

ROLLING INSPIRATION

ISSUE 5 2018 | R55.50

leadership publication for people with physical disabilities



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The event is the only one of its kind in the world and culminates with Quadriplegics using their power wheelchairs to line up at the start line and race to the finish line to see who is crowned **“The Fastest Wheelchair on the Track”**.



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ROLLING INSPIRATION

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ROLLING INSPIRATION was developed by
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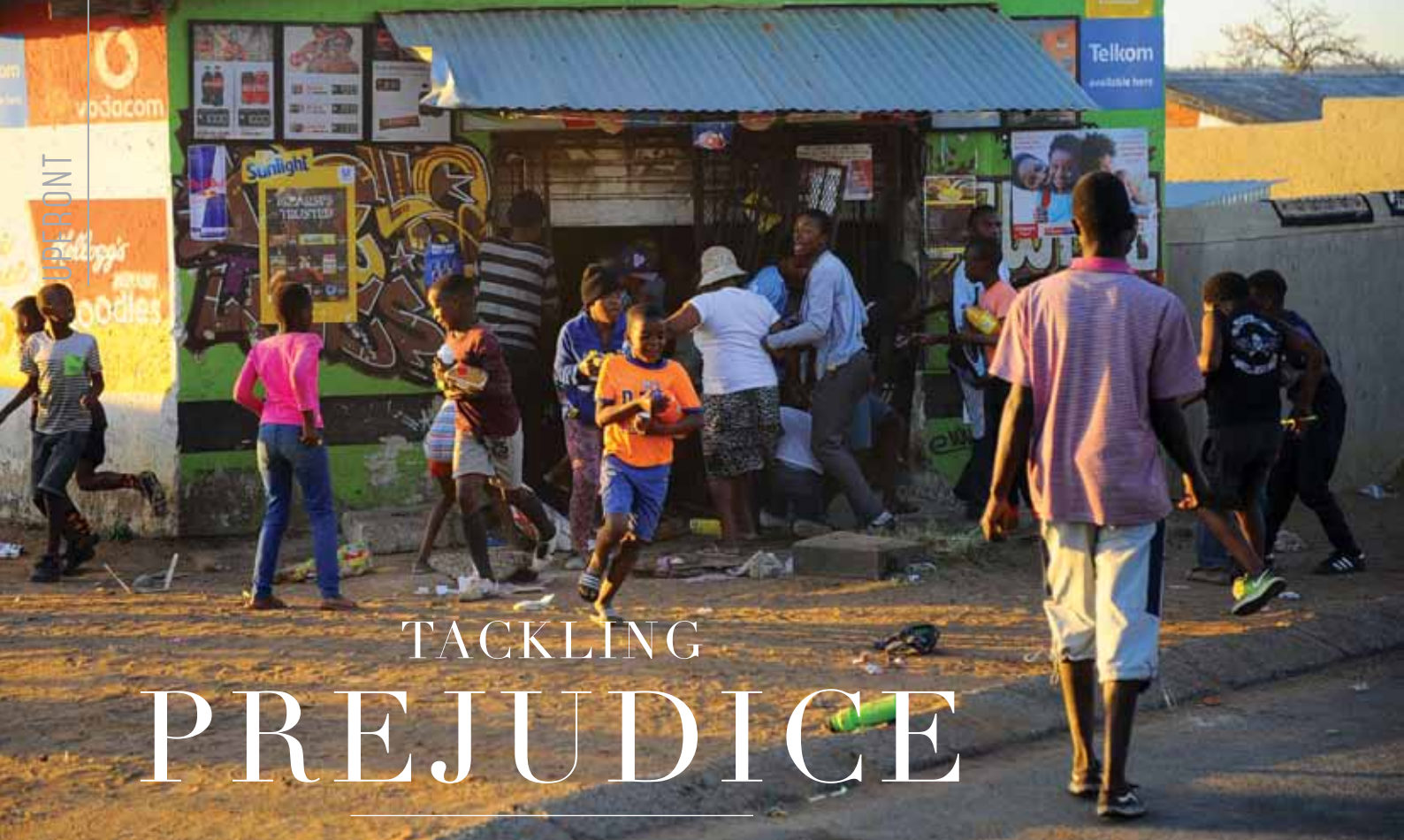
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TACKLING PREJUDICE

IF WE WANT TO IMPROVE EQUALITY AND FREEDOM, WE NEED TO DO SOMETHING DIFFERENTLY. IT COULD ALL START WITH ADDRESSING OUR PREJUDICES AND (MIS)PERCEPTIONS

The United Nations Convention on the Rights of Persons with Disabilities (UNCRPD), which has been signed by South Africa and is part of international law, is a significant step towards realising the rights of people with disabilities globally. It seeks to address discrimination, combat stereotypes and overcome prejudices by changing perceptions.

It places an obligation on governments to assist people with disabilities in achieving equality with fellow citizens. But how do we change perceptions when people are so different? I often wonder about this topic, as South Africa is a nation known for its diversity. We have different backgrounds, cultures and heritage, but we nevertheless embarked on a journey of unity in 1994.

While there is much that we have achieved and of which we can be proud, we still struggle to meet certain challenges. We need to forgive our dark past and strive towards equality, freedom, safety and security, education and employment. We need to do some things differently. We can start by acknowledging the contribution of service providers within our communities, especially the previously disadvantaged.

One determined individual inspires me. Despite all the negativity and whingeing that some of us do at times, we'd do well to note this: there's a small business owner who sells sweets, snacks, fruit and vegetables to pedestrians on their way to the Langa train station in Cape Town. His stall

is on the pavement. While this might seem an insignificant thing to some, his customers appreciate the convenience of buying their snacks on their way to the station. In return, he has employment. He pushes his wheelchair to the taxi rank every second day to go to the market at 04h30 for fresh produce.

This is a prime example of what can be done within a community. Some areas do have more wealth, security, employment opportunities and health services, but we need to work on stamping out discrimination and on forgetting the prejudices.

The recent sporadic attacks on foreign-owned shops in some townships come to mind. These senseless acts of violence confuse me. How can one loot a shop in protest against (allegedly) expired or fake goods? One could argue that, more likely, it was the threat that foreign shopkeepers would take the opportunities away from local shopkeepers. Yet, are we not all human beings, with similar needs? Are we not all trying to live better lives?

I'm optimistic and I do believe that together we will get it right. A good friend recently used the following quote by Harriet Beecher Stowe, an American abolitionist and author. It seems appropriate for this topic and I want to leave you with it.

"When you get into a tight place and everything goes against you, till it seems as though you could not hang on a minute longer, never give up then, for that is just the place and time that the tide will turn." ^[1]



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

DESMOND GOES MOBILE

Desmond Monyamane is one of the most recent successful candidates from the Driving Ambitions programme run by QASA. He is currently employed as a quality administrative contractor and his main goal in joining the programme was to increase his personal mobility and ability to travel at any time.



Equipped with his licence, Desmond now plans to register his business as a Pty Ltd in the supply chain industry with the Companies and Intellectual Property Registration Office (CIPRO). He also aims to partner with organisations to empower people with disabilities and disadvantaged communities.

Desmond says that it was the fruitful sessions with his driver trainer Des that were special to him: not only did Des teach him to drive, but also shared valuable life lessons with him. He is grateful to QASA for empowering people with disabilities through teaching them driving skills. QASA, in return, wishes Desmond all the best with his new ventures. Don't forget to buckle up!

DRIVING AMBITIONS HEADS TO THE WESTERN CAPE

Driving Ambitions, a driving training programme run by the QuadPara Association of South Africa (QASA), provides individuals who have mobility impairments with an opportunity to learn how to drive in an adapted vehicle.

Lessons take place in these vehicles using either hand controls or with a drive-from-a-wheelchair function. The aim is to help candidates obtain their licence and drive independently – autonomy that will increase their freedom, improve employment opportunities and change their lives.

The service is now available in the Western Cape! For more information, contact QASA on 031 767 0348 or at projectcoordinator@qasa.co.za.



A MORE COLOURFUL ASHLEY VILLAGE ON MANDELA DAY

"What counts in life is not the mere fact that we have lived. It is the difference we have made to the lives of others that will determine the significance of the life we lead." – Nelson Mandela

Each year on July 18, Mandela Day, we are called on to help make the world a better place by doing something for others for 67 minutes. This year, QASA staff used their 67 minutes to improve the living conditions of the quadriplegics and paraplegics at a self-help centre, Ashley Village, in the Pinetown area, KwaZulu-Natal. The team enjoyed immense support from Shaves Paint & Decor, Derivco and Edupower to tackle this challenging task.

There was an atmosphere of purpose and unity as these organisations cleaned, scraped, painted, varnished, weeded and most importantly had fun while giving back to the community.



QASA ADDRESSES EMPLOYMENT

QASA recently hosted an employment workshop that addressed the integration of persons with disabilities in the workplace. The event was attended by a select group of employers who showed interest in forming a relationship with QASA to assist with the employment of its members.

Strategies for bridging the employment gap were discussed and employers gained a deeper understanding of how best to integrate QASA members.



SLAM DUNK

FOR THE VAAL RIVER LIONS

IN THE NAIL-BITING FINAL OF THE 2018 SUPERSPORT WHEELCHAIR BASKETBALL SERIES, THE VAAL RIVER LIONS WERE ABLE TO SECURE THEIR VICTORY IN THE LAST MOMENTS. MARISKA MORRIS REPORTS

The earth shakes as the players drill the ball from one side of the court to the other. The noise of the crowd is deafening as they clap, stamp and cheer their team on. The Mandeville Indoor Sports Centre is packed and the atmosphere electric. It is the final of the 2018 SuperSport Wheelchair Basketball Series (SSWBS) and the Lions are facing off with the Wolverines.

In April, eight South African wheelchair basketball teams competed to qualify for one of the six spots in the SSWBS. The Series officially started in May and on Saturday, September 8, the final took place. SuperSport has been supporting wheelchair basketball for 22 years and broadcast the finals. Other sponsors included Vodacom, Nedbank and Sasol.

The Wolverines were the overwhelming favourites for the match, as they had been unbeaten for the entire season.

After the players were introduced and the national anthem was sung, the match began.

The Lions started strongly, but the Wolverines stayed on their heels. The teams flew across the court, skilfully twisting their wheelchairs to prevent the opposition from intercepting the ball.

A star on the court was Simanga Mbhele, who scored the majority of the Lion's goals in the match (23 points). He just flicked his wrist to shoot the ball through the hoop. The net made a quiet swoosh before the crowd roared with approval.

While the game was mostly clean, a few players were

bumped over or tripped. There was, however, no lack of sportsmanship. Players from both teams came to the aid of any fallen player, who would grab onto team members (or opposition) and in one deft movement bring his chair underneath himself and play on.

The Lions dominated much of the game, leading 50 - 34 going into the fourth and final quarter of the match. However, it wasn't long before the Wolverines caught up. For a tense few moments, both sides of the court were in chaos as the teams battled for victory, to the noisy delight of the crowd.

In the last moments, the Lions secured victory with some swift goals, winning 61 - 57. The accuracy of their shooters was undoubtedly what set them apart in this difficult match. Rakgatsing Molete, Shane Williams and Cecil Dumond, along with Mbhele, secured the victory.

After the match, prizes and trophies were handed out to the players and staff who'd supported the Series. Molete was named man of the match and Lydia Dumond was awarded coach of the Series. Marius Koenig, team manager for the Lions, was also recognised for his 42 years of service to wheelchair basketball.

Of the Lions' win, Koenig said: "The team is over the moon with what they have achieved. The win has certainly lifted their expectations." He added that the team would only get a short week of rest before heading to Durban for the South African Senior Wheelchair Basketball Championships.


Captain for the Lions, Cecil Dumond, is also captain of the Amawheelaboy's, the national team preparing for the



2020 Tokyo Paralympic Qualifiers.

If you are interested in watching wheelchair basketball or would like to take up the sport, you can visit the Wheelchair Basketball South Africa (WBSA) website at www.basketball.co.za. Wheelchair basketball was introduced in South Africa in 1970 and caters for

individuals with a variety of mobility impairments, from amputees to paraplegics and quadriplegics.

It is a high-impact, high-paced sport that requires plenty of skill and speed. However, it's also the perfect sport to keep you fit and active, while allowing you to socialise and build friendships that will last a lifetime! 



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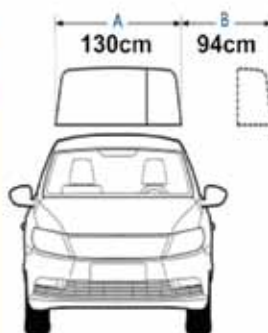
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HIDDEN DEMONS OF PARALYSIS:

BODY TEMPERATURE MANAGEMENT

WHAT HAPPENS WHEN YOUR BODY NO LONGER REACTS OR REACTS INAPPROPRIATELY TO TEMPERATURE CHANGES? THIS IS A REALITY FOR MANY PEOPLE WITH AN SCI



Most of us have a body temperature that runs at about 37°C. When it is hot, our bodies react to help us cool down and we nudge it along by dressing in cool clothes. When it is cold, our bodies react to warm us up and we help by dressing warmly. This is a normal, everyday part of living.

But for individuals with a spinal cord injury (SCI) that affects the neck or upper chest, things are very different: their bodies can no longer react or they react inappropriately to the temperature within the environments by keeping them colder than they care for or hotter than they are comfortable with.

The inability of the body to react to the environment by cooling down or warming up can have very dangerous consequences – and even cause death! Because individuals with high-level SCIs are unable to help themselves, it is essential that caregivers understand what is happening and how to assist.

But first, let's look at some physiology: how normal bodies work and what goes wrong in individuals with high-level SCIs.

Humans and animals have been able to survive, live and thrive in extreme weather conditions from Arctic ice to tropical heat. How do we do this? Temperature regulation is a balance between heat generation and dissipation.


Our body heat is generated in our deep organs and in the contraction of skeletal muscles.

Heat is lost mainly through the skin, but also by breathing, which is why dogs pant in hot weather. People also tend to breathe faster when they are hot. The skin regulates body temperature in a number of ways, including through blood vessels under the skin that dilate in hot weather so that heat radiates out through the skin. In cold weather, the same blood vessels contract and direct blood away from the skin, to conserve heat.

The skin also has sweat glands that open in hot weather and push out lots of sweat to cool us down. When it is cold, we sweat less and our hair follicles become erect so that our body hairs stand up and conserve heat by insulating the skin – we get goose-bumps. Our muscles also help to warm us in cold weather by shivering. This produces energy that warms us.

All these temperature-regulating methods are controlled by a centre in the brain called the hypothalamus, whose function is to maintain the body's temperature at 37°C. It does so by receiving information from temperature sensors under the skin and in deeper organs.

Based on the information received from these sensors, the hypothalamus instructs the endocrine system to produce more or less energy (heat), whichever is required, and the autonomic nervous system to regulate blood vessels by



“The inability of the body to react to the environment by cooling down or warming up can have very dangerous consequences and even cause death!”

contraction or dilation, sweating and shivering, as needed.

The hypothalamus also sends messages to the brain to make us aware when we are too hot or cold. With high SCIs, the normal connections between the hypothalamus and the temperature sensors are lost. There is loss of awareness below the level of the injury regarding temperature. The outflow messages from the sympathetic nerves to the blood vessels, sweat glands and muscles are broken.

Thus, there is a loss of blood vessel constriction or dilatation. The body can no longer conserve or deliberately lose heat in response to temperature change. As the person with the SCI loses the ability to shiver, the body also loses some of its ability to produce heat. Sweating is also ineffective below the level of injury.

In effect, the brain does not get temperature-related information from the environment or body and it also can't tell the body what to do. The brain is isolated. In a nutshell, persons with high SCIs have, to a greater or lesser degree, lost their ability to differentiate between hot and cold as

well as the ability to compensate for too hot or too cold conditions.

To aggravate this, some persons with SCI – particularly those associated with traumatic brain injury – may also have a body temperature set at higher or lower than 37°C, which drives them to want to compensate for this. This feeling may be continuous or may be triggered by an event that causes discomfort.

THE ROLE OF THE CAREGIVER

You as a caregiver must know the person for whom you are caring. The person may feel hotter or colder than you do in a given situation. For example, don't insist on a jersey just because you put one on yourself. Here are some particulars of temperature regulation to consider.

COLD CONDITIONS

Dress the person warmly and take particular care of the hands, feet and head. Consider gloves, warm socks, scarves and cosy headgear. Dressing in three to four layers takes time and effort initially, but often works better than a single, very thick garment. It's also easier to adjust to the temperature (by removing layers) as the day warms up.

The main challenges of protecting against cold happen at night, when the person is asleep. Exposure to cold can cause various complications, including Autonomic Dysreflexia (which I shall describe in a future article). Dress the person in layers such as a vest, T-shirt, bedclothes and even bed socks.

After each turning, place the person in the foetal position with legs up against the trunk. This helps to conserve heat. However, when doing so, be aware of clonus or jerks, as these are indications that the body is experiencing discomfort. In this case, reposition the body until the limbs relax.

Check pressure points to protect against pressure sores. Lastly, cover the person in a way that does not allow cold air to sneak in and settle between the shoulder blades or the legs.

HOT CONDITIONS AND POST-EXERTION

Overheating can cause a heat stroke and even death. Apart from the obvious precautions of cool clothing, protective headgear, lots of fluids and avoiding the sun, other aids include mist-water sprays that mimic sweating, ice water and even ice cubes, which can be sucked to help cooling down from the inside.

A wet cloth (especially from a freezer) on the head or back of the neck does wonders. Most importantly, in hot weather or cold, use your initiative. Make use of what is available. You and the person you care for are a team. Understand what works and what doesn't and figure out the best ways to solve tricky situations together. ^[1]



Ida's Corner is a regular column by George Louw, who qualified as a medical doctor, but, due to a progressing spastic paralysis, chose a career in health administration. The column is named after Ida Hlongwa, who worked as caregiver for Ari Seirlis for 20 years. Her charm, smile, commitment, quality care and sacrifice set the bar incredibly high for the caregiving fraternity. email: georgelou@medscheme.co.za

EXPLORING THE CAPITAL AND COAST OF PORTUGAL



FROM PATISseries AND HISTORICAL MONUMENTS IN LISBON TO ACCESSIBLE BEACHES IN THE ALGARVE, PORTUGAL IS A GREAT ACCESSIBLE HOLIDAY DESTINATION



My recent globe-trotting has taken me to Portugal, as some members of my family have a holiday home in the Algarve. One can fly from most European hubs directly to the local airport in the Algarve at Faro, but I decided that I needed to visit Lisbon to check out the accessibility and the various transport links from the capital.

Lisbon is called the city of seven hills and is situated on the mouth of the Tagus River. As one of the major economic centres of Europe, it has all the cosmopolitan and historical features common with these cities. The city is actually older than Portugal – one of the oldest nations – which was formed in 1147.

Due to the layout, getting around the city for a wheelchair user would mean using a vehicle. There are flatter areas, but motorised transport is the way to go. The taxi drivers are really friendly and happy to assist. We arranged for my sister to travel up to the city for two days and we spent many hours on the internet looking for accommodation that offered a wheelchair-accessible room with two beds and a roll-in shower.

We even called the hotel to confirm that we would get the roll-in shower. However, on arrival, we found that the bathroom only had a bath with a hand shower unit and a small bench seat that fitted across the bath. I was very disappointed, as I have a shoulder injury and was

not looking forward to extra transfers! The reception staff were not too sure what a roll-in shower meant – lost in translation, obviously.

The fridge was in the cupboard, which meant that the safe (positioned above that) was too high for me to access. The wheelchair access to the restaurant was via a set of ramps that were so steep that even my sister battled walking up. Thank heavens I had borrowed a Smart Drive, which really assists on the smoother surfaces. There was off-street parking within the hotel building, but no designated accessible parking bay.

We decided to book a private city sight-seeing tour with a company that specialises in day tours for persons with disabilities and the elderly with a wheelchair-accessible vehicle (WAV). The guide, Ilidio Silver, met us at our hotel with a Mercedes Benz WAV, which had an access lift at the rear of the vehicle.

He is a tourism graduate who is doing his work experience with Adapted & Senior Tours and spoke very good English, as he had been studying in Denmark, where English is widely spoken. His local knowledge is exceptional. Our first stop was at a museum featuring historic coaches, where we spent nearly an hour marvelling at the craftsmanship of the coachbuilders.

From there we visited the Basilica and Jerónimos Monastery, where a small, world-famous patisserie makes Pastéis de Belém (a custard tart with a patented recipe that





is held by the family). Booking a tour with a company ensures that you get to jump the queues, which does help when the outside temperatures are in the upper 30s.

Our next stop was at the area alongside the Belém Tower, which we were able to view from the outside as the Tower is not accessible (too many stairs). We strolled through the area, visiting some of the small markets and of course I had to notice that the Tuc Tucs are a bit like our minibus taxis here. They stop anywhere and park within the allocated accessible parking bays with no conscience.

The Smart Drive assisted with the inclines, but battled on the Calçada paving of the sidewalks. Lunch was at a wonderful fish restaurant on the Tagus river overlooking the Ponte 25 de Abril bridge, which closely resembles the Golden Gate bridge in San Francisco. The same consortium of companies built the bridge, which explains the similarities.

Thereafter we stopped at the northern bank of the Tagus river to visit the Padrão dos Descobrimentos (Monument to Discoveries) which was built in honour of Henry the Navigator, who was a driving force behind overseas exploration, financing many expeditions. The Monument has amazing carvings.

In front of the monument is the Rosa-dos-Ventos (Wind Rose) - a 50-m tiled area that contains a planisphere world map. It was donated to Lisbon by South Africa. Our last couple of stops included



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tackling the extremely narrow and winding roads of the Alfarma district to reach a viewpoint at the top, which offers a panoramic view of the city. The tour was good value for money as it offered an informative overview of the city that included historical, geographical and cultural aspects.

Leaving Lisbon, we drove the 2,5 hours down to the western Algarve and my sister's home where, for the next three weeks, I was able to relax and enjoy the summer, the weather and the pool. We also spent a few days looking for and visiting the various accessible beaches. Although many



of these are situated within the town areas, there are others that are a bit further out, which were not as full during the summer season.

The accessible beaches have accessible parking bays, walkways that extend into the sand (some even have carpeting which can take you even closer to the sea), accessible toilets (not always unlocked) and some have beach wheelchairs. The restaurants and cafés

at these beaches are not all accessible, so you have to look and ask around for accessible toilets and step-free entrances.

The viewpoints have walkways, but some have stairs within the pathway. It is advisable to go with someone who can get out of the car to check the accessibility before you decide to go along a route.

The area of the Algarve is also a mix of small old towns and villages with inaccessible narrow streets and buildings surrounded by the newer more open, accessible areas. I advise you to park in the newer areas and walk through the older areas as it's quite scary to try and get a car through the single-lane street with walls on each side!

English is quite commonly spoken, as there are lots of ex-pats within this area. Both the GP and hairdresser in Praia Da Luz are former South Africans, so it does feel like home. The scenery and birds are constant reminders of South Africa. The transport within the country offers local flights, trains and buses that are accessible.

However, the accessible trains from the Algarve to Lisbon only travel twice a day (early morning and late afternoon), which is good for business people, but not for those who are hoping to connect with any international flights from

Lisbon Airport. The platform is also paved with the Calçada-type paving, which can get quite bumpy if your chair has small castors.


I always travel alone. The conditions at the train station made it impossible for me to move easily from the train to the taxi with my chair and wheeled suitcase. Once I'd seen the station, I decided to just fly from Faro to Lisbon, which would mean fewer transfers and better timing for connections.

So, is the Algarve an accessible holiday destination? Yes! There is



accessible accommodation, transport, car hire, beaches and facilities. You just have to research and try them out. A good GPS and Google Maps certainly assist when you're travelling about or even looking for a good restaurant or place of interest.

The people are friendly and willing to assist. For more information or to start planning your trip, visit www.accessibleportugal.com. For train tickets, visit www.cp.pt. To book a tour with Adapted & Senior Tours, visit www.adaptedseniortoursportugal.com and to make use of an accessible villa with vehicle, Luz do Sol, visit www.algarve.vacations.com.

Obrigado Portugal! 



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



TRAVELLER



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EVOLUTION



GLORY

STAND UP WHEELCHAIR ENQUIRY

I would like to request a quotation for a manual standing wheelchair. I'm not particularly sure of a specific make or manufacturer. However, if you could advise me with regards to a standing type of manually operated wheelchair, that would be much appreciated.

Atish

Dear Atish

We would suggest you contact Gertrude Sierra from Chairman Industries at gsierra@chairmanind.co.za or Candice Brunsdon from CE Mobility at candice@cemobility.co.za. Please let us know if we can assist further.

Charleen Clarke – Editor

DAMAGED BODY, SOARING SOUL



Photographer Chania Rense snapped this gorgeous photo of Liezl Swanepoel, who became a wheelchair user in August 2017. Visit the [ROLLING INSPIRATION](#) website to read her story.

GETTING COLOURFUL



Eugene Searle, a photographer with the South Africa Society for Photographers with Disabilities (SASPD), snapped this delightful photograph at the 2018 Colour Run.

TAX REBATE ENQUIRIES

Natasha Wilkinson, an attorney at Tax Consulting, responds to a disability tax rebate question from a reader:

I'd like to request assistance with regards to the application process of getting a rebates certificate for importing a vehicle for our son.

Abraham

There is a rebate of the full duty on motor vehicles that are mainly designed and adapted for persons with physical disabilities. In order to claim this rebate, a permit must be issued to the person or organisation who is registered to transport and care for the person with the physical disability.

If you meet these requirements, an application form for a permit can be obtained from the National Council for Persons with Physical Disabilities in South Africa (NCPDPSA) by contacting them on 011 452 2774.

The application must be completed and forwarded to the NCPDPSA for approval. Once approved, this permit (together with other documents, like a motivational letter from NCPDPSA), are forwarded to the SARS Head Office for consideration.

THULI MATLALA PASSES AWAY

Former [ROLLING INSPIRATION](#) contributor and Casual Day ambassador Thuli Matlala passed away in August. At 19, she was shot in the spine, but she nevertheless lived her life to the fullest. She grabbed every chance that came her way with gusto, exuberance and laughter.

She showed that nothing could stop a woman from being beautiful and vivacious. As a very able ambassador of Casual Day, she motivated many people to participate in changing the lives of people with disabilities and fought bravely for equality for her peers.

Our sympathies go to all her loved ones. Rest in peace, dear Thuli.

NEUROSCIENCES IN THE SPOTLIGHT

MEDICAL EXPERTS IN SPINAL CORD INJURY AND NEUROSCIENCES GATHERED IN FOURWAYS IN AUGUST TO DISCUSS INNOVATIONS AND BEST PRACTICE IN REHABILITATION. MARISKA MORRIS ATTENDED

The South African Neurological Rehabilitation Association (SANRA) and the Southern African Spinal Cord Association (SASCA) joined forces for the SANRA SASCA Congress, held in Fourways, Gauteng, from August 23 to 25.

From the impact of neuroscience on stroke rehabilitation to the quality of life of former rugby players who've sustained a spinal cord injury (SCI), the presentations touched on various aspects of spinal cord and brain injuries.

Dr Susan Coetzer from the University of the Witwatersrand shared some of her findings on measures to prevent frailty, including exercise, nutritional supplements and regular medical reviews. Professor Emily Plowman shared her findings on best practice guidelines for clinical swallowing evaluation.

Marelise Badenhorst, a physiotherapist and PhD student based at the Division of Exercise Science and Sports Medicine at the University of Cape Town, talked about the quality of life of people who suffered a rugby-related SCI. She found that participation played a very important

role – for example, the patient's ability to join in on activities, to be independent and to have accessibility. Income also played an important role, but she noted that this group of SCI patients receives assistance from the Chris Burger Petro Jackson Players Fund.

QASA CEO Ari Seirlis addressed delegates about the activities within QASA to highlight the everyday



Professor Stephanie Clarke, head of the Neuropsychology and Neurorehabilitation Clinic at the Centre Hospitalier Universitaire Vaudois (CHUV), a university hospital in Switzerland, discussed her research in neuroscience that has found ways of bypassing brain injuries caused by strokes. One method is Prismatic Adaption (PA).

With PA, the patient wears glasses that deviate to the right (the area in the brain that is neglected post-injury) and, after a while, it allows the patient to better see objects to their right. Clarke noted: "After two weeks of PA, the effects could last up to six months."

While this approach could assist various stroke patients, Clarke pointed out that it will not work for everyone, and it's therefore important to determine which patients will benefit the most. Organisations are more likely to fund research projects with high success rates, which in turn will allow researchers to innovate and refine the fields to give the patient the best chance of recovery. Clarke urged medical professionals from any field to be more selective with patients included in studies to ensure success.

"Be more picky and establish indicators. If a patient shows improvement, continue the study. Rather decrease the number of patients who're participating, but get multiple institutions involved," she said.



challenges of people with mobility impairments. He called on organisations like SANRA and SASCA to support QASA outside of the rehabilitation centres to realise QASA's vision: "All quadriplegics and paraplegics in South Africa will live their lives to the fullest."

At the Congress there was also a small exhibition area with companies like CE Mobility, Chairman Industries, ConvaTec, Coloplast and Netcare Rehabilitation Hospital showcasing their various product and service offerings. [R](#)



DVT AND ITS RISKS

DEEP VEIN THROMBOSIS (DVT) IS A CONDITION THAT COULD HAVE VARIOUS COMPLICATIONS FOR PEOPLE WITH DISABILITIES AND EVEN CAUSE DEATH

DVT is a condition whereby a thrombosis (a blood clot) forms within the venous (vein) system of the body – normally, but not exclusively, in the lower limb. These blood clots develop for a number of reasons, including the use of certain medications (the oral contraceptive pill); certain medical conditions, which predispose an individual to DVT (abnormalities of blood clotting, for example); and immobility in patients who have some form of functional loss in the limbs due to a stroke or spinal cord injury (SCI).

During the acute rehabilitation phase in hospital following a stroke, SCI or any condition that requires a patient to lie in bed for a prolonged period, patients are routinely required to wear elasticated stockings. These help to enable the return of blood from the venous system and prevent pooling of blood.

In addition, medications are given to prevent thrombosis and may include oral anticoagulants or injectable medications. One of the challenges in acute rehabilitation is to gain consensus about how long patients should receive thrombosis-preventing medications.

The prevention of thrombosis is critical, as complications following an acute thrombosis may result in fatality, especially when a clot from the deep vein of the leg travels to the lungs, which causes a sudden collapse and respiratory arrest. This is known as pulmonary embolism.

Thrombosis presents in several important clinical ways.

Normally, in a person in whom normal sensation has been preserved, pain is a common complaint. Clinically, pain can be exacerbated by certain manoeuvres of the limb

– for example, the forced upward movement of the foot at the ankle joint. Swelling, redness and oedema (the collecting of watery fluids in the tissue) are other common symptoms.

These symptoms could, of course, be caused by something else, but it is important to determine whether it is thrombosis in order to ensure correct treatment and, hopefully, prevent complications. Traditionally, following the acute rehabilitation phase, the use of long-term medical treatment with either injections or oral medications is not encouraged.

Long-term treatment is expensive and the risks outweighs the benefits. Therefore, after discharge from a rehab unit, the use of blood thinners (usually an injectable form such as Clexane) is often stopped. What about the risk of clots for people with chronic disabilities?

The person with an SCI or dense hemiparesis caused by stroke is certainly at higher risk of DVT than a neurologically intact person. As mentioned, routine anticoagulation in the long term is not recommended. However, creating awareness of the signs and symptoms is important and any unilateral swelling of a limb with redness and oedema should be brought to the attention of your healthcare professional.

Preventive measures, such as the wearing of elasticated stockings after discharge from rehab, can help. Normally the chronic and ongoing use of elasticated stockings is not practised due to the inconvenience factor. However, if long-haul air travel is anticipated, the use of these stockings is advised.

Much has been said about DVT in recent years, with the topic being highlighted due to the increasing numbers of people on long-haul flights. Even among neurologically

intact persons, the risk of developing DVT during a long flight is present. Certainly, among SCI individuals and those suffering from stroke with hemiparesis, the risk of developing DVT is higher than those without impairment.

In addition to the stockings, healthcare professionals would also recommend the use of an injectable anticoagulant commencing the day before an anticipated long-haul flight, the day of the flight and again a day after arriving at your destination. This should be repeated on return.

If there are no other risk factors, doctors wouldn't

normally recommend the chronic use of anticoagulants, such as Clexane or warfarin. Aspirin, unfortunately, doesn't help significantly in the prevention of DVT. Awareness of the signs and symptoms is important.

Should a DVT have developed, the treatment would be to remain suitably anticoagulated for three to six months. This would require the use of a suitable oral anticoagulant. Once treated, patients normally discontinue oral anticoagulants, but if there is a repeat episode of DVT, lifelong anticoagulation should be considered. [7]



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

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GENTLECATH GLIDE GETS THE THUMBS UP

CONVATEC INVITED 16 CATHETER USERS TO TEST ITS GENTLECATH GLIDE INTERMITTENT CATHETER. THE VERDICT? EASY TO USE, WITH GREAT LUBRICATION

ConvaTec introduced its GentleCath Glide low-friction hydrophilic-intermittent catheter earlier this year. The catheter uses unique FeelClean technology that activates on wetting and helps to reduce the amount of residue left behind during catheterisation. It also has a no-touch sleeve to help prevent contamination of the catheter.

In order to put the GentleCath Glide catheter to the test, ConvaTec recruited 16 catheter users to switch to the GentleCath Glide and complete a survey afterwards. Ten of the participants were men, 94 percent had suffered a spinal cord injury and 88 percent reported reduced or greatly reduced dexterity.

About 75 percent have been performing intermittent catheterisation for more than three years, with the majority not relying on any support devices. Around 16 percent were hospitalised in the last 12 months due to a bladder infection.

GentleCath Glide performed very well during the test: 95 percent of respondents found it somewhat, very or extremely easy to open the protective no-touch sleeve, while 76 percent found it easy to open the packaging.

Around 88 percent were somewhat, very or extremely satisfied with the lubrication of the catheter, and 82 percent felt very or extremely clean after using it. Of the catheter users, 56 percent found that it performed better than their current catheter and 63 percent indicated that


they were switching to the GentleCath Glide after the test.

One of the catheter users surveyed said: "The idea that it can be used on the go is extremely positive. It can be utilised whenever the situation requires without much difficulty or equipment."

Another noted: "I was impressed with the GentleCath intermittent catheter for the following reasons: The 'no touch sleeve' and that there is no lubricating gel required made the process clean and hygienic. I found it easy to use and it feels smoother than most of the catheters I've used in the past. Love it!"

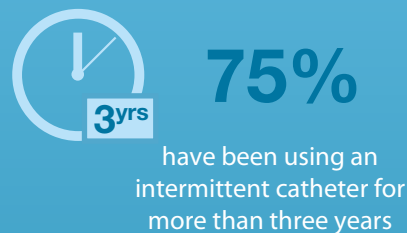
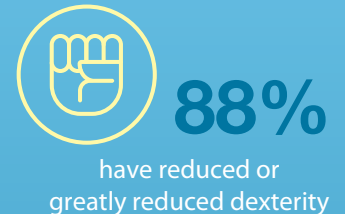
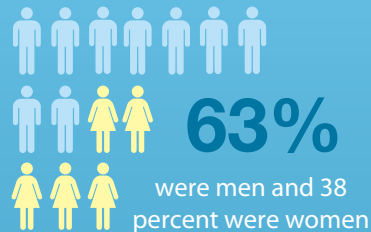
“It can be utilised whenever the situation requires without much difficulty or equipment.”

A third respondent argued: "It is the best catheter ever. I haven't had a bladder infection like usual."

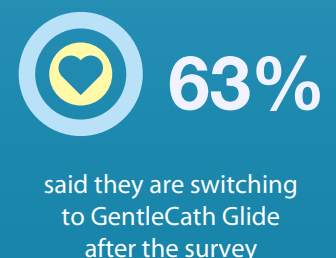
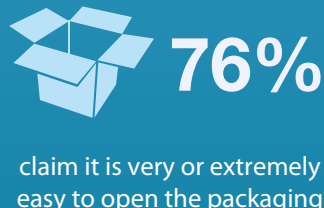
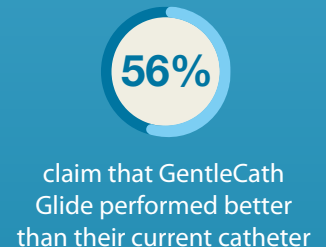
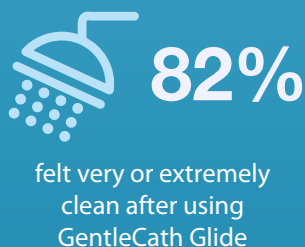
Finding the perfect catheter is difficult and not everything works for everyone, but the GentleCath Glide has been given the thumbs up by fellow catheter users. You can try it by ordering a sample on the Umsinsi Health Care website today. Visit www.uhcare.com to order. 

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ConvaTec's GentleCath Glide intermittent catheter was tested by 16 Rolling Inspiration readers. With these results, is it right for you?



The results




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To order your GentleCath Glide intermittent catheter sample, visit www.uhcare.com today!



DARK DAYS AND LIGHT BULBS

AUTHOR AND WHEELCHAIR USER TRACY TODD SHARES SOME OF HER TIPS AND TRICKS FOR SURVIVING THE GLOOMY TIMES

We've all been through dark days. It's an inevitable part of having a disability. And I don't mean the (often circumstantial) depression that befalls many of us for a period after a sudden, traumatic injury; the one that leaves us reeling in shock, facing the reality of not being able to do things like we used to.

I'm talking about the dark days when everything just becomes too much or when things go wrong, like a care assistant not pitching for work or a sudden bladder or bowel issue. It not only messes with your body, but it messes with your head, stripping you of your usual positive attitude.

Dark days can creep up on you sometimes, uninvited and unexpected, and leave you feeling drained, too tired to fight the demons in your head. For me, mind wars are a daily struggle. However, it's important to have spare light bulbs to help you through the darkness. Some choose to ignore those periods and keep busy.

Others like to wallow in self-pity and stay in bed for days

at a time. However you choose to deal with it is your choice. The important thing is that you are able to pick yourself up again and move on. I usually have a good cry and then pray. Ask for help but also be grateful. Many are denied the opportunity of a second chance at life.

Look at yourself in the mirror and say: "I can do this." You are brave and strong, otherwise you would never have survived this long. This is what else you can do if you're battling with depression:

TAKE A BATH OR SHOWER

Even if it's only a bucket of water over your head. There's no better feeling than having clean hair and a fresh body. Put on your best clothes. Every day is special.

LISTEN TO MUSIC

Pump up the volume. Sing. Dance. Even if it's only in spirit.

ESCAPE IN A GOOD STORY

Find a movie. Read a book. Listen to a podcast or

audiobook. There are hundreds of sites where you can stream on demand.

WRITE

It's cathartic. "Bleeding" onto a page or computer screen helps to get it all out and process your feelings more objectively.

EXERCISE

Do what you can. Even passive exercise gets the feel-good endorphins going.

GET OUT OF THE HOUSE

Cabin fever is real. If you don't have transport, at least go outside. Sit in the sun. Listen to the birds. Smell the roses. Watch the clouds. Be still. Silence isn't always empty. Sometimes it's full of unexpected answers.

FIND A COMPANION

Even if it's a dog or another pet. They're a huge source of comfort. Having a pet and being responsible for their well-being is a great distraction.

PAMPER OR SPOIL YOURSELF

Bribe somebody to give you a head or neck massage. Buy yourself a treat. Chocolate and bubbles are my best.

PLAN AN ADVENTURE

Something to look forward to helps keep the calendar interesting. Adrenaline is a great motivator.

GET CREATIVE

Find something that stimulates your creative juices. It can be better than any therapy.

STIMULATE YOUR MIND

Do a word or number puzzle.

HELP SOMEBODY ELSE


Even if it's just to listen. It does wonders for your self-worth.

LAUGH

Humour is the best healer. Stand-up comedy snippets on YouTube have kept me laughing for days.

OPEN UP

Speak to a friend. Surround yourself with positive people. There are many support groups for your specific disability on social media. You are not alone.

If you can't find a light bulb to get you through your darkness, get help. Go to your doctor or mental health practitioner. Depression is serious. Never give up. Which light bulbs do you seek in your dark days? 



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LIFESTYLE CHOICE THE REAL FOUNTAIN OF YOUTH

OLD AGE COMES WITH ALL KINDS OF STIFFNESS AND PAIN. FOR A PERSON WITH A SPINAL CORD INJURY (SCI), THE STRUGGLE WITH FRAILITY MAY BEGIN EARLIER AND BE MORE DIFFICULT TO OVERCOME, BUT A FEW LIFESTYLE CHANGES CAN HELP KEEP OLD AGE AT BAY



A sure sign of ageing is the loss of your ability to do things you once could. It may show up in the difficulties of dressing in the morning; brushing your teeth; transferring in and out of your wheelchair; or even just waking up in the morning.

Research has shown that SCI can intensify physical and physiological declines such as musculoskeletal, cardiovascular, gastrointestinal, pulmonary and integumentary (skin) systems. In other words, people with an SCI are likely to develop problems associated with old age at a younger age.

The leading causes of death for people with an SCI include respiratory disease and urinary tract infection. This differs from individuals without an SCI, who die primarily from heart disease, cancer and stroke.

WHAT TO DO

It is only through taking care of our body that people stay active. A weekly routine can help maintain, and sometimes improve, mobility, independence and appreciation of life.

What you do will depend partly on the location and severity of the injury. An SCI is said to be complete when

there is no sensory feeling, or ability to move below the point of injury. An incomplete SCI, on the other hand, leaves you with some ability to feel or move below the site of the injury.

Either way, there are many things you can do to postpone the onset of ageing, or overcome the negative effects associated with frailty.

KEEP MOVING

No matter what your age, it is important to keep moving. Joint contracture, or joint stiffening, occurs when joints are not moved regularly enough to maintain their full range of movement (FROM). Two ways to improve flexibility is through passive range-of-motion exercises (PROM), and self-range-of-motion exercises (SROM).

The former is called passive because no physical effort is made: instead a caregiver helps you move your limbs and joints through their full range of motion. SROM exercises can be done by yourself to maintain and improve movement in your limbs.

Both are different from stretching as no force is applied to stretch the joints. Still, caution must be taken not to overextend joints when working alone or with an inexperienced partner.

Linda Hunter, a physiotherapist at Netcare Rehabilitation Hospital Spinal Unit, says: "SRM allows you to retain some flexibility in your muscles, nerves and joints. Without this, your posture in your wheelchair and your ability to perform functional activities will be negatively affected."

Hunter suggests only five minutes a day, either in the morning, or at night before you go to sleep. A more intense exercise routine is advised for people with greater mobility. Rowing is a great exercise and requires your upper body to paddle, but your lower body needs to remain upright. Other options include weight lifting, basketball, or even bowls, where there is an equally beneficial social benefit to be had.

SLEEP TIGHT

The quality of your bed and mattress, and a comfortable sleeping position that doesn't leave you with aches and pains, are vital – without this, all else is lost.

Riona Rajkaran, a physiotherapist at the Netcare Rehabilitation Hospital Spinal Unit, says: "At night the best sleeping position is on the tummy. Not only is this the best position to prevent bedsores, it helps to relieve spasms.

"In other sleeping positions, the trick is to get the entire body into a comfortable, supported position that does not require muscle effort to hold. This includes careful positioning of the head and neck.

"As always, special care must be taken to ensure that potential pressure points are positioned adequately to prevent pressure sores. Also, make use of supports, such as pillows, to prevent yourself from rolling out of position while asleep."


EAT WELL

A good diet will ensure that you receive all the nutrients needed to keep a healthy body and mind. Charlene Grimsehl, dietitian at the Netcare Rehabilitation Hospital in Johannesburg, says: "With a lack of exercise, diet becomes the mainstay of weight management. It is very important to establish and maintain an ideal weight."

If you are underweight, there may not be enough muscle to support your bones, causing them to fracture more easily. It also means you can get pressure sores more easily because the bones press directly against the skin.

On the other hand, being overweight makes moving around more difficult. There is also the risk of developing lifestyle diseases such as diabetes, cholesterol and hypertension. Here, too, the additional weight on pressure points can lead to pressure sores.

"Diet also plays a role in good skincare. Resilience against pressure sores and other skin afflictions can be enhanced with a good intake of protein and antioxidants," says Grimsehl.

Everybody faces the challenge of getting old at some point. It is unfortunate that for most people with an SCI it will come sooner – but one can recognise the signs and do whatever it takes to challenge the order of things. 

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WHAT'S GOOD FOR THE GOOSE...

SOCIETY SHOULD CERTAINLY STRIVE FOR EQUALITY, BUT NO TWO PATIENTS ARE THE SAME. IT IS IMPORTANT FOR PROSTHETISTS TO CONSIDER EACH INDIVIDUAL CASE



his phrase originates from the 1670s and it originally meant that male and female geese could be cooked in the same sauce. A few centuries later it referred to men and women, suggesting that both sexes should be treated equally and that whatever applies to the man should also

apply to a woman.

Today, people use this phrase when comparing one person to another irrespective of gender. I have witnessed that many prosthetists adopt this approach when treating patients. I have also seen this approach when clinicians supply wheelchairs. Somehow the party who renders the treatment adopts the mindset that whatever works for patient A will be "OK" for patient B.

In my view there are a few reasons for this attitude:

PROFIT MARGIN

This consideration regularly presents itself in a world where integrity diminishes and survival becomes more challenging. In short, people will sell a certain product because they can make more money on it.


“Conventional scientific treatment is not always the answer.”

IGNORANCE

Sometimes medical professionals operate in a bubble. They have views set in stone of certain procedures and products without any regard to, or knowledge of, exactly what is happening on the other side of the fence.

THEN THERE'S THE PATIENT

An individual is a complex human being with emotions that are being challenged to the max. Conventional scientific treatment is not always the answer. If you dig deeper, you will often discover that device rejection is related to factors such as family conditions, personality clashes, ergonomics, self-image, childhood experiences and dreams, personal likes and dislikes, society and peer pressure and expectation, religion and marriage stability.

So, my advice to all is this: please spend that extra three-and-a-half minutes getting to know your individual patient a little more holistically. At the end, both parties will greatly benefit and the chance of getting the goose back into the air is so much better! 



SAOPA FANS ITS FEATHERS

The South African Orthotic and Prosthetic Association (SAOPA) hosted their biannual congress at the Bloem Spa and Conference Centre in Bloemfontein from September 6 to 8. Prosthetists, amputees, suppliers and funders flocked to the congress.

The SAOPA annual general meeting took place at the congress, which also hosted various stands from prosthetic and orthotic suppliers such as Ottobock. The global giant in assistive devices displayed its various prostheses and wheelchairs.

A lamb spit and live entertainment at the end of a busy two days were highly appreciated. Bloem Spa is the home of a beautiful flock of peacocks. These birds are beautiful to look at, especially when they fan their feathers. Believe me, when they scream their distinctive peacock "YELP" at 3h00, they are more effective than any alarm clock!

Two years ago, SAOPA embarked on a mission to renew and strengthen its membership and, more importantly, align itself with the current rules, legislation and regulations of the South African healthcare environment, which is becoming more difficult to navigate by the day. It seems that SAOPA has aligned and anchored itself steadily to face and tackle whatever the future might bring!



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

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POWER WHEELCHAIR USERS GO HEAD TO HEAD

MOTORISED WHEELCHAIR USERS TOOK TO THE ZWARTKOPS RACEWAY KARTING TRACK TO BATTLE IT OUT FOR THE TITLE OF FASTEST QUAD. MARISKA MORRIS REPORTS

The Sabat Power Wheelchair Race returned to Zwartkops Raceway in Centurion on August 5. Sabat Batteries hosted the QuadPara Association of South Africa (QASA) and 22 quadriplegic power wheelchair users at the Cars in the Park event. These VIP guests were treated to complimentary food and drinks and enjoyed a live performance of upbeat classics.

The shooters were lined up on arrival and a few guests enjoyed one or two to get into the festive spirit of the day – and possibly to get some courage for the impending race.

Driving Ambitions showcased its new adapted Renault Kangoo at the event. Power wheelchair users can take driving lessons in the vehicle with its Space Driving System and test for their driver's licence. The vehicle is adapted to allow wheelchair users to roll into the vehicle. A joystick replaces the steering wheel and a lever against the door controls the acceleration and braking.

Just after 1pm, the contestants gathered on the Karting Track for the race. A crowd of spectators cheered loudly to encourage the racers. On the green light the racers set off. The contestants took one, action-packed lap around the


track as they zipped around corners, overtook each other and attempted to catch up with Shaun Arde – the winner of the men's event.

Jemina Maotoe was the winner among the women and was crowned "the fastest quad on the block" along with Shaun. All the racers took one more victory lap around the track before returning to the festivities.

QASA CEO Ari Seirlis remarks: "QASA is very grateful



to AUTO-X and Sabat Batteries for funding the power wheelchair race and, most importantly, for the 15-year relationship that QASA has enjoyed as a recipient of batteries for the power wheelchairs of quadriplegics.

"Sabat Batteries are used by quadriplegic power wheelchair users as a gift from Sabat. This is a wonderful member benefit and assists with our human right of remaining mobile." 



WHY CAN'T THAT MAN WALK?

IT IS IMPORTANT TO KNOW HOW TO TALK TO CHILDREN ABOUT DISABILITY. THE FIRST STEP IS TO SPEAK POSITIVELY ABOUT IMPAIRMENTS

Children are curious and will often ask personal and difficult questions, especially when they see something new or interesting. As adults, the way we react to the child's question and the answer we give will have a direct impact on the child.

When it comes to questions about disability, it is important that we speak to our children in a positive manner without using dramatic and frightening explanations, or negative and derogatory words.

Avoid saying things like: "You'd better wear your seatbelt, as you don't want to end up like that poor man in the wheelchair."

Why: It is not appropriate to make assumptions that all wheelchair users have had accidents, to use scare tactics to make children wear their seatbelts, or to reinforce the stigma that disability is something to be pitied.

Consider: Talk about the differing causes of disability in a calm way; refer to the fact that some people are born with disabilities, while others get them later through illness or accidents, and make sure that you use age-appropriate language and examples.

Adults often turn or look away when they see a person with a disability, while children often point and stare.

Avoid telling your child to look away: "Don't look at

them, as you will make them feel uncomfortable."

Why: It might make the child feel that there is something wrong with the person and that they shouldn't speak to or approach people with disabilities.

Consider: Encourage your child to make eye-contact and say hello if they would like to. Remember that children take the lead from you, so keep in mind your own body language and words.

All children notice differences and it is up to adults to talk about what they see and answer their questions honestly and carefully.

Avoid approaching a person with a disability and saying, "My child wants to know what happened to you."

Why: Disability is very personal. While some people feel comfortable sharing their experiences, other do not - especially with a stranger who they may never see again.

Consider: Talk to your child about how the person might use their wheelchair to help them get around and that it gives them independence to go shopping and do work, rather than making the child feel sorry for them.

Remember, the words we use, the way we speak, what our body language conveys and how we answer our children's questions will have a direct impact on how they experience disability and interact with people with disabilities. *R*



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

2018 SPORTING SEASON COMING TO AN END

MOST OF THE SPORTING EVENTS FOR SOUTH AFRICAN PARA ATHLETES IN 2018 HAVE FINISHED OR ARE COMING TO AN END AS THE FESTIVE SEASON APPROACHES. HERE ARE SOME OF THE LAST HIGHLIGHTS OF THE YEAR

The season for a number of para sports is either finished or will be finishing soon, which will give our athletes a much-deserved rest and chance to recharge before the monumental 2019 season. The SuperSport Wheelchair Basketball Series final was hosted at the beginning of September. More updates will be shared in the next issue. Some standout performances this season have been:

Pieter Du Preez (dubbed Super Piet) came second in both his events at the Para Cycling World Championships. In addition, these events are now on the Tokyo 2020 Paralympic Programme.

Ntando Mahlangu beat Richard Whitehead from Great Britain in the T61 200 m men's sprint and is now ranked number one in the world.

Wheelchair tennis duo KG Montjane and Lucas Sithole did well at Wimbledon, with KG also performing at the US Open.

I recently returned from the African Youth Games where the athletes also excelled in their bid to qualify for the Youth Olympic Games. It was once again a great honour to lead a South African team as a person with a disability, showing the rest of Africa that people with disabilities can achieve anything they set their mind to.

Since August was Women's Month, I would like to mention that the South African Sports Confederation and Olympic Committee (SASCOC) and the National Paralympic Committee (NPC) of South Africa hosted its

second workshop for Women in Leadership Programme run in conjunction with the International Paralympic Committee and the African Paralympic Committee.

The aim of the programme is to increase the number of women represented in Paralympic Sport Leadership in South Africa and the whole continent. I will also travel to Madrid in Spain shortly to attend two meetings – the International Paralympic Committee Marketing Meeting and an International Paralympic symposium.

At the first, we will address media and sponsors (we hope to announce new sponsors following this meeting) and at the second gathering, a three-day workshop, we will prepare strategies for the International Paralympic Committee. I'm humbled and honoured to be invited to these meetings and will give a brief report-back in the next issue.

On a sad note, I'd like to pay tribute to Judith Berzen, who passed away in August while in Israel, following a short illness. Judith was very involved in sport for people with disabilities in South Africa for many years and was one of my first coaches in wheelchair basketball.

She also was instrumental in introducing wheelchair rugby in South Africa. At the time of her passing, she was working for the Israeli Sport Centre for the Disabled and I'm sure she will be sorely missed there. My wife and I were lucky to have met her three months ago when I went to visit the centre.

We send our prayers to her husband and family in this dark time. Rest in peace, Judith. You will be deeply missed. *R*



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



THE MEDICAL AID IMPERATIVE

SOME COMPANIES DON'T OFFER THEIR EMPLOYEES MEDICAL AID AS AN ADDED BENEFIT; HOWEVER, IT COULD GO A LONG WAY TO BENEFITING EMPLOYEES WITH DISABILITIES – ESPECIALLY AS MEDICAL AID FUNDS BECOME LESS AFFORDABLE



any employers offer wellness programmes and resources for their employees. These resources are meant to enhance the performance of their employees. They can also assist people with disabilities, but often the programmes offered by employers are not sufficient. Employers should consider offering their employees with disabilities a comprehensive medical aid plan.

There are certain expense categories that medical aids generally cover, which benefit people with disabilities. These include plans that cover medical equipment or assistive devices such as a wheelchair, a hearing aid and the services of allied therapists. With the correct wheelchair, for example, an employee will be more mobile around the workplace and have better posture at their desk. The employee will thus be less likely to contract pressure sores, which could impact their attendance. A good hearing aid will improve an employee's communication, while an allied therapist could assist an employee with using, assessing and monitoring the effectiveness of reasonable accommodation as well as equip them to be more productive in the workplace.

A comprehensive medical aid would partially or fully

cover these types of expenses. The medical aid contributions are also tax deductible for the company. Typically, the monthly cost of medical aid is upward of R4 000; the higher the monthly premium, the greater the benefit.

Employees with disabilities often incur many more medical expenses. A wheelchair user, for example, might only earn R360 000 per annum, but pays R72 000 in medical aid contributions; buys a wheelchair for R60 000; goes for physio therapy twice a month, which amounts to R24 000; has 12 occupational therapy sessions costing R12 000; and spends about R24 000 on chronic medication such as insulin.

This excludes other medical expenses such as general doctor or specialist visits, which could easily amount to R30 000 a year. The total medical aid costs amount to R150 000. A medical aid of R72 000 thus contributes considerably towards ensuring the employee is able to afford their medical expenses.

The employee is better equipped to perform at work and the employer faces less downtime or lost productivity. Medical aid for employees with disabilities is undeniably beneficial to both parties. The employee's salary package should therefore be structured accordingly. ^[1]



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

INTIMACY vs INTERCOURSE

BECAUSE OF THEIR BIOLOGICAL DESIGN, MOST MEN REGARD THE PHYSICAL ACT OF SEXUAL INTERCOURSE AS VERY IMPORTANT, WHILE MOST WOMEN PRIORITISE INTIMACY OVER THE PHYSICAL SIDE

When discussing sexuality, the first thing that comes to mind is often the physical act of intercourse. There is, however, much more to it, and the difference can be seen most clearly in the different ways men and women view sexuality. Although this is something of a generalisation, one can safely say that, often, men and women value different aspects of sex.

For men it is typically the physical element that is paramount, while women tend to value the emotional aspect. The reason for these differences can be found in the biological make-up of people. The design of the male body, and hormones that accompany it, ensures that males are ready to procreate most of the time.

Men often have a higher sex drive and react more readily to visual stimulation. For women, the need is often for emotional closeness and intimacy. Women are nurturers by nature and usually value the connection between them and their partners. When women feel safe, they are more comfortable about moving towards the physical expression of sex.

These differences are especially relevant when spinal cord injuries (SCIs) are taken into account. Women who

have suffered an SCI often fear that intimacy will suffer as a result of the injury.

The lack of sensation during intercourse is usually a secondary concern, with intimacy being the first priority. Partners can assist by supporting their female partner in the process of dealing with the injury emotionally, which will make it easier for her to be comfortable having sex again.

For men, the effect that an SCI has on their sexual functioning is more impactful. Masculinity is often perceived as being connected to the ability to perform sexually. Men with SCIs often need assistance to get and maintain an erection. There are numerous methods to assist, including medical interventions, medication and assistive devices.

However, all these interventions only assist in the physical ability to have sex. In order to have satisfying sexual relationships, intimacy is important. When there is emotional closeness, the sexual experience is enhanced, which makes it more likely for a man to achieve orgasm, despite diminished sensation.

Intimacy brings people closer and makes it easier to figure out how to have a satisfying sexual relationship together. Although this might be easier for women, it can also benefit men to spend a little extra time on romance. [\[7\]](#)



Danie Breed 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 specialise in physical rehabilitation across South-Africa.

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ROLLING INSPIRATION FOUNDER PETER BUTEUX PASSES AWAY

At the age of 21, Peter Buteux was involved in a freak motocross accident that dramatically changed his life. He became a quadriplegic with very little mobility in his arms. A graphic designer by trade, Peter strapped gadgets to his hands in order to type, even though with some difficulty. With his limited mobility and all its associated frustrations, Peter had too many questions and no answers.

He realised there should be a reference publication of some sort to assist him and people in similar situations – a guide to answer the simple questions of how to do certain activities, to cope with new realities, where to find specific products and to read about others in a similar position. Peter considered writing articles on these topics.

Not long afterwards, the concept of ROLLING INSPIRATION was born. Tony Buteux remembers his brother fondly: "Peter lived life to the fullest and always said if it weren't for his accident slowing him down, he might have left this planet many years earlier."

After some 20 years as a wheelchair user, Peter was diagnosed with cancer. There was a brief moment of hope when he was given the all-clear after radiation and chemotherapy. However, the cancer returned. Tony recalls, "Peter tried hard and fought every day to beat this new disability, but, unfortunately, his body was weak from the chemo and it got the better of him."

On July 7, 2018, Peter passed away quietly in hospital, surrounded by friends and family. He leaves behind his parents, Margaret and Brian, who were "his arms, legs, support and pillar of strength for 21 years".

He also leaves the legacy of ROLLING INSPIRATION, which strives to fulfil his vision of a publication that informs, inspires and assists people with disabilities. The team at ROLLING INSPIRATION wish the Buteux family strength in their time of grieving. Peter will be missed.



WHEN DISABILITY IS UNINSPIRING

Kenneth Muluadzi, founder of NGO Changing Disabilities, shares the intimate, unseen parts of disability that make many people feel uncomfortable

I have witnessed how sharing the most intimate parts of my story has made some people uncomfortable, especially those features of my disability that aren't considered 'inspirational' – such as bladder and bowel management, dating and sex.

The thought of you waking up and facing the world, no matter what challenges you face, tends to be inspirational. However, no one wants to know that you woke with faecal matter in your bed or that you had a messy day – literally. It isn't part of people's inspirational reference. People tend to choose the parts of your story that make them feel better about themselves and their daily challenges.

Society is obsessed with inspirational stories. But the moment you stop romanticising people's ideas of inspiration, people can become awkward and uncomfortable. They might project their fears and anxiety onto you. Sometimes, even the people who face similar challenges might question your motives.



It is important to have genuine and open conversations about everything. This is why I always advise my fellow people with disabilities to live as honestly as they can, which includes telling a potential or current partner that, for example, after a good meal and passionate love-making, they may wake up to a soiled bed – a simple bodily reaction to spicy food for a person with SCI or simply a body trying to put you on the spot again.

Women with SCI might need to have an honest conversation with their partner about things like menstruation, while men might need to frankly discuss erectile dysfunction and the gadgets needed to have sex.

It might be scary to you, your partner and your family, but it is important to share the gory, uninspiring facts about your unseen challenges too, to allow yourself to be understood and be better cared for. Remember that if the roles were reversed, you might also struggle to understand or even find the situation a bit creepy, so be patient.

WHEN YOU HAVE A DISABILITY

Before you are disabled,
You are first a man or a woman;
You may be intellectual or may be illiterate;
You may be independent or live on social security;
You may be a breadwinner or dependent on family;
You will worry about what you will eat the next day
When you have a disability...

Before you are disabled,
You are first a learner or a student;
You may need access to transport or rely on family;
You may need a translator to hear or Braille to read;
You may be in a mainstream or a special needs school;
You will always face prejudice and discrimination
When you have a disability...

Before you are disabled,
You are first an entrepreneur;
You will struggle twice as much to obtain funding;
You may need staff to do the work you sometimes can't;
You will always worry about gaining customers' trust
When you have a disability...

Before you are disabled,
You are first an older person;
You may live in a home or with your children if you are fortunate;
If you are fortunate you may have friends and family for Sunday meals;
Otherwise, your every day may be filled with loneliness and sadness;
Your children will sometimes steal part of your social security grant
When you have a disability...

Your neighbour may be struggling with some sort of abuse;
Your friend may live with a debilitating health condition;
Your peers may enjoy going through puberty;
It might take you twice as long to kick-start your business;
You may be scared to grow old alone
Or fear being given a pauper's burial because you will have nobody there
When you have a disability...



Emilie Olifant is a disability champion, an entrepreneur, author and inspirational speaker. She is the CEO and founder of the Emilie Olifant Foundation – an organisation that strives to integrate persons with disabilities in the workplace and/or society.
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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 A LOT TO LOOK FORWARD TO! DON'T MISS THESE AMAZING FEATURES IN THE NEXT ISSUE OF ROLLING INSPIRATION AND THESE UPCOMING EVENTS. ISSUE 6 OF ROLLING INSPIRATION WILL BE PACKED WITH FABULOUS FEATURES AND ARTICLES. LOOK OUT FOR:



TRANSPORT

From air travel to vehicle hire, we take a look at wheelchair-accessible transport for people with mobility impairments in South Africa.



PAIN MANAGEMENT

Chronic pain can drastically impact daily life. We investigate ways in which people with mobility impairments can better manage their pain.



FINANCE

Whether you want to save up for a holiday or a new wheelchair, budgeting is your best friend. We share some tips to help you grow your nest egg.



QUADS4QUADS

Mud, dust and great adventures: we report on all the dirt from the 2018 Quads4Quads four-day journey.

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

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

29 SEPTEMBER – 2 OCTOBER QUADS4QUADS

QASA, in partnership with The Adventure Company, will once again host the ultimate four-day, off-road journey from Johannesburg to Durban. The journey starts at Carnival City on September 29. All proceeds go to QASA to improve the lives of people with mobility impairments.

6 OCTOBER WORLD CEREBRAL PALSY DAY

The day is dedicated to spreading awareness of cerebral palsy (CP) and its related challenges, to celebrate the achievements of people with CP and the organisations that support them, to create a voice for people with CP and to find solutions to their everyday problems. Learn more about the Day by visiting www.worldcpday.org.

11 OCTOBER SAB FOUNDATION DISABILITY EMPOWERMENT AWARDS

The winners of the SAB Foundation Social Innovation and Disability Empowerment Awards are announced.

NOVEMBER: DISABILITY AWARENESS MONTH

The entire month of November is dedicated to creating awareness of people with disabilities and the challenges they face on a daily basis.

3 NOVEMBER NAPPY RUN

The annual 5-km fun run, walk or wheel will take place at the Johannesburg Zoo. The event starts at 07h30 with entry fees of R100 per adult. To register, visit www.nappyrun.org.za/events/nappy-run-2018.

6 – 7 NOVEMBER ANNUAL DISABILITY RIGHTS CONFERENCE

The Conference will take place at the Saint George Hotel in Pretoria and will focus on addressing the barriers to implementation of inclusive education in the African region. For more information visit www.chr.up.ac.za or email Maria Nantege at 6disabilityrights.conference@gmail.com.

3 DECEMBER NATIONAL DAY OF PERSONS WITH DISABILITIES

Disability Awareness Month ends on the International Day of Persons with Disabilities, which is aimed at raising awareness of the challenges faced by people with disabilities and providing solutions. Learn more by visiting www.gov.za/InternationalDayofPersonswithDisabilities2018.

FEATURES LIST 2019

ISSUE 1



- Rehab Centres
- Skin & wound care
- Medical aids
- Wheelchair accessories



Events:
17 Feb Outeniqua Wheelchair Challenge
TBA George Disable Games

ISSUE 2

- Sex toys
- Erectile dysfunction
- Accessible sport
- Product guide: wheelchairs for sports



Events:
15 Mar SASAPD National Championships



ISSUE 3

- Tax
- Finance
- Bladder & Bowel care
- Product guide: Specialised wheelchairs



Events:
TBA Hope-Mandeville Career Expo
5 May Wings for Life World Run
TBA National Cerebral Palsy Conference
29 May World Multiple Sclerosis Day

ISSUE 4



- Ageing with SCI
- Home accessories for wheelchair users
- Vehicle conversions
- Car seats and accessories for children with disabilities

Events:
TBA Sabat Power Wheelchair Race

ISSUE 5



- Accessible transport
- Legal matters
- Pain management
- Bladder & bowel care



Events:
Sep Muscular Dystrophy Awareness Month
5 Sep World SCI Day
6 Sep Casual Day
TBA Quads4Quads

ISSUE 6



- Accessible housing
- Healthy eating
- Beauty
- Medical aids



Events:
Nov Disability Awareness Month
TBA Nappy Run
3 Dec International Day for Persons with a Disability



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