

# ROLLING INSPIRATION

ISSUE 4 2019 | R60.00

The thought leadership publication for people with mobility impairments

## RISE ABOVE

Alwyn Uys  
bounces back

## ACCESSIBILITY IN YOUR HOME

Home automation and  
other mobility aids

## TAKE THE WHEEL

How to drive  
with a disability

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# ROLLING INSPIRATION

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www.rollinginspiration.co.za

Throughout this issue, these acronyms  
are used as follows:

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



## RISE ABOVE

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# BREAKING THE CHAIN OF POVERTY

AS YOUTH MONTH COMES TO AN END, WE LOOK AT HOW BEST TO BREAK THE CYCLE OF POVERTY AND  
CREATE EMPLOYMENT OPPORTUNITIES FOR FUTURE GENERATIONS

*D*

uring Youth Month we all turned our attention to issues affecting youth in South Africa. It is with keen fascination that I reflected on my own time as a youngster and compared it to today's challenges.

Like many others, I'm worried about the state of our schools, the unemployment rate and safety issues affecting youth in our communities, but there is one particular concern I wish to highlight.

The United Nations (UN) defines "youth" as people between the ages of 15 and 24. The South African National Youth Commission Act, however, uses the term to refer to people aged 14 to 35, which amounts to a very large portion of the country's population.

Based on the latest UN estimates, the entire population of South Africa is 58 million people, of which the youth component makes up roughly 20 percent. According to online platform Trading Economics, the youth unemployment rate in South Africa increased to 55,2 percent in the first quarter of 2019.

With this information in mind, the future looks bleak. Far too many young people don't have earning potential.

Our youth has to be a priority. It is said that one of the countermeasures in the fight against unemployment is a growing economy, but South Africa is failing at this: Trading Economics recently reported that the economy showed no growth in the first quarter of this year.

So what can be done to improve the current outlook? There are too many people trapped in the vicious cycle of poverty. I feel that is exactly where the attention should be focused: the eradication of poverty.


The South African Children's Gauge, an annual publication of the Children's Institute at the University of Cape Town, did a study on youth in 2015, which is still relevant today. It reported that poverty levels among youth remain strikingly similar to those of their parents, suggesting that post-apartheid policies have not yet levelled the playing field.

The programmes that were implemented need to be assessed and their impacts measured and, if necessary, changes need to be made. Our youth has to be included and represented fairly in all spheres of society. Stigmas need to be broken down and barriers removed to make it easier for everyone to participate and enjoy freedom.

It will be interesting to see how the new government departments tackle their term, and as how civil society and business find ways to work together to address the issues affecting our youth – because it will ultimately affect all of us.

Continued migration to city centres in search of employment and better opportunities will cause havoc. Government must improve and innovate in sectors of primary health, early childhood development and basic education to encourage the development of youth.

The high dropout rates, unemployment and poor living conditions compromise the well-being of the current generation of young people. Left unchecked, these trends will drive the intergenerational transmission of poverty.

A mixture of promising initiatives in research, policy and practice should help strengthen systems and support youth employment, yet these efforts tend to be fragmented. A coordinated effort is required to develop more comprehensive approaches to youth challenges, especially unemployment. 



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

## GAUTENG WORK READINESS PROGRAMME GRADUATION

The first graduation ceremony for candidates who have completed the QASA Work Readiness Programme was held at the Pretoria offices of the QuadPara Association of South Africa on Friday, May 31. Graduation day is a



special occasion in the life of every student and this was no different. It also marked an important milestone in the organisation's efforts to diversify and grow its programme offering.

It was the largest graduation in the institution's existence to date. QASA CEO Ari Seirlis explained the meaning of the graduation ceremony in his opening address: "The significance of this event lies beyond this celebratory occasion. There is a general consensus on the very urgent need to employ persons with disabilities; address the gap between unemployment and employment; ensure environmental and business sustainability; and create sustainable employment by fashioning a new developmental path to ensure economic growth."

Good luck to all the graduates of the programme!

### CAPETONIANS READY FOR THE WORLD OF WORK

The QuadPara Association of the Western Cape launched its two-month QASA Work Readiness Programme in April. On Friday, May 31, the candidates celebrated their graduation after completing the programme, which aims to provide soft employment skills for personal and professional growth to secure mainstream permanent employment for people with disabilities.

The graduates were Rashied Abrahams, Yongama Fuzane, Ricardo Lodewyk, Anda Mthulu, Nokulunga Mdingi and Zara Talmakes. At the graduation ceremony, Abrahams, Lodewyk, Mthulu, Mdingi and Talmakes delivered presentations to prospective employers on the value proposition of employing persons with disabilities.

The prospective employers were from various sectors including finance, securities, technology and child welfare. The presentations were executed successfully and each candidate encouraged the audience to ask them questions about their goals and their future endeavours. Afterwards, many important relationships were forged as the graduates and prospective employers had the opportunity to network over a light lunch.

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# RISE ABOVE

**AFTER SURVIVING A DEVASTATING CAR CRASH, ALWYN UYS TURNED TRAGEDY INTO OPPORTUNITY. KEIRAN LEGG FROM MEN'S HEALTH REPORTS**

**H**is legs felt cold. His back was a firebrand of pain that exploded around his neck. He felt the man tap him on his shoulder, he tried to stand – but there was no movement, just a sinking dread, a panic that rose and fell with each struggled breath. And there, on the shoulder of that road, with the world plunging into twilight and his wrecked car lying next to him, he knew he was going to die.

"Sometimes I think this may have been the best thing that's ever happened to me," says Alwyn Uys, glancing at the wheelchair at his side. "It opened my eyes to who I was and what I was meant to accomplish."

Back in 2014, Uys was on a comfortable trajectory. He'd spent his university years bolstering the ranks of Maties'

dominant rugby team, bringing speed, aggression and power to the pitch. A self-proclaimed realist, he hadn't ditched academics. After finishing his Bachelor of Commerce with a focus on logistics, he moved into the family business.

Meanwhile, he was subbed out of the scrum after suffering a brutal arm injury that made him shift his focus to competing in triathlons instead. Here's the bottom line: Uys was happy.

"Things were good," he says. "I had a solid group of friends, a supportive family – everything was going my way."

Yet something was missing. Outside of sport he didn't have his own identity, he admits. He had defined himself by what he could accomplish physically. If that were to disappear, did he even know who he was?

He received his answer while driving into Port Elizabeth

(PE) in 2014. It was 19h00; he was alone, but stone cold sober. The only hitch? His arm was in a sling and his seatbelt wasn't buckled. "I took my eyes off the road for one second."

The vehicle swerved into the shoulder, hitting a dip between dirt and tarmac, which sent it spinning. Uys was flung through the windscreen. He remembers seeing the airbag, flying through the air, the impact – then darkness. "It must've been over in less than a second."

When he came to – he guesses it was about 20 minutes later – he was looking up at darkening skies and a concerned face. "I tried to get up," he says. "But I could just feel my body was cold. The guy who found me told me my back was broken. I felt like I was dying."

way the nurses unfolded his wheelchair and during those long hours spent learning how to shower, how to dress, just how to live again.

"Rehab was exhausting," he says. "It was stress from the moment I started – stress on my body, my head. I would just fall asleep right afterwards." Learning to start again was a challenge. Simple activities he took for granted – going to the bathroom, prepping a meal – were now uphill battles. Looking down the barrel of a life like that, it was easy for Uys to slump into depression.

"What life could I really have?" he asks. "I didn't understand why I was still alive. I would look at the photos of the wreck and ask myself: How was surviving this any kind of mercy?"



Whereas the crash was over in seconds, the ambulance ride stretched into eternity as the pain kicked in.

Uys would later find out he had cracked his neck, broken his back and snapped his femur. His body had been broken against the ground, and the reverberating pain of the impact pulsed through him, each wave more painful than the last.

## LEARN TO COPE

"This can't be happening to me – that's what I remember thinking," he says. "I'm healthy, I'm fit. I thought I was invincible."

Uys was certain he would walk again. His family and friends, hopeful, always verging on tears, told him the same thing. But each day he woke up and his legs were the same dead weight they were the night before. Cold, unresponsive, turning a dagger of dread in his stomach.

The young rugby player was never told he wouldn't walk again. Those conversations happened around him and he read the diagnosis in the expressions of his parents, in the

Around him, other patients were dying. He counts six that passed away during his three months at the white-walled facility, and sometimes he had wished he could count himself among them. "I was in this strange, foreign place, in a body I didn't recognise any more."

Yet being there is what saved him. Surrounded by other patients, he met guys who were paralysed from the neck down. "I still had my hands, my arms," he says. "I could see a path to a good life. I wasn't thinking about sport. I was thinking about living again."

## LEARN TO LIVE

Coming to terms with his condition wasn't only an internal battle. Uys also found solace in the company of his friends, who would normalise his life in a way no rehab facility could.

"My mates would come through and always try to get me outside," he says. "That was definitely a high point. They didn't look at me differently. My wheelchair bothered me so much in those days, but they didn't seem to see it as a problem."

Those relationships kept him sane in the face of daily challenges as he navigated his way through a new life on wheels. But he was still grappling with his identity. Before, he was the sportsman, the guy who excelled on the pitch, the track, you name it. Who was he now? It was a question he asked himself often every day.

"I realised that, even though I had lost so much, I was still the same person. My humour came back; my life came back."

A trip to a rehab facility in Australia instilled confidence in him. When he returned, after travelling alone, he told himself: "I've got this. Even on my own, I've got this."

He went back to work and began to hit his stride. Once he conquered life's daily challenges, he relished new ones. And that's how he found his way back into sport.

*"Each day he woke up and his legs were the same dead weight they were the night before."*

#### LEARN TO FLY

After looking at all the sports available to him, the young athlete gravitated towards rowing. His years spent on the pitch had equipped him with monster upper-body strength that made him a natural in the rower's chair. Even better, when he was rowing nobody could tell him apart from the able-bodied athletes. "This was it. I was hooked."


Diving into Paralympic sports opened up a world of opportunities. He discovered wheelchair racing, hand cycling sprints and the crazy fact that he could still swim even when his legs weren't kicking. On his feet, he had hit his physical potential. But here?

"Before, I saw what happened to me as a tragedy, but then I started to think about it differently. Everything I did before the accident was just prep for the next part of my life. I started to think, maybe this was the best thing that ever happened to me."

He is now part of the South African Paralympic team and is training for his first triathlon, a challenge he was eyeing up before the crash derailed his plans. The best part? When Uys wakes up in the morning it isn't into the icy cold dread of those first days lying in a hospital bed. He wakes up excited to work, to train, to live.

He says he'd like everyone to know that you don't need to be put in a wheelchair before you start living: "You don't need a near-death experience to start again. I wish everyone could get on that page. It doesn't have to be training – but whatever you do, do it with passion."

"Far too many people talk about what they want to do or are going to do, but you won't always have the strength, the mobility, the life that you have now. Use it. Get out there and do it."

*This article first appeared in the January 2017 issue of Men's Health. To view the original article, please visit: [www.mh.co.za/guy-skills/how-this-guy-turned-a-near-fatal-car-crash-into-his-biggest-opportunity/](http://www.mh.co.za/guy-skills/how-this-guy-turned-a-near-fatal-car-crash-into-his-biggest-opportunity/). *



## WIN THE ARMS RACE

Uys works with Robert Evans at the Sports Science Institute to bolster his upper-body strength. They recommend these five moves for anyone wanting to up their game:

#### BARBELL BENCH PULL

Pulls, or rows, are some of the most effective ways of upgrading raw power. The speed of the movement will dial up your explosiveness, giving you a musclebound nitrous boost when you're in the rower's seat.

#### TRX ROWS

With a suspension trainer, you'll gain access to a whole new repertoire of intense upper-body workouts. Rows will not only work your arms, but also strengthen your back.

#### PUSH-UP BOX JUMPS

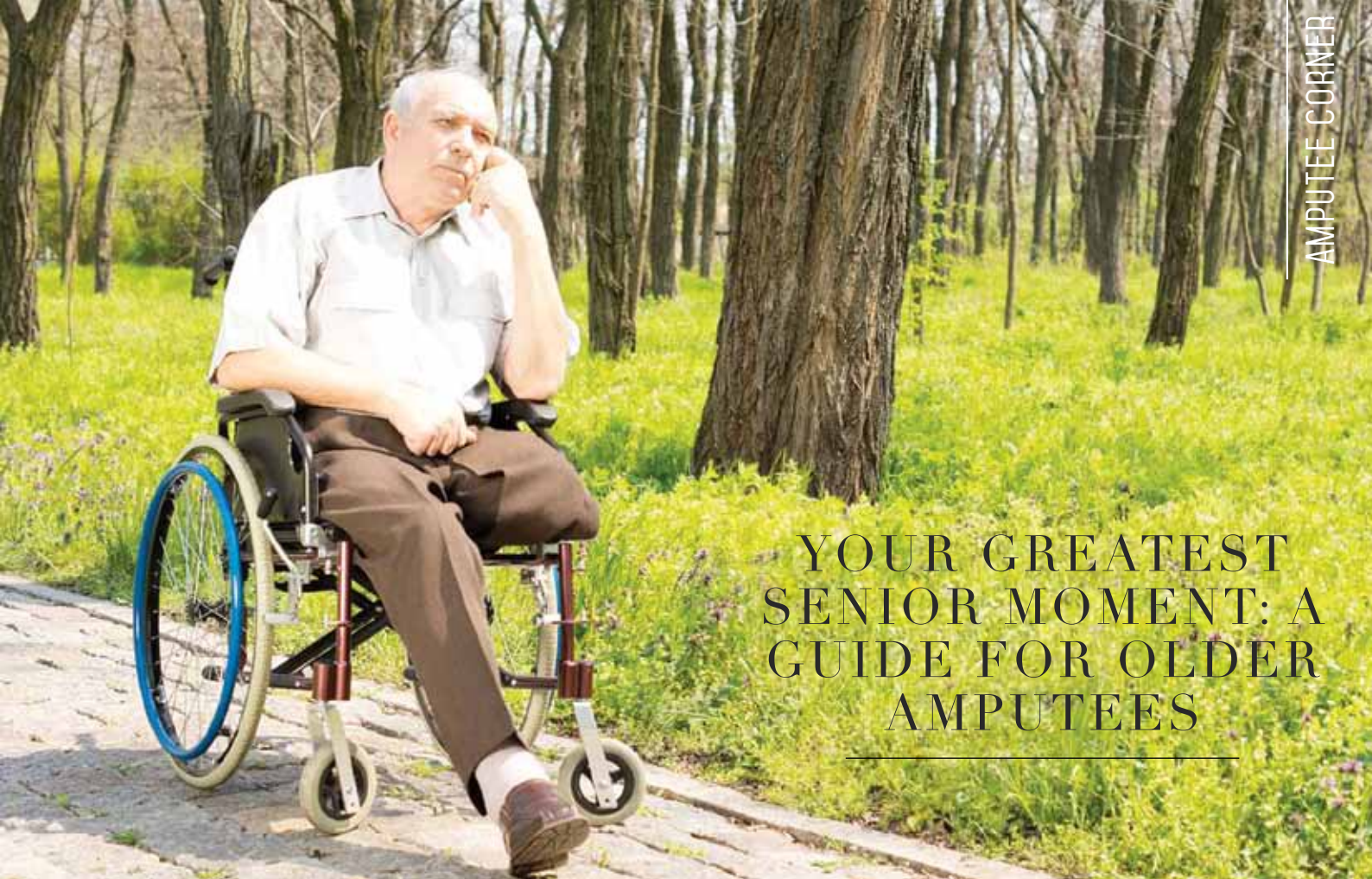
Adding elevation (two boxes) to your push-ups means you'll be able to go lower, which will hit your shoulders and back harder. Include jumps, and you'll force all your limbs to work overtime as you summit the box.

#### ARMY CRAWL

"This one is super effective because it helps to activate core muscles – mine were left really weak after my injury," says Uys. Start in a forearm plank position and crawl forwards, letting your legs drag behind you.

#### TRICEP DIPS

"Dips are one of the best ways to bulk up your arms. Do them with a weighted vest and you're doubling down on every rep," says Uys. And go low: make sure your shoulders dip below your elbows.



## YOUR GREATEST SENIOR MOMENT: A GUIDE FOR OLDER AMPUTEES

WHILE MUCH ABOUT GROWING OLD CAN BE DAUNTING AND OVERWHELMING, REHABILITATION AFTER AN AMPUTATION DOESN'T HAVE TO BE!



How did this happen?! How did you get here?! As they say, "Ageing is not for sissies." This is a reality that you've had to make peace with more times than you'd like to admit. Then life throws you a curve ball, and the big A-word that no one even wants to say out loud becomes your

worst nightmare.

Yes, amputation comes knocking at your door. At the same time, out of sympathy, the hospital staff start calling you Oupa or Ouma as though you're related. You see the uncertainty in the eyes of your family members. They are unable to hide their worry and fear because amputation is a shock to the system for everybody involved.

You start thinking, "Am I going to survive this? Am I going to be okay?" I have often said that children rehabilitate better than older patients because their minds don't get in the way of the rehabilitation. I know that I am leaving out a few variables by saying this, but there really is a lot of truth to this statement and within this lies your secret to survival.

There, where you are sitting and thinking "I'm supposed to be enjoying my grandkids and retirement", I'm asking you to embrace this change. Give yourself the benefit of the doubt and a chance to rehabilitate and, yes, a chance at life!


I can assure you that hundreds of amputees in your very same position were pleasantly surprised at just how easy

this amputation rehabilitation business really is. I have seen it with my own eyes many times. I know of an 81-year-old man who refers to his amputation after being rehabilitated as "the flesh wound". With today's entry-level technology, there are few reasons not to adopt his mind-set.

*"Amputation is not the end of the road. It is just a new chapter."*

Six months earlier, shortly after amputation, this man and his wife were sitting in my consultation room, very worried and unsure about the future. Today, they spend most of their time exploring game farms – their favourite hobby.

Please don't allow your amputation to put you into a tailspin. Do not overthink! Rather move forward slowly as you have done most of your life. Start by using your wound recovery time to plan your next holiday, family get-together or your granddaughter's upcoming wedding!

Amputation is not the end of the road. It is just a new chapter with the potential to unfold into your greatest senior moment. 



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

# SILVER ROLLER'S TOOLKIT: PART I



**A TOPIC OFTEN OVERLOOKED BUT INHERENT TO GROWING OLD IS A REDUCED INCOME AS A RESULT OF PENSION OR THE INABILITY TO WORK. WITH A FEW LIFESTYLE CHANGES, IT IS STILL POSSIBLE TO LIVE OFF THIS SMALLER BUDGET**

**A**s we move beyond the age where our hair turns silver, most of us start scaling down. Retirement insidiously creeps up on us. And before we know it the day arrives and, all of a sudden, there is a huge void where there used to be activity, stress and adrenaline. More often than not, this void is accentuated by another void: The void in our wallets.

So, before looking into the usual focus points covered when discussing the pitfalls of ageing, that of "mind, body and soul" (which we will cover in Part II), let's first look at financial security.

There is an adage that goes: "Dying with money is better than living without it." I have adapted this to: "Live in a way that you die at an age where you can still afford to live." So I eat a lot of cheesecake so that I can die sooner...

On a more serious note, as we get older and are not able to work as productively as before – or at all – money becomes more of an issue. The factors that come to the fore include medical expenses, caregiver expenses, rent, water and electricity. We need more but we have less.

The government does not help either. If we earn below a certain amount, the government assists with a disability grant. When we hit 60, instead of adding the state pension to the disability grant, they replace the one with the other ... Not much help, is it?

So what to do? There is no magic solution. The only answer is to be disciplined and wide awake. Don't spend your money on things that don't add value, and change the way you pay for things.

For instance the three things that we love spending money on freely are things that boost our vanity, that give us pleasure and that make us more comfortable. Everything else becomes a grudge purchase. We think twice before we spend money on electricity, water and healthcare. So if you have to choose between cigarettes and beer on the one hand and better healthcare on the other, consider your options carefully.

Here are a few practical tips that could make life easier:

## **FINANCIAL SECURITY ONCE ON PENSION**

I'm not a financial planner so I cannot give you investment

advice, but I went to school with a guy who now runs an investment company. Although he has written a host of books, one piece of advice from him has stuck with me: No matter what we earn, there is always someone who earns ten percent less and is able to cope with it. So become that person. Take ten percent off your salary and invest it. Start young. The earlier you start, the better the growth will be.

Another piece of advice: If an investment opportunity looks too good to be true, it usually is. Be very careful where you invest.

When the time for retirement approaches, look at your finances carefully and get rid of unnecessary and often hidden costs. Most important here is the bond on your house – get it paid up and cancel the life insurance that covers the bond. It saves you the monthly payment and usually there is an amount that is paid out to you.

## **ACCESSIBLE LIVING SPACE**

As you grow older, go smaller and fully accessible. Don't worry about the eventual resale value of your home. The able-bodied elderly also become frail and appreciate grab rails and shower chairs as much as any person with SCI.

## **LOOK AT PREPAID ELECTRICITY**

Once the children are out of the house, electricity usage goes down and the bulk of costs is made up by the monthly service and capacity charges. With prepaid electricity the unit charges are a bit higher, but there are no service and capacity charges – so as long as the usage is low, you save a lot.

Don't skimp on the things you enjoy. If you like TV, keep your DSTV if you can afford it, otherwise the evenings might become boring. *Kafoefel* does not come as naturally to the elderly with SCIs as we would like, so we need other distractions...

## **SMARTLY SCALING DOWN MEDICAL AID**

When money gets tight, one of the things we scale down on is our medical aid, but we must do so intelligently. If we go for cheaper options, we get less benefits at a time when we need more. Remember the following:

- If you calculate the rand difference between contributions to a hospital plan and to a comprehensive plan, and if you


## GROUND-BREAKING RULING IN FAVOUR OF SINGLE-USE CATHETERS

The Council for Medical Schemes recently ruled in favour of medical aids funding single-use catheters for its members. It sets precedence for other medical aid members who suffer from recurring UTIs to switch to sterile single-use hydrophilic catheters. Under the ruling, members should not be penalised for using the product, thus no co-payment is required.

Read more on the ROLLING INSPIRATION website and catch the full story in the next issue!

then compare the annual contribution difference to the caps on day-to-day benefits, you will find that the total of the day-to-day benefits is similar to the annual contributions – so effectively it is randed out for randed in.

- We may struggle to pay for antibiotics, glasses or dental fillings, but an expensive hospital admission without good medical aid cover could bankrupt us. So if you need to buy down, rather go for a hospital plan. They usually come with reasonable chronic medication, pathology and radiology benefits, particularly for prescribed minimum benefit conditions.
- Make a list of all your specific high-cost needs and make sure your benefit choice covers it. As a person with disability, if you are earning enough to pay income tax, you can reclaim a portion of your medical aid contributions and self-funded and disability-related medical expenses from the taxman. There are forms to fill in and the South African Revenue Service (SARS) is very strict, so consider asking a tax consultant to do it for you.
- Submit all your self-funded medical purchases, from Panado to bifocals, incontinence wear and your wheelchair to your medical aid. They will record it and at the end of the tax year provide you with a tax certificate. SARS accepts this certificate far more readily than all your individual payment advices (but keep these as back-ups).

Lastly, be very careful of switching medical aids. Even if you go directly from one medical aid to another, there is still a three-month waiting period before you can claim (except for emergencies), and a 12-month waiting period for pre-existing conditions. However, if you are retrenched and forced to go off your employer's medical aid, there are no waiting periods. So think smart, budget smart and live smart! 



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. email: [georgelouw@medscheme.co.za](mailto:georgelouw@medscheme.co.za)

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# HASSLE-FREE VISAS

WITH INCREASED SECURITY MEASURES IN PLACE, IT CAN BE A CHALLENGE TO SECURE A VISA TO TRAVEL OVERSEAS. HERE'S HOW TO TICK ALL THE BOXES



My fellow “wheelie” asked for advice about getting visas for Europe and the United Kingdom (UK) for him and his caregiver. After I gave him the standard suggestions, he went off to make appointments with the different visa processing companies, only to hit a brick wall...

Despite starting more than two months before the travel date, he was unable to book a date to go to the processing company for his biometrics. Various companies offer a “premium service” that will get you better dates, but at a price. Although he paid all the fees and enlisted a visa company at additional cost, he was still without his one visa three days before he was meant to depart. He chickened out and changed his flights, only to have them contact him the next day to say the visa was ready!

So, how do you get a visa without all the hassle? In the past, it was possible to get the required documentation and photos together and simply hand the completed application forms, the documents and valid passport to a company that would queue and have your visa processed for you.

However, with increased security measures in place, you now have to be present at the visa processing centre for an interview and to gather your biometric information (fingerprints and facial photography). Not an easy process for a person with a disability! Here are the steps to follow when applying for a visa:

## START EARLY

Always start this process as soon as possible, so that you have sufficient time to gather all documentation and book your appointments. You may have to get multiple visas if you are travelling to several countries.

For the Schengen states in Europe, you have to apply to the country where you will spend the most time, not necessarily the one where your journey starts. If you've done this before, check requirements each time you travel as they may have changed.

## DOUBLE-CHECK THE VISA REQUIREMENTS

Make sure a visa is required for the country you are visiting. Do a search on the internet by typing the name of the country and the phrase “visa requirements” into the search engine, or ask your travel agent for this information.

## A VALID PASSPORT IS ESSENTIAL

Do you have a valid passport with sufficient open pages for the visa to be entered? A minimum of two free pages is acceptable. Your passport expiry date must be at least six months after your return date. Should you have a valid visa that has not expired in one passport, you need to staple the existing expired or full passport onto the new valid one.

## SCHEDULE YOUR APPOINTMENT

Make an appointment with the relevant visa processing office closest to you. Payment can usually be made using EFT or at your appointment using your credit card.

## COMPILING DOCUMENTATION

Get together all the documentation required as stipulated on the visa application requirements form. This may include:

- Flight tickets and proof of accommodation. Should you be staying with family or friends, they will need to provide a letter of invitation stating their address and the dates of your visit. If an original letter is required, they can email this directly to the visa office, but you'll need to include a copy in your documentation.
- Proof of funds. This entails three months' original bank statements and a letter from your bank stating that you are using your credit card and the maximum value placed on it. You can usually get these statements via the app.
- Travel insurance. This is mandatory for most international destinations and is highly recommended as comprehensive travel insurance will cover the cost of, for example, medical expenses, lost luggage and cancellations. Read the policies carefully and ensure you have enough to cover the basic expenses of your trip and a minimum of R10 million medical cover.

- Photographs. Check the size requirements of the photos you need to include. Take along your visa requirements form to any outlet that provides passport photos to ensure the correct sizes and amounts are printed. A biometric photograph taken at the visa application centre might also be required.
- Proof of employment. This letter must state that you are in a permanent position and that the leave has been authorised. It must specify the exact dates of your trip and that you will be returning to your position within the company. Should you be the owner of the company, your accountant or a fellow director should sign the letter.
- Marriage certificates or letters of consent from divorced spouses for the travel of minors must all be originals.
- All the documentation should be accompanied by copies. The original official documents will be returned to you.

#### ON THE DAY OF THE APPOINTMENT

Be on time for your appointment. Visa processing officers may be quite officious and are very strict about their working times. Often specific delivery times and collection times apply as well. Please read the requirements form carefully. Most process periods vary from seven to ten working days, but emergency visas will be issued sooner. You will have to prove that it is indeed an emergency. You may also apply for priority service at an extra cost.


All visa applicants, save for those benefiting from exemptions, are required to provide biometric data. You will have to go to your nearest visa application centre in person. The finger scans are electronic, so no ink, liquid or chemicals are used. You will have your digital photograph taken at the same time. It should take no more than five minutes.

Make sure you don't have any decoration (such as henna), cuts or markings on your fingertips before the scans. Biometric digital photographs must be of your full face without sunglasses, a hat or any other head covering (except for cultural or religious reasons, but the face must not be covered). You should also ensure that any cuts or bruises on your face are healed before the photograph is taken.

#### VISAS FOR CAREGIVERS

If your caregiver is accompanying you on your trip, the following needs to be in place:

- If they're not South African, they need a valid work permit – and check the visa requirements for the country of their origin too, as these may differ from the local requirements;
- Include them on your travel insurance;
- Submit all their documentation along with yours and make an appointment for them at the same time to ensure that the visas are processed at the same time.
- If you are visiting the UK with your caregiver, you will need to apply for a carer visa for them.

Should you require more information, please contact me. Happy travels! 



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

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# ACCESSIBILITY AT HOME



**WITH THE RIGHT MODIFICATIONS AND MOBILITY AIDS, A HOUSE CAN BECOME A HOME - AN ACCESSIBLE HOME AT THAT! WANITA WALLACE LOOKS AT ACCESSORIES AND AUTOMATION SOLUTIONS THAT GIVE PEOPLE WITH DISABILITIES MORE FREEDOM IN THE HOME**

*E*

ven if you find technology daunting, automation can be your best friend. Examples of basic automation include smart TVs, automatic door and garage-door openers, timers on a coffee machine and remote controls.

"For those who are unsure about what home automation is, it's easier to think of the sort of functions in the home that are activated with a switch or button of some sort," says Cliff Court, CEO of Coral Tech, a company with many years of experience in developing both mobile and web-based software solutions.

"This would include lights, TVs, decoders, radios and phone calls. Home automation allows these switches or buttons to be controlled using a smartphone app, for example. For those with more severe physical disabilities, voice is a much better option."

During early research into developing its voice-activated quality of life (VoQoL) system, which uses the latest voice-activated devices, Coral Tech spoke to several individuals with different disabilities. Their most common feedback was a desire to perform more tasks by themselves.

Many of these tasks are considered basic for most people but are out of the question for people with physical disabilities. Some of the people interviewed indicated that they found having to call a carer to be demeaning and it lowered their self-esteem. Home automation hands control back to these individuals, Court says.

"A situation from our early research demonstrates this very well. Take, for instance, a C4 quadriplegic we encountered. He often wakes up in the middle of the night because he's hot and sweating. He could call a carer using

a blow pipe, but he feels bad about waking them up at that time," he explains.

"So, he would lie there - hot and unable to sleep. Now that this individual has the VoQoL system, he uses his voice to turn on the lights, the fan and then the TV, changing channels if he wants to. Once he cools down, he turns off the TV, fan and light, and goes back to sleep.

"It's hard to place a value on such an ability for the individual, but this real-world story provides an excellent example of the impact of automation for people with disabilities," Court adds.

Privacy in the bedroom and bathroom is an incredible luxury that most can enjoy with the correct modifications and mobility aids. Here are a few options:

## IN THE BATHROOM

Wheelchair users might have difficulty completing daily tasks, such as getting into and out of the bath, in a traditional bathroom. Mobility aids allow them to perform these tasks independently. The type of mobility impairment will determine the required aids and adaptation.

There are various types of bathroom aids available, including shower chairs, commodes, electric bath lifts and tap turners. The latter is a simple device that attaches to the tap to provide leverage and grip, which is excellent for persons with reduced hand dexterity or poor grip. It is inexpensive and practical, with a variety of different types to choose from.

Grab rails offer added support and security when getting around the bathroom, shower or toilet and they are available in different lengths, styles and colours.

There is no reason to compromise style when looking



for mobility aids either. Amazon, for example, offers a wall-mounted, folding shower-seat bench, which is smooth, easy to clean and convenient, and saves space. It comes in a variety of models, including a beautiful wood-and-steel seat. A folding seat is ideal if you share your home with other individuals who might not need a shower seat.

#### IN THE BEDROOM

Not everyone has the luxury of space, but with a bit of thought and the right assistive device the bedroom can be more accessible and comfortable. A hoist to assist with transfers to the bed from the wheelchair or vice versa is a great example of a device ideal for the bedroom. There are many different types and styles, some of which include a hydraulic crank or electric motor.

Even making the bed can be a breeze with the help of automation. You can now convert your current bed into a dual-zone, climate-controlled, self-making bed. With SmartDuvet, all it takes to make your bed is the press of a button! It is also temperature controlled, which means less sweating. SmartDuvet is shipped worldwide – you only require the appropriate power adapter.

#### IN THE KITCHEN

People with disabilities may have difficulties holding eating utensils or drinking from a glass or mug.

There are various adapted eating utensils to assist. For example, a cutlery set with a bendable fork and spoon, which features a soft, ribbed, weighted handle and a bendable shaft that helps keep your hand steady. It can be bent for either left- or right-handed use.

There is also an optional eating utensil strap, which is ideal for individuals with reduced grip.


Another example is the chef knife, which has an easy-grip ergonomic handle that allows you to keep your wrist in a natural, stress-free position, which minimises cutting effort. Adapted plates, plate guards, scoop bowls and divided plates can also be handy.

Some people may have a hard time drinking from cups or mugs, as they aren't able to tilt their heads back. A covered cup with a straw that helps prevent spilling, or one that is held firmly in place on the table, would be ideal.

What would a kitchen be without the latest gadgets? For those who enjoy a good cup of tea there is the Drive Uccello Kettle – a modern, stylish kettle designed for those who have difficulty pouring.

Its stable base holds the kettle in place while it's tilted with one hand to allow for safe pouring. A built-in stainless-steel heating element allows for safe warming without having to use the stove. The kettle is available to purchase online from a United States-based company. Visit [www.rehabmart.com](http://www.rehabmart.com) to find out more.

These are just some examples of what can be done to make your life easier. You only need to put a little thought and research into making your house your home.

*For more information about the various companies that supply home accessories, visit the **ROLLING INSPIRATION** website and see our 2019 A-Z Guide. *



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## Our Team

**Registered Specialist Physician:** a professional who practises medicine, which is concerned with promoting, maintaining, or restoring health through the study, diagnosis, prognosis and treatment of disease, injury, and other physical and mental impairments.

**Nursing Manager:** a trained professional responsible for supervising nursing staff in a hospital or clinical setting. They oversee patient care, make management and budgetary decisions, set work schedules, coordinate meetings and make decisions about personnel.

**Therapy Manager:** a trained professional who is responsible for assisting with the planning, organizing, coordinating, monitoring, and evaluation of services and resources for a rehabilitation patient. This manager is responsible for ensuring quality and cost-effective healthcare services and serves as a patient advocate.

**Network Case Manager:** in the field representative responsible for pre-admission screening of a potential patient on a referral base.

**Admission Case Manager:** coordination of the preadmission process and ensuring that a authorisation is obtained from the medical aid.

**Internal Case Manager:** coordinates length of stay and responsible for ensuring that the length of stay with the medical aids are motivated for and up to date to minimize the risk

**Physiotherapists:** a person qualified to treat disease, injury, or deformity by physical methods such as massage, heat treatment, and exercise.

**Occupational Therapists:** help people of all ages to improve their ability to perform tasks in their daily living and working environments. They work with individuals who have conditions that are mentally, physically, developmentally, socially or emotionally disabling.

**Speech Therapists:** training to help people with speech and language problems to speak more clearly.

**Dieticians:** an expert on diet and nutrition.

**Social Worker:** is a profession concerned with helping individuals, families, groups and communities to enhance their individual and collective well-being. It aims to help people develop their skills and their ability to use their own resources and those of the community to resolve problems.

**Registered On Site Pharmacist:** a person who is professionally qualified to prepare and dispense medicinal drugs

**Consulting Clinical Psychologist:** is a mental health professional with highly specialized training in the diagnosis and psychological treatment of mental, behavioural and emotional illnesses, including obsessive-compulsive disorder (OCD).

**Nursing:** a person trained to care for the sick or infirm, especially in a hospital.

**Care Workers:** a person employed to support and supervise vulnerable, infirm, or disadvantaged people, or those under the care of the state.

**Wound Sister:** specific types of treatment for pressure sores, skin ulcers and other wounds that break the skin.



## Our Services

### Ventilator Care, Rehabilitation and Weaning Programmes

A ventilator helps make sure that a patient continues breathing during. Some people may need to use ventilators long term or for the rest of their lives. In these cases, the machines can be used outside of the hospital—in long-term care facilities or at home. A ventilator doesn't treat a disease or condition

### High Intensity Medical Care and Rehabilitation

A high-dependency unit is an area in a hospital, usually located close to the intensive care unit, where patients can be cared for more extensively than on a normal ward, but not to the point of intensive care. It is appropriate for patients who have had major surgery and for those with single-organ failure.

- ✓ Integrated Rehabilitation for Low Response Patients
- ✓ Brain and Spinal Cord Injury, Stroke and Polytrauma
- ✓ Oncology / Cancer Care
- ✓ Pain Management
- ✓ Hospice / Terminal / Palliative Care
- ✓ Orthopaedic Care
- ✓ Pulmonary Care
- ✓ Cardiac Recovery
- ✓ Dialysis
- ✓ Post-Operative Recuperation
- ✓ Transient Care for Orthopaedic Patients in Traction
- ✓ Tracheostomy Care
- ✓ Advance Wound Care and Chronic Pressure Sore Management
- ✓ Isolation Care
- ✓ Sub-Acute Care and Rehabilitation 24-hour Nursing and Medical Care
- ✓ Isolation
- ✓ High Care and ICU Equivalent Care
- ✓ Active Rehabilitation with Multi-Disciplinary Team
- ✓ HIV Care and Management with the Assistance of the Resident Medical Officer.
- ✓ Referral to Specialist Services if Acute Treatment is needed.



**EXCITING NEWS**  
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## Our Hospitals



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# SWITCH TO AUTOMATION

WITH A FEW DEVICES AND A BIT OF SOFTWARE, YOU NEVER HAVE TO SWITCH ON THE LIGHTS OR OPEN THE BLINDS MANUALLY AGAIN

**H**ave you ever been in bed and needed to switch on the lights? Or wanted to close the curtains or blinds but that sofa blocked your access? I have recently finished building a house and I decided I wanted to include some gadgets that would make life simpler and less frustrating.

Since I am familiar with Google Assistant on my Android phone, I decided to set up Google Home with various third-party add-ons. I'm sure a very similar result can be achieved using Amazon Alexa.

The starting point was the Google Home Mini itself, which is a very elegant little device that you can get for about R900 from Takealot.com or Incredible Connection. It doubles as a fantastic speaker with streaming capability from various devices or directly from Google Play Music and Spotify, to name a few.

It is incredibly easy to set up, but you will need an Android smartphone or tablet.

Once connected to your Wi-Fi, it becomes your own smart assistant. You can get weather updates and calendar reminders, listen to audiobooks, create shopping lists ... You name it!

The next part is deciding what you would like to automate. After some research, I decided to start with light switches and blinds. I chose TP-Link Kasa switches and Somfy automated blinds. There is a range of options to suit your needs and budget.

The light switches are made for the United States, but they work perfectly here too and can be installed from scratch or retrofitted. Once installed, the switches connect seamlessly to your Wi-Fi via their own app called Kasa, which communicates with Google Home.

You can give each switch a name, set schedules and automation, or just control them with your voice. Turning on the light is as easy as saying: "Okay Google, turn on the bedroom light." The same concept works for the automated blinds, but it is a slightly more complex setup, as you need motorised blinds and a control box, which allows Google Home to communicate with and send commands to it.

The cool part is when you get creative and add automatic schedules. For example, you could set your blinds to open at sunrise every morning or, if you start a movie on an Android media box with a command like "Okay Google, play *Terminator 2: Judgment Day*", the blinds close and the lights dim to give you that cosy movie-night feeling!

I have also just added a smart doorbell called Ring, which allows me to see who is at my door via an app on my phone and to speak to them, wherever I am in the world. The next item on my wish list will be a smart lock, so I can unlock my front door using just my voice.

If one adds a Logitech Hub and smart wall plugs into this mix, there is the potential to control pretty much any electrical device that can function with a normal remote or even an on or off switch. We live in exciting times! [R](#)



Philip Case became a quadriplegic in the '90s, when 56k modems were considered hi-tech. Over the years he has gained a reputation for a mild obsession with gadgets and accessibility devices. He has conquered a number of Quads4Quads rides on his adapted side-by-side and built a smart home in Paternoster on the West Coast, and continues to figure out ways to make the world more accessible using technology.

# WHEELCHAIR TENNIS SMASHES IT

THE WHEELCHAIR TENNIS TEAM EXCELLED AT THE BNP PARIBAS WORLD TEAM CUP IN ISRAEL AND IS NOW IN A GOOD POSITION TO QUALIFY FOR THE 2020 PARALYMPIC GAMES. OUR PARA SWIMMING TEAM HAS NOT BEEN RESTING ON ITS LAURELS EITHER...

**T**he South African wheelchair tennis team attended the World Team Cup in May as part of its qualification for the Tokyo 2020 Paralympic Games. They did exceptionally well with Team South Africa attaining its first ever medal (bronze) in the men's quadriplegic division.

In the women's open division they came so close to achieving a medal but had to settle for a very prestigious fourth place. Well done, guys! We hope to see some more great results in the run-up to and including the Tokyo 2020 Paralympic Games.

We're now entering the critical phase of the Tokyo 2020 Paralympic Games qualification, especially with the World Para Swimming and World Para Athletics events taking place this year in London and Dubai respectively.

Malaysia would have hosted the World Para Swimming event initially, but because the country refuses to permit athletes from Israel to compete it was stripped of hosting privileges. London has since won the bid to host the event from September 7 to 15 at its Olympic/Paralympic swimming venue.

South Africa has a team of seven swimmers participating, including two female and five male athletes. Collectively they have international experience in various renowned events such as the World Championships and Paralympic Games.

Multiple world champion and Paralympian Hendri Herbst is the most senior athlete in the squad. He won a bronze in the 100 m Freestyle S11 event at the 2012 Paralympic Games and was a member of the 2016 Paralympic Games

team in Rio de Janeiro. The team also includes Christian Sadie and Franco Smit, who were medal winners in the 2017 World Para Swimming Championships in Mexico City. Sadie also received a medal at the 2018 Gold Coast Commonwealth Games.

There is a major rebuild happening in South Africa in the field of para swimming and I know that in future, beyond Tokyo, we are going to become an international force once again. A personal highlight for me is the inclusion of my fellow Paralympian and friend Tadhg Slattery in the coaching setup.

Slattery is a legendary para swimmer with multiple World and Paralympic Games medals.


Now a dedicated coach, he is working very hard to get more swimmers into the pool, especially youngsters from previously disadvantaged communities.

## THE FULL TEAM:

**Women:** Alani Ferreira and Cornelle Leach

**Men:** Hendri Herbst, Christian Sadie, Franco Smit, Hendrik van der Merwe and Kabelo Zwane

**Coaches and officials:** Theo Verster, Tadhg Slattery, Cedric Finch, Ilse Marie Langenhoven and Corrinne Sheppard (physiotherapist).

Let's all get behind this team on their quest to qualify for the Tokyo 2020 Paralympic Games. And let's not forget that without the partnership of Toyota and Citibank, these athletes would not be able to attend events like these. A big thank you to the sponsors! 



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 SASOC 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.

# VISUALLY IMPAIRED BUT A WORLD-CLASS ATHLETE

**SHE MOVES WITH CONFIDENCE AND PURPOSE, AND WHEN ON THE TRACK, SHE'S LIGHTNING FAST. LOUZANNE COETZEE IS RAPIDLY BECOMING A HOUSEHOLD NAME, WITH A CLUTCH OF RECORDS IN HER TROPHY CABINET AND CLEARLY MORE TO COME**

**T**wenty-six-year-old T11 (visually impaired) competitor Louzanne Coetzee lost her sight to a genetic disorder known as Leber congenital amaurosis, an inherited retinal degenerative disease characterised by severe loss of vision at birth. However, Coetzee has resolutely pursued her cherished aim to be a world-class – in fact, a world-dominating – athlete.

A graduate of the University of the Free State, Coetzee and her former guide participated in the Paralympics in Rio in 2016, but, heartbreakingly, were disqualified after their race (in which they would have received the bronze medal). Undeterred, though, she smashed her own world record at the World Para Athletics Grand Prix in Berlin last year, taking 13,97 seconds off the time she set in the T11 category of the women's 5 000 m.

In March, she set good times in the 800 m and the 1 500 m at the 2019 South Africa Sports Association for People with Disabilities (SASAPD) National Championships, sponsored by Toyota. Her training for the London Marathon, which took place in April, took a toll on her ability to set up a personal best.

Her guide now is Xavier Adams, who's clearly indispensable in her chase for success. As Coetzee acknowledges, having the right guide is crucial. "When I first met Xavier, at a cross-country event, I felt an immediate bond," she says. "We clicked and I asked him if he'd be my guide. From then on we have trained together all the time."

What is it about Adams that is so right for her? "He's very sensitive to my style and pace," she says. And, crucially, he doesn't run ahead of her. Although the two are linked by a short lariat on their wrists, the competitor athlete must at all times be positioned on the track slightly ahead of the guide: he (or she) is not permitted to "pull" the competitor.

And the training? "We train together six days a week, twice a day. On Sundays it's like a rest day – we train just

once." A special diet? "No, not at all. I eat whatever I want, when I want." One gets the feeling that that's exactly how this spirited young woman approaches her whole life.

Glenn Crompton, Vice President: Marketing at Toyota South Africa Motors, says young people like Coetzee are the reason why Toyota has entered into a three-year partnership with SASAPD to promote the sporting codes offered at Paralympic level for athletes with disabilities.

"At Toyota, we believe that movement and mobility in all its definitions is all around us. Sport has the power to connect people. This where we learn the true power of sport – it can challenge us, inspire us and, most importantly, unify us.

"As the Worldwide Official Mobility Partner of the International Olympic Committee and the International Paralympic Committee, Toyota shares the vision to inspire people to push onward – past their finish line, past their impossible. Coetzee is one of many examples of people achieving the impossible at the SASAPD National Championships.

"Toyota believes that you can achieve great things when you move. This is why we are a proud partner of the SASAPD National Championships. We are wholeheartedly committed to unleashing human potential through the power of movement," Crompton concludes. *[R]*



## POWERHOUSE IN A SMALL PACKAGE

SIZE CAN BE DECEIVING, AS MARISKA MORRIS LEARNT AT THE SOUTH AFRICA SPORTS ASSOCIATION FOR PEOPLE WITH DISABILITIES (SASAPD) NATIONAL CHAMPIONSHIPS, WHICH WAS SPONSORED BY TOYOTA

**T**he gymnasium at the Coetzenburg Athletics Stadium in Stellenbosch is packed with male powerlifters ready to showcase their strength in the bench press powerlifting competition – one of the eight sports represented by the SASAPD National Championships. One after the other, the men try – and fail or succeed – to drop the bar to their chest and press it back up to the cheers of the small audience.

Then the referee calls Mbasa Qilingele to the bench. There is a flash of pink and the young Qilingele appears. She slides onto the bench, gets strapped in and grips the bar. The ref calls, “Start”, and she drops the bar to her chest. “Press,” the ref calls, and she pushes 73,5 kg into the air. She makes it look effortless! The crowd applauds and a shy smile crosses Qilingele’s face as she sits up.

She has set a personal best and South African record in the powerlifting division for women with disabilities in her age and weight category. As powerlifting is not a popular sport, Qilingele normally competes against able-bodied athletes.

“There is not a lot of competition for Mbasa among people with disabilities,” says Elisabeth Barry, Qilingele’s coach and teacher at her school. The 17-year-old did try her hand at more popular sports like archery and wheelchair tennis, but none of them stuck.

“I don’t like balls and I definitely don’t like chasing them,” Qilingele says, laughing. It was Barry who suggested she try her hand at powerlifting. When asked what aspect of powerlifting appeals most to her, Qilingele says: “I get to strengthen my upper body. I can’t exercise my legs, so I’m working double as hard on my upper body.”


In May, she participated in the World Open Sub Junior, Junior, Master Classic and Equipped Bench Press Championships in Tokyo, Japan, where she was

awarded a silver medal. In October she will compete at the African Powerlifting and Bench Press Championships in Potchefstroom.

Barry also aims to send the young powerlifter to more international events for powerlifters with disabilities to get her ranked. Ultimately, the plan is to get Qilingele to the Commonwealth and Paralympic Games.

Glenn Crompton, Vice President: Marketing at Toyota South Africa Motors, says young people like Qilingele are the reason why Toyota has entered into a three-year partnership with the SASAPD to promote the sporting codes offered at Paralympic level for athletes with disabilities.

“At Toyota, we believe that movement and mobility in all its definitions is all around us. Sport has the power to connect people. This where we learn the true power of sport – it can challenge us, inspire us and, most importantly, unify us. As the Worldwide Official Mobility Partner of the International Olympic Committee and the International Paralympic Committee, Toyota shares the vision to inspire people to push onward – past their finish line, past their impossible.

“Qilingele is one of many examples of people achieving the impossible at the SASAPD National Championships. Toyota believes that you can achieve great things when you move. This is why we are a proud partner of the SASAPD National Championships. We are wholeheartedly committed to unleashing human potential through the power of movement,” he concludes. 



# TAKE BACK THE WHEEL



**DRIVING IS NOT SOMETHING YOU HAVE TO GIVE UP BECAUSE OF A DISABILITY. MARISKA MORRIS SPEAKS TO EXPERTS ABOUT THE REQUIREMENTS TO ALLOW PEOPLE WITH ADEQUATE MOBILITY TO DRIVE**

**F**or many people with an SCI or a mobility impairment, it is still possible to drive. The main criterion is adequate control over the vehicle. However, you may need a few modifications to your vehicle. Because each individual and their injury or disability is unique, it is best to consult a specialist – but getting started is easy!

Not sure whether you want to get your driver's licence and adapt your car? Aside from the independence it gives you, it makes you more employable, says occupational therapist and disability driving consultant Caroline Rule.

Depending on the injury or disability, obtaining a driver's licence can in fact be a simple process. The individual will require a medical letter stating that they are fit to drive an adapted vehicle and might have to be retested, but there are a number of companies that can assist with this.

QASA offers driving lessons for people with disabilities in its adapted vehicles through the Driving Ambitions programme. Rule can also provide a driving assessment.

"If there is any doubt about the individual's capacity to drive, a driving assessment is required," she says. "For example, when there is concern about whether or not they have adequate strength to turn the steering wheel or manage the hand controls, or about their cognitive, perceptual or visual function.

"Safe driving requires an efficient interaction between a number of sensory systems and cognitive processing.

Should there be any limitation in any of these systems, it is advisable to undergo a driving assessment before starting to learn to drive," Rule says. If the individual fails the driving assessment, they are unlikely to pass the K53 test.

Most commonly, former drivers will need to have a driving assessment done when returning to the road after an injury or being diagnosed with a medical condition. Once the individual has been medically cleared and obtained their driver's licence, they will require an adapted vehicle. The modifications to a vehicle can be as simple as fitting hand controls or moving the accelerator pedal.

While some might be tempted to do a "quick fix", Rule cautions against this. An amputee, for example, might be tempted to reach across with their leg rather than move the accelerator, but Rule warns that this will lead to lower back pain very quickly.

Instead, she encourages people to consider the seating principles, which includes a stable spine, pelvis and tilt in space.

"I always aim to get people driving as 'normally' as possible. Cars are currently designed to be driven with two hands and two feet. Therefore, I will always first try to achieve that option by, for example, fitting a left foot accelerator pedal rather than hand controls," Rule explains.

"Being correctly aligned when driving is very important to optimise performance. For drivers who have limited balance, it is essential to get their body as stable as possible

as this enables them to use the strength in their arms. Bucket seats provide excellent stabilisation, while 'wedging' the pelvis, slightly reclining the backrest and using a chest or pelvic strap are other techniques that can be used to stabilise the pelvis and trunk."

In addition, she notes that a driver using hand controls should always be positioned closer to the steering wheel than someone who relies on pedals. Fatigue in the shoulders can also be reduced if they are seated slightly higher than the steering wheel. Ideally, a driver should consult a seating specialist to ensure they are not at risk of developing injuries from their driving posture.

Ensuring that the equipment in the vehicle is safe is just as crucial as seating. Some drivers have used brooms or sticks to control the vehicle, but this is very dangerous!

"People are often so desperate to get their independence back that they don't think through the risks to which they are exposing themselves and others by getting behind the wheel," Rule says.

"I have seen many people driving with inadequate sensation in their legs and therefore they are unable to feel what their feet are doing on the pedals.

"People with spinal injuries need to ensure their feet are away from the pedals as it is so easy for a foot to slide under the brake pedal. They won't feel it and then the brake doesn't work when they need it to." A steel plate fitment over the pedals could be a good solution.

Another extremely dangerous driving habit is holding a cellphone while using hand controls.

Rather invest in a good Bluetooth or voice answering system and keep both hands on the controls.

If a driver with a disability can't afford the correct hand controls, there are organisations that can help them secure the necessary suitable equipment.

Nicky's Drive assists with vehicle adaptation and hand control funding of up to R15 000. South African citizens with an automatic vehicle can apply to be considered for funding.

"We aim to support at least four projects per year," says Nicky's Drive founder Nicky Abdinor. "Preference is given to applicants who need their vehicle adapted for studies and/or employment. As Nicky's Drive is a small organisation, the organisation cannot fund the car itself, only the hand controls within their budget."

The organisation is solely funded by Abdinor, a clinical psychologist and inspirational speaker from Cape Town. The application process includes a driving assessment by an occupational therapist.

Abdinor explains why driving independently is so important: "One of the greatest challenges for people with disabilities in South Africa is access to transport for employment, education and participating in society. Most public transportation is inaccessible and Nicky's Drive hears of many applicants who are paying private taxis and drivers to get them to work, university or general day-to-day activities like shopping and doctor's appointments.



## Your Voice is Your Power

Using just your voice, the award-winning VoQoL (Voice-activated Quality-of-Life) system provides mobility-impaired individuals with the ability to control many functions including:



LIGHTS



FANS



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TV



SKYPE CALLS



ACCESS TO INFO



NEWS



RADIO



WEATHER



HELP

The VoQoL system significantly enhances your personal independence. It includes a voice device, smartplug, smart light bulb and controller for TV and DSTV Explora, all linked via WiFi.

Visit [coraltech.co.za/voqol-project](http://coraltech.co.za/voqol-project)



082-450-8194

[info@coraltech.co.za](mailto:info@coraltech.co.za)



"This is very expensive. Until public transportation is accessible to all, driving an adapted car becomes a gateway to independence and mobility." To apply for funding through Nicky's Drive, visit [www.nickysdrive.com](http://www.nickysdrive.com).

If purchasing an automatic vehicle and fitting it with the correct equipment is too expensive, investing in an already modified vehicle could be an alternative. Cape Mobility imports vehicles from the United Kingdom (UK).

Because people with disabilities in the UK receive a government-funded adapted vehicle every five years, there is a surplus of vehicles. These vehicles are then imported at an affordable cost to South Africa.

Geoff Dear from Cape Mobility explains: "The majority of the vehicles are supplied to order. I have access to approximately 300 wheelchair-accessible vehicles [WAVs] a month that were on three- to five-year leases at Motability in the UK. All the vehicles come with a full service history and the majority has very low mileage."

The customer's needs will determine which vehicle is suitable, and it will take between ten and 12 weeks to have it delivered to Cape Town, a process that includes finalising permits and other documentation, packaging, shipping and customs procedures. Because the vehicles are imported, their initial cost is paid in foreign currency, whereas the fees and VAT is paid in rands when the vehicle arrives in South Africa.

As an example, Dean estimates that the cost of a five-year-old Peugeot Partner 1.6-litre diesel car with about 56 000 km on the clock would cost £10 000 (R178 222), excluding VAT but including all the required permits, delivery fees and a three-month warranty. Registration for the vehicle can also be organised.

"I've been supplying these adapted vehicles now for nearly ten years and some early customers are only now

purchasing a replacement vehicle for their original one," Dear says. "Owning a WAV is life changing for most people. It makes trips such a simple process – it takes two minutes to secure the wheelchair user safely into the vehicle."


Cape Mobility also supplies vehicles that have been adapted to allow wheelchair users to drive while seated in their wheelchair.

Purchasing or adapting a suitable vehicle is only one part of the process. It is also important to know how to maintain an adapted vehicle.








Des Harmse, a driving instructor at Driving Ambitions, shares some advice: "Never remove the original pedals. The car may have to be used by a person driving with their feet and who is not familiar with the hand controls. These controls are not easy to drive with if you are not familiar with them. Your natural instinct will be to use your feet to brake. Realising there are no brakes and that you need to use hand controls may make all the difference in stopping in time or not."

Hand controls can also be a once-off investment. Harmse notes that these last for a long time and can usually be transferred to a new vehicle. Although there is little maintenance required, it is important to ensure that only qualified professionals work on the vehicle.


"Please do not allow anybody, even service and maintenance professionals, who is not familiar with the hand controls, to try to operate the vehicle. If you can, you should let the above people sign an understanding that they will be held accountable for any damage to the vehicle if they should try and operate the vehicle with the hand controls," Harmse concludes.

With a few easy adaptations and some knowledge on proper seating, most people with mobility impairments can get back behind the wheel with little effort! What are you waiting for? 

## B-Active Beach Wheelchair

-  Comfortable and fun way to play, relax and sunbathe for people living with disabilities.
-  Floats well, for use in swimming pool, on the beach and it is salt water resistant.
-  The back has 3 reclining positions.
-  Has Seatbelt and pull string.
-  Contact Mobility Solutions
-  [info@mobilitysolutions.co.za](mailto:info@mobilitysolutions.co.za) – ( 031 ) 5642303
-  10 Queen Nandi Drive, Briardene, Durban



-  Not intended for areas with strong waves and heavy currents. Life Jackets recommended for non-swimmers.



# PERFECT FIT WITH ANGELO KATER



**WITH DECADES OF EXPERTISE AND AN EMPHASIS ON QUALITY, VEHICLE CONVERSION SERVICE PROVIDER ANGELO KATER MAKES ADAPTING A VEHICLE AN EASY PROCESS**



Established in 1965, Angelo Kater has a team with years of experience in fitting equipment to commercial and passenger vehicles to enhance their clients' mobility. Whether it is converting a panel van into a taxi, a luxury tour bus, an ambulance or a mobile clinic/workshop/office, or installing a wheelchair ramp, Angelo Kater does it all.

"Our corporate talents focus on the development and manufacturing of products that put quality, efficiency and the demands of our customers first. We provide a comprehensive range of vehicle adaption and branding solutions and services," says Annatjie van Heerden, general manager at Angelo Kater.

With branches in Gauteng, Cape Town and Durban, the conversion specialist can assist in fitting a wheelchair hoist to passenger and commercial vehicles for passenger or personal comfort as well as conduct other conversions according to drivers' needs.

"All types of vehicles can be converted into disability transportation units depending on the application, wheelchair specifications and the customer's disability," says Van Heerden. She advises clients to consider the size and comfort that the vehicle will provide before conducting a conversion.


"Ensure that the entrance will be sufficient to clear the height and width of the wheelchair. Take into consideration the type of disability too, as this will play a major role in choosing the correct vehicle," she says.

In addition to a half-century of experience, Angelo Kater boasts an emphasis on quality. Van Heerden explains: "We are a business that favours quality over quantity. High quality informs all aspects of our work and is vital for vehicle

safety." The company also manufactures most of its parts in-house, which allows Angelo Kater to offer its clientele the best prices.

"Our strategy also includes staying abreast of industry trends and emerging technologies as well as continuously improving," Van Heerden says. She adds that the conversions done by Angelo Kater are quality controlled and certified.



The company is recognised as a vehicle conversion partner and service provider of well-known brands including Mercedes-Benz, Volkswagen, Ford, Nissan, Iveco, Toyota and Renault, to name a few. To learn more about the wide range of services offered by Angelo Kater, visit the website at [www.angelokater.co.za](http://www.angelokater.co.za) or email Van Heerden directly at [annatjie@angelokater.co.za](mailto:annatjie@angelokater.co.za). 

# PRECIOUS CARGO



WHETHER YOU ARE DRIVING A CHILD, FAMILY MEMBER OR FRIEND, THE SAFETY AND COMFORT OF PASSENGERS WITH DISABILITIES ARE VERY IMPORTANT. THESE ACCESSORIES CAN HELP

*P*

arents or family members may need to take on the responsibility of transporting their loved ones with disabilities if these individuals are unable to drive. This could be because the individual is too young or their disability prevents them from controlling the vehicle.

Although such a person would only be a passenger, adaptations may be required to ensure their convenience, comfort and safety.

## GETTING IN

Depending on the person's level of mobility, it might be worth investing in transferring aids to assist them into and out of the vehicle. This can be as simple as purchasing a transfer board, or require spending a bit more, like having the vehicle fitted with a swivel seat. If a swivel seat seems too daunting, there are hoists available.

The Ardoo Caresafe 140 hoist, for example, is a foldable, transportable hoist that can be used to lift the passenger out of the vehicle. However, this will require setting up the hoist on the passenger side. The Milford Person Lift, on the other hand, is fitted inside the vehicle. Both are available from Shoprider. Prices on request.

Should the individual require a powered wheelchair, look into a wheelchair lift or ramp. There is a host of ramps and lifts to choose from, including single- or dual-arm lifts; manual or automatic ramps; and roll-up, foldable or solid ramps. Best contact the manufacturer or an occupational therapist to discuss the most suitable ramp.

## SETTLING DOWN

Once a passenger with a disability is in the vehicle, it is important to ensure that they are safe and comfortable during the drive. Consider soft seat covers or additional support. A wheelchair user, for example, might require their pressure cushion when they're seated in the vehicle – especially when travelling longer distances.

Be sure to place the pressure cushion on the seat before or as the individual is transferred into the vehicle. You might find that two cushions are convenient if the person travels regularly. A seat belt cover could provide additional comfort, especially for children. Various covers are available on [Takealot.com](http://Takealot.com).

## STAYING PUT

For younger children with disabilities, it is important to purchase an adapted car seat that will support the child with their specific disability. Check that the seat offers posture support, for example.

Shonaquip offers the iziPositioner in-vehicle posture support seat, which is ideal for children who struggle to sit upright independently when transported in a vehicle. It comes with a chest strap, a height-adjustable headrest and a contoured seat cushion. However, the seat offers postural support only and is not a safety seat. Price on request.

If the vehicle is fitted with a lift or ramp to allow the passenger to remain in their wheelchair, it is important to make sure the wheelchair is fitted into place with a restraint system. This can be achieved with a wheelchair tie-down, a retractable or manually adjustable tie-down, a wheelchair seatbelt or a docking system. Always consult a specialist when implementing these restraint systems to ensure that the wheelchair and the passenger are secure in transit.

## KEEPING AN EYE ON THEM

Parents of children with disabilities might experience some additional anxiety about their children's comfort, posture and safety while driving. However, looking over your shoulder every so often is not a safe way to drive.

The Child View Car Mirror from Safety First is a great way to keep an eye on your child for peace of mind. The adjustable mirror can either be fitted to the back window to allow the driver to see the rear-facing child through the rear-view mirror or attached to the visor if the child is facing forward. It is available from [Takealot.com](http://Takealot.com) for R79. [\[7\]](#)



# PRESENCE OVER PRESENTS

BEING A PARENT IS ABOUT BEING AROUND, NOT ABOUT HOW YOU GET AROUND

**I**f I've learned one thing as a parent and a therapist, it is that children remember events, special occasions, that odd day out and the little things far more than material items. Our presence as a parent outweighs and outshines our presents. This is true for any parent, walking or on wheels.

## FACING THE CHALLENGES

I remember attending my first parents' evening at my daughter's school in my wheelchair. I was filled with nervous excitement at getting back into active parenting. I was well acquainted with the layout of the buildings and I knew most of the teaching staff – as a walking mom! I arrived at the school with my husband and we set out to her classroom. It was on the second floor and, as it turned out, our challenges to get there pretty much set the tone for the next 15 years of school, sport and other parent-related accessibility challenges.

## BE PUSHY

I soon realised that being present and remaining an active parent wouldn't be easy. I was hit in the face with the daunting fact that most venues that entail school-related and extra-mural activities are not accessible.

It quickly dawned on me that I would need to be pushy – pardon the pun! I would need to be tenacious and persistent in my need to be present in their lives. I knew it would be hard, but I also knew that I would attend my kids' ballet recitals, rugby matches or school plays no matter what. No one would keep me away. One day, my kids would look back on their upbringing and know that I wanted to be part of their lives and share their interests.

## SUMMON THE CAVALRY

Over the years, there were many times when I almost

considered giving up. The treacherously uneven rugby pitches, hundreds of steps, seating issues and many more people, venues and incidents got to me from time to time. My cavalry, however, kept me going.

My kids, husband, sister, my family and friends, and even the occasional stranger banded together to carry, push, pull or do whatever it took to help me stay committed to my cause. Without them, I would surely have missed out, and for that, I will be forever grateful!

## PLANNING IS KEY

Parenting on wheels is no different from any outing in a wheelchair. Planning is key. Phoning ahead to "book" a space for your wheelchair in a crowded hall or visiting the venue beforehand can make life much less complicated. It can prevent unnecessary stress and allow everyone to focus on your child and the exciting event.

## NO IS NEVER AN OPTION

"No" or "I can't" was never an option. We often reminisce about events when I had wanted to give up, stay behind or not attend because it would simply be too complicated. It is with fondness that we also recall how someone would summon the courage to find a way. We are, indeed, all the better for it. Watching my kids approach life as adults, I can see how not giving up, finding a way and working together became the foundation of their lives.

## REAP THE REWARDS

Parenting is never easy, no matter the parent or their circumstances. It's definitely no different for parents on wheels. There are countless challenges, and like any other parents, we have the choice and the responsibility to be present. Find a way, fight for it if you have to and don't allow anyone to take any opportunity to be a part of your child's life away from you! [R](#)



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



# THE INCLUSIVE SCHOOL

THESE PRACTICAL TIPS WILL HELP TEACHERS INTEGRATE CHILDREN WITH DISABILITIES INTO THE CLASSROOM – AND THE SCHOOL AS A WHOLE – TO CREATE AN INCLUSIVE LEARNING ENVIRONMENT



When we think of integrating a learner with a physical disability, most of us think about providing wheelchair ramps and ensuring there are accessible toilets. While these aspects are important, they're not the only things to consider. It is important to remember that inclusion and accessibility don't only happen in classrooms but include all areas.

## ENTRANCE

All learners should be able to access the school independently and safely. Think about the pavements surrounding the school. Are there curb-cuts linking pavements to the road or bollards that may block access for a wheelchair user? Is the width of the school gates or entrances suitable? Are there turnstiles?

Look at the surfaces surrounding the entrances. Are they smooth and free from tripping obstacles such as chip-stone that might make walking, pushing an assistive device or propelling a wheelchair difficult? Are there potholes that could be filled and smoothed over? Is there sufficient space for a learner to exit a vehicle safely? Are there demarcated accessible parking bays?

## PLAYGROUNDS

Play is important for all learners, including learners with disabilities. Consider whether all learners can access these spaces independently. If there are steps, can a ramp be added? Think about the playground surfaces. Could a learner with a physical disability slip, trip or not be able to manoeuvre themselves?

Do the spaces encourage all learners to play together or do they cause separation and exclusion? Are there age-, level- and ability-appropriate toys and apparatuses to play with? Are sporting facilities, including swimming pools and changing rooms, accessible?

## CLASSROOMS

It is crucial that all learners are able to move around in their classrooms. Consider the classroom seating and where learners with disabilities are positioned. It is important that the learners are involved in this process as they (and their parents) will know their individual needs best.

For some it is more comfortable at the end of a row of desks closer to the door, while another may prefer to be seated at the back so that they don't block the view of other learners if they're seated in a wheelchair.

Teachers also need to be aware of assistive and personal devices such as computers, standing frames, crutches, walkers and wheelchairs. Some devices may need electricity while others require space.

Also consider the floor surfaces. Bags, for example, should be kept off the floor and carpets need to be secured to prevent tripping.

## GENERAL AREAS

Think about events such as sports days, prize-givings, school plays and assembly. Are all learners able to participate? While it may not be possible to install a lift, could the handing out of certificates or prizes for a particular learner's class happen on the floor in front of the stage instead? Could arrangements be made and a play adapted to allow a learner with a disability to participate in the production?

Are bathrooms accessible to all learners? Are teachers willing to move classrooms to the ground floor if needed?

As far as possible, we need to ensure that we think about, plan for and aim to meet the needs of all learners. While some adaptations and accommodations are expensive and require input from the Department of Education, others can be made, borrowed or hired – and schools can host fundraising events or approach local businesses for sponsorships. <sup>[1]</sup>



Dr Emma McKinney is a lecturer at the University of the Western Cape. She is also the owner of Disability Included, a company specialising in disability research, children, and employment of adults with disabilities. email: emma@disabilityincluded.co.za

# TREATING SEVERE SPASTICITY

ORAL MEDICATION, THE USUAL METHOD FOR DEALING WITH MILD TO MODERATE SPASTICITY, MAY NOT WORK WELL IN SEVERE CASES. LET'S LOOK AT IMPLANTED DEVICES AS AN EFFECTIVE APPROACH TO MANAGING SEVERE SPASTICITY

**S**pasticity is a common complication seen after SCI, traumatic brain injury and stroke. In ROLLING INSPIRATION issue 3 of 2017, I highlighted spasticity management and mentioned the common triggers that increase spasticity. But in a small percentage of patients, spasticity can be so severe that the usual management methods are not effective.

Commonly, medications are used to manage mild to moderate spasticity. Baclofen is the oral medication of choice. Yet, as with any medication, side effects are common and this is especially true at higher doses. Overwhelming or poorly controlled spasticity can be the cause for many complications. Long term complications and clinical problems associated with spasticity include:

**Contractures:** This is the shortening of the tendon resulting in the inability to put a joint through its normal range of motion. Severe contractures can complicate the care of patients by making dressing, placement in a wheelchair, hygiene and general care difficult.

**Seating:** Very spastic patients are difficult to seat, and specialised supports such as trunk supports may be necessary.

**Gait:** Severe spasticity can impact on the ability to walk. Spasm may make gait pattern unsafe and predispose patients to injury or confine potentially mobile patients to wheelchairs.

**Upper limb dexterity:** Spastic upper limbs limit functional use of that limb, making tasks such as grooming, eating, computer use and driving difficult or impossible.

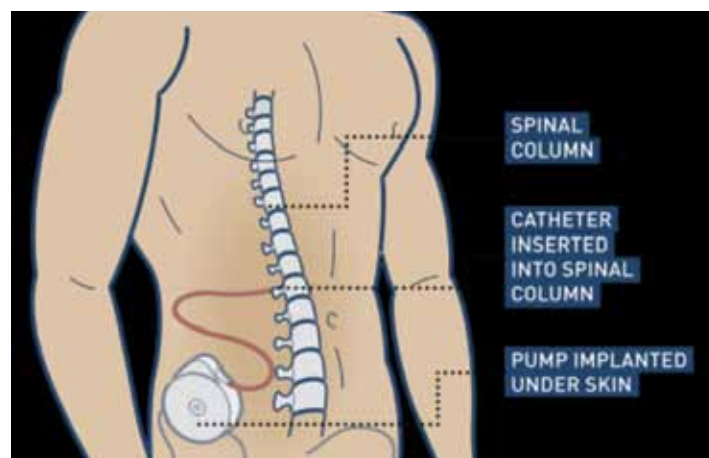
**Pain:** Severe spasm can precipitate pain.

**Pressure sores:** Through ongoing friction, spasticity can cause pressure sores.

In severe cases of spasticity a very effective way of managing it is with the use of an implanted medication delivery device.

The baclofen pump system consists of a pump and a catheter that brings the medication from the pump into the spinal fluid. The pump and catheter are implanted under the skin. Normally the pump is implanted on the front of the abdomen as shown in the diagram.

The pump has a reservoir that carries the liquid baclofen. It is periodically filled as an out-patient procedure. Very small doses of baclofen are then delivered to the spinal fluid on a continuous basis.



The delivery of baclofen to the spinal fluid is a very effective way of managing severe spasticity without side effects.

If you suffer from severe resistant spasticity or the side effects of oral medication are intolerable, you may be a candidate for an implanted baclofen pump. Medication pumps have been used for decades and have vastly improved the quality of life of many patients.

The implant procedure is done in theatre and often patients are discharged the following day. Speak to your rehabilitation doctor if you'd like to find out more about this treatment option. [R](#)



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

# OWNING THE ECONOMY

## ONE OF THE MOST IMPORTANT PILLARS OF THE WHITE PAPER ON THE RIGHTS OF PERSONS WITH DISABILITIES IS EMPOWERING PEOPLE WITH DISABILITIES TO TAKE OWNERSHIP OF THE ECONOMY

**P**illar Five of the White Paper on the Rights of Persons with Disabilities (WPRPD) is the reduction of economic vulnerability and realising human capital. It states that people with disabilities should play an active role in the economy. As a result, they are enabled to access opportunities aimed at ownership of the economy. The outcomes should be as follows:

- Ensuring that people with disabilities are actively participating in key economic sectors such as mining, construction, mid-skill manufacturing, agriculture and agro-processing, higher education, tourism and business services;
- People with disabilities are to benefit from infrastructure projects that contribute to growth and job creation;
- Participation of people with disabilities in all strategies to reduce the cost of living for low-income and working-class households. Such strategies should take into account the diversified needs of different segments within the population;
- Reduced cost of regulatory compliance are to be extended to businesses that are owned and managed by people with disabilities and their families;
- A larger, more effective innovation system to ensure that skills development and businesses owned by persons with disabilities are included and supported;
- Increased support for small businesses that are owned or managed by people with disabilities;
- Support for an expanded skills base that achieves the current target of four percent set in the National Skills Development Strategy, progressively increased to 15 percent by 2030 in line with the increasing number of people with disabilities;

- Strengthened financial services must be available to people with disabilities and their business enterprises to bring down cost and improve access for small and medium businesses on an equitable basis;
- The commitment to public and private procurement that fosters the growth of disability empowered business and those owned or managed by people with disabilities must be translated into practice and reported on;
- Enhanced commercial diplomatic services should position a disability as an integral component of investment and foreign policy; and
- The public procurement system is an important transformation tool and must include a minimum requirement that all goods and services procured through the public purse, comply with the principles of universal design and disability equity.

Directives to measure this strategic pillar include the adoption and implementation of a seven percent target procurement and economic opportunities for emerging small and medium enterprises (SMEs) owned by people with disabilities; strengthening access to and participation in SME support programmes; and ensuring that BBBEE benefits people with disabilities.

The legislative framework is more supportive of disability employment than disability entrepreneurship. The Employment Equity Act provides a target of 7,5 percent, while the Skills Development Act provides four percent for persons with disabilities.

Only the WPRPD introduces the notion of a target for entrepreneurship of seven percent. This target needs to become a reality in the relative legislation such as the BBBEE Act. <sup>[2]</sup>



Rustim Ariefdien is a disability expert extraordinaire who assists businesses to "let the Ability of disAbility enAble their profitAbility" through BBBEE, skills development, employment equity and socio-economic development. He ensures that businesses are able to maximise their points on the BBBEE scorecard and become compliant with legislative requirements as stipulated in the Employment Equity and Skills Development Acts. His purpose is the economic empowerment of persons with disability in Africa. As a person with a disability himself, he has extensive experience in the development and empowerment of persons with disability.

# SEX AND COMMUNICATION



**DISCUSSING WHAT YOU ENJOY IN THE BEDROOM MIGHT SEEM LIKE AN UNCOMFORTABLE CONVERSATION, BUT IT IS VERY IMPORTANT**



Most people find it difficult to talk about sex at the best of times. Add an SCI into the mix and it becomes even more difficult. The easier but often ineffective alternative many people choose is to avoid the subject altogether. The danger of putting your head in the sand is that it could lead to resentment between partners.

By far the biggest challenge of talking about sex is to get the conversation started. Partners can communicate about sex in and out of the bedroom. You may find the latter is easier when discussing sexual difficulties and concerns, while keeping the bed associated with pleasure and warmth. It is important to approach the subject with tenderness and appreciation, as it is possibly just as sensitive to your partner.

Make it your mission to understand their preferences, concerns and difficulties before putting your own needs on the table. In this way, your partner will experience emotional closeness and would likely be more willing to mirror this when you share your thoughts and feelings.

A simple trick that can make conversations about sex easier is to develop your unique "language" that refers to the different aspects of intimacy. This creates a sense of connectedness between the two of you and breaks down the

discomfort that is often associated with some terminology. The language people find acceptable when talking about sex varies greatly. If you are able to communicate your needs and difficulties in words that your partner is comfortable with, the content of your message will likely be clearer.

It is helpful to spend some time thinking about what your sexual preferences and difficulties are in order to know what it is that you want to communicate when discussing them. This way you will be able to articulate the message clearly and minimise possible misunderstanding.

Be assertive in what you enjoy, but also in terms of what makes you uncomfortable. This creates clear boundaries for you and your partner so that enjoyment is not at the expense of either partner.

Boundaries create emotional safety in a relationship and helps couples feel connected. Being tuned in to your partner's sexuality can further aid that connection. Be attentive to his or her verbal and non-verbal communication about what they enjoy, especially during sex.

Finally, the most important aspect of sex is that it is meant to be fun. It is adult play and if this element is forgotten, intimacy runs the risk of becoming mechanical. Sharing jokes about aspects of sex with each other inside and outside the bedroom can serve as a reminder that it is supposed to be enjoyable for both parties. <sup>[1]</sup>



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.

## QASA HIGHLIGHTS THE VALUE OF DIVERSITY

In June, QASA hosted employers at its Employment Workshop to encourage companies to participate in its employment programmes for members, including the Work Readiness Programme. "Finding employment is a game changer," said QASA CEO Ari Seirlis.

He added that experience is a big obstacle for job seekers with disabilities. By offering internships or practical experience opportunities, companies can help make employees with disabilities more employable. However, it is just as important to ensure there are permanent employment opportunities. Staff with disabilities can add a lot of value to a company by boosting the corporate image with the community and staff, improving staff morale and decreasing absenteeism.

"Diversity in the workplace breeds innovation and positivity. Disability is just diversity," said Lesa Bradshaw,

managing member and disability inclusion specialist at Bradshaw LeRoux.

She added that because of the segregation of people with disabilities in special schools, for example, most people don't know "the rules of engagement", which could make hiring a person with a disability seem daunting.

While there are a few considerations when employing a person with a disability, Bradshaw noted the importance of managing the disability to allow the employee to perform at their best. If, for instance, the employee is frequently absent, the employer should investigate the environment.

A lack of accessible transport or the impact of the work environment on the employee's health could be the cause – both of which can be resolved easily.

Keep an eye on the ROLLING INSPIRATION website for more advice on employing people with disabilities.

Email QASA at [projectcoordinator@qasa.co.za](mailto:projectcoordinator@qasa.co.za) or call 031 767 0348 for more information about its Work Readiness Programme.



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To make a booking, contact Louise on 031-767 0348 or  
[louiseqasa@iafrica.com](mailto:louiseqasa@iafrica.com) or on

**0860 ROLLING / 0860 765 5464**

## FOCUS ON CEREBRAL PALSY



Various professionals concerned with the challenges faced by people with cerebral palsy (CP) gathered at the 2019 National Cerebral Palsy Conference hosted by Forest Town School and the National Association for People with Cerebral Palsy (NAPCP). Topics such as living independently, mental health and the education of children with disabilities were discussed.

Speaking on ageing with CP, physiotherapist Faith Bischof noted that adults with CP may experience accelerated ageing, especially if they lead a sedentary lifestyle. To combat this ageing process, they should maintain a healthy diet, exercise regularly, make sure they have ample social interaction and have regular medical check-ups.

As part of a healthy diet, adults with CP should pay special attention to their portion sizes and carbohydrate intake, and take a vitamin D supplement.

Educator Natasha Kausch and speech therapist Martha Lydall highlighted the importance of adapting teaching methods to give all students the opportunity to be successful. Some students discussed their research briefly. A key theme among the work of many of the students was the importance of including the caregiver or parent in therapy sessions.

Delegates also had the opportunity to engage with some exhibitors at the conference. SA Toy Trade showcased its range of unique toys, whereas Ability Assist had various adapted devices, such as cutlery, on display.

# YOUTHFULNESS: MORE THAN MEETS THE EYE

YOU DON'T NEED A COMPLICATED SKINCARE ROUTINE TO STAY YOUNG. IT CAN BE AS SIMPLE AS TRYING SOMETHING NEW TODAY



One sunny morning, you look into the mirror and see a line cracking down like the crater of doom from the corner of your eye towards your slightly saggy cheek. Don't hyperventilate. There's the good news. Trust me ... You don't really want to be young again!

Youthfulness is something that's present in your eyes. It's a way of being in and interacting with the world. It's something you can sense in a person's energy. To stay youthful, you don't have to go under the knife. Heck, you don't even have to leave the house. Simply do these three simple things:

## PLAY

When last did you do something without trying to get some kind of result from it – just for kicks? If you're drawing a blank, it's time to sign up for that scuba diving course or join a local book club.




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

## DESIRE

Nurture your desires. They serve as the canon that continuously launches you into life. When you wake up in the morning, ask yourself: How can I satisfy a desire today? Even if you have an eight-to-five job, do at least one thing that you consciously choose to, like taking a long bubble bath.

## MALLEABILITY

Youthfulness requires you to bend with life. Have you ever seen a baby fall over? Their soft little bodies are usually okay because they embrace the impact. The older we get, the more rigid we become, and the harder it is to go with the flow. It's worth making an effort to regain some of the malleability you were born with.

Fear and presumption narrow your choices and close you off to new possibilities. Have fun, and take a risk every now and again. Youthfulness is about vitality and spirit – it isn't in your skin but in your bones. 

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Highlighting the quality of life of people with mobility impairments, **ROLLING INSPIRATION** is published by Charmont Media Global. This publication focuses on an integrated approach to disability – in terms of education, work, love, sex, sports, recreation, travel ... The list goes on.

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# COMING SOON!

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



## ACCESSIBLE TRANSPORT

From private hiring services to accessible public transport, we take a look at the transport options for people with disabilities.



## LEGAL MATTERS

We investigate some important legal matters people should know about, including approaching the Road Accident Fund (RAF).



## PAIN MANAGEMENT

Our experts share some opinions on the best ways to manage pain for people with disabilities.



## BLADDER AND BOWEL CARE

We take a closer look at effective management of bladder and bowel movements.

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

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

### 4 AUGUST: SABAT POWER WHEELCHAIR RACE

Be sure to catch all the action of the 2019 Sabat Power Wheelchair Race as power wheelchair users battle it out to be crowned the quickest! Keep an eye on ROLLING INSPIRATION's social media for updates or contact QASA for more information at 031 767 0348.

### SEPTEMBER: MUSCULAR DYSTROPHY AWARENESS MONTH

Muscular Dystrophy (MD) is a genetic disease that causes progressive weakness and loss of muscle mass. The most common adult form of MD affects one in 8 000 people worldwide. For more information about the disease, visit the Muscular Dystrophy Association website at [www.mda.org](http://www.mda.org).

### 5 SEPTEMBER: WORLD SCI DAY

World Spinal Cord Injury Day is observed every year on September 5 to create awareness about SCIs, to promote better inclusivity and to ensure greater success of prevention programmes. Between 250 000 and 500 000 people suffer an SCI each year globally. For more information, visit [www.worldsciday.org](http://www.worldsciday.org).

### 6 SEPTEMBER: CASUAL DAY

Casual Day, the flagship awareness and fundraising project of the National Council of and for Persons with Disabilities, will take place on September 6. The theme is "Time to shine with persons with disabilities". Buy a sticker for R10 and support people with disabilities. Visit [www.casualday.co.za](http://www.casualday.co.za) for more.

### 14 SEPTEMBER: QASA ANNUAL GENERAL MEETING

The QuadPara Association of South Africa (QASA) will have its annual general meeting on Saturday, September 14, and everyone is welcome. For more information, keep an eye on our social media sites or visit the QASA website at [www.qasa.co.za](http://www.qasa.co.za).

### 21 SEPTEMBER: QUADS4QUADS

The epic four-day off-road journey from Johannesburg to Richards Bay returns in September. Join the Quads4Quads journey on your dirt bike, quad bike or side-by-side, and help raise funds for the QuadPara Association of South Africa. For more, visit [www.qasa.co.za](http://www.qasa.co.za).

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