

# ROLLING INSPIRATION

ISSUE 2 2019 | R60.00

The thought leadership publication for people with mobility impairments

## TOYOTA TO SPONSOR SASAPD GAMES

Ntando Mahlangu is  
brand ambassador

## YES, YOU CAN!

Accessible sport for all

## PARENTING ON WHEELS

What motherhood is like  
after an SCI

## TICKING ALL THE BOXES

Mastering tax forms and  
disability rebates



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# ROLLING INSPIRATION

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[www.rollinginspiration.co.za](http://www.rollinginspiration.co.za)

Throughout this issue, these acronyms  
are used as follows:

QASA = QuadPara Association of South Africa  
SCI = spinal cord injury / spinal cord injured



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# BUDGET SPEECH WOES

**AFTER THE 2019 BUDGET SPEECH THERE IS VERY LITTLE TO CELEBRATE, BUT WITH THE UPCOMING ELECTIONS SOUTH AFRICANS HAVE THE OPPORTUNITY TO EFFECT CHANGE**

**T**he new year has brought about many early challenges and opportunities for us all. There are some things we can change and others that need political will to be changed. We had the opportunity to listen to the 2019 budget speech by Finance Minister Tito Mboweni recently.

We were shocked, disappointed, surprised and concerned about how the money has been allocated.

We all have our own sections of the speech we pay particular attention to, like the allocation of social grants. If you're a recipient of a grant and didn't know, here is the news: The disability grant will be increased from R1 695 to R1 780; the foster care grant from R960 to R1 000; the care dependency grant from R1 695 to R1 780; and the child support grant from R405 to R425.

This is neither sustainable nor fair, but that's a discussion for a future edition. Instead, I want to interrogate the topic that stood out most for me – healthcare.

It is very important to have good health and the means to maintain your wellbeing. This costs money. Yet money is difficult to come by if you don't earn enough, and very expensive if you must borrow it. It is the oil that lubricates the wheel of life and we all need it to survive.

Health services are vital to any community and there is a need for more funding to service the sector. We also need more doctors, nurses and other support personnel to be employed by the health department. This was mentioned in my article for Issue 6 of ROLLING INSPIRATION for 2018, and the minister complied!

In this new budget, R2,8 billion has been reprioritised to a new human resource grant, R1 billion for medical interns, and R1 billion has been added to raise the wages of community healthcare workers to R3 500 per month. This is all good and well for the health sector, but there


are other unnecessary influences that deplete these funds.

At a recent press conference, the Western Cape Provincial Minister of Health, Professor NomaFrench Mbombo, revealed how violence is putting a strain on the health budget. She mentioned that, in the period from December 2018 to January 2019, more than one in five ambulance cases of about 30 000 were as a result of either a stab wound, gunshot wound, an accident or other physical injury.

Prof Mbombo stated that it costs between R22 000 and R25 000 to treat a person with a gunshot wound. Our hospitals are under severe pressure and these trauma cases take priority over less urgent injuries and illnesses. These are frightening statistics when considering that a large portion of society relies on the emergency medical services provided by the government.

It not only affects the waiting time for treatment, but is very expensive too. It eats into funds that could have been spent on other needs. Most of the violence is caused by social ills like gangsterism or fuelled by alcohol and substance abuse. This is all avoidable and very unnecessary. There is an urgent need for intervention to prevent it from spiralling further out of control. Other factors such as power cuts and commissions addressing corruption are adding pressure on all of us.

It is not healthy for a society to be placed under such pressure. There should be a bright side to budget expenditure. Although Mboweni tried to achieve some positivity, it is up to us as a country to try and move on from all of the negativity; to try and find ways of moving everyone forward one project or community at a time.

Luckily, as citizens, we do have a chance to effect change this year by participating in the elections that will be held on May 8, 2019. Let your voice be heard, because your vote is your voice. 



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

## BIDVEST BACKS QASA SKILLS DEVELOPMENT AGAIN

Benjamin Franklin once said, "An investment in knowledge pays the best interest." QASA is, once again, the recipient of extremely generous funding from Bidvest Premier Lounge for the QASA Skills Development Programmes. Previous funding was used to upskill members, which has led to mainstream employment, internships and learnerships.

The continuous support from Bidvest Premier Lounge ensures that members are skilled and moulded for opportunities that should arise. The funding has also allowed the QASA Digital Village to flourish and to upskill people with disabilities so that they become more employable.

The domino effect of the funding means that members gain

confidence and are assisted in realising their full potential. QASA looks forward to maintaining this strong partnership with Bidvest.



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# TOYOTA'S FACE FOR THE PARALYMPIC GAMES

**NTANDO MAHLANGU WAS RECENTLY APPOINTED AMBASSADOR FOR TOYOTA SOUTH AFRICA MOTORS AS PART OF TOYOTA'S PLANS TO SUPPORT THE DISABILITY COMMUNITY IN THE RUN-UP TO THE 2020 TOKYO PARALYMPIC GAMES**

**I**n 2015, Toyota became the first worldwide mobility partner of the International Olympic Committee and the International Paralympic Committee with the aim of contributing to "creating a peaceful society without discrimination through sports" and "a commitment to creating a sustainable society through mobility".

In 2017, Toyota launched its first global corporate initiative, "Start Your Impossible", with the goal of bringing people together and contributing to a society where anyone can challenge what is possible. The global vehicle manufacturer also launched its "Mobility for All" campaigns in support of a more inclusive society.

Now the South African branch, Toyota South Africa Motors (TSAM), has announced it will be supporting the South Africa Sports Association for the Physically Disabled (SASAPD) with a three-year partnership to promote the sporting codes offered at Paralympic level for athletes with disabilities.

The SASAPD is considered to be a good platform for nurturing promising and ambitious athletes with physical disabilities and visual impairment. The organisation offers a springboard towards Paralympic Games qualification across a variety of sports through its affiliation with international bodies, including the International Blind Sports Federation (IBSA), International Wheelchair and Amputee Sports

Federation (IWAS), and the Cerebral Palsy International Sports and Recreation Association (CPISRA).

Its annual National Championships for Physically Disabled also contributes to getting athletes ready for the Paralympics.

"Our involvement with SASAPD is so much more than just sponsorship of the games for the next three years. It's about leaving a lasting legacy and assisting to uplift the status of SASAPD. Our main objective is to help level the playing field in athletics and promote SASAPD to the status it deserves," says Calvyn Hamman, senior vice-president of sales and marketing at TSAM.

As part of the partnership, Toyota will also award a Quantum minibus to a deserving SASAPD-affiliated school. In addition, Toyota has challenged some of its long-standing partners to pledge various means of support to the sporting body. Toyota Cheetahs, in conjunction with Living Brands, will provide free strapping services and sport massages to SASAPD athletes at sporting events.

Hello Computer, affiliated to Toyota's advertising agency FCB, will be the social media partner of the SASAPD, thereby promoting the games on a larger scale.

"We are grateful to Toyota for the generous and beneficial partnership. This will filter down to everyone connected with SASAPD, offering some of the less fortunate athletes the opportunity to reach their dreams and even create a platform for them to reach their full potential at



the National Championships," says Moekie Grobbelaar, president of SASAPD.

"We strive to create equal sport opportunities with the focus on more attendances and achievements from our South African team at the 2020 Tokyo Paralympic Games. We are also working towards establishing development pathways for our youth, athletes, coaches, managers and various officials," she adds.

Ntando Mahlangu, Paralympian silver medallist, was named brand ambassador for Toyota. Mahlangu is a double amputee who came second in the 200-m sprint at the 2016 Rio Paralympic Games and set a new record of 12,01 seconds in the T24 100-m event at the 2017 World Para Athletics Junior Championships.

Much of his current success is as a result of the non-profit Jumping Kids and its work to provide children with prostheses. Mahlangu was born with hemimelia, which results in the underdevelopment of limbs. He spent most of his childhood in a wheelchair.

In 2012, both of Mahlangu's legs were amputated at the knee and he was fitted with his first set of blades in September of the same year at an event organised by Avis South Africa.

Even though he is now achieving incredible success as an athlete, this field wasn't his first choice. "I wasn't thinking about athletics in the beginning. When I got my prosthetic

**LEFT:** Ntando Mahlangu is also an ambassador for Jumping Kids. Here seen with young Jumping Kid Tshepo Rasebeka.

**BELOW:** Ntando Mahlangu tests one of the i-Road Toyota vehicles that will be used at the 2020 Tokyo Paralympic Games.



legs, I told Jumping Kids I wanted to play soccer. Having prosthetics let me be mobile and active. I just enjoyed being a kid; the athletics just happened around me," he explains.

"I liked to run and it was fun to take part in events. As I got older and faster, I began to enjoy the competition and pushing myself to see how much faster I could be. It's a way for me to test and compete against myself."

Today he is also an ambassador for the wonderful work done by Jumping Kids. Jumping Kids gave me the chance to show who I am and what I can do," Mahlangu says about his relationship with the non-profit. "By having equipment and services, I was always able to be mobile and chase my dreams.

"They changed my school and that brought me more opportunities. They have always been there to help make these things happen for me and for the other Jumping Kids. I'm grateful for their support."

Now Toyota aims to assist Mahlangu to achieve even more in his sporting career. During the three-year partnership, Mahlangu will receive mobility services, academic support and medical care. The young athlete is shocked, honoured and humbled by TSAM's support.

"It is hard to describe. I mean, I am young and can't even drive yet. It was a surprise and I'm still smiling at the thought that a big company like Toyota has decided to support me and my dreams.

"I will do my best and want to make them and South Africa proud. Speaking to everyone at the launch event and seeing first-hand how Toyota, as a company all about mobility, could change the world for many people with disabilities opened my eyes," Mahlangu says.

"To be included as we get closer to Tokyo 2020 is exciting. I'm ready to start my impossible." He says Toyota's support from will help him focus on school and his training and has given him confidence that he will excel at the 2020 Tokyo Paralympic Games.

"It also means Jumping Kids can use the funds that would've helped me to help other kids in need," Mahlangu explains.


South African para athletes have to compete in the Toyota SASAPD National Championships to qualify for selection by South African Sports Confederation and Olympic Committee (SASCOC).

Mahlangu is looking forward to participating in the event. "The nationals offer a great chance to see the para-athletic talent in South Africa and I enjoy seeing my friends and competitors from around the country," he says. "I'm hoping to run good qualification times in all my events and make sure I'm on track in my preparation."

With the Paralympic Games around the corner, Mahlangu's goals are simple - to do his best, make his backers proud and represent his country. He would also like to inspire other people to dream big and show them that having a disability or challenge is not the end.

His advice for other people with disabilities who are considering a professional sporting career? "When you're starting out in sports, do it because you love it. The love of the sport will keep you hungry when times are tough or you don't feel like training. Know that lots of people will doubt you and your capabilities, especially if you have a disability. Do your best anyway. Know that competition is tough in all sports, and para sports are challenging. The competition has increased over the past few years and in order to be competitive you need to work hard, but also have fun."

"We have always been behind our national sport, whether it is rugby, cycling, motorsport, football or athletics," Hamman concludes. "It is also because the values of perseverance, leadership and endurance, which are synonymous with sport, are at the core of the Toyota brand and its history in South Africa."

The 2020 Tokyo Paralympic Games will take place from August 25 to September 6. The Olympic Games will precede the event and starts on July 24. 



# THE SILVER ROLLERS BRIGADE

EVERYONE HAS TO FACE GROWING OLD AND GREY, BUT WITH THE RIGHT PREPARATIONS IT CAN BE A SATISFYING, PRODUCTIVE PHASE OF LIFE

**W**hether the colour of our skin is vanilla, caramel, toffee or chocolate, we all have something in common: as we grow older our hair turns silver. Spiky silver, curly silver, coiled silver or straight silver... No matter, our hair becomes silver. So welcome to the silver rollers brigade.

Growing old is not for sissies. Growing old is for the strong of heart, the strong of mind and the strong of faith. The fourth strong – strong of body – must have gone fishing because when we need it, it is no longer there. Especially so for persons with mobility impairment...

We all age, though. And if we are aware of the challenges, plan for them and face up to them, growing old can be a satisfying, productive and even enjoyable final phase of our lives. Let's explore and tackle the challenges of ageing.

Death first – the great inevitable. Research and experience tell us that people with spinal cord injuries and afflictions on average die younger than their able-bodied peers. However, as with everything in life, there are many variables that influence when we die. If we manage those variables, we not only delay death but we also improve our quality of life.

Having said that, I believe that the philosophy of "death

isn't an option" is a load of bull. I advocate a balance: look after your body, mind and soul so that you can enjoy your old age while also having fun and eating lots of cheesecake so that you die when you can still afford to live!

What are the things we should look out for so that we live long and happily ever after? Medical professionals talk about mortality and morbidity: mortality are things that kill you and morbidity are things that make you miserable while you are still alive. Often things happen to us that first make us miserable and then we die, so we become morbidly mortal...

Major causes of mortality in people with mobility impairments include pneumonia, urinary tract infections (UTIs), pressure sores, and obesity, which relates to strokes, heart attacks and diabetes. The things that make us miserable (morbid) include constipation, neurogenic bladders, spasticity and spasms, temperature regulation, autonomic dysreflexia and the complications associated with thinning bones.

It stands to reason that if we want to live longer and happier, we need to look after our hearts, lungs, bladders, bowels, bones, muscles, skin and temperature. That is really all there is to it – finish and *klaar*.

Yet caring for the wellbeing of our bodies is not the only solution to ensure a happy and fulfilling silver roller



and roses. About a year ago he was diagnosed with an adenoma of his pituitary gland – the gland that sits below the brain, between the eyes.

It is not cancerous, but as it grows it presses on the nerves of his eyes and can cause blindness. He had an operation, but they weren't able to remove all of the tumour and now it is bigger than ever. At the end of the month, he is being retrenched from his job. He is in a total panic but sought help from a doctor and joined a pituitary support group where he met a woman with the same type of tumour, but more advanced.

She is partially blinded by the tumour and cannot drive any more. She has been invited to represent the South African support group at a conference in Florida in the United States, but because of her blindness she asked Joshua to go in her place. Joshua told our church group his story and, in the telling and discussion, the thought came up that perhaps his energy is being channelled.

*“As silver rollers, we have more time that could be used to make a difference, dedicating our time to the needs of others.”*

life. Our minds and emotions have a tendency to take us on rollercoaster rides and it is our spirituality that keeps our rollercoaster buggy attached to the track and prevent us from flying off into the terror of stressing about things over which we have no control.


While caring for our bodies is important and much is written about it, keeping together the trinity of mind, emotions and spirit is the real secret to a fulfilled and joyful winter-of-life.

I could continue this article with do's and don'ts of friendship promotion, applying our minds to add value, and becoming involved in peer support activities, but these topics have been written and talked about so much and by so many different people all punting their own little pet theories that another attempt would just make you nauseous enough to toss aside the magazine. I'll rather illustrate with an example.

Joshua (not his real name) is in his early thirties – so still well away from a being a silver roller. He is happily married and has two children: a three-year-old son and a daughter of eight months. Yet his life is not moonshine

The door of employment has closed, but the door of involvement in an international organisation that aims to support people who have been knocked down by this terrible condition has opened. Joshua was not yet enthused by the concept, but the thought has lifted him and given him new direction.

The point is we shouldn't wallow in our own misery. It is pointless. Let us silver rollers take our cue from this ordinary thirty-something young man who is prepared to harness his own ordeal to the benefit of others. Our silver roller life allows us more free time. Using it by opening up and dedicating ourselves to the needs of others takes our attention away from ourselves and our own difficulties.

If our own disabilities prevent us from being human doings, we remain human beings. A smile, a kind word, seeing a need and facilitating a solution: we may not be able to do, but we can be to the best of our God-created being. 



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

# BON VOYAGE!

THERE ARE A FEW THINGS TO CONSIDER WHEN PLANNING AN ACCESSIBLE HOLIDAY. WITH THIS BASIC CHECKLIST, YOU'LL BE SURE TO HAVE THE TRIP OF YOUR DREAMS



With my daily work, I'm often contacted by people with disabilities asking for assistance with planning a holiday. Here is one of these requests and my response:

*Good afternoon, Mandy  
I trust this email will find you well.*

*I am a 28-year-old paraplegic from Durban who works in a corporate environment. The best way to escape the corporate life is by taking leave and going on holiday. Please assist me with a list of areas I can visit within or outside the country as a paraplegic while feeling well accommodated.*

*Kind regards,  
Bright Nzuza*

Hello Bright,  
Thanks for getting in touch. Of course local is lekker,

but accessible facilities that accommodate people with disabilities are not always available. So, when planning your holiday, there are a number of factors to consider to make sure you get the best value for your money and the most enjoyable experience possible.

## BUDGET

The most important factor is budget. The amount of money you are willing to spend will determine how far you can travel and the mode of transport you will use.

## TRAVEL BUDDIES

The number of people travelling with you will also influence your choice when it comes to the mode of transport and accommodation. If you are accompanied by family or a carer, it might make sense to pick a hotel package that includes meals, or a self-catering unit with multiple bedrooms to accommodate everyone.



## DESTINATION

Once you've decided on the above two factors, you can start looking at the destinations you would like to visit. Do you want to relax at the beach or in the bush? Would you prefer to explore a city and do lots of sightseeing, or would you rather relax and recharge somewhere quiet and peaceful? Do you want to be land-based or are you keen on a cruise? Once you've narrowed down the type of holiday you would like to have, you can narrow down your search to an area, city or holiday package that suits your needs.



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

## MODE OF TRAVEL

Next, decide on the ideal mode of travel. Often a flight and hired car are an easier option than driving to your destination, but it also limits the amount of equipment you can bring.

When booking flights, always contact the airline after making the reservation to confirm any assistance you might need to board and disembark the plane. You might have to supply information about your disability and the equipment you use. If you use a service dog, arrangements need to be made and confirmed before you arrive at the airport.

Please check your visa requirements well ahead of time and make timeous arrangements for any necessary travel medication, such as vaccinations or malaria-prevention treatment, as some of these might need to be administered a few weeks before departure.

## RESEARCH

Do research on wheelchair-friendly establishments and then visit their individual websites to make sure they cater for your specific needs.

If you like a venue, call it directly to confirm whether your exact requirements (such as twin beds, an inter-leading room or a roll-in shower) are indeed offered in the accessible room that is available. Ensure that you can move easily between your room and general areas like the restaurant and other facilities.

## HIRING EQUIPMENT

You might find suppliers offering equipment like portable hoists, commode wheelchairs and hospital beds for rent in major cities, but these are generally not available in smaller towns and out-of-the-way places. Again, do your homework before your trip to help you decide what to take along and what to hire on site.


## ACTIVITIES

Should you want to participate in any activities like game drives or tours, confirm whether they will be able to accommodate you before you make your reservation.

## TRAVEL INSURANCE

Travel insurance is always recommended – even for local travel – as holidays are usually quite expensive. If you need to cancel your trip for health reasons, for example, you'll get at least some of your money back through your travel insurance.

Now that you have a good idea of the process, you'll be able to make informed decisions to ensure your holiday is exactly what you have in mind. If you need assistance along the way, please don't hesitate to contact me so that I can advise you.

Happy travels! 



# FIRST-YEARS: YOUNG AND RESTLESS

ACCOMMODATING FIRST-YEAR STUDENTS STUDYING TO BECOME A PROSTHETIST MIGHT BE EXCITING, BUT IT IS ALSO A GREAT RESPONSIBILITY

**W**hen the university sends us first-year students, we are always a bit excited. What makes first-years so special is that they have had little contact with patients, doctors and the workings of a private practice. Basically, you start with a clean slate. It is a responsibility that we take very seriously.


We're their first contact with what the practice is really like and we have a responsibility to help mould them into capable practitioners. Respect, sympathy, integrity, honesty, punctuality, humility, empathy and self-discipline are among the qualities we try to teach them. To say "Pardon me?" and not "Hey?" when you can't hear what someone is saying is usually only repeated a few times, then it is fixed for life.

To mould a young mind into becoming an artist, an engineer, a psychologist and a marriage counsellor while keeping in mind that tomorrow really belongs to them – so you can't break their spirit or derail their enthusiasm – is not always easy but it is always fulfilling, and we sure laugh a lot! One first-year student, Amilia van Niekerk, shares her experience of her first few days:

"I wake up from my alarm with a pounding heart! Today I start working at a practice as a first-year practical student. I'm extremely nervous and don't know what to expect at all. I'm sure I am mentally and physically prepared for this day, but then later it turns out I was not!

"Every day is a whirlwind of patients and qualified practitioners coming and going, working on this and that. I am asked to hold this (yes, it was very heavy) and to bring them that (no, I did not know what the thing was). I cannot distinguish one tool from another and I don't know whether a 'Molly' is a tool or a person.

"Turns out you use it when riveting, so definitely not a person. To break the tension, I try to crack a joke, but no one is laughing. Each day I learn various new skills and methods. I also learn that I'm definitely not as smart as I thought I was. This is a different ball game. The six months studying at Tshwane University of Technology (TUT) didn't quite prepare me for reality.

"I suppose that is exactly why TUT sends students out for practical stints. Every day is a hard practical and mental session, but I know it will pay off. All I can say is that this career is not for someone who is afraid of hard work!" 



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

## PRESSURE ULCERS: THE CUSHION THAT COULD

ROLLING INSPIRATION reader Chris Opperman shares his experience of finding the right cushion to help prevent pressure ulcers:

"I had pressure sores because I have no flesh over my ischium (the lower and back part of the hip bone). I have literally spent about R60 000 on cushions, from active air battery-powered cushions to specially cut foam. Three days' sitting for about three hours a day, and back to bed. I have a very high risk of developing pressure ulcers.

"A friend bought me a Roho that I haven't given a second thought... I mean, not even these R20 000 cushions worked. As it turned out, I had to go to Barcelona and had no choice but to sit on the Roho because the batteries of my current cushion only last 18 hours, and with flights and waiting for connecting, I was going to travel for longer.

"In the end, I sat on the Roho for 39 hours. When at last I got into bed in Barcelona, I was seriously stressed. My wife turned me on my side: not even pink ... nothing. I started crying. Now I only sit on my Roho and have had no problems at all."



## DISMAL STATE OF PUBLIC TRANSPORT

ROLLING INSPIRATION reader Hans Human shared this photograph of how wheelchair users have to cross the railway tracks to access the trains, commenting: "This is how you get to the platform."



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# MANAGING TEMPERATURE CONTROL AND ABNORMAL SWEATING

AMONG THE MANY CHALLENGES SPINAL CORD INJURED PERSONS NEED TO DEAL WITH ARE BODY TEMPERATURE REGULATION AND SWEATING. BOTH ARE CONTROLLED BY THE AUTONOMIC NERVOUS SYSTEM OF THE BODY



In order to understand the challenge experienced by SCI patients fully, let's review how normal control of these bodily functions is achieved. The human nervous system comprises the central nervous system (brain and spinal cord) and the peripheral nervous system. Within the brain, the autonomic nervous system is regulated by the hypothalamus, an area just above the brain stem.

Autonomic functions include control of respiration, regulation of the heart rate (the cardiac control centre), regulation of the blood vessels (the vasomotor centre), and certain reflex actions such as coughing, sneezing, swallowing and vomiting. The autonomic nervous system has three branches: the sympathetic nervous system, the parasympathetic nervous system and the enteric nervous system.

The sympathetic nervous system is often considered the "fight or flight" system, whereas the parasympathetic nervous system is considered the "rest and digest" or "feed and breed" system. In many cases, both of these systems have opposite actions – one system activates a physiological response and the other inhibits it.

Temperature regulation might be affected after an SCI, as body temperature is controlled by the autonomic nervous system via hypothalamic regulation, and a spinal injury generally results in reduced sensory input regarding temperature received from below the level of injury. An injury at level T6 or above also results in a lack of descending sympathetic control, which responds appropriately to environmental changes in temperature.

As a result, patients may experience high or low body temperatures. Temperature dysregulation can occur acutely following SCI and can persist for a lifetime. People with higher levels of injury and complete injuries are more likely to experience these issues.

There are several patterns of temperature dysregulation found in SCI. These include:

## HIGH OR LOW TEMPERATURE SECONDARY TO ENVIRONMENTAL EXPOSURE

Patients with SCI can experience trouble regulating their temperatures in extremely hot or extremely cold weather. They will need to dress appropriately, and preferably have some sort of environmental control (air-conditioning) to stay warm and preserve body temperature in winter.

## FEVER WITHOUT INFECTIOUS SOURCE

This form of fever is more common in the first weeks or month after injury. One needs to be careful, however, as there might be many causes of fever that will need attention – typically, chest, skin or urinary infections need to be excluded as a cause of elevated temperatures, although deep vein thrombosis and heterotopic bone formation can also be the cause of a fever.

## EXERCISE-INDUCED HYPERTHERMIA

To avoid this condition, regulate exertion with exercise.

Sweating, too, is controlled by the autonomic nervous system, and people with SCI might experience sweating disturbance as a result of autonomic dysfunction. The most common pattern is increased sweating above the level of injury and minimal or no sweating below the level of injury.

Sweating can often be profuse and annoying to the point that someone would need to have several changes of clothing per day. Seek medical advice before assuming that this is indeed the result of autonomic dysfunction, because sweating can signal infection or even the development of a spinal cord cyst (syrinx), which would need urgent attention.

There are medications you can try to reduce excessive sweating. [\[R\]](#)



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

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# THE ELEPHANT IN THE BEDROOM



**DEPENDING ON THE LEVEL OF THEIR INJURY AND WHETHER IT IS COMPLETE OR NOT, MEN WHO HAVE SUFFERED A SPINAL CORD INJURY MIGHT EXPERIENCE ERECTILE DYSFUNCTION – BUT ALL IS NOT LOST**

*T*

here are numerous interventions available to treat erectile dysfunction after a spinal cord injury, depending on the level of injury, sensation and whether the injury is complete or not.

"Broadly speaking, there are three categories for interventions available, namely surgical (implants), medication administered either orally (pills), or through injections and mechanical interventions such as vacuum pumps or similar devices," says Danie Breedt, director at Charis Psychological Services and ROLLING INSPIRATION contributor.

Before attempting any of the potential interventions, it is important to consult a sexologist or medical professional to ensure that the intervention will be effective and that it won't do any harm.

"I don't know of many SCI patients that have gone for penile implants, as it is very expensive and certainly not covered by the medical aids. Of course, they are successful in achieving erection, but in SCI there are still the residual problems of poor or no sensation, and poor or no orgasm and ejaculation, which of course these implants don't change," notes Ed Baalbergen, medical doctor at the rehabilitation unit of the Life Vincent Pallotti Hospital and regular ROLLING INSPIRATION contributor.

"I have had some patients who have gone for the semi-rigid implants to assist them with retaining the external catheter on the penis if there is a problem with a retractile penis – it can be a solution to this problem."

According to Baalbergen, a penile implant most commonly works mechanically, with hollow shafts implanted into the corpora cavernosa – the blood-filled chambers

that allow normal erectile function. The implants are then mechanically filled with fluid to allow the penis to become erect.

Alternatively, a malleable prosthesis – a flexible silicone rod available in various sizes – can be implanted into the corpora cavernosa to offer adequate rigidity for penetration. When not in use, it can be bent to resemble a flaccid penis.

*“Penile implants are expensive and not covered by medical aids, but achieve a successful erection.”*

A two-piece inflatable device can be implanted in a similar way, with a pump reservoir placed in the scrotum. There are also non-mechanical or semi-rigid alternatives that can be manipulated to alter the erect form of the penis," Baalbergen adds.

Post surgery, the patient can resume normal sexual activity after four to six weeks. The surgery could lead to some complications, including autonomic dysreflexia (AD), erosion of the prosthesis through the glans of the penis and infection, or pain if the patient has some retained sensation. Thus patients who undergo the surgery need to look out for any signs of infection, swelling, AD, elevated temperature, and erosion through the skin following the surgery.

If surgery is not for you, consider some of the alternatives, like pumps or medication.

Keep a lookout for information in an upcoming Sexuality column by Breedt. [\[7\]](#)

# SEXUAL REHABILITATION: A JOURNEY OF REDISCOVERY

SEXUAL INTERCOURSE CAN STILL BE ENJOYED GREATLY AFTER A SPINAL CORD INJURY, BUT IT MIGHT REQUIRE SOME EXPERIMENTATION AND ASSISTIVE DEVICES

**A**n SCI changes your life in many ways, and sexuality is no exception. The most obvious limitation that needs to be taken into account is how your body reacts physically to sexual activity. It is like a journey of rediscovering your body, which should be celebrated, respected and enjoyed.

There are some devices (also referred to as sex toys) that can assist in this journey and make it more enjoyable. Some devices are specifically designed to assist people with limited mobility or hand function, while others are traditional toys used in creative ways.

Occupational therapists can be very helpful in adapting or modifying equipment to suit someone's unique needs. An example of such a modification is the universal cuff, which is usually given to people with limited hand function during their initial rehabilitation to assist with holding various objects. It can be used to hold a vibrator or dildo (an object, usually made of latex or silicone, that is used for sexual penetration), and can also be modified with an extender for the purpose of penetrating a partner or oneself.

Vibrators are among the most common and versatile devices available and can be adapted in many creative ways. They can be used for stimulation all over the body, but especially in areas with limited sensation. Some vibrators

can be attached to one's tongue or finger to assist in foreplay and do not require active grasp or wrist strength. A vibrator applied beneath the penis of a male with an SCI can assist him in reaching orgasm and ejaculation.

Some people prefer to use a harness as an assistive device for intercourse. A harness is strapped onto the body and allows for a dildo to be attached. Such a dildo can also be detached from the harness and used as a hand-held sexual device. When considering a harness, always keep safety in mind. It is important to ensure that the straps fit snugly, but they should not restrict circulation or irritate the surface of the skin.

The final group of devices assists with positioning for intercourse. There are numerous products available that facilitate comfortable positioning and natural fluid motion with minimal upper-body movement. Basic soft-core foam cushions in various shapes and sizes can be used for positioning during a range of sexual activities.

Your wheelchair is often overlooked as an assistive device – it can be used to achieve positions that might not be possible otherwise.

The most important aspect of any of these suggestions is to have an open mind. Be creative and curious in your search to find what works for you and your partner. It is only by trying new things that you will rediscover your sexuality. [\[4\]](#)



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.



# ClaytonCare Group

## PLANNING YOUR JOURNEY TO WELLNESS

The ClaytonCare Group are the only Post-Acute medical and rehabilitation care facilities that formally have an ICU license. The emphasis is on providing cost effective equivalent care in an environment where the multidisciplinary team is involved to achieve an outcome from admission.

Post-acute care (PAC) can best be defined as comprehensive in-patient care that is designed for patients having experienced an acute illness, injury, or exacerbation of a disease process. It should be a goal-oriented and patient specific treatment programme rendered immediately after acute hospitalization to treat one or more specific active complex medical conditions or injuries. The following aspects are important when defining PAC:

## 1. STRUCTURE

A Post-Acute Service comprises a multidisciplinary team of trained professionals who:

- Work together towards common goals for each patient;
- Educates the patient and family throughout the rehabilitation process;
- Have relevant knowledge and skills;
- Can resolve most of the common problems faced by their patients.

## 3. OUTCOME:

The Post-Acute process aims to:

- Maximise the participation of the patient in his or her social setting;
- Minimise the pain and distress experienced by the patient;
- Minimise the distress of and stress on the patient's family and carers.

*Outcomes may be a combination or one of the following:*

### 1. Rehabilitation

This is when a patient is rehabilitated and returns to society post rehabilitation in an hospital environment. This scenario is extremely positive and results in a patient having some quality of life restored and becoming functional within his/her own environment. This may be with assistive device, but the patient is fully educated as well as the family and as such this leads to a measurable outcome. In the post-acute process this can also be explained as optimizing level of function and minimizing the burden of care for the caregivers in order to ensure a safe discharge. Discharge planning plays an important role from admission.

### 2. Sub-acute

This category is aimed at the patient that requires therapy intervention and medical care, but it is likely that progress will be slower. Often these cases plateau and require intensive family training and counselling as well as potential placement at the end of their stay. These patients in the ClaytonCare Group have exposure to all modalities and a specific outcomes-based program with appropriate length of stay is designed for each patient. The medical condition is treated and stabilized, and patient is educated and the risk for potential readmission is mitigated. Outcomes could be described accordingly:

## 2. PROCESS

Post-Acute Care is a reiterative, active, educational, problem solving process focussed on a patient's behaviour (disability/ability) and medical condition, with the following components:

- Assessment which is the initial identification of the nature and extent of the patient's problems and the factors relevant to their resolution. A decision is made at this early stage whether the goal will be a rehabilitation outcome immediately or whether a medical outcome needs to be found first prior to embarking on the rehabilitation.
- Goal setting
- Intervention, which may include either or both of
  - a. treatments, which affect the process of change and;
  - b. support, which maintains the patient's quality of life and his or her safety.
- Evaluation which entails monitoring the effects of any intervention.

### a) Medical Outcome:

A medically complex patient that has a guarded rehabilitative outcome as the condition is treated, stabilized and patient is educated and the risk for potential readmission is mitigated. However, stabilization and curing of certain medical conditions, proper family and patient education as well as optimizing treatment plans (as an example re-educating a diabetic or HIV positive patient in order that they do not relapse and need acute hospitalization) is an outcome that is measurable. Categories are as follow: Ventilator care in ICU and High care etc.

### b) Social Outcome:

The family and care givers are trained, or the patient is appropriately placed and there is an acceptance by the family and friends regarding the end state of the patient. This scenario is for cases that despite best medical and therapeutic intervention do not show marked progress. The burden of care however remains high and based on this; these cases need intense input from the Neuropsychologist as well as the Social worker. The outcome in this case is either placement at home with an educated and empowered family or possibly placement in a long-term care Centre which is done in conjunction with the family.

# CENTRES OF EXCELLENCE

Supporting the patient and family on their journey Post-Acute Care

PAC will add value by:

- Demonstrating measurable outcomes for patients and their families;
- Providing a cost-efficient service to our payers;
- Being accountable to our referral sources;
- Developing professional knowledge and expertise;
- Contributing to the development of the art and science of Post-Acute Medicine and Rehabilitation;
- Providing modern treatment, facilities and equipment; and
- Adhering to honest and ethical practices.



An Important paradigm shift needs to take place where the focus is on the patient rather than the potential income a patient can generate in an acute hospital.

All medical specialities and funders need to move toward placing patients into appropriate post-acute facilities as soon as it is appropriate. This will not only ensure better outcomes but will assist in managing the spiraling cost of health care for funders.

The current benefits structure in medical aids with extremely limited Post-Acute benefits is problematic. This is exacerbated by the fact that the acute hospitals have access to the overall major medical expenses pool of funds.

Post-acute care in most funds is still seen as a defined benefit and this limits time frames for the rehabilitation and reintegration of patients into home and work.

The question therefore is whether we are managing patients correctly and whether we are in fact providing the right level of care to provide an optimal outcome for the patient and the most cost-efficient solution to the funder.

We strongly believe that all post-acute care should be looked at in its totality including outpatient therapy and that a decision needs to be made for a patient based on the best center of excellence for him/her to receive an optimal outcome.

Patient categories that would be able to be accommodated in the post-acute environment:

Stroke, Brain Dysfunction, Neurological Conditions, Spinal Cord Dysfunction, Amputation Of Limb, Orthopaedic Conditions, Cardiac Conditions, Pulmonary Conditions, Wounds, Traumatic Brain Injuries, Major Multiple Trauma, Oncology.



Clayton  
house



*The main purpose is to provide quality, holistic, integrated multi-disciplinary Post-Acute care and rehabilitation. Ultimately the objective is to create a better life through holistic and quality care enabling patients to achieve the best that they can be from a medical or social or rehabilitative perspective.*

Furthermore, The ClaytonCare Group vision has been to position itself as a specific high acuity post-acute care unit dealing with ill, infectious and medically intense patients (including ventilated patients) who are medically stabilizing. It is important to note that irrespective of the level of care that the patient needs, appropriate therapy and medical care are delivered at all times and all therapy modalities are available.



The ClaytonCare Group is an organization that is extremely aware of the inflationary pressure that medical aids are experiencing and the additional burden it places on the members to absorb increases from suppliers. Furthermore, Healthcare funders are under increasing pressure to contain the cost of care whilst still ensuring that members have access to the highest quality of care. Increased subscription costs have led to a more demanding clientele. Funders must ensure that patients receive care in the most clinically appropriate and cost-effective setting. This includes ensuring that patients receive care in post-acute facilities (rather than acute hospitals) as and when clinically appropriate. Appropriate post-acute care culminates in:

- superior clinical outcomes by virtue of specialist treatment pathways and care coordination; and
- lower costs by virtue of judicious clinical protocols and a more moderate tariff structure.

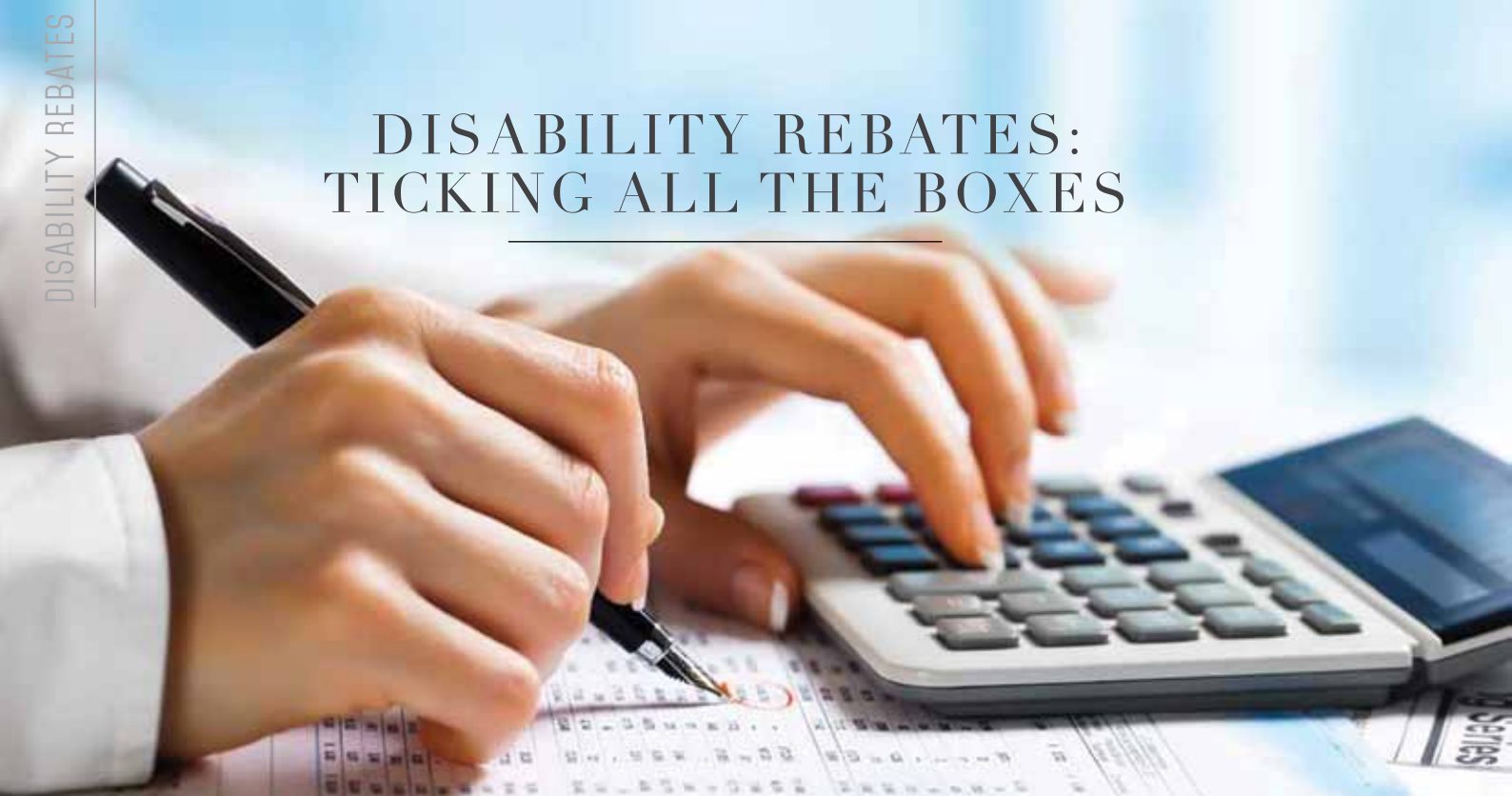
Despite the benefits associated with post-acute care, post-acute facilities are unable to offer their services to a sufficiently wide spectrum of patients. This is due to the fact that the current tariff structure prevents post-acute facilities from charging more for more complex patients who require higher levels of care. As a result, patients continue to receive more costly care in acute hospitals which do not offer the same levels of care coordination as post-acute facilities. This scenario is detrimental to both patients and funders.

It is also believed that post-acute facilities can achieve an even higher level of care coordination which would translate into superior clinical outcomes because of the interdisciplinary team and lower costs. However, the current tariff structure simply does not allow for the financing of such activities. This too should be addressed in the revised tariff structure in order to improve the efficiency of the health care system.



For more information regarding the ClaytonCare Group and facilities please visit [www.claytoncaregroup.com](http://www.claytoncaregroup.com)

# DISABILITY REBATES: TICKING ALL THE BOXES



ALTHOUGH PEOPLE WITH DISABILITIES ARE ENTITLED TO CERTAIN REBATES FROM SARS, CLAIMING THEM IS NOT SIMPLE. DISABILITY TAX SPECIALIST JACO KRUGER PROVIDES SOME INSIGHT

**C**reating awareness among the various disability organisations and groups in South Africa is of the utmost importance. I am a parent of a 26-year-old with a disability, and in my experience taxpayers and parents are not adequately informed about the tax benefits in terms of disability. Interpretation of these guidelines and the presentation of the claimable items play a pivotal role.

Note that these deductions are only allowed for people with disabilities who are the taxpayer, and for their spouses and their dependants.

## What do you need to know?

Some of the important requirements to note:

### • ITR-DD

This is the medical form that must be completed by the relevant medical specialist (not a general practitioner) who is qualified to express an opinion and/or diagnose the disability at hand. Note that this form must be completed very accurately. No areas that require completion must be left blank. Everything must be done correctly, from a stamp and the date of diagnosis on page five to the relevant disability marked on pages three and four.

### • WHAT DEFINES A DISABILITY?

The degree of the impairment (mild, moderate or severe) of someone's ability to conduct their daily activity is a significant factor. There is a major difference in the treatment of your refundable amount when the impairment is marked as "mild" versus "moderate" on a form.

### • WHAT CAN BE CLAIMED?

There is a list of qualifying items listed on the South African Revenue Service (SARS) medical and disability guide (LAPD-IT-GO7). Note that any costs incurred by a taxpayer can

*“The requirements for disability tax rebates are now so strict, it is best to consult a specialist*

only be claimed by that taxpayer and only if it has not have been paid by the medical aid.

### • PRESENTATION OF YOUR CLAIM

This must be done in a structured way, with the correct documentation and adequately referenced. For example, a claim for the use of a private vehicle for obtaining services (as a consequence of disability) must be accompanied by a daily logbook, schedule of calculations and other supporting documentation.

When someone has their wheelchair insured, for instance, they can also claim a part of the insurance premium. This applies to other assistive devices too, such as hearing aids. The correct documentation for the different types of costs you claim is crucial as it forms part of more than 80 percent of your success rate.

Note that documentation is different for each individual disability and the circumstances.

The refundable amount is always limited to the amount of tax you pay over to SARS. Often, I find that the medical and/or disability expenses are paid by the spouse, whereby he or she can't recover the entire cost claimed and hence restructuring is needed. Some taxpayers have had mixed success in claiming for their expenses when attempting to do it themselves. Yet, whether all the expenses are claimed and correctly claimed is the question.

The requirements and documentation are very strict now and has become a very specialised field. I urge all taxpayers to seek the services of a specialist in terms of claiming for disability costs to ensure their claim is in line with what they are entitled to. <sup>[7]</sup>

# INVESTMENT BARGAINS DO EXIST

**WHEELCHAIR USERS – IN PARTICULAR THOSE WHO HAVE SUFFERED A SPINAL CORD INJURY – OFTEN HAVE LITTLE DISPOSABLE INCOME. HOWEVER, INVESTING IS NOT OUT OF THE QUESTION**

**T**he expenses associated with SCIs can make it difficult to invest. Consider the cost of replacing or repairing a wheelchair, which isn't fully covered by medical aid allowances; incontinence products, which aren't always covered by medical aid either; and caregiver salaries of up to R10 000 a month.

When travelling, you might pay for the flights and accommodation of your caregiver too. A caregiver can also impact on household spending if they live on the premises. However, according to David Case, chartered accountant and director at Magwitch Securities, there are investment opportunities for people who are on a tight budget.

"The past year was one of the most difficult for investors. A staggering 95 percent of asset classes lost money when measured against the dollar. Even if you were investing money in South Africa, you lost," he explains.

"The poor returns led to a large flow of funds out of investments as South Africans exited the markets, moving the proceeds into banking products. The problem, of course, is that selling in a panic is rarely a smart move."

Consider the old saying "buy low and sell high", Case advises. If you sell after the market drop, you are doing the opposite. However, we are often governed by our emotions. That's why, before considering investing money, you need to understand that calculated decision-making is required, rather than the emotional kind.

"We act in a certain manner in most aspects of our lives, but not when it comes to our investments," Case explains. "Humans love a bargain. The popularity of Black Friday is evidence of this. Online retailers advertise discounted prices in order to get consumers to make a purchase. Black Friday is so successful that retailers' websites often can't cope with the traffic. Buyers wake up early in the morning hoping to take advantage of a discount as soon as the day begins.

"A correction in the stock market should be viewed in the same way. Share prices of listed companies are driven by investor sentiment – when sentiment is positive, shares tend to be overvalued, and when the sentiment is negative, the shares often trade at a discount. What you end up paying for

a share is often not reflective of the fair value of that share.

"Negative sentiment creates the discount to fair value and this creates a fantastic buying opportunity. If a kettle is discounted by 30 percent people will be eager to buy it. Why not have the same attitude to investments? If a company's share price is discounted you should be eager to buy more. Stock market corrections actually create opportunity for investors.


"The investment world generally listens to Warren Buffett, the chairman of Berkshire Hathaway, who is commonly referred to as The Oracle of Omaha (as a result of his incredible investment track record and where he comes from)."

Case references a 1997 letter by Buffett to his shareholders that included valuable investment advice. The excerpt reads:

*A short quiz: If you plan to eat hamburgers throughout your life and are not a cattle producer, should you wish for higher or lower prices for beef?*

*These questions, of course, answer themselves. For the final exam: If you expect to be a net saver during the next five years, should you hope for a higher or lower stock market during that period? Many investors get this one wrong.*

*Even though they are going to be net buyers of stocks for many years to come, they are elated when stock prices rise, and depressed when they fall. In effect, they rejoice because prices have risen for the "hamburgers" they will soon be buying. This reaction makes no sense.*

*Only those who will be sellers of equities in the near future should be happy at seeing stocks rise. Prospective purchasers should much prefer sinking prices.* 

Based in Bedfordview, Johannesburg, Magwitch Securities is an independent financial services provider. Visit [www.magwitch.co.za](http://www.magwitch.co.za) or phone 011 453 3048 for more information on investment opportunities.



## WHAT HAPPENS ON THE COURT ...

PARTICIPATING IN SPORT IS A GREAT WAY TO EXERCISE, STAY HEALTHY AND SOCIALISE OR MEET NEW PEOPLE. MARISKA MORRIS TAKES A LOOK AT SOME OF THE ADAPTIVE SPORTS PEOPLE WITH DISABILITIES CAN PLAY

**T**here really is every kind of sport for every kind of person. If you are competitive and enjoy socialising and feeling part of a community, you might enjoy wheelchair basketball or rugby. If you are a lone wolf, wheelchair tennis might appeal more to you. If you want something that is less action-packed and more precision-focused, lawn bowls might suit your temperament.

Some of these sports, particularly team sports, require that you join a club. For others, like handcycling, you simply need the correct equipment and an entry into an appropriate cycling competition.

Chavani Mhinga, a wheelchair rugby player for Mandeville Wheelchair Rugby, shares why sport is important to him: "An estimated 7,5 percent of the South African population has a disability, so it can get lonely at times. When you have the opportunity to play sports with other people in the same situation as you, it gives you the opportunity to open up and discuss issues in a way that you can't with most people around you.

"Sports are also a very good way to keep active, get fit and stay healthy. The benefits are substantial, emotionally and physically." He adds that wheelchair rugby is mostly played by quadriplegics or people with limited hand movement.

Wheelchair tennis player Mariska Venter believes tennis saved her. "The moment I get onto the court I feel like

an athlete. I feel free from the limitation set upon me. Tennis taught me that my wheelchair is not the reason for my limits, but my mind is. Now I don't believe in limits. If anyone ever tells me I can't do it, I work hard to prove them wrong."

The Adaptive Sports Fund (ASF) is an organisation that offers a variety of interesting sports to people with disabilities, including go-karting, scuba diving, wakeboarding, surfing, wheelchair rugby, golf, rowing, skiing, handcycling, mountain biking and paragliding.

"Currently all the adaptive sports on offer are available in the Gauteng region," says Jeffrey Yates, director of the ASF. "We have a clear goal to roll out all our adaptive sports at a national level in the not-too-distant future."

There is no membership fee involved and everyone is welcome to try the sports offered by the fund. "Just look for our future events to see what's coming up next. We encourage all our members to try out all the adaptive sports we have available," Yates says.

All the sports offered by the ASF – like with most adaptive sports – require some equipment or assistive device. Unfortunately this does exclude some less fortunate people with disabilities, but that is where the fund assists.

"Through our demo days, each person with a disability can experience a different type of sporting discipline, from kayaking and scuba diving to adaptive skiing, wakeboarding or go-karting, to name a few," says Yates. In November,

2018, the ASF held an Adaptive Golf Demo Day at the Golf Village, Centurion, with more than 20 participants." In adaptive golf a standing wheelchair is used to allow the participant to hit the ball.

Jacques van Zyl is one of many who benefit from attending the ASF demo days. "I attend so that I can see what is out there. I believe sports and exercise are important no matter your mobility. It helps with morale and motivation to keep striving to improve. Participating in these sports makes me feel more human."

He urges people to try every sport they can.

To learn more about the ASF, visit [www.adaptivesportsfund.org](http://www.adaptivesportsfund.org), follow the fund on social media or email Yates directly at [jeff@adaptivesportsfund.org](mailto:jeff@adaptivesportsfund.org).

Another organisation that plays a key role in ensuring that people with disabilities have access to adaptive sports is the South Africa Sports Association for Physically Disabled (SASAPD), which provides some nine sports in 12 regions, including para swimming, para athletics, para powerlifting and cycling. It also hosts an annual National Championship, which assist para athletes to qualify for international sporting events.

Reinhardt Hamman, media officer for the SASAPD, explained what sport means to him in the February issue of the *SASAPD Sport Magazine*: "Sport, from a very


young age, was my release. I could go out and compete ... be myself.

"I have cerebral palsy and am proud of who I am. As I grew older, it became my way of becoming a better version of myself: competitive, hard-working, focused, goal-driven. It taught me the power of determination. Today, although I'm still training for competitions, I give back as a javelin, discus and shotput coach, hoping to make a difference in someone else's life."

For more information, contact the SASAPD at [admin@sasapd.org.za](mailto:admin@sasapd.org.za) or visit the website at [www.sasapd.org.za](http://www.sasapd.org.za).

The Disability Sports Festival also offers a great opportunity to learn more about the various sports on offer. It will be held in George from May 6 to 11. The festival will include exhibitions on a number of sporting codes for people with disabilities, including wheelchair rugby, basketball and tennis. For more information, contact Jonique Claasen-Gonzongo at [occ@george.co.za](mailto:occ@george.co.za) or 044 801 6346.

Besides adaptive sports there are also a number of other sports that, depending on your level of mobility, can still be practised despite limited mobility, including shooting, archery and table tennis.

For a comprehensive list of adaptive sports offered in South Africa, visit [www.rollinginspiration.co.za/adaptive-sports-in-south-africa/](http://www.rollinginspiration.co.za/adaptive-sports-in-south-africa/). 



### **MK 3 Passive / Active Motion Limb Rehabilitator**



#### **B-Active MK3 Passive / Active Motion Limb Rehabilitator**

The B-Active MK3 gives you personalized, low-stress workouts that can be used anywhere. The adjustable speed and resistance gently and progressively strengthens both your arms and legs.

Recommended for ACTIVE (Arms/Upper Body) or PASSIVE (Lower Body)

This passive/action limb rehabilitator provides low impact exercise to increase strength and flexibility, is versatile for both upper and lower body plus it promotes the blood circulation.



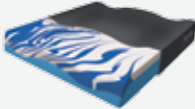
The B-Active MK3 Passive / Active Motion Limb Rehabilitator has a light-weight compact design, adjustable speed & resistance, a timer switch PLUS a multi-function LCD display readout which provides scan, time, count, total count and calories burned. A non-skid mat and interchangeable handgrip pedals are included.

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# INTRODUCTION TO SPORTING EQUIPMENT

MANY ADAPTIVE SPORTS FOR WHEELCHAIR USERS WILL REQUIRE SOME FORM OF EQUIPMENT – FIRST AND FOREMOST, A SPORTING WHEELCHAIR AND SPECIAL CUSHIONS. HERE ARE SOME OF THE PRODUCTS ON THE MARKET TO GET YOU STARTED

COMPANY		DESCRIPTION	SPECIFICATIONS	PRICE	CONTACT DETAILS
Wheelchairs on the Run		The adjustable development basketball wheelchair is designed according to Wheelchair Basketball Association specifications and has been endorsed as an entry-level chair by Wheelchair Basketball South Africa CEO Charles Saunders, who describes it as "ideal for local leagues and the Department of Basic Education's school programmes".	<ul style="list-style-type: none"> <li>• Seat/bucket angle of 0,7 to 14 degrees for low, mid or high pointers;</li> <li>• Size ranges from ten inches to 17 inches;</li> <li>• Double anti-tip wheels;</li> <li>• Adjustable rear wheels and centre of gravity;</li> <li>• Cambered wheels;</li> <li>• Regulation height bumper; and</li> <li>• Height-adjustable footplate.</li> </ul>	R9 955	Tel: 011 955 7007 Email: info@wheelchairs-ontherun.co.za Website: wheelchairs-ontherun.co.za
Chairman Industries		This wheelchair manufacturer is very involved with wheelchair basketball in South Africa and offers its services countrywide. We're highlighting one of its basketball wheelchairs.	<ul style="list-style-type: none"> <li>• A rigid, stainless steel, rust-resistant custom-built frame;</li> <li>• Fixed seat angle at zero, 12 or 20 degrees;</li> <li>• Backrest height custom-built;</li> <li>• Quick-release rear wheels (24/26 inches);</li> <li>• 75-mm front castors and 52-mm rear anti-tip castors; and</li> <li>• Adjustable footplates with hip, thigh and foot straps, foam leg pads and bump bar cover.</li> </ul>	R21 000	Tel: 011 624 1222 Email: chairman@chairmanind.co.za Website: chairmanind.co.za
Primacare		This homeware and clinic furniture provider stocks a gel-seat wheelchair cushion endorsed by wheelchair basketball player Annabel Breuer, who represented Germany on its national team. It features Gel-Touch technology, which provides comfort and has a cooling effect.	<ul style="list-style-type: none"> <li>• Gel-Touch technology with optimised pressure relief and cooling effect;</li> <li>• Removable and washable cover;</li> <li>• Waterproof and fire retardant components;</li> <li>• Non-slip bottom; and</li> <li>• Capacity to carry up to 120 kg.</li> </ul>	R1 999	Tel: 086 11 PRIMA (77462) or 021 555 1596 Email: info@primacare.co.za Website: primacare.co.za

Bear in mind that these are just some of the suppliers and the products they have available. For a more detailed look at what is offered by the various companies listed, please contact the manufacturer directly.

# ANYTHING IS POSSIBLE!



**THERE'S NO SUCH THING AS IMPOSSIBLE - AND IT'S TIME FOR THE SOUTH AFRICAN GOVERNMENT TO DO MORE TO INCLUDE PEOPLE WITH DISABILITIES SO THAT THEY MIGHT ACHIEVE WHAT WAS PREVIOUSLY THOUGHT IMPOSSIBLE**

**A**s someone with a disability you are not meant to believe it is possible to be independent and lead a fruitful life. I say the impossible doesn't exist. Every day we see people with disabilities in difficult situations driving change in their own lives and transforming local economies.

I've seen them go from having very little job prospects to climbing the corporate ladder. I've noticed that people with disabilities have one thing in common: upliftment of the society in which they live. They continue to set trends by disrupting and breaking stereotypes about what it means to have a disability.

What impresses me most about people with disabilities is that most are visionaries whose dreams have inspired and equipped hundreds of young people from remote communities with the capacity to change their surroundings forever.

Then again, with all the potential and abilities that people with disabilities have, we still live in country where the challenges facing people with disabilities are mostly ignored. The country keeps failing to integrate people with disabilities. President Cyril Ramaphosa didn't even include people with disabilities in his 2019 state of the nation address (Sona).


The narrative of government following democracy in South Africa has been that people with disabilities need help - as if we are the poor in need. It continues to say: "We have a budget for people with disabilities." However, government forgets one very important thing... to ask us what we want!

The South African government has to realise that it is not

a question of money, but rather of the need to improve the integration of people with disabilities. It has to understand the challenges that are faced by people with disabilities and acknowledge that those challenges are different from those faced by people without physical disabilities.

It is imperative that we all take a stance in advocating for inclusion in all spheres of life. We need to speak loudly, work hard and always remember the cause. Previous generations sacrificed a lot for all South Africans - not only the able-bodied. We need to open up our hearts and minds and see that there is "ability" in the word "disability"; that the world "able" lives in the word "disabled"!

*“Government has to acknowledge that the challenges faced by people with disabilities are different from those faced by people without disabilities.”*

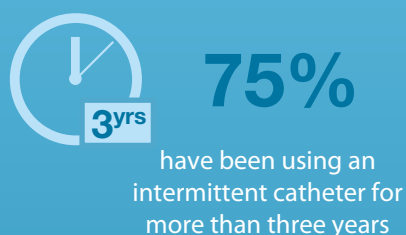
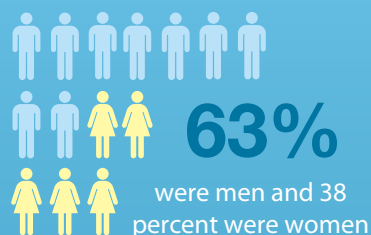
In a nutshell, although I can't walk, even though I get around on two wheels, I can still do everything I put my mind to - just in a different way. My way of doing things is not any better or worse, just different. There is no limit. It doesn't matter what you look like or where you come from. The most important is where you plan to be! 



Lebohang Monyatsi was diagnosed with polio at the age of three. She studied at North-West University and now resides in Vanderbijlpark, where she works in human resources. In 2017, she travelled to Sweden to participate in the Miss Wheelchair World competition and was crowned First Princess.

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were somewhat, very or extremely satisfied with the lubrication



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were satisfied with the GentleCath Glide



claim it is very or extremely easy to open the packaging



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



said they are switching to GentleCath Glide after the survey

  
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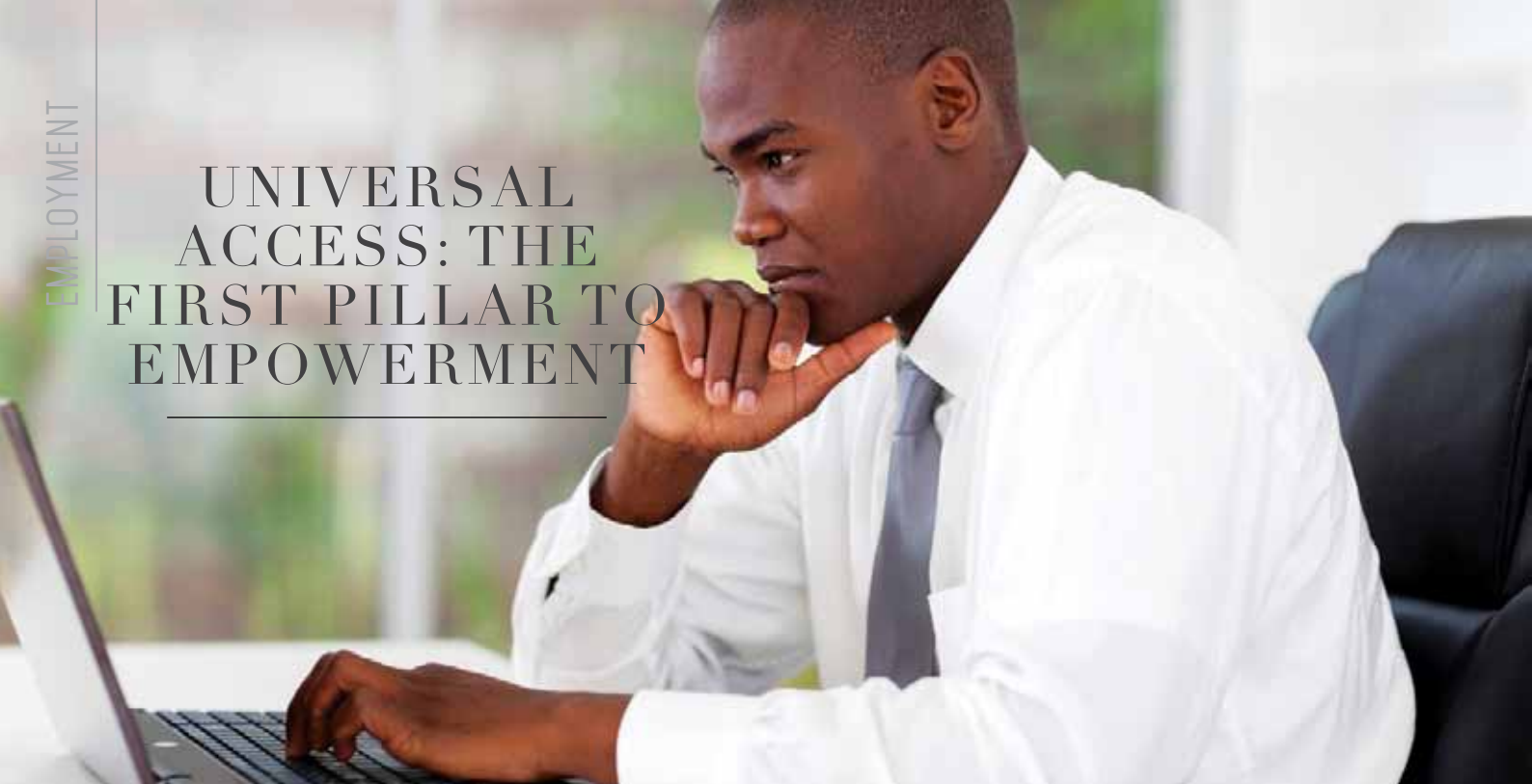
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# UNIVERSAL ACCESS: THE FIRST PILLAR TO EMPOWERMENT



IN THE SECOND ARTICLE OF A SERIES ON IMPLEMENTING THE WHITE PAPER ON THE RIGHTS OF PERSONS WITH DISABILITIES, I TAKE A CLOSER LOOK AT HOW REMOVING BARRIERS TO ACCESS PLAYS A ROLE IN EMPOWERING PEOPLE WITH DISABILITIES



he first Empowerment Pillar of the White Paper on the Rights of Persons with Disabilities (WPRPD) is "removing barriers to access and participation". It focuses on accessing built environments (buildings), transport, information, communications and universal access.

The WPRPD is a strategic document that should be used to leverage the economic empowerment of people with disabilities, as it relates to skills development and realising employment and entrepreneurship of people with disabilities. Without adequate access and participation in society, people with disabilities would be greatly "disabled" to achieve their true potential.

## ACCESS TO THE BUILT ENVIRONMENT

It is important to ensure that people with disabilities have access to buildings. This can be done by conducting universal design audits of existing infrastructure to establish the degree of compliance with the SABS minimum norms and standards for use by people with disabilities.

## ACCESS TO TRANSPORT

Inaccessible public and private transport systems are a major barrier to the right to equality for people with disabilities. The link between the home, transport and the workplace or social services is frequently overlooked. It is important that access to transport be viewed across the entire travel value chain, including:

- Planning a trip, including access to information;
- Getting to pick-up points and negotiating foot or cycle paths;

- Getting onto the transport mode of choice and being able to transfer; and
- Providing feedback on the trip.

## ACCESS TO INFO AND COMMUNICATION

When information and communication platforms and technology are available, affordable and accessible, they significantly improve the inclusion of people with disabilities.

## UNIVERSAL ACCESS

There are two primary forms of universal access to consider, namely direct and indirect access. Direct access strongly relates to universal design and refers to direct adaptations to products, environments, services or system to improve their accessibility.


Indirect access is the use of assistive devices and technology. It refers to the product, environment, service or system interfaces that enable an add-on assistive technology to provide the user with full access. A job seeker with a disability will not be able to get to work if they have barriers to access and participation. Access is a form of reasonable accommodation for the employee.

"Reasonable accommodation measures are therefore inclusive of assistive devices, technology, personal assistance, adaptations of the environment, signage, alarm systems for evacuation procedures, adaptation of the work environment, and the implementation of flexibility within the workplace," according to the WPRPD.

Without the removal of barriers, people with disabilities become more "disabled". Let's enable the disabled by removing the barriers and providing the necessary reasonable accommodation. [\[7\]](#)



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.



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You always get something out.

# PARENTING ON WHEELS

**AFTER AN ACCIDENT IN 1998, WANDA BSHOFF'S LIFE CHANGED DRAMATICALLY. HERE SHE PROUDLY SHARES HER EXPERIENCES AS A MOTHER WITH A DISABILITY**



Until Sunday morning, December 13, 1998, I was a regular wife, a mother of a seven-year-old daughter and a four-year-old son. I was an occupational therapist with a growing private practice, a busy schedule and a full life. By lunch time, however, my life and the lives of everyone around me changed irrevocably. We were no longer a "regular" family: our new family life began with a wheelchair as a permanent accessory.

## FACING THE NEW REALITY

My husband was a member of the South African Police Service at the time and worked unpredictable hours. He could leave home at a moment's notice and was often away for days at a time. The children were used to their independent mom holding the reins when it came to household tasks, schooling and shopping.

After the accident, it felt like those days were over. Lying in my hospital bed, I was sure I would not be able to remain the active parent I was before. I didn't know what to expect, but I knew I wanted my children to have a life as close as possible to what they were used to.

## ONE VS FOUR PEOPLE WITH DISABILITIES

A couple of months after I was discharged, I visited the CEO of QASA, Ari Seirlis, who was an acquaintance at the time. As an experienced wheelchair user, he shared a lot of solid advice with me, but one sentence was pivotal in my approach to my new life as a wheelchair user, especially in the roles of parent and spouse.

"You decide if you are going to be the only person with a disability or if there are going to be four people with disabilities in your family," he said.

No way was I going to allow my situation to disable my children, my husband or any other member of my family or my social circle. There would be no pity parties.

## FINDING MY WHEELS

To say that there was an adjustment period would be putting it mildly. Independence took time to develop. There were no miraculous strides (excuse the pun) – only slow progress. But at least there was progress. There were even surprising positives along the way!

I recall fetching my son from pre-school on my own for the first time. I always used to wait for him to exit his classroom and run towards me, and I'd scoop him up in my arms and carry him to the car. Those days were over – but




**ABOVE:** Despite initial despair about her daughter's wedding day in December 2018, Wanda said the special day was "just as magical as it would have been as a regular mom".

what could have been soul-crushingly sad unexpectedly turned into a positive.

Pretty soon my visits to the school to fetch him created quite a bit of envy among the other pre-schoolers: He got to ride on Mom's lap to the car, while most of the other kids had to walk or simply be carried by their parents!

## LOOKING AHEAD

The harder I worked to be an involved parent, the luckier I became. My family made and still make parenting from a wheelchair easy. My kids allowed me to be their mom and I insisted on being the most active parent despite the countless daily challenges. As a family, we endure the stares, the comments and the intolerance as much as we do the praise and well-wishing.

It's all about attitude. If you want to be an involved parent, be one. Be present, no matter what your circumstances. Parenting is not about how you get around, it's about being around. 



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 become a blogger and the owner of a guest house.

## EASING THE TRANSITION

THE SECOND ARTICLE IN OUR SERIES ON INTEGRATING CHILDREN WITH DISABILITIES INTO INCLUSIVE CLASSROOMS IN MAINSTREAM SCHOOLS FOCUSES ON THE IMPORTANCE OF A MEETING BETWEEN LEARNER, PARENTS AND TEACHER



We know teachers aren't always trained or experienced in accommodating learners with disabilities in their classrooms. In addition, all children with disabilities are unique. Accommodations for one child would differ from those for another, even if they have the same "type" of disability.

Among the considerations are the child's age, whether they were born with a disability, family and socioeconomic factors. Once the child is enrolled and the parents have met with the principal (see ROLLING INSPIRATION Issue 1, 2019), it is important that the parents meet with the teacher and ideally the head of department.

If the school is fortunate enough to have therapists or a school-based inclusion team, they should be included in the meeting. Parents need to be encouraged to share their children's strengths, challenges, and the accommodation required.

Depending on the child's age, it is often beneficial to have them play an active part in this meeting. After all, the decisions made will directly impact on their lives. If they are younger, it's a good idea to have an initial meeting with only the parents and the school representatives present, and a second meeting that includes the child.

Parents are advised to plan how they'd like to structure the meeting. Giving a quick medical history of the child might be useful. Parents need to use terms that teachers will understand and ensure that the information is relevant.

Mentioning solutions to challenges that the child, family or previous school, for example, used would really help. After all, the child (and their parents, to some extent) knows their body best, and teachers shouldn't judge or make assumptions about the child's capabilities.

While the school will require some medical documentation, the meeting is not focused on digging up a vast medical history, but rather on giving an overview of the accommodations the child might need. It's important to visit the school prior to the meeting and consider the accommodations required. This way, when they meet with the teachers, they're prepared and have recommendations ready that are relevant to the school. Consider these examples:

- "We've noticed that there are three steps at the entrance of the school. My child is a wheelchair user and requires a wheelchair ramp to be built."
- "I use a rollator to get to my desk, and I noticed that there isn't much room to move when entering the classroom. Please may I enter the classroom first so that I can get to my desk more easily? Also, please can I be allocated a 'buddy' to help move my chair so that I can sit and then move my rollator to a safe place out of the way."
- "We noticed that, when learners get awards during school assembly, they are required to climb the stairs to accept the award. I have cerebral palsy, which affects my balance and coordination. I'd feel more comfortable if my class and I could receive our awards from the floor at the foot of the stage."
- "We see that the Grade 5 learners' classrooms are on the first floor. I'm unable to climb the stairs. If there aren't funds available to build a lift or design an appropriate ramp, would it be possible for the teacher to move to a classroom on the ground floor?"

In the next article in this series, we'll look at the importance of sensitising teachers and learners about disability before the arrival of a learner with a disability. [A](#)



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

## TROTTING TO HELP CHILDREN WITH DISABILITIES

The Earth Centre in Roodepoort provides horse therapy to about 140 children with disabilities, most of whom come from disadvantaged backgrounds. The organisation also teams up with underprivileged special schools like Adelaide Tambo School in Soweto to provide lessons for their students.

The centre accommodates children with cerebral palsy (CP), spina bifida, paralysis, autism, Down's syndrome, ADD and ADHD, among other disabilities. Depending on the disability and its severity, horse therapy offers these students many benefits. Nicole Ras, marketing manager for The Earth Centre, explains some of the benefits for children with CP, in particular: "The children use their pelvis to balance; their legs relax from the warmth of the horse and they exercise their core. Improvements can usually be seen within 12 weeks."

In addition, horse riding provides the children with unique skills and self-confidence.

"The psychological benefits include learning a new skill, more confidence and a better self-image," Ras says. "It also filters into the classroom and gives the children better focus, better interaction, better posture at

their desks and better coordination, which improves writing."

The safety of the children is a top priority, and the centre often has multiple volunteers assisting each child. For children with mobility impairments, one volunteer would lead the horse and one or more would assist the child to remain seated upright on the horse. Sessions are about 30 minutes each.

The centre has a total of 16 horses and two mini-donkeys. The donkeys are mostly used in the Pat n Chat programme, which allows children who are unable to ride the opportunity to stroke and interact with the animals.

The horses are well cared for. "We try and keep their lifestyle as similar as possible to what they would experience in nature," Ras says.

The horses live outside in a herd, and graze or feed on all-natural products, which are compiled to resemble what they would eat if they were in the wild. For further information about The Earth Centre, visit its website at [www.earthcentre.org.za](http://www.earthcentre.org.za) or read more at [www.rollinginspiration.co.za/trotting-to-help-children-with-disabilities/](http://www.rollinginspiration.co.za/trotting-to-help-children-with-disabilities/).



## SOUTH AFRICA QUALIFIES FOR WORLD TEAM CUP FINALS

The South African men's and women's wheelchair tennis teams have secured spots in the 2019 BNP Paribas World Team Cup finals with wins over Kenya in Nairobi. The men's team comprised the country's top-ranked player, Evans Maripa, and rising star Alwande Skhosana, with Wimbledon semifinalist Kgothatso Montjane and Mariska Venter in the women's team.

Both teams advanced with comfortable 2-0 wins on clay against the Kenyans. The teams will be returning to the premier event for the first time since 2015 when it is held at the Larry and Mary Greenspon Israel Tennis Center in Ramat Hasharon, Israel, from May 13 to 18.

"I couldn't be prouder of the team; they staged impressive performances from the start until the end. South Africa is a stronger team in Africa, but the players never underestimate their opponents – they always give their best," says team manager Patrick Selepe, who travelled with the team.

"It was very impressive seeing debutant Alwande Skhosana playing such good tennis at this level. The BNP Paribas World Team Cup finals will be a much-needed experience for him. We are very excited about the win," Selepe concluded.



From the left: Mariska Venter, Kgothatso Montjane, Alwande Skhosana and Evans Maripa are the wheelchair tennis team that will represent South Africa at the 2019 BNP Paribas World Team Cup finals.

# SONA: LEST WE FORGET THE DISABLED

IN THE 2019 STATE OF THE NATION ADDRESS, PRESIDENT CYRIL RAMAPHOSA SPOKE ABOUT THE EMPOWERMENT OF WOMEN, YOUTH AND SOCIETY AS A WHOLE, WITH NO MENTION AT ALL OF PEOPLE WITH DISABILITIES



Why should people escalate their concerns before something can be done about it? Why don't individuals who are mandated and trusted to represent their clients, do what they get paid to? Have our public servants forgotten their responsibilities?

How can a president not be provided with an update on critical issues facing persons with disabilities for his address to the nation? Why should disability issues take a back seat?

Every year in February, the nation is glued to their television screens to watch or listen to the president's state of the nation address (Sona), during which he reports on progress made over the previous year and highlights the strategic plans for the year ahead. In his most recent address, the president reported on the empowerment of women, children and men. There was no mention of plans to empower persons with disabilities!

A few days later, after a social media uproar by persons with disabilities, a member of parliament reminded the house where government is still falling behind in implementing the

disability mandate. Only then did our honourable president release a statement mentioning plans to meet with the Presidential Working Group on Disability – established by the previous administration – to come up with a constructive plan moving forward.

This committee has done nothing until now to represent people with disabilities, so trusting them to provide meaningful input on behalf of people with disabilities is a worry.

In the president's statement he mentioned how they are working with renewed energy and commitment to ensure that people with disabilities are part of a cohesive society. He noted that the government is working to ensure that we have equitable access to education, health services, employment, social security and all the opportunities that come with living in a democracy.

I would simply like to ask people with disabilities and organisations representing them to monitor these developments and hold government and its representatives accountable for implementing suggested plans. If we don't, we'll be a forgotten community and we'll see no progress with every passing year.



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

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# COMING SOON!

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



## GADGETS

We rate some of the latest gadgets and how easily they can be used by people with disabilities.



## FINANCE

Following up on the investment feature in this issue, we look at the importance of consistency when investing.



## BLADDER AND BOWEL CARE

From catheters and urine bags to anal plugs, we look at some of the products available to assist with bowel and bladder care.



## SPECIALISED WHEELCHAIRS

We take a look at some of the specialised wheelchairs on the market.

ARE YOU INTERESTED IN SUBMITTING EDITORIAL FOR THESE FEATURES? EMAIL [CHARLEEN@CHARMONT.CO.ZA](mailto:CHARLEEN@CHARMONT.CO.ZA)  
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## CALENDAR OF EVENTS

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

### MARCH: LITTLE EDEN WHEELCHAIR CHALLENGE

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

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

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

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

The Hope-Mandeville Career Expo started when Hope School in Westcliff, which provides education, therapy and accommodation to learners with disabilities, teamed up with Mandeville Disability Swimming. Proceeds go to the swimming club, which trains swimmers with disabilities. For more information, view the Facebook page for the event at [www.facebook.com/PaddySlattery2/](https://www.facebook.com/PaddySlattery2/).

### 5 MAY: WINGS FOR LIFE WORLD RUN

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

### 6 - 11 MAY: DISABILITY SPORTS FESTIVAL

For the first time, George will host a Disability Sports Festival at various venues that will include exhibitions on sporting codes for persons with disabilities as well as opportunities for teams to compete against one another. For more information, email Jonique Claasen-Gozongo at [occ@george.gov.za](mailto:occ@george.gov.za) or call 044 801 6346.

### 12 MAY: OUTENIQUA WHEELCHAIR CHALLENGE (OCC)

The annual OCC race returns to George with a 42,4-km full marathon, a 21,1-km half-marathon, a ten-kilometre race and a five-kilometre fun event, all exclusively for people with disabilities. Amputees and visually impaired athletes will take part for the first time. For more information, visit the SADGA website at [www.sadga.co.za](http://www.sadga.co.za).

# A-Z GUIDE

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