A STORY OF A TIA

After four intensely stressful years, I felt that I was ready at last to return to my home in Canada. I had left my home in 1998, after having received a very disturbing telephone call from my London-based sister. She, as I learned, had suffered a stroke. Later on, she was hospitalized with brain cancer. Throughout her two years of illness, it was my responsibility to monitor her care. She died, and it became my task to dispose of her home and all her possessions.

Now a new period of extreme stress began.

At long last, after two more years, I felt that I had accomplished all that was required and could return to my home in Canada. My bags were packed and I had already shipped ahead a crate of "family treasures" previously stored in Elizabeth's home. The taxi I had ordered was waiting.

Time to leave, Naomi! The driver would take me to Heathrow airport.

But why were we travelling beneath the surface of the River Thames? I was fearful but I kept quiet. What was going on? I became increasingly anxious.

When we reached the airport, I found that I was unsteady, so I asked the driver to fetch me a wheeled baggage cart which I could use to support myself. I was feeling strangely dizzy. With difficulty I made my way to the Air Canada counter where an agent processed my documents. Embarrassed and ashamed, I told the agent "I cannot fly today". Did I appear as unwell as I felt? The agent was solicitous. He offered to have my reservation switched to a flight on the following day. I was taken to the airport first aid station, but no one was on duty. Am I ill? I wondered. I was taken by taxi to the nearest hospital. In the hospital emergency room I was given a cup of tea and was examined by the doctor on duty, whom I don't know) to a nearby hotel. I considered trying to contact a London friend but decided not to bother her. I was very much alone.

The following morning, after a brief sleep, I felt well enough to return to the airport. Again I checked in. The Air Canada agent recognized me and retrieved my stored baggage. The agent made sure that I was seated with other passengers travelling to Montreal. I remember little of that flight though I have a bitter memory of an acrimonious discussion with a customs agent regarding my advance shipment. I was fearful but I kept quiet. What was going on? I became increasingly anxious.

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SSAO Recognizes Isabelle Martineau

Congratulations to Isabelle Martineau, 2013 Recipient of SSAO’s Nursing Award for 2013. This is in recognition for her continued and dedicated service to Stroke Survivors and their families. Isabelle has been one of the “Champions” for the Peer to Peer Visitation program since 2008. She showed understanding towards the Stroke Survivors and saw our vision for the program. Week after week, she referred appropriate patients for the program on top of her busy workload. Thank you for supporting the Stroke Community.

When Stroke Survivors Association of Ottawa paths crossed with Isabelle, we knew immediately that she was compassionate towards the stroke patient and family members. When we introduced our concept of the Peer to Peer Visitation program at the General Hospital to the acute care staff back in 2007, Isabelle immediately stepped up to the plate and became our champion of the program. Each week she went through the patients and decided who was ready and who would benefit from the visit. She was always helpful, positive and took time out of her busy day every week. She has been assisting Stroke Survivors and family members for the past 6 years up and beyond the call of duty.

Isabelle is the 2013 SSO Nurses Award Recipient for her continued support of stroke survivors and as the advocate SSAO’s Peer to Peer program. Her contributions have been instrumental for the positive outcome for Ottawa Stroke Survivors, Care-Persons and families.

Isabelle obtained her Bachelor of Science in Nursing from McGill University in 1993. She started her nursing career at the Montreal Neurological Hospital as a Neuroscience nurse. After working for 5 years in neurology, neurosurgery, and epilepsy, she then took a position as the Assistant Head Nurse at the MNH. During that time, she obtained her Certification in Neuroscience Nursing. She pursued her career at The Ottawa Hospital as the Neurology Liaison Nurse. In 2004, she joined the Champlain Regional Stroke Program as the Stroke Nurse Specialist.

Stroke Survivors Association of Ottawa is pleased to present Isabelle Martineau with the First SSAO Nurse’s award. Thank you Isabelle for making a difference in the community!

One-Handed Ponytail

One-HandedPonytail.com, authored in 1996 by Sara D. Uhrig, OTR/L,CHT, is a useful learning module to help anyone with only one working hand/arm put their hair up independently. This is often the last activity of daily living that cannot be done independently, requiring ongoing assistance or shorter hair. Click on ‘Media’ for a video on how to do this technique. It is a learning process and takes dedication.

The One-Handed Ponytail Learning Kit includes fake ponytail, six varied devices and full media (power point slides, brochure and more video). To purchase, Please click "How to Order". NOTE: ALL KITS COME WITH BUTTONS ONLY, as waterproof and won't slip off in purse or pocket.

After you learn the technique, your friends or family can make you creative replacements of any design you choose. Works best with at least shoulder length hair and one fully functioning upper extremity. Individual hair thicknesses may require tying more knots to shorten, or by adding length to elastic.
Dear Abie

Question - I recently had a stroke and all my friends are telling me that I won't be able to travel any more. Is this true?

Saddened in Osgood

Dear Saddened in Osgood,

First of all, please check with your health care provider and make sure you're healthy enough to travel. If he or she gives you the O.K. then pack your bags and have fun. In fact, here are some tips which may help you enjoy your travel experience to the fullest. 1) Don't do more than you're capable of. If your body says it's tired, listen. 2) Take rests when necessary even if it means resting the entire day. 3) Travel with bottled water not local tap water. 4) Wear a protective pad. Nobody will know about it unless you tell them and it's better to be safe than sorry. 5) Ask for a wheelchair at airports; the distance from the check-in counter to the gate is usually further than a survivor can walk comfortably. 6) Try to get an aisle seat on the airplane, especially if one of your legs has been affected by your stroke. 7) Try to be patient with security people and if you can't walk through the metal detector, be prepared to be patted down by a member of your sex. 8) If you have access to a computer, check the Internet for additional travel tips for the handicapped.

Finally, enjoy your trip and please send us pictures.

Abie

If you have any questions please write to Dear Abie at dearabie2000@gmail.com.
Following a stroke you need to pay special attention to meeting your basic needs. You need to generate energy so you can learn to manage the impact of your stroke. The way you do this is to look after yourself and move at your own pace. Looking after yourself means that you pay attention to:

- Your diet, eat healthy foods.
- Get plenty of exercise
- Be social at your own pace, talk to people get social stimulation
- Get lots of rest, 7 hours of sleep plus naps when needed
- Stimulate your brain: read, play games do puzzles, have fun
- Be sure to have something, a person, pet, plants etc. to look after
- Allow others to care for you.

Take responsibility for tasks that you can handle and forgive yourself when a task takes longer or you need help. Accept professional help when you need it for physical or emotional health. This will help to free you to struggle with your adjustment to the new you.

You will find that many automatic skills, skills that you have always used have become difficult to perform. As a result, your frustration and the frustration of those around increases. The following are a set of executive skills that we all use and as a stroke victim you may need to relearn how to use. Success in following these steps depends on one’s ability to sustain and focus attention as one thinks through and follows the sequence of steps.

**STEP BACK:** get perspective on the task you want to do yourself. Consider your options, don’t rush into it, how much time and energy do you need to get the task done.

**SIMPLIFY** with steps that you can do one at a time

**SEQUENCE:** arrange steps in order to reach goal

**SELF-MONITORING:** write down your sequence of steps and the goal you are working towards. This list will remind you of your goal if you take a break or get distracted. Stop when you are tired and take rest or nourishment as required. Work at YOUR comfortable and necessary speed to avoid stress and pressure. Check that your steps are working and if not switch to alternatives to reach your goal.

**STOP:** When what you are doing brings a negative reaction from your caregiver or others stop. Seek feedback and advice from others. You may learn and have to accept that some tasks are beyond your ability to perform. Look at this new situation in a positive way and continue to do what you have always done as you learn ways to understand and adjust to the impact of your stroke.

**REWARD YOURSELF** for reaching goals and hard work

By John Macgillivray with acknowledgements to: Bill Metcalfe, Trac Group Co. Limited, and the Stroke Survivors Group Pembroke Ont.
WRESTLING WITH ANGELS

One of Jesus’ teachings which has always had a special appeal for me is:

"Blessed are the meek for they shall inherit the earth."

After having had a stroke, I certainly could relate to the idea of being "meek." I wondered what was the blessing in that?

Recently, however, I learned that the word "meek" in the original Aramaic literally meant "to soften what is rigid". Also to "inherit the earth" doesn't refer to getting a piece of property, but rather “to receive strength, power, and sustenance". *

There have been many changes marked by several losses following stroke. However, there have also been unforeseen blessings; including a softening of that which was rigid in my own heart. I needed to find love for myself, and in so doing discover a more vibrant love for others.

Surprisingly, this experience of "softening" seems even better than winning a lottery or inheriting a lot of money. Instead of being a person who is handicapped by an oversized ego, or by the false values of perfectionism, increasingly there has been a deeper feeling of wholeness, a greater sense of being more self-possessed, free, and alive.

Who knew that having a stroke carried with it the possibility of such blessing - that by losing so much, you might actually find yourself.

Jim Lee


COURT RULES FOR GOVERNMENT IN PHYSIOTHERAPY DISPUTE

The ruling will allow new regulations governing physiotherapy for seniors to take effect immediately.

An Ontario court has ruled that the provincial government can move forward with its plans to overhaul the way physiotherapy is provided to seniors.

The three-judge panel rejected an application for judicial review brought forward by a group of 43 for-profit physiotherapy clinics. The clinics argued that the government had broken its own rules by not providing the industry adequate notice about the upcoming changes.

The ruling paves the way for Ontario to introduce a new system where for-profit clinics will no longer be allowed to bill OHIP and money will instead be apportioned out to 200 community physiotherapy clinics across the province.

"With today’s ruling, Ontario will be able to move forward with our plan to improve physiotherapy services for 200,000 more seniors," said Deb Matthews, Minister of Health and Long-Term Care, in a statement.

The Ontario government has argued that the previous model encouraged waste and even outright fraud, claiming that for-profit clinics billed the public insurance plan for one-on-one physiotherapy sessions that were actually group exercise classes often led by non-physiotherapists.

It also pointed to the high concentration of for-profit clinics around the GTA and Hamilton, with the rest of Ontario being largely underserviced.

The new regulations were supposed to go into effect on Aug. 1, but the court ruled that they could be implemented only following Wednesday’s ruling.

According to Tony Melles, executive director of the Designated Physiotherapy Clinics of Ontario, the changes will come into effect Thursday. “Our lawyers requested that the government provide a period of time to transition from the OHIP model to the government’s new funding model, but this was denied by the ministry,” he said in a statement. While Melles said the clinics respect the ruling, they are expecting a rough transition period. “We believe that things will be confusing and chaotic over the next few weeks, specifically for patients in retirement homes, where the DPCs will cease providing services as of tomorrow.”
**Stroke Recovery News**

**2013 BENEFIT DINNER & AUCTION**

The 4th Stroke Survivor Association of Ottawa Benefit Dinner & Auction on November 13, 2013 was a great success. We had over 120 attendees and made a profit of $20k. The numerous items were being auctioned off fast & furious by Dave Smith & Andrew Jordan. Everyone came home with treasures and memories of a good evening.

I would like to express my thanks for our sponsors: Platinum - Canadian Stroke Network & Honda Canada, Silver – Kanata Myers, Heart & Stroke, Merz & Watson’s Pharmacy Foundation. Almost 200 companies or individuals made donations or contributed items. Amazing support! Be sure to go to our website to see the complete listing of supporters. Be sure to say thank you if you do business with them.

My thanks go out to our small auction committee: Nicole Bisnaire, Janet McTaggart for their endless hours and sleepless nights (and putting up with me), Elise Leroux, Krystal McTaggart & Ralph Meehan for collecting items, Doreen Arbour for chasing down donations with many phone calls, Michael McTaggart for our program & website.

I think the highlight item of the night was a bidding war for a lathed wooden bowl made by Jim Lee. Jim had dedicated the bowl to Dr Stotts as a tribute to the contributions he made to Jim’s recovery. Dr Stotts ended up the successful bidder. A touching moment. I wonder what Jim will make for next year. Just a note – Jim is one of our main Peer to Peer volunteers.

Stroke Survivors Association of Ottawa is the first group across Canada to conduct Peer to Peer visits on the acute care floor. We knew there was a need to visit Stroke Survivors, Care partners & family members in hospital to deliver a message of hope, information and that they are not alone in the community. The funds raised will only be used to continue our Peer to Peer Visitation Program along with the Stroke Warm Line.

Next year we need a lot more committee members so please call the stroke line 613-237-0650 if you are willing to volunteer. We will need to know by February if we will have enough people. We especially need people with computer skills, media experience, social media, time for endless phone calls & getting sponsors. (but any help or ideas are welcomed)

**2013 SSAO PRESIDENT’S AWARD OF EXCELLENCE**

Jim Lumsden, Director of the Champlain Regional Stroke Network, is the 2013 recipient of SSAO’s Presidents Award of Excellence honoring his outstanding contribution to helping stroke survivors and their families.

Jim graduated from the University of Western Ontario with a B.Sc. in Physical Therapy & Queen’s University with Master of Public Administration. He worked for Alberta Health Services in the Neurosciences program at the University of Alberta Hospital as well as in the Regional Costing and Benchmarking Department. As Director of Champlain Regional Stroke Network he has made substantial contributions to the development of the Ontario Stroke System’s governance structure, creation of the Ontario Telestroke System, and the Ontario Stroke Network Evaluation Office.

**SSAO CHAIRMAN’S MESSAGE**

Happy 2014 everyone! Bonne et heureux annee a tous!

What happened to 2013? In fact what’s happened to the last 50 years????

In reality my friends, we have all become wiser but not older. Our children may have aged but not us. True, our bodies are breaking down, but our minds are still pretty sharp, despite the fact that we have had strokes. Let me reiterate again that having a stroke is NOT a fate worse than death. It is a traumatic event in our lives, which, if we survive (as so many of us have), is just another occasion for living life to the fullest, each one of us determining what is best for us.

And so my friends, I encourage you to live life to its fullest extent. Do the things you enjoy doing and can afford to do. And once again I wish you all a happy, health and prosperous New Year.

Abe Schwartz
**SURVIVE • STRIVE • THRIVE**


**PEER TO PEER VISITATION PROGRAM**

Peer to Peer Visitation Program

The Stroke Survivors Association of Ottawa’s Peer to Peer Visitation Program, began in 2008, and was developed by SSAO in collaboration with the Champlain Regional Stroke Program. The goals of the Peer to Peer Visitation Program are to provide hope and decrease feelings of isolation for newly diagnosed stroke survivors, family members, care partners or friends of the survivor, and to offer information about post-stroke community services. Peer Volunteers visit new stroke survivors in acute care and in the community, then follow-up telephone visits are provided at 1, 3, 6, 9 and 12 months after the initial visit. The Program is delivered by a group of dedicated volunteers. Collaboration with the Champlain Regional Stroke Program and acute care staff is important to the ongoing success of this Program.

If you are interested in volunteering and training for this program, please call the Stroke Line at 613-237-0650. Thank you to our numerous volunteers who make this program successful.

Janet McTaggart  
Executive Director

**ACTIVITY 'TUNED' IN BRAIN REGIONS TO ENABLE ATTENTION**

The brain appears to synchronize the activity of different brain regions to make it possible for a person to pay attention or concentrate on a task, scientists at Washington University School of Medicine in St. Louis have learned. Researchers think the process, roughly akin to tuning multiple walkie-talkies to the same frequency, may help establish clear channels for communication between brain areas that detect sensory stimuli.

"We think the brain not only puts regions that facilitate attention on alert but also makes sure those regions have open lines for calling each other," said first author Amy Daitch, a graduate student researcher. The results are available in the *Proceedings of the National Academy of Sciences*.

People who suffer from brain injuries or strokes often have problems paying attention and concentrating. "Attention deficits in brain injury have been thought of as a loss of the resources needed to concentrate on a task," said senior author Maurizio Corbetta, MD, the Norman J. Stupp Professor of Neurology. "However, this study shows that temporal alignment of responses in different brain areas is also a very important mechanism that contributes to attention and could be impaired by brain injury."

Attention lets people ignore irrelevant sensory stimuli, like a driver disregarding a ringing cell phone, and pay attention to important stimuli, like a deer stepping onto the road in front of the car. To analyze brain changes linked to attention, the scientists used grids of electrodes temporarily implanted onto the brains of patients with epilepsy. Co-senior author Eric Leuthardt, MD, associate professor of neurosurgery and bioengineering, uses the grids to map for surgical removal of brain tissues that contribute to uncontrollable seizures.

With patient permission, the grids also can allow Leuthardt's lab to study human brain activity at a level of detail unavailable via any other method. Normally, Corbetta and his colleagues investigate attention using various forms of magnetic resonance imaging (MRI), which can detect changes in brain activity that occur every 2 to 3 seconds. But with the grids in place, Corbetta and Leuthardt can study the changes that occur in milliseconds.

Before grid implantation, the scientists scanned the brains of seven epilepsy patients, using MRI to map regions known to contribute to attention. With the grids in place, the researchers monitored brain cells as the patients watched for visual targets, directing their attention to different locations on a computer screen without moving their eyes. When patients saw the targets, they pressed a button to let the scientists know they had seen them. "We analyzed brain oscillations that reflect fluctuations in excitability of a local brain region; in other words, how difficult or easy it is for a neuron to respond to an input," Daitch said. "If areas of the brain involved in detecting a stimulus are at maximum excitability, you would be much more likely to notice the stimulus." Excitability regularly rises and falls in the cells that make up a given brain region. But these oscillations normally are not aligned between different brain regions. The researchers' results showed that as patients directed their attention, the brain regions most important for paying attention to visual stimuli adjusted their excitability cycles, causing them to start hitting the peaks of their cycles at the same time. In regions not involved in attention, the excitability cycles did not change. "If the cycles of two brain regions are out of alignment, the chances that a signal from one region will get through to another region are reduced," Corbetta said.
ONTARIO STROKE PATIENTS SET ADrift by PROVINCE

QUEEN’S PARK FORCES ONTARIO STROKE VICTIMS AND OTHER PATIENTS TO FIND AND PAY FOR PRIVATE THERAPY ON THEIR OWN

As Canadians, we often feel smug about our healthcare system after seeing stories about how some Americans are driven into debt or lose their homes due to high medical bills.

That can’t happen here, we tell ourselves.

Such smugness stems from a belief that OHIP and other provincial health plans cover all, or most, of our major medical costs.

But the truth is often very different, as some stroke patients in Ontario have learned to their horror.

These patients are stunned to discover that, after being discharged from rehabilitation facilities, they are left on their own to find and pay for private therapy.

Some patients are paying more than $1,000 a week for private rehab therapy aimed at helping them to dress themselves, lift their arms and legs, or speak more clearly. In many cases, families are draining their retirement savings or selling their homes to pay for the costly services.

Patients who can’t afford to pay go without therapy.

The reason for this sorry situation is that despite years of pleading by health professionals and patients, Ontario still lacks a publicly funded strategy to help people who need long-term, outpatient therapy.

In effect, patients are now being set adrift in their community with no chance to get well and recover.

“This story needs to be told,” says Roy Windhager, a Toronto resident whose wife Lisa Glennie, 50, suffered a major stroke during a spinning class last November. “We all take for granted that OHIP will cover us. Wow, was I ever naive.”

Glennie, who worked full-time at a Toronto radio station and ran half-marathons, is currently in a Toronto rehabilitation facility. She has trouble speaking and using her arms and legs. As well, her memory is affected. Despite making progress over the last seven months, Glennie was told recently her in-patient therapy sessions will stop after July 4 and that she must look for another place to stay.

To help his wife, Windhager has virtually stopped working. Also, the couple has put their house up for sale because Glennie cannot walk up stairs.

Once she is out of the hospital, Glennie will receive only a handful of publicly funded rehab sessions. After that, the couple will be forced to pay out of their own savings.

Already, they pay $1,100 a week for private therapy sessions in addition to what they get at the hospital.

Windhager says the couple will have to continue paying for the private therapy if Glennie is to improve any further.

“If the government isn’t going to prolong her present therapy in the hospital, it should pay for some of it outside,” he says. “Now it’s all private. It’s just not right.”

Jim McEwen, a consulting civil engineer who lives in Courtice, Ont., was 55 when he suffered a major stroke in 2010. He spent months in rehabilitation centres before being discharged and sent home.

For the past two years, McEwen’s wife has driven him to twice-weekly private therapy sessions in Toronto. None of the costly sessions is covered by public or private insurance.

“I’m cashing in my RRSPs to fund my own stroke recovery,” says McEwen, who hasn’t worked since his stroke. “I still can’t dress myself, can’t use my left arm and can only walk a few steps on my own. This is no way to treat stroke patients.”

McEwen, who is vice-president of the Durham Region Stroke Recovery Group, has become a vocal advocate for stroke patients. He has pleaded with Premier Kathleen Wynne, Health Minister Deb Matthews and health ministry bureaucrats for a long-term government program for outpatients who need rehabilitation services.

His efforts have fallen on deaf ears. “It’s like dealing with a brick wall,” he says.

What is needed is a program to provide long-term, publicly funded rehabilitation therapy in community clinics or at home. If Queen’s Park can’t fully fund the program, then it might consider a system whereby patients are billed part of the cost based on their ability to pay.

Such a program might come too late for Lisa Glennie and Jim McEwen.

But it could allow future stroke and other patients to receive the therapy they need and save them from the financial ruin that we see afflicting so many American families.

By: Bob Hepburn Politics, Published June 13, 2013
### FEBRUARY 2014 SSAO CALENDAR

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### MARCH 2014 SSAO CALENDAR

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<td><strong>St. Pat's Day</strong></td>
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<td><strong>Peer to Peer Visits</strong>&lt;br&gt;Civic Hospital&lt;br&gt;10-12</td>
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<td>23/30</td>
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<td><strong>Benefit Dinner Committee Meeting</strong></td>
<td><strong>Peer to Peer Visits</strong>&lt;br&gt;Civic Hospital&lt;br&gt;10-12</td>
<td><strong>Board of Directors Meeting</strong>&lt;br&gt;6:00—8:00 PM</td>
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## APRIL 2014 SSAO CALENDAR

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<th>Sun</th>
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<td><strong>Supper Social</strong>&lt;br&gt;The Cock and Bull&lt;br&gt;6:00—9:00 PM</td>
<td>Peer to Peer Visits&lt;br&gt;Civic Hospital 10-12&lt;br&gt;General Hospital 1-2</td>
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<td>Peer to Peer Visits&lt;br&gt;Civic Hospital 10-12&lt;br&gt;General Hospital 1-2</td>
<td>Monthly Support&lt;br&gt;Meeting&lt;br&gt;Group Discussion&lt;br&gt;11:30 – 1:30 PM&lt;br&gt;Our Lady of Fatima Church</td>
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<td>Peer to Peer Visits&lt;br&gt;Civic Hospital 10-12&lt;br&gt;General Hospital 1-2</td>
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<td>Good Friday</td>
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<td>Benefit Dinner Committee Meeting</td>
<td>Peer to Peer Visits&lt;br&gt;Civic Hospital 10-12&lt;br&gt;General Hospital 1-2</td>
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<td>Peer to Peer Visits&lt;br&gt;Civic Hospital 10-12&lt;br&gt;General Hospital 1-2</td>
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Virtually brand new very high tech hospital bed and high tech pressure relief mattress for sale for $4,999.00.

Purchased from Ontario Medical Supply in September, 2013 and utilized less than two months. Paid $6635 (have documentation). Warranty continues

Bed and mattress is ideal for patients who have experienced stroke, spinal code injuries, neurodegenerative diseases who have very limited mobility.

Mattress is Sentry 1400 from Tridien Medical. Utilizes alternating pressure for 20 horizontal baffles. Alternating pressure feature provides pressure relief by sequentially deflating and inflating alternate air cells on a timed interval. The movement of the air cells helps to alleviate pressure on bony areas to prevent skin breakdown as well as enhances circulation. This enables manual bed turns to be less frequent.

Bed is NOA Elite Riser. This electric bed is fast and quiet and can move from 8” above the floor to 28”. Has safety lock option. Head raises as well as foot raises to optimal angles. Bed provides perfect support for the Sentry 1400 mattress.

Please call David if interested at (613) 733-2455 or e-mail rtelf@aol.com. Serious enquiries only.
SUPPER SOCIAL
THE COCK AND BULL
Dates: Feb 5, Mar 5, Apr 2nd,
Time: 6-9 p.m.
(Dart board can be booked)
Location: 3791 Richmond Rd.
(BELLS CORNERS)
Just come or call Lise @
819-682-2776

‘LIVING WITH STROKE’
CAREGIVER & SURVIVOR EDUCATION
MAY 6TH—JUNE 10TH, 2014
(Location TBA)
SIGN UP NOW!
Learn Coping Strategies
Understand Treatment Options
Manage Stress
Share Experiences and Support
Take Control of Your Condition

LIVING WITH STROKE is a popular free 6-week course to help stroke survivors and family members manage the challenges of living with stroke. Six weekly-two-hour sessions (10 a.m. to noon) will be offered May 6th—June 10th. Led by trained volunteer stroke survivors, the meetings are highly interactive and focus on building skills and sharing experiences and support.

There is no charge!
To inquire/register call the Stroke Line 613-237-0650.
Thank you to our Living with Stroke Coordinators and the Instructors who volunteers each week.

Registration: Call 613-237-0650

Day Programs for Stroke
The City of Ottawa is now offering a therapeutic all-day program for stroke survivors, one in Orleans (2x a week). The program offers land and water fitness, cognitive rehabilitation, life skills and leisure activities. The programs run from 9 a.m. to 3 p.m., cost $10.50 per day, and continue to the end of December. Financial support is available if required.

For information contact Margot Quigley-Diotte at 613-824-0819 ext. 234.

SSA provides a forum for those affected by stroke to tell their story in their words without any changes/editing by Stroke Recovery News. The opinions expressed in the story are not necessarily reflective of the opinions of SSA. If you have a story to share please contact Stroke Recovery News at 613.237.0650.

Unfortunately, SSA does not have the resources, staff or training to provide assistance for personal care during our functions. We ask for your cooperation in planning for your personal care needs when you attend member’s events. If you need assistance in finding attendant care, please contact SSA at 613.237.0685

SURVIVE · STRIVE · THRIVE