

PARAPLEGIA NEWS MARCH 2026

# PN

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and the best mother and the best  
sister in the world who supports  
you. But if they don't have MS,  
they can't connect with you like  
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MARCH  
**Editor's**  
**DESK**

Every now and then, we like to use Editor's Desk to give you "the story behind the story" on things we're covering. Our annual pilgrimage to Las Vegas this past January for the gigantic technology trade show called CES is just such an opportunity.

To call CES "gigantic" is a vast understatement. It's one of the largest trade shows in the world, and the numbers that back that up are staggering. This year, there were more than 148,000 people (including almost 7,000 credentialed media members) from 158 countries who checked out almost 60 acres of exhibition space and more than 400 conference sessions spread out over 12 venues along the Vegas Strip.

We've been going to this show for more than a decade now to look for accessible tech that could make a difference for those with spinal cord injury and disease. These types of products don't get the media attention that the robots, TVs and video games get, so we trudge the show floors for days on end, checking every nook and cranny.

The tech we find ranges from prototypes to items ready for sale to updates on products we previously wrote about in the magazine. Some items may not be of interest to all of you and some may not even make it to market, but it's great to tell you about the people who are thinking about and working on accessibility and what they're creating.

We found a lot of interesting products this year, and you'll get to read about them over the next few issues of *PN*, starting with this month's Innovations on page 16. We hope you enjoy that and all the other content in this month's issue.



Andy Nemann, Managing Editor

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**DIGITAL HIGHLIGHTS**

**ACCESSIBLE TECH**

You'll find a pair of articles at [pnonline.com](http://pnonline.com) from January's CES technology trade show in Las Vegas, including one on the new lightweight Roamate mobility device that weighs just 37 pounds and quickly folds down to easily fit in a car trunk, as well as one on Cadense shoes that are designed to offer gait help for people with multiple sclerosis.

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ROBERT L. THOMAS JR.  
NATIONAL PRESIDENT

# PVA from the TOP

## Use Your Voice

**Calling all Paralyzed Veterans of America (PVA) members!** If you're the type of person who likes to use your voice to speak to others about issues that can make a positive change, then PVA has the right place for you.

Each PVA chapter has its own local advocacy and legislation program. The chapters deal with issues that affect their local community.

The national office has its own program, as well. The concentration here is to make a significant change in the lives of all veterans living with spinal cord injury and disease (SCI/D), including multiple sclerosis and amyotrophic lateral sclerosis.

PVA's priorities for 2026 will consist of five main categories. There have been a few bills passed, but we still have work to do. Although some didn't get over the finish line last year, we've made some good progress.

These are PVA's policy priorities for 2026:

### **Strengthen the foundations of the Department of Veterans Affairs' (VA) specialized health care services**

- This priority focuses on the Department of Veterans Affairs' direct care system, specifically the SCI/D system. We note that the SCI/D system of care is a national system and recommend it be properly resourced with needed funds, staff and infrastructure. We're continuing to promote our petition on the SCI/D system of care, and if you haven't signed it, do so at [votervoice.net/pva/petitions/5455/respond](https://votervoice.net/pva/petitions/5455/respond).

### **Maximize VA long-term services and support for veterans with SCI/D**

- This priority focuses on access to home- and community-based services and VA SCI/D facility-based long-term care. We recommend the VA prioritize infrastructure projects that would increase VA SCI/D

facility-based long-term care. We also seek codification of the VA's Bowel and Bladder Program to make it easier for veterans and their caregivers to use. We continue to seek oversight of the Elizabeth Dole 21st Century Veterans Healthcare and Benefits Improvement Act of 2025 that expands access to the VA's home- and community-based services.

### **Increase SCI/D veterans' access to health care services**

- This priority includes a focus on accessible transportation in the VA, women veterans with SCI/D and growing the families of veterans with disabilities.

### **Fortify the financial security of veterans with SCI/D, their families and survivors**

- This priority addresses VA disability compensation, dependency and indemnity compensation, housing and employment. The section on VA disability compensation states that the core foundations of VA disability compensation are strong, but that inefficiencies should be eliminated. We continue to call for increasing special monthly compensation (SMC). Last December, PVA National Treasurer Tom Wheaton testified before the House Committee on Veterans' Affairs about the importance of increasing SMC.

### **Ensure equal opportunity and full participation for catastrophically disabled veterans**

- This priority addresses compliance with the Americans with Disabilities Act and accessible transportation for wheelchair users. We'll be working to include provisions in the Surface Transportation Reauthorization that expand access to sidewalks, crosswalks, curbs cuts and ground transportation.

The PVA Government Relations Department has planned several webinars ([pva.org/research-resources/disability-rights-advocacy/webinars](https://pva.org/research-resources/disability-rights-advocacy/webinars)), which began in February, to discuss the priorities and give a preview of my annual testimony. If you would like to get involved locally, please reach out to your PVA chapter. ■

Each PVA chapter has its own advocacy and legislation program. The chapters deal with issues that affect their local community.

## Love Story

**As I was reading the** December *PN* magazine about *Life Lessons* (page 18), I wanted to share my husband's story and our love story.

Edward Hugh O'Conner was 19 years old when he was knocked off a power pole while serving on duty in the Army on Aug. 16, 1961. The fall broke his back at level T10, leaving him a paraplegic. He had first-, second- and third-degree burns and a collapsed lung. The other lung collapsed the next day. They gave him six years to live. He is now 84 years old and has been hurt 64 years.

We had been married only two months and five days, and it was a secret. I had to tell my parents I was married and might be a widow soon. We spent most of our first year of marriage in hospitals.

We adopted a little boy in 1966. He was 3 days old. He is such a blessing to us. We now have three grandchildren and a great grandson born in 2025, and a wonderful daughter-in-law.

Ed has lived a full life. He was assistant manager for a short time with H&R Block. His health got bad, and he could not work 10 hour days seven days a week. Later, I had a friend who volunteered with AARP doing taxes, and she asked if we would come and help them. We both volun-



Rose Mary and Edward O'Conner have been married for 64 years.

teered for 30 years. Ed was the instructor.

He volunteers at our local hospital one day a week, talking to patients in rehab. He tells them life is not over, and you've got to get on with living. He has been doing this for over 40 years. He prays with them and their families.

He went on a mission trip to San Andrés Island in Colombia for a week. The airline lost his wheelchair on the way home, but we had a spare. They found it the next day.

We do most things together. We have taken woodworking classes. Ed built our grandchildren's cradle. We have taken cooking classes and clown classes together.

We have had many EDventures together, all the things that happen as you grow older and being a paraplegic.

We don't let things get us down. We can look around and see others who need help, and we can help them. Helping others makes you stronger, and you are blessed.

We stay involved with our local church, for without God's help we couldn't have made it. We are more in love today than we were when we got married 64 years ago.

**Edward &  
Rose Mary O'Conner  
Paralyzed Veterans  
of America  
Mid-Atlantic Chapter  
Fayetteville, N.C.**



## Bob Kafka

**By now, many of us have learned that** Paralyzed Veterans of America (PVA) member Bob Kafka passed away Dec. 26 at his home in Austin, Texas. He was 79 years old.

I first saw the news the way so many people did — scrolling through social media. One post turned into dozens, then hundreds. Stories poured in. Memories surfaced. Grief rippled outward until Bob's name appeared not just in personal feeds, but in local and national headlines. It was immediately clear this loss was deeply felt.

I never met Bob. Still, I felt like I knew him.

I knew him by his wild white curls and beard that gave him an air of wisdom, by the T-shirts that always carried a message, by the sight of

him rolling through protests in his wheelchair. Always visible. Always present. Always refusing to be ignored. Even from a distance, he made an impression. He reminded me that some people don't wait for permission to matter.

Bob's life story isn't something to admire from afar. It's a challenge. It quietly, and sometimes loudly, asks each of us what we are willing to do when the world becomes unjust. His journey from a soldier to paralyzed veteran to disability rights leader shows that meaningful change doesn't begin with power, status or authority. It begins with a decision.

An Army veteran, Bob came from an activist family. Both of his parents were union organizers, as were his grandparents. By the time he turned 20, Bob held progressive beliefs. But when he received the official "Greetings" letter from his local Selective Service board, he didn't seek a deferment or flee the country. Instead, he reported for duty.

As a young soldier in Vietnam, Bob learned early that responsibility doesn't disappear when circumstances become difficult, and commitment doesn't end when the cost

becomes personal. Those principles stayed with him long after the war and later shaped his activism in ways he likely never imagined.

After his military service, Bob enrolled at the University of Houston, earning a bachelor's degree in economics in 1971. From there, he had every reason to expect a conventional path forward until a car accident in 1973 changed everything. As a quadriplegic, Bob was placed among countless others whom society expected to quietly fade into the background, managed and spoken for, excluded from decision-making. Many people would have accepted that fate. Bob did not.

Instead, he returned to the University of Houston to pursue a master's degree in education. After graduating in 1976, Bob became director of the university's disabled student services. There, he witnessed firsthand how laws, policies and long-standing traditions pushed students with disabilities to the margins.

Decisions were made without their input, often creating barriers instead of access. Choices that shaped their futures were made in rooms they were never invited to enter. Over time, Bob reached a simple but unsettling realization — when people are not heard, injustice is allowed to persist.

That realization changed everything. Bob's activism wasn't driven by anger alone, nor solely by his disability. It was rooted in the same principles he learned as a soldier: responsibility to others, loyalty to those beside you and the refusal to walk away when things get hard. Bob recognized that he was prepared to fight a different kind of war.

Bob made us ask questions many people found uncomfortable like:

Why should someone be forced into a nursing home simply because he or she needs assistance?

Why is independence treated as a privilege instead of a right?

Why do cost and convenience so often outweigh human dignity?

Those questions demanded action. In 1978, Bob and other disability rights advocates founded the Coalition of Texans with Disabilities. By 1984, Bob served as president of the

He believed everyone has a role to play by speaking up, by showing up or by refusing to accept "that's just how it is."



Seen here with Colleen Flanagan, right, Paralyzed Veterans of America member and disability rights advocate Bob Kafka, left, died Dec. 26.

their families and fully participate in their communities. These weren't abstract victories. They were lives reclaimed.

But Bob's story isn't only about laws passed or policies changed. It's about what happens to people when they choose to stand up for others. Advocacy gave Bob agency. Organizing gave him community. Fighting injustice gave his life direction. By insisting on the right to direct his own life, Bob claimed independence — not by

PVA Texas Chapter, where he pushed relentlessly for accessible public transportation.

During that time, Bob connected with American Disabled for Accessible Public Transit, a grassroots organization committed to direct action. Through protests, organizing and relentless advocacy, Bob helped force disability rights into the public conversation.

From there, Bob's efforts expanded, and for the next four decades, his advocacy helped drive national change. His work contributed to the momentum behind the Americans with Disabilities Act of 1990 and the expansion of community-based services through Medicaid. Programs like Money Follows the Person helped people leave institutions, reunite with

doing everything alone, but by demanding the freedom to choose.

What made Bob especially powerful was his ability to connect deeply personal stories to public responsibility. He reminded lawmakers that systems don't change unless people demand better. He believed everyone has a role to play by speaking up, by showing up or by refusing to accept "that's just how it is."

Change begins the moment someone refuses to accept injustice. Bob made that choice. His legacy now asks the same of us — when the moment comes, what will we do?

As always, please share your thoughts at [al@pvamag.com](mailto:al@pvamag.com). ■

## DOT Amends Airline Fine

**Saying airlines must be** proactive toward the needs of their customers with disabilities, Paralyzed Veterans of America (PVA) is responding to a Department of Transportation (DOT) decision to redirect a historic fine against American Airlines.

The DOT announced Dec. 9 that it was replacing the remaining fine of \$16.7 million owed to the government by the airline with a required internal investment of \$16.8 million to benefit passengers with disabilities.

Specifically, the DOT says in its press release announcing the change that it's requiring American Air-

lines "to spend \$16.1 million on equipment and systems that improve wheelchair handling for passengers with disabilities that DOT has determined go above and beyond requirements of the Air Carrier Access Act."

The airline was fined \$50 million in October 2024 for failing to provide adequate assistance to pas-

sengers with disabilities and mishandling their wheelchairs. PVA CEO Carl Blake says the DOT has to ensure there's more to the change than equipment.

"While we acknowledge the Department of Transportation's decision to redirect its historic fine against American Airlines toward improving wheelchair han-

BOTH PHOTOS COURTESY OF PARALYZED VETERANS OF AMERICA MID-ATLANTIC CHAPTER



## Ukrainian Visit

Paralyzed Veterans of America Mid-Atlantic Chapter members, above, met with representatives of the Ukrainian Veterans Alliance NGO Jan. 14 at the Virginia War Memorial in Richmond, Va., for a working exchange focused on shared learning in adaptive sports, rehabilitation and veteran reintegration. Ukrainian soldiers presented chapter members with a bracelet, right, made of used shell casings from ammunition provided by the U.S. to assist in Ukraine's ongoing war against Russia.



“While we acknowledge the Department of Transportation’s decision to redirect its historic fine against American Airlines toward improving wheelchair handling, it remains crucial that airlines proactively invest in the safety of passengers with disabilities.” — Carl Blake

dling, it remains crucial that airlines proactively invest in the safety of passengers with disabilities,” Blake says in a Dec. 11 press release. “Allowing violations to occur before taking action unnecessarily puts travelers’ safety at risk and should be avoided at all costs. We caution the department to ensure that when required equipment is purchased and systems are deployed, personnel are properly trained. Veterans with catastrophic disabilities, like our members, are often injured while boarding and deplaning. They lose their independence if their mobility devices are mishandled, damaged or destroyed. Airlines must commit to investing in their customers before incidents occur.”

To read the DOT’s order, visit [transportation.gov/airconsumer/american-airlines-order-2025-12-5](https://transportation.gov/airconsumer/american-airlines-order-2025-12-5).

## VHA Structure

Paralyzed Veterans of America (PVA) is applauding a decision to reorganize the Veterans Health Administration (VHA) and calling it “long overdue.”

The Department of Veterans Affairs (VA) announced Dec. 15 that it would reorganize the VHA “with the goals of improving health care for veterans, empowering local hospital directors, eliminating duplicative layers of bureaucracy and ensuring consistent application of VA policies across all department medical facilities.”

PVA CEO Carl Blake says the changes to how and who makes decisions within the VHA will help correct some long-standing challenges.

“Paralyzed Veterans of America has long raised concerns about how administrative bloat has hindered health care decision-making and made it difficult for VHA to hire the staff needed to deliver health care services more effectively,” Blake says in a Dec. 16 PVA press release. “We believe reorganizing to eliminate, or at least significantly reduce, these unnecessary barriers is long overdue. We applaud the secretary and his team for taking steps in this direction and look forward to seeing how this reorganization will improve catastrophically disabled veterans’ care.

“While critical vacancies persist within the VA spinal cord injury and disease system of care, the secretary [Doug Collins] has reassured PVA that local VA leaders are authorized to fill these important positions,” Blake continues

in the release. “However, individual medical centers continue to drag their feet on getting this done. We are hopeful this increased accountability will resolve these challenges. Individual medical centers must make filling these positions a top priority.”

To read the VA’s press release on the decision, visit [news.va.gov/press-room](https://news.va.gov/press-room). 

## Survey Invitation to Veterans with SCI/D



RAND, a nonprofit and nonpartisan research organization, is conducting a study funded by Paralyzed Veterans of America to better understand the quality of health-related services veterans with spinal cord injury and disorder (SCI/D) receive. Findings from this study will help to inform policy priorities for improving SCI/D care for veterans.

As part of this study, we are inviting veterans with SCI/D to complete a short survey about their perspectives and experiences with these services. Participants will receive a **\$15 emailed gift card within 72 hours** of completing the survey. All responses are **anonymous**, and no identifying information will be linked to participants or their answers.



Survey participation is **limited**, so if you are interested, please **scan the QR code soon** to add your voice and help improve understanding of SCI/D care for veterans.

## Advocating For PVA

**Grassroots advocacy is central** to Paralyzed Veterans of America's (PVA) work.

Beyond policy papers and congressional testimony, it centers on people. Veterans with spinal cord injuries and diseases (SCI/D), their families, caregivers, survivors and supporters are the ones living the reality behind every policy decision.

For PVA, grassroots advocacy is how those lived experiences are turned into action, especially as the organization advances its 2026 policy priorities. Advocacy at PVA is rooted in local communities and the daily experiences of veterans nationwide.

Grassroots advocacy connects these voices to federal outcomes, empowering stakeholders to influence decisions affecting care, independence and quality of life.

This effort is highlighted each spring when the PVA national president presents these priorities to lawmakers

during annual testimony before a joint hearing of the House and Senate Committees on Veterans' Affairs.

### A Powerful Signal

Grassroots advocacy is about empowering people.

For PVA, that means mobilizing members, chapters and supporters to take action. This includes contacting Congress members about specific legislation, signing petitions, attending policy webinars and PVA's annual Advocacy/Legislation Seminar and sharing personal stories about how policy choices affect real lives.

Much of this work is organized through PVAction Force ([pva.org/research-resources/pva-action-force](http://pva.org/research-resources/pva-action-force)), PVA's grassroots advocacy platform. It helps veterans and allies engage with Congress on issues impacting veterans with SCI/D and people with disabilities.

When hundreds or thousands of voices come together around a shared message, it sends a powerful signal that these issues matter and can't be

ignored. If you want to support these efforts, consider joining PVAction Force, signing up for action alerts or reaching out to your legislators today.

This kind of engagement is especially important. Policymakers in Washington, D.C., are often far removed from the daily realities of veterans with catastrophic disabilities. Decisions made in Congress can affect whether veterans receive timely care, how long they wait for services or if they can remain safely in their own homes.

A veteran struggling to access long-term care, a caregiver navigating limited support or a family member advocating for improved Department of Veterans Affairs (VA) infrastructure can convey urgency in ways statistics alone can't. Grassroots advocacy transforms individual experiences into collective impact and meaningful action.

### Firsthand Accounts

PVA's 2026 policy priorities reflect its long-standing mission — ensuring that veterans with SCI/D and their families get the care, benefits and access they've earned. While priorities are updated annually, many focus areas remain consistent.

One of PVA's top priorities continues to be strengthening the VA's SCI/D system of care. This system is unique and essential. For many veterans with severe disabilities, there's no comparable alternative in the private sector.

Ensuring this system is properly staffed, funded and maintained is not an abstract policy goal. It directly affects health outcomes and quality of life. Grassroots advocates play a key role by sharing firsthand accounts of what this system has meant to them and what's at stake if it's weakened.

PVA also continues to advocate for expanded home- and community-based services. Many veterans want to live at home for as long as possible.

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That depends on having the right support in place.

Grassroots advocates often speak from experience about the challenges of finding care, the importance of caregiver support and the impact these services have on everyday life. Their voices help lawmakers understand why investment in home-based care matters.

Accessibility and disability rights remain core to PVA's mission, as well. From removing physical barriers to strengthening civil rights protections, these efforts benefit not only veterans, but entire communities. Grassroots engagement helps show that accessibility isn't a niche issue. It affects families, workplaces and public spaces nationwide.

## Your Voice Is Needed

In recent congressional hearings, PVA has raised concerns about staffing shortages in VA SCI/D centers, aging infrastructure and the need for sustained funding to protect specialized care.

These messages are stronger because they reflect what grassroots advocates have been saying through their emails, meetings and petitions all year. When PVA National President Robert L. Thomas Jr., testifies before the joint hearing of the House and Senate Veterans' Affairs Committees, he represents not just an organization, but a community. His testimony doesn't stand alone. It's backed by the voices of PVA members and supporters across the country.

Grassroots advocacy grounds policy in reality. Lawmakers hear from experts daily, but hearing from those affected by their decisions has a unique impact. As we move through 2026, grassroots advocates will help shape priorities, support testimony and remind policymakers why these issues matter, ensuring veterans are heard and supported in policy.

Your voice is needed. Take action now by sharing your story, contacting your representatives or joining PVA's advocacy efforts to drive change for veterans with SCI/D.

*Lisa Elijah is PVA's grassroots advocacy manager in Washington, D.C. ■*

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**Traveling over grass, gravel, uneven ground and cobblestone walkways can be a manual wheelchair user's nightmare. But a French startup company is trying to change that for the masses.**

WheelMove, showcasing its new product at January's giant consumer technology trade show called CES in Las Vegas, is dedicated to giving manual wheelchair users access to places they usually can't go.

The company's patented device, which earned a Best of CES 2026 Award, is a compact, lightweight solution that transforms any manual wheelchair into an off-road, electrically assisted wheelchair in seconds.

It clips onto the front of a manual wheelchair using simple brackets the user can install independently. The user presses the included Bluetooth remote's power button to automatically raise the front casters. The wheelchair can then be maneuvered the same way it was before the device was attached, but with less effort.

Users press remote buttons to speed up, slow down or slowly reverse. And to stop the electric assistance, they can either press the stop button on the remote or apply heavy manual braking.

The WheelMove device weighs 16 pounds, including the removable battery, and can last about 15 miles on one battery charge. The included battery charger can be plugged into a regular wall socket, and the battery takes one to one-and-a-half hours to fully charge. The remote can control the speed up to about 6 mph (10 kph) and is charged through a USB-C cable.

COURTESY OF WHEELMOVE



WheelMove is a lightweight device that allows users to convert their manual wheelchair into an off-road, electrically assisted wheelchair. It is controlled with a Bluetooth remote, left.

## More Choices

WheelMove co-founder and CEO Amaury Dupas was inspired to develop

WheelMove about two to three years ago after witnessing how his father-in-law, Xavier de Pierre, who had a neurological disease, struggled with getting around his farm in his wheelchair and often got stuck in the grass.

Although de Pierre died before the final prototype came to fruition, Amaury and co-founder and chief operating officer Kevin Surbled wanted to help others and saw the need for the product.

Surbled believes the product offers more autonomy for wheelchair users and gives them more choices. He says it was co-developed with help from more than 200 wheelchair users, caregivers, occupational therapists and medical device distributors.

Surbled acknowledges there are competitors on the market, including Permobil SmartDrive, FreeWheel, Batec Mobility electric handbikes and 4poWer4 PowerStand, but he says those products are often heavy, costly, complex to use or require a specific wheelchair model.

"WheelMove is the only solution on the market that simulta-



Amaury Dupas

neously provides an all-terrain product, lightweight and fast to install on any manual wheelchair," Surbled says. "No need to buy another electric wheelchair or something like that. So, you can use the one that is adapted to you and go everywhere you want."

### Independence

Sylvie Trager can attest to that. The 65-year-old Gouvieux, France, resident first tried WheelMove about two years ago.

Trager, who has incomplete paraplegia following a gunshot wound in 1997 and uses a manual wheelchair, says through email and an online translator that she tested it in the for-

est on small dirt paths and grassy areas.

"I couldn't go there before because the small front wheels of my wheelchair would get stuck on the slightest obstacle," she says. "I spent the day at an amusement park with a few hills and wasn't tired at the end of the day. I went in town and to the supermarket by myself because I was able to load the WheelMove product into my car and attach it to my wheelchair myself."



Sylvie Trager enjoys the independence WheelMove has offered her.

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Contact Us  
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Trager says she's tried a similar product that had handlebars with brakes, but it was much bulkier, making it difficult to fit both her wheelchair and the product in her car's trunk. In addition, she couldn't carry it and attach it to her wheelchair by herself.

Overall, she says WheelMove has good battery life, is compact, is not too heavy and is easy to carry.

"The front wheel lift provides great comfort on bumpy paths," she says. "The adaptable speeds allow you to move at your own pace. The control unit can be attached wherever you prefer."

In January, Trager had ordered her own WheelMove and was eagerly awaiting its arrival.

"Personally, I'm still in good shape at the moment, so I'll use it for long rides, hikes in the woods and trips," Trager says. "But I think that as I get older, I'll use it more and more often."

### Coming Soon

Surbled says the company will first manufacture and sell WheelMove to medical device resellers and distributors in France. In 2026-27, it plans to begin distribution in Europe, followed by the United States in 2027-29, in time for the August 2028 Los Angeles Paralympic Games.

Surbled says presales launched last June, and the company already has



Kevin Surbled

more than 15 orders for WheelMove, plus letters of intention from resellers in Spain, Belgium, Germany and Australia. Early adopters are scheduled to receive their products by this summer, and the company plans to be ready for U.S. Food and Drug Administration regulatory approval as a medical device sometime this year.

The price will be about \$6,000 for the basic model, which includes one battery, one charger and a transport bag. An upgraded model will come with one additional long-range battery and an additional mounting kit that can be used on another wheelchair.

For more information, visit [wheelmove.eu](http://wheelmove.eu). ■



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Advances in parasport technology are expanding performance, access and possibilities.

## Parasport has always

been a powerful intersection of athletic excellence, ingenuity and resilience.

Over the past several decades, technology has played a central role in expanding what athletes with disabilities can achieve on the court, on the track and in the community.

Today, advances in parasport technology are accelerating at an unprecedented pace, driven by new materials, digital manufacturing, robotics, sensing technologies, and, most importantly, by athletes themselves.

Not only are these innovations improving performance at the elite level, but they are also lowering barriers to participation, reducing injury risk and opening sports and recreation to a broader and more diverse population of people with disabilities.

From kirigami-inspired wheelchairs to 3D-printed adaptive equipment and wearable

performance monitors, parasport technology is reshaping how sport is designed, experienced and shared.

## Nothing About Us Without Us

A defining characteristic of parasport technology is participatory action design and engineering, an approach that places athletes and users at the center of the innovation process. Rather than designing equipment for people with disabilities, engineers, athletes and clinicians are increasingly designing together.

Athletes, coaches and therapists provide critical insights into comfort, fit, maneuverability, durability and real-world use that cannot be captured in a lab or fabrication facility alone. This “voice of the consumer” approach

by Rory A. Cooper, PhD, PLY; Jonathan Duvall, PhD; Jessica Steinberg, MS; Jorge Candiotti, PhD; and Ian Rice, PhD

ILLUSTRATION BY KERRY RANDOLPH / PHOTOS COURTESY OF NORR COOPER / GRAPHICS BY FREEBK



# Athlete-Centered Design



helps ensure that technology isn't only high-performing, but it is also practical, safe and meaningful.

When athletes are engaged from day one, equipment becomes an extension of the person, not merely a tool. This philosophy underpins much of the recent progress in parasport technology and has become a cornerstone of research and development across adaptive sports.

## Kirigami

Sports wheelchairs are among the most specialized, and expensive, pieces of parasport equipment.

Custom frames, high-strength materials and sport-specific geometry deliver high performance but often place participation out of reach for new or recreational athletes. A promising solution is emerging from an unexpected source: kirigami, the Japanese art of cutting and folding flat materials to create complex 3D structures.

The team at the Human Engineering Research Laboratories (HERL) at the University of Pittsburgh recently applied kirigami prin-



**Kirigami rugby wheelchairs are laser-cut from flat metal sheets and then folded and assembled using a press brake and rivets.**



CHRISTOPHER DI VIRGILIO

Advances in parasport technology are being driven by new materials, robotics, digital manufacturing and the athletes themselves.

principles to the design of a rugby and tennis wheelchair fabricated from aluminum sheet metal.

Instead of relying on traditional tubular frames and extensive welding, the kirigami rugby and tennis wheelchairs are laser-cut from flat metal sheets and then folded and assembled using a press brake and rivets. This approach offers several advantages, including lower manufacturing costs, rapid customization for key athlete dimensions, reduced weight and simplified fabrication and repair.

Early prototypes were evaluated by experienced wheelchair rugby players, who reported positive impressions of the chair's concept, adjustability, maneuverability and overall feel. While further iterations are needed to meet the rigorous demands of high-level competition, the project demonstrates how rethinking materials and manufacturing can significantly expand access to adaptive sports.

Kirigami-inspired design may ultimately allow clubs, community programs and emerging athletes to obtain sport-specific equipment that was previously unaffordable.

### 3D Printing

Additive manufacturing, commonly known as 3D printing, has become one of the most transformative tools in parasport innovation.

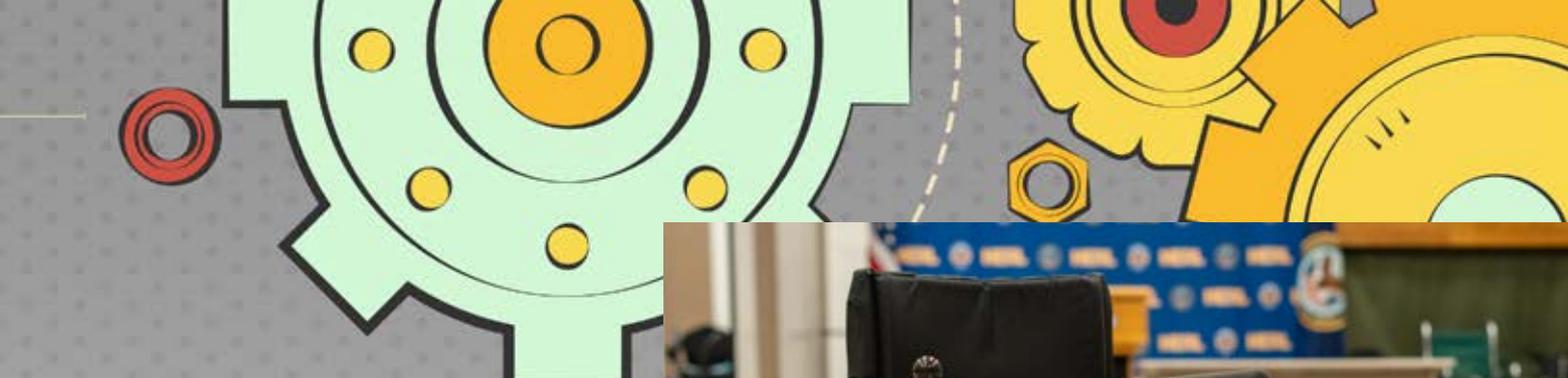
Unlike traditional manufacturing, which often requires expensive tooling and long lead times, 3D printing allows designers to rapidly prototype, test and refine equipment at a reasonably low cost. This capability is especially powerful for sports and recreational activity assistive technologies, including devices that enable participation in activities such as bowling, cycling, weightlifting, paddling and fitness training. Many of these devices fall into a gap between expensive commercial products and improvised homemade solutions.

Through initiatives such as the Power of Play project, researchers and students are developing and sharing open-source designs for easy-to-make sport adaptations. These devices are built using common materials such as 3D-printed parts, Velcro, straps, bolts and off-the-shelf components, and are tested with users to ensure safety and durability.

COURTESY OF RORY COOPER



A kirigami wheelchair design offers reduced weight, as well as easier fabrication and repairs.



A growing online repository now houses dozens of vetted designs, complete with instructions and opportunities for user feedback. The goal isn't only to distribute devices, but to empower athletes, families and local makers to adapt and improve them. In doing so, technology becomes a catalyst for inclusion rather than a barrier.

## Materials & Power

Access to sports and recreation isn't limited to courts and tracks. It also includes beaches, splash pads and water parks — spaces that have historically been inaccessible to people who use powered mobility devices.

Researchers at HERL have developed a pneumatically powered wheelchair designed specifically to overcome these barriers. Unlike conventional powered wheelchairs, this system uses sealed pneumatic power and actuation that allows safe operation in wet, sandy and splash-heavy environments. The wheelchair can traverse soft surfaces such as sand, while tolerating repeated exposure to water, opening opportunities for inclusive play and recreation in settings previously considered off-limits.

These wheelchairs are currently in use at Morgan's Wonderland and Morgan's Inspiration Island, the world's first ultra-accessible theme park, in San Antonio, where they enable visitors with disabilities to independently access splash pads, water attractions and outdoor play areas.

While not a competitive sport device, this technology represents a critical expansion of recreational opportunities and community participation, reinforcing the idea that access itself is a form of performance.

While affordability and access are critical, parasport technology is also pushing the boundaries of high-performance engineering. Advances in materials science are enabling lighter, stronger and more responsive equipment tailored to individual athletes.

High-performance polymers such as polyetheretherketone (PEEK), metals and carbon fiber-reinforced composites can now be manufactured using advanced additive processes.



COURTESY OF RORY COOPER

These materials offer exceptional strength-to-weight ratios, resistance to heat and fatigue and the ability to form complex geometries that were previously impossible.

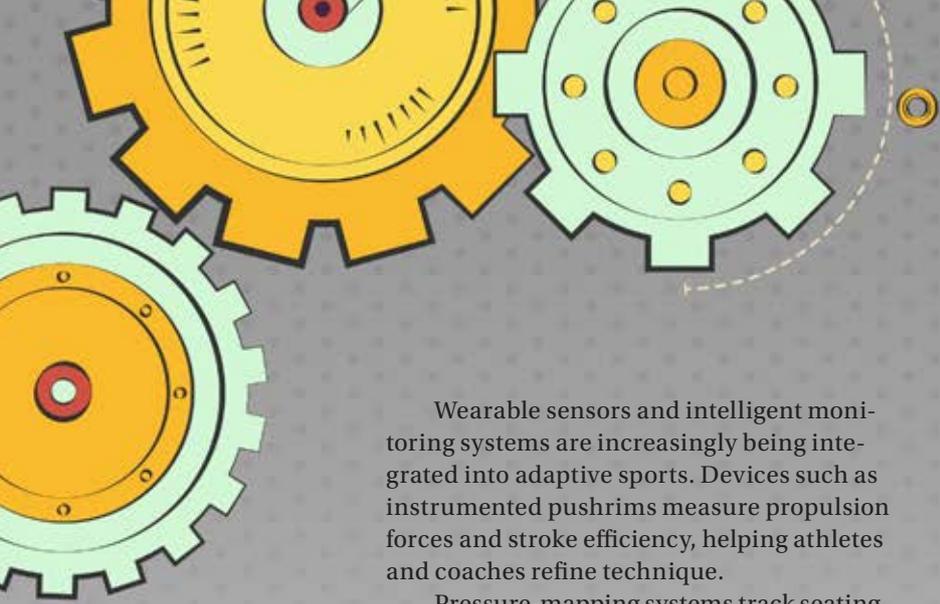
In wheelchair racing, for example, custom-designed components optimize aerodynamics, steering response and power transfer. Close-fitting geometry improves efficiency while reducing strain on the athlete's body. Similar principles are being applied to prosthetic sockets, adaptive seating systems and sport-specific interfaces.

Looking ahead, metamaterials, which are engineered structures with properties not found in nature, promise even greater control over stiffness, damping and energy return. These innovations blur the line between equipment and biomechanics, enabling technology to work in concert with the athlete's body.

## Performance & Injury

As parasport grows more competitive, understanding how athletes move and how their bodies respond to training is essential.

**A pneumatically powered wheelchair from the Human Engineering Research Laboratories at the University of Pittsburgh is designed to operate in wet, sandy conditions.**



Wearable sensors and intelligent monitoring systems are increasingly being integrated into adaptive sports. Devices such as instrumented pushrims measure propulsion forces and stroke efficiency, helping athletes and coaches refine technique.

Pressure-mapping systems track seating and interface loads, identifying risk factors for skin breakdown and overuse injuries. Activity monitors provide objective data on training volume and recovery. Remote sensing and coaching platforms are expanding access to expert guidance, particularly for athletes in rural or underserved areas.

By translating data into actionable feedback, technology supports both performance improvement and long-term health. Importantly, these tools reinforce the idea that injury prevention is a performance advantage. Sustainable success in parasport depends not only on speed and strength, but on preserving the athlete's body over years of training and competition.

Robotic wheelchairs that climb curbs and navigate tough terrain may expand how athletes train and compete.



An omnidirectional powered wheelchair might expand participation in court sports.



## Robotics, Bionics & The Future

Robotic and powered technologies are beginning to influence parasport in profound ways.

Powered orthoses, robotic-assist systems and advanced prosthetics are restoring and enhancing movement for athletes with a wide range of impairments. Recent breakthroughs in neural interfaces have demonstrated continuous, intuitive control of bionic limbs, enabling more natural gait and movement. While many of these technologies are still emerging, their implications for training, rehabilitation and future competition are significant.

Robotic wheelchairs capable of climbing curbs, navigating uneven terrain or adjusting seating dynamically may expand where and how athletes train and compete. HERL is



More affordable parasport wheelchairs could be made through a manufacturing process inspired by Japanese kirigami.

advancing the design of omnidirectional powered wheelchairs, which have the potential to expand participation in dynamic court sports such as tennis and pickleball.

Traditional powered wheelchairs are optimized for forward and backward motion, with turning requiring space and time, which are constraints that limit agility in fast-paced, multidirectional sports. Omnidirectional systems use specialized wheel configurations and control algorithms that allow movement in any direction without turning the chair's orientation.

This capability enables rapid lateral motion, precise positioning and smoother transitions, which are key elements for effective court coverage and shot preparation. As these systems mature, they could support new formats of inclusive racket sports and training environments, particularly for athletes who can't use manual sport wheelchairs.

More broadly, omnidirectional mobility challenges long-standing assumptions about how powered devices fit into sports, signaling a future where technology expands, not restricts, the range of athletic possibilities. As these systems mature, questions around classification, fairness and access will require thoughtful discussion within the parasport community.

## Expanding Opportunity

Perhaps the most important impact of parasport technology advances is their ability to broaden participation.

Sports and recreation are strongly linked to physical health, mental well-being and social connection. Yet many people with disabilities still face limited opportunities due to cost, availability or lack of appropriate equipment.

By lowering barriers, embracing open design and prioritizing user involvement, modern parasport technology can help ensure that participation isn't reserved for a select few.

Community programs, schools, veterans' organizations and adaptive sports clubs all stand to benefit from innovations that are affordable, adaptable and scalable. Technology alone isn't enough, but when combined with advocacy, education and inclusive design, it becomes a powerful force for change.

## Looking Ahead

The future of parasport technology isn't defined by any single device or breakthrough.

It's defined by a philosophy: Athletes with disabilities are experts in their own experience, that innovation should serve participation as much as podiums and that access and excellence are not mutually exclusive.

As materials improve, digital tools evolve and collaboration deepens between engineers and athletes, parasport will continue to redefine what is possible. In doing so, it will not only elevate competition, but it will also inspire the next generation to turn adversity into advantage and action into accomplishment. ■



## U.S. athletes Andrew Kurka, Oksana Masters, Kendall Gretsch, Aaron Pike and others aim for more success at March's Winter Paralympics.

by Alex Abrams/  
Red Line Editorial

### Andrew Kurka is proud

of the man he has become, and as odd as it might sound, he admits he's also proud of every bone he has broken in his pursuit of becoming the best para alpine skier and version of himself possible.

Of course, Kurka would like to win another gold medal at this month's Milano Cortina 2026 Paralympic Winter Games in Italy to go along with the one he earned in the downhill sitting event eight years ago in PyeongChang, South Korea. But to him, a gold medal is "just a gold medal."

"The journey is what matters," says Kurka, who celebrated his 34th birthday on Jan. 27.

The two-time Paralympian from Palmer, Alaska, had his character tested and had several more broken bones to be proud of after

he crashed during a Super-G training run last season. He broke his sternum, his scapula and a few ribs during the crash, but he returned to the snow a few months later with a good story to tell and more proof that he can overcome adversity.

"Yes, winning a gold medal at this next Games would be something that would be super cool. It's obviously something that I'm going for," says Kurka, who also earned a Paralympic silver medal in 2018. "But I'm focusing on being a better version of myself and being a better version of a ski racer every single time that I'm on the hill and in the gym."

### Not Training For Third

Kurka is among the top American athletes who are expected to compete for medals at this year's Paralympics, which will have even more

# JOURNEY TO ITALY

ILLUSTRATION BY KERRY RANDOLPH  
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U.S. athletes Kendall Gretsch, far left opposite page, Andrew Kurka, red shirt opposite page, and Declan Farmer, right in blue, are preparing to compete in the March Milano Cortina Winter Paralympics in Italy.

© GETTY IMAGES/MICHAEL STEELE





Andrew Kurka sustained a spinal cord injury at age 13 in an ATV accident and will compete in his third Paralympics.

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athletes competed in Örnsköldsvik in 1976, including only 37 women.

As was the case at the 2022 Winter Paralympics in Beijing, the 2026 sports program includes competitions in alpine skiing, Nordic skiing (biathlon and cross-country), sled hockey, snowboarding and wheelchair curling. The biggest change this year is the addition of a new mixed doubles event in wheelchair curling.

Coming off record-setting viewership of the 2024 Summer Paralympics in Paris, NBCUniversal plans to air more than 80 hours of television coverage across NBC, USA Network and CNBC. Peacock and the NBC Sports Digital platforms boast an additional 250 hours of programming.

historical significance when the event opens March 6. Running through March 15, these Games will mark the 50th anniversary of the first Winter Paralympics held in 1976 in Örnsköldsvik, Sweden.

Approximately 600 athletes will compete in 79 events in Italy, showcasing just how much the Winter Paralympics have grown over the past half-century. Fewer than 200



*"We're training to be the best, to win. I'm not training for third place."*

— Oksana Masters



Oksana Masters is the U.S.' most decorated Winter Paralympian of all time with 14 medals.

© GETTY IMAGES/MICHAEL STEELE

Team USA brought 67 athletes to the 2022 Beijing Winter Games, and they won 20 medals, six of them gold. Nordic sit-skier Oksana Masters won three of those gold medals to go with four silvers, giving the multisport star 19 total medals for her Summer and Winter Paralympic Games career. She's now the most decorated American Winter Paralympian of all time.

Like Kurka, Masters has dealt with a series of injuries over the past few years, but the 36-year-old now reports feeling healthy and motivated ahead of her fourth Winter Games and her eighth overall.

“We’re training to be the best, to win. I’m not training for third place,” says Masters, who was born in Ukraine and grew up in Louisville, Ky. “I’d be lying if I was. I’m not training just to make the team.”

## A Select Group

Masters’ strong performance in Beijing came just six months after she earned a pair of golds in para cycling at the 2021 Tokyo Summer Paralympics. She’s already accomplished part one of the repeat, having defended both cycling gold medals at the 2024 Paris Paralympics.

One athlete who could challenge Masters for the top spot on the podium is American teammate Kendall Gretsch, who’s a seven-time Paralympic medalist in Nordic skiing

and the triathlon. The fellow sit-skier showed her dominance while Masters was sidelined this past season.

Gretsch, 33, won the women’s sit-skiing world cup overall title last March. The Downers Grove, Ill., native then decided not to compete in as many triathlons as usual in the offseason so she could focus on getting ready for the Winter Paralympics.

Masters and Gretsch are in a select group of Americans who have won a gold medal at both the Sum-



© GETTY IMAGES/MADDIE MEYER

Aaron Pike, who sustained a level T11 spinal cord injury at age 13, will be competing in his fourth Winter Paralympic Games.

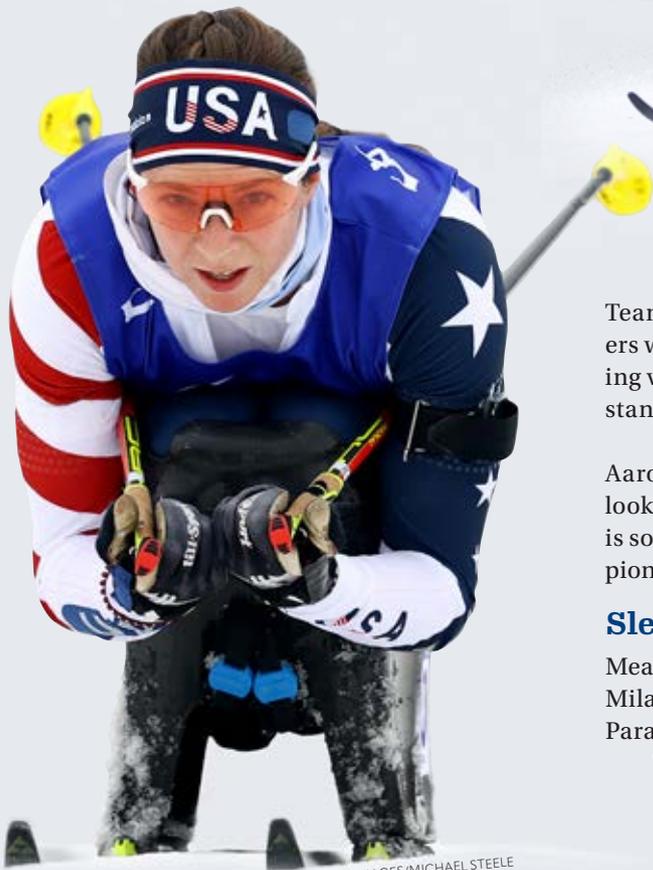
mer and Winter Paralympics. While their races will draw plenty of attention, Team USA will feature several Nordic skiers who have won Paralympic gold, including visually impaired skier Jake Adicoff and standing skier Sydney Peterson.

In addition, seven-time Paralympian Aaron Pike, who’s engaged to Masters, will look to earn his first sit-skiing medal, which is something that has eluded the world champion during his storied career.

## Sled Hockey Dynasty

Meanwhile, on the ice, Team USA enters Milano Cortina looking to win its fifth straight Paralympic gold medal in sled hockey.

The Americans bring an experienced roster led by a group of veterans who know how to deal with high expectations, including four-time Paralympian and team captain Josh Pauls, as well as three-time Paralympians Declan Farmer, Brody Roybal and Army veteran Jen Lee.



© GETTY IMAGES/MICHAEL STEELE

Born with spina bifida, Kendall Gretsch has won three Winter Paralympic gold medals since 2018.



U.S. sled hockey goaltender Jen Lee, right, is an Army veteran and will be competing in his fourth Paralympics this March.

© GETTY IMAGES/WANG HE



© GETTY IMAGES/RYAN PIERSE

Brody Roybal, left, will compete for Team USA in his fourth Paralympic Games.

“It is a great blend of high-powered forwards who can score, a solid dependable defensive core and goal-tending,” says Dan Brennan, general manager of the U.S. team. “We’re excited to bring this group to Milan.”

In December, the U.S. sled hockey team competed at the 2025 Para Hockey Cup in Dawson Creek, British Columbia, Canada, as a tune-up for the Winter Paralympics. The Americans outscored their opponents 27-8 and went undefeated at the tournament for the seventh consecutive time.

In doing so, the U.S. won the event for the 10th time in a row.

### Super Snowboarding

Paralympic gold medalist Noah Elliott is on a redemption tour heading into Italy.

The two-time Paralympian was considered among the medal favorites in snowboarding in Beijing, but he says he was quietly dealing with a “gnarly injury.” The injury forced him to walk with crutches and live with an oddly shaped limb for about two years, he says.

As a result, the St. Charles, Mo., native couldn't perform as he had hoped in Beijing and failed to medal four years after winning a gold (in banked slalom) and a bronze (in snowboard cross) in PyeongChang. Now that he's healthy again after having surgery, he's heading to Italy with plenty of confidence. He earned a pair of world championships medals last year, as well as the Excellence in Sports Performance Yearly Award for Best Athlete with a Disability.

"This is absolutely my redemption year. I'm so stoked," Elliott says. "I'm going for gold again. I'm stronger than I've ever been, and yeah, just really excited."

In addition, fellow snowboarder Brenna Huckaby, who had most of her right leg amputated due to osteosarcoma bone cancer in 2010, is looking to add to her strong Paralympic résumé this March. In her two appearances thus far, the Baton Rouge, La., native medaled in all four events in which she's competed, winning three golds and a bronze.

## Eye On Alpine

Thomas Walsh, an alpine sit-skier from Vail, Colo., won a silver medal in men's giant slalom in Beijing. The two-time Paralympian and cancer survivor narrowly missed out on claiming another medal when he finished fourth in men's super-combined.

There is also plenty of excitement for teenager Audrey Crowley, who'll turn 19 on March 1. Despite being a newcomer to the Paralympics, the Eagle, Co., native made a

name for herself during her breakout season this past winter.

Crowley, who was born without a fully developed right arm, earned a bronze medal in giant slalom at the 2025 International Ski and Snowboard Federation Para Alpine World Championships in Maribor, Slovenia. She

**U.S. snowboarder Noah Elliott, who won a gold medal at the 2018 PyeongChang Winter Paralympics, returns after an injury limited his 2022 Games' run.**

admits she overcame some "excited butterflies" heading into her first world championships to take third despite being the youngest skier in the field.

Crowley says she wants to bring that same nervous energy with her to Milano Cortina.

"I think the best things that my teammates have given me is the respect to kind of be my own athlete, and they're not treating me like I'm the youngest," she says. "They're not babying me but instead helping me when I need it and kind of allowing me to learn and grow on my own."

To keep up with this month's Winter Paralympic Games, visit [sportsnspokes.com](https://sportsnspokes.com) or [paralympic.org/milano-cortina-2026](https://paralympic.org/milano-cortina-2026).

*Alex Abrams has written about Olympic and Paralympic sports for more than 15 years, including as a reporter for major newspapers in Florida, Arkansas and Oklahoma. He is a freelance contributor to PN on behalf of Red Line Editorial, Inc.* ■



# ENJOY IT

Adaptive handcycling can seem challenging at first, but wheelchair athletes say it provides them with outdoor excursions and fun.



ILLUSTRATION BY KERRY RANDOLPH/  
PHOTOS BY CHRISTOPHER DI VIRGILIO

## **A heroin addiction**

nearly cost Navy veteran and Paralyzed Veterans of America (PVA) Arizona Chapter member Jeff Nelson his life multiple times.

Over 12 years, it led to two intentional overdoses and three suicide attempts. One time, he tried to hang himself, and another time he was a passenger in a car, opened the door, rolled out onto the road and ended up with broken bones and road rash.

"I just got in my head, you know?" says the 65-year-old Phoenix resident, who had

struggled coping with his level C6-C7 spinal cord injury (SCI). "I don't want to live like that no more."

So, Nelson found other activities, including adaptive sports such as wheelchair basketball and adaptive CrossFit, to keep him busy. That is, until two years ago, when he noticed he was isolating a little too much. That's when he tried adaptive handcycling through the Phoenix Department of Veterans Affairs (VA) Healthcare System and

*by John Groth*

# THE RIDE



recreational therapist Michelle May.

He took to it right away, adding a sport that allows him to enjoy the outdoors, get a workout, meet new people and declutter his mind.

“I just got kind of, like, hooked on. Now, I just, like, go out and do it whenever I get a chance,” says Nelson, who served from 1977 to 1979 as a boiler technician. “It was, like, a lot of fun. It was like a lot of enjoyment. It was, like, in this kind of an atmosphere of camaraderie and other people, you know, and stuff like that, laughing and, just, it was just a lot of fun. Very enjoyable, really relaxing,

especially when you’re out on the trail rides and stuff like that.”

## **Crazy Things Happen**

Nelson was one of eight others who participated in PVA’s Nov. 13-16 handcycling clinic — both regular and off-road — in Phoenix and surrounding areas.

They handcycled on top of the parking garage of the Ability360 Sports & Fitness Center in Phoenix and also took a long trail ride from Ability360 into nearby Tempe, Ariz., and then back before three days of off-roading.

Led by former PVA National Sports & Recreation Program Manager Peter Park, Ability360 Sports & Fitness Center Outdoor Programs Director and Paralympian Kaitlyn Verfuert,

Paralyzed Veterans of America’s Sports Department put on a handful of adaptive handcycling clinics, including one in Phoenix/Tempe, Ariz., last November.



Adaptive handcyclists rode from downtown Phoenix to Tempe, Ariz., and back during Paralyzed Veterans of America's November handcycling clinic.

When handcycling, it's important to wear a helmet and have a backpack easily available.

MS, CTRA, PLY, and Specialist of Fitness Lauren Hopps, MA, CPT, the clinic taught participants adaptive handcycling basics and more.

They practiced transfers and cycling techniques, including braking and lean-into-turn movements, and developed a better sense of the must-have items they need to take if they decide to do it on their own.

Park knows firsthand that preparation is key.

A 47-year-old Marine Corps veteran, he was injured Oct. 21, 2004, sustaining level

T4-T5 SCIs in a snowboarding accident at Mountain High Resort in California, where he ran off a jump and landed on his back. He picked up handcycling 20 years ago as an exercise he could do at home after he was injured. It was the first adaptive sports equipment introduced to him, and he'd ride around his Colorado neighborhood for some exercise.

Crazy things can happen, though.

Park remembers the first time he went on a ride and his handcycle got a flat tire — 6 miles away from home. But there was no one there with him, no one he could call who was close enough to come help him fix it and, worst of all, he didn't have the tools to fix the flat tire. So, he moved over to the side of the road, and he slowly rolled all the way home.

"I had a carbon wheel, which ended up pretty cracked by the time I got home. That was a hard mistake that I learned because I learned that bike wheels are not cheap," says Park, who served from 1998 to 2002, transitioning from supply to linguist. "I remember it took quite a long time to get home. Well, people went by during it in their cars, and I'm still rolling — very slowly. So, nobody really stopped because I don't think they even knew. I wasn't scared because I knew this road. I knew the route pretty good, and I'm familiar with the road. So, I wasn't scared. But it was frustrating."

Park's situation is why he told clinic participants to wear a helmet and carry a backpack filled with water, a cellphone, an ID card and



PHOTOS THIS SPREAD BY CHRISTOPHER DI VIRGILIO

**Paralyzed Veterans  
of America Arizona  
Chapter member  
Jeremy Lunn says  
adaptive handcycling  
gives him an  
outdoor rush.**

cash or a credit card. He also recommends they buy a bike pump, CO2 inflator or a mini pump, a spare tube, tire levers, a patch kit and a multitool off Amazon or at a local bike store in case they get a flat.

## **Wheels & Outdoors**

This marks PVA's third year for the handcycling clinics. The organization puts on about five a year, with 10 to 30 people at each clinic.

This year, there are plans to have additional clinics in Salt Lake City (May 4-5) and Milwaukee (May 20-21).

Army veteran and PVA Arizona Chapter member Jeremy Lunn has participated in each of the last two in Phoenix.



**"I just wanted to find a sport and activity that I can get outside again. I used to do a lot of motorcycle riding. So, just wheels and outdoors, just kind of in the lifeblood for me. And this is a really, really good facet into that, shy of having a race car, you know." — Jeremy Lunn**

**Paralyzed Veterans  
of America Arizona  
Chapter member Jeff  
Nelson handcycles  
around Tempe Town  
Lake in Tempe, Ariz.**

A 33-year-old Florence, Ariz., resident, he served from 2014 to 2019 as a water treatment specialist. He was injured in 2018 after falling off of a military vehicle in Taji, Iraq, sustaining a level T3-T5 SCI.

"Just casual loading. I lost my footing, fell off the side and squished she went," Lunn says.

His rehabilitation took two years — one year for the physical part and another year for the mental aspect — before he felt more comfortable and confident with his injury. A couple years ago, he found out about the clinics through the Phoenix VA and May. Now, it's his favorite activity.

Lunn was into motorcycles growing up, and adaptive handcycling still gives him an outdoor rush.

"I just wanted to find a sport and activity that I can get outside again. I used to do a lot of motorcycle riding. So, just wheels and outdoors, just kind of in the lifeblood for me. And this is a really, really good facet into that, shy of having a race car, you know," Lunn says.





CHRISTOPHER DI VIRGILIO

Jeff Nelson uses a power-assisted handcycle. The sport gets him outdoors, exercising and talking to people.

Ability360 Sports & Fitness Center Outdoor Programs Director and Paralympian Kaitlyn Verfuherth, left, works on adjusting an athlete's handcycle.

Despite being somewhat new to the sport, Lunn helped other riders get situated with their handcycles, including adjusting their seating position by increasing pressure inside the air shock. Adaptive handcyclists want to make sure the pressure is high enough to support their body weight, but not so low that it bottoms out the shock. There's a part on the air shock called the stanchion, a shiny upper tube that moves in and out of the main body, and riders want to make sure it's not too low inside the cylinder.

Checking to see if tires have enough air is also key. That's why Lunn suggests having someone with you to start.

"You will be learning to ride a bike all over again. And also do it with someone, some

sort of helper, caretaker, aide or volunteer," Lunn says. "Do that for a while before you get comfortable going out on your own, because if anything happens to the bike mechanically, it's hard to take care of yourself because you can't really bring your wheelchair with you. And then if you have an accident as well, you want to have someone around with you."

### Always Have Fun

Nelson's learned how to take care of himself better. It's been a hard, long and winding road.

Nearly 20 years after getting out of the military, his life flipped upside down — literally.

Some horsing around with friends in Phoenix on March 26, 1996, turned into one serious mistake. After performing one of his usual backflips, Nelson landed the wrong way, on his head, leaving him a quadriplegic.

"I did them all the time. I didn't get it done this time. Like, when I was laying in the hospital, my friend come visited me. He's like, 'What happened?' I'm like, 'Hey, you know, it's a backflip, man.' I go, \*\*\*\*, I don't understand this. I've done a million of those \*\*\*\*ing things.' He goes, 'Yeah, you didn't do a million and one, though.'"

Life took some turns soon after that.

After a year of rehab, Nelson moved back to his Phoenix home but struggled coming to grips with his new life. He turned reclusive as he battled his addiction. Then, his son told him he was going to be a grandfather. He stopped, cold turkey.

"I had a couple relapses after that, but I've been a solid almost 13 years now," Nelson says.

Being outdoors makes him feel better, and physical activity helps keep him going. Nelson uses one of the power-assisted bikes, which makes it easier on his upper body.

JOHN GROTH





JOHN GROTH

Kaitlyn Verfuert helps adjust a footplate at a Paralyzed Veterans of America handcycling clinic.

“See what it’s like because the assist bikes are so easy. It’s not like you’re having to pedal or anything else,” Nelson says. “You know, it’s a really enjoyable ride, especially when you get around a crowd of people like this with spinal cord injuries and everybody’s laughing and telling jokes, you know, encouraging you.”

Park, Nelson and Lunn say it’s important to enjoy the whole process and learn how to get comfortable with struggling.

“Just try to figure stuff out and enjoy the process and always have fun,” Park says. “And remember that this is supposed to be fun. Because some people take it too seriously or they want to get faster, but they’re not getting any faster or ... they think they don’t have the resources to get things fixed or done.” ■

## Riding Checklist

Here are a handful of items beginning adaptive handcyclists should have before going out for a ride or an event:

- Helmet (properly fitted)
- Water bottles or a hydration pack
- Bike pump, CO2 inflator or a mini pump
- Spare tube (make sure it’s the correct size for your wheels)
- Tire levers (for changing a flat tire)
- Multitool (for basic bike adjustments)
- Cellphone
- ID and emergency contact information
- Cash/credit card

Other optional or recommended items include:

- Cycling gloves (make sure they offer comfort and protection)
- Sunglasses
- Snacks/energy gels/bars (for longer rides)
- Sunscreen/lip balm
- First aid basics (Band-Aids, wipes)
- Extra tubes
- Map or GPS device
- Rain jacket or packable windbreaker
- Lights (front and rear, even in the daytime for visibility)

*Source: Peter Park, former Paralyzed Veterans of America national sports and recreation program manager*



GRAPHICS BY FREEPIK

# people

BRITTANY MARTIN

## We Are Ill

**When Victoria Reese Brathwaite** was first diagnosed with relapsing remitting multiple sclerosis (MS) in 2012, her doctor told her Black people don't get MS and wasn't sure why she would have it.

The now-38-year-old Atlanta resident was living in Los Angeles at the time and starting a career as a talent agent. But she had experienced numbness and tingling in her legs for a while and sometimes had to crawl to her car because it was so severe. After MRIs on her legs, her primary care doctor attributed her symptoms to stress and prescribed antidepressants.

"I just thought that would just be my new normal, or when the stress went away that it would go away," Brathwaite says.

Then, a 10-hour migraine and numbness in her face led to brain and spine MRIs and an unofficial MS diagnosis, pending a neurologist referral. Brathwaite was handed what was essentially a WebMD definition of MS and was told to learn about her condition.

"The same paper that he printed out for me, it was, like, six pages. I couldn't read past the first page for months because it would make me nauseous," she says. "I was, you know, just in shock of it all. And so, I didn't know that there was, like, a grieving process. I didn't know that maybe I should go to a support group, maybe I should go get a therapist. I didn't have that type of knowledge or insight as to what I should do, but just deal and accept, you know?"

For years, she couldn't find any other Black women with MS with whom she could share information and camaraderie, and she became disheartened by the lack of Black representation when seeking educa-

tional resources about her disease. That experience led Brathwaite to start We Are Ill, a nonprofit patient advocacy organization focused on uniting Black women with MS.

## Starting A Movement

First, she took action by sharing her story on Instagram and looking for others like her.

"The pattern was when I'm in the doctor's office and I'm looking at the brochures and pamphlets in the waiting room, I'm looking at the imagery and trying to find myself," Brathwaite says. "And I'm not seeing African Americans, but I was 25. So, I'm not seeing younger African Americans, but I'm definitely not seeing ones that resonate with me, meaning I'm a millennial. I have tattoos. I'm a Black girl. I've got braids. I've got my nails done. I mean, like, I want to see myself in this thing because I, too, have MS."

Spurred by a conversation with her mom, Anise Austin, Brathwaite started a social media hashtag, #weareillmatic, which was inspired by a classic 1994 hip-hop album, *Illmatic*, from the rapper Nas. She says the goal of the hashtag campaign, launched on Aug. 14, 2017, was to redefine what sick looks like.

"And what I meant by redefining what sick looks like was I wanted people to know that yes, I am ill, yes, I am sick. But I'm also cool. I am also a survivor and a thriver, and I'm going to be OK, and I'm going to do this my way," Brathwaite says.

The day the campaign launched, Nas saw Brathwaite's Instagram video and reposted it to his 3.5 million followers with the caption, "Salute MS Warriors."

The validation from Nas and comments from followers sparked the community Brathwaite had been wanting to find.



Victoria Reese Brathwaite

In 2020, Brathwaite founded the patient advocacy group We Are Ill and gave "Illmatic" back to Nas. Since then, she says the group has served about 33,000 people, primarily in the U.S., including patients, caregivers and health care providers.

## Programs

In 2022, We Are Ill began hosting an annual patient education conference called Wellness Weekend, which is focused on Black women living with MS. The organization recently expanded its reach to include patients with lupus and neuromyelitis optica spectrum disorder, a central nervous system disorder that causes inflammation in nerves of the eyes and spinal cord.

"Cultural relevance is very, very important when it comes to education because you want the education to

CHUCKMARCUS



Victoria Reese Brathwaite speaks during the 2025 Consortium of Multiple Sclerosis Centers Annual Meeting in Phoenix.

stick,” Brathwaite says.

In 2025, We Are Ill launched its Sisterly Submitted program, which educated Black women sorority members about what MS looks like in the Black community and asked them to continue to spread the word. The group also partnered with historically Black colleges and universities that have medical schools and talked to future health care providers to help them understand how MS affects the Black community.

“We don’t need to teach them what MS is or how it affects the body, but we do have to teach them how it impacts the Black community and the Black patient,” she says. “And we also want other doctors, not just neurologists, to have a better understanding of how MS presents itself.”

This year, Brathwaite says the orga-

nization will host more virtual support groups and patient education programs so more people can participate. In the future, she hopes to build the organization internationally, as well as develop a directory for Black women with MS to learn how to better support them and find out their needs.

### Be The Change

Brathwaite says one of the biggest barriers for Black women with MS is understanding the role social connectedness plays in health.

“You might have the best husband and the best mother and the best sister in the world who supports you. But if they don’t have MS, they can’t connect with you like someone else with MS does,” Brathwaite says. “And so, what we try to encourage is that social connectedness, and you get that by finding and

being a part of a community.”

Although she’s learned that starting something from scratch is one of the hardest things someone can do, she’s also learned the true meaning of being the change you want to see.

“I saw something that I needed and I wanted, and no one was doing it, no one had created it, and so I took it upon myself to do it,” Brathwaite says. “And I don’t think everyone should or can do that, but it really does matter when that small moment where you say, ‘Let me be the change I want to see. Let me create it.’ You just don’t know where it’s going to go, because I didn’t know I would be led here. But I’m really grateful to take on the challenge of it, and I’m happy to be here.”

For more information, visit [weareillms.com](http://weareillms.com). ■

# around the HOUSE

## Beyond The Glass

**Windows are an essential element** of home design that provide environmental control of light and air.

Natural light reduces the need for artificial lighting during the day, lowering electricity costs and brightening interior spaces. Operable windows allow passive cooling from prevailing breezes and the exchange of stale indoor air and pollutants for fresh outdoor air.

But windows can also influence your health and safety. Exposure to natural light helps regulate your internal sleep-wake clock, reduces stress and increases productivity and creativity.

Other points to consider when purchasing new windows include accessibility, location, sill height and size, frame material and maintenance, type or style, hardware, energy efficiency and shading.

### Location

Well-placed windows can optimize exterior views, maximize daylight and encourage cross-ventilation. Poorly placed windows can create glare, excessive heat gain and privacy issues.

Consider line of sight when capturing a view and avoid placing windows that look out on your neighbor's trash cans. To provide a full exterior view, your windowsills should be lower than normal if you use a wheelchair.

Solar orientation and airflow should be considered. The direction a window faces dictates light quality, heat gain and whether shading devices are needed.

Placing operable windows along the path of prevailing winds will funnel breezes inside. Placing one low and another high (like a skylight) allows cool air to enter at the bottom and hot air to escape at the top like a chimney.

Placement also depends on room function and furniture layout. Kitchen windows can provide task lighting and ventilate odors. In a bedroom or bathroom, frosted glass or high windows allow light while maintaining privacy.

### Frame Material

Vinyl window frames are budget-friendly, low maintenance and good insulators, but have a shorter life cycle, limited color palette and can warp in extreme heat.

Fiberglass frames are extremely durable, energy efficient, can mimic the look of wood and expand/contract at the same rate as glass, lessening seal failures.

Aluminum frames allow for slimmer profiles and large floor-to-ceiling

glass, but they require a thermal break in the frame to stop temperature transfer.

Wood frames have a classic look, are the best natural insulators and can be painted or stained any color. But they require more maintenance to prevent rot and pests.

### Window Type

Windows are available in either fixed or operable units.

Fixed, or picture, windows are inoperable and primarily capture natural light and views from outside. Fixed and operable window types can be combined to create large areas of transparency, giving flexibility to operable window locations.

Operable units are composed of framed sections of glass called sashes,

© GETTY IMAGES/DENGUY



Lowered windowsills improve exterior views from a seated position. Combining fixed and operable window units create large areas of transparency.



© GETTY IMAGES/BERIGHT

The tilt feature on a double-hung window unit allows the sashes to pivot inward, making it easier to clean the exterior glass from inside your home.



© GETTY IMAGES/ROSSHELEN

Windows can frame a view, treating the outdoor landscape like a living piece of art.

which open and close in various ways to define the operable window type.

Double-hung windows have a bottom and top sash that slide up and down in the frame. Sashes may tilt in for easy cleaning. Single-hung

windows only have a moveable bottom sash, eliminating top sash ventilation. Hung windows may be difficult to open fully due to window weight and an operator's reach limitations and are the most difficult to automate discretely.

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Lever-style operating hardware shown on this awning type sash should be used on all window types to ease use for those with limited hand dexterity.

Like patio doors in operation, slider sashes move side to side and are best for wide openings where unobstructed views are a main objective. The bottom track is susceptible to dirt collection, and bigger units may be harder to operate.

Casement sashes hinge from one side like a door. Casements are good for large vertical openings, but they are limited horizontally due to weight considerations. Insect screens must be placed on the inside for out-swinging sashes.

In-swinging sashes are reachable, but they require clear interior space to accommodate opening. Out-swinging sashes may be more

difficult to open fully due to reach limits. Many casements are operated by a crank mechanism that may be difficult for those with limited hand dexterity. Remotely controlled power operators can solve this.

Awning sashes hinge from the top, open outward and allow the window to remain open during light rain. Awnings are good for horizontal openings, but they are limited vertically due to weight considerations. An awning window may be difficult to open and close unless it is automated.

Hopper sashes hinge from the bottom and open inward and are usually used for ventilation and light while providing security. Typically

compact in size, hoppers are easier to manually open, assuming the unit is within your reach range.

## Hardware

Each operable window type has specific hardware to push, pull, lift or slide and lock the window.

Select hardware that's easy to grab and operate, especially if you have limited hand dexterity. Larger, taller windows require multiple locking locations, so it's important to select those with internal mechanisms that secure multiple points by operating a single lock in an accessible location.

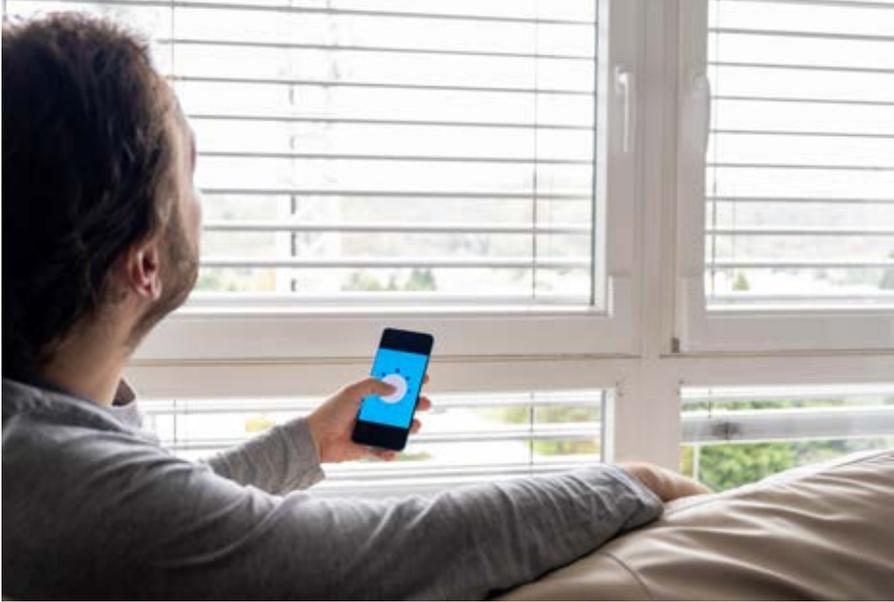
## Automation

Remotely activated power window operators improve accessibility, independence, flexibility and can automate home energy management.

Smart sash openers are small, motorized arms that physically open and close casement, awning and sliding windows. Smart controls allow you to set schedules to open/close windows with home automation sys-



Paralyzed Veterans of America (PVA) has published *Accessible Home Design: Architectural Solutions for the Wheelchair User* as a detailed resource for homeowners, architects and builders. It's available for purchase by calling 800-424-8200, ext. 7645, or emailing [pvaarchitecture@pva.org](mailto:pvaarchitecture@pva.org). The cost is \$9.99 for PVA members or \$14.99 for nonmembers. You can also purchase the book for \$14.99 on Amazon: [amazon.com/s?me=A1K1VT0E51SAX3&marketplaceID=ATVPDKIKX0DER](https://www.amazon.com/s?me=A1K1VT0E51SAX3&marketplaceID=ATVPDKIKX0DER) or by using the QR code.



Automated smart controls can open and close windows and blinds, improving independence and accessibility.

tems, voice assistants, smartphone apps and wall switches.

Integrated rain sensors automatically close windows when moisture is detected or when power is lost. Factory-installed, hidden security sensors can notify your smartphone if an operable window is unlocked. Window shades or blinds can also be automated.

Since automation does add cost, prioritizing installation of these features at the most critical locations will improve independence while limiting budget impact.

### Further Considerations

- Consult a residential architect with universal or accessible

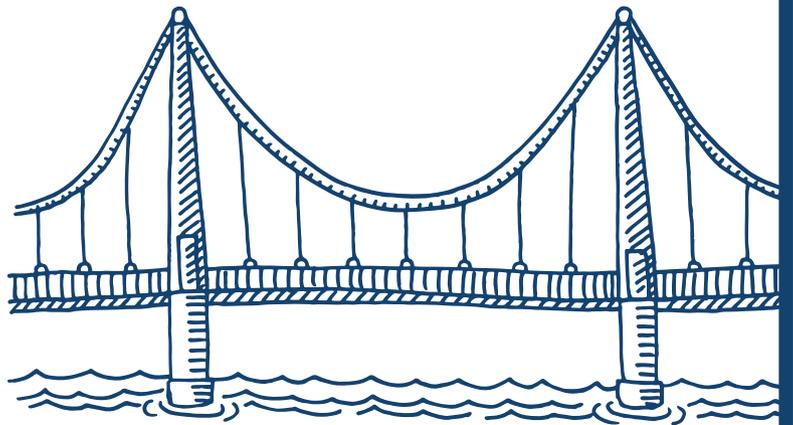
design expertise to determine the most effective window solutions.

- Modern high-performance windows insulate as a thermal barrier, keeping conditioned air inside and preventing the drafty feeling common in older homes.
- Visit reputable window manufacturer showrooms to view products and gain a better understanding of energy efficiency and hardware, including automated solutions.

*Rachel Y. Krishnan, AIA, is project manager of architecture services with the Paralyzed Veterans of America Architecture Program. ■*

# Expanded possibilities

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## New MS Treatment

### University of Illinois-

Chicago researchers have developed a new way to deliver anti-inflammatory drugs to the central nervous system. Their method, which deploys immune-regulating cells wearing anti-inflammatory “nano-packs,” promises to alleviate multiple sclerosis (MS) symptoms and other incurable autoimmune diseases. Their work appeared last October in the journal *Science Advances*.

“Autoimmune diseases like multiple sclerosis have no cure. Developing reliable therapeutic options is critical,” says lead investigator Zongmin Zhao, PhD, an assistant professor in the Retzky College of Pharmacy and a University of Illinois Cancer Center affiliate, in a November University of Illinois-Chicago release.

Inflammation and MS go hand in hand. Current therapeutics often involve delivering anti-inflammatory drugs to the central nervous system through its highest point, the brain. But Zhao says the blood-brain barrier blocks many drugs from entering the brain at all.

“If drugs can get through, they do alleviate some symptoms but are usually not strong enough to provide a complete cure,” he says.

Zhao’s lab specializes in creating therapeutic cells for delivery to various parts of

the body — including difficult-to-access organs like the brain. They’ve spent the last three years focused on MS.

The cells they’ve developed for MS are like travelers hiking through the central nervous system and

system’s immune response. In mice, it reduced disease progression and improved motor function.

“The potential of this work extends well beyond multiple sclerosis,” says co-author Luyu Zhang, a PhD

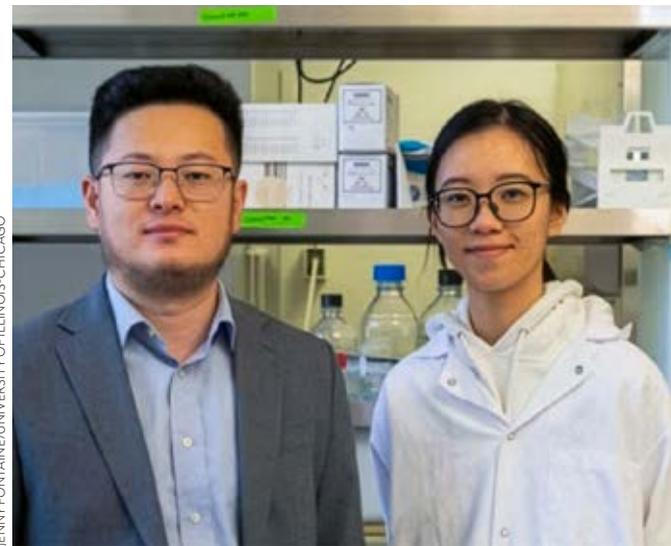
expected to rise sharply over the next 15 years, according to a new study co-authored and funded by the ALS Association and published in the *Annals of Clinical and Translational Neurology* last October.

When taking into account an aging population and improved survival, disease prevalence is projected to increase by 25% across multiple countries worldwide by 2040. Advances in ALS treatment would push that number even higher.

Using high-quality registry data from the Piemonte and Valle d’Aosta region of Italy (PARALS) spanning from 2005 to 2019, the researchers estimated trends in incidence (the number of new people diagnosed each year), survival and prevalence (the total number of people living with ALS), and then projected those trends forward to 2040.

Based on these projections, prevalence in the United States is expected to rise from 9.68 per 100,000 people in 2024 to 11.21 per 100,000 in 2040. This increase equates to almost 9,000 more people living with ALS nationwide. If a treatment increased survival by even six months during this time, the prevalence would jump to 12.01 per 100,000 people.

“These findings suggest that ALS, which is generally classified as a rare disease, will affect an increasingly larger share of the population worldwide in the com-



JENNY FONTAINE/UNIVERSITY OF ILLINOIS-CHICAGO

Zongmin Zhao, PhD, and Luyu Zhang

toting packs of supplies. The hikers are myeloid-derived suppressor cells, immune cells that find and suppress inflammation. Atop the cells are nano-sized packs filled with rapamycin, an anti-inflammatory drug. The nanopack boosts the hiker cell, sharpening its ability to find inflamed areas and amplifying its anti-inflammatory abilities. Together, the duo can breach the blood-brain barrier and siphon rapamycin into the nervous system.

This therapy works by reprogramming the nervous

student in Zhao’s lab. “This method may be a promising strategy for targeted immunotherapy in MS and other autoimmune disorders.”

The researchers named this method CNS Immune Targeting Enabled by MDSCs, or CITED.

**Contributor:**  
Jenna Kurtzweil

## Increasing ALS Prevalence

**The number of people** living with amyotrophic lateral sclerosis (ALS) is

ing decades, with important implications for health care planning, resource allocation and research prioritization,” says lead author Rosario Vasta, MD, an assistant professor in the University of Turin’s Department of Neurosciences “Rita Levi Montalcini” in Turin, Italy, in a November ALS Association release.

The researchers attributed much of the projected increase in prevalence to

improvements in survival, although the study was not designed to identify exactly what is helping people with ALS live longer. Co-author Kuldip Dave, PhD, senior vice president of research at the ALS Association, believes advances in ALS care and treatment play a major role.

“More people are gaining access to multidisciplinary care, which we know extends survival and

improves quality of life,” Dave says. “Greater awareness is also helping people be diagnosed with ALS earlier and begin treatment with appropriate approved therapies as soon as possible, when they are more likely to provide benefit.”

In addition to estimating future ALS prevalence for 15 countries, the researchers developed a free online tool (preals.als.org) that allows users to explore how changes in survival, incidence, demographics and other parameters could influence regional prevalence rates.

## Age & SCI Recovery

**A study published on Dec. 23 in *Neurology*, the medical journal of the American Academy of Neurology (AAN), looks at how age may affect recovery for people with spinal cord injuries (SCI).**

“With population growth and improvements in medicine, the number of people diagnosed with spinal cord injury is increasing and the average age at the time of injury is rising,” says study author



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**Application Deadline May 15, 2026.**

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Chiara Pavese, MD, PhD, of the University of Pavia in Pavia, Italy, in a December AAN release. “Despite substantial advances in medicine and surgery over the past decades, the rate of recovery after spinal cord injury has remained the same. Our results may help researchers design studies tailored by people’s age to evaluate new therapies and approaches for people with spinal cord injury.”

Researchers found that older age does not appear to impact neurological recovery in areas such as motor and sensory abilities. But the study found that older

people had worse recovery in functional areas such as ability to care for oneself with tasks such as feeding, bathing, bladder and bowel management and mobility. They also had worse recovery on tests of ability to walk, such as how fast a person can walk a short distance, with or without assistance such as a cane.

The study involved 2,171 people with an average age of 47, who were admitted to spinal units participating in the European Multicenter Study about Spinal Cord Injury. People were followed for one year after their injury.

During that time, they were tested on their abilities. Researchers looked for relationships between age and how much they recovered their abilities over the year.

There was no relationship between age and neurological outcomes, including strength in the upper and lower body and the ability to sense a light touch or pin prick.

However, the researchers found that older people were more likely to have worse functional recovery than younger people. On a test of independence in daily life activities such as feeding, bathing, bladder and bowel management and mobility, overall scores ranged from 0 to 100, with a higher score indicating better recovery. Scores for participants at the time they were admitted into the spinal care unit after injury averaged 31 points. After a year, scores averaged 35 points. Researchers found that every decade older was associated with a reduction of 4.3 points on the test. Older people had less improvement on all the tests of the ability to walk than younger people.

These results accounted for the type of SCI people had and how severe it was.

The researchers also found a noticeable reduction in functional recovery in people older than 70.

“People older than 70 need specific approaches to rehabilitation that take

into account other conditions they may be living with, such as cardiovascular disease, diabetes or osteoporosis, and help them with recovery that applies to their daily lives,” Pavese says.

A study limitation was that a substantial number of people in the original database were no longer included after one year, and limited information was available about reasons why they dropped out of the study or whether they died during that time. It’s possible that the people who dropped out of the study or died differed as a group from the people who remained in the study, which could affect the results.

The study was supported by the Swiss National Science Foundation, Wings for Life Research Foundation, European Union’s Horizon 2020 research and innovation program, Swiss State Secretariat for Education, Research and Innovation and Italian Ministry of Health.

To read the original release, visit [aan.com/pressroom/home/pressrelease/5305](http://aan.com/pressroom/home/pressrelease/5305).

## BCI Clinic Opens at UM Health

**Neurosurgery leaders** at University of Michigan (UM) Health have launched a brain-computer interface (BCI) clinic for patients with motor and speech disabilities.

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COURTESY OF UNIVERSITY OF MICHIGAN HEALTH

University of Michigan Health has launched a brain-computer interface clinic for patients with motor and speech disabilities.

The health system is among the first in the nation to establish a clinic dedicated to BCIs, which decode and interpret brain signals to translate them into action.

The advanced technology has the potential to recover functionality loss that occurs due to injury or disease.

The BCI clinic will allow multidisciplinary collaboration between experts in neurosurgery, neurology, neurorehabilitation, neurocritical care and neuroanesthesia, as well as leaders in BCI technology research.

Clinicians will comprehensively evaluate patients with motor and speech disabilities caused by conditions including but not limited to spinal cord injury, amyotrophic lateral sclerosis, stroke and progressive muscle atrophy.

In addition to determining whether patients can receive interventions, such as vagus nerve stimulation for post-stroke weakness, providers will inform them of opportunities to enroll in current or future BCI clinical trials.

“Research into implantable BCIs is accelerating at breakneck speed,” says Aditya Pandey, MD, chair of the Department of Neurosurgery, in a December UM Health release. “Our teams will ensure that patients will be given as much detail as possible about the potential to receive recently approved

neural interfaces, like vagus nerve stimulators, and participate in cutting-edge clinical trials for the newest BCI technology to treat their functional deficits.”

Matthew Willsey, MD, PhD, a neurosurgeon and biomedical engineer at UM Health, will lead the clinic.

Last June, Willsey led the first in-human recording from a new, wireless BCI that was temporarily implanted during a temporal lobectomy for epilepsy. The technology was developed by the Texas-based company Paradromics.

Willsey is a site principal investigator at UM for the upcoming Connect-One clinical study of the Paradromics device. The study gained Food and Drug Administration approval last November.

Willsey’s team is leading a clinical trial that will assess the preliminary safety information for an

investigational BCI device that aims to restore motor and speech function.

## Best States For Veterans

The nonprofit organization SmileHub released a report on the Best States for Veterans in 2026.

To highlight the best states for veterans and the ones that need to improve the most, SmileHub compared each of the 50 states using 21 key metrics.

The data set ranges from the number of veterans charities per capita to the share of veteran-owned businesses to the share of homeless veterans.

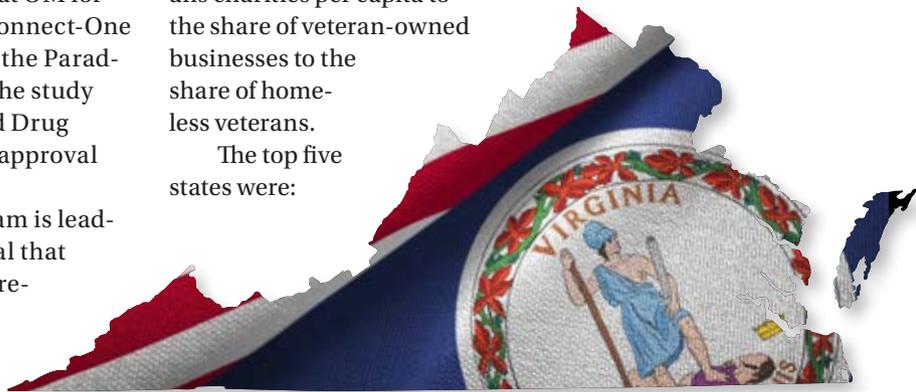
The top five states were:

1. Virginia
2. Florida
3. Texas
4. South Carolina
5. Maryland

Rounding out the bottom of the list were:

46. Vermont
47. Nevada
48. Delaware
49. Idaho
50. Connecticut

To view the full report and your state’s rank, visit [smilehub.org/blog/best-states-for-veterans/161](https://smilehub.org/blog/best-states-for-veterans/161). ■



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# veteran **advisor**

DAN MECKEL, SENIOR NSO

## Caregiver Support

**The Program of Comprehensive Assistance for Family Caregivers (PCAFC)** is a vital support initiative administered by the Department of Veterans Affairs (VA).

The program is designed to recognize, assist and sustain family members and loved ones who serve as caregivers to eligible veterans with significant service-related disabilities.

The PCAFC represents one of the most comprehensive caregiver support efforts in the federal government, acknowledging the often demanding, long-term and deeply personal work that family caregivers provide every day to help veterans

maintain their health, safety and dignity at home.

## Helping The Helper

At its core, the PCAFC aims to support the physical, emotional and financial well-being of both veterans and their family caregivers.

Many veterans who qualify for this program have sustained serious injuries or illnesses during military service that significantly impair their ability to conduct everyday activities, such as bathing, dressing, eating or moving safely without assistance.

The caregiver, in most cases a spouse, parent, son, daughter or extended family member, takes on not just routine tasks, but also critical

health-related functions that would otherwise require professional or institutional care.

This program was created to provide enhanced clinical support for these caregivers, recognizing their central role in the broader VA health care system.

## Eligibility

Both the veteran and the family caregiver must meet specific eligibility criteria to participate in PCAFC.

- The caregiver must be at least 18 years old, either be a family member by relationship, live with the veteran full-time or be willing to do so if designated as the caregiver.
- The veteran must be enrolled in VA health care, have a VA disability rating (individual or combined) of 70% or higher, have a discharge from U.S. military service and be in need of continuous, in-person personal care for at least six uninterrupted months. This personal care includes assistance with activities of daily living, health maintenance and ensuring safety or supervision in day-to-day life.

When approved, the veteran can designate one primary family caregiver, who is providing most of the care, and up to two secondary family caregivers, who can support or substitute for the primary when necessary.

## Key Benefits

The PCAFC provides an array of benefits designed to help caregivers manage the responsibilities and stresses associated with long-term caregiving.

These benefits vary depending on whether the person is the primary or secondary caregiver, but the program's goals remain consistent — support caregiver well-being, sustain

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caregiving in the home and enhance the veteran's quality of life.

Benefits available to both primary and secondary caregivers include:

- Education and training tailored to the veteran's care needs
- Mental health counseling to support emotional well-being and resilience
- Certain benefits when accompanying the veteran to medical appointments, potentially including travel and lodging allowances

Additional benefits available specifically to the primary family caregivers include:

- A monthly stipend, which is intended to provide financial relief for time and effort spent caregiving. The amount of this stipend is based on the level of care the veteran needs and the local cost of living. It uses a system tied to federal pay scales.
- Health care coverage through the Civilian Health and Medical Program of the VA if the caregiver doesn't already have other qualifying health insurance. This can include medical, prescription and mental health services.
- Respite care, giving caregivers at least 30 days per year where temporary caregiving support allows them a break
- Access to legal and financial planning advice related to the veteran's needs and welfare
- Use of military support facilities, such as commissaries, exchanges and recreation facilities in certain cases

These benefits work in combination to ensure caregivers have access to resources that can reduce stress,



The Department of Veterans Affairs' Program of Comprehensive Assistance for Family Caregivers offers services and supports for eligible veterans' caregivers.

support their health and help them continue providing care effectively.

## Getting Started

Applying for PCAFC is a joint process between the veteran and the prospective caregiver.

They must complete VA Form 10-10CG together and submit it either online, by mail or in person at a VA medical center. Once enrolled, participants are expected to maintain regular wellness contacts, including check-ins and at least an annual home visit, to ensure the caregiving arrangement remains appropriate and effective.

## Changes

The VA continues to evolve the PCAFC.

A proposed rule aims to expand access, clarify eligibility requirements and reduce the frequency of reassessments, potentially enabling thousands more veterans and caregivers to benefit from the program. Expandable support for telehealth and broader eligibility criteria reflect ongoing efforts to make the program more responsive and accessible.

Additionally, the VA has recently extended eligibility protections for veterans and caregivers who were enrolled before major policy shifts,

ensuring continuity of benefits through at least Sept. 30, 2028.

## Impact

The PCAFC represents a significant acknowledgment by the federal government of the essential role family caregivers play in veterans' health care.

By offering education, financial support, health care access and other services, the PCAFC not only aids caregivers in their day-to-day responsibilities, but it also honors their crucial contributions to veterans' lives.

Families who participate often report that the program helps reduce caregiver burnout, improves care coordination and allows veterans to remain safely at home with loved ones rather than in institutional settings.

For help with the PCAFC or any other benefits, contact the nearest Paralyzed Veterans of America (PVA) national service officer (NSO) from the roster on page 51.

Information for this article was gathered from public sources such as va.gov and Title 38 of the Code of Federal Regulations.

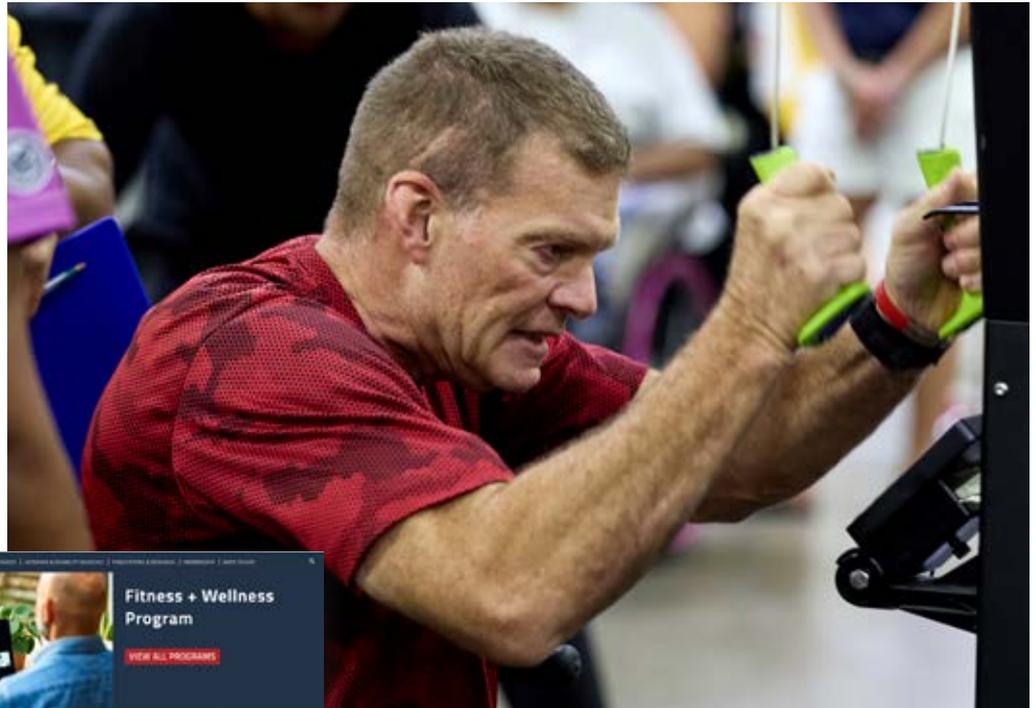
*A 24-year Army veteran, Dan Meckel is a PVA senior NSO in the VA regional office in Waco, Texas. ■*

## New PVA Online Fitness Program

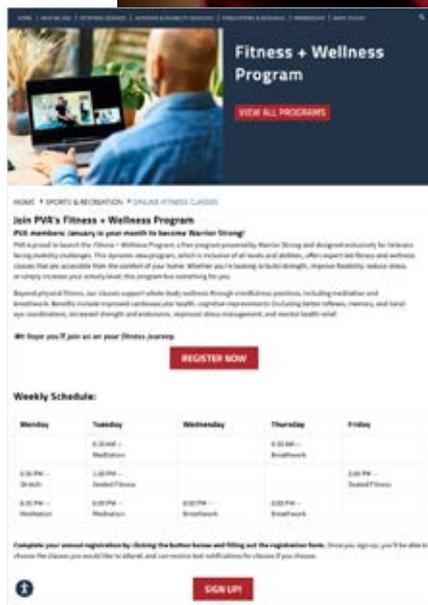
**Paralyzed Veterans of America (PVA)** has launched its new online Fitness + Wellness program, which is a free virtual adaptive fitness and wellness program led by Warrior Strong.

The program is designed specifically for veterans with spinal cord injuries and diseases such as multiple sclerosis (MS) and amyotrophic lateral sclerosis (ALS) and their caregivers. It offers up to nine weekly classes designed to improve strength, endurance and hand-eye coordination, according to a January press release. Individuals can also participate in meditation and breathwork sessions that help with stress management and mental health relief. It's a program that combines adaptive exercise with holistic wellness practices to help deliver a comprehensive approach to rehabilitation to enhance resilience and quality of life for disabled veterans across the country, according to the release.

"By removing accessibility barriers to fitness and



COURTESY OF PARALYZED VETERANS OF AMERICA



PVA.ORG/SPORTS-RECREATION/ONLINE-PROGRAMS

wellness and meeting veterans where they are in their fitness and wellness journey, we are not only helping to improve mental and physical fitness, but we are also cultivating a community of mutual support and connection," says Fabio Villarreal, PVA senior director of sports and recreation, in the release. "Warrior Strong's expertise

Paralyzed Veterans of America has launched a new free online Fitness + Wellness program led by Warrior Strong.

in adaptive fitness and their deep understanding of the veteran community make them the ideal organization to help bring this exciting new program to life."

Veterans can also visit the Warrior Strong facilities in Scranton, Pa., or Morris County, N.J., to join classes in person.

CEO and Warrior Strong founder Tom Tice says the organization is dedicated to helping veterans reconnect with their physical, mental and emotional strength.

"Working with PVA allows us to expand that mission even further by ensuring that every veteran, no matter their mobility level, has access

to the tools and community they need to thrive," he says in the release.

Veterans and their caregivers are invited to view the full class schedule and register at [pva.org/sports-recreation/online-programs](http://pva.org/sports-recreation/online-programs). ■

### CORRECTION

In the January 2026 issue of *PN* magazine in Fall Ball of the Sports & Rec section on page 42, the Paralyzed Veterans of America wheelchair football camp was held in North Augusta, S.C. It was incorrectly reported that the event was held in North Augusta, Ga. We apologize for the error.



For assistance, please refer to the directory below to identify the Paralyzed Veterans of America (PVA) Service Office nearest you. Also, you may contact the PVA Veterans Benefits Department located at our headquarters in Washington, D.C., at 866-734-0857.

## ALABAMA

VARO, Montgomery  
334-213-3433

## ARIZONA

VARO, Phoenix  
602-627-3311

## ARKANSAS

VARO, North Little Rock  
501-370-3757

## CALIFORNIA (Hawaii, Manila)

VAMC, Long Beach  
562-826-8000, ext. 23774

VARO, Los Angeles  
310-235-7796

VAMC, Mather  
916-843-2602

VAMC, Palo Alto  
650-493-5000, ext. 65046

VARO, Rancho Cordova  
916-364-6791

VAMC, San Diego  
858-552-7519

VARO, San Diego  
619-400-5320

## Veterans Career Program

San Diego  
202-416-6477\*  
(covering AK, AZ, CA, HI, ID, NV, OR, WA)

## COLORADO (Wyoming)

VARO, Denver  
303-914-5590

## DELAWARE

VARO, Wilmington  
302-993-7252

## DISTRICT OF COLUMBIA

**PVA National Office**  
202-872-1300

## FLORIDA

VAMC, Lake City  
386-755-3016, ext. 2236

VAMC, Miami  
305-575-7180

VAMC, Orlando  
407-631-1000, ext. 11835

VARO, St. Petersburg  
727-319-7470

VAMC, Tampa  
813-978-5841

## Veterans Career Program

Tampa\*  
202-416-7688

## GEORGIA

VARO, Atlanta  
404-929-5333

VAMC, Augusta  
706-823-2219

\*Recently updated

## Veterans Career Program

Atlanta  
202-416-6475\*  
(covering AL, AR, FL, GA, LA, MS, NC, PR, SC)

## ILLINOIS

VARO, Chicago  
312-980-4278

VAMC, Hines  
708-202-5623

## INDIANA

VARO, Indianapolis  
317-916-3626

## IOWA

VARO, Des Moines  
515-323-7544

## KANSAS

Wichita  
316-688-6875

## KENTUCKY

VARO, Louisville  
502-566-4430 / 4431

## LOUISIANA

VARO, New Orleans  
504-619-4380

## MAINE (Vermont, New Hampshire)

VAMROC, Augusta  
866-795-1911 / 207-621-7394

## MARYLAND

VARO, Baltimore  
410-230-4470, ext. 1020

## MASSACHUSETTS (Connecticut, Rhode Island)

VARO, Boston  
617-303-1395

VAMC, Brockton  
774-826-2219

## Veterans Career Program

Boston  
202-416-6478\*  
(covering CT, DE, MA, ME, NH, NJ, NY, PA, RI, VT)

## MICHIGAN

VARO, Detroit  
313-471-3996

## MINNESOTA

VAMC, Minneapolis  
612-629-7022

VARO, St. Paul  
612-970-5668

## Veterans Career Program

Minneapolis  
202-416-6476\*  
(covering IA, IL, MI, MN, ND, NE, SD, MT, WI, WY)

## MISSISSIPPI (Louisiana)

VARO, Jackson  
601-364-7188

## MISSOURI

VAMC, Kansas City  
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VAMC, St. Louis  
866-328-2670 / 314-894-6467

VARO, St. Louis  
314-253-4480

## NEBRASKA

VARO, Lincoln  
402-420-4017

## NEVADA (Utah)

VARO, Las Vegas  
702-791-9000, ext. 14458

VAMC, Reno  
775-321-4789

## NEW JERSEY

VARO, Newark  
973-297-3228

## NEW MEXICO

VAMC, Albuquerque  
505-265-1711, ext. 5046

VARO, Albuquerque  
505-346-4896

## NEW YORK

VAMC, Bronx  
866-297-1319  
718-584-9000, ext. 6272

VARO, Buffalo  
716-857-3353

VARO, New York  
212-807-3114

VAMC, Syracuse  
315-425-4400, ext. 53317

## NORTH CAROLINA

VARO, Winston-Salem  
336-251-0836

## OHIO

VAMC, Cleveland  
216-791-3800, ext. 4159

VARO, Cleveland  
216-522-3214

## OKLAHOMA (Arkansas)

VARO, Muskogee  
918-781-7768

VAMC, Oklahoma City  
405-456-5483

## OREGON (Idaho)

VARO, Portland  
503-412-4762

## PENNSYLVANIA

VARO, Philadelphia  
215-381-3057

VARO, Pittsburgh  
412-395-6255

## PUERTO RICO

VACHS, San Juan  
787-641-7582 ext. 11566

VARO, San Juan  
888-795-6550 / 787-772-7384

## SOUTH CAROLINA

VARO, Columbia  
803-647-2432

## SOUTH DAKOTA (North Dakota)

VAMROC, Sioux Falls  
605-333-6801

## TENNESSEE

VAMC, Memphis  
901-523-8990, ext. 7795

VARO, Nashville  
615-695-6383

## TEXAS

VAMC, Dallas  
214-857-0105

VAMC, Houston  
713-794-7993

VARO, Houston  
713-383-2727

VAMC, San Antonio  
210-617-5300, ext. 16819

VARO, Waco  
254-299-9944

## Veterans Career Program

San Antonio  
202-416-6479\*  
(covering CO, KS, NM, MO, OK, TX, UT)

## VIRGINIA

VAMC, Hampton  
757-722-9961, ext. 2943

VAMC, Richmond  
804-675-5316

VARO, Roanoke  
540-597-1707

## Veterans Career Program

Richmond  
202-416-6481\*  
(covering DC, IN, KY, MD, OH, TN, VA, WV)

## WASHINGTON (Alaska, Montana)

VAMC, Seattle  
206-768-5415

VARO, Seattle  
206-220-6149

## Veterans Career Program

Seattle  
202-416-7621\*

## WEST VIRGINIA

VARO, Huntington  
304-399-9393

## WISCONSIN

VARO, Milwaukee  
414-902-5655

### October 2025

PVA Intro to Paracycling Series: Denver	October 3-4, 2025	Denver, CO
PVA Wheelchair Football Camp: Augusta	October 10-11, 2025	North Augusta, SC
PVA Off-Road Paracycling Camp: Pocahontas State Park	October 16-18, 2025	Chesterfield, VA
PVA Billiards Tournament Series: Mid-South	October 17-18, 2025	Memphis, TN
PVA Pickleball Camp	October 18-19, 2025	San Antonio, Texas
Paracycling: High Performance Road Racing Camp	October 27-31, 2025	Colorado Springs, CO

### November 2025

Intro to Paracycling Series: Phoenix	November 12, 2025	Phoenix, AZ
PVA Off-Road Paracycling Camp: Phoenix	November 13-16, 2025	Phoenix, AZ
PVA Billiards Tournament Series: Buckeye	November 14-15, 2025	Westerville, OH

### December 2025

PVA Bowling Tournament Series: Nevada	December 4-7, 2025	Las Vegas, NV
PVA Boccia Tournament Series: New England	December 6-7, 2025	Brockton, MA

### January 2026

PVA-USA Boccia Regional Tournament	January 24-25, 2026	Tampa, FL
PVA Wheelchair Rugby Invitational	January 30-February 1, 2026	Louisville, KY

### February 2026

PVA Boccia Tournament Series: Bayou Gulf States	February 7-8, 2026	Gulfport, MS
PVA Airgun Tournament Series: Central Florida	February 14-15, 2026	Orlando, FL
PVA Bowling Tournament Series: Florida Gulf Coast	February 25-27, 2026	Tampa, FL
PVA Outdoor Experience: Maine Winter Sports	February 25-March 1, 2026	Carrabassett Valley, ME

### March 2026

PVA Bowling Tournament Series: Tri-State Tournament	March 13-15, 2026	Beaverton, OR
PVA Billiards Tournament Series: Mid-Atlantic	March 14-15, 2026	Midlothian, VA
PVA Bass Tournament Series: Southeastern Challenge	March 27-29, 2026	Appling, GA

### April 2026

PVA Bass Tournament Series: Bluegrass Bass Bash	April 10-12, 2026	Kuttawa, KY
PVA National Air Gun Camp	April 13-17, 2026	Centreville, VA
PVA Off-Road Paracycling Camp: Pocahontas State Park	April 16-18, 2026	Chesterfield, VA
PVA Bass Tournament Series: Citrus Slam	April 17-19, 2026	Kissimmee, FL
PVA Bowling Tournament Series: Texas	April 22-24, 2026	San Antonio, TX
PVA Billiards Tournament Series: Mid-America	April 23-25, 2026	Oklahoma City, OK
PVA Wheelchair Pickleball Tournament	April 25-26, 2026	Franklin, WI

### May 2026

PVA Bass Tournament Series: Land of Lincoln	May 1-3, 2026	Sesser, IL
PVA Boccia Tournament Series: Puerto Rico (Year-End)	May 2-3, 2026	San Juan, PR
Intro to Paracycling Series: Salt Lake City	May 4-5, 2026	Salt Lake City, UT
Intro to Paracycling Series: Milwaukee	May 20-21, 2026	Milwaukee, WI
PVA Trapshooting Tournament Series: Vaughan	May 22-24, 2026	Elburn, IL
PVA Bass Tournament Series: Buckeye Bash	May 29-31, 2026	Cortland, OH
PVA Airgun Tournament Series: Texas	May 30-31, 2026	San Antonio, TX

### June 2026

PVA Bass Tournament Series: Capital Clash	June 5-7, 2026	Marbury, MD
PVA Wheelchair Basketball Camp	June 8-14, 2026	Arlington, TX
PVA Trapshooting Tournament Series: Wisconsin	June 12-14, 2026	Green Bay, WI
PVA Outdoor Experience: Teton	June 22-26, 2026	Jackson Hole, WY
PVA Bowling Tournament Series: National Championship	June 25-28, 2026	Omaha, NE
PVA Trapshooting Tournament Series: Iowa (Year-End)	June 26-28, 2026	Cedar Rapids, IA

### July 2026

National Veterans Wheelchair Games	July 9-14, 2026	Detroit, MI
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## Talking Tech

Paralyzed Veterans of America CEO Carl Blake, second from left, speaks during a conference session titled Bridging the Opportunity Gap for Underserved Populations during January's mega consumer technology trade show called CES in Las Vegas. For more about this conference session and more from CES, check out future issues of *PN* magazine.

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