

Dear Veterans

The VA New England Healthcare System invites you to participate in the 2012 Winter Sports Clinic at Mount Sunapee January 9th through the 14th, 2012. This event promotes rehabilitation by instructing physically challenged veterans in adaptive Alpine skiing and will provide an introduction to other adaptive activities and sports.

WHO is invited to participate?

Participation is open to male and female military service veterans with spinal cord injuries, orthopedic amputation, visual impairments, certain neurological problems and other disabilities. The application includes a general medical information section. All disabilities are subject to review by the Winter Sports Clinic's program directors and medical officer. Their decisions are final.

WHAT is the program about?

- ✓ January 9, 2012 - registration, equipment fitting and safety checks, opening reception, team meetings
- ✓ January 10 - ski lessons, sports massage, air rifle shooting, Abilities Awareness Night
- ✓ January 11 - ski lessons, sports massage, air rifle shooting
- ✓ January 12 - ski races, snow mobile rides Award Banquet
- ✓ January 13 - check out

Other activities may be added.

Prior to the Winter Sports Clinic, you will be assigned to a team. Your team leader will contact you and will answer any questions you may have.

As a participant, you will work with adaptive skiing instructors and adaptive skiing equipment such as outriggers, ski

poles, sit-ski devices (mono-skis, bi-skis), and tethering straps. Your instructor will assess your abilities and adapt the training program to meet your needs. You will have an opportunity to participate in at least two ski training sessions during the event.

Besides skiing, the Winter Sports Clinic will also host snowmobile rides (weather permitting), air rifle shooting, basketball, sports massage and other activities. An opening reception on Monday evening, a basketball game on Tuesday night and a banquet on Thursday night are traditional favorites.

Advanced Ski Clinic 2012

An Advanced ski clinic is being held for participants who have reached an independent skier level and wish to improve their techniques. We will be working on the race course and more advanced terrain. More may come out on this concept later.

WHERE is the Winter Sports Clinic held?

Our hosts are the Mount Sunapee Ski Resort and the Best Western Sunapee Lake Lodge. Please send a deposit of \$150 with your application to hold your room reservation. This check will be returned to you at registration unless you cancel at the last minute in which case we reserve the right to utilize the deposit to compensate the hotel for rooms we were unable to utilize and became charged for. You are responsible for your room charges and having a credit card on file while staying with the hotel for any incidental expenses. Please fill out the Hotel Accommodation portion of the application completely. Some scholarships are available for rooming if it presents a barrier to participation.

Rooms are limited, so as soon as your application is submitted, we will be able to make your room reservations.

All events are nearby and wheelchair accessible transportation is provided. At Mount Sunapee Ski area, the main meeting site is the New England Handicapped Sports Association Lodge (NEHSA) that is on the far end of the main parking area. Handicapped parking and facilities are available. The lifts are nearby and there will be plenty of volunteers available to assist.

Registration is held at the Best Western between the hours of 9:00 a.m. and 3:00 p.m. You need to check-in to be fitted for equipment and get your personal equipment checked before 3:00 p.m. If this is not done, you will risk losing a ski session.

HOW do I register?

Veterans can apply to participate by completing all elements of the registration packet. **Only fully complete applications received by December 1, 2012 will be accepted.**

Mail your complete application to:

**Ralph Marche (135)
VA Boston Healthcare System
150 S. Huntington Avenue
Boston, MA 02130**

Veterans are expected to pay for their room charges and transportation to and from the Winter Sports Clinic. The Best Western offers a continental breakfast each morning. Lunches will be provided free of charge Tuesday, Wednesday and Thursday, refreshments are provided Monday at the opening night social, Tuesday Pizza Party, and Awards Banquet on Thursday. This is all done through sponsors and menus are not

specific. Ski instruction, ski equipment, lift tickets and all other related clinic activities are free of charge.

WHAT if I need medical care?

A VA physician and registered nurse make up our onsite medical team. If you need daily supportive care or assistance in activities of daily living then you must arrange for your own support personnel. ADL assistance for bathing, showering and catheter care is not planned. We recommend that if you anticipate needing personal equipment or supplies such as catheters, leg bags, irrigating solutions, shower chairs, etc. that you bring these items with you.

BRING ALL NECESSARY MEDICATIONS WITH YOU.

WHAT else should I bring?

- ✓ A bathing suit for the pool.
- ✓ Waterproof outerwear that is designed for winter conditions. It can rain and sleet in January at Mount Sunapee (been there, done that) and waterproof shells and pants are a welcome addition to thermal underwear, extra pairs of dry socks, winter jackets and snow pants.
- ✓ Good hats that cover the ears, thermal gloves or mittens (mittens are warmer), sturdy boots, sunglasses, and sunscreen are helpful.
- ✓ Your team leader can help you decide what clothing to bring.





All information must be provided for application to be considered.

SECTION I: CONTACT INFORMATION

Participant Name: _____

Date of Birth: _____

Social Security Number: _____

Street Address: _____

City: _____ **State:** _____ **ZipCode:** _____

Telephone Number: _____

Cell Telephone Number: _____

E-Mail Address: _____

IN CASE OF EMERGENCY, NOTIFY

Name: _____

Daytime Phone: _____

Evening Phone: _____

Street Address: _____

City: _____ **State:** _____ **ZipCode:** _____

Relationship to patient: _____

Participant Name: _____ Date: _____

SECTION II: GENERAL SKI INFORMATION/ALTERNATE ACTIVITIES

Have you skied since your injury? No Yes

What type of skiing will you do? (Check all that apply)

- Standing Up
- Sitting down (***Any sit skier over 220 pounds will not be allowed to ski.***)
- Alpine
- Mono Ski
- Bi-Ski
- Sighted Guide
- 2-Track Stand-Up (two regular skis and poles)
- 3-Track Stand-Up (one regular ski and two outriggers)
- 4-Track Stand-Up (two regular skis and two outriggers)

If you are Visually Impaired, you must check one of the additional boxes:

- Standing visually impaired
- Sitting visually impaired

We ask all Visually Impaired skiers who can walk to ski standing up. If you are Visually Impaired and can walk, but you wish to ski sitting down, you must weigh 220 pounds or less.

What level of skier are you?

Alpine (downhill) Beginner Intermediate Advanced

If you ski standing, do you wear leg braces? No Yes

If you ski standing, what is your shoe size?

Men's _____ Women's _____

Can you ski independently? No Yes

Are you planning on bringing your own ski equipment? No Yes

If yes, what type of ski equipment will you bring? _____

SECTION III: HOTEL ACCOMMODATION

Would you be willing to share a room? _____ YES _____ NO

If you have a roommate preference, list their name below so that we can maximize the rooms available.

Roommate's Name: _____

SPECIAL NEEDS/REQUIREMENTS: _____

PLEASE SUBMIT A CHECK MADE PAYABLE TO: BEST WESTERN SUNAPEE LAKE LODGE \$150.00 for a deposit if you require the room.
IF YOU DO NOT SUBMIT A CHECK – YOUR APPLICATION WILL NOT BE COMPLETE UNLESS YOU WISH TO BE CONSIDERED FOR A ROOM SCHOLARSHIP.

_____ I wish to be considered for room scholarship funds. Please call me to discuss at: _____

SECTION IV: GENERAL MEDICAL EXAMINATION
TO BE COMPLETED BY EXAMINING CLINICIAN

To Clinicians: Your patient is planning on participating in a vigorous outdoor sporting event that takes place at a ski area in New Hampshire in January. Please assist us in ensuring that applicants are appropriate for this activity by conducting a detailed review of your patient's medical record. High risk patients may include a quadriplegic who is a smoker and overweight, brittle diabetics, patients with severe COPD or any patient who requires close medical supervision.

Patient's Name: _____ Date: _____

Social Security Number: _____ Date of Birth: _____

VAMC where patient receives care: _____

SECTION IVA: DIAGNOSIS

Primary Diagnosis/Type of Injury (Date of Onset: _____)

Spinal Cord Injury	Level	Complete	Incomplete
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Multiple Sclerosis	Head Injury	CVA with residual
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Amputee	Leg	Right	Left	A/K	B/K
	Arm	Right	Left	A/E	B/E

Other: _____

Visual Impairment Diagnosis

Legally Blind (best corrected <20/200 ou)	Field Loss	Totally Blind
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Which eyes are affected	Right	Left	Both
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Can patient see with glasses	Yes	No
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Other visual problems (specify): _____

Patient's Name: _____

Date: _____

Social Security Number: _____

SECTION IVB: HISTORY

Medical History: Please check all boxes that apply.

Has your patient ever had or currently having problems with:

- Altitude sickness
- High altitude pulmonary edema
- Current mental illness requiring psychiatric care
- Chronic pain requiring narcotics
- Asthma
- Anticoagulation
- Hypoxia requiring O₂
- Coronary Heart Disease
- Evidence of gastric, sm intestine or lg. intestine irritation
- Dysreflexia (autonomic)
- Diabetes
- COPD
- Seizures

Allergies: _____

Current Medications: _____

Patient's Name: _____

Date: _____

Social Security Number: _____

SECTION IVC: PHYSICAL EXAMINATION

Height: _____	Weight: _____	Weight limit is 220 lbs.
Pulse: _____	Blood Pressure: _____	Heart: _____
Lungs: _____	Head & Neck: _____	Abdomen: _____
Extremities _____		
Sitting Balance	Normal	Fair Poor
Does the patient smoke?	Yes	No
Does this patient require an attendant?	Yes	No
Do they use a wheelchair for mobility?	Yes	No
What other adaptive equipment do they use? _____		

In your professional opinion, the above applicant is: (PLEASE CIRCLE ONE)

CLEARED TO PARTICIPATE

NOT CLEARED TO PARTICIPATE

Signature of Examining Clinician: _____

Please Print Clinician's Name: _____

Phone: _____ **Pager Number:** _____