ROLLING INSPIRATION

JANUARY-FEBRUARY 2016 | R45.00

The lifestyle publication for people with mobility impairments

BY GEORGE!
The Mercedes-Benz Sprinter is a great people transporter

CHEF'S CORNER
Is your kitchen universally accessible?

REHAB CENTRES THAT ROCK
Rediscover your full potential

NAIL IT!
How to ace your job interview

ADVANCES IN PROSTHETICS
The dawning of the robotic age?

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REGULARS

TO PEE OR NOT TO PEE?

Using a public restroom can be a hassle-free pleasure – or a pain

I have been in plenty of bathrooms throughout my life and I know that what happens in there doesn't usually make for an interesting story. But two of my recent experiences highlight the contrast in available amenities and comfort.

I recently encountered a shower in which every bathroom fitting was placed in the most practical way and it looked very inviting. The physiotherapists and occupational therapists who'd taught me to transfer from my wheelchair would have been proud of the ease with which I handled my ablution routine there.

It was the bathroom that was the star of the show. The height of the wall-mounted shower chair matched the height of my wheelchair perfectly, which made the transfer a breeze. The grab rails were positioned exactly where needed to give me a sense of security. The controls were easy to operate with one hand as I steadied myself with the other hand. I had to applaud the ingenuity of the person who designed it so thoughtfully.

On another occasion, the opposite occurred. Not only are many public restrooms inaccessible, but you also sometimes have to pay to use them. Now this might be a great way of ensuring that they are kept acceptably clean, but the payment mechanism is often mounted so high that you cannot operate it without help. At one of the shopping centres in Cape Town, you need to insert a R1 coin in a slot to open the door. When I visited, I could not open the door on my own, so I had to ask the cleaning lady to do it for me. I went in and started to prepare to empty my bladder. This simple task, made easy by good training in rehab and years of experience, could go terribly wrong if the equipment is not arranged in a practical way. And maybe it was a case of Murphy's Law but this was not my day.

First, the cubicle was not as big as I expected; I could just about shut the door behind me and turn sideways to face the basin. When I leaned over to open the tap, I was startled by the sudden buzz of the automatic hand dryer that growled at me when my other hand triggered the sensor! The tightly closed tap required extra force to manoeuvre and when it did open, it splashed water right into my face. The soap-dispenser nozzle was so clogged that I had to give it a violent shove before it produced a squirt of creamy liquid all over my trouser leg.

After washing and drying my hands, I was just about to take out my catheter, hand disinfectant, lubricating jelly and hand towel, when the latch suddenly clicked and a tall man pushed the door open. My infuriated shouts alerted a security guard, who came to my aid. I managed to shut the door and finish my business, and then emerged to find the would-be intruder still arguing with the guard about the fact that he'd paid his money but could not use the toilet!

Nothing further came of it, but it did open my eyes not only to accessibility issues but also to personal safety. Be vigilant and try to seek out the public facilities that make the routine moments in life a little easier.

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

TALENT- SEEKER

Telkom has a new and important aim. THATO TINTE looks at how the company is distinguishing itself as an equal opportunities provider for people with disabilities

People with disabilities have often experienced imbalanced career opportunities and limited employment within the country's workforce. Thankfully, progressive companies such as Telkom are changing this landscape and placing more emphasis and effort on the recruiting and developing of employees with disabilities.

As a leader in the information and communications technologies (ICT) field, Telkom is committed to demonstrating its value of diversity and inclusion in its workforce by ensuring that people with disabilities receive equal rights and equal employment opportunities.

"While we are a large organisation of approximately 14 000 employees, we are foremost a Telkom family, whose members work together for a common goal," says Telkom's employment equity specialist, Buyisile Hlongwane.

A level playing field. Telkom supports a work environment where everyone has a fair and equal chance of succeeding.

The provider is ensuring that people with varying disabilities are in its employ and that reasonable care is offered to them. Employees with disabilities include (among others): wheelchair users; those visually impaired; people who are deaf; and people with spinal-cord or back injuries; and those who experience epilepsy.

Telkom states that many of its positions within its business units are suitable for people with disabilities. These include positions in solution architecture, product development and customer analytics.

"When searching for talent, we look for individuals with expert, specialised functional experience to meet the job requirement. Although qualifications are important, we go beyond academia and select candidates who are forward thinking, innovative, solutions-oriented and those who will put the needs of the customer first," says Thamara Naicker, a talent management consultant at the company.

She says that current employees with disabilities are functioning in roles such as technical officers, project managers and administrators and that one of these employees is also in a top leadership position.

Telkom has also ensured that great care is taken in sensitising abled staff on being "disability aware".

"Through our regular newsletters and online training, we are continuously educating our employees on the various disabilities that our employees live with and how they should accommodate these. Respect and fair treatment also forms part of the training objectives," says Hlongwane.

Telkom will include seminars, presentations and training programmes for its managers so performance management of employees with disabilities can be enhanced.

Facilities at Telkom's head office have also been adapted to enable ease of access for all. These include: bathroom modifications; ramps; the provision of cochlear implants for hearing-impaired employees; and amending office ergonomics for employees with back injuries (by using physiotherapeutic chairs).

To maximise its reach to candidates of disabilities, Telkom has established stakeholder relationships with organisations such as the QuadPara Association of South Africa and various other organisations for people with disabilities. These partnerships will allow Telkom to source skilled professionals with disabilities.

Readers interested in furthering their careers with Telkom can view available job opportunities on the Telkom Careers website and LinkedIn.

CONGRATULATIONS!

Joan Humphries (pictured below), who resides in Johannesburg, won the R1 000 Spar shopping voucher for her participation in our reader survey at the end of last year.

Congratulations also go to Pam Hill, who has won herself a B-Active adaptive exerciser from Mobility Solutions, just for subscribing to our new-look **Rolling Inspiration**.

WOWING READERS WITH OUR WEBSITE

I think the new website is comprehensive in every sphere; second to none; simply the best. Thank you for keeping people – paraplegics like me, quadriplegics, and anybody who is physically challenged – informed through the vast array of information compiled from both national and international sources.

Samson K. Joseph

You're making us blush, Samson! Thank you for your wonderfully positive feedback. We are so happy to know that we are reaching people and changing their lives for the better. – Ed.

WILL YOU BE OUR FIRST SOCIAL ROLLER OF THE MONTH?

The month of love may almost be over, but here at **Rolling Inspiration**, the love never stops. We treasure our readers and to show it, we have decided to give away more awesome prizes...

From March 1, we will be looking for the most interactive person on our *Facebook* and *Twitter* pages and will be selecting them as our "social roller of the month".

All you have to do is interact with us through comments, likes, inboxes or retweets on our social media content and posts. If you are found to be the most interactive and engaged follower during the month, you will win yourself a Smergos BBF bag. It's as simple as that! Our first winners, for the months of March and April, will be announced in our May-June edition of the magazine.

So what are you waiting for? Go on and like our *Facebook* (Rolling Inspiration Mag) and *Twitter* (@RollingMag) pages. Your comments could make you a winner.

THAT'S HOW I ROLL

Our winning photo this time comes from Sifiso Mkhasibe, who submitted his entry on our *Facebook* page.

Thanks for your submission, Sifiso, and well done! You have won a Smergos Best Bag Forever (BBF) bag, worth R400. You also stand a chance to win a R1 000 shopping voucher from Spar.

You too could be in the running – all you have to do is to submit a creative, fun or quirky picture of yourself or a family member reading the latest issue of **Rolling Inspiration**.

How to enter:

1) Email your photos to thato@charmont.co.za
2) Put the title "That's how I roll" in the subject line.
3) Include your name, address and a contact telephone number.
4) Provide a caption (maximum 50 words) for your photograph, stating briefly what is happening in the photo and who is in it.
5) Include the date and location of the photo.

Go on ... show us how YOU roll!

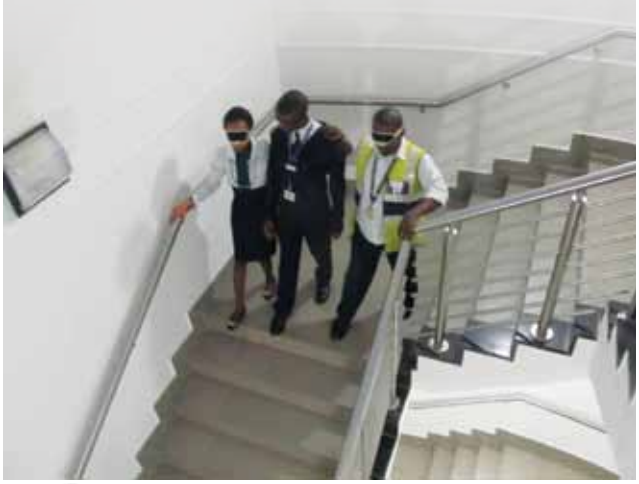
STAFF TRAINING AT AIRPORTS

QASA is regularly contracted by BidAir, Swissport and Menzies to train the assistive staff at various airports throughout South Africa. These staff members assist passengers who require any form of help, from checking in to being seated on the aircraft.

There is a large turnover of staff within this profession, and therefore Mandy Latimore, the preferred trainer for QASA, travels to various airports to train new staff, as well as provide refresher courses for existing staff. The training consists of an intense theory session, which includes

creating a sound knowledge base of the various aspects of disability, and how to interact with the three main sectors – people with mobility, hearing and visual impairments. The practical session starts in the classrooms with role-play, where lifting techniques are taught. Trainees are also given the chance both to guide and to be guided while blindfolded.

There is a multiple-choice exam at the end of the training with a pass rate of 75 percent and successful trainees receive a certificate of attendance from QASA. At present, QASA is in the process of ensuring that the course is South African Qualifications Authority (SAQA) accredited, which will make it a qualification accepted by the industry.



QASA GIVES MOBILITY TO PATRICK

Patrick Masindi, a double leg amputee living in Limpopo, needed a new wheelchair to replace his old, irreparable chair. After he approached QASA for help, Vusi Ndimeni, QASA vice-chairperson, had the pleasure of visiting Patrick to hand over a new wheelchair. He now has his mobility back and is very grateful to QASA.

THANK YOU MDA CONSULTING

Last year, in our July-August issue of Rolling Inspiration, we featured one of the artworks of George "Artman" Mongwayi and appealed to readers to help George in any way possible. MDA Consulting heard the call and on November 13, some of its staff members paid George a surprise visit. They brought along hardware, wire and equipment to assist him in his wire art business.

Pictured here are Poppie Maphanga, Louise Smith and Watson Ndluli from MDA Consulting, handing over the equipment to George.

ANOTHER DRIVER FROM DRIVING AMBITIONS

Sipho Ngobese, a paraplegic in Durban, joined our Driving Ambitions programme and started his lessons in September 2015 with our instructor Shaun. We are thrilled to announce that on November 30, Sipho passed his driving test first time. Congratulations Sipho and Shaun for showing us what hard work and determination can do.

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

COLOPLAST

BREAKS NEW GROUND IN THE FIELD OF BLADDER MANAGEMENT

Recent research into the standard of care and related quality of life of the (mainly) spinal-cord injured/afflicted (SCI/SCA) community in South Africa has revealed significant gaps in practice and challenges regarding levels of care and access to services and supplies specifically related to the neurogenic bladder

There is a significant body of evidence that the type of bladder management method and also the types of catheters used may have an impact on the risk of urinary tract infections (UTIs). Prevention of UTIs is a major goal of bladder management. Education on proper catheterisation techniques and care is essential.

There is evidence that, as a population group, people with disabilities experience poorer health outcomes than the general population. People with SCI are at a high risk of secondary conditions such as pneumonia, pressure ulcers and UTIs. These conditions frequently lead to hospitalisation and can also result in increased costs for care, reduced employability, decreased quality of life and lowered life expectancy.

In response, the Continence Advisory Panel (CAP), sponsored by QASA and under the auspices of the Southern African Spinal Cord Association (SASCA), has produced a guideline (also sponsored by QASA) to further evidence-based bladder management (mainly in SCI/SCA) that ensures social continence, and appropriate and safe drainage of the neurogenic bladder. It has been drawn up in South Africa with the input of clinicians working in the fields of urology and rehab medicine – specifically in the field of SCI/SCA – with reference to well-researched existing international clinical guidelines and research. The Gold standard in the guideline is one sterile catheter for every emptying event.

Coloplast's SpeediCath is a single-use hydrophilic coated catheter for intermittent catheterisation, which comes ready-to-use in a sterile saline solution. The unique hydrophilic coating and polished eyelets ensure convenient and simple catheterisation. The catheters are available in male and female versions. Free samples can be obtained from Coloplast.

COLOPLAST'S RESIDENT NURSE, SISTER SALLY ROXBURGH, ANSWERS SOME FREQUENTLY ASKED QUESTIONS...

Q: What makes SpeediCath better than its predecessor, EasiCath?

A: SpeediCath comes packaged in a saline solution, making it ready for immediate use when you open the packaging. There is no need for water, and you need not wait the usual 30 seconds for the coating to be activated.

Q: How does SpeediCath facilitate hygienic and comfortable catheterisation?

A: The hydrophilic coating covers not only the outside surface but also the inside of the catheter eyelets. An exclusive new production process gives the coating a unique ability to bind and retain water, making it exceptionally smooth and even. The smoothness dramatically reduces friction between the catheter and the urethral mucosa, minimising the risk of long-term damage.

Q: Can I carry my catheters with me in a discreet manner?

A: The SpeediCath catheter is foldable and can be carried discreetly in a pocket or small handbag. However, it should not be kept folded for more than three hours.

Q: Do the catheters come in variants to suit different individual needs?

A: Yes: we have a female version and a male version.

For more information about catheterisation, you can contact Sister Sally Roxburgh on 083 251 1178.

A REMARKABLE DAY

The International Day of Persons with Disabilities was celebrated in Gauteng in December 2015

It is estimated that there are about one billion people with disabilities worldwide, and they frequently do not enjoy full access to transportation, employment, education, and social and political participation.

On December 3, the Gauteng Disability Civil Society and Government marked the 2015 International Day of Persons with Disabilities by celebrating "the role of people with disabilities in the struggle of liberation and inclusion in the radical transformation, modernisation and reindustrialisation of the Gauteng city region".

The celebration began with a march to the Union Buildings in Tshwane, with the theme #Disability Rights. Almost 6 000 people and children with disabilities attended, as did the Premier of Gauteng, David Makhura, the Deputy Minister of Social Development, Hendrietta Bogopane-Zulu and members of the mayoral committees.

Premier Makhura addressed the gathering, saying: "On this special day, we acknowledge the important role played by people with disabilities, alongside other compatriots, to enrich our cultural, social, economic and political life. We today celebrate the achievements of people with disabilities in our society and we once more commit to doing everything necessary, working with them, to create the necessary conditions and an enabling environment for them to live fulfilling lives."

Various artists with disabilities then provided entertainment for the crowd. This was a day to remember, as it was the first time people with disabilities represented themselves at the Union Buildings – setting an unforgettable precedent for the future.

Zain Bulbulia led the South African government delegation team to the United Nations (UN), New York, for the ratification and signing of the UN Convention of the Rights of Persons with Disabilities. He is currently the acting head for gender, youth and disability in the planning commission of the Premier of Gauteng. email: zain.bulbulia@gauteng.gov.za

GET MOBILE

WITH MERCEDES-BENZ VANS

Mercedes-Benz Vans and GO GEORGE have teamed up to meet the transport needs of people with disabilities. COLETTE FRANSOLET investigates

Minibus taxis provide the main means of transport for the majority of people in South Africa, but, for anyone with a disability, these vehicles have been almost impossible to access, chiefly because of the traditionally high level of the vehicles' floor.

However, times are changing and so is the public transport system. Thanks to persistent universal access (UA) activists, good technical advice on universal design (UD) and extensive support from within the Municipality of George, the GO GEORGE bus service, as part of the George Integrated Public Transport Network (GIPTN), has begun operating the first accessible public transport minibuses.

After input from the GIPTN team, a fleet of Mercedes-Benz Sprinter minibuses were fitted with numerous features to ensure equitable service provision and public transport to all passengers.

Says Nicolette Lambrechts: vice-president of Mercedes-Benz Vans Southern Africa: "As Mercedes-Benz Vans, we take pride in being in constant touch with our customers. From this, we know that the configuration of a vehicle has great significance when it comes to responding to specific requirements of a person with limited mobility. We know that – as part of the GO GEORGE integrated public transport system - there are passengers who utilise wheelchairs and other mobility aids. The Sprinter is the perfect vehicle for such custom modifications, and this is one of the many reasons the City of George has our vehicles in its fleet."

These modifications include a hoist that is deployable from the side sliding door, a designated accessible seating area with seatbelts from both the left and right hand sides, grab rails within the vehicles which are colour contrasting, two priority seats in the front of the passenger seating area, internal LED signage to indicate the next stop, floor markings to indicate the passage down the centre of the vehicle, colour-contrasting nosing on the steps at the entrance, as well as LED signage externally to indicate the destination of the vehicle while en route.

The features and adaptations within the vehicles were installed and tested with the assistance of various groups of stakeholders in the municipal area, who were all excited to be involved in the development of the minibuses for GO GEORGE. Even with all the fittings and alterations to the vehicles to enable access for people with different categories of needs, they are still able to load 15 seated passengers, as per the loading restrictions of the original vehicles, or 13 seated passengers plus one wheelchair.

The hydraulic hoist that has been fitted to the side sliding door of the minibus is operational from the driver's seat via a remote device. The hoist has audio and visual warnings when

being deployed, and can be lowered to road level when necessary, which allows the vehicle to collect and drop off passengers, including people with functional mobility limitations, at both conventional bus stops and also in rural areas, where no bus stops exist. The front door has been fitted with a mechanically operated door to allow front access by removing the front passenger seat.

Ticketing for GO GEORGE is based on a paper ticket system, but plans are in progress to develop smart card technology.

The progress made by George Municipality and Mercedes-Benz Vans to achieve accessible minibuses is revolutionary. The developments demonstrate commitment to equity and equality for all passengers. And, most importantly, it shows that the application of UD principles as well as user consultation and understanding are vital for the rollout of successful public transport projects.

Above: *Carlo Zietsman, a 42-year-old resident of Rosedale in George, is married to Felencia and has four children. Before GO GEORGE, he used to rely on minibus taxis, but they would not always accommodate him. He says: "GO GEORGE has changed my life, as it's cheaper, safer and much quicker!" QASA has endeavoured to further change Carlo's life for the better, by offering to get in touch with him to get specifications from him in order to provide him with a brand new wheelchair, which he desperately needs.*

SPRINTING TO THE TOP OF THE SALES CHARTS

The Mercedes-Benz Sprinter is an icon of the van industry; it is to vans what Coco Chanel is to fashion.

It's been turning heads and setting new standards since 1995, when it made its debut. Remarkably at the time, it was the first van to be fitted as standard with disc brakes on both front and rear wheels, as well as with the ABS anti-lock braking system. Not surprisingly, international motoring journalists were so impressed they voted the Sprinter the "Van of the Year 1995".

Just over two decades later, the Sprinter is still a true pioneer. For instance, it was the first van in its class to be made available with engines that meet the Euro 6 emissions standard, proving that even the big boys on the road can be environmentally friendly and economical. Despite the engines on offer in South Africa adhering to Euro 5 emissions standards – due to the unavailability of appropriate fuel – the Sprinter still boasts operating the cleanest engine in the large van segment.

But it is not just thanks to its frugal fuel consumption that the new van is top of the class in the large van segment, which the vehicle's distant ancestor once defined as the "Sprinter class". It also sets standards with respect to safety, loaded with various assistance systems such as Collision Prevention Assist, Blind Spot Assist and Lane Keeping Assist.

It's also top of its class when it comes to servicing costs – because the Sprinter comes standard with the CharterWay Service BestBasic service plan, yet another industry first.

"The Mercedes-Benz Sprinter is a market leader in its segment due to its high levels of safety, impressively economical engines and unsurpassed innovations. With the CharterWay Service BestBasic five-year/105 000 km service plan, we are ensuring it remains in the lead," says Nicolette Lambrechts, vice-president of Mercedes-Benz Vans Southern Africa.

As an all-inclusive service plan package, the CharterWay Service BestBasic plan covers all items prescribed by the Mercedes-Benz service schedule for the stipulated mileage and/or period of the contract.

DYNAMITE DOUG

Radio 2000 senior content producer Doug Anderson was honoured with the Order of Baobab Silver in December last year. CLAIRE RENCKEN learns more about the man behind the award

Doug Anderson at the National Orders Awards ceremony on December 8 last year.

The National Orders Awards ceremony was held at the Sefako Makgatho presidential guest house on December 8, 2015. Doug, a former Radio 2000 presenter, received the award for his excellent contribution to the upliftment of the lives of people with disabilities. "Nkalakatha", as he is affectionately referred to at Radio 2000, says that he is grateful to the SABC for giving him a platform to address some of the challenges faced by people with disabilities, so that others do not have to experience the same in future.

Doug was born with spina bifida – in his case it resulted in a spinal defect, a hole in his back, damage to the spinal cord, dislocated hips, club feet and water on the brain (hydrocephalus). He underwent multiple surgeries and doctors gave him only a two percent chance of survival.

However, Doug has consistently beaten the odds and has an impressive list of accolades and achievements to his name. His radio career has flourished since 2004 and he is currently senior content producer for Radio 2000. He has also represented his province and country in various wheelchair sports.

When asked what his definition of success is, Doug says: "Success to me is much more than simply achieving something and having 'things' and money. Success is about happiness as well. Being happy with who you are, where you are, what you do. People will find themselves in one of five places. The first is that of Survival, when you simply live from pay cheque to pay cheque. The next is that of Success, when you achieve things and gain things.

"Then comes Satisfaction, when you are in a comfortable place with what you have, and what you have achieved. Next comes Significance, where you make a difference through and with your success. Finally, and most importantly, comes Synergetic Significance, where others are inspired to make a difference because of you and with you. We should all strive to be Synergistically Significant."

He adds: "My late father always said: 'The bluntest pencil is more accurate than the sharpest mind. Write it down!' My parents taught me to pay attention to detail and to get things right, first time. I played professional sports for many years. This taught me discipline, perseverance and the ability to get up, dust myself off and try again if need be. I believe in the power of having vision boards as well as the power of daily mantras. Radio has taught me various disciplines – there are no second takes in radio, so you have to get it right first time. It also taught me to think on my feet."

Doug's final words of advice are as follows: "Don't let others limit you! When I was born, doctors said I wouldn't speak; I wouldn't be educated and wouldn't have any quality of life. The biggest lesson I have learnt on my journey is this: you are only limited by the limitations in the minds of others!"

Check out Doug's website: www.douganderson.co.za

COME ON SAFARI!

Marakele National Park's Universal Access (UA) tent makes it oh-so pleasurable to "go bush"!

Marakele National Park, situated in the Waterberg and surrounding bushveld in Limpopo, is the perfect weekend getaway, only four hours north of Johannesburg. Bontle Rest Camp's safari tents opened in July 2015 and offer a unique experience to nature lovers not keen on roughing it. For many years Bontle was exclusively a camping and caravan site and is very popular with a steady stream of wildlife passing through and around the camp, particularly the adjacent waterhole, and the camp has won several awards. It also has excellent UA facilities in one of its three ablution blocks. However camping is not everyone's cup of tea, and, especially for wheelchair users, it can prove challenging.

A universally accessible safari tent was constructed among the other tents, which

can accommodate two people with two single beds. It has a levelled and bricked parking area to combat the challenges of the sandy surrounds, with a wide bricked pathway extending up to the unit at a reasonable gradient. There is an en-suite bathroom with toilet grab rails, basin level mixers and a UA equipped roll-in shower. The caged kitchenette (primates are a threat in most wildlife refuges in SA) is equipped with utensils, a fridge, microwave (positioned at a suitable height for wheelchair users) and two-plate stove. Clearance has been created beneath the sink to accommodate wheelchair users.

And what is a safari tent without that all important braai area? Well, in this paved space, you can braai to your heart's content while listening to the night-time sounds of the park.

All the tents have fans for those hot summer nights. Another plus point? You don't worry about anti-malaria medication – the park is a malaria-free area.

HOW TO GET THERE

Marakele National Park is near Thabazimbi, approximately 250 km north of Johannesburg. Travellers can either take the N1 to Bela-Bela and follow the R516 via Mabula and Leeupoort to Thabazimbi, or drive to Brits and follow the R511 via Beestekraal to Thabazimbi.

MORE ABOUT MARAKELE

- Here you will find one of the world's largest Cape vulture breeding colonies (more than 800 breeding pairs).
- Marakele is home to the Big 5 and an incredible diversity of other animals and plants.
- Activities in the park include a 4x4 eco trail, birding, game drives and picnicking, but the spectacular scenic tarred drive to the Waterberg mountain top is an absolute must.

More information (including rates) for Bontle Tents at Marakele and the camps in the other 20 national parks can be found on the SANParks website. Remember UA units are kept on reserve for those who need them and can only be booked directly with SANParks on special request. Unlike other units they cannot be booked in advance online until the reserve period has expired. Visitors to parks pay a daily conservation fee to make use of park facilities and enjoy the natural heritage, but buying a Wild Card means one doesn't have to pay that fee.

South African NATIONAL PARKS

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BIG WALK, BIG HEART

After 30 days and 1 390 km, TJ Njozela's journey for wheelchairs came to a stirring end. THATO TINTE reports

In an effort to raise awareness about mobility impairments, TJ Njozela embarked on an "epic walk from Johannesburg to Cape Town" to help raise funds and buy 30 wheelchairs. The young advertising professional began his #30days30wheelchairs initiative on November 1, 2015 at Soweto's Protea Industrial Park and reached Sea Point Promenade in Cape Town on November 30, 2015. After a short, well-deserved rest, he and his team drove back to Johannesburg.

The cheque-handover function took place on December 14 at the General Motors (GM) Fury dealership in Woodmead, attended by sponsors Chevrolet, QuadPara Association of South Africa (QASA) and the Rolling Inspiration team. A cheque for R65 000 was handed over to an excited Pauline Mofokeng, a member of QASA.

"Wheelchairs are not a luxury but a necessity," said Pauline. "With these funds, QASA will be able to conduct thorough assessments to identify those in dire need and to buy new wheelchairs, as well as to repair broken or non-functional wheelchairs."

At the handover, TJ's elation was clear, as he saw his dream realised.

"I am very happy at this point," TJ told RI. "On our return to Johannesburg, there was only R27 000 in the bank. I had hoped that many more people would donate along the way. I lobbied strongly on Facebook and asked people to donate and they did – and we now have R65 000!"

Tim Hendon, Brand Manager at Chevrolet, also expressed his delight: "Chevrolet globally and in South Africa is proud to support Rolling Inspiration and QASA through the donation of wheelchairs to those in need. As a brand that believes in doing its part and giving back to the community, we are very proud of TJ for walking such a long distance, in considerable pain, but showing great energy, effort and tenacity. Ten out of ten to TJ for his courageous performance and for never quitting," he said.

At the handover function, TJ and Ndumiso Caba – the photographer accompanying TJ on his walk – shared some of their adventures: from an encounter with a black cobra in the Karoo to living off slap chips and bread. Ndumiso also recounted how he and Khotso Motlhaping (the support-vehicle driver) acted as TJ's support structure, whistling, chanting, sometimes joining him on foot and constantly giving words of encouragement.

Accommodation was not booked beforehand, so the team usually didn't know where they would be sleeping next. They credit the generosity of the guesthouse and bed-and-breakfast owners who offered them free accommodation along their route. "We met pleasant people on our journey – lovely Afrikaner farmers – and I wish we would have interacted with even more people!" says Ndumiso.

TJ says although the journey was largely enjoyable, there were times when it became so mentally, emotionally and physically challenging that he had thoughts of stopping, but – knowing that people were relying on him – he continued.

"I was basically walking a marathon every day, with blisters, muscle pulls and not knowing where I was going to sleep. I remember once we had only R100 left and we didn't know what we were going to eat next. We walked through extreme heat and, the next moment, extreme cold – it was tough," he says.

He notes that the 200 km stretch in the Karoo was the scariest and hardest of the entire trip, as it was extremely hot, there was hardly anyone around and there was no cellphone signal.

The longest single stretch was a 15-hour walk from Warrenton to Kimberley in the Northern Cape – a distance of 80 km – which saw the team setting off at 4.30am and reaching their destination only at 8pm.

The team drank at least 12 litres of water a day. Having to contend with a scorching 38°C on day nine of the walk, TJ informed his Twitter followers that, if they saw a "melted heap topped by a Cell C hat on the side of the N12", they should know that it was him!

Since his return, he says the biggest adjustment has

been getting back to "normal" life. "I sleep in 15-minute pockets and when I wake up, I think, 'I have to go walk' only to realise that I am done. Another 15 minutes later, I wake up thinking, 'But why does this guesthouse look like my house?' and then realise I am home," he says.

"I am also adjusting to my old lifestyle. I almost cried when I got home and realised how much food was in the pantry. Having lived on so little food on the road, it moved me."

At the handover function, Ndumiso, who walked a total of 500 km alongside TJ, expressed his gratitude for having been a part of the campaign. "I now look at TJ as a mentor who did it – it is one thing to talk about it and another to put it into practice. Because of what I have seen him do, I am now more driven to fulfil my own social-responsibility goals. I definitely want to continue and do more," he enthused.

TJ has plans to do the walk again in 2016, saying that the next version will be bigger and better. "Just because this walk is over doesn't change the fact that there are still people living with disabilities and needing help. It's not just the need for wheelchairs, but also the need for universal accessibility. We have learnt a lot from this first walk. We want to do things differently by extending the duration of the walk, engaging with more people in the communities along our route and connecting with many more organisations that drive such initiatives. This way, we'll get more donations and a bigger platform to highlight the plight of people with mobility impairments."

We at RI commend this bold young man for his epic journey. It's a source of inspiration that is set to have a positive and long-lasting effect on many lives.

Above left: *All smiles at the cheque handover (from left): TJ; Tim Hendon, Chevrolet brand manager; Lance Selley, Fury Woodmead dealer principal; and Pauline Mofokeng of QASA.*
Above right: *TJ with the Chevrolet Trailblazer, which was the support vehicle during his walk.*

TJ had hoped to raise R90 000, which would be enough for 30 standard wheelchairs. He believes that the target will be reached as people continue to pledge donations. To make a donation to TJ's #30days30wheelchairs campaign, contact him on 071 686 6265 or use the following banking details:

Bank: Nedbank
Account Holder: Qasa
Account Number: 1339473267
Swift Code (for international donations ONLY): NEDSZAJJ
Branch: Pinetown
Branch Code: 133926
Reference: 30W Name and Mobile

To view pictures taken during the walk and a day-to-day account by TJ, follow him on Twitter @tj_njozela

Netcare Rehabilitation Hospital

Traumatic Brain Injury (TBI)

Traumatic brain injury (TBI) is a complex injury with a broad spectrum of symptoms and disabilities. The impact on a person and his or her family can be devastating.

What are the Effects of TBI?

Most people are unaware of the scope of TBI or its overwhelming nature. TBI is a common injury and may be missed initially when the medical team is focused on saving the individual's life. Before medical knowledge and technology advanced to control breathing with respirators and decrease intracranial pressure, the death rate from traumatic brain injuries was very high. Although the medical technology has advanced significantly, the effects of TBI are significant.

TBI is classified in two categories: mild and severe.

A brain injury can be classified as mild if loss of consciousness and/or confusion and disorientation is shorter than 30 minutes. While MRI and CAT scans are often normal, the individual has cognitive problems such as headache, difficulty thinking, memory problems, attention deficits, mood swings and frustration. These injuries are commonly overlooked. Even though this type of TBI is called "mild", the effect on the family and the injured person can be devastating. Severe brain injury is associated with loss of consciousness for more than 30 minutes and memory loss after the injury or penetrating skull injury longer than 24 hours. The deficits range from impairment of higher level cognitive functions to comatose states. Survivors may have limited function of arms or legs, abnormal speech or language, loss of thinking ability or emotional problems. The range of injuries and degree of recovery is very variable and varies on an individual basis.

The effects of TBI can be profound. Individuals with severe injuries can be left in long-term unresponsive states. For many people with severe TBI, long-term rehabilitation is often necessary to maximise function and independence. Even with mild TBI, the consequences to a person's life can be dramatic. Change in brain function can have a dramatic impact on family, job, social and community interaction.

Rehabilitative Centre Treatment

The families of traumatic brain injury (TBI) victims often have many questions when their loved one is transferred to a rehabilitative care centre.

What happens in rehabilitation?

Similar to the acute care facility, the TBI patient will be cared for by a team of professionals who specialise in the care of trauma victims. Their goals are to:

1. Stabilise the medical and rehabilitation issues related to brain injury and the other injuries.
2. Prevent secondary complications. Complications could include pressure sores, pneumonia and contractures.
3. Restore lost functional abilities. Functional changes could include limited ability to move, use the bathroom, talk, eat and think.
4. The staff will also provide adaptive devices or strategies to enhance functional independence.
5. The staff will begin to analyse with the family and the patient what changes might be required when the person goes home.

Each day, the patient will participate in therapy. Initially, the patient may require staff assistance for even the simplest activities: brushing teeth, getting out of bed and eating. The patient also may require staff for safety because there is a risk of falling, eloping (trying to get out of the hospital to go home) or getting hurt. The patient may be confused and forget.

The Rehabilitation Team

An interdisciplinary team looks after the patient who consists of: Social worker who is the team leader, the medical doctor, physiotherapist, occupational therapist, speech therapist and nursing staff. A Psychologist will get involved as well as a Neuropsychologist if needed.

Many patients and families are unaware of the changes in the brain and how those changes affect their daily lives. A patient may not understand what has happened and may be distraught by being away from home. Through education and counselling, the neuropsychologist can help assure the patient and the patient's family.

The Social worker ensue that both the patient and family are able to cope with all the changes at a psychosocial level. Where counselling is needed, the social worker is able to address it or do the appropriate referral.

They also coordinate between the different team members and ensure regular team meetings and facilitate family meetings. Family meetings are held to ensure the families are aware of the progress of the patient as well as to understand what their role and function will be once the patient is discharged from the hospital.

They do home visits with the other team members to ensure that the needs of the patient will be seen to once discharge and will also advise on changes that needs to take place at home as well as at the work place.

The Rehabilitation Nurse assists patients with brain injury and chronic illness in attaining maximum optimal health, and adapting to an altered lifestyle. The Rehabilitation Nurse provides care for the patient on the nursing unit. The focus of nursing care is on:

- Health maintenance
- Nutrition
- Potential for aspiration
- Impaired skin integrity
- Bowel and bladder incontinence
- Impaired physical mobility
- Impaired or limited ability to take care of self
- Ineffective airway
- Sleep pattern disturbance
- Chronic pain
- Impaired cognition
- Impaired verbal communication and comprehension
- Sexual dysfunction

The Physical Therapist works with people with orthopaedic problems, such as low back pain, knee injuries or pain reduction. With traumatic brain injury, the PT's job is to minimise or overcome paralysing effects related to the brain injury. Physical therapists are experts in the examination and treatment of musculoskeletal and neuromuscular problems that affect the abilities to move and function in daily life.

Physical therapists help with transfers to and from the bed when a patient cannot walk alone. They train a person to begin to walk and move more normally. PTs will assess:

- Balance
- Posture
- Strength
- Need for a wheelchair, brace or cane
- Quality of movement
- Spontaneous movement
- Coordination of movement
- Increased sensation of sensory - motor activities
- Pain management

The Occupational Therapist assesses functions and potential complications related to the movement of upper extremities, daily living skills, cognition, vision and perception. OTS helps determine, with the patient, the best ways to perform daily living skills including showering, dressing and personal hygiene. The OT will identify equipment for eating, dressing and bathing.

The OT also will look at skills to prepare the patient for a return to the home. These skills include:

- Cooking
- Grocery shopping
- Banking
- Budgeting
- Readiness for returning to work by assessing prevocational and vocational skills

The neuropsychologist will assess the patient's changes in thinking and behaviour. Changes could include:

- Poor memory
- Poor attention and concentration
- Poor decision-making
- Impulsivity
- Disorientation
- Language and communication abilities
- Inability to speak
- Inability to understand when spoken to

MOVE IT

Exercise is vitally important for spinal-cord injury (SCI) individuals – it just may take a different form

A few weeks ago at an editorial meeting someone said to me: "You should write about passive exercises; they're important."

Passive exercises? I wouldn't know where to begin, so I Googled it and, sure enough, there were a multitude of sites explaining what they were. But there was nothing on why they had to be done.

And so I find myself in the Netcare Rehabilitation Hospital's Spinal Gym across a table from Linda Hunter, a physiotherapist in the hospital's spinal unit. I kick off with my burning question: "Why do we need to do passive exercises?" "Well, actually we call them passive movements, they are not really exercises," she gently corrects me.

She continues: "It's mainly to maintain movement in the joints. So, if you are paralysed and unable to use your muscles to move your joints, you need to move them with another part of your body, or get someone to do it for you. This allows you to retain some flexibility in your muscles, nerves and joints, without which your posture in your wheelchair, and your ability to perform functional activities such as putting on your shoes, will be negatively affected as the joints contract. It helps you to maintain your independence, be comfortable and do things for yourself."

I can understand the need for passive movements in spastic paralysis but what about flaccid paralysis? It turns out that passive movements are equally important here because it helps the person to retain some sort of position sense and not just flop back into a position of least resistance. It also prevents the joints from stiffening. "But how can joints stiffen if the muscles are flaccid?" I wonder. Linda explains that, because muscles are made to stretch and contract, if we stop stretching (and contracting) them, they will be influenced by gravity and contract, into non-functional positions. Similarly, tendons and joint capsules stiffen and the entire joint becomes frozen.

How frequently should these movements be done? "If the joint range is reasonable, once a day is enough," says Linda. "Short spells, of about five to 10 minutes a day, are usually sufficient."

What about a person whose joints are contracted beyond acceptable levels? In this case movements should be done more frequently until a reasonable range has been achieved. Stretching exercises, and even splinting, can be considered. (Note: while passive movements can comfortably be done by the person with the paralysis or by a caregiver, stretching is best handled by a trained professional such as a physiotherapist: the bones of persons with paralysis often become thin and osteoporotic, causing them to break relatively easily. Stiff, contracted muscles can also tear easily.)

Are there any dangers? "Definitely," Linda replies. "For example, with the flaccid joint the danger is that you overstretch the joint – forcing it beyond its normal capacity. That's quite easy to do because there is no spasticity to overcome and the person feels no pain because of the lack of sensation. If you are in any doubt, look at what your own joint can do and make sure that you don't go beyond that. With spasticity the danger lies in trying to force the joint. You can damage the muscle because you are fighting a contracture or you could possibly damage the bone and cause a fracture."

She adds: "The movements should be done rhythmically and within the range of movement of the joint, possibly with a little bit of a stretch at the end so that you make sure you are not losing range of movement of the joint." Linda emphasises that the nature of the passive movements should be aimed at countering the specific "pulls" of gravity and the body. If, for example, hamstrings are particularly spastic, the focus would be on countering the pull of the hamstrings by working on the range of straight-leg raises.

A word of caution: a straight-leg raise is not just a muscle and tendon stretch, it also stretches the nerves. Overstretching can cause pain, headaches, dizziness and nausea. If you notice that the knee is buckling or the leg is tightening up, ease up. The key words are: Be gentle, be alert and feel the resistance of the limb to the movement.

Passive movements must be tailored to the specific needs of each individual. The aim is to maintain posture, flexibility and range of movement. There is no "one-size-fits-all" manual. The best approach is a session or two with a physiotherapist who will then draw up a series of movements to be followed. At the Netcare Rehab Hospital the physiotherapists teach the person with the paralysis together with the caregiver. They take photographs of how the movements should be performed and these are then included in a tailor-made Passive Movement Plan.

This patient has a fracture dislocation at T12/L1 which resulted in incomplete paralysis, ASIA B (sensation), and a zone of partial preservation at L2 and L4. He is doing lower limb passive movements to his feet and ankles, as well as stretching his lower back, hip and knee joints.

Finally, any dos and don'ts with passive movements? "We recommend that our clients do them six days a week. Have one day off. Plus, the more you can change your position each day, the better. As you sit in your wheelchair, your hips and knees are bent and your ankles are stretched. When you get out of the wheelchair, make a point of lying on your stomach for a while. This allows your hips to stretch and your knees to straighten out. If you can, stand in a standing frame for a while – this also stretches your body in the opposite direction."

And don't forget about the trunk of your body – it's the centre of everything. If it gets bent or rotated, it becomes difficult for you to sit in a wheelchair. Apart from the discomfort, this increases the chance of developing pressure sores, because the pressure distribution is abnormal.

The message of passive movement is this: although you may have a broken body, it remains the vehicle through which your mind, spirit and soul function. Don't give up. Nurturing our bodies is the first step toward applying our minds, allowing our spirits to soar and enabling our souls to reconnect with God.

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

NAIL IT!

So you landed an interview; you read up about the company beforehand ... now it's face-to-face time

Congratulations! You've made it to the interview stage of your employment journey. But there is still a way to go. How you present yourself in the interview could mean receiving a job offer – or starting the process of looking for a job all over again.

The first stage of the interview takes place before you even get to the appointment. It should start the moment you receive the invitation to attend an interview – if not before. Remember that first impressions last, so ensure you have something appropriate to wear and that you won't be late. You need to let the interviewer know that despite your disability, you are reliable, presentable and punctual.

Find out exactly where the interview is going to take place and do your research on how to get there. If you can, actually go to the location a day or two beforehand. If you are using public transport, find out where to get off; if you are driving or getting a lift, check on parking availability and how long it will take you to get from the parking into the building.

Plan on getting to the interview 15 or 20 minutes early, to give yourself time to go to the toilet if you need to, to freshen up, or just to have some leeway in case of traffic hold-ups.

The second part of your preparation involves researching the sector and company itself – corporate brochures, websites, and industry magazines are starting points. You should also try and find out more about the job itself so that during the interview, you are able to place emphasis on your skills that match that job. While you won't be able to source all the information on the type of job before the interview, you could do research on similar types of jobs. This will help you better explain or clarify your understanding of the job and why you know you are suitably qualified for it.

Where possible, do some research (via LinkedIn, or other tools) to learn about the people who will be interviewing you. It makes a good impression if you demonstrate that you know about some of their accomplishments – for example, the school or college or university they went to. Use this information appropriately during the interview.

This will also assist you to anticipate and think about your answers to the types of possible questions you are likely to be asked and give practical examples to demonstrate your competence or aptitude for the job.

At the interview you will face a range of questions, some of which will relate to your education and experience, as well as your strengths and weaknesses, and your ambitions or goals. Also be ready to talk about some of the failures you have encountered and what you learnt.

You also need to be prepared with questions you would like to ask: this could be as simple as "How does this company make money?", "What kind of future (or growth areas) do you

see for this company?" and "What type of people are you as a manager happy to have in your team?"

Make copies of your CV and take one with you, even if you have sent it in an email beforehand. If you have examples of your work, or a portfolio, take that too.

When you meet the interviewer, offer a firm and positive greeting: a friendly and audible "Good morning (or afternoon)", with a handshake and eye contact (if you are able) and address him/her by their surname.

The first few questions might be "ice-breakers" – aimed at allowing you to calm your nerves. This could include things like whether you found your way easily, what the weather's doing or whether you would like something to drink. Keep your answers brief but friendly. When the interviewer requires you to elaborate, he/she will tell you to do so. Avoid rambling. Remember time is money – even in an interview.

There are certain personal questions an interviewer is not allowed or supposed to ask. These include whether you are married and/or have children. An interviewer may not question you about your religious beliefs or ask whether you are HIV-positive. In addition, you cannot be asked whether you have any disabilities.

However, an interviewer is entitled to ask if there is anything that may interfere with your ability to do the job or be present at the office during standard working hours.

The interviewer may also ask what special or reasonable accommodation you would need to be able to do your job. It is important that you respond as honestly as possible. The business will not be able to accommodate you if it does not know what your needs are. If you get the job, your evasiveness could result in misunderstandings and unrealistic expectations on both sides. The majority of employers and/or managers give people the benefit of doubt if they come across as professional and genuine.

Ready? Go!

ABOUT SAE4D:

SAE4D is a non-profit employer organisation that was set up to promote the recruitment, retention and development of people with disabilities in the workplace. It enables organisations to share experiences, develop best practices, and develop ways of effectively confronting and tackling prejudices that act as barriers to the integration of people with disabilities in the workplace.

Dr Jerry Gule is Chairman, South African Employers for Disability (SAE4D) and General Manager: TOTAL Marketing Services Competency Centre (Pty) Limited.

NO LIMITS

The word "tireless" comes to mind when you meet the indefatigable CEO of QASA, Ari Seirlis. DEBORAH LOUW reports

Already a busy man with a full and varied workload, in 1985 sports-loving Ari Seirlis, then 23, had just completed the Comrades Marathon and was enjoying one of his favourite pastimes – swimming, while modelling for a TV commercial. His life was forever changed that day, however: he broke his neck in a dive and was left a quadriplegic.

But, if anything, his new circumstances made him redouble his efforts and commitments. The list of organisations to which he belongs, of causes he embraces and of awards he's been given attest to vigorous stamina and a wide range of interests. Just some of these: he was a finalist in the Durban Businessman of the Year awards; he's been Secretary of the Sign Association, manager of the Hillcrest Villagers Rugby club 2nd team, he was a management member of the Phoenix Spinal Rehab Centre; he's on the board of the South African Sexual Health Association and Chairman of Amasondo Rugby Suite, and sits on the board of the Health & Welfare SETA. Before joining QASA, he owned Markplan Designs, which specialised in signage; and he founded a bank that financed mobility aids and other assistive devices. This was all part of the learning curve that provided him with the business acumen, which he applies to the running of QASA today.

He has just recently been selected to serve on the Presidential Working Group on Disability.

We were curious to find out a little more about the man who's been at the helm of QASA since 2001. Here, he shares some of his thoughts with us.

What are a few of your career highlights to date?
The opportunity to bring in some significant projects into the QASA stable, which have not only had a good outcome, but have made an impact through life-changing developments for quadriplegics and paraplegics. Rolling Inspiration is one of those products; there's also a driver training programme, and computer centres that provide entry-level computer training. One that stands out for me was our innovative programme branded FREE OUR INNOCENT: we created partnerships between the Department of Correctional Services, the corporate sector and the community to make the homes of some wheelchair users in an informal settlement accessible. We did so by using offenders from the Westville prison, material donated by a large contractor and our relationship-building skills to create this environmental change and provide an accessible environment for a few. The outcome of this project was that the community embraced their neighbour, the Westville prison! This project should be reproduced and replicated. There's also QUADS 4 QUADS and an incredibly successful 12 year-old fundraising event of QASA's, which has provided unrestricted funding, and enticed me to ride an off-road adapted motorbike from Johannesburg to Durban – which I have now done 11 times.

What have been your most satisfying moments?
When I see or hear that one of our members who has been through our programmes has secured meaningful employment; knowing that after this, they will be less dependent on QASA, our projects and services.

And the most challenging?
The most challenging activity in my career was taking on SANRAL's ETOLL programme. I knew it was going to be politically unpopular and a very stressful period, and it still is, but the outcome, in favour of people with disabilities through this unjust tax imposed upon us, will have global impact on marginalised groups, especially people with disabilities.

How would you describe yourself in a few words?
Passionate, stern, focused, ambitious, principled, fair, courageous.

Do you have a personal hero? Or someone who has been a mentor and inspiration?
In my time as a wheelchair user, I had the opportunity to spend some time with (film star) Christopher Reeve on numerous occasions, and the impact he had upon me was that he was prepared to open his life to the world – that openness helped to "popularise" quadriplegia. If quadriplegia needed a hero, we needed a Superman, and we got Superman. My father was always my hero, but unfortunately he passed away three years after my accident in 1989.

If you had a "gratitude list", what would be at the top?
My sister and my mother equally for bravery, patience, compassion, resilience and understanding. I'm also grateful for a good education. And for my caregivers, who form part of my independence and wellbeing.

What's still on your To-do List?
To fall in love, visit Cyprus again, go back to San Francisco.

What's your favourite way to relax?
Hand-cycle a longroad, a long stroll on the beachfront, and flyfishing in the mountains.

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Quality, Design and Innovation

CHEF'S *CORNER*

The latest designs are helping to make kitchens universally accessible. THATO TINTE assesses how they measure up

It is said that the kitchen is the heart of a home – a place where the family gathers and the magic happens. With a place so synonymous with warmth, conversation and tantalising aromas, it is most important that a kitchen accommodates everyone who enters it.

Barrier-free home designs that provide independence and convenience for all household members are the cornerstone of good design. Many people with disabilities require practical solutions that will not inhibit their access in the home.

The term "universal design" – coined by wheelchair user, architect and accessibility advocate Ronald Mace – means "designed products, environments and spaces that can be used by the widest range of people (abled or disabled), without the need for adaptation or specialised design".

Simple tasks such as washing dishes or reaching to open the oven can be exasperating in impractically designed and inaccessible kitchens. KD Max – an interactive South African 3D visualisation software package used for creating kitchen and cabinetry designs – states that "a kitchen 'work triangle' encompasses the golden rule of kitchen designs".

This work triangle, as defined by the SA building regulations website (www.sans10400.co.za), is "the logical inter-relationship of the cook's three principal aids – the fridge, stove and sink – positioned on the points of an imaginary triangle, which should be as compact as possible within the limits of free movement between the points. These aids should be sighted so that the cook has easy access to each without obstacles in the fetching, preparing, cooking and washing up process."

Universal Design Africa (UD Africa) specialises in the design of physical infrastructure and fittings, operating systems, information systems and safety interventions for persons with disabilities and functional limitations. Phillip Thompson, principal member of both the IDC Consulting Group and its subsidiary UD Africa, says that a common challenge faced by wheelchair users in ordinary kitchens is access.

"The primary problems are physical access, height of cupboards and working surfaces, as well as knee clearance. Having hinged doors instead of sliding doors can also impede access to cupboard contents. Drawers provide a much more accessible storage platform in the kitchen, although low drawers can still be a problem," he explains.

He says that typical modifications include reducing worktop heights from the standard height used by standing users, and ensuring knee clearance under worktops, sinks and cooking surfaces.

Thompson points out that, as wheelchair users generally experience problems with balance, unmodified kitchens can be hazardous.

"Cooking surfaces present a serious risk, especially when users are trying to lean over hot plates and hot surfaces. Inductive cooking technology provides a cooking system that eliminates this risk," he notes.

He recommends that readers work with designers who understand their specific functional limitations. "Low-level paraplegics have very different needs to high-level paraplegics, for example, just as an elderly person using a wheelchair has their own specific needs," he says.

Currently, there are only a handful of designers in the country with expertise in accessible kitchen design for wheelchair users, he says, but UD Africa is working at expanding this list.

"The primary problems are physical access, height of cupboards and working surfaces, as well as knee clearance

Meanwhile, he offers the following DIY tips:

- Convert your cupboard space into horizontal and vertical drawer units;
- Install pull-out or fold-out worktops; and
- Carefully position primary work components of the "work triangle" to help minimise the amount of movement required.

Then there's the question of domestic appliances, which are key features in a kitchen. For wheelchair users, the standard mass-market kitchen appliances may be challenging to operate and special aids and modifications are required. What good is a refrigerator or microwave if you can't reach inside or grasp its handles to open it?

Manufacturer Liebherr-Africa is a subsidiary of the International Liebherr Group, which serves local construction, civil engineering and mining industries. Although not exclusively focused on the disability sector, Liebherr produces a few appliances considered to be "universal designs" – for example, the UIK1550 integrated under-counter carriage fridge, which, due to its convenient pull-out drawers, is uniquely positioned for easy use by wheelchair users.

"This unit won a 2014 'Plus X Award' for most innovative brand and can securely store food with ease of access in the practical pull-out compartments and fully extendible drawers," says Linda Roux, a sales administrator at Liebherr's HAU division.

Liebherr-Africa's products are found at major dealers such as Hirsch's, Dion-Wired and Euro Appliances. (A full list of dealers is available on liebherr-appliances.co.za.)

Parting advice from Thompson is to start by sketching the layout with a professional advisor. "This way, you can make decisions that allow you to optimise your work triangle with the most appropriate fittings. Knowledge and experience will ensure that you achieve the optimal solution," he concludes.

WHEN THE SHOE FITS

As all athletes know, it's vital to have the right footwear. Balance, cushioning, support and comfort are all key features of a good shoe or trainer. Why should things be any different for athletes with a disability? DEBORAH LOUW takes a look

One of the challenges facing people with a disability is the question of footwear. Although levels of mobility vary among people with a disability (well, among everyone in fact!), the likelihood is they will need a little "extra".

Footwear designers have, until recently, tended to overlook the particular requirements of people with a disability. And yet, a design tweak or two can provide the additional features that can make the difference between easy use and frustration.

Sometimes the sportswear-design teams just need a little nudge from us – the people in the street. For example, American teenager Matthew Walzer, 21, who has cerebral palsy, posted an open letter to Nike on a social media site lamenting the fact that he could not get his shoes on. With flexibility in only one of his hands, it was impossible for him to tie his shoes without help. 'He also needed shoes that gave good ankle support, so low slip-ons weren't enough,' reports US online sports site CNet.

Nike designer Tobie Hatfield, whose work with Paralympian athletes had already encouraged him to think about developing helpful and practical footwear for athletes with a disability, contacted Walzer, and soon the pair began collaborating on an easy-access basketball shoe.

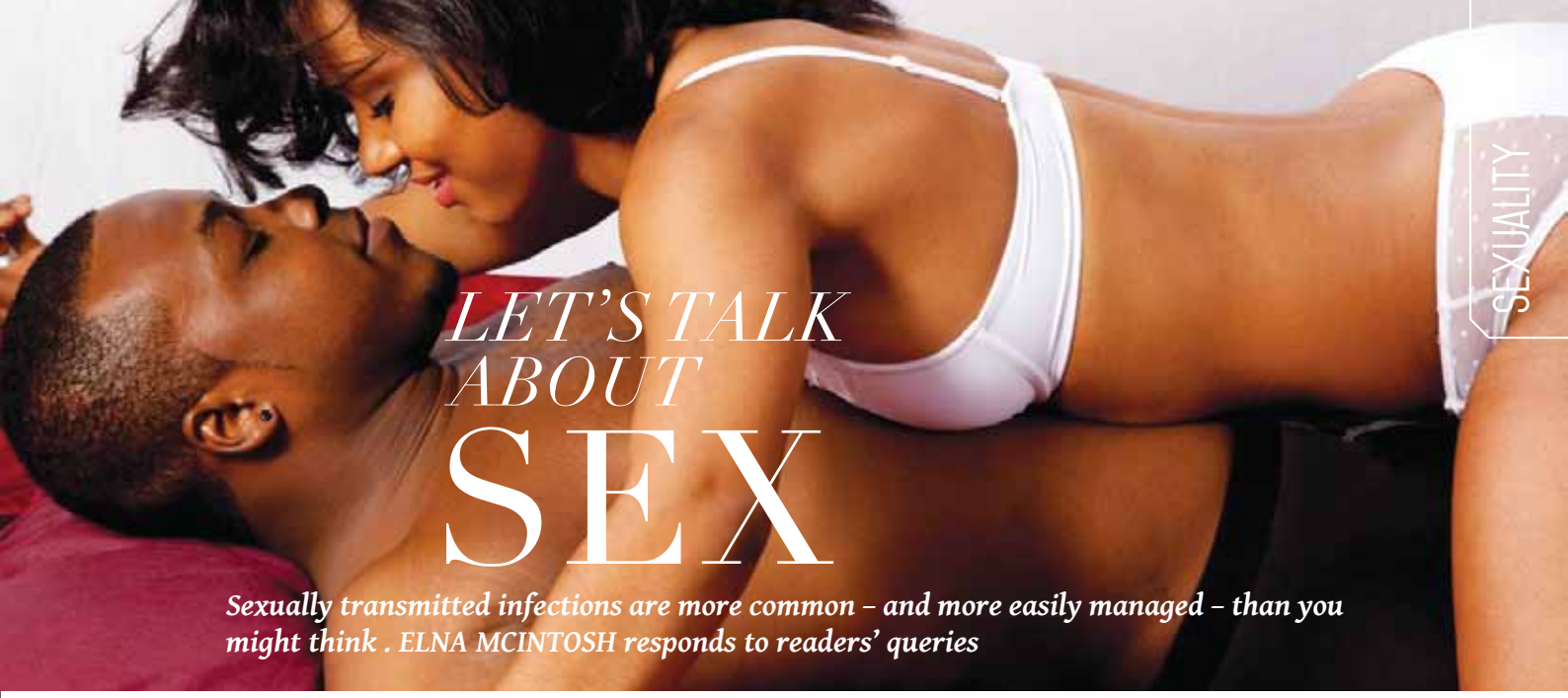
Enter FLYEASE technology, an easy-entry footwear system designed by Hatfield. A few prototypes followed, working on the basis of a release system that has a wraparound zip that opens the back of the shoe near the heel, making it's easier to slide the foot in and out – a clever yet simple design detail set to benefit people with a disability.

The Nike Zoom Soldier 8 Flyease shoe, the latest product in its LeBron James collection, was officially announced in the USA on July 13, 2015 and is now available in a limited edition via the Nike online store (nike.com). It offers stability and "the ultimate glove-like fit". Its specs are being modified and improved, however, for even better performance.

> *"If you have a body, you're an athlete*

Other trainer manufacturers are likely to follow suit – good news for all of us who want to get out there, no matter what our disability.

"If you have a body, you're an athlete," says Hatfield. "While varying levels of mobility make it difficult to provide a universal solution, we feel this is a significant development for anyone who has ever struggled with independently securing their foot."



LET'S TALK ABOUT SEX

Sexually transmitted infections are more common – and more easily managed – than you might think . ELNA MCINTOSH responds to readers' queries

Dear Dr Elna

Q: I am interested in becoming sexually intimate with someone, and I am having a hard time finding out more about sexually transmitted diseases. Can you give me some information about things I should be thinking about?

A: I talk to people every day who are unclear about the potential for sexually transmitted infections. Some people are reluctant to protect themselves from something that they can't see or "believe". Others are terrified at the possibility of becoming infected or passing an infection on to someone else. There are elements of truth in both positions, and it's hard to make decisions with little (or no) information.

Q: Why do you refer to "sexually transmitted infections", instead of "STDs" or sexually transmitted diseases?

A: It's because I think we need to leap out of history and confront reality: these aren't diseases that we're talking about, they're infections. A long time ago, before science knew anything about bacteria or viruses, some people would "get diseases" and it was thought that Venus – goddess of love – had something to do with it. (This is where the old term "venereal disease" or "VD" came from.) Now that we know that people are being intimate and contracting infections (in the same way that we catch a cold), rather than being cursed by a disease, I think we should talk about sexually transmitted infections (STIs) instead.

I like to think of STIs in a different way. Consider this from a microbe's point of view: they're just looking for a good home. A microbe wants to find just the right environment where they can survive, set up a home, eat, and raise a family. Maybe set up the farm for their kids.

The problem with this is, of course, you don't want to have a virus or bacteria (or whatever), setting up home in your urethra, cervix, skin, spinal cord, etc. Live and let live only goes so far when there are consequences for your health, or your partner's or family's health. (Maybe you had other plans for your body.) Any infectious particle or microbe is looking for opportunity, and if you provide it with a passage to a nice place to grow and thrive, it takes advantage of that opportunity. If you don't want something living with or in you, you should make decisions about your behaviour that can make it difficult to become a condo complex for sexually transmitted infections.

Q: So what does it mean to have a "sexually transmitted infection"?

A: Many people don't have a sexually transmitted infection. On the other hand, though, many people who think that they don't have an infection actually do. For instance, we don't often think of "mono" (Epstein Barr Virus Infection) as a potentially sexually transmitted infection, yet it is popularly known as the "kissing disease". Infections such as Cytomegalovirus (CMV), Herpes and EBV are often passed between people through kissing ("oral contact").

It's also important to realise that not everyone who has a particular infection acquired it through sexual contact. Infections such as warts – yes, those same ones on your hand or eyelid – are transmitted by contact between humans. Is this "sexually transmitted"? Not necessarily: it depends on what you were doing when you touched another human. Genital warts (HPV) are transmitted between people who touch, although they are caused by different subtypes of the same virus (HPV) that causes the warts on your fingers. The warts are called "genital warts" only because the infection involves the genitals. Herpes Zoster (shingles) is often not contracted sexually (rather, someone had chicken pox as a child), but it's on this list because it can be sexually transmitted as well.

Q: I thought you could tell if someone had a sexually transmitted infection by looking for sores or discharges.

A: While this is sometimes true, you usually cannot tell if someone has a sexually transmitted infection just by looking at them. Most people do not know that they are infected (they do not have symptoms) unless they have laboratory testing. Some infections are more noticeable (men often have severe urethral burning with gonorrhoea, while women sometimes have vulvar itching and increased vaginal fluid with trichomonas), but most people find out if they have an STI by having a test done by a healthcare professional.

Next issue: More on STIs

Elna McIntosh is a sexologist and has for the past 30 years helped couples and individuals to explore their sexuality "outside of the box". Her greatest claim to fame – surviving breast cancer ... twice. email: disa@icon.co.za

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BEING DIFFERENT... AND SEXY

Kanya Sesser's dream was to defy traditional beauty standards. At 23 years old, she's doing just that. CLAIRE RENCKEN reports

This model, who was born without legs, lives in Los Angeles and earns a whopping US$1 000 (almost R14 000) a day posing in lingerie for various labels, including Billabong, Nike and Rip Curl Girl.

Adopted from a Thailand orphanage when she was five years old, Sesser moved with her new family to Portland, Oregon in the US. At 15, she started modelling for sportswear brands.

"I'm a go-getter, badass, sporty/girly girl," Sesser posted on *Facebook*. "I'm always up for skating, surfing, snowboarding and just living it day by day."

As a young girl, instead of using a wheelchair, she rode a skateboard and learnt to walk on her hands. "It's something fun and it illustrates my story – I'm different and that is sexy; I don't need legs to feel sexy," she told international news agency Caters News. "I enjoy making money from it and I love showing people what beauty can look like. These images show my strength."

When she's not modelling or giving motivational speeches, Sesser is training to compete in the para-alpine skiing at the 2018 Winter Paralympics in Pyeongchang, South Korea.

"If you push yourself, through hard work, effort, time, patience and a lot of confidence, you will reach your goals, which will inspire and motivate others," she says.

See her in action on *Facebook*.

DON'T MISS OUT ON THESE EVENTS!

Be sure to diarise these important upcoming events

APRIL 7-9 12TH BIENNIAL SASCA CONGRESS

APRIL 10-12 DISABILITY SUMMIT

APRIL 13-14 HOPE-MANDEVILLE DISABILITY CAREERS EXPO

JULY 14-16 OCCUPATIONAL THERAPY ASSOCIATION OF SOUTH AFRICA (OTASA) CONGRESS

DOUBLE JEOPARDY

When diabetes and prosthetics combine to present a two-pronged challenge, it takes a hero to fight back

Diagnosed at an early age with type 1 diabetes, Pravin Bhana is one of our most inspirational patients. He thought, growing up, that he had already faced the greatest challenge to his health, but little did he know that the ups and downs he'd endured with his blood sugar would eventually lead to the bilateral amputation of his legs below the knee.

Diabetes doesn't have to be a debilitating illness and can be very well managed with insulin medication, regular exercise and careful attention to nutrition. It can, however, still have a few nasty surprises up its sleeve. It's no secret that sufferers can experience delayed healing of diabetic ulcers and impaired blood flow to the extremities, and consequently they are urged to take exceptional care of their feet.

In October 2014 Pravin had developed dry gangrene as a complication of his diabetes. Surgeons had to amputate both his legs and most of his fingers in order to avert a life-threatening condition. Dry gangrene is more common in people with diabetes and other autoimmune diseases, and usually affects the hands and feet. It develops when blood flow to the affected area is impaired, usually as a result of poor circulation. The affected tissue dries up, turns from brown or purplish-blue to black, and often falls off.

The shock of losing most of your extremities all at once can be severe and can affect your spouse and family even more drastically than you as the patient. But for Pravin and his wife, the prospect of life in a wheelchair was out of the question. Both of them are eager travellers, so they were determined to get him walking again so they could explore the world, meet new people and learn new languages without anything holding them back. With his wife's support, he persisted with his rehabilitation, which was ultimately successful.

Looking at him now as he casually strolls into our office every now and then, we are in awe at how quickly he rehabilitated. His prosthetic legs walk almost as well as his own legs did, and now with a spring in his step.

"I was walking without crutches within six months after the amputation and I am already researching our next holiday destination." The excited tone in his voice lets us know that we have succeeded in giving him back his life and his independence – and that's what we ultimately aim for. Pravin has given us great satisfaction as prosthetists and we can't wait for photos and stories of his latest travels.

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

CAN'T KEEP IT IN!

Urinary incontinence is a widely prevalent condition – and there's no need to be embarrassed. Dr DONALD MAASDORP gives the facts

In Western societies, between 25 and 55 percent of women suffer from urinary incontinence, defined as "the involuntary leakage of urine". The wide range is due to the fact that only 1 in 4 women report it to medical professionals. Most people with this condition are embarrassed and consequently feel isolated.

The prevalence of incontinence increases gradually with age, and Caucasian women have a higher rate of incontinence than other races. Obesity (more specifically, increased body mass index) is a significant and independent risk factor.

Pregnancy and childbirth, even Caesarean sections, increase the risk of incontinence. Repeated pregnancies as well as complicated deliveries, needing forceps and suction, will put you at a much higher risk than someone who has never been pregnant.

Menopause and the hypo-oestrogenic state increase the risk for older women, as does smoking. Chronic lung disease such as asthma, COPD and persistent coughs can also cause incontinence. Women who have had a hysterectomy for any reason are also at risk, due to pelvic floor prolapse.

Bladder continence is under voluntary and subconscious control, which can be overcome by many factors. During normal voiding the appropriate setting – such as a toilet – will allow a person to voluntarily relax the muscles in the pelvic floor and the sphincters, resulting in passage of urine.

Different types of incontinence include urge, stress and mixed incontinence where the symptoms and causes are slightly different.

Urge incontinence is the inability to hold one's urine. This is as a result of smaller bladder size and the inability of the bladder to distend and hold more increased quantities of urine. This condition can be determined using a urodynamic study, and it usually responds to medical treatment.

A degree of force is required to overcome the control mechanisms of the bladder. The common complaint with stress incontinence is usually loss of urine on coughing, laughing and when the intra-abdominal pressure exceeds the control pressures. These types of condition are an anatomical dysfunction and as such often require surgery to resolve.

Mixed incontinence is usually a combination of the above, and it can be treated medically.

The condition can be prevented or symptoms relieved with pelvic floor-strengthening exercises, or training, electric stimulation of the pelvic floor, avoiding food that results in urinary frequency or urgency, planned or scheduled voiding or hormone replacement.

Urge incontinence is usually treated with medication, which is often effective enough on its own. The newer types of medication have fewer side effects (they used to include dry mouth, constipation and blurred vision).

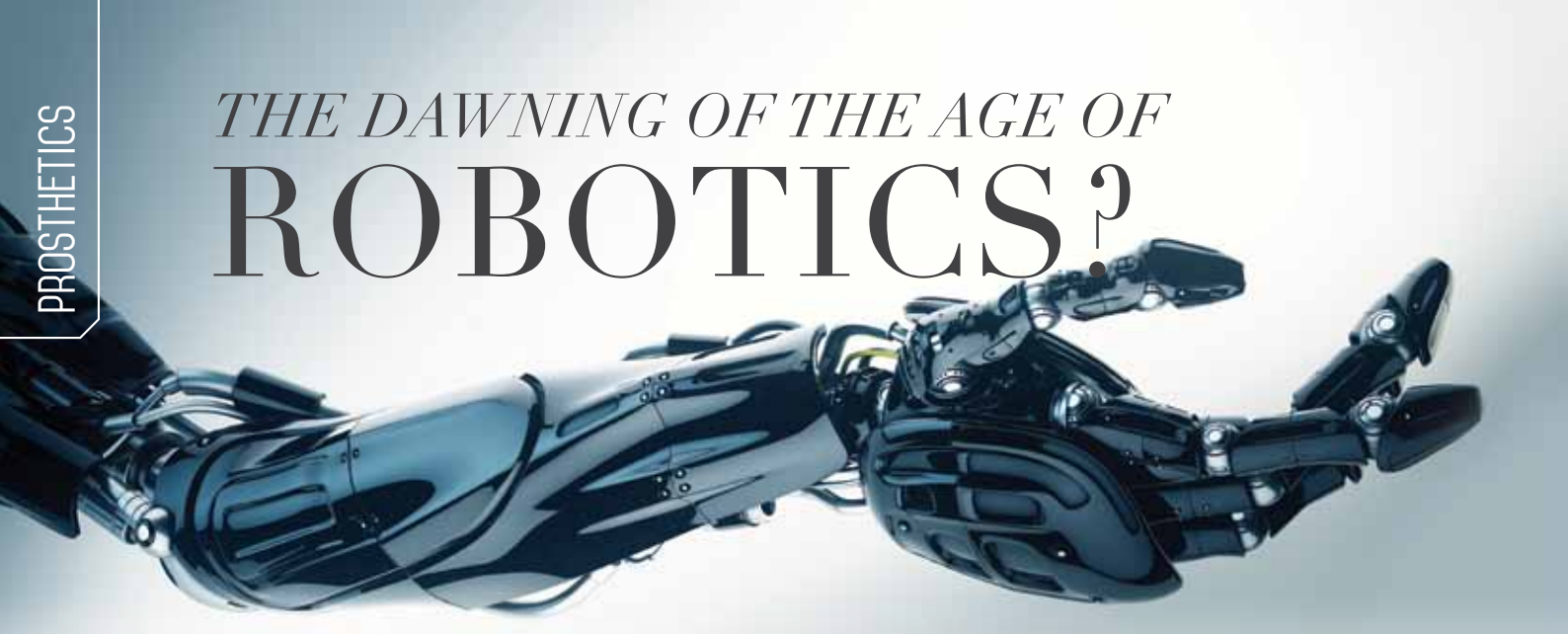
Stress incontinence is best treated by surgery to correct the anatomical defect. These include injecting bulking agents next to the urethra, muscle or fascial slings or synthetic meshes that are placed to correct the urethral anatomy and function.

The most important first step is to "destigmatise" the condition, thus allowing women to feel free and to investigate and treat as soon as possible.

Don't suffer in silence! Seek help – early diagnosis can result in significantly improved quality of life.

Doctor's note: This article does not cover all aspects of incontinence, especially where it occurs in paraplegics or quadriplegics.

THE DAWNING OF THE AGE OF ROBOTICS?



On-board microprocessor-controlled joints are making prosthetic arms and legs more responsive to environmental barriers and easier to control. CLAIRE RENCKEN explores the fascinating world of bionics

Specialists in the fields of prosthetics, orthotics and mobility products now offer products to help amputees achieve independence and quality of life through the most advanced technologies.

Take microprocessor-controlled knees, for example. These knees are designed to help you walk with a much more stable and efficient gait, which more closely resembles a natural walking pattern. All microprocessor-controlled knees feature sensors, a microprocessor, software, a resistance system and a battery.

The knee's internal computer (microprocessor) controls an internal fluid, which may be hydraulic or pneumatic. The internal computer monitors each phase of your walking pattern (gait cycle) using a series of sensors. The continuous monitoring and control of fluid allows the processor to make adjustments in resistance, so that you can walk more efficiently at various speeds and walk more safely down ramps and stairs.

Ottobock knee systems make adjustments in support as you speed up or slow down in real time. Both the Genium and the C-Leg also provide a high level of "stumble recovery" – they sense when you have tripped or stumbled and automatically increase resistance, so that you can catch yourself before you fall.

Another member of the Ottobock family is the Kenevo microprocessor knee – reportedly the first microprocessor knee designed specifically for the activities and challenges of K2 patients (these patients have the ability or potential for ambulation with the ability to traverse low-level environmental barriers such as kerbs, stairs or uneven

Right: *Certain kinds of prosthetic hands allow the user to increase the strength of their grip around an object. This can be very useful in situations where a firmer grasp is required, such as when you are tying shoelaces firmly.*

surfaces). With Kenevo, K2 patients can feel more confident as they go about their daily activities or challenge themselves through the rehab process.

Another option is the Össur Power Knee. It works as an integrated extension of the user, replacing true muscle activity to bend and straighten the knee as required. Also in the Össur stable is the Rheo Knee 3, which again provides natural knee function, because it continuously adapts to the user and the environment.

Amputees in the market for an above-the-elbow prosthesis need look no further than the Dynamic Arm from Ottobock. It incorporates a powerful electric motor in combination with the Vario Drive clutch to help users both flex and extend their elbows – while holding up to as much as almost five kilograms.

When it comes to hands, patients have various options to choose from. Bebionic's advanced myoelectric hand and Ottobock's Michelangelo prosthetic hand are both transforming the lives of amputees.

So too is Touch Bionics's I-Limb Ultra, which looks and moves like a natural hand. Motorised digits allow the hand to bend at the joints of each digit and individual stall out technology gives the hand a compliant grip so that the hand accurately conforms around the shape of the object being grasped. Using its pulsing and vari-grip features, the I-Limb Ultra allows the user to increase the strength of their grip around an object. This can be very useful in situations where a firmer grasp is required, such as when you are tying shoelaces firmly or opening a tightly closed jar of food.

It seems the sky is the limit when it comes to bionics! Watch this space...

It's shaping up to be an exciting time for South African athletes, starting with the Paralympic Games in Rio

Wow, 2016 already. It feels like just yesterday that I was in London for the 2012 Games and here we are already in another Paralympic year. This year is going to be big for some Paralympians: there are a few athletes with something to prove; others will be trying to make their mark; while some will be saying goodbye after these games.

I was lucky enough to visit Rio in 2015 and do a site visit of the Paralympic Village and sports venues. The village looks set to be one of the nicest that the athletes have ever had the privilege of staying in. The venues are close to completion and I will hopefully be doing a final visit in March. These games are going to create a lasting legacy for Rio in terms of accessibility, and the people living with disabilities in Rio are going to benefit for years to come.

But back to sport. There were a number of World Championships last year with some athletes laying claim for selection for the Paralympic Games. Sandra Khumalo (Para Rowing) showed her talent by winning her event at the Rowing World Championships, Ilse Hayes showed at the Para Athletics World Championships in Qatar that she is one of the fastest Paralympians in the World. Kevin Paul started dominating the Breaststroke again at the Glasgow Para Swimming World Championships.

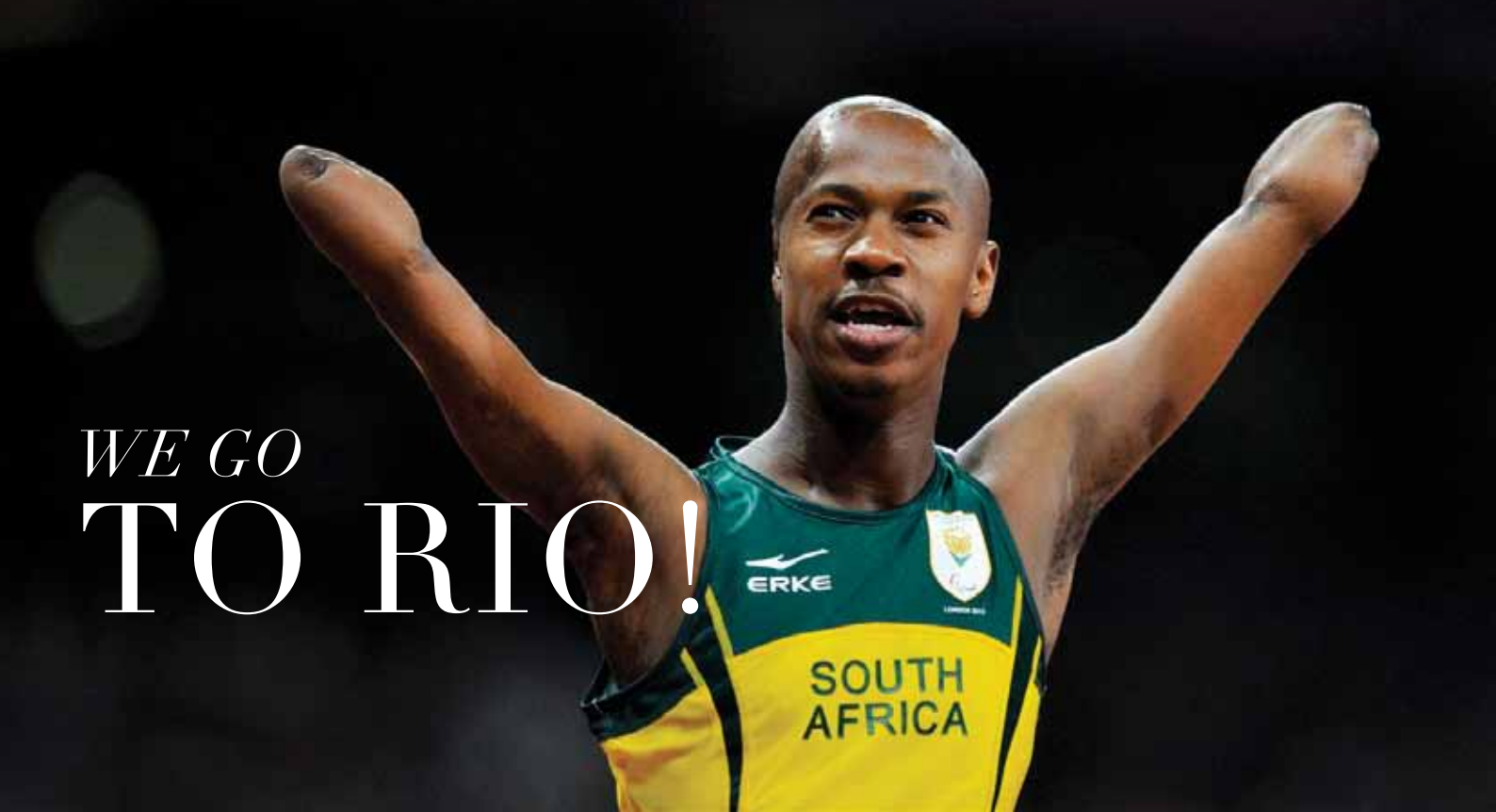
Unfortunately, no team has qualified for the Rio games, with the Sasol Wheelchair Basketball men's team coming 3rd at the African Zonal Qualification tournament in Algeria and the Women's Wheelchair Basketball team coming second at the Inaugural Women's African Zonal Qualification Tournament (also held in Algeria). I have a great feeling about the future of the women's team; I believe that they will soon be challenging to be the best in Africa.

Some people are predicting that the sweep of medals in Rio 2016 may not be as good as at previous Games, with the retirement from swimming of Natalie du Toit and Charl Bouwer, and the tragic Oscar Pistorius situation. Those three alone account for a loss of 13 medals! However, it's in adversity that people shine and I am sure that the athletes there will once again deliver when called upon to do their best.

A huge accolade for South Africa is also being awarded the rights to host the 2022 Commonwealth Games in Durban. The implications of this are enormous for athletes with a disability as these games have a number of events for para athletes and will also leave a lasting legacy, not to mention the investment in the sports to ensure South Africa fields a competitive team for the Games.

The Nedbank National Championships for the Physically Disabled and Visually Impaired will be held in Mangaung from 18 to 24 March this year, with athletes hoping to qualify for the Paralympic Games. Let's get behind them and support them all the way – Going for Gold in Rio.

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.



WE GO TO RIO!

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What signs to look for and how to manage concussions that occur on the rugby field.

While concussions that occur in rugby are rarely fatal, they have the potential to cause brain damage if not identified and managed correctly. BokSmart's philosophy is that no concussion, if managed properly, should ever lead to a catastrophic outcome! BokSmart provides tried and tested methods of not only suspecting when a player is suffering from a concussion, but also managing that player afterwards, monitoring his recovery and ensuring that he isn't put back on the field until he is 100% recovered.

Should a player exhibit any signs of dizziness, looking unsteady on their feet, falling over, loss of consciousness, confusion, convulsions or irritability following contact on the field, remove them from play immediately.

A player does not have to be knocked out to have a concussion!

Players suffering from a concussion will commonly complain of headaches, dizziness, confusion or feeling slowed down. They also often struggle with blurred vision, feeling nauseous or vomiting, fatigue, a feeling of pressure in the head and are sometimes even sensitive to light or noise.

There are a number of questions that can be asked to players suspected of having a concussion which can be found in the "Medical Protocol" section of the BokSmart website (www.boksmart.com).

If a player is uncertain about any of the answers to the questions listed in the Concussion Guide on the BokSmart website, he must be taken off the field immediately. Even, if he gets them right, if you are still in any doubt, rather take them off, and suspect a concussion.

Having been permanently taken off the field and assessed by a medical doctor, a player must only be allowed back to rugby after he has undergone the graduated Return To Play protocol and has been given final clearance from a medical doctor to return to ANY sporting activity or exercise.

These players must never return to play on the same day!

The graduated return to play protocol consists of 6 phases, of which the first is the age-appropriate mandated rest phase and the last stage is the full return to rugby.

Each Stage of the graduated return to play (GRTP) process is allocated a specific time period.

Stage 1 is physical rest until no symptoms remain. For players **18 years old or younger**: a **minimum of 2 weeks off**, and even longer if any signs or symptoms remain. For players **19 years old or older**: a **minimum of 1 week off** and the player must be sign and symptom free.

Stage 2 is light aerobic exercise for 10-15 minutes where the player must be symptom free during the **full 24 hour period**.

Stage 3 becomes more sport-specific and pushes the intensity up a bit, to where the player is exposed to running drills, where rugby specific movement patterns are added, but still includes no potential head impact activities yet.

Stage 4 progresses the player to more complex training drills where passing can be included. The player can also incorporate progressive resistance training into their day. The purpose here is to combine non-contact exercise, coordination and decision-making, which increases the load on the brain.

Before entering ***Stage 5***, which represents normal training activities such as full contact practice, it is critical that the player is cleared by a medical doctor to do so. They should also show no signs or symptoms during this Stage and the **full 24 hour period**, before being given the final go ahead to return to full match play or ***Stage 6***.

If a player shows any signs or symptoms during any Stage, they should consult with their treating medical doctor, and move back a stage to where they were previously sign and symptom free, and attempt to progress again after a **minimum of 24 hours rest**.

Minimum stand down period after injury:
Players **18 years old or younger** = 2 weeks rest post injury + 4 days GRTP (**Earliest Return to Play = Day 19** post injury)
Players **19 years old or older** = 1 week rest post injury + 4 days GRTP (**Earliest Return to Play = Day 12** post injury)

BokSmart provides you with all the necessary information at your fingertips to make better informed decisions, when the players need it most. Visit www.BokSmart.com or follow us on Twitter: @BokSmart or Facebook: Facebook.com/BokSmart.For any potentially serious concussion, head, neck or spine rugby injury contact the toll-free BokSmart Spineline number, 0800678678, operated by ER24.

CHRIS BURGER PETRO JACKSON PLAYERS FUND

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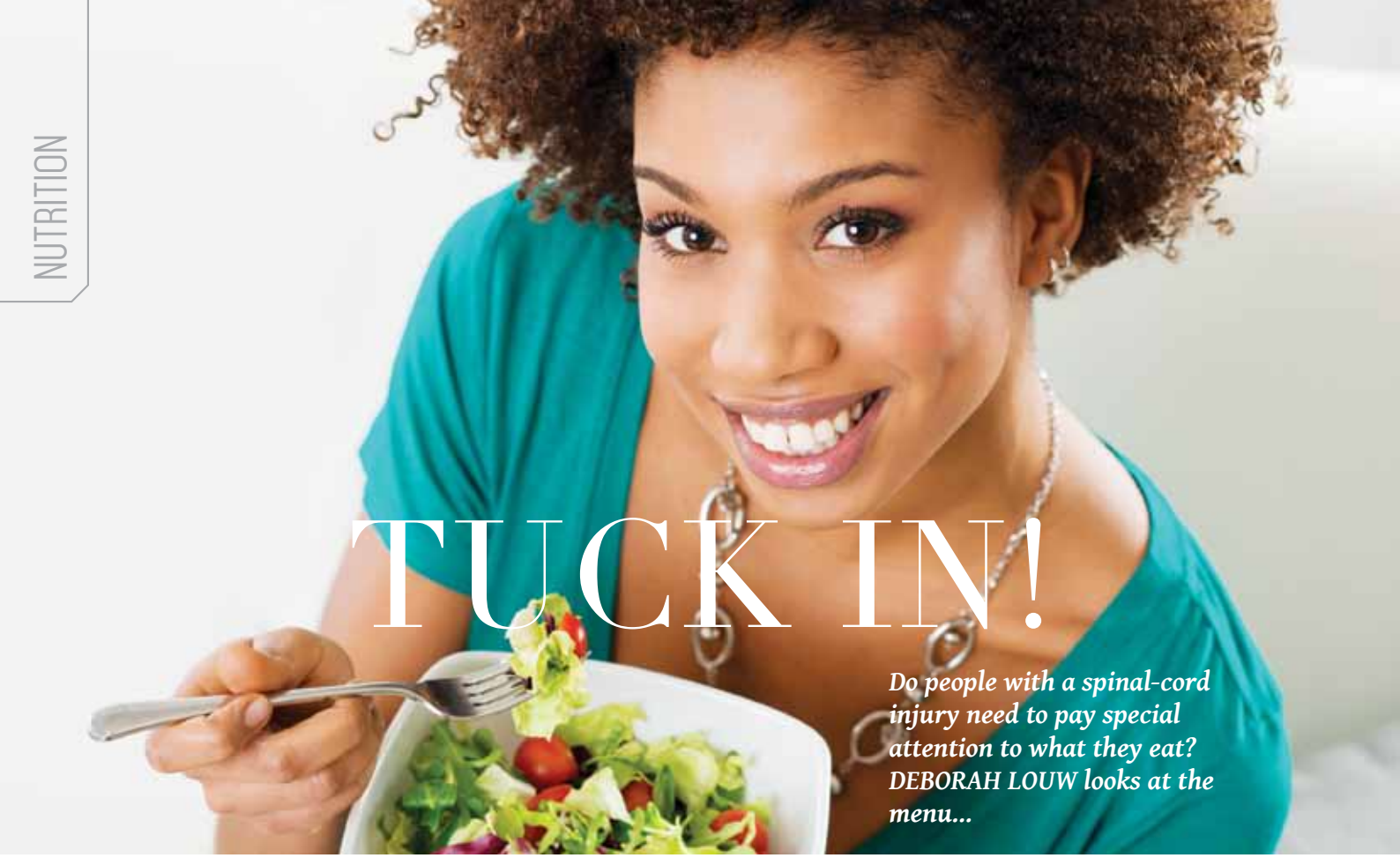

TUCK IN!

Do people with a spinal-cord injury need to pay special attention to what they eat? DEBORAH LOUW looks at the menu...

The paralysis that ensues after a spinal-cord injury (SCI) affects the way your body works – in several ways. Because you are less active, your muscles and bones may become weaker; the circulatory and respiratory systems that pump blood and oxygen to your heart, lungs and throughout your body may not work as effectively as before; and bowel and bladder functions may be adversely affected. And because you're less physically active, you're likely to burn off fewer kilojoules – which could lead to weight gain.

Other medical concerns include:

- Increased risk for diabetes, elevated cholesterol and obesity.
- Risk for developing pressure sores.
- Increased risk for osteoporosis.

The United Spinal Association, based in the US, recommends you consume:

- Adequate fibre and fluids to prevent constipation;
- Adequate protein to prevent pressure ulcers and preserve lean body mass (muscles);
- Low-fat foods and drinks (avoid the sugary ones!) to prevent weight gain; and
- Reduced overall kilojoule intake. (It's worth remembering that different types of SCI will result in different kilojoule needs: a person with a cervical SCI will have more difficulty moving compared with someone with SCI in the lower spine. Similarly, a person with an SCI who is still able to walk will probably consume more kilojoules than someone who uses a wheelchair all the time.)

In an authoritative report from Washington University in the US,* the conclusions that the authors reached were that individuals with SCI:

- Have the same protein needs as the general population, unless there is a pressure sore present, in which event a substantial increase in protein is required to help the wound to heal.
- Should keep cholesterol and other blood fats and waist circumference within normal parameters.
- Because they are at higher risk for osteoporosis (loss of bone density) and therefore for fractures, they should maintain an adequate calcium intake; reduce or cut out smoking; and limit caffeine intake.
- Eat regular meals throughout the day.
- Drink plenty of fluids throughout the day.
- No additional supplements should be necessary, unless your doctor has identified some sort of deficiency via a blood test and has prescribed a supplement.

And, of course, keeping as active as you possibly can is important. Find an activity that you enjoy or that suits you best – whether it's swimming, doing electrical stimulation exercises or simply heading to a park or shopping mall and wheeling up and down.

So, with this in mind, you can continue looking forward to your meals. Happy eating!

** Report: Everyday Nutrition for Individuals with Spinal Cord Injury by Vickeri Barton and Susie Kim of the Harborview Medical Center, US.*

LIGHT + STRONG = PANTHERA

Panthera wheelchairs are the lightest rigid-frame wheelchairs in the world. CLAIRE RENCKEN learns more

Founded in 1989 by Jalle Jungnell, a former racing driver who'd become paralysed, Panthera is based in Stockholm, Sweden. Jungnell had a vision of building the lightest wheelchair in the world, and Panthera now manufactures 5 000 wheelchairs each year and exports to almost 40 countries all over the world.

The Panthera chairs, other than the X, are manufactured from chrome molybdenum, commonly known as chrome moly, a very light but very strong material. Other features include carbon fibre rear axles, titanium or aluminium foot rests and a one-hand brake. The materials, graphics and textiles all work well together. Chairman Industries in South Africa has been associated with Panthera since 2013, when the first Panthera X was imported for Mathys Roets. "We are proud to offer a world-class wheelchair that is stylish and advanced. The Panthera range of chairs offers users a dynamic wheelchair that is light and easy to put into any vehicle. The full range of Panthera wheelchairs includes the X, the U2 light, the new U3 and S3, the S3 short, the S3 large and the S3 Swing, as well as two children's chairs: the Bambino and the Micro," says Viv Sierra, CEO of Chairman Industries.

Chairman Industries invites all wheelchair users to come and test drive the Panthera range at their premises in Johannesburg, or call one of the Chairman Industries consultants in Cape Town, Durban, Pretoria, or agents in Bloemfontein, East London, Nelspruit, Port Elizabeth, Botswana and Namibia. (Head office: 011 614 1222)

MODEL	X	U2L	U3	S3	S3 SHORT	S3 SWING
Material	Carbon fibre	Chrome moly	Chrome moly	Chrome moly	Chrome moly	Chrome moly
Weight without wheels (39)	2.2 kg	4.02kg	4.8 kg	4.86kg	4.78kg	6.16 kg
Weight with wheel (39)	4.5 kg	7.0 kg	8.4kg	8.42kg	8.34kg	9.78kg
Size	33-45"	33-45"	33-45"	33-45" (50" Large)	30", 33-45"	36-45"
Wheels	18 Carbon spokes light	18 Carbon spokes light	Stainless Wire spokes	Stainless Wire spokes	Stainless Wire spokes	Stainless Wire spokes
Brakes	One hand brake	One hand brake	One hand or hi-brake	One hand or hi-brake	One hand or hi-brake	One hand or hi-brake
Side guards	Carbon fibre 1/2 guard, side plate	Carbon fibre 1/2 guard, side plate	Sideplate, flexible rubber mudguards	Sideplates with armrests	Sideplates with armrests	Sideplates with armrests
Foot rest height-adjustable	Titanium or aluminium	Titanium or aluminium	Titanium or aluminium	Titanium or aluminium	Titanium or aluminium	Titanium or aluminium
Anti-tips	None	Optional	Standard	Standard	Standard	Standard
Push handles	Hook bar	Full range	Full range	Full range	Full range	Full range
Carbon fibre rear axle	Built in	Built in	Built in	Built in	Built in	Built in
Backrest	Angle- and tension-adjustable	Angle- and tension-adjustable	Angle- and tension-adjustable	Angle- and tension-adjustable	Angle- and tension-adjustable	Angle- and tension-adjustable
User weight	100kg	100 kg	100kg	100kg (150kg for 45")	100kg (150kg for 45")	100kg (150kg for 45")

FINDING THE RIGHT REHAB

Patients who have sustained spinal-cord injuries usually require a rehabilitation programme. CLAIRE RENCKEN investigates what's on offer

The aim of rehabilitation programmes is to assist people to rediscover their full potential, and to be reintegrated into their homes, work environment and community. This requires physical, functional, social, medical and in some cases cognitive rehabilitation.

Nina Strydom, clinical support specialist in acute rehabilitation and mental health for the Life Healthcare Group, describes some of the support structures offered by its various rehab centres around South Africa: "All of our facilities have psychologists, social workers and, in some instances, trauma counsellors on site who look after the patient and the family's wellbeing and adjustment to the spinal-cord injury (SCI). It is important to note that the facilities are registered as acute rehab units – not sub-acute or step-down rehab facilities – and are all fully equipped."

She continues: "At the beginning of the rehabilitation process, patients are assessed by all members of the rehabilitation team, including nursing staff, the resident, the on-site rehab doctor or specialist and all therapy disciplines, including physiotherapy, occupational therapy (OT), psychology, speech therapy (if required), a social worker, a psychologist and a dietician. The team then compiles a specific rehabilitation programme suited to the patient's and family's needs. We do not believe in a one-programme-fits-all approach."

A family meeting takes place within the first week of admission to provide feedback on findings and, together with the patient and family, to agree on a programme, explains Strydom. "Patient progress is discussed weekly during a team meeting and the programme is amended if necessary, based on the patient's progress and needs. Patients with SCI spend approximately 8-12 weeks in the facility as an in-patient; thereafter the patient continues rehab as an out-patient at the facility or with other private practitioners," she adds.

The Netcare Rehabilitation Hospital in Auckland Park, Johannesburg, operates in a similar fashion, says the hospital's general manager, Marietha van Vuuren.

At both the Life Healthcare Group facilities and the Netcare Rehab Hospital, home visits are conducted by the OT and social workers while the patient is still at the rehab centre. "The team is then able to clarify exactly what the discharge environment looks like and can give recommendations regarding alterations that need to be made, as well as what equipment will be needed," Van Vuuren says.

"In addition, caregiver identification and training are very important to ensure that appropriate care is available upon discharge. Usually, patients are expected to return home for a day or two prior to discharge, to identify any latent challenges at home," adds Strydom.

At some of the Life Healthcare Group's facilities there is a pre-discharge room, equipped with a bathroom and kitchen. Here, the patient and caregiver are supported and assisted, where possible, to ensure a safe home discharge. "Community reintegration only happens much later. The focus of acute in-patient rehabilitation is to ensure a safe home discharge. Patients are invited back to the unit annually for a five-day programme to review and address any latent issues and complications," Strydom explains.

In terms of "back to work" facilitation, both the Life Healthcare Group and Netcare Rehab Hospital assist where they can. "During the initial or acute phase of rehabilitation, contact is made with the employer, and in most instances a visit from the employer is facilitated to determine the way forward. This includes ensuring that immediate support is in place, such as disability insurance and access to bank accounts, and understanding the requirements of the job and identifying what is needed for the successful return to work. However, we do not focus on vocational rehabilitation, which is a specialised field," Strydom says.

Van Vuuren agrees: "Where necessary, the patient is referred to a specialist vocational therapist who will perform specific functional capacity tests and do specific work with the patient in terms of task re-skilling and 'work hardening'. The employer is usually involved in this process and often a work

Photographs supplied by Western Cape Rehabilitation Centre

visit will be conducted with the patient as part of the out-patient therapy programme," she adds.

Aquatic therapy is currently offered by three of the Life Healthcare Group's facilities. "Our patients benefit from and enjoy aquatic therapy as an alternative to other modalities," says Strydom. Netcare Rehab Hospital also offers this kind of therapy. "It assists in delivering therapy to patients in terms of movement and strengthening when there is pain or difficulty bearing weight. Movement and range of movement is easier in the pool, but balance is harder," Van Vuuren says.

Another noteworthy establishment is the Western Cape Rehabilitation Centre (WCRC), which has been in operation for 11 years. It also provides specialised, multidisciplinary rehabilitation programmes for people with physical disabilities. The focus is outcome-based and promotes functional independence, with the intimate goal of reintegration into the community. The facility has 156 beds, as well as daily out-patient specialised clinics for referred patients.

The WCRC has a staff complement of around 300 members, comprising doctors, nurses, physiotherapists, occupational therapists, speech therapists as well as social workers, clinical

psychologists, dieticians and support staff. The Orthotic and Prosthetic Centre has approximately 40 staff members, consisting of medical orthotists and prosthetists as well as orthopaedic footwear technicians.

The WCRC Facility Board also supports a Health and Wellness Centre, which currently houses an indoor heated hydrotherapy pool and a selection of gym equipment. The Centre is a disability-friendly gym for in- and out-patients, as well as approved community groups and disabled persons' organisations. People with disabilities are assisted in the use of the equipment, taught how to make adaptations around their disabilities and helped in designing programmes to ensure maintenance of their health and wellness.

The WCRC has a staff complement of around 300 members, comprising doctors, nurses, physiotherapists, occupational therapists, speech therapists as well as social workers, clinical psychologists, dieticians and support staff. The Orthotic and Prosthetic Centre has approximately 40 staff members, comprising, amongst others, medical orthotists and prosthetists as well as orthopaedic footwear technicians.

Furthermore, the WCRC Facility Board supports a Health and Wellness Centre, which currently houses an indoor heated hydrotherapy pool and a small collection of gymnasium apparatuses. The Centre is a disability-friendly gym for both in- and out-patients, as well as approved community groups and disabled persons' organisations. People with disabilities are assisted in the use of the equipment, taught how to make adaptations around their disabilities and are assisted in designing programmes to ensure maintenance of their health and wellness.

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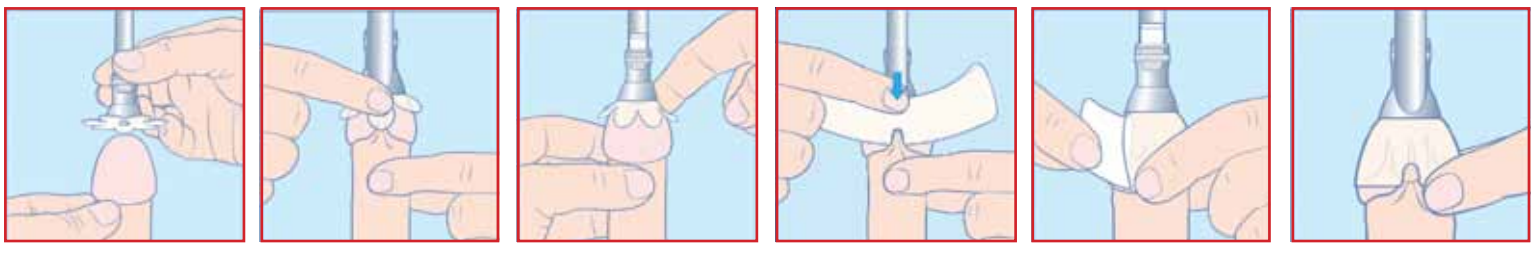

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LESSONS FROM MY CAR ACCIDENT

Life-changing doesn't have to mean life-shattering

It has been almost 13 years since I was involved in a horrific car accident that changed my life forever. People often ask me, "How are you feeling? How are you coping?" The reality is that unless you have experienced the loss of movement and the ripple effects of the injuries, you can't really understand the implications.

Realising that you'll be spending the rest of your life in a wheelchair is traumatic. But for me, the incident, in which I sustained a spinal cord injury on the T12 vertebrae, turned out to be a positive, enlightening experience. It motivated me to enrol in a three-year NQF6 Trauma Counselling course. In November 2015, I completed the Facilitator and Assessor course, which qualifies me as an Accredited Facilitator and Assessor.

I founded the Emilie Olifant Foundation in August 2013. Based in Craigavon in Gauteng, the Foundation addresses socio-economic issues experienced by people with disabilities through coaching, empowerment, mediation and integration of people with disabilities in the workplace and society. Our aim is for our clients to find meaning, improve their performance, strengthen their relationships and enhance their overall quality of life.

In general, women struggle for equality in the workplace. That struggle is doubled when you are a woman with a disability. Most companies hesitate to employ people with disabilities because they think it's expensive to make changes to accommodate you; once employed, you have to work twice as hard to prove that you can work independently.

When I was injured, I was admitted to the Netcare Rehabilitation Hospital to learn how to adjust to my new life using a wheelchair. I'm happy to say I'm now independent and able to manoeuvre with little support. I am lucky to work in a place that is fairly accessible and enables me to do my work with very little support from colleagues. However, I ask for assistance where needed. Help is always welcome.

Discrimination is a phenomenon that cannot easily be removed from someone's frame of reference. What we can do is show by example: the change has to begin with me – with you. So when you go to the hairdresser and she says to your companion: "How does she want her hair cut?" your response should be simply: "How about asking me?"

There is no need to be defensive or nasty. We are just different and we need to share that difference. I try to maintain a balance between work and life. I travel when possible and spend quality time with close friends and family to relax. I also ensure that I have some me-time. This year, I have set myself a few but constructive goals.

I trust that you too will meet 2016 with a hopeful outlook and focus on achieving your goals. Let's do this!

PROGRESS IN SOCIETY

In 2013, Cabinet approved the period November 3 to December 3 as National Disability Rights Awareness Month and that December 3 be observed as the National Day of Persons with Disabilities.

This provides the country with an opportunity to showcase and celebrate progress made in realising the political and socio-economic rights of persons with disabilities as guaranteed in the Bill of Rights, including the rights to equality, dignity and self-reliance. In December 2015 Cabinet also approved the White Paper on the Rights of Persons with Disabilities.

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