

# ROLLING INSPIRATION

ISSUE 1 2019 | R60.00

The thought leadership publication for people with mobility impairments

## FROM LIMPOPO TO WIMBLEDON

Wheelchair tennis superstar  
KG's journey

## HELP AT HAND

All you need to know  
about medical aid

## SCI CURED?

How STIMO works

## ANCHORED TO THE BONE

Osseointegration  
could change your life



SCAN HERE TO  
SUBSCRIBE





# BokSmart

WINNERS PLAY SMART



Rugby safety is no accident.  
It's a decision. A commitment.  
Together, we can build a game of Rugby  
that delivers zero catastrophic injuries.  
In fact, we not only 'can' do it. We **must** do it.

Find out more at  
**[www.BokSmart.com](http://www.BokSmart.com)**



# ROLLING INSPIRATION

Published alternate monthly by  
Charmont Media Global  
Unit 17, Northcliff Office Park,  
203 Beyers Naudé Drive, Northcliff, 2195.  
PO Box 957, Fontainebleau, 2032,  
South Africa  
Tel: 011 782 1070 | Fax: 011 782 0360

## MANAGING EDITOR

Ari Seirlis  
email: ceo@qasa.co.za

## EDITOR

Charleen Clarke  
Cell: 083 601 0568  
email: charleen@charmont.co.za

## COPY EDITOR

Christine de Villiers  
email: christine@letterhead.org.za

## JOURNALIST

Mariska Morris  
Cell: 084 788 8399  
email: mariska@charmont.co.za

## PUBLISHER

Tina Monteiro  
Cell: 082 568 3181  
email: tina@charmont.co.za

## ADVERTISING SALES

Fezi Phaahla  
Cell: 072 770 3507  
email: fezi@charmont.co.za

## CIRCULATION MANAGER

Charmaine Harry  
email: charmaine@charmont.co.za

## DESIGN AND LAYOUT

Nelio da Silva  
email: nelio@charmont.co.za

ROLLING INSPIRATION was developed by  
the late Peter Buteux, who passed away  
in July 2018. It is owned by the QuadPara  
Association of South Africa (QASA).

© Copyright. No articles or photographs may  
be reproduced, in whole or in part, without  
specific written permission from the editor.

www.rollinginspiration.co.za

Throughout this issue, these acronyms  
are used as follows:

QASA = QuadPara Association of South Africa

SCI = spinal cord injury / spinal cord injured



## LIMPOPO TO WIMBLEDON

Learn more about  
wheelchair tennis player  
Kgothatso Montjane's  
incredible journey, from  
humble beginnings to  
shaking hands with royalty.

P4



## LEARNING TO WALK AGAIN

STIMO is the latest  
potential cure for SCI.  
Here's why researchers are  
getting very excited.

P12



## WHERE THERE'S SMOKE ...

SCI patients are at greater  
risk of serious burn  
wounds. Here's how to  
avoid burns, with a personal  
account by Ari Seirlis.

P23



## PROSTHESIS ANCHORED TO THE BONE

For the right patient,  
osseointegration, or a  
prosthesis anchored to the  
bone, could make all the  
difference.

P10



## ACCESSORIES THAT ROCK

These five wheelchair  
accessories are stylish *and*  
convenient.

P15



## DEEP BREATH

An SCI could affect the  
respiratory system and  
result in obstructive sleep  
apnoea – a very serious  
condition!

P26



## HELP AT HAND

All the information you need  
to help you pick a medical  
aid provider that will meet  
your needs.

P20



## MEETING THE PRINCIPAL

How to help a mainstream  
school prepare for and  
accommodate your child  
with a disability.

P29

## REGULARS

Upfront  
QASA news  
Ida's corner  
Travel  
Amputee corner  
Readers say  
Sport

2  
3  
6  
8  
10  
14  
24

Sexuality  
Medically speaking  
Rolling kids  
Employment  
Hotspot news  
Backchat

25  
26  
29  
30  
31  
32

# CONTENTS

# WHITE PRIVILEGE APPLIES TO PEOPLE WITH DISABILITIES TOO!

**WE NEED TO HAVE AN HONEST DISCUSSION ABOUT WHITE PRIVILEGE, A CONCEPT THAT IS STILL DENIED BY MANY IN OUR COUNTRY, AND OFTEN MISUNDERSTOOD**



With a new year comes the prospect of ringing in some changes and transforming oneself from an existing state of being into one that is deemed better. Previously I touched on transformation and rugby, but I want to share my thoughts on the following:

When Springbok captain Siya Kolisi was interviewed by a Japanese media company recently, he made a few controversial statements about transformation. These angered many people and inspired conversation. Perhaps it was not what he said but the way he said it that caused the most confusion.

It got me thinking of the differences in the circumstances of our people. Two equally influential people in my life said an equally controversial thing about privilege. There are various ways in which some individuals happen to be more privileged than others.

Mostly, in our beloved country, privilege relates to one's race. Hence the term white privilege.

Wikipedia describes white privilege as "the societal privilege that benefits people, whom society identifies as white, beyond what is commonly experienced by non-white people under the same social, political, or economic circumstances". There is still a large portion of our population that is either incapable of identifying it or refuses to do so.

One of the people I look up to, Raymond Ackerman, wrote in his book, *A Sprat to Catch a Mackerel*, that he is acknowledging the inequity of so many South Africans living below the breadline, paying high prices for everyday necessities and being entirely powerless, while he, with his privileged upbringing and status, could fight for their rights to cheaper prices.

This is very profound, as he recognises his advantages in life and chooses to use his influence and power to assist other economically vulnerable people.

The other person (I choose not to mention his name), after recently hearing the story of my spinal cord injury, described the difference between his story and mine as white privilege.



Raven Benny is a member of QASA. He has been a C5, 6 and 7 quadriplegic since 2000. He is married and has 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

I need to commend him for having the courage to do this, as it puts many things in perspective for me. White privilege is not the assumption that everything a white person has accomplished is unearned.

Rather, it is a built-in advantage that is separate from one's level of income or possessions. There is enough evidence of this all around us. But should we really consider these types of differences among people with disabilities? I feel we certainly must. We need to be vocal about it and bring it into our daily conversations and look at ways of rectifying it.

We should not vilify individuals or be uncivilised about it, but recognise it for what it is and look at innovative ways of addressing it. Use the position of privilege to empower the ones that were ignored.

I do not encourage invasion and appropriation without compensation, but the sharing of experience and expertise. Transfer of skills and resources should be an everyday occurrence. Those who speak out, like Kolisi, should be coached and guided for the message to be conveyed in a positive manner.

We have much to work towards together. However, having this type of conversation about privilege and transformation might not be enough to fix the situation. We also need to work together, build partnerships and make tangible changes in our communities. Will you change your ways in 2019? <sup>[R]</sup>

The online education resource ThoughtCo.Com defines white privilege as the collection of benefits that white people receive in a racially structured society in which they are at the top of the racial hierarchy. Made famous by scholar and activist Peggy McIntosh in 1988, the concept has at its heart "the assertion that, in a racist society, white skin confers on those who live in it an extensive array of unearned privileges not available to people of colour", writes ThoughtCo contributor Dr Nicki Lisa Cole.

She says white privilege tends to be invisible to and unacknowledged by those who have it. "While some might view some of these privileges as trivial, it's important to recognise that no form of privilege comes without its counterpart: oppression."



## MANAGER WALKS THE TALK

*ROLLING INSPIRATION* reader Jodie Kroone shares this incredible story of one manager who took the complaints of a local customer seriously – with amazing results.

"A manager who walks the talk – hallelujah!" says Dee Diane Botha Beukes, a regular customer at Richdens SuperSpar, Richdens Village Centre, in Hillcrest, Kwazulu-Natal.

A quick visit to the grocery store is somewhat of a simple routine. Yet for wheelchair users it poses a tiresome dilemma. Would we need to call for assistance from a store clerk or could we manage to do our shopping independently?

The latter presents the difficulty of pushing a trolley or juggling a handful of items while simultaneously wheeling oneself through the aisles. More often than not we must go through the trouble of involving a third party to accompany us through the process, including picking out and carrying our personal items.

Beukes, who understands the strain of shopping for wheelchair users, started a campaign with the agenda of introducing accessible trolleys in grocery stores. She had approached several big-name retailers, but continued to hear the same old excuse: "It's coming."

Until one local store owner took the problem into his own hands. Marc Anderson, the new owner of Richdens SuperSpar, happily listened to Beukes's request and the very

next day she received the call to come and test out a modified trolley that Anderson and his maintenance employee had engineered. The new trolley has a lower basket that attaches to a wheelchair so that the customer can focus on pushing themselves, allowing them to shop independently.



At last the wishes of many shoppers have been met. The initiative Anderson took to turn a supermarket run into a trouble-free experience for wheelchair users is a much-appreciated service.

QASA congratulated Anderson on his efforts to assist wheelchair users and has awarded him a certificate of appreciation for creating modified trolleys instore. We hope his work encourages more service providers to strive for inclusivity and accessibility for all.

## MORE INDEPENDENCE WITH DRIVER'S LICENCE

Lifa Hlongwa recently went for a successful reassessment of his driver's licence. A QASA representative caught up with him to discuss this achievement. This is what he had to say: "Successfully passing my driving test has really opened an old door of independence I've come to miss so much.

"As much as being driven around made me feel important, driving on my own terms and at a time that is convenient for me is something I really missed. Now, after months of anticipation and driving lessons from Driving Ambitions instructor Shaun Kanayee, who has been an outstanding teacher, I got my driver's licence and more freedom.

"This is especially wonderful, since I'll be studying at the University of Johannesburg next year. It'll definitely make it easier to get around off campus." QASA would like to wish Hlongwa well in his new ventures and remind everyone to Buckle Up!



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

driving
ambitions

ADAPTED  
VEHICLE  
DRIVING LESSONS

**QuadPara**  
Association of South Africa (QASA)

**Johannesburg · Durban · Cape Town**

**Make driving a reality!**  
 Driving Ambitions, a driver training program, gives people with mobility impairments the opportunity to learn to drive in specially adapted vehicles with the aim of achieving their driving licence.

**Contact 0860 ROLLING** for more details  
 or go to **[www.qasa.co.za](http://www.qasa.co.za)**  
 to download application forms



## LIMPOPO TO WIMBLEDON – AN UNFORGETTABLE JOURNEY

**FROM HUMBLE BEGINNINGS IN LIMPOPO TO RUBBING SHOULDERS WITH ROYALTY AT WIMBLEDON, WHEELCHAIR TENNIS SUPERSTAR KGOATHATSO MONTJANE'S SPORTING CAREER HAS TAKEN HER TO INCREDIBLE HEIGHTS. AND SHE'S ONLY GETTING STARTED!**



he sun beats down on the green tennis courts in Pretoria, but wheelchair tennis superstar Kgothatso "KG" Montjane seems undeterred. She expertly manoeuvres her wheelchair and in one elegant sweep smashes the furry tennis ball across the court. It is an impressive feat of athleticism

that showcases why KG is currently ranked the sixth-best wheelchair tennis player in the world.

Her career reached new heights last year when she competed at the Wimbledon Championships as the wild-card player. The first black female wheelchair tennis player from South Africa to compete, she rose to the fifth spot in the world rankings. During the last round of tournaments for 2018, KG's ranking shifted to sixth place.

Her performance at Wimbledon was enough to secure her numerous sponsors on her return to South Africa. These include Makole Group, WDB Investment Holdings, Aspen Pharmacare, Lotto Sport, Banareng Office Suppliers, Casaletti Inc, High Performance Centre at the University of Pretoria, Audi & Volkswagen Polokwane, Ottobock and Dunlop Sport.

Nike, which came on board recently, will sponsor her and her coach's apparel. Internationally Nike sponsors Serena Williams, Rafael Nadal and Novak Djokovic, while the South African branch of Nike backs local superstars such as Caster Semenya.

It is difficult to believe that KG only picked up wheelchair tennis relatively late. While she was always interested in sports as a child, she was more interested in wheelchair basketball and table tennis. However, when she was asked

to represent her school at a wheelchair tennis camp, everything changed.

Although she politely declined, the school was determined to have her attend on its behalf. "They were not asking me, they were telling me. I had to oblige. That's where it all started. The camp in Pretoria was my first time seeing or holding a racket. It was my first time on a tennis court," KG recalls.

Even though she had no prior experience, she quickly adapted and soon found herself playing against more experienced players. "What worked well for me is that I love competition. I said to myself: 'If they can do it, I can do it.' It was just a matter of following instructions and figuring out how to make it happen," KG explains.

This has been her motto ever since, and she managed to "figure it out" all the way to the Wimbledon Championships. Yet her interest in playing wheelchair tennis professionally only sparked while she was studying BSc Recreation and Leisure at the University of Venda.

"When I got to the university, I thought it would be the same as boarding school where there were a lot of sporting opportunities, but the university only offered wheelchair tennis," KG explains. "I love being active and playing sports. I had no choice but to join the group." The sport offered her incredible opportunities like travelling to Europe with her team.

"That is when we saw people are really playing well and that is where the interest in the sport developed. We wanted to play like the people from overseas." After graduating, KG moved to Pretoria and started training more formally.

Now, with her tremendous success and numerous backers,



KG finally has the opportunity to get the professional coaching she missed out on as a youth. "I didn't start at age four or five. Every tournament has been a learning curve for me. I'm a work in progress. When things get tough, I have to rely on my talent," she says.

"Everyone can play tennis, but not everyone can be professional. That is where the basics come in. By the time you get to the top, things like your consistency need to be there. It is no time to figure it out, which is my biggest challenge, because when things get tough, I need to figure it out," KG adds.

A big focus point for KG at the moment is thinking technically about her decision on the court. Although she instinctively knows where to go, it is important that she understands why. "For me, it doesn't matter as long as the ball goes over the net and where I want it to go. I don't always know how it was executed. My coach keeps taking me back to the basics," she says.

With more professional coaching and her tremendous talent, KG is sure to be a powerhouse in 2019. While the main goal for the tennis superstar is to grow as a person and as a player, she also hopes to be a confident competitor at Tokyo 2020.


Her sponsors will definitely also make it easier for her to achieve her goals. "It takes a load off my shoulders. Now

I can fully focus on tennis. Before, I couldn't really play because I was thinking that I need to win. If I don't, it could be the last time I play," KG says.

One remaining challenge is being the only South African wheelchair tennis player at her level. KG doesn't have a steady partner for playing doubles and often teams up with a competitor from another country. She argues that this is partly because tennis is not an affordable sport. "There is talent in Africa, but tennis is just an expensive sport. Africans can't play, because they can't afford it," she explains.

Her life advice is simple: rise to the occasion. "Whatever you are doing, it's not going to be easy. You just have to find it in yourself to do it despite how difficult it might be. We tend to think the world is against us, but no one said it was going to be easy. Find it in yourself to make it work," she explains.

As her practice winds down, her coach unknowingly shares another pearl of wisdom. After one particularly good serve KG misses, her coach says: "It's not about the easy shots. Everyone gets those. It's about the good serves."

Without a doubt, KG will master 2019 with all her talent, dedication and ability to "make it work". We wish her all the best for the coming tournaments. 



## FUN FACTS ABOUT WHEELCHAIR TENNIS SUPERSTAR KG

- **She hopes one day to use her degree to educate and encourage children with disabilities to participate in sports to keep them from feeling isolated and prevent their disability deteriorating prematurely.**

"I believe that, once they are active, they will have the confidence to participate in every part of life instead of doubting their abilities. At the back of your mind you forget that you have a disability, because you are always eager for new challenges."

- **She has travelled to numerous countries, but her favourite city is Paris.**

"I just love Paris. French people are fascinating. They don't speak English and they don't give a damn. Or they speak English with an accent and you just have to figure out what they are saying. France is quite a fascinating country."

- **Today she finds travelling less exciting and more exhausting.**

"It becomes tiring. I travel with a lot of baggage, and then I still need compete. However, it is fun. You make friends from countries. You learn about different people and different cultures."

- **Despite all the delicious food she has tried and the wonderful people she has met, South Africa remains her home.**

"*Pap en vleis* is good enough for me. When I come home, I want to eat South African food. It is very different in South Africa, compared with overseas. I think South Africans are awesome. You just wish you'll have a conversation with someone and they'll go 'eish'!"

- **She got to meet royalty at the Wimbledon Championships.**

"It was amazing. I didn't even know who I was going to meet and then there is Meghan [Duchess of Sussex]. I thought to myself: 'Damn, is this the one who had the royal wedding?' I'm not going to lie - it was amazing and unexpected."

- **Her favourite tournaments are the Grand Slams, where the competition is tough and there are wild-card players.**

"I love the competition. It tests you and how much you want it. It makes you want to do your best. It is the biggest stage to showcase wheelchair tennis to the biggest audience."

# NEUROGENIC BOWEL

## THE ULTIMATE HIDDEN DEMON OF PARALYSIS

ASIDE FROM THE LOSS OF MOBILITY, THE LOSS OF BOWEL CONTROL FOLLOWING A SPINAL CORD INJURY IS OFTEN THE BIGGEST CONCERN, BUT WITH THE CORRECT BOWEL MANAGEMENT PROGRAMME THERE IS NO NEED TO WORRY



Many people with an SCI say that after loss of mobility, the loss of bowel control is the most distressing aspect of SCI. It impacts self-confidence, social interaction, recreational activities, sexual function and most other activities of daily living. It creates an enormous psychological burden and substantially lowers quality of life.

Establishing an effective bowel management programme is essential for day-to-day wellbeing. The aim of a successful bowel management programme is to not only ensure adequate bowel emptying, but also to establish control over bowel function. In order to manage a neurogenic bowel successfully, caregivers need to understand the basics of the problem and how it specifically affects the person they are caring for.

### BOWEL FUNCTION BEFORE AND AFTER SCI

As with the bladder, there are muscles that aim to empty the bowel and those that prevent the emptying of the bowel until it is convenient to have a bowel movement. The muscles that control the emptying of the bowel are controlled by nerves that react to the bulk of stool in the bowel.

These nerves cause the bowel muscles behind the stool to contract and the muscles in front of it to relax, pushing the stool towards the anus. The muscles of the anal

sphincter keep the anus closed in order to prevent leakage. When someone needs the bathroom but no toilet is in sight, the sphincter works extra hard to prevent an accident.

An SCI disrupts this process in a number of ways, depending on the level and the completeness of the injury. Most injuries present the following challenges to a greater or lesser degree:

- A loss of sensation that there is a need to pass a stool;
- Incoordination of the muscles of the bowel causing a slow-down in the movement of stools to the anus; and
- A loss of nerve control over the function of the anal sphincter.

The major difference between higher- and lower-level injuries lies in the impact on the anal sphincter. In the case of a higher-level injury, the anal sphincter remains in spasm, causing a build-up of faeces in the rectum. With a lower-level injury, the anal sphincter is flacid and stool can easily leak out.

Caregivers need to have specific information about the bowel function of the person they are caring for, including the level of the SCI and its impact on the anal sphincter.

### AIMS OF BOWEL MANAGEMENT

Caregivers should aim to achieve the following with their patient's bowel management programme:





- Regular and predictable bowel emptying at a socially acceptable place and time;
- Avoiding constipation, faecal incontinence and autonomic dysreflexia;
- Completing the bowel routine in a reasonable time – preferably in less than an hour; and
- Trying to use the minimum physical interventions and medicines.

The overall aim is for the person with SCI, assisted by the caregiver, to be in control of their bowel function in order to achieve confident integration into society.

Here are a few measures that help stool move through the bowel:

- Activity and exercise, as far as the person with SCI is able, which includes passive movements where the caregiver moves the limbs and joints through their ranges of movement;
- A well-balanced diet that is low on sugar and fat, includes vegetables, fruit and cereals together with fish, meat or dairy products, and plenty fluids. Avoid excessive

fibre. Eating and drinking promotes peristalsis – the synchronised contraction and relaxation of the bowel muscles that move the stool along the bowel;


- Abdominal massage using a half-closed fist or the heel of the hand, starting just above the pelvis on the right side, moving up to the ribs then across to the left just below the ribs and finally down to the left side of the pelvis;
- Laxatives are used by many SCI individuals as part of their bowel routine, although they are not essential to bowel management. There are many different types of laxatives, and they can be taken orally or as a suppository;
- Digital stimulation of the rectum with a gloved finger generally causes the anal sphincter to relax. If contact is made with stool, manual removal may be attempted, especially if impacted stool (when immobile faeces becomes dry and hard) is a concern.

### DEVELOPING A ROUTINE

A bowel management programme is very personal and each individual will have their own preferences. It is important to keep these in mind and to stay motivated throughout the trial-and-error phase. Here are a few tips to help you find the right routine:

- Keep a bowel movement diary, recording what measures were tried and how well they worked;
- Consider the pre-SCI bowel routine. Do not try to force a daily routine if the person had a three-day routine before the injury;
- Using a commode with a bucket is the most versatile option, but consider the abilities and preferences of the person with SCI when deciding how to go about the process;
- A good digital stimulation protocol is doing ten circles with the finger, waiting five minutes before repeating, and allowing for only three stimulations at any one time;
- The use of laxatives, suppositories and enemas should ideally be guided by a doctor who is knowledgeable in SCI care; and
- Straining should be limited to a minimum and avoided completely if there is a history of high blood pressure, heart disease or diabetes.

In conclusion, remember that the best kind of rectum is an empty one. Whether the person you are caring for has a tight anal sphincter causing constipation and build-up of faeces, or a flaccid anal sphincter with a tendency to leak stool, an empty rectum will prevent either complication.

However, there is no need to obsess over daily bowel movements. If a good movement can be achieved every second or third day, that is also acceptable. So, here's to bidding constipation farewell and welcoming consistently clean underwear with lots of happy crappies. 



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](mailto:georgelou@medscheme.co.za)

# TRAVEL TIPS FOR YOUR WHEELCHAIR

IT IS HEART-BREAKING TO SEE WHEELCHAIRS DAMAGED BY AIRLINES, BUT THE BAGGAGE HANDLERS ARE NOT ALWAYS TO BLAME

**I**n February 2018 I wrote about what to do if your equipment is damaged while you're travelling and what your rights are if you need to claim. Throughout the rest of the year I was made aware of various incidents and experiences of people with disabilities whose wheelchairs had been damaged.

There is always a lot of "chatter" on social media – with the blame put squarely on the ground handler and airline involved. This matter, I feel, is often skewed. I believe that, before we point the finger at the airlines and staff, the owner of a wheelchair should be taking sufficient precautions before handing it over at the airport.

After all, if you have any piece of sports equipment like a bicycle or set of golf clubs, you wouldn't just bring it to the check-in without any form of protective cover. Although carbon fibre is super-light and strong, it can still get damaged. Just watch the crashes in Formula One!

So, as wheelchair users, let's make sure our mobility aids are well looked after. QASA offers training to ramp handler staff at various airports around the country, and more companies are sending their baggage-handling staff for training.

There is a specific section on the handling of passenger equipment, and the costs of all the various items are detailed to make the staff aware of how expensive and vital these devices are in the daily life of people with disabilities. However, the staff can only work with what you give them.

Once the piece of equipment is on the plane, it could be damaged during the flight if not secured correctly. So here are some off-the-cuff tips to assist you in ensuring that your wheelchair is returned to you in the same state in which you handed it over at the airport:

- Remove all the "bling" or accessories, including haversacks or bags that are not fixed;
- Ensure that your cushion is removed and taken on board;

- Photograph the wheelchair after you have been transferred and before it gets taken away, as proof of its condition; call it self-insurance.
- If you have removable arm rests or clip-on wheels, use cable ties to ensure that they remain in place;
- If you have a controller for a power unit that can be removed, take it off and carry it onto the plane;
- If your wheelchair folds down, attach clear written instructions to assist the handlers at the arrival destination in re-assembling the chair for you;
- Consider including your wheelchair in your household insurance policy.

We encourage users to propose ideas for "carry cases" for wheelchairs, which QASA and various activists can explore with a number of wheelchair manufacturers and airlines. Watch this space for developments!

Our mobility aids are not unbreakable. Many of our wheelchairs are lightweight for our benefit, but then, of course, that also means they are terribly fragile in the hold of an aircraft and during handling. Let's give everyone the best chance of the least amount of disruption. In the meantime...

Happy travels! [R](#)

## HAS YOUR WHEELCHAIR BEEN DAMAGED DURING TRAVEL?

Please contact QASA at 031 767 0348 so that we can monitor which handlers are commonly involved and the airports where this is happening. We can then intervene and assist with further training and advice.



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



## HOLIDAYING ACCESSIBLY IN STYLE

*Karin Coetzee, occupational therapist and content creator for the travel website Disabled Travel, reviews stylish and accessible seaside accommodation.*

### The View in Simon's Town

"Being wheelchair-dependent should not be a hindrance to holidaying." This is the belief of the family who lets their lovely holiday house overlooking False Bay in Simon's Town.

The Light House Suite with its private balcony has been designed comprehensively with a wheelchair user in mind, and 24-hour care can be arranged by Assisted Living SA if required. The suite features a spacious open-plan bedroom/bathroom layout, with a bath and double basins. The large roll-in shower has two swing doors and a large built-in shower seat with a grab rail.



The overhead and hand showers can be used simultaneously for a luxurious shower experience. The toilet is located in a private en-suite room and has grab rails and adequate space alongside for sideways transfer. A mobile hoist and shower chair with small wheels are available for the convenience of guests.

From The Light House Suite there is level access to the lounge, open-plan dining and kitchen areas. The well-equipped kitchen offers two electric ovens, gas and electric hobs, a Nespresso machine, a dishwasher, a washing machine and a tumble dryer.

The other three bedrooms, each with a private balcony, are situated on a lower level and are accessed by stairs only. Assisted Living SA is owned by the family and they will be on site in separate accommodation at The View House during your stay.

Services include:

- Full-time live-in care provided by Assisted Living SA staff. Carer costs vary according to guests' needs;
- Respite care for families who need a break;
- Post-operative care; and
- Airport transfers and tours in a rental vehicle with a hoist.

To book a holiday at The View, phone 081 716 7685 or 064 673 8362 or send an email to [info@assistedlivingsa.org](mailto:info@assistedlivingsa.org). To learn more about accessible accommodations throughout South Africa, visit the Disabled Travel website at [www.disabledtravel.co.za](http://www.disabledtravel.co.za).



## We're always by your side

With our growing partnership with the QuadPara Association of South Africa, and our passion for people, we'll always try harder to make our vehicles suitable for all drivers.

**Avis. We Try Harder.**

Enquire about our hand control fitted vehicles.  
Call **0861 021 111**.

# AVIS

Terms and conditions apply.

# SHOULD YOUR PROSTHESIS BE ANCHORED TO THE BONE?

TRADITIONALLY A PROSTHESIS IS FITTED ONTO THE PLACE OF AMPUTATION WITH THE HELP OF A SOCKET. HOWEVER, OSSEOINTEGRATION COULD DO AWAY WITH SOCKETS FOR GOOD - AT LEAST FOR THE RIGHT CANDIDATE

**B**one anchoring prosthesis or osseointegration refers to a prosthesis attached directly to a patient's skeleton or bone at the place of injury or amputation. The first patient to receive this treatment in South Africa was operated on in Cape Town on November 5, 2018.

This technology emerged in the late 1950s, with dental implants followed by facial and silicone finger attachments. For trans-femoral prosthesis (above-the-knee amputation) the procedure starts with the surgically insertion of a titanium rod into the marrow space of the bone. Six months later a titanium extension called an abutment is attached to the titanium rod.

*“The first South African to receive osseointegration was operated on in 2018.”*

The attachment protrudes through the soft tissue and the skin at the bottom of the patient's stump. Over the following six months a very strict rehabilitation programme gradually introduces weight bearing on a prosthesis that is attached directly to the abutment.

Usually, a patient who receives this surgery has a 12-week rehabilitation programme during which they make use of two crutches for six weeks and a single crutch for the following six weeks.

This particular surgery can have many benefits for the patient, but also involves a number of challenges. The Amputation Coalition of America lists some of the benefits and disadvantages on its website:

## What are the advantages?

- No sweating or skin irritations, as is common with a socket;
- None of the pain, pressure or discomfort caused by a socket;
- The prosthesis can be put on and taken off easily;
- Excellent suspension;
- No restriction of hip movement;
- Comfort in the sitting position;
- Osseoperception - a more natural sensation of the prosthetic limb; and
- An increase in bone and muscle mass.

## What are the disadvantages?

- Long rehabilitation process (a total of up to 18 months);
- Risk of infection;
- Risk of fractures and loosening of the implant;
- Poor cosmesis (restoration of physical appearance) due to permanent abutment;
- No high-impact activities such as running or jumping are permitted; and
- Swimming at public facilities are not recommended.

It should be clear from the above that not everybody is an ideal candidate for osseointegration. However, for the right person it could be a life-changing surgery. <sup>[1]</sup>



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](mailto:info@hgprosthetics.co.za)





# ClaytonCare Group

PLANNING YOUR JOURNEY TO WELLNESS

[www.claytoncaregroup.com](http://www.claytoncaregroup.com)

## Overview

The ClaytonCare Group is an innovation healthcare services provider that provides centres of excellence for early rehabilitation of the medically complex, ventilated patient and the post-surgery recovery patient.

We pride ourselves on having two centres of excellence currently. Both have accredited High Care facilities and Clayton House has an ICU facility enabling both Care@Midstream and Clayton House to provide equivalent nursing and medical care to our patients.

Our multi-disciplinary approach is in line with the vision of healthcare funders as they endeavor to manage escalating healthcare costs, while trying to ensure optimum outcomes for patients. Early rehabilitation post-acute care is a cornerstone of the treatment pathway in the journey from the acute hospital to home.

## CENTRES OF EXCELLENCE

### SUB-ACUTE REHABILITATION HOSPITAL FOR MEDICALLY COMPLEX CASES



#### CLAYTON HOUSE

##### *Our Team*

Network Case Manager  
Admission Case Manager  
Internal Case Manager  
Nursing Manager  
Registered Specialist Physician  
Therapy Manager  
Physiotherapists  
Occupational Therapists  
Speech Therapists  
Dieticians  
Social Worker  
Registered on site Pharmacist  
Consulting Clinical Psychologist  
Nursing and Care workers  
Wound Sister

#### CARE@MIDSTREAM

##### *Our Team*

Network Case Manager  
Admission Case Manager  
Internal Case Manager  
Nursing Manager  
General Practitioners  
Registered Specialist Physician consultant  
Therapy Manager  
Physiotherapists  
Occupational Therapists  
Speech Therapists  
Dieticians  
Social Worker  
Consulting Clinical Psychologist  
Nursing and Care workers  
Wound Sister



#### *Claytoncare group services include:*

Ventilator Rehabilitation and Weaning Programmes  
High Intensity Medical Care and Rehabilitation  
Integrated Rehabilitation for Low Response Patients  
Wound care and Pressure Sore Management  
Sub-Acute Care and Rehabilitation  
24-hour nursing and medical care  
Isolation  
ICU care  
Active rehabilitation with multi-disciplinary team

Rehabilitation Services  
Brain and Spinal Cord Injury  
Stroke  
Polytrauma  
High Care for Ventilated Patients  
Oncology / Cancer Care  
Pain Management  
Hospice / Terminal / Palliative Care  
Orthopedic Care  
Post-Operative Care  
Pulmonary Care  
Wound Care  
Cardiac Recovery  
Dialysis

**For more information please direct query to**  
[marketing@claytoncaregroup.com](mailto:marketing@claytoncaregroup.com)

# LEARNING TO WALK AGAIN!

---

THREE PATIENTS WITH PARAPLEGIA PARTICIPATING  
IN A CLINICAL STUDY IN SWITZERLAND REGAINED  
MUSCLE MOVEMENT THAT THEY LOST MANY  
YEARS AGO. COULD THEIR FIRST STEPS TOWARDS  
UNINHIBITED MOBILITY RESULT IN A CURE FOR  
SPINAL CORD INJURIES?







osing your ability to walk is one of the most difficult things to accept and overcome. It's no surprise then that evidence of research into treatment for people with a spinal cord injury (SCI) dates back to ancient times. Today, scientists and medical professionals continue to be urged on by those with visions of regaining the independence they once took for granted.

Unfortunately, until now, SCI research and clinical trials have yielded limited success. Accordingly, the focus instead has been on rehabilitation and maintaining the limited mobility that remains after an SCI.

However, the tide is turning and preliminary results obtained from a number of ongoing clinical trials suggest that we may be getting closer to what can be considered true recovery. The most recent studies attempted to promote the regeneration of nerve cells or improve the function of nerves that remain after an SCI.

It must be said that while the results are encouraging, according to the Eunice Kennedy Shriver National Institute of Child Health and Human Development in the United States, there is still no cure for (chronic) SCI.

## RESTORING MOBILITY

The progress being made by scientists should not be underestimated, however. This includes a clinical study in Switzerland in which a group of spinal cord research scientists, funded by the Wings for Life Foundation, have made a breakthrough. The study has reportedly resulted in the restoration of three study participants' ability to control their muscles below the level of injury.

The study involved a new form of rehabilitation for incomplete SCI patients called stimulation movement overground (STIMO). It combines two different types of treatment: precise epidural electrical stimulation (EES) of the spinal cord and robot-assisted locomotion (walking) training.

EES is the application of an electrical current to the spinal cord. Stimulation is created through an electrode chip that is implanted over the dura (the protective coating of the spinal cord).

Robot-assisted locomotion, on the other hand, enables patients to move freely within a room during their rehabilitation process.

The system provides optimal body weight support, which can be adjusted to the respective patient's abilities, while ensuring safety by preventing falls.

## HOW IT WORKS

Stimulation is administered during rehabilitation training to facilitate movement and enhance reorganisation of nerve circuits. Although scientists do not yet fully understand the mechanism, the stimulation seems to "awaken" the dormant

spinal tissue below the level of injury, relays the Wings for Life Foundation.

Professor Jocelyne Bloch, the head neurosurgeon involved in the study, explains: "We implant an array of electrodes over the spinal cord that allows us to target individual muscle groups in the legs. Selected configurations of electrodes activate specific regions of the spinal cord, mimicking the signals that the brain would deliver to produce walking."

The challenge for the patients is to learn to coordinate their brain's intention to walk with the targeted electrical stimulation. Fortunately, participants of the STIMO study did not take long to master this skill. "When all the patients could walk using body-weight support within one week I knew immediately that we were on the right path," says Bloch.

Furthermore, improvement of voluntary muscle control in participants was reported to be significant after five months of training.

The use of targeted neurotechnology has enabled three participants to train their natural walking capabilities actively in the rehabilitation lab for long periods of time, rather than doing passive training, like exoskeleton-assisted stepping.


## REVITALISING HOPE

What's truly exciting is the potential to reverse the damage done by an SCI. This is evidenced by the fact that all three patients involved in the study are able to move their once-paralysed muscles even when the stimulator is turned off.

Study participant Gert-Jan Oskam was told after a traffic accident in 2011 that he'd never be able to walk again. "Now I can walk short distances with the help of electrical stimulation and crutches," he says. "I should be able to enjoy a barbeque standing on my own in the near future."

Sebastian Tobler had an SCI so severe that doctors had no walking-rehabilitation programme to offer him. "Electrical stimulation has given me the opportunity to train. It gets my blood flowing and – more excitingly – gets me out in the forest. It's good for the mind, and it's good for the body too," he says.

After seven years living with an incomplete SCI, David Mzee took his first shaky but voluntary steps. "It's an amazing feeling," he says. "Let's see how far we can go with this technology."

Following many years of limited success but sustained learning, current clinical trials are beginning to deliver results not thought possible only a decade or two ago. Today there is growing hope that the dedication of doctors and research partners will result in some major breakthroughs in the treatment of SCI in the not-too-distant future. And who knows? Maybe there will be no more spinal cord injuries. 

## TECHNOLOGY: THE SOLUTION TO ACCESSIBLE PARKING?

ROLLING INSPIRATION reader Manie Ferreira shares his opinion on accessible parking in South Africa.

I am sitting at Shoprider in Centurion, waiting for Andy to do the final adjustments to my wife's Fiat Qubo Switch so that she can drive it from her wheelchair. To keep myself busy, I read the article on page 8 of ROLLING INSPIRATION Issue 3, 2018, on accessible parking and I would like to make a few comments.

In my opinion neither national regulations nor a national parking disc will have any effect. "Mentally disabled" people will forever park in a parking bay reserved for people with disabilities or use toilets designated for people with disabilities. The municipal permits (in Nelspruit, at least) are a joke. People simply do not care.

Instead, we should use some sort of technology. People with disabilities could register online (by providing medical proof) and then download an app on their cellphones. The parking bay should be protected with a boom, for example,



which opens electronically with the app. Something like that?

The biggest culprits are the so-called car guards. If an accessible parking bay is used, they get a R5 tip. A bay that is not used means no money in their pockets. They do not care who uses the parking bay, as long as they make money. How frustrating is it when the parking bay is closed off with a cone, but nobody is around to move it out of the way? If the parking bay is electronically controlled, it cuts out the car guards or parking attendants.

How can it be financed? I am sure wheelchair users would be happy to pay a small fee per month to use such a service. It would also benefit the shopping centre to market itself as a disability-friendly centre that controls access to accessible parking bays. The management might be willing to contribute. Government probably will not contribute.

If I ever win the Lotto, I would finance something like that immediately!

### Spinal Cord Injury Workshop – "Where to from here?"

Life Riverfield Lodge will be hosting an interactive workshop for patients, professionals, caregivers and families involved with spinal cord injuries.

The theme for 2019 is – **"Where to from here?"**

The workshop will focus on:

- Return to driving
- Sexual education
- Disability rights and employment equity
- Recruitment after recovery

**Date:** Friday, 29 March 2019

**Venue:** Life Riverfield Lodge  
34 Southernwoods Road,  
Nietgedacht, Randburg, 2194

*RSVP essential to secure your space*

**RSVP:** Daleen Haasbroek

[daleen.haasbroek@lifehealthcare.co.za](mailto:daleen.haasbroek@lifehealthcare.co.za) or  
087 352 3703 by Monday, 25 March 2019

**CPD accredited**



*Making life better*



Elma Park, Edenvale, Johannesburg



5 Bedroom, fully wheelchair accessible lodge -  
Located 5 minutes from the airport - Roll-in showers -  
Office facilities, meeting room and boardroom -  
24 hour security - Lockup garage facility -  
Entertainment area with pool (with hoist), braai and  
Jacuzzi - Commode wheelchair available - Care  
attendant accommodation - B&B or self-catering



To make a booking, contact Louise on 031-767 0348 or  
[louiseqasa@iafrica.com](mailto:louiseqasa@iafrica.com) or on

**0860 ROLLING / 0860 765 5464**





## FIVE WHEELCHAIR ACCESSORIES THAT ROCK!

FROM SLIPPERS TO SUITCASES, HERE ARE FIVE GREAT WHEELCHAIR ACCESSORIES THAT WILL ENABLE YOU TO PIMP YOUR RIDE

S

ome wheelchair accessories are practical. Others are fun. These offer the best of both worlds:

### BEST BAG FOREVER

Smergus has created the Best Bag Forever – or BBF – to carry a wide range of personal belongings, from laptops and groceries to clothes and medical supplies. The BBF fits onto the back of a wheelchair, with adjustable loops that slip over the handles and support most of the bag's weight.

An additional Velcro strap fits around the back of the wheelchair seat to prevent the bag from swinging to and fro on inclines as well as for safety purposes. The BBF is padded with a divider on the inside of the bag to ensure your belongings are protected.

For more information visit [www.smergos.com](http://www.smergos.com).

**Price: R499**

### S-COOL BAG

Another product from the Smergus stable, the S-Cool Bag is perfect for carrying textbooks, notebooks, laptops, files, stationery and more. It is specifically designed with wheelchair users in mind – it fits onto the back of a wheelchair, with adjustable loops that slip over the handles. The S-Cool Bag is padded and features a convenient divider on the inside.

A light cushion flaps over the backrest of the wheelchair for extra support and comfort. The cushion can easily be removed by unzipping it from the back of the S-Cool Bag, should you prefer not to use it.

For more information visit [www.smergos.com](http://www.smergos.com).

**Price: R549**

### UNSTOPPABLE LUGGAGE

The Phoenix Instinct Unstoppable twin set of luggage may be pricey, but it is purpose-designed to fit the majority of rigid-frame lightweight wheelchairs that have a bar on the rear of

the backrest. It also comes with an adapter that would fit a backrest bar that is curved.

The two-piece system consists of a large 87-litre bag and smaller 31-litre cabin-sized backpack. The two bags clip together to form one unit for easy transportation.

It's easy for the independent traveller to disconnect the backpack from the larger bag at check-in.

The 31-litre backpack is then simply slung over the back of the wheelchair and used as hand luggage, and on arrival the two bags can be reconnected.

For more information visit [www.phoenixinstinct.com](http://www.phoenixinstinct.com).

**Price: From R5 400**

### WHEELCHAIR SLIPPERS AND SOCKS

Do you want to avoid tracking dirt and germs into your home via your wheelchair's tyres? Are you embarrassed about leaving black tyre marks on your friends' floors? Would you like to prevent damage to flooring and carpets? Rehadesign's Wheelchair Slippers and Wheelchair Socks offer a neat solution.

The slippers cover the rear tyres, while the socks cover the front tyres. They are slipped on in seconds and are machine-washable.

For more information visit [www.rehadesign.com](http://www.rehadesign.com).

**Price: From R630**

### SPOKE LIGHTS

How about some lights for your wheelchair? Increase your visibility *and* your cool factor with these transparent "blades" that attach to the spokes of bicycle-type wheels. As the blades spin, computerised internal LED lights are modulated so that images and even custom text appear.

Some of the designs (petals, flowers and checkerboards, for instance) are really funky! The spoke lights come in green, yellow, orange, blue or rainbow colours.

For more information visit [www.pimpmychair.com](http://www.pimpmychair.com).

**Price: From R500** 



# Steer your business in the right direction.

Keep your business in the safe lane during strong, gusty side winds with the Sprinter's Crosswind ASSIST automatic brake interventions. Master the road and experience piece of mind while the Crosswind ASSIST automatically intervenes to prevent the lateral drift.

Visit [www.mercedes-benz.co.za/vans](http://www.mercedes-benz.co.za/vans) to find out more.

T's & C's. Accessories shown on the image are not included as standard.

## Mercedes-Benz

Vans. Born to run.





5-year/105 000km service plan; up to 35 000km service intervals.



# LIVING YOUR BEST LIFE AFTER AN SCI



**SANDRA KHUMALO IS AN IMPECCABLE EXAMPLE OF HOW RICH LIFE CAN BE POST-SCI. SHE CONQUERS THE WORLD AS MOTHER, MOTIVATIONAL SPEAKER, CHAMPION ROWER, AND SALES REPRESENTATIVE FOR GENTLECATH GLIDE INTERMITTENT CATHETERS BY CONVATEC**

**A**fter 13 years in a wheelchair, Sandra Khumalo is no stranger to the challenges facing wheelchair users. In 2005 she was injured in a car accident while on her way to work at a safari lodge in the Kruger National Park. At the time she had a four-year-old daughter and was concerned about whether she would be able to play with her daughter again.

"I found I could put her on my lap and play, or have her chase my wheelchair. At the time of my injury, my first daughter still needed her mother a lot. It was not easy," Khumalo recalls. Although it wasn't easy, Khumalo was determined still to live a full life – a message she shares with newly injured wheelchair users.

"An injury is not the end of the world and wheelchair users can still live their life. I'm actually living my best life. I never thought I would be rowing for South Africa. It is about having a strong mind-set and not allowing the wheelchair to prevent you from doing anything," she explains.

After her injury, Khumalo had another daughter and became a South African rowing champion. She competed at the 2012 London Paralympic Games and the 2016 Rio de Janeiro Paralympic Games. She also participated in her first two kilometers race in the 2017 Florida World Championships and is currently ranked fifth in the world.

She has been selected for an international training camp in Tunisia, and hopes to qualify for the 2020 Tokyo Paralympic Games in August as well as compete in the World Rowing Championship.

"I want to qualify this year with a medal so that I'm confident in my ability to compete at the Paralympic Games. My goal for 2020 is to bring home a medal – any medal.

Although, if you train, you train for gold," Khumalo says.

She also recently joined the ConvaTec team as the sales representative for GentleCath Glide – a product she deeply believes in after it changed her life. She always relied on reusable catheters, which she sterilised once or twice a week. Yet GentleCath Glide made all the difference in how she catharises with less germs, less time spent catharising and less frequent visits to the bathroom.

*“Once you're in the right mind-set, there is no time to feel sorry for yourself and the chair is no longer scary.”*

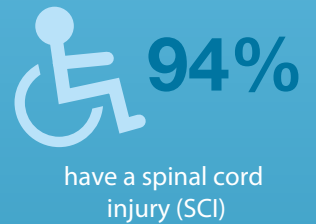
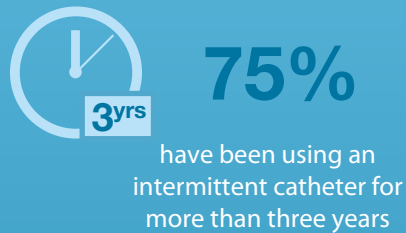
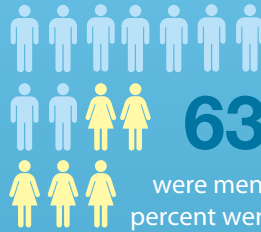
"It really suits my lifestyle. I catharise less frequently, which makes training and meetings easier. I only catharise before a meeting. It is designed for fast and convenient catheterisation," Khumalo says. "I also get more sleep. Before, I use to wake up two or three times a night. Now, I only catharise before I go to bed and when I wake up.

"It has a handling sleeve that helps you avoid getting bacteria from your hands onto the catheter. Less residue helps prevent bladder infections. As a busy person, I find it very convenient."

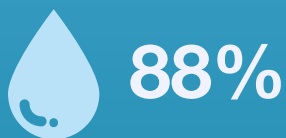
Her final advice for wheelchair users: "Once you're in the right mind-set, there is no time to feel sorry for yourself and the chair is no longer scary. I always say, a wheelchair has nothing to do with what I can achieve, unless it is an actual physical impairment. Wheelchair users should go on living a positive life and do something that makes them excited." *R*

# GentleCath™ Glide

ConvaTec's GentleCath Glide intermittent catheter was tested by 16 Rolling Inspiration readers. With these results, is it right for you?



## The results



were somewhat, very or extremely satisfied with the lubrication



felt very or extremely clean after using GentleCath Glide



claim it is somewhat, very or extremely easy to use the GentleCath Glide "no-touch sleeve"



claim that GentleCath Glide performed better than their current catheter



were satisfied with the GentleCath Glide



claim it is very or extremely easy to open the packaging



claim it is extremely easy to order a sample of GentleCath Glide catheter online



said they are switching to GentleCath Glide after the survey

  
**GentleCath™ Glide**  
*that's a relief*

To order your GentleCath Glide intermittent catheter sample, visit [www.uhcare.com](http://www.uhcare.com) today!



# MEDICAL AID

## HELP AT HAND

WITH THE SOUTH AFRICAN PUBLIC HEALTHCARE SYSTEM IN DISARRAY AND MOST SOUTH AFRICANS STRUGGLING TO SAVE, MEDICAL AID SCHEMES ENSURE PATIENTS GET THE NECESSARY TREATMENT ON TIME. MARISKA MORRIS REPORTS



he South African public healthcare system is synonymous with poor service, long queues and a lack of both resources and staff. The *2018/19 Annual Inspection Report* by the Office of Health Standards Compliance (OHSC) cited 308 healthcare facilities in South Africa as non-compliant, and 224 facilities as critically non-compliant.

According to Dorothy-Anne Howitson, vice-chairperson of the National Centre for Persons with Disabilities (NCPD), the waiting period for a wheelchair in 2016 was three years, with 957 people on the list. On average, 70 new applications for a wheelchair were received each month.

Between May 2015 and June 2016, approximately 301 patients' names were removed from the list – in most cases because they had passed away. Howitson believes that their immobility was the main reason for these deaths.

Although private healthcare offers a great alternative to the questionable conditions of some public hospitals, it

is often much more expensive. South Africa doesn't have much of a saving culture. Most people can't afford to pay medical expenses out of pocket or from their savings.

Medical aid schemes assist people to access crucial healthcare facilities, including assistive devices, at a more affordable price. Sandra Gessner, healthcare consultant at SELA Brokers, offers some insights into choosing a medical aid.

### READ THE FINE PRINT

"Look at the plan that will provide for your needs," Gessner advises. "Consider the benefits and not the cost. Selecting a suitable medical aid scheme and plan requires careful research and an understanding of all available benefits. Generally, you can make changes to your plan only once a year.

"You need to decide what you require. Do you want a hospital plan, which covers only in-hospital expenses, or a hospital plan with medical aid savings to pay for your



**Our Rivonia branch has  
a new home. Come visit  
us in our new  
Sandton branch.**

**75 11th Street Parkmore**

day-to-day medical expenses? Do you require chronic medication or oncology benefits?"

Not every plan covers all specialists, services, assistive devices and medication. As a rule, the more expensive the plan, the more is covered. A basic medical aid scheme, for example, might only offer a small contribution towards a wheelchair. This might not be sufficient if the wheelchair user requires a specialised wheelchair and cushion.

If cost is a big concern, Gessner recommends ensuring that your hospital costs are covered as a priority. A disability could result in related injuries that require hospital visits. A wheelchair user, for example, might suffer a pressure ulcer or a serious urinary tract infection, or need shoulder surgery.

Medical aid schemes calculate costs for doctors and specialists according to a medical aid rate. However, some medical practitioners charge more than this rate – even up to 400 percent more, which can easily run into the thousands. The patient will be liable for the shortfall.



However, some medical aid plans cover up to 300 percent of the medical aid rate.

Gap cover is available to assist with any in-hospital costs that are not covered by the medical aid. This is particularly useful if a doctor or specialist charges more than the medical aid rate.

Medical aid savings cover most out-of-hospital and day-to-day expenses like doctor's visits, dentistry, medication, blood tests and optometry.

The scheme will determine the total amount of savings that may be claimed. When the savings are depleted, expenses need to be covered out of pocket.

"Some plans, however, have a threshold benefit that will cover bills that are within the medical aid rates after you've gone through your self-payment gap," Gessner says.

In addition to the amount of savings and the hospital cover, consider what conditions are covered by the plan. Most medical aid schemes will provide cover for cancer and multiple sclerosis, for example. Depression, a condition that affects many wheelchair users, and rehabilitation for drug and alcohol abuse are often not covered by basic plans, but might be included in executive medical aid schemes.

## HOW TO STRETCH YOUR SAVINGS

"Use network providers that charge medical aid rates. Request that the medical aid scheme pay all your claims at medical aid rates and not at cost. If possible, pay for all over-the-counter medication and medication up to schedule three from your own pocket and not from the medical aid savings.

"Apply for a chronic illness benefit if you have a chronic condition. With this benefit, all chronic medication will be paid from the chronic illness benefit and not from your medical aid savings," Gessner explains.

Cheaper generic substitutes may be available for certain medication. Discuss potential alternatives with your doctor or the pharmacists at your local dispensary. Be sure not to substitute chronic medication, though, as this might affect your reaction to the treatment. Also, ensure that the generic medication is covered by your medical aid scheme if you plan to pay through your savings.

## SIGNING UP

After picking the ideal plan, it is important to get formal quotes from each medical aid scheme to compare and make the best choice. Application forms need to be completed and submitted along with supporting documents, which might include:

- Membership certificate or sworn affidavit that states you belonged to another medical aid scheme, with start and end dates;
- Copy of the main member's identity document;
- Tax number;
- A bank statement or letter from the bank, not older than three months, confirming the bank account from which the monthly fees will be withdrawn;
- Copy of marriage certificate or court order of a divorce settlement to prove a spousal or adult dependant relationship where required;

- Birth certificate or adoption papers of minor dependants;
- Proof of registration at a recognised tertiary institution in the case of full-time students eligible for child rates.

Not all medical aid schemes offer child rates beyond the age of 21, but some do, particularly if the person is still studying.

## EVERYONE'S WELCOME

Medical aid schemes are required to accept all membership applications as long as the applicant can afford the monthly payments. It is not allowed to charge a member more than the set premium because of an injury, illness or disability. Wheelchair users, therefore, should pay the same premium as other individuals on the same plan if they are the main member. However, medical aid schemes can implement a late joiner's penalty fee.


"Medical aid schemes can charge up to 75 percent extra on a monthly premium if you didn't belong to a registered South African medical aid scheme from the age of 35 years. This additional payment will be relevant for life," Gessner explains.

"Aside from the late joiner's penalty, medical aid schemes can enforce a three-month general waiting period, during which you cannot claim for certain benefits, and impose a 12-month exclusion on pre-existing conditions, for example asthma or diabetes," she adds. During these 12 months, the patient may not claim for specific conditions from the medical aid.

It goes to show that joining a medical aid scheme is crucial if you wish to avoid potential life-long penalties. Medical aid schemes also may not refuse any dependents, which include a member's spouse or life partner, children under the age of 21 and those with a mental or physical disability, and immediate family members who are financially dependent.

Medical aid scheme membership can be cancelled if payments are not settled regularly and on time, if the member is found guilty of trying to defraud the scheme, or if prior medical conditions were not disclosed when they applied for membership. Membership costs generally increase in January each year.

A claim is usually paid within 30 days of receipt, with the exception of any disputed items on a claim. "Remember to submit a claim to the medical aid scheme within four months of the event," Gessner notes. "If you submit thereafter, the medical aid scheme sees it as a stale claim and will not pay it."

"Understand your medical aid plan before you make your choice," she concludes. 

SELA Brokers is able to assist members of the public – including wheelchair users – and organisations with a wide range of insurance products and services including healthcare plans. It provides complete consultancy for medical schemes. The SELA Brokers head office is located in Houghton, Johannesburg, South Africa, and can be contacted on 011 483 4800 or via email at [info@selabrokers.com](mailto:info@selabrokers.com).



# WHERE THERE IS SMOKE...

**PARAPLEGICS AND QUADRIPELGICS WITH NO FEELING BELOW THE LEVEL OF INJURY OFTEN TEND TO CONTRACT WOUNDS, INCLUDING BURNS. MARISKA MORRIS REPORTS**



Many people who have suffered a spinal cord injury remain unaware of their high risk for wounds owing to a lack of sensation below the level of injury. Most paraplegics and quadriplegics will develop some sort of pressure ulcer during their lives, whereas burn wounds can happen frequently and cause just as much harm.

These individuals are just as much at risk of burns from food or beverages or while bathing and showering as other people – but the problem is that they won't feel the injury and therefore may not notice fast enough to limit the damage. QASA CEO Ari Seirlis has had numerous encounters with burn wounds.

"I have always been aware of the vulnerability of my body to burns in the areas with no sensation. My enjoyment of a good braai has cost me some injuries to the knees for sitting too close to the fire. It resulted in some vicious blisters in the morning, which took some time to heal. Luckily, the burns were not too serious as I smelled the damage in time," he explains.

Some precautions may be obvious – like avoiding sitting too close to a fire, or cleaning up spilt coffee right away – the causes of other burns can be quite unexpected. In a report published in *The Journal of Spinal Cord Medicine*, Dr Cheryl Benjamin and her fellow researchers highlighted the case of a 26-year-old man with paraplegia who contracted burns from a car seat heater.

The man burnt his hip while driving a vehicle for 30 minutes with the seat warmer set on high. Unfortunately, he only checked into a clinic two weeks later. If you suffer any form of burn, it is important to get medical assistance immediately as an unattended burn wound can become

infected quickly or lead to more serious harm.


Seirlis says he, too, has experienced some strange burn wounds. "One Sunday morning, while riding my adapted quad bike, my foot slipped from its usual position and rested against the hot motor," he says. "I had quite a serious burn on my ankle, which I didn't notice until the end of a 60 km stretch of road. My next destination was the hospital to get some burn treatment.

"This did take quite a while to heal and I still have the evidence of that enjoyable Sunday morning. There was a lot of swelling in the recovery process, but at least I can say the burn was from enjoying myself."

He has also suffered a burn to his back from a failed hot wax canister that took a long time to heal and left a scar. However, Seirlis remains good-humoured: "Luckily, I have a Superman tattoo on my back to deviate your attention."

On another occasion he suffered burns from a foot spa. "I didn't realise how hot the bottom of the foot spa was and my feet put a lot of pressure next to the element," he explains. "These burns were serious and required months of treatment. It was a very expensive venture. Beware the foot spa device!"

To help avoid serious burn injuries, keep away from open fires or hot elements. Dress warmly rather than sitting close to a fire or making use of a seat warmer, heater or warm water bottle. Clean up any food or drink spills immediately. Ask your caregiver or a friend or family member to make sure the bath or shower temperature is acceptable before you get in.

Moreover, make a point of inspecting your body regularly for any injuries of which you may not have been aware, and keep a first-aid kit handy to treat any wounds as a matter of urgency. 



# FINAL COUNTDOWN TO TOKYO 2020

AS THE SPORTING SEASON FOR 2019 KICKS OFF, MANY ATHLETES WILL BE WORKING TO QUALIFY FOR THE 2020 PARALYMPIC GAMES. IT IS, AFTER ALL, THE FINAL COUNTDOWN TO THIS EPIC SHOW OF ATHLETICISM




ello, all! Best wishes for 2019 ... Wow, 2019: one year to go before the Tokyo 2020 Paralympic Games! I can't believe that we're so close. As said before, this is a big year for all the athletes who are going to attempt to qualify for the Tokyo 2020 Paralympic Games, with the different World Championships happening this year.

We will be keeping a close eye on all these Championships as they will hopefully be indicative of what we can expect in Tokyo next year.

On a separate note, I have to congratulate my former South African teammate and friend, Kobus Oeschger, on his excellent showing at the inaugural International Wheelchair Golf Open in Spain late last year. Kobus is one of the

most talented wheelchair sportsmen I have ever met. He is without a doubt one of the best wheelchair basketball players this country has produced and now he is excelling in wheelchair golf. Carry on, Kobus, and keep the South African flag flying high. Well done, bud!


The next major sporting event will be the South Africa Sports Association for the Physically Disabled (SASAPD) National Championships, which will be held in Stellenbosch at the end of March. The first ever National Championships I attended – a long time ago – was in Stellenbosch and I still have awesome memories of the event.

Hopefully I will be able to attend it again and get to catch up with all our inspiring athletes. That's it for now – short and sweet, but the ball will start rolling soon and we will have lots to tell you about on the sporting front in the next edition. 



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.





## Work Readiness Programme

### *Bridging the gap between unemployment and employment*

The QuadPara Association of South Africa (QASA) is offering an intense two-month Work Readiness Programme for quadriplegics and paraplegics in KwaZulu-Natal (Pinetown), Gauteng (Pretoria) and the Western Cape (Durbanville). Consistency and dedication to this Programme could lead to full-time employment with one of our very influential employers on our database.

**Minimum Requirements are:**

- A member of QASA
- Must be unemployed
- Preferably between the ages of 18 and 35 years old

If you are interested or would like more information please email [projectcoordinator@qasa.co.za](mailto:projectcoordinator@qasa.co.za) and include a current CV along with a motivational letter of why you should be chosen for this programme.

QASA will acknowledge receipt of each completed enquiry or application. We however are still finalising the programmes and there is no specific starting date for this programme yet. Please be patient and should your situation change after you have shown interest, please advise us by email.

*A small stipend and transport subsidy will be considered for disadvantaged candidates with the use of a QASA means test.*

**THE PROGRAMME WILL COVER:** Psychometric Assessment & Report – Disability Rights – Computer and Office Equipment Skills – Stress Management – Business Ethics – Motivate and Build a Team – Effective Leadership Skills – Basic Business Finance – Productivity and Time Management – Interview Skills – Career Guidance & Counselling



# GETTING IT UP

## AFTER AN SCI

**A SPINAL CORD INJURY HAS AN INCREDIBLE IMPACT ON THE PHYSICAL ABILITIES OF THE INJURED PERSON. THIS IS ALSO TRUE IN THE CASE OF ERECTILE FUNCTION IN MEN. HOWEVER, NOT ALL IS LOST**

**F**or many men, the question of ever being able to have an erection again is one of the first on their minds following an SCI. Being able to develop and maintain an erection is an important aspect of the physical act of sex and usually closely connected to a man's sense of masculinity.

As the penis is essentially a muscle, it is affected in the same way as other muscles below the level of injury. Depending on the level of injury and whether it is complete or incomplete, the sensation and ability to get and keep an erection will be affected.

There are three ways in which men develop erections before an SCI. The first type of erection is called a psychogenic erection and originates in the brain. It is brought on by thoughts of something that you find attractive or arousing, even when there is no physical stimulation. This type of erection can be triggered by a sight, a sound or even a memory.

The second type of erection, a reflexogenic erection, is the direct result of physical touch or stimulation of the penis. A spontaneous erection is the third type, and it occurs without the presence of any stimulation, imagined or physical. An example is when someone wakes up with an erection because his bladder is full. This type of erection is not related to anything sexual and usually doesn't last long.

An SCI affects these three processes in different ways.

The area of the spinal cord that is responsible for erections is located between T11 and L2. This means that an injury above this level could possibly prevent the message (sexual thoughts) from getting past the level of injury, preventing psychogenic erections.

Depending on the sensation of the penis, reflexogenic erections might still be possible in incomplete injuries. An erection can be triggered when a catheter is changed, when the penis is washed or even simply when clothing or blankets are pulled over the body. The ability to get a reflexogenic erection is controlled by the nerves in the lowest part of the spinal cord segments (S2, 3 and 4).

Spontaneous erections may still occur after an SCI when the bladder is full or in the same way that spasms occur in the legs. Because these erections are unpredictable and possibly won't last very long, they are often unreliable for sexual activity.

There are numerous interventions that can be used to assist a person with an SCI to develop and maintain an erection. The options can be divided into three broad categories, namely surgical (for example penile implants), pharmacological (medicine administered as injections or pills) and mechanical (penis pumps, for instance).

Each of these interventions has its pros and cons, and depends on the person's ability to get and keep an erection. To find the most effective and appropriate solution, it is important to consult an expert, such as a sexologist, to guide your decisions. [\[2\]](#)



Danie Breedt is a passionate scholar-practitioner in the field of psychology. He divides his time between training, research and clinical practice. Danie works from an integrative interactional approach in psychotherapy dealing with a wide range of emotional difficulties and sexual rehabilitation for patients with disabilities. He is the co-owner of Charis Psychological Services, a psychology practice that specialises in physical rehabilitation across South Africa.



# DEEP BREATH

THE RESPIRATORY SYSTEM CAN BE AFFECTED IN MANY WAYS AFTER AN SCI, AND ITS HEALTH IS AN IMPORTANT ASPECT OF LONG-TERM CARE. HERE ARE SOME GUIDELINES FOR TAKING CARE OF THE RESPIRATORY SYSTEM POST-INJURY



**Y**our respiratory system (or pulmonary system) is responsible for breathing. This system, through the lungs, enables you to inhale oxygen, transport it in your blood, and exhale carbon dioxide. Your body needs the oxygen to survive, whereas carbon dioxide must be removed to avoid the build-up of acid in your body.

You normally breathe without thinking about it, yet your brain is carefully coordinating this activity. It sends signals down your spinal cord to the phrenic nerves, which start at the third, fourth, and fifth cervical spinal levels, to contract the diaphragm. Your diaphragm is the dome-shape muscle located under each lung (at the bottom of your chest) and is the primary muscle used for inhaling.

The diaphragm moves down during contraction. Your lungs, rib cage and abdomen (belly) expand as air is drawn into your lungs (inhaled) through your nose and mouth. Air

travels through the main airway (the trachea) and smaller airways (a series of tubes) that lead to air sacs in your lungs. These air sacs transfer oxygen from the air to your blood.

As the diaphragm relaxes after inhalation, it moves back up to where it started. Your lungs, rib cage and abdomen (belly) get smaller as the muscles of inhalation relax, pushing carbon dioxide out (exhaling) through your nose and mouth. You normally need more muscle strength, or force, to help with breathing when you exercise or cough.

To provide this added assistance, particularly to help with exhaling forcefully during a cough, your brain sends signals down your spine and out through the nerves in the thoracic part of the spinal cord to direct your abdominal muscles (over your belly) and intercostal muscles (between the ribs).

Coughing is important because it helps remove small amounts of mucus produced in your lungs every day, and so prevents mucus build-up that can block the airways leading to the air sacs that absorb the oxygen from the air. When you



cough, the muscles responsible for most of the force are the abdominal muscles.

After an SCI, signals sent from your brain can no longer pass beyond the damage to the spinal cord, so your brain can no longer control the muscles you would normally use for inhaling and exhaling. The extent of your muscle control loss depends on your level of injury and whether there is complete or incomplete spinal cord damage.

If you have a complete high cervical injury that involves the spinal cord at or above the cervical third, fourth and fifth spinal nerves, you may have a loss of or weakness in diaphragm function. You may even need a tracheostomy (an opening through the neck into the trachea, the main airway, to help a person breathe) or a ventilator (a machine that helps a person breathe by pushing air into the lungs).

With a complete lower cervical injury that does not involve the cervical third, fourth and fifth spinal nerves, diaphragm function remains and a ventilator is usually not needed. In

both high and low complete cervical injury, you also will have a loss of control of your abdominal and intercostal muscles.

In incomplete cervical injuries, the degree of diaphragm weakness or loss of other muscle control depends on the extent of damage. If you have a thoracic level of injury, you can lose some or all control of your abdominal and intercostal muscles.

The amount of loss depends on the location and extent of spinal cord damage. If you have only lumbar or sacral injury levels, then your abdominal and intercostal muscles are not affected. If you require a ventilator to breathe due to loss of diaphragm function, a pacing system to stimulate the diaphragm may be an option.

If you have a loss of respiratory muscle control, the muscles that are still functioning have to work harder to get oxygen into your blood and to get rid of the carbon dioxide. You may also have trouble coughing with enough force to get rid of mucus in your lungs. This puts you at an increased risk for respiratory health problems.

Both a higher injury level and whether a person has complete or incomplete injury contribute to the risk of respiratory problems. People with a higher and more complete injury (for example, complete cervical) are at higher risk for respiratory problems than people with a lower and incomplete injury.

The most common respiratory complications in SCIs are bronchitis and obstructive sleep apnoea (OSA). Bronchitis is an infection in the tubes that lead to the air sacs in the lungs, and pneumonia is an infection in the air sacs. These infections are very serious health problems because extra mucus is produced.

Mucus will build up if the ability to cough is reduced due to muscle weakness or paralysis. The build-up of mucus can result in atelectasis, a collapse of all or a portion of the lung. Although people with cervical or thoracic injury are at highest risk for complications such as atelectasis with these infections, those with the highest risk are people who smoke, have chronic obstructive pulmonary disease or a tracheostomy, or use a ventilator.

OSA is another common problem that occurs when a loss of muscle tone during sleep in the tongue, soft palate or other soft tissues of the throat allows the airway to collapse and obstructs the flow of air when you try to breathe in. This typically causes a drop in the blood oxygen level and a rise in blood carbon dioxide.

The brain responds with a brief arousal to "jump-start" breathing. This disruption of sleep repeats throughout the night, but most people are not aware of it as it does not cause them to wake up fully. Even though it may not wake you up, the sleep disruption can make you sleepy during the day, no matter how long you sleep at night.

OSA is also associated with a number of medical problems such as depression, diabetes, heart attacks, heart failure and irregular heartbeat, high blood pressure, stroke and even death.

Anyone can have OSA, but the risk is greater for people who snore, are male (the risk of OSA is also higher in post-menopausal than in pre-menopausal women), are overweight or obese, drink alcohol, take muscle relaxant medication, or have a small jaw, enlarged tonsils or difficulty breathing through the nose.

Prevention of complications is always your first defence. Do not smoke and stay away from second-hand smoke! Exposure to tobacco smoke is the worst thing you can do for your health. Smoking causes chronic obstructive pulmonary disease (COPD) and lung cancer, and exposure to cigarette smoke diminishes your health in many other ways.

COPD can cause the body to produce extra mucus and also causes a reduction in lung function in addition to the reduction in lung function attributable to the muscle weakness and paralysis that accompanies spinal cord injury. Plus, exposure to smoke can worsen many health problems you develop.



Avoid the build-up of secretions in the lungs. If you have difficulty coughing and clearing secretions, a cough assist machine can be helpful in keeping your lungs clear. If you have a tracheostomy with or without a ventilator, you can also use a suction tube to keep your lungs clear. An attendant or family member can also be trained to assist you manually with coughing.

Stay hydrated – drink plenty of water, especially if you have an infection, unless your doctor tells you otherwise.

Maintain a healthy weight! People who are overweight or obese typically have more problems with their lungs. They also tend to develop OSA. Ask your healthcare providers to recommend an eating plan if you are overweight and an exercise programme to help maintain fitness.

There is evidence from non-SCI populations that maintaining a high level of activity and taking part in rehabilitation programmes that typically include both an aerobic and strength training component prevent future health problems. Persons with SCI who take part in an exercise programme or in a sport also report better quality of life.

Stay away from people who may have a cold or flu. Get a flu shot every year. This injection will help keep you from getting the flu, without causing flu. Get a pneumonia shot. Pneumonia and other pulmonary infections are among

the most common causes of death following SCI, but a pneumonia shot can help keep you from getting a common type of bacterial pneumonia. In persons age 65 or older, revaccination with the same shot you received before 65 is suggested. Furthermore, an additional pneumonia vaccine has been developed for persons aged 65 or older that is directed at other types of this common bacterium.

Even with your best efforts to prevent respiratory health problems, they can still develop. The sooner you can identify any problems, the better your chance of treating them and getting better. Signs and symptoms of a lung infection (bronchitis and pneumonia) are not always easy to identify.

Mild signs and symptoms might first seem like those of a cold or flu, but they can last longer and get worse over time. Some signs and symptoms of infection may include:

- Fever and chills;
- Cough or feeling the need to cough (coughing may produce thick, sticky mucus that might be clear, white, yellowish-grey or green in colour, depending on the type of illness);
- Tightness in the chest; and
- Shortness of breath.


Signs and symptoms of SOA, too, be mild at first and get worse over time. In fact, you might wake and fall back asleep many times throughout the night without realising it. However, you can look out for some common signs that suggest you might have sleep apnoea:

- Other people tell you that you stop breathing at night;
- Loud snoring;
- Restless sleep (especially if you wake up choking or gasping for air);
- Waking up with a sore and/or dry throat;
- Waking up with a headache;
- Daytime fatigue, sleepiness, or not feeling rested after sleeping.

You should see your healthcare provider every year for a check-up to screen for the health problems common to someone your age and with your type of injury. Persons with lung disease, such as COPD or asthma, may need to see a provider more often. Always go see your provider if you have signs of a respiratory infection.

It is important to be aggressive and avoid waiting until a mild problem becomes a much larger health problem. Visit your healthcare provider if you think you have sleep apnoea. Sleep apnoea is a serious condition. Your provider can set you up to get a sleep study and find a treatment option that works for you.

Ask your doctor if you should get a lung function test to see how well your lungs function. This is especially important if you have ever smoked, have COPD, or have asthma.

If you have problems breathing, you may need medication that opens the airways to help the lungs work, helps you breathe easier and makes it easier to do your day-to-day activities. 



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





# MEETING THE PRINCIPAL

IN OUR FIRST INSTALMENT OF A SERIES OF ARTICLES ABOUT INTEGRATING CHILDREN WITH DISABILITIES INTO MAINSTREAM CLASSROOMS, WE LOOK AT HOW PARENTS CAN EASE THEIR TRANSITION



With a big push towards inclusive education rather than segregated special education, more and more mainstream schools are welcoming children with disabilities in their classrooms. Inclusive education is about accommodating all children, including those with disabilities, in the same classrooms in their local neighbourhood schools.

This is the policy in many countries around the world, and there is no shortage of research showing the benefits of inclusive education. We also know that sometimes teachers are not made aware of the background and needs of many of the new learners they have coming into their classrooms, especially at the start of the new year.


It is important that parents are encouraged to disclose their child's disability, so that the school and its teachers can make the necessary accommodations.

This is often very difficult, as some parents might be worried that the school would reject their child's application, whereas others – because of a lack of access to healthcare services, education and awareness – don't realise that their child may have a disability, or are in denial.

While having inclusive education policies is essential, it is important that support is given to teachers in order to implement inclusion effectively in their classrooms. The next few articles will be sharing some ideas teachers might find useful when integrating a child with a disability.

Here are some suggestions of what parents can do to make the transition easier:

- Make an appointment to meet with the principal of the school to chat about enrolling your child with a disability.

- Discuss both the strengths and possible challenges that the child may have, and provide possible ways of overcoming the challenges. (For instance, "Our child uses a wheelchair, so we would like her to be accommodated in a ground-floor classroom.")
- Be proactive and come up with a plan to show you are willing and able to assist, and what the school would be responsible for providing. (Does the child need assistance with going to the bathroom, eating or transferring, and who might be able to help?)
- It is important to keep in mind that not all children need assistance. Make it clear if that is the case.
- Be open and honest with the principal. Express the strengths and weaknesses of your child clearly, but also know to stand up for your child's rights.
- Parents may want to bring along a friend, a member of an NGO or DPO, or someone who knows the child's history.
- As this is an introductory meeting, it might be best for the child to not be present when their parents are discussing certain sensitive and personal information. If this is not possible, parents need to be aware of the terms they use.
- Finally, it is important that parents bring along all supporting documents from their local clinic and specialist. If possible, include a letter from a therapist, for example, motivating why the child should attend the school. If a child is being transferred from a "special school", full documentation needs to be transferred with the child, including the learner profile, Individualized Education Programme (IEP), and completed screening, identification, assessment and support (SIAS) documents. 



Dr Emma McKinney is a lecturer at the University of the Western Cape. She is also the owner of Disability Included, a company specialising in disability research, children, and employment of adults with disabilities. email: [emma@disabilityincluded.co.za](mailto:emma@disabilityincluded.co.za)

# ECONOMIC EMPOWERMENT IN THE SPOTLIGHT

THE WHITE PAPER ON THE RIGHTS OF PERSONS WITH DISABILITIES IS ESSENTIAL TO ENSURE THAT PEOPLE WITH DISABILITIES ARE TREATED AS EQUAL CITIZENS IN SOCIETY AND CAN GREATLY IMPACT ON THEIR ECONOMIC EMPOWERMENT

**T**he White Paper on the Rights of Persons with Disabilities (WPRPD) is an important construct in the economic empowerment of people with disabilities. However, for many it is just another document. It could have a much greater impact on the lives of people with disabilities if it was better understood and utilised.

The vision of the WPRPD includes "a free and just society inclusive of all persons with disabilities as equal citizens". The mission of the document is the "recognition of the diversity of experiences of persons with disabilities [which] underpins the Strategic Pillars of the WPRPD".

The White Paper further states: "It acknowledges that not all persons with disabilities are alike or enjoy full citizenship and those personal circumstances (gender, age, sexual orientation, cultural backgrounds, geographical location, as well as a strategic reasonable accommodation and support needs linked to strategic impairments) require different responses within a human rights-oriented framework."

Implementation of the WPRPD should deliver the following outcomes:

- Persons with disabilities are accorded and enjoy their full political, human, social and economic rights as all other people in South Africa;
- All persons with disabilities, irrespective of their age, gender, type of disability, race and economic status, participate fully and equally in mainstream social and economic life;
- The rights of all persons with disabilities to live and work in safe and accessible environments, free from discrimination, harassment and persecution, are upheld, and persons with disabilities have access to recourse and redress in instances where these are violated;
- Persons with disabilities have equitable access to life-long

learning, training and capacity building, and are enabled to learn through technology-aided systems other than the traditional method of learning;

- Persons with disabilities are provided with services and interventions that ensure economic security, decent jobs and general economic empowerment;
- Persons with disabilities represent themselves on issues affecting their lives, make decisions about these issues, have control over their lives and are able to exercise choice; and
- All public and private transportations are designed for universal access.

As the theme for this year, I will be focusing on the above deliverables and reflecting on its impact on the skills development of persons with disabilities to achieve employment and/or entrepreneurship.

A key focus will be on the Empowerment Pillar that forms part of the WPRPD's mainstreaming approach, which essentially aims to include disability planning in all aspects of society, from policies and budget to universal access design. The Empowerment Pillar covers processes, procedures, policies, programmes and actions aimed at ensuring access, equal treatment, inclusion, participation, accountability and efficiencies.

"It takes into account structural inequalities that affect entire social groups, and includes encouraging and developing the skills for self-sufficiency, with a focus on eliminating the need for charity or welfare in the individuals of the group," the WPRPD states.

I will look at the relevant Strategic Pillars that pertain to skills development, employment and entrepreneurship, and provide a perspective on how they dovetail with current legislation and policy towards the economic empowerment of persons with disabilities. [\[2\]](#)



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.

## DISSECTING WOBBLES: A MEMOIR ABOUT LIFE AND DISABILITY

Andrew Marshall was diagnosed with Friedreich ataxia (FA) – a rare inherited disease that affects the nervous system and inhibits movement – when he was in his teens. More than a decade after his diagnosis, Andrew shares his journey with FA, his life and relationships in *Dissecting Wobbles: This is Just How I Roll*.

While Andrew's story is in many ways similar to those shared by other people with disabilities, as he discusses the challenges of coming to terms with his disability and learning to control his assistive device, *Dissecting Wobbles* sets itself apart through the author's wonderful ability to be completely honest – with himself and the reader.

He is not scared to share some intimate details. One striking passage reads: "I only got a little pee on my leg and none on my clothes or wheelchair. A small victory, but they all count."

Nor does Andrew shy away from his own flaws. He shares freely his struggle with procrastination, his sense of wasting his time, and his alcohol and drug use.

*Dissecting Wobbles* is much more than just a reckoning with mortality and the challenges facing people with disabilities, particularly FA. It is a coming-of-age story of a teenager who has to learn to negotiate a world in which he is considered "different" by many others.

While much of Andrew's story is a sober account of his battle with the darkness in life, he weaves in a lovely twist of humour. He was once mistaken as an able-bodied person misusing an accessible parking bay. The tale ends quite humorously, with Andrew adding in brackets: "If you, reader, are one of them, I hope a thousand fleas infest your crotch."

From a chance meeting with Oscar Pistorius (before his fame and fall) to a near arrest for buying drugs, *Dissecting Wobbles* will leave you both amused and moved by the triumphs and tragedies that hide in the small nooks of life. It is a story everyone can relate to and also offers some useful and important information about a very rare disease.

The book is available at Exclusive Books, Loot.co.za and Amazon, as well as directly via [www.dissectingwobbles.co.za](http://www.dissectingwobbles.co.za).

## TAKING ON THE CAPITAL-K

ROLLING INSPIRATION reader Jodie Kroone recently participated in the Capital-K swimming event at Midmar Dam, KwaZulu-Natal. She shares her experience...

On October 8, 2017, I had a car accident. I was 22 years old and my independence had just begun only to be cruelly snatched away very abruptly. I was left with a thoracic spinal cord injury, with T4 badly damaged. I underwent two operations to fuse the vertebrae and spent four months in hospital and rehabilitation centres.

I am now a T3 paraplegic, doing my best to adapt to life in a wheelchair. At the time I knew little about the challenges I would face. Coming home to live with my parents and relying on them was overwhelming – for all of us.

I realised how much I needed to mourn my previous life so that I could accept and adjust to a new way of living. Part of this journey included various physical therapies where I had the opportunity to try out aqua training in a heated pool. These swimming sessions helped me realise how much freedom water allowed me.

In October 2018, one year after my accident, I set my first fitness goal of completing a swimming challenge.

This was to be the Capital-K event (open to people of all abilities) at Midmar Dam in KwaZulu-Natal. I had 11 weeks to train for a 500 m dash.

I underestimated how much energy and strength would be required. With the help of my swim coach and physiotherapist, Tarryn Filday, we set manageable weekly goals that built up my speed, strength and endurance gradually until I could swim 500 m in one go.

During this time, we also assessed many swimming styles to see what suited me best. We came up with sculling – swimming on my back, propelling myself with my arms. It was also a good choice for this particular dam, with occasional rough water conditions.

On Sunday, December 2, 2018, I participated in the Capital-K swimming race with a fantastic support team, which included Tarryn (who also took part for safety reasons), my family and good friends. They cheered for me and I could hear them once I was about 100 m from the finish line, which spurred me on.

I wasn't even one of the last to finish the race! Once I was back in my wheelchair with my medal, I recalled how different 2018 was from the previous year when I was sad and uncertain in hospital. Now, here I was achieving my small but important goals and feeling much loved and applauded!

Although I've had slow progress in my everyday independence, there has not been much change in my initial diagnosis. However, I am not allowing the wheelchair to define me. Through my story and my journey, I hope to show others in similar situations that there is much to look forward to after a spinal cord injury.





# THE TRUTH ABOUT ENTREPRENEURSHIP

WITH THE CONTINUED LACK OF EMPLOYMENT FOR PEOPLE WITH DISABILITIES, ENTREPRENEURSHIP CAN OFFER A GREAT ALTERNATIVE FOR EARNING AN INCOME. HOWEVER, IT IS NOT ALWAYS AS ROMANTIC AS IT SEEMS



They told us we would be our own bosses, earn a lot of money and become wealthy. They never told us we would fail many times before we succeed; that we would work five times harder than our employees and sometimes make no profits; that this would cripple our credit score; or that we would be heavily in debt.

No one told us this would cause conflict between us and our family and friends; that we would be a joke to society, especially when we start changing from one business to another. No one explained that sometimes we would be without an income for six months; that we would be living on the edge and surviving by borrowing money. No one told us our businesses might need to close their doors as we fail to pay staff and they can't get to work.

No one ever speaks of the possibility of finding ourselves

homeless with our children; that our wives or husbands, girlfriends or boyfriends might leave because they don't understand our journey; that we will have to be more than patient. Never did they mention we would make so many mistakes and lose money.

We had to figure this out all by ourselves. Many gave up along the way. Although the journey is chaotic, it is also rewarding and priceless. For some, after all the pain, success is non-negotiable. Some of us are never giving up, no matter what. It's success or nothing for us - and it's too late to go back now.

We are entrepreneurs!

The past year was very challenging for most people, but a very successful year for the privileged few, I guess. Whichever group you find yourself in, one thing is certain - 2019 brings new possibilities, new opportunities and a new dawn for all.



Emilie E. Olifant is a disability champion, an entrepreneur, an author and an inspirational speaker. She is accredited by the Education, Training and Development Practices (ETDP) SETA and is the founder of the Emilie Olifant Foundation, an organisation that strives to integrate persons with disabilities in the workplace and/or society. email: emilie.olifant@gmail.com

## SUBSCRIBE TO ROLLING INSPIRATION

Highlighting the quality of life of people with mobility impairments, **ROLLING INSPIRATION** is published by Charmont Media Global. This publication focuses on an integrated approach to disability - in terms of education, work, love, sex, sports, recreation, travel ... The list goes on.

**SUBSCRIBE ONLINE AT [WWW.ROLLINGINSPIRATION.CO.ZA](http://WWW.ROLLINGINSPIRATION.CO.ZA) OR COMPLETE THIS FORM AND FAX IT TO 011 782 0360 OR EMAIL IT TO [BEV@CHARMONT.CO.ZA](mailto:BEV@CHARMONT.CO.ZA).**

Once you have subscribed, you will also be able to access all the content on our fabulous website, including the complete magazine as a flip book.

1. Click on SUBSCRIBE on the website and complete the form. Alternatively we can fax or email this form to you.
2. Make payment.
3. Click on LOGIN to register on the site (choose your own username and password).
4. Once payment has been made, access to content (including the e-mag) is granted.

Please add my name to the **ROLLING INSPIRATION** mailing list:

- |  |   |
|--|---|
| <input type="checkbox"/> R310.00 for one year - print magazine   | <input type="checkbox"/> R605.00 for two years - print magazine   |
| <input type="checkbox"/> R155.00 for one year - digital magazine | <input type="checkbox"/> R300.00 for two years - digital magazine |

Rates include VAT and postage (valid within RSA borders).

### METHOD OF PAYMENT:

- ☐ Cheque enclosed (payable to Charmont Media Global cc)  
☐ Direct deposit: Charmont Media Global cc  
 Bank: First National Bank Hyde Park branch  
 Branch code: 255805  
 Account no: 62059168825  
 Please use your company name or invoice number as a reference.

Mr / Mrs / Ms: \_\_\_\_\_ Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Job title: \_\_\_\_\_

Company: \_\_\_\_\_ VAT no: \_\_\_\_\_

Postal address: \_\_\_\_\_

\_\_\_\_\_ Postal code: \_\_\_\_\_

Nature of business: \_\_\_\_\_ Number of employees: \_\_\_\_\_

Tel no: \_\_\_\_\_ Mobile no: \_\_\_\_\_ Fax no: \_\_\_\_\_

Email address: \_\_\_\_\_

Signature: \_\_\_\_\_



# COMING SOON!

YOU HAVE LOTS TO LOOK FORWARD TO! DON'T MISS THESE UPCOMING EVENTS OR THE AMAZING FEATURES IN THE NEXT ISSUE OF ROLLING INSPIRATION. THE SECOND EDITION OF ROLLING INSPIRATION IN 2019 WILL BE PACKED WITH FABULOUS ARTICLES. HERE'S WHAT TO EXPECT:



## TAX

We investigate some of the disability rebates available and how to complete a tax form to ensure you are eligible for these rebates.



## FINANCES

From investment schemes and savings accounts to reducing expenses, we take a closer look at financial management for people with disabilities.



## ACCESSIBLE SPORT

We explore the wide range of accessible sports on offer, including wheelchair rugby, adaptive surfing and bowls.



## WHEELCHAIRS FOR SPORTS

Let us help you find the perfect wheelchair for the adaptive sport of your choice.

WOULD YOU LIKE TO SUBMIT EDITORIAL FOR THESE FEATURES? EMAIL [CHARLEEN@CHARMONT.CO.ZA](mailto:CHARLEEN@CHARMONT.CO.ZA).  
WOULD YOU LIKE TO ADVERTISE IN THESE FEATURES? EMAIL [FEZI@CHARMONT.CO.ZA](mailto:FEZI@CHARMONT.CO.ZA)

## CALENDAR OF EVENTS

THERE ARE PLENTY OF EVENTS HAPPENING OVER THE NEXT COUPLE OF MONTHS. HERE ARE SOME OF THE HIGHLIGHTS:

### MARCH: LITTLE EDEN WHEELCHAIR CHALLENGE

In March, CEOs are invited to spend a day in a wheelchair during Intellectual Disability Awareness Month to learn more about the challenges wheelchair users face on a daily basis. In 2018, Discovery CEO Adrian Gore was among the participants. To learn more or to take part, email Mary-Anne Wright at [perfectword2@trinitas.co.za](mailto:perfectword2@trinitas.co.za).

### 15 - 21 MARCH: NATIONAL CHAMPIONSHIPS FOR THE PHYSICALLY DISABLED AND VISUALLY IMPAIRED

The South Africa Sport Association for the Physically Disabled (SASAPD) will once again host its annual SASAPD National Championships for the Physically Disabled and Visually Impaired in Stellenbosch from 15 to 21 March. A number of adapted sports events will be included. Keep an eye on [www.sasapd.org.za](http://www.sasapd.org.za) for details.

### 29 MARCH: LIFE REHAB SCI WORKSHOP

Life Health Care Riverfield Lodge will host a spinal cord injury workshop at its rehabilitation centre in Randburg, Johannesburg. The workshop will include information on driving after an SCI, sexual education and disability rights. To secure your space, contact Daleen Haasbroek at [daleen.haasbroek@lifehealthcare.co.za](mailto:daleen.haasbroek@lifehealthcare.co.za) or 087 352 3703 by Monday, 25 March.

### 11 APRIL: HOPE-MANDEVILLE DISABILITY SUMMIT & CAREER EXPO

The Hope-Mandeville Disability Summit and Career Expo will be held at the SABC offices in Auckland Park. It's an annual event that started when Hope School in Westcliff teamed up with Mandeville Disability Swimming. Proceeds go to the swimming club, which trains swimmers with disabilities up to Paralympian level. For more information, visit the Facebook page at [www.facebook.com/PaddySlattery2/](http://www.facebook.com/PaddySlattery2/).

### 5 MAY: WINGS FOR LIFE WORLD RUN

The Wings for Life Foundation will host its annual Wings for Life World Run in Centurion on 5 May. Join participants from across the globe in running for those who can't, and raising funds for research to find a cure for spinal cord injuries. For more information and to enter, visit [www.wingsforlifeworldrun.com/za/en/](http://www.wingsforlifeworldrun.com/za/en/).

### 12 - 17 MAY: CANON SOUTH AFRICAN DISABLED GOLF OPEN

The Canon South African Disabled Golf Open returns to Magalies Park Golf Course in 2019, and entries are now open. For more information, visit the South African Disabled Golf Association (SADGA) website at [www.sadga.co.za](http://www.sadga.co.za).

# A-Z GUIDE

## **BOOK AN AD FOR 2020 NOW! A FANTASTIC A5 SUPPLEMENT TO ROLLING INSPIRATION MAGAZINE**

Have you ever had a question, concern, problem or complaint that has gone unresolved because you couldn't figure out the proper agency or resource to contact? Well ... we have the solution. Our A - Z Guide will assist people to find exactly what they're looking for.

Don't miss out on the opportunity to advertise in this invaluable publication, which will help you reach thousands of potential customers! Plus, this supplement only comes out ONCE A YEAR. So it's a really good investment that offers real value for money.

For more information about advertising in this supplement, please contact Fezi Phaahla on 011 782 1070 or [fezi@charmont.co.za](mailto:fezi@charmont.co.za).

