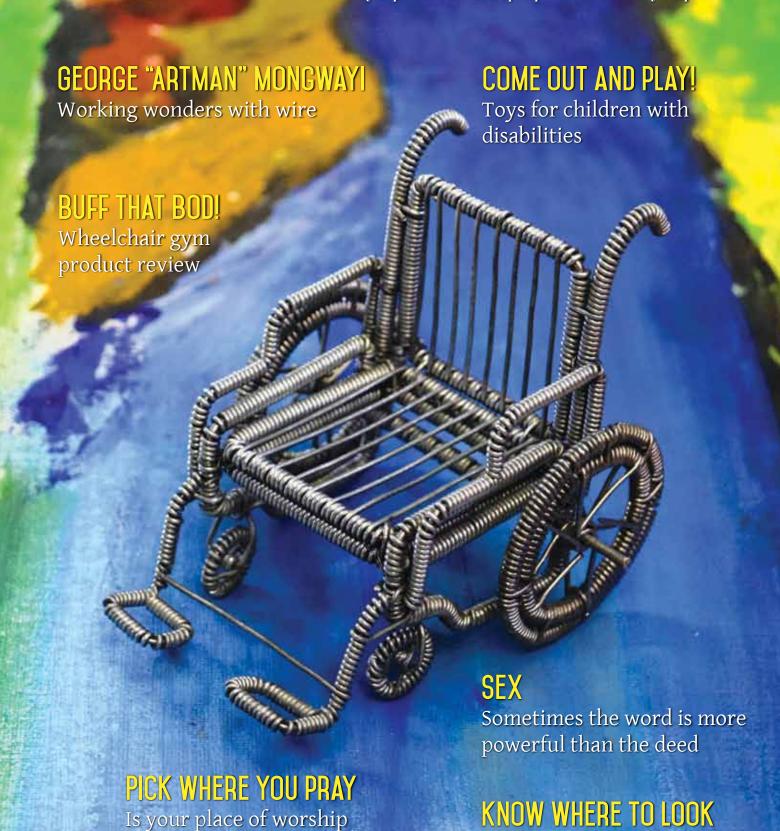


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ROLLING INSPIRATION

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WHEELCHAIR USER OR PETROLHEAD? BOTH!

Visitors to the Clarkson, Hammond and May Live Festival had a surprise waiting for them, or was it a wake-up call? **P8**



ARTISAN ON WHEELS

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SPORT FOR PEOPLE WITH DISABILITIES IN SOUTH AFRICA

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Couch potato or health nut, we hope you'll find something in this product review to suit your body strength and energy level. **P24**



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AWARM WELCOME!

This is the first issue of Rolling Inspiration published by Charmont Media Global, and we wish them good luck as we take this awesome magazine into the future



t is always good to celebrate new things and to embrace change. I want to share my views on two new things that I experienced recently.

The Airports Company of South Africa has recently created a waiting area specifically for persons with disabilities who use the Cape Town International Airport.

The entrance to the Assisted Passenger Area is strategically situated next to the boarding gates and opens up to a large room with a welcoming atmosphere. It contains a couple of comfortable light-coloured couches, a useful desk mounted to a

owner gave me the opportunity to get a feel for this machine. It was quite easy for me to get onto it and, after a quick explanation of how it works, I was buzzing around the parking area. It even comes with a reverse gear; and with its 125cc engine it can easily keep up with the traffic on the roads. It is an ideal mode of transport, as it is cheaper to run than a car and, I imagine, much kinder to the environment. Contact Easy Drive at www.easydrivewc.co.za for more information.

These experiences give me new hope for the future as I see how people with disabilities can easily integrate with society and be mobile on a par with everyone else. It is innovative ideas such as these that will empower people with mobility impairments and enable us to reach our full potential. \square









Above: Easy Drive recently imported the Nippi, an accessible scooter that can be driven from a conventional seat or from a wheelchair, without costly conversions.

wall and an inviting wall-to-wall bookcase, in which a big-screen TV is mounted. The floor is covered in dark wooden laminated flooring, which is very user-friendly for wheelchair users.

The couches are low enough for an easy transfer from and into a wheelchair, and some are even large enough for an average-sized adult to stretch out on and sleep. They can be accessed from any direction, depending on the agility of the person concerned.

A large collection of popular book titles can be found in the bookcase. What really intrigued me was the selection of Braille books for readers with sight impairments. On one wall is what looks like a long sentence that is written in Braille. If only I could read and understand it!

The area is very user-friendly, and is a safe place for people to wait comfortably while in transit through Cape Town International Airport. It is perfectly located – far enough from the bathrooms to be discreet, yet close enough for ease of access.

The other new thing is something I experienced for the first time in my life. I could ride a scooter while seated in my wheelchair! Easy Drive, the company that provides adaptations to vehicles, has recently imported an accessible scooter. The

QASA CEO, ARI SEIRLIS, WELCOMES CHARMONT MEDIA GLOBAL

"QASA is very proud to welcome our new publishers, Charmont Media Global. We look forward to exciting new columns, interesting inserts, fresh insights, and a new look and feel. We are thrilled at the opportunity to grow our readership, expand our advertising support and provide excellent material and information. We will continue to be guided by the voice of our readers, and value the support and investment of our advertisers. Charmont promises growth, positive change and brand-building for our publication. We think we have found the 'A team' of publishing in this niche and believe that not only will they deliver on our expectations for our constituency, but they will also have a life-changing journey with us."



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

multiplesclerosisSA MS_SouthAfrica timsnon2410

DISCOVER YOUR TRIGGERS

- How you manage your fatigue will depend partly on whether other Multiple Sclerosis (MS) symptoms and lifestyle factors are having an effect
- Analysing these can be a valuable first step in identifying how to minimise the problem.

FILL IN A FATIGUE DIARY

- Rate your fatigue levels at different times of the day, and in relation to different activities – you might start to see patterns.
- Perhaps you notice your fatigue is worse after large meals; perhaps in the afternoon. Is it better after an hour's rest? Do certain activities make you more tired than others? Is it when you are hot or cold?

TAKE FREQUENT RESTS

- Listen to your body. Don't be tempted to overdo it if you are having a good spell – you might pay the price in a day or two!
- It can be helpful to divide the day into three parts: be active in two of them and rest well in the third.
- If you have a big event coming up, prepare for it by getting as much rest as possible beforehand – and remember that rest means doing nothing at all.

RELAX

- Choose a quiet place free from distraction.
- Body temperature drops during relaxation, so ensure the room is warm enough or cover yourself with a light blanket.
- You may want to loosen clothing and/or remove glasses or jewellery.
- Find a comfortable position, either sitting or lying. If sitting, have your head supported.
- Close your eyes to avoid distraction.
- Practise your chosen technique some people use tapes, soothing music or meditation. Like anything new, it may take a few sessions to achieve the desired result
- Maximise benefits of relaxation by doing at least 20 minutes every day. ENJOY!
- Prioritise tasks into those that are essential and those that can wait.

- Save your energy for what you can do, rather than struggling with tasks you find difficult – delegate these to other people!
- Conserve your energy whenever possible. If you have to go upstairs to use the bathroom, save up other chores that need doing upstairs, to avoid having to make separate journeys. Also, keep duplicate cleaning materials upstairs and downstairs.
- Explore the possibility of working from home or cutting down your hours to part-time work.

TIME MANAGEMENT

• Make a daily or weekly timetable of activities that need to be done and try to put activities in order of priority, so that those that must be done are done before you run out of energy. Break large complicated tasks into smaller stages that can be spread throughout the day, for example peel potatoes in the morning to cook in the evening. Set yourself realistic targets. An important word in time management is NO.

MYTHS ABOUT TIME

- Those who are the most active get the most done.
- If I do it myself it will be done faster and better than if anyone else does it.
- The harder one works, the more work is done.
- Time can be "saved"

LEAD A HEALTHY LIFESTYLE

- Try to keep generally fit. Exercise is essential, but remember to balance the exercise with rests. Eat a well balanced diet. Excess weight, alcohol and smoking can all have a negative effect on fatigue.
- Remember the saying "Use it or lose it". Keep mobile, even if it only sitting in the garden – fresh air does wonders for depression. If possible, stand up and have a walk round every so often, to prevent stiffness in your legs.
- Take regular exercise if you are able. Swimming is a good option. Even if you are not a strong swimmer, spending time in warm water can be beneficial and relaxing.
- Exercising with a friend can be fun and can help to keep you motivated.

Compiled by Non Smit info@multiplesclerosis.co.za

- Adopt a good posture try to maintain an upright and symmetrical posture during all tasks.
 If necessary, rest on a perching stool while carrying out tasks. Avoid excessive twisting and bending and remember to rest in order to reduce strain on your joints and soft tissue.
- Keep cool! Some people with MS find that changes in temperature can cause them to become fatigued. This can be triggered by the weather, hot baths or showers, hot drinks or meals or feeling feverish as a result of infections. These effects are usually quickly reversed when steps are taken to cool down or when the temperature falls.
- Use fans, take cool baths and showers, have regular cold drinks or suck an ice cube.
- Some people find that air conditioning systems are helpful, especially during the summer.
- There are cooling garments available commercially that can help with heat sensitivity. These range from relatively inexpensive collars or wrist bands through to more expensive cooling jackets.

SLEEP

Sleep is a very important part of healthy living. During sleep there are many complex processes going on in the body that allow people to wake up the next day feeling refreshed.

- Get a sleep routine in place.
- Have a warm milky drink
- Read, or listen to quiet music.
- Do some gentle stretches.
- Do a relaxation exercise.
- Use aromatherapy techniques.
- Ensure that the room is a comfortable temperature; ideally this should not be more than around 15°C.
- If noise is a problem, try earplugs.
- Reduce the light in the room. Light is a strong time cue to the body. If this is a problem, eye covers, like those used on aircraft, are an easy way to reduce light stimulus and promote relaxation.

Always remember: you should never accept fatigue as an inevitable consequence of MS!









CHARMONT MEDIA GLOBAL APPOINTED AS PUBLISHER OF ROLLING INSPIRATION MAGAZINE

We are delighted to inform you that Charmont Media Global has been appointed as the new publisher of Rolling Inspiration, the official mouthpiece of the QuadPara Association of South Africa (QASA)



olling **Inspiration**, a lifestyle publication for people with mobility impairments, has enjoyed a loyal following over its 15-year existence. Independent research has revealed that a whopping 87 percent of readers and subscribers avidly read the publication. Furthermore, 71 percent of readers use the advertisers' products!

As such, Rolling Inspiration is an extremely powerful medium. "We believe that the time is ripe for Rolling Inspiration to move to the next level, which is why we have retained the services of a highly successful publishing company with a proven track record," explains Ari Seirlis, CEO of QASA. Established in 2000, Charmont Media Global publishes a number of quality titles, including FOCUS on Transport and Logistics, EduTrans, The Transport Manager's Handbook, SA Mover and SHEQ Management. The company is also active in other media, producing a number of websites, online newsletters, apps and television shows.

Charleen Clarke, editor at Charmont Media Global, says that the company has great plans for Rolling Inspiration. "It is already a stirring and motivational magazine, but we believe it is time for a complete revamp of the publication. Readers and advertisers can therefore expect a bold and contemporary new look, quality illustrations and top-notch journalism."

Many of the content themes will remain unchanged, but will be enhanced and tweaked. Rolling Inspiration is fortunate to offer readers a wealth of information provided by regular contributors, who share their knowledge of issues such as legal matters, medical issues, sexuality, travel and access. "These will, of course, continue. However, we intend providing those with mobility impairments with information, empowerment and entertainment. We will highlight the quality of life of people with mobility impairments - in terms of education, work, love, sex, sports, recreation, travel ... the list goes on. We cannot wait to commence a new era in the history of this life-changing magazine," says Clarke.

Assistant editor of Rolling Inspiration, Claire Rencken, adds: "In the short time we have been working on the publication, we have already met the most amazing, inspirational individuals, from whom we have learnt so much. This has just been a taste of what's to come. We look forward to many more such encounters in the future." \mathbb{R}



Assistant editor Claire Rencken (left) and editor Charleen Clarke (right) went to Soweto to meet and interview George Mongwayi for the cover story.

Karen Key on Radio

The DISABILITY REPORT

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





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MOVICOL® (macrogol 3350 + sodium chloride + sodium bicarbonate + potassium chloride). FOR FULL PRESCRIBING INFORMATION, REFER TO THE PACKAGE INSERT OR PATIENT INFORMATION LEAFLET. COMPOSITION: Each sachet of 13,8108 g of powder contains: Macrogol (PEG) 3350 13,125 g; Sodium Chloride 350,7 mg; Sodium Bicarbonate 178,5 mg; Potassium Chloride 46,6 mg. MOVICOL® also contains acesulfame potassium (E950) sweetener and lemon & lime flavouring. INDICATIONS: For the treatment of chronic constipation in adults, adolescents and the elderly. DOSAGE: Adults: 1 to 3 sachets daily in divided doses, according to individual response, each sachet reconstituted in 125 ml water and taken orally. Elderly: Initially, one sachet daily is recommended. No dosage change is needed to be made for patients with renal insufficiency. A course of treatment with MOVICOL does not normally exceed two weeks, although this can be repeated if required. Extended use may be necessary in the care of patients with severe chronic or resistant constipation, secondary to multiple sclerosis or Parkinson's Disease, or induced by regular constipating medication, in particular opioids and antimuscarinics. For extended use, the dose can be adjusted down to 1 or 2 sachets daily, in divided doses, each reconstituted with 125 ml water and taken orally. DIRECTIONS FOR USE: Dissolve each sachet in 125 ml water and drink. SIDE-EFFECTS AND SPECIAL PRECAUTIONS: Abdominal distension, pain, borborygmi, nausea, abdominal oramps, mild diarrhoea which usually respond to dose reduction, vomiting and anal irritation may occur. Urticaria and allergic reactions including anaphylaxis to macrogol (polyethylene glycol) have been reported. No clinical interactions with other medications have been reported. Macrogol (polyethylene glycol) raises the solubility of medicines that are soluble in alcohol and relatively insoluble in water. Therefore, theoretically it is possible that the absorption of medicines could be transiently reduced. CONTRA-INDICATIONS: Intestinal perforation or o

On June 11, QASA hosted a breakfast at the Johannesburg Country Club to officially announce the appointment of the new Rolling Inspiration publishers -Charmont Media Global.

The breakfast was well attended by the magazine's contributors and advertisers, as well as members of QASA.









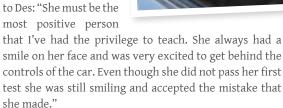






ANOTHER DRIVING AMBITIONS **SUCCESS**

Nomonde Nxumalo, never having driven before, and after only ten driving lessons with Driving Ambitions instructor Des Harmse, passed her driver's test. According to Des: "She must be the



Well done Nomonde, and thank you to the South African Vehicle Rental and Leasing Association (SAVRALA) for helping to make driving a reality for Nomonde.

A DREAM COME TRUE

Gershwin Riddles, a quadriplegic living in Barkly West, was in his own words, "under house arrest for the past 27 years" until, with the help of QASA and the Bidvest Unity Walk, he was given the mobility he desperately needed, in the form of a new power wheelchair. With the help of Ayesha Paulsen, occupational therapy manager at Kimberley Hospital, QASA received the relevant application and information, and Gershwin was

able to be seated in a wheelchair that suited his specific needs.

Thank you Bidvest for giving mobility to someone in need and helping QASA in developing the full potential of quadriplegics and paraplegics in South

Africa.



BUCKLE UP!

QASA is committed to the prevention of spinal-cord injury through many road safety initiatives.

The QASA seatbelt convincer was deployed at the Clarkson, Hammond and May Live show, which was held at the Northgate Dome in Johannesburg in June (see our feature on page 8), to emphasise the importance of using seatbelts. Members of House Otto were manning the activity and hundreds of people had the opportunity to experience the impact of a head-on collision at eight kilometres per hour on the seatbelt convincer.



QASA AND COMAIR TEAM UP



QASA handing over a certificate of appreciation to the senior management of Comair.

QASA has entered into a corporate social investment relationship with British Airways (operated by Comair). It has been assisted with funds to develop and assist quadriplegics and paraplegics in rural areas. QASA will also be flying British Airways domestically and will help the airline achieve equitable environments for people with disabilities.

CALLING ALL ART LOVERS

QASA is hosting the quadriplegic, paraplegic and mouth painters art exhibition at the Gateway Theatre of Shopping from September 11-13. This art exhibition will highlight the talent of our members. Some of the artists who will have their works on display are Partick Botto, JJ Bezuidenhout, Heiron Joseph, Ferdie Prince and Sefotsana Mokoena. These painters have experienced the loss of mobility and fine motor coordination through spinal-cord injuries, but have refused to allow this to hamper their creativity. They have worked hard to master this skill and to create the magnificent works that you will see displayed. This event has been funded by the National Lottery and QASA welcomes your attendance.





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

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Visitors to the Clarkson, Hammond and May Live (CHML) Festival – previously known as the Top Gear Festival – had a surprise waiting for them, or was it a wake-up call? CAROLINE RULE reports

overs of speed, power and fast cars discovered that just because a person needs to use a wheelchair for mobility does not mean that they can't also be a petrolhead! Once an adrenaline junkie, always an adrenaline junkie - a wheelchair doesn't take that away. Thanks to our main sponsor,

Swissport, the Drive and Thrive team were able to showcase some aspects of driving and having fun and sharing the message that life does not come to an end because of a disability. But the capacity to drive is a major part of getting back that freedom and independence, so our main goal was to spread the word about what the possibilities are for people driving with a disability.

In the midst of the fast cars, glitz, glamour and stunts, we also carried a strong road safety reminder, teaming up with QASA and their road safety campaigns. Their seatbelt convincer was a solid reminder about the importance of buckling up, and after being exposed to living with a disability, we found visitors very receptive to this "not so gentle reminder"!

We also ran a very popular reaction speed test competition with a "Top Gear style" results board. Although we made this a fun experience, we also made people think about how reaction times relate to safe driving and what can affect one's reaction speed.

Our outdoor stand focused on fun adaptive vehicles with the Adaptive Sports Fund (ASF) displaying its newly adapted go-kart. (www.adaptivesportsfund.org) Quadriplegics Bennie Erasmus and Okker Anker, with their competitive "Kruppel 4x4" rock crawler, astounded and inspired visitors, along with Phil Case and his adapted CanAm Commander that he used for riding Quads4Quads from Johannesburg to Durban.

Those who watched the CHML show were thoroughly entertained by the trio and their creative antics along with a display of Ken Block's driving skills. The show included their interpretation of "what now" after Jeremy threw his famous punch. Zuma and Nkandla came under fire, with Jeremy convinced that he also needs a "fire pool" - not that he knows what it is. They also agreed that Jacob Zuma should have a Ferrari, which he can surely claim from our tax money as a fire engine, since it is red!

We would like to thank our sponsors who made this awareness possible: Swissport, iDes Driving Academy, UBER, Shoprider, CE Mobility, Rolling Rehab, Expand A Sign, Van Niekerk Attorneys and S Vos & Associates Industrial Psychologists.

And congratulations to the CHML organisers, who chose an accessible facility and included a free carer ticket to all guests with a disability. \mathbb{R}

More info about the event is available at www.rollingrehab.co.za.

CASUAL DAY, FRIDAY SEPTEMBER 4 USE YOUR IMAGINATION!

Casual Day celebrates its 21st birthday this year. Since its inception it has raised a total of R222 million for persons with disabilities



ll over the country South Africans are planning their outfits for the day. Says project leader Vanessa du Plessis: "Use your imagination and surprise us with your ingenuity in interpreting the theme 'Spring into Action'. Our target is to get three million South Africans to donate R10 each for their stickers."

Ten reasons to dress up on Casual Day:

- Casual Day gives communities the chance to come together to raise funds for organisations in your area that render services to persons with disabilities.
- 2. It gives you the opportunity to be creative and organise a fun event at your office that will boost morale and contribute to team-building.
- 3. You can step out in the theme of the year, which is "Spring into Action". So let your imagination run wild; see how big you can go. Or you can just wear a LOT of stickers, like ten or even 20!
- 4. Casual Day supports the right of persons with disabilities to education, housing, training, accessibility, employment... in other words, full inclusion into society.
- 5. It is fun, entertaining and valuable to society!
- 6. It's so easy and convenient to participate all promotional material is supplied free-of-charge.

- 7. Casual Day allows you to make a big difference in the world by getting your community and office colleagues to do a small thing wear the official Casual Day sticker.
- 8. You can rest assured that funds raised from sticker donations provide material relief to persons with disabilities.
- 9. Casual Day demonstrates community spirit in action.
- R10 is a small donation to make, especially when you know it will really make a difference.



Casual Day is owned by the National Council of Persons with Physical Disabilities and is run in partnership with its national beneficiaries, all members of the South African Disability Alliance. Leading retail group, Edcon, is Casual Day's principal financial sponsor.

Stickers are available at all Edcon stores, which include the following: Edgars, Jet, JetMart, Boardmans, CNA, Red Square and Legit. Stickers will also be available at Absa, Game and DionWired stores, Shoprite and Checkers.





In April 2002, George Mongwayi's life changed forever. However, he refused to let his circumstances get the better of him. CLAIRE RENCKEN went to Soweto to meet this inspirational artist

hirteen years ago, after work one evening, George, only 25 at the time, was walking home from a train station in Pretoria. A gang of about five men shot him in the back, in a random act of violence. The perpetrators were never caught. The incident left him a paraplegic (T3/T4). After completing

his rehabilitation at the Dr George Mukhari Hospital in the north of Pretoria, near the township of Ga-Rankuwa, George was left wondering how he was going to support his two small children and his mother, who cares for them. Naturally, he could no longer get work as a welder and grinder.

He remembered how, even in primary school, his teacher had told him he had "magic hands", so he decided to pursue a career where he could put his artistic flair and creativity to good use. So it came about that in 2009, George began making wire art and is now a self-taught entrepreneur.

Today, you can find George at a Soweto art school, based in Orlando West in Vilakazi Street. He rents a room there, from which he runs his business. He uses platinum wire to create his masterpieces – anything ranging from wire wheelchairs and Harley-Davidson replicas to vintage car models, to name but a few

George and Sipho Rawane, his right-hand man, friend and protégé, also provide free art classes to children at the art school in the afternoons.

When George brought his business to Soweto in January, he was optimistic about its potential. His sales picked up significantly, thanks to the number of tourists passing through Soweto. Alas, with the recent rise in the number of xenophobic attacks, many tourists are now too scared to visit Soweto, so George's sales have declined.

Times are tough for George and his family. His children, now aged 12 and 14, still live with his mother in Pretoria. They were recently without electricity for two months, because

George didn't have the necessary funds to purchase more prepaid electricity for them. Then their shack was flooded and the floor was underwater. These circumstances make it difficult for George to visit his family at weekends – he can't navigate conditions such as these in his wheelchair.

George's ongoing treatments, such as physiotherapy and occupational therapy, have also been impacted. He seldom gets back to the hospital in Pretoria for his check-ups, and struggles with cramping and spasms when he's been sitting in his workshop for long periods.

While he is most grateful for the help he has received in the past – he was given his wheelchair by CE Mobility, and QASA has helped him where possible – George is appealing to anyone who can possibly assist him. "I would love to be able to get my merchandise to exhibitions and galleries, but I have no transport. Catching a taxi is not really an option for me, not only because I am a wheelchair user, but also because my artworks are very heavy.

"I believe if I could display my products somewhere like Nelson Mandela Square, for example, that would boost my sales tremendously," he explains. George is also more than willing to custom-make items for corporates wanting specific products, just as he did with the wire wheelchairs for CE Mobility. Any financial aid would also go a long way. "I need to buy platinum wire and equipment, such as pliers."

At the moment George is getting his wire any way he can. Sometimes that means retrieving it when it has been discarded by electricity cable thieves, who are only interested in the copper component of the cables they steal. "I then re-use and recycle the platinum wire wherever I can," he adds.

With the necessary assistance, the possibilities for George to improve his life, and the lives of his loved ones, are endless.

* George has created a Facebook page, called "George Artman", where examples of his work can be found. He is also contactable on 078 888 7962 or artmangeorge92@gmail.com \square















We introduce a heartwarming and inspiring new book by South African writer and broadcaster Peter Wise



ou may have heard Peter Wise, aka "The Wiseman", on the radio in southern Africa over the past 30-odd years or have come to know him personally.

Peter was born with a rare condition called arthrogryposis, in which deposits of fibrous (as opposed to muscle) tissue build up in the joints, causing deformity and instability in

the limbs. The condition posed a significant challenge for his parents, siblings, close friends and himself in terms of future care, encouragement, ability to fit in to "normal" society and education and employment structures, and, at times, his own self-acceptance and respect.

Here are extracts from his forthcoming book, entitled Gratitude. It is an inspirational, often humorous, insight into his path of positivity, perseverance, falling down and getting up again, love for people and causes, faith, fun and the fundamental priority of caring for everyone around him.

• "Try and visualise the shock, disappointment and fear that gripped my loving parents when early on the morning of August 10, 1960 this bundle of boy emerged from my mother's womb, bleating like all newborns do, but with legs and arms pointing in strange directions and the doctors whisking their second child away for close investigation and diagnosis. Back in those days there was no warning of foetus defects and little medical knowledge of the rare (1 in 20 000) virus picked up during pregnancy known as arthrogryposis.

Being a dedicated Christian, my mother, Stella (the Star), named me Peter (the Rock), knowing that I would have to be strong in mind and faith. My strong, sporty father, Errol, chose Robin for my middle name, after his best buddy. The pre-entry medical doctor at Grey Junior was not his favourite buddy. Upon his advice that I should really go to a 'special' school as I would not cope in the main stream, Errol calmly and sternly retorted that as his dad, brother and he had all attended the 'Grey', I would do the same for the next 12 years."

- "It's quite amazing, if not ironic, how 'Robin' has been relevant in my life. The Robin is my favourite good luck bird; I had the joy of marrying a (maid) Marion (Robin Hood's good lady) and we lived in Maid Marion Road in Robindale."
- "Despite the shape and angle of my left wrist, I became the 'arly' (marbles) king at junior school, winning bag-loads of goons, kingsizes and ironies off the bigger, disgruntled boys. When one demanded his bag back, claiming that I had an 'unfair advantage', my younger, red-headed brother planted him squarely on his posterior."
- "We all go through a major wilderness time during our life, and have to summon all of our grit, faith in God and gratitude for the support around us to again find our purpose and bring another Spring into every day. My youngest brother's suicide; death of both parents within 10 days of each other; loss of my anchor 14-year business client and divorce, all in a three-year period, gave me further resolve to refocus my priorities and be grateful for my opportunities and bestowed blessings." \mathbb{R}

DON'T MISS OUT!

Be sure to diarise these important upcoming events

AUGUST 27-29: SOUTHERN AFRICAN NEUROLOGICAL I REHABILITATION ASSOCIATION (SANRA) CONFERENCE

Website: www.sanra.org

SEPTEMBER 4: CASUAL DAY

Contact QASA on (031) 767-0348 or email projectcoordinator@qasa.co.za

SEPTEMBER 11-14: QUADRIPLEGIC, PARAPLEGIC AND MOUTH PAINTERS' ART EXHIBITION

Contact QASA on (031) 767-0348 or email projectmanager@qasa.co.za

SEPTEMBER 12: QASA AGM

Contact QASA on (031) 767-0348 for more info

SEPTEMBER 17-19: DISABILITY EXPO AND CONFERENCE – CAPE TOWN

Contact Ingada Events on (011) 234-1196 for more info

SEPTEMBER 29: CHRIS HANI BARAGWANATH ACADEMIC HOSPITAL (CHBAH) ANNUAL OCCUPATIONAL THERAPY EXPO

Website: www.chrishanibaragwanathhospital.co.za

OCTOBER 1-4 AND 8-11: QUADS 4 QUADS

Contact QASA on (031) 767-0348 for more info

OCTOBER 1-31: ECOMOBILITY FESTIVAL 2015 - SANDTON

Website: www.ecomobilityfestival.org

OCTOBER 24: SABAT WHEELCHAIR BACE

Contact QASA on (031) 767-0348 for more info

NOVEMBER 5-7: DISABILITY EXPO AND CONFERENCE -Johannesburg

Contact Ingada Events on (011) 234-1196 for more info

NOVEMBER 6: NETCARE SPORTS DAY

Email: marketing@physicalrehab.co.za for more info





Effortless tilt and recline allows the wheelchair a tilt of up to 35 degrees, thus relieving pressure and fatigue from sitting.



www.wneelchdlrs.co.zo

TURNING CAREGIVING ON TTS HE

Ida's Corner is all about caregivers - those unsung heroes who dedicate their lives to caring for the disabled, the terminally ill and the frail. However, this article is about a caregiver of a different kind. It is about a person with T4/T5 quadriplegia who has dedicated his life to caring for others. And in the process he also takes excellent care of himself; living a life that is fully integrated with society. Not only can we learn from his actions, but his attitude, his dedication to people in need and his overall joy of life are inspirational

akemore Muyambo was born in Chimanimani, Eastern Zimbabwe in 1980. Poverty forced him to leave school early and at the age of 17 he started working at an opencast mine near Middleburg in Mpumalanga, with aspirations of becoming a diesel mechanic. However two years

later this dream was destroyed by a mining accident that shattered Takemore's spine as well as his life, leaving him a T4/T5 quadriplegic.

Sadly, Takemore's problems did not end here. A few months into his rehabilitation at Steve Biko Academic Hospital in Pretoria, he learned that both his parents had passed away within the space of a week. Six months later his brother also passed away. This left Takemore as the breadwinner for nine young brothers and a sister back home in Zimbabwe.

In his own words: "I was enveloped with a thick doomed darkness, not knowing what to do and which problem to handle first. All I had to say was 'Why me, God?' This was the moment I really needed comfort, encouragement, motivation, support, love and tender care from my parents but instead I was the one to comfort, encourage, motivate, support and love my young brothers and sister."

His passion was to see his brothers through school. Although they received wonderful support from their community, Takemore wanted to do more. He stepped outside the comfort zone of being disabled and therefore "not being able". He forced himself to become able, lifting



but a matter of different ability."

He started by selling off his belongings in order to put food on the table and send his brothers to school. He then attended the Rehabilitation Centre College, completing a course in Business Management. This meant that he had to leave his siblings in the care of friends and neighbours, but he made a point of being there for them over weekends. At the College he met other people with disabilities, some from other countries. He learned about life from them and his confidence grew. He started to challenge himself and discovered the sense of empowerment that came with achieving his goals.

He came to realise that he was a capable person with different abilities. "I am a man who takes the bull by its horns rather than keeping grudges in my heart. I talk the



truth whenever it is needed. I do not fight fire with fire because I know I will end up in ashes. I am able to detect a deficit and take corrective measures to avoid or reduce its impact. I have an 'I can do it' mindset."

Takemore's first job was as a store man for a multinational company. A year later his entrepreneurial spirit started to emerge. He noticed how other disabled persons in the community were often neglected by their families, so he started a "poultry project" as a supplier of chicken meat and

eggs in support of other disabled people, sourcing funds and materials from various organisations. He started small, with a team of only five people, but it increased to 20 within a year. The demand for their products also grew and soon they were supplying to boarding schools, government hospitals and workers from the surrounding companies.

After three years of running the project, Takemore was voted as Project Coordinator for Social Welfare for the Manicaland Province in Zimbabwe. In his own words: "It was my passion, dedication and commitment that made me become a project coordinator. I held gatherings with disabled people in the various districts, teaching them to be self-reliant, motivating them, helping them to start business projects, representing them at the Ministry of Social Welfare, supervising their project progress, and teaching them about financial management and bookkeeping. I managed to form more than twenty groups in Manicaland doing different projects, like sewing, gardening, raising poultry, breadmaking, buying and selling, catering and creating drama groups to entertain people."

In 2008, a medical crisis brought Takemore to South Africa. Life here was tough at first, but then he met Skhumbuzo, who helped him in his day-to-day life, offered him a job as bookkeeper and became a mentor.

After a stint at a staffing solutions recruitment company, Takemore's entrepreneurial spirit kicked in again. In 2013, he bought a computer and printer and started a photocopying, scanning and printing business. He also helped clients to write business plans, manage cash flow and draw up their curriculum vitae, using his own experience to assist them to find jobs through posting adverts on different websites and sending CVs to various recruitment agencies. Since starting this venture, he has helped more than 90 people who are currently working in South Africa and neighbouring countries.

Takemore is currently taking a course in entrepreneurship, sponsored by someone who has appreciated his remarkable abilities.

Let him have the final word: "Truthfully, my community is my university where I graduated with a high degree of responsibility, conducting myself diligently and well, forgive and forget, accept people as they are and be patient. I firmly put logs in my ears when people come to me with negative minds and opinions. I do not want to be a burden to my family and friends, so I stand up on my own, going forward to be independent and also to help others who really need my assistance." \mathbb{R}



Ida's Corner is a regular column by George Louw, who gualified as a medical doctor, but, due to a progressing spastic paralysis, he 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

THE QUEST FOR CCESSIBLE ACCOMMODATION

Travelling should be fun as well as disability-friendly, but you probably need to know where to look... In this article, MANDY LATIMORE explores several travel websites and how they can help you properly plan the perfect getaway

s the "go-to" person for travel advice within the disability sector, I'm often asked where travellers with disabilities can find accessible accommodation. Many well-known local websites have sections labelled "Wheelchair Friendly" accommodation, and if you call to check, you might be assured that there are no stairs, but that might

be the only wheelchair-friendly feature! What about the most crucial issue of all - accessibility within the rooms and the bathroom? Other important features are accessible dining and conference areas and general-areas WCs. For those of us who generally travel alone, the absence of these facilities can make our stay extremely uncomfortable. We really don't want to have to rely on staff to assist us!

So to help you choose, here are several websites, what they offer and how to access them. Once you have chosen a potential establishment, please contact them directly and ask specific questions, such as the width of doorways, height of beds and toilets and space within bathrooms or access to showers. A photo is often more descriptive than words, so ask them to send pics of the facilities before you book.

My local favourite is www.disabledtravel.co.za, a site managed by Karin Coetzee, an occupational therapist in Hermanus. It does not grade the level of accessibility, but rather lists the facilities and includes relevant pictures. The site is easy to navigate, with the tabs at the top of the home page. After selecting "Accommodation", you can select a province and a list will pop up with various cities and towns and suburbs with individual establishments. Some provide their names and contact details, and others just have a number (contact Karin to book). I'm constantly sending my assessments to Karin in order to grow the site.

www.sanparks.org is the official website for SA National

Parks, and Chris Patton and his team have done a comprehensive job of offering descriptions of facilities for people with disabilities at all their properties. To access this info, select the tab "Special Groups" and scroll down to the section People with Disabilities. Select this link and then select either the online link or the printable document (which was compiled for Rolling Inspiration as an insert for the May/June issue).

www.sa-venues.com has a Special Needs section on their home page. Select this, then on the next page, select a province and scroll down to select the "wheelchair friendly" category. Their description of this category states: "SA-Venues.com presents a selection of wheelchair friendly accommodation in South Africa. Hotels, Guest Houses, Bed & Breakfasts and Self Catering establishments which have been equipped for wheelchairbound holidaymakers (As claimed by the Establishments). Please double check with the establishment of your choice that your needs will be accommodated."

The "as claimed by the Establishments" part is exactly what needs to be clarified. The best approach is to select the establishment you may be interested in and read their description and check out their pictures - these should give you a feel of the place. Please contact the manager and ask specific questions.

The website www.wheretostay.co.za is also helpful. Select the province from the home page and then the "Town or suburb" from the drop-down box. Then use the drop-down box to select "Wheelchair friendly" from the "Select a type of accommodation" box.

On the home page of www.safarinow.co.za, select from one of the categories: Countries; Cities; Popular Locations or Popular Searches. On the next page scroll to the "Refine your search" area and select "Accommodation Type" and then scroll









down the "Must Have" section and select the "Wheelchair Enabled".

When searching for establishments in other countries use the phrases "wheelchair friendly", "wheelchair accessible" and "disabled" in your search to bring up various websites.

A package-holiday site for persons with disabilities is www.accessiblepackageholidays.com. You will need to book your own flights to reach the particular starting-point city. They also feature various hotels that have good facilities for people with disabilities: check these out if you are looking simply for accommodation and not a tour.

www.disabledholidays.co.uk offers accessible facilities not only in the UK but in Europe as well. It is often easier to

deal with an English-speaking company rather than trying to communicate with establishments where the first language is not English.

www.hotelsuk.com/disabled offers a very comprehensive list. Again, contact the individual establishment to check the facilities for people with disabilities before confirming a reservation

www.australiaforall.com offers a one-stop shop for accessible accommodation, equipment rental and repairs information as well as an "International Section", which offers recommended sites within various countries as well as an "International Cruise Lines Section" with all the major operators and their facilities for travellers with mobility, hearing and visual impairments.

www.disabled-world.com and www.usatourist.com are some of the many sites offered for travel within the USA.

So ... if travel is on your mind, remember to put as much effort into planning as possible, so as to reduce the possibility of discomfort and disappointment once you've set off. And if you have any good or bad travel experiences, I would love to hear from you. Happy websurfing and travels! \square



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



In part 1 of our two-part series, GERTRUDE SIERRA takes a look at sport for people with disabilities and how it all began

he Paralympic movement dates back to 1948, when Dr Ludwig Guttmann, a neurosurgeon at the Stoke Mandeville hospital in the United Kingdom, introduced wheelchair sports as part of the rehabilitation process for World War II veterans who'd suffered spinal-cord injuries. The first Stoke Mandeville Games – the precursor to

the modern Paralympic Games – was held to coincide with the start of the London Olympics in 1948.

Neville Cohen was the first South African to be introduced to sport at the Stoke Mandeville hospital during his rehabilitation after a motor vehicle accident that left him paralysed. On completion of Neville's rehabilitation, Dr Guttmann invited him to take part in the 1956 Stoke Mandeville Games. In May 1956, Neville, accompanied by his friend Danny Wiener, completed a journey of 19 312 km from Johannesburg to London through Africa with his self-adapted vehicle. It took them just over three months

to reach London. That year Neville became the first South African to unofficially take part in the fifth International Stoke Mandeville Games and win a gold medal for swimming. The following year Neville and Danny followed the same route back to Johannesburg, where they put a South African team together to take part in the next Stoke Mandeville Games as well as the 1962 Commonwealth Games in Perth, Australia.

Several other disabled individuals throughout South Africa became involved in either increasing awareness or raising funds to invite a United States team of 25 disabled athletes to South Africa. Tom Knowles, a paraplegic from Grahamstown, made his contribution by organising the very first wheelchair "marathon" from Pretoria to Durban. He completed a distance of 727 km in 14 days despite sustaining an injury to his hand when he fell out of his wheelchair. Irina Skorupska, a Polish immigrant, began holding archery lessons for paraplegics at the Eaton hospital in Plumstead, while Joan Lonsdale, a physiotherapist, persuaded her father and the Orange Grove Rotary Club to form the South African Paraplegic Games Association.



Wheelchairs











USE YOUR SMARTS TO PROTECT OUR FUTURE BOKS!

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.

These players must hever return to play on the same day.

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.







The design of living and working spaces that take into account the potential ability of all people can make a vital difference to quality of life



uch of my work involves providing reports as an expert witness for attorneys in cases before the High Court where a plaintiff has been injured. Most of the other professional reports supplied are what are termed "medico-legal reports", which examine the medical implications of whatever matter is being brought before Court.

These recommend the therapies, medications and so on that will be required for the plaintiff in the future.

These medico-legal reports are very complex and, as far as I can see, all-consuming. They focus on the plaintiffs' care and management - which becomes routine, as it must, so that the plaintiffs can get on with life. The attitude of the medical fraternity is understandable, too: they make every effort to rectify and "make good" (as we would say) the outcome for the person who has been injured. Such a report therefore tends to be a never-ending list of all the things that the person cannot now do or achieve. That is its purpose, so that the courts can decide how much compensation is due.

Some of the experts in the medical field appear to have a more social-minded approach, though, and recognise that treatments and therapies alone are not the answer, even though the intention behind them was originally noble. Some of the institutions recommended are "very bad places", which look like barracks in the army or jail, which patently will not assist $% \left\{ 1,2,\ldots ,n\right\}$ in the happy development or rehabilitation of the plaintiff. I believe that the environment exerts a very strong influence on the health and happiness of everyone.

My role in these cases is to try to envisage the actual future environment which will put the plaintiff in the same position as previously. In addition, if the new arrangement of the existing home is fully convenient and practical, the suggestion that the plaintiff move out to an institution will not be favoured.

One of the main problems in nearly all the environments of existing homes or blocks of flats is gaining entry from the boundary. This boundary exists outside of, and separately from, the house. The house itself is usually quite easy to adapt. The link from the public road to the dwelling can be the problem. It is of no use for the house to be perfectly suitable while the route to it is inaccessible! And because it's separate from the building it is usually overlooked completely.

If the plaintiff is a child with a short life expectancy, it is hopefully more likely that the child and attendant will be accommodated happily in the house for life. An adult, though, would also depend on having a husband, wife or companion as well as the care attendant, and would expect to be there for longer.

In many of the social housing schemes, land with steep gradients has been acquired, as this is land that has less value in the open market. On either side of the land there are often steep flights of steps. These are most uncomfortable to negotiate, and really only suit a few people, and exclude - at the least - the very young and the very old. Universal design principles have been ignored and these properties cannot be considered as "lifetime" homes. I would say that a large percentage of our population live in houses like this. If only more thought were given to making the numbers of housing units provided more than just numbers!

In many areas of South Africa, land is not scarce and housing is spread far and wide over vast rural areas. This makes the provision of services difficult and it seems a pity that no policy has been put in place to resolve the situation. However customary traditions are respected and, I imagine, most countries developed in this way, with little pockets of settlements becoming denser and forming villages and then

"From poor beginnings may better fortune follow" - Motto for the city of Durban. \mathbb{R}



Joan Seirlis (PrArch MSAIA) of Universal Design is an ardent supporter of universal design and integration. email: joans@saol.com



their already impressive count in the World Cup series this year, Cycling SA reports

he time trial events saw Goldy Fuchs on the podium with a silver medal in his T2 tricycle race, while six-time Paralympian Ernst van Dyk claimed a bronze medal in the H5 hand-cycle

"I'm really happy with my silver medal from the time trial! I'm feeling positive about World Champs - I did a really good training session on the course this morning," said Fuchs.

H2 hand cyclist Justine Asher unfortunately could not claim a medal, as she was the only female competitor in her class. Consequently, she was factored against the H2 Men class, and missed a medal by a mere two percent against a strong field.

T1 tricyclist George Rex finished fourth in his time trial, while C2 cyclist Craig Ridgard recorded a sixth place finish.

The demanding and technical road race course yielded another podium finish for Van Dyk, where he claimed a bronze medal just 16 seconds behind the Dutch riders Jetze Plat and Tim de Vries.

Adding to the medal count was George Rex, who also claimed bronze in the T1 road race.

Craig Ridgard finished the C2 road race just millimetres

behind the third-placed rider, Israel Hilario Rimas, narrowly missing out on a medal in a well-calculated race. The first four riders all recorded the same finish time.

Asher's road race performance allowed her to reclaim the World Cup series leader's jersey.

"The German World Cup was a lovely venue, and very well organised," said Asher.

She could only speak highly of her stay in Germany, but mentioned that the races were not easy. "The road race was very technical and the time trial was just one long climb. Otherwise, I really enjoyed the general friendliness of the people and the beauty of the surroundings," she said.

The team then moved on to Switzerland for the 2015 UCI Para-cycling Road World Championships, which took place in Nottwil, Switzerland from July 29 to August 2.

The next leg of the UCI Para-cycling Road World Cup will take place in Pietermaritzburg on September 11-13. South African and international Para-cycling stars will be tussling it out for UCI points in their bids to qualify for the Rio 2016 Paralympic Games.

More information on the 2015 UCI Para-cycling Road World Cup Pietermaritzburg can be found here: http://www. cyclingsa.com/2015-uci-para-road-world-cup/ 🗵





A large percentage of patients who suffer spinal-cord injury and become wheelchair users experience osteoporosis

steoporosis after spinal-cord injury has been extensively studied and is known to appear soon after a spinal-cord lesion. The incidence of long bone fractures in the lower extremities has been estimated to be between four and seven percent of patients with spinal-cord injury.

When a patient has suffered spinalcord injury and uses a wheelchair, little or no weight bearing activities occur - for example, using tilt tables or standing wheelchairs, or other means of weight bearing such as walking with callipers. In the uninjured person, bone mineral density is kept optimal by normal metabolism, proper intake of calcium and normal functioning of various hormones. Also important is sun exposure providing Vitamin D. The bone forming cells produce enough bony matrix to keep bones healthy and strong. There is a balance between bone formation (carried out by cells called osteoblasts) and bone resorption (done by cells called osteoclasts) and this balance tends to be negative with age, particularly in post-menopausal women, which can lead to a loss of bone mineralisation serious enough to cause fractures. This lack of bone mineralisation is called osteoporosis.

The spinal cord-injured person becomes osteoporotic for various reasons. Some of these are:

1. After injury there is loss of the all-important weight bearing effect on healthy bone. The human skeleton requires the bones to be "stressed" in the form of the stresses of weight bearing and also the normal stresses that intact muscles and tendons have on bones. The effect of non-weight bearing or "disuse osteoporosis "was first noted in astronauts returning from space. Persons who are unable to weight bear and thus stress the bones become osteoporotic.

- 2. It is believed that after injury there is a change in the functioning levels of hormones that normally control bone formation.
- 3. There is a change in the fine balance between the cells producing bone and those that resorb bone, and it is thought that there is more resorption than formation, which then leads to osteoporosis.
- 4. A lack of vitamin D, which is important in calcium absorption, is thought to exacerbate the bone mineral loss. Most of the human body's vitamin D comes from exposure to the sun; insufficient exposure leads to low levels of vitamin D in the body (although small quantities of vitamin D are available from certain dietary sources).

These conditions occur in all spinal cord-injured persons who are wheelchair dependent, and they can become osteoporotic, which leads to a higher risk of fractures, especially in the lower limbs. A fracture can occur even when very little noticeable force is applied and often without the patient even noticing the incident. The first sign of trouble will often be swelling or a limb that shows some deformity.

Fractures can cause serious problems and may influence seating, can result in hyper-reflexia (over-responsive reflexes) and may increase spasms. If a fracture is suspected, please visit your doctor. \mathbb{R}



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



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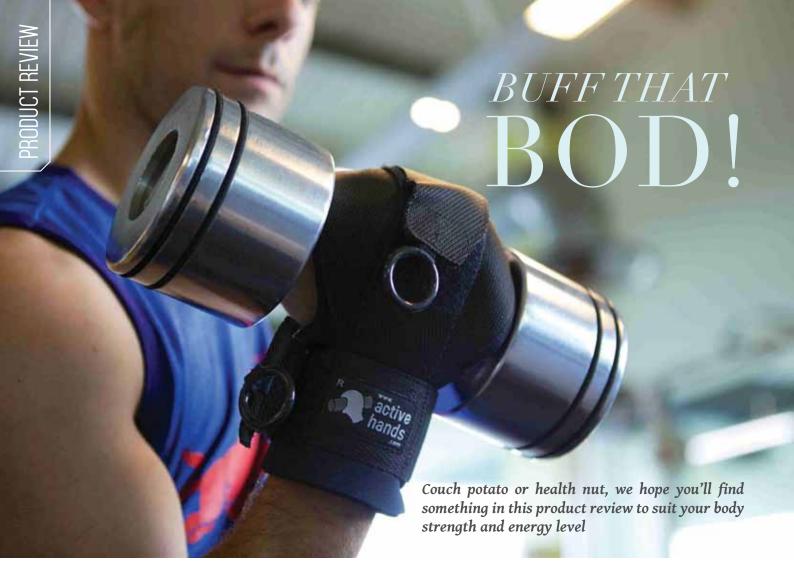
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any of us put exercise off as something to do "tomorrow", or think that exercise = pain, or just think that "I'm disabled - this is as good as it gets". Unfortunately low levels of exercise increase your chances of further illness and disability. Exercise is a great way to gain more strength and energy, clear

the mind, and fight depression and anxiety. Regular exercise will boost your ability to cope with life in general.

How much exercise? The USA guidelines for adults with disabilities are: "75 minutes/week of vigorous activity or 150 min/week moderate activity". In rural South Africa that may be the same as the effort required to go to school or get to the clinic! It's more important just to start and it doesn't have to be a long slog at the gym: the Canadian Air Force Exercises work on a 10 to 12 minute daily routine! Note: these would have to be adapted for some disabilities.

Choose an exercise type and time that suits you. Ideally you should try a mix of exercises that:

- stretch the movement of your joints
- increase your muscle tone (appearance of the muscle) and strength
- increase your heart rate and breathing aerobic exercise.

Exercises that are good for improving joint range and "toning" the body are passive movements, yoga and Pilates. For muscle strength, try active movements "against gravity" with or

without adding weights; also increase the amount of time you spend exercising. Aerobic exercise includes: walking, swimming, running, pushing the wheelchair, and, for the more adept: hand cycles, surfboarding, wheelchair dancing, and tennis.

Variety is the spice of life! If you are not confident about getting started by yourself, book an appointment to ask a physiotherapist or biokineticist for some exercise ideas.

HOME GYM

Not confident about going to gym? Find the travel and access a problem? Then try exercising at home. It does not have to cost lots of money: use things around the house. Hand strengthening can start with squeezing a tennis ball or stretching large office elastic bands and move onto "hard work" activities of daily living such as making pap, or pastry, or hand-washing clothes. Developing upper limb strength can be as simple as hanging out wet washing or lifting 5L water bottles instead of buying dumbbells (a litre of water is 1kg, so if you can't manage full bottle start with 0.5 litre and work up).

What equipment should I use? Many sports shops have equipment you can use; it doesn't have to have a "therapy" label. Elastic or Latex bands (Therabands) are good for stretching and building up strength. They are colour-coded for the strength needed. If you can't wrap them around your hands, look for those with handles. Tubing is similar and can be just hand-held or attached to a door or wall to provide a range of exercises. They range from the small TUBES system to the meaty Cactic system.



I tried the passive leg cycle, this was great as I often suffer cramps in my left calf. It started off slow and my calf started asking questions as it had not had such a good sensation for 17 years, it was working for a change and my cramps and stiffness were easing with every revolution, aaagh too good to be true you think, I say you have to try this today!!! Today the next morning my calf is not cramped and stiff, my legs feel great and my spasms are less, and that's just one session. I have put my order in and eagerly await delivery and a more flexible body.

Update - Legs passive... The use of my legs passive has greatly increased my blood flow to my legs thus helping drainage of excess water. It also has improved my knee and ankle movement from stiff to supple and has reduced my spasms. I generally use for 15 minutes every morning. It also works my hips so they also more flexible (Shane).

My Passive exerciser has already changed my life for the better! It makes me feel so "free" and has loosened up my legs a great deal. Additionally I no longer get stabbing pins and needles in my legs at night due to lack of movement. This exerciser is a life-changer as I am also now able to transfer much more easily (Tanya)

If you are a fitness fundi, be inspired by these websites: Enabled Sport: www.enabledsport.co.za or www.facebook.com/enabled SA Sports for the Disabled: www.sasapd.org.za or https://www.facebook.com/SouthAfricanSportsAssociationForPhysicallyDisabled

Name	Activities	Address	Contact
Disability Directory	Lists sports venues for each province	Available online	www.kznhealth.gov.za/occtherapy/ Disability_directory.pdf
Mandeville Sports & Social Club	Aquatics, Archery, Basketball, Bowls, Table Tennis, Tennis, Wheelchair Dancing	Cnr 10th St & 7th Ave Bezuidenhout Valley Johannesburg	011 616 7576 burchell@mweb.co.za http://www.ricoh.co.za/about-ricoh,
			ricoh-south-africa/sr/mandeville/
Protea Sports Club	Aquatics, Archery, Basketball, Field events, Gym, Rugby, Table Tennis, Tennis, Wheelchair Dancing	Main Road Retreat Cape Town 7945	021 712-5520
St Giles Remedial Gymnasium	Active & Passive resistance exercise. Need to be referred by doctor or physiotherapist	4 Prince Street Durban	031 337 4404 info@saintgiles.org.za www.stgiles.org.za
Whirling Wheels Social & Sports Club For The Disabled		29 Cobham Grove Stamford Hill Durban	031 303 1887
Western Cape Rehabilitation Centre	Aquatics, Basketball, Cycling, Rugby, Wheelchair Dancing. Physiotherapist, OT, Biokineticist, Dietician, Nurse, Swimming coach	03 Highlands Drive, Mitchell's Plain Cape Town	021-370 2313 www.wcrc.co.za
Nationwide Gyms that say "All	welcome" and that they are accessible		
Name	Activities	Price	Contact
Planet Fitness	Aquatics, Cycling, Gym, Pilates, Yoga,	Just Gym R179/m	011 615 9100 www.planetfitness.co.za
Virgin Active	Aquatics, Cycling, Gym, Pilates, Yoga. Personal trainer, Physiotherapist, Dietician, Biokineticist	Ask about membership options	0860 200 911 webadmin@virginactive.co.za www.virginactive.co.za
Yoga	Activities	Price	Contact
The Yoga Alliance	Directory of schools and teachers	Classes R50-R100 per session	021 855-1470 info@yogaalliance.co.za www.yogaalliance.co.za

Standard Gym or Sports equipment				
Strength: Weights	Ankle/wrist weights	from R160 (0.9 kg) to R395	Trojan Ankle/wrist from R129 (0.5 kg)	R119.99 (1 kg)
	Dumbbells	neoprene from R20 each (0.5 kg)	Soft touch from R96.00 (3 kg)	Neoprene from R19.99 (0.5 kg)
Strength: Resistance	Power loops /resistance bands/tubing	from R90 - R350.00 (with exercises)	Trojan loop with handles R199 Trojan bands R199	Latex band R79.99 with handles & exercises R199
	Hand grips (to squeeze)	R105	Trojan from R59 Trojan digital R99	Plastic R49.99 Digital R79.99
	Power ball/stress ball	Tennis Balls R29.99 ea	R39.80	"3x garden balls" R19.99

Specialised Gym or Sports equipm			
Item		Price	Retailer
Therabands	Strength range	R11-R29	
Stress Balls	Strength range	R37	
Elastic resistance exercise (tubing)	Basic Pack & exercise programme R350 TUBES Online Store &		TUBES Online Store & Photo Gallery
	Exercise Brace	R275	
Passive Ergometer	Electric	R10 773	Mobility Solutions
Active Ergometer	B-Active Adapted (quads)	R1 350	Mobility Solutions
	Standard B-Active	R950	
Combination Ergometer	Quiet magnetic passive or active resistance.	R5 224	Theramed
	Speed, time, calories & distance.		
Outdoor Gym equipment	Leg trainer	R8 152	Green Air
	Upper & Lower Body R7 439		Will install at home
	Full fitness (multiple user) R17 658		
Wall-mounted systems	Range of Strength & Callisthenics training	R1 950 -	Cactic
	systems	R14 160	Will install at home
	Download exercise programme		

Not into Gym? Try yoga for back and joint pain, stretching and general "toning". Start with a Hatha Yoga class, as this is a "gentle" exercise. It's best if the teacher does have some experience in disability so they can adapt the session for you.

Suppliers		
Company	Telephone	Web & email
Cactic	011 394 5720	info@cactic.co.za
		www.cacticfitness.co.za
Green Air	011 346 2084	info@greenair.co.za
		www.greenair.co.za
Makro	0860 300 999	makrocare@makro.co.za
	011 797 0000	www.makro.co.za
Mobility Solutions	082 329 7638	info@mobilitysolutions.co.za
		www.mobilitysolutions.co.za
Mr Price Sports	0800 212 535	
Sportsmans Warehouse	021 464 5100	www.sportsmanswarehouse.co.za
Theramed	011 802-1908	thera-med@global.co.za
		http://www.theramed.co.za/
TUBES	021 913 1858	francoisp@tubesgym.com
		http://www.tubesgym.com/disabilities.html



Passive movements: someone or a machine

moves your limbs for you. You can do some passive movements yourself e.g. the "good hand" can move the "bad hand".

Good for joint range & muscle strength.

Against gravity: work the opposite direction to gravity, so raising your arms or legs in the air is "against gravity".

Treadmills: Poor balance or endurance? Work on your balance while standing on the floor before trying this machine. Work with someone by your side or a treadmill with long side bars to hold on to. Start by walking without the machine switched on then switch to the lowest speed. Rehab machines speeds can be as low as 0.1km/hr

Weights: Sit and start with small dumbbells or cuffs and move your limbs slowly up and down. Build up the number of movements rather than the size of the weight.

Exercise machines (and home gyms): may have narrow, smooth, movable seats so you need good balance just to sit on them.

Fixed bicycles: the very small seats mean you need good trunk control. Good for people with low endurance or joint problems. The electric ones are helpful for people with paraplegia or cerebral palsy.



Stephanie Homer (B.Sc. OT) has worked on an innovative midlevel rehabilitation worker project and education programmes that strengthen $community-based\ rehabilitation\ skills, in\ both\ students\ and\ rural\ the rapists.\ email: homer@dullstroom.net$







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Independent Living Centre Soweto

Remme-Los Self-Help Centre Independent Living Section





B

ennie Erasmus's dream of becoming a professional hunter was shattered very abruptly when he broke his neck at the age of 18, when a friend rolled his 4x4. By then, coming from a competitive 4x4 family, he had already started competing in 4x4 rallies. Becoming a C5/6 quad

certainly slowed him down while he learned to adapt to life in a wheelchair, but he never lost his desire to test his skills – and his vehicle – against the environment. After rebuilding his 4x4 vehicle into a pipe car, Bennie went back into competitive Rock Crawling, but he needed a vehicle that was tough enough to tow the pipe car to events and out into the bush to practise.

Bennie lives out of town and travels long distances every day to get to work, with lots of his driving done on dirt roads. He works with his father at DRH Construction, where he is the site manager for various construction

projects and his lifestyle demands a 4x4. He first spotted the FJ Cruiser in 2011 and fell for it: being 1.95m tall, he needed a vehicle with plenty of room. The comfort, space and ruggedness were what he was looking for, but the key was how, as a quad, to get in and out of a lofty 4x4! The FJ Cruiser has no B-pillar, with a half-size rear door opening backwards to create a large space for accessing the vehicle. With a little creativity, opening the front door even wider to create an extra-large space, Shoprider were able to provide the solution with the KIVI Electric Tip up plate. This is an electronic transfer platform which is fitted next to the driver's seat. When needed it folds open to the height of the door sill. He transfers onto the plate and pushes a button to raise him up to the height of the seat, from there allowing an easy transfer across into the driver's seat. Due to the ground clearance of the Cruiser, even at the lowest position of the plate it takes a strong transfer to get from the wheelchair onto the plate.

The driving comfort of the Cruiser is instantly apparent, with a suspension that flattens out the bumps. But there are a number of other features that make the car ideal for a quad. Bennie fitted the Chairman Industries hand controls, which give him the versatility of using the brake and accelerator together on steep hill starts; the built-in elbow rest on the driver's door is the perfect height to rest his elbow, thus allowing full use of the hand control with no strain on his shoulders. The superlight power steering, with the Bluetooth controls on the steering wheel, also make a quad's life easier. There is a flip-down armrest on both the driver and passenger seats, which are a great help for keeping his balance while driving. The gear shift has no buttons to be pressed; instead it has a step pattern, so Bennie



BENNIE GOES BUNDU-BASHING

At home in the bush – that's how Bennie Erasmus feels in his FJ Cruiser. The more rugged the better!



This sequence of pictures illustrates how Bennie gets into his FJ Cruiser.

only needs to guide the lever to give him his gear choice. The reverse camera that pops up in the rearview mirror is one of his favourite features – the FJ Cruiser is a big car and he is unable to twist his body around to look behind him when reversing, but he's no longer afraid of bumping into something behind him that he did not spot.

The Cruiser comes standard with cruise control, which is an essential feature when driving with hand controls. (Unfortunately, it is a bit difficult to reach, owing to the position of the hand controls.) It also has all the safety features one would expect in a luxury car: ABS, Vehicle Stability Control, active traction control and airbags. It is currently available in two models, the automatic 4.0 V6 4x4 Standard or the Sport Cruiser. Both on the road and offroad, the Cruiser oozes power and torque with 200 kW at

5600 r/min and 380 Nm at 4400 r/min. Driving with the hand controls, Bennie has to be very careful with this amount of power at his fingertips!

He is not yet able to load his wheelchair into the vehicle himself, although he is working on a hoist design for this, but there is ample space in the boot for his wheelchair to be transported.

Bennie could not speak more highly of the service that he received from Honeydew Toyota. With the price tag of a new vehicle being a little high for him and his heart set on an FJ Cruiser, he decided to buy a used vehicle and he says that the Honeydew staff were awesome.

With Bennie at the wheel, who knows what boundaries will be pushed, what new dreams created, and where he and his FJ Cruiser will find themselves!





OUTHUNT, OUTPLAY, OUTLAST

Hunting, hiking, shooting - there was nothing to daunt this group from taking part in the activities on offer



verything about the morning of June 28 suggested that we should just stay in bed. However, not even the freezing cold, the early-morning hour or the long road ahead could keep this group of amputees from joining the annual HG Prosthetics Amputee Hunting Trip.

With the unmistakable roar of diesel engines, the convoy consisting of a Range Rover Evoque, Defender and two Discoveries, proudly sponsored by Land Rover Centurion, set out on its four-hour drive along the N1 South. Even the sun was $\,$ slow to poke its head out from underneath its winter morning blanket, but when the sky turned brighter, it was our cue for a halfway stop.

There's very little that comes close to a warming cup of filter coffee in a plastic cup – it was like the first confirmation that our getaway was going to be epic.

Arriving at Sofala Safaris Game Ranch just outside of Mokopane (formerly Potgietersrus), we were met by our coordinator and guide who treated us to hunting sessions, evening game drives and a guided hike up a koppie. Keeping in mind that 90 percent of our group consisted of amputees, it was quite the achievement when everyone reached the top in one piece. It is important to show amputees of all amputation levels that anything is possible, even after losing a limb.

The amputees who did not take part in the hunting enjoyed using the rifles on the shooting range, challenging each other to get closer to the bull's-eye. And the evenings were spent around the campfire, where we exchanged inspiring stories of hardships overcome and successes enjoyed.

Although our group was smaller this year than before, it was one of the most memorable amputee hunting trips ever.

We take so many things for granted. The Land Rover slogan, "One Life. Live It!", has particularly resonated with us, because shortly after we returned from the trip, we lost one of our members to a workplace-related incident.

Our close friend and supplier, Ossur, was a huge contributor to making this year's trip a success and we are very grateful for the dependable hand they lent. Most of all, we consider ourselves beyond lucky to have been able to spend time with this group of people. \mathbb{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



Toys and dolls are wonderful for children's imaginative play activities. Yet very few are made with children with disabilities in mind



hile there has been a move to making toys that represent diversity in our population (black dolls, for example), we have a long way to go when it comes to finding toys, such as dolls, with disabilities. Having a doll or toy with a disability can help children with disabilities feel less different and isolated – and help them realise that

there are others like them. Toys with disabilities are also useful for exposing children without disabilities to toys that represent a diverse population and create disability awareness. For children like mine, who have a parent with a disability, having toys with disabilities is great for role-play situations.

Playing with toys and dolls helps children develop many skills, including cognitive, fine and gross motor, social and self-help skills. Talking to dolls, for example, helps a child open up, express their feelings, develop cognitive reframing (re-enacting interactions and events) and expand their imagination. When children play games with others they learn to take turns, role-play, increase their vocabulary, and develop empathy and compassion. There are a few online companies

that supply "disabled friendly" toys but most are overseas (i.e. Living Made Easy) and the items are expensive to import. British toy company My Makie provides parents with the option of customising their dolls with birthmarks, white canes, glasses and hearing aids, for example.

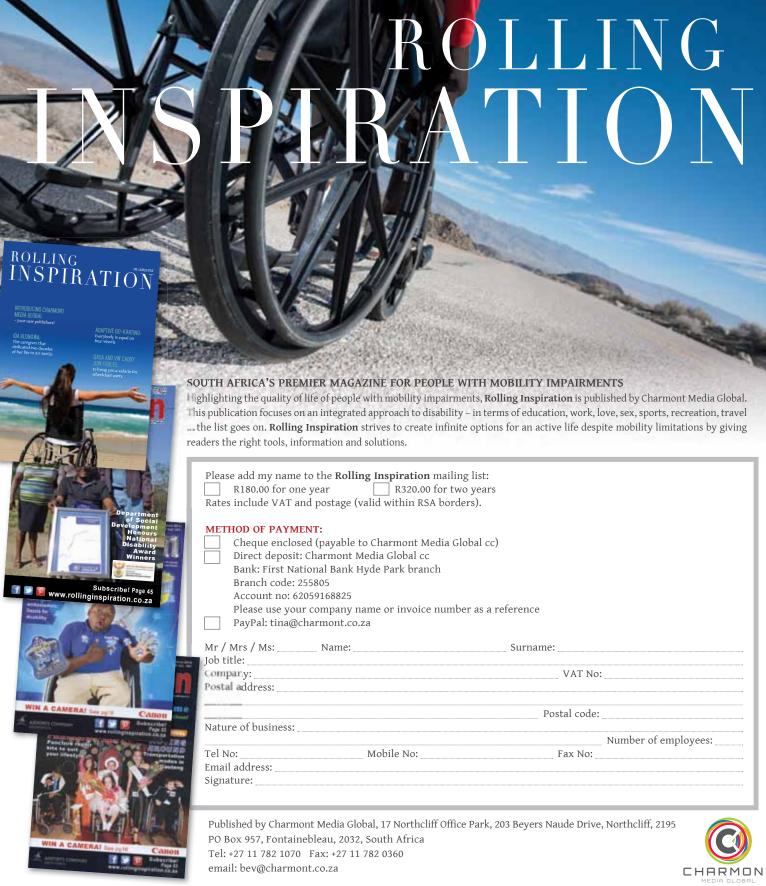
Non-profit organisation Persona Dolls Training, founded in the US and used around the world in anti-bias work with children and adults, has been in operation in South Africa since 2004, and offers diversity training and materials. Although not disability-specific, Persona Dolls can be customised to include wheelchairs.

Taking part in the drive to find toys is the Toy Like Me Facebook campaign, which is assisting in creating disability awareness. It calls for parents of children with disabilities to share their children's modified toys in order to reflect disability in a positive light, and it appeals to the toy industry to better represent disability in their toys. Parents share modifications to toys, such as cochlear implants, walking frames, wheelchairs, callipers, wheelchairs and white canes. There are some wonderful pictures on their Facebook page, where parents, teachers and therapists can get ideas and modifications that are quick and cheap to make.



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







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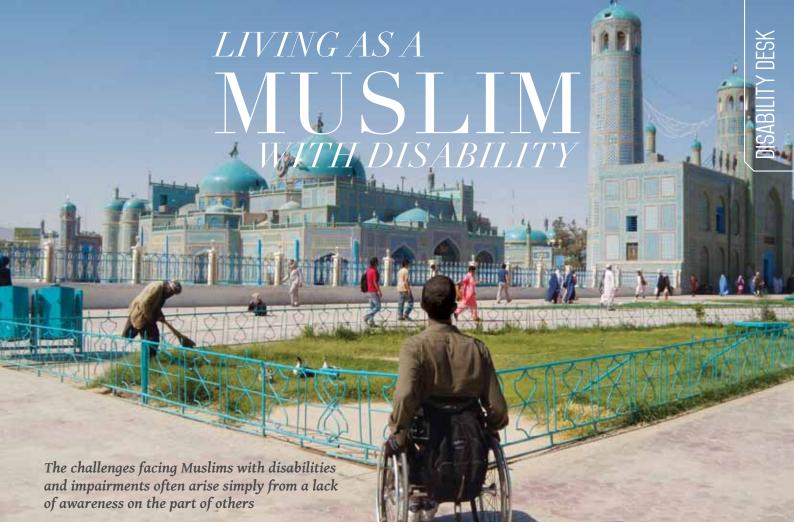
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magine being limited to how much time you can spend outdoors or interacting with others because you have a disability or impairment. Imagine being unable to obtain general education because the school or organisation you wish to attend does not have the resources or staff needed to teach individuals with disabilities.

And imagine wanting to learn about your faith and going to the Mosque, only to be directed to pray in an isolated area or shoe room, not in congregation, because the facility does not provide accessibility for individuals with disabilities (and their medically prescribed footwear or equipment).

A place of worship is generally thought of as being a safe, kind, and welcoming place for everyone, including individuals with disabilities or impairments. Unfortunately, this is not always so. In fact, Muslims with disabilities, as well as their caregivers, tend to face real challenges when attempting to participate in regular congregational prayers and Islamic educational programmes, or even pay a visit to the Mosque. Their struggles range from simply gaining physical access to obtaining resources from other Islamic organisations and centres. Granted, the world is not perfect, and individuals with disabilities may face barriers at non-religious facilities too. But faith-based organisations typically connect religion with the general betterment of society, and so it is important to understand the concerns and challenges facing Muslims with disabilities within Muslim organisations.

Although Mosque patrons are friendly, they can inadvertently make Muslims with disabilities (and their caregivers) feel as though they don't belong or cannot move without assistance. Some Mosques actively promote inclusion and expect Muslims with disabilities to engage in activities. But this is not always the case, and, combined with the lack of resources to create, support and sustain the inclusion of Muslims with disabilities, the challenges remain and should be addressed.

ACCESSIBILITY ISSUES

A shortage of special education teachers prevents many Muslims with disabilities from learning about Islam in traditional settings, but some do participate in activities and programmes offered to everyone at the Mosque. Unfortunately, many Islamic centres are not designed to be disability-friendly and they lack appropriate resources (such as visual aids for individuals who may be hearing-impaired). There is also a need to address the question of accommodating Muslims with disabilities in the Mosque: for example, permitting someone with special medical shoes and equipment to enter the Mosque.

The reality is that Islamic centres across South Africa can easily become overwhelmed with a plethora of community concerns, and they sometimes need to rely on information and training from third party organisations or advocates on issues such as the concerns of individuals with special needs.

In 2007, South Africa signed and ratified the United Nations Convention on the Rights of Persons with Disabilities – and we need to uphold that obligation. Access is a human right and all places of worship must be accessible. \mathbb{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 Disability. He is currently the acting head for gender, youth and disability in the planning commission of the Premier of Gautena, email: zain.bulbulia@aautena.aov.za



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The difference between the sexes plays out differently in the bedroom too

here is a secret that we sex therapists know that most couples don't know: horny, angry men are still horny. Horny, angry women don't experience sexual desire, at least not towards the object of their anger.

This fascinating male/female difference has actually been proven in research. Angry wives withhold

sex. But horny, angry men tend to be irritable and critical toward their partners, making wives even more irate. What a vicious circle. It stands to reason, then, that a major reason why so many couples experience diminishing sexual desire might be that their relationships need an attitude adjustment.

GIVING COMPLIMENTS

When couples come into my office for sexual or marital therapy, they often feel angry, helpless and hopeless about fixing their relationship. Things have deteriorated to the point where they are picking on each other. Or, if they aren't saying mean things, the silence between them feels cold as ice. And the anger over whatever the issue may be grows.

Ironically, even though I'm a sex therapist, one of my first interventions has nothing to do with sex. It has to do with words. If you want to repair a troubled relationship, or cement loving feelings in a relationship that is already thriving, remember the potential power of paying compliments. When you sincerely praise or admire your mate, even if the two of you are going through rough relationship seas, you create a little island of safety, warmth, and good feelings toward each another.

REMEMBER HOW IT USED TO BE

Compliments are a huge part of the courting process. Starting out, each of you noticed the appealing qualities in the other. Part of the wooing process was verbalising your delight in the other person. You each said, out loud, how much you saw your beloved as "handsome", "pretty", "smart", "sexy", "talented", "funny" and so on.



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

Typically, the established couple who comes to see me for marital distress is very busy. Usually, the two people split the myriad day-to-day tasks, trying their best, working hard and contributing something to the smooth running of their two lives. (Or three or four or more lives, if children are involved.) Each person can feel overworked and underappreciated. In ongoing relationships, unfortunately, compliments can be hard to find

Giving sincere compliments to your partner in an established relationship shows the other person that you're not taking them for granted, that you notice the good things they do for the couple or the family. Or that you still find them physically and emotionally appealing.

Words, it turns out, are an important currency of love. So when things are looking bad in your relationship, remember this: sometimes words are more powerful than the deed!

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ARE YOU FULFILLING YOUR LIFE'S PURPOSE?

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et me ask you to consider this: what is it that gives your life a sense of meaning and purpose? It's a crucial question and if you haven't already worked out what the answer is for you, I encourage you to start thinking about it today. Once you identify your life's purpose, you'll be in a power place!

For example, if you go to a job every day that you hate – the job that doesn't challenge you or make you grow – you'll probably eventually get sick just thinking about it. Because when you already know how far you can go and can see the "glass ceiling" that will stop any further development, you're at a nowhere place, without direction and enthusiasm. And what does this do? It erodes your self-

esteem. It creates inner turmoil and is likely to leave you with a feeling of emptiness.

Your best life is worth finding. Imagine that, when you're on your death bed, the Ghosts of Your Dreams and Talents appeared before you. Imagine that although life gave you great ideas and abilities, you, for some reason, never pursued those dreams, you never acted on those ideas and you never used those gifts. Imagine the Ghosts staring at you with large disappointed eyes, saying: "We came to you! Only you could have given us life, and now we must die with you – forever!"

So, if you died tomorrow, what dreams, talents, gifts and ideas would die with you? Think about it – life is short and there's no time (or talent) to waste. Bring your inner being to life. I'm working on this myself, and you can too, starting right now! 🖪



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



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Ref 1. IMS OTC Review Plus Database (20010/11/12).





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