

ROLLING INSPIRATION

ISSUE 4 2017 | R50.00

The thoughts and experiences of people with mobility impairments

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with disabilities

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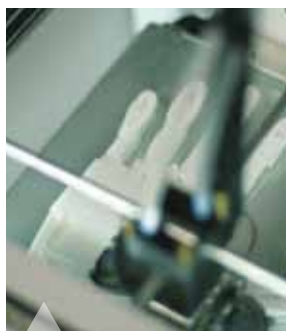
MEET SOME INSPIRING WOMEN

Seven women with
disabilities share their life's
journey and successes. **P6**



LIFE AT SEA

QASA CEO Ari Seirlis
relishes cruising on board
the *Freedom of the Seas*.
P18



PRINTING ARMS AND LEGS

3D-printing works for some
applications, but printing
a prosthesis is still in the
future. **P20**



SA WALKS AWAY WITH 15 MEDALS

It was tough competition
at the World Para Athletics
Championship, but SA held
its own. **P21**



CANCER SCREENING CAN SAVE YOUR LIFE

Cancer screenings can
make the difference
between life and death.
P22



MUST-READ BOOKS!

From DIY home
modifications to passionate
autobiographies, here are
some must-read books!
P26



ROLLING PHOTOGRAPHERS TELL ALL

Member of the SASPD
Johann Meintjes talks about
working as a photographer
with a disability. **P27**



CANCER IS NOW A GAME

This is why you need to
play *That Dragon, Cancer*,
the video game. **P29**

REGULARS

Upfront	2	Medically speaking	24
Readers say	4	Rolling Kids	25
QASA news	11	Sexuality	28
Ida's corner	12	Hotspot News	30
Travel	16	Classifieds	31
Amputee corner	20	Backchat	32
Sport	21	Subscription form	32



CONTENTS

ONWARDS TO A BARRIER- FREE SOCIETY



Everyone needs to work together to eliminate the barriers that are preventing people with disabilities from fully participating in their community



Whenever I'm confronted with the need to define disability or to justify my position in society as a person with a disability, I am faced with a dilemma. Do I use everything I have in my arsenal to insist on being granted my rightful place in the community? Or do I look for a changed, transformed or even innovative way of communicating the need for my basic human rights to be respected?

Do I point out that the only accessible pay point in the supermarket is also the only till that is closed? Should I argue with the staff at the check-in counter of certain airlines about their policies that dictate that I cannot fly on my own? Or try to convince the service provider of accessible public transport that I am a wheelchair user who still needs transport to and from work – and that I was placed on the waiting list four years ago?

I do wonder how we can circumvent the need to prove to society that all we need is a fair chance, an equal opportunity to do everyday things like learn, work and play, just like everyone else on this planet. The trouble is that we are guided by man-made laws and the very way in which we are interpreting these laws often restricts us.

Legislation defines a person with a disability as "any person who has a physical or mental impairment that substantially limits one or more major life activities; or who has a record of such impairment; or is regarded as having such impairment". Impairment

is the abnormality itself, and a disability is the restriction that is caused by the abnormality.

If that is the case, the restriction or barrier should be removed. Whose duty is it to remove these barriers? We have to do it ourselves. A collective effort has to be made. The fact is that it's not always possible for people with disabilities to participate fully in the community. There are various barriers that we face, which often exclude us and our families. These barriers must be removed – but by the appropriate person.

Here is a chance to participate in an activity that will benefit everyone. If you can see yourself as being able to adapt, change or transform to become that appropriate person, take this opportunity to change. Pledge to be that caring person you know you could be by paying special attention not only to the needs of people with disabilities, but also to the gifts they have to share.

Commit yourself to removing all those barriers – and remember they are not always physical barriers. Let us communicate our special needs and work towards getting them met. One such barrier is the attitude of some people towards people with disabilities, which can make us feel unwelcome. It can also be a lack of communication, and the breakdown of the communication barrier is an important step towards transforming society. Let us all be aware of these barriers, learn to eliminate them and, after overcoming them, use this new barrier-free position to the advantage of everyone. ^[1]



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

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IN NEED OF A SPECIAL NEEDS BIKE

Kelly contacted ROLLING INSPIRATION with the following question. If you have information about a special-needs bicycle or have one to sell, contact mariska@charmونت.co.za.

From Kelly:

Hi, I am looking for a special-needs bike for my eight-year-old son – the one where you sit and pedal with your arms. Any ideas where I can buy that?

HAVE YOU SUBSCRIBED TO THE ROLLING INSPIRATION NEWSLETTER?



Did you know ROLLING INSPIRATION now has a newsletter? Learn more about adaptive sport, the poet and wheelchair user Chris Reardon, the Lotus catheter, car seats for children with disabilities and disability tax rebates. It's all for free! To subscribe to the newsletter, send an email to mariska@charmونت.co.za.



Seen someone abusing a wheelchair demarcated parking bay?
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WhatsApp it to 073 853 9675
Please include location, date & time.



WINNER OF THE L'ORÉAL HAMPER!

Congratulations to Veronica Baloyi, who is the winner of the L'Oréal hamper worth R2 500! Baloyi was thrilled to have won the hamper, which includes everything from shampoo and hair dye to nail polish and lipstick. For those who missed out on the campaign, there is still another hamper up for grabs!

One lucky ROLLING INSPIRATION reader can be the lucky winner of the second L'Oréal hamper, also worth R2 500. If you would like to stand a chance to win, email your name and contact details to elsie@charmونت.co.za to enter the lucky draw. Our second winner will be chosen at the end of August.





Sponsored by **Sabat Batteries**, the QuadPara Raceday is a day to celebrate the freedom that power wheelchairs allow people with mobility impairments to lead fun, independent lives.

It is also a celebration of the enduring relationship between the **QuadPara Association of South Africa** and Sabat Batteries, a relationship which started many years ago when Sabat started supplying batteries free of charge to members of the association to power their wheelchairs.



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B A T T E R I E S

BELOW: Kat Swanepoel works as an Occupational therapist at CE Mobility.

THEY RUN THE WORLD

Photo by SASPD photographer Ronel Cronje.

After centuries of oppression, women are making a big noise! To celebrate Women's Month, ROLLING INSPIRATION chats to seven golden women with disabilities to hear their tales of success



AT SWANEPOEL

Trained occupational therapist and seating specialist for CE Mobility, Kat Swanepoel was in her final year of studying when she started experiencing symptoms of Primary Progressive Multiple Sclerosis (PPMS).

"I started experiencing weakness in my legs, sensation loss as well as bladder problems. This started a journey of neurologists, MRIs and confusion for doctors and me alike," says Kat.

"I was initially told that I had a degenerating demyelinating disease and that I would be paralysed in five years. Only when I experienced my first problems with vision loss was I diagnosed as having PPMS."

Kat is paralysed from the chest down and experiences severe weakness in her hands and upper limbs. "I am blind in my left eye and have various

other symptoms as a result of the damage throughout my nervous system. The disease is proving to be progressive in nature but I try and adapt to each new situation," says the 29-year-old from Benoni.

She says the biggest challenge has been to cope with the sheer unpredictability of the disease, which makes it very difficult to make plans, set goals and make adaptations.

"When people ask me how I cope, I always answer that I try not to ruin what I have today by worrying about what might come tomorrow. It is important to me that today is enjoyed to the fullest. I wish I could say that this is how I always react, but it is the belief that I hang onto during the dark days. I have often struggled with a sense of inferiority and feeling as if somehow my disability has made me 'less' of a person. That feeling is nonsense and you will always be more than enough. You are beautiful, courageous, a warrior and always competent in spite of any challenge you might be facing. The more we believe



this about ourselves, the more the world will believe it of us," she observes.

RENÈ MOSES

After working in the corporate world for over 25 years, 47-year-old C6/7 quadriplegic Renè Moses from Cape Town started a shuttle service company, specialising in wheelchair-accessible tours and transfers called Travel with Renè.



Photo by SASPD photographer Cathy Jonker.

"I was in a motor vehicle accident in January 1995 en route back from our second honeymoon, just outside Humansdorp, Eastern Cape. The tyre burst and the car spun out of control, rolling down an embankment. When the roof was hit, it came down on my head, dislocating my vertebrae and snapping my spinal cord," she recalls.

She says the biggest challenge after the accident was to accept her new situation. "As an independent, very active young lady of 25, it was extremely difficult adjusting to being dependent on others and not being able to do all that I could before my accident. Also, being married for just a year made me feel terrible, as I felt I'd now become a burden to my husband," says Renè.

Renè started her career in the customer service industry and moved into quality insurance in call centres. "After seeing people with disabilities struggle to get around, it made us view the disability market as a huge potential both locally and internationally."

After her husband passed away, Renè remained strong. Her advice is to take life one day at a time and understand that if a man loved a woman before she had a disability, he will still love her afterwards.

"Believe in yourself, then others will believe in you! It's not easy and you will want to give up – many times – but don't. Life is precious and so are you, she says.

MARLENE LE ROUX

This 50-year-old superwoman hails from the rural town of Wellington in the Western Cape and is the CEO of the famous Artscape Theatre.

Born in apartheid South Africa, she felt that she was let down by the poor health system. When she was only three months old, she contracted polio and suffered a brain tumour as well. "The black clinic ran out of vaccine and the white clinic could not administer the polio injection to a black girl," explains Marlene.

"My biggest challenge was that I was stereotyped as a rural disabled black girl who would go far in life. I attended a mainstream school with no accessible infrastructure, but I made sure to participate in every activity."

From a young age Marlene decided that she was going to accept her disability, concentrate on all of her abilities and work hard. "I became a teacher under very difficult circumstances. I didn't take myself too seriously and just stayed focused. I now face every day with post-polio syndrome joint and muscle weakness with chronic pain – but then again, I count my blessings," she says.

ABOVE: Renè Moss runs her own transport company.

LEFT: Marlene Le Roux is CEO of Artscape.



Photo by SASPD photographer Cathy Jonker.

The motto by which she lives is: "Life owes you nothing."

"Your attitude will determine how people would perceive you. Success is a combination of hard work, humbleness, respect for others, a good sense of humour and the ability not to take yourself too seriously."

TRACY TODD

This enigmatic teacher, speaker and author of recently published memoir *Brave Lotus Flower Rides the Dragon* is a C4 quadriplegic who never backs down.

The 47-year-old from Mbombela (Nelspruit), Mpumalanga, was in a car accident in April 1998, which left her paralysed from the neck down.

"My biggest challenge is the total loss of privacy and independence. Even now, 19 years down the line, I still hate asking for help. Yet, most people are

keen to help – they just don't always know how. My disability then becomes an opportunity for me to show and teach others how to help and this in turn makes them feel worthy and appreciated," says Tracy.

"Over time I've learned that there is no such thing as real independence: we all need others to function in society. We are all interdependent."

She says being a woman has very little to do with the physical body: "It's about a state of spirit – the mind, heart and soul. It is a combination of your personality, passion for life, intelligence, opinions, humour, wit, interests, your heart and your light that defines your essence as a woman. Never be ashamed of who you are; you are enough."

She adds: "You are worthy of respect. Live with dignity and grace. Celebrate your uniqueness. Embrace your femininity. Honour your essence as a woman."

Tracy believes that women should always make

Author Tracy Todd has made a point of living an independent life.



time for other special women in their lives: "Never underestimate the power of the sisterhood to add value to your life and make a difference to society."

Tracey explains that *Brave Lotus Flower Rides the Dragon* is a title that belongs to every woman living with a disability. "Women with disabilities are brave, because although society views disability as weakness, it demands the utmost strength from those living with it. Just like a lotus flower we all have the potential to germinate in the darkness of our lives, rise from the mud, push through the murky water of our disabilities, blossom into something beautiful and radiate into the world. Each of us is riding our own dragon."

NICKY ABDINOR

This 38-year-old from Cape Town has phocomelia, which means she was born with shortened legs and no arms.

"There is no medical explanation for my disability. Fortunately for me, a supportive family, determined personality and access to mainstream education helped me to be where I am today," says Nicky.

Nicky wears three hats. She is a clinical psychologist, an international speaker and the founder of the non-profit organisation, Nicky's Drive, which funds car adaptations for people with disabilities in South Africa.

"My greatest challenge has always been my mobility and independence. I drive an adapted car that was donated to me from the United Kingdom 15 years ago - it transformed my life! The challenge with this, is that the adaptations I use to drive (joystick steering) is not available in South Africa, making a replacement vehicle extremely costly. I hope we get to see driverless technology working in South Africa one day soon!"

Nicky says that if she had to focus on the things she can't do, she could get depressed. Consequently, she advises other women to focus on what they CAN do.

"When we understand our limitations and focus on our strengths and talents, we can boost our self-esteem and lead empowered lives" she concludes.

SEBENZILE MTHEMBU

A true disability equality advocate, 34-year-old Sebenzile Mthembu has recently become known for taking on Mango Airlines after being discriminated against on a flight.

Earlier this year the planning administrator from Jozini in KwaZulu-Natal was in Johannesburg for work and booked a return flight from OR Tambo to King Shaka Airport in Durban to see her doctor.

"I booked my flight two weeks before the travel dates and Mango told me I had to fill in a questionnaire to state the condition of my disability. I followed all the procedures and they replied back via email that my request has been approved. They said that when I got to the airport a person would be on hand to assist me to board the flight, as well as in Durban," she says.

However, when she got to the airport on the day

of her travels, she received a "very disappointing" reception and was ultimately removed from her flight.

"The lady who was supposed to help said: 'You can't travel with our flight because you are disabled. You must make other arrangements of how you continue with your journey, because I am cancelling your flight'," she says.

Sebenzile had to get to Durban to see her doctor, so she took a bus that night and arrived in Durban only three hours before her appointment. She also took another bus back to Johannesburg as she had work the next day.




ABOVE: Nicky Abdinor is a clinical psychologist, international speaker and founder of a NGO, Nicky's Drive.

She took on Mango Airlines in the media, but she says the orange airline never apologised for the response and continues to argue that they were right.

She has been paralysed from the waist down since she was 18. She and her family were on their way to church on April 25, 1998, when she started feeling pain and could no longer walk. After a year of tests she was diagnosed with tuberculosis of the spinal cord.

"The biggest challenge is when I meet people who undermine or show discrimination towards me because of my disability. Although I always face this challenge, I have realised that there is a long way to go when we look at the way people with disabilities are treated in our country."

Sebenzile says the best advice she can give other women is to be strong and know your rights. "Don't let anyone undermine you or take advantage of you. Be friendly and kind to others, but remember that not everyone wants to help." 

BEAUTIFUL MUSIC

BORN FROM HARDSHIP

Despite battling Guillain-Barré syndrome, Mareli du Plooy has continued to live out her passion with a new song released in December and a music video on its way



Guillain-Barré syndrome (GBS) causes rapid muscle weakness as the immune system damages the peripheral nervous system. Most GBS patients are able to walk within six months to a year despite some lingering after-effects. For others, like Mareli du Plooy, it can take years to recover.

In August 2014, Mareli fell ill. After a day of feeling very weak, she realised something was wrong when she continuously dropped her food during dinner. Various doctors advised her to go to her



hospital if her condition should worsen. She tried to sleep it off. In the early hours of the following morning, on her way to the bathroom, Mareli collapsed. At the hospital she was quickly diagnosed.

"It was quite scary as the doctors told me, my lungs will collapse, but with the trauma, I blanked out," she explains. She doesn't remember much else aside waking up unable to move apart from her eyes. She was in this state for three months before slowly



ABOVE AND LEFT: Music is the passion that inspires Mareli du Plooy.

improving. Her traumatic experience inspired her latest song: *After the War*.

"This is my proudest work and the most personal. It was released in December and we are working on the music video at the moment. I'm very excited," Mareli says. She wrote the song herself. "When I wake up and find I'm not what I use to be, I break piece by piece", the single mother sings.

Her music is available on Soundcloud and iTunes. She also has a Facebook page where she frequently posts short clips of her singing. Her first CD, launched in 2010, is also for sale on the Facebook page. Although she is very busy with work as a financial adviser, Mareli always makes time for her passion, performing at various events, including a wedding in September.

"I love what I do, but if I could choose I would pick singing," she says as she slowly backs up to the microphone to perform Tracy Chapman, and Simon and Garfunkel. [R](#)

AVIS SPONSORS 50 SMERGOS BAGS TO QASA

QASA received 50 locally manufactured Smergos bags from Avis Chauffeur Drive, which will be distributed among its members. Steve Payze from Avis was inspired to donate the bags by the need for wheelchair users to be more mobile.

Co-owner of Smergos Nicole Vergos notes, "Both Nick Smith (co-owner of Smergos) and I have a disability, have overcome numerous challenges along the way, and have not allowed our disabilities to define us or prevent us from fulfilling our life goals."

She notes that the company was launched when Smith was thinking of a present for Vergos's upcoming birthday.

"He thought of a wheelchair bag that would increase my independence and mobility by taking belongings off my lap. It would be functional, original and fun. As a company, our aim is to offer a range of bags and other accessories that fit neatly onto any wheelchair, which gives the individual a safe and easily accessible way of carrying their belongings," Vergos concludes.



CONVENIENT AND SIMPLE NUTRITION SOLUTION FOR MOBILITY IMPAIRED

Quality nutrition is very important for people with mobility impairments, as they are particularly at risk for both obesity and Type 2 diabetes. An exciting food product has been launched in South Africa called Access a Meal. It has been formulated specifically for the mobility-impaired user and offers a unique blend of ingredients.

Access a Meal has no sugar and low carbohydrates, but provides good fibre and fat. Each serving contains only 394 kilojoules. However, the combination of medium-chain proteins and super ingredients such as bovine colostrum and spirulina make for a unique nutrient-dense meal. A 10-billion CFU probiotic complex is included to boost the immune system and digestive health. A proprietary amino acid, mineral and vitamin complex promotes muscle and nerve repair and general body function. A special formula is available for colostomy bag users.

Access a Meal comes in two flavours: Ultra Original and Ultra Chocolate, each retailing for R360 per 500g. Even better news is that QASA members receive a R60 discount!



BACK ON THE ROAD THANKS TO DRIVING AMBITIONS

Congratulations to Sivuyile Dube, a paraplegic, who passed his driving test on his first attempt on July 13. Due to a car accident, Dube has limited movement in his lower limbs. While in rehab, he decided that he would drive again and approached QASA's Driving Ambitions programme in Gauteng.

With a little determination, perseverance and the assistance of driving instructor Des, Dube will now be able to drive himself. Well done Dube and Des! Happy and safe driving.



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

FACILITATORS WHO CARE MAKE THE WORLD GO AROUND



A facilitator is someone who knows they are not able to resolve an issue and instead find someone who can. These are the people who make it all happen

The Biblical disciple, Andrew, was the brother of Simon Peter, the head of the disciples (as Rolling Inspiration readers of the Christian faith will know). Andrew is my favourite because he was a facilitator. He was the go-to-person when others wanted things to happen. When Andrew met Jesus, he recognised him for who he was and introduced him to his brother Simon, whom Jesus called Peter – the rock on which he would build his Church.

When they were out in the wilderness with 5 000 hungry followers, Andrew found a boy with two fish and five bread rolls, which turned out to be more than enough to feed the masses, with leftovers. In both instances, Andrew summed up the situation and made a connection in faith with spectacular results.

Facilitators are people who see a need, realise they do not have the capacity to address the need and then go find someone who can. They connect problems with problem-solvers and create solutions.

I recently read the QASA report to British Airways (operated by Comair) on the Rural Development Outreach Grant Project for 2017. The aim of the

grant is rural upliftment by improving the living situations of persons with a spinal cord injury (SCI) in a material manner. The feedback report tells of needs that were addressed. Ten ramps were built and one bathroom was renovated and fitted with grab rails by QASA Gauteng South. Twelve ramps were built by QASA Western Cape.

In the Eastern Cape transport allowances were negotiated for attendees to a community awareness event and in KwaZulu-Natal (KZN) a social outreach secured 79 new members for QASA KZN. All of these achievements were the products of facilitation. The Gauteng and Western Cape SCI could not build the ramps and fix the bathroom themselves but they found people who could.

In the Eastern Cape, they linked those in need of transport with a fund that could pay for the transport and in KZN funds were motivated so that the social outreach could happen. In all of these instances, facilitation was the operative word. Built from photographs provided, the ramps that were made for wheelchair users in Gauteng South and the Western Cape were largely functional.

To the recipients these things represented freedom. Freedom to come and go without assistance, without fear of falling. The ability to be able to go outside just for some fresh air. All

of this because people went out and facilitated the solutions.


Facilitation requires a specific mindset. It requires the ability to see beyond challenges to solutions, to understand what is needed to fix the situation and to recognise who is best suited to address the challenge. The mindset of a facilitator also needs a large scoop of humility, an acceptance that the execution of the solution is beyond her ability, but also a realisation of how they can contribute toward the solution.

For me humility is to recognise when to stand back and allow others to take the lead, but also when to step forward and actively take that lead. Much more difficult is to take the initiative to influence others to step up. This requires a combination of stepping forward and standing back at the same time. This is the art of the facilitator.

We need to reach out to the needs of others and facilitate solutions beyond our own needs. I would go so far as to say that if we are not prepared to give of ourselves towards the needs of others, we have

“Humility is to recognise when to stand back and allow others to take the lead

no right to advocate. How can we expect others to give of themselves if we are not prepared to give of ourselves? We might be limited in what we can do physically, but we are by no means limited in our ability to facilitate.

My challenge to readers is not to simply sit around and blow spit bubbles in protest against the unfairness of our situation. Let's go beyond advocating for better deals; let us actively facilitate those better deals. This is something we all can do. 



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



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CONNECT WITH CULTURAL HERITAGE IN KRUGER

National Parks are not just about wildlife and scenery, but also about telling the history of the people who lived in and around the parks



Phabeni Gate is one of the most popular entrances into Kruger National Park. About 500 m from the gate is the Phabeni Picnic Site and Interpretive Display, which is where the ruins of the trade store of frontiersman Joao Albasini are located. It is also close to the kraal of the colourful Chief Magashula, while many of the Park's longest-serving rangers hail from a nearby village.

located. It is also close to the kraal of the colourful Chief Magashula, while many of the Park's longest-serving rangers hail from a nearby village.

ATTRACTIONS AND ACCESS ADAPTATIONS

- The site is on flat, firm ground so movement around the site is easily achieved.
- The ruins are behind protective barriers and off-limits, but can be viewed at close quarters.
- The displays have been painstakingly researched by



academics and SANParks Honorary Rangers, and tell tales of trade routes, evictions, lion attacks and so much more.


- The layout of the new interpretive display has shallow ramps at all access points with display boards at ideal viewing height.
- There are no toilets at the site, but the nearby entrance gate has accessible ablutions for both ladies and gentlemen's.

HOW TO GET THERE

Phabeni Gate is one of the closest gates to Gauteng and is best accessed along the N4 exiting at Nelspruit. Take the R40 through White River and on to Hazyview. Turn east towards the Park on the R526. Phabeni is 14,4 km from Hazyview.

Designated UA accommodation units are kept on reserve for those who need them and can only be booked directly with SANParks on special request. Unlike other units they cannot be booked in advance

on-line until the reserve period has expired. Visitors to parks pay a daily conservation fee to make use of park facilities and enjoy the natural heritage, but buying a Wild Card means one doesn't pay that fee.

More Information (including rates) about Phabeni, Kruger National Park, or the other 18 national parks, can be found on the SANParks website: www.sanparks.org 



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AVIS

ACCESSIBLE DURBAN IS PUT TO THE TEST

Two hotels from the Tsogo Sun group and the Pro-Mobility accessible transport company are reviewed for their accessibility standards



I made a few business trips to Durban recently and was able to experience a couple of hotels as well as "test drive" a new transfer company in the city. Clinton Van Den Berg of Pro-Mobility had set up an airport shuttle and transfer service using a wheelchair-accessible vehicle with a platform hoist. I was most impressed by his professionalism; even when he was caught in traffic, I was kept informed of his estimated arrival time.

This is only one section of his business. He also offers the supply and fitting of various hoists and transfer systems, servicing and repairs to hand controls, and sourcing, supplying and installing unique adaptations and aids. Pro-Mobility is also planning to design and manufacture mobility aids. The company will soon be opening a branch in Cape Town.

For more info, contact Clinton 083 775 0611/ 031 266 6421 or Clinton@pro-mobility.co.za / www.pro-mobility.co.za



TSOGO SUN ELANGENI HOTEL

The Southern Sun Elangeni and Maharani complex lies on the Snell Parade in Durban, KwaZulu-Natal. The Elangeni has an access way for drop-off, which leads to a small steep ramp onto the pavement. From here there is a steep ramp to the front entrance. (This was too steep for me to travel up on my own.) The reception counter is at the standard height of 1 300 mm, but the staff do offer a clipboard for an arriving guest to complete the forms.

From this area there is a second ramp (again too steep) to the level of the restaurant and lifts. The



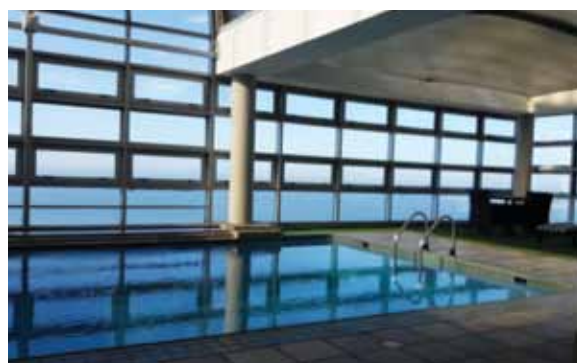
breakfast room is on the first floor and again has a ramp too steep to navigate independently. There is one accessible room, number 414. The key slot of the room is too high. There is a second peephole. The room is sea-facing and has an interleading door to the adjoining room. The bed height is at 550 mm and there is space on both sides of the bed.

The cupboard has a sliding door and two low shelves, with the rail and safe at an acceptable height. The desk has a cut-out for knee clearance, but this may not be enough for some wheelchairs. The wall-mounted plug is too low, which means it is difficult to put a plug into the point. There are sliding windows, however, and there is a double lock with the upper one above the reach-height parameters. The bathroom has a sliding door with a bath, toilet basin and separate shower. There is no shower seat and the grab rails are set too high.



550 mm; however, the bedside lights have small toggle switches that are too high to be reached when you're lying on the bed.

The cupboard has an accessible rail and safe, but the tea and coffee station is on the counter above



HOLIDAY INN GARDEN COURT HOTEL

Another Tsogo Sun group hotel situated opposite the pools on the Durban North beach is the Holiday Inn Garden Court Hotel. The front door is accessed via a ramp and level access from the rear of the building, where the hotel parking entrance is situated. Again, the reception desk is at the standard height, but the lounge, bar and small shop are all on the same level.

The dining room is accessed via a ramp and has an upper level where the buffet counters and a few tables are located. The balance of the tables is on a lower level. The ground floor conference room and WCs are located up another tiled ramp that is quite steep. The main conference facilities are on the first floor and the heated pool is on the rooftop.

The accessible room, number 408, has good access, with easy access to the key control. The room is sea-facing and has access to the room next door via an interleading door. There is good space on both sides of the bed with the bed height at

the fridge, which is too high. The sliding windows open and are easy to reach. The wet room has an outward-opening door and includes a basin, toilet and shower area. The mirror behind the basin is too high and the drying line is above reach. There is a nice heavy material shower curtain that reaches the floor so that water doesn't splash outside the shower area.

I really enjoyed staying in this hotel as I had such wonderful views of the sea and was able to open the windows to hear it. Of course, there is the lovely promenade that offers access to the piers, which put you right where the waves break – and you can walk many kilometres along the entire beachfront.

For more info, please visit the website, www.tsogosun.com, or send me an e-mail. Should you come across any establishments that offer accessible facilities, please send me the names and contact details and we will attempt to get there to check them out!

Happy Travels! 



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

FREEDOM IN A LIFE AT SEA



A large cabin, a roll-in shower and very helpful staff make cruising a joy for wheelchair users. QASA CEO ARI SEIRLIS explains the freedom of cruising he experiences on his trip on board the *Freedom of the Seas*



ROLLING INSPIRATION published an interesting article about cruising, which planted a seed, as I had been looking at location and activities for an overseas trip with my sister, her husband and a few friends to celebrate my 55th birthday.

After talking to the travel companions, looking at my wallet and reading up about the convenience of cruising, we settled on a seven-night cruise on board the *Freedom of the Seas*, leaving from Barcelona in the first week of May.



Definitely the right time of the year to be in Europe, just before the summer rush with warm weather and no crowds. Or rather, less crowded. I've never been on a cruise liner before in my 33 years as a wheelchair user. What a great choice it was. I flew from my hometown Durban to Dubai with a three-hour layover, after which I flew to Barcelona.

Each leg was eight hours and, so, not too unbearable on the bottom. What was impressive was the smooth handling by the assisted passenger

service in Dubai to a very comfortable "assisted passenger" lounge area by a single service provider. Everybody knew what they were doing in a very accessible environment. Dubai airport works for everyone.

Taxi Amic is a superb service dedicated to transporting wheelchair users around Barcelona with just 30 minutes wait after a call. Their vehicles all

have a fold-down ramp at the back with experienced drivers and secure tiedown systems and also offer a discounted rate. It was a breeze travelling from the airport in Barcelona to the hotel and from the hotel to the ports with a lot of luggage.


From the moment we checked in with Royal Caribbean International (RCI) to board the *Freedom of the Seas*, we were in good hands. Front of the queue to check in, luggage delivered to our cabin door, easy access onto the ship and an escort by very willing staff all the way to the most amazing cabin.

I chose a "junior stateroom" level of accommodation on deck 11 of 14, which included a huge bedroom, with ample space for the couch to fold out, a bathroom with the roll-in shower and a huge balcony, which gave us the most magnificent views of the Mediterranean for the seven days. This cabin was as big as any hotel room I've ever stayed in.

It was useful to have my sister and her hubby next door. We had ample space and seven days to enjoy it. The ship offers everything from a dozen restaurants, bars, a shopping centre, health centre, swimming pools, a running track, a casino, an art gallery, ice rink, theatre and plenty of entertainment.

Our purpose, however, was not to spend all of our time on the vessel, but rather to disembark at every port and explore parts of Spain, France and Italy. Disembarking at the various ports was accessible, safe, smooth and included the use of a tendering service on a smaller boat at one of the ports. I never had to be lifted or carried over anything. Only some assisted rolling was necessary.

It seems that the cruising industry has got it right with their well-equipped ships, excellent service and accessible cabins. Using the right travel agent and choosing a relatively new ship or refurbished ship will ensure a very accessible holiday with ample freedom on board and a lot of exploration ahead, if you take the trouble to disembark in every port.

Oh, just beware that if you take advantage of everything on offer, you will put on weight, but happily so. 



UNIVERSALLY ACCESSIBLE eTHEKWINI

With most South Africans with disabilities living in KwaZulu-Natal, it is only logical that the major city in this province addresses their needs. ANLERIE DE WET takes a look at eThekwin



ina Saunders, a city architect at eThekwin Municipality, says the City acknowledges that its infrastructure needs to be more universally accessible, despite the strides it has made toward its accessibility goals.

"All the City's new building assets that are developed by the Architecture Department have to comply with SANS 201400 Part S of the National Building Regulations - which deals with Universal Accessibility (UA)," she says. "The City has over 7 500 building assets and the retro-fit of these existing buildings has been actively undertaken."

She explains that the department was provided with and expended a budget of R2 million per financial year from 2012 to 2015, to apply UA principles to the City's public buildings.

"These were undertaken in the form of provision of dedicated disabled persons' parking with associated covering, signage and ramps for accessibility to various halls, swimming pools and service centres around the City," says Saunders.

In 2016 the City launched several public transport options, such as the use of Sukuma buses and Dial-A-Ride transport, under the Go!Durban project, which is tailored for people with disabilities.

These wheelchair-friendly forms of vehicle transport are reasonably priced and have been made available to accommodate people with disabilities, their assistants, guide dogs and necessary portable medical equipment.

Hiten Bawa, a universal design architect and owner of Studio HB, says the Umhlanga area is wheelchair accessible in some places. "The feature of the City's accessible infrastructure that I am most impressed with is the promenade and the landscaping along the beachfront," says Bawa.

"I would say the most important aspect of the city's infrastructure that still needs to be made universally accessible is the public transport between popular resorts or hilly areas."

Saunders says it is the City's ambition to be Africa's most caring and livable city by 2030, and,

to make this happen, everyone needs to be catered for.

The City's main focus on achieving this goal is to prioritise access to public buildings.

"A significant drive is underway to assess all public-building compliance. The Architecture Department is currently working with the City's Human Resource Department in undertaking this assessment," says Saunders.

She explains that the City will compile a comprehensive accessibility matrix, which will indicate limitations around compliance, assist in prioritising buildings for compliance and help develop project plans to undertake UA compliance.


"The results of the current assessment with the development of the clear action plans will enable the City to share information on annual targets with affected groups," says Saunders.

Although access to public buildings is the priority, the City is also targeting compliance within its own office buildings, which should help boost the employment of persons with disabilities.

She says the construction of the City's own Integrated Rapid Public Transport Network (IRPTN) also falls under the Go!Durban project, which is expected to be fully operational by 2027 and, will provide further opportunities for people with disabilities.

"Access to public buildings as well as public space is critical for active participation by all the citizens," she notes.

The IRPTN is the City's largest infrastructure project to date, with an estimated value of R22 billion, will comprise nine corridors. The aim is to implement a world-class network of road and rail transport to provide at least 85 percent of residents with efficient and cost-effective transport.

"All buildings related to the IRPTN and urban landscaping, such as the pavements, need to comply with the National Building Regulations," says Saunders. "Currently the IRPTN team are compiling a Way Finding Disability policy for the entire eThekwin transport system in order to create uniform signage across the City, which will also address illiteracy." 

PRINTING ARMS AND LEGS – THE LATEST PHENOMENON

While 3D-printing technology can benefit the prosthetist industry, not just anyone with a 3D printer can mass produce cheap prosthesis



f you acquire a 3D printer and want to take your new toy for a test run, printing a prosthesis and splashing your attempts all over social media seems to be the latest project of choice.

I'm well informed, so please trust me if I tell you, you are really not the only or the first person to think of this idea! Let's put this into perspective. The new Mercedes-Benz C-Class has a printed steering wheel, while the armrest of the latest Quickie wheelchair is printed!

Why would you want a printed version of a trusted product that has evolved and been tried and tested through centuries?

"To save time," I hear from the engineer sitting across from me, "I can scan and print a prosthetic socket within 24 hours."

"That's great," I reply. "I can cast and manufacture a fully adjustable transparent prosthetic test socket within three hours."

The selling point for another clever chap was, "You can reap all the benefits of computer-aided design (CAD)". But prosthetists have been using CAD design technology for more than 30 years.

"You can design and print a fully adjustable final socket," claims the rocket scientist with a little knowledge of stump shrinkage. Well, over many years, socket comfort has been a billion-euro industry; you certainly won't make an impression on this kind of research and development with only a fancy printer.

The same principles apply to prosthetic components. The world's biggest names in prosthetic design and technology have not come up with anything resembling 3D printing. This should tell you

something. Rehabilitating a traumatised amputee requires knowledge of their condition, anatomy, skin conditions, biomechanics, psychology, material technology and structural integrity, and meaningful integration with a multidisciplinary team consisting of other medical professionals.

Then there is the fine print. It involves many elements: product and treatment liability, infringement on scope of practice, malpractice insurance, touting, supercession, the Competitions Board, the Consumer Protection Act, Health Professions Council and code of conduct.

Information technology specialists and others, please bear this in mind before you post to social media that you are going to print cheap technologically advanced legs for the masses. You have no idea of the harm that you could inflict in the life of a patient, and the deep water you can get yourself into.

Not even something as popular or as simple as a cellphone cover is printed for mass production. It's too expensive and is just not practical. The same applies to the Mercedes-Benz steering wheel, the wheelchair armrest and the artificial limb. It is all possible but not practical.

Having said this, we are currently involved in the printing of a fully functional titanium prosthetic work of art. What an exciting project! But it is very time-consuming and very costly and in all fairness, it could not have been done without the full commitment and cooperation of the prosthetist.

Your committed prosthetist will mix a little bit of his soul into the manufacturing of your new body part. Do not confuse 3D printing on Facebook or Dr Google with your prosthetist's medical degree. Not everything in this life can be created by the pushing of a button... [\[1\]](#)



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

TOUGH COMPETITION AT THE WORLD PARA ATHLETICS CHAMPIONSHIP

At the first major Paralympic competition in the run-up to the Tokyo 2020 Paralympic Games, South Africa walks away with 15 medals



So, the first major Paralympic Competition post-Rio 2016 Paralympic Games has just finished. The World Para Athletics Championships (note the new name – previously IPC Athletics World Championships)

was held in London from July 14 to 23 at the London Olympic Stadium – the same stadium that was used in the London 2012 games.

The team selected to represent South Africa was a mixture of youth and experience with two Paralympic legends Ilse Hayes and Arnu Fourie competing in their last-ever World Championships. The team departed from OR Tambo on July 9. Some of the athletes were already in Europe and met up with the rest of the team on July 11.

The flag bearer for the opening ceremony was none other than the serial smiler Charl du Toit, a fitting choice, considering his achievements at Rio.

Once again, our athletes performed well on the international stage, coming tenth overall on the medal table with 15 medals. We can only build on this on the road to Tokyo 2020 and beyond.

Some stand-out performances came from Charl du Toit and Dyan Buis with two Gold medals each and newcomer Manie Blom with a Gold as well.

Some athletes may have been a little disappointed with their results, but this is the perfect opportunity to take stock of where they are and plan what is needed over the next three years to achieve a podium performance.



ABOVE: (From the left) Arnu Fourie competed in his last-ever world championship as the World Para Athletics Championship. Dyan Buis won two Gold medals at the event.

The athletes also need to realise that investment worldwide in Para Sport is growing on a daily basis and there are no easy medals to get!

In a fitting end to their careers, Ilse was awarded two silver medals and Arnu was awarded one bronze medal. Ilse and Arnu, thank you for letting me be part of your careers and good luck for your future. *[R]*



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

THE “C” WORD



Cancer is a word that fills most people with dread. But, with regular testing, it can be detected and treated...



ew diseases give us an opportunity to perform tests to predict its development. Some cancers are among those and the test is called screening. It can predict the development of disease before it is obvious or while it is still in the early stages.

Effective screening tests are usually cheap, minimally invasive and sensitive to pick up disease; and the disease must have a cure that is acceptable to users.

In gynaecology, the screening of certain specific cancers can prevent significant morbidity and mortality. These include ovarian, uterine, cervical, vaginal and vulval cancers. In South Africa, the following four are noteworthy in terms of prevalence, prognosis and survival.

OVARIAN CANCER

Cancer of the ovary has two age peaks, early in life

(teenage and early adulthood) and later, during the postmenopausal period. The cancers associated with these peaks are different, and have slightly different progression and management implications.

Screening has low sensitivity and specificity, meaning it can miss many cancers and may be unable to differentiate in the general population. Women with a strong family history of cancer may benefit from genetic screening. There are familial genes that put some families at higher risk than the rest of the population. If a woman has close relatives with breast, ovarian, stomach, bowel or pancreatic cancer, it may be worthwhile testing her.

Routine screening is not useful and becomes extremely costly. It is important to know that ovarian cancer may be subtle in its presentation, but a regular check-up is advised when there is unexplained intestinal discomfort and or swelling of the abdomen. Ultrasound has not proven effective in detecting cancer in low-risk groups. Currently there are no



blood tests or radiological investigations that can be used to test for ovarian cancer.

UTERINE CANCER

With this type of cancer, screening can only be initiated once there are symptoms. Most common of these are abnormal vaginal bleeding and bleeding after menopause; in addition, high-risk women are often obese, hypertensive and diabetic. It's important for the gynaecologist to determine what a normal cycle is for a particular individual.

There are tests to confirm the presence of suspected cancer: ultrasound measurement of the uterus and, often, testing a sample of the uterine lining can be diagnostic. Treatment and prognosis is dependent on the stage of cancer and the need for adjuvant treatment such as chemotherapy or radiation.

CERVICAL CANCER

Cancer of the cervix is the only cancer that has a screening test that, if applied to a large portion of the population, would make a significant difference in incidence and prevalence. There is a premalignant

stage that can be detected and treatment initiated. The Pap smear is a fairly simple test that has reasonable sensitivity and specificity. The World Health Organization (WHO) recommends screening in resource-constrained countries like South Africa to be done at age 30, 40 and finally 50. Currently, in the US the Pap test is recommended every three years, rather than annually. The aim of the Pap smear is to detect abnormal cells before they progress to cancer. The current rate of HIV infection has been linked to an increased risk in the development of cervical cancer and perhaps the rapid progression and earlier onset of disease.

Currently the test can only be performed by a healthcare practitioner. It requires an internal examination of the cervix and cells are collected for cytological evaluation. The result can range from normal to degrees of abnormal, where treatment may vary from repeat smears one year later to surgical intervention. Surgery may be minimal, taking the form of a cone biopsy, or more radical, such as a hysterectomy. (In the near future women may be able to perform the test themselves and just hand the specimen in at the pathology lab and wait for results!)

Medical science has progressed to a point where we now know what can cause cervical cancer and we can perform specific tests to identify the culprit and mould treatment on the presence of the specific sub-type of Human Papilloma virus (HPV). Certain strains of HPV have been identified as high risk positively linked to the development of squamous cell cancer, while others have no link and some pose a significant risk. Like many viruses there is now a vaccine for the prevention of cervical cancer. A few companies are making these vaccines, which are used to target the very high-risk sub-types and some of the other high-risk groups. The aim is to produce an innate immunity to HPV and thus to enable the body to defend itself against a cancer-causing virus. In South Africa, there has been a roll-out of the vaccine to young, sexually naive girls around the age of 14 years, with boosters a few months apart. Strategies for the future may include vaccinating young boys and even young adults.

Other types of cervical cancer are rare and only make up about five percent of the total, but they often carry a worse prognosis and follow a more aggressive progression.

BREAST CANCER

This falls outside the scope of gynaecological practice, but is important enough to justify a mention. Unfortunately, screening is poorly done and tests are expensive. Regular mammograms are advised, but self-breast examination has also been useful. Currently, it is recommended that mammograms be undertaken every two years after the age of 45.

Vaginal and vulval cancers are rare and there is no screening test available. Self-examination and regular check-ups are recommended. [\[7\]](#)

FERTILITY

AND SPINAL CORD INJURY

After a spinal cord injury (SCI), most men are unable to ejaculate and thus unable to impregnate their partner, but there are other ways to assist with a pregnancy



In the United States (US), the annual incidence rate of traumatic SCI is about three people per 100 000. Males are affected five times as often as females, and the average age at onset is said to be 29 years. There are unfortunately no accurate statistics in South Africa but we are likely to have similar injury rates, age and sex statistics.

With the majority of persons suffering a SCI being young and male, many questions are raised about fertility issues. In a previous article I spoke about erectile dysfunction and the solutions for this problem, but I would like to focus now on fertility. Many patients ask me about fertility and the possibility of having children one day.

First, note that SCI does not affect fertility in the female. It is common, after an injury, for a woman to experience a loss of the normal menstrual cycle for a while, but normal cycles do return. Therefore, the ability to fall pregnant also remains unchanged.


However, for a SCI male, the situation is different. The first challenge is the inability to ejaculate. Only a very small percentage of SCI men are still able to ejaculate and impregnate their partner. The majority of SCI men are unable to ejaculate normally and should therefore seek help. The following solutions are available.

For higher-level injuries, reflex ejaculation is possible. This can be achieved through the use of a vibro ejaculator. There is an excellent video on YouTube, where Dr Stacey Elliot demonstrates the use of the Ferticare.

For those who want to buy their own device, they are available online from a Danish supplier (www.multicept.dk) or locally from the medicalvibrator.co.za site. Essentially, the device stimulates the penis using specific amplitude and frequency, enabling reflex ejaculation in certain individuals.

The sperm obtained can then be collected and used to inseminate one's partner. This is the cheapest and easiest way of obtaining sperm. Some SCI clinics may have their own Ferticare devices and you should contact your spinal injury follow-up clinic to enquire. Of course, timing of insemination is vital but this is a topic all on its own.

Remember that this procedure can cause severe autonomic dysreflexia, so if you do suffer from AD, consult your doctor first. If reflex ejaculation is not possible, remember that sperm can always be obtained through other means. This would involve the direct removal of sperm from the testis.

This small procedure is usually done at a fertility clinic. Once sperm is obtained they can be used to fertilise an egg - a process known as ICSI. This is however an expensive path to take. Speak to your fertility clinic for further information. These services are also available in the larger state hospitals. 



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.
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CROSSING THE MIDLINE



Teaching a child to cross their midline is crucial in developing their handwriting, as well as their reading and hand-eye coordination. Use these fun exercises to improve their bilateral coordination



When you hear the term 'midline', think about an invisible line drawn from the head to the toes that separates the left and right side of the body. It is important for children to be able to reach across the middle of their body with their arms and legs to

perform a task on the opposite side.

When a child crosses the midline using their dominant hand, that hand will get the practice it needs to develop good handwriting skills. If the child avoids crossing the midline, both their hands get worked equally and their dominant hand won't be as strong. Children need a strong dominant hand and a less strong supporting hand.

Sometimes children with poor midline crossing can't draw a horizontal line across a page without swapping hands. They can't sit on the floor crossed-legged or place a puzzle piece with their dominant hand when the puzzle is on the opposite side of the body.

The inability to cross the midline affects not only handwriting, but all areas of a child's development, including being able to kick a ball, putting on their shoes or reading from left to right.

Indicators of difficulties with crossing the midline include:

- Swapping hands midway through an activity.
- Using the left hand for games on the left side of the body, and right hand for those on the child's right hand side.
- Moving their bodies to the opposite side when reaching across their body.
- Finding it difficult to visually track from one side of the body to the other (ie reading a sentence in a book).
- Having poor pencil skills.
- Using different hands to hit a ball.
- Difficulty in crawling, skipping or doing star-jumps.

Here are some activities that can help:

LARGE BALL CATCHING

Get a large, soft ball and ask the child to sit crossed-legged (kneeling, seated or in their wheelchair if needed). Begin by standing directly in front of them and gradually move more and more to one side so that they have to rotate their upper bodies to throw and catch the ball.

PASS THE BALL

Get a few children to sit in a row facing forward. Ask them to pass the ball along the line of children. This will help the child to reach to get the ball from the child on their left, move it across their midline and pass it to the child on their right.

LAZY-8

Using a chalk board or other vertical surface, draw a large number eight on its side. Get the child to hold chalk or a crayon in their dominant hand with the other hand on the board for stability. They need to be directly positioned in front of the centre of the large lazy-8 and trace over it without lifting up the crayon or swapping hands.


STREAMERS

Get some party streamers or ribbons and let the child use their dominant hand to make big loops. For fun, let them tie the streamers to their big toes and let them make big leg movements, such as circles.

MARCHING GAMES

Teach the children a marching song and get them to march in time to the beat using their right arm and left leg.

STICKERS

Stick a few stickers on one side of their body, and let them take it off using their other hand. 



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

AN EXCEPTIONAL READ

If there is one book you read this year, it should be *Brave Lotus Flower Rides the Dragon* by Tracy Todd. It's exceptional. One of the best books I've ever read, in fact.

Tracy writes about her life, which – at the age of 28 – was turned upside down when a horrific road accident left her a quadriplegic. Prior to the accident, she was an athletic, marathon-running mother and teacher.

Tracy's book tells the warts-and-all story of her life after the accident. She is brutally honest throughout, detailing her ups and (many) lows.

The book has many sad parts and some funny ones too; I found myself alternating between crying and laughing. Most importantly, though, I found that I simply could not put it down.

If you're ever feeling sorry for yourself (and, let's face it, who doesn't), pick up this book and read it. Even if you're NOT feeling sorry for yourself, read it. It will change your life – as it did mine. Tracy, I salute you!



HOME-FIX DIY

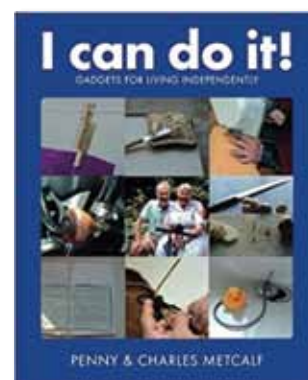
This book review was written by regular ROLLING INSPIRATION contributor Mandy Latimore

When ROLLING INSPIRATION asked me to review *I Can Do It* I was keen to see what Penny Metcalf had put together, as I remember her from the Independent Living Centre (ILC) days in the 1980s, when we all used to bring in our "home fixes" – items that we had adapted to make our lives a little easier.

This book is a great source of information on how to take items from the household and adapt them to your specific needs without breaking the bank – and it's told from the experience of a delightful, positive woman who has managed a very full and active life despite her disability.

We should all be sending her our "Quick Home Fixes", so that she can expand this information set even more. Penny, you will need to do a second book!

As a person with a disability who has battled for 37 years, there is one sentence from this book that speaks straight to my heart. It's going to be my new motto in life: "The most precious gadgets on earth are kind people."



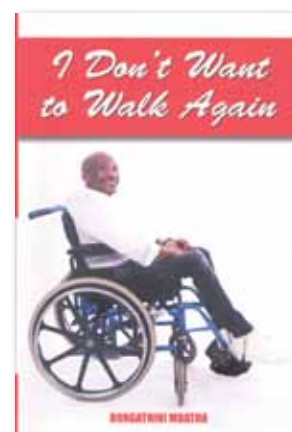
LIVE AND WORK IN INACCESSIBLE SOUTH AFRICA

This book review was written by regular ROLLING INSPIRATION contributor Mandy Latimore

I Don't Want to Walk Again is an intensely personal account of Bongathini Mbatha's life, and his unique take on how to live and work in our inaccessible South Africa. He offers advice and information based on his experiences. It is interesting to see that he has decided to "retire" at a young age to enjoy life.

Although the title seems to have a negative connotation, it is really that he feels his spiritual path is important and should be "walked" from the perspective of a person with a mobility impairment, as this is what God has planned for him.

He is living life despite his disability.



CAPTURING ACTION SPORTS AS A QUADRIPELEGIC PHOTOGRAPHER

The South African Society of Photographers with a Disability (SASPD) is ROLLING INSPIRATION's official photographer. Founder JOHANN MEINTJES shares his experiences working as a quadriplegic photographer

Johann Meintjes is a photographer with a unique perspective, both literally and figuratively. After suffering a spinal cord injury in a gymnastics competition 35 years ago, Meintjes lost the use of four limbs. However, thanks to his love for sport, he reconnected with his passion from behind the photographer's lens.

He has 10 years of photographic experience: he is a teacher at a primary school in Pretoria and one of his extracurricular activities is photography. He teaches learners about composition and focusing. In his spare time, he photographs sport events. In order to work as a professional quadriplegic photographer, Meintjes had a company build him a stand attached to his wheelchair, which acts as a tripod.

He recently had the opportunity to be the first photographer with a disability to get accreditation to photograph at Loftus Versfeld. He was able to photograph the Bulls vs Crusaders Super Rugby match in May, making the most of a sponsorship from Ludwig Photographic for his first shoot at Loftus Versfeld.

"Accessibility on a rugby field is quite challenging. Pushing your chair on the grass and taking photos is not easy. Loftus Versfeld officials Shanil Mangaroo and Roxanne Kambule made it so easy for me. They even organised for my lunch to be sent onto the field. I didn't have to go all the way up to the media room," Meintjes says.



The SASPD also recently photographed the Hockey World League, which was hosted at the University of Witwatersrand, after the society received accreditation from the International



Hockey Federation (FIH). In order to accommodate Meintjes, the organisers had to build a ramp so that he could photograph the game over the netting.

With a little assistance from the organisers, he was able to take some astounding photographs. Similar opportunities are available for SASPD members and their photographs could be featured in ROLLING INSPIRATION. The society offers its members support, workshops, photographic outings and tours as well as the opportunity to engage with other photography groups.

Any photographer with a disability, member of a disability group, carer or person with an interest in helping or engaging photographers with a disability is welcome to join the organisation. For more information, visit the society's Facebook page at www.facebook.com/SASocietyforPhotographerswithDisability or contact Meintjes at johann.meintjes@lscp.co.za. ^[1]



MAKING A MOUNTAIN OUT OF SCI

It is important not to allow a spinal cord injury (SCI) to prevent a healthy sexual relationship

Sexuality, at its core, refers to a relationship between two people. This means that both parties bring something to the partnership. Focusing on one side of the relationship can never give a full picture, but it is important to understand both sides to understand the relationship. When one of the two parties have suffered a SCI, it can easily become the focal point of (or the perceived obstacle to) a fulfilling sexual relationship. The difficulty is finding the balance.


The first danger is seeing a SCI as more than it is. There are many misconceptions about SCI. These assumptions are often made by people who have never been affected by such injuries personally or through someone they know. People in wheelchairs are often met with sympathy. There is a belief that the person's life is over and that the loss is so big that they will not be able to live fully in any aspect of their lives, including sexuality. This is also a common experience of people who suffered recent SCI.

The second danger is seeing a SCI as less than it is. The main aim of rehabilitation is to move past the point of feeling hopeless to finding new ways of doing things that you were able to do before.

When it comes to sex and sexuality, making a SCI more or less than it is could create unnecessary difficulties in relationships. If you haven't dealt with

this major change emotionally, you could get stuck, feeling hopeless and not seek the necessary help. On the other hand, avoiding sex and intimacy altogether is denying yourself a fundamental human need. The balance between these two extremes comes through communication.

“Making a SCI more or less than it is could create unnecessary difficulties in relationships

First, it is important to talk to a psychologist or sexologist to help you deal with your current situation on a physical as well as an emotional level. A professional will be able to explain various options to assist you to experience a fulfilling sexual relationship. Second, communication with your partner is vital. Acknowledge the fact that a SCI brings new challenges and then take them head-on, together. 

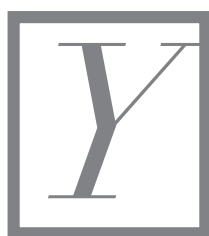


Danie Breedt is a passionate scholar-practitioner in the field of psychology. He divides his time between training future psychologists, research and clinical practice. Danie works from an integrative interactional approach in therapy dealing with a wide range of emotional difficulties. He is currently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

FIGHTING THAT DRAGON CANCER



Parents Ryan and Amy Green have launched a video game based on their experience helping their son Joel fight cancer. Here's what you need to know about the game, which won the most impactful game award at the Game Awards in 2016



ou don't often come across a video game inspired by a family's tragic loss of their son. I was diagnosed with osteosarcoma at 11 years old, so I was immediately intrigued by the thought of this video game. Why turn this story into a game and how would it end?

Most video games give us a brief sphere of distraction, as they allow us to enter a new environment. Our worries and frustrations get put, briefly, on pause. Personally, when I was in hospital receiving chemotherapy, I would often turn to my PlayStation for relief – a break from everything happening around me. Yet, *That Dragon, Cancer* is a game unlike any others I ever played.

Joel Green, son of Ryan and Amy Green, was diagnosed with an atypical teratoid/rhabdoid tumour at 12 months. Doctors gave Joel four months to live; however, he fought on bravely for four more years despite developing seven additional tumours. The tumours had left him partially deaf and blind. At one point, he had to relearn how to walk.

In March 2014, when he was five, Joel passed away. *That Dragon, Cancer* is played as an exploration game from both a third- and first-person perspective through a number of abstracted scenes based on the Greens' experience with raising Joel from diagnosis through to his death.

The player takes the role of Ryan and Amy in 14 small vignettes that capture some of the emotional moments they had to face during Joel's life, expressed as interactive art. The player is able to interact with the characters and make certain choices, similar to those that the Greens had to face. Amy recently spoke at a TED Talk, describing why the element of play is so

important for paediatric patients.

"Players expect their video games to offer them branching narrative so that every decision that they make feels important and can change the outcome of the game. We subverted that principle of game design, so that the player discovers that there is nothing that they can do that will change the outcome for Joel," Amy explained.

"They feel that discovery as deeply and desperately as we felt it on nights when we held Joel, stubbornly holding out hope for a grace that we could not create for ourselves," she notes.

"Perhaps you're thinking, like so many people before you: cancer is not a game. Well, tell that to any paediatric cancer parent who's ever taken an exam glove and blown it up into a balloon, or transformed a syringe into a rocket ship, or let their child ride their IV pole through the hospital halls like it was a racing car. When you have children, everything is a game," she says.

"And when your young child experiences something traumatic, you work even harder to make sure that their life feels like a game, because children naturally explore their worlds through play. While cancer can steal many things from a family, it shouldn't steal play," she says.

Play was a vital part in my recovery. Being able to break away for a few seconds by laughing at something silly came as a joyous relief. For the Greens, the game is a way to preserve and to celebrate the memory of their son's life.

This video game is hard to play. There is no winner, trophy or points gained. It's a real-life battle between a child and dragon. I was fortunate to have been able to kill my dragon. Although Joel wasn't as lucky as I was, I admire Amy and Ryan for honouring their son in a unique, moving way. [\[7\]](#)



Emily Gray is an amputee reintegration and motivation specialist. She was diagnosed with an osteosarcoma when she was 11 years old, which necessitated the amputation of her left leg through the hip. She then went on to represent South Africa at three Paralympic Games. She now helps amputees and cancer patients reintegrate into society by focusing on their physical and mental wellbeing.

ROLLING INSPIRATION READERS GET PASSIONATE ABOUT PARKING

Accessible parking has been a hot topic on ROLLING INSPIRATION social media this past month. Numerous followers voiced their opinions on the abuse of accessible parking. A common issue was the misconception that these parking bays are reserved for convenience. ROLLING INSPIRATION reader Liz McGaffin noted:

“Just give wheelchair users space to manoeuvre in and out of their vehicles!”

Numerous shopping centres are attempting to raise awareness about accessible parking bays. In June, Waterstone Village in Somerset West ran a campaign to raise awareness about accessible parking by placing wheelchairs, walkers and signs with common “excuses” on prime parking bays.

Crossing Centre shopping mall in Nelspruit ran a similar campaign, supported by author Tracy Todd. One reader pointed out that Spar on Rosemead Avenue in Cape Town has bays reserved for people with disabilities, mothers with babies and pensioners, although these bays are still used by members of the public at large.



“I was surprised that these bays are also being used by just anyone – which they do unless the parking attendants stop them, which they usually don’t,” said Morag Mackay, sharing the concerns of other readers.

“We are fighting a losing battle. Nobody, not the shopping centre management nor the security guards or parking attendants, worries about it. They are always making excuses for the people who park illegally,” said James MacKenzie.

He related his experience at Club Mykonos in Langebaan, where two cars were parked in the accessible parking bays.

“When I complained, two of the [attendants] came to have a look, had a giggle and said they would try to find the drivers. This under a parking sign that warned the wheels would be clamped and a fine served to release the car. I told them get the clamps but nothing happened,” he said.

Readers also debated whether accessible parking bays should be shared with pensioners or elderly people. Pinkie Madlala noted that although it was better for pensioners to be closer to the mall, they did not need the extra space to manoeuvre a wheelchair.

Nolene Strydom said: “Wheelchairs need the space. Pensioners walk through the entire shopping centre effortlessly. No need for close parking.”

Let us know what you think about accessible parking by emailing comments to mariska@charmونت.co.za or comment on our Facebook page.



ON YOUR MARKS, GET SET, RACE!

The QuadPara Association of South Africa (QASA) in partnership with SABAT Batteries, hosted the 11th Power Wheelchair Race Day on Sunday, August 6. This event celebrated the relationship between SABAT and QASA, which started in 1997 when SABAT sponsored batteries to quadriplegics using power wheelchairs.

“There is a genuine relationship between our organisation and the team from SABAT,” says Ari Seirlis, CEO of the QASA,

“SABAT has provided our members with free batteries for powering wheelchairs over many years. You cannot put a price on the importance of mobility. Yet, it is so much more than that. The SABAT Retail Agents link up with our members around the country and go out of their way to support the members' mobility needs.”

Quadriplegics using power wheelchairs raced against each other at Zwartkops race track to determine who is “the fastest Quad”. There were 15 quadriplegics who participated by doing one lap on the go-kart track. Shawn Arde was the winner in his power driven scooter.

“There was keen competition but most importantly this was a celebration of the strong relationship between QASA and SABAT,” notes Seirlis. To view more photos from the event, visit <http://johannronel.photofrog.co.za/>.



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DON'T MISS OUT!

Be sure to diarise these important upcoming events

31 AUG – 3 SEP: 2017 UCI PARA-CYCLING ROAD WORLD CHAMPIONSHIP

The 2017 UCI Para-cycling Road World Championships will take place in Pietermaritzburg, KwaZulu-Natal, with world-renowned cyclists and BMW Brand Ambassador Alessandro (Alex) Zanardi participating.

1 SEPTEMBER: CASUAL DAY

Support inclusivity and equity by buying a Casual Day sticker from QASA and celebrating diversity with persons with disabilities – this year's theme.

5 SEPTEMBER: WORLD SPINAL CORD INJURY DAY

Spread awareness of SCI on September 5. SCI not only causes trauma, but can cost an affected individual up to R13 million in the first year.

16 SEPTEMBER: QASA ANNUAL GENERAL MEETING

The QuadPara Association of South Africa will host its annual general meeting in September with all members welcome to attend.

5 – 8 OCTOBER: QUADS FOR QUADS OCTOBER

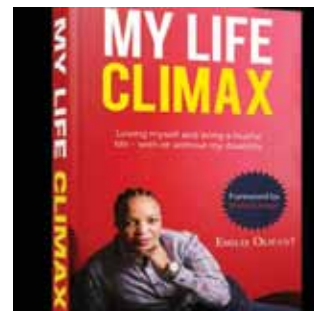
This four-day, 1 000 km, off-road adventure from Durban to Johannesburg is perfect for off-road motorcyclists. The event aims to raise funds for QASA.

20 OCTOBER: NETCARE REHAB SPORTS DAY

Netcare Rehabilitation Hospital will host its 17th annual sports day with a wide range of activities to sort all sporting interests!

A LITTLE ENCOURAGEMENT THROUGH MY LIFE CLIMAX

My Life Climax explores the psychological and spiritual challenges one faces after a life-changing injury. It is ideal for someone who needs a little encouragement



As someone who loves to exercise and was once an avid camper, I know that life is unpredictable and that nothing should ever be taken for granted. This is best reflected in the way I've turned my unfortunate circumstance into a remarkable success story.

Paralysed from the waist down after a car accident in 2003, I worked hard during my rehabilitation period to rebuild the mental and physical strength I needed in order to face the world again.

I've written a book titled *My Life Climax*, in which I explore the psychological and spiritual challenges I faced after the accident, the mental adjustments and the attitudinal shift I had to make to live a happier, more fruitful life.

The book conveys my will to live, ability to embrace

the unknown and desire to touch people in a special way.

If you are in a difficult place in your life, perhaps faced with obstacles that seem insurmountable, this book may just be the little encouragement you need.

Through my healing journey, I'm getting a better understanding about the purpose behind what happened to me, but I must confess, having a disability, particularly after having had an active life as an athlete, dancer and traveller, is life-changing!

It has made me a more spiritual person. What helps me forge ahead is that I don't focus on what I have lost, but on what I still have. The past 14 years have taught me to embrace my challenges and find effective ways to progress through life, while remaining conscious of the fact that change is an ongoing process – and it's not always easy to adapt to it.

The book will be launched during the National Women's Month, August 2017.



Emilie Olifant is a disability activist, entrepreneur and motivational speaker. She is the director of the Emilie Olifant Foundation, an organisation that strives to address socio-economic issues experienced by people with disabilities.
email: emilie.olifant@gmail.com

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