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ISSUE 4 2018 | R55.50

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ROLLING INSPIRATION was developed by
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in July, 2018.

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A NATIONAL HEALTH INSURANCE TO BENEFIT ALL?

IN AN ATTEMPT TO OFFER BETTER SERVICES TO ALL, THE SOUTH AFRICAN GOVERNMENT IS PLANNING TO IMPLEMENT A NATIONAL HEALTH INSURANCE PLAN

With great excitement the Minister of Health, Aaron Motsoaledi, presented two bills for public comment on June 21, 2018. If enacted into legislation, the National Health Insurance (NHI) Bill and the Medical Aid Schemes Amendment Bill will lead to massive changes in the way public health and medical aid coverage are handled in the country.

The government plans to fully implement the NHI by 2025. It will be mandatory for every citizen to belong to the NHI and all state medical schemes will be made redundant. It is still unclear how the NHI will affect private medical schemes and ordinary citizens, and I am sure many of you will wonder about this. What is the NHI and how will it affect us? Some of us are privileged to be employed and can afford medical aid.

The Director-General of the Department of Health, Precious Matsoso, says the White Paper explaining the Bills stipulates that, until the NHI is fully implemented and mature, the role of medical schemes will not change. However, she notes that this doesn't preclude any changes

to the business of medical schemes or transformation required in medical schemes.

"Currently, the role of medical schemes under the fully matured the NHI is that of complementary services cover. This means that only services not covered by the NHI can be offered as cover. If medical schemes undergo both voluntary and regulatory reform to become aligned and consistent with the objectives of the NHI, there will be a need to relook at this," she says.

This sounds fine, as there is still time to consider my own options, but what of the multitudes who are not as privileged? The Department of Health says that only 8,8 million people belong to medical schemes (out of a population of about 55,5 million). A vast number of people rely on the public health service.

Where will these people get quality healthcare? The right to health is gazetted in Section 27 and subsection 1(a) of the South African Constitution. The White Paper states: "NHI is a health-financing system that is designed to pool funds and actively purchase services with these funds to provide universal access to quality, affordable personal health

services for all South Africans based on their health needs, irrespective of their socio-economic status.

"NHI will be implemented through the creation of a single fund that is publicly financed and publicly administered."

The NHI will be financed by the NHI Fund established by legislation. The Fund revenue will come from general taxes, payroll and surcharge taxes. The Fund, in consultation with the Minister of Health, will determine pricing and reimbursement mechanisms.

system currently in place to provide universal, quality healthcare for all.

Instead, analysts say that doctors will be negatively affected. In a country with already too few doctors, it is a situation we can't afford. According to the *Sunday Times*, doctors and hospitals that refuse to comply with the new capped fees will not be accredited by the NHI. *Rapport* stated on June 24, 2018 that about 3 000 doctors who are members of the South African Private Practitioners Forum



“A vast number of people rely on the public health service

Healthcare providers wanting to contract with the Fund will have to comply with these mechanisms. Will businesses that currently profit from health-services delivery comply? I doubt they will do it voluntarily. Surely this will have serious cost implications for the country.

Martin van Staden, a legal researcher at the Free Market Foundation, says: "With the 2010 cost estimation inflated with the Consumer Price Index in 2017 terms, the NHI will cost the taxpayer R368,8 billion by 2025. Even this, however, is a conservative estimate in light of overly generous future growth estimates provided by the government. Furthermore, in 2017 terms, the NHI will cost South Africa R156 billion every year from 2025 onwards – assuming we achieve two percent growth – which is roughly equal to four 2010 Soccer World Cup tournaments, or 1,4 million government houses a year. The NHI would double South Africa's health budget."

Who will pay for it? The essence of the NHI is that the "rich will subsidise the poor, the young will subsidise the old, and the healthy must subsidise the sick".

Motsoaledi notes: "At present, the poor subsidise the rich." Will everyone agree with this view? What about the long queues at clinics and overcrowded waiting rooms at public hospitals?

How will the system work? According to *City Press*, patients will go to NHI-accredited doctors and the Fund will pay those doctors, in the same way as private medical aids currently do. The wide-ranging changes to the healthcare system are supposed to do away with the


(SAPPF) will simply refuse to take part.

As far back as April 2013, the SAPPF warned that the NHI will not work.

Some countries have, however, successfully implemented similar health insurance packages sponsored by their governments. In Switzerland, there are no free state-provided health services. Instead, private health insurance, regulated by Swiss federal law, is compulsory.

The government subsidises healthcare for the poor on a graded basis, with the goal of preventing individuals from spending more than ten percent of their income on healthcare. In Singapore, the government controls and heavily subsidises healthcare – however, with the criterion that no medical service is provided for free. Hospitals are overwhelmingly public, with a large portion of doctors working directly for the state and citizens contributing to a national insurance plan known as MediSave. With this plan, each citizen accumulates funds that are individually tracked, and these can be pooled within and across an extended family.

Most Singapore citizens have substantial savings in this scheme. In 2014, *Bloomberg* ranked the health-care system in Singapore as the most efficient in the world. Armed with this information, can we prepare ourselves for a shake-up in the health sector? Especially in the current economic climate with an ever-increasing cost of living?

Let's hope the NHI addresses the ailing healthcare system, and that it will be accepted by all and will benefit everyone equally – as it is supposed to be. 



Raven Benny is a member 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

TIISETSO DRIVES AGAIN!

Tiisetso Modre was involved in a motor vehicle accident two years ago, which resulted in his paraplegia. He thought he'd never drive again – but then he heard about the Driving Ambitions programme managed by QASA. After participating in the programme, Tiisetso recently achieved his goal to become a proud, legal driver.

Before his accident, Tiisetso recalls that he didn't take notice of persons with disabilities or their needs. Now, however, he hopes to advocate the importance of road safety and the consideration of persons with disabilities. Tiisetso would like to thank his driver trainer Des and the QASA Team for making this possible. QASA wishes Tiisetso well on his journey and fully supports his advocacy for road safety!



FAREWELL BENJAMIN!

The HWSETA Work Experience Grant has come to an end for Benjamin Mbatha, who was hosted by Shave Paints & Décor in its Springfield Branch, Durban, for the past year, where he received in-house training and working experience. A farewell for Benjamin was arranged on June 8, 2018, where the Shave Paints & Décor management and QASA celebrated his achievements.

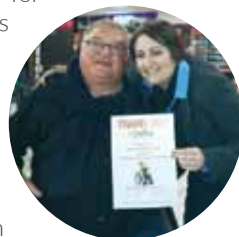


Ari Seirlis is the CEO of the QuadPara Association of South Africa (QASA) and managing editor of Rolling Inspiration. email: ceo@qasa.co.za

BIDVEST PREMIER LOUNGE INVESTS IN QASA

Bidvest Premier Lounge has a long-standing relationship with QASA and will invest in the QASA skills development programme for the second year to assist in upskilling QASA members and securing employment, internships and learnerships. Phillendren Chetty, for example, was employed by Netwize as a CCTV operator. Degratia Moraila secured employment with Pick n Pay through the year-long QASA internship programme.

Lauren Woods, key account manager at Bidvest Premier Lounge, received a certificate of thanks from QASA. QASA looks forward to building and maintaining this relationship with Bidvest Premier Lounge.



A TRIBUTE TO IRENE JOUBERT

Disability Ambassador Irene Joubert passed away on May 30, 2018, at the age of 76. Irene became a quadriplegic in 1971 after a car accident. Following her rehabilitation, Irene returned to her rehabilitation centre, the HF Verwoerd Spinal Unit, to act as a peer supporter.

In 1985, she received the recognition of "Pretorian" and in 1986 was awarded The Excelsior Award.

Tracy Todd, a fellow quadriplegia ambassador, says: "She meant so much to me. Irene dragged me out of some dark holes. I take comfort from the memory of the many hours we spent together over the past 20 years, the tears and laughs we shared." Ari Seirlis, the CEO of QASA, remembers Irene fondly: "When I arrived at HF Verwoerd Hospital for rehabilitation in 1985, she was my first visitor. She would come and see all of us who were in rehabilitation on a weekly basis and gave us inspiration. She helped us realise that there was still a lot of life to be enjoyed by a motivated quadriplegic. Thank you so much Irene for giving hope to thousands of people with spinal cord injuries. You made us believe in the future."



NISSAN BRINGS THE FIRST WHEELCHAIR-FRIENDLY TAXIS TO SOUTH AFRICA



SAY GOODBYE TO THE DAYS OF HOISTING YOURSELF (WITH OR WITHOUT ASSISTANCE) INTO THE PASSENGER SEAT OF A CAR, FOLDING YOUR WHEELCHAIR AND POSSIBLY ALSO REMOVING ITS TYRES. NOW YOU CAN SIMPLY ROLL UP AND INTO YOUR TRANSPORT!



Nissan is the first vehicle manufacturer in South Africa to offer wheelchair-friendly minibuses to meet the growing demand for safe, reliable transportation for people with disabilities. It has developed a full conversion of its popular NV350 Impendulo to allow for a spacious carrier, a hydraulic lift, rear-facing seating and aluminium flooring to keep the wheelchair in position.

The converted Impendulo, released in August 2016, is attracting interest and enquiries from several sectors, including regional health departments in the Eastern Cape, where the vehicle has already been deployed. Wonga Mesatywa, director of corporate and general affairs at Nissan Group of Africa, says: "There is a definite need for more public transport facilities that cater for people with physical disabilities."

"Public transport facilities just cannot accommodate people in wheelchairs," says Olivea Louw, general manager of Nazareth House, a home that offers a refuge for orphaned and abandoned children, terminally ill and destitute adults, and the elderly.

"We had to invest considerable resources in the purchase of two wheelchair-equipped vehicles, as we couldn't rely on public transport facilities like buses or taxis," Louw adds. This is a problem she feels particularly strongly about after a former colleague of hers who had a disability was hijacked and left stranded on the side of the road.

Determined to get to work, she attempted to catch a bus but was unceremoniously told to disembark by the bus driver, who said he couldn't accommodate her wheelchair. Louw recalls: "I remember how humiliated she felt. It was very upsetting. This is pure discrimination and something needs to be done about it."

While the Department of Transport focuses on improving public transport for people with disabilities, minibus taxis and buses remain ill-equipped to transport people with physical disabilities. Unlike most other minibuses, the interior seating in the Nissan NV350 Impendulo can be

removed and a portion of it has been adapted to be rear-facing so that wheelchairs can fit comfortably inside.

Aluminium flooring in the rear-passenger section of the vehicle also keeps wheelchairs safely in place while the vehicle is in use. The conversion makes maximum use of the available space within the vehicle. One of the most useful modifications is the hydraulic lift that gives wheelchair users easy access through the rear door.



Nissan's mass ratings on the Impendulo are class-leading, which makes it an ideal platform for this type of conversion, as it minimises the chances of overloading. This is a key differentiating factor for the Impendulo compared with similar vehicles on the market. The converted vehicle meets regulatory standards and specifications, such as safety and technical requirements.

In addition to providing safe transport for people with a disability, the conversion is also ideal for a variety of applications including hotel fleets, inter-hospital transportation and frail care. Mesatywa notes: "We have received multiple enquiries about the modifications made to the vehicle. Unfortunately, until now many South Africans with disabilities have been excluded from mainstream society and have been prevented from accessing fundamental social, political and economic rights due to a variety of factors. Lack of access to adequate transport shouldn't be one of them," he concludes. [\[7\]](#)



HIDDEN DEMONS OF PARALYSIS

THE VISIBLE DAMAGE ASSOCIATED WITH SPINAL CORD INJURY (SCI) IS VERY APPARENT, BUT THE UNSEEN DAMAGES OFTEN HAVE AN EVEN GREATER IMPACT ON THE INDIVIDUAL

The loss of sexual functionality, bladder and bowel control, the antics of autonomic dysreflexia and the difficulties with temperature regulation are additional disabilities that mess with our self-esteem, self-confidence and perception of quality of life – often more so than the actual paralysis.

It's useful for caregivers to know how the Autonomic Nervous System (ANS) works; how damage to it plays havoc with our bladders; and how to manage this condition. Readers, please note: I have taken some liberties with describing the very complex nature of the ANS and the consequences of damage on the organs and systems regulated by this system.

However, I trust that caregivers will be left with an understanding of why things are a certain way and will feel a deeper empathy for the people for whom they are caring.

THE ANS

The ANS includes all the nerves that regulate the function of our organs, such as the heart and blood vessels, lungs (breathing, coughing and sneezing), digestive and urinary system (swallowing, vomiting, bowel movement and bladder function) as well as our sexual functionality. It has two components that work together, but largely with opposite functions.

The sympathetic system is responsible for quick responses and is commonly known as the "fright, fight or flight" system; the parasympathetic system is the more laid-

back, "breed and feed" or "rest and digest" system. The sympathetic system is, thus, the action component of the ANS, while the parasympathetic system tends to look after the ongoing, quiet processes.

With SCIs, the parasympathetic component (which comes directly from the brain) largely tends to survive, while the sympathetic system is damaged in various ways, as the different sympathetic nerves leave the spinal cord between the first thoracic and the second lumbar vertebra. The extent of sympathetic nerve damage depends on the level of the SCI.

The result is that while the parasympathetic nerves continue to function as usual, the sympathetic system is either non-existent or functions partially or erratically. The interactive functionality of the two components of the ANS is disrupted, often with dramatic consequences for the organs, including the neurogenic bladder.

IMPACT ON THE NEUROGENIC BLADDER

The physiology of the bladder is an extremely complex interplay between the brain, the peripheral nerves (that manage our muscles and movement) and the autonomic nerves. In a nutshell, the bladder has two important muscles that interact with one another in normal bladder function.

The detrusor muscle is in the wall of the bladder and the sphincter muscle is at the opening of the bladder, where it joins the urethra (the pipe through which the urine flows out). In normal bladder function, when the bladder is empty or partially filled, the detrusor is relaxed and the sphincter is contracted.

This allows the bladder to fill up without urine leaking



out. When the bladder is full, it sends a message to the brain and the brain tells the detrusor to contract and the sphincter to relax. (This message can be voluntarily held back if you are not close to a toilet.) With SCIs, this messaging system is broken.

Depending on the level at which the damage occurs, there are a number of possible malfunctions essentially disrupting the coordination between the sphincter and the detrusor muscles. If the detrusor contraction is stronger than the sphincter, for example, there is a tendency to incontinence. If, on the other hand, the sphincter is stronger, there is a tendency to urinary retention.


Apart from the obvious embarrassment and discomforts of urinary incontinence and urinary retention, what are the dangers? The three important complications are urinary tract infections (UTI), strictures of the urethra (a result of poor hygiene, inappropriate catheterisation techniques and inappropriate catheters) and hydronephrosis. This third complication is caused by urine retention, where a persistently overfull bladder pushes urine up the ureters into the kidneys and destroys the kidney structure. This can eventually cause kidney failure.

The type of bladder management will depend on the nature of each individual's neurogenic manifestations. If the problem is incontinence without evidence of urinary retention, the choices are a schedule of bladder emptying (around every three to four hours), incontinence wear or condom catheters.

If the problem is urinary retention, the gold standard is intermittent clean catheterisation, preferably with a sterile pre-lubricated (hydrophilic) catheter. Surgically inserted suprapubic catheters must be kept as a last resort. Indwelling catheters are usually not recommended, as they can cause complications in the long term.

While bladder percussion is a popular and often effective way to stimulate the voiding or draining of the bladder, it is not without dangers. It can push urine up into the kidneys and can aggravate hydronephrosis. The goals of bladder management are:

- To maintain continence and boost the injured person's self-esteem, self-confidence and quality of life;
- To prevent UTIs;
- To achieve regular, controlled bladder emptying, and to prevent hydronephrosis;
- To select a technique that fulfils the required purpose, but also suits the preference of the patient. It is their life after all.

I always joke that I have three bosses: God, my wife and my bladder. However, our bladders should never control our lives. We must take charge of and manage them. If persons with a SCI are not able to do this for themselves, the caregiver must step in and perform bladder management while respecting the dignity of the patient. This is not a pleasant task, but if done with compassion and empathy, you will be blessed for it. 



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

QASA SURVEY CONFIRMS SINGLE-USE CATHETERS ARE BEST



FOLLOWING THE FINDINGS OF A CANADIAN PROFESSOR REGARDING THE REUSE OF CATHETERS, QASA CONDUCTED ITS OWN STUDY TO DETERMINE THE BEST APPROACH TO INTERMITTENT CATHETERISATION



is the healthiest.

After reading about the findings of a critical analysis by Professor Andrei Krassioukov, of the University of British Columbia in Canada, and his colleagues, the QuadPara Association of South Africa (QASA) set out to conduct its own survey to determine what sort of bladder management routine the organisation wanted to ascertain whether there really was a difference between reusable catheters and single-use hydrophilic catheters. To test this question, QASA collected data from members who'd changed their type of catheter due to problems with bladder infections. There was a total of 15 participants who'd switched from reusing uncoated catheters to hydrophilic single-use catheters.

Participants were asked via email and a web survey to indicate the type of catheter currently used and the number of urinary tract infections (UTIs) they experienced before and after switching.

The results indicated a dramatic reduction in reported UTIs – from an average of 5,7 per year to 0,7 per year – when patients had access to single-use catheters. This suggests a reduction of 88 percent in terms of users contracting a UTI based on the type of catheter.

The survey clearly supports Professor Krassioukov's claim that reusing catheters increases the risk that bacteria will be introduced to the urinary tract and cause infection. For this reason, single-use catheters – and especially the ready-to-use hydrophilic versions – are the safer option. They are also an easier and less time-consuming alternative.




Good bladder management routines are critical for people with a spinal cord injury. By not complying with recommended practice, a range of health complications may arise – from UTIs to sepsis. In the longer term, poor bladder management can also lead to kidney failure, and can even have potentially fatal consequences.

Ari Seirlis, the CEO of QASA, has fought hard for many years to improve access to catheters that best meet the individual needs of persons using intermittent catheterisation for their bladder emptying. He stresses that even though the survey is not an academic study, the results speak for themselves.

“Good bladder management routines are critical for people with a spinal cord injury

Several of the respondents added comments about the significant impact single-use catheterisation has had on their quality of life. One participant notes: “I have always had a box of antibiotics at hand just in case of a UTI, but since starting the hydrophilic catheterisation, I have never even had the hint of a UTI.”

While the evidence may not be conclusive, Seirlis has no doubt about the positive effects single-use catheters can have in users' daily lives, almost immediately. Eventually it is hoped that single-use, sterile, hydrophilic-coated catheters will become the new standard of care for those with bladder emptying challenges to reduce the risk of frequent UTIs. 

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

HOLIDAYING ON THE EAST COAST

THESE ACCESSIBLE HOTELS, COTTAGES AND GUEST HOUSES WILL HELP MAKE YOUR STAY ON THE SOUTH AFRICAN EAST COAST AND IN GEORGE A LITTLE MORE COMFORTABLE



uring my travels over the past months I've come across some establishments that really try to be accessible, while others just are! Ari Seirlis also recently visited some Sun International establishments along the KwaZulu-Natal (KZN) coast. Here are our comments and feedback.

WILD COAST SUN RESORT

This family-friendly resort and casino is just over a two-hour drive south of Durban. It offers various rooms, including a Luxury Accessible room. There are numerous restaurants, bars and fast-food outlets, while the casino offers table games and slots, and is open 24 hours a day.

The conference facilities are extensive, with a wide variety of options. The Resort is renowned for its outdoor activities too, and offers a waterpark, an 18-hole golf course and Segway tours, horse riding, swimming, tennis, lawn bowls, squash and a gym. Ari says: "Expect a warm welcome at the entrance gate, a porter to greet you at the hotel drop-off point and wheelchair parking facilities (five bays for hotel guests) in the undercover car park."

"It was good to note that the wheelchair parking facilities are restricted to wheelchair users, thanks to Johann Botha, the security manager. The reception check-in facility is efficient and the wheelchair-accessible room that I stayed in (Room 411) is on the same level as the reception and not far down the corridor."

"Room 409 is the interleading room and there are five wheelchair and interleading room combinations available. The interleading room has a king-size bed. The

bathroom, although not completely conforming to South African National Standard (SANS) 10400 of the building regulations, is accessible enough for any wheelchair user," he adds.

According to Ari, the bathroom is spacious with a roll-in shower. There is a lovely balcony, adequate space in the room to manoeuvre a wheelchair comfortably, and helpful staff who are willing to assist wheelchair users with the steep ramp leading to the breakfast area, Chico's, the reception and the casino area.

"Unfortunately, the movie theatre has steps and is not very accessible even though the staff would willingly carry you up the steps. The outside area overlooking the sea has a number of pathways that are relatively smooth and easy to navigate. The view of the wild coast is beautiful, and the expansive outdoor area, with its scent of the sea, is a relaxing environment, once again offering great service," Ari recalls.

SIBAYA CASINO & ENTERTAINMENT KINGDOM

Situated a few kilometres south of King Shaka Airport, this complex offers excellent facilities for families and business travellers. There is the Sibaya Lodge and Royal Sibaya Hotel within the Casino and Entertainment complex, which offer the same facilities as the rest of the chain as well as a spa and theatre.

Ari notes: "Sibaya Lodge has a beautiful setting just behind the main casino building and the 118-room, three-star hotel is really cosy. The wheelchair-accessible room is exactly that. (There are two rooms with an interleading facility.) The room offers a spacious bathroom with roll-in





shower, enough space to manoeuvre in the room and a beautiful view over the sea from the balcony."

He adds that while the bathroom is not quite up to SANS 10400 standard, it is adequate for agile paraplegics and assisted quadriplegics. The interleading room offers two double beds.

"One small drawback: there are no staff members in the car park, which could be problematic for a wheelchair user who requires support with exiting their vehicle and with luggage on arrival and departure. But overall, the Lodge has friendly staff, reasonable rates (which can be negotiated) and a beautiful view," he concludes.

FORTY WINKS, KZN MIDLANDS

Nestled in the heart of the Midlands Meander in the Kamberg Valley - a fly-fishing hub - is the Forty Winks 143-acre property. The accommodation units are strategically placed on the upper reaches of the hills to afford the most spectacular views of the dams, game and surrounding area. The cottages are semi-detached, each with their own entrance and car port.

Should you wish to book both units, there is an interleading door offering access between both. Each

BELOW: Forty Winks has various fishing dams. One of them has an accessible dock and jetty for fishing enthusiasts.



unit has two bedrooms, a family bathroom, guest toilet, an open-plan kitchen and dining-lounge area that opens onto the covered patio via sliding doors. There is underfloor heating throughout, a fireplace in the lounge, TV (with limited channels) and limited free WiFi.

Cottages one and two have wheelchair-friendly features and the owners are planning to add extra

A-Z GUIDE

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cottages. They have agreed to build these from scratch to be Universally Accessible. Access to the fishing dams requires tackling quite a steep roadway and therefore a four-wheel drive vehicle is necessary.

Once at the first dam, there is an accessible dock and jetty. (The owners have plans to add a picnic area and accessible toilet here.) The dams are stocked with rainbow and brown trout. If fishing isn't your thing, there are other activities you can do, such as swimming in the dams, birdwatching or looking for the various game that are on the property.



If you are more adventurous, you can walk anywhere on the property or do a mountain-bike or 4x4 drive along the eight kilometres of trails. There are also hiking trails in the Kamberg Nature reserve, which is 30 minutes away.

What a venue! I absolutely loved the views, the ability to sit on the balcony and watch the birdlife and game from early morning to late afternoon. The owners are very friendly, are keen to be of assistance in any way possible and really want to make their property accessible to people with disabilities.

There are a few areas that need addressing, which I'm sure they will be attending to soon, like adding a plug point near the head of the bed, and installing a fixed shower seat and a sliding adjustable shower rail. The access to the fireplace in the lounge is restricted by a step, and the kitchen counters are a tad high, but that just meant I was able to rest completely and let my friends do all the work!

The braai area is located outside the back door, which keeps the large balcony open for just sitting and enjoying the views.

CHRISTINE'S EDEN, GEORGE

I needed self-catering accommodation recently for my trip to George to compete in the Physically Disabled Bowls National competition and spent many hours on the internet trying to find a facility with a roll-in shower and step-free access. The only place I could find was this delightful one-

bedroom cottage situated on The Gables, Blue Mountain Estate.

The Gables is part of the estate's facility for the over-55s, and reservations do have the prerequisite that one guest has to be over 48 years old! The unit is semi-detached and has a large bedroom with an ensuite shower, open-plan kitchen, and lounge with access to a small patio and garden.

The views of the Outeniqua Mountains are spectacular and the Garden Route Mall is on the doorstep! The owners live on the Estate. Bryan is a registered tour guide and offers transfers and sightseeing options. There are a few inaccessible features such as the shelves at the bedside that are too high and the light switches that are difficult to reach when lying down.

The clothing rails are at the standard height, but the owners do supply a


LEFT: The Sun International hotels offer roll-in showers and numerous entertainment facilities such as casinos and spas.

BELOW: Christine's Eden has a beautiful view of the Outeniqua Mountains and although the kitchen counters are a little high, you can use the microwave easily.



portable clothes rail and the drawers are accessible. The built-in shower seat has the controls for the shower fitted on the back wall, which makes it difficult to use the seat. The basin is on a cabinet, which means no knee clearance.

The kitchen counters are a little high, but it is still possible to use the microwave easily. A bonus is the rear courtyard, which is covered, and there is a top-loader washing machine, so you can dry your laundry despite the rain! There is limited DSTV and limited free WiFi. All in all, I thoroughly enjoyed my stay. For more info, please visit the various websites: www.suninternational.com; www.fortywinks.co.za; www.booking.com with the filters of George and facilities for disabled guests.

Happy travels! 



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

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To make a booking, contact Louise on 031-767 0348 or louiseqasa@iafrica.com or on **0860 ROLLING / 0860 765 5464**

REFRAMED: QUAD HANDS

We shared this photograph from an article on the New Mobility website by Reveca Torres and this is what our readers had to say. Read the full article by Torres at www.newmobility.com/2018/05/quad-hands/.

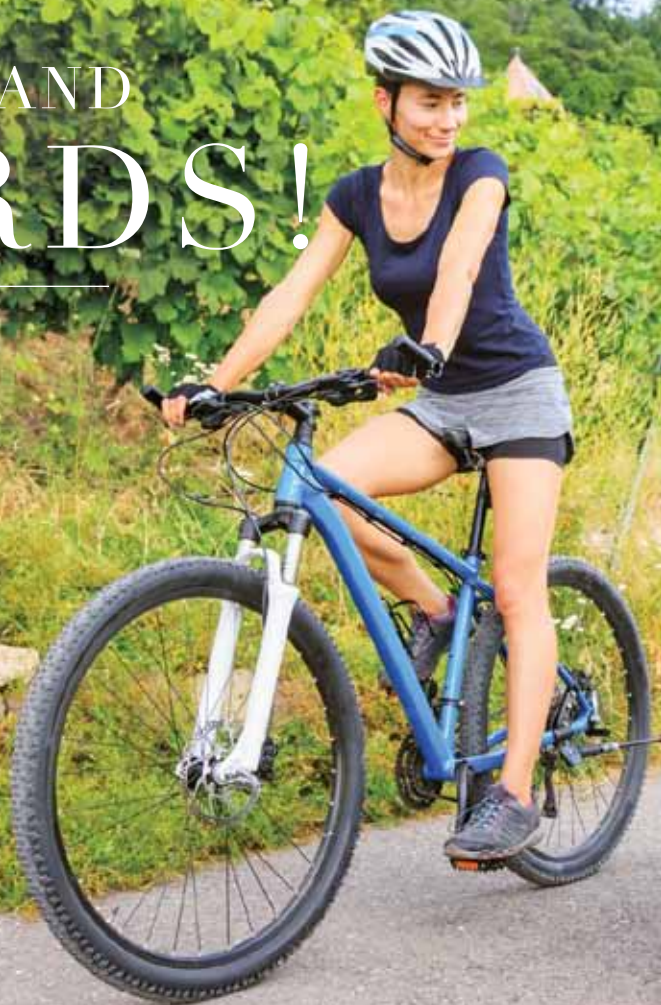
ROLLING INSPIRATION AND QASA SHIRTS FOR SALE!



ROLLING INSPIRATION in partnership with the QuadPara Association of South Africa (QASA) has designed these awesome T-shirts, which are now available from QASA for R150 each! To get your shirt, contact QASA on info@qasa.co.za or phone 031 767 0348.

Shirts in the photographs are worn by the QASA and Charmont Media Global team, including QASA CEO Ari Seirlis, and ROLLING INSPIRATION contributors Mandy Latimore and George Louw. Get your shirt today!

ONWARDS AND UPWARDS!



LORD, IT'S HARD TO BE HUMBLE. THAT'S ACCORDING TO THE US SINGER MAC DAVIS. SOMETIMES IT'S HARD TO BE HEALTHY TOO! BUT FOLLOW OUR ADVICE AND YOU'LL SOON BE IN TIP-TOP SHAPE ...



user in town!

It can be hard to focus on health and fitness. This applies to all of us and not just to wheelchair users. However, wheelchair users are faced with a unique set of challenges. Bearing this in mind, follow our top five tips – and you'll soon be the healthiest and fittest wheelchair

And go easy on those carbs. Remember that it's not only food that makes a big difference when it comes to weight gain; what you drink is important too. Excessive intake of alcohol isn't a great idea. Neither is the downing of lots of juice and sodas. If you must drink juice, water it down (you will soon get used to the taste). For a bit of extra fizz (quite literally), add sparkling mineral water to your drink.

GET ENOUGH SLEEP

The importance of sleep cannot be overemphasised. Eight hours is the recommended amount. Try to set a fixed bedtime – and then stick to it!

AVOID OBESITY

Obesity is relatively common among wheelchair users. Practise healthy eating habits to ensure that your weight doesn't soar. Salads can be yummy too! So ensure that fruit and vegetables are part of your daily eating plan.

REMEMBER THAT CARDIOVASCULAR EXERCISE IS IMPORTANT

Cardiovascular exercise is vital for everyone – including wheelchair users. You need to raise your heart rate. Participate in some form of exercise that makes you sweat. Sport can be fun, so how about bowls or basketball or rugby? When doing exercise, try to incorporate some form of weight training. This will help you to reduce those injuries that are so common to wheelchair users (who are constantly engaging upper-body muscles).



FOCUS ON POSTURE AND STRETCHING

Posture is extremely important. Experts recommend that you keep your feet, knees, hips and shoulders in a straight line. Don't forget to stretch – doing so regularly will help to keep your joints flexible.

SAFEGUARD YOUR MENTAL HEALTH

Many South Africans battle with depression – and wheelchair users are no exception. Don't be too proud to consult medical professionals if you need therapy or medication. The South African Depression and Anxiety Group (SADAG) is at the forefront of patient advocacy, education and destigmatisation of mental illness in the country. Its expertise lies in assisting patients and callers throughout South Africa with mental health queries. Visit the SADAG website – www.sadag.org – for advice and more information pertaining to support groups in your area. 



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AVIS



SPRINTER IDEAL FOR PEOPLE WITH MOBILITY IMPAIRMENTS

IN 2017, MERCEDES-BENZ VANS EXPANDED ITS PRODUCT RANGE OF THE SPRINTER TO INCLUDE A NEW VARIANT, THE 5,5-T PANEL VAN, WHICH CAN EASILY BE ADAPTED TO TRANSPORT WHEELCHAIR USERS OR ALLOW ADAPTED DRIVING



Mercedes-Benz Vans introduced the 5,5 t Sprinter last year, which has an increased payload of almost half a tonne from its five-tonne sibling. For wheelchair users, the van offers the opportunity to include a wheelchair lift, and it can be adapted to allow people with mobility impairments to drive the vehicle effortlessly.

Schools, housing and rehabilitation centres that work with people with mobility impairments can make use of the extra payload to transport more individuals or simply install aids to ensure comfortable transport. The 5,5-t version of the Sprinter is also perfect with its newly available 26-seater offering.

"At Mercedes-Benz Vans, we pride ourselves on always being in constant communication with our customers. The 5,5 t Sprinter can easily be converted to cater for conversions that house wheelchairs and various other aids," says Vusi Vusani, product and marketing manager for Mercedes-Benz Vans.


The Sprinter benefits from a convenient entrance, the seat positioning and the driving dynamics of a van. As a panel van with a high roof and standard wheelbase, the Mercedes-Benz 5,5 t Sprinter has a six-cylinder diesel engine, which attains a maximum weight capacity of 2 900 kg – no other panel van in this weight class is able to carry more.

The 5,5 t Sprinter 519 CDI engine boasts an output



rating of 140 kW (190 hp) and is paired with the ECO Gear six-speed transmission.

The Sprinter has always been a model of supreme safety. This was true of the first generation, with ABS, airbags and the standard deployment of the ESP Electronic Stability Program. The 5,5 t Sprinter has similarly adopted the role of innovation flagship and pioneer, with Adaptive ESP, Trailer Stability Assist, Collision Prevention Assist, Adaptive Brake Assist, Blind Spot Assist, Lane Keeping Assist, High-beam Assist and Crosswind Assist. The approach to safety is all-embracing. Mercedes-Benz offers Sprinter drivers a spacious and ergonomically perfect cockpit and a suspension that is both safe and comfortable.

Enjoy safety, luxury and a greater payload with the Mercedes-Benz 5,5 t Sprinter! 



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

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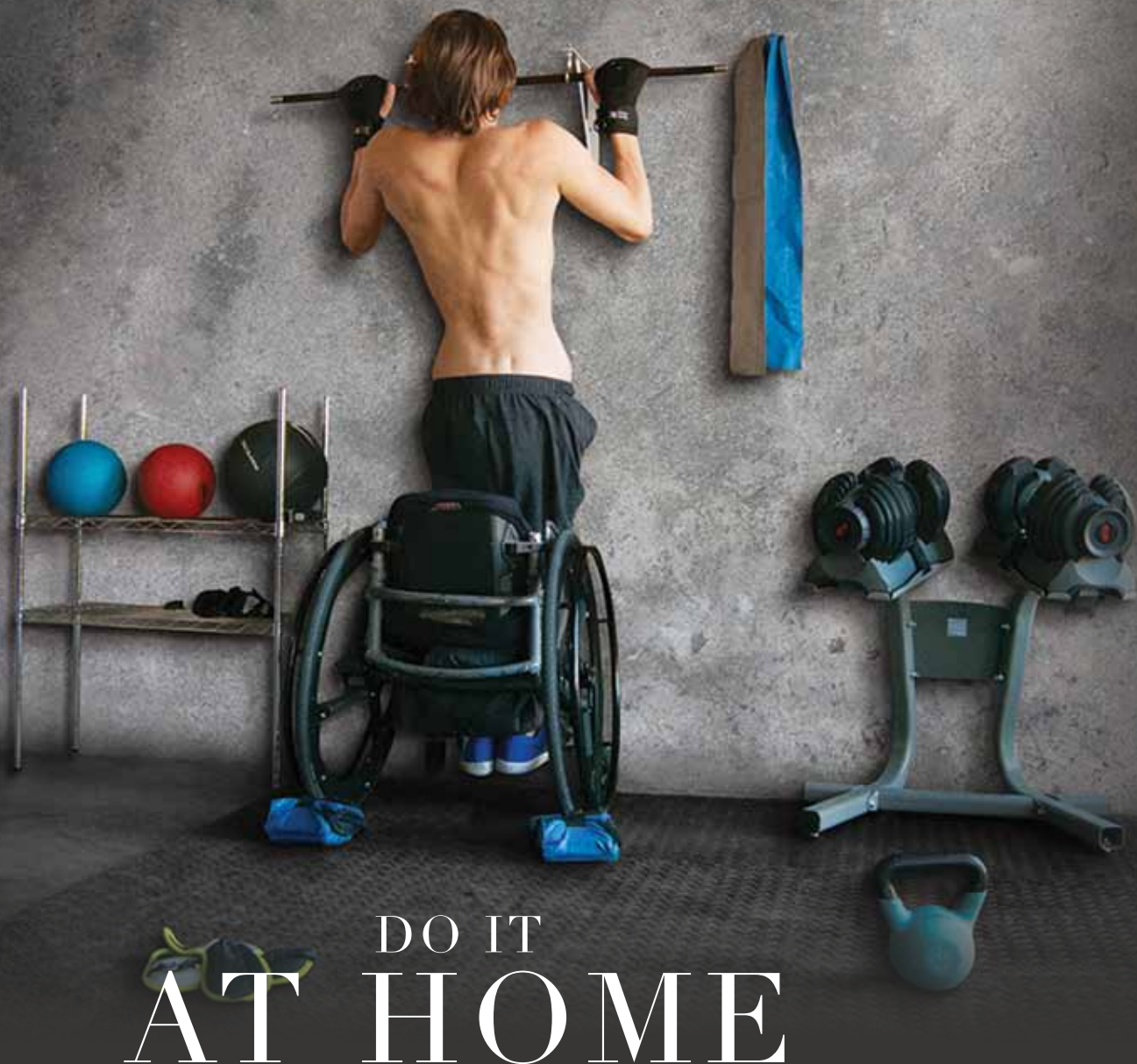
Keep your business in the safe lane during strong, gusty side winds with the Sprinter's Crosswind ASSIST automatic brake interventions. Master the road and experience peace of mind while the Crosswind ASSIST automatically intervenes to prevent lateral drift.

Visit www.mercedes-benz.co.za/vans to find out more.

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

Mercedes-Benz
Vans. Born to run.





DO IT AT HOME

EXERCISE IS GREAT FOR HEALTH AND MOOD, BUT NOT EVERYONE CAN AFFORD TO PAY GYM FEES OR FIND AN ACCESSIBLE GYM. A LITTLE EXTRA SPACE OR A SPARE BEDROOM IS ALL YOU NEED TO CREATE AN ACCESSIBLE GYM AT HOME

Regular exercise has been proven to assist in preventing depression, cardiovascular disease and degenerative diseases such as dementia. For wheelchair users, exercise can also assist with upper body strength to make transfers easier.

But applying for a membership at your local gym is not always a possibility, either because it is too expensive, the facilities are not accessible or you don't have reliable transport.

An accessible home gym is the perfect alternative! Setting up a home gym doesn't have to cost a lot or take up much space.

CONSULT A SPECIALIST

Before you create your own gym, consult a fitness trainer, physiotherapist or occupational therapist about the equipment and the programme you have in mind. It is

important to know how to use all the equipment correctly to avoid injury.

BUDGET AND SPACE

Next, draw up a budget. A big budget allows for more advanced equipment; however, a smaller budget is enough to cover the basics like dumbbells, kettlebells, a yoga mat and a door chin-up bar for the more athletic wheelchair users.

Space will also determine the kind of equipment you can buy. If only a small corner of the bedroom or living room is available, stick to smaller equipment that lines the wall or can be stored on low-hanging shelves. If you have an entire room available, opt for larger machinery such as the Inspire Chest and Shoulder dual machine (R35 999) or the Marcy Pro Circuit trainer (R11 499), available at Sportsman's Warehouse.

Remember you'll still need space to move. As Justin

Ncube, founder of Justin Universal Design Specialists, says: "There should be space for the wheelchair user to approach and manoeuvre in between equipment. If possible, pick the biggest room in the house to use as a gym."

SETTING UP THE SPACE

Once you have established where you would like the gym to be, you need to consider how to set up the space to ensure the equipment isn't damaged or doesn't damage the room. A small stand-alone shelf is ideal for storing weights, mats and towels. Depending on the exercises you plan to do, a yoga mat will be sufficient. However, four-piece interlocking floor mats are available at Mr Price Sport for about R299, which will protect your floors against weights.

Ncube says: "A very important aspect of a gym planning is the flooring, which must protect your property and help make your own gym equipment last longer. The interlocking gym mats are safe for wheelchair users. Other floor options include vinyl tiles, which are flexible and have similar fusion qualities as rubber, and laminate wood flooring."


"A very important aspect of a gym planning is the flooring, which must protect your property and help make your own gym equipment last longer."

EQUIPMENT

For wheelchair users who can afford more advanced equipment, it is important to ensure that the equipment makes it possible to transfer comfortably. If the equipment does not have grab bars, consider using a transfer board. Equipment should fit comfortably in the gym space or room with enough area around it for the wheelchair user to navigate easily.

FINISHING TOUCHES

No home gym would be complete without a few essentials. Keep fresh towels close by so you can dry off during exercise. Have a bottle of water or electrolyte-filled drink handy to keep you hydrated and energised. Always clean your gym after exercising by spraying and wiping down all the surfaces with antibacterial spray and wipes. This will prevent any harmful fungi or bacteria build-up. Leather gym gloves are also useful for wheelchair users who favour weight exercises.

Visit your nearest gym equipment or sporting goods store for everything you need to set up your accessible home gym. Happy workout! 



Disability & Safe Aging Solutions For Independent Living

There are many simple Accessible Home Modifications and Independent Living Solutions that can increase the safety and convenience of any home. Those with disabilities are constantly challenged to function more independently in their homes. By implementing some of these creative Home & Business disability solutions, you or your loved ones can maintain independence with safety and confidence.

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PREVENT PRESSURE SORES!

IF YOU'RE A WHEELCHAIR USER WHO HAS EXPERIENCED PRESSURE SORES (AKA DECUBITUS ULCERS, BED SORES, OR PRESSURE ULCERS), THESE TIPS ARE FOR YOU!



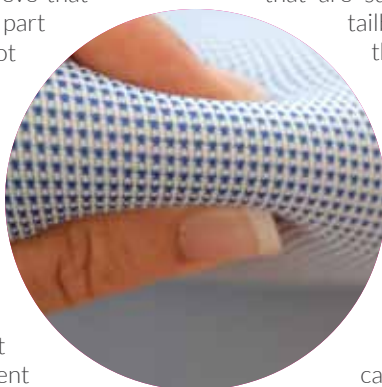
any wheelchair users believe that getting pressure sores is part of everyday life. This is not necessarily the case. Pressure sores can be prevented! Just follow our tips...

1. SHIFT YOUR WEIGHT

If you have the use of your arms, shift your weight off your tailbone area and sitting bones by gripping your wheelchair armrests and lifting your rear end off the seat of your wheelchair. You can also try different positions that are easier on your shoulders – like leaning forward onto your thighs or tilting backwards. Repeat these movements every 45 minutes throughout the day. If shifting your position is difficult to do on your own, be sure your caregiver knows how to support you. Note: Avoid just “wiggling around” in your chair – that can increase friction and shear, which can put your skin at greater risk for pressure sores.

2. INSPECT YOUR SKIN

It's essential to inspect your skin every day. If you can, use a mirror and check your skin yourself. If you can't get the right angle, ask a caregiver or family member to check it for you. Pay special attention to bony areas



that are susceptible to pressure sores, such as the tailbone area, your ischial tuberosities (near the crease where your rear end meets your thighs), your greater trochanters (where your femur attaches to your pelvis), and your heels and ankles.

3. GIVE YOURSELF PEACE OF MIND

Pressure sores are caused by pressure, friction, shear and microclimate (heat and moisture). It's not possible to avoid those factors completely, but there are steps you can take to protect yourself. For example, you can use a pressure-reducing wheelchair cushion. Wearing specialised clothes (such as those in the GlideWear range) will protect your skin from friction and shear.



4. MANAGE YOUR MICROCLIMATE

Microclimate is a combination of heat and moisture. The hotter and moister your skin, the more susceptible it is to redness, breakdown and pressure sores. Moisture can weaken the skin, making it more susceptible to sores. Keep your skin clean and dry by wearing breathable undergarments and pants, and by choosing a breathable wheelchair cushion or cushion cover.

5. PAY EXTRA ATTENTION DURING TRANSFERS

Transfers can be hard on your skin, whether or not you use a transfer board. Train yourself to be aware of the way your body moves across a surface or comes into contact with a chair, car seat, shower seat, toilet, etc. Adding a low-friction transfer board tape can reduce friction during transfers.

6. EAT WELL AND STAY HYDRATED

A balanced diet can lead to overall better health and more resilience to counter problems like pressure sores. Vitamin C contributes to wound healing, and protein helps your body generate new tissue. Drinking water throughout the day is essential – dehydrated skin is less resilient and more susceptible to breakdown and pressure sores.



7. CHANGE POSITIONS WHEN YOU TRAVEL

Whenever you have to sit in a plane or car for long periods of time, you should shift your weight and change positions (like you do when you're in your wheelchair), and check your skin

more frequently. When you're in a different environment, it's easy to get out of the habit of regular checks.

8. BE PROACTIVE AT NIGHT

Making sure your skin is protected at night is essential.

People who have limited or no sensation are at increased risk for developing pressure sores in bed. When possible, sleep on a flat surface (without the head of the bed being elevated). If you raise the head of the bed, you can reduce dangerous shear forces on your body by raising your knees at the same time. Even if you are not sliding down on the bed, or moving at all, there are often very high shear forces on your sacrum area, on your lower back and rear end if the head of the bed is raised. Change positions every two hours.

Article supplied by Tamarack, the manufacturer of GlideWear products, which help amputees, wheelchair users, and people with limited mobility reduce the friction and shear that cause diabetic foot ulcers, painful wounds, pressure ulcers and bed sores. [\[1\]](#)



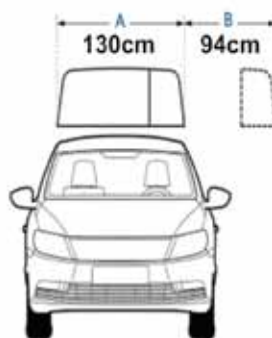
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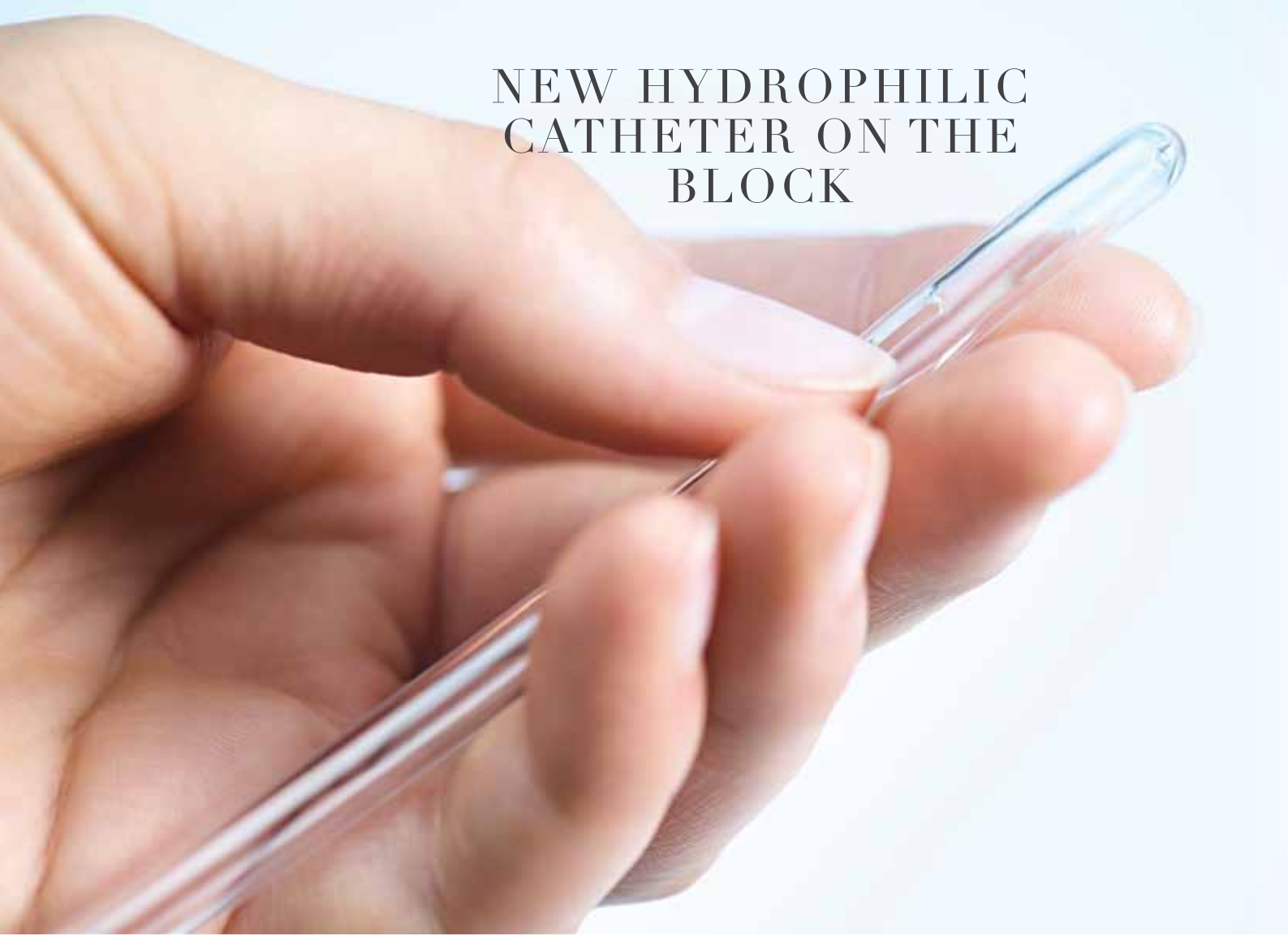
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NEW HYDROPHILIC CATHETER ON THE BLOCK



CONVATEC LAUNCHED THE GENTLECATH GLIDE HYDROPHILIC CATHETER IN SOUTH AFRICA, WHICH IS NOW AVAILABLE FROM ITS DISTRIBUTION PARTNER UMSINSI HEALTH CARE. WITH LESS MESS, MORE COMFORT AND IMPROVED SAFETY, THE GENTLECATH GLIDE IS A MUST-HAVE

ConvaTec, established in 1978, is a developer, manufacturer and marketer of innovative medical products. The company supplies products for wound care, ostomy care, continence, critical care and infusion devices. Mark Warren, distribution manager in sub-Saharan Africa, notes: "ConvaTec is active in more than 100 countries, with 8 500 employees sharing the same goal of improving the lives of the people they touch."

"ConvaTec products are distributed through our marketing and distribution partner Umsinsi Heath Care, which is based in Modderfontein, Johannesburg, with dedicated team members located all over South Africa."

Umsinsi Health Care is run by former ConvaTec employee Amanda Wilde, who relocated from the UK and set up shop in South Africa in 2008 as managing director.

Wilde explains: "I fell in love with South Africa and decided to move here to evaluate, establish and run the South Africa business in 2008. Umsinsi is my favourite tree (*Erythrina lysistemon*). The tree is deeply symbolic in Zulu and Xhosa culture, and is dubbed the 'respect' tree. It is also used in modern and traditional medicine."

She points out that Umsinsi is not a typical healthcare distributor.

"We would describe ourselves as a social enterprise



ABOVE: Umsinsi Health Care offers a wide range of products, including the GentleCath Glide, as the official distribution partners of ConvaTec in South Africa.

in fairness and reconciliation, which is powered by a commercial business in loving skin, all over the country. Our team is primarily dedicated to training and education, particularly in the public sector, where 70 percent of our business is based and skills are short," Wilde says.

GentleCath Glide has a smooth, slippery surface once wet, notes Warren, which reduces the risk of urethral damage, as it causes less friction, and is designed for fast, convenient catheterisation.



SINGLE-USE CATHETERS RULE

When a well-respected publication concluded that catheters could be reused without an increased risk of infection, Dr Andrei Krassioukov, a professor of medicine at the University of British Columbia, was not convinced. He had spoken to wheelchair athletes about this very issue while working at the Summer Paralympics in London.

"Wheelchair athletes from wealthier countries only use a catheter once, while athletes from developing countries would reuse their catheters. The athletes who used catheters only once experienced fewer urinary tract infections (UTIs)," Krassioukov explained.

The issue of reusing catheters has long been debated, especially since the cost of a catheter can go up to a few hundred rands, making single-use catheterization expensive. In some countries, like France, it is illegal to reuse catheters. In other places, countries cannot afford to cover the costs of single-use catheters.

"Until evidence can confidently demonstrate that multiple use is as safe as single use, healthcare providers should advocate for single-use catheters," said Krassioukov.

Ari Seirlis, CEO of QASA, notes: "For many years, I reused catheters. This came with numerous bladder infections. Since using single-use catheters, I have not had a bladder infection in at least the last three years."



ABOVE AND LEFT:

Umsinsi Health Care is named after the Umsinsi tree, which has cultural significance in South Africa and is used in traditional and modern medicine. The Umsinsi team is a big family that has never benefited from BEE despite being 70 percent black owned. "We wanted to show that transformation can happen because you want change," says Wilde. Umsinsi Health Care will celebrate its ten-year anniversary this year.

"It has a handling sleeve to help you avoid getting bacteria from your hands on the catheter surface," he says. "The FeelClean Technology provides a smooth slippery surface with fast lubrication once wetted. It is designed to reduce the residuals and mess that catheterisation may leave on your clothes, hands and body."

In a recent study, GentleCath Glide was rated as "very comfortable" or "comfortable" by more than 85 percent of users; while 87 percent of users rated GentleCath Glide with FeelClean Technology as better than their usual catheter in terms of cleanliness," Warren says.

The GentleCath Glide can be ordered online through the Umsinsi Health Care website www.uhcare.co.za or

by phoning 0861 888 842. Delivery to a home or work address is free and payment can be made with a debit or credit card or, alternatively, through Discovery medical aid.

"The easiest way is via the website with free delivery. Just choose the size you want, add to the cart, and check out. Umsinsi Health Care is also offering a complimentary travel pack on your first order while stocks last," Warren says.

The GentleCath Glide is available in male and female lengths of ten, 12, 14 and 16, with other options to be made available soon. A pack of 30 GentleCath Glide catheters costs R695,75 from the Umsinsi website. ^[1]



THE BATTLE FOR SINGLE-USE CATHETERS

MEDICAL PROFESSIONALS AGREE THAT HYDROPHILIC SINGLE-USE CATHETERS ARE THE SAFEST OPTION FOR INDIVIDUALS REQUIRING CLEAN INTERMITTENT CATHETERISATION. MEDICAL AID FUNDS ARE, HOWEVER, UNWILLING TO COVER THE COST

Following a spinal cord injury (SCI), one of the greatest challenges is to manage incontinence. Urinary incontinence and the management of the paralysed bladder are sub-specialities within rehabilitation medicine and are normally the domain of the rehabilitation medical professional or a urologist with a sound understanding of the needs and challenges of the patient.

About 30 years ago, the morbidity and mortality rates among SCI persons were high, mainly as a result of poor understanding of the neuropathic bladder and the different management strategies required for each newly injured individual. Today, medical professionals have a greater understanding of the neuropathic bladder and its management – which is not a one-size-fits-all scenario.


A debate is raging between medical aid funds and the prescribers and users of catheters for clean intermittent catheterisation (CIC). Currently, if your bladder is suited to emptying by CIC, either by yourself or with the assistance of a care attendant, there are several options available regarding the type to be used. The choice of catheter could have a significant cost impact.

The most cost-effective means of CIC is with a non-coated PVC catheter. These are normally supplied by the state, but the lack of a coating can cause problems such as urethral injury and infection. The non-coated PVC catheter is designed to be used once but is often reused.

There are also reusable silicone-coated catheters that need to be changed usually every three to four months (but sometimes are used for up to six months), which are the next best option when it comes to cost. These catheters cost in the region of R350 to R700 each, depending on where they are sourced. However, unless managed with due care particularly in regard to cleanliness, these can lead to an increased risk of infection and bladder stones.

Today, thanks to medical advances, a series of catheters designed for single use that are sterile and pre-lubricated (hydrophilic single-use catheters) have become available. These are easier to use and more convenient. They are regarded as "the gold standard", as infection rates are reduced and the user's long-term bladder and kidney health is better preserved. In an ideal world, everyone requiring CIC would use hydrophilic single-use catheters.

However, these hydrophilic single-use catheters can cost up to R35 each. Their use should be covered under the prescribed minimum benefits (PMB) portion of a medical aid fund, but, while both the prescribers and the users of hydrophilic-coated catheters agree on their benefits, prescribed minimum benefits legislation directs the funder to cover costs only in relation to what the state would supply in the same circumstances.

Some funders are now prepared to pay for a limited number, but, hopefully, in the near future, more funders will approve them and single-use hydrophilic catheters will become the norm. 



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

WALK THE LINE!

PATIENTS AUTOMATICALLY ADAPT TO THE ALIGNMENT OF THEIR PROSTHESIS; HOWEVER, IF THE ALIGNMENT IS INCORRECT, IT CAN LEAD TO OTHER INJURIES OR COMPLICATIONS



We have said it before and we'll say it again: "Prosthetic alignment cannot be seen, it can only be measured!" Humans are born with balancing capabilities. When using a prosthesis, a patient will take one step and immediately adapt to the prosthesis to maintain equilibrium, irrespective of the prosthetic alignment.

This happens fast and secretly and it is not humanly possible to see or feel the patient's forces transferring to Mother Earth. But adapting to the prosthesis alignment is the wrong way round. The prosthesis should adapt to the patient's alignment. For a better understanding of the importance of prosthetic alignment, consider this:

A bakkie weighing 1 500 kg can carry a load of 1 000 kg, or roughly 70 percent of the vehicle mass. If an average three-kilogram below-knee prosthesis carries an 85 kg man, it carries 2 750 percent of the device mass! If the alignment is even slightly incorrect, it places unnecessary stress on all muscles and also on 76 different areas of the spine and pelvis as well as 62 lower limb joints.

This, in effect, will make it harder for the amputee to walk and balance, leaving them tired, uncomfortable and prone to injuries, and wondering where this lower back pain, neck spasm or other aches and pains come from – or why the skin is continuously breaking down on their stump.

Let's go back to the basics. Alignment can be defined as the relative position of different body parts or prosthetic components to one other. Natural alignment allows us to stand and walk using the least amount of effort and without losing our balance. This is also the main goal of prosthetic rehabilitation.


Measuring and achieving the correct device alignment is imperative, yet it is impossible to achieve by estimating it with the human eye. To solve all these problems, Ottobock has launched its new 3D LASAR Posture device, which raises prosthetic alignment to a whole new level.

Prosthetists who make use of this technology can offer their prosthetic (and orthotic) patients a level of comfort, accuracy and

mobility that is unparalleled by measuring from the point where the patient makes contact with the floor. The device uses four cameras positioned around the patient, who stands on a hyper-sensitive measuring plate. An image is sent to a computer or tablet.

The measured forces are presented as lines positioned with millimetre accuracy over the patient's image. The device captures the weight and also the force (leverage) path simultaneously displayed for both limbs. Reciprocal influences and adjustment inputs can be seen clearly and immediately on the screen. In layman's terms, this diagnostic marvel will provide the following info:

- Leg length discrepancies;
- Weight carried, percentage-wise, in both limbs;
- Accuracy of component placement;
- Accuracy of component alignment;
- Prosthetic socket design accuracy and functionality;
- Influence of flexion contractures on the residual limb and whether the prosthetic alignment accommodates these contractures;
- Prosthetic influence on the sound limb and vice versa, and torque forces influencing both limbs.

All this and more can be viewed in 2D or 3D. The elimination of alignment deviance has never been so easy and accurate. To conclude, this device tells you everything you always wanted to know about alignment but could not observe before! 



ABOVE: Lines on the photographs indicate the measured forces with millimetre accuracy.

RIGHT: Cameras take photographs of the patient's alignment, which are then sent to a tablet or computer.



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

2018 SPORTING SEASON IN FULL SWING

THERE'S A LOT GOING ON IN THE WORLD OF SPORT, FROM THE SUPERSPORT WHEELCHAIR BASKETBALL SERIES TO THE WORLD PARA GRAND PRIX, AND MORE

The season for a number of para sports is in full swing, some local and some international.

The SuperSport Wheelchair Basketball Series (one of the only televised series in the world) has started. The young talent coming through is very exciting and I look forward to a great series, the finals of which will be staged on September 8 at the Vodacom Mandeville Indoor Centre in Bezuidenhout Valley, Johannesburg.

I urge all locals to go down there on the weekends to watch some great games and also enjoy a cold beverage afterwards at the famous "Chemist". (No bias towards Mandeville, even if I am the Chairman...) South African para athletes are preparing for the World Para Athletics Championship and the youngsters hope to qualify for the 2018 Youth Olympic Games.

Our top para athletics and swimming athletes are also very busy in the World Para Grand Prix, which is staged across Europe with some inspiring results. There have been many personal bests and Charl du Toit once again broke a world record. He is surely a true ambassador for our country and para sport worldwide - always smiling, and an absolute gentleman!

I am lucky enough to be in charge of their programmes at South African Sports Confederation and Olympic Committee (SASCOC) as we fund their participation in these events to prepare and qualify them for the World Championships and Tokyo 2020 Paralympic Games. The World Para Athletics Championships have now been confirmed for Dubai, United Arab Emirates, from November 7 to 15, 2019.

The World Championships are extremely important, as it is the first opportunity for all the countries to qualify for slots in the Tokyo 2020 Paralympic Games. Hopefully, we will send a very competitive team there in an attempt to qualify in as many slots as possible.


The recently elected president of the International Paralympic Committee, Andrew Parsons, visited Africa for the first time in his capacity as committee president. He attended the 7th International Working Group (IWG) World Conference on Women and Sport in Botswana, then visited Malawi and South Africa.

I was unfortunately out of the country at the time, but he met with the president of our National Paralympic Committee, Gideon Sam, board members Debbie Alexander and the legendary Natalie du Toit, as well as the president of the South African Sports Association for the Physically Disabled, Moekie Grobelaar. The meeting focused on strengthening para sport in South Africa and the continent.

The highest-ranked female South African wheelchair tennis player, KG Montjane, was handed a historic wildcard for the Wimbledon Grand Slam tournament. KG made her singles debut at the championships this year, as 16 of the world's top players converged for the wheelchair tennis event at the third Grand Slam of 2018 from July 12 to 15 at the All England Lawn Tennis Club. She became the first African wheelchair tennis player ever to take part in the Wimbledon event.

On a personal note, I've been extremely honoured to be appointed the Chef de Mission (Head of Delegation) for Team South Africa participating in the African Youth Games in Algiers, Algeria, from July 18 to 28, 2018. These Games are a qualification Games for the 2018 Youth Olympic Games to be held in Buenos Aires, Argentina, in October.

I'm most likely the only person with a disability at the Games. It is a great awareness campaign for the continent, which will show that people with a disability can do anything they set out to do. This is my third time attending a sport event in Algeria and I am looking forward to showcasing our young sporting talent.

Good luck to all our athletes and officials competing over the next few months. I look forward to bragging once again about our fabulous para athletes in a future issue! 



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 PATH OF SKILLS DEVELOPMENT

THE DEVELOPMENT OF SKILLS OF PEOPLE WITH DISABILITIES IS A WORTHWHILE GOAL, BUT WHAT HAPPENS AFTERWARDS?

The Skills Development Act states that an employer should be spending about four percent of its skills budget on persons with disabilities. The Broad Based Black Economic Empowerment (BBBEE) Act provides an employer with four bonus points if it meets a disability skills development target of 0,3 percent.

The Tax Act provides a tax allowance of R120 000 for a learner with a disability who completes a learnership. The legislative framework provides employers with many options to support the upskilling and employment of persons with disabilities. However, disability employment is still lingering around the one percent mark, where it should be at 7,5 percent.

NQF LEVEL PROHIBITS ACCESS

There are many opportunities for persons with disabilities to enter learnerships, primarily in the major city centres. However, very often the entry criteria are at a National Qualifications Framework (NQF) 4 level, which means that applicants need to have matric, often with English as a first language and mathematics.

Even if the NQF level is lower, the educational gap often experienced by persons with disabilities excludes them from these opportunities. There are thus fewer suitable candidates with a greater demand, which leads to another set of systemic challenges. A learner will be registered on two qualifications concurrently and benefiting from both stipends – which is an illegal practice.

NO EMPLOYMENT AFTER LEARNERSHIPS

Employers also do not always provide employment for


learners with disabilities after the learnership. Instead, they offer more learnerships to continuously gain the benefits of the Skills Development Act. People with disabilities get caught in another systemic challenge where they become perpetual learners in the skills development system; doing learnership after learnership, which never results in their permanent employment.

DISABILITY ORGANISATIONS AND SETA TO THE RESCUE

This is where disability organisations and the Services Sector Education and Training Authority (Services SETA) need to play a more prominent role. There are huge opportunities for organisations to assist persons with disabilities on their skills path and benefit from the SETA grants and Employee Tax Incentives.

Disability organisations could appeal to donors to fund the person with a disability in their skills development programmes as well as the companies that need to employ the qualified persons with disabilities. Employers should be canvassing their respective SETAs to develop the supply of persons with disabilities in their respective industries as well.

These interventions should go beyond just making Disability Grants for the employers available, but the SETAs should be collaborating with the disability organisations to achieve such a common goal. In certain industries and SETAs, some exemplary work has been done and the goals achieved clearly demonstrate the impact.

However, there is much work still to be done to meet the legislative targets for persons with disabilities in skills development and to have an impact on the disability employment target of 7,5 percent. 



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.



LET'S TALK ABOUT SEX

SEXUALITY, SEXUAL NEEDS AND PHYSICAL DESIRES ARE ESSENTIAL TO A HEALTHY RELATIONSHIP AND A FULL LIFE. WHY, THEN, DO WE OFTEN STRUGGLE TO DISCUSS SEX?

Sexuality is a very private and sensitive topic in most cultures. Different circumstances also have an effect when people talk about sex: among friends it is often easy to joke about it, but in intimate relationships, it can be difficult to discuss the more serious aspects of sex.

Research shows that even for healthcare professionals, sex is one of the most difficult topics to raise with patients (alongside spirituality and death). It has been mentioned numerous times in previous articles that communication is probably the most important aspect of a healthy sex life following a spinal cord injury (SCI). This includes discussions with a partner, prospective partners or with healthcare professionals to ensure healthy and satisfying intimate relationships.

SO WHY DO WE SOMETIMES SHY AWAY FROM THE TOPIC?

Sex is an act where people can express themselves without necessarily having to talk, which is fine when there are no problems. However, a major life event (like a SCI) could bring about many changes – and talking then becomes important.

Another reason is that a sex discussion involves a degree of vulnerability, accompanied by the fear of rejection or judgement. Putting your concerns and needs into words is an exposing and potentially uncomfortable experience.

The aim should be to have a conversation about sex, not a monologue. This means that both parties have an opportunity to talk about their needs, preferences or fears. Intimacy is about two people having a fulfilling relationship, and therefore the needs of both parties are important.

It's important to create a comfortable context. Choose a place where you can both be relaxed and a time where you won't be interrupted. It could be helpful to arrange a time in advance with your partner, so that they are not caught off guard. Stick to the topic and be completely candid with each other – nothing should be off limits.

If you find it difficult to initiate the conversation, why not include an objective, professional third party, like a psychologist or sex therapist, to participate in the discussion? They can guide the conversation and ensure that each person has an opportunity to express themselves fully and effectively. [\[7\]](#)



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.

Q & A

WITH CATHERINE VAN STADEN

WE SAT DOWN WITH CATHERINE VAN STADEN, WHO HAS A DEGENERATIVE DISEASE, AND CHATTED ABOUT HOW SPORT HAS CHANGED HER LIFE



degenerative condition known as Hereditary Spastic Paralysis (HSP) causes a person to slowly lose the functionality in their limbs. Catherine has this condition in her legs. She has not allowed it to interfere with her great passion – sport!

What was one of the toughest things about having HSP?

Over time, my legs will become weaker and my balance worse until I lose all function in my legs and I end up relying on a wheelchair full-time. Becoming a wheelchair user was one of my biggest fears in life. I was worried that I would become useless, unable to be included in society and employment.

I was concerned that I would lose my independence. While I wasn't afraid of not being able to walk any more, I was afraid that society would exclude and forget about me. It was only after reading a book about a climber who was blind and starting working in the disability field that I started changing the view I had of myself and my deteriorating condition.

How have you coped with the possibility of becoming a full-time wheelchair user?

In 2012, I began dreaming about taking up sports and finding ways to use my disability to my advantage. I first pursued swimming, after which I discovered triathlon. Instead of using my legs, I only use my arms to swim, pedal my hand cycle and push my racing wheelchair in the running section of the triathlon.

What is the biggest challenge of participating in triathlons as a wheelchair user?

Doing triathlons with only arm power for the swim, the cycle and the run takes triathlons to a whole new level. I am currently the

first and only TT1 female officially classified (hand cycle/wheelchair classification) para triathlete in South Africa. Since 2012, I have completed in numerous races including the Midmar Mile swimming race, South African Disability Sports Championships (swimming 800 m and 50 m) and ten kilometre-and-half-marathons throughout Cape Town.

My passion remains competing in triathlons. I have finished many South African races including the Slanghoek Triathlon, 5i50 Triathlon Bela Bela, 5i50 Triathlon Germiston Lake, Durbanville Triathlon, Ultra Sun City Triathlon, Cape Ultra Triathlon and the Jailbreak Triathlon. I have been privileged to complete the Africa Para triathlon Championships, ITU Elite Para triathlon, Discovery World Triathlon Cape Town and the New York City Triathlon, as well as the Ironman triathlon in Australia.



What does the triathlon include?

The triathlon for people with disabilities is called a Para triathlon and, for my disability category, it consists of the following: a 750-m swim; 20-km bike (hand cycle); and five-kilometre run (wheelchair).

What message do you hope to spread through your involvement in sport?

I am passionate about competing in sports as well as motivating other people who might be struggling to cope with or accept their own disability. I want to increase awareness around sport and disability, especially females with disabilities. [R](#)



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

A DOWNWARD DOG FOR ALL

Forget what you know about the pretzel-like yoga moves you see on social media. Yoga is less about the poses themselves and more about the breathing, connection and meditative aspects of the practice. It should emphasise the mind-body connection rather than the final physical outcome.

Following this principle, yoga can be customised for every individual to suit their needs and limitations. Adaptive yoga or wheelchair yoga is an approach that teaches the universal principles inherent to yoga poses that are accessible to everyone, regardless of their level of mobility.

Dale Guthrie, an occupational therapist passionate about neurological and spinal cord injury (SCI) rehabilitation, aims to make yoga accessible to all South Africans. She hopes to lessen the impact of physical impairments, enhance functional ability, facilitate community participation and ultimately increase the quality of life of persons with a disability.

She developed this idea while travelling through India to gain a deeper understanding of yoga philosophy. Upon her return, she decided to use her medical background to take yoga further than the physical aspect of the practice. In 2017, she travelled to Minnesota in the United States to train with Matthew Sanford, a pioneer in adapting yoga for people with disabilities, and bring his approach back to South Africa.

Dale founded Holism Health, an adaptive yoga studio in Blairgowrie in Randburg. She is currently offering private adaptive yoga sessions for persons with a disability and plans to start small adaptive yoga groups.

If you are interested in learning more about adaptive yoga, please contact Dale Guthrie at info@holism.health or 084 222 1192.



TOYS FOR ADULTS WITH DISABILITIES

The sexual desire of people with disabilities is just as strong as anyone else's – and for them, too, a healthy sex life is essential. Whether it is for sex with a partner or self-pleasure, the right sex toy can make a big difference.

"Sex for a person with a disability will be different. Sensations are different, the response is different, and even turn-ons might be different, but it doesn't mean that self-pleasure and pleasure from a partner can't happen. When it comes to masturbation, regardless of one's physical limitations, it's important to think about sexual pleasure as a journey, instead of being focused on the end goal," says sexologist Catriona Boffard.

South Africans are still very conservative when it comes to openly discussing sex and sexuality, and the ramifications of this attitude hit marginalised communities the most. For many people with disabilities, even speaking about their sexual needs to carers, partners or family members is not an option.



Désir, a leading adult toy retailer in South Africa, has launched a dedicated online concierge service for South Africans with disabilities. Using the live chat function on the website, individuals have access to educated professionals who are able to discreetly address their concerns, so that they can find the right adult toy.

Fay*, a 46-year-old woman with cerebral palsy, says: "I grew up in a household where sexual needs were never spoken about, and masturbation was frowned upon. I bought my first vibrator in my thirties, and it looked like a kitchen whisk! This year, I discovered the service.

"I was nervous, but the knowledgeable and kind staff made the process so easy. I discreetly received the toy, wrapped up and tied with a pink ribbon! I know I am not disabled in any way sexually and I believe that masturbation is a gift to people with disabilities who are single and don't have access to conventional sex."

* Not her real name

HOW SELF-CONFIDENT ARE YOU?

BEFORE YOU ANSWER THIS QUESTION, YOU OUGHT TO UNDERSTAND WHAT CONFIDENCE REALLY MEANS



Confidence isn't something that can be learned, like a set of rules. It is a state of mind. Positive thinking, general knowledge and talking to other people are all useful tools to help improve or boost your confidence levels. Confidence comes from feelings of well-being, acceptance of your body and mind, and the belief in your own ability, skills and experiences.


Some people seem to struggle with issues of confidence because of the standards expected of them. "You should be good at this because you studied this." "You should do this and then you can do that." I think the struggle arises out of the misconception that being confident means you'll succeed at everything. This, however, isn't true.

When I was injured in a car accident 15 years ago, I had a choice either to give up and die a slow death or to face an unknown future. I chose the latter, as I knew that there must've been a reason I was still alive to face this debilitating situation. Now, I can tell you with assurance that

life happens anyway. We just need to embrace all that it has in store for us.

To be confident doesn't mean you know you'll always succeed; it means you have the ability to accept where you fall short; you don't avoid the challenges, but instead face them head-on. Confidence means you know it's okay to feel bad and that the struggle leads to an outcome. Whatever the outcome, it's just that – one outcome! Once it passes, there will be another chance, in whatever way it presents itself, for you to create a new outcome.

Since my disability, I've come to realise that I won't always smile. I accept what emotions may come, whether they're "appropriate" or not. The words that once provoked a rage in me don't dent my pride any more – they elicit a laugh instead, because I know that words spoken from insecurity are like salt tablets thrown into the ocean.

I won't always be strong, nor will I be able to turn my weakness into strength. Confidence is simply the act of allowing weakness to exist. You are enough! 



Emilie Olifant is a disability champion, an entrepreneur, author and inspirational speaker. She is the CEO and founder of the Emilie Olifant Foundation – an organisation that strives to integrate persons with disabilities in the workplace and/or society.
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COMING SOON!

YOU HAVE A LOT TO LOOK FORWARD TO! DON'T MISS THESE AMAZING FEATURES IN THE NEXT ISSUE OF ROLLING INSPIRATION AND THESE EVENTS. ISSUE 5 OF ROLLING INSPIRATION WILL BE PACKED WITH FABULOUS STORIES AND ARTICLES. LOOK OUT FOR:



SPOTLIGHT ON DEPRESSION

People with disabilities often experience depression, especially after the onset of the disease or injury that caused the disability. We take a look at how wheelchair users can cope with depression.



AGEING WITH SCI

Old age often comes with all kinds of stiffness and pains. For a person with a spinal cord injury, this could be even worse. We provide some tips to help you meet the ageing process head-on.



SANRA SASCA JOINT CONGRESS

We will report back on the SANRA SASCA Joint Congress that will take place in August. (See more information below.)



NEW TECHNOLOGY IN REHABILITATION

Rehabilitation is an ever-changing environment. Technology is constantly being developed. We look at this new technology and how it benefits wheelchair users and people with disabilities.

WOULD YOU LIKE TO SUBMIT EDITORIAL FOR THESE FEATURES? EMAIL CHARLEEN@CHARMONT.CO.ZA.
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CALENDAR OF EVENTS

THERE ARE LOTS OF EVENTS HAPPENING WITHIN THE NEXT COUPLE OF MONTHS. HERE ARE SOME OF THE HIGHLIGHTS:

5 AUGUST SABAT POWER WHEELCHAIR RACE

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

16 - 26 AUGUST IWBF WORLD CHAMPIONSHIP

The International Wheelchair Basketball Federation (IWBF) will host the World Wheelchair Basketball Championship in Germany. The event takes place in Hamburg; 16 men's teams and 12 women's teams will compete for the title of World Champions. Email: contact@2018wbwc.de

23 - 25 AUGUST SANRA SASCA JOINT CONGRESS

The South African Neurological Rehabilitation Association (SANRA) will be joining forces with the Southern African Spinal Cord Association (SASCA) to host its 2018 conference. The venue is the Riversands Incubation Hub, Johannesburg, Gauteng. Visit the congress website at www.congress2018.co.za

26 AUGUST DISABILITY AWARENESS SUNDAY

This event takes place on the last Sunday of August each year. You can find more information at www.rampup.co.za or www.umdissabilityministries.org/dasunday

SEPTEMBER MUSCULAR DYSTROPHY AWARENESS MONTH

For more information contact Gerda Brown at gmnational@mdsa.org.za

5 SEPTEMBER WORLD SPINAL CORD INJURY DAY

Spinal Cord Injury Day takes place on September 5 every year, with the aim of increasing awareness amongst the general public. Find more information here: www.worldsciday.org

7 SEPTEMBER CASUAL DAY

Casual Day is South Africa's leading fundraising and awareness campaign for persons with disabilities and is the flagship project of the National Council for Persons with Physical Disabilities (NCPD). For more information, visit www.casualday.co.za or contact Danie Marais at the NCPD. Email danie.bm@ncppdsa.org.za or tel (011) 452-2774/ 0810175397

29 SEPTEMBER QUADS4QUADS

QASA, in partnership with The Adventure Company, will once again host the ultimate off-road journey to raise funds for QASA.

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References: 1. Hudson E. & Murahata R.I. The 'no-touch' method of intermittent urinary catheter insertion: can it reduce the risk of bacteria entering the bladder? Spinal Cord 2005;43(10):611-614.
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