ROLLING ISSUE 12020 | R60.00 INSPIRATION

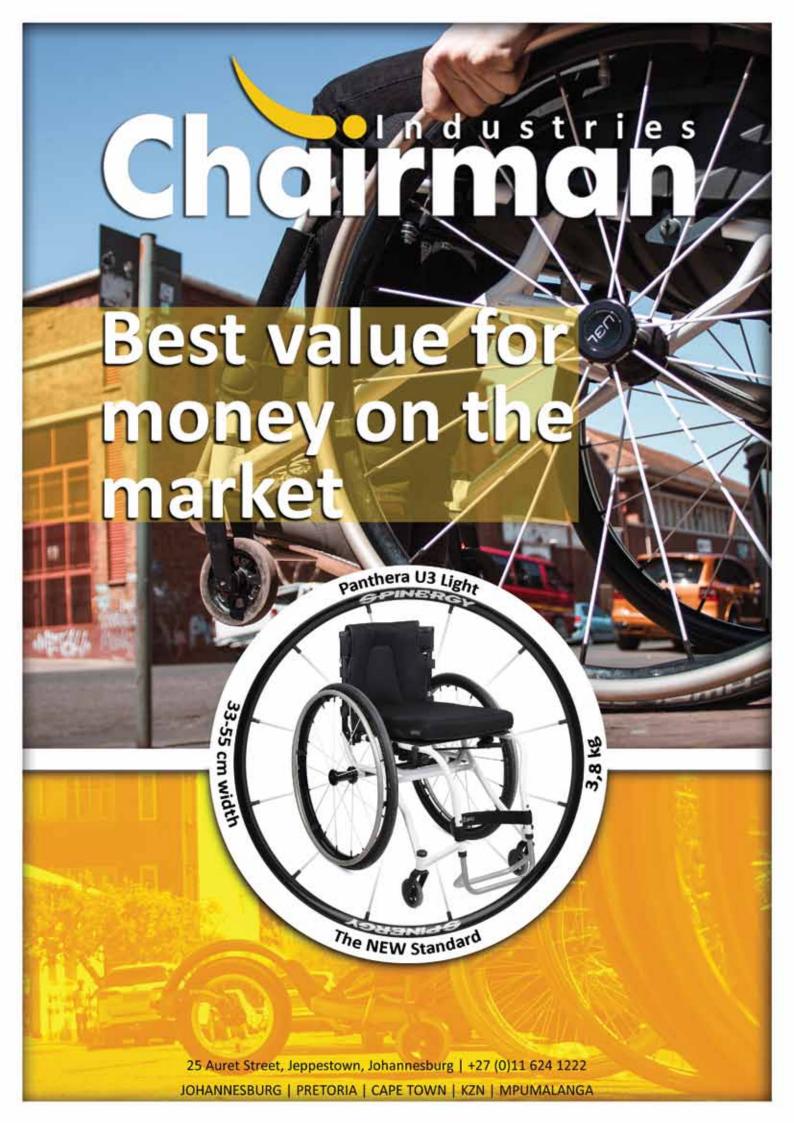
The thought leadership publication for people with mobility impairments



VIP TREATMENT

An escape to Ghost Mountain Inn

THE EARLY YEARS
Parenting infants and toddlers



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

Raven Benny email: coo@qasa.co.za

EDITOR

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

ASSISTANT EDITOR

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

COPY EDITOR

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

PUBLISHER

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

ADVERTISING SALES

Barend van Wyk Cell: 076 217 1883 email: barend@charmont.co.za

Diana Gouws Cell: 082 801 8506 email: diana@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 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

The following acronyms are used: QASA = QuadPara Association of South Africa SCI = spinal cord injury / spinal cord injured











START YOUR IMPOSSIBLE

As the partner of the 2020 Paralympic Games, Toyota is on a quest to inspire and mobilise people.

P4



VIP TREATMENT AT GHOST MOUNTAIN INN

Ari Seirlis visited Ghost Mountain Inn, where he received a warm welcome.

P8





DISCREET BATHROOM SOLUTIONS

Yes, you can carry your sanitary necessities with confidence!

P10



HOME ADAPTATION

Liana Shaw investigates the basic accessible accessories for which medical aids will pay.

P12



THE RIGHT CHAIR

A lightweight wheelchair holds several advantages, but there are important factors to consider first.

P14



MANAGING DIABETES

Janene Sacks explains how a healthy diet can help manage diabetes and offers tips for balanced eating.

P20



YOUR BIGGEST SEX ORGAN

Sexual rehabilitation takes years as the most important organ is retrained.

P21



REMINISCING THE EARLY YEARS

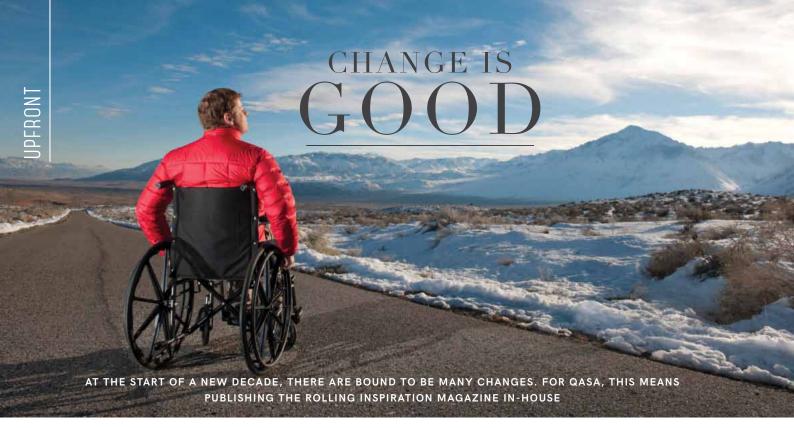
Wanda Boshoff recalls parenting infants and toddlers from her chair.

P24

Upfront QASA news Ida's corner Travel Amputee corner Medically speaking

Sexuality Sport Employment Parents on wheels Rolling kids Hotspot news

<u>2</u>4 26 27





OLLING INSPIRATION has been the publication of choice for many people with mobility impairment and members of the disability community for a very long time. It is a magazine of which QASA is very proud, with a rich history as the only glossy magazine for people with mobility

impairments in Africa.

Now, going into the new year, QASA is stepping up to publishing ROLLING INSPIRATION in-house and independently while continuing to deliver a quality and informative magazine.

We are very grateful to every single person who contributes to making this magazine the high-quality publication it is. First, a huge thank you to our subscribers, who faithfully support this magazine.

Second, our gratitude goes to our top contributors who regularly churn out the most amazing articles and, I know, will continue to do so.

Third, to the advertisers, who are the lifeblood of the magazine and diligently support us by advertising their products and services, I say thank you and well done. This is the right platform for you, as we are your market and remain at the forefront of all disability-related matters.

When it comes to issues of wheelchair users and their basic human rights, the latest updates on products, projects and services, we will have you covered through this magazine!

QASA, the owners of the publication, made the decision to assemble a capable young team to head up the publishing of ROLLING INSPIRATION. We will continue to offer a printed and electronic copy of the magazine as well as a bi-weekly electronic newsletter.

This is a very conscientious matter that was carefully thought through and planned strategically by the

management board. I commend the board for their bravery and the faith they have in the team.

With the continued support of all of you, ROLLING INSPIRATION will continue to be rolled out to our current and many new subscribers.

We will have the opportunity to revive how we market and manage the publication. Herein lie some measures of experience and expertise, as QASA has gone through quite a few changes throughout its lifetime. We have adapted to these changes and remain the leading organisation for people with mobility impairments in South Africa.

We offer our membership a basket filled with some of our best projects, including the Bags of Hope and Driving Ambitions. Advocacy, lobbying and improving the quality of life of all quadriplegics and paraplegics are our biggest activities.

We deliver our Work Readiness skills programme, which has greatly impacted the lives of many of our members. The QASA Education Fund and Neville Cohen Sports Fund continue to support individuals and groups who wish to further their education and participate in sport.

These products, coupled with a top-class magazine, are changing the landscape positively for our many members and the readers of ROLLING INSPIRATION.

Last, we at QASA would like to thank our former publishers - Charmont Media Global - for their years of commitment to the magazine and their contribution to its status. Now we have the confidence to go in-house.

We look forward to delivering a great publication, but most importantly, to receive your feedback. QASA plans to take the magazine to new heights in the foreseeable future. We are positive and rely on the continued commitment and support from all our advertisers, subscribers and the many people who see the benefit of having access to a magazine of the calibre of ROLLING INSPIRATION.



Raven Benny 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 relocated from Cape Town to Durban, where he was appointed the Chief Operating Officer (COO) of QASA from August 1, 2019. email: coo@qasa.co.za

DRIVING YOU TO YOUR AMBITIONS

The existing public transport system in South Africa is inaccessible for people with mobility impairments. With no accessible transport, wheelchair users have fewer opportunities to develop their skills, attend job interviews





ABOVE: (from the left) Portia Mbuli and Carol Khoza obtained their driver's licences with the help of the QASA Driving Ambitions programme.

BRIDGING THE GAP WITH WORK READINESS

Employment among people with disabilities, specifically wheelchair users, is at an all-time low. Only the privileged few who have access to certain resources are integrated into mainstream employment. QASA's vision is for all quadriplegics and paraplegics to live their lives to their full potential.

To achieve this vision, QASA runs numerous projects, including its Digital Village Training Centres. The two-week training programmes at these centres cover basic computer skills and benefit about 600 people with disabilities every

However, simply teaching these skills wasn't enough. QASA went back to the drawing board to find a solution that will lead to permanent employment for these wheelchair users. After much brainstorming and research, the Work Readiness Programme was launched in April 2019 and has become a flagship project of QASA.

This two-month skills programme takes on a different training style: Participants are placed in a simulated work environment in which they are "employees" and the trainer is their supervisor.

Since its inception last year, the QASA Work Readiness Programme has secured mainstream employment and internships for 90 percent of the candidates who completed the programme. It is currently hosted in KwaZulu-Natal, the Western Cape and Gauteng.

For more information, contact QASA projectcoordinator@qasa.co.za 0317670348.

or advance their careers. QASA offers people with mobility impairments the chance to learn to drive.

The OASA Driving Ambitions programme provides driver training in an adapted vehicle, which can also be used to complete the driver's licence test. The programme brings QASA members one step closer to being mobile and independent.

There are three driving schools, based in KwaZulu-Natal, the Western Cape and Gauteng. QASA encourages its members to make use of this specialised service. Should you wish to enrol, please contact QASA at projectcoordinator@gasa.co.za.



Elma Park, Edenvale, Johannesburg



5 Bedroom, fully wheelchair accessible lodge -Located 5 minutes from the airport - Roll-in showers -Office facilities, meeting room and boardoom -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 or on

0860 ROLLING / 0860 765 5464



AS THE WORLDWIDE PARTNER OF THE 2020 TOKYO OLYMPIC AND PARALYMPIC GAMES, TOYOTA IS ON A QUEST TO INSPIRE AND MOBILISE ATHLETES THROUGH INNOVATIVE MOBILITY SOLUTIONS AND BY APPOINTING LOCAL PARA ATHLETES AS AMBASSADORS TO SHARE THEIR STORIES



hen Japan was chosen to host the 2020 Olympic and Paralympic Games, it seemed only fitting for the most-recognised Japanese vehicle brand to back this iconic sporting event. Toyota has a passion for mobility that goes beyond simply manufacturing reliable vehicles, and wants

to inspire people of all abilities to push beyond their limits to reach their impossible goals while providing access to mobility for all.

BETTER MOBILITY

The company started this journey by designing innovative transport solutions for the games. The e-Palette buses are arguably the most notable example: These electric vehicles are fully automatic and will provide loop-line transport for staff and athletes in the Olympic village. A total of 20 vehicles will run for the duration of the event.

Development leader of the e-Palette initiative, Takahiro Muta, says: "Olympic and Paralympic athletes work tirelessly to achieve the impossible and we wanted to provide them with a vehicle specifically designed and calibrated to fit their mobility needs during Tokyo 2020.

"Throughout the development process, athletes, especially para athletes, helped us to understand better how we could adapt and upgrade the e-Palette to meet the need for simple, convenient and comfortable mobility." These adaptations include large doors and electric ramps.

The e-Palette buses are also built to allow up to four wheelchair users to board the vehicle along with standing passengers. They reflect Toyota's transition to electrification, connected networks and advanced driving technologies to support shared mobility.

AIM HIGH

Toyota is also encouraging people to dream big and go beyond their limits to achieve their impossible, with some super athletes at the heart of its #StartYourImpossible campaign. It is a call to action to create a more inclusive and sustainable society in which every single person is encouraged to reach for and attain his or her personal best.

The campaign highlights the stories of everyday people and athletes who demonstrate the values of humility, hard work and tenacity in the face of adversity. In August, Toyota South Africa Motors (TSAM) told the story of the young athlete and TSAM ambassador Ntando Mahlangu, who was also featured on the cover of ROLLING INSPIRATION (Issue 2 of 2019).

Along with the talented Mahlangu, TSAM has also appointed former gold medallist and para athlete Pieter Badenhorst as its social media ambassador. Badenhorst competed in three Paralympics, of which the first was in

1992, when he won gold in the 400 m. This year he will be part of the Olympic Torch Relay that will take place in and around the Japan prefectures from April leading up to the games.

When he announced his participation in this exciting event, Badenhorst highlighted Toyota's goal to create a peaceful, inclusive society through sport and mobility. "It's never too late to Start your Impossible," he said. "Together we can inspire change."

The third TSAM ambassador is Tyrone Pillay, who is also part of the Global Team Toyota Athletes - a team supported by Toyota Motor Corporation. Pillay has been working for Toyota for more than 13 years and is an avid cricket National Championships - an epic five-day sporting event.

SASAPD is a federation that promotes sport among athletes with disabilities and visual impairments, from grassroots to Paralympic level. It currently caters for 12 regions throughout the country and for five disability groups, including spinal cord injuries, amputees, cerebral palsied, visually impaired and blind. All sporting events conform to the International Paralympic Committee (IPC) regulations so that new records are recognised by the organisation.

The backing from TSAM makes it easier to host the event, and allows SASAPD to support more young athletes in their development.

> "At Toyota, we believe movement and mobility in all its definitions are all around us," says Glenn Crompton, vice president of marketing at TSAM, about the partnership.

> "Sport has the power to connect people. This is where we learn the true power of sport: It can challenge us, inspire us and, most importantly, unify us. Toyota shares the vision to inspire people to push onward - past their finish line, past their impossible. We believe that you can achieve great things when you move. We are wholeheartedly committed to unleashing human potential through the power of movement," he says.



In addition, TSAM is launching a new campaign around mobility specifically



ABOVE LEFT: Former gold medallist and para athlete Pieter Badenhorst has been appointed the social media ambassador for Toyota South Africa Motors (TSAM). ABOVE: Another ambassador for TSAM, Ntando Mahlangu, is a promising young para athlete (see ROLLING INSPIRATION Issue 2 of 2019).

RIGHT: The innovative e-Palette bus by Toyota will be a main mode of accessible transport during the 2020 Tokyo Olympic and Paralympic Games.

fan, children's mentor, para athlete and bronze medallist - he won at the 2016 Rio de Janeiro Paralympic Games for shot put.

He achieved his own impossible by becoming a bronze medallist for South Africa. "To start your impossible, the most important thing is always to believe in yourself. When you believe in yourself,

you can achieve anything," Pillay says. "You have to start somewhere, so start with a belief in yourself."

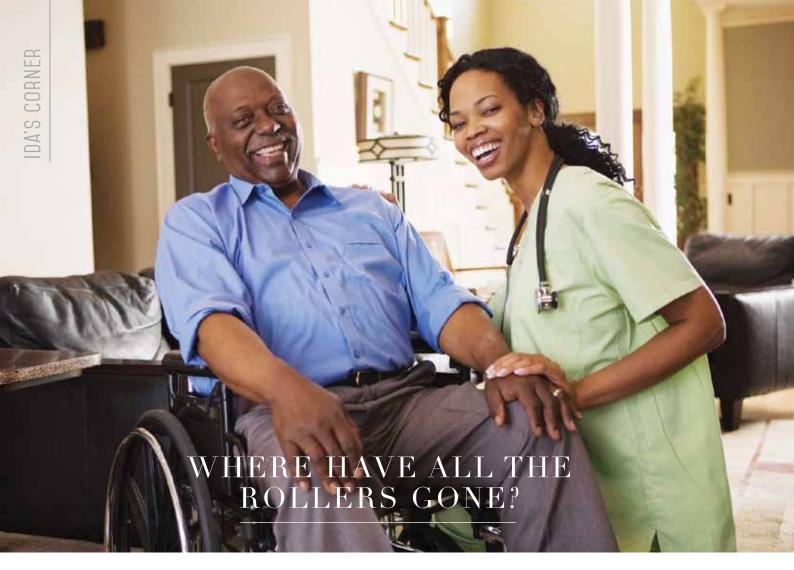
MORE THAN JUST A DREAM

TSAM has, however, gone beyond simply sharing inspirational stories. It is giving back to the communities, starting with its partnership with the South African Sports Association of the Physically Disabled (SASAPD). Last year, the vehicle manufacturer entered into a three-year agreement to support the organisation and its annual



for previously disadvantaged children with lower-limb amputations. Leading up to the Easter holidays, TSAM will use its #DriveBetter campaign to encourage all Toyota and Lexus drivers who use the Toyota Connect feature to get good scores. The manufacturer will donate R1 000 for every 100 points achieved through good driving via the Toyota Connect feature.

All proceeds will go to Jumping Kids, a non-profit organisation that provides access to lower-limb prosthetic solutions to children. R



IT SEEMS WHEELCHAIR USERS OVER THE AGE OF 60 HAVE DISAPPEARED! GEORGE LOUW SETS OUT TO FIND THEM AND MAKE SURE THEY HAVE THE CARE THEY NEED

n 1955, Pete Seeger wrote the first three verses of what would become a well-known song: "Where have all the flowers gone?". In the 1960s, Joe Hickerson added two more verses. The lyrics ask, "Where have all the ... gone" and answer "Gone to ... every one", followed by a rhetorical question: "When will they ever learn? When will they ever learn?"

The lyrics tell of how flowers go to young girls, young girls go to their husbands, husbands become soldiers, soldiers go to graveyards, and graveyards return to flowers, which are then picked by young girls. It's a more profound and poignant "circle of life" than that of *The Lion King*.

In 2010, *The New Statesman*, a British political and cultural magazine, listed it as one of the top 20 political songs. It has been sung by a multitude of artists, including Marlene Dietrich, Joan Baez, Bob Dylan and Peter, Paul and Mary.

If you have no idea who I am talking about, you are not old enough to be a Silver Roller, so you don't have to bother with my question. Or perhaps you should bother, because one day you will be a Silver Roller too...

In December I ran a questionnaire on the Survey Monkey platform to find out more about the state of affairs facing wheelchair users over the age of 60. Perhaps it was the wrong time of the year, or elderly rollers are just not bothered with questionnaires, or they don't have internet access, because I received only six responses.

All were men and living in private residences. At least five were married - they made mention of a spouse as caregiver. In terms of income, four considered themselves as comfortable, one as well-off and one as struggling. Five respondents felt they were well equipped with disability aids and one felt his were satisfactory.

Only one had a high-level injury and I assume it is the same person who had a power chair. Bowel problems was the most prevalent complaint.

So where have all the Silver Rollers gone? I refuse to believe that my sample of six is representative of the population of elderly rollers.

I have heard stories of residents at independent living centres being asked to leave because of their age - they had become too much of a liability or they were not able to contribute sufficiently to the running of the centre, or whatever excuse was found for evicting them.

But on the other hand, when I do see elderly rollers in public places, they appear by and large to be well groomed and well kept. And they are usually accompanied or assisted by what appear to be spouses. Are they the only survivors?

Or do we have invisible rollers tucked away somewhere, not seen because there is no one to take them shopping or for a stroll (roll). Have they lost their friends because of problems with accessibility? Are they

66 So where have all the Silver Rollers gone? I refuse to believe that my sample of six is representative of the population of elderly rollers. too scared to go out because they cannot manage their incontinence? Or have they also "gone for soldiers, fought their battles, lost and gone to graveyards, every one"?

We often hear of invisible people who have fallen by the wayside, who are discarded and swept away by society. Is this also the fate of elderly people with paralysis who do not have loved ones to care for them or who have simply run out of money?

I see children and relatively young adults in wheelchairs begging at street corners, but never an elderly roller. All the old beggars are ambulatory...

We live in difficult and troubled times, when the marginalised suffer the most. People with disabilities are often considered to be marginalised, as are the elderly. So the elderly with disabilities must therefore be doubly marginalised. Has this caused them to become invisible? If so, we need to find them.

QASA and other organisations caring for people with disabilities must be made aware of them. We need to advocate for their care. We need to lobby for resources to care for and reach out to them...

They are part of the reason why organisations like QASA exist. We cannot discard them just because they are not visible to us. So here is a challenge to all ROLLING INSPIRATION readers: If you know of an elderly person with paralysis who is struggling, let us know and we will try to facilitate assistance! \mathbb{R}



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



B-Active Beach Wheelchair

Floats well, for use in swimming pools and at the beach. Not intended for areas with strong waves and heavy currents. Life jackets recommended for non-swimmers to be used under supervision.

For more enquiries on the Beach Wheelchair contact:

Mobility Solutions (031) 564 2303 info@mobilitysolutions.co.za www.mobilitysolutions.co.za

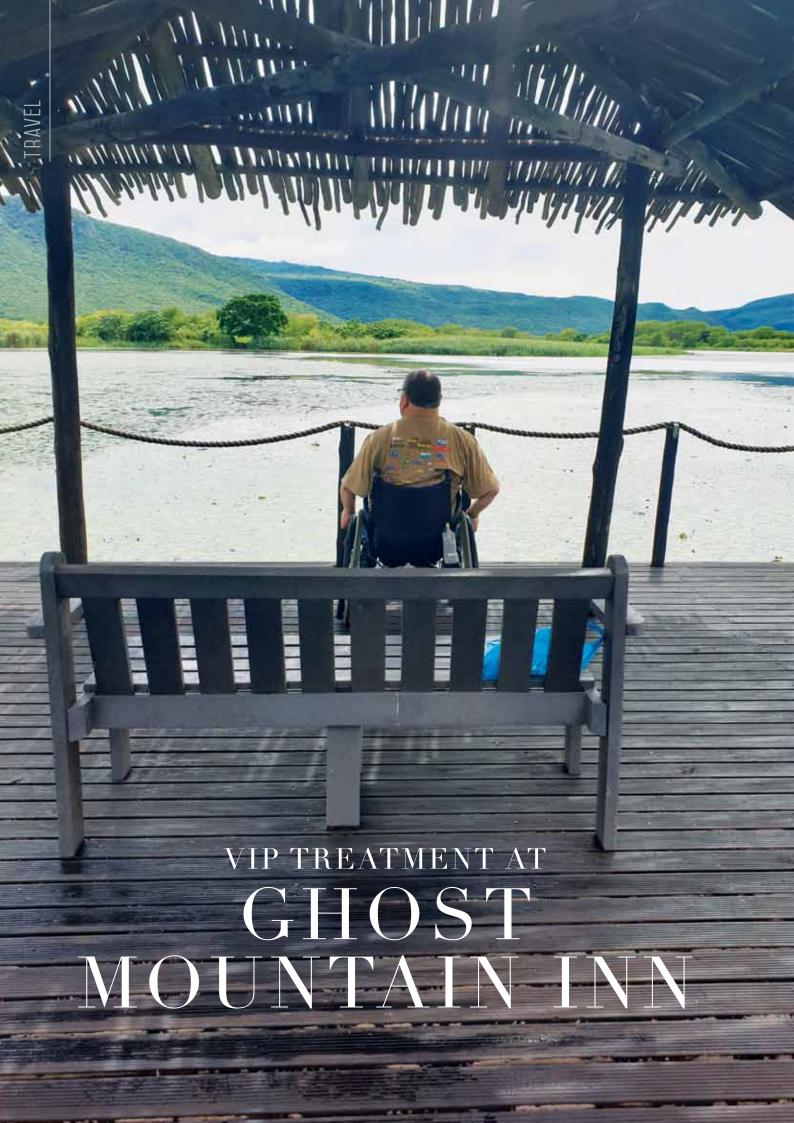
'Made for More' is a Non Profit Company (NPC Registration no. 2016/038814/08) and a Public Benefit Organisation (PBO no. 930055257) that aims to include, empower and equip people with disabilities through sport. One of the sports we use is Adaptive Surfing (Surf Therapy) which we do at Ushaka beach on the last Saturday of every month. We have accessible beach mats set up for wheelchair users as well as an adaptive water chair to help with access to the water's edge and for transfers in and out of the water.

Please email <u>julia@madeformore.org.za</u> to join in the fun and become part of our Adaptive Surfing family.

Facebook and Instagram: @madeformoresa

Website: www.madeformore.org.za





ARI SEIRLIS RECENTLY VISITED THE GHOST MOUNTAIN INN IN KWAZULU-NATAL, WHERE HE RECEIVED A WARM WELCOME. HE SHARES HIS EXPERIENCE

ain was belting down when I arrived at the Ghost Mountain Inn in the northern part of KwaZulu-Natal. I called the reception desk, and the moment the vehicle stopped as close to the undercover area as possible, someone was ready to assist. I knew immediately this was going to be a great

stay. Within 15 minutes I was already raving about the service.

Every staff member I came across had a big smile on their face and greeted me with a friendly "Hello" or "Sawubona". How unusual and refreshing! Situated in Mkuze, 20 km from the uMkhuze Game Reserve, Ghost Mountain Inn is about 300 km from Durban, a drive of about four-and-a-half hours with at least four toll gates. But it is worth the trip!

I had informed the inn of my need for a roll-in shower and an interleading room in advance. I was allocated Room 51, one of two accessible rooms along with Room 26. While there was no interleading room available, my caregiver was given the room nextdoor, which was close enough for my convenience.

My room was huge, with a queen size bed that could be separated into two units. The bathroom was well equipped with all the necessary accessories, such as grab rails, a

shower seat and a mirror at the correct height. There was plenty of room to manoeuvre.

In addition, the room came with a television, air conditioning, a ceiling fan and a private balcony that served me well while I was doing my freakish yoga movements. These two days were going to be good.

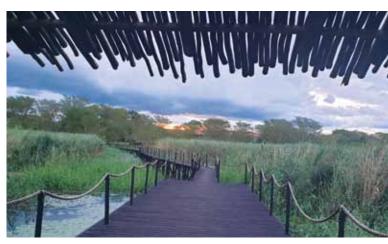
It was easy to travel under cover from my room to the dining room, lounge, bar and veranda areas as well as wheeling independently to the swimming pool at the bottom of the property with its beautiful view over the man-made

lake. The cherry on top was the timber boardwalk of more than 60 m over the lake with a sheltered boma. I'm pretty nervous on this type of structure, but I felt quite secure.

The bottom swimming pool has a spacious shallow end with very shallow steps that would make it easy for a wheelchair user to be assisted into the pool. There is also a nearby private roll-in shower for those who want to rinse themselves off after swimming.

The food is excellent, with the pizza oven always on the go! The restaurant offers extensive seating areas inside and outside that flow into the bar area, which serves a great gin-and-tonic. There is an accessible conference centre that includes an accessible bathroom. Another accessible bathroom is located near the dining room and bar.

I had no problem fitting under any of the tables in any of the areas. On checking out, the receptionist, without being prompted, came around to assist me at a lower table facility.



LEFT: A healthy breakfast at Ghost Mountain Inn before a game drive is a great start to the day.

ABOVE: The boardwalk that runs to the birding area is accessible and very peaceful.

It was thoughtful and impressive that she did so. Too often a reception desk creates a barrier that doesn't allow for friendly interactions or easy payment.

We had the chance to engage with Craig Rutherfoord, the owner of the Ghost Mountain Inn, who is genuine about wanting to provide an equitable environment for people with disabilities. The real gem, however, is Jean Toucher, who welcomed us on arrival and made a big effort to tell us all about the establishment. She also informed us about the activities available, including game drives and boat trips on which wheelchair users can be accommodated.

In the course of our visit, Toucher seemed to pop in at just the right time and was always available. A wonderful host with a cheerful yet professional attitude. I felt like a VIP! I will be back. For more information and photos of Ghost Mountain Inn, visit www.disabledtravel.co.za. 🛭



Ari Seirlis is the former CEO of QASA, now retired. He will continue to contribute to the publication from time to time on the topics of travel, access and human rights. email: aris@iafrica.com



fter a spinal cord injury, many people struggle with bladder and bowel control. Aside from the challenges of managing a rigorous bathroom schedule, incontinence might mean carrying new accessories - and not the kind of bling you would necessarily want to show off. While catheters and

leg bags haven't made their runway debut, there are many creative ways in which to carry these medical devices more discreetly.

A LOOSER FIT

The first tip is to opt for clothing that is more loose-fitting. Consider wearing a skirt (or a kilt for the adventurous man), slacks or bell-bottom jeans with more give below the knee. You can also go up a size to ensure your pants leave enough room for the bag. It is important, however, to pick clothing that won't pull on the tubing and is comfortable even when the bag is full.

BAGIT

If you want to wear something more form-fitting or short, consider placing your leg bag into another bag. Depending on the size of your urine bag, you can opt for a little pouch attached to the frame of your chair, like the Sneaky-B bag from Smergos (R349.99); a bag that fits underneath your seat; or more of a statement piece like a colourful fanny pack or a thigh bag.

FASHIONABLE LEG BAGS

There is a wide range of thigh bags to choose from, including some interesting leather and steampunk designs for those who love chains and studding. Alternatively, more neutral motorcycle leg bags or drop-leg thigh panel bags on Takealot.com start from R390.

Before purchasing any of the thigh bags, make sure it will fit your leg bag comfortably even when it is full. If you want to take the bag-in-bag approach while wearing longer pants, you might need to make a small hole or incision in one leg, near the knee, to allow the tubing to run along the outside and into the bag of your choice.

A DIFFERENT APPROACH

A range of alternatives is available to help drain urine. Consult with your medical practitioner about other options such as a waist bag. Never attempt this shift without first getting approval, because not all methods of draining are similar.

KEEP IT SIMPLE

For intermittent catheter users, there are many - possibly simpler - ways of discreetly carrying medical devices. They can be kept in a makeup bag, a pencil case, an empty eyeglass case, a purse or a backpack (the container has to be clean, of course). In a pinch, you can keep your catheter hidden inside a sleeve or in the waistband of your pants - but the latter is only advisable when the catheter is bendable. And whatever you choose, make sure the catheter is clean and undamaged before using it!

OWN IT

The best way to handle an embarrassing moment is to own it. Whether you are nervous about someone asking about the makeup bag on your lap or sneaking a peak at your leg bag, it helps to be prepared with an answer or a cheeky comment like "I never miss any of the action in a movie with this little device."

Remember that all of this is normal and, in the end, your bathroom habits won't determine what people think of you your attitude does! R



Introducing GentleCath[™] Glide

GentleCath[™] Glide... designed to make cathing as simple and convenient as possible.



A smooth, slippery, hydrophilic catheter

...ready to use as soon as it's wetted

...with a contamination prevention sleeve^{1,2}

...and FeelClean TM Technology, designed for less messy cathing



Request a starter pack including free samples at **infosa@convatec.com** and learn about how GentleCath™ Glide could help you.



Designed for fast, and convenient cathing

* No additional waiting time once the catheter has been wette. Contact ConvaTec South Africa on 010 880 3833, via email at infosa@convatec.com or visit 16 Baker Street, Rosebank, Johannesburg.



HOME ADAPTATION COULD PUT YOU OUT OF POCKET

THE COST OF ADAPTING A HOME TO PROVIDE WHEELCHAIR USERS WITH GREATER ACCESS, INDEPENDENCE AND SECURITY CAN BE PROHIBITIVE. LIANA SHAW LOOKS INTO BASIC REQUIREMENTS BASED ON UNIVERSAL DESIGN PRINCIPLES AND WHETHER MEDICAL AIDS ARE PREPARED TO FOOT THE BILL



hen it comes to aids in the home, Ari Seirlis, former CEO of QASA, suggests a number of factors to consider.

"A good starting point is providing an accessible entry into the home, either through a garage facility or through the front door, preferably with some

coverage," he advises.

A modern bathroom facility is essential to accessibility, he says, but the details of the access required are quite personal with regards to whether the user likes to bath more regularly than shower or vice versa. "Access to a basin while on the toilet facility, being able to use a mirror facility as well as being able to lock and unlock the bathroom door and access various power supplies are all essential elements. Access to hot water and controlling the temperature are also important.

"Having equitable access in the kitchen area is important for independence in food preparation," he adds, "in addition to having access to a good security system."

The needs for assistive devices may vary depending on the type of injury sustained. Commonly these range from wheelchairs (motorised or manual) to bathroom appliances such as self-propelling commodes, grab rails, shower benches or bath seats and toilet risers, and bedroom appliances such as high-quality pressure-care mattresses,

air mattresses or appropriate high-risk foam mattresses. Other devices that may also need to be considered include telescopic ramps, standing frames or calipers, and leg braces. And for people affected by quadriplegia (spinal cord injury above the first thoracic vertebra), home automation systems may prove useful. See "Service providers".

Widening doors, converting the bathroom space to a step-in-shower, doing away with rugs and thick carpeting, lowering cupboard rods, replacing round doorknobs and tap handles with lever handles, and rearranging the kitchen for better accessibility should also be considered as a way of turning the home into a wheelchair-user-friendly space.

Of course, home adaptation does not come cheap. According to George Louw, who has recently retired after 27 years in the managed healthcare industry, the types of assistive devices and costs that medical aids are prepared to cover vary based on the insurers and their respective benefit options.

"As a rule of thumb, the very expensive benefit options provide reasonable coverage," he says. "Also, closedcompany-owned schemes provide better coverage than open schemes and tend to offer additional ex-gratia support more readily than open schemes."

According to Louw, medical schemes typically fund up to benefit quite readily, but should a standard wheelchair retail for approximately R30 000 and you are looking to import a

chair that is priced closer to R100 000, you will likely have a battle on hand for ex-gratia support.

"Motivations will have to be comprehensive, definitive and clinically supported with evidence of need. Waffling and emotive arguments do not work," cautions Louw.

"The appliances benefit covers most needs but tends to exclude nice-to-haves such as foldable ramps and so on," he adds. "The biggest need is for medical aids to understand that quadriplegics need power chairs, which are typically used for routine daily activities, bearing in mind that large power chairs often need trailers, which are not covered by medical aids. For shopping, travel and so forth, when a caregiver is able to push the person with quadriplegia, a manual chair is more practical."

Adds Seirlis: "I am not aware that medical aids will pay for home adaptations as such. They will reimburse for items such as wheelchairs and shower chairs, but not for hoists and elevators."



support from government for wheelchair users would go a long way towards alleviating some of these financial challenges. Sadly, according to our sources, the current levels of support that wheelchair users can expect to receive from government are extremely basic and difficult to motivate. \mathbb{R}

According to Louw, the Road Accident Fund (RAF) is allegedly another source - in some cases, the primary source - of funding of third-party claims. That said, the RAF in its current form is essentially insolvent. The acting CEO of the RAF, Collins Letsoalo, was quoted by Moneyweb on December 4 last year, saying: "It is clear that the RAF is by law burdened with extraordinary liability which exceeds the money allocated to it by law. At the date of this affidavit (November 28, 2019), the RAF owes its claims creditors no less than R17 billion."

With yet another state entity in a fiscal mess, more

SERVICE PROVIDERS





TECHNOLOGY IN WHEELCHAIR DESIGN AND ADVANCES IN NEW-AGE MATERIALS HAVE REVOLUTIONISED THE INDUSTRY. LIANA SHAW LOOKS INTO THE ADVANTAGES OF A LIGHTWEIGHT CHAIR AND WHAT TO CONSIDER WHEN MAKING A PURCHASING DECISION

t is commonly accepted that a lightweight chair is easier to propel, manoeuvre transport and store than a standard wheelchair. This is why lightweight models are sometimes referred to as transport chairs. They feature four wheels, or two large wheels in the rear and two small wheels in the front.

Moreover, some lightweight mobility chairs have adjustable frames that allow the angle of the seat to be pushed back, thereby offering a range of seating positions.

It would be a mistake to assume lightweight chairs are not strong. According to Vivian Sierra, CEO of Chairman Industries, new-age materials such as carbon fibre, chrome moly and titanium provide modern wheelchairs with incredible structural rigidity and longevity, despite their light weight. Best of all, most of these wheelchairs come with a three-to-five-year warranty.

Typically, a lightweight chair weighs under 10 kg, although this is a broad definition when one considers that a powerchair would be under 40 kg and a lightweight active chair could be under five kilograms.

"There are other considerations, such as, does one opt for a rigid chair or a folding one?" Sierra says. "The absence of a folding mechanism in a rigid frame renders this type of chair much lighter than its folding

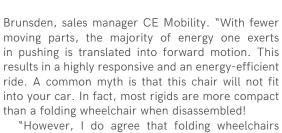
counterparts, resulting in easier loading for independent transfers. Loading into a vehicle can take longer with a rigid frame as the wheels need to be removed and the backrest folded down for the chair to fit in. These types of chairs may also be harder to fit into smaller boots owing to the shape of the lower frame. In addition, rigid frames may become slightly cumbersome when using public transport.

"Notwithstanding, a rigid frame design means a chair is more stringent structurally and less prone to the frame breaking or components failing. Plus, with a rigid frame you are able to dial in a patient's seating setup more easily, without fear of the setup changing when the chair is folded or shifting during use as it might in a folding frame.

"In contrast, open-frame chairs are easier to load into a vehicle alone, and are better for use on public transport as they are easier to load over the person and can be carried on their lap. And of course, in the car, such a chair can easily be packed on a car seat as it follows the shape of the seat. On the downside, they are not as strong as a closedframe rigid chair because the absence of a stabilising bar results in more flexing of the frame, which could lead to premature structural failure. This is especially the case with heavier users or when using attachments on the front of the chair as a FreeWheel," he says.

Rigid chairs are ideal for active users who want the most options for the least amount of weight, adds Candice





"However, I do agree that folding wheelchairs are a great option if you need a compact chair for storage or when you are using public transport. Bear in mind that some users just prefer a traditional folding chair, which can still be highly adjustable and ultra-lightweight, and offers a broad range of positioning options," says Brunsden.

"After budget, the most important factor is choosing the chair that fits your lifestyle," advises Sierra. "There is not much point in paying R100 000 for an ultra-lightweight chair if you spend a lot of time in the bush, subjecting the chair to heavy use over rough terrain. Rather spend less and choose something a little heavier and more durable. You would need to weigh up lifestyle factors such as: how many times do you transfer in and out of a vehicle during the day; in what environment will the chair be most of the time; will the chair provide decent postural support; and how long is the chair likely to last?"

A final word from the Christopher & Dana Reeve



Foundation: "In some ways a wheelchair is like a bicycle: there are many designs and styles to choose from, including imports, lightweights, racing models and the like. Selecting the right chair, especially for a first-time wheelchair user, can be confusing, so it's always a good idea to work with an occupational therapist who has experience with various kinds of wheelchairs." Great advice indeed!



Our Akces-Med range offers 24hr positioning solutions from birth to adulthood

- * Out of the box solutions
- * Competitive pricing
- * Easy adjustment



0860 23 66 24 . www.cemobility.co.za

Roodepoort, Sandton, Pretoria, Cape Town, Durban, Port Elizabeth, George & Bloemfontein



I LOST MY LEG, PLEASE TREAT ME PROPERLY

NOT ALL MEDICAL PROFESSIONALS PERFORM QUITE AS REQUIRED - THEREFORE YOU SHOULD KNOW YOUR REHABILITATION LANDMARKS. IN THE FIRST PART OF THIS SERIES, HEINRICH GRIMSEHL EXPLAINS SOME **BASIC TREATMENT PROTOCOLS**

t the beginning of an article like this the disclaimers are important. You will soon see why. Everything in this article is my opinion and does not constitute definite treatment protocols. It is based on personal experience and may greatly differ from other treatment protocols. It also does not indicate that another practitioner is at fault.

In South Africa, we have to face reality. Corruption and terms like "state capture" creep into all walks of life and into all professions. When you read about the large portion of state hospital money used to settle medical malpractice claims and hear the many malpractice defence advertisements of lawyers over the radio, it becomes clear that it's quite possible that you could run into a practitioner who doesn't perform at the expected level.

Against this backdrop, I would like to run you through a basic amputation rehabilitation treatment protocol so that you can identify certain landmarks while recovering.

First, it's not fair to expect a patient to choose a treating practitioner and sign for the financial commitments while still in hospital recovering from trauma, the effects of the anaesthesia and, possibly, secondary injuries or complications.

Only after instructions by the treating doctor should any form of treatment continue. The doctor who operated is the only person who knows what's happening inside the amputated limb at that point.

The next phase is usually coning. The residual limb must be coned into a conical shape to get rid of the

swelling, a common occurrence after the operation, and to fit a prosthesis. To better understand this process, take the example of a wine bottle cork.

It simply can't be pushed back into the bottle if the shape is not correct. Similarly, the amputated limb needs to be shaped first.

Sometimes a doctor fits a coning bandage in theatre, but usually they only give instruction to cone after the wound has mostly healed and the stitches are removed. Light coning with the stitches still in place might also be prescribed, as it improves blood circulation, but this has to be done very carefully.

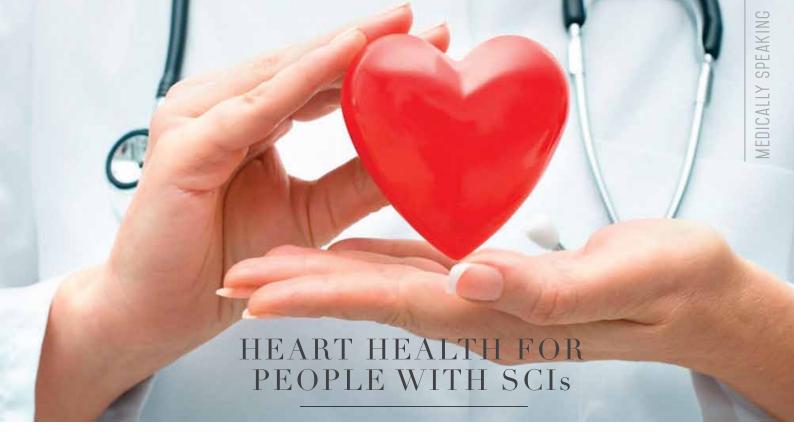
Stump preparation (coning) takes a few weeks. Stump atrophy (shrinking) is an ongoing process. The longer it takes before the prosthesis is fitted, the longer the prosthesis will fit comfortably. These days some sort of silicone liner (like a very large condom) usually serves as an interface between the skin and the prosthesis itself.

The liner keeps the limb suspended and cushions the impact of the prosthesis on the stump or amputated limb. However, to continue with a silicone liner if you still have stitches, scabs or wounds on the skin is risky. As South Africa typically has hot weather, you are likely to sweat inside the stump liner. Because sweat softens scabs and tissue (think how your fingers look if you spend too much time in the bath), the liner could cause infection or cause the stitches to pull out.

We will continue our rehabilitation protocol in the next issue and will also be looking at cost and components. 🛭



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



A SPINAL CORD INJURY OFTEN LEADS TO OTHER COMPLICATIONS AND CHALLENGES, SUCH AS A GREATER RISK OF DEVELOPING CARDIOVASCULAR DISEASES. FORTUNATELY THESE RISKS CAN BE MANAGED



eople with spinal cord injuries (SCIs) are more likely to suffer from cardiovascular diseases than non-injured peers. This group of conditions further places them at a greater risk of morbidity and mortality from cardiovascular incidents such as strokes or heart attacks. To reduce these

risks, a person with an SCI needs careful lifelong follow-up.

WHY THE ELEVATED RISK?

So how come people with SCIs are at an elevated risk of cardiovascular disease? There are many contributing factors, of which several are modifiable through lifestyle changes. Some of the risk factors facing people with SCI include:

· Alterations in cholesterol metabolism

Cholesterol is a fatty substance produced in the liver and found in some food. There are two types: high-density lipoprotein (HDL) cholesterol, or "good cholesterol"; and low-density lipoprotein (LDL), or "bad cholesterol", which can clog the arteries.

For reasons unclear to scientists, the liver's ability to properly metabolise cholesterol is altered after an SCI. Therefore people with SCIs are prone to higher levels of LDL. They should have their cholesterol levels checked from their mid-20s. These readings can be used to calculate the risk of heart diseases.

Daily exercise can reduce LDL and boost HDL, but is not always possible for people with SCIs. That is why it is important to manage cholesterol levels through diet. Failing that, medication might be required.

• Elevated C-reactive protein (CRP)

This protein is produced by the liver in response to inflammation. Elevated levels increase the risk of generalised cardiovascular diseases. Generally, CRP levels are higher in people with SCIs because of urinary tract infections, pressure sores, infections or inflammation.

• Obesity and visceral adipose tissue

There is a higher prevalence of obesity and greater visceral adipose tissue among people with SCIs. This is mainly due to high levels of inactivity. Gaining weight is easy, but loosing excess weight is difficult and worsened by some medications that increase appetite and cause weight gain.

· Diabetes, blood pressure and heart arrhythmias

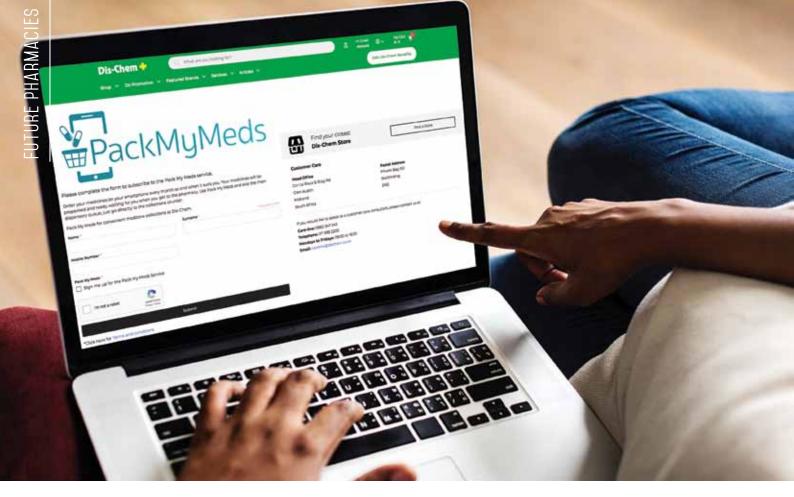
SCIs are associated with a higher risk of insulin resistance, diabetes and metabolic syndrome, which directly relates to inactivity and increased visceral fat. Blood pressure abnormalities such as orthostatic hypotension and autonomic dysreflexia are common in both acute and chronic SCI patients.

Deep vein thrombosis and thromboembolic events often occur with acute and chronic phase SCI, while heart arrhythmias found particularly in acute phase SCI make patients more vulnerable to cardiovascular events. Studies suggest an increased rate of smoking – a big risk factors for cardiovascular diseases – among SCI patients.

To help manage all of these risks, people with SCIs should go for annual check-ups that include discussing the above concerns. Lifestyle and dietary changes, and/or medication might be necessary. \square



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



NO MORE QUEUES FOR MEDS

FROM CLOTHING TO BREAD, ONLINE STORES MAKE IT POSSIBLE TO GET ALL THE NECESSITIES DELIVERED TO YOUR DOOR, NOW PHARMACIES ARE GIVING CUSTOMERS THE SAME EASY ACCESS TO MEDICATION



here is nothing as frustrating as standing in a queue - especially when you are in a hurry or tired after a long day. This is even more true at busy pharmacies where pharmacists never seem to move fast enough and customers have many questions. But what if queues truly were a

thing of the past?

Well, fortunately they could be, with many pharmacies introducing innovative services to offer customers convenient access to medication - even when a prescription is required. One of the biggest pharmacy chains in the country, Dis-Chem, is at the forefront of these innovations.

It started off by introducing a centralised database that allows customers to get their prescription filled at any of the 170 Dis-Chem pharmacies in South Africa. Even while on holiday or travelling, customers have access to their medication.

More recently, Dis-Chem introduced the PackMyMeds system, which allows customers to have their medication pre-packaged for easy collection at a Dis-Chem pharmacy of their choice or delivery to their home or place of work. Moreover, this service means that those who prefer to pick up their medication are allowed to jump the queue!

Dispensary deliveries within a 15 km radius are free of charge. Customers simply order their medication on the Dis-Chem app, on the website at www.dischem.co.za/packmy-meds or via the customer careline at 0860 347 243.

"We know how important it is to take chronic medication regularly and on time," says Debbie Wells, advertising manager at Dis-Chem. "Your medication will be pre-packed

for your collection or delivery. Furthermore, you are also reminded to renew your scripts in time, so that you can continue to take your medication on time."

The PackMyMeds service will send an SMS to the customer as a reminder to order their chronic medication before it runs out.

The Dis-Chem online store allows customers to purchase other items, including wellness products and toiletries, which can be delivered or collected in store. Through the Dis-Chem app, among other things, customers can order and repeat scripts, make appointments for the Wellness Clinics and Strategy Salons, view their benefit card balances, check product prices and read articles on health and wellness.

Dis-Chem Wellness Clinics are run by trained nursing practitioners at every pharmacy. Customers can have their blood pressure, glucose and cholesterol tested, be screened for HIV and receive HIV counselling and diabetes care as well as vitamin injections and flu vaccines. The clinics can share this information with the relevant medical aid if a customer is part of a rewards programme.

"Introducing Dis-Chem's new innovation: Care Connect. Your first stop is the Dis-Chem clinic sister, who will complete a health assessment and professional consultation. Should you need a doctor, your sister can provide a video consultation with a Dis-Chem Care Connect doctor," Wells explains.

"The doctor can renew your repeat or provide a new prescription, and supply any referral letter or sick note needed. You can get your meds there and then."

With all this innovation, Dis-Chem truly is a one-stop shop for all your health and wellness needs! ${\Bbb R}$

Dis-Chem **PHARMACIES**

A wide range of homecare and mobility aids



HomeCare

At Dis-Chem, we strive to give our customers the best care we can offer. That is why we have sourced essential homecare items and brought it to the convenience of your local store. Specialised items can be pre-ordered and arrangements can be made to deliver to your nearest pharmacy or straight to your door. Please ask one of our helpful pharmacy managers for assistance or contact us on 011 592 1809 and we will gladly assist with sourcing your individual items.

ASSISTED LIVING

This range assists with daily tasks such as eating, getting around the kitchen and taking medication. It offers non-slip products, eating and cooking utensils and more.



WOUND CARE

Specialised bandages and dressings Dressing trays Disinfectants Gloves **First Aid Kits**



Sports and Outdoor First Aid Kit

Houshold First Aid Kit

BATHROOM & HYGIENE

This range assists with daily tasks such as using the toilet, showering and bathing. It offers shower, bath and bed pans and more.





Medic Raised Toilet Seat



Blue Bed Pan

SUPPORT AND **IMMOBILISATION**

Limb and joint support Binders and Braces Cast covers **Splints**



Orthofit Knee Support



Pro-Form Sportmate Elbow Wrap Support

MOBILITY RANGE

This range assists adults and children with mobility requirements. It offers a variety of wheelchairs, walkers, scooters and more.

Aluminium Elbow Crutches



Aluminium Wheelchair

DIABETIC CARE

Specialised monitoring equipment





Contour Plus Glucometer 123226

Omron M6 Comfort IT **Blood Pressure** Monitor

For a wide range of homecare and mobility aids go in store or online homecare@dischem.co.za • 011-592-1809



Delivered to your door OR collect from any Dis-Chem store nationwide - dischem.co.za

Free delivery on orders of 60000 or more





MANAGING THE RISK OF DIABETES

BECAUSE OF THEIR SEDENTARY LIFESTYLE, WHEELCHAIR USERS MAY BATTLE WITH DIABETES. JANENE SACKS PROVIDES SOME INSIGHT INTO MANAGING THE DISEASE



iabetes affects the body's ability to make or use insulin properly. Type 1 diabetes is often a condition from birth in which the body doesn't produce insulin. Type 2 diabetes can be developed later in life and affects how the body responds to insulin the hormone that helps cells store and use

energy from food.

Insulin enables glucose, or sugar, to enter the cells so they can use it for energy. If you have diabetes, unused glucose collects in the blood; thus your body is not getting the energy it needs. Also, the high levels of glucose circulating through the body can damage cells along the way. Diabetes increases the risk of having a heart attack and stroke or sustaining kidney, eye and nerve damage.

Being overweight is a risk factor for type 2 diabetes. In overweight individuals with diabetes, modest weight loss may help improve insulin resistance and glycemic outcomes. Modest weight loss means losing about five to seven percent of your total body weight. For example, at a weight of 80 kg, modest weight loss would equate to shedding four to six kilograms.

In addition to body mass index, other physical measurements, such as body fat percentage, distribution of body fat and waist circumference, are important methods of assessing overweight and obesity.

You can prevent or delay type 2 diabetes by making diet changes, maintaining an ideal body weight and being active. These steps also lower your risk for diabetes complications. Visit a registered dietitian to learn about lifestyle changes that can reduce your risk for diabetes, and consult a biokineticist for advice on exercises that take your disability into account.

Once diagnosed, diabetes is manageable with a few lifestyle changes. First, it is important to keep blood glucose levels within a normal range (or as close as possible) to prevent or reduce complications, including the risk of heart disease and stroke.

In addition, the patient should keep their blood pressure within a normal range, ensure a healthy cholesterol level

and take steps, such as losing weight, to prevent or slow complications. People with type 2 diabetes can help control blood sugar levels through diet, physical activity and, in some cases, a combination of medication and insulin injections.

Choosing nutritious food and watching your portion sizes can help you control blood sugar levels. General healthy eating tips for a healthy weight and to control blood sugar levels include eating a variety of foods from each food group every day; limiting foods with added sugar; eating smaller portion sizes spread out over the day; and choosing whole grain, fruit and vegetables over sugary drinks and refined, processed foods.

It isn't necessary to cut out carbohydrate-rich foods, but there should be a balance spread evenly throughout the day. Saturated fats can be swapped for healthier alternatives such as avocados, olive and canola oil, and nuts. Choose lean meats such as poultry and fish whenever possible.

Bake, broil, roast, grill, boil or steam food instead of frying it. Also, stick to low-fat or fat-free dairy products. Limit your consumption of alcohol. Use less salt and more pepper and herbs for seasoning. Avoid skipping meals - this can make you more hungry, moody and unable to focus.

Learn what works best for you. Some people like three meals a day, others enjoy two meals and two snacks. Find an eating pattern that is healthy for you and stick to it.

If you have been diagnosed with diabetes, a registered dietitian can create a simple eating plan for you, which will consider your medications, lifestyle and any other health problems. Expert advice can help you manage your diabetes while ensuring you get the nutrients your body needs as well as the correct amount of carbohydrates, proteins and fats in your diet. R

Janene Sacks is registered with the Health Professionals Council of South Africa and the Association of Dietetics in South Africa, and is a DNAlysis practitioner. She has been in private practice for more 20 years and strives to improve the health and wellbeing of her clients through personalised nutritional advice and counselling.



YOUR MOST IMPORTANT SEX ORGAN

WHILE SOME ASPECTS OF THE HEALING PROCESS FOLLOWING A SPINAL INJURY WILL PLATEAU, SEXUAL REHABILITATION CAN TAKE YEARS AS THE MOST IMPORTANT SEX ORGAN IS RETRAINED



nce the condition of someone with an SCI has stabilised, motor and sensory healing tends to plateau with no further improvement expected. However, sexual recovery continues for years as it entails so much more than just physical aspects. Most of the progress occurs in the most important sex organ of all: the brain.

We can rewire our brains to interpret new areas as sexual by repetitive positive feedback from areas other than those that may have been the jackpot before (for example, our genitals, where we may no longer have feeling).

The first step is to map areas of your body that bring pleasant sensations. Common areas include the ears, neck, chest and the area of transition to injury. Combining touch with erotic thoughts and experiences can lead to a different association with those parts. Subsequently, these areas become responsive to sexual stimulation over time.

The formerly non-sexual body part can be turned into an erotic zone through repetition of this exercise. This does, however, take a lot of practice and patience. When you continue to practise this in the presence of mental sexual arousal, you will slowly start to experience changes.

This process is a form of mindfulness that allows acceptance of what your body has (as opposed to what it doesn't have), and therefore, maximising its potential. In order to sustain motivation for this process, it is important to acknowledge and celebrate any changes you notice, as it is a gradual transition.

There is a simple exercise called "body mapping" that can be used to explore your sexuality on your own. Position yourself comfortably sitting or lying down and, with your eyes closed, take your hand or a feather and begin to explore your body. Start at a point, such as your face, and slowly move to different areas, like the ears and the neck.

At each area, become aware of the sensations you experience. Continue down your entire body while thinking positive and erotic thoughts. Be attentive to the areas that are most sensitive. Which have the potential to feel like a sexual stimulus if you relaxed into the moment and became mentally aroused?

Also, notice the parts of your body that are neutral or negative to touch. These parts are not a source of pleasure and can be avoided in future. Keep your breathing deep and slow, stay in the moment and do not criticise or judge yourself - instead, try to elevate the sensual feeling in your brain.

When you feel yourself getting more aroused, your breathing and heart rate may increase. During arousal you may even feel an increase in abdominal and lower body spasming. This is a normal reaction. Repeat the exercise often to strengthen the connection between your body and your mind. R



Dr 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.



WHILE SOME ATHLETES EAGERLY AWAIT THE 2020 TOKYO OLYMPIC AND PARALYMPIC GAMES, OTHERS WILL NOT GET THE OPPORTUNITY TO ATTEND. MARISKA MORRIS REPORTS



ecently the South African Sports Confederation and Olympic Committee (SASCOC) shared its progress in preparation for the 2020 Tokyo Olympic and Paralympic Games. In January, the organisation confirmed that Team South Africa will comprise 228 athletes across

25 sporting codes - the largest delegation of South African athletes since Beijing 2008.

The total of 101 athletes who have already qualified includes multi-medallist swimmer Tatjana Schoenmaker, sevens player Siviwe Soyizwapi, and artistic gymnasts Caitlin Rooskrantz and Naveen Daries.

SASCOC is working to ensure Operation Excellence (Opex) Programme athletes can attend the pre-game training camps to be held in Japan from February. Opex Programme athletes are individuals with the potential to qualify, participate and return with a medal at higher level in the multi-coded events.

Para athletes also have an opportunity to attend pregame training through the Special Support programmes. Wheelchair tennis and para swimming have taken up the offer of attending a pre-games training camp in lizuka in the Fukuoka prefecture, Japan.

The national federations will nominate athletes who meet the Opex and Special Support criteria to attend these training camps. The first team announcement will be made

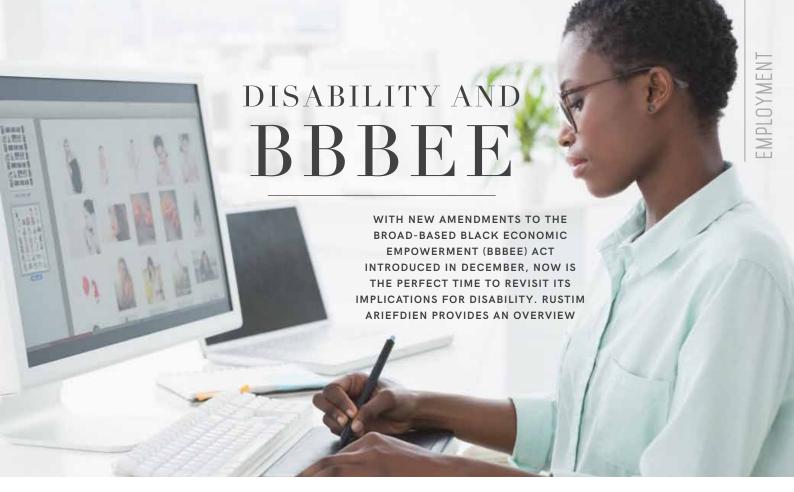
towards the end of April 2020. Unfortunately there is one champion wheelchair tennis player who won't be competing at the Paralympic Games.

Lucas Sithole (above) was banned from competition for the next two years for violating an anti-doping rule that requires players to be available for out-of-competition testing. The Paralympian was charged with missing three anti-doping tests in a 12-month period in 2019. The International Tennis Federation confirmed that there were no suggestions of doping during this period. Sithole, who was a SASCOC Opex Programme athlete until the end of 2019, admitted to the violation.

"This decision comes at a crucial time with seven months to go to Tokyo 2020 Paralympic Games," said Barry Hendricks, acting president of SASCOC. "Sithole has performed well over the years and it is disheartening that he will not be competing in any competition for the next two years, which affects his career adversely.

"As the National Paralympic Committee, we have met with Tennis South Africa and are encouraged by their support programme during the period of his suspension," Hendricks added. ROLLING INSPIRATION reached out to Tennis South Africa to better understand the planned support for Sithole and other wheelchair tennis players, but the organisation has not responded.

We wish the athletes who have qualified only the best. Bring home the gold! R



he BBBEE Act essentially works on the understanding that years of systemic racism contribute to contemporary economic woes and that government intervention can stem the results of past racist regimes.

Companies determine their BBBEE scorecard points through their BBBEE

level. There are eight levels, with the desired range covering Level 1 to Level 4. Government procurement is targeted at Level 4 and above. Points are attributed within five sectors, namely ownership, management, skills development, enterprise and supplier development, and socio-economic development.

The BBBEE process is onerous for a company because it is required to provide the appropriate evidence when the BBBEE status is verified by an accredited verification agency. Points are mainly earned through expenditures, although some categories are based on numbers, such as how many black individuals with a disability are employed.

DISABILITY AND BBBEE

Disability has been misunderstood at times. The BBBEE scorecard specifically mentions disability in the management element with two points available if at least two percent of a company's workforce is black individuals with a disability. If an organisation spends at least 0,3 percent of its payroll on skills development for black individuals with disabilities – whether or not they are employed by the organisation – it is awarded four points.

However, these are not the only instance in which people with disabilities can benefit. In the ownership category, the Act

mentions black designated groups, which includes disability. Thus a company can earn three points if two percent of the company is owned by a black individual with a disability.

Under the enterprise and supplier development element, companies can score two points for procuring from black designated groups, including people with disabilities. The socio-economic development factor allows companies to score up to five points when they provide funding to non-profit organisations that service people with disabilities.

BIG PAYOFFS FROM INCLUDING DISABILITY

In summary, within the areas of the BBBEE Act that specifically mention disability, there are six points available, with another additional 10 points available in areas where disability is inferred.

These add up to a total of 16 BBBEE scorecard points – a significant amount. Furthermore, in many instances the value of disability intervention would earn additional points and qualify for tax benefits.

Throughout the year, in a series of articles on BBBEE and disability, I will look at each of the elements and demonstrate how people with disabilities may benefit from BBBEE as employees or entrepreneurs, and how disability organisations could benefit through engagement with companies.

It is imperative that people with disabilities understand the criteria from companies, whereas disability organisations need to understand how BBBEE can be a valuable income stream that contributes to their sustainability. This Act is a great enabler that needs to be studied and understood by the entire disability community so that people with disabilities can be better integrated within South Africa.



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.





t's been so long since I had small children of my own, I'd almost forgotten what it's like to have little ones around my chair! Luckily we've been surrounded by several babies and toddlers in the past two years, which provided a little reminder of what it was like.

AN EASY START

My "refresher course" reminded me that the first few months seem relatively easy and entirely doable. Baby spends most of his or her time sleeping, with the occasional nappy change, feeding, and a bath maybe once a day. Because their little bodies are so small, it is quite easy for someone like me to pick them up comfortably (and safely) and to put them down on a bed or in their stroller.

I feel quite fortunate because I don't need much in the form of assistive devices to get things done. Taking care of

babies at that early age almost seems too easy. It definitely helped that the infants I've dealt with recently are model babies! My first babysitting session did make all those memories rush back.

I should add that my kids weren't as small when I first came home in my chair. I quickly realised the most comfortable option would be to transfer onto my bed and spend most of my time with the babies there.

A little bit of planning and preparation always goes a long way. Having the bottles ready on the bedside table and having the nappy bag and all of the necessities on hand made it much more manageable. I could easily manage a nappy change, feed the baby and enjoy a little playtime and a cuddle.

BECOMING MORE MOBILE

So, the first couple of months were easy ... until the stationary phase passed and the child turned into a



somewhat active and energetic little human. The challenge was on. No longer would it suffice to sit and play around on the bed.

In fact, being on the bed at all soon became too risky, since the little one was now intent on getting themselves off it somehow. As they seemed to be a bit faster than me at times, I felt this was the last place I wanted to watch them. It is unsafe as they could fall off.

Transferring onto the floor – again with preplanning and gathering all the paraphernalia around us – seemed to be the best option for spending time with them and getting everything done.

SOME DISADVANTAGES

Watching the parents, grandparents and friends of the family handle the babies made me understand why I "may not be their first choice as a babysitter". To fall asleep, infants usually require a fair amount of rocking, and doing so in a seated position is not really effective. Of course, if I were their full-time parent, they probably would have been used to the way in which I'd rock them.

A SUDDEN CHANGE

Something I realised over the past year or two around the little ones is that they all seemed to reach a stage when they suddenly became quite wary of me and my chair. It's around the time that they start crawling quite well.

The occupational therapist in me wonders whether it is because their perception of the world changes dramatically and they become more aware of their surroundings and other people. They didn't seem afraid of me or my chair but would definitely suss out the situation.

It was as if they were trying to work out what the deal was with this "big person in a stroller"! They'd look at me from a distance and smile but wouldn't freely come to me like before. It seemed to take them a while to pluck up the courage to crawl over to me and explore my chair.

Luckily, as soon as they'd worked it out for themselves, they settled into a comfortable relationship with me once again. They even used my chair as a jungle gym of sorts. The older toddlers even summon me to give them a ride or hurry me out of my chair to have their turn!

TAKING IT AT FACE VALUE

Spending time with the babies and toddlers again after such a long time reminded me of the importance of flexibility and not taking anything too seriously. At first, it was a little scary being alone with the newborns, but by working it out along the way (as safely and as calmly as possible) I felt comfortable in the end.

That first feeling of "rejection" (for want of a better description) certainly tested my confidence. However, realising the babies were exploring their world and choosing whatever made them feel safe and secure, put it back into perspective for me.

It isn't about me or my chair. They are simply growing up and going through their developmental phases, both physically and psychologically, as it should be. I enjoy the toddler phase when they have no qualms about taking over my chair and claiming a ride, either on my lap or on their own.

I look forward to the next phases to keep reminding me what parenting little ones on wheels feel like first-hand again! Share with me your parenting stories. What have your challenges been as a parent on wheels? Which phase of your baby's life have you enjoyed the most so far?



Wanda Boshoff is a wife, mother and qualified occupational therapist who also happens to be a paraplegic. Thanks to her experience in these fields she is able to assist others in similar situations. Before her accident in 1998, she ran a successful private practice specialising in children – particularly those with childhood-development and school-related issues. Over the past 20 years she has been running her own businesses, and has become a blogger and the owner of a guest house.



SUPPORT NEEDS: INITIAL SCREENING

THERE ARE SEVERAL STEPS INVOLVED IN ASSESSING THE ADDITIONAL SUPPORT NEEDS OF ALL LEARNERS, AND ESPECIALLY THOSE WITH DISABILITIES. EMMA MCKINNEY TAKES A CLOSER LOOK



n 2014 the South African Department of Basic Education published the Screening, Identification, Assessment and Support policy framework, which standardises the procedures to identify, assess and provide programmes for all learners who require additional support. Its aim is to enhance

their participation and inclusion in school.

The policy includes a protocol and official forms that need to be completed by the teachers, the school-based support teams (SBST) and the district-based support teams. The rationale of the policy has three areas: Determining the support needs of all learners; addressing barriers to learning and development; and implementing the policy in the short term

In the next series of articles, each area will be discussed. Stage one is the initial screening guide by the learner profile, which has three elements.

SCREENING ALL LEARNERS

Every learner admitted to the school and at the start of each phase (foundation, intermediate and senior phase) should be screened by the teacher. The educator records the findings in the learner profile (Appendix A of the policy). The process of capturing this information is known as the learner unit record and tracking system, and replaces the previous learner profiles.

DOCUMENTATION REQUIRED

Information about the learner can be gathered through the following documents:

· Application forms completed by the parents;

- The Road to Health booklet completed by health practitioners (particularly important for Grade R and foundation phase);
- Integrated school health programme reports for learners who indicated vulnerability and need to access health and learning support interventions, which are completed by the school health team;
- Year-end school reports;
- · Reports from parents and professionals providing support, such as occupational therapists, psychologists and social workers; and
- Current reports by the teachers currently involved with the learner.

SUPPORT-NEED ASSESSMENT

The sections of the learner profile that contain asterisks indicate when the completion of a support-needs assessment (SNA 1) form should be completed, which is usually the responsibility of the class teacher or the teacher tasked with being the case manager supported by the SBST. Usually the learner requires support from the beginning.

For example, this could include learners with physical disabilities for whom additional health and disability assessment forms should be completed. The SNA 1 form is also completed for learners who have additional support needs as identified in their learner profile.

In the following article, we will look at the contents of the SNA 1 form and what information teachers need to include when completing it, including assessments and interventions. While this information will be aimed at assisting teachers, it is also useful for parents and caregivers to understand these processes to ensure their children are fully supported and receive the assistance they require. \mathbb{R}



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

MOTIVATION FOR THE NEW YEAR

There is nothing like a great inspirational book to get the year started. A couple of books have been published recently by people with disabilities that can help fire you up to chase those dreams and goals!

31 YEARS TO PEEL A BANANA

The memoirs of Phyllis Woolf, published by Batya Bricker Book Projects and Helco Promotions, take you on a journey through the 70-year-old's life with all its adventures, reminding readers what is possible when we take responsibility for who we are.

Woolf is a quadriplegic with cerebral palsy. She only has partial use of her right hand and uses a scooter to get around. In spite of the challenges that this might bring in an inaccessible society, Woolf completed her degree, enjoyed true love thrice in her lifetime, built a house, went parasailing and scuba-diving, swam with dolphins, rode an elephant in Zambia and travelled the world!

Her advice: "Celebrate your achievements. More important, perhaps, is to celebrate the journey towards those achievements. Nothing is impossible unless we make it so. I have come

to understand that I can have anything I want when I take responsibility for my choices."

Priced at about R220, the book is available at selected bookstores or at Takealot.com.



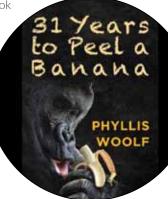
Based on author Zubeida Bux's life, Maariyah is the story of a young woman who comes to terms with the unfair hand she was dealt but learns that there are still many adventures to be had, including finding the essence of love in the eyes of an ant.

Bux was diagnosed with polio at the age of nine and has a physical disability. She has owned her own company and pursued a career in

> tourism; adopted two boys from a war-torn country as a single parent; travelled and enjoyed numerous adventures, such as jet-skiing.

> > According to Bux, the book is aimed

at single women, people passionate about adoption, individuals with physical disabilities and anybody facing heartache or depression. *Maariyah* will be sold on Amazon and Takealot.com in March, according to the author. At time of going to press, the book was not yet available yet.





DANCING TO A NEW WORLD RECORD

Organisers of the Ball for All are now set on breaking the world record for Combi Wheelchair Dance on April 18, 2020. With approval from Queen to use the hit "Don't Stop Me Now", the organisers aim to have 500 concurrent dancers on the dance floor.

The Foschini Group has offered to sponsor the outfits, and jewellery designer Jenna Clifford has donated a R25 000 piece as a prize for the person who recruits the most participants! Ehlers Attorneys, loyal supporters of the Ball for All and specialists in Road Accident Fund claims, will once again back the group.

Are you interested in participating or would you like to find out more? Visit the Ball for All website at www.ballforall.biz/blog/ or email Elmarie Bouwer at elmarie@ballforall.co.za.



CALENDAR OF EVENTS

THERE ARE PLENTY OF EXCITING EVENTS HAPPENING THIS YEAR. HERE ARE SOME OF THE HIGHLIGHTS:

21 - 25 MARCH: TOYOTA SASAPD NATIONAL CHAMPIONSHIP

The annual South African Sports Association for People with Disabilities (SASAPD) National Championship, sponsored by Toyota South Africa Motors (TSAM), will once again draw the best para athletes around the country to display their talents. This year, the event will take place in Port Elizabeth (PE). For more information, visit www.sasapd.org.za.

16 - 17 APRIL: HOPE-MANDEVILLE DISABILITY CAREER EXPO

People with disabilities will once again have the opportunity to network with various potential employers at the Hope-Mandeville Disability Career Expo. The event will be held at the Nasrec Expo Centre in Johannesburg. For more information, contact Paddy Slattery at pvslattery@gmail.com.

3 MAY: WINGS FOR LIFE

The Wings for Life Foundation will once again host its annual Wings for Life World Run in Centurion on May 3. Join participants from across the globe in running for those who can't and raising funds for research to find a cure for SCI. How far would you be able to run before the Catcher Car passes you? Find out more and enter on the Wings for Life World Run website www.wingsforlifeworldrun.com/za/en.

30 MAY: WORLD MULTIPLE SCLEROSIS DAY

World Multiple Sclerosis Day aims to raise awareness about multiple sclerosis (MS). For information about events taking place globally, visit www.worldmsday.org, and to find out more about local events, call Fanie Swanepoel from the National Centre for Persons with Disabilities (NCPD) on 011 452 2774.

25 AUGUST - 6 SEPTEMBER: 2020 SUMMER Paralympic games

The 16th Summer Paralympic Games will take place in Tokyo, Japan, from August 25 to September 6 and will include a total of 22 sports, with badminton and taekwondo making their debut. Governed by the International Paralympic Committee, this event will see the top para athletes from around the world compete for glory. Visit www.tokyo2020.org/en/ to learn more.

SEPTEMBER: MUSCULAR DYSTROPHY AWARENESS MONTH

September is global muscular dystrophy (MD) awareness month. MD is a genetic disease that causes progressive weakness and loss of muscle mass. Most people with MD rely on a wheelchair as the disease progresses. The most common adult form of MD affects one in 8 000 people worldwide. For more information, visit the Muscular Dystrophy Association website at www.mda.org.





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.

Minimum Requirements are:

- A Member of QASA;
- Must be unemployed;
- Preferably between the ages of 18 to 35 years old.

If you are interested or would like more information please e-mail projectcoordinator@qasa.co.za and include an updated 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. Should your situation change after submitting your application, please inform QASA by e-mail.

A small stipend and transport subsidy will be considered for disadvantaged candidates by using a QASA means test.

THE PROGRAMME WILL COVER: Psychometric Assessment and 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 and Counselling

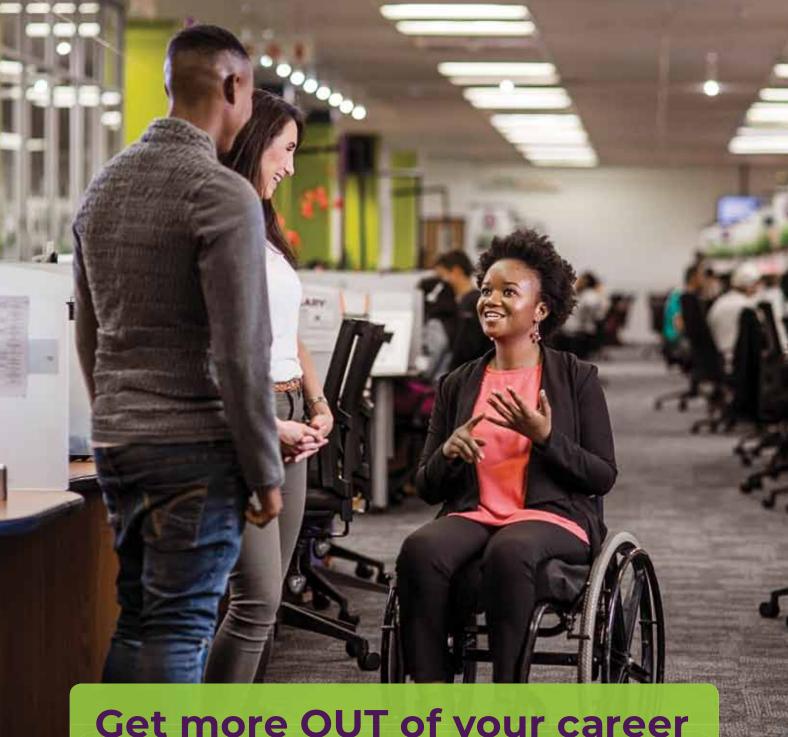




Rugby safety is no accident.
It's a decision. A commitment.
Together, we can build a game of Rugby that delivers zero catastrophic injuries.
In fact, we not only 'can' do it. We **must** do it.

Find out more at www.BokSmart.com





Get more OUT of your career

Call Centre positions available (Telesales and Client Services)

OUTsurance is a customer-centric and dynamic financial services company with a global footprint and a proud history of innovation. We're vibrant, successful and values-orientated, with an awesome culture and an ethos that ensures clients and staff 'always get something out.' Of course, our success is largely due to the outstanding people that work for us. We hire character and train skill and are seeking driven call centre advisors. Are you our next candidate?

Requirements

- Dynamic go-getters who are computer literate and confident
- Exceptional communication skills and ability to handle pressure
- Matric qualification or National Senior Certificate equivalent

We're based in Centurion and our staff are remunerated on a performance basis.

Send your CV to rolling@out.co.za

OUTsurance is a licensed insurer and FSP. Ts and Cs apply.



You always get something out.