being made to feel shame and embarrassment. This situation will not be tolerated any longer in Ecuador.” — Lenin Moreno, in a 2010 speech to the United Nations.

When Moreno was first elected to the vice presidency in 2006, no one was even sure how many people with disabilities there were in Ecuador. Many people with significant mobility impairments rarely left their homes. They were often taken care of by their families, but shut out of society.

One reason was, they might not have had access to a wheelchair. If they did, the likelihood of it being lightweight, ergonomic, and compact enough to be able to push themselves was even more remote. Even with a decent chair, where would they go? What could they do? It’s not surprising that those on the low-end of the function spectrum rarely left their homes.

One of the first programs Moreno launched was called Manuela Espejo, the first part of which simply sought to find and tally all the people with disabilities living in Ecuador. I encountered evidence of the need for this kind of basic disability awareness when I spent some time in Ecuador in 2014. My wife and I were on a long handcycle/bicycle trip through South America. At the time, I didn’t really know anything about Ecuador or the disability programs that Moreno had begun.

In Quito we met with two people involved with the Maximus Project, which had been using wheelchair rugby to promote social inclusion for people with disabilities throughout South America — Stevens Ruiz, who ran the Maximus Project for the Colombia-based Arc Angeles foundation, and Xavier Castro, who worked with para-sport and was helping to start the local wheelchair rugby team. Getting a team sport for quadriplegics started was a slow process, even in Quito, with a population of 2.7 million. Quads were hard to find. “They are here, just hidden,” said Ruiz. “After the hospital, they disappear into the city, sometimes they hardly ever leave their house.”

But what surprised me more, when I began to learn about the country’s history of disability rights, was how far the country had come already. Ecuador appeared to be similar to what we had seen in Mexico and Colombia: some curb cuts and the occasional ramp and elevator in big cities, while rural Ecuador offered very little in the way of accessibility — buildings had stairs, first floor businesses often had steps, doorways were narrow, and elevators nonexistent. Surprisingly though, nearly every gas station along the PanAmerican highway had a big, wheelchair accessible bathroom, the kind I’d be happy to find in the United States. These bathrooms were certainly new since Moreno’s rise to political prominence. For wheelchair-using Ecuadorians who wanted to travel in their own country, having access to bathrooms on the road might not change their entire lives, but it would certainly make an important difference.

Progress began when multidisciplinary groups (physicians, physiologists, physiotherapists, volunteers and others) visited the entire country looking for people with disabilities in towns, up in the mountains, and very small places with little access and hardly visited by anyone, according to Castro. “They made medical evaluations and gave them mattresses, sheets and other things, but mainly, they put them ‘on the map’ by having their names, medical history, location and more to make them part of the system.”

The second phase of Moreno’s approach to changing disability in Ecuador was multi-pronged. The government adopted a new constitution that gave legal protection to people with disabilities and signed the United Nations Convention on the Rights of Persons with Disabilities.

Throughout his vice presidency, Moreno introduced a number of programs to assist people with disabilities: providing wheelchairs and prosthetics to those who needed them, access to medical care, and accessible housing. Moreno helped pass a law that requires Ecuadorian companies with a staff of over 25 people to reserve 4 percent of their positions for people with
disabilities. The government began paying a monthly stipend to people with disabilities and caregivers who worked with them. They began installing curb cuts, ramps, and other accessibility features throughout the country and even started a factory to locally produce low-cost prosthetics. In the time that Moreno was vice president, government spending on disability programs increased from $2 million dollars U.S. to $150 million.

The actual programs were important, but the symbolism of a wheelchair user near the head of the government had its own power. To have Moreno, a paraplegic speaking from the pulpit of the vice presidency about the rights of those with disabilities, caused a societal paradigm shift. Before Moreno’s first term, people in Ecuador rarely even thought about disability. “Since then,” says Castro, “people in the country began hearing, seeing and realizing that people with disabilities did exist and were capable of doing everything. Before that, only those who had a member of their family with some ‘limitation’ understood their reality.”

The Road Ahead

“Solidarity — not as charity, but rather as the recognition of others as equals — is the basic pillar for initiating social inclusion. We political actors are temporary; we can, at best, give these great processes a push forward, but the true protagonists of these changes are society, people with disabilities and their families.” — Lenín Moreno, writing in Americas Quarterly

Roberto Sánchez, a 27-year-old wheelchair rugby player who lives in Quito, has had Charcot-Marie-Tooth disease — a type of muscular dystrophy — since he was a toddler. He has been using a wheelchair since age 19 but didn’t find wheelchair rugby until three years ago. For Sanchez, life revolves around many of the things that one could expect of a young man in Latin America — sport, music, traveling and dancing. “I study at the Universidad de los Hemisferios,” he says, “and the administration has been looking at how to better accommodate students with disabilities on campus, and at least they are paying attention and not forgetting about it.”

Overall, he’s happy with the progress made under Moreno but appears to worry that once Moreno fades from the political spotlight, the progress will disappear along with him. “Although a lot of things have gotten better for people with disabilities,” he says, “a lot still needs to change, and it’s a question of just doing it and not forgetting about it.”

Castro expressed a similar sentiment: “Many institutions began making their buildings more accessible (ramps, bathrooms, buses), many institutions began developing more plans (sports, recreation, culture, etc.) for people with disabilities … we have improved ages!” But at the same time, the employment law Moreno helped pass hasn’t been implemented nearly as well as it could be. “One impor-
tant benefit for the private sector is to give jobs to people with disabilities and have a discount on their yearly taxes. But they are not doing it or taking advantage of it because they don’t know how to deal with people with disabilities, so they put them on the payroll but don’t make them work, or don’t hire them, because if they want to fire them later on, it’s too difficult.”

There are also those who work in the Latin American disability rights community who worry that Moreno’s policies amount to little more than “assistentialism” — government handouts to disadvantaged groups, which do little to affect the underlying structure of society. It’s a question that’s been debated for decades in American civil rights politics: How do you quickly reverse centuries of structural inequality without causing dependence on government programs?

But the mere fact of having a debate about the most productive ways to integrate people with disabilities into society is a mark of how far Ecuador has come in the past decade — from a country that didn’t even know how to find its citizens with disabilities to one that is at the forefront of the disability-rights-as-civil-rights debate.

For his work advancing the rights of people with disabilities, Moreno was nominated for a Nobel Peace Prize in 2012. He stepped down from the vice presidency in 2013 and soon was appointed as the United Nations Special Envoy on Disability. When Correa again selected Moreno in 2016 to lead the Alianza Pais — as its presidential candidate — Ecuadorians knew him not as a motivational speaker, but as an easy-going, soft-spoken leader who had made disability rights a priority during his time as vice president. That Ecuadorians voted him into power as president speaks to the power of a politician actually working to advance the interests of his constituents.

Whether Moreno will be an effective president remains to be seen. He has promised to continue and expand the programs for the disabled community that he began back in 2007, to expand a housing program for poor Ecuadorians, and to create 40 new technical universities across the country. But the election was close and hard-fought; there are many who do not approve of Moreno running the country. However, their objections are about his socialist politics, not his disability. As Ecuador’s president, Moreno will face the challenging project of leading a country divided on fundamental economic issues.

What is certain is the majority of Ecuadorians think that, wheelchair or not, Lenín Moreno is the best man for the job.
Important, Yet Often Overlooked, Cancer Screenings

By Bob Vogel

Q. I'm 55 and in my ninth year as a T4 complete paraplegic. I'm at an age where the subject of colonoscopies and PSA (test for prostate cancer) come up among my non-disabled friends. However, when I visit my primary care doc, my visits are preoccupied with issues related to spinal cord injury, and these types of tests are never mentioned.

How important are cancer screenings? Seems like I broke my back, so what else can go wrong? Also, I'm now on Medicare — does it cover these screenings? If so, how do I go about setting them up with my physician?

— Gene

G ene, you bring up an important point. For answers I turned to Dianna Elledge, RN, of the Craig Hospital Nurse Advice Line. She explains that wheelchair users spend so much time concentrating on the health issues that accompany SCI that screenings for common types of cancers — many of which are very treatable when caught early — can get overlooked. This isn’t just a subject for middle age; both men and women should start screening for certain types of cancers in their late teens. “One big issue in these screenings is the lack of sensation that comes with SCI may prevent a person from sensing when something is wrong,” says Elledge. “Another issue is a lack of accessible machines and offices.”

The good news for people on Medicare is the plan includes a “Yearly Wellness Exam,” which has no copay — this is important because other insurance carriers frequently follow Medicare’s lead in reimbursement. A caveat on Medicare: Be sure you are being seen for a “Wellness Exam” and not a “physical,” which will have a copay. Medicaid also covers various types of annual tests and health screenings, although it varies state by state.

It is up to each of us to ask our physicians about which health screenings we should have. “Your most important tool to ensure these screenings are done is communication with your doctor — ask them about specific tests and how often you should have them,” says Elledge.

Here is a brief overview of important cancer screenings to ask your primary care doctor about. All of these screenings are 100-percent covered under Medicare as part of scheduled Wellness screenings. In addition to health reasons, it is important to ask your doctor about these screenings for financial reasons. There is no copay when these screenings are done as part of the Medicare screening schedule, but Medicare charges a 20 percent copay if the tests are run for diagnostic purposes to explain specific symptoms.

For men, prostate cancer screening is important. According to a study in the 2004 issue of Urology, there is good news and bad news. The study found the incidence of prostate cancer was less in men with SCI than in nondisabled men, but the bad news is prostate cancer was detected later, meaning it was more advanced when it was diagnosed in men with SCI. The article attributes this to decreased prostate screening among the SCI population. This is why men should ask their physician about getting screened for prostate cancer with a PSA test (for prostate-specific antigen). According to the American Cancer Society, men should start taking a PSA test at age 50, or 45 for African Americans and/or men who have a first-degree relative (father, brother or son) who has been diagnosed with prostate cancer before age 65. The lower the PSA score the better. If your PSA is 2.5ng/mL or less, the ACS recommends a repeat PSA every two years; for a reading higher than 2.5, screening should be repeated every year. The ACS also recommends a digital prostate exam — for wheelchair users this is done while you are lying prone on an exam table. Under Medicare there is a 20 percent copay for the digital rectal exam.

Another important exam men should do is a monthly testicular self-exam, starting around age 17, explains Paula Wagner, a urology nurse practitioner at UC Davis Medical Center in Sacramento, California. Ideally do this during or right after a warm bath or shower when the skin that covers the testicles is relaxed. When you do the exam, your testicles should feel like rubber balls with no unusual lumps or bumps; any unusual lump or bump should be brought to the attention of your physician. Quad who don’t have the ability to do a self-exam should ask a significant other or personal care attendant to do it for them. Doing a self-exam is especially important because a lump on a testicle is usually the first sign of testicular cancer. In addition, another early sign is a dull ache in the lower abdomen or groin, something people with SCI who don’t have sensation will miss.

For women, a pap smear, used to screen for cervical cancer, is an important test. According to the Mayo Clinic, women should begin pap testing at age 21 and it should be repeated every three years until age 65. This is another type of cancer where lack of sensation could mask early signs that include pain during or after intercourse and low abdominal pain. “The biggest challenge for gynecological exams is transferring to the exam table itself,” says
Elledge. She says communicating your needs is critical, as is arranging for clinic staff to have a couple of assistants transfer you to the exam table. Some women, especially if they have severe spasticity, also require assistants to help stabilize them during the exam. Another option? If you drive a power chair with recline, your gynecologist can do the exam in your chair in the recline position.

Another important screening test for women is a monthly breast self-exam starting at age 20, because breast cancer is the most common cancer among women. Although SCI does not increase the risk of breast cancer, certain aspects of SCI, including reduced sensation and or reduced arm and hand movement, can make early detection more difficult, according to Craig Hospital’s education module, Breast Cancer and SCI. To self-exam, start with using a mirror to look for lumps, changes in breast shape or unusual pain, or discharge from the nipple. Then, palpate, using your fingers to feel your breasts in overlapping areas. In addition, be sure to check upper chest areas and underarms. Most breast lumps are found this way or by a woman’s significant other. If you are not able to do a self-exam, have a significant other or caregiver assist you.

Another step in the screening process for breast cancer is getting a mammogram — American Cancer Society guidelines suggest starting at age 40 and getting one annually from 45-54, then every two years after age 55. Elledge says mammograms used to be a lot more difficult for wheelchair users because the machines are set for standing, but more and more facilities are getting mammogram machines that are wheelchair accessible, and she suggests asking your physician if there is an accessible one in your area.

Last but not least is a colonoscopy to check for colon cancer. Although having SCI doesn’t put a person at increased risk of colon cancer, again it is a test that can be missed by your physician unless you ask for it — and according to the American Cancer Society you should ask for one starting at age 50 and do a follow-up every 10 years. For more on colonoscopies, including options for “cleaning out and prepping,” see “Preparing for a Colonoscopy after Paralysis” in resources.

The bottom line is the screening tests described here are for common cancers that are extremely treatable if caught early. The key is to be the squeaky wheel and ask your physician about the tests. Hopefully the results will be negative, which is a great feeling. If not, the sooner you catch cancer, the more treatment options you will have — and the higher the likelihood of a beneficial outcome.

Resources
• Breast Cancer and SCI, craighospital.org/resources/breast-cancer
• Craig Nurse Advice Line, 800/247-0257
• How to Do a Testicular Self Examination, tcrc.acor.org/tcexam.html
• Medicaid Benefits: Diagnostic, Screening and Prevention Services, kaiserf.am/2rwX17I
• Preparing for a Colonoscopy after Paralysis, www.newmobility.com/2012/10/preparing-for-a-colonoscopy-after-paralysis/
When we think of innovation, we typically think of new products, especially in the mobility realm. However, most often innovation is an evolutionary process, where one incarnation of a product leads to the next. In the mobility world, this is for the most part how some of the best products got to where they are today. With this in mind, it’s fascinating to not only understand the most recent version of a mobility product, but to also look at how far it has evolved from its heritage.

**Grandfather of Ultralight Folders**

If you haven’t had a Quickie 2 folding ultralight over the past 30-plus years, you’re among the few. If you’re like many, you may have had two or three. Indeed, the Quickie 2 — circa 1983 — although not the first folding ultralight invented, is the best-selling folding ultralight of all time, mainly due to its constant refinement. Its latest incarnation builds upon that 34-year legacy with updated design details that keep it fresh in today’s 21-century competition. For starters, the 2017 frame has significant engineering changes. The original Quickie 2 was made from 6061 aluminum, a hallmark of its day. The latest frame is made from 7000-series aluminum, offering increased strength with decreased weight. Next, the latest version features a four-member cross frame, rather than traditional two tubes, which dramatically increases rigidity, strength, and efficiency (for propulsion). Lastly, the new Quickie 2 features industry-leading “no-play” swing-away leg rests, which are engineered with a new, self-adjusting latching mechanism that’s said to stay rock-solid over the life of the chair. In all, this isn’t the folding ultralight many of us had in the ’80s, but a highly-engineered piece of modern mobility technology.

**Have You Looked in the Middle?**

When it comes to serious pressure management cushions, ROHO is an original, going back to the 1970s. Many of us have used them, and some of us may have a 30-year collection of older ones in a closet somewhere. However, many struggled with the ROHO dilemma of choosing between the 2-inch Low Profile, which could be too low, or the 4-inch High Profile, which, for some, was too high. Fortunately, ROHO listened over the decades and now offers a 3-inch Mid Profile height, which is also compatible with its recent SmartCheck inflation monitoring system. If you have struggled with choosing between the Low Profile or the High Profile, now might be the time to try the Mid Profile, a height tailored for our times.

**A Better Grip**

Natural Fit handrims took the ultralight world by storm in the early 2000s as the first ergonomic solution to pushing. They were an easier grip that reduced wrist strain. And, soon they were being used on an astounding number of ultralights. Out-Front, the manufacturer, listened to feedback, and now offers The Surge, a slimmed-down, lighter, ergonomic handrim. The Surge is available in two
handrim tubing diameters for wheels from 22 to 26 inches — and it weighs a scant 20 ounces. If Natural Fits weren’t a natural fit for you back in the day, check out The Surge.

**All New Curves**

Jay, and along the way, the Jay Back, has been synonymous with seating for almost four decades. You’d be hard pressed to find a wheelchair user from the ‘80s or ‘90s who didn’t have a Jay product at some point. Although the backrest market has grown exponentially in competition, Jay remains an innovator in backrests. Now in its third generation, the Jay 3 Back is as innovative — if not more so — as any backrest out there. Available in five contours, four support heights, four mounting hardware options, two materials (now including carbon fiber), and its newest powered heating and cooling option, the Jay 3 Back continues its seemingly endless evolution. There are a lot of awesome backrests on the market, with exotic forms and materials, but don’t overlook the Jay name we have known so long.

**Innovation Withstands the Test of Time**

We see “innovative” products in the mobility market routinely come and go. Some don’t survive because the technology is so innovative that it voids practicality; others are fantastic, but priced out of the market. This begs the question: Is innovation solely about the latest and greatest, or is there a formula to what’s truly innovative? The answer, when looking at the mobility market, is that truly innovative products don’t just improve technology, they withstand the test of time.

**Resources**

- Jay, 800/333-4000; www.sunrisemedical.com
- Out-Front, 408/833-1829; www.out-front.com
- Quickie, 800/333-4000; www.sunrisemedical.com
- ROHO, 800/851-3449
  www.permobilus.com

---

**WheelAble**

Collapsible, wheel-able, for the spontaneous traveler

Rolling commode and shower chair that folds compactly and packs into a carry bag. Fits over most standard toilets, or rolls into shower stalls.

**Apogee Essentials**

Intermittent Catheters

Depend on quality, comfort and value from a name you trust: Hollister Incorporated.

Available in non-lubricated and lubricated hydrophilic coated catheters.

For a free sample, visit hollister.com/apogeeessentials or call 888.740.8999

The Hollister logo and Apogee Essentials are trademarks of Hollister Incorporated. © 2017 Hollister Incorporated.
I have to say that I have an issue with that popular saying attributed to Lutheran Pastor Martin Niemöller that begins with, “First they came for the Socialists and I did not speak out because I was not a Socialist.”

I don’t have a problem with the sentiment expressed. It’s just that there’s a hole in it. It ought to begin with, “First they came for the cripples and I did not speak out because I was not a cripple.”

It would be nice if we could update Niemöller’s words for the sake of historical accuracy and inclusion. I know that’s difficult because first, he never mentioned cripples in his original statement; and second, he’s dead. But maybe his estate could grant permission to put words in his mouth, posthumously, just this once.

Because the “they” in this saying are, of course, Hitler and his Nazis. And they refined their extermination techniques by first practicing on snuffing out cripples. In 1939, Hitler launched a program called T4, named after the address of the Berlin headquarters for the program, Tiergartenstrasse 4. At this headquarters, a team of “medical experts” reviewed the records of all the institutionalized cripples in Germany and sent about 200,000 of them off on a field trip to take a shower. Except the rounded-up cripples didn’t know it was a one-way trip. The so-called group shower facilities were really gas chambers.

For a government to get away with treating a group of its citizens so shabbily, it must rationalize such behavior with a steady diet of propaganda. The victims must be dehumanized. The rest of the citizens have to feel that the victims pose some sort of threat to them and thus, wiping them out becomes an act of self-defense.

The T4 propaganda made cripples out to be a major threat due to the enormity of their dead weight. They were depicted as “useless eaters” living “burdensome lives.”

I don’t think such a blatantly hateful marketing approach would work today. Cripples have come a long way since 1939 in some countries. People see us out and about on the streets all the time. We’re not as scary as we used to be. Getting the uncrippled majority to buy in to a cripple-cleansing program like T4 today would require a much more humane exercise in dehumanization, steeped in that more subtle form of contempt known as pity.

Pity is a funny thing — funny as in peculiar. Pity sounds like something everybody would want, yet nobody wants it. Dictionary.com defines pity as “sympathetic or kindly sorrow evoked by the suffering, distress, or misfortune of another ...” Everybody wants others to have sympathy for their misfortune, right? So why then does everybody say they don’t want to be an object of pity? I don’t know, but I can tell you the reason I don’t want anybody’s damn pity is because in order for someone to pity me, they have to see me as pitiful. Dictionary.com defines pitiful as “evoking or deserving contempt by smallness, poor quality, etc.”

That’s why pity is a hot potato nobody wants. If someone gives you the gift of their pity, that means they see the quality of your life as disturbingly poor. And oh boy, that can be used to justify a whole lot of mistreatment.

Look how well pity is used to sell cripple euthanasia. How about all those celebrated movies where an uncrippled actor plays the role of a cripple who wants someone to help him or her die because living as a cripple is so relentlessly horrible? In the end, the uncrippled loved one is a hero for pulling the trigger, and the cripple is a hero for dying. And the uncrippled actors get Oscar nominations.

It’s like a ghoulish Make-A-Wish. And none of it would be possible without pity. Without pity to sanctify it, mercy killing is an oxymoron. But I digress.

It would be nice to update Niemöller’s words, but I don’t think it will happen because I don’t think cripples could reach a consensus on what to call ourselves. Many would insist on saying, “First they came for disabled people.” But then others would demand people-first language: “First they came for people with disabilities.” Others would hold out for “First they came for the physically challenged” or “different-ly-abled.” And I’m sure there would be a contingent pushing for, “First they came for those with special needs.”

So I guess Niemöller is off the hook for now.
JOIN US

United Spinal Association knows that disability is a shared experience that affects you, your family, friends and communities. Fortunately, we are stronger together, and United Spinal brings decades of expertise to help: information, peer mentoring, advocacy and much more. Become a member today and Share the Journey.

800.404.2898 • unitedspinal.org
INTERESTED IN SCI/D RESEARCH?

The Miami Project to Cure Paralysis is a research Center of Excellence at the University of Miami School of Medicine.

We have many clinical research studies for people living with spinal cord injury to participate in, including studies about activity, diet, aging, pain, spasticity, walking, hand function, sleep disruptions, male fertility, and cell therapies. Find more details at www.themiamiproject.org or call 305-243-7108.

To be considered for current and future research studies, you will need to complete a short Intake Form. This can be done online at https://ls.mi/miamiprojectintakeform or you can call 305-243-7108 and request an Intake Form be mailed to you.

You can also complete an Intake Form to receive periodic research updates.

For more information call 305-243-7108.

FIND OUT HOW YOU CAN BE INVOLVED!

NEW MOBILITY MARKETPLACE

60 capsules for only $25.95
/ diestco@diestco.com

DIESTCO CORPORATION

- Pressure relieving
- Injection Molded foam
- 25% better than ensolite
- Outlasts steel or aluminum
- Multi-configurable tub/shower/toilet
- Options: Carry case, flat or commode seats, free standing leg support
- Optional leg support shown on product above

Challenge Circuit

7000

- Ab Crunch • Single-dual curls
- High bicep curl
- Single & dual tricep pulldown
- Tricep extension • Lat pulldown
- Multi-level row
- Bench & incline press
- Pec fly • Dumbell pec fly
+ MORE

NEW SEATING!

WWW.APEXEQ.COM • 800-851-1122

NEW EXERCISES!

- Ab Crunch
- Single-dual curls
- High bicep curl
- Single & dual tricep pulldown
- Tricep extension
- Lat pulldown
- Multi-level row
- Bench & incline press
- Pec fly + Dumbell pec fly
+ MORE

VA Approved • Limited Lifetime Warranty

JUMP START YOUR SEX LIFE

VIBERECT

- Treats men with erectile dysfunction
- Treats SCI men with ejaculatory dysfunction.

$200 OFF FERTICARE
10% OFF VIBERECT
(CAN BE APPLIED TO OTHER PRODUCTS)

FERTICARE PERSONAL

- The Ferticare personal treats men with ejaculatory dysfunction and women with organic dysfunction/ vaginal dryness.
- FDA approved/ VA approved.
- Inexpensive alternative to fertility clinics.
- Can also help with incontinence thru Kegel Exercise.

(Not FDA approved for sale inside the USA for incontinence)

Orion Medical Group, Inc.
(Full D.M.E. Pharmacy Specializing S.C.I.)
Tel. 714-649-9284 / 1-888-64-ORION (67466)
Fax. 714-594-4038
info@medicalvibrator.com
www.medicalvibrator.com

SUN PROTECTION

Stay cool & comfortable ALL SUMMER LONG

The original Weatherbreaker Canopy.

"...kept our daughter cool and sunburn free for our entire trip."
—JOHN S.

Available at your local VAMC & mobility dealer.

MADE IN USA!

1.800.795.2392
DIESTCO.COM

Don’t Become ANTIBIOTIC RESISTANT

Fight and Prevent UTI’s

Flush Away E-Coli

Concepts in Confidence
60 capsules for only $25.95

www.conceptsinconfidence.com

2500 Quantum Lakes Dr. #214
Boynton Beach, FL 33426
(800) 822-4050

www.90daysex.com
FOR SALE

2017 Permobil M300 Wheelchair with 8" height adjustments, $7,000.00. Also manual tilting wheelchair $500.00 664-761-9656 -Fjaneli@aol.com -Pick up only – Queens, NY Permobil

Chairman HD3 Electric Wheelchair
Excellent condition. Used for 1 yr. This chair tilts, reclines and elevates Max weight 400 lbs. For additional information contact 973-934-1391 for photos. Asking $3800.00

Nationwide Wheelchair Van Rentals. For the next time you want to get out, vacation, doctors appointment, or try before you buy. Learn more at www.BLVD.com

Over 1500 wheelchair Accessible Vehicles for sale at one website. A complete selection of New, Used and Pre-Owned wheelchair vehicles from dealers and private parties nationwide. Check it out today. www.blvd.com

40’ ft 2000 Beaver Patriot Motor Home.
NEW Low Price! Immaculate – REALLY LOADED!!! – only 84,000 miles! LIKE NEW, ONLY $70,000. 2 slide outs, Caterpillar Diesel, Pusher 31268 Truck Engine, SuperArm, Roll-In Shower / HC Bathroom, Hand Controls & Digi-Pad. Call or e-mail SuperArm, Roll-In Shower / HC Bathroom, Diesel, Pusher 31268 Truck Engine, ONLY $70,000. 2 slide outs, Caterpillar LOADED!!! – only 84,000 miles! LIKE NEW, NEW Low Price! Immaculate – REALLY 40’ ft 2000 Beaver Patriot Motor Home.


VACATIONS

On The Beach Los Cabos, Mexico


Accessible Journeys
making the world more accessible since 1985
Holland’s Spring Tulips
Rhine River Cruises
Barcelona & Madrid
Venice & Ljubljana
Accessible Italy by train
Vietnam-Thailand-Cambodia
Kenya-Tanzania-Zambia-South Africa
800.846.4537
www.accessiblejourneys.com

TO PLACE A CLASSIFIED AD IN NEW MOBILITY

Call 800-404-2898, ext. 7253 or email your request to mlee@unitedspinal.org

Print Rates:
• $1.30 per word
• $1.00 per word for USA Members

Boxed Ads - $105 per inch
• Pre-Payment Required: VISA, MasterCard, AMEX, Discover

All Paid Print Classifieds get a 1 month FREE Web Classified

Online Only Rate:
1 month = $16
3 months = $36
6 months = $72
9 months = $108
12 months = $144
newmobility@classifieds

ASSOCIATE

AdvaMed: Failure of a wound to heal can have a profound effect on QOL. MedTech has helped evolve wound treatment, reducing complications and improving QOL. www.lifechanginginnovation.org

Allergan: www.botox.com

Hill-Rom: Trusted in the hospital, trusted at home. Call a Patient Advocate today. 800/833-4291, homecare.hill-rom.com

NMEDA: NMEDA provides adaptive transportation solutions for you, your family, or caregivers. Contact your local NMEDA Dealer today: 800/833-0427, www.nmeda.com

SUPPORTERS

Cure Medical, https://curemedical.com
Rare Patient Voice, www.rarepatientvoice.com
Trusted Mobility, www.trustedmobilityrepair.com

For more information on how you can support United Spinal and become a business member, please contact Megan Lee at mlee@unitedspinal.org or 718/803-3782, ext. 7253.

Acknowledgements on our website, in New MOBILITY, in United Spinal e-news or any other United Spinal publication should not be considered as endorsements of any product or service.
SELF-DRIVING CARS SHOULD BE DESIGNED FOR PEOPLE WITH DISABILITIES

Sarah Kaplan [who has cerebral palsy] didn’t have many friends as a child — she almost never left the house. Access, or the lack of it, has been constant in her life for as long as she can remember. She schedules nearly every part of her day around how she’ll get from point A to point B.

“Being able to access transportation is the difference between being part of the community and not,” Kaplan said.

To solve these problems, the technology needs proper design.

Now, a recent report by the Ruderman Family Foundation is arguing that new transportation technology, including ridesharing services like Uber and Lyft, can transcend traditional transport systems and allow people with disabilities to get to school, jobs and other opportunities. And the promise of autonomous vehicles gives people with mobility barriers a glimmer of hope.

But to solve these problems, the technology needs proper design. “By incorporating accessibility in the front-end of development, the [disabled] community will not be forced to fight for accessibility on the back-end,” the Ruderman Foundation said of self-driving cars.


I GOT BINGO! (PARA BINGO, THAT IS)

“Sarah Palegic and I collaborated on this. I give you: Para Bingo!” posted Amanda Russel, who then noted it applies to all wheelchair users.

The comments were rich:

Now I feel like I have to make a companion card for the specific nonsense disabled parents get! “Where’s their mom?” “Wow, kids are really brutal, hee hee.” “I can’t believe they let her have children.” “Are they yours?” and on and on.

— Elizabeth Camber

I use a power chair to walk the dog, and just last week some bozo actually pulled his car up to me, rolled down his window and asked if I wanted to race.

— Trish Perez

BINGO! I got “blackout!”

— Cynthia Sue Dietz

BOB VOGEL, NM SENIOR CORRESPONDENT AND … FALCONER?

“Here is a photo from the Falconry class at the No Barriers Summit at Squaw Valley,” posted Bob Vogel to Facebook on June 3. “The class was so cool I attended twice. Amazing to have a hawk fly to my gloved hand and then look it close in the eye.”
Right from the start


- Peel-open tab
- Adhesive tab on back for reliable hanging
- Instant activation – all it takes is a gentle squeeze to activate with the pure salt solution
- Adjustable Insertion Grip for better grip and control with no need to touch the catheter tube
- Hydrophilic catheter with Urotonic™ Surface Technology for minimal friction during insertion and withdrawal
- Not manufactured with PVC, phthalates and natural rubber latex
- Smooth eyelets for maximum comfort
- Foldable into handy discreet pocket size
- Also available in coudé tip!

Connect with us online at LoFric US:

Wellspect HealthCare, 880 Apollo Street, Suite 200, El Segundo, CA 90245
Contact us at: 1.877.456.3742, info-lofric-usa@wellspect.com or www.wellspect.us

NOW available in straight tip

Contact us for FREE SAMPLES

1.855.456.3742
www.wellspect.us
3.2MPH @ 14” OF ELEVATION + FULL SUSPENSION AT ANY SPEED, POSITION, OR ELEVATION

TAKE THE HIGH ROAD.

Please refer to your owner’s manual for warnings and instructions for the safe operation of your wheelchair in a variety of driving conditions.