

ROLLING INSPIRATION

ISSUE 2 2018 | R55.00

The thought leadership publication for people with disabilities

**2018 LAUREUS SPORTSPERSON
WITH A DISABILITY**
Meet Marcel Hug

**MEETING THE
MOBILITY CHALLENGE**
Scooter product guide

A SAFE PASSAGE
Keeping your assistive
devices safe when flying

THE ACCESSIBLE OFFICE
What wheelchair users need

THE OSCAR MOVIE:
Fact or fiction?



SCAN HERE TO
SUBSCRIBE

Mobility Swish

Introducing the BRAND NEW

LIBRA

Aluminium Folding Wheelchair:



- + *New Frame Design*
- + *Manual Recline Settings*
- + *New Adjustable Footrests*
- + *New Vertical and Horizontal Adjustable Armrests*
- + *Tension Adjustable Backrest*
- + *Standard Anti-Tip Wheels*
- + *Available in Candy Apple Red and Black*

(Looks Great in RED)

1
LIKE



2
FOLLOW



3
MESSAGE



@SWISHMOBILITY ON FACEBOOK

Chairman Industries Welcomes Our New
Sister Company
The future of custom built mobility aids
... To The Family

011 624 1222/3/4
www.swishmobility.co.za
sales@swishmobility.co.za
JHB • Cape • KZN • PTA • Botswana • Namibia

ROLLING INSPIRATION

Published alternate monthly by
Charmont Media Global
Unit 17, Northcliff Office Park,
203 Beyers Naude Drive, Northcliff, 2195.
P O 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

Deborah Rudman
email: deborahrudman12@gmail.com

JOURNALISTS

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

William George
Cell: 078 053 5973
email: william@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

Bev Rogers
Cell: 078 230 5063
email: bev@charmont.co.za

DESIGN AND LAYOUT

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

© 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 ACCESSIBLE OFFICE EVERY WHEELCHAIR USER NEEDS

How to set up the ideal accessible home or corporate office.
P6



A SAFE PASSAGE

Set your mind at ease when travelling with assistive devices.
P10



DISSECTING DIABETES

How much do you really know about diabetes, which plagues millions of South Africans?
P22



FRUITS OF FRUSTRATION

Frustration is inevitable, especially for people with disabilities, but both care-recipients and caregivers need to manage their emotions.
P8



OSCAR - THE MOVIE: FACT OR FICTION?

How accurate is the depiction of Oscar Pistorius in the American Lifetime Channel film?
P12



2018 SPORTSPERSON WITH A DISABILITY

Marcel Hug won 2018 Sportsperson with a Disability. Learn why he deserves this award.
P24



ZIPPING AWAY MOBILITY CHALLENGES

Learn everything about choosing a mobility scooter and read about some of the products on the market.
P14



THE SUN WILL RISE AGAIN

Maché Smith shares her journey as a wheelchair user following a life-changing shooting incident in 2000.
P26

REGULARS

Upfront	2	Disability Desk	26
Readers say	3	Employment	27
QASA news	4	Sexuality	28
Ida's corner	8	Rolling kids	29
Travel	10	Hotspot news	30
Amputee corner	12	Classifieds	31
Medically speaking	22	Backchat	32
Sport	24	Subscription form	32

CONTENTS

THE EFFECT OF POLITICAL CHANGE

INDIA INTRODUCED NEW POLICIES TO MAKE THE COUNTRY MORE ACCESSIBLE FOR PEOPLE WITH DISABILITIES. WHAT WILL THE CURRENT POLITICAL CHANGES IN SOUTH AFRICA MEAN FOR SOUTH AFRICANS WITH DISABILITIES? NOW IS THE PERFECT TIME TO REFLECT

A political change of guard: is it for the good of a few or not so good for us all? Well, it's happened and we have to live with the consequences. However, we should not lose traction or momentum on the progress achieved by former president Jacob Zuma.

According to the presidency website, Zuma established the Department of Performance Monitoring and Evaluation, and the National Planning Commission, which produced the National Development Plan (NDP) Vision 2030 aimed at eradicating poverty, increasing employment and reducing inequality by 2030.

However, I'm more concerned with the continuation of the presidential working group, which has the ear of the president. It is a forum made up of 45 people, including prominent persons with disabilities, representing all the various forms of disabilities in South Africa.

The initial meeting was not very successful. I'm concerned about whether the cooperation between the disability sector and the president will continue.

Amba Salelkar wrote an article for an Indian publication, *The News Minute*, on February 6, 2018, entitled "Lip service to people with disabilities", referring to the flagship scheme launched in 2014 by the Indian government, the Accessible India Campaign.

The scheme was tasked with the implementation of the 1995 Persons with Disabilities Act, whereby government establishments could seek requisitions from this fund to make their infrastructure accessible.

Ideally, every Ministry should have made their own funds available for making establishments accessible, as this was

not only the concern of the Department of Disabilities.

Reading this made me super-excited for three reasons. First, the government of India is funding campaigns that make infrastructure accessible.

Two, there is a scheme to make it an Act; and three, they have a Department of Disabilities. I find it greatly encouraging that, in a highly populated country, such as India, legislative action is being taken regarding disability. It's good news for India, but does it have much impact on South Africans?

This all came at a time where the air was filled with anticipation about the transition within our own government after the resignation of Jacob Zuma. Soon thereafter, the nation was reenergised by the inspiring state of the nation address (SONA) from President Cyril Ramaphosa, only to be taken aback subsequently by the budget 2018/19 speech by Finance Minister Malusi Gigaba.

The emotional rollercoaster of the past few weeks gave me time to reflect on how far we have progressed, as a people, and as a country. I believe that, as a nation, we should be proud of our achievements and intensify our pursuit of disability as a human rights issue.

Zuma was the keynote speaker at the National Disability Rights Summit in March 2016, saying: "Persons with disabilities have a proud history of human rights struggle for liberation in South Africa. Convening the inaugural meeting within human rights month is therefore significant."

It was a special time to hold the Summit, Zuma said, for "it is very important to contextualise the approach to disability within a human rights context". This is exactly what disability is and should be treated as such. It might work just as well here as it does in India. *R*



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

A SPECIAL CAR WITH A VERY SPECIAL DRIVER ..

Either this wheelchair user earns some big bucks or a special car has a very special driver who doesn't quite get it that an expensive supercar doesn't mean you can abuse the accessible parking space!



THE SKY IS THE LIMIT FOR OUR READERS!

The ROLLING INSPIRATION Facebook cover photograph was recently updated with a photograph used in Issue 4 2017 of the magazine. A few readers commented on the photograph, but we were pleasantly surprised by the capabilities of our readers. Kaone Dullas Meyoya shared this photograph of Sebastian Forsén, who perfectly mimicked our photograph! Well done, Sebastian. To get this pose right was not an easy feat!



The Rollability MK2 and MK3 Lightweight, Rigid Wheelchair range....

MK4 Launching Soon!



Maximum customisation and minimum weight.

Proudly produced in South Africa



CE MOBILITY

Wheelchair & Seating Specialists

SUE MARTIN APPOINTED QASA SPOKESPERSON FOR BREADTAGS PROJECT

The Breadtags for Wheelchairs Project has been one of QASA's projects for the past few years. This project has seen individuals, schools, companies, religious and social groups collect tonnes of bread tags for QASA to help raise funding for assistive devices for QASA members.

QASA is now encouraging more participation in order to obtain even more assistive devices for its members. Schools, businesses, individuals and organisations are challenged to collect bread tags for QASA. Sue Martin will act as QASA spokesperson for the project.

Born in England, Sue grew up in Johannesburg and moved to KwaZulu-Natal in 2011. She spent most of her career in IT. Her biggest hobby was sport and she looked forward to an early retirement to travel the world with her fiancé.

However, her life changed in July 2015 and she had to follow a new path. She is excited to share her story and her enthusiasm for the Breadtags Project across Durban. If you

would like Sue to visit your school, company, religious or social group, please send an email to projectcoordinator@qasa.co.za or contact QASA at 031 767 0348.



QASA MEMBERS PARTICIPATE IN OCC RACE

QASA made it possible for 96 of its members to participate in the Outeniqua Wheelchair Challenge (OCC) race, held in George on February 18. The event, which is growing in popularity, brought together a wide array of people to participate and enjoy a positive and fun atmosphere.

The participants said that they were treated well and were accommodated by the event organisers in an admirable and efficient fashion.

Members who participated in the OCC race thanked QASA for the opportunity to attend the event, which showed them that disability does not mean the end of one's life. QASA is happy to have been involved.



GETTING READY FOR THE BIG TIME

QASA introduced development and capacity building for ten HWSETA Workplace Experience Grant learners, who commenced a one-year internship in 2017.

The internship is nearing its end and interns are preparing for placement in permanent employment. Brent Peterson and Akona Hashibi are placed at the QuadPara Association of the Eastern Cape and have gained experience in the operations of an NGO and the administration necessary to ensure good governance and compliance.

Babalo Pholose is placed at the QuadPara Association of the Western Cape and has been involved in prevention work at schools, and capacity building and peer support for SCI individuals. The interns have showed significant personal development during the past 10 months and are ready for a more permanent role in the corporate world.



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



TRAVELLER



GROWIN



EVOLUTION



EMBRACE

THE ACCESSIBLE OFFICE EVERY WHEELCHAIR USER NEEDS



WHETHER YOU ARE SETTING UP YOUR OWN HOME OFFICE OR HEADING INTO THE CORPORATE WORLD, AN OFFICE NEEDS TO BE ACCESSIBLE. HERE ARE A FEW TRICKS TO HELP YOU SET IT UP

From broad doorways and desk heights to emergency exits and accessible toilets, a workplace needs to cover all the basics to ensure a wheelchair user can do their work. Most, if not all, of these changes should be made before a wheelchair user is employed or when planning an office space.

An important thing to consider is getting everyone - even at corporate level - to buy into the accessible changes. Accessibility consultant and ROLLING INSPIRATION contributor Mandy Latimore says: "Buy-in from the highest corporate level is needed, as this is the only way any changes can be made. Funds will have to be made available to make changes."

Companies should also consider sensitivity training for staff, removing physical barriers and implementing company policies to ensure that staff know exactly what the company will (and won't) do for them regarding accessibility.

Latimore notes: "An office space needs to be adjusted to accommodate the persons, not the other way around. There are five basic points to be considered at the workstation: desk, chair, space, storage, computer." These considerations apply to home office spaces as well as corporate environments.

FURNITURE LAYOUT

Wheelchair users need room to manoeuvre. Therefore,

the office space should have a large enough, open area to allow them to move around. Floor surfaces should be non-slip. If carpeted, the floor should have a thin rather than a thick carpet to ensure easy movement. No plug points should be on the floor blocking the access ways.

"Ensure that access into and out of the workstation area is not blocked with furniture or office walls," Latimore says.

AN ACCESSIBLE WORKSTATION


The wheelchair user's desk should be large enough to ensure a wheelchair can comfortably fit under it. Consider moving a monitor onto the desk or to the side, if a desk is small, to ensure the wheelchair user can sit comfortably. The desk should also not be too high. A height-adjustable desk is ideal.

Most fixed desks require wheelchair users to work above shoulder height, which affects productivity as the worker becomes fatigued. Wheelchair users should be able to reach the USB or disc portals on their computer monitor comfortably.

A plug on a vertical height adjustable point or a multi-plug should be within easy reach. Consider placing it on the desk close to the computer monitor or screen. Latimore adds: "Lighting and temperature control should be adjusted within the area where the person is working and not on a central control."

ACCESSIBLE TOOLS

It's important to ensure that all the plug points, shelves,



copy machines and other tools are accessible. A wheelchair user should be able to reach files on shelves easily while seated comfortably.

Employees with disabilities should be able to clearly see the display and access the top tray for a copy machine for document processing. Meeting rooms should have the same accessible features to ensure that wheelchair users are able to participate in all aspects of the office functions.

BATHROOM BREAKS

Accessible bathrooms are an extremely important consideration for companies to take into account. Latimore says: "Ensure that persons with disabilities do not have to travel more than 45 m on the same floor and 25 m where vertical and horizontal distances are combined to reach an accessible toilet – regardless of the number of toilets available to persons without disabilities."

EMERGENCY FACILITIES

A comprehensive emergency plan is especially important for large companies. All staff members should be trained on how to assist anyone who requires assistance to leave the building in the case of an emergency.


"Allocate at least five staff members per person requiring assistance so that if anyone is away at the time of the emergency, there are back-up staff allocated to specifically assist each person with a disability," Latimore states.

She adds that evac chairs are only for individuals who can walk but need assistance getting down stairs. She explains: "If there are multiple levels within the building and elevators are in use, persons with disabilities who make use of their own wheelchair should be assisted to a compliant area of refuge where they can remain until the fire department can evacuate them safely."

Apart from the very expensive costs of assistive devices, wheelchair users will also be immobile once evacuated if their wheelchair is left in the building.

While these tips are a great starting point, Latimore notes the importance of consulting a professional.

"In order to make your company and office environment truly accessible, you should seek assistance from qualified experts. Often persons with disabilities, who are not qualified, are asked to give their advice to companies and then money is spent on adjustments for specific individuals instead of general access," she says.

"The experts will always take into consideration any existing staff members with disabilities at the company. It is better to get it right the first time. Always remember: policy, sensitisation and barrier-free environments are the answer to accessible office environments," she concludes. 

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.



FRUITS OF FRUSTRATION

FRUSTRATION IS INEVITABLE WHEN YOUR LIFE CHANGES VERY SUDDENLY. PEOPLE WITH DISABILITIES AS WELL AS CAREGIVERS SHOULD CONSIDER HOW THEY EXPRESS THEIR FRUSTRATIONS

As persons with disabilities, we do become frustrated with our own inabilities; at those times cute aphorisms like “otherwise enabled” do not help much. I watch rugby, soccer, cricket, tennis and ballroom dancing on TV and I wish...

Then I console myself with my undertaking to run the 400-metre hurdles in under 10 seconds ... in about 50 years’ time when I have my new body. When my friends are feeling down I invite them to join me – we make a date.

Frustration and pent-up anger is very much part of our lives and the irony of it is that we tend to vent on those we love most; those who truly care about us and those who care for us. If one of those who love us – a spouse, mother, sister, daughter or very good friend – is also our carer, this becomes a double whammy. When we take out our frustrations on the ones we love the most, love usually prevails ... but at what cost?

A lot has been written about “caregivers” who abuse care-recipients, but I recently came across an article that studied the effects of abuse by severely disabled adult care-recipients on close-family caregivers*. The study

was done on 147 family-member caregivers, of which 129 were women. Just over half were mothers, but the study also included husbands, fathers, grandparents, wives, daughters, sisters and aunts.

The average caregiver age was 56, they were largely well educated and they were drawn from several race groups. The common factor was that all the caregivers were novices. They found themselves in the deep end of an intensely emotional and physically challenging situation, with no training and often little or no support in place. In fact, sources of abuse included the very family and friends who they looked to for support.

The study evaluated experiences over the preceding 12 months and divided the caregivers into two groups: those who suffered actual abuse and those who cared for their disabled family members under more amicable circumstances. In the first group, the extent and intensity of the abuse was measured on a scale and included aspects such as “demanding and bossy”, “hateful attitudes” and even physical assaults.

The findings showed that there were no recorded incidents where the caregivers abused their family care-recipients and 71 caregivers reported that they were also not abused. Of the 75 caregivers who reported abuse,



45,6 percent of the abuse experienced were described as being "yelled at or insulted".

Around 12,9 percent of the caregivers described the experiences as receiving "threats to hit" and another 12,9 percent were described as actually being hit by a perpetrator in the previous 12 months. The majority of the perpetrators were care-recipients, who accounted for many incidents of yelling and insults, and for most of the threats of hitting and of actually being hit.

Members of the family collectively accounted for the remaining (28,6 percent) incidents of verbal and physical abuse reported by the caregivers.

For both groups the following outcomes were evaluated: caregiver depression, caregiver life satisfaction, caregiver health and caregiver burden. In both groups, the care-recipients were also evaluated in terms of the extent of their respective functional deficits and their levels of agitation.

The outcomes in both groups were interesting in that both groups were impacted by each of the four evaluated outcomes. Depression was evident in both groups, but

more so in the abused group. Both groups experienced reduced life satisfaction, but this was more evident in the abused group.


The abused group also showed greater evidence of increased burden and physical ailments. The service of caregiving therefore had a definite impact on all the caregivers in the study and this was exacerbated in the group who suffered abuse.

What can we learn from this? The study implies that a relatively large percentage of family caregivers may experience abuse and that this has an adverse effect on the family caregiver's wellbeing and psychological adjustment. Parallel research suggests that care-recipients may be at risk of abuse from caregivers when care-recipients require intensive support and/or when caregivers have high levels of depression, ill health and distress.

“The majority of the perpetrators were care recipients, who accounted for many incidents of yelling and insults, and for most of the threats of hitting and of actually being hit.”

So, what needs to be done? A comprehensive plan, possibly in conjunction with QASA, should be developed in order to better assist family caregivers in their role, by effectively giving them an outlet to express their questions and concerns.

Professional support would help to reduce conflicts and subsequent caregiver health and wellbeing-related problems. With interpersonal training, family caregivers have the potential to help reduce and prevent early or unnecessary removal into assisted living facilities and could reduce the high costs of formal healthcare over time.

To those of us who are frustrated with the limitations imposed on us by our "otherwise enabled-ness", let's try and work on our frustration and anger issues. Instant gratification – "I want it all and I want it now" – is not a helpful response; let's work towards delayed gratification instead. The choice is yours, so make it for the sake of your caregiver's wellbeing as well as for your own. 



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

A SAFE PASSAGE

ABOUT TO TRAVEL WITH YOUR MOBILITY AIDS,
BUT WORRIED THAT THEY MIGHT GET DAMAGED?
THESE TIPS SHOULD GIVE YOU SOME PEACE OF
MIND



Many people with mobility impairments are nervous to travel with expensive mobility aids as they worry about damage to these vital pieces of equipment that ensure their independence.

Airlines and staff classify our wheelchair or assistive device as baggage, while we look at it as an extension of our bodies.

Despite numerous calls to the local airlines, I was unable to get anyone to commit to their policy with regards to procedure when a mobility device is damaged, so here are the general rules and a few dos and don'ts.

Knowing what to do when your wheelchair is damaged by the airline or has gone missing before you travel will reduce stress and give you some peace of mind when travelling.

STEP ONE: KNOW YOUR RIGHTS

While all International Air Transport Association (IATA)

member airlines should comply with IATA resolution 700 (acceptance and carriage of incapacitated passengers), European and non-European air carriers are subject to different regulations depending on the flight's final destination.

When choosing an airline, read through its policies regarding lost or damaged baggage. A request through a travel agent or directly to the airline's customer service centre should produce its specific policy and limit of payment for damage, replacement of parts, and temporary replacements while your wheelchair is being repaired.

It is also advisable to have your own insurance for your equipment should it exceed the airline payment limits.

STEP TWO: KNOW YOUR EQUIPMENT AND PREPARE IT PROPERLY

It is essential to know how your mobility device folds,



whether it can fold at all, and how to remove parts that could get damaged. Remove all parts that could be damaged or lost and take these into the cabin, including seat cushions, cup holders, side guards, tray tables and bags. Always keep your cushion in sight.

Take photos before and after the trip for evidence. Have protection for your power controller. Attach instructions to your equipment on how to handle and operate power wheelchairs – baggage handlers are not power-wheelchair mechanics. Particularly important are details of how to power the chair on and off, and how to set it in free-wheel mode and lift it.

Instructions attached to the wheelchair can be helpful when it's loaded and unloaded at the destination. If you need to disassemble it to make it fit the baggage hold, bring along the necessary tools or try to have mechanisms such as pull pins or wing nuts fitted that allow seat backs or headrests to be easily folded away.

At the end of the day, the wheelchair is classified as baggage by the airlines and instructions on its care must come from you – the traveller. Most damage to wheelchairs at airports and on airplanes is accidental, but damage can also be the result of negligence. If your equipment is damaged, follow these steps:

DON'T PANIC

As any customer service agent knows, when customers get angry or hysterical, it gets in the way of solving the problem. The more pleasant you are, the more pleasant your experience with the airline's representatives will be.

This means that even if you're tired, upset, and angry – which you probably will be after a long flight on which your wheelchair got damaged – it's best to stay firm yet cool, calm and collected. The situation is only as stressful as you make it, so convince yourself that everything will be all right after a short chat with the airline, because chances are, it will be.

DOCUMENT THE EVIDENCE

It's important to take a picture of the damaged parts of your wheelchair or mobility device as soon as you can. If the damage is not visible and for some reason the wheelchair suffered internal damage, use your phone to take a video to prove that your equipment isn't working correctly.

If possible, make sure that the photo has a date and timestamp, so that the airline knows you took it right after your flight. Alternatively, you can find a spot in the airport to take the photo where the airline will be able to tell, via dates

on screens, when it was taken. Include the documentation in the reports you'll file.

FILE A REPORT

Find a representative at your airline's desk before you leave the airport. Since exact procedures may differ for each airline, it's best to ask about airline-specific rules. If the individual you find at first is unable to help you, ask to speak to the duty manager or someone higher up the chain.

You want to speak to the person who is required to know the legislation with regards to the baggage and airline policy. If it's a small, quick fix that can be completed right then and there in the airport by airline staff, many airlines will make the fix immediately.

If you feel that their fix was inadequate and they still didn't compensate you fairly, you'll need to file official reports and claim in order to take the matter further. If you're happy with the fix, then the matter is resolved!


Most airlines have a policy that allows you to file a report and claim within seven days of travel on international flights. It is always advisable to file a formal report so that the airlines are aware that damage was caused, even if it is resolved at the airport. These forms are available at their lost baggage counters.

“It's best to stay firm yet cool, calm and collected. The situation is only as stressful as you make it

If the damage occurs at the beginning of a holiday, you may miss the deadline if you leave the reporting process till your return. Stay on top of the issue; if you have no resolution within 45 days, send a detailed account of the incident to the Department of Transport.

Amanda Gibberd has offered to assist any person with disabilities who have unresolved issues with regards to flights both domestic and international that originate or terminate in South Africa. In this social media world, an airline's failure to promptly repair a wheelchair or mobility device or compensate fairly could “go viral” in an instant.

Yes, it can take a while for matters like this to be resolved. However, because of the set processes and various pieces of international legislature, it's reasonably simple and straightforward if you know your rights and you remember the steps above. Perhaps the most important thing to remember is this: the quicker you act, the quicker you'll see a resolution.

Happy travels! 



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

OSCAR MOVIE: FACT OR FICTION?

THE AMERICAN LIFETIME CHANNEL FILM BASED ON OSCAR PISTORIUS HAS MADE HEADLINES, BUT HOW ACCURATE IS ITS DEPICTION OF THE SOUTH AFRICAN PARALYMPIAN AND OLYMPIAN SPRINTER?

Asking a prosthetist to review a movie about an amputee who was involved in a deadly shooting incident is not likely to produce the most objective account. To look at an amputee with compassion and understanding comes as second nature to a prosthetist. So, I've noted my first thoughts without rewriting my opinion later.

According to the general South African public, the *Oscar Pistorius: Blade Runner Killer* movie is trash. According to the Pistorius and the Steenkamp families, it is atrocious. According to me ... well...

Throughout the film, from the beginning to the end, Oscar is portrayed as being a very, very bad person 24 hours a day and maybe that's not necessarily true.

I met Oscar once on an occasion where people with disabilities and disadvantaged people surrounded him. Among them was a child with multiple limb deformities. I could see in Oscar's eyes that he understood this child, and what they were facing, with all his heart and soul.

The love was flowing freely towards this kid, and to all the other people with disabilities who surrounded him. It seemed that he felt at ease and could identify with them, without pretension. He was able to log into their very being with real sympathy and understanding.

Maybe the experience reminded him of his childhood – when he was three years old and in pyjamas. He had to walk

a few metres over a tiled floor to say good night to his dad. He regularly pretended to fall asleep on his father's lap so that his dad could carry him to bed as it was just too painful for him to walk there on his little bare stumps.



I know this scenario is very far removed from what happened much later when, as an adult, Oscar dated a supermodel. But a person's inner being is a collage of all the things one goes through during one's lifetime – some good and some bad. My view is, in fact, that the "24/7 evil" as portrayed in the movie does not paint an accurate picture of Oscar Pistorius. [\[7\]](#)

Photographs courtesy of Lifetime.



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



FORD MAKES THE DREAM OF BEACH ACCESS A REALITY

FORD MOTOR COMPANY FUND IS PARTNERING WITH WILDLIFE & ENVIRONMENT SOCIETY OF SOUTH AFRICA (WESSA) AND THE NATIONAL COUNCIL OF AND FOR PERSONS WITH DISABILITIES (NCDP) TO MAKE THE DREAM OF BEACH ACCESS A REALITY FOR PEOPLE WITH DISABILITIES



s the philanthropic arm of Ford Motor Company, the Ford Fund has provided a grant of US\$ 10 000 (R118 466) to assist WESSA's innovative Blue Flag Amphibious Wheelchair Project. The funds will be used to purchase four specially-designed wheelchairs that are capable of traversing soft beach sand and can be used in the water.

A total of 45 South African beaches were awarded the prized Blue Flag status for the 2016/17 season by WESSA, which is the national operator of the revered international Blue Flag eco-label for beaches, boats and marinas. The Blue Flag is a trusted symbol of quality that is awarded annually and is recognised by the World Tourism Organization.

In addition to meeting stringent criteria for water quality, environmental management and education, the Blue Flag status includes a requirement for universal access to these pristine beaches – both for people with and without physical disabilities.

"Although some beaches across South Africa allow for persons with disabilities to access the beach, they often struggle to get onto the beach itself," explains Robert Slater of WESSA.

"WESSA is aiming to bridge this gap by providing four Blue Flag beaches across the country with amphibious wheelchairs that allow people who rely on mobility devices to get onto the beach and into the water."

The organisation has set out to assist municipalities in making the selected Blue Flag beaches universally accessible, part of which includes providing the specially designed and manufactured amphibious wheelchairs at selected beaches across the country.


"This is yet another example of how mobility can improve the quality of life for people in many different ways," said Mike Schmidt, director of education and global community development at the Ford Motor Company Fund.

"We're happy to support this unique project that will allow more people to fully experience the joys of the beach – from travelling along the shore to going into the water," Schmidt concludes.



ABOVE LEFT: The organisers who brought these accessible beach wheelchairs to South Africa smile broadly in the summer sun.

ABOVE RIGHT: This accessible beach wheelchair makes it easier for wheelchair users to enjoy a day at the beach.

Ford designs, manufactures, markets and services a full line of Ford cars, trucks, SUVs, electrified vehicles and Lincoln luxury vehicles. It also provides financial services through Ford Motor Credit Company and is pursuing leadership positions in electrification, autonomous vehicles and mobility solutions. 



ZIPPING AWAY MOBILITY CHALLENGES

A MOBILITY SCOOTER IS THE IDEAL TOOL FOR INDIVIDUALS WHO REQUIRE LIMITED MOBILITY ASSISTANCE. BUT WHICH ONE TO CHOOSE? CAROLINE RULE GIVES A FEW TIPS

A motorised scooter can bring a new level of independence to a person with mobility impairments. It becomes possible to pop down the road to visit a friend. The fun can be put back into going shopping. However, there are a wide range of scooters with varying features. It is important to consider the features that will be important to the user.

WHAT FEATURES DOES A SCOOTER HAVE?

There are three- and four-wheel models. The three-wheel

models have the advantage of being more manoeuvrable, with a smaller turning circle. They also have more legroom, as there is place for the feet on each side of the central wheel. However, the three wheelers are slightly less stable, particularly the smaller models. They, therefore, need to be driven with care.

The four-wheel version has a larger turning circle and is thus less manoeuvrable. However, it gives improved stability and is better suited for outdoors and rougher terrain with steeper gradients.

There is now a range of four-wheel scooters in which



there are two small front wheels positioned close to each other in the centre. This gives improved manoeuvrability to the four-wheelers and increased stability to the three-wheelers.

The turning action of a scooter is usually achieved with a handlebar. The two options are a "T" bar, or a Delta Handle Bar. Both have a lever to be pulled or pushed for acceleration, but the Delta Bar allows the driver to rest their wrists while travelling. They have an electro-magnetic braking system, which causes the scooter to slow down as soon as the acceleration lever is released. A couple of

models have additional braking.

Most of the smaller scooters are foldable or can be disassembled into smaller parts for ease of transportation. The larger models generally have a swivel seat that can turn 360°. This makes it easier to get onto and off the seat. It also enables a person to drive up next to a table and then swivel their seat to face the table.

Some models have a height-adjustable seat or a sliding adjustment to move the seat forwards and backwards. Most models have a variety of seat options. The larger outdoor models offer a rear-view mirror, turning signals, headlights, taillights, hooter, sun canopy, suspension and larger more comfortable seat options.

THE PROS AND CONS OF A SCOOTER INSTEAD OF A POWERED WHEELCHAIR

For a start, mobility scooters are often much more affordable than a powered wheelchair. They have greater range and can go further on one charge than a powered wheelchair. However, these scooters are often less manoeuvrable indoors. They are heavier and, therefore, more difficult to load into a vehicle.


“A mobility scooter can put the fun back in shopping and allow you to pop down the road to visit a friend

Transfers onto a mobility scooter are more difficult, but the use of a transfer board can assist with this problem. Small three-wheel mobility scooters are less stable than powered wheelchairs.

HOW TO CHOOSE THE RIGHT MOBILITY SCOOTER







With so many scooters on the market, how does one go about selecting the "right" one? The most important questions to ask are: Where is it going to be used? Indoor use requires a smaller model. Outdoor use will require a larger model. Combined use will require a balance between the very small and larger mobility scooters.

What is the weight of the user? Smaller scooters have a capacity of 90 kg. Anyone weighing more than that will need to look at the larger models. Does it need to be transported and if so, how? Some scooters can be disassembled into three or four parts, which can be loaded into a car. This process needs a little strength and dexterity, and is best done by a helper without a mobility impairment.

Even the small models can still be fairly heavy for a smaller individual to lift into the boot of a car. Installing a rack at the back of the car or using a combi with a ramp are other possible solutions. For a more comprehensive look at some of the mobility scooters on the market, see the ROLLING INSPIRATION scooter product guide on page 16 to 21. 

SCOOTING YOUR WAY TO MOBILITY

MOBILITY SCOOTERS ARE A GREAT WAY TO INCREASE MOBILITY FOR CERTAIN WHEELCHAIR USERS AND PEOPLE WHO CAN ONLY WALK FOR A LIMITED TIME. HERE ARE A FEW OF THE MOBILITY SCOOTERS AVAILABLE IN SOUTH AFRICA. CONTACT EACH SCOOTER COMPANY DIRECTLY FOR MORE INFORMATION AND QUOTES

COMPANY	MAKE	DURABILITY STANDARDS AND CERTIFICATION	WEIGHT OF SCOOTER	MAXIMUM SPEED	AVAILABLE COLOURS	MATERIAL USED FOR SEAT
Primacare 086 11 77462 021 555 1596 info@primacare.co.za www.primacare.co.za 	Mobie					
		CE & FDA	25 kg	6 km/h	Blue and red	Not specified
	ST1 Scooter by Drive Medical					
		CE & FDA	40 kg, heaviest component when dismantled is 14 kg	6,4 km/h	Blue and red	Padded leatherette
	Scout - 3 Wheel by Drive Medical					
		CE & FDA	44 kg heaviest piece when dismantled is 16 kg	6,4 km/h	Blue and red	Padded leatherette
	Scout - 4 Wheel by Drive Medical					
		CE & FDA	44 kg, heaviest piece 16 kg when dismantled	6,4 km/h	Blue and red	Padded leatherette
	Envoy by Drive Medical					
		CE & FDA	94 kg, 74 kg without battery	6,4 km/h	Blue and red	Padded leatherette

Launch Special

Primacare
 HOME CARE & CLINIC FURNITURE

Contact us for assistance!

Wide range of mobility scooters, spare parts & technical service readily available.



Folding Mobility Scooters

was R25 000 now **R24 950***

While stocks last

*Prices are subject to change without prior notice



FOLDS & UNFOLDS IN SECONDS | AIRLINE FRIENDLY | TOOL-FREE | UP TO 15KM RANGE | AVAILABLE IN 2 COLOURS

☎ 086 111 PRIMA | 086 11 77462

✉ info@primacare.co.za

🌐 www.primacare.co.za

ADDITIONAL FEATURES	MAXIMUM USER WEIGHT	MOTOR SIZE	BATTERY SIZE	DISTANCE ON ONE CHARGE	SEAT ROTATION	FLIP-UP ARM RESTS	INDOOR, OUTDOOR OR COMBINED	WARRANTY	COST
Battery docking station; spare battery; cup and cell phone holder; arm rests and basket	115 kg	120 W	24V/10A/h lithium battery	20 km	No	Additional arms rests flip up	Combined	Two years	Launch special: R24 950
Additional storage options	115 kg	250 W	2 x 12V 12A/h	10 km	Unspecified	Yes	Combined	Two years	R15 950
Additional storage options	130 kg	270 W	2 x 12V (12A/h or 20A/h)	16 km	Yes	Yes	Combined	Two years	R15 950
Additional storage options	130 kg	270 W	2 x 12V (12A/h)	16 km	Yes	No	Combined	Two years	R18 950
Additional storage options	160 kg	350 W	2 x 12V (33A/h to 50A/h)	48 km	Yes	Yes	Combined	Two years	R29 950

Medop^{cc}










Medopark, 1 Manchester Road, Wadeville,
P.O. Box 51124, Raedene, 2124
enquiries@medop.co.za | www.medop.co.za
JHB Tel: 011 827 5893/4/5
CT Tel: 021 534 8628 | admin@medop.co.za






S542 YOGA FOLDING SCOOTER



MERITS P101 MERCURY POWER

COMPANY	MAKE	DURABILITY STANDARDS AND CERTIFICATION	WEIGHT OF SCOOTER	MAXIMUM SPEED	AVAILABLE COLOURS	MATERIAL USED FOR SEAT
Medop CC	Invacare Leo 	LEO-EU-12/2013	59 kg	8 km/h	Moonstone silver, onyx blue, ruby red	Vinyl
	Yoga folding scooter 	Not specified	24 kg	6 km/h	Not specified	Not specified
	Invacare Colibri 	RoHS (2011/65/EC)	49 kg	8 km/h	Sapphire blue, jasper red, jade green, sunstone orange, marble white	Not specified
CE Mobility	Shopmaster Midi 	ISO13485	68 kg	8 km/h	Red, silver	Vinyl
	Shopmaster Maxi 	ISO13485	88 kg	8 km/h	Red, silver	Vinyl
	Shopmaster Deluxe 	ISO13485	117 kg	15 km/h	Red, silver	Vinyl
Eleksa Weskaap	Mobility Rider 	Not specified	100 kg	5,3 km/h	White, red, orange, blue, green	Foam rubber and artificial leather
	Mobility Runner 	Not specified	80 kg	5,5 km/h	White, black, red, blue, green, orange, pink, camo and other funky designs	Foam rubber and artificial leather
Radical Mobility	Mini-Mighty Scooter 	CE, ISO 9001:2008, ISO 13485:2012, TUV, GMP	48 kg	7 km/h	Any colour	Vinyl

ADDITIONAL FEATURES	MAXIMUM USER WEIGHT	MOTOR SIZE	BATTERY SIZE	DISTANCE ON ONE CHARGE	SEAT ROTATION	FLIP-UP ARM RESTS	INDOOR, OUTDOOR OR COMBINED	WARRANTY	COST
Basket, large mirrors, heavy-duty storage cover, crutch and cane holder, windscreen, lockable front box	136 kg	240 W	2 x 36A/h	38 km	Yes	Yes	Combined	One year	Price starts at R16 000
Under seat pouch can store extra battery pack	113 kg	340 W (max.)	24V/11.5 A/h	18 km	Yes	Yes	Combined	One year	Price starts at R16 000
Basket, easy-fit seat suspension kit	136 kg	220 W	2 x 18A/h	16 km	Yes	Yes	Combined	One year	Price starts at R16 000
Basket; captain seat	120 kg	450 W	36A/h	Varies depending on terrain and user weight	Yes	Yes	Combined	One year	R29 070
Basket; captain seat; rearview mirror	135 kg	500 W	36A/h	Varies depending on terrain and user weight	Yes	Yes	Combined	One year	R31 920
Basket; reclining captain seat; rearview mirror; suspension; lights	180 kg	700 W	50A/h	Varies depending on terrain and user weight	Yes	Yes	Combined	One year	R62 472
Basket attached; lockable compartment under seat; attachment for crutches or walking stick	150 kg	1 000 W brushless differential	7.5 x 12V 20A/h	Up to 60 km	No	Yes	Combined	One year	R25 000
Basket; lockable compartment; load bin; golf rack	200 kg	1 500 to 2 000 W brushless hub motor	7.1 x 60V 20A/h	Up to 80 km	No	No armrests	Outdoor, mostly for minor/limited disabilities	One year	R25 000 (extras R1 000)
Basket; shocks	120 kg	270 W	2x 12V 35A/h SLA	35 km	Yes	Yes	Indoor	One year carry in	R22 500 excl. VAT

COMPANY	MAKE	DURABILITY STANDARDS AND CERTIFICATION	WEIGHT OF SCOOTER	MAXIMUM SPEED	AVAILABLE COLOURS	MATERIAL USED FOR SEAT
Radical Mobility	Smooth Scooter 	CE ISO 9001:2008 ISO 13485:2012 TUV, GMP	105 kg	12,5 km/h	Any colour	Vinyl
	Sporty Scooter 	CE ISO 9001:2008 ISO 13485:2012 TUV, GMP	132 kg	15 km/h	Any colour	Vinyl
	Super Scooter 	CE ISO 9001:2008 ISO 13485:2012 TUV, GMP	38 kg excl. batteries	7 km/h	Any colour	Vinyl
	Bush Cruiser 	CE ISO 9001:2008 ISO 13485:2012 TUV, GMP	141 kg excl. batteries	15 km/h	Any colour	Vinyl
	Tri Scooter 	CE ISO 9001:2008 ISO 13485:2012 TUV, GMP	75 kg excl. batteries	17 km/h	Any colour	Vinyl
	Ultimate Beast 	CE ISO 9001:2008 ISO 13485:2012 TUV, GMP	180 kg	15 km/h	Any colour	Vinyl
Shoprider	SL7-3N 	ISO9001 FDA, CE, TNO, JIS, TGA, ADP	32 kg	5 km/h	Burgundy	Vinyl
	GK9 	ISO9001 FDA, CE, TNO, JIS, TGA, ADP	55 kg	6 km/h	Burgundy	Vinyl
	GK10 	ISO9001 FDA, CE, TNO, JIS, TGA, ADP	70 kg	8 km/h	Burgundy	Vinyl

ADDITIONAL FEATURES	MAXIMUM USER WEIGHT	MOTOR SIZE	BATTERY SIZE	DISTANCE ON ONE CHARGE	SEAT ROTATION	FLIP-UP ARM RESTS	INDOOR, OUTDOOR OR COMBINED	WARRANTY	COST
LED Lights; basket; shocks; mirrors; bumpers	160 kg	600 W	2 x 12V 40A/h SLA	35 km	Yes	Yes	Combined	One year carry in	R32 500 excl. VAT
Lights; two baskets; shocks; mirrors; indicators; backrest	210 kg	900 W	2 x 12V 55A/h SLA	40 km	Yes	Yes	Combined	One year carry in	R35 000 excl. VAT
Basket; four wheel shocks; front and rear LED lighting; detachable	110 kg	200 W	2 x 12V 20A/h SLA	20 km	Yes	Yes	Indoor	One year carry in	R20 000 excl. VAT
Basket, four wheel shocks; full LED lighting; bumpers; large wheels	220 kg	1 300 W	2 x 12V 75A/h SLA	50 km	Yes	Yes	Outdoor	One year carry in	R48 500 excl. VAT
Rear basket; shocks; full LED lighting; drum brakes	185 kg	1 100 W	2 x 12V 55A/h SLA	40 km	No	Yes	Combined	One year carry in	R43 500 excl. VAT
Shocks; full LED lighting; 16 inch wheels; sun shield; bumpers	250 kg	1 400 W	2 x 12V 100A/h SLA	50 km	No	Yes	Outdoor	One year carry in	R72 500 excl. VAT
Basket	95 kg	0.45 hp	2 x 10 Amp	12 km	Yes	Yes	Indoor	One year	R13 950
Basket	125 kg	0.75 hp	2 x 22 Amp	18 km	Yes	Yes	Combined	One year	R21 500
Basket	135 kg	0.8 hp	2x36 Amp	25 km	Yes	Yes	Combined	One year	R27 500



HOW MUCH DO YOU REALLY KNOW ABOUT DIABETES?

MILLIONS OF SOUTH AFRICANS ARE DIAGNOSED WITH DIABETES, WHICH IS OFTEN A CONTRIBUTING FACTOR TO STROKES. WHEELCHAIR USERS ARE NO EXCEPTION! THIS IS WHAT YOU NEED TO KNOW ABOUT THE DIFFERENT KINDS OF DIABETES AND HOW THEY CAN BE MANAGED

Diabetes in South Africa has been described as an approaching tsunami. These are the words of Dr Larry Distiller, founder and managing director of the Centre for Diabetes and Endocrinology in Johannesburg. Diabetes is a disease whereby the blood sugar is elevated. During normal metabolism certain foods are broken down into simple sugars which the body uses as energy.

Normally the levels of blood sugar are controlled by hormones, but in diabetes these controls do not function optimally. There are several different types of diabetes and, alarmingly, statistics indicate that about 30 percent of persons with diabetes are diagnosed late – when damage to one or several target organs has already occurred.

Diabetes causes very significant disability in South Africa and the disease (with its accompanying complications) is on the rise. Currently, it is estimated that approximately 3,5 million South Africans suffer from diabetes and a further five million have elevated blood sugar levels but have not yet been diagnosed as diabetic. It has been predicted that the incidence of diabetes in Africa is expected to double by 2030.

Of particular concern to ROLLING INSPIRATION readers is the devastating effect of a stroke, in which the underlying cause (or at least one of the contributing factors) is often poorly controlled diabetes. Poorly controlled diabetes can lead to heart disease and heart attack, kidney failure, blindness, and severe vascular disease compromising blood flow and ultimately necessitating amputation.

DIABETES TYPES

Essentially there are three types of diabetes. Early onset or Type 1 diabetes (usually at a young age) is a condition where the body stops producing insulin – an essential hormone produced by the pancreas to convert the sugars found in the blood into energy.

Type 2 diabetes, which is the most common form seen in South Africa, is a condition that develops over time where the body is unable to use insulin properly. This is normally found in older patients; hence this is often referred to as maturity onset diabetes.

Gestational diabetes is the third type of diabetes and is a form of diabetes that occurs during pregnancy due to hormonal changes, genetics and lifestyle factors.

SYMPTOMS

As the symptoms of diabetes develop over time, patients often do not report them to their doctor until there is evidence of damage. Typically, symptoms include excessive thirst, having to pass urine more often than normal, repeated infections, especially thrush or yeast infection (both oral and vaginal), slow wound healing, excessive fatigue and difficulty with vision.

TREATMENT

Diabetes cannot be cured. However, it is completely treatable. In the early stages (pre-diabetic) when blood sugars are elevated beyond normal range but not high enough to make a diagnosis of diabetes, control of elevated blood sugar can be achieved through lifestyle and dietary changes such as avoiding sugars of any form, weight loss and a healthy exercise programme.

Type 1 diabetes normally requires replacement of the body insulin by subcutaneous injections – either by a long-acting treatment once daily or several times per day with meals. Type 2 diabetes can normally be controlled with oral medications.

It is imperative that the diagnosis is made early in order to prevent long-term irreversible damage to the target organs, a stroke or amputations. A simple blood test should be done as part of a routine GP visit, especially if you're presenting with symptoms or there is a strong family history of diabetes. ^[1]



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



RAND MUTUAL – DEDICATED TO ASSISTING PEOPLE WITH DISABILITIES

RAND MUTUAL (RMA) RECENTLY COMMEMORATED THE INTERNATIONAL DAY OF PERSONS WITH DISABILITIES AND CONTRIBUTED TO IMPROVING THE LIVES OF CHILDREN BY SUPPORTING A CRÈCHE

On December 3, RMA partnered with the City of Johannesburg and the Department of Social Development in commemorating the International Day of Persons with Disabilities. RMA sponsored numerous assistive devices, including crutches, prostheses and wheelchairs, as well as helping with the fitting of these devices.

The event saw a number of people with disabilities gaining more mobility: one young boy walked for the first time at the age of 10 after receiving a prosthesis. "This is very much in standing with our commitment to caring, compassionate compensation," noted the RMA. "We live this motto in events like today's."

The organisation's generosity reaches far beyond the sponsorship of assistive devices. It also recently made a substantial donation to Matala Landros Mankaba, a former miner, who used the funds to open a crèche for children in Burgersfort informal settlement.

Mankaba became a wheelchair user after a mining accident in 1994. He has been living on a 100 percent disability pension from RMA.

"A few months ago, Mankaba contacted us, seeking assistance from our social fund, which was established to help uplift the socioeconomic circumstances of the more impoverished communities where our beneficiaries live," says Nomfundo Metula, general manager of sales and marketing at RMA.

She says: "He requested assistance in the form of chairs


and tables for the crèche, and we asked him to send some photos of the facility so that we could better understand their needs."

The photographs that Mankaba submitted to the RMA revealed that the building did not provide sufficient shelter for the approximately 30 children it serves, and the RMA decided to deliver a park home to act as a new facility, where children in the area could receive school-readiness education and meals.

"We are delighted to help make a difference in these children's lives through the crèche, which is run by Matala Landros Mankaba, who is an exceptionally proactive and community-minded man," Metula notes.

"Education, particularly early childhood development, is very important to us, as we believe that a solid learning foundation, through interventions such as Mankaba's crèche, has the potential to make a lasting difference to the future of the children."

Mankaba's former employer, Bokoni Platinum, also made donations to the crèche, including the tables and chairs he had initially requested. Metula recalls: "When the children caught sight of their new bright crèche, they were very excited and their faces lit up with joy. We hope that this gesture will help to light up their futures by assisting the teachers to unlock each child's potential."

"This is truly an instance of caring, compassionate compensation in action. Mankaba is proof that a disability does not need to hold you back. He remains an inspiration to us all." 

MARCEL HUG HAS BEEN AWARDED THE SPORTSPERSON WITH A DISABILITY AWARD FOR 2018 AT THE 2018 LAUREUS WORLD SPORTS AWARD CEREMONY HELD IN MONACO. CONSIDERING ALL HIS SPORTING ACHIEVEMENTS, IT'S NO SURPRISE THAT HE WON



Marcel Hug was awarded the 2018 Laureus World Sports Award for Sportsperson of the Year with a Disability on February 17 at the Laureus awards ceremony. The annual event celebrates top sports men and women from across the globe. The 32-year old Paralympian athlete from

Switzerland won one of the 12 awards presented at the event.

The Sportsperson of the Year with a Disability is given to a para athlete who best demonstrates excellent athletic achievements and strong leadership qualities. Hug was among five other outstanding Para athletes nominated for the honour.

Nicknamed 'silver bullet', Hug has stunned in his T54 wheelchair racing career. He has won seven Paralympic gold medals, set four world records and dominated in marathons. The Paralympian made a splash from an early age winning two bronze medals at the 2004 Summer Paralympics.

He was named the 2004 Newcomer of the Year Credit Suisse Sports Award. In 2006, Hug competed at the IPC Athletics World Championship and won his first international gold medal in the men's 10 000 m T54 wheelchair race. During a race meet in Switzerland in June of 2010, Hug set four new world records in T54 wheelchair race: the 800 m (1:31.12); 1 500 m (2:54.51); 5 000 m (9:53.05); and 10 000 m (19:50.04).




By 2011, Hug would claim his second international gold medal at the 2011 IPC Athletics World Championship. He once again dominated in the 10 000 m wheelchair race. In the same year, Hug won his first major city marathon at the 2011 Berlin Marathon – a title Hug would retain the following year.

The athlete finally found his rhythm and went on to win five gold medals at the 2013 IPC Athletics World Championships in Lyon. He also took the title at his fourth New York Marathon and the London Marathon.

Hug would win his first Boston Marathon title in 2015 and his second in 2016. He also won his second London Marathon in 2016. Hug won his first Paralympic gold medal at the 2016 Summer Paralympics.

This year, Hug promises to deliver even more. Hug took first place at the first marathon of the year at the Tokyo Marathon. With the next Abbott World Marathon Majors – a collection of the six largest and most renowned marathons – coming up in April, we can only wish Hug good luck with his race at the Boston marathon.

Find more about the other sports people of the year on the Laureus World Sports Award website here: <https://awards.laureus.com/winners/> 

MARCEL REIGNS SUPREME





BokSmart

WINNERS PLAY SMART



#VISIONZERO

ONE IS ONE TOO MANY

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



THE SUN WILL RISE AGAIN



MY LIFE WAS IRREVOCABLY CHANGED ON MARCH 20, 2000. IT IS THE DAY I'LL NEVER BE ABLE TO FORGET. IT IS THE DAY I WAS SHOT AND PARALYSED

About 18 years ago, I never imagined that my life would have turned out the way it did. I was only three years old at that time and hadn't even had a proper taste of life yet. At 21, it still fascinates me to know that I can recall so many events that occurred in my life at the age of three.

I remember a man standing before me with something odd in his hands. My mom waking up, pulling me with great force. Her terrified eyes staring into mine. I remember battling to keep my eyes open as my body felt numb. I recall blacking out a couple of times. Each time I woke up, I would find myself in a different place.

I was in the ambulance, unable to move anything except my eyes. My two older brothers stared down at me, terrified. I found myself in a hospital, then in another ambulance going to another hospital. It was beyond confusing. From the moment I saw that man, I knew deep down that something very bad had happened. And later, I knew that mom and dad were gone.

I was hurting, sad, among strangers. I soon learned what happened. My father was the man I saw. He had shot me and killed himself and my mother. I remember crying, not because of what had happened, but because I just wanted to go home. I wanted to play outside and fall asleep in the arms of my mother.

Today, I have grown to become a strong and wise young woman, but those events have had a great impact on my life. Life after my tragedy had been and still is my greatest challenge. My brothers and I had been blessed and we will

be forever grateful for my mother's parents who adopted us as their own.

However, the truth is that nothing and no one can ever replace my biological parents or the wonderful life my family once had. It's hard having to accept that a part of your body will no longer function. Yet, my life is not what happened to me. It's about today, what I've learned in the process and how I survived.

It's about what I'm going to do about it. My past and my journey have moulded me into a more fragile, humble and giving person. I believe that every person is unique in their own way. There is a reason for everything and we should not judge. Instead we need to help each other by listening.

I probably have every right to live rebelliously, grieve and be mad. I'm a wheelchair user and it's not easy knowing I've become labelled in so many ways – adopted child, patient, disabled and a case number. Yet, it's okay. I get to show others how I have used my brokenness to create beauty instead.

Today, I can actually say that I feel blessed. It is the small things in life that truly make me happy. It is my goal to motivate people to live right. Live by reminding ourselves that we need one another. We need to live knowing that even though there may be dark days, the sun will rise again for all of us.

To live by believing that, just maybe, we could be the sunrise in someone else's life. I plan on doing everything I can to the best of my ability to make a difference in the lives of others who need support.

To help change a life only two things are needed: a heart to give and a mind to try and understand the need of others. *[R]*



Maché Smith is a 21-year old resident of Kraaifontein, Cape Town. She is a paraplegic as a result of a shooting tragedy that occurred in 2000. She matriculated in 2014 from Jan Kriel School where she was head girl. She is an ambassador for the Woman's Achievement Network for Disability (WAND) and has been a motivational speaker for 10 years. Her goal is to break barriers within the disability sector, especially in media and fashion, and to be an example to other people facing difficulties in life.



AN EMPLOYMENT CHECKLIST

THERE ARE A FEW THINGS COMPANIES SHOULD CONSIDER BEFORE THEY COMMIT TO EMPLOYING PEOPLE WITH DISABILITIES

The employment of persons with disabilities has become an important consideration for businesses, as employers have to comply with legislation and can also then reap the benefits that are associated with the employment of persons with disabilities. An employer should develop a disability strategy as part of the long-term direction and growth of the business.

It needs to become the road map for the business. First, the employer needs to prepare to employ people with disabilities by ensuring that the office or workplace is universally accessible and that staff members undergo disability sensitivity training.

In addition, the employer must support the employment of workers with disabilities – which it can do via permanent or flexi employment as well as through learnership programmes. Companies can also offer job coaching, improve retention strategies and undertake remuneration structuring.

The Employment Equity Act suggests that employers need to have a 7,5 percent disability employment equity target. If this target is not achieved, penalties are payable. An employer's Employment Equity Plan needs to clearly demonstrate how it will achieve the target over a certain period (usually five years). An employer needs to report on this progress annually by way of an Employment Equity Report.

The Employment Equity Act has two disability-related

addendums that guide an employer: the Code of Good Practice on Key Aspects on the Employment of People with Disabilities; and The Technical Assistance Guidelines on the Employment of People with Disabilities.

The Skills Development Act indicates that an employer needs to achieve a four percent spend on disability skills development. Employers are encouraged to maintain a skills development regime through the submission of their Work Skills Plan and Annual Training Report. Employers can secure Skills Development Grant Funding through the SETA with which they are registered.

Tax allowances are available for employers who place employees on learnerships. Employers can claim R80 000 for a person without a disability and R120 000 for a person with a disability. The tax allowance can be measured as a saving or cash equivalent benefit for the employer. Companies save about R22 400 for a person without a disability and R33 600 for a person with a disability.

The Broad Based Black Economic Empowerment Scorecard is critical for all companies. Disability is linked to six direct disability bonus points, five designated group points as well as the five socio-economic development points. (Employers are known to use disability in their skills development strategy to score the maximum number of 20 points available for skills development.)

This list is by no means exhaustive, but it can assist in the development of a disability strategy, which will allow the employer to become more legislatively compliant as well as earn the financial benefits of a disability strategy. ^[1]



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.



SEX REHAB

WHEELCHAIR USERS MIGHT FEEL THAT THEY WILL NEVER HAVE INTIMACY OR SEX WITH A PARTNER AGAIN. SEXUAL REHABILITATION IS JUST AS IMPORTANT AS PHYSICAL REHABILITATION

For a person newly affected by a spinal cord injury (SCI), life is all about surviving the current crisis. As the initial trauma eases and the storm of medical complications subsides, the focus typically moves to living with the injury. This is what physical and sexual rehab is all about – making the most of what you have left.

After discharge, SCI patients can feel as though they're moving from one crisis to the next as they try to incorporate normal life into their routine with their injury. The same happens with sex and intimate relationships: the cry of "will I ever be able to have sex again?" often occurs quite early after being diagnosed with a SCI. Other causes of anxiety might be a lack of intimacy or the challenge of building a new romantic relationship.

People with SCI can sometimes feel left out and isolated. This is dangerous to their emotional wellbeing and has the tendency to snowball. When you are isolated for long periods, it is easy to stop pursuing relationships and become even more alone. This cycle can prevent people with disabilities from experiencing intimacy and satisfying their sexual needs.

They also sometimes have to make life-changing decisions – just like everyone. For example, it might be time to end a relationship that is unfulfilling or to move out of

a parental home. Support is invaluable in these situations. However, there are two difficulties. The first is that there is often no support available to guide patients during this stage with emotional support and relevant information. The second difficulty is that patients are often unaware that there are even such services available. Either way, people often don't receive the assistance they need and are left to figure it out for themselves.

“Physical and sexual rehab is all about making the most of what you have left.”

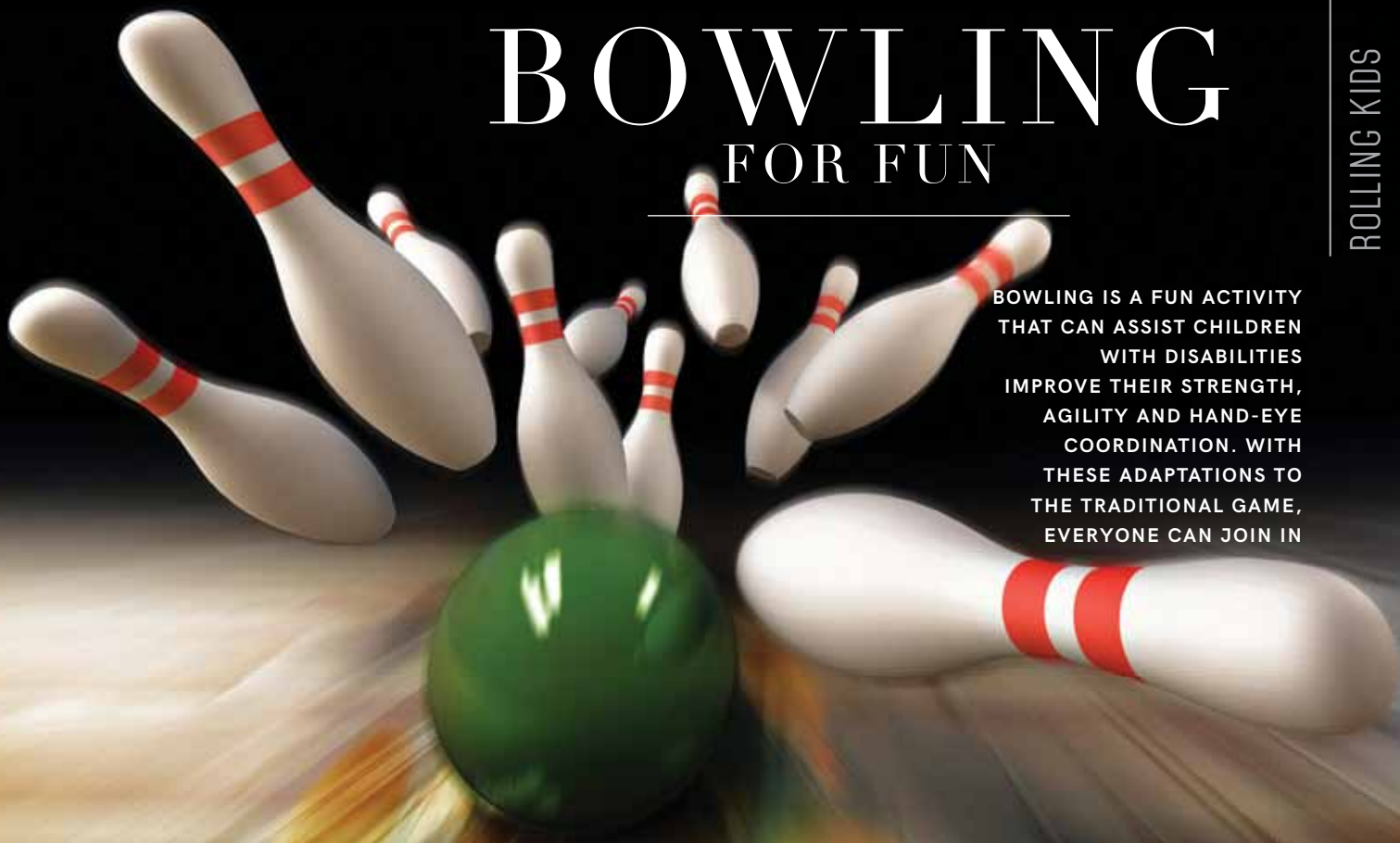
Finding support in the form of education and emotional support for sexual difficulties could mean the difference between having a sexually satisfying relationship and having some of our most important intimacy needs left unfulfilled. Seeking professional assistance for a sexuality-related crisis should be on the top of the list for ourselves as well as the ones we care for. [\[1\]](#)



Danie Breedt is a passionate scholar-practitioner in the field of psychology. He divides his time between training future psychologists, research and clinical practice. Danie works from an integrative interactional approach in therapy dealing with a wide range of emotional difficulties. He is currently working as a psychologist at numerous physical rehabilitation hospitals across Gauteng for Charis Psychological Services where he does supportive counselling as well as sexual education for patients with disabilities. Column courtesy of Charis Psychological Services.

BOWLING

FOR FUN



BOWLING IS A FUN ACTIVITY THAT CAN ASSIST CHILDREN WITH DISABILITIES IMPROVE THEIR STRENGTH, AGILITY AND HAND-EYE COORDINATION. WITH THESE ADAPTATIONS TO THE TRADITIONAL GAME, EVERYONE CAN JOIN IN



all games are important for children, as they help to improve overall strength and agility, and develop hand-eye coordination and gross motor skills. Of these, bowling is a great option – it involves rolling a ball down a

bowling alley and trying to knock the pins over.

But it doesn't have to be pins! You can use tin cans or any other objects that can be easily knocked over. Here are some modifications that might assist children:

POSITION

Bowling can be played standing, seated on a chair, in a wheelchair or on the floor, and by using assistive devices such as walking frames or crutches. Some children might need a friend to hold onto for balance.

SURFACE

While the bowling alley surface is traditionally smooth and slippery to ensure that the ball rolls well, it could be a slipping hazard and some children may require adaptations such as using a rougher surface or carpet.

BALLS

You can use a lighter or larger ball if needed, and the child

can use two hands instead of one if necessary.

PINS


Make the pins larger, or shorten the distance between the child and the pins in the bowling alley.

BALL RAMPS

These can be used from either a standing or seated position; they help children who cannot hold or roll a ball. Instead they can roll the ball down the ramp to knock over the pins.

While there are ready-made versions available that can include quick release buttons, you can make your own ramp using wood or aluminium. These ramps assist children in rolling the ball from a standing position, or from their wheelchair, standing frame or walker.

BALL PUSHERS/BOWLING STICKS

A child can use these pushers/sticks from either a standing or seated position. They help a child to push rather than throw the ball and have long arms with a grip at the end that fits to the shape of the ball. They help the child to easily and accurately push the ball down the lane, either in front or to the side of a wheelchair or walker. 



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

RUN TO FIND A CURE FOR SCI

The Wings for Life World Run is back! On May 6, runners and wheelchair hand cyclists from across the globe will compete in support of finding a cure for spinal cord injuries (SCI). All entry fees are donated to the Wings for Life Spinal Research Foundation. The local chapter of the event will be hosted at SuperSport Park in Centurion, Tshwane.

At 13h00, South Africans will join the rest of the world in running for SCI and away from the Catcher Car. Unlike a traditional race, participants are not running on time, but kilometres. A half hour into the race, the Catcher Car will depart driving the same speed for an hour. Thereafter, it will slowly increase in speed. When the Catcher Car passes a runner, that runner has passed the "finish line".

Come rain or shine, wind or snow, participants all over the world show up to walk, run or roll along the predetermined course, trying to stay ahead of the Catcher. Not able to make it to Centurion? No problem!

For those not participating in the official race, the Wings

for Life World Run App enables anyone around the globe to be part of the global movement. By activating the App, runners can take part in the World Run, chased by a virtual Catcher Car, at the same time as all Wings for Life World Runners across the globe. You can download the App via Google Play or iTunes and set your own course.



Entries are open and available at <http://www.wingsforlifeworldrun.com/za/en/pretoria/>.

If you planning on joining in on the fun, keep an eye out for the ROLLING INSPIRATION team on the day. Come say hi, take a photograph with us and help find a cure for SCI.

ROLLING A MILE IN A WHEELCHAIR USER'S SHOES

A day can make all the difference, especially when you spend it in another person's shoes. People are often ignorant about the challenges that others face and, to make the point, Little Eden invited Adrian Gore, group chief executive of Discovery, to spend a day in a wheelchair to commemorate National Disability Month.



Little Eden is a non-profit organisation that cares for people with extreme disabilities, many of whom have been abandoned or abused, or come from severely disadvantaged backgrounds. The NGO requires around R11 600 per month for each resident to ensure they are well fed and clothed, and receive 24-hour nursing and medical care as well as specialised therapy.

Gore accepted the challenge and spent a day in a wheelchair facing many of the challenges wheelchair users overcome on a daily basis. Afterwards, he wrote

the following email to his colleagues and staff:

You may have seen me in a wheelchair yesterday and I wanted to tell you what it was about. This month is National Disability Month and the incredible organisation Little Eden challenged me to spend a full day in a wheelchair. Little Eden is a home that provides life-long care to 300 children and adults with severe intellectual and physical disabilities. This challenge was meant to give me insight, and it did - the experience was profound!

I made sure that I spent the entire day in the wheelchair with no exception - conducting meetings, attending the Executive Committee, eating lunch, going to the restroom and more.

It was incredibly hard in every way - I battled to get around, I was slow and fatigued, and I got home exhausted, mentally and emotionally. I cannot begin to imagine the complexity and difficulty of being in a wheelchair - or of any substantial disability whether physical or mental.

While it was a drop in the ocean of what people actually experience, it did give me the insight that Little Eden intended. It was this very insight that left me feeling inspired and hopeful. I say this because the many people I know who live with disabilities are incredibly productive, high achievers and make a significant impact. I don't know how they do it, but they do - it's a testimony to their grit and resilience, and the power of the human spirit. It is clear to me: people can do anything they set their minds to, overcoming barriers in their way.

Thanks to Little Eden for this honour, and for all they do.

driving ambitions

**ADAPTED
VEHICLE
DRIVING LESSONS**

Johannesburg • Pretoria • Durban

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**
to download application forms

Spinal cord injury workshop

Life Riverfield Lodge will be hosting an interactive workshop for care-givers, professionals and families affected by spinal cord injuries

Date: Friday, 1 June 2018

Time: 08h00 to 15h00

Venue: Rehabilitation conference room
Life Riverfield Lodge
34 Southernwoods Road, Nietgedacht,
Randburg

The workshop will focus on the following:

- Pressure ulcers
- Bladder and Bowel
- Nutrition
- Seating
- Legal

Please book your seat now to avoid disappointment

RSVP with Glynis Krebsler via email on
glynis.krebsler@lifehealthcare.co.za or
cellphone on 082 777 6942

Life Riverfield Lodge
HEALTH CARE

Making life better

DON'T MISS OUT

Be sure to diarise these important upcoming events

28 MARCH – 3 APRIL SASAPD NATIONAL CHAMPIONSHIP

The South Africa Sports Association for the Physically Disabled (SASAPD) in association with the Free State Sports Association for the Physically Disabled (FSSAPD) will host the National Championship for Physically Disabled and Visually Impaired in Bloemfontein.

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

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

18 -19 APRIL HOPE-MANDEVILLE DISABILITY CAREER EXPO

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

6 MAY WINGS FOR LIFE WORLD RUN

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

21 – 25 MAY WFOT CONGRESS

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

TBA SABAT POWER WHEELCHAIR RACE

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

TBA QUADS4QUADS

The QuadPara Association of South Africa (QASA) in partnership with The Adventure Company will once again host the ultimate off-road journey to raise funds for QASA.

16 – 26 AUGUST IWBf WORLD CHAMPIONSHIP

The International Wheelchair Basketball Federation (IWBF) will host the World Wheelchair Basketball Championship in Germany.

SpeediCath®

Safe, quick, simple. Proven.

No. 1 brand
in Europe¹



The first instantly
ready-to-use catheter

SpeediCath is instantly ready to use right out of the package. Thanks to the unique hydrophilic coating, it works without the need to add water or lubrication – it does not get any faster or simpler than that. SpeediCath is even proven to minimise the risk of urinary tract infections.² And furthermore, users prefer SpeediCath over traditional uncoated catheters.³

For more reasons to try SpeediCath, and to order a free sample, send your request to caresa@coloplast.com or call 0861 612 273.

SpeediCath®

1. SpeediCath is the most sold catheter brand in Europe. Coloplast sales data, GERS, IMS, Assobiomedica, Nefemed, PCA, 2012/13
2. De Ridder DJMK et al.; European Urology 2005 Vol. 48 (6), p 991-995.
3. Cardenas et al; PM R 2011; 3:408-417.