

ROLLING INSPIRATION

ISSUE 1 2017 | R50.00

The thought leadership publication for people with mobility impairments

UNSTOPPABLE

Joey Evans
does Dakar

BACK ON THEIR FEET

Prosthetics save the day

GAMES

Bonding through
boards

ROLLING ON UP

The road to Tokyo

FLYING HIGH

Accessing the world



ISPO 16TH WORLD CONGRESS 2017
8-11 MAY
CAPE TOWN, SOUTH AFRICA
WWW.ISPO2017.ORG
CONGRESS@ISPOINT.ORG



Early Registration Discounts available until **7 March 2017**



①

A broad, interdisciplinary
programme covering
scientific and clinical
advances



②

An exhibition showcasing
the latest product
innovations and trendsetting
technologies

③

Unique networking
opportunities with
international participants



④

Exclusive access to ISPO's
community and leadership



⑤

A colourful and vibrant
culture and city to enjoy



The Big Five Reasons to attend!



ROLLING INSPIRATION

Published alternate monthly by
Charmont Media Global
Unit 17, Northcliff Office Park,
203 Beyers Naude Drive, Northcliff, 2195.
P O Box 957, Fontainebleau, 2032,
South Africa
Tel: 011 782 1070 | Fax: 011 782 0360

MANAGING EDITOR

Ari Seirlis
email: ceo@qasa.co.za

EDITOR

Charleen Clarke
Cell: 083 601 0568
email: charleen@charmont.co.za

ASSISTANT EDITOR

Gavin Myers
Cell: 072 877 1605
email: gavin@charmont.co.za

COPY EDITOR

Deborah Louw
email: deborahlouw@telkomsa.net

JOURNALISTS

Anlerie de Wet
Cell: 079 897 4338
email: anlerie@charmont.co.za

Mariska Morris
Cell: 084 788 8399
email: mariska@charmont.co.za

PUBLISHER

Tina Monteiro
Cell: 082 568 3181
email: tina@charmont.co.za

ADVERTISING SALES

Elsie van Wyk
Cell: 072 827 2913
email: elsie@charmont.co.za

CIRCULATION MANAGER

Bev Rogers
Cell: 078 230 5063
email: bev@charmont.co.za

DESIGN AND LAYOUT

Nelio da Silva
email: nelio@charmont.co.za

© Copyright. No articles or photographs may be reproduced, in whole or in part, without specific written permission from the editor.

www.rollinginspiration.co.za

Cover photograph: Martin Potgieter



DOING DAKAR

Joey Evans conquers the Dakar Rally despite the odds. **P6**



A FISHERMAN'S NEW FRIEND

Willem Bekker receives a new prosthetic at Rand Mutual Assurance's rehabilitative care workshop. **P9**



COMPASSION FATIGUE

Lost your caregiver compassion? You're most likely suffering from compassion fatigue. **P12**



CHECKING IN!

What to do when planning an international flight. **P14**



THE TIME IS NOW

Will new stars make a name for themselves at the Tokyo 2020 Paralympic Games? **P20**



DEM DRY BONES

Overcoming joint problems with careful management and exercise. **P22**



BOARD (NOT BORED!) GAMES

Here are some games that can be modified to accommodate a range of kids' needs. **P23**



THE BED THAT MAKES ITSELF

With this invention, you will never make a bed again. **P31**

REGULARS

Upfront **2**
Readers say **4**
QASA news **8**
Ida's corner **12**
Travel **14**
Amputee corner **17**
Accessibility **21**

Medically speaking **22**
Rolling Kids **23**
Sexuality **30**
Hotspot News **31**
Backchat **32**
Subscription form **32**
Classifieds **IBC**

CONTENTS

TRIBUTE

TO A SPECIAL FRIEND



Photograph by Ilse du Preez

As we enter into a brand-new year, with changes happening all around us, it is helpful to reflect on the relationships built in the past, appreciate the moments shared and plot the way ahead




With all this in mind, I want to take a few moments to do just that and to dedicate the next few paragraphs to a special relationship.

It's been just over 12 years now that the two of us have been together. The bond that developed between me and you would be frowned upon by some members of society. A strange combination the two of us make. Yet we went all over the place, visiting other provinces in South Africa, and you even enabled me to set foot on five different continents. Wow, the stories you could tell, if you were able to talk, about the strange dark places I pushed you into; the various types of terrain we travelled over; and the numerous car boots you have sometimes been forced into. Oh yes, and the comical encounters you can share when someone else tries to climb aboard – and, as sure as day, you throw them off!

My, my, we've been through a lot, my reliable friend. Although ours truly is a love-hate relationship, I have to give praise where praise is due. You've never let me down (except on that one occasion, but I blame that on the environment we were in and, yes,

if you were better shod, it would not have happened). But you never quit, no matter how hard I push you. And the times spent apart when you go for a check-up, I just cannot get used to your replacement. I want to acknowledge you for sticking with me through thick and thin, through all the ups and downs. You are faithful and you enable me to do so much. Even at the most private and intimate moments of my life you are right there with me, never further than an arm's length away. Although I push you out of the way when I retire at the end of a hard day, you remain unmoved and patiently await the activities of the next day. Thank you for your stability. I truly value the mobility you provide me with. If it were not for you, my trusty wheelchair, I'd be left stranded.

Although you're old, scraped and scratched, repainted and patched, you'll be my chosen ride for a long time to come. With a fresh set of tyres, new ball bearings and a deep clean of your upholstery, you're ready to take on the world. Let's go into 2017 and beyond. And I also wish all the best to all you faithful **Rolling Inspiration** readers, my fellow columnists and the editorial team. Let us face the year ahead with renewed passion and appreciate old relationships while nurturing new ones... 



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



ANGEL



CONQUEROR



TRAVELLER



EMBRACE

SETTING SAIL

Travel editor Mandy Latimore responds to a reader who's feeling the call of the seas, but needs some practical advice and information first

"I'm a C5/C6 quadriplegic and am hoping to do a trip on the *Tenacious* with the Jubilee Sailing Trust (JST), from Cape Town to Antigua and Barbuda in the Caribbean in 2018.

Could you share your own experience with the JST? Did you have any trouble with travel insurance? Could you recommend any sources or possible funding opportunities, as this will be a very expensive trip?"

Rory

Dear Rory

I need to point out that sailing on the JST Square Riggers is exciting and fun, but extremely hard work. You are not going for a cruise where you are a "guest" and others attend to your every need.

With JST sailing, you are the crew - which means doing all that is necessary to keep the ship going - everything from cleaning the decks and toilets, and making the food, to navigating and steering the ship. Of course, the main job is putting up, trimming and adjusting the many sails, which is tough manual labour - pulling on the ropes and tying them off.

If you have no sailing experience, I'm concerned about how you will cope with the level of your disability. I do feel that the 46-day sail will be too difficult for your body as a C5/C6 quadriplegic. As a fit paraplegic who has sailed all her life, the 12 days at sea which I spent on Lord Nelson (with a one-day break in the middle) took it out of me physically.

You have a work rotation of four hours on and four hours off. Often in your off time you are called to change the sails. When your off hours occur during the day, you don't always sleep. The roughness of the seas makes it extremely difficult for a person using a wheelchair to move around the boat, to make use of the toilet or to get in and out of their bunk.

Both Russell Vollmer and David Kapelus sailed the five-day round trip from Cape Town on Lord Nelson and they battled with the Cape rollers. Russell, a tetraplegic, was a sailing competitor at the 2000 Sydney Paralympic Games. David, director of global law firm Norton Rose Fulbright, fell out of his chair more than once, even with his helper with him all the time.



With regards to travel insurance, I bought special sailing insurance from Travel Insurance Consultants (TIC) for the trip. As it was along coastal waters within South Africa it was cheaper than the insurance that you can buy through the JST. Taking out sailing insurance in international areas is a different issue and would need to be researched further.

Funding is another matter altogether. I paid the full amount for my trip but managed to get a small discount from JST as I arranged all the local TV coverage while Lord Nelson was visiting South African waters. In today's economy, I'm not sure that companies would sponsor or fund individuals to travel for their own pleasure - especially when our South African rand translates to very little in British pounds!

My suggestion is that you should try sailing on local boats, which are smaller, to decide whether you can manage it. Then, if you are really keen to try the JST experience, start with a shorter trip like those offered in the Gran Canaria, an island in Spain, which last about eight days. This would mean a return airfare, which is cheaper than a one-way ticket.

Good luck and bon voyage!

Karen Key

on Radio

The DISABILITY REPORT

...tune in every first Tuesday of the month @ 21h05

SAfm
104-107

BOOK LAUNCH

The Association for the Physically Challenged (APC) and Micromega Publications has launched a book of stories written by people with disabilities.

The book - *Voices of Disability* - features touching stories of 20 people living with disability as told by themselves in three languages. The illustrations for the book and cover have also been contributed by people with disabilities.

The tales outline, with frankness and sincerity, the challenges and triumphs of ordinary people with various disabilities. Each writer is a "hero" in his or her own way, showing courage, tenacity, staying power and humility in accepting what life has dealt them, to overcome a variety of challenges and become a beacon of hope to us all.

It's a book for everyone. We hope that South Africans people without

disabilities, as well as people with disabilities will buy it to get a glimpse into the inspiring lives of the (mostly untrained) writers. Readers will be moved by the authenticity with which each story has been written. *Voices of Disability* is a testimony to the capacity of the human spirit to adapt to everything that life confronts us with.

It's also available in large print to assist people who are sight impaired. We hope to continue with this project and develop further editions. An important feature of the book is that the profit made from the sales will be divided amongst the publisher, APC and the contributors, thus providing an additional income for the contributors.

Lesley Dietrich
Provincial Director
Association for the Physically Challenged



With frankness and sincerity, 20 people with a disability tell their touching story in *Voices of Disability*.

Wheelchairs



Walkers



Scoters



and
much more



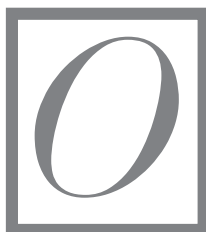
*Thank you for your support in 2016,
here's to another great one!*



DOING DAKAR



In our last issue, we reported that Joey Evans was about to compete in the biggest bike race in the world – the infamous Dakar Rally. This is what happened



n January 14, Joey Evans drove onto the podium in Buenos Aires, Argentina after participating in the 9 000 km race. "It was wow! It was a fantastic feeling to have accomplished my dream," he says.

Joey's two-week journey to the podium was, however, extremely tough.

"Because I struggle with spinal cord injury (SCI)-related problems – such as controlling my temperature and bowel movements – I have to use a catheter to urinate and therefore had to use disposable ones for Dakar," he says.

As if his SCI wasn't taxing enough, he took another blow on the second-last day of the rally that almost cost him the race and his life. A car hit him while he was on his bike and badly damaged the bike. He recalls that if he had fallen to the right instead of the left, the car would have run over him.

The 41-year-old athlete looked in despair at his broken bike, adorned with stickers from more than 300 individual and company sponsors who had contributed time and money to get him there. His wife, Meredith, and their four daughters, Kayla (17), Jenna (16), Tyra (14) and Shawna (12), had done so much too – selling hats and ice cream – to help raise the R1,1 million he needed to achieve this goal.


"I thought, I couldn't have come this far to end





it all on the second-last day. Even if I had to push the bike for another 10 km of the 60 km remaining for the day, I would have done it, just to get a little further than I was," he says.

Fortunately, he spotted a stranded bike nearby. The locals explained to him in broken English that the owner had had an accident and had been airlifted to hospital. "The riders' bikes are usually picked up about 48 hours after an incident. I looked at it and knew this was my chance." So he and his team stripped the bike in the middle of the desert and put the necessary parts on his own bike.

Although he had to eat and drink often along the way, and a broken radiator required him to constantly stop to throw in water, Joey made it to the podium on the final day. He says it was an amazing and unforgettable experience. Would he repeat it? No, he says. "I've achieved my goal, now I want to help others achieve theirs. People tell me that I have a cool story, but there are lots of people who are only starting their cool story. They just have to follow through." 

Photos by: Victor Eleuterio, Marcelo Machad and Gustavo Epifanio.



DRIVING AMBITIONS: SUCCESS CONTINUED

Ernest Mothoa, a quadriplegic, regained his independence on November 7, 2016, after passing his adapted-vehicle driving test on his first attempt. Ernest had only had five driving lessons with Driving Ambitions.

Gabisile Dlamini, a wheelchair user, also passed

her driving test on her first attempt on November 7, with the guidance of KwaZulu-Natal Driving Ambitions instructor Shaun. She joined as a new driver.

QASA helps to improve lives by securing resources to advocate, educate, capacitate, support and mobilise people with disabilities.



LEFT: Gabisile and Ernest – both proudly motor-mobile thanks to Driving Ambitions.

QASA SHOWS APPRECIATION TO AIRPORT SERVICES

Mandy Latimore, representing QASA, handed out certificates of appreciation at the Airports Company South Africa (ACSA) Feather Awards held at OR Tambo International Airport in Johannesburg in December 2016. In the same month, QASA CEO Ari Seirlis presented certificates of appreciation to Swissport and BidAir at King Shaka International airport at ACSA's Durban Feather Awards ceremony. QASA is committed to showing appreciation for services provided for assisted passengers at the airports in the country.



Mandy Latimore with the recipients of certificates of appreciation.

QASA CEO COMPLETES HIS 100TH PARKRUN

Hats off to Ari Seirlis, who has completed his 100th Parkrun! Ari completed the event, which took place at Durban's North Beach, at the beginning of February. Parkrun is a global event, which encourages people to walk and run 5 km on Saturday mornings at set locations. Ari is often joined by his sister, Angela, on these Saturday morning outings, which he very much enjoys.



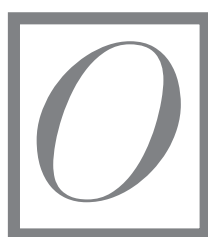
Ari Seirlis is the CEO of the QuadPara Association of South Africa (QASA) and managing editor of Rolling Inspiration. email: ceo@qasa.co.za

A FISHERMAN'S NEW FRIEND

Willem Bekker, an amputee who sustained an occupational injury in 2010, was elated to receive a phone call in November 2016, reports ANLERIE DE WET



ABOVE: Four amputees from the prosthetics made during the prosthetic workshop. The team consists of (back row, from left) Icelandic prosthetist and orthoptist Professor Anton Johannesson; Paralympian Ernst van Dyk; RMA pensioner Willem Bekker; RMA's prosthetics partner, Marissa Nel, and general manager: medical from RMA, Dr Deodat Kritzing. (Front, from the left) prosthetic beneficiaries Johanna Hadzhi, Olympia Phara and Harry Liebenberg.



On the line was Rand Mutual Assurance (RMA), a non-profit mutual assurance company, of which Bekker is a beneficiary.

They told him that they wanted him to go to their state-of-the-art care facility at the end of November to participate in their rehabilitative care workshop.

They said that Professor Anton Johannesson, an Icelandic prosthetist and orthoptist, who is the clinical manager of prosthetics at Össur Nordic, a orthopaedics equipment manufacturer, would "use" him to demonstrate the workings of a new prosthetic.

"They said I could then keep the prosthetic! I was very excited. New technology and machines make all the difference to people with disabilities," says Bekker.

Dr Deodat Kritzing, medical general manager at RMA, says that three other people with disabilities also received advanced prosthetics that would improve their mobility.

Ernst van Dyk, a South African wheelchair racer and cyclist – who has eight Paralympic medals –

handed over the prosthetics to the four recipients.


"The rehabilitation process is unique for each individual and this process can be long and arduous but is ultimately rewarding. It is our cherished hope that the insights shared by Prof Johannesson will help to speed up this process so that individuals can recover more quickly after amputation."

Kritzing says that Bekker would've been mobile sooner after his accident if the technology of today was available at the time.

In 2014 Bekker made the hard decision to amputate his left leg below the knee. His ankle was crushed in the accident and he had nine operations in four years, but the doctors just couldn't fix it.

"I made peace with it. I couldn't be in hospital all the time. I wanted to move on with my life," says Bekker.

He has used other prosthetics before, but says the new one is lighter and much more comfortable.

"My new prosthetic needed to be adjusted a little, so RMA is helping to get it done, but soon I will have it and enjoy my hobbies, like fishing and building fishing equipment, with a lot less fuss," says Bekker. 



SHAKE AND BAKE

For people with disabilities to be able to toss a salad or concoct a casserole, an accessible kitchen is of utmost importance. ANLERIE DE WET dons her apron



It will cost money and time, but it will be well worth it when the cake is served with a smile at the end of the day. Here are some tips for making the kitchen a workable space.

ADJUSTABLE WORK AND COOKING TOPS (MATERIALS)

This is the most important change to be made to enable wheelchair users to get things done in the kitchen. The average work and cooking-top designs are about 85 cm from the floor, often with storage space underneath.

For people with disabilities to work with ease, work and cooking tops need to be lowered to between 70 and 75 cm from the floor, with no storage beneath.



Although people with disabilities need to be catered for, the kitchen should not be uncomfortable for the family members with no disabilities either. The best solution is to install adjustable work and cooking tops. These can then be set with a lever to heights between 70 cm and 85 cm from the floor.

MAKE WAY FOR FEET

To avoid wheelchair users hitting their toes against

the cabinet while using an appliance or reaching for something from the storage space, toe-kicks should be installed throughout the kitchen. Toe-kicks are recess spaces at the bottom of a base cabinet that provides moving space for your feet when you're working at the counter, and they help prevent the loss of balance.


Many modern kitchens have toe-kicks, but they aren't always high enough to accommodate wheelchair users, whose feet are elevated. It's a good idea to measure the height of their feet before the toe-kicks are installed. The top edge of the toe-kicks should not be lower than 20 cm from the floor.

ACCESSIBLE APPLIANCES AND STORAGE

Refrigerator and cabinet doors usually open to the side; while dishwasher and oven doors usually open downwards, which makes it difficult for mobility-impaired people to access food and containers.

It's therefore necessary to revamp the cabinets and order a custom-made fridge and dishwasher where the doors slide outwards. Basically the content of the cabinets and appliances will work like drawers. With this design, goods in the fridge, the dishwasher and kitchen cabinets are easily reachable. The dishwasher and fridge also need to be elevated so that wheelchair users don't have to bend too far to reach what they want.

Another consideration is the oven. People with disabilities need to be able to get hot cooked and baked goods out of the oven without burning or injuring themselves. Ideally, therefore, the oven should be approximately 76 cm from the floor so that anything inside it can be viewed at eye-level. It should have a hinged door that opens 180 degrees to the side, which should be opposite the work top.

Making the kitchen accessible will make life simpler and safer. So, redesign the kitchen and get the master chefs on their way! 



DESIGNING

A UNIVERSALLY ACCESSIBLE WORLD

Start-up company Studio HB, run by architect and consultant Hiten Bawa, is looking to make the world more accessible with his designs



Studio HB is an architectural and Universal Access (UA) consultancy firm. Although the company only launched in September 2016, Hiten Bawa is already busy on numerous projects, including a new residence, an urban design and landscaping project in Rustenburg and a UA project for a Cape Town-based NGO.

"I design fully accessible houses for wheelchair users, deaf persons or blind persons. When it comes to modifications or alterations to an existing house, I advise on bathroom layouts, bedrooms and kitchens. I design accessible features that will fit into the existing design of the house," Bawa says.

He has a Masters of Architecture (Professional) from the University of Cape Town, helped draw up the Universal Design standards and guidelines for universities, and assisted in designing the new university in Mpumalanga and Sol Plaatje University in Kimberley along with his former employer Ludwig Hansen Architects and Urban Designers.

Bawa started his own firm after various people approached him about doing work outside of universities. "I thought, why limit myself to one particular building type? I must go out on my own and make my services available to other architects, developers and contractors," he explains.

For him, UA is very important. "We have diverse types of people in our society – people with different abilities and disabilities. It makes sense to have a building that is designed to accommodate as many people as possible," he comments.

The focus in design tends to be on wheelchair accessibility, but this overlooks people with other disabilities. One design element that is often ignored is proper acoustics to assist people with hearing impairments.

"Acoustics is very important to deaf people, because we hear echoes and reverberations that mess up our hearing aids. We need to have good acoustics to make communication easier," he says.




He also mentions the need for appropriate lighting, so that people's faces are clearly visible for lip-reading.

Another vital feature that he supports is a strobe light to accompany the fire-alarm system. "If you're unable to hear the fire-alarm system, you need to have flashing lights to warn you that there is a fire – and to evacuate the building as quickly and safely as possible," he explains.

Bawa sees his own hearing impairment as an advantage over his colleagues. "I have insight into the challenges of having a disability. I'm very sensitive to how people use a space," he says. His background as a visual artist also helps him construct and design a beautiful environment.

"I am on a mission to transform the built environment to become more inclusive and accessible to a wide spectrum of people including people with disabilities," Bawa says.

For more information contact Hiten Bawa on (+27) 83 305 0367 (by SMS or WhatsApp only), email at hello@hitenbawa.co.za or visit Studio HB's website at www.hitenbawa.co.za. 



COMPASSION FATIGUE

It's a phenomenon that can affect all caregivers – especially those taking care of family members or loved ones



Have you ever felt so tired and despondent that you wished that your caregiving responsibilities would just go away!? And have you ever secretly wished in a moment of frustration that the one you are caring for would just die so that this torment could become over and done with?

You are not a heartless monster. In all likelihood you're suffering from compassion fatigue.

Psychologist Dr Charles Figley of Tulane University in New Orleans describes the condition as "a state experienced by those helping people or animals in distress; it is an extreme state of tension

and preoccupation with the suffering of those being helped to the degree that it can create a secondary traumatic stress for the helper". In short, it is the cost of caring for others, because caring too much can hurt. When caregivers focus on others without looking after their own emotional and physical wellbeing, destructive behaviours, such as withdrawal and substance abuse, can develop.

Researchers have discovered that caregivers who are overstressed by the nature begin to show symptoms that are similar to that of their clients, including difficulty in concentrating, feelings of hopelessness, exhaustion and irritability. Tough home and personal circumstances combined with challenges in the working environment can

TIPS FOR MANAGING COMPASSION FATIGUE

DO:

- Find someone to talk to.
- Understand that the pain you feel is normal.
- Exercise and eat properly.
- Get enough sleep.
- Take some time off.
- Develop interests outside of caregiving.

DON'T:

- Blame others.
- Splurge on a new car, get a divorce or have an affair.
- Fall into the habit of complaining with your colleagues.
- Work harder and longer.
- Self-medicate.
- Neglect your own needs and interests.

— Source: Landstuhl Regional Medical Center.

overeating, gambling and even sexual addictions. People with compassion fatigue also tend to become apathetic and withdrawn, experiencing concentration problems, feelings of sadness and a lack of *joie de vivre*. They feel mentally and physically drained. They may experience nightmares and even get sick more frequently, typically with irritable bowel syndrome and related problems or colds.

In a formal environment, such as a self-help centre, problems can include absenteeism, high turnover rates, and friction between caregivers as well as between caregivers and management.

Is compassion fatigue just another name for "burnout"? While there are similarities, there also are significant differences. Compassion fatigue is an overwhelming emotional and physical drain that affects the way the sufferers view circumstances and how they react – it results in a changed world view and a loss of the ability to feel compassion. Burnout describes the physical and emotional exhaustion that workers can experience when they have low job satisfaction and feel powerless. It's also not limited to people in caregiving environments.

So how do you handle compassion fatigue? Because it's a process that develops over time, recovering from its effects will also take time. Mother Teresa understood it: in a plan that she outlined to her superiors, she said that it was mandatory for her nuns to take an entire year off from their duties every four to five years to allow them to heal from the effects of their caregiving work. ^[1]

all contribute to compassion fatigue. It's a major reason why professional caregivers leave the field to look for other, less stressful work – This option is, however, not so easy for caregivers who look after family members.

How do you recognise compassion fatigue in yourself? The simple answer is that if you feel you could have it, you probably have it.

Symptoms to look out for include poor self-care (personal hygiene and appearance), repressed emotions, withdrawal from colleagues and friends, and compulsive behaviours such as overspending,



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 Seirtis 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

CHECKING IN!



Taking an international flight is exciting, but it comes with its own specific rules and procedures. Here's what to do before you set off



Fresh from my own trip to Europe and the UK, I thought it would be useful to explain the check-in procedures for international flights. Here are some tips that I hope will make the first part of your journey as easy as possible.

Every airline requests that travellers requiring assistance contact the airline after making the flight reservation, so that the relevant information can be added into the booking and the various services booked and confirmed before the day of departure. If you are using the Internet to make your booking, look for a check box that lets you inform the airline that you require assistance. There may be forms to be completed or further information required. Ensure that you have confirmation in writing from the airline that they have received your request for assistance, and keep that confirmation in writing with you.

STEP 1

At home, weigh your suitcase to make sure that it doesn't exceed the limit for checked-in baggage. This limit varies from airline to airline and from class to class. Check on the airport website what the limit

is. The website will also alert passengers if the flight has been delayed. Ensure that you have all your travel documents, passport and valid visa with you.

STEP 2

Be sure to arrive at the airport at least three hours before the scheduled departure time. On arrival you may decide to have your check-in luggage plastic-wrapped. (This helps prevent damage as well as theft.) Find out from the terminal screens which is the correct check-in counter for the airline you are using. Your luggage will be weighed at the counter.

Note: luggage heavier than the limit will be charged per kilo and these charges are extremely expensive. It is better to check in unaccompanied luggage before the flight as the costs are less. Also know the weight limit of your hand luggage, as well as how many pieces of luggage you are permitted to take on board with you. All liquids taken on board must be placed into a clear plastic pack and should each be no more than 100 ml. Remember that "liquids" includes perfumes, eyeliner and hand-sanitiser gel. Insist that you receive an extra baggage tag for any mobility device that you have, so that it doesn't get lost. Passengers using their own wheelchairs must remain in them until they are boarded by PAU/ground personnel into the aircraft.

The wheelchair will then be loaded into the hold of the aircraft.

STEP 3

Once you have your boarding pass, the person checking you in will call the assistive staff member to take you through the security check point. You'll place your carry-on bag on the conveyor belt for a security scan and then place all of your


Passenger queue. Have your passport and boarding pass ready.

STEP 4

You will then be taken to a special area to be checked in with the assistive staff. Please note that new rules have come into effect specifying that if you require assistance, and want to do any shopping or banking within the duty-free area, the assistive staff must accompany you at all times. Check the limits on duty-free items that are allowed into the country that you are travelling to – it will be very disappointing to have your duty-free purchases of alcohol, cigarettes or meat products confiscated at your destination! Allow time to visit the bathroom before boarding. In larger airports your boarding gate may be a long way from where you are situated; there are usually overhead signs that will tell you how long it takes to get to the various gates.

STEP 5

At the appropriate time the assistive staff member will take you to the boarding gate or PAU so you can board your flight.

Happy Travels! 



ABOVE: At the check-in counter.
RIGHT: And off you go.

loose items – jacket, phone, camera, wallet, keys and any other items – into a plastic tray for scanning. If you're using your own mobility aid, you will be taken through an entry point next to the scanner and body-searched by a security person. You may be asked to take off your shoes for testing, and your wheelchair may be swabbed. Once cleared you will be allowed to collect your belongings and proceed to customs. You will go through the Crew and Assistive



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

A photograph showing the lower half of a person in a silver wheelchair. The person is wearing blue jeans and a light-colored t-shirt. They are standing on a paved surface next to the rear of a red car. The person's hand is resting on the rear wheel of the wheelchair. The background is slightly blurred, showing some greenery.

WITH YOU EVERY KILOMETRE OF THE WAY.

As a proud partner of the QuadPara Association of South Africa, Avis has now made it even easier to book special adapted vehicles. Simply select Group P to book our hand-controlled vehicles, designed to make your journey that little bit easier.

Avis. We Try Harder.

Visit [avis.co.za](https://www.avis.co.za) or call **0861 021 111**.

Terms and conditions apply.

AVIS

LOSING YOUR MIND ABOUT LOSING A A LIMB

Xenomelia, or foreign limb syndrome, is a condition where an otherwise healthy person has the dysphoric feeling that one of their limbs does not belong to them

This condition is also characterised by the intense desire to amputate the healthy limb. I'm sure many of us sometimes stare at ourselves in the mirror wishing that the scar above our right eye would disappear or our nose looked more like the "girl next door's". Now imagine being completely healthy and feeling the powerful urge to amputate your leg just because you don't like it. Six questionnaire studies found that people with xenomelia had the following to say:

"I can feel exactly the line where my leg should end and my stump should begin."

"I feel myself complete without my leg."

"My soul feels as though it belongs to a body with only one leg. The body does not correspond to this inner reality."

"I feel the stump ends in my thighs; I have a strong desire to live with two thigh stumps."

It sounds absolutely absurd and I'm sure any amputee who has lost a limb through trauma or

illness would almost be offended by someone who would want to voluntarily amputate a limb because they actually want to be an amputee. The truth is, xenomelia is a devastating condition that has even led to suicide, or self-harm and self-amputation, with disturbing consequences that include severe scarring, infection and sepsis. Some sufferers even go as far as faking amputation by hiding the limb in private and public. It seems the feelings of shame and disgust about the limb are just so overwhelming that they feel amputation is their only solution.

As an obvious psychological problem with a whole array of ethical issues, amputating the unwanted limb voluntarily through surgery is a controversial act and it would almost be impossible to find a surgeon who would perform the procedure.

Interestingly, these patients mostly want their left leg amputated - a fact that indicates that the right-brain hemisphere that supports a bilateral representation of the body is at fault and that early childhood memories are in most cases contributing factors. ^[R]



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

EATING HEALTHILY WITH SPINAL CORD INJURY (SCI)

A healthy diet is known to be important for everyone, but for SCI individuals it's even more critical, reports ANLERIE DE WET

T

he question of efficient dietary management in persons with SCI has not yet been satisfactorily answered, according to a study published by the National Center for Biotechnology Information in the US - especially SCI individuals with type II diabetes mellitus, dyslipidemia and cardiovascular diseases.

However, the study recommends that nutrition assessment should be performed during acute, sub-acute and chronic phases of rehabilitation after SCI, because, without certain nutrients, the risk increases for these individuals to develop diabetes, elevated cholesterol, pressure sores, osteoporosis (loss of bone density) and obesity.

According to the United States Department of Veteran Affairs, individuals with SCI should do four things when it comes to nutrition: eat, drink, exercise and soak up the sun!

First, it is important that individuals with SCI eat three meals per day and these should provide them with a total daily intake of between 15 g and 30 g of fibre, which assists bowel movements. Note: individuals should gradually increase their fibre intake from a small quantity to the optimum amount - to avoid constipation.

Individuals should include low-fat dairy products (which contain calcium to strengthen the bones) and eliminate or decrease their intake of fried food and high-fat food.

Secondly, to prevent or lessen the risk of developing a urinary tract infection (UTI) individuals with SCI should drink at least 1.5 litres of liquids a

day to soften the stool. Water and cranberry juice or extract is the best option to prevent UTIs or even kidney and bladder stones.



Get comfy in the kitchen to keep up a healthy appetite.

Thirdly, physical activity for individuals with SCI is vital. It can help to manage problems such as spasticity, weight gain and chronic pain, while improving strength and endurance to accomplish everyday tasks. Multiple studies have also shown that people who are physically active are less likely to feel anxious, lonely or depressed.

Finally, get some sun: individuals with SCI are very likely to have a vitamin D deficiency. As vitamin D helps with muscle functions, it is necessary to close the deficiency gap. Oral supplements are available, but sometimes a good 10 to 15 minutes in the sun each day can do the trick for free! Just be sure to wear short pants, a sleeveless shirt and a hat - and enjoy it! ^[1]



independent and self-reliant. Here are some:

The WCRC is a public rehabilitation centre based in Lentegeur, Mitchell's Plain, for residents of the Western Cape and surrounding provinces. Its services range from the promotion of independence in personal-care skills to wheelchair maintenance and repair.

Like the WCRC, the TRH is a public rehabilitation centre, but private patients are also catered for. After

The main goal of this hospital, based in Potchefstroom in the North West, is to serve people with intellectual disabilities. However, it also has space to treat people with physical disabilities with medication and rehabilitation. It's also a public hospital and, like WCRC and TRH, a referral is necessary to receive treatment.

This private hospital is situated in Port Elizabeth in the Eastern Cape. Its rehabilitation programme is designed according to the needs of each individual to promote efficient rehabilitation.

The families are invited to progress meetings and are educated to provide adequate care to ensure their loved ones received good quality care after discharge. R

*This is not intended to be an exhaustive list of rehabilitation centres. Future centres will be covered in subsequent editions of ROLLING INSPIRATION.



THE TIME IS NOW


Another Paralympic Games has come and gone, and now we're preparing for Tokyo 2020. Hopefully some new stars will come through and make a name for themselves

The next four years leading up to 2020 will be a challenging time. The rest of the world is investing heavily in para-sport and we need to do the same if we want to keep our results up there with the global competition. There will be two major World Championships this year – the Para-Athletics in London and Para Swimming in Mexico. Hopefully we can give some youngsters a taste of high-level international competition at these events. Of course, they must ensure that they meet the entry standard for these events. We can then focus on all our talented athletes to ensure that the 2020 Paralympics is a successful event for South Africa.

The South African Sports Association for the Physically Disabled will be holding the National Championships, once again sponsored by Nedbank, in March in Port Elizabeth. These games are crucial for us, because this is where we uncover the athletic talent of the future. Hopefully this year will be the same – and will produce some promising young athletes. Nedbank needs to be commended once again for nurturing its long and valuable relationship with sport for people with disabilities. Without its commitment, we simply would not be as good as we are.



Another exciting development that occurred late last year was that the SASOL U/23 basketball team Amawheelaboys qualified for the World Championships in Canada this year. This is great news after the disappointment when the men's and women's teams did not qualify for Rio 2016. The talent is good and this hopefully bodes well for 2020. Go guys and good luck at the World Championships.

That's it for now. Let's continue supporting all our top athletes this year and let them know that the nation and all of us with disabilities are behind them! 



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.

LOWERING THE FLOOR



Low-entry buses in South Africa are slowly becoming the “new normal” – and not before time

Road public transportation systems, specifically buses, formerly made use of a high-level ladder chassis, which precluded the possibility of low-entry or low-floor arrangements. This was largely based on the misconception that the road infrastructure would not allow the successful operation of low-floor vehicles due to the suggested problems with the vertical curve geometry.

Of course, roads in rural areas are unsurfaced, but most roads in urban areas have been built with macadamised pavement surfaces, which lend themselves to the new technology.

The first notional introduction of a fixed route, low-entry bus service was contemplated by a bus operator in Cape Town in 2000. It was spurred largely by initiatives by the Volvo Bus Company, which introduced the idea of low-entry buses in the country.

At the 20th South African Transport Conference in July 2001, delegates reported this encouraging response:

“Passenger reaction to the bus was overwhelmingly positive and on-board survey results revealed that 48 percent of passengers waited specifically for this particular bus and 11 percent of passengers were individuals who did not regularly use public transport, but who started doing so when the low-floor bus was introduced on the route.”

When the City of Johannesburg started developing its integrated rapid public transport network (IRPTN), it sought input from a range of international agencies.

Its bus rapid transport system (BRT), known as the Rea Vaya, opted for a high-floor modality, using bus bodies manufactured on a high-level ladder chassis. This design influenced the City of Cape Town’s own MyCiTi component of its IRPTN. The motivation for this high-floor modality was also influenced by systems overseas, particularly in Brazil, where stair access and platform lifts were in operation to enable access to the elevated platforms in the bus stations.

In South Africa, though, the infrastructure is different: platform lifts or hoists are usually not in place or, where they are, they introduce other challenges. Very long ramps into the bus stations have been constructed for access, which are at gradients that exceed the minimum internationally accepted gradients. The plan format or footprint of a bus station, especially when it is located in the median island, is fundamentally longitudinal with an access ramp on either side. This requires ramps of the order of 17 m long to achieve the required gradient and provide for a landing at the midpoint, a collective 30 m at each bus station – which is clearly not workable. (The application of well-established Universal Design principles would have identified the functional deficiencies at the outset of the design and development of these initial services.)

And so, the decision by Rea Vaya to change to low-entry vehicles for the next phase of the service is most welcome. The IRTN in the City of George, the IRPTN in Tshwane and the Ekurhuleni Metropolitan Municipality have all opted for low-entry versions. *R*

By Phillip Thompson, IDC Consultants Cape Town

DEM BONES,

DEM DRY BONES...

Spinal cord injury (SCI) is frequently accompanied by joint problems, but these can often be overcome with careful management and exercise

The so-called “over-use syndromes” seen in SCI are widely known. Both in paraplegia and in independently functioning tetraplegics, the upper limb becomes the remaining functioning unit, and therefore the shoulder, elbow and wrist are critically important for the patient to retain any form of independent function.

Independently functioning SCI individuals rely on their upper limbs for weight-bearing activities—such as transfers and pressure relief. In addition, wheelchair dependent persons who can self-propel their wheelchairs are likely to place excessive strain on the shoulders, wrist and elbows which can result in these “overuse syndromes”. This results in pain and limited use of the affected limb further exacerbating their disability.

SHOULDER

The shoulder joint has a complex anatomy and there are a series of ligaments surrounding it, known as the rotator cuff. Inflammatory conditions of the rotator cuff can be acutely painful, while tears of these ligaments, due to excessive use can also cause severe pain – which prevents functional independence. Naturally prevention is always better than cure and so it’s vitally important to preserve the shoulders and ensure that the shoulder muscles are kept strong to protect the joint. Regular, well-crafted strengthening exercises are important to maintain shoulder integrity. However, if the shoulder becomes painful, it’s important to investigate the possibility of a tear through an MRI – this is expensive, however, doctors would usually request an ultrasound of the shoulder if a rotator cuff injury is suspected. If there is evidence of only inflammation or the tear is not

severe, rest, anti-inflammatories and/or a steroid injection can be prescribed to manage this condition. On occasion, surgery may be needed to repair the rotator cuff tear or to remove a bony spur that may be causing the inflammation.


A more chronic condition seen in older SCI persons are arthritic changes in the shoulder joint itself or the acromioclavicular joint – the joint between the collarbone and shoulder. This normal wear and tear is mostly unavoidable and conservative treatment with anti-inflammatories is usually the only option. Joint replacement is not usually considered, because the unnatural forces applied to the prosthesis tend to negate the viability of such an option.

ELBOW

Strain may result in an inflammatory condition of the tendons at the elbow – this is commonly known as tennis elbow. Treatment is primarily with rest, physiotherapy, anti-inflammatories and occasionally steroid injections.

WRIST

The long tendons of the forearm are carried in fibrous tunnels in the wrist. Again, due to excessive use, an inflammatory process resulting in pain, pins and needles of the fingers and weakness of the hand severely restricts the use of the affected limbs. This condition, known as carpal tunnel syndrome, can become chronic in a SCI person. It is treated the same way as tennis elbow. If conservative means do not cure the problem, surgery may be indicated.

In all these conditions, pain can limit the use of the limb to such a degree that independence is lost. Treatment involves rest and medication – and often the condition resolves after several weeks. Surgery should be reserved for failed medical treatment. 



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



BOARD (NOT BORED!) GAMES

Playing games helps children discover their abilities and the world around them. Here are some games that can be played and modified to accommodate a range of needs



Board games are important for developing many skills, including number and shape recognition, grouping and counting, letter recognition and reading, visual perception and colour recognition, eye-hand coordination, manual dexterity, and more.

They also help to develop social skills, such as communicating verbally, sharing, waiting, taking turns, and interacting with others. Some children require structure, rules, predictability and routine, which board games provide. All children love to win games but they need to balance winning with losing and to manage the feelings that come with it. You need to take into consideration the age and level of the child to ensure that they don't feel frustrated or give up. Sometimes it may be acceptable to 'help' them win or to change the rules a little to encourage them to play.

Board games range from *Snakes and Ladders*, *Monopoly* and *Scrabble* to chess. Some children find writing, shuffling, dealing and moving cards or moving small objects difficult but there are many other low-cost games that can be made and adapted.

MAKE YOUR OWN DICE

Numerous templates are available. Some children require large dice made of paper, which are light and easy to roll, while others would benefit from having ones made from material or thick cardboard. You can add Velcro coins or strips to the sides and the child can


attach a strip of Velcro to their wrist or palm if needed, so that they can flip or roll the dice. Some children can move the dice using two hands, an arm, shoulder, neck or chin or even blow it using a straw and light paper dice.

COLOUR DICE GAME

Colour each side of a dice in a different colour. Each colour will have a matching activity. When the child throws the dice and it lands face up on a colour they get to do something:

- Red: Action Cards. Example: Wave your arms.
- Yellow: Emotions. Example: Make a sad face.
- Purple: Body Parts. Example: Pat your tummy.
- Green: Animal Sounds. Example: Woof like a dog.
- Orange: Counting. Example: Clap your hands three times.
- Blue: Colours. Example: Point to something yellow.

MAKE YOUR OWN SNAKES AND LADDERS








Choose a piece of paper that is suitable for the child's age and level. You can make the blocks and counters as big as you need. Get the child to help you colour or illustrate the blocks. You can paste or draw it onto a piece of cardboard like the back of a cereal box, or place it on a lap-tray or regular tray, raised or sloped if needed. You might want to laminate or cover the board in plastic in case of spills or saliva. Find counters that are appropriately sized, weighted and easy to pick up and move. You can use bottle lids, large seeds or stones, or stick a piece of Velcro or Prestik under them to stop them from moving. 












Dr Emma McKinney is a "children with disabilities" specialist, is a post-doctoral fellow at Stellenbosch University and owns a company called Disability Included. email: emma@disabilityincluded.co.za

ENTRY-LEVEL WHEELCHAIRS IN THE SPOTLIGHT!

Which entry-level wheelchairs are available in South Africa? What are their merits? Here's the lowdown on all the chairs on the market

COMPANY	WHEELCHAIR MAKE AND NAME	COMPLIANCY AND CERTIFICATION	WEIGHT	MATERIALS USED	REMOVABLE ARMREST AND FOOTREST
Chairman Industries www.chairmanind.co.za	Ligero Folding Wheelchair				
		International Certification	12 kg	Aluminium	Yes
	Peso Folding Wheelchair				
		International Certification	10,5 kg	Aluminium	Yes
	Plegado Folding Wheelchair				
		International Certification	9,5 kg without wheels	Aluminium	Yes
Ottobock www.ottobock.com	Strat M0 folding wheelchair				
		Each manual wheelchair is approved by national and international standards, such as German Technischer Überwachungsverein (TÜV), European Conformité Européene (CE), American Food and Drug Administration (FDA), France Centre for education and research in humanitarian (CERAH)	15 kg	Aluminium	Yes
CE Mobility www.cemobility.co.za	CE Rainbow Folding Wheelchair				
		South African National Standard's SANS1060:2012 durability test	18,5 kg	Mild Steel	Yes
	CE Cruiser Folding Wheelchair				
		SANS1060; 2012 Durability test	17,5 kg	Mild Steel	Yes
	CE Lightweight Rigid wheelchair				
		Yes (no specifics given)	14 kg	Aluminium	Yes

TENSION ADJUSTABLE BACKREST	ADJUSTMENTS THAT CAN BE MADE	QUICK RELEASE WHEELS	OTHER SPECS	GUARANTEE/WARRANTY	PRICE
Yes	Adjustable height, seat angle and centre of gravity	Yes	Optional accessories include anti-tips, helper brakes, safety reflectors and fitted lap-tray	Frame five years; other parts one year	14, 15, 16, 17 and 18 inch for R9 500 20 and 22 inch for R10 000
Yes	Adjustable height, seat angle and centre of gravity	Yes	Optional extras include anti-tips, helper brakes, safety reflectors and lap-tray	Frame three years; other parts one year	14, 16 and 18 inch for R8 000 20 inch for R8 500
Yes	No	Yes	Optional extras include anti-tips, helper-brakes, safety reflectors and lap-tray	Frame three years; other parts one year	16 and 18 inch for R6 000 20 inch for R6 500
Yes	Adjustable centre of gravity, axle height, back rest height, height of arm rests and caster alignment.	Yes	An Ottobock wheelchair has to pass a modified double drum test, running 400 thousand cycles. - Asymmetric 12mm obstacles on each drum - Overloaded with 120 percent capacity weight	Two year	R3 800 per unit (whole-sale)
No	No	No	The CE Rainbow is one of the few economy wheelchairs that's easy on the budget without compromising quality. Manufactured to strict South African quality standards with full back up on parts and maintenance. Tension adjustable backrest is an optional extra	One year	R2 371
No	No	Yes	The CE Cruiser can be manufactured with many additional specifications and options. Choose your: backrest height, seat depth, footrest type, armrest type, caster wheel, rear wheel, frame colour. Add features like one arm drive, reclining backrest, low-slung seat, amputee brackets, headrests, parent push handles and tension adjustable backrest. The only entry level wheelchair available in 10" to 20" widths	One year	R3 975
Yes	Yes	Yes	With an aluminium frame, the CE Lightweight offers affordability and an easy, hassle-free, lightweight solution	One year	R5 130

COMPANY	WHEELCHAIR MAKE AND NAME	COMPLIANCY AND CERTIFICATION	WEIGHT	MATERIALS USED	REMOVABLE ARMREST AND FOOTREST
Medop www.medop.co.za	Saturn Coaster Folding Wheelchair 	All products are manufactured in CE certified factories. The Medop CC steel Saturn range has the SANAS testing.	20 kg	Solid caster of steel fork	Yes
	Saturn Hercules Folding Wheelchair 	All products are manufactured in CE certified factories. The Medop CC steel Saturn range has the SANAS testing.	21 kg	Castor on 5mm steel fork	Yes
	Saturn Alu-lite Folding Wheelchair 	All products are manufactured in CE certified factories. The Medop CC steel Saturn range has the SANAS testing. The Saturn Alu-Lite has the SANAS durability certification.	14 kg	Aluminium	Footrest removable, flip-back desk arm
	Omega Granny (OMEGRA) Folding Wheelchair 	All products are manufactured in CE certified factories and some products have their own certification depending on the classification.	20 kg	Aluminium	Footrest removable, flip-up desk arm
	Invacare Alu-lite Folding Wheelchair 	All products are manufactured in CE certified factories and some products have their own certification depending on the classification	12 kg	Aluminium	Swing-away footrest
	Basik Wheelchair Folding Wheelchair 	All products are manufactured in CE certified factories and some products have their own certification depending on the classification	19 kg	Mild steel	Footrest removable, flip-back desk arm
Primacare www.primacare.co.za	Standard Folding Wheelchair 	CE, FDA and International Standards Organization's ISO13485 certification	17,4 kg	Steel frame, powder coated	No
	Invacare Action 1 Folding Wheelchair 	CE marked, ISO tested and approved by Cerah and TÜV, EN 12183 and EN 12184, Crash tested according to ISO 7176-19	17,8kg with all attachments.	Steel, epoxy coated	Yes
Sheer Mobility www.sheermobility.co.za	Venture 237 Folding Wheelchair 	American FDA certification	Between 19 and 20 kg	Mild steel	Yes

TENSION ADJUSTABLE BACKREST	ADJUSTMENTS THAT CAN BE MADE		QUICK RELEASE WHEELS	OTHER SPECS	GUARANTEE/ WARRANTY	PRICE
No	No	No		Optional extra includes elevated leg rest	One year	18 inch for R3 876 20 inch for R4 503
No	No	No		Optional extra includes elevated leg rest	One year	18 inch for R4 446 20 inch for R5 016
Yes	Adjustable seat angle, centre of gravity and back-height	Yes		Optional extras include, elevating leg rest, height adjustable armrests, tension adjustable back, amputee bracket and anti-tip wheels	One year	R9 975
No	No	Yes		Suitable for low active indoor use	One year	R7 182
No	No	No		Suitable for low active indoor use	One year	R 7 792
No	No	No		Suitable for low active indoor use	One year	R3 135
No	Adjustable footrest	No		Red powder coated frame, black nylon upholstery, seat width - 18" 45cm, and a 100kg weight capacity	Six-month	R1 499 incl. VAT, delivery available country wide
No	Adjustable axle height, centre of gravity and height of foot rests.	Yes		Other features include anti-tippers, attendant hub brakes, seat belt, cane holder, front castor 8" x 2" solid, detachable swing-away armrest, fixed height desk (240 mm). Simple, robust and efficient	Two years on frame and cross-braces; One year on components	R5 950 incl. VAT
Tension adjustable backrest is an optional extra	Adjustable length of footrest	No		It has as a standard, good quality, breathable nylon padded upholstery	One year warranty on frame and workmanship	18 inch for R2 800 incl. VAT. 20 inch for R3 200 incl. VAT



SHEER MOBILITY



Bringing affordability to mobility



**Limited
Time
Offer!**

RHINO POWER

Launch Special

R29 500 incl VAT

NORMAL PRICE **R32 500**

Century High Low Bed

R10 900 INCL VAT.



Patient Lifter

R10 900 INCL VAT.



Compact 757 Featherlight

R6950 INCL VAT.



Venture 237

R2800 INCL VAT.



Compact 777 Lightweight

R5400 INCL VAT.



Folding Aluminium Ramp

R3700 INCL VAT.



BRINGING AFFORDABILITY TO MOBILITY

A Division Of Sheer Ocean Trading cc. Practice Number: 090 002 0194239

Tel: +27(0)21 552 5563 | **Fax:** +27(0)21 551 9931 | **Cell:** +27(0)82 926 5414
Unit 6, 14 Esso Road, Montague Gardens, Cape Town, South Africa, 7441

www.sheermobility.co.za



#DISABLISM MUST FALL

Has our Constitution and various other pieces of legislation failed our citizens with psychosocial disabilities?



We have the White Paper Rights of Persons with Disabilities; we have the Convention on the Rights of People with Disabilities. We have our Constitution. But February 1, 2017 should be regarded as South Africa's D-Day for Mental Health Services in general, and the rights of persons with psychosocial disabilities requiring high levels of support and care in particular.

I'd like to express condolences to the 94+ bereaved families of Esidimeni, as well as to families who still have members in vulnerable situations not only in Gauteng, but across the country. I hope and believe that February 1, 2017 must be the beginning of the healing process.

In a recent press conference after the Esidimeni report was released, the Premier of Gauteng Province, Mr David Makhura, announced that:

- He has accepted the resignation of MEC Qedani Mahlangu, who has also resigned as a member of the provincial legislature. Steps have been taken to appoint Gwen Ramokgopa as an MPL and MEC for Health. Ramokgopa is a former MEC Health and Deputy Minister of Health.
- He accepts the findings of the Report in full and will ensure expeditious implementation of all recommendations.
- Immediate action will be taken to move the remaining 1000+ persons with psychosocial disabilities who are still in unlicensed NGOs to safer licensed facilities.
- Everyone identified in the report as having failed in their duties will be held accountable.
- The Report will form the basis of a complete overhaul of mental health services in the province, and its recommendations will be used to strengthen health care in general.

- The Premier and Minister, in consultation with the Esidimeni Family Committee, will work together in finding closure for families, including recourse mechanisms.

The United Nations Convention on Rights for People with Disabilities (CRPD) recognises disability as "long term physical, mental, intellectual or sensory impairments, which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others".

We call on all of South Africa ... to appreciate that disability matters and that there should be full participation in all activities of daily life, especially access to learning, work and social inclusion.

Visible barriers to participation – such as steps, pavements without ramps, narrow doorways and no accessible toilets – are easier to overcome than invisible barriers related to personal and collective attitudes that reinforce the stigma of disability.

Invisible barriers to participation also include willing ignorance regarding accessibility and resources for products and technology that provide accessible teaching and learning materials, prejudice, stereotypes about disabled persons that lead to social isolation or marginalisation of persons with disabilities. There is also an invisibility of disability in the curricula and most mainstream research.

There are continued inequities in employment of persons with disabilities despite the Employment Equity Act of 1998. Reasons for this shortfall include inadequate human resource management policies that do not recognise the need for personal assistance for staff with disabilities. Human Resources often consider infrastructural changes, equipment and office adaptations in reasonable accommodation policies. But these policies do not always take individual needs into account, and this requires sustained resources.

#DisablismMustFall is the new hill to climb. [R](#)



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

SEX AND THE SCI

Spinal cord injury (SCI) can disrupt an individual's sex life, but with rehab and an informed approach, the obstacles can be overcome

Sexuality, in general, describes how a person goes about expressing himself or herself as a sexual being. Sexuality and sexual expression are an integral part of a person's life, and just as we are all different, our sexual preferences also differ. Sexuality is important to people regardless of age, gender, relationship status, gender identity, sexual expression and physical abilities. Experiencing meaningful relationships is a core part of who we are and sexuality plays an essential role in how we relate to others.

Various factors influence our sexuality, including values, beliefs, attitudes, experiences, physical attributes, sexual characteristics and societal expectations. If the views of others are experienced as judgmental, they can inhibit the process of accepting one's personal opinions and preferences regarding sexuality. Sexuality is not a question of right vs wrong or good vs bad. It is an expression of who you are and it's therefore valid and valuable. Since sexuality is a topic that is often avoided, people sometimes find it difficult to discuss – which, in turn, can prevent them from enjoying fulfilling sexual relationships. Accepting your sexual preferences as "normal" is a big step towards embracing a fundamental part of who you are.

Some of the concerns of SCI individuals revolve around physical abilities like walking and performing daily tasks, the work environment, medical complications, opinions of others and more. But, since sexuality is such a big part of who we are, it

is no surprise that a threat to sexual functioning is one of the biggest worries. There is sometimes a belief that SCI individuals are unable to have sex and doomed to have relationships lacking in intimacy. This is a myth. It's also a shortsighted view, as it assumes that sex is the only factor that is relevant in sexuality and intimacy. People with disabilities are still able to have meaningful sexual relationships.

“Sexuality plays an essential role in how we relate to others

One of the main aims of sexual rehabilitation for SCI patients (just like physical rehabilitation) is to show that much of what you were able to do before is still possible – it's just about finding different ways of doing it. The process focuses on educating people about what sexuality really entails and coming up with a plan that can work for each person. Challenging myths and opinions about sexuality is essential to laying the foundation for intimate relationships. There are numerous options to overcoming the perceived barriers; what is needed is knowledge, communication and an open mind. ^[1]



Dr Estie Janse van Rensburg is the founder and MD of Charis Psychological Services. She has a Masters Degree in Counselling Psychology (University of Free State, SA) and a Doctorate in Clinical Psychology (University of Bangor, UK). After being diagnosed with a spinal cord tumour, she combined her 15 years of clinical experience as a psychologist with her own journey as a patient, and developed a practice that specialises in providing psychological services to individuals with physical health challenges. Column courtesy of Charis Psychological Services.

DIVE-A-THON TO DEFY GRAVITY

Strap on your flippers, fill up your oxygen tanks and dive in the Handicapped Scuba Association South Africa (HSASA) 50 hour Dive-A-Thon!

The HSASA is an established non-profit company that operates independently from any dive school. With their first project they are challenging people with disabilities, as well as divers with no disability, to participate in a weekend-long diving marathon at Miracle Waters outside Brits in North West.

This event aims to raise enough funds to provide training and dive trips for people with disabilities, who don't have the finances to explore the deep blue sea.

"We at HSASA aim to change and improve the physical and social well-being of people living with disabilities, through the recreational sport of Scuba Diving. We are dedicated to ensuring that the people whom we train are given the same opportunity to receive quality training, certification and dive adventures as divers without disability," says Melissa Leonard, a director of HSASA.

The event will run from Friday March 10 to Sunday March 12. The cost per person per hour is R150. The invitation to join is extended to any diving school and any diver who wishes to have a good time and make a difference to a fellow diver!



THE BED THAT MAKES ITSELF

For most people with disabilities or mobility impairments, the first obstacle after waking up in the morning is making the bed. Thanks to a Canadian inventor, doing so is now effortless.

After seeing how her uncle, a wheelchair user, struggled to make his bed, Tina Cayouette wanted to create something that would lessen the load for him (and others). The result? The Smart Duvet.

She went onto Kickstarter.com, a website where innovators can get crowdfunding to start businesses, and acquired enough financial backing to turn her idea of a self-making bed into a reality. The Smart Duvet uses an extremely light, inflatable sheet that is easily hidden by just inserting it into the duvet. This sheet is connected to an air pump, which can be placed under the bed.

The pumped air is connected to the owner's cellphone via the Smart Duvet app. At the push of a button, air is blown into the sheet, lifting the duvet and straightening it out on the bed.

The app also allows users to set a time for the bed to make itself. It works exactly like setting an alarm on your phone – choosing a day and time.

"I thought about my uncle, who is in a wheelchair. For him, making the bed was quite a task," says Cayouette. "For him, and for anyone who has limited mobility, this app will be able to enable them to feel more independent: to be able just to press a button and their beds will be made."

She says that although her main purpose of the Smart Duvet was to make life easier for people with disabilities, she has been surprised by how many "lazy" abled people are interested in her product.

The Smart Duvet went on sale in December 2016. Be aware, though – this helping hand costs more than a regular duvet. A single-bed fitted Smart Duvet costs (at the time of writing) R5 500. But for many people it will be decidedly worth the investment.

GIVING IT YOUR ALL

It's important to recognise your talent and abilities, and to nurture and develop them




I have learnt a great deal over the years. For example, live your life to the full every moment, because you don't know what could happen in the next hour. Lots has changed since my car accident 13 years ago, but I embrace myself and explore who I am. Keep an open mind – we don't know everything. And don't be afraid of change.

Growing up in the township was a huge adventure for me. Ever since I can remember, right from when I was a small child, my identity was an issue with me. I grew up as the tomboy that I still am, but life can be challenging. People don't always see the essence of a person, because they don't know the struggle on the inside.

We didn't have gadgets like most children do today but we still had a full life. We went to a local SOS Children's Village after school to learn how to dance, do karate or just hang with the other children. We would get home and play in the streets until it was dark. During school holidays I looked forward

to travelling away from home to visit relatives. I didn't always love the visits themselves but I looked forward to the trips. I found the township gossip rather boring and irritating, so, to get away from all, I fell in love with sport and found extra-mural activities to be rewarding.

From pre-school until Standard Two, I acted in school plays, taking leading roles. In high school I was the Zola Budd of the time, running barefoot and winning most of my races. It felt so good to win and to achieve all those successes. (I admit, though, that the best part of my day was staying in my bedroom to "be" Michael Jackson or Jon Bon Jovi and write love letters from them to friends of mine.) It was so liberating being the younger me.

In life, some people will blow out someone's candle so that theirs can shine brighter. It's probably happened to most of us – but never let your flame be dimmed. Always know that you are shining and can continue to do so, no matter what anyone says about you. Don't let age scare you either. You can do what you want at 90 just as you did when you were 30. Just be you! 



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.
email: emilie.olifant@gmail.com

SUBSCRIBE TO ROLLING INSPIRATION

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

Subscribe online at www.rollinginspiration.co.za or complete this form and fax to 011 782 0360 or email to bev@charmont.co.za.

Once you have subscribed, you will also be able to access all the content on our fabulous website, including the complete magazine as a flip book.

1. Click on SUBSCRIBE on the website and complete the form. Alternatively we can fax or email this form to you.
2. Make payment.
3. Click on LOGIN to register on the site (choose your own user name and password).
4. Once payment has been made, access to content (including the e-mag) is granted.

Please add my name to the **Rolling Inspiration** mailing list:

☐ R230.00 for one year ☐ R450.00 for two years

Rates include VAT and postage (valid within RSA borders).

METHOD OF PAYMENT:

☐ Cheque enclosed (payable to Charmont Media Global cc)

☐ Direct deposit: Charmont Media Global cc

Bank: First National Bank Hyde Park branch

Branch code: 255805

Account no: 62059168825

Please use your company name or invoice number as a reference

Mr / Mrs / Ms: _____ Name: _____ Surname: _____

Job Title: _____

Company: _____ VAT No: _____

Postal address: _____

Postal Code: _____

Nature of business: _____ Number of employees: _____

Tel No: _____ Mobile No: _____ Fax No: _____

Email address: _____

Signature: _____





Elma Park, Edenvale, Johannesburg



5 Bedroom, fully wheelchair accessible lodge -
Located 5 minutes from the airport - Roll-in showers -
Office facilities, meeting room and boardroom -
24 hour security - Lockup garage facility -
Entertainment area with pool (with hoist), braai and
Jacuzzi - Commode wheelchair available - Care
attendant accommodation - B&B or self-catering



To make a booking, contact Louise on 031-767 0348 or
louiseqasa@iafrica.com or on

0860 ROLLING / 0860 765 5464

driving ambitions

**ADAPTED
VEHICLE**



DRIVING LESSONS

Johannesburg • Pretoria • Durban

Make driving a reality!

Driving Ambitions, a driver training
program, gives people with mobility
impairments the opportunity to learn to
drive in specially adapted vehicles with the
aim of achieving their driving licence.



Contact **0860 ROLLING** for more details
or go to www.qasa.co.za
to download application forms



**ROLLING
INSPIRATION**

Advertising enquiries:
Elsie van Wyk: 011 782 1070
www.rollinginspiration.co.za

FOR SALE. EASY RIDER HAND CONTROLS

Almost new

Price: R2 500 neg.

Contact: Craig Viljoen

0797189737

Johannesburg

DON'T MISS OUT!

Be sure to diarise these important upcoming events

10 - 12 MARCH DIVE-A-THON

A fundraiser for scuba divers with disabilities
at Miracle Waters

19 - 20 APRIL HOPE MANDEVILLE CAREER EXPO

An expo for students with disabilities to find
the right employment

7 MAY WINGS FOR LIFE WORLD RUN

Join in. Just don't let The Catcher Car get
you!

8 - 11 MAY ISPO WORLD CONGRESS

For the first time in Africa, don't miss this event
in Cape Town

2 - 4 JULY WCPT CONGRESS

The congress for physical therapists will be in
Cape Town this July

4 - 6 JULY 21ST NACCW BIENNIAL CONFERENCE 2017

Digging into the modern understanding of child
care in Kimberley

7-9 AUGUST AFRINEAD

Digging into the modern understanding of child
care in Kimberley

**KNOWING WHEN TO TAKE A RUGBY PLAYER OFF THE FIELD PROTECTS THEM.
RECOGNISE AND REMOVE, CONCUSSION IS A BRAIN INJURY.
LET'S NOT LOSE OUR HEADS ON THE RUGBY FIELD.
IF IN DOUBT, SIT THEM OUT.**

UNSTEADY ON FEET?

FALLING OVER?

NAUSEOUS?

CONFUSED?

HEADACHE?

VOMITING?

DIZZY?

DAZED?

UNCONSCIOUS?

BLURRED VISION?



THE 6 R'S OF CONCUSSION:


1. RECOGNISE 
the signs and symptoms

2. REMOVE 
the player immediately from the game

3. REFER 
the player to a medical doctor who understands concussion

4. REST 
the player for the age-appropriate stand-down period

5. RECOVER 
until all symptoms have disappeared before entering the Return To Play process

6. RETURN 
to match-play only once sign and symptom free, having gone through the Return To Play process and after being cleared by a medical doctor

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.