

# PROFESSIONAL DIRECTORY

For more information on advertising in our Professional Directory please contact:

Kerri Slaunwhite

902-464-7258 ext. 232

email: [kslaunwhite@saltscapes.com](mailto:kslaunwhite@saltscapes.com)

## March Break 2013 Camp for Individuals with Cerebral Palsy!

WHAT: Recreational Conductive Education® (CE) Camp  
WHERE: Brigadoon Village in collaboration with March of Dimes Canada  
WHEN: March 11-15, 2013  
WHO: Individuals with cerebral palsy aged 3-24, their families, support workers and friends  
COST: Including camp activities/meals/accom – \$345  
Including above with CE – \$595



CALL TODAY!  
1 902 444 1090 OR EMAIL  
[BLYNCH@MARCHOFDIMES.CA](mailto:BLYNCH@MARCHOFDIMES.CA)



**Visit our new location**  
at 36 Duke Street  
in Bedford for a full  
range of expert eye  
care services.



**BEDFORD  
EYE CARE**

902-835-2020  
[BedfordEyeCareCentre.ca](http://BedfordEyeCareCentre.ca)

**BLUENOSE GHOSTS  
FESTIVAL**

**HAUNTED HOUSE**  
FEAR THE DARKNESS

**OCTOBER**  
11-13 & 17-31

Canadian Heritage Patrimoine canadien  
**Alderney Landing**  
Dartmouth Waterfront, (902) 461-8401

**MAKE-A-WISH.**  
Atlantic Provinces Canada

You can help  
grant wishes for  
children with life-  
threatening, medical  
conditions.



**Makeawish-atl.ca**  
**1-877-466-WISH (9474)**

## A patient's story

# Head, heart, hands

Since a motorcycle crash that left Charlie Legere quadriplegic, hard work and determination have helped him regain a sense of independence

by Janice Landry

Photography: Perry Jackson



The only faint recollection Charlie Legere has of September 6, 2010, is that his new motorcycle boots didn't feel quite right. He remembers that they felt slippery on the bike pegs as he drove around the race track in Shubenacadie, NS, but that's all he can recall. He has no memory of the horrific training crash that changed his whole world.

The handful of people who were at the track on that fateful day say he was travelling at a staggering 200 kilometres per hour on his Honda CBR600, when the experienced and award-winning rider somehow lost control of his bike and crashed.

As the driver lay on the straightaway at Atlantic Motorsports Park, three friends and fellow racers rushed to his side. "They tried to keep me from moving," he says.

While the racers tried to help their friend, two phone calls were made: one to an ambulance, the other, to his wife, Joanna Legere, who was at home. "I thought he broke his femur. I grabbed flip flops and shorts and went to the QEII Emergency," she says.

When she arrived at the QEII Health Sciences Centre in Halifax, a nurse escorted her to a family room. It was then Joanna says she realized her husband's condition was far worse than a broken femur. "The doctor sat me down and said, 'I think he is paralyzed. We're running some more tests but he is not moving from the neck down.'"

In the blink of an eye, the young couple—Joanna was 33 and Charlie, 34—who had been childhood sweethearts since the age of 16, had

Charlie and Joanna Legere, outside the home they built in a Halifax suburb after Charlie's accident. Charlie had been a successful amateur sportbike racer before he was injured in a motorcycle crash in 2010; Joanna says her husband's positive attitude has been key to his recovery.



foto source™

**MOVED & EXPANDED**  
**2 NEW LOCATIONS**  
**HALIFAX & DARTMOUTH**  
**SAME GREAT SERVICE**

**Downtown Location**  
1535 Dresden Row  
City Centre Atlantic  
Halifax, Nova Scotia  
(902) 423-6724

**Burnside Location**  
202 Brownlow Ave.  
Dartmouth, Nova Scotia  
(902) 423-6724

Visit us at: [www.atlanticphotosupply.com](http://www.atlanticphotosupply.com) and [www.atlanticphotoblog.com](http://www.atlanticphotoblog.com)

**CAMERAS • PASSPORTS • DIGITAL PRINTING**

to face the unthinkable: Charlie, a mechanic, who made his living working with his hands, who had driven dirt bikes since the age of 13, who had handled his first road bike, a Yamaha FZ750, at age 17, and who went on to become a recognized national amateur Sport Bike and Super Bike class competitor, was now a quadriplegic.

### Coming to grips with reality

Charlie's first post-accident memory is of waking up in the QEII's intensive care unit, about 10 to 14 days after the crash. Joanna says the pair actually had many conversations over those early days, but Charlie was heavily medicated, forcing everyone to patiently repeat and explain his extensive injuries.

"I had a blanket over myself and [I thought] my legs were dangling down over the bed, so I said, 'Just pick my legs up and put them on the bed.' They felt like they were dangling, but they weren't," Charlie says.

That ghostly feeling was the



Members of Charlie's care team at the NS Rehab Centre. Back row, from left: Andrew MacDonald (RN), Dr. Mitch Fox, Sue MacLeod (PT), Rachel McMillan (RT), Donna MacLeod (OT), Judy Lugar (PT), Dr. Christine Short. Front, from left: Kim Cole (ICNL/RN), Amy Poole (OTA), Karla Galloway (PT), Anna Tillett (SW).

beginning of reality sinking in; the truth was, he could not feel or move anything from his armpits down.

"He didn't believe us at first. He thought we had his legs tied down," Joanna says. "I had the physiotherapist come in, and I said, 'Try to stretch your legs.' He thought they had fake legs on the bed, that they weren't his legs. It was denial. So, then we stretched out his legs. Then he saw it and took it in," she says.

Once Charlie did realize the magnitude of what had happened, he and Joanna never looked back, according to Kim Cole, interdisciplinary

clinical nurse lead at the Nova Scotia Rehabilitation Centre in Halifax, and a veteran nurse of 21 years. "With Charlie it was always, 'It is what it is. I can lay here and mope, or I can get up and do the best I can do,'" Cole says. Her patient's inspiring attitude impressed the entire team from the start.

"As soon as he got a room at the hospital, he wanted his racing pictures put up," Joanna says. "His last race was aired on TSN. He had the nurses and the physiotherapist watching it on the TV in the room. It was Nationals; he had raced Nationals two weeks before the accident [at the same track], and placed second in three races. That was amazing because he was racing next to the top Canadian riders in Amateur."

### The tough road of rehab

The Nova Scotia Rehabilitation Centre has a neurology and spinal cord injury unit on the fifth floor of a modest building on Summer Street in Halifax. It became the Legeres' new home for a year, while Charlie recuperated. The unit houses up to 17 patients and is typically full to capacity, according to Cole, who says about 75 per cent of the patients are typically male, usually younger, and have likely been in a diving, motorcycle or car accident.

Dr. Christine Short, one of Charlie's attending physicians, is chief of physical medicine and rehabilitation at the Capital District Health Authority, and the physician co-leader for the rehabilitation program. "People are



Charlie and Joanna Legeres' home has a custom-designed gym where he works out for at least two hours a day. Charlie says he knows such dedication allows him to live his life to the fullest.

always looking for modern-day heroes, and as a specialist in physical medicine and rehabilitation, I don't have to look far. I always say the heroes in my life are my patients. I watch people like Charlie overcome unimaginable obstacles every day to regain their independence in life. It is an amazing process to be a part of."

The care team at the NSRC is comprised of nurses, physicians, dietitians, physiotherapists, occupational therapists, social workers, recreation therapists, spiritual care, vocational counsellors and home care support, among other specialists. This group works together to help each patient with his or her individual needs and care plan, and meets weekly to set goals.

Dr. Short explains her passion for this kind of approach. "When I came to work at the rehabilitation centre as a summer student during medical school in 1992, I got to be part of this amazing team that put all of their individual talents together to help individuals with spinal cord injury and other neurological disorders. I got to see people who had seemingly horrible life experiences, transform during the rehabilitation experience and learn to be independent again," she says.

"I never found that team approach to medicine anywhere else I went during

my medical school training. It seemed so right to approach patient care in this way, and that just kept bringing me back to rehabilitation medicine."

There are different levels to the spinal cord, almost like rungs on a ladder, and each has a nerve attached to it. Charlie's injury is at the C5-C6 level, meaning he could not, at first, feel or move anything, from about his armpits down. "When Charlie came to us, he was being transferred from his bed to a chair with a mechanical lift. We had to feed him; he couldn't brush his teeth," explains Cole.

But Charlie was determined. "It just clicked to me: there's nothing I can do. I've got to do the best I can with what I've got. That's something I learned early on, and I think that's a huge help. Once I got into rehab, I knew *everybody* was there to help me, so I had to take advantage of that," he says.

Goals were set, not just for Charlie, but also for his family. Joanna, a petite woman who stands about five-foot-two, has had to learn to transfer her lean, six-foot-two, 170 pound husband, alone. "The only thing I was really worried about was the first time we went away from the hospital. We stayed at the Lord Nelson [hotel in Halifax], because our house wasn't ready yet," she says. "[But]

the physiotherapist taught me how to do it properly." Even today, Joanna says some family members are astounded that she can move him herself.

### A hurdle overcome

Joanna says her husband's own major physical hurdle was overcome at about three or four weeks into rehabilitation. "I cried [when he regained] his wrist movement," she says. "If you don't have that, you don't have what's called the 'tenodesis grasp.' Without it, he wouldn't have been able to pick up anything.

"The occupational therapist was working with him and he said, 'Look, I can move my wrist!' That was just so exciting." That milestone means he can now grasp many household and everyday items—like his iPhone, which never leaves his lap.

Cole further explains this key wrist function. "Tenodesis grasp is a primary focus for therapists when working with persons with a spinal cord injury. 'Tendodesis' refers to opposition of the thumb and index finger with either active or passive wrist extension."

It was a major turning point for the entire rehab team. "When he left, Charlie was transferring himself using a sliding board," says Cole, explaining that such



Dr. Christine Short (left), was one of Charlie's attending physicians. She, along with nurse Kim Cole (centre), physical therapist Sue MacLeod (right) and the rest of the Rehab team, saw Charlie through those first difficult months. "I always say the heroes in my life are my patients," says Dr. Short.



Our famous hot breakfast buffet is now FREE with your room.



- 178 Elegant Guest Rooms & Suites
- 108' Waterslide and Pool
- Family Dining
- Complimentary Parking
- Only 5 Minutes to Mic Mac Mall!
- Close proximity to Dartmouth Crossing

Tel: (902) 468-8888  
Toll-free Canada:  
1-800-561-3733  
www.ramadans.com

email: reservations@ramadans.com  
240 Brownlow Avenue  
Dartmouth, Nova Scotia B3B 1X6



## “With Charlie it was always, ‘It is what it is. I can lay here and mope, or I can get up and do the best I can do,’” Cole says

a board makes it easier to move from his bed to his chair. “He was brushing his teeth, shaving; he could get his shirt on and use a computer and cell phone. Basically, he could live his life,” she explains, with a smile.

### Facing the future

Those same pictures that once hung in his hospital room now hang in the gym of Charlie and Joanna’s newly built, post-accident home, in the Hammonds Plains area of Halifax, which they have planned down to the tiniest detail in order to enable Charlie to live as independently as possible.

The home is all on one level, open, spacious and entirely wheelchair accessible. It has a roll-up sink and computer desk, both in the kitchen. There is a huge open-concept, wheel-in shower. His specialized shower chair was purchased with some of the funds raised at a 2010 auction held by the racing community at a bar in Halifax. That, along with a few other fundraising events, raised \$60,000 to help the couple purchase necessities.

Charlie is now able, post-rehab, to work out in his gym at home, which has exercise stations and equipment custom-designed for quadriplegics. You’ll find him there for two hours every day—a routine he is devoted to as he maintains his impressive shoulder and upper body strength. He can now also use a manual wheelchair, which was also paid for with funds from the auction.

Cole notes that rehab doesn’t stop when the patient goes home. “People often come here and say, ‘I’m going to rehab and I’m going to learn to walk, and I’m going to learn to do this and that.’ So, a big message that we have to send out is that we can’t keep you here until you’re 100 per cent,” she says.

“It has to continue on, even when you are at home. We try to give you all the tools that you need to go home and live as independently as possible.”

Fortunately, Charlie is extremely motivated and dedicated to doing the exercises and using the training the team has taught him. He says he knows doing so will allow him to live his life to the fullest.

Now, two years after that fateful day, Charlie Legere, the former mechanic, is focused on achieving his next goal: getting a new driver’s licence.

The couple’s minivan is now specially equipped to allow him to enter and exit easily, and to manipulate the brakes and gas using his tenodesis grasp with specialized equipment for quadriplegics.

### Postscript

I asked Charlie if he would email me, using his ever-present iPhone, after the test, to let me know how it went.

He did, and wrote: “I passed my written [test], but, unfortunately, didn’t pass the driven [one], because my hand slipped off the steering control. ☹ After I adjust the control, I should have no problem passing the test. ☺.”

This fiercely determined student will no doubt put his long-time technical skills to good use once again, and, in time, he will hit the open road.

It is not lost on Charlie that, with this first attempt, he has come full circle. He may be starting over again, but he still possesses many of the qualities of his 16-year-old self: the same love of life, the same passion for driving, the same infectious attitude.

I end by asking, with Joanna sitting quietly nearby, “Would you change anything?”

“No,” he replies. “I’m just happy I’m still the same person.” ~JL ♡

## Bring on the colour

How to get more disease-fighting antioxidants into your diet

by Maureen Tilley, PhD

Most people have heard the term “antioxidant” in relation to foods that may provide some health benefit, but many folks may not know just what the word really means.

To simplify their rather complicated role, antioxidants act as an army to protect against and repair cellular damage due to unstable oxygen molecules called free radicals. Free radicals are produced naturally in our bodies as we age, but also come from our environment—through things like pollution, radiation and smoking. Over time, cellular damage can lead to diseases such as heart disease, diabetes, cancer and Alzheimer’s.

Antioxidants can be acquired through vitamins, minerals and plant compounds called phytochemicals. Several better known and well-researched antioxidants include vitamins A, C and E, selenium and nutrients called carotenoids and flavonoids. They are found in a wide array of unprocessed foods, including fruits and vegetables, whole grains, seeds and nuts, legumes (beans and lentils), meats, seafood, poultry, spices, herbs and teas.

There is also an abundance of products on the market claiming to provide a megadose of disease fighting antioxidants—products like goji and acai berry supplements. Goji and acai berries do have antioxidant qualities, but consumers should be wary of claims made by supplement manufacturers. Some companies charge a hefty price and make unreliable statements without evidence to support those statements. Many natural health products are government approved,



Go for seven shades a day: the more colours you choose in your fruits and veggies, the greater the variety of antioxidants you’ll get.

but approval is not based on the same rigorous testing for effectiveness, drug interactions or adverse effects as that for pharmaceutical drugs. Just because a product contains “natural” ingredients, don’t assume it’s safe. Be sure to choose products with a Natural Product Number (NPN) or Homeopathic Medicine Number (DIN-HM) on the label.

It’s also worth noting that vitamin and mineral supplements, including multivitamins, do not provide the same antioxidant advantage that foods do. Research has shown that substances in pill form don’t provide the same disease fighting benefits as foods. The reason for this is not well understood.

And keep in mind that there is such a thing as “too much of a good thing”

when supplements are taken in high doses. Getting more than what your body needs is a waste of money and poses a potential risk for toxicity and adverse reactions. The bottom line: talk to your health-care provider prior to taking supplements. Unless they are recommended, save your money and spend it on nutritious foods. A pill should never be a substitution for eating well.

It pays to be cautious when evaluating the antioxidant claims made by many food products as well. Some companies may emphasize the antioxidant properties of a product and disregard the high sugar, salt or fat content.

And mind how you prepare your foods: cooking methods and cooking time can impact the stability of certain