

# ROLLING INSPIRATION

ISSUE 5 2019 | R60.00

The thought leadership publication for people with mobility impairments

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# ROLLING INSPIRATION

Published alternate monthly by  
Charmont Media Global  
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ROLLING INSPIRATION was developed by  
the late Peter Buteux, who passed away  
in July 2018. It is owned by QASA.

Cover photo by Tamlyn Geldenhuis.

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

The following acronyms are used:

QASA = QuadPara Association of South Africa

SCI = spinal cord injury / spinal cord injured



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# SA HEALTHCARE AT THE CROSSROADS

**ALTHOUGH THE NATIONAL HEALTH INSURANCE (NHI) BILL HAS BEEN TABLED, THERE IS STILL MUCH CONFUSION AND SPECULATION ABOUT THE FUTURE OF HEALTHCARE IN SOUTH AFRICA**

**S**ince the first article on the NHI Bill in Issue 4 of *ROLLING INSPIRATION* for 2018, there has been a great deal of discussion around this much-anticipated piece of legislation. It was tabled in August this year, but instead of providing relief, it caused more confusion and speculation about the future of healthcare in South Africa.

On August 18, Penelope Mashego wrote in the *Sunday Times* that medical aid service provider Discovery stated that the plan to curtail the role of medical aid schemes by the NHI would undermine its objectives – this after Discovery's share price took a beating for a week.

This intrigued me enough to look at both these factors: the role of medical schemes as per the bill, and the NHI objectives. The first one was easy. A single sentence in Chapter 8, Clause 33, on the role of medical schemes states: "Once NHI has been fully implemented as determined by the minister through regulations in the Gazette, medical schemes may only offer complementary cover to services not reimbursable by the fund."

Thus, medical schemes registered in terms of the Medical Schemes Act or any other voluntary private health insurance scheme will be restricted to providing cover only for services not included in NHI. There is some uncertainty as to what "complementary cover" will include, as the services included in the NHI have not been determined. Most likely, medical aids will only offer cosmetic healthcare.

I know the importance of adequate healthcare and have a relatively good idea of the current state of our public healthcare. It has me concerned. Maybe the roles of medical aids will change to offering gap cover?

Currently, there are limitations to the amount medical

aids will pay for the services of healthcare practitioners. The member often has a co-payment to fill the gap between the charge and the amount the medical aid is willing to pay.

Gap cover can replace this co-payment. The state will pay for healthcare, while medical schemes provide gap cover.

What stands out for me is that the NHI is based on Universal Health Coverage (UHC). The World Health Organization defines UHC as a healthcare system that ensures "that all people have access to needed health services (including prevention, promotion, treatment, rehabilitation and palliation) of sufficient quality to be effective and that the use of these services don't expose the user to financial hardship".

This definition embodies three objectives:

**Equity:** Those who need the services should have access, and not only those who can pay for the services;

**Quality:** The quality of health services must be good enough to improve the health of those receiving these services; and

**Financial risk protection:** The cost of using the care shouldn't put anyone at risk of financial hardship.

UHC brings the hope of access to better healthcare and protection from poverty for millions – especially those in the most vulnerable situations.

Yes, it will be expensive. Yes, there will be cross-subsidisation. Yes, it will change the look and feel of healthcare in South Africa. But, all of us will have equal access to a fundamental right contained in the Constitution: "Everyone has the right to have access to healthcare services."

The burden is on the state to take reasonable legislative and other measures, within its available resources, to achieve the progressive realisation of the right of access to healthcare services. <sup>[1]</sup>



Raven Benny 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 relocated from Cape Town to Durban, where he was appointed the Chief Operating Officer (COO) of QASA from August 1, 2019. email: [coo@qasa.co.za](mailto:coo@qasa.co.za)





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# AN ACCESSIBLE JOURNEY WITH GAUTRAIN

THE GAUTRAIN SYSTEM WAS DEVELOPED WITH ACCESSIBILITY AT ITS HEART, BUT WHAT IS THE JOURNEY REALLY LIKE FOR A WHEELCHAIR USER? MARISKA MORRIS FINDS OUT

**T**he platform at the Rosebank Gautrain station starts to fill up as a woman announces in a calm tone over the intercom: "The next train to Sandton is a four-car train and will arrive in four minutes." At the far end of the platform, Sandra Khumalo sits patiently. The champion rower and sales representative at ConvaTec South Africa is checking a few emails while she waits.

She started taking the Gautrain when her car broke down. Now, four months and a fixed car later, Khumalo still uses the service on a regular basis. "I simply park my car and take the train," she explains. "I use it about three times a week when I have appointments in Pretoria."

"I have to be at Tswane by 09h00 and the traffic at that time is ridiculous. The Gautrain is fast. An hour is more than enough for my entire journey. It is also on time. If the schedule says the train will arrive half past, it will be there."

Over and above the reduced travel time, the Gautrain system is easily accessible. The stations were designed to make it easy for people with disabilities to use – especially wheelchair users. There are wider entrance gates for people with mobility devices such as wheelchairs, as well as lifts for easy access to the various platforms and markers to indicate accessible seating on the train cars.

The train is level with the platform, which means embarking and disembarking is quick and easy for wheelchair users. Once you are inside a train car, there is ample space to manoeuvre a wheelchair into the dedicated area before locking it in place, as well as a grab rail to hold on to for additional support.

Accessibility is a priority for Gautrain, explains Barbara Jensen, senior executive manager of communication and marketing at the Gautrain Management Agency (GMA): "One of government's objectives is accessibility and easy mobility for all citizens, especially people with disability."



The Gautrain system was built in accordance with strict international transportation and safety regulations. All station environments, trains and Gautrain buses are designed to provide easy access for all passengers. Provision is made for passengers with mobility, sight and hearing impairments."

When the blue-and-gold train arrives at the station, Khumalo demonstrates how easy it is to access a car. Confidently, she presses the button for the doors to open and rolls in. With no incline or obstacles, it is an easy manoeuvre, even for a less experienced wheelchair user.

Inside, Khumalo reverses until she is positioned against the folded seats in the designated wheelchair area, locks her chair in place and grabs on to the yellow railing. The whole process takes but a couple of seconds. The designated area is large enough to accommodate more than one wheelchair user.

"Khumalo embodies the vision of providing an efficient, comfortable and safe public transport service that is easy to use," says Ramalepa.

"Wheelchair access is provided at all Gautrain stations, on all trains and on every second Gautrain bus, which is equipped with a wheelchair ramp and bay.

*“Provision is made for passengers with mobility, sight and hearing impairments.*

wait so that, when the train approaches, you can wheel in at the right door," Khumalo says.

The Gautrain is a very safe transport mode. "There is no fear that someone will just steal something, not like what might be the case on other forms of public transport," Khumalo says.

She experienced the efficiency of the Gautrain security first-hand when she recently forgot her bag in the accessible bathroom at the Centurion station. Khumalo realised her



"For someone like Khumalo, this is important as she is an independent businesswoman who is always on the move and the Gautrain provides quick and efficient travel for her."

The only advice Khumalo has for wheelchair users who want to make use of the service: Know where to go. First-time commuters can ask one of the many security officers on duty to help them find their way. "The security staff are quite clued up on the train itself and will show you were to

mistake when she arrived at Marlboro. "I quickly went to the security office and reported that I'd forgotten my bag. The security staff at the Centurion station retrieved the bag from the bathroom," she recalls.

As she would be passing by the station again the following day, she arranged to pick it up then. The next day, the Centurion security staff brought the bag to her where she was sitting on the train. "I didn't have to get off. They actually came to me. All I had to do was sign for the bag. It was nicely packaged as well," says Khumalo.

While she has been using the Gautrain mainly for business, she says she would like to use it more for pleasure. "The only time I go to Pretoria is for sport, but that is over the weekend, so I drive." (Khumalo is currently training to qualify for the 2020 Tokyo Paralympic Games.)

When asked what the future entails for the Gautrain, Jensen says: "The GMA has been tasked by the MEC for Roads and Transport to lead the proposed Gauteng Rapid Rail Integrated

Network Extension project – an exciting project that will see more rail extensions being built in other areas.

"The GMA has conducted a feasibility study for the network extension project and is currently awaiting National Treasury approval."

With even more routes and stations in the pipeline, the Gautrain should surely be the first choice in public transport for wheelchair users in the area. [\[7\]](#)

# THE SILVER ROLLER'S TOOLKIT: PART 2



**AGEING OFTEN RESULTS IN A LOSS OF ABILITY OR REDUCED CAPACITY. HOWEVER, WITH A LITTLE EFFORT, YOUR GOLDEN YEARS CAN BE A FULFILLING AND REWARDING TIME. HERE'S HOW TO ACHIEVE THIS**

**A**s we grow older, we diminish in capacity. We may not believe or accept it, but it is a reality. This reduction in capacity is often more prevalent in people with an SCI, as there is already a compromised baseline.

If we rise up to the challenges, work towards optimising whatever remaining capacities we have and shift our minds to be the most that we can be, our lives will remain fulfilled and continue to have purpose. In the second part of the silver roller's toolkit, we look at what we need to do physically and mentally to achieve this.

## GROWING OLD TOGETHER

As we grow older, we need to consider our spouses – those of us who are fortunate enough to have a spouse. They, too, develop back, shoulder or knee problems. Their strength and agility decrease. They can no longer help us in the way they used to. Consider them and ask for assistance from others.

Take the lead where situations allow you to; don't leave it to your spouse to look for help. People respond faster to requests from people with disabilities, and by taking charge you are showing your spouse that you care and that they have not just regressed into simply being your caregiver.

## KEEPING THE MUSCLES STRONG

As we grow older, exercise tends to be placed on the back burner, but this is probably the worst thing we can do. People with paralysis should continue to exercise all the body parts that are still mobile and do passive movements of all joints. The benefits are significant and include working the heart and lungs for cardio fitness and deep breathing.

It also counters bone thinning, strengthens the core muscles of the trunk and shoulders, and promotes general wellbeing. For self-propellers (manual-wheelchair users) it

is particularly important to keep the shoulders strong and supple. Rotator cuff injuries tend to turn paraplegics into quadriplegics. Speak to a biokineticist about an exercise programme to maintain the integrity of your shoulder strength and suppleness.

## MORTALITY AND MORBIDITY

Mortality is what kills us and morbidity is what makes our lives miserable. Often the things that make us miserable can also eventually kill us. The major causes of mortality among people with mobility impairments include pressure sores, urinary tract infections, kidney failure and obesity-related conditions such as strokes, heart attacks and diabetes.

The things that make us morbid include constipation, a neurogenic bladder, spasticity and spasms, temperature regulation, autonomic dysreflexia and the complications of thinning bones. There are ways to manage these issues.

**Pressure sores:** As we age, our skin thins and is more fragile, which increases the potential for pressure sores. Pressure relief should be done routinely. If you are a quadriplegic, your caregiver must assist. However, if you have some upper body function, you can also drop your chest onto your knees and rock yourself from side to side. It is best to sleep on your stomach for as long as possible. If that is uncomfortable or not possible, turning every three hours is advised. It is very important to do a top-to-toes examination for pressure sores at least once a day, or twice if you are a quadriplegic.

**Managing the bladder and kidneys:** This revolves around bladder-voiding management, whether that means continence wear, indwelling or sleeve catheters, or intermittent catheterisation. The aim is to prevent urinary tract infections and kidney damage from poorly managed and unhygienic catheterisation. As we get older, all our bad bladder-management shortcuts start to catch up with us ...



**Obesity:** The “enforced inactivity” of paralysis often results in obesity or extreme obesity, which could lead to hypertension, heart failure, diabetes and respiratory complications. With age, our bones tend to thin. Obesity and thinning bones are not a good combination and can worsen back problems such as collapsed vertebrae, kyphosis (hunchback) and scoliosis. Over and above health issues, obesity also makes life difficult for caregivers. Managing weight in people with an SCI entails much more than just dieting. Especially when we grow older, it is essential to consult a dietitian at least once a year to ensure that we consume the required fluids, nutrients and minerals correctly. Mineral imbalances and being underweight can have equally devastating effects.

**Constipation:** Bowel movements, or the lack thereof, become more of an issue as we age, along with other problems relating to spasticity and joint contractures.

#### RESOURCES TO HELP MANAGE HEALTH

For more on all of the above, visit the ROLLING INSPIRATION website at [www.rollinginspiration.co.za](http://www.rollinginspiration.co.za). Select the “Regulars” tab and click on “Ida’s Corner”. There you will find articles on pressure sores (April 2016), bladder management (July 2018),


obesity (May 2017), constipation (February 2019), spasticity (August 2016), and passive movements (March 2016).

There are also articles on autonomic dysreflexia, temperature regulation and mental health topics to be found in back issues. The website contains a wealth of helpful information, and some articles are even accessible to non-subscribers.

#### KEEPING THE MIND STIMULATED

Have a reason to get up in the morning. Get a hobby. Take on a challenge that stretches you. Cultivate and cherish friendships wherever – don’t be choosy. Loneliness is more debilitating than a disability. The homes of friends seldom, if ever, are accessible, but your local coffee shop usually is.

Find places where you can visit on equal footing. Focus outwards, don’t draw into yourself. Look actively at how you can be a blessing to someone else – even if it is just a smile, a kind word, a listening ear or a shoulder to cry on.

We are so focused on being human doings, we forget that, first and foremost, we are human beings. So if we lack in the capacity to do, no matter what our disability, we have an unlimited capacity to be. Let’s be there for one another. Be a human being. Become involved. Care actively. 



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](mailto:georgelou@medscheme.co.za)

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# RESTORE BODY, MIND AND SOUL IN THE CAPE

**WHETHER YOU ARE LOOKING FOR AN ADVENTURE OR A PEACEFUL BREAKAWAY, THE OVERBERG IS THE PLACE TO BE**



My latest foray into areas of the Cape that are not that well known – especially to us “wheelies” – led me to an amazing woman, Robyn Simmons, who decided to make people with disabilities part of her life. She has combined wonderfully skilled individuals with natural nature sites suited for adventures in and around the quaint town of Stanford in the Overberg to offer a holistic getaway from the rat race.

She invited me to meet the group and experience a taste of what is available, and check out the accessibility of the tours and accommodations that are currently being offered. As I was already flying down to Cape Town to do some training, I decided to extend my trip and persuaded fellow columnist Phil Case, who was at his Paternoster holiday home, to join me in Stanford.

The heritage village, which was founded in 1857, is located along the banks of the Klein River about 16 km from Hermanus. Some of the top attractions include bird-watching, kayaking and beer- and wine tasting. There are also lovely local cheeses and organic foods to be sampled.

Unique nature experiences are offered in the area. In the Platbos forest you’ll find a 1 000-year-old milkwood tree, and at the Sandberg Farm you can join a hands-on 4x4 fynbos experience that allows you to see, touch and smell the unique natural vegetation of this area.

Simmons’s home is on the river in Stanford and her self-catering cottage has been adapted with some features for persons with disabilities. It has a step-free shower, and a toilet raiser as well as a commode chair are available. The basin needs to be adjusted and the addition of some grab-rails fitted will make it more accessible.

However, the rest of the cottage is spacious and easy to access, with a sun-drenched private patio and colourful, peaceful garden. There is no TV, but the fireplace is lit with a fire on cold evenings, and is mesmerising to watch. I felt so much less stressed without all the bad news from around the world intruding into my life for a few days!

Simmons is waiting for my report and plans to make this space even more universally accessible.

Several practitioners in the area offer various treatments and therapies, including osteopathy and reflexology, sound therapy, yoga, reiki healing treatment and massage as well as dancing for persons with disabilities. If you are unable to go to their facilities, they will come to the cottage and work there. And there is a treatment bed at the cottage!



If you fancy trying your hand at painting or would like to take a birding trip with an ornithologist on board a river boat, Simmons would be happy to arrange this for you.

With her Toyota Prado 4x4 vehicle, she plans to offer transport for the adventure aspects on offer, like exploring the dunes nearby. She also has an off-road wheelchair for visiting the forest and plans on sourcing a beach wheelchair for beach and dune trips. In addition, she has designed a cool collapsible platform that fits on the side of the car with attached portable ramps that allow a wheelchair user to be pushed up onto the platform for a level transfer into the car.

Sally Langley, the tenant in the other cottage on Simmons’s property, is assisting her with the project. Langley worked as a carer in the United Kingdom for seven





years and has excellent knowledge of how to transfer and accommodate guests requiring assistance.

As part of our trip we tested the accessibility of the Marine Dynamics Whale Watching outfit in Gansbaai. Their restaurant, meeting area and bathroom are accessible.

The walk from there to the boats is downhill, but you will need assistance to return. They do state that there is accessible accommodation, but there was insufficient time for me to check it out. Access to the boat is via a steep ramp, and from there the staff lift the wheelchair user onto the boat. The lower deck offers limited space, but you can request to be placed along the rail for your convenience – just be aware of the spray. Those who want an adrenalin-fuelled adventure, can opt to do shark cage diving.

If you are inclined to take a trip out to "brighter lights", Hermanus is only 25 minutes away. It is a larger town with a greater variety of accommodation options, a large shopping centre and more restaurants. Karin Coetzee, founder of [www.disabledtravel.co.za](http://www.disabledtravel.co.za) lives there – if you would prefer to stay in Hermanus, we can assist with her list of accessible accommodation options and activities.



I'm definitely returning for some quiet time and to experience the therapies and bird-watching in Stanford! Contact Simmons at [simmonsrobs9@gmail.com](mailto:simmonsrobs9@gmail.com) for the Stanford options.

Whether it's peace and tranquillity or a more active break you are looking for when planning your next holiday, why not try the Overberg?

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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# SINGLE-USE CATHETERS: FINALLY, BETTER FUNDING

**FOLLOWING A RULING BY THE COUNCIL FOR MEDICAL SCHEMES, CATHETER USERS MIGHT NOW GET THE FINANCIAL SUPPORT THEY NEED FROM MEDICAL AIDS TO PURCHASE SINGLE-USE CATHETERS. MARISKA MORRIS INVESTIGATES**



**E**arlier this year, the Council for Medical Schemes (CMS) sided with catheter user Storm Ferguson in his case against medical aid provider Discovery. After realising the health benefits of single-use intermittent catheters, Ferguson approached the medical aid to fund these devices. After Discovery declined, Ferguson took action by approaching the CMS Appeal Board.

Ferguson's decision to appeal was deeply motivated by his struggles with recurring urinary tract infections (UTIs). Many people with SCI who rely on intermittent self-catheterisation to empty their bladders suffer from UTIs, mostly because they use or reuse poor-quality catheters.

"Recent research on the standard of care and related quality of life of the spinal cord-afflicted community in South Africa revealed significant gaps in practice and challenges regarding levels of care and access to services and supplies specifically related to the neurogenic bladder," Dr Francois Theron and his fellow researchers explain in their study titled "Best practice recommendations for bladder management in spinal cord-afflicted patients in South Africa".

"There is evidence that people with disabilities experience poorer health outcomes than the general population," the study states. "People with spinal cord afflictions are at higher risk of secondary conditions such as UTIs. These conditions frequently lead to hospitalisation and can result in increased costs for care, reduced employability, decreased quality of life and lowered life expectancy."

## TRUE BENEFITS OF SINGLE-USE

The researchers indicated that clean intermittent catheterisation was considered the global "gold standard" for neurogenic bladder management. While the international guidelines don't recommend single-use hydrophilic-coated catheters, they do suggest patient choice. If a patient

experiences fewer UTIs with single-use catheters, they should have access to these devices.

According to Theron and his team, a study reported that the use of a hydrophilic-coated catheter for clean intermittent catheterisation is associated with a 21 percent reduction in the incidence of symptomatic UTI in patients with acute spinal cord injury.

"Using a hydrophilic-coated catheter minimises UTI-related complications, treatment costs and rehabilitation delays," they wrote. "Given evidence of fewer UTIs and better quality of life, compact hydrophilic-coated intermittent catheterisation appears to be the best treatment option."

This was Ferguson's experience too. After struggling with recurring UTIs for many years, his urologist suggested switching to single-use hydrophilic-coated catheters. The urologist prescribed 150 catheters a month (five per day). Since the switch in 2015, Ferguson hasn't suffered a single bladder infection.

However, these catheters can be expensive. Thus, Ferguson approached his medical aid to have it cover the cost. While costly, this device is less expensive than repeat hospital visits. Yet Discovery was unwilling to cover the cost.

## THE BATTLE BEGINS

On refusing the claim, the medical scheme argued that these catheters didn't fall within the prescribed minimum benefits (PMB) level of care – a set of defined minimum health services available to all medical scheme members, no matter their benefits option, that are regulated by the Medical Schemes Act.

Under this Act, someone who has "difficulty in bowel or bladder control due to non-progressive neurological (including spinal) condition or injury" should have access to the appropriate treatment and care.

Discovery argued that single-use hydrophilic-coated catheters were not recognised as PMB level of care, as they were not used in public hospitals.



However, the CMS Appeal Board disagreed with this argument. It based its ruling on an interpretation of a regulation within the Medical Schemes Act, which states: "If managed healthcare entails the use of a protocol, provision must be made for appropriate exceptions where a protocol has been ineffective, causes or would cause harm to a beneficiary without penalty to that beneficiary."

Simply put, the council found that the reusable catheters, which are used in public hospitals, were ineffective and would cause harm. Thus Ferguson was entitled to an appropriate exception – single-use catheters. The council explained that the medical aid can't assume that the technology used previously or used by the state is appropriate for the member without referring to the latest evidence.

#### A NEW PRECEDENT


Patients are not required to show that they have suffered harm to prove a particular treatment is better, as the PMB level of care is evidence based. As one lawyer explains: "Risk of harm is enough. You don't have to prove that you were harmed to establish PMB level of care. We use evidence to quantify the risk of harm rather than having people suffer repeatedly."

The existing evidence, which indicates a significant increased risk of UTIs when using reusable catheters, is

enough to support the funding of single-use catheters. The ruling also stated that the medical aid needs to fund these catheters without a co-payment from the member.

Ferguson's brave actions have changed the lives of many other catheter users. This ruling now sets a precedent for all those suffering from a neurogenic bladder and recurring UTIs who would benefit from access to sterile single-use hydrophilic-coated catheters.

*“Clean intermittent catheterisation is associated with a 21 percent reduction in the incidence of UTIs.*

You can help by sharing this article with your urologist and asking them to motivate a switch to single-use hydrophilic-coated catheters with the help of the template available on the QASA website. They can also access the QASA-sponsored update on guidelines for bladder management, published by *The South African Medical Journal*, available here: [www.samj.org.za/index.php/samj/issue/view/240](http://www.samj.org.za/index.php/samj/issue/view/240). 

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## QASA GIVES BACK ON MANDELA DAY

The QASA head office was a hive of activity on Mandela Day, July 18, which commemorates former president Nelson Mandela's birthday with 67 minutes of community service. QASA invited the community and companies to assist with designing a tranquil garden around its newly built Victor Daitz Training Centre.

Wendy Wright, owner of Greenscene Landscaping, managed the transformation of the area from a shrubby mess to a vibrant and peaceful haven. QASA was extremely pleased with the turn-out of volunteers who assisted with this gardening project.

The organisation would like to thank the following companies for getting their hands dirty: Obbligato, NBC, Ultralife Healthcare, Magic Maths, Media24, ACSA, Happy Valley Educentre, BDO and Phezulu Safari Park. Also, a big thank you to the private individuals who spent their 67 minutes with QASA.



The public is encouraged to pop in to see the QASA training centre and contribute in any way possible. The Victor Daitz Centre will soon open its doors officially. The space can be hired for events, meetings or training sessions. Call QASA on 031 767 0348 for more information. Thank you for the support!



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## A BETTER LIFE WITH MORE FREEDOM

Bonga Rati was born in the Eastern Cape and raised by his grandparents, who taught him discipline and managing tough situations. This inspired him to join the military as a soldier.

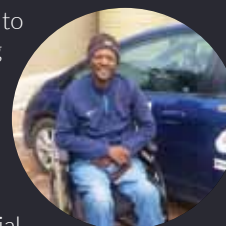
His ability to handle challenges was put to the test in 2016, when he was involved in a car accident that left him a C6/7 quadriplegic. Rati went through rehabilitation at a military hospital and returned to work with limited function in his arms. He now works in human resources and lives in Langebaanweg in the Western Cape.

Rati still relied on family for transport, however, and his desire for more independence motivated him to apply for the QASA Driving Ambitions rural programme. Rati went to the Durbanville Quadriplegic Centre in July.

"I needed a licence to improve the quality of my life," Rati explains. "It is also beneficial for attending courses, being on time for work in rainy or windy conditions." With his new-found independence, Rati says he plans to further his studies, buy a house and invest in a business. And his next step will be to install hand controls in his car.

Rati extended his gratitude to Lowri Williams, Theuns Botha and Ronelle Lyson in particular. "A special thanks to all of the staff members at the Durbanville Quadriplegic Centre as well, for making my stay incredible," he says. "I would also like to thank the colleagues who assisted in making it possible for me to attend the programme."

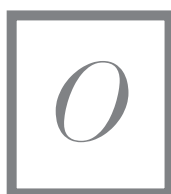
QASA would like to wish Rati well with his new ventures. Happy motoring and remember to buckle up!





# THE FASTEST QUAD ON THE TRACK

**THE ANNUAL SABAT POWERED WHEELCHAIR RACE RETURNED TO THE ZWARTKOPS RACEWAY IN AUGUST TO CROWN THE FASTEST MOTORISED WHEELCHAIR USER. MARISKA MORRIS REPORTS**



On Sunday, August 4, several power wheelchair users gathered on the go-kart track at the Zwartkops Raceway in Centurion to determine who is the fastest motorised wheelchair user for 2019. The annual event forms part of a host of activities at the Cars in the Park festival and honours the long-standing relationship of

16 years between Sabat Batteries and QASA.


Sabat Batteries supports the quadriplegic members of QASA by donating a set of batteries every two years for each member, which enables them to remain mobile.

Former QASA CEO Ari Seirlis says: "QASA is very grateful for this long-standing partnership whereby every quadriplegic who is a member of QASA and uses a power wheelchair can get a set of batteries every two years."

*“Shaun Arde was crowned the fastest man and Soneke de Wit the fastest woman.*

This year, Auto X, Sabat Batteries and QASA gave 22 quadriplegics the opportunity to show what their powered wheelchairs are made of during a one-lap race around the track. A small crowd gathered at the raceway to support the competitors.

After a tightly contested race, Shaun Arde took top honours as the fastest man, whereas Soneke de Wit won the title of fastest woman in a powered wheelchair. Both received a trophy to commemorate the day. Arde was also the 2018 winner of the men's division.

While the race itself took only a few minutes, the participants enjoyed a full day of music and good food at the Sabat Batteries stand. Be sure not to miss the next race! 



# ROUTINE IS KEY

**THE EFFECTS OF PARALYSIS ON THE DIGESTIVE SYSTEM AND BOWEL CAN PROVE CHALLENGING AND RANGE FROM CONSTIPATION TO UNEXPECTED ACCIDENTS. THANKFULLY, REPORTS LIANA SHAW, MOST OF THESE CAN BE MANAGED EFFECTIVELY BY FOLLOWING A FIXED ROUTINE**

**P**aralysis disrupts the bowel system, with two main types of neurogenic bowel dysfunction commonly reported by people with SCI. An injury above the conus medullaris (at L1) results in upper motor neuron (UMN) bowel syndrome, whereas lower motor neuron (LMN) bowel syndrome occurs in injuries below L1.

Those with UMN, or hyperreflexic bowel, are prone to constipation and stool retention as a result of the anal sphincter remaining tight. This often requires the use of an outside stimulus such as a suppository or digital stimulation to promote bowel movement.

In contrast, LMN, or flaccid bowel, is marked by loss of stool movement (peristalsis) and slow stool propulsion, often leading to constipation and incontinence owing to a non-functioning anal sphincter.

According to the National Spinal Injuries Centre (NSIC), which is part of the NHS Buckinghamshire Hospitals group in the United Kingdom, the best way to prevent bowel accidents is to develop and follow a fixed routine.

Developing an individual bowel routine is a very personal and individual process that often involves some trial and error, especially in the early stages.

The NSIC advises keeping a record of daily bowel management outcomes, along with such details as oral and rectal medication used, how long bowel movement takes and whether there have been episodes of incontinence.

It further recommends that you consider the individual's bowel habit before the injury, in other words, how frequently they used to have bowel movements and at what time

of day. This information will be helpful in establishing a daily or alternate day routine at a time that will be most appropriate to their intended lifestyle.


The centre recommends that the bowel management process should not be hurried – adequate time should be allowed to promote a relaxed and complete evacuation. And in order to make use of the gastro-colic reflex, which kick-starts the bowel into action, a meal or hot drink should be taken first.

Laxatives that introduce the necessary fibre can help, especially when used in conjunction with stool softeners that are said to keep the water content of the stool higher.

People with neuromuscular-related paralysis typically also rely on suppositories containing the active ingredient bisacodyl.

Should these methods prove ineffective, an antegrade continence enema is an option, but this technique involves surgery to create an opening (stoma) in the abdomen that allows liquid to be introduced above the rectum, thereby effectively flushing fecal matter from the bowel.

A colostomy procedure is another surgical alternative to consider. This involves creating a permanent opening between the colon and the surface of the abdomen to which a stool bag is attached. Studies have shown that many people who have had colostomies are pleased and would not reverse the procedure.

However, general consensus is that the introduction of a regular, fixed routine in bowel maintenance can address many of these common challenges without the need to resort to surgery. Drinking enough fluid and following a healthy eating plan that includes fibre from cereal, fruit and vegetables are critically important, while activity and exercise also help to promote good bowel health. 



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# THE “UPSIDE-DOWN” KNEE

A BREAKTHROUGH IN KNEE PROSTHESIS TECHNOLOGY HAS PROVEN TO BE VERY GOOD NEWS FOR ABOVE-  
THE-KNEE AMPUTEES

**T**ransfemoral amputees with especially short residual limbs are finally offered a prosthetic solution with incredible results. Just as the name suggests, the Very Good Knee, or VGK-S (S for short stump), is an exciting new prosthetic knee that is proving to be a fierce competitor in the world of prosthetic knees.

An age-old known fact in the field of prosthetics is that the longer the residual limb, the larger the lever arm that makes walking with prostheses easier. Having more muscles, and especially joints, intact in the residual limb can significantly enhance the energy output required to ambulate (move around) with the prosthesis.

The quadriceps muscles in the thigh consist of four large muscles. These “quads” are powerful and assist in movement and propulsion. One of their most important functions is to stabilise the normal and prosthetic knee joint from flexing, essentially keeping the wearer safe from falling. This is, however, increasingly more difficult with a short stump!

In everyday life, quad muscles help you get up from a chair, walk, climb stairs and squat. You can imagine how difficult it must be to walk when you have lost almost all of your quadriceps muscles and are left with only a short little femur to act as a lever arm.

Thankfully, the VGK-S is specifically designed to replace the function of the quadriceps muscles. Some people even refer to it as the upside-down knee joint. It uses the force patterns flowing from the hip to control the stance and swing modes. In other words, your own weight stabilises the knee joint, even if you stumble.

This minimises the effort involved in pushing the joint into flexion against your body weight, as is necessary with


most other knee joints. The fluidic processor evaluates consistently and continuously the progression of the swing phase. This allows for responsive control, even for an odd single-swing phase such as kicking a ball.

Stance phase is also controlled, securing underweight bearing and reacting to activities such as stairs and slope descent. It is easy to see why this knee should not be underestimated! It caters for a group of amputees who otherwise never might have used a prosthesis. It has the added benefit of being surprisingly affordable, compared to other knees.



**LEFT:** The VGK-S replaces the function of the quadriceps muscles, which assist with movement and propulsion.

**ABOVE:** This new knee prosthesis technology uses the wearer's own body weight to stabilise the knee joint.

It has always been my personal feeling that a normal knee is stabilised by the thigh and not by the calf. In most prosthetic knees the stabilisation mechanism is situated in the calf area, so the design of the VGK-S makes a lot of sense to me. Short residual limbs could officially be a problem of the past as the VGK-S poses a very good solution! 



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)





# DISCREET MEDICATION DELIVERY MADE SIMPLE

**SHOPPING FOR MEDICATION AND APPLIANCES AT A PHARMACY IN PERSON CAN BE INCONVENIENT AND EVEN UNCOMFORTABLE, PARTICULARLY IF YOU NEED ITEMS OF A PERSONAL NATURE. MEDIPOST PHARMACY PROVIDES A GREAT ALTERNATIVE**

**T**he largest national courier pharmacy in South Africa has made it easier than ever to order everything from self-medication products and chronic medicine to ostomy and urology appliances as well as continence care products from the privacy of your home.

"There are few things more precious than health and personal privacy," explains Marilize Dreyer, pharmacy manager at Medipost Pharmacy. "We've made it our business to ensure that the products for health and bodily needs are not only highly accessible, but are delivered to the customer's door or a collection point of their choice in packaging that has no external indication of the products that were ordered."

Orders for appliances and self-medication products (health products that can usually be bought without a prescription), can be placed online, via email, with a simple telephone call, or via WhatsApp.

Chronic medicine orders can be placed similarly by sending a doctor's prescription through these channels or even via fax.

Medipost Pharmacy works with most medical schemes and, if possible, will claim directly from the scheme on behalf of the patients it serves. Customers can also choose to pay for orders via various convenient payment methods such as Snapscan, EasyPay, debit order, credit card or direct deposit.


"We stock a wide range of items, from stomas, catheters and associated care products to larger items such as walkers and wheelchairs on the appliance front. Even though most of these items are non-scheduled, some medical schemes will require a prescription," Dreyer says.

"It is therefore important to double-check the correct process with your specific medical scheme, as some schemes do not allow appliance claims from a pharmacy's practice number. Medipost will work closely with patients and their medical schemes to ensure all items are claimed from the correct benefits to safeguard the patient's acute funds for other healthcare needs.

"The convenience of having these items delivered to your home or another address saves time for our customers, and by virtue of the size of our operations we are able to provide medicines and appliances at more affordable rates," she says.

"Our caring team of pharmacists and pharmacist's assistants are able to provide confidential clinical advice over the telephone in all 11 official South African languages," says Rentia Myburgh, sales and marketing director of Medipost Holdings, which includes Medipost Pharmacy. "We find that many people prefer to discuss their private medical matters over the phone rather than in a conventional pharmacy environment where conversations could be overheard.

"While we may not see face to face the customers we serve, their comfort and needs are of paramount importance to us and we regard medical confidentiality as absolutely sacrosanct. Our in-house courier service, MediLogistics, is just as dedicated to protecting your privacy as we are, ensuring complete convenience matched with absolute discretion," Myburgh concludes.

For a full list of the appliances available through Medipost Pharmacy, send an email to [appliances@medipost.co.za](mailto:appliances@medipost.co.za). A list of the self-medication products that are currently available can be requested from [info@medipost.co.za](mailto:info@medipost.co.za). 



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# PLANNING YOUR JOURNEY TO WELLNESS



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 A photograph showing a person in a wheelchair being assisted by a caregiver. The caregiver's hands are visible, supporting the person's legs. The person is wearing a light blue shirt and grey pants. The wheelchair is a standard manual chair with a large rear wheel and a smaller front wheel.
 

# MANAGING SCI PAIN: A PIPE DREAM?

CONTRARY TO POPULAR BELIEF, PEOPLE IN PARALYSIS CAN AND DO EXPERIENCE THE AGONY OF PAIN. FINDING SUITABLE WAYS TO MANAGE IT REMAINS THE ONLY REAL MEANINGFUL SOLUTION FOR NOW, REPORTS LIANA SHAW

**I**t is a common misconception that someone with SCI would not be able to feel pain owing to loss of sensation. In reality, a type of chronic pain called neurogenic or neuropathic pain often accompanies paralysis, as there is a critical lack of gamma-aminobutyric acid (GABA), an inhibitory neurotransmitter, in the injured spinal cord.

"This may go so far as to 'disinhibit' spiral neurons that are responsible for pain sensations, causing them to fire more than normal," states the Christopher & Dana Reeve Foundation.

In an article on pain management associated with SCI, published in July, the foundation further cites recent data pointing to a possible shortage of the neurotransmitter norepinephrine coupled with an overabundance of the neurotransmitter glutamate.

Aside from the effects of these chemical changes, people with SCI often experience upper extremity pain from having to push a wheelchair. For those using manual chairs, the experts recommend adjusting the rear axles as far forward

as possible and adopting a hand motion that goes around instead of back and forth.

Seat height is important too. It's advisable to set the axle height so that your fingertips extend just past the axles when you lean back with your arms relaxed. Also ensure that the tyres are inflated correctly at all times – wheelchairs with underinflated tyres are harder to push.

Over time, with age, weight and acute pain setting in, switching from a manual to a power wheelchair could be your best option. There may also come a time when greater reliance on pain medication is needed. Which begs the question: Can pain relief be found in modern medication?

Sadly, it appears current treatment for chronic pain conditions are not only largely ineffective but are mostly used in a trial-by-error manner. The Christopher & Dana Reeve Foundation is calling for the development of new remedies to address this issue. In the meantime, pain sufferers are compelled to look for alternative solutions.

## HOLISTIC OPTIONS

Individuals living with SCI are often encouraged to try non-





conventional therapy methods such as heat and massage therapy, acupuncture, exercise, hypnosis, biofeedback, spinal cord stimulation and transcranial electrical stimulation (TCES) techniques. Although not fully accepted in the medical community, many of these therapy methods have proven successful.

Heat and massage therapy have been shown to be effective in managing musculoskeletal pain related to SCI, whereas recent research suggests that acupuncture – a practice that originated in China and dates back 2 500 years – can boost levels of the body's natural painkillers (endorphins).

Hypnosis is said to help alleviate pain by changing one's perceptions of discomfort, while biofeedback is heralded as a successful pain treatment by signalling a change in a person's responses to pain through relaxation techniques. And, of course, good old exercise – the universal recommendation for most ailments – is said to bring about a significant improvement in pain scores in people with SCI.

TCES involves the use of electrodes applied to the scalp, allowing electrical current to stimulate the underlying cerebrum, with studies showing a reduction in pain associated with SCI. In cases of acute and prolonged pain,

more drastic measures such as nerve blocks, physical therapy and rehabilitation and even surgery may be recommended.

### THE PAIN-RELIEF LADDER

When it comes to conventional pain killers, options include a "ladder" of medications, starting with over-the-counter nonsteroidal anti-inflammatories such as aspirin, all the way up to tightly controlled opiates such as morphine.

Aspirins and superaspirins such as celecoxib (Celebrex) coupled with ibuprofen may help with muscle and joint pain but provide no relief from neuropathic pain.

Opioids – ranked at the top of the ladder – include codeine and morphine. The latter is not recommended for long-term use because of its severe side effects such as depressed breathing, constipation and brain fog.

In 2012, the pharmaceutical giant Pfizer received approval from the Food and Drug Administration in the United States for an anticonvulsant called Lyrica to target pain specific to SCI. The company claimed this medication reduces neuropathic pain associated with SCI from baseline compared to placebo.

Notwithstanding, providing chronic pain relief for people with SCI remains a pressing challenge for pharmaceutical companies. Recent data from the national Model Spinal Cord Injury Systems indicate pain prevalence ranging from 81 percent at one year after injury to 82,7 percent at 25 years – an extremely sad situation indeed. <sup>[4]</sup>

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# THE 3D-PRINTING REVOLUTION

AS TECHNOLOGY ADVANCES, IT IS ALSO BECOMING CHEAPER. COULD 3D PRINTING SOON BE AFFORDABLE FOR EVERYONE? WHAT DOES THIS MEAN FOR DISABILITY-RELATED PRODUCTS? BOB VOGEL FROM *NEW MOBILITY* FINDS OUT

**I**magine coming up with a cool idea, being able to design that idea on a computer, hitting “print” and seeing your idea come to life, ready to use. For three long-time friends, two of whom are quadriplegics, that idea was custom disability-related aids for daily living. For a father-and-son team of engineers, it was novel switch technology that allows people with limited dexterity to use touchscreens.

In both cases, thanks to 3D printing, the teams were able to bring their visions to life without breaking the bank. They can now pass the savings on to consumers. Welcome to the 3D-printing revolution in which hobbyists, inventors and entrepreneurs are creating innovative and affordable disability-related products.

Wheelchair users often have great ideas on how to create better and less expensive solutions to everyday disability-related problems. Until recently, bringing these ideas to

fruition involved costly steps of creating, modelling and machining prototypes, or having them custom-made by occupational therapists. As a result, many ideas remained at the concept stage, or financially out of reach.

The growing affordability of and access to 3D printers are rapidly changing this. The price of 3D printers has plummeted from about US\$100 000 (about R1,4 million) in the early 2000s to the comparably more affordable US\$1 500 to US\$5 000 (about R22 100 to R73 800) for a machine that produces similar quality prints.

Entry-level machines can be purchased for less than US\$200 (about R2 900). This has created a movement of people producing innovative and affordable designs for personal use, as a hobby, for their club or to start a small business.

## MAKERS MAKING CHANGE

One driving force in the 3D revolution is the web’s myriad



offerings of open-source finished designs and user-friendly programs that make it easy to find, create, modify and print almost any shape imaginable. Until recently, aspiring designers had to purchase and learn how to use extremely complex and prohibitively expensive computer-aided design (CAD) programs.

Now there are a number of quality free options for people wanting to get started with CAD. Both SketchUp and Tinkercad are solid, simple programs built with the amateur hobbyist in mind. Fusion 360 is an extremely powerful program that's relatively easy to use and free for non-commercial use or start-up companies with annual revenue of less than US\$100 000 (about R1,4 million).

If you have an idea for a product but lack design skills, there are websites that focus on matching designers to people with a specific need or idea. Better still, when somebody makes or improves a design, they often share it online.

A prime example is Makers Making Change, which is an online site that connects "makers", including hobbyist, people in arts and crafts, engineers, scientist or do-it-yourself individuals with people with disabilities who need activities of daily living (ADL) or assistive technologies. People with an idea for a specific ADL can also connect to a maker to turn it into reality.

The project was started in 2012 by the Neil Squire Society, a Canadian non-profit organisation. According to its website, it is "committed to creating an international community of makers who support people with disabilities within their communities by creating accessibility solutions".

The Makers Making Change website has an online library of 3D printable ADLs. It also offers connections to local makers with 3D printers who can either print an existing product or customise a product to fit a person's needs, all for the price of printing material. For example, a 3D-printed adaptive utensil or pen holder will cost about US\$3 (about R44), compared to US\$15 (about R221) to US\$20 (about R295) in many online stores.

When somebody has a cool idea, the site has links to connect them with local makers who volunteer their time to bring that idea to fruition.

"3D printers have created a movement of hobbyists who are getting into making things," says Harry Lew, manager at the Neil Squire Society. "It is sort of parallel to the '50s when you had the emergence of power hand tools that became available and people were making their own furniture. The 3D movement covers all ages, including retired engineers who have ideas, like to model and create, and now can do a 3D print for next to nothing."

Lew says occupational therapists refer people with disabilities who have limited funds to Makers Making Change so they can obtain inexpensive custom ADLs directly from the maker. These connections provide cool solutions to maximise independence, he says, adding that the connections also help makers and people with disabilities have a broader understanding of each other.

### A BOON FOR BUSINESS

Just as 3D printing is used by groups like Makers Making Change to empower individuals, the technology also helps many small businesses get off the ground.

"For a small start-up, time and money are in short supply and 3D printing saves a lot of each because we can prototype and refine our ideas right at the shop, rather than having to spend thousands of dollars and a lot of time to have each prototype made at a machine shop," says Stefan Henry, co-founder and CEO of Level the Curve.

This company was co-founded in April 2017 by three close friends: Henry, Eli Ramos and Khan Sakeeb. Henry and Ramos are quadriplegics. "A few years back, Eli, Khan and I said: 'Let's start a company that makes stuff to help people with disabilities get through life more easily'," Henry says.

They design their products using two complex and expensive CAD programs, SolidWorks and Rhino, and print them on a FormBot 3D printer, which retails for about US\$900 (about R13 200). Their first product is the Eating Tool, a device that looks a little bit like two-holed brass knuckles, made to hold a utensil.

It's intended to make it easier for a person with limited finger function to get food from their plate to their mouth, and retails online for US\$20 (about R295). "Orders are coming in," Henry says. "It's slow but building momentum, and we have more products in the beta test stage."

PTW Design & Development, too, has benefitted from the ease and affordability of 3D printing. This assistive technology and ergonomic design company was launched three years ago by the father-and-son team of Philip and Richard Weiss. Philip is an electrical engineering/computer science graduate who has limited hand dexterity because of Duchenne muscular dystrophy, and his dad, Richard, is a scientist.

They used 3D printing to make prototypes of their first two products, the AireLink and the AireTouch, which enable switch activation and interfacing with a smartphone or computer touchscreen for people with limited dexterity and sell for about US\$50 (about R738).

"We got as close as possible to the final design before committing to the cost of having moulds cut," Philip says. "This was much faster and less expensive than sending drawings to a machine shop or making expensive injection moulds."

The company also has prototypes for a hand brace for keyboard operation.

"It is good we were able to save money with 3D prototyping because we thought when we had a prototype, we were 50 percent of the way to market. It is more like one percent of the way," says Philip. Still, Philip and Richard are enthusiastic and currently beta-testing the AireLink and AireTouch.

### CREATE FROM HOME

3D printing has also empowered inventors with disabilities looking to create ADLs for personal use or for friends.

"Making things for myself and others gives me a feeling of accomplishment and allows me to overcome obstacles, which makes my life easier and helps me feel less trapped by being a C5-6 quadriplegic," says Tim Beidler, the treasurer of NW Inventors' Network (NWIN), a club and resource network for inventors in the United States.

Beidler has been making items for more than 18 years – from parts that make his van easier to drive, to a tennis

ball launcher for his service dog. He designs each item from scratch using complex CAD programs. "Before 3D printing, I had to send files out to local and sometimes national machine and sheet metal shops to have parts made. It was both costly and time-consuming," he says.

Five years ago, NWIN purchased a high-quality Replicator 2X printer, of which the current version retails at US\$2 499 (about R36 900). It resides at Beidler's house. "Now I can print items right here in my office, which is faster and much less expensive," he says. "Of the 11 different items I've designed and built for my daily use, seven were 3D printed."

Beidler's 3D prints include an articulated arm for his cellphone that fits on his power chair, a dog treat dispenser for his service dog, a custom box enclosure for holding USB sockets, and custom side guards to keep his feet from spasming off his footrests.

"The side guards would have cost well over US\$100 [about R1 400] from a wheelchair company and all they cost me was the price of printing material, which is about US\$6 [about R88]," he says. Beidler has the skills to take someone's idea from conception to 3D printing. He has designed and printed items for a local accessible van shop and some of their customers.



"As a full-time tinkerer and aspiring inventor, I understand many of the trials and tribulations involved in bringing ideas to life, and I know all too well what it's like to need help. I enjoy using design skills and 3D printing capabilities to help others develop their ideas," Beidler says. He generally charges US\$35 (about R517) per hour to design for others, but works on a sliding scale down to zero, depending on a person's resources.

Kary Wright was turned on to 3D printers last summer when he saw a guy flying a drone similar to his, but with extra-long landing gear that kept the propellers from breaking when touching down in tall grass. Wright, a C5-6 quadriplegic who also writes for *New Mobility*, found out the pilot had 3D printed the unique landing gear.

The pilot gave Wright the set and told him he'd just print another that night. Most importantly, he told Wright he could order a printer online for US\$200 (about R2 900). "That night I went online and ordered a Monoprice printer for US\$212 [about R3 100]," Wright recalls.

He quickly discovered many online sites where people share free 3D designs and easy-to-use programs. "My favourite site is Thingiverse because it has categories like disability aids and people share what they design," he says.

## WHAT IS A 3D PRINTER?

3D printers take information sent from a computer and create objects in 3D. Most affordable models use filament, which they feed into a print head that heats it into molten material, similar to a glue gun. The printer then relies on the computer to control the flow and thickness of the molten material to make the 3D pattern by laying down one layer at a time until the object is finished.

Filament comes in spools of one kilogram and a variety of materials and colours for about US\$25 (about R369) a spool. The two most common materials are polylactic acid (PLA), which is a biodegradable plant-based thermoplastic, and acrylonitrile butadiene styrene (ABS), which is a more durable type of plastic. A single spool can print many projects.

"Another free program I like is Tinkercad because it's user-friendly for the person who doesn't know CAD. It's easy to use and lets a layperson like myself modify shapes by clicking and dragging. Or if I know the dimensions for my project, I can type them in."

The list of cool ADLs and disability-related items Wright has made already is impressive: a holster-type cellphone holder that cable-ties to the armrest of his chair, joystick extensions that enable him to fly his drone with limited hand dexterity, a mount to hold his cellphone while he's flying the drone, and a leg bag drain that he can operate independently.

"A big pain for me as a quadriplegic was having to ask somebody to drain my leg bag for me. I looked at commercially available automatic ones, but they are going for about US\$400 [about R5 900]. I made one on the 3D printer for a few bucks using filament, a spring and some cable ties," Wright says.

He adds that 3D printing is extremely economical. Most of his ADLs were made for just the cost of printing filament, which is only a few dollars. He says it usually takes him three or four prints to adjust and tweak a design so that it's just right.

"I'm happy with the inexpensive 3D printer. The only downside is that it is slow. The average length of time it takes to print something like my cellphone holder is about six hours. It also can't print shapes that require thin or complex areas," Wright says. The more expensive printers are faster and can print more complex objects. They also have multiple print heads, are easier to clean and have bigger print.

*This article first appeared in New Mobility on December 1, 2018. To read the original article and access more information on 3D printers, visit <http://www.newmobility.com/2018/12/the-revolution-will-be-3d-printed/>. <sup>[R]</sup>*



# Pressure Relieving Mattress Rentals is celebrating 21 years in South Africa

**P.A.C. Rentals** is the leading supplier of pressure relieving mattress and seating systems in South Africa.

The rental concept was introduced into South Africa in 1998 by Neil McMillan who was at the time working in South Africa representing an overseas supply company.

Neil and his wife Catherine, both have backgrounds in nursing and paramedics, as well as teaching and training nursing staff regarding pressure ulcer awareness and prevention.

Together they saw there was a huge need for rental equipment in the hospitals and care environments and decided to set up a company dedicated to supplying the needs for this specialised equipment nationally.

**P.A.C. Rentals** has grown with the increased demand in the country and now has a dedicated team of 40 staff members and is represented in all provinces in South Africa.

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- The company – PAC Rentals – holds the responsibility for the maintenance of the mattresses and pumps.
- The cleaning and decontamination of the systems is the responsibility of P.A.C. Rentals. Each system is stripped, cleaned and decontaminated according to infection-control guidelines
- Storage space at the hospital is not needed as we deliver to the hospital on order and collect when the system is no longer needed.
- Financially – if the hospital is renting and motivates to the medical aids, they are more willing to pay the daily rental fee.
- The cost of renting is on a daily basis and on usage. If the hospital does not use the mattress, they have purchased, then it sits in the store room and it is not cost effective.
- Our range of systems vary from paediatric mattresses to bariatric mattresses and all are available for rental.
- We also have a stock of seating available for rental if required.

The key to preventing a pressure ulcer is to move your body on a regular basis.

If you are unable to move yourself on a regular basis in bed, your nurse or carer may suggest that you are provided with a **MATTRESS WITH ALTERNATING PRESSURE THERAPY**.



Alternating pressure therapy have been developed and designed to completely relieve the body of pressure. They are constructed from layers of air cells that inflate and deflate on a regular basis to mimic your body's natural movements.

These movements helps to maintain blood flow in your skin tissue helping to prevent a pressure ulcer from developing or help to treat pressure ulcers.

For further information please discuss pressure ulcers with your nurse or carer.

**P.A.C. Rentals : 011 888 5450**

**Working Hours : 24 hours - 7 days a week - 365 days a year**

# PARTNER VS CAREGIVER

**FEW RESOURCES ARE AVAILABLE TO ASSIST CAREGIVERS, ESPECIALLY PARTNERS WHO ARE ALSO CAREGIVERS. HERE ARE SOME THINGS TO CONSIDER WHEN NAVIGATING THIS TRICKY RELATIONSHIP**

**W**hen someone sustains an SCI, most of the information that is shared focuses on the injured person. There are fewer resources available for partners who become caregivers. Getting in touch with professionals who can provide support for partners is very helpful. After all, an injury

impacts family and friends too.

Aside from one-on-one professional support, there are other things you as a partner can do to navigate the changes that an SCI brings to a romantic relationship. While it is recommended that the roles of caregiver and partner be fulfilled by two different people, the reality is that most spouses do become caregivers for their partners. This is especially true in rural communities.

Do not be a caregiver first – be his or her partner first. Be mindful of the fact that many people can fill the role of caregiver, but what you offer as his or her partner is unique. Making time for sex and intimacy should be a priority, as it is easy to neglect the emotional side of a relationship when caring for your partner.

As a partner to someone with an SCI, you will also require assistance from time to time. It helps to know on whom in your support system you can count, and get them involved as soon as possible. This way, if you require their help at some crucial point, they are already clued up.

Having a life separate to your partner's can also help you to recharge emotionally. You are more than your partner's

caregiver and can't be an effective caregiver unless you take care of yourself, too. It's not selfish to indulge in self-care and put yourself first at times.

It is equally important to remember that you and your partner are in this together. It is inevitable that there will be times where one (or both) of you will feel frustrated, and it is easy to take this out on each other. You may have to remind yourself that your fight isn't with your partner as much as you are fighting together against barriers.

You can expect that people will ask a lot of questions. This can sometimes be out of ignorance, as an attempt to help or maybe just because they are curious. Regardless of the reason for the questions, when you expect them, it is easier to prepare responses and then minimise the frustration they sometimes bring.

You'll need to adjust to your new life, your new roles, and the presence of new people and professionals in your life. Peer supporters, physiotherapists, occupational therapists, doctors, nurses, psychologists and maybe even lawyers will become a part of your team in caring for you and your partner. They are there to help, so reach out when you feel the need to do so.

Finally, it can be immensely valuable to join a community of people to whom you can relate. People who have been through similar experiences and emotions can help support you during this process. Whether it is in-person get-togethers or online forums, there are many resources out there to assist. [\[1\]](#)



Dr 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.



# BUILDING A DISABILITY EQUITABLE STATE MACHINE

THE LAST INSTALMENT OF OUR SERIES ON THE PILLARS OF THE WHITE PAPER ON THE RIGHTS OF PERSONS  
WITH DISABILITIES CONCERNS CAPACITY BUILDING AND TRAINING

**T**he seventh pillar of the White Paper on the Rights of Persons with Disabilities (WPRPD) is capacity building and training. It focuses on public institutions that need to ensure the development of in-house capacity so that the consideration of disability can be made mainstream across all programmes and services. This includes gaining an in-depth understanding, knowledge and experience of, among others:

- Mainstreaming disability consideration, which includes incorporating universal accessible design principles across the planning, implementation and monitoring value chain of all programmes, as well as putting measures in place to provide reasonable accommodation in an attempt to remove barriers of entry for people with disabilities; and
- Meeting obligations contained in the Convention on the Rights of Persons with Disabilities and other international regional rights instruments.

The directives to measure compliance include the training of personnel on providing services to people with disabilities.

All public and private institutions must ensure that personnel responsible for frontline service delivery, design and planning, budgeting, service delivery and the administration of justice undergo ongoing training on strategies and measures to ensure equality of outcome for people with disabilities in their programmes.

Additionally, disability equity and service delivery improvement training must be included in the annual continuous development programmes of all professional staff that render services to people with disabilities. Institutions also need to include modules on disability in all educational materials and courses.

Education materials across the learning spectrum must include modules on inclusion and disability equity, while all disability equity training courses must include people with disabilities (inclusive of parents) as part of the trainer component.

The further education and training band is seen as a critical cornerstone for people with disabilities to gain entry to the world of work. Public institutions are relatively well equipped to manage learners with disabilities. Where there are challenges, it's imperative that the public institutions work with the appropriate disability organisations.

These reasonable accommodation of people with disabilities in a skills development environment will need to be considered on a case by case basis, as no form of reasonable accommodation will suit everyone. People with disabilities need to be included in the appropriate reasonable accommodation that will allow them to perform optimally.

The public institutions must be aware of the accepted disability employment equity target, which is 7,5 percent of the workforce. Currently, only about one percent is being achieved.

For employers to comply with the target of 7,5 percent, public institutions would need to provide the appropriately qualified candidates to fill these positions.

Public institutions should work closely with the respective SETAs, as many of them provide dedicated funding grants for learners with disabilities. The 7,5 percent target will in all probability increase by the next census.

The World Health Organization estimates that 15 percent of the world's population is made up of people with disabilities, which implies that the disability employment target could be set at 15 percent. Therefore, interventions need to be proactive on the 15 percent target. <sup>[1]</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.



## DIFFERENT STROKES FOR DIFFERENT FOLKS

EACH PARENT APPROACHES PARENTING IN THEIR OWN WAY, AND THAT INCLUDES PARENTS ON WHEELS. IN THE END, BEING INVOLVED IN YOUR CHILD'S LIFE IS ALL THAT REALLY MATTERS



While studying occupational therapy, the term "Jack of all trades" was thrown around quite readily – but instead of completing it with "...master of none" as the saying goes, we said: "...master of all." We did subjects like woodworking, sewing, arts and crafts and a variety of sports and other activities.

Fellow students, family and friends were perplexed by all the projects we had to do and couldn't understand how they fit in with treating patients. At first I had a tough time making the connection too! Until I did.

It was all about helping people adjust to daily life from a different perspective in a different way. Finding ways to improve regular activities to suit the needs of every individual with altered needs, enabling them to do the things they loved to do. It was also about finding ways to do and experience new things they thought they could never do.

OK, bear with me – this isn't about occupational therapy! We're still talking about parenting. It's about parenting from a different perspective and finding ways to be the parent you want to be – regardless of physical abilities.

Parenting is probably one of the most regular, natural "activities" out there, but every single parent, with or without physical challenges, will inevitably tackle it in their own, unique way, much like life in a wheelchair. You could say that parents on wheels will do great since they know how to tackle life in a way that suits their needs!

### EMBRACE CHANGE AND EXPERIMENT

There are two types of wheelchair parents. Some had

already been in a wheelchair when they had their children, whereas others were parents first and became wheelchair users after. It's debatable which is more challenging, but my perspective is this: It doesn't matter!

What matters most is for each parent to find solutions that suit them. For example, some wheelchair moms or dads use a scarf to handle, hold, pick up and secure their baby or infant. Others don't feel comfortable with that method at all. Some choose to change their baby's nappies on a work surface specially built for them. Others use their bed or another surface around the house.

### LET TECH WORK FOR YOU

Technology and innovation in our our day and age are just fantastic. There pretty much isn't anything that can't be changed, altered or created to make our lives easier. I learnt that as an OT and had it reinforced when I started using my chair! It doesn't have to be expensive or someone else's innovation, it can be our own.

Take a task or activity that is challenging; think out of the box to find a solution that works for you. I bet, if you look around the house, you'll even find something to help you implement the changes! As long as you do what you can to be the best and most involved parent, nothing else matters.

### NO "RIGHT" OR "WRONG"

Ultimately, there is no right or wrong. Change, adapt, experiment and adjust as much as you need to in order to find methods that enable you to get those parenting tasks done. As parenting coach and TV personality Sue Atkins says: "There is no such thing as a perfect parent, so just be a real one." [\[2\]](#)



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.





# PRACTICAL TIPS TO INCLUDE ALL

THE FIFTH ARTICLE IN OUR SERIES ON INTEGRATING CHILDREN WITH DISABILITIES INTO INCLUSIVE CLASSROOMS IN MAINSTREAM SCHOOLS PROVIDES TEACHERS WITH TIPS FOR INCLUDING ALL LEARNERS IN THEIR LESSON PLANS



While physical access is important, it is just as important for teachers to ensure that what and how they teach is inclusive. All teachers should develop daily, weekly and quarterly plans outlining the work that will be covered and how this aligns to the curriculum.

In addition, these plans or lesson schedules should stipulate the teaching method as well as any equipment and materials necessary. If there is more than one class per grade, it is helpful for the group of teachers to plan the lessons together. While the content of the lessons can't change, the "how" can be adapted to include the learning needs of learners in each classroom.

For example, in Grade 1 maths, students need to count in tens. This is the "what". When it comes to the "how", teachers need to establish the best method of teaching the learners to count by considering their backgrounds, life experience and ability.

A teacher can, for example, encourage a child with cerebral palsy who is unable to count verbally to use South African Sign Language or point to the numbers on a number grid or chart. When teachers are designing their lesson plans, they might consider the following factors:

## ENVIRONMENT

Where will learning take place and who will teach? Will tuition be teacher- or learner-led? Will the learners sit at desks in rows or on the floor; in small groups or pairs, or will they work independently? Think about where learners in wheelchairs will be best positioned and where they'd like to be. If at the front, will they block the view of learners seated behind them? Can they navigate independently around desks? Can they transfer from their wheelchairs

to regular seats or the floor? Do they require pressure cushions?

## PARTICIPATION

Are all learners able to participate? If they require assistive devices, are these available and can they be used in the learning activity? Are there opportunities for all learners to play an active role by, for example, presenting? What modifications to your task might be needed?

## REPRESENTATION

Are activities suitable for all learners? Are the examples used in your activities appropriate and inclusive? Are the tasks varied enough to encourage all learners to participate? Are you using differentiation within your teaching?

## MATERIALS

Can the materials be used by all learners? Can they be adapted? What adaptations are needed and who can make these adaptations? How much time is required and are there associated costs?

If teachers think carefully about the differing learning needs of the learners in their classes and plan accordingly, they'll be far better equipped to meet the individual needs of all learners they teach.

It is important that teachers are familiar with a learner's Individual Support Action Plan or Individualised Education Plan, which is developed to ensure that learners who require additional support receive it. Our next article will provide teachers with practical tips on using the Screening, Identification, Assessment and Support (SIAS) policy document to assist learners with physical disabilities in their classrooms. [\[7\]](#)



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

# LGBTI WITH DISABILITIES: THE REALITY

**ALTHOUGH THE CONSTITUTION OFFERS PEOPLE OF ALL SEXUAL ORIENTATIONS THE SAME RIGHTS, DISCRIMINATION REMAINS PREVALENT - ESPECIALLY AMONG THE LGBTI COMMUNITY WITH DISABILITIES**

**T**he South African Constitution was the first in the world to prohibit unfair discrimination on the grounds of sexual orientation, which guarantees equality for lesbian, gay, bisexual, transgender and intersex (LGBTI) people. This includes being allowed to get married and adopt children. Most western countries are very accepting of open expression of sexual orientation.


So is all well in the rainbow nation? Not yet. Discrimination persists, especially against people with disabilities. Many LGBTI people with disabilities struggle to "find their place", to break out of social isolation and find intimate partners.

In the LGBTI community, we are bombarded with images of young, beautiful, able-bodied people. So when someone finds you attractive, it can easily happen that you regard them with suspicion. Sometimes you feel betrayed by

your own community. The pain of rejection by the LGBTI community is greater than the rejection by the straight community, as many LGBTI people have faced some form of discrimination themselves.

Most gay bars - by accident and not by design - are inaccessible. Nonetheless, people with disabilities will find a way around those physical barriers to also enjoy the fun. If you have a severe disability and rely on a caregiver, you might have to deal with the negative reaction from them regarding your sexuality if they are ill-informed.

Some teenagers with disabilities feel guilty about having a disability *and* about their sexual orientation. They don't want to come out to their families, because they feel it would be too much for them to bear on top of the disability.

There is a need for more dialogue around the issues facing LGBTI people with disabilities if we are all to experience a non-discriminatory inclusive society. 



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

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## TRUE INDEPENDENT LIVING WITH CHESHIRE HOMES

New independent-living cottages currently under development at the Ann Harding Cheshire Home in Northwold, Johannesburg, offer people with disabilities a unique housing opportunity. Several options are available, starting from two-bedroom, two-bathroom cottages costing R1,79 million each.

The design can accommodate family members or provide more privacy for caregivers. While these homes built by Hardman & Hardman come with a price tag that might seem steep, such a purchase is an investment. Any person with a disability or a member of their family can buy one of these properties at any stage in their lives and stay for as long as they like.

Payment is required in cash, but the money is returned along with 25 percent of any profit if the resident moves and sells the property. Accessibility-related adaptations to the home will also increase its value as it will be resold to other wheelchair users.

Residents will have access to the amenities and some of the services

offered by Ann Harding Cheshire Home. They can, for example, make use of the swimming pool, visit the café and charity shop on the premises, join the monthly music nights and make use of limited catering services.

Similar to homes in a complex or gated community, these independent-living cottages provide privacy without isolating individuals. There is ample opportunity to socialise.

Hardman & Hardman and Ann Harding Cheshire Home are currently constructing the first independent-living cottage, which will serve as a show house for the official launch later this year. However, buyers are already welcome enquire by phoning LPB Projects on 082 338 3416 or sending an email to [robbielpb@gmail.com](mailto:robbielpb@gmail.com).



## NAPPY RUN RETURNS

The annual five-kilometre Nappy Run fun run returns to Johannesburg Zoo on National Children's Day (Saturday, November 2). The campaign focuses on raising awareness of the conditions children with disabilities live under, the challenges they face and their rights that are violated.

It also serves to raise funds to buy nappies for children with disabilities, as this vulnerable and marginalised group often goes without such essential health items. This year, the organisers aim to raise money for at least 55 000 nappies to supply to children with disabilities around the country.

The event is organised by the National Council of and for Persons with Disabilities (NCPD). It forms part of the organisation's observation of Disability Rights Awareness Month (DRAM), which is held in November. The Nappy Run campaign draws to a close on December 3 to coincide with International Day of Persons with Disabilities.

Join in by running, walking, strolling or wheeling. The race starts at 07h30 (registration opens from 06h30) and tickets can be purchased from the Nappy Run website at R60 for children and R100 for adults. For more information or to donate, visit [www.nappyrun.org.za](http://www.nappyrun.org.za) or send an email to [nappyrun@ncpd.org.za](mailto:nappyrun@ncpd.org.za).



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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 SIXTH EDITION OF ROLLING INSPIRATION IN 2019 WILL BE PACKED WITH FABULOUS ARTICLES. HERE'S WHAT TO EXPECT:



## ACCESSIBLE HOUSING

We take a look at the housing options for wheelchair users who require more full-time care.



## HEALTH EATING

With most wheelchair users at risk of diabetes and obesity, we share some advice on meal planning and diets.



## BEAUTY

From adapted brushes to special techniques, we highlight the best ways for quadriplegics to apply makeup.



## MEDICAL AIDS

We list the important services wheelchair users need to look for when picking a medical aid.

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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:

### 1 - 3 OCTOBER: "DISABLING NORMATIVITIES" CONFERENCE

The Wits Centre for Diversity Studies (WiCDS) will host an international conference from October 1 to 3 at the University of Witwatersrand in Johannesburg with the theme "Disabling Normativities". The aim of the event is to take the notion of the disabling effects of normative social relations seriously and look at ways of reducing them. Visit [www.disablingnormativities.com](http://www.disablingnormativities.com) to find out more.

### 23 - 25 OCTOBER: SOUTHERN AFRICA ASSISTIVE TECHNOLOGY EXPO

The Southern Africa Assistive Technology Expo (SAATE) will be held at Safari Court Hotel & Conference Centre in Windhoek, Namibia, from October 23 to 25. The theme is "Wake up and do it for yourself: To promote and advance local assistive technology (AT) solutions for Southern Africa". For more information visit [www.saate.org](http://www.saate.org).

### 2 NOVEMBER: NAPPY RUN

The annual five-kilometre fun run returns to the Johannesburg Zoo on National Children's Day, Saturday, November 2. The Nappy Run campaign is focused on raising awareness of the conditions children with disabilities live under, the challenges they face and their rights that are violated on multiple levels. Tickets can be purchased at the Nappy Run website and cost R60 for children and R100 for adults. Visit [www.nappyrun.org.za](http://www.nappyrun.org.za) to find out more.

### 7 - 14 NOVEMBER: WORLD PARA ATHLETICS CHAMPIONSHIP

Para athletes who excel in track and field sports will gather in Dubai, the United Arab Emirates, for the 2019 World Para Athletics Championship. This is a major qualification event for slots leading up to the 2020 Tokyo Paralympic Games. To learn more about the event, visit [www.paralympic.org/dubai-2019](http://www.paralympic.org/dubai-2019).



# THE FREEDOM TO BE YOU



The **QuadPara Raceday** is a day which celebrates the freedom that power wheelchairs allow people with mobility impairments to live independent lives and have a lot of fun doing so.

Sponsored by **SABAT® Batteries**, the day also commemorates the enduring relationship between the **QuadPara Association of South Africa** and **SABAT® Batteries**, a relationship which began many years ago when **SABAT®** started supplying batteries free of charge to members of the association to power their wheelchairs.



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