

ROLLING INSPIRATION

ISSUE 1 2018 | R55.00

The thought leadership publication for people with mobility impairments

LEBOHANG MONYATSI
SA wheelchair royalty!

**ALL YOUR ADVANCED
WHEELCHAIR NEEDS**

Manual wheelchair guide

GETTING YOUR MOJO BACK

How rehab centres can help

NEW BEGINNINGS, NEW YEAR

Prosthetic legs and a marriage!

DON'T SWEAT!

Keep cool and
comfortable

A LOO DIARY

Add bathroom
breaks to your
schedule



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**KNOWING WHEN TO TAKE A RUGBY PLAYER OFF THE FIELD PROTECTS THEM.
RECOGNISE AND REMOVE, CONCUSSION IS A BRAIN INJURY.
LET'S NOT LOSE OUR HEADS ON THE RUGBY FIELD.
IF IN DOUBT, SIT THEM OUT.**

UNSTEADY ON FEET?

FALLING OVER?

NAUSEOUS?

CONFUSED?

HEADACHE?

VOMITING?

DIZZY?

DAZED?

UNCONSCIOUS?

BLURRED VISION?



THE 6 R'S OF CONCUSSION:

1. RECOGNISE 
the signs and symptoms

2. REMOVE 
the player immediately from the game

3. REFER 
the player to a medical doctor who understands concussion

4. REST 
the player for the age-appropriate stand-down period

5. RECOVER 
until all symptoms have disappeared before entering the Return To Play process

6. RETURN 
to match-play only once sign and symptom free, having gone through the Return To Play process and after being cleared by a medical doctor

BokSmart provides you with all the necessary information at your fingertips to make better informed decisions, when the players need it most.

Visit www.BokSmart.com or follow us on Twitter: @BokSmart or Facebook: Facebook.com/BokSmart. For any potentially serious concussion, head, neck or spine rugby injury contact the toll-free BokSmart SpineLine number, 0800678678, operated by ER24.

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AND NOT A DROP TO DRINK...

AS THE WATER CRISIS DEEPENS, PEOPLE WITH DISABILITIES CAN ONLY HOPE THAT THE CITY OF CAPE TOWN WILL MAKE SPECIAL ARRANGEMENTS FOR THEM AT THE "SECURED COLLECTION POINTS"

Cape Town is flanked on both sides by the ocean. It is the Mother city; it has been a safe harbour and replenishing stopover for travellers for centuries, supplying fresh water, among other essentials, to vessels that explored the spice route and serviced the slave trade. However, here is a harsh reality: we are running out of water in most parts of our coastal provinces in South Africa.

I'm not a panic-monger, but from where I am sitting, I can see very little that is being done and no practical plan in place to ensure that we will have a sustainable source of water for the foreseeable future in Cape Town. Various options are being explored, such as drilling into large underground dams, called aquifers, and expensive desalination plants, to supplement the existing quantity of water we have left.

Yet, the truth is that we are facing the worst drought in 100 years and it will take a lot of rain to replenish our dams. Okay, we still have about 18 percent of usable water left in our dams but a 'day zero' timeline is adjusted ever so often. The mayor and the city council have some plans in

place to provide drinking water at secured collection points in the next few months, but will they be effective? Will they be safe? And will they be accessible in the true sense of the word?

I cannot see myself pushing my wheelchair and balancing a large enough container for water on my lap or anywhere else on my person. However, this will be the scene in a couple of weeks. We can only hope that special arrangements will be made to accommodate people who will have difficulty in collecting sufficient water for their use.

It is encouraging to see that the chimpanzees in Monkey Town in Somerset West are posing in their enclosure with bottled water, nugal. I wonder if other species will be as fortunate as they are. These monkeys rely on the owners of the establishment for their water supply and the owners raise their revenue solely from the entry fees. They don't get any support from the government.

Is it the responsibility of the authorities to ensure we have access to the life-sustaining liquid? Or are we left to our own devices? It would be unfair of me to focus only on persons with disabilities, especially quadriplegics or wheelchair users, and their use of water, of course, since



Even if we don't live with large families, we employ people to assist us or we live in communal homes. This means more mouths to feed, to keep hydrated and cleansed. So, beside the usual essential consumption of water for cooking, bathing, drinking and cleaning, it all adds up to a large amount of water required for our survival.

Yet, we have been included in the count with the general population. I hope that we are taken into consideration when the mayor and her advisory team calculated the average usage of 87 l per person per day! Either this is true or we are left out to dry. And I do not want to single out any one person, but someone has to take responsibility for this.

Though much attention has been focused on the City of Cape Town's attempts to manage the water crisis, in terms of the Water Act of 1998, the national government is the "public trustee" of the nation's water resources and must ensure that water is "protected, used, developed, conserved, managed and controlled in a sustainable and equitable manner, for the benefit of all persons".


"The national government, acting through the minister, has the power to regulate the use, flow and control of all water in the republic," according to the Act. So, we know who to turn to and who to hold to account. However, we need to play our part too. We need to adjust and adapt to the new normal and not only look to the government for support.

As global citizens we are exposed to climate change. We need to think innovatively and come up with unique



every living being needs water to survive.

I feel that some of us require more water than the average person. We are forever encouraged to drink more water, because it's good for the bladder, kidneys and circulation. Incontinence is a way of life, which means extra loads of washing of bedding and clothes. Our other bladder management equipment – catheters, bed and leg bags – all require water for washing and rinsing.

solutions to all the challenges we will face. Let's try to use water and all other natural resources sparingly throughout the country and plan ahead for our inclusive future. 



Raven Benny is the vice chairperson of QASA. He has been a C5, 6 and 7 quadriplegic since 2000. He is married with five children, is mad about wheelchair rugby and represented South Africa in 2003 and 2005. He also plays for Maties. email: rbenny@pgwc.gov.za

THE MONEY BEHIND THE WHEELS



Back Up, a UK spinal cord injury charity, conducted research to find out how wheelchair users fund their wheelchairs. The research found that 48 percent of wheelchair users only received a wheelchair they were happy with after a year. Most users get their first wheelchair from the UK National Health Service (NHS).

The NHS would either supply a chair or offer a budget that can be used by the wheelchair user to choose a chair. Relying on NHS funds increases the waiting time for a suitable chair. For this reason, 39 percent of wheelchair users paid for their chair themselves. Although many still preferred to get assistance from the government, wheelchair users were often still left with a gap of about £3 000 (about R50 536) that came from their own pocket.

Back Up found that wheelchairs in the UK can cost up to £4 000 (R67 381). ROLLING INSPIRATION would like to know how you afforded your wheelchair. Complete our anonymous survey and see how many other wheelchair users funded their own wheelchair, received a donation or had some help from the South Africa government. Complete the survey here: <https://www.surveymonkey.com/r/2BHFK8C>.



NAME AND SHAME!

ROLLING INSPIRATION readers Devan Pillay and Stacey Lombaard shared these photographs of people misusing the accessible parking bays. One man in Krugersdorp was "picking up washing", while a tow truck decided it could park in an accessible bay. Send your photographs of people abusing accessible parking bays to mariska@charmونت.co.za, today!



SUBSCRIBE OR CONTRIBUTE TO THE ROLLING INSPIRATION NEWSLETTER!

Did you know you can get all the latest news and inspirational stories on the ROLLING INSPIRATION newsletter? You can also contribute to the newsletter by sharing photographs or writing an interesting article. Send any contribution to mariska@charmونت.co.za and see it featured on South Africa's leading newsletter for people with mobility impairments.



NEARLY READY FOR THE BIG TIME ...

The QuadPara Association of South Africa (QASA) offered development and capacity building for a second group of HWSETA Workplace Experience Grant learners. Ten interns with disabilities started their one-year internship in May 2017. Nine of the interns are either quadriplegic or paraplegic.

The participants will soon be prepared for and placed in permanent employment. All interns have shown significant growth and progress in their respective work environments.

RIGHT: (from the left) Sifiso Dladla, placed at Shave Paints & Décor in Pinetown; Precious Dube, placed at the QASA Head Office in Gillitts; Benjamin Mbata, placed at Shave Paints & Décor in Springfield Park.



DRIVING INTO THE NEW YEAR

Itumeleng approached QASA determined to get her driver's licence. She was unwavering in her desire to learn to drive herself, as public transport was becoming too difficult to use. Itumeleng was born with a disability and due to unforeseen circumstances became a wheelchair user.

It was a big adjustment for her. She notes that being a wheelchair user is not the end of the world – a person needs courage, patience, acceptance, support, positivity and determination, but that if you possess all these qualities, everything is possible.

She is very excited about her newly acquired licence and is already driving herself around. She would like to thank her family for all their support, Des, her driving instructor, for his encouragement in the driving lessons, and QASA for all the assistance in making her goal achievable. QASA wishes Itumeleng all the best and safe driving.



Itumeleng proudly holds her driving licence above her head.



LET QASA HELP YOU FIND EMPLOYMENT

Are you a quadriplegic or paraplegic looking for employment? Send your CV by email to QASA at projectcoordinator@qasa.co.za today! We are assisting a number of quadriplegics and paraplegics to find employment.



Seen someone abusing a wheelchair demarcated parking bay?
Please take a photo & ensure the vehicle registration plate is clear & wheelchair parking sign is visible
WhatsApp it to 073 853 9675
Please include location, date & time.



Ari Seirlis is the CEO of the QuadPara Association of South Africa (QASA) and managing editor of Rolling Inspiration. email: ceo@qasa.co.za

ROLLING ON THE RUNWAY



A FEW MONTHS AFTER BEING CROWNED MISS WHEELCHAIR WORLD FIRST PRINCESS, LEBOHANG MONYATSI CHATS TO WILLIAM GEORGE ABOUT HER JOURNEY AND PLANS FOR THE FUTURE

Lebohang rolls into to the living room, waves at me and says, "Hi" with a smile. She moves swiftly from her wheelchair to a seat on a sofa. She has a soft voice, with a hint of laughter behind everything she says.

After speaking to her just for a while you realise that she is always smiling. A pleasant and charming character, a real-life beauty queen. She is staying with her two younger cousins, Thabiso (16) and Nthabiseng (11) Monyatsi; however, she is more like a big sister to them.

Lebohang was diagnosed with polio at the age of three and was raised by her grandmother after her mother passed away.

She doesn't recall her grandmother ever treating her like a person with a disability. "She always motivated me and she is the reason I am the woman I am today. The most important lesson she ever taught me was that I will fall, but I must get up and keep trying until I get it right."

She recalls the joy of her family when she came back from Poland, celebrating her victory with her. "It was great to see them; they are very proud," she says.

The North-West beauty resides in Vanderbijlpark, where she has worked as the human resource (HR) practitioner at ArcelorMittal for almost two years. Previously, she was HR senior administrator at Transnet.

"I am enjoying it. The best thing about my current job is that there is growth, I do more than in my previous job and

you need that kind of challenge if you want to be happy at work – that's motivating," she notes.

She is an accomplished woman, Miss Wheelchair World First Princess, a North-West University graduate, winner of the Extraordinary Champions (people with disabilities) at the 2017 South Africa Youth Awards and former player for the national team, South African Wheelchair Basketball league.

In 2016, Lebohang was selected as a finalist for the Face of the Globe in London, but couldn't make the trip due to a shortage of funds.

That was not the end, though. She went on to apply for the very first Miss Wheelchair World pageant.

After being selected as a finalist, she was faced with the same financial challenges, and so she began campaigning and approached the Department of Social Development (DSD).

"Since there is a structure in place that is meant to support people with disabilities and women, I thought they should be able to help," she says.

However, that did not happen.

She then contacted the Minister of Women in the Presidency. "I was hoping they would come to my assistance because I am a woman, but they rejected my request.

"I think our government does not support creativity or talent. It's not about our abilities or disabilities. If it's not sports, they won't support us," she says.

Generous funding was received later from an anonymous caller to a radio show on which she was being interviewed just a few days before she was due to leave for Poland.



Of the pageant ceremony, Lebohang says: "I did my best, so did everyone else, but I truly couldn't believe it when they called my name."

She became the first ever Miss Wheelchair World First Princess, and one of only two models representing the African continent at the competition in Warsaw, Poland.

Lebohang commends the accessibility for wheelchair users in Poland. "The accessibility there is great, from the transport to the buildings and the people. Maybe one day, I will live there," she chuckles.

"I believe South Africa is ahead when it comes to accessibility for people with disabilities," she notes, but adds that more can be done, particularly for those who are not wheelchair users.

In her view, the media also has a role to play, by featuring more representation of people with disabilities. When growing up, she never had anyone to look up to who was in mainstream media.

"The media has the power to change the way we see things and the way we learn, for example, finding an able person to act disabled is a flaw: there are people with disabilities who went to study drama, and can act just as well – and even more convincingly."

from family, friends, and people on social media. "The citizens of South Africa were very excited, especially those with disabilities, I think it is because they had someone representing them."

Lebohang has big plans and has been sending various proposals to different organisations. She is planning to introduce a competition similar to Miss Wheelchair in South Africa. "I have been speaking to people I met in



ABOVE LEFT: Plenty of preparation went into the Miss Wheelchair World competition. The South African princess, Lebohang, poses with her fellow contestants.

ABOVE RIGHT: Lebohang was crowned First Princess at the first ever Miss Wheelchair World. Now that she's home, she hopes to make South Africa more accessible!

On her return from Poland she felt a little disappointed once again. She recalls the reception of Basetsana Kumalo in 1994, after she'd become Miss World first princess.

"There were only four people waiting to welcome me at the airport," she laughs ruefully.

Nonetheless, she is happy with the messages and support she received before and after her journey to Poland, all

Poland and they love the idea, but these are still only discussions..."

"If I don't do it this year, it will definitely happen next year. There's plenty to be arranged: booking the venue, obtaining the prizes and so much more. It will take some time to put it together, but it will happen," she concludes. ^[R]

Photographs courtesy of Jacek Reda and Marta Kusmierz.

REINVENTING PURPOSE

WHEN A SPOUSE LOSES PHYSICAL MOBILITY THROUGH A SPINAL CORD INJURY (SCI), IT IS A LIFE-SHATTERING EXPERIENCE FOR BOTH PARTNERS. IT TAKES GREAT PURPOSE TO REBUILD



recently heard of a man who tragically lost his wife in a car accident. His life was shattered. However, he tells of how he consciously made the wellbeing of his children the new purpose of his life. This helped him to pull the pieces of his own life back together again.

Two issues ago I wrote about how the acute care and rehabilitation period following an SCI often leaves the spouse lost in space; travelling on the fringes of the recovery journey, but, torn between personal responsibilities and embroiled in roller-coaster emotions, unable to actively be part of the restoration journey.

In this article I propose a process toward establishing a purpose for the spouse of a recovering SCI patient: carving out an active role, setting priorities and managing your time. The source for much of the information can be found in a booklet by the Shepherd Center, *Rebuilding Together*, which can be found at www.shepherd.org.

The stage immediately after the injury will most likely consist of an overload of information that your emotionally traumatised brain cannot digest, or worse, that simply increases your anxiety and confusion. Clinicians explaining things, information leaflets on SCI, your own "Google research", well-meaning friends, support groups – the list is endless.

So, the first step towards redefining your purpose is to take a step back, look at yourself, examine your own immediate needs and cater for them. Be selfish. Put yourself first. If you crash, you are of no use to anyone, least of all your injured spouse. "First place the oxygen mask over your own face before you help others..." Remember that while your spouse is in ICU, (s)he is fairly zonked out and not very aware of anything.

While it may be emotionally gratifying to sit and mope in the ICU visitors' room, it is not productive and certainly not fair to your children or other loved ones. Rather use the time to shift your mind from "why us" to embracing your new spousal realities and figuring out what your new challenges are and how to overcome them.

Then when your spouse resurfaces from his or her "zonked-out" state, you'll be in a position to contribute toward rebuilding your lives. Look into resting well, eating regular proper meals and exercising (moderately). If there are children, take care of them; make that an active and immediate purpose. Once your emotions have settled and you can think rationally again, start making lists:

- Priorities that need your time and input; personal time, children, home, work, spouse. Manage your time; draw up a manageable schedule and, where possible, delegate. If possible, make arrangements with your employer to work from home or to work flexi hours.
- List questions that you need answers to and the best people to ask.
- Get a contacts notebook of contact details of relevant people, such as healthcare providers, support groups, individuals giving pastoral care.

Organise your life. Don't isolate yourself. There will be people who want to help, so make use of them. Here are some pointers:


- It is emotionally draining to tell the same story over and over to concerned persons. Accept a living-in support person such as a mother, a sister or a brother and ask that person to be a spokesperson on your behalf.
- Ask well-wishers and concerned persons to use SMS, WhatsApp or Facebook to communicate. In this way you can respond to messages in your own time and you can also share them with your loved one in hospital.
- Stay in touch with your case manager, who is the best source of your spouse's progress and will guide you to eventual discharge and post-discharge needs.
- Get to know the nature of your spouse's injury and the expected fallout such as limitations in mobility and the required mobility aids, bowel and bladder issues and how best to manage these. In this way you will develop a sound knowledge of your spouse's post-discharge needs and whether you will be able to cope together or if you will need the services of a caregiver.
- Start a journal. It helps to channel your grief and it illustrates progress; your own as well as that of your injured loved one.
- Encourage your loved one to talk to other patients, especially those who are further along on the road to recovery. Friendships and camaraderie around shared hardship tends to inspire.
- If you feel the need, let your emotions loose; cry, scream, shout, get a punching bag (but avoid hitting doors, walls and human beings, the outcomes are not favourable). Talk to those who're prepared to listen, including counsellors.

When your loved one moves into rehabilitation, become a support resource to the rehab team as well as an emotional support to your loved one. This can include simple things

like bringing comfortable training clothes from home to make rehab feel like going to the gym.

If your spouse's feet start swelling (as often happens with paralysis), get shoes that are one size larger, preferably rubber-soled training shoes. Remember toiletry items and bring along comfort items; books, magazines, music, a favourite pillow...

In this way your participation is active,

supportive and constructive. Your loved one will take courage from this and together you can plan your future together. Work together to discover a new purpose that will bind you together so that you can rise to the challenges ahead. Then live the journey. We make the road by walking, or in this instance, by rolling... 



Ida's Corner is a regular column by George Louw, who qualified as a medical doctor, but, due to a progressing spastic paralysis, chose a career in health administration. The column is named after Ida Hlongwa, who worked as caregiver for Ari Seirlis for 20 years. Her charm, smile, commitment, quality care and sacrifice set the bar incredibly high for the caregiving fraternity. email: georgelou@medscheme.co.za



PRE-TRIP POINTERS FOR AN ACCESSIBLE HOLIDAY

BEFORE YOU CAN ENJOY YOUR ACCESSIBLE HOLIDAY, YOU NEED TO PICK THE APPROPRIATE ACCOMMODATION. HERE ARE A FEW POINTERS TO HELP YOU NARROW DOWN THE OPTIONS TO ENSURE YOU HAVE THE BEST HOLIDAY

I

am often contacted by readers asking for assistance with accessible travel, and the usual request is: "Please help me find accessible accommodation." But there are endless options available out there, so here are some pointers to help you narrow down the search footprint.

When thinking about a holiday, you need to ask and answer the following questions:

What time of year do you want to travel?

Remember that peak holiday periods are usually around global holidays like Christmas and Easter, as well as local school holidays. Europe and America have long summer holidays from June to the end of August. These periods mean that fares and accommodation costs are usually higher. So, if you are able to travel outside of these dates, you will reduce the overall cost of your trip.

Local or international?

Obviously, your choice will depend on budget and reason for travel. Should you decide to travel to an international destination, your passport must be valid for at least two months after your return date and you need at least two spare pages within the passport, as you may need to apply for visas. These can take time – so you need to start planning well in advance.

How many people (adults and children) are travelling?

Rooms are usually costed per room per night, however, this may only be for two adults, or two adults with one child. The other option is per person rates. Some establishments do not allow children to occupy a room on their own unless it is inter-leading. So, it is always good to check how many rooms will be required. Children under two and 12 usually get discounted rates, but age-related discounts may vary from establishment to establishment. Check the various rooms types that are available, as some places do offer family rooms.

What sort of budget do you have?

Your budget will determine what level of accommodation and what meal option you choose. It is always good to take as many meals included in the package as you can afford, as eating out can be expensive. However, if you are adventurous and happy to buy local, just take the minimum meals.

What type of accommodation suits your trip: hotel, B&B or self-catering?

Decide what suits your needs and budget. There are usually more accessible accommodation facilities in the more luxurious establishments, as they have to comply with international standards in order to get their ratings. However, more and more of the smaller and cheaper establishments



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are realising that they need to offer accessible facilities, because there is a large section of the population that will otherwise be excluded: the elderly, parents with children in prams and people with disabilities.

The self-catering option means taking your own food and drinks (as well as soap and towels in some cases). It is always good to check with the establishment if they offer a starter pack including tea, coffee and washing up liquid.

What sort of accessible facilities do you require?

If you need wheelchair access, you must include in your wish list access to the entrance of the building as well as access to the general areas, like the restaurant, and, of

course, the rooms. For the rooms, you need to decide if you require one bed or two. In the bathroom, you need to decide if you need a roll-in shower or whether a bath will suffice. If you are travelling with a carer or children, an inter-leading room is a must.

What sort of transport is available?

If you are flying to your destination, you will need transfer from the airport to your hotel. Some hotels offer a shuttle service, but the vehicle may not be accessible to wheelchair users. Do your research; you may need to look into a sedan car option, which the hotel may offer, or a taxi service.

Look at accessible services to get around during your stay should you want to go sight-seeing. You may have to hire a car, which can be expensive.

What sort of equipment do you need for your daily comfort?

Many people with disabilities use various pieces of equipment in their daily lives to make their routine easier.



ABOVE: It is not always possible for wheelchair users to travel in a sedan car. Make sure the necessary adapted vehicle is available when travelling.

RIGHT: Make sure the accessible room at the hotel or guesthouse has the necessary accessories such as grab rails.



“More of the smaller and cheaper establishments are realising that they need to offer accessible facilities, because there is a large section of the population that will otherwise be excluded.”

When you're travelling it may not be practical or possible to take this equipment with you. Look into the option of on-site hiring of equipment.

Whether you're putting together your own trip or working with a travel professional, these are the basic items that need to be considered. The best piece of advice I can give is to look at the various options, and then check the website and contact the establishments directly to get specific answers to your needs. Of course, I'm always available for assistance wherever I can give it...

Happy travels! 



Mandy Latimore is a consultant in the disability sector in the fields of travel and access. email: mandy@noveltravel.co.za



STEEL COMMODE



GROWIN



EMBRACE



TRAVELLER

2018 IS GOING TO BE MY YEAR!

A NEW YEAR MEANS NEW BEGINNINGS AND FOR NEWLY-WED AMPUTEE MARCELLE JACOBS, 2018 HAS MUCH IN STORE, INCLUDING NEW PROSTHETIC LEGS

There is something refreshing and inspiring about a new year. January brings with it a chance to turn over a new leaf and drives an amazing sense of motivation to achieve new goals. We asked amputee Marcelle Jacobs what her goals are for 2018.

She was involved in a serious car accident on December 20, 2014 and suffered abdominal injuries and fractures to one of her legs. Due to complications following the accident, both her legs were amputated above the knee. Her health quickly started to deteriorate and what at first seemed like a fight to save her limbs quickly turned into a fight to save her life.

Marcelle managed to pull through and she was transferred to Muelmed rehabilitation unit, where further complications hindered her rehab progress. One year later, a specialist plastic surgeon found that her residual limbs were inflamed and infected, and stump revisions were required to solve the problem. This was progress in the right direction and Marcelle went into 2016 pain free.

Despite fighting an uphill battle with funding for prosthetic limbs, and losing her father in 2017, she remained positive and optimistic. The next thing she knew, her knight in shining armour came along and stole her heart. Marcelle and Dwayne got married in 2017 at a beautiful ceremony. She says it was the happiest day of her life.

She says that 2018 is going to be her best year and she has big goals. She is working very hard at rehabilitation and has recently started walking on adjusted prosthetic limbs (stubbies) to improve her balance and endurance in preparation for her first prosthetic legs. Her biggest goal is to get up on her new legs so that she will be able to care for a baby and be an active mom. We think that's just about all the motivation anyone could ever need.

She continues to inspire us with her resilience, determination and positive attitude. We can't wait to see what this young lady will achieve in 2018! [R](#)



Heinrich Grimsehl is a prosthetist in private practice and a member of the South African Orthotic and Prosthetic Association (SAOPA). email: info@hgprosthetics.co.za

INS AND OUTS OF ADVANCED MANUAL WHEELCHAIRS

ADVANCED MANUAL WHEELCHAIRS OFFER MORE OPTIONS ARE OFTEN LIGHT AND EASY TO MANOEUVRE. CANDICE BRUNSDEN FROM CE MOBILITY EXPLAINS WHAT TO LOOK FOR WHEN YOU'RE GOING SHOPPING...



There are many factors to consider when selecting an advanced manual wheelchair and it can be downright confusing trying to navigate through the mountain of choices and information. Chairs today have come a long way in terms of performance, weight and customisation. And there are pros and cons to each choice.

The first criterion to consider is whether the wheelchair should have a rigid or folding frame. Generally, a rigid frame transfers more of the user's energy into the forward motion and has fewer moving parts. It is therefore lighter and easier to propel. The primary advantage of a folding chair is portability. You'll need to think about what aspects are more important to the wheelchair user's daily activities.

The weight of the wheelchair will be the next major

consideration. Remember that manufacturers will advertise the lightest possible weight achievable on that model (with possible corresponding upcharges).

Choosing certain options might make the wheelchair heavier than the advertised minimum weight. Consult the manufacturer about any changes in the weight before buying the wheelchair.

The level of adjustability on the wheelchair is also important, especially for a first-time or new wheelchair user. Fine-tuning adjustments like the centre of gravity, seat height, backrest height and angle can make the difference between a perfect fit and an uncomfortable, difficult ride.











Lastly, look at the abundant options available such as wheels, tyres, sideguards and frame materials. These will greatly influence the aesthetics, weight and function of the wheelchair.

In 2018 take time to sit back and enjoy the view.













HIGH-TECH WHEELS

FOR SOME WHEELCHAIR USERS, THE BASIC MANUAL WHEELCHAIR IS NOT ADEQUATE. HERE ARE SOME OF THE MORE ADVANCED WHEELCHAIRS ON THE MARKET FROM SOME OF THE TOP WHEELCHAIR MANUFACTURERS AND SELLERS IN SOUTH AFRICA. ALL INFORMATION IS SUPPLIED BY THE SELECTED COMPANY. WEIGHT OF WHEELCHAIR MAY INCREASE WHEN WHEELS ARE ADDED. PRICE MAY VARY. CONTACT SUPPLIER DIRECTLY FOR MORE PRECISE INFORMATION AND A QUOTE.

COMPANY	NAME	WEIGHT	DURABILITY STANDARDS	INTERNATIONAL AND LOCAL CERTIFICATION	MATERIAL
Chairman Industries	Custom Lite 	9,5 kg without wheels	No SABS testing equipment available; in house testing only	No SABS test available	Stainless steel
	Panthera U3 Light 	3,8 kg without wheels	No SABS testing equipment available; in house testing only	ISO 7176-16	Chrome moly
	Panthera X 	2,1 kg without wheels	No SABS testing equipment available; in house testing only	ISO 7176-16	Carbon Fibre
Ottobock	Motus 	13 kg	ISO/CE	ISO/FDA/CE	Aluminium
	Avantgarde 	10 kg	ISO/CE	ISO/FDA/CE	Aluminium
	Zenit (hybrid) 	6,5 kg	ISO/CE	ISO/FDA/CE	Aluminium/Carbon
Medop CC	Küschall compact attract 	11,3 kg	EN12183:2014	ISO7176-19	Aluminium
	B2000 Active 	13,5 kg	EN12183:2014	ISO7176-19	Aluminium
	Crossfire 	8 kg	EN12183:2014	ISO7176-19	Aluminium
	A-4 Titanium 	6,5 kg	EN12183:2014	ISO7176-19	Aluminium/Titanium

AVAILABLE COLOURS	FOLDABLE OR RIGID	LOCALLY MANUFACTURED OR IMPORTED	MAXIMUM USER WEIGHT	ADDITIONAL FEATURES	GUARANTEE PERIOD	PRICE FROM
Any colour	Rigid	Locally manufactured	150 kg	Side plates with or without mudguard or removable side plates, rigid or flip-up foot plates, anti tips	Five-year guarantee on the frame, one-year on all other parts (excl. perishables)	R30 500
White and Charcoal	Rigid	Import	120 kg	Anti tips, side guard of choice, fold down or height adjustable Push handles	Five-year guarantee on the frame, one-year on all other parts (excl. perishables)	R62 000
Carbon fibre finish	Rigid	Import	120 kg	Side guards of choice	Five-year guarantee on the frame, one-year on all other parts (excl. perishables)	R110 000
16 colours	Foldable	Import	125 - 140 kg	25 options	Two years	R24 379 (excl. VAT)
16 colours	Rigid	Import	140 kg	35 options	Two years	R37 801 (excl. VAT)
16 colours	Foldable	Import	120 kg	16 options	Two years	R60 750 (excl. VAT)
Red, black, grey, blue	Foldable	Import	130 kg	Not specified	Not specified	Starts from R19 500 (incl. VAT)
Red, blue, silver	Rigid	Import	130 kg	Not specified	Limited warranty	
Not specified	Rigid	Import	113 kg	Not specified	Five years on frame	
Not specified	Rigid	Import	136 kg	Not specified	Lifetime on frame	



COMPANY	NAME	WEIGHT	DURABILITY STANDARDS	INTERNATIONAL AND LOCAL CERTIFICATION	MATERIAL
Mobility Solutions	B-Active Manual Std Steel 	25 kg	SABS	CE certification/SABS	Steel frame with durable/washable upholstery
	B-Active Manual lightweight 	11 – 14 kg	SABS	CE certification/SABS	Steel frame with durable/washable upholstery
CE Mobility	Rollability MK2 	8 kg	ISO 7176-8	ISO 7176-8	Aluminium
	Quickie Life 	9,6 kg	ISO 7176-8	ISO 7176-8	Aluminium
	Quickie Helium 	4,8 kg	ISO 7176-8	ISO 7176-8	Aluminium
	Quickie Xenon 	6,8 kg	ISO 7176-8	ISO 7176-8	Aluminium
	Quickie Krypton 	3,6 kg	ISO 7176-8	ISO 7176-8	Carbon
	Tilite 	4,2 kg	ISO 7176-8	ISO 7176-8	Aluminium or Titanium
Shonaquip	Sully Active Kids Posture WheelChair 	17 kg excl. a back system	SABS 1060:2012	N/A	Steel
	Sam Active Adult Posture WheelChair 	24 kg excl. a back system	SABS 1060:2012	N/A	Steel

AVAILABLE COLOURS	FOLDABLE OR RIGID	LOCALLY MANUFACTURED OR IMPORTED	MAXIMUM USER WEIGHT	ADDITIONAL FEATURES	GUARANTEE PERIOD	PRICE FROM
Black	Foldable	Import	100 kg	Height adjustable footrests and removable armrests	One year (on frame)	R2 490 (incl. VAT)
Black with white frame	Foldable	Import	100 kg	Height adjustable footrests and removable armrests	One year (on frame)	R5 500 (incl. VAT)
10 colours	Rigid	Locally manufactured	120 kg	Not specified	Three years	R12 000
32 colours	Foldable	Import	140 kg	Not specified	Two years	R33 000
32 colours	Rigid	Import	125 kg	Not specified	Two years	R60 000
32 colours	Foldable	Import	110 kg	Not specified	Two years	R56 000
4 colours	Rigid or Foldable	Import	125 kg	Not specified	Two years	R90 000
17 colours	Rigid	Import	158 kg	Lightest fold chair	Two years	R52 000
Black	Rigid	Locally designed and manufactured	60 kg	Not specified	A one-year warranty against defects in material and workmanship.	On request
Black	Rigid	Locally designed and manufactured	100 kg	Not specified	A one-year warranty against defects in material and workmanship.	On request

DEALING WITH SHOULDER PAIN

MOST PEOPLE WITH AN SCI WILL EXPERIENCE SHOULDER PAIN AT SOME POINT, BUT IT'S VERY IMPORTANT TO PREVENT SERIOUS INJURY. HERE ARE A FEW WAYS TO REDUCE OR AVOID INJURY

Shoulder pain is common in people with a spinal cord injury (SCI) as well as people who have suffered a stroke and have been left with a significant hemiplegia. The pain can negatively impact on the quality of life of these individuals and hamper independent functioning. Shoulder pain is seen both in the immediate post-injury phase and in the post-rehab/chronic phase.

In the immediate post-injury phase shoulder pain can significantly impede rehabilitation attempts and can significantly delay the patient's discharge from hospital. This type of pain affects from 16 percent to 72 percent of patients after a cerebrovascular accident, and in an SCI up to 86 percent of persons may suffer some degree of shoulder pain at some stage.

The root cause of shoulder pain in both SCI and post stroke is multifactorial. Both the flaccid upper limb (in stroke) and spasticity in the upper limbs as seen in high spinal lesions or stroke can be a trigger for shoulder pain. The shoulder joint is a complex ball-and-socket joint supported by intact muscles and ligaments. These form a complex structure around the joint called the rotator cuff.

Inappropriate handling of the shoulder, lack of initial support or over-exertion of the joint can cause injury, inflammatory processes or even tears to the rotator cuff structures, leading to pain.

In a flaccid upper limb as seen in the hemiplegic stroke patient there may be total lack of muscle support leading to subluxation of the shoulder out of the joint causing pain, inflammation and eventually injury to the capsule of the joint. Sometimes a traction injury can result in an injury to

the nerves or there may be an underlying degeneration of the joint (osteo-arthritis), exacerbating the pain.

Whatever the cause of the pain, it is important to prevent injury or to commence therapy early to prevent long-term complications setting in. Handling, positioning and transferring on a day-to-day basis can exert great stress on the vulnerable shoulder. Therefore, for prophylaxis to be effective, it must begin immediately after the stroke or SCI.

Both patient and the rehab team of caregivers should be instructed on the prevention of shoulder pain and how to avoid injuries to the shoulder. Foam supports or shoulder strapping may be used to prevent pain. (Generally, overarm slings should be avoided.) The treatment of shoulder pain after stroke or SCI should start with simple analgesics.

If shoulder pain persists, treatment should include high-intensity transcutaneous electrical nerve stimulation (TENS) or functional electrical stimulation. Physiotherapy and strapping are widely used to manage shoulder pain effectively. X-rays should be taken to rule out any reversible orthopaedic problems (rotator cuff tears, tendonitis, subluxed or even dislocation of the joint).

Botulinum toxin can often be used to relieve pain in the spastic upper limb; oral anti-inflammatory medication can also assist. In cases where simple analgesics and TENS do not help, an injection into the affected joint with a steroid may help.

Surgery should be considered only as a last resort or if there are major tears in the rotator cuff structures. It may be helpful if conservative methods have failed and the shoulder has become very painful and stiff. Recent improvements in rehabilitation techniques have, however, reduced the need for surgical intervention. ^[1]



Dr Ed Baalbergen is the medical officer at the Vincent Pallotti Rehabilitation Centre (Cape Town) and is a member of the International Spinal Cord Society and the Southern African Neurological Rehabilitation Association.
email: ed.baalbergen@lifehealthcare.co.za



A LOO DIARY

MANY WHEELCHAIR USERS REQUIRE AN INTERMITTENT CATHETER, WHICH ALSO MEANS THEY NEED A BLADDER-EMPTYING SCHEDULE. HERE ARE A FEW TIPS ON SCHEDULING YOUR BATHROOM BREAKS

Every spinal cord injury (SCI) and its after-effects are different. However, a SCI above the T12 level, upper back, could allow a wheelchair user to empty their bladder by reflex. While this might mean the individual does not need a catheter, it could still lead to accidents and involuntary urination.

An injury below the T12 level, in the lumbar or lower back, could result in the need for an intermittent or other catheter, as the body will not be able to urinate by reflex. In both cases, there is damage to the nerves that communicate with the brain. The brain cannot tell the bladder to empty, nor can it instruct the bladder to hold off emptying.

In both instances, it is best to draw up a schedule to avoid accidents or a build-up of urine, which can lead to leakage and infection.

DIARISE DRINKING HABITS

The first step is to note the amount of your fluid intake. It helps to drink approximately the same amount and same type of fluids every day. Drink at least two to three litres of water daily to keep the body hydrated and the bladder healthy.

According to the Spinal Cord Essentials website, drinking 400 ml or less will lead to an intermittent catheterisation (IC) in six hours. Between 400 ml and 600 ml of fluid will require

an IC in four hours and more than 600 ml will lead to an IC in three hours.

REMINDERS, ALERTS AND ALARMS

After you've drawn up a schedule, set reminders, alerts or alarms on a mobile device, such as a phone or tablet. You will receive an alert when it is close to or time to do an IC. Alarms can repeat daily or the alarm can be changed as you consume more (or less) fluids. There are also numerous apps available to help you schedule bathroom breaks.

WHEN THE BLADDER GOES ROGUE

No matter how much you plan your bladder-emptying schedule, there will inevitably be instances when you'll be caught off guard. If it's a warm day, you might consume more fluids; or you might go drinking with a buddy or have a cup of coffee with a colleague.

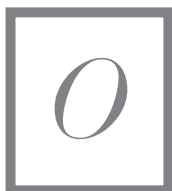
You might contract a bladder infection or even take medication that increases the fluids in the bladder. To avoid any accident or leakage, always be prepared: keep Wet Wipes, dry undies and, if necessary, adult nappies handy.

You can also protect yourself from a bladder infection, which is very common among individuals using a catheter, by only using the intermittent catheter once. Learn why reusable catheters should be avoided by visiting the ROLLING INSPIRATION website at www.rollinginspiration.co.za/doctor-question-multiple-use-catheters/. ^[R]

SWEAT-FREE SUMMER SKIN



WHEELCHAIR USERS ARE MORE PRONE TO DEVELOP SKIN CONDITIONS, SUCH AS PRESSURE SORES. HERE ARE A FEW WAYS THEY CAN TAKE CARE OF THEIR SKIN THIS SUMMER



One of the most important aspects of skincare is to ensure that the skin is dry. This can be an exceptional challenge during the extreme South African summer heat. Siân Storey, nurse advisor for TENA South Africa, explains that the skin, which protects against infection, the elements and body heat, is very sensitive to overhydration.

"The outer skin layer is important in regulating water movement to ensure sufficient hydration for effective skin function. Preventing overhydration is important as 'soggy' skin is more likely to break down. Too much or too little moisture can quickly upset the balance," she says.

Skin becomes soft and easily damaged when exposed to moisture, such as sweat or urine, for prolonged periods of time. Storey notes: "Wheelchair users, because of their lack of movement or sensation, are at a far higher risk of skin damage and need to be vigilant at all times."

DRESS FOR THE HEAT

One of the best ways to stay cool is to wear the right clothing. Stick to loose-fitting clothes and avoid creases and folds as this increases the risk of skin damage. Wear trousers with a looser fit around the top of the thighs. Stick to natural fibres, which are more comfortable, breathable and more useful in maintaining body temperature.

AVOID WETNESS

"In general, wheelchair users are urinary continent. If they do suffer frequent urinary leakage, they need to consider

using a product that will prevent this, such as an absorbent pad which will keep the skin dry," Storey says.

Clean any urine and faecal matter off the skin and dry it completely. If clothing becomes wet due to sweat or other substances, change into dry clothes. Always keep a spare outfit close by. Avoid staying in the sun for too long, to avoid excessive sweating.


PRODUCTS YOUR SKIN LOVES

The right skin products can also assist in maintaining healthy, dry skin. The soap should be a non-aggressive product accompanied by a barrier cream, which should be rubbed in completely.

Storey says: "Thick occlusive skin protectant products that are used overgenerously, so that they sit on the surface of skin, can often cause more issues than they prevent."

The correct soap is also necessary to prevent a pH imbalance. Normal skin pH levels are important to boost friendly bacteria that prevent harmful bacteria from infecting the skin. Products used on the skin shouldn't upset the pH level of the skin.

Storey adds: "Soap works by dissolving the dirt on the skin and can irritate it if it's not rinsed off properly. TENA Non-rinse Wash Cream and Wet Wipes work by removing the dirt gently from the skin, without the need for rinsing."

The wash cream has a low pH balance, which is less invasive. It gently removes urine and faecal matter. The product is suitable for everyday use on all skin types. Visit the TENA website at www.tena.co.za to learn more about these products. 

PUTTING ABILITY BACK INTO REHABILITATION

PICKING THE RIGHT REHABILITATION CENTRE FOR POST-SCI THERAPY CAN BE DAUNTING. HERE ARE A FEW IMPORTANT THINGS TO CONSIDER

After a spinal cord injury (SCI), surgery and often a lengthy hospital stay, SCI patients need proper training to become an able, independent wheelchair user. The right rehabilitation centre with the appropriate training facilities for the wheelchair user's specific needs could help them get back to an active lifestyle.

However, there are a few noteworthy features to look for when considering rehabilitation centres.

RATIO OF CAREGIVERS TO PATIENTS

Not all SCI patients require the same amount of attention and care; however, it is always important to ensure that there are enough caregivers at the facility to assist the patient.

WHAT PROGRAMMES ARE ON OFFER?

As each injury is different, the rehabilitation appropriate to the injury will vary.

Adele Steenkamp, marketing and clinical standards specialist at Life Healthcare, notes: "After consultation with the patient and their family, the rehabilitation team will assist with setting realistic and achievable goals with the correct intensity of intervention."


"The rehabilitation programme should include, but is not limited to, individual therapy sessions; seating and early mobilisation training sessions; group therapy sessions and education."

The patient should be very involved in daily activities such as bathing and dressing. Frequent assessments should be made to assist the patient in choosing the correct assistive devices.



IS THERE ANY SPECIAL EQUIPMENT?

While it is not a requirement, specialised equipment can assist in a wheelchair user's rehabilitation. Steenkamp explains: "Facilities at Life Healthcare are custom built and host a wide range of specialised equipment, such as aquatic therapy pools and gait support systems – such as a tilt table used for postural support and weight bearing."

She adds that the list of equipment is broad and is determined on a case-by-case basis. It is important that the family and friends be encouraged to become involved in the patient's recovery. With the right facility and the support of loved ones, the patient will soon be mobile and ready to embrace life! 

HEALTHCARE GROUP	NAME	CITY	TELEPHONE NUMBER	WEBSITE
Life Healthcare	Life Riverfield Lodge	Johannesburg	011 655 5519	www.lifehealthcare.co.za
	Life Carstenview	Johannesburg	086 074 8373	
	Life Pasteur Hospital	Bloemfontein	051 522 6601	
	Life Rosepark Hospital	Bloemfontein	051 505 5111	
	Life St Vincent's	Cape Town	021 506 5111	
Netcare	Netcare Rehabilitation Hospital	Johannesburg	011 489 1111	www.netcare.co.za
SummitRehab	Rooms in Tygervalley	Cape Town	021 914 9406	www.physicalrehab.co.za
	Rooms in Auckland Park	Johannesburg	011 489 1226	
	Rooms in East Rand	Johannesburg	011 849 1690	
	Rooms in Hazeldean	Pretoria	012 880 0761	
	Rooms in Muelmed	Pretoria	012 341 1909	
	Rooms in Irene	Pretoria	012 941 2630	
	Rooms in Vereeniging	Vereeniging	016 4228157	
Government	Tshwane Rehabilitation Hospital	Pretoria/ Tshwane	012 354 6799	www.tshwanerehabhospital.co.za
	Western Cape Rehabilitation Centre	Cape Town	021 370 2300	www.wcrc.co.za

For more information on rehabilitation centres in South Africa visit the Southern African Spinal Cord Association (SASCA) website at www.sasca.org.za.

COMMONWEALTH GAMES, HERE WE COME

THE SOUTH AFRICAN PARA ATHLETES FINISHED 2017 WITH A BANG AND ARE NOW LOOKING TO CONQUER 2018. FIRST UP IS THE COMMONWEALTH GAMES



Happy 2018! May this year bring all the best to our Para athletes as they begin their quest in earnest for the Tokyo 2020 Paralympic Games.

The World Para Swimming and Powerlifting Championships took place in Mexico City from December 2 to 7, 2017.

The swimming team did extremely well, winning three silver medals through the very exciting young talent of Christian Sadie, and one bronze medal by the young talented Franco Smit.



Many of the other swimmers swam personal bests and we have an exciting group of young swimmers looking good for the future.

Wheelchair Basketball South Africa hosted the IWBF Africa World Championship Qualifiers from November 18 to 24, 2017 at the Tongaat Indoor Sports Centre, City of Ethekwini, KwaZulu-Natal. Neither the South African men's and women's teams qualified this time, but they're undaunted.

Congratulations to the Morocco men's team and the Algerian women's team for winning the tournament and qualifying for the world championships. Let's hope that the South African teams go from strength to strength in the build-up to the qualifier for Tokyo 2020.


We now eagerly await the Commonwealth Games hosted in the Gold Coast (GC), Australia, from April 4 to 15. The following South African Para athletes will be participating in the men's athletics: Ndodomzi Ntutu, Hilton Langenhoven, Dyan Buis, Charl du Toit, Union Sekailwe, Reinhardt Hamman and Juanre Jenkinson. Juanelie Meijer will be participating in the women's category.

The South African Para swimmers that will be participating at the GC2018 are Christian Sadie and Kaleb van der Merwe. Ricardo Fitzpatrick will be representing the country in Para powerlifting, while Theo Cogill will showcase his talent in the Para Table Tennis.

For the Para lawn bowls, Princess Schroeder will be participating in the women's category with Annatjie van Rooyen as director, while Tobias Botha, Willem Viljoen, Christopher Patton and Philippus Walker represent the men. Graham Ward will be the director for the men's team.


Congratulations to the chosen teams and good luck at the games.

I am also the Vice President of the African Paralympic Committee and we, as the committee, are pushing to host the first African Paralympic Games. This will be a massive endeavour and we are currently negotiating at high levels across the continent to make this a reality, so watch this space!

The athletic season will start soon and we will keep you updated on everyone's results and achievements across all the sports. Cheers! 



Leon Fleiser has been involved with sport in the disability sector since 1992, when he started playing wheelchair basketball. He captained the national team to the Sydney Paralympic Games and the 2002 World Championships. He started working for Disability Sport South Africa in 2001 as a Coordinator for High Performance. It merged into SASCOC in 2005 and he is now the Manager for Team Preparation and Academy Systems. He has delivered Team South Africa to numerous Olympic, Paralympic, Commonwealth and African Games.



Leading the way in occupational injuries and diseases through our family-centric approach.

For over 120 years, RMA has been the leading administrator of choice for injury-on-duty claims in some of South Africa's most important industries for the economy. These include the mining, iron, steel, metal, and related industries in terms of the Compensation for Occupation Injuries and Diseases Act (COIDA) 130 of 1993. Through our efforts, efficiency and compassion, we have made sure that many families, that depend on their working members, are taken care of and covered for basic needs even post-injury. These range from medical and disability costs, family allowances and child extension pensions in the case of worker fatalities.

In recent times, we have also introduced many value-adding innovations that can benefit workers and their families. These include our mobile prosthetic clinics that traverse the rural areas of the country, which have brought much needed relief and convenience to hundreds of our members.

Further, our various Insurance Products such as Augmentation, Commuter Journey, Group Personal Accident, Funeral Cover, COID International Cover amongst others have made sure that any gaps from the traditional COID cover are adequately covered and customizable for any organisation's unique needs.

We are proud of our track record, and even more proud of some special people whose commitment continues to make us a trusted leader in our field; our employees. They are on standby, and look forward to also making a difference in your organisation (and welcoming you into our family)!



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MY DESIRE TO HELP GIVES ME PURPOSE IN LIFE

RECENTLY NAADIA VASEER SHARED HER STORY AS A CANCER SURVIVOR WHO FOUGHT AGAINST THE CHALLENGES (WITH NO GUIDANCE ON HOW TO FACE THE UNCONTROLLABLE PAIN THAT COMES WITH CHEMOTHERAPY) WITH ME. NOW I WOULD LIKE TO SHARE IT WITH THE ROLLING READERS

After a mammogram scan led to a breast cancer diagnosis, Naadia Vazeer underwent chemotherapy, surgery and radiation treatment. She turned to her children and sister for help in dealing with the difficult side effects. Later, she started her own support group for other women with cancer.

"The thing that gives me power and strength is my desire to help others," she says. "It makes me feel more in control. It gives me a purpose in life. I forget about being scared."

Doctors told her that her chances of survival were slim, but she proved them wrong and recovered after extensive treatment. She notes: "Every day is beautiful and I've learned to look at things as blessings; things that I used to just take for granted. The shoes I put on my feet; the hot water when I take a bath; every single aspect of my life is a blessing."

"I had to sell my ability, my intellectual property."

"After leaving a marriage of 18 years to a CEO, with four kids and no job experience, I had a deep sense of a void, combined with financial fears. I had never worked, living in the prestigious northern suburbs of Jozi. I had no formal work experience, but I have a brain, a tigress of a brain, an overzealous brain that took me away from the madding crowd, as it spun on, fiercely, driving me to speak my mind.


"I realised that I had to sell my ability, my intellectual property. I love writing and drew up an unconventional CV that landed me two interviews with two companies, which resulted in two job offers. I worked until critical ill health made it illogical to carry on, but I will continue [in a new direction], as I intend publishing a book about my journey," Naadia explains.



She plans to share the story of her cancer battle and her other journeys through her novel.

She believes it's important for women to have an annual mammogram.

"I hope to provoke thought and encourage women to have their annual mammograms, as early detection could make the difference between life and death. My cancer has spread from the breast area. It is currently in stage four in my left ribs and lumbar spine. There is no cure ... it will spread all through my organs. I intend to try to prolong my life span with happiness and writing my book. For I'm my own commodity," Naadia concludes.

The ROLLING INSPIRATION team is thinking of Naadia. While her cancer cannot be cured, we firmly believe in miracles and that is what we wish for her - Ed. 



Zain Bulbulia led the South African government delegation team to the United Nations (UN), New York, for the ratification and signing of the UN Convention of the Rights of Persons with Disabilities. He is currently the acting head for gender, youth and disability in the planning commission of the Premier of Gauteng. email: zain.bulbulia@gauteng.gov.za



DISABILITY CAN BENEFIT YOUR COMPANY

MANY COMPANIES MISTAKENLY BELIEVE THAT HIRING PEOPLE WITH DISABILITIES IS INCONVENIENT, BUT THERE ARE BENEFITS. FROM QUALIFYING FOR TAX ALLOWANCES TO DUCKING HEFTY PENALTIES, HERE ARE SOME OF THE PERKS



isability employment is sometimes regarded as cumbersome for an employer. However, it is no different than the complicated processes that the South African legislative framework has for all employees.

The essence lies in the Employment Equity Act (EEA). Reasonable accommodation for an employee with disabilities is, for example, the responsibility of the employer. To the employer, this requirement may appear onerous. However, many employers fail to realise that "reasonable accommodation" applies to all employees and not specifically to persons with disabilities.

The EEA assists employers with job creation for people with disabilities through the Code of Good Practice on Key Aspects on the Employment of People with Disabilities, the Technical Assistance Guide and the Code of Good Practice on Employment Equity; all of which are guides to employing people with disabilities.

These outline the disability targets that employers should work towards, which is represented in their Employment Equity Plans. This plan should cover a five-year period, demonstrating how employers will achieve their annual equity targets. The Code refers to Stats South Africa as a guide for employers. The latest census states 7,5 percent as the target for disability employment.

If an employer is unable to achieve their equity targets, they may be liable for penalties. These penalties can be

anywhere between R1,5 million and up to 10 percent of an employer's annual turnover, depending on the nature and frequency of the non-compliance.

A major challenge for employers is the sourcing of people with disabilities. This is demonstrated by the statistic provided by the latest Commission on Employment Equity Report of 2016/17. It states that only 1,1 percent of people with disabilities are accounted for in the working population. This is way off the target of 7,5 percent.

To address this major gap in disability employment equity, skills development provides a solution where employers can source skills-development grant funding from their respective SETAs.

Employers would enjoy the benefits of earning tax allowances on placing their staff or unemployed persons with disabilities in learnerships. For example, a R120 000 tax allowance can be claimed by the employer for a learner with a disability.

In addition, the Broad Based Black Economic Empowerment Act provides a scorecard, where the employment of persons with disabilities can favourably contribute to an employer's points score. The impact could well propel an employer to a higher level.

An employer should develop a strategy governing disability employment. There are numerous service providers that can assist the employer to achieve legislative compliance or tap into the numerous benefits available in the employment of persons with disabilities. [R](#)



Rustim Ariefdien is a disability expert extraordinaire, who assists businesses to "let the Ability of disAbility enAble their profitAbility" through BBBEE, skills development, employment equity and socio-economic development. He ensures that businesses are able to maximise their points on the BBBEE scorecard and become compliant with legislative requirements as stipulated in the Employment Equity and Skills Development Acts. His purpose is the economic empowerment of persons with disability in Africa. As a person with a disability himself, he has extensive experience in the development and empowerment of persons with disability.



DISABILITY = ASEXUALITY? WRONG!

MANY WHEELCHAIR USERS WONDER IF THEY'LL BE ABLE TO HAVE SEX AFTER A SPINAL CORD INJURY – AND THERE'S A BELIEF THAT PEOPLE WITH DISABILITIES ARE ASEXUAL. THIS NOTION COULDN'T BE MORE WRONG

It appears that within our society there is a misconception that any form of disability is synonymous with asexuality. Sadly, this belief occurs far too often, resulting in frustration, confusion and often a sense of loss – not only of the physical autonomy the person once had and of the culturally ascribed life that one should live, but also of a basic and integral part of being a person, that is, one's sexuality, which is often linked with being an adult.

We need to understand what the term "asexuality" means. Asexuality is defined as a lack of sexual attraction to others, or a low or absent interest in or desire for sexual activity. Importantly, asexuality is not considered to be in keeping with a healthy person. (It should be noted that asexuality is often considered to be a symptom of mental illness or emotional difficulties, such as depression.)


Sexuality is considered to be a need that is very central to being a person. If we look back through history, sexuality has often been linked with the idea of the "correct" way of doing things. Whatever doesn't meet these criteria of normality is labelled as other or wrong.

One point to note about this misconception is that, until about 20 years ago, little research had ever been conducted

into sexuality and disability. In fact, almost nothing was written about disability at all, other than a rare medical article focusing on physical treatment. Perhaps to draw from these two arguments, a third arises.

As a result of disability, in some cases, a person with a disability might require assistance or adaptation. This can lead to the inference that the partner with more autonomy has to take on a "parental role". This is a very dangerous assumption. It can disempower the person with a disability and create a rift or distance between partners, ultimately affecting the quality of their relationship and the quality of life of both.

Recently, however, it would appear that there has been a measure of academic focus on this view. While this field is relatively young, it is growing rapidly; it's starting to allow voices and life experiences to be heard and shared, which previously were not.

It seems to end on a positive note. These misconceptions are now being brought into the public space for debate and conversation. This is a good start in breaking down the stigma around sex and disability and, ultimately, creating the opportunity for a new cultural understanding of how sexuality and disability can, and do, exist with each other in harmony. 



Barry Viljoen is a clinical psychologist. He divides his time between training future psychologists and psychiatrists, research and clinical practice. He works from a systemic interactional approach in therapy, dealing with a wide range of emotional difficulties and severe psychopathology, working with both adolescents and adults. Barry is in full-time practice at Sterkfontein Psychiatric Hospital and is University of Witwatersrand, Department of Psychiatry, Joint Appointee.

SCHOOL OUTINGS: DOS AND DON'TS

THERE IS NOTHING MORE FUN FOR A CHILD THAN AN ADVENTURE, BUT IT HELPS TO BE PREPARED -
ESPECIALLY WHEN TAKING CHILDREN WITH DISABILITIES ON AN OUTING



All children love going on school outings and we, as teachers, need to make sure that children with physical disabilities are fully accommodated. Here are a few things to consider:

TRANSPORT

- Is there a school bus or taxi that allows all children to safely and independently get on and off it?
- Is the bus able to park in the school grounds or will it park in the road? If on the road, is there a pavement wide enough so that children do not have to stand in the road?
- If required, is a wheelchair lift/hoist/ramp available? Is the person responsible to assist the children trained to use it and familiar with the safety and operational requirements?
- Do some children require assistance to get in, such as having to be carried, lifted or supported up steps? Who will be responsible for this and are they trained and experienced? You must prevent any chance that children will slip, get dropped or be injured, and that those assisting do not injure themselves either.
- Are there seatbelts and restraints for children who cannot transfer from wheelchairs to stop their chairs from moving?
- Are there enough adults to assist with looking after the children when travelling?
- Does the driver have a Public Drivers Permit (PDP) and is the vehicle roadworthy?



and participate during the outing. Teachers should visit the venue beforehand to make sure that it is fully accessible. They need to communicate how to accommodate the needs of the children to those responsible for running the outing to ensure that all children are fully involved and can, for example, see the displays. Find where is the best place to stand when talking, and so on.

Children must have enough snacks and fluids, and you need to ensure that there is a comfortable space where children can lie down if needed. Don't forget to take pillows, blankets and towels.

GENERAL

- Don't forget to make sure that children have used the bathroom/been catheterised/had the diaper changed, before setting out.
- Ensure that the parents/caregivers have given written permission to allow their children to go on the outing.
 - Prepare the children in advance so that they feel secure. Explain to them, for example, what they might see and do, and how they will get there.
 - There needs to be a fully equipped first aid kit and someone trained in First Aid.
 - Any medicine that children may require needs to be managed by a responsible adult to ensure that it is given at the correct time, kept at the appropriate temperature, if needed, and stored safely.
- Children should be kept well hydrated and protected from the heat and sun.
- Most importantly, the children need to be involved and have an enjoyable time!



AT THE DESTINATION

It is important that all children can fully access the facilities



Dr Emma McKinney is a "children with disabilities" specialist, is a post-doctoral fellow at Stellenbosch University and owns a company called Disability Included. email: emma@disabilityincluded.co.za

GLIDING ACROSS THE DANCE FLOOR

Don your most stylish suit, slip into your glass slippers and join the Ball for All hosted at Voortrekker Hall on March 17, 2018. Wheelchair users and amputees are invited (along with their friends and family) to enjoy an evening of dancing, mingling and snacks!

Guests of honour at the event will include August Schmiedeskamp, inspiration for the event, managing director of two companies and an esteemed author; Beka Dvali, ambassador in South Africa of the Republic of Georgia as well as 11 other countries; Miss Wheelchair World First Princess Lebohlang Monyatsi; Ari Seirlis, CEO of QASA, as well as motivational speakers Heugene Murray and Tania van Twisk.

If you don't have a partner, don't worry! There'll be lots of people who are eager to dance with anyone who doesn't have a date. And if all else fails, a group dance is just as much fun!

Where: Voortrekker Hall, Friederichs Street, Wierdapark, Centurion

When: March 17, 2018

Time: 18h30

Cost: R100 per person

Dress code: Cocktail to formal

Tickets can be purchased by making an EFT payment to:

Bank: Capitec

Branch: 470010

Account Number: 1347794288

Account Name: Ball for All

Book as a group of 20 or more and only pay R50 per person. The company or individual coordinating the group will receive a further 20 percent of the total discounted amount for the group! Use your contact number as reference when buying tickets. For more information, or if you/your company is interested in sponsoring the event, contact Elmarie Bouwer at elmarie@fortitutesa.com.



SAILING THE OPEN SEAS ON WHEELS

ROLLING INSPIRATION readers have the opportunity to join the Jubilee Sailing Trust (JST) on the open seas. People with disabilities and those without can board the JST as crew. The first expedition will take place in February with the JST SV *Tenacious* sailing from the Falkland Islands to Cape Town via South Georgia and Tristan de Cunha.

The SV *Tenacious* includes six wheelchair lifts between the decks and fixing points throughout to assist wheelchair users in rough weather; deck ribs, Braille signage and a speaking compass for the vision impaired; as well as vibrating alarm pads under the bunks and an induction loop for the hearing impaired.

People with very limited mobility can steer the ship using a joystick (much like that on electric wheelchairs). People with more severe disabilities who require their own carer can be accommodated in dedicated cabins that provide more privacy and suitable facilities.



The crew will "buddy up" to enhance the learning experience. These buddies will support each other throughout the voyage, sharing experiences and developing a special bond of friendship, often creating a positive and lasting impression.

ROLLING INSPIRATION readers can join the crew at a discount by using the promo code INSPIRATION241 when booking. It offers two people the opportunity to sail for the price of one. The trip from Falkland Islands to Cape Town via South Georgia and Tristan de Cunha will take place from February 26 to April 6, 2018.

The 40-day journey costs R39 600** per person (R990 per day) for accommodation, fresh food, tea, coffee and juice as well as the opportunity to brave the big blue. Another trip from South Africa to Antigua and Barbuda is available from April 9 to May 24, a 46-day voyage, for R32 850 per person (R715 per day).

For more information, phone Peter Mitchell at (0)410 468 470 or email info@jst.org.au. If you would like to donate to the cause, visit <https://www.justgiving.com/jst>.

** South African Rand price at exchange rates at time of publication. Note prices may vary at time of booking due to fluctuations in foreign exchange rates.



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to download application forms

DON'T MISS OUT

Be sure to diarise these important upcoming events

18 FEB OUTENIQUA WHEELCHAIR CHALLENGE (OCC)

Grab the hand cycle and travel down the Garden Route with the CC challenge. Entry starts at R50 for the Fun Event and R100 for the 42,2-km race.

9-11 MARCH DIVE-A-THON

Join the scuba divers in a 50-hour dive-a-thon to raise money to train people with disabilities to dive; cost R150 or just go along to support.

17 MARCH BALL FOR ALL

Put on your dancing shoes and join the ballroom dance for wheelchair users hosted at the Voortrekker Hall in Pretoria.

4-11 APRIL GOLD COAST (GC) 2018 COMMONWEALTH GAMES

Don't miss the para-sports programme at the GC2018 with everything from athletics, swimming, lawn bowls and powerlifting to track cycling, table tennis and a triathlon.

TBA HOPE-MANDEVILLE DISABILITY CAREER EXPO

Learn more about the career opportunities available for people with disabilities at the career expo hosted by Hope School and Mandeville Disability Swimming.

6 MAY WINGS FOR LIFE WORLD RUN

Join runners from across the world. Entry fees go to the Wings for Life Foundation to research treatment for SCI and paraplegia.

21-25 MAY WFOT CONGRESS

The World Federation of Occupational Therapists Congress will be held in Cape Town.

TBA SABAT POWER WHEELCHAIR RACE

QuadPara Association of South Africa (QASA)'s annual Power Wheelchair Race in association with Sabat Batteries will once again take place in 2018.

INJUSTICE MUST STOP

WHEN ANY KIND OF INJUSTICE OCCURS, WE NEED TO FIGHT FOR OUR RIGHTS



Have you ever found yourself in a situation where you were done wrong, but the other party made the situation seem like they were the victim? Twelve months ago, I bought a used car online from J&J Motors in Vereeniging. The car seemed on point except for a few defects that I discussed with the dealer.


It was agreed that these defects would be fixed prior before I took ownership. Throughout the process the contact person at the dealership, Johan van Staden, assured me that the defects were being attended to. When I collected my car, nothing we discussed had been done.

As you know, a car is a necessity to a person who has a disability; it's not a luxury. Without my car, I'm literally disabled as I heavily rely on transport to get around and be productive. After three months with the car and countless breakdowns, with J&J Motors refusing to take responsibility, I reached out to the Motor Industry Ombudsman of South Africa (MIOSA) to intervene.

Fast forward to 10 months later, the Ombudsman ruled that the dealership needed to fix the defects within 21 days. If it failed, I could take the matter further to the National Consumer Commission. If the dealership was found not to be compliant, J&J Motors could face a fine of R1 million or ten percent of its annual turnover.

As you're reading this, it's been more than two months since the ruling and, once again, nothing has been done on my car. When I enquired, I was told that the dealership was struggling to source the car part, despite my offering assistance in sourcing a part. Van Staden argued that the suggested source was expensive.

Now the issue is being taken to the Consumer Commission. My right to accessible transport has been violated. It's unfair to me and many other people who have to go through the same obstacles. I will not be compromised any further. For the dealer it's business as usual, but I have to spend more on an expensive alternative in order to remain productive.

Justice must be done! 



Emilie Olifant is a disability activist, entrepreneur and motivational speaker. She is the director of the Emilie Olifant Foundation, an organisation that strives to address socio-economic issues experienced by people with disabilities.
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1. SpeediCath is the most sold catheter brand in Europe. Coloplast sales data, GERS, IMS, Assobiomedica, Nefemed, PCA, 2012/13
2. De Ridder DJMK et al.: European Urology 2005 Vol. 48 (6), p 991-995.
3. Cardenas et al: PM R 2011; 3:408-417.