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*Autumn leaves*

*Joy Wee*

**Congratulations to  
JOY WEE  
Winner of the CAPM&R  
First Photo Contest  
(See page 27 for more details)**

## FROM THE EDITOR

Welcome to the Fall 2003 edition of the CAPM&R newsletter, the second edition to be published in PDF format. The feedback from the Spring 2003 edition was very positive and we intend to continue with this format for the foreseeable future.

As some of you may be aware, I have recently taken on some new job duties. As of September 1, I have been working as the Executive Director, Office of Ethics for the Canadian Medical Association. This is, of course, very much in keeping with my interests in this area. I continue to do clinical work at the hospital in the morning and spend afternoons at the CMA building, which happens to be conveniently located down the street from our rehab centre. The work is interesting and challenging.

One of the projects I will be involved with at the CMA is a review of our policy on physician-industry interactions. Many of you will be familiar with this document as it is currently the primary guideline for Canadian physicians in this difficult and controversial area. This topic also recently gained some degree of prominence at our annual meeting in Edmonton this past June. The CAPM&R has recently hired a liaison person to, among other things, assist with fund raising and raise our Association's profile with industry. Many of you commented on the spiffy new colour programs at the meeting. These were intended primarily to attract the attention of potential future sponsors.

At the annual CAPM&R Executive meeting in Edmonton, it was agreed by all present that we must uphold high ethical standards in any dealings we might undertake with industry. But what does this mean? Do we have any reason to be concerned about this new strategy? Well, that depends to some extent on your position with respect to this issue. Many members have expressed concern about the renaming of our annual resident research award to reflect industry sponsorship. Was this within the current guidelines? Officially, yes. Has it still upset many of our members? Yes, again. The time to express your opinions about these issues is not after decisions have been made, but before they are a fait accompli. To do this, however, one must be



Jeff Blackmer

aware of such developments, and that is the primary intent of this editorial.

No one (well, almost no one) disputes the need to look for new sources of funding and revenue, including industry sponsorship. The pharmaceutical industry, as we all know, is not inherently evil. They help develop and produce almost all the medications we prescribe for our patients. Their sponsorship helps to offset meeting costs and keeps registration fees at a reasonable level.

But at what non-monetary expense? There can be no question that the primary and over-riding interest of industry, any industry, is to make money – and, in fact, this is quite reasonable. It is why they are in business. In spite of the recent series of ads in the United States about the contribution of the pharmaceutical industry to patient health and research and development, at the end of the day they are not doing this for free or because they are altruistic. Their CEOs earn millions of dollars a year for making their companies profitable. Pharmaceutical manufacturers are amongst the highest money earners in the world, and everything they do is geared towards maximizing their profit margins.

Again, all of this is not inherently wrong in and of itself. It is what, say, Wal-Mart or Microsoft do as well. But there is a significant distinction where physicians are concerned. Wal-Mart and Microsoft are not in a position to influence our decision-making when it comes to patient care, or to promote devices or medications that we will potentially prescribe to patients. Pharmaceutical companies are.

The primary interest of physicians, since the time of Hippocrates, has been to help our patients to the best of our abilities. This must be the first item on our list of priorities and responsibilities at all times. We also have an obligation to train new physicians, to do research to advance medical science and some of us need to be administrators to make sure that our health care systems function properly. But our primary and over-riding interest must be the health and welfare of our individual patients.

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This is not the primary interest of industry. So how do we reconcile this potential conflict of interest? How do we take money from industry and make sure that this does not affect our decision making with respect to patient care? There are a number of options, none of them fool-proof. We try and keep an arms-length relationship. We develop guidelines and policies that we feel we can live with. And, in this forum, we consult with our membership.

I will most assuredly not be making the final decision about our involvement with pharmaceutical companies, nor should I. But you should know that these decisions are being made, and that they affect all of our members. They should also, I think, reflect the comfort level of the membership at large. When the CAPM&R agrees to

allow sponsorship, we are implicitly endorsing that product, whether that is our intent or not. I am not arguing that we need to cut ties with industry. This is not realistic. But we need to make decisions and take positions that allow us to maintain control at all times over our meetings, our advertising, our decision-making and our moral values. We need to be comfortable as an Association and a general membership with our level of involvement with industry.

If you have an opinion on the subject, let us know. Write to us at [capmr@rcpsc.edu](mailto:capmr@rcpsc.edu) and tell us what you think. Otherwise, decisions will be made without input from our full membership, and these decisions should be too important to allow that to happen.

## LE MOT DE LA RÉDACTION

*Jeff Blackmer, médecin,  
M.Sc. (bioéthique), FRCPC*

C'est avec fierté que je vous présente le numéro de l'automne 2003 du bulletin d'information de l'ACMP&R, deuxième numéro en format PDF. La rétroaction concernant le numéro du printemps 2003 est excellente; c'est pourquoi nous prévoyons continuer la publication sous ce format.

Comme certains d'entre vous le savent, j'ai accepté dernièrement d'exercer de nouvelles fonctions. Depuis le 1<sup>er</sup> septembre, j'occupe le poste de directeur général du Bureau de l'éthique de l'Association médicale canadienne (AMC). Ces fonctions s'inscrivent dans la foulée de mes activités dans ce domaine. J'accomplis encore mes tâches cliniques, le matin à l'hôpital, pour me consacrer à ce nouveau poste en après-midi au siège de l'AMC, sur la même rue que le centre de réadaptation. La tâche est captivante et complexe.

L'un des projets de l'AMC auquel je participerai porte sur l'examen de notre politique sur les rapports entre les médecins et l'industrie. Bon nombre d'entre vous connaissez ces lignes

directrices qui représentent à l'heure actuelle les principales directives sur ce sujet délicat et controversé à l'intention des médecins canadiens. Le sujet était d'ailleurs à l'ordre du jour de notre assemblée générale annuelle à Edmonton en juin dernier. Dernièrement, l'ACMP&R a retenu les services d'une personne qui assurera la liaison, entre autres fonctions, avec l'industrie afin de collecter des fonds et de rehausser la notoriété de l'Association dans ce milieu. Vous avez été nombreux à vous exprimer sur le nouveau programme aux couleurs éclatantes à l'assemblée. Cette nouveauté avait pour but de susciter l'intérêt de commanditaires potentiels.

À la réunion annuelle du Comité de direction de l'ACMP&R à Edmonton, il a été convenu à l'assentiment général d'imposer le respect de normes éthiques élevées dans toutes les interactions entre nous et l'industrie. Qu'est-ce que cela veut dire en fait ? Y a-t-il lieu d'être préoccupé par cette nouvelle façon de faire ? Dans une certaine mesure, cela dépend de votre position à ce propos. Beaucoup de membres ont exprimé leur réticence devant la nouvelle appellation du prix de recherche annuel décerné à un résident qui

*suite à la page 4*

### *suite de la page 3*

souligne le parrainage de l'industrie. Ce changement est-il conforme aux lignes directrices actuelles ? En réalité, oui. Cela a-t-il néanmoins soulevé l'ire de bien des membres ? Encore là, oui. Par contre, il convient de noter que le moment opportun pour s'exprimer sur de tels sujets, c'est avant la prise de décision, non pas après. Pour être en mesure de s'exprimer au moment opportun, il importe de se tenir au courant des faits nouveaux ou projetés, en prenant connaissance, par exemple, de l'éditorial de votre bulletin d'information dont l'objectif principal est de vous informer.

Personne (ou presque) ne remet en question la nécessité de rechercher de nouvelles sources de fonds et de faire appel, notamment, à la commandite de l'industrie. L'industrie pharmaceutique n'est évidemment pas l'incarnation du démon. Elle s'emploie à la mise au point de pour ainsi dire tous les médicaments que nous prescrivons à nos patients. Son parrainage contribue à réduire le coût des assemblées et conférences et à faire en sorte que le tarif d'inscription soit abordable.

Mais au détriment de quels aspects non monétaires ? Il est bien entendu que le principal but de l'industrie, de n'importe quelle industrie, son intérêt prédominant, consiste à faire de l'argent – et c'est dans l'ordre des choses. Voilà la raison fondamentale de se lancer en affaires. Malgré la récente cascade d'annonces aux États-Unis sur la contribution de l'industrie pharmaceutique à la santé des patients et à la recherche-développement, celle-ci n'est pas engagée dans cette voie par altruisme ou pour des motifs humanitaires exclusivement. Les PDG de société pharmaceutique gagnent des millions de dollars par an pour s'assurer que leur société engrange des profits. Les fabricants de l'industrie pharmaceutique sont parmi les entreprises les plus riches du monde, et tout ce qu'ils entreprennent vise à les enrichir encore davantage.

Il est bien sûr qu'il n'y a rien de mal dans la course aux profits. C'est une course à laquelle participent d'ailleurs Wal-Mart et Microsoft pour n'en nommer que quelques-uns. Mais en ce qui concerne les médecins, Wal-Mart et Microsoft ne sont pas en mesure d'exercer quelle qu'influence que ce soit en matière de prise en charge des patients ou de promotion d'appareils ou de médicaments que nous pourrions éventuellement

utiliser. Mais les sociétés pharmaceutiques le peuvent, elles.

Sous l'égide d'Hippocrate, les médecins se consacrent avant toute autre chose à la santé de leurs patients. Il s'agit là du premier sujet sur notre liste de priorités et de notre responsabilité première. Nous avons également l'obligation de former les nouveaux médecins, d'effectuer de la recherche pour voir à l'avancement de la science médicale, comme d'autres sauront être des administrateurs pour veiller au fonctionnement approprié du système de santé. Notre but principal, notre intérêt prédominant, demeure la santé et le bien-être de nos patients.

Cela n'est pas l'intérêt principal de l'industrie. Alors, comment concilier ces intérêts en apparence divergents ? Comment accepter le financement de l'industrie tout en faisant en sorte que cela n'influence par nos décisions dans la prise en charge des patients ? Nous avons un choix d'options, mais aucune n'est sans failles. Il faut s'efforcer de maintenir notre autonomie dans nos rapports avec l'industrie. Nous pouvons également élaborer des lignes directrices raisonnables. Et, par le présent bulletin, nous consultons les membres.

Ce n'est pas moi qui déterminerai la forme que prendront nos relations avec les sociétés pharmaceutiques, ce n'est d'ailleurs pas à moi de le faire. Mais vous devez savoir que des décisions à ce sujet seront prises et qu'elles auront des répercussions sur tous les membres. Elles devront tenir compte, à mon avis, du niveau de tolérance des membres en général. Lorsque l'ACMP&R accepte la commandite, elle appuie implicitement le produit du commanditaire, qu'elle le veuille ou non. Je ne prétends pas qu'il faille couper tous les liens avec l'industrie. Ce n'est pas réaliste de penser ainsi. Il importe cependant que nous adoptions une position qui nous permette de préserver le contrôle entier sur nos réunions, notre publicité et notre prise de décision, et de maintenir nos valeurs morales. Il faut que nous ayons les coudées franches en tant qu'Association et que membre dans nos rapports avec l'industrie.

N'hésitez pas à exprimer votre opinion sur ce sujet. Dites-nous ce que vous en pensez par courrier électronique à [capmr@rcpsc.edu](mailto:capmr@rcpsc.edu). Sinon, les décisions seront prises sans que les membres aient fait part de leur avis et, vu l'importance de ces décisions, cela ne saurait se faire ainsi.

## PRESIDENT'S MESSAGE / MESSAGE DE LA PRÉSIDENTE

I would like to take this opportunity to thank Dr. Joanne Bugaresti for all her work on behalf of CAPM&R during the past two years. I believe we have an excellent executive in place. We will be looking at governance issues, corporate sponsorship and working to make our annual conference a focal point for our specialty. I will be attending the National Specialties Society meetings this year as well as the CMA Committee of Affiliates. Participating in these organizations gives us a national perspective as well as a voice.



Brenda Joyce

I look forward to this new role and would welcome any concerns or comments from our membership. My e-mail address is [brenda.joyce@cdha.nshealth.ca](mailto:brenda.joyce@cdha.nshealth.ca).

J'aimerais profiter de l'occasion pour remercier la D<sup>re</sup> Joanne Bugaresti des efforts déployés pour le compte de l'ACMP&R au cours des deux dernières années. À mon avis, nous disposons d'une solide équipe de direction. Nous nous pencherons sur des questions de gouverne et de parrainage d'entreprise, et nous nous efforcerons de faire de notre assemblée générale annuelle le centre d'intérêt de la spécialité. Cette année, j'assisterai aux réunions des associations nationales de spécialistes et du Comité des sociétés affiliées de l'AMC. La participation de l'ACMP&R aux activités de ces organisations rehausse sa notoriété à l'échelle nationale et lui permet de faire entendre sa voix à une tribune pancanadienne.

C'est avec impatience que je m'attelle à la tâche et je réserverai un bon accueil aux observations des membres. Vous pouvez communiquer avec moi par courrier électronique à [brenda.joyce@cdha.nshealth.ca](mailto:brenda.joyce@cdha.nshealth.ca).

## CANADIAN ASSOCIATION OF PHYSICAL MEDICINE AND REHABILITATION ANNUAL MEETING

June 16-20, 2004

Charlottetown, Prince Edward Island

### Call for Workshops

The purpose of the Workshops is to provide a forum for Conference attendees to acquire knowledge and skills in accordance with the essential roles of physicians as identified through the CanMEDS 2000 project. These roles represent physician as: Medical Expert/ Clinical Decision-maker, Communicator, Collaborator, Manager, Health Advocate, Scholar and Professional. The workshop topic areas have been identified by a needs analysis of the CAPM&R completed in 2003.

A half-day of the symposium will be devoted to Concurrent Workshops. The timing of the workshops at the Annual CAPM&R conference has been changed from the typical Sunday time in order to promote attendance, since previous feedback has clearly indicated value of workshops to the conference attendees. The 1.5 hour sessions will provide focused interactive learning experiences for the participants. Workshop presenters may be

asked to present 1 or 2 sessions. Methods must allow for active participation of the participants. Workshops are not intended to be interactive group discussions nor seminars.

#### Topic Areas for Workshops (Based on Needs Analysis 2003):

1. Neck and Back Physical Examination
2. Pain Blocks
3. Teaching Skills
4. Team Functioning

#### Selection process:

Workshop abstracts will be peer-reviewed and selected based on:

- Relevance to the identified topic areas
- Clarity of abstract
- Appropriateness as a workshop

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## MONSOON IN NEPAL

Joy Wee, MD

Imagine climbing small trees to cut long grass for your water buffalo, on steep hillsides. Imagine falling off a slippery branch onto a rocky slope below, perhaps tumbling a little, and realizing that you are unable to move your arms or legs, waiting for someone to come searching for you well after dark. A neighbour comes looking and finds you.

You are far away from the city, and the fastest way out of the village that neighbours can think of is to carry you in your grass-collecting basket using two poles, balancing their way across narrow ridges between soaked rice fields, trying not to slip. Next, it's a long wait for a passing bus or truck, and you are on your way to hospital, provided the roads are not closed due to landslides.

In hospital, X-rays are taken, and if you are in the capital, perhaps a CT scan. You are informed of a spinal cord injury. You remain in hospital, as long as you have a caregiver with you – sister, father, daughter... If you have no caregiver, you may lie outside the emergency door for days, languishing away. Steel tongs bit into your skull, and weights are applied to them to distract your neck. There you lie for three months, on a Stryker frame if available, losing bone and muscle mass, possibly developing pressure ulcers and urinary infections for the indwelling catheter.

Such is reality in Nepal, where I recently engaged in a study and provided rehabilitation

outreach and education. The health system is largely supported by international non-governmental organizations (NGOs), in addition to government hospitals. People pay fees for hospitalization, as there is no universal health care system. In this Himalayan country, there are two hospitals with rehabilitation units serving people with spinal cord injury, one in Kathmandu, and one in Pokhara. The community based rehabilitation (CBR) effort in Nepal is extensive but basic. There exist between 60 and 70 NGOs involved in CBR. The Disability Human Rights Commission runs weekly radio programs and newsletters informing people of available resources and their rights.

Despite it all, most persons with disabilities live in difficult circumstances, few of them being able to afford equipment, many languishing in bed, secluded in their homes. Some equipment that we might presume to be essential, such as wheelchairs for locomotion, may be quite useless in many village terrains and homes. Prosthetic care seems to be fairly good, but neurological rehabilitation is in its infancy.

Caregiver education is probably one of the most useful activities a rehabilitation organization in Nepal can engage in. Caregivers are generally diligent in carrying out what they are taught. The situation is ripe for expanded CBR efforts.

Gradually, the country is experiencing improving access to relevant health care for its persons with disabilities. The government is beginning to recognize the needs of its disabled population. As long as there remain concerted efforts amongst organizations involved, the ongoing improvements should continue.



# SCIENTIFIC PROGRAM COMMITTEE REPORT - 2003

Shawn Marshall, MD

## EDMONTON 2003:

The Scientific Program Committee would like to thank the Past Chair, Karen Ethans for her excellent work with this committee who was greatly involved in facilitating the Edmonton meeting. The Meeting in Edmonton was a success with registration exceeding 90 members. The local organizer, Dr. Lalith Satkunam, did an excellent job not only with local arrangements but also by using a hands-on approach to providing the entertainment.

This year a new element to the educational program included a Physical Medicine and Rehabilitation Update Session for which the intended purpose was to expose Physiatrists to recent advances in current practices of the specialty. This session, which covered 10 distinct topics and was organized by Dr. Lalith Satkunam and Dr. Jackie Hebert, received excellent feedback and will be continued in future meetings. Although the workshops have had difficulty with attendance in the past, due to scheduling, once again this year the feedback was positive for the workshops and attempts will be made to continue

with these. Another new aspect to the Scientific Program Committee is the creation of the Vice Chair Position, which has been accepted by Dr. Pankaj Dhawan.

## PRINCE EDWARD ISLAND 2004:

Our next meeting will be held in Charlottetown, Prince Edward Island in 2004 from June 16-20 where Dr. Colleen O'Connell will act as the local organizer. Based on the needs analysis from 2001, the primary focus of this Meeting will be Pain.

## NEEDS ANALYSIS:

The Scientific Program Committee would like to emphasize how important it is to provide feedback by completing the needs analysis as well as evaluating speakers and sessions at the meetings. Meeting topics are identified through the needs analysis. If you are interested in the results of the needs analysis then we can provide this to you.

## FUTURE MEETINGS:

Year	Location	Local Organizer
2004	Charlottetown	Dr. Colleen O'Connell
2005	Ottawa	Dr. Shawn Marshall
2006	Vancouver/Victoria	Dr. Pankaj Dhawan

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### Submission requirements

- A cover letter and 300-word abstract (see attached guidelines)
- Submit to the CAPM&R Office:  
e-mail: [capmr@rcpsc.edu](mailto:capmr@rcpsc.edu) or Fax: **613-730-1116**

**Submission Deadline: January 7, 2004**

### Call for Workshops – Submission Guidelines

#### 1. A cover letter outlining:

- The corresponding author with contact information
- Number of times willing to offer the workshop – once or twice
- Number of participants preferred in the workshop (Maximum of 20)
- Equipment and audio-visual needs

#### 2. Abstract requirements

**Title:** Should reflect the purpose of the workshop

**Facilitators:** List all presenters participating in the workshop

**Intended audience:** Who specifically would be interested in attending this workshop?

**Rationale:** Which of the identified topic areas does this workshop address?

**Objectives:** Indicate what the participants will achieve by participating in the workshop, by completing the following statement.

By the end of this workshop participants will be able to:

- 1.
- 2.
- 3.

**Format/methods:** Identify specific teaching methods to be used during the workshop. Include a time line for the 90 minutes of the workshop.

#### 3. Submission

**Submit by January 7, 2004 to the CAPM&R Office**

**E-Mail: [capmr@rcpsc.edu](mailto:capmr@rcpsc.edu) or Fax: 613-730-1116**

## RESEARCH COMMITTEE REPORT - 2003

*Ming Chan, MD*

Thanks to the many enthusiastic and energetic members, the Research Committee has been quite active over the past year. Of these individuals, I would like to express my gratitude particularly to Lee Kirby who has worked tirelessly to promote research in our field. Although he has now stepped down as the chair of the Research Committee, we look forward to his continued participation in the years to come. I also like to welcome Guy Trudel who is now vice chair of the Research Committee.

One new initiative designed to promote research and to attract higher quality submissions to the annual meeting are the Best Posters Awards. These are given to the three best projects presented at the meeting. We did get a reasonable number of poster submissions at this year's meeting. It represented a three-fold increase compared to the previous year.

Other interesting and innovative ideas were brought up and vigorously debated at the research committee meeting in Edmonton this year. I will share with you two of these ideas here. Other ones will follow later as their details get worked out.

Lee Kirby proposed the creation of a 'Best Paper of the Year' award to recognize the quality and achievement of work done by our members. The winner will be invited to give a presentation at the meeting. This gives the audience attending the meeting to hear cutting edge research from the best in our field. After consultations with members on the association's research list serve, the proposal has now been presented to the executives of CAPMR and CPRDF for their feedback and, hopefully, approval.

A second idea suggested by Bob Teasell is that we should make an orchestrated effort to publicize the research work being done by our members. He agreed to help collating and organizing the publication lists of CAPMR members. These lists will be posted on the CAPMR website. This could have a positive impact not only to increase the profile of the individual's research output, but, in turn that should also reflect well on the departments and ultimately our specialty as well. To get the process rolling, we are now soliciting submissions. You can send your 2002 and 2003 publications including articles in peer reviewed journals and book chapters to Bob Teasell (see box below). In the future, we plan to update the list once each calendar year.

### PUBLICATION LIST

Last June, the Research Committee of the CAPM&R met in Edmonton. The mandate of the Research Committee is to facilitate research activity among members of CAPM&R. One of our identified goals this year is to produce an updated publication list for CAPM&R members. This will do several things:

- 1) Allow other researchers to see where your research interests lie;
- 2) Provide a mechanism for residents and fellows to identify researchers in areas of interest;
- 3) Provide a listing of research publications for external agencies who may be looking for partner researchers.

We will start with 2002 and 2003. A listing of articles and book chapters published in 2002 or 2003 where and author is a member of the CAPM&R should be sent to **[catherine.nabudere@sjhc.london.on.ca](mailto:catherine.nabudere@sjhc.london.on.ca)**

# EDUCATION COMMITTEE REPORT 2002-2003

Sue Dojeiji, MD, MED, FRCPC

## 1 Chair:

This was Dr. Dojeiji's second year as chair of the Education Committee. Dr. Dojeiji has one more year in this position. The Committee will be looking for another psychiatrist to fill the position in the next year.

## 2 Vice-chair:

No vice-chair was identified during the last meeting; the Committee is looking for any interested psychiatrists.

## 3 Membership:

Dr. David Berbrayer	Toronto
Dr. John Latter	Calgary
Dr. Meridith Marks	Ottawa
Dr. Denyse Richardson	Toronto
Dr. Lila Rudachyk	Saskatoon
Dr. Joy Wee	Kingston
Dr. Nancy Dudek	Ottawa

*Resident Representative*

## 4 Resident Essay Contest:

We had ten submissions for the resident essay contest in 2002. All were of excellent caliber. The winning essay was written by **Dr. David Flascher**, University of Alberta, entitled: "**Botulinum Toxin A for Focal Hand Dystonia: A Systematic Review of the Randomized Controlled Literature**". Each author received written feedback from 4 resident essay reviewers. The committee wishes to formally recognize the resident reviewers' hard work in assessing these essays.

The Education Committee discussed the criteria for essay submissions. It will ensure that the essay criteria clearly indicate that previous essay submissions for either student or resident essays are ineligible for resubmission. Student and resident essays must be original manuscripts.

## 5 Student Essay Content:

We had 2 submissions for the student essay contest in 2002, again of excellent quality.

The winning essay was written by **Ms. Anne Conlin**, University of Western Ontario, entitled "**Perimesencephalic non-aneurysmal subarachnoid hemorrhage precipitated by sit-up exercises performed on a Swiss ball**". Each author received written feedback from 4 student essay reviewers. The committee wishes to formally recognize the student reviewers' hard work in assessing these essays.

## 6 Visiting Professorship Program:

We received one request from Dr. Colleen O'Connell, Fredericton, NB. Based on Executive Committee decision, only one request will be funded. Members of the Education Committee felt the membership was not aware of the availability of the visiting professorship program and recommended an extension until Friday, August 29, 2003. The committee is to make its decision in early September.

## 7 Other business:

- Dr. Joy Wee and Dr. Pam Barton are collaborating on a manuscript for Enhancing PM&R in Canadian Undergraduate Programs. This continues to be a major priority of the Committee. The Committee will continue to work on a position statement and recommendations. Expected completion date by CAPM&R meeting 2004
- Dr. Dojeiji will facilitate the Medical Education SIG for the 2004 CAPM&R meeting. Needs assessment showed interest in addressing issues related to the "problem resident".
- Committee membership updated as above
- Terms of reference: will add that resident representation will be for two years; and, vice chair position on ad hoc basis. May need to explore merging CPD and education committees with two working groups. To be discussed at next CAPM&R meeting 2004.

## COMMUNICATIONS COMMITTEE REPORT 2003

*Jeff Blackmer, MD*

The Communications Committee, still consisting only of the chair, has been busy this past year. The Website, one of the primary responsibilities of the committee, has been redesigned and the new site should be online shortly.

The new online version of the Newsletter continues to evolve. The last edition was published in PDF format, which has received very positive feedback. It tends to be much more readable and also exponentially easier to print and read in hard copy. We are going to be experimenting with some new features as well, including a photo contest for each issue. As always, feedback is very welcome.

We continue to work closely with other committees to enhance communications across the entire Association. One good example in this area is the recent collaboration with our research committee, which is in the process of developing an updated research list to ensure we are current in this area. Much of this work will be done through the group in London and we thank them for their help.

Activities for the coming year include further refinement of the Website and Newsletter, collaboration with other committees, and attempting to either cancel the Communications Committee meeting at the Annual Meeting or getting at least one other person to attend.

## SUBSPECIALTIES IN PHYSICAL MEDICINE & REHABILITATION

*Brenda Joyce, MD, FRCPC*

Last year, our membership was canvassed regarding establishing a subspecialty certification in Spinal Cord Medicine. This question arose from queries for the Specialty Committee of PM&R of the Royal College.

The following questions were asked:

1. Do you believe the creation of subspecialties in PM&R would improve quality of care?
2. Will creation of subspecialties have a negative impact on practitioners without certification? Concerns have arisen in this regard as we are a small specialty.
3. Will creation of subspecialties create a "double-standard" with medical legal implication for those not certified?

I received 40 replies and the overwhelming majority of physiatrists were against subspecialty certification. Some of the replies are listed below.

- "Our specialty is too small and difficulties may arise with cross-coverage; physicians not feeling up to the same standard."
- "If subspecialization were to occur, there would be undoubtedly the increased patient pressure for referral to the "sub specialist" instead of the 'specialist'."

- "The implication of certification to any non-physiatrist, patients, perhaps even government and colleges is that the non-subspecialist are not at the same level of competence or standards of practice."
- "Like all subspecialty training, it is geared toward the academic centres. If individuals perceive they need extra training, it may inhibit recruitment."

Just for the record, six physicians were in favour of subspecialization. Here is one of their replies.

- "Yes, I think that the creation of subspecialties in PM&R will improve the quality of care. Physiatrists who've been well trained in certain subspecialties without being certified will not, in my opinion create a double standard or have a negative impact, although subspecialty with certification should be the rule in the future."

The survey results were reported to the Specialty Committee of the Royal College and the consensus is that we will not move forward with subspecialization in SCM at this time.

## RESIDENTS' CORNER

# The role of the resident in undergraduate medical teaching

**Katherine Knox, PGY4, University of Saskatchewan, Department of Physical Medicine and Rehabilitation**

Residents teaching undergraduates can be a rewarding experience for both residents and medical students. There has been increasing interest in exposing medical students to rehabilitation medicine. (Currie et al. 2002) Our involvement influences not only the undergraduate experience, but also may be a powerful influence in the recruitment of medical students into the specialty. Residents improve their own learning and development through teaching.

I thought it would be interesting to take a small survey of the involvement of psychiatry residents in undergraduate teaching. A short questionnaire was emailed out to 30 Canadian psychiatry residents or newly graduated psychiatrists across the country. I emailed those residents whose email was available on a PM&R review course email contact list. Eleven dedicated residents responded promptly with variable responses. Below is a synopsis of some of the responses. As well, I have described briefly the involvement of the Saskatchewan PM&R department in undergraduate teaching.

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### How much do we teach?

All of the respondents felt that teaching was both enjoyable and beneficial to their learning. Yet most residents had a difficult time quantifying how much time they spend teaching. Those residents involved in more formalized tutorials and small group problem based learning documented the most hours teaching. One respondent replied zero hours are spent teaching psychiatry, and another respondent spends one hundred total hours teaching per year. The large variability may reflect not only differences between resident teaching patterns, but also the difficulty of accurately quantifying informal bedside teaching.

### Who should be teaching?

The majority of respondents felt that both psychiatry staff and residents should participate in undergraduate teaching. One respondent suggested that there should be delegated staff and residents primarily responsible for undergraduate teaching. Despite the importance of interdisciplinary care in rehabilitation medicine, no respondents suggested that other disciplines such as OT and PT should be directly involved in teaching medical students.

All medical students at the U of S complete a mandatory two week rotation totalling twelve hours of exposure to Psychiatry. One of the objectives is to understand the whole patient using the multidisciplinary team approach. This may be the opportune time to introduce teaching from other related specialties. Currently small groups of students are taught this rotation by staff psychiatrists and occasionally by psychiatry residents.

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### What do residents know about undergraduate teaching at their university?

Most respondents are not aware of what teaching commitments their departments have with undergraduate medical education. In Saskatchewan, during the 2002-2003 academic year, staff psychiatrists spent 120 hours teaching first year medical students clinical skills. They also spent 72 hours teaching third year medical students psychiatry-specific material. All sessions involve small groups and bedside teaching with psychiatry inpatients.

Residents in Saskatoon are required to take a two and half day "TIPS" teaching workshop course.

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The general talk among the residents is that the course is surprisingly beneficial and enjoyable.

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Do we make a difference on student career choice?

Exposure to psychiatry in medical school has been shown to influence career choice—although not as strongly as one might predict. (Crossman et al. 1996) Perhaps this is related to the traditionally poor exposure medical students have had to psychiatry. Crossman conducted a survey of Canadian medical school graduates from 1994. Of those graduates who chose a career in psychiatry, only one third had an influential psychiatry role model during medical school. Crossman did not specify whether the role models were staff or residents.

Amongst the responders of the current survey, 6 out of 11 residents felt that a resident influenced their career choice decision while in medical school. It seemed to me as a medical student there was generally more contact with residents than there was with staff. Residents were accessible and easier to relate to. They had themselves recently gone through the same decision-making process medical students are facing. It would seem reasonable to think residents could offer support and encouragement in choosing a specialty.

When residents were asked if they thought they had influenced a medical student's career choice

by their teaching, the majority responded that they did not know. This is unfortunate, as part of the joys of teaching is to believe we are indeed making a difference. However, also true of teaching is that the benefits are not always immediately appreciated by teacher or student.

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Why should we teach?

Teaching medical students is an enjoyable experience according to all the respondents of this survey. Some respondents commented that teaching helped reinforce their own learning. Medical students challenge us and force us to return to the basics. The ultimate goal of medical teaching is to improve patient care in the long term—regardless of which specialties students eventually pursue. Along the way residents may benefit from the many other opportunities teaching has to offer, such as networking with future co-workers and working closely with affiliated teaching staff. I encourage residents to submit a brief commentary for the next issue of the Residents' Corner on their experiences, opinions and format of resident teaching at their respective centres.

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**References:**

Crossman MW, Busser JR, Anton HA. Factors influencing medical students in the selection of a residency in physical medicine and rehabilitation. *Annales CRMCC* 1996;29:2:84-90

Currie DM, Atchison JW, Fiedler IG. The challenge of teaching rehabilitation care in medical school. *Academic medicine* 2002;77:7:701-708

# THE FUNKY PHYSIATRIST

We invite you to submit any 'funky' article, be it a CD, book or restaurant review or any other article that might tickle your fellow members psyche. The goal of this column is to entertain and/or reflect upon subjects out of the PM&R scope. The authorship can be kept anonymous. Please send your articles to [capmr@rcpsc.edu](mailto:capmr@rcpsc.edu)

## EDUCATION CORNER

*Welcome to another edition of Education Corner. I hope everyone had a wonderful summer and is ready to attack another exciting academic year. Speaking of exciting, Dr. David Berbrayer has kindly contributed to this edition of Education Corner. He presents a summary of his experiences in a new University of Toronto initiative – the Teacher-Clinician Program. David and I welcome any questions or feedback you may have on this article. As always, I welcome any suggestions for future topics. Enjoy.*

*Sue Dojeji*

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### MEDICAL TEACHERS ARE RECOGNIZED AT UNIVERSITY OF TORONTO

*David Berbrayer, MD, University of Toronto*

In September 2002, the University of Toronto launched a new 2-year program for clinical teachers in the Department of Medicine. This program follows previous successful programs by the University of Toronto, which includes clinician-scientist and clinician-educator. The program was devised by the Vice Chair of Medicine and supported by a full time University of Toronto Department of Medicine Educator and General Internist.

The University of Toronto is traditionally research-oriented. To formally invest time in teaching was a new adventure. A selection process was devised to determine appropriate candidates for the first cohort class 2002-2004. The program required a formal letter of submission by the candidate, a supporting letter

from the Hospital Chief for protected time and a letter of support from the Division Head. The successful candidates were informed about their acceptance in May 2002.

Each candidate was told to “block” time off clinical services every Wednesday. The first cohort consisted of 11 candidates that ranged in experience from junior to senior medical faculty. Subspecialties included Cardiology, Dermatology, Endocrinology, Rheumatology, Hematology, Gastroenterology, and Physiatry.

Sessions involved both traditional adult teaching techniques and experimental teaching. The first sessions discussed the philosophy of adult education and ethical principles in university teaching. Candidates were filmed in real and simulated teaching environments. Participants received peer and educator feedback. Each candidate experienced being the teacher and the student. The Chair of Medicine would periodically come in and evaluate the experience. A “buzz” was created in the University that something different was occurring.

Early sessions reviewed an educational framework modeled after Stanford University. To have formal sessions about the framework of teaching was an “eye opener” for all the candidates. Candidates who were successful at these sessions were given yellow pocket cards, which summarized the experience. (A word to the wise: Beware of MD’S carrying yellow cards— **they could be evaluating your performance**). An educator from Stanford was invited to speak about his theories of teaching. Strategies explored interactive learning techniques for large and small groups. Medical Educators from Canada and the United States “demonstrated” their unique teaching styles. After each series of sessions practicum occurred and all candidates had to participate.

Further sessions involved teaching communication skills, web-based learning, bedside teaching, and teaching portfolio with

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career skills. Special sessions were held which explored the "CanMeds" educational framework. Other sessions explored evaluation of teaching in undergraduate, postgraduate and continuing medical education. By the end of Year 1 the group had formalized a project to evaluate all incoming University of Toronto faculty in several areas: small and large group teaching, and formal presentations. As a result of the evaluations, educational suggestions will be made which may influence early careers.

After each session, a comprehensive list of readings was supplied. Sometimes candidates added further readings not captured in the original list.

Year 2 will involve further didactic topics, experimental learning, group projects, journal clubs, practicum, and further emphasis on the educational framework with appropriate readings and presentations.

Is the program a success? Success can be measured short term and long term. In the past, the common perception was that "some people are born good teachers, some people become good teachers, and some people have teaching thrust on them." Now the University has recognized that all teachers can benefit from a formal educational framework. It then becomes the responsibility of the individual to use their knowledge to benefit others.

In the short term, all candidates have met with success with teaching after this program. But as one candidate remarked: "we are unusual because everyone in the program is highly self-motivated". Another measure of short-term success is that the 2003-2005 cohort was selected and will start Sept 2003 as the first cohort completes their program.

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Long-term success will depend on how the MASTER TEACHERS influence the universities. As the ONLY Physiatrist in the First cohort, I felt privileged to interact with my medical colleagues. Also, I reminded everyone about the importance of our specialty.

I am happy to present another update near the completion of my program. I welcome any feedback or questions you may have. I look forward to providing a summary of the U of T Clinician-Teacher program at the next CAPM&R meeting.

# ROUND THE WORLD CHALLENGE

## PART III - ITALY (CONTINUED)

*Mike Nemesvary*

Since we were on a tight schedule, we couldn't play tourists in Venice for long. Essentially, we had two more days to link up with the Canadian contingent of our team in Rome. This included Roger and Lee Greenberg, Karl Heinz, partner Archanna, and David Hamilton who was running one of Roger's companies in Ottawa. The following day, we set off to Rome. In the late afternoon we pulled off the autoroute just south of Bologna at a roadside service area to have some lunch and r&r. We were sitting down enjoying our meal when all of a sudden, here we are in the middle of Europe, and this guy stares me down and starts walking toward me. Call it instinct or intuition, but even though we had never met, I knew this guy was David Hamilton. My first words were, "You must be David" and he remarked, "You must be Mike" ! The so called "coincidence" absolutely blew me away. With all the roadside stops in Europe, what were the chances of bumping into part of the team that we were going to travel with from Rome all the way to Istanbul, Turkey. We had lunch together and got to know them in this impromptu visit. Then we were on our way again, through this lush and scenic part of Italy. We pulled into the Holiday Inn - Rome, 5 kilometers from the Vatican, at approximately 9:00 p.m. We clocked just under 600 kilometers for the day. Our timing was impeccable as we arrived in Rome on April 21<sup>st</sup>, the exact day we had scheduled over two years earlier. It's always great when things work as planned which was not going to be the case as I would soon learn.

George, Christine and I had been the road team for the past month. So, arriving in Rome and preparing to meet 9 others who would be on the road with us was rather strange, but nice to have so many supporters and people to help out. After a good night's rest and a sleep in the following morning, Christine and I drove in to visit St. Peter's Basilica. It was quite something to witness firsthand this incredible landmark and its religious significance to the world. St. Peter's Square was packed with tourists and there were long lines getting into the Basilica. Fortunately, wheelchair users were able to bypass the masses

by going through a side entrance reserved for dignitaries and VIP's. After a four-hour visit and loads of photos, we worked our way back through the crowds down the old cobble stoned streets and drove back to the hotel.

Upon arrival at the hotel, we were greeted by Roger Greenberg and his cousin Lee, a journalist who would be chronicling the journey for Canadian newspapers. Roger would become the team's godfather, always looking after everybody. Incredibly, he was the only sponsor who joined us on the road outside of Canada. Even though he was the President of a billion dollar international real estate development company, Roger wanted no special privileges. In fact, more to the opposite, he wanted to be an equal team member and to be a "Shlepper" for whatever needed to be done. He would get his wish soon enough!

Later that evening, I checked my emails to discover that Garry Sowerby, our Technical Advisor and Leg II team member had dropped out of the team. He cited that the reasons for his decision were that he thought I was being "reckless" and "irresponsible" in driving uninsured through France and didn't feel he could jeopardize his reputation and business by joining us on the road from Istanbul to India. He made it clear that he had made up his mind and that nothing I could say or do would change his decision. Needless to say, this was the worst possible news that I could have encountered, especially as we had a signed legal agreement and Garry's support during what would be the most perilous stage of the entire journey was critical to our safety and potential success.

I felt angry, betrayed, helpless and completely disillusioned by Garry's decision to drop out. My feelings were compounded by the fact that he didn't have the decency or respect to discuss his concerns with me before unilaterally pulling out. Especially, after all the preparations we had been through and the bonding, solidifying our relationship ... I couldn't believe all the adversity we were facing. I then had a private meeting with Roger to broach the subject. We had to know how

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to break the news to the team. One of our biggest concerns was that George, my main attendant and team member agreed to join the team in part because of Garry's support and involvement. We were worried that if George found that Garry wasn't coming, that he would lose faith in me and our ability to successfully complete the journey. My first priority was to meet with George privately to tell him about Garry and to stress that we were determined to move on with or without Garry and that we would have escorts and many "other" supporters along the way. I had about eight issues to discuss with George. After a thorough and candid talk outside the front of the hotel, George decided to stay with the team.

Next, we had to break it to the team. With Gerard, our cameraman, I did a piece to camera. I was livid and I let it be known that Garry had a legal contract as well as a moral one. He knew how important he was to us, to pull out with less than 10 days to go before he was to join us in Istanbul was so unfair and unethical. I was very angry on camera, but felt that I should not pull my punches regarding such a pivotal and important matter.

It was somewhat ironic that the Rome to Istanbul jaunt would represent the longest time Roger had ever spent away from his family or the business. I felt quite honored that he had felt so strongly about the Challenge and our cause that he opted to use his valuable time to help us out. It certainly didn't help matters that I had to divulge to Roger that there was another potentially major mechanical problem with the truck. Ever since driving in the UK the steering did not feel right as there was a grinding in the steering box at the far end of the range which was causing me a lot of concern. Our last chance to fix it would be in Rome before we drove off into the unknown. We also had to arrange for a garage to remove the catalytic converter because the rest of the world outside of Europe and the West generally relies on leaded fuel. Running leaded fuel through a catalytic converter would just clog up my exhaust and eventually the truck would stall out and potentially cause major damage to the engine.

Fortunately, Peter Stewart (other driver for the film crew) started calling around and eventually

located a garage 50 kilometers outside the city aptly named "American Car Garage" and the only garage in Rome (possibly all of Italy) that dealt with General Motors vehicles. The next day we drove in convoy with the van in tow to the garage and met a very friendly and helpful man named, Roberto.

Roberto had trained as a master mechanic with Ferrari but subsequently lived and trained in Chicago and knew GM vehicles inside and out. He was probably the only guy in Italy who knew the Chevy blazers well. He started taking the steering box apart, but could not find modifications. So he ordered a new steering box but alerted us that it wouldn't arrive until tomorrow and then it would take a few hours to complete the installation. I was transferred into the van for the long ride back to the hotel comforted by the fact that we thought we had located the right man for the job.

The following day we packed all our significant belongings and utilizing a taxi and the van we made our way back to the American Car Garage, hopeful that Roberto would repair the problem quickly and have us on our way. In fact we were so confident that we sent Karl-Heinz, Archanna, Christine and Lee on their way to Bari as the advanced party responsible to scope out the ferry situation, etc.

The garage is approximately one hour outside of Rome - South and close to the Mediterranean beaches, but not close enough! Although Roberto and his son, David had installed reconditioned steering boxes, they didn't realize that my truck's steering box had been modified to allow for the wheel to move more freely. In fact, it's referred to as "Zero Effort Steering". As the entire film crew, George, Roger and David Hamilton were hanging out at the garage, there was no shortage of supporters. In order to find out how the steering box had been modified, both Roger and David gave a workout to their international cell phones by calling Cliff Wolf at KVB Manufacturing in Ottawa and Pierre Genest at Ricon in Montreal. We spent a few hours faxing diagrams back and forth to Canada, finally understanding the steering box was modified on the inside of the stub shaft assembly. Roberto then removed the modified part and replaced it into the reconditioned steering box he had purchased yesterday.

A couple of hours later, the moment of truth came when I took the truck for a test drive. It felt a little stiff along the country roads but Roberto assured me that it would feel slightly differently from the old one. I took him at his word, but as we rolled back into the garage, the steering completely stiffened up on me and I could barely turn the wheel. We had to start all over again. Roberto took the box apart and discovered that a ball bearing had come loose and got mashed up inside the worm drive shaft. He then took both steering boxes apart, placed them side by side on separate tables and started "cannibalizing" parts from the 2 boxes. There were parts and ball bearings all over the place! We had the faxed diagrams from Canada but they didn't show how many ball bearings were supposed to be placed in the housing. Again, we got on the phone to Cliff, Pierre, Belisle Automobile in Ottawa and then we were given the name of a guy at General Motors headquarters in Oshawa.

Just then, Andreas, a friend of Roberto drove in with his brand new GM Suburban 4 X 4. We offered to switch vehicles with him, which he considered for a moment, but then said "no"! Andreas was wearing a beautiful and expensive Lama skin coat. We found out that he was considered the "Lama King of Italy". Andreas started getting involved with our dilemma and subsequently phoned his friend at GM in Washington who sent us a diagram showing 10 ball bearings were required which refuted Pierre suggestion of 19 and GM Oshawa's suggestion of 24 ball bearings! To which Roberto put out his arms and shrugged. We called Pierre again and he confirmed 24 which we went for. The problem of installing ball bearings is that it requires special tools which Roberto and David didn't have. So, every time they kept pushing them in, they would pop out the other side. Approaching 9 p.m. they finally figured out how to get them to remain in tact. To their credit, they had worked all day and tomorrow was a national holiday. Roberto, a grandfather three times over hadn't eaten all day but maintained a good sense of humor and was determined not to desert us and keep us rolling.

While we were patiently waiting it out, Roger and Peter went ahead to scope out a hotel as it was obvious that we weren't going to make it to Brindisi that night. Roberto continued to struggle with the steering box taking it apart once, twice



and three times. Our team kept expecting him to look up and shrug with an expression of regret that he couldn't continue.

But, finally after all his perseverance it was put back together. We all cheered and hoped for the best. At 10 p.m., I drove off into the dark of night for another test drive with Roberto. The steering felt like it was back to normal and I let out a sigh of relief ... we were mobile again! We drove back to the garage and after many thank you's, drove 20 minutes to the "Grand Hotel Dei Cesari" in Anzio on the Mediterranean Sea. We rejoined Roger and Peter for a tentative, late but joyful Italian banquet complete with vino.

We woke up to a beautiful morning - sunny, clear and reasonably warm with a terrific view of the Med to the west. We all had a delicious breakfast and packed up the two vehicles. The team was in great spirits as we were looking forward to rejoining our team mates on the other coast and thought our vehicle problems were behind us. I opened my driver's side door and lift system and proceeded to get elevated when all of a sudden I heard a loud "popping" noise and realized I was rapidly losing power and unable to get into the truck. Instantly, I knew that it was a serious hydraulic leak. There was just enough hydraulic pressure in the lines to allow me to get down off the lift and then we had to see where the leak

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had occurred. Roger was neatly dressed in his team uniform but was the first person to get on his back directly under the vehicle. He came up with oil all over his face and arms and sure enough, one of the main hydraulic lines between the pump and the lift had a major split in it.

I just couldn't believe our bad luck with the truck. It didn't help matters that April 25<sup>th</sup> was also an national holiday and all the garages were closed. I really started to lose confidence in the reliability of the vehicle to complete the journey and felt the team would lose confidence in me. Feeling quite embarrassed, we finally managed to contact Roberto who sent over his son David and a friend to assess the problem. A couple of hours later they showed up and fortunately we were able to place a couple of air jacks under the lift platform to get me into the vehicle. From there we drove back the 20 minutes to Roberto's garage ... just when he thought he had seen the last of us! As I was unable to get out of the vehicle, I went for a ride up on the hoist. Roberto quickly identified the location of the 2" wide leak that would need to be replaced. Replacement and installation would not be a problem on any normal business day but as it was a national holiday it could take a long time to source a supplier. He managed to contact the wife of a local guy who could supply a hydraulic line but she informed Roberto that he had gone fishing and was not expected home until the end of the day. Again, we waited it out at Roberto's garage. Finally, at 6 p.m. the part arrived and we received a spare line in case of future leaks. Roberto came to the rescue again and actually refused to accept any money for his time - just his out-of-pocket expenses ... what a wonderful man. At last, around 7:30 p.m., we set off towards Naples to meet us with our team mates.

Although I felt tired and we were driving at night, I was relieved to be back in the driver's seat and to finally be making some headway. We drove just over 300 kilometers and rendezvoused with our team mates at the "Hotel Marabella" near the town of Avellino. That night, it felt so great to see Christine again and cuddle up in a king size bed for well deserved rest! Before crashing, it was nice to have her there for emotional support and to be able to talk about my feelings of

inadequacy. What were they thinking of me, of the mechanical wherewithal of the vehicle to make this journey? But Christine helped me reason that, had this not happened, Roger might not have gone back to Canada appreciating the level of adversity, and as determined to provide so much support for the journey.

The next day was a great day in terms of weather, and we were for the first time together as a team. Three vehicles, the film van, Karl Heinz and I were on the road to Bari. Lee Greenberg had come in the car with Christine and me and was interviewing the both of us for his story back to the *Vancouver Sun*. I'm not sure why, but I felt I could trust Lee as a journalist and completely opened up to him about all my feelings surrounding the Challenge. We got to the seaport of Bari late in the afternoon and enjoyed an extended lunch with part of the team.

This was an exciting evening, because we were leaving the European continent and taking the ferry across the Adriatic Sea. It was great to be with the team, getting tickets, everyone feeling excited. When we got onto the ferry, Roger was extremely philosophical, insightful and open. He spoke with me and George on the ferry deck at sunset, the most gorgeous sail ever. He was breaking down. He has a severely disabled son named Jamie and he was relating and saying that although it was great that George was there, he thought I would need additional care attendants. I shared my concerns about the shortage of money and that we couldn't afford other attendants. Roger said, "don't worry about the money" ... this topic of money became a constant dialogue between us. Finally I gave in and David Hamilton, our unofficial tour manager, who was the head of "We Care" said they had some potential attendants to help. They had been doing phone calls behind my back and had actually short listed two guys - one from Ottawa and the other from Vancouver. After conducting a short phone interview, I chose Jason, the guy from Ottawa. Jason, a registered nurse, had coincidentally come to our launch from Parliament Hill a month earlier.

Talk about vulnerability ... we were enjoying this great dinner party at a reserved table on the ship, complete with Italian food and Greek wine, when Peter Stewart brought his guitar and

started playing a song he had written for the tour. Unfortunately, as Peter was playing his emotional heartfelt song, my catheter broke and I noticed urine running all the way down my jeans. This was both embarrassing and dangerous as my skin can break down and cause a serious sore. By the look on my face, Christine instantly knew something was wrong. We quickly excused ourselves and slipped out for the evening. Poor Peter thought we had left because he struck an emotional chord in his song (pun intended)! It was not until the next day, that I could reassure him that we did not leave because of his music.

That night we endured a very cramped sleeping compartment with the space of a slender child's bed, but it was better than nothing. The ferry arrived at Igoumenitsa just as the sun was rising 5:30 a.m.. The next day would provide one of the most challenging and memorable trips of the whole tour.

## GREECE

After sleeping on the ferry across the Adriatic Sea, we approached the coastal town of Igoumenitsa, Western Greece, just as the sun was rising. You could just barely make out the lights from the buildings on shore as the natural light lit up the harbor. It was a site to behold. Just as we were appreciating the splendor of our new surroundings, we heard the ship's PA announcement requesting all drivers to make their way to the vehicle decks.

In a prior team meeting it was decided that I would be the lead vehicle and both Peter and Karl-Heiz would remain behind. At 6:30 a.m., after filling up with gas and stocking up with bottled water and refreshments, we headed into the fog of sunrise and started ascending the coastal mountains. Although I had my electronic gas flat out, we were just slowly creeping up the mountain. After our experiences in Italy, I was still full of trepidation that the truck would manage to get us through the mountains safely. I tried to put on a confident front and not share my worries with my passengers. I was also concerned about being judged by the other two drivers for driving too slowly, despite the fact that I was giving the "Beast" all he had. Yes, my truck is a he! After countless switchbacks at a

maximum of 30-40 kph., we finally rose out of the fog and were blown away by the majesty of the 2,000 meter mountains and lush valleys below. We couldn't help but stop by the side of the road time and time again to take in this beautiful part of the world. Our cameraman, Gerard, kept driving ahead to capture the truck navigating these mountain roads. We then worked our way back down into one of the valleys and I gave my electronic gas a reciprocal work out to the climb which it has rarely seen as we dropped down the 2,000 meters we had just scaled. We all stopped at a small town for a delicious 3-cheese omelette and a much needed rest.

For the first time, Roger Greenberg jumped into the passenger seat to ride with me. That's when the two of us really started to bond. He shared with me the "real" story of how the Ottawa Senators Hockey team were formed. Roger could "spin a yarn" and the two of us never stopped yapping. So much so, we put George to sleep in the back seat! He mentioned later that, after the first 20 minutes, he felt really comfortable with me at the wheel and had absolutely no trust or safety issues. Only later did he learn that the frequent crosses by the side of the road represented places where someone had died, likely by losing control and driving off the side of the mountain to their horrific death! We worked our way up and over the "Kavala" Pass at a peak

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elevation of 1,972 meters. There was still a little snow on the sides of the road and we actually passed by a ski area. You don't typically associate skiing with Greece! For our next rest, the team stopped at a 24 hour truck stop, 10 km east of Trikala.

I had been at the wheel for a few hours when we encountered some heavy road construction complete with loads of dust due to the dry climate. All of a sudden I felt an attack of what I thought were allergy related symptoms. I had a runny nose and watery eyes to the point where I couldn't see. I pulled off the side of the road and got doused with water and drank plenty of fluid to try and relieve my symptoms. My condition quickly improved. A couple of little kids were loitering and couldn't stop staring at me with their little fingers up their noses. I tried to gesture to them not to pick their noses but it was no use, they were fixated on my wheelchair! I surmised that the allergic attack was due to the construction dust being sucked in through the A/C vents. After shutting the A/C off, my condition improved.

As I was feeling very comfortable with Roger, I decided to share a concern with him that I had been keeping inside for years. Essentially, I told him that I felt I must always portray that I am embarking on the 'Challenge' for everyone else in the world with a spinal cord injury. But, I confessed that part of me wanted the elusive cure for me. I always thought that if I related that sentiment publicly, then the media and the public may frown on me or think my motives for the project were overly self serving.

Roger heard me out and then a smile came over his face. In a very matter-of-fact tone, he told me that if part of me wasn't doing it for me, then he wouldn't believe it. He reassured me that there is nothing wrong in life by doing something that serves the common good and ourselves at the same time.

I then truly leveled with Roger that the funding for the journey and support infrastructure was going to be a make or break issue. In fact, I mentioned to him that I had decided to embark in Ottawa, fully aware that we did not have the

necessary resources to guarantee our return to Canada. Roger was astute enough to know what was going on. He said, "The last thing you need to be doing is worrying about money!" I continued to state my concerns and Roger stopped me in my tracks. "Mike," he said, "You're not hearing this, I'm going to help you!" He then took me by surprise by saying that he would endeavor to raise \$150,000 upon his return to Ottawa. Moreover, he was prepared to personally loan the project \$50,000 to help with the short term cash crisis. Everybody with a great project looks for an angel ... Roger Greenberg became ours! The fact that he was our only sponsor who came on the road with us, being that committed, said a lot about his unconditional support and spoke volumes about his character as a person. He then wagered two bets with me; each for \$20 US. Firstly, who would be the closest in guessing the final mileage to Istanbul and secondly, that he would be able to raise \$150 K once he got back to Canada.. It is no secret that I like to win ... always. But this was one occasion that I didn't mind losing ... Roger won both bets. In fact, in the case of the second bet, I framed and signed the \$20 US complete with photos of the start and finish of the trip. I always honor my bets!

After 14 hours at the wheel and our longest drive so far, we arrived at the seaside town of Thessaloniki on the Adriatic. It was just beautiful, right on the ocean. Karl Heinz had scooted ahead in his Audi at approximately 160 KPH to check out hotels. When we arrived, parking the truck was a major issue, as usual. In order for the electronic door and the lift to operate properly it must be in a perfectly flat area; not on a slope or on a curb. Also, the truck needs to be in sight line of the hotel for security reasons. No truck, no Challenge. Unfortunately the hotel managers do not understand these important details and often want to have their staff position us or park the truck themselves. After the 16 hour day, Roger became aware of how big an issue this was for me as I had six people directing my parking! I said, "I've had it! Please, just one person direct me!" Roger directed me in and then said, "Mike, go to the room and relax." Then he coordinated all of the administrative details that I had been responsible for up until Rome. It was so nice to have someone else take authority *for once!* We checked into the "Electra Palace Hotel" right downtown

overlooking a busy square. Christine and I went out for a romantic dinner in an outdoor café. It was a pleasant treat to just be going out just the two of us instead of George and the entire team. It's a good thing Christine is a knock out because I and the rest of the team couldn't help but notice the large number of incredibly good looking women in the square!

We headed out of Thessaloniki at 9:30 a.m. and worked our way around the city and back over to the coastal road. On this drive, Lee Greenberg road with me in order to pick up from where we left off on our interview. Christine sat in the backseat and was an avid listener. I don't know why, but I felt quite comfortable in Lee's presence and started pouring my guts out to him about my motivations for the Challenge, dealing with critics, my competitive personality and then he struck a very sensitive chord when he ask me about my spinal cord accident. No pun. I actually got so emotional reliving that time of my life that I had to turn off to the side of the road, get out of the "Beast" to wipe my tears away and gain my composure.

I feel like I'm beginning to sound like a broken record when I say that this part of Greece is spectacular. We were cruising along in an North-Easterly direction with the beautiful blue Adriatic Sea on our right and scenic mountains and cliffs on our left. I've been to the Greek Islands, the French Riviera, but this place rivals any of them. Christine described it in our logbook this way: "An absolutely beautiful coastline with fishing boats, fields of poppies and daisies, sandy beaches and religious monuments ... Perfect peacefulness."

As the majority of the road signs are written in Greek, you have to navigate using maps, all your senses and some common sense to boot. Even then we miss the odd turn off which was the case approaching the Turkish border. At 6:30 p.m., we had made it to the border albeit we had split up from the other team vehicle. We didn't know if they were ahead or behind us. It was a relatively quiet border crossing with minimal traffic. It would be our first test to make sure all our documents were in order, especially our visas and Carnet de Passage for the truck. Getting out of Greece was straight forward but getting into Turkey proved to be a little more challenging. More so, because the Customs building was

wheelchair inaccessible and appealing to officers to come out to see me was not an option. Feeling somewhat disempowered, George and Lee handled the situation while I curiously cruised around the Border area. I noticed a Greek trucker drive directly up to the border, flip a crossing guard a pack of smoke, and with a smile and a wave, he was on his merry way. I guess when you know how the system works, you use it! About an hour later, George and Lee got the job done and after presenting our stamped visa to the crossing guard we were officially in Turkey ... at long last, we had made it to the East!

## TURKEY

As we made our way from the Greek/Turk border, the conditions of the roads steadily deteriorated. I viewed it as a stark contrast between the affluence of the West and the poverty of the East. Around 30 kilometers outside of Istanbul we reached much better highways but then we had difficulty navigating as we couldn't understand the road signs. Istanbul is a large city comprising more than 10 million people with a complexity of roads going in every direction. Fortunately, Roger had given us his world phone, which was a great help. As the advance group had gone ahead and encountered lots of difficulties locating the hotel, they advised us to go to the airport and hail a taxi to lead us in convoy to the hotel. As suggested, we drove to the airport and George jumped out of the truck and got into a taxi to take us to our destination. Unfortunately, the taxi driver was quite ignorant and he raced ahead almost losing me on a couple of occasions. Then, when I would catch up, he would proceed slowly only to speed up again. I had been at the wheel for 14 hours and clocked 650 kilometers and the last thing I wanted was to play games with a Turkish taxi driver. Losing my patience, I sped up along side the taxi and asked Christine to open her window and ask him to drive more slowly. All of a sudden he swerves into my passenger side and I drastically pulled my steering wheel to the left avoid hitting him and almost lost control as the truck counter swerved to the right. I came so close to flipping the truck and was livid with this guy for being so ignorant. A short time later, we arrived at the hotel and the two of us were really giving each other the eyes!

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Just when all I wanted was to enjoy a hot bath and sleep, I was faced with the parking fiasco all over again. I was really pissed because I thought the advance party had gotten the message loud and clear about my parking requirements. I was really trying to be on my best behavior, but when you are stuck in a vehicle for so long, enduring extreme heat, border crossings, appalling roads, cultural challenges and language barriers, the last you want is more hassles that could have been avoided. I've more highs and lows than most people, but I had never done anything with so many extremes in such a short time. It was yet another reminder that this was a *Challenge* not a *vacation!*

On the upside, we weren't exactly slumming it and checked into the Crowne Plaza Hotel - a big western hotel with prices to match. Although the hotel was near the airport, we had a room on the 20<sup>th</sup> floor and a great view of the Mediterranean Sea. Over the next two days, I was faced with a hectic schedule of final interviews with Lee Greenberg and the Turkish media en masse. Pfizer - Turkey and the Canadian Department of Foreign Affairs and International Trade had effectively put the word out about the *Challenge* and our imminent arrival. I met with Karoline - the local Pfizer PR representative and a lady named Hunaie who was quite an adept interpreter. Over time I found out the importance of great interpreters, because I love to use the full range of the English language. A really effective interpreter understands the subtleties and nuances of our language. She was my intermediary to all of Turkey! In one afternoon, the media lined up for interviews inside and outside the hotel. One of the most memorable interviews took place with CNN - Turkey. I met up with this young and adventurous cameraman who really wanted to spice things up and get away from the regular talking heads. I went for a drive in the truck with this guy and his driver in tow. We cruised all around the insane streets of outer Istanbul with this cameraman leaning out of his vehicle getting passing shots, side tracking shots, close-ups and long shots. Later that night and the next day we were all over the air waves and in the newspapers. It was terrific for the ego! So many people heard the story, would recognize the truck and honk and give us the thumbs up.

I had to face the fact that this would be the last weekend with our "supersized" team, as Roger, Lee, Karl Heinz, and Archanna would be returning home. We had a beautiful meal in the heart of the city down by the water front of the famous Bosphorus River. It was a very emotional evening for all of us as we had been through a lot of experiences in a short time, but came together as a team. Roger gave a very touching speech and reinforced that everyone at the table made a great and lasting contribution to the project and were all official members of the RWC team.

April 30<sup>th</sup> also marked Christine's last day with the team as we had arranged that she would head back to Canada to be with her boys, Josh and Matt. From Istanbul to India would be the most challenging part of the journey and we thought it would be unsafe, too hard on Christine and too long to be apart from the boys. Christine and I had our last supper together and reminisced about our recent times together. She really came through for me and the team when things most mattered. I would miss her terribly and worried how George and I were going to cope without Christine's nurturing and easy going personality to act as a buffer between us.

The next morning we arose at 5:30 a.m. as Christine had an early flight back to Canada and we had a long day ahead of us. One of our most pressing issues was that we weren't able to get our Iranian visas before our departure. The Iranian Embassy is renown for holding on to people's passports for many weeks before deciding to issue visas and we just couldn't risk leaving Canada without our passports. In reality, Istanbul was our last and only chance to obtain our Iranian visas, so we set off to the Iranian Embassy in downtown Istanbul with very guarded optimism that we would get this vital document. Our embassy adventure began at 9:00 a.m. and would end at 3:45 p.m. The best way to describe the events is to relay George's entry from the official log book as follows:

*Iranian Embassy madness ... George and David on the fly!*

*Forms filled, argue gently about our invitation from the Iranian Auto Club. Please look at the forms ... kindly sir ... we must depart on our journey today! Representative states visas*

*will be issued at the earliest in three days. But, we must leave today!*

*Return to the truck with more forms, Mike's signature required, pay for visas at a bank 4 blocks away ... time is tight as embassy closes for morning in 15 minutes. Hoping queues, making apologies, run back to the embassy ... little time to spare.*

*Representative states that "you need the application in duplicate". Frantic copying in one hand, cell phone in the other; David Hamilton rushes other form back to Mike in truck for his signature. Back just in time with all the paperwork ... signed.*

*Representative tells to come back at 3:00 p.m., sure, sure, no problems. Fresh air ... release the focus and smile!*

*Hang with the "Mike Man" near the Hagia Sophia ... much needed chill time, soak in scenery, drink Turkish coffee, listen to Muslim prayer bells.*

*Return to Embassy at 3:00 p.m., go away, locked doors, no communication, waiting outside. Start banging on gates, hear stories of people returning repetitively for days and weeks without visas. Doors finally open ... no visas. Please let us in ... O.K. ... wait 20 minutes. Finally, at 3:45 p.m. visas arrive. Sawa Sawa!*

So much for an earlier start to the beginning of the Turkish leg, but at least we were packing our Iranian visas and felt as though nothing could stop us now. The team rolled out from the center of Istanbul in two vehicles, George and I in the truck; Peter, Gerard, Berbel and David in the other vehicle - the film crew van. Now that Roger was on his way back to Canada, David Hamilton became our unofficial tour manager. It was a great relief since being team manager was killing me. In retrospect, one of our major faux pas in the planning process was in not prearranging to have one consistent road manager. I had taken on the role by default and it was just too much pressure with all my other responsibilities.

It felt great as always to be on the road again. It felt even better to cross the great expanse of the Bosphorus Strait which is considered the "Eastern Gateway" and placed us officially in Asia. After a



couple of hundred kilometers, we pulled off for gas and refreshments at a roadside service station. As per the norm, I got out of the vehicle and proceeded to go through my series of stretches and aerobics for approximately 20 minutes. These exercise breaks were not just "feel good" routines but actually imperative to being physically capable of driving for such long periods of time. Like others who are paralyzed and in the same position, I get a massive build-up of toxins like lactic acid which are manifested in extreme muscle spasticity. Without the frequent exercises which decrease the muscle tension and spasticity, I get such a severe muscle spasm, that my legs could break free from their restraints and bend up to hit the steering wheel. I could also have to deal with muscle spasms higher up in my arms which could potentially knock my right wrist out of the steering splint or my left arm out of my electronic gas and brake, possibly losing control over the vehicle. Fortunately, despite my paralysis, I have very good body awareness and get enough warning signals regarding an impending muscle spasms that I can mentally relax my body and/or pull over to stretch out. From time to time and depending on my physical condition, I will take an extra dose of a medication called "Baclofen". This antispasmodic is the only drug I take regularly and without it I would be enduring muscle spasms all day long.

The team was in great spirits as we made our way over a small chain of mountains and I was buoyed even more as I received a rare phone call from my dad completely out-of-the-blue. He relayed how proud he was of what we were doing and just the sound of his voice gave me added

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support and inspiration to continue forward. After a good 8 hours and 500 kilometers at the wheel, we pulled into Ankara, the capital of Turkey at 11:30 p.m. On this occasion, we were guests of the Canadian Embassy in Ankara and they generously put us up in the Ankara Hilton Hotel. It was always a treat to stay in a 5-star hotel mainly because they were always much more wheelchair friendly, with spacious rooms, large bathtubs and running hot water. Yet another late one; after a long evening routine it was finally lights out at 2:30 a.m.

The Canadian Embassy had lined up some morning activities so we had no choice except to rise at 6:30 a.m. Another hectic schedule with only 4 hours sleep ... we were beginning to get used to it. After a delicious breakfast, we were greeted by a very friendly gentleman named Aamin - the Deputy Ambassador to Turkey and his colleague Simin and quickly escorted to the National Rehabilitation Center. This was our first stop at a rehabilitation center since Switzerland, so we were all looking forward to the visit. As we pulled into the entrance of the institution we were greeted by *hundreds* of people. There were dignitaries, doctors, patients and media all awaiting our arrival. We were being treated like major celebrities and everyone wanted a piece of us. Dressed in team uniforms, we were escorted on a tour of the facility by the Chief Physician. One of the highlights of the visit was meeting a young guy in his early 20's who have been recently injured and was diagnosed as a C-4 quadriplegic - the same level of injury as me. In an instant, all my memories and emotions of my own injury came flooding back. I put a hand on his shoulder and consoled him and his mother for over ten minutes. I did my utmost to give them a little bit of hope and share with them the objectives of the journey, but I still couldn't help but feel despair for this young guy and his family. It's one thing to break your neck in Canada or Switzerland and have the vast resources to help you regain some resemblance of life, but it's a completely different scenario when you break your neck in Turkey or other third world country. I was quite teary eyed, as I wished him well and moved on for the rest of our tour. It frequently amazed me, when I would tour facilities which are far inferior to ours in the

West, to appreciate how proud the docs and staff were of their institutions and just how much great work they were able to accomplish with so little resources.

One of the major defining moments of the entire trip occurred when this beautiful, vivacious 13 year paraplegic girl worked her way through the crowd of people to say hello. Apparently, she had no advanced notice that we were coming to the Center, but as soon as she heard that we were here through word of mouth, she just had to meet me. She captivated all of us by her beauty, intelligence, energy and charming personality. She insisted that I take a neckless from her as a gift but I said I could not accept such a nice gift. She became more insistent and those around us said that she would be very upset if I didn't accept her token of friendship. I relented, and she placed the beautiful neckless around my neck and kissed me on the cheek. It was a precious and memorable moment. The little girl went on to explain that she desperately wanted to leave the rehabilitation center but needed a power chair in order to return to school and to be able to navigate the hilly surroundings of Ankara. The Deputy Ambassador and David Hamilton took her name and address and I believe that we eventually facilitated sending her a power chair from Canada. As we were always on a tight schedule, after an hour and a half at the Rehabilitation Center, we said our goodbyes to our escorts and a crowd of well wishers and headed in our eastwardly direction.

Once we left Ankara, it felt like we were really getting into the East; it became much more rural and impoverished. Men and women in ethnic dress became the norm. Also, the roads became more difficult to navigate as there was no signage to indicate our proper direction. We were really on our own as we had no escort vehicle or translator - just the camera crew and us. It was another packed day; after 450 kilometers at the wheel, we pulled into the city of Sivas around 8:00 p.m. Unfortunately, we couldn't locate a reasonable and accessible hotel. After an hour of trying to find people who spoke English for suggested hotels and checking a variety of places, we pulled into the "Buyuk Hotel" right on the main drag. Parking was always an issue and this was no exception. Unfortunately, we had to park behind the hotel on a quiet, deserted back

street as there was no parking closer to the hotel. I always had nightmares that the truck would be ransacked or stolen ... but we dodged another bullet. We were treated to a tasty traditional Turkish meal followed by a very seductive dancer and live band playing ethnic music.

After our crazy, hectic schedule of the past few days, we treated ourselves by sleeping in, having a full cooked breakfast and then on to the local barber to remove some unwanted hair. Both Gerard and I enjoyed haircuts and a shave, complete with hot water, facial massage, straight razor and tonic.

We departed Sivas around noontime and encountered some of our worst weather of the journey. We drove through hard rain, strong side winds and bumpy 2-lane highways with plenty of slow moving trucks. Passing was always tricky and the weather didn't help matters. We started into some mountainous terrain and actually climbed to the snow line at 2,190 meters. We then encountered our first dirt road which lasted for a hour or so. For the next three hours, we drove through a barren "Martian like" landscape with no site of civilization. It reminded me of the salt flats of Utah. About an hour before our destination of Erzerum, we were cruising along "just slightly" over the speed limit when we were flagged down at a police check point. I tried to play it cool and fortunately one of the officers spoke good English - I'll call him the "good cop". His colleague, the "bad cop" spoke no English and wasn't very cordial. We pulled out an article and letter from the Canadian Embassy both written in Turkish to help explain what we were doing so far away from home. Neither of these documents seemed to impress them much and we were asked to get out of the truck. After opening my truck door and getting off the lift, I kept thinking about how we could get out of this situation without getting a ticket. We had actually hidden \$1,000 US of cash in \$20's, \$50's and \$100's just for this kind of situation where we may be forced to buy our way out of trouble. Of course, it was a risky proposition because if the bribe was rejected, then we could be up to our eyes in "shit" and possibly off to jail for attempting to bribe a police officer. Just then I got an idea. We had brought a bag full of hundreds of Canadian lapel pins to give out at special events.

I looked at George and asked him to grab the pins and present them to the officers as a goodwill gesture. Just then, a smile came over "both" their faces as they proceeded to place the pins on the lapels of their uniforms. They stood up straight sporting their official Canadian pins and then they said "you're free to carry on ... *salutes* ... good luck with the rest of your trip." Amazing what a little diplomacy and some Canadiana can do to get you out of a predicament!

After another 450 kilometers and some of the roughest roads to date, we rolled into the mountain city of Erzerum at 7:00 p.m. to rendezvous with our team mates at the "Dilaver Hotel". We were located in a very rough-looking part of town and I got an uneasy feeling about our surroundings and our security. Fortunately, we were able to leave the truck at the front of the hotel. Unfortunately, there were numerous steps leading up to the front of the hotel, so I was forced to go up a hill and through a rear entrance and the hotel kitchen which eventually connected to the hotel lobby. Feeling exhausted, I had an early meal and was asleep by 9:00 p.m. At 3:00 a.m., I was woken up by the truck's security alarm. I freaked and frantically called over to George to get up and check on the truck. He groggily threw on a pair of shorts and t-shirt and rushed down to check on the "Beast". Meanwhile, all sorts of terrible scenarios ran through my head. Luckily, 10 minutes later George returned to say all was well. I was in the middle of a deep sleep when again I was awoken at 5:00 a.m. by the truck alarm screaming out. Again, George went down to check on things and again no sign of trouble.

On our way out of Erzerum we decided to stop at an Internet café to send off my latest article for my weekly series in the *Ottawa Citizen* and to check on incoming emails. I decided to remain in the truck while George attended to the emails. We were parked in this small back alley when all of a sudden, throngs of people approached the truck. A local reporter asked "Aren't you guys the ones who were on CNN and in the national newspaper driving around the world?" I said "yep, that's us!" He then requested an on-camera interview and got on his cell phone to confirm that his cameraman could be here in 5 minutes. Before I knew it there were journalists asking for

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interviews, TV cameras, stills cameras and a huge crowd of 50-60 bystanders hovering around the truck. It seemed like everyone in Turkey (except the highway police) knew about the Challenge ... it was heart warming to be the recipient of all this attention and recognition. Now, if only we could turn this relative fame into dollars and cents.

Back on the road, we were determined to make it to the Turkish/Iranian border by day's end. After a couple of hours, we were out of the mountains and decided to pull off the 2-lane highway for lunch in the small village of Taslicay. Before, I could get out of the truck we were absolutely mobbed by a crowd of excited, smiling local villagers. I finally managed to exit the truck to the amazement of the crowd. I don't think they were used to Westerners dropping in or quadriplegics in power chairs. Some of the kids who spoke minimal English were inquisitive about everything. "What's your name?, What's your job?, Where are you from?, How old are you?" Just as we were settling into a small restaurant for shish-kebabs and rice, the Chief-of-Police dropped in to say hello. He was a well dressed guy in his 40's who spoke perfect English. With our cameras and hoopla, he had mistaken us for an Austrian TV crew who were meant to be shooting part of a documentary in his village. Once we clarified who we were and what we were doing, he extended a heartfelt welcome. Then, to our amazement (going through the police chief as translator) the owner of the restaurant said the meal was on him and furthermore, he wished to donate \$2 M Turkish Lira to our cause! These incredible impromptu moments of kindness and generosity made the adversity and grungy aspects of the *Challenge* much more tolerable.

Finally, at 6:00 p.m., we made it to Dugubayazit, the closest border town at the Eastern edge of Turkey. It had taken us over six hours to travel just 300 kilometers. We pulled off into a barren hotel parking lot to hold a team meeting and plot out a strategy for crossing the Turkey/Iran border.

The consensus was that we should rest the night and tackle the border feeling fresh the following

morning. Like many border towns, you get the feeling that you're in the wild west ... lots of transients, opportunists and sleazy deal makers just waiting for their next sucker ... of course, I could be wrong but that was my impression. Although the name sound luxurious the "Grand Hotel Dugubayazit", our abode for the night, was anything but *grand*. George and I shared a closet sized room with barely enough room for my wheelchair and two single beds ... luckily I didn't fall out of bed.

The next morning, we awoke to discover that the electricity had shut down overnight. Not generally a problem, except that we had taken the elevator up to the 4<sup>th</sup> floor and it didn't look like the power was coming back on for many hours, if not days. This was one of those moments when I was grateful to have a strong attendant in George and other team members for support. First things first, I wheeled to the top of the stairwell and started giving directions. We would need a regular, padded chair at the top of the stairs. Next, I was transferred into the chair. Then we stripped down my power chair; detached the foot plates, leg straps, remove the batteries and cushion. Then all the parts were taken down to the ground floor. Next, the chair clutch was disengaged so the chair could be slowly bumped down the 8 flights of stairs with the help of 4 people. Then the power chair was reassembled at the ground floor. Next, George came back upstairs and piggybacked me down the 8 flights of stairs and back into my power chair. Lastly, all the fine tuning of straightening my clothes, adjusting my condom catheter and positioning me for fine balance. Again, independent! As I would learn time and time again, when you travel through the East ... just because you go up in the elevator doesn't guarantee you'll come back down in that same elevator. Given the hassle we had just been through, I'd thought I'd ask the hotel Manager to give us a break on the cost of the accommodation ... no deal. Now that's sensitivity and customer service!

Just, when we thought the fun and games were over for a little while, we were faced with another major dilemma that could seriously affect our progress and plans to film the entire journey. Due to the strict Muslim government installed in Iran there is a general dislike and mistrust of the West and Westerners visiting their country. It is

therefore forbidden for any Westerner to film inside Iran without a permit which is virtually impossible to obtain. Gerard and Berbel had in their possession over \$200,000 worth of cameras, lenses, accessories and film. Adding to our problem was that Peter and David were only coming as far as the border before turning around and driving back to Europe. The best solution to both problems seemed to be for me to take all the camera gear in the truck, while Gerard and Berbel would pose as tourists and walk across the border. Once safely in Iran, we would meet our Iranian escorts and we could transfer all the film gear into their vehicle.

We were cognizant of the possibility that there were spies in this town and/or low life's who were willing to squeal to the authorities about suspicious behavior of Westerners for a paltry pay off. I re-parked the truck off to the side of the hotel and we constructed a makeshift barricade of suitcases and boxes to try and conceal our activities from unwanted observers. We then proceeded to empty the vehicle of its contents for the third time since leaving Canada. I am a neat freak and anal about organization but enough already. Once we had everything out of the vehicle and the roof rack, Gerard and Berbel began the process of dismantling as much of the equipment as they could and then randomly packed the pieces of equipment in suit cases, duffle bags, tool kits, lenses in socks, and anywhere that it would be difficult to discern that it was part of a broadcast-quality camera kit. Once we were finished it was unrecognizable as camera gear. The word *smuggling* has rather dyer connotations to it, so lets just say I was helping our friends to *covertly expedite* precious goods.

On the one hour drive to the border we were treated to a spectacular view of Mount Ararat, which juts out of a flat and barren landscape to rise up over 5,000 meters. The mountain has considerable biblical significance and is a landmark best known as the place in which many believe the Ark is located.

Approaching the border, there was mass confusion. Hundreds of truckers waiting outside their parked rigs and no signage indicating where to go or what to do. Rather than line up like a sheep, I decided to be bold and kept driving right to the border crossing. I surmised if I drove right

up to the boarder and got out of the truck while they could check out the truck with the stickers on it, then maybe they will have sympathy for us and let us through. Unfortunately, no dice. There was this one big, bad, ugly and mean bastard at the gate; kind of like un uglier and bitter Antonio Bandares. It appeared as if his sole purpose in life was to make people miserable and not let them across *his* border at any cost. As required, we had *all* our paperwork in order and we presented it to him. He said "No Good ... bring other one!" We asked "which one" and said "Go Away!" Again, there was an inaccessible Customs administrative building and I decided to let David and Peter sort out which "other" document that was apparently required. Outside, we witnessed the big, bad guard yell at some Turk, punch him in the face and push him to the ground. You did not want to get on the bad side of this guard! It was very hot and my patience was wearing thin. Twenty-five minutes later, David and Peter returned and we approached the guard again with new papers. "No good. Other stamp. Other stamp!"

While waiting for another three hours to go from building to building, line up after line up eventually we got all the required stamps and documentation. We presented the nasty guard the paperwork and he finally said in a grudging tone "OK, but only ONE!" I was the only one allowed to drive across the border and the rest of our shrinking team had to walk through. We all hugged David and Peter good bye and we were off on our next adventure in Iran ... or so we thought. These third world border crossings are a kind of *no man's land* where laws, human rights and common decency all take a backseat, as we were all soon to discover.

*More to come in the next instalment ...*

## WHAT'S NEW WITH OUR MEMBERS

Jeff Blackmer is working as Executive Director, Office of Ethics for the Canadian Medical Association.

Karen Ethans had a baby girl on July 1<sup>st</sup>, named Emily.

*If you have any news or events you want the membership to know about, please send the information to the Secretariat at [capmr@rcspsc.edu](mailto:capmr@rcspsc.edu)*

## WINNING ABSTRACTS – 2003

### RESIDENT ESSAY CONTEST WINNER



**Dr. David Flaschner**  
**Winner of the**  
**2003 Resident Essay Contest**

Botulinum toxin A (BtA) has become a first line therapy for patients with focal hand dystonias (FHD). The increasing acceptance of this treatment has been supported through several open-label trials. This article systematically examines the more rigorous randomized controlled literature for support of the popularity of BtA for FHD. Three RCTs were identified which demonstrate subjective relief of symptoms with a duration of at least 6 weeks in 30 to 90% of patients, but only one trial has been able to show an improvement in validated measures of hand function. However, the validity of the trials has been called into question due to selection bias and the possible difficulties with maintaining the blinded status of patients.

### MEDICAL STUDENT ESSAY CONTEST WINNER



**Ms. Anne Conlin**  
**Winner of the**  
**2003 Medical Student Essay Contest**

A perimesencephalic non-aneurysmal subarachnoid hemorrhage (PNSH) is a non-traumatic cerebral subarachnoid hemorrhage without any radiological evidence of underlying vascular lesions, including aneurysms. The etiology of PNSH is not known. I present the case of a 24-year-old, previously healthy female with PNSH that may have been precipitated by sit-up exercises performed on a Swiss ball. The Valsalva manoeuvre, if improperly performed during these exercises, can cause a supraphysiological rise in blood pressure that may lead to intra-cranial vascular injury and serious neurological complications. Proper breathing technique during the Valsalva manoeuvre and proper use of the Swiss ball should be encouraged.

This is the first report of PNSH associated with sit-ups.

### RESIDENT RESEARCH CONTEST WINNER



**Dr. Russell O'Connor**  
**Winner of the**  
**2003 Resident Research Contest**

**A National Survey of Canadian Psychiatrists (Part II): Profile of Current and Future Continuing Professional Development (CPD) Activities, Perceived Usefulness and CPD Learning Needs.** Russell O'Connor, Peter Mortifee, and Ruth Milner.

#### **Objectives:**

To develop a profile of current CPD activities, to establish the perceived usefulness of CPD activities now and in five years, and develop a profile of the desired CPD content for Canadian Psychiatrists.

#### **Methods:**

The methodology of this study has been described in detail previously. Usefulness was ranked on a scale from 1 (not useful) to 7 (very useful) and 4 being undecided. For a CPD topic or activity to be deemed useful the topic or activity must have attained a mean score of 4 or greater.

#### **Results:**

A total of 236 (80%) of 297 surveys were returned completed. Virtually all Psychiatrists use the library (93% at least monthly), and attend conferences (97% at least yearly). Currently, Psychiatrists also find the library and conferences most useful. Psychiatrists without a university appointment, those that live in towns of less than 250,000, and Psychiatrists with reduced access to CPD (at a teaching center) are less likely to participate in grand rounds, journal club, teaching (residents and medical students), and case based discussion groups. In addition those Psychiatrists without an appointment and with reduced access to CPD are also using electronic literature searches and the Internet less. Only 60% of Psychiatrists attend grand rounds regularly (at least monthly) and 26% never attend. Two thirds of Psychiatrists use

electronic literature searches at least monthly. 57% of Physiatrists use the Internet (at least monthly) for medical purposes. Physiatrists envision computer driven CPD (electronic literature searches, the Internet, and computer based software learning programs) becoming relatively more important. The number one topic of interest for Physiatrists across Canada was return to work, followed by radiculopathies, musculoskeletal problems of the upper extremity, pain disorders and management, and low back pain. 58% of Physiatrists feel they are currently spending enough time on CPD activities.

### Conclusions:

The overwhelming response rate of 80% assures the generalizability of this survey to Canadian Physiatrists. Physiatrists like most physicians find the library and conferences most useful. However, Physiatrists foresee computer driven CPD activities as more important in the future. Three of the top twelve topics of interest for Physiatrists are intimately tied to maximizing the functional capacity of patients. We hope this information will be used regionally, provincially and nationally to help guide and tailor future CPD events to the needs of Canadian Physiatrists.

## STUDENT RESEARCH CONTEST WINNER



**Ms. Anita Mountain**  
**Winner of the**  
**2003 Student Research**  
**Contest**

### **THE WHEELCHAIR SKILLS TEST: VALIDITY OF AN ALGORITHM-BASED QUESTIONNAIRE VERSION**

Anita D. Mountain, BSc (OT),<sup>1</sup> R. Lee Kirby, MD,<sup>1</sup> and Cher Smith BSc (OT)<sup>2</sup>

<sup>1</sup>Division of Physical Medicine and Rehabilitation, Dalhousie University; and <sup>2</sup>Department of Occupational Therapy, Queen Elizabeth II Health Sciences Centre, Halifax, Nova Scotia, Canada

**Objective:** To test the hypothesis that an algorithm-based questionnaire version of the Wheelchair Skills Test (WST) provides a valid assessment of manual wheelchair skills.

**Design:** Within-participant comparisons.

**Setting:** Rehabilitation center.

**Participants:** 20 wheelchair users; 11 with musculoskeletal and 9 with neurological disorders.

**Intervention:** Each participant completed the questionnaire (WST-Q) and then the objective skills testing (WST).

**Main Outcome Measure:** The WST-Q consisted of 3 components: the knowledge version (WST-Q [K]) (structured oral questions only); the visual-aid version (WST-Q [VA]) (visual aids added for 6 of the skills); and the categorical perceived-ability version (WST-Q [PA]).

**Results:** The mean total percentage scores for the WST-Q (K), WST-Q (VA), WST-Q (PA) and WST were 60.5%, 62.2%, 64.0% and 59.8% respectively. Only the WST-Q (PA) was significantly different from the WST ( $p < 0.05$ ). There were positive correlations between the objective WST and the WST-Q (K) ( $r = 0.91$ ), WST-Q (VA) ( $r = 0.91$ ) and WST-Q (PA) ( $r = 0.83$ ) ( $p < 0.001$  for all). The percent agreement on the individual skill scores ranged from 55% -100%.

**Conclusions:** The algorithm-based WST-Q has excellent concurrent validity in comparison with objective testing, when assessing the overall manual wheelchair-skill levels of wheelchair users. It may be useful as a screening tool or when objective testing is impractical.

## CAPM&R PHOTO CONTEST

We have received some excellent submissions for the CAPM&R First Photo Contest and it was very difficult to pick a winner. Congratulations again to Dr. Joy Wee of Kingston, Ontario.

You want to participate and win \$50 if your photo is selected and published in the Newsletter?

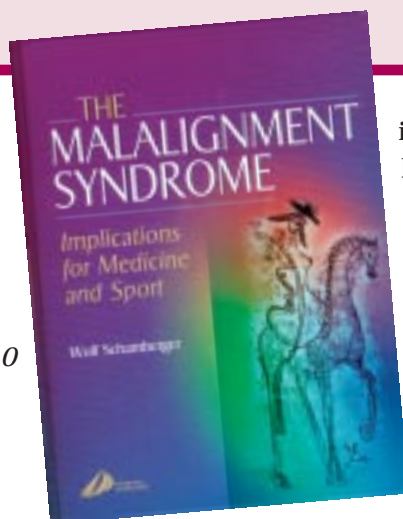
Please send in your entries at [capmr@rcpsc.edu](mailto:capmr@rcpsc.edu) and take note of the following information:

Theme: "Winter", deadline is January 31st, 2004  
Theme: "The Beach", deadline is April 15, 2004

## BOOK REVIEW

Joy Wee

*"The Malalignment Syndrome - Implications for Medicine and Sport"* by Wolf Schamberger, Churchill Livingstone, 2002, ISBN 0 443 06471 7, 456 pages, hardcover, \$97.95



When an opportunity arose to review a new textbook on the malalignment syndrome, written by a colleague, I offered to do so, hoping to learn something about a little understood area of medicine.

Dr. Schamberger writes from the perspective of an athlete who has the malalignment syndrome. His perspective lends a personal flavour to the text, which is organized into eight chapters and a conclusion, with appendices and a glossary of terms. Overall, it is a text that needs to be read from beginning to end for optimal understanding and flow, particularly because of the use of specific terms and words that may not be readily apparent upon first reading.

References supporting concepts and statements mentioned in the first overview chapter begin primarily in Chapter 2, which provides a review of literature on the much debated existence of sacroiliac (SI) movement, with helpful diagrams. Sacroiliac movement described during gait is minimally referenced. The author describes the most common presentations of malalignment, including rotational, upslip and downslip, pelvic outflare and inflare malalignment, though no explanation is offered as to why the most common presentation is that of right anterior and left posterior innominate rotation with 'locking' of the right SI joint. A high prevalence of the disorder is reported, beginning in childhood. Variations seen during assessment of malalignment are described. A thorough description of tests of SI function is included. Helpful photographs are used to assist in the description of tests.

Chapter 3 discusses associated syndromes and clinical findings in malalignment, and describes common footwear patterns and muscular imbalances that may be found. A few terms are not described until much later (for example, FSR and ESR movements mentioned on page 95 are not explained until page 242). Figures mentioned

in the text are not always found in close proximity, and some searching through the book is required. In his discussion about piriformis muscle involvement, the author refers to some of his previously unpublished data from approximately ten years ago. Many diagnostic physical examination techniques are suggested, though completion of these assessments may well consume a considerable proportion of time available within a typical office visit. Chapter 4 discusses common presentations that may be misdiagnosed if malalignment is unsuspected.

Chapter 5 describes common disturbances and mechanical demands placed upon the body by various sporting activities (such as cycling, skiing, skating, fencing, etc.). Normal movements required by some sporting activities is detailed, and effects of malalignment on such movements described. However, such descriptions appear to be theoretical, as no population-based studies of athletes and malalignment are quoted for the various sports. Chapter 6 is specifically devoted to malalignment in horses and riders, and the resultant effects on the equestrian team.

Chapter 7 describes treatment approaches and muscle energy technique. I found this a useful chapter for practical information that I might impart to patients. In this chapter, indications, rationale and experimental evidence for prolotherapy are discussed in more detail. Other interventional treatments are also discussed, including corticosteroid injections and surgery. Chapter 8 provides descriptions for various terms that a physiatrist may hear from their patients who have sought help from other health professionals in the past, including terms such as rolfing, and craniosacral therapy.

Overall, I hoped to gain a simple, organized approach to diagnosis and management of persons with symptomatic malalignment syndrome. However, the variability of presentations and apparent commonality of this syndrome rather left me with more questions than answers. Perhaps the frequency of occurrence may be related to the athletic population that this book addresses, and not the population that I encounter in my general physical medicine clinics. I found myself wondering about the strength of evidence for some interventions mentioned, but in general, this interesting textbook added to my awareness and understanding of the literature on the subject.